Medicaid List of Covered Drugs (Formulary) 2020

Blue Plus

Blue Advantage (Families and Children, MSC+) and MinnesotaCare

Blue Plus
3000 Ames Crossing Road
Eagan, MN 55121

Member Services: **1-800-711-9862** (toll free), TTY **711**

bluecrossmn.com/publicprograms

The information included in this list of covered drugs was correct as of 4/1/2020. To see the most current information, go to **bluecrossmn.com/publicprograms**. If you have questions, contact Member Services at the number listed on this page. You can ask for a printed copy of this Medicaid List of Covered Drugs at any time.

DHS Approved Date 03/20/2020

PLEASE READ: THIS DOCUMENT CONTAINS INFORMATION ABOUT THE DRUGS WE COVER IN THIS PLAN. Members must use network pharmacies to receive prescription drug benefits.

This list is subject to change and is not all-inclusive. The document is subject to state-specific regulations and rules, including, but not limited to, those regarding generic substitution, controlled substance schedules, preference for brands and mandatory generics whenever applicable. Note to existing members: This list of covered drugs has changed since last year. Please review this document to make sure that it still has the drugs you take. Please contact Member Services at the number listed on this page with questions.

If you have Medicare, you need to get most of your prescription drugs through the Medicare Prescription Drug Program (Medicare Part D). You must be enrolled in a Medicare prescription drug plan to get prescription drug benefits.

Blue Advantage and MinnesotaCare
1-800-711-9862; TTY 711

Attention. If you need free help interpreting this document, call the above number.

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ملاحظة: إذا أردت مساعدة مجانية لترجمة هذه الوثيقة، اتصل على الرقم أعلاه.

သတိ။ ဤစာရွက်စာတမ်းအားအခမဲ့ဘာသာပြန်ပေးခြင်း အကူအညီလိုအပ်ပါက၊ အထက်ပါဖုန်းနံပါတ်ကိုခေါ်ဆိုပါ။

កំណត់សំគាល់ ។ បើអ្នកត្រូវការជំនួយក្នុងការបកប្រែឯកសារនេះដោយឥតគិតថ្លៃ សូមហៅទូរស័ព្ទតាមលេខខាងលើ ។

請注意，如果您需要免費協助傳譯這份文件，請撥打上面的電話號碼。

Attention. Si vous avez besoin d’une aide gratuite pour interpréter le présent document, veuillez appeler au numéro ci-dessus.

Thov ua twb zoo nyeem. Yog hais tias koj xav tau kev pab txhais lus rau tsab ntaub ntawv no pub dawb, ces hu rau tus najnpawb xov tooj saum toj no.

ဟ်သူဉ်ဟ်သးဘဉ်တက့်၊ ဖဲနမ့်လိဉ်ဘဉ်တၢ်မၤစၢၤကလီလၢတၢ်ကကျိးထံဝဲဒဉ်လံာ် တီလံာ်မီတခါအံၤန့ဉ်, ကိးဘဉ်လီတဲစိနီၢ်ဂံၢ်လၢထးအံၤန့ဉ်တက့်၊

알려드립니다. 이 문서에 대한 이해를 돕기 위해 무료로 제공되는 도움을 받으시려면 위의 전화번호로 연락하십시오.

ໂປຣດຊາບ, ຖ້າຫາກ ທ່ານຕ້ອງການການຊ່ວຍເຫຼືອໃນການແປເອກະສານນີ້ຟຣີ, ຈົ່ງໂທຣໄປທີ່ໝາຍເລກຂ້າງເທິງນີ້.

Hubachiisa. Dokumentiin kun tola akka siif hiikamu gargaarsa hoo feete, lakkoobsa gubbatti kenname bilbili.

Внимание: если вам нужна бесплатная помощь в устном переводе данного документа, позвоните по указанному выше телефону.

Digniin. Haddii aad u baahantahay caawimaad lacag-la’aan ah ee tarjumaadda qoraalkan, lambarka kore wac.

Atención. Si desea recibir asistencia gratuita para interpretar este documento, llame al número indicado arriba.

Chú ý. Nếu quý vị cần được giúp đỡ dịch tài liệu này miễn phí, xin gọi số bên trên.

Civil Rights Notice

Discrimination is against the law. Blue Plus does not discriminate on the basis of any of the following:

- race
- color
- national origin
- creed
- religion
- sexual orientation
- public assistance status
- age
- disability (including physical or mental impairment)
- sex (including sex stereotypes and gender identity)
- marital status
- political beliefs
- medical condition
- health status
- receipt of health care services
- claims experience
- medical history
- genetic information

Auxiliary Aids and Services: Blue Plus provides auxiliary aids and services, like qualified interpreters or information in accessible formats, free of charge and in a timely manner to ensure an equal opportunity to participate in our health care programs. **Contact** Blue Plus at **Civil.Rights.Coord@bluecrossmn.com**, or call Blue Advantage and MinnesotaCare Member Services at **1-800-711-9862** (toll free), or your preferred relay services.

Language Assistance Services: Blue Plus provides translated documents and spoken language interpreting, free of charge and in a timely manner, when language assistance services are necessary to ensure limited English speakers have meaningful access to our information and services**. Contact** Blue Plus at **Civil.Rights.Coord@bluecrossmn.com**, or call Blue Advantage and MinnesotaCare Member Services at **1-800-711-9862** (toll free), or your preferred relay services.

Civil Rights Complaints

You have the right to file a discrimination complaint if you believe you were treated in a discriminatory way by Blue Plus. You may contact any of the following four agencies directly to file a discrimination complaint.

U.S. Department of Health and Human Services' Office for Civil Rights (OCR)
You have the right to file a complaint with the OCR, a federal agency, if you believe you have been discriminated against because of any of the following:

- race
- color
- national origin
- age
- disability
- sex

Contact the **OCR** directly to file a complaint:

Director
U.S. Department of Health and Human Services' Office for Civil Rights
200 Independence Ave. SW
Room 509F

HHH Building
Washington, DC 20201
800-368-1019 (voice)
800-537-7697 (TDD)
Complaint Portal: **https://ocrportal.hhs.gov/ocr/portal/lobby.jsf**

Minnesota Department of Human Rights (MDHR)
In Minnesota, you have the right to file a complaint with the MDHR if you believe you have been discriminated against because of any of the following:

- race
- color
- national origin
- religion
- creed
- sex
- sexual orientation
- marital status
- public assistance status
- disability

Contact the **MDHR** directly to file a complaint:
Minnesota Department of Human Rights
Freeman Building, 625 N. Robert St.
St. Paul, MN 55155
651-539-1100 (voice)
800-657-3704 (toll free)
711 or **800-627-3529** (MN Relay)
651-296-9042 (fax)
Info.MDHR@state.mn.us (email)

Minnesota Department of Human Services (DHS)
You have the right to file a complaint with DHS if you believe you have been discriminated against in our health care programs because of any of the following:

- race
- color
- national origin
- creed
- religion
- sexual orientation
- public assistance status
- age
- disability (including physical or mental impairment)
- sex (including sex stereotypes and gender identity)
- marital status
- political beliefs
- medical condition
- health status
- receipt of health care services
- claims experience
- medical history
- genetic information

Complaints must be in writing and filed within 180 days of the date you discovered the alleged discrimination. The complaint must contain your name and address and describe the discrimination you are complaining about. After we get your complaint, we will review it and notify you in writing about whether we have authority to investigate. If we do, we will investigate the complaint.

DHS will notify you in writing of the investigation's outcome. You have the right to appeal the outcome if you disagree with the decision. To appeal, you must send a written request to have DHS review the investigation outcome. Be brief and state why you disagree with the decision. Include additional information you think is important.

If you file a complaint in this way, the people who work for the agency named in the complaint cannot retaliate against you. This means they cannot punish you in any way for filing a complaint. Filing a complaint in this way does not stop you from seeking out other legal or administrative actions.

Contact **DHS** directly to file a discrimination complaint:

Civil Rights Coordinator
Minnesota Department of Human Services
Equal Opportunity and Access Division
P.O. Box 64997
St. Paul, MN 55164-0997
651-431-3040 (voice) or use your preferred relay service

Blue Cross and Blue Shield of Minnesota and Blue Plus Complaint Notice

You have the right to file a complaint with Blue Cross and Blue Shield of Minnesota and Blue Plus if you believe you have been discriminated against because of any of the following:

- medical condition
- health status
- receipt of health care services
- claims experience
- medical history
- genetic information
- disability (including mental or physical impairment)
- marital status
- age
- sex (including sex stereotypes and gender identity)
- sexual orientation
- national origin
- race
- color
- religion
- creed
- public assistance status
- political beliefs

You can file a complaint and ask for help in filing a complaint in person or by mail, phone, fax or email at:

Nondiscrimination Civil Rights Coordinator
Blue Cross and Blue Shield of Minnesota and Blue Plus
M495
PO Box 64560
Eagan, MN 55164-0560
Toll Free: **1-800-509-5312**
TTY: **711**
Fax: **651-662-9478**
Email: **Civil.Rights.Coord@bluecrossmn.com**

American Indians can continue or begin to use tribal and Indian Health Services (IHS) clinics. We will not require prior approval or impose any conditions for you to get services at these clinics. For elders age 65 years and older, this includes Elderly Waiver (EW) services accessed through the tribe. If a doctor or other provider in a tribal or IHS clinic refers you to a provider in our network, we will not require you to see your primary care provider prior to the referral.

DHS_071818_JJ04 DHS Approved 07/18/2018

The counties in our service area are listed below by program:

Blue Advantage Families and Children service area counties are: Aitkin, Anoka, Becker, Benton, Blue Earth, Brown, Carlton, Carver, Cass, Chippewa, Chisago, Clay, Cook, Cottonwood, Crow Wing, Dakota, Dodge, Faribault, Fillmore, Freeborn, Hennepin, Houston, Isanti, Jackson, Kandiyohi, Kittson, Koochiching, Lac Qui Parle, Lake, Lake of the Woods, Le Sueur, Lincoln, Lyon, Mahnomen, Marshall, Martin, Mille Lacs, Morrison, Mower, Murray, Nicollet, Nobles, Norman, Olmsted, Otter Tail, Pennington, Pine, Polk, Ramsey, Red Lake, Redwood, Rice, Rock, Roseau, Scott, Sherburne, St. Louis, Stearns, Swift, Todd, Wabasha, Wadena, Washington, Watonwan, Wilkin, Winona, Wright and Yellow Medicine.

Blue Advantage MSC+ service area counties are: Aitkin, Anoka, Becker, Benton, Blue Earth, Carlton, Carver, Cass, Chippewa, Chisago, Clay, Cook, Cottonwood, Crow Wing, Dakota, Faribault, Fillmore, Houston, Isanti, Jackson, Kandiyohi, Kittson, Koochiching, Lac qui Parle, Lake, Lake of the Woods, Le Sueur, Lincoln, Lyon, Mahnomen, Marshall, Martin, Mille Lacs, Morrison, Mower, Murray, Nicollet, Nobles, Norman, Olmsted, Otter Tail, Pennington, Pine, Polk, Ramsey, Red Lake, Redwood, Rice, Rock, Roseau, St. Louis, Scott, Sherburne, Stearns, Swift, Todd, Wadena, Washington, Watonwan, Wilkin, Winona, Wright and Yellow Medicine.

Blue Plus MinnesotaCare service area counties are: Aitkin, Anoka, Becker, Beltrami, Benton, Blue Earth, Brown, Carlton, Carver, Cass, Chippewa, Chisago, Clay, Clearwater, Cook, Cottonwood, Crow Wing, Dakota, Dodge, Faribault, Fillmore, Freeborn, Hennepin, Houston, Hubbard, Isanti, Itasca, Jackson, Kandiyohi, Kittson, Koochiching, Lac Qui Parle, Lake, Lake of the Woods, Le Sueur, Lincoln, Lyon, Mahnomen, Marshall, Martin, Mille Lacs, Morrison, Mower, Murray, Nicollet, Nobles, Norman, Olmsted, Otter Tail, Pennington, Pine, Polk, Ramsey, Red Lake, Redwood, Rice, Rock, Roseau, Scott, Sherburne, St. Louis, Stearns, Swift, Todd, Wabasha, Wadena, Washington, Watonwan, Wilkin, Winona, Wright and Yellow Medicine.

IMPORTANT INFORMATION

What is a list of covered drugs?
A list of covered drugs includes the prescription drugs covered by Blue Plus. The drugs on the list are selected by Blue Plus with the help of a team of doctors and pharmacists. Blue Plus will generally cover the drugs listed in the list of covered drugs as long as the drug is medically necessary, the prescription is filled at a Blue Plus network pharmacy and other requirements related to the drug are followed.

Does the list of covered drugs ever change?
The Blue Plus list of covered drugs can change during the course of a calendar year. If changes occur which will impact the coverage of a medication you are taking, Blue Plus will make reasonable efforts to contact you and your prescriber to inform you and your prescriber about the change and possible alternative medications which will be covered. Examples of some changes that may occur are:

- A drug you are taking is no longer preferred.
- A drug is removed from the list of covered drugs due to safety reasons.
- Changes in prior authorization requirements.

How are drugs listed in the list of covered drugs?
There are three ways to find your drug within the formulary:

1. **Medical Condition**
   The formulary begins on page 2. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, "Heart and Circulatory Drugs." If you know what your drug is used for, look for the category name in the list that begins on page 2. Then look under the category name for your drug.
2. **Alphabetical Listing**
   If you are not sure what category to look under, you should look for your drug in the index that begins on page 140. The index provides an alphabetical list of all of the drugs included in this document. Both brand-name drugs and generic drugs are listed in the index. Look in the index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the index and find the name of your drug in the first column of the list.
3. **Blue Plus Over-The-Counter Drug Listing**
   Blue Plus covers certain over-the-counter (OTC) drugs at little or no cost to you if you're a member of Blue Advantage or MinnesotaCare. OTC drugs are included in the drug categories depending on the type of medical condition they are used to treat. For example, some drugs used to treat allergies are listed under the category "Cough/Cold/Allergy."

What is a Preferred Drug List?
In Minnesota, all managed care organizations are required to follow the Department of Human Services' Preferred Drug List (PDL). The PDL is created by the Department of Human Services, in

consultation with the Drug Formulary Committee, to let prescribers and members know about drugs or drug classes that are more or less cost effective. Generally, drugs that are listed on the PDL as preferred are more cost effective; and drugs that are listed as non-preferred on PDL are less cost effective. Preferred drugs are available to members with fewer restrictions. Non-preferred drugs will require a prior authorization. To receive a non-preferred drug, your doctor or health care provider must get prior authorization. The Preferred Drug List is a portion of your Blue Plus health plan's list of covered drugs. The Blue Plus list of covered drugs is a complete list of all covered drugs. The Preferred Drug List is available on the department's website: Minnesota Fee-for-Service Medicaid Preferred Drug List (http://minnesota.magellanmedicaid.com/pdl.asp).

What are generic or biosimilar drugs?
A generic drug is approved by the Food and Drug Administration (FDA) and has the same active ingredient as the brand-name drug and produces the same clinical effect as the brand-name drug.

A biosimilar drug is an FDA-approved biologic drug (most often an injectable prescription drug) that is highly similar to and has no clinically meaningful differences in terms of safety and effectiveness from an already-approved biological product. Biosimilar drugs are not the same as generic drugs, but like generics, biosimilar drugs may offer more affordable treatment options for you.

Generic or biosimilar substitution means a generic version or biosimilar version of a drug is given instead of the brand name or non-biosimilar version of the drug.

Blue Plus will cover the brand name or non-biosimilar version of the drug only when:

1. Your prescriber informs Blue Plus in writing that the brand name or non-biosimilar version of the drug is medically necessary; OR
2. Blue Plus may prefer the dispensing of a certain brand-name version over the generic or non-biosimilar version over the biosimilar version of the drug; OR
3. Minnesota law requires the dispensing of the brand-name or non-biosimilar version of the drug.

Within the list of covered drugs, brand-name drugs are capitalized (e.g., ZYTIGA) and generic drugs are listed in lowercase boldface (e.g., **valproic acid**).

What are over-the-counter drugs?
Drugs and products that are available for purchase without a prescription are referred to as over-the-counter (OTC). Although an OTC product is available without a prescription, if a doctor writes a prescription for an OTC product, Blue Plus may cover it.

What are specialty drugs?
Specialty drugs are used by people with complex or chronic diseases. These drugs often require special handling, dispensing or monitoring by a specially-trained pharmacist.

If you are prescribed a drug that is on the Blue Plus Specialty Drug List, your prescriber will need to send the prescription of that specialty drug to one of Blue Plus' specialty pharmacies listed here.

AllianceRx Walgreens Prime Specialty Pharmacy
Toll free: **1-877-627-6337**, TTY **711**
Fax: **877-282-3939**
Monday through Friday from 7 a.m. to 7 p.m.; Saturday from 7 a.m. to 12 p.m. Central time

Children's Home Care (for hemophilia medications only)
Toll free: **1-866-656-1020**, TTY **711**
Fax: **877-828-3939**
Monday through Friday from 8 a.m. to 5 p.m. Central time

Fairview Specialty Pharmacy Service
Toll free: **1-800-595-7140**, TTY **711**
Fax: **877-828-3939**
Monday through Friday from 8 a.m. to 7 p.m.; Saturday from 8 a.m. to 4 p.m. Central time

North Memorial Health Pharmacy — Specialty Center
3435 W. Broadway Ave.
Robbinsdale, MN 55422
Pharmacists available by phone 24/7 at **877-520-5307**, TTY **711** or **763-581-6333**
Fax: **763-581-2814**
Monday through Friday from 8 a.m. to 5 p.m. Central time

Thrifty White Specialty Pharmacy
Pharmacists Available 24/7/365 by phone at **855-611-3399**, TTY **711**
Fax: **855-423-8300**
Monday through Friday from 8 a.m. to 8 p.m.; Saturday from 9 a.m. to 5 p.m. Central time; Sunday: Closed

You will also need to call the specialty pharmacy that receives your prescription to set up an account. You will need to have your Blue Plus member ID card when you call the specialty pharmacy.

What if a drug is not on the list of covered drugs?
Not all drugs are covered. If a drug is not listed in the list of covered drugs, you should contact Member Services at **1-800-711-9862** (toll free), TTY **711** and ask if the drug is covered. If not, it is considered a non-formulary drug. If you need a drug that is not included in the list of covered drugs, you have two options:

- You can ask Member Services for a list of similar drugs that are covered by Blue Plus. When you receive the list, show it to your doctor and ask them to prescribe a similar drug that is covered by Blue Plus.

- You can ask Blue Plus to make an exception and cover your drug. See below for information about how to request an exception.

Are there any restrictions on my coverage?
Some covered drugs may have additional requirements or limits on coverage. These requirements and limits may include:

- **Prior authorization:** Blue Plus requires you or your doctor to get prior authorization for certain drugs. This means that you will need to get approval from Blue Plus before you fill your prescriptions. If you don't get approval, Blue Plus may not cover the drug.
- **Quantity limits:** For certain drugs, Blue Plus limits the amount of the drug that Blue Plus will cover.
- **Age requirements:** In some cases, there are age requirements for you to try certain drugs. A prior authorization is needed depending on your age and the specific drug prescribed. You can find out if your drug requires prior authorization, has quantity limits, or has an age requirement by looking in this list of covered drugs. A drug restriction or limit can be removed if your doctor submits a statement or documentation supporting the request. Refer to your Member Handbook for more information. You can also get more information about the restrictions applied to specific covered drugs by contacting Member Services at **1-800-711-9862** (toll free), TTY **711** or by visiting our website at **blueplusmn.com/publicprograms**.
- **Excluded drugs:** Some drugs are excluded from the list of covered drugs. Excluded drugs include the following:
  - Drugs used to treat sexual or erectile dysfunction
  - Drugs used to enhance fertility
  - Drugs used for cosmetic purposes, including drugs to treat hair loss
  - Drugs or products to promote weight loss
  - Drugs not clinically proven to be effective
  - Investigational or experimental drugs
  - Medical cannabis

Can I request an exception to the coverage restrictions?
Yes. Your health care provider can obtain the Formulary exception prescriber fax form from **covermymeds.com** or by contacting Member Services at **1-800-711-9862** (toll free)**,** TTY **711**. Your provider must return this form to the fax number or address listed on the document. To facilitate a thorough review and to ensure that your health care provider receives a response within 24 hours, Blue Plus asks that all information requested in the form be provided, including documentation of which medications have been tried and failed, including the dosages used, and the identified reason for failure (e.g. side effects).

What will a prescription cost?
All copay information for prescriptions is listed in the member handbook. If you have additional questions, contact Member Services at **1-800-711-9862** (toll free), TTY **711** or by visiting our website at **bluecrossmn.com/publicprograms**.

List of Covered Drugs

TABLE OF CONTENTS

How are drugs listed in the list of covered drugs?	i
What is a preferred drug list?	i
What is a generic or biosimilar drug?	ii
Which specialty pharmacies are in-network?	iii
Are there any restrictions on my coverage?	iv
Can I request an exception to the coverage restrictions?	iv
List of covered drugs	2
Index	140

Below is the key for abbreviations within the drug list:

caps	Capsules	liq	Liquid
chew tabs	Chewable tablets	lotn	Lotion
conc	Concentrate	NP	Non-preferred drug
C	Covered drug	ODT	Orally disintegrating tablets
crm	Cream	oint	Ointment
DR	Delayed-release	P	Preferred drug
ER	Extended-release	SL	Sublingual
IM	Intramuscular	soln	Solution
inhal	Inhalation	supp	Suppositories
inj	Injection	susp	Suspension
IR	Immediate release	tabs	Tablets
IV	Intravenous		
‡	Prior authorization may be needed due to age limits		
●	Non-preferred (NP) drug; all NP drugs require prior authorization		
●●	Non-preferred (NP) drug subject to drug-related clinical criteria		

NOTE: All non-preferred (NP) drugs require a prior authorization and will reject at the pharmacy if a prior approval has not been granted.

The information in the prior authorization, quantity limits and step therapy columns identify if Blue Plus has any special requirements for coverage of your drug.

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
ANTI-INFECTIVE AGENTS					
PENICILLINS					
amoxicillin (trihydrate) cap 250 mg	C				
amoxicillin (trihydrate) cap 500 mg	C				
amoxicillin (trihydrate) for susp 125 mg/5ml	C				
amoxicillin (trihydrate) for susp 200 mg/5ml	C				
amoxicillin (trihydrate) for susp 250 mg/5ml	C				
amoxicillin (trihydrate) for susp 400 mg/5ml	C				
amoxicillin (trihydrate) tab 500 mg	C				
amoxicillin (trihydrate) tab 875 mg	C				
amoxicillin & k clavulanate for susp 200-28.5 mg/5ml	P				
amoxicillin & k clavulanate for susp 250-62.5 mg/5ml (Augmentin)	P				
amoxicillin & k clavulanate for susp 400-57 mg/5ml	P				
amoxicillin & k clavulanate for susp 600-42.9 mg/5ml (Augmentin es-600)	P				
amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg	NP		•		
amoxicillin & k clavulanate tab 250-125 mg	P				
amoxicillin & k clavulanate tab 500-125 mg (Augmentin)	P				
amoxicillin & k clavulanate tab 875-125 mg	P				
AMOXICILLIN/CLAVULANATE POTASSIUM – amoxicillin & k clavulanate chew tab 200-28.5 mg	NP		•		
AMOXICILLIN/CLAVULANATE POTASSIUM – amoxicillin & k clavulanate chew tab 400-57 mg	NP		•		
AMOXICILLIN/CLAVULANATE POTASSIUM – amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg	NP		•		
AMPICILLIN – ampicillin cap 500 mg	C				
ampicillin & sulbactam sodium for iv soln 15 (10-5) gm (Unasyn bulk pack)	C				
ampicillin sodium for iv soln 10 gm	C				
AUGMENTIN – amoxicillin & k clavulanate for susp 125-31.25 mg/5ml	NP		•		
AUGMENTIN – amoxicillin & k clavulanate for susp 250-62.5 mg/5ml	NP		•		
AUGMENTIN XR – amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg	NP		•		
dicloxacillin sodium cap 250 mg	C				
dicloxacillin sodium cap 500 mg	C				
PENICILLIN V POTASSIUM – penicillin v potassium for soln 125 mg/5ml	C				
PENICILLIN V POTASSIUM – penicillin v potassium for soln 250 mg/5ml	C				
penicillin v potassium tab 250 mg	C				
penicillin v potassium tab 500 mg	C				
CEPHALOSPORINS					
CEFACLOR – cefaclor for susp 125 mg/5ml	P				
CEFACLOR – cefaclor for susp 250 mg/5ml	P				
CEFACLOR – cefaclor for susp 375 mg/5ml	P				
cefaclor cap 250 mg	P				
cefaclor cap 500 mg	P				
CEFACLOR ER – cefaclor monohydrate tab er 12hr 500 mg	NP		•		
cefadroxil cap 500 mg	P				
cefadroxil for susp 250 mg/5ml	P				

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
cefadroxil for susp 500 mg/5ml	P				
cefadroxil tab 1 gm	NP		•		
CEFAZOLIN SODIUM – cefazolin sodium for inj 20 gm	C				
cefdinir cap 300 mg	P				
cefdinir for susp 125 mg/5ml	P				
cefdinir for susp 250 mg/5ml	P				
cefixime cap 400 mg (Suprax)	NP		•		
cefixime for susp 100 mg/5ml (Suprax)	NP		•		
cefixime for susp 200 mg/5ml (Suprax)	NP		•		
cefpodoxime proxetil for susp 50 mg/5ml	NP		•		
cefpodoxime proxetil for susp 100 mg/5ml	NP		•		
cefpodoxime proxetil tab 100 mg	NP		•		
cefpodoxime proxetil tab 200 mg	NP		•		
cefprozil for susp 125 mg/5ml	P				
cefprozil for susp 250 mg/5ml	P				
cefprozil tab 250 mg	P				
cefprozil tab 500 mg	P				
CEFTIN – cefuroxime axetil for susp 125 mg/5ml	NP		•		
CEFTIN – cefuroxime axetil for susp 250 mg/5ml	NP		•		
cefuroxime axetil tab 250 mg	P				
cefuroxime axetil tab 500 mg	P				
cephalexin cap 250 mg (Keflex)	P				
cephalexin cap 500 mg (Keflex)	P				
cephalexin cap 750 mg (Keflex)	P				
cephalexin for susp 125 mg/5ml	P				
cephalexin for susp 250 mg/5ml	P				
DAXBIA – cephalexin cap 333 mg	NP		•		
KEFLEX – cephalexin cap 250 mg	NP		•		
KEFLEX – cephalexin cap 500 mg	NP		•		
KEFLEX – cephalexin cap 750 mg	NP		•		

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
SUPRAX – cefixime cap 400 mg	P				
SUPRAX – cefixime chew tab 100 mg	NP		•		
SUPRAX – cefixime chew tab 200 mg	NP		•		
SUPRAX – cefixime for susp 100 mg/5ml	P				
SUPRAX – cefixime for susp 200 mg/5ml	P				
SUPRAX – cefixime for susp 500 mg/5ml	P				
MACROLIDES					
AZITHROMYCIN – azithromycin powd pack for susp 1 gm	P				
azithromycin for susp 100 mg/5ml (Zithromax)	P				
azithromycin for susp 200 mg/5ml (Zithromax)	P				
azithromycin tab 250 mg (Zithromax)	P				
azithromycin tab 500 mg (Zithromax)	P				
azithromycin tab 600 mg (Zithromax)	P				
CLARITHROMYCIN – clarithromycin for susp 125 mg/5ml	NP		•		
CLARITHROMYCIN – clarithromycin for susp 250 mg/5ml	NP		•		
clarithromycin tab er 24hr 500 mg	NP		•		
clarithromycin tab 250 mg	P				
clarithromycin tab 500 mg	P				
E.E.S. GRANULES – erythromycin ethylsuccinate for susp 200 mg/5ml	NP		•		
E.E.S. 400 – erythromycin ethylsuccinate tab 400 mg	P				
ERYPED 200 – erythromycin ethylsuccinate for susp 200 mg/5ml	NP		•		
ERYPED 400 – erythromycin ethylsuccinate for susp 400 mg/5ml	NP		•		

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
ERYTHROCIN STEARATE – erythromycin stearate tab 250 mg	NP		•		
ERYTHROMYCIN ETHYLSUCCINATE – erythromycin ethylsuccinate tab 400 mg	NP		•		
erythromycin ethylsuccinate for susp 200 mg/5ml (E.e.s. granules)	NP		•		
erythromycin ethylsuccinate for susp 400 mg/5ml (Eryped 400)	NP		•		
erythromycin tab delayed release 250 mg	NP		•		
erythromycin tab delayed release 333 mg	NP		•		
erythromycin tab delayed release 500 mg	NP		•		
erythromycin tab 250 mg	NP		•		
erythromycin tab 500 mg	NP		•		
erythromycin w/ delayed release particles cap 250 mg	P				
PCE – erythromycin w/ enteric coated particles tab 333 mg	NP		•		
PCE – erythromycin w/ enteric coated particles tab 500 mg	NP		•		
ZITHROMAX – azithromycin tab 250 mg	NP		•		
ZITHROMAX – azithromycin tab 500 mg	NP		•		
ZITHROMAX – azithromycin for susp 100 mg/5ml	NP		•		
ZITHROMAX – azithromycin for susp 200 mg/5ml	NP		•		
ZITHROMAX – azithromycin powd pack for susp 1 gm	NP		•		
ZITHROMAX TRI-PAK – azithromycin tab 500 mg	NP		•		
ZITHROMAX Z-PAK – azithromycin tab 250 mg	NP		•		
TETRACYCLINES					
demeclocycline hcl tab 150 mg	C				
demeclocycline hcl tab 300 mg	C				

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
doxycycline hyclate cap 50 mg	C				
doxycycline hyclate cap 100 mg (Vibramycin)	C				
doxycycline hyclate tab 20 mg	C				
doxycycline hyclate tab 100 mg	C				
doxycycline monohydrate cap 50 mg	C				
doxycycline monohydrate cap 100 mg	C				
doxycycline monohydrate for susp 25 mg/5ml (Vibramycin)	C				
doxycycline monohydrate tab 75 mg	C				
doxycycline monohydrate tab 100 mg	C				
minocycline hcl cap 50 mg (Minocin)	C				
minocycline hcl cap 75 mg	C				
minocycline hcl cap 100 mg	C				
FLUOROQUINOLONES					
AVELOX – moxifloxacin hcl tab 400 mg (base equiv)	NP		•		
BAXDELA – delafloxacin meglumine tab 450 mg (base equiv)	NP		•		
CIPRO – ciprofloxacin for oral susp 250 mg/5ml (5%) (5 gm/100ml)	NP		•		
CIPRO – ciprofloxacin for oral susp 500 mg/5ml (10%) (10 gm/100ml)	NP		•		
CIPRO – ciprofloxacin hcl tab 250 mg (base equiv)	NP		•		
CIPRO – ciprofloxacin hcl tab 500 mg (base equiv)	NP		•		
CIPROFLOXACIN ER – ciprofloxacin-ciprofloxacin hcl tab er 24hr 500 mg (base eq)	NP		•		
CIPROFLOXACIN ER – ciprofloxacin-ciprofloxacin hcl tab er 24hr 1000 mg(base eq)	NP		•		
ciprofloxacin for oral susp 250 mg/5ml (5%) (5 gm/100ml)	NP		•		

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
ciprofloxacin for oral susp 500 mg/5ml (10%) (10 gm/100ml) (Cipro)	NP		•		
CIPROFLOXACIN HCL – ciprofloxacin hcl tab 100 mg (base equiv)	P				
ciprofloxacin hcl tab 250 mg (base equiv) (Cipro)	P				
ciprofloxacin hcl tab 500 mg (base equiv) (Cipro)	P				
ciprofloxacin hcl tab 750 mg (base equiv)	P				
LEVAQUIN – levofloxacin tab 500 mg	NP		•		
LEVAQUIN – levofloxacin tab 750 mg	NP		•		
levofloxacin oral soln 25 mg/ml	P				
levofloxacin tab 250 mg	P				
levofloxacin tab 500 mg (Levaquin)	P				
levofloxacin tab 750 mg (Levaquin)	P				
moxifloxacin hcl tab 400 mg (base equiv) (Avelox)	NP		•		
OFLOXACIN – ofloxacin tab 300 mg	NP		•		
ofloxacin tab 400 mg	NP		•		
AMINOGLYCOSIDES					
ARIKAYCE – amikacin sulfate liposome inhal susp 590 mg/8.4ml (base eq)	C	•	•	•	
BETHKIS – tobramycin nebu soln 300 mg/4ml	P	•			
KITABIS PAK – tobramycin nebu soln 300 mg/5ml	P	•			
neomycin sulfate tab 500 mg	C				
PAROMOMYCIN SULFATE – paromomycin sulfate cap 250 mg	C				
paromomycin sulfate cap 250 mg	C				
TOBI – tobramycin nebu soln 300 mg/5ml	NP	•	•		
TOBI PODHALER – tobramycin inhal cap 28 mg	NP	•	•		

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
TOBRAMYCIN – tobramycin nebu soln 300 mg/5ml	NP	•	•		
tobramycin nebu soln 300 mg/5ml (Tobi)	NP	•	•		
TUBERCULOSIS					
ethambutol hcl tab 100 mg (Myambutol)	C				
ethambutol hcl tab 400 mg (Myambutol)	C				
ISONIAZID – isoniazid syrup 50 mg/5ml	C				
isoniazid tab 100 mg	C				
isoniazid tab 300 mg	C				
PRIFTIN – rifapentine tab 150 mg	C				
pyrazinamide tab 500 mg	C				
rifabutin cap 150 mg (Mycobutin)	C				
rifampin cap 150 mg (Rifadin)	C				
rifampin cap 300 mg (Rifadin)	C				
FUNGAL INFECTIONS					
ANCOBON – flucytosine cap 250 mg	NP		•		
ANCOBON – flucytosine cap 500 mg	NP		•		
CRESEMBA – isavuconazonium sulfate cap 186 mg	NP		••		
DIFLUCAN – fluconazole tab 50 mg	NP		•		
DIFLUCAN – fluconazole tab 100 mg	NP		•		
DIFLUCAN – fluconazole tab 150 mg	NP		•		
DIFLUCAN – fluconazole tab 200 mg	NP		•		
DIFLUCAN – fluconazole for susp 10 mg/ml	NP		•		
DIFLUCAN – fluconazole for susp 40 mg/ml	NP		•		
fluconazole for susp 10 mg/ml (Diflucan)	P				
fluconazole for susp 40 mg/ml (Diflucan)	P				
fluconazole tab 50 mg (Diflucan)	P				
fluconazole tab 100 mg (Diflucan)	P				

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
fluconazole tab 150 mg (Diflucan)	P				
fluconazole tab 200 mg (Diflucan)	P				
flucytosine cap 250 mg (Ancobon)	NP		•		
flucytosine cap 500 mg (Ancobon)	NP		•		
GRIS-PEG – griseofulvin ultramicrosize tab 125 mg	NP		•		
GRIS-PEG – griseofulvin ultramicrosize tab 250 mg	NP		•		
griseofulvin microsize susp 125 mg/5ml	NP		•		
griseofulvin microsize tab 500 mg	NP		•		
griseofulvin ultramicrosize tab 125 mg	NP		•		
griseofulvin ultramicrosize tab 250 mg	NP		•		
itraconazole cap 100 mg (Sporanox)	NP		•	•	
itraconazole oral soln 10 mg/ml (Sporanox)	NP		•	•	
ketoconazole tab 200 mg	NP		•		
NOXAFIL – posaconazole tab delayed release 100 mg	NP		••		
NOXAFIL – posaconazole susp 40 mg/ml	NP		••		
nystatin oral powder	C				
nystatin tab 500000 unit	NP		•		
ONMEL – itraconazole tab 200 mg	NP		•	•	
posaconazole tab delayed release 100 mg (Noxafil)	NP		••		
SPORANOX – itraconazole oral soln 10 mg/ml	NP		•	•	
SPORANOX – itraconazole cap 100 mg	NP		•	•	
SPORANOX PULSEPAK – itraconazole cap 100 mg	NP		•	•	
terbinafine hcl tab 250 mg	P			•	
TOLSURA – itraconazole cap 65 mg	NP		•	•	

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
voriconazole for susp 40 mg/ml (Vfend)	C		•		
voriconazole tab 50 mg (Vfend)	C		•		
voriconazole tab 200 mg (Vfend)	C		•		
VIRAL INFECTIONS					
Cytomegalovirus					
valganciclovir hcl for soln 50 mg/ml (base equiv) (Valcyte)	C				
valganciclovir hcl tab 450 mg (base equivalent) (Valcyte)	C				
Hepatitis					
adefovir dipivoxil tab 10 mg (Hepsera)	P				
BARACLUDE – entecavir oral soln 0.05 mg/ml	P				
BARACLUDE – entecavir tab 0.5 mg	P				
BARACLUDE – entecavir tab 1 mg	P				
DAKLINZA – daclatasvir dihydrochloride tab 30 mg (base equivalent)	NP	•	•		
DAKLINZA – daclatasvir dihydrochloride tab 60 mg (base equivalent)	NP	•	•		
DAKLINZA – daclatasvir dihydrochloride tab 90 mg (base equivalent)	NP	•	•		
entecavir tab 0.5 mg (Baraclude)	P				
entecavir tab 1 mg (Baraclude)	P				
EPCLUSA – sofosbuvir-velpatasvir tab 400-100 mg	NP	•	••		
EPIVIR HBV – lamivudine tab 100 mg (hbv)	P				
EPIVIR HBV – lamivudine oral soln 5 mg/ml (hbv)	P				
HARVONI – ledipasvir-sofosbuvir tab 45-200 mg	NP	•	••		
HARVONI – ledipasvir-sofosbuvir tab 90-400 mg	NP	•	••		

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
HEPSERA – adefovir dipivoxil tab 10 mg	P				
INTRON A – interferon alfa-2b inj 6000000 unit/ml	C	•			
INTRON A – interferon alfa-2b inj 10000000 unit/ml	C	•			
INTRON A – interferon alfa-2b for inj 10000000 unit	C	•			
INTRON A – interferon alfa-2b for inj 18000000 unit	C	•			
INTRON A – interferon alfa-2b for inj 50000000 unit	C	•			
lamivudine tab 100 mg (hbv) (Epivir hbv)	P				
LEDIPASVIR/SOFOSBUVIR – ledipasvir-sofosbuvir tab 90-400 mg	NP	•	••		
MAVYRET – glecaprevir-pibrentasvir tab 100-40 mg	P	•	•		
OLYSIO – simeprevir sodium cap 150 mg (base equivalent)	NP	•	•		
PEGASYS – peginterferon alfa-2a inj 180 mcg/ml	P	•			
PEGASYS – peginterferon alfa-2a inj 180 mcg/0.5ml	P	•			
PEGASYS PROCLICK – peginterferon alfa-2a inj 135 mcg/0.5ml	P	•			
PEGASYS PROCLICK – peginterferon alfa-2a inj 180 mcg/0.5ml	P	•			
PEGINTRON – peginterferon alfa-2b for inj kit 50 mcg/0.5ml	NP	•	•		
REBETOL – ribavirin soln 40 mg/ml	NP	•	•		
RIBASPHERE – ribavirin tab 400 mg	NP	•	•		
RIBASPHERE – ribavirin tab 600 mg	NP	•	•		
RIBASPHERE RIBAPAK – ribavirin tab therapy pack 400 mg (800 mg daily dose)	NP	•	•		
RIBASPHERE RIBAPAK – ribavirin tab pack 400 mg & 600 mg (1000 mg daily dose)	NP	•	•		
RIBASPHERE RIBAPAK – ribavirin tab therapy pack 600 mg (1200 mg daily dose)	NP	•	•		
ribavirin cap 200 mg	P	•			
ribavirin tab 200 mg	P	•			
SOFOSBUVIR/VELPATASVIR – sofosbuvir-velpatasvir tab 400-100 mg	NP	•	••		
SOVALDI – sofosbuvir tab 200 mg	NP	•	••		
SOVALDI – sofosbuvir tab 400 mg	NP	•	••		
TECHNIVIE – ombitasvir-paritaprevir-ritonavir tab 12.5-75-50 mg	NP	•	•		
VEMLIDY – tenofovir alafenamide fumarate tab 25 mg	NP		•		
VIEKIRA PAK – ombitas-paritapre-riton & dasab tab pak 12.5-75-50 & 250 mg	NP	•	•		
VIEKIRA XR – dasab-ombit-paritap-riton tab er 24hr 200-8.33-50-33.33 mg	NP	•	•		
VOSEVI – sofosbuvir-velpatasvir-voxilaprevir tab 400-100-100 mg	P	•	•		
ZEPATIER – elbasvir-grazoprevir tab 50-100 mg	NP	•	••		
Herpes					
acyclovir cap 200 mg (Zovirax)	P				
acyclovir susp 200 mg/5ml (Zovirax)	P				
acyclovir tab 400 mg (Zovirax)	P				
acyclovir tab 800 mg (Zovirax)	P				
famciclovir tab 125 mg	NP		•		
famciclovir tab 250 mg	NP		•		
famciclovir tab 500 mg	NP		•		
SITAVIG – acyclovir buccal tab 50 mg	NP		•		
valacyclovir hcl tab 500 mg (Valtrex)	P				

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
valacyclovir hcl tab 1 gm (Valtrex)	P				
VALTREX – valacyclovir hcl tab 500 mg	NP		•		
VALTREX – valacyclovir hcl tab 1 gm	NP		•		
ZOVIRAX – acyclovir cap 200 mg	NP		•		
ZOVIRAX – acyclovir susp 200 mg/5ml	NP		•		
ZOVIRAX – acyclovir tab 400 mg	NP		•		
ZOVIRAX – acyclovir tab 800 mg	NP		•		
HIV/AIDS					
abacavir sulfate soln 20 mg/ml (base equiv) (Ziagen)	C			•	
abacavir sulfate tab 300 mg (base equiv) (Ziagen)	C			•	
abacavir sulfate-lamivudine tab 600-300 mg (Epzicom)	C			•	
abacavir sulfate-lamivudine-zidovudine tab 300-150-300 mg (Trizivir)	C			•	
APTIVUS – tipranavir cap 250 mg	C			•	
APTIVUS – tipranavir oral soln 100 mg/ml	C			•	
atazanavir sulfate cap 150 mg (base equiv) (Reyataz)	C			•	
atazanavir sulfate cap 200 mg (base equiv) (Reyataz)	C			•	
atazanavir sulfate cap 300 mg (base equiv) (Reyataz)	C			•	
ATRIPLA – efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg	C			•	
BIKTARVY – bictegravir-emtricitabine-tenofovir af tab 50-200-25 mg	C			•	
COMPLERA – emtricitabine-rilpivirine-tenofovir df tab 200-25-300 mg	C			•	
CRIXIVAN – indinavir sulfate cap 200 mg	C			•	
CRIXIVAN – indinavir sulfate cap 400 mg	C			•	

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
DELSTRIGO – doravirine-lamivudine-tenofovir df tab 100-300-300 mg	C			•	
DESCOVY – emtricitabine-tenofovir alafenamide fumarate tab 200-25 mg	C			•	
DIDANOSINE – didanosine delayed release capsule 200 mg	C			•	
DIDANOSINE – didanosine delayed release capsule 400 mg	C			•	
didanosine delayed release capsule 200 mg (Videx ec)	C			•	
didanosine delayed release capsule 250 mg (Videx ec)	C			•	
didanosine delayed release capsule 400 mg (Videx ec)	C			•	
DOVATO – dolutegravir sodium-lamivudine tab 50-300 mg (base eq)	C			•	
EDURANT – rilpivirine hcl tab 25 mg (base equivalent)	C			•	
efavirenz cap 50 mg (Sustiva)	C			•	
efavirenz cap 200 mg (Sustiva)	C			•	
efavirenz tab 600 mg (Sustiva)	C			•	
EMTRIVA – emtricitabine caps 200 mg	C			•	
EMTRIVA – emtricitabine soln 10 mg/ml	C			•	
EVOTAZ – atazanavir sulfate-cobicistat tab 300-150 mg (base equiv)	C			•	
fosamprenavir calcium tab 700 mg (base equiv) (Lexiva)	C			•	
FUZEON – enfuvirtide for inj 90 mg	C	•		•	
GENVOYA – elvitegrav-cobic-emtricitab-tenofov af tab 150-150-200-10 mg	C			•	
INTELENCE – etravirine tab 25 mg	C			•	
INTELENCE – etravirine tab 100 mg	C			•	
INTELENCE – etravirine tab 200 mg	C			•	

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
INVIRASE – saquinavir mesylate cap 200 mg	C			•	
INVIRASE – saquinavir mesylate tab 500 mg	C			•	
ISENTRESS – raltegravir potassium packet for susp 100 mg (base equiv)	C			•	
ISENTRESS – raltegravir potassium tab 400 mg (base equiv)	C			•	
ISENTRESS – raltegravir potassium chew tab 25 mg (base equiv)	C			•	
ISENTRESS – raltegravir potassium chew tab 100 mg (base equiv)	C			•	
ISENTRESS HD – raltegravir potassium tab 600 mg (base equiv)	C			•	
JULUCA – dolutegravir sodium-rilpivirine hcl tab 50-25 mg (base eq)	C			•	
KALETRA – lopinavir-ritonavir tab 100-25 mg	C			•	
KALETRA – lopinavir-ritonavir tab 200-50 mg	C			•	
lamivudine oral soln 10 mg/ml (Epivir)	C			•	
lamivudine tab 150 mg (Epivir)	C			•	
lamivudine tab 300 mg (Epivir)	C			•	
lamivudine-zidovudine tab 150-300 mg (Combivir)	C			•	
LEXIVA – fosamprenavir calcium susp 50 mg/ml (base equiv)	C			•	
lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml) (Kaletra)	C			•	
NEVIRAPINE ER – nevirapine tab er 24hr 100 mg	C			•	
nevirapine susp 50 mg/5ml (Viramune)	C			•	
nevirapine tab er 24hr 100 mg	C			•	
nevirapine tab er 24hr 400 mg (Viramune xr)	C			•	
nevirapine tab 200 mg (Viramune)	C			•	
NORVIR – ritonavir cap 100 mg	C			•	
NORVIR – ritonavir oral soln 80 mg/ml	C			•	
ODEFSEY – emtricitabine-rilpivirine-tenofovir af tab 200-25-25 mg	C			•	
PREZCOBIX – darunavir-cobicistat tab 800-150 mg	C			•	
PREZISTA – darunavir ethanolate susp 100 mg/ml (base equiv)	C			•	
PREZISTA – darunavir ethanolate tab 75 mg (base equiv)	C			•	
PREZISTA – darunavir ethanolate tab 150 mg (base equiv)	C			•	
PREZISTA – darunavir ethanolate tab 600 mg (base equiv)	C			•	
PREZISTA – darunavir ethanolate tab 800 mg (base equiv)	C			•	
RESCRIPTOR – delavirdine mesylate tab 100 mg	C			•	
RESCRIPTOR – delavirdine mesylate tab 200 mg	C			•	
REYATAZ – atazanavir sulfate oral powder packet 50 mg (base equiv)	C			•	
ritonavir tab 100 mg (Norvir)	C			•	
SELZENTRY – maraviroc oral soln 20 mg/ml	C			•	
SELZENTRY – maraviroc tab 25 mg	C			•	
SELZENTRY – maraviroc tab 75 mg	C			•	
SELZENTRY – maraviroc tab 150 mg	C			•	
SELZENTRY – maraviroc tab 300 mg	C			•	
stavudine cap 15 mg	C			•	
stavudine cap 20 mg	C			•	
stavudine cap 30 mg	C			•	
stavudine cap 40 mg	C			•	
STRIBILD – elvitegrav-cobic-emtricitab-tenofovdf tab 150-150-200-300 mg	C			•	

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
SYMFI – efavirenz-lamivudine-tenofovir df tab 600-300-300 mg	C			•	
SYMFI LO – efavirenz-lamivudine-tenofovir df tab 400-300-300 mg	C			•	
SYMTUZA – darunavir-cobic-emtricitab-tenofov af tab 800-150-200-10 mg	C			•	
TEMIXYS – lamivudine-tenofovir disoproxil fumarate tab 300-300 mg	C			•	
tenofovir disoproxil fumarate tab 300 mg (Viread)	C			•	
TIVICAY – dolutegravir sodium tab 10 mg (base equiv)	C			•	
TIVICAY – dolutegravir sodium tab 25 mg (base equiv)	C			•	
TIVICAY – dolutegravir sodium tab 50 mg (base equiv)	C			•	
TRIUMEQ – abacavir-dolutegravir-lamivudine tab 600-50-300 mg	C			•	
TRUVADA – emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg	C			•	
TRUVADA – emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg	C			•	
TRUVADA – emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg	C			•	
TRUVADA – emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg	C			•	
TYBOST – cobicistat tab 150 mg	C			•	
VIDEX – didanosine for soln 2 gm	C			•	
VIDEX – didanosine for soln 4 gm	C			•	
VIRACEPT – nelfinavir mesylate tab 250 mg	C			•	
VIRACEPT – nelfinavir mesylate tab 625 mg	C			•	
VIREAD – tenofovir disoproxil fumarate oral powder 40 mg/gm	C			•	
VIREAD – tenofovir disoproxil fumarate tab 150 mg	C			•	
VIREAD – tenofovir disoproxil fumarate tab 200 mg	C			•	
VIREAD – tenofovir disoproxil fumarate tab 250 mg	C			•	
zidovudine cap 100 mg (Retrovir)	C			•	
zidovudine syrup 10 mg/ml (Retrovir)	C			•	
zidovudine tab 300 mg	C			•	
Influenza					
oseltamivir phosphate cap 30 mg (base equiv) (Tamiflu)	C				
oseltamivir phosphate cap 45 mg (base equiv) (Tamiflu)	C				
oseltamivir phosphate cap 75 mg (base equiv) (Tamiflu)	C				
oseltamivir phosphate for susp 6 mg/ml (base equiv) (Tamiflu)	C				
MALARIA					
atovaquone-proguanil hcl tab 62.5-25 mg (Malarone)	C				
atovaquone-proguanil hcl tab 250-100 mg (Malarone)	C				
CHLOROQUINE PHOSPHATE – chloroquine phosphate tab 250 mg	C				
chloroquine phosphate tab 500 mg	C				
DARAPRIM – pyrimethamine tab 25 mg	C				
hydroxychloroquine sulfate tab 200 mg (Plaquenil)	C				
KRINTAFEL – tafenoquine succinate tab 150 mg (base equivalent)	C				
MEFLOQUINE HCL – mefloquine hcl tab 250 mg	C				
primaquine phosphate tab 26.3 mg (15 mg base) (Primaquine phosphate)	C				
WORM INFECTIONS					
albendazole tab 200 mg (Albenza)	C				
BENZNIDAZOLE – benznidazole tab 12.5 mg	C				

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
BENZNIDAZOLE – benznidazole tab 100 mg	C				
ivermectin tab 3 mg (Stromectol)	C				
praziquantel tab 600 mg (Biltricide)	C				
OTHER ANTI-INFECTIVES					
ALINIA – nitazoxanide tab 500 mg	C			•	
ALINIA – nitazoxanide for susp 100 mg/5ml	C			•	
atovaquone susp 750 mg/5ml (Mepron)	C				
CAYSTON – aztreonam lysine for inhal soln 75 mg (base equivalent)	NP	•	•		
clindamycin hcl cap 75 mg (Cleocin)	C				
clindamycin hcl cap 150 mg (Cleocin)	C				
clindamycin hcl cap 300 mg (Cleocin)	C				
clindamycin palmitate hcl for soln 75 mg/5ml (base equiv) (Cleocin pediatric gr)	C				
colistimethate sod for inj 150 mg (colistin base activity) (Coly-mycin m)	C				
dapsone tab 25 mg	C				
dapsone tab 100 mg	C				
IMPAVIDO – miltefosine cap 50 mg	C				
linezolid for susp 100 mg/5ml (Zyvox)	C				
linezolid tab 600 mg (Zyvox)	C				
metronidazole tab 250 mg (Flagyl)	C				
metronidazole tab 500 mg (Flagyl)	C				
SULFADIAZINE – sulfadiazine tab 500 mg	C				
sulfamethoxazole-trimethoprim susp 200-40 mg/5ml	C				
sulfamethoxazole-trimethoprim tab 400-80 mg (Bactrim)	C				
sulfamethoxazole-trimethoprim tab 800-160 mg (Bactrim ds)	C				
trimethoprim tab 100 mg	C				
vancomycin hcl cap 125 mg (base equivalent) (Vancocin hcl)	C				
vancomycin hcl cap 250 mg (base equivalent) (Vancocin hcl)	C				
XIFAXAN – rifaximin tab 550 mg	C				
IMMUNIZING AGENTS					
IMMUNIZING AGENTS					
AFLURIA PF 2019-2020 – influenza virus vaccine split pf susp pref syringe 0.5 ml	C				
AFLURIA QUADRIVALENT 2019-2020 – influenza virus vac split quadrivalent susp pref syr 0.25 ml	C				
AFLURIA QUADRIVALENT 2019-2020 – influenza virus vac split quadrivalent susp pref syr 0.5ml	C				
AFLURIA QUADRIVALENT 2019-2020 – influenza virus vaccine split quadrivalent im inj	C				
AFLURIA 2019-2020 – influenza virus vaccine split im susp	C				
BCG VACCINE – bcg vaccine inj	C				
BOOSTRIX – tet tox-diph-acell pertuss ad inj 5-2.5-18.5 lf-lf-mcg/0.5ml	C				
FLUAD 2019-2020 – influenza vac type a&b surface ant adj susp pref syr 0.5 ml	C				
FLUAD 2019-2020 – influenza vac type a&b surface ant adj susp pref syr 0.5 ml	C				
FLUARIX QUADRIVALENT 2019-2020 – influenza virus vac split quadrivalent susp pref syr 0.5ml	C				

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
FLUBLOK QUADRIVALENT 2019-2020 – influenza vac recomb ha quad pf soln pref syr 0.5 ml	C				
FLUCELVAX QUAD PF 2019-2020 – influenza vac tiss-cult subunt quad susp pref syr 0.5 ml	C				
FLUCELVAX QUAD 2019-2020 – influenza vac tissue-cultured subunit quadrivalent im susp	C				
FLULAVAL QUAD PF 2019-2020 – influenza virus vac split quadrivalent susp pref syr 0.5ml	C				
FLULAVAL QUAD 2019-2020 – influenza virus vaccine split quadrivalent im inj	C				
FLUMIST QUADRIVALENT 2019-2020 – influenza virus vaccine live quadrivalent intranasal susp	C				
FLUZONE HIGH-DOSE PF 2019-2020 – influenza virus vac split high-dose pf susp pref syr 0.5ml	C				
FLUZONE QUADRIVALENT 2019-2020 – influenza virus vac split quadrivalent susp pref syr 0.25 ml	C				
FLUZONE QUADRIVALENT 2019-2020 – influenza virus vac split quadrivalent susp pref syr 0.5ml	C				
FLUZONE QUADRIVALENT 2019-2020 – influenza virus vaccine split quadrivalent im inj	C				
FLUZONE QUADRIVALENT 2019-2020 – influenza virus vaccine split quadrivalent inj 0.5 ml	C				
GARDASIL 9 – human papillomavirus (hpv) 9-valent recomb vac susp pref syr	C				
GARDASIL 9 – human papillomavirus (hpv) 9-valent recomb vac im susp	C				

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
HEPLISAV-B – hepatitis b vaccine recomb adjuvanted pref syr 20 mcg/0.5ml	C				
HEPLISAV-B – hepatitis b vaccine recombinant adjuvanted 20 mcg/0.5ml	C				
PNEUMOVAX 23 – pneumococcal vaccine polyvalent inj 25 mcg/0.5ml	C				
PNEUMOVAX 23/1 DOSE – pneumococcal vaccine polyvalent inj 25 mcg/0.5ml	C				
SHINGRIX – zoster vac recombinant adjuvanted for im inj 50 mcg/0.5ml	C				
VARIVAX – varicella virus vac live for subcutaneous inj 1350 pfu/0.5ml	C				
ZOSTAVAX – zoster vaccine live for subcutaneous susp 19400 unit/0.65ml	C				
PASSIVE IMMUNIZING AGENTS					
CUTAQUIG – immune globulin (human)-hipp subcutaneous inj 1 gm/6ml	C	•	•		
CUTAQUIG – immune globulin (human)-hipp subcutaneous inj 1.65 gm/10ml	C	•	•		
CUTAQUIG – immune globulin (human)-hipp subcutaneous inj 2 gm/12ml	C	•	•		
CUTAQUIG – immune globulin (human)-hipp subcutaneous inj 3.3 gm/20ml	C	•	•		
CUTAQUIG – immune globulin (human)-hipp subcutaneous inj 4 gm/24ml	C	•	•		
CUTAQUIG – immune globulin (human)-hipp subcutaneous inj 8 gm/48ml	C	•	•		
CUVITRU – immune globulin (human) subcutaneous inj 1 gm/5ml	C	•	•		

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
CUVITRU – immune globulin (human) subcutaneous inj 2 gm/10ml	C	•	•		
CUVITRU – immune globulin (human) subcutaneous inj 4 gm/20ml	C	•	•		
CUVITRU – immune globulin (human) subcutaneous inj 8 gm/40ml	C	•	•		
CUVITRU – immune globulin (human) subcutaneous inj 10 gm/50ml	C	•	•		
HIZENTRA – immune globulin (human) subcutaneous inj 1 gm/5ml	C	•	•		
HIZENTRA – immune globulin (human) subcutaneous inj 2 gm/10ml	C	•	•		
HIZENTRA – immune globulin (human) subcutaneous inj 4 gm/20ml	C	•	•		
HIZENTRA – immune globulin (human) subcutaneous inj 10 gm/50ml	C	•	•		
HYQVIA – immun glob inj 2.5 gm/25ml-hyaluron inj 200 unt/1.25 ml kit	C	•	•		
HYQVIA – immun glob inj 5 gm/50ml-hyaluron inj 400 unt/2.5 ml kit	C	•	•		
HYQVIA – immun glob inj 10 gm/100ml-hyaluron inj 800 unt/5 ml kit	C	•	•		
HYQVIA – immun glob inj 20 gm/200ml-hyaluron inj 1600 unt/10 ml kit	C	•	•		
HYQVIA – immun glob inj 30 gm/300ml-hyaluron inj 2400 unt/15 ml kit	C	•	•		
XEMBIFY – immune globulin (human)-klhw subcutaneous inj 1 gm/5ml	C	•	•		
XEMBIFY – immune globulin (human)-klhw subcutaneous inj 2 gm/10ml	C	•	•		
XEMBIFY – immune globulin (human)-klhw subcutaneous inj 4 gm/20ml	C	•	•		
XEMBIFY – immune globulin (human)-klhw subcutaneous inj 10 gm/50ml	C	•	•		
CANCER DRUGS					
CANCER DRUGS					
abiraterone acetate tab 250 mg (Zytiga)	C	•	•	•	
ACTIMMUNE – interferon gamma-1b inj 100 mcg/0.5ml (2000000 unit/0.5ml)	C	•			
AFINITOR – everolimus tab 2.5 mg	C	•	•	•	
AFINITOR – everolimus tab 5 mg	C	•	•	•	
AFINITOR – everolimus tab 7.5 mg	C	•	•	•	
AFINITOR – everolimus tab 10 mg	C	•	•	•	
AFINITOR DISPERZ – everolimus tab for oral susp 2 mg	C	•	•	•	
AFINITOR DISPERZ – everolimus tab for oral susp 3 mg	C	•	•	•	
AFINITOR DISPERZ – everolimus tab for oral susp 5 mg	C	•	•	•	
ALECENSA – alectinib hcl cap 150 mg (base equivalent)	C	•	•	•	
anastrozole tab 1 mg (Arimidex)	C				
BALVERSA – erdafitinib tab 3 mg	C	•	•	•	
BALVERSA – erdafitinib tab 4 mg	C	•	•	•	
BALVERSA – erdafitinib tab 5 mg	C	•	•	•	
bexarotene cap 75 mg (Targretin)	C	•	•		
bicalutamide tab 50 mg (Casodex)	C	•			
BOSULIF – bosutinib tab 100 mg	C	•	•	•	
BOSULIF – bosutinib tab 500 mg	C	•	•	•	
BRAFTOVI – encorafenib cap 50 mg	C	•	•	•	
BRAFTOVI – encorafenib cap 75 mg	C	•	•	•	

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
CABOMETYX – cabozantinib s-malate tab 20 mg (base equivalent)	C	•	•	•	
CABOMETYX – cabozantinib s-malate tab 40 mg (base equivalent)	C	•	•	•	
CABOMETYX – cabozantinib s-malate tab 60 mg (base equivalent)	C	•	•	•	
CALQUENCE – acalabrutinib cap 100 mg	C	•	•	•	
capecitabine tab 150 mg (Xeloda)	C	•	•		
capecitabine tab 500 mg (Xeloda)	C	•	•		
CAPRELSA – vandetanib tab 100 mg	C	•	•	•	
CAPRELSA – vandetanib tab 300 mg	C	•	•	•	
COMETRIQ – cabozantinib s-malate cap 3 x 20 mg (60 mg dose) kit	C	•	•	•	
COMETRIQ – cabozantinib s-mal cap 1 x 80 mg & 1 x 20 mg (100 dose) kit	C	•	•	•	
COMETRIQ – cabozantinib s-mal cap 1 x 80 mg & 3 x 20 mg (140 dose) kit	C	•	•	•	
COPIKTRA – duvelisib cap 15 mg	C	•	•	•	
COPIKTRA – duvelisib cap 25 mg	C	•	•	•	
COTELLIC – cobimetinib fumarate tab 20 mg (base equivalent)	C	•	•	•	
cyclophosphamide cap 25 mg (Cyclophosphamide)	C	•			
cyclophosphamide cap 50 mg (Cyclophosphamide)	C	•			
CYTARABINE – cytarabine inj 20 mg/ml	C				
DAURISMO – glasdegib maleate tab 25 mg (base equivalent)	C	•	•	•	
DAURISMO – glasdegib maleate tab 100 mg (base equivalent)	C	•	•	•	
DEPO-PROVERA – medroxyprogesterone acetate im susp 400 mg/ml	C				
EMCYT – estramustine phosphate sodium cap 140 mg	C	•			

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
ERIVEDGE – vismodegib cap 150 mg	C	•	•	•	
ERLEADA – apalutamide tab 60 mg	C	•	•	•	
erlotinib hcl tab 25 mg (base equivalent) (Tarceva)	C	•	•	•	
erlotinib hcl tab 100 mg (base equivalent) (Tarceva)	C	•	•	•	
erlotinib hcl tab 150 mg (base equivalent) (Tarceva)	C	•	•	•	
ERWINAZE – asparaginase erwinia chrysanthemi for inj 10000 unit	C				
ETOPOSIDE – etoposide cap 50 mg	C	•			
everolimus tab 2.5 mg (Afinitor)	C	•	•	•	
everolimus tab 5 mg (Afinitor)	C	•	•	•	
everolimus tab 7.5 mg (Afinitor)	C	•	•	•	
exemestane tab 25 mg (Aromasin)	C				
FARYDAK – panobinostat lactate cap 10 mg (base equivalent)	C	•	•	•	
FARYDAK – panobinostat lactate cap 15 mg (base equivalent)	C	•	•	•	
FARYDAK – panobinostat lactate cap 20 mg (base equivalent)	C	•	•	•	
FIRMAGON – degarelix acetate for inj 80 mg (base equiv)	C	•			
FIRMAGON – degarelix acetate for inj 120 mg (base equiv)	C	•			
flutamide cap 125 mg	C	•			
fulvestrant inj 250 mg/5ml (Faslodex)	C	•			
GILOTRIF – afatinib dimaleate tab 20 mg (base equivalent)	C	•	•	•	
GILOTRIF – afatinib dimaleate tab 30 mg (base equivalent)	C	•	•	•	
GILOTRIF – afatinib dimaleate tab 40 mg (base equivalent)	C	•	•	•	
GLEOSTINE – lomustine cap 5 mg	C	•			
GLEOSTINE – lomustine cap 10 mg	C	•			
GLEOSTINE – lomustine cap 40 mg	C	•			

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
GLEOSTINE – lomustine cap 100 mg	C	•			
HEXALEN – altretamine cap 50 mg	C	•	•		
HYCAMTIN – topotecan hcl cap 0.25 mg (base equiv)	C	•	•		
HYCAMTIN – topotecan hcl cap 1 mg (base equiv)	C	•	•		
HYDROXYPROGESTERONE CAPROATE – hydroxyprogesterone caproate im in oil 1.25 gm/5ml	C	•			
hydroxyurea cap 500 mg (Hydrea)	C	•			
IBRANCE – palbociclib cap 75 mg	C	•	•	•	
IBRANCE – palbociclib cap 100 mg	C	•	•	•	
IBRANCE – palbociclib cap 125 mg	C	•	•	•	
ICLUSIG – ponatinib hcl tab 15 mg (base equiv)	C	•	•	•	
ICLUSIG – ponatinib hcl tab 45 mg (base equiv)	C	•	•	•	
imatinib mesylate tab 100 mg (base equivalent) (Gleevec)	C	•	•	•	
imatinib mesylate tab 400 mg (base equivalent) (Gleevec)	C	•	•	•	
IMBRUVICA – ibrutinib cap 70 mg	C	•	•	•	
IMBRUVICA – ibrutinib cap 140 mg	C	•	•	•	
IMBRUVICA – ibrutinib tab 140 mg	C	•	•	•	
IMBRUVICA – ibrutinib tab 280 mg	C	•	•	•	
IMBRUVICA – ibrutinib tab 420 mg	C	•	•	•	
IMBRUVICA – ibrutinib tab 560 mg	C	•	•	•	
IMLYGIC – talimogene laherparepvec intralesional inj 1000000 unit/ml	C				
IMLYGIC – talimogene laherparepvec intralesional inj 100000000 unit/ml	C				
INLYTA – axitinib tab 1 mg	C	•	•	•	
INLYTA – axitinib tab 5 mg	C	•	•	•	
INREBIC – fedratinib hcl cap 100 mg	C	•	•	•	
INTRON A – interferon alfa-2b inj 6000000 unit/ml	C	•			

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
INTRON A – interferon alfa-2b inj 10000000 unit/ml	C	•			
INTRON A – interferon alfa-2b for inj 10000000 unit	C	•			
INTRON A – interferon alfa-2b for inj 18000000 unit	C	•			
INTRON A – interferon alfa-2b for inj 50000000 unit	C	•			
IRESSA – gefitinib tab 250 mg	C	•	•	•	
JAKAFI – ruxolitinib phosphate tab 5 mg (base equivalent)	C	•	•	•	
JAKAFI – ruxolitinib phosphate tab 10 mg (base equivalent)	C	•	•	•	
JAKAFI – ruxolitinib phosphate tab 15 mg (base equivalent)	C	•	•	•	
JAKAFI – ruxolitinib phosphate tab 20 mg (base equivalent)	C	•	•	•	
JAKAFI – ruxolitinib phosphate tab 25 mg (base equivalent)	C	•	•	•	
KISQALI – ribociclib succinate tab pack 200 mg daily dose	C	•	•	•	
KISQALI – ribociclib succinate tab pack 400 mg daily dose (200 mg tab)	C	•	•	•	
KISQALI – ribociclib succinate tab pack 600 mg daily dose (200 mg tab)	C	•	•	•	
KISQALI FEMARA 200 DOSE – ribociclib 200 mg dose (200 mg tab) & letrozole 2.5 mg tbpk	C	•	•	•	
KISQALI FEMARA 400 DOSE – ribociclib 400 mg dose (200 mg tab) & letrozole 2.5 mg tbpk	C	•	•	•	
KISQALI FEMARA 600 DOSE – ribociclib 600 mg dose (200 mg tab) & letrozole 2.5 mg tbpk	C	•	•	•	
LENVIMA 10 MG DAILY DOSE – lenvatinib cap therapy pack 10 mg (10 mg daily dose)	C	•	•	•	

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
LENVIMA 12MG DAILY DOSE – lenvatinib cap therapy pack 4 (3) mg (12 mg daily dose)	C	•	•	•	
LENVIMA 14 MG DAILY DOSE – lenvatinib cap therapy pack 10 & 4 mg (14 mg daily dose)	C	•	•	•	
LENVIMA 18 MG DAILY DOSE – lenvatinib cap therapy pack 10 & 4 (2) mg (18 mg daily dose)	C	•	•	•	
LENVIMA 20 MG DAILY DOSE – lenvatinib cap therapy pack 10 (2) mg (20 mg daily dose)	C	•	•	•	
LENVIMA 24 MG DAILY DOSE – lenvatinib cap therapy pack 10 (2) & 4 mg (24 mg daily dose)	C	•	•	•	
LENVIMA 4 MG DAILY DOSE – lenvatinib cap therapy pack 4 mg (4 mg daily dose)	C	•	•	•	
LENVIMA 8 MG DAILY DOSE – lenvatinib cap therapy pack 4 (2) mg (8 mg daily dose)	C	•	•	•	
letrozole tab 2.5 mg (Femara)	C				
LEUCOVORIN CALCIUM – leucovorin calcium tab 10 mg	C				
LEUCOVORIN CALCIUM – leucovorin calcium tab 15 mg	C				
leucovorin calcium tab 5 mg	C				
leucovorin calcium tab 25 mg	C				
LEUKERAN – chlorambucil tab 2 mg	C	•			
LONSURF – trifluridine-tipiracil tab 15-6.14 mg	C	•	•	•	
LONSURF – trifluridine-tipiracil tab 20-8.19 mg	C	•	•	•	
LORBRENA – lorlatinib tab 25 mg	C	•	•	•	
LORBRENA – lorlatinib tab 100 mg	C	•	•	•	
LUPRON DEPOT (1-MONTH) – leuprolide acetate for inj kit 3.75 mg	C	•			
LUPRON DEPOT (1-MONTH) – leuprolide acetate for inj kit 7.5 mg	C	•			

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
LUPRON DEPOT (3-MONTH) – leuprolide acetate (3 month) for inj kit 11.25 mg	C	•			
LUPRON DEPOT (3-MONTH) – leuprolide acetate (3 month) for inj kit 22.5 mg	C	•			
LUPRON DEPOT (4-MONTH) – leuprolide acetate (4 month) for inj kit 30 mg	C	•			
LUPRON DEPOT (6-MONTH) – leuprolide acetate (6 month) for inj kit 45 mg	C	•			
LYNPARZA – olaparib cap 50 mg	C	•	•	•	
LYNPARZA – olaparib tab 100 mg	C	•	•	•	
LYNPARZA – olaparib tab 150 mg	C	•	•	•	
LYSODREN – mitotane tab 500 mg	C	•	•		
MATULANE – procarbazine hcl cap 50 mg	C	•	•		
megestrol acetate susp 40 mg/ml	P				
megestrol acetate tab 20 mg	P				
megestrol acetate tab 40 mg	P				
MEKINIST – trametinib dimethyl sulfoxide tab 0.5 mg (base equivalent)	C	•	•	•	
MEKINIST – trametinib dimethyl sulfoxide tab 2 mg (base equivalent)	C	•	•	•	
MEKTOVI – binimetinib tab 15 mg	C	•	•	•	
melphalan tab 2 mg (Alkeran)	C	•			
mercaptopurine tab 50 mg	C	•			
MESNEX – mesna tab 400 mg	C				
METHOTREXATE SODIUM – methotrexate sodium inj 250 mg/10ml (25 mg/ml)	C				
methotrexate sodium tab 2.5 mg (base equiv)	C				
MUSTARGEN – mechlorethamine hcl for inj 10 mg	C				
MYLERAN – busulfan tab 2 mg	C	•			

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
NEXAVAR – sorafenib tosylate tab 200 mg (base equivalent)	C	•	•	•	
nilutamide tab 150 mg (Nilandron)	C	•			
NINLARO – ixazomib citrate cap 2.3 mg (base equivalent)	C	•	•	•	
NINLARO – ixazomib citrate cap 3 mg (base equivalent)	C	•	•	•	
NINLARO – ixazomib citrate cap 4 mg (base equivalent)	C	•	•	•	
NUBEQA – darolutamide tab 300 mg	C	•	•	•	
ODOMZO – sonidegib phosphate cap 200 mg (base equivalent)	C	•	•	•	
ONCASPAR – pegaspargase inj 750 unit/ml	C				
PIQRAY 200MG DAILY DOSE – alpelisib tab therapy pack 200 mg daily dose	C	•	•	•	
PIQRAY 250MG DAILY DOSE – alpelisib tab pack 250 mg daily dose (200 mg & 50 mg tabs)	C	•	•	•	
PIQRAY 300MG DAILY DOSE – alpelisib tab pack 300 mg daily dose (2x150 mg tab)	C	•	•	•	
POMALYST – pomalidomide cap 1 mg	C	•	•	•	
POMALYST – pomalidomide cap 2 mg	C	•	•	•	
POMALYST – pomalidomide cap 3 mg	C	•	•	•	
POMALYST – pomalidomide cap 4 mg	C	•	•	•	
PURIXAN – mercaptopurine susp 2000 mg/100ml (20 mg/ml)	C	•			
REVLIMID – lenalidomide caps 2.5 mg	C	•	•	•	
REVLIMID – lenalidomide cap 5 mg	C	•	•	•	
REVLIMID – lenalidomide cap 10 mg	C	•	•	•	
REVLIMID – lenalidomide cap 15 mg	C	•	•	•	
REVLIMID – lenalidomide cap 20 mg	C	•	•	•	
REVLIMID – lenalidomide cap 25 mg	C	•	•	•	

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
ROZLYTREK – entrectinib cap 100 mg	C	•	•	•	
ROZLYTREK – entrectinib cap 200 mg	C	•	•	•	
RUBRACA – rucaparib camsylate tab 200 mg (base equivalent)	C	•	•	•	
RUBRACA – rucaparib camsylate tab 250 mg (base equivalent)	C	•	•	•	
RUBRACA – rucaparib camsylate tab 300 mg (base equivalent)	C	•	•	•	
RYDAPT – midostaurin cap 25 mg	C	•	•	•	
SPRYCEL – dasatinib tab 20 mg	C	•	•	•	
SPRYCEL – dasatinib tab 50 mg	C	•	•	•	
SPRYCEL – dasatinib tab 70 mg	C	•	•	•	
SPRYCEL – dasatinib tab 80 mg	C	•	•	•	
SPRYCEL – dasatinib tab 100 mg	C	•	•	•	
SPRYCEL – dasatinib tab 140 mg	C	•	•	•	
STIVARGA – regorafenib tab 40 mg	C	•	•	•	
SUTENT – sunitinib malate cap 12.5 mg (base equivalent)	C	•	•	•	
SUTENT – sunitinib malate cap 25 mg (base equivalent)	C	•	•	•	
SUTENT – sunitinib malate cap 37.5 mg (base equivalent)	C	•	•	•	
SUTENT – sunitinib malate cap 50 mg (base equivalent)	C	•	•	•	
SYLATRON – peginterferon alfa-2b for inj kit 200 mcg	C	•	•		
SYLATRON – peginterferon alfa-2b for inj kit 300 mcg	C	•	•		
SYLATRON – peginterferon alfa-2b for inj kit 600 mcg	C	•	•		
SYNRIBO – omacetaxine mepesuccinate for inj 3.5 mg	C	•			
TABLOID – thioguanine tab 40 mg	C	•			
TAFINLAR – dabrafenib mesylate cap 50 mg (base equivalent)	C	•	•	•	
TAFINLAR – dabrafenib mesylate cap 75 mg (base equivalent)	C	•	•	•	

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
TAGRISSO – osimertinib mesylate tab 40 mg (base equivalent)	C	•	•	•	
TAGRISSO – osimertinib mesylate tab 80 mg (base equivalent)	C	•	•	•	
TALZENNA – talazoparib tosylate cap 0.25 mg (base equivalent)	C	•	•	•	
TALZENNA – talazoparib tosylate cap 1 mg (base equivalent)	C	•	•	•	
tamoxifen citrate tab 10 mg (base equivalent)	C				
tamoxifen citrate tab 20 mg (base equivalent)	C				
TASIGNA – nilotinib hcl cap 50 mg (base equivalent)	C	•	•	•	
TASIGNA – nilotinib hcl cap 150 mg (base equivalent)	C	•	•	•	
TASIGNA – nilotinib hcl cap 200 mg (base equivalent)	C	•	•	•	
temozolomide cap 5 mg (Temodar)	C	•	•		
temozolomide cap 20 mg (Temodar)	C	•	•		
temozolomide cap 100 mg (Temodar)	C	•	•		
temozolomide cap 140 mg (Temodar)	C	•	•		
temozolomide cap 180 mg (Temodar)	C	•	•		
temozolomide cap 250 mg (Temodar)	C	•	•		
THALOMID – thalidomide cap 50 mg	C	•	•	•	
THALOMID – thalidomide cap 100 mg	C	•	•	•	
THALOMID – thalidomide cap 150 mg	C	•	•	•	
THALOMID – thalidomide cap 200 mg	C	•	•	•	
TIBSOVO – ivosidenib tab 250 mg	C	•	•	•	
TICE BCG – bcg live intravesical for susp 50 mg	C				

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
toremifene citrate tab 60 mg (base equivalent) (Fareston)	C	•			
TRELSTAR MIXJECT – triptorelin pamoate for im susp 3.75 mg	C	•			
TRELSTAR MIXJECT – triptorelin pamoate for im susp 11.25 mg	C	•			
TRELSTAR MIXJECT – triptorelin pamoate for im susp 22.5 mg	C	•			
tretinoin cap 10 mg	C	•	•		
TREXALL – methotrexate sodium tab 5 mg (base equiv)	C				
TREXALL – methotrexate sodium tab 7.5 mg (base equiv)	C				
TREXALL – methotrexate sodium tab 10 mg (base equiv)	C				
TREXALL – methotrexate sodium tab 15 mg (base equiv)	C				
TURALIO – pexidartinib hcl cap 200 mg (base equivalent)	C	•	•	•	
TYKERB – lapatinib ditosylate tab 250 mg (base equiv)	C	•	•	•	
valrubicin soln for intravesical instillation 40 mg/ml (Valstar)	C				
VELCADE – bortezomib for inj 3.5 mg	C				
VENCLEXTA – venetoclax tab 10 mg	C	•	•	•	
VENCLEXTA – venetoclax tab 50 mg	C	•	•	•	
VENCLEXTA – venetoclax tab 100 mg	C	•	•	•	
VENCLEXTA STARTING PACK – venetoclax tab therapy starter pack 10 & 50 & 100 mg	C	•	•	•	
VERZENIO – abemaciclib tab 50 mg	C	•	•	•	
VERZENIO – abemaciclib tab 100 mg	C	•	•	•	
VERZENIO – abemaciclib tab 150 mg	C	•	•	•	
VERZENIO – abemaciclib tab 200 mg	C	•	•	•	

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
VITRAKVI – larotrectinib sulfate oral soln 20 mg/ml (base equivalent)	C	•	•	•	
VITRAKVI – larotrectinib sulfate cap 25 mg (base equivalent)	C	•	•	•	
VITRAKVI – larotrectinib sulfate cap 100 mg (base equivalent)	C	•	•	•	
VIZIMPRO – dacomitinib tab 15 mg	C	•	•	•	
VIZIMPRO – dacomitinib tab 30 mg	C	•	•	•	
VIZIMPRO – dacomitinib tab 45 mg	C	•	•	•	
VOTRIENT – pazopanib hcl tab 200 mg (base equiv)	C	•	•	•	
XALKORI – crizotinib cap 200 mg	C	•	•	•	
XALKORI – crizotinib cap 250 mg	C	•	•	•	
XOSPATA – gilteritinib fumarate tablet 40 mg (base equivalent)	C	•	•	•	
XPOVIO 100 MG ONCE WEEKLY – selinexor tab therapy pack 20 mg (100 mg once weekly)	C	•	•	•	
XPOVIO 60 MG ONCE WEEKLY – selinexor tab therapy pack 20 mg (60 mg once weekly)	C	•	•	•	
XPOVIO 80 MG ONCE WEEKLY – selinexor tab therapy pack 20 mg (80 mg once weekly)	C	•	•	•	
XPOVIO 80 MG TWICE WEEKLY – selinexor tab therapy pack 20 mg (80 mg twice weekly)	C	•	•	•	
XTANDI – enzalutamide cap 40 mg	C	•	•	•	
YONSA – abiraterone acetate tab 125 mg	C	•	•	•	
ZELBORAF – vemurafenib tab 240 mg	C	•	•	•	
ZOLINZA – vorinostat cap 100 mg	C	•	•	•	
ZYDELIG – idelalisib tab 100 mg	C	•	•	•	
ZYDELIG – idelalisib tab 150 mg	C	•	•	•	
ZYKADIA – ceritinib cap 150 mg	C	•	•	•	
ZYKADIA – ceritinib tab 150 mg	C	•	•	•	
ZYTIGA – abiraterone acetate tab 500 mg	C	•	•	•	

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
HORMONES, DIABETES AND RELATED DRUGS					
CORTICOSTEROIDS					
budesonide delayed release particles cap 3 mg (Entocort ec)	C				
budesonide tab er 24hr 9 mg (Uceris)	NP		•		
DEXAMETHASONE – dexamethasone soln 0.5 mg/5ml	C				
DEXAMETHASONE – dexamethasone tab 1 mg	C				
DEXAMETHASONE – dexamethasone tab 2 mg	C				
dexamethasone elixir 0.5 mg/5ml	C				
dexamethasone tab 0.5 mg	C				
dexamethasone tab 0.75 mg	C				
dexamethasone tab 1.5 mg	C				
dexamethasone tab 4 mg	C				
dexamethasone tab 6 mg	C				
fludrocortisone acetate tab 0.1 mg	C				
hydrocortisone tab 5 mg (Cortef)	C				
hydrocortisone tab 10 mg (Cortef)	C				
hydrocortisone tab 20 mg (Cortef)	C				
methylprednisolone tab therapy pack 4 mg (21) (Medrol dosepak)	C				
methylprednisolone tab 4 mg (Medrol)	C				
methylprednisolone tab 8 mg (Medrol)	C				
methylprednisolone tab 16 mg (Medrol)	C				
methylprednisolone tab 32 mg (Medrol)	C				
PREDNISOLONE – prednisolone syrup 15 mg/5ml (usp solution equivalent)	C				
prednisolone sod phosph oral soln 6.7 mg/5ml (5 mg/5ml base) (Pediapred)	C				

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
prednisolone sod phosphate oral soln 15 mg/5ml (base equiv)	C				
prednisolone syrup 15 mg/5ml (usp solution equivalent)	C				
PREDNISONE – prednisone oral soln 5 mg/5ml	C				
prednisone tab 1 mg	C				
prednisone tab 2.5 mg	C				
prednisone tab 5 mg	C				
prednisone tab 10 mg	C				
prednisone tab 20 mg	C				
prednisone tab 50 mg	C				
UCERIS – budesonide tab er 24hr 9 mg	NP		•		
MALE HORMONES					
ANDRODERM – testosterone td patch 24hr 2 mg/24hr	P		•	•	
ANDRODERM – testosterone td patch 24hr 4 mg/24hr	P		•	•	
ANDROGEL – testosterone td gel 25 mg/2.5gm (1%)	P		•	•	
ANDROGEL – testosterone td gel 50 mg/5gm (1%)	P		•	•	
ANDROGEL – testosterone td gel 20.25 mg/1.25gm (1.62%)	P		•	•	
ANDROGEL – testosterone td gel 40.5 mg/2.5gm (1.62%)	P		•	•	
ANDROGEL PUMP – testosterone td gel 20.25 mg/act (1.62%)	P		•	•	
danazol cap 50 mg	C				
danazol cap 100 mg	C				
danazol cap 200 mg	C				
FORTESTA – testosterone td gel 10mg/act (2%)	NP		••	•	
NATESTO – testosterone nasal gel 5.5 mg/act	NP		••	•	
STRIANT – testosterone buccal mucoadhesive system 30 mg	NP		••	•	

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
TESTIM – testosterone td gel 50 mg/5gm (1%)	NP		••	•	
TESTOSTERONE – testosterone td gel 25 mg/2.5gm (1%)	NP		••	•	
TESTOSTERONE – testosterone td gel 50 mg/5gm (1%)	NP		••	•	
testosterone cypionate im inj in oil 100 mg/ml (Depo-testosterone)	C				
testosterone cypionate im inj in oil 200 mg/ml (Depo-testosterone)	C				
TESTOSTERONE ENANTHATE – testosterone enanthate im inj in oil 200 mg/ml	C				
testosterone enanthate im inj in oil 200 mg/ml	C				
TESTOSTERONE PUMP – testosterone td gel 12.5 mg/act (1%)	NP		••	•	
testosterone td gel 25 mg/2.5gm (1%) (Androgel)	NP		••	•	
testosterone td gel 50 mg/5gm (1%) (Androgel)	NP		••	•	
testosterone td gel 12.5 mg/act (1%)	NP		••	•	
testosterone td gel 20.25 mg/1.25gm (1.62%) (Androgel)	NP		••	•	
testosterone td gel 40.5 mg/2.5gm (1.62%) (Androgel)	NP		••	•	
testosterone td gel 20.25 mg/act (1.62%) (Androgel pump)	NP		••	•	
testosterone td gel 10mg/act (2%) (Fortesta)	C		•	•	
testosterone td soln 30 mg/act	NP		••	•	
VOGELXO – testosterone td gel 50 mg/5gm (1%)	NP		••	•	
VOGELXO PUMP – testosterone td gel 12.5 mg/act (1%)	NP		••	•	
ESTROGENS					

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
COMBIPATCH – estradiol-norethindrone ace td pttw 0.05-0.14 mg/day	C			•	
COMBIPATCH – estradiol-norethindrone ace td pttw 0.05-0.25 mg/day	C			•	
estradiol & norethindrone acetate tab 0.5-0.1 mg (Activella)	C				
estradiol & norethindrone acetate tab 1-0.5 mg (Activella)	C				
estradiol tab 0.5 mg (Estrace)	C				
estradiol tab 1 mg (Estrace)	C				
estradiol tab 2 mg (Estrace)	C				
estradiol td patch twice weekly 0.025 mg/24hr (Vivelle-dot)	C			•	
estradiol td patch twice weekly 0.0375 mg/24hr (Vivelle-dot)	C			•	
estradiol td patch twice weekly 0.05 mg/24hr (Vivelle-dot)	C			•	
estradiol td patch twice weekly 0.075 mg/24hr (Vivelle-dot)	C			•	
estradiol td patch twice weekly 0.1 mg/24hr (Vivelle-dot)	C			•	
estradiol td patch weekly 0.025 mg/24hr (Climara)	C			•	
estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr) (Climara)	C			•	
estradiol td patch weekly 0.05 mg/24hr (Climara)	C			•	
estradiol td patch weekly 0.06 mg/24hr (Climara)	C			•	
estradiol td patch weekly 0.075 mg/24hr (Climara)	C			•	
estradiol td patch weekly 0.1 mg/24hr (Climara)	C			•	
estradiol valerate im in oil 20 mg/ml (Delestrogen)	C				
estradiol valerate im in oil 40 mg/ml (Delestrogen)	C				

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
ESTROGEL – estradiol gel 0.06% (0.75 mg/1.25 gm metered-dose pump)	C			•	
ESTROPIPATE – estropipate tab 0.75 mg	C				
ESTROPIPATE – estropipate tab 1.5 mg	C				
ESTROPIPATE – estropipate tab 3 mg	C				
PROGESTINS					
medroxyprogesterone acetate tab 2.5 mg (Provera)	C				
medroxyprogesterone acetate tab 5 mg (Provera)	C				
medroxyprogesterone acetate tab 10 mg (Provera)	C				
MEGACE ES – megestrol acetate susp 625 mg/5ml	NP		•		
megestrol acetate susp 625 mg/5ml (Megace es)	NP		•		
norethindrone acetate tab 5 mg (Aygestin)	C				
progesterone im in oil 50 mg/ml	C				
progesterone micronized cap 100 mg (Prometrium)	C				
progesterone micronized cap 200 mg (Prometrium)	C				
BIRTH CONTROL					
CAYA – diaphragm arc-spring	C				
CONDOMS - VARIOUS	C				
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5) (Mircette)	C			•	
desogest-ethin est tab 0.1-0.025/0.125-0.025/0.15-0.025mg mg	C			•	
desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg	C			•	

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg (Beyaz)	C			•	
drospirenone-ethinyl estradiol tab 3-0.02 mg (Yaz)	C			•	
drospirenone-ethinyl estradiol tab 3-0.03 mg (Yasmin 28)	C			•	
ELLA – ulipristal acetate tab 30 mg	C				
ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg	C			•	
ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg	C			•	
etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr (Nuvaring)	C			•	
FC FEMALE CONDOM – condoms - female	C				
FC2 FEMALE CONDOM – condoms - female	C				
levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg	C			•	
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg	C			•	
levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg	C			•	
levonorgestrel tab 1.5 mg	C				
levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg	C			•	
norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg	C			•	
norethindrone & ethinyl estradiol tab 0.5 mg-35 mcg	C			•	
norethindrone & ethinyl estradiol tab 1 mg-35 mcg (Ortho-novum 1/35)	C			•	
norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg	C			•	
norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg (Estrostep fe)	C			•	

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg (Loestrin 1/20-21)	C			•	
norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg (Loestrin 1.5/30-21)	C			•	
norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg (Loestrin fe 1/20)	C			•	
norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg (Loestrin fe 1.5/30)	C			•	
norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24) (Minastrin 24 fe)	C			•	
norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)	C			•	
norethindrone tab 0.35 mg (Ortho micronor)	C			•	
norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg (Ortho-novum 7/7/7)	C			•	
norethindrone-eth estradiol tab 0.5-35/1-35/0.5-35 mg-mcg	C			•	
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg (Ortho-cyclen)	C			•	
norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg (Ortho tri-cyclen lo)	C			•	
norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg	C			•	
norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg	C			•	
NUVARING – etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr	C			•	
OMNIFLEX DIAPHRAGM – diaphragms	C				
WIDE-SEAL SILICONE DIAPHRAGMS - VARIOUS SIZES	C				

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
XULANE – norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr	C			•	
DIABETES					
acarbose tab 25 mg (Precose)	P				
acarbose tab 50 mg (Precose)	P				
acarbose tab 100 mg (Precose)	P				
ACTOPLUS MET XR – pioglitazone hcl-metformin hcl tab er 24hr 15-1000 mg	NP		•		
ACTOPLUS MET XR – pioglitazone hcl-metformin hcl tab er 24hr 30-1000 mg	NP		•		
ADLYXIN – lixisenatide soln pen-injector 20 mcg/0.2ml (100 mcg/ml)	NP		•	•	
ADLYXIN STARTER PACK – lixisenatide pen-inj starter kit 10 mcg/0.2ml & 20 mcg/0.2ml	NP		•	•	
ALOGLIPTIN – alogliptin benzoate tab 6.25 mg (base equiv)	NP		•	•	
ALOGLIPTIN – alogliptin benzoate tab 12.5 mg (base equiv)	NP		•	•	
ALOGLIPTIN – alogliptin benzoate tab 25 mg (base equiv)	NP		•	•	
ALOGLIPTIN/METFORMIN HCL – alogliptin-metformin hcl tab 12.5-500 mg	NP		•	•	
ALOGLIPTIN/METFORMIN HCL – alogliptin-metformin hcl tab 12.5-1000 mg	NP		•	•	
ALOGLIPTIN/PIOGLITAZONE – alogliptin-pioglitazone tab 12.5-15 mg	NP		•	•	
ALOGLIPTIN/PIOGLITAZONE – alogliptin-pioglitazone tab 12.5-30 mg	NP		•	•	
ALOGLIPTIN/PIOGLITAZONE – alogliptin-pioglitazone tab 12.5-45 mg	NP		•	•	
ALOGLIPTIN/PIOGLITAZONE – alogliptin-pioglitazone tab 25-15 mg	NP		•	•	
ALOGLIPTIN/PIOGLITAZONE – alogliptin-pioglitazone tab 25-30 mg	NP		•	•	
ALOGLIPTIN/PIOGLITAZONE – alogliptin-pioglitazone tab 25-45 mg	NP		•	•	
AMARYL – glimepiride tab 1 mg	NP		•		
AMARYL – glimepiride tab 2 mg	NP		•		
AMARYL – glimepiride tab 4 mg	NP		•		
AVANDIA – rosiglitazone maleate tab 2 mg (base equiv)	NP		•		
AVANDIA – rosiglitazone maleate tab 4 mg (base equiv)	NP		•		
BYDUREON BCISE – exenatide extended release susp auto-injector 2 mg/0.85ml	NP		•	•	
BYDUREON PEN – exenatide extended release for susp pen-injector 2 mg	P			•	•
BYETTA – exenatide soln pen-injector 5 mcg/0.02ml	P			•	•
BYETTA – exenatide soln pen-injector 10 mcg/0.04ml	P			•	•
CVS SOFT GLUCOSE – glucose chew tab 4 gm	C				
DUETACT – pioglitazone hcl-glimepiride tab 30-2 mg	NP		•		
DUETACT – pioglitazone hcl-glimepiride tab 30-4 mg	NP		•		
FARXIGA – dapagliflozin propanediol tab 5 mg (base equivalent)	P			•	•
FARXIGA – dapagliflozin propanediol tab 10 mg (base equivalent)	P			•	•
glimepiride tab 1 mg (Amaryl)	P				
glimepiride tab 2 mg (Amaryl)	P				
glimepiride tab 4 mg (Amaryl)	P				
glipizide tab er 24hr 2.5 mg (Glucotrol xl)	P				
glipizide tab er 24hr 5 mg (Glucotrol xl)	P				
glipizide tab er 24hr 10 mg (Glucotrol xl)	P				

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
glipizide tab 5 mg (Glucotrol)	P				
glipizide tab 10 mg (Glucotrol)	P				
glipizide-metformin hcl tab 2.5-250 mg	C				
glipizide-metformin hcl tab 2.5-500 mg	C				
glipizide-metformin hcl tab 5-500 mg	C				
GLUCAGON EMERGENCY KIT – glucagon (rdna) for inj kit 1 mg	C				
glucose gel 40%	C				
GLUCOSE TABLETS - VARIOUS	C				
GLUCOTROL – glipizide tab 5 mg	NP		•		
GLUCOTROL – glipizide tab 10 mg	NP		•		
GLUCOTROL XL – glipizide tab er 24hr 2.5 mg	NP		•		
GLUCOTROL XL – glipizide tab er 24hr 5 mg	NP		•		
GLUCOTROL XL – glipizide tab er 24hr 10 mg	NP		•		
glyburide micronized tab 1.5 mg (Glynase)	P				
glyburide micronized tab 3 mg (Glynase)	P				
glyburide micronized tab 6 mg (Glynase)	P				
glyburide tab 1.25 mg	P				
glyburide tab 2.5 mg	P				
glyburide tab 5 mg	P				
GLYNASE – glyburide micronized tab 1.5 mg	NP		•		
GLYNASE – glyburide micronized tab 3 mg	NP		•		
GLYNASE – glyburide micronized tab 6 mg	NP		•		
GLYSET – miglitol tab 25 mg	P				
GLYSET – miglitol tab 50 mg	P				
GLYSET – miglitol tab 100 mg	P				

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
GLYXAMBI – empagliflozin-linagliptin tab 10-5 mg	NP		•	•	
GLYXAMBI – empagliflozin-linagliptin tab 25-5 mg	NP		•	•	
GOODSENSE GLUCOSE – glucose-vitamin c chew tab 4-6 gm-mg	C				
GVOKE PFS – glucagon subcutaneous soln pref syringe 0.5 mg/0.1ml	C				
GVOKE PFS – glucagon subcutaneous soln pref syringe 1 mg/0.2ml	C				
INVOKAMET – canagliflozin-metformin hcl tab 50-500 mg	NP		•	•	
INVOKAMET – canagliflozin-metformin hcl tab 50-1000 mg	NP		•	•	
INVOKAMET – canagliflozin-metformin hcl tab 150-500 mg	NP		•	•	
INVOKAMET – canagliflozin-metformin hcl tab 150-1000 mg	NP		•	•	
INVOKAMET XR – canagliflozin-metformin hcl tab er 24hr 50-500 mg	NP		•	•	
INVOKAMET XR – canagliflozin-metformin hcl tab er 24hr 50-1000 mg	NP		•	•	
INVOKAMET XR – canagliflozin-metformin hcl tab er 24hr 150-500 mg	NP		•	•	
INVOKAMET XR – canagliflozin-metformin hcl tab er 24hr 150-1000 mg	NP		•	•	
INVOKANA – canagliflozin tab 100 mg	P			•	•
INVOKANA – canagliflozin tab 300 mg	P			•	•
JANUMET – sitagliptin-metformin hcl tab 50-500 mg	P			•	•
JANUMET – sitagliptin-metformin hcl tab 50-1000 mg	P			•	•

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
JANUMET XR – sitagliptin-metformin hcl tab er 24hr 50-500 mg	NP		•	•	
JANUMET XR – sitagliptin-metformin hcl tab er 24hr 50-1000 mg	NP		•	•	
JANUMET XR – sitagliptin-metformin hcl tab er 24hr 100-1000 mg	NP		•	•	
JANUVIA – sitagliptin phosphate tab 25 mg (base equiv)	P			•	•
JANUVIA – sitagliptin phosphate tab 50 mg (base equiv)	P			•	•
JANUVIA – sitagliptin phosphate tab 100 mg (base equiv)	P			•	•
JARDIANCE – empagliflozin tab 10 mg	P			•	•
JARDIANCE – empagliflozin tab 25 mg	P			•	•
JENTADUETO – linagliptin-metformin hcl tab 2.5-500 mg	P			•	•
JENTADUETO – linagliptin-metformin hcl tab 2.5-850 mg	P			•	•
JENTADUETO – linagliptin-metformin hcl tab 2.5-1000 mg	P			•	•
JENTADUETO XR – linagliptin-metformin hcl tab er 24hr 2.5-1000 mg	NP		•	•	
JENTADUETO XR – linagliptin-metformin hcl tab er 24hr 5-1000 mg	NP		•	•	
KAZANO – alogliptin-metformin hcl tab 12.5-500 mg	NP		•	•	
KAZANO – alogliptin-metformin hcl tab 12.5-1000 mg	NP		•	•	
KOMBIGLYZE XR – saxagliptin-metformin hcl tab er 24hr 2.5-1000 mg	P			•	•
KOMBIGLYZE XR – saxagliptin-metformin hcl tab er 24hr 5-500 mg	P			•	•
KOMBIGLYZE XR – saxagliptin-metformin hcl tab er 24hr 5-1000 mg	P			•	•

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
metformin hcl tab er 24hr 500 mg (Glucophage xr)	C			•	
metformin hcl tab er 24hr 750 mg (Glucophage xr)	C			•	
metformin hcl tab 500 mg (Glucophage)	C				
metformin hcl tab 850 mg (Glucophage)	C				
metformin hcl tab 1000 mg (Glucophage)	C				
miglitol tab 25 mg (Glyset)	NP		•		
miglitol tab 50 mg (Glyset)	NP		•		
miglitol tab 100 mg (Glyset)	NP		•		
nateglinide tab 60 mg (Starlix)	C				
nateglinide tab 120 mg (Starlix)	C				
NESINA – alogliptin benzoate tab 6.25 mg (base equiv)	NP		•	•	
NESINA – alogliptin benzoate tab 12.5 mg (base equiv)	NP		•	•	
NESINA – alogliptin benzoate tab 25 mg (base equiv)	NP		•	•	
ONGLYZA – saxagliptin hcl tab 2.5 mg (base equiv)	P			•	•
ONGLYZA – saxagliptin hcl tab 5 mg (base equiv)	P			•	•
OSENI – alogliptin-pioglitazone tab 12.5-15 mg	NP		•	•	
OSENI – alogliptin-pioglitazone tab 12.5-30 mg	NP		•	•	
OSENI – alogliptin-pioglitazone tab 12.5-45 mg	NP		•	•	
OSENI – alogliptin-pioglitazone tab 25-15 mg	NP		•	•	
OSENI – alogliptin-pioglitazone tab 25-30 mg	NP		•	•	
OSENI – alogliptin-pioglitazone tab 25-45 mg	NP		•	•	
OZEMPIC – semaglutide soln pen-inj 0.25 or 0.5 mg/dose (2 mg/1.5ml)	NP		•	•	

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
OZEMPIC – semaglutide soln pen-inj 1 mg/dose (2 mg/1.5ml)	NP		•	•	
pioglitazone hcl tab 15 mg (base equiv) (Actos)	P				
pioglitazone hcl tab 30 mg (base equiv) (Actos)	P				
pioglitazone hcl tab 45 mg (base equiv) (Actos)	P				
pioglitazone hcl-glimepiride tab 30-2 mg (Duetact)	NP		•		
pioglitazone hcl-glimepiride tab 30-4 mg (Duetact)	NP		•		
pioglitazone hcl-metformin hcl tab 15-500 mg (Actoplus met)	NP		•		
pioglitazone hcl-metformin hcl tab 15-850 mg (Actoplus met)	NP		•		
PRECOSE – acarbose tab 25 mg	NP		•		
PRECOSE – acarbose tab 50 mg	NP		•		
PRECOSE – acarbose tab 100 mg	NP		•		
PROGLYCEM – diazoxide susp 50 mg/ml	C				
QTERN – dapagliflozin-saxagliptin tab 5-5 mg	NP		•	•	
QTERN – dapagliflozin-saxagliptin tab 10-5 mg	NP		•	•	
repaglinide tab 0.5 mg	C				
repaglinide tab 1 mg (Prandin)	C				
repaglinide tab 2 mg (Prandin)	C				
SEGLUROMET – ertugliflozin-metformin hcl tab 2.5-500 mg	NP		•	•	
SEGLUROMET – ertugliflozin-metformin hcl tab 2.5-1000 mg	NP		•	•	
SEGLUROMET – ertugliflozin-metformin hcl tab 7.5-500 mg	NP		•	•	
SEGLUROMET – ertugliflozin-metformin hcl tab 7.5-1000 mg	NP		•	•	
SOLIQUA 100/33 – insulin glargine-lixisenatide sol pen-inj 100-33 unit-mcg/ml	NP		•	•	

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
STEGLATRO – ertugliflozin l-pyroglutamic acid tab 5 mg (base equiv)	NP		•	•	
STEGLATRO – ertugliflozin l-pyroglutamic acid tab 15 mg (base equiv)	NP		•	•	
STEGLUJAN – ertugliflozin-sitagliptin tab 5-100 mg	NP		•	•	
STEGLUJAN – ertugliflozin-sitagliptin tab 15-100 mg	NP		•	•	
SYMLINPEN 120 – pramlintide acetate pen-inj 2700 mcg/2.7ml (1000 mcg/ml)	P			•	•
SYMLINPEN 60 – pramlintide acetate pen-inj 1500 mcg/1.5ml (1000 mcg/ml)	P			•	•
SYNJARDY – empagliflozin-metformin hcl tab 5-500 mg	NP		•	•	
SYNJARDY – empagliflozin-metformin hcl tab 5-1000 mg	NP		•	•	
SYNJARDY – empagliflozin-metformin hcl tab 12.5-500 mg	NP		•	•	
SYNJARDY – empagliflozin-metformin hcl tab 12.5-1000 mg	NP		•	•	
SYNJARDY XR – empagliflozin-metformin hcl tab er 24hr 5-1000 mg	NP		•	•	
SYNJARDY XR – empagliflozin-metformin hcl tab er 24hr 10-1000 mg	NP		•	•	
SYNJARDY XR – empagliflozin-metformin hcl tab er 24hr 12.5-1000 mg	NP		•	•	
SYNJARDY XR – empagliflozin-metformin hcl tab er 24hr 25-1000 mg	NP		•	•	
TRADJENTA – linagliptin tab 5 mg	P			•	•
TRULICITY – dulaglutide soln pen-injector 0.75 mg/0.5ml	NP		•	•	
TRULICITY – dulaglutide soln pen-injector 1.5 mg/0.5ml	NP		•	•	

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
VICTOZA – liraglutide soln pen-injector 18 mg/3ml (6 mg/ml)	P			•	•
XIGDUO XR – dapagliflozin-metformin hcl tab er 24hr 2.5-1000 mg	NP		•	•	
XIGDUO XR – dapagliflozin-metformin hcl tab er 24hr 5-500 mg	NP		•	•	
XIGDUO XR – dapagliflozin-metformin hcl tab er 24hr 5-1000 mg	NP		•	•	
XIGDUO XR – dapagliflozin-metformin hcl tab er 24hr 10-500 mg	NP		•	•	
XIGDUO XR – dapagliflozin-metformin hcl tab er 24hr 10-1000 mg	NP		•	•	
XULTOPHY 100/3.6 – insulin degludec-liraglutide sol pen-inj 100-3.6 unit-mg/ml	NP		•	•	
DIABETES - INSULINS					
Rapid-Acting Insulins					
ADMELOG – insulin lispro inj 100 unit/ml	NP		•	•	
ADMELOG SOLOSTAR – insulin lispro soln pen-injector 100 unit/ml (1 unit dial)	NP		•	•	
APIDRA – insulin glulisine inj 100 unit/ml	NP		•	•	
APIDRA SOLOSTAR – insulin glulisine soln pen-injector inj 100 unit/ml	NP		•	•	
FIASP – insulin aspart (with niacinamide) inj 100 unit/ml	NP		•	•	
FIASP FLEXTOUCH – insulin aspart (with niacinamide) sol pen-inj 100 unit/ml	NP		•	•	
FIASP PENFILL – insulin aspart (with niacinamide) soln cartridge 100 unit/ml	NP		•	•	
HUMALOG – insulin lispro soln cartridge 100 unit/ml	NP		•	•	

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
HUMALOG – insulin lispro inj 100 unit/ml	P			•	
HUMALOG JUNIOR KWIKPEN – insulin lispro soln pen-injector 100 unit/ml (0.5 unit dial)	NP		•	•	
HUMALOG KWIKPEN – insulin lispro soln pen-injector 100 unit/ml (1 unit dial)	NP		•	•	
HUMALOG KWIKPEN – insulin lispro soln pen-injector 200 unit/ml	NP		•	•	
INSULIN LISPRO – insulin lispro inj 100 unit/ml	NP		•	•	
INSULIN LISPRO KWIKPEN – insulin lispro soln pen-injector 100 unit/ml (1 unit dial)	NP		•	•	
NOVOLOG – insulin aspart inj 100 unit/ml	P			•	
NOVOLOG FLEXPEN – insulin aspart soln pen-injector 100 unit/ml	P			•	
NOVOLOG PENFILL – insulin aspart soln cartridge 100 unit/ml	P			•	
Short-Acting Insulins					
AFREZZA – insulin regular (human) inhalation powder 4 unit/cartridge	NP		•	•	
AFREZZA – insulin regular (human) inhalation powder 8 unit/cartridge	NP		•	•	
AFREZZA – insulin regular (human) inhalation powder 12 unit/cartridge	NP		•	•	
AFREZZA – insulin regular (human) inhal powd 4 (90) & 8 (90) unit/cart	NP		•	•	
AFREZZA – insulin regular (human) inh powd 8 (90) & 12 (90) unit/cart	NP		•	•	
AFREZZA – insulin regular (human) inh powd 4 & 8 & 12 unit/cart (60)	NP		•	•	
HUMULIN R – insulin regular (human) inj 100 unit/ml	P			•	
HUMULIN R U-500 (CONCENTRATED) – insulin regular (human) inj 500 unit/ml	P			•	

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
HUMULIN R U-500 KWIKPEN – insulin regular (human) soln pen-injector 500 unit/ml	NP		•	•	
NOVOLIN R – insulin regular (human) inj 100 unit/ml	P			•	
NOVOLIN R RELION – insulin regular (human) inj 100 unit/ml	P			•	
RELION R – insulin regular (human) inj 100 unit/ml	C			•	
Intermediate-Acting Insulins					
HUMALOG MIX 50/50 – insulin lispro protamine & lispro inj 100 unit/ml (50-50)	P			•	
HUMALOG MIX 50/50 KWIKPEN – insulin lispro prot & lispro sus pen-inj 100 unit/ml (50-50)	NP		•	•	
HUMALOG MIX 75/25 – insulin lispro prot & lispro inj 100 unit/ml (75-25)	P			•	
HUMALOG MIX 75/25 KWIKPEN – insulin lispro prot & lispro sus pen-inj 100 unit/ml (75-25)	NP		•	•	
HUMULIN N – insulin nph (human) (isophane) inj 100 unit/ml	P			•	
HUMULIN N KWIKPEN – insulin nph (human) (isophane) susp pen-injector 100 unit/ml	NP		•	•	
HUMULIN 70/30 – insulin nph isophane & regular human inj 100 unit/ml (70-30)	P			•	
HUMULIN 70/30 KWIKPEN – insulin nph & regular susp pen-inj 100 unit/ml (70-30)	NP		•	•	
NOVOLIN N – insulin nph (human) (isophane) inj 100 unit/ml	P			•	
NOVOLIN N RELION – insulin nph (human) (isophane) inj 100 unit/ml	P			•	
NOVOLIN 70/30 – insulin nph isophane & regular human inj 100 unit/ml (70-30)	P			•	

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
NOVOLIN 70/30 FLEXPEN – insulin nph & regular susp pen-inj 100 unit/ml (70-30)	NP		•	•	
NOVOLIN 70/30 FLEXPEN RELION – insulin nph & regular susp pen-inj 100 unit/ml (70-30)	NP		•	•	
NOVOLIN 70/30 RELION – insulin nph isophane & regular human inj 100 unit/ml (70-30)	P			•	
NOVOLOG MIX 70/30 – insulin aspart prot & aspart (human) inj 100 unit/ml (70-30)	P			•	
NOVOLOG MIX 70/30 PREFILLED FLEXPEN – insulin aspart prot & aspart sus pen-inj 100 unit/ml (70-30)	P			•	
Basal Insulins					
BASAGLAR KWIKPEN – insulin glargine soln pen-injector 100 unit/ml	NP		•	•	
LANTUS – insulin glargine inj 100 unit/ml	P			•	
LANTUS SOLOSTAR – insulin glargine soln pen-injector 100 unit/ml	P			•	
LEVEMIR – insulin detemir inj 100 unit/ml	P			•	
LEVEMIR FLEXTOUCH – insulin detemir soln pen-injector 100 unit/ml	P			•	
TOUJEO MAX SOLOSTAR – insulin glargine soln pen-injector 300 unit/ml (2 unit dial)	NP		•	•	
TOUJEO SOLOSTAR – insulin glargine soln pen-injector 300 unit/ml (1 unit dial)	NP		•	•	
TRESIBA FLEXTOUCH – insulin degludec soln pen-injector 100 unit/ml	NP		•	•	
TRESIBA FLEXTOUCH – insulin degludec soln pen-injector 200 unit/ml	NP		•	•	

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
THYROID REGULATION					
levothyroxine sodium tab 25 mcg (Synthroid)	C				
levothyroxine sodium tab 50 mcg (Synthroid)	C				
levothyroxine sodium tab 75 mcg (Synthroid)	C				
levothyroxine sodium tab 88 mcg (Synthroid)	C				
levothyroxine sodium tab 100 mcg (Synthroid)	C				
levothyroxine sodium tab 112 mcg (Synthroid)	C				
levothyroxine sodium tab 125 mcg (Synthroid)	C				
levothyroxine sodium tab 137 mcg (Synthroid)	C				
levothyroxine sodium tab 150 mcg (Synthroid)	C				
levothyroxine sodium tab 175 mcg (Synthroid)	C				
levothyroxine sodium tab 200 mcg (Synthroid)	C				
levothyroxine sodium tab 300 mcg (Synthroid)	C				
liothyronine sodium tab 5 mcg (Cytomel)	C				
liothyronine sodium tab 25 mcg (Cytomel)	C				
liothyronine sodium tab 50 mcg (Cytomel)	C				
methimazole tab 5 mg (Tapazole)	C				
methimazole tab 10 mg (Tapazole)	C				
propylthiouracil tab 50 mg	C				
GROWTH HORMONE					
GENOTROPIN – somatropin for subcutaneous inj 5 mg	NP	•	••		
GENOTROPIN – somatropin for inj 12 mg (13.8 mg overfill)	NP	•	••		
GENOTROPIN MINIQUICK – somatropin for inj 0.2 mg	NP	•	••		
GENOTROPIN MINIQUICK – somatropin for inj 0.4 mg	NP	•	••		
GENOTROPIN MINIQUICK – somatropin for inj 0.6 mg	NP	•	••		
GENOTROPIN MINIQUICK – somatropin for inj 0.8 mg	NP	•	••		
GENOTROPIN MINIQUICK – somatropin for inj 1 mg	NP	•	••		
GENOTROPIN MINIQUICK – somatropin for inj 1.2 mg	NP	•	••		
GENOTROPIN MINIQUICK – somatropin for inj 1.4 mg	NP	•	••		
GENOTROPIN MINIQUICK – somatropin for inj 1.6 mg	NP	•	••		
GENOTROPIN MINIQUICK – somatropin for inj 1.8 mg	NP	•	••		
GENOTROPIN MINIQUICK – somatropin for inj 2 mg	NP	•	••		
HUMATROPE – somatropin for inj 6 mg (18 unit)	NP	•	••		
HUMATROPE – somatropin for inj 12 mg (36 unit)	NP	•	••		
HUMATROPE – somatropin for inj 24 mg	NP	•	••		
HUMATROPE COMBO PACK – somatropin for inj 5 mg	NP	•	••		
INCRELEX – mecasermin inj 40 mg/4ml (10 mg/ml)	C	•			
NORDITROPIN FLEXPRO – somatropin inj 5 mg/1.5ml	P	•	•		
NORDITROPIN FLEXPRO – somatropin inj 10 mg/1.5ml	P	•	•		
NORDITROPIN FLEXPRO – somatropin inj 15 mg/1.5ml	P	•	•		
NORDITROPIN FLEXPRO – somatropin inj 30 mg/3ml	P	•	•		
NUTROPIN AQ NUSPIN 10 – somatropin inj 10 mg/2ml	P	•	•		

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
NUTROPIN AQ NUSPIN 20 – somatropin inj 20 mg/2ml	P	•	•		
NUTROPIN AQ NUSPIN 5 – somatropin inj 5 mg/2ml	P	•	•		
OMNITROPE – somatropin inj 5 mg/1.5ml	NP	•	••		
OMNITROPE – somatropin inj 10 mg/1.5ml	NP	•	••		
OMNITROPE – somatropin for inj 5.8 mg	NP	•	••		
SAIZEN – somatropin (non-refrigerated) for inj 5 mg	NP	•	••		
SAIZEN – somatropin (non-refrigerated) for inj 8.8 mg	NP	•	••		
SAIZEN CLICK.EASY – somatropin (non-refrigerated) for inj 8.8 mg	NP	•	••		
SAIZENPREP RECONSTITUTION – somatropin (non-refrigerated) for inj 8.8 mg	NP	•	••		
SEROSTIM – somatropin (non-refrigerated) for subcutaneous inj 4 mg	NP	•	••		
SEROSTIM – somatropin (non-refrigerated) for subcutaneous inj 5 mg	NP	•	••		
SEROSTIM – somatropin (non-refrigerated) for subcutaneous inj 6 mg	NP	•	••		
ZOMACTON – somatropin for subcutaneous inj 5 mg	NP	•	••		
ZOMACTON – somatropin for inj 10 mg	NP	•	••		
ZORBTIVE – somatropin (non-refrigerated) for subcutaneous inj 8.8 mg	NP	•	••		
OTHER HORMONES AND RELATED DRUGS					
ACTONEL – risedronate sodium tab 5 mg	NP		•	•	
ACTONEL – risedronate sodium tab 35 mg	NP		•	•	

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
ACTONEL – risedronate sodium tab 150 mg	NP		•	•	
ALENDRONATE SODIUM – alendronate sodium oral soln 70 mg/75ml	P			•	
ALENDRONATE SODIUM – alendronate sodium tab 5 mg	P			•	
ALENDRONATE SODIUM – alendronate sodium tab 40 mg	P			•	
alendronate sodium tab 5 mg	P			•	
alendronate sodium tab 10 mg	P			•	
alendronate sodium tab 35 mg	P			•	
alendronate sodium tab 70 mg (Fosamax)	P			•	
ATELVIA – risedronate sodium tab delayed release 35 mg	NP		•	•	
BINOSTO – alendronate sodium effervescent tab 70 mg	NP		•	•	
BONIVA – ibandronate sodium tab 150 mg (base equivalent)	NP		•	•	
cabergoline tab 0.5 mg	C				
calcitonin (salmon) nasal soln 200 unit/act	P				
calcitriol cap 0.25 mcg (Rocaltrol)	C				
calcitriol cap 0.5 mcg (Rocaltrol)	C				
calcitriol oral soln 1 mcg/ml (Rocaltrol)	C				
cinacalcet hcl tab 30 mg (base equiv) (Sensipar)	C		•		
cinacalcet hcl tab 60 mg (base equiv) (Sensipar)	C		•		
cinacalcet hcl tab 90 mg (base equiv) (Sensipar)	C		•		
CYSTADANE – betaine powder for oral solution	C				
desmopressin acetate inj 4 mcg/ml (Ddavp)	C				
desmopressin acetate nasal spray soln 0.01% (Ddavp)	C				

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
desmopressin acetate nasal spray soln 0.01% (refrigerated)	C				
desmopressin acetate tab 0.1 mg (Ddavp)	C				
desmopressin acetate tab 0.2 mg (Ddavp)	C				
ETIDRONATE DISODIUM – etidronate disodium tab 200 mg	NP		•		
ETIDRONATE DISODIUM – etidronate disodium tab 400 mg	NP		•		
EVISTA – raloxifene hcl tab 60 mg	NP		•		
FORTEO – teriparatide (recombinant) inj 600 mcg/2.4ml	P	•		•	
FOSAMAX – alendronate sodium tab 70 mg	NP		•	•	
FOSAMAX PLUS D – alendronate sodium-cholecalciferol tab 70-2800 mg-unit	NP		•	•	
FOSAMAX PLUS D – alendronate sodium-cholecalciferol tab 70-5600 mg-unit	NP		•	•	
ibandronate sodium tab 150 mg (base equivalent) (Boniva)	P			•	
JYNARQUE – tolvaptan tab therapy pack 45 & 15 mg	C	•	•	•	
JYNARQUE – tolvaptan tab therapy pack 60 & 30 mg	C	•	•	•	
JYNARQUE – tolvaptan tab therapy pack 90 & 30 mg	C	•	•	•	
JYNARQUE – tolvaptan tab 15 mg	C	•	•	•	
JYNARQUE – tolvaptan tab 30 mg	C	•	•	•	
KUVAN – sapropterin dihydrochloride soluble tab 100 mg	C	•	•		
KUVAN – sapropterin dihydrochloride powder packet 100 mg	C	•	•		
KUVAN – sapropterin dihydrochloride powder packet 500 mg	C	•	•		
levocarnitine oral soln 1 gm/10ml (10%) (Carnitor)	C				
levocarnitine tab 330 mg (Carnitor)	C				

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
LUPRON DEPOT-PED (1-MONTH) – leuprolide acetate for inj pediatric kit 7.5 mg	C	•			
LUPRON DEPOT-PED (1-MONTH) – leuprolide acetate for inj pediatric kit 11.25 mg	C	•			
LUPRON DEPOT-PED (1-MONTH) – leuprolide acetate for inj pediatric kit 15 mg	C	•			
LUPRON DEPOT-PED (3-MONTH) – leuprolide acetate (3 month) for inj pediatric kit 11.25 mg	C	•			
LUPRON DEPOT-PED (3-MONTH) – leuprolide acetate (3 month) for inj pediatric kit 30 mg	C	•			
methylergonovine maleate tab 0.2 mg	C				
NITYR – nitisinone tab 2 mg	C	•			
NITYR – nitisinone tab 5 mg	C	•			
NITYR – nitisinone tab 10 mg	C	•			
octreotide acetate inj 50 mcg/ml (0.05 mg/ml) (Sandostatin)	C				
octreotide acetate inj 100 mcg/ml (0.1 mg/ml) (Sandostatin)	C				
octreotide acetate inj 200 mcg/ml (0.2 mg/ml)	C				
octreotide acetate inj 500 mcg/ml (0.5 mg/ml) (Sandostatin)	C				
octreotide acetate inj 1000 mcg/ml (1 mg/ml)	C				
ORILISSA – elagolix sodium tab 150 mg (base equiv)	C		•	•	
ORILISSA – elagolix sodium tab 200 mg (base equiv)	C		•	•	
PALYNZIQ – pegvaliase-pqpz subcutaneous soln pref syringe 2.5 mg/0.5ml	C	•	•		
PALYNZIQ – pegvaliase-pqpz subcutaneous soln pref syringe 10 mg/0.5ml	C	•	•		

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
PALYNZIQ – pegvaliase-pqpz subcutaneous soln pref syringe 20 mg/ml	C	•	•		
raloxifene hcl tab 60 mg (Evista)	P				
REVCOVI – elapegademase-lvlr im soln 2.4 mg/1.5ml (1.6 mg/ml)	C	•			
risedronate sodium tab delayed release 35 mg (Atelvia)	NP		•	•	
risedronate sodium tab 5 mg (Actonel)	NP		•	•	
risedronate sodium tab 30 mg (Actonel)	NP		•	•	
risedronate sodium tab 35 mg (Actonel)	NP		•	•	
risedronate sodium tab 150 mg (Actonel)	NP		•	•	
SANDOSTATIN LAR DEPOT – octreotide acetate for im inj kit 10 mg	C				
SANDOSTATIN LAR DEPOT – octreotide acetate for im inj kit 20 mg	C				
SANDOSTATIN LAR DEPOT – octreotide acetate for im inj kit 30 mg	C				
STIMATE – desmopressin acetate nasal soln 1.5 mg/ml	C				
STRENSIQ – asfotase alfa subcutaneous inj 18 mg/0.45ml	C	•			
STRENSIQ – asfotase alfa subcutaneous inj 28 mg/0.7ml	C	•			
STRENSIQ – asfotase alfa subcutaneous inj 40 mg/ml	C	•			
STRENSIQ – asfotase alfa subcutaneous inj 80 mg/0.8ml	C	•			
TYMLOS – abaloparatide subcutaneous soln pen-injector 3120 mcg/1.56ml	NP	•	••	•	
HEART AND CIRCULATORY DRUGS					
ANGIOTENSIN CONVERTING ENZYME (ACE) INHIBITORS AND COMBINATI					

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
ACCUPRIL – quinapril hcl tab 5 mg	NP		•		
ACCUPRIL – quinapril hcl tab 10 mg	NP		•		
ACCUPRIL – quinapril hcl tab 20 mg	NP		•		
ACCUPRIL – quinapril hcl tab 40 mg	NP		•		
ACCURETIC – quinapril-hydrochlorothiazide tab 10-12.5 mg	NP		•		
ACCURETIC – quinapril-hydrochlorothiazide tab 20-12.5 mg	NP		•		
ACCURETIC – quinapril-hydrochlorothiazide tab 20-25 mg	NP		•		
ALTACE – ramipril cap 1.25 mg	NP		•		
ALTACE – ramipril cap 2.5 mg	NP		•		
ALTACE – ramipril cap 5 mg	NP		•		
ALTACE – ramipril cap 10 mg	NP		•		
benazepril & hydrochlorothiazide tab 5-6.25 mg	P				
benazepril & hydrochlorothiazide tab 10-12.5 mg (Lotensin hct)	P				
benazepril & hydrochlorothiazide tab 20-12.5 mg (Lotensin hct)	P				
benazepril & hydrochlorothiazide tab 20-25 mg (Lotensin hct)	P				
benazepril hcl tab 5 mg	P				
benazepril hcl tab 10 mg (Lotensin)	P				
benazepril hcl tab 20 mg (Lotensin)	P				
benazepril hcl tab 40 mg (Lotensin)	P				
captopril tab 12.5 mg	P				
captopril tab 25 mg	P				
captopril tab 50 mg	P				
captopril tab 100 mg	P				
CAPTOPRIL/ HYDROCHLOROTHIAZIDE – captopril & hydrochlorothiazide tab 25-15 mg	P				
CAPTOPRIL/ HYDROCHLOROTHIAZIDE – captopril & hydrochlorothiazide tab 25-25 mg	P				

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
CAPTOPRIL/ HYDROCHLOROTHIAZIDE – captopril & hydrochlorothiazide tab 50-15 mg	P				
CAPTOPRIL/ HYDROCHLOROTHIAZIDE – captopril & hydrochlorothiazide tab 50-25 mg	P				
enalapril maleate & hydrochlorothiazide tab 5-12.5 mg	P				
enalapril maleate & hydrochlorothiazide tab 10-25 mg (Vaseretic)	P				
enalapril maleate tab 2.5 mg (Vasotec)	P				
enalapril maleate tab 5 mg (Vasotec)	P				
enalapril maleate tab 10 mg (Vasotec)	P				
enalapril maleate tab 20 mg (Vasotec)	P				
EPANED – enalapril maleate oral soln 1 mg/ml	NP		•		
fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg	P				
fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg	P				
fosinopril sodium tab 10 mg	P				
fosinopril sodium tab 20 mg	P				
fosinopril sodium tab 40 mg	P				
lisinopril & hydrochlorothiazide tab 10-12.5 mg (Zestoretic)	P				
lisinopril & hydrochlorothiazide tab 20-12.5 mg (Zestoretic)	P				
lisinopril & hydrochlorothiazide tab 20-25 mg (Zestoretic)	P				
lisinopril tab 2.5 mg (Zestril)	P				
lisinopril tab 5 mg (Prinivil)	P				
lisinopril tab 10 mg (Prinivil)	P				
lisinopril tab 20 mg (Prinivil)	P				
lisinopril tab 30 mg (Zestril)	P				
lisinopril tab 40 mg (Zestril)	P				
LOTENSIN – benazepril hcl tab 10 mg	NP		•		
LOTENSIN – benazepril hcl tab 20 mg	NP		•		
LOTENSIN – benazepril hcl tab 40 mg	NP		•		
LOTENSIN HCT – benazepril & hydrochlorothiazide tab 10-12.5 mg	NP		•		
LOTENSIN HCT – benazepril & hydrochlorothiazide tab 20-12.5 mg	NP		•		
LOTENSIN HCT – benazepril & hydrochlorothiazide tab 20-25 mg	NP		•		
moexipril hcl tab 7.5 mg	P				
moexipril hcl tab 15 mg	P				
moexipril-hydrochlorothiazide tab 7.5-12.5 mg	P				
moexipril-hydrochlorothiazide tab 15-12.5 mg	P				
moexipril-hydrochlorothiazide tab 15-25 mg	P				
perindopril erbumine tab 2 mg	P				
perindopril erbumine tab 4 mg	P				
perindopril erbumine tab 8 mg	P				
PRINIVIL – lisinopril tab 5 mg	NP		•		
PRINIVIL – lisinopril tab 10 mg	NP		•		
PRINIVIL – lisinopril tab 20 mg	NP		•		
QBRELIS – lisinopril oral soln 1 mg/ml	NP		•		
quinapril hcl tab 5 mg (Accupril)	P				
quinapril hcl tab 10 mg (Accupril)	P				
quinapril hcl tab 20 mg (Accupril)	P				
quinapril hcl tab 40 mg (Accupril)	P				
quinapril-hydrochlorothiazide tab 10-12.5 mg (Accuretic)	P				

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
quinapril-hydrochlorothiazide tab 20-12.5 mg (Accuretic)	P				
quinapril-hydrochlorothiazide tab 20-25 mg (Accuretic)	P				
ramipril cap 1.25 mg (Altace)	P				
ramipril cap 2.5 mg (Altace)	P				
ramipril cap 5 mg (Altace)	P				
ramipril cap 10 mg (Altace)	P				
trandolapril tab 1 mg	P				
trandolapril tab 2 mg	P				
trandolapril tab 4 mg	P				
VASERETIC – enalapril maleate & hydrochlorothiazide tab 10-25 mg	NP		•		
VASOTEC – enalapril maleate tab 2.5 mg	NP		•		
VASOTEC – enalapril maleate tab 5 mg	NP		•		
VASOTEC – enalapril maleate tab 10 mg	NP		•		
VASOTEC – enalapril maleate tab 20 mg	NP		•		
ZESTORETIC – lisinopril & hydrochlorothiazide tab 10-12.5 mg	NP		•		
ZESTORETIC – lisinopril & hydrochlorothiazide tab 20-12.5 mg	NP		•		
ZESTORETIC – lisinopril & hydrochlorothiazide tab 20-25 mg	NP		•		
ZESTRIL – lisinopril tab 2.5 mg	NP		•		
ZESTRIL – lisinopril tab 5 mg	NP		•		
ZESTRIL – lisinopril tab 10 mg	NP		•		
ZESTRIL – lisinopril tab 20 mg	NP		•		
ZESTRIL – lisinopril tab 30 mg	NP		•		
ZESTRIL – lisinopril tab 40 mg	NP		•		
ANGIOTENSIN II RECEPTOR ANTAGONISTS (ARBS) AND COMBINATIONS					
amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg (Exforge hct)	P			•	
amlodipine-valsartan-hydrochlorothiazide tab 5-160-25 mg (Exforge hct)	P			•	
amlodipine-valsartan-hydrochlorothiazide tab 10-160-12.5 mg (Exforge hct)	P			•	
amlodipine-valsartan-hydrochlorothiazide tab 10-160-25 mg (Exforge hct)	P			•	
amlodipine-valsartan-hydrochlorothiazide tab 10-320-25 mg (Exforge hct)	P			•	
ATACAND – candesartan cilexetil tab 4 mg	NP		•	•	
ATACAND – candesartan cilexetil tab 8 mg	NP		•	•	
ATACAND – candesartan cilexetil tab 16 mg	NP		•	•	
ATACAND – candesartan cilexetil tab 32 mg	NP		•	•	
ATACAND HCT – candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg	NP		•	•	
ATACAND HCT – candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg	NP		•	•	
ATACAND HCT – candesartan cilexetil-hydrochlorothiazide tab 32-25 mg	NP		•	•	
AVALIDE – irbesartan-hydrochlorothiazide tab 150-12.5 mg	NP		•	•	
AVALIDE – irbesartan-hydrochlorothiazide tab 300-12.5 mg	NP		•	•	
AVAPRO – irbesartan tab 75 mg	NP		•	•	
AVAPRO – irbesartan tab 150 mg	NP		•	•	
AVAPRO – irbesartan tab 300 mg	NP		•	•	
BENICAR – olmesartan medoxomil tab 5 mg	NP		•	•	

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
BENICAR – olmesartan medoxomil tab 20 mg	NP		•	•	
BENICAR – olmesartan medoxomil tab 40 mg	NP		•	•	
BENICAR HCT – olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg	NP		•	•	
BENICAR HCT – olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg	NP		•	•	
BENICAR HCT – olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg	NP		•	•	
BYVALSON – nebivolol-valsartan tab 5-80 mg	NP		•	•	
candesartan cilexetil tab 4 mg (Atacand)	NP		•	•	
candesartan cilexetil tab 8 mg (Atacand)	NP		•	•	
candesartan cilexetil tab 16 mg (Atacand)	NP		•	•	
candesartan cilexetil tab 32 mg (Atacand)	NP		•	•	
candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg (Atacand hct)	NP		•	•	
candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg (Atacand hct)	NP		•	•	
candesartan cilexetil-hydrochlorothiazide tab 32-25 mg (Atacand hct)	NP		•	•	
COZAAR – losartan potassium tab 25 mg	NP		•	•	
COZAAR – losartan potassium tab 50 mg	NP		•	•	
COZAAR – losartan potassium tab 100 mg	NP		•	•	
DIOVAN – valsartan tab 40 mg	NP		•	•	
DIOVAN – valsartan tab 80 mg	NP		•	•	
DIOVAN – valsartan tab 160 mg	NP		•	•	

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
DIOVAN – valsartan tab 320 mg	NP		•	•	
DIOVAN HCT – valsartan-hydrochlorothiazide tab 80-12.5 mg	NP		•	•	
DIOVAN HCT – valsartan-hydrochlorothiazide tab 160-12.5 mg	NP		•	•	
DIOVAN HCT – valsartan-hydrochlorothiazide tab 160-25 mg	NP		•	•	
DIOVAN HCT – valsartan-hydrochlorothiazide tab 320-12.5 mg	NP		•	•	
DIOVAN HCT – valsartan-hydrochlorothiazide tab 320-25 mg	NP		•	•	
EDARBI – azilsartan medoxomil tab 40 mg	NP		•	•	
EDARBI – azilsartan medoxomil tab 80 mg	NP		•	•	
EDARBYCLOR – azilsartan medoxomil-chlorthalidone tab 40-12.5 mg	NP		•	•	
EDARBYCLOR – azilsartan medoxomil-chlorthalidone tab 40-25 mg	NP		•	•	
EPROSARTAN MESYLATE – eprosartan mesylate tab 600 mg	NP		•	•	
EXFORGE HCT – amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg	NP		•	•	
EXFORGE HCT – amlodipine-valsartan-hydrochlorothiazide tab 5-160-25 mg	NP		•	•	
EXFORGE HCT – amlodipine-valsartan-hydrochlorothiazide tab 10-160-12.5 mg	NP		•	•	
EXFORGE HCT – amlodipine-valsartan-hydrochlorothiazide tab 10-160-25 mg	NP		•	•	
EXFORGE HCT – amlodipine-valsartan-hydrochlorothiazide tab 10-320-25 mg	NP		•	•	

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
HYZAAR – losartan potassium & hydrochlorothiazide tab 50-12.5 mg	NP		•	•	
HYZAAR – losartan potassium & hydrochlorothiazide tab 100-12.5 mg	NP		•	•	
HYZAAR – losartan potassium & hydrochlorothiazide tab 100-25 mg	NP		•	•	
irbesartan tab 75 mg (Avapro)	P			•	
irbesartan tab 150 mg (Avapro)	P			•	
irbesartan tab 300 mg (Avapro)	P			•	
irbesartan-hydrochlorothiazide tab 150-12.5 mg (Avalide)	P			•	
irbesartan-hydrochlorothiazide tab 300-12.5 mg (Avalide)	P			•	
losartan potassium & hydrochlorothiazide tab 50-12.5 mg (Hyzaar)	P			•	
losartan potassium & hydrochlorothiazide tab 100-12.5 mg (Hyzaar)	P			•	
losartan potassium & hydrochlorothiazide tab 100-25 mg (Hyzaar)	P			•	
losartan potassium tab 25 mg (Cozaar)	P			•	
losartan potassium tab 50 mg (Cozaar)	P			•	
losartan potassium tab 100 mg (Cozaar)	P			•	
MICARDIS – telmisartan tab 20 mg	NP		•	•	
MICARDIS – telmisartan tab 40 mg	NP		•	•	
MICARDIS – telmisartan tab 80 mg	NP		•	•	
MICARDIS HCT – telmisartan-hydrochlorothiazide tab 40-12.5 mg	NP		•	•	
MICARDIS HCT – telmisartan-hydrochlorothiazide tab 80-12.5 mg	NP		•	•	
MICARDIS HCT – telmisartan-hydrochlorothiazide tab 80-25 mg	NP		•	•	
olmesartan medoxomil tab 5 mg (Benicar)	NP		•	•	
olmesartan medoxomil tab 20 mg (Benicar)	NP		•	•	
olmesartan medoxomil tab 40 mg (Benicar)	NP		•	•	
olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg (Benicar hct)	NP		•	•	
olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg (Benicar hct)	NP		•	•	
olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg (Benicar hct)	NP		•	•	
olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg (Tribenzor)	NP		•	•	
olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg (Tribenzor)	NP		•	•	
olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg (Tribenzor)	NP		•	•	
olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg (Tribenzor)	NP		•	•	
olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg (Tribenzor)	NP		•	•	
telmisartan tab 20 mg (Micardis)	NP		•	•	
telmisartan tab 40 mg (Micardis)	NP		•	•	
telmisartan tab 80 mg (Micardis)	NP		•	•	
telmisartan-hydrochlorothiazide tab 40-12.5 mg (Micardis hct)	NP		•	•	
telmisartan-hydrochlorothiazide tab 80-12.5 mg (Micardis hct)	NP		•	•	
telmisartan-hydrochlorothiazide tab 80-25 mg (Micardis hct)	NP		•	•	
TRIBENZOR – olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg	NP		•	•	

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
TRIBENZOR – olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg	NP		•	•	
TRIBENZOR – olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg	NP		•	•	
TRIBENZOR – olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg	NP		•	•	
TRIBENZOR – olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg	NP		•	•	
valsartan tab 40 mg (Diovan)	P			•	
valsartan tab 80 mg (Diovan)	P			•	
valsartan tab 160 mg (Diovan)	P			•	
valsartan tab 320 mg (Diovan)	P			•	
valsartan-hydrochlorothiazide tab 80-12.5 mg (Diovan hct)	P			•	
valsartan-hydrochlorothiazide tab 160-12.5 mg (Diovan hct)	P			•	
valsartan-hydrochlorothiazide tab 160-25 mg (Diovan hct)	P			•	
valsartan-hydrochlorothiazide tab 320-12.5 mg (Diovan hct)	P			•	
valsartan-hydrochlorothiazide tab 320-25 mg (Diovan hct)	P			•	
BETA BLOCKERS AND COMBINATIONS					
acebutolol hcl cap 200 mg	NP		•		
acebutolol hcl cap 400 mg	NP		•		
atenolol & chlorthalidone tab 50-25 mg (Tenoretic 50)	C				
atenolol & chlorthalidone tab 100-25 mg (Tenoretic 100)	C				
atenolol tab 25 mg (Tenormin)	P				
atenolol tab 50 mg (Tenormin)	P				
atenolol tab 100 mg (Tenormin)	P				
betaxolol hcl tab 10 mg	NP		•		
betaxolol hcl tab 20 mg	NP		•		

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg (Ziac)	C				
bisoprolol & hydrochlorothiazide tab 5-6.25 mg (Ziac)	C				
bisoprolol & hydrochlorothiazide tab 10-6.25 mg (Ziac)	C				
bisoprolol fumarate tab 5 mg	P				
bisoprolol fumarate tab 10 mg	P				
BYSTOLIC – nebivolol hcl tab 2.5 mg (base equivalent)	NP		•		
BYSTOLIC – nebivolol hcl tab 5 mg (base equivalent)	NP		•		
BYSTOLIC – nebivolol hcl tab 10 mg (base equivalent)	NP		•		
BYSTOLIC – nebivolol hcl tab 20 mg (base equivalent)	NP		•		
carvedilol phosphate cap er 24hr 10 mg (Coreg cr)	NP		•		
carvedilol phosphate cap er 24hr 20 mg (Coreg cr)	NP		•		
carvedilol phosphate cap er 24hr 40 mg (Coreg cr)	NP		•		
carvedilol phosphate cap er 24hr 80 mg (Coreg cr)	NP		•		
carvedilol tab 3.125 mg (Coreg)	P				
carvedilol tab 6.25 mg (Coreg)	P				
carvedilol tab 12.5 mg (Coreg)	P				
carvedilol tab 25 mg (Coreg)	P				
COREG – carvedilol tab 3.125 mg	NP		•		
COREG – carvedilol tab 6.25 mg	NP		•		
COREG – carvedilol tab 12.5 mg	NP		•		
COREG – carvedilol tab 25 mg	NP		•		
COREG CR – carvedilol phosphate cap er 24hr 10 mg	NP		•		
COREG CR – carvedilol phosphate cap er 24hr 20 mg	NP		•		
COREG CR – carvedilol phosphate cap er 24hr 40 mg	NP		•		

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
COREG CR – carvedilol phosphate cap er 24hr 80 mg	NP		•		
CORGARD – nadolol tab 20 mg	NP		•		
CORGARD – nadolol tab 40 mg	NP		•		
CORGARD – nadolol tab 80 mg	NP		•		
CORZIDE – nadolol & bendroflumethiazide tab 40-5 mg	NP		•		
CORZIDE – nadolol & bendroflumethiazide tab 80-5 mg	NP		•		
DUTOPROL – metoprolol & hydrochlorothiazide tab er 24hr 25-12.5 mg	NP		•		
DUTOPROL – metoprolol & hydrochlorothiazide tab er 24hr 50-12.5 mg	NP		•		
DUTOPROL – metoprolol & hydrochlorothiazide tab er 24hr 100-12.5 mg	NP		•		
HEMANGEOL – propranolol hcl oral soln 4.28 mg/ml (3.75 mg/ml base equiv)	NP		•		
INDERAL LA – propranolol hcl cap er 24hr 60 mg	NP		•		
INDERAL LA – propranolol hcl cap er 24hr 80 mg	NP		•		
INDERAL LA – propranolol hcl cap er 24hr 120 mg	NP		•		
INDERAL LA – propranolol hcl cap er 24hr 160 mg	NP		•		
INDERAL XL – propranolol hcl sustained-release beads cap er 24hr 80 mg	NP		•		
INDERAL XL – propranolol hcl sustained-release beads cap er 24hr 120 mg	NP		•		
INNOPRAN XL – propranolol hcl sustained-release beads cap er 24hr 80 mg	NP		•		
INNOPRAN XL – propranolol hcl sustained-release beads cap er 24hr 120 mg	NP		•		

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
labetalol hcl tab 100 mg	P				
labetalol hcl tab 200 mg	P				
labetalol hcl tab 300 mg	P				
LOPRESSOR – metoprolol tartrate tab 50 mg	NP		•		
LOPRESSOR – metoprolol tartrate tab 100 mg	NP		•		
LOPRESSOR HCT – metoprolol & hydrochlorothiazide tab 50-25 mg	NP		•		
metoprolol & hydrochlorothiazide tab 50-25 mg (Lopressor hct)	C				
metoprolol & hydrochlorothiazide tab 100-25 mg	C				
metoprolol succinate tab er 24hr 25 mg (tartrate equiv) (Toprol xl)	P				
metoprolol succinate tab er 24hr 50 mg (tartrate equiv) (Toprol xl)	P				
metoprolol succinate tab er 24hr 100 mg (tartrate equiv) (Toprol xl)	P				
metoprolol succinate tab er 24hr 200 mg (tartrate equiv) (Toprol xl)	P				
metoprolol tartrate tab 25 mg	P				
metoprolol tartrate tab 37.5 mg	P				
metoprolol tartrate tab 50 mg (Lopressor)	P				
metoprolol tartrate tab 75 mg	P				
metoprolol tartrate tab 100 mg (Lopressor)	P				
METOPROLOL/ HYDROCHLOROTHIAZIDE – metoprolol & hydrochlorothiazide tab 100-50 mg	C				
nadolol tab 20 mg (Corgard)	P				
nadolol tab 40 mg (Corgard)	P				
nadolol tab 80 mg (Corgard)	P				
pindolol tab 5 mg	P				
pindolol tab 10 mg	P				
PROPRANOLOL HCL – propranolol hcl oral soln 20 mg/5ml	P				

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
PROPRANOLOL HCL – propranolol hcl oral soln 40 mg/5ml	P				
propranolol hcl cap er 24hr 60 mg (Inderal la)	P				
propranolol hcl cap er 24hr 80 mg (Inderal la)	P				
propranolol hcl cap er 24hr 120 mg (Inderal la)	P				
propranolol hcl cap er 24hr 160 mg (Inderal la)	P				
propranolol hcl tab 10 mg	P				
propranolol hcl tab 20 mg	P				
propranolol hcl tab 40 mg	P				
propranolol hcl tab 60 mg	P				
propranolol hcl tab 80 mg	P				
TENORETIC 100 – atenolol & chlorthalidone tab 100-25 mg	NP		•		
TENORETIC 50 – atenolol & chlorthalidone tab 50-25 mg	NP		•		
TENORMIN – atenolol tab 25 mg	NP		•		
TENORMIN – atenolol tab 50 mg	NP		•		
TENORMIN – atenolol tab 100 mg	NP		•		
TIMOLOL MALEATE – timolol maleate tab 5 mg	NP		•		
TIMOLOL MALEATE – timolol maleate tab 10 mg	NP		•		
TIMOLOL MALEATE – timolol maleate tab 20 mg	NP		•		
TOPROL XL – metoprolol succinate tab er 24hr 25 mg (tartrate equiv)	NP		•		
TOPROL XL – metoprolol succinate tab er 24hr 50 mg (tartrate equiv)	NP		•		
TOPROL XL – metoprolol succinate tab er 24hr 100 mg (tartrate equiv)	NP		•		
TOPROL XL – metoprolol succinate tab er 24hr 200 mg (tartrate equiv)	NP		•		
ZIAC – bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg	NP		•		
ZIAC – bisoprolol & hydrochlorothiazide tab 5-6.25 mg	NP		•		
ZIAC – bisoprolol & hydrochlorothiazide tab 10-6.25 mg	NP		•		
CALCIUM CHANNEL BLOCKERS AND COMBINATIONS					
ADALAT CC – nifedipine tab er 24hr 30 mg	NP		•		
ADALAT CC – nifedipine tab er 24hr 60 mg	NP		•		
ADALAT CC – nifedipine tab er 24hr 90 mg	NP		•		
amlodipine besylate tab 2.5 mg (base equivalent) (Norvasc)	P				
amlodipine besylate tab 5 mg (base equivalent) (Norvasc)	P				
amlodipine besylate tab 10 mg (base equivalent) (Norvasc)	P				
amlodipine besylate-atorvastatin calcium tab 2.5-10 mg	NP		•		
amlodipine besylate-atorvastatin calcium tab 2.5-20 mg	NP		•		
amlodipine besylate-atorvastatin calcium tab 2.5-40 mg	NP		•		
amlodipine besylate-atorvastatin calcium tab 5-10 mg (Caduet)	NP		•		
amlodipine besylate-atorvastatin calcium tab 5-20 mg (Caduet)	NP		•		
amlodipine besylate-atorvastatin calcium tab 5-40 mg (Caduet)	NP		•		
amlodipine besylate-atorvastatin calcium tab 5-80 mg (Caduet)	NP		•		
amlodipine besylate-atorvastatin calcium tab 10-10 mg (Caduet)	NP		•		
amlodipine besylate-atorvastatin calcium tab 10-20 mg (Caduet)	NP		•		
amlodipine besylate-atorvastatin calcium tab 10-40 mg (Caduet)	NP		•		
amlodipine besylate-atorvastatin calcium tab 10-80 mg (Caduet)	NP		•		

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
amlodipine besylate-benazepril hcl cap 2.5-10 mg	P				
amlodipine besylate-benazepril hcl cap 5-10 mg (Lotrel)	P				
amlodipine besylate-benazepril hcl cap 5-20 mg (Lotrel)	P				
amlodipine besylate-benazepril hcl cap 5-40 mg	P				
amlodipine besylate-benazepril hcl cap 10-20 mg (Lotrel)	P				
amlodipine besylate-benazepril hcl cap 10-40 mg (Lotrel)	P				
amlodipine besylate-olmesartan medoxomil tab 5-20 mg (Azor)	NP		•	•	
amlodipine besylate-olmesartan medoxomil tab 5-40 mg (Azor)	NP		•	•	
amlodipine besylate-olmesartan medoxomil tab 10-20 mg (Azor)	NP		•	•	
amlodipine besylate-olmesartan medoxomil tab 10-40 mg (Azor)	NP		•	•	
amlodipine besylate-valsartan tab 5-160 mg (Exforge)	P			•	
amlodipine besylate-valsartan tab 5-320 mg (Exforge)	P			•	
amlodipine besylate-valsartan tab 10-160 mg (Exforge)	P			•	
amlodipine besylate-valsartan tab 10-320 mg (Exforge)	P			•	
AZOR – amlodipine besylate-olmesartan medoxomil tab 5-20 mg	NP		•	•	
AZOR – amlodipine besylate-olmesartan medoxomil tab 5-40 mg	NP		•	•	
AZOR – amlodipine besylate-olmesartan medoxomil tab 10-20 mg	NP		•	•	
AZOR – amlodipine besylate-olmesartan medoxomil tab 10-40 mg	NP		•	•	
CADUET – amlodipine besylate-atorvastatin calcium tab 5-10 mg	NP		•		

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
CADUET – amlodipine besylate-atorvastatin calcium tab 5-20 mg	NP		•		
CADUET – amlodipine besylate-atorvastatin calcium tab 5-40 mg	NP		•		
CADUET – amlodipine besylate-atorvastatin calcium tab 5-80 mg	NP		•		
CADUET – amlodipine besylate-atorvastatin calcium tab 10-10 mg	NP		•		
CADUET – amlodipine besylate-atorvastatin calcium tab 10-20 mg	NP		•		
CADUET – amlodipine besylate-atorvastatin calcium tab 10-40 mg	NP		•		
CADUET – amlodipine besylate-atorvastatin calcium tab 10-80 mg	NP		•		
CALAN – verapamil hcl tab 120 mg	NP		•		
CALAN SR – verapamil hcl tab er 120 mg	NP		•		
CALAN SR – verapamil hcl tab er 180 mg	NP		•		
CALAN SR – verapamil hcl tab er 240 mg	NP		•		
CARDIZEM – diltiazem hcl tab 30 mg	NP		•		
CARDIZEM – diltiazem hcl tab 60 mg	NP		•		
CARDIZEM – diltiazem hcl tab 120 mg	NP		•		
CARDIZEM CD – diltiazem hcl coated beads cap er 24hr 120 mg	NP		•		
CARDIZEM CD – diltiazem hcl coated beads cap er 24hr 180 mg	NP		•		
CARDIZEM CD – diltiazem hcl coated beads cap er 24hr 240 mg	NP		•		
CARDIZEM CD – diltiazem hcl coated beads cap er 24hr 300 mg	NP		•		
CARDIZEM CD – diltiazem hcl coated beads cap er 24hr 360 mg	NP		•		
CARDIZEM LA – diltiazem hcl coated beads tab er 24hr 120 mg	NP		•		
CARDIZEM LA – diltiazem hcl coated beads tab er 24hr 180 mg	NP		•		

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
CARDIZEM LA – diltiazem hcl coated beads tab er 24hr 240 mg	NP		•		
CARDIZEM LA – diltiazem hcl coated beads tab er 24hr 300 mg	NP		•		
CARDIZEM LA – diltiazem hcl coated beads tab er 24hr 360 mg	NP		•		
CARDIZEM LA – diltiazem hcl coated beads tab er 24hr 420 mg	NP		•		
DILT-XR – diltiazem hcl cap er 24hr 180 mg	P				
DILT-XR – diltiazem hcl cap er 24hr 240 mg	P				
diltiazem hcl cap er 12hr 60 mg	P				
diltiazem hcl cap er 12hr 90 mg	P				
diltiazem hcl cap er 12hr 120 mg	P				
diltiazem hcl cap er 24hr 120 mg	P				
diltiazem hcl cap er 24hr 180 mg	P				
diltiazem hcl cap er 24hr 240 mg	P				
diltiazem hcl coated beads cap er 24hr 120 mg (Cardizem cd)	P				
diltiazem hcl coated beads cap er 24hr 180 mg (Cardizem cd)	P				
diltiazem hcl coated beads cap er 24hr 240 mg (Cardizem cd)	P				
diltiazem hcl coated beads cap er 24hr 300 mg (Cardizem cd)	P				
diltiazem hcl coated beads cap er 24hr 360 mg (Cardizem cd)	P				
diltiazem hcl coated beads tab er 24hr 180 mg (Cardizem la)	P				
diltiazem hcl coated beads tab er 24hr 240 mg (Cardizem la)	P				
diltiazem hcl coated beads tab er 24hr 300 mg (Cardizem la)	P				
diltiazem hcl coated beads tab er 24hr 360 mg (Cardizem la)	P				
diltiazem hcl coated beads tab er 24hr 420 mg (Cardizem la)	P				

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
diltiazem hcl extended release beads cap er 24hr 120 mg (Tiazac)	P				
diltiazem hcl extended release beads cap er 24hr 180 mg (Tiazac)	P				
diltiazem hcl extended release beads cap er 24hr 240 mg (Tiazac)	P				
diltiazem hcl extended release beads cap er 24hr 300 mg (Tiazac)	P				
diltiazem hcl extended release beads cap er 24hr 360 mg (Tiazac)	P				
diltiazem hcl extended release beads cap er 24hr 420 mg (Tiazac)	P				
diltiazem hcl tab 30 mg (Cardizem)	P				
diltiazem hcl tab 60 mg (Cardizem)	P				
diltiazem hcl tab 90 mg	P				
diltiazem hcl tab 120 mg (Cardizem)	P				
ENTRESTO – sacubitril-valsartan tab 24-26 mg	NP		•		
ENTRESTO – sacubitril-valsartan tab 49-51 mg	NP		•		
ENTRESTO – sacubitril-valsartan tab 97-103 mg	NP		•		
EXFORGE – amlodipine besylate-valsartan tab 5-160 mg	NP		•	•	
EXFORGE – amlodipine besylate-valsartan tab 5-320 mg	NP		•	•	
EXFORGE – amlodipine besylate-valsartan tab 10-160 mg	NP		•	•	
EXFORGE – amlodipine besylate-valsartan tab 10-320 mg	NP		•	•	
felodipine tab er 24hr 2.5 mg	P				
felodipine tab er 24hr 5 mg	P				
felodipine tab er 24hr 10 mg	P				

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
isradipine cap 2.5 mg	P				
isradipine cap 5 mg	P				
LOTREL – amlodipine besylate-benazepril hcl cap 5-10 mg	NP		•		
LOTREL – amlodipine besylate-benazepril hcl cap 5-20 mg	NP		•		
LOTREL – amlodipine besylate-benazepril hcl cap 10-20 mg	NP		•		
LOTREL – amlodipine besylate-benazepril hcl cap 10-40 mg	NP		•		
nicardipine hcl cap 20 mg	P				
nicardipine hcl cap 30 mg	P				
nifedipine cap 10 mg (Procardia)	P				
nifedipine cap 20 mg	P				
nifedipine tab er 24hr 30 mg (Adalat cc)	P				
nifedipine tab er 24hr 60 mg (Adalat cc)	P				
nifedipine tab er 24hr 90 mg (Adalat cc)	P				
nifedipine tab er 24hr osmotic release 30 mg (Procardia xl)	P				
nifedipine tab er 24hr osmotic release 60 mg (Procardia xl)	P				
nifedipine tab er 24hr osmotic release 90 mg (Procardia xl)	P				
nimodipine cap 30 mg	NP		•		
NISOLDIPINE ER – nisoldipine tab er 24hr 20 mg	NP		•		
NISOLDIPINE ER – nisoldipine tab er 24hr 25.5 mg	NP		•		
NISOLDIPINE ER – nisoldipine tab er 24hr 30 mg	NP		•		
NISOLDIPINE ER – nisoldipine tab er 24hr 40 mg	NP		•		
nisoldipine tab er 24hr 8.5 mg (Sular)	NP		•		
nisoldipine tab er 24hr 17 mg (Sular)	NP		•		
nisoldipine tab er 24hr 34 mg (Sular)	NP		•		
NORVASC – amlodipine besylate tab 2.5 mg (base equivalent)	NP		•		
NORVASC – amlodipine besylate tab 5 mg (base equivalent)	NP		•		
NORVASC – amlodipine besylate tab 10 mg (base equivalent)	NP		•		
NYMALIZE – nimodipine oral soln 60 mg/20ml	NP		•		
PRESTALIA – perindopril arginine-amlodipine besylate tab 3.5-2.5 mg	NP		•		
PRESTALIA – perindopril arginine-amlodipine besylate tab 7-5 mg	NP		•		
PRESTALIA – perindopril arginine-amlodipine besylate tab 14-10 mg	NP		•		
PROCARDIA – nifedipine cap 10 mg	NP		•		
PROCARDIA XL – nifedipine tab er 24hr osmotic release 30 mg	NP		•		
PROCARDIA XL – nifedipine tab er 24hr osmotic release 60 mg	NP		•		
PROCARDIA XL – nifedipine tab er 24hr osmotic release 90 mg	NP		•		
SULAR – nisoldipine tab er 24hr 8.5 mg	NP		•		
SULAR – nisoldipine tab er 24hr 17 mg	NP		•		
SULAR – nisoldipine tab er 24hr 34 mg	NP		•		
TARKA – trandolapril-verapamil hcl tab er 2-180 mg	NP		•		
TARKA – trandolapril-verapamil hcl tab er 2-240 mg	NP		•		
TARKA – trandolapril-verapamil hcl tab er 4-240 mg	NP		•		
telmisartan-amlodipine tab 40-5 mg (Twynsta)	NP		•	•	
telmisartan-amlodipine tab 40-10 mg (Twynsta)	NP		•	•	

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
telmisartan-amlodipine tab 80-5 mg (Twynsta)	NP		•	•	
telmisartan-amlodipine tab 80-10 mg (Twynsta)	NP		•	•	
TIAZAC – diltiazem hcl extended release beads cap er 24hr 120 mg	NP		•		
TIAZAC – diltiazem hcl extended release beads cap er 24hr 180 mg	NP		•		
TIAZAC – diltiazem hcl extended release beads cap er 24hr 240 mg	NP		•		
TIAZAC – diltiazem hcl extended release beads cap er 24hr 300 mg	NP		•		
TIAZAC – diltiazem hcl extended release beads cap er 24hr 360 mg	NP		•		
TIAZAC – diltiazem hcl extended release beads cap er 24hr 420 mg	NP		•		
TWYNSTA – telmisartan-amlodipine tab 40-5 mg	NP		•	•	
TWYNSTA – telmisartan-amlodipine tab 40-10 mg	NP		•	•	
TWYNSTA – telmisartan-amlodipine tab 80-5 mg	NP		•	•	
TWYNSTA – telmisartan-amlodipine tab 80-10 mg	NP		•	•	
verapamil hcl cap er 24hr 100 mg	P				
verapamil hcl cap er 24hr 120 mg (Verelan)	P				
verapamil hcl cap er 24hr 180 mg (Verelan)	P				
verapamil hcl cap er 24hr 200 mg (Verelan pm)	P				
verapamil hcl cap er 24hr 240 mg (Verelan)	P				
verapamil hcl cap er 24hr 300 mg (Verelan pm)	P				
VERAPAMIL HCL SR – verapamil hcl cap er 24hr 360 mg	P				
verapamil hcl tab er 120 mg (Calan sr)	P				
verapamil hcl tab er 180 mg (Calan sr)	P				
verapamil hcl tab er 240 mg (Calan sr)	P				
verapamil hcl tab 40 mg	P				
verapamil hcl tab 80 mg	P				
verapamil hcl tab 120 mg (Calan)	P				
VERAPAMIL HYDROCHLORIDE ER – verapamil hcl cap er 24hr 100 mg	P				
VERAPAMIL HYDROCHLORIDE ER – verapamil hcl cap er 24hr 200 mg	P				
VERELAN – verapamil hcl cap er 24hr 120 mg	NP		•		
VERELAN – verapamil hcl cap er 24hr 180 mg	NP		•		
VERELAN – verapamil hcl cap er 24hr 240 mg	NP		•		
VERELAN – verapamil hcl cap er 24hr 360 mg	NP		•		
VERELAN PM – verapamil hcl cap er 24hr 100 mg	NP		•		
VERELAN PM – verapamil hcl cap er 24hr 200 mg	NP		•		
VERELAN PM – verapamil hcl cap er 24hr 300 mg	NP		•		
CHEST PAIN					
isosorbide dinitrate tab 5 mg (Isordil titradose)	C				
isosorbide dinitrate tab 10 mg	C				
isosorbide dinitrate tab 20 mg	C				
isosorbide dinitrate tab 30 mg	C				
isosorbide mononitrate tab er 24hr 30 mg	C				
isosorbide mononitrate tab er 24hr 60 mg	C				
isosorbide mononitrate tab er 24hr 120 mg	C				
isosorbide mononitrate tab 10 mg	C				
isosorbide mononitrate tab 20 mg	C				

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
nitroglycerin sl tab 0.3 mg (Nitrostat)	C				
nitroglycerin sl tab 0.4 mg (Nitrostat)	C				
nitroglycerin sl tab 0.6 mg (Nitrostat)	C				
nitroglycerin td patch 24hr 0.1 mg/hr (Nitro-dur)	C				
nitroglycerin td patch 24hr 0.2 mg/hr (Nitro-dur)	C				
nitroglycerin td patch 24hr 0.4 mg/hr (Nitro-dur)	C				
nitroglycerin td patch 24hr 0.6 mg/hr (Nitro-dur)	C				
CHOLESTEROL LOWERING					
ALTOPREV – lovastatin tab er 24hr 20 mg	NP		•		
ALTOPREV – lovastatin tab er 24hr 40 mg	NP		•		
ALTOPREV – lovastatin tab er 24hr 60 mg	NP		•		
ANTARA – fenofibrate micronized cap 30 mg	NP		•	•	
ANTARA – fenofibrate micronized cap 90 mg	NP		•	•	
atorvastatin calcium tab 10 mg (base equivalent) (Lipitor)	P				
atorvastatin calcium tab 20 mg (base equivalent) (Lipitor)	P				
atorvastatin calcium tab 40 mg (base equivalent) (Lipitor)	P				
atorvastatin calcium tab 80 mg (base equivalent) (Lipitor)	P				
cholestyramine light powder packets 4 gm	P				
cholestyramine light powder 4 gm/dose (Questran light)	P				
cholestyramine powder packets 4 gm (Questran)	P				
cholestyramine powder 4 gm/dose (Questran)	P				
choline fenofibrate cap dr 45 mg (fenofibric acid equiv) (Trilipix)	NP		•	•	
choline fenofibrate cap dr 135 mg (fenofibric acid equiv) (Trilipix)	NP		•	•	
colesevelam hcl packet for susp 3.75 gm (Welchol)	NP		•		
colesevelam hcl tab 625 mg (Welchol)	NP		•		
COLESTID – colestipol hcl tab 1 gm	NP		•		
COLESTID – colestipol hcl granules 5 gm	NP		•		
COLESTID FLAVORED – colestipol hcl granules 5 gm	NP		•		
colestipol hcl granules 5 gm (Colestid flavored)	P				
colestipol hcl tab 1 gm (Colestid)	P				
CRESTOR – rosuvastatin calcium tab 5 mg	NP		•		
CRESTOR – rosuvastatin calcium tab 10 mg	NP		•		
CRESTOR – rosuvastatin calcium tab 20 mg	NP		•		
CRESTOR – rosuvastatin calcium tab 40 mg	NP		•		
EZALLOR SPRINKLE – rosuvastatin calcium sprinkle cap 5 mg (base equivalent)	NP		•		
EZALLOR SPRINKLE – rosuvastatin calcium sprinkle cap 10 mg (base equivalent)	NP		•		
EZALLOR SPRINKLE – rosuvastatin calcium sprinkle cap 20 mg (base equivalent)	NP		•		
EZALLOR SPRINKLE – rosuvastatin calcium sprinkle cap 40 mg (base equivalent)	NP		•		
ezetimibe tab 10 mg (Zetia)	P				

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
ezetimibe-simvastatin tab 10-10 mg (Vytorin)	NP		•		
ezetimibe-simvastatin tab 10-20 mg (Vytorin)	NP		•		
ezetimibe-simvastatin tab 10-40 mg (Vytorin)	NP		•		
ezetimibe-simvastatin tab 10-80 mg (Vytorin)	NP		•		
FENOFIBRATE – fenofibrate cap 50 mg	NP		•	•	
FENOFIBRATE – fenofibrate cap 150 mg	NP		•	•	
fenofibrate micronized cap 43 mg	NP		•	•	
fenofibrate micronized cap 67 mg	P			•	
fenofibrate micronized cap 130 mg	NP		•	•	
fenofibrate micronized cap 134 mg	P			•	
fenofibrate micronized cap 200 mg	P			•	
fenofibrate tab 40 mg (Fenoglide)	NP		•	•	
fenofibrate tab 48 mg (Tricor)	P			•	
fenofibrate tab 54 mg	P			•	
fenofibrate tab 120 mg (Fenoglide)	NP		•	•	
fenofibrate tab 145 mg (Tricor)	P			•	
fenofibrate tab 160 mg	P			•	
FENOFIBRIC ACID – fenofibric acid tab 35 mg	NP		•	•	
FENOFIBRIC ACID – fenofibric acid tab 105 mg	NP		•	•	
FENOGLIDE – fenofibrate tab 40 mg	NP		•	•	
FENOGLIDE – fenofibrate tab 120 mg	NP		•	•	
FIBRICOR – fenofibric acid tab 35 mg	NP		•	•	
FIBRICOR – fenofibric acid tab 105 mg	NP		•	•	
fluvastatin sodium cap 20 mg (base equivalent)	NP		•		
fluvastatin sodium cap 40 mg (base equivalent)	NP		•		

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
fluvastatin sodium tab er 24 hr 80 mg (base equivalent) (Lescol xl)	NP		•		
gemfibrozil tab 600 mg (Lopid)	P			•	
JUXTAPID – lomitapide mesylate cap 5 mg (base equiv)	NP	•	••	•	
JUXTAPID – lomitapide mesylate cap 10 mg (base equiv)	NP	•	••	•	
JUXTAPID – lomitapide mesylate cap 20 mg (base equiv)	NP	•	••	•	
JUXTAPID – lomitapide mesylate cap 30 mg (base equiv)	NP	•	••	•	
JUXTAPID – lomitapide mesylate cap 40 mg (base equiv)	NP	•	••	•	
JUXTAPID – lomitapide mesylate cap 60 mg (base equiv)	NP	•	••	•	
LESCOL XL – fluvastatin sodium tab er 24 hr 80 mg (base equivalent)	NP		•		
LIPITOR – atorvastatin calcium tab 10 mg (base equivalent)	NP		•		
LIPITOR – atorvastatin calcium tab 20 mg (base equivalent)	NP		•		
LIPITOR – atorvastatin calcium tab 40 mg (base equivalent)	NP		•		
LIPITOR – atorvastatin calcium tab 80 mg (base equivalent)	NP		•		
LIPOFEN – fenofibrate cap 50 mg	NP		•	•	
LIPOFEN – fenofibrate cap 150 mg	NP		•	•	
LIVALO – pitavastatin calcium tab 1 mg (base equiv)	NP		•		
LIVALO – pitavastatin calcium tab 2 mg (base equiv)	NP		•		
LIVALO – pitavastatin calcium tab 4 mg (base equiv)	NP		•		
LOPID – gemfibrozil tab 600 mg	NP		•	•	
lovastatin tab 10 mg	P				
lovastatin tab 20 mg	P				
lovastatin tab 40 mg	P				

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
LOVAZA – omega-3-acid ethyl esters cap 1 gm	NP		•		
niacin tab er 500 mg (antihyperlipidemic) (Niaspan)	P			•	
niacin tab er 750 mg (antihyperlipidemic) (Niaspan)	P			•	
niacin tab er 1000 mg (antihyperlipidemic) (Niaspan)	P			•	
NIACOR – niacin (antihyperlipidemic) tab 500 mg	NP		•		
NIASPAN – niacin tab er 500 mg (antihyperlipidemic)	P			•	
NIASPAN – niacin tab er 750 mg (antihyperlipidemic)	P			•	
NIASPAN – niacin tab er 1000 mg (antihyperlipidemic)	P			•	
omega-3-acid ethyl esters cap 1 gm (Lovaza)	NP		•		
PRALUENT – alirocumab subcutaneous solution auto-injector 75 mg/ml	NP	•	••	•	
PRALUENT – alirocumab subcutaneous solution auto-injector 150 mg/ml	NP	•	••	•	
PRAVACHOL – pravastatin sodium tab 20 mg	NP		•		
PRAVACHOL – pravastatin sodium tab 40 mg	NP		•		
PRAVACHOL – pravastatin sodium tab 80 mg	NP		•		
pravastatin sodium tab 10 mg	P				
pravastatin sodium tab 20 mg (Pravachol)	P				
pravastatin sodium tab 40 mg (Pravachol)	P				
pravastatin sodium tab 80 mg (Pravachol)	P				
QUESTRAN – cholestyramine powder 4 gm/dose	NP		•		
QUESTRAN – cholestyramine powder packets 4 gm	NP		•		
QUESTRAN LIGHT – cholestyramine light powder 4 gm/dose	NP		•		
REPATHA – evolocumab subcutaneous soln prefilled syringe 140 mg/ml	NP	•	••	•	
REPATHA PUSHTRONEX SYSTEM – evolocumab subcutaneous soln cartridge/infusor 420 mg/3.5ml	NP	•	••	•	
REPATHA SURECLICK – evolocumab subcutaneous soln auto-injector 140 mg/ml	NP	•	••	•	
rosuvastatin calcium tab 5 mg (Crestor)	P				
rosuvastatin calcium tab 10 mg (Crestor)	P				
rosuvastatin calcium tab 20 mg (Crestor)	P				
rosuvastatin calcium tab 40 mg (Crestor)	P				
simvastatin tab 5 mg (Zocor)	P				
simvastatin tab 10 mg (Zocor)	P				
simvastatin tab 20 mg (Zocor)	P				
simvastatin tab 40 mg (Zocor)	P				
simvastatin tab 80 mg (Zocor)	P				
TRICOR – fenofibrate tab 48 mg	NP		•	•	
TRICOR – fenofibrate tab 145 mg	NP		•	•	
TRIGLIDE – fenofibrate tab 160 mg	NP		•	•	
TRILIPIX – choline fenofibrate cap dr 45 mg (fenofibric acid equiv)	NP		•	•	
TRILIPIX – choline fenofibrate cap dr 135 mg (fenofibric acid equiv)	NP		•	•	
VASCEPA – icosapent ethyl cap 0.5 gm	NP		••	•	
VASCEPA – icosapent ethyl cap 1 gm	NP		••	•	
VYTORIN – ezetimibe-simvastatin tab 10-10 mg	NP		•		

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
VYTORIN – ezetimibe-simvastatin tab 10-20 mg	NP		•		
VYTORIN – ezetimibe-simvastatin tab 10-40 mg	NP		•		
VYTORIN – ezetimibe-simvastatin tab 10-80 mg	NP		•		
WELCHOL – colesevelam hcl tab 625 mg	NP		•		
WELCHOL – colesevelam hcl packet for susp 3.75 gm	NP		•		
ZETIA – ezetimibe tab 10 mg	NP		•		
ZOCOR – simvastatin tab 10 mg	NP		•		
ZOCOR – simvastatin tab 20 mg	NP		•		
ZOCOR – simvastatin tab 40 mg	NP		•		
ZOCOR – simvastatin tab 80 mg	NP		•		
ZYPITAMAG – pitavastatin magnesium tab 1 mg (base equiv)	NP		•		
ZYPITAMAG – pitavastatin magnesium tab 2 mg (base equiv)	NP		•		
ZYPITAMAG – pitavastatin magnesium tab 4 mg (base equiv)	NP		•		
FLUID RETENTION					
acetazolamide cap er 12hr 500 mg	C				
acetazolamide tab 125 mg	C				
acetazolamide tab 250 mg	C				
amiloride & hydrochlorothiazide tab 5-50 mg	C				
bumetanide tab 0.5 mg (Bumex)	C				
bumetanide tab 1 mg (Bumex)	C				
bumetanide tab 2 mg (Bumex)	C				
CHLOROTHIAZIDE – chlorothiazide tab 500 mg	C				
chlorothiazide tab 500 mg	C				
chlorthalidone tab 25 mg	C				
chlorthalidone tab 50 mg	C				
furosemide oral soln 10 mg/ml	C				
furosemide tab 20 mg (Lasix)	C				

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
furosemide tab 40 mg (Lasix)	C				
furosemide tab 80 mg (Lasix)	C				
hydrochlorothiazide cap 12.5 mg	C				
hydrochlorothiazide tab 12.5 mg	C				
hydrochlorothiazide tab 25 mg	C				
hydrochlorothiazide tab 50 mg	C				
indapamide tab 1.25 mg	C				
indapamide tab 2.5 mg	C				
metolazone tab 2.5 mg	C				
metolazone tab 5 mg	C				
metolazone tab 10 mg	C				
spironolactone & hydrochlorothiazide tab 25-25 mg (Aldactazide)	C				
spironolactone tab 25 mg (Aldactone)	C				
spironolactone tab 50 mg (Aldactone)	C				
spironolactone tab 100 mg (Aldactone)	C				
torsemide tab 5 mg	C				
torsemide tab 10 mg (Demadex)	C				
torsemide tab 20 mg	C				
torsemide tab 100 mg	C				
triamterene & hydrochlorothiazide cap 37.5-25 mg (Dyazide)	C				
triamterene & hydrochlorothiazide tab 37.5-25 mg (Maxzide-25)	C				
triamterene & hydrochlorothiazide tab 75-50 mg (Maxzide)	C				
HEART RHYTHM					
amiodarone hcl tab 200 mg	C				
BETAPACE – sotalol hcl tab 80 mg	NP		•		
BETAPACE – sotalol hcl tab 120 mg	NP		•		
BETAPACE – sotalol hcl tab 160 mg	NP		•		
BETAPACE AF – sotalol hcl (afib/afl) tab 80 mg	NP		•		

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
BETAPACE AF – sotalol hcl (afib/afl) tab 120 mg	NP		•		
BETAPACE AF – sotalol hcl (afib/afl) tab 160 mg	NP		•		
disopyramide phosphate cap 100 mg (Norpace)	C				
disopyramide phosphate cap 150 mg (Norpace)	C				
flecainide acetate tab 50 mg	C				
flecainide acetate tab 100 mg	C				
flecainide acetate tab 150 mg	C				
MEXILETINE HCL – mexiletine hcl cap 150 mg	C				
MEXILETINE HCL – mexiletine hcl cap 200 mg	C				
MEXILETINE HCL – mexiletine hcl cap 250 mg	C				
propafenone hcl tab 150 mg	C				
propafenone hcl tab 225 mg	C				
propafenone hcl tab 300 mg	C				
sotalol hcl (afib/afl) tab 80 mg (Betapace af)	P				
sotalol hcl (afib/afl) tab 120 mg (Betapace af)	P				
sotalol hcl (afib/afl) tab 160 mg (Betapace af)	P				
sotalol hcl tab 80 mg (Betapace)	P				
sotalol hcl tab 120 mg (Betapace)	P				
sotalol hcl tab 160 mg (Betapace)	P				
sotalol hcl tab 240 mg	P				
SOTYLIZE – sotalol hcl oral solution 5 mg/ml	NP		•		
OTHER HEART RELATED DRUGS					
ADCIRCA – tadalafil tab 20 mg (PAH)	NP	•	••	•	
ADEMPAS – riociguat tab 0.5 mg	NP	•	••	•	
ADEMPAS – riociguat tab 1 mg	NP	•	••	•	
ADEMPAS – riociguat tab 1.5 mg	NP	•	••	•	
ADEMPAS – riociguat tab 2 mg	NP	•	••	•	

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
ADEMPAS – riociguat tab 2.5 mg	NP	•	••	•	
aliskiren fumarate tab 150 mg (base equivalent) (Tekturna)	NP		•	•	
aliskiren fumarate tab 300 mg (base equivalent) (Tekturna)	NP		•	•	
ambrisentan tab 5 mg (Letairis)	NP	•	••	•	
ambrisentan tab 10 mg (Letairis)	NP	•	••	•	
bosentan tab 62.5 mg (Tracleer)	NP	•	••	•	
bosentan tab 125 mg (Tracleer)	NP	•	••	•	
CARDURA – doxazosin mesylate tab 1 mg	NP		•	•	
CARDURA – doxazosin mesylate tab 2 mg	NP		•	•	
CARDURA – doxazosin mesylate tab 4 mg	NP		•	•	
CARDURA – doxazosin mesylate tab 8 mg	NP		•	•	
clonidine hcl tab 0.1 mg (Catapres)	C				
clonidine hcl tab 0.2 mg (Catapres)	C				
clonidine hcl tab 0.3 mg (Catapres)	C				
clonidine td patch weekly 0.1 mg/24hr (Catapres-tts-1)	C				
clonidine td patch weekly 0.2 mg/24hr (Catapres-tts-2)	C				
clonidine td patch weekly 0.3 mg/24hr (Catapres-tts-3)	C				
DIGOXIN – digoxin oral soln 0.05 mg/ml	C				
digoxin oral soln 0.05 mg/ml (Digoxin)	C				
digoxin tab 125 mcg (0.125 mg) (Lanoxin)	C				
digoxin tab 250 mcg (0.25 mg) (Lanoxin)	C				
doxazosin mesylate tab 1 mg (Cardura)	P			•	
doxazosin mesylate tab 2 mg (Cardura)	P			•	

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
doxazosin mesylate tab 4 mg (Cardura)	P			•	
doxazosin mesylate tab 8 mg (Cardura)	P			•	
eplerenone tab 25 mg (Inspra)	C				
eplerenone tab 50 mg (Inspra)	C				
guanfacine hcl tab 1 mg	C				
guanfacine hcl tab 2 mg	C				
hydralazine hcl tab 10 mg	C				
hydralazine hcl tab 25 mg	C				
hydralazine hcl tab 50 mg	C				
hydralazine hcl tab 100 mg	C				
LETAIRIS – ambrisentan tab 5 mg	P	•	•	•	
LETAIRIS – ambrisentan tab 10 mg	P	•	•	•	
methyldopa tab 250 mg	C				
methyldopa tab 500 mg	C				
midodrine hcl tab 2.5 mg	C				
midodrine hcl tab 5 mg	C				
midodrine hcl tab 10 mg	C				
minoxidil tab 2.5 mg	C				
minoxidil tab 10 mg	C				
OPSUMIT – macitentan tab 10 mg	NP	•	••	•	
ORENITRAM – treprostinil diolamine tab er 0.125 mg (base equiv)	NP	•	••		
ORENITRAM – treprostinil diolamine tab er 0.25 mg (base equiv)	NP	•	••		
ORENITRAM – treprostinil diolamine tab er 1 mg (base equiv)	NP	•	••		
ORENITRAM – treprostinil diolamine tab er 2.5 mg (base equiv)	NP	•	••		
ORENITRAM – treprostinil diolamine tab er 5 mg (base equiv)	NP	•	••		
phenoxybenzamine hcl cap 10 mg (Dibenzyline)	C				
prazosin hcl cap 1 mg (Minipress)	C				
prazosin hcl cap 2 mg (Minipress)	C				
prazosin hcl cap 5 mg (Minipress)	C				

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
REVATIO – sildenafil citrate tab 20 mg	NP	•	••	•	
REVATIO – sildenafil citrate for suspension 10 mg/ml	NP	•	••	•	
sildenafil citrate for suspension 10 mg/ml (Revatio)	C	•	•	•	
sildenafil citrate tab 20 mg (Revatio)	P	•	•	•	
tadalafil tab 20 mg (PAH) (Adcirca)	NP	•	••	•	
TEKTURNA – aliskiren fumarate tab 150 mg (base equivalent)	NP		•	•	
TEKTURNA – aliskiren fumarate tab 300 mg (base equivalent)	NP		•	•	
TEKTURNA HCT – aliskiren-hydrochlorothiazide tab 150-12.5 mg	P			•	
TEKTURNA HCT – aliskiren-hydrochlorothiazide tab 150-25 mg	P			•	
TEKTURNA HCT – aliskiren-hydrochlorothiazide tab 300-12.5 mg	P			•	
TEKTURNA HCT – aliskiren-hydrochlorothiazide tab 300-25 mg	P			•	
terazosin hcl cap 1 mg (base equivalent)	P			•	
terazosin hcl cap 2 mg (base equivalent)	P			•	
terazosin hcl cap 5 mg (base equivalent)	P			•	
terazosin hcl cap 10 mg (base equivalent)	P			•	
TRACLEER – bosentan tab for oral susp 32 mg	NP	•	••	•	
TRACLEER – bosentan tab 62.5 mg	P	•	•	•	
TRACLEER – bosentan tab 125 mg	P	•	•	•	
TYVASO – treprostinil inhalation solution 0.6 mg/ml	NP	•	••	•	
TYVASO REFILL – treprostinil inhalation solution 0.6 mg/ml	NP	•	••	•	

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
TYVASO STARTER – treprostinil inhalation solution 0.6 mg/ml	NP	•	••	•	
UPTRAVI – selexipag tab therapy pack 200 mcg (140) & 800 mcg (60)	NP	•	••	•	
UPTRAVI – selexipag tab 200 mcg	NP	•	••	•	
UPTRAVI – selexipag tab 400 mcg	NP	•	••	•	
UPTRAVI – selexipag tab 600 mcg	NP	•	••	•	
UPTRAVI – selexipag tab 800 mcg	NP	•	••	•	
UPTRAVI – selexipag tab 1000 mcg	NP	•	••	•	
UPTRAVI – selexipag tab 1200 mcg	NP	•	••	•	
UPTRAVI – selexipag tab 1400 mcg	NP	•	••	•	
UPTRAVI – selexipag tab 1600 mcg	NP	•	••	•	
VENTAVIS – iloprost inhalation solution 10 mcg/ml	NP	•	••	•	
VENTAVIS – iloprost inhalation solution 20 mcg/ml	NP	•	••	•	
VYNDAMAX – tafamidis cap 61 mg	C	•	•	•	
VYNDAQEL – tafamidis meglumine (cardiac) cap 20 mg	C	•	•	•	
BEE STING KITS					
EPINEPHRINE – epinephrine solution auto-injector 0.15 mg/0.15ml (1:1000)	NP		•		
EPINEPHRINE – epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000)	NP		•		
epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000) (NDC: 00093598519 and 00093598527) (Epipen-jr 2-pak)	NP		•		
epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000) (NDC: 49502010101 and 49502010102) (Epipen-jr 2-pak)	P				
epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000) (NDC: 00093598619 and 00093598627) (Epipen 2-pak)	NP		•		
epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000) (NDC: 49502010201 and 49502010202) (Epipen 2-pak)	P				
EPIPEN 2-PAK – epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000)	NP		•		
EPIPEN-JR 2-PAK – epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000)	NP		•		
SYMJEPI – epinephrine soln prefilled syringe 0.15 mg/0.3ml (1:2000)	P				
SYMJEPI – epinephrine solution prefilled syringe 0.3 mg/0.3ml (1:1000)	P				
RESPIRATORY AGENTS					
ANTIHISTAMINES					
ALER-DRYL – diphenhydramine hcl tab 50 mg	C				
ALLEGRA ALLERGY CHILDRENS – fexofenadine hcl orally disintegrating tab 30 mg	C				
cetirizine hcl chew tab 5 mg	P				
cetirizine hcl chew tab 10 mg	P				
cetirizine hcl oral soln 1 mg/ml (5 mg/5ml)	P				
cetirizine hcl syrup 1 mg/ml (5 mg/5ml)	P				
cetirizine hcl tab 5 mg	P				
cetirizine hcl tab 10 mg	P				
chlorpheniramine maleate syrup 2 mg/5ml	C				
chlorpheniramine maleate tab 4 mg	C				
CLARINEX – desloratadine tab 5 mg	NP		•		
CLARINEX – desloratadine syrup 0.5 mg/ml	NP		•		
CLEMASTINE FUMARATE – clemastine fumarate tab 2.68 mg	C				

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
cyproheptadine hcl syrup 2 mg/5ml	C				
cyproheptadine hcl tab 4 mg	C				
DESLORATADINE ODT – desloratadine tab orally disintegrating 2.5 mg	NP		•		
DESLORATADINE ODT – desloratadine tab orally disintegrating 5 mg	NP		•		
desloratadine tab 5 mg (Clarinex)	NP		•		
diphenhydramine hcl cap 25 mg	C				
diphenhydramine hcl chew tab 12.5 mg	C				
diphenhydramine hcl elixir 12.5 mg/5ml	C				
diphenhydramine hcl elixir 12.5 mg/5ml	C				
diphenhydramine hcl liquid 12.5 mg/5ml	C				
diphenhydramine hcl tab disint 12.5 mg	C				
diphenhydramine hcl tab 25 mg	C				
fexofenadine hcl susp 30 mg/5ml (6 mg/ml)	C				
fexofenadine hcl tab 60 mg	C				
fexofenadine hcl tab 180 mg	C				
levocetirizine dihydrochloride soln 2.5 mg/5ml (0.5 mg/ml)	P				
levocetirizine dihydrochloride tab 5 mg	P				
loratadine rapidly-disintegrating tab 10 mg (Claritin)	P				
loratadine syrup 5 mg/5ml	P				
loratadine tab 10 mg	P				
promethazine hcl suppos 12.5 mg	C				
promethazine hcl suppos 25 mg	C				
promethazine hcl syrup 6.25 mg/5ml	C				
promethazine hcl tab 12.5 mg	C				
promethazine hcl tab 25 mg	C				
promethazine hcl tab 50 mg	C				
SILPHEN COUGH – diphenhydramine hcl syrup 12.5 mg/5ml	C				
NASAL PRODUCTS					
ASTEPRO – azelastine hcl nasal spray 0.15% (205.5 mcg/spray)	NP		•	•	
azelastine hcl nasal spray 0.1% (137 mcg/spray)	P			•	
azelastine hcl nasal spray 0.15% (205.5 mcg/spray) (Astepro)	P			•	
BECONASE AQ – beclomethasone dipropionate monohyd nasal susp 42 mcg/spray	NP		•	•	
cromolyn sodium nasal aerosol soln 5.2 mg/act (4%)	C				
DYMISTA – azelastine hcl-fluticasone prop nasal spray 137-50 mcg/act	NP		•	•	
FLUNISOLIDE – flunisolide nasal soln 25 mcg/act (0.025%)	NP		•	•	
fluticasone propionate nasal susp 50 mcg/act	P			•	
ipratropium bromide nasal soln 0.03% (21 mcg/spray)	P			•	
ipratropium bromide nasal soln 0.06% (42 mcg/spray)	P			•	
mometasone furoate nasal susp 50 mcg/act (Nasonex)	P			•	
NASAL DECONGESTANT – pseudoephedrine hcl liq 30 mg/5ml	C				
NASAL DECONGESTANT – pseudoephedrine hcl syrup 30 mg/5ml	C				
NASONEX – mometasone furoate nasal susp 50 mcg/act	NP		•	•	
olopatadine hcl nasal soln 0.6% (Patanase)	NP		•	•	
OMNARIS – ciclesonide nasal susp 50 mcg/act	NP		•	•	

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
oxymetazoline hcl nasal soln 0.05%	C				
PATANASE – olopatadine hcl nasal soln 0.6%	NP		•	•	
phenylephrine hcl nasal soln 1%	C				
phenylephrine hcl tab 10 mg	C				
pseudoephedrine hcl liq 15 mg/5ml	C				
pseudoephedrine hcl tab er 12hr 120 mg	C				
pseudoephedrine hcl tab 30 mg	C				
pseudoephedrine hcl tab 60 mg	C				
QNASL – beclomethasone dipropionate nasal aerosol 80 mcg/act	NP		•	•	
QNASL CHILDRENS – beclomethasone dipropionate nasal aerosol 40 mcg/act	NP		•	•	
saline nasal spray 0.65%	C				
SUDAFED SINUS CONGESTION – pseudoephedrine hcl tab er 24hr 240 mg	C				
SUDAFED 24 HOUR – pseudoephedrine hcl tab er 24hr 240 mg	C				
TICANASE PAK – fluticasone nasal susp 50 mcg/act &sod chlor 2.7% spray thpk	NP		•		
triamcinolone acetonide nasal aerosol suspension 55 mcg/act	C			•	
triamcinolone acetonide nasal aerosol suspension 55 mcg/act	C			•	
XHANCE – fluticasone propionate nasal exhaler susp 93 mcg/act	NP		•	•	
ZETONNA – ciclesonide nasal aerosol soln 37 mcg/act (50 mcg/valve)	NP		•	•	
COUGH/COLD/ALLERGY					
acetylcysteine inhal soln 10%	C				
acetylcysteine inhal soln 20%	C				

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
benzonatate cap 100 mg (Tessalon perles)	C				
benzonatate cap 200 mg	C				
brompheniramine & phenylephrine elixir 1-2.5 mg/5ml	C				
cetirizine-pseudoephedrine tab er 12hr 5-120 mg	P				
CLARINEX-D 12 HOUR – desloratadine & pseudoephedrine tab er 12hr 2.5-120 mg	NP		•		
dextromethorphan polistirex extended release susp 30 mg/5ml	C				
dextromethorphan-guaifenesin liquid 10-100 mg/5ml	C				
dextromethorphan-guaifenesin syrup 10-100 mg/5ml	C				
dextromethorphan-guaifenesin tab er 12hr 30-600 mg	C				
dextromethorphan-guaifenesin tab er 12hr 60-1200 mg	C				
fexofenadine-pseudoephedrine tab er 12hr 60-120 mg	C				
fexofenadine-pseudoephedrine tab er 24hr 180-240 mg	C				
guaifenesin liquid 100 mg/5ml	C				
guaifenesin syrup 100 mg/5ml	C				
guaifenesin tab er 12hr 600 mg	C				
guaifenesin tab er 12hr 1200 mg	C				
guaifenesin tab 200 mg	C				
guaifenesin tab 400 mg	C				
guaifenesin-codeine soln 100-10 mg/5ml	C				
loratadine & pseudoephedrine tab er 12hr 5-120 mg	P				
loratadine & pseudoephedrine tab er 24hr 10-240 mg	P				
MUCINEX FOR KIDS – guaifenesin granules packet 100 mg	C				

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
MUCINEX MAXIMUM STRENGTH – guaifenesin tab er 12hr 1200 mg	C				
PROMETHAZINE/ DEXTROMETHORPHAN – promethazine-dm syrup 6.25-15 mg/5ml	C				
pseudoephedrine-guaifenesin tab er 12hr 60-600 mg	C				
pseudoephedrine-guaifenesin tab er 12hr 120-1200 mg	C				
ROBITUSSIN CHILDRENS COUGH LONG-ACTING – dextromethorphan hbr syrup 7.5 mg/5ml	C				
SEMPREX-D – acrivastine & pseudoephedrine cap 8-60 mg	NP		•		
sodium chloride soln nebu 0.9%	C				
sodium chloride soln nebu 3%	C				
sodium chloride soln nebu 7% (Hyper-sal)	C				
sodium chloride soln nebu 10%	C				
ASTHMA/COPD					
ACCOLATE – zafirlukast tab 10 mg	NP		•		
ACCOLATE – zafirlukast tab 20 mg	NP		•		
ADVAIR DISKUS – fluticasone-salmeterol aer powder ba 100-50 mcg/dose	NP		•	•	
ADVAIR DISKUS – fluticasone-salmeterol aer powder ba 250-50 mcg/dose	NP		•	•	
ADVAIR DISKUS – fluticasone-salmeterol aer powder ba 500-50 mcg/dose	NP		•	•	
ADVAIR HFA – fluticasone-salmeterol inhal aerosol 45-21 mcg/act	P			•	
ADVAIR HFA – fluticasone-salmeterol inhal aerosol 115-21 mcg/act	P			•	
ADVAIR HFA – fluticasone-salmeterol inhal aerosol 230-21 mcg/act	P			•	

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
AIRDUO RESPICLICK 113/14 – fluticasone-salmeterol aer powder ba 113-14 mcg/act	NP		•	•	
AIRDUO RESPICLICK 232/14 – fluticasone-salmeterol aer powder ba 232-14 mcg/act	NP		•	•	
AIRDUO RESPICLICK 55/14 – fluticasone-salmeterol aer powder ba 55-14 mcg/act	NP		•	•	
ALBUTEROL SULFATE ER – albuterol sulfate tab er 12hr 4 mg	NP		•		
ALBUTEROL SULFATE ER – albuterol sulfate tab er 12hr 8 mg	NP		•		
ALBUTEROL SULFATE HFA (Prasco) – albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)	P			•	
ALBUTEROL SULFATE HFA (Teva and Par) – albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)	NP		•	•	
albuterol sulfate soln nebu 0.083% (2.5 mg/3ml)	P				
albuterol sulfate soln nebu 0.5% (5 mg/ml)	P				
albuterol sulfate soln nebu 0.63 mg/3ml (base equiv)	P				
albuterol sulfate soln nebu 1.25 mg/3ml (base equiv)	P				
albuterol sulfate syrup 2 mg/5ml	P				
albuterol sulfate tab 2 mg	NP		•		
albuterol sulfate tab 4 mg	NP		•		
ALVESCO – ciclesonide inhal aerosol 80 mcg/act	NP		•	•	
ALVESCO – ciclesonide inhal aerosol 160 mcg/act	NP		•	•	
ANORO ELLIPTA – umeclidinium-vilanterol aero powd ba 62.5-25 mcg/inh	NP		•	•	

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
ARCAPTA NEOHALER – indacaterol maleate inhal powder cap 75 mcg (base equiv)	NP		•	•	
ARMONAIR RESPICLICK 232 – fluticasone propionate aer pow ba 232 mcg/act	NP		•	•	
ARMONAIR RESPICLICK 55 – fluticasone propionate aer pow ba 55 mcg/act	NP		•	•	
ARNUITY ELLIPTA – fluticasone furoate aerosol powder breath activ 50 mcg/act	NP		•	•	
ARNUITY ELLIPTA – fluticasone furoate aerosol powder breath activ 100 mcg/act	NP		•	•	
ARNUITY ELLIPTA – fluticasone furoate aerosol powder breath activ 200 mcg/act	NP		•	•	
ASMANEX HFA – mometasone furoate inhal aerosol suspension 50 mcg/act	NP		•	•	
ASMANEX HFA – mometasone furoate inhal aerosol suspension 100 mcg/act	NP		•	•	
ASMANEX HFA – mometasone furoate inhal aerosol suspension 200 mcg/act	NP		•	•	
ASMANEX TWISTHALER 120 METERED DOSES – mometasone furoate inhal powd 220 mcg/inh (breath activated)	P			•	
ASMANEX TWISTHALER 30 METERED DOSES – mometasone furoate inhal powd 110 mcg/inh (breath activated)	P			•	
ASMANEX TWISTHALER 30 METERED DOSES – mometasone furoate inhal powd 220 mcg/inh (breath activated)	P			•	
ASMANEX TWISTHALER 60 METERED DOSES – mometasone furoate inhal powd 220 mcg/inh (breath activated)	P			•	

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
ATROVENT HFA – ipratropium bromide hfa inhal aerosol 17 mcg/act	P			•	
BEVESPI AEROSPHERE – glycopyrrolate-formoterol fumarate aerosol 9-4.8 mcg/act	NP		•	•	
BREO ELLIPTA – fluticasone furoate-vilanterol aero powd ba 100-25 mcg/inh	NP		•	•	
BREO ELLIPTA – fluticasone furoate-vilanterol aero powd ba 200-25 mcg/inh	NP		•	•	
BROVANA – arformoterol tartrate soln nebu 15 mcg/2ml (base equiv)	NP		•		
budesonide inhalation susp 0.25 mg/2ml (Pulmicort)	P				
budesonide inhalation susp 0.5 mg/2ml (Pulmicort)	P				
budesonide inhalation susp 1 mg/2ml (Pulmicort)	P				
COMBIVENT RESPIMAT – ipratropium-albuterol inhal aerosol soln 20-100 mcg/act	P			•	
DALIRESP – roflumilast tab 250 mcg	NP		•		
DALIRESP – roflumilast tab 500 mcg	NP		•		
DULERA – mometasone furoate-formoterol fumarate aerosol 50-5 mcg/act	P			•	
DULERA – mometasone furoate-formoterol fumarate aerosol 100-5 mcg/act	P			•	
DULERA – mometasone furoate-formoterol fumarate aerosol 200-5 mcg/act	P			•	
FASENRA PEN – benralizumab subcutaneous soln auto-injector 30 mg/ml	C	•	•	•	
FLOVENT DISKUS – fluticasone propionate aer pow ba 50 mcg/blister	P			•	

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
FLOVENT DISKUS – fluticasone propionate aer pow ba 100 mcg/ blister	P			•	
FLOVENT DISKUS – fluticasone propionate aer pow ba 250 mcg/ blister	P			•	
FLOVENT HFA – fluticasone propionate hfa inhal aero 44 mcg/ act (50/valve)	P			•	
FLOVENT HFA – fluticasone propionate hfa inhal aer 110 mcg/ act (125/valve)	P			•	
FLOVENT HFA – fluticasone propionate hfa inhal aer 220 mcg/ act (250/valve)	P			•	
FLUTICASONE PROPIONATE/ SALMETEROL – fluticasone-salmeterol aer powder ba 55-14 mcg/act	NP		•	•	
FLUTICASONE PROPIONATE/ SALMETEROL – fluticasone-salmeterol aer powder ba 113-14 mcg/act	NP		•	•	
FLUTICASONE PROPIONATE/ SALMETEROL – fluticasone-salmeterol aer powder ba 232-14 mcg/act	NP		•	•	
fluticasone-salmeterol aer powder ba 100-50 mcg/dose (Wixela Inhub)	P			•	
fluticasone-salmeterol aer powder ba 100-50 mcg/dose (Advair Diskus)	NP		•	•	
fluticasone-salmeterol aer powder ba 250-50 mcg/dose (Wixela Inhub)	P			•	
fluticasone-salmeterol aer powder ba 250-50 mcg/dose (Advair Diskus)	NP		•	•	
fluticasone-salmeterol aer powder ba 500-50 mcg/dose (Wixela Inhub)	P			•	
fluticasone-salmeterol aer powder ba 500-50 mcg/dose (Advair Diskus)	NP		•	•	
INCRUSE ELLIPTA – umeclidinium br aero powd breath act 62.5 mcg/ inh (base eq)	NP		•	•	
ipratropium bromide inhal soln 0.02%	P				
ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml	P				
levalbuterol hcl soln nebu conc 1.25 mg/0.5ml (base equiv) (Xopenex concentrate)	NP		•		
levalbuterol hcl soln nebu 0.31 mg/3ml (base equiv) (Xopenex)	NP		•		
levalbuterol hcl soln nebu 0.63 mg/3ml (base equiv) (Xopenex)	NP		•		
levalbuterol hcl soln nebu 1.25 mg/3ml (base equiv) (Xopenex)	NP		•		
LONHALA MAGNAIR REFILL KI – glycopyrrolate inhal solution 25 mcg/ml	NP		•		
LONHALA MAGNAIR STARTER K – glycopyrrolate inhal solution 25 mcg/ml	NP		•		
METAPROTERENOL SULFATE – metaproterenol sulfate syrup 10 mg/5ml	P				
METAPROTERENOL SULFATE – metaproterenol sulfate tab 10 mg	NP		•		
METAPROTERENOL SULFATE – metaproterenol sulfate tab 20 mg	NP		•		
montelukast sodium chew tab 4 mg (base equiv) (Singulair)	P				
montelukast sodium chew tab 5 mg (base equiv) (Singulair)	P				
montelukast sodium oral granules packet 4 mg (base equiv) (Singulair)	NP		•		

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
montelukast sodium tab 10 mg (base equiv) (Singulair)	P				
NUCALA – mepolizumab subcutaneous solution auto-injector 100 mg/ml	C	•	•	•	
NUCALA – mepolizumab subcutaneous solution pref syringe 100 mg/ml	C	•	•	•	
PERFOROMIST – formoterol fumarate soln nebu 20 mcg/2ml	NP		•		
PROAIR HFA – albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)	P			•	
PROAIR RESPICLICK – albuterol sulfate aer pow ba 108 mcg/act (90 mcg base equiv)	NP		•	•	
PROVENTIL HFA – albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)	P			•	
PULMICORT – budesonide inhalation susp 0.25 mg/2ml	NP		•		
PULMICORT – budesonide inhalation susp 0.5 mg/2ml	NP		•		
PULMICORT – budesonide inhalation susp 1 mg/2ml	NP		•		
PULMICORT FLEXHALER – budesonide inhal aero powd 90 mcg/act (breath activated)	P			•	
PULMICORT FLEXHALER – budesonide inhal aero powd 180 mcg/act (breath activated)	P			•	
QVAR – beclomethasone diprop inhal aero soln 40 mcg/act (50/valve)	C			•	
QVAR – beclomethasone diprop inhal aero soln 80 mcg/act (100/valve)	C			•	
QVAR REDIHALER – beclomethasone diprop hfa breath act inh aer 40 mcg/act	NP		•	•	
QVAR REDIHALER – beclomethasone diprop hfa breath act inh aer 80 mcg/act	NP		•	•	

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
SEEBRI NEOHALER – glycopyrrolate inhal cap 15.6 mcg	NP		•	•	
SEREVENT DISKUS – salmeterol xinafoate aer pow ba 50 mcg/dose (base equiv)	P			•	
SINGULAIR – montelukast sodium tab 10 mg (base equiv)	NP		•		
SINGULAIR – montelukast sodium oral granules packet 4 mg (base equiv)	NP		•		
SINGULAIR – montelukast sodium chew tab 4 mg (base equiv)	NP		•		
SINGULAIR – montelukast sodium chew tab 5 mg (base equiv)	NP		•		
SPIRIVA HANDIHALER – tiotropium bromide monohydrate inhal cap 18 mcg (base equiv)	P			•	
SPIRIVA RESPIMAT – tiotropium bromide monohydrate inhal aerosol 1.25 mcg/act	P			•	
SPIRIVA RESPIMAT – tiotropium bromide monohydrate inhal aerosol 2.5 mcg/act	P			•	
STIOLTO RESPIMAT – tiotropium br-olodaterol inhal aero soln 2.5-2.5 mcg/act	P			•	
STRIVERDI RESPIMAT – olodaterol hcl inhal aerosol soln 2.5 mcg/act (base equiv)	NP		•	•	
SYMBICORT – budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act	P			•	
SYMBICORT – budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act	P			•	
THEOPHYLLINE ER – theophylline tab er 12hr 300 mg	C				
THEOPHYLLINE ER – theophylline tab er 12hr 450 mg	C				
theophylline soln 80 mg/15ml	C				
theophylline tab er 12hr 100 mg	C				

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
theophylline tab er 12hr 200 mg	C				
theophylline tab er 12hr 300 mg	C				
theophylline tab er 12hr 450 mg	C				
theophylline tab er 24hr 400 mg	C				
theophylline tab er 24hr 600 mg	C				
TRELEGY ELLIPTA – fluticasone-umeclidinium-vilanterol aepb 100-62.5-25 mcg/inh	NP		•	•	
TUDORZA PRESSAIR – aclidinium bromide aerosol powd breath activated 400 mcg/act	P			•	
UTIBRON NEOHALER – indacaterol-glycopyrrolate inhal cap 27.5-15.6 mcg	NP		•	•	
VENTOLIN HFA – albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)	NP		•	•	
XOPENEX – levalbuterol hcl soln nebu 0.31 mg/3ml (base equiv)	NP		•		
XOPENEX – levalbuterol hcl soln nebu 0.63 mg/3ml (base equiv)	NP		•		
XOPENEX – levalbuterol hcl soln nebu 1.25 mg/3ml (base equiv)	NP		•		
XOPENEX CONCENTRATE – levalbuterol hcl soln nebu conc 1.25 mg/0.5ml (base equiv)	NP		•		
XOPENEX HFA – levalbuterol tartrate inhal aerosol 45 mcg/act (base equiv)	NP		•	•	
YUPELRI – revefenacin inhalation solution 175 mcg/3ml	NP		•		
zafirlukast tab 10 mg (Accolate)	P				
zafirlukast tab 20 mg (Accolate)	P				
zileuton tab er 12hr 600 mg (Zyflo cr)	NP		•		
ZYFLO – zileuton tab 600 mg	NP		•		
ZYFLO CR – zileuton tab er 12hr 600 mg	NP		•		
OTHER RESPIRATORY DRUGS					
KALYDECO – ivacaftor tab 150 mg	C	•	•	•	
KALYDECO – ivacaftor packet 25 mg	C	•	•	•	
KALYDECO – ivacaftor packet 50 mg	C	•	•	•	
KALYDECO – ivacaftor packet 75 mg	C	•	•	•	
ORKAMBI – lumacaftor-ivacaftor tab 100-125 mg	C	•	•	•	
ORKAMBI – lumacaftor-ivacaftor tab 200-125 mg	C	•	•	•	
ORKAMBI – lumacaftor-ivacaftor granules packet 100-125 mg	C	•	•	•	
ORKAMBI – lumacaftor-ivacaftor granules packet 150-188 mg	C	•	•	•	
PULMOZYME – dornase alfa inhal soln 1 mg/ml	C	•			
SYMDEKO – tezacaftor-ivacaftor 50-75 mg & ivacaftor 75 mg tab tbpk	C	•	•	•	
SYMDEKO – tezacaftor-ivacaftor 100-150 mg & ivacaftor 150 mg tab tbpk	C	•	•	•	
TRIKAFTA – elexacaf-tezacaf-ivacaf 100-50-75 mg &ivacaftor 150 mg tbpk	C	•	•	•	
GASTROINTESTINAL DRUGS					
LAXATIVES					
bisacodyl suppos 10 mg	C				
bisacodyl tab delayed release 5 mg	C				
calcium polycarbophil tab 625 mg	C				
docusate sodium cap 50 mg	C				
docusate sodium cap 100 mg	C				
docusate sodium cap 250 mg	C				
docusate sodium enema 283 mg	C				
docusate sodium liquid 150 mg/15ml	C				
docusate sodium syrup 60 mg/15ml	C				
GAVILYTE-C – peg 3350-kcl-na bicarb-nacl-na sulfate for soln 240 gm	C				

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
glycerin suppos 1 gm	C				
glycerin suppos 1.2 gm	C				
glycerin suppos 1.5 gm	C				
glycerin suppos 2 gm	C				
glycerin suppos 3 gm	C				
glycerin suppos 2.1 gm	C				
glycerin suppos 80.7%	C				
KONSYL – psyllium powder 71.67%	C				
KONSYL DAILY FIBER – psyllium powder 60.3%	C				
KONSYL-D – psyllium powder 52.3%	C				
lactulose solution 10 gm/15ml	C				
magnesium citrate soln	C				
magnesium hydroxide susp 400 mg/5ml	C				
METAMUCIL MULTIHEALTH FIBER – psyllium powder 55.46%	C				
METAMUCIL MULTIHEALTH FIBER – psyllium powder 63%	C				
methylcellulose powder laxative	C				
methylcellulose tab 500 mg	C				
mineral oil	C				
PEDIA-LAX – glycerin suppos 1 gm	C				
peg 3350-kcl-sod bicarb-nacl for soln 420 gm (Nulytely/flavor pack)	C				
peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm (Golytely)	C				
peg 3350-kcl-na bicarb-nacl-na sulfate for soln 240 gm (Colyte-flavor packs)	C				
polyethylene glycol 3350 oral packet	C				
polyethylene glycol 3350 oral powder	C				
polyethylene glycol 3350 oral powder	C				
psyllium cap 400 mg	C				
psyllium cap 0.52 gm	C				

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
psyllium powder 28.3%	C				
psyllium powder 30%	C				
psyllium powder 30.9%	C				
psyllium powder 33%	C				
psyllium powder 48.57%	C				
psyllium powder 49%	C				
psyllium powder 58.6%	C				
psyllium powder 68%	C				
psyllium powder 95%	C				
psyllium powder 100%	C				
sennosides syrup 8.8 mg/5ml	C				
sennosides tab 8.6 mg	C				
sennosides-docusate sodium tab 8.6-50 mg	C				
sodium phosphates - enema (pediatric)	C				
sodium phosphates - enema	C				
SORBITOL – sorbitol oral solution 70%	C				
ANTIDIARRHEALS					
bismuth subsalicylate chew tab 262 mg	C				
bismuth subsalicylate susp 262 mg/15ml	C				
bismuth subsalicylate susp 525 mg/15ml	C				
bismuth subsalicylate tab 262 mg	C				
diphenoxylate w/ atropine tab 2.5-0.025 mg (Lomotil)	C				
loperamide hcl cap 2 mg	C				
loperamide hcl liq 1 mg/5ml (0.2 mg/ml)	C				
loperamide hcl tab 2 mg	C				
ANTACIDS					
alum & mag hydroxide-simethicone susp 200-200-20 mg/5ml	C				

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
alum & mag hydroxide-simethicone susp 400-400-40 mg/5ml	C				
ANTACID – calcium carbonate (antacid) chew tab 1177 mg (471 mg ca)	C				
ANTACID SOFT CHEWS – calcium carbonate (antacid) chew tab 1177 mg (471 mg ca)	C				
calcium carbonate (antacid) chew tab 400 mg	C				
calcium carbonate (antacid) chew tab 420 mg	C				
calcium carbonate (antacid) chew tab 500 mg	C				
calcium carbonate (antacid) chew tab 750 mg	C				
calcium carbonate (antacid) chew tab 1000 mg	C				
calcium carbonate (antacid) susp 1250 mg/5ml	C				
DI-GEL – alum & mag hydroxide-simethicone susp 282-87-25 mg/5ml	C				
magnesium oxide tab 250 mg	C				
magnesium oxide tab 400 mg	C				
sodium bicarbonate tab 650 mg	C				
TUMS CHEWY DELIGHTS – calcium carbonate (antacid) chew tab 1177 mg (471 mg ca)	C				
ULCER/GERD					
ACIPHEX – rabeprazole sodium ec tab 20 mg	NP		•	•	
ACIPHEX SPRINKLE – rabeprazole sodium capsule sprinkle dr 5 mg	NP		•	•	
ACIPHEX SPRINKLE – rabeprazole sodium capsule sprinkle dr 10 mg	NP		•	•	
CIMETIDINE HCL – cimetidine hcl soln 300 mg/5ml	C				

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
DEXILANT – dexlansoprazole cap delayed release 30 mg	NP		•	•	
DEXILANT – dexlansoprazole cap delayed release 60 mg	NP		•	•	
dicyclomine hcl cap 10 mg	C				
dicyclomine hcl oral soln 10 mg/5ml	C				
dicyclomine hcl tab 20 mg	C				
esomeprazole magnesium cap delayed release 20 mg (base eq) (Nexium)	NP		•	•	
esomeprazole magnesium cap delayed release 40 mg (base eq) (Nexium)	NP		•	•	
ESOMEPRAZOLE STRONTIUM – esomeprazole strontium cap delayed release 49.3 mg	NP		•	•	
famotidine for susp 40 mg/5ml	C				
famotidine tab 10 mg	C				
famotidine tab 20 mg (Pepcid)	C				
famotidine tab 40 mg (Pepcid)	C				
glycopyrrolate tab 1 mg	C				
glycopyrrolate tab 2 mg	C				
hyoscyamine sulfate elixir 0.125 mg/5ml	C				
hyoscyamine sulfate sl tab 0.125 mg (Levsin/sl)	C				
hyoscyamine sulfate soln 0.125 mg/ml	C				
hyoscyamine sulfate tab disint 0.125 mg (Anaspaz)	C				
hyoscyamine sulfate tab er 12hr 0.375 mg (Levbid)	C				
hyoscyamine sulfate tab 0.125 mg (Levsin)	C				
lansoprazole cap delayed release 15 mg (Prevacid)	NP		•	•	
lansoprazole cap delayed release 30 mg (Prevacid)	NP		•	•	

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
lansoprazole tab delayed release orally disintegrating 15 mg (Prevacid solutab)	NP		•	•	
lansoprazole tab delayed release orally disintegrating 30 mg (Prevacid solutab)	NP		•	•	
misoprostol tab 100 mcg (Cytotec)	C				
misoprostol tab 200 mcg (Cytotec)	C				
NEXIUM – esomeprazole magnesium for delayed release susp pack 2.5 mg	P			•	
NEXIUM – esomeprazole magnesium for delayed release susp packet 5 mg	P			•	
NEXIUM – esomeprazole magnesium for delayed release susp packet 10 mg	P			•	
NEXIUM – esomeprazole magnesium for delayed release susp packet 20 mg	P			•	
NEXIUM – esomeprazole magnesium for delayed release susp packet 40 mg	P			•	
NEXIUM – esomeprazole magnesium cap delayed release 20 mg (base eq)	NP		•	•	
NEXIUM – esomeprazole magnesium cap delayed release 40 mg (base eq)	NP		•	•	
nizatidine cap 150 mg	C				
nizatidine cap 300 mg	C				
omeprazole cap delayed release 10 mg	P			•	
omeprazole cap delayed release 20 mg	P			•	
omeprazole cap delayed release 40 mg	P			•	
omeprazole-sodium bicarbonate cap 20-1100 mg (Zegerid)	NP		•	•	
omeprazole-sodium bicarbonate cap 40-1100 mg (Zegerid)	NP		•	•	

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
omeprazole-sodium bicarbonate powd pack for susp 20-1680 mg (Zegerid)	NP		•	•	
omeprazole-sodium bicarbonate powd pack for susp 40-1680 mg (Zegerid)	NP		•	•	
pantoprazole sodium ec tab 20 mg (base equiv) (Protonix)	P			•	
pantoprazole sodium ec tab 40 mg (base equiv) (Protonix)	P			•	
PREVACID – lansoprazole cap delayed release 15 mg	NP		•	•	
PREVACID – lansoprazole cap delayed release 30 mg	NP		•	•	
PREVACID SOLUTAB – lansoprazole tab delayed release orally disintegrating 15 mg	NP		•	•	
PREVACID SOLUTAB – lansoprazole tab delayed release orally disintegrating 30 mg	NP		•	•	
PRILOSEC – omeprazole magnesium for delayed release susp packet 2.5 mg	NP		•	•	
PRILOSEC – omeprazole magnesium for delayed release susp packet 10 mg	NP		•	•	
PROTONIX – pantoprazole sodium for delayed release susp packet 40 mg	NP		•	•	
PROTONIX – pantoprazole sodium ec tab 20 mg (base equiv)	NP		•	•	
PROTONIX – pantoprazole sodium ec tab 40 mg (base equiv)	NP		•	•	
RABEPRAZOLE SODIUM DR SPRINKLE – rabeprazole sodium capsule sprinkle dr 10 mg	NP		•	•	
rabeprazole sodium ec tab 20 mg (Aciphex)	NP		•	•	
ranitidine hcl syrup 15 mg/ml (75 mg/5ml)	C				
ranitidine hcl tab 75 mg	C				

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
ranitidine hcl tab 150 mg	C				
ranitidine hcl tab 150 mg	C				
ranitidine hcl tab 300 mg	C				
sucralfate tab 1 gm (Carafate)	C				
NAUSEA AND VOMITING					
AKYNZEO – netupitant-palonosetron cap 300-0.5 mg	NP		•	•	
ANZEMET – dolasetron mesylate tab 50 mg	NP		•	•	
ANZEMET – dolasetron mesylate tab 100 mg	NP		•	•	
aprepitant capsule therapy pack 80 & 125 mg (Emend tripack)	C			•	
aprepitant capsule 40 mg (Emend)	C				
aprepitant capsule 80 mg (Emend)	C			•	
aprepitant capsule 125 mg (Emend)	C			•	
CESAMET – nabilone cap 1 mg	NP		•	•	
dronabinol cap 2.5 mg (Marinol)	C				
dronabinol cap 5 mg (Marinol)	C				
dronabinol cap 10 mg (Marinol)	C				
granisetron hcl tab 1 mg	NP		•	•	
meclizine hcl chew tab 25 mg	C				
meclizine hcl tab 12.5 mg	C				
meclizine hcl tab 12.5 mg	C				
meclizine hcl tab 25 mg	C				
meclizine hcl tab 25 mg	C				
ONDANSETRON HCL – ondansetron hcl tab 24 mg	C			•	
ondansetron hcl oral soln 4 mg/5ml	P			•	
ondansetron hcl tab 4 mg (Zofran)	P			•	
ondansetron hcl tab 8 mg (Zofran)	P			•	
ondansetron hcl tab 24 mg	C			•	
ondansetron orally disintegrating tab 4 mg	P			•	
ondansetron orally disintegrating tab 8 mg	P			•	

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
SANCUSO – granisetron td patch 3.1 mg/24hr (contains 34.3 mg)	NP		•	•	
ZOFRAN – ondansetron hcl oral soln 4 mg/5ml	NP		•	•	
ZOFRAN – ondansetron hcl tab 4 mg	NP		•	•	
ZOFRAN – ondansetron hcl tab 8 mg	NP		•	•	
ZOFRAN ODT – ondansetron orally disintegrating tab 4 mg	NP		•	•	
ZOFRAN ODT – ondansetron orally disintegrating tab 8 mg	NP		•	•	
ZUPLENZ – ondansetron oral soluble film 4 mg	NP		•	•	
ZUPLENZ – ondansetron oral soluble film 8 mg	NP		•	•	
DIGESTIVE ENZYMES					
CREON – pancrelipase (lip-prot-amyl) dr cap 3000-9500-15000 unit	P				
CREON – pancrelipase (lip-prot-amyl) dr cap 6000-19000-30000 unit	P				
CREON – pancrelipase (lip-prot-amyl) dr cap 12000-38000-60000 unit	P				
CREON – pancrelipase (lip-prot-amyl) dr cap 24000-76000-120000 unit	P				
CREON – pancrelipase (lip-prot-amyl) dr cap 36000-114000-180000 unit	P				
CVS DAIRY RELIEF EXTRA ST – lactase tab 4500 unit	C				
lactase chew tab 9000 unit	C				
lactase tab 3000 unit	C				
lactase tab 9000 unit	C				
PANCREAZE – pancrelipase (lip-prot-amyl) dr cap 2600-6200-10850 unit	NP		•		
PANCREAZE – pancrelipase (lip-prot-amyl) dr cap 4200-14200-24600 unit	NP		•		

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
PANCREAZE – pancrelipase (lip-prot-amyl) dr cap 10500-35500-61500 unit	NP		•		
PANCREAZE – pancrelipase (lip-prot-amyl) dr cap 16800-56800-98400 unit	NP		•		
PANCREAZE – pancrelipase (lip-prot-amyl) dr cap 21000-54700-83900 unit	NP		•		
PERTZYE – pancrelipase (lip-prot-amyl) dr cap 4000-14375-15125 unit	NP		•		
PERTZYE – pancrelipase (lip-prot-amyl) dr cap 8000-28750-30250 unit	NP		•		
PERTZYE – pancrelipase (lip-prot-amyl) dr cap 16000-57500-60500 unit	NP		•		
PERTZYE – pancrelipase (lip-prot-amyl) dr cap 24000-86250-90750 unit	NP		•		
VIOKACE – pancrelipase (lip-prot-amyl) tab 10440-39150-39150 unit	NP		•		
VIOKACE – pancrelipase (lip-prot-amyl) tab 20880-78300-78300 unit	NP		•		
ZENPEP – pancrelipase (lip-prot-amyl) dr cap 3000-10000-14000 unit	P				
ZENPEP – pancrelipase (lip-prot-amyl) dr cap 5000-17000-24000 unit	P				
ZENPEP – pancrelipase (lip-prot-amyl) dr cap 10000-32000-42000 unit	P				
ZENPEP – pancrelipase (lip-prot-amyl) dr cap 15000-47000-63000 unit	P				
ZENPEP – pancrelipase (lip-prot-amyl) dr cap 20000-63000-84000 unit	P				
ZENPEP – pancrelipase (lip-prot-amyl) dr cap 25000-79000-105000 unit	P				
ZENPEP – pancrelipase (lip-prot-amyl) dr cap 40000-126000-168000 unit	P				
OTHER GASTROINTESTINAL DRUGS					
AMITIZA – lubiprostone cap 8 mcg	C		•	•	
AMITIZA – lubiprostone cap 24 mcg	C		•	•	
APRISO – mesalamine cap er 24hr 0.375 gm	NP		•		
ASACOL HD – mesalamine tab delayed release 800 mg	NP		•		
AURYXIA – ferric citrate tab 1 gm (210 mg ferric iron)	NP		•		
AZULFIDINE – sulfasalazine tab 500 mg	NP		•		
AZULFIDINE EN-TABS – sulfasalazine tab delayed release 500 mg	NP		•		
balsalazide disodium cap 750 mg (Colazal)	P				
calcium acetate (phosphate binder) cap 667 mg (169 mg ca)	P				
calcium acetate (phosphate binder) tab 667 mg	P				
CANASA – mesalamine suppos 1000 mg	P				
CHENODAL – chenodiol tab 250 mg	C	•			
CIMZIA – certolizumab pegol inj kit 2 x 200 mg/ml	NP	•	••	•	
CIMZIA STARTER KIT – certolizumab pegol inj kit 6 x 200 mg/ml	NP	•	••	•	
COLAZAL – balsalazide disodium cap 750 mg	NP		•		
DELZICOL – mesalamine cap dr 400 mg	P				
DIPENTUM – olsalazine sodium cap 250 mg	NP		•		

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
FOSRENOL – lanthanum carbonate chew tab 500 mg (elemental)	NP		•		
FOSRENOL – lanthanum carbonate chew tab 750 mg (elemental)	NP		•		
FOSRENOL – lanthanum carbonate chew tab 1000 mg (elemental)	NP		•		
FOSRENOL – lanthanum carbonate oral powder pack 750 mg (elemental)	NP		•		
FOSRENOL – lanthanum carbonate oral powder pack 1000 mg (elemental)	NP		•		
GIAZO – balsalazide disodium tab 1.1 gm	NP		•		
lactulose (encephalopathy) solution 10 gm/15ml	C				
lanthanum carbonate chew tab 500 mg (elemental) (Fosrenol)	NP		•		
lanthanum carbonate chew tab 750 mg (elemental) (Fosrenol)	NP		•		
lanthanum carbonate chew tab 1000 mg (elemental) (Fosrenol)	NP		•		
LIALDA – mesalamine tab delayed release 1.2 gm	NP		•		
LINZESS – linaclotide cap 72 mcg	C		•	•	
LINZESS – linaclotide cap 145 mcg	C		•	•	
LINZESS – linaclotide cap 290 mcg	C		•	•	
mesalamine cap dr 400 mg (Delzicol)	NP		•		
mesalamine enema 4 gm	P				
mesalamine rectal enema 4 gm & cleanser wipe kit (Rowasa)	P				
mesalamine suppos 1000 mg (Canasa)	NP		•		
mesalamine tab delayed release 800 mg (Asacol hd)	NP		•		
mesalamine tab delayed release 1.2 gm (Lialda)	NP		•		
metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv)	C				

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
metoclopramide hcl tab 5 mg (base equivalent) (Reglan)	C				
metoclopramide hcl tab 10 mg (base equivalent) (Reglan)	C				
MOTEGRITY – prucalopride succinate tab 1 mg (base equivalent)	C		•	•	
MOTEGRITY – prucalopride succinate tab 2 mg (base equivalent)	C		•	•	
MOVANTIK – naloxegol oxalate tab 12.5 mg (base equivalent)	C		•	•	
MOVANTIK – naloxegol oxalate tab 25 mg (base equivalent)	C		•	•	
PENTASA – mesalamine cap er 250 mg	P				
PENTASA – mesalamine cap er 500 mg	P				
PHOSLYRA – calcium acetate (phosphate binder) oral soln 667 mg/5ml	P				
RELISTOR – methylnaltrexone bromide tab 150 mg	C		•	•	
RELISTOR – methylnaltrexone bromide inj 8 mg/0.4ml (20 mg/ml)	C		•	•	
RELISTOR – methylnaltrexone bromide inj 12 mg/0.6ml (20 mg/ml)	C		•	•	
RENAGEL – sevelamer hcl tab 400 mg	P				
RENAGEL – sevelamer hcl tab 800 mg	P				
RENVELA – sevelamer carbonate tab 800 mg	NP		•		
RENVELA – sevelamer carbonate packet 0.8 gm	NP		•		
RENVELA – sevelamer carbonate packet 2.4 gm	NP		•		
ROWASA – mesalamine rectal enema 4 gm & cleanser wipe kit	NP		•		
sevelamer carbonate packet 0.8 gm (Renvela)	NP		•		

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
sevelamer carbonate packet 2.4 gm (Renvela)	NP		•		
sevelamer carbonate tab 800 mg (Renvela)	NP		•		
sevelamer hcl tab 800 mg (Renagel)	NP		•		
SEVELAMER HYDROCHLORIDE – sevelamer hcl tab 400 mg	NP		•		
SFROWASA – mesalamine sulfite-free (sf) enema 4 gm/60ml	NP		•		
simethicone cap 125 mg	C				
simethicone chew tab 80 mg	C				
simethicone chew tab 125 mg	C				
simethicone susp 40 mg/0.6ml	C				
sulfasalazine tab delayed release 500 mg (Azulfidine en-tabs)	P				
sulfasalazine tab 500 mg (Azulfidine)	P				
SYMPROIC – naldemedine tosylate tab 0.2 mg (base equivalent)	C		•	•	
TRULANCE – plecanatide tab 3 mg	C		•	•	
ursodiol cap 300 mg (Actigall)	C				
ursodiol tab 250 mg (Urso 250)	C				
ursodiol tab 500 mg (Urso forte)	C				
VELPHORO – sucroferric oxyhydroxide chew tab 500 mg	NP		•		
GENITOURINARY DRUGS					
URINARY TRACT INFECTIONS					
nitrofurantoin macrocrystalline cap 50 mg (Macrodantin)	C				
nitrofurantoin macrocrystalline cap 100 mg (Macrodantin)	C				
nitrofurantoin monohydrate macrocrystalline cap 100 mg (Macrobid)	C				
nitrofurantoin susp 25 mg/5ml (Furadantin)	C				
URINARY TRACT SPASMS					

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
bethanechol chloride tab 5 mg (Urecholine)	C				
bethanechol chloride tab 10 mg (Urecholine)	C				
bethanechol chloride tab 25 mg (Urecholine)	C				
bethanechol chloride tab 50 mg (Urecholine)	C				
darifenacin hydrobromide tab er 24hr 7.5 mg (base equiv) (Enablex)	NP		•	•	
darifenacin hydrobromide tab er 24hr 15 mg (base equiv) (Enablex)	NP		•	•	
DETROL – tolterodine tartrate tab 1 mg	NP		•	•	
DETROL – tolterodine tartrate tab 2 mg	NP		•	•	
DETROL LA – tolterodine tartrate cap er 24hr 2 mg	NP		•	•	
DETROL LA – tolterodine tartrate cap er 24hr 4 mg	NP		•	•	
DITROPAN XL – oxybutynin chloride tab er 24hr 5 mg	NP		•	•	
DITROPAN XL – oxybutynin chloride tab er 24hr 10 mg	NP		•	•	
ENABLEX – darifenacin hydrobromide tab er 24hr 7.5 mg (base equiv)	NP		•	•	
ENABLEX – darifenacin hydrobromide tab er 24hr 15 mg (base equiv)	NP		•	•	
GELNIQUE – oxybutynin chloride td gel 10%	NP		•	•	
GELNIQUE PUMP – oxybutynin chloride td gel 10%	NP		•	•	
MYRBETRIQ – mirabegron tab er 24 hr 25 mg	NP		•	•	
MYRBETRIQ – mirabegron tab er 24 hr 50 mg	NP		•	•	

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
oxybutynin chloride syrup 5 mg/5ml	P			•	
oxybutynin chloride tab er 24hr 5 mg (Ditropan xl)	P			•	
oxybutynin chloride tab er 24hr 5 mg (Ditropan xl)	NP		•	•	
oxybutynin chloride tab er 24hr 10 mg (Ditropan xl)	P			•	
oxybutynin chloride tab er 24hr 10 mg (Ditropan xl)	NP		•	•	
oxybutynin chloride tab er 24hr 15 mg	P			•	
oxybutynin chloride tab 5 mg	P			•	
OXYTROL – oxybutynin td patch twice weekly 3.9 mg/24hr	P			•	
solifenacin succinate tab 5 mg (Vesicare)	NP		•	•	
solifenacin succinate tab 10 mg (Vesicare)	NP		•	•	
tolterodine tartrate cap er 24hr 2 mg (Detrol la)	P			•	
tolterodine tartrate cap er 24hr 4 mg (Detrol la)	P			•	
tolterodine tartrate tab 1 mg (Detrol)	P			•	
tolterodine tartrate tab 2 mg (Detrol)	P			•	
TOVIAZ – fesoterodine fumarate tab er 24hr 4 mg	P			•	
TOVIAZ – fesoterodine fumarate tab er 24hr 8 mg	P			•	
trospium chloride cap er 24hr 60 mg	NP		•	•	
trospium chloride tab 20 mg	NP		•	•	
VESICARE – solifenacin succinate tab 5 mg	P			•	
VESICARE – solifenacin succinate tab 10 mg	P			•	
VAGINAL PRODUCTS					

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
clindamycin phosphate vaginal cream 2% (Cleocin)	C				
clotrimazole vaginal cream 1%	C				
clotrimazole vaginal cream 2%	C				
ENCARE – nonoxynol-9 vaginal suppos 100 mg	C				
estradiol vaginal cream 0.1 mg/gm (Estrace)	C				
estradiol vaginal tab 10 mcg (Vagifem)	C				
metronidazole vaginal gel 0.75% (Metrogel-vaginal)	C				
miconazole nitrate vaginal app 200 mg & 2% cream 9 gm kit	C				
miconazole nitrate vaginal cream 2%	C				
miconazole nitrate vaginal cream 4% (200 mg/5gm)	C				
miconazole nitrate vaginal suppos 100 mg	C				
miconazole nitrate vaginal supp 200 mg & 2% cream 9 gm kit	C				
miconazole nitrate vaginal supp 1200 mg & 2% cream kit	C				
MONISTAT 7 COMBINATION PACK – miconazole nitrate vag app 100 mg & 2% cream 9 gm kit	C				
nonoxynol-9 gel 4%	C				
SHUR-SEAL – nonoxynol-9 gel 2%	C				
terconazole vaginal cream 0.4%	C				
terconazole vaginal suppos 80 mg	C				
VCF VAGINAL CONTRACEPTIVE – nonoxynol-9 foam 12.5%	C				
VCF VAGINAL CONTRACEPTIVE – nonoxynol-9 film 28%	C				
OTHER GENITOURINARY DRUGS					
acetic acid irrigation soln 0.25%	C				
alfuzosin hcl tab er 24hr 10 mg (Uroxatral)	P			•	

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
AVODART – dutasteride cap 0.5 mg	NP		•	•	
CARDURA XL – doxazosin mesylate tab er 24 hr 4 mg (base equiv)	NP		•	•	
CARDURA XL – doxazosin mesylate tab er 24 hr 8 mg (base equiv)	NP		•	•	
CYSTAGON – cysteamine bitartrate cap 50 mg	C	•			
CYSTAGON – cysteamine bitartrate cap 150 mg	C	•			
dutasteride cap 0.5 mg (Avodart)	P			•	
dutasteride-tamsulosin hcl cap 0.5-0.4 mg (Jalyn)	NP		•	•	
finasteride tab 5 mg (Proscar)	P			•	
FLOMAX – tamsulosin hcl cap 0.4 mg	NP		•	•	
JALYN – dutasteride-tamsulosin hcl cap 0.5-0.4 mg	NP		•	•	
K-PHOS NO 2 – potassium & sodium acid phosphates tab 305-700 mg	C				
neomycin-polymyxin b gu irrigation soln	C				
NEOMYCIN/POLYMYXIN B SULFATES – neomycin-polymyxin b gu irrigation soln	C				
phenazopyridine hcl tab 100 mg (Pyridium)	C				
phenazopyridine hcl tab 200 mg (Pyridium)	C				
potassium citrate & citric acid soln 1100-334 mg/5ml	C				
potassium citrate tab er 5 meq (540 mg) (Urocit-k 5)	C				
potassium citrate tab er 10 meq (1080 mg) (Urocit-k 10)	C				
potassium citrate tab er 15 meq (1620 mg) (Urocit-k 15)	C				
PROSCAR – finasteride tab 5 mg	NP		•	•	
RAPAFLO – silodosin cap 4 mg	NP		•	•	
RAPAFLO – silodosin cap 8 mg	NP		•	•	

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
silodosin cap 4 mg (Rapaflo)	NP		•	•	
silodosin cap 8 mg (Rapaflo)	NP		•	•	
sodium chloride irrigation soln 0.9%	C				
sodium citrate & citric acid soln 500-334 mg/5ml	C				
tamsulosin hcl cap 0.4 mg (Flomax)	P			•	
UROXATRAL – alfuzosin hcl tab er 24hr 10 mg	NP		•	•	
CENTRAL NERVOUS SYSTEM DRUGS					
ANXIETY					
alprazolam tab er 24hr 0.5 mg (Xanax xr)	C			•	
alprazolam tab er 24hr 1 mg (Xanax xr)	C			•	
alprazolam tab er 24hr 2 mg (Xanax xr)	C			•	
alprazolam tab 0.25 mg (Xanax)	C			•	
alprazolam tab 0.5 mg (Xanax)	C			•	
alprazolam tab 1 mg (Xanax)	C			•	
alprazolam tab 2 mg (Xanax)	C			•	
buspirone hcl tab 5 mg	C				
buspirone hcl tab 7.5 mg	C				
buspirone hcl tab 10 mg	C				
buspirone hcl tab 15 mg	C				
buspirone hcl tab 30 mg	C				
chlordiazepoxide hcl cap 5 mg	C			•	
chlordiazepoxide hcl cap 10 mg	C			•	
chlordiazepoxide hcl cap 25 mg	C			•	
diazepam conc 5 mg/ml	C			•	
diazepam tab 2 mg (Valium)	C			•	
diazepam tab 5 mg (Valium)	C			•	
diazepam tab 10 mg (Valium)	C			•	
hydroxyzine hcl syrup 10 mg/5ml	C				
hydroxyzine hcl tab 10 mg	C				
hydroxyzine hcl tab 25 mg	C				

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
hydroxyzine hcl tab 50 mg	C				
HYDROXYZINE HYDROCHLORIDE – hydroxyzine hcl im soln 50 mg/ml	C				
hydroxyzine pamoate cap 25 mg (Vistaril)	C				
hydroxyzine pamoate cap 50 mg (Vistaril)	C				
lorazepam conc 2 mg/ml	C			•	
lorazepam tab 0.5 mg (Ativan)	C			•	
lorazepam tab 1 mg (Ativan)	C			•	
lorazepam tab 2 mg (Ativan)	C			•	
DEPRESSION					
amitriptyline hcl tab 10 mg	C				
amitriptyline hcl tab 25 mg	C				
amitriptyline hcl tab 50 mg	C				
amitriptyline hcl tab 75 mg	C				
amitriptyline hcl tab 100 mg	C				
amitriptyline hcl tab 150 mg	C				
APLENZIN – bupropion hbr tab er 24hr 174 mg	NP		•	•	
APLENZIN – bupropion hbr tab er 24hr 348 mg	NP		•	•	
APLENZIN – bupropion hbr tab er 24hr 522 mg	NP		•	•	
bupropion hcl tab er 12hr 100 mg (Wellbutrin sr)	P			•	
bupropion hcl tab er 12hr 150 mg (Wellbutrin sr)	P			•	
bupropion hcl tab er 12hr 200 mg (Wellbutrin sr)	P			•	
bupropion hcl tab er 24hr 150 mg (Wellbutrin xl)	P			•	
bupropion hcl tab er 24hr 300 mg (Wellbutrin xl)	P			•	
bupropion hcl tab 75 mg	P			•	
bupropion hcl tab 100 mg	P			•	
CELEXA – citalopram hydrobromide tab 10 mg (base equiv)	NP		•	•	
CELEXA – citalopram hydrobromide tab 20 mg (base equiv)	NP		•	•	
CELEXA – citalopram hydrobromide tab 40 mg (base equiv)	NP		•	•	
citalopram hydrobromide oral soln 10 mg/5ml	P			•	
citalopram hydrobromide tab 10 mg (base equiv) (Celexa)	P			•	
citalopram hydrobromide tab 20 mg (base equiv) (Celexa)	P			•	
citalopram hydrobromide tab 40 mg (base equiv) (Celexa)	P			•	
CYMBALTA – duloxetine hcl enteric coated pellets cap 20 mg (base eq)	NP		•	•	
CYMBALTA – duloxetine hcl enteric coated pellets cap 30 mg (base eq)	NP		•	•	
CYMBALTA – duloxetine hcl enteric coated pellets cap 60 mg (base eq)	NP		•	•	
desipramine hcl tab 10 mg (Norpramin)	C				
desipramine hcl tab 25 mg (Norpramin)	C				
desipramine hcl tab 50 mg	C				
desipramine hcl tab 75 mg	C				
desipramine hcl tab 100 mg	C				
desipramine hcl tab 150 mg	C				
DESVENLAFAXINE ER – desvenlafaxine tab er 24hr 50 mg	NP		•	•	
DESVENLAFAXINE ER – desvenlafaxine tab er 24hr 100 mg	NP		•	•	
desvenlafaxine succinate tab er 24hr 25 mg (base equiv) (Pristiq)	NP		•	•	
desvenlafaxine succinate tab er 24hr 50 mg (base equiv) (Pristiq)	NP		•	•	
desvenlafaxine succinate tab er 24hr 100 mg (base equiv) (Pristiq)	NP		•	•	
DOXEPIN HCL – doxepin hcl cap 150 mg	C				
doxepin hcl cap 10 mg	C				

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
doxepin hcl cap 25 mg	C				
doxepin hcl cap 50 mg	C				
doxepin hcl cap 100 mg	C				
doxepin hcl conc 10 mg/ml	C				
duloxetine hcl enteric coated pellets cap 20 mg (base eq) (Cymbalta)	P			•	
duloxetine hcl enteric coated pellets cap 30 mg (base eq) (Cymbalta)	P			•	
duloxetine hcl enteric coated pellets cap 60 mg (base eq) (Cymbalta)	P			•	
EFFEXOR XR – venlafaxine hcl cap er 24hr 37.5 mg (base equivalent)	NP		•	•	
EFFEXOR XR – venlafaxine hcl cap er 24hr 75 mg (base equivalent)	NP		•	•	
EFFEXOR XR – venlafaxine hcl cap er 24hr 150 mg (base equivalent)	NP		•	•	
escitalopram oxalate soln 5 mg/5ml (base equiv)	P			•	
escitalopram oxalate tab 5 mg (base equiv) (Lexapro)	P			•	
escitalopram oxalate tab 10 mg (base equiv) (Lexapro)	P			•	
escitalopram oxalate tab 20 mg (base equiv) (Lexapro)	P			•	
FETZIMA – levomilnacipran hcl cap er 24hr 20 mg (base equivalent)	NP		•	•	
FETZIMA – levomilnacipran hcl cap er 24hr 40 mg (base equivalent)	NP		•	•	
FETZIMA – levomilnacipran hcl cap er 24hr 80 mg (base equivalent)	NP		•	•	
FETZIMA – levomilnacipran hcl cap er 24hr 120 mg (base equivalent)	NP		•	•	
FETZIMA TITRATION PACK – levomilnacipran hcl cap er 24hr 20 & 40 mg therapy pack	NP		•	•	
FLUOXETINE DR – fluoxetine hcl cap delayed release 90 mg	NP		•	•	

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
fluoxetine hcl cap 10 mg (Prozac)	P			•	
fluoxetine hcl cap 20 mg (Prozac)	P			•	
fluoxetine hcl cap 40 mg (Prozac)	P			•	
fluoxetine hcl solution 20 mg/5ml	P			•	
fluoxetine hcl tab 10 mg	NP		•	•	
fluoxetine hcl tab 20 mg	NP		•	•	
fluoxetine hcl tab 60 mg (Fluoxetine hydrochlo)	NP		•	•	
FLUOXETINE HYDROCHLORIDE – fluoxetine hcl tab 60 mg	NP		•	•	
fluvoxamine maleate cap er 24hr 100 mg	NP		•	•	
fluvoxamine maleate cap er 24hr 150 mg	NP		•	•	
fluvoxamine maleate tab 25 mg	P			•	
fluvoxamine maleate tab 50 mg	P			•	
fluvoxamine maleate tab 100 mg	P			•	
FORFIVO XL – bupropion hcl tab er 24hr 450 mg	NP		•	•	
imipramine hcl tab 10 mg (Tofranil)	C				
imipramine hcl tab 25 mg (Tofranil)	C				
imipramine hcl tab 50 mg (Tofranil)	C				
KHEDEZLA – desvenlafaxine tab er 24hr 50 mg	NP		•	•	
KHEDEZLA – desvenlafaxine tab er 24hr 100 mg	NP		•	•	
LEXAPRO – escitalopram oxalate tab 5 mg (base equiv)	NP		•	•	
LEXAPRO – escitalopram oxalate tab 10 mg (base equiv)	NP		•	•	
LEXAPRO – escitalopram oxalate tab 20 mg (base equiv)	NP		•	•	
mirtazapine orally disintegrating tab 15 mg (Remeron soltab)	P			•	
mirtazapine orally disintegrating tab 30 mg (Remeron soltab)	P			•	
mirtazapine orally disintegrating tab 45 mg (Remeron soltab)	P			•	

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
mirtazapine tab 7.5 mg	P			•	
mirtazapine tab 15 mg (Remeron)	P			•	
mirtazapine tab 30 mg (Remeron)	P			•	
mirtazapine tab 45 mg	P			•	
NEFAZODONE HCL – nefazodone hcl tab 100 mg	P				
NEFAZODONE HCL – nefazodone hcl tab 150 mg	P				
NEFAZODONE HYDROCHLORIDE – nefazodone hcl tab 50 mg	P				
NEFAZODONE HYDROCHLORIDE – nefazodone hcl tab 200 mg	P				
NEFAZODONE HYDROCHLORIDE – nefazodone hcl tab 250 mg	P				
nortriptyline hcl cap 10 mg (Pamelor)	C				
nortriptyline hcl cap 25 mg (Pamelor)	C				
nortriptyline hcl cap 50 mg (Pamelor)	C				
nortriptyline hcl cap 75 mg (Pamelor)	C				
paroxetine hcl tab er 24hr 12.5 mg (Paxil cr)	NP		•	•	
paroxetine hcl tab er 24hr 25 mg (Paxil cr)	NP		•	•	
paroxetine hcl tab er 24hr 37.5 mg (Paxil cr)	NP		•	•	
paroxetine hcl tab 10 mg (Paxil)	P			•	
paroxetine hcl tab 20 mg (Paxil)	P			•	
paroxetine hcl tab 30 mg (Paxil)	P			•	
paroxetine hcl tab 40 mg (Paxil)	P			•	
PAXIL – paroxetine hcl oral susp 10 mg/5ml (base equiv)	NP		•	•	
PAXIL – paroxetine hcl tab 10 mg	NP		•	•	
PAXIL – paroxetine hcl tab 20 mg	NP		•	•	
PAXIL – paroxetine hcl tab 30 mg	NP		•	•	
PAXIL – paroxetine hcl tab 40 mg	NP		•	•	

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
PAXIL CR – paroxetine hcl tab er 24hr 12.5 mg	NP		•	•	
PAXIL CR – paroxetine hcl tab er 24hr 25 mg	NP		•	•	
PAXIL CR – paroxetine hcl tab er 24hr 37.5 mg	NP		•	•	
PEXEVA – paroxetine mesylate tab 10 mg (base equiv)	NP		•	•	
PEXEVA – paroxetine mesylate tab 20 mg (base equiv)	NP		•	•	
PEXEVA – paroxetine mesylate tab 30 mg (base equiv)	NP		•	•	
PEXEVA – paroxetine mesylate tab 40 mg (base equiv)	NP		•	•	
PRISTIQ – desvenlafaxine succinate tab er 24hr 25 mg (base equiv)	NP		•	•	
PRISTIQ – desvenlafaxine succinate tab er 24hr 50 mg (base equiv)	NP		•	•	
PRISTIQ – desvenlafaxine succinate tab er 24hr 100 mg (base equiv)	NP		•	•	
PROZAC – fluoxetine hcl cap 10 mg	NP		•	•	
PROZAC – fluoxetine hcl cap 20 mg	NP		•	•	
PROZAC – fluoxetine hcl cap 40 mg	NP		•	•	
REMERON – mirtazapine tab 15 mg	NP		•	•	
REMERON – mirtazapine tab 30 mg	NP		•	•	
REMERON SOLTAB – mirtazapine orally disintegrating tab 15 mg	NP		•	•	
REMERON SOLTAB – mirtazapine orally disintegrating tab 30 mg	NP		•	•	
REMERON SOLTAB – mirtazapine orally disintegrating tab 45 mg	NP		•	•	
sertraline hcl oral concentrate for solution 20 mg/ml	P			•	
sertraline hcl tab 25 mg (Zoloft)	P			•	
sertraline hcl tab 50 mg (Zoloft)	P			•	
sertraline hcl tab 100 mg (Zoloft)	P			•	
trazodone hcl tab 50 mg	P				
trazodone hcl tab 100 mg	P				

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
trazodone hcl tab 150 mg	P				
trazodone hcl tab 300 mg	P				
TRINTELLIX – vortioxetine hbr tab 5 mg (base equiv)	NP		•	•	
TRINTELLIX – vortioxetine hbr tab 10 mg (base equiv)	NP		•	•	
TRINTELLIX – vortioxetine hbr tab 20 mg (base equiv)	NP		•	•	
venlafaxine hcl cap er 24hr 37.5 mg (base equivalent) (Effexor xr)	P			•	
venlafaxine hcl cap er 24hr 75 mg (base equivalent) (Effexor xr)	P			•	
venlafaxine hcl cap er 24hr 150 mg (base equivalent) (Effexor xr)	P			•	
venlafaxine hcl tab er 24hr 37.5 mg (base equivalent)	NP		•	•	
venlafaxine hcl tab er 24hr 75 mg (base equivalent)	NP		•	•	
venlafaxine hcl tab er 24hr 150 mg (base equivalent)	NP		•	•	
venlafaxine hcl tab er 24hr 225 mg (base equivalent)	NP		•	•	
venlafaxine hcl tab 25 mg (base equivalent)	P			•	
venlafaxine hcl tab 37.5 mg (base equivalent)	P			•	
venlafaxine hcl tab 50 mg (base equivalent)	P			•	
venlafaxine hcl tab 75 mg (base equivalent)	P			•	
venlafaxine hcl tab 100 mg (base equivalent)	P			•	
VIIBRYD – vilazodone hcl tab 10 mg	NP		•	•	
VIIBRYD – vilazodone hcl tab 20 mg	NP		•	•	
VIIBRYD – vilazodone hcl tab 40 mg	NP		•	•	
VIIBRYD STARTER PACK – vilazodone hcl tab starter kit 10 (7) & 20 (23) mg	NP		•	•	

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
WELLBUTRIN SR – bupropion hcl tab er 12hr 100 mg	NP		•	•	
WELLBUTRIN SR – bupropion hcl tab er 12hr 150 mg	NP		•	•	
WELLBUTRIN SR – bupropion hcl tab er 12hr 200 mg	NP		•	•	
WELLBUTRIN XL – bupropion hcl tab er 24hr 150 mg	NP		•	•	
WELLBUTRIN XL – bupropion hcl tab er 24hr 300 mg	NP		•	•	
ZOLOFT – sertraline hcl oral concentrate for solution 20 mg/ml	NP		•	•	
ZOLOFT – sertraline hcl tab 25 mg	NP		•	•	
ZOLOFT – sertraline hcl tab 50 mg	NP		•	•	
ZOLOFT – sertraline hcl tab 100 mg	NP		•	•	
PSYCHOTIC AND BIPOLAR DISORDERS					
ABILIFY – aripiprazole tab 2 mg	NP		•	•	
ABILIFY – aripiprazole tab 5 mg	NP		•	•	
ABILIFY – aripiprazole tab 10 mg	NP		•	•	
ABILIFY – aripiprazole tab 15 mg	NP		•	•	
ABILIFY – aripiprazole tab 20 mg	NP		•	•	
ABILIFY – aripiprazole tab 30 mg	NP		•	•	
ABILIFY MAINTENA – aripiprazole im for er susp prefilled syringe 300 mg	P			•	
ABILIFY MAINTENA – aripiprazole im for er susp prefilled syringe 400 mg	P			•	
ABILIFY MAINTENA – aripiprazole im for extended release susp 300 mg	P			•	
ABILIFY MAINTENA – aripiprazole im for extended release susp 400 mg	P			•	
aripiprazole oral solution 1 mg/ml	P			•	
aripiprazole orally disintegrating tab 10 mg	NP		•	•	
aripiprazole orally disintegrating tab 15 mg	NP		•	•	

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
aripiprazole tab 2 mg (Abilify)	P			•	
aripiprazole tab 5 mg (Abilify)	P			•	
aripiprazole tab 10 mg (Abilify)	P			•	
aripiprazole tab 15 mg (Abilify)	P			•	
aripiprazole tab 20 mg (Abilify)	P			•	
aripiprazole tab 30 mg (Abilify)	P			•	
ARISTADA – aripiprazole lauroxil im er susp prefilled syr 441 mg/1.6ml	NP		•	•	
ARISTADA – aripiprazole lauroxil im er susp prefilled syr 662 mg/2.4ml	NP		•	•	
ARISTADA – aripiprazole lauroxil im er susp prefilled syr 882 mg/3.2ml	NP		•	•	
ARISTADA – aripiprazole lauroxil im er susp prefilled syr 1064 mg/3.9ml	NP		•	•	
ARISTADA INITIO – aripiprazole lauroxil im er susp prefilled syr 675 mg/2.4ml	NP		•	•	
chlorpromazine hcl tab 10 mg	C				
chlorpromazine hcl tab 25 mg	C				
chlorpromazine hcl tab 50 mg	C				
chlorpromazine hcl tab 100 mg	C				
chlorpromazine hcl tab 200 mg	C				
CLOZAPINE ODT – clozapine orally disintegrating tab 12.5 mg	P			•	
CLOZAPINE ODT – clozapine orally disintegrating tab 150 mg	P			•	
CLOZAPINE ODT – clozapine orally disintegrating tab 200 mg	P			•	
clozapine orally disintegrating tab 25 mg (Fazaclo)	P			•	
clozapine orally disintegrating tab 100 mg (Fazaclo)	P			•	
clozapine tab 25 mg (Clozaril)	P			•	
clozapine tab 50 mg	P			•	
clozapine tab 100 mg (Clozaril)	P			•	
clozapine tab 200 mg	P			•	
CLOZARIL – clozapine tab 25 mg	NP		•	•	
CLOZARIL – clozapine tab 50 mg	NP		•	•	

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
CLOZARIL – clozapine tab 100 mg	NP		•	•	
CLOZARIL – clozapine tab 200 mg	NP		•	•	
FANAPT – iloperidone tab 1 mg	P			•	
FANAPT – iloperidone tab 2 mg	P			•	
FANAPT – iloperidone tab 4 mg	P			•	
FANAPT – iloperidone tab 6 mg	P			•	
FANAPT – iloperidone tab 8 mg	P			•	
FANAPT – iloperidone tab 10 mg	P			•	
FANAPT – iloperidone tab 12 mg	P			•	
FANAPT TITRATION PACK – iloperidone tab 1 mg & 2 mg & 4 mg & 6 mg titration pak	P			•	
FAZACLO – clozapine orally disintegrating tab 12.5 mg	NP		•	•	
FAZACLO – clozapine orally disintegrating tab 25 mg	NP		•	•	
FAZACLO – clozapine orally disintegrating tab 100 mg	NP		•	•	
FAZACLO – clozapine orally disintegrating tab 150 mg	NP		•	•	
FAZACLO – clozapine orally disintegrating tab 200 mg	NP		•	•	
FLUPHENAZINE HCL – fluphenazine hcl tab 1 mg	C				
FLUPHENAZINE HCL – fluphenazine hcl tab 2.5 mg	C				
FLUPHENAZINE HCL – fluphenazine hcl tab 5 mg	C				
FLUPHENAZINE HCL – fluphenazine hcl tab 10 mg	C				
fluphenazine hcl tab 1 mg	C				
fluphenazine hcl tab 2.5 mg	C				
fluphenazine hcl tab 5 mg	C				
fluphenazine hcl tab 10 mg	C				
GEODON – ziprasidone mesylate for inj 20 mg (base equivalent)	NP		•	•	
GEODON – ziprasidone hcl cap 20 mg	NP		•	•	

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
GEODON – ziprasidone hcl cap 40 mg	NP		•	•	
GEODON – ziprasidone hcl cap 60 mg	NP		•	•	
GEODON – ziprasidone hcl cap 80 mg	NP		•	•	
haloperidol lactate inj 5 mg/ml (Haldol)	C				
haloperidol lactate oral conc 2 mg/ml	C				
haloperidol tab 0.5 mg	C				
haloperidol tab 1 mg	C				
haloperidol tab 2 mg	C				
haloperidol tab 5 mg	C				
haloperidol tab 10 mg	C				
haloperidol tab 20 mg	C				
INVEGA – paliperidone tab er 24hr 1.5 mg	NP		•	•	
INVEGA – paliperidone tab er 24hr 3 mg	NP		•	•	
INVEGA – paliperidone tab er 24hr 6 mg	NP		•	•	
INVEGA – paliperidone tab er 24hr 9 mg	NP		•	•	
INVEGA SUSTENNA – paliperidone palmitate er susp pref syr 39 mg/0.25ml	P			•	
INVEGA SUSTENNA – paliperidone palmitate er susp pref syr 78 mg/0.5ml	P			•	
INVEGA SUSTENNA – paliperidone palmitate er susp pref syr 117 mg/0.75ml	P			•	
INVEGA SUSTENNA – paliperidone palmitate er susp pref syr 156 mg/ml	P			•	
INVEGA SUSTENNA – paliperidone palmitate er susp pref syr 234 mg/1.5ml	P			•	

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
INVEGA TRINZA – paliperidone palmitate er susp pref syr 273 mg/0.875ml	P			•	
INVEGA TRINZA – paliperidone palmitate er susp pref syr 410 mg/1.315ml	P			•	
INVEGA TRINZA – paliperidone palmitate er susp pref syr 546 mg/1.75ml	P			•	
INVEGA TRINZA – paliperidone palmitate er susp pref syr 819 mg/2.625ml	P			•	
LATUDA – lurasidone hcl tab 20 mg	P			•	
LATUDA – lurasidone hcl tab 40 mg	P			•	
LATUDA – lurasidone hcl tab 60 mg	P			•	
LATUDA – lurasidone hcl tab 80 mg	P			•	
LATUDA – lurasidone hcl tab 120 mg	P			•	
LITHIUM – lithium oral solution 8 meq/5ml	C				
LITHIUM CARBONATE – lithium carbonate cap 600 mg	C				
lithium carbonate cap 150 mg (Lithium carbonate)	C				
lithium carbonate cap 300 mg	C				
lithium carbonate cap 600 mg (Lithium carbonate)	C				
lithium carbonate tab er 300 mg (Lithobid)	C				
lithium carbonate tab er 450 mg	C				
lithium carbonate tab 300 mg	C				
loxapine succinate cap 5 mg	C				
loxapine succinate cap 10 mg	C				
loxapine succinate cap 25 mg	C				
loxapine succinate cap 50 mg	C				
NUPLAZID – pimavanserin tartrate cap 34 mg (base equivalent)	NP		•	•	
NUPLAZID – pimavanserin tartrate tab 10 mg (base equivalent)	NP		•	•	

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
NUPLAZID – pimavanserin tartrate tab 17 mg (base equivalent)	NP		•	•	
olanzapine for im inj 10 mg (Zyprexa)	P			•	
olanzapine orally disintegrating tab 5 mg (Zyprexa zydis)	NP		•	•	
olanzapine orally disintegrating tab 10 mg (Zyprexa zydis)	NP		•	•	
olanzapine orally disintegrating tab 15 mg (Zyprexa zydis)	NP		•	•	
olanzapine orally disintegrating tab 20 mg (Zyprexa zydis)	NP		•	•	
olanzapine tab 2.5 mg (Zyprexa)	P			•	
olanzapine tab 5 mg (Zyprexa)	P			•	
olanzapine tab 7.5 mg (Zyprexa)	P			•	
olanzapine tab 10 mg (Zyprexa)	P			•	
olanzapine tab 15 mg (Zyprexa)	P			•	
olanzapine tab 20 mg (Zyprexa)	P			•	
paliperidone tab er 24hr 1.5 mg (Invega)	NP		•	•	
paliperidone tab er 24hr 3 mg (Invega)	NP		•	•	
paliperidone tab er 24hr 6 mg (Invega)	NP		•	•	
paliperidone tab er 24hr 9 mg (Invega)	NP		•	•	
perphenazine tab 2 mg	C				
perphenazine tab 4 mg	C				
perphenazine tab 8 mg	C				
perphenazine tab 16 mg	C				
prochlorperazine maleate tab 5 mg (base equivalent)	C				
prochlorperazine maleate tab 10 mg (base equivalent)	C				
prochlorperazine suppos 25 mg	C				
quetiapine fumarate tab er 24hr 50 mg (Seroquel xr)	P			•	
quetiapine fumarate tab er 24hr 150 mg (Seroquel xr)	P			•	
quetiapine fumarate tab er 24hr 200 mg (Seroquel xr)	P			•	
quetiapine fumarate tab er 24hr 300 mg (Seroquel xr)	P			•	
quetiapine fumarate tab er 24hr 400 mg (Seroquel xr)	P			•	
quetiapine fumarate tab 25 mg (Seroquel)	P			•	
quetiapine fumarate tab 50 mg (Seroquel)	P			•	
quetiapine fumarate tab 100 mg (Seroquel)	P			•	
quetiapine fumarate tab 200 mg (Seroquel)	P			•	
quetiapine fumarate tab 300 mg (Seroquel)	P			•	
quetiapine fumarate tab 400 mg (Seroquel)	P			•	
REXULTI – brexpiprazole tab 0.25 mg	NP		•	•	
REXULTI – brexpiprazole tab 0.5 mg	NP		•	•	
REXULTI – brexpiprazole tab 1 mg	NP		•	•	
REXULTI – brexpiprazole tab 2 mg	NP		•	•	
REXULTI – brexpiprazole tab 3 mg	NP		•	•	
REXULTI – brexpiprazole tab 4 mg	NP		•	•	
RISPERDAL – risperidone soln 1 mg/ml	NP		•	•	
RISPERDAL – risperidone tab 0.25 mg	NP		•	•	
RISPERDAL – risperidone tab 0.5 mg	NP		•	•	
RISPERDAL – risperidone tab 1 mg	NP		•	•	
RISPERDAL – risperidone tab 2 mg	NP		•	•	
RISPERDAL – risperidone tab 3 mg	NP		•	•	
RISPERDAL – risperidone tab 4 mg	NP		•	•	

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
RISPERDAL CONSTA – risperidone microspheres for im extended rel susp 12.5 mg	P			•	
RISPERDAL CONSTA – risperidone microspheres for im extended rel susp 25 mg	P			•	
RISPERDAL CONSTA – risperidone microspheres for im extended rel susp 37.5 mg	P			•	
RISPERDAL CONSTA – risperidone microspheres for im extended rel susp 50 mg	P			•	
RISPERDAL M-TAB – risperidone orally disintegrating tab 0.5 mg	NP		•	•	
RISPERDAL M-TAB – risperidone orally disintegrating tab 1 mg	NP		•	•	
RISPERDAL M-TAB – risperidone orally disintegrating tab 3 mg	NP		•	•	
RISPERDAL M-TAB – risperidone orally disintegrating tab 4 mg	NP		•	•	
RISPERIDONE ODT – risperidone orally disintegrating tab 0.25 mg	P			•	
risperidone orally disintegrating tab 0.5 mg	P			•	
risperidone orally disintegrating tab 1 mg	P			•	
risperidone orally disintegrating tab 2 mg	P			•	
risperidone orally disintegrating tab 3 mg	P			•	
risperidone orally disintegrating tab 4 mg	P			•	
risperidone soln 1 mg/ml (Risperdal)	P			•	
risperidone tab 0.25 mg (Risperdal)	P			•	
risperidone tab 0.5 mg (Risperdal)	P			•	
risperidone tab 1 mg (Risperdal)	P			•	
risperidone tab 2 mg (Risperdal)	P			•	
risperidone tab 3 mg (Risperdal)	P			•	
risperidone tab 4 mg (Risperdal)	P			•	

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
SAPHRIS – asenapine maleate sl tab 2.5 mg (base equiv)	P			•	
SAPHRIS – asenapine maleate sl tab 5 mg (base equiv)	P			•	
SAPHRIS – asenapine maleate sl tab 10 mg (base equiv)	P			•	
SEROQUEL – quetiapine fumarate tab 25 mg	NP		•	•	
SEROQUEL – quetiapine fumarate tab 50 mg	NP		•	•	
SEROQUEL – quetiapine fumarate tab 100 mg	NP		•	•	
SEROQUEL – quetiapine fumarate tab 200 mg	NP		•	•	
SEROQUEL – quetiapine fumarate tab 300 mg	NP		•	•	
SEROQUEL – quetiapine fumarate tab 400 mg	NP		•	•	
SEROQUEL XR – quetiapine fumarate tab er 24hr 50 mg	NP		•	•	
SEROQUEL XR – quetiapine fumarate tab er 24hr 150 mg	NP		•	•	
SEROQUEL XR – quetiapine fumarate tab er 24hr 200 mg	NP		•	•	
SEROQUEL XR – quetiapine fumarate tab er 24hr 300 mg	NP		•	•	
SEROQUEL XR – quetiapine fumarate tab er 24hr 400 mg	NP		•	•	
thiothixene cap 1 mg	C				
thiothixene cap 2 mg	C				
thiothixene cap 5 mg	C				
thiothixene cap 10 mg	C				
VERSACLOZ – clozapine susp 50 mg/ml	NP		•	•	
VRAYLAR – cariprazine hcl cap therapy pack 1.5 mg (1) & 3 mg (6)	NP		•	•	
VRAYLAR – cariprazine hcl cap 1.5 mg (base equivalent)	NP		•	•	
VRAYLAR – cariprazine hcl cap 3 mg (base equivalent)	NP		•	•	

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
VRAYLAR – cariprazine hcl cap 4.5 mg (base equivalent)	NP		•	•	
VRAYLAR – cariprazine hcl cap 6 mg (base equivalent)	NP		•	•	
ziprasidone hcl cap 20 mg (Geodon)	P			•	
ziprasidone hcl cap 40 mg (Geodon)	P			•	
ziprasidone hcl cap 60 mg (Geodon)	P			•	
ziprasidone hcl cap 80 mg (Geodon)	P			•	
ZYPREXA – olanzapine for im inj 10 mg	NP		•	•	
ZYPREXA – olanzapine tab 2.5 mg	NP		•	•	
ZYPREXA – olanzapine tab 5 mg	NP		•	•	
ZYPREXA – olanzapine tab 7.5 mg	NP		•	•	
ZYPREXA – olanzapine tab 10 mg	NP		•	•	
ZYPREXA – olanzapine tab 15 mg	NP		•	•	
ZYPREXA – olanzapine tab 20 mg	NP		•	•	
ZYPREXA RELPREVV – olanzapine pamoate for extended rel im susp 210 mg (base eq)	NP		•	•	
ZYPREXA RELPREVV – olanzapine pamoate for extended rel im susp 300 mg (base eq)	NP		•	•	
ZYPREXA RELPREVV – olanzapine pamoate for extended rel im susp 405 mg (base eq)	NP		•	•	
ZYPREXA ZYDIS – olanzapine orally disintegrating tab 5 mg	NP		•	•	
ZYPREXA ZYDIS – olanzapine orally disintegrating tab 10 mg	NP		•	•	
ZYPREXA ZYDIS – olanzapine orally disintegrating tab 15 mg	NP		•	•	
ZYPREXA ZYDIS – olanzapine orally disintegrating tab 20 mg	NP		•	•	
SLEEP AIDS					
AMBIEN – zolpidem tartrate tab 5 mg	NP		•	•	

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
AMBIEN – zolpidem tartrate tab 10 mg	NP		•	•	
AMBIEN CR – zolpidem tartrate tab er 6.25 mg	NP		•	•	
AMBIEN CR – zolpidem tartrate tab er 12.5 mg	NP		•	•	
BELSOMRA – suvorexant tab 5 mg	NP		•	•	
BELSOMRA – suvorexant tab 10 mg	NP		•	•	
BELSOMRA – suvorexant tab 15 mg	NP		•	•	
BELSOMRA – suvorexant tab 20 mg	NP		•	•	
diphenhydramine hcl (sleep) tab 25 mg	C				
diphenhydramine-acetaminophen tab 25-500 mg (sleep)	C				
EDLUAR – zolpidem tartrate sl tab 5 mg	NP		•	•	
EDLUAR – zolpidem tartrate sl tab 10 mg	NP		•	•	
estazolam tab 1 mg	C			•	
estazolam tab 2 mg	C			•	
eszopiclone tab 1 mg (Lunesta)	P			•	
eszopiclone tab 2 mg (Lunesta)	P			•	
eszopiclone tab 3 mg (Lunesta)	P			•	
HETLIOZ – tasimelteon capsule 20 mg	NP		••	•	
INTERMEZZO – zolpidem tartrate sl tab 1.75 mg	NP		•	•	
INTERMEZZO – zolpidem tartrate sl tab 3.5 mg	NP		•	•	
LUNESTA – eszopiclone tab 1 mg	NP		•	•	
LUNESTA – eszopiclone tab 2 mg	NP		•	•	
LUNESTA – eszopiclone tab 3 mg	NP		•	•	
phenobarbital elixir 20 mg/5ml	C				
PHENOBARBITAL SODIUM – phenobarbital sodium inj 65 mg/ml	C				
PHENOBARBITAL SODIUM – phenobarbital sodium inj 130 mg/ml	C				
phenobarbital tab 15 mg	C				

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
phenobarbital tab 16.2 mg	C				
phenobarbital tab 30 mg	C				
phenobarbital tab 32.4 mg	C				
phenobarbital tab 60 mg	C				
phenobarbital tab 64.8 mg	C				
phenobarbital tab 97.2 mg	C				
phenobarbital tab 100 mg	C				
ramelteon tab 8 mg (Rozerem)	NP		•	•	
ROZEREM – ramelteon tab 8 mg	P			•	
SONATA – zaleplon cap 5 mg	NP		•	•	
SONATA – zaleplon cap 10 mg	NP		•	•	
temazepam cap 15 mg (Restoril)	C			•	
temazepam cap 30 mg (Restoril)	C			•	
zaleplon cap 5 mg	P			•	
zaleplon cap 10 mg	P			•	
zolpidem tartrate sl tab 1.75 mg (Intermezzo)	NP		•	•	
zolpidem tartrate sl tab 3.5 mg (Intermezzo)	NP		•	•	
zolpidem tartrate tab er 6.25 mg (Ambien cr)	NP		•	•	
zolpidem tartrate tab er 12.5 mg (Ambien cr)	NP		•	•	
zolpidem tartrate tab 5 mg (Ambien)	P			•	
zolpidem tartrate tab 10 mg (Ambien)	P			•	
ZOLPIMIST – zolpidem tartrate oral spray 5 mg/act	NP		•	•	
HYPERACTIVITY/NARCOLEPSY					
ADDERALL XR – amphetamine-dextroamphetamine cap er 24hr 5 mg	NP		•	•	
ADDERALL XR – amphetamine-dextroamphetamine cap er 24hr 10 mg	NP		•	•	

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
ADDERALL XR – amphetamine-dextroamphetamine cap er 24hr 15 mg	NP		•	•	
ADDERALL XR – amphetamine-dextroamphetamine cap er 24hr 20 mg	NP		•	•	
ADDERALL XR – amphetamine-dextroamphetamine cap er 24hr 25 mg	NP		•	•	
ADDERALL XR – amphetamine-dextroamphetamine cap er 24hr 30 mg	NP		•	•	
ADHANSIA XR – methylphenidate hcl cap er 24hr 25 mg	NP		•	•	
ADHANSIA XR – methylphenidate hcl cap er 24hr 35 mg	NP		•	•	
ADHANSIA XR – methylphenidate hcl cap er 24hr 45 mg	NP		•	•	
ADHANSIA XR – methylphenidate hcl cap er 24hr 55 mg	NP		•	•	
ADHANSIA XR – methylphenidate hcl cap er 24hr 70 mg	NP		•	•	
ADHANSIA XR – methylphenidate hcl cap er 24hr 85 mg	NP		•	•	
ADZENYS ER – amphetamine extended release susp 1.25 mg/ml	NP		•	•	
ADZENYS XR-ODT – amphetamine tab extended release disintegrating 3.1 mg	NP		•	•	
ADZENYS XR-ODT – amphetamine tab extended release disintegrating 6.3 mg	NP		•	•	
ADZENYS XR-ODT – amphetamine tab extended release disintegrating 9.4 mg	NP		•	•	
ADZENYS XR-ODT – amphetamine tab extended release disintegrating 12.5 mg	NP		•	•	
ADZENYS XR-ODT – amphetamine tab extended release disintegrating 15.7 mg	NP		•	•	

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
ADZENYS XR-ODT – amphetamine tab extended release disintegrating 18.8 mg	NP		•	•	
amphetamine sulfate tab 5 mg (Evekeo)	NP		•	•	
amphetamine sulfate tab 10 mg (Evekeo)	NP		•	•	
amphetamine-dextroamphetamine cap er 24hr 5 mg (Adderall xr)	P			•	
amphetamine-dextroamphetamine cap er 24hr 10 mg (Adderall xr)	P			•	
amphetamine-dextroamphetamine cap er 24hr 15 mg (Adderall xr)	P			•	
amphetamine-dextroamphetamine cap er 24hr 20 mg (Adderall xr)	P			•	
amphetamine-dextroamphetamine cap er 24hr 25 mg (Adderall xr)	P			•	
amphetamine-dextroamphetamine cap er 24hr 30 mg (Adderall xr)	P			•	
amphetamine-dextroamphetamine tab 5 mg (Adderall)	P			•	
amphetamine-dextroamphetamine tab 7.5 mg (Adderall)	P			•	
amphetamine-dextroamphetamine tab 10 mg (Adderall)	P			•	
amphetamine-dextroamphetamine tab 12.5 mg (Adderall)	P			•	
amphetamine-dextroamphetamine tab 15 mg (Adderall)	P			•	
amphetamine-dextroamphetamine tab 20 mg (Adderall)	P			•	
amphetamine-dextroamphetamine tab 30 mg (Adderall)	P			•	
APTENSIO XR – methylphenidate hcl cap er 24hr 10 mg (xr)	NP		•	•	
APTENSIO XR – methylphenidate hcl cap er 24hr 15 mg (xr)	NP		•	•	
APTENSIO XR – methylphenidate hcl cap er 24hr 20 mg (xr)	NP		•	•	
APTENSIO XR – methylphenidate hcl cap er 24hr 30 mg (xr)	NP		•	•	
APTENSIO XR – methylphenidate hcl cap er 24hr 40 mg (xr)	NP		•	•	
APTENSIO XR – methylphenidate hcl cap er 24hr 50 mg (xr)	NP		•	•	
APTENSIO XR – methylphenidate hcl cap er 24hr 60 mg (xr)	NP		•	•	
armodafinil tab 50 mg (Nuvigil)	NP		•	•	
armodafinil tab 150 mg (Nuvigil)	NP		•	•	
armodafinil tab 200 mg (Nuvigil)	NP		•	•	
armodafinil tab 250 mg (Nuvigil)	NP		•	•	
atomoxetine hcl cap 10 mg (base equiv) (Strattera)	P			•	
atomoxetine hcl cap 18 mg (base equiv) (Strattera)	P			•	
atomoxetine hcl cap 25 mg (base equiv) (Strattera)	P			•	
atomoxetine hcl cap 40 mg (base equiv) (Strattera)	P			•	
atomoxetine hcl cap 60 mg (base equiv) (Strattera)	P			•	
atomoxetine hcl cap 80 mg (base equiv) (Strattera)	P			•	
atomoxetine hcl cap 100 mg (base equiv) (Strattera)	P			•	
caffeine citrate oral soln 60 mg/3ml (10 mg/ml base equiv)	C				
clonidine hcl tab er 12hr 0.1 mg (Kapvay)	C			•	
CONCERTA – methylphenidate hcl tab er osmotic release (osm) 18 mg	NP		•	•	
CONCERTA – methylphenidate hcl tab er osmotic release (osm) 27 mg	NP		•	•	
CONCERTA – methylphenidate hcl tab er osmotic release (osm) 36 mg	NP		•	•	
CONCERTA – methylphenidate hcl tab er osmotic release (osm) 54 mg	NP		•	•	

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
COTEMPLA XR-ODT – methylphenidate tab extended release disintegrating 8.6 mg	NP		•	•	
COTEMPLA XR-ODT – methylphenidate tab extended release disintegrating 17.3 mg	NP		•	•	
COTEMPLA XR-ODT – methylphenidate tab extended release disintegrating 25.9 mg	NP		•	•	
DAYTRANA – methylphenidate td patch 10 mg/9hr	NP		•	•	
DAYTRANA – methylphenidate td patch 15 mg/9hr	NP		•	•	
DAYTRANA – methylphenidate td patch 20 mg/9hr	NP		•	•	
DAYTRANA – methylphenidate td patch 30 mg/9hr	NP		•	•	
DEXEDRINE – dextroamphetamine sulfate cap er 24hr 5 mg	NP		•	•	
DEXEDRINE – dextroamphetamine sulfate cap er 24hr 10 mg	NP		•	•	
DEXEDRINE – dextroamphetamine sulfate cap er 24hr 15 mg	NP		•	•	
dexmethylphenidate hcl cap er 24 hr 5 mg (Focalin xr)	NP		•	•	
dexmethylphenidate hcl cap er 24 hr 10 mg (Focalin xr)	NP		•	•	
dexmethylphenidate hcl cap er 24 hr 15 mg (Focalin xr)	NP		•	•	
dexmethylphenidate hcl cap er 24 hr 20 mg (Focalin xr)	NP		•	•	
dexmethylphenidate hcl cap er 24 hr 25 mg (Focalin xr)	NP		•	•	
dexmethylphenidate hcl cap er 24 hr 30 mg (Focalin xr)	NP		•	•	
dexmethylphenidate hcl cap er 24 hr 35 mg (Focalin xr)	NP		•	•	
dexmethylphenidate hcl cap er 24 hr 40 mg (Focalin xr)	NP		•	•	
dexmethylphenidate hcl tab 2.5 mg (Focalin)	P			•	
dexmethylphenidate hcl tab 5 mg (Focalin)	P			•	
dexmethylphenidate hcl tab 10 mg (Focalin)	P			•	
dextroamphetamine sulfate cap er 24hr 5 mg (Dexedrine)	P			•	
dextroamphetamine sulfate cap er 24hr 10 mg (Dexedrine)	P			•	
dextroamphetamine sulfate cap er 24hr 15 mg (Dexedrine)	P			•	
dextroamphetamine sulfate oral solution 5 mg/5ml (Procentra)	NP		•	•	
dextroamphetamine sulfate tab 5 mg	P			•	
dextroamphetamine sulfate tab 5 mg (Zenzedi)	NP		•	•	
dextroamphetamine sulfate tab 10 mg	P			•	
dextroamphetamine sulfate tab 10 mg (Zenzedi)	NP		•	•	
DYANAVEL XR – amphetamine extended release susp 2.5 mg/ml	NP		•	•	
EVEKEO – amphetamine sulfate tab 5 mg	NP		•	•	
EVEKEO – amphetamine sulfate tab 10 mg	NP		•	•	
FOCALIN – dexmethylphenidate hcl tab 2.5 mg	NP		•	•	
FOCALIN – dexmethylphenidate hcl tab 5 mg	NP		•	•	
FOCALIN – dexmethylphenidate hcl tab 10 mg	NP		•	•	
FOCALIN XR – dexmethylphenidate hcl cap er 24 hr 5 mg	P			•	
FOCALIN XR – dexmethylphenidate hcl cap er 24 hr 10 mg	P			•	
FOCALIN XR – dexmethylphenidate hcl cap er 24 hr 15 mg	P			•	
FOCALIN XR – dexmethylphenidate hcl cap er 24 hr 20 mg	P			•	

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
FOCALIN XR – dexmethylphenidate hcl cap er 24 hr 25 mg	P			•	
FOCALIN XR – dexmethylphenidate hcl cap er 24 hr 30 mg	P			•	
FOCALIN XR – dexmethylphenidate hcl cap er 24 hr 35 mg	P			•	
FOCALIN XR – dexmethylphenidate hcl cap er 24 hr 40 mg	P			•	
guanfacine hcl tab er 24hr 1 mg (base equiv) (Intuniv)	P			•	
guanfacine hcl tab er 24hr 2 mg (base equiv) (Intuniv)	P			•	
guanfacine hcl tab er 24hr 3 mg (base equiv) (Intuniv)	P			•	
guanfacine hcl tab er 24hr 4 mg (base equiv) (Intuniv)	P			•	
INTUNIV – guanfacine hcl tab er 24hr 1 mg (base equiv)	NP		•	•	
INTUNIV – guanfacine hcl tab er 24hr 2 mg (base equiv)	NP		•	•	
INTUNIV – guanfacine hcl tab er 24hr 3 mg (base equiv)	NP		•	•	
INTUNIV – guanfacine hcl tab er 24hr 4 mg (base equiv)	NP		•	•	
JORNAY PM – methylphenidate hcl cap delayed er 24hr 20 mg (pm)	NP		•	•	
JORNAY PM – methylphenidate hcl cap delayed er 24hr 40 mg (pm)	NP		•	•	
JORNAY PM – methylphenidate hcl cap delayed er 24hr 60 mg (pm)	NP		•	•	
JORNAY PM – methylphenidate hcl cap delayed er 24hr 80 mg (pm)	NP		•	•	
JORNAY PM – methylphenidate hcl cap delayed er 24hr 100 mg (pm)	NP		•	•	
METHYLIN – methylphenidate hcl soln 5 mg/5ml	NP		•	•	
METHYLIN – methylphenidate hcl soln 10 mg/5ml	NP		•	•	
methylphenidate hcl cap er 10 mg (cd)	P			•	
methylphenidate hcl cap er 20 mg (cd)	P			•	
methylphenidate hcl cap er 30 mg (cd)	P			•	
methylphenidate hcl cap er 40 mg (cd)	P			•	
methylphenidate hcl cap er 50 mg (cd)	P			•	
methylphenidate hcl cap er 60 mg (cd)	P			•	
methylphenidate hcl cap er 24hr 10 mg (la) (Ritalin la)	NP		•	•	
methylphenidate hcl cap er 24hr 20 mg (la) (Ritalin la)	NP		•	•	
methylphenidate hcl cap er 24hr 30 mg (la) (Ritalin la)	NP		•	•	
methylphenidate hcl cap er 24hr 40 mg (la) (Ritalin la)	NP		•	•	
methylphenidate hcl cap er 24hr 60 mg (la)	NP		•	•	
methylphenidate hcl chew tab 2.5 mg	P			•	
methylphenidate hcl chew tab 5 mg	P			•	
methylphenidate hcl chew tab 10 mg	P			•	
methylphenidate hcl soln 5 mg/5ml (Methylin)	NP		•	•	
methylphenidate hcl soln 10 mg/5ml (Methylin)	NP		•	•	
methylphenidate hcl tab er osmotic release (osm) 18 mg (Concerta)	P			•	
methylphenidate hcl tab er osmotic release (osm) 27 mg (Concerta)	P			•	
methylphenidate hcl tab er osmotic release (osm) 36 mg (Concerta)	P			•	

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
methylphenidate hcl tab er osmotic release (osm) 54 mg (Concerta)	P			•	
methylphenidate hcl tab er 10 mg	P			•	
methylphenidate hcl tab er 20 mg	P			•	
methylphenidate hcl tab er 24hr 27 mg	P			•	
methylphenidate hcl tab er 24hr 36 mg	P			•	
methylphenidate hcl tab er 24hr 54 mg	P			•	
methylphenidate hcl tab 5 mg (Ritalin)	P			•	
methylphenidate hcl tab 10 mg (Ritalin)	P			•	
methylphenidate hcl tab 20 mg (Ritalin)	P			•	
METHYLPHENIDATE HYDROCHLORIDE ER – methylphenidate hcl tab er 24hr 18 mg	P			•	
METHYLPHENIDATE HYDROCHLORIDE ER – methylphenidate hcl tab er osmotic release (osm) 72 mg	P			•	
modafinil tab 100 mg (Provigil)	C			•	
modafinil tab 200 mg (Provigil)	C			•	
MYDAYIS – amphetamine-dextroamphetamine 3-bead cap er 24hr 12.5 mg	NP		•	•	
MYDAYIS – amphetamine-dextroamphetamine 3-bead cap er 24hr 25 mg	NP		•	•	
MYDAYIS – amphetamine-dextroamphetamine 3-bead cap er 24hr 37.5 mg	NP		•	•	
MYDAYIS – amphetamine-dextroamphetamine 3-bead cap er 24hr 50 mg	NP		•	•	

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
QUILLICHEW ER – methylphenidate hcl chew tab extended release 20 mg	NP		•	•	
QUILLICHEW ER – methylphenidate hcl chew tab extended release 30 mg	NP		•	•	
QUILLICHEW ER – methylphenidate hcl chew tab extended release 40 mg	NP		•	•	
QUILLIVANT XR – methylphenidate hcl for er susp 25 mg/5ml (5 mg/ml)	NP		•	•	
RITALIN – methylphenidate hcl tab 5 mg	NP		•	•	
RITALIN – methylphenidate hcl tab 10 mg	NP		•	•	
RITALIN – methylphenidate hcl tab 20 mg	NP		•	•	
RITALIN LA – methylphenidate hcl cap er 24hr 10 mg (la)	P			•	
RITALIN LA – methylphenidate hcl cap er 24hr 20 mg (la)	P			•	
RITALIN LA – methylphenidate hcl cap er 24hr 30 mg (la)	P			•	
RITALIN LA – methylphenidate hcl cap er 24hr 40 mg (la)	P			•	
STRATTERA – atomoxetine hcl cap 10 mg (base equiv)	NP		•	•	
STRATTERA – atomoxetine hcl cap 18 mg (base equiv)	NP		•	•	
STRATTERA – atomoxetine hcl cap 25 mg (base equiv)	NP		•	•	
STRATTERA – atomoxetine hcl cap 40 mg (base equiv)	NP		•	•	
STRATTERA – atomoxetine hcl cap 60 mg (base equiv)	NP		•	•	
STRATTERA – atomoxetine hcl cap 80 mg (base equiv)	NP		•	•	
STRATTERA – atomoxetine hcl cap 100 mg (base equiv)	NP		•	•	
VYVANSE – lisdexamfetamine dimesylate cap 10 mg	P			•	

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
VYVANSE – lisdexamfetamine dimesylate cap 20 mg	P			•	
VYVANSE – lisdexamfetamine dimesylate cap 30 mg	P			•	
VYVANSE – lisdexamfetamine dimesylate cap 40 mg	P			•	
VYVANSE – lisdexamfetamine dimesylate cap 50 mg	P			•	
VYVANSE – lisdexamfetamine dimesylate cap 60 mg	P			•	
VYVANSE – lisdexamfetamine dimesylate cap 70 mg	P			•	
VYVANSE – lisdexamfetamine dimesylate chew tab 10 mg	NP		•	•	
VYVANSE – lisdexamfetamine dimesylate chew tab 20 mg	NP		•	•	
VYVANSE – lisdexamfetamine dimesylate chew tab 30 mg	NP		•	•	
VYVANSE – lisdexamfetamine dimesylate chew tab 40 mg	NP		•	•	
VYVANSE – lisdexamfetamine dimesylate chew tab 50 mg	NP		•	•	
VYVANSE – lisdexamfetamine dimesylate chew tab 60 mg	NP		•	•	
ZENZEDI – dextroamphetamine sulfate tab 2.5 mg	NP		•	•	
ZENZEDI – dextroamphetamine sulfate tab 7.5 mg	NP		•	•	
ZENZEDI – dextroamphetamine sulfate tab 15 mg	NP		•	•	
ZENZEDI – dextroamphetamine sulfate tab 20 mg	NP		•	•	
ZENZEDI – dextroamphetamine sulfate tab 30 mg	NP		•	•	
MULTIPLE SCLEROSIS					
AMPYRA – dalfampridine tab er 12hr 10 mg	NP	•	••	•	
AUBAGIO – teriflunomide tab 7 mg	P	•	•	•	
AUBAGIO – teriflunomide tab 14 mg	P	•	•	•	

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
AVONEX – interferon beta-1a im prefilled syringe kit 30 mcg/0.5ml	P	•	•	•	
AVONEX – interferon beta-1a for im inj kit 30mcg (33mcg(6.6 mu)/vial)	P	•	•	•	
AVONEX PEN – interferon beta-1a im auto-injector kit 30 mcg/0.5ml	P	•	•	•	
BETASERON – interferon beta-1b for inj kit 0.3 mg	P	•	•	•	
COPAXONE – glatiramer acetate soln prefilled syringe 20 mg/ml	P	•	•	•	
COPAXONE – glatiramer acetate soln prefilled syringe 40 mg/ml	NP	•	••	•	
dalfampridine tab er 12hr 10 mg (Ampyra)	C	•	•	•	
EXTAVIA – interferon beta-1b for inj kit 0.3 mg	NP	•	••	•	
GILENYA – fingolimod hcl cap 0.5 mg (base equiv)	P	•	•	•	
glatiramer acetate soln prefilled syringe 20 mg/ml (Copaxone)	NP	•	••	•	
glatiramer acetate soln prefilled syringe 40 mg/ml (Copaxone)	NP	•	••	•	
MAVENCLAD – cladribine tab therapy pack 10 mg (4 tabs)	NP	•	••	•	
MAVENCLAD – cladribine tab therapy pack 10 mg (5 tabs)	NP	•	••	•	
MAVENCLAD – cladribine tab therapy pack 10 mg (6 tabs)	NP	•	••	•	
MAVENCLAD – cladribine tab therapy pack 10 mg (7 tabs)	NP	•	••	•	
MAVENCLAD – cladribine tab therapy pack 10 mg (8 tabs)	NP	•	••	•	
MAVENCLAD – cladribine tab therapy pack 10 mg (9 tabs)	NP	•	••	•	
MAVENCLAD – cladribine tab therapy pack 10 mg (10 tabs)	NP	•	••	•	
MAYZENT – siponimod fumarate tab 0.25 mg (base equiv)	NP	•	••	•	
MAYZENT – siponimod fumarate tab 2 mg (base equiv)	NP	•	••	•	

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
PLEGRIDY – peginterferon beta-1a soln pen-injector 125 mcg/0.5ml	NP	•	••	•	
PLEGRIDY – peginterferon beta-1a soln prefilled syringe 125 mcg/0.5ml	NP	•	••	•	
PLEGRIDY STARTER PACK – peginterferon beta-1a soln pen-inj 63 & 94 mcg/0.5ml pack	NP	•	••	•	
PLEGRIDY STARTER PACK – peginterferon beta-1a soln pref syr 63 & 94 mcg/0.5ml pack	NP	•	••	•	
REBIF – interferon beta-1a soln pref syr 22 mcg/0.5ml (12mu/ml)	P	•	•	•	
REBIF – interferon beta-1a soln pref syr 44 mcg/0.5ml (24mu/ml)	P	•	•	•	
REBIF REBIDOSE – interferon beta-1a soln auto-inj 22 mcg/0.5ml (12mu/ml)	P	•	•	•	
REBIF REBIDOSE – interferon beta-1a soln auto-inj 44 mcg/0.5ml (24mu/ml)	P	•	•	•	
REBIF REBIDOSE TITRATION – interferon beta-1a auto-inj 6x8.8 mcg/0.2ml & 6x22 mcg/0.5ml	P	•	•	•	
REBIF TITRATION PACK – interferon beta-1a pref syr 6x8.8 mcg/0.2ml & 6x22 mcg/0.5ml	P	•	•	•	
TECFIDERA – dimethyl fumarate capsule delayed release 120 mg	NP	•	••	•	
TECFIDERA – dimethyl fumarate capsule delayed release 240 mg	NP	•	••	•	
TECFIDERA STARTER PACK – dimethyl fumarate capsule dr starter pack 120 mg & 240 mg	NP	•	••	•	
OTHER CENTRAL NERVOUS SYSTEM DRUGS					
acamprosate calcium tab delayed release 333 mg	C				
ARICEPT – donepezil hydrochloride tab 5 mg	NP		•		
ARICEPT – donepezil hydrochloride tab 10 mg	NP		•		

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
ARICEPT – donepezil hydrochloride tab 23 mg	NP		•		
BRISDELLE – paroxetine mesylate cap 7.5 mg (base equiv)	NP		•		
bupropion hcl (smoking deterrent) tab er 12hr 150 mg (Zyban)	P				
CHANTIX – varenicline tartrate tab 0.5 mg (base equiv)	P				
CHANTIX – varenicline tartrate tab 1 mg (base equiv)	P				
CHANTIX CONTINUING MONTH – varenicline tartrate tab 1 mg (base equiv)	P				
CHANTIX STARTING MONTH PAK – varenicline tartrate tab 0.5 mg x 11 & tab 1 mg x 42 pack	P				
disulfiram tab 250 mg (Antabuse)	C				
disulfiram tab 500 mg (Antabuse)	C				
donepezil hydrochloride orally disintegrating tab 5 mg	P				
donepezil hydrochloride orally disintegrating tab 10 mg	P				
donepezil hydrochloride tab 5 mg (Aricept)	P				
donepezil hydrochloride tab 10 mg (Aricept)	P				
donepezil hydrochloride tab 23 mg (Aricept)	NP		•		
EXELON – rivastigmine td patch 24hr 4.6 mg/24hr	NP		•		
EXELON – rivastigmine td patch 24hr 9.5 mg/24hr	NP		•		
EXELON – rivastigmine td patch 24hr 13.3 mg/24hr	NP		•		
FLUOXETINE – fluoxetine hcl (pmdd) cap 10 mg	P				
FLUOXETINE – fluoxetine hcl (pmdd) cap 20 mg	P				
fluoxetine hcl (pmdd) tab 10 mg (Sarafem)	NP		•		

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
fluoxetine hcl (pmdd) tab 20 mg (Sarafem)	NP		•		
gabapentin cap 100 mg (Neurontin)	P				
gabapentin cap 300 mg (Neurontin)	P				
gabapentin cap 400 mg (Neurontin)	P				
gabapentin oral soln 250 mg/5ml (Neurontin)	P				
gabapentin tab 600 mg (Neurontin)	P				
gabapentin tab 800 mg (Neurontin)	P				
GALANTAMINE HYDROBROMIDE – galantamine hydrobromide oral soln 4 mg/ml	NP		•		
galantamine hydrobromide cap er 24hr 8 mg (Razadyne er)	NP		•		
galantamine hydrobromide cap er 24hr 16 mg (Razadyne er)	NP		•		
galantamine hydrobromide cap er 24hr 24 mg (Razadyne er)	NP		•		
galantamine hydrobromide tab 4 mg (Razadyne)	NP		•		
galantamine hydrobromide tab 8 mg (Razadyne)	NP		•		
galantamine hydrobromide tab 12 mg (Razadyne)	NP		•		
GRALISE – gabapentin (once-daily) tab 300 mg	NP		•	•	
GRALISE – gabapentin (once-daily) tab 600 mg	NP		•	•	
GRALISE STARTER – gabapentin (once-daily) tab pack 300 mg (9) & 600 mg (69)	NP		•	•	
HORIZANT – gabapentin enacarbil tab er 300 mg	NP		•	•	
HORIZANT – gabapentin enacarbil tab er 600 mg	NP		•	•	
LUCEMYRA – lofexidine hcl tab 0.18 mg (base equivalent)	C		•	•	
LYRICA – pregabalin soln 20 mg/ml	NP		•	•	
LYRICA – pregabalin cap 25 mg	NP		•	•	

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
LYRICA – pregabalin cap 50 mg	NP		•	•	
LYRICA – pregabalin cap 75 mg	NP		•	•	
LYRICA – pregabalin cap 100 mg	NP		•	•	
LYRICA – pregabalin cap 150 mg	NP		•	•	
LYRICA – pregabalin cap 200 mg	NP		•	•	
LYRICA – pregabalin cap 225 mg	NP		•	•	
LYRICA – pregabalin cap 300 mg	NP		•	•	
LYRICA CR – pregabalin tab er 24hr 82.5 mg	NP		•	•	
LYRICA CR – pregabalin tab er 24hr 165 mg	NP		•	•	
LYRICA CR – pregabalin tab er 24hr 330 mg	NP		•	•	
memantine hcl cap er 24hr 7 mg (Namenda xr)	NP		•		
memantine hcl cap er 24hr 14 mg (Namenda xr)	NP		•		
memantine hcl cap er 24hr 21 mg (Namenda xr)	NP		•		
memantine hcl cap er 24hr 28 mg (Namenda xr)	NP		•		
memantine hcl oral solution 2 mg/ml	NP		•		
memantine hcl tab 5 mg (Namenda)	P				
memantine hcl tab 10 mg (Namenda)	P				
NAMENDA – memantine hcl tab 5 mg	NP		•		
NAMENDA – memantine hcl tab 10 mg	NP		•		
NAMENDA TITRATION PAK – memantine hcl tab 5 mg (28) & 10 mg (21) titration pak	NP		•		
NAMENDA XR – memantine hcl cap er 24hr 7 mg	NP		•		
NAMENDA XR – memantine hcl cap er 24hr 14 mg	NP		•		
NAMENDA XR – memantine hcl cap er 24hr 21 mg	NP		•		

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
NAMENDA XR – memantine hcl cap er 24hr 28 mg	NP		•		
NAMENDA XR TITRATION PACK – memantine hcl cap er 24hr 7 mg & 14 mg & 21 mg & 28 mg pack	NP		•		
NAMZARIC – memantine-donepezil cap er 24hr 7 & 14 & 21 & 28-10 mg pack	NP		•		
NAMZARIC – memantine hcl-donepezil hcl cap er 24hr 7-10 mg	NP		•		
NAMZARIC – memantine hcl-donepezil hcl cap er 24hr 14-10 mg	NP		•		
NAMZARIC – memantine hcl-donepezil hcl cap er 24hr 21-10 mg	NP		•		
NAMZARIC – memantine hcl-donepezil hcl cap er 24hr 28-10 mg	NP		•		
NEURONTIN – gabapentin oral soln 250 mg/5ml	NP		•		
NEURONTIN – gabapentin cap 100 mg	NP		•		
NEURONTIN – gabapentin cap 300 mg	NP		•		
NEURONTIN – gabapentin cap 400 mg	NP		•		
NEURONTIN – gabapentin tab 600 mg	NP		•		
NEURONTIN – gabapentin tab 800 mg	NP		•		
NICODERM CQ – nicotine td patch 24hr 7 mg/24hr	NP		•		
NICODERM CQ – nicotine td patch 24hr 14 mg/24hr	NP		•		
NICODERM CQ – nicotine td patch 24hr 21 mg/24hr	NP		•		
NICORETTE – nicotine polacrilex gum 2 mg	NP		•		
NICORETTE – nicotine polacrilex gum 4 mg	NP		•		
NICORETTE – nicotine polacrilex lozenge 2 mg	NP		•		

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
NICORETTE – nicotine polacrilex lozenge 4 mg	NP		•		
NICORETTE MINI – nicotine polacrilex lozenge 2 mg	NP		•		
NICORETTE MINI – nicotine polacrilex lozenge 4 mg	NP		•		
NICORETTE STARTER KIT – nicotine polacrilex gum 2 mg	NP		•		
NICORETTE STARTER KIT – nicotine polacrilex gum 4 mg	NP		•		
nicotine polacrilex gum 2 mg	P				
nicotine polacrilex gum 4 mg	P				
nicotine polacrilex lozenge 2 mg	P				
nicotine polacrilex lozenge 4 mg	P				
nicotine td patch 24hr 7 mg/24hr	P				
nicotine td patch 24hr 14 mg/24hr	P				
nicotine td patch 24hr 21 mg/24hr	P				
NICOTROL INHALER – nicotine inhaler system 10 mg (4 mg delivered)	NP		•	•	
NICOTROL NS – nicotine nasal spray 10 mg/ml (0.5 mg/spray)	NP		•	•	
NUEDEXTA – dextromethorphan hbr-quinidine sulfate cap 20-10 mg	C		•	•	
olanzapine-fluoxetine hcl cap 3-25 mg (Symbyax)	NP		•		
olanzapine-fluoxetine hcl cap 6-25 mg (Symbyax)	NP		•		
olanzapine-fluoxetine hcl cap 6-50 mg (Symbyax)	NP		•		
olanzapine-fluoxetine hcl cap 12-25 mg	NP		•		
olanzapine-fluoxetine hcl cap 12-50 mg (Symbyax)	NP		•		
paroxetine mesylate cap 7.5 mg (base equiv) (Brisdelle)	NP		•		
PIMOZIDE – pimozide tab 1 mg	C				
PIMOZIDE – pimozide tab 2 mg	C				
pregabalin cap 25 mg (Lyrica)	P			•	

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
pregabalin cap 50 mg (Lyrica)	P			•	
pregabalin cap 75 mg (Lyrica)	P			•	
pregabalin cap 100 mg (Lyrica)	P			•	
pregabalin cap 150 mg (Lyrica)	P			•	
pregabalin cap 200 mg (Lyrica)	P			•	
pregabalin cap 225 mg (Lyrica)	P			•	
pregabalin cap 300 mg (Lyrica)	P			•	
pregabalin soln 20 mg/ml (Lyrica)	NP		•	•	
RAZADYNE – galantamine hydrobromide tab 4 mg	NP		•		
RAZADYNE – galantamine hydrobromide tab 8 mg	NP		•		
RAZADYNE – galantamine hydrobromide tab 12 mg	NP		•		
RAZADYNE ER – galantamine hydrobromide cap er 24hr 8 mg	NP		•		
RAZADYNE ER – galantamine hydrobromide cap er 24hr 16 mg	NP		•		
RAZADYNE ER – galantamine hydrobromide cap er 24hr 24 mg	NP		•		
rivastigmine tartrate cap 1.5 mg (base equivalent)	NP		•		
rivastigmine tartrate cap 3 mg (base equivalent)	NP		•		
rivastigmine tartrate cap 4.5 mg (base equivalent)	NP		•		
rivastigmine tartrate cap 6 mg (base equivalent)	NP		•		
rivastigmine td patch 24hr 4.6 mg/24hr (Exelon)	NP		•		
rivastigmine td patch 24hr 9.5 mg/24hr (Exelon)	NP		•		
rivastigmine td patch 24hr 13.3 mg/24hr (Exelon)	NP		•		
SARAFEM – fluoxetine hcl (pmdd) tab 10 mg	NP		•		
SARAFEM – fluoxetine hcl (pmdd) tab 20 mg	NP		•		

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
SAVELLA – milnacipran hcl tab 12.5 mg	P			•	
SAVELLA – milnacipran hcl tab 25 mg	P			•	
SAVELLA – milnacipran hcl tab 50 mg	P			•	
SAVELLA – milnacipran hcl tab 100 mg	P			•	
SAVELLA TITRATION PACK – milnacipran hcl tab 12.5 mg (5) & 25 mg (8) & 50 mg (42) pak	P			•	
SYMBYAX – olanzapine-fluoxetine hcl cap 3-25 mg	NP		•		
SYMBYAX – olanzapine-fluoxetine hcl cap 6-25 mg	NP		•		
SYMBYAX – olanzapine-fluoxetine hcl cap 6-50 mg	NP		•		
SYMBYAX – olanzapine-fluoxetine hcl cap 12-25 mg	NP		•		
SYMBYAX – olanzapine-fluoxetine hcl cap 12-50 mg	NP		•		
TEGSEDI – inotersen sod subcutaneous pref syr 284 mg/1.5ml (base eq)	C	•	•	•	
ZYBAN – bupropion hcl (smoking deterrent) tab er 12hr 150 mg	NP		•		
PAIN RELIEF DRUGS					
NON-NARCOTIC DRUGS					
acetaminophen cap 500 mg	C				
acetaminophen chew tab 80 mg	C				
acetaminophen chew tab 160 mg	C				
acetaminophen disintegrating tab 80 mg	C				
acetaminophen disintegrating tab 160 mg	C				
acetaminophen liquid 160 mg/5ml	C				
acetaminophen soln 160 mg/5ml	C				
acetaminophen suppos 120 mg	C				
acetaminophen suppos 325 mg	C				

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
acetaminophen suppos 650 mg	C				
acetaminophen susp 80 mg/0.8ml	C				
acetaminophen susp 160 mg/5ml	C				
acetaminophen tab er 650 mg	C				
acetaminophen tab 325 mg	C				
acetaminophen tab 500 mg	C				
aspirin buffered (ca carb-mg carb-mg ox) tab 325 mg	C				
aspirin chew tab 81 mg	C				
aspirin tab delayed release 81 mg	C				
aspirin tab delayed release 325 mg	C				
aspirin tab 325 mg	C				
aspirin-acetaminophen-caffeine tab 250-250-65 mg	C				
butalbital-acetaminophen tab 50-325 mg	C			•	
FEVERALL INFANTS – acetaminophen suppos 80 mg	C				
NORTEMP INFANTS – acetaminophen susp 80 mg/0.8ml	C				
salsalate tab 500 mg	C				
salsalate tab 750 mg	C				
TENCON – butalbital-acetaminophen tab 50-325 mg	C			•	
NARCOTIC DRUGS					
acetaminophen w/ codeine soln 120-12 mg/5ml	C			•	
acetaminophen w/ codeine tab 300-15 mg (Tylenol/codeine)	C			•	
acetaminophen w/ codeine tab 300-30 mg (Tylenol/codeine #3)	C			•	
acetaminophen w/ codeine tab 300-60 mg (Tylenol/codeine #4)	C			•	
ARYMO ER – morphine sulfate tab er abuse-deterrent 15 mg	NP		•	•	
ARYMO ER – morphine sulfate tab er abuse-deterrent 30 mg	NP		•	•	

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
ARYMO ER – morphine sulfate tab er abuse-deterrent 60 mg	NP		•	•	
BELBUCA – buprenorphine hcl buccal film 75 mcg (base equivalent)	P			•	
BELBUCA – buprenorphine hcl buccal film 150 mcg (base equivalent)	P			•	
BELBUCA – buprenorphine hcl buccal film 300 mcg (base equivalent)	P			•	
BELBUCA – buprenorphine hcl buccal film 450 mcg (base equivalent)	P			•	
BELBUCA – buprenorphine hcl buccal film 600 mcg (base equivalent)	P			•	
BELBUCA – buprenorphine hcl buccal film 750 mcg (base equivalent)	P			•	
BELBUCA – buprenorphine hcl buccal film 900 mcg (base equivalent)	P			•	
BUNAVAIL – buprenorphine-naloxone buccal film 2.1-0.3 mg (base equiv)	NP		•	•	
BUNAVAIL – buprenorphine-naloxone buccal film 4.2-0.7 mg (base equiv)	NP		•	•	
BUNAVAIL – buprenorphine-naloxone buccal film 6.3-1 mg (base equiv)	NP		•	•	
BUPRENORPHINE – buprenorphine td patch weekly 7.5 mcg/hr	NP		•	•	
BUPRENORPHINE – buprenorphine td patch weekly 10 mcg/hr	NP		•	•	
BUPRENORPHINE – buprenorphine td patch weekly 15 mcg/hr	NP		•	•	
BUPRENORPHINE – buprenorphine td patch weekly 20 mcg/hr	NP		•	•	
buprenorphine hcl sl tab 2 mg (base equiv)	NP		•	•	

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
buprenorphine hcl sl tab 8 mg (base equiv)	NP		•	•	
buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv) (Suboxone)	NP		•	•	
buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv) (Suboxone)	NP		•	•	
buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv) (Suboxone)	NP		•	•	
buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv) (Suboxone)	NP		•	•	
buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)	P			•	
buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)	P			•	
buprenorphine td patch weekly 5 mcg/hr (Butrans)	NP		•	•	
buprenorphine td patch weekly 10 mcg/hr (Butrans)	NP		•	•	
buprenorphine td patch weekly 15 mcg/hr (Butrans)	NP		•	•	
buprenorphine td patch weekly 20 mcg/hr (Butrans)	NP		•	•	
BUTORPHANOL TARTRATE – butorphanol tartrate inj 1 mg/ml	C				
butorphanol tartrate nasal soln 10 mg/ml	C			•	
CODEINE SULFATE – codeine sulfate tab 15 mg	C			•	
CODEINE SULFATE – codeine sulfate tab 60 mg	C			•	
codeine sulfate tab 30 mg (Codeine sulfate)	C			•	
codeine sulfate tab 60 mg	C			•	
DURAGESIC – fentanyl td patch 72hr 12 mcg/hr	NP		•	•	
DURAGESIC – fentanyl td patch 72hr 25 mcg/hr	NP		•	•	
DURAGESIC – fentanyl td patch 72hr 50 mcg/hr	NP		•	•	
DURAGESIC – fentanyl td patch 72hr 75 mcg/hr	NP		•	•	
DURAGESIC – fentanyl td patch 72hr 100 mcg/hr	NP		•	•	
EMBEDA – morphine-naltrexone cap er 20-0.8 mg	NP		•	•	
EMBEDA – morphine-naltrexone cap er 30-1.2 mg	NP		•	•	
EMBEDA – morphine-naltrexone cap er 50-2 mg	NP		•	•	
EMBEDA – morphine-naltrexone cap er 60-2.4 mg	NP		•	•	
EMBEDA – morphine-naltrexone cap er 80-3.2 mg	NP		•	•	
EMBEDA – morphine-naltrexone cap er 100-4 mg	NP		•	•	
EXALGO – hydromorphone hcl tab er 24hr deter 8 mg	NP		•	•	
EXALGO – hydromorphone hcl tab er 24hr deter 12 mg	NP		•	•	
EXALGO – hydromorphone hcl tab er 24hr deter 16 mg	NP		•	•	
EXALGO – hydromorphone hcl tab er 24hr deter 32 mg	NP		•	•	
fentanyl citrate lozenge on a handle 200 mcg (Actiq)	C		•	•	
fentanyl citrate lozenge on a handle 400 mcg (Actiq)	C		•	•	
fentanyl citrate lozenge on a handle 600 mcg (Actiq)	C		•	•	
fentanyl citrate lozenge on a handle 800 mcg (Actiq)	C		•	•	
fentanyl citrate lozenge on a handle 1200 mcg (Actiq)	C		•	•	
fentanyl citrate lozenge on a handle 1600 mcg (Actiq)	C		•	•	
fentanyl td patch 72hr 12 mcg/hr (Duragesic)	NP		•	•	

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
fentanyl td patch 72hr 25 mcg/hr (Duragesic)	P			•	
fentanyl td patch 72hr 37.5 mcg/hr	NP		•	•	
fentanyl td patch 72hr 50 mcg/hr (Duragesic)	P			•	
fentanyl td patch 72hr 62.5 mcg/hr	NP		•	•	
fentanyl td patch 72hr 75 mcg/hr (Duragesic)	NP		•	•	
fentanyl td patch 72hr 87.5 mcg/hr	NP		•	•	
fentanyl td patch 72hr 100 mcg/hr (Duragesic)	NP		•	•	
hydrocodone-acetaminophen soln 7.5-325 mg/15ml	C			•	
hydrocodone-acetaminophen tab 2.5-325 mg	C			•	
hydrocodone-acetaminophen tab 10-325 mg (Norco)	C			•	
hydrocodone-acetaminophen tab 5-325 mg (Norco)	C			•	
hydrocodone-acetaminophen tab 7.5-325 mg (Norco)	C			•	
hydrocodone-ibuprofen tab 7.5-200 mg	C			•	
HYDROMORPHONE HCL – hydromorphone hcl inj 4 mg/ml	C				
hydromorphone hcl liqd 1 mg/ml (Dilaudid)	C			•	
hydromorphone hcl tab er 24hr deter 8 mg	NP		•	•	
hydromorphone hcl tab er 24hr deter 12 mg	NP		•	•	
hydromorphone hcl tab er 24hr deter 16 mg	NP		•	•	
hydromorphone hcl tab er 24hr deter 32 mg	NP		•	•	
hydromorphone hcl tab 2 mg (Dilaudid)	C			•	
hydromorphone hcl tab 4 mg (Dilaudid)	C			•	

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
hydromorphone hcl tab 8 mg (Dilaudid)	C			•	
HYSINGLA ER – hydrocodone bitartrate tab er 24hr deter 20 mg	NP		•	•	
HYSINGLA ER – hydrocodone bitartrate tab er 24hr deter 30 mg	NP		•	•	
HYSINGLA ER – hydrocodone bitartrate tab er 24hr deter 40 mg	NP		•	•	
HYSINGLA ER – hydrocodone bitartrate tab er 24hr deter 60 mg	NP		•	•	
HYSINGLA ER – hydrocodone bitartrate tab er 24hr deter 80 mg	NP		•	•	
HYSINGLA ER – hydrocodone bitartrate tab er 24hr deter 100 mg	NP		•	•	
HYSINGLA ER – hydrocodone bitartrate tab er 24hr deter 120 mg	NP		•	•	
KADIAN – morphine sulfate cap er 24hr 10 mg	NP		•	•	
KADIAN – morphine sulfate cap er 24hr 20 mg	NP		•	•	
KADIAN – morphine sulfate cap er 24hr 30 mg	NP		•	•	
KADIAN – morphine sulfate cap er 24hr 40 mg	NP		•	•	
KADIAN – morphine sulfate cap er 24hr 50 mg	NP		•	•	
KADIAN – morphine sulfate cap er 24hr 60 mg	NP		•	•	
KADIAN – morphine sulfate cap er 24hr 80 mg	NP		•	•	
KADIAN – morphine sulfate cap er 24hr 100 mg	NP		•	•	
KADIAN – morphine sulfate cap er 24hr 200 mg	NP		•	•	
methadone hcl conc 10 mg/ml (Methadose)	C			•	
methadone hcl soln 5 mg/5ml (Methadone hcl)	C			•	
methadone hcl soln 10 mg/5ml (Methadone hcl)	C			•	

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
methadone hcl tab for oral susp 40 mg	C			•	
methadone hcl tab 5 mg (Dolophine)	NP		•	•	
methadone hcl tab 10 mg (Dolophine)	NP		•	•	
MORPHABOND ER – morphine sulfate tab er 12hr deter 15 mg	NP		•	•	
MORPHABOND ER – morphine sulfate tab er 12hr deter 30 mg	NP		•	•	
MORPHABOND ER – morphine sulfate tab er 12hr deter 60 mg	NP		•	•	
MORPHABOND ER – morphine sulfate tab er 12hr deter 100 mg	NP		•	•	
MORPHINE SULFATE – morphine sulfate inj 8 mg/ml	C				
MORPHINE SULFATE – morphine sulfate inj 10 mg/ml	C				
morphine sulfate cap er 24hr 10 mg (Kadian)	NP		•	•	
morphine sulfate cap er 24hr 20 mg (Kadian)	NP		•	•	
morphine sulfate cap er 24hr 30 mg (Kadian)	NP		•	•	
morphine sulfate cap er 24hr 40 mg (Kadian)	NP		•	•	
morphine sulfate cap er 24hr 50 mg (Kadian)	NP		•	•	
morphine sulfate cap er 24hr 60 mg (Kadian)	NP		•	•	
morphine sulfate cap er 24hr 80 mg (Kadian)	NP		•	•	
morphine sulfate cap er 24hr 100 mg (Kadian)	NP		•	•	
MORPHINE SULFATE ER – morphine sulfate beads cap er 24hr 30 mg	NP		•	•	
MORPHINE SULFATE ER – morphine sulfate beads cap er 24hr 45 mg	NP		•	•	
MORPHINE SULFATE ER – morphine sulfate beads cap er 24hr 60 mg	NP		•	•	
MORPHINE SULFATE ER – morphine sulfate beads cap er 24hr 75 mg	NP		•	•	
MORPHINE SULFATE ER – morphine sulfate beads cap er 24hr 90 mg	NP		•	•	
MORPHINE SULFATE ER – morphine sulfate beads cap er 24hr 120 mg	NP		•	•	
morphine sulfate oral soln 10 mg/5ml	C			•	
morphine sulfate oral soln 20 mg/5ml	C			•	
morphine sulfate oral soln 100 mg/5ml (20 mg/ml)	C			•	
morphine sulfate tab er 15 mg (MS Contin)	P			•	
morphine sulfate tab er 30 mg (MS Contin)	P			•	
morphine sulfate tab er 60 mg (MS Contin)	P			•	
morphine sulfate tab er 100 mg (MS Contin)	P			•	
morphine sulfate tab er 200 mg (MS Contin)	P			•	
morphine sulfate tab 15 mg (Morphine sulfate)	C			•	
morphine sulfate tab 30 mg (Morphine sulfate)	C			•	
MS CONTIN – morphine sulfate tab er 15 mg	NP		•	•	
MS CONTIN – morphine sulfate tab er 30 mg	NP		•	•	
MS CONTIN – morphine sulfate tab er 60 mg	NP		•	•	
MS CONTIN – morphine sulfate tab er 100 mg	NP		•	•	

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
MS CONTIN – morphine sulfate tab er 200 mg	NP		•	•	
NUCYNTA ER – tapentadol hcl tab er 12hr 50 mg	NP		•	•	
NUCYNTA ER – tapentadol hcl tab er 12hr 100 mg	NP		•	•	
NUCYNTA ER – tapentadol hcl tab er 12hr 150 mg	NP		•	•	
NUCYNTA ER – tapentadol hcl tab er 12hr 200 mg	NP		•	•	
NUCYNTA ER – tapentadol hcl tab er 12hr 250 mg	NP		•	•	
OPANA ER (CRUSH RESISTANT) – oxymorphone hcl tab er 12hr deter 5 mg	NP		•	•	
OPANA ER (CRUSH RESISTANT) – oxymorphone hcl tab er 12hr deter 7.5 mg	NP		•	•	
OPANA ER (CRUSH RESISTANT) – oxymorphone hcl tab er 12hr deter 10 mg	NP		•	•	
OPANA ER (CRUSH RESISTANT) – oxymorphone hcl tab er 12hr deter 15 mg	NP		•	•	
OPANA ER (CRUSH RESISTANT) – oxymorphone hcl tab er 12hr deter 20 mg	NP		•	•	
OPANA ER (CRUSH RESISTANT) – oxymorphone hcl tab er 12hr deter 30 mg	NP		•	•	
OPANA ER (CRUSH RESISTANT) – oxymorphone hcl tab er 12hr deter 40 mg	NP		•	•	
OXYCODONE HCL ER – oxycodone hcl tab er 12hr deter 10 mg	NP		•	•	
OXYCODONE HCL ER – oxycodone hcl tab er 12hr deter 15 mg	NP		•	•	
OXYCODONE HCL ER – oxycodone hcl tab er 12hr deter 20 mg	NP		•	•	
OXYCODONE HCL ER – oxycodone hcl tab er 12hr deter 30 mg	NP		•	•	

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
OXYCODONE HCL ER – oxycodone hcl tab er 12hr deter 40 mg	NP		•	•	
OXYCODONE HCL ER – oxycodone hcl tab er 12hr deter 60 mg	NP		•	•	
OXYCODONE HCL ER – oxycodone hcl tab er 12hr deter 80 mg	NP		•	•	
oxycodone hcl soln 5 mg/5ml	C			•	
oxycodone hcl tab 5 mg (Roxicodone)	C			•	
oxycodone hcl tab 10 mg	C			•	
oxycodone hcl tab 15 mg (Roxicodone)	C			•	
oxycodone hcl tab 20 mg	C			•	
oxycodone hcl tab 30 mg (Roxicodone)	C			•	
OXYCODONE HYDROCHLORIDE ER – oxycodone hcl tab er 12hr deter 10 mg	NP		•	•	
OXYCODONE HYDROCHLORIDE ER – oxycodone hcl tab er 12hr deter 20 mg	NP		•	•	
OXYCODONE HYDROCHLORIDE ER – oxycodone hcl tab er 12hr deter 40 mg	NP		•	•	
oxycodone w/ acetaminophen tab 5-325 mg (Percocet)	C			•	
oxycodone w/ acetaminophen tab 7.5-325 mg (Percocet)	C			•	
oxycodone w/ acetaminophen tab 10-325 mg (Percocet)	C			•	
OXYCONTIN – oxycodone hcl tab er 12hr deter 10 mg	NP		•	•	
OXYCONTIN – oxycodone hcl tab er 12hr deter 15 mg	NP		•	•	
OXYCONTIN – oxycodone hcl tab er 12hr deter 20 mg	NP		•	•	
OXYCONTIN – oxycodone hcl tab er 12hr deter 30 mg	NP		•	•	
OXYCONTIN – oxycodone hcl tab er 12hr deter 40 mg	NP		•	•	

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
OXYCONTIN – oxycodone hcl tab er 12hr deter 60 mg	NP		•	•	
OXYCONTIN – oxycodone hcl tab er 12hr deter 80 mg	NP		•	•	
OXYMORPHONE HYDROCHLORIDE ER – oxymorphone hcl tab er 12hr 5 mg	NP		•	•	
OXYMORPHONE HYDROCHLORIDE ER – oxymorphone hcl tab er 12hr 7.5 mg	NP		•	•	
OXYMORPHONE HYDROCHLORIDE ER – oxymorphone hcl tab er 12hr 10 mg	NP		•	•	
OXYMORPHONE HYDROCHLORIDE ER – oxymorphone hcl tab er 12hr 15 mg	NP		•	•	
OXYMORPHONE HYDROCHLORIDE ER – oxymorphone hcl tab er 12hr 20 mg	NP		•	•	
OXYMORPHONE HYDROCHLORIDE ER – oxymorphone hcl tab er 12hr 30 mg	NP		•	•	
OXYMORPHONE HYDROCHLORIDE ER – oxymorphone hcl tab er 12hr 40 mg	NP		•	•	
SUBOXONE – buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)	P			•	
SUBOXONE – buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)	P			•	
SUBOXONE – buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)	P			•	
SUBOXONE – buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)	P			•	
tramadol hcl tab 50 mg (Ultram)	C			•	
tramadol-acetaminophen tab 37.5-325 mg (Ultracet)	C			•	

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
XTAMPZA ER – oxycodone cap er 12hr abuse-deterrent 9 mg	NP		•	•	
XTAMPZA ER – oxycodone cap er 12hr abuse-deterrent 13.5 mg	NP		•	•	
XTAMPZA ER – oxycodone cap er 12hr abuse-deterrent 18 mg	NP		•	•	
XTAMPZA ER – oxycodone cap er 12hr abuse-deterrent 27 mg	NP		•	•	
XTAMPZA ER – oxycodone cap er 12hr abuse-deterrent 36 mg	NP		•	•	
ZOHYDRO ER – hydrocodone bitartrate cap er 12hr abuse-deterrent 10 mg	NP		•	•	
ZOHYDRO ER – hydrocodone bitartrate cap er 12hr abuse-deterrent 15 mg	NP		•	•	
ZOHYDRO ER – hydrocodone bitartrate cap er 12hr abuse-deterrent 20 mg	NP		•	•	
ZOHYDRO ER – hydrocodone bitartrate cap er 12hr abuse-deterrent 30 mg	NP		•	•	
ZOHYDRO ER – hydrocodone bitartrate cap er 12hr abuse-deterrent 40 mg	NP		•	•	
ZOHYDRO ER – hydrocodone bitartrate cap er 12hr abuse-deterrent 50 mg	NP		•	•	
ZUBSOLV – buprenorphine hcl-naloxone hcl sl tab 0.7-0.18 mg (base eq)	NP		•	•	
ZUBSOLV – buprenorphine hcl-naloxone hcl sl tab 1.4-0.36 mg (base eq)	NP		•	•	
ZUBSOLV – buprenorphine hcl-naloxone hcl sl tab 2.9-0.71 mg (base eq)	NP		•	•	
ZUBSOLV – buprenorphine hcl-naloxone hcl sl tab 5.7-1.4 mg (base eq)	NP		•	•	

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
ZUBSOLV – buprenorphine hcl-naloxone hcl sl tab 8.6-2.1 mg (base eq)	NP		•	•	
ZUBSOLV – buprenorphine hcl-naloxone hcl sl tab 11.4-2.9 mg (base eq)	NP		•	•	
RHEUMATOID AND OSTEOARTHRITIS					
ARCALYST – rilonacept for inj 220 mg	C	•	•	•	
CELEBREX – celecoxib cap 50 mg	NP		•		
CELEBREX – celecoxib cap 100 mg	NP		•		
CELEBREX – celecoxib cap 200 mg	NP		•		
CELEBREX – celecoxib cap 400 mg	NP		•		
celecoxib cap 50 mg (Celebrex)	P				
celecoxib cap 100 mg (Celebrex)	P				
celecoxib cap 200 mg (Celebrex)	P				
celecoxib cap 400 mg (Celebrex)	P				
diclofenac potassium tab 50 mg	C				
diclofenac sodium tab delayed release 25 mg	P				
diclofenac sodium tab delayed release 50 mg	P				
diclofenac sodium tab delayed release 75 mg	P				
diclofenac sodium tab er 24hr 100 mg	P				
DUEXIS – ibuprofen-famotidine tab 800-26.6 mg	NP		••	•	
ENBREL – etanercept for subcutaneous inj 25 mg	P	•	•	•	
ENBREL – etanercept subcutaneous soln prefilled syringe 25 mg/0.5ml	P	•	•	•	
ENBREL – etanercept subcutaneous soln prefilled syringe 50 mg/ml	P	•	•	•	
ENBREL MINI – etanercept subcutaneous solution cartridge 50 mg/ml	NP	•	••	•	

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
ENBREL SURECLICK – etanercept subcutaneous solution auto-injector 50 mg/ml	P	•	•	•	
etodolac cap 200 mg	C				
etodolac cap 300 mg	C				
etodolac tab 400 mg (Lodine)	C				
etodolac tab 500 mg	C				
FENOPROFEN CALCIUM – fenoprofen calcium cap 200 mg	NP		•		
FENOPROFEN CALCIUM – fenoprofen calcium cap 400 mg	NP		•		
fenoprofen calcium tab 600 mg (Nalfon)	NP		•		
flurbiprofen tab 50 mg	P				
flurbiprofen tab 100 mg	P				
HUMIRA – adalimumab prefilled syringe kit 10 mg/0.1ml	P	•	•	•	
HUMIRA – adalimumab prefilled syringe kit 10 mg/0.2ml	P	•	•	•	
HUMIRA – adalimumab prefilled syringe kit 20 mg/0.2ml	P	•	•	•	
HUMIRA – adalimumab prefilled syringe kit 20 mg/0.4ml	P	•	•	•	
HUMIRA – adalimumab prefilled syringe kit 40 mg/0.8ml	P	•	•	•	
HUMIRA – adalimumab prefilled syringe kit 40 mg/0.4ml	P	•	•	•	
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK – adalimumab prefilled syringe kit 40 mg/0.8ml	P	•	•	•	
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK – adalimumab prefilled syringe kit 80 mg/0.8ml	P	•	•	•	
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK – adalimumab prefilled syringe kit 80 mg/0.8ml & 40 mg/0.4ml	P	•	•	•	

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
HUMIRA PEN – adalimumab pen-injector kit 40 mg/0.8ml	P	•	•	•	
HUMIRA PEN – adalimumab pen-injector kit 40 mg/0.4ml	P	•	•	•	
HUMIRA PEN-CD/UC/HS STARTER – adalimumab pen-injector kit 40 mg/0.8ml	P	•	•	•	
HUMIRA PEN-CD/UC/HS STARTER – adalimumab pen-injector kit 80 mg/0.8ml	P	•	•	•	
HUMIRA PEN-PS/UV STARTER – adalimumab pen-injector kit 40 mg/0.8ml	P	•	•	•	
HUMIRA PEN-PS/UV STARTER – adalimumab pen-injector kit 80 mg/0.8ml & 40 mg/0.4ml	P	•	•	•	
ibuprofen chew tab 100 mg	C				
ibuprofen susp 40 mg/ml	C				
ibuprofen susp 100 mg/5ml	C				
ibuprofen susp 100 mg/5ml	C				
ibuprofen tab 200 mg	C				
ibuprofen tab 400 mg	P				
ibuprofen tab 600 mg	P				
ibuprofen tab 800 mg	P				
indomethacin cap 25 mg	P				
indomethacin cap 50 mg	P				
KETOPROFEN – ketoprofen cap 25 mg	P				
ketorolac tromethamine tab 10 mg	P			•	
KEVZARA – sarilumab subcutaneous solution auto-injector 150 mg/1.14ml	NP	•	••	•	
KEVZARA – sarilumab subcutaneous solution auto-injector 200 mg/1.14ml	NP	•	••	•	
KEVZARA – sarilumab subcutaneous soln prefilled syringe 150 mg/1.14ml	NP	•	••	•	

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
KEVZARA – sarilumab subcutaneous soln prefilled syringe 200 mg/1.14ml	NP	•	••	•	
KINERET – anakinra subcutaneous soln prefilled syringe 100 mg/0.67ml	NP	•	••	•	
leflunomide tab 10 mg (Arava)	C				
leflunomide tab 20 mg (Arava)	C				
mefenamic acid cap 250 mg	NP		•		
meloxicam tab 7.5 mg (Mobic)	P				
meloxicam tab 15 mg (Mobic)	P				
MOBIC – meloxicam tab 7.5 mg	NP		•		
MOBIC – meloxicam tab 15 mg	NP		•		
nabumetone tab 500 mg	P				
nabumetone tab 750 mg	P				
naproxen sodium tab 220 mg	C				
naproxen sodium tab 275 mg	P				
naproxen sodium tab 550 mg	P				
naproxen tab ec 375 mg (Ec-naprosyn)	P				
naproxen tab ec 500 mg (Ec-naproxen)	P				
naproxen tab 250 mg	P				
naproxen tab 375 mg	P				
naproxen tab 500 mg	P				
ORENCIA – abatacept subcutaneous soln prefilled syringe 50 mg/0.4ml	NP	•	••	•	
ORENCIA – abatacept subcutaneous soln prefilled syringe 87.5 mg/0.7ml	NP	•	••	•	
ORENCIA – abatacept subcutaneous soln prefilled syringe 125 mg/ml	NP	•	••	•	
ORENCIA CLICKJECT – abatacept subcutaneous soln auto-injector 125 mg/ml	NP	•	••	•	
OTEZLA – apremilast tab starter therapy pack 10 mg & 20 mg & 30 mg	NP	•	••	•	
OTEZLA – apremilast tab 30 mg	NP	•	••	•	

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
oxaprozin tab 600 mg (Daypro)	NP		•		
piroxicam cap 10 mg (Feldene)	C				
piroxicam cap 20 mg (Feldene)	C				
SIMPONI – golimumab subcutaneous soln auto-injector 50 mg/0.5ml	NP	•	••	•	
SIMPONI – golimumab subcutaneous soln auto-injector 100 mg/ml	NP	•	••	•	
SIMPONI – golimumab subcutaneous soln prefilled syringe 50 mg/0.5ml	NP	•	••	•	
SIMPONI – golimumab subcutaneous soln prefilled syringe 100 mg/ml	NP	•	••	•	
sulindac tab 150 mg	P				
sulindac tab 200 mg	P				
VIMOVO – naproxen-esomeprazole magnesium tab dr 375-20 mg	NP		••	•	
VIMOVO – naproxen-esomeprazole magnesium tab dr 500-20 mg	NP		••	•	
XELJANZ – tofacitinib citrate tab 5 mg (base equivalent)	NP	•	••	•	
XELJANZ – tofacitinib citrate tab 10 mg (base equivalent)	NP	•	••	•	
XELJANZ XR – tofacitinib citrate tab er 24hr 11 mg (base equivalent)	NP	•	••	•	
XELJANZ XR – tofacitinib citrate tab er 24hr 22 mg (base equivalent)	NP	•	••	•	
ZIPSOR – diclofenac potassium cap 25 mg	NP		•		
ZORVOLEX – diclofenac cap 18 mg	NP		•		
ZORVOLEX – diclofenac cap 35 mg	NP		•		
MIGRAINE HEADACHES					
AIMOVIG – erenumab-aooe subcutaneous soln auto-injector 70 mg/ml	NP		••	•	
AIMOVIG – erenumab-aooe subcutaneous soln auto-injector 140 mg/ml	NP		••	•	

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
AJOVY – fremanezumab-vfrm subcutaneous soln pref syr 225 mg/1.5ml	NP		••	•	
almotriptan malate tab 6.25 mg	NP		•	•	
almotriptan malate tab 12.5 mg	NP		•	•	
AMERGE – naratriptan hcl tab 1 mg (base equiv)	NP		•	•	
AMERGE – naratriptan hcl tab 2.5 mg (base equiv)	NP		•	•	
dihydroergotamine mesylate inj 1 mg/ml (D.h.e. 45)	C				
eletriptan hydrobromide tab 20 mg (base equivalent) (Relpax)	NP		•	•	
eletriptan hydrobromide tab 40 mg (base equivalent) (Relpax)	NP		•	•	
EMGALITY – galcanezumab-gnlm subcutaneous soln auto-injector 120 mg/ml	P		•	•	
EMGALITY – galcanezumab-gnlm subcutaneous soln prefilled syr 100 mg/ml	C		•	•	
EMGALITY – galcanezumab-gnlm subcutaneous soln prefilled syr 120 mg/ml	P		•	•	
FROVA – frovatriptan succinate tab 2.5 mg (base equivalent)	NP		•	•	
frovatriptan succinate tab 2.5 mg (base equivalent) (Frova)	NP		•	•	
IMITREX – sumatriptan nasal spray 5 mg/act	NP		•	•	
IMITREX – sumatriptan nasal spray 20 mg/act	NP		•	•	
IMITREX – sumatriptan succinate tab 25 mg	NP		•	•	
IMITREX – sumatriptan succinate tab 50 mg	NP		•	•	
IMITREX – sumatriptan succinate tab 100 mg	NP		•	•	
MAXALT – rizatriptan benzoate tab 10 mg (base equivalent)	NP		•	•	

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
MAXALT-MLT – rizatriptan benzoate oral disintegrating tab 5 mg (base eq)	NP		•	•	
MAXALT-MLT – rizatriptan benzoate oral disintegrating tab 10 mg (base eq)	NP		•	•	
naratriptan hcl tab 1 mg (base equiv) (Amerge)	NP		•	•	
naratriptan hcl tab 2.5 mg (base equiv) (Amerge)	NP		•	•	
ONZETRA XSAIL – sumatriptan succinate exhaler powder 11 mg/ nosepiece	NP		•	•	
RELPAX – eletriptan hydrobromide tab 20 mg (base equivalent)	P			•	
RELPAX – eletriptan hydrobromide tab 40 mg (base equivalent)	P			•	
rizatriptan benzoate oral disintegrating tab 5 mg (base eq) (Maxalt-mlt)	P			•	
rizatriptan benzoate oral disintegrating tab 10 mg (base eq) (Maxalt-mlt)	P			•	
rizatriptan benzoate tab 5 mg (base equivalent)	P			•	
rizatriptan benzoate tab 10 mg (base equivalent) (Maxalt)	P			•	
sumatriptan nasal spray 5 mg/act (Imitrex)	P			•	
sumatriptan nasal spray 20 mg/act (Imitrex)	P			•	
SUMATRIPTAN SUCCINATE – sumatriptan succinate solution prefilled syringe 6 mg/0.5ml	C			•	
sumatriptan succinate inj 6 mg/0.5ml (Imitrex)	C			•	
sumatriptan succinate solution auto-injector 4 mg/0.5ml (Imitrex statdose sys)	C			•	
sumatriptan succinate solution auto-injector 6 mg/0.5ml (Imitrex statdose sys)	C			•	
sumatriptan succinate solution cartridge 4 mg/0.5ml (Imitrex statdose ref)	C			•	
sumatriptan succinate solution cartridge 6 mg/0.5ml (Imitrex statdose ref)	C			•	
sumatriptan succinate tab 25 mg (Imitrex)	P			•	
sumatriptan succinate tab 50 mg (Imitrex)	P			•	
sumatriptan succinate tab 100 mg (Imitrex)	P			•	
sumatriptan-naproxen sodium tab 85-500 mg (Treximet)	NP		•	•	
TOSYMRA – sumatriptan nasal spray 10 mg/act	NP		•	•	
TREXIMET – sumatriptan-naproxen sodium tab 10-60 mg	NP		•	•	
TREXIMET – sumatriptan-naproxen sodium tab 85-500 mg	NP		•	•	
ZEMBRACE SYMTOUCH – sumatriptan succinate solution auto-injector 3 mg/0.5ml	NP		•	•	
zolmitriptan orally disintegrating tab 2.5 mg (Zomig zmt)	NP		•	•	
zolmitriptan orally disintegrating tab 5 mg (Zomig zmt)	NP		•	•	
zolmitriptan tab 2.5 mg (Zomig)	NP		•	•	
zolmitriptan tab 5 mg (Zomig)	NP		•	•	
ZOMIG – zolmitriptan tab 2.5 mg	NP		•	•	
ZOMIG – zolmitriptan tab 5 mg	NP		•	•	
ZOMIG – zolmitriptan nasal spray 2.5 mg/spray unit	NP		•	•	
ZOMIG – zolmitriptan nasal spray 5 mg/spray unit	NP		•	•	
ZOMIG ZMT – zolmitriptan orally disintegrating tab 2.5 mg	NP		•	•	

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
ZOMIG ZMT – zolmitriptan orally disintegrating tab 5 mg	NP		•	•	
GOUT					
allopurinol tab 100 mg (Zyloprim)	C				
allopurinol tab 300 mg (Zyloprim)	C				
COLCHICINE – colchicine cap 0.6 mg	C				
colchicine w/ probenecid tab 0.5-500 mg	C				
MITIGARE – colchicine cap 0.6 mg	C				
probenecid tab 500 mg	C				
NEUROMUSCULAR DRUGS					
SEIZURES					
APTIOM – eslicarbazepine acetate tab 200 mg	NP		•		
APTIOM – eslicarbazepine acetate tab 400 mg	NP		•		
APTIOM – eslicarbazepine acetate tab 600 mg	NP		•		
APTIOM – eslicarbazepine acetate tab 800 mg	NP		•		
BANZEL – rufinamide susp 40 mg/ml	NP		•		
BANZEL – rufinamide tab 200 mg	NP		•		
BANZEL – rufinamide tab 400 mg	NP		•		
BRIVIACT – brivaracetam oral soln 10 mg/ml	NP		•		
BRIVIACT – brivaracetam tab 10 mg	NP		•		
BRIVIACT – brivaracetam tab 25 mg	NP		•		
BRIVIACT – brivaracetam tab 50 mg	NP		•		
BRIVIACT – brivaracetam tab 75 mg	NP		•		
BRIVIACT – brivaracetam tab 100 mg	NP		•		
carbamazepine cap er 12hr 100 mg (Carbatrol)	NP		•		
carbamazepine cap er 12hr 200 mg (Carbatrol)	NP		•		
carbamazepine cap er 12hr 300 mg (Carbatrol)	NP		•		

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
carbamazepine chew tab 100 mg	P				
carbamazepine susp 100 mg/5ml (Tegretol)	P				
carbamazepine tab er 12hr 100 mg (Tegretol-xr)	P				
carbamazepine tab er 12hr 200 mg (Tegretol-xr)	P				
carbamazepine tab er 12hr 400 mg (Tegretol-xr)	P				
carbamazepine tab 200 mg (Tegretol)	P				
CARBATROL – carbamazepine cap er 12hr 100 mg	NP		•		
CARBATROL – carbamazepine cap er 12hr 200 mg	NP		•		
CARBATROL – carbamazepine cap er 12hr 300 mg	NP		•		
CELONTIN – methsuximide cap 300 mg	P				
clobazam suspension 2.5 mg/ml (Onfi)	NP		•	•	
clobazam tab 10 mg (Onfi)	P			•	
clobazam tab 20 mg (Onfi)	P			•	
clonazepam orally disintegrating tab 0.125 mg	C			•	
clonazepam orally disintegrating tab 0.25 mg	C			•	
clonazepam orally disintegrating tab 0.5 mg	C			•	
clonazepam orally disintegrating tab 1 mg	C			•	
clonazepam orally disintegrating tab 2 mg	C			•	
clonazepam tab 0.5 mg (Klonopin)	C			•	
clonazepam tab 1 mg (Klonopin)	C			•	
clonazepam tab 2 mg (Klonopin)	C			•	
DEPAKENE – valproate sodium oral soln 250 mg/5ml (base equiv)	NP		•		

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
DEPAKENE – valproic acid cap 250 mg	NP		•		
DEPAKOTE – divalproex sodium tab delayed release 125 mg	NP		•		
DEPAKOTE – divalproex sodium tab delayed release 250 mg	NP		•		
DEPAKOTE – divalproex sodium tab delayed release 500 mg	NP		•		
DEPAKOTE ER – divalproex sodium tab er 24 hr 250 mg	NP		•		
DEPAKOTE ER – divalproex sodium tab er 24 hr 500 mg	NP		•		
DEPAKOTE SPRINKLES – divalproex sodium cap delayed release sprinkle 125 mg	NP		•		
DIACOMIT – stiripentol cap 250 mg	NP	•	•		
DIACOMIT – stiripentol cap 500 mg	NP	•	•		
DIACOMIT – stiripentol packet 250 mg	NP	•	•		
DIACOMIT – stiripentol packet 500 mg	NP	•	•		
DIASTAT ACUDIAL – diazepam rectal gel delivery system 10 mg	P			•	
DIASTAT ACUDIAL – diazepam rectal gel delivery system 20 mg	P			•	
DIASTAT PEDIATRIC – diazepam rectal gel delivery system 2.5 mg	P			•	
DIAZEPAM RECTAL GEL – diazepam rectal gel delivery system 2.5 mg	NP		•	•	
DIAZEPAM RECTAL GEL – diazepam rectal gel delivery system 10 mg	NP		•	•	
DIAZEPAM RECTAL GEL – diazepam rectal gel delivery system 20 mg	NP		•	•	
DILANTIN – phenytoin sodium extended cap 30 mg	P				
DILANTIN – phenytoin sodium extended cap 100 mg	P				

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
DILANTIN INFATABS – phenytoin chew tab 50 mg	NP		•		
DILANTIN-125 – phenytoin susp 125 mg/5ml	NP		•		
divalproex sodium cap delayed release sprinkle 125 mg (Depakote sprinkles)	P				
divalproex sodium tab delayed release 125 mg (Depakote)	P				
divalproex sodium tab delayed release 250 mg (Depakote)	P				
divalproex sodium tab delayed release 500 mg (Depakote)	P				
divalproex sodium tab er 24 hr 250 mg (Depakote er)	P				
divalproex sodium tab er 24 hr 500 mg (Depakote er)	P				
EPIDIOLEX – cannabidiol soln 100 mg/ml	NP	•	••		
ethosuximide cap 250 mg (Zarontin)	P				
ethosuximide soln 250 mg/5ml (Zarontin)	P				
felbamate susp 600 mg/5ml (Felbatol)	P				
felbamate tab 400 mg (Felbatol)	P				
felbamate tab 600 mg (Felbatol)	P				
FELBATOL – felbamate susp 600 mg/5ml	P				
FELBATOL – felbamate tab 400 mg	NP		•		
FELBATOL – felbamate tab 600 mg	NP		•		
FYCOMPA – perampanel susp 0.5 mg/ml	NP		•		
FYCOMPA – perampanel tab 2 mg	NP		•		
FYCOMPA – perampanel tab 4 mg	NP		•		
FYCOMPA – perampanel tab 6 mg	NP		•		
FYCOMPA – perampanel tab 8 mg	NP		•		
FYCOMPA – perampanel tab 10 mg	NP		•		
FYCOMPA – perampanel tab 12 mg	NP		•		

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
GABITRIL – tiagabine hcl tab 2 mg	P				
GABITRIL – tiagabine hcl tab 4 mg	P				
GABITRIL – tiagabine hcl tab 12 mg	P				
GABITRIL – tiagabine hcl tab 16 mg	P				
KEPPRA – levetiracetam oral soln 100 mg/ml	NP		•		
KEPPRA – levetiracetam tab 250 mg	NP		•		
KEPPRA – levetiracetam tab 500 mg	NP		•		
KEPPRA – levetiracetam tab 750 mg	NP		•		
KEPPRA – levetiracetam tab 1000 mg	NP		•		
KEPPRA XR – levetiracetam tab er 24hr 500 mg	NP		•		
KEPPRA XR – levetiracetam tab er 24hr 750 mg	NP		•		
LAMICTAL – lamotrigine tab 25 mg	NP		•		
LAMICTAL – lamotrigine tab 100 mg	NP		•		
LAMICTAL – lamotrigine tab 150 mg	NP		•		
LAMICTAL – lamotrigine tab 200 mg	NP		•		
LAMICTAL CHEWABLE DISPERSIBLE – lamotrigine tab chewable dispersible 5 mg	NP		•		
LAMICTAL CHEWABLE DISPERSIBLE – lamotrigine tab chewable dispersible 25 mg	NP		•		
LAMICTAL ODT – lamotrigine tab disint 25 mg (21) & 50 mg (7) titration kit	NP		•		
LAMICTAL ODT – lamotrigine tab disint 50 mg (42)- 100 mg(14) titration kit	NP		•		
LAMICTAL ODT – lamotrigine tab disint 25 (14) & 50 mg (14) & 100 mg (7) kit	NP		•		
LAMICTAL ODT – lamotrigine orally disintegrating tab 25 mg	NP		•		
LAMICTAL ODT – lamotrigine orally disintegrating tab 50 mg	NP		•		

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
LAMICTAL ODT – lamotrigine orally disintegrating tab 100 mg	NP		•		
LAMICTAL ODT – lamotrigine orally disintegrating tab 200 mg	NP		•		
LAMICTAL STARTER/NOT TAKING CARBAMAZEPINE – lamotrigine tab 25 mg (42) & 100 mg (7) starter kit	NP		•		
LAMICTAL STARTER/TAKING CARBAMAZEPINE/NOT TAKING VALPROATE – lamotrigine tab 25 mg (84) & 100 mg (14) starter kit	NP		•		
LAMICTAL STARTER/TAKING VALPROATE – lamotrigine tab 25 mg (35) starter kit	NP		•		
LAMICTAL XR – lamotrigine tab er 24hr 25 mg (21) & 50 mg (7) titration kit	NP		•		
LAMICTAL XR – lamotrigine tab er 24hr 25 (14) & 50 mg (14) & 100 mg(7) kit	NP		•		
LAMICTAL XR – lamotrigine tab er 24hr 50 (14) & 100 mg(14) & 200 mg(7) kit	NP		•		
LAMICTAL XR – lamotrigine tab er 24hr 25 mg	NP		•		
LAMICTAL XR – lamotrigine tab er 24hr 50 mg	NP		•		
LAMICTAL XR – lamotrigine tab er 24hr 100 mg	NP		•		
LAMICTAL XR – lamotrigine tab er 24hr 200 mg	NP		•		
LAMICTAL XR – lamotrigine tab er 24hr 250 mg	NP		•		
LAMICTAL XR – lamotrigine tab er 24hr 300 mg	NP		•		
lamotrigine orally disintegrating tab 25 mg (Lamictal odt)	NP		•		
lamotrigine orally disintegrating tab 50 mg (Lamictal odt)	NP		•		

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
lamotrigine orally disintegrating tab 100 mg (Lamictal odt)	NP		•		
lamotrigine orally disintegrating tab 200 mg (Lamictal odt)	NP		•		
lamotrigine tab chewable dispersible 5 mg (Lamictal chewable di)	P				
lamotrigine tab chewable dispersible 25 mg (Lamictal chewable di)	P				
lamotrigine tab disint 25 mg (21) & 50 mg (7) titration kit	NP		•		
lamotrigine tab disint 50 mg (42)-100 mg(14) titration kit	NP		•		
lamotrigine tab disint 25 (14) & 50 mg (14) & 100 mg (7) kit	NP		•		
lamotrigine tab er 24hr 25 mg (Lamictal xr)	P				
lamotrigine tab er 24hr 50 mg (Lamictal xr)	P				
lamotrigine tab er 24hr 100 mg (Lamictal xr)	P				
lamotrigine tab er 24hr 200 mg (Lamictal xr)	P				
lamotrigine tab er 24hr 250 mg (Lamictal xr)	P				
lamotrigine tab er 24hr 300 mg (Lamictal xr)	P				
lamotrigine tab 25 mg (Lamictal)	P				
lamotrigine tab 100 mg (Lamictal)	P				
lamotrigine tab 150 mg (Lamictal)	P				
lamotrigine tab 200 mg (Lamictal)	P				
lamotrigine tab 25 mg (35) starter kit (Lamictal starter/tak)	P				
lamotrigine tab 25 mg (42) & 100 mg (7) starter kit (Lamictal starter/not)	P				
lamotrigine tab 25 mg (84) & 100 mg (14) starter kit (Lamictal starter/tak)	P				

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
levetiracetam oral soln 100 mg/ml (Keppra)	P				
levetiracetam tab er 24hr 500 mg (Keppra xr)	P				
levetiracetam tab er 24hr 750 mg (Keppra xr)	P				
levetiracetam tab 250 mg (Keppra)	P				
levetiracetam tab 500 mg (Keppra)	P				
levetiracetam tab 750 mg (Keppra)	P				
levetiracetam tab 1000 mg (Keppra)	P				
MYSOLINE – primidone tab 50 mg	NP		•		
MYSOLINE – primidone tab 250 mg	NP		•		
NAYZILAM – midazolam nasal spray soln 5 mg/0.1 ml	NP		•	•	
ONFI – clobazam suspension 2.5 mg/ml	NP		•	•	
ONFI – clobazam tab 10 mg	NP		•	•	
ONFI – clobazam tab 20 mg	NP		•	•	
oxcarbazepine susp 300 mg/5ml (60 mg/ml) (Trileptal)	P				
oxcarbazepine tab 150 mg (Trileptal)	P				
oxcarbazepine tab 300 mg (Trileptal)	P				
oxcarbazepine tab 600 mg (Trileptal)	P				
OXTELLAR XR – oxcarbazepine tab er 24hr 150 mg	NP		•		
OXTELLAR XR – oxcarbazepine tab er 24hr 300 mg	NP		•		
OXTELLAR XR – oxcarbazepine tab er 24hr 600 mg	NP		•		
PEGANONE – ethotoin tab 250 mg	P				
PHENYTEK – phenytoin sodium extended cap 200 mg	P				
PHENYTEK – phenytoin sodium extended cap 300 mg	P				
phenytoin chew tab 50 mg (Dilantin infatabs)	P				

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
phenytoin sodium extended cap 100 mg (Dilantin)	P				
phenytoin sodium extended cap 200 mg (Phenytek)	P				
phenytoin sodium extended cap 300 mg (Phenytek)	P				
phenytoin susp 125 mg/5ml (Dilantin-125)	P				
primidone tab 50 mg (Mysoline)	P				
primidone tab 250 mg (Mysoline)	P				
QUDEXY XR – topiramate cap er 24hr sprinkle 25 mg	NP		•		
QUDEXY XR – topiramate cap er 24hr sprinkle 50 mg	NP		•		
QUDEXY XR – topiramate cap er 24hr sprinkle 100 mg	NP		•		
QUDEXY XR – topiramate cap er 24hr sprinkle 150 mg	NP		•		
QUDEXY XR – topiramate cap er 24hr sprinkle 200 mg	NP		•		
SABRIL – vigabatrin tab 500 mg	NP		•		
SABRIL – vigabatrin powd pack 500 mg	NP		•		
SPRITAM – levetiracetam tab disintegrating soluble 250 mg	NP		•		
SPRITAM – levetiracetam tab disintegrating soluble 500 mg	NP		•		
SPRITAM – levetiracetam tab disintegrating soluble 750 mg	NP		•		
SPRITAM – levetiracetam tab disintegrating soluble 1000 mg	NP		•		
TEGRETOL – carbamazepine tab 200 mg	NP		•		
TEGRETOL – carbamazepine susp 100 mg/5ml	NP		•		
TEGRETOL-XR – carbamazepine tab er 12hr 100 mg	NP		•		
TEGRETOL-XR – carbamazepine tab er 12hr 200 mg	NP		•		
TEGRETOL-XR – carbamazepine tab er 12hr 400 mg	NP		•		
tiagabine hcl tab 2 mg (Gabitril)	NP		•		
tiagabine hcl tab 4 mg (Gabitril)	NP		•		
tiagabine hcl tab 12 mg (Gabitril)	NP		•		
tiagabine hcl tab 16 mg (Gabitril)	NP		•		
TOPAMAX – topiramate tab 25 mg	NP		•		
TOPAMAX – topiramate tab 50 mg	NP		•		
TOPAMAX – topiramate tab 100 mg	NP		•		
TOPAMAX – topiramate tab 200 mg	NP		•		
TOPAMAX SPRINKLE – topiramate sprinkle cap 15 mg	NP		•		
TOPAMAX SPRINKLE – topiramate sprinkle cap 25 mg	NP		•		
topiramate sprinkle cap 15 mg (Topamax sprinkle)	P				
topiramate sprinkle cap 25 mg (Topamax sprinkle)	P				
topiramate tab 25 mg (Topamax)	P				
topiramate tab 50 mg (Topamax)	P				
topiramate tab 100 mg (Topamax)	P				
topiramate tab 200 mg (Topamax)	P				
TRILEPTAL – oxcarbazepine susp 300 mg/5ml (60 mg/ml)	NP		•		
TRILEPTAL – oxcarbazepine tab 150 mg	NP		•		
TRILEPTAL – oxcarbazepine tab 300 mg	NP		•		
TRILEPTAL – oxcarbazepine tab 600 mg	NP		•		
TROKENDI XR – topiramate cap er 24hr 25 mg	NP		•		
TROKENDI XR – topiramate cap er 24hr 50 mg	NP		•		
TROKENDI XR – topiramate cap er 24hr 100 mg	NP		•		
TROKENDI XR – topiramate cap er 24hr 200 mg	NP		•		

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
valproate sodium oral soln 250 mg/5ml (base equiv) (Depakene)	P				
valproic acid cap 250 mg (Depakene)	P				
vigabatrin powd pack 500 mg (Sabril)	NP		•		
vigabatrin tab 500 mg (Sabril)	NP		•		
VIMPAT – lacosamide oral solution 10 mg/ml	NP		•		
VIMPAT – lacosamide tab 50 mg	NP		•		
VIMPAT – lacosamide tab 100 mg	NP		•		
VIMPAT – lacosamide tab 150 mg	NP		•		
VIMPAT – lacosamide tab 200 mg	NP		•		
ZARONTIN – ethosuximide cap 250 mg	NP		•		
ZARONTIN – ethosuximide soln 250 mg/5ml	NP		•		
ZONEGRAN – zonisamide cap 25 mg	NP		•		
ZONEGRAN – zonisamide cap 100 mg	NP		•		
zonisamide cap 25 mg (Zonegran)	P				
zonisamide cap 50 mg	P				
zonisamide cap 100 mg (Zonegran)	P				
PARKINSON'S DISEASE					
benztropine mesylate tab 0.5 mg	C				
benztropine mesylate tab 1 mg	C				
benztropine mesylate tab 2 mg	C				
bromocriptine mesylate cap 5 mg (base equivalent) (Parlodel)	C				
bromocriptine mesylate tab 2.5 mg (base equivalent) (Parlodel)	C				
carbidopa & levodopa orally disintegrating tab 10-100 mg	P				
carbidopa & levodopa orally disintegrating tab 25-100 mg	P				

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
carbidopa & levodopa orally disintegrating tab 25-250 mg	P				
carbidopa & levodopa tab er 25-100 mg (Sinemet cr)	P				
carbidopa & levodopa tab er 50-200 mg (Sinemet cr)	P				
carbidopa & levodopa tab 10-100 mg (Sinemet)	P				
carbidopa & levodopa tab 25-100 mg (Sinemet)	P				
carbidopa & levodopa tab 25-250 mg (Sinemet)	P				
entacapone tab 200 mg (Comtan)	C				
GOCOVRI – amantadine hcl cap er 24hr 68.5 mg (base equivalent)	NP	•	•		
GOCOVRI – amantadine hcl cap er 24hr 137 mg (base equivalent)	NP	•	•		
INBRIJA – levodopa inhal powder cap 42 mg	NP	•	•		
MIRAPEX – pramipexole dihydrochloride tab 0.125 mg	NP		•		
MIRAPEX – pramipexole dihydrochloride tab 0.25 mg	NP		•		
MIRAPEX – pramipexole dihydrochloride tab 0.5 mg	NP		•		
MIRAPEX – pramipexole dihydrochloride tab 0.75 mg	NP		•		
MIRAPEX – pramipexole dihydrochloride tab 1 mg	NP		•		
MIRAPEX – pramipexole dihydrochloride tab 1.5 mg	NP		•		
MIRAPEX ER – pramipexole dihydrochloride tab er 24hr 0.375 mg	NP		•		
MIRAPEX ER – pramipexole dihydrochloride tab er 24hr 0.75 mg	NP		•		
MIRAPEX ER – pramipexole dihydrochloride tab er 24hr 1.5 mg	NP		•		
MIRAPEX ER – pramipexole dihydrochloride tab er 24hr 2.25 mg	NP		•		

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
MIRAPEX ER – pramipexole dihydrochloride tab er 24hr 3 mg	NP		•		
MIRAPEX ER – pramipexole dihydrochloride tab er 24hr 3.75 mg	NP		•		
MIRAPEX ER – pramipexole dihydrochloride tab er 24hr 4.5 mg	NP		•		
NOURIANZ – istradefylline tab 20 mg	NP	•	•		
NOURIANZ – istradefylline tab 40 mg	NP	•	•		
pramipexole dihydrochloride tab er 24hr 0.375 mg (Mirapex er)	NP		•		
pramipexole dihydrochloride tab er 24hr 0.75 mg (Mirapex er)	NP		•		
pramipexole dihydrochloride tab er 24hr 1.5 mg (Mirapex er)	NP		•		
pramipexole dihydrochloride tab er 24hr 2.25 mg (Mirapex er)	NP		•		
pramipexole dihydrochloride tab er 24hr 3 mg (Mirapex er)	NP		•		
pramipexole dihydrochloride tab er 24hr 3.75 mg (Mirapex er)	NP		•		
pramipexole dihydrochloride tab er 24hr 4.5 mg (Mirapex er)	NP		•		
pramipexole dihydrochloride tab 0.125 mg (Mirapex)	P				
pramipexole dihydrochloride tab 0.25 mg (Mirapex)	P				
pramipexole dihydrochloride tab 0.5 mg (Mirapex)	P				
pramipexole dihydrochloride tab 0.75 mg (Mirapex)	P				
pramipexole dihydrochloride tab 1 mg (Mirapex)	P				
pramipexole dihydrochloride tab 1.5 mg (Mirapex)	P				
REQUIP – ropinirole hydrochloride tab 0.25 mg	NP		•		
REQUIP – ropinirole hydrochloride tab 0.5 mg	NP		•		
REQUIP – ropinirole hydrochloride tab 1 mg	NP		•		

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
REQUIP – ropinirole hydrochloride tab 2 mg	NP		•		
REQUIP – ropinirole hydrochloride tab 3 mg	NP		•		
REQUIP – ropinirole hydrochloride tab 4 mg	NP		•		
REQUIP – ropinirole hydrochloride tab 5 mg	NP		•		
REQUIP XL – ropinirole hydrochloride tab er 24hr 2 mg (base equivalent)	NP		•		
REQUIP XL – ropinirole hydrochloride tab er 24hr 4 mg (base equivalent)	NP		•		
REQUIP XL – ropinirole hydrochloride tab er 24hr 6 mg (base equivalent)	NP		•		
REQUIP XL – ropinirole hydrochloride tab er 24hr 8 mg (base equivalent)	NP		•		
REQUIP XL – ropinirole hydrochloride tab er 24hr 12 mg (base equivalent)	NP		•		
ropinirole hydrochloride tab er 24hr 2 mg (base equivalent)	NP		•		
ropinirole hydrochloride tab er 24hr 4 mg (base equivalent) (Requip xl)	NP		•		
ropinirole hydrochloride tab er 24hr 6 mg (base equivalent)	NP		•		
ropinirole hydrochloride tab er 24hr 8 mg (base equivalent) (Requip xl)	NP		•		
ropinirole hydrochloride tab er 24hr 12 mg (base equivalent)	NP		•		
ropinirole hydrochloride tab 0.25 mg	P				
ropinirole hydrochloride tab 0.5 mg	P				
ropinirole hydrochloride tab 1 mg	P				
ropinirole hydrochloride tab 2 mg	P				

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
ropinirole hydrochloride tab 3 mg	P				
ropinirole hydrochloride tab 4 mg	P				
ropinirole hydrochloride tab 5 mg	P				
RYTARY – carbidopa & levodopa cap er 23.75-95 mg	NP		•		
RYTARY – carbidopa & levodopa cap er 36.25-145 mg	NP		•		
RYTARY – carbidopa & levodopa cap er 48.75-195 mg	NP		•		
RYTARY – carbidopa & levodopa cap er 61.25-245 mg	NP		•		
SELEGILINE HCL – selegiline hcl tab 5 mg	C				
selegiline hcl cap 5 mg	C				
selegiline hcl tab 5 mg	C				
SINEMET – carbidopa & levodopa tab 10-100 mg	NP		•		
SINEMET – carbidopa & levodopa tab 25-100 mg	NP		•		
SINEMET – carbidopa & levodopa tab 25-250 mg	NP		•		
SINEMET CR – carbidopa & levodopa tab er 25-100 mg	NP		•		
SINEMET CR – carbidopa & levodopa tab er 50-200 mg	NP		•		
trihexyphenidyl hcl elixir 0.4 mg/ml	C				
trihexyphenidyl hcl tab 2 mg	C				
trihexyphenidyl hcl tab 5 mg	C				
XADAGO – safinamide mesylate tab 50 mg (base equiv)	NP		•		
XADAGO – safinamide mesylate tab 100 mg (base equiv)	NP		•		
MUSCLE RELAXANTS					
baclofen tab 10 mg	C				
baclofen tab 20 mg	C				
CHLORZOXAZONE – chlorzoxazone tab 500 mg	C				
cyclobenzaprine hcl tab 5 mg	C				

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
cyclobenzaprine hcl tab 10 mg	C				
dantrolene sodium cap 25 mg (Dantrium)	C				
dantrolene sodium cap 50 mg (Dantrium)	C				
methocarbamol tab 500 mg (Robaxin)	C				
methocarbamol tab 750 mg (Robaxin-750)	C				
orphenadrine citrate tab er 12hr 100 mg	C				
tizanidine hcl tab 2 mg (base equivalent)	C				
tizanidine hcl tab 4 mg (base equivalent) (Zanaflex)	C				
OTHER NEUROMUSCULAR DRUGS					
FIRDAPSE – amifampridine phosphate tab 10 mg (base equivalent)	C	•	•	•	
pyridostigmine bromide tab 60 mg (Mestinon)	C				
riluzole tab 50 mg (Rilutek)	C	•			
RUZURGI – amifampridine tab 10 mg	C	•	•	•	
SUPPLEMENTS					
VITAMINS					
A-25 – vitamin a cap 25000 unit	C				
ascorbic acid chew tab 500 mg	C				
ascorbic acid inj 500 mg/ml	C				
ascorbic acid tab 250 mg	C				
ascorbic acid tab 500 mg	C				
ascorbic acid tab 1000 mg	C				
BETA CAROTENE – beta carotene cap 10000 unit	C				
beta carotene cap 25000 unit	C				
cholecalciferol cap 10 mcg (400 unit)	C				
cholecalciferol cap 25 mcg (1000 unit)	C				

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
cholecalciferol cap 50 mcg (2000 unit)	C				
cholecalciferol cap 125 mcg (5000 unit)	C				
cholecalciferol cap 1.25 mg (50000 unit)	C				
cholecalciferol oral liquid 10 mcg/ml (400 unit/ml)	C				
cholecalciferol tab 10 mcg (400 unit)	C				
cholecalciferol tab 25 mcg (1000 unit)	C				
ergocalciferol cap 1.25 mg (50000 unit) (Drisdol)	C				
ergocalciferol soln 200 mcg/ml (8000 unit/ml)	C				
niacin cap er 250 mg	P				
niacin cap er 500 mg	P				
niacin tab er 250 mg	P				
niacin tab er 500 mg	P				
niacin tab er 750 mg	P				
niacin tab 50 mg	P				
niacin tab 100 mg	P				
niacin tab 250 mg	P				
niacin tab 500 mg	P				
NIACIN TR – niacin tab er 1000 mg	P				
phytonadione tab 5 mg (Mephyton)	C				
pyridoxine hcl tab 25 mg	C				
pyridoxine hcl tab 50 mg	C				
pyridoxine hcl tab 100 mg	C				
riboflavin tab 100 mg	C				
thiamine hcl tab 50 mg	C				
thiamine hcl tab 100 mg	C				
thiamine hcl tab 250 mg	C				
VITAMIN A – vitamin a cap 25000 unit	C				
vitamin a cap 8000 unit	C				
vitamin a cap 10000 unit	C				
vitamin e cap 100 unit	C				
vitamin e cap 200 unit	C				
vitamin e cap 400 unit	C				
vitamin e cap 600 unit	C				
vitamin e cap 1000 unit	C				
MULTIVITAMINS					
ABDEK – multiple vitamins w/ minerals cap	C				
ADVANCED DIABETIC MULTIVITAMIN FORMULA – multiple vitamins w/ minerals tab	C				
ALIVE MENS ENERGY – multiple vitamins w/ minerals tab	C				
ALIVE ONCE DAILY WOMENS 50+ ULTRA POTENCY – multiple vitamins w/ minerals tab	C				
ALIVE WOMENS ENERGY – multiple vitamins w/ minerals tab	C				
ALIVE WOMENS 50+ – multiple vitamins w/ minerals tab	C				
ANIMAL SHAPES/IRON – pediatric multiple vitamins w/ iron chew tab 18 mg	C				
ANTIOXIDANT FORTE – multiple vitamins w/ minerals tab	C				
b-complex vitamin inj	C				
b-complex w/ c & folic acid cap 1 mg	C				
b-complex w/ c & folic acid tab	C				
b-complex w/ c & folic acid tab	C				
b-complex w/ c & folic acid tab 0.8 mg	C				
b-complex w/ c & folic acid tab 1 mg (Nephro-vite rx)	C				
b-complex w/ c & folic acid tab 5 mg	C				
BASIC AM – multiple vitamins w/ minerals tab	C				

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
BASIC PM – multiple vitamins w/ minerals tab	C				
BIO-35 GLUTEN-FREE – multiple vitamins w/ minerals cap	C				
BIO-35 IRON FREE – multiple vitamins w/ minerals cap	C				
BIOCAL – multiple vitamins w/ minerals cap	C				
BIOSUPP – multiple vitamins w/ minerals liquid	C				
BIOTECT PLUS – multiple vitamins w/ minerals cap	C				
BIOTECT PLUS – multiple vitamins w/ minerals liquid	C				
BURIED TREASURE ACTIVE 55 – multiple vitamins w/ minerals liquid	C				
CAL-DAY 1000 – multiple vitamins w/ minerals tab	C				
CELLULAR SECURITY – multiple vitamins w/ minerals cap	C				
CENTRAVITES ADULTS – multiple vitamins w/ minerals tab	C				
CENTRAVITES 50 PLUS – multiple vitamins w/ minerals tab	C				
CENTRUM CARDIO – multiple vitamins w/ minerals tab	C				
CENTRUM KIDS – pediatric multiple vitamin w/ minerals & c chew tab	C				
CENTRUM MEN – multiple vitamins w/ minerals tab	C				
CENTRUM SILVER ULTRA WOMENS – multiple vitamins w/ minerals tab	C				
CENTRUM SILVER 50+MEN – multiple vitamins w/ minerals tab	C				
CENTRUM SPECIALIST HEART – multiple vitamins w/ minerals tab	C				
CENTRUM SPECIALIST IMMUNE SUPPORT – multiple vitamins w/ minerals tab	C				

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
CENTRUM SPECIALIST VISION – multiple vitamins w/ minerals tab	C				
CENTRUM ULTRA WOMENS – multiple vitamins w/ minerals tab	C				
CERTAVITE SENIOR/ANTIOXIDANT NUTRIENTS – multiple vitamins w/ minerals tab	C				
CHOICEFUL MULTIVITAMIN – multiple vitamins w/ minerals cap	C				
CLASSIC PRENATAL – prenatal vit w/ fe fumarate-fa tab 28-0.8 mg	C				
CLINICAL NUTRIENTS ANTIOXIDANT – multiple vitamins w/ minerals cap	C				
CLINICAL NUTRIENTS FOR FEMALE TEENS – multiple vitamins w/ minerals tab	C				
CLINICAL NUTRIENTS FOR MALE TEENS – multiple vitamins w/ minerals tab	C				
CLINICAL NUTRIENTS FOR MEN – multiple vitamins w/ minerals tab	C				
CLINICAL NUTRIENTS FOR WOMEN – multiple vitamins w/ minerals tab	C				
CLINICAL NUTRIENTS 45-PLUS WOMEN – multiple vitamins w/ minerals tab	C				
CLINICAL NUTRIENTS 50-PLUS MEN – multiple vitamins w/ minerals tab	C				
CVS ONE DAILY MENS 50+ ADVANCED – multiple vitamins w/ minerals tab	C				
CVS PRENATAL – prenatal vit w/ fe fumarate-fa tab 27-0.8 mg	C				
CVS PRENATAL – prenatal vit w/ fe fumarate-fa tab 28-0.8 mg	C				
CVS SPECTRAVITE ADULT 50+ – multiple vitamins w/ minerals tab	C				

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
CVS SPECTRAVITE ULTRA MENS HEALTH – multiple vitamins w/ minerals tab	C				
CVS SPECTRAVITE ULTRA WOMENS HEALTH – multiple vitamins w/ minerals tab	C				
DECUBI-VITE – multiple vitamins w/ minerals cap	C				
DEKAS PLUS – multiple vitamins w/ minerals cap	C				
DERMAVITE – multiple vitamins w/ minerals tab	C				
EQ COMPLETE MULTIVITAMIN – multiple vitamins w/ minerals tab	C				
EQ ONE DAILY MENS HEALTH – multiple vitamins w/ minerals tab	C				
EQ ONE DAILY WOMENS HEALTH – multiple vitamins w/ minerals tab	C				
EQL ONE DAILY MENS – multiple vitamins w/ minerals tab	C				
EQL PRENATAL FORMULA – prenatal vit w/ fe fumarate-fa tab 28-0.8 mg	C				
FITNESS TABS FOR MEN AM/PM/ LYCOPENE – multiple vitamins w/ minerals tab	C				
FITNESS TABS FOR WOMEN AM/ PM/LYCOPENE – multiple vitamins w/ minerals tab	C				
FLORIVA PLUS – pediatric multiple vitamins w/ fluoride soln 0.25 mg/ ml	C				
FORTAVIT – multiple vitamins w/ minerals liquid	C				
FREEDAVITE – multiple vitamins w/ minerals tab	C				
FULL SPECTRUM B/VITAMIN C – b-complex w/ c & folic acid tab 0.8 mg	C				
GERI-FREEDA SENIOR FORMULA – multiple vitamins w/ minerals tab	C				
GNP PRENATAL – prenatal vit w/ fe fumarate-fa tab 28-0.8 mg	C				
GOODSENSE PRENATAL VITAMINS – prenatal vit w/ fe fumarate-fa tab 28-0.8 mg	C				
HAIR/SKIN/NAILS – multiple vitamins w/ minerals cap	C				
HM COMPLETE – multiple vitamins w/ minerals tab	C				
HM COMPLETE 50+ MENS ULTIMATE – multiple vitamins w/ minerals tab	C				
HM COMPLETE 50+ WOMENS ULTIMATE – multiple vitamins w/ minerals tab	C				
HM HAIR/SKIN/NAILS – multiple vitamins w/ minerals tab	C				
HM ONE DAILY MENS – multiple vitamins w/ minerals tab	C				
HM ONE DAILY WOMENS – multiple vitamins w/ minerals tab	C				
HM PRENATAL – prenatal vit w/ fe fumarate-fa tab 28-0.8 mg	C				
HYALEX – multiple vitamins w/ minerals tab	C				
ICAPS AREDS FORMULA – multiple vitamins w/ minerals tab	C				
ICAPS PLUS – multiple vitamins w/ minerals tab	C				
K-PAX IMMUNE SUPPORT FORMULA PROFESSIONAL STRENGTH – multiple vitamins w/ minerals cap	C				
K-PAX IMMUNE SUPPORT FORMULA PROFESSIONAL STRENGTH – multiple vitamins w/ minerals tab	C				
KP PRENATAL MULTIVITAMINS – prenatal vit w/ fe fumarate-fa tab 28-0.8 mg	C				

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
M-NATAL PLUS – prenatal vit w/ fe fumarate-fa tab 27-1 mg	C				
M-VIT – prenatal vit w/ fe fumarate-fa tab 27-1 mg	C				
MACULAR VITAMIN BENEFIT – multiple vitamins w/ minerals tab	C				
MEGA MULTIVITAMIN FOR MEN – multiple vitamins w/ minerals tab	C				
MEGA MULTIVITAMIN FOR WOMEN – multiple vitamins w/ minerals tab	C				
MEGAVITE FRUITS & VEGGIES – multiple vitamins w/ minerals tab	C				
MEGAVITE GOLDEN YEARS 55+ – multiple vitamins w/ minerals tab	C				
MENS MULTI VITAMIN & MINERAL FORMULA – multiple vitamins w/ minerals tab	C				
MENS 50+ ADVANCED – multiple vitamins w/ minerals cap	C				
MENS 50+ MULTI VITAMIN & MINERAL FORMULA – multiple vitamins w/ minerals tab	C				
MULTI PRENATAL – prenatal vit w/ fe fumarate-fa tab 27-0.8 mg	C				
MULTI VITAMIN – multiple vitamin tab	C				
MULTI VITAMIN/D-3 – multiple vitamin tab	C				
MULTI-BETIC DIABETES – multiple vitamins w/ minerals tab	C				
MULTI-VITAMIN MONOCAPS – multiple vitamins w/ minerals tab	C				
multiple vitamin tab	C				
multiple vitamins w/ iron tab	C				
multiple vitamins w/ minerals cap	C				
multiple vitamins w/ minerals cap	C				
multiple vitamins w/ minerals liquid	C				

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
multiple vitamins w/ minerals tab (Strovite forte)	C				
multiple vitamins w/ minerals tab (Strovite forte)	C				
MULTIVITAMIN ADULTS – multiple vitamins w/ minerals tab	C				
MULTIVITAMIN MEN – multiple vitamins w/ minerals tab	C				
MVW COMPLETE FORMULATION – multiple vitamins w/ minerals cap	C				
NATRUL-VITES – multiple vitamins w/ minerals tab	C				
NIVA-PLUS – prenatal vit w/ fe fumarate-fa tab 27-1 mg	C				
NO IRON MULTIPLE VITAMIN/ MINERALS – multiple vitamins w/ minerals tab	C				
O-CAL FA – prenatal vit w/ fe fumarate-fa tab 27-1 mg	C				
OCUVITE ADULT FORMULA – multiple vitamins w/ minerals cap	C				
OCUVITE ADULT 50+ – multiple vitamins w/ minerals cap	C				
OCUVITE LUTEIN – multiple vitamins w/ minerals cap	C				
OMNICAP – multiple vitamin tab	C				
ONCOVITE – multiple vitamins w/ minerals tab	C				
ONE DAILY MENS FORMULA W/ O IRON – multiple vitamins w/ minerals tab	C				
ONE-A-DAY ENERGY – multiple vitamins w/ minerals tab	C				
ONE-A-DAY MENOPAUSE FORMULA – multiple vitamins w/ minerals tab	C				
ONE-A-DAY MENS HEALTH FORMULA – multiple vitamins w/ minerals tab	C				
ONE-A-DAY MENS PRO EDGE – multiple vitamins w/ minerals tab	C				

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
ONE-A-DAY MENS 50+ ADVANTAGE – multiple vitamins w/ minerals tab	C				
ONE-A-DAY TEEN ADVANTAGE – multiple vitamins w/ minerals tab	C				
OPURITY – multiple vitamins w/ minerals tab	C				
PARVLEX – multiple vitamins w/ minerals tab	C				
pediatric multiple vitamin w/ c & fa chew tab	C				
pediatric multiple vitamin w/ c soln 35 mg/ml	C				
pediatric multiple vitamin w/ minerals & c chew tab	C				
pediatric multiple vitamin w/ minerals & c drops 45 mg/ml	C				
pediatric multiple vitamins w/ fl-fe drops 0.25-10 mg/ml	C				
pediatric multiple vitamins w/ fluoride chew tab 0.25 mg	C				
pediatric multiple vitamins w/ fluoride chew tab 0.5 mg	C				
pediatric multiple vitamins w/ fluoride chew tab 1 mg	C				
pediatric multiple vitamins w/ fluoride soln 0.25 mg/ml	C				
pediatric multiple vitamins w/ fluoride soln 0.5 mg/ml	C				
pediatric multiple vitamins w/ iron chew tab 15 mg	C				
pediatric multiple vitamins w/ iron drops 10 mg/ml	C				
pediatric vitamins acd w/ fluoride soln 0.25 mg/ml	C				
pediatric vitamins acd w/ fluoride soln 0.5 mg/ml	C				
PNV FOLIC ACID + IRON MULTIVITAMIN – prenatal vit w/ fe fumarate-fa tab 27-1 mg	C				

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
PNV PRENATAL PLUS MULTIVITAMIN – prenatal vit w/ fe fumarate-fa tab 27-1 mg	C				
POLY-VI-SOL – pediatric multiple vitamin w/ c soln 35 mg/ml	C				
POLY-VI-SOL/IRON – pediatric multiple vitamins w/ iron drops 10 mg/ml	C				
PRE-NATAL FORMULA – prenatal multivitamins & minerals w/iron & fa tab 0.8 mg	C				
PRENATABS RX – prenatal vit w/ iron carbonyl-fa tab 29-1 mg	C				
PRENATAL – prenatal multivitamins & minerals w/iron & fa tab 0.8 mg	C				
PRENATAL – prenatal vit w/ fe fumarate-fa tab 27-0.8 mg	C				
PRENATAL – prenatal vit w/ fe fumarate-fa tab 27-1 mg	C				
PRENATAL – prenatal vit w/ fe fumarate-fa tab 28-0.8 mg	C				
PRENATAL AND IRON – prenatal multivitamins & minerals w/iron & fa tab 0.8 mg	C				
PRENATAL COMPLETE – prenatal vit w/ fe fumarate-fa tab 14-0.4 mg	C				
PRENATAL FORTE – prenatal multivitamins & minerals w/iron & fa tab 0.8 mg	C				
PRENATAL LOW IRON – prenatal vit w/ fe fumarate-fa tab 27-0.8 mg	C				
PRENATAL MULTIVITAMIN – prenatal vit w/ fe fumarate-fa tab 28-0.8 mg	C				
PRENATAL ONE DAILY – prenatal vit w/ fe fumarate-fa tab 27-0.8 mg	C				
PRENATAL PLUS IRON – prenatal vit w/ iron carbonyl-fa tab 29-1 mg	C				
prenatal vit w/ fe fumarate-fa tab 28-0.8 mg	C				

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
PRENATAL VITAMIN – prenatal vit w/ fe fumarate-fa tab 27-0.8 mg	C				
PRENATAL VITAMIN & MINERAL – prenatal vit w/ fe fumarate-fa tab 28-0.8 mg	C				
PRENATAL VITAMIN/IRON – prenatal vit w/ fe fumarate-fa tab 28-0.8 mg	C				
PRENATAL VITAMINS – prenatal vit w/ fe fumarate-fa tab 28-0.8 mg	C				
PRENATAL VITAMINS PLUS LOW IRON – prenatal vit w/ fe fumarate-fa tab 27-1 mg	C				
PRENATAL 19 – prenatal vit w/ fe fumarate-fa chew tab 29-1 mg	C				
PRENATAL 19 – prenatal vit w/ dss-fe fumarate-fa tab 29-1 mg	C				
PRENATAL-U – prenatal w/o a vit w/ fe fumarate-fa cap 106.5-1 mg	C				
PREPLUS – prenatal vit w/ fe fumarate-fa tab 27-1 mg	C				
PRESERVISION AREDS – multiple vitamins w/ minerals cap	C				
PRESERVISION AREDS – multiple vitamins w/ minerals tab	C				
PRESERVISION AREDS 2 – multiple vitamins w/ minerals cap	C				
PRESERVISION/LUTEIN – multiple vitamins w/ minerals cap	C				
PRO-CAL – multiple vitamins w/ minerals tab	C				
PROCERV HP – multiple vitamins w/ minerals tab	C				
PRORENAL+D – multiple vitamins w/ minerals tab	C				
PRORENAL+D/OMEGA-3 – multiple vitamins w/ minerals cap	C				
PROTECT CARDIO AF – multiple vitamins w/ minerals cap	C				
PROTECT PLUS NF – multiple vitamins w/ minerals liquid	C				
PROTECT PLUS SO – multiple vitamins w/ minerals cap	C				
PROVIT – multiple vitamins w/ minerals tab	C				
PX PRENATAL MULTIVITAMINS – prenatal vit w/ fe fumarate-fa tab 28-0.8 mg	C				
QC PRENATAL – prenatal vit w/ fe fumarate-fa tab 28-0.8 mg	C				
QUENCH – multiple vitamins w/ minerals tab	C				
QUIN B STRONG – multiple vitamins w/ minerals tab	C				
QUINTABS – multiple vitamin tab	C				
QUINTABS-M – multiple vitamins w/ minerals tab	C				
RA CENTRAL-VITE UNDER 50 – multiple vitamins w/ minerals tab	C				
RA PRENATAL – prenatal vit w/ fe fumarate-fa tab 28-0.8 mg	C				
RA PRENATAL FORMULA/ FOLICACID – prenatal vit w/ fe fumarate-fa tab 28-0.8 mg	C				
RENAPLEX-D – multiple vitamins w/ minerals tab	C				
REPLACE – multiple vitamins w/ minerals cap	C				
RIGHT STEP PRENATAL – prenatal vit w/ fe fumarate-fa tab 27-0.8 mg	C				
SAVISION – multiple vitamins w/ minerals cap	C				
SENTRY – multiple vitamins w/ minerals tab	C				
SENTRY SENIOR/LUTEIN – multiple vitamins w/ minerals tab	C				
SM B-COMPLEX/VITAMIN C – b-complex w/ c & folic acid tab	C				
SM ONE DAILY MENS – multiple vitamins w/ minerals tab	C				

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
SM ONE DAILY WOMENS – multiple vitamins w/ minerals tab	C				
SM PRENATAL VITAMINS – prenatal vit w/ fe fumarate-fa tab 28-0.8 mg	C				
SOLO – multiple vitamins w/ minerals tab	C				
SOURCECF – multiple vitamins w/ minerals cap	C				
speciality vitamin product tab	C				
SUPER ANTIOXIDANT – multiple vitamins w/ minerals cap	C				
T-VITES – multiple vitamins w/ minerals tab	C				
THERA – multiple vitamin tab	C				
THERA M PLUS – multiple vitamins w/ minerals tab	C				
THERA-M – multiple vitamins w/ minerals tab	C				
THERA-TABS M – multiple vitamins w/ minerals tab	C				
THERABETIC MULTI-VITAMIN – multiple vitamins w/ minerals tab	C				
THERAGRAN-M – multiple vitamins w/ minerals tab	C				
THERAGRAN-M ADVANCED – multiple vitamins w/ minerals tab	C				
THERAGRAN-M ADVANCED 50 PLUS – multiple vitamins w/ minerals tab	C				
THERAGRAN-M PREMIER – multiple vitamins w/ minerals tab	C				
THERAGRAN-M PREMIER 50 PLUS – multiple vitamins w/ minerals tab	C				
THEREMS-H – multiple vitamins w/ minerals tab	C				
THEREMS-M – multiple vitamins w/ minerals tab	C				
TRINATE – prenatal vit w/ fe fumarate-fa tab 28-1 mg	C				

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
UNICOMPLEX-M – multiple vitamins w/ minerals tab	C				
VITABEX – multiple vitamins w/ minerals cap	C				
VITALINE BIOTIN FORTE – b-complex w/ c & folic acid tab 0.8 mg	C				
VITALINE TOTAL FORMULA 2 – multiple vitamins w/ minerals tab	C				
VITALINE TOTAL FORMULA 3 – multiple vitamins w/ minerals tab	C				
VITAMAX – pediatric multiple vitamin w/ minerals & c chew tab	C				
VITAMIN D3 COMPLETE – multiple vitamins w/ minerals tab	C				
VITASANA – multiple vitamins w/ minerals tab	C				
VITATRUM – multiple vitamins w/ minerals tab	C				
VITRUM 50+ SENIOR MULTI – multiple vitamins w/ minerals tab	C				
VOL-PLUS – prenatal vit w/ fe fumarate-fa tab 27-1 mg	C				
WHOLE FOOD MULTIVITAMIN – multiple vitamins w/ minerals tab	C				
WOMENS BIOMULTIPLE – multiple vitamins w/ minerals tab	C				
WOMENS MULTI VITAMIN & MINERAL FORMULA – multiple vitamins w/ minerals tab	C				
WOMENS 50+ MULTI VITAMIN – multiple vitamins w/ minerals tab	C				
YELETS TEENAGE FORMULA – multiple vitamins w/ minerals tab	C				
MINERALS AND ELECTROLYTES					
CAL-CITRATE PLUS VITAMIN D – calcium citrate-vitamin d tab 250 mg-100 unit (elemental ca)	C				
CAL-QUICK – calcium carbonate-cholecalciferol liquid 500-400 mg-unit/5ml	C				

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
CALCET CREAMY BITES – calcium citrate-vitamin d chew tab 500 mg-400 unit	C				
CALCIUM – calcium w/ vitamin d tab 600 mg-200 unit	C				
calcium carb-vit d w/ minerals chew tab 600 mg-400 unit	C				
calcium carb-vit d w/ minerals chew tab 600 mg-800 unit	C				
calcium carb-vit d w/ minerals chew tab 1200 mg-1000 unit	C				
calcium carb-vit d w/ minerals tabs 600 mg-200 unit	C				
calcium carb-vit d w/ minerals tabs 600 mg-400 unit	C				
calcium carb-vit d w/ minerals tabs 600 mg-800 unit	C				
CALCIUM CARBONATE – calcium carbonate chew tab 1250 mg (500 mg elemental ca)	C				
calcium carbonate tab 600 mg	C				
calcium carbonate tab 1250 mg (500 mg elemental ca)	C				
calcium carbonate tab 1500 mg (600 mg elemental ca)	C				
calcium carbonate-cholecalciferol cap 600 mg-500 unit	C				
calcium carbonate-cholecalciferol chew tab 500 mg-100 unit	C				
calcium carbonate-cholecalciferol chew tab 500 mg-400 unit	C				
calcium carbonate-cholecalciferol chew tab 500 mg-600 unit	C				
calcium carbonate-cholecalciferol tab 250 mg-125 unit	C				
calcium carbonate-cholecalciferol tab 500 mg-125 unit	C				
calcium carbonate-cholecalciferol tab 500 mg-200 unit	C				

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
calcium carbonate-cholecalciferol tab 500 mg-400 unit	C				
calcium carbonate-cholecalciferol tab 500 mg-600 unit	C				
calcium carbonate-cholecalciferol tab 600 mg-200 unit	C				
calcium carbonate-cholecalciferol tab 600 mg-400 unit	C				
calcium carbonate-cholecalciferol tab 600 mg-800 unit	C				
calcium carbonate-vitamin d cap 600 mg-200 unit	C				
calcium carbonate-vitamin d chew tab 600 mg-400 unit	C				
calcium carbonate-vitamin d tab 250 mg-125 unit	C				
calcium carbonate-vitamin d tab 500 mg-125 unit	C				
calcium carbonate-vitamin d tab 500 mg-200 unit	C				
calcium carbonate-vitamin d tab 500 mg-400 unit	C				
calcium carbonate-vitamin d tab 600 mg-125 unit	C				
calcium carbonate-vitamin d tab 600 mg-200 unit	C				
calcium carbonate-vitamin d tab 600 mg-400 unit	C				
CALCIUM CHEWS – calcium carbonate-cholecalciferol chew tab 600 mg-400 unit	C				
calcium citrate tab 950 mg (200 mg elemental ca)	C				
CALCIUM CITRATE W/D – calcium citrate-vitamin d tab 200 mg-125 unit (elemental ca)	C				
CALCIUM CITRATE W/VITAMIN D – calcium citrate-vitamin d tab 250 mg-50 unit (elemental ca)	C				
calcium citrate-vitamin d chew tab 500 mg-500 unit	C				

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
calcium citrate-vitamin d tab 200 mg-250 unit (elemental ca)	C				
calcium citrate-vitamin d tab 250 mg-200 unit (elemental ca)	C				
calcium citrate-vitamin d tab 315 mg-200 unit (elemental ca)	C				
calcium citrate-vitamin d tab 315 mg-250 unit (elemental ca)	C				
CALCIUM CITRATE/VITAMIN D3 – calcium citrate-vit d liqd 1000 mg/30ml-400 unit/30ml	C				
CALCIUM PLUS VITAMIN D – calcium carbonate-vitamin d cap 300 mg-100 unit	C				
CALCIUM PLUS VITAMIN D – calcium carbonate-vitamin d cap 500 mg-50 unit (base equiv)	C				
CALCIUM 1000 + D – calcium carbonate-cholecalciferol tab 1000 mg-800 unit	C				
CALCIUM/VITAMIN D – calcium carbonate-cholecalciferol cap 600 mg-400 unit	C				
calcium 500 mg w/ vitamin d tab	C				
calcium 600 mg w/ vitamin d tab	C				
CALTRATE MINIS PLUS MINERALS – calcium carb-vit d w/ minerals tabs 300 mg-800 unit	C				
CALTRATE 600+D3 SOFT CHEWS – calcium carbonate-cholecalciferol chew tab 600 mg-800 unit	C				
CERASPORT – oral electrolyte solution	C				
CERASPORT EX1 – oral electrolyte solution	C				
EFFERVESCENT POTASSIUM/ CHLORIDE – pot bicarbonate & chloride effer tab 25 meq	C				
ENFAMIL ENFALYTE – oral electrolyte solution	C				

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
EQL CALCIUM/VITAMIN D – calcium carbonate-cholecalciferol cap 600 mg-100 unit	C				
FLURA-DROPS – sodium fluoride soln 0.25 mg/drop f (from 0.55 mg/ drop naf)	C				
LIQUID CALCIUM WITH D3 MAXIMUM STRENGTH – calcium carbonate-cholecalciferol cap 600 mg-1000 unit	C				
MAGDELAY – magnesium chloride tab dr 70 mg (elemental mg)	C				
MAGNESIUM CHLORIDE – magnesium chloride inj 200 mg/ml	C				
magnesium chloride tab dr 64 mg (elemental mg)	C				
MAGNESIUM GLUCONATE – magnesium gluconate tab 500 mg	C				
magnesium gluconate tab 500 mg (27 mg elemental mg)	C				
magnesium gluconate tab 27.5 mg (elemental mg)	C				
magnesium oxide tab 400 mg (240 mg elemental mg)	C				
magnesium oxide tab 400 mg (241.3 mg elemental mg)	C				
magnesium oxide tab 500 mg (mg supplement)	C				
magnesium tab 250 mg	C				
oral electrolyte solution	C				
OSTEO-PORETICAL – calcium carbonate-cholecalciferol tab 600 mg-1000 unit	C				
OYSTER SHELL CALCIUM PLUS VITAMIN D – calcium carbonate-cholecalciferol tab 333 mg-133 unit	C				
oyster shell calcium tab 500 mg	C				
OYSTER SHELL CALCIUM/ VITAMIN D – calcium carbonate-cholecalciferol tab 250 mg-250 unit	C				

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
pot bicarbonate & chloride effer tab 25 meq	C				
pot phos monobasic w/sod phos di & monobas tab 155-852-130mg (K-phos neutral)	C				
potassium chloride cap er 8 meq	C				
potassium chloride cap er 10 meq	C				
potassium chloride microencapsulated crys er tab 10 meq	C				
potassium chloride microencapsulated crys er tab 20 meq	C				
potassium chloride oral soln 10% (20 meq/15ml)	C				
potassium chloride oral soln 20% (40 meq/15ml)	C				
potassium chloride powder packet 20 meq	C				
potassium chloride tab er 8 meq (600 mg)	C				
potassium chloride tab er 10 meq (K-tab)	C				
sodium chloride preservative free (pf) inj 0.9%	C				
sodium chloride tab 1 gm	C				
SODIUM FLUORIDE – sodium fluoride tab 0.5 mg f (from 1.1 mg naf)	C				
SODIUM FLUORIDE – sodium fluoride tab 1 mg f (from 2.2 mg naf)	C				
sodium fluoride chew tab 0.25 mg f (from 0.55 mg naf)	C				
sodium fluoride chew tab 0.5 mg f (from 1.1 mg naf)	C				
sodium fluoride chew tab 1 mg f (from 2.2 mg naf)	C				
sodium fluoride soln 0.125 mg/drop f (0.275 mg/drop naf)	C				
sodium fluoride soln 0.5 mg/ml f (from 1.1 mg/ml naf)	C				
UPCAL D – calcium citrate-vit d oral powd 500 mg/5gm-500 unit/5gm	C				
UPCAL D – calcium citrate-vitamin d powder packet 500 mg-500 unit	C				
BLOOD MODIFYING DRUGS					
BLOOD MODIFYING DRUGS					
ADVATE – antihemophilic factor rahf-pfm for inj 250 unit	C	•			
ADVATE – antihemophilic factor rahf-pfm for inj 500 unit	C	•			
ADVATE – antihemophilic factor rahf-pfm for inj 1000 unit	C	•			
ADVATE – antihemophilic factor rahf-pfm for inj 1500 unit	C	•			
ADVATE – antihemophilic factor rahf-pfm for inj 2000 unit	C	•			
ADVATE – antihemophilic factor rahf-pfm for inj 3000 unit	C	•			
ADVATE – antihemophilic factor rahf-pfm for inj 4000 unit	C	•			
ADYNOVATE – antihemophilic factor recomb pegylated for inj 250 unit	C	•			
ADYNOVATE – antihemophilic factor recomb pegylated for inj 500 unit	C	•			
ADYNOVATE – antihemophilic factor recomb pegylated for inj 750 unit	C	•			
ADYNOVATE – antihemophilic factor recomb pegylated for inj 1000 unit	C	•			
ADYNOVATE – antihemophilic factor recomb pegylated for inj 1500 unit	C	•			
ADYNOVATE – antihemophilic factor recomb pegylated for inj 2000 unit	C	•			
ADYNOVATE – antihemophilic factor recomb pegylated for inj 3000 unit	C	•			
AFSTYLA – antihemophilic fact rcmb single chain for inj kit 250 unit	C	•			
AFSTYLA – antihemophilic fact rcmb single chain for inj kit 500 unit	C	•			

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
AFSTYLA – antihemophilic fact rcmb single chain for inj kit 1000 unit	C	•			
AFSTYLA – antihemophilic fact rcmb single chain for inj kit 1500 unit	C	•			
AFSTYLA – antihemophilic fact rcmb single chain for inj kit 2000 unit	C	•			
AFSTYLA – antihemophilic fact rcmb single chain for inj kit 2500 unit	C	•			
AFSTYLA – antihemophilic fact rcmb single chain for inj kit 3000 unit	C	•			
AGGRENOX – aspirin-dipyridamole cap er 12hr 25-200 mg	P				
ALPHANATE/VON WILLEBRAND FACTOR COMPLEX/HUMAN – antihemophilic factor/vwf (human) for inj 250 unit	C	•			
ALPHANATE/VON WILLEBRAND FACTOR COMPLEX/HUMAN – antihemophilic factor/vwf (human) for inj 500 unit	C	•			
ALPHANATE/VON WILLEBRAND FACTOR COMPLEX/HUMAN – antihemophilic factor/vwf (human) for inj 1000 unit	C	•			
ALPHANATE/VON WILLEBRAND FACTOR COMPLEX/HUMAN – antihemophilic factor/vwf (human) for inj 1500 unit	C	•			
ALPHANATE/VON WILLEBRAND FACTOR COMPLEX/HUMAN – antihemophilic factor/vwf (human) for inj 2000 unit	C	•			
ALPHANINE SD – coagulation factor ix for inj 500 unit	C	•			
ALPHANINE SD – coagulation factor ix for inj 1000 unit	C	•			
ALPHANINE SD – coagulation factor ix for inj 1500 unit	C	•			
ALPROLIX – coagulation factor ix (recomb) (rfixfc) for inj 250 unit	C	•			
ALPROLIX – coagulation factor ix (recomb) (rfixfc) for inj 500 unit	C	•			

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
ALPROLIX – coagulation factor ix (recomb) (rfixfc) for inj 1000 unit	C	•			
ALPROLIX – coagulation factor ix (recomb) (rfixfc) for inj 2000 unit	C	•			
ALPROLIX – coagulation factor ix (recomb) (rfixfc) for inj 3000 unit	C	•			
ALPROLIX – coagulation factor ix (recomb) (rfixfc) for inj 4000 unit	C	•			
ARANESP ALBUMIN FREE – darbepoetin alfa soln prefilled syringe 10 mcg/0.4ml	P	•	•		
ARANESP ALBUMIN FREE – darbepoetin alfa soln prefilled syringe 25 mcg/0.42ml	P	•	•		
ARANESP ALBUMIN FREE – darbepoetin alfa soln prefilled syringe 40 mcg/0.4ml	P	•	•		
ARANESP ALBUMIN FREE – darbepoetin alfa soln prefilled syringe 60 mcg/0.3ml	P	•	•		
ARANESP ALBUMIN FREE – darbepoetin alfa soln prefilled syringe 100 mcg/0.5ml	P	•	•		
ARANESP ALBUMIN FREE – darbepoetin alfa soln prefilled syringe 150 mcg/0.3ml	P	•	•		
ARANESP ALBUMIN FREE – darbepoetin alfa soln prefilled syringe 200 mcg/0.4ml	P	•	•		
ARANESP ALBUMIN FREE – darbepoetin alfa soln prefilled syringe 300 mcg/0.6ml	P	•	•		
ARANESP ALBUMIN FREE – darbepoetin alfa soln prefilled syringe 500 mcg/ml	P	•	•		
ARANESP ALBUMIN FREE – darbepoetin alfa soln inj 25 mcg/ml	P	•	•		
ARANESP ALBUMIN FREE – darbepoetin alfa soln inj 40 mcg/ml	P	•	•		
ARANESP ALBUMIN FREE – darbepoetin alfa soln inj 60 mcg/ml	P	•	•		

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
ARANESP ALBUMIN FREE – darbepoetin alfa soln inj 100 mcg/ml	P	•	•		
ARANESP ALBUMIN FREE – darbepoetin alfa soln inj 200 mcg/ml	P	•	•		
ARANESP ALBUMIN FREE – darbepoetin alfa soln inj 300 mcg/ml	P	•	•		
ARIXTRA – fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml	NP		•	•	
ARIXTRA – fondaparinux sodium subcutaneous inj 5 mg/0.4ml	NP		•	•	
ARIXTRA – fondaparinux sodium subcutaneous inj 7.5 mg/0.6ml	NP		•	•	
ARIXTRA – fondaparinux sodium subcutaneous inj 10 mg/0.8ml	NP		•	•	
aspirin-dipyridamole cap er 12hr 25-200 mg (Aggrenox)	NP		•		
BEBULIN – factor ix complex for inj 200-1200 unit	C	•			
BENEFIX – coagulation factor ix (recombinant) for inj kit 250 unit	C	•			
BENEFIX – coagulation factor ix (recombinant) for inj kit 500 unit	C	•			
BENEFIX – coagulation factor ix (recombinant) for inj kit 1000 unit	C	•			
BENEFIX – coagulation factor ix (recombinant) for inj kit 2000 unit	C	•			
BENEFIX – coagulation factor ix (recombinant) for inj kit 3000 unit	C	•			
BERINERT – c1 esterase inhibitor (human) for iv inj kit 500 unit	P	•			
BEVYXXA – betrixaban maleate cap 40 mg (base equivalent)	NP		•	•	
BEVYXXA – betrixaban maleate cap 80 mg (base equivalent)	NP		•	•	
BRILINTA – ticagrelor tab 60 mg	NP		•		
BRILINTA – ticagrelor tab 90 mg	NP		•		

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
CABLIVI – caplacizumab-yhdp for inj kit 11 mg	C	•		•	
cilostazol tab 50 mg	C				
cilostazol tab 100 mg	C				
CINRYZE – c1 esterase inhibitor (human) for iv inj 500 unit	NP	•	•		
clopidogrel bisulfate tab 75 mg (base equiv) (Plavix)	P				
clopidogrel bisulfate tab 300 mg (base equiv)	P				
COAGADEX – coagulation factor x (human) for inj 250 unit	C	•			
COAGADEX – coagulation factor x (human) for inj 500 unit	C	•			
COUMADIN – warfarin sodium tab 1 mg	NP		•		
COUMADIN – warfarin sodium tab 2 mg	NP		•		
COUMADIN – warfarin sodium tab 2.5 mg	NP		•		
COUMADIN – warfarin sodium tab 3 mg	NP		•		
COUMADIN – warfarin sodium tab 4 mg	NP		•		
COUMADIN – warfarin sodium tab 5 mg	NP		•		
COUMADIN – warfarin sodium tab 6 mg	NP		•		
COUMADIN – warfarin sodium tab 7.5 mg	NP		•		
COUMADIN – warfarin sodium tab 10 mg	NP		•		
cyanocobalamin inj 1000 mcg/ml	C				
cyanocobalamin tab er 1000 mcg	C				
cyanocobalamin tab 100 mcg	C				
cyanocobalamin tab 250 mcg	C				
cyanocobalamin tab 500 mcg	C				
cyanocobalamin tab 1000 mcg	C				
dipyridamole tab 25 mg	P				

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
dipyridamole tab 50 mg	P				
dipyridamole tab 75 mg	P				
DOPTELET – avatrombopag maleate tab 20 mg (base equiv)	C	•	•	•	
DROXIA – hydroxyurea cap 200 mg	C	•			
DROXIA – hydroxyurea cap 300 mg	C	•			
DROXIA – hydroxyurea cap 400 mg	C	•			
DURLAZA – aspirin capsule er 24hr 162.5 mg	NP		•		
EFFIENT – prasugrel hcl tab 5 mg (base equiv)	NP		•		
EFFIENT – prasugrel hcl tab 10 mg (base equiv)	NP		•		
ELIQUIS – apixaban tab 2.5 mg	NP		•	•	
ELIQUIS – apixaban tab 5 mg	NP		•	•	
ELIQUIS STARTER PACK – apixaban tab 5 mg	NP		•	•	
ELOCTATE – antihemophilic factor (recomb) rfviiifc for inj 250 unit	C	•			
ELOCTATE – antihemophilic factor (recomb) rfviiifc for inj 500 unit	C	•			
ELOCTATE – antihemophilic factor (recomb) rfviiifc for inj 750 unit	C	•			
ELOCTATE – antihemophilic factor (recomb) rfviiifc for inj 1000 unit	C	•			
ELOCTATE – antihemophilic factor (recomb) rfviiifc for inj 1500 unit	C	•			
ELOCTATE – antihemophilic factor (recomb) rfviiifc for inj 2000 unit	C	•			
ELOCTATE – antihemophilic factor (recomb) rfviiifc for inj 3000 unit	C	•			
ELOCTATE – antihemophilic factor (recomb) rfviiifc for inj 4000 unit	C	•			
ELOCTATE – antihemophilic factor (recomb) rfviiifc for inj 5000 unit	C	•			
ELOCTATE – antihemophilic factor (recomb) rfviiifc for inj 6000 unit	C	•			
ENDARI – glutamine (sickle cell) powd pack 5 gm	C	•	•		

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
enoxaparin sodium inj 30 mg/0.3ml (Lovenox)	P			•	
enoxaparin sodium inj 40 mg/0.4ml (Lovenox)	P			•	
enoxaparin sodium inj 60 mg/0.6ml (Lovenox)	P			•	
enoxaparin sodium inj 80 mg/0.8ml (Lovenox)	P			•	
enoxaparin sodium inj 100 mg/ml (Lovenox)	P			•	
enoxaparin sodium inj 120 mg/0.8ml (Lovenox)	P			•	
enoxaparin sodium inj 150 mg/ml (Lovenox)	P			•	
enoxaparin sodium inj 300 mg/3ml (Lovenox)	P			•	
EPOGEN – epoetin alfa inj 2000 unit/ml	NP	•	••		
EPOGEN – epoetin alfa inj 3000 unit/ml	NP	•	••		
EPOGEN – epoetin alfa inj 4000 unit/ml	NP	•	••		
EPOGEN – epoetin alfa inj 10000 unit/ml	NP	•	••		
EPOGEN – epoetin alfa inj 20000 unit/ml	NP	•	••		
FEIBA – antiinhibitor coagulant complex for iv soln 500 unit	C	•			
FEIBA – antiinhibitor coagulant complex for iv soln 1000 unit	C	•			
FEIBA – antiinhibitor coagulant complex for iv soln 2500 unit	C	•			
FERRETTS – ferrous fumarate tab 325 mg (106 mg elemental fe)	C				
ferrous fumarate tab 324 mg (106 mg elemental fe)	C				
FERROUS GLUCONATE – ferrous gluconate tab 324 mg (38 mg elemental iron)	C				

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
ferrous gluconate tab 240 mg (27 mg elemental fe)	C				
ferrous gluconate tab 324 mg (37.5 mg elemental iron)	C				
FERROUS SULFATE – ferrous sulfate tab ec 324 mg (65 mg fe equivalent)	C				
ferrous sulfate dried tab er 160 mg (50 mg fe equivalent)	C				
ferrous sulfate elixir 220 mg/5ml (44 mg/5ml elemental fe)	C				
ferrous sulfate soln 75 mg/ml (15 mg/ml elemental fe)	C				
ferrous sulfate tab ec 325 mg (65 mg fe equivalent)	C				
ferrous sulfate tab er 142 mg (45 mg fe equivalent)	C				
ferrous sulfate tab 325 mg (65 mg elemental fe)	C				
FIRAZYR – icatibant acetate inj 30 mg/3ml (base equivalent)	NP	•	•		
folic acid tab 400 mcg	C				
folic acid tab 800 mcg	C				
folic acid tab 1 mg	C				
folic acid-vitamin b6-vitamin b12 tab 2.2-25-0.5 mg	C				
fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml (Arixtra)	NP		•	•	
fondaparinux sodium subcutaneous inj 5 mg/0.4ml (Arixtra)	NP		•	•	
fondaparinux sodium subcutaneous inj 7.5 mg/0.6ml (Arixtra)	NP		•	•	
fondaparinux sodium subcutaneous inj 10 mg/0.8ml (Arixtra)	NP		•	•	
FRAGMIN – dalteparin sodium inj 10000 unit/ml	NP		•	•	
FRAGMIN – dalteparin sodium inj 2500 unit/0.2ml	NP		•	•	
FRAGMIN – dalteparin sodium inj 5000 unit/0.2ml	NP		•	•	
FRAGMIN – dalteparin sodium inj 7500 unit/0.3ml	NP		•	•	
FRAGMIN – dalteparin sodium inj 12500 unit/0.5ml	NP		•	•	
FRAGMIN – dalteparin sodium inj 15000 unit/0.6ml	NP		•	•	
FRAGMIN – dalteparin sodium inj 18000 unit/0.72ml	NP		•	•	
FRAGMIN – dalteparin sodium inj 95000 unit/3.8ml	P			•	
FULPHILA – pegfilgrastim-jmdb soln prefilled syringe 6 mg/0.6ml	C	•			
GRANIX – tbo-filgrastim soln prefilled syringe 300 mcg/0.5ml	C	•			
GRANIX – tbo-filgrastim soln prefilled syringe 480 mcg/0.8ml	C	•			
GRANIX – tbo-filgrastim subcutaneous inj 300 mcg/ml	C	•			
GRANIX – tbo-filgrastim subcutaneous inj 480 mcg/1.6ml (300 mcg/ml)	C	•			
HAEGARDA – c1 esterase inhibitor (human) for subcutaneous inj 2000 unit	NP	•	•		
HAEGARDA – c1 esterase inhibitor (human) for subcutaneous inj 3000 unit	NP	•	•		
HELIXATE FS – antihemophilic factor (recombinant) for inj kit 250 unit	C	•			
HELIXATE FS – antihemophilic factor (recombinant) for inj kit 500 unit	C	•			
HELIXATE FS – antihemophilic factor (recombinant) for inj kit 1000 unit	C	•			
HELIXATE FS – antihemophilic factor (recombinant) for inj kit 2000 unit	C	•			
HELIXATE FS – antihemophilic factor (recombinant) for inj kit 3000 unit	C	•			

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
HEMLIBRA – emicizumab-kxwh subcutaneous soln 30 mg/ml	C	•	•		
HEMLIBRA – emicizumab-kxwh subcutaneous soln 60 mg/0.4ml (150 mg/ml)	C	•	•		
HEMLIBRA – emicizumab-kxwh subcutaneous soln 105 mg/0.7ml (150 mg/ml)	C	•	•		
HEMLIBRA – emicizumab-kxwh subcutaneous soln 150 mg/ml	C	•	•		
HEMOFIL M – antihemophilic factor (human) for inj 250 unit	C	•			
HEMOFIL M – antihemophilic factor (human) for inj 500 unit	C	•			
HEMOFIL M – antihemophilic factor (human) for inj 1000 unit	C	•			
HEMOFIL M – antihemophilic factor (human) for inj 1700 unit	C	•			
HEPARIN LOCK FLUSH – heparin sodium (porcine) lock flush iv soln 1 unit/ml	C				
HUMATE-P – antihemophilic factor/ vwf (human) for inj 250-600 unit	C	•			
HUMATE-P – antihemophilic factor/ vwf (human) for inj 500-1200 unit	C	•			
HUMATE-P – antihemophilic factor/ vwf (human) for inj 1000-2400 unit	C	•			
icatibant acetate inj 30 mg/3ml (base equivalent) (Firazyr)	NP	•	•		
IDELVION – coagulation factor ix (recomb) (rix-fp) for inj 250 unit	C	•			
IDELVION – coagulation factor ix (recomb) (rix-fp) for inj 500 unit	C	•			
IDELVION – coagulation factor ix (recomb) (rix-fp) for inj 1000 unit	C	•			
IDELVION – coagulation factor ix (recomb) (rix-fp) for inj 2000 unit	C	•			
IDELVION – coagulation factor ix (recomb) (rix-fp) for inj 3500 unit	C	•			
IXINITY – coagulation factor ix (recombinant) for inj 250 unit	C	•			
IXINITY – coagulation factor ix (recombinant) for inj 500 unit	C	•			
IXINITY – coagulation factor ix (recombinant) for inj 1000 unit	C	•			
IXINITY – coagulation factor ix (recombinant) for inj 1500 unit	C	•			
IXINITY – coagulation factor ix (recombinant) for inj 2000 unit	C	•			
IXINITY – coagulation factor ix (recombinant) for inj 3000 unit	C	•			
KOATE – antihemophilic factor (human) for inj 250 unit	C	•			
KOATE – antihemophilic factor (human) for inj 500 unit	C	•			
KOATE – antihemophilic factor (human) for inj 1000 unit	C	•			
KOATE-DVI – antihemophilic factor (human) for inj 250 unit	C	•			
KOATE-DVI – antihemophilic factor (human) for inj 500 unit	C	•			
KOATE-DVI – antihemophilic factor (human) for inj 1000 unit	C	•			
KOGENATE FS – antihemophilic factor (recombinant) for inj kit 250 unit	C	•			
KOGENATE FS – antihemophilic factor (recombinant) for inj kit 500 unit	C	•			
KOGENATE FS – antihemophilic factor (recombinant) for inj kit 1000 unit	C	•			
KOGENATE FS – antihemophilic factor (recombinant) for inj kit 2000 unit	C	•			
KOGENATE FS – antihemophilic factor (recombinant) for inj kit 3000 unit	C	•			
KOGENATE FS BIO-SET – antihemophilic factor (recombinant) for inj kit 250 unit	C	•			

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
KOGENATE FS BIO-SET – antihemophilic factor (recombinant) for inj kit 500 unit	C	•			
KOGENATE FS BIO-SET – antihemophilic factor (recombinant) for inj kit 1000 unit	C	•			
KOGENATE FS BIO-SET – antihemophilic factor (recombinant) for inj kit 2000 unit	C	•			
KOGENATE FS BIO-SET – antihemophilic factor (recombinant) for inj kit 3000 unit	C	•			
KOVALTRY – antihemophilic factor (recombinant) for inj 250 unit	C	•			
KOVALTRY – antihemophilic factor (recombinant) for inj 500 unit	C	•			
KOVALTRY – antihemophilic factor (recombinant) for inj 1000 unit	C	•			
KOVALTRY – antihemophilic factor (recombinant) for inj 2000 unit	C	•			
KOVALTRY – antihemophilic factor (recombinant) for inj 3000 unit	C	•			
LOVENOX – enoxaparin sodium inj 30 mg/0.3ml	NP		•	•	
LOVENOX – enoxaparin sodium inj 40 mg/0.4ml	NP		•	•	
LOVENOX – enoxaparin sodium inj 60 mg/0.6ml	NP		•	•	
LOVENOX – enoxaparin sodium inj 80 mg/0.8ml	NP		•	•	
LOVENOX – enoxaparin sodium inj 100 mg/ml	NP		•	•	
LOVENOX – enoxaparin sodium inj 120 mg/0.8ml	NP		•	•	
LOVENOX – enoxaparin sodium inj 150 mg/ml	NP		•	•	
LOVENOX – enoxaparin sodium inj 300 mg/3ml	NP		•	•	
MONOCLATE-P – antihemophilic factor (human) for inj kit 1000 unit	C	•			
MONOCLATE-P – antihemophilic factor (human) for inj kit 1500 unit	C	•			
MONONINE – coagulation factor ix for inj 1000 unit	C	•			
NEUPOGEN – filgrastim soln prefilled syringe 300 mcg/0.5ml	C	•			
NEUPOGEN – filgrastim soln prefilled syringe 480 mcg/0.8ml (600 mcg/ml)	C	•			
NEUPOGEN – filgrastim inj 300 mcg/ml	C	•			
NEUPOGEN – filgrastim inj 480 mcg/1.6ml (300 mcg/ml)	C	•			
NIVESTYM – filgrastim-aafi soln prefilled syringe 300 mcg/0.5ml	C	•			
NIVESTYM – filgrastim-aafi soln prefilled syringe 480 mcg/0.8ml	C	•			
NIVESTYM – filgrastim-aafi inj 300 mcg/ml	C	•			
NIVESTYM – filgrastim-aafi inj 480 mcg/1.6ml (300 mcg/ml)	C	•			
NOVOEIGHT – antihemophilic factor (recombinant) for inj 250 unit	C	•			
NOVOEIGHT – antihemophilic factor (recombinant) for inj 500 unit	C	•			
NOVOEIGHT – antihemophilic factor (recombinant) for inj 1000 unit	C	•			
NOVOEIGHT – antihemophilic factor (recombinant) for inj 1500 unit	C	•			
NOVOEIGHT – antihemophilic factor (recombinant) for inj 2000 unit	C	•			
NOVOEIGHT – antihemophilic factor (recombinant) for inj 3000 unit	C	•			
NOVOSEVEN RT – coagulation factor viia (recomb) for inj 1 mg (1000 mcg)	C	•			
NOVOSEVEN RT – coagulation factor viia (recomb) for inj 2 mg (2000 mcg)	C	•			

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
NOVOSEVEN RT – coagulation factor viia (recomb) for inj 5 mg (5000 mcg)	C	•			
NOVOSEVEN RT – coagulation factor viia (recomb) for inj 8 mg (8000 mcg)	C	•			
NUWIQ – antihemophilic factor (bdd-rfviii) for inj 250 unit	C	•			
NUWIQ – antihemophilic factor (bdd-rfviii) for inj 500 unit	C	•			
NUWIQ – antihemophilic factor (bdd-rfviii) for inj 1000 unit	C	•			
NUWIQ – antihemophilic factor (bdd-rfviii) for inj 2000 unit	C	•			
NUWIQ – antihemophilic factor (bdd-rfviii) for inj 2500 unit	C	•			
NUWIQ – antihemophilic factor (bdd-rfviii) for inj 3000 unit	C	•			
NUWIQ – antihemophilic factor (bdd-rfviii) for inj 4000 unit	C	•			
NUWIQ – antihemophilic factor (bdd-rfviii) for inj kit 250 unit	C	•			
NUWIQ – antihemophilic factor (bdd-rfviii) for inj kit 500 unit	C	•			
NUWIQ – antihemophilic factor (bdd-rfviii) for inj kit 1000 unit	C	•			
NUWIQ – antihemophilic factor (bdd-rfviii) for inj kit 2000 unit	C	•			
NUWIQ – antihemophilic factor (bdd-rfviii) for inj kit 2500 unit	C	•			
NUWIQ – antihemophilic factor (bdd-rfviii) for inj kit 3000 unit	C	•			
NUWIQ – antihemophilic factor (bdd-rfviii) for inj kit 4000 unit	C	•			
OBIZUR – antihemophilic factor (recomb porc) rpfviii for inj 500 unit	C	•			
pentoxifylline tab er 400 mg	C				
PLAVIX – clopidogrel bisulfate tab 75 mg (base equiv)	NP		•		

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
polysaccharide iron complex cap 150 mg (iron equivalent)	C				
PRADAXA – dabigatran etexilate mesylate cap 75 mg (etexilate base eq)	P			•	
PRADAXA – dabigatran etexilate mesylate cap 110 mg (etexilate base eq)	P			•	
PRADAXA – dabigatran etexilate mesylate cap 150 mg (etexilate base eq)	P			•	
prasugrel hcl tab 5 mg (base equiv) (Effient)	NP		•		
prasugrel hcl tab 10 mg (base equiv) (Effient)	NP		•		
PROCRIT – epoetin alfa inj 2000 unit/ml	P	•	•		
PROCRIT – epoetin alfa inj 3000 unit/ml	P	•	•		
PROCRIT – epoetin alfa inj 4000 unit/ml	P	•	•		
PROCRIT – epoetin alfa inj 10000 unit/ml	P	•	•		
PROCRIT – epoetin alfa inj 20000 unit/ml	P	•	•		
PROCRIT – epoetin alfa inj 40000 unit/ml	P	•	•		
PROFILNINE – factor ix complex for inj 500 unit	C	•			
PROFILNINE – factor ix complex for inj 1000 unit	C	•			
PROFILNINE – factor ix complex for inj 1500 unit	C	•			
PROFILNINE SD – factor ix complex for inj 500 unit	C	•			
PROFILNINE SD – factor ix complex for inj 1000 unit	C	•			
PROFILNINE SD – factor ix complex for inj 1500 unit	C	•			

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
PROMACTA – eltrombopag olamine powder pack for susp 12.5 mg (base eq)	C	•	•	•	
PROMACTA – eltrombopag olamine tab 12.5 mg (base equiv)	C	•	•	•	
PROMACTA – eltrombopag olamine tab 25 mg (base equiv)	C	•	•	•	
PROMACTA – eltrombopag olamine tab 50 mg (base equiv)	C	•	•	•	
PROMACTA – eltrombopag olamine tab 75 mg (base equiv)	C	•	•	•	
REBINYN – coagulation factor ix recomb glycopegylated for inj 500 unt	C	•			
REBINYN – coagulation factor ix recomb glycopegylated for inj 1000 unt	C	•			
REBINYN – coagulation factor ix recomb glycopegylated for inj 2000 unt	C	•			
RECOMBINATE – antihemophilic factor (recombinant) for inj 220-400 unit	C	•			
RECOMBINATE – antihemophilic factor (recombinant) for inj 401-800 unit	C	•			
RECOMBINATE – antihemophilic factor (recombinant) for inj 801-1240 unit	C	•			
RECOMBINATE – antihemophilic factor (recombinant) for inj 1241-1800 unit	C	•			
RECOMBINATE – antihemophilic factor (recombinant) for inj 1801-2400 unit	C	•			
RETACRIT – epoetin alfa-epbx inj 2000 unit/ml	C	•	•		
RETACRIT – epoetin alfa-epbx inj 3000 unit/ml	C	•	•		
RETACRIT – epoetin alfa-epbx inj 4000 unit/ml	C	•	•		
RETACRIT – epoetin alfa-epbx inj 10000 unit/ml	C	•	•		
RETACRIT – epoetin alfa-epbx inj 40000 unit/ml	C	•	•		
RIXUBIS – coagulation factor ix (recombinant) for inj 250 unit	C	•			
RIXUBIS – coagulation factor ix (recombinant) for inj 500 unit	C	•			
RIXUBIS – coagulation factor ix (recombinant) for inj 1000 unit	C	•			
RIXUBIS – coagulation factor ix (recombinant) for inj 2000 unit	C	•			
RIXUBIS – coagulation factor ix (recombinant) for inj 3000 unit	C	•			
RUCONEST – c1 esterase inhibitor (recombinant) for iv inj 2100 unit	NP	•	•		
SAVAYSA – edoxaban tosylate tab 15 mg (base equivalent)	NP		•	•	
SAVAYSA – edoxaban tosylate tab 30 mg (base equivalent)	NP		•	•	
SAVAYSA – edoxaban tosylate tab 60 mg (base equivalent)	NP		•	•	
SIKLOS – hydroxyurea tab 100 mg	C	•			
SIKLOS – hydroxyurea tab 1000 mg	C	•			
TAVALISSE – fostamatinib disodium tab 100 mg (base equivalent)	C	•	•	•	
TAVALISSE – fostamatinib disodium tab 150 mg (base equivalent)	C	•	•	•	
tranexamic acid tab 650 mg (Lysteda)	C				
TRETTEN – coagulation factor xiii a-subunit for inj 2000-3125 unit	C	•			
UDENYCA – pegfilgrastim-cbqv soln prefilled syringe 6 mg/0.6ml	C	•			
VONVENDI – von willebrand factor (recombinant) for inj 650 unit	C	•			
VONVENDI – von willebrand factor (recombinant) for inj 1300 unit	C	•			
warfarin sodium tab 1 mg (Coumadin)	P				

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
warfarin sodium tab 2 mg (Coumadin)	P				
warfarin sodium tab 2.5 mg (Coumadin)	P				
warfarin sodium tab 3 mg (Coumadin)	P				
warfarin sodium tab 4 mg (Coumadin)	P				
warfarin sodium tab 5 mg (Coumadin)	P				
warfarin sodium tab 6 mg (Coumadin)	P				
warfarin sodium tab 7.5 mg (Coumadin)	P				
warfarin sodium tab 10 mg (Coumadin)	P				
WILATE – antihemophilic factor/vwf (human) for inj 500-500 unit kit	C	•			
WILATE – antihemophilic factor/vwf (human) for inj 1000-1000 unit kit	C	•			
XARELTO – rivaroxaban tab 2.5 mg	NP		•	•	
XARELTO – rivaroxaban tab 10 mg	P			•	
XARELTO – rivaroxaban tab 15 mg	P			•	
XARELTO – rivaroxaban tab 20 mg	P			•	
XARELTO STARTER PACK – rivaroxaban tab starter therapy pack 15 mg & 20 mg	NP		•	•	
XYNTHA – antihemophilic factor recombinant paf for inj kit 250 unit	C	•			
XYNTHA – antihemophilic factor recombinant paf for inj kit 500 unit	C	•			
XYNTHA – antihemophilic factor recombinant paf for inj kit 1000 unit	C	•			
XYNTHA – antihemophilic factor recombinant paf for inj kit 2000 unit	C	•			
XYNTHA SOLOFUSE – antihemophilic factor recombinant paf for inj kit 250 unit	C	•			
XYNTHA SOLOFUSE – antihemophilic factor recombinant paf for inj kit 500 unit	C	•			
XYNTHA SOLOFUSE – antihemophilic factor recombinant paf for inj kit 1000 unit	C	•			
XYNTHA SOLOFUSE – antihemophilic factor recombinant paf for inj kit 2000 unit	C	•			
XYNTHA SOLOFUSE – antihemophilic factor recombinant paf for inj kit 3000 unit	C	•			
YOSPRALA – aspirin-omeprazole tab delayed release 81-40 mg	NP		••	•	
YOSPRALA – aspirin-omeprazole tab delayed release 325-40 mg	NP		••	•	
ZARXIO – filgrastim-sndz soln prefilled syringe 300 mcg/0.5ml	C	•			
ZARXIO – filgrastim-sndz soln prefilled syringe 480 mcg/0.8ml	C	•			
ZONTIVITY – vorapaxar sulfate tab 2.08 mg (base equivalent)	NP		•		
TOPICAL PRODUCTS					
EYE					
Anti-infectives					
AZASITE – azithromycin ophth soln 1%	NP		•		
BACITRACIN – bacitracin ophth oint 500 unit/gm	C				
bacitracin-polymyxin b ophth oint	C				
BESIVANCE – besifloxacin hcl ophth susp 0.6% (base equiv)	NP		•		
CILOXAN – ciprofloxacin hcl ophth soln 0.3% (base equivalent)	NP		•		
CILOXAN – ciprofloxacin hcl ophth oint 0.3%	NP		•		
ciprofloxacin hcl ophth soln 0.3% (base equivalent) (Ciloxan)	P				
erythromycin ophth oint 5 mg/gm	C				

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
gatifloxacin ophth soln 0.5% (Zymaxid)	NP		•		
GENTAK – gentamicin sulfate ophth oint 0.3%	C				
gentamicin sulfate ophth soln 0.3%	C				
levofloxacin ophth soln 0.5%	NP		•		
MOXEZA – moxifloxacin hcl ophth soln 0.5% (base eq) (2 times daily)	NP		•		
moxifloxacin hcl ophth soln 0.5% (base equiv) (Vigamox)	NP		•		
NATACYN – natamycin ophth susp 5%	C				
neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin	C				
NEOMYCIN/POLYMYXIN/ GRAMICIDIN – neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml	C				
OCUFLOX – ofloxacin ophth soln 0.3%	NP		•		
ofloxacin ophth soln 0.3% (Ocuflox)	P				
polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1% (Polytrim)	C				
sulfacetamide sodium ophth soln 10% (Bleph-10)	C				
tobramycin ophth soln 0.3% (Tobrex)	C				
TRIFLURIDINE – trifluridine ophth soln 1%	C				
VIGAMOX – moxifloxacin hcl ophth soln 0.5% (base equiv)	P				
ZYMAXID – gatifloxacin ophth soln 0.5%	NP		•		
Steroids and Combination Products					
ALREX – loteprednol etabonate ophth susp 0.2%	NP		•		
bacitracin-polymyxin-neomycin-hc ophth oint 1%	C				

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
DEXAMETHASONE SODIUM PHOSPHATE – dexamethasone sodium phosphate ophth soln 0.1%	C				
fluorometholone ophth susp 0.1% (Fml liquifilm)	C				
neomycin-polymyxin-dexamethasone ophth oint 0.1% (Maxitrol)	C				
neomycin-polymyxin-dexamethasone ophth susp 0.1% (Maxitrol)	C				
PREDNISOLONE ACETATE – prednisolone acetate ophth susp 1%	C				
sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%	C				
SULFACETAMIDE SODIUM/ PREDNISOLONE SODIUM PHOSPHATE – sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%	C				
Glaucoma					
ALPHAGAN P – brimonidine tartrate ophth soln 0.1%	P				
ALPHAGAN P – brimonidine tartrate ophth soln 0.15%	P				
apraclonidine hcl ophth soln 0.5% (base equivalent)	NP		•		
AZOPT – brinzolamide ophth susp 1%	NP		•		
BETAGAN – levobunolol hcl ophth soln 0.5%	NP		•		
betaxolol hcl ophth soln 0.5%	NP		•		
BETOPTIC-S – betaxolol hcl ophth susp 0.25%	NP		•		
bimatoprost ophth soln 0.03%	NP		•	•	
brimonidine tartrate ophth soln 0.15% (Alphagan p)	NP		•		
brimonidine tartrate ophth soln 0.2%	P				

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
CARTEOLOL HCL – carteolol hcl ophth soln 1%	NP		•		
carteolol hcl ophth soln 1%	NP		•		
COMBIGAN – brimonidine tartrate-timolol maleate ophth soln 0.2-0.5%	P				
COSOPT – dorzolamide hcl-timolol maleate ophth soln 22.3-6.8 mg/ml	NP		•		
COSOPT PF – dorzolamide hcl-timolol maleate ophth sol 22.3-6.8 mg/ml pf	NP		•		
dorzolamide hcl ophth soln 2% (Trusopt)	P				
dorzolamide hcl-timolol maleate ophth soln 22.3-6.8 mg/ml (Cosopt)	P				
dorzolamide hcl-timolol maleate ophth sol 22.3-6.8 mg/ml pf (Cosopt pf)	NP		•		
IOPIDINE – apraclonidine hcl ophth soln 0.5% (base equivalent)	NP		•		
IOPIDINE – apraclonidine hcl ophth soln 1% (base equivalent)	NP		•		
ISTALOL – timolol maleate ophth soln 0.5% (once-daily)	NP		•		
latanoprost ophth soln 0.005% (Xalatan)	P			•	
LEVOBUNOLOL HCL – levobunolol hcl ophth soln 0.5%	NP		•		
levobunolol hcl ophth soln 0.5%	NP		•		
LUMIGAN – bimatoprost ophth soln 0.01%	NP		•	•	
pilocarpine hcl ophth soln 1% (Isopto carpine)	C				
pilocarpine hcl ophth soln 2% (Isopto carpine)	C				
pilocarpine hcl ophth soln 4% (Isopto carpine)	C				
RHOPRESSA – netarsudil dimesylate ophth soln 0.02%	NP		•		

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
ROCKLATAN – netarsudil dimesylate-latanoprost ophth soln 0.02-0.005%	NP		•		
SIMBRINZA – brinzolamide-brimonidine tartrate ophth susp 1-0.2%	NP		•		
timolol maleate ophth soln 0.25% (Timoptic)	P				
timolol maleate ophth soln 0.5% (Timoptic)	P				
timolol maleate ophth soln 0.5% (once-daily) (Istalol)	NP		•		
TIMOLOL MALEATE OPHTHALMIC GEL FORMING – timolol maleate ophth gel forming soln 0.25%	P				
TIMOLOL MALEATE OPHTHALMIC GEL FORMING – timolol maleate ophth gel forming soln 0.5%	P				
TIMOPTIC – timolol maleate ophth soln 0.25%	NP		•		
TIMOPTIC – timolol maleate ophth soln 0.5%	NP		•		
TIMOPTIC OCUDOSE – timolol maleate preservative free ophth soln 0.25%	NP		•		
TIMOPTIC OCUDOSE – timolol maleate preservative free ophth soln 0.5%	NP		•		
TIMOPTIC-XE – timolol maleate ophth gel forming soln 0.25%	NP		•		
TIMOPTIC-XE – timolol maleate ophth gel forming soln 0.5%	NP		•		
TRAVATAN Z – travoprost ophth soln 0.004% (benzalkonium free) (bak free)	P			•	
travoprost ophth soln 0.004% (benzalkonium free) (bak free) (Travatan z)	C			•	
TRUSOPT – dorzolamide hcl ophth soln 2%	NP		•		

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
VYZULTA – latanoprostene bunod ophth soln 0.024%	NP		•	•	
XALATAN – latanoprost ophth soln 0.005%	NP		•	•	
ZIOPTAN – tafluprost preservative free (pf) ophth soln 0.0015%	NP		•	•	
Other Eye Products					
ACULAR – ketorolac tromethamine ophth soln 0.5%	NP		•		
ACULAR LS – ketorolac tromethamine ophth soln 0.4%	NP		•		
ACUVAIL – ketorolac tromethamine (pf) ophth soln 0.45%	NP		•		
ALOCRIL – nedocromil sodium ophth soln 2%	NP		•		
ALOMIDE – lodoxamide tromethamine ophth soln 0.1%	NP		•		
artificial tear ophth ointment	C				
artificial tear ophth solution	C				
ARTIFICIAL TEARS – hypromellose ophth soln 0.4%	C				
ATROPINE SULFATE – atropine sulfate ophth soln 1%	C				
azelastine hcl ophth soln 0.05%	NP		•		
BEPREVE – bepotastine besilate ophth soln 1.5%	NP		•		
bromfenac sodium ophth soln 0.09% (base equiv) (once-daily)	NP		•		
BROMSITE – bromfenac sodium ophth soln 0.075% (base equivalent)	NP		•		
carboxymethylcellulose sodium (pf) ophth soln 0.5%	C				
carboxymethylcellulose sodium ophth soln 0.5%	C				
cromolyn sodium ophth soln 4%	P				
cyclopentolate hcl ophth soln 0.5% (Cyclogyl)	C				
cyclopentolate hcl ophth soln 1% (Cyclogyl)	C				

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
cyclopentolate hcl ophth soln 2% (Cyclogyl)	C				
dextran 70-hypromellose ophth soln 0.1-0.3%	C				
dextran 70-hypromellose (pf) ophth soln 0.1-0.3%	C				
diclofenac sodium ophth soln 0.1%	P				
ELESTAT – epinastine hcl ophth soln 0.05%	NP		•		
EMADINE – emedastine difumarate ophth soln 0.05% (base equiv)	NP		•		
epinastine hcl ophth soln 0.05% (Elestat)	NP		•		
FLURBIPROFEN SODIUM – flurbiprofen sodium ophth soln 0.03%	NP		•		
flurbiprofen sodium ophth soln 0.03%	NP		•		
homatropine hbr ophth soln 5%	C				
hypromellose ophth soln 0.3%	C				
ISOPTO ATROPINE – atropine sulfate ophth soln 1%	C				
ketorolac tromethamine ophth soln 0.4% (Acular ls)	P				
ketorolac tromethamine ophth soln 0.5% (Acular)	P				
ketotifen fumarate ophth soln 0.025% (base equiv)	P				
LASTACAFT – alcaftadine ophth soln 0.25%	NP		•		
MURO 128 – sodium chloride hypertonic ophth soln 2%	C				
NEVANAC – nepafenac ophth susp 0.1%	NP		•		
olopatadine hcl ophth soln 0.1% (base equivalent) (Patanol)	P				
olopatadine hcl ophth soln 0.2% (base equivalent) (Pataday)	P				

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
PATADAY – olopatadine hcl ophth soln 0.2% (base equivalent)	NP		•		
PATANOL – olopatadine hcl ophth soln 0.1% (base equivalent)	NP		•		
PAZEO – olopatadine hcl ophth soln 0.7% (base equivalent)	P				
polyethylene glycol-propylene glycol ophth soln 0.4-0.3%	C				
polyethylene glycol-propylene glycol pf op soln 0.4-0.3%	C				
polyvinyl alcohol ophth soln 1.4%	C				
polyvinyl alcohol-povidone (pf) ophth soln 1.4-0.6%	C				
polyvinyl alcohol-povidone ophth soln 5-6 mg/ml (0.5-0.6%)	C				
PROLENSA – bromfenac sodium ophth soln 0.07% (base equivalent)	NP		•		
RESTASIS – cyclosporine (ophth) emulsion 0.05%	C		•	•	
RESTASIS MULTIDOSE – cyclosporine (ophth) emulsion 0.05%	C		•	•	
sodium chloride hypertonic ophth oint 5%	C				
sodium chloride hypertonic ophth soln 5%	C				
white petrolatum-mineral oil ophth ointment	C				
ZADITOR – ketotifen fumarate ophth soln 0.025% (base equiv)	NP		•		
EAR					
acetic acid otic soln 2%	C				
carbamide peroxide 6.5% otic soln	C				
CETRAXAL – ciprofloxacin hcl otic soln 0.2% (base equivalent)	C				
CIPRO HC – ciprofloxacin-hydrocortisone otic susp 0.2-1%	P				

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
CIPRODEX – ciprofloxacin-dexamethasone otic susp 0.3-0.1%	P				
CIPROFLOXACIN – ciprofloxacin hcl otic soln 0.2% (base equivalent)	NP		•		
hydrocortisone w/ acetic acid otic soln 1-2%	C				
neomycin-polymyxin-hc otic soln 1%	P				
neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%	P				
ofloxacin otic soln 0.3% (Floxin otic)	P				
OTIPRIO – ciprofloxacin intratympanic susp 6% (60 mg/ml)	NP		•		
OTOVEL – ciprofloxacin-fluocinolone aceton (pf) otic soln 0.3-0.025%	NP		•		
MOUTH AND THROAT (LOCAL)					
cevimeline hcl cap 30 mg (Evoxac)	C				
chlorhexidine gluconate soln 0.12% (Peridex)	C				
clotrimazole troche 10 mg	C				
lidocaine hcl viscous soln 2%	C				
nystatin susp 100000 unit/ml	P				
ORAVIG – miconazole buccal tab 50 mg (mouth-throat)	NP		•		
pilocarpine hcl tab 5 mg (Salagen)	C				
pilocarpine hcl tab 7.5 mg (Salagen)	C				
PREVIDENT RINSE – sodium fluoride rinse 0.2%	C				
sodium fluoride cream 1.1% (Prevident 5000 plus)	C				
sodium fluoride gel 1.1% (0.5% f) (Prevident fluoride)	C				
sodium fluoride paste 1.1% (Prevident 5000 boost)	C				
sodium fluoride rinse 0.2% (Prevident rinse)	C				

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
sodium fluoride-potassium nitrate paste 1.1-5% (Prevident 5000 sensi)	C				
stannous fluoride gel 0.4%	C				
stannous fluoride gel 0.4%	C				
triamcinolone acetonide dental paste 0.1%	C				
ANORECTAL AGENTS					
dibucaine rectal ointment 1%	C				
hydrocortisone enema 100 mg/60ml (Cortenema)	C				
hydrocortisone rectal cream 2.5% (Anusol-hc)	C				
phenyleph-shark liver oil-cocoa butter suppos 0.25-3-85.5%	C				
phenylephrine-cocoa butter suppos 0.25-85.39%	C				
phenylephrine-shark liver oil-mo-pet oint 0.25-3-14-71.9%	C				
UCERIS – budesonide rectal foam 2 mg/act	NP		•		
SKIN CONDITIONS/PRODUCTS					
Acne					
ACANYA – clindamycin phosphate-benzoyl peroxide gel 1.2-2.5%	NP		•		
ACNE MEDICATION 10 – benzoyl peroxide lotion 10%	P				
ACNE MEDICATION 5 – benzoyl peroxide lotion 5%	P				
ADAPALENE – adapalene soln 0.1%	NP		•		
adapalene cream 0.1% (Differin)	NP		•		
adapalene gel 0.1% (Differin)	NP		•		
adapalene gel 0.3% (Differin)	NP		•		
adapalene-benzoyl peroxide gel 0.1-2.5% (Epiduo)	NP		•		
AKLIEF – trifarotene cream 0.005%	NP		•		
ATRALIN – tretinoin gel 0.05%	NP		•		
azelaic acid gel 15% (Finacea)	C				

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
AZELEX – azelaic acid cream 20%	P				
BENZACLIN – clindamycin phosphate-benzoyl peroxide gel 1-5%	NP		•		
BENZACLIN WITH PUMP – clindamycin phosphate-benzoyl peroxide gel 1-5%	NP		•		
BENZOYL PEROXIDE – benzoyl peroxide gel 2.5%	P				
BENZOYL PEROXIDE CLEANSER – benzoyl peroxide liq 6%	P				
benzoyl peroxide cloth 6%	NP		•		
benzoyl peroxide cream 10%	C				
benzoyl peroxide foam 5.3%	NP		•		
benzoyl peroxide gel 5%	P				
benzoyl peroxide gel 10%	P				
benzoyl peroxide liq 4%	NP		•		
benzoyl peroxide liq 5% (Benzac ac wash)	P				
benzoyl peroxide liq 10%	P				
benzoyl peroxide-erythromycin gel 5-3% (Benzamycin)	P				
CLEOCIN-T – clindamycin phosphate lotion 1%	NP		•		
CLEOCIN-T – clindamycin phosphate gel 1%	NP		•		
CLINDACIN PAC – clindamycin phosphate swab 1% & cleanser kit	NP		•		
CLINDAGEL – clindamycin phosphate gel 1%	NP		•		
clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5% (Duac)	P				
clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5% (Duac)	NP		•		
clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5% (Neuac)	NP		•		

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
clindamycin phosphate foam 1% (Evoclin)	NP		•		
clindamycin phosphate gel 1% (Cleocin-t)	P				
clindamycin phosphate lotion 1% (Cleocin-t)	P				
clindamycin phosphate soln 1% (Cleocin-t)	P				
clindamycin phosphate swab 1% (Cleocin-t)	P				
clindamycin phosphate-benzoyl peroxide gel 1-5% (Benzaclin)	P				
clindamycin phosphate-benzoyl peroxide gel 1-5% (Benzaclin Pump)	NP		•		
clindamycin phosphate-benzoyl peroxide gel 1.2-2.5% (Acanya)	P				
clindamycin phosphate-tretinoin gel 1.2-0.025% (Ziana)	NP		•		
dapsone gel 5% (Aczone)	NP		•		
DIFFERIN – adapalene cream 0.1%	P				
DIFFERIN – adapalene lotion 0.1%	P				
DIFFERIN – adapalene gel 0.1%	P				
DIFFERIN – adapalene gel 0.3%	P				
DIFFERIN (OTC) – adapalene gel 0.1%	C				
DUAC – clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%	NP		•		
EPIDUO – adapalene-benzoyl peroxide gel 0.1-2.5%	NP		•		
EPIDUO FORTE – adapalene-benzoyl peroxide gel 0.3-2.5%	NP		•		
ERY – erythromycin pads 2%	P				
erythromycin gel 2% (Erygel)	P				
erythromycin pads 2%	P				
erythromycin soln 2%	P				
FABIOR – tazarotene (acne) foam 0.1%	NP		•		
isotretinoin cap 10 mg	C				

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
isotretinoin cap 20 mg	C				
isotretinoin cap 30 mg	C				
isotretinoin cap 40 mg	C				
ivermectin cream 1% (Soolantra)	C				
metronidazole cream 0.75% (Metrocream)	C				
metronidazole gel 0.75%	C				
metronidazole lotion 0.75% (Metrolotion)	C				
NEUAC – clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%	NP		•		
ONEXTON – clindamycin phosphate-benzoyl peroxide gel 1.2-3.75%	NP		•		
RETIN-A – tretinoin cream 0.025%	NP		•		
RETIN-A – tretinoin cream 0.05%	NP		•		
RETIN-A – tretinoin cream 0.1%	NP		•		
RETIN-A – tretinoin gel 0.01%	NP		•		
RETIN-A – tretinoin gel 0.025%	NP		•		
RETIN-A MICRO – tretinoin microsphere gel 0.04%	NP		•		
RETIN-A MICRO – tretinoin microsphere gel 0.06%	NP		•		
RETIN-A MICRO – tretinoin microsphere gel 0.1%	NP		•		
RETIN-A MICRO PUMP – tretinoin microsphere gel 0.04%	NP		•		
RETIN-A MICRO PUMP – tretinoin microsphere gel 0.08%	NP		•		
RETIN-A MICRO PUMP – tretinoin microsphere gel 0.1%	NP		•		
SODIUM SULFACETAMIDE/ SULFUR CLEANSER – sulfacetamide sodium w/ sulfur susp 10-5%	P				
SODIUM SULFACETAMIDE/ SULFUR CLEANSER – sulfacetamide sodium w/ sulfur lotion 10-5%	P				

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
SOOLANTRA – ivermectin cream 1%	C				
SSS 10-5 – sulfacetamide sodium w/ sulfur foam 10-5%	P				
sulfacetamide sodium lotion 10% (acne) (Klaron)	P				
sulfacetamide sodium w/ sulfur cleanser 9.8-4.8% (Plexion cleanser)	P				
sulfacetamide sodium w/ sulfur cleanser 10-2% (Avar ls cleanser)	P				
sulfacetamide sodium w/ sulfur cleansing pad 10-4% (Sumaxin)	P				
sulfacetamide sodium w/ sulfur cream 9.8-4.8% (Plexion)	P				
sulfacetamide sodium w/ sulfur cream 10-2% (Avar-e ls)	P				
sulfacetamide sodium w/ sulfur cream 10-5%	P				
sulfacetamide sodium w/ sulfur emulsion 10-1%	NP		•		
sulfacetamide sodium w/ sulfur emulsion 10-5%	P				
sulfacetamide sodium w/ sulfur lotion 9.8-4.8% (Plexion)	P				
sulfacetamide sodium w/ sulfur susp 8-4%	P				
sulfacetamide sodium w/ sulfur wash 9-4% (Sumaxin wash)	P				
sulfacetamide sodium w/ sulfur wash 9-4.5% (Sumadan wash)	P				
tazarotene cream 0.1% (Tazorac)	NP		•		
TAZORAC – tazarotene cream 0.05%	P				
TAZORAC – tazarotene cream 0.1%	P				
TAZORAC – tazarotene gel 0.05%	P				
TAZORAC – tazarotene gel 0.1%	P				
tretinoin cream 0.025% (Retin-a)	P				
tretinoin cream 0.025% (Avita)	NP		•		
tretinoin cream 0.05% (Retin-a)	P				
tretinoin cream 0.1% (Retin-a)	P				

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
tretinoin gel 0.01% (Retin-a)	P				
tretinoin gel 0.025% (Retin-a)	P				
tretinoin gel 0.025% (Avita)	NP		•		
tretinoin gel 0.05% (Atralin)	NP		•		
tretinoin microsphere gel 0.04% (Retin-a micro)	NP		•		
tretinoin microsphere gel 0.1% (Retin-a micro)	NP		•		
ZIANA – clindamycin phosphate-tretinoin gel 1.2-0.025%	NP		•		
Anti-infectives					
acyclovir cream 5% (Zovirax)	NP		•		
acyclovir oint 5% (Zovirax)	P				
bacitracin oint 500 unit/gm	C				
bacitracin zinc oint 500 unit/gm	C				
bacitracin-polymyxin b oint	C				
CENTANY – mupirocin oint 2%	NP		•		
CENTANY AT – mupirocin oint kit 2%	NP		•		
chlorhexidine gluconate liquid 4%	C				
ciclopirox gel 0.77%	C				
ciclopirox olamine cream 0.77% (base equiv) (Loprox)	C				
ciclopirox olamine susp 0.77% (base equiv) (Loprox)	C				
ciclopirox shampoo 1% (Loprox shampoo)	C				
ciclopirox solution 8% (Penlac Nail Lacquer)	C			•	
clotrimazole cream 1%	C				
clotrimazole cream 1%	C				
clotrimazole soln 1%	C				
clotrimazole soln 1%	C				
clotrimazole w/ betamethasone cream 1-0.05% (Lotrisone)	C				
DENAVIR – penciclovir cream 1%	P				
docosanol cream 10%	C				

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
HYDROGEN PEROXIDE – hydrogen peroxide soln 3%	C				
ketoconazole cream 2%	C				
ketoconazole shampoo 1%	C				
ketoconazole shampoo 2% (Nizoral)	C				
MEDIPLAST – salicylic acid plaster 40%	C				
miconazole nitrate aerosol pow 2%	C				
miconazole nitrate cream 2%	C				
miconazole nitrate powder 2%	C				
MUPIROCIN – mupirocin calcium cream 2%	NP		•		
mupirocin calcium cream 2%	NP		•		
mupirocin oint 2%	P				
naftifine hcl cream 1%	C				
neomycin-bacitracin-polymyxin oint	C				
nystatin cream 100000 unit/gm	C				
nystatin oint 100000 unit/gm	C				
nystatin topical powder 100000 unit/gm	C				
povidone-iodine oint 10%	C				
povidone-iodine soln 10%	C				
salicylic acid cream 6%	C				
salicylic acid liquid 17%	C				
salicylic acid pad 40%	C				
salicylic acid shampoo 6% (Salex)	C				
salicylic acid soln 17%	C				
silver sulfadiazine cream 1% (Silvadene)	C				
terbinafine hcl cream 1%	C				
tolnaftate aerosol pow 1%	C				
tolnaftate aerosol 1%	C				
tolnaftate cream 1%	C				
tolnaftate powder 1%	C				

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
XERESE – acyclovir-hydrocortisone cream 5-1%	NP		•		
ZOVIRAX – acyclovir cream 5%	NP		•		
ZOVIRAX – acyclovir oint 5%	NP		•		
Corticosteroids					
alclometasone dipropionate cream 0.05%	C			•	
alclometasone dipropionate oint 0.05%	C			•	
AUGMENTED BETAMETHASONE DIPROPIONATE – betamethasone dipropionate augmented gel 0.05%	C			•	
betamethasone dipropionate augmented cream 0.05% (Diprolene af)	C			•	
betamethasone dipropionate augmented lotion 0.05%	C			•	
betamethasone dipropionate augmented oint 0.05% (Diprolene)	C			•	
betamethasone dipropionate cream 0.05%	C			•	
betamethasone dipropionate lotion 0.05%	C			•	
betamethasone dipropionate oint 0.05%	C			•	
betamethasone valerate aerosol foam 0.12% (Luxiq)	C			•	
betamethasone valerate cream 0.1% (base equivalent)	C			•	
betamethasone valerate lotion 0.1% (base equivalent)	C			•	
betamethasone valerate oint 0.1% (base equivalent)	C			•	
clobetasol propionate cream 0.05% (Temovate)	C			•	
clobetasol propionate emollient base cream 0.05%	C			•	
clobetasol propionate gel 0.05%	C			•	
clobetasol propionate oint 0.05% (Temovate)	C			•	

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
clobetasol propionate shampoo 0.05% (Clobex)	C			•	
clobetasol propionate soln 0.05%	C			•	
desonide cream 0.05% (Desowen)	C			•	
desonide oint 0.05%	C			•	
desoximetasone cream 0.25% (Topicort)	C			•	
desoximetasone gel 0.05% (Topicort)	C			•	
fluocinolone acetonide cream 0.01%	C			•	
fluocinolone acetonide cream 0.025% (Synalar)	C			•	
fluocinolone acetonide oil 0.01% (body oil) (Derma-smoothe/fs bod)	C			•	
fluocinolone acetonide oil 0.01% (scalp oil) (Derma-smoothe/fs sca)	C			•	
fluocinolone acetonide oint 0.025% (Synalar)	C			•	
fluocinolone acetonide soln 0.01% (Synalar)	C			•	
fluocinonide cream 0.05%	C			•	
fluocinonide emulsified base cream 0.05%	C			•	
fluocinonide gel 0.05%	C			•	
fluocinonide oint 0.05%	C			•	
fluocinonide soln 0.05%	C			•	
fluticasone propionate cream 0.05%	C			•	
fluticasone propionate oint 0.005%	C			•	
halobetasol propionate cream 0.05% (Ultravate)	C			•	
halobetasol propionate oint 0.05% (Ultravate)	C			•	
hydrocortisone acetate cream 1%	C				
hydrocortisone butyrate cream 0.1% (Locoid)	C			•	
hydrocortisone butyrate oint 0.1%	C			•	

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
hydrocortisone butyrate soln 0.1% (Locoid)	C			•	
hydrocortisone cream 0.5%	C				
hydrocortisone cream 1%	C			•	
hydrocortisone cream 1%	C			•	
hydrocortisone cream 2.5%	C			•	
hydrocortisone lotion 1%	C				
hydrocortisone lotion 2.5%	C			•	
hydrocortisone oint 0.5%	C				
hydrocortisone oint 1%	C			•	
hydrocortisone oint 1%	C			•	
hydrocortisone oint 2.5%	C			•	
hydrocortisone valerate cream 0.2%	C			•	
hydrocortisone valerate oint 0.2%	C			•	
mometasone furoate cream 0.1% (Elocon)	C			•	
mometasone furoate oint 0.1%	C			•	
mometasone furoate solution 0.1% (lotion)	C			•	
PREDNICARBATE – prednicarbate oint 0.1%	C			•	
triamcinolone acetonide cream 0.025%	C			•	
triamcinolone acetonide cream 0.1%	C			•	
triamcinolone acetonide cream 0.5%	C			•	
triamcinolone acetonide lotion 0.025%	C			•	
triamcinolone acetonide lotion 0.1%	C			•	
triamcinolone acetonide oint 0.025%	C			•	
triamcinolone acetonide oint 0.1%	C			•	
triamcinolone acetonide oint 0.5%	C			•	
Other Skin Products					
CALAMINE – calamine lotion	C				

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
calcipotriene cream 0.005% (Dovonex)	C				
calcipotriene oint 0.005%	C				
calcipotriene soln 0.005% (50 mcg/ml)	C				
capsaicin cream 0.025%	C				
capsaicin cream 0.075%	C				
capsaicin cream 0.1%	C				
CAPZASIN-P – capsaicin cream 0.035%	C				
coal tar shampoo 0.5%	C				
coal tar shampoo 1%	C				
COOL BOTTOMS – dimethicone cream 1%	C				
COSENTYX – secukinumab subcutaneous soln prefilled syringe 150 mg/ml	NP	•	••	•	
COSENTYX – secukinumab subcutaneous pref syr 150 mg/ml (300 mg dose)	NP	•	••	•	
COSENTYX SENSOREADY PEN – secukinumab subcutaneous soln auto-injector 150 mg/ml	NP	•	••	•	
COSENTYX SENSOREADY PEN – secukinumab subcutaneous auto-inj 150 mg/ml (300 mg dose)	NP	•	••	•	
diclofenac sodium gel 1% (Voltaren)	P				
DRYSOL – aluminum chloride soln 20%	C				
DUPIXENT – dupilumab subcutaneous soln prefilled syringe 200 mg/1.14ml	NP	•	••	•	
DUPIXENT – dupilumab subcutaneous soln prefilled syringe 300 mg/2ml	NP	•	••	•	
ELIDEL – pimecrolimus cream 1%	P				•
EUCRISA – crisaborole oint 2%	NP		•		
FLECTOR – diclofenac epolamine patch 1.3%	NP		•		

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
FLUOROURACIL – fluorouracil soln 2%	C				
FLUOROURACIL – fluorouracil soln 5%	C				
fluorouracil cream 5% (Efudex)	C				
imiquimod cream 5% (Aldara)	C				
lactic acid (ammonium lactate) cream 12% (Lac-hydrin)	C				
lactic acid (ammonium lactate) lotion 5%	C				
lactic acid (ammonium lactate) lotion 12%	C				
lactic acid (ammonium lactate) lotion 12%	C				
lidocaine hcl cream 3%	C				
lidocaine hcl gel 2%	C		•	•	
LIDOCAINE HCL JELLY – lidocaine hcl urethral/mucosal gel 2%	C		•	•	
lidocaine hcl soln 4%	C		•	•	
lidocaine hcl urethral/mucosal gel prefilled syringe 2%	C		•	•	
lidocaine hcl urethral/mucosal gel 2%	C		•	•	
lidocaine patch 5% (Lidoderm)	NP		••	•	
lidocaine-prilocaine cream 2.5-2.5%	C		•	•	
LIDODERM – lidocaine patch 5%	NP		••	•	
LIDOPURE PATCH – lidocaine patch 5% & adhesive sheet kit	NP		•		
LINDANE – lindane shampoo 1%	NP		•		
malathion lotion 0.5% (Ovide)	NP		•		
MEIJER CALAMINE – calamine lotion	C				
methoxsalen rapid cap 10 mg (Oxsoralen ultra)	C				
NATROBA – spinosad susp 0.9%	P				
NEUTRAPHOR – dimethicone cream 1%	C				

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
NEUTRAPHORUS REX – dimethicone cream 1%	C				
OVIDE – malathion lotion 0.5%	NP		•		
permethrin cream 5% (Elimite)	P				
permethrin creme rinse 1%	P				
permethrin lotion 1%	P				
pimecrolimus cream 1% (Elidel)	NP		•		
PROSHIELD PLUS SKIN PROTECTANT – dimethicone cream 1%	C				
PROTOPIC – tacrolimus oint 0.03%	P				•
PROTOPIC – tacrolimus oint 0.1%	P				•
pyreth-piperonyl butox sham-permeth aero-nit remover gel kit	P				
pyrethrins-piperonyl butoxide liq 0.3-3%	P				
pyrethrins-piperonyl butoxide liq 0.33-4%	P				
pyrethrins-piperonyl butoxide shampoo 0.33-4%	P				
QC CALAMINE – calamine lotion	C				
QUTENZA – capsaicin patch 8% & cleansing gel kit	NP		•		
REMEDY NUTRASHIELD – dimethicone cream 1%	C				
selenium sulfide lotion 2.5%	C				
SILIQ – brodalumab subcutaneous soln prefilled syringe 210 mg/1.5ml	NP	•	••	•	
SKLICE – ivermectin lotion 0.5%	NP		•		
SKYRIZI – risankizumab-rzaa sol prefilled syringe 2 x 75 mg/0.83ml kit	C	•	•	•	
SM CALAMINE – calamine lotion	C				
SPINOSAD – spinosad susp 0.9%	NP		•		
STELARA – ustekinumab inj 45 mg/0.5ml	NP	•	••	•	
STELARA – ustekinumab soln prefilled syringe 45 mg/0.5ml	NP	•	••	•	
STELARA – ustekinumab soln prefilled syringe 90 mg/ml	NP	•	••	•	
sulfacetamide sodium liquid 10% (Ovace wash)	C				
tacrolimus oint 0.03% (Protopic)	NP		•		
tacrolimus oint 0.1% (Protopic)	NP		•		
TALTZ – ixekizumab subcutaneous soln auto-injector 80 mg/ml	NP	•	••	•	
TALTZ – ixekizumab subcutaneous soln prefilled syringe 80 mg/ml	NP	•	••	•	
TREMFYA – guselkumab soln pen-injector 100 mg/ml	NP	•	••	•	
TREMFYA – guselkumab soln prefilled syringe 100 mg/ml	NP	•	••	•	
TRIPLE PASTE – zinc oxide oint 12.8%	C				
TRIPLE PASTE SP – zinc oxide oint 12.8%	C				
urea cream 40%	C				
VALCHLOR – mechlorethamine hcl gel 0.016% (base equivalent)	C	•			
zinc oxide oint 20%	C				
zinc oxide oint 40%	C				
4-N-1 – dimethicone cream 1%	C				
MISCELLANEOUS CATEGORIES					
DIABETIC SUPPLIES					
Blood Glucose Monitors, Test Strips, and Monitor Calibration Liquids					
ACCU-CHEK AVIVA – blood glucose calibration - liquid	C				
ACCU-CHEK AVIVA PLUS – glucose blood test strip	P			•	
ACCU-CHEK AVIVA PLUS – blood glucose monitoring kit w/ device	P				
ACCU-CHEK COMPACT PLUS – glucose blood test strip	P			•	
ACCU-CHEK GUIDE – glucose blood test strip	P			•	

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
ACCU-CHEK GUIDE – blood glucose monitoring kit w/ device	P				
ACCU-CHEK GUIDE CONTROL LEVEL1/LEVEL2 – blood glucose calibration - liquid	C				
ACCU-CHEK GUIDE ME – blood glucose monitoring kit w/ device	P				
ACCU-CHEK NANO SMARTVIEW – blood glucose monitoring kit w/ device	P				
ACCU-CHEK SMARTVIEW CONTROL – blood glucose calibration - liquid	C				
ACCU-CHEK SMARTVIEW STRIP – glucose blood test strip	P			•	
AGAMATRIX CONTROL HIGH – blood glucose calibration - liquid - high	C				
AGAMATRIX CONTROL NORMAL – blood glucose calibration - liquid	C				
AGAMATRIX CONTROL NORMAL – blood glucose calibration - liquid - normal	C				
AGAMATRIX PRESTO – blood glucose monitoring kit w/ device	NP		•		
AGAMATRIX PRESTO TEST STRIPS – glucose blood test strip	NP		•	•	
CHEMSTRIP MICRAL – albumin (urine) test strip	C				
CHEMSTRIP-K – acetone (urine) test strip	C				
CONTOUR BLOOD GLUCOSE MONITORING SYSTEM – blood glucose monitoring devices	P				
CONTOUR BLOOD GLUCOSE TEST STRIPS – glucose blood test strip	P			•	
CONTOUR HIGH CONTROL – blood glucose calibration - liquid - high	C				
CONTOUR LOW CONTROL – blood glucose calibration - liquid - low	C				

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
CONTOUR NEXT BLOOD GLUCOSE MONITORING SYSTEM – blood glucose monitoring kit w/ device	P				
CONTOUR NEXT BLOOD GLUCOSE TEST STRIP – glucose blood test strip	P			•	
CONTOUR NEXT CONTROL LEVEL 1 – blood glucose calibration - liquid - low	C				
CONTOUR NEXT CONTROL LEVEL 2 – blood glucose calibration - liquid - normal	C				
CONTOUR NEXT EZ BLOOD GLUCOSE MONITORING SYSTEM – blood glucose monitoring kit w/ device	P				
CONTOUR NEXT ONE BLOOD GLUCOSE MONITORING SYSTEM – blood glucose monitoring kit	P				
CONTOUR NORMAL CONTROL – blood glucose calibration - liquid - normal	C				
DEXCOM G5 MOBILE RECEIVER – continuous blood glucose system receiver	NP		•		
DEXCOM G5 MOBILE TRANSMITTER – continuous blood glucose system transmitter	NP		•		
DEXCOM G5 MOBILE/G4 PLATI – continuous blood glucose system sensor	NP		•		
DEXCOM G5 RECEIVER KIT – continuous blood glucose system receiver	NP		•		
DEXCOM G6 RECEIVER – continuous blood glucose system receiver	P				
DEXCOM G6 SENSOR – continuous blood glucose system sensor	P				

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
DEXCOM G6 TRANSMITTER – continuous blood glucose system transmitter	P				
FORA CONTROL SOLUTION HIG – blood glucose calibration - liquid - high	C				
FORA CONTROL SOLUTION LOW – blood glucose calibration - liquid - low	C				
FORA CONTROL SOLUTION NORMAL – blood glucose calibration - liquid - normal	C				
FORA G20 BLOOD GLUCOSE MONITORING SYSTEM – blood glucose monitoring kit w/ device	NP		•		
FORA G20 BLOOD GLUCOSE TEST STRIPS – glucose blood test strip	NP		•	•	
FREESTYLE CONTROL SOLUTION – blood glucose calibration - liquid	C				
FREESTYLE FREEDOM LITE – blood glucose monitoring kit w/ device	NP		•		
FREESTYLE INSULINX BLOOD – glucose blood test strip	NP		•	•	
FREESTYLE INSULINX BLOOD GLUCOSE MONITORING SYSTEM – blood glucose monitoring kit w/ device	NP		•		
FREESTYLE LIBRE 14 DAY/RE – continuous blood glucose system receiver	P				
FREESTYLE LIBRE 14 DAY/SE – continuous blood glucose system sensor	P				
FREESTYLE LITE BLOOD GLUCOSE MONITORING SYSTEM – blood glucose monitoring devices	NP		•		
FREESTYLE LITE TEST STRIP – glucose blood test strip	NP		•	•	
FREESTYLE TEST STRIPS – glucose blood test strip	NP		•	•	
GLUCOCARD EXPRESSION AUDIO-ENABLED BLOOD GLUCOSE MONITORING – blood glucose monitoring kit w/ device	NP		•		
GLUCOCARD EXPRESSION BLOOD GLUCOSE TEST STRIPS – glucose blood test strip	NP		•	•	
GLUCOCARD EXPRESSION CONTROL SOLUTION LEVEL 1 – blood glucose calibration - liquid	C				
GLUCOCARD SHINE – blood glucose monitoring devices	NP		•		
GLUCOCARD SHINE – blood glucose monitoring kit w/ device	NP		•		
GLUCOCARD SHINE CONTROL SOLUTION LEVEL 1 – blood glucose calibration - liquid	C				
GLUCOCARD SHINE TEST STRIPS – glucose blood test strip	NP		•	•	
GLUCOCARD SHINE XL – blood glucose monitoring devices	NP		•		
KETOCARE – acetone (urine) test strip	C				
KETONE – acetone (urine) test strip	C				
KETONE TEST STRIPS – acetone (urine) test strip	C				
KETOSTIX – acetone (urine) test strip	C				
MEDISENSE GLUCOSE KETONE CONTROL SOLUTION 1-NORMAL – blood glucose calibration - liquid	C				
MEDISENSE HIGH/LOW CONTROL SOLUTION – blood glucose calibration - liquid	C				
MEDISENSE HIGH/MID/LOW CONTROL SOLUTION – blood glucose calibration - liquid	C				

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
MEDISENSE MID CONTROL SOLUTION – blood glucose calibration - liquid	C				
ONETOUCH ULTRA BLUE – glucose blood test strip	NP		•	•	
ONETOUCH ULTRA CONTROL – blood glucose calibration - liquid	C				
ONETOUCH ULTRA MINI – blood glucose monitoring kit w/ device	NP		•		
ONETOUCH ULTRA 2 – blood glucose monitoring kit w/ device	NP		•		
ONETOUCH VERIO – blood glucose monitoring kit w/ device	NP		•		
ONETOUCH VERIO CONTROL SO – blood glucose calibration - liquid - high	C				
ONETOUCH VERIO FLEX BLOOD GLUCOSE MONITORING SYSTEM – blood glucose monitoring kit w/ device	NP		•		
ONETOUCH VERIO IQ BLOOD GLUCOSE MONITORING SYSTEM – blood glucose monitoring kit w/ device	NP		•		
ONETOUCH VERIO MID CONTROL SOLUTION – blood glucose calibration - liquid	C				
ONETOUCH VERIO TEST STRIPS – glucose blood test strip	NP		•	•	
PRECISION GLUCOSE CONTROL – blood glucose calibration - liquid	C				
PRECISION GLUCOSE KETONE CONTROL SOLUTION 1-LOW, 1-HIGH – blood glucose calibration - liquid	C				
PRECISION GLUCOSE/KETONE CONTROL SOLUTIONS 1-HI 1-LO – blood glucose calibration - liquid	C				
PRECISION XTRA – blood glucose monitoring devices	NP		•		
PRECISION XTRA – blood glucose monitoring kit	NP		•		
PRECISION XTRA BLOOD GLUCOSE TEST STRIPS – glucose blood test strip	NP		•	•	
PRECISION XTRA MONITOR – blood glucose monitoring devices	NP		•		
PRODIGY AUTOCODE BLOOD GLUCOSE MONITORING/ TALKING – blood glucose monitoring devices	NP		•		
PRODIGY AUTOCODE BLOOD GLUCOSE MONITORING/ TALKING – blood glucose monitoring kit w/ device	NP		•		
PRODIGY CONTROL SOLUTION – blood glucose calibration - liquid - high	C				
PRODIGY CONTROL SOLUTION LOW – blood glucose calibration - liquid - low	C				
PRODIGY NO CODING BLOOD GLUCOSE KIT – blood glucose monitoring kit w/ device	NP		•		
PRODIGY NO CODING BLOOD GLUCOSE TEST STRIPS – glucose blood test strip	NP		•	•	
PRODIGY POCKET BLOOD GLUCOSE METER KIT – blood glucose monitoring kit w/ device	NP		•		
PRODIGY VOICE BLOOD GLUCOSE METER KIT – blood glucose monitoring kit w/ device	NP		•		
RELION KETONE – acetone (urine) test strip	C				
RELION KETONE TEST STRIPS – acetone (urine) test strip	C				
TRUE METRIX AIR BLOOD GLUCOSE METER/BLUETOOTH SMART – blood glucose monitoring devices	NP		•		
TRUE METRIX AIR BLOOD GLUCOSE METER/BLUETOOTH	NP		•		

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
SMART – blood glucose monitoring kit w/ device					
TRUE METRIX AIR W/BLUETOOTH SMART – blood glucose monitoring kit w/ device	NP		•		
TRUE METRIX BLOOD GLUCOSE – blood glucose monitoring kit w/ device	NP		•		
TRUE METRIX BLOOD GLUCOSE TEST STRIPS – glucose blood test strip	NP		•	•	
TRUE METRIX CONTROL SOLUT – blood glucose calibration - liquid - high	C				
TRUE METRIX CONTROL SOLUTION LEVEL 1 – blood glucose calibration - liquid - low	C				
TRUE METRIX CONTROL SOLUTION LEVEL 2 – blood glucose calibration - liquid - normal	C				
TRUE METRIX SELF MONITORING BLOOD GLUCOSE STRIPS – glucose blood test strip	NP		•	•	
WAVESENSE PRESTO TEST STRIPS – glucose blood test strip	NP		•	•	
Other Diabetic Supplies					
ALCOHOL PREP PADS - VARIOUS	C				
INSULIN SYRINGES - VARIOUS SIZES	C				
LANCET DEVICES - VARIOUS – lancet devices	C				
LANCETS - VARIOUS	C				
MICRODOT PEN NEEDLE/31G X – insulin pen needle 31 g x 6 mm (1/4" or 15/64")	C				
MICRODOT PEN NEEDLE/32G X – insulin pen needle 32 g x 4 mm (1/6" or 5/32")	C				
MICRODOT PEN NEEDLE/33G X – insulin pen needle 33 g x 4 mm (1/6" or 5/32")	C				

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
PEN NEEDLES - VARIOUS	C				
RELION PEN NEEDLES 32G X – insulin pen needle 32 g x 4 mm (1/6" or 5/32")	C				
RESPIRATORY INHALER-ASSIST DEVICES					
AEROCHAMBER MINI AEROSOL CHAMBER – spacer/aerosol-holding chambers - device	C				
AEROCHAMBER MV – spacer/aerosol-holding chambers - device	C				
AEROCHAMBER PLUS FLOW-VU – spacer/aerosol-holding chambers - device	C				
AEROCHAMBER PLUS FLOW-VU/MASK – spacer/aerosol-holding chambers - device	C				
AEROCHAMBER Z-STAT PLUS VALVED HOLDING CHAMBER W/FLOW VU – spacer/aerosol-holding chambers - device	C				
AEROCHAMBER Z-STAT PLUS/FLOWSIGNAL – spacer/aerosol-holding chambers - device	C				
AEROCHAMBER Z-STAT PLUS/LARGE MASK – spacer/aerosol-holding chambers - device	C				
AEROCHAMBER Z-STAT PLUS/MEDIUM MASK – spacer/aerosol-holding chambers - device	C				
AEROCHAMBER Z-STAT PLUS/SMALL MASK – spacer/aerosol-holding chambers - device	C				
AEROVENT PLUS HOLDING CHAMBER/COLLAPSIBLE – spacer/aerosol-holding chambers - device	C				
MISCELLANEOUS DRUGS					
ASTAGRAF XL – tacrolimus cap er 24hr 0.5 mg	NP		•		
ASTAGRAF XL – tacrolimus cap er 24hr 1 mg	NP		•		

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
ASTAGRAF XL – tacrolimus cap er 24hr 5 mg	NP		•		
AZASAN – azathioprine tab 75 mg	NP		•		
AZASAN – azathioprine tab 100 mg	NP		•		
azathioprine tab 50 mg (Imuran)	P				
CELLCEPT – mycophenolate mofetil cap 250 mg	NP		•		
CELLCEPT – mycophenolate mofetil tab 500 mg	NP		•		
CELLCEPT – mycophenolate mofetil for oral susp 200 mg/ml	NP		•		
charcoal activated for oral susp	C				
charcoal activated liq	C				
CHEMET – succimer cap 100 mg	C				
cyclosporine cap 25 mg (Sandimmune)	P				
cyclosporine cap 100 mg (Sandimmune)	P				
cyclosporine modified cap 25 mg (Neoral)	P				
cyclosporine modified cap 50 mg	P				
cyclosporine modified cap 100 mg (Neoral)	P				
cyclosporine modified oral soln 100 mg/ml (Neoral)	P				
deferasirox tab for oral susp 125 mg (Exjade)	C	•			
deferasirox tab for oral susp 250 mg (Exjade)	C	•			
deferasirox tab for oral susp 500 mg (Exjade)	C	•			
deferasirox tab 90 mg (Jadenu)	C	•			
deferasirox tab 360 mg (Jadenu)	C	•			
DEPEN TITRATABS – penicillamine tab 250 mg	C	•			
ENVARSUS XR – tacrolimus tab er 24hr 0.75 mg	NP		•		
ENVARSUS XR – tacrolimus tab er 24hr 1 mg	NP		•		

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
ENVARSUS XR – tacrolimus tab er 24hr 4 mg	NP		•		
IMURAN – azathioprine tab 50 mg	NP		•		
irrigation solution, physiological	C				
JADENU – deferasirox tab 90 mg	C	•			
JADENU – deferasirox tab 180 mg	C	•			
JADENU – deferasirox tab 360 mg	C	•			
JADENU SPRINKLE – deferasirox granules packet 90 mg	C	•			
JADENU SPRINKLE – deferasirox granules packet 180 mg	C	•			
JADENU SPRINKLE – deferasirox granules packet 360 mg	C	•			
lactated ringer's for irrigation	C				
mycophenolate mofetil cap 250 mg (Cellcept)	P				
mycophenolate mofetil for oral susp 200 mg/ml (Cellcept)	NP		•		
mycophenolate mofetil tab 500 mg (Cellcept)	P				
mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv) (Myfortic)	NP		•		
mycophenolate sodium tab dr 360 mg (mycophenolic acid equiv) (Myfortic)	NP		•		
MYFORTIC – mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv)	NP		•		
MYFORTIC – mycophenolate sodium tab dr 360 mg (mycophenolic acid equiv)	NP		•		
NALOXONE HCL – naloxone hcl soln cartridge 0.4 mg/ml	C				
NALOXONE HCL – naloxone hcl soln prefilled syringe 2 mg/2ml	P				
naloxone hcl inj 0.4 mg/ml	P				
naloxone hcl inj 4 mg/10ml	P				
naltrexone hcl tab 50 mg	C				

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
NARCAN – naloxone hcl nasal spray 4 mg/0.1ml	P				
NEORAL – cyclosporine modified oral soln 100 mg/ml	NP		•		
NEORAL – cyclosporine modified cap 25 mg	NP		•		
NEORAL – cyclosporine modified cap 100 mg	NP		•		
penicillamine tab 250 mg (Depen titratabs)	C	•			
PROGRAF – tacrolimus cap 0.5 mg	NP		•		
PROGRAF – tacrolimus cap 1 mg	NP		•		
PROGRAF – tacrolimus cap 5 mg	NP		•		
PROGRAF – tacrolimus packet for susp 0.2 mg	C				
PROGRAF – tacrolimus packet for susp 1 mg	C				
RAPAMUNE – sirolimus oral soln 1 mg/ml	NP		•		
RAPAMUNE – sirolimus tab 0.5 mg	NP		•		
RAPAMUNE – sirolimus tab 1 mg	NP		•		
RAPAMUNE – sirolimus tab 2 mg	NP		•		
REVLIMID – lenalidomide caps 2.5 mg	C	•	•	•	
REVLIMID – lenalidomide cap 5 mg	C	•	•	•	
REVLIMID – lenalidomide cap 10 mg	C	•	•	•	
REVLIMID – lenalidomide cap 15 mg	C	•	•	•	
REVLIMID – lenalidomide cap 20 mg	C	•	•	•	
REVLIMID – lenalidomide cap 25 mg	C	•	•	•	
SANDIMMUNE – cyclosporine oral soln 100 mg/ml	NP		•		
SANDIMMUNE – cyclosporine cap 25 mg	NP		•		
SANDIMMUNE – cyclosporine cap 100 mg	NP		•		
sirolimus oral soln 1 mg/ml (Rapamune)	NP		•		
sirolimus tab 0.5 mg (Rapamune)	NP		•		
sirolimus tab 1 mg (Rapamune)	NP		•		
sirolimus tab 2 mg (Rapamune)	NP		•		
sodium polystyrene sulfonate oral susp 15 gm/60ml	C				
sodium polystyrene sulfonate powder	C				
sodium polystyrene sulfonate rectal susp 30 gm/120ml	C				
starch-maltodextrin oral thickening powder	C				
tacrolimus cap 0.5 mg (Prograf)	P				
tacrolimus cap 1 mg (Prograf)	P				
tacrolimus cap 5 mg (Prograf)	P				
THALOMID – thalidomide cap 50 mg	C	•	•	•	
THALOMID – thalidomide cap 100 mg	C	•	•	•	
THALOMID – thalidomide cap 150 mg	C	•	•	•	
THALOMID – thalidomide cap 200 mg	C	•	•	•	
ZORTRESS – everolimus tab 0.25 mg	NP		•		
ZORTRESS – everolimus tab 0.5 mg	NP		•		
ZORTRESS – everolimus tab 0.75 mg	NP		•		
ZORTRESS – everolimus tab 1 mg	NP		•		

INDEX

A

abacavir sulfate-lamivudine tab 600-300 mg (Epzicom) 8
abacavir sulfate-lamivudine-zidovudine tab 300-150-300 mg (Trizivir) 8
abacavir sulfate soln 20 mg/ml (base equiv) (Ziagen) 8
abacavir sulfate tab 300 mg (base equiv) (Ziagen) 8
ABDEK – multiple vitamins w/ minerals cap 104
ABILIFY – aripiprazole tab 2 mg 70
ABILIFY – aripiprazole tab 5 mg 70
ABILIFY – aripiprazole tab 10 mg 70
ABILIFY – aripiprazole tab 15 mg 70
ABILIFY – aripiprazole tab 20 mg 70
ABILIFY – aripiprazole tab 30 mg 70
ABILIFY MAINTENA – aripiprazole im for er susp prefilled syringe 300 mg 70
ABILIFY MAINTENA – aripiprazole im for er susp prefilled syringe 400 mg 70
ABILIFY MAINTENA – aripiprazole im for extended release susp 300 mg 70
ABILIFY MAINTENA – aripiprazole im for extended release susp 400 mg 70
abiraterone acetate tab 250 mg (Zytiga) 13
acamprosate calcium tab delayed release 333 mg 82
ACANYA – clindamycin phosphate-benzoyl peroxide gel 1.2-2.5% 127
acarbose tab 25 mg (Precose) 23
acarbose tab 50 mg (Precose) 23
acarbose tab 100 mg (Precose) 23
ACCOLATE – zafirlukast tab 10 mg 53
ACCOLATE – zafirlukast tab 20 mg 53
ACCU-CHEK AVIVA – blood glucose calibration - liquid 133
ACCU-CHEK AVIVA PLUS – blood glucose monitoring kit w/ device 133
ACCU-CHEK AVIVA PLUS – glucose blood test strip 133
ACCU-CHEK COMPACT PLUS – glucose blood test strip 133
ACCU-CHEK GUIDE – blood glucose monitoring kit w/ device 134
ACCU-CHEK GUIDE CONTROL LEVEL1/LEVEL2 – blood glucose calibration - liquid 134
ACCU-CHEK GUIDE – glucose blood test strip 133
ACCU-CHEK GUIDE ME – blood glucose monitoring kit w/ device 134
ACCU-CHEK NANO SMARTVIEW – blood glucose monitoring kit w/ device 134
ACCU-CHEK SMARTVIEW CONTROL – blood glucose calibration - liquid 134
ACCU-CHEK SMARTVIEW STRIP – glucose blood test strip 134
ACCUPRIL – quinapril hcl tab 5 mg 32
ACCUPRIL – quinapril hcl tab 10 mg 32
ACCUPRIL – quinapril hcl tab 20 mg 32
ACCUPRIL – quinapril hcl tab 40 mg 32
ACCURETIC – quinapril-hydrochlorothiazide tab 10-12.5 mg 32
ACCURETIC – quinapril-hydrochlorothiazide tab 20-12.5 mg 32
ACCURETIC – quinapril-hydrochlorothiazide tab 20-25 mg 32
acebutolol hcl cap 200 mg 37
acebutolol hcl cap 400 mg 37
acetaminophen cap 500 mg 85
acetaminophen chew tab 80 mg 85
acetaminophen chew tab 160 mg 85
acetaminophen disintegrating tab 80 mg 85
acetaminophen disintegrating tab 160 mg 85
acetaminophen liquid 160 mg/5ml 85
acetaminophen soln 160 mg/5ml 85
acetaminophen suppos 120 mg 85
acetaminophen suppos 325 mg 85
acetaminophen suppos 650 mg 86
acetaminophen susp 80 mg/0.8ml 86
acetaminophen susp 160 mg/5ml 86
acetaminophen tab er 650 mg 86
acetaminophen tab 325 mg 86
acetaminophen tab 500 mg 86
acetaminophen w/ codeine soln 120-12 mg/5ml 86
acetaminophen w/ codeine tab 300-15 mg (Tylenol/ codeine) 86
acetaminophen w/ codeine tab 300-30 mg (Tylenol/ codeine #3) 86
acetaminophen w/ codeine tab 300-60 mg (Tylenol/ codeine #4) 86
acetazolamide cap er 12hr 500 mg 47
acetazolamide tab 125 mg 47
acetazolamide tab 250 mg 47
acetic acid irrigation soln 0.25% 65
acetic acid otic soln 2% 126
acetylcysteine inhal soln 10% 52
acetylcysteine inhal soln 20% 52
ACIPHEX – rabeprazole sodium ec tab 20 mg 59
ACIPHEX SPRINKLE – rabeprazole sodium capsule sprinkle dr 5 mg 59
ACIPHEX SPRINKLE – rabeprazole sodium capsule sprinkle dr 10 mg 59
ACNE MEDICATION 10 – benzoyl peroxide lotion 10% 127
ACNE MEDICATION 5 – benzoyl peroxide lotion 5% 127
ACTIMMUNE – interferon gamma-1b inj 100 mcg/0.5ml (2000000 unit/0.5ml) 13
ACTONEL – risedronate sodium tab 5 mg 30
ACTONEL – risedronate sodium tab 35 mg 30
ACTONEL – risedronate sodium tab 150 mg 30
ACTOPLUS MET XR – pioglitazone hcl-metformin hcl tab er 24hr 15-1000 mg 23

ACTOPLUS MET XR – pioglitazone hcl-metformin hcl tab er 24hr 30-1000 mg.....23
ACULAR – ketorolac tromethamine ophth soln 0.5%.....125
ACULAR LS – ketorolac tromethamine ophth soln 0.4%.....125
ACUVAIL – ketorolac tromethamine (pf) ophth soln 0.45%.....125
acyclovir cap 200 mg (Zovirax).....7
acyclovir cream 5% (Zovirax).....129
acyclovir oint 5% (Zovirax).....129
acyclovir susp 200 mg/5ml (Zovirax).....7
acyclovir tab 400 mg (Zovirax).....7
acyclovir tab 800 mg (Zovirax).....7
ADALAT CC – nifedipine tab er 24hr 30 mg.....39
ADALAT CC – nifedipine tab er 24hr 60 mg.....39
ADALAT CC – nifedipine tab er 24hr 90 mg.....39
ADAPALENE – adapalene soln 0.1%.....127
adapalene-benzoyl peroxide gel 0.1-2.5% (Epiduo).....127
adapalene cream 0.1% (Differin).....127
adapalene gel 0.1% (Differin).....127
adapalene gel 0.3% (Differin).....127
ADCIRCA – tadalafil tab 20 mg (PAH).....48
ADDERALL XR – amphetamine-dextroamphetamine cap er 24hr 5 mg.....76
ADDERALL XR – amphetamine-dextroamphetamine cap er 24hr 10 mg.....76
ADDERALL XR – amphetamine-dextroamphetamine cap er 24hr 15 mg.....76
ADDERALL XR – amphetamine-dextroamphetamine cap er 24hr 20 mg.....76
ADDERALL XR – amphetamine-dextroamphetamine cap er 24hr 25 mg.....76
ADDERALL XR – amphetamine-dextroamphetamine cap er 24hr 30 mg.....76
adefovir dipivoxil tab 10 mg (Hepsera).....6
ADEMPAS – riociguat tab 0.5 mg.....48
ADEMPAS – riociguat tab 1 mg.....48
ADEMPAS – riociguat tab 1.5 mg.....48
ADEMPAS – riociguat tab 2 mg.....48
ADEMPAS – riociguat tab 2.5 mg.....48
ADHANSIA XR – methylphenidate hcl cap er 24hr 25 mg.....76
ADHANSIA XR – methylphenidate hcl cap er 24hr 35 mg.....76
ADHANSIA XR – methylphenidate hcl cap er 24hr 45 mg.....76
ADHANSIA XR – methylphenidate hcl cap er 24hr 55 mg.....76
ADHANSIA XR – methylphenidate hcl cap er 24hr 70 mg.....76
ADHANSIA XR – methylphenidate hcl cap er 24hr 85 mg.....76
ADLYXIN – lixisenatide soln pen-injector 20 mcg/0.2ml (100 mcg/ml).....23
ADLYXIN STARTER PACK – lixisenatide pen-inj starter kit 10 mcg/0.2ml & 20 mcg/0.2ml.....23
ADMELOG – insulin lispro inj 100 unit/ml.....27
ADMELOG SOLOSTAR – insulin lispro soln pen-injector 100 unit/ml (1 unit dial).....27
ADVAIR DISKUS – fluticasone-salmeterol aer powder ba 100-50 mcg/dose.....53
ADVAIR DISKUS – fluticasone-salmeterol aer powder ba 250-50 mcg/dose.....53
ADVAIR DISKUS – fluticasone-salmeterol aer powder ba 500-50 mcg/dose.....53
ADVAIR HFA – fluticasone-salmeterol inhal aerosol 45-21 mcg/act.....53
ADVAIR HFA – fluticasone-salmeterol inhal aerosol 115-21 mcg/act.....53
ADVAIR HFA – fluticasone-salmeterol inhal aerosol 230-21 mcg/act.....53
ADVANCED DIABETIC MULTIVITAMIN FORMULA – multiple vitamins w/ minerals tab.....104
ADVATE – antihemophilic factor rahf-pfm for inj 250 unit.....113
ADVATE – antihemophilic factor rahf-pfm for inj 500 unit.....113
ADVATE – antihemophilic factor rahf-pfm for inj 1000 unit.....113
ADVATE – antihemophilic factor rahf-pfm for inj 1500 unit.....113
ADVATE – antihemophilic factor rahf-pfm for inj 2000 unit.....113
ADVATE – antihemophilic factor rahf-pfm for inj 3000 unit.....113
ADVATE – antihemophilic factor rahf-pfm for inj 4000 unit.....113
ADYNOVATE – antihemophilic factor recomb pegylated for inj 250 unit.....113
ADYNOVATE – antihemophilic factor recomb pegylated for inj 500 unit.....113
ADYNOVATE – antihemophilic factor recomb pegylated for inj 750 unit.....113
ADYNOVATE – antihemophilic factor recomb pegylated for inj 1000 unit.....113
ADYNOVATE – antihemophilic factor recomb pegylated for inj 1500 unit.....113
ADYNOVATE – antihemophilic factor recomb pegylated for inj 2000 unit.....113
ADYNOVATE – antihemophilic factor recomb pegylated for inj 3000 unit.....113
ADZENYS ER – amphetamine extended release susp 1.25 mg/ml.....76
ADZENYS XR-ODT – amphetamine tab extended release disintegrating 3.1 mg.....76
ADZENYS XR-ODT – amphetamine tab extended release disintegrating 6.3 mg.....76
ADZENYS XR-ODT – amphetamine tab extended release disintegrating 9.4 mg.....76

ADZENYS XR-ODT – amphetamine tab extended release disintegrating 12.5 mg....76
ADZENYS XR-ODT – amphetamine tab extended release disintegrating 15.7 mg....76
ADZENYS XR-ODT – amphetamine tab extended release disintegrating 18.8 mg....77
AEROCHAMBER MINI AEROSOL CHAMBER – spacer/aerosol-holding chambers - device.... 137
AEROCHAMBER MV – spacer/aerosol-holding chambers - device.... 137
AEROCHAMBER PLUS FLOW-VU/MASK – spacer/aerosol-holding chambers - device.... 137
AEROCHAMBER PLUS FLOW-VU – spacer/aerosol-holding chambers - device....137
AEROCHAMBER Z-STAT PLUS/FLOWSIGNAL – spacer/aerosol-holding chambers - device.... 137
AEROCHAMBER Z-STAT PLUS/LARGE MASK – spacer/aerosol-holding chambers - device.... 137
AEROCHAMBER Z-STAT PLUS/MEDIUM MASK – spacer/aerosol-holding chambers - device....137
AEROCHAMBER Z-STAT PLUS/SMALL MASK – spacer/aerosol-holding chambers - device.... 137
AEROCHAMBER Z-STAT PLUS VALVED HOLDING CHAMBER W/FLOW VU – spacer/aerosol-holding chambers - device....137
AEROVENT PLUS HOLDING CHAMBER/COLLAPSIBLE – spacer/aerosol-holding chambers - device.... 137
AFINITOR DISPERZ – everolimus tab for oral susp 2 mg.... 13
AFINITOR DISPERZ – everolimus tab for oral susp 3 mg.... 13
AFINITOR DISPERZ – everolimus tab for oral susp 5 mg.... 13
AFINITOR – everolimus tab 2.5 mg....13
AFINITOR – everolimus tab 5 mg....13
AFINITOR – everolimus tab 7.5 mg....13
AFINITOR – everolimus tab 10 mg....13
AFLURIA 2019-2020 – influenza virus vaccine split im susp....11
AFLURIA PF 2019-2020 – influenza virus vaccine split pf susp pref syringe 0.5 ml.... 11
AFLURIA QUADRIVALENT 2019-2020 – influenza virus vaccine split quadrivalent im inj....11
AFLURIA QUADRIVALENT 2019-2020 – influenza virus vac split quadrivalent susp pref syr 0.25 ml.... 11
AFLURIA QUADRIVALENT 2019-2020 – influenza virus vac split quadrivalent susp pref syr 0.5ml.... 11
AFREZZA – insulin regular (human) inhalation powder 4 unit/cartridge.... 27
AFREZZA – insulin regular (human) inhalation powder 8 unit/cartridge.... 27
AFREZZA – insulin regular (human) inhalation powder 12 unit/cartridge.... 27
AFREZZA – insulin regular (human) inhal powd 4 (90) & 8 (90) unit/cart.... 27
AFREZZA – insulin regular (human) inh powd 4 & 8 & 12 unit/cart (60).... 27
AFREZZA – insulin regular (human) inh powd 8 (90) & 12 (90) unit/cart.... 27
AFSTYLA – antihemophilic fact rcmb single chain for inj kit 250 unit....113
AFSTYLA – antihemophilic fact rcmb single chain for inj kit 500 unit....113
AFSTYLA – antihemophilic fact rcmb single chain for inj kit 1000 unit....114
AFSTYLA – antihemophilic fact rcmb single chain for inj kit 1500 unit....114
AFSTYLA – antihemophilic fact rcmb single chain for inj kit 2000 unit....114
AFSTYLA – antihemophilic fact rcmb single chain for inj kit 2500 unit....114
AFSTYLA – antihemophilic fact rcmb single chain for inj kit 3000 unit....114
AGAMATRIX CONTROL HIGH – blood glucose calibration - liquid - high.... 134
AGAMATRIX CONTROL NORMAL – blood glucose calibration - liquid.... 134
AGAMATRIX CONTROL NORMAL – blood glucose calibration - liquid - normal.... 134
AGAMATRIX PRESTO – blood glucose monitoring kit w/ device....134
AGAMATRIX PRESTO TEST STRIPS – glucose blood test strip.... 134
AGGRENOX – aspirin-dipyridamole cap er 12hr 25-200 mg.... 114
AIMOVIG – erenumab-aooe subcutaneous soln auto-injector 70 mg/ml....94
AIMOVIG – erenumab-aooe subcutaneous soln auto-injector 140 mg/ml....94
AIMSCO LUBRICATED.... 21
AIRDUO RESPICLICK 113/14 – fluticasone-salmeterol aer powder ba 113-14 mcg/act.... 53
AIRDUO RESPICLICK 232/14 – fluticasone-salmeterol aer powder ba 232-14 mcg/act....53
AIRDUO RESPICLICK 55/14 – fluticasone-salmeterol aer powder ba 55-14 mcg/act....53
AJOVY – fremanezumab-vfrm subcutaneous soln pref syr 225 mg/1.5ml....94
AKLIEF – trifarotene cream 0.005%.... 127
AKYNZEO – netupitant-palonosetron cap 300-0.5 mg.....61
albendazole tab 200 mg (Albenza)....10
ALBUTEROL SULFATE ER – albuterol sulfate tab er 12hr 4 mg....53
ALBUTEROL SULFATE ER – albuterol sulfate tab er 12hr 8 mg....53
ALBUTEROL SULFATE HFA – albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv).... 53
albuterol sulfate soln nebu 0.083% (2.5 mg/3ml)....53
albuterol sulfate soln nebu 0.5% (5 mg/ml)....53
albuterol sulfate soln nebu 0.63 mg/3ml (base equiv)....53

albuterol sulfate soln nebu 1.25 mg/3ml (base equiv)....53
albuterol sulfate syrup 2 mg/5ml....53
albuterol sulfate tab 2 mg....53
albuterol sulfate tab 4 mg....53
alclometasone dipropionate cream 0.05%....130
alclometasone dipropionate oint 0.05%....130
ALCOHOL PREP PADS.... 137
ALECENSA – alectinib hcl cap 150 mg (base equivalent).... 13
ALENDRONATE SODIUM – alendronate sodium oral soln 70 mg/75ml....30
ALENDRONATE SODIUM – alendronate sodium tab 5 mg.... 30
ALENDRONATE SODIUM – alendronate sodium tab 40 mg.... 30
alendronate sodium tab 5 mg.... 30
alendronate sodium tab 10 mg.... 30
alendronate sodium tab 35 mg.... 30
alendronate sodium tab 70 mg (Fosamax).... 30
ALER-DRYL – diphenhydramine hcl tab 50 mg....50
alfuzosin hcl tab er 24hr 10 mg (Uroxatral).... 65
ALINIA – nitazoxanide for susp 100 mg/5ml....11
ALINIA – nitazoxanide tab 500 mg.... 11
aliskiren fumarate tab 150 mg (base equivalent) (Tekturna)....48
aliskiren fumarate tab 300 mg (base equivalent) (Tekturna)....48
ALIVE MENS ENERGY – multiple vitamins w/ minerals tab.... 104
ALIVE ONCE DAILY WOMENS 50+ ULTRA POTENCY – multiple vitamins w/ minerals tab....104
ALIVE WOMENS 50+ – multiple vitamins w/ minerals tab.... 104
ALIVE WOMENS ENERGY – multiple vitamins w/ minerals tab.... 104
ALLEGRA ALLERGY CHILDRENS – fexofenadine hcl orally disintegrating tab 30 mg.... 50
allopurinol tab 100 mg (Zyloprim).... 96
allopurinol tab 300 mg (Zyloprim).... 96
almotriptan malate tab 6.25 mg.... 94
almotriptan malate tab 12.5 mg.... 94
ALOCRIL – nedocromil sodium ophth soln 2%....125
ALOGLIPTIN/METFORMIN HCL – alogliptin-metformin hcl tab 12.5-500 mg....23
ALOGLIPTIN/METFORMIN HCL – alogliptin-metformin hcl tab 12.5-1000 mg....23
ALOGLIPTIN/PIOGLITAZONE – alogliptin-pioglitazone tab 12.5-15 mg.... 23
ALOGLIPTIN/PIOGLITAZONE – alogliptin-pioglitazone tab 12.5-30 mg.... 23
ALOGLIPTIN/PIOGLITAZONE – alogliptin-pioglitazone tab 12.5-45 mg.... 23
ALOGLIPTIN/PIOGLITAZONE – alogliptin-pioglitazone tab 25-15 mg....23
ALOGLIPTIN/PIOGLITAZONE – alogliptin-pioglitazone tab 25-30 mg....23
ALOGLIPTIN/PIOGLITAZONE – alogliptin-pioglitazone tab 25-45 mg....23
ALOGLIPTIN – alogliptin benzoate tab 6.25 mg (base equiv).... 23
ALOGLIPTIN – alogliptin benzoate tab 12.5 mg (base equiv).... 23
ALOGLIPTIN – alogliptin benzoate tab 25 mg (base equiv).... 23
ALOMIDE – lodoxamide tromethamine ophth soln 0.1%.... 125
ALPHAGAN P – brimonidine tartrate ophth soln 0.1%.... 123
ALPHAGAN P – brimonidine tartrate ophth soln 0.15%.... 123
ALPHANATE/VON WILLEBRAND FACTOR COMPLEX/ HUMAN – antihemophilic factor/vwf (human) for inj 250 unit....114
ALPHANATE/VON WILLEBRAND FACTOR COMPLEX/ HUMAN – antihemophilic factor/vwf (human) for inj 500 unit....114
ALPHANATE/VON WILLEBRAND FACTOR COMPLEX/ HUMAN – antihemophilic factor/vwf (human) for inj 1000 unit....114
ALPHANATE/VON WILLEBRAND FACTOR COMPLEX/ HUMAN – antihemophilic factor/vwf (human) for inj 1500 unit....114
ALPHANATE/VON WILLEBRAND FACTOR COMPLEX/ HUMAN – antihemophilic factor/vwf (human) for inj 2000 unit....114
ALPHANINE SD – coagulation factor ix for inj 500 unit....114
ALPHANINE SD – coagulation factor ix for inj 1000 unit....114
ALPHANINE SD – coagulation factor ix for inj 1500 unit....114
alprazolam tab er 24hr 0.5 mg (Xanax xr)....66
alprazolam tab er 24hr 1 mg (Xanax xr)....66
alprazolam tab er 24hr 2 mg (Xanax xr)....66
alprazolam tab 0.25 mg (Xanax)....66
alprazolam tab 0.5 mg (Xanax)....66
alprazolam tab 1 mg (Xanax)....66
alprazolam tab 2 mg (Xanax)....66
ALPROLIX – coagulation factor ix (recomb) (rfixfc) for inj 250 unit....114
ALPROLIX – coagulation factor ix (recomb) (rfixfc) for inj 500 unit....114
ALPROLIX – coagulation factor ix (recomb) (rfixfc) for inj 1000 unit....114
ALPROLIX – coagulation factor ix (recomb) (rfixfc) for inj 2000 unit....114
ALPROLIX – coagulation factor ix (recomb) (rfixfc) for inj 3000 unit....114
ALPROLIX – coagulation factor ix (recomb) (rfixfc) for inj 4000 unit....114

ALREX – loteprednol etabonate ophth susp 0.2%.....123
ALTACE – ramipril cap 1.25 mg.....32
ALTACE – ramipril cap 2.5 mg.....32
ALTACE – ramipril cap 5 mg.....32
ALTACE – ramipril cap 10 mg.....32
ALTOPREV – lovastatin tab er 24hr 20 mg..... 44
ALTOPREV – lovastatin tab er 24hr 40 mg..... 44
ALTOPREV – lovastatin tab er 24hr 60 mg..... 44
alum & mag hydroxide-simethicone susp 200-200-20 mg/5ml.....58
alum & mag hydroxide-simethicone susp 400-400-40 mg/5ml.....59
ALVESCO – ciclesonide inhal aerosol 80 mcg/act..... 53
ALVESCO – ciclesonide inhal aerosol 160 mcg/act..... 53
AMARYL – glimepiride tab 1 mg.....23
AMARYL – glimepiride tab 2 mg.....23
AMARYL – glimepiride tab 4 mg.....23
AMBIEN CR – zolpidem tartrate tab er 6.25 mg.....75
AMBIEN CR – zolpidem tartrate tab er 12.5 mg.....75
AMBIEN – zolpidem tartrate tab 5 mg..... 75
AMBIEN – zolpidem tartrate tab 10 mg..... 75
ambrisentan tab 5 mg (Letairis).....48
ambrisentan tab 10 mg (Letairis).....48
AMERGE – naratriptan hcl tab 1 mg (base equiv).....94
AMERGE – naratriptan hcl tab 2.5 mg (base equiv).....94
amiloride & hydrochlorothiazide tab 5-50 mg..... 47
amiodarone hcl tab 200 mg.....47
AMITIZA – lubiprostone cap 8 mcg.....62
AMITIZA – lubiprostone cap 24 mcg.....62
amitriptyline hcl tab 10 mg.....67
amitriptyline hcl tab 25 mg.....67
amitriptyline hcl tab 50 mg.....67
amitriptyline hcl tab 75 mg.....67
amitriptyline hcl tab 100 mg.....67
amitriptyline hcl tab 150 mg.....67
amlodipine besylate-atorvastatin calcium tab 2.5-10 mg..... 39
amlodipine besylate-atorvastatin calcium tab 2.5-20 mg..... 39
amlodipine besylate-atorvastatin calcium tab 2.5-40 mg..... 39
amlodipine besylate-atorvastatin calcium tab 5-10 mg (Caduet).....39
amlodipine besylate-atorvastatin calcium tab 5-20 mg (Caduet).....39
amlodipine besylate-atorvastatin calcium tab 5-40 mg (Caduet).....39
amlodipine besylate-atorvastatin calcium tab 5-80 mg (Caduet).....39
amlodipine besylate-atorvastatin calcium tab 10-10 mg (Caduet).....39
amlodipine besylate-atorvastatin calcium tab 10-20 mg (Caduet).....39
amlodipine besylate-atorvastatin calcium tab 10-40 mg (Caduet).....39
amlodipine besylate-atorvastatin calcium tab 10-80 mg (Caduet).....39
amlodipine besylate-benazepril hcl cap 2.5-10 mg.....40
amlodipine besylate-benazepril hcl cap 5-40 mg.....40
amlodipine besylate-benazepril hcl cap 5-10 mg (Lotrel).....40
amlodipine besylate-benazepril hcl cap 5-20 mg (Lotrel).....40
amlodipine besylate-benazepril hcl cap 10-20 mg (Lotrel).....40
amlodipine besylate-benazepril hcl cap 10-40 mg (Lotrel).....40
amlodipine besylate-olmesartan medoxomil tab 5-20 mg (Azor).....40
amlodipine besylate-olmesartan medoxomil tab 5-40 mg (Azor).....40
amlodipine besylate-olmesartan medoxomil tab 10-20 mg (Azor).....40
amlodipine besylate-olmesartan medoxomil tab 10-40 mg (Azor).....40
amlodipine besylate tab 2.5 mg (base equivalent) (Norvasc).....39
amlodipine besylate tab 5 mg (base equivalent) (Norvasc).....39
amlodipine besylate tab 10 mg (base equivalent) (Norvasc).....39
amlodipine besylate-valsartan tab 5-160 mg (Exforge)..... 40
amlodipine besylate-valsartan tab 5-320 mg (Exforge)..... 40
amlodipine besylate-valsartan tab 10-160 mg (Exforge)..... 40
amlodipine besylate-valsartan tab 10-320 mg (Exforge)..... 40
amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg (Exforge hct).....34
amlodipine-valsartan-hydrochlorothiazide tab 5-160-25 mg (Exforge hct).....34
amlodipine-valsartan-hydrochlorothiazide tab 10-160-12.5 mg (Exforge hct).....34
amlodipine-valsartan-hydrochlorothiazide tab 10-160-25 mg (Exforge hct).....34
amlodipine-valsartan-hydrochlorothiazide tab 10-320-25 mg (Exforge hct).....34
AMOXICILLIN/CLAVULANATE POTASSIUM – amoxicillin & k clavulanate chew tab 200-28.5 mg..... 2
AMOXICILLIN/CLAVULANATE POTASSIUM – amoxicillin & k clavulanate chew tab 400-57 mg..... 2
AMOXICILLIN/CLAVULANATE POTASSIUM – amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg..... 2
amoxicillin & k clavulanate for susp 200-28.5 mg/5ml.....2
amoxicillin & k clavulanate for susp 400-57 mg/5ml..... 2
amoxicillin & k clavulanate for susp 250-62.5 mg/5ml (Augmentin).....2

amoxicillin & k clavulanate for susp 600-42.9 mg/5ml (Augmentin es-600)....2
amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg....2
amoxicillin & k clavulanate tab 250-125 mg....2
amoxicillin & k clavulanate tab 875-125 mg....2
amoxicillin & k clavulanate tab 500-125 mg (Augmentin)....2
amoxicillin (trihydrate) cap 250 mg....2
amoxicillin (trihydrate) cap 500 mg....2
amoxicillin (trihydrate) for susp 125 mg/5ml....2
amoxicillin (trihydrate) for susp 200 mg/5ml....2
amoxicillin (trihydrate) for susp 250 mg/5ml....2
amoxicillin (trihydrate) for susp 400 mg/5ml....2
amoxicillin (trihydrate) tab 500 mg....2
amoxicillin (trihydrate) tab 875 mg....2
amphetamine-dextroamphetamine cap er 24hr 5 mg (Adderall xr)....77
amphetamine-dextroamphetamine cap er 24hr 10 mg (Adderall xr)....77
amphetamine-dextroamphetamine cap er 24hr 15 mg (Adderall xr)....77
amphetamine-dextroamphetamine cap er 24hr 20 mg (Adderall xr)....77
amphetamine-dextroamphetamine cap er 24hr 25 mg (Adderall xr)....77
amphetamine-dextroamphetamine cap er 24hr 30 mg (Adderall xr)....77
amphetamine-dextroamphetamine tab 5 mg (Adderall)....77
amphetamine-dextroamphetamine tab 7.5 mg (Adderall)....77
amphetamine-dextroamphetamine tab 10 mg (Adderall)....77
amphetamine-dextroamphetamine tab 12.5 mg (Adderall)....77
amphetamine-dextroamphetamine tab 15 mg (Adderall)....77
amphetamine-dextroamphetamine tab 20 mg (Adderall)....77
amphetamine-dextroamphetamine tab 30 mg (Adderall)....77
amphetamine sulfate tab 5 mg (Evekeo)....77
amphetamine sulfate tab 10 mg (Evekeo)....77
ampicillin & sulbactam sodium for iv soln 15 (10-5) gm (Unasyn bulk pack)....2
AMPICILLIN – ampicillin cap 500 mg....2
ampicillin sodium for iv soln 10 gm....2
AMPYRA – dalfampridine tab er 12hr 10 mg....81
anastrozole tab 1 mg (Arimidex)....13
ANCOBON – flucytosine cap 250 mg....5
ANCOBON – flucytosine cap 500 mg....5
ANDRODERM – testosterone td patch 24hr 2 mg/24hr....20
ANDRODERM – testosterone td patch 24hr 4 mg/24hr....20
ANDROGEL PUMP – testosterone td gel 20.25 mg/act (1.62%)....20
ANDROGEL – testosterone td gel 25 mg/2.5gm (1%)....20
ANDROGEL – testosterone td gel 50 mg/5gm (1%)....20
ANDROGEL – testosterone td gel 20.25 mg/1.25gm (1.62%)....20
ANDROGEL – testosterone td gel 40.5 mg/2.5gm (1.62%)....20
ANIMAL SHAPES/IRON – pediatric multiple vitamins w/ iron chew tab 18 mg....104
ANORO ELLIPTA – umeclidinium-vilanterol aero powd ba 62.5-25 mcg/inh....53
ANTACID – calcium carbonate (antacid) chew tab 1177 mg (471 mg ca)....59
ANTACID SOFT CHEWS – calcium carbonate (antacid) chew tab 1177 mg (471 mg ca)....59
ANTARA – fenofibrate micronized cap 30 mg....44
ANTARA – fenofibrate micronized cap 90 mg....44
ANTIOXIDANT FORTE – multiple vitamins w/ minerals tab....104
ANZEMET – dolasetron mesylate tab 50 mg....61
ANZEMET – dolasetron mesylate tab 100 mg....61
APIDRA – insulin glulisine inj 100 unit/ml....27
APIDRA SOLOSTAR – insulin glulisine soln pen-injector inj 100 unit/ml....27
APLENZIN – bupropion hbr tab er 24hr 174 mg....67
APLENZIN – bupropion hbr tab er 24hr 348 mg....67
APLENZIN – bupropion hbr tab er 24hr 522 mg....67
apraclonidine hcl ophth soln 0.5% (base equivalent)....123
aprepitant capsule 40 mg (Emend)....61
aprepitant capsule 80 mg (Emend)....61
aprepitant capsule 125 mg (Emend)....61
aprepitant capsule therapy pack 80 & 125 mg (Emend tripack)....61
APRISO – mesalamine cap er 24hr 0.375 gm....62
APTENSIO XR – methylphenidate hcl cap er 24hr 10 mg (xr)....77
APTENSIO XR – methylphenidate hcl cap er 24hr 15 mg (xr)....77
APTENSIO XR – methylphenidate hcl cap er 24hr 20 mg (xr)....77
APTENSIO XR – methylphenidate hcl cap er 24hr 30 mg (xr)....77
APTENSIO XR – methylphenidate hcl cap er 24hr 40 mg (xr)....77
APTENSIO XR – methylphenidate hcl cap er 24hr 50 mg (xr)....77
APTENSIO XR – methylphenidate hcl cap er 24hr 60 mg (xr)....77
APTIOM – eslicarbazepine acetate tab 200 mg....96
APTIOM – eslicarbazepine acetate tab 400 mg....96
APTIOM – eslicarbazepine acetate tab 600 mg....96
APTIOM – eslicarbazepine acetate tab 800 mg....96
APTIVUS – tipranavir cap 250 mg....8
APTIVUS – tipranavir oral soln 100 mg/ml....8

ARANESP ALBUMIN FREE – darbepoetin alfa soln inj 25 mcg/ml....114
ARANESP ALBUMIN FREE – darbepoetin alfa soln inj 40 mcg/ml....114
ARANESP ALBUMIN FREE – darbepoetin alfa soln inj 60 mcg/ml....114
ARANESP ALBUMIN FREE – darbepoetin alfa soln inj 100 mcg/ml....115
ARANESP ALBUMIN FREE – darbepoetin alfa soln inj 200 mcg/ml....115
ARANESP ALBUMIN FREE – darbepoetin alfa soln inj 300 mcg/ml....115
ARANESP ALBUMIN FREE – darbepoetin alfa soln prefilled syringe 10 mcg/0.4ml....114
ARANESP ALBUMIN FREE – darbepoetin alfa soln prefilled syringe 25 mcg/0.42ml....114
ARANESP ALBUMIN FREE – darbepoetin alfa soln prefilled syringe 40 mcg/0.4ml....114
ARANESP ALBUMIN FREE – darbepoetin alfa soln prefilled syringe 60 mcg/0.3ml....114
ARANESP ALBUMIN FREE – darbepoetin alfa soln prefilled syringe 100 mcg/0.5ml....114
ARANESP ALBUMIN FREE – darbepoetin alfa soln prefilled syringe 150 mcg/0.3ml....114
ARANESP ALBUMIN FREE – darbepoetin alfa soln prefilled syringe 200 mcg/0.4ml....114
ARANESP ALBUMIN FREE – darbepoetin alfa soln prefilled syringe 300 mcg/0.6ml....114
ARANESP ALBUMIN FREE – darbepoetin alfa soln prefilled syringe 500 mcg/ml....114
ARCALYST – rilonacept for inj 220 mg....92
ARCAPTA NEOHALER – indacaterol maleate inhal powder cap 75 mcg (base equiv)....54
ARICEPT – donepezil hydrochloride tab 5 mg....82
ARICEPT – donepezil hydrochloride tab 10 mg....82
ARICEPT – donepezil hydrochloride tab 23 mg....82
ARIKAYCE – amikacin sulfate liposome inhal susp 590 mg/8.4ml (base eq)....5
aripiprazole orally disintegrating tab 10 mg....70
aripiprazole orally disintegrating tab 15 mg....70
aripiprazole oral solution 1 mg/ml....70
aripiprazole tab 2 mg (Abilify)....71
aripiprazole tab 5 mg (Abilify)....71
aripiprazole tab 10 mg (Abilify)....71
aripiprazole tab 15 mg (Abilify)....71
aripiprazole tab 20 mg (Abilify)....71
aripiprazole tab 30 mg (Abilify)....71
ARISTADA – aripiprazole lauroxil im er susp prefilled syr 441 mg/1.6ml....71
ARISTADA – aripiprazole lauroxil im er susp prefilled syr 662 mg/2.4ml....71
ARISTADA – aripiprazole lauroxil im er susp prefilled syr 882 mg/3.2ml....71
ARISTADA – aripiprazole lauroxil im er susp prefilled syr 1064 mg/3.9ml....71
ARISTADA INITIO – aripiprazole lauroxil im er susp prefilled syr 675 mg/2.4ml....71
ARIXTRA – fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml....115
ARIXTRA – fondaparinux sodium subcutaneous inj 5 mg/0.4ml....115
ARIXTRA – fondaparinux sodium subcutaneous inj 7.5 mg/0.6ml....115
ARIXTRA – fondaparinux sodium subcutaneous inj 10 mg/0.8ml....115
armodafinil tab 50 mg (Nuvigil)....77
armodafinil tab 150 mg (Nuvigil)....77
armodafinil tab 200 mg (Nuvigil)....77
armodafinil tab 250 mg (Nuvigil)....77
ARMONAIR RESPICLICK 232 – fluticasone propionate aer pow ba 232 mcg/act....54
ARMONAIR RESPICLICK 55 – fluticasone propionate aer pow ba 55 mcg/act....54
ARNUITY ELLIPTA – fluticasone furoate aerosol powder breath activ 50 mcg/act....54
ARNUITY ELLIPTA – fluticasone furoate aerosol powder breath activ 100 mcg/act....54
ARNUITY ELLIPTA – fluticasone furoate aerosol powder breath activ 200 mcg/act....54
artificial tear ophth ointment....125
artificial tear ophth solution....125
ARTIFICIAL TEARS – hypromellose ophth soln 0.4%....125
ARYMO ER – morphine sulfate tab er abuse-deterrent 15 mg....86
ARYMO ER – morphine sulfate tab er abuse-deterrent 30 mg....86
ARYMO ER – morphine sulfate tab er abuse-deterrent 60 mg....86
ASACOL HD – mesalamine tab delayed release 800 mg....62
ascorbic acid chew tab 500 mg....103
ascorbic acid inj 500 mg/ml....103
ascorbic acid tab 250 mg....103
ascorbic acid tab 500 mg....103
ascorbic acid tab 1000 mg....103
ASMANEX HFA – mometasone furoate inhal aerosol suspension 50 mcg/act....54
ASMANEX HFA – mometasone furoate inhal aerosol suspension 100 mcg/act....54
ASMANEX HFA – mometasone furoate inhal aerosol suspension 200 mcg/act....54
ASMANEX TWISTHALER 120 METERED DOSES – mometasone furoate inhal powd 220 mcg/inh (breath activated)....54
ASMANEX TWISTHALER 30 METERED DOSES – mometasone furoate inhal powd 110 mcg/inh (breath activated)....54
ASMANEX TWISTHALER 30 METERED DOSES – mometasone furoate inhal powd 220 mcg/inh (breath activated)....54

ASMANEX TWISTHALER 60 METERED DOSES – mometasone furoate inhal powd 220 mcg/inh (breath activated)....54
aspirin-acetaminophen-caffeine tab 250-250-65 mg....86
aspirin buffered (ca carb-mg carb-mg ox) tab 325 mg....86
aspirin chew tab 81 mg....86
aspirin-dipyridamole cap er 12hr 25-200 mg (Aggrenox)....115
aspirin tab delayed release 81 mg....86
aspirin tab delayed release 325 mg....86
aspirin tab 325 mg....86
ASTAGRAF XL – tacrolimus cap er 24hr 0.5 mg....137
ASTAGRAF XL – tacrolimus cap er 24hr 1 mg....137
ASTAGRAF XL – tacrolimus cap er 24hr 5 mg....138
ASTEPRO – azelastine hcl nasal spray 0.15% (205.5 mcg/spray)....51
ATACAND – candesartan cilexetil tab 4 mg....34
ATACAND – candesartan cilexetil tab 8 mg....34
ATACAND – candesartan cilexetil tab 16 mg....34
ATACAND – candesartan cilexetil tab 32 mg....34
ATACAND HCT – candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg....34
ATACAND HCT – candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg....34
ATACAND HCT – candesartan cilexetil-hydrochlorothiazide tab 32-25 mg....34
atazanavir sulfate cap 150 mg (base equiv) (Reyataz)....8
atazanavir sulfate cap 200 mg (base equiv) (Reyataz)....8
atazanavir sulfate cap 300 mg (base equiv) (Reyataz)....8
ATELVIA – risedronate sodium tab delayed release 35 mg....30
atenolol & chlorthalidone tab 50-25 mg (Tenoretic 50)....37
atenolol & chlorthalidone tab 100-25 mg (Tenoretic 100)....37
atenolol tab 25 mg (Tenormin)....37
atenolol tab 50 mg (Tenormin)....37
atenolol tab 100 mg (Tenormin)....37
atomoxetine hcl cap 10 mg (base equiv) (Strattera)....77
atomoxetine hcl cap 18 mg (base equiv) (Strattera)....77
atomoxetine hcl cap 25 mg (base equiv) (Strattera)....77
atomoxetine hcl cap 40 mg (base equiv) (Strattera)....77
atomoxetine hcl cap 60 mg (base equiv) (Strattera)....77
atomoxetine hcl cap 80 mg (base equiv) (Strattera)....77
atomoxetine hcl cap 100 mg (base equiv) (Strattera)....77
atorvastatin calcium tab 10 mg (base equivalent) (Lipitor)....44
atorvastatin calcium tab 20 mg (base equivalent) (Lipitor)....44
atorvastatin calcium tab 40 mg (base equivalent) (Lipitor)....44
atorvastatin calcium tab 80 mg (base equivalent) (Lipitor)....44
atovaquone-proguanil hcl tab 62.5-25 mg (Malarone)....10
atovaquone-proguanil hcl tab 250-100 mg (Malarone)....10
atovaquone susp 750 mg/5ml (Mepron)....11
ATRALIN – tretinoin gel 0.05%....127
ATRIPLA – efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg....8
ATROPINE SULFATE – atropine sulfate ophth soln 1%....125
ATROVENT HFA – ipratropium bromide hfa inhal aerosol 17 mcg/act....54
AUBAGIO – teriflunomide tab 7 mg....81
AUBAGIO – teriflunomide tab 14 mg....81
AUGMENTED BETAMETHASONE DIPROPIONATE – betamethasone dipropionate augmented gel 0.05%....130
AUGMENTIN – amoxicillin & k clavulanate for susp 125-31.25 mg/5ml....2
AUGMENTIN – amoxicillin & k clavulanate for susp 250-62.5 mg/5ml....2
AUGMENTIN XR – amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg....2
AURYXIA – ferric citrate tab 1 gm (210 mg ferric iron)....62
AVALIDE – irbesartan-hydrochlorothiazide tab 150-12.5 mg....34
AVALIDE – irbesartan-hydrochlorothiazide tab 300-12.5 mg....34
AVANDIA – rosiglitazone maleate tab 2 mg (base equiv)....23
AVANDIA – rosiglitazone maleate tab 4 mg (base equiv)....23
AVAPRO – irbesartan tab 75 mg....34
AVAPRO – irbesartan tab 150 mg....34
AVAPRO – irbesartan tab 300 mg....34
AVELOX – moxifloxacin hcl tab 400 mg (base equiv)....4
A-25 – vitamin a cap 25000 unit....103
AVODART – dutasteride cap 0.5 mg....66
AVONEX – interferon beta-1a for im inj kit 30mcg (33mcg(6.6 mu)/vial)....81
AVONEX – interferon beta-1a im prefilled syringe kit 30 mcg/0.5ml....81
AVONEX PEN – interferon beta-1a im auto-injector kit 30 mcg/0.5ml....81
AZASAN – azathioprine tab 75 mg....138
AZASAN – azathioprine tab 100 mg....138
AZASITE – azithromycin ophth soln 1%....122
azathioprine tab 50 mg (Imuran)....138
azelaic acid gel 15% (Finacea)....127
azelastine hcl nasal spray 0.1% (137 mcg/spray)....51
azelastine hcl nasal spray 0.15% (205.5 mcg/spray) (Astepro)....51
azelastine hcl ophth soln 0.05%....125

AZELEX – azelaic acid cream 20%..... 127
AZITHROMYCIN – azithromycin powd pack for susp 1 gm..... 3
azithromycin for susp 100 mg/5ml (Zithromax)..... 3
azithromycin for susp 200 mg/5ml (Zithromax)..... 3
azithromycin tab 250 mg (Zithromax)..... 3
azithromycin tab 500 mg (Zithromax)..... 3
azithromycin tab 600 mg (Zithromax)..... 3
AZOPT – brinzolamide ophth susp 1%.....123
AZOR – amlodipine besylate-olmesartan medoxomil tab 5-20 mg.....40
AZOR – amlodipine besylate-olmesartan medoxomil tab 5-40 mg.....40
AZOR – amlodipine besylate-olmesartan medoxomil tab 10-20 mg.....40
AZOR – amlodipine besylate-olmesartan medoxomil tab 10-40 mg.....40
AZULFIDINE EN-TABS – sulfasalazine tab delayed release 500 mg..... 62
AZULFIDINE – sulfasalazine tab 500 mg..... 62

B

BACITRACIN – bacitracin ophth oint 500 unit/gm..... 122
bacitracin oint 500 unit/gm.....129
bacitracin-polymyxin b oint.....129
bacitracin-polymyxin b ophth oint.....122
bacitracin-polymyxin-neomycin-hc ophth oint 1%.....123
bacitracin zinc oint 500 unit/gm.....129
baclofen tab 10 mg.....103
baclofen tab 20 mg.....103
balsalazide disodium cap 750 mg (Colazal)..... 62
BALVERSA – erdafitinib tab 3 mg.....13
BALVERSA – erdafitinib tab 4 mg.....13
BALVERSA – erdafitinib tab 5 mg.....13
BANZEL – rufinamide susp 40 mg/ml.....96
BANZEL – rufinamide tab 200 mg..... 96
BANZEL – rufinamide tab 400 mg..... 96
BARACLUDE – entecavir oral soln 0.05 mg/ml.....6
BARACLUDE – entecavir tab 0.5 mg..... 6
BARACLUDE – entecavir tab 1 mg..... 6
BASAGLAR KWIKPEN – insulin glargine soln pen-injector 100 unit/ml..... 28
BASIC AM – multiple vitamins w/ minerals tab.....104
BASIC PM – multiple vitamins w/ minerals tab.....105
BAXDELA – delafloxacin meglumine tab 450 mg (base equiv).....4
BCG VACCINE – bcg vaccine inj.....11
b-complex vitamin inj.....104
b-complex w/ c & folic acid cap 1 mg.....104
b-complex w/ c & folic acid tab..... 104
b-complex w/ c & folic acid tab 0.8 mg.....104
b-complex w/ c & folic acid tab 5 mg.....104
b-complex w/ c & folic acid tab 1 mg (Nephro-vite rx).....104
BD INSULIN SYRINGE/U-500/..... 137
BEBULIN – factor ix complex for inj 200-1200 unit.....115
BECONASE AQ – beclomethasone dipropionate monohyd nasal susp 42 mcg/spray.....51
BELBUCA – buprenorphine hcl buccal film 75 mcg (base equivalent)..... 86
BELBUCA – buprenorphine hcl buccal film 150 mcg (base equivalent)..... 86
BELBUCA – buprenorphine hcl buccal film 300 mcg (base equivalent)..... 86
BELBUCA – buprenorphine hcl buccal film 450 mcg (base equivalent)..... 86
BELBUCA – buprenorphine hcl buccal film 600 mcg (base equivalent)..... 86
BELBUCA – buprenorphine hcl buccal film 750 mcg (base equivalent)..... 86
BELBUCA – buprenorphine hcl buccal film 900 mcg (base equivalent)..... 86
BELSOMRA – suvorexant tab 5 mg..... 75
BELSOMRA – suvorexant tab 10 mg..... 75
BELSOMRA – suvorexant tab 15 mg..... 75
BELSOMRA – suvorexant tab 20 mg..... 75
benazepril & hydrochlorothiazide tab 5-6.25 mg..... 32
benazepril & hydrochlorothiazide tab 10-12.5 mg (Lotensin hct).....32
benazepril & hydrochlorothiazide tab 20-12.5 mg (Lotensin hct).....32
benazepril & hydrochlorothiazide tab 20-25 mg (Lotensin hct).....32
benazepril hcl tab 5 mg..... 32
benazepril hcl tab 10 mg (Lotensin).....32
benazepril hcl tab 20 mg (Lotensin).....32
benazepril hcl tab 40 mg (Lotensin).....32
BENEFIX – coagulation factor ix (recombinant) for inj kit 250 unit.....115
BENEFIX – coagulation factor ix (recombinant) for inj kit 500 unit.....115
BENEFIX – coagulation factor ix (recombinant) for inj kit 1000 unit.....115
BENEFIX – coagulation factor ix (recombinant) for inj kit 2000 unit.....115
BENEFIX – coagulation factor ix (recombinant) for inj kit 3000 unit.....115
BENICAR HCT – olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg..... 35
BENICAR HCT – olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg..... 35
BENICAR HCT – olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg..... 35
BENICAR – olmesartan medoxomil tab 5 mg.....34
BENICAR – olmesartan medoxomil tab 20 mg.....35
BENICAR – olmesartan medoxomil tab 40 mg.....35
BENZACLIN – clindamycin phosphate-benzoyl peroxide gel 1-5%.....127
BENZACLIN WITH PUMP – clindamycin phosphate-benzoyl peroxide gel 1-5%..... 127
BENZNIDAZOLE – benznidazole tab 12.5 mg..... 10
BENZNIDAZOLE – benznidazole tab 100 mg..... 11

benzonatate cap 200 mg.....52
benzonatate cap 100 mg (Tessalon perles).....52
BENZOYL PEROXIDE – benzoyl peroxide gel 2.5%..... 127
BENZOYL PEROXIDE CLEANSER – benzoyl peroxide liq 6%..... 127
benzoyl peroxide cloth 6%..... 127
benzoyl peroxide cream 10%..... 127
benzoyl peroxide-erythromycin gel 5-3% (Benzamycin)..... 127
benzoyl peroxide foam 5.3%..... 127
benzoyl peroxide gel 5%.....127
benzoyl peroxide gel 10%.....127
benzoyl peroxide liq 4%.....127
benzoyl peroxide liq 10%.....127
benzoyl peroxide liq 5% (Benzac ac wash)..... 127
benztropine mesylate tab 0.5 mg.....101
benztropine mesylate tab 1 mg.....101
benztropine mesylate tab 2 mg.....101
BEPREVE – bepotastine besilate ophth soln 1.5%..... 125
BERINERT – c1 esterase inhibitor (human) for iv inj kit 500 unit..... 115
BESIVANCE – besifloxacin hcl ophth susp 0.6% (base equiv)..... 122
BETA CAROTENE – beta carotene cap 10000 unit..... 103
beta carotene cap 25000 unit.....103
BETAGAN – levobunolol hcl ophth soln 0.5%..... 123
betamethasone dipropionate augmented cream 0.05% (Diprolene af)..... 130
betamethasone dipropionate augmented lotion 0.05%..... 130
betamethasone dipropionate augmented oint 0.05% (Diprolene)..... 130
betamethasone dipropionate cream 0.05%..... 130
betamethasone dipropionate lotion 0.05%..... 130
betamethasone dipropionate oint 0.05%..... 130
betamethasone valerate aerosol foam 0.12% (Luxiq)..... 130
betamethasone valerate cream 0.1% (base equivalent)..... 130
betamethasone valerate lotion 0.1% (base equivalent)..... 130
betamethasone valerate oint 0.1% (base equivalent)..... 130
BETAPACE AF – sotalol hcl (afib/afl) tab 80 mg.....47
BETAPACE AF – sotalol hcl (afib/afl) tab 120 mg.....48
BETAPACE AF – sotalol hcl (afib/afl) tab 160 mg.....48
BETAPACE – sotalol hcl tab 80 mg..... 47
BETAPACE – sotalol hcl tab 120 mg..... 47
BETAPACE – sotalol hcl tab 160 mg..... 47
BETASERON – interferon beta-1b for inj kit 0.3 mg..... 81
betaxolol hcl ophth soln 0.5%.....123
betaxolol hcl tab 10 mg..... 37
betaxolol hcl tab 20 mg..... 37
bethanechol chloride tab 5 mg (Urecholine)..... 64
bethanechol chloride tab 10 mg (Urecholine)..... 64
bethanechol chloride tab 25 mg (Urecholine)..... 64
bethanechol chloride tab 50 mg (Urecholine)..... 64
BETHKIS – tobramycin nebu soln 300 mg/4ml.....5
BETOPTIC-S – betaxolol hcl ophth susp 0.25%.....123
BEVESPI AEROSPHERE – glycopyrrolate-formoterol fumarate aerosol 9-4.8 mcg/act.....54
BEVYXXA – betrixaban maleate cap 40 mg (base equivalent)..... 115
BEVYXXA – betrixaban maleate cap 80 mg (base equivalent)..... 115
bexarotene cap 75 mg (Targretin).....13
bicalutamide tab 50 mg (Casodex).....13
BIKTARVY – bictegravir-emtricitabine-tenofovir af tab 50-200-25 mg..... 8
bimatoprost ophth soln 0.03%.....123
BINOSTO – alendronate sodium effervescent tab 70 mg..... 30
BIOCAL – multiple vitamins w/ minerals cap..... 105
BIO-35 GLUTEN-FREE – multiple vitamins w/ minerals cap.....105
BIO-35 IRON FREE – multiple vitamins w/ minerals cap.....105
BIOSUPP – multiple vitamins w/ minerals liquid.....105
BIOTECT PLUS – multiple vitamins w/ minerals cap..... 105
BIOTECT PLUS – multiple vitamins w/ minerals liquid.....105
bisacodyl suppos 10 mg.....57
bisacodyl tab delayed release 5 mg.....57
bismuth subsalicylate chew tab 262 mg.....58
bismuth subsalicylate susp 262 mg/15ml..... 58
bismuth subsalicylate susp 525 mg/15ml..... 58
bismuth subsalicylate tab 262 mg.....58
bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg (Ziac).....37
bisoprolol & hydrochlorothiazide tab 5-6.25 mg (Ziac).....37
bisoprolol & hydrochlorothiazide tab 10-6.25 mg (Ziac).....37
bisoprolol fumarate tab 5 mg.....37
bisoprolol fumarate tab 10 mg.....37
BONIVA – ibandronate sodium tab 150 mg (base equivalent)..... 30
BOOSTRIX – tet tox-diph-acell pertuss ad inj 5-2.5-18.5 lf-lf-mcg/0.5ml..... 11
bosentan tab 62.5 mg (Tracleer)..... 48
bosentan tab 125 mg (Tracleer)..... 48
BOSULIF – bosutinib tab 100 mg..... 13
BOSULIF – bosutinib tab 500 mg..... 13
BRAFTOVI – encorafenib cap 50 mg..... 13
BRAFTOVI – encorafenib cap 75 mg..... 13
BREO ELLIPTA – fluticasone furoate-vilanterol aero powd ba 100-25 mcg/inh..... 54
BREO ELLIPTA – fluticasone furoate-vilanterol aero powd ba 200-25 mcg/inh..... 54
BRILINTA – ticagrelor tab 60 mg..... 115
BRILINTA – ticagrelor tab 90 mg..... 115
brimonidine tartrate ophth soln 0.2%.....123

brimonidine tartrate ophth soln 0.15% (Alphagan p)..... 123
BRISDELLE – paroxetine mesylate cap 7.5 mg (base equiv)..... 82
BRIVIACT – brivaracetam oral soln 10 mg/ml..... 96
BRIVIACT – brivaracetam tab 10 mg.....96
BRIVIACT – brivaracetam tab 25 mg.....96
BRIVIACT – brivaracetam tab 50 mg.....96
BRIVIACT – brivaracetam tab 75 mg.....96
BRIVIACT – brivaracetam tab 100 mg.....96
bromfenac sodium ophth soln 0.09% (base equiv) (once-daily).....125
bromocriptine mesylate cap 5 mg (base equivalent) (Parlodel)..... 101
bromocriptine mesylate tab 2.5 mg (base equivalent) (Parlodel)..... 101
brompheniramine & phenylephrine elixir 1-2.5 mg/5ml.....52
BROMSITE – bromfenac sodium ophth soln 0.075% (base equivalent)..... 125
BROVANA – arformoterol tartrate soln nebu 15 mcg/2ml (base equiv).....54
budesonide delayed release particles cap 3 mg (Entocort ec)..... 19
budesonide inhalation susp 0.25 mg/2ml (Pulmicort)..... 54
budesonide inhalation susp 0.5 mg/2ml (Pulmicort)..... 54
budesonide inhalation susp 1 mg/2ml (Pulmicort)..... 54
budesonide tab er 24hr 9 mg (Uceris)..... 19
bumetanide tab 0.5 mg (Bumex).....47
bumetanide tab 1 mg (Bumex).....47
bumetanide tab 2 mg (Bumex).....47
BUNAVAIL – buprenorphine-naloxone buccal film 2.1-0.3 mg (base equiv)..... 86
BUNAVAIL – buprenorphine-naloxone buccal film 4.2-0.7 mg (base equiv)..... 86
BUNAVAIL – buprenorphine-naloxone buccal film 6.3-1 mg (base equiv).....86
BUPRENORPHINE – buprenorphine td patch weekly 7.5 mcg/hr..... 86
BUPRENORPHINE – buprenorphine td patch weekly 10 mcg/hr..... 86
BUPRENORPHINE – buprenorphine td patch weekly 15 mcg/hr..... 86
BUPRENORPHINE – buprenorphine td patch weekly 20 mcg/hr..... 86
buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv) (Suboxone).....87
buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv) (Suboxone).....87
buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv) (Suboxone).....87
buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv) (Suboxone).....87
buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv).....87
buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv).....87
buprenorphine hcl sl tab 2 mg (base equiv)..... 86
buprenorphine hcl sl tab 8 mg (base equiv)..... 87
buprenorphine td patch weekly 5 mcg/hr (Butrans).....87
buprenorphine td patch weekly 10 mcg/hr (Butrans)..... 87
buprenorphine td patch weekly 15 mcg/hr (Butrans)..... 87
buprenorphine td patch weekly 20 mcg/hr (Butrans)..... 87
bupropion hcl (smoking deterrent) tab er 12hr 150 mg (Zyban)..... 82
bupropion hcl tab er 12hr 100 mg (Wellbutrin sr).....67
bupropion hcl tab er 12hr 150 mg (Wellbutrin sr).....67
bupropion hcl tab er 12hr 200 mg (Wellbutrin sr).....67
bupropion hcl tab er 24hr 150 mg (Wellbutrin xl)..... 67
bupropion hcl tab er 24hr 300 mg (Wellbutrin xl)..... 67
bupropion hcl tab 75 mg..... 67
bupropion hcl tab 100 mg..... 67
BURIED TREASURE ACTIVE 55 – multiple vitamins w/ minerals liquid.....105
buspirone hcl tab 5 mg.....66
buspirone hcl tab 7.5 mg.....66
buspirone hcl tab 10 mg.....66
buspirone hcl tab 15 mg.....66
buspirone hcl tab 30 mg.....66
butalbital-acetaminophen tab 50-325 mg.....86
BUTORPHANOL TARTRATE – butorphanol tartrate inj 1 mg/ml.....87
butorphanol tartrate nasal soln 10 mg/ml..... 87
BYDUREON BCISE – exenatide extended release susp auto-injector 2 mg/0.85ml..... 23
BYDUREON PEN – exenatide extended release for susp pen-injector 2 mg..... 23
BYETTA – exenatide soln pen-injector 5 mcg/0.02ml.....23
BYETTA – exenatide soln pen-injector 10 mcg/0.04ml.....23
BYSTOLIC – nebivolol hcl tab 2.5 mg (base equivalent)..... 37
BYSTOLIC – nebivolol hcl tab 5 mg (base equivalent).....37
BYSTOLIC – nebivolol hcl tab 10 mg (base equivalent)..... 37
BYSTOLIC – nebivolol hcl tab 20 mg (base equivalent)..... 37
BYVALSON – nebivolol-valsartan tab 5-80 mg.....35

C

cabergoline tab 0.5 mg..... 30
CABLIVI – caplacizumab-yhdp for inj kit 11 mg.....115
CABOMETYX – cabozantinib s-malate tab 20 mg (base equivalent)..... 14
CABOMETYX – cabozantinib s-malate tab 40 mg (base equivalent)..... 14

CABOMETYX – cabozantinib s-malate tab 60 mg (base equivalent)..... 14
CADUET – amlodipine besylate-atorvastatin calcium tab 5-10 mg.....40
CADUET – amlodipine besylate-atorvastatin calcium tab 5-20 mg.....40
CADUET – amlodipine besylate-atorvastatin calcium tab 5-40 mg.....40
CADUET – amlodipine besylate-atorvastatin calcium tab 5-80 mg.....40
CADUET – amlodipine besylate-atorvastatin calcium tab 10-10 mg.....40
CADUET – amlodipine besylate-atorvastatin calcium tab 10-20 mg.....40
CADUET – amlodipine besylate-atorvastatin calcium tab 10-40 mg.....40
CADUET – amlodipine besylate-atorvastatin calcium tab 10-80 mg.....40
caffeine citrate oral soln 60 mg/3ml (10 mg/ml base equiv).....77
CALAMINE – calamine lotion..... 131
CALAN SR – verapamil hcl tab er 120 mg..... 40
CALAN SR – verapamil hcl tab er 180 mg..... 40
CALAN SR – verapamil hcl tab er 240 mg..... 40
CALAN – verapamil hcl tab 120 mg.....40
CALCET CREAMY BITES – calcium citrate-vitamin d chew tab 500 mg-400 unit..... 111
calcipotriene cream 0.005% (Dovonex).....132
calcipotriene oint 0.005%.....132
calcipotriene soln 0.005% (50 mcg/ml)..... 132
calcitonin (salmon) nasal soln 200 unit/act.....30
CAL-CITRATE PLUS VITAMIN D – calcium citrate-vitamin d tab 250 mg-100 unit (elemental ca)..... 110
calcitriol cap 0.25 mcg (Rocaltrol).....30
calcitriol cap 0.5 mcg (Rocaltrol).....30
calcitriol oral soln 1 mcg/ml (Rocaltrol).....30
CALCIUM/VITAMIN D – calcium carbonate-cholecalciferol cap 600 mg-400 unit..... 112
CALCIUM 1000 + D – calcium carbonate-cholecalciferol tab 1000 mg-800 unit.....112
calcium acetate (phosphate binder) cap 667 mg (169 mg ca)..... 62
calcium acetate (phosphate binder) tab 667 mg.....62
CALCIUM – calcium w/ vitamin d tab 600 mg-200 unit.....111
calcium carbonate (antacid) chew tab 400 mg.....59
calcium carbonate (antacid) chew tab 420 mg.....59
calcium carbonate (antacid) chew tab 500 mg.....59
calcium carbonate (antacid) chew tab 750 mg.....59
calcium carbonate (antacid) chew tab 1000 mg.....59
calcium carbonate (antacid) susp 1250 mg/5ml..... 59
CALCIUM CARBONATE – calcium carbonate chew tab 1250 mg (500 mg elemental ca)..... 111
calcium carbonate-cholecalciferol cap 600 mg-500 unit.....111
calcium carbonate-cholecalciferol chew tab 500 mg-100 unit..... 111
calcium carbonate-cholecalciferol chew tab 500 mg-400 unit..... 111
calcium carbonate-cholecalciferol chew tab 500 mg-600 unit..... 111
calcium carbonate-cholecalciferol tab 250 mg-125 unit.....111
calcium carbonate-cholecalciferol tab 500 mg-125 unit.....111
calcium carbonate-cholecalciferol tab 500 mg-200 unit.....111
calcium carbonate-cholecalciferol tab 500 mg-400 unit.....111
calcium carbonate-cholecalciferol tab 500 mg-600 unit.....111
calcium carbonate-cholecalciferol tab 600 mg-200 unit.....111
calcium carbonate-cholecalciferol tab 600 mg-400 unit.....111
calcium carbonate-cholecalciferol tab 600 mg-800 unit.....111
calcium carbonate tab 600 mg.....111
calcium carbonate tab 1250 mg (500 mg elemental ca)..... 111
calcium carbonate tab 1500 mg (600 mg elemental ca)..... 111
calcium carbonate-vitamin d cap 600 mg-200 unit..... 111
calcium carbonate-vitamin d chew tab 600 mg-400 unit.....111
calcium carbonate-vitamin d tab 250 mg-125 unit.....111
calcium carbonate-vitamin d tab 500 mg-125 unit.....111
calcium carbonate-vitamin d tab 500 mg-200 unit.....111
calcium carbonate-vitamin d tab 500 mg-400 unit.....111
calcium carbonate-vitamin d tab 600 mg-125 unit.....111
calcium carbonate-vitamin d tab 600 mg-200 unit.....111
calcium carbonate-vitamin d tab 600 mg-400 unit.....111
calcium carb-vit d w/ minerals chew tab 600 mg-400 unit.....111
calcium carb-vit d w/ minerals chew tab 600 mg-800 unit.....111
calcium carb-vit d w/ minerals chew tab 1200 mg-1000 unit.....111
calcium carb-vit d w/ minerals tabs 600 mg-200 unit.....111
calcium carb-vit d w/ minerals tabs 600 mg-400 unit.....111
calcium carb-vit d w/ minerals tabs 600 mg-800 unit.....111
CALCIUM CHEWS – calcium carbonate-cholecalciferol chew tab 600 mg-400 unit..... 111
CALCIUM CITRATE/VITAMIN D3 – calcium citrate-vit d liqd 1000 mg/30ml-400 unit/30ml..... 112
calcium citrate tab 950 mg (200 mg elemental ca).....111
calcium citrate-vitamin d chew tab 500 mg-500 unit.....111

calcium citrate-vitamin d tab 200 mg-250 unit (elemental ca)....112
calcium citrate-vitamin d tab 250 mg-200 unit (elemental ca)....112
calcium citrate-vitamin d tab 315 mg-200 unit (elemental ca)....112
calcium citrate-vitamin d tab 315 mg-250 unit (elemental ca)....112
CALCIUM CITRATE W/D – calcium citrate-vitamin d tab 200 mg-125 unit (elemental ca)....111
CALCIUM CITRATE W/VITAMIN D – calcium citrate-vitamin d tab 250 mg-50 unit (elemental ca)....111
calcium 500 mg w/ vitamin d tab....112
calcium 600 mg w/ vitamin d tab....112
CALCIUM PLUS VITAMIN D – calcium carbonate-vitamin d cap 300 mg-100 unit....112
CALCIUM PLUS VITAMIN D – calcium carbonate-vitamin d cap 500 mg-50 unit (base equiv)....112
calcium polycarbophil tab 625 mg....57
CAL-DAY 1000 – multiple vitamins w/ minerals tab....105
CALQUENCE – acalabrutinib cap 100 mg....14
CAL-QUICK – calcium carbonate-cholecalciferol liquid 500-400 mg-unit/5ml....110
CALTRATE 600+D3 SOFT CHEWS – calcium carbonate-cholecalciferol chew tab 600 mg-800 unit....112
CALTRATE MINIS PLUS MINERALS – calcium carb-vit d w/ minerals tabs 300 mg-800 unit....112
CANASA – mesalamine suppos 1000 mg....62
candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg (Atacand hct)....35
candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg (Atacand hct)....35
candesartan cilexetil-hydrochlorothiazide tab 32-25 mg (Atacand hct)....35
candesartan cilexetil tab 4 mg (Atacand)....35
candesartan cilexetil tab 8 mg (Atacand)....35
candesartan cilexetil tab 16 mg (Atacand)....35
candesartan cilexetil tab 32 mg (Atacand)....35
capecitabine tab 150 mg (Xeloda)....14
capecitabine tab 500 mg (Xeloda)....14
CAPRELSA – vandetanib tab 100 mg....14
CAPRELSA – vandetanib tab 300 mg....14
capsaicin cream 0.025%....132
capsaicin cream 0.075%....132
capsaicin cream 0.1%....132
CAPTOPRIL/HYDROCHLOROTHIAZIDE – captopril & hydrochlorothiazide tab 25-15 mg....32
CAPTOPRIL/HYDROCHLOROTHIAZIDE – captopril & hydrochlorothiazide tab 25-25 mg....32
CAPTOPRIL/HYDROCHLOROTHIAZIDE – captopril & hydrochlorothiazide tab 50-15 mg....33
CAPTOPRIL/HYDROCHLOROTHIAZIDE – captopril & hydrochlorothiazide tab 50-25 mg....33
captopril tab 12.5 mg....32
captopril tab 25 mg....32
captopril tab 50 mg....32
captopril tab 100 mg....32
CAPZASIN-P – capsaicin cream 0.035%....132
carbamazepine cap er 12hr 100 mg (Carbatrol)....96
carbamazepine cap er 12hr 200 mg (Carbatrol)....96
carbamazepine cap er 12hr 300 mg (Carbatrol)....96
carbamazepine chew tab 100 mg....96
carbamazepine susp 100 mg/5ml (Tegretol)....96
carbamazepine tab er 12hr 100 mg (Tegretol-xr)....96
carbamazepine tab er 12hr 200 mg (Tegretol-xr)....96
carbamazepine tab er 12hr 400 mg (Tegretol-xr)....96
carbamazepine tab 200 mg (Tegretol)....96
carbamide peroxide 6.5% otic soln....126
CARBATROL – carbamazepine cap er 12hr 100 mg....96
CARBATROL – carbamazepine cap er 12hr 200 mg....96
CARBATROL – carbamazepine cap er 12hr 300 mg....96
carbidopa & levodopa orally disintegrating tab 10-100 mg....101
carbidopa & levodopa orally disintegrating tab 25-100 mg....101
carbidopa & levodopa orally disintegrating tab 25-250 mg....101
carbidopa & levodopa tab er 25-100 mg (Sinemet cr)....101
carbidopa & levodopa tab er 50-200 mg (Sinemet cr)....101
carbidopa & levodopa tab 10-100 mg (Sinemet)....101
carbidopa & levodopa tab 25-100 mg (Sinemet)....101
carbidopa & levodopa tab 25-250 mg (Sinemet)....101
carboxymethylcellulose sodium ophth soln 0.5%....125
carboxymethylcellulose sodium (pf) ophth soln 0.5%....125
CARDIZEM CD – diltiazem hcl coated beads cap er 24hr 120 mg....40
CARDIZEM CD – diltiazem hcl coated beads cap er 24hr 180 mg....40
CARDIZEM CD – diltiazem hcl coated beads cap er 24hr 240 mg....40
CARDIZEM CD – diltiazem hcl coated beads cap er 24hr 300 mg....40
CARDIZEM CD – diltiazem hcl coated beads cap er 24hr 360 mg....40
CARDIZEM – diltiazem hcl tab 30 mg....40
CARDIZEM – diltiazem hcl tab 60 mg....40
CARDIZEM – diltiazem hcl tab 120 mg....40
CARDIZEM LA – diltiazem hcl coated beads tab er 24hr 120 mg....40
CARDIZEM LA – diltiazem hcl coated beads tab er 24hr 180 mg....40
CARDIZEM LA – diltiazem hcl coated beads tab er 24hr 240 mg....41
CARDIZEM LA – diltiazem hcl coated beads tab er 24hr 300 mg....41
CARDIZEM LA – diltiazem hcl coated beads tab er 24hr 360 mg....41
CARDIZEM LA – diltiazem hcl coated beads tab er 24hr 420 mg....41

CARDURA – doxazosin mesylate tab 1 mg..... 48
CARDURA – doxazosin mesylate tab 2 mg..... 48
CARDURA – doxazosin mesylate tab 4 mg..... 48
CARDURA – doxazosin mesylate tab 8 mg..... 48
CARDURA XL – doxazosin mesylate tab er 24 hr 4 mg (base equiv).....66
CARDURA XL – doxazosin mesylate tab er 24 hr 8 mg (base equiv).....66
CARTEOLOL HCL – carteolol hcl ophth soln 1%..... 124
carteolol hcl ophth soln 1%..... 124
carvedilol phosphate cap er 24hr 10 mg (Coreg cr)..... 37
carvedilol phosphate cap er 24hr 20 mg (Coreg cr)..... 37
carvedilol phosphate cap er 24hr 40 mg (Coreg cr)..... 37
carvedilol phosphate cap er 24hr 80 mg (Coreg cr)..... 37
carvedilol tab 3.125 mg (Coreg).....37
carvedilol tab 6.25 mg (Coreg).....37
carvedilol tab 12.5 mg (Coreg).....37
carvedilol tab 25 mg (Coreg).....37
CAYA – diaphragm arc-spring..... 21
CAYSTON – aztreonam lysine for inhal soln 75 mg (base equivalent)..... 11
cefaclor cap 250 mg..... 2
cefaclor cap 500 mg..... 2
CEFACLOR – cefaclor for susp 125 mg/5ml..... 2
CEFACLOR – cefaclor for susp 250 mg/5ml..... 2
CEFACLOR – cefaclor for susp 375 mg/5ml..... 2
CEFACLOR ER – cefaclor monohydrate tab er 12hr 500 mg..... 2
cefadroxil cap 500 mg..... 2
cefadroxil for susp 250 mg/5ml..... 2
cefadroxil for susp 500 mg/5ml..... 3
cefadroxil tab 1 gm.....3
CEFAZOLIN SODIUM – cefazolin sodium for inj 20 gm..... 3
cefdinir cap 300 mg..... 3
cefdinir for susp 125 mg/5ml..... 3
cefdinir for susp 250 mg/5ml..... 3
cefixime cap 400 mg (Suprax).....3
cefixime for susp 100 mg/5ml (Suprax)..... 3
cefixime for susp 200 mg/5ml (Suprax)..... 3
cefpodoxime proxetil for susp 50 mg/5ml..... 3
cefpodoxime proxetil for susp 100 mg/5ml..... 3
cefpodoxime proxetil tab 100 mg..... 3
cefpodoxime proxetil tab 200 mg..... 3
cefprozil for susp 125 mg/5ml.....3
cefprozil for susp 250 mg/5ml.....3
cefprozil tab 250 mg..... 3
cefprozil tab 500 mg..... 3
CEFTIN – cefuroxime axetil for susp 125 mg/5ml..... 3
CEFTIN – cefuroxime axetil for susp 250 mg/5ml..... 3
cefuroxime axetil tab 250 mg..... 3
cefuroxime axetil tab 500 mg..... 3
CELEBREX – celecoxib cap 50 mg.....92
CELEBREX – celecoxib cap 100 mg.....92
CELEBREX – celecoxib cap 200 mg.....92
CELEBREX – celecoxib cap 400 mg.....92
celecoxib cap 50 mg (Celebrex).....92
celecoxib cap 100 mg (Celebrex).....92
celecoxib cap 200 mg (Celebrex).....92
celecoxib cap 400 mg (Celebrex).....92
CELEXA – citalopram hydrobromide tab 10 mg (base equiv)..... 67
CELEXA – citalopram hydrobromide tab 20 mg (base equiv)..... 67
CELEXA – citalopram hydrobromide tab 40 mg (base equiv)..... 67
CELLCEPT – mycophenolate mofetil cap 250 mg.....138
CELLCEPT – mycophenolate mofetil for oral susp 200 mg/ml.....138
CELLCEPT – mycophenolate mofetil tab 500 mg..... 138
CELLULAR SECURITY – multiple vitamins w/ minerals cap.....105
CELONTIN – methsuximide cap 300 mg.....96
CENTANY AT – mupirocin oint kit 2%..... 129
CENTANY – mupirocin oint 2%.....129
CENTRAVITES ADULTS – multiple vitamins w/ minerals tab..... 105
CENTRAVITES 50 PLUS – multiple vitamins w/ minerals tab..... 105
CENTRUM CARDIO – multiple vitamins w/ minerals tab..... 105
CENTRUM KIDS – pediatric multiple vitamin w/ minerals & c chew tab..... 105
CENTRUM MEN – multiple vitamins w/ minerals tab..... 105
CENTRUM SILVER 50+MEN – multiple vitamins w/ minerals tab.....105
CENTRUM SILVER ULTRA WOMENS – multiple vitamins w/ minerals tab.....105
CENTRUM SPECIALIST HEART – multiple vitamins w/ minerals tab.....105
CENTRUM SPECIALIST IMMUNE SUPPORT – multiple vitamins w/ minerals tab..... 105
CENTRUM SPECIALIST VISION – multiple vitamins w/ minerals tab.....105
CENTRUM ULTRA WOMENS – multiple vitamins w/ minerals tab.....105
cephalexin cap 250 mg (Keflex).....3
cephalexin cap 500 mg (Keflex).....3
cephalexin cap 750 mg (Keflex).....3
cephalexin for susp 125 mg/5ml.....3
cephalexin for susp 250 mg/5ml.....3
CERASPORT EX1 – oral electrolyte solution.....112
CERASPORT – oral electrolyte solution.....112
CERTAVITE SENIOR/ANTIOXIDANT NUTRIENTS – multiple vitamins w/ minerals tab.....105
CESAMET – nabilone cap 1 mg.....61
cetirizine hcl chew tab 5 mg..... 50
cetirizine hcl chew tab 10 mg..... 50
cetirizine hcl oral soln 1 mg/ml (5 mg/5ml)..... 50
cetirizine hcl syrup 1 mg/ml (5 mg/5ml).....50
cetirizine hcl tab 5 mg.....50
cetirizine hcl tab 10 mg.....50
cetirizine-pseudoephedrine tab er 12hr 5-120 mg..... 52

CETRAXAL – ciprofloxacin hcl otic soln 0.2% (base equivalent)..... 126
cevimeline hcl cap 30 mg (Evoxac).....126
CHANTIX CONTINUING MONTH – varenicline tartrate tab 1 mg (base equiv).....82
CHANTIX STARTING MONTH PAK – varenicline tartrate tab 0.5 mg x 11 & tab 1 mg x 42 pack.....82
CHANTIX – varenicline tartrate tab 0.5 mg (base equiv)..... 82
CHANTIX – varenicline tartrate tab 1 mg (base equiv).....82
charcoal activated for oral susp.....138
charcoal activated liq..... 138
CHEMET – succimer cap 100 mg.....138
CHEMSTRIP-K – acetone (urine) test strip..... 134
CHEMSTRIP MICRAL – albumin (urine) test strip.....134
CHENODAL – chenodiol tab 250 mg.....62
chlordiazepoxide hcl cap 5 mg.....66
chlordiazepoxide hcl cap 10 mg.....66
chlordiazepoxide hcl cap 25 mg.....66
chlorhexidine gluconate liquid 4%..... 129
chlorhexidine gluconate soln 0.12% (Peridex).....126
CHLOROQUINE PHOSPHATE – chloroquine phosphate tab 250 mg..... 10
chloroquine phosphate tab 500 mg.....10
CHLOROTHIAZIDE – chlorothiazide tab 500 mg.....47
chlorothiazide tab 500 mg..... 47
chlorpheniramine maleate syrup 2 mg/5ml..... 50
chlorpheniramine maleate tab 4 mg.....50
chlorpromazine hcl tab 10 mg..... 71
chlorpromazine hcl tab 25 mg..... 71
chlorpromazine hcl tab 50 mg..... 71
chlorpromazine hcl tab 100 mg..... 71
chlorpromazine hcl tab 200 mg..... 71
chlorthalidone tab 25 mg.....47
chlorthalidone tab 50 mg.....47
CHLORZOXAZONE – chlorzoxazone tab 500 mg..... 103
CHOICEFUL MULTIVITAMIN – multiple vitamins w/ minerals cap..... 105
cholecalciferol cap 10 mcg (400 unit)..... 103
cholecalciferol cap 25 mcg (1000 unit)..... 103
cholecalciferol cap 50 mcg (2000 unit)..... 104
cholecalciferol cap 125 mcg (5000 unit)..... 104
cholecalciferol cap 1.25 mg (50000 unit)..... 104
cholecalciferol oral liquid 10 mcg/ml (400 unit/ml).....104
cholecalciferol tab 10 mcg (400 unit).....104
cholecalciferol tab 25 mcg (1000 unit).....104
cholestyramine light powder 4 gm/dose (Questran light).....44
cholestyramine light powder packets 4 gm..... 44
cholestyramine powder 4 gm/dose (Questran).....44
cholestyramine powder packets 4 gm (Questran).....44
choline fenofibrate cap dr 45 mg (fenofibric acid equiv) (Trilipix).....44
choline fenofibrate cap dr 135 mg (fenofibric acid equiv) (Trilipix).....44
ciclopirox gel 0.77%..... 129
ciclopirox olamine cream 0.77% (base equiv) (Loprox).....129
ciclopirox olamine susp 0.77% (base equiv) (Loprox).....129
ciclopirox shampoo 1% (Loprox shampoo)..... 129
ciclopirox solution 8% (Penlac Nail Lacquer)..... 129
cilostazol tab 50 mg..... 115
cilostazol tab 100 mg..... 115
CILOXAN – ciprofloxacin hcl ophth oint 0.3%.....122
CILOXAN – ciprofloxacin hcl ophth soln 0.3% (base equivalent)..... 122
CIMETIDINE HCL – cimetidine hcl soln 300 mg/5ml.....59
CIMZIA – certolizumab pegol inj kit 2 x 200 mg/ml.....62
CIMZIA STARTER KIT – certolizumab pegol inj kit 6 x 200 mg/ml.....62
cinacalcet hcl tab 30 mg (base equiv) (Sensipar)..... 30
cinacalcet hcl tab 60 mg (base equiv) (Sensipar)..... 30
cinacalcet hcl tab 90 mg (base equiv) (Sensipar)..... 30
CINRYZE – c1 esterase inhibitor (human) for iv inj 500 unit.....115
CIPRO – ciprofloxacin for oral susp 250 mg/5ml (5%) (5 gm/100ml)..... 4
CIPRO – ciprofloxacin for oral susp 500 mg/5ml (10%) (10 gm/100ml)..... 4
CIPRO – ciprofloxacin hcl tab 250 mg (base equiv)..... 4
CIPRO – ciprofloxacin hcl tab 500 mg (base equiv)..... 4
CIPRODEX – ciprofloxacin-dexamethasone otic susp 0.3-0.1%.....126
CIPROFLOXACIN – ciprofloxacin hcl otic soln 0.2% (base equivalent)..... 126
CIPROFLOXACIN ER – ciprofloxacin-ciprofloxacin hcl tab er 24hr 1000 mg(base eq).....4
CIPROFLOXACIN ER – ciprofloxacin-ciprofloxacin hcl tab er 24hr 500 mg (base eq).....4
ciprofloxacin for oral susp 250 mg/5ml (5%) (5 gm/100ml)..... 4
ciprofloxacin for oral susp 500 mg/5ml (10%) (10 gm/100ml) (Cipro).....5
CIPROFLOXACIN HCL – ciprofloxacin hcl tab 100 mg (base equiv).....5
ciprofloxacin hcl ophth soln 0.3% (base equivalent) (Ciloxan).....122
ciprofloxacin hcl tab 750 mg (base equiv).....5
ciprofloxacin hcl tab 250 mg (base equiv) (Cipro).....5
ciprofloxacin hcl tab 500 mg (base equiv) (Cipro).....5
CIPRO HC – ciprofloxacin-hydrocortisone otic susp 0.2-1%.....126
citalopram hydrobromide oral soln 10 mg/5ml..... 67
citalopram hydrobromide tab 10 mg (base equiv) (Celexa)..... 67
citalopram hydrobromide tab 20 mg (base equiv) (Celexa)..... 67
citalopram hydrobromide tab 40 mg (base equiv) (Celexa)..... 67
CLARINEX – desloratadine syrup 0.5 mg/ml.....50
CLARINEX – desloratadine tab 5 mg..... 50

CLARINEX-D 12 HOUR – desloratadine & pseudoephedrine tab er 12hr 2.5-120 mg.....52
CLARITHROMYCIN – clarithromycin for susp 125 mg/5ml.....3
CLARITHROMYCIN – clarithromycin for susp 250 mg/5ml.....3
clarithromycin tab er 24hr 500 mg..... 3
clarithromycin tab 250 mg.....3
clarithromycin tab 500 mg.....3
CLASSIC PRENATAL – prenatal vit w/ fe fumarate-fa tab 28-0.8 mg..... 105
CLEMASTINE FUMARATE – clemastine fumarate tab 2.68 mg.....50
CLEOCIN-T – clindamycin phosphate gel 1%..... 127
CLEOCIN-T – clindamycin phosphate lotion 1%..... 127
CLINDACIN PAC – clindamycin phosphate swab 1% & cleanser kit..... 127
CLINDAGEL – clindamycin phosphate gel 1%..... 127
clindamycin hcl cap 75 mg (Cleocin).....11
clindamycin hcl cap 150 mg (Cleocin).....11
clindamycin hcl cap 300 mg (Cleocin).....11
clindamycin palmitate hcl for soln 75 mg/5ml (base equiv) (Cleocin pediatric gr).....11
clindamycin phosphate-benzoyl peroxide gel 1.2-2.5% (Acanya).....128
clindamycin phosphate-benzoyl peroxide gel 1-5% (Benzaclin).....128
clindamycin phosphate-benzoyl peroxide gel 1-5% (Benzaclin Pump)..... 128
clindamycin phosphate foam 1% (Evoclin)..... 128
clindamycin phosphate gel 1% (Cleocin-t).....128
clindamycin phosphate lotion 1% (Cleocin-t)..... 128
clindamycin phosphate soln 1% (Cleocin-t).....128
clindamycin phosphate swab 1% (Cleocin-t)..... 128
clindamycin phosphate-tretinoin gel 1.2-0.025% (Ziana)..... 128
clindamycin phosphate vaginal cream 2% (Cleocin).....65
clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5% (Duac).....127
CLINDAMYCIN PHOSPH-BENZOYL PEROXIDE (REFRIG) GEL 1.2 (1)-5% (Neuac).....127
CLINICAL NUTRIENTS ANTIOXIDANT – multiple vitamins w/ minerals cap..... 105
CLINICAL NUTRIENTS FOR FEMALE TEENS – multiple vitamins w/ minerals tab..... 105
CLINICAL NUTRIENTS FOR MALE TEENS – multiple vitamins w/ minerals tab..... 105
CLINICAL NUTRIENTS FOR MEN – multiple vitamins w/ minerals tab..... 105
CLINICAL NUTRIENTS FOR WOMEN – multiple vitamins w/ minerals tab..... 105
CLINICAL NUTRIENTS 50-PLUS MEN – multiple vitamins w/ minerals tab..... 105
CLINICAL NUTRIENTS 45-PLUS WOMEN – multiple vitamins w/ minerals tab..... 105
clobazam suspension 2.5 mg/ml (Onfi).....96
clobazam tab 10 mg (Onfi)..... 96
clobazam tab 20 mg (Onfi)..... 96
clobetasol propionate cream 0.05% (Temovate).....130
clobetasol propionate emollient base cream 0.05%..... 130
clobetasol propionate gel 0.05%.....130
clobetasol propionate oint 0.05% (Temovate).....130
clobetasol propionate shampoo 0.05% (Clobex)..... 131
clobetasol propionate soln 0.05%..... 131
clonazepam orally disintegrating tab 0.125 mg..... 96
clonazepam orally disintegrating tab 0.25 mg..... 96
clonazepam orally disintegrating tab 0.5 mg..... 96
clonazepam orally disintegrating tab 1 mg..... 96
clonazepam orally disintegrating tab 2 mg..... 96
clonazepam tab 0.5 mg (Klonopin).....96
clonazepam tab 1 mg (Klonopin).....96
clonazepam tab 2 mg (Klonopin).....96
clonidine hcl tab er 12hr 0.1 mg (Kapvay).....77
clonidine hcl tab 0.1 mg (Catapres)..... 48
clonidine hcl tab 0.2 mg (Catapres)..... 48
clonidine hcl tab 0.3 mg (Catapres)..... 48
clonidine td patch weekly 0.1 mg/24hr (Catapres-tts-1).....48
clonidine td patch weekly 0.2 mg/24hr (Catapres-tts-2).....48
clonidine td patch weekly 0.3 mg/24hr (Catapres-tts-3).....48
clopidogrel bisulfate tab 300 mg (base equiv).....115
clopidogrel bisulfate tab 75 mg (base equiv) (Plavix)..... 115
clotrimazole cream 1%.....129
clotrimazole soln 1%..... 129
clotrimazole troche 10 mg.....126
clotrimazole vaginal cream 1%..... 65
clotrimazole vaginal cream 2%..... 65
clotrimazole w/ betamethasone cream 1-0.05% (Lotrisone)..... 129
CLOZAPINE ODT – clozapine orally disintegrating tab 12.5 mg.....71
CLOZAPINE ODT – clozapine orally disintegrating tab 150 mg..... 71
CLOZAPINE ODT – clozapine orally disintegrating tab 200 mg..... 71
clozapine orally disintegrating tab 25 mg (Fazaclo).....71
clozapine orally disintegrating tab 100 mg (Fazaclo).....71
clozapine tab 50 mg..... 71
clozapine tab 200 mg..... 71
clozapine tab 25 mg (Clozaril).....71
clozapine tab 100 mg (Clozaril).....71
CLOZARIL – clozapine tab 25 mg..... 71
CLOZARIL – clozapine tab 50 mg..... 71
CLOZARIL – clozapine tab 100 mg..... 71
CLOZARIL – clozapine tab 200 mg..... 71

COAGADEX – coagulation factor x (human) for inj 250 unit....115
COAGADEX – coagulation factor x (human) for inj 500 unit....115
coal tar shampoo 0.5%.... 132
coal tar shampoo 1%.... 132
CODEINE SULFATE – codeine sulfate tab 15 mg....87
CODEINE SULFATE – codeine sulfate tab 60 mg....87
codeine sulfate tab 60 mg.... 87
codeine sulfate tab 30 mg (Codeine sulfate)....87
COLAZAL – balsalazide disodium cap 750 mg.... 62
COLCHICINE – colchicine cap 0.6 mg.... 96
colchicine w/ probenecid tab 0.5-500 mg.... 96
colesevelam hcl packet for susp 3.75 gm (Welchol).... 44
colesevelam hcl tab 625 mg (Welchol).... 44
COLESTID – colestipol hcl granules 5 gm.... 44
COLESTID – colestipol hcl tab 1 gm.... 44
COLESTID FLAVORED – colestipol hcl granules 5 gm.... 44
colestipol hcl granules 5 gm (Colestid flavored).... 44
colestipol hcl tab 1 gm (Colestid)....44
colistimethate sod for inj 150 mg (colistin base activity) (Coly-mycin m).... 11
COMBIGAN – brimonidine tartrate-timolol maleate ophth soln 0.2-0.5%....124
COMBIPATCH – estradiol-norethindrone ace td pttw 0.05-0.14 mg/day.... 21
COMBIPATCH – estradiol-norethindrone ace td pttw 0.05-0.25 mg/day.... 21
COMBIVENT RESPIMAT – ipratropium-albuterol inhal aerosol soln 20-100 mcg/act.... 54
COMETRIQ – cabozantinib s-malate cap 3 x 20 mg (60 mg dose) kit....14
COMETRIQ – cabozantinib s-mal cap 1 x 80 mg & 1 x 20 mg (100 dose) kit....14
COMETRIQ – cabozantinib s-mal cap 1 x 80 mg & 3 x 20 mg (140 dose) kit....14
COMPLERA – emtricitabine-rilpivirine-tenofovir df tab 200-25-300 mg.... 8
CONCERTA – methylphenidate hcl tab er osmotic release (osm) 18 mg....77
CONCERTA – methylphenidate hcl tab er osmotic release (osm) 27 mg....77
CONCERTA – methylphenidate hcl tab er osmotic release (osm) 36 mg....77
CONCERTA – methylphenidate hcl tab er osmotic release (osm) 54 mg....77
CONTOUR BLOOD GLUCOSE MONITORING SYSTEM – blood glucose monitoring devices.... 134
CONTOUR BLOOD GLUCOSE TEST STRIPS – glucose blood test strip....134
CONTOUR HIGH CONTROL – blood glucose calibration - liquid - high....134
CONTOUR LOW CONTROL – blood glucose calibration - liquid - low.... 134
CONTOUR NEXT BLOOD GLUCOSE MONITORING SYSTEM – blood glucose monitoring kit w/ device....134
CONTOUR NEXT BLOOD GLUCOSE TEST STRIP – glucose blood test strip....134
CONTOUR NEXT CONTROL LEVEL 1 – blood glucose calibration - liquid - low....134
CONTOUR NEXT CONTROL LEVEL 2 – blood glucose calibration - liquid - normal.... 134
CONTOUR NEXT EZ BLOOD GLUCOSE MONITORING SYSTEM – blood glucose monitoring kit w/ device....134
CONTOUR NEXT ONE BLOOD GLUCOSE MONITORING SYSTEM – blood glucose monitoring kit....134
CONTOUR NORMAL CONTROL – blood glucose calibration - liquid - normal.... 134
COOL BOTTOMS – dimethicone cream 1%.... 132
COPAXONE – glatiramer acetate soln prefilled syringe 20 mg/ml....81
COPAXONE – glatiramer acetate soln prefilled syringe 40 mg/ml....81
COPIKTRA – duvelisib cap 15 mg....14
COPIKTRA – duvelisib cap 25 mg....14
COREG – carvedilol tab 3.125 mg....37
COREG – carvedilol tab 6.25 mg....37
COREG – carvedilol tab 12.5 mg....37
COREG – carvedilol tab 25 mg....37
COREG CR – carvedilol phosphate cap er 24hr 10 mg.... 37
COREG CR – carvedilol phosphate cap er 24hr 20 mg.... 37
COREG CR – carvedilol phosphate cap er 24hr 40 mg.... 37
COREG CR – carvedilol phosphate cap er 24hr 80 mg.... 38
CORGARD – nadolol tab 20 mg....38
CORGARD – nadolol tab 40 mg....38
CORGARD – nadolol tab 80 mg....38
CORZIDE – nadolol & bendroflumethiazide tab 40-5 mg.... 38
CORZIDE – nadolol & bendroflumethiazide tab 80-5 mg.... 38
COSENTYX – secukinumab subcutaneous pref syr 150 mg/ml (300 mg dose)....132
COSENTYX – secukinumab subcutaneous soln prefilled syringe 150 mg/ml....132
COSENTYX SENSOREADY PEN – secukinumab subcutaneous auto-inj 150 mg/ml (300 mg dose).... 132
COSENTYX SENSOREADY PEN – secukinumab subcutaneous soln auto-injector 150 mg/ml....132
COSOPT – dorzolamide hcl-timolol maleate ophth soln 22.3-6.8 mg/ml....124
COSOPT PF – dorzolamide hcl-timolol maleate ophth sol 22.3-6.8 mg/ml pf.... 124
COTELLIC – cobimetinib fumarate tab 20 mg (base equivalent).... 14

COTEMPLA XR-ODT – methylphenidate tab extended release disintegrating 8.6 mg.... 78
COTEMPLA XR-ODT – methylphenidate tab extended release disintegrating 17.3 mg.... 78
COTEMPLA XR-ODT – methylphenidate tab extended release disintegrating 25.9 mg.... 78
COUMADIN – warfarin sodium tab 1 mg....115
COUMADIN – warfarin sodium tab 2 mg....115
COUMADIN – warfarin sodium tab 2.5 mg....115
COUMADIN – warfarin sodium tab 3 mg....115
COUMADIN – warfarin sodium tab 4 mg....115
COUMADIN – warfarin sodium tab 5 mg....115
COUMADIN – warfarin sodium tab 6 mg....115
COUMADIN – warfarin sodium tab 7.5 mg....115
COUMADIN – warfarin sodium tab 10 mg....115
COZAAR – losartan potassium tab 25 mg....35
COZAAR – losartan potassium tab 50 mg....35
COZAAR – losartan potassium tab 100 mg....35
CREON – pancrelipase (lip-prot-amyl) dr cap 3000-9500-15000 unit....61
CREON – pancrelipase (lip-prot-amyl) dr cap 6000-19000-30000 unit....61
CREON – pancrelipase (lip-prot-amyl) dr cap 12000-38000-60000 unit....61
CREON – pancrelipase (lip-prot-amyl) dr cap 24000-76000-120000 unit....61
CREON – pancrelipase (lip-prot-amyl) dr cap 36000-114000-180000 unit....61
CRESEMBA – isavuconazonium sulfate cap 186 mg....5
CRESTOR – rosuvastatin calcium tab 5 mg....44
CRESTOR – rosuvastatin calcium tab 10 mg....44
CRESTOR – rosuvastatin calcium tab 20 mg....44
CRESTOR – rosuvastatin calcium tab 40 mg....44
CRIXIVAN – indinavir sulfate cap 200 mg.... 8
CRIXIVAN – indinavir sulfate cap 400 mg.... 8
cromolyn sodium nasal aerosol soln 5.2 mg/act (4%)....51
cromolyn sodium ophth soln 4%....125
CUTAQUIG – immune globulin (human)-hipp subcutaneous inj 1 gm/6ml....12
CUTAQUIG – immune globulin (human)-hipp subcutaneous inj 1.65 gm/10ml....12
CUTAQUIG – immune globulin (human)-hipp subcutaneous inj 2 gm/12ml....12
CUTAQUIG – immune globulin (human)-hipp subcutaneous inj 3.3 gm/20ml....12
CUTAQUIG – immune globulin (human)-hipp subcutaneous inj 4 gm/24ml....12
CUTAQUIG – immune globulin (human)-hipp subcutaneous inj 8 gm/48ml....12
CUVITRU – immune globulin (human) subcutaneous inj 1 gm/5ml.... 12
CUVITRU – immune globulin (human) subcutaneous inj 2 gm/10ml.... 13
CUVITRU – immune globulin (human) subcutaneous inj 4 gm/20ml.... 13
CUVITRU – immune globulin (human) subcutaneous inj 8 gm/40ml.... 13
CUVITRU – immune globulin (human) subcutaneous inj 10 gm/50ml....13
CVS DAIRY RELIEF EXTRA ST – lactase tab 4500 unit....61
CVS GLUCOSE.... 24
CVS ONE DAILY MENS 50+ ADVANCED – multiple vitamins w/ minerals tab.... 105
CVS PRENATAL – prenatal vit w/ fe fumarate-fa tab 27-0.8 mg.... 105
CVS PRENATAL – prenatal vit w/ fe fumarate-fa tab 28-0.8 mg.... 105
CVS SOFT GLUCOSE – glucose chew tab 4 gm.... 23
CVS SPECTRAVITE ADULT 50+ – multiple vitamins w/ minerals tab....105
CVS SPECTRAVITE ULTRA MEN – multiple vitamins w/ minerals tab....106
CVS SPECTRAVITE ULTRA WOMENS HEALTH – multiple vitamins w/ minerals tab....106
cyanocobalamin inj 1000 mcg/ml.... 115
cyanocobalamin tab er 1000 mcg....115
cyanocobalamin tab 100 mcg.... 115
cyanocobalamin tab 250 mcg.... 115
cyanocobalamin tab 500 mcg.... 115
cyanocobalamin tab 1000 mcg.... 115
cyclobenzaprine hcl tab 5 mg....103
cyclobenzaprine hcl tab 10 mg....103
cyclopentolate hcl ophth soln 0.5% (Cyclogyl)....125
cyclopentolate hcl ophth soln 1% (Cyclogyl)....125
cyclopentolate hcl ophth soln 2% (Cyclogyl)....125
cyclophosphamide cap 25 mg (Cyclophosphamide).... 14
cyclophosphamide cap 50 mg (Cyclophosphamide).... 14
cyclosporine cap 25 mg (Sandimmune).... 138
cyclosporine cap 100 mg (Sandimmune).... 138
cyclosporine modified cap 50 mg.... 138
cyclosporine modified cap 25 mg (Neoral)....138
cyclosporine modified cap 100 mg (Neoral)....138
cyclosporine modified oral soln 100 mg/ml (Neoral)....138
CYMBALTA – duloxetine hcl enteric coated pellets cap 20 mg (base eq)....67
CYMBALTA – duloxetine hcl enteric coated pellets cap 30 mg (base eq)....67
CYMBALTA – duloxetine hcl enteric coated pellets cap 60 mg (base eq)....67
cyproheptadine hcl syrup 2 mg/5ml....51
cyproheptadine hcl tab 4 mg.... 51
CYSTADANE – betaine powder for oral solution....30
CYSTAGON – cysteamine bitartrate cap 50 mg....66
CYSTAGON – cysteamine bitartrate cap 150 mg....66
CYTARABINE – cytarabine inj 20 mg/ml.... 14

D

DAKLINZA – daclatasvir dihydrochloride tab 30 mg (base equivalent)....6
DAKLINZA – daclatasvir dihydrochloride tab 60 mg (base equivalent)....6
DAKLINZA – daclatasvir dihydrochloride tab 90 mg (base equivalent)....6
dalfampridine tab er 12hr 10 mg (Ampyra)....81
DALIRESP – roflumilast tab 250 mcg....54
DALIRESP – roflumilast tab 500 mcg....54
danazol cap 50 mg....20
danazol cap 100 mg....20
danazol cap 200 mg....20
dantrolene sodium cap 25 mg (Dantrium)....103
dantrolene sodium cap 50 mg (Dantrium)....103
dapsone gel 5% (Aczone)....128
dapsone tab 25 mg....11
dapsone tab 100 mg....11
DARAPRIM – pyrimethamine tab 25 mg....10
darifenacin hydrobromide tab er 24hr 7.5 mg (base equiv) (Enablex)....64
darifenacin hydrobromide tab er 24hr 15 mg (base equiv) (Enablex)....64
DAURISMO – glasdegib maleate tab 25 mg (base equivalent)....14
DAURISMO – glasdegib maleate tab 100 mg (base equivalent)....14
DAXBIA – cephalexin cap 333 mg....3
DAYTRANA – methylphenidate td patch 10 mg/9hr....78
DAYTRANA – methylphenidate td patch 15 mg/9hr....78
DAYTRANA – methylphenidate td patch 20 mg/9hr....78
DAYTRANA – methylphenidate td patch 30 mg/9hr....78
DECUBI-VITE – multiple vitamins w/ minerals cap....106
deferasirox tab for oral susp 125 mg (Exjade)....138
deferasirox tab for oral susp 250 mg (Exjade)....138
deferasirox tab for oral susp 500 mg (Exjade)....138
deferasirox tab 90 mg (Jadenu)....138
deferasirox tab 360 mg (Jadenu)....138
DEKAS PLUS – multiple vitamins w/ minerals cap....106
DELSTRIGO – doravirine-lamivudine-tenofovir df tab 100-300-300 mg....8
DELZICOL – mesalamine cap dr 400 mg....62
demeclocycline hcl tab 150 mg....4
demeclocycline hcl tab 300 mg....4
DENAVIR – penciclovir cream 1%....129
DEPAKENE – valproate sodium oral soln 250 mg/5ml (base equiv)....96
DEPAKENE – valproic acid cap 250 mg....97
DEPAKOTE – divalproex sodium tab delayed release 125 mg....97
DEPAKOTE – divalproex sodium tab delayed release 250 mg....97
DEPAKOTE – divalproex sodium tab delayed release 500 mg....97
DEPAKOTE ER – divalproex sodium tab er 24 hr 250 mg....97
DEPAKOTE ER – divalproex sodium tab er 24 hr 500 mg....97
DEPAKOTE SPRINKLES – divalproex sodium cap delayed release sprinkle 125 mg....97
DEPEN TITRATABS – penicillamine tab 250 mg....138
DEPO-PROVERA – medroxyprogesterone acetate im susp 400 mg/ml....14
DERMACINRX TICANASE PAK – fluticasone nasal susp 50 mcg/act &sod chlor 2.7% spray thpk....52
DERMAVITE – multiple vitamins w/ minerals tab....106
DESCOVY – emtricitabine-tenofovir alafenamide fumarate tab 200-25 mg....8
desipramine hcl tab 50 mg....67
desipramine hcl tab 75 mg....67
desipramine hcl tab 100 mg....67
desipramine hcl tab 150 mg....67
desipramine hcl tab 10 mg (Norpramin)....67
desipramine hcl tab 25 mg (Norpramin)....67
DESLORATADINE ODT – desloratadine tab orally disintegrating 2.5 mg....51
DESLORATADINE ODT – desloratadine tab orally disintegrating 5 mg....51
desloratadine tab 5 mg (Clarinex)....51
desmopressin acetate inj 4 mcg/ml (Ddavp)....30
desmopressin acetate nasal spray soln 0.01% (Ddavp)....30
desmopressin acetate nasal spray soln 0.01% (refrigerated)....31
desmopressin acetate tab 0.1 mg (Ddavp)....31
desmopressin acetate tab 0.2 mg (Ddavp)....31
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5) (Mircette)....21
desogest-ethin est tab 0.1-0.025/0.125-0.025/0.15-0.025mg-mg....21
desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg....21
desonide cream 0.05% (Desowen)....131
desonide oint 0.05%....131
desoximetasone cream 0.25% (Topicort)....131
desoximetasone gel 0.05% (Topicort)....131
DESVENLAFAXINE ER – desvenlafaxine tab er 24hr 50 mg....67
DESVENLAFAXINE ER – desvenlafaxine tab er 24hr 100 mg....67
desvenlafaxine succinate tab er 24hr 25 mg (base equiv) (Pristiq)....67
desvenlafaxine succinate tab er 24hr 50 mg (base equiv) (Pristiq)....67
desvenlafaxine succinate tab er 24hr 100 mg (base equiv) (Pristiq)....67
DETROL LA – tolterodine tartrate cap er 24hr 2 mg....64
DETROL LA – tolterodine tartrate cap er 24hr 4 mg....64
DETROL – tolterodine tartrate tab 1 mg....64
DETROL – tolterodine tartrate tab 2 mg....64

DEXAMETHASONE – dexamethasone soln 0.5 mg/5ml..... 19
DEXAMETHASONE – dexamethasone tab 1 mg.....19
DEXAMETHASONE – dexamethasone tab 2 mg.....19
dexamethasone elixir 0.5 mg/5ml..... 19
DEXAMETHASONE SODIUM PHOSPHATE – dexamethasone sodium phosphate ophth soln 0.1%..... 123
dexamethasone tab 0.5 mg..... 19
dexamethasone tab 0.75 mg..... 19
dexamethasone tab 1.5 mg..... 19
dexamethasone tab 4 mg..... 19
dexamethasone tab 6 mg..... 19
DEXCOM G5 MOBILE/G4 PLATI – continuous blood glucose system sensor..... 134
DEXCOM G5 MOBILE RECEIVER – continuous blood glucose system receiver..... 134
DEXCOM G5 MOBILE TRANSMITTER – continuous blood glucose system transmitter.....134
DEXCOM G6 RECEIVER – continuous blood glucose system receiver..... 134
DEXCOM G5 RECEIVER KIT – continuous blood glucose system receiver..... 134
DEXCOM G6 SENSOR – continuous blood glucose system sensor..... 134
DEXCOM G6 TRANSMITTER – continuous blood glucose system transmitter.....135
DEXEDRINE – dextroamphetamine sulfate cap er 24hr 5 mg..... 78
DEXEDRINE – dextroamphetamine sulfate cap er 24hr 10 mg..... 78
DEXEDRINE – dextroamphetamine sulfate cap er 24hr 15 mg..... 78
DEXILANT – dexlansoprazole cap delayed release 30 mg..... 59
DEXILANT – dexlansoprazole cap delayed release 60 mg..... 59
dexmethylphenidate hcl cap er 24 hr 5 mg (Focalin xr).....78
dexmethylphenidate hcl cap er 24 hr 10 mg (Focalin xr).....78
dexmethylphenidate hcl cap er 24 hr 15 mg (Focalin xr).....78
dexmethylphenidate hcl cap er 24 hr 20 mg (Focalin xr).....78
dexmethylphenidate hcl cap er 24 hr 25 mg (Focalin xr).....78
dexmethylphenidate hcl cap er 24 hr 30 mg (Focalin xr).....78
dexmethylphenidate hcl cap er 24 hr 35 mg (Focalin xr).....78
dexmethylphenidate hcl cap er 24 hr 40 mg (Focalin xr).....78
dexmethylphenidate hcl tab 2.5 mg (Focalin)..... 78
dexmethylphenidate hcl tab 5 mg (Focalin)..... 78
dexmethylphenidate hcl tab 10 mg (Focalin)..... 78
dextran 70-hypromellose ophth soln 0.1-0.3%.....125
dextran 70-hypromellose (pf) ophth soln 0.1-0.3%.....125
dextroamphetamine sulfate cap er 24hr 5 mg (Dexedrine)..... 78
dextroamphetamine sulfate cap er 24hr 10 mg (Dexedrine)..... 78
dextroamphetamine sulfate cap er 24hr 15 mg (Dexedrine)..... 78
dextroamphetamine sulfate oral solution 5 mg/5ml (Procentra).....78
dextroamphetamine sulfate tab 5 mg.....78
dextroamphetamine sulfate tab 10 mg.....78
DEXTROAMPHETAMINE SULFATE TAB 5 MG (Zenzedi)..... 78
DEXTROAMPHETAMINE SULFATE TAB 10 MG (Zenzedi)..... 78
dextromethorphan-guaifenesin liquid 10-100 mg/5ml.....52
dextromethorphan-guaifenesin syrup 10-100 mg/5ml.....52
dextromethorphan-guaifenesin tab er 12hr 30-600 mg..... 52
dextromethorphan-guaifenesin tab er 12hr 60-1200 mg..... 52
dextromethorphan polistirex extended release susp 30 mg/5ml.....52
DIACOMIT – stiripentol cap 250 mg..... 97
DIACOMIT – stiripentol cap 500 mg..... 97
DIACOMIT – stiripentol packet 250 mg..... 97
DIACOMIT – stiripentol packet 500 mg..... 97
DIASTAT ACUDIAL – diazepam rectal gel delivery system 10 mg.....97
DIASTAT ACUDIAL – diazepam rectal gel delivery system 20 mg.....97
DIASTAT PEDIATRIC – diazepam rectal gel delivery system 2.5 mg.....97
diazepam conc 5 mg/ml..... 66
DIAZEPAM RECTAL GEL – diazepam rectal gel delivery system 2.5 mg.....97
DIAZEPAM RECTAL GEL – diazepam rectal gel delivery system 10 mg.....97
DIAZEPAM RECTAL GEL – diazepam rectal gel delivery system 20 mg.....97
diazepam tab 2 mg (Valium)..... 66
diazepam tab 5 mg (Valium)..... 66
diazepam tab 10 mg (Valium)..... 66
dibucaine rectal ointment 1%.....127
diclofenac potassium tab 50 mg.....92
diclofenac sodium gel 1% (Voltaren).....132
diclofenac sodium ophth soln 0.1%.....125
diclofenac sodium tab delayed release 25 mg.....92
diclofenac sodium tab delayed release 50 mg.....92
diclofenac sodium tab delayed release 75 mg.....92
diclofenac sodium tab er 24hr 100 mg..... 92
dicloxacillin sodium cap 250 mg..... 2
dicloxacillin sodium cap 500 mg..... 2

dicyclomine hcl cap 10 mg.....59
dicyclomine hcl oral soln 10 mg/5ml..... 59
dicyclomine hcl tab 20 mg..... 59
didanosine delayed release capsule 200 mg (Videx ec)..... 8
didanosine delayed release capsule 250 mg (Videx ec)..... 8
didanosine delayed release capsule 400 mg (Videx ec)..... 8
DIDANOSINE – didanosine delayed release capsule 200 mg..... 8
DIDANOSINE – didanosine delayed release capsule 400 mg..... 8
DIFFERIN – adapalene cream 0.1%.....128
DIFFERIN – adapalene gel 0.1%.....128,128
DIFFERIN – adapalene gel 0.3%.....128
DIFFERIN – adapalene lotion 0.1%.....128
DIFLUCAN – fluconazole for susp 10 mg/ml.....5
DIFLUCAN – fluconazole for susp 40 mg/ml.....5
DIFLUCAN – fluconazole tab 50 mg.....5
DIFLUCAN – fluconazole tab 100 mg.....5
DIFLUCAN – fluconazole tab 150 mg.....5
DIFLUCAN – fluconazole tab 200 mg.....5
DI-GEL – alum & mag hydroxide-simethicone susp 282-87-25 mg/5ml..... 59
DIGOXIN – digoxin oral soln 0.05 mg/ml.....48
digoxin oral soln 0.05 mg/ml (Digoxin)..... 48
digoxin tab 125 mcg (0.125 mg) (Lanoxin)..... 48
digoxin tab 250 mcg (0.25 mg) (Lanoxin)..... 48
dihydroergotamine mesylate inj 1 mg/ml (D.h.e. 45)..... 94
DILANTIN INFATABS – phenytoin chew tab 50 mg.....97
DILANTIN – phenytoin sodium extended cap 30 mg.....97
DILANTIN – phenytoin sodium extended cap 100 mg.....97
DILANTIN-125 – phenytoin susp 125 mg/5ml..... 97
diltiazem hcl cap er 12hr 60 mg.....41
diltiazem hcl cap er 12hr 90 mg.....41
diltiazem hcl cap er 12hr 120 mg.....41
diltiazem hcl cap er 24hr 120 mg.....41
diltiazem hcl cap er 24hr 180 mg.....41
diltiazem hcl cap er 24hr 240 mg.....41
diltiazem hcl coated beads cap er 24hr 120 mg (Cardizem cd).....41
diltiazem hcl coated beads cap er 24hr 180 mg (Cardizem cd).....41
diltiazem hcl coated beads cap er 24hr 240 mg (Cardizem cd).....41
diltiazem hcl coated beads cap er 24hr 300 mg (Cardizem cd).....41
diltiazem hcl coated beads cap er 24hr 360 mg (Cardizem cd).....41
diltiazem hcl coated beads tab er 24hr 180 mg (Cardizem la).....41
diltiazem hcl coated beads tab er 24hr 240 mg (Cardizem la).....41
diltiazem hcl coated beads tab er 24hr 300 mg (Cardizem la).....41
diltiazem hcl coated beads tab er 24hr 360 mg (Cardizem la).....41
diltiazem hcl coated beads tab er 24hr 420 mg (Cardizem la).....41
diltiazem hcl extended release beads cap er 24hr 120 mg (Tiazac).....41
diltiazem hcl extended release beads cap er 24hr 180 mg (Tiazac).....41
diltiazem hcl extended release beads cap er 24hr 240 mg (Tiazac).....41
diltiazem hcl extended release beads cap er 24hr 300 mg (Tiazac).....41
diltiazem hcl extended release beads cap er 24hr 360 mg (Tiazac).....41
diltiazem hcl extended release beads cap er 24hr 420 mg (Tiazac).....41
diltiazem hcl tab 90 mg.....41
diltiazem hcl tab 30 mg (Cardizem).....41
diltiazem hcl tab 60 mg (Cardizem).....41
diltiazem hcl tab 120 mg (Cardizem).....41
DILT-XR – diltiazem hcl cap er 24hr 180 mg.....41
DILT-XR – diltiazem hcl cap er 24hr 240 mg.....41
DIOVAN HCT – valsartan-hydrochlorothiazide tab 80-12.5 mg..... 35
DIOVAN HCT – valsartan-hydrochlorothiazide tab 160-12.5 mg..... 35
DIOVAN HCT – valsartan-hydrochlorothiazide tab 160-25 mg..... 35
DIOVAN HCT – valsartan-hydrochlorothiazide tab 320-12.5 mg..... 35
DIOVAN HCT – valsartan-hydrochlorothiazide tab 320-25 mg..... 35
DIOVAN – valsartan tab 40 mg.....35
DIOVAN – valsartan tab 80 mg.....35
DIOVAN – valsartan tab 160 mg.....35
DIOVAN – valsartan tab 320 mg.....35
DIPENTUM – olsalazine sodium cap 250 mg.....62
diphenhydramine-acetaminophen tab 25-500 mg (sleep).....75
diphenhydramine hcl cap 25 mg..... 51
diphenhydramine hcl chew tab 12.5 mg..... 51
diphenhydramine hcl elixir 12.5 mg/5ml..... 51
diphenhydramine hcl liquid 12.5 mg/5ml.....51
diphenhydramine hcl (sleep) tab 25 mg..... 75
diphenhydramine hcl tab disint 12.5 mg..... 51
diphenhydramine hcl tab 25 mg..... 51
diphenoxylate w/ atropine tab 2.5-0.025 mg (Lomotil).....58
dipyridamole tab 25 mg..... 115
dipyridamole tab 50 mg..... 116
dipyridamole tab 75 mg..... 116
disopyramide phosphate cap 100 mg (Norpace)..... 48
disopyramide phosphate cap 150 mg (Norpace)..... 48
disulfiram tab 250 mg (Antabuse)..... 82

disulfiram tab 500 mg (Antabuse)..... 82
DITROPAN XL – oxybutynin chloride tab er 24hr 5 mg..... 64
DITROPAN XL – oxybutynin chloride tab er 24hr 10 mg..... 64
divalproex sodium cap delayed release sprinkle 125 mg (Depakote sprinkles)..... 97
divalproex sodium tab delayed release 125 mg (Depakote)..... 97
divalproex sodium tab delayed release 250 mg (Depakote)..... 97
divalproex sodium tab delayed release 500 mg (Depakote)..... 97
divalproex sodium tab er 24 hr 250 mg (Depakote er)..... 97
divalproex sodium tab er 24 hr 500 mg (Depakote er)..... 97
docosanol cream 10%..... 129
docusate sodium cap 50 mg..... 57
docusate sodium cap 100 mg..... 57
docusate sodium cap 250 mg..... 57
docusate sodium enema 283 mg..... 57
docusate sodium liquid 150 mg/15ml..... 57
docusate sodium syrup 60 mg/15ml..... 57
donepezil hydrochloride orally disintegrating tab 5 mg..... 82
donepezil hydrochloride orally disintegrating tab 10 mg..... 82
donepezil hydrochloride tab 5 mg (Aricept)..... 82
donepezil hydrochloride tab 10 mg (Aricept)..... 82
donepezil hydrochloride tab 23 mg (Aricept)..... 82
DOPTELET – avatrombopag maleate tab 20 mg (base equiv)..... 116
dorzolamide hcl ophth soln 2% (Trusopt)..... 124
dorzolamide hcl-timolol maleate ophth sol 22.3-6.8 mg/ml pf (Cosopt pf)..... 124
dorzolamide hcl-timolol maleate ophth soln 22.3-6.8 mg/ml (Cosopt)..... 124
DOVATO – dolutegravir sodium-lamivudine tab 50-300 mg (base eq)..... 8
doxazosin mesylate tab 1 mg (Cardura)..... 48
doxazosin mesylate tab 2 mg (Cardura)..... 48
doxazosin mesylate tab 4 mg (Cardura)..... 49
doxazosin mesylate tab 8 mg (Cardura)..... 49
doxepin hcl cap 10 mg..... 67
doxepin hcl cap 25 mg..... 68
doxepin hcl cap 50 mg..... 68
doxepin hcl cap 100 mg..... 68
doxepin hcl conc 10 mg/ml..... 68
DOXEPIN HCL – doxepin hcl cap 150 mg..... 67
doxycycline hyclate cap 50 mg..... 4
doxycycline hyclate cap 100 mg (Vibramycin)..... 4
doxycycline hyclate tab 20 mg..... 4
doxycycline hyclate tab 100 mg..... 4
doxycycline monohydrate cap 50 mg..... 4
doxycycline monohydrate cap 100 mg..... 4
doxycycline monohydrate for susp 25 mg/5ml (Vibramycin)..... 4
doxycycline monohydrate tab 75 mg..... 4
doxycycline monohydrate tab 100 mg..... 4
dronabinol cap 2.5 mg (Marinol)..... 61
dronabinol cap 5 mg (Marinol)..... 61
dronabinol cap 10 mg (Marinol)..... 61
drospirenone-ethinyl estradiol tab 3-0.03 mg (Yasmin 28)..... 22
drospirenone-ethinyl estradiol tab 3-0.02 mg (Yaz)..... 22
drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg (Beyaz)..... 22
DROXIA – hydroxyurea cap 200 mg..... 116
DROXIA – hydroxyurea cap 300 mg..... 116
DROXIA – hydroxyurea cap 400 mg..... 116
DRYSOL – aluminum chloride soln 20%..... 132
DUAC – clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%..... 128
DUETACT – pioglitazone hcl-glimepiride tab 30-2 mg..... 23
DUETACT – pioglitazone hcl-glimepiride tab 30-4 mg..... 23
DUEXIS – ibuprofen-famotidine tab 800-26.6 mg..... 92
DULERA – mometasone furoate-formoterol fumarate aerosol 50-5 mcg/act..... 54
DULERA – mometasone furoate-formoterol fumarate aerosol 100-5 mcg/act..... 54
DULERA – mometasone furoate-formoterol fumarate aerosol 200-5 mcg/act..... 54
duloxetine hcl enteric coated pellets cap 20 mg (base eq) (Cymbalta)..... 68
duloxetine hcl enteric coated pellets cap 30 mg (base eq) (Cymbalta)..... 68
duloxetine hcl enteric coated pellets cap 60 mg (base eq) (Cymbalta)..... 68
DUPIXENT – dupilumab subcutaneous soln prefilled syringe 200 mg/1.14ml..... 132
DUPIXENT – dupilumab subcutaneous soln prefilled syringe 300 mg/2ml..... 132
DURAGESIC – fentanyl td patch 72hr 12 mcg/hr..... 87
DURAGESIC – fentanyl td patch 72hr 25 mcg/hr..... 87
DURAGESIC – fentanyl td patch 72hr 50 mcg/hr..... 87
DURAGESIC – fentanyl td patch 72hr 75 mcg/hr..... 87
DURAGESIC – fentanyl td patch 72hr 100 mcg/hr..... 87
DURLAZA – aspirin capsule er 24hr 162.5 mg..... 116
dutasteride cap 0.5 mg (Avodart)..... 66
dutasteride-tamsulosin hcl cap 0.5-0.4 mg (Jalyn)..... 66
DUTOPROL – metoprolol & hydrochlorothiazide tab er 24hr 25-12.5 mg..... 38
DUTOPROL – metoprolol & hydrochlorothiazide tab er 24hr 50-12.5 mg..... 38
DUTOPROL – metoprolol & hydrochlorothiazide tab er 24hr 100-12.5 mg..... 38
DYANAVEL XR – amphetamine extended release susp 2.5 mg/ml..... 78
DYMISTA – azelastine hcl-fluticasone prop nasal spray 137-50 mcg/act..... 51

E

EDARBI – azilsartan medoxomil tab 40 mg.....35
EDARBI – azilsartan medoxomil tab 80 mg.....35
EDARBYCLOR – azilsartan medoxomil-chlorthalidone tab 40-12.5 mg..... 35
EDARBYCLOR – azilsartan medoxomil-chlorthalidone tab 40-25 mg.....35
EDLUAR – zolpidem tartrate sl tab 5 mg.....75
EDLUAR – zolpidem tartrate sl tab 10 mg.....75
EDURANT – rilpivirine hcl tab 25 mg (base equivalent)..... 8
E.E.S. 400 – erythromycin ethylsuccinate tab 400 mg..... 3
E.E.S. GRANULES – erythromycin ethylsuccinate for susp 200 mg/5ml.....3
efavirenz cap 50 mg (Sustiva).....8
efavirenz cap 200 mg (Sustiva).....8
efavirenz tab 600 mg (Sustiva).....8
EFFERVESCENT POTASSIUM/CHLORIDE – pot bicarbonate & chloride effer tab 25 meq..... 112
EFFEXOR XR – venlafaxine hcl cap er 24hr 37.5 mg (base equivalent).....68
EFFEXOR XR – venlafaxine hcl cap er 24hr 75 mg (base equivalent)..... 68
EFFEXOR XR – venlafaxine hcl cap er 24hr 150 mg (base equivalent)..... 68
EFFIENT – prasugrel hcl tab 5 mg (base equiv)..... 116
EFFIENT – prasugrel hcl tab 10 mg (base equiv)..... 116
ELESTAT – epinastine hcl ophth soln 0.05%.....125
eletriptan hydrobromide tab 20 mg (base equivalent) (Relpax).....94
eletriptan hydrobromide tab 40 mg (base equivalent) (Relpax).....94
ELIDEL – pimecrolimus cream 1%..... 132
ELIQUIS – apixaban tab 2.5 mg..... 116
ELIQUIS – apixaban tab 5 mg..... 116
ELIQUIS STARTER PACK – apixaban tab 5 mg..... 116
ELLA – ulipristal acetate tab 30 mg.....22
ELOCTATE – antihemophilic factor (recomb) rfviiifc for inj 250 unit.....116
ELOCTATE – antihemophilic factor (recomb) rfviiifc for inj 500 unit.....116
ELOCTATE – antihemophilic factor (recomb) rfviiifc for inj 750 unit.....116
ELOCTATE – antihemophilic factor (recomb) rfviiifc for inj 1000 unit.....116
ELOCTATE – antihemophilic factor (recomb) rfviiifc for inj 1500 unit.....116
ELOCTATE – antihemophilic factor (recomb) rfviiifc for inj 2000 unit.....116
ELOCTATE – antihemophilic factor (recomb) rfviiifc for inj 3000 unit.....116
ELOCTATE – antihemophilic factor (recomb) rfviiifc for inj 4000 unit.....116
ELOCTATE – antihemophilic factor (recomb) rfviiifc for inj 5000 unit.....116
ELOCTATE – antihemophilic factor (recomb) rfviiifc for inj 6000 unit.....116
EMADINE – emedastine difumarate ophth soln 0.05% (base equiv).....125
EMBEDA – morphine-naltrexone cap er 20-0.8 mg.....87
EMBEDA – morphine-naltrexone cap er 30-1.2 mg.....87
EMBEDA – morphine-naltrexone cap er 50-2 mg.....87
EMBEDA – morphine-naltrexone cap er 60-2.4 mg.....87
EMBEDA – morphine-naltrexone cap er 80-3.2 mg.....87
EMBEDA – morphine-naltrexone cap er 100-4 mg.....87
EMCYT – estramustine phosphate sodium cap 140 mg..... 14
EMGALITY – galcanezumab-gnlm subcutaneous soln auto-injector 120 mg/ml..... 94
EMGALITY – galcanezumab-gnlm subcutaneous soln prefilled syr 100 mg/ml.....94
EMGALITY – galcanezumab-gnlm subcutaneous soln prefilled syr 120 mg/ml.....94
EMTRIVA – emtricitabine caps 200 mg..... 8
EMTRIVA – emtricitabine soln 10 mg/ml..... 8
ENABLEX – darifenacin hydrobromide tab er 24hr 7.5 mg (base equiv).....64
ENABLEX – darifenacin hydrobromide tab er 24hr 15 mg (base equiv).....64
enalapril maleate & hydrochlorothiazide tab 5-12.5 mg.....33
enalapril maleate & hydrochlorothiazide tab 10-25 mg (Vaseretic).....33
enalapril maleate tab 2.5 mg (Vasotec).....33
enalapril maleate tab 5 mg (Vasotec).....33
enalapril maleate tab 10 mg (Vasotec).....33
enalapril maleate tab 20 mg (Vasotec).....33
ENBREL – etanercept for subcutaneous inj 25 mg..... 92
ENBREL – etanercept subcutaneous soln prefilled syringe 25 mg/0.5ml.....92
ENBREL – etanercept subcutaneous soln prefilled syringe 50 mg/ml.....92
ENBREL MINI – etanercept subcutaneous solution cartridge 50 mg/ml..... 92
ENBREL SURECLICK – etanercept subcutaneous solution auto-injector 50 mg/ml.....92
ENCARE – nonoxynol-9 vaginal suppos 100 mg..... 65
ENDARI – glutamine (sickle cell) powd pack 5 gm.....116
ENFAMIL ENFALYTE – oral electrolyte solution.....112
enoxaparin sodium inj 30 mg/0.3ml (Lovenox).....116
enoxaparin sodium inj 40 mg/0.4ml (Lovenox).....116
enoxaparin sodium inj 60 mg/0.6ml (Lovenox).....116
enoxaparin sodium inj 80 mg/0.8ml (Lovenox).....116
enoxaparin sodium inj 100 mg/ml (Lovenox).....116
enoxaparin sodium inj 120 mg/0.8ml (Lovenox).....116
enoxaparin sodium inj 150 mg/ml (Lovenox).....116
enoxaparin sodium inj 300 mg/3ml (Lovenox).....116
entacapone tab 200 mg (Comtan).....101
entecavir tab 0.5 mg (Baraclude).....6
entecavir tab 1 mg (Baraclude).....6
ENTRESTO – sacubitril-valsartan tab 24-26 mg..... 41

ENTRESTO – sacubitril-valsartan tab 49-51 mg..... 41
ENTRESTO – sacubitril-valsartan tab 97-103 mg..... 41
ENVARSUS XR – tacrolimus tab er 24hr 0.75 mg.....138
ENVARSUS XR – tacrolimus tab er 24hr 1 mg..... 138
ENVARSUS XR – tacrolimus tab er 24hr 4 mg..... 138
EPANED – enalapril maleate oral soln 1 mg/ml.....33
EPCLUSA – sofosbuvir-velpatasvir tab 400-100 mg..... 6
EPIDIOLEX – cannabidiol soln 100 mg/ml..... 97
EPIDUO – adapalene-benzoyl peroxide gel 0.1-2.5%.....128
EPIDUO FORTE – adapalene-benzoyl peroxide gel 0.3-2.5%.....128
epinastine hcl ophth soln 0.05% (Elestat)..... 125
EPINEPHRINE – epinephrine solution auto-injector 0.15 mg/0.15ml (1:1000)..... 50
EPINEPHRINE – epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000)..... 50
epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000) (Epipen-jr 2-pak).....50
epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000) (Epipen 2-pak).....50
EPIPEN-JR 2-PAK – epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000).....50
EPIPEN 2-PAK – epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000)..... 50
EPIVIR HBV – lamivudine oral soln 5 mg/ml (hbv).....6
EPIVIR HBV – lamivudine tab 100 mg (hbv)..... 6
eplerenone tab 25 mg (Inspra).....49
eplerenone tab 50 mg (Inspra).....49
EPOGEN – epoetin alfa inj 2000 unit/ml.....116
EPOGEN – epoetin alfa inj 3000 unit/ml.....116
EPOGEN – epoetin alfa inj 4000 unit/ml.....116
EPOGEN – epoetin alfa inj 10000 unit/ml.....116
EPOGEN – epoetin alfa inj 20000 unit/ml.....116
EPROSARTAN MESYLATE – eprosartan mesylate tab 600 mg.....35
EQ COMPLETE MULTIVITAMIN – multiple vitamins w/ minerals tab..... 106
EQL CALCIUM/VITAMIN D – calcium carbonate-cholecalciferol cap 600 mg-100 unit.....112
EQL ONE DAILY MENS – multiple vitamins w/ minerals tab..... 106
EQL PRENATAL FORMULA – prenatal vit w/ fe fumarate-fa tab 28-0.8 mg.....106
EQ ONE DAILY MENS HEALTH – multiple vitamins w/ minerals tab..... 106
EQ ONE DAILY WOMENS HEALTH – multiple vitamins w/ minerals tab..... 106
ergocalciferol cap 1.25 mg (50000 unit) (Drisdol)..... 104
ergocalciferol soln 200 mcg/ml (8000 unit/ml)..... 104
ERIVEDGE – vismodegib cap 150 mg..... 14
ERLEADA – apalutamide tab 60 mg.....14
erlotinib hcl tab 25 mg (base equivalent) (Tarceva).....14
erlotinib hcl tab 100 mg (base equivalent) (Tarceva)..... 14
erlotinib hcl tab 150 mg (base equivalent) (Tarceva)..... 14
ERWINAZE – asparaginase erwinia chrysanthemi for inj 10000 unit.....14
ERY – erythromycin pads 2%..... 128
ERYPED 200 – erythromycin ethylsuccinate for susp 200 mg/5ml.....3
ERYPED 400 – erythromycin ethylsuccinate for susp 400 mg/5ml.....3
ERYTHROCIN STEARATE – erythromycin stearate tab 250 mg.....4
ERYTHROMYCIN ETHYLSUCCINATE – erythromycin ethylsuccinate tab 400 mg.....4
erythromycin ethylsuccinate for susp 200 mg/5ml (E.e.s. granules).....4
erythromycin ethylsuccinate for susp 400 mg/5ml (Eryped 400).....4
erythromycin gel 2% (Erygel).....128
erythromycin ophth oint 5 mg/gm.....122
erythromycin pads 2%..... 128
erythromycin soln 2%..... 128
erythromycin tab delayed release 250 mg.....4
erythromycin tab delayed release 333 mg.....4
erythromycin tab delayed release 500 mg.....4
erythromycin tab 250 mg.....4
erythromycin tab 500 mg.....4
erythromycin w/ delayed release particles cap 250 mg.....4
escitalopram oxalate soln 5 mg/5ml (base equiv)..... 68
escitalopram oxalate tab 5 mg (base equiv) (Lexapro).....68
escitalopram oxalate tab 10 mg (base equiv) (Lexapro).....68
escitalopram oxalate tab 20 mg (base equiv) (Lexapro).....68
esomeprazole magnesium cap delayed release 20 mg (base eq) (Nexium).....59
esomeprazole magnesium cap delayed release 40 mg (base eq) (Nexium).....59
ESOMEPRAZOLE STRONTIUM – esomeprazole strontium cap delayed release 49.3 mg..... 59
estazolam tab 1 mg..... 75
estazolam tab 2 mg..... 75
estradiol & norethindrone acetate tab 0.5-0.1 mg (Activella).....21
estradiol & norethindrone acetate tab 1-0.5 mg (Activella).....21
estradiol tab 0.5 mg (Estrace).....21
estradiol tab 1 mg (Estrace).....21
estradiol tab 2 mg (Estrace).....21
estradiol td patch twice weekly 0.025 mg/24hr (Vivelle-dot).....21
estradiol td patch twice weekly 0.0375 mg/24hr (Vivelle-dot)..... 21
estradiol td patch twice weekly 0.05 mg/24hr (Vivelle-dot).....21
estradiol td patch twice weekly 0.075 mg/24hr (Vivelle-dot).....21

estradiol td patch twice weekly 0.1 mg/24hr (Vivelle-dot)....21
estradiol td patch weekly 0.025 mg/24hr (Climara)....21
estradiol td patch weekly 0.05 mg/24hr (Climara)....21
estradiol td patch weekly 0.06 mg/24hr (Climara)....21
estradiol td patch weekly 0.075 mg/24hr (Climara)....21
estradiol td patch weekly 0.1 mg/24hr (Climara)....21
estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr) (Climara)....21
estradiol vaginal cream 0.1 mg/gm (Estrace)....65
estradiol vaginal tab 10 mcg (Vagifem)....65
estradiol valerate im in oil 20 mg/ml (Delestrogen)....21
estradiol valerate im in oil 40 mg/ml (Delestrogen)....21
ESTROGEL – estradiol gel 0.06% (0.75 mg/1.25 gm metered-dose pump)....21
ESTROPIPATE – estropipate tab 0.75 mg....21
ESTROPIPATE – estropipate tab 1.5 mg....21
ESTROPIPATE – estropipate tab 3 mg....21
eszopiclone tab 1 mg (Lunesta)....75
eszopiclone tab 2 mg (Lunesta)....75
eszopiclone tab 3 mg (Lunesta)....75
ethambutol hcl tab 100 mg (Myambutol)....5
ethambutol hcl tab 400 mg (Myambutol)....5
ethosuximide cap 250 mg (Zarontin)....97
ethosuximide soln 250 mg/5ml (Zarontin)....97
ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg....22
ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg....22
ETIDRONATE DISODIUM – etidronate disodium tab 200 mg....31
ETIDRONATE DISODIUM – etidronate disodium tab 400 mg....31
etodolac cap 200 mg....92
etodolac cap 300 mg....92
etodolac tab 500 mg....92
etodolac tab 400 mg (Lodine)....92
etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr (Nuvaring)....22
ETOPOSIDE – etoposide cap 50 mg....14
EUCRISA – crisaborole oint 2%....132
EVEKEO – amphetamine sulfate tab 5 mg....78
EVEKEO – amphetamine sulfate tab 10 mg....78
everolimus tab 2.5 mg (Afinitor)....14
everolimus tab 5 mg (Afinitor)....14
everolimus tab 7.5 mg (Afinitor)....14
EVISTA – raloxifene hcl tab 60 mg....31
EVOTAZ – atazanavir sulfate-cobicistat tab 300-150 mg (base equiv)....8
EXALGO – hydromorphone hcl tab er 24hr deter 8 mg....87
EXALGO – hydromorphone hcl tab er 24hr deter 12 mg....87
EXALGO – hydromorphone hcl tab er 24hr deter 16 mg....87
EXALGO – hydromorphone hcl tab er 24hr deter 32 mg....87
EXELON – rivastigmine td patch 24hr 4.6 mg/24hr....82
EXELON – rivastigmine td patch 24hr 9.5 mg/24hr....82
EXELON – rivastigmine td patch 24hr 13.3 mg/24hr....82
exemestane tab 25 mg (Aromasin)....14
EXFORGE – amlodipine besylate-valsartan tab 5-160 mg....41
EXFORGE – amlodipine besylate-valsartan tab 5-320 mg....41
EXFORGE – amlodipine besylate-valsartan tab 10-160 mg....41
EXFORGE – amlodipine besylate-valsartan tab 10-320 mg....41
EXFORGE HCT – amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg....35
EXFORGE HCT – amlodipine-valsartan-hydrochlorothiazide tab 5-160-25 mg....35
EXFORGE HCT – amlodipine-valsartan-hydrochlorothiazide tab 10-160-12.5 mg....35
EXFORGE HCT – amlodipine-valsartan-hydrochlorothiazide tab 10-160-25 mg....35
EXFORGE HCT – amlodipine-valsartan-hydrochlorothiazide tab 10-320-25 mg....35
EXTAVIA – interferon beta-1b for inj kit 0.3 mg....81
EZALLOR SPRINKLE – rosuvastatin calcium sprinkle cap 5 mg (base equivalent)....44
EZALLOR SPRINKLE – rosuvastatin calcium sprinkle cap 10 mg (base equivalent)....44
EZALLOR SPRINKLE – rosuvastatin calcium sprinkle cap 20 mg (base equivalent)....44
EZALLOR SPRINKLE – rosuvastatin calcium sprinkle cap 40 mg (base equivalent)....44
ezetimibe-simvastatin tab 10-10 mg (Vytorin)....45
ezetimibe-simvastatin tab 10-20 mg (Vytorin)....45
ezetimibe-simvastatin tab 10-40 mg (Vytorin)....45
ezetimibe-simvastatin tab 10-80 mg (Vytorin)....45
ezetimibe tab 10 mg (Zetia)....44

F

FABIOR – tazarotene (acne) foam 0.1%....128
famciclovir tab 125 mg....7
famciclovir tab 250 mg....7
famciclovir tab 500 mg....7
famotidine for susp 40 mg/5ml....59
famotidine tab 10 mg....59
famotidine tab 20 mg (Pepcid)....59
famotidine tab 40 mg (Pepcid)....59
FANAPT – iloperidone tab 1 mg....71
FANAPT – iloperidone tab 2 mg....71
FANAPT – iloperidone tab 4 mg....71
FANAPT – iloperidone tab 6 mg....71
FANAPT – iloperidone tab 8 mg....71
FANAPT – iloperidone tab 10 mg....71
FANAPT – iloperidone tab 12 mg....71
FANAPT TITRATION PACK – iloperidone tab 1 mg & 2 mg & 4 mg & 6 mg titration pak....71

FARXIGA – dapagliflozin propanediol tab 5 mg (base equivalent)..... 23
FARXIGA – dapagliflozin propanediol tab 10 mg (base equivalent)..... 23
FARYDAK – panobinostat lactate cap 10 mg (base equivalent)..... 14
FARYDAK – panobinostat lactate cap 15 mg (base equivalent)..... 14
FARYDAK – panobinostat lactate cap 20 mg (base equivalent)..... 14
FASENRA PEN – benralizumab subcutaneous soln auto-injector 30 mg/ml.....54
FAZACLO – clozapine orally disintegrating tab 12.5 mg..... 71
FAZACLO – clozapine orally disintegrating tab 25 mg..... 71
FAZACLO – clozapine orally disintegrating tab 100 mg..... 71
FAZACLO – clozapine orally disintegrating tab 150 mg..... 71
FAZACLO – clozapine orally disintegrating tab 200 mg..... 71
FC FEMALE CONDOM – condoms - female.....22
FC2 FEMALE CONDOM – condoms - female.....22
FEIBA – antiinhibitor coagulant complex for iv soln 500 unit.....116
FEIBA – antiinhibitor coagulant complex for iv soln 1000 unit.....116
FEIBA – antiinhibitor coagulant complex for iv soln 2500 unit.....116
felbamate susp 600 mg/5ml (Felbatol)..... 97
felbamate tab 400 mg (Felbatol)..... 97
felbamate tab 600 mg (Felbatol)..... 97
FELBATOL – felbamate susp 600 mg/5ml.....97
FELBATOL – felbamate tab 400 mg..... 97
FELBATOL – felbamate tab 600 mg..... 97
felodipine tab er 24hr 2.5 mg..... 41
felodipine tab er 24hr 5 mg..... 41
felodipine tab er 24hr 10 mg..... 41
FENOFIBRATE – fenofibrate cap 50 mg..... 45
FENOFIBRATE – fenofibrate cap 150 mg..... 45
fenofibrate micronized cap 43 mg..... 45
fenofibrate micronized cap 67 mg..... 45
fenofibrate micronized cap 130 mg..... 45
fenofibrate micronized cap 134 mg..... 45
fenofibrate micronized cap 200 mg..... 45
fenofibrate tab 54 mg..... 45
fenofibrate tab 160 mg..... 45
fenofibrate tab 40 mg (Fenoglide)..... 45
fenofibrate tab 120 mg (Fenoglide)..... 45
fenofibrate tab 48 mg (Tricor)..... 45
fenofibrate tab 145 mg (Tricor)..... 45
FENOFIBRIC ACID – fenofibric acid tab 35 mg..... 45
FENOFIBRIC ACID – fenofibric acid tab 105 mg..... 45
FENOGLIDE – fenofibrate tab 40 mg..... 45
FENOGLIDE – fenofibrate tab 120 mg..... 45
FENOPROFEN CALCIUM – fenoprofen calcium cap 200 mg..... 92
FENOPROFEN CALCIUM – fenoprofen calcium cap 400 mg..... 92
fenoprofen calcium tab 600 mg (Nalfon)..... 92
fentanyl citrate lozenge on a handle 200 mcg (Actiq).....87
fentanyl citrate lozenge on a handle 400 mcg (Actiq).....87
fentanyl citrate lozenge on a handle 600 mcg (Actiq).....87
fentanyl citrate lozenge on a handle 800 mcg (Actiq).....87
fentanyl citrate lozenge on a handle 1200 mcg (Actiq).....87
fentanyl citrate lozenge on a handle 1600 mcg (Actiq).....87
fentanyl td patch 72hr 37.5 mcg/hr.....88
fentanyl td patch 72hr 62.5 mcg/hr.....88
fentanyl td patch 72hr 87.5 mcg/hr.....88
fentanyl td patch 72hr 12 mcg/hr (Duragesic).....87
fentanyl td patch 72hr 25 mcg/hr (Duragesic).....88
fentanyl td patch 72hr 50 mcg/hr (Duragesic).....88
fentanyl td patch 72hr 75 mcg/hr (Duragesic).....88
fentanyl td patch 72hr 100 mcg/hr (Duragesic).....88
FERRETTS – ferrous fumarate tab 325 mg (106 mg elemental fe).....116
ferrous fumarate tab 324 mg (106 mg elemental fe).....116
FERROUS GLUCONATE – ferrous gluconate tab 324 mg (38 mg elemental iron).....116
ferrous gluconate tab 240 mg (27 mg elemental fe).....117
ferrous gluconate tab 324 mg (37.5 mg elemental iron)..... 117
ferrous sulfate dried tab er 160 mg (50 mg fe equivalent).....117
ferrous sulfate elixir 220 mg/5ml (44 mg/5ml elemental fe).....117
FERROUS SULFATE – ferrous sulfate tab ec 324 mg (65 mg fe equivalent).....117
ferrous sulfate soln 75 mg/ml (15 mg/ml elemental fe).....117
ferrous sulfate tab ec 325 mg (65 mg fe equivalent).....117
ferrous sulfate tab er 142 mg (45 mg fe equivalent).....117
ferrous sulfate tab 325 mg (65 mg elemental fe).....117
FETZIMA – levomilnacipran hcl cap er 24hr 20 mg (base equivalent)..... 68
FETZIMA – levomilnacipran hcl cap er 24hr 40 mg (base equivalent)..... 68
FETZIMA – levomilnacipran hcl cap er 24hr 80 mg (base equivalent)..... 68
FETZIMA – levomilnacipran hcl cap er 24hr 120 mg (base equivalent)..... 68

FETZIMA TITRATION PACK – levomilnacipran hcl cap er 24hr 20 & 40 mg therapy pack....68
FEVERALL INFANTS – acetaminophen suppos 80 mg.... 86
fexofenadine hcl susp 30 mg/5ml (6 mg/ml)....51
fexofenadine hcl tab 60 mg....51
fexofenadine hcl tab 180 mg....51
fexofenadine-pseudoephedrine tab er 12hr 60-120 mg....52
fexofenadine-pseudoephedrine tab er 24hr 180-240 mg....52
FIASP FLEXTOUCH – insulin aspart (with niacinamide) sol pen-inj 100 unit/ml....27
FIASP – insulin aspart (with niacinamide) inj 100 unit/ml....27
FIASP PENFILL – insulin aspart (with niacinamide) soln cartridge 100 unit/ml.... 27
FIBRICOR – fenofibric acid tab 35 mg.... 45
FIBRICOR – fenofibric acid tab 105 mg.... 45
finasteride tab 5 mg (Proscar).... 66
FIRAZYR – icatibant acetate inj 30 mg/3ml (base equivalent).... 117
FIRDAPSE – amifampridine phosphate tab 10 mg (base equivalent).... 103
FIRMAGON – degarelix acetate for inj 80 mg (base equiv).... 14
FIRMAGON – degarelix acetate for inj 120 mg (base equiv).... 14
FITNESS TABS FOR MEN AM/PM/LYCOPENE – multiple vitamins w/ minerals tab.... 106
FITNESS TABS FOR WOMEN AM/PM/LYCOPENE – multiple vitamins w/ minerals tab....106
flecainide acetate tab 50 mg.... 48
flecainide acetate tab 100 mg.... 48
flecainide acetate tab 150 mg.... 48
FLECTOR – diclofenac epolamine patch 1.3%.... 132
FLOMAX – tamsulosin hcl cap 0.4 mg.... 66
FLORIVA PLUS – pediatric multiple vitamins w/ fluoride soln 0.25 mg/ml....106
FLOVENT DISKUS – fluticasone propionate aer pow ba 50 mcg/blister.... 54
FLOVENT DISKUS – fluticasone propionate aer pow ba 100 mcg/blister.... 55
FLOVENT DISKUS – fluticasone propionate aer pow ba 250 mcg/blister.... 55
FLOVENT HFA – fluticasone propionate hfa inhal aer 110 mcg/act (125/valve)....55
FLOVENT HFA – fluticasone propionate hfa inhal aer 220 mcg/act (250/valve)....55
FLOVENT HFA – fluticasone propionate hfa inhal aero 44 mcg/act (50/valve)....55
FLUAD 2019-2020 – influenza vac type a&b surface ant adj susp pref syr 0.5 ml....11
FLUARIX QUADRIVALENT 2019-2020 – influenza virus vac split quadrivalent susp pref syr 0.5ml.... 11
FLUBLOK QUADRIVALENT 2019-2020 – influenza vac recomb ha quad pf soln pref syr 0.5 ml.... 12
FLUCELVAX QUADRIVALENT 20 – influenza vac tiss-cult subunt quad susp pref syr 0.5 ml....12
FLUCELVAX QUADRIVALENT 20 – influenza vac tissue-cultured subunit quadrivalent im susp....12
fluconazole for susp 10 mg/ml (Diflucan)....5
fluconazole for susp 40 mg/ml (Diflucan)....5
fluconazole tab 50 mg (Diflucan)....5
fluconazole tab 100 mg (Diflucan)....5
fluconazole tab 150 mg (Diflucan)....6
fluconazole tab 200 mg (Diflucan)....6
flucytosine cap 250 mg (Ancobon)....6
flucytosine cap 500 mg (Ancobon)....6
fludrocortisone acetate tab 0.1 mg....19
FLULAVAL QUADRIVALENT 2019-2020 – influenza virus vaccine split quadrivalent im inj....12
FLULAVAL QUADRIVALENT 2019-2020 – influenza virus vac split quadrivalent susp pref syr 0.5ml.... 12
FLUMIST QUADRIVALENT 2019-2020 – influenza virus vaccine live quadrivalent intranasal susp....12
FLUNISOLIDE – flunisolide nasal soln 25 mcg/act (0.025%)....51
fluocinolone acetonide cream 0.01%.... 131
fluocinolone acetonide cream 0.025% (Synalar)....131
fluocinolone acetonide oil 0.01% (body oil) (Derma-smoothe/fs bod).... 131
fluocinolone acetonide oil 0.01% (scalp oil) (Derma-smoothe/fs sca)....131
fluocinolone acetonide oint 0.025% (Synalar)....131
fluocinolone acetonide soln 0.01% (Synalar)....131
fluocinonide cream 0.05%.... 131
fluocinonide emulsified base cream 0.05%....131
fluocinonide gel 0.05%....131
fluocinonide oint 0.05%....131
fluocinonide soln 0.05%....131
fluorometholone ophth susp 0.1% (Fml liquifilm).... 123
fluorouracil cream 5% (Efudex).... 132
FLUOROURACIL – fluorouracil soln 2%.... 132
FLUOROURACIL – fluorouracil soln 5%.... 132
FLUOXETINE DR – fluoxetine hcl cap delayed release 90 mg.... 68
FLUOXETINE – fluoxetine hcl (pmdd) cap 10 mg.... 82
FLUOXETINE – fluoxetine hcl (pmdd) cap 20 mg.... 82
fluoxetine hcl cap 10 mg (Prozac)....68
fluoxetine hcl cap 20 mg (Prozac)....68
fluoxetine hcl cap 40 mg (Prozac)....68
fluoxetine hcl (pmdd) tab 10 mg (Sarafem).... 82
fluoxetine hcl (pmdd) tab 20 mg (Sarafem).... 83
fluoxetine hcl solution 20 mg/5ml.... 68
fluoxetine hcl tab 10 mg.... 68
fluoxetine hcl tab 20 mg.... 68
fluoxetine hcl tab 60 mg (Fluoxetine hydrochlo).... 68
FLUOXETINE HYDROCHLORIDE – fluoxetine hcl tab 60 mg.... 68
FLUPHENAZINE HCL – fluphenazine hcl tab 1 mg.... 71

FLUPHENAZINE HCL – fluphenazine hcl tab 2.5 mg..... 71
FLUPHENAZINE HCL – fluphenazine hcl tab 5 mg..... 71
FLUPHENAZINE HCL – fluphenazine hcl tab 10 mg..... 71
fluphenazine hcl tab 1 mg..... 71
fluphenazine hcl tab 2.5 mg..... 71
fluphenazine hcl tab 5 mg..... 71
fluphenazine hcl tab 10 mg..... 71
FLURA-DROPS – sodium fluoride soln 0.25 mg/drop f (from 0.55 mg/drop naf).....112
FLURBIPROFEN SODIUM – flurbiprofen sodium ophth soln 0.03%.....125
flurbiprofen sodium ophth soln 0.03%.....125
flurbiprofen tab 50 mg.....92
flurbiprofen tab 100 mg..... 92
flutamide cap 125 mg.....14
FLUTICASONE PROPIONATE/SALMETEROL – fluticasone-salmeterol aer powder ba 55-14 mcg/act..... 55
FLUTICASONE PROPIONATE/SALMETEROL – fluticasone-salmeterol aer powder ba 113-14 mcg/act.....55
FLUTICASONE PROPIONATE/SALMETEROL – fluticasone-salmeterol aer powder ba 232-14 mcg/act.....55
fluticasone propionate cream 0.05%.....131
fluticasone propionate nasal susp 50 mcg/act..... 51
fluticasone propionate oint 0.005%.....131
fluticasone-salmeterol aer powder ba 100-50 mcg/dose (Advair Diskus)..... 55
fluticasone-salmeterol aer powder ba 250-50 mcg/dose (Advair Diskus)..... 55
fluticasone-salmeterol aer powder ba 500-50 mcg/dose (Advair Diskus)..... 55
fluticasone-salmeterol aer powder ba 100-50 mcg/dose (Wixela Inhub)..... 55
fluticasone-salmeterol aer powder ba 250-50 mcg/dose (Wixela Inhub)..... 55
fluticasone-salmeterol aer powder ba 500-50 mcg/dose (Wixela Inhub)..... 55
fluvastatin sodium cap 20 mg (base equivalent)..... 45
fluvastatin sodium cap 40 mg (base equivalent)..... 45
fluvastatin sodium tab er 24 hr 80 mg (base equivalent) (Lescol xl)..... 45
fluvoxamine maleate cap er 24hr 100 mg.....68
fluvoxamine maleate cap er 24hr 150 mg.....68
fluvoxamine maleate tab 25 mg.....68
fluvoxamine maleate tab 50 mg.....68
fluvoxamine maleate tab 100 mg.....68
FLUZONE HIGH-DOSE PF 2019-2020 – influenza virus vac split high-dose pf susp pref syr 0.5ml.....12
FLUZONE QUADRIVALENT 2019-2020 – influenza virus vaccine split quadrivalent im inj.....12
FLUZONE QUADRIVALENT 2019-2020 – influenza virus vaccine split quadrivalent inj 0.5 ml.....12
FLUZONE QUADRIVALENT 2019-2020 – influenza virus vac split quadrivalent susp pref syr 0.25 ml..... 12
FLUZONE QUADRIVALENT 2019-2020 – influenza virus vac split quadrivalent susp pref syr 0.5ml..... 12
FOCALIN – dexmethylphenidate hcl tab 2.5 mg.....78
FOCALIN – dexmethylphenidate hcl tab 5 mg..... 78
FOCALIN – dexmethylphenidate hcl tab 10 mg.....78
FOCALIN XR – dexmethylphenidate hcl cap er 24 hr 5 mg..... 78
FOCALIN XR – dexmethylphenidate hcl cap er 24 hr 10 mg..... 78
FOCALIN XR – dexmethylphenidate hcl cap er 24 hr 15 mg..... 78
FOCALIN XR – dexmethylphenidate hcl cap er 24 hr 20 mg..... 78
FOCALIN XR – dexmethylphenidate hcl cap er 24 hr 25 mg..... 79
FOCALIN XR – dexmethylphenidate hcl cap er 24 hr 30 mg..... 79
FOCALIN XR – dexmethylphenidate hcl cap er 24 hr 35 mg..... 79
FOCALIN XR – dexmethylphenidate hcl cap er 24 hr 40 mg..... 79
folic acid tab 400 mcg.....117
folic acid tab 800 mcg.....117
folic acid tab 1 mg.....117
folic acid-vitamin b6-vitamin b12 tab 2.2-25-0.5 mg.....117
fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml (Arixtra)..... 117
fondaparinux sodium subcutaneous inj 5 mg/0.4ml (Arixtra)..... 117
fondaparinux sodium subcutaneous inj 7.5 mg/0.6ml (Arixtra)..... 117
fondaparinux sodium subcutaneous inj 10 mg/0.8ml (Arixtra)..... 117
FORA CONTROL SOLUTION HIG – blood glucose calibration - liquid - high..... 135
FORA CONTROL SOLUTION LOW – blood glucose calibration - liquid - low.....135
FORA CONTROL SOLUTION NORMAL – blood glucose calibration - liquid - normal..... 135
FORA G20 BLOOD GLUCOSE MONITORING SYSTEM – blood glucose monitoring kit w/ device.....135
FORA G20 BLOOD GLUCOSE TEST STRIPS – glucose blood test strip.....135
FORFIVO XL – bupropion hcl tab er 24hr 450 mg..... 68
FORTAVIT – multiple vitamins w/ minerals liquid.....106
FORTEO – teriparatide (recombinant) inj 600 mcg/2.4ml.....31
FORTESTA – testosterone td gel 10mg/act (2%)..... 20
FOSAMAX – alendronate sodium tab 70 mg.....31
FOSAMAX PLUS D – alendronate sodium-cholecalciferol tab 70-2800 mg-unit.....31
FOSAMAX PLUS D – alendronate sodium-cholecalciferol tab 70-5600 mg-unit.....31
fosamprenavir calcium tab 700 mg (base equiv) (Lexiva).....8
fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg..... 33

fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg.....33
fosinopril sodium tab 10 mg.....33
fosinopril sodium tab 20 mg.....33
fosinopril sodium tab 40 mg.....33
FOSRENOL – lanthanum carbonate chew tab 500 mg (elemental).....63
FOSRENOL – lanthanum carbonate chew tab 750 mg (elemental).....63
FOSRENOL – lanthanum carbonate chew tab 1000 mg (elemental).....63
FOSRENOL – lanthanum carbonate oral powder pack 750 mg (elemental).....63
FOSRENOL – lanthanum carbonate oral powder pack 1000 mg (elemental).....63
FRAGMIN – dalteparin sodium inj 10000 unit/ml.....117
FRAGMIN – dalteparin sodium inj 2500 unit/0.2ml.....117
FRAGMIN – dalteparin sodium inj 5000 unit/0.2ml.....117
FRAGMIN – dalteparin sodium inj 7500 unit/0.3ml.....117
FRAGMIN – dalteparin sodium inj 12500 unit/0.5ml.....117
FRAGMIN – dalteparin sodium inj 15000 unit/0.6ml.....117
FRAGMIN – dalteparin sodium inj 18000 unit/0.72ml.....117
FRAGMIN – dalteparin sodium inj 95000 unit/3.8ml.....117
FREEDAVITE – multiple vitamins w/ minerals tab.....106
FREESTYLE CONTROL SOLUTION – blood glucose calibration - liquid.....135
FREESTYLE FREEDOM LITE – blood glucose monitoring kit w/ device.....135
FREESTYLE INSULINX BLOOD – glucose blood test strip.....135
FREESTYLE INSULINX BLOOD GLUCOSE MONITORING SYSTEM – blood glucose monitoring kit w/ device.....135
FREESTYLE LIBRE 14 DAY/RE – continuous blood glucose system receiver.....135
FREESTYLE LIBRE 14 DAY/SE – continuous blood glucose system sensor.....135
FREESTYLE LITE BLOOD GLUCOSE MONITORING SYSTEM – blood glucose monitoring devices.....135
FREESTYLE LITE TEST STRIP – glucose blood test strip.....135
FREESTYLE TEST STRIPS – glucose blood test strip.....135
FROVA – frovatriptan succinate tab 2.5 mg (base equivalent).....94
frovatriptan succinate tab 2.5 mg (base equivalent) (Frova).....94
FULL SPECTRUM B/VITAMIN C – b-complex w/ c & folic acid tab 0.8 mg.....106
FULPHILA – pegfilgrastim-jmdb soln prefilled syringe 6 mg/0.6ml.....117
fulvestrant inj 250 mg/5ml (Faslodex).....14
furosemide oral soln 10 mg/ml.....47
furosemide tab 20 mg (Lasix).....47
furosemide tab 40 mg (Lasix).....47
furosemide tab 80 mg (Lasix).....47
FUZEON – enfuvirtide for inj 90 mg.....8
FYCOMPA – perampanel susp 0.5 mg/ml.....97
FYCOMPA – perampanel tab 2 mg.....97
FYCOMPA – perampanel tab 4 mg.....97
FYCOMPA – perampanel tab 6 mg.....97
FYCOMPA – perampanel tab 8 mg.....97
FYCOMPA – perampanel tab 10 mg.....97
FYCOMPA – perampanel tab 12 mg.....97

G

gabapentin cap 100 mg (Neurontin).....83
gabapentin cap 300 mg (Neurontin).....83
gabapentin cap 400 mg (Neurontin).....83
gabapentin oral soln 250 mg/5ml (Neurontin).....83
gabapentin tab 600 mg (Neurontin).....83
gabapentin tab 800 mg (Neurontin).....83
GABITRIL – tiagabine hcl tab 2 mg.....98
GABITRIL – tiagabine hcl tab 4 mg.....98
GABITRIL – tiagabine hcl tab 12 mg.....98
GABITRIL – tiagabine hcl tab 16 mg.....98
galantamine hydrobromide cap er 24hr 8 mg (Razadyne er).....83
galantamine hydrobromide cap er 24hr 16 mg (Razadyne er).....83
galantamine hydrobromide cap er 24hr 24 mg (Razadyne er).....83
GALANTAMINE HYDROBROMIDE – galantamine hydrobromide oral soln 4 mg/ml.....83
galantamine hydrobromide tab 4 mg (Razadyne).....83
galantamine hydrobromide tab 8 mg (Razadyne).....83
galantamine hydrobromide tab 12 mg (Razadyne).....83
GARDASIL 9 – human papillomavirus (hpv) 9-valent recomb vac im susp.....12
GARDASIL 9 – human papillomavirus (hpv) 9-valent recomb vac susp pref syr.....12
gatifloxacin ophth soln 0.5% (Zymaxid).....123
GAVILYTE-C – peg 3350-kcl-na bicarb-nacl-na sulfate for soln 240 gm.....57
GELNIQUE – oxybutynin chloride td gel 10%.....64
GELNIQUE PUMP – oxybutynin chloride td gel 10%.....64
gemfibrozil tab 600 mg (Lopid).....45
GENOTROPIN MINIQUICK – somatropin for inj 0.2 mg.....29
GENOTROPIN MINIQUICK – somatropin for inj 0.4 mg.....29
GENOTROPIN MINIQUICK – somatropin for inj 0.6 mg.....29
GENOTROPIN MINIQUICK – somatropin for inj 0.8 mg.....29
GENOTROPIN MINIQUICK – somatropin for inj 1 mg.....29
GENOTROPIN MINIQUICK – somatropin for inj 1.2 mg.....29
GENOTROPIN MINIQUICK – somatropin for inj 1.4 mg.....29
GENOTROPIN MINIQUICK – somatropin for inj 1.6 mg.....29

GENOTROPIN MINIQUICK – somatropin for inj 1.8 mg..... 29
GENOTROPIN MINIQUICK – somatropin for inj 2 mg..... 29
GENOTROPIN – somatropin for inj 12 mg (13.8 mg overfill).....29
GENOTROPIN – somatropin for subcutaneous inj 5 mg..... 29
GENTAK – gentamicin sulfate ophth oint 0.3%..... 123
gentamicin sulfate ophth soln 0.3%.....123
GENVOYA – elvitegrav-cobic-emtricitab-tenofov af tab 150-150-200-10 mg.....8
GEODON – ziprasidone hcl cap 20 mg.....71
GEODON – ziprasidone hcl cap 40 mg.....72
GEODON – ziprasidone hcl cap 60 mg.....72
GEODON – ziprasidone hcl cap 80 mg.....72
GEODON – ziprasidone mesylate for inj 20 mg (base equivalent)..... 71
GERI-FREEDA SENIOR FORMULA – multiple vitamins w/ minerals tab..... 106
GIAZO – balsalazide disodium tab 1.1 gm..... 63
GILENYA – fingolimod hcl cap 0.5 mg (base equiv).....81
GILOTRIF – afatinib dimaleate tab 20 mg (base equivalent)..... 14
GILOTRIF – afatinib dimaleate tab 30 mg (base equivalent)..... 14
GILOTRIF – afatinib dimaleate tab 40 mg (base equivalent)..... 14
glatiramer acetate soln prefilled syringe 20 mg/ml (Copaxone)..... 81
glatiramer acetate soln prefilled syringe 40 mg/ml (Copaxone)..... 81
GLEOSTINE – lomustine cap 5 mg..... 14
GLEOSTINE – lomustine cap 10 mg..... 14
GLEOSTINE – lomustine cap 40 mg..... 14
GLEOSTINE – lomustine cap 100 mg..... 15
glimepiride tab 1 mg (Amaryl).....23
glimepiride tab 2 mg (Amaryl).....23
glimepiride tab 4 mg (Amaryl).....23
glipizide-metformin hcl tab 2.5-250 mg.....24
glipizide-metformin hcl tab 2.5-500 mg.....24
glipizide-metformin hcl tab 5-500 mg.....24
glipizide tab er 24hr 2.5 mg (Glucotrol xl)..... 23
glipizide tab er 24hr 5 mg (Glucotrol xl)..... 23
glipizide tab er 24hr 10 mg (Glucotrol xl)..... 23
glipizide tab 5 mg (Glucotrol).....24
glipizide tab 10 mg (Glucotrol).....24
GLUCAGON EMERGENCY KIT – glucagon (rdna) for inj kit 1 mg.....24
GLUCOCARD EXPRESSION AUDIO-ENABLED BLOOD GLUCOSE MONITORING – blood glucose monitoring kit w/ device.....135
GLUCOCARD EXPRESSION BLOOD GLUCOSE TEST STRIPS – glucose blood test strip..... 135
GLUCOCARD EXPRESSION CONTROL SOLUTION LEVEL 1 – blood glucose calibration - liquid.....135
GLUCOCARD SHINE – blood glucose monitoring devices.....135
GLUCOCARD SHINE – blood glucose monitoring kit w/ device.....135
GLUCOCARD SHINE CONTROL SOLUTION LEVEL 1 – blood glucose calibration - liquid..... 135
GLUCOCARD SHINE TEST STRIPS – glucose blood test strip.....135
GLUCOCARD SHINE XL – blood glucose monitoring devices.....135
glucose gel 40%.....24
GLUCOTROL – glipizide tab 5 mg.....24
GLUCOTROL – glipizide tab 10 mg.....24
GLUCOTROL XL – glipizide tab er 24hr 2.5 mg.....24
GLUCOTROL XL – glipizide tab er 24hr 5 mg.....24
GLUCOTROL XL – glipizide tab er 24hr 10 mg.....24
glyburide micronized tab 1.5 mg (Glynase).....24
glyburide micronized tab 3 mg (Glynase).....24
glyburide micronized tab 6 mg (Glynase).....24
glyburide tab 1.25 mg.....24
glyburide tab 2.5 mg.....24
glyburide tab 5 mg.....24
glycerin suppos 80.7%.....58
glycerin suppos 1 gm.....58
glycerin suppos 1.2 gm..... 58
glycerin suppos 1.5 gm..... 58
glycerin suppos 2 gm.....58
glycerin suppos 2.1 gm..... 58
glycerin suppos 3 gm.....58
glycopyrrolate tab 1 mg.....59
glycopyrrolate tab 2 mg.....59
GLYNASE – glyburide micronized tab 1.5 mg..... 24
GLYNASE – glyburide micronized tab 3 mg..... 24
GLYNASE – glyburide micronized tab 6 mg..... 24
GLYSET – miglitol tab 25 mg.....24
GLYSET – miglitol tab 50 mg.....24
GLYSET – miglitol tab 100 mg.....24
GLYXAMBI – empagliflozin-linagliptin tab 10-5 mg..... 24
GLYXAMBI – empagliflozin-linagliptin tab 25-5 mg..... 24
GNP PRENATAL – prenatal vit w/ fe fumarate-fa tab 28-0.8 mg..... 106
GOCOVRI – amantadine hcl cap er 24hr 68.5 mg (base equivalent)..... 101
GOCOVRI – amantadine hcl cap er 24hr 137 mg (base equivalent)..... 101
GOODSENSE GLUCOSE – glucose-vitamin c chew tab 4-6 gm-mg..... 24
GOODSENSE PRENATAL VITAMINS – prenatal vit w/ fe fumarate-fa tab 28-0.8 mg..... 106
GRALISE – gabapentin (once-daily) tab 300 mg.....83
GRALISE – gabapentin (once-daily) tab 600 mg.....83
GRALISE STARTER – gabapentin (once-daily) tab pack 300 mg (9) & 600 mg (69).....83
granisetron hcl tab 1 mg..... 61
GRANIX – tbo-filgrastim soln prefilled syringe 300 mcg/0.5ml..... 117

GRANIX – tbo-filgrastim soln prefilled syringe 480 mcg/0.8ml..... 117
GRANIX – tbo-filgrastim subcutaneous inj 300 mcg/ml.....117
GRANIX – tbo-filgrastim subcutaneous inj 480 mcg/1.6ml (300 mcg/ml).....117
griseofulvin microsize susp 125 mg/5ml..... 6
griseofulvin microsize tab 500 mg..... 6
griseofulvin ultramicrosize tab 125 mg.....6
griseofulvin ultramicrosize tab 250 mg.....6
GRIS-PEG – griseofulvin ultramicrosize tab 125 mg.....6
GRIS-PEG – griseofulvin ultramicrosize tab 250 mg.....6
guaifenesin-codeine soln 100-10 mg/5ml..... 52
guaifenesin liquid 100 mg/5ml..... 52
guaifenesin syrup 100 mg/5ml..... 52
guaifenesin tab er 12hr 600 mg..... 52
guaifenesin tab er 12hr 1200 mg..... 52
guaifenesin tab 200 mg.....52
guaifenesin tab 400 mg.....52
guanfacine hcl tab er 24hr 1 mg (base equiv) (Intuniv).....79
guanfacine hcl tab er 24hr 2 mg (base equiv) (Intuniv).....79
guanfacine hcl tab er 24hr 3 mg (base equiv) (Intuniv).....79
guanfacine hcl tab er 24hr 4 mg (base equiv) (Intuniv).....79
guanfacine hcl tab 1 mg..... 49
guanfacine hcl tab 2 mg..... 49
GVOKE PFS – glucagon subcutaneous soln pref syringe 0.5 mg/0.1ml.....24
GVOKE PFS – glucagon subcutaneous soln pref syringe 1 mg/0.2ml..... 24

H

HAEGARDA – c1 esterase inhibitor (human) for subcutaneous inj 2000 unit.....117
HAEGARDA – c1 esterase inhibitor (human) for subcutaneous inj 3000 unit.....117
HAIR/SKIN/NAILS – multiple vitamins w/ minerals cap.....106
halobetasol propionate cream 0.05% (Ultravate).....131
halobetasol propionate oint 0.05% (Ultravate).....131
haloperidol lactate inj 5 mg/ml (Haldol).....72
haloperidol lactate oral conc 2 mg/ml.....72
haloperidol tab 0.5 mg..... 72
haloperidol tab 1 mg..... 72
haloperidol tab 2 mg..... 72
haloperidol tab 5 mg..... 72
haloperidol tab 10 mg..... 72
haloperidol tab 20 mg..... 72
HARVONI – ledipasvir-sofosbuvir tab 45-200 mg.....6
HARVONI – ledipasvir-sofosbuvir tab 90-400 mg.....6
HELIXATE FS – antihemophilic factor (recombinant) for inj kit 250 unit.....117
HELIXATE FS – antihemophilic factor (recombinant) for inj kit 500 unit.....117
HELIXATE FS – antihemophilic factor (recombinant) for inj kit 1000 unit.....117
HELIXATE FS – antihemophilic factor (recombinant) for inj kit 2000 unit.....117
HELIXATE FS – antihemophilic factor (recombinant) for inj kit 3000 unit.....117
HEMANGEOL – propranolol hcl oral soln 4.28 mg/ml (3.75 mg/ml base equiv).....38
HEMLIBRA – emicizumab-kxwh subcutaneous soln 30 mg/ml..... 118
HEMLIBRA – emicizumab-kxwh subcutaneous soln 150 mg/ml..... 118
HEMLIBRA – emicizumab-kxwh subcutaneous soln 60 mg/0.4ml (150 mg/ml).....118
HEMLIBRA – emicizumab-kxwh subcutaneous soln 105 mg/0.7ml (150 mg/ml).....118
HEMOFIL M – antihemophilic factor (human) for inj 250 unit.....118
HEMOFIL M – antihemophilic factor (human) for inj 500 unit.....118
HEMOFIL M – antihemophilic factor (human) for inj 1000 unit.....118
HEMOFIL M – antihemophilic factor (human) for inj 1700 unit.....118
HEPARIN LOCK FLUSH – heparin sodium (porcine) lock flush iv soln 1 unit/ml.....118
HEPLISAV-B – hepatitis b vaccine recomb adjuvanted pref syr 20 mcg/0.5ml.....12
HEPLISAV-B – hepatitis b vaccine recombinant adjuvanted 20 mcg/0.5ml.....12
HEPSERA – adefovir dipivoxil tab 10 mg.....7
HETLIOZ – tasimelteon capsule 20 mg.....75
HEXALEN – altretamine cap 50 mg.....15
HIZENTRA – immune globulin (human) subcutaneous inj 1 gm/5ml.....13
HIZENTRA – immune globulin (human) subcutaneous inj 2 gm/10ml.....13
HIZENTRA – immune globulin (human) subcutaneous inj 4 gm/20ml.....13
HIZENTRA – immune globulin (human) subcutaneous inj 10 gm/50ml.....13
HM COMPLETE 50+ MENS ULTIMATE – multiple vitamins w/ minerals tab..... 106
HM COMPLETE 50+ WOMENS ULTIMATE – multiple vitamins w/ minerals tab..... 106
HM COMPLETE – multiple vitamins w/ minerals tab.....106
HM HAIR/SKIN/NAILS – multiple vitamins w/ minerals tab..... 106
HM ONE DAILY MENS – multiple vitamins w/ minerals tab..... 106
HM ONE DAILY WOMENS – multiple vitamins w/ minerals tab..... 106
HM PRENATAL – prenatal vit w/ fe fumarate-fa tab 28-0.8 mg..... 106

homatropine hbr ophth soln 5%.....125
HORIZANT – gabapentin enacarbil tab er 300 mg.....83
HORIZANT – gabapentin enacarbil tab er 600 mg.....83
HUMALOG – insulin lispro inj 100 unit/ml.....27
HUMALOG – insulin lispro soln cartridge 100 unit/ml.....27
HUMALOG JUNIOR KWIKPEN – insulin lispro soln pen-injector 100 unit/ml (0.5 unit dial)..... 27
HUMALOG KWIKPEN – insulin lispro soln pen-injector 200 unit/ml..... 27
HUMALOG KWIKPEN – insulin lispro soln pen-injector 100 unit/ml (1 unit dial)..... 27
HUMALOG MIX 75/25 – insulin lispro prot & lispro inj 100 unit/ml (75-25)..... 28
HUMALOG MIX 50/50 – insulin lispro protamine & lispro inj 100 unit/ml (50-50).....28
HUMALOG MIX 50/50 KWIKPEN – insulin lispro prot & lispro sus pen-inj 100 unit/ml (50-50).....28
HUMALOG MIX 75/25 KWIKPEN – insulin lispro prot & lispro sus pen-inj 100 unit/ml (75-25).....28
HUMATE-P – antihemophilic factor/vwf (human) for inj 250-600 unit.....118
HUMATE-P – antihemophilic factor/vwf (human) for inj 500-1200 unit.....118
HUMATE-P – antihemophilic factor/vwf (human) for inj 1000-2400 unit..... 118
HUMATROPE COMBO PACK – somatropin for inj 5 mg..... 29
HUMATROPE – somatropin for inj 24 mg.....29
HUMATROPE – somatropin for inj 6 mg (18 unit)..... 29
HUMATROPE – somatropin for inj 12 mg (36 unit)..... 29
HUMIRA – adalimumab prefilled syringe kit 10 mg/0.1ml..... 92
HUMIRA – adalimumab prefilled syringe kit 10 mg/0.2ml..... 92
HUMIRA – adalimumab prefilled syringe kit 20 mg/0.2ml..... 92
HUMIRA – adalimumab prefilled syringe kit 20 mg/0.4ml..... 92
HUMIRA – adalimumab prefilled syringe kit 40 mg/0.8ml..... 92
HUMIRA – adalimumab prefilled syringe kit 40 mg/0.4ml..... 92
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK – adalimumab prefilled syringe kit 40 mg/0.8ml..... 92
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK – adalimumab prefilled syringe kit 80 mg/0.8ml..... 92
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK – adalimumab prefilled syringe kit 80 mg/0.8ml & 40 mg/0.4ml.....92
HUMIRA PEN – adalimumab pen-injector kit 40 mg/0.8ml..... 93
HUMIRA PEN – adalimumab pen-injector kit 40 mg/0.4ml..... 93
HUMIRA PEN-CD/UC/HS STARTER – adalimumab pen-injector kit 40 mg/0.8ml.....93
HUMIRA PEN-CD/UC/HS STARTER – adalimumab pen-injector kit 80 mg/0.8ml.....93
HUMIRA PEN-PS/UV STARTER – adalimumab pen-injector kit 40 mg/0.8ml.....93
HUMIRA PEN-PS/UV STARTER – adalimumab pen-injector kit 80 mg/0.8ml & 40 mg/0.4ml.....93
HUMULIN 70/30 – insulin nph isophane & regular human inj 100 unit/ml (70-30).....28
HUMULIN 70/30 KWIKPEN – insulin nph & regular susp pen-inj 100 unit/ml (70-30).....28
HUMULIN N – insulin nph (human) (isophane) inj 100 unit/ml.....28
HUMULIN N KWIKPEN – insulin nph (human) (isophane) susp pen-injector 100 unit/ml.....28
HUMULIN R – insulin regular (human) inj 100 unit/ml.....27
HUMULIN R U-500 (CONCENTRATED) – insulin regular (human) inj 500 unit/ml..... 27
HUMULIN R U-500 KWIKPEN – insulin regular (human) soln pen-injector 500 unit/ml.....28
HYALEX – multiple vitamins w/ minerals tab..... 106
HYCAMTIN – topotecan hcl cap 0.25 mg (base equiv)..... 15
HYCAMTIN – topotecan hcl cap 1 mg (base equiv)..... 15
hydralazine hcl tab 10 mg..... 49
hydralazine hcl tab 25 mg..... 49
hydralazine hcl tab 50 mg..... 49
hydralazine hcl tab 100 mg..... 49
hydrochlorothiazide cap 12.5 mg..... 47
hydrochlorothiazide tab 12.5 mg..... 47
hydrochlorothiazide tab 25 mg..... 47
hydrochlorothiazide tab 50 mg..... 47
hydrocodone-acetaminophen soln 7.5-325 mg/15ml.....88
hydrocodone-acetaminophen tab 2.5-325 mg.....88
hydrocodone-acetaminophen tab 7.5-325 mg (Norco)..... 88
hydrocodone-acetaminophen tab 5-325 mg (Norco)..... 88
hydrocodone-acetaminophen tab 10-325 mg (Norco)..... 88
hydrocodone-ibuprofen tab 7.5-200 mg.....88
hydrocortisone acetate cream 1%.....131
hydrocortisone butyrate cream 0.1% (Locoid).....131
hydrocortisone butyrate oint 0.1%.....131
hydrocortisone butyrate soln 0.1% (Locoid).....131
hydrocortisone cream 0.5%.....131
hydrocortisone cream 1%.....131
hydrocortisone cream 2.5%.....131
hydrocortisone enema 100 mg/60ml (Cortenema).....127
hydrocortisone lotion 1%..... 131
hydrocortisone lotion 2.5%..... 131
hydrocortisone oint 0.5%.....131
hydrocortisone oint 1%.....131
hydrocortisone oint 2.5%.....131
hydrocortisone rectal cream 2.5% (Anusol-hc)..... 127

hydrocortisone tab 5 mg (Cortef)..... 19
hydrocortisone tab 10 mg (Cortef)..... 19
hydrocortisone tab 20 mg (Cortef)..... 19
hydrocortisone valerate cream 0.2%.....131
hydrocortisone valerate oint 0.2%.....131
hydrocortisone w/ acetic acid otic soln 1-2%..... 126
HYDROGEN PEROXIDE – hydrogen peroxide soln 3%..... 130
HYDROMORPHONE HCL – hydromorphone hcl inj 4 mg/ml.....88
hydromorphone hcl liqd 1 mg/ml (Dilaudid).....88
hydromorphone hcl tab er 24hr deter 8 mg..... 88
hydromorphone hcl tab er 24hr deter 12 mg..... 88
hydromorphone hcl tab er 24hr deter 16 mg..... 88
hydromorphone hcl tab er 24hr deter 32 mg..... 88
hydromorphone hcl tab 2 mg (Dilaudid).....88
hydromorphone hcl tab 4 mg (Dilaudid).....88
hydromorphone hcl tab 8 mg (Dilaudid).....88
hydroxychloroquine sulfate tab 200 mg (Plaquenil).....10
HYDROXYPROGESTERONE CAPROATE – hydroxyprogesterone caproate im in oil 1.25 gm/5ml..... 15
hydroxyurea cap 500 mg (Hydrea)..... 15
hydroxyzine hcl syrup 10 mg/5ml.....66
hydroxyzine hcl tab 10 mg..... 66
hydroxyzine hcl tab 25 mg..... 66
hydroxyzine hcl tab 50 mg..... 67
HYDROXYZINE HYDROCHLORIDE – hydroxyzine hcl im soln 50 mg/ml.....67
hydroxyzine pamoate cap 25 mg (Vistaril)..... 67
hydroxyzine pamoate cap 50 mg (Vistaril)..... 67
hyoscyamine sulfate elixir 0.125 mg/5ml.....59
hyoscyamine sulfate sl tab 0.125 mg (Levsin/sl)..... 59
hyoscyamine sulfate soln 0.125 mg/ml.....59
hyoscyamine sulfate tab disint 0.125 mg (Anaspaz).....59
hyoscyamine sulfate tab er 12hr 0.375 mg (Levbid).....59
hyoscyamine sulfate tab 0.125 mg (Levsin)..... 59
hypromellose ophth soln 0.3%..... 125
HYQVIA – immun glob inj 2.5 gm/25ml-hyaluron inj 200 unt/1.25 ml kit.....13
HYQVIA – immun glob inj 5 gm/50ml-hyaluron inj 400 unt/2.5 ml kit.....13
HYQVIA – immun glob inj 10 gm/100ml-hyaluron inj 800 unt/5 ml kit.....13
HYQVIA – immun glob inj 20 gm/200ml-hyaluron inj 1600 unt/10 ml kit.....13
HYQVIA – immun glob inj 30 gm/300ml-hyaluron inj 2400 unt/15 ml kit.....13
HYSINGLA ER – hydrocodone bitartrate tab er 24hr deter 20 mg.....88
HYSINGLA ER – hydrocodone bitartrate tab er 24hr deter 30 mg.....88
HYSINGLA ER – hydrocodone bitartrate tab er 24hr deter 40 mg.....88
HYSINGLA ER – hydrocodone bitartrate tab er 24hr deter 60 mg.....88
HYSINGLA ER – hydrocodone bitartrate tab er 24hr deter 80 mg.....88
HYSINGLA ER – hydrocodone bitartrate tab er 24hr deter 100 mg.....88
HYSINGLA ER – hydrocodone bitartrate tab er 24hr deter 120 mg.....88
HYZAAR – losartan potassium & hydrochlorothiazide tab 50-12.5 mg..... 36
HYZAAR – losartan potassium & hydrochlorothiazide tab 100-12.5 mg..... 36
HYZAAR – losartan potassium & hydrochlorothiazide tab 100-25 mg..... 36

I

ibandronate sodium tab 150 mg (base equivalent) (Boniva).....31
IBRANCE – palbociclib cap 75 mg..... 15
IBRANCE – palbociclib cap 100 mg..... 15
IBRANCE – palbociclib cap 125 mg..... 15
ibuprofen chew tab 100 mg.....93
ibuprofen susp 40 mg/ml.....93
ibuprofen susp 100 mg/5ml.....93
ibuprofen tab 200 mg..... 93
ibuprofen tab 400 mg..... 93
ibuprofen tab 600 mg..... 93
ibuprofen tab 800 mg..... 93
ICAPS AREDS FORMULA – multiple vitamins w/ minerals tab..... 106
ICAPS PLUS – multiple vitamins w/ minerals tab.....106
icatibant acetate inj 30 mg/3ml (base equivalent) (Firazyr).....118
ICLUSIG – ponatinib hcl tab 15 mg (base equiv)..... 15
ICLUSIG – ponatinib hcl tab 45 mg (base equiv)..... 15
IDELVION – coagulation factor ix (recomb) (rix-fp) for inj 250 unit.....118
IDELVION – coagulation factor ix (recomb) (rix-fp) for inj 500 unit.....118
IDELVION – coagulation factor ix (recomb) (rix-fp) for inj 1000 unit.....118
IDELVION – coagulation factor ix (recomb) (rix-fp) for inj 2000 unit.....118
IDELVION – coagulation factor ix (recomb) (rix-fp) for inj 3500 unit.....118
imatinib mesylate tab 100 mg (base equivalent) (Gleevec).....15
imatinib mesylate tab 400 mg (base equivalent) (Gleevec).....15
IMBRUVICA – ibrutinib cap 70 mg.....15
IMBRUVICA – ibrutinib cap 140 mg.....15
IMBRUVICA – ibrutinib tab 140 mg..... 15
IMBRUVICA – ibrutinib tab 280 mg..... 15
IMBRUVICA – ibrutinib tab 420 mg..... 15
IMBRUVICA – ibrutinib tab 560 mg..... 15
imipramine hcl tab 10 mg (Tofranil)..... 68
imipramine hcl tab 25 mg (Tofranil)..... 68
imipramine hcl tab 50 mg (Tofranil)..... 68

imiquimod cream 5% (Aldara).....132
IMITREX – sumatriptan nasal spray 5 mg/act..... 94
IMITREX – sumatriptan nasal spray 20 mg/act..... 94
IMITREX – sumatriptan succinate tab 25 mg..... 94
IMITREX – sumatriptan succinate tab 50 mg..... 94
IMITREX – sumatriptan succinate tab 100 mg..... 94
IMLYGIC – talimogene laherparepvec intralesional inj 1000000 unit/ml.....15
IMLYGIC – talimogene laherparepvec intralesional inj 100000000 unit/ml.....15
IMPAVIDO – miltefosine cap 50 mg.....11
IMURAN – azathioprine tab 50 mg..... 138
INBRIJA – levodopa inhal powder cap 42 mg..... 101
INCRELEX – mecasermin inj 40 mg/4ml (10 mg/ml).....29
INCRUSE ELLIPTA – umeclidinium br aero powd breath act 62.5 mcg/inh (base eq).....55
indapamide tab 1.25 mg.....47
indapamide tab 2.5 mg.....47
INDERAL LA – propranolol hcl cap er 24hr 60 mg.....38
INDERAL LA – propranolol hcl cap er 24hr 80 mg.....38
INDERAL LA – propranolol hcl cap er 24hr 120 mg.....38
INDERAL LA – propranolol hcl cap er 24hr 160 mg.....38
INDERAL XL – propranolol hcl sustained-release beads cap er 24hr 80 mg..... 38
INDERAL XL – propranolol hcl sustained-release beads cap er 24hr 120 mg..... 38
indomethacin cap 25 mg..... 93
indomethacin cap 50 mg..... 93
INLYTA – axitinib tab 1 mg.....15
INLYTA – axitinib tab 5 mg.....15
INNOPRAN XL – propranolol hcl sustained-release beads cap er 24hr 80 mg..... 38
INNOPRAN XL – propranolol hcl sustained-release beads cap er 24hr 120 mg..... 38
INREBIC – fedratinib hcl cap 100 mg.....15
INSULIN LISPRO – insulin lispro inj 100 unit/ml..... 27
INSULIN LISPRO KWIKPEN – insulin lispro soln pen-injector 100 unit/ml (1 unit dial)..... 27
INTELENCE – etravirine tab 25 mg.....8
INTELENCE – etravirine tab 100 mg.....8
INTELENCE – etravirine tab 200 mg.....8
INTERMEZZO – zolpidem tartrate sl tab 1.75 mg..... 75
INTERMEZZO – zolpidem tartrate sl tab 3.5 mg..... 75
INTRON A – interferon alfa-2b for inj 10000000 unit.....7,15
INTRON A – interferon alfa-2b for inj 18000000 unit.....7,15
INTRON A – interferon alfa-2b for inj 50000000 unit.....7,15
INTRON A – interferon alfa-2b inj 6000000 unit/ml..... 7,15
INTRON A – interferon alfa-2b inj 10000000 unit/ml..... 7,15
INTUNIV – guanfacine hcl tab er 24hr 1 mg (base equiv)..... 79
INTUNIV – guanfacine hcl tab er 24hr 2 mg (base equiv)..... 79
INTUNIV – guanfacine hcl tab er 24hr 3 mg (base equiv)..... 79
INTUNIV – guanfacine hcl tab er 24hr 4 mg (base equiv)..... 79
INVEGA – paliperidone tab er 24hr 1.5 mg..... 72
INVEGA – paliperidone tab er 24hr 3 mg..... 72
INVEGA – paliperidone tab er 24hr 6 mg..... 72
INVEGA – paliperidone tab er 24hr 9 mg..... 72
INVEGA SUSTENNA – paliperidone palmitate er susp pref syr 39 mg/0.25ml.....72
INVEGA SUSTENNA – paliperidone palmitate er susp pref syr 78 mg/0.5ml.....72
INVEGA SUSTENNA – paliperidone palmitate er susp pref syr 117 mg/0.75ml.....72
INVEGA SUSTENNA – paliperidone palmitate er susp pref syr 156 mg/ml.....72
INVEGA SUSTENNA – paliperidone palmitate er susp pref syr 234 mg/1.5ml.....72
INVEGA TRINZA – paliperidone palmitate er susp pref syr 273 mg/0.875ml.....72
INVEGA TRINZA – paliperidone palmitate er susp pref syr 410 mg/1.315ml.....72
INVEGA TRINZA – paliperidone palmitate er susp pref syr 546 mg/1.75ml.....72
INVEGA TRINZA – paliperidone palmitate er susp pref syr 819 mg/2.625ml.....72
INVIRASE – saquinavir mesylate cap 200 mg..... 9
INVIRASE – saquinavir mesylate tab 500 mg..... 9
INVOKAMET – canagliflozin-metformin hcl tab 50-500 mg..... 24
INVOKAMET – canagliflozin-metformin hcl tab 50-1000 mg..... 24
INVOKAMET – canagliflozin-metformin hcl tab 150-500 mg..... 24
INVOKAMET – canagliflozin-metformin hcl tab 150-1000 mg..... 24
INVOKAMET XR – canagliflozin-metformin hcl tab er 24hr 50-500 mg..... 24
INVOKAMET XR – canagliflozin-metformin hcl tab er 24hr 50-1000 mg..... 24
INVOKAMET XR – canagliflozin-metformin hcl tab er 24hr 150-500 mg..... 24
INVOKAMET XR – canagliflozin-metformin hcl tab er 24hr 150-1000 mg..... 24
INVOKANA – canagliflozin tab 100 mg.....24
INVOKANA – canagliflozin tab 300 mg.....24
IOPIDINE – apraclonidine hcl ophth soln 0.5% (base equivalent)..... 124
IOPIDINE – apraclonidine hcl ophth soln 1% (base equivalent)..... 124
ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml..... 55
ipratropium bromide inhal soln 0.02%.....55
ipratropium bromide nasal soln 0.03% (21 mcg/spray)..... 51
ipratropium bromide nasal soln 0.06% (42 mcg/spray)..... 51
irbesartan-hydrochlorothiazide tab 150-12.5 mg (Avalide).....36
irbesartan-hydrochlorothiazide tab 300-12.5 mg (Avalide).....36

irbesartan tab 75 mg (Avapro)..... 36
irbesartan tab 150 mg (Avapro)..... 36
irbesartan tab 300 mg (Avapro)..... 36
IRESSA – gefitinib tab 250 mg..... 15
irrigation solution, physiological..... 138
ISENTRESS HD – raltegravir potassium tab 600 mg (base equiv).....9
ISENTRESS – raltegravir potassium chew tab 25 mg (base equiv).....9
ISENTRESS – raltegravir potassium chew tab 100 mg (base equiv).....9
ISENTRESS – raltegravir potassium packet for susp 100 mg (base equiv)..... 9
ISENTRESS – raltegravir potassium tab 400 mg (base equiv).....9
ISONIAZID – isoniazid syrup 50 mg/5ml..... 5
isoniazid tab 100 mg..... 5
isoniazid tab 300 mg..... 5
ISOPTO ATROPINE – atropine sulfate ophth soln 1%..... 125
isosorbide dinitrate tab 10 mg..... 43
isosorbide dinitrate tab 20 mg..... 43
isosorbide dinitrate tab 30 mg..... 43
isosorbide dinitrate tab 5 mg (Isordil titradose)..... 43
isosorbide mononitrate tab er 24hr 30 mg..... 43
isosorbide mononitrate tab er 24hr 60 mg..... 43
isosorbide mononitrate tab er 24hr 120 mg..... 43
isosorbide mononitrate tab 10 mg..... 43
isosorbide mononitrate tab 20 mg..... 43
isotretinoin cap 10 mg..... 128
isotretinoin cap 20 mg..... 128
isotretinoin cap 30 mg..... 128
isotretinoin cap 40 mg..... 128
isradipine cap 2.5 mg..... 42
isradipine cap 5 mg..... 42
ISTALOL – timolol maleate ophth soln 0.5% (once-daily).....124
itraconazole cap 100 mg (Sporanox).....6
itraconazole oral soln 10 mg/ml (Sporanox)..... 6
ivermectin cream 1% (Soolantra)..... 128
ivermectin tab 3 mg (Stromectol)..... 11
IXINITY – coagulation factor ix (recombinant) for inj 250 unit.....118
IXINITY – coagulation factor ix (recombinant) for inj 500 unit.....118
IXINITY – coagulation factor ix (recombinant) for inj 1000 unit.....118
IXINITY – coagulation factor ix (recombinant) for inj 1500 unit.....118
IXINITY – coagulation factor ix (recombinant) for inj 2000 unit.....118
IXINITY – coagulation factor ix (recombinant) for inj 3000 unit.....118

J

JADENU – deferasirox tab 90 mg.....138
JADENU – deferasirox tab 180 mg.....138
JADENU – deferasirox tab 360 mg.....138
JADENU SPRINKLE – deferasirox granules packet 90 mg..... 138
JADENU SPRINKLE – deferasirox granules packet 180 mg..... 138
JADENU SPRINKLE – deferasirox granules packet 360 mg..... 138
JAKAFI – ruxolitinib phosphate tab 5 mg (base equivalent)..... 15
JAKAFI – ruxolitinib phosphate tab 10 mg (base equivalent)..... 15
JAKAFI – ruxolitinib phosphate tab 15 mg (base equivalent)..... 15
JAKAFI – ruxolitinib phosphate tab 20 mg (base equivalent)..... 15
JAKAFI – ruxolitinib phosphate tab 25 mg (base equivalent)..... 15
JALYN – dutasteride-tamsulosin hcl cap 0.5-0.4 mg..... 66
JANUMET – sitagliptin-metformin hcl tab 50-500 mg..... 24
JANUMET – sitagliptin-metformin hcl tab 50-1000 mg..... 24
JANUMET XR – sitagliptin-metformin hcl tab er 24hr 50-500 mg..... 25
JANUMET XR – sitagliptin-metformin hcl tab er 24hr 50-1000 mg..... 25
JANUMET XR – sitagliptin-metformin hcl tab er 24hr 100-1000 mg..... 25
JANUVIA – sitagliptin phosphate tab 25 mg (base equiv)..... 25
JANUVIA – sitagliptin phosphate tab 50 mg (base equiv)..... 25
JANUVIA – sitagliptin phosphate tab 100 mg (base equiv)..... 25
JARDIANCE – empagliflozin tab 10 mg.....25
JARDIANCE – empagliflozin tab 25 mg.....25
JENTADUETO – linagliptin-metformin hcl tab 2.5-500 mg..... 25
JENTADUETO – linagliptin-metformin hcl tab 2.5-850 mg..... 25
JENTADUETO – linagliptin-metformin hcl tab 2.5-1000 mg..... 25
JENTADUETO XR – linagliptin-metformin hcl tab er 24hr 2.5-1000 mg..... 25
JENTADUETO XR – linagliptin-metformin hcl tab er 24hr 5-1000 mg..... 25
JORNAY PM – methylphenidate hcl cap delayed er 24hr 20 mg (pm).....79
JORNAY PM – methylphenidate hcl cap delayed er 24hr 40 mg (pm).....79
JORNAY PM – methylphenidate hcl cap delayed er 24hr 60 mg (pm).....79
JORNAY PM – methylphenidate hcl cap delayed er 24hr 80 mg (pm).....79
JORNAY PM – methylphenidate hcl cap delayed er 24hr 100 mg (pm).....79

JULUCA – dolutegravir sodium-rilpivirine hcl tab 50-25 mg (base eq)....9
JUXTAPID – lomitapide mesylate cap 5 mg (base equiv).... 45
JUXTAPID – lomitapide mesylate cap 10 mg (base equiv).... 45
JUXTAPID – lomitapide mesylate cap 20 mg (base equiv).... 45
JUXTAPID – lomitapide mesylate cap 30 mg (base equiv).... 45
JUXTAPID – lomitapide mesylate cap 40 mg (base equiv).... 45
JUXTAPID – lomitapide mesylate cap 60 mg (base equiv).... 45
JYNARQUE – tolvaptan tab 15 mg....31
JYNARQUE – tolvaptan tab 30 mg....31
JYNARQUE – tolvaptan tab therapy pack 45 & 15 mg....31
JYNARQUE – tolvaptan tab therapy pack 60 & 30 mg....31
JYNARQUE – tolvaptan tab therapy pack 90 & 30 mg....31

K

KADIAN – morphine sulfate cap er 24hr 10 mg....88
KADIAN – morphine sulfate cap er 24hr 20 mg....88
KADIAN – morphine sulfate cap er 24hr 30 mg....88
KADIAN – morphine sulfate cap er 24hr 40 mg....88
KADIAN – morphine sulfate cap er 24hr 50 mg....88
KADIAN – morphine sulfate cap er 24hr 60 mg....88
KADIAN – morphine sulfate cap er 24hr 80 mg....88
KADIAN – morphine sulfate cap er 24hr 100 mg....88
KADIAN – morphine sulfate cap er 24hr 200 mg....88
KALETRA – lopinavir-ritonavir tab 100-25 mg....9
KALETRA – lopinavir-ritonavir tab 200-50 mg....9
KALYDECO – ivacaftor packet 25 mg.... 57
KALYDECO – ivacaftor packet 50 mg.... 57
KALYDECO – ivacaftor packet 75 mg.... 57
KALYDECO – ivacaftor tab 150 mg....57
KAZANO – alogliptin-metformin hcl tab 12.5-500 mg....25
KAZANO – alogliptin-metformin hcl tab 12.5-1000 mg....25
KEFLEX – cephalexin cap 250 mg....3
KEFLEX – cephalexin cap 500 mg....3
KEFLEX – cephalexin cap 750 mg....3
KEPPRA – levetiracetam oral soln 100 mg/ml....98
KEPPRA – levetiracetam tab 250 mg....98
KEPPRA – levetiracetam tab 500 mg....98
KEPPRA – levetiracetam tab 750 mg....98
KEPPRA – levetiracetam tab 1000 mg....98
KEPPRA XR – levetiracetam tab er 24hr 500 mg.... 98
KEPPRA XR – levetiracetam tab er 24hr 750 mg.... 98
KETOCARE – acetone (urine) test strip.... 135
ketoconazole cream 2%....130
ketoconazole shampoo 1%....130
ketoconazole shampoo 2% (Nizoral)....130
ketoconazole tab 200 mg....6
KETONE – acetone (urine) test strip.... 135
KETONE TEST STRIPS – acetone (urine) test strip.... 135
KETOPROFEN – ketoprofen cap 25 mg.... 93
ketorolac tromethamine ophth soln 0.5% (Acular)....125
ketorolac tromethamine ophth soln 0.4% (Acular ls)....125
ketorolac tromethamine tab 10 mg....93
KETOSTIX – acetone (urine) test strip.... 135
ketotifen fumarate ophth soln 0.025% (base equiv)....125
KEVZARA – sarilumab subcutaneous soln prefilled syringe 150 mg/1.14ml....93
KEVZARA – sarilumab subcutaneous soln prefilled syringe 200 mg/1.14ml....93
KEVZARA – sarilumab subcutaneous solution auto-injector 150 mg/1.14ml....93
KEVZARA – sarilumab subcutaneous solution auto-injector 200 mg/1.14ml....93
KHEDEZLA – desvenlafaxine tab er 24hr 50 mg.... 68
KHEDEZLA – desvenlafaxine tab er 24hr 100 mg.... 68
KINERET – anakinra subcutaneous soln prefilled syringe 100 mg/0.67ml....93
KISQALI FEMARA 200 DOSE – ribociclib 200 mg dose (200 mg tab) & letrozole 2.5 mg tbpk....15
KISQALI FEMARA 400 DOSE – ribociclib 400 mg dose (200 mg tab) & letrozole 2.5 mg tbpk....15
KISQALI FEMARA 600 DOSE – ribociclib 600 mg dose (200 mg tab) & letrozole 2.5 mg tbpk....15
KISQALI – ribociclib succinate tab pack 200 mg daily dose....15
KISQALI – ribociclib succinate tab pack 400 mg daily dose (200 mg tab)....15
KISQALI – ribociclib succinate tab pack 600 mg daily dose (200 mg tab)....15
KITABIS PAK – tobramycin nebu soln 300 mg/5ml.... 5
KOATE – antihemophilic factor (human) for inj 250 unit....118
KOATE – antihemophilic factor (human) for inj 500 unit....118
KOATE – antihemophilic factor (human) for inj 1000 unit....118
KOATE-DVI – antihemophilic factor (human) for inj 250 unit....118
KOATE-DVI – antihemophilic factor (human) for inj 500 unit....118
KOATE-DVI – antihemophilic factor (human) for inj 1000 unit....118
KOGENATE FS – antihemophilic factor (recombinant) for inj kit 250 unit....118
KOGENATE FS – antihemophilic factor (recombinant) for inj kit 500 unit....118
KOGENATE FS – antihemophilic factor (recombinant) for inj kit 1000 unit....118
KOGENATE FS – antihemophilic factor (recombinant) for inj kit 2000 unit....118
KOGENATE FS – antihemophilic factor (recombinant) for inj kit 3000 unit....118
KOGENATE FS BIO-SET – antihemophilic factor (recombinant) for inj kit 250 unit....118

KOGENATE FS BIO-SET – antihemophilic factor (recombinant) for inj kit 500 unit....119
KOGENATE FS BIO-SET – antihemophilic factor (recombinant) for inj kit 1000 unit....119
KOGENATE FS BIO-SET – antihemophilic factor (recombinant) for inj kit 2000 unit....119
KOGENATE FS BIO-SET – antihemophilic factor (recombinant) for inj kit 3000 unit....119
KOMBIGLYZE XR – saxagliptin-metformin hcl tab er 24hr 2.5-1000 mg.... 25
KOMBIGLYZE XR – saxagliptin-metformin hcl tab er 24hr 5-500 mg....25
KOMBIGLYZE XR – saxagliptin-metformin hcl tab er 24hr 5-1000 mg.... 25
KONSYL DAILY FIBER – psyllium powder 60.3%....58
KONSYL-D – psyllium powder 52.3%....58
KONSYL – psyllium powder 71.67%....58
KOVALTRY – antihemophilic factor (recombinant) for inj 250 unit....119
KOVALTRY – antihemophilic factor (recombinant) for inj 500 unit....119
KOVALTRY – antihemophilic factor (recombinant) for inj 1000 unit....119
KOVALTRY – antihemophilic factor (recombinant) for inj 2000 unit....119
KOVALTRY – antihemophilic factor (recombinant) for inj 3000 unit....119
K-PAX IMMUNE SUPPORT FORMULA PROFESSIONAL STRENGTH – multiple vitamins w/ minerals cap....106
K-PAX IMMUNE SUPPORT FORMULA PROFESSIONAL STRENGTH – multiple vitamins w/ minerals tab....106
K-PHOS NO 2 – potassium & sodium acid phosphates tab 305-700 mg.... 66
KP PRENATAL MULTIVITAMINS – prenatal vit w/ fe fumarate-fa tab 28-0.8 mg.... 106
KRINTAFEL – tafenoquine succinate tab 150 mg (base equivalent).... 10
KROGER AUTOLET LANCING DE – lancet devices.... 137
KUVAN – sapropterin dihydrochloride powder packet 100 mg.... 31
KUVAN – sapropterin dihydrochloride powder packet 500 mg.... 31
KUVAN – sapropterin dihydrochloride soluble tab 100 mg.... 31

L

labetalol hcl tab 100 mg....38
labetalol hcl tab 200 mg....38
labetalol hcl tab 300 mg....38
lactase chew tab 9000 unit.... 61
lactase tab 3000 unit.... 61
lactase tab 9000 unit.... 61
lactated ringer's for irrigation.... 138
lactic acid (ammonium lactate) cream 12% (Lac-hydrin)....132
lactic acid (ammonium lactate) lotion 5%....132
lactic acid (ammonium lactate) lotion 12%....132
lactulose (encephalopathy) solution 10 gm/15ml.... 63
lactulose solution 10 gm/15ml.... 58
LAMICTAL CHEWABLE DISPERSIBLE – lamotrigine tab chewable dispersible 5 mg.... 98
LAMICTAL CHEWABLE DISPERSIBLE – lamotrigine tab chewable dispersible 25 mg.... 98
LAMICTAL – lamotrigine tab 25 mg....98
LAMICTAL – lamotrigine tab 100 mg....98
LAMICTAL – lamotrigine tab 150 mg....98
LAMICTAL – lamotrigine tab 200 mg....98
LAMICTAL ODT – lamotrigine orally disintegrating tab 25 mg.... 98
LAMICTAL ODT – lamotrigine orally disintegrating tab 50 mg.... 98
LAMICTAL ODT – lamotrigine orally disintegrating tab 100 mg.... 98
LAMICTAL ODT – lamotrigine orally disintegrating tab 200 mg.... 98
LAMICTAL ODT – lamotrigine tab disint 25 (14) & 50 mg (14) & 100 mg (7) kit.... 98
LAMICTAL ODT – lamotrigine tab disint 25 mg (21) & 50 mg (7) titration kit....98
LAMICTAL ODT – lamotrigine tab disint 50 mg (42)- 100 mg(14) titration kit.... 98
LAMICTAL STARTER/NOT TAKING CARBAMAZEPINE – lamotrigine tab 25 mg (42) & 100 mg (7) starter kit....98
LAMICTAL STARTER/TAKING CARBAMAZEPINE/NOT TAKING VALPROATE – lamotrigine tab 25 mg (84) & 100 mg (14) starter kit....98
LAMICTAL STARTER/TAKING VALPROATE – lamotrigine tab 25 mg (35) starter kit....98
LAMICTAL XR – lamotrigine tab er 24hr 25 (14) & 50 mg (14) & 100 mg(7) kit....98
LAMICTAL XR – lamotrigine tab er 24hr 50 (14) & 100 mg(14) & 200 mg(7) kit....98
LAMICTAL XR – lamotrigine tab er 24hr 25 mg.... 98
LAMICTAL XR – lamotrigine tab er 24hr 50 mg.... 98
LAMICTAL XR – lamotrigine tab er 24hr 100 mg.... 98
LAMICTAL XR – lamotrigine tab er 24hr 200 mg.... 98
LAMICTAL XR – lamotrigine tab er 24hr 250 mg.... 98
LAMICTAL XR – lamotrigine tab er 24hr 300 mg.... 98
LAMICTAL XR – lamotrigine tab er 24hr 25 mg (21) & 50 mg (7) titration kit....98
lamivudine oral soln 10 mg/ml (Epivir).... 9
lamivudine tab 150 mg (Epivir).... 9
lamivudine tab 300 mg (Epivir).... 9
lamivudine tab 100 mg (hbv) (Epivir hbv)....7
lamivudine-zidovudine tab 150-300 mg (Combivir).... 9
lamotrigine orally disintegrating tab 25 mg (Lamictal odt)....98
lamotrigine orally disintegrating tab 50 mg (Lamictal odt)....98
lamotrigine orally disintegrating tab 100 mg (Lamictal odt)....99

lamotrigine orally disintegrating tab 200 mg (Lamictal odt)....99
lamotrigine tab chewable dispersible 5 mg (Lamictal chewable di)....99
lamotrigine tab chewable dispersible 25 mg (Lamictal chewable di)....99
lamotrigine tab disint 25 (14) & 50 mg (14) & 100 mg (7) kit....99
lamotrigine tab disint 25 mg (21) & 50 mg (7) titration kit....99
lamotrigine tab disint 50 mg (42)- 100 mg(14) titration kit....99
lamotrigine tab er 24hr 25 mg (Lamictal xr)....99
lamotrigine tab er 24hr 50 mg (Lamictal xr)....99
lamotrigine tab er 24hr 100 mg (Lamictal xr)....99
lamotrigine tab er 24hr 200 mg (Lamictal xr)....99
lamotrigine tab er 24hr 250 mg (Lamictal xr)....99
lamotrigine tab er 24hr 300 mg (Lamictal xr)....99
lamotrigine tab 25 mg (42) & 100 mg (7) starter kit (Lamictal starter/not)....99
lamotrigine tab 25 mg (84) & 100 mg (14) starter kit (Lamictal starter/tak)....99
lamotrigine tab 25 mg (Lamictal)....99
lamotrigine tab 100 mg (Lamictal)....99
lamotrigine tab 150 mg (Lamictal)....99
lamotrigine tab 200 mg (Lamictal)....99
lamotrigine tab 25 mg (35) starter kit (Lamictal starter/tak)....99
LANCETS - VARIOUS....137
lansoprazole cap delayed release 15 mg (Prevacid)....59
lansoprazole cap delayed release 30 mg (Prevacid)....59
lansoprazole tab delayed release orally disintegrating 15 mg (Prevacid solutab)....60
lansoprazole tab delayed release orally disintegrating 30 mg (Prevacid solutab)....60
lanthanum carbonate chew tab 500 mg (elemental) (Fosrenol)....63
lanthanum carbonate chew tab 750 mg (elemental) (Fosrenol)....63
lanthanum carbonate chew tab 1000 mg (elemental) (Fosrenol)....63
LANTUS – insulin glargine inj 100 unit/ml....28
LANTUS SOLOSTAR – insulin glargine soln pen-injector 100 unit/ml....28
LASTACAFT – alcaftadine ophth soln 0.25%....125
latanoprost ophth soln 0.005% (Xalatan)....124
LATUDA – lurasidone hcl tab 20 mg....72
LATUDA – lurasidone hcl tab 40 mg....72
LATUDA – lurasidone hcl tab 60 mg....72
LATUDA – lurasidone hcl tab 80 mg....72
LATUDA – lurasidone hcl tab 120 mg....72
LEDIPASVIR/SOFOSBUVIR – ledipasvir-sofosbuvir tab 90-400 mg....7
leflunomide tab 10 mg (Arava)....93
leflunomide tab 20 mg (Arava)....93
LENVIMA 14 MG DAILY DOSE – lenvatinib cap therapy pack 10 & 4 mg (14 mg daily dose)....16
LENVIMA 18 MG DAILY DOSE – lenvatinib cap therapy pack 10 & 4 (2) mg (18 mg daily dose)....16
LENVIMA 24 MG DAILY DOSE – lenvatinib cap therapy pack 10 (2) & 4 mg (24 mg daily dose)....16
LENVIMA 10 MG DAILY DOSE – lenvatinib cap therapy pack 10 mg (10 mg daily dose)....15
LENVIMA 12MG DAILY DOSE – lenvatinib cap therapy pack 4 (3) mg (12 mg daily dose)....16
LENVIMA 20 MG DAILY DOSE – lenvatinib cap therapy pack 10 (2) mg (20 mg daily dose)....16
LENVIMA 4 MG DAILY DOSE – lenvatinib cap therapy pack 4 mg (4 mg daily dose)....16
LENVIMA 8 MG DAILY DOSE – lenvatinib cap therapy pack 4 (2) mg (8 mg daily dose)....16
LESCOL XL – fluvastatin sodium tab er 24 hr 80 mg (base equivalent)....45
LETAIRIS – ambrisentan tab 5 mg....49
LETAIRIS – ambrisentan tab 10 mg....49
letrozole tab 2.5 mg (Femara)....16
LEUCOVORIN CALCIUM – leucovorin calcium tab 10 mg....16
LEUCOVORIN CALCIUM – leucovorin calcium tab 15 mg....16
leucovorin calcium tab 5 mg....16
leucovorin calcium tab 25 mg....16
LEUKERAN – chlorambucil tab 2 mg....16
levalbuterol hcl soln nebu conc 1.25 mg/0.5ml (base equiv) (Xopenex concentrate)....55
levalbuterol hcl soln nebu 0.31 mg/3ml (base equiv) (Xopenex)....55
levalbuterol hcl soln nebu 0.63 mg/3ml (base equiv) (Xopenex)....55
levalbuterol hcl soln nebu 1.25 mg/3ml (base equiv) (Xopenex)....55
LEVAQUIN – levofloxacin tab 500 mg....5
LEVAQUIN – levofloxacin tab 750 mg....5
LEVEMIR FLEXTOUCH – insulin detemir soln pen-injector 100 unit/ml....28
LEVEMIR – insulin detemir inj 100 unit/ml....28
levetiracetam oral soln 100 mg/ml (Keppra)....99
levetiracetam tab er 24hr 500 mg (Keppra xr)....99
levetiracetam tab er 24hr 750 mg (Keppra xr)....99
levetiracetam tab 250 mg (Keppra)....99
levetiracetam tab 500 mg (Keppra)....99
levetiracetam tab 750 mg (Keppra)....99
levetiracetam tab 1000 mg (Keppra)....99
LEVOBUNOLOL HCL – levobunolol hcl ophth soln 0.5%....124
levobunolol hcl ophth soln 0.5%....124
levocarnitine oral soln 1 gm/10ml (10%) (Carnitor)....31
levocarnitine tab 330 mg (Carnitor)....31
levocetirizine dihydrochloride soln 2.5 mg/5ml (0.5 mg/ml)....51

levocetirizine dihydrochloride tab 5 mg..... 51
levofloxacin ophth soln 0.5%..... 123
levofloxacin oral soln 25 mg/ml..... 5
levofloxacin tab 250 mg..... 5
levofloxacin tab 500 mg (Levaquin)..... 5
levofloxacin tab 750 mg (Levaquin)..... 5
levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg..... 22
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg..... 22
levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg..... 22
levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg..... 22
levonorgestrel tab 1.5 mg..... 22
levothyroxine sodium tab 25 mcg (Synthroid)..... 29
levothyroxine sodium tab 50 mcg (Synthroid)..... 29
levothyroxine sodium tab 75 mcg (Synthroid)..... 29
levothyroxine sodium tab 88 mcg (Synthroid)..... 29
levothyroxine sodium tab 100 mcg (Synthroid)..... 29
levothyroxine sodium tab 112 mcg (Synthroid)..... 29
levothyroxine sodium tab 125 mcg (Synthroid)..... 29
levothyroxine sodium tab 137 mcg (Synthroid)..... 29
levothyroxine sodium tab 150 mcg (Synthroid)..... 29
levothyroxine sodium tab 175 mcg (Synthroid)..... 29
levothyroxine sodium tab 200 mcg (Synthroid)..... 29
levothyroxine sodium tab 300 mcg (Synthroid)..... 29
LEXAPRO – escitalopram oxalate tab 5 mg (base equiv)..... 68
LEXAPRO – escitalopram oxalate tab 10 mg (base equiv)..... 68
LEXAPRO – escitalopram oxalate tab 20 mg (base equiv)..... 68
LEXIVA – fosamprenavir calcium susp 50 mg/ml (base equiv)..... 9
LIALDA – mesalamine tab delayed release 1.2 gm..... 63
lidocaine hcl cream 3%..... 132
lidocaine hcl gel 2%..... 132
LIDOCAINE HCL JELLY – lidocaine hcl urethral/mucosal gel 2%..... 132
lidocaine hcl soln 4%..... 132
lidocaine hcl urethral/mucosal gel 2%..... 132
lidocaine hcl urethral/mucosal gel prefilled syringe 2%..... 132
lidocaine hcl viscous soln 2%..... 126
lidocaine patch 5% (Lidoderm)..... 132
lidocaine-prilocaine cream 2.5-2.5%..... 132
LIDODERM – lidocaine patch 5%..... 132
LIDOPURE PATCH – lidocaine patch 5% & adhesive sheet kit..... 132
LINDANE – lindane shampoo 1%..... 132
linezolid for susp 100 mg/5ml (Zyvox)..... 11
linezolid tab 600 mg (Zyvox)..... 11
LINZESS – linaclotide cap 72 mcg..... 63
LINZESS – linaclotide cap 145 mcg..... 63
LINZESS – linaclotide cap 290 mcg..... 63
liothyronine sodium tab 5 mcg (Cytomel)..... 29
liothyronine sodium tab 25 mcg (Cytomel)..... 29
liothyronine sodium tab 50 mcg (Cytomel)..... 29
LIPITOR – atorvastatin calcium tab 10 mg (base equivalent)..... 45
LIPITOR – atorvastatin calcium tab 20 mg (base equivalent)..... 45
LIPITOR – atorvastatin calcium tab 40 mg (base equivalent)..... 45
LIPITOR – atorvastatin calcium tab 80 mg (base equivalent)..... 45
LIPOFEN – fenofibrate cap 50 mg..... 45
LIPOFEN – fenofibrate cap 150 mg..... 45
LIQUID CALCIUM WITH D3 MAXIMUM STRENGTH – calcium carbonate-cholecalciferol cap 600 mg-1000 unit..... 112
lisinopril & hydrochlorothiazide tab 10-12.5 mg (Zestoretic)..... 33
lisinopril & hydrochlorothiazide tab 20-12.5 mg (Zestoretic)..... 33
lisinopril & hydrochlorothiazide tab 20-25 mg (Zestoretic)..... 33
lisinopril tab 5 mg (Prinivil)..... 33
lisinopril tab 10 mg (Prinivil)..... 33
lisinopril tab 20 mg (Prinivil)..... 33
lisinopril tab 2.5 mg (Zestril)..... 33
lisinopril tab 30 mg (Zestril)..... 33
lisinopril tab 40 mg (Zestril)..... 33
lithium carbonate cap 300 mg..... 72
lithium carbonate cap 150 mg (Lithium carbonate)..... 72
lithium carbonate cap 600 mg (Lithium carbonate)..... 72
LITHIUM CARBONATE – lithium carbonate cap 600 mg..... 72
lithium carbonate tab er 450 mg..... 72
lithium carbonate tab er 300 mg (Lithobid)..... 72
lithium carbonate tab 300 mg..... 72
LITHIUM – lithium oral solution 8 meq/5ml..... 72
LIVALO – pitavastatin calcium tab 1 mg (base equiv)..... 45
LIVALO – pitavastatin calcium tab 2 mg (base equiv)..... 45
LIVALO – pitavastatin calcium tab 4 mg (base equiv)..... 45
LONHALA MAGNAIR REFILL KI – glycopyrrolate inhal solution 25 mcg/ml..... 55
LONHALA MAGNAIR STARTER K – glycopyrrolate inhal solution 25 mcg/ml..... 55
LONSURF – trifluridine-tipiracil tab 15-6.14 mg..... 16
LONSURF – trifluridine-tipiracil tab 20-8.19 mg..... 16
loperamide hcl cap 2 mg..... 58
loperamide hcl liq 1 mg/5ml (0.2 mg/ml)..... 58
loperamide hcl tab 2 mg..... 58
LOPID – gemfibrozil tab 600 mg..... 45
lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml) (Kaletra)..... 9
LOPRESSOR HCT – metoprolol & hydrochlorothiazide tab 50-25 mg..... 38
LOPRESSOR – metoprolol tartrate tab 50 mg..... 38
LOPRESSOR – metoprolol tartrate tab 100 mg..... 38

loratadine & pseudoephedrine tab er 12hr 5-120 mg.....52
loratadine & pseudoephedrine tab er 24hr 10-240 mg.....52
loratadine rapidly-disintegrating tab 10 mg (Claritin).....51
loratadine syrup 5 mg/5ml.....51
loratadine tab 10 mg.....51
lorazepam conc 2 mg/ml.....67
lorazepam tab 0.5 mg (Ativan).....67
lorazepam tab 1 mg (Ativan).....67
lorazepam tab 2 mg (Ativan).....67
LORBRENA – lorlatinib tab 25 mg.....16
LORBRENA – lorlatinib tab 100 mg.....16
losartan potassium & hydrochlorothiazide tab 50-12.5 mg (Hyzaar).....36
losartan potassium & hydrochlorothiazide tab 100-12.5 mg (Hyzaar).....36
losartan potassium & hydrochlorothiazide tab 100-25 mg (Hyzaar).....36
losartan potassium tab 25 mg (Cozaar).....36
losartan potassium tab 50 mg (Cozaar).....36
losartan potassium tab 100 mg (Cozaar).....36
LOTENSIN – benazepril hcl tab 10 mg.....33
LOTENSIN – benazepril hcl tab 20 mg.....33
LOTENSIN – benazepril hcl tab 40 mg.....33
LOTENSIN HCT – benazepril & hydrochlorothiazide tab 10-12.5 mg.....33
LOTENSIN HCT – benazepril & hydrochlorothiazide tab 20-12.5 mg.....33
LOTENSIN HCT – benazepril & hydrochlorothiazide tab 20-25 mg.....33
LOTREL – amlodipine besylate-benazepril hcl cap 5-10 mg.....42
LOTREL – amlodipine besylate-benazepril hcl cap 5-20 mg.....42
LOTREL – amlodipine besylate-benazepril hcl cap 10-20 mg.....42
LOTREL – amlodipine besylate-benazepril hcl cap 10-40 mg.....42
lovastatin tab 10 mg.....45
lovastatin tab 20 mg.....45
lovastatin tab 40 mg.....45
LOVAZA – omega-3-acid ethyl esters cap 1 gm.....46
LOVENOX – enoxaparin sodium inj 30 mg/0.3ml.....119
LOVENOX – enoxaparin sodium inj 40 mg/0.4ml.....119
LOVENOX – enoxaparin sodium inj 60 mg/0.6ml.....119
LOVENOX – enoxaparin sodium inj 80 mg/0.8ml.....119
LOVENOX – enoxaparin sodium inj 100 mg/ml.....119
LOVENOX – enoxaparin sodium inj 120 mg/0.8ml.....119
LOVENOX – enoxaparin sodium inj 150 mg/ml.....119
LOVENOX – enoxaparin sodium inj 300 mg/3ml.....119
loxapine succinate cap 5 mg.....72
loxapine succinate cap 10 mg.....72
loxapine succinate cap 25 mg.....72
loxapine succinate cap 50 mg.....72
LUCEMYRA – lofexidine hcl tab 0.18 mg (base equivalent).....83
LUMIGAN – bimatoprost ophth soln 0.01%.....124
LUNESTA – eszopiclone tab 1 mg.....75
LUNESTA – eszopiclone tab 2 mg.....75
LUNESTA – eszopiclone tab 3 mg.....75
LUPRON DEPOT (1-MONTH) – leuprolide acetate for inj kit 3.75 mg.....16
LUPRON DEPOT (1-MONTH) – leuprolide acetate for inj kit 7.5 mg.....16
LUPRON DEPOT (3-MONTH) – leuprolide acetate (3 month) for inj kit 11.25 mg.....16
LUPRON DEPOT (3-MONTH) – leuprolide acetate (3 month) for inj kit 22.5 mg.....16
LUPRON DEPOT (4-MONTH) – leuprolide acetate (4 month) for inj kit 30 mg.....16
LUPRON DEPOT (6-MONTH) – leuprolide acetate (6 month) for inj kit 45 mg.....16
LUPRON DEPOT-PED (1-MONTH) – leuprolide acetate for inj pediatric kit 7.5 mg.....31
LUPRON DEPOT-PED (1-MONTH) – leuprolide acetate for inj pediatric kit 11.25 mg.....31
LUPRON DEPOT-PED (1-MONTH) – leuprolide acetate for inj pediatric kit 15 mg.....31
LUPRON DEPOT-PED (3-MONTH) – leuprolide acetate (3 month) for inj pediatric kit 11.25 mg.....31
LUPRON DEPOT-PED (3-MONTH) – leuprolide acetate (3 month) for inj pediatric kit 30 mg.....31
LYNPARZA – olaparib cap 50 mg.....16
LYNPARZA – olaparib tab 100 mg.....16
LYNPARZA – olaparib tab 150 mg.....16
LYRICA CR – pregabalin tab er 24hr 82.5 mg.....83
LYRICA CR – pregabalin tab er 24hr 165 mg.....83
LYRICA CR – pregabalin tab er 24hr 330 mg.....83
LYRICA – pregabalin cap 25 mg.....83
LYRICA – pregabalin cap 50 mg.....83
LYRICA – pregabalin cap 75 mg.....83
LYRICA – pregabalin cap 100 mg.....83
LYRICA – pregabalin cap 150 mg.....83
LYRICA – pregabalin cap 200 mg.....83
LYRICA – pregabalin cap 225 mg.....83
LYRICA – pregabalin cap 300 mg.....83
LYRICA – pregabalin soln 20 mg/ml.....83
LYSODREN – mitotane tab 500 mg.....16

M

MACULAR VITAMIN BENEFIT – multiple vitamins w/ minerals tab.....107
MAGDELAY – magnesium chloride tab dr 70 mg (elemental mg).....112
MAGNESIUM CHLORIDE – magnesium chloride inj 200 mg/ml.....112
magnesium chloride tab dr 64 mg (elemental mg).....112
magnesium citrate soln.....58
MAGNESIUM GLUCONATE – magnesium gluconate tab 500 mg.....112

magnesium gluconate tab 27.5 mg (elemental mg)....112
magnesium gluconate tab 500 mg (27 mg elemental mg)....112
magnesium hydroxide susp 400 mg/5ml....58
magnesium oxide tab 250 mg....59
magnesium oxide tab 400 mg....59
magnesium oxide tab 400 mg (240 mg elemental mg)....112
magnesium oxide tab 400 mg (241.3 mg elemental mg)....112
magnesium oxide tab 500 mg (mg supplement)....112
magnesium tab 250 mg....112
malathion lotion 0.5% (Ovide)....132
MATULANE – procarbazine hcl cap 50 mg.... 16
MAVENCLAD – cladribine tab therapy pack 10 mg (4 tabs).... 81
MAVENCLAD – cladribine tab therapy pack 10 mg (5 tabs).... 81
MAVENCLAD – cladribine tab therapy pack 10 mg (6 tabs).... 81
MAVENCLAD – cladribine tab therapy pack 10 mg (7 tabs).... 81
MAVENCLAD – cladribine tab therapy pack 10 mg (8 tabs).... 81
MAVENCLAD – cladribine tab therapy pack 10 mg (9 tabs).... 81
MAVENCLAD – cladribine tab therapy pack 10 mg (10 tabs).... 81
MAVYRET – glecaprevir-pibrentasvir tab 100-40 mg.... 7
MAXALT-MLT – rizatriptan benzoate oral disintegrating tab 5 mg (base eq)....95
MAXALT-MLT – rizatriptan benzoate oral disintegrating tab 10 mg (base eq)....95
MAXALT – rizatriptan benzoate tab 10 mg (base equivalent).... 94
MAYZENT – siponimod fumarate tab 0.25 mg (base equiv).... 81
MAYZENT – siponimod fumarate tab 2 mg (base equiv).... 81
meclizine hcl chew tab 25 mg....61
meclizine hcl tab 12.5 mg....61
meclizine hcl tab 25 mg....61
MEDIPLAST – salicylic acid plaster 40%....130
MEDISENSE GLUCOSE KETONE CONTROL SOLUTION 1-NORMAL – blood glucose calibration - liquid.... 135
MEDISENSE HIGH/LOW CONTROL SOLUTION – blood glucose calibration - liquid.... 135
MEDISENSE HIGH/MID/LOW CONTROL SOLUTION – blood glucose calibration - liquid.... 135
MEDISENSE MID CONTROL SOLUTION – blood glucose calibration - liquid.... 136
medroxyprogesterone acetate tab 2.5 mg (Provera).... 21
medroxyprogesterone acetate tab 5 mg (Provera).... 21
medroxyprogesterone acetate tab 10 mg (Provera).... 21
mefenamic acid cap 250 mg....93
MEFLOQUINE HCL – mefloquine hcl tab 250 mg....10
MEGACE ES – megestrol acetate susp 625 mg/5ml....21
MEGA MULTIVITAMIN FOR MEN – multiple vitamins w/ minerals tab.... 107
MEGA MULTIVITAMIN FOR WOMEN – multiple vitamins w/ minerals tab.... 107
MEGAVITE FRUITS & VEGGIES – multiple vitamins w/ minerals tab.... 107
MEGAVITE GOLDEN YEARS 55+ – multiple vitamins w/ minerals tab.... 107
megestrol acetate susp 40 mg/ml....16
megestrol acetate susp 625 mg/5ml (Megace es)....21
megestrol acetate tab 20 mg....16
megestrol acetate tab 40 mg....16
MEIJER CALAMINE – calamine lotion....132
MEKINIST – trametinib dimethyl sulfoxide tab 0.5 mg (base equivalent).... 16
MEKINIST – trametinib dimethyl sulfoxide tab 2 mg (base equivalent).... 16
MEKTOVI – binimetinib tab 15 mg....16
meloxicam tab 7.5 mg (Mobic)....93
meloxicam tab 15 mg (Mobic)....93
melphalan tab 2 mg (Alkeran)....16
memantine hcl cap er 24hr 7 mg (Namenda xr).... 83
memantine hcl cap er 24hr 14 mg (Namenda xr).... 83
memantine hcl cap er 24hr 21 mg (Namenda xr).... 83
memantine hcl cap er 24hr 28 mg (Namenda xr).... 83
memantine hcl oral solution 2 mg/ml....83
memantine hcl tab 5 mg (Namenda).... 83
memantine hcl tab 10 mg (Namenda).... 83
MENS 50+ ADVANCED – multiple vitamins w/ minerals cap....107
MENS 50+ MULTI VITAMIN & MINERAL FORMULA – multiple vitamins w/ minerals tab....107
MENS MULTI VITAMIN & MINERAL FORMULA – multiple vitamins w/ minerals tab.... 107
mercaptopurine tab 50 mg.... 16
mesalamine cap dr 400 mg (Delzicol).... 63
mesalamine enema 4 gm.... 63
mesalamine rectal enema 4 gm & cleanser wipe kit (Rowasa).... 63
mesalamine suppos 1000 mg (Canasa).... 63
mesalamine tab delayed release 1.2 gm (Lialda).... 63
mesalamine tab delayed release 800 mg (Asacol hd)....63
MESNEX – mesna tab 400 mg.... 16
METAMUCIL MULTIHEALTH FIBER – psyllium powder 55.46%.... 58
METAMUCIL MULTIHEALTH FIBER – psyllium powder 63%.... 58
METAPROTERENOL SULFATE – metaproterenol sulfate syrup 10 mg/5ml....55
METAPROTERENOL SULFATE – metaproterenol sulfate tab 10 mg.... 55

METAPROTERENOL SULFATE – metaproterenol sulfate tab 20 mg..... 55
metformin hcl tab er 24hr 500 mg (Glucophage xr).....25
metformin hcl tab er 24hr 750 mg (Glucophage xr).....25
metformin hcl tab 500 mg (Glucophage)..... 25
metformin hcl tab 850 mg (Glucophage)..... 25
metformin hcl tab 1000 mg (Glucophage)..... 25
methadone hcl conc 10 mg/ml (Methadose)..... 88
methadone hcl soln 5 mg/5ml (Methadone hcl)..... 88
methadone hcl soln 10 mg/5ml (Methadone hcl)..... 88
methadone hcl tab for oral susp 40 mg.....89
methadone hcl tab 5 mg (Dolophine).....89
methadone hcl tab 10 mg (Dolophine).....89
methimazole tab 5 mg (Tapazole).....29
methimazole tab 10 mg (Tapazole).....29
methocarbamol tab 750 mg (Robaxin-750).....103
methocarbamol tab 500 mg (Robaxin).....103
METHOTREXATE SODIUM – methotrexate sodium inj 250 mg/10ml (25 mg/ml).....16
methotrexate sodium tab 2.5 mg (base equiv).....16
methoxsalen rapid cap 10 mg (Oxsoralen ultra).....132
methylcellulose powder laxative.....58
methylcellulose tab 500 mg.....58
methyldopa tab 250 mg..... 49
methyldopa tab 500 mg..... 49
methylergonovine maleate tab 0.2 mg.....31
METHYLIN – methylphenidate hcl soln 5 mg/5ml..... 79
METHYLIN – methylphenidate hcl soln 10 mg/5ml..... 79
methylphenidate hcl cap er 24hr 60 mg (la).....79
methylphenidate hcl cap er 24hr 10 mg (la) (Ritalin la)..... 79
methylphenidate hcl cap er 24hr 20 mg (la) (Ritalin la)..... 79
methylphenidate hcl cap er 24hr 30 mg (la) (Ritalin la)..... 79
methylphenidate hcl cap er 24hr 40 mg (la) (Ritalin la)..... 79
methylphenidate hcl cap er 10 mg (cd)..... 79
methylphenidate hcl cap er 20 mg (cd)..... 79
methylphenidate hcl cap er 30 mg (cd)..... 79
methylphenidate hcl cap er 40 mg (cd)..... 79
methylphenidate hcl cap er 50 mg (cd)..... 79
methylphenidate hcl cap er 60 mg (cd)..... 79
methylphenidate hcl chew tab 2.5 mg..... 79
methylphenidate hcl chew tab 5 mg..... 79
methylphenidate hcl chew tab 10 mg..... 79
methylphenidate hcl soln 5 mg/5ml (Methylin)..... 79
methylphenidate hcl soln 10 mg/5ml (Methylin)..... 79
methylphenidate hcl tab er 24hr 27 mg..... 80
methylphenidate hcl tab er 24hr 36 mg..... 80
methylphenidate hcl tab er 24hr 54 mg..... 80
methylphenidate hcl tab er 10 mg..... 80
methylphenidate hcl tab er 20 mg..... 80
methylphenidate hcl tab er osmotic release (osm) 18 mg (Concerta)..... 79
methylphenidate hcl tab er osmotic release (osm) 27 mg (Concerta)..... 79
methylphenidate hcl tab er osmotic release (osm) 36 mg (Concerta)..... 79
methylphenidate hcl tab er osmotic release (osm) 54 mg (Concerta)..... 80
methylphenidate hcl tab 5 mg (Ritalin)..... 80
methylphenidate hcl tab 10 mg (Ritalin)..... 80
methylphenidate hcl tab 20 mg (Ritalin)..... 80
METHYLPHENIDATE HYDROCHLORIDE ER – methylphenidate hcl tab er 24hr 18 mg.....80
METHYLPHENIDATE HYDROCHLORIDE ER – methylphenidate hcl tab er osmotic release (osm) 72 mg..... 80
methylprednisolone tab 4 mg (Medrol).....19
methylprednisolone tab 8 mg (Medrol).....19
methylprednisolone tab 16 mg (Medrol).....19
methylprednisolone tab 32 mg (Medrol).....19
methylprednisolone tab therapy pack 4 mg (21) (Medrol dosepak).....19
metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv).....63
metoclopramide hcl tab 5 mg (base equivalent) (Reglan).....63
metoclopramide hcl tab 10 mg (base equivalent) (Reglan).....63
metolazone tab 2.5 mg.....47
metolazone tab 5 mg.....47
metolazone tab 10 mg.....47
METOPROLOL/HYDROCHLOROTHIAZIDE – metoprolol & hydrochlorothiazide tab 100-50 mg.....38
metoprolol & hydrochlorothiazide tab 100-25 mg..... 38
metoprolol & hydrochlorothiazide tab 50-25 mg (Lopressor hct)..... 38
metoprolol succinate tab er 24hr 25 mg (tartrate equiv) (Toprol xl)..... 38
metoprolol succinate tab er 24hr 50 mg (tartrate equiv) (Toprol xl)..... 38
metoprolol succinate tab er 24hr 100 mg (tartrate equiv) (Toprol xl)..... 38
metoprolol succinate tab er 24hr 200 mg (tartrate equiv) (Toprol xl)..... 38
metoprolol tartrate tab 25 mg..... 38
metoprolol tartrate tab 37.5 mg..... 38
metoprolol tartrate tab 75 mg..... 38
metoprolol tartrate tab 50 mg (Lopressor)..... 38
metoprolol tartrate tab 100 mg (Lopressor)..... 38
metronidazole cream 0.75% (Metrocream)..... 128
metronidazole gel 0.75%.....128
metronidazole lotion 0.75% (Metrolotion).....128
metronidazole tab 250 mg (Flagyl)..... 11
metronidazole tab 500 mg (Flagyl)..... 11
metronidazole vaginal gel 0.75% (Metrogel-vaginal).....65
MEXILETINE HCL – mexiletine hcl cap 150 mg.....48
MEXILETINE HCL – mexiletine hcl cap 200 mg.....48

MEXILETINE HCL – mexiletine hcl cap 250 mg.....48
MICARDIS HCT – telmisartan-hydrochlorothiazide tab 40-12.5 mg..... 36
MICARDIS HCT – telmisartan-hydrochlorothiazide tab 80-12.5 mg..... 36
MICARDIS HCT – telmisartan-hydrochlorothiazide tab 80-25 mg.....36
MICARDIS – telmisartan tab 20 mg.....36
MICARDIS – telmisartan tab 40 mg.....36
MICARDIS – telmisartan tab 80 mg.....36
miconazole nitrate aerosol pow 2%..... 130
miconazole nitrate cream 2%.....130
miconazole nitrate powder 2%.....130
miconazole nitrate vaginal app 200 mg & 2% cream 9 gm kit..... 65
miconazole nitrate vaginal cream 2%..... 65
miconazole nitrate vaginal cream 4% (200 mg/5gm)..... 65
miconazole nitrate vaginal supp 200 mg & 2% cream 9 gm kit..... 65
miconazole nitrate vaginal supp 1200 mg & 2% cream kit..... 65
miconazole nitrate vaginal suppos 100 mg.....65
MICRODOT PEN NEEDLE/31G X – insulin pen needle 31 g x 6 mm (1/4" or 15/64").....137
MICRODOT PEN NEEDLE/32G X – insulin pen needle 32 g x 4 mm (1/6" or 5/32").....137
MICRODOT PEN NEEDLE/33G X – insulin pen needle 33 g x 4 mm (1/6" or 5/32").....137
midodrine hcl tab 2.5 mg.....49
midodrine hcl tab 5 mg.....49
midodrine hcl tab 10 mg.....49
miglitol tab 25 mg (Glyset)..... 25
miglitol tab 50 mg (Glyset)..... 25
miglitol tab 100 mg (Glyset)..... 25
mineral oil..... 58
minocycline hcl cap 75 mg.....4
minocycline hcl cap 100 mg.....4
minocycline hcl cap 50 mg (Minocin)..... 4
minoxidil tab 2.5 mg.....49
minoxidil tab 10 mg.....49
MIRAPEX ER – pramipexole dihydrochloride tab er 24hr 0.375 mg.....101
MIRAPEX ER – pramipexole dihydrochloride tab er 24hr 0.75 mg.....101
MIRAPEX ER – pramipexole dihydrochloride tab er 24hr 1.5 mg.....101
MIRAPEX ER – pramipexole dihydrochloride tab er 24hr 2.25 mg.....101
MIRAPEX ER – pramipexole dihydrochloride tab er 24hr 3 mg..... 102
MIRAPEX ER – pramipexole dihydrochloride tab er 24hr 3.75 mg.....102
MIRAPEX ER – pramipexole dihydrochloride tab er 24hr 4.5 mg.....102
MIRAPEX – pramipexole dihydrochloride tab 0.125 mg..... 101
MIRAPEX – pramipexole dihydrochloride tab 0.25 mg..... 101
MIRAPEX – pramipexole dihydrochloride tab 0.5 mg.....101
MIRAPEX – pramipexole dihydrochloride tab 0.75 mg..... 101
MIRAPEX – pramipexole dihydrochloride tab 1 mg.....101
MIRAPEX – pramipexole dihydrochloride tab 1.5 mg.....101
mirtazapine orally disintegrating tab 15 mg (Remeron soltab)..... 68
mirtazapine orally disintegrating tab 30 mg (Remeron soltab)..... 68
mirtazapine orally disintegrating tab 45 mg (Remeron soltab)..... 68
mirtazapine tab 7.5 mg.....69
mirtazapine tab 45 mg.....69
mirtazapine tab 15 mg (Remeron)..... 69
mirtazapine tab 30 mg (Remeron)..... 69
misoprostol tab 100 mcg (Cytotec)..... 60
misoprostol tab 200 mcg (Cytotec)..... 60
MITIGARE – colchicine cap 0.6 mg.....96
M-NATAL PLUS – prenatal vit w/ fe fumarate-fa tab 27-1 mg..... 107
MOBIC – meloxicam tab 7.5 mg.....93
MOBIC – meloxicam tab 15 mg.....93
modafinil tab 100 mg (Provigil).....80
modafinil tab 200 mg (Provigil).....80
moexipril hcl tab 7.5 mg..... 33
moexipril hcl tab 15 mg..... 33
moexipril-hydrochlorothiazide tab 7.5-12.5 mg.....33
moexipril-hydrochlorothiazide tab 15-12.5 mg.....33
moexipril-hydrochlorothiazide tab 15-25 mg.....33
mometasone furoate cream 0.1% (Elocon)..... 131
mometasone furoate nasal susp 50 mcg/act (Nasonex).....51
mometasone furoate oint 0.1%..... 131
mometasone furoate solution 0.1% (lotion)..... 131
MONISTAT 7 COMBINATION PACK – miconazole nitrate vag app 100 mg & 2% cream 9 gm kit.....65
MONOCLATE-P – antihemophilic factor (human) for inj kit 1000 unit.....119
MONOCLATE-P – antihemophilic factor (human) for inj kit 1500 unit.....119
MONONINE – coagulation factor ix for inj 1000 unit.....119
montelukast sodium chew tab 4 mg (base equiv) (Singulair)..... 55
montelukast sodium chew tab 5 mg (base equiv) (Singulair)..... 55
montelukast sodium oral granules packet 4 mg (base equiv) (Singulair)..... 55
montelukast sodium tab 10 mg (base equiv) (Singulair)..... 56
MORPHABOND ER – morphine sulfate tab er 12hr deter 15 mg.....89

MORPHABOND ER – morphine sulfate tab er 12hr deter 30 mg....89
MORPHABOND ER – morphine sulfate tab er 12hr deter 60 mg....89
MORPHABOND ER – morphine sulfate tab er 12hr deter 100 mg....89
morphine sulfate cap er 24hr 10 mg (Kadian)....89
morphine sulfate cap er 24hr 20 mg (Kadian)....89
morphine sulfate cap er 24hr 30 mg (Kadian)....89
morphine sulfate cap er 24hr 40 mg (Kadian)....89
morphine sulfate cap er 24hr 50 mg (Kadian)....89
morphine sulfate cap er 24hr 60 mg (Kadian)....89
morphine sulfate cap er 24hr 80 mg (Kadian)....89
morphine sulfate cap er 24hr 100 mg (Kadian)....89
MORPHINE SULFATE ER – morphine sulfate beads cap er 24hr 30 mg.... 89
MORPHINE SULFATE ER – morphine sulfate beads cap er 24hr 45 mg.... 89
MORPHINE SULFATE ER – morphine sulfate beads cap er 24hr 60 mg.... 89
MORPHINE SULFATE ER – morphine sulfate beads cap er 24hr 75 mg.... 89
MORPHINE SULFATE ER – morphine sulfate beads cap er 24hr 90 mg.... 89
MORPHINE SULFATE ER – morphine sulfate beads cap er 24hr 120 mg.... 89
MORPHINE SULFATE – morphine sulfate inj 8 mg/ml....89
MORPHINE SULFATE – morphine sulfate inj 10 mg/ml....89
morphine sulfate oral soln 10 mg/5ml.... 89
morphine sulfate oral soln 20 mg/5ml.... 89
morphine sulfate oral soln 100 mg/5ml (20 mg/ml).... 89
morphine sulfate tab er 15 mg (MS Contin).... 89
morphine sulfate tab er 30 mg (MS Contin).... 89
morphine sulfate tab er 60 mg (MS Contin).... 89
morphine sulfate tab er 100 mg (MS Contin).... 89
morphine sulfate tab er 200 mg (MS Contin).... 89
morphine sulfate tab 15 mg (Morphine sulfate)....89
morphine sulfate tab 30 mg (Morphine sulfate)....89
MOTEGRITY – prucalopride succinate tab 1 mg (base equivalent).... 63
MOTEGRITY – prucalopride succinate tab 2 mg (base equivalent).... 63
MOVANTIK – naloxegol oxalate tab 12.5 mg (base equivalent).... 63
MOVANTIK – naloxegol oxalate tab 25 mg (base equivalent).... 63
MOXEZA – moxifloxacin hcl ophth soln 0.5% (base eq) (2 times daily).... 123
moxifloxacin hcl ophth soln 0.5% (base equiv) (Vigamox)....123
moxifloxacin hcl tab 400 mg (base equiv) (Avelox).....5
MS CONTIN – morphine sulfate tab er 15 mg....89
MS CONTIN – morphine sulfate tab er 30 mg....89
MS CONTIN – morphine sulfate tab er 60 mg....89
MS CONTIN – morphine sulfate tab er 100 mg....89
MS CONTIN – morphine sulfate tab er 200 mg....90
MUCINEX FOR KIDS – guaifenesin granules packet 100 mg.... 52
MUCINEX MAXIMUM STRENGTH – guaifenesin tab er 12hr 1200 mg....53
MULTI-BETIC DIABETES – multiple vitamins w/ minerals tab.... 107
multiple vitamins w/ iron tab....107
multiple vitamins w/ minerals cap....107
multiple vitamins w/ minerals liquid....107
multiple vitamins w/ minerals tab (Strovite forte).....107
multiple vitamin tab....107
MULTI PRENATAL – prenatal vit w/ fe fumarate-fa tab 27-0.8 mg.... 107
MULTI VITAMIN/D-3 – multiple vitamin tab....107
MULTIVITAMIN ADULTS – multiple vitamins w/ minerals tab.... 107
MULTIVITAMIN MEN – multiple vitamins w/ minerals tab.... 107
MULTI-VITAMIN MONOCAPS – multiple vitamins w/ minerals tab....107
MULTI VITAMIN – multiple vitamin tab.... 107
mupirocin calcium cream 2%....130
MUPIROCIN – mupirocin calcium cream 2%.... 130
mupirocin oint 2%....130
MURO 128 – sodium chloride hypertonic ophth soln 2%.... 125
MUSTARGEN – mechlorethamine hcl for inj 10 mg.... 16
M-VIT – prenatal vit w/ fe fumarate-fa tab 27-1 mg.... 107
MVW COMPLETE FORMULATION – multiple vitamins w/ minerals cap.... 107
mycophenolate mofetil cap 250 mg (Cellcept)....138
mycophenolate mofetil for oral susp 200 mg/ml (Cellcept)....138
mycophenolate mofetil tab 500 mg (Cellcept)....138
mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv) (Myfortic)....138
mycophenolate sodium tab dr 360 mg (mycophenolic acid equiv) (Myfortic)....138
MYDAYIS – amphetamine-dextroamphetamine 3-bead cap er 24hr 12.5 mg.... 80
MYDAYIS – amphetamine-dextroamphetamine 3-bead cap er 24hr 25 mg.... 80
MYDAYIS – amphetamine-dextroamphetamine 3-bead cap er 24hr 37.5 mg.... 80
MYDAYIS – amphetamine-dextroamphetamine 3-bead cap er 24hr 50 mg.... 80
MYFORTIC – mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv).... 138
MYFORTIC – mycophenolate sodium tab dr 360 mg (mycophenolic acid equiv).... 138
MYLERAN – busulfan tab 2 mg....16
MYRBETRIQ – mirabegron tab er 24 hr 25 mg....64
MYRBETRIQ – mirabegron tab er 24 hr 50 mg....64
MYSOLINE – primidone tab 50 mg....99
MYSOLINE – primidone tab 250 mg....99

N

nabumetone tab 500 mg.... 93
nabumetone tab 750 mg.... 93
nadolol tab 20 mg (Corgard).... 38
nadolol tab 40 mg (Corgard).... 38
nadolol tab 80 mg (Corgard).... 38
naftifine hcl cream 1%.... 130
naloxone hcl inj 0.4 mg/ml.... 138
naloxone hcl inj 4 mg/10ml.... 138
NALOXONE HCL – naloxone hcl soln cartridge 0.4 mg/ml....138
NALOXONE HCL – naloxone hcl soln prefilled syringe 2 mg/2ml.... 138
naltrexone hcl tab 50 mg.... 138
NAMENDA – memantine hcl tab 5 mg.... 83
NAMENDA – memantine hcl tab 10 mg.... 83
NAMENDA TITRATION PAK – memantine hcl tab 5 mg (28) & 10 mg (21) titration pak.... 83
NAMENDA XR – memantine hcl cap er 24hr 7 mg.... 83
NAMENDA XR – memantine hcl cap er 24hr 14 mg.... 83
NAMENDA XR – memantine hcl cap er 24hr 21 mg.... 83
NAMENDA XR – memantine hcl cap er 24hr 28 mg.... 84
NAMENDA XR TITRATION PACK – memantine hcl cap er 24hr 7 mg & 14 mg & 21 mg & 28 mg pack....84
NAMZARIC – memantine-donepezil cap er 24hr 7 & 14 & 21 & 28-10 mg pack.... 84
NAMZARIC – memantine hcl-donepezil hcl cap er 24hr 7-10 mg....84
NAMZARIC – memantine hcl-donepezil hcl cap er 24hr 14-10 mg....84
NAMZARIC – memantine hcl-donepezil hcl cap er 24hr 21-10 mg....84
NAMZARIC – memantine hcl-donepezil hcl cap er 24hr 28-10 mg....84
naproxen sodium tab 220 mg.... 93
naproxen sodium tab 275 mg.... 93
naproxen sodium tab 550 mg.... 93
naproxen tab ec 375 mg (Ec-naprosyn)....93
naproxen tab ec 500 mg (Ec-naproxen)....93
naproxen tab 250 mg....93
naproxen tab 375 mg....93
naproxen tab 500 mg....93
naratriptan hcl tab 1 mg (base equiv) (Amerge).... 95
naratriptan hcl tab 2.5 mg (base equiv) (Amerge).... 95
NARCAN – naloxone hcl nasal spray 4 mg/0.1ml.... 139
NASAL DECONGESTANT – pseudoephedrine hcl liq 30 mg/5ml.... 51
NASAL DECONGESTANT – pseudoephedrine hcl syrup 30 mg/5ml....51
NASONEX – mometasone furoate nasal susp 50 mcg/act....51
NATACYN – natamycin ophth susp 5%.... 123
nateglinide tab 60 mg (Starlix)....25
nateglinide tab 120 mg (Starlix)....25
NATESTO – testosterone nasal gel 5.5 mg/act.... 20
NATROBA – spinosad susp 0.9%....132
NATRUL-VITES – multiple vitamins w/ minerals tab.... 107
NAYZILAM – midazolam nasal spray soln 5 mg/0.1 ml.... 99
4-N-1 – dimethicone cream 1%....133
NEFAZODONE HCL – nefazodone hcl tab 100 mg....69
NEFAZODONE HCL – nefazodone hcl tab 150 mg....69
NEFAZODONE HYDROCHLORIDE – nefazodone hcl tab 50 mg....69
NEFAZODONE HYDROCHLORIDE – nefazodone hcl tab 200 mg....69
NEFAZODONE HYDROCHLORIDE – nefazodone hcl tab 250 mg....69
NEOMYCIN/POLYMYXIN/GRAMICIDIN – neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml....123
NEOMYCIN/POLYMYXIN B SULFATES – neomycin-polymyxin b gu irrigation soln....66
neomycin-bacitracin-polymyxin oint....130
neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin.... 123
neomycin-polymyxin b gu irrigation soln....66
neomycin-polymyxin-dexamethasone ophth oint 0.1% (Maxitrol)....123
neomycin-polymyxin-dexamethasone ophth susp 0.1% (Maxitrol).... 123
neomycin-polymyxin-hc otic soln 1%.... 126
neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%....126
neomycin sulfate tab 500 mg.... 5
NEORAL – cyclosporine modified cap 25 mg....139
NEORAL – cyclosporine modified cap 100 mg....139
NEORAL – cyclosporine modified oral soln 100 mg/ml....139
NESINA – alogliptin benzoate tab 6.25 mg (base equiv).... 25
NESINA – alogliptin benzoate tab 12.5 mg (base equiv).... 25
NESINA – alogliptin benzoate tab 25 mg (base equiv).....25
NEUAC – clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%....128
NEUPOGEN – filgrastim inj 300 mcg/ml....119
NEUPOGEN – filgrastim inj 480 mcg/1.6ml (300 mcg/ml).... 119
NEUPOGEN – filgrastim soln prefilled syringe 300 mcg/0.5ml.... 119
NEUPOGEN – filgrastim soln prefilled syringe 480 mcg/0.8ml (600 mcg/ml).... 119
NEURONTIN – gabapentin cap 100 mg....84
NEURONTIN – gabapentin cap 300 mg....84
NEURONTIN – gabapentin cap 400 mg....84
NEURONTIN – gabapentin oral soln 250 mg/5ml.... 84
NEURONTIN – gabapentin tab 600 mg....84
NEURONTIN – gabapentin tab 800 mg....84
NEUTRAPHOR – dimethicone cream 1%.... 132
NEUTRAPHORUS REX – dimethicone cream 1%....133
NEVANAC – nepafenac ophth susp 0.1%.... 125

NEVIRAPINE ER – nevirapine tab er 24hr 100 mg..... 9
nevirapine susp 50 mg/5ml (Viramune)..... 9
nevirapine tab er 24hr 100 mg..... 9
nevirapine tab er 24hr 400 mg (Viramune xr)..... 9
nevirapine tab 200 mg (Viramune)..... 9
NEXAVAR – sorafenib tosylate tab 200 mg (base equivalent)..... 17
NEXIUM – esomeprazole magnesium cap delayed release 20 mg (base eq).....60
NEXIUM – esomeprazole magnesium cap delayed release 40 mg (base eq).....60
NEXIUM – esomeprazole magnesium for delayed release susp packet 5 mg.....60
NEXIUM – esomeprazole magnesium for delayed release susp packet 10 mg.....60
NEXIUM – esomeprazole magnesium for delayed release susp packet 20 mg.....60
NEXIUM – esomeprazole magnesium for delayed release susp packet 40 mg.....60
NEXIUM – esomeprazole magnesium for delayed release susp pack 2.5 mg.....60
niacin cap er 250 mg.....104
niacin cap er 500 mg.....104
niacin tab er 250 mg.....104
niacin tab er 500 mg.....104
niacin tab er 750 mg.....104
niacin tab er 500 mg (antihyperlipidemic) (Niaspan).....46
niacin tab er 750 mg (antihyperlipidemic) (Niaspan).....46
niacin tab er 1000 mg (antihyperlipidemic) (Niaspan).....46
niacin tab 50 mg..... 104
niacin tab 100 mg..... 104
niacin tab 250 mg..... 104
niacin tab 500 mg..... 104
NIACIN TR – niacin tab er 1000 mg..... 104
NIACOR – niacin (antihyperlipidemic) tab 500 mg..... 46
NIASPAN – niacin tab er 500 mg (antihyperlipidemic).....46
NIASPAN – niacin tab er 750 mg (antihyperlipidemic).....46
NIASPAN – niacin tab er 1000 mg (antihyperlipidemic).....46
nicardipine hcl cap 20 mg..... 42
nicardipine hcl cap 30 mg..... 42
NICODERM CQ – nicotine td patch 24hr 7 mg/24hr..... 84
NICODERM CQ – nicotine td patch 24hr 14 mg/24hr..... 84
NICODERM CQ – nicotine td patch 24hr 21 mg/24hr..... 84
NICORETTE MINI – nicotine polacrilex lozenge 2 mg..... 84
NICORETTE MINI – nicotine polacrilex lozenge 4 mg..... 84
NICORETTE – nicotine polacrilex gum 2 mg..... 84
NICORETTE – nicotine polacrilex gum 4 mg..... 84
NICORETTE – nicotine polacrilex lozenge 2 mg.....84
NICORETTE – nicotine polacrilex lozenge 4 mg.....84
NICORETTE STARTER KIT – nicotine polacrilex gum 2 mg..... 84
NICORETTE STARTER KIT – nicotine polacrilex gum 4 mg..... 84
nicotine polacrilex gum 2 mg.....84
nicotine polacrilex gum 4 mg.....84
nicotine polacrilex lozenge 2 mg.....84
nicotine polacrilex lozenge 4 mg.....84
nicotine td patch 24hr 7 mg/24hr.....84
nicotine td patch 24hr 14 mg/24hr.....84
nicotine td patch 24hr 21 mg/24hr.....84
NICOTROL INHALER – nicotine inhaler system 10 mg (4 mg delivered).....84
NICOTROL NS – nicotine nasal spray 10 mg/ml (0.5 mg/spray)..... 84
nifedipine cap 20 mg.....42
nifedipine cap 10 mg (Procardia).....42
nifedipine tab er 24hr 30 mg (Adalat cc).....42
nifedipine tab er 24hr 60 mg (Adalat cc).....42
nifedipine tab er 24hr 90 mg (Adalat cc).....42
nifedipine tab er 24hr osmotic release 30 mg (Procardia xl).....42
nifedipine tab er 24hr osmotic release 60 mg (Procardia xl).....42
nifedipine tab er 24hr osmotic release 90 mg (Procardia xl).....42
nilutamide tab 150 mg (Nilandron)..... 17
nimodipine cap 30 mg.....42
NINLARO – ixazomib citrate cap 2.3 mg (base equivalent)..... 17
NINLARO – ixazomib citrate cap 3 mg (base equivalent)..... 17
NINLARO – ixazomib citrate cap 4 mg (base equivalent)..... 17
NISOLDIPINE ER – nisoldipine tab er 24hr 20 mg.....42
NISOLDIPINE ER – nisoldipine tab er 24hr 25.5 mg.....42
NISOLDIPINE ER – nisoldipine tab er 24hr 30 mg.....42
NISOLDIPINE ER – nisoldipine tab er 24hr 40 mg.....42
nisoldipine tab er 24hr 8.5 mg (Sular).....42
nisoldipine tab er 24hr 17 mg (Sular).....42
nisoldipine tab er 24hr 34 mg (Sular).....42
nitrofurantoin macrocrystalline cap 50 mg (Macrodantin)..... 64
nitrofurantoin macrocrystalline cap 100 mg (Macrodantin)..... 64
nitrofurantoin monohydrate macrocrystalline cap 100 mg (Macrobid).....64
nitrofurantoin susp 25 mg/5ml (Furadantin).....64
nitroglycerin sl tab 0.3 mg (Nitrostat)..... 44
nitroglycerin sl tab 0.4 mg (Nitrostat)..... 44
nitroglycerin sl tab 0.6 mg (Nitrostat)..... 44
nitroglycerin td patch 24hr 0.1 mg/hr (Nitro-dur).....44
nitroglycerin td patch 24hr 0.2 mg/hr (Nitro-dur).....44
nitroglycerin td patch 24hr 0.4 mg/hr (Nitro-dur).....44
nitroglycerin td patch 24hr 0.6 mg/hr (Nitro-dur).....44
NITYR – nitisinone tab 2 mg.....31
NITYR – nitisinone tab 5 mg.....31
NITYR – nitisinone tab 10 mg.....31
NIVA-PLUS – prenatal vit w/ fe fumarate-fa tab 27-1 mg..... 107

NIVESTYM – filgrastim-aafi inj 300 mcg/ml..... 119
NIVESTYM – filgrastim-aafi inj 480 mcg/1.6ml (300 mcg/ml)..... 119
NIVESTYM – filgrastim-aafi soln prefilled syringe 300 mcg/0.5ml..... 119
NIVESTYM – filgrastim-aafi soln prefilled syringe 480 mcg/0.8ml..... 119
nizatidine cap 150 mg..... 60
nizatidine cap 300 mg..... 60
NO IRON MULTIPLE VITAMIN/MINERALS – multiple vitamins w/ minerals tab..... 107
nonoxynol-9 gel 4%..... 65
NORDITROPIN FLEXPRO – somatropin inj 5 mg/1.5ml..... 29
NORDITROPIN FLEXPRO – somatropin inj 10 mg/1.5ml..... 29
NORDITROPIN FLEXPRO – somatropin inj 15 mg/1.5ml..... 29
NORDITROPIN FLEXPRO – somatropin inj 30 mg/3ml..... 29
norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg.....22
norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg.....22
norethindrone & ethinyl estradiol tab 0.5 mg-35 mcg.....22
norethindrone & ethinyl estradiol tab 1 mg-35 mcg (Ortho-novum 1/35)..... 22
norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg (Loestrin fe 1/20).....22
norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg (Loestrin fe 1.5/30).....22
norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg (Loestrin 1/20-21).....22
norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg (Loestrin 1.5/30-21).....22
norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24) (Minastrin 24 fe)..... 22
norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24).....22
norethindrone acetate tab 5 mg (Aygestin).....21
norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg (Estrostep fe).....22
norethindrone-eth estradiol tab 0.5-35/1-35/0.5-35 mg-mcg.....22
norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg (Ortho-novum 7/7/7)..... 22
norethindrone tab 0.35 mg (Ortho micronor)..... 22
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg (Ortho-cyclen)..... 22
norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg..... 22
norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg (Ortho tri-cyclen lo)..... 22
norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg.....22
NORTEMP INFANTS – acetaminophen susp 80 mg/0.8ml..... 86
nortriptyline hcl cap 10 mg (Pamelor).....69
nortriptyline hcl cap 25 mg (Pamelor).....69
nortriptyline hcl cap 50 mg (Pamelor).....69
nortriptyline hcl cap 75 mg (Pamelor).....69
NORVASC – amlodipine besylate tab 2.5 mg (base equivalent)..... 42
NORVASC – amlodipine besylate tab 5 mg (base equivalent)..... 42
NORVASC – amlodipine besylate tab 10 mg (base equivalent)..... 42
NORVIR – ritonavir cap 100 mg..... 9
NORVIR – ritonavir oral soln 80 mg/ml.....9
NOURIANZ – istradefylline tab 20 mg..... 102
NOURIANZ – istradefylline tab 40 mg..... 102
NOVOEIGHT – antihemophilic factor (recombinant) for inj 250 unit.....119
NOVOEIGHT – antihemophilic factor (recombinant) for inj 500 unit.....119
NOVOEIGHT – antihemophilic factor (recombinant) for inj 1000 unit.....119
NOVOEIGHT – antihemophilic factor (recombinant) for inj 1500 unit.....119
NOVOEIGHT – antihemophilic factor (recombinant) for inj 2000 unit.....119
NOVOEIGHT – antihemophilic factor (recombinant) for inj 3000 unit.....119
NOVOLIN 70/30 FLEXPEN – insulin nph & regular susp pen-inj 100 unit/ml (70-30).....28
NOVOLIN 70/30 FLEXPEN RELION – insulin nph & regular susp pen-inj 100 unit/ml (70-30)..... 28
NOVOLIN 70/30 – insulin nph isophane & regular human inj 100 unit/ml (70-30).....28
NOVOLIN 70/30 RELION – insulin nph isophane & regular human inj 100 unit/ml (70-30).....28
NOVOLIN N – insulin nph (human) (isophane) inj 100 unit/ml.....28
NOVOLIN N RELION – insulin nph (human) (isophane) inj 100 unit/ml..... 28
NOVOLIN R – insulin regular (human) inj 100 unit/ml..... 28
NOVOLIN R RELION – insulin regular (human) inj 100 unit/ml.....28
NOVOLOG FLEXPEN – insulin aspart soln pen-injector 100 unit/ml..... 27
NOVOLOG – insulin aspart inj 100 unit/ml..... 27
NOVOLOG MIX 70/30 – insulin aspart prot & aspart (human) inj 100 unit/ml (70-30)..... 28
NOVOLOG MIX 70/30 PREFILLED FLEXPEN – insulin aspart prot & aspart sus pen-inj 100 unit/ml (70-30)..... 28
NOVOLOG PENFILL – insulin aspart soln cartridge 100 unit/ml.....27
NOVOSEVEN RT – coagulation factor viia (recomb) for inj 1 mg (1000 mcg).....119
NOVOSEVEN RT – coagulation factor viia (recomb) for inj 2 mg (2000 mcg).....119

NOVOSEVEN RT – coagulation factor viia (recomb) for inj 5 mg (5000 mcg)....120
NOVOSEVEN RT – coagulation factor viia (recomb) for inj 8 mg (8000 mcg)....120
NOXAFIL – posaconazole susp 40 mg/ml....6
NOXAFIL – posaconazole tab delayed release 100 mg....6
NUBEQA – darolutamide tab 300 mg....17
NUCALA – mepolizumab subcutaneous solution auto-injector 100 mg/ml....56
NUCALA – mepolizumab subcutaneous solution pref syringe 100 mg/ml....56
NUCYNTA ER – tapentadol hcl tab er 12hr 50 mg....90
NUCYNTA ER – tapentadol hcl tab er 12hr 100 mg....90
NUCYNTA ER – tapentadol hcl tab er 12hr 150 mg....90
NUCYNTA ER – tapentadol hcl tab er 12hr 200 mg....90
NUCYNTA ER – tapentadol hcl tab er 12hr 250 mg....90
NUEDEXTA – dextromethorphan hbr-quinidine sulfate cap 20-10 mg....84
NUPLAZID – pimavanserin tartrate cap 34 mg (base equivalent)....72
NUPLAZID – pimavanserin tartrate tab 10 mg (base equivalent)....72
NUPLAZID – pimavanserin tartrate tab 17 mg (base equivalent)....73
NUTROPIN AQ NUSPIN 10 – somatropin inj 10 mg/2ml....29
NUTROPIN AQ NUSPIN 20 – somatropin inj 20 mg/2ml....30
NUTROPIN AQ NUSPIN 5 – somatropin inj 5 mg/2ml....30
NUVARING – etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr....22
NUWIQ – antihemophilic factor (bdd-rfviii) for inj kit 250 unit....120
NUWIQ – antihemophilic factor (bdd-rfviii) for inj kit 500 unit....120
NUWIQ – antihemophilic factor (bdd-rfviii) for inj kit 1000 unit....120
NUWIQ – antihemophilic factor (bdd-rfviii) for inj kit 2000 unit....120
NUWIQ – antihemophilic factor (bdd-rfviii) for inj kit 2500 unit....120
NUWIQ – antihemophilic factor (bdd-rfviii) for inj kit 3000 unit....120
NUWIQ – antihemophilic factor (bdd-rfviii) for inj kit 4000 unit....120
NUWIQ – antihemophilic factor (bdd-rfviii) for inj 250 unit....120
NUWIQ – antihemophilic factor (bdd-rfviii) for inj 500 unit....120
NUWIQ – antihemophilic factor (bdd-rfviii) for inj 1000 unit....120
NUWIQ – antihemophilic factor (bdd-rfviii) for inj 2000 unit....120
NUWIQ – antihemophilic factor (bdd-rfviii) for inj 2500 unit....120
NUWIQ – antihemophilic factor (bdd-rfviii) for inj 3000 unit....120
NUWIQ – antihemophilic factor (bdd-rfviii) for inj 4000 unit....120
NYMALIZE – nimodipine oral soln 60 mg/20ml....42
nystatin cream 100000 unit/gm....130
nystatin oint 100000 unit/gm....130
nystatin oral powder....6
nystatin susp 100000 unit/ml....126
nystatin tab 500000 unit....6
nystatin topical powder 100000 unit/gm....130

O

OBIZUR – antihemophilic factor (recomb porc) rpfviii for inj 500 unit....120
O-CAL FA – prenatal vit w/ fe fumarate-fa tab 27-1 mg....107
octreotide acetate inj 200 mcg/ml (0.2 mg/ml)....31
octreotide acetate inj 1000 mcg/ml (1 mg/ml)....31
octreotide acetate inj 50 mcg/ml (0.05 mg/ml) (Sandostatin)....31
octreotide acetate inj 100 mcg/ml (0.1 mg/ml) (Sandostatin)....31
octreotide acetate inj 500 mcg/ml (0.5 mg/ml) (Sandostatin)....31
OCUFLOX – ofloxacin ophth soln 0.3%....123
OCUVITE ADULT 50+ – multiple vitamins w/ minerals cap....107
OCUVITE ADULT FORMULA – multiple vitamins w/ minerals cap....107
OCUVITE LUTEIN – multiple vitamins w/ minerals cap....107
ODEFSEY – emtricitabine-rilpivirine-tenofovir af tab 200-25-25 mg....9
ODOMZO – sonidegib phosphate cap 200 mg (base equivalent)....17
OFLOXACIN – ofloxacin tab 300 mg....5
ofloxacin ophth soln 0.3% (Ocuflox)....123
ofloxacin otic soln 0.3% (Floxin otic)....126
ofloxacin tab 400 mg....5
olanzapine-fluoxetine hcl cap 12-25 mg....84
olanzapine-fluoxetine hcl cap 3-25 mg (Symbyax)....84
olanzapine-fluoxetine hcl cap 6-25 mg (Symbyax)....84
olanzapine-fluoxetine hcl cap 6-50 mg (Symbyax)....84
olanzapine-fluoxetine hcl cap 12-50 mg (Symbyax)....84
olanzapine for im inj 10 mg (Zyprexa)....73
olanzapine orally disintegrating tab 5 mg (Zyprexa zydis)....73
olanzapine orally disintegrating tab 10 mg (Zyprexa zydis)....73
olanzapine orally disintegrating tab 15 mg (Zyprexa zydis)....73
olanzapine orally disintegrating tab 20 mg (Zyprexa zydis)....73
olanzapine tab 2.5 mg (Zyprexa)....73
olanzapine tab 5 mg (Zyprexa)....73

olanzapine tab 7.5 mg (Zyprexa)....73
olanzapine tab 10 mg (Zyprexa)....73
olanzapine tab 15 mg (Zyprexa)....73
olanzapine tab 20 mg (Zyprexa)....73
olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg (Tribenzor)....36
olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg (Tribenzor)....36
olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg (Tribenzor)....36
olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg (Tribenzor)....36
olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg (Tribenzor)....36
olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg (Benicar hct)....36
olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg (Benicar hct)....36
olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg (Benicar hct)....36
olmesartan medoxomil tab 5 mg (Benicar)....36
olmesartan medoxomil tab 20 mg (Benicar)....36
olmesartan medoxomil tab 40 mg (Benicar)....36
olopatadine hcl nasal soln 0.6% (Patanase)....51
olopatadine hcl ophth soln 0.2% (base equivalent) (Pataday)....125
olopatadine hcl ophth soln 0.1% (base equivalent) (Patanol)....125
OLYSIO – simeprevir sodium cap 150 mg (base equivalent)....7
omega-3-acid ethyl esters cap 1 gm (Lovaza)....46
omeprazole cap delayed release 10 mg....60
omeprazole cap delayed release 20 mg....60
omeprazole cap delayed release 40 mg....60
omeprazole-sodium bicarbonate cap 20-1100 mg (Zegerid)....60
omeprazole-sodium bicarbonate cap 40-1100 mg (Zegerid)....60
omeprazole-sodium bicarbonate powd pack for susp 20-1680 mg (Zegerid)....60
omeprazole-sodium bicarbonate powd pack for susp 40-1680 mg (Zegerid)....60
OMNARIS – ciclesonide nasal susp 50 mcg/act....51
OMNICAP – multiple vitamin tab....107
OMNIFLEX DIAPHRAGM – diaphragms....22
OMNITROPE – somatropin for inj 5.8 mg....30
OMNITROPE – somatropin inj 5 mg/1.5ml....30
OMNITROPE – somatropin inj 10 mg/1.5ml....30
ONCASPAR – pegaspargase inj 750 unit/ml....17
ONCOVITE – multiple vitamins w/ minerals tab....107
ONDANSETRON HCL – ondansetron hcl tab 24 mg....61
ondansetron hcl oral soln 4 mg/5ml....61
ondansetron hcl tab 24 mg....61
ondansetron hcl tab 4 mg (Zofran)....61
ondansetron hcl tab 8 mg (Zofran)....61
ondansetron orally disintegrating tab 4 mg....61
ondansetron orally disintegrating tab 8 mg....61
ONE-A-DAY ENERGY – multiple vitamins w/ minerals tab....107
ONE-A-DAY MENOPAUSE FORMULA – multiple vitamins w/ minerals tab....107
ONE-A-DAY MENS 50+ ADVANTAGE – multiple vitamins w/ minerals tab....108
ONE-A-DAY MENS HEALTH FORMULA – multiple vitamins w/ minerals tab....107
ONE-A-DAY MENS PRO EDGE – multiple vitamins w/ minerals tab....107
ONE-A-DAY TEEN ADVANTAGE – multiple vitamins w/ minerals tab....108
ONE DAILY MENS FORMULA W/O IRON – multiple vitamins w/ minerals tab....107
ONETOUCH ULTRA 2 – blood glucose monitoring kit w/ device....136
ONETOUCH ULTRA BLUE – glucose blood test strip....136
ONETOUCH ULTRA CONTROL – blood glucose calibration - liquid....136
ONETOUCH ULTRA MINI – blood glucose monitoring kit w/ device....136
ONETOUCH VERIO – blood glucose monitoring kit w/ device....136
ONETOUCH VERIO CONTROL SO – blood glucose calibration - liquid - high....136
ONETOUCH VERIO FLEX BLOOD GLUCOSE MONITORING SYSTEM – blood glucose monitoring kit w/ device....136
ONETOUCH VERIO IQ BLOOD GLUCOSE MONITORING SYSTEM – blood glucose monitoring kit w/ device....136
ONETOUCH VERIO MID CONTROL SOLUTION – blood glucose calibration - liquid....136
ONETOUCH VERIO TEST STRIPS – glucose blood test strip....136
ONEXTON – clindamycin phosphate-benzoyl peroxide gel 1.2-3.75%....128
ONFI – clobazam suspension 2.5 mg/ml....99
ONFI – clobazam tab 10 mg....99
ONFI – clobazam tab 20 mg....99
ONGLYZA – saxagliptin hcl tab 2.5 mg (base equiv)....25
ONGLYZA – saxagliptin hcl tab 5 mg (base equiv)....25
ONMEL – itraconazole tab 200 mg....6
ONZETRA XSAIL – sumatriptan succinate exhaler powder 11 mg/nosepiece....95
OPANA ER (CRUSH RESISTANT) – oxymorphone hcl tab er 12hr deter 5 mg....90
OPANA ER (CRUSH RESISTANT) – oxymorphone hcl tab er 12hr deter 7.5 mg....90
OPANA ER (CRUSH RESISTANT) – oxymorphone hcl tab er 12hr deter 10 mg....90
OPANA ER (CRUSH RESISTANT) – oxymorphone hcl tab er 12hr deter 15 mg....90
OPANA ER (CRUSH RESISTANT) – oxymorphone hcl tab er 12hr deter 20 mg....90

OPANA ER (CRUSH RESISTANT) – oxymorphone hcl tab er 12hr deter 30 mg....90
OPANA ER (CRUSH RESISTANT) – oxymorphone hcl tab er 12hr deter 40 mg....90
OPSUMIT – macitentan tab 10 mg....49
OPURITY – multiple vitamins w/ minerals tab.... 108
oral electrolyte solution.... 112
ORAVIG – miconazole buccal tab 50 mg (mouth-throat)....126
ORENCIA – abatacept subcutaneous soln prefilled syringe 50 mg/0.4ml....93
ORENCIA – abatacept subcutaneous soln prefilled syringe 87.5 mg/0.7ml....93
ORENCIA – abatacept subcutaneous soln prefilled syringe 125 mg/ml....93
ORENCIA CLICKJECT – abatacept subcutaneous soln auto-injector 125 mg/ml.... 93
ORENITRAM – treprostinil diolamine tab er 0.125 mg (base equiv)....49
ORENITRAM – treprostinil diolamine tab er 0.25 mg (base equiv).... 49
ORENITRAM – treprostinil diolamine tab er 1 mg (base equiv).... 49
ORENITRAM – treprostinil diolamine tab er 2.5 mg (base equiv).... 49
ORENITRAM – treprostinil diolamine tab er 5 mg (base equiv).... 49
ORILISSA – elagolix sodium tab 150 mg (base equiv).....31
ORILISSA – elagolix sodium tab 200 mg (base equiv).....31
ORKAMBI – lumacaftor-ivacaftor granules packet 100-125 mg.... 57
ORKAMBI – lumacaftor-ivacaftor granules packet 150-188 mg.... 57
ORKAMBI – lumacaftor-ivacaftor tab 100-125 mg.....57
ORKAMBI – lumacaftor-ivacaftor tab 200-125 mg.....57
orphenadrine citrate tab er 12hr 100 mg.... 103
oseltamivir phosphate cap 30 mg (base equiv) (Tamiflu).... 10
oseltamivir phosphate cap 45 mg (base equiv) (Tamiflu).... 10
oseltamivir phosphate cap 75 mg (base equiv) (Tamiflu).... 10
oseltamivir phosphate for susp 6 mg/ml (base equiv) (Tamiflu).... 10
OSENI – alogliptin-pioglitazone tab 12.5-15 mg....25
OSENI – alogliptin-pioglitazone tab 12.5-30 mg....25
OSENI – alogliptin-pioglitazone tab 12.5-45 mg....25
OSENI – alogliptin-pioglitazone tab 25-15 mg....25
OSENI – alogliptin-pioglitazone tab 25-30 mg....25
OSENI – alogliptin-pioglitazone tab 25-45 mg....25
OSTEO-PORETICAL – calcium carbonate-cholecalciferol tab 600 mg-1000 unit....112
OTEZLA – apremilast tab 30 mg.... 93
OTEZLA – apremilast tab starter therapy pack 10 mg & 20 mg & 30 mg....93
OTIPRIO – ciprofloxacin intratympanic susp 6% (60 mg/ml).... 126
OTOVEL – ciprofloxacin-fluocinolone aceton (pf) otic soln 0.3-0.025%....126
OVIDE – malathion lotion 0.5%....133
oxaprozin tab 600 mg (Daypro)....94
oxcarbazepine susp 300 mg/5ml (60 mg/ml) (Trileptal).... 99
oxcarbazepine tab 150 mg (Trileptal).... 99
oxcarbazepine tab 300 mg (Trileptal).... 99
oxcarbazepine tab 600 mg (Trileptal).... 99
OXTELLAR XR – oxcarbazepine tab er 24hr 150 mg..... 99
OXTELLAR XR – oxcarbazepine tab er 24hr 300 mg..... 99
OXTELLAR XR – oxcarbazepine tab er 24hr 600 mg..... 99
oxybutynin chloride syrup 5 mg/5ml....65
oxybutynin chloride tab er 24hr 15 mg....65
oxybutynin chloride tab er 24hr 5 mg (Ditropan xl).....65
oxybutynin chloride tab er 24hr 10 mg (Ditropan xl).... 65
oxybutynin chloride tab 5 mg.... 65
OXYCODONE HCL ER – oxycodone hcl tab er 12hr deter 10 mg....90
OXYCODONE HCL ER – oxycodone hcl tab er 12hr deter 15 mg....90
OXYCODONE HCL ER – oxycodone hcl tab er 12hr deter 20 mg....90
OXYCODONE HCL ER – oxycodone hcl tab er 12hr deter 30 mg....90
OXYCODONE HCL ER – oxycodone hcl tab er 12hr deter 40 mg....90
OXYCODONE HCL ER – oxycodone hcl tab er 12hr deter 60 mg....90
OXYCODONE HCL ER – oxycodone hcl tab er 12hr deter 80 mg....90
oxycodone hcl soln 5 mg/5ml....90
oxycodone hcl tab 10 mg.... 90
oxycodone hcl tab 20 mg.... 90
oxycodone hcl tab 5 mg (Roxicodone).... 90
oxycodone hcl tab 15 mg (Roxicodone).... 90
oxycodone hcl tab 30 mg (Roxicodone).... 90
OXYCODONE HYDROCHLORIDE ER – oxycodone hcl tab er 12hr deter 10 mg....90
OXYCODONE HYDROCHLORIDE ER – oxycodone hcl tab er 12hr deter 20 mg....90
OXYCODONE HYDROCHLORIDE ER – oxycodone hcl tab er 12hr deter 40 mg....90
oxycodone w/ acetaminophen tab 5-325 mg (Percocet).... 90
oxycodone w/ acetaminophen tab 7.5-325 mg (Percocet).... 90
oxycodone w/ acetaminophen tab 10-325 mg (Percocet).... 90
OXYCONTIN – oxycodone hcl tab er 12hr deter 10 mg.... 90
OXYCONTIN – oxycodone hcl tab er 12hr deter 15 mg.... 90

OXYCONTIN – oxycodone hcl tab er 12hr deter 20 mg.... 90
OXYCONTIN – oxycodone hcl tab er 12hr deter 30 mg.... 90
OXYCONTIN – oxycodone hcl tab er 12hr deter 40 mg.... 90
OXYCONTIN – oxycodone hcl tab er 12hr deter 60 mg.... 91
OXYCONTIN – oxycodone hcl tab er 12hr deter 80 mg.... 91
oxymetazoline hcl nasal soln 0.05%.... 52
OXYMORPHONE HYDROCHLORIDE ER – oxymorphone hcl tab er 12hr 5 mg.... 91
OXYMORPHONE HYDROCHLORIDE ER – oxymorphone hcl tab er 12hr 7.5 mg.... 91
OXYMORPHONE HYDROCHLORIDE ER – oxymorphone hcl tab er 12hr 10 mg.... 91
OXYMORPHONE HYDROCHLORIDE ER – oxymorphone hcl tab er 12hr 15 mg.... 91
OXYMORPHONE HYDROCHLORIDE ER – oxymorphone hcl tab er 12hr 20 mg.... 91
OXYMORPHONE HYDROCHLORIDE ER – oxymorphone hcl tab er 12hr 30 mg.... 91
OXYMORPHONE HYDROCHLORIDE ER – oxymorphone hcl tab er 12hr 40 mg.... 91
OXYTROL – oxybutynin td patch twice weekly 3.9 mg/24hr.... 65
OYSTER SHELL CALCIUM/VITAMIN D – calcium carbonate-cholecalciferol tab 250 mg-250 unit.... 112
OYSTER SHELL CALCIUM PLUS VITAMIN D – calcium carbonate-cholecalciferol tab 333 mg-133 unit.... 112
oyster shell calcium tab 500 mg.... 112
OZEMPIC – semaglutide soln pen-inj 1 mg/dose (2 mg/1.5ml).... 26
OZEMPIC – semaglutide soln pen-inj 0.25 or 0.5 mg/dose (2 mg/1.5ml).... 25

P

paliperidone tab er 24hr 1.5 mg (Invega).... 73
paliperidone tab er 24hr 3 mg (Invega).... 73
paliperidone tab er 24hr 6 mg (Invega).... 73
paliperidone tab er 24hr 9 mg (Invega).... 73
PALYNZIQ – pegvaliase-pqpz subcutaneous soln pref syringe 2.5 mg/0.5ml.... 31
PALYNZIQ – pegvaliase-pqpz subcutaneous soln pref syringe 10 mg/0.5ml.... 31
PALYNZIQ – pegvaliase-pqpz subcutaneous soln pref syringe 20 mg/ml.... 32
PANCREAZE – pancrelipase (lip-prot-amyl) dr cap 2600-6200-10850 unit.... 61
PANCREAZE – pancrelipase (lip-prot-amyl) dr cap 4200-14200-24600 unit.... 61
PANCREAZE – pancrelipase (lip-prot-amyl) dr cap 10500-35500-61500 unit.... 62
PANCREAZE – pancrelipase (lip-prot-amyl) dr cap 16800-56800-98400 unit.... 62
PANCREAZE – pancrelipase (lip-prot-amyl) dr cap 21000-54700-83900 unit.... 62
pantoprazole sodium ec tab 20 mg (base equiv) (Protonix).... 60
pantoprazole sodium ec tab 40 mg (base equiv) (Protonix).... 60
paromomycin sulfate cap 250 mg.... 5
PAROMOMYCIN SULFATE – paromomycin sulfate cap 250 mg.... 5
paroxetine hcl tab er 24hr 12.5 mg (Paxil cr).... 69
paroxetine hcl tab er 24hr 25 mg (Paxil cr).... 69
paroxetine hcl tab er 24hr 37.5 mg (Paxil cr).... 69
paroxetine hcl tab 10 mg (Paxil).... 69
paroxetine hcl tab 20 mg (Paxil).... 69
paroxetine hcl tab 30 mg (Paxil).... 69
paroxetine hcl tab 40 mg (Paxil).... 69
paroxetine mesylate cap 7.5 mg (base equiv) (Brisdelle).... 84
PARVLEX – multiple vitamins w/ minerals tab.... 108
PATADAY – olopatadine hcl ophth soln 0.2% (base equivalent).... 126
PATANASE – olopatadine hcl nasal soln 0.6%.... 52
PATANOL – olopatadine hcl ophth soln 0.1% (base equivalent).... 126
PAXIL CR – paroxetine hcl tab er 24hr 12.5 mg.... 69
PAXIL CR – paroxetine hcl tab er 24hr 25 mg.... 69
PAXIL CR – paroxetine hcl tab er 24hr 37.5 mg.... 69
PAXIL – paroxetine hcl oral susp 10 mg/5ml (base equiv).... 69
PAXIL – paroxetine hcl tab 10 mg.... 69
PAXIL – paroxetine hcl tab 20 mg.... 69
PAXIL – paroxetine hcl tab 30 mg.... 69
PAXIL – paroxetine hcl tab 40 mg.... 69
PAZEO – olopatadine hcl ophth soln 0.7% (base equivalent).... 126
PCE – erythromycin w/ enteric coated particles tab 333 mg.... 4
PCE – erythromycin w/ enteric coated particles tab 500 mg.... 4
PEDIA-LAX – glycerin suppos 1 gm.... 58
pediatric multiple vitamins w/ fl-fe drops 0.25-10 mg/ml.... 108
pediatric multiple vitamins w/ fluoride chew tab 0.25 mg.... 108
pediatric multiple vitamins w/ fluoride chew tab 0.5 mg.... 108
pediatric multiple vitamins w/ fluoride chew tab 1 mg.... 108
pediatric multiple vitamins w/ fluoride soln 0.25 mg/ml.... 108
pediatric multiple vitamins w/ fluoride soln 0.5 mg/ml.... 108
pediatric multiple vitamins w/ iron chew tab 15 mg.... 108
pediatric multiple vitamins w/ iron drops 10 mg/ml.... 108

pediatric multiple vitamin w/ c & fa chew tab..... 108
pediatric multiple vitamin w/ c soln 35 mg/ml.....108
pediatric multiple vitamin w/ minerals & c chew tab.....108
pediatric multiple vitamin w/ minerals & c drops 45 mg/ml.....108
pediatric vitamins acd w/ fluoride soln 0.25 mg/ml..... 108
pediatric vitamins acd w/ fluoride soln 0.5 mg/ml..... 108
PEGANONE – ethotoin tab 250 mg.....99
PEGASYS – peginterferon alfa-2a inj 180 mcg/ml..... 7
PEGASYS – peginterferon alfa-2a inj 180 mcg/0.5ml..... 7
PEGASYS PROCLICK – peginterferon alfa-2a inj 135 mcg/0.5ml.....7
PEGASYS PROCLICK – peginterferon alfa-2a inj 180 mcg/0.5ml.....7
PEGINTRON – peginterferon alfa-2b for inj kit 50 mcg/0.5ml.....7
peg 3350-kcl-na bicarb-nacl-na sulfate for soln 240 gm (Colyte-flavor packs).....58
peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm (Golytely).....58
peg 3350-kcl-sod bicarb-nacl for soln 420 gm (Nulytely/flavor pack).....58
penicillamine tab 250 mg (Depen titratabs).....139
PENICILLIN V POTASSIUM – penicillin v potassium for soln 125 mg/5ml.....2
PENICILLIN V POTASSIUM – penicillin v potassium for soln 250 mg/5ml.....2
penicillin v potassium tab 250 mg.....2
penicillin v potassium tab 500 mg.....2
PEN NEEDLES 29G X 12MM.....137
PENTASA – mesalamine cap er 250 mg.....63
PENTASA – mesalamine cap er 500 mg.....63
pentoxifylline tab er 400 mg.....120
PERFOROMIST – formoterol fumarate soln nebu 20 mcg/2ml.....56
perindopril erbumine tab 2 mg..... 33
perindopril erbumine tab 4 mg..... 33
perindopril erbumine tab 8 mg..... 33
permethrin cream 5% (Elimite).....133
permethrin creme rinse 1%..... 133
permethrin lotion 1%.....133
perphenazine tab 2 mg..... 73
perphenazine tab 4 mg..... 73
perphenazine tab 8 mg..... 73
perphenazine tab 16 mg..... 73
PERTZYE – pancrelipase (lip-prot-amyl) dr cap 4000-14375-15125 unit.....62
PERTZYE – pancrelipase (lip-prot-amyl) dr cap 8000-28750-30250 unit.....62
PERTZYE – pancrelipase (lip-prot-amyl) dr cap 16000-57500-60500 unit.....62
PERTZYE – pancrelipase (lip-prot-amyl) dr cap 24000-86250-90750 unit.....62
PEXEVA – paroxetine mesylate tab 10 mg (base equiv)..... 69
PEXEVA – paroxetine mesylate tab 20 mg (base equiv)..... 69
PEXEVA – paroxetine mesylate tab 30 mg (base equiv)..... 69
PEXEVA – paroxetine mesylate tab 40 mg (base equiv)..... 69
phenazopyridine hcl tab 100 mg (Pyridium).....66
phenazopyridine hcl tab 200 mg (Pyridium).....66
phenobarbital elixir 20 mg/5ml.....75
PHENOBARBITAL SODIUM – phenobarbital sodium inj 65 mg/ml.....75
PHENOBARBITAL SODIUM – phenobarbital sodium inj 130 mg/ml.....75
phenobarbital tab 15 mg.....75
phenobarbital tab 16.2 mg.....76
phenobarbital tab 30 mg.....76
phenobarbital tab 32.4 mg.....76
phenobarbital tab 60 mg.....76
phenobarbital tab 64.8 mg.....76
phenobarbital tab 97.2 mg.....76
phenobarbital tab 100 mg.....76
phenoxybenzamine hcl cap 10 mg (Dibenzyline)..... 49
phenylephrine-cocoa butter suppos 0.25-85.39%..... 127
phenylephrine hcl nasal soln 1%.....52
phenylephrine hcl tab 10 mg.....52
phenylephrine-shark liver oil-mo-pet oint 0.25-3-14-71.9%..... 127
phenyleph-shark liver oil-cocoa butter suppos 0.25-3-85.5%..... 127
PHENYTEK – phenytoin sodium extended cap 200 mg..... 99
PHENYTEK – phenytoin sodium extended cap 300 mg..... 99
phenytoin chew tab 50 mg (Dilantin infatabs).....99
phenytoin sodium extended cap 100 mg (Dilantin).....100
phenytoin sodium extended cap 200 mg (Phenytek).....100
phenytoin sodium extended cap 300 mg (Phenytek).....100
phenytoin susp 125 mg/5ml (Dilantin-125)..... 100
PHOSLYRA – calcium acetate (phosphate binder) oral soln 667 mg/5ml.....63
phytonadione tab 5 mg (Mephyton)..... 104
pilocarpine hcl ophth soln 1% (Isopto carpine)..... 124
pilocarpine hcl ophth soln 2% (Isopto carpine)..... 124
pilocarpine hcl ophth soln 4% (Isopto carpine)..... 124
pilocarpine hcl tab 5 mg (Salagen).....126
pilocarpine hcl tab 7.5 mg (Salagen).....126
pimecrolimus cream 1% (Elidel)..... 133
PIMOZIDE – pimozide tab 1 mg..... 84
PIMOZIDE – pimozide tab 2 mg..... 84
pindolol tab 5 mg.....38
pindolol tab 10 mg.....38

pioglitazone hcl-glimepiride tab 30-2 mg (Duetact).....26
pioglitazone hcl-glimepiride tab 30-4 mg (Duetact).....26
pioglitazone hcl-metformin hcl tab 15-500 mg (Actoplus met)..... 26
pioglitazone hcl-metformin hcl tab 15-850 mg (Actoplus met)..... 26
pioglitazone hcl tab 15 mg (base equiv) (Actos).....26
pioglitazone hcl tab 30 mg (base equiv) (Actos).....26
pioglitazone hcl tab 45 mg (base equiv) (Actos).....26
PIQRAY 250MG DAILY DOSE – alpelisib tab pack 250 mg daily dose (200 mg & 50 mg tabs)..... 17
PIQRAY 300MG DAILY DOSE – alpelisib tab pack 300 mg daily dose (2x150 mg tab)..... 17
PIQRAY 200MG DAILY DOSE – alpelisib tab therapy pack 200 mg daily dose.....17
piroxicam cap 10 mg (Feldene).....94
piroxicam cap 20 mg (Feldene).....94
PLAVIX – clopidogrel bisulfate tab 75 mg (base equiv)..... 120
PLEGRIDY – peginterferon beta-1a soln pen-injector 125 mcg/0.5ml.....82
PLEGRIDY – peginterferon beta-1a soln prefilled syringe 125 mcg/0.5ml..... 82
PLEGRIDY STARTER PACK – peginterferon beta-1a soln pen-inj 63 & 94 mcg/0.5ml pack.....82
PLEGRIDY STARTER PACK – peginterferon beta-1a soln pref syr 63 & 94 mcg/0.5ml pack..... 82
PNEUMOVAX 23/1 DOSE – pneumococcal vaccine polyvalent inj 25 mcg/0.5ml..... 12
PNEUMOVAX 23 – pneumococcal vaccine polyvalent inj 25 mcg/0.5ml..... 12
PNV FOLIC ACID + IRON MULTIVITAMIN – prenatal vit w/ fe fumarate-fa tab 27-1 mg..... 108
PNV PRENATAL PLUS MULTIVITAMIN – prenatal vit w/ fe fumarate-fa tab 27-1 mg..... 108
polyethylene glycol 3350 oral packet.....58
polyethylene glycol 3350 oral powder..... 58
polyethylene glycol-propylene glycol ophth soln 0.4-0.3%.....126
polyethylene glycol-propylene glycol pf op soln 0.4-0.3%.....126
polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1% (Polytrim)..... 123
polysaccharide iron complex cap 150 mg (iron equivalent)..... 120
polyvinyl alcohol ophth soln 1.4%..... 126
polyvinyl alcohol-povidone ophth soln 5-6 mg/ml (0.5-0.6%)..... 126
polyvinyl alcohol-povidone (pf) ophth soln 1.4-0.6%.....126
POLY-VI-SOL/IRON – pediatric multiple vitamins w/ iron drops 10 mg/ml..... 108
POLY-VI-SOL – pediatric multiple vitamin w/ c soln 35 mg/ml.....108
POMALYST – pomalidomide cap 1 mg..... 17
POMALYST – pomalidomide cap 2 mg..... 17
POMALYST – pomalidomide cap 3 mg..... 17
POMALYST – pomalidomide cap 4 mg..... 17
posaconazole tab delayed release 100 mg (Noxafil)..... 6
potassium chloride cap er 8 meq.....113
potassium chloride cap er 10 meq.....113
potassium chloride microencapsulated crys er tab 10 meq.....113
potassium chloride microencapsulated crys er tab 20 meq.....113
potassium chloride oral soln 10% (20 meq/15ml).....113
potassium chloride oral soln 20% (40 meq/15ml).....113
potassium chloride powder packet 20 meq..... 113
potassium chloride tab er 10 meq (K-tab)..... 113
potassium chloride tab er 8 meq (600 mg).....113
potassium citrate & citric acid soln 1100-334 mg/5ml.....66
potassium citrate tab er 5 meq (540 mg) (Urocit-k 5)..... 66
potassium citrate tab er 10 meq (1080 mg) (Urocit-k 10)..... 66
potassium citrate tab er 15 meq (1620 mg) (Urocit-k 15)..... 66
pot bicarbonate & chloride effer tab 25 meq.....113
pot phos monobasic w/sod phos di & monobas tab 155-852-130mg (K-phos neutral)..... 113
povidone-iodine oint 10%..... 130
povidone-iodine soln 10%..... 130
PRADAXA – dabigatran etexilate mesylate cap 75 mg (etexilate base eq)..... 120
PRADAXA – dabigatran etexilate mesylate cap 110 mg (etexilate base eq)..... 120
PRADAXA – dabigatran etexilate mesylate cap 150 mg (etexilate base eq)..... 120
PRALUENT – alirocumab subcutaneous solution auto-injector 75 mg/ml.....46
PRALUENT – alirocumab subcutaneous solution auto-injector 150 mg/ml.....46
pramipexole dihydrochloride tab er 24hr 0.375 mg (Mirapex er)..... 102
pramipexole dihydrochloride tab er 24hr 0.75 mg (Mirapex er)..... 102
pramipexole dihydrochloride tab er 24hr 1.5 mg (Mirapex er)..... 102
pramipexole dihydrochloride tab er 24hr 2.25 mg (Mirapex er)..... 102
pramipexole dihydrochloride tab er 24hr 3 mg (Mirapex er)..... 102
pramipexole dihydrochloride tab er 24hr 3.75 mg (Mirapex er)..... 102
pramipexole dihydrochloride tab er 24hr 4.5 mg (Mirapex er)..... 102
pramipexole dihydrochloride tab 0.125 mg (Mirapex)..... 102
pramipexole dihydrochloride tab 0.25 mg (Mirapex)..... 102

pramipexole dihydrochloride tab 0.5 mg (Mirapex)....102
pramipexole dihydrochloride tab 0.75 mg (Mirapex)....102
pramipexole dihydrochloride tab 1 mg (Mirapex)....102
pramipexole dihydrochloride tab 1.5 mg (Mirapex)....102
prasugrel hcl tab 5 mg (base equiv) (Effient)....120
prasugrel hcl tab 10 mg (base equiv) (Effient)....120
PRAVACHOL – pravastatin sodium tab 20 mg....46
PRAVACHOL – pravastatin sodium tab 40 mg....46
PRAVACHOL – pravastatin sodium tab 80 mg....46
pravastatin sodium tab 10 mg....46
pravastatin sodium tab 20 mg (Pravachol)....46
pravastatin sodium tab 40 mg (Pravachol)....46
pravastatin sodium tab 80 mg (Pravachol)....46
praziquantel tab 600 mg (Biltricide)....11
prazosin hcl cap 1 mg (Minipress)....49
prazosin hcl cap 2 mg (Minipress)....49
prazosin hcl cap 5 mg (Minipress)....49
PRECISION GLUCOSE/KETONE CONTROL SOLUTIONS 1-HI 1-LO – blood glucose calibration - liquid....136
PRECISION GLUCOSE CONTROL – blood glucose calibration - liquid....136
PRECISION GLUCOSE KETONE CONTROL SOLUTION 1-LOW, 1-HIGH – blood glucose calibration - liquid....136
PRECISION XTRA – blood glucose monitoring devices....136
PRECISION XTRA – blood glucose monitoring kit....136
PRECISION XTRA BLOOD GLUCOSE TEST STRIPS – glucose blood test strip....136
PRECISION XTRA MONITOR – blood glucose monitoring devices....136
PRECOSE – acarbose tab 25 mg....26
PRECOSE – acarbose tab 50 mg....26
PRECOSE – acarbose tab 100 mg....26
PREDNICARBATE – prednicarbate oint 0.1%....131
PREDNISOLONE ACETATE – prednisolone acetate ophth susp 1%....123
PREDNISOLONE – prednisolone syrup 15 mg/5ml (usp solution equivalent)....19
prednisolone sod phosphate oral soln 15 mg/5ml (base equiv)....20
prednisolone sod phosph oral soln 6.7 mg/5ml (5 mg/5ml base) (Pediapred)....19
prednisolone syrup 15 mg/5ml (usp solution equivalent)....20
PREDNISONE – prednisone oral soln 5 mg/5ml....20
prednisone tab 1 mg....20
prednisone tab 2.5 mg....20
prednisone tab 5 mg....20
prednisone tab 10 mg....20
prednisone tab 20 mg....20
prednisone tab 50 mg....20
pregabalin cap 25 mg (Lyrica)....84
pregabalin cap 50 mg (Lyrica)....85
pregabalin cap 75 mg (Lyrica)....85
pregabalin cap 100 mg (Lyrica)....85
pregabalin cap 150 mg (Lyrica)....85
pregabalin cap 200 mg (Lyrica)....85
pregabalin cap 225 mg (Lyrica)....85
pregabalin cap 300 mg (Lyrica)....85
pregabalin soln 20 mg/ml (Lyrica)....85
PRENATABS RX – prenatal vit w/ iron carbonyl-fa tab 29-1 mg....108
PRENATAL AND IRON – prenatal multivitamins & minerals w/iron & fa tab 0.8 mg....108
PRENATAL COMPLETE – prenatal vit w/ fe fumarate-fa tab 14-0.4 mg....108
PRE-NATAL FORMULA – prenatal multivitamins & minerals w/iron & fa tab 0.8 mg....108
PRENATAL FORTE – prenatal multivitamins & minerals w/ iron & fa tab 0.8 mg....108
PRENATAL LOW IRON – prenatal vit w/ fe fumarate-fa tab 27-0.8 mg....108
PRENATAL MULTIVITAMIN – prenatal vit w/ fe fumarate-fa tab 28-0.8 mg....108
PRENATAL ONE DAILY – prenatal vit w/ fe fumarate-fa tab 27-0.8 mg....108
PRENATAL PLUS IRON – prenatal vit w/ iron carbonyl-fa tab 29-1 mg....108
PRENATAL – prenatal multivitamins & minerals w/iron & fa tab 0.8 mg....108
PRENATAL 19 – prenatal vit w/ dss-fe fumarate-fa tab 29-1 mg....109
PRENATAL 19 – prenatal vit w/ fe fumarate-fa chew tab 29-1 mg....109
PRENATAL – prenatal vit w/ fe fumarate-fa tab 27-0.8 mg....108
PRENATAL – prenatal vit w/ fe fumarate-fa tab 27-1 mg....108
PRENATAL – prenatal vit w/ fe fumarate-fa tab 28-0.8 mg....108
PRENATAL-U – prenatal w/o a vit w/ fe fumarate-fa cap 106.5-1 mg....109
PRENATAL VITAMIN/IRON – prenatal vit w/ fe fumarate-fa tab 28-0.8 mg....109
PRENATAL VITAMIN & MINERAL – prenatal vit w/ fe fumarate-fa tab 28-0.8 mg....109
PRENATAL VITAMIN – prenatal vit w/ fe fumarate-fa tab 27-0.8 mg....109
PRENATAL VITAMINS PLUS LOW IRON – prenatal vit w/ fe fumarate-fa tab 27-1 mg....109
PRENATAL VITAMINS – prenatal vit w/ fe fumarate-fa tab 28-0.8 mg....109
prenatal vit w/ fe fumarate-fa tab 28-0.8 mg....108
PREPLUS – prenatal vit w/ fe fumarate-fa tab 27-1 mg....109
PRESERVISION/LUTEIN – multiple vitamins w/ minerals cap....109

PRESERVISION AREDS – multiple vitamins w/ minerals cap....109
PRESERVISION AREDS 2 – multiple vitamins w/ minerals cap....109
PRESERVISION AREDS – multiple vitamins w/ minerals tab.... 109
PRESTALIA – perindopril arginine-amlodipine besylate tab 3.5-2.5 mg....42
PRESTALIA – perindopril arginine-amlodipine besylate tab 7-5 mg....42
PRESTALIA – perindopril arginine-amlodipine besylate tab 14-10 mg....42
PREVACID – lansoprazole cap delayed release 15 mg.... 60
PREVACID – lansoprazole cap delayed release 30 mg.... 60
PREVACID SOLUTAB – lansoprazole tab delayed release orally disintegrating 15 mg....60
PREVACID SOLUTAB – lansoprazole tab delayed release orally disintegrating 30 mg....60
PREVIDENT RINSE – sodium fluoride rinse 0.2%.... 126
PREZCOBIX – darunavir-cobicistat tab 800-150 mg....9
PREZISTA – darunavir ethanolate susp 100 mg/ml (base equiv)....9
PREZISTA – darunavir ethanolate tab 75 mg (base equiv)....9
PREZISTA – darunavir ethanolate tab 150 mg (base equiv)....9
PREZISTA – darunavir ethanolate tab 600 mg (base equiv)....9
PREZISTA – darunavir ethanolate tab 800 mg (base equiv)....9
PRIFTIN – rifapentine tab 150 mg.... 5
PRILOSEC – omeprazole magnesium for delayed release susp packet 2.5 mg....60
PRILOSEC – omeprazole magnesium for delayed release susp packet 10 mg....60
primaquine phosphate tab 26.3 mg (15 mg base) (Primaquine phosphate).... 10
primidone tab 50 mg (Mysoline).... 100
primidone tab 250 mg (Mysoline).... 100
PRINIVIL – lisinopril tab 5 mg....33
PRINIVIL – lisinopril tab 10 mg....33
PRINIVIL – lisinopril tab 20 mg....33
PRISTIQ – desvenlafaxine succinate tab er 24hr 25 mg (base equiv)....69
PRISTIQ – desvenlafaxine succinate tab er 24hr 50 mg (base equiv)....69
PRISTIQ – desvenlafaxine succinate tab er 24hr 100 mg (base equiv)....69
PROAIR HFA – albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv).... 56
PROAIR RESPICLICK – albuterol sulfate aer pow ba 108 mcg/act (90 mcg base equiv).... 56
probenecid tab 500 mg.... 96
PRO-CAL – multiple vitamins w/ minerals tab.... 109
PROCARDIA – nifedipine cap 10 mg.... 42
PROCARDIA XL – nifedipine tab er 24hr osmotic release 30 mg....42
PROCARDIA XL – nifedipine tab er 24hr osmotic release 60 mg....42
PROCARDIA XL – nifedipine tab er 24hr osmotic release 90 mg....42
PROCERV HP – multiple vitamins w/ minerals tab.... 109
prochlorperazine maleate tab 5 mg (base equivalent).... 73
prochlorperazine maleate tab 10 mg (base equivalent).... 73
prochlorperazine suppos 25 mg.... 73
PROCRIT – epoetin alfa inj 2000 unit/ml....120
PROCRIT – epoetin alfa inj 3000 unit/ml....120
PROCRIT – epoetin alfa inj 4000 unit/ml....120
PROCRIT – epoetin alfa inj 10000 unit/ml....120
PROCRIT – epoetin alfa inj 20000 unit/ml....120
PROCRIT – epoetin alfa inj 40000 unit/ml....120
PRODIGY AUTOCODE BLOOD GLUCOSE MONITORING/TALKING – blood glucose monitoring devices....136
PRODIGY AUTOCODE BLOOD GLUCOSE MONITORING/TALKING – blood glucose monitoring kit w/ device....136
PRODIGY CONTROL SOLUTION – blood glucose calibration - liquid - high.... 136
PRODIGY CONTROL SOLUTION LOW – blood glucose calibration - liquid - low....136
PRODIGY NO CODING BLOOD GLUCOSE KIT – blood glucose monitoring kit w/ device....136
PRODIGY NO CODING BLOOD GLUCOSE TEST STRIPS – glucose blood test strip.... 136
PRODIGY POCKET BLOOD GLUCOSE METER KIT – blood glucose monitoring kit w/ device....136
PRODIGY VOICE BLOOD GLUCOSE METER KIT – blood glucose monitoring kit w/ device....136
PROFILNINE – factor ix complex for inj 500 unit....120
PROFILNINE – factor ix complex for inj 1000 unit....120
PROFILNINE – factor ix complex for inj 1500 unit....120
PROFILNINE SD – factor ix complex for inj 500 unit....120
PROFILNINE SD – factor ix complex for inj 1000 unit....120
PROFILNINE SD – factor ix complex for inj 1500 unit....120
progesterone im in oil 50 mg/ml....21
progesterone micronized cap 100 mg (Prometrium).... 21
progesterone micronized cap 200 mg (Prometrium).... 21
PROGLYCEM – diazoxide susp 50 mg/ml....26
PROGRAF – tacrolimus cap 0.5 mg.... 139
PROGRAF – tacrolimus cap 1 mg.... 139
PROGRAF – tacrolimus cap 5 mg.... 139
PROGRAF – tacrolimus packet for susp 0.2 mg.... 139
PROGRAF – tacrolimus packet for susp 1 mg.... 139
PROLENSA – bromfenac sodium ophth soln 0.07% (base equivalent).... 126

PROMACTA – eltrombopag olamine powder pack for susp 12.5 mg (base eq).....121
PROMACTA – eltrombopag olamine tab 12.5 mg (base equiv)..... 121
PROMACTA – eltrombopag olamine tab 25 mg (base equiv)..... 121
PROMACTA – eltrombopag olamine tab 50 mg (base equiv)..... 121
PROMACTA – eltrombopag olamine tab 75 mg (base equiv)..... 121
PROMETHAZINE/DEXTROMETHORPHAN – promethazine-dm syrup 6.25-15 mg/5ml.....53
promethazine hcl suppos 12.5 mg..... 51
promethazine hcl suppos 25 mg..... 51
promethazine hcl syrup 6.25 mg/5ml..... 51
promethazine hcl tab 12.5 mg.....51
promethazine hcl tab 25 mg.....51
promethazine hcl tab 50 mg.....51
propafenone hcl tab 150 mg..... 48
propafenone hcl tab 225 mg..... 48
propafenone hcl tab 300 mg..... 48
propranolol hcl cap er 24hr 60 mg (Inderal la).....39
propranolol hcl cap er 24hr 80 mg (Inderal la).....39
propranolol hcl cap er 24hr 120 mg (Inderal la).....39
propranolol hcl cap er 24hr 160 mg (Inderal la).....39
PROPRANOLOL HCL – propranolol hcl oral soln 20 mg/5ml..... 38
PROPRANOLOL HCL – propranolol hcl oral soln 40 mg/5ml..... 39
propranolol hcl tab 10 mg..... 39
propranolol hcl tab 20 mg..... 39
propranolol hcl tab 40 mg..... 39
propranolol hcl tab 60 mg..... 39
propranolol hcl tab 80 mg..... 39
propylthiouracil tab 50 mg..... 29
PRORENAL+D/OMEGA-3 – multiple vitamins w/ minerals cap.....109
PRORENAL+D – multiple vitamins w/ minerals tab.....109
PROSCAR – finasteride tab 5 mg.....66
PROSHIELD PLUS SKIN PROTECTANT – dimethicone cream 1%..... 133
PROTECT CARDIO AF – multiple vitamins w/ minerals cap.....109
PROTECT PLUS NF – multiple vitamins w/ minerals liquid.....109
PROTECT PLUS SO – multiple vitamins w/ minerals cap.....109
PROTONIX – pantoprazole sodium ec tab 20 mg (base equiv)..... 60
PROTONIX – pantoprazole sodium ec tab 40 mg (base equiv)..... 60
PROTONIX – pantoprazole sodium for delayed release susp packet 40 mg.....60
PROTOPIC – tacrolimus oint 0.03%.....133
PROTOPIC – tacrolimus oint 0.1%.....133
PROVENTIL HFA – albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)..... 56
PROVIT – multiple vitamins w/ minerals tab.....109
PROZAC – fluoxetine hcl cap 10 mg.....69
PROZAC – fluoxetine hcl cap 20 mg.....69
PROZAC – fluoxetine hcl cap 40 mg.....69
pseudoephedrine-guaifenesin tab er 12hr 60-600 mg..... 53
pseudoephedrine-guaifenesin tab er 12hr 120-1200 mg..... 53
pseudoephedrine hcl liq 15 mg/5ml..... 52
pseudoephedrine hcl tab er 12hr 120 mg.....52
pseudoephedrine hcl tab 30 mg..... 52
pseudoephedrine hcl tab 60 mg..... 52
psyllium cap 0.52 gm..... 58
psyllium cap 400 mg..... 58
psyllium powder 28.3%..... 58
psyllium powder 30%..... 58
psyllium powder 30.9%..... 58
psyllium powder 33%..... 58
psyllium powder 48.57%..... 58
psyllium powder 49%..... 58
psyllium powder 58.6%..... 58
psyllium powder 68%..... 58
psyllium powder 95%..... 58
psyllium powder 100%..... 58
PULMICORT – budesonide inhalation susp 0.25 mg/2ml..... 56
PULMICORT – budesonide inhalation susp 0.5 mg/2ml..... 56
PULMICORT – budesonide inhalation susp 1 mg/2ml..... 56
PULMICORT FLEXHALER – budesonide inhal aero powd 90 mcg/act (breath activated).....56
PULMICORT FLEXHALER – budesonide inhal aero powd 180 mcg/act (breath activated).....56
PULMOZYME – dornase alfa inhal soln 1 mg/ml..... 57
PURIXAN – mercaptopurine susp 2000 mg/100ml (20 mg/ml)..... 17
PX PRENATAL MULTIVITAMINS – prenatal vit w/ fe fumarate-fa tab 28-0.8 mg.....109
pyrazinamide tab 500 mg.....5
pyreth-piperonyl butox sham-permeth aero-nit remover gel kit.....133
pyrethrins-piperonyl butoxide liq 0.3-3%.....133
pyrethrins-piperonyl butoxide liq 0.33-4%.....133
pyrethrins-piperonyl butoxide shampoo 0.33-4%.....133
pyridostigmine bromide tab 60 mg (Mestinon).....103
pyridoxine hcl tab 25 mg.....104
pyridoxine hcl tab 50 mg.....104
pyridoxine hcl tab 100 mg.....104

Q

QBRELIS – lisinopril oral soln 1 mg/ml.....33
QC CALAMINE – calamine lotion..... 133
QC PRENATAL – prenatal vit w/ fe fumarate-fa tab 28-0.8 mg..... 109

QNASL – beclomethasone dipropionate nasal aerosol 80 mcg/act....52
QNASL CHILDRENS – beclomethasone dipropionate nasal aerosol 40 mcg/act....52
QTERN – dapagliflozin-saxagliptin tab 5-5 mg....26
QTERN – dapagliflozin-saxagliptin tab 10-5 mg....26
QUDEXY XR – topiramate cap er 24hr sprinkle 25 mg.... 100
QUDEXY XR – topiramate cap er 24hr sprinkle 50 mg.... 100
QUDEXY XR – topiramate cap er 24hr sprinkle 100 mg.... 100
QUDEXY XR – topiramate cap er 24hr sprinkle 150 mg.... 100
QUDEXY XR – topiramate cap er 24hr sprinkle 200 mg.... 100
QUENCH – multiple vitamins w/ minerals tab....109
QUESTRAN – cholestyramine powder 4 gm/dose.... 46
QUESTRAN – cholestyramine powder packets 4 gm....46
QUESTRAN LIGHT – cholestyramine light powder 4 gm/dose....46
quetiapine fumarate tab er 24hr 50 mg (Seroquel xr)....73
quetiapine fumarate tab er 24hr 150 mg (Seroquel xr)....73
quetiapine fumarate tab er 24hr 200 mg (Seroquel xr)....73
quetiapine fumarate tab er 24hr 300 mg (Seroquel xr)....73
quetiapine fumarate tab er 24hr 400 mg (Seroquel xr)....73
quetiapine fumarate tab 25 mg (Seroquel).... 73
quetiapine fumarate tab 50 mg (Seroquel).... 73
quetiapine fumarate tab 100 mg (Seroquel).... 73
quetiapine fumarate tab 200 mg (Seroquel).... 73
quetiapine fumarate tab 300 mg (Seroquel).... 73
quetiapine fumarate tab 400 mg (Seroquel).... 73
QUILLICHEW ER – methylphenidate hcl chew tab extended release 20 mg.... 80
QUILLICHEW ER – methylphenidate hcl chew tab extended release 30 mg.... 80
QUILLICHEW ER – methylphenidate hcl chew tab extended release 40 mg.... 80
QUILLIVANT XR – methylphenidate hcl for er susp 25 mg/5ml (5 mg/ml).... 80
quinapril hcl tab 5 mg (Accupril)....33
quinapril hcl tab 10 mg (Accupril)....33
quinapril hcl tab 20 mg (Accupril)....33
quinapril hcl tab 40 mg (Accupril)....33
quinapril-hydrochlorothiazide tab 10-12.5 mg (Accuretic).... 33
quinapril-hydrochlorothiazide tab 20-12.5 mg (Accuretic).... 34
quinapril-hydrochlorothiazide tab 20-25 mg (Accuretic).... 34
QUIN B STRONG – multiple vitamins w/ minerals tab.... 109
QUINTABS-M – multiple vitamins w/ minerals tab....109
QUINTABS – multiple vitamin tab.... 109
QUTENZA – capsaicin patch 8% & cleansing gel kit....133
QVAR – beclomethasone diprop inhal aero soln 40 mcg/act (50/valve)....56
QVAR – beclomethasone diprop inhal aero soln 80 mcg/act (100/valve)....56
QVAR REDIHALER – beclomethasone diprop hfa breath act inh aer 40 mcg/act....56
QVAR REDIHALER – beclomethasone diprop hfa breath act inh aer 80 mcg/act....56

R

RABEPRAZOLE SODIUM DR SPRINKLE – rabeprazole sodium capsule sprinkle dr 10 mg....60
rabeprazole sodium ec tab 20 mg (Aciphex)....60
RA CENTRAL-VITE UNDER 50 – multiple vitamins w/ minerals tab.... 109
raloxifene hcl tab 60 mg (Evista).... 32
ramelteon tab 8 mg (Rozerem)....76
ramipril cap 1.25 mg (Altace).... 34
ramipril cap 2.5 mg (Altace).... 34
ramipril cap 5 mg (Altace).... 34
ramipril cap 10 mg (Altace).... 34
ranitidine hcl syrup 15 mg/ml (75 mg/5ml).... 60
ranitidine hcl tab 75 mg.... 60
ranitidine hcl tab 150 mg.... 61
ranitidine hcl tab 300 mg.... 61
RAPAFLO – silodosin cap 4 mg....66
RAPAFLO – silodosin cap 8 mg....66
RAPAMUNE – sirolimus oral soln 1 mg/ml.... 139
RAPAMUNE – sirolimus tab 0.5 mg....139
RAPAMUNE – sirolimus tab 1 mg....139
RAPAMUNE – sirolimus tab 2 mg....139
RA PRENATAL FORMULA/FOLICACID – prenatal vit w/ fe fumarate-fa tab 28-0.8 mg.... 109
RA PRENATAL – prenatal vit w/ fe fumarate-fa tab 28-0.8 mg.... 109
RAZADYNE ER – galantamine hydrobromide cap er 24hr 8 mg....85
RAZADYNE ER – galantamine hydrobromide cap er 24hr 16 mg....85
RAZADYNE ER – galantamine hydrobromide cap er 24hr 24 mg....85
RAZADYNE – galantamine hydrobromide tab 4 mg....85
RAZADYNE – galantamine hydrobromide tab 8 mg....85
RAZADYNE – galantamine hydrobromide tab 12 mg....85
REBETOL – ribavirin soln 40 mg/ml.... 7
REBIF – interferon beta-1a soln pref syr 22 mcg/0.5ml (12mu/ml)....82
REBIF – interferon beta-1a soln pref syr 44 mcg/0.5ml (24mu/ml)....82
REBIF REBIDOSE – interferon beta-1a soln auto-inj 22 mcg/0.5ml (12mu/ml)....82

REBIF REBIDOSE – interferon beta-1a soln auto-inj 44 mcg/0.5ml (24mu/ml).....82
REBIF REBIDOSE TITRATION – interferon beta-1a auto-inj 6x8.8 mcg/0.2ml & 6x22 mcg/0.5ml..... 82
REBIF TITRATION PACK – interferon beta-1a pref syr 6x8.8 mcg/0.2ml & 6x22 mcg/0.5ml..... 82
REBINYN – coagulation factor ix recomb glycopegylated for inj 500 unt..... 121
REBINYN – coagulation factor ix recomb glycopegylated for inj 1000 unt..... 121
REBINYN – coagulation factor ix recomb glycopegylated for inj 2000 unt..... 121
RECOMBINATE – antihemophilic factor (recombinant) for inj 220-400 unit.....121
RECOMBINATE – antihemophilic factor (recombinant) for inj 401-800 unit.....121
RECOMBINATE – antihemophilic factor (recombinant) for inj 801-1240 unit.....121
RECOMBINATE – antihemophilic factor (recombinant) for inj 1241-1800 unit..... 121
RECOMBINATE – antihemophilic factor (recombinant) for inj 1801-2400 unit..... 121
RELION KETONE – acetone (urine) test strip..... 136
RELION KETONE TEST STRIPS – acetone (urine) test strip.....136
RELION PEN NEEDLES 32G X – insulin pen needle 32 g x 4 mm (1/6" or 5/32")..... 137
RELION R – insulin regular (human) inj 100 unit/ml.....28
RELISTOR – methylnaltrexone bromide inj 8 mg/0.4ml (20 mg/ml)..... 63
RELISTOR – methylnaltrexone bromide inj 12 mg/0.6ml (20 mg/ml).....63
RELISTOR – methylnaltrexone bromide tab 150 mg.....63
RELPAX – eletriptan hydrobromide tab 20 mg (base equivalent)..... 95
RELPAX – eletriptan hydrobromide tab 40 mg (base equivalent)..... 95
REMEDY NUTRASHIELD – dimethicone cream 1%.....133
REMERON – mirtazapine tab 15 mg.....69
REMERON – mirtazapine tab 30 mg.....69
REMERON SOLTAB – mirtazapine orally disintegrating tab 15 mg..... 69
REMERON SOLTAB – mirtazapine orally disintegrating tab 30 mg..... 69
REMERON SOLTAB – mirtazapine orally disintegrating tab 45 mg..... 69
RENAGEL – sevelamer hcl tab 400 mg..... 63
RENAGEL – sevelamer hcl tab 800 mg..... 63
RENAPLEX-D – multiple vitamins w/ minerals tab..... 109
RENVELA – sevelamer carbonate packet 0.8 gm.....63
RENVELA – sevelamer carbonate packet 2.4 gm.....63
RENVELA – sevelamer carbonate tab 800 mg.....63
repaglinide tab 0.5 mg.....26
repaglinide tab 1 mg (Prandin)..... 26
repaglinide tab 2 mg (Prandin)..... 26
REPATHA – evolocumab subcutaneous soln prefilled syringe 140 mg/ml.....46
REPATHA PUSHTRONEX SYSTEM – evolocumab subcutaneous soln cartridge/infusor 420 mg/3.5ml.....46
REPATHA SURECLICK – evolocumab subcutaneous soln auto-injector 140 mg/ml..... 46
REPLACE – multiple vitamins w/ minerals cap.....109
REQUIP – ropinirole hydrochloride tab 0.25 mg.....102
REQUIP – ropinirole hydrochloride tab 0.5 mg.....102
REQUIP – ropinirole hydrochloride tab 1 mg.....102
REQUIP – ropinirole hydrochloride tab 2 mg.....102
REQUIP – ropinirole hydrochloride tab 3 mg.....102
REQUIP – ropinirole hydrochloride tab 4 mg.....102
REQUIP – ropinirole hydrochloride tab 5 mg.....102
REQUIP XL – ropinirole hydrochloride tab er 24hr 2 mg (base equivalent).....102
REQUIP XL – ropinirole hydrochloride tab er 24hr 4 mg (base equivalent).....102
REQUIP XL – ropinirole hydrochloride tab er 24hr 6 mg (base equivalent).....102
REQUIP XL – ropinirole hydrochloride tab er 24hr 8 mg (base equivalent).....102
REQUIP XL – ropinirole hydrochloride tab er 24hr 12 mg (base equivalent).....102
RESCRIPTOR – delavirdine mesylate tab 100 mg.....9
RESCRIPTOR – delavirdine mesylate tab 200 mg.....9
RESTASIS – cyclosporine (ophth) emulsion 0.05%..... 126
RESTASIS MULTIDOSE – cyclosporine (ophth) emulsion 0.05%..... 126
RETACRIT – epoetin alfa-epbx inj 2000 unit/ml..... 121
RETACRIT – epoetin alfa-epbx inj 3000 unit/ml..... 121
RETACRIT – epoetin alfa-epbx inj 4000 unit/ml..... 121
RETACRIT – epoetin alfa-epbx inj 10000 unit/ml..... 121
RETACRIT – epoetin alfa-epbx inj 40000 unit/ml..... 121
RETIN-A MICRO PUMP – tretinoin microsphere gel 0.04%..... 128
RETIN-A MICRO PUMP – tretinoin microsphere gel 0.08%..... 128
RETIN-A MICRO PUMP – tretinoin microsphere gel 0.1%..... 128
RETIN-A MICRO – tretinoin microsphere gel 0.04%..... 128
RETIN-A MICRO – tretinoin microsphere gel 0.06%..... 128
RETIN-A MICRO – tretinoin microsphere gel 0.1%..... 128
RETIN-A – tretinoin cream 0.025%.....128
RETIN-A – tretinoin cream 0.05%.....128
RETIN-A – tretinoin cream 0.1%.....128
RETIN-A – tretinoin gel 0.01%.....128
RETIN-A – tretinoin gel 0.025%.....128
REVATIO – sildenafil citrate for suspension 10 mg/ml.....49
REVATIO – sildenafil citrate tab 20 mg.....49
REVCOVI – elapegademase-lvlr im soln 2.4 mg/1.5ml (1.6 mg/ml)..... 32
REVLIMID – lenalidomide cap 5 mg.....17,139
REVLIMID – lenalidomide cap 10 mg.....17,139
REVLIMID – lenalidomide cap 15 mg.....17,139
REVLIMID – lenalidomide cap 20 mg.....17,139

REVLIMID – lenalidomide cap 25 mg..... 17,139
REVLIMID – lenalidomide caps 2.5 mg..... 17,139
REXULTI – brexpiprazole tab 0.25 mg..... 73
REXULTI – brexpiprazole tab 0.5 mg..... 73
REXULTI – brexpiprazole tab 1 mg..... 73
REXULTI – brexpiprazole tab 2 mg..... 73
REXULTI – brexpiprazole tab 3 mg..... 73
REXULTI – brexpiprazole tab 4 mg..... 73
REYATAZ – atazanavir sulfate oral powder packet 50 mg (base equiv)..... 9
RHOPRESSA – netarsudil dimesylate ophth soln 0.02%..... 124
RIBASPHERE RIBAPAK – ribavirin tab pack 400 mg & 600 mg (1000 mg daily dose)..... 7
RIBASPHERE RIBAPAK – ribavirin tab therapy pack 400 mg (800 mg daily dose)..... 7
RIBASPHERE RIBAPAK – ribavirin tab therapy pack 600 mg (1200 mg daily dose)..... 7
RIBASPHERE – ribavirin tab 400 mg..... 7
RIBASPHERE – ribavirin tab 600 mg..... 7
ribavirin cap 200 mg..... 7
ribavirin tab 200 mg..... 7
riboflavin tab 100 mg..... 104
rifabutin cap 150 mg (Mycobutin)..... 5
rifampin cap 150 mg (Rifadin)..... 5
rifampin cap 300 mg (Rifadin)..... 5
RIGHT STEP PRENATAL – prenatal vit w/ fe fumarate-fa tab 27-0.8 mg..... 109
riluzole tab 50 mg (Rilutek)..... 103
risedronate sodium tab delayed release 35 mg (Atelvia)..... 32
risedronate sodium tab 5 mg (Actonel)..... 32
risedronate sodium tab 30 mg (Actonel)..... 32
risedronate sodium tab 35 mg (Actonel)..... 32
risedronate sodium tab 150 mg (Actonel)..... 32
RISPERDAL CONSTA – risperidone microspheres for im extended rel susp 12.5 mg..... 74
RISPERDAL CONSTA – risperidone microspheres for im extended rel susp 25 mg..... 74
RISPERDAL CONSTA – risperidone microspheres for im extended rel susp 37.5 mg..... 74
RISPERDAL CONSTA – risperidone microspheres for im extended rel susp 50 mg..... 74
RISPERDAL M-TAB – risperidone orally disintegrating tab 0.5 mg..... 74
RISPERDAL M-TAB – risperidone orally disintegrating tab 1 mg..... 74
RISPERDAL M-TAB – risperidone orally disintegrating tab 3 mg..... 74
RISPERDAL M-TAB – risperidone orally disintegrating tab 4 mg..... 74
RISPERDAL – risperidone soln 1 mg/ml..... 73
RISPERDAL – risperidone tab 0.25 mg..... 73
RISPERDAL – risperidone tab 0.5 mg..... 73
RISPERDAL – risperidone tab 1 mg..... 73
RISPERDAL – risperidone tab 2 mg..... 73
RISPERDAL – risperidone tab 3 mg..... 73
RISPERDAL – risperidone tab 4 mg..... 73
RISPERIDONE ODT – risperidone orally disintegrating tab 0.25 mg..... 74
risperidone orally disintegrating tab 0.5 mg..... 74
risperidone orally disintegrating tab 1 mg..... 74
risperidone orally disintegrating tab 2 mg..... 74
risperidone orally disintegrating tab 3 mg..... 74
risperidone orally disintegrating tab 4 mg..... 74
risperidone soln 1 mg/ml (Risperdal)..... 74
risperidone tab 0.25 mg (Risperdal)..... 74
risperidone tab 0.5 mg (Risperdal)..... 74
risperidone tab 1 mg (Risperdal)..... 74
risperidone tab 2 mg (Risperdal)..... 74
risperidone tab 3 mg (Risperdal)..... 74
risperidone tab 4 mg (Risperdal)..... 74
RITALIN LA – methylphenidate hcl cap er 24hr 10 mg (la)..... 80
RITALIN LA – methylphenidate hcl cap er 24hr 20 mg (la)..... 80
RITALIN LA – methylphenidate hcl cap er 24hr 30 mg (la)..... 80
RITALIN LA – methylphenidate hcl cap er 24hr 40 mg (la)..... 80
RITALIN – methylphenidate hcl tab 5 mg..... 80
RITALIN – methylphenidate hcl tab 10 mg..... 80
RITALIN – methylphenidate hcl tab 20 mg..... 80
ritonavir tab 100 mg (Norvir)..... 9
rivastigmine tartrate cap 1.5 mg (base equivalent)..... 85
rivastigmine tartrate cap 3 mg (base equivalent)..... 85
rivastigmine tartrate cap 4.5 mg (base equivalent)..... 85
rivastigmine tartrate cap 6 mg (base equivalent)..... 85
rivastigmine td patch 24hr 4.6 mg/24hr (Exelon)..... 85
rivastigmine td patch 24hr 9.5 mg/24hr (Exelon)..... 85
rivastigmine td patch 24hr 13.3 mg/24hr (Exelon)..... 85
RIXUBIS – coagulation factor ix (recombinant) for inj 250 unit..... 121
RIXUBIS – coagulation factor ix (recombinant) for inj 500 unit..... 121
RIXUBIS – coagulation factor ix (recombinant) for inj 1000 unit..... 121
RIXUBIS – coagulation factor ix (recombinant) for inj 2000 unit..... 121
RIXUBIS – coagulation factor ix (recombinant) for inj 3000 unit..... 121
rizatriptan benzoate oral disintegrating tab 5 mg (base eq) (Maxalt-mlt)..... 95
rizatriptan benzoate oral disintegrating tab 10 mg (base eq) (Maxalt-mlt)..... 95
rizatriptan benzoate tab 5 mg (base equivalent)..... 95
rizatriptan benzoate tab 10 mg (base equivalent) (Maxalt)..... 95
ROBITUSSIN CHILDRENS COUGH LONG-ACTING – dextromethorphan hbr syrup 7.5 mg/5ml..... 53
ROCKLATAN – netarsudil dimesylate-latanoprost ophth soln 0.02-0.005%..... 124

ropinirole hydrochloride tab er 24hr 2 mg (base equivalent)....102
ropinirole hydrochloride tab er 24hr 6 mg (base equivalent)....102
ropinirole hydrochloride tab er 24hr 12 mg (base equivalent)....102
ropinirole hydrochloride tab er 24hr 4 mg (base equivalent) (Requip xl)....102
ropinirole hydrochloride tab er 24hr 8 mg (base equivalent) (Requip xl)....102
ropinirole hydrochloride tab 0.25 mg....102
ropinirole hydrochloride tab 0.5 mg....102
ropinirole hydrochloride tab 1 mg....102
ropinirole hydrochloride tab 2 mg....102
ropinirole hydrochloride tab 3 mg....103
ropinirole hydrochloride tab 4 mg....103
ropinirole hydrochloride tab 5 mg....103
rosuvastatin calcium tab 5 mg (Crestor)....46
rosuvastatin calcium tab 10 mg (Crestor)....46
rosuvastatin calcium tab 20 mg (Crestor)....46
rosuvastatin calcium tab 40 mg (Crestor)....46
ROWASA – mesalamine rectal enema 4 gm & cleanser wipe kit....63
ROZEREM – ramelteon tab 8 mg....76
ROZLYTREK – entrectinib cap 100 mg....17
ROZLYTREK – entrectinib cap 200 mg....17
RUBRACA – rucaparib camsylate tab 200 mg (base equivalent)....17
RUBRACA – rucaparib camsylate tab 250 mg (base equivalent)....17
RUBRACA – rucaparib camsylate tab 300 mg (base equivalent)....17
RUCONEST – c1 esterase inhibitor (recombinant) for iv inj 2100 unit....121
RUZURGI – amifampridine tab 10 mg....103
RYDAPT – midostaurin cap 25 mg....17
RYTARY – carbidopa & levodopa cap er 23.75-95 mg....103
RYTARY – carbidopa & levodopa cap er 36.25-145 mg....103
RYTARY – carbidopa & levodopa cap er 48.75-195 mg....103
RYTARY – carbidopa & levodopa cap er 61.25-245 mg....103

S

SABRIL – vigabatrin powd pack 500 mg....100
SABRIL – vigabatrin tab 500 mg....100
SAIZEN CLICK.EASY – somatropin (non-refrigerated) for inj 8.8 mg....30
SAIZENPREP RECONSTITUTION – somatropin (non-refrigerated) for inj 8.8 mg....30
SAIZEN – somatropin (non-refrigerated) for inj 5 mg....30
SAIZEN – somatropin (non-refrigerated) for inj 8.8 mg....30
salicylic acid cream 6%....130
salicylic acid liquid 17%....130
salicylic acid pad 40%....130
salicylic acid shampoo 6% (Salex)....130
salicylic acid soln 17%....130
saline nasal spray 0.65%....52
salsalate tab 500 mg....86
salsalate tab 750 mg....86
SANCUSO – granisetron td patch 3.1 mg/24hr (contains 34.3 mg)....61
SANDIMMUNE – cyclosporine cap 25 mg....139
SANDIMMUNE – cyclosporine cap 100 mg....139
SANDIMMUNE – cyclosporine oral soln 100 mg/ml....139
SANDOSTATIN LAR DEPOT – octreotide acetate for im inj kit 10 mg....32
SANDOSTATIN LAR DEPOT – octreotide acetate for im inj kit 20 mg....32
SANDOSTATIN LAR DEPOT – octreotide acetate for im inj kit 30 mg....32
SAPHRIS – asenapine maleate sl tab 2.5 mg (base equiv)....74
SAPHRIS – asenapine maleate sl tab 5 mg (base equiv)....74
SAPHRIS – asenapine maleate sl tab 10 mg (base equiv)....74
SARAFEM – fluoxetine hcl (pmdd) tab 10 mg....85
SARAFEM – fluoxetine hcl (pmdd) tab 20 mg....85
SAVAYSA – edoxaban tosylate tab 15 mg (base equivalent)....121
SAVAYSA – edoxaban tosylate tab 30 mg (base equivalent)....121
SAVAYSA – edoxaban tosylate tab 60 mg (base equivalent)....121
SAVELLA – milnacipran hcl tab 12.5 mg....85
SAVELLA – milnacipran hcl tab 25 mg....85
SAVELLA – milnacipran hcl tab 50 mg....85
SAVELLA – milnacipran hcl tab 100 mg....85
SAVELLA TITRATION PACK – milnacipran hcl tab 12.5 mg (5) & 25 mg (8) & 50 mg (42) pak....85
SAVISION – multiple vitamins w/ minerals cap....109
SEEBRI NEOHALER – glycopyrrolate inhal cap 15.6 mcg....56
SEGLUROMET – ertugliflozin-metformin hcl tab 2.5-500 mg....26
SEGLUROMET – ertugliflozin-metformin hcl tab 2.5-1000 mg....26
SEGLUROMET – ertugliflozin-metformin hcl tab 7.5-500 mg....26
SEGLUROMET – ertugliflozin-metformin hcl tab 7.5-1000 mg....26
selegiline hcl cap 5 mg....103
SELEGILINE HCL – selegiline hcl tab 5 mg....103
selegiline hcl tab 5 mg....103
selenium sulfide lotion 2.5%....133
SELZENTRY – maraviroc oral soln 20 mg/ml....9
SELZENTRY – maraviroc tab 25 mg....9
SELZENTRY – maraviroc tab 75 mg....9
SELZENTRY – maraviroc tab 150 mg....9

SELZENTRY – maraviroc tab 300 mg.....9
SEMPREX-D – acrivastine & pseudoephedrine cap 8-60 mg..... 53
sennosides-docusate sodium tab 8.6-50 mg..... 58
sennosides syrup 8.8 mg/5ml..... 58
sennosides tab 8.6 mg..... 58
SENTRY – multiple vitamins w/ minerals tab.....109
SENTRY SENIOR/LUTEIN – multiple vitamins w/ minerals tab..... 109
SEREVENT DISKUS – salmeterol xinafoate aer pow ba 50 mcg/dose (base equiv)..... 56
SEROQUEL – quetiapine fumarate tab 25 mg..... 74
SEROQUEL – quetiapine fumarate tab 50 mg..... 74
SEROQUEL – quetiapine fumarate tab 100 mg..... 74
SEROQUEL – quetiapine fumarate tab 200 mg..... 74
SEROQUEL – quetiapine fumarate tab 300 mg..... 74
SEROQUEL – quetiapine fumarate tab 400 mg..... 74
SEROQUEL XR – quetiapine fumarate tab er 24hr 50 mg..... 74
SEROQUEL XR – quetiapine fumarate tab er 24hr 150 mg..... 74
SEROQUEL XR – quetiapine fumarate tab er 24hr 200 mg..... 74
SEROQUEL XR – quetiapine fumarate tab er 24hr 300 mg..... 74
SEROQUEL XR – quetiapine fumarate tab er 24hr 400 mg..... 74
SEROSTIM – somatropin (non-refrigerated) for subcutaneous inj 4 mg.....30
SEROSTIM – somatropin (non-refrigerated) for subcutaneous inj 5 mg.....30
SEROSTIM – somatropin (non-refrigerated) for subcutaneous inj 6 mg.....30
sertraline hcl oral concentrate for solution 20 mg/ml..... 69
sertraline hcl tab 25 mg (Zoloft)..... 69
sertraline hcl tab 50 mg (Zoloft)..... 69
sertraline hcl tab 100 mg (Zoloft)..... 69
sevelamer carbonate packet 0.8 gm (Renvela)..... 63
sevelamer carbonate packet 2.4 gm (Renvela)..... 64
sevelamer carbonate tab 800 mg (Renvela)..... 64
sevelamer hcl tab 800 mg (Renagel)..... 64
SEVELAMER HYDROCHLORIDE – sevelamer hcl tab 400 mg.....64
SFROWASA – mesalamine sulfite-free (sf) enema 4 gm/60ml..... 64
SHINGRIX – zoster vac recombinant adjuvanted for im inj 50 mcg/0.5ml..... 12
SHUR-SEAL – nonoxynol-9 gel 2%.....65
SIKLOS – hydroxyurea tab 100 mg..... 121
SIKLOS – hydroxyurea tab 1000 mg..... 121
sildenafil citrate for suspension 10 mg/ml (Revatio).....49
sildenafil citrate tab 20 mg (Revatio)..... 49
SILIQ – brodalumab subcutaneous soln prefilled syringe 210 mg/1.5ml.....133
silodosin cap 4 mg (Rapaflo)..... 66
silodosin cap 8 mg (Rapaflo)..... 66
SILPHEN COUGH – diphenhydramine hcl syrup 12.5 mg/5ml..... 51
silver sulfadiazine cream 1% (Silvadene)..... 130
SIMBRINZA – brinzolamide-brimonidine tartrate ophth susp 1-0.2%.....124
simethicone cap 125 mg..... 64
simethicone chew tab 80 mg..... 64
simethicone chew tab 125 mg..... 64
simethicone susp 40 mg/0.6ml..... 64
SIMPONI – golimumab subcutaneous soln auto-injector 50 mg/0.5ml.....94
SIMPONI – golimumab subcutaneous soln auto-injector 100 mg/ml.....94
SIMPONI – golimumab subcutaneous soln prefilled syringe 50 mg/0.5ml.....94
SIMPONI – golimumab subcutaneous soln prefilled syringe 100 mg/ml.....94
simvastatin tab 5 mg (Zocor)..... 46
simvastatin tab 10 mg (Zocor)..... 46
simvastatin tab 20 mg (Zocor)..... 46
simvastatin tab 40 mg (Zocor)..... 46
simvastatin tab 80 mg (Zocor)..... 46
SINEMET – carbidopa & levodopa tab 10-100 mg.....103
SINEMET – carbidopa & levodopa tab 25-100 mg.....103
SINEMET – carbidopa & levodopa tab 25-250 mg.....103
SINEMET CR – carbidopa & levodopa tab er 25-100 mg..... 103
SINEMET CR – carbidopa & levodopa tab er 50-200 mg..... 103
SINGULAIR – montelukast sodium chew tab 4 mg (base equiv)..... 56
SINGULAIR – montelukast sodium chew tab 5 mg (base equiv)..... 56
SINGULAIR – montelukast sodium oral granules packet 4 mg (base equiv)..... 56
SINGULAIR – montelukast sodium tab 10 mg (base equiv)..... 56
sirolimus oral soln 1 mg/ml (Rapamune).....139
sirolimus tab 0.5 mg (Rapamune).....139
sirolimus tab 1 mg (Rapamune).....139
sirolimus tab 2 mg (Rapamune).....139
SITAVIG – acyclovir buccal tab 50 mg.....7
SKLICE – ivermectin lotion 0.5%..... 133
SKYRIZI – risankizumab-rzaa sol prefilled syringe 2 x 75 mg/0.83ml kit..... 133
SM B-COMPLEX/VITAMIN C – b-complex w/ c & folic acid tab..... 109
SM CALAMINE – calamine lotion..... 133
SM ONE DAILY MENS – multiple vitamins w/ minerals tab..... 109
SM ONE DAILY WOMENS – multiple vitamins w/ minerals tab..... 110
SM PRENATAL VITAMINS – prenatal vit w/ fe fumarate-fa tab 28-0.8 mg.....110

sodium bicarbonate tab 650 mg.....59
sodium chloride hypertonic ophth oint 5%.....126
sodium chloride hypertonic ophth soln 5%.....126
sodium chloride irrigation soln 0.9%.....66
sodium chloride preservative free (pf) inj 0.9%.....113
sodium chloride soln nebu 0.9%.....53
sodium chloride soln nebu 3%.....53
sodium chloride soln nebu 10%.....53
sodium chloride soln nebu 7% (Hyper-sal).....53
sodium chloride tab 1 gm.....113
sodium citrate & citric acid soln 500-334 mg/5ml.....66
sodium fluoride chew tab 0.25 mg f (from 0.55 mg naf).....113
sodium fluoride chew tab 0.5 mg f (from 1.1 mg naf).....113
sodium fluoride chew tab 1 mg f (from 2.2 mg naf).....113
sodium fluoride cream 1.1% (Prevident 5000 plus).....126
sodium fluoride gel 1.1% (0.5% f) (Prevident fluoride).....126
sodium fluoride paste 1.1% (Prevident 5000 boost).....126
sodium fluoride-potassium nitrate paste 1.1-5% (Prevident 5000 sensi).....127
sodium fluoride rinse 0.2% (Prevident rinse).....126
SODIUM FLUORIDE – sodium fluoride tab 0.5 mg f (from 1.1 mg naf).....113
SODIUM FLUORIDE – sodium fluoride tab 1 mg f (from 2.2 mg naf).....113
sodium fluoride soln 0.125 mg/drop f (0.275 mg/drop naf).....113
sodium fluoride soln 0.5 mg/ml f (from 1.1 mg/ml naf).....113
sodium phosphates - enema.....58
sodium phosphates - enema (pediatric).....58
sodium polystyrene sulfonate oral susp 15 gm/60ml.....139
sodium polystyrene sulfonate powder.....139
sodium polystyrene sulfonate rectal susp 30 gm/120ml.....139
SODIUM SULFACETAMIDE/SULFUR CLEANSER – sulfacetamide sodium w/ sulfur lotion 10-5%.....128
SODIUM SULFACETAMIDE/SULFUR CLEANSER – sulfacetamide sodium w/ sulfur susp 10-5%.....128
SOFOSBUVIR/VELPATASVIR – sofosbuvir-velpatasvir tab 400-100 mg.....7
solifenacin succinate tab 5 mg (Vesicare).....65
solifenacin succinate tab 10 mg (Vesicare).....65
SOLIQUA 100/33 – insulin glargine-lixisenatide sol pen-inj 100-33 unit-mcg/ml.....26
SOLO – multiple vitamins w/ minerals tab.....110
SONATA – zaleplon cap 5 mg.....76
SONATA – zaleplon cap 10 mg.....76
SOOLANTRA – ivermectin cream 1%.....129
SORBITOL – sorbitol oral solution 70%.....58
sotalol hcl (afib/afl) tab 80 mg (Betapace af).....48
sotalol hcl (afib/afl) tab 120 mg (Betapace af).....48
sotalol hcl (afib/afl) tab 160 mg (Betapace af).....48
sotalol hcl tab 240 mg.....48
sotalol hcl tab 80 mg (Betapace).....48
sotalol hcl tab 120 mg (Betapace).....48
sotalol hcl tab 160 mg (Betapace).....48
SOTYLIZE – sotalol hcl oral solution 5 mg/ml.....48
SOURCECF – multiple vitamins w/ minerals cap.....110
SOVALDI – sofosbuvir tab 200 mg.....7
SOVALDI – sofosbuvir tab 400 mg.....7
speciality vitamin product tab.....110
SPINOSAD – spinosad susp 0.9%.....133
SPIRIVA HANDIHALER – tiotropium bromide monohydrate inhal cap 18 mcg (base equiv).....56
SPIRIVA RESPIMAT – tiotropium bromide monohydrate inhal aerosol 1.25 mcg/act.....56
SPIRIVA RESPIMAT – tiotropium bromide monohydrate inhal aerosol 2.5 mcg/act.....56
spironolactone & hydrochlorothiazide tab 25-25 mg (Aldactazide).....47
spironolactone tab 25 mg (Aldactone).....47
spironolactone tab 50 mg (Aldactone).....47
spironolactone tab 100 mg (Aldactone).....47
SPORANOX – itraconazole cap 100 mg.....6
SPORANOX – itraconazole oral soln 10 mg/ml.....6
SPORANOX PULSEPAK – itraconazole cap 100 mg.....6
SPRITAM – levetiracetam tab disintegrating soluble 250 mg.....100
SPRITAM – levetiracetam tab disintegrating soluble 500 mg.....100
SPRITAM – levetiracetam tab disintegrating soluble 750 mg.....100
SPRITAM – levetiracetam tab disintegrating soluble 1000 mg.....100
SPRYCEL – dasatinib tab 20 mg.....17
SPRYCEL – dasatinib tab 50 mg.....17
SPRYCEL – dasatinib tab 70 mg.....17
SPRYCEL – dasatinib tab 80 mg.....17
SPRYCEL – dasatinib tab 100 mg.....17
SPRYCEL – dasatinib tab 140 mg.....17
SSS 10-5 – sulfacetamide sodium w/ sulfur foam 10-5%.....129
stannous fluoride gel 0.4%.....127
starch-maltodextrin oral thickening powder.....139
stavudine cap 15 mg.....9
stavudine cap 20 mg.....9
stavudine cap 30 mg.....9
stavudine cap 40 mg.....9
STEGLATRO – ertugliflozin l-pyroglutamic acid tab 5 mg (base equiv).....26
STEGLATRO – ertugliflozin l-pyroglutamic acid tab 15 mg (base equiv).....26
STEGLUJAN – ertugliflozin-sitagliptin tab 5-100 mg.....26
STEGLUJAN – ertugliflozin-sitagliptin tab 15-100 mg.....26
STELARA – ustekinumab inj 45 mg/0.5ml.....133

STELARA – ustekinumab soln prefilled syringe 45 mg/0.5ml..... 133
STELARA – ustekinumab soln prefilled syringe 90 mg/ml.....133
STIMATE – desmopressin acetate nasal soln 1.5 mg/ml.....32
STIOLTO RESPIMAT – tiotropium br-olodaterol inhal aero soln 2.5-2.5 mcg/act.....56
STIVARGA – regorafenib tab 40 mg.....17
STRATTERA – atomoxetine hcl cap 10 mg (base equiv)..... 80
STRATTERA – atomoxetine hcl cap 18 mg (base equiv)..... 80
STRATTERA – atomoxetine hcl cap 25 mg (base equiv)..... 80
STRATTERA – atomoxetine hcl cap 40 mg (base equiv)..... 80
STRATTERA – atomoxetine hcl cap 60 mg (base equiv)..... 80
STRATTERA – atomoxetine hcl cap 80 mg (base equiv)..... 80
STRATTERA – atomoxetine hcl cap 100 mg (base equiv)..... 80
STRENSIQ – asfotase alfa subcutaneous inj 18 mg/0.45ml..... 32
STRENSIQ – asfotase alfa subcutaneous inj 28 mg/0.7ml..... 32
STRENSIQ – asfotase alfa subcutaneous inj 40 mg/ml.....32
STRENSIQ – asfotase alfa subcutaneous inj 80 mg/0.8ml..... 32
STRIANT – testosterone buccal mucoadhesive system 30 mg..... 20
STRIBILD – elvitegrav-cobic-emtricitab-tenofovdf tab 150-150-200-300 mg.....9
STRIVERDI RESPIMAT – olodaterol hcl inhal aerosol soln 2.5 mcg/act (base equiv)..... 56
SUBOXONE – buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv).....91
SUBOXONE – buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)..... 91
SUBOXONE – buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)..... 91
SUBOXONE – buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)..... 91
sucralfate tab 1 gm (Carafate).....61
SUDAFED 24 HOUR – pseudoephedrine hcl tab er 24hr 240 mg.....52
SUDAFED SINUS CONGESTION – pseudoephedrine hcl tab er 24hr 240 mg..... 52
SULAR – nisoldipine tab er 24hr 8.5 mg..... 42
SULAR – nisoldipine tab er 24hr 17 mg..... 42
SULAR – nisoldipine tab er 24hr 34 mg..... 42
SULFACETAMIDE SODIUM/PREDNISOLONE SODIUM PHOSPHATE – sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%..... 123
sulfacetamide sodium liquid 10% (Ovace wash)..... 133
sulfacetamide sodium lotion 10% (acne) (Klaron).....129
sulfacetamide sodium ophth soln 10% (Bleph-10)..... 123
sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%..... 123
sulfacetamide sodium w/ sulfur cleanser 10-2% (Avar ls cleanser).....129
sulfacetamide sodium w/ sulfur cleanser 9.8-4.8% (Plexion cleanser).....129
sulfacetamide sodium w/ sulfur cleansing pad 10-4% (Sumaxin).....129
sulfacetamide sodium w/ sulfur cream 10-5%..... 129
sulfacetamide sodium w/ sulfur cream 10-2% (Avar-e ls)..... 129
sulfacetamide sodium w/ sulfur cream 9.8-4.8% (Plexion).....129
sulfacetamide sodium w/ sulfur emulsion 10-1%..... 129
sulfacetamide sodium w/ sulfur emulsion 10-5%..... 129
sulfacetamide sodium w/ sulfur lotion 9.8-4.8% (Plexion).....129
sulfacetamide sodium w/ sulfur susp 8-4%.....129
sulfacetamide sodium w/ sulfur wash 9-4.5% (Sumadan wash).....129
sulfacetamide sodium w/ sulfur wash 9-4% (Sumaxin wash).....129
SULFADIAZINE – sulfadiazine tab 500 mg..... 11
sulfamethoxazole-trimethoprim susp 200-40 mg/5ml.....11
sulfamethoxazole-trimethoprim tab 400-80 mg (Bactrim)..... 11
sulfamethoxazole-trimethoprim tab 800-160 mg (Bactrim ds).....11
sulfasalazine tab delayed release 500 mg (Azulfidine en-tabs)..... 64
sulfasalazine tab 500 mg (Azulfidine)..... 64
sulindac tab 150 mg..... 94
sulindac tab 200 mg..... 94
sumatriptan-naproxen sodium tab 85-500 mg (Treximet).....95
sumatriptan nasal spray 5 mg/act (Imitrex).....95
sumatriptan nasal spray 20 mg/act (Imitrex).....95
sumatriptan succinate inj 6 mg/0.5ml (Imitrex).....95
sumatriptan succinate solution auto-injector 4 mg/0.5ml (Imitrex statdose sys)..... 95
sumatriptan succinate solution auto-injector 6 mg/0.5ml (Imitrex statdose sys)..... 95
sumatriptan succinate solution cartridge 4 mg/0.5ml (Imitrex statdose ref)..... 95
sumatriptan succinate solution cartridge 6 mg/0.5ml (Imitrex statdose ref)..... 95
SUMATRIPTAN SUCCINATE – sumatriptan succinate solution prefilled syringe 6 mg/0.5ml.....95
sumatriptan succinate tab 25 mg (Imitrex).....95
sumatriptan succinate tab 50 mg (Imitrex).....95
sumatriptan succinate tab 100 mg (Imitrex).....95

SUPER ANTIOXIDANT – multiple vitamins w/ minerals cap....110
SUPRAX – cefixime cap 400 mg.... 3
SUPRAX – cefixime chew tab 100 mg.... 3
SUPRAX – cefixime chew tab 200 mg.... 3
SUPRAX – cefixime for susp 100 mg/5ml.... 3
SUPRAX – cefixime for susp 200 mg/5ml.... 3
SUPRAX – cefixime for susp 500 mg/5ml.... 3
SUTENT – sunitinib malate cap 12.5 mg (base equivalent).... 17
SUTENT – sunitinib malate cap 25 mg (base equivalent).... 17
SUTENT – sunitinib malate cap 37.5 mg (base equivalent).... 17
SUTENT – sunitinib malate cap 50 mg (base equivalent).... 17
SYLATRON – peginterferon alfa-2b for inj kit 200 mcg.... 17
SYLATRON – peginterferon alfa-2b for inj kit 300 mcg.... 17
SYLATRON – peginterferon alfa-2b for inj kit 600 mcg.... 17
SYMBICORT – budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act.... 56
SYMBICORT – budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act.... 56
SYMBYAX – olanzapine-fluoxetine hcl cap 3-25 mg.... 85
SYMBYAX – olanzapine-fluoxetine hcl cap 6-25 mg.... 85
SYMBYAX – olanzapine-fluoxetine hcl cap 6-50 mg.... 85
SYMBYAX – olanzapine-fluoxetine hcl cap 12-25 mg.... 85
SYMBYAX – olanzapine-fluoxetine hcl cap 12-50 mg.... 85
SYMDEKO – tezacaftor-ivacaftor 50-75 mg & ivacaftor 75 mg tab tbpk.... 57
SYMDEKO – tezacaftor-ivacaftor 100-150 mg & ivacaftor 150 mg tab tbpk....57
SYMFI – efavirenz-lamivudine-tenofovir df tab 600-300-300 mg.... 10
SYMFI LO – efavirenz-lamivudine-tenofovir df tab 400-300-300 mg.... 10
SYMJEPI – epinephrine soln prefilled syringe 0.15 mg/0.3ml (1:2000).... 50
SYMJEPI – epinephrine solution prefilled syringe 0.3 mg/0.3ml (1:1000).... 50
SYMLINPEN 120 – pramlintide acetate pen-inj 2700 mcg/2.7ml (1000 mcg/ml).... 26
SYMLINPEN 60 – pramlintide acetate pen-inj 1500 mcg/1.5ml (1000 mcg/ml).... 26
SYMPROIC – naldemedine tosylate tab 0.2 mg (base equivalent).... 64
SYMTUZA – darunavir-cobic-emtricitab-tenofov af tab 800-150-200-10 mg....10
SYNJARDY – empagliflozin-metformin hcl tab 5-500 mg.... 26
SYNJARDY – empagliflozin-metformin hcl tab 5-1000 mg.... 26
SYNJARDY – empagliflozin-metformin hcl tab 12.5-500 mg.... 26
SYNJARDY – empagliflozin-metformin hcl tab 12.5-1000 mg.... 26
SYNJARDY XR – empagliflozin-metformin hcl tab er 24hr 5-1000 mg.... 26
SYNJARDY XR – empagliflozin-metformin hcl tab er 24hr 10-1000 mg.... 26
SYNJARDY XR – empagliflozin-metformin hcl tab er 24hr 12.5-1000 mg.... 26
SYNJARDY XR – empagliflozin-metformin hcl tab er 24hr 25-1000 mg.... 26
SYNRIBO – omacetaxine mepesuccinate for inj 3.5 mg.... 17

T

TABLOID – thioguanine tab 40 mg.... 17
tacrolimus cap 0.5 mg (Prograf).... 139
tacrolimus cap 1 mg (Prograf).... 139
tacrolimus cap 5 mg (Prograf).... 139
tacrolimus oint 0.03% (Protopic).... 133
tacrolimus oint 0.1% (Protopic).... 133
tadalafil tab 20 mg (pah) (Adcirca).... 49
TAFINLAR – dabrafenib mesylate cap 50 mg (base equivalent).... 17
TAFINLAR – dabrafenib mesylate cap 75 mg (base equivalent).... 17
TAGRISSO – osimertinib mesylate tab 40 mg (base equivalent).... 18
TAGRISSO – osimertinib mesylate tab 80 mg (base equivalent).... 18
TALTZ – ixekizumab subcutaneous soln auto-injector 80 mg/ml.... 133
TALTZ – ixekizumab subcutaneous soln prefilled syringe 80 mg/ml....133
TALZENNA – talazoparib tosylate cap 0.25 mg (base equivalent).... 18
TALZENNA – talazoparib tosylate cap 1 mg (base equivalent).... 18
tamoxifen citrate tab 10 mg (base equivalent)....18
tamoxifen citrate tab 20 mg (base equivalent)....18
tamsulosin hcl cap 0.4 mg (Flomax).... 66
TARKA – trandolapril-verapamil hcl tab er 2-180 mg....42
TARKA – trandolapril-verapamil hcl tab er 2-240 mg....42
TARKA – trandolapril-verapamil hcl tab er 4-240 mg....42
TASIGNA – nilotinib hcl cap 50 mg (base equivalent).... 18
TASIGNA – nilotinib hcl cap 150 mg (base equivalent).... 18
TASIGNA – nilotinib hcl cap 200 mg (base equivalent).... 18
TAVALISSE – fostamatinib disodium tab 100 mg (base equivalent).... 121
TAVALISSE – fostamatinib disodium tab 150 mg (base equivalent).... 121
tazarotene cream 0.1% (Tazorac)....129
TAZORAC – tazarotene cream 0.05%....129
TAZORAC – tazarotene cream 0.1%....129
TAZORAC – tazarotene gel 0.05%....129
TAZORAC – tazarotene gel 0.1%....129
TECFIDERA – dimethyl fumarate capsule delayed release 120 mg....82

TECFIDERA – dimethyl fumarate capsule delayed release 240 mg....82
TECFIDERA STARTER PACK – dimethyl fumarate capsule dr starter pack 120 mg & 240 mg....82
TECHNIVIE – ombitasvir-paritaprevir-ritonavir tab 12.5-75-50 mg....7
TEGRETOL – carbamazepine susp 100 mg/5ml....100
TEGRETOL – carbamazepine tab 200 mg....100
TEGRETOL-XR – carbamazepine tab er 12hr 100 mg....100
TEGRETOL-XR – carbamazepine tab er 12hr 200 mg....100
TEGRETOL-XR – carbamazepine tab er 12hr 400 mg....100
TEGSEDI – inotersen sod subcutaneous pref syr 284 mg/1.5ml (base eq)....85
TEKTURNA – aliskiren fumarate tab 150 mg (base equivalent)....49
TEKTURNA – aliskiren fumarate tab 300 mg (base equivalent)....49
TEKTURNA HCT – aliskiren-hydrochlorothiazide tab 150-12.5 mg....49
TEKTURNA HCT – aliskiren-hydrochlorothiazide tab 150-25 mg....49
TEKTURNA HCT – aliskiren-hydrochlorothiazide tab 300-12.5 mg....49
TEKTURNA HCT – aliskiren-hydrochlorothiazide tab 300-25 mg....49
telmisartan-amlodipine tab 40-5 mg (Twynsta)....42
telmisartan-amlodipine tab 80-5 mg (Twynsta)....43
telmisartan-amlodipine tab 40-10 mg (Twynsta)....42
telmisartan-amlodipine tab 80-10 mg (Twynsta)....43
telmisartan-hydrochlorothiazide tab 40-12.5 mg (Micardis hct)....36
telmisartan-hydrochlorothiazide tab 80-12.5 mg (Micardis hct)....36
telmisartan-hydrochlorothiazide tab 80-25 mg (Micardis hct)....36
telmisartan tab 20 mg (Micardis)....36
telmisartan tab 40 mg (Micardis)....36
telmisartan tab 80 mg (Micardis)....36
temazepam cap 15 mg (Restoril)....76
temazepam cap 30 mg (Restoril)....76
TEMIXYS – lamivudine-tenofovir disoproxil fumarate tab 300-300 mg....10
temozolomide cap 5 mg (Temodar)....18
temozolomide cap 20 mg (Temodar)....18
temozolomide cap 100 mg (Temodar)....18
temozolomide cap 140 mg (Temodar)....18
temozolomide cap 180 mg (Temodar)....18
temozolomide cap 250 mg (Temodar)....18
TENCON – butalbital-acetaminophen tab 50-325 mg....86
tenofovir disoproxil fumarate tab 300 mg (Viread)....10
TENORETIC 100 – atenolol & chlorthalidone tab 100-25 mg....39
TENORETIC 50 – atenolol & chlorthalidone tab 50-25 mg....39
TENORMIN – atenolol tab 25 mg....39
TENORMIN – atenolol tab 50 mg....39
TENORMIN – atenolol tab 100 mg....39
terazosin hcl cap 1 mg (base equivalent)....49
terazosin hcl cap 2 mg (base equivalent)....49
terazosin hcl cap 5 mg (base equivalent)....49
terazosin hcl cap 10 mg (base equivalent)....49
terbinafine hcl cream 1%....130
terbinafine hcl tab 250 mg....6
terconazole vaginal cream 0.4%....65
terconazole vaginal suppos 80 mg....65
TESTIM – testosterone td gel 50 mg/5gm (1%)....20
testosterone cypionate im inj in oil 100 mg/ml (Depo-testosterone)....20
testosterone cypionate im inj in oil 200 mg/ml (Depo-testosterone)....20
testosterone enanthate im inj in oil 200 mg/ml....20
TESTOSTERONE ENANTHATE – testosterone enanthate im inj in oil 200 mg/ml....20
TESTOSTERONE PUMP – testosterone td gel 12.5 mg/act (1%)....20
testosterone td gel 12.5 mg/act (1%)....20
testosterone td gel 20.25 mg/act (1.62%) (Androgel pump)....20
testosterone td gel 10mg/act (2%) (Fortesta)....20
testosterone td gel 25 mg/2.5gm (1%) (Androgel)....20
testosterone td gel 50 mg/5gm (1%) (Androgel)....20
testosterone td gel 20.25 mg/1.25gm (1.62%) (Androgel)....20
testosterone td gel 40.5 mg/2.5gm (1.62%) (Androgel)....20
testosterone td soln 30 mg/act....20
TESTOSTERONE – testosterone td gel 25 mg/2.5gm (1%)....20
TESTOSTERONE – testosterone td gel 50 mg/5gm (1%)....20
THALOMID – thalidomide cap 50 mg....18,139
THALOMID – thalidomide cap 100 mg....18,139
THALOMID – thalidomide cap 150 mg....18,139
THALOMID – thalidomide cap 200 mg....18,139
THEOPHYLLINE ER – theophylline tab er 12hr 300 mg....56
THEOPHYLLINE ER – theophylline tab er 12hr 450 mg....56
theophylline soln 80 mg/15ml....56
theophylline tab er 12hr 100 mg....56
theophylline tab er 12hr 200 mg....57
theophylline tab er 12hr 300 mg....57
theophylline tab er 12hr 450 mg....57
theophylline tab er 24hr 400 mg....57
theophylline tab er 24hr 600 mg....57
THERABETIC MULTI-VITAMIN – multiple vitamins w/ minerals tab....110

THERAGRAN-M ADVANCED – multiple vitamins w/ minerals tab.....110
THERAGRAN-M ADVANCED 50 PLUS – multiple vitamins w/ minerals tab.....110
THERAGRAN-M – multiple vitamins w/ minerals tab..... 110
THERAGRAN-M PREMIER – multiple vitamins w/ minerals tab.....110
THERAGRAN-M PREMIER 50 PLUS – multiple vitamins w/ minerals tab.....110
THERA-M – multiple vitamins w/ minerals tab.....110
THERA M PLUS – multiple vitamins w/ minerals tab.....110
THERA – multiple vitamin tab..... 110
THERA-TABS M – multiple vitamins w/ minerals tab.....110
THEREMS-H – multiple vitamins w/ minerals tab.....110
THEREMS-M – multiple vitamins w/ minerals tab..... 110
thiamine hcl tab 50 mg..... 104
thiamine hcl tab 100 mg..... 104
thiamine hcl tab 250 mg..... 104
thiothixene cap 1 mg.....74
thiothixene cap 2 mg.....74
thiothixene cap 5 mg.....74
thiothixene cap 10 mg.....74
tiagabine hcl tab 2 mg (Gabitril)..... 100
tiagabine hcl tab 4 mg (Gabitril)..... 100
tiagabine hcl tab 12 mg (Gabitril)..... 100
tiagabine hcl tab 16 mg (Gabitril)..... 100
TIAZAC – diltiazem hcl extended release beads cap er 24hr 120 mg.....43
TIAZAC – diltiazem hcl extended release beads cap er 24hr 180 mg.....43
TIAZAC – diltiazem hcl extended release beads cap er 24hr 240 mg.....43
TIAZAC – diltiazem hcl extended release beads cap er 24hr 300 mg.....43
TIAZAC – diltiazem hcl extended release beads cap er 24hr 360 mg.....43
TIAZAC – diltiazem hcl extended release beads cap er 24hr 420 mg.....43
TIBSOVO – ivosidenib tab 250 mg.....18
TICE BCG – bcg live intravesical for susp 50 mg.....18
TIMOLOL MALEATE OPHTHALMIC GEL FORMING – timolol maleate ophth gel forming soln 0.25%..... 124
TIMOLOL MALEATE OPHTHALMIC GEL FORMING – timolol maleate ophth gel forming soln 0.5%..... 124
timolol maleate ophth soln 0.5% (once-daily) (Istalol)..... 124
timolol maleate ophth soln 0.25% (Timoptic).....124
timolol maleate ophth soln 0.5% (Timoptic).....124
TIMOLOL MALEATE – timolol maleate tab 5 mg..... 39
TIMOLOL MALEATE – timolol maleate tab 10 mg..... 39
TIMOLOL MALEATE – timolol maleate tab 20 mg..... 39
TIMOPTIC OCUDOSE – timolol maleate preservative free ophth soln 0.25%..... 124
TIMOPTIC OCUDOSE – timolol maleate preservative free ophth soln 0.5%..... 124
TIMOPTIC – timolol maleate ophth soln 0.25%.....124
TIMOPTIC – timolol maleate ophth soln 0.5%.....124
TIMOPTIC-XE – timolol maleate ophth gel forming soln 0.25%..... 124
TIMOPTIC-XE – timolol maleate ophth gel forming soln 0.5%..... 124
TIVICAY – dolutegravir sodium tab 10 mg (base equiv)..... 10
TIVICAY – dolutegravir sodium tab 25 mg (base equiv)..... 10
TIVICAY – dolutegravir sodium tab 50 mg (base equiv)..... 10
tizanidine hcl tab 2 mg (base equivalent).....103
tizanidine hcl tab 4 mg (base equivalent) (Zanaflex)..... 103
TOBI PODHALER – tobramycin inhal cap 28 mg.....5
TOBI – tobramycin nebu soln 300 mg/5ml.....5
tobramycin nebu soln 300 mg/5ml (Tobi)..... 5
tobramycin ophth soln 0.3% (Tobrex).....123
TOBRAMYCIN – tobramycin nebu soln 300 mg/5ml.....5
tolnaftate aerosol 1%.....130
tolnaftate aerosol pow 1%.....130
tolnaftate cream 1%.....130
tolnaftate powder 1%.....130
TOLSURA – itraconazole cap 65 mg.....6
tolterodine tartrate cap er 24hr 2 mg (Detrol la).....65
tolterodine tartrate cap er 24hr 4 mg (Detrol la).....65
tolterodine tartrate tab 1 mg (Detrol)..... 65
tolterodine tartrate tab 2 mg (Detrol)..... 65
TOPAMAX SPRINKLE – topiramate sprinkle cap 15 mg..... 100
TOPAMAX SPRINKLE – topiramate sprinkle cap 25 mg..... 100
TOPAMAX – topiramate tab 25 mg.....100
TOPAMAX – topiramate tab 50 mg.....100
TOPAMAX – topiramate tab 100 mg.....100
TOPAMAX – topiramate tab 200 mg.....100
topiramate sprinkle cap 15 mg (Topamax sprinkle)..... 100
topiramate sprinkle cap 25 mg (Topamax sprinkle)..... 100
topiramate tab 25 mg (Topamax).....100
topiramate tab 50 mg (Topamax).....100
topiramate tab 100 mg (Topamax).....100
topiramate tab 200 mg (Topamax).....100
TOPROL XL – metoprolol succinate tab er 24hr 25 mg (tartrate equiv)..... 39
TOPROL XL – metoprolol succinate tab er 24hr 50 mg (tartrate equiv)..... 39
TOPROL XL – metoprolol succinate tab er 24hr 100 mg (tartrate equiv)..... 39
TOPROL XL – metoprolol succinate tab er 24hr 200 mg (tartrate equiv)..... 39
toremifene citrate tab 60 mg (base equivalent) (Fareston)..... 18
torsemide tab 5 mg.....47
torsemide tab 20 mg.....47

torsemide tab 100 mg....47
torsemide tab 10 mg (Demadex)....47
TOSYMRA – sumatriptan nasal spray 10 mg/act....95
TOUJEO MAX SOLOSTAR – insulin glargine soln pen-injector 300 unit/ml (2 unit dial)....28
TOUJEO SOLOSTAR – insulin glargine soln pen-injector 300 unit/ml (1 unit dial)....28
TOVIAZ – fesoterodine fumarate tab er 24hr 4 mg....65
TOVIAZ – fesoterodine fumarate tab er 24hr 8 mg....65
TRACLEER – bosentan tab for oral susp 32 mg....49
TRACLEER – bosentan tab 62.5 mg....49
TRACLEER – bosentan tab 125 mg....49
TRADJENTA – linagliptin tab 5 mg....26
tramadol-acetaminophen tab 37.5-325 mg (Ultracet)....91
tramadol hcl tab 50 mg (Ultram)....91
trandolapril tab 1 mg....34
trandolapril tab 2 mg....34
trandolapril tab 4 mg....34
tranexamic acid tab 650 mg (Lysteda)....121
TRAVATAN Z – travoprost ophth soln 0.004% (benzalkonium free) (bak free)....124
travoprost ophth soln 0.004% (benzalkonium free) (bak free) (Travatan z)....124
trazodone hcl tab 50 mg....69
trazodone hcl tab 100 mg....69
trazodone hcl tab 150 mg....70
trazodone hcl tab 300 mg....70
TRELEGY ELLIPTA – fluticasone-umeclidinium-vilanterol aepb 100-62.5-25 mcg/inh....57
TRELSTAR MIXJECT – triptorelin pamoate for im susp 3.75 mg....18
TRELSTAR MIXJECT – triptorelin pamoate for im susp 11.25 mg....18
TRELSTAR MIXJECT – triptorelin pamoate for im susp 22.5 mg....18
TREMFYA – guselkumab soln pen-injector 100 mg/ml....133
TREMFYA – guselkumab soln prefilled syringe 100 mg/ml....133
TRESIBA FLEXTOUCH – insulin degludec soln pen-injector 100 unit/ml....28
TRESIBA FLEXTOUCH – insulin degludec soln pen-injector 200 unit/ml....28
tretinoin cap 10 mg....18
TRETINOIN CREAM 0.025% (Avita)....129
tretinoin cream 0.025% (Retin-a)....129
tretinoin cream 0.05% (Retin-a)....129
tretinoin cream 0.1% (Retin-a)....129
tretinoin gel 0.05% (Atralin)....129
TRETINOIN GEL 0.025% (Avita)....129
tretinoin gel 0.01% (Retin-a)....129
tretinoin gel 0.025% (Retin-a)....129
tretinoin microsphere gel 0.04% (Retin-a micro)....129
tretinoin microsphere gel 0.1% (Retin-a micro)....129
TRETTEN – coagulation factor xiii a-subunit for inj 2000-3125 unit....121
TREXALL – methotrexate sodium tab 5 mg (base equiv)....18
TREXALL – methotrexate sodium tab 7.5 mg (base equiv)....18
TREXALL – methotrexate sodium tab 10 mg (base equiv)....18
TREXALL – methotrexate sodium tab 15 mg (base equiv)....18
TREXIMET – sumatriptan-naproxen sodium tab 10-60 mg....95
TREXIMET – sumatriptan-naproxen sodium tab 85-500 mg....95
triamcinolone acetonide cream 0.025%....131
triamcinolone acetonide cream 0.1%....131
triamcinolone acetonide cream 0.5%....131
triamcinolone acetonide dental paste 0.1%....127
triamcinolone acetonide lotion 0.025%....131
triamcinolone acetonide lotion 0.1%....131
triamcinolone acetonide nasal aerosol suspension 55 mcg/act....52
triamcinolone acetonide oint 0.025%....131
triamcinolone acetonide oint 0.1%....131
triamcinolone acetonide oint 0.5%....131
triamterene & hydrochlorothiazide cap 37.5-25 mg (Dyazide)....47
triamterene & hydrochlorothiazide tab 37.5-25 mg (Maxzide-25)....47
triamterene & hydrochlorothiazide tab 75-50 mg (Maxzide)....47
TRIBENZOR – olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg....36
TRIBENZOR – olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg....37
TRIBENZOR – olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg....37
TRIBENZOR – olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg....37
TRIBENZOR – olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg....37
TRICOR – fenofibrate tab 48 mg....46
TRICOR – fenofibrate tab 145 mg....46
TRIFLURIDINE – trifluridine ophth soln 1%....123
TRIGLIDE – fenofibrate tab 160 mg....46
trihexyphenidyl hcl elixir 0.4 mg/ml....103
trihexyphenidyl hcl tab 2 mg....103
trihexyphenidyl hcl tab 5 mg....103
TRIKAFTA – elexacaf-tezacaf-ivacaf 100-50-75 mg &ivacaftor 150 mg tbpk....57
TRILEPTAL – oxcarbazepine susp 300 mg/5ml (60 mg/ml)....100
TRILEPTAL – oxcarbazepine tab 150 mg....100
TRILEPTAL – oxcarbazepine tab 300 mg....100
TRILEPTAL – oxcarbazepine tab 600 mg....100

TRILIPIX – choline fenofibrate cap dr 45 mg (fenofibric acid equiv)..... 46
TRILIPIX – choline fenofibrate cap dr 135 mg (fenofibric acid equiv)..... 46
trimethoprim tab 100 mg..... 11
TRINATE – prenatal vit w/ fe fumarate-fa tab 28-1 mg..... 110
TRINTELLIX – vortioxetine hbr tab 5 mg (base equiv)..... 70
TRINTELLIX – vortioxetine hbr tab 10 mg (base equiv)..... 70
TRINTELLIX – vortioxetine hbr tab 20 mg (base equiv)..... 70
TRIPLE PASTE SP – zinc oxide oint 12.8%.....133
TRIPLE PASTE – zinc oxide oint 12.8%.....133
TRIUMEQ – abacavir-dolutegravir-lamivudine tab 600-50-300 mg..... 10
TROKENDI XR – topiramate cap er 24hr 25 mg..... 100
TROKENDI XR – topiramate cap er 24hr 50 mg..... 100
TROKENDI XR – topiramate cap er 24hr 100 mg..... 100
TROKENDI XR – topiramate cap er 24hr 200 mg..... 100
trospium chloride cap er 24hr 60 mg.....65
trospium chloride tab 20 mg.....65
TRUE METRIX AIR BLOOD GLUCOSE METER/ BLUETOOTH SMART – blood glucose monitoring devices.....136
TRUE METRIX AIR BLOOD GLUCOSE METER/ BLUETOOTH SMART – blood glucose monitoring kit w/ device.....136
TRUE METRIX AIR W/BLUETOOTH SMART – blood glucose monitoring kit w/ device.....137
TRUE METRIX BLOOD GLUCOSE – blood glucose monitoring kit w/ device..... 137
TRUE METRIX BLOOD GLUCOSE TEST STRIPS – glucose blood test strip.....137
TRUE METRIX CONTROL SOLUT – blood glucose calibration - liquid - high..... 137
TRUE METRIX CONTROL SOLUTION LEVEL 1 – blood glucose calibration - liquid - low..... 137
TRUE METRIX CONTROL SOLUTION LEVEL 2 – blood glucose calibration - liquid - normal.....137
TRUE METRIX SELF MONITORING BLOOD GLUCOSE STRIPS – glucose blood test strip..... 137
TRULANCE – plecanatide tab 3 mg..... 64
TRULICITY – dulaglutide soln pen-injector 0.75 mg/0.5ml..... 26
TRULICITY – dulaglutide soln pen-injector 1.5 mg/0.5ml..... 26
TRUSOPT – dorzolamide hcl ophth soln 2%.....124
TRUVADA – emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg.....10
TRUVADA – emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg.....10
TRUVADA – emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg.....10
TRUVADA – emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg.....10
TUDORZA PRESSAIR – aclidinium bromide aerosol powd breath activated 400 mcg/act..... 57
TUMS CHEWY DELIGHTS – calcium carbonate (antacid) chew tab 1177 mg (471 mg ca).....59
TURALIO – pexidartinib hcl cap 200 mg (base equivalent)..... 18
T-VITES – multiple vitamins w/ minerals tab..... 110
TWYNSTA – telmisartan-amlodipine tab 40-5 mg..... 43
TWYNSTA – telmisartan-amlodipine tab 40-10 mg..... 43
TWYNSTA – telmisartan-amlodipine tab 80-5 mg..... 43
TWYNSTA – telmisartan-amlodipine tab 80-10 mg..... 43
TYBOST – cobicistat tab 150 mg.....10
TYKERB – lapatinib ditosylate tab 250 mg (base equiv)..... 18
TYMLOS – abaloparatide subcutaneous soln pen-injector 3120 mcg/1.56ml.....32
TYVASO REFILL – treprostinil inhalation solution 0.6 mg/ml.....49
TYVASO STARTER – treprostinil inhalation solution 0.6 mg/ml.....50
TYVASO – treprostinil inhalation solution 0.6 mg/ml..... 49

U

UCERIS – budesonide rectal foam 2 mg/act..... 127
UCERIS – budesonide tab er 24hr 9 mg..... 20
UDENYCA – pegfilgrastim-cbqv soln prefilled syringe 6 mg/0.6ml..... 121
UNICOMPLEX-M – multiple vitamins w/ minerals tab..... 110
UPCAL D – calcium citrate-vitamin d powder packet 500 mg-500 unit.....113
UPCAL D – calcium citrate-vit d oral powd 500 mg/5gm-500 unit/5gm..... 113
UPTRAVI – selexipag tab 200 mcg.....50
UPTRAVI – selexipag tab 400 mcg.....50
UPTRAVI – selexipag tab 600 mcg.....50
UPTRAVI – selexipag tab 800 mcg.....50
UPTRAVI – selexipag tab 1000 mcg.....50
UPTRAVI – selexipag tab 1200 mcg.....50
UPTRAVI – selexipag tab 1400 mcg.....50
UPTRAVI – selexipag tab 1600 mcg.....50
UPTRAVI – selexipag tab therapy pack 200 mcg (140) & 800 mcg (60).....50
urea cream 40%..... 133
UROXATRAL – alfuzosin hcl tab er 24hr 10 mg.....66
ursodiol cap 300 mg (Actigall).....64
ursodiol tab 250 mg (Urso 250)..... 64
ursodiol tab 500 mg (Urso forte)..... 64
UTIBRON NEOHALER – indacaterol-glycopyrrolate inhal cap 27.5-15.6 mcg..... 57

V

valacyclovir hcl tab 1 gm (Valtrex)..... 8
valacyclovir hcl tab 500 mg (Valtrex).....7
VALCHLOR – mechlorethamine hcl gel 0.016% (base equivalent)..... 133

valganciclovir hcl for soln 50 mg/ml (base equiv) (Valcyte)..... 6
valganciclovir hcl tab 450 mg (base equivalent) (Valcyte)..... 6
valproate sodium oral soln 250 mg/5ml (base equiv) (Depakene).....101
valproic acid cap 250 mg (Depakene).....101
valrubicin soln for intravesical instillation 40 mg/ml (Valstar).....18
valsartan-hydrochlorothiazide tab 80-12.5 mg (Diovan hct).....37
valsartan-hydrochlorothiazide tab 160-12.5 mg (Diovan hct).....37
valsartan-hydrochlorothiazide tab 160-25 mg (Diovan hct).....37
valsartan-hydrochlorothiazide tab 320-12.5 mg (Diovan hct).....37
valsartan-hydrochlorothiazide tab 320-25 mg (Diovan hct).....37
valsartan tab 40 mg (Diovan)..... 37
valsartan tab 80 mg (Diovan)..... 37
valsartan tab 160 mg (Diovan)..... 37
valsartan tab 320 mg (Diovan)..... 37
VALTREX – valacyclovir hcl tab 1 gm.....8
VALTREX – valacyclovir hcl tab 500 mg.....8
vancomycin hcl cap 125 mg (base equivalent) (Vancocin hcl)..... 11
vancomycin hcl cap 250 mg (base equivalent) (Vancocin hcl)..... 11
VARIVAX – varicella virus vac live for subcutaneous inj 1350 pfu/0.5ml.....12
VASCEPA – icosapent ethyl cap 0.5 gm.....46
VASCEPA – icosapent ethyl cap 1 gm.....46
VASERETIC – enalapril maleate & hydrochlorothiazide tab 10-25 mg.....34
VASOTEC – enalapril maleate tab 2.5 mg.....34
VASOTEC – enalapril maleate tab 5 mg.....34
VASOTEC – enalapril maleate tab 10 mg.....34
VASOTEC – enalapril maleate tab 20 mg.....34
VCF VAGINAL CONTRACEPTIVE – nonoxynol-9 film 28%..... 65
VCF VAGINAL CONTRACEPTIVE – nonoxynol-9 foam 12.5%..... 65
VELCADE – bortezomib for inj 3.5 mg..... 18
VELPHORO – sucroferric oxyhydroxide chew tab 500 mg..... 64
VEMLIDY – tenofovir alafenamide fumarate tab 25 mg.....7
VENCLEXTA STARTING PACK – venetoclax tab therapy starter pack 10 & 50 & 100 mg..... 18
VENCLEXTA – venetoclax tab 10 mg.....18
VENCLEXTA – venetoclax tab 50 mg.....18
VENCLEXTA – venetoclax tab 100 mg.....18
venlafaxine hcl cap er 24hr 37.5 mg (base equivalent) (Effexor xr)..... 70
venlafaxine hcl cap er 24hr 75 mg (base equivalent) (Effexor xr)..... 70
venlafaxine hcl cap er 24hr 150 mg (base equivalent) (Effexor xr)..... 70
venlafaxine hcl tab er 24hr 37.5 mg (base equivalent).....70
venlafaxine hcl tab er 24hr 75 mg (base equivalent).....70
venlafaxine hcl tab er 24hr 150 mg (base equivalent).....70
venlafaxine hcl tab er 24hr 225 mg (base equivalent).....70
venlafaxine hcl tab 25 mg (base equivalent).....70
venlafaxine hcl tab 37.5 mg (base equivalent).....70
venlafaxine hcl tab 50 mg (base equivalent).....70
venlafaxine hcl tab 75 mg (base equivalent).....70
venlafaxine hcl tab 100 mg (base equivalent).....70
VENTAVIS – iloprost inhalation solution 10 mcg/ml.....50
VENTAVIS – iloprost inhalation solution 20 mcg/ml.....50
VENTOLIN HFA – albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)..... 57
verapamil hcl cap er 24hr 100 mg..... 43
verapamil hcl cap er 24hr 120 mg (Verelan).....43
verapamil hcl cap er 24hr 180 mg (Verelan).....43
verapamil hcl cap er 24hr 240 mg (Verelan).....43
verapamil hcl cap er 24hr 200 mg (Verelan pm).....43
verapamil hcl cap er 24hr 300 mg (Verelan pm).....43
VERAPAMIL HCL SR – verapamil hcl cap er 24hr 360 mg..... 43
verapamil hcl tab er 120 mg (Calan sr).....43
verapamil hcl tab er 180 mg (Calan sr).....43
verapamil hcl tab er 240 mg (Calan sr).....43
verapamil hcl tab 40 mg..... 43
verapamil hcl tab 80 mg..... 43
verapamil hcl tab 120 mg (Calan).....43
VERAPAMIL HYDROCHLORIDE ER – verapamil hcl cap er 24hr 100 mg..... 43
VERAPAMIL HYDROCHLORIDE ER – verapamil hcl cap er 24hr 200 mg..... 43
VERELAN PM – verapamil hcl cap er 24hr 100 mg..... 43
VERELAN PM – verapamil hcl cap er 24hr 200 mg..... 43
VERELAN PM – verapamil hcl cap er 24hr 300 mg..... 43
VERELAN – verapamil hcl cap er 24hr 120 mg.....43
VERELAN – verapamil hcl cap er 24hr 180 mg.....43
VERELAN – verapamil hcl cap er 24hr 240 mg.....43
VERELAN – verapamil hcl cap er 24hr 360 mg.....43
VERSACLOZ – clozapine susp 50 mg/ml.....74
VERZENIO – abemaciclib tab 50 mg.....18
VERZENIO – abemaciclib tab 100 mg.....18
VERZENIO – abemaciclib tab 150 mg.....18
VERZENIO – abemaciclib tab 200 mg.....18
VESICARE – solifenacin succinate tab 5 mg..... 65
VESICARE – solifenacin succinate tab 10 mg.....65
VICTOZA – liraglutide soln pen-injector 18 mg/3ml (6 mg/ml)..... 27
VIDEX – didanosine for soln 2 gm.....10
VIDEX – didanosine for soln 4 gm.....10

VIEKIRA PAK – ombitas-paritapre-riton & dasab tab pak 12.5-75-50 & 250 mg....7
VIEKIRA XR – dasab-ombit-paritap-riton tab er 24hr 200-8.33-50-33.33 mg....7
vigabatrin powd pack 500 mg (Sabril)....101
vigabatrin tab 500 mg (Sabril)....101
VIGAMOX – moxifloxacin hcl ophth soln 0.5% (base equiv).... 123
VIIBRYD STARTER PACK – vilazodone hcl tab starter kit 10 (7) & 20 (23) mg....70
VIIBRYD – vilazodone hcl tab 10 mg....70
VIIBRYD – vilazodone hcl tab 20 mg....70
VIIBRYD – vilazodone hcl tab 40 mg....70
VIMOVO – naproxen-esomeprazole magnesium tab dr 375-20 mg.... 94
VIMOVO – naproxen-esomeprazole magnesium tab dr 500-20 mg.... 94
VIMPAT – lacosamide oral solution 10 mg/ml....101
VIMPAT – lacosamide tab 50 mg....101
VIMPAT – lacosamide tab 100 mg....101
VIMPAT – lacosamide tab 150 mg....101
VIMPAT – lacosamide tab 200 mg....101
VIOKACE – pancrelipase (lip-prot-amyl) tab 10440-39150-39150 unit....62
VIOKACE – pancrelipase (lip-prot-amyl) tab 20880-78300-78300 unit....62
VIRACEPT – nelfinavir mesylate tab 250 mg.... 10
VIRACEPT – nelfinavir mesylate tab 625 mg.... 10
VIREAD – tenofovir disoproxil fumarate oral powder 40 mg/gm.... 10
VIREAD – tenofovir disoproxil fumarate tab 150 mg.... 10
VIREAD – tenofovir disoproxil fumarate tab 200 mg.... 10
VIREAD – tenofovir disoproxil fumarate tab 250 mg.... 10
VITABEX – multiple vitamins w/ minerals cap.... 110
VITALINE BIOTIN FORTE – b-complex w/ c & folic acid tab 0.8 mg.... 110
VITALINE TOTAL FORMULA 2 – multiple vitamins w/ minerals tab.... 110
VITALINE TOTAL FORMULA 3 – multiple vitamins w/ minerals tab.... 110
VITAMAX – pediatric multiple vitamin w/ minerals & c chew tab.... 110
vitamin a cap 8000 unit....104
vitamin a cap 10000 unit....104
VITAMIN A – vitamin a cap 25000 unit.... 104
VITAMIN D3 COMPLETE – multiple vitamins w/ minerals tab.... 110
vitamin e cap 100 unit....104
vitamin e cap 200 unit....104
vitamin e cap 400 unit....104
vitamin e cap 600 unit....104
vitamin e cap 1000 unit....104
VITASANA – multiple vitamins w/ minerals tab....110
VITATRUM – multiple vitamins w/ minerals tab.... 110
VITRAKVI – larotrectinib sulfate cap 25 mg (base equivalent).... 19
VITRAKVI – larotrectinib sulfate cap 100 mg (base equivalent).... 19
VITRAKVI – larotrectinib sulfate oral soln 20 mg/ml (base equivalent).... 19
VITRUM 50+ SENIOR MULTI – multiple vitamins w/ minerals tab....110
VIZIMPRO – dacomitinib tab 15 mg.... 19
VIZIMPRO – dacomitinib tab 30 mg.... 19
VIZIMPRO – dacomitinib tab 45 mg.... 19
VOGELXO PUMP – testosterone td gel 12.5 mg/act (1%)....20
VOGELXO – testosterone td gel 50 mg/5gm (1%).... 20
VOL-PLUS – prenatal vit w/ fe fumarate-fa tab 27-1 mg.... 110
VONVENDI – von willebrand factor (recombinant) for inj 650 unit....121
VONVENDI – von willebrand factor (recombinant) for inj 1300 unit....121
voriconazole for susp 40 mg/ml (Vfend)....6
voriconazole tab 50 mg (Vfend)....6
voriconazole tab 200 mg (Vfend)....6
VOSEVI – sofosbuvir-velpatasvir-voxilaprevir tab 400-100-100 mg.... 7
VOTRIENT – pazopanib hcl tab 200 mg (base equiv)....19
VRAYLAR – cariprazine hcl cap 1.5 mg (base equivalent).... 74
VRAYLAR – cariprazine hcl cap 3 mg (base equivalent).... 74
VRAYLAR – cariprazine hcl cap 4.5 mg (base equivalent).... 75
VRAYLAR – cariprazine hcl cap 6 mg (base equivalent).... 75
VRAYLAR – cariprazine hcl cap therapy pack 1.5 mg (1) & 3 mg (6)....74
VYNDAMAX – tafamidis cap 61 mg....50
VYNDAQEL – tafamidis meglumine (cardiac) cap 20 mg.... 50
VYTORIN – ezetimibe-simvastatin tab 10-10 mg.... 46
VYTORIN – ezetimibe-simvastatin tab 10-20 mg.... 47
VYTORIN – ezetimibe-simvastatin tab 10-40 mg.... 47
VYTORIN – ezetimibe-simvastatin tab 10-80 mg.... 47
VYVANSE – lisdexamfetamine dimesylate cap 10 mg.... 80
VYVANSE – lisdexamfetamine dimesylate cap 20 mg.... 81
VYVANSE – lisdexamfetamine dimesylate cap 30 mg.... 81
VYVANSE – lisdexamfetamine dimesylate cap 40 mg.... 81
VYVANSE – lisdexamfetamine dimesylate cap 50 mg.... 81
VYVANSE – lisdexamfetamine dimesylate cap 60 mg.... 81
VYVANSE – lisdexamfetamine dimesylate cap 70 mg.... 81
VYVANSE – lisdexamfetamine dimesylate chew tab 10 mg.... 81
VYVANSE – lisdexamfetamine dimesylate chew tab 20 mg.... 81
VYVANSE – lisdexamfetamine dimesylate chew tab 30 mg.... 81
VYVANSE – lisdexamfetamine dimesylate chew tab 40 mg.... 81

VYVANSE – lisdexamfetamine dimesylate chew tab 50 mg..... 81
VYVANSE – lisdexamfetamine dimesylate chew tab 60 mg..... 81
VYZULTA – latanoprostene bunod ophth soln 0.024%..... 125

W

warfarin sodium tab 1 mg (Coumadin)..... 121
warfarin sodium tab 2 mg (Coumadin)..... 122
warfarin sodium tab 2.5 mg (Coumadin)..... 122
warfarin sodium tab 3 mg (Coumadin)..... 122
warfarin sodium tab 4 mg (Coumadin)..... 122
warfarin sodium tab 5 mg (Coumadin)..... 122
warfarin sodium tab 6 mg (Coumadin)..... 122
warfarin sodium tab 7.5 mg (Coumadin)..... 122
warfarin sodium tab 10 mg (Coumadin)..... 122
WAVESENSE PRESTO TEST STRIPS – glucose blood test strip..... 137
WELCHOL – colesevelam hcl packet for susp 3.75 gm..... 47
WELCHOL – colesevelam hcl tab 625 mg..... 47
WELLBUTRIN SR – bupropion hcl tab er 12hr 100 mg.....70
WELLBUTRIN SR – bupropion hcl tab er 12hr 150 mg.....70
WELLBUTRIN SR – bupropion hcl tab er 12hr 200 mg.....70
WELLBUTRIN XL – bupropion hcl tab er 24hr 150 mg..... 70
WELLBUTRIN XL – bupropion hcl tab er 24hr 300 mg..... 70
white petrolatum-mineral oil ophth ointment.....126
WHOLE FOOD MULTIVITAMIN – multiple vitamins w/ minerals tab..... 110
WIDE-SEAL SILICONE DIAPHR..... 22
WILATE – antihemophilic factor/vwf (human) for inj 500-500 unit kit.....122
WILATE – antihemophilic factor/vwf (human) for inj 1000-1000 unit kit..... 122
WOMENS 50+ MULTI VITAMIN – multiple vitamins w/ minerals tab..... 110
WOMENS BIOMULTIPLE – multiple vitamins w/ minerals tab..... 110
WOMENS MULTI VITAMIN & MINERAL FORMULA – multiple vitamins w/ minerals tab.....110

X

XADAGO – safinamide mesylate tab 50 mg (base equiv)..... 103
XADAGO – safinamide mesylate tab 100 mg (base equiv)..... 103
XALATAN – latanoprost ophth soln 0.005%.....125
XALKORI – crizotinib cap 200 mg..... 19
XALKORI – crizotinib cap 250 mg..... 19
XARELTO – rivaroxaban tab 2.5 mg.....122
XARELTO – rivaroxaban tab 10 mg.....122
XARELTO – rivaroxaban tab 15 mg.....122
XARELTO – rivaroxaban tab 20 mg.....122
XARELTO STARTER PACK – rivaroxaban tab starter therapy pack 15 mg & 20 mg..... 122
XELJANZ – tofacitinib citrate tab 5 mg (base equivalent)..... 94
XELJANZ – tofacitinib citrate tab 10 mg (base equivalent)..... 94
XELJANZ XR – tofacitinib citrate tab er 24hr 11 mg (base equivalent)..... 94
XELJANZ XR – tofacitinib citrate tab er 24hr 22 mg (base equivalent)..... 94
XEMBIFY – immune globulin (human)-klhw subcutaneous inj 1 gm/5ml.....13
XEMBIFY – immune globulin (human)-klhw subcutaneous inj 2 gm/10ml.....13
XEMBIFY – immune globulin (human)-klhw subcutaneous inj 4 gm/20ml.....13
XEMBIFY – immune globulin (human)-klhw subcutaneous inj 10 gm/50ml.....13
XERESE – acyclovir-hydrocortisone cream 5-1%..... 130
XHANCE – fluticasone propionate nasal exhaler susp 93 mcg/act.....52
XIFAXAN – rifaximin tab 550 mg..... 11
XIGDUO XR – dapagliflozin-metformin hcl tab er 24hr 2.5-1000 mg..... 27
XIGDUO XR – dapagliflozin-metformin hcl tab er 24hr 5-500 mg.....27
XIGDUO XR – dapagliflozin-metformin hcl tab er 24hr 5-1000 mg..... 27
XIGDUO XR – dapagliflozin-metformin hcl tab er 24hr 10-500 mg..... 27
XIGDUO XR – dapagliflozin-metformin hcl tab er 24hr 10-1000 mg..... 27
XOPENEX CONCENTRATE – levalbuterol hcl soln nebu conc 1.25 mg/0.5ml (base equiv)..... 57
XOPENEX HFA – levalbuterol tartrate inhal aerosol 45 mcg/act (base equiv).....57
XOPENEX – levalbuterol hcl soln nebu 0.31 mg/3ml (base equiv)..... 57
XOPENEX – levalbuterol hcl soln nebu 0.63 mg/3ml (base equiv)..... 57
XOPENEX – levalbuterol hcl soln nebu 1.25 mg/3ml (base equiv)..... 57
XOSPATA – gilteritinib fumarate tablet 40 mg (base equivalent)..... 19
XPOVIO 100 MG ONCE WEEKLY – selinexor tab therapy pack 20 mg (100 mg once weekly)..... 19
XPOVIO 60 MG ONCE WEEKLY – selinexor tab therapy pack 20 mg (60 mg once weekly)..... 19
XPOVIO 80 MG ONCE WEEKLY – selinexor tab therapy pack 20 mg (80 mg once weekly)..... 19
XPOVIO 80 MG TWICE WEEKLY – selinexor tab therapy pack 20 mg (80 mg twice weekly).....19
XTAMPZA ER – oxycodone cap er 12hr abuse-deterrent 9 mg..... 91
XTAMPZA ER – oxycodone cap er 12hr abuse-deterrent 13.5 mg.....91
XTAMPZA ER – oxycodone cap er 12hr abuse-deterrent 18 mg.....91

XTAMPZA ER – oxycodone cap er 12hr abuse-deterrent 27 mg....91
XTAMPZA ER – oxycodone cap er 12hr abuse-deterrent 36 mg....91
XTANDI – enzalutamide cap 40 mg....19
XULANE – norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr....23
XULTOPHY 100/3.6 – insulin degludec-liraglutide sol pen-inj 100-3.6 unit-mg/ml....27
XYNTHA – antihemophilic factor recombinant paf for inj kit 250 unit....122
XYNTHA – antihemophilic factor recombinant paf for inj kit 500 unit....122
XYNTHA – antihemophilic factor recombinant paf for inj kit 1000 unit....122
XYNTHA – antihemophilic factor recombinant paf for inj kit 2000 unit....122
XYNTHA SOLOFUSE – antihemophilic factor recombinant paf for inj kit 250 unit....122
XYNTHA SOLOFUSE – antihemophilic factor recombinant paf for inj kit 500 unit....122
XYNTHA SOLOFUSE – antihemophilic factor recombinant paf for inj kit 1000 unit....122
XYNTHA SOLOFUSE – antihemophilic factor recombinant paf for inj kit 2000 unit....122
XYNTHA SOLOFUSE – antihemophilic factor recombinant paf for inj kit 3000 unit....122

Y

YELETS TEENAGE FORMULA – multiple vitamins w/ minerals tab....110
YONSA – abiraterone acetate tab 125 mg....19
YOSPRALA – aspirin-omeprazole tab delayed release 81-40 mg....122
YOSPRALA – aspirin-omeprazole tab delayed release 325-40 mg....122
YUPELRI – revefenacin inhalation solution 175 mcg/3ml....57

Z

ZADITOR – ketotifen fumarate ophth soln 0.025% (base equiv)....126
zafirlukast tab 10 mg (Accolate)....57
zafirlukast tab 20 mg (Accolate)....57
zaleplon cap 5 mg....76
zaleplon cap 10 mg....76
ZARONTIN – ethosuximide cap 250 mg....101
ZARONTIN – ethosuximide soln 250 mg/5ml....101
ZARXIO – filgrastim-sndz soln prefilled syringe 300 mcg/0.5ml....122
ZARXIO – filgrastim-sndz soln prefilled syringe 480 mcg/0.8ml....122
ZELBORAF – vemurafenib tab 240 mg....19
ZEMBRACE SYMTOUCH – sumatriptan succinate solution auto-injector 3 mg/0.5ml....95
ZENPEP – pancrelipase (lip-prot-amyl) dr cap 3000-10000-14000 unit....62
ZENPEP – pancrelipase (lip-prot-amyl) dr cap 5000-17000-24000 unit....62
ZENPEP – pancrelipase (lip-prot-amyl) dr cap 10000-32000-42000 unit....62
ZENPEP – pancrelipase (lip-prot-amyl) dr cap 15000-47000-63000 unit....62
ZENPEP – pancrelipase (lip-prot-amyl) dr cap 20000-63000-84000 unit....62
ZENPEP – pancrelipase (lip-prot-amyl) dr cap 25000-79000-105000 unit....62
ZENPEP – pancrelipase (lip-prot-amyl) dr cap 40000-126000-168000 unit....62
ZENZEDI – dextroamphetamine sulfate tab 2.5 mg....81
ZENZEDI – dextroamphetamine sulfate tab 7.5 mg....81
ZENZEDI – dextroamphetamine sulfate tab 15 mg....81
ZENZEDI – dextroamphetamine sulfate tab 20 mg....81
ZENZEDI – dextroamphetamine sulfate tab 30 mg....81
ZEPATIER – elbasvir-grazoprevir tab 50-100 mg....7
ZESTORETIC – lisinopril & hydrochlorothiazide tab 10-12.5 mg....34
ZESTORETIC – lisinopril & hydrochlorothiazide tab 20-12.5 mg....34
ZESTORETIC – lisinopril & hydrochlorothiazide tab 20-25 mg....34
ZESTRIL – lisinopril tab 2.5 mg....34
ZESTRIL – lisinopril tab 5 mg....34
ZESTRIL – lisinopril tab 10 mg....34
ZESTRIL – lisinopril tab 20 mg....34
ZESTRIL – lisinopril tab 30 mg....34
ZESTRIL – lisinopril tab 40 mg....34
ZETIA – ezetimibe tab 10 mg....47
ZETONNA – ciclesonide nasal aerosol soln 37 mcg/act (50 mcg/valve)....52
ZIAC – bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg....39
ZIAC – bisoprolol & hydrochlorothiazide tab 5-6.25 mg....39
ZIAC – bisoprolol & hydrochlorothiazide tab 10-6.25 mg....39
ZIANA – clindamycin phosphate-tretinoin gel 1.2-0.025%....129
zidovudine cap 100 mg (Retrovir)....10
zidovudine syrup 10 mg/ml (Retrovir)....10
zidovudine tab 300 mg....10
zileuton tab er 12hr 600 mg (Zyflo cr)....57
zinc oxide oint 20%....133
zinc oxide oint 40%....133
ZIOPTAN – tafluprost preservative free (pf) ophth soln 0.0015%....125
ziprasidone hcl cap 20 mg (Geodon)....75
ziprasidone hcl cap 40 mg (Geodon)....75
ziprasidone hcl cap 60 mg (Geodon)....75
ziprasidone hcl cap 80 mg (Geodon)....75
ZIPSOR – diclofenac potassium cap 25 mg....94

ZITHROMAX – azithromycin for susp 100 mg/5ml.....4
ZITHROMAX – azithromycin for susp 200 mg/5ml.....4
ZITHROMAX – azithromycin powd pack for susp 1 gm.....4
ZITHROMAX – azithromycin tab 250 mg.....4
ZITHROMAX – azithromycin tab 500 mg.....4
ZITHROMAX TRI-PAK – azithromycin tab 500 mg.....4
ZITHROMAX Z-PAK – azithromycin tab 250 mg..... 4
ZOCOR – simvastatin tab 10 mg.....47
ZOCOR – simvastatin tab 20 mg.....47
ZOCOR – simvastatin tab 40 mg.....47
ZOCOR – simvastatin tab 80 mg.....47
ZOFRAN ODT – ondansetron orally disintegrating tab 4 mg..... 61
ZOFRAN ODT – ondansetron orally disintegrating tab 8 mg..... 61
ZOFRAN – ondansetron hcl oral soln 4 mg/5ml.....61
ZOFRAN – ondansetron hcl tab 4 mg..... 61
ZOFRAN – ondansetron hcl tab 8 mg..... 61
ZOHYDRO ER – hydrocodone bitartrate cap er 12hr abuse-deterrent 10 mg.....91
ZOHYDRO ER – hydrocodone bitartrate cap er 12hr abuse-deterrent 15 mg.....91
ZOHYDRO ER – hydrocodone bitartrate cap er 12hr abuse-deterrent 20 mg.....91
ZOHYDRO ER – hydrocodone bitartrate cap er 12hr abuse-deterrent 30 mg.....91
ZOHYDRO ER – hydrocodone bitartrate cap er 12hr abuse-deterrent 40 mg.....91
ZOHYDRO ER – hydrocodone bitartrate cap er 12hr abuse-deterrent 50 mg.....91
ZOLINZA – vorinostat cap 100 mg..... 19
zolmitriptan orally disintegrating tab 2.5 mg (Zomig zmt).....95
zolmitriptan orally disintegrating tab 5 mg (Zomig zmt).....95
zolmitriptan tab 2.5 mg (Zomig).....95
zolmitriptan tab 5 mg (Zomig).....95
ZOLOFT – sertraline hcl oral concentrate for solution 20 mg/ml.....70
ZOLOFT – sertraline hcl tab 25 mg..... 70
ZOLOFT – sertraline hcl tab 50 mg..... 70
ZOLOFT – sertraline hcl tab 100 mg..... 70
zolpidem tartrate sl tab 1.75 mg (Intermezzo).....76
zolpidem tartrate sl tab 3.5 mg (Intermezzo).....76
zolpidem tartrate tab er 6.25 mg (Ambien cr).....76
zolpidem tartrate tab er 12.5 mg (Ambien cr).....76
zolpidem tartrate tab 5 mg (Ambien).....76
zolpidem tartrate tab 10 mg (Ambien).....76
ZOLPIMIST – zolpidem tartrate oral spray 5 mg/act.....76
ZOMACTON – somatropin for inj 10 mg.....30
ZOMACTON – somatropin for subcutaneous inj 5 mg..... 30
ZOMIG ZMT – zolmitriptan orally disintegrating tab 2.5 mg..... 95
ZOMIG ZMT – zolmitriptan orally disintegrating tab 5 mg..... 96
ZOMIG – zolmitriptan nasal spray 2.5 mg/spray unit.....95
ZOMIG – zolmitriptan nasal spray 5 mg/spray unit.....95
ZOMIG – zolmitriptan tab 2.5 mg.....95
ZOMIG – zolmitriptan tab 5 mg.....95
ZONEGRAN – zonisamide cap 25 mg.....101
ZONEGRAN – zonisamide cap 100 mg.....101
zonisamide cap 50 mg..... 101
zonisamide cap 25 mg (Zonegran)..... 101
zonisamide cap 100 mg (Zonegran)..... 101
ZONTIVITY – vorapaxar sulfate tab 2.08 mg (base equivalent)..... 122
ZORBTIVE – somatropin (non-refrigerated) for subcutaneous inj 8.8 mg.....30
ZORTRESS – everolimus tab 0.25 mg..... 139
ZORTRESS – everolimus tab 0.5 mg..... 139
ZORTRESS – everolimus tab 0.75 mg..... 139
ZORTRESS – everolimus tab 1 mg..... 139
ZORVOLEX – diclofenac cap 18 mg..... 94
ZORVOLEX – diclofenac cap 35 mg..... 94
ZOSTAVAX – zoster vaccine live for subcutaneous susp 19400 unit/0.65ml.....12
ZOVIRAX – acyclovir cap 200 mg..... 8
ZOVIRAX – acyclovir cream 5%..... 130
ZOVIRAX – acyclovir oint 5%..... 130
ZOVIRAX – acyclovir susp 200 mg/5ml.....8
ZOVIRAX – acyclovir tab 400 mg..... 8
ZOVIRAX – acyclovir tab 800 mg..... 8
ZUBSOLV – buprenorphine hcl-naloxone hcl sl tab 0.7-0.18 mg (base eq)..... 91
ZUBSOLV – buprenorphine hcl-naloxone hcl sl tab 1.4-0.36 mg (base eq)..... 91
ZUBSOLV – buprenorphine hcl-naloxone hcl sl tab 2.9-0.71 mg (base eq)..... 91
ZUBSOLV – buprenorphine hcl-naloxone hcl sl tab 5.7-1.4 mg (base eq).....91
ZUBSOLV – buprenorphine hcl-naloxone hcl sl tab 8.6-2.1 mg (base eq).....92
ZUBSOLV – buprenorphine hcl-naloxone hcl sl tab 11.4-2.9 mg (base eq).....92
ZUPLENZ – ondansetron oral soluble film 4 mg..... 61
ZUPLENZ – ondansetron oral soluble film 8 mg..... 61
ZYBAN – bupropion hcl (smoking deterrent) tab er 12hr 150 mg.....85
ZYDELIG – idelalisib tab 100 mg.....19
ZYDELIG – idelalisib tab 150 mg.....19
ZYFLO CR – zileuton tab er 12hr 600 mg.....57
ZYFLO – zileuton tab 600 mg.....57
ZYKADIA – ceritinib cap 150 mg..... 19
ZYKADIA – ceritinib tab 150 mg..... 19
ZYMAXID – gatifloxacin ophth soln 0.5%..... 123
ZYPITAMAG – pitavastatin magnesium tab 1 mg (base equiv)..... 47
ZYPITAMAG – pitavastatin magnesium tab 2 mg (base equiv)..... 47
ZYPITAMAG – pitavastatin magnesium tab 4 mg (base equiv)..... 47
ZYPREXA – olanzapine for im inj 10 mg.....75

ZYPREXA – olanzapine tab 2.5 mg.....75
ZYPREXA – olanzapine tab 5 mg.....75
ZYPREXA – olanzapine tab 7.5 mg.....75
ZYPREXA – olanzapine tab 10 mg.....75
ZYPREXA – olanzapine tab 15 mg.....75
ZYPREXA – olanzapine tab 20 mg.....75
ZYPREXA RELPREVV – olanzapine pamoate for extended rel im susp 210 mg (base eq).....75
ZYPREXA RELPREVV – olanzapine pamoate for extended rel im susp 300 mg (base eq).....75
ZYPREXA RELPREVV – olanzapine pamoate for extended rel im susp 405 mg (base eq).....75
ZYPREXA ZYDIS – olanzapine orally disintegrating tab 5 mg..... 75
ZYPREXA ZYDIS – olanzapine orally disintegrating tab 10 mg..... 75
ZYPREXA ZYDIS – olanzapine orally disintegrating tab 15 mg..... 75
ZYPREXA ZYDIS – olanzapine orally disintegrating tab 20 mg..... 75
ZYTIGA – abiraterone acetate tab 500 mg.....19

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