



# 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](http://bluecrossmn.com/publicprograms)**

The information included in this list of covered drugs was correct as of 10/1/2020. To see the most current information, go to **[bluecrossmn.com/publicprograms](http://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 09/11/2020

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<sup>SM</sup> and MinnesotaCare**

**Toll Free 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.

ဟ်သူဉ်ဟ်သးဘဉ်တက့ၢ်. ဝဲနမ့ၢ်လိဉ်ဘဉ်တၢ်မၤစၢၤကလီၤလၢတၢ်ကကျိးထံဝဲဒဉ်လံာ် တီလံာ်မိတခါအံၤန့ၢ်, ကိးဘဉ်လီၤတဲစိနီၢ်ဂံၢ်လၢထးအံၤန့ၢ်တက့ၢ်.

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

ໂປຣດຊາຍ, ຖ້າຫາກ ທ່ານຕ້ອງການການຊ່ວຍເຫຼືອໃນການແປເອກະສານນີ້ພຣີ, ຈົ່ງໂທໂປຣໂປຊາຍເລກຂ້າງເທິງນີ້.

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](mailto:Civil.Rights.Coord@bluecrossmn.com), or call Blue Advantage<sup>SM</sup> 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](mailto:Civil.Rights.Coord@bluecrossmn.com), or call Blue Advantage<sup>SM</sup> 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
- religion (in some cases)

Contact the OCR directly to file a complaint:

U.S. Department of Health and Human Services  
Office of Civil Rights  
200 Independence Avenue SW

Room 515F  
HHH Building  
Washington, DC 20201  
Customer Response Center: Toll-free: 800-368-1019  
TDD 800-537-7697  
Email: [ocrmail@hhs.gov](mailto:ocrmail@hhs.gov)

**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  
540 Fairview Avenue North  
Suite 201  
St. Paul, MN 55104  
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](mailto: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 Plus Complaint Notice**

You have the right to file a complaint with 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](mailto: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.

**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, Mahnommen, 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, Mahnommen, 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, Mahnommen, 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 136. 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)

(<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	136

### 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
<b>ANTI-INFECTIVE AGENTS</b>					
<b>PENICILLINS</b>					
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 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		•		

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
AMPICILLIN – ampicillin cap 500 mg	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		•		
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				
<b>CEPHALOSPORINS</b>					
CEFACTOR – cefaclor for susp 125 mg/5ml	P				
CEFACTOR – cefaclor for susp 250 mg/5ml	P				
CEFACTOR – cefaclor for susp 375 mg/5ml	P				
cefaclor cap 250 mg	P				
cefaclor cap 500 mg	P				
CEFACTOR ER – cefaclor monohydrate tab er 12hr 500 mg	NP		•		
cefadroxil cap 500 mg	P				
cefadroxil for susp 250 mg/5ml	P				
cefadroxil for susp 500 mg/5ml	P				
cefadroxil tab 1 gm	NP		•		
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		•		

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
<b>cefixime for susp 200 mg/5ml</b> (Suprax)	NP		•		
<b>cefpodoxime proxetil for susp 50 mg/5ml</b>	NP		•		
<b>cefpodoxime proxetil for susp 100 mg/5ml</b>	NP		•		
<b>cefpodoxime proxetil tab 100 mg</b>	NP		•		
<b>cefpodoxime proxetil tab 200 mg</b>	NP		•		
<b>cefprozil for susp 125 mg/5ml</b>	P				
<b>cefprozil for susp 250 mg/5ml</b>	P				
<b>cefprozil tab 250 mg</b>	P				
<b>cefprozil tab 500 mg</b>	P				
<b>cefuroxime axetil tab 250 mg</b>	P				
<b>cefuroxime axetil tab 500 mg</b>	P				
<b>cephalexin cap 250 mg</b> (Keflex)	P				
<b>cephalexin cap 500 mg</b> (Keflex)	P				
<b>cephalexin cap 750 mg</b> (Keflex)	P				
<b>cephalexin for susp 125 mg/5ml</b>	P				
<b>cephalexin for susp 250 mg/5ml</b>	P				
KEFLEX – cephalexin cap 250 mg	NP		•		
KEFLEX – cephalexin cap 500 mg	NP		•		
KEFLEX – cephalexin cap 750 mg	NP		•		
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				
<b>MACROLIDES</b>					
AZITHROMYCIN – azithromycin powd pack for susp 1 gm	P				

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
<b>azithromycin for susp 100 mg/5ml</b> (Zithromax)	P				
<b>azithromycin for susp 200 mg/5ml</b> (Zithromax)	P				
<b>azithromycin tab 250 mg</b> (Zithromax)	P				
<b>azithromycin tab 500 mg</b> (Zithromax)	P				
<b>azithromycin tab 600 mg</b> (Zithromax)	P				
CLARITHROMYCIN – clarithromycin for susp 125 mg/5ml	NP		•		
CLARITHROMYCIN – clarithromycin for susp 250 mg/5ml	NP		•		
<b>clarithromycin tab er 24hr 500 mg</b>	NP		•		
<b>clarithromycin tab 250 mg</b>	P				
<b>clarithromycin tab 500 mg</b>	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		•		
ERYTHROCIN STEARATE – erythromycin stearate tab 250 mg	NP		•		
ERYTHROMYCIN – erythromycin w/ delayed release particles cap 250 mg	P				
ERYTHROMYCIN ETHYLSUCCINATE – erythromycin ethylsuccinate tab 400 mg	NP		•		
<b>erythromycin ethylsuccinate for susp 200 mg/5ml</b> (E.e.s. granules)	NP		•		
<b>erythromycin ethylsuccinate for susp 400 mg/5ml</b> (Eryped 400)	NP		•		
<b>erythromycin tab delayed release 250 mg</b>	NP		•		

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
<b>erythromycin tab delayed release 333 mg</b>	NP		•		
<b>erythromycin tab delayed release 500 mg</b>	NP		•		
<b>erythromycin tab 250 mg</b>	NP		•		
<b>erythromycin tab 500 mg</b>	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		•		
<b>TETRACYCLINES</b>					
<b>demeclocycline hcl tab 150 mg</b>	C				
<b>demeclocycline hcl tab 300 mg</b>	C				
<b>doxycycline hyclate cap 50 mg</b>	C				
<b>doxycycline hyclate cap 100 mg (Vibramycin)</b>	C				
<b>doxycycline hyclate tab 20 mg</b>	C				
<b>doxycycline hyclate tab 100 mg</b>	C				
<b>doxycycline monohydrate cap 50 mg</b>	C				
<b>doxycycline monohydrate cap 100 mg</b>	C				
<b>doxycycline monohydrate for susp 25 mg/5ml (Vibramycin)</b>	C				
<b>doxycycline monohydrate tab 75 mg</b>	C				
<b>doxycycline monohydrate tab 100 mg</b>	C				

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
<b>minocycline hcl cap 50 mg (Minocin)</b>	C				
<b>minocycline hcl cap 75 mg</b>	C				
<b>minocycline hcl cap 100 mg</b>	C				
<b>FLUOROQUINOLONES</b>					
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 HCL – ciprofloxacin hcl tab 100 mg (base equiv)	P				
<b>ciprofloxacin hcl tab 250 mg (base equiv) (Cipro)</b>	P				
<b>ciprofloxacin hcl tab 500 mg (base equiv) (Cipro)</b>	P				
<b>ciprofloxacin hcl tab 750 mg (base equiv)</b>	P				
<b>levofloxacin oral soln 25 mg/ml</b>	P				
<b>levofloxacin tab 250 mg</b>	P				
<b>levofloxacin tab 500 mg (Levaquin)</b>	P				
<b>levofloxacin tab 750 mg (Levaquin)</b>	P				
<b>moxifloxacin hcl tab 400 mg (base equiv) (Avelox)</b>	NP		•		
OFLOXACIN – ofloxacin tab 300 mg	NP		•		
<b>ofloxacin tab 400 mg</b>	NP		•		
<b>AMINOGLYCOSIDES</b>					
ARIKAYCE – amikacin sulfate liposome inhal susp 590 mg/8.4ml (base eq)	C	•	•	•	
BETHKIS – tobramycin nebu soln 300 mg/4ml	P	•			

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
KITABIS PAK – tobramycin nebu soln 300 mg/5ml	P	•			
<b>neomycin sulfate tab 500 mg</b>	C				
PAROMOMYCIN SULFATE – paromomycin sulfate cap 250 mg	C				
TOBI – tobramycin nebu soln 300 mg/5ml	NP	•	•		
TOBI PODHALER – tobramycin inhal cap 28 mg	NP	•	•		
TOBRAMYCIN – tobramycin nebu soln 300 mg/5ml	NP	•	•		
<b>tobramycin nebu soln 300 mg/5ml (Tobi)</b>	NP	•	•		
<b>TUBERCULOSIS</b>					
<b>ethambutol hcl tab 100 mg (Myambutol)</b>	C				
<b>ethambutol hcl tab 400 mg (Myambutol)</b>	C				
ISONIAZID – isoniazid tab 100 mg	C				
ISONIAZID – isoniazid syrup 50 mg/5ml	C				
<b>isoniazid tab 300 mg</b>	C				
PRIFTIN – rifapentine tab 150 mg	C				
<b>pyrazinamide tab 500 mg</b>	C				
<b>rifabutin cap 150 mg (Mycobutin)</b>	C				
<b>rifampin cap 150 mg (Rifadin)</b>	C				
<b>rifampin cap 300 mg (Rifadin)</b>	C				
<b>FUNGAL INFECTIONS</b>					
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		•		

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
DIFLUCAN – fluconazole for susp 40 mg/ml	NP		•		
<b>fluconazole for susp 10 mg/ml (Diflucan)</b>	P				
<b>fluconazole for susp 40 mg/ml (Diflucan)</b>	P				
<b>fluconazole tab 50 mg (Diflucan)</b>	P				
<b>fluconazole tab 100 mg (Diflucan)</b>	P				
<b>fluconazole tab 150 mg (Diflucan)</b>	P				
<b>fluconazole tab 200 mg (Diflucan)</b>	P				
<b>flucytosine cap 250 mg (Ancobon)</b>	NP		•		
<b>flucytosine cap 500 mg (Ancobon)</b>	NP		•		
<b>griseofulvin microsize susp 125 mg/5ml</b>	NP		•		
<b>griseofulvin microsize tab 500 mg</b>	NP		•		
<b>griseofulvin ultramicrosize tab 125 mg</b>	NP		•		
<b>griseofulvin ultramicrosize tab 250 mg</b>	NP		•		
<b>itraconazole cap 100 mg (Sporanox)</b>	NP		•	•	
<b>itraconazole oral soln 10 mg/ml (Sporanox)</b>	NP		•	•	
<b>ketoconazole tab 200 mg</b>	NP		•		
NOXAFIL – posaconazole tab delayed release 100 mg	NP		••		
NOXAFIL – posaconazole susp 40 mg/ml	NP		••		
<b>nystatin oral powder</b>	C				
<b>nystatin tab 500000 unit</b>	NP		•		
<b>posaconazole tab delayed release 100 mg (Noxafil)</b>	NP		••		
SPORANOX – itraconazole oral soln 10 mg/ml	NP		•	•	
SPORANOX – itraconazole cap 100 mg	NP		•	•	
SPORANOX PULSEPAK – itraconazole cap 100 mg	NP		•	•	

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
<b>terbinafine hcl tab 250 mg</b>	P			•	
TOLSURA – itraconazole cap 65 mg	NP		•	•	
<b>voriconazole for susp 40 mg/ml</b> (Vfend)	C		•		
<b>voriconazole tab 50 mg</b> (Vfend)	C		•		
<b>voriconazole tab 200 mg</b> (Vfend)	C		•		
<b>VIRAL INFECTIONS</b>					
<b>Cytomegalovirus</b>					
<b>valganciclovir hcl for soln 50 mg/ml (base equiv)</b> (Valcyte)	C				
<b>valganciclovir hcl tab 450 mg (base equivalent)</b> (Valcyte)	C				
<b>Hepatitis</b>					
<b>adefovir dipivoxil tab 10 mg</b> (Hepsera)	P				
BARACLUDE – entecavir oral soln 0.05 mg/ml	P				
BARACLUDE – entecavir tab 0.5 mg	P				
BARACLUDE – entecavir tab 1 mg	P				
<b>entecavir tab 0.5 mg</b> (Baraclude)	P				
<b>entecavir tab 1 mg</b> (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	•	••		
HARVONI – ledipasvir-sofosbuvir pellet pack 33.75-150 mg	NP	•	••		
HARVONI – ledipasvir-sofosbuvir pellet pack 45-200 mg	NP	•	••		
HEPSERA – adefovir dipivoxil tab 10 mg	P				

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
<b>lamivudine tab 100 mg (hbv)</b> (EpiVir hbv)	P				
LEDIPASVIR/SOFOSBUVIR – ledipasvir-sofosbuvir tab 90-400 mg	NP	•	••		
MAVYRET – glecaprevir-pibrentasvir tab 100-40 mg	P	•	•		
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 180 mcg/0.5ml	P	•			
PEGINTRON – peginterferon alfa-2b for inj kit 50 mcg/0.5ml	NP	•	•		
<b>ribavirin cap 200 mg</b>	P	•			
<b>ribavirin tab 200 mg</b>	P	•			
SOFOSBUVIR/VELPATASVIR – sofosbuvir-velpatasvir tab 400-100 mg	NP	•	••		
SOVALDI – sofosbuvir tab 200 mg	NP	•	••		
SOVALDI – sofosbuvir tab 400 mg	NP	•	••		
SOVALDI – sofosbuvir pellet pack 150 mg	NP	•	••		
SOVALDI – sofosbuvir pellet pack 200 mg	NP	•	••		
VEMLIDY – tenofovir alafenamide fumarate tab 25 mg	NP		•		
VIEKIRA PAK – ombitas-paritaprevir & dasab tab pak 12.5-75-50 & 250 mg	NP	•	•		
VOSEVI – sofosbuvir-velpatasvir-voxilaprevir tab 400-100-100 mg	P	•	•		
ZEPATIER – elbasvir-grazoprevir tab 50-100 mg	NP	•	••		
<b>Herpes</b>					
<b>acyclovir cap 200 mg</b> (Zovirax)	P				
<b>acyclovir susp 200 mg/5ml</b> (Zovirax)	P				



Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
<b>acyclovir tab 400 mg</b> (Zovirax)	P				
<b>acyclovir tab 800 mg</b> (Zovirax)	P				
<b>famciclovir tab 125 mg</b>	NP		•		
<b>famciclovir tab 250 mg</b>	NP		•		
<b>famciclovir tab 500 mg</b>	NP		•		
SITAVIG – acyclovir buccal tab 50 mg	NP		•		
<b>valacyclovir hcl tab 500 mg</b> (Valtrex)	P				
<b>valacyclovir hcl tab 1 gm</b> (Valtrex)	P				
VALTRES – valacyclovir hcl tab 500 mg	NP		•		
VALTRES – valacyclovir hcl tab 1 gm	NP		•		
ZOVIRAX – acyclovir susp 200 mg/5ml	NP		•		
<b>HIV/AIDS</b>					
<b>abacavir sulfate soln 20 mg/ml (base equiv)</b> (Ziagen)	C			•	
<b>abacavir sulfate tab 300 mg (base equiv)</b> (Ziagen)	C			•	
<b>abacavir sulfate-lamivudine tab 600-300 mg</b> (Epzicom)	C			•	
<b>abacavir sulfate-lamivudine-zidovudine tab 300-150-300 mg</b> (Trizivir)	C			•	
APTIVUS – tipranavir cap 250 mg	C			•	
APTIVUS – tipranavir oral soln 100 mg/ml	C			•	
<b>atazanavir sulfate cap 150 mg (base equiv)</b> (Reyataz)	C			•	
<b>atazanavir sulfate cap 200 mg (base equiv)</b> (Reyataz)	C			•	
<b>atazanavir sulfate cap 300 mg (base equiv)</b> (Reyataz)	C			•	
ATRIPLA – efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg	C			•	
BIKTARVY – bictegravir-emtricitabine-tenofovir af tab 50-200-25 mg	C			•	

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
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			•	
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 250 mg	C			•	
DIDANOSINE – didanosine delayed release capsule 400 mg	C			•	
DOVATO – dolutegravir sodium-lamivudine tab 50-300 mg (base eq)	C			•	
EDURANT – rilpivirine hcl tab 25 mg (base equivalent)	C			•	
<b>efavirenz cap 50 mg</b> (Sustiva)	C			•	
<b>efavirenz cap 200 mg</b> (Sustiva)	C			•	
<b>efavirenz tab 600 mg</b> (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			•	
<b>fosamprenavir calcium tab 700 mg (base equiv)</b> (Lexiva)	C			•	
FUZEON – enfuvirtide for inj 90 mg	C	•		•	
GENVOYA – elvitegravir-cobiciclovir-tenofovir af tab 150-150-200-10 mg	C			•	

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
INTELENCE – etravirine tab 25 mg	C			•	
INTELENCE – etravirine tab 100 mg	C			•	
INTELENCE – etravirine tab 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			•	
<b>lamivudine oral soln 10 mg/ml</b> (Epivir)	C			•	
<b>lamivudine tab 150 mg</b> (Epivir)	C			•	
<b>lamivudine tab 300 mg</b> (Epivir)	C			•	
<b>lamivudine-zidovudine tab 150-300 mg</b> (Combivir)	C			•	
LEXIVA – fosamprenavir calcium susp 50 mg/ml (base equiv)	C			•	
<b>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</b> (Kaletra)	C			•	
NEVIRAPINE ER – nevirapine tab er 24hr 100 mg	C			•	
<b>nevirapine susp 50 mg/5ml</b> (Viramune)	C			•	
<b>nevirapine tab er 24hr 400 mg</b> (Viramune xr)	C			•	

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
<b>nevirapine tab 200 mg</b> (Viramune)	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			•	
REYATAZ – atazanavir sulfate oral powder packet 50 mg (base equiv)	C			•	
<b>ritonavir tab 100 mg</b> (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			•	
<b>stavudine cap 15 mg</b>	C			•	
<b>stavudine cap 20 mg</b>	C			•	
<b>stavudine cap 30 mg</b>	C			•	
<b>stavudine cap 40 mg</b>	C			•	
STRIBILD – elvitegrav-cobic-emtricitab-tenofovd tab 150-150-200-300 mg	C			•	
SYMFI – efavirenz-lamivudine-tenofovir df tab 600-300-300 mg	C			•	
SYMFI LO – efavirenz-lamivudine-tenofovir df tab 400-300-300 mg	C			•	

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
SYM TUZA – darunavir-cobic-emtricitab-tenofovir af tab 800-150-200-10 mg	C			•	
TEMIXYS – lamivudine-tenofovir disoproxil fumarate tab 300-300 mg	C			•	
<b>tenofovir disoproxil fumarate tab 300 mg (Viread)</b>	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			•	
TIVICAY PD – dolutegravir sodium tab for oral susp 5 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			•	
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			•	
<b>zidovudine cap 100 mg (Retrovir)</b>	C			•	

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
<b>zidovudine syrup 10 mg/ml (Retrovir)</b>	C			•	
<b>zidovudine tab 300 mg</b>	C			•	
<b>Influenza</b>					
<b>oseltamivir phosphate cap 30 mg (base equiv) (Tamiflu)</b>	P				
<b>oseltamivir phosphate cap 45 mg (base equiv) (Tamiflu)</b>	P				
<b>oseltamivir phosphate cap 75 mg (base equiv) (Tamiflu)</b>	P				
<b>oseltamivir phosphate for susp 6 mg/ml (base equiv) (Tamiflu)</b>	P				
RELENZA DISKHALER – zanamivir aero powder breath activated 5 mg/blister	P				
TAMIFLU – oseltamivir phosphate for susp 6 mg/ml (base equiv)	NP		•		
TAMIFLU – oseltamivir phosphate cap 30 mg (base equiv)	NP		•		
TAMIFLU – oseltamivir phosphate cap 45 mg (base equiv)	NP		•		
TAMIFLU – oseltamivir phosphate cap 75 mg (base equiv)	NP		•		
XOFLUZA – baloxavir marboxil tab therapy pack 2 x 20 mg (40 mg dose)	NP		•		
XOFLUZA – baloxavir marboxil tab therapy pack 2 x 40 mg (80 mg dose)	NP		•		
<b>MALARIA</b>					
<b>atovaquone-proguanil hcl tab 62.5-25 mg (Malarone)</b>	C				
<b>atovaquone-proguanil hcl tab 250-100 mg (Malarone)</b>	C				
CHLOROQUINE PHOSPHATE – chloroquine phosphate tab 500 mg	C				
<b>chloroquine phosphate tab 250 mg</b>	C				
<b>hydroxychloroquine sulfate tab 200 mg (Plaquenil)</b>	C				

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
KRINTAFEL – tafenoquine succinate tab 150 mg (base equivalent)	C				
MEFLOQUINE HCL – mefloquine hcl tab 250 mg	C				
<b>primaquine phosphate tab 26.3 mg (15 mg base)</b> (Primaquine phosphate)	C				
<b>pyrimethamine tab 25 mg</b> (Daraprim)	C				
<b>WORM INFECTIONS</b>					
<b>albendazole tab 200 mg</b> (Albenza)	C				
BENZNIDAZOLE – benznidazole tab 12.5 mg	C				
BENZNIDAZOLE – benznidazole tab 100 mg	C				
<b>ivermectin tab 3 mg</b> (Stromectol)	C				
<b>praziquantel tab 600 mg</b> (Biltricide)	C				
<b>OTHER ANTI-INFECTIVES</b>					
ALINIA – nitazoxanide tab 500 mg	C			•	
ALINIA – nitazoxanide for susp 100 mg/5ml	C			•	
<b>atovaquone susp 750 mg/5ml</b> (Mepron)	C				
CAYSTON – aztreonam lysine for inhal soln 75 mg (base equivalent)	NP	•	•		
<b>clindamycin hcl cap 75 mg</b> (Cleocin)	C				
<b>clindamycin hcl cap 150 mg</b> (Cleocin)	C				
<b>clindamycin hcl cap 300 mg</b> (Cleocin)	C				
<b>clindamycin palmitate hcl for soln 75 mg/5ml (base equiv)</b> (Cleocin pediatric gr)	C				
<b>dapsone tab 25 mg</b>	C				
<b>dapsone tab 100 mg</b>	C				
IMPAVIDO – miltefosine cap 50 mg	C				
<b>linezolid for susp 100 mg/5ml</b> (Zyvox)	C				

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
<b>linezolid tab 600 mg</b> (Zyvox)	C				
<b>metronidazole tab 250 mg</b> (Flagyl)	C				
<b>metronidazole tab 500 mg</b> (Flagyl)	C				
SULFADIAZINE – sulfadiazine tab 500 mg	C				
<b>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</b>	C				
<b>sulfamethoxazole-trimethoprim tab 400-80 mg</b> (Bactrim)	C				
<b>sulfamethoxazole-trimethoprim tab 800-160 mg</b> (Bactrim ds)	C				
<b>trimethoprim tab 100 mg</b>	C				
<b>vancomycin hcl cap 125 mg (base equivalent)</b> (Vancocin hcl)	C				
<b>vancomycin hcl cap 250 mg (base equivalent)</b> (Vancocin hcl)	C				
XIFAXAN – rifaximin tab 550 mg	C				
<b>IMMUNIZING AGENTS</b>					
<b>IMMUNIZING AGENTS</b>					
AFLURIA QUADRIVALENT 2020-2021 – influenza virus vac split quadrivalent susp pref syr 0.25 ml	C				
AFLURIA QUADRIVALENT 2020-2021 – influenza virus vac split quadrivalent susp pref syr 0.5ml	C				
AFLURIA QUADRIVALENT 2020-2021 – influenza virus vaccine split quadrivalent im inj	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 QUADRIVALENT INFLUENZA VACCINE FOR ADULTS – influenza vac type a&b surface ant adj quad pref syr 0.5 ml	C				

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
FLUAD 2020-2021 – influenza vac type a&b surface ant adj susp pref syr 0.5 ml	C				
FLUARIX QUADRIVALENT 2020-2021 – influenza virus vac split quadrivalent susp pref syr 0.5ml	C				
FLUBLOK QUADRIVALENT 2020-2021 – influenza vac recomb ha quad pf soln pref syr 0.5 ml	C				
FLUCELVAX QUAD PF 2020-2021 – influenza vac tiss-cult subunt quad susp pref syr 0.5 ml	C				
FLUCELVAX QUAD 2020-2021 – influenza vac tissue-cultured subunit quadrivalent im susp	C				
FLULAVAL QUADRIVALENT 2020-2021 – influenza virus vac split quadrivalent susp pref syr 0.5ml	C				
FLUMIST QUADRIVALENT 2020-2021 – influenza virus vaccine live quadrivalent intranasal susp	C				
FLUZONE HIGH-DOSE PF 2020-2021 – influenza vac split high-dose quad pf susp pref syr 0.7 ml	C				
FLUZONE QUADRIVALENT 2020-2021 – influenza virus vac split quadrivalent susp pref syr 0.5ml	C				
FLUZONE QUADRIVALENT 2020-2021 – influenza virus vaccine split quadrivalent im inj	C				
FLUZONE QUADRIVALENT 2020-2021 – influenza virus vaccine split quadrivalent inj 0.5 ml	C				
GARDASIL 9 – human papillomavirus (hvp) 9-valent recomb vac susp pref syr	C				

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
GARDASIL 9 – human papillomavirus (hvp) 9-valent recomb vac im susp	C				
HEPLISAV-B – hepatitis b vaccine recomb adjuvanted pref syr 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				
<b>PASSIVE IMMUNIZING AGENTS</b>					
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	•	•		
CUVITRU – immune globulin (human) subcutaneous inj 2 gm/10ml	C	•	•		

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
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 soln pref syr 1 gm/5ml	C	•	•		
HIZENTRA – immune globulin (human) subcutaneous soln pref syr 2 gm/10ml	C	•	•		
HIZENTRA – immune globulin (human) subcutaneous soln pref syr 4 gm/20ml	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	•	•		

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
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**

<b>abiraterone acetate tab 250 mg (Zytiga)</b>	C	•	•	•	
ACTIMMUNE – interferon gamma-1b inj 100 mcg/0.5ml (2000000 unit/0.5ml)	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	•	•	•	
<b>anastrozole tab 1 mg (Arimidex)</b>	C				
AYVAKIT – avapritinib tab 100 mg	C	•	•	•	
AYVAKIT – avapritinib tab 200 mg	C	•	•	•	
AYVAKIT – avapritinib tab 300 mg	C	•	•	•	
BALVERSA – erdafitinib tab 3 mg	C	•	•	•	
BALVERSA – erdafitinib tab 4 mg	C	•	•	•	
BALVERSA – erdafitinib tab 5 mg	C	•	•	•	
<b>bexarotene cap 75 mg (Targretin)</b>	C	•	•		

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
<b>bicalutamide tab 50 mg</b> (Casodex)	C	•			
BOSULIF – bosutinib tab 100 mg	C	•	•	•	
BOSULIF – bosutinib tab 500 mg	C	•	•	•	
BRAFTOVI – encorafenib cap 75 mg	C	•	•	•	
BRUKINSA – zanubrutinib cap 80 mg	C	•	•	•	
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	•	•	•	
<b>capecitabine tab 150 mg</b> (Xeloda)	C	•	•		
<b>capecitabine tab 500 mg</b> (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	•	•	•	
<b>cyclophosphamide cap 25 mg</b> (Cyclophosphamide)	C	•			
<b>cyclophosphamide cap 50 mg</b> (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	•	•	•	

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
EMCYT – estramustine phosphate sodium cap 140 mg	C	•			
ERIVEDGE – vismodegib cap 150 mg	C	•	•	•	
ERLEADA – apalutamide tab 60 mg	C	•	•	•	
<b>erlotinib hcl tab 25 mg (base equivalent)</b> (Tarceva)	C	•	•	•	
<b>erlotinib hcl tab 100 mg (base equivalent)</b> (Tarceva)	C	•	•	•	
<b>erlotinib hcl tab 150 mg (base equivalent)</b> (Tarceva)	C	•	•	•	
ERWINAZE – asparaginase erwinia chrysanthemi for inj 10000 unit	C				
ETOPOSIDE – etoposide cap 50 mg	C	•			
<b>everolimus tab 2.5 mg</b> (Afinitor)	C	•	•	•	
<b>everolimus tab 5 mg</b> (Afinitor)	C	•	•	•	
<b>everolimus tab 7.5 mg</b> (Afinitor)	C	•	•	•	
<b>exemestane tab 25 mg</b> (Aromasin)	C				
FARYDAK – panobinostat lactate cap 10 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/vial (240 mg dose)	C	•			
<b>flutamide cap 125 mg</b>	C	•			
<b>fulvestrant inj 250 mg/5ml</b> (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 10 mg	C	•			
GLEOSTINE – lomustine cap 40 mg	C	•			
GLEOSTINE – lomustine cap 100 mg	C	•			

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
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	•			
<b>hydroxyurea cap 500 mg (Hydrea)</b>	C	•			
IBRANCE – palbociclib cap 75 mg	C	•	•	•	
IBRANCE – palbociclib cap 100 mg	C	•	•	•	
IBRANCE – palbociclib cap 125 mg	C	•	•	•	
IBRANCE – palbociclib tab 75 mg	C	•	•	•	
IBRANCE – palbociclib tab 100 mg	C	•	•	•	
IBRANCE – palbociclib tab 125 mg	C	•	•	•	
ICLUSIG – ponatinib hcl tab 15 mg (base equiv)	C	•	•	•	
ICLUSIG – ponatinib hcl tab 45 mg (base equiv)	C	•	•	•	
<b>imatinib mesylate tab 100 mg (base equivalent) (Gleevec)</b>	C	•	•	•	
<b>imatinib mesylate tab 400 mg (base equivalent) (Gleevec)</b>	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	•	•	•	
KOSELUGO – selumetinib sulfat cap 10 mg	C	•	•	•	
KOSELUGO – selumetinib sulfat cap 25 mg	C	•	•	•	



Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
LENVIMA 10 MG DAILY DOSE – lenvatinib cap therapy pack 10 mg (10 mg daily dose)	C	•	•	•	
LENVIMA 12MG DAILY DOSE – lenvatinib cap therapy pack 3 x 4 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 ther pack 10 mg & 2 x 4 mg (18 mg daily dose)	C	•	•	•	
LENVIMA 20 MG DAILY DOSE – lenvatinib cap therapy pack 2 x 10 mg (20 mg daily dose)	C	•	•	•	
LENVIMA 24 MG DAILY DOSE – lenvatinib cap ther pack 2 x 10 mg & 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 2 x 4 mg (8 mg daily dose)	C	•	•	•	
<b>letrozole tab 2.5 mg</b> (Femara)	C				
LEUCOVORIN CALCIUM – leucovorin calcium tab 10 mg	C				
LEUCOVORIN CALCIUM – leucovorin calcium tab 15 mg	C				
<b>leucovorin calcium tab 5 mg</b>	C				
<b>leucovorin calcium tab 25 mg</b>	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	•			

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
LUPRON DEPOT (1-MONTH) – leuprolide acetate for inj kit 7.5 mg	C	•			
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 tab 100 mg	C	•	•	•	
LYNPARZA – olaparib tab 150 mg	C	•	•	•	
LYSODREN – mitotane tab 500 mg	C	•	•		
MATULANE – procarbazine hcl cap 50 mg	C	•	•		
<b>megestrol acetate susp 40 mg/ml</b>	P				
<b>megestrol acetate tab 20 mg</b>	P				
<b>megestrol acetate tab 40 mg</b>	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	•	•	•	
<b>melphalan tab 2 mg</b> (Alkeran)	C	•			
<b>mercaptopurine tab 50 mg</b>	C	•			
MESNEX – mesna tab 400 mg	C				
METHOTREXATE SODIUM – methotrexate sodium inj 250 mg/10ml (25 mg/ml)	C				
<b>methotrexate sodium tab 2.5 mg (base equiv)</b>	C				
MYLERAN – busulfan tab 2 mg	C	•			
NEXAVAR – sorafenib tosylate tab 200 mg (base equivalent)	C	•	•	•	

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
<b>nilutamide tab 150 mg</b> (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	•	•	•	
ROZLYTREK – entrectinib cap 100 mg	C	•	•	•	

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
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	•	•	•	
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	•	•	•	
TAGRISO – osimertinib mesylate tab 40 mg (base equivalent)	C	•	•	•	
TAGRISO – 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	•	•	•	

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
<b>tamoxifen citrate tab 10 mg (base equivalent)</b>	C				
<b>tamoxifen citrate tab 20 mg (base equivalent)</b>	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	•	•	•	
TAZVERIK – tazemetostat hbr tab 200 mg	C	•	•	•	
<b>temozolomide cap 5 mg (Temodar)</b>	C	•	•		
<b>temozolomide cap 20 mg (Temodar)</b>	C	•	•		
<b>temozolomide cap 100 mg (Temodar)</b>	C	•	•		
<b>temozolomide cap 140 mg (Temodar)</b>	C	•	•		
<b>temozolomide cap 180 mg (Temodar)</b>	C	•	•		
<b>temozolomide cap 250 mg (Temodar)</b>	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				
<b>toremifene citrate tab 60 mg (base equivalent) (Fareston)</b>	C	•			
TRELSTAR MIXJECT – triptorelin pamoate for im susp 3.75 mg	C	•			
TRELSTAR MIXJECT – triptorelin pamoate for im susp 11.25 mg	C	•			

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
TRELSTAR MIXJECT – triptorelin pamoate for im susp 22.5 mg	C	•			
<b>tretinoin cap 10 mg</b>	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				
TUKYSA – tucatinib tab 50 mg	C	•	•	•	
TUKYSA – tucatinib tab 150 mg	C	•	•	•	
TURALIO – pexidartinib hcl cap 200 mg (base equivalent)	C	•	•	•	
TYKERB – lapatinib ditosylate tab 250 mg (base equiv)	C	•	•	•	
<b>valrubicin soln for intravesical instillation 40 mg/ml (Valstar)</b>	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	•	•	•	
VITRAKVI – larotrectinib sulfate oral soln 20 mg/ml (base equivalent)	C	•	•	•	
VITRAKVI – larotrectinib sulfate cap 25 mg (base equivalent)	C	•	•	•	

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
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 40 MG ONCE WEEKLY – selinexor tab therapy pack 20 mg (40 mg once weekly)	C	•	•	•	
XPOVIO 40 MG TWICE WEEKLY – selinexor tab therapy pack 20 mg (40 mg twice weekly)	C	•	•	•	
XPOVIO 60 MG ONCE WEEKLY – selinexor tab therapy pack 20 mg (60 mg once weekly)	C	•	•	•	
XPOVIO 60 MG TWICE WEEKLY – selinexor tab therapy pack 20 mg (60 mg twice 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	•	•	•	

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
ZYKADIA – ceritinib tab 150 mg	C	•	•	•	
ZYTIGA – abiraterone acetate tab 500 mg	C	•	•	•	
<b>HORMONES, DIABETES AND RELATED DRUGS</b>					
<b>CORTICOSTEROIDS</b>					
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				

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
<b>prednisolone sod phosph oral soln 6.7 mg/5ml (5 mg/5ml base)</b> (Pediapred)	C				
<b>prednisolone sod phosphate oral soln 15 mg/5ml (base equiv)</b>	C				
PREDNISONE – prednisone oral soln 5 mg/5ml	C				
<b>prednisone tab 1 mg</b>	C				
<b>prednisone tab 2.5 mg</b>	C				
<b>prednisone tab 5 mg</b>	C				
<b>prednisone tab 10 mg</b>	C				
<b>prednisone tab 20 mg</b>	C				
<b>prednisone tab 50 mg</b>	C				
UCERIS – budesonide tab er 24hr 9 mg	NP		•		
<b>MALE HORMONES</b>					
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		•	•	
<b>danazol cap 50 mg</b>	C				
<b>danazol cap 100 mg</b>	C				
<b>danazol cap 200 mg</b>	C				
FORTESTA – testosterone td gel 10mg/act (2%)	NP		••	•	
NATESTO – testosterone nasal gel 5.5 mg/act	NP		••	•	
TESTIM – testosterone td gel 50 mg/5gm (1%)	NP		••	•	

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
TESTOSTERONE – testosterone td gel 50 mg/5gm (1%)	NP		••	•	
<b>testosterone cypionate im inj in oil 100 mg/ml</b> (Depo-testosterone)	C				
<b>testosterone cypionate im inj in oil 200 mg/ml</b> (Depo-testosterone)	C				
TESTOSTERONE ENANTHATE – testosterone enanthate im inj in oil 200 mg/ml	C				
TESTOSTERONE PUMP – testosterone td gel 12.5 mg/act (1%)	NP		••	•	
<b>testosterone td gel 25 mg/2.5gm (1%)</b> (AndroGel)	NP		••	•	
<b>testosterone td gel 50 mg/5gm (1%)</b> (AndroGel)	NP		••	•	
<b>testosterone td gel 12.5 mg/act (1%)</b>	NP		••	•	
<b>testosterone td gel 20.25 mg/1.25gm (1.62%)</b> (AndroGel)	NP		••	•	
<b>testosterone td gel 40.5 mg/2.5gm (1.62%)</b> (AndroGel)	NP		••	•	
<b>testosterone td gel 20.25 mg/act (1.62%)</b> (AndroGel pump)	NP		••	•	
<b>testosterone td gel 10mg/act (2%)</b> (Fortesta)	C		•	•	
<b>testosterone td soln 30 mg/act</b>	NP		••	•	
VOGELXO – testosterone td gel 50 mg/5gm (1%)	NP		••	•	
VOGELXO PUMP – testosterone td gel 12.5 mg/act (1%)	NP		••	•	
<b>ESTROGENS</b>					
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			•	
<b>estradiol &amp; norethindrone acetate tab 0.5-0.1 mg</b> (Activella)	C				

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
<b>estradiol &amp; norethindrone acetate tab 1-0.5 mg</b> (Activella)	C				
<b>estradiol tab 0.5 mg</b> (Estrace)	C				
<b>estradiol tab 1 mg</b> (Estrace)	C				
<b>estradiol tab 2 mg</b> (Estrace)	C				
<b>estradiol td patch twice weekly 0.025 mg/24hr</b> (Vivelle-dot)	C			•	
<b>estradiol td patch twice weekly 0.0375 mg/24hr</b> (Vivelle-dot)	C			•	
<b>estradiol td patch twice weekly 0.05 mg/24hr</b> (Vivelle-dot)	C			•	
<b>estradiol td patch twice weekly 0.075 mg/24hr</b> (Vivelle-dot)	C			•	
<b>estradiol td patch twice weekly 0.1 mg/24hr</b> (Vivelle-dot)	C			•	
<b>estradiol td patch weekly 0.025 mg/24hr</b> (Climara)	C			•	
<b>estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr)</b> (Climara)	C			•	
<b>estradiol td patch weekly 0.05 mg/24hr</b> (Climara)	C			•	
<b>estradiol td patch weekly 0.06 mg/24hr</b> (Climara)	C			•	
<b>estradiol td patch weekly 0.075 mg/24hr</b> (Climara)	C			•	
<b>estradiol td patch weekly 0.1 mg/24hr</b> (Climara)	C			•	
<b>estradiol valerate im in oil 20 mg/ml</b> (Delestrogen)	C				
<b>estradiol valerate im in oil 40 mg/ml</b> (Delestrogen)	C				
ESTROGEL – estradiol gel 0.06% (0.75 mg/1.25 gm metered-dose pump)	C			•	
<b>PROGESTINS</b>					
<b>medroxyprogesterone acetate tab 2.5 mg</b> (Provera)	C				
<b>medroxyprogesterone acetate tab 5 mg</b> (Provera)	C				

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
<b>medroxyprogesterone acetate tab 10 mg</b> (Provera)	C				
<b>megestrol acetate susp 625 mg/5ml</b> (Megace es)	NP		•		
<b>norethindrone acetate tab 5 mg</b> (Aygestin)	C				
<b>progesterone im in oil 50 mg/ml</b>	C				
<b>progesterone micronized cap 100 mg</b> (Prometrium)	C				
<b>progesterone micronized cap 200 mg</b> (Prometrium)	C				
<b>BIRTH CONTROL</b>					
CAYA – diaphragm arc-spring	C				
CONDOMS - VARIOUS	C				
<b>desogest-eth estrad &amp; eth estrad tab 0.15-0.02/0.01 mg(21/5)</b> (Mircette)	C			•	
<b>desogest-ethin est tab 0.1-0.025/0.125-0.025/0.15-0.025mg mg</b>	C			•	
<b>desogestrel &amp; ethinyl estradiol tab 0.15 mg-30 mcg</b>	C			•	
<b>drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg</b> (Beyaz)	C			•	
<b>drospirenone-ethinyl estradiol tab 3-0.02 mg</b> (Yaz)	C			•	
<b>drospirenone-ethinyl estradiol tab 3-0.03 mg</b> (Yasmin 28)	C			•	
ELLA – ulipristal acetate tab 30 mg	C				
<b>ethynodiol diacetate &amp; ethinyl estradiol tab 1 mg-35 mcg</b>	C			•	
<b>ethynodiol diacetate &amp; ethinyl estradiol tab 1 mg-50 mcg</b>	C			•	
<b>etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr</b> (Nuvaring)	C			•	
FC FEMALE CONDOM – condoms - female	C				

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
FC2 FEMALE CONDOM – condoms - female	C				
K-Y ME & YOU EXTRA LUBRICATED – condoms latex lubricated	C				
K-Y ME & YOU INTENSE – condoms latex lubricated	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			•	
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			•	

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
<b>norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)</b> (Minastrin 24 fe)	C			•	
<b>norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)</b>	C			•	
<b>norethindrone tab 0.35 mg</b> (Ortho micronor)	C			•	
<b>norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg</b> (Ortho-novum 7/7/7)	C			•	
<b>norethindrone-eth estradiol tab 0.5-35/1-35/0.5-35 mg-mcg</b>	C			•	
<b>norgestimate &amp; ethinyl estradiol tab 0.25 mg-35 mcg</b> (Ortho-cyclen)	C			•	
<b>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</b> (Ortho tri-cyclen lo)	C			•	
<b>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</b>	C			•	
<b>norgestrel &amp; ethinyl estradiol tab 0.3 mg-30 mcg</b>	C			•	
OMNIFLEX DIAPHRAGM – diaphragms	C				
WIDE-SEAL SILICONE DIAPHRAGMS - VARIOUS SIZES	C				
XULANE – norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr	C			•	
<b>DIABETES</b>					
<b>acarbose tab 25 mg</b> (Precose)	P				
<b>acarbose tab 50 mg</b> (Precose)	P				
<b>acarbose tab 100 mg</b> (Precose)	P				
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		•	•	

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
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			•	•

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
BYETTA – exenatide soln pen-injector 10 mcg/0.04ml	P			•	•
<b>diazoxide susp 50 mg/ml</b> (Proglycem)	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			•	•
<b>glimepiride tab 1 mg</b> (Amaryl)	P				
<b>glimepiride tab 2 mg</b> (Amaryl)	P				
<b>glimepiride tab 4 mg</b> (Amaryl)	P				
<b>glipizide tab er 24hr 2.5 mg</b> (Glucotrol xl)	P				
<b>glipizide tab er 24hr 5 mg</b> (Glucotrol xl)	P				
<b>glipizide tab er 24hr 10 mg</b> (Glucotrol xl)	P				
<b>glipizide tab 5 mg</b> (Glucotrol)	P				
<b>glipizide tab 10 mg</b> (Glucotrol)	P				
<b>glipizide-metformin hcl tab 2.5-250 mg</b>	C				
<b>glipizide-metformin hcl tab 2.5-500 mg</b>	C				
<b>glipizide-metformin hcl tab 5-500 mg</b>	C				
GLUCAGON EMERGENCY KIT – glucagon (rdna) for inj kit 1 mg	C				
<b>glucose gel 40%</b>	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		•		



Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
GLUCOTROL XL – glipizide tab er 24hr 10 mg	NP		•		
<b>glyburide micronized tab 1.5 mg</b> (Glynase)	P				
<b>glyburide micronized tab 3 mg</b> (Glynase)	P				
<b>glyburide micronized tab 6 mg</b> (Glynase)	P				
<b>glyburide tab 1.25 mg</b>	P				
<b>glyburide tab 2.5 mg</b>	P				
<b>glyburide tab 5 mg</b>	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				
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 HYPOPEN 1-PACK – glucagon subcutaneous solution auto-injector 0.5 mg/0.1ml	C				
GVOKE HYPOPEN 1-PACK – glucagon subcutaneous solution auto-injector 1 mg/0.2ml	C				
GVOKE HYPOPEN 2-PACK – glucagon subcutaneous solution auto-injector 0.5 mg/0.1ml	C				
GVOKE HYPOPEN 2-PACK – glucagon subcutaneous solution auto-injector 1 mg/0.2ml	C				

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
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			•	•
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		•	•	

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
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			•	•
<b>metformin hcl tab er 24hr 500 mg</b> (Glucophage xr)	C			•	
<b>metformin hcl tab er 24hr 750 mg</b> (Glucophage xr)	C			•	
<b>metformin hcl tab 500 mg</b> (Glucophage)	C				

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
<b>metformin hcl tab 850 mg</b> (Glucophage)	C				
<b>metformin hcl tab 1000 mg</b> (Glucophage)	C				
<b>miglitol tab 25 mg</b> (Glyset)	NP		•		
<b>miglitol tab 50 mg</b> (Glyset)	NP		•		
<b>miglitol tab 100 mg</b> (Glyset)	NP		•		
<b>nateglinide tab 60 mg</b> (Starlix)	C				
<b>nateglinide tab 120 mg</b> (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		•	•	
OZEMPIC – semaglutide soln pen-inj 1 mg/dose (2 mg/1.5ml)	NP		•	•	
<b>pioglitazone hcl tab 15 mg (base equiv)</b> (Actos)	P				
<b>pioglitazone hcl tab 30 mg (base equiv)</b> (Actos)	P				

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
<b>pioglitazone hcl tab 45 mg (base equiv)</b> (Actos)	P				
<b>pioglitazone hcl-glimepiride tab 30-2 mg</b> (Duetact)	NP		•		
<b>pioglitazone hcl-glimepiride tab 30-4 mg</b> (Duetact)	NP		•		
<b>pioglitazone hcl-metformin hcl tab 15-500 mg</b> (Actoplus met)	NP		•		
<b>pioglitazone hcl-metformin hcl tab 15-850 mg</b> (Actoplus met)	NP		•		
PRECOSE – acarbose tab 25 mg	NP		•		
PRECOSE – acarbose tab 50 mg	NP		•		
PRECOSE – acarbose tab 100 mg	NP		•		
QTERN – dapagliflozin-saxagliptin tab 5-5 mg	NP		•	•	
QTERN – dapagliflozin-saxagliptin tab 10-5 mg	NP		•	•	
<b>repaglinide tab 0.5 mg</b>	C				
<b>repaglinide tab 1 mg</b> (Prandin)	C				
<b>repaglinide tab 2 mg</b> (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		•	•	
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		•	•	

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
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			•	•
TRIJARDY XR – empagliflozin-linagliptin-metformin tab er 24hr 5-2.5-1000mg	C			•	•
TRIJARDY XR – empagliflozin-linagliptin-metformin tab er 24hr 10-5-1000 mg	C			•	•
TRIJARDY XR – empagliflozin-linagliptin-metformin tab er 24hr 12.5-2.5-1000mg	C			•	•
TRIJARDY XR – empagliflozin-linagliptin-metformin tab er 24hr 25-5-1000 mg	C			•	•

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
TRULICITY – dulaglutide soln pen-injector 0.75 mg/0.5ml	NP		•	•	
TRULICITY – dulaglutide soln pen-injector 1.5 mg/0.5ml	NP		•	•	
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		•	•	
<b>DIABETES - INSULINS</b>					
<b>Rapid-Acting Insulins</b>					
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		•	•	

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
FIASP PENFILL – insulin aspart (with niacinamide) soln cartridge 100 unit/ml	NP		•	•	
HUMALOG – insulin lispro soln cartridge 100 unit/ml	NP		•	•	
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 ASPART – insulin aspart inj 100 unit/ml	C			•	
INSULIN ASPART FLEXPEN – insulin aspart soln pen-injector 100 unit/ml	C			•	
INSULIN ASPART PENFILL – insulin aspart soln cartridge 100 unit/ml	C			•	
INSULIN LISPRO – insulin lispro inj 100 unit/ml	NP		•	•	
INSULIN LISPRO JUNIOR KWIKPEN – insulin lispro soln pen-injector 100 unit/ml (0.5 unit dial)	C			•	
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			•	
<b>Short-Acting Insulins</b>					
AFREZZA – insulin regular (human) inhalation powder 4 unit/cartridge	NP		•	•	
AFREZZA – insulin regular (human) inhalation powder 8 unit/cartridge	NP		•	•	

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
AFREZZA – insulin regular (human) inhalation powder 12 unit/cartridge	NP		•	•	
AFREZZA – insulin regular (human) inhal powd 90 x 4 unit & 90 x 8 unit	NP		•	•	
AFREZZA – insulin regular (human) inh powd 90 x 8 unit & 90 x 12 unit	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			•	
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			•	
<b>Intermediate-Acting Insulins</b>					
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		•	•	

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
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		•	•	
INSULIN ASPART PROTAMINE/INSULIN ASPART FLEXPEN – insulin aspart prot & aspart sus pen-inj 100 unit/ml (70-30)	C			•	
INSULIN ASPART PROTAMINE/INSULIN ASPART FLEXPEN – insulin aspart prot & aspart (human) inj 100 unit/ml (70-30)	C			•	
INSULIN LISPRO PROTAMINE/INSULIN LISPRO KWIKPEN – insulin lispro prot & lispro sus pen-inj 100 unit/ml (75-25)	C			•	
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			•	
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**

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
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		•	•	
<b>THYROID REGULATION</b>					
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				

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
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				
<b>GROWTH HORMONE</b>					
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	•	••		

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
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 – mecasepmin inj 40 mg/4ml (10 mg/ml)	C	•			
NORDITROPIN FLEXPPO – somatropin inj 5 mg/1.5ml	P	•	•		
NORDITROPIN FLEXPPO – somatropin inj 10 mg/1.5ml	P	•	•		
NORDITROPIN FLEXPPO – somatropin inj 15 mg/1.5ml	P	•	•		
NORDITROPIN FLEXPPO – somatropin inj 30 mg/3ml	P	•	•		
NUTROPIN AQ NUSPIN 10 – somatropin inj 10 mg/2ml	P	•	•		
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	•	••		

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
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	•	••		
<b>OTHER HORMONES AND RELATED DRUGS</b>					
ACTONEL – risedronate sodium tab 5 mg	NP		•	•	
ACTONEL – risedronate sodium tab 35 mg	NP		•	•	
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			•	
<b>alendronate sodium tab 10 mg</b>	P			•	
<b>alendronate sodium tab 35 mg</b>	P			•	
<b>alendronate sodium tab 70 mg (Fosamax)</b>	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		•	•	

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
<b>cabergoline tab 0.5 mg</b>	C				
<b>calcitonin (salmon) nasal soln 200 unit/act</b>	P				
<b>calcitriol cap 0.25 mcg (Rocaltrol)</b>	C				
<b>calcitriol cap 0.5 mcg (Rocaltrol)</b>	C				
<b>calcitriol oral soln 1 mcg/ml (Rocaltrol)</b>	C				
<b>cinacalcet hcl tab 30 mg (base equiv) (Sensipar)</b>	C		•		
<b>cinacalcet hcl tab 60 mg (base equiv) (Sensipar)</b>	C		•		
<b>cinacalcet hcl tab 90 mg (base equiv) (Sensipar)</b>	C		•		
CYSTADANE – betaine powder for oral solution	C				
<b>desmopressin acetate inj 4 mcg/ml (Ddavp)</b>	C				
<b>desmopressin acetate nasal spray soln 0.01% (Ddavp)</b>	C				
<b>desmopressin acetate nasal spray soln 0.01% (refrigerated)</b>	C				
<b>desmopressin acetate tab 0.1 mg (Ddavp)</b>	C				
<b>desmopressin acetate tab 0.2 mg (Ddavp)</b>	C				
EVISTA – raloxifene hcl tab 60 mg	NP		•		
FORTEO – teriparatide (recombinant) soln pen-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		•	•	
<b>ibandronate sodium tab 150 mg (base equivalent) (Boniva)</b>	P			•	
JYNARQUE – tolvaptan tab therapy pack 15 mg	C	•	•	•	

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
JYNARQUE – tolvaptan tab therapy pack 30 & 15 mg	C	•	•	•	
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	•	•		
<b>levocarnitine oral soln 1 gm/10ml (10%) (Carnitor)</b>	C				
<b>levocarnitine tab 330 mg (Carnitor)</b>	C				
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	•			
<b>methylergonovine maleate tab 0.2 mg</b>	C				
NITYR – nitisinone tab 2 mg	C	•			
NITYR – nitisinone tab 5 mg	C	•			
NITYR – nitisinone tab 10 mg	C	•			



Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
<b>octreotide acetate inj 50 mcg/ml (0.05 mg/ml)</b> (Sandostatin)	C				
<b>octreotide acetate inj 100 mcg/ml (0.1 mg/ml)</b> (Sandostatin)	C				
<b>octreotide acetate inj 200 mcg/ml (0.2 mg/ml)</b>	C				
<b>octreotide acetate inj 500 mcg/ml (0.5 mg/ml)</b> (Sandostatin)	C				
<b>octreotide acetate inj 1000 mcg/ml (1 mg/ml)</b>	C				
ORLISSA – elagolix sodium tab 150 mg (base equiv)	C		•	•	
ORLISSA – 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	•	•		
PALYNZIQ – pegvaliase-pqpz subcutaneous soln pref syringe 20 mg/ml	C	•	•		
<b>raloxifene hcl tab 60 mg</b> (Evista)	P				
REVCIVI – elapegademase-livr im soln 2.4 mg/1.5ml (1.6 mg/ml)	C	•			
<b>risedronate sodium tab delayed release 35 mg</b> (Atelvia)	NP		•	•	
<b>risedronate sodium tab 5 mg</b> (Actonel)	NP		•	•	
<b>risedronate sodium tab 30 mg</b> (Actonel)	NP		•	•	
<b>risedronate sodium tab 35 mg</b> (Actonel)	NP		•	•	
<b>risedronate sodium tab 150 mg</b> (Actonel)	NP		•	•	
SANDOSTATIN LAR DEPOT – octreotide acetate for im inj kit 10 mg	C				

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
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	•	••	•	
<b>HEART AND CIRCULATORY DRUGS</b>					
<b>ANGIOTENSIN CONVERTING ENZYME (ACE) INHIBITORS AND COMBINATI</b>					
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		•		
<b>benazepril &amp; hydrochlorothiazide tab 5-6.25 mg</b>	P				

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
<b>benazepril &amp; hydrochlorothiazide tab 10-12.5 mg</b> (Lotensin hct)	P				
<b>benazepril &amp; hydrochlorothiazide tab 20-12.5 mg</b> (Lotensin hct)	P				
<b>benazepril &amp; hydrochlorothiazide tab 20-25 mg</b> (Lotensin hct)	P				
<b>benazepril hcl tab 5 mg</b>	P				
<b>benazepril hcl tab 10 mg</b> (Lotensin)	P				
<b>benazepril hcl tab 20 mg</b> (Lotensin)	P				
<b>benazepril hcl tab 40 mg</b> (Lotensin)	P				
<b>captopril tab 12.5 mg</b>	P				
<b>captopril tab 25 mg</b>	P				
<b>captopril tab 50 mg</b>	P				
<b>captopril tab 100 mg</b>	P				
CAPTOPRIL/ HYDROCHLOROTHIAZIDE – captopril & hydrochlorothiazide tab 25-15 mg	P				
CAPTOPRIL/ HYDROCHLOROTHIAZIDE – captopril & hydrochlorothiazide tab 25-25 mg	P				
CAPTOPRIL/ HYDROCHLOROTHIAZIDE – captopril & hydrochlorothiazide tab 50-15 mg	P				
CAPTOPRIL/ HYDROCHLOROTHIAZIDE – captopril & hydrochlorothiazide tab 50-25 mg	P				
<b>enalapril maleate &amp; hydrochlorothiazide tab 5-12.5 mg</b>	P				
<b>enalapril maleate &amp; hydrochlorothiazide tab 10-25 mg</b> (Vaseretic)	P				
<b>enalapril maleate tab 2.5 mg</b> (Vasotec)	P				
<b>enalapril maleate tab 5 mg</b> (Vasotec)	P				

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
<b>enalapril maleate tab 10 mg</b> (Vasotec)	P				
<b>enalapril maleate tab 20 mg</b> (Vasotec)	P				
EPANED – enalapril maleate oral soln 1 mg/ml	NP		•		
<b>fosinopril sodium &amp; hydrochlorothiazide tab 10-12.5 mg</b>	P				
<b>fosinopril sodium &amp; hydrochlorothiazide tab 20-12.5 mg</b>	P				
<b>fosinopril sodium tab 10 mg</b>	P				
<b>fosinopril sodium tab 20 mg</b>	P				
<b>fosinopril sodium tab 40 mg</b>	P				
<b>lisinopril &amp; hydrochlorothiazide tab 10-12.5 mg</b> (Zestoretic)	P				
<b>lisinopril &amp; hydrochlorothiazide tab 20-12.5 mg</b> (Zestoretic)	P				
<b>lisinopril &amp; hydrochlorothiazide tab 20-25 mg</b> (Zestoretic)	P				
<b>lisinopril tab 2.5 mg</b> (Zestril)	P				
<b>lisinopril tab 5 mg</b> (Prinivil)	P				
<b>lisinopril tab 10 mg</b> (Prinivil)	P				
<b>lisinopril tab 20 mg</b> (Prinivil)	P				
<b>lisinopril tab 30 mg</b> (Zestril)	P				
<b>lisinopril tab 40 mg</b> (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		•		

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
<b>moexipril hcl tab 7.5 mg</b>	P				
<b>moexipril hcl tab 15 mg</b>	P				
<b>perindopril erbumine tab 2 mg</b>	P				
<b>perindopril erbumine tab 4 mg</b>	P				
<b>perindopril erbumine tab 8 mg</b>	P				
PRINIVIL – lisinopril tab 10 mg	NP		•		
PRINIVIL – lisinopril tab 20 mg	NP		•		
QBRELIS – lisinopril oral soln 1 mg/ml	NP		•		
<b>quinapril hcl tab 5 mg (Accupril)</b>	P				
<b>quinapril hcl tab 10 mg (Accupril)</b>	P				
<b>quinapril hcl tab 20 mg (Accupril)</b>	P				
<b>quinapril hcl tab 40 mg (Accupril)</b>	P				
<b>quinapril-hydrochlorothiazide tab 10-12.5 mg (Accuretic)</b>	P				
<b>quinapril-hydrochlorothiazide tab 20-12.5 mg (Accuretic)</b>	P				
<b>quinapril-hydrochlorothiazide tab 20-25 mg (Accuretic)</b>	P				
<b>ramipril cap 1.25 mg (Altace)</b>	P				
<b>ramipril cap 2.5 mg (Altace)</b>	P				
<b>ramipril cap 5 mg (Altace)</b>	P				
<b>ramipril cap 10 mg (Altace)</b>	P				
<b>trandolapril tab 1 mg</b>	P				
<b>trandolapril tab 2 mg</b>	P				
<b>trandolapril tab 4 mg</b>	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		•		

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
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		•		
<b>ANGIOTENSIN II RECEPTOR ANTAGONISTS (ARBs) AND COMBINATIONS</b>					
<b>amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg (Exforge hct)</b>	P			•	
<b>amlodipine-valsartan-hydrochlorothiazide tab 5-160-25 mg (Exforge hct)</b>	P			•	
<b>amlodipine-valsartan-hydrochlorothiazide tab 10-160-12.5 mg (Exforge hct)</b>	P			•	
<b>amlodipine-valsartan-hydrochlorothiazide tab 10-160-25 mg (Exforge hct)</b>	P			•	
<b>amlodipine-valsartan-hydrochlorothiazide tab 10-320-25 mg (Exforge hct)</b>	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		•	•	

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
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		•	•	
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		•	•	
<b>candesartan cilexetil tab 4 mg</b> (Atacand)	NP		•	•	
<b>candesartan cilexetil tab 8 mg</b> (Atacand)	NP		•	•	
<b>candesartan cilexetil tab 16 mg</b> (Atacand)	NP		•	•	
<b>candesartan cilexetil tab 32 mg</b> (Atacand)	NP		•	•	
<b>candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg</b> (Atacand hct)	NP		•	•	

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
<b>candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg</b> (Atacand hct)	NP		•	•	
<b>candesartan cilexetil-hydrochlorothiazide tab 32-25 mg</b> (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		•	•	
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		•	•	
EXFORGE HCT – amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg	NP		•	•	

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
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		•	•	
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			•	

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
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		•	•	

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
<b>telmisartan tab 80 mg</b> (Micardis)	NP		•	•	
<b>telmisartan-hydrochlorothiazide tab 40-12.5 mg</b> (Micardis hct)	NP		•	•	
<b>telmisartan-hydrochlorothiazide tab 80-12.5 mg</b> (Micardis hct)	NP		•	•	
<b>telmisartan-hydrochlorothiazide tab 80-25 mg</b> (Micardis hct)	NP		•	•	
TRIBENZOR – olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg	NP		•	•	
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		•	•	
<b>valsartan tab 40 mg</b> (Diovan)	P			•	
<b>valsartan tab 80 mg</b> (Diovan)	P			•	
<b>valsartan tab 160 mg</b> (Diovan)	P			•	
<b>valsartan tab 320 mg</b> (Diovan)	P			•	
<b>valsartan-hydrochlorothiazide tab 80-12.5 mg</b> (Diovan hct)	P			•	
<b>valsartan-hydrochlorothiazide tab 160-12.5 mg</b> (Diovan hct)	P			•	
<b>valsartan-hydrochlorothiazide tab 160-25 mg</b> (Diovan hct)	P			•	
<b>valsartan-hydrochlorothiazide tab 320-12.5 mg</b> (Diovan hct)	P			•	
<b>valsartan-hydrochlorothiazide tab 320-25 mg</b> (Diovan hct)	P			•	
<b>BETA BLOCKERS AND COMBINATIONS</b>					
<b>acebutolol hcl cap 200 mg</b>	NP		•		
<b>acebutolol hcl cap 400 mg</b>	NP		•		

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
<b>atenolol &amp; chlorthalidone tab 50-25 mg</b> (Tenoretic 50)	C				
<b>atenolol &amp; chlorthalidone tab 100-25 mg</b> (Tenoretic 100)	C				
<b>atenolol tab 25 mg</b> (Tenormin)	P				
<b>atenolol tab 50 mg</b> (Tenormin)	P				
<b>atenolol tab 100 mg</b> (Tenormin)	P				
<b>betaxolol hcl tab 10 mg</b>	NP		•		
<b>betaxolol hcl tab 20 mg</b>	NP		•		
<b>bisoprolol &amp; hydrochlorothiazide tab 2.5-6.25 mg</b> (Ziac)	C				
<b>bisoprolol &amp; hydrochlorothiazide tab 5-6.25 mg</b> (Ziac)	C				
<b>bisoprolol &amp; hydrochlorothiazide tab 10-6.25 mg</b> (Ziac)	C				
<b>bisoprolol fumarate tab 5 mg</b>	P				
<b>bisoprolol fumarate tab 10 mg</b>	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		•		
<b>carvedilol phosphate cap er 24hr 10 mg</b> (Coreg cr)	NP		•		
<b>carvedilol phosphate cap er 24hr 20 mg</b> (Coreg cr)	NP		•		
<b>carvedilol phosphate cap er 24hr 40 mg</b> (Coreg cr)	NP		•		
<b>carvedilol phosphate cap er 24hr 80 mg</b> (Coreg cr)	NP		•		
<b>carvedilol tab 3.125 mg</b> (Coreg)	P				
<b>carvedilol tab 6.25 mg</b> (Coreg)	P				
<b>carvedilol tab 12.5 mg</b> (Coreg)	P				
<b>carvedilol tab 25 mg</b> (Coreg)	P				
COREG – carvedilol tab 3.125 mg	NP		•		

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
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		•		
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		•		
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		•		

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
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		•		
KAPSPARGO SPRINKLE – metoprolol succ cap er 24hr sprinkle 25 mg (tartrate equiv)	NP		•		
KAPSPARGO SPRINKLE – metoprolol succ cap er 24hr sprinkle 50 mg (tartrate equiv)	NP		•		
KAPSPARGO SPRINKLE – metoprolol succ cap er 24hr sprinkle 100 mg (tartrate equiv)	NP		•		
KAPSPARGO SPRINKLE – metoprolol succ cap er 24hr sprinkle 200 mg (tartrate equiv)	NP		•		
<b>labetalol hcl tab 100 mg</b>	P				
<b>labetalol hcl tab 200 mg</b>	P				
<b>labetalol hcl tab 300 mg</b>	P				
LOPRESSOR – metoprolol tartrate tab 50 mg	NP		•		
LOPRESSOR – metoprolol tartrate tab 100 mg	NP		•		
LOPRESSOR HCT – metoprolol & hydrochlorothiazide tab 50-25 mg	NP		•		
<b>metoprolol &amp; hydrochlorothiazide tab 50-25 mg</b> (Lopressor hct)	C				
<b>metoprolol &amp; hydrochlorothiazide tab 100-25 mg</b>	C				
<b>metoprolol succinate tab er 24hr 25 mg (tartrate equiv)</b> (Toprol xl)	P				
<b>metoprolol succinate tab er 24hr 50 mg (tartrate equiv)</b> (Toprol xl)	P				
<b>metoprolol succinate tab er 24hr 100 mg (tartrate equiv)</b> (Toprol xl)	P				
<b>metoprolol succinate tab er 24hr 200 mg (tartrate equiv)</b> (Toprol xl)	P				
<b>metoprolol tartrate tab 25 mg</b>	P				

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
<b>metoprolol tartrate tab 37.5 mg</b>	P				
<b>metoprolol tartrate tab 50 mg</b> (Lopressor)	P				
<b>metoprolol tartrate tab 75 mg</b>	P				
<b>metoprolol tartrate tab 100 mg</b> (Lopressor)	P				
METOPROLOL/ HYDROCHLOROTHIAZIDE – metoprolol & hydrochlorothiazide tab 100-50 mg	C				
<b>nadolol tab 20 mg</b> (Corgard)	P				
<b>nadolol tab 40 mg</b> (Corgard)	P				
<b>nadolol tab 80 mg</b> (Corgard)	P				
<b>pindolol tab 5 mg</b>	P				
<b>pindolol tab 10 mg</b>	P				
PROPRANOLOL HCL – propranolol hcl oral soln 20 mg/5ml	P				
PROPRANOLOL HCL – propranolol hcl oral soln 40 mg/5ml	P				
<b>propranolol hcl cap er 24hr 60 mg</b> (Inderal la)	P				
<b>propranolol hcl cap er 24hr 80 mg</b> (Inderal la)	P				
<b>propranolol hcl cap er 24hr 120 mg</b> (Inderal la)	P				
<b>propranolol hcl cap er 24hr 160 mg</b> (Inderal la)	P				
<b>propranolol hcl tab 10 mg</b>	P				
<b>propranolol hcl tab 20 mg</b>	P				
<b>propranolol hcl tab 40 mg</b>	P				
<b>propranolol hcl tab 60 mg</b>	P				
<b>propranolol hcl tab 80 mg</b>	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		•		

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
TENORMIN – atenolol tab 100 mg	NP		•		
TIMOLOL MALEATE – timolol maleate tab 5 mg	NP		•		
<b>timolol maleate tab 10 mg</b>	NP		•		
<b>timolol maleate tab 20 mg</b>	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		•		
<b>CALCIUM CHANNEL BLOCKERS AND COMBINATIONS</b>					
<b>amlodipine besylate tab 2.5 mg</b> (base equivalent) (Norvasc)	P				
<b>amlodipine besylate tab 5 mg</b> (base equivalent) (Norvasc)	P				
<b>amlodipine besylate tab 10 mg</b> (base equivalent) (Norvasc)	P				
<b>amlodipine besylate-atorvastatin calcium tab 2.5-10 mg</b>	NP		•		
<b>amlodipine besylate-atorvastatin calcium tab 2.5-20 mg</b>	NP		•		
<b>amlodipine besylate-atorvastatin calcium tab 2.5-40 mg</b>	NP		•		
<b>amlodipine besylate-atorvastatin calcium tab 5-10 mg</b> (Caduet)	NP		•		
<b>amlodipine besylate-atorvastatin calcium tab 5-20 mg</b> (Caduet)	NP		•		
<b>amlodipine besylate-atorvastatin calcium tab 5-40 mg</b> (Caduet)	NP		•		



Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
<b>amlodipine besylate-atorvastatin calcium tab 5-80 mg (Caduet)</b>	NP		•		
<b>amlodipine besylate-atorvastatin calcium tab 10-10 mg (Caduet)</b>	NP		•		
<b>amlodipine besylate-atorvastatin calcium tab 10-20 mg (Caduet)</b>	NP		•		
<b>amlodipine besylate-atorvastatin calcium tab 10-40 mg (Caduet)</b>	NP		•		
<b>amlodipine besylate-atorvastatin calcium tab 10-80 mg (Caduet)</b>	NP		•		
<b>amlodipine besylate-benazepril hcl cap 2.5-10 mg</b>	P				
<b>amlodipine besylate-benazepril hcl cap 5-10 mg (Lotrel)</b>	P				
<b>amlodipine besylate-benazepril hcl cap 5-20 mg (Lotrel)</b>	P				
<b>amlodipine besylate-benazepril hcl cap 5-40 mg</b>	P				
<b>amlodipine besylate-benazepril hcl cap 10-20 mg (Lotrel)</b>	P				
<b>amlodipine besylate-benazepril hcl cap 10-40 mg (Lotrel)</b>	P				
<b>amlodipine besylate-olmesartan medoxomil tab 5-20 mg (Azor)</b>	NP		•	•	
<b>amlodipine besylate-olmesartan medoxomil tab 5-40 mg (Azor)</b>	NP		•	•	
<b>amlodipine besylate-olmesartan medoxomil tab 10-20 mg (Azor)</b>	NP		•	•	
<b>amlodipine besylate-olmesartan medoxomil tab 10-40 mg (Azor)</b>	NP		•	•	
<b>amlodipine besylate-valsartan tab 5-160 mg (Exforge)</b>	P			•	
<b>amlodipine besylate-valsartan tab 5-320 mg (Exforge)</b>	P			•	
<b>amlodipine besylate-valsartan tab 10-160 mg (Exforge)</b>	P			•	
<b>amlodipine besylate-valsartan tab 10-320 mg (Exforge)</b>	P			•	
<b>AZOR – amlodipine besylate-olmesartan medoxomil tab 5-20 mg</b>	NP		•	•	

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

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
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		•		
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				
<b>diltiazem hcl cap er 12hr 60 mg</b>	P				
<b>diltiazem hcl cap er 12hr 90 mg</b>	P				
<b>diltiazem hcl cap er 12hr 120 mg</b>	P				
<b>diltiazem hcl cap er 24hr 120 mg</b>	P				
<b>diltiazem hcl coated beads cap er 24hr 120 mg (Cardizem cd)</b>	P				
<b>diltiazem hcl coated beads cap er 24hr 180 mg (Cardizem cd)</b>	P				
<b>diltiazem hcl coated beads cap er 24hr 240 mg (Cardizem cd)</b>	P				
<b>diltiazem hcl coated beads cap er 24hr 300 mg (Cardizem cd)</b>	P				
<b>diltiazem hcl coated beads cap er 24hr 360 mg (Cardizem cd)</b>	P				
<b>diltiazem hcl coated beads tab er 24hr 180 mg (Cardizem la)</b>	P				
<b>diltiazem hcl coated beads tab er 24hr 240 mg (Cardizem la)</b>	P				
<b>diltiazem hcl coated beads tab er 24hr 300 mg (Cardizem la)</b>	P				

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
<b>diltiazem hcl coated beads tab er 24hr 360 mg (Cardizem la)</b>	P				
<b>diltiazem hcl coated beads tab er 24hr 420 mg (Cardizem la)</b>	P				
<b>diltiazem hcl extended release beads cap er 24hr 120 mg (Tiazac)</b>	P				
<b>diltiazem hcl extended release beads cap er 24hr 180 mg (Tiazac)</b>	P				
<b>diltiazem hcl extended release beads cap er 24hr 240 mg (Tiazac)</b>	P				
<b>diltiazem hcl extended release beads cap er 24hr 300 mg (Tiazac)</b>	P				
<b>diltiazem hcl extended release beads cap er 24hr 360 mg (Tiazac)</b>	P				
<b>diltiazem hcl extended release beads cap er 24hr 420 mg (Tiazac)</b>	P				
<b>diltiazem hcl tab 30 mg (Cardizem)</b>	P				
<b>diltiazem hcl tab 60 mg (Cardizem)</b>	P				
<b>diltiazem hcl tab 90 mg</b>	P				
<b>diltiazem hcl tab 120 mg (Cardizem)</b>	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		•	•	

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
<b>felodipine tab er 24hr 2.5 mg</b>	P				
<b>felodipine tab er 24hr 5 mg</b>	P				
<b>felodipine tab er 24hr 10 mg</b>	P				
<b>isradipine cap 2.5 mg</b>	P				
<b>isradipine cap 5 mg</b>	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		•		
<b>nicardipine hcl cap 20 mg</b>	P				
<b>nicardipine hcl cap 30 mg</b>	P				
<b>nifedipine cap 10 mg</b> (Procardia)	P				
<b>nifedipine cap 20 mg</b>	P				
<b>nifedipine tab er 24hr 30 mg</b> (Adalat cc)	P				
<b>nifedipine tab er 24hr 60 mg</b> (Adalat cc)	P				
<b>nifedipine tab er 24hr 90 mg</b> (Adalat cc)	P				
<b>nifedipine tab er 24hr osmotic release 30 mg</b> (Procardia xl)	P				
<b>nifedipine tab er 24hr osmotic release 60 mg</b> (Procardia xl)	P				
<b>nifedipine tab er 24hr osmotic release 90 mg</b> (Procardia xl)	P				
<b>nimodipine cap 30 mg</b>	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		•		

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
<b>nisoldipine tab er 24hr 8.5 mg</b> (Sular)	NP		•		
<b>nisoldipine tab er 24hr 17 mg</b> (Sular)	NP		•		
<b>nisoldipine tab er 24hr 34 mg</b> (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 6 mg/ml	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		•		

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
<b>telmisartan-amlodipine tab 40-5 mg</b> (Twynsta)	NP		•	•	
<b>telmisartan-amlodipine tab 40-10 mg</b> (Twynsta)	NP		•	•	
<b>telmisartan-amlodipine tab 80-5 mg</b> (Twynsta)	NP		•	•	
<b>telmisartan-amlodipine tab 80-10 mg</b> (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		•	•	
<b>verapamil hcl cap er 24hr 120 mg</b> (Verelan)	P				
<b>verapamil hcl cap er 24hr 180 mg</b> (Verelan)	P				
<b>verapamil hcl cap er 24hr 240 mg</b> (Verelan)	P				
<b>verapamil hcl cap er 24hr 300 mg</b> (Verelan pm)	P				
VERAPAMIL HCL SR – verapamil hcl cap er 24hr 360 mg	P				
<b>verapamil hcl tab er 120 mg</b> (Calan sr)	P				

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
<b>verapamil hcl tab er 180 mg</b> (Calan sr)	P				
<b>verapamil hcl tab er 240 mg</b> (Calan sr)	P				
<b>verapamil hcl tab 40 mg</b>	P				
<b>verapamil hcl tab 80 mg</b>	P				
<b>verapamil hcl tab 120 mg</b> (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		•		
<b>CHEST PAIN</b>					
<b>isosorbide dinitrate tab 5 mg</b> (Isordil titradose)	C				
<b>isosorbide dinitrate tab 10 mg</b>	C				
<b>isosorbide dinitrate tab 20 mg</b>	C				
<b>isosorbide dinitrate tab 30 mg</b>	C				
<b>isosorbide mononitrate tab er 24hr 30 mg</b>	C				
<b>isosorbide mononitrate tab er 24hr 60 mg</b>	C				
<b>isosorbide mononitrate tab er 24hr 120 mg</b>	C				
<b>isosorbide mononitrate tab 10 mg</b>	C				
<b>isosorbide mononitrate tab 20 mg</b>	C				

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
<b>nitroglycerin sl tab 0.3 mg</b> (Nitrostat)	C				
<b>nitroglycerin sl tab 0.4 mg</b> (Nitrostat)	C				
<b>nitroglycerin sl tab 0.6 mg</b> (Nitrostat)	C				
<b>nitroglycerin td patch 24hr 0.1 mg/hr</b> (Nitro-dur)	C				
<b>nitroglycerin td patch 24hr 0.2 mg/hr</b> (Nitro-dur)	C				
<b>nitroglycerin td patch 24hr 0.4 mg/hr</b> (Nitro-dur)	C				
<b>nitroglycerin td patch 24hr 0.6 mg/hr</b> (Nitro-dur)	C				
<b>CHOLESTEROL LOWERING</b>					
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		•	•	
<b>atorvastatin calcium tab 10 mg (base equivalent)</b> (Lipitor)	P				
<b>atorvastatin calcium tab 20 mg (base equivalent)</b> (Lipitor)	P				
<b>atorvastatin calcium tab 40 mg (base equivalent)</b> (Lipitor)	P				
<b>atorvastatin calcium tab 80 mg (base equivalent)</b> (Lipitor)	P				
<b>cholestyramine light powder packets 4 gm</b>	P				
<b>cholestyramine light powder 4 gm/dose</b> (Questran light)	P				
<b>cholestyramine powder packets 4 gm</b> (Questran)	P				

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
<b>cholestyramine powder 4 gm/dose</b> (Questran)	P				
<b>choline fenofibrate cap dr 45 mg (fenofibric acid equiv)</b> (Trilipix)	NP		•	•	
<b>choline fenofibrate cap dr 135 mg (fenofibric acid equiv)</b> (Trilipix)	NP		•	•	
<b>colesevelam hcl packet for susp 3.75 gm</b> (Welchol)	NP		•		
<b>colesevelam hcl tab 625 mg</b> (Welchol)	NP		•		
COLESTID – colestipol hcl tab 1 gm	NP		•		
COLESTID – colestipol hcl granules 5 gm	NP		•		
COLESTID FLAVORED – colestipol hcl granules 5 gm	NP		•		
<b>colestipol hcl granules 5 gm</b> (Colestid flavored)	P				
<b>colestipol hcl tab 1 gm</b> (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		•		
<b>ezetimibe tab 10 mg</b> (Zetia)	P				

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

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
<b>fluvastatin sodium tab er 24 hr 80 mg (base equivalent) (Lescol xl)</b>	NP		•		
<b>gemfibrozil tab 600 mg (Lopid)</b>	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	NP		•		
LIVALO – pitavastatin calcium tab 2 mg	NP		•		
LIVALO – pitavastatin calcium tab 4 mg	NP		•		
LOPID – gemfibrozil tab 600 mg	NP		•	•	
<b>lovastatin tab 10 mg</b>	P				
<b>lovastatin tab 20 mg</b>	P				
<b>lovastatin tab 40 mg</b>	P				

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
LOVAZA – omega-3-acid ethyl esters cap 1 gm	NP		•		
NEXLETOL – bempedoic acid tab 180 mg	C		•	•	
<b>niacin tab er 500 mg (antihyperlipidemic)</b> (Niaspan)	P				
<b>niacin tab er 750 mg (antihyperlipidemic)</b> (Niaspan)	P				
<b>niacin tab er 1000 mg (antihyperlipidemic)</b> (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				
<b>omega-3-acid ethyl esters cap 1 gm</b> (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		•		
<b>pravastatin sodium tab 10 mg</b>	P				
<b>pravastatin sodium tab 20 mg</b> (Pravachol)	P				
<b>pravastatin sodium tab 40 mg</b> (Pravachol)	P				
<b>pravastatin sodium tab 80 mg</b> (Pravachol)	P				
QUESTRAN – cholestyramine powder 4 gm/dose	NP		•		

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
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		••	•	
<b>rosuvastatin calcium tab 5 mg</b> (Crestor)	P				
<b>rosuvastatin calcium tab 10 mg</b> (Crestor)	P				
<b>rosuvastatin calcium tab 20 mg</b> (Crestor)	P				
<b>rosuvastatin calcium tab 40 mg</b> (Crestor)	P				
<b>simvastatin tab 5 mg</b> (Zocor)	P				
<b>simvastatin tab 10 mg</b> (Zocor)	P				
<b>simvastatin tab 20 mg</b> (Zocor)	P				
<b>simvastatin tab 40 mg</b> (Zocor)	P				
<b>simvastatin tab 80 mg</b> (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		•		
<b>FLUID RETENTION</b>					
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				
chlorthalidone tab 25 mg	C				
chlorthalidone tab 50 mg	C				
furosemide oral soln 10 mg/ml	C				
furosemide tab 20 mg (Lasix)	C				
furosemide tab 40 mg (Lasix)	C				
furosemide tab 80 mg (Lasix)	C				
hydrochlorothiazide cap 12.5 mg	C				

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
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				
toremide tab 5 mg	C				
toremide tab 10 mg (Demadex)	C				
toremide tab 20 mg	C				
toremide 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				
<b>HEART RHYTHM</b>					
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/af) tab 80 mg	NP		•		
BETAPACE AF – sotalol hcl (afib/af) tab 120 mg	NP		•		
BETAPACE AF – sotalol hcl (afib/af) tab 160 mg	NP		•		



Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
<b>disopyramide phosphate cap 100 mg</b> (Norpace)	C				
<b>disopyramide phosphate cap 150 mg</b> (Norpace)	C				
<b>flecainide acetate tab 50 mg</b>	C				
<b>flecainide acetate tab 100 mg</b>	C				
<b>flecainide acetate tab 150 mg</b>	C				
<b>mexiletine hcl cap 150 mg</b>	C				
<b>mexiletine hcl cap 200 mg</b>	C				
<b>mexiletine hcl cap 250 mg</b>	C				
<b>propafenone hcl tab 150 mg</b>	C				
<b>propafenone hcl tab 225 mg</b>	C				
<b>propafenone hcl tab 300 mg</b>	C				
<b>sotalol hcl (afib/af) tab 80 mg</b> (Betapace af)	P				
<b>sotalol hcl (afib/af) tab 120 mg</b> (Betapace af)	P				
<b>sotalol hcl (afib/af) tab 160 mg</b> (Betapace af)	P				
<b>sotalol hcl tab 80 mg</b> (Betapace)	P				
<b>sotalol hcl tab 120 mg</b> (Betapace)	P				
<b>sotalol hcl tab 160 mg</b> (Betapace)	P				
<b>sotalol hcl tab 240 mg</b>	P				
SOTYLIZE – sotalol hcl oral solution 5 mg/ml	NP		•		
<b>OTHER HEART RELATED DRUGS</b>					
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	•	••	•	
ADEMPAS – riociguat tab 2.5 mg	NP	•	••	•	
<b>aliskiren fumarate tab 150 mg</b> (base equivalent) (Tekturna)	NP		•	•	
<b>aliskiren fumarate tab 300 mg</b> (base equivalent) (Tekturna)	NP		•	•	
<b>ambrisentan tab 5 mg</b> (Letairis)	NP	•	••	•	

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
<b>ambrisentan tab 10 mg</b> (Letairis)	NP	•	••	•	
<b>bosentan tab 62.5 mg</b> (Tracleer)	NP	•	••	•	
<b>bosentan tab 125 mg</b> (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		•	•	
<b>clonidine hcl tab 0.1 mg</b> (Catapres)	C				
<b>clonidine hcl tab 0.2 mg</b> (Catapres)	C				
<b>clonidine hcl tab 0.3 mg</b> (Catapres)	C				
<b>clonidine td patch weekly 0.1 mg/24hr</b> (Catapres-tts-1)	C				
<b>clonidine td patch weekly 0.2 mg/24hr</b> (Catapres-tts-2)	C				
<b>clonidine td patch weekly 0.3 mg/24hr</b> (Catapres-tts-3)	C				
<b>digoxin oral soln 0.05 mg/ml</b> (Digoxin)	C				
<b>digoxin tab 125 mcg (0.125 mg)</b> (Lanoxin)	C				
<b>digoxin tab 250 mcg (0.25 mg)</b> (Lanoxin)	C				
<b>doxazosin mesylate tab 1 mg</b> (Cardura)	P			•	
<b>doxazosin mesylate tab 2 mg</b> (Cardura)	P			•	
<b>doxazosin mesylate tab 4 mg</b> (Cardura)	P			•	
<b>doxazosin mesylate tab 8 mg</b> (Cardura)	P			•	
<b>eplerenone tab 25 mg</b> (Inspra)	C				
<b>eplerenone tab 50 mg</b> (Inspra)	C				
<b>guanfacine hcl tab 1 mg</b>	C				
<b>guanfacine hcl tab 2 mg</b>	C				

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
<b>hydralazine hcl tab 10 mg</b>	C				
<b>hydralazine hcl tab 25 mg</b>	C				
<b>hydralazine hcl tab 50 mg</b>	C				
<b>hydralazine hcl tab 100 mg</b>	C				
LETAIRIS – ambrisentan tab 5 mg	P	•	•	•	
LETAIRIS – ambrisentan tab 10 mg	P	•	•	•	
<b>methyldopa tab 250 mg</b>	C				
<b>methyldopa tab 500 mg</b>	C				
<b>midodrine hcl tab 2.5 mg</b>	C				
<b>midodrine hcl tab 5 mg</b>	C				
<b>midodrine hcl tab 10 mg</b>	C				
<b>minoxidil tab 2.5 mg</b>	C				
<b>minoxidil tab 10 mg</b>	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	•	••		
<b>phenoxybenzamine hcl cap 10 mg</b> (Dibenzyline)	C				
<b>prazosin hcl cap 1 mg</b> (Minipress)	C				
<b>prazosin hcl cap 2 mg</b> (Minipress)	C				
<b>prazosin hcl cap 5 mg</b> (Minipress)	C				
REVATIO – sildenafil citrate tab 20 mg	NP	•	••	•	
REVATIO – sildenafil citrate for suspension 10 mg/ml	NP	•	••	•	
<b>sildenafil citrate for suspension 10 mg/ml</b> (Revatio)	C	•	•	•	
<b>sildenafil citrate tab 20 mg</b> (Revatio)	P	•	•	•	

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
<b>tadalafil tab 20 mg (PAH)</b> (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			•	
<b>terazosin hcl cap 1 mg (base equivalent)</b>	P			•	
<b>terazosin hcl cap 2 mg (base equivalent)</b>	P			•	
<b>terazosin hcl cap 5 mg (base equivalent)</b>	P			•	
<b>terazosin hcl cap 10 mg (base equivalent)</b>	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	•	••	•	
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	•	••	•	

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
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	•	•	•	
VYNDALOG – tafamidis meglumine (cardiac) cap 20 mg	C	•	•	•	
<b>BEE STING KITS</b>					
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		•		
<b>epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000) (NDC: 00093598519 and 00093598527)</b> (Epipen-jr 2-pak)	NP		•		
<b>epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000) (NDC: 49502010101 and 49502010102)</b> (Epipen-jr 2-pak)	P				
<b>epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000) (NDC: 00093598619 and 00093598627)</b> (Epipen 2-pak)	NP		•		
<b>epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000) (NDC: 49502010201 and 49502010202)</b> (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		•		

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
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				
<b>RESPIRATORY AGENTS</b>					
<b>ANTIHISTAMINES</b>					
ALER-DRYL – diphenhydramine hcl tab 50 mg	C				
ALLEGRA ALLERGY CHILDRENS – fexofenadine hcl orally disintegrating tab 30 mg	C				
<b>cetirizine hcl chew tab 5 mg</b>	P				
<b>cetirizine hcl chew tab 10 mg</b>	P				
<b>cetirizine hcl oral soln 1 mg/ml (5 mg/5ml)</b>	P				
<b>cetirizine hcl syrup 1 mg/ml (5 mg/5ml)</b>	P				
<b>cetirizine hcl tab 5 mg</b>	P				
<b>cetirizine hcl tab 10 mg</b>	P				
<b>chlorpheniramine maleate syrup 2 mg/5ml</b>	C				
<b>chlorpheniramine maleate tab 4 mg</b>	C				
CLARINEX – desloratadine tab 5 mg	NP		•		
CLEMASTINE FUMARATE – clemastine fumarate tab 2.68 mg	C				
<b>cyproheptadine hcl syrup 2 mg/5ml</b>	C				
<b>cyproheptadine hcl tab 4 mg</b>	C				
DESLORATADINE ODT – desloratadine tab orally disintegrating 2.5 mg	NP		•		
DESLORATADINE ODT – desloratadine tab orally disintegrating 5 mg	NP		•		
<b>desloratadine tab 5 mg (Clarinet)</b>	NP		•		
<b>diphenhydramine hcl cap 25 mg</b>	C				

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
diphenhydramine hcl chew tab 12.5 mg	C				
diphenhydramine hcl elixir 12.5 mg/5ml(OTC)	C				
diphenhydramine hcl elixir 12.5 mg/5ml(Rx)	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				
<b>NASAL PRODUCTS</b>					
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		•	•	

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
<b>cromolyn sodium nasal aerosol soln 5.2 mg/act (4%)</b>	C				
DYMISTA – azelastine hcl-fluticasone prop nasal spray 137-50 mcg/act	NP		•	•	
FLUNISOLIDE – flunisolide nasal soln 25 mcg/act (0.025%)	NP		•	•	
<b>fluticasone propionate nasal susp 50 mcg/act</b>	P			•	
<b>ipratropium bromide nasal soln 0.03% (21 mcg/spray)</b>	P			•	
<b>ipratropium bromide nasal soln 0.06% (42 mcg/spray)</b>	P			•	
<b>mometasone furoate nasal susp 50 mcg/act (Nasonex)</b>	P			•	
NASONEX – mometasone furoate nasal susp 50 mcg/act	NP		•	•	
NEO-SYNEPHRINE COLD +ALLERGY MILD STRENGTH – phenylephrine hcl nasal soln 0.25%	C				
<b>olopatadine hcl nasal soln 0.6% (Patanase)</b>	NP		•	•	
OMNARIS – ciclesonide nasal susp 50 mcg/act	NP		•	•	
<b>oxymetazoline hcl nasal soln 0.05%</b>	C				
PATANASE – olopatadine hcl nasal soln 0.6%	NP		•	•	
<b>phenylephrine hcl nasal soln 1%</b>	C				
<b>phenylephrine hcl tab 10 mg</b>	C				
<b>pseudoephedrine hcl liq 15 mg/5ml</b>	C				
<b>pseudoephedrine hcl tab er 12hr 120 mg</b>	C				
<b>pseudoephedrine hcl tab 30 mg</b>	C				
<b>pseudoephedrine hcl tab 60 mg</b>	C				
QNASL – beclomethasone dipropionate nasal aerosol 80 mcg/act	NP		•	•	
QNASL CHILDRENS – beclomethasone dipropionate nasal aerosol 40 mcg/act	NP		•	•	

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
<b>saline nasal spray 0.65%</b>	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		•		
<b>triamcinolone acetonide nasal aerosol suspension 55 mcg/act</b>	C			•	
XHANCE – fluticasone propionate nasal exhaler susp 93 mcg/act	NP		•	•	
ZETONNA – ciclesonide nasal aerosol soln 37 mcg/act (50 mcg/valve)	NP		•	•	
<b>COUGH/COLD/ALLERGY</b>					
<b>acetylcysteine inhal soln 10%</b>	C				
<b>acetylcysteine inhal soln 20%</b>	C				
<b>benzonatate cap 100 mg</b> (Tessalon perles)	C				
<b>benzonatate cap 200 mg</b>	C				
<b>brompheniramine &amp; phenylephrine elixir 1-2.5 mg/5ml</b>	C				
<b>cetirizine-pseudoephedrine tab er 12hr 5-120 mg</b>	P				
CLARINEX-D 12 HOUR – desloratadine & pseudoephedrine tab er 12hr 2.5-120 mg	NP		•		
<b>dextromethorphan polistirex extended release susp 30 mg/5ml</b>	C				
<b>dextromethorphan-guaifenesin liquid 10-100 mg/5ml</b>	C				
<b>dextromethorphan-guaifenesin syrup 10-100 mg/5ml</b>	C				
<b>dextromethorphan-guaifenesin tab er 12hr 30-600 mg</b>	C				
<b>dextromethorphan-guaifenesin tab er 12hr 60-1200 mg</b>	C				
<b>fexofenadine-pseudoephedrine tab er 12hr 60-120 mg</b>	C				

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
<b>fexofenadine-pseudoephedrine tab er 24hr 180-240 mg</b>	C				
<b>guaifenesin liquid 100 mg/5ml</b>	C				
<b>guaifenesin syrup 100 mg/5ml</b>	C				
<b>guaifenesin tab er 12hr 600 mg</b>	C				
<b>guaifenesin tab er 12hr 1200 mg</b>	C				
<b>guaifenesin tab 200 mg</b>	C				
<b>guaifenesin tab 400 mg</b>	C				
<b>guaifenesin-codeine soln 100-10 mg/5ml</b>	C				
<b>loratadine &amp; pseudoephedrine tab er 12hr 5-120 mg</b>	P				
<b>loratadine &amp; pseudoephedrine tab er 24hr 10-240 mg</b>	P				
MUCINEX FOR KIDS – guaifenesin granules packet 100 mg	C				
MUCINEX MAXIMUM STRENGTH – guaifenesin tab er 12hr 1200 mg	C				
<b>promethazine-dm syrup 6.25-15 mg/5ml</b>	C				
<b>pseudoephedrine-guaifenesin tab er 12hr 60-600 mg</b>	C				
<b>pseudoephedrine-guaifenesin tab er 12hr 120-1200 mg</b>	C				
ROBITUSSIN CHILDRENS COUGH LONG-ACTING – dextromethorphan hbr syrup 7.5 mg/5ml	C				
SEMPREX-D – acrivastine & pseudoephedrine cap 8-60 mg	NP		•		
<b>sodium chloride soln nebu 0.9%</b>	C				
<b>sodium chloride soln nebu 3%</b>	C				
<b>sodium chloride soln nebu 7%</b> (Hyper-sal)	C				
<b>sodium chloride soln nebu 10%</b>	C				
<b>ASTHMA/COPD</b>					
ACCOLATE – zafirlukast tab 10 mg	NP		•		
ACCOLATE – zafirlukast tab 20 mg	NP		•		

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
ADVAIR DISKUS – fluticasone-salmeterol aer powder ba 100-50 mcg/dose	P			•	
ADVAIR DISKUS – fluticasone-salmeterol aer powder ba 250-50 mcg/dose	P			•	
ADVAIR DISKUS – fluticasone-salmeterol aer powder ba 500-50 mcg/dose	P			•	
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			•	
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			•	
<b>albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv) (Teva, Par, Cipla, Perrigo)</b>	P			•	
<b>albuterol sulfate soln nebu 0.083% (2.5 mg/3ml)</b>	P				
<b>albuterol sulfate soln nebu 0.5% (5 mg/ml)</b>	P				
<b>albuterol sulfate soln nebu 0.63 mg/3ml (base equiv)</b>	P				

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
<b>albuterol sulfate soln nebu 1.25 mg/3ml (base equiv)</b>	P				
<b>albuterol sulfate syrup 2 mg/5ml</b>	P				
<b>albuterol sulfate tab 2 mg</b>	NP		•		
<b>albuterol sulfate tab 4 mg</b>	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		•	•	
ARCAPTA NEOHALER – indacaterol maleate inhal powder cap 75 mcg (base equiv)	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			•	

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
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			•	
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		•		
<b>budesonide inhalation susp 0.25 mg/2ml (Pulmicort)</b>	P				
<b>budesonide inhalation susp 0.5 mg/2ml (Pulmicort)</b>	P				
<b>budesonide inhalation susp 1 mg/2ml (Pulmicort)</b>	P				
BUDESONIDE/FORMOTEROL FUMARATE DIHYDRATE – budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act	NP		•	•	
BUDESONIDE/FORMOTEROL FUMARATE DIHYDRATE – budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act	NP		•	•	
COMBIVENT RESPIMAT – ipratropium-albuterol inhal aerosol soln 20-100 mcg/act	P			•	
DALIRESP – roflumilast tab 250 mcg	NP		•		
DALIRESP – roflumilast tab 500 mcg	NP		•		
Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
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			•	
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		•	•	

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
<b>fluticasone-salmeterol aer powder ba 100-50 mcg/dose</b> (Advair Diskus)	P			•	
<b>fluticasone-salmeterol aer powder ba 250-50 mcg/dose</b> (Advair Diskus)	P			•	
<b>fluticasone-salmeterol aer powder ba 500-50 mcg/dose</b> (Advair Diskus)	P			•	
INCRUSE ELLIPTA – umeclidinium br aero powd breath act 62.5 mcg/ inh (base eq)	NP		•	•	
<b>ipratropium bromide inhal soln 0.02%</b>	P				
<b>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</b>	P				
<b>levalbuterol hcl soln nebu conc 1.25 mg/0.5ml (base equiv)</b> (Xopenex concentrate)	NP		•		
<b>levalbuterol hcl soln nebu 0.31 mg/3ml (base equiv)</b> (Xopenex)	NP		•		
<b>levalbuterol hcl soln nebu 0.63 mg/3ml (base equiv)</b> (Xopenex)	NP		•		
<b>levalbuterol hcl soln nebu 1.25 mg/3ml (base equiv)</b> (Xopenex)	NP		•		
LONHALA MAGNAIR REFILL KIT – glycopyrrolate inhal solution 25 mcg/ml	NP		•		
LONHALA MAGNAIR STARTER KIT – glycopyrrolate inhal solution 25 mcg/ml	NP		•		
METAPROTERENOL SULFATE – metaproterenol sulfate syrup 10 mg/5ml	P				
<b>montelukast sodium chew tab 4 mg (base equiv)</b> (Singulair)	P				
<b>montelukast sodium chew tab 5 mg (base equiv)</b> (Singulair)	P				
Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
<b>montelukast sodium oral granules packet 4 mg (base equiv)</b> (Singulair)	NP		•		
<b>montelukast sodium tab 10 mg (base equiv)</b> (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 DIGIHALER – albuterol sulfate aer pow ba 108 mcg/act with sensor	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)	P			•	
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 REDIHALER – beclomethasone diprop hfa breath act inh aer 40 mcg/act	NP		•	•	



Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
QVAR REDHALER – beclomethasone diprop hfa breath act inh aer 80 mcg/act	NP		•	•	
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 bromide inhal aerosol 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				

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
<b>theophylline soln 80 mg/15ml</b>	C				
<b>theophylline tab er 24hr 400 mg</b>	C				
<b>theophylline tab er 24hr 600 mg</b>	C				
TRELEGY ELLIPTA – fluticasone-umeclidinium-vilanterol aepb 100-62.5-25 mcg/inh	NP		•	•	
TUDORZA PRESSAIR – acclidinium 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)	P			•	
<b>wixela inhub aer powder ba 100-50 mcg/dose</b> (Advair Diskus)	P			•	
<b>wixela inhub aer powder ba 250-50 mcg/dose</b> (Advair Diskus)	P			•	
<b>wixela inhub aer powder ba 500-50 mcg/dose</b> (Advair Diskus)	P			•	
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)	P			•	
YUPELRI – revefenacin inhalation solution 175 mcg/3ml	NP		•		
<b>zafirlukast tab 10 mg</b> (Accolate)	P				
<b>zafirlukast tab 20 mg</b> (Accolate)	P				
<b>zileuton tab er 12hr 600 mg</b> (Zyflo cr)	NP		•		
ZYFLO – zileuton tab 600 mg	NP		•		

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
<b>OTHER RESPIRATORY DRUGS</b>					
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	•	•	•	
<b>GASTROINTESTINAL DRUGS</b>					
<b>LAXATIVES</b>					
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/5ml	C				
docusate sodium liquid 150 mg/15ml	C				
docusate sodium syrup 60 mg/15ml	C				

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
GAVILYTE-C – peg 3350-kcl-na bicarb-nacl-na sulfate for soln 240 gm	C				
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 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				
polyethylene glycol 3350 oral powder 17 gm/scoop	C				
psyllium cap 400 mg	C				
psyllium cap 0.52 gm	C				
psyllium powder 28.3%	C				
psyllium powder 30%	C				
psyllium powder 30.9%	C				
psyllium powder 33%	C				

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
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				
<b>ANTIDIARRHEALS</b>					
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				
<b>ANTACIDS</b>					
alum & mag hydroxide-simethicone susp 200-200-20 mg/5ml	C				
alum & mag hydroxide-simethicone susp 400-400-40 mg/5ml	C				

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
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				
<b>ULCER/GERD</b>					
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				
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				

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
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 magnesium for delayed release susp packet 10 mg (Nexium)	C			•	
esomeprazole magnesium for delayed release susp packet 20 mg (Nexium)	C			•	
esomeprazole magnesium for delayed release susp packet 40 mg (Nexium)	C			•	
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		•	•	

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
lansoprazole cap delayed release 30 mg (Prevacid)	NP		•	•	
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 – nizatidine cap 150 mg	C				
NIZATIDINE – 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		•	•	

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
<b>omeprazole-sodium bicarbonate cap 40-1100 mg (Zegerid)</b>	NP		•	•	
<b>omeprazole-sodium bicarbonate powd pack for susp 20-1680 mg (Zegerid)</b>	NP		•	•	
<b>omeprazole-sodium bicarbonate powd pack for susp 40-1680 mg (Zegerid)</b>	NP		•	•	
<b>pantoprazole sodium ec tab 20 mg (base equiv) (Protonix)</b>	P			•	
<b>pantoprazole sodium ec tab 40 mg (base equiv) (Protonix)</b>	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		•	•	
<b>rabeprazole sodium ec tab 20 mg (Aciphex)</b>	NP		•	•	
<b>ranitidine hcl tab 75 mg</b>	C				

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
<b>ranitidine hcl tab 150 mg</b>	C				
<b>sucralfate tab 1 gm (Carafate)</b>	C				
<b>NAUSEA AND VOMITING</b>					
AKYNZEO – netupitant-palonosetron cap 300-0.5 mg	NP		•	•	
ANZEMET – dolasetron mesylate tab 50 mg	NP		•	•	
ANZEMET – dolasetron mesylate tab 100 mg	NP		•	•	
<b>aprepitant capsule therapy pack 80 &amp; 125 mg (Emend tripack)</b>	C			•	
<b>aprepitant capsule 40 mg (Emend)</b>	C				
<b>aprepitant capsule 80 mg (Emend)</b>	C			•	
<b>aprepitant capsule 125 mg (Emend)</b>	C			•	
<b>dronabinol cap 2.5 mg (Marinol)</b>	C				
<b>dronabinol cap 5 mg (Marinol)</b>	C				
<b>dronabinol cap 10 mg (Marinol)</b>	C				
<b>granisetron hcl tab 1 mg</b>	NP		•	•	
<b>meclizine hcl chew tab 25 mg</b>	C				
<b>meclizine hcl tab 12.5 mg(OTC)</b>	C				
<b>meclizine hcl tab 12.5 mg(Rx)</b>	C				
<b>meclizine hcl tab 25 mg(OTC)</b>	C				
<b>meclizine hcl tab 25 mg(Rx)</b>	C				
ONDANSETRON HCL – ondansetron hcl tab 24 mg	C			•	
<b>ondansetron hcl oral soln 4 mg/5ml</b>	P			•	
<b>ondansetron hcl tab 4 mg (Zofran)</b>	P			•	
<b>ondansetron hcl tab 8 mg (Zofran)</b>	P			•	
<b>ondansetron orally disintegrating tab 4 mg</b>	P			•	
<b>ondansetron orally disintegrating tab 8 mg</b>	P			•	
SANCUSO – granisetron td patch 3.1 mg/24hr (contains 34.3 mg)	NP		•	•	
ZOFRAN – ondansetron hcl tab 4 mg	NP		•	•	
ZOFRAN – ondansetron hcl tab 8 mg	NP		•	•	

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
ZUPLENZ – ondansetron oral soluble film 4 mg	NP		•	•	
ZUPLENZ – ondansetron oral soluble film 8 mg	NP		•	•	
<b>DIGESTIVE ENZYMES</b>					
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				
<b>lactase chew tab 9000 unit</b>	C				
<b>lactase tab 3000 unit</b>	C				
<b>lactase tab 9000 unit</b>	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		•		
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		•		

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
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				
<b>OTHER GASTROINTESTINAL DRUGS</b>					
AMITIZA – lubiprostone cap 8 mcg	C		•	•	
AMITIZA – lubiprostone cap 24 mcg	C		•	•	

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
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		•		
<b>balsalazide disodium cap 750 mg (Colazal)</b>	P				
<b>calcium acetate (phosphate binder) cap 667 mg (169 mg ca)</b>	P				
<b>calcium acetate (phosphate binder) tab 667 mg</b>	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		•		
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		•		

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
FOSRENOL – lanthanum carbonate oral powder pack 1000 mg (elemental)	NP		•		
<b>lactulose (encephalopathy) solution 10 gm/15ml</b>	C				
<b>lanthanum carbonate chew tab 500 mg (elemental) (Fosrenol)</b>	NP		•		
<b>lanthanum carbonate chew tab 750 mg (elemental) (Fosrenol)</b>	NP		•		
<b>lanthanum carbonate chew tab 1000 mg (elemental) (Fosrenol)</b>	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		•	•	
<b>mesalamine cap dr 400 mg (Delzicol)</b>	NP		•		
<b>mesalamine enema 4 gm</b>	P				
<b>mesalamine rectal enema 4 gm &amp; cleanser wipe kit (Rowasa)</b>	P				
<b>mesalamine suppos 1000 mg (Canasa)</b>	NP		•		
<b>mesalamine tab delayed release 800 mg (Asacol hd)</b>	NP		•		
<b>mesalamine tab delayed release 1.2 gm (Lialda)</b>	NP		•		
<b>metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv)</b>	C				
<b>metoclopramide hcl tab 5 mg (base equivalent) (Reglan)</b>	C				
<b>metoclopramide hcl tab 10 mg (base equivalent) (Reglan)</b>	C				
MOTEGRITY – prucalopride succinate tab 1 mg (base equivalent)	C		•	•	
MOTEGRITY – prucalopride succinate tab 2 mg (base equivalent)	C		•	•	

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
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 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		•		
<b>sevelamer carbonate packet 0.8 gm (Renvela)</b>	NP		•		
<b>sevelamer carbonate packet 2.4 gm (Renvela)</b>	NP		•		
<b>sevelamer carbonate tab 800 mg (Renvela)</b>	NP		•		
<b>sevelamer hcl tab 800 mg (Renagel)</b>	NP		•		
SEVELAMER HYDROCHLORIDE – sevelamer hcl tab 400 mg	NP		•		
SFROWASA – mesalamine sulfite-free (sf) enema 4 gm/60ml	NP		•		
<b>simethicone cap 125 mg</b>	C				

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
<b>simethicone chew tab 80 mg</b>	C				
<b>simethicone chew tab 125 mg</b>	C				
<b>simethicone susp 40 mg/0.6ml</b>	C				
<b>sulfasalazine tab delayed release 500 mg (Azulfidine en-tabs)</b>	P				
<b>sulfasalazine tab 500 mg (Azulfidine)</b>	P				
SYMPROIC – naldemedine tosylate tab 0.2 mg (base equivalent)	C		•	•	
TRULANCE – plecanatide tab 3 mg	C		•	•	
<b>ursodiol cap 300 mg (Actigall)</b>	C				
<b>ursodiol tab 250 mg (Urso 250)</b>	C				
<b>ursodiol tab 500 mg (Urso forte)</b>	C				
VELPHORO – sucroferric oxyhydroxide chew tab 500 mg	NP		•		
<b>GENITOURINARY DRUGS</b>					
<b>URINARY TRACT INFECTIONS</b>					
<b>nitrofurantoin macrocrystalline cap 50 mg (Macrochantin)</b>	C				
<b>nitrofurantoin macrocrystalline cap 100 mg (Macrochantin)</b>	C				
<b>nitrofurantoin monohydrate macrocrystalline cap 100 mg (Macrobid)</b>	C				
<b>nitrofurantoin susp 25 mg/5ml (Furadantin)</b>	C				
<b>URINARY TRACT SPASMS</b>					
<b>bethanechol chloride tab 5 mg (Urecholine)</b>	C				
<b>bethanechol chloride tab 10 mg (Urecholine)</b>	C				
<b>bethanechol chloride tab 25 mg (Urecholine)</b>	C				
<b>bethanechol chloride tab 50 mg (Urecholine)</b>	C				
<b>darifenacin hydrobromide tab er 24hr 7.5 mg (base equiv) (Enblex)</b>	NP		•	•	



Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
<b>darifenacin hydrobromide tab er 24hr 15 mg (base equiv)</b> (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		•	•	
<b>flavoxate hcl tab 100 mg</b>	NP		•		
GELNIQUE – oxybutynin chloride td gel 10%	NP		•	•	
MYRBETRIQ – mirabegron tab er 24 hr 25 mg	NP		•	•	
MYRBETRIQ – mirabegron tab er 24 hr 50 mg	NP		•	•	
<b>oxybutynin chloride syrup 5 mg/5ml</b>	P			•	
<b>oxybutynin chloride tab er 24hr 5 mg</b> (Ditropan xl)	P			•	
<b>oxybutynin chloride tab er 24hr 10 mg</b> (Ditropan xl)	P			•	
<b>oxybutynin chloride tab er 24hr 15 mg</b> (Ditropan xl)	P			•	
<b>oxybutynin chloride tab 5 mg</b>	P			•	
OXYTROL – oxybutynin td patch twice weekly 3.9 mg/24hr	P			•	
<b>solifenacin succinate tab 5 mg</b> (Vesicare)	P			•	
<b>solifenacin succinate tab 10 mg</b> (Vesicare)	P			•	

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
<b>tolterodine tartrate cap er 24hr 2 mg</b> (Detrol la)	P			•	
<b>tolterodine tartrate cap er 24hr 4 mg</b> (Detrol la)	P			•	
<b>tolterodine tartrate tab 1 mg</b> (Detrol)	P			•	
<b>tolterodine tartrate tab 2 mg</b> (Detrol)	P			•	
TOVIAZ – fesoterodine fumarate tab er 24hr 4 mg	P			•	
TOVIAZ – fesoterodine fumarate tab er 24hr 8 mg	P			•	
<b>tropium chloride cap er 24hr 60 mg</b>	NP		•	•	
<b>tropium chloride tab 20 mg</b>	NP		•	•	
VESICARE – solifenacin succinate tab 5 mg	NP		•	•	
VESICARE – solifenacin succinate tab 10 mg	NP		•	•	
<b>VAGINAL PRODUCTS</b>					
<b>clindamycin phosphate vaginal cream 2%</b> (Cleocin)	C				
<b>clotrimazole vaginal cream 1%</b>	C				
<b>clotrimazole vaginal cream 2%</b>	C				
ENCARE – nonoxynol-9 vaginal suppos 100 mg	C				
<b>estradiol vaginal cream 0.1 mg/gm</b> (Estrace)	C				
<b>estradiol vaginal tab 10 mcg</b> (Vagifem)	C				
<b>metronidazole vaginal gel 0.75%</b> (Metrogel-vaginal)	C				
<b>miconazole nitrate vaginal app 200 mg &amp; 2% cream 9 gm kit</b>	C				
<b>miconazole nitrate vaginal cream 2%</b>	C				
<b>miconazole nitrate vaginal cream 4% (200 mg/5gm)</b>	C				
<b>miconazole nitrate vaginal suppos 100 mg</b>	C				

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
<b>miconazole nitrate vaginal supp 200 mg &amp; 2% cream 9 gm kit</b>	C				
<b>miconazole nitrate vaginal supp 1200 mg &amp; 2% cream kit</b>	C				
MONISTAT 7 COMBINATION PACK – miconazole nitrate vag app 100 mg & 2% cream 9 gm kit	C				
<b>nonoxynol-9 gel 4%</b>	C				
SHUR-SEAL – nonoxynol-9 gel 2%	C				
<b>terconazole vaginal cream 0.4%</b>	C				
<b>terconazole vaginal suppos 80 mg</b>	C				
VCF VAGINAL CONTRACEPTIVE – nonoxynol-9 foam 12.5%	C				
VCF VAGINAL CONTRACEPTIVE – nonoxynol-9 film 28%	C				
<b>OTHER GENITOURINARY DRUGS</b>					
<b>acetic acid irrigation soln 0.25%</b>	C				
<b>alfuzosin hcl tab er 24hr 10 mg</b> (Uroxatral)	P			•	
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	•			
<b>dutasteride cap 0.5 mg</b> (Avodart)	P			•	
<b>dutasteride-tamsulosin hcl cap 0.5-0.4 mg</b> (Jalyn)	NP		•	•	
<b>finasteride tab 5 mg</b> (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				

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
NEOMYCIN/POLYMYXIN B SULFATES – neomycin-polymyxin b gu irrigation soln	C				
<b>phenazopyridine hcl tab 100 mg</b> (Pyridium)	C				
<b>phenazopyridine hcl tab 200 mg</b> (Pyridium)	C				
<b>potassium citrate &amp; citric acid soln 1100-334 mg/5ml</b>	C				
<b>potassium citrate tab er 5 meq (540 mg)</b> (Urocit-k 5)	C				
<b>potassium citrate tab er 10 meq (1080 mg)</b> (Urocit-k 10)	C				
<b>potassium citrate tab er 15 meq (1620 mg)</b> (Urocit-k 15)	C				
PROSCAR – finasteride tab 5 mg	NP		•	•	
RAPAFLO – silodosin cap 4 mg	NP		•	•	
RAPAFLO – silodosin cap 8 mg	NP		•	•	
<b>silodosin cap 4 mg</b> (Rapaflo)	NP		•	•	
<b>silodosin cap 8 mg</b> (Rapaflo)	NP		•	•	
<b>sodium chloride irrigation soln 0.9%</b>	C				
<b>sodium citrate &amp; citric acid soln 500-334 mg/5ml</b>	C				
<b>tamsulosin hcl cap 0.4 mg</b> (Flomax)	P			•	
UROXATRAL – alfuzosin hcl tab er 24hr 10 mg	NP		•	•	
<b>CENTRAL NERVOUS SYSTEM DRUGS</b>					
<b>ANXIETY</b>					
<b>alprazolam tab er 24hr 0.5 mg</b> (Xanax xr)	C			•	
<b>alprazolam tab er 24hr 1 mg</b> (Xanax xr)	C			•	
<b>alprazolam tab er 24hr 2 mg</b> (Xanax xr)	C			•	
<b>alprazolam tab 0.25 mg</b> (Xanax)	C			•	
<b>alprazolam tab 0.5 mg</b> (Xanax)	C			•	
<b>alprazolam tab 1 mg</b> (Xanax)	C			•	

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
<b>alprazolam tab 2 mg</b> (Xanax)	C			•	
<b>bupirone hcl tab 5 mg</b>	C				
<b>bupirone hcl tab 7.5 mg</b>	C				
<b>bupirone hcl tab 10 mg</b>	C				
<b>bupirone hcl tab 15 mg</b>	C				
<b>bupirone hcl tab 30 mg</b>	C				
<b>chlordiazepoxide hcl cap 5 mg</b>	C			•	
<b>chlordiazepoxide hcl cap 10 mg</b>	C			•	
<b>chlordiazepoxide hcl cap 25 mg</b>	C			•	
<b>diazepam conc 5 mg/ml</b>	C			•	
<b>diazepam tab 2 mg</b> (Valium)	C			•	
<b>diazepam tab 5 mg</b> (Valium)	C			•	
<b>diazepam tab 10 mg</b> (Valium)	C			•	
<b>hydroxyzine hcl syrup 10 mg/5ml</b>	C				
<b>hydroxyzine hcl tab 10 mg</b>	C				
<b>hydroxyzine hcl tab 25 mg</b>	C				
<b>hydroxyzine hcl tab 50 mg</b>	C				
<b>HYDROXYZINE HYDROCHLORIDE</b> – hydroxyzine hcl im soln 50 mg/ml	C				
<b>hydroxyzine pamoate cap 25 mg</b> (Vistaril)	C				
<b>hydroxyzine pamoate cap 50 mg</b> (Vistaril)	C				
<b>lorazepam conc 2 mg/ml</b>	C			•	
<b>lorazepam tab 0.5 mg</b> (Ativan)	C			•	
<b>lorazepam tab 1 mg</b> (Ativan)	C			•	
<b>lorazepam tab 2 mg</b> (Ativan)	C			•	
<b>DEPRESSION</b>					
<b>amitriptyline hcl tab 10 mg</b>	C				
<b>amitriptyline hcl tab 25 mg</b>	C				
<b>amitriptyline hcl tab 50 mg</b>	C				
<b>amitriptyline hcl tab 75 mg</b>	C				
<b>amitriptyline hcl tab 100 mg</b>	C				
<b>amitriptyline hcl tab 150 mg</b>	C				
<b>APLENZIN – bupropion hbr tab er</b> 24hr 174 mg	NP		•	•	

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
<b>APLENZIN – bupropion hbr tab er</b> 24hr 348 mg	NP		•	•	
<b>APLENZIN – bupropion hbr tab er</b> 24hr 522 mg	NP		•	•	
<b>bupropion hcl tab er 12hr 100 mg</b> (Wellbutrin sr)	P			•	
<b>bupropion hcl tab er 12hr 150 mg</b> (Wellbutrin sr)	P			•	
<b>bupropion hcl tab er 12hr 200 mg</b> (Wellbutrin sr)	P			•	
<b>bupropion hcl tab er 24hr 150 mg</b> (Wellbutrin xl)	P			•	
<b>bupropion hcl tab er 24hr 300 mg</b> (Wellbutrin xl)	P			•	
<b>bupropion hcl tab 75 mg</b>	P			•	
<b>bupropion hcl tab 100 mg</b>	P			•	
<b>CELEXA – citalopram hydrobromide</b> tab 10 mg (base equiv)	NP		•	•	
<b>CELEXA – citalopram hydrobromide</b> tab 20 mg (base equiv)	NP		•	•	
<b>CELEXA – citalopram hydrobromide</b> tab 40 mg (base equiv)	NP		•	•	
<b>citalopram hydrobromide oral soln</b> 10 mg/5ml	P			•	
<b>citalopram hydrobromide tab</b> 10 mg (base equiv) (Celexa)	P			•	
<b>citalopram hydrobromide tab</b> 20 mg (base equiv) (Celexa)	P			•	
<b>citalopram hydrobromide tab</b> 40 mg (base equiv) (Celexa)	P			•	
<b>CYMBALTA – duloxetine hcl enteric</b> coated pellets cap 20 mg (base eq)	NP		•	•	
<b>CYMBALTA – duloxetine hcl enteric</b> coated pellets cap 30 mg (base eq)	NP		•	•	
<b>CYMBALTA – duloxetine hcl enteric</b> coated pellets cap 60 mg (base eq)	NP		•	•	
<b>desipramine hcl tab 10 mg</b> (Norpramin)	C				
<b>desipramine hcl tab 25 mg</b> (Norpramin)	C				

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
<b>desipramine hcl tab 50 mg</b>	C				
<b>desipramine hcl tab 75 mg</b>	C				
<b>desipramine hcl tab 100 mg</b>	C				
<b>desipramine hcl tab 150 mg</b>	C				
DESVENLAFAXINE ER – desvenlafaxine tab er 24hr 50 mg	NP		•	•	
DESVENLAFAXINE ER – desvenlafaxine tab er 24hr 100 mg	NP		•	•	
<b>desvenlafaxine succinate tab er 24hr 25 mg (base equiv)</b> (Pristiq)	NP		•	•	
<b>desvenlafaxine succinate tab er 24hr 50 mg (base equiv)</b> (Pristiq)	NP		•	•	
<b>desvenlafaxine succinate tab er 24hr 100 mg (base equiv)</b> (Pristiq)	NP		•	•	
DOXEPIN HCL – doxepin hcl cap 150 mg	C				
<b>doxepin hcl cap 10 mg</b>	C				
<b>doxepin hcl cap 25 mg</b>	C				
<b>doxepin hcl cap 50 mg</b>	C				
<b>doxepin hcl cap 100 mg</b>	C				
<b>doxepin hcl conc 10 mg/ml</b>	C				
<b>duloxetine hcl enteric coated pellets cap 20 mg (base eq)</b> (Cymbalta)	P			•	
<b>duloxetine hcl enteric coated pellets cap 30 mg (base eq)</b> (Cymbalta)	P			•	
<b>duloxetine hcl enteric coated pellets cap 60 mg (base eq)</b> (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		•	•	
<b>escitalopram oxalate soln 5 mg/5ml (base equiv)</b>	P			•	

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
<b>escitalopram oxalate tab 5 mg (base equiv)</b> (Lexapro)	P			•	
<b>escitalopram oxalate tab 10 mg (base equiv)</b> (Lexapro)	P			•	
<b>escitalopram oxalate tab 20 mg (base equiv)</b> (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		•	•	
<b>fluoxetine hcl cap 10 mg</b> (Prozac)	P			•	
<b>fluoxetine hcl cap 20 mg</b> (Prozac)	P			•	
<b>fluoxetine hcl cap 40 mg</b> (Prozac)	P			•	
<b>fluoxetine hcl solution 20 mg/5ml</b>	P			•	
<b>fluoxetine hcl tab 10 mg</b>	NP		•	•	
<b>fluoxetine hcl tab 20 mg</b>	NP		•	•	
<b>fluoxetine hcl tab 60 mg</b> (Fluoxetine hydrochlo)	NP		•	•	
FLUOXETINE HYDROCHLORIDE – fluoxetine hcl tab 60 mg	NP		•	•	
<b>fluvoxamine maleate cap er 24hr 100 mg</b>	NP		•	•	
<b>fluvoxamine maleate cap er 24hr 150 mg</b>	NP		•	•	
<b>fluvoxamine maleate tab 25 mg</b>	P			•	
<b>fluvoxamine maleate tab 50 mg</b>	P			•	
<b>fluvoxamine maleate tab 100 mg</b>	P			•	
FORFIVO XL – bupropion hcl tab er 24hr 450 mg	NP		•	•	
<b>imipramine hcl tab 10 mg</b> (Tofranil)	C				

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
<b>imipramine hcl tab 25 mg</b> (Tofranil)	C				
<b>imipramine hcl tab 50 mg</b> (Tofranil)	C				
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		•	•	
<b>mirtazapine orally disintegrating tab 15 mg</b> (Remeron soltab)	P			•	
<b>mirtazapine orally disintegrating tab 30 mg</b> (Remeron soltab)	P			•	
<b>mirtazapine orally disintegrating tab 45 mg</b> (Remeron soltab)	P			•	
<b>mirtazapine tab 7.5 mg</b>	P			•	
<b>mirtazapine tab 15 mg</b> (Remeron)	P			•	
<b>mirtazapine tab 30 mg</b> (Remeron)	P			•	
<b>mirtazapine tab 45 mg</b>	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				
<b>nortriptyline hcl cap 10 mg</b> (Pamelor)	C				
<b>nortriptyline hcl cap 25 mg</b> (Pamelor)	C				
<b>nortriptyline hcl cap 50 mg</b> (Pamelor)	C				
<b>nortriptyline hcl cap 75 mg</b> (Pamelor)	C				
<b>paroxetine hcl tab er 24hr 12.5 mg</b> (Paxil cr)	NP		•	•	

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
<b>paroxetine hcl tab er 24hr 25 mg</b> (Paxil cr)	NP		•	•	
<b>paroxetine hcl tab er 24hr 37.5 mg</b> (Paxil cr)	NP		•	•	
<b>paroxetine hcl tab 10 mg</b> (Paxil)	P			•	
<b>paroxetine hcl tab 20 mg</b> (Paxil)	P			•	
<b>paroxetine hcl tab 30 mg</b> (Paxil)	P			•	
<b>paroxetine hcl tab 40 mg</b> (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		•	•	
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		•	•	

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
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		•	•	
<b>sertraline hcl oral concentrate for solution 20 mg/ml</b>	P			•	
<b>sertraline hcl tab 25 mg (Zoloft)</b>	P			•	
<b>sertraline hcl tab 50 mg (Zoloft)</b>	P			•	
<b>sertraline hcl tab 100 mg (Zoloft)</b>	P			•	
<b>trazodone hcl tab 50 mg</b>	P				
<b>trazodone hcl tab 100 mg</b>	P				
<b>trazodone hcl tab 150 mg</b>	P				
<b>trazodone hcl tab 300 mg</b>	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		•	•	
<b>venlafaxine hcl cap er 24hr 37.5 mg (base equivalent) (Effexor xr)</b>	P			•	
<b>venlafaxine hcl cap er 24hr 75 mg (base equivalent) (Effexor xr)</b>	P			•	
<b>venlafaxine hcl cap er 24hr 150 mg (base equivalent) (Effexor xr)</b>	P			•	
<b>venlafaxine hcl tab er 24hr 37.5 mg (base equivalent)</b>	NP		•	•	
<b>venlafaxine hcl tab er 24hr 75 mg (base equivalent)</b>	NP		•	•	
<b>venlafaxine hcl tab er 24hr 150 mg (base equivalent)</b>	NP		•	•	
<b>venlafaxine hcl tab er 24hr 225 mg (base equivalent)</b>	NP		•	•	
<b>venlafaxine hcl tab 25 mg (base equivalent)</b>	P			•	

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
<b>venlafaxine hcl tab 37.5 mg (base equivalent)</b>	P			•	
<b>venlafaxine hcl tab 50 mg (base equivalent)</b>	P			•	
<b>venlafaxine hcl tab 75 mg (base equivalent)</b>	P			•	
<b>venlafaxine hcl tab 100 mg (base equivalent)</b>	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		•	•	
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		•	•	
<b>PSYCHOTIC AND BIPOLAR DISORDERS</b>					
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		•	•	

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
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			•	
ABILIFY MYCITE – aripiprazole tab 2 mg with sensor	NP		•	•	
ABILIFY MYCITE – aripiprazole tab 5 mg with sensor	NP		•	•	
ABILIFY MYCITE – aripiprazole tab 10 mg with sensor	NP		•	•	
ABILIFY MYCITE – aripiprazole tab 15 mg with sensor	NP		•	•	
ABILIFY MYCITE – aripiprazole tab 20 mg with sensor	NP		•	•	
ABILIFY MYCITE – aripiprazole tab 30 mg with sensor	NP		•	•	
<b>aripiprazole oral solution 1 mg/ml</b>	P			•	
<b>aripiprazole orally disintegrating tab 10 mg</b>	NP		•	•	
<b>aripiprazole orally disintegrating tab 15 mg</b>	NP		•	•	
<b>aripiprazole tab 2 mg (Abilify)</b>	P			•	
<b>aripiprazole tab 5 mg (Abilify)</b>	P			•	
<b>aripiprazole tab 10 mg (Abilify)</b>	P			•	
<b>aripiprazole tab 15 mg (Abilify)</b>	P			•	
<b>aripiprazole tab 20 mg (Abilify)</b>	P			•	
<b>aripiprazole tab 30 mg (Abilify)</b>	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		•	•	

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
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		•	•	
CAPLYTA – lumateperone tosylate cap 42 mg	NP		•	•	
<b>chlorpromazine hcl tab 10 mg</b>	C				
<b>chlorpromazine hcl tab 25 mg</b>	C				
<b>chlorpromazine hcl tab 50 mg</b>	C				
<b>chlorpromazine hcl tab 100 mg</b>	C				
<b>chlorpromazine hcl tab 200 mg</b>	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			•	
<b>clozapine orally disintegrating tab 25 mg (Fazaclo)</b>	P			•	
<b>clozapine orally disintegrating tab 100 mg (Fazaclo)</b>	P			•	
<b>clozapine tab 25 mg (Clozaril)</b>	P			•	
<b>clozapine tab 50 mg</b>	P			•	
<b>clozapine tab 100 mg (Clozaril)</b>	P			•	
<b>clozapine tab 200 mg</b>	P			•	
CLOZARIL – clozapine tab 25 mg	NP		•	•	
CLOZARIL – clozapine tab 50 mg	NP		•	•	
CLOZARIL – clozapine tab 100 mg	NP		•	•	
CLOZARIL – clozapine tab 200 mg	NP		•	•	
FANAPT – iloperidone tab 1 mg	NP		•	•	
FANAPT – iloperidone tab 2 mg	NP		•	•	
FANAPT – iloperidone tab 4 mg	NP		•	•	
FANAPT – iloperidone tab 6 mg	NP		•	•	
FANAPT – iloperidone tab 8 mg	NP		•	•	

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
FANAPT – iloperidone tab 10 mg	NP		•	•	
FANAPT – iloperidone tab 12 mg	NP		•	•	
FANAPT TITRATION PACK – iloperidone tab 1 mg & 2 mg & 4 mg & 6 mg titration pak	NP		•	•	
<b>fluphenazine hcl tab 1 mg</b>	C				
<b>fluphenazine hcl tab 2.5 mg</b>	C				
<b>fluphenazine hcl tab 5 mg</b>	C				
<b>fluphenazine hcl tab 10 mg</b>	C				
GEODON – ziprasidone mesylate for inj 20 mg (base equivalent)	NP		•	•	
GEODON – ziprasidone hcl cap 20 mg	NP		•	•	
GEODON – ziprasidone hcl cap 40 mg	NP		•	•	
GEODON – ziprasidone hcl cap 60 mg	NP		•	•	
GEODON – ziprasidone hcl cap 80 mg	NP		•	•	
<b>haloperidol lactate inj 5 mg/ml</b> (Haldol)	C				
<b>haloperidol lactate oral conc 2 mg/ ml</b>	C				
<b>haloperidol tab 0.5 mg</b>	C				
<b>haloperidol tab 1 mg</b>	C				
<b>haloperidol tab 2 mg</b>	C				
<b>haloperidol tab 5 mg</b>	C				
<b>haloperidol tab 10 mg</b>	C				
<b>haloperidol tab 20 mg</b>	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		•	•	

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
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			•	
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				
<b>lithium carbonate cap 150 mg</b> (Lithium carbonate)	C				
<b>lithium carbonate cap 300 mg</b>	C				
<b>lithium carbonate cap 600 mg</b> (Lithium carbonate)	C				



Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
<b>lithium carbonate tab er 300 mg</b> (Lithobid)	C				
<b>lithium carbonate tab er 450 mg</b>	C				
<b>lithium carbonate tab 300 mg</b>	C				
<b>loxapine succinate cap 5 mg</b>	C				
<b>loxapine succinate cap 10 mg</b>	C				
<b>loxapine succinate cap 25 mg</b>	C				
<b>loxapine succinate cap 50 mg</b>	C				
NUPLAZID – pimavanserin tartrate cap 34 mg (base equivalent)	NP		•	•	
NUPLAZID – pimavanserin tartrate tab 10 mg (base equivalent)	NP		•	•	
<b>olanzapine for im inj 10 mg</b> (Zyprexa)	P			•	
<b>olanzapine orally disintegrating tab 5 mg</b> (Zyprexa zydis)	NP		•	•	
<b>olanzapine orally disintegrating tab 10 mg</b> (Zyprexa zydis)	NP		•	•	
<b>olanzapine orally disintegrating tab 15 mg</b> (Zyprexa zydis)	NP		•	•	
<b>olanzapine orally disintegrating tab 20 mg</b> (Zyprexa zydis)	NP		•	•	
<b>olanzapine tab 2.5 mg</b> (Zyprexa)	P			•	
<b>olanzapine tab 5 mg</b> (Zyprexa)	P			•	
<b>olanzapine tab 7.5 mg</b> (Zyprexa)	P			•	
<b>olanzapine tab 10 mg</b> (Zyprexa)	P			•	
<b>olanzapine tab 15 mg</b> (Zyprexa)	P			•	
<b>olanzapine tab 20 mg</b> (Zyprexa)	P			•	
<b>paliperidone tab er 24hr 1.5 mg</b> (Invega)	NP		•	•	
<b>paliperidone tab er 24hr 3 mg</b> (Invega)	NP		•	•	
<b>paliperidone tab er 24hr 6 mg</b> (Invega)	NP		•	•	
<b>paliperidone tab er 24hr 9 mg</b> (Invega)	NP		•	•	
<b>perphenazine tab 2 mg</b>	C				
<b>perphenazine tab 4 mg</b>	C				

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
<b>perphenazine tab 8 mg</b>	C				
<b>perphenazine tab 16 mg</b>	C				
<b>prochlorperazine maleate tab 5 mg</b> (base equivalent)	C				
<b>prochlorperazine maleate tab 10 mg (base equivalent)</b>	C				
<b>prochlorperazine suppos 25 mg</b>	C				
<b>quetiapine fumarate tab er 24hr 50 mg</b> (Seroquel xr)	P			•	
<b>quetiapine fumarate tab er 24hr 150 mg</b> (Seroquel xr)	P			•	
<b>quetiapine fumarate tab er 24hr 200 mg</b> (Seroquel xr)	P			•	
<b>quetiapine fumarate tab er 24hr 300 mg</b> (Seroquel xr)	P			•	
<b>quetiapine fumarate tab er 24hr 400 mg</b> (Seroquel xr)	P			•	
<b>quetiapine fumarate tab 25 mg</b> (Seroquel)	P			•	
<b>quetiapine fumarate tab 50 mg</b> (Seroquel)	P			•	
<b>quetiapine fumarate tab 100 mg</b> (Seroquel)	P			•	
<b>quetiapine fumarate tab 200 mg</b> (Seroquel)	P			•	
<b>quetiapine fumarate tab 300 mg</b> (Seroquel)	P			•	
<b>quetiapine fumarate tab 400 mg</b> (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		•	•	

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
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		•	•	
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			•	
RISPERIDONE ODT – risperidone orally disintegrating tab 0.25 mg	P			•	
<b>risperidone orally disintegrating tab 0.5 mg</b>	P			•	
<b>risperidone orally disintegrating tab 1 mg</b>	P			•	
<b>risperidone orally disintegrating tab 2 mg</b>	P			•	
<b>risperidone orally disintegrating tab 3 mg</b>	P			•	
<b>risperidone orally disintegrating tab 4 mg</b>	P			•	
<b>risperidone soln 1 mg/ml (Risperdal)</b>	P			•	
<b>risperidone tab 0.25 mg (Risperdal)</b>	P			•	
<b>risperidone tab 0.5 mg (Risperdal)</b>	P			•	
<b>risperidone tab 1 mg (Risperdal)</b>	P			•	
<b>risperidone tab 2 mg (Risperdal)</b>	P			•	
<b>risperidone tab 3 mg (Risperdal)</b>	P			•	
<b>risperidone tab 4 mg (Risperdal)</b>	P			•	

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
SAPHRIS – asenapine maleate sl tab 2.5 mg (base equiv)	NP		•	•	
SAPHRIS – asenapine maleate sl tab 5 mg (base equiv)	NP		•	•	
SAPHRIS – asenapine maleate sl tab 10 mg (base equiv)	NP		•	•	
SECUADO – asenapine td patch 24 hr 3.8 mg/24hr	NP		•	•	
SECUADO – asenapine td patch 24 hr 5.7 mg/24hr	NP		•	•	
SECUADO – asenapine td patch 24 hr 7.6 mg/24hr	NP		•	•	
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		•	•	
<b>thiothixene cap 1 mg</b>	C				
<b>thiothixene cap 2 mg</b>	C				
<b>thiothixene cap 5 mg</b>	C				
<b>thiothixene cap 10 mg</b>	C				
VERSACLOZ – clozapine susp 50 mg/ml	NP		•	•	

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
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		•	•	
VRAYLAR – cariprazine hcl cap 4.5 mg (base equivalent)	NP		•	•	
VRAYLAR – cariprazine hcl cap 6 mg (base equivalent)	NP		•	•	
<b>ziprasidone hcl cap 20 mg</b> (Geodon)	P			•	
<b>ziprasidone hcl cap 40 mg</b> (Geodon)	P			•	
<b>ziprasidone hcl cap 60 mg</b> (Geodon)	P			•	
<b>ziprasidone hcl cap 80 mg</b> (Geodon)	P			•	
<b>ziprasidone mesylate for inj 20 mg (base equivalent)</b> (Geodon)	NP		•	•	
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		•	•	

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
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		•	•	
<b>SLEEP AIDS</b>					
AMBIEN – zolpidem tartrate tab 5 mg	NP		•	•	
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		•	•	
<b>diphenhydramine hcl (sleep) tab 25 mg</b>	C				
<b>diphenhydramine-acetaminophen tab 25-500 mg (sleep)</b>	C				
EDLUAR – zolpidem tartrate sl tab 5 mg	NP		•	•	
EDLUAR – zolpidem tartrate sl tab 10 mg	NP		•	•	
<b>estazolam tab 1 mg</b>	C			•	
<b>estazolam tab 2 mg</b>	C			•	
<b>eszopiclone tab 1 mg</b> (Lunesta)	P			•	
<b>eszopiclone tab 2 mg</b> (Lunesta)	P			•	
<b>eszopiclone tab 3 mg</b> (Lunesta)	P			•	
HETLIOZ – tasimelteon capsule 20 mg	NP		••	•	
INTERMEZZO – zolpidem tartrate sl tab 1.75 mg	NP		•	•	
LUNESTA – eszopiclone tab 1 mg	NP		•	•	
LUNESTA – eszopiclone tab 2 mg	NP		•	•	
LUNESTA – eszopiclone tab 3 mg	NP		•	•	

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
<b>phenobarbital elixir 20 mg/5ml</b>	C				
<b>phenobarbital tab 15 mg</b>	C				
<b>phenobarbital tab 16.2 mg</b>	C				
<b>phenobarbital tab 30 mg</b>	C				
<b>phenobarbital tab 32.4 mg</b>	C				
<b>phenobarbital tab 60 mg</b>	C				
<b>phenobarbital tab 64.8 mg</b>	C				
<b>phenobarbital tab 97.2 mg</b>	C				
<b>phenobarbital tab 100 mg</b>	C				
<b>ramelteon tab 8 mg (Rozerem)</b>	NP		•	•	
ROZEREM – ramelteon tab 8 mg	P			•	
<b>temazepam cap 15 mg (Restoril)</b>	C			•	
<b>temazepam cap 30 mg (Restoril)</b>	C			•	
<b>zaleplon cap 5 mg</b>	P			•	
<b>zaleplon cap 10 mg</b>	P			•	
<b>zolpidem tartrate sl tab 1.75 mg (Intermezzo)</b>	NP		•	•	
<b>zolpidem tartrate sl tab 3.5 mg (Intermezzo)</b>	NP		•	•	
<b>zolpidem tartrate tab er 6.25 mg (Ambien cr)</b>	NP		•	•	
<b>zolpidem tartrate tab er 12.5 mg (Ambien cr)</b>	NP		•	•	
<b>zolpidem tartrate tab 5 mg (Ambien)</b>	P			•	
<b>zolpidem tartrate tab 10 mg (Ambien)</b>	P			•	
ZOLPIMIST – zolpidem tartrate oral spray 5 mg/act	NP		•	•	
<b>HYPERACTIVITY/NARCOLEPSY</b>					
<b>ADDERALL XR – amphetamine-dextroamphetamine cap er 24hr 5 mg</b>	NP		•	•	
<b>ADDERALL XR – amphetamine-dextroamphetamine cap er 24hr 10 mg</b>	NP		•	•	

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

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
ADZENYS XR-ODT – amphetamine tab extended release disintegrating 18.8 mg	NP		•	•	
<b>amphetamine sulfate tab 5 mg</b> (Evekeo)	NP		•	•	
<b>amphetamine sulfate tab 10 mg</b> (Evekeo)	NP		•	•	
<b>amphetamine-dextroamphetamine cap er 24hr 5 mg</b> (Adderall xr)	P			•	
<b>amphetamine-dextroamphetamine cap er 24hr 10 mg</b> (Adderall xr)	P			•	
<b>amphetamine-dextroamphetamine cap er 24hr 15 mg</b> (Adderall xr)	P			•	
<b>amphetamine-dextroamphetamine cap er 24hr 20 mg</b> (Adderall xr)	P			•	
<b>amphetamine-dextroamphetamine cap er 24hr 25 mg</b> (Adderall xr)	P			•	
<b>amphetamine-dextroamphetamine cap er 24hr 30 mg</b> (Adderall xr)	P			•	
<b>amphetamine-dextroamphetamine tab 5 mg</b> (Adderall)	P			•	
<b>amphetamine-dextroamphetamine tab 7.5 mg</b> (Adderall)	P			•	
<b>amphetamine-dextroamphetamine tab 10 mg</b> (Adderall)	P			•	
<b>amphetamine-dextroamphetamine tab 12.5 mg</b> (Adderall)	P			•	
<b>amphetamine-dextroamphetamine tab 15 mg</b> (Adderall)	P			•	
<b>amphetamine-dextroamphetamine tab 20 mg</b> (Adderall)	P			•	
<b>amphetamine-dextroamphetamine tab 30 mg</b> (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		•	•	

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
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		•	•	
<b>armodafinil tab 50 mg</b> (Nuvigil)	NP		•		
<b>armodafinil tab 150 mg</b> (Nuvigil)	NP		•		
<b>armodafinil tab 200 mg</b> (Nuvigil)	NP		•		
<b>armodafinil tab 250 mg</b> (Nuvigil)	NP		•		
<b>atomoxetine hcl cap 10 mg (base equiv)</b> (Strattera)	P			•	
<b>atomoxetine hcl cap 18 mg (base equiv)</b> (Strattera)	P			•	
<b>atomoxetine hcl cap 25 mg (base equiv)</b> (Strattera)	P			•	
<b>atomoxetine hcl cap 40 mg (base equiv)</b> (Strattera)	P			•	
<b>atomoxetine hcl cap 60 mg (base equiv)</b> (Strattera)	P			•	
<b>atomoxetine hcl cap 80 mg (base equiv)</b> (Strattera)	P			•	
<b>atomoxetine hcl cap 100 mg (base equiv)</b> (Strattera)	P			•	
<b>caffeine citrate oral soln 60 mg/3ml (10 mg/ml base equiv)</b>	C				
<b>clonidine hcl tab er 12hr 0.1 mg</b> (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		•	•	
<b>dexmethylphenidate hcl cap er 24 hr 5 mg</b> (Focalin xr)	NP		•	•	
<b>dexmethylphenidate hcl cap er 24 hr 10 mg</b> (Focalin xr)	NP		•	•	
<b>dexmethylphenidate hcl cap er 24 hr 15 mg</b> (Focalin xr)	NP		•	•	
<b>dexmethylphenidate hcl cap er 24 hr 20 mg</b> (Focalin xr)	NP		•	•	
<b>dexmethylphenidate hcl cap er 24 hr 25 mg</b> (Focalin xr)	NP		•	•	
<b>dexmethylphenidate hcl cap er 24 hr 30 mg</b> (Focalin xr)	NP		•	•	
<b>dexmethylphenidate hcl cap er 24 hr 35 mg</b> (Focalin xr)	NP		•	•	
<b>dexmethylphenidate hcl cap er 24 hr 40 mg</b> (Focalin xr)	NP		•	•	
<b>dexmethylphenidate hcl tab 2.5 mg</b> (Focalin)	P			•	

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
<b>dexmethylphenidate hcl tab 5 mg</b> (Focalin)	P			•	
<b>dexmethylphenidate hcl tab 10 mg</b> (Focalin)	P			•	
<b>dextroamphetamine sulfate cap er 24hr 5 mg</b> (Dexedrine)	P			•	
<b>dextroamphetamine sulfate cap er 24hr 10 mg</b> (Dexedrine)	P			•	
<b>dextroamphetamine sulfate cap er 24hr 15 mg</b> (Dexedrine)	P			•	
<b>dextroamphetamine sulfate oral solution 5 mg/5ml</b> (Procentra)	NP		•	•	
<b>dextroamphetamine sulfate tab 5 mg</b>	P			•	
<b>dextroamphetamine sulfate tab 5 mg</b> (Zenzedi)	NP		•	•	
<b>dextroamphetamine sulfate tab 10 mg</b>	P			•	
<b>dextroamphetamine sulfate tab 10 mg</b> (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 – dexamethylphenidate hcl cap er 24 hr 25 mg	P			•	
FOCALIN XR – dexamethylphenidate hcl cap er 24 hr 30 mg	P			•	
FOCALIN XR – dexamethylphenidate hcl cap er 24 hr 35 mg	P			•	
FOCALIN XR – dexamethylphenidate hcl cap er 24 hr 40 mg	P			•	
<b>guanfacine hcl tab er 24hr 1 mg (base equiv)</b> (Intuniv)	P			•	
<b>guanfacine hcl tab er 24hr 2 mg (base equiv)</b> (Intuniv)	P			•	
<b>guanfacine hcl tab er 24hr 3 mg (base equiv)</b> (Intuniv)	P			•	
<b>guanfacine hcl tab er 24hr 4 mg (base equiv)</b> (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		•	•	
<b>methylphenidate hcl cap er 10 mg (cd)</b>	P			•	

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
<b>methylphenidate hcl cap er 20 mg (cd)</b>	P			•	
<b>methylphenidate hcl cap er 30 mg (cd)</b>	P			•	
<b>methylphenidate hcl cap er 40 mg (cd)</b>	P			•	
<b>methylphenidate hcl cap er 50 mg (cd)</b>	P			•	
<b>methylphenidate hcl cap er 60 mg (cd)</b>	P			•	
<b>methylphenidate hcl cap er 24hr 10 mg (la)</b> (Ritalin la)	NP		•	•	
<b>methylphenidate hcl cap er 24hr 20 mg (la)</b> (Ritalin la)	NP		•	•	
<b>methylphenidate hcl cap er 24hr 30 mg (la)</b> (Ritalin la)	NP		•	•	
<b>methylphenidate hcl cap er 24hr 40 mg (la)</b> (Ritalin la)	NP		•	•	
<b>methylphenidate hcl cap er 24hr 60 mg (la)</b>	NP		•	•	
<b>methylphenidate hcl chew tab 2.5 mg</b>	P			•	
<b>methylphenidate hcl chew tab 5 mg</b>	P			•	
<b>methylphenidate hcl chew tab 10 mg</b>	P			•	
<b>methylphenidate hcl soln 5 mg/5ml</b> (Methylin)	NP		•	•	
<b>methylphenidate hcl soln 10 mg/5ml</b> (Methylin)	NP		•	•	
<b>methylphenidate hcl tab er osmotic release (osm) 18 mg</b> (Concerta)	P			•	
<b>methylphenidate hcl tab er osmotic release (osm) 27 mg</b> (Concerta)	P			•	
<b>methylphenidate hcl tab er osmotic release (osm) 36 mg</b> (Concerta)	P			•	

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
<b>methylphenidate hcl tab er osmotic release (osm) 54 mg</b> (Concerta)	P			•	
<b>methylphenidate hcl tab er 10 mg</b>	P			•	
<b>methylphenidate hcl tab er 20 mg</b>	P			•	
<b>methylphenidate hcl tab er 24hr 27 mg</b>	P			•	
<b>methylphenidate hcl tab er 24hr 36 mg</b>	P			•	
<b>methylphenidate hcl tab er 24hr 54 mg</b>	P			•	
<b>methylphenidate hcl tab 5 mg</b> (Ritalin)	P			•	
<b>methylphenidate hcl tab 10 mg</b> (Ritalin)	P			•	
<b>methylphenidate hcl tab 20 mg</b> (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			•	
<b>modafinil tab 100 mg</b> (Provigil)	C				
<b>modafinil tab 200 mg</b> (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		•	•	
<b>MULTIPLE SCLEROSIS</b>					
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 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	•	••	•	
<b>dalfampridine tab er 12hr 10 mg</b> (Ampyra)	C	•	•	•	
EXTAVIA – interferon beta-1b for inj kit 0.3 mg	NP	•	••	•	
GILENYA – fingolimod hcl cap 0.5 mg (base equiv)	P	•	•	•	
<b>glatiramer acetate soln prefilled syringe 20 mg/ml</b> (Copaxone)	NP	•	••	•	
<b>glatiramer acetate soln prefilled syringe 40 mg/ml</b> (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	•	••	•	
PLEGRIDY – peginterferon beta-1a soln pen-injector 125 mcg/0.5ml	NP	•	••	•	

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
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	•	••	•	
<b>OTHER CENTRAL NERVOUS SYSTEM DRUGS</b>					
<b>acamprosate calcium tab delayed release 333 mg</b>	C				
ARICEPT – donepezil hydrochloride tab 5 mg	NP		•		
ARICEPT – donepezil hydrochloride tab 10 mg	NP		•		
ARICEPT – donepezil hydrochloride tab 23 mg	NP		•		

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
BRISDELLE – paroxetine mesylate cap 7.5 mg (base equiv)	NP		•		
<b>bupropion hcl (smoking deterrent) tab er 12hr 150 mg (Zyban)</b>	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				
<b>disulfiram tab 250 mg (Antabuse)</b>	C				
<b>disulfiram tab 500 mg (Antabuse)</b>	C				
<b>donepezil hydrochloride orally disintegrating tab 5 mg</b>	P				
<b>donepezil hydrochloride orally disintegrating tab 10 mg</b>	P				
<b>donepezil hydrochloride tab 5 mg (Aricept)</b>	P				
<b>donepezil hydrochloride tab 10 mg (Aricept)</b>	P				
<b>donepezil hydrochloride tab 23 mg (Aricept)</b>	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		•		
<b>fluoxetine hcl (pmdd) tab 10 mg (Sarafem)</b>	NP		•		
<b>fluoxetine hcl (pmdd) tab 20 mg (Sarafem)</b>	NP		•		
<b>gabapentin cap 100 mg (Neurontin)</b>	P				
<b>gabapentin cap 300 mg (Neurontin)</b>	P				
<b>gabapentin cap 400 mg (Neurontin)</b>	P				

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy	Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
<b>gabapentin oral soln 250 mg/5ml</b> (Neurontin)	P					LYRICA CR – pregabalin tab er 24hr 82.5 mg	NP		•	•	
<b>gabapentin tab 600 mg</b> (Neurontin)	P					LYRICA CR – pregabalin tab er 24hr 165 mg	NP		•	•	
<b>gabapentin tab 800 mg</b> (Neurontin)	P					LYRICA CR – pregabalin tab er 24hr 330 mg	NP		•	•	
GALANTAMINE HYDROBROMIDE – galantamine hydrobromide oral soln 4 mg/ml	NP		•			<b>memantine hcl cap er 24hr 7 mg</b> (Namenda xr)	NP		•		
<b>galantamine hydrobromide cap er 24hr 8 mg</b> (Razadyne er)	NP		•			<b>memantine hcl cap er 24hr 14 mg</b> (Namenda xr)	NP		•		
<b>galantamine hydrobromide cap er 24hr 16 mg</b> (Razadyne er)	NP		•			<b>memantine hcl cap er 24hr 21 mg</b> (Namenda xr)	NP		•		
<b>galantamine hydrobromide cap er 24hr 24 mg</b> (Razadyne er)	NP		•			<b>memantine hcl cap er 24hr 28 mg</b> (Namenda xr)	NP		•		
<b>galantamine hydrobromide tab 4 mg</b> (Razadyne)	NP		•			<b>memantine hcl oral solution 2 mg/ ml</b>	NP		•		
<b>galantamine hydrobromide tab 8 mg</b> (Razadyne)	NP		•			<b>memantine hcl tab 5 mg</b> (Namenda)	P				
<b>galantamine hydrobromide tab 12 mg</b> (Razadyne)	NP		•			<b>memantine hcl tab 10 mg</b> (Namenda)	P				
GRALISE – gabapentin (once-daily) tab 300 mg	NP		•	•		NAMENDA – memantine hcl tab 5 mg	NP		•		
GRALISE – gabapentin (once-daily) tab 600 mg	NP		•	•		NAMENDA – memantine hcl tab 10 mg	NP		•		
HORIZANT – gabapentin enacarbil tab er 300 mg	NP		•	•		NAMENDA TITRATION PAK – memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack	NP		•		
HORIZANT – gabapentin enacarbil tab er 600 mg	NP		•	•		NAMENDA XR – memantine hcl cap er 24hr 7 mg	NP		•		
LUCEMYRA – lofexidine hcl tab 0.18 mg (base equivalent)	C		•	•		NAMENDA XR – memantine hcl cap er 24hr 14 mg	NP		•		
LYRICA – pregabalin soln 20 mg/ml	NP		•	•		NAMENDA XR – memantine hcl cap er 24hr 21 mg	NP		•		
LYRICA – pregabalin cap 25 mg	NP		•	•		NAMENDA XR – memantine hcl cap er 24hr 28 mg	NP		•		
LYRICA – pregabalin cap 50 mg	NP		•	•		NAMENDA XR TITRATION PACK – memantine hcl cap er 24hr 7 mg & 14 mg & 21 mg & 28 mg pack	NP		•		
LYRICA – pregabalin cap 75 mg	NP		•	•		NAMZARIC – memantine-donepezil cap er 24hr 7 & 14 & 21 & 28-10 mg pack	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		•	•							

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
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		•		
<b>nicotine polacrilex gum 2 mg</b>	P				
<b>nicotine polacrilex gum 4 mg</b>	P				
<b>nicotine polacrilex lozenge 2 mg</b>	P				
<b>nicotine polacrilex lozenge 4 mg</b>	P				
<b>nicotine td patch 24hr 7 mg/24hr</b>	P				
<b>nicotine td patch 24hr 14 mg/24hr</b>	P				
<b>nicotine td patch 24hr 21 mg/24hr</b>	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		•	•	
NUDEXTA – dextromethorphan hbr-quinidine sulfate cap 20-10 mg	C		•	•	
<b>olanzapine-fluoxetine hcl cap 3-25 mg (Symbyax)</b>	NP		•		
<b>olanzapine-fluoxetine hcl cap 6-25 mg (Symbyax)</b>	NP		•		

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
<b>olanzapine-fluoxetine hcl cap 6-50 mg (Symbyax)</b>	NP		•		
<b>olanzapine-fluoxetine hcl cap 12-25 mg</b>	NP		•		
<b>olanzapine-fluoxetine hcl cap 12-50 mg (Symbyax)</b>	NP		•		
<b>paroxetine mesylate cap 7.5 mg (base equiv) (Brisdelle)</b>	NP		•		
PIMOZIDE – pimozone tab 1 mg	C				
PIMOZIDE – pimozone tab 2 mg	C				
<b>pregabalin cap 25 mg (Lyrica)</b>	P			•	
<b>pregabalin cap 50 mg (Lyrica)</b>	P			•	
<b>pregabalin cap 75 mg (Lyrica)</b>	P			•	
<b>pregabalin cap 100 mg (Lyrica)</b>	P			•	
<b>pregabalin cap 150 mg (Lyrica)</b>	P			•	
<b>pregabalin cap 200 mg (Lyrica)</b>	P			•	
<b>pregabalin cap 225 mg (Lyrica)</b>	P			•	
<b>pregabalin cap 300 mg (Lyrica)</b>	P			•	
<b>pregabalin soln 20 mg/ml (Lyrica)</b>	NP		•	•	
RAZADYNE – galantamine hydrobromide tab 4 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		•		
<b>rivastigmine tartrate cap 1.5 mg (base equivalent)</b>	NP		•		
<b>rivastigmine tartrate cap 3 mg (base equivalent)</b>	NP		•		
<b>rivastigmine tartrate cap 4.5 mg (base equivalent)</b>	NP		•		
<b>rivastigmine tartrate cap 6 mg (base equivalent)</b>	NP		•		
<b>rivastigmine td patch 24hr 4.6 mg/24hr (Exelon)</b>	NP		•		

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
<b>rivastigmine td patch 24hr 9.5 mg/24hr</b> (Exelon)	NP		•		
<b>rivastigmine td patch 24hr 13.3 mg/24hr</b> (Exelon)	NP		•		
SARAFEM – fluoxetine hcl (pmdd) tab 10 mg	NP		•		
SARAFEM – fluoxetine hcl (pmdd) tab 20 mg	NP		•		
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 12-50 mg	NP		•		
TEGSEDI – inotersen sod subcutaneous pref syr 284 mg/1.5ml (base eq)	C	•	•	•	
<b>PAIN RELIEF DRUGS</b>					
<b>NON-NARCOTIC DRUGS</b>					
<b>acetaminophen cap 500 mg</b>	C				
<b>acetaminophen chew tab 80 mg</b>	C				
<b>acetaminophen chew tab 160 mg</b>	C				
<b>acetaminophen disintegrating tab 80 mg</b>	C				
<b>acetaminophen disintegrating tab 160 mg</b>	C				
<b>acetaminophen liquid 160 mg/5ml</b>	C				

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
<b>acetaminophen soln 160 mg/5ml</b>	C				
<b>acetaminophen suppos 120 mg</b>	C				
<b>acetaminophen suppos 325 mg</b>	C				
<b>acetaminophen suppos 650 mg</b>	C				
<b>acetaminophen susp 80 mg/0.8ml</b>	C				
<b>acetaminophen susp 160 mg/5ml</b>	C				
<b>acetaminophen tab er 650 mg</b>	C				
<b>acetaminophen tab 325 mg</b>	C				
<b>acetaminophen tab 500 mg</b>	C				
<b>aspirin buffered (ca carb-mg carb-mg ox) tab 325 mg</b>	C				
<b>aspirin chew tab 81 mg</b>	C				
<b>aspirin tab delayed release 81 mg</b>	C				
<b>aspirin tab delayed release 325 mg</b>	C				
<b>aspirin tab 325 mg</b>	C				
<b>aspirin-acetaminophen-caffeine tab 250-250-65 mg</b>	C				
<b>butalbital-acetaminophen tab 50-325 mg</b>	C			•	
FEVERALL INFANTS – acetaminophen suppos 80 mg	C				
<b>salsalate tab 500 mg</b>	C				
<b>salsalate tab 750 mg</b>	C				
TENCON – butalbital-acetaminophen tab 50-325 mg	C			•	
<b>NARCOTIC DRUGS</b>					
<b>acetaminophen w/ codeine soln 120-12 mg/5ml</b>	C			•	
<b>acetaminophen w/ codeine tab 300-15 mg</b> (Tylenol/codeine)	C			•	
<b>acetaminophen w/ codeine tab 300-30 mg</b> (Tylenol/codeine #3)	C			•	
<b>acetaminophen w/ codeine tab 300-60 mg</b> (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		•	•	
<b>buprenorphine hcl sl tab 2 mg (base equiv)</b>	NP		•	•	
<b>buprenorphine hcl sl tab 8 mg (base equiv)</b>	NP		•	•	
<b>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv) (Suboxone)</b>	NP		•	•	
<b>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv) (Suboxone)</b>	NP		•	•	

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
<b>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv) (Suboxone)</b>	NP		•	•	
<b>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv) (Suboxone)</b>	NP		•	•	
<b>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</b>	P			•	
<b>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</b>	P			•	
<b>buprenorphine td patch weekly 5 mcg/hr (Butrans)</b>	NP		•	•	
<b>buprenorphine td patch weekly 7.5 mcg/hr (Butrans)</b>	NP		•	•	
<b>buprenorphine td patch weekly 10 mcg/hr (Butrans)</b>	NP		•	•	
<b>buprenorphine td patch weekly 15 mcg/hr (Butrans)</b>	NP		•	•	
<b>buprenorphine td patch weekly 20 mcg/hr (Butrans)</b>	NP		•	•	
BUTORPHANOL TARTRATE – butorphanol tartrate inj 1 mg/ml	C				
<b>butorphanol tartrate nasal soln 10 mg/ml</b>	C			•	
CODEINE SULFATE – codeine sulfate tab 15 mg	C			•	
CODEINE SULFATE – codeine sulfate tab 60 mg	C			•	
<b>codeine sulfate tab 30 mg (Codeine sulfate)</b>	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		•	•	

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
<b>fentanyl citrate lozenge on a handle 200 mcg (Actiq)</b>	C		•	•	
<b>fentanyl citrate lozenge on a handle 400 mcg (Actiq)</b>	C		•	•	
<b>fentanyl citrate lozenge on a handle 600 mcg (Actiq)</b>	C		•	•	
<b>fentanyl citrate lozenge on a handle 800 mcg (Actiq)</b>	C		•	•	
<b>fentanyl citrate lozenge on a handle 1200 mcg (Actiq)</b>	C		•	•	
<b>fentanyl citrate lozenge on a handle 1600 mcg (Actiq)</b>	C		•	•	
<b>fentanyl td patch 72hr 12 mcg/hr (Duragesic)</b>	NP		•	•	
<b>fentanyl td patch 72hr 25 mcg/hr (Duragesic)</b>	P			•	
<b>fentanyl td patch 72hr 37.5 mcg/hr</b>	NP		•	•	
<b>fentanyl td patch 72hr 50 mcg/hr (Duragesic)</b>	P			•	
<b>fentanyl td patch 72hr 62.5 mcg/hr</b>	NP		•	•	
<b>fentanyl td patch 72hr 75 mcg/hr (Duragesic)</b>	NP		•	•	
<b>fentanyl td patch 72hr 87.5 mcg/hr</b>	NP		•	•	
<b>fentanyl td patch 72hr 100 mcg/hr (Duragesic)</b>	NP		•	•	
<b>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</b>	C			•	
<b>hydrocodone-acetaminophen tab 10-325 mg (Norco)</b>	C			•	
<b>hydrocodone-acetaminophen tab 5-325 mg (Norco)</b>	C			•	
<b>hydrocodone-acetaminophen tab 7.5-325 mg (Norco)</b>	C			•	
<b>hydrocodone-ibuprofen tab 7.5-200 mg</b>	C			•	
<b>HYDROMORPHONE HCL – hydromorphone hcl inj 4 mg/ml</b>	C				
<b>hydromorphone hcl liqd 1 mg/ml (Dilaudid)</b>	C			•	

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
<b>hydromorphone hcl tab er 24hr deter 8 mg</b>	NP		•	•	
<b>hydromorphone hcl tab er 24hr deter 12 mg</b>	NP		•	•	
<b>hydromorphone hcl tab er 24hr deter 16 mg</b>	NP		•	•	
<b>hydromorphone hcl tab er 24hr deter 32 mg</b>	NP		•	•	
<b>hydromorphone hcl tab 2 mg (Dilaudid)</b>	C			•	
<b>hydromorphone hcl tab 4 mg (Dilaudid)</b>	C			•	
<b>hydromorphone hcl tab 8 mg (Dilaudid)</b>	C			•	
<b>HYSINGLA ER – hydrocodone bitartrate tab er 24hr deter 20 mg</b>	NP		•	•	
<b>HYSINGLA ER – hydrocodone bitartrate tab er 24hr deter 30 mg</b>	NP		•	•	
<b>HYSINGLA ER – hydrocodone bitartrate tab er 24hr deter 40 mg</b>	NP		•	•	
<b>HYSINGLA ER – hydrocodone bitartrate tab er 24hr deter 60 mg</b>	NP		•	•	
<b>HYSINGLA ER – hydrocodone bitartrate tab er 24hr deter 80 mg</b>	NP		•	•	
<b>HYSINGLA ER – hydrocodone bitartrate tab er 24hr deter 100 mg</b>	NP		•	•	
<b>HYSINGLA ER – hydrocodone bitartrate tab er 24hr deter 120 mg</b>	NP		•	•	
<b>KADIAN – morphine sulfate cap er 24hr 10 mg</b>	NP		•	•	
<b>KADIAN – morphine sulfate cap er 24hr 20 mg</b>	NP		•	•	
<b>KADIAN – morphine sulfate cap er 24hr 30 mg</b>	NP		•	•	
<b>KADIAN – morphine sulfate cap er 24hr 40 mg</b>	NP		•	•	
<b>KADIAN – morphine sulfate cap er 24hr 50 mg</b>	NP		•	•	
<b>KADIAN – morphine sulfate cap er 24hr 60 mg</b>	NP		•	•	

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
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		•	•	
<b>methadone hcl conc 10 mg/ml</b> (Methadose)	C			•	
<b>methadone hcl soln 5 mg/5ml</b> (Methadone hcl)	C			•	
<b>methadone hcl soln 10 mg/5ml</b> (Methadone hcl)	C			•	
<b>methadone hcl tab for oral susp 40 mg</b>	C			•	
<b>methadone hcl tab 5 mg</b> (Dolophine)	NP		•	•	
<b>methadone hcl tab 10 mg</b> (Dolophine)	NP		•	•	
MORPHINE SULFATE – morphine sulfate tab 15 mg	C			•	
MORPHINE SULFATE – morphine sulfate tab 30 mg	C			•	
<b>morphine sulfate cap er 24hr 10 mg</b> (Kadian)	NP		•	•	
<b>morphine sulfate cap er 24hr 20 mg</b> (Kadian)	NP		•	•	
<b>morphine sulfate cap er 24hr 30 mg</b> (Kadian)	NP		•	•	
<b>morphine sulfate cap er 24hr 40 mg</b> (Kadian)	NP		•	•	
<b>morphine sulfate cap er 24hr 50 mg</b> (Kadian)	NP		•	•	
<b>morphine sulfate cap er 24hr 60 mg</b> (Kadian)	NP		•	•	
<b>morphine sulfate cap er 24hr 80 mg</b> (Kadian)	NP		•	•	
<b>morphine sulfate cap er 24hr 100 mg</b> (Kadian)	NP		•	•	

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
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		•	•	
<b>morphine sulfate oral soln 10 mg/5ml</b>	C			•	
<b>morphine sulfate oral soln 20 mg/5ml</b>	C			•	
<b>morphine sulfate oral soln 100 mg/5ml (20 mg/ml)</b>	C			•	
<b>morphine sulfate tab er 15 mg</b> (MS Contin)	P			•	
<b>morphine sulfate tab er 30 mg</b> (MS Contin)	P			•	
<b>morphine sulfate tab er 60 mg</b> (MS Contin)	P			•	
<b>morphine sulfate tab er 100 mg</b> (MS Contin)	P			•	
<b>morphine sulfate tab er 200 mg</b> (MS Contin)	P			•	
<b>morphine sulfate tab 15 mg</b> (Morphine sulfate)	C			•	
<b>morphine sulfate tab 30 mg</b> (Morphine sulfate)	C			•	
MS CONTIN – morphine sulfate tab er 15 mg	NP		•	•	



Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
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		•	•	
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		•	•	
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		•	•	
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		•	•	
<b>oxycodone hcl soln 5 mg/5ml</b>	C			•	
<b>oxycodone hcl tab 5 mg</b> (Roxicodone)	C			•	
<b>oxycodone hcl tab 10 mg</b>	C			•	
<b>oxycodone hcl tab 15 mg</b> (Roxicodone)	C			•	
<b>oxycodone hcl tab 20 mg</b>	C			•	

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
<b>oxycodone hcl tab 30 mg</b> (Roxicodone)	C			•	
<b>oxycodone w/ acetaminophen tab 5-325 mg</b> (Percocet)	C			•	
<b>oxycodone w/ acetaminophen tab 7.5-325 mg</b> (Percocet)	C			•	
<b>oxycodone w/ acetaminophen tab 10-325 mg</b> (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		•	•	
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		•	•	

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
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			•	
<b>tramadol hcl tab 50 mg (Ultram)</b>	C			•	
<b>tramadol-acetaminophen tab 37.5-325 mg (Ultracet)</b>	C			•	
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		•	•	

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
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		•	•	
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		•	•	
<b>RHEUMATOID AND OSTEOARTHRITIS</b>					
ACTEMRA ACTPEN – tocilizumab subcutaneous soln auto-injector 162 mg/0.9ml	NP	•	••	•	
ARCALYST – riloncept 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		•		
<b>celecoxib cap 50 mg (Celebrex)</b>	P				
<b>celecoxib cap 100 mg (Celebrex)</b>	P				
<b>celecoxib cap 200 mg (Celebrex)</b>	P				
<b>celecoxib cap 400 mg (Celebrex)</b>	P				
<b>diclofenac potassium tab 50 mg</b>	C				

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
<b>diclofenac sodium tab delayed release 25 mg</b>	P				
<b>diclofenac sodium tab delayed release 50 mg</b>	P				
<b>diclofenac sodium tab delayed release 75 mg</b>	P				
<b>diclofenac sodium tab er 24hr 100 mg</b>	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	•	••	•	
ENBREL SURECLICK – etanercept subcutaneous solution auto-injector 50 mg/ml	P	•	•	•	
<b>etodolac cap 200 mg</b>	C				
<b>etodolac cap 300 mg</b>	C				
<b>etodolac tab 400 mg</b> (Lodine)	C				
<b>etodolac tab 500 mg</b>	C				
FENOPROFEN CALCIUM – fenoprofen calcium cap 200 mg	NP		•		
FENOPROFEN CALCIUM – fenoprofen calcium cap 400 mg	NP		•		
<b>fenoprofen calcium tab 600 mg</b> (Nalfon)	NP		•		
<b>flurbiprofen tab 50 mg</b>	P				
<b>flurbiprofen tab 100 mg</b>	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	•	•	•	

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
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 80 mg/0.8ml	P	•	•	•	
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK – adalimumab prefilled syringe kit 80 mg/0.8ml & 40 mg/0.4ml	P	•	•	•	
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	•	•	•	
<b>ibuprofen chew tab 100 mg</b>	C				
<b>ibuprofen susp 40 mg/ml</b>	C				
<b>ibuprofen susp 100 mg/5ml(OTC)</b>	C				
<b>ibuprofen susp 100 mg/5ml(Rx)</b>	C				
<b>ibuprofen tab 200 mg</b>	C				
<b>ibuprofen tab 400 mg</b>	P				
<b>ibuprofen tab 600 mg</b>	P				
<b>ibuprofen tab 800 mg</b>	P				
<b>indomethacin cap 25 mg</b>	P				
<b>indomethacin cap 50 mg</b>	P				

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
KETOPROFEN – ketoprofen cap 25 mg	P				
KETOPROFEN – ketoprofen cap 50 mg	P				
<b>ketorolac tromethamine tab 10 mg</b>	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	•	••	•	
KEVZARA – sarilumab subcutaneous soln prefilled syringe 200 mg/1.14ml	NP	•	••	•	
KINERET – anakinra subcutaneous soln prefilled syringe 100 mg/0.67ml	NP	•	••	•	
<b>leflunomide tab 10 mg (Arava)</b>	C				
<b>leflunomide tab 20 mg (Arava)</b>	C				
<b>mefenamic acid cap 250 mg</b>	NP		•		
<b>meloxicam tab 7.5 mg (Mobic)</b>	P				
<b>meloxicam tab 15 mg (Mobic)</b>	P				
MOBIC – meloxicam tab 7.5 mg	NP		•		
MOBIC – meloxicam tab 15 mg	NP		•		
<b>nabumetone tab 500 mg</b>	P				
<b>nabumetone tab 750 mg</b>	P				
<b>naproxen sodium tab 220 mg</b>	C				
<b>naproxen sodium tab 275 mg</b>	P				
<b>naproxen sodium tab 550 mg</b>	P				
<b>naproxen tab ec 375 mg (Ec-naprosyn)</b>	P				
<b>naproxen tab ec 500 mg (Ec-naproxen)</b>	P				
<b>naproxen tab 250 mg</b>	P				
<b>naproxen tab 375 mg</b>	P				

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
<b>naproxen tab 500 mg</b>	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	•	••	•	
<b>oxaprozin tab 600 mg (Daypro)</b>	NP		•		
<b>piroxicam cap 10 mg (Feldene)</b>	C				
<b>piroxicam cap 20 mg (Feldene)</b>	C				
RINVOQ – upadacitinib tab er 24hr 15 mg	NP	•	••	•	
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	•	••	•	
<b>sulindac tab 150 mg</b>	P				
<b>sulindac tab 200 mg</b>	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	•	••	•	

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
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		•		
<b>MIGRAINE HEADACHES</b>					
AIMOVIG – erenumab-aooe subcutaneous soln auto-injector 70 mg/ml	NP		••	•	
AIMOVIG – erenumab-aooe subcutaneous soln auto-injector 140 mg/ml	NP		••	•	
AJOVY – fremanezumab-vfrm subcutaneous soln auto-inj 225 mg/1.5ml	P		•	•	
AJOVY – fremanezumab-vfrm subcutaneous soln pref syr 225 mg/1.5ml	P		•	•	
<b>almotriptan malate tab 6.25 mg</b>	NP		•	•	
<b>almotriptan malate tab 12.5 mg</b>	NP		•	•	
AMERGE – naratriptan hcl tab 1 mg (base equiv)	NP		•	•	
AMERGE – naratriptan hcl tab 2.5 mg (base equiv)	NP		•	•	
<b>dihydroergotamine mesylate inj 1 mg/ml (D.h.e. 45)</b>	C				
<b>eletriptan hydrobromide tab 20 mg (base equivalent) (Relpax)</b>	NP		•	•	
<b>eletriptan hydrobromide tab 40 mg (base equivalent) (Relpax)</b>	NP		•	•	
EMGALITY – galcanezumab-gnlm subcutaneous soln auto-injector 120 mg/ml	P		•	•	

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
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		•	•	
<b>frovatriptan succinate tab 2.5 mg (base equivalent) (Frova)</b>	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		•	•	
MAXALT-MLT – rizatriptan benzoate oral disintegrating tab 10 mg (base eq)	NP		•	•	
<b>naratriptan hcl tab 1 mg (base equiv) (Amerge)</b>	NP		•	•	
<b>naratriptan hcl tab 2.5 mg (base equiv) (Amerge)</b>	NP		•	•	
ONZETRA XSAIL – sumatriptan succinate exhaler powder 11 mg/nosepiece	NP		•	•	
RELPAK – eletriptan hydrobromide tab 20 mg (base equivalent)	P			•	
RELPAK – eletriptan hydrobromide tab 40 mg (base equivalent)	P			•	
<b>rizatriptan benzoate oral disintegrating tab 5 mg (base eq) (Maxalt-mlt)</b>	P			•	

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
<b>rizatriptan benzoate oral disintegrating tab 10 mg (base eq) (Maxalt-mlt)</b>	P			•	
<b>rizatriptan benzoate tab 5 mg (base equivalent)</b>	P			•	
<b>rizatriptan benzoate tab 10 mg (base equivalent) (Maxalt)</b>	P			•	
<b>sumatriptan nasal spray 5 mg/act (Imitrex)</b>	P			•	
<b>sumatriptan nasal spray 20 mg/act (Imitrex)</b>	P			•	
<b>SUMATRIPTAN SUCCINATE – sumatriptan succinate solution prefilled syringe 6 mg/0.5ml</b>	C			•	
<b>sumatriptan succinate inj 6 mg/0.5ml (Imitrex)</b>	C			•	
<b>sumatriptan succinate solution auto-injector 4 mg/0.5ml (Imitrex statdose sys)</b>	C			•	
<b>sumatriptan succinate solution auto-injector 6 mg/0.5ml (Imitrex statdose sys)</b>	C			•	
<b>sumatriptan succinate solution cartridge 4 mg/0.5ml (Imitrex statdose ref)</b>	C			•	
<b>sumatriptan succinate solution cartridge 6 mg/0.5ml (Imitrex statdose ref)</b>	C			•	
<b>sumatriptan succinate tab 25 mg (Imitrex)</b>	P			•	
<b>sumatriptan succinate tab 50 mg (Imitrex)</b>	P			•	
<b>sumatriptan succinate tab 100 mg (Imitrex)</b>	P			•	
<b>sumatriptan-naproxen sodium tab 85-500 mg (Treximet)</b>	NP		•	•	
<b>TOSYMRA – sumatriptan nasal spray 10 mg/act</b>	NP		•	•	
<b>TREXIMET – sumatriptan-naproxen sodium tab 85-500 mg</b>	NP		•	•	

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
<b>ZEMBRACE SYMTOUCH – sumatriptan succinate solution auto-injector 3 mg/0.5ml</b>	NP		•	•	
<b>zolmitriptan orally disintegrating tab 2.5 mg (Zomig zmt)</b>	NP		•	•	
<b>zolmitriptan orally disintegrating tab 5 mg (Zomig zmt)</b>	NP		•	•	
<b>zolmitriptan tab 2.5 mg (Zomig)</b>	NP		•	•	
<b>zolmitriptan tab 5 mg (Zomig)</b>	NP		•	•	
<b>ZOMIG – zolmitriptan tab 2.5 mg</b>	NP		•	•	
<b>ZOMIG – zolmitriptan tab 5 mg</b>	NP		•	•	
<b>ZOMIG – zolmitriptan nasal spray 2.5 mg/spray unit</b>	NP		•	•	
<b>ZOMIG – zolmitriptan nasal spray 5 mg/spray unit</b>	NP		•	•	
<b>ZOMIG ZMT – zolmitriptan orally disintegrating tab 2.5 mg</b>	NP		•	•	
<b>ZOMIG ZMT – zolmitriptan orally disintegrating tab 5 mg</b>	NP		•	•	
<b>GOUT</b>					
<b>allopurinol tab 100 mg (Zyloprim)</b>	C				
<b>allopurinol tab 300 mg (Zyloprim)</b>	C				
<b>COLCHICINE – colchicine cap 0.6 mg</b>	C				
<b>colchicine w/ probenecid tab 0.5-500 mg</b>	C				
<b>MITIGARE – colchicine cap 0.6 mg</b>	C				
<b>probenecid tab 500 mg</b>	C				
<b>NEUROMUSCULAR DRUGS</b>					
<b>SEIZURES</b>					
<b>APTIOM – eslicarbazepine acetate tab 200 mg</b>	NP		•		
<b>APTIOM – eslicarbazepine acetate tab 400 mg</b>	NP		•		
<b>APTIOM – eslicarbazepine acetate tab 600 mg</b>	NP		•		
<b>APTIOM – eslicarbazepine acetate tab 800 mg</b>	NP		•		

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
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		•		
<b>carbamazepine cap er 12hr 100 mg</b> (Carbatrol)	NP		•		
<b>carbamazepine cap er 12hr 200 mg</b> (Carbatrol)	NP		•		
<b>carbamazepine cap er 12hr 300 mg</b> (Carbatrol)	NP		•		
<b>carbamazepine chew tab 100 mg</b>	P				
<b>carbamazepine susp 100 mg/5ml</b> (Tegretol)	P				
<b>carbamazepine tab er 12hr 100 mg</b> (Tegretol-xr)	P				
<b>carbamazepine tab er 12hr 200 mg</b> (Tegretol-xr)	P				
<b>carbamazepine tab er 12hr 400 mg</b> (Tegretol-xr)	P				
<b>carbamazepine tab 200 mg</b> (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				
<b>clobazam suspension 2.5 mg/ml</b> (Onfi)	NP		•	•	
<b>clobazam tab 10 mg</b> (Onfi)	P			•	

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
<b>clobazam tab 20 mg</b> (Onfi)	P			•	
<b>clonazepam orally disintegrating tab 0.125 mg</b>	C			•	
<b>clonazepam orally disintegrating tab 0.25 mg</b>	C			•	
<b>clonazepam orally disintegrating tab 0.5 mg</b>	C			•	
<b>clonazepam orally disintegrating tab 1 mg</b>	C			•	
<b>clonazepam orally disintegrating tab 2 mg</b>	C			•	
<b>clonazepam tab 0.5 mg</b> (Klonopin)	C			•	
<b>clonazepam tab 1 mg</b> (Klonopin)	C			•	
<b>clonazepam tab 2 mg</b> (Klonopin)	C			•	
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			•	

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy	Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
DIAZEPAM RECTAL GEL – diazepam rectal gel delivery system 2.5 mg	NP		•	•		FELBATOL – felbamate susp 600 mg/5ml	P				
DIAZEPAM RECTAL GEL – diazepam rectal gel delivery system 10 mg	NP		•	•		FELBATOL – felbamate tab 400 mg	NP		•		
DIAZEPAM RECTAL GEL – diazepam rectal gel delivery system 20 mg	NP		•	•		FELBATOL – felbamate tab 600 mg	NP		•		
DILANTIN – phenytoin sodium extended cap 30 mg	P					FYCOMPA – perampanel susp 0.5 mg/ml	NP		•		
DILANTIN – phenytoin sodium extended cap 100 mg	P					FYCOMPA – perampanel tab 2 mg	NP		•		
DILANTIN INFATABS – phenytoin chew tab 50 mg	NP		•			FYCOMPA – perampanel tab 4 mg	NP		•		
DILANTIN-125 – phenytoin susp 125 mg/5ml	NP		•			FYCOMPA – perampanel tab 6 mg	NP		•		
<b>divalproex sodium cap delayed release sprinkle 125 mg</b> (Depakote sprinkles)	P					FYCOMPA – perampanel tab 8 mg	NP		•		
<b>divalproex sodium tab delayed release 125 mg</b> (Depakote)	P					FYCOMPA – perampanel tab 10 mg	NP		•		
<b>divalproex sodium tab delayed release 250 mg</b> (Depakote)	P					FYCOMPA – perampanel tab 12 mg	NP		•		
<b>divalproex sodium tab delayed release 500 mg</b> (Depakote)	P					GABITRIL – tiagabine hcl tab 2 mg	P				
<b>divalproex sodium tab er 24 hr 250 mg</b> (Depakote er)	P					GABITRIL – tiagabine hcl tab 4 mg	P				
<b>divalproex sodium tab er 24 hr 500 mg</b> (Depakote er)	P					GABITRIL – tiagabine hcl tab 12 mg	P				
EPIDIOLEX – cannabidiol soln 100 mg/ml	NP	•	••			GABITRIL – tiagabine hcl tab 16 mg	P				
<b>ethosuximide cap 250 mg</b> (Zarontin)	P					KEPPRA – levetiracetam oral soln 100 mg/ml	NP		•		
<b>ethosuximide soln 250 mg/5ml</b> (Zarontin)	P					KEPPRA – levetiracetam tab 250 mg	NP		•		
<b>felbamate susp 600 mg/5ml</b> (Felbatol)	P					KEPPRA – levetiracetam tab 500 mg	NP		•		
<b>felbamate tab 400 mg</b> (Felbatol)	P					KEPPRA – levetiracetam tab 750 mg	NP		•		
<b>felbamate tab 600 mg</b> (Felbatol)	P					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		•		



Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
LAMICTAL ODT – lamotrigine tab disint 21 x 25 mg & 7 x 50 mg titration kit	NP		•		
LAMICTAL ODT – lamotrigine tab disint 42 x 50mg & 14 x 100mg 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		•		
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 84 x 25 mg & 14 x 100 mg starter kit	NP		•		
LAMICTAL STARTER/TAKING VALPROATE – lamotrigine tab 35 x 25 mg starter kit	NP		•		
LAMICTAL XR – lamotrigine tab er 24hr 21 x 25 mg & 7 x 50 mg 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		•		

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
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		•		
<b>lamotrigine orally disintegrating tab 25 mg</b> (Lamictal odt)	NP		•		
<b>lamotrigine orally disintegrating tab 50 mg</b> (Lamictal odt)	NP		•		
<b>lamotrigine orally disintegrating tab 100 mg</b> (Lamictal odt)	NP		•		
<b>lamotrigine orally disintegrating tab 200 mg</b> (Lamictal odt)	NP		•		
<b>lamotrigine tab chewable dispersible 5 mg</b> (Lamictal chewable di)	P				
<b>lamotrigine tab chewable dispersible 25 mg</b> (Lamictal chewable di)	P				
<b>lamotrigine tab er 24hr 25 mg</b> (Lamictal xr)	P				
<b>lamotrigine tab er 24hr 50 mg</b> (Lamictal xr)	P				
<b>lamotrigine tab er 24hr 100 mg</b> (Lamictal xr)	P				
<b>lamotrigine tab er 24hr 200 mg</b> (Lamictal xr)	P				
<b>lamotrigine tab er 24hr 250 mg</b> (Lamictal xr)	P				
<b>lamotrigine tab er 24hr 300 mg</b> (Lamictal xr)	P				
<b>lamotrigine tab 25 mg</b> (Lamictal)	P				
<b>lamotrigine tab 100 mg</b> (Lamictal)	P				
<b>lamotrigine tab 150 mg</b> (Lamictal)	P				
<b>lamotrigine tab 200 mg</b> (Lamictal)	P				
<b>lamotrigine tab 35 x 25 mg starter kit</b> (Lamictal starter/tak)	P				

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
<b>lamotrigine tab 25 mg (42) &amp; 100 mg (7) starter kit</b> (Lamictal starter/not)	P				
<b>lamotrigine tab 84 x 25 mg &amp; 14 x 100 mg starter kit</b> (Lamictal starter/tak)	P				
<b>levetiracetam oral soln 100 mg/ml</b> (Keppra)	P				
<b>levetiracetam tab er 24hr 500 mg</b> (Keppra xr)	P				
<b>levetiracetam tab er 24hr 750 mg</b> (Keppra xr)	P				
<b>levetiracetam tab 250 mg</b> (Keppra)	P				
<b>levetiracetam tab 500 mg</b> (Keppra)	P				
<b>levetiracetam tab 750 mg</b> (Keppra)	P				
<b>levetiracetam tab 1000 mg</b> (Keppra)	P				
<b>MYSOLINE – primidone tab 50 mg</b>	NP		•		
<b>MYSOLINE – primidone tab 250 mg</b>	NP		•		
<b>NAYZILAM – midazolam nasal spray soln 5 mg/0.1 ml</b>	NP		•	•	
<b>ONFI – clobazam suspension 2.5 mg/ml</b>	NP		•	•	
<b>ONFI – clobazam tab 10 mg</b>	NP		•	•	
<b>ONFI – clobazam tab 20 mg</b>	NP		•	•	
<b>oxcarbazepine susp 300 mg/5ml (60 mg/ml)</b> (Trileptal)	P				
<b>oxcarbazepine tab 150 mg</b> (Trileptal)	P				
<b>oxcarbazepine tab 300 mg</b> (Trileptal)	P				
<b>oxcarbazepine tab 600 mg</b> (Trileptal)	P				
<b>OXTELLAR XR – oxcarbazepine tab er 24hr 150 mg</b>	NP		•		
<b>OXTELLAR XR – oxcarbazepine tab er 24hr 300 mg</b>	NP		•		
<b>OXTELLAR XR – oxcarbazepine tab er 24hr 600 mg</b>	NP		•		
<b>PEGANONE – ethotoin tab 250 mg</b>	P				

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
<b>PHENYTEK – phenytoin sodium extended cap 200 mg</b>	P				
<b>PHENYTEK – phenytoin sodium extended cap 300 mg</b>	P				
<b>phenytoin chew tab 50 mg</b> (Dilantin infatabs)	P				
<b>phenytoin sodium extended cap 100 mg</b> (Dilantin)	P				
<b>phenytoin sodium extended cap 200 mg</b> (Phenytek)	P				
<b>phenytoin sodium extended cap 300 mg</b> (Phenytek)	P				
<b>phenytoin susp 125 mg/5ml</b> (Dilantin-125)	P				
<b>primidone tab 50 mg</b> (Mysoline)	P				
<b>primidone tab 250 mg</b> (Mysoline)	P				
<b>QUDEXY XR – topiramate cap er 24hr sprinkle 25 mg</b>	NP		•		
<b>QUDEXY XR – topiramate cap er 24hr sprinkle 50 mg</b>	NP		•		
<b>QUDEXY XR – topiramate cap er 24hr sprinkle 100 mg</b>	NP		•		
<b>QUDEXY XR – topiramate cap er 24hr sprinkle 150 mg</b>	NP		•		
<b>QUDEXY XR – topiramate cap er 24hr sprinkle 200 mg</b>	NP		•		
<b>SABRIL – vigabatrin tab 500 mg</b>	NP	•	•		
<b>SABRIL – vigabatrin powd pack 500 mg</b>	NP	•	•		
<b>SPRITAM – levetiracetam tab disintegrating soluble 250 mg</b>	NP		•		
<b>SPRITAM – levetiracetam tab disintegrating soluble 500 mg</b>	NP		•		
<b>SPRITAM – levetiracetam tab disintegrating soluble 750 mg</b>	NP		•		
<b>SPRITAM – levetiracetam tab disintegrating soluble 1000 mg</b>	NP		•		
<b>TEGRETOL – carbamazepine tab 200 mg</b>	NP		•		

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
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		•		
<b>tiagabine hcl tab 2 mg</b> (Gabitril)	NP		•		
<b>tiagabine hcl tab 4 mg</b> (Gabitril)	NP		•		
<b>tiagabine hcl tab 12 mg</b> (Gabitril)	NP		•		
<b>tiagabine hcl tab 16 mg</b> (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		•		
<b>topiramate sprinkle cap 15 mg</b> (Topamax sprinkle)	P				
<b>topiramate sprinkle cap 25 mg</b> (Topamax sprinkle)	P				
<b>topiramate tab 25 mg</b> (Topamax)	P				
<b>topiramate tab 50 mg</b> (Topamax)	P				
<b>topiramate tab 100 mg</b> (Topamax)	P				
<b>topiramate tab 200 mg</b> (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		•		

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
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		•		
<b>valproate sodium oral soln 250 mg/5ml (base equiv)</b> (Depakene)	P				
<b>valproic acid cap 250 mg</b> (Depakene)	P				
<b>vigabatrin powd pack 500 mg</b> (Sabril)	NP	•	•		
<b>vigabatrin tab 500 mg</b> (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		•		
<b>zonisamide cap 25 mg</b> (Zonegran)	P				
<b>zonisamide cap 50 mg</b>	P				
<b>zonisamide cap 100 mg</b> (Zonegran)	P				
<b>PARKINSON'S DISEASE</b>					
<b>benztropine mesylate tab 0.5 mg</b>	C				
<b>benztropine mesylate tab 1 mg</b>	C				
<b>benztropine mesylate tab 2 mg</b>	C				
<b>bromocriptine mesylate cap 5 mg (base equivalent)</b> (Parlodel)	C				

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
<b>bromocriptine mesylate tab 2.5 mg (base equivalent)</b> (Parlodel)	C				
<b>carbidopa &amp; levodopa orally disintegrating tab 10-100 mg</b>	P				
<b>carbidopa &amp; levodopa orally disintegrating tab 25-100 mg</b>	P				
<b>carbidopa &amp; levodopa orally disintegrating tab 25-250 mg</b>	P				
<b>carbidopa &amp; levodopa tab er 25-100 mg</b> (Sinemet cr)	P				
<b>carbidopa &amp; levodopa tab er 50-200 mg</b> (Sinemet cr)	P				
<b>carbidopa &amp; levodopa tab 10-100 mg</b> (Sinemet)	P				
<b>carbidopa &amp; levodopa tab 25-100 mg</b> (Sinemet)	P				
<b>carbidopa &amp; levodopa tab 25-250 mg</b> (Sinemet)	P				
<b>entacapone tab 200 mg</b> (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 0.5 mg	NP		•		
MIRAPEX – pramipexole dihydrochloride tab 0.75 mg	NP		•		
MIRAPEX – pramipexole dihydrochloride tab 1 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		•		

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
MIRAPEX ER – pramipexole dihydrochloride tab er 24hr 2.25 mg	NP		•		
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	•	•		
<b>pramipexole dihydrochloride tab er 24hr 0.375 mg</b> (Mirapex er)	NP		•		
<b>pramipexole dihydrochloride tab er 24hr 0.75 mg</b> (Mirapex er)	NP		•		
<b>pramipexole dihydrochloride tab er 24hr 1.5 mg</b> (Mirapex er)	NP		•		
<b>pramipexole dihydrochloride tab er 24hr 2.25 mg</b> (Mirapex er)	NP		•		
<b>pramipexole dihydrochloride tab er 24hr 3 mg</b> (Mirapex er)	NP		•		
<b>pramipexole dihydrochloride tab er 24hr 3.75 mg</b> (Mirapex er)	NP		•		
<b>pramipexole dihydrochloride tab er 24hr 4.5 mg</b> (Mirapex er)	NP		•		
<b>pramipexole dihydrochloride tab 0.125 mg</b> (Mirapex)	P				
<b>pramipexole dihydrochloride tab 0.25 mg</b> (Mirapex)	P				
<b>pramipexole dihydrochloride tab 0.5 mg</b> (Mirapex)	P				
<b>pramipexole dihydrochloride tab 0.75 mg</b> (Mirapex)	P				
<b>pramipexole dihydrochloride tab 1 mg</b> (Mirapex)	P				
<b>pramipexole dihydrochloride tab 1.5 mg</b> (Mirapex)	P				
REQUIP XL – ropinirole hydrochloride tab er 24hr 6 mg (base equivalent)	NP		•		

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
REQUIP XL – ropinirole hydrochloride tab er 24hr 12 mg (base equivalent)	NP		•		
<b>ropinirole hydrochloride tab er 24hr 2 mg (base equivalent)</b>	NP		•		
<b>ropinirole hydrochloride tab er 24hr 4 mg (base equivalent)</b> (Requip xl)	NP		•		
<b>ropinirole hydrochloride tab er 24hr 6 mg (base equivalent)</b>	NP		•		
<b>ropinirole hydrochloride tab er 24hr 8 mg (base equivalent)</b> (Requip xl)	NP		•		
<b>ropinirole hydrochloride tab er 24hr 12 mg (base equivalent)</b>	NP		•		
<b>ropinirole hydrochloride tab 0.25 mg</b>	P				
<b>ropinirole hydrochloride tab 0.5 mg</b>	P				
<b>ropinirole hydrochloride tab 1 mg</b>	P				
<b>ropinirole hydrochloride tab 2 mg</b>	P				
<b>ropinirole hydrochloride tab 3 mg</b>	P				
<b>ropinirole hydrochloride tab 4 mg</b>	P				
<b>ropinirole hydrochloride tab 5 mg</b>	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				
<b>selegiline hcl cap 5 mg</b>	C				
SINEMET – carbidopa & levodopa tab 10-100 mg	NP		•		
SINEMET – carbidopa & levodopa tab 25-100 mg	NP		•		

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
SINEMET – carbidopa & levodopa tab 25-250 mg	NP		•		
<b>trihexyphenidyl hcl oral soln 0.4 mg/ml</b>	C				
<b>trihexyphenidyl hcl tab 2 mg</b>	C				
<b>trihexyphenidyl hcl tab 5 mg</b>	C				
XADAGO – safinamide mesylate tab 50 mg (base equiv)	NP		•		
XADAGO – safinamide mesylate tab 100 mg (base equiv)	NP		•		
<b>MUSCLE RELAXANTS</b>					
<b>baclofen tab 10 mg</b>	C				
<b>baclofen tab 20 mg</b>	C				
<b>chlorzoxazone tab 500 mg</b>	C				
<b>cyclobenzaprine hcl tab 5 mg</b>	C				
<b>cyclobenzaprine hcl tab 10 mg</b>	C				
<b>dantrolene sodium cap 25 mg</b> (Dantrium)	C				
<b>dantrolene sodium cap 50 mg</b> (Dantrium)	C				
<b>methocarbamol tab 500 mg</b> (Robaxin)	C				
<b>methocarbamol tab 750 mg</b> (Robaxin-750)	C				
<b>orphenadrine citrate tab er 12hr 100 mg</b>	C				
<b>tizanidine hcl tab 2 mg (base equivalent)</b>	C				
<b>tizanidine hcl tab 4 mg (base equivalent)</b> (Zanaflex)	C				
<b>OTHER NEUROMUSCULAR DRUGS</b>					
FIRDAPSE – amifampridine phosphate tab 10 mg (base equivalent)	C	•	•	•	
<b>pyridostigmine bromide tab 60 mg</b> (Mestinon)	C				
<b>riluzole tab 50 mg</b> (Rilutek)	C	•			
RUZURGI – amifampridine tab 10 mg	C	•	•	•	

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
<b>SUPPLEMENTS</b>					
<b>VITAMINS</b>					
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				
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				

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
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 cap 2400 mcg (8000 unit)	C				
vitamin a cap 3 mg (10000 unit)	C				
vitamin a cap 7.5 mg (25000 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				
<b>MULTIVITAMINS</b>					
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				
b-complex vitamin inj	C				
b-complex w/ c & folic acid cap 1 mg	C				

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
<b>b-complex w/ c &amp; folic acid tab(OTC)</b>	C				
<b>b-complex w/ c &amp; folic acid tab(Rx)</b>	C				
<b>b-complex w/ c &amp; folic acid tab 0.8 mg</b>	C				
<b>b-complex w/ c &amp; folic acid tab 1 mg (Nephro-vite rx)</b>	C				
<b>b-complex w/ c &amp; folic acid tab 5 mg</b>	C				
BASIC AM – multiple vitamins w/ minerals tab	C				
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				
BPROTECTED PEDIA POLY-VITE – pediatric multiple vitamins w/ iron drops 10 mg/ml	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				

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
CENTRUM SILVER ULTRA WOMENS – 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				
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				

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
CVS PRENATAL – prenatal vit w/ fe fumarate-fa tab 27-0.8 mg	C				
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				

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
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				
ICAPS AREDS FORMULA – 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				
M-NATAL PLUS – prenatal vit w/ fe fumarate-fa tab 27-1 mg	C				



Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
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				
<b>multiple vitamin tab</b>	C				
<b>multiple vitamins w/ iron tab</b>	C				
<b>multiple vitamins w/ minerals cap</b>	C				
<b>multiple vitamins w/ minerals liquid</b>	C				
<b>multiple vitamins w/ minerals tab (Strovite forte)</b>	C				
MULTIVITAMIN ADULTS – multiple vitamins w/ minerals tab	C				

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
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				
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				
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				

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
PARVLEX – multiple vitamins w/ minerals tab	C				
<b>pediatric multiple vitamin w/ c &amp; fa chew tab</b>	C				
<b>pediatric multiple vitamin w/ c soln 35 mg/ml</b>	C				
<b>pediatric multiple vitamin w/ minerals &amp; c chew tab</b>	C				
<b>pediatric multiple vitamin w/ minerals &amp; c drops 45 mg/ml</b>	C				
<b>pediatric multiple vitamins w/ fl-fe drops 0.25-10 mg/ml</b>	C				
<b>pediatric multiple vitamins w/ fluoride chew tab 0.25 mg</b>	C				
<b>pediatric multiple vitamins w/ fluoride chew tab 0.5 mg</b>	C				
<b>pediatric multiple vitamins w/ fluoride chew tab 1 mg</b>	C				
<b>pediatric multiple vitamins w/ fluoride soln 0.25 mg/ml</b>	C				
<b>pediatric multiple vitamins w/ fluoride soln 0.5 mg/ml</b>	C				
<b>pediatric multiple vitamins w/ iron chew tab 15 mg</b>	C				
<b>pediatric multiple vitamins w/ iron chew tab 18 mg</b>	C				
<b>pediatric vitamins acid w/ fluoride soln 0.25 mg/ml</b>	C				
<b>pediatric vitamins acid w/ fluoride soln 0.5 mg/ml</b>	C				
PNV FOLIC ACID + IRON MULTIVITAMIN – prenatal vit w/ fe fumarate-fa tab 27-1 mg	C				
PNV PRENATAL PLUS MULTIVITAMIN – prenatal vit w/ fe fumarate-fa tab 27-1 mg	C				
POLY-VI-SOL – pediatric multiple vitamin w/ c soln 50 mg/ml	C				
POLY-VI-SOL/IRON – pediatric multiple vitamins w/ iron drops 11 mg/ml	C				

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
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				
<b>prenatal vit w/ fe fumarate-fa tab 28-0.8 mg</b>	C				
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				

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

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
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-M – multiple vitamins w/ minerals tab	C				
TRINATE – prenatal vit w/ fe fumarate-fa tab 28-1 mg	C				
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				

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
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				
<b>MINERALS AND ELECTROLYTES</b>					
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				
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				
<b>calcium carb-vit d w/ minerals chew tab 600 mg-400 unit</b>	C				
<b>calcium carb-vit d w/ minerals chew tab 600 mg-800 unit</b>	C				
<b>calcium carb-vit d w/ minerals chew tab 1200 mg-1000 unit</b>	C				

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
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				
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				

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
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				
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				

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
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				
<b>calcium 500 mg w/ vitamin d tab</b>	C				
<b>calcium 600 mg w/ vitamin d tab</b>	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				
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				
MAGNESIUM CHLORIDE – magnesium chloride inj 200 mg/ml	C				

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
<b>magnesium chloride tab dr 64 mg (elemental mg)</b>	C				
MAGNESIUM GLUCONATE – magnesium gluconate tab 500 mg	C				
<b>magnesium gluconate tab 500 mg (27 mg elemental mg)</b>	C				
<b>magnesium gluconate tab 27.5 mg (elemental mg)</b>	C				
<b>magnesium oxide tab 400 mg (240 mg elemental mg)</b>	C				
<b>magnesium oxide tab 400 mg (241.3 mg elemental mg)</b>	C				
<b>magnesium oxide tab 500 mg (mg supplement)</b>	C				
<b>magnesium tab 250 mg</b>	C				
<b>oral electrolyte solution</b>	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				
<b>oyster shell calcium tab 500 mg</b>	C				
OYSTER SHELL CALCIUM/ VITAMIN D – calcium carbonate-cholecalciferol tab 250 mg-250 unit	C				
<b>pot phos monobasic w/sod phos di &amp; monobas tab 155-852-130mg (K-phos neutral)</b>	C				
<b>potassium chloride cap er 8 meq</b>	C				
<b>potassium chloride cap er 10 meq</b>	C				
<b>potassium chloride microencapsulated crys er tab 10 meq</b>	C				
<b>potassium chloride microencapsulated crys er tab 20 meq</b>	C				
<b>potassium chloride oral soln 10% (20 meq/15ml)</b>	C				

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
<b>potassium chloride oral soln 20% (40 meq/15ml)</b>	C				
<b>potassium chloride powder packet 20 meq</b>	C				
<b>potassium chloride tab er 8 meq (600 mg)</b>	C				
<b>potassium chloride tab er 10 meq (K-tab)</b>	C				
<b>sodium chloride preservative free (pf) inj 0.9%</b>	C				
<b>sodium chloride tab 1 gm</b>	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				
<b>sodium fluoride chew tab 0.25 mg f (from 0.55 mg naf)</b>	C				
<b>sodium fluoride chew tab 0.5 mg f (from 1.1 mg naf)</b>	C				
<b>sodium fluoride chew tab 1 mg f (from 2.2 mg naf)</b>	C				
<b>sodium fluoride soln 0.125 mg/drop f (0.275 mg/drop naf)</b>	C				
<b>sodium fluoride soln 0.5 mg/ml f (from 1.1 mg/ml naf)</b>	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	•			

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
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	•			
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	•			
AGGRENOLX – aspirin-dipyridamole cap er 12hr 25-200 mg	P				
ALPHANATE/VON WILLEBRAND FACTOR COMPLEX/HUMAN –	C	•			

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
antihemophilic factor/vwf (human) for inj 250 unit					
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	•			
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	•	•		

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
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	•	•		
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		•	•	



Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
ARIXTRA – fondaparinux sodium subcutaneous inj 10 mg/0.8ml	NP		•	•	
<b>aspirin-dipyridamole cap er 12hr 25-200 mg (Aggrenox)</b>	NP		•		
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	•	•	•	
BRILINTA – ticagrelor tab 60 mg	NP		•		
BRILINTA – ticagrelor tab 90 mg	NP		•		
CABLIVI – caplacizumab-yhdp for inj kit 11 mg	C	•		•	
<b>cilostazol tab 50 mg</b>	C				
<b>cilostazol tab 100 mg</b>	C				
CINRYZE – c1 esterase inhibitor (human) for iv inj 500 unit	NP	•	••	•	
<b>clopidogrel bisulfate tab 75 mg (base equiv) (Plavix)</b>	P				
<b>clopidogrel bisulfate tab 300 mg (base equiv)</b>	P				
COAGADEX – coagulation factor x (human) for inj 250 unit	C	•			
COAGADEX – coagulation factor x (human) for inj 500 unit	C	•			
<b>cyanocobalamin inj 1000 mcg/ml</b>	C				
<b>cyanocobalamin tab er 1000 mcg</b>	C				
<b>cyanocobalamin tab 100 mcg</b>	C				
<b>cyanocobalamin tab 250 mcg</b>	C				
<b>cyanocobalamin tab 500 mcg</b>	C				
<b>cyanocobalamin tab 1000 mcg</b>	C				

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
<b>dipyridamole tab 25 mg</b>	P				
<b>dipyridamole tab 50 mg</b>	P				
<b>dipyridamole tab 75 mg</b>	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 rcmb (bdd-rfviiiifc) for inj 250 unit	C	•			
ELOCTATE – antihemophilic factor rcmb (bdd-rfviiiifc) for inj 500 unit	C	•			
ELOCTATE – antihemophilic factor rcmb (bdd-rfviiiifc) for inj 750 unit	C	•			
ELOCTATE – antihemophilic factor rcmb (bdd-rfviiiifc) for inj 1000 unit	C	•			
ELOCTATE – antihemophilic factor rcmb (bdd-rfviiiifc) for inj 1500 unit	C	•			
ELOCTATE – antihemophilic factor rcmb (bdd-rfviiiifc) for inj 2000 unit	C	•			
ELOCTATE – antihemophilic factor rcmb (bdd-rfviiiifc) for inj 3000 unit	C	•			
ELOCTATE – antihemophilic factor rcmb (bdd-rfviiiifc) for inj 4000 unit	C	•			
ELOCTATE – antihemophilic factor rcmb (bdd-rfviiiifc) for inj 5000 unit	C	•			
ELOCTATE – antihemophilic factor rcmb (bdd-rfviiiifc) for inj 6000 unit	C	•			

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
ENDARI – glutamine (sickle cell) powd pack 5 gm	C	•	•		
<b>enoxaparin sodium inj 30 mg/0.3ml</b> (Lovenox)	P			•	
<b>enoxaparin sodium inj 40 mg/0.4ml</b> (Lovenox)	P			•	
<b>enoxaparin sodium inj 60 mg/0.6ml</b> (Lovenox)	P			•	
<b>enoxaparin sodium inj 80 mg/0.8ml</b> (Lovenox)	P			•	
<b>enoxaparin sodium inj 100 mg/ml</b> (Lovenox)	P			•	
<b>enoxaparin sodium inj 120 mg/0.8ml</b> (Lovenox)	P			•	
<b>enoxaparin sodium inj 150 mg/ml</b> (Lovenox)	P			•	
<b>enoxaparin sodium inj 300 mg/3ml</b> (Lovenox)	P			•	
EPOGEN – epoetin alfa inj 2000 unit/ml	P	•	•		
EPOGEN – epoetin alfa inj 3000 unit/ml	P	•	•		
EPOGEN – epoetin alfa inj 4000 unit/ml	P	•	•		
EPOGEN – epoetin alfa inj 10000 unit/ml	P	•	•		
EPOGEN – epoetin alfa inj 20000 unit/ml	P	•	•		
ESPEROCT – antihemophilic factor recomb glycopeg-exei for inj 500 unit	C				
ESPEROCT – antihemophilic factor recomb glycopeg-exei for inj 1000 unit	C				
ESPEROCT – antihemophilic factor recomb glycopeg-exei for inj 1500 unit	C				
ESPEROCT – antihemophilic factor recomb glycopeg-exei for inj 2000 unit	C				

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
ESPEROCT – antihemophilic factor recomb glycopeg-exei for inj 3000 unit	C				
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				
<b>ferrous fumarate tab 324 mg</b> <b>(106 mg elemental fe)</b>	C				
FERROUS GLUCONATE – ferrous gluconate tab 324 mg (38 mg elemental iron)	C				
<b>ferrous gluconate tab 240 mg</b> <b>(27 mg elemental fe)</b>	C				
<b>ferrous gluconate tab 324 mg</b> <b>(37.5 mg elemental iron)</b>	C				
FERROUS SULFATE – ferrous sulfate tab ec 324 mg (65 mg fe equivalent)	C				
<b>ferrous sulfate dried tab er 160 mg</b> <b>(50 mg fe equivalent)</b>	C				
<b>ferrous sulfate elixir 220 mg/5ml</b> <b>(44 mg/5ml elemental fe)</b>	C				
<b>ferrous sulfate soln 75 mg/ml</b> <b>(15 mg/ml elemental fe)</b>	C				
<b>ferrous sulfate tab ec 325 mg</b> <b>(65 mg fe equivalent)</b>	C				
<b>ferrous sulfate tab er 142 mg</b> <b>(45 mg fe equivalent)</b>	C				
<b>ferrous sulfate tab 325 mg (65 mg elemental fe)</b>	C				
FIRAZYR – icatibant acetate inj 30 mg/3ml (base equivalent)	NP	•	••	•	
<b>folic acid tab 400 mcg</b>	C				
<b>folic acid tab 800 mcg</b>	C				
<b>folic acid tab 1 mg</b>	C				

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
<b>folic acid-vitamin b6-vitamin b12 tab 2.2-25-0.5 mg</b>	C				
<b>fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml (Arixtra)</b>	NP		•	•	
<b>fondaparinux sodium subcutaneous inj 5 mg/0.4ml (Arixtra)</b>	NP		•	•	
<b>fondaparinux sodium subcutaneous inj 7.5 mg/0.6ml (Arixtra)</b>	NP		•	•	
<b>fondaparinux sodium subcutaneous inj 10 mg/0.8ml (Arixtra)</b>	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	•			

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
HAEGARDA – c1 esterase inhibitor (human) for subcutaneous inj 2000 unit	NP	•	••	•	
HAEGARDA – c1 esterase inhibitor (human) for subcutaneous inj 3000 unit	NP	•	••	•	
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	•			
<b>icatibant acetate inj 30 mg/3ml (base equivalent) (Firazyr)</b>	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	•			

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
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	•			

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
KOGENATE FS – antihemophilic factor (recombinant) for inj kit 3000 unit	C	•			
KOVALTRY – antihemophilic factor rahf-pfm for inj 250 unit	C	•			
KOVALTRY – antihemophilic factor rahf-pfm for inj 500 unit	C	•			
KOVALTRY – antihemophilic factor rahf-pfm for inj 1000 unit	C	•			
KOVALTRY – antihemophilic factor rahf-pfm for inj 2000 unit	C	•			
KOVALTRY – antihemophilic factor rahf-pfm 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		•	•	
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	•			

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
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 fact rcmb (bd trunc-rfviii) for inj 250 unit	C	•			
NOVOEIGHT – antihemophilic fact rcmb (bd trunc-rfviii) for inj 500 unit	C	•			
NOVOEIGHT – antihemophilic fact rcmb (bd trunc-rfviii) for inj 1000 unit	C	•			
NOVOEIGHT – antihemophilic fact rcmb (bd trunc-rfviii) for inj 1500 unit	C	•			
NOVOEIGHT – antihemophilic fact rcmb (bd trunc-rfviii) for inj 2000 unit	C	•			
NOVOEIGHT – antihemophilic fact rcmb (bd trunc-rfviii) 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	•			
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 rcmb (bdd-rfviii,sim) for inj 250 unit	C	•			
NUWIQ – antihemophilic factor rcmb (bdd-rfviii,sim) for inj 500 unit	C	•			

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
NUWIQ – antihemophilic fact rcmb (bdd-rfviii,sim) for inj 1000 unit	C	•			
NUWIQ – antihemophilic fact rcmb (bdd-rfviii,sim) for inj 2000 unit	C	•			
NUWIQ – antihemophilic fact rcmb (bdd-rfviii,sim) for inj 2500 unit	C	•			
NUWIQ – antihemophilic fact rcmb (bdd-rfviii,sim) for inj 3000 unit	C	•			
NUWIQ – antihemophilic fact rcmb (bdd-rfviii,sim) for inj 4000 unit	C	•			
NUWIQ – antihemophil fact rcmb (bdd-rfviii,sim) for inj kit 250 unit	C	•			
NUWIQ – antihemophil fact rcmb (bdd-rfviii,sim) for inj kit 500 unit	C	•			
NUWIQ – antihemophil fact rcmb(bdd-rfviii,sim) for inj kit 1000 unit	C	•			
NUWIQ – antihemophil fact rcmb(bdd-rfviii,sim) for inj kit 2000 unit	C	•			
NUWIQ – antihemophil fact rcmb(bdd-rfviii,sim) for inj kit 2500 unit	C	•			
NUWIQ – antihemophil fact rcmb(bdd-rfviii,sim) for inj kit 3000 unit	C	•			
NUWIQ – antihemophil fact rcmb(bdd-rfviii,sim) for inj kit 4000 unit	C	•			
OBIZUR – antihemophilic factor (recomb porc) rpfviii for inj 500 unit	C	•			
<b>pentoxifylline tab er 400 mg</b>	C				
PLAVIX – clopidogrel bisulfate tab 75 mg (base equiv)	NP		•		
<b>polysaccharide iron complex cap 150 mg (iron equivalent)</b>	C				
PRADAXA – dabigatran etexilate mesylate cap 75 mg (etexilate base eq)	P			•	

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
PRADAXA – dabigatran etexilate mesylate cap 110 mg (etexilate base eq)	P			•	
PRADAXA – dabigatran etexilate mesylate cap 150 mg (etexilate base eq)	P			•	
<b>prasugrel hcl tab 5 mg (base equiv)</b> (Effient)	NP		•		
<b>prasugrel hcl tab 10 mg (base equiv)</b> (Effient)	NP		•		
PROCRIT – epoetin alfa inj 2000 unit/ml	NP	•	••		
PROCRIT – epoetin alfa inj 3000 unit/ml	NP	•	••		
PROCRIT – epoetin alfa inj 4000 unit/ml	NP	•	••		
PROCRIT – epoetin alfa inj 10000 unit/ml	NP	•	••		
PROCRIT – epoetin alfa inj 20000 unit/ml	NP	•	••		
PROCRIT – epoetin alfa inj 40000 unit/ml	NP	•	••		
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 1000 unit	C	•			
PROFILNINE SD – factor ix complex for inj 1500 unit	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	•	•	•	
PROMACTA – eltrombopag olamine powder pack for susp 25 mg (base equiv)	C	•	•	•	
PROMACTA – eltrombopag olamine powder pack for susp 12.5 mg (base eq)	C	•	•	•	
REBINYN – coagulation factor ix recomb glycopegylated for inj 500 unit	C	•			
REBINYN – coagulation factor ix recomb glycopegylated for inj 1000 unit	C	•			
REBINYN – coagulation factor ix recomb glycopegylated for inj 2000 unit	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	P	•	•		
RETACRIT – epoetin alfa-epbx inj 3000 unit/ml	P	•	•		
RETACRIT – epoetin alfa-epbx inj 4000 unit/ml	P	•	•		
RETACRIT – epoetin alfa-epbx inj 10000 unit/ml	P	•	•		
RETACRIT – epoetin alfa-epbx inj 40000 unit/ml	P	•	•		
RIXUBIS – coagulation factor ix (recombinant) for inj 250 unit	C	•			

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
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	•			
TAKHZYRO – lanadelumab-flyo inj 300 mg/2ml (150 mg/ml)	NP	•	••	•	
TAVALISSE – fostamatinib disodium tab 100 mg (base equivalent)	C	•	•	•	
TAVALISSE – fostamatinib disodium tab 150 mg (base equivalent)	C	•	•	•	
<b>tranexamic acid tab 650 mg</b> (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	•			
<b>warfarin sodium tab 1 mg</b> (Coumadin)	P				
<b>warfarin sodium tab 2 mg</b> (Coumadin)	P				
<b>warfarin sodium tab 2.5 mg</b> (Coumadin)	P				

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
<b>warfarin sodium tab 3 mg</b> (Coumadin)	P				
<b>warfarin sodium tab 4 mg</b> (Coumadin)	P				
<b>warfarin sodium tab 5 mg</b> (Coumadin)	P				
<b>warfarin sodium tab 6 mg</b> (Coumadin)	P				
<b>warfarin sodium tab 7.5 mg</b> (Coumadin)	P				
<b>warfarin sodium tab 10 mg</b> (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	•			

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
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	•			
ZIEXTENZO – pegfilgrastim-bmez soln prefilled syringe 6 mg/0.6ml	C				
ZONTIVITY – vorapaxar sulfate tab 2.08 mg (base equivalent)	NP		•		
<b>TOPICAL PRODUCTS</b>					
<b>EYE</b>					
<b>Anti-infectives</b>					
AZASITE – azithromycin ophth soln 1%	NP		•		
BACITRACIN – bacitracin ophth oint 500 unit/gm	C				
<b>bacitracin-polymyxin b ophth oint</b>	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		•		
<b>ciprofloxacin hcl ophth soln 0.3% (base equivalent) (Ciloxan)</b>	P				
<b>erythromycin ophth oint 5 mg/gm</b>	C				
<b>gatifloxacin ophth soln 0.5% (Zymaxid)</b>	NP		•		
GENTAK – gentamicin sulfate ophth oint 0.3%	C				

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



Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
<b>neomycin-polymyxin-dexamethasone ophth oint 0.1%</b> (Maxitrol)	C				
<b>neomycin-polymyxin-dexamethasone ophth susp 0.1%</b> (Maxitrol)	C				
PREDNISOLONE ACETATE – prednisolone acetate ophth susp 1%	C				
SULFACETAMIDE SODIUM/ PREDNISOLONE SODIUM PHOSPHATE – sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%	C				
<b>Glaucoma</b>					
ALPHAGAN P – brimonidine tartrate ophth soln 0.1%	P				
ALPHAGAN P – brimonidine tartrate ophth soln 0.15%	P				
<b>apraclonidine hcl ophth soln 0.5% (base equivalent)</b>	NP		•		
AZOPT – brinzolamide ophth susp 1%	NP		•		
<b>betaxolol hcl ophth soln 0.5%</b>	NP		•		
BETOPTIC-S – betaxolol hcl ophth susp 0.25%	NP		•		
<b>bimatoprost ophth soln 0.03%</b>	NP		•	•	
<b>brimonidine tartrate ophth soln 0.15%</b> (Alphagan p)	NP		•		
<b>brimonidine tartrate ophth soln 0.2%</b>	P				
CARTEOLOL HCL – 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		•		
<b>dorzolamide hcl ophth soln 2%</b> (Trusopt)	P				
<b>dorzolamide hcl-timolol maleate ophth soln 22.3-6.8 mg/ml</b> (Cosopt)	P				
<b>dorzolamide hcl-timolol maleate ophth sol 22.3-6.8 mg/ml pf</b> (Cosopt pf)	NP		•		
IOPIDINE – apraclonidine hcl ophth soln 1% (base equivalent)	NP		•		
ISTALOL – timolol maleate ophth soln 0.5% (once-daily)	NP		•		
<b>latanoprost ophth soln 0.005%</b> (Xalatan)	P			•	
LEVOBUNOLOL HCL – levobunolol hcl ophth soln 0.5%	NP		•		
LUMIGAN – bimatoprost ophth soln 0.01%	NP		•	•	
<b>pilocarpine hcl ophth soln 1%</b> (Isopto carpine)	C				
<b>pilocarpine hcl ophth soln 2%</b> (Isopto carpine)	C				
<b>pilocarpine hcl ophth soln 4%</b> (Isopto carpine)	C				
RHOPRESSA – netarsudil dimesylate ophth soln 0.02%	NP		•		
ROCKLATAN – netarsudil dimesylate-latanoprost ophth soln 0.02-0.005%	NP		•		
SIMBRINZA – brinzolamide-brimonidine tartrate ophth susp 1-0.2%	NP		•		
<b>timolol maleate ophth soln 0.25%</b> (Timoptic)	P				
<b>timolol maleate ophth soln 0.5%</b> (Timoptic)	P				
<b>timolol maleate ophth soln 0.5% (once-daily)</b> (Istalol)	NP		•		
TIMOLOL MALEATE OPHTHALMIC GEL FORMING – timolol maleate ophth gel forming soln 0.25%	P				

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
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			•	
<b>travoprost ophth soln 0.004% (benzalkonium free) (bak free) (Travatan z)</b>	C			•	
TRUSOPT – dorzolamide hcl ophth soln 2%	NP		•		
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		•	•	
<b>Other Eye Products</b>					
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		•		
ALOCRIAL – nedocromil sodium ophth soln 2%	NP		•		

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
ALOMIDE – Iodoxamide tromethamine ophth soln 0.1%	NP		•		
<b>artificial tear ophth ointment</b>	C				
<b>artificial tear ophth solution</b>	C				
ARTIFICIAL TEARS – hypromellose ophth soln 0.4%	C				
ATROPINE SULFATE – atropine sulfate ophth soln 1%	C				
<b>azelastine hcl ophth soln 0.05%</b>	NP		•		
BEPREVE – bepotastine besilate ophth soln 1.5%	NP		•		
<b>bromfenac sodium ophth soln 0.09% (base equiv) (once-daily)</b>	NP		•		
BROMSITE – bromfenac sodium ophth soln 0.075% (base equivalent)	NP		•		
<b>carboxymethylcellulose sodium (pf) ophth soln 0.5%</b>	C				
<b>carboxymethylcellulose sodium ophth soln 0.5%</b>	C				
<b>cromolyn sodium ophth soln 4%</b>	P				
<b>cyclopentolate hcl ophth soln 0.5%</b> (Cyclogyl)	C				
<b>cyclopentolate hcl ophth soln 1%</b> (Cyclogyl)	C				
<b>cyclopentolate hcl ophth soln 2%</b> (Cyclogyl)	C				
<b>dextran 70-hypromellose ophth soln 0.1-0.3%</b>	C				
<b>dextran 70-hypromellose (pf) ophth soln 0.1-0.3%</b>	C				
<b>diclofenac sodium ophth soln 0.1%</b>	P				
<b>epinastine hcl ophth soln 0.05%</b> (Elestat)	NP		•		
FLURBIPROFEN SODIUM – flurbiprofen sodium ophth soln 0.03%	NP		•		
HOMATROPAIRE – homatropine hbr ophth soln 5%	C				

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
<b>hypromellose ophth soln 0.3%</b>	C				
ISOPTO ATROPINE – atropine sulfate ophth soln 1%	C				
<b>ketorolac tromethamine ophth soln 0.4% (Acular Is)</b>	P				
<b>ketorolac tromethamine ophth soln 0.5% (Acular)</b>	P				
<b>ketotifen fumarate ophth soln 0.025% (base equiv)</b>	P				
LASTACAFT – alcaftadine ophth soln 0.25%	NP		•		
MURO 128 – sodium chloride hypertonic ophth soln 2%	C				
NEVANAC – nepafenac ophth susp 0.1%	NP		•		
<b>olopatadine hcl ophth soln 0.1% (base equivalent) (Rx) (Patanol)</b>	P				
<b>olopatadine hcl ophth soln 0.2% (base equivalent) (Rx) (Pataday)</b>	P				
PATADAY (OTC) – olopatadine hcl ophth soln 0.1% (base equivalent)	C				
PATADAY (OTC) – olopatadine hcl ophth soln 0.2% (base equivalent)	C				
PAZEO – olopatadine hcl ophth soln 0.7% (base equivalent)	P				
<b>polyethylene glycol-propylene glycol ophth soln 0.4-0.3%</b>	C				
<b>polyethylene glycol-propylene glycol pf op soln 0.4-0.3%</b>	C				
<b>polyvinyl alcohol ophth soln 1.4%</b>	C				
<b>polyvinyl alcohol-povidone ophth soln 5-6 mg/ml (0.5-0.6%)</b>	C				
PROLENSA – bromfenac sodium ophth soln 0.07% (base equivalent)	NP		•		
RESTASIS – cyclosporine (ophth) emulsion 0.05%	C		•	•	

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
RESTASIS MULTIDOSE – cyclosporine (ophth) emulsion 0.05%	C		•	•	
<b>sodium chloride hypertonic ophth oint 5%</b>	C				
<b>sodium chloride hypertonic ophth soln 5%</b>	C				
<b>white petrolatum-mineral oil ophth ointment</b>	C				
ZADITOR – ketotifen fumarate ophth soln 0.025% (base equiv)	NP		•		
<b>EAR</b>					
<b>acetic acid otic soln 2%</b>	C				
<b>carbamide peroxide 6.5% otic soln</b>	C				
CETRAXAL – ciprofloxacin hcl otic soln 0.2% (base equivalent)	C				
CIPRO HC – ciprofloxacin-hydrocortisone otic susp 0.2-1%	P				
CIPRODEX – ciprofloxacin-dexamethasone otic susp 0.3-0.1%	P				
CIPROFLOXACIN – ciprofloxacin hcl otic soln 0.2% (base equivalent)	NP		•		
<b>hydrocortisone w/ acetic acid otic soln 1-2%</b>	C				
<b>neomycin-polymyxin-hc otic soln 1%</b>	P				
<b>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</b>	P				
<b>ofloxacin otic soln 0.3% (Floxin otic)</b>	P				
OTIPRIO – ciprofloxacin intratympanic susp 6% (60 mg/ml)	NP		•		
OTOVEL – ciprofloxacin-fluocinolone acetone (pf) otic soln 0.3-0.025%	NP		•		
<b>MOUTH AND THROAT (LOCAL)</b>					
<b>cevimeline hcl cap 30 mg (Evoxac)</b>	C				
<b>chlorhexidine gluconate soln 0.12% (Peridex)</b>	C				
<b>clotrimazole troche 10 mg</b>	C				

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
<b>lidocaine hcl viscous soln 2%</b>	C				
<b>nystatin susp 100000 unit/ml</b>	P				
ORAVIG – miconazole buccal tab 50 mg (mouth-throat)	NP		•		
<b>pilocarpine hcl tab 5 mg (Salagen)</b>	C				
<b>pilocarpine hcl tab 7.5 mg (Salagen)</b>	C				
PREVIDENT RINSE – sodium fluoride rinse 0.2%	C				
<b>sodium fluoride cream 1.1% (Prevident 5000 plus)</b>	C				
<b>sodium fluoride gel 1.1% (0.5% f) (Prevident fluoride)</b>	C				
<b>sodium fluoride paste 1.1% (Prevident 5000 boost)</b>	C				
<b>sodium fluoride rinse 0.2% (Prevident rinse)</b>	C				
<b>sodium fluoride-potassium nitrate paste 1.1-5% (Prevident 5000 sensi)</b>	C				
<b>stannous fluoride gel 0.4%(OTC)</b>	C				
<b>stannous fluoride gel 0.4%(Rx)</b>	C				
<b>triamcinolone acetonide dental paste 0.1%</b>	C				
<b>ANORECTAL AGENTS</b>					
<b>dibucaine perianal ointment 1%</b>	C				
<b>hydrocortisone enema 100 mg/60ml (Cortenema)</b>	C				
<b>hydrocortisone perianal cream 2.5% (Anusol-hc)</b>	C				
<b>phenyleph-shark liver oil-cocoa butter suppos 0.25-3-85.5%</b>	C				
<b>phenylephrine-cocoa butter suppos 0.25-85.39%</b>	C				
<b>phenylephrine-shark liver oil-mo-pet oint 0.25-3-14-71.9%</b>	C				
UCERIS – budesonide rectal foam 2 mg/act	NP		•		
<b>SKIN CONDITIONS/PRODUCTS</b>					

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
<b>Acne</b>					
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		•		
<b>adapalene cream 0.1% (Differin)</b>	NP		•		
<b>adapalene gel 0.1%(OTC)</b>	C				
<b>adapalene gel 0.1%(Rx) (Differin)</b>	NP		•		
<b>adapalene gel 0.3% (Differin)</b>	NP		•		
<b>adapalene-benzoyl peroxide gel 0.1-2.5% (Epiduo)</b>	NP		•		
AKLIEF – trifarotene cream 0.005%	NP		•		
ATRALIN – tretinoin gel 0.05%	NP		•		
<b>azelaic acid gel 15% (Finacea)</b>	C				
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 CLEANSER – benzoyl peroxide liq 6%	P				
<b>benzoyl peroxide cloth 6%</b>	NP		•		
<b>benzoyl peroxide cream 10%</b>	C				
<b>benzoyl peroxide foam 5.3%</b>	NP		•		
<b>benzoyl peroxide gel 2.5%</b>	P				
<b>benzoyl peroxide gel 5%</b>	P				
<b>benzoyl peroxide gel 10%</b>	P				
<b>benzoyl peroxide liq 4%</b>	NP		•		
<b>benzoyl peroxide liq 5% (Benzac ac wash)</b>	P				
<b>benzoyl peroxide liq 10%</b>	P				
<b>benzoyl peroxide-erythromycin gel 5-3% (Benzamycin)</b>	P				

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
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% (Neuac)	NP		•		
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 – dapsone gel 7.5%	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				

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
DIFFERIN (OTC) – adapalene gel 0.1%	C				
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 soln 2%	P				
FABIOR – tazarotene (acne) foam 0.1%	NP		•		
isotretinoin cap 10 mg	C				
isotretinoin cap 20 mg	C				
isotretinoin cap 30 mg	C				
isotretinoin cap 40 mg	C				
metronidazole cream 0.75% (Metrocream)	C				
metronidazole gel 0.75%	C				
metronidazole lotion 0.75% (Metrolotion)	C				
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		•		

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

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

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
<b>clotrimazole soln 1%(OTC)</b>	C				
<b>clotrimazole soln 1%(Rx)</b>	P				
<b>clotrimazole w/ betamethasone cream 1-0.05%</b>	P				
<b>clotrimazole w/ betamethasone lotion 1-0.05%</b>	NP		•		
DENAVIR – penciclovir cream 1%	P				
<b>docosanol cream 10%</b>	C				
<b>econazole nitrate cream 1%</b>	P				
EXELDERM – sulconazole nitrate solution 1%	NP		•		
EXELDERM – sulconazole nitrate cream 1%	NP		•		
HYDROGEN PEROXIDE – hydrogen peroxide soln 3%	C				
JUBLIA – efinaconazole soln 10%	NP		••	•	
<b>ketoconazole cream 2%</b>	C				
<b>ketoconazole foam 2% (Extina)</b>	NP		•		
<b>ketoconazole shampoo 1%</b>	C				
<b>ketoconazole shampoo 2%</b>	P				
LOPROX – ciclopirox olamine susp 0.77% (base equiv)	NP		•		
LOPROX – ciclopirox olamine cream 0.77% (base equiv)	NP		•		
LOPROX SHAMPOO – ciclopirox shampoo 1%	NP		•		
LUZU – luliconazole cream 1%	NP		•		
MEDIPLAST – salicylic acid plaster 40%	C				
<b>miconazole nitrate aerosol pow 2%</b>	C				
<b>miconazole nitrate cream 2%</b>	P				
<b>miconazole nitrate powder 2%</b>	P				
<b>mupirocin calcium cream 2%</b>	NP		•		
<b>mupirocin oint 2%</b>	P				
NAFTIFINE HCL – naftifine hcl cream 1%	NP		•		
<b>naftifine hcl cream 2% (Naftin)</b>	NP		•		

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
NAFTIN – naftifine hcl cream 2%	NP		•		
NAFTIN – naftifine hcl gel 1%	NP		•		
NAFTIN – naftifine hcl gel 2%	NP		•		
<b>neomycin-bacitracin-polymyxin oint</b>	C				
<b>nystatin cream 100000 unit/gm</b>	P				
<b>nystatin oint 100000 unit/gm</b>	P				
<b>nystatin topical powder 100000 unit/gm</b>	P				
<b>oxiconazole nitrate cream 1% (Oxistat)</b>	NP		•		
OXISTAT – oxiconazole nitrate cream 1%	NP		•		
<b>povidone-iodine oint 10%</b>	C				
<b>povidone-iodine soln 10%</b>	C				
<b>salicylic acid cream 6%</b>	C				
<b>salicylic acid liquid 17%</b>	C				
<b>salicylic acid pad 40%</b>	C				
<b>salicylic acid shampoo 6% (Salex)</b>	C				
<b>salicylic acid soln 17%</b>	C				
<b>silver sulfadiazine cream 1% (Silvadene)</b>	C				
<b>terbinafine hcl cream 1%</b>	P				
<b>tolnaftate aerosol pow 1%</b>	C				
<b>tolnaftate aerosol 1%</b>	C				
<b>tolnaftate cream 1%</b>	P				
<b>tolnaftate powder 1%</b>	C				
VUSION – miconazole-zinc oxide-white petrolatum oint 0.25-15-81.35%	NP		•		
XERESE – acyclovir-hydrocortisone cream 5-1%	NP		•		
ZOVIRAX – acyclovir cream 5%	NP		•		
ZOVIRAX – acyclovir oint 5%	NP		•		
<b>Corticosteroids</b>					
<b>alclometasone dipropionate cream 0.05%</b>	C			•	

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
<b>alclometasone dipropionate oint 0.05%</b>	C			•	
AUGMENTED BETAMETHASONE DIPROPIONATE – betamethasone dipropionate augmented gel 0.05%	C			•	
<b>betamethasone dipropionate augmented cream 0.05%</b> (Diprolene af)	C			•	
<b>betamethasone dipropionate augmented lotion 0.05%</b>	C			•	
<b>betamethasone dipropionate augmented oint 0.05%</b> (Diprolene)	C			•	
<b>betamethasone dipropionate cream 0.05%</b>	C			•	
<b>betamethasone dipropionate lotion 0.05%</b>	C			•	
<b>betamethasone dipropionate oint 0.05%</b>	C			•	
<b>betamethasone valerate aerosol foam 0.12%</b> (Luxiq)	C			•	
<b>betamethasone valerate cream 0.1% (base equivalent)</b>	C			•	
<b>betamethasone valerate lotion 0.1% (base equivalent)</b>	C			•	
<b>betamethasone valerate oint 0.1% (base equivalent)</b>	C			•	
<b>clobetasol propionate cream 0.05%</b> (Temovate)	C			•	
<b>clobetasol propionate emollient base cream 0.05%</b>	C			•	
<b>clobetasol propionate gel 0.05%</b>	C			•	
<b>clobetasol propionate oint 0.05%</b> (Temovate)	C			•	
<b>clobetasol propionate shampoo 0.05%</b> (Clobex)	C			•	
<b>clobetasol propionate soln 0.05%</b>	C			•	
<b>desonide cream 0.05%</b> (Desowen)	C			•	
<b>desonide oint 0.05%</b>	C			•	
<b>desoximetasone cream 0.25%</b> (Topicort)	C			•	

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
<b>desoximetasone gel 0.05%</b> (Topicort)	C			•	
<b>fluocinolone acetonide cream 0.01%</b>	C			•	
<b>fluocinolone acetonide cream 0.025%</b> (Synalar)	C			•	
<b>fluocinolone acetonide oil 0.01% (body oil)</b> (Derma-smoothe/fs bod)	C			•	
<b>fluocinolone acetonide oil 0.01% (scalp oil)</b> (Derma-smoothe/fs sca)	C			•	
<b>fluocinolone acetonide oint 0.025%</b> (Synalar)	C			•	
<b>fluocinolone acetonide soln 0.01%</b> (Synalar)	C			•	
<b>fluocinonide cream 0.05%</b>	C			•	
<b>fluocinonide emulsified base cream 0.05%</b>	C			•	
<b>fluocinonide gel 0.05%</b>	C			•	
<b>fluocinonide oint 0.05%</b>	C			•	
<b>fluocinonide soln 0.05%</b>	C			•	
<b>fluticasone propionate cream 0.05%</b>	C			•	
<b>fluticasone propionate oint 0.005%</b>	C			•	
<b>halobetasol propionate cream 0.05%</b> (Ultravate)	C			•	
<b>halobetasol propionate oint 0.05%</b> (Ultravate)	C			•	
<b>hydrocortisone acetate cream 1%</b>	C			•	
<b>hydrocortisone butyrate cream 0.1%</b> (Locoid)	C			•	
<b>hydrocortisone butyrate oint 0.1%</b>	C			•	
<b>hydrocortisone butyrate soln 0.1%</b> (Locoid)	C			•	
<b>hydrocortisone cream 0.5%</b>	C			•	
<b>hydrocortisone cream 1%(OTC)</b>	C			•	
<b>hydrocortisone cream 1%(Rx)</b>	C			•	
<b>hydrocortisone cream 2.5%</b>	C			•	
<b>hydrocortisone lotion 1%</b>	C			•	



Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
hydrocortisone lotion 2.5%	C			•	
hydrocortisone oint 0.5%	C				
hydrocortisone oint 1%(OTC)	C			•	
hydrocortisone oint 1%(Rx)	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			•	
nystatin-triamcinolone cream 100000-0.1 unit/gm-%	P				
nystatin-triamcinolone oint 100000-0.1 unit/gm-%	NP		•		
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			•	
<b>Other Skin Products</b>					
CALAMINE – calamine lotion	C				
calcipotriene cream 0.005% (Dovonex)	C				
calcipotriene oint 0.005%	C				

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
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%(OTC) (Voltaren)	C			•	
diclofenac sodium gel 1%(Rx) (Voltaren)	P			•	
DRYSOL – aluminum chloride soln 20%	C				
DUPIXENT – dupilumab subcutaneous soln pen-injector 300 mg/2ml	NP	•	••	•	
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		•		

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
FLECTOR – diclofenac epolamine patch 1.3%	NP		•	•	
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%(OTC)	C				
lactic acid (ammonium lactate) lotion 12%(Rx)	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 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	•	••	•	

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
STELARA – ustekinumab soln prefilled syringe 90 mg/ml	NP	•	••	•	
<b>sulfacetamide sodium liquid 10%</b> (Ovace wash)	C				
<b>tacrolimus oint 0.03%</b> (Protopic)	NP		•		
<b>tacrolimus oint 0.1%</b> (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				
<b>urea cream 40%</b>	C				
VALCHLOR – mechlorethamine hcl gel 0.016% (base equivalent)	C	•			
VOLTAREN – diclofenac sodium gel 1%	C			•	
<b>zinc oxide oint 20%</b>	C				
<b>zinc oxide oint 40%</b>	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 KIT – continuous blood glucose system receiver	NP		•	•	
DEXCOM G5 MOBILE TRANSMITTER KIT – continuous blood glucose system transmitter	NP		•	•	
DEXCOM G5 MOBILE/G4 PLATINUM SENSOR KIT – 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 HIGH – 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/ READER/FLASH MONITORING SYSTEM – continuous blood glucose system receiver	P			•	
FREESTYLE LIBRE 14 DAY/ SENSOR/FLASH MONITORING SYSTEM – continuous blood glucose system sensor	P			•	
FREESTYLE LITE BLOOD GLUCOSE MONITORING SYSTEM – blood glucose monitoring devices	NP		•		

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
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 – glucose blood test strip	NP		•	•	
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 SOLUTION HIGH – 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		•		

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
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		•		

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
TRUE METRIX AIR BLOOD GLUCOSE METER/BLUETOOTH SMART – blood glucose monitoring kit w/ device	NP		•		
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 SOLUTION LEVEL 1 – blood glucose calibration - liquid - low	C				
TRUE METRIX CONTROL SOLUTION LEVEL 2 – blood glucose calibration - liquid - normal	C				
TRUE METRIX CONTROL SOLUTION LEVEL 3 – blood glucose calibration - liquid - high	C				
TRUE METRIX SELF MONITORING BLOOD GLUCOSE STRIPS – glucose blood test strip	NP		•	•	
<b>Other Diabetic Supplies</b>					
ALCOHOL PREP PADS - VARIOUS	C				
INSULIN SYRINGES - VARIOUS SIZES	C				
LANCET DEVICES - VARIOUS – lancet devices	C				
LANCETS - VARIOUS	C				
PEN NEEDLES - VARIOUS	C				
<b>RESPIRATORY INHALER-ASSIST DEVICES</b>					
AEROCHAMBER MINI AEROSOL CHAMBER – spacer/aerosol-holding chambers - device	C				
AEROCHAMBER MV – spacer/aerosol-holding chambers - device	C				

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
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				
<b>MISCELLANEOUS DRUGS</b>					
ASTAGRAF XL – tacrolimus cap er 24hr 0.5 mg	NP		•		
ASTAGRAF XL – tacrolimus cap er 24hr 1 mg	NP		•		
ASTAGRAF XL – tacrolimus cap er 24hr 5 mg	NP		•		
AZASAN – azathioprine tab 75 mg	NP		•		
AZASAN – azathioprine tab 100 mg	NP		•		
<b>azathioprine tab 50 mg</b> (Imuran)	P				
CELLCEPT – mycophenolate mofetil cap 250 mg	NP		•		
CELLCEPT – mycophenolate mofetil tab 500 mg	NP		•		

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
CELLCEPT – mycophenolate mofetil for oral susp 200 mg/ml	NP		•		
<b>charcoal activated for oral susp</b>	C				
<b>charcoal activated liq</b>	C				
CHEMET – succimer cap 100 mg	C				
<b>cyclosporine cap 25 mg</b> (Sandimmune)	P				
<b>cyclosporine cap 100 mg</b> (Sandimmune)	P				
<b>cyclosporine modified cap 25 mg</b> (Neoral)	P				
<b>cyclosporine modified cap 50 mg</b>	P				
<b>cyclosporine modified cap 100 mg</b> (Neoral)	P				
<b>cyclosporine modified oral soln 100 mg/ml</b> (Neoral)	P				
<b>deferasirox granules packet 90 mg</b> (Jadenu sprinkle)	C	•			
<b>deferasirox granules packet 180 mg</b> (Jadenu sprinkle)	C	•			
<b>deferasirox granules packet 360 mg</b> (Jadenu sprinkle)	C	•			
<b>deferasirox tab for oral susp 125 mg</b> (Exjade)	C	•			
<b>deferasirox tab for oral susp 250 mg</b> (Exjade)	C	•			
<b>deferasirox tab for oral susp 500 mg</b> (Exjade)	C	•			
<b>deferasirox tab 90 mg</b> (Jadenu)	C	•			
<b>deferasirox tab 180 mg</b> (Jadenu)	C	•			
<b>deferasirox tab 360 mg</b> (Jadenu)	C	•			
ENVARUSUS XR – tacrolimus tab er 24hr 0.75 mg	NP		•		
ENVARUSUS XR – tacrolimus tab er 24hr 1 mg	NP		•		
ENVARUSUS XR – tacrolimus tab er 24hr 4 mg	NP		•		
<b>everolimus tab 0.25 mg</b> (Zortress)	C				
<b>everolimus tab 0.5 mg</b> (Zortress)	C				

Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
<b>everolimus tab 0.75 mg</b> (Zortress)	C				
IMURAN – azathioprine tab 50 mg	NP		•		
<b>irrigation solution, physiological</b>	C				
JADENU – deferasirox tab 180 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	•			
<b>lactated ringer's for irrigation</b>	C				
LOKELMA – sodium zirconium cyclosilicate for susp packet 5 gm	C				
LOKELMA – sodium zirconium cyclosilicate for susp packet 10 gm	C				
<b>mycophenolate mofetil cap 250 mg</b> (Cellcept)	P				
<b>mycophenolate mofetil for oral susp 200 mg/ml</b> (Cellcept)	NP		•		
<b>mycophenolate mofetil tab 500 mg</b> (Cellcept)	P				
<b>mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv)</b> (Myfortic)	NP		•		
<b>mycophenolate sodium tab dr 360 mg (mycophenolic acid equiv)</b> (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				
<b>naloxone hcl inj 0.4 mg/ml</b>	P				
<b>naloxone hcl inj 4 mg/10ml</b>	P				
<b>naloxone hcl soln prefilled syringe 2 mg/2ml</b>	P				
<b>naltrexone hcl tab 50 mg</b>	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		•		
<b>penicillamine tab 250 mg</b> (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		•		
SANDIMMUNE – cyclosporine oral soln 100 mg/ml	NP		•		
SANDIMMUNE – cyclosporine cap 25 mg	NP		•		
SANDIMMUNE – cyclosporine cap 100 mg	NP		•		
<b>sirolimus oral soln 1 mg/ml</b> (Rapamune)	NP		•		
<b>sirolimus tab 0.5 mg</b> (Rapamune)	NP		•		
<b>sirolimus tab 1 mg</b> (Rapamune)	NP		•		
<b>sirolimus tab 2 mg</b> (Rapamune)	NP		•		
<b>sodium polystyrene sulfonate oral susp 15 gm/60ml</b>	C				
<b>sodium polystyrene sulfonate powder</b>	C				
<b>sodium polystyrene sulfonate rectal susp 30 gm/120ml</b>	C				



Drug Name	Drug Status	Specialty	Prior Authorization	Quantity Limits	Step Therapy
<b>starch-maltodextrin oral thickening powder</b>	C				
<b>tacrolimus cap 0.5 mg</b> (Prograf)	P				
<b>tacrolimus cap 1 mg</b> (Prograf)	P				
<b>tacrolimus cap 5 mg</b> (Prograf)	P				
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	
<b>A</b>	
<b>abacavir sulfate-lamivudine tab 600-300 mg (Epzicom)</b> .....	7
<b>abacavir sulfate-lamivudine-zidovudine tab 300-150-300 mg (Trizivir)</b> .....	7
<b>abacavir sulfate soln 20 mg/ml (base equiv) (Ziagen)</b> .....	7
<b>abacavir sulfate tab 300 mg (base equiv) (Ziagen)</b> .....	7
ABILIFY – aripiprazole tab 2 mg.....	68
ABILIFY – aripiprazole tab 5 mg.....	68
ABILIFY – aripiprazole tab 10 mg.....	68
ABILIFY – aripiprazole tab 15 mg.....	68
ABILIFY – aripiprazole tab 20 mg.....	68
ABILIFY – aripiprazole tab 30 mg.....	68
ABILIFY MAINTENA – aripiprazole im for er susp prefilled syringe 300 mg.....	69
ABILIFY MAINTENA – aripiprazole im for er susp prefilled syringe 400 mg.....	69
ABILIFY MAINTENA – aripiprazole im for extended release susp 300 mg.....	69
ABILIFY MAINTENA – aripiprazole im for extended release susp 400 mg.....	69
ABILIFY MYCITE – aripiprazole tab 2 mg with sensor.....	69
ABILIFY MYCITE – aripiprazole tab 5 mg with sensor.....	69
ABILIFY MYCITE – aripiprazole tab 10 mg with sensor.....	69
ABILIFY MYCITE – aripiprazole tab 15 mg with sensor.....	69
ABILIFY MYCITE – aripiprazole tab 20 mg with sensor.....	69
ABILIFY MYCITE – aripiprazole tab 30 mg with sensor.....	69
<b>abiraterone acetate tab 250 mg (Zytiga)</b> .....	12
<b>acamprosate calcium tab delayed release 333 mg</b> .....	80
ACANYA – clindamycin phosphate-benzoyl peroxide gel 1.2-2.5%.....	122
<b>acarbose tab 25 mg (Precose)</b> .....	21
<b>acarbose tab 50 mg (Precose)</b> .....	21
<b>acarbose tab 100 mg (Precose)</b> .....	21
ACCOLATE – zafirlukast tab 10 mg.....	51
ACCOLATE – zafirlukast tab 20 mg.....	51
ACCU-CHEK AVIVA – blood glucose calibration - liquid.....	129
ACCU-CHEK AVIVA PLUS – blood glucose monitoring kit w/ device.....	129
ACCU-CHEK AVIVA PLUS – glucose blood test strip.....	129
ACCU-CHEK COMPACT PLUS – glucose blood test strip.....	129
ACCU-CHEK GUIDE – blood glucose monitoring kit w/ device.....	129
ACCU-CHEK GUIDE CONTROL LEVEL1/LEVEL2 – blood glucose calibration - liquid.....	129
ACCU-CHEK GUIDE – glucose blood test strip.....	129
ACCU-CHEK NANO SMARTVIEW – blood glucose monitoring kit w/ device.....	129
ACCU-CHEK SMARTVIEW CONTROL – blood glucose calibration - liquid.....	129
ACCU-CHEK SMARTVIEW STRIP – glucose blood test strip.....	129
ACCUPRIL – quinapril hcl tab 5 mg.....	31
ACCUPRIL – quinapril hcl tab 10 mg.....	31
ACCUPRIL – quinapril hcl tab 20 mg.....	31
ACCUPRIL – quinapril hcl tab 40 mg.....	31
ACCURETIC – quinapril-hydrochlorothiazide tab 10-12.5 mg.....	31
ACCURETIC – quinapril-hydrochlorothiazide tab 20-12.5 mg.....	31
ACCURETIC – quinapril-hydrochlorothiazide tab 20-25 mg.....	31
<b>acebutolol hcl cap 200 mg</b> .....	36
<b>acebutolol hcl cap 400 mg</b> .....	36
<b>acetaminophen cap 500 mg</b> .....	83
<b>acetaminophen chew tab 80 mg</b> .....	83
<b>acetaminophen chew tab 160 mg</b> .....	83
<b>acetaminophen disintegrating tab 80 mg</b> .....	83
<b>acetaminophen disintegrating tab 160 mg</b> .....	83
<b>acetaminophen liquid 160 mg/5ml</b> .....	83
<b>acetaminophen soln 160 mg/5ml</b> .....	83
<b>acetaminophen suppos 120 mg</b> .....	83
<b>acetaminophen suppos 325 mg</b> .....	83
<b>acetaminophen suppos 650 mg</b> .....	83
<b>acetaminophen susp 80 mg/0.8ml</b> .....	83
<b>acetaminophen susp 160 mg/5ml</b> .....	83
<b>acetaminophen tab er 650 mg</b> .....	83
<b>acetaminophen tab 325 mg</b> .....	83
<b>acetaminophen tab 500 mg</b> .....	83
<b>acetaminophen w/ codeine soln 120-12 mg/5ml</b> .....	83
<b>acetaminophen w/ codeine tab 300-15 mg (Tylenol/ codeine)</b> .....	83
<b>acetaminophen w/ codeine tab 300-30 mg (Tylenol/ codeine #3)</b> .....	83
<b>acetaminophen w/ codeine tab 300-60 mg (Tylenol/ codeine #4)</b> .....	83
<b>acetazolamide cap er 12hr 500 mg</b> .....	46
<b>acetazolamide tab 125 mg</b> .....	46
<b>acetazolamide tab 250 mg</b> .....	46
<b>acetic acid irrigation soln 0.25%</b> .....	64
<b>acetic acid otic soln 2%</b> .....	121
<b>acetylcysteine inhal soln 10%</b> .....	51
<b>acetylcysteine inhal soln 20%</b> .....	51
ACIPHEX – rabeprazole sodium ec tab 20 mg.....	57
ACIPHEX SPRINKLE – rabeprazole sodium capsule sprinkle dr 5 mg.....	57
ACIPHEX SPRINKLE – rabeprazole sodium capsule sprinkle dr 10 mg.....	57

ACNE MEDICATION 10 – benzoyl peroxide lotion 10%.....	122	ADHANSIA XR – methylphenidate hcl cap er 24hr 70 mg.....	74
ACNE MEDICATION 5 – benzoyl peroxide lotion 5%.....	122	ADHANSIA XR – methylphenidate hcl cap er 24hr 85 mg.....	74
ACTEMRA ACTPEN – tocilizumab subcutaneous soln auto-injector 162 mg/0.9ml.....	88	ADLYXIN – lixisenatide soln pen-injector 20 mcg/0.2ml (100 mcg/ml).....	21
ACTIMMUNE – interferon gamma-1b inj 100 mcg/0.5ml (2000000 unit/0.5ml).....	12	ADLYXIN STARTER PACK – lixisenatide pen-inj starter kit 10 mcg/0.2ml & 20 mcg/0.2ml.....	21
ACTONEL – risedronate sodium tab 5 mg.....	29	ADMELOG – insulin lispro inj 100 unit/ml.....	26
ACTONEL – risedronate sodium tab 35 mg.....	29	ADMELOG SOLOSTAR – insulin lispro soln pen-injector 100 unit/ml (1 unit dial).....	26
ACTONEL – risedronate sodium tab 150 mg.....	29	ADVAIR DISKUS – fluticasone-salmeterol aer powder ba 100-50 mcg/dose.....	52
ACULAR – ketorolac tromethamine ophth soln 0.5%.....	120	ADVAIR DISKUS – fluticasone-salmeterol aer powder ba 250-50 mcg/dose.....	52
ACULAR LS – ketorolac tromethamine ophth soln 0.4%.....	120	ADVAIR DISKUS – fluticasone-salmeterol aer powder ba 500-50 mcg/dose.....	52
ACUVAIL – ketorolac tromethamine (pf) ophth soln 0.45%.....	120	ADVAIR HFA – fluticasone-salmeterol inhal aerosol 45-21 mcg/act.....	52
<b>acyclovir cap 200 mg (Zovirax).....</b>	<b>6</b>	ADVAIR HFA – fluticasone-salmeterol inhal aerosol 115-21 mcg/act.....	52
<b>acyclovir cream 5% (Zovirax).....</b>	<b>124</b>	ADVAIR HFA – fluticasone-salmeterol inhal aerosol 230-21 mcg/act.....	52
<b>acyclovir oint 5% (Zovirax).....</b>	<b>124</b>	ADVANCED DIABETIC MULTIVITAMIN FORMULA – multiple vitamins w/ minerals tab.....	100
<b>acyclovir susp 200 mg/5ml (Zovirax).....</b>	<b>6</b>	ADVATE – antihemophilic factor rahf-pfm for inj 250 unit.....	109
<b>acyclovir tab 400 mg (Zovirax).....</b>	<b>7</b>	ADVATE – antihemophilic factor rahf-pfm for inj 500 unit.....	109
<b>acyclovir tab 800 mg (Zovirax).....</b>	<b>7</b>	ADVATE – antihemophilic factor rahf-pfm for inj 1000 unit.....	109
ADAPALENE – adapalene soln 0.1%.....	122	ADVATE – antihemophilic factor rahf-pfm for inj 1500 unit.....	109
<b>adapalene-benzoyl peroxide gel 0.1-2.5% (Epiduo).....</b>	<b>122</b>	ADVATE – antihemophilic factor rahf-pfm for inj 2000 unit.....	109
<b>adapalene cream 0.1% (Differin).....</b>	<b>122</b>	ADVATE – antihemophilic factor rahf-pfm for inj 3000 unit.....	109
<b>adapalene gel 0.1%.....</b>	<b>122</b>	ADVATE – antihemophilic factor rahf-pfm for inj 4000 unit.....	109
<b>adapalene gel 0.1% (Differin).....</b>	<b>122</b>	ADYNOVATE – antihemophilic factor recomb pegylated for inj 250 unit.....	109
<b>adapalene gel 0.3% (Differin).....</b>	<b>122</b>	ADYNOVATE – antihemophilic factor recomb pegylated for inj 500 unit.....	109
ADCIRCA – tadalafil tab 20 mg (PAH).....	47	ADYNOVATE – antihemophilic factor recomb pegylated for inj 750 unit.....	109
ADDERALL XR – amphetamine-dextroamphetamine cap er 24hr 5 mg.....	74	ADYNOVATE – antihemophilic factor recomb pegylated for inj 1000 unit.....	109
ADDERALL XR – amphetamine-dextroamphetamine cap er 24hr 10 mg.....	74	ADYNOVATE – antihemophilic factor recomb pegylated for inj 1500 unit.....	109
ADDERALL XR – amphetamine-dextroamphetamine cap er 24hr 15 mg.....	74	ADYNOVATE – antihemophilic factor recomb pegylated for inj 2000 unit.....	109
ADDERALL XR – amphetamine-dextroamphetamine cap er 24hr 20 mg.....	74	ADYNOVATE – antihemophilic factor recomb pegylated for inj 3000 unit.....	109
ADDERALL XR – amphetamine-dextroamphetamine cap er 24hr 25 mg.....	74	ADYNOVATE – antihemophilic factor recomb pegylated for inj 4000 unit.....	109
ADDERALL XR – amphetamine-dextroamphetamine cap er 24hr 30 mg.....	74	ADYNOVATE – antihemophilic factor recomb pegylated for inj 5000 unit.....	109
<b>adefovir dipivoxil tab 10 mg (Hepsera).....</b>	<b>6</b>	ADZENYS ER – amphetamine extended release susp 1.25 mg/ml.....	74
ADEMPAS – riociguat tab 0.5 mg.....	47		
ADEMPAS – riociguat tab 1 mg.....	47		
ADEMPAS – riociguat tab 1.5 mg.....	47		
ADEMPAS – riociguat tab 2 mg.....	47		
ADEMPAS – riociguat tab 2.5 mg.....	47		
ADHANSIA XR – methylphenidate hcl cap er 24hr 25 mg.....	74		
ADHANSIA XR – methylphenidate hcl cap er 24hr 35 mg.....	74		
ADHANSIA XR – methylphenidate hcl cap er 24hr 45 mg.....	74		
ADHANSIA XR – methylphenidate hcl cap er 24hr 55 mg.....	74		

ADZENYS XR-ODT – amphetamine tab extended release disintegrating 3.1 mg.....	74	AFREZZA – insulin regular (human) inh powd 90 x 8 unit & 90 x 12 unit.....	27
ADZENYS XR-ODT – amphetamine tab extended release disintegrating 6.3 mg.....	74	AFSTYLA – antihemophilic fact rcmb single chain for inj kit 250 unit.....	109
ADZENYS XR-ODT – amphetamine tab extended release disintegrating 9.4 mg.....	74	AFSTYLA – antihemophilic fact rcmb single chain for inj kit 500 unit.....	109
ADZENYS XR-ODT – amphetamine tab extended release disintegrating 12.5 mg.....	74	AFSTYLA – antihemophilic fact rcmb single chain for inj kit 1000 unit.....	109
ADZENYS XR-ODT – amphetamine tab extended release disintegrating 15.7 mg.....	74	AFSTYLA – antihemophilic fact rcmb single chain for inj kit 1500 unit.....	109
ADZENYS XR-ODT – amphetamine tab extended release disintegrating 18.8 mg.....	75	AFSTYLA – antihemophilic fact rcmb single chain for inj kit 2000 unit.....	109
AEROCHAMBER MINI AEROSOL CHAMBER – spacer/aerosol-holding chambers - device.....	132	AFSTYLA – antihemophilic fact rcmb single chain for inj kit 2500 unit.....	109
AEROCHAMBER MV – spacer/aerosol-holding chambers - device.....	132	AFSTYLA – antihemophilic fact rcmb single chain for inj kit 3000 unit.....	109
AEROCHAMBER PLUS FLOW-VU/MASK – spacer/aerosol-holding chambers - device.....	133	AGAMATRIX CONTROL HIGH – blood glucose calibration - liquid - high.....	129
AEROCHAMBER PLUS FLOW-VU – spacer/aerosol-holding chambers - device.....	133	AGAMATRIX CONTROL NORMAL – blood glucose calibration - liquid.....	129
AEROCHAMBER Z-STAT PLUS/FLOWSIGNAL – spacer/aerosol-holding chambers - device.....	133	AGAMATRIX CONTROL NORMAL – blood glucose calibration - liquid - normal.....	129
AEROCHAMBER Z-STAT PLUS/LARGE MASK – spacer/aerosol-holding chambers - device.....	133	AGAMATRIX PRESTO – blood glucose monitoring kit w/ device.....	129
AEROCHAMBER Z-STAT PLUS/MEDIUM MASK – spacer/aerosol-holding chambers - device.....	133	AGAMATRIX PRESTO TEST STRIPS – glucose blood test strip.....	129
AEROCHAMBER Z-STAT PLUS/SMALL MASK – spacer/aerosol-holding chambers - device.....	133	AGGRENOLX – aspirin-dipyridamole cap er 12hr 25-200 mg.....	109
AEROCHAMBER Z-STAT PLUS VALVED HOLDING CHAMBER W/FLOW VU – spacer/aerosol-holding chambers - device.....	133	AIMOVIQ – erenumab-aooe subcutaneous soln auto-injector 70 mg/ml.....	91
AEROVENT PLUS HOLDING CHAMBER/COLLAPSIBLE – spacer/aerosol-holding chambers - device.....	133	AIMOVIQ – erenumab-aooe subcutaneous soln auto-injector 140 mg/ml.....	91
AFINITOR DISPERZ – everolimus tab for oral susp 2 mg.....	12	AIMSCO LUBRICATED.....	20
AFINITOR DISPERZ – everolimus tab for oral susp 3 mg.....	12	AIRDUO RESPICLICK 113/14 – fluticasone-salmeterol aer powder ba 113-14 mcg/act.....	52
AFINITOR DISPERZ – everolimus tab for oral susp 5 mg.....	12	AIRDUO RESPICLICK 232/14 – fluticasone-salmeterol aer powder ba 232-14 mcg/act.....	52
AFINITOR – everolimus tab 10 mg.....	12	AIRDUO RESPICLICK 55/14 – fluticasone-salmeterol aer powder ba 55-14 mcg/act.....	52
AFLURIA QUADRIVALENT 2020-2021 – influenza virus vaccine split quadrivalent im inj.....	10	AJOVY – fremanezumab-vfrm subcutaneous soln auto-inj 225 mg/1.5ml.....	91
AFLURIA QUADRIVALENT 2020-2021 – influenza virus vac split quadrivalent susp pref syr 0.25 ml.....	10	AJOVY – fremanezumab-vfrm subcutaneous soln pref syr 225 mg/1.5ml.....	91
AFLURIA QUADRIVALENT 2020-2021 – influenza virus vac split quadrivalent susp pref syr 0.5ml.....	10	AKLIEF – trifarotene cream 0.005%.....	122
AFREZZA – insulin regular (human) inhalation powder 4 unit/cartridge.....	26	AKYNZEO – netupitant-palonosetron cap 300-0.5 mg.....	59
AFREZZA – insulin regular (human) inhalation powder 8 unit/cartridge.....	26	<b>albendazole tab 200 mg (Albenza).....</b>	<b>10</b>
AFREZZA – insulin regular (human) inhalation powder 12 unit/cartridge.....	27	ALBUTEROL SULFATE ER – albuterol sulfate tab er 12hr 4 mg.....	52
AFREZZA – insulin regular (human) inhal powd 90 x 4 unit & 90 x 8 unit.....	27	ALBUTEROL SULFATE ER – albuterol sulfate tab er 12hr 8 mg.....	52
AFREZZA – insulin regular (human) inh powd 4 & 8 & 12 unit/cart (60).....	27	ALBUTEROL SULFATE HFA – albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv).....	52
		<b>albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv).....</b>	<b>52</b>
		<b>albuterol sulfate soln nebu 0.083% (2.5 mg/3ml).....</b>	<b>52</b>
		<b>albuterol sulfate soln nebu 0.5% (5 mg/ml).....</b>	<b>52</b>

<b>albuterol sulfate soln nebu 0.63 mg/3ml (base equiv)</b> .....	<b>52</b>	ALOGLIPTIN/PIOGLITAZONE – alogliptin-pioglitazone tab 25-45 mg.....	22
<b>albuterol sulfate soln nebu 1.25 mg/3ml (base equiv)</b> .....	<b>52</b>	ALOGLIPTIN – alogliptin benzoate tab 6.25 mg (base equiv).....	21
<b>albuterol sulfate syrup 2 mg/5ml</b> .....	<b>52</b>	ALOGLIPTIN – alogliptin benzoate tab 12.5 mg (base equiv).....	22
<b>albuterol sulfate tab 2 mg</b> .....	<b>52</b>	ALOGLIPTIN – alogliptin benzoate tab 25 mg (base equiv).....	22
<b>albuterol sulfate tab 4 mg</b> .....	<b>52</b>	ALOMIDE – Iodoxamide tromethamine ophth soln 0.1%.....	120
<b>alclometasone dipropionate cream 0.05%</b> .....	<b>125</b>	ALPHAGAN P – brimonidine tartrate ophth soln 0.1%.....	119
<b>alclometasone dipropionate oint 0.05%</b> .....	<b>126</b>	ALPHAGAN P – brimonidine tartrate ophth soln 0.15%.....	119
ALCOHOL PREP PADS.....	132	ALPHANATE/VON WILLEBRAND FACTOR COMPLEX/HUMAN – antihemophilic factor/vwf (human) for inj 250 unit.....	109
ALECENSA – alectinib hcl cap 150 mg (base equivalent).....	12	ALPHANATE/VON WILLEBRAND FACTOR COMPLEX/HUMAN – antihemophilic factor/vwf (human) for inj 500 unit.....	110
ALENDRONATE SODIUM – alendronate sodium oral soln 70 mg/75ml.....	29	ALPHANATE/VON WILLEBRAND FACTOR COMPLEX/HUMAN – antihemophilic factor/vwf (human) for inj 1000 unit.....	110
ALENDRONATE SODIUM – alendronate sodium tab 5 mg.....	29	ALPHANATE/VON WILLEBRAND FACTOR COMPLEX/HUMAN – antihemophilic factor/vwf (human) for inj 1500 unit.....	110
<b>alendronate sodium tab 10 mg</b> .....	<b>29</b>	ALPHANATE/VON WILLEBRAND FACTOR COMPLEX/HUMAN – antihemophilic factor/vwf (human) for inj 2000 unit.....	110
<b>alendronate sodium tab 35 mg</b> .....	<b>29</b>	ALPHANINE SD – coagulation factor ix for inj 500 unit.....	110
<b>alendronate sodium tab 70 mg (Fosamax)</b> .....	<b>29</b>	ALPHANINE SD – coagulation factor ix for inj 1000 unit.....	110
ALER-DRYL – diphenhydramine hcl tab 50 mg.....	49	ALPHANINE SD – coagulation factor ix for inj 1500 unit.....	110
<b>alfuzosin hcl tab er 24hr 10 mg (Uroxatral)</b> .....	<b>64</b>	<b>alprazolam tab er 24hr 0.5 mg (Xanax xr)</b> .....	<b>64</b>
ALINIA – nitazoxanide for susp 100 mg/5ml.....	10	<b>alprazolam tab er 24hr 1 mg (Xanax xr)</b> .....	<b>64</b>
ALINIA – nitazoxanide tab 500 mg.....	10	<b>alprazolam tab er 24hr 2 mg (Xanax xr)</b> .....	<b>64</b>
<b>aliskiren fumarate tab 150 mg (base equivalent) (Tekturna)</b> .....	<b>47</b>	<b>alprazolam tab 0.25 mg (Xanax)</b> .....	<b>64</b>
<b>aliskiren fumarate tab 300 mg (base equivalent) (Tekturna)</b> .....	<b>47</b>	<b>alprazolam tab 0.5 mg (Xanax)</b> .....	<b>64</b>
ALIVE MENS ENERGY – multiple vitamins w/ minerals tab.....	100	<b>alprazolam tab 1 mg (Xanax)</b> .....	<b>64</b>
ALIVE ONCE DAILY WOMENS 50+ ULTRA POTENCY – multiple vitamins w/ minerals tab.....	100	<b>alprazolam tab 2 mg (Xanax)</b> .....	<b>65</b>
ALIVE WOMENS 50+ – multiple vitamins w/ minerals tab.....	100	ALPROLIX – coagulation factor ix (recomb) (rfixfc) for inj 250 unit.....	110
ALIVE WOMENS ENERGY – multiple vitamins w/ minerals tab.....	100	ALPROLIX – coagulation factor ix (recomb) (rfixfc) for inj 500 unit.....	110
ALLEGRA ALLERGY CHILDRENS – fexofenadine hcl orally disintegrating tab 30 mg.....	49	ALPROLIX – coagulation factor ix (recomb) (rfixfc) for inj 1000 unit.....	110
<b>allopurinol tab 100 mg (Zyloprim)</b> .....	<b>92</b>	ALPROLIX – coagulation factor ix (recomb) (rfixfc) for inj 2000 unit.....	110
<b>allopurinol tab 300 mg (Zyloprim)</b> .....	<b>92</b>	ALPROLIX – coagulation factor ix (recomb) (rfixfc) for inj 3000 unit.....	110
<b>almotriptan malate tab 6.25 mg</b> .....	<b>91</b>	ALPROLIX – coagulation factor ix (recomb) (rfixfc) for inj 4000 unit.....	110
<b>almotriptan malate tab 12.5 mg</b> .....	<b>91</b>	ALREX – loteprednol etabonate ophth susp 0.2%.....	118
ALOCRIIL – nedocromil sodium ophth soln 2%.....	120	ALTACE – ramipril cap 1.25 mg.....	31
ALOGLIPTIN/METFORMIN HCL – alogliptin-metformin hcl tab 12.5-500 mg.....	22		
ALOGLIPTIN/METFORMIN HCL – alogliptin-metformin hcl tab 12.5-1000 mg.....	22		
ALOGLIPTIN/PIOGLITAZONE – alogliptin-pioglitazone tab 12.5-15 mg.....	22		
ALOGLIPTIN/PIOGLITAZONE – alogliptin-pioglitazone tab 12.5-30 mg.....	22		
ALOGLIPTIN/PIOGLITAZONE – alogliptin-pioglitazone tab 12.5-45 mg.....	22		
ALOGLIPTIN/PIOGLITAZONE – alogliptin-pioglitazone tab 25-15 mg.....	22		
ALOGLIPTIN/PIOGLITAZONE – alogliptin-pioglitazone tab 25-30 mg.....	22		

ALTACE – ramipril cap 2.5 mg.....	31	amlodipine besylate-benazepril hcl cap 5-40 mg.....	39
ALTACE – ramipril cap 5 mg.....	31	amlodipine besylate-benazepril hcl cap 5-10 mg	
ALTACE – ramipril cap 10 mg.....	31	(Lotrel).....	39
ALTOPREV – lovastatin tab er 24hr 20 mg.....	43	amlodipine besylate-benazepril hcl cap 5-20 mg	
ALTOPREV – lovastatin tab er 24hr 40 mg.....	43	(Lotrel).....	39
ALTOPREV – lovastatin tab er 24hr 60 mg.....	43	amlodipine besylate-benazepril hcl cap 10-20 mg	
alum & mag hydroxide-simethicone susp 200-200-20		(Lotrel).....	39
mg/5ml.....	57	amlodipine besylate-benazepril hcl cap 10-40 mg	
alum & mag hydroxide-simethicone susp 400-400-40		(Lotrel).....	39
mg/5ml.....	57	amlodipine besylate-olmesartan medoxomil tab 5-20	
ALVESCO – ciclesonide inhal aerosol 80 mcg/act.....	52	mg (Azor).....	39
ALVESCO – ciclesonide inhal aerosol 160 mcg/act.....	52	amlodipine besylate-olmesartan medoxomil tab 5-40	
AMARYL – glimepiride tab 1 mg.....	22	mg (Azor).....	39
AMARYL – glimepiride tab 2 mg.....	22	amlodipine besylate-olmesartan medoxomil tab 10-20	
AMARYL – glimepiride tab 4 mg.....	22	mg (Azor).....	39
AMBIEN CR – zolpidem tartrate tab er 6.25 mg.....	73	amlodipine besylate-olmesartan medoxomil tab 10-40	
AMBIEN CR – zolpidem tartrate tab er 12.5 mg.....	73	mg (Azor).....	39
AMBIEN – zolpidem tartrate tab 5 mg.....	73	amlodipine besylate tab 2.5 mg (base equivalent)	
AMBIEN – zolpidem tartrate tab 10 mg.....	73	(Norvasc).....	38
ambrisentan tab 5 mg (Letairis).....	47	amlodipine besylate tab 5 mg (base equivalent)	
ambrisentan tab 10 mg (Letairis).....	47	(Norvasc).....	38
AMERGE – naratriptan hcl tab 1 mg (base equiv).....	91	amlodipine besylate tab 10 mg (base equivalent)	
AMERGE – naratriptan hcl tab 2.5 mg (base equiv).....	91	(Norvasc).....	38
amiloride & hydrochlorothiazide tab 5-50 mg.....	46	amlodipine besylate-valsartan tab 5-160 mg	
amiodarone hcl tab 200 mg.....	46	(Exforge).....	39
AMITIZA – lubiprostone cap 8 mcg.....	60	amlodipine besylate-valsartan tab 5-320 mg	
AMITIZA – lubiprostone cap 24 mcg.....	60	(Exforge).....	39
amitriptyline hcl tab 10 mg.....	65	amlodipine besylate-valsartan tab 10-160 mg	
amitriptyline hcl tab 25 mg.....	65	(Exforge).....	39
amitriptyline hcl tab 50 mg.....	65	amlodipine besylate-valsartan tab 10-320 mg	
amitriptyline hcl tab 75 mg.....	65	(Exforge).....	39
amitriptyline hcl tab 100 mg.....	65	amlodipine-valsartan-hydrochlorothiazide tab	
amitriptyline hcl tab 150 mg.....	65	5-160-12.5 mg (Exforge hct).....	33
amlodipine besylate-atorvastatin calcium tab 2.5-10		amlodipine-valsartan-hydrochlorothiazide tab 5-160-25	
mg.....	38	mg (Exforge hct).....	33
amlodipine besylate-atorvastatin calcium tab 2.5-20		amlodipine-valsartan-hydrochlorothiazide tab	
mg.....	38	10-160-12.5 mg (Exforge hct).....	33
amlodipine besylate-atorvastatin calcium tab 2.5-40		amlodipine-valsartan-hydrochlorothiazide tab	
mg.....	38	10-160-25 mg (Exforge hct).....	33
amlodipine besylate-atorvastatin calcium tab 5-10 mg		amlodipine-valsartan-hydrochlorothiazide tab	
(Caduet).....	38	10-320-25 mg (Exforge hct).....	33
amlodipine besylate-atorvastatin calcium tab 5-20 mg		AMOXICILLIN/CLAVULANATE POTASSIUM – amoxicillin	
(Caduet).....	38	& k clavulanate chew tab 200-28.5 mg.....	2
amlodipine besylate-atorvastatin calcium tab 5-40 mg		AMOXICILLIN/CLAVULANATE POTASSIUM – amoxicillin	
(Caduet).....	38	& k clavulanate chew tab 400-57 mg.....	2
amlodipine besylate-atorvastatin calcium tab 5-80 mg		AMOXICILLIN/CLAVULANATE POTASSIUM – amoxicillin	
(Caduet).....	39	& k clavulanate tab er 12hr 1000-62.5 mg.....	2
amlodipine besylate-atorvastatin calcium tab 10-10 mg		amoxicillin & k clavulanate for susp 200-28.5	
(Caduet).....	39	mg/5ml.....	2
amlodipine besylate-atorvastatin calcium tab 10-20 mg		amoxicillin & k clavulanate for susp 400-57 mg/5ml.....	2
(Caduet).....	39	amoxicillin & k clavulanate for susp 250-62.5 mg/5ml	
amlodipine besylate-atorvastatin calcium tab 10-40 mg		(Augmentin).....	2
(Caduet).....	39	amoxicillin & k clavulanate for susp 600-42.9 mg/5ml	
amlodipine besylate-atorvastatin calcium tab 10-80 mg		(Augmentin es-600).....	2
(Caduet).....	39	amoxicillin & k clavulanate tab 250-125 mg.....	2
amlodipine besylate-benazepril hcl cap 2.5-10 mg.....	39	amoxicillin & k clavulanate tab 875-125 mg.....	2

amoxicillin & k clavulanate tab 500-125 mg (Augmentin).....	2	ANIMAL SHAPES/IRON – pediatric multiple vitamins w/ iron chew tab 18 mg.....	100
amoxicillin (trihydrate) cap 250 mg.....	2	ANORO ELLIPTA – umeclidinium-vilanterol aero powd ba 62.5-25 mcg/inh.....	52
amoxicillin (trihydrate) cap 500 mg.....	2	ANTACID SOFT CHEWS – calcium carbonate (antacid) chew tab 1177 mg (471 mg ca).....	57
amoxicillin (trihydrate) for susp 125 mg/5ml.....	2	ANTARA – fenofibrate micronized cap 30 mg.....	43
amoxicillin (trihydrate) for susp 200 mg/5ml.....	2	ANTARA – fenofibrate micronized cap 90 mg.....	43
amoxicillin (trihydrate) for susp 250 mg/5ml.....	2	ANZEMET – dolasetron mesylate tab 50 mg.....	59
amoxicillin (trihydrate) for susp 400 mg/5ml.....	2	ANZEMET – dolasetron mesylate tab 100 mg.....	59
amoxicillin (trihydrate) tab 500 mg.....	2	APIDRA – insulin glulisine inj 100 unit/ml.....	26
amoxicillin (trihydrate) tab 875 mg.....	2	APIDRA SOLOSTAR – insulin glulisine soln pen-injector inj 100 unit/ml.....	26
amphetamine-dextroamphetamine cap er 24hr 5 mg (Adderall xr).....	75	APLENZIN – bupropion hbr tab er 24hr 174 mg.....	65
amphetamine-dextroamphetamine cap er 24hr 10 mg (Adderall xr).....	75	APLENZIN – bupropion hbr tab er 24hr 348 mg.....	65
amphetamine-dextroamphetamine cap er 24hr 15 mg (Adderall xr).....	75	APLENZIN – bupropion hbr tab er 24hr 522 mg.....	65
amphetamine-dextroamphetamine cap er 24hr 20 mg (Adderall xr).....	75	apraclonidine hcl ophth soln 0.5% (base equivalent).....	119
amphetamine-dextroamphetamine cap er 24hr 25 mg (Adderall xr).....	75	aprepitant capsule 40 mg (Emend).....	59
amphetamine-dextroamphetamine cap er 24hr 30 mg (Adderall xr).....	75	aprepitant capsule 80 mg (Emend).....	59
amphetamine-dextroamphetamine tab 5 mg (Adderall).....	75	aprepitant capsule 125 mg (Emend).....	59
amphetamine-dextroamphetamine tab 7.5 mg (Adderall).....	75	aprepitant capsule therapy pack 80 & 125 mg (Emend tripack).....	59
amphetamine-dextroamphetamine tab 10 mg (Adderall).....	75	APRISO – mesalamine cap er 24hr 0.375 gm.....	61
amphetamine-dextroamphetamine tab 12.5 mg (Adderall).....	75	APTENSIO XR – methylphenidate hcl cap er 24hr 10 mg (xr).....	75
amphetamine-dextroamphetamine tab 15 mg (Adderall).....	75	APTENSIO XR – methylphenidate hcl cap er 24hr 15 mg (xr).....	75
amphetamine-dextroamphetamine tab 20 mg (Adderall).....	75	APTENSIO XR – methylphenidate hcl cap er 24hr 20 mg (xr).....	75
amphetamine-dextroamphetamine tab 30 mg (Adderall).....	75	APTENSIO XR – methylphenidate hcl cap er 24hr 30 mg (xr).....	75
amphetamine sulfate tab 5 mg (Evekeo).....	75	APTENSIO XR – methylphenidate hcl cap er 24hr 40 mg (xr).....	75
amphetamine sulfate tab 10 mg (Evekeo).....	75	APTENSIO XR – methylphenidate hcl cap er 24hr 50 mg (xr).....	75
AMPICILLIN – ampicillin cap 500 mg.....	2	APTENSIO XR – methylphenidate hcl cap er 24hr 60 mg (xr).....	75
AMPYRA – dalfampridine tab er 12hr 10 mg.....	79	APTIOM – eslicarbazepine acetate tab 200 mg.....	92
anastrozole tab 1 mg (Arimidex).....	12	APTIOM – eslicarbazepine acetate tab 400 mg.....	92
ANCOBON – flucytosine cap 250 mg.....	5	APTIOM – eslicarbazepine acetate tab 600 mg.....	92
ANCOBON – flucytosine cap 500 mg.....	5	APTIOM – eslicarbazepine acetate tab 800 mg.....	92
ANDRODERM – testosterone td patch 24hr 2 mg/24hr.....	19	APTIVUS – tipranavir cap 250 mg.....	7
ANDRODERM – testosterone td patch 24hr 4 mg/24hr.....	19	APTIVUS – tipranavir oral soln 100 mg/ml.....	7
ANDROGEL PUMP – testosterone td gel 20.25 mg/act (1.62%).....	19	ARANESP ALBUMIN FREE – darbepoetin alfa soln inj 25 mcg/ml.....	110
ANDROGEL – testosterone td gel 25 mg/2.5gm (1%).....	19	ARANESP ALBUMIN FREE – darbepoetin alfa soln inj 40 mcg/ml.....	110
ANDROGEL – testosterone td gel 50 mg/5gm (1%).....	19	ARANESP ALBUMIN FREE – darbepoetin alfa soln inj 60 mcg/ml.....	110
ANDROGEL – testosterone td gel 20.25 mg/1.25gm (1.62%).....	19	ARANESP ALBUMIN FREE – darbepoetin alfa soln inj 100 mcg/ml.....	110
ANDROGEL – testosterone td gel 40.5 mg/2.5gm (1.62%).....	19	ARANESP ALBUMIN FREE – darbepoetin alfa soln inj 200 mcg/ml.....	110
		ARANESP ALBUMIN FREE – darbepoetin alfa soln inj 300 mcg/ml.....	110

ARANESP ALBUMIN FREE – darbepoetin alfa soln prefilled syringe 10 mcg/0.4ml.....	110	<b>armodafinil tab 250 mg (Nuvigil).....</b>	<b>75</b>
ARANESP ALBUMIN FREE – darbepoetin alfa soln prefilled syringe 25 mcg/0.42ml.....	110	ARNUIITY ELLIPTA – fluticasone furoate aerosol powder breath activ 50 mcg/act.....	52
ARANESP ALBUMIN FREE – darbepoetin alfa soln prefilled syringe 40 mcg/0.4ml.....	110	ARNUIITY ELLIPTA – fluticasone furoate aerosol powder breath activ 100 mcg/act.....	52
ARANESP ALBUMIN FREE – darbepoetin alfa soln prefilled syringe 60 mcg/0.3ml.....	110	ARNUIITY ELLIPTA – fluticasone furoate aerosol powder breath activ 200 mcg/act.....	52
ARANESP ALBUMIN FREE – darbepoetin alfa soln prefilled syringe 100 mcg/0.5ml.....	110	<b>artificial tear ophth ointment.....</b>	<b>120</b>
ARANESP ALBUMIN FREE – darbepoetin alfa soln prefilled syringe 150 mcg/0.3ml.....	110	<b>artificial tear ophth solution.....</b>	<b>120</b>
ARANESP ALBUMIN FREE – darbepoetin alfa soln prefilled syringe 200 mcg/0.4ml.....	110	ARTIFICIAL TEARS – hypromellose ophth soln 0.4%.....	120
ARANESP ALBUMIN FREE – darbepoetin alfa soln prefilled syringe 300 mcg/0.6ml.....	110	ARYMO ER – morphine sulfate tab er abuse-deterrent 15 mg.....	83
ARANESP ALBUMIN FREE – darbepoetin alfa soln prefilled syringe 500 mcg/ml.....	110	ARYMO ER – morphine sulfate tab er abuse-deterrent 30 mg.....	83
ARCALYST – rilonacept for inj 220 mg.....	88	ARYMO ER – morphine sulfate tab er abuse-deterrent 60 mg.....	84
ARCAPTA NEOHALER – indacaterol maleate inhal powder cap 75 mcg (base equiv).....	52	ASACOL HD – mesalamine tab delayed release 800 mg.....	61
ARICEPT – donepezil hydrochloride tab 5 mg.....	80	<b>ascorbic acid chew tab 500 mg.....</b>	<b>100</b>
ARICEPT – donepezil hydrochloride tab 10 mg.....	80	<b>ascorbic acid inj 500 mg/ml.....</b>	<b>100</b>
ARICEPT – donepezil hydrochloride tab 23 mg.....	80	<b>ascorbic acid tab 250 mg.....</b>	<b>100</b>
ARIKAYCE – amikacin sulfate liposome inhal susp 590 mg/8.4ml (base eq).....	4	<b>ascorbic acid tab 500 mg.....</b>	<b>100</b>
<b>aripiprazole orally disintegrating tab 10 mg.....</b>	<b>69</b>	<b>ascorbic acid tab 1000 mg.....</b>	<b>100</b>
<b>aripiprazole orally disintegrating tab 15 mg.....</b>	<b>69</b>	ASMANEX HFA – mometasone furoate inhal aerosol suspension 50 mcg/act.....	52
<b>aripiprazole oral solution 1 mg/ml.....</b>	<b>69</b>	ASMANEX HFA – mometasone furoate inhal aerosol suspension 100 mcg/act.....	52
<b>aripiprazole tab 2 mg (Abilify).....</b>	<b>69</b>	ASMANEX HFA – mometasone furoate inhal aerosol suspension 200 mcg/act.....	52
<b>aripiprazole tab 5 mg (Abilify).....</b>	<b>69</b>	ASMANEX TWISTHALER 120 METERED DOSES – mometasone furoate inhal powd 220 mcg/inh (breath activated).....	52
<b>aripiprazole tab 10 mg (Abilify).....</b>	<b>69</b>	ASMANEX TWISTHALER 30 METERED DOSES – mometasone furoate inhal powd 110 mcg/inh (breath activated).....	52
<b>aripiprazole tab 15 mg (Abilify).....</b>	<b>69</b>	ASMANEX TWISTHALER 30 METERED DOSES – mometasone furoate inhal powd 220 mcg/inh (breath activated).....	53
<b>aripiprazole tab 20 mg (Abilify).....</b>	<b>69</b>	ASMANEX TWISTHALER 60 METERED DOSES – mometasone furoate inhal powd 220 mcg/inh (breath activated).....	53
<b>aripiprazole tab 30 mg (Abilify).....</b>	<b>69</b>	<b>aspirin-acetaminophen-caffeine tab 250-250-65 mg.....</b>	<b>83</b>
ARISTADA – aripiprazole lauroxil im er susp prefilled syr 441 mg/1.6ml.....	69	<b>aspirin buffered (ca carb-mg carb-mg ox) tab 325 mg.....</b>	<b>83</b>
ARISTADA – aripiprazole lauroxil im er susp prefilled syr 662 mg/2.4ml.....	69	<b>aspirin chew tab 81 mg.....</b>	<b>83</b>
ARISTADA – aripiprazole lauroxil im er susp prefilled syr 882 mg/3.2ml.....	69	<b>aspirin-dipyridamole cap er 12hr 25-200 mg (Aggrenox).....</b>	<b>111</b>
ARISTADA – aripiprazole lauroxil im er susp prefilled syr 1064 mg/3.9ml.....	69	<b>aspirin tab delayed release 81 mg.....</b>	<b>83</b>
ARISTADA INITIO – aripiprazole lauroxil im er susp prefilled syr 675 mg/2.4ml.....	69	<b>aspirin tab delayed release 325 mg.....</b>	<b>83</b>
ARIXTRA – fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml.....	110	<b>aspirin tab 325 mg.....</b>	<b>83</b>
ARIXTRA – fondaparinux sodium subcutaneous inj 5 mg/0.4ml.....	110	ASTAGRAF XL – tacrolimus cap er 24hr 0.5 mg.....	133
ARIXTRA – fondaparinux sodium subcutaneous inj 7.5 mg/0.6ml.....	110	ASTAGRAF XL – tacrolimus cap er 24hr 1 mg.....	133
ARIXTRA – fondaparinux sodium subcutaneous inj 10 mg/0.8ml.....	111	ASTAGRAF XL – tacrolimus cap er 24hr 5 mg.....	133
<b>armodafinil tab 50 mg (Nuvigil).....</b>	<b>75</b>	ATACAND – candesartan cilexetil tab 4 mg.....	33
<b>armodafinil tab 150 mg (Nuvigil).....</b>	<b>75</b>		
<b>armodafinil tab 200 mg (Nuvigil).....</b>	<b>75</b>		



ATACAND – candesartan cilexetil tab 8 mg.....	33	AUGMENTIN – amoxicillin & k clavulanate for susp 125-31.25 mg/5ml.....	2
ATACAND – candesartan cilexetil tab 16 mg.....	33	AUGMENTIN – amoxicillin & k clavulanate for susp 250-62.5 mg/5ml.....	2
ATACAND – candesartan cilexetil tab 32 mg.....	33	AURYXIA – ferric citrate tab 1 gm (210 mg ferric iron).....	61
ATACAND HCT – candesartan cilexetil- hydrochlorothiazide tab 16-12.5 mg.....	33	AVALIDE – irbesartan-hydrochlorothiazide tab 150-12.5 mg.....	34
ATACAND HCT – candesartan cilexetil- hydrochlorothiazide tab 32-12.5 mg.....	34	AVALIDE – irbesartan-hydrochlorothiazide tab 300-12.5 mg.....	34
ATACAND HCT – candesartan cilexetil- hydrochlorothiazide tab 32-25 mg.....	34	AVANDIA – rosiglitazone maleate tab 2 mg (base equiv).....	22
<b>atazanavir sulfate cap 150 mg (base equiv)</b> <b>(Reyataz).....</b>	<b>7</b>	AVANDIA – rosiglitazone maleate tab 4 mg (base equiv).....	22
<b>atazanavir sulfate cap 200 mg (base equiv)</b> <b>(Reyataz).....</b>	<b>7</b>	AVAPRO – irbesartan tab 75 mg.....	34
<b>atazanavir sulfate cap 300 mg (base equiv)</b> <b>(Reyataz).....</b>	<b>7</b>	AVAPRO – irbesartan tab 150 mg.....	34
AELVIA – risedronate sodium tab delayed release mg.....	35 29	AVAPRO – irbesartan tab 300 mg.....	34
<b>atenolol &amp; chlorthalidone tab 50-25 mg (Tenoretic 50).....</b>	<b>36</b>	AVODART – dutasteride cap 0.5 mg.....	64
<b>atenolol &amp; chlorthalidone tab 100-25 mg (Tenoretic 100).....</b>	<b>36</b>	AVONEX – interferon beta-1a im prefilled syringe kit 30 mcg/0.5ml.....	79
<b>atenolol tab 25 mg (Tenormin).....</b>	<b>36</b>	AVONEX PEN – interferon beta-1a im auto-injector kit 30 mcg/0.5ml.....	79
<b>atenolol tab 50 mg (Tenormin).....</b>	<b>36</b>	AYVAKIT – avapritinib tab 100 mg.....	12
<b>atenolol tab 100 mg (Tenormin).....</b>	<b>36</b>	AYVAKIT – avapritinib tab 200 mg.....	12
<b>atomoxetine hcl cap 10 mg (base equiv) (Strattera).....</b>	<b>75</b>	AYVAKIT – avapritinib tab 300 mg.....	12
<b>atomoxetine hcl cap 18 mg (base equiv) (Strattera).....</b>	<b>75</b>	AZASAN – azathioprine tab 75 mg.....	133
<b>atomoxetine hcl cap 25 mg (base equiv) (Strattera).....</b>	<b>75</b>	AZASAN – azathioprine tab 100 mg.....	133
<b>atomoxetine hcl cap 40 mg (base equiv) (Strattera).....</b>	<b>75</b>	AZASITE – azithromycin ophth soln 1%.....	118
<b>atomoxetine hcl cap 60 mg (base equiv) (Strattera).....</b>	<b>75</b>	<b>azathioprine tab 50 mg (Imuran).....</b>	<b>133</b>
<b>atomoxetine hcl cap 80 mg (base equiv) (Strattera).....</b>	<b>75</b>	<b>azelaic acid gel 15% (Finacea).....</b>	<b>122</b>
<b>atomoxetine hcl cap 100 mg (base equiv)</b> <b>(Strattera).....</b>	<b>75</b>	<b>azelastine hcl nasal spray 0.1% (137 mcg/spray).....</b>	<b>50</b>
<b>atorvastatin calcium tab 10 mg (base equivalent)</b> <b>(Lipitor).....</b>	<b>43</b>	<b>azelastine hcl nasal spray 0.15% (205.5 mcg/spray)</b> <b>(Astepro).....</b>	<b>50</b>
<b>atorvastatin calcium tab 20 mg (base equivalent)</b> <b>(Lipitor).....</b>	<b>43</b>	<b>azelastine hcl ophth soln 0.05%.....</b>	<b>120</b>
<b>atorvastatin calcium tab 40 mg (base equivalent)</b> <b>(Lipitor).....</b>	<b>43</b>	AZELEX – azelaic acid cream 20%.....	122
<b>atorvastatin calcium tab 80 mg (base equivalent)</b> <b>(Lipitor).....</b>	<b>43</b>	AZITHROMYCIN – azithromycin powd pack for susp 1 gm.....	3
<b>atovaquone-proguanil hcl tab 62.5-25 mg</b> <b>(Malarone).....</b>	<b>9</b>	<b>azithromycin for susp 100 mg/5ml (Zithromax).....</b>	<b>3</b>
<b>atovaquone-proguanil hcl tab 250-100 mg</b> <b>(Malarone).....</b>	<b>9</b>	<b>azithromycin for susp 200 mg/5ml (Zithromax).....</b>	<b>3</b>
<b>atovaquone susp 750 mg/5ml (Mepron).....</b>	<b>10</b>	<b>azithromycin tab 250 mg (Zithromax).....</b>	<b>3</b>
ATRALIN – tretinoin gel 0.05%.....	122	<b>azithromycin tab 500 mg (Zithromax).....</b>	<b>3</b>
ATRIPLA – efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg.....	7	<b>azithromycin tab 600 mg (Zithromax).....</b>	<b>3</b>
ATROPINE SULFATE – atropine sulfate ophth soln 1%.....	120	AZOPT – brinzolamide ophth susp 1%.....	119
ATROVENT HFA – ipratropium bromide hfa inhal aerosol 17 mcg/act.....	53	AZOR – amlodipine besylate-olmesartan medoxomil tab 5-20 mg.....	39
AUBAGIO – teriflunomide tab 7 mg.....	79	AZOR – amlodipine besylate-olmesartan medoxomil tab 5-40 mg.....	39
AUBAGIO – teriflunomide tab 14 mg.....	79	AZOR – amlodipine besylate-olmesartan medoxomil tab 10-20 mg.....	39
AUGMENTED BETAMETHASONE DIPROPIONATE – betamethasone dipropionate augmented gel 0.05%.....	126	AZOR – amlodipine besylate-olmesartan medoxomil tab 10-40 mg.....	39
		AZULFIDINE EN-TABS – sulfasalazine tab delayed release 500 mg.....	61
		AZULFIDINE – sulfasalazine tab 500 mg.....	61
		<b>B</b>	
		BACITRACIN – bacitracin ophth oint 500 unit/gm.....	118

<b>bacitracin oint 500 unit/gm</b> .....	124	<b>benazepril &amp; hydrochlorothiazide tab 20-12.5 mg (Lotensin hct)</b> .....	32
<b>bacitracin-polymyxin b oint</b> .....	124	<b>benazepril &amp; hydrochlorothiazide tab 20-25 mg (Lotensin hct)</b> .....	32
<b>bacitracin-polymyxin b ophth oint</b> .....	118	<b>benazepril hcl tab 5 mg</b> .....	32
<b>bacitracin-polymyxin-neomycin-hc ophth oint 1%</b> .....	118	<b>benazepril hcl tab 10 mg (Lotensin)</b> .....	32
<b>bacitracin zinc oint 500 unit/gm</b> .....	124	<b>benazepril hcl tab 20 mg (Lotensin)</b> .....	32
<b>baclofen tab 10 mg</b> .....	99	<b>benazepril hcl tab 40 mg (Lotensin)</b> .....	32
<b>baclofen tab 20 mg</b> .....	99	<b>BENEFIX – coagulation factor ix (recombinant) for inj kit 250 unit</b> .....	111
<b>balsalazide disodium cap 750 mg (Colazal)</b> .....	61	<b>BENEFIX – coagulation factor ix (recombinant) for inj kit 500 unit</b> .....	111
BALVERSA – erdafitinib tab 3 mg.....	12	<b>BENEFIX – coagulation factor ix (recombinant) for inj kit 1000 unit</b> .....	111
BALVERSA – erdafitinib tab 4 mg.....	12	<b>BENEFIX – coagulation factor ix (recombinant) for inj kit 2000 unit</b> .....	111
BALVERSA – erdafitinib tab 5 mg.....	12	<b>BENEFIX – coagulation factor ix (recombinant) for inj kit 3000 unit</b> .....	111
BANZEL – rufinamide susp 40 mg/ml.....	93	<b>BENICAR HCT – olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg</b> .....	34
BANZEL – rufinamide tab 200 mg.....	93	<b>BENICAR HCT – olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg</b> .....	34
BANZEL – rufinamide tab 400 mg.....	93	<b>BENICAR HCT – olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg</b> .....	34
BARACLUDE – entecavir oral soln 0.05 mg/ml.....	6	<b>BENICAR – olmesartan medoxomil tab 5 mg</b> .....	34
BARACLUDE – entecavir tab 0.5 mg.....	6	<b>BENICAR – olmesartan medoxomil tab 20 mg</b> .....	34
BARACLUDE – entecavir tab 1 mg.....	6	<b>BENICAR – olmesartan medoxomil tab 40 mg</b> .....	34
BASAGLAR KWIKPEN – insulin glargine soln pen-injector 100 unit/ml.....	28	<b>BENZACLIN – clindamycin phosphate-benzoyl peroxide gel 1-5%</b> .....	122
BASIC AM – multiple vitamins w/ minerals tab.....	101	<b>BENZACLIN WITH PUMP – clindamycin phosphate-benzoyl peroxide gel 1-5%</b> .....	122
BASIC PM – multiple vitamins w/ minerals tab.....	101	<b>BENZNIDAZOLE – benznidazole tab 12.5 mg</b> .....	10
BAXDELA – delafloxacin meglumine tab 450 mg (base equiv).....	4	<b>BENZNIDAZOLE – benznidazole tab 100 mg</b> .....	10
BCG VACCINE – bcg vaccine inj.....	10	<b>benzonatate cap 200 mg</b> .....	51
<b>b-complex vitamin inj</b> .....	100	<b>benzonatate cap 100 mg (Tessalon perles)</b> .....	51
<b>b-complex w/ c &amp; folic acid cap 1 mg</b> .....	100	<b>BENZOYL PEROXIDE CLEANSER – benzoyl peroxide liq 6%</b> .....	122
<b>b-complex w/ c &amp; folic acid tab</b> .....	101	<b>benzoyl peroxide cloth 6%</b> .....	122
<b>b-complex w/ c &amp; folic acid tab 0.8 mg</b> .....	101	<b>benzoyl peroxide cream 10%</b> .....	122
<b>b-complex w/ c &amp; folic acid tab 5 mg</b> .....	101	<b>benzoyl peroxide-erythromycin gel 5-3% (Benzamycin)</b> .....	122
<b>b-complex w/ c &amp; folic acid tab 1 mg (Nephro-vite rx)</b> .....	101	<b>benzoyl peroxide foam 5.3%</b> .....	122
BD INSULIN SYRINGE/U-500/.....	132	<b>benzoyl peroxide gel 2.5%</b> .....	122
BECONASE AQ – beclomethasone dipropionate monohyd nasal susp 42 mcg/spray.....	50	<b>benzoyl peroxide gel 5%</b> .....	122
BELBUCA – buprenorphine hcl buccal film 75 mcg (base equivalent).....	84	<b>benzoyl peroxide gel 10%</b> .....	122
BELBUCA – buprenorphine hcl buccal film 150 mcg (base equivalent).....	84	<b>benzoyl peroxide liq 4%</b> .....	122
BELBUCA – buprenorphine hcl buccal film 300 mcg (base equivalent).....	84	<b>benzoyl peroxide liq 10%</b> .....	122
BELBUCA – buprenorphine hcl buccal film 450 mcg (base equivalent).....	84	<b>benzoyl peroxide liq 5% (Benzac ac wash)</b> .....	122
BELBUCA – buprenorphine hcl buccal film 600 mcg (base equivalent).....	84	<b>benztropine mesylate tab 0.5 mg</b> .....	97
BELBUCA – buprenorphine hcl buccal film 750 mcg (base equivalent).....	84	<b>benztropine mesylate tab 1 mg</b> .....	97
BELBUCA – buprenorphine hcl buccal film 900 mcg (base equivalent).....	84	<b>benztropine mesylate tab 2 mg</b> .....	97
BELSOMRA – suvorexant tab 5 mg.....	73	<b>BEPREVE – bepotastine besilate ophth soln 1.5%</b> .....	120
BELSOMRA – suvorexant tab 10 mg.....	73	<b>BERINERT – c1 esterase inhibitor (human) for iv inj kit 500 unit</b> .....	111
BELSOMRA – suvorexant tab 15 mg.....	73	<b>BESIVANCE – besifloxacin hcl ophth susp 0.6% (base equiv)</b> .....	118
BELSOMRA – suvorexant tab 20 mg.....	73		
<b>benazepril &amp; hydrochlorothiazide tab 5-6.25 mg</b> .....	31		
<b>benazepril &amp; hydrochlorothiazide tab 10-12.5 mg (Lotensin hct)</b> .....	32		

BETA CAROTENE – beta carotene cap 10000 unit.....	100	<b>bisoprolol &amp; hydrochlorothiazide tab 2.5-6.25 mg (Ziac).....</b>	<b>36</b>
<b>beta carotene cap 25000 unit.....</b>	<b>100</b>	<b>bisoprolol &amp; hydrochlorothiazide tab 5-6.25 mg (Ziac).....</b>	<b>36</b>
<b>betamethasone dipropionate augmented cream 0.05% (Diprolene af).....</b>	<b>126</b>	<b>bisoprolol &amp; hydrochlorothiazide tab 10-6.25 mg (Ziac).....</b>	<b>36</b>
<b>betamethasone dipropionate augmented lotion 0.05%.....</b>	<b>126</b>	<b>bisoprolol fumarate tab 5 mg.....</b>	<b>36</b>
<b>betamethasone dipropionate augmented oint 0.05% (Diprolene).....</b>	<b>126</b>	<b>bisoprolol fumarate tab 10 mg.....</b>	<b>36</b>
<b>betamethasone dipropionate cream 0.05%.....</b>	<b>126</b>	BONIVA – ibandronate sodium tab 150 mg (base equivalent).....	29
<b>betamethasone dipropionate lotion 0.05%.....</b>	<b>126</b>	BOOSTRIX – tet tox-diph-acell pertuss ad inj 5-2.5-18.5 lf- lf-mcg/0.5ml.....	10
<b>betamethasone dipropionate oint 0.05%.....</b>	<b>126</b>	<b>bosentan tab 62.5 mg (Tracleer).....</b>	<b>47</b>
<b>betamethasone valerate aerosol foam 0.12% (Luxiq).....</b>	<b>126</b>	<b>bosentan tab 125 mg (Tracleer).....</b>	<b>47</b>
<b>betamethasone valerate cream 0.1% (base equivalent).....</b>	<b>126</b>	BOSULIF – bosutinib tab 100 mg.....	13
<b>betamethasone valerate lotion 0.1% (base equivalent).....</b>	<b>126</b>	BOSULIF – bosutinib tab 500 mg.....	13
<b>betamethasone valerate oint 0.1% (base equivalent).....</b>	<b>126</b>	BPROTECTED PEDIA POLY-VITE – pediatric multiple vitamins w/ iron drops 10 mg/ml.....	101
BETAPACE AF – sotalol hcl (afib/af) tab 80 mg.....	46	BRAFTOVI – encorafenib cap 75 mg.....	13
BETAPACE AF – sotalol hcl (afib/af) tab 120 mg.....	46	BREO ELLIPTA – fluticasone furoate-vilanterol aero powd ba 100-25 mcg/inh.....	53
BETAPACE AF – sotalol hcl (afib/af) tab 160 mg.....	46	BREO ELLIPTA – fluticasone furoate-vilanterol aero powd ba 200-25 mcg/inh.....	53
BETAPACE – sotalol hcl tab 80 mg.....	46	BRILINTA – ticagrelor tab 60 mg.....	111
BETAPACE – sotalol hcl tab 120 mg.....	46	BRILINTA – ticagrelor tab 90 mg.....	111
BETAPACE – sotalol hcl tab 160 mg.....	46	<b>brimonidine tartrate ophth soln 0.2%.....</b>	<b>119</b>
BETASERON – interferon beta-1b for inj kit 0.3 mg.....	79	<b>brimonidine tartrate ophth soln 0.15% (Alphagan p).....</b>	<b>119</b>
<b>betaxolol hcl ophth soln 0.5%.....</b>	<b>119</b>	BRISDELLE – paroxetine mesylate cap 7.5 mg (base equiv).....	80
<b>betaxolol hcl tab 10 mg.....</b>	<b>36</b>	BRIVIACT – brivaracetam oral soln 10 mg/ml.....	93
<b>betaxolol hcl tab 20 mg.....</b>	<b>36</b>	BRIVIACT – brivaracetam tab 10 mg.....	93
<b>bethanechol chloride tab 5 mg (Urecholine).....</b>	<b>62</b>	BRIVIACT – brivaracetam tab 25 mg.....	93
<b>bethanechol chloride tab 10 mg (Urecholine).....</b>	<b>62</b>	BRIVIACT – brivaracetam tab 50 mg.....	93
<b>bethanechol chloride tab 25 mg (Urecholine).....</b>	<b>62</b>	BRIVIACT – brivaracetam tab 75 mg.....	93
<b>bethanechol chloride tab 50 mg (Urecholine).....</b>	<b>62</b>	BRIVIACT – brivaracetam tab 100 mg.....	93
BETHKIS – tobramycin nebu soln 300 mg/4ml.....	4	<b>bromfenac sodium ophth soln 0.09% (base equiv) (once-daily).....</b>	<b>120</b>
BETOPTIC-S – betaxolol hcl ophth susp 0.25%.....	119	<b>bromocriptine mesylate cap 5 mg (base equivalent) (Parlodel).....</b>	<b>97</b>
BEVESPI AEROSPHERE – glycopyrrolate-formoterol fumarate aerosol 9-4.8 mcg/act.....	53	<b>bromocriptine mesylate tab 2.5 mg (base equivalent) (Parlodel).....</b>	<b>98</b>
<b>bexarotene cap 75 mg (Targretin).....</b>	<b>12</b>	<b>brompheniramine &amp; phenylephrine elixir 1-2.5 mg/5ml.....</b>	<b>51</b>
<b>bicalutamide tab 50 mg (Casodex).....</b>	<b>13</b>	BROMSITE – bromfenac sodium ophth soln 0.075% (base equivalent).....	120
BIKTARVY – bictegravir-emtricitabine-tenofovir af tab 50-200-25 mg.....	7	BROVANA – arformoterol tartrate soln nebu 15 mcg/2ml (base equiv).....	53
<b>bimatoprost ophth soln 0.03%.....</b>	<b>119</b>	BRUKINSA – zanubrutinib cap 80 mg.....	13
BINOSTO – alendronate sodium effervescent tab 70 mg.....	29	BUDESONIDE/FORMOTEROL FUMARATE DIHYDRATE – budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act.....	53
BIOCAL – multiple vitamins w/ minerals cap.....	101	BUDESONIDE/FORMOTEROL FUMARATE DIHYDRATE – budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act.....	53
BIO-35 GLUTEN-FREE – multiple vitamins w/ minerals cap.....	101		
BIO-35 IRON FREE – multiple vitamins w/ minerals cap.....	101		
<b>bisacodyl suppos 10 mg.....</b>	<b>56</b>		
<b>bisacodyl tab delayed release 5 mg.....</b>	<b>56</b>		
<b>bismuth subsalicylate chew tab 262 mg.....</b>	<b>57</b>		
<b>bismuth subsalicylate susp 262 mg/15ml.....</b>	<b>57</b>		
<b>bismuth subsalicylate susp 525 mg/15ml.....</b>	<b>57</b>		
<b>bismuth subsalicylate tab 262 mg.....</b>	<b>57</b>		

budesonide delayed release particles cap 3 mg (Entocort ec).....	18	butalbital-acetaminophen tab 50-325 mg.....	83
budesonide inhalation susp 0.25 mg/2ml (Pulmicort).....	53	BUTORPHANOL TARTRATE – butorphanol tartrate inj 1 mg/ml.....	84
budesonide inhalation susp 0.5 mg/2ml (Pulmicort).....	53	butorphanol tartrate nasal soln 10 mg/ml.....	84
budesonide inhalation susp 1 mg/2ml (Pulmicort).....	53	BYDUREON BCISE – exenatide extended release susp auto-injector 2 mg/0.85ml.....	22
budesonide tab er 24hr 9 mg (Uceris).....	18	BYDUREON PEN – exenatide extended release for susp pen-injector 2 mg.....	22
bumetanide tab 0.5 mg (Bumex).....	46	BYETTA – exenatide soln pen-injector 5 mcg/0.02ml.....	22
bumetanide tab 1 mg (Bumex).....	46	BYETTA – exenatide soln pen-injector 10 mcg/0.04ml.....	22
bumetanide tab 2 mg (Bumex).....	46	BYSTOLIC – nebivolol hcl tab 2.5 mg (base equivalent).....	36
BUNAVAIL – buprenorphine-naloxone buccal film 2.1-0.3 mg (base equiv).....	84	BYSTOLIC – nebivolol hcl tab 5 mg (base equivalent).....	36
BUNAVAIL – buprenorphine-naloxone buccal film 4.2-0.7 mg (base equiv).....	84	BYSTOLIC – nebivolol hcl tab 10 mg (base equivalent).....	36
BUNAVAIL – buprenorphine-naloxone buccal film 6.3-1 mg (base equiv).....	84	BYSTOLIC – nebivolol hcl tab 20 mg (base equivalent).....	36
buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv) (Suboxone).....	84	<b>C</b>	
buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv) (Suboxone).....	84	cabergoline tab 0.5 mg.....	30
buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv) (Suboxone).....	84	CABLIVI – caplacizumab-yhdp for inj kit 11 mg.....	111
buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv) (Suboxone).....	84	CABOMETRYX – cabozantinib s-malate tab 20 mg (base equivalent).....	13
buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv).....	84	CABOMETRYX – cabozantinib s-malate tab 40 mg (base equivalent).....	13
buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv).....	84	CABOMETRYX – cabozantinib s-malate tab 60 mg (base equivalent).....	13
buprenorphine hcl sl tab 2 mg (base equiv).....	84	CADUET – amlodipine besylate-atorvastatin calcium tab 5-10 mg.....	39
buprenorphine hcl sl tab 8 mg (base equiv).....	84	CADUET – amlodipine besylate-atorvastatin calcium tab 5-20 mg.....	39
buprenorphine td patch weekly 5 mcg/hr (Butrans).....	84	CADUET – amlodipine besylate-atorvastatin calcium tab 5-40 mg.....	39
buprenorphine td patch weekly 7.5 mcg/hr (Butrans).....	84	CADUET – amlodipine besylate-atorvastatin calcium tab 5-80 mg.....	39
buprenorphine td patch weekly 10 mcg/hr (Butrans).....	84	CADUET – amlodipine besylate-atorvastatin calcium tab 10-10 mg.....	39
buprenorphine td patch weekly 15 mcg/hr (Butrans).....	84	CADUET – amlodipine besylate-atorvastatin calcium tab 10-20 mg.....	39
buprenorphine td patch weekly 20 mcg/hr (Butrans).....	84	CADUET – amlodipine besylate-atorvastatin calcium tab 10-40 mg.....	39
bupropion hcl (smoking deterrent) tab er 12hr 150 mg (Zyban).....	80	CADUET – amlodipine besylate-atorvastatin calcium tab 10-80 mg.....	39
bupropion hcl tab er 12hr 100 mg (Wellbutrin sr).....	65	caffeine citrate oral soln 60 mg/3ml (10 mg/ml base equiv).....	75
bupropion hcl tab er 12hr 150 mg (Wellbutrin sr).....	65	CALAMINE – calamine lotion.....	127
bupropion hcl tab er 12hr 200 mg (Wellbutrin sr).....	65	CALAN SR – verapamil hcl tab er 120 mg.....	39
bupropion hcl tab er 24hr 150 mg (Wellbutrin xl).....	65	CALAN SR – verapamil hcl tab er 180 mg.....	39
bupropion hcl tab er 24hr 300 mg (Wellbutrin xl).....	65	CALAN SR – verapamil hcl tab er 240 mg.....	39
bupropion hcl tab 75 mg.....	65	CALCET CREAMY BITES – calcium citrate-vitamin d chew tab 500 mg-400 unit.....	106
bupropion hcl tab 100 mg.....	65	calcipotriene cream 0.005% (Dovonex).....	127
BURIED TREASURE ACTIVE 55 – multiple vitamins w/ minerals liquid.....	101	calcipotriene oint 0.005%.....	127
buspiron hcl tab 5 mg.....	65	calcipotriene soln 0.005% (50 mcg/ml).....	127
buspiron hcl tab 7.5 mg.....	65	calcitonin (salmon) nasal soln 200 unit/act.....	30
buspiron hcl tab 10 mg.....	65		
buspiron hcl tab 15 mg.....	65		
buspiron hcl tab 30 mg.....	65		

CAL-CITRATE PLUS VITAMIN D – calcium citrate-vitamin d tab 250 mg-100 unit (elemental ca).....	106	calcium carbonate-vitamin d tab 500 mg-200 unit.....	107
calcitriol cap 0.25 mcg (Rocaltrol).....	30	calcium carbonate-vitamin d tab 500 mg-400 unit.....	107
calcitriol cap 0.5 mcg (Rocaltrol).....	30	calcium carbonate-vitamin d tab 600 mg-125 unit.....	107
calcitriol oral soln 1 mcg/ml (Rocaltrol).....	30	calcium carbonate-vitamin d tab 600 mg-200 unit.....	107
CALCIUM/VITAMIN D – calcium carbonate-cholecalciferol cap 600 mg-400 unit.....	108	calcium carbonate-vitamin d tab 600 mg-400 unit.....	107
CALCIUM 1000 + D – calcium carbonate-cholecalciferol tab 1000 mg-800 unit.....	108	calcium carb-vit d w/ minerals chew tab 600 mg-400 unit.....	106
calcium acetate (phosphate binder) cap 667 mg (169 mg ca).....	61	calcium carb-vit d w/ minerals chew tab 600 mg-800 unit.....	106
calcium acetate (phosphate binder) tab 667 mg.....	61	calcium carb-vit d w/ minerals chew tab 1200 mg-1000 unit.....	106
CALCIUM – calcium w/ vitamin d tab 600 mg-200 unit.....	106	calcium carb-vit d w/ minerals tabs 600 mg-200 unit.....	107
calcium carbonate (antacid) chew tab 400 mg.....	57	calcium carb-vit d w/ minerals tabs 600 mg-400 unit.....	107
calcium carbonate (antacid) chew tab 420 mg.....	57	calcium carb-vit d w/ minerals tabs 600 mg-800 unit.....	107
calcium carbonate (antacid) chew tab 500 mg.....	57	CALCIUM CHEWS – calcium carbonate-cholecalciferol chew tab 600 mg-400 unit.....	107
calcium carbonate (antacid) chew tab 750 mg.....	57	CALCIUM CITRATE/VITAMIN D3 – calcium citrate-vit d liqd 1000 mg/30ml-400 unit/30ml.....	107
calcium carbonate (antacid) chew tab 1000 mg.....	57	calcium citrate tab 950 mg (200 mg elemental ca).....	107
calcium carbonate (antacid) susp 1250 mg/5ml.....	57	calcium citrate-vitamin d chew tab 500 mg-500 unit.....	107
CALCIUM CARBONATE – calcium carbonate chew tab 1250 mg (500 mg elemental ca).....	107	calcium citrate-vitamin d tab 200 mg-250 unit (elemental ca).....	107
calcium carbonate-cholecalciferol cap 600 mg-500 unit.....	107	calcium citrate-vitamin d tab 250 mg-200 unit (elemental ca).....	107
calcium carbonate-cholecalciferol chew tab 500 mg-100 unit.....	107	calcium citrate-vitamin d tab 315 mg-200 unit (elemental ca).....	107
calcium carbonate-cholecalciferol chew tab 500 mg-400 unit.....	107	calcium citrate-vitamin d tab 315 mg-250 unit (elemental ca).....	107
calcium carbonate-cholecalciferol chew tab 500 mg-600 unit.....	107	CALCIUM CITRATE W/D – calcium citrate-vitamin d tab 200 mg-125 unit (elemental ca).....	107
calcium carbonate-cholecalciferol tab 250 mg-125 unit.....	107	CALCIUM CITRATE W/VITAMIN D – calcium citrate-vitamin d tab 250 mg-50 unit (elemental ca).....	107
calcium carbonate-cholecalciferol tab 500 mg-125 unit.....	107	calcium 500 mg w/ vitamin d tab.....	108
calcium carbonate-cholecalciferol tab 500 mg-200 unit.....	107	calcium 600 mg w/ vitamin d tab.....	108
calcium carbonate-cholecalciferol tab 500 mg-400 unit.....	107	CALCIUM PLUS VITAMIN D – calcium carbonate-vitamin d cap 300 mg-100 unit.....	108
calcium carbonate-cholecalciferol tab 500 mg-600 unit.....	107	CALCIUM PLUS VITAMIN D – calcium carbonate-vitamin d cap 500 mg-50 unit (base equiv).....	108
calcium carbonate-cholecalciferol tab 600 mg-200 unit.....	107	calcium polycarbophil tab 625 mg.....	56
calcium carbonate-cholecalciferol tab 600 mg-400 unit.....	107	CAL-DAY 1000 – multiple vitamins w/ minerals tab.....	101
calcium carbonate-cholecalciferol tab 600 mg-800 unit.....	107	CALQUENCE – acalabrutinib cap 100 mg.....	13
calcium carbonate tab 600 mg.....	107	CAL-QUICK – calcium carbonate-cholecalciferol liquid 500-400 mg-unit/5ml.....	106
calcium carbonate tab 1250 mg (500 mg elemental ca).....	107	CALTRATE 600+D3 SOFT CHEWS – calcium carbonate-cholecalciferol chew tab 600 mg-800 unit.....	108
calcium carbonate tab 1500 mg (600 mg elemental ca).....	107	CALTRATE MINIS PLUS MINERALS – calcium carb-vit d w/ minerals tabs 300 mg-800 unit.....	108
calcium carbonate-vitamin d cap 600 mg-200 unit.....	107	CANASA – mesalamine suppos 1000 mg.....	61
calcium carbonate-vitamin d chew tab 600 mg-400 unit.....	107	candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg (Atacand hct).....	34
calcium carbonate-vitamin d tab 250 mg-125 unit.....	107	candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg (Atacand hct).....	34
calcium carbonate-vitamin d tab 500 mg-125 unit.....	107		

<b>candesartan cilexetil-hydrochlorothiazide tab 32-25 mg (Atacand hct).....</b>	<b>34</b>	CARDIZEM CD – diltiazem hcl coated beads cap er 24hr 120 mg.....	39
<b>candesartan cilexetil tab 4 mg (Atacand).....</b>	<b>34</b>	CARDIZEM CD – diltiazem hcl coated beads cap er 24hr 180 mg.....	39
<b>candesartan cilexetil tab 8 mg (Atacand).....</b>	<b>34</b>	CARDIZEM CD – diltiazem hcl coated beads cap er 24hr 240 mg.....	39
<b>candesartan cilexetil tab 16 mg (Atacand).....</b>	<b>34</b>	CARDIZEM CD – diltiazem hcl coated beads cap er 24hr 300 mg.....	40
<b>candesartan cilexetil tab 32 mg (Atacand).....</b>	<b>34</b>	CARDIZEM CD – diltiazem hcl coated beads cap er 24hr 360 mg.....	40
<b>capecitabine tab 150 mg (Xeloda).....</b>	<b>13</b>	CARDIZEM – diltiazem hcl tab 30 mg.....	39
<b>capecitabine tab 500 mg (Xeloda).....</b>	<b>13</b>	CARDIZEM – diltiazem hcl tab 60 mg.....	39
CAPLYTA – lumateperone tosylate cap 42 mg.....	69	CARDIZEM – diltiazem hcl tab 120 mg.....	39
CAPRELSA – vandetanib tab 100 mg.....	13	CARDIZEM LA – diltiazem hcl coated beads tab er 24hr 120 mg.....	40
CAPRELSA – vandetanib tab 300 mg.....	13	CARDIZEM LA – diltiazem hcl coated beads tab er 24hr 180 mg.....	40
<b>capsaicin cream 0.025%.....</b>	<b>127</b>	CARDIZEM LA – diltiazem hcl coated beads tab er 24hr 240 mg.....	40
<b>capsaicin cream 0.075%.....</b>	<b>127</b>	CARDIZEM LA – diltiazem hcl coated beads tab er 24hr 300 mg.....	40
<b>capsaicin cream 0.1%.....</b>	<b>127</b>	CARDIZEM LA – diltiazem hcl coated beads tab er 24hr 360 mg.....	40
CAPTOPRIL/HYDROCHLOROTHIAZIDE – captopril & hydrochlorothiazide tab 25-15 mg.....	32	CARDIZEM LA – diltiazem hcl coated beads tab er 24hr 420 mg.....	40
CAPTOPRIL/HYDROCHLOROTHIAZIDE – captopril & hydrochlorothiazide tab 25-25 mg.....	32	CARDURA – doxazosin mesylate tab 1 mg.....	47
CAPTOPRIL/HYDROCHLOROTHIAZIDE – captopril & hydrochlorothiazide tab 50-15 mg.....	32	CARDURA – doxazosin mesylate tab 2 mg.....	47
CAPTOPRIL/HYDROCHLOROTHIAZIDE – captopril & hydrochlorothiazide tab 50-25 mg.....	32	CARDURA – doxazosin mesylate tab 4 mg.....	47
<b>captopril tab 12.5 mg.....</b>	<b>32</b>	CARDURA – doxazosin mesylate tab 8 mg.....	47
<b>captopril tab 25 mg.....</b>	<b>32</b>	CARDURA XL – doxazosin mesylate tab er 24 hr 4 mg (base equiv).....	64
<b>captopril tab 50 mg.....</b>	<b>32</b>	CARDURA XL – doxazosin mesylate tab er 24 hr 8 mg (base equiv).....	64
<b>captopril tab 100 mg.....</b>	<b>32</b>	CARTEOLOL HCL – carteolol hcl ophth soln 1%.....	119
CAPZASIN-P – capsaicin cream 0.035%.....	127	<b>carvedilol phosphate cap er 24hr 10 mg (Coreg cr).....</b>	<b>36</b>
<b>carbamazepine cap er 12hr 100 mg (Carbatrol).....</b>	<b>93</b>	<b>carvedilol phosphate cap er 24hr 20 mg (Coreg cr).....</b>	<b>36</b>
<b>carbamazepine cap er 12hr 200 mg (Carbatrol).....</b>	<b>93</b>	<b>carvedilol phosphate cap er 24hr 40 mg (Coreg cr).....</b>	<b>36</b>
<b>carbamazepine cap er 12hr 300 mg (Carbatrol).....</b>	<b>93</b>	<b>carvedilol phosphate cap er 24hr 80 mg (Coreg cr).....</b>	<b>36</b>
<b>carbamazepine chew tab 100 mg.....</b>	<b>93</b>	<b>carvedilol tab 3.125 mg (Coreg).....</b>	<b>36</b>
<b>carbamazepine susp 100 mg/5ml (Tegretol).....</b>	<b>93</b>	<b>carvedilol tab 6.25 mg (Coreg).....</b>	<b>36</b>
<b>carbamazepine tab er 12hr 100 mg (Tegretol-xr).....</b>	<b>93</b>	<b>carvedilol tab 12.5 mg (Coreg).....</b>	<b>36</b>
<b>carbamazepine tab er 12hr 200 mg (Tegretol-xr).....</b>	<b>93</b>	<b>carvedilol tab 25 mg (Coreg).....</b>	<b>36</b>
<b>carbamazepine tab er 12hr 400 mg (Tegretol-xr).....</b>	<b>93</b>	CAYA – diaphragm arc-spring.....	20
<b>carbamazepine tab 200 mg (Tegretol).....</b>	<b>93</b>	CAYSTON – aztreonam lysine for inhal soln 75 mg (base equivalent).....	10
<b>carbamide peroxide 6.5% otic soln.....</b>	<b>121</b>	<b>cefaclor cap 250 mg.....</b>	<b>2</b>
CARBATROL – carbamazepine cap er 12hr 100 mg.....	93	<b>cefaclor cap 500 mg.....</b>	<b>2</b>
CARBATROL – carbamazepine cap er 12hr 200 mg.....	93	CEFACLOR – cefaclor for susp 125 mg/5ml.....	2
CARBATROL – carbamazepine cap er 12hr 300 mg.....	93	CEFACLOR – cefaclor for susp 250 mg/5ml.....	2
<b>carbidopa &amp; levodopa orally disintegrating tab 10-100 mg.....</b>	<b>98</b>	CEFACLOR – cefaclor for susp 375 mg/5ml.....	2
<b>carbidopa &amp; levodopa orally disintegrating tab 25-100 mg.....</b>	<b>98</b>	CEFACLOR ER – cefaclor monohydrate tab er 12hr 500 mg.....	2
<b>carbidopa &amp; levodopa orally disintegrating tab 25-250 mg.....</b>	<b>98</b>	<b>cefadroxil cap 500 mg.....</b>	<b>2</b>
<b>carbidopa &amp; levodopa tab er 25-100 mg (Sinemet cr).....</b>	<b>98</b>	<b>cefadroxil for susp 250 mg/5ml.....</b>	<b>2</b>
<b>carbidopa &amp; levodopa tab er 50-200 mg (Sinemet cr).....</b>	<b>98</b>	<b>cefadroxil for susp 500 mg/5ml.....</b>	<b>2</b>
<b>carbidopa &amp; levodopa tab 10-100 mg (Sinemet).....</b>	<b>98</b>	<b>cefadroxil tab 1 gm.....</b>	<b>2</b>
<b>carbidopa &amp; levodopa tab 25-100 mg (Sinemet).....</b>	<b>98</b>		
<b>carbidopa &amp; levodopa tab 25-250 mg (Sinemet).....</b>	<b>98</b>		
<b>carboxymethylcellulose sodium ophth soln 0.5%.....</b>	<b>120</b>		
<b>carboxymethylcellulose sodium (pf) ophth soln 0.5%.....</b>	<b>120</b>		

cefdinir cap 300 mg.....	2	CENTRUM ULTRA WOMENS – multiple vitamins w/ minerals tab.....	101
cefdinir for susp 125 mg/5ml.....	2	<b>cephalexin cap 250 mg (Keflex).....</b>	<b>3</b>
cefdinir for susp 250 mg/5ml.....	2	<b>cephalexin cap 500 mg (Keflex).....</b>	<b>3</b>
cefixime cap 400 mg (Suprax).....	2	<b>cephalexin cap 750 mg (Keflex).....</b>	<b>3</b>
cefixime for susp 100 mg/5ml (Suprax).....	2	<b>cephalexin for susp 125 mg/5ml.....</b>	<b>3</b>
cefixime for susp 200 mg/5ml (Suprax).....	3	<b>cephalexin for susp 250 mg/5ml.....</b>	<b>3</b>
cefpodoxime proxetil for susp 50 mg/5ml.....	3	CERASPORT EX1 – oral electrolyte solution.....	108
cefpodoxime proxetil for susp 100 mg/5ml.....	3	CERASPORT – oral electrolyte solution.....	108
cefpodoxime proxetil tab 100 mg.....	3	CERTAVITE SENIOR/ANTIOXIDANT NUTRIENTS – multiple vitamins w/ minerals tab.....	101
cefpodoxime proxetil tab 200 mg.....	3	<b>cetirizine hcl chew tab 5 mg.....</b>	<b>49</b>
cefprozil for susp 125 mg/5ml.....	3	<b>cetirizine hcl chew tab 10 mg.....</b>	<b>49</b>
cefprozil for susp 250 mg/5ml.....	3	<b>cetirizine hcl oral soln 1 mg/ml (5 mg/5ml).....</b>	<b>49</b>
cefprozil tab 250 mg.....	3	<b>cetirizine hcl syrup 1 mg/ml (5 mg/5ml).....</b>	<b>49</b>
cefuroxime axetil tab 250 mg.....	3	<b>cetirizine hcl tab 5 mg.....</b>	<b>49</b>
cefuroxime axetil tab 500 mg.....	3	<b>cetirizine hcl tab 10 mg.....</b>	<b>49</b>
CELEBREX – celecoxib cap 50 mg.....	88	<b>cetirizine-pseudoephedrine tab er 12hr 5-120 mg.....</b>	<b>51</b>
CELEBREX – celecoxib cap 100 mg.....	88	CETRAXAL – ciprofloxacin hcl otic soln 0.2% (base equivalent).....	121
CELEBREX – celecoxib cap 200 mg.....	88	<b>cevimeline hcl cap 30 mg (Evovac).....</b>	<b>121</b>
CELEBREX – celecoxib cap 400 mg.....	88	CHANTIX CONTINUING MONTH – varenicline tartrate tab 1 mg (base equiv).....	80
<b>celecoxib cap 50 mg (Celebrex).....</b>	<b>88</b>	CHANTIX STARTING MONTH PAK – varenicline tartrate tab 0.5 mg x 11 & tab 1 mg x 42 pack.....	80
<b>celecoxib cap 100 mg (Celebrex).....</b>	<b>88</b>	CHANTIX – varenicline tartrate tab 0.5 mg (base equiv).....	80
<b>celecoxib cap 200 mg (Celebrex).....</b>	<b>88</b>	CHANTIX – varenicline tartrate tab 1 mg (base equiv).....	80
<b>celecoxib cap 400 mg (Celebrex).....</b>	<b>88</b>	<b>charcoal activated for oral susp.....</b>	<b>133</b>
CELEXA – citalopram hydrobromide tab 10 mg (base equiv).....	65	<b>charcoal activated liq.....</b>	<b>133</b>
CELEXA – citalopram hydrobromide tab 20 mg (base equiv).....	65	CHEMET – succimer cap 100 mg.....	133
CELEXA – citalopram hydrobromide tab 40 mg (base equiv).....	65	CHEMSTRIP-K – acetone (urine) test strip.....	129
CELLCEPT – mycophenolate mofetil cap 250 mg.....	133	CHEMSTRIP MICRAL – albumin (urine) test strip.....	129
CELLCEPT – mycophenolate mofetil for oral susp 200 mg/ ml.....	133	CHENODAL – chenodiol tab 250 mg.....	61
CELLCEPT – mycophenolate mofetil tab 500 mg.....	133	<b>chlordiazepoxide hcl cap 5 mg.....</b>	<b>65</b>
CELLULAR SECURITY – multiple vitamins w/ minerals cap.....	101	<b>chlordiazepoxide hcl cap 10 mg.....</b>	<b>65</b>
CELONTIN – methsuximide cap 300 mg.....	93	<b>chlordiazepoxide hcl cap 25 mg.....</b>	<b>65</b>
CENTANY AT – mupirocin oint kit 2%.....	124	<b>chlorhexidine gluconate liquid 4%.....</b>	<b>124</b>
CENTANY – mupirocin oint 2%.....	124	<b>chlorhexidine gluconate soln 0.12% (Peridex).....</b>	<b>121</b>
CENTRAVITES ADULTS – multiple vitamins w/ minerals tab.....	101	CHLOROQUINE PHOSPHATE – chloroquine phosphate tab 500 mg.....	9
CENTRAVITES 50 PLUS – multiple vitamins w/ minerals tab.....	101	<b>chloroquine phosphate tab 250 mg.....</b>	<b>9</b>
CENTRUM CARDIO – multiple vitamins w/ minerals tab.....	101	<b>chlorpheniramine maleate syrup 2 mg/5ml.....</b>	<b>49</b>
CENTRUM KIDS – pediatric multiple vitamin w/ minerals & c chew tab.....	101	<b>chlorpheniramine maleate tab 4 mg.....</b>	<b>49</b>
CENTRUM MEN – multiple vitamins w/ minerals tab.....	101	<b>chlorpromazine hcl tab 10 mg.....</b>	<b>69</b>
CENTRUM SILVER ULTRA WOMENS – multiple vitamins w/ minerals tab.....	101	<b>chlorpromazine hcl tab 25 mg.....</b>	<b>69</b>
CENTRUM SPECIALIST HEART – multiple vitamins w/ minerals tab.....	101	<b>chlorpromazine hcl tab 50 mg.....</b>	<b>69</b>
CENTRUM SPECIALIST IMMUNE SUPPORT – multiple vitamins w/ minerals tab.....	101	<b>chlorpromazine hcl tab 100 mg.....</b>	<b>69</b>
CENTRUM SPECIALIST VISION – multiple vitamins w/ minerals tab.....	101	<b>chlorpromazine hcl tab 200 mg.....</b>	<b>69</b>
		<b>chlorthalidone tab 25 mg.....</b>	<b>46</b>
		<b>chlorthalidone tab 50 mg.....</b>	<b>46</b>
		<b>chlorzoxazone tab 500 mg.....</b>	<b>99</b>
		CHOICEFUL MULTIVITAMIN – multiple vitamins w/ minerals cap.....	101
		<b>cholecalciferol cap 10 mcg (400 unit).....</b>	<b>100</b>
		<b>cholecalciferol cap 25 mcg (1000 unit).....</b>	<b>100</b>

cholecalciferol cap 50 mcg (2000 unit).....	100	citalopram hydrobromide tab 10 mg (base equiv) (Celexa).....	65
cholecalciferol cap 125 mcg (5000 unit).....	100	citalopram hydrobromide tab 20 mg (base equiv) (Celexa).....	65
cholecalciferol cap 1.25 mg (50000 unit).....	100	citalopram hydrobromide tab 40 mg (base equiv) (Celexa).....	65
cholecalciferol oral liquid 10 mcg/ml (400 unit/ml).....	100	CLARINEX – desloratadine tab 5 mg.....	49
cholecalciferol tab 10 mcg (400 unit).....	100	CLARINEX-D 12 HOUR – desloratadine & pseudoephedrine tab er 12hr 2.5-120 mg.....	51
cholecalciferol tab 25 mcg (1000 unit).....	100	CLARITHROMYCIN – clarithromycin for susp 125 mg/5ml.....	3
cholestyramine light powder 4 gm/dose (Questran light).....	43	CLARITHROMYCIN – clarithromycin for susp 250 mg/5ml.....	3
cholestyramine light powder packets 4 gm.....	43	clarithromycin tab er 24hr 500 mg.....	3
cholestyramine powder 4 gm/dose (Questran).....	43	clarithromycin tab 250 mg.....	3
cholestyramine powder packets 4 gm (Questran).....	43	clarithromycin tab 500 mg.....	3
choline fenofibrate cap dr 45 mg (fenofibric acid equiv) (Trilipix).....	43	CLASSIC PRENATAL – prenatal vit w/ fe fumarate-fa tab 28-0.8 mg.....	101
choline fenofibrate cap dr 135 mg (fenofibric acid equiv) (Trilipix).....	43	CLEMASTINE FUMARATE – clemastine fumarate tab 2.68 mg.....	49
ciclopirox gel 0.77%.....	124	CLEOCIN-T – clindamycin phosphate gel 1%.....	123
ciclopirox olamine cream 0.77% (base equiv) (Loprox).....	124	CLEOCIN-T – clindamycin phosphate lotion 1%.....	123
ciclopirox olamine susp 0.77% (base equiv) (Loprox).....	124	CLINDACIN PAC – clindamycin phosphate swab 1% & cleanser kit.....	123
ciclopirox shampoo 1% (Loprox shampoo).....	124	CLINDAGEL – clindamycin phosphate gel 1%.....	123
ciclopirox solution 8% (Penlac Nail Lacquer).....	124	clindamycin hcl cap 75 mg (Cleocin).....	10
cilostazol tab 50 mg.....	111	clindamycin hcl cap 150 mg (Cleocin).....	10
cilostazol tab 100 mg.....	111	clindamycin hcl cap 300 mg (Cleocin).....	10
CILOXAN – ciprofloxacin hcl ophth oint 0.3%.....	118	clindamycin palmitate hcl for soln 75 mg/5ml (base equiv) (Cleocin pediatric gr).....	10
CILOXAN – ciprofloxacin hcl ophth soln 0.3% (base equivalent).....	118	clindamycin phosphate-benzoyl peroxide gel 1.2-2.5% (Acanya).....	123
CIMETIDINE HCL – cimetidine hcl soln 300 mg/5ml.....	57	clindamycin phosphate-benzoyl peroxide gel 1-5% (Benzaclin).....	123
CIMZIA – certolizumab pegol inj kit 2 x 200 mg/ml.....	61	clindamycin phosphate-benzoyl peroxide gel 1-5% (Benzaclin Pump).....	123
CIMZIA STARTER KIT – certolizumab pegol inj kit 6 x 200 mg/ml.....	61	clindamycin phosphate foam 1% (Evoclin).....	123
cinacalcet hcl tab 30 mg (base equiv) (Sensipar).....	30	clindamycin phosphate gel 1% (Cleocin-t).....	123
cinacalcet hcl tab 60 mg (base equiv) (Sensipar).....	30	clindamycin phosphate lotion 1% (Cleocin-t).....	123
cinacalcet hcl tab 90 mg (base equiv) (Sensipar).....	30	clindamycin phosphate soln 1% (Cleocin-t).....	123
CINRYZE – c1 esterase inhibitor (human) for iv inj 500 unit.....	111	clindamycin phosphate swab 1% (Cleocin-t).....	123
CIPRO – ciprofloxacin for oral susp 250 mg/5ml (5%) (5 gm/100ml).....	4	clindamycin phosphate-tretinoin gel 1.2-0.025% (Ziana).....	123
CIPRO – ciprofloxacin for oral susp 500 mg/5ml (10%) (10 gm/100ml).....	4	clindamycin phosphate vaginal cream 2% (Cleocin).....	63
CIPRO – ciprofloxacin hcl tab 250 mg (base equiv).....	4	clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5% (Duac).....	123
CIPRO – ciprofloxacin hcl tab 500 mg (base equiv).....	4	CLINDAMYCIN PHOSPH-BENZOYL PEROXIDE (REFRIG) GEL 1.2 (1)-5% (Neuac).....	123
CIPRODEX – ciprofloxacin-dexamethasone otic susp 0.3-0.1%.....	121	CLINICAL NUTRIENTS ANTIOXIDANT – multiple vitamins w/ minerals cap.....	101
CIPROFLOXACIN – ciprofloxacin hcl otic soln 0.2% (base equivalent).....	121	CLINICAL NUTRIENTS FOR FEMALE TEENS – multiple vitamins w/ minerals tab.....	101
CIPROFLOXACIN HCL – ciprofloxacin hcl tab 100 mg (base equiv).....	4	CLINICAL NUTRIENTS FOR MALE TEENS – multiple vitamins w/ minerals tab.....	101
ciprofloxacin hcl ophth soln 0.3% (base equivalent) (Ciloxan).....	118		
ciprofloxacin hcl tab 750 mg (base equiv).....	4		
ciprofloxacin hcl tab 250 mg (base equiv) (Cipro).....	4		
ciprofloxacin hcl tab 500 mg (base equiv) (Cipro).....	4		
CIPRO HC – ciprofloxacin-hydrocortisone otic susp 0.2-1%.....	121		
citalopram hydrobromide oral soln 10 mg/5ml.....	65		



CLINICAL NUTRIENTS FOR MEN – multiple vitamins w/ minerals tab.....	101	<b>clozapine tab 200 mg</b> .....	<b>69</b>
CLINICAL NUTRIENTS FOR WOMEN – multiple vitamins w/ minerals tab.....	101	<b>clozapine tab 25 mg (Clozaril)</b> .....	<b>69</b>
CLINICAL NUTRIENTS 50-PLUS MEN – multiple vitamins w/ minerals tab.....	101	<b>clozapine tab 100 mg (Clozaril)</b> .....	<b>69</b>
CLINICAL NUTRIENTS 45-PLUS WOMEN – multiple vitamins w/ minerals tab.....	101	CLOZARIL – clozapine tab 25 mg.....	69
<b>clobazam suspension 2.5 mg/ml (Onfi)</b> .....	<b>93</b>	CLOZARIL – clozapine tab 50 mg.....	69
<b>clobazam tab 10 mg (Onfi)</b> .....	<b>93</b>	CLOZARIL – clozapine tab 100 mg.....	69
<b>clobazam tab 20 mg (Onfi)</b> .....	<b>93</b>	CLOZARIL – clozapine tab 200 mg.....	69
<b>clobetasol propionate cream 0.05% (Temovate)</b> .....	<b>126</b>	COAGADEX – coagulation factor x (human) for inj 250 unit.....	111
<b>clobetasol propionate emollient base cream 0.05%</b> .....	<b>126</b>	COAGADEX – coagulation factor x (human) for inj 500 unit.....	111
<b>clobetasol propionate gel 0.05%</b> .....	<b>126</b>	<b>coal tar shampoo 0.5%</b> .....	<b>127</b>
<b>clobetasol propionate oint 0.05% (Temovate)</b> .....	<b>126</b>	<b>coal tar shampoo 1%</b> .....	<b>127</b>
<b>clobetasol propionate shampoo 0.05% (Clobex)</b> .....	<b>126</b>	CODEINE SULFATE – codeine sulfate tab 15 mg.....	84
<b>clobetasol propionate soln 0.05%</b> .....	<b>126</b>	CODEINE SULFATE – codeine sulfate tab 60 mg.....	84
<b>clonazepam orally disintegrating tab 0.125 mg</b> .....	<b>93</b>	<b>codeine sulfate tab 30 mg (Codeine sulfate)</b> .....	<b>84</b>
<b>clonazepam orally disintegrating tab 0.25 mg</b> .....	<b>93</b>	COLAZAL – balsalazide disodium cap 750 mg.....	61
<b>clonazepam orally disintegrating tab 0.5 mg</b> .....	<b>93</b>	COLCHICINE – colchicine cap 0.6 mg.....	92
<b>clonazepam orally disintegrating tab 1 mg</b> .....	<b>93</b>	<b>colchicine w/ probenecid tab 0.5-500 mg</b> .....	<b>92</b>
<b>clonazepam orally disintegrating tab 2 mg</b> .....	<b>93</b>	<b>colesevelam hcl packet for susp 3.75 gm (Welchol)</b> .....	<b>43</b>
<b>clonazepam tab 0.5 mg (Klonopin)</b> .....	<b>93</b>	<b>colesevelam hcl tab 625 mg (Welchol)</b> .....	<b>43</b>
<b>clonazepam tab 1 mg (Klonopin)</b> .....	<b>93</b>	COLESTID – colestipol hcl granules 5 gm.....	43
<b>clonazepam tab 2 mg (Klonopin)</b> .....	<b>93</b>	COLESTID – colestipol hcl tab 1 gm.....	43
<b>clonidine hcl tab er 12hr 0.1 mg (Kapvay)</b> .....	<b>75</b>	COLESTID FLAVORED – colestipol hcl granules 5 gm.....	43
<b>clonidine hcl tab 0.1 mg (Catapres)</b> .....	<b>47</b>	<b>colestipol hcl granules 5 gm (Colestid flavored)</b> .....	<b>43</b>
<b>clonidine hcl tab 0.2 mg (Catapres)</b> .....	<b>47</b>	<b>colestipol hcl tab 1 gm (Colestid)</b> .....	<b>43</b>
<b>clonidine hcl tab 0.3 mg (Catapres)</b> .....	<b>47</b>	COMBIGAN – brimonidine tartrate-timolol maleate ophth soln 0.2-0.5%.....	119
<b>clonidine td patch weekly 0.1 mg/24hr (Catapres-tts-1)</b> .....	<b>47</b>	COMBIPATCH – estradiol-norethindrone ace td pttw 0.05-0.14 mg/day.....	19
<b>clonidine td patch weekly 0.2 mg/24hr (Catapres-tts-2)</b> .....	<b>47</b>	COMBIPATCH – estradiol-norethindrone ace td pttw 0.05-0.25 mg/day.....	19
<b>clonidine td patch weekly 0.3 mg/24hr (Catapres-tts-3)</b> .....	<b>47</b>	COMBIVENT RESPIMAT – ipratropium-albuterol inhal aerosol soln 20-100 mcg/act.....	53
<b>clopidogrel bisulfate tab 300 mg (base equiv)</b> .....	<b>111</b>	COMETRIQ – cabozantinib s-malate cap 3 x 20 mg (60 mg dose) kit.....	13
<b>clopidogrel bisulfate tab 75 mg (base equiv) (Plavix)</b> .....	<b>111</b>	COMETRIQ – cabozantinib s-mal cap 1 x 80 mg & 1 x 20 mg (100 dose) kit.....	13
<b>clotrimazole cream 1%</b> .....	<b>124</b>	COMETRIQ – cabozantinib s-mal cap 1 x 80 mg & 3 x 20 mg (140 dose) kit.....	13
<b>clotrimazole soln 1%</b> .....	<b>125</b>	COMPLERA – emtricitabine- rilpivirine-tenofovir df tab 200-25-300 mg.....	7
<b>clotrimazole troche 10 mg</b> .....	<b>121</b>	CONCERTA – methylphenidate hcl tab er osmotic release (osm) 18 mg.....	75
<b>clotrimazole vaginal cream 1%</b> .....	<b>63</b>	CONCERTA – methylphenidate hcl tab er osmotic release (osm) 27 mg.....	75
<b>clotrimazole vaginal cream 2%</b> .....	<b>63</b>	CONCERTA – methylphenidate hcl tab er osmotic release (osm) 36 mg.....	75
<b>clotrimazole w/ betamethasone cream 1-0.05%</b> .....	<b>125</b>	CONCERTA – methylphenidate hcl tab er osmotic release (osm) 54 mg.....	75
<b>clotrimazole w/ betamethasone lotion 1-0.05%</b> .....	<b>125</b>	CONTOUR BLOOD GLUCOSE MONITORING SYSTEM – blood glucose monitoring devices.....	129
CLOZAPINE ODT – clozapine orally disintegrating tab 12.5 mg.....	69	CONTOUR BLOOD GLUCOSE TEST STRIPS – glucose blood test strip.....	129
CLOZAPINE ODT – clozapine orally disintegrating tab 150 mg.....	69		
CLOZAPINE ODT – clozapine orally disintegrating tab 200 mg.....	69		
<b>clozapine orally disintegrating tab 25 mg (Fazaclo)</b> .....	<b>69</b>		
<b>clozapine orally disintegrating tab 100 mg (Fazaclo)</b> .....	<b>69</b>		
<b>clozapine tab 50 mg</b> .....	<b>69</b>		

CONTOUR HIGH CONTROL – blood glucose calibration - liquid - high.....	129	COTEMPLA XR-ODT – methylphenidate tab extended release disintegrating 8.6 mg.....	76
CONTOUR LOW CONTROL – blood glucose calibration - liquid - low.....	129	COTEMPLA XR-ODT – methylphenidate tab extended release disintegrating 17.3 mg.....	76
CONTOUR NEXT BLOOD GLUCOSE MONITORING SYSTEM – blood glucose monitoring kit w/ device.....	130	COTEMPLA XR-ODT – methylphenidate tab extended release disintegrating 25.9 mg.....	76
CONTOUR NEXT BLOOD GLUCOSE TEST STRIP – glucose blood test strip.....	130	COZAAR – losartan potassium tab 25 mg.....	34
CONTOUR NEXT CONTROL LEVEL 1 – blood glucose calibration - liquid - low.....	130	COZAAR – losartan potassium tab 50 mg.....	34
CONTOUR NEXT CONTROL LEVEL 2 – blood glucose calibration - liquid - normal.....	130	COZAAR – losartan potassium tab 100 mg.....	34
CONTOUR NEXT EZ BLOOD GLUCOSE MONITORING SYSTEM – blood glucose monitoring kit w/ device.....	130	CREON – pancrelipase (lip-prot-amyl) dr cap 3000-9500-15000 unit.....	60
CONTOUR NEXT ONE BLOOD GLUCOSE MONITORING SYSTEM – blood glucose monitoring kit.....	130	CREON – pancrelipase (lip-prot-amyl) dr cap 6000-19000-30000 unit.....	60
CONTOUR NORMAL CONTROL – blood glucose calibration - liquid - normal.....	130	CREON – pancrelipase (lip-prot-amyl) dr cap 12000-38000-60000 unit.....	60
COOL BOTTOMS – dimethicone cream 1%.....	127	CREON – pancrelipase (lip-prot-amyl) dr cap 24000-76000-120000 unit.....	60
COPAXONE – glatiramer acetate soln prefilled syringe 20 mg/ml.....	79	CREON – pancrelipase (lip-prot-amyl) dr cap 36000-114000-180000 unit.....	60
COPAXONE – glatiramer acetate soln prefilled syringe 40 mg/ml.....	79	CRESEMBA – isavuconazonium sulfate cap 186 mg.....	5
COPIKTRA – duvelisib cap 15 mg.....	13	CRESTOR – rosuvastatin calcium tab 5 mg.....	43
COPIKTRA – duvelisib cap 25 mg.....	13	CRESTOR – rosuvastatin calcium tab 10 mg.....	43
COREG – carvedilol tab 3.125 mg.....	36	CRESTOR – rosuvastatin calcium tab 20 mg.....	43
COREG – carvedilol tab 6.25 mg.....	37	CRESTOR – rosuvastatin calcium tab 40 mg.....	43
COREG – carvedilol tab 12.5 mg.....	37	CRIXIVAN – indinavir sulfate cap 200 mg.....	7
COREG – carvedilol tab 25 mg.....	37	CRIXIVAN – indinavir sulfate cap 400 mg.....	7
COREG CR – carvedilol phosphate cap er 24hr 10 mg.....	37	<b>cromolyn sodium nasal aerosol soln 5.2 mg/act (4%).....</b>	<b>50</b>
COREG CR – carvedilol phosphate cap er 24hr 20 mg.....	37	<b>cromolyn sodium ophth soln 4%.....</b>	<b>120</b>
COREG CR – carvedilol phosphate cap er 24hr 40 mg.....	37	CUTAQUIG – immune globulin (human)-hipp subcutaneous inj 1 gm/6ml.....	11
COREG CR – carvedilol phosphate cap er 24hr 80 mg.....	37	CUTAQUIG – immune globulin (human)-hipp subcutaneous inj 1.65 gm/10ml.....	11
CORGARD – nadolol tab 20 mg.....	37	CUTAQUIG – immune globulin (human)-hipp subcutaneous inj 2 gm/12ml.....	11
CORGARD – nadolol tab 40 mg.....	37	CUTAQUIG – immune globulin (human)-hipp subcutaneous inj 3.3 gm/20ml.....	11
CORGARD – nadolol tab 80 mg.....	37	CUTAQUIG – immune globulin (human)-hipp subcutaneous inj 4 gm/24ml.....	11
COSENTYX – secukinumab subcutaneous pref syr 150 mg/ml (300 mg dose).....	127	CUTAQUIG – immune globulin (human)-hipp subcutaneous inj 8 gm/48ml.....	11
COSENTYX – secukinumab subcutaneous soln prefilled syringe 150 mg/ml.....	127	CUVITRU – immune globulin (human) subcutaneous inj 1 gm/5ml.....	11
COSENTYX SENSOREADY PEN – secukinumab subcutaneous auto-inj 150 mg/ml (300 mg dose).....	127	CUVITRU – immune globulin (human) subcutaneous inj 2 gm/10ml.....	11
COSENTYX SENSOREADY PEN – secukinumab subcutaneous soln auto-injector 150 mg/ml.....	127	CUVITRU – immune globulin (human) subcutaneous inj 4 gm/20ml.....	12
COSOPT – dorzolamide hcl-timolol maleate ophth soln 22.3-6.8 mg/ml.....	119	CUVITRU – immune globulin (human) subcutaneous inj 8 gm/40ml.....	12
COSOPT PF – dorzolamide hcl-timolol maleate ophth sol 22.3-6.8 mg/ml pf.....	119	CUVITRU – immune globulin (human) subcutaneous inj 10 gm/50ml.....	12
COTELLIC – cobimetinib fumarate tab 20 mg (base equivalent).....	13	CVS DAIRY RELIEF EXTRA ST – lactase tab 4500 unit.....	60
		CVS GLUCOSE.....	22
		CVS ONE DAILY MENS 50+ ADVANCED – multiple vitamins w/ minerals tab.....	101

CVS PRENATAL – prenatal vit w/ fe fumarate-fa tab 27-0.8 mg.....	102	<b>darifenacin hydrobromide tab er 24hr 15 mg (base equiv) (Enablex).....</b>	<b>63</b>
CVS SPECTRAVITE ULTRA MEN – multiple vitamins w/ minerals tab.....	102	DAURISMO – glasdegib maleate tab 25 mg (base equivalent).....	13
CVS SPECTRAVITE ULTRA WOMENS HEALTH – multiple vitamins w/ minerals tab.....	102	DAURISMO – glasdegib maleate tab 100 mg (base equivalent).....	13
<b>cyanocobalamin inj 1000 mcg/ml.....</b>	<b>111</b>	DAYTRANA – methylphenidate td patch 10 mg/9hr.....	76
<b>cyanocobalamin tab er 1000 mcg.....</b>	<b>111</b>	DAYTRANA – methylphenidate td patch 15 mg/9hr.....	76
<b>cyanocobalamin tab 100 mcg.....</b>	<b>111</b>	DAYTRANA – methylphenidate td patch 20 mg/9hr.....	76
<b>cyanocobalamin tab 250 mcg.....</b>	<b>111</b>	DAYTRANA – methylphenidate td patch 30 mg/9hr.....	76
<b>cyanocobalamin tab 500 mcg.....</b>	<b>111</b>	DECUBI-VITE – multiple vitamins w/ minerals cap.....	102
<b>cyanocobalamin tab 1000 mcg.....</b>	<b>111</b>	<b>deferasirox granules packet 90 mg (Jadenu sprinkle).....</b>	<b>133</b>
<b>cyclobenzaprine hcl tab 5 mg.....</b>	<b>99</b>	<b>deferasirox granules packet 180 mg (Jadenu sprinkle).....</b>	<b>133</b>
<b>cyclobenzaprine hcl tab 10 mg.....</b>	<b>99</b>	<b>deferasirox granules packet 360 mg (Jadenu sprinkle).....</b>	<b>133</b>
<b>cyclopentolate hcl ophth soln 0.5% (Cyclogyl).....</b>	<b>120</b>	<b>deferasirox tab for oral susp 125 mg (Exjade).....</b>	<b>133</b>
<b>cyclopentolate hcl ophth soln 1% (Cyclogyl).....</b>	<b>120</b>	<b>deferasirox tab for oral susp 250 mg (Exjade).....</b>	<b>133</b>
<b>cyclopentolate hcl ophth soln 2% (Cyclogyl).....</b>	<b>120</b>	<b>deferasirox tab for oral susp 500 mg (Exjade).....</b>	<b>133</b>
<b>cyclophosphamide cap 25 mg (Cyclophosphamide).....</b>	<b>13</b>	<b>deferasirox tab 90 mg (Jadenu).....</b>	<b>133</b>
<b>cyclophosphamide cap 50 mg (Cyclophosphamide).....</b>	<b>13</b>	<b>deferasirox tab 180 mg (Jadenu).....</b>	<b>133</b>
<b>cyclosporine cap 25 mg (Sandimmune).....</b>	<b>133</b>	<b>deferasirox tab 360 mg (Jadenu).....</b>	<b>133</b>
<b>cyclosporine cap 100 mg (Sandimmune).....</b>	<b>133</b>	DEKAS PLUS – multiple vitamins w/ minerals cap.....	102
<b>cyclosporine modified cap 50 mg.....</b>	<b>133</b>	DELSTRIGO – doravirine-lamivudine-tenofovir df tab 100-300-300 mg.....	7
<b>cyclosporine modified cap 25 mg (Neoral).....</b>	<b>133</b>	DELZICOL – mesalamine cap dr 400 mg.....	61
<b>cyclosporine modified cap 100 mg (Neoral).....</b>	<b>133</b>	<b>demeclocycline hcl tab 150 mg.....</b>	<b>4</b>
<b>cyclosporine modified oral soln 100 mg/ml (Neoral).....</b>	<b>133</b>	<b>demeclocycline hcl tab 300 mg.....</b>	<b>4</b>
CYMBALTA – duloxetine hcl enteric coated pellets cap 20 mg (base eq).....	65	DENAVIR – penciclovir cream 1%.....	125
CYMBALTA – duloxetine hcl enteric coated pellets cap 30 mg (base eq).....	65	DEPAKOTE – divalproex sodium tab delayed release 125 mg.....	93
CYMBALTA – duloxetine hcl enteric coated pellets cap 60 mg (base eq).....	65	DEPAKOTE – divalproex sodium tab delayed release 250 mg.....	93
<b>cyproheptadine hcl syrup 2 mg/5ml.....</b>	<b>49</b>	DEPAKOTE – divalproex sodium tab delayed release 500 mg.....	93
<b>cyproheptadine hcl tab 4 mg.....</b>	<b>49</b>	DEPAKOTE ER – divalproex sodium tab er 24 hr 250 mg.....	93
CYSTADANE – betaine powder for oral solution.....	30	DEPAKOTE ER – divalproex sodium tab er 24 hr 500 mg.....	93
CYSTAGON – cysteamine bitartrate cap 50 mg.....	64	DEPAKOTE SPRINKLES – divalproex sodium cap delayed release sprinkle 125 mg.....	93
CYSTAGON – cysteamine bitartrate cap 150 mg.....	64	DERMACINRX TICANASE PAK – fluticasone nasal susp 50 mcg/act & sod chlor 2.7% spray thpk.....	51
CYTARABINE – cytarabine inj 20 mg/ml.....	13	DERMAVITE – multiple vitamins w/ minerals tab.....	102
<b>D</b>		DESCOVY – emtricitabine-tenofovir alafenamide fumarate tab 200-25 mg.....	7
<b>dalfampridine tab er 12hr 10 mg (Ampyra).....</b>	<b>79</b>	<b>desipramine hcl tab 50 mg.....</b>	<b>66</b>
DALIRESP – roflumilast tab 250 mcg.....	53	<b>desipramine hcl tab 75 mg.....</b>	<b>66</b>
DALIRESP – roflumilast tab 500 mcg.....	53	<b>desipramine hcl tab 100 mg.....</b>	<b>66</b>
<b>danazol cap 50 mg.....</b>	<b>19</b>	<b>desipramine hcl tab 150 mg.....</b>	<b>66</b>
<b>danazol cap 100 mg.....</b>	<b>19</b>	<b>desipramine hcl tab 10 mg (Norpramin).....</b>	<b>65</b>
<b>danazol cap 200 mg.....</b>	<b>19</b>	<b>desipramine hcl tab 25 mg (Norpramin).....</b>	<b>65</b>
<b>dantrolene sodium cap 25 mg (Dantrium).....</b>	<b>99</b>	DESLOTATADINE ODT – desloratadine tab orally disintegrating 2.5 mg.....	49
<b>dantrolene sodium cap 50 mg (Dantrium).....</b>	<b>99</b>		
DAPSONE – dapsone gel 7.5%.....	123		
<b>dapsone gel 5% (Aczone).....</b>	<b>123</b>		
<b>dapsone tab 25 mg.....</b>	<b>10</b>		
<b>dapsone tab 100 mg.....</b>	<b>10</b>		

DESLORATADINE ODT – desloratadine tab orally disintegrating 5 mg.....	49	DEXCOM G5 RECEIVER KIT – continuous blood glucose system receiver.....	130
<b>desloratadine tab 5 mg (Clarinet)</b> .....	<b>49</b>	DEXCOM G6 SENSOR – continuous blood glucose system sensor.....	130
<b>desmopressin acetate inj 4 mcg/ml (Ddvp)</b> .....	<b>30</b>	DEXCOM G6 TRANSMITTER – continuous blood glucose system transmitter.....	130
<b>desmopressin acetate nasal spray soln 0.01% (Ddvp)</b> .....	<b>30</b>	DEXEDRINE – dextroamphetamine sulfate cap er 24hr 5 mg.....	76
<b>desmopressin acetate nasal spray soln 0.01% (refrigerated)</b> .....	<b>30</b>	DEXEDRINE – dextroamphetamine sulfate cap er 24hr 10 mg.....	76
<b>desmopressin acetate tab 0.1 mg (Ddvp)</b> .....	<b>30</b>	DEXEDRINE – dextroamphetamine sulfate cap er 24hr 15 mg.....	76
<b>desmopressin acetate tab 0.2 mg (Ddvp)</b> .....	<b>30</b>	DEXILANT – dexlansoprazole cap delayed release 30 mg.....	57
<b>desogest-eth estrad &amp; eth estrad tab 0.15-0.02/0.01 mg(21/5) (Mircette)</b> .....	<b>20</b>	DEXILANT – dexlansoprazole cap delayed release 60 mg.....	57
<b>desogest-ethin est tab 0.1-0.025/0.125-0.025/0.15-0.025mg-mg</b> .....	<b>20</b>	<b>dexmethylphenidate hcl cap er 24 hr 5 mg (Focalin xr)</b> .....	<b>76</b>
<b>desogestrel &amp; ethinyl estradiol tab 0.15 mg-30 mcg</b> .....	<b>20</b>	<b>dexmethylphenidate hcl cap er 24 hr 10 mg (Focalin xr)</b> .....	<b>76</b>
<b>desonide cream 0.05% (Desowen)</b> .....	<b>126</b>	<b>dexmethylphenidate hcl cap er 24 hr 15 mg (Focalin xr)</b> .....	<b>76</b>
<b>desonide oint 0.05%</b> .....	<b>126</b>	<b>dexmethylphenidate hcl cap er 24 hr 20 mg (Focalin xr)</b> .....	<b>76</b>
<b>desoximetasone cream 0.25% (Topicort)</b> .....	<b>126</b>	<b>dexmethylphenidate hcl cap er 24 hr 25 mg (Focalin xr)</b> .....	<b>76</b>
<b>desoximetasone gel 0.05% (Topicort)</b> .....	<b>126</b>	<b>dexmethylphenidate hcl cap er 24 hr 30 mg (Focalin xr)</b> .....	<b>76</b>
DESVENLAFAXINE ER – desvenlafaxine tab er 24hr 50 mg.....	66	<b>dexmethylphenidate hcl cap er 24 hr 35 mg (Focalin xr)</b> .....	<b>76</b>
DESVENLAFAXINE ER – desvenlafaxine tab er 24hr 100 mg.....	66	<b>dexmethylphenidate hcl cap er 24 hr 40 mg (Focalin xr)</b> .....	<b>76</b>
<b>desvenlafaxine succinate tab er 24hr 25 mg (base equiv) (Pristiq)</b> .....	<b>66</b>	<b>dexmethylphenidate hcl tab 2.5 mg (Focalin)</b> .....	<b>76</b>
<b>desvenlafaxine succinate tab er 24hr 50 mg (base equiv) (Pristiq)</b> .....	<b>66</b>	<b>dexmethylphenidate hcl tab 5 mg (Focalin)</b> .....	<b>76</b>
<b>desvenlafaxine succinate tab er 24hr 100 mg (base equiv) (Pristiq)</b> .....	<b>66</b>	<b>dexmethylphenidate hcl tab 10 mg (Focalin)</b> .....	<b>76</b>
DETROL LA – tolterodine tartrate cap er 24hr 2 mg.....	63	<b>dextran 70-hypromellose ophth soln 0.1-0.3%</b> .....	<b>120</b>
DETROL LA – tolterodine tartrate cap er 24hr 4 mg.....	63	<b>dextran 70-hypromellose (pf) ophth soln 0.1-0.3%</b> .....	<b>120</b>
DETROL – tolterodine tartrate tab 1 mg.....	63	<b>dextroamphetamine sulfate cap er 24hr 5 mg (Dexedrine)</b> .....	<b>76</b>
DETROL – tolterodine tartrate tab 2 mg.....	63	<b>dextroamphetamine sulfate cap er 24hr 10 mg (Dexedrine)</b> .....	<b>76</b>
DEXAMETHASONE – dexamethasone soln 0.5 mg/5ml.....	18	<b>dextroamphetamine sulfate cap er 24hr 15 mg (Dexedrine)</b> .....	<b>76</b>
DEXAMETHASONE – dexamethasone tab 1 mg.....	18	<b>dextroamphetamine sulfate oral solution 5 mg/5ml (Procentra)</b> .....	<b>76</b>
DEXAMETHASONE – dexamethasone tab 2 mg.....	18	<b>dextroamphetamine sulfate tab 5 mg</b> .....	<b>76</b>
<b>dexamethasone elixir 0.5 mg/5ml</b> .....	<b>18</b>	<b>dextroamphetamine sulfate tab 10 mg</b> .....	<b>76</b>
DEXAMETHASONE SODIUM PHOSPHATE – dexamethasone sodium phosphate ophth soln 0.1%.....	118	<b>DEXTROAMPHETAMINE SULFATE TAB 5 MG (Zenedi)</b> .....	<b>76</b>
<b>dexamethasone tab 0.5 mg</b> .....	<b>18</b>	<b>DEXTROAMPHETAMINE SULFATE TAB 10 MG (Zenedi)</b> .....	<b>76</b>
<b>dexamethasone tab 0.75 mg</b> .....	<b>18</b>	<b>dextromethorphan-guaifenesin liquid 10-100 mg/5ml</b> .....	<b>51</b>
<b>dexamethasone tab 1.5 mg</b> .....	<b>18</b>	<b>dextromethorphan-guaifenesin syrup 10-100 mg/5ml</b> .....	<b>51</b>
<b>dexamethasone tab 4 mg</b> .....	<b>18</b>		
<b>dexamethasone tab 6 mg</b> .....	<b>18</b>		
DEXCOM G5 MOBILE/G4 PLATINUM SENSOR KIT – continuous blood glucose system sensor.....	130		
DEXCOM G5 MOBILE RECEIVER KIT – continuous blood glucose system receiver.....	130		
DEXCOM G5 MOBILE TRANSMITTER KIT – continuous blood glucose system transmitter.....	130		
DEXCOM G6 RECEIVER – continuous blood glucose system receiver.....	130		

<b>dextromethorphan-guaifenesin tab er 12hr 30-600 mg</b> .....	<b>51</b>	<b>DI-GEL – alum &amp; mag hydroxide-simethicone susp</b> 282-87-25 mg/5ml.....	<b>57</b>
<b>dextromethorphan-guaifenesin tab er 12hr 60-1200 mg</b> .....	<b>51</b>	<b>digoxin oral soln 0.05 mg/ml (Digoxin)</b> .....	<b>47</b>
<b>dextromethorphan polistirex extended release susp 30 mg/5ml</b> .....	<b>51</b>	<b>digoxin tab 125 mcg (0.125 mg) (Lanoxin)</b> .....	<b>47</b>
DIACOMIT – stiripentol cap 250 mg.....	93	<b>digoxin tab 250 mcg (0.25 mg) (Lanoxin)</b> .....	<b>47</b>
DIACOMIT – stiripentol cap 500 mg.....	93	<b>dihydroergotamine mesylate inj 1 mg/ml (D.h.e. 45)</b> .....	<b>91</b>
DIACOMIT – stiripentol packet 250 mg.....	93	DILANTIN INFATABS – phenytoin chew tab 50 mg.....	94
DIACOMIT – stiripentol packet 500 mg.....	93	DILANTIN – phenytoin sodium extended cap 30 mg.....	94
DIASTAT ACUDIAL – diazepam rectal gel delivery system 10 mg.....	93	DILANTIN – phenytoin sodium extended cap 100 mg.....	94
DIASTAT ACUDIAL – diazepam rectal gel delivery system 20 mg.....	93	DILANTIN-125 – phenytoin susp 125 mg/5ml.....	94
DIASTAT PEDIATRIC – diazepam rectal gel delivery system 2.5 mg.....	93	<b>diltiazem hcl cap er 12hr 60 mg</b> .....	<b>40</b>
<b>diazepam conc 5 mg/ml</b> .....	<b>65</b>	<b>diltiazem hcl cap er 12hr 90 mg</b> .....	<b>40</b>
DIAZEPAM RECTAL GEL – diazepam rectal gel delivery system 2.5 mg.....	94	<b>diltiazem hcl cap er 12hr 120 mg</b> .....	<b>40</b>
DIAZEPAM RECTAL GEL – diazepam rectal gel delivery system 10 mg.....	94	<b>diltiazem hcl cap er 24hr 120 mg</b> .....	<b>40</b>
DIAZEPAM RECTAL GEL – diazepam rectal gel delivery system 20 mg.....	94	<b>diltiazem hcl coated beads cap er 24hr 120 mg (Cardizem cd)</b> .....	<b>40</b>
<b>diazepam tab 2 mg (Valium)</b> .....	<b>65</b>	<b>diltiazem hcl coated beads cap er 24hr 180 mg (Cardizem cd)</b> .....	<b>40</b>
<b>diazepam tab 5 mg (Valium)</b> .....	<b>65</b>	<b>diltiazem hcl coated beads cap er 24hr 240 mg (Cardizem cd)</b> .....	<b>40</b>
<b>diazepam tab 10 mg (Valium)</b> .....	<b>65</b>	<b>diltiazem hcl coated beads cap er 24hr 300 mg (Cardizem cd)</b> .....	<b>40</b>
<b>diazoxide susp 50 mg/ml (Proglycem)</b> .....	<b>22</b>	<b>diltiazem hcl coated beads cap er 24hr 360 mg (Cardizem cd)</b> .....	<b>40</b>
<b>dibucaine perianal ointment 1%</b> .....	<b>122</b>	<b>diltiazem hcl coated beads tab er 24hr 180 mg (Cardizem la)</b> .....	<b>40</b>
<b>diclofenac potassium tab 50 mg</b> .....	<b>88</b>	<b>diltiazem hcl coated beads tab er 24hr 240 mg (Cardizem la)</b> .....	<b>40</b>
<b>diclofenac sodium gel 1% (Voltaren)</b> .....	<b>127</b>	<b>diltiazem hcl coated beads tab er 24hr 300 mg (Cardizem la)</b> .....	<b>40</b>
<b>diclofenac sodium ophth soln 0.1%</b> .....	<b>120</b>	<b>diltiazem hcl coated beads tab er 24hr 360 mg (Cardizem la)</b> .....	<b>40</b>
<b>diclofenac sodium tab delayed release 25 mg</b> .....	<b>89</b>	<b>diltiazem hcl coated beads tab er 24hr 420 mg (Cardizem la)</b> .....	<b>40</b>
<b>diclofenac sodium tab delayed release 50 mg</b> .....	<b>89</b>	<b>diltiazem hcl extended release beads cap er 24hr 120 mg (Tiazac)</b> .....	<b>40</b>
<b>diclofenac sodium tab delayed release 75 mg</b> .....	<b>89</b>	<b>diltiazem hcl extended release beads cap er 24hr 180 mg (Tiazac)</b> .....	<b>40</b>
<b>diclofenac sodium tab er 24hr 100 mg</b> .....	<b>89</b>	<b>diltiazem hcl extended release beads cap er 24hr 240 mg (Tiazac)</b> .....	<b>40</b>
<b>dicloxacillin sodium cap 250 mg</b> .....	<b>2</b>	<b>diltiazem hcl extended release beads cap er 24hr 300 mg (Tiazac)</b> .....	<b>40</b>
<b>dicloxacillin sodium cap 500 mg</b> .....	<b>2</b>	<b>diltiazem hcl extended release beads cap er 24hr 360 mg (Tiazac)</b> .....	<b>40</b>
<b>dicyclomine hcl cap 10 mg</b> .....	<b>57</b>	<b>diltiazem hcl extended release beads cap er 24hr 420 mg (Tiazac)</b> .....	<b>40</b>
<b>dicyclomine hcl oral soln 10 mg/5ml</b> .....	<b>57</b>	<b>diltiazem hcl tab 90 mg</b> .....	<b>40</b>
<b>dicyclomine hcl tab 20 mg</b> .....	<b>58</b>	<b>diltiazem hcl tab 30 mg (Cardizem)</b> .....	<b>40</b>
DIDANOSINE – didanosine delayed release capsule 200 mg.....	7	<b>diltiazem hcl tab 60 mg (Cardizem)</b> .....	<b>40</b>
DIDANOSINE – didanosine delayed release capsule 250 mg.....	7	<b>diltiazem hcl tab 120 mg (Cardizem)</b> .....	<b>40</b>
DIDANOSINE – didanosine delayed release capsule 400 mg.....	7	DILT-XR – diltiazem hcl cap er 24hr 180 mg.....	40
DIFFERIN – adapalene cream 0.1%.....	123	DILT-XR – diltiazem hcl cap er 24hr 240 mg.....	40
DIFFERIN – adapalene gel 0.1%.....	123,123	DIOVAN HCT – valsartan-hydrochlorothiazide tab 80-12.5 mg.....	34
DIFFERIN – adapalene gel 0.3%.....	123		
DIFFERIN – adapalene lotion 0.1%.....	123		
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		

DIOVAN HCT – valsartan-hydrochlorothiazide tab 160-12.5 mg.....	34	donepezil hydrochloride orally disintegrating tab 10 mg.....	80
DIOVAN HCT – valsartan-hydrochlorothiazide tab 160-25 mg.....	34	donepezil hydrochloride tab 5 mg (Aricept).....	80
DIOVAN HCT – valsartan-hydrochlorothiazide tab 320-12.5 mg.....	34	donepezil hydrochloride tab 10 mg (Aricept).....	80
DIOVAN HCT – valsartan-hydrochlorothiazide tab 320-25 mg.....	34	donepezil hydrochloride tab 23 mg (Aricept).....	80
DIOVAN – valsartan tab 40 mg.....	34	DOPTelet – avatrombopag maleate tab 20 mg (base equiv).....	111
DIOVAN – valsartan tab 80 mg.....	34	dorzolamide hcl ophth soln 2% (Trusopt).....	119
DIOVAN – valsartan tab 160 mg.....	34	dorzolamide hcl-timolol maleate ophth sol 22.3-6.8 mg/ml pf (Cosopt pf).....	119
DIOVAN – valsartan tab 320 mg.....	34	dorzolamide hcl-timolol maleate ophth soln 22.3-6.8 mg/ml (Cosopt).....	119
DIPENTUM – olsalazine sodium cap 250 mg.....	61	DOVATO – dolutegravir sodium-lamivudine tab 50-300 mg (base eq).....	7
<b>diphenhydramine-acetaminophen tab 25-500 mg (sleep).....</b>	<b>73</b>	doxazosin mesylate tab 1 mg (Cardura).....	47
diphenhydramine hcl cap 25 mg.....	49	doxazosin mesylate tab 2 mg (Cardura).....	47
diphenhydramine hcl chew tab 12.5 mg.....	50	doxazosin mesylate tab 4 mg (Cardura).....	47
diphenhydramine hcl elixir 12.5 mg/5ml.....	50	doxazosin mesylate tab 8 mg (Cardura).....	47
diphenhydramine hcl liquid 12.5 mg/5ml.....	50	doxepin hcl cap 10 mg.....	66
diphenhydramine hcl (sleep) tab 25 mg.....	73	doxepin hcl cap 25 mg.....	66
diphenhydramine hcl tab disint 12.5 mg.....	50	doxepin hcl cap 50 mg.....	66
diphenhydramine hcl tab 25 mg.....	50	doxepin hcl cap 100 mg.....	66
diphenoxylate w/ atropine tab 2.5-0.025 mg (Lomotil).....	57	doxepin hcl conc 10 mg/ml.....	66
dipyridamole tab 25 mg.....	111	DOXEPIN HCL – doxepin hcl cap 150 mg.....	66
dipyridamole tab 50 mg.....	111	doxycycline hyclate cap 50 mg.....	4
dipyridamole tab 75 mg.....	111	doxycycline hyclate cap 100 mg (Vibramycin).....	4
disopyramide phosphate cap 100 mg (Norpace).....	47	doxycycline hyclate tab 20 mg.....	4
disopyramide phosphate cap 150 mg (Norpace).....	47	doxycycline hyclate tab 100 mg.....	4
disulfiram tab 250 mg (Antabuse).....	80	doxycycline monohydrate cap 50 mg.....	4
disulfiram tab 500 mg (Antabuse).....	80	doxycycline monohydrate cap 100 mg.....	4
DITROPAN XL – oxybutynin chloride tab er 24hr 5 mg.....	63	doxycycline monohydrate for susp 25 mg/5ml (Vibramycin).....	4
DITROPAN XL – oxybutynin chloride tab er 24hr 10 mg.....	63	doxycycline monohydrate tab 75 mg.....	4
<b>divalproex sodium cap delayed release sprinkle 125 mg (Depakote sprinkles).....</b>	<b>94</b>	doxycycline monohydrate tab 100 mg.....	4
divalproex sodium tab delayed release 125 mg (Depakote).....	94	dronabinol cap 2.5 mg (Marinol).....	59
divalproex sodium tab delayed release 250 mg (Depakote).....	94	dronabinol cap 5 mg (Marinol).....	59
divalproex sodium tab delayed release 500 mg (Depakote).....	94	dronabinol cap 10 mg (Marinol).....	59
divalproex sodium tab er 24 hr 250 mg (Depakote er).....	94	drospirenone-ethinyl estradiol tab 3-0.03 mg (Yasmin 28).....	20
divalproex sodium tab er 24 hr 500 mg (Depakote er).....	94	drospirenone-ethinyl estradiol tab 3-0.02 mg (Yaz).....	20
docosanol cream 10%.....	125	drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg (Beyaz).....	20
docusate sodium cap 50 mg.....	56	DROXIA – hydroxyurea cap 200 mg.....	111
docusate sodium cap 100 mg.....	56	DROXIA – hydroxyurea cap 300 mg.....	111
docusate sodium cap 250 mg.....	56	DROXIA – hydroxyurea cap 400 mg.....	111
docusate sodium enema 283 mg/5ml.....	56	DRYSOL – aluminum chloride soln 20%.....	127
docusate sodium liquid 150 mg/15ml.....	56	DUETACT – pioglitazone hcl-glimepiride tab 30-2 mg.....	22
docusate sodium syrup 60 mg/15ml.....	56	DUETACT – pioglitazone hcl-glimepiride tab 30-4 mg.....	22
<b>donepezil hydrochloride orally disintegrating tab 5 mg.....</b>	<b>80</b>	DUEXIS – ibuprofen-famotidine tab 800-26.6 mg.....	89
		DULERA – mometasone furoate-formoterol fumarate aerosol 50-5 mcg/act.....	53
		DULERA – mometasone furoate-formoterol fumarate aerosol 100-5 mcg/act.....	53
		DULERA – mometasone furoate-formoterol fumarate aerosol 200-5 mcg/act.....	53

<b>duloxetine hcl enteric coated pellets cap 20 mg (base eq) (Cymbalta)</b> .....	66	EFFIENT – prasugrel hcl tab 5 mg (base equiv).....	111
<b>duloxetine hcl enteric coated pellets cap 30 mg (base eq) (Cymbalta)</b> .....	66	EFFIENT – prasugrel hcl tab 10 mg (base equiv).....	111
<b>duloxetine hcl enteric coated pellets cap 60 mg (base eq) (Cymbalta)</b> .....	66	<b>eletriptan hydrobromide tab 20 mg (base equivalent) (Relpax)</b> .....	91
DUPIXENT – dupilumab subcutaneous soln pen-injector 300 mg/2ml.....	127	<b>eletriptan hydrobromide tab 40 mg (base equivalent) (Relpax)</b> .....	91
DUPIXENT – dupilumab subcutaneous soln prefilled syringe 200 mg/1.14ml.....	127	ELIDEL – pimecrolimus cream 1%.....	127
DUPIXENT – dupilumab subcutaneous soln prefilled syringe 300 mg/2ml.....	127	ELIQUIS – apixaban tab 2.5 mg.....	111
DURAGESIC – fentanyl td patch 72hr 12 mcg/hr.....	84	ELIQUIS – apixaban tab 5 mg.....	111
DURAGESIC – fentanyl td patch 72hr 25 mcg/hr.....	84	ELIQUIS STARTER PACK – apixaban tab 5 mg.....	111
DURAGESIC – fentanyl td patch 72hr 50 mcg/hr.....	84	ELLA – ulipristal acetate tab 30 mg.....	20
DURAGESIC – fentanyl td patch 72hr 75 mcg/hr.....	84	ELOCTATE – antihemophilic factor rcmb (bdd-rfviiiifc) for inj 250 unit.....	111
DURAGESIC – fentanyl td patch 72hr 100 mcg/hr.....	84	ELOCTATE – antihemophilic factor rcmb (bdd-rfviiiifc) for inj 500 unit.....	111
DURLAZA – aspirin capsule er 24hr 162.5 mg.....	111	ELOCTATE – antihemophilic factor rcmb (bdd-rfviiiifc) for inj 750 unit.....	111
<b>dutasteride cap 0.5 mg (Avodart)</b> .....	64	ELOCTATE – antihemophilic factor rcmb (bdd-rfviiiifc) for inj 1000 unit.....	111
<b>dutasteride-tamsulosin hcl cap 0.5-0.4 mg (Jalyn)</b> .....	64	ELOCTATE – antihemophilic factor rcmb (bdd-rfviiiifc) for inj 1500 unit.....	111
DUTOPROL – metoprolol & hydrochlorothiazide tab er 24hr 25-12.5 mg.....	37	ELOCTATE – antihemophilic factor rcmb (bdd-rfviiiifc) for inj 2000 unit.....	111
DUTOPROL – metoprolol & hydrochlorothiazide tab er 24hr 50-12.5 mg.....	37	ELOCTATE – antihemophilic factor rcmb (bdd-rfviiiifc) for inj 3000 unit.....	111
DUTOPROL – metoprolol & hydrochlorothiazide tab er 24hr 100-12.5 mg.....	37	ELOCTATE – antihemophilic factor rcmb (bdd-rfviiiifc) for inj 4000 unit.....	111
DYANAVEL XR – amphetamine extended release susp 2.5 mg/ml.....	76	ELOCTATE – antihemophilic factor rcmb (bdd-rfviiiifc) for inj 5000 unit.....	111
DYMISTA – azelastine hcl-fluticasone prop nasal spray 137-50 mcg/act.....	50	ELOCTATE – antihemophilic factor rcmb (bdd-rfviiiifc) for inj 6000 unit.....	111
<b>E</b>		EMCYT – estramustine phosphate sodium cap 140 mg.....	13
<b>econazole nitrate cream 1%</b> .....	125	EMGALITY – galcanezumab-gnlm subcutaneous soln auto-injector 120 mg/ml.....	91
EDARBI – azilsartan medoxomil tab 40 mg.....	34	EMGALITY – galcanezumab-gnlm subcutaneous soln prefilled syr 100 mg/ml.....	91
EDARBI – azilsartan medoxomil tab 80 mg.....	34	EMGALITY – galcanezumab-gnlm subcutaneous soln prefilled syr 120 mg/ml.....	91
EDARBYCLOR – azilsartan medoxomil-chlorthalidone tab 40-12.5 mg.....	34	EMTRIVA – emtricitabine caps 200 mg.....	7
EDARBYCLOR – azilsartan medoxomil-chlorthalidone tab 40-25 mg.....	34	EMTRIVA – emtricitabine soln 10 mg/ml.....	7
EDLUAR – zolpidem tartrate sl tab 5 mg.....	73	ENABLEX – darifenacin hydrobromide tab er 24hr 7.5 mg (base equiv).....	63
EDLUAR – zolpidem tartrate sl tab 10 mg.....	73	<b>enalapril maleate &amp; hydrochlorothiazide tab 5-12.5 mg</b> .....	32
EDURANT – rilpivirine hcl tab 25 mg (base equivalent).....	7	<b>enalapril maleate &amp; hydrochlorothiazide tab 10-25 mg (Vaseretic)</b> .....	32
E.E.S. 400 – erythromycin ethylsuccinate tab 400 mg.....	3	<b>enalapril maleate tab 2.5 mg (Vasotec)</b> .....	32
E.E.S. GRANULES – erythromycin ethylsuccinate for susp 200 mg/5ml.....	3	<b>enalapril maleate tab 5 mg (Vasotec)</b> .....	32
<b>efavirenz cap 50 mg (Sustiva)</b> .....	7	<b>enalapril maleate tab 10 mg (Vasotec)</b> .....	32
<b>efavirenz cap 200 mg (Sustiva)</b> .....	7	<b>enalapril maleate tab 20 mg (Vasotec)</b> .....	32
<b>efavirenz tab 600 mg (Sustiva)</b> .....	7	ENBREL – etanercept for subcutaneous inj 25 mg.....	89
EFFERVESCENT POTASSIUM/CHLORIDE – pot bicarbonate & chloride effer tab 25 meq.....	108	ENBREL – etanercept subcutaneous soln prefilled syringe 25 mg/0.5ml.....	89
EFFEXOR XR – venlafaxine hcl cap er 24hr 37.5 mg (base equivalent).....	66	ENBREL – etanercept subcutaneous soln prefilled syringe 50 mg/ml.....	89
EFFEXOR XR – venlafaxine hcl cap er 24hr 75 mg (base equivalent).....	66		
EFFEXOR XR – venlafaxine hcl cap er 24hr 150 mg (base equivalent).....	66		

ENBREL MINI – etanercept subcutaneous solution cartridge 50 mg/ml.....	89	EQL ONE DAILY MENS – multiple vitamins w/ minerals tab.....	102
ENBREL SURECLICK – etanercept subcutaneous solution auto-injector 50 mg/ml.....	89	EQL PRENATAL FORMULA – prenatal vit w/ fe fumarate-fa tab 28-0.8 mg.....	102
ENCARE – nonoxynol-9 vaginal suppos 100 mg.....	63	EQ ONE DAILY MENS HEALTH – multiple vitamins w/ minerals tab.....	102
ENDARI – glutamine (sickle cell) powd pack 5 gm.....	112	EQ ONE DAILY WOMENS HEALTH – multiple vitamins w/ minerals tab.....	102
ENFAMIL ENFALYTE – oral electrolyte solution.....	108	<b>ergocalciferol cap 1.25 mg (50000 unit) (Drisdol).....</b>	<b>100</b>
<b>enoxaparin sodium inj 30 mg/0.3ml (Lovenox).....</b>	<b>112</b>	<b>ergocalciferol soln 200 mcg/ml (8000 unit/ml).....</b>	<b>100</b>
<b>enoxaparin sodium inj 40 mg/0.4ml (Lovenox).....</b>	<b>112</b>	ERIVEDGE – vismodegib cap 150 mg.....	13
<b>enoxaparin sodium inj 60 mg/0.6ml (Lovenox).....</b>	<b>112</b>	ERLEADA – apalutamide tab 60 mg.....	13
<b>enoxaparin sodium inj 80 mg/0.8ml (Lovenox).....</b>	<b>112</b>	<b>erlotinib hcl tab 25 mg (base equivalent) (Tarceva).....</b>	<b>13</b>
<b>enoxaparin sodium inj 100 mg/ml (Lovenox).....</b>	<b>112</b>	<b>erlotinib hcl tab 100 mg (base equivalent) (Tarceva).....</b>	<b>13</b>
<b>enoxaparin sodium inj 120 mg/0.8ml (Lovenox).....</b>	<b>112</b>	<b>erlotinib hcl tab 150 mg (base equivalent) (Tarceva).....</b>	<b>13</b>
<b>enoxaparin sodium inj 150 mg/ml (Lovenox).....</b>	<b>112</b>	ERWINAZE – asparaginase erwinia chrysanthemi for inj 10000 unit.....	13
<b>enoxaparin sodium inj 300 mg/3ml (Lovenox).....</b>	<b>112</b>	ERY – erythromycin pads 2%.....	123
<b>entacapone tab 200 mg (Comtan).....</b>	<b>98</b>	ERYPED 200 – erythromycin ethylsuccinate for susp 200 mg/5ml.....	3
<b>entecavir tab 0.5 mg (Baraclude).....</b>	<b>6</b>	ERYPED 400 – erythromycin ethylsuccinate for susp 400 mg/5ml.....	3
<b>entecavir tab 1 mg (Baraclude).....</b>	<b>6</b>	ERYTHROCIN STEARATE – erythromycin stearate tab 250 mg.....	3
ENTRESTO – sacubitril-valsartan tab 24-26 mg.....	40	ERYTHROMYCIN – erythromycin w/ delayed release particles cap 250 mg.....	3
ENTRESTO – sacubitril-valsartan tab 49-51 mg.....	40	ERYTHROMYCIN ETHYLSUCCINATE – erythromycin ethylsuccinate tab 400 mg.....	3
ENTRESTO – sacubitril-valsartan tab 97-103 mg.....	40	<b>erythromycin ethylsuccinate for susp 200 mg/5ml (E.e.s. granules).....</b>	<b>3</b>
ENVARUSUS XR – tacrolimus tab er 24hr 0.75 mg.....	133	<b>erythromycin ethylsuccinate for susp 400 mg/5ml (Eryped 400).....</b>	<b>3</b>
ENVARUSUS XR – tacrolimus tab er 24hr 1 mg.....	133	<b>erythromycin gel 2% (Erygel).....</b>	<b>123</b>
ENVARUSUS XR – tacrolimus tab er 24hr 4 mg.....	133	<b>erythromycin ophth oint 5 mg/gm.....</b>	<b>118</b>
EPANED – enalapril maleate oral soln 1 mg/ml.....	32	<b>erythromycin soln 2%.....</b>	<b>123</b>
EPCLUSA – sofosbuvir-velpatasvir tab 400-100 mg.....	6	<b>erythromycin tab delayed release 250 mg.....</b>	<b>3</b>
EPIDIOLEX – cannabidiol soln 100 mg/ml.....	94	<b>erythromycin tab delayed release 333 mg.....</b>	<b>4</b>
EPIDUO – adapalene-benzoyl peroxide gel 0.1-2.5%.....	123	<b>erythromycin tab delayed release 500 mg.....</b>	<b>4</b>
EPIDUO FORTE – adapalene-benzoyl peroxide gel 0.3-2.5%.....	123	<b>erythromycin tab 250 mg.....</b>	<b>4</b>
<b>epinastine hcl ophth soln 0.05% (Elestat).....</b>	<b>120</b>	<b>erythromycin tab 500 mg.....</b>	<b>4</b>
EPINEPHRINE – epinephrine solution auto-injector 0.15 mg/0.15ml (1:1000).....	49	<b>escitalopram oxalate soln 5 mg/5ml (base equiv).....</b>	<b>66</b>
EPINEPHRINE – epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000).....	49	<b>escitalopram oxalate tab 5 mg (base equiv) (Lexapro).....</b>	<b>66</b>
<b>epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000) (Epipen-jr 2-pak).....</b>	<b>49</b>	<b>escitalopram oxalate tab 10 mg (base equiv) (Lexapro).....</b>	<b>66</b>
<b>epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000) (Epipen 2-pak).....</b>	<b>49</b>	<b>escitalopram oxalate tab 20 mg (base equiv) (Lexapro).....</b>	<b>66</b>
EPIPEN-JR 2-PAK – epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000).....	49	<b>esomeprazole magnesium cap delayed release 20 mg (base eq) (Nexium).....</b>	<b>58</b>
EPIPEN 2-PAK – epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000).....	49	<b>esomeprazole magnesium cap delayed release 40 mg (base eq) (Nexium).....</b>	<b>58</b>
EPIVIR HBV – lamivudine oral soln 5 mg/ml (hbv).....	6	<b>esomeprazole magnesium for delayed release susp packet 10 mg (Nexium).....</b>	<b>58</b>
EPIVIR HBV – lamivudine tab 100 mg (hbv).....	6		
<b>eplerenone tab 25 mg (Inspra).....</b>	<b>47</b>		
<b>eplerenone tab 50 mg (Inspra).....</b>	<b>47</b>		
EPOGEN – epoetin alfa inj 2000 unit/ml.....	112		
EPOGEN – epoetin alfa inj 3000 unit/ml.....	112		
EPOGEN – epoetin alfa inj 4000 unit/ml.....	112		
EPOGEN – epoetin alfa inj 10000 unit/ml.....	112		
EPOGEN – epoetin alfa inj 20000 unit/ml.....	112		
EQ COMPLETE MULTIVITAMIN – multiple vitamins w/ minerals tab.....	102		
EQL CALCIUM/VITAMIN D – calcium carbonate-cholecalciferol cap 600 mg-100 unit.....	108		



esomeprazole magnesium for delayed release susp packet 20 mg (Nexium).....	58	ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg.....	20
esomeprazole magnesium for delayed release susp packet 40 mg (Nexium).....	58	ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg.....	20
ESOMEPRAZOLE STRONTIUM – esomeprazole strontium cap delayed release 49.3 mg.....	58	etodolac cap 200 mg.....	89
ESPEROCT – antihemophilic factor recomb glycopeg-exei for inj 500 unit.....	112	etodolac cap 300 mg.....	89
ESPEROCT – antihemophilic factor recomb glycopeg-exei for inj 1000 unit.....	112	etodolac tab 500 mg.....	89
ESPEROCT – antihemophilic factor recomb glycopeg-exei for inj 1500 unit.....	112	etodolac tab 400 mg (Lodine).....	89
ESPEROCT – antihemophilic factor recomb glycopeg-exei for inj 2000 unit.....	112	etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr (Nuvaring).....	20
ESPEROCT – antihemophilic factor recomb glycopeg-exei for inj 3000 unit.....	112	ETOPOSIDE – etoposide cap 50 mg.....	13
estazolam tab 1 mg.....	73	EUCRISA – crisaborole oint 2%.....	127
estazolam tab 2 mg.....	73	EVEKEO – amphetamine sulfate tab 5 mg.....	76
estradiol & norethindrone acetate tab 0.5-0.1 mg (Activella).....	19	EVEKEO – amphetamine sulfate tab 10 mg.....	76
estradiol & norethindrone acetate tab 1-0.5 mg (Activella).....	20	everolimus tab 2.5 mg (Afinitor).....	13
estradiol tab 0.5 mg (Estrace).....	20	everolimus tab 5 mg (Afinitor).....	13
estradiol tab 1 mg (Estrace).....	20	everolimus tab 7.5 mg (Afinitor).....	13
estradiol tab 2 mg (Estrace).....	20	everolimus tab 0.25 mg (Zortress).....	133
estradiol td patch twice weekly 0.025 mg/24hr (Vivelle-dot).....	20	everolimus tab 0.5 mg (Zortress).....	133
estradiol td patch twice weekly 0.0375 mg/24hr (Vivelle-dot).....	20	everolimus tab 0.75 mg (Zortress).....	134
estradiol td patch twice weekly 0.05 mg/24hr (Vivelle-dot).....	20	EVISTA – raloxifene hcl tab 60 mg.....	30
estradiol td patch twice weekly 0.075 mg/24hr (Vivelle-dot).....	20	EVOTAZ – atazanavir sulfate-cobicistat tab 300-150 mg (base equiv).....	7
estradiol td patch twice weekly 0.1 mg/24hr (Vivelle-dot).....	20	EXELDERM – sulconazole nitrate cream 1%.....	125
estradiol td patch weekly 0.025 mg/24hr (Climara).....	20	EXELDERM – sulconazole nitrate solution 1%.....	125
estradiol td patch weekly 0.05 mg/24hr (Climara).....	20	EXELON – rivastigmine td patch 24hr 4.6 mg/24hr.....	80
estradiol td patch weekly 0.06 mg/24hr (Climara).....	20	EXELON – rivastigmine td patch 24hr 9.5 mg/24hr.....	80
estradiol td patch weekly 0.075 mg/24hr (Climara).....	20	EXELON – rivastigmine td patch 24hr 13.3 mg/24hr.....	80
estradiol td patch weekly 0.1 mg/24hr (Climara).....	20	exemestane tab 25 mg (Aromasin).....	13
estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr) (Climara).....	20	EXFORGE – amlodipine besylate-valsartan tab 5-160 mg.....	40
estradiol vaginal cream 0.1 mg/gm (Estrace).....	63	EXFORGE – amlodipine besylate-valsartan tab 5-320 mg.....	40
estradiol vaginal tab 10 mcg (Vagifem).....	63	EXFORGE – amlodipine besylate-valsartan tab 10-160 mg.....	40
estradiol valerate im in oil 20 mg/ml (Delestrogen).....	20	EXFORGE – amlodipine besylate-valsartan tab 10-320 mg.....	40
estradiol valerate im in oil 40 mg/ml (Delestrogen).....	20	EXFORGE HCT – amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg.....	34
ESTROGEL – estradiol gel 0.06% (0.75 mg/1.25 gm metered-dose pump).....	20	EXFORGE HCT – amlodipine-valsartan-hydrochlorothiazide tab 5-160-25 mg.....	35
eszopiclone tab 1 mg (Lunesta).....	73	EXFORGE HCT – amlodipine-valsartan-hydrochlorothiazide tab 10-160-12.5 mg.....	35
eszopiclone tab 2 mg (Lunesta).....	73	EXFORGE HCT – amlodipine-valsartan-hydrochlorothiazide tab 10-160-25 mg.....	35
eszopiclone tab 3 mg (Lunesta).....	73	EXFORGE HCT – amlodipine-valsartan-hydrochlorothiazide tab 10-320-25 mg.....	35
ethambutol hcl tab 100 mg (Myambutol).....	5	EXTAVIA – interferon beta-1b for inj kit 0.3 mg.....	79
ethambutol hcl tab 400 mg (Myambutol).....	5	EZALLOR SPRINKLE – rosuvastatin calcium sprinkle cap 5 mg (base equivalent).....	43
ethosuximide cap 250 mg (Zarontin).....	94	EZALLOR SPRINKLE – rosuvastatin calcium sprinkle cap 10 mg (base equivalent).....	43
ethosuximide soln 250 mg/5ml (Zarontin).....	94	EZALLOR SPRINKLE – rosuvastatin calcium sprinkle cap 20 mg (base equivalent).....	43
		EZALLOR SPRINKLE – rosuvastatin calcium sprinkle cap 40 mg (base equivalent).....	43

ezetimibe-simvastatin tab 10-10 mg (Vytorin).....	44	fenofibrate micronized cap 134 mg.....	44
ezetimibe-simvastatin tab 10-20 mg (Vytorin).....	44	fenofibrate micronized cap 200 mg.....	44
ezetimibe-simvastatin tab 10-40 mg (Vytorin).....	44	fenofibrate tab 54 mg.....	44
ezetimibe-simvastatin tab 10-80 mg (Vytorin).....	44	fenofibrate tab 160 mg.....	44
ezetimibe tab 10 mg (Zetia).....	43	fenofibrate tab 40 mg (Fenoglide).....	44
<b>F</b>		fenofibrate tab 120 mg (Fenoglide).....	44
FABIOR – tazarotene (acne) foam 0.1%.....	123	fenofibrate tab 48 mg (Tricor).....	44
famciclovir tab 125 mg.....	7	fenofibrate tab 145 mg (Tricor).....	44
famciclovir tab 250 mg.....	7	FENOFIBRIC ACID – fenofibric acid tab 105 mg.....	44
famciclovir tab 500 mg.....	7	FENOGLIDE – fenofibrate tab 40 mg.....	44
famotidine for susp 40 mg/5ml.....	58	FENOGLIDE – fenofibrate tab 120 mg.....	44
famotidine tab 10 mg.....	58	FENOPROFEN CALCIUM – fenopropfen calcium cap 200 mg.....	89
famotidine tab 20 mg (Pepcid).....	58	FENOPROFEN CALCIUM – fenopropfen calcium cap 400 mg.....	89
famotidine tab 40 mg (Pepcid).....	58	fenopropfen calcium tab 600 mg (Nalfon).....	89
FANAPT – iloperidone tab 1 mg.....	69	fantanyl citrate lozenge on a handle 200 mcg (Actiq).....	85
FANAPT – iloperidone tab 2 mg.....	69	fantanyl citrate lozenge on a handle 400 mcg (Actiq).....	85
FANAPT – iloperidone tab 4 mg.....	69	fantanyl citrate lozenge on a handle 600 mcg (Actiq).....	85
FANAPT – iloperidone tab 6 mg.....	69	fantanyl citrate lozenge on a handle 800 mcg (Actiq).....	85
FANAPT – iloperidone tab 8 mg.....	69	fantanyl citrate lozenge on a handle 1200 mcg (Actiq).....	85
FANAPT – iloperidone tab 10 mg.....	70	fantanyl citrate lozenge on a handle 1600 mcg (Actiq).....	85
FANAPT – iloperidone tab 12 mg.....	70	fantanyl td patch 72hr 37.5 mcg/hr.....	85
FANAPT TITRATION PACK – iloperidone tab 1 mg & 2 mg & 4 mg & 6 mg titration pak.....	70	fantanyl td patch 72hr 62.5 mcg/hr.....	85
FARXIGA – dapagliflozin propanediol tab 5 mg (base equivalent).....	22	fantanyl td patch 72hr 87.5 mcg/hr.....	85
FARXIGA – dapagliflozin propanediol tab 10 mg (base equivalent).....	22	fantanyl td patch 72hr 12 mcg/hr (Duragesic).....	85
FARYDAK – panobinostat lactate cap 10 mg (base equivalent).....	13	fantanyl td patch 72hr 25 mcg/hr (Duragesic).....	85
FARYDAK – panobinostat lactate cap 20 mg (base equivalent).....	13	fantanyl td patch 72hr 50 mcg/hr (Duragesic).....	85
FASENRA PEN – benralizumab subcutaneous soln auto-injector 30 mg/ml.....	53	fantanyl td patch 72hr 75 mcg/hr (Duragesic).....	85
FC FEMALE CONDOM – condoms - female.....	20	fantanyl td patch 72hr 100 mcg/hr (Duragesic).....	85
FC2 FEMALE CONDOM – condoms - female.....	21	FERRETTIS – ferrous fumarate tab 325 mg (106 mg elemental fe).....	112
FEIBA – antiinhibitor coagulant complex for iv soln 500 unit.....	112	ferrous fumarate tab 324 mg (106 mg elemental fe).....	112
FEIBA – antiinhibitor coagulant complex for iv soln 1000 unit.....	112	FERROUS GLUCONATE – ferrous gluconate tab 324 mg (38 mg elemental iron).....	112
FEIBA – antiinhibitor coagulant complex for iv soln 2500 unit.....	112	ferrous gluconate tab 240 mg (27 mg elemental fe).....	112
felbamate susp 600 mg/5ml (Felbatol).....	94	ferrous gluconate tab 324 mg (37.5 mg elemental iron).....	112
felbamate tab 400 mg (Felbatol).....	94	ferrous sulfate dried tab er 160 mg (50 mg fe equivalent).....	112
felbamate tab 600 mg (Felbatol).....	94	ferrous sulfate elixir 220 mg/5ml (44 mg/5ml elemental fe).....	112
FELBATOL – felbamate susp 600 mg/5ml.....	94	FERROUS SULFATE – ferrous sulfate tab ec 324 mg (65 mg fe equivalent).....	112
FELBATOL – felbamate tab 400 mg.....	94	ferrous sulfate soln 75 mg/ml (15 mg/ml elemental fe).....	112
FELBATOL – felbamate tab 600 mg.....	94	ferrous sulfate tab ec 325 mg (65 mg fe equivalent).....	112
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.....	44		
FENOFIBRATE – fenofibrate cap 150 mg.....	44		
fenofibrate micronized cap 43 mg.....	44		
fenofibrate micronized cap 67 mg.....	44		
fenofibrate micronized cap 130 mg.....	44		

<b>ferrous sulfate tab er 142 mg (45 mg fe equivalent)</b> .....	<b>112</b>	FLOVENT DISKUS – fluticasone propionate aer pow ba 250 mcg/blister.....	<b>53</b>
<b>ferrous sulfate tab 325 mg (65 mg elemental fe)</b> .....	<b>112</b>	FLOVENT HFA – fluticasone propionate hfa inhal aer 110 mcg/act (125/valve).....	<b>53</b>
FETZIMA – levomilnacipran hcl cap er 24hr 20 mg (base equivalent).....	66	FLOVENT HFA – fluticasone propionate hfa inhal aer 220 mcg/act (250/valve).....	<b>53</b>
FETZIMA – levomilnacipran hcl cap er 24hr 40 mg (base equivalent).....	66	FLOVENT HFA – fluticasone propionate hfa inhal aero 44 mcg/act (50/valve).....	<b>53</b>
FETZIMA – levomilnacipran hcl cap er 24hr 80 mg (base equivalent).....	66	FLUAD 2020-2021 – influenza vac type a&b surface ant adj susp pref syr 0.5 ml.....	<b>11</b>
FETZIMA – levomilnacipran hcl cap er 24hr 120 mg (base equivalent).....	66	FLUAD QUADRIVALENT INFLUENZA VACCINE FOR ADULTS – influenza vac type a&b surface ant adj quad pref syr 0.5 ml.....	<b>10</b>
FETZIMA TITRATION PACK – levomilnacipran hcl cap er 24hr 20 & 40 mg therapy pack.....	66	FLUARIX QUADRIVALENT 2020-2021 – influenza virus vac split quadrivalent susp pref syr 0.5ml.....	<b>11</b>
FEVERALL INFANTS – acetaminophen suppos 80 mg.....	83	FLUBLOK QUADRIVALENT 2020-2021 – influenza vac recomb ha quad pf soln pref syr 0.5 ml.....	<b>11</b>
<b>fexofenadine hcl susp 30 mg/5ml (6 mg/ml)</b> .....	<b>50</b>	FLUCELVAX QUADRIVALENT 20 – influenza vac tiss-cult subunt quad susp pref syr 0.5 ml.....	<b>11</b>
<b>fexofenadine hcl tab 60 mg</b> .....	<b>50</b>	FLUCELVAX QUADRIVALENT 20 – influenza vac tissue-cultured subunit quadrivalent im susp.....	<b>11</b>
<b>fexofenadine hcl tab 180 mg</b> .....	<b>50</b>	<b>fluconazole for susp 10 mg/ml (Diflucan)</b> .....	<b>5</b>
<b>fexofenadine-pseudoephedrine tab er 12hr 60-120 mg</b> .....	<b>51</b>	<b>fluconazole for susp 40 mg/ml (Diflucan)</b> .....	<b>5</b>
<b>fexofenadine-pseudoephedrine tab er 24hr 180-240 mg</b> .....	<b>51</b>	<b>fluconazole tab 50 mg (Diflucan)</b> .....	<b>5</b>
FIASP FLEXTOUCH – insulin aspart (with niacinamide) sol pen-inj 100 unit/ml.....	26	<b>fluconazole tab 100 mg (Diflucan)</b> .....	<b>5</b>
FIASP – insulin aspart (with niacinamide) inj 100 unit/ml.....	26	<b>fluconazole tab 150 mg (Diflucan)</b> .....	<b>5</b>
FIASP PENFILL – insulin aspart (with niacinamide) soln cartridge 100 unit/ml.....	26	<b>fluconazole tab 200 mg (Diflucan)</b> .....	<b>5</b>
FIBRICOR – fenofibric acid tab 35 mg.....	44	<b>flucytosine cap 250 mg (Ancobon)</b> .....	<b>5</b>
FIBRICOR – fenofibric acid tab 105 mg.....	44	<b>flucytosine cap 500 mg (Ancobon)</b> .....	<b>5</b>
<b>finasteride tab 5 mg (Proscar)</b> .....	<b>64</b>	<b>fludrocortisone acetate tab 0.1 mg</b> .....	<b>18</b>
FIRAZYR – icatibant acetate inj 30 mg/3ml (base equivalent).....	112	FLULAVAL QUADRIVALENT 2020-2021 – influenza virus vac split quadrivalent susp pref syr 0.5ml.....	<b>11</b>
FIRDAPSE – amifampridine phosphate tab 10 mg (base equivalent).....	99	FLUMIST QUADRIVALENT 2020-2021 – influenza virus vaccine live quadrivalent intranasal susp.....	<b>11</b>
FIRMAGON – degarelix acetate for inj 120 mg/vial (240 mg dose).....	13	FLUNISOLIDE – flunisolide nasal soln 25 mcg/act (0.025%).....	<b>50</b>
FIRMAGON – degarelix acetate for inj 80 mg (base equiv).....	13	<b>fluocinolone acetonide cream 0.01%</b> .....	<b>126</b>
FITNESS TABS FOR MEN AM/PM/LYCOPENE – multiple vitamins w/ minerals tab.....	102	<b>fluocinolone acetonide cream 0.025% (Synalar)</b> .....	<b>126</b>
FITNESS TABS FOR WOMEN AM/PM/LYCOPENE – multiple vitamins w/ minerals tab.....	102	<b>fluocinolone acetonide oil 0.01% (body oil) (Derma-smoothe/fs bod)</b> .....	<b>126</b>
<b>flavoxate hcl tab 100 mg</b> .....	<b>63</b>	<b>fluocinolone acetonide oil 0.01% (scalp oil) (Derma-smoothe/fs sca)</b> .....	<b>126</b>
<b>flecainide acetate tab 50 mg</b> .....	<b>47</b>	<b>fluocinolone acetonide oint 0.025% (Synalar)</b> .....	<b>126</b>
<b>flecainide acetate tab 100 mg</b> .....	<b>47</b>	<b>fluocinolone acetonide soln 0.01% (Synalar)</b> .....	<b>126</b>
<b>flecainide acetate tab 150 mg</b> .....	<b>47</b>	<b>fluocinonide cream 0.05%</b> .....	<b>126</b>
FLECTOR – diclofenac epolamine patch 1.3%.....	128	<b>fluocinonide emulsified base cream 0.05%</b> .....	<b>126</b>
FLOMAX – tamsulosin hcl cap 0.4 mg.....	64	<b>fluocinonide gel 0.05%</b> .....	<b>126</b>
FLORIVA PLUS – pediatric multiple vitamins w/ fluoride soln 0.25 mg/ml.....	102	<b>fluocinonide oint 0.05%</b> .....	<b>126</b>
FLOVENT DISKUS – fluticasone propionate aer pow ba 50 mcg/blister.....	53	<b>fluocinonide soln 0.05%</b> .....	<b>126</b>
FLOVENT DISKUS – fluticasone propionate aer pow ba 100 mcg/blister.....	53	<b>fluorometholone ophth susp 0.1% (Fml liquifilm)</b> .....	<b>118</b>
		<b>fluorouracil cream 5% (Efudex)</b> .....	<b>128</b>
		FLUOROURACIL – fluorouracil soln 2%.....	128
		FLUOROURACIL – fluorouracil soln 5%.....	128
		FLUOXETINE DR – fluoxetine hcl cap delayed release 90 mg.....	66
		<b>fluoxetine hcl cap 10 mg (Prozac)</b> .....	<b>66</b>

fluoxetine hcl cap 20 mg (Prozac).....	66	FOCALIN – dexamethylphenidate hcl tab 10 mg.....	76
fluoxetine hcl cap 40 mg (Prozac).....	66	FOCALIN XR – dexamethylphenidate hcl cap er 24 hr 5	
fluoxetine hcl (pmdd) tab 10 mg (Sarafem).....	80	mg.....	76
fluoxetine hcl (pmdd) tab 20 mg (Sarafem).....	80	FOCALIN XR – dexamethylphenidate hcl cap er 24 hr 10	
fluoxetine hcl solution 20 mg/5ml.....	66	mg.....	76
fluoxetine hcl tab 10 mg.....	66	FOCALIN XR – dexamethylphenidate hcl cap er 24 hr 15	
fluoxetine hcl tab 20 mg.....	66	mg.....	76
fluoxetine hcl tab 60 mg (Fluoxetine hydrochlo).....	66	FOCALIN XR – dexamethylphenidate hcl cap er 24 hr 20	
FLUOXETINE HYDROCHLORIDE – fluoxetine hcl tab 60		mg.....	76
mg.....	66	FOCALIN XR – dexamethylphenidate hcl cap er 24 hr 25	
fluphenazine hcl tab 1 mg.....	70	mg.....	77
fluphenazine hcl tab 2.5 mg.....	70	FOCALIN XR – dexamethylphenidate hcl cap er 24 hr 30	
fluphenazine hcl tab 5 mg.....	70	mg.....	77
fluphenazine hcl tab 10 mg.....	70	FOCALIN XR – dexamethylphenidate hcl cap er 24 hr 35	
FLURA-DROPS – sodium fluoride soln 0.25 mg/drop f		mg.....	77
(from 0.55 mg/drop naf).....	108	FOCALIN XR – dexamethylphenidate hcl cap er 24 hr 40	
FLURBIPROFEN SODIUM – flurbiprofen sodium ophth		mg.....	77
soln 0.03%.....	120	<b>folic acid tab 400 mcg.....</b>	<b>112</b>
flurbiprofen tab 50 mg.....	89	<b>folic acid tab 800 mcg.....</b>	<b>112</b>
flurbiprofen tab 100 mg.....	89	<b>folic acid tab 1 mg.....</b>	<b>112</b>
flutamide cap 125 mg.....	13	<b>folic acid-vitamin b6-vitamin b12 tab 2.2-25-0.5</b>	
FLUTICASONE PROPIONATE/SALMETEROL –		mg.....	<b>113</b>
fluticasone-salmeterol aer powder ba 55-14 mcg/act.....	53	<b>fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml</b>	
FLUTICASONE PROPIONATE/SALMETEROL –		(Arixtra).....	<b>113</b>
fluticasone-salmeterol aer powder ba 113-14 mcg/act.....	53	<b>fondaparinux sodium subcutaneous inj 5 mg/0.4ml</b>	
FLUTICASONE PROPIONATE/SALMETEROL –		(Arixtra).....	<b>113</b>
fluticasone-salmeterol aer powder ba 232-14 mcg/		<b>fondaparinux sodium subcutaneous inj 7.5 mg/0.6ml</b>	
act.....	53	(Arixtra).....	<b>113</b>
fluticasone propionate cream 0.05%.....	126	<b>fondaparinux sodium subcutaneous inj 10 mg/0.8ml</b>	
fluticasone propionate nasal susp 50 mcg/act.....	50	(Arixtra).....	<b>113</b>
fluticasone propionate oint 0.005%.....	126	FORA CONTROL SOLUTION HIGH – blood glucose	
fluticasone-salmeterol aer powder ba 100-50 mcg/dose		calibration - liquid - high.....	130
(Advair Diskus).....	54	FORA CONTROL SOLUTION LOW – blood glucose	
fluticasone-salmeterol aer powder ba 250-50 mcg/dose		calibration - liquid - low.....	130
(Advair Diskus).....	54	FORA CONTROL SOLUTION NORMAL – blood glucose	
fluticasone-salmeterol aer powder ba 500-50 mcg/dose		calibration - liquid - normal.....	130
(Advair Diskus).....	54,55	FORA G20 BLOOD GLUCOSE MONITORING SYSTEM –	
fluvastatin sodium cap 20 mg (base equivalent).....	44	blood glucose monitoring kit w/ device.....	130
fluvastatin sodium cap 40 mg (base equivalent).....	44	FORA G20 BLOOD GLUCOSE TEST STRIPS – glucose	
fluvastatin sodium tab er 24 hr 80 mg (base		blood test strip.....	130
equivalent) (Lescol xl).....	44	FORFIVO XL – bupropion hcl tab er 24hr 450 mg.....	66
fluvoxamine maleate cap er 24hr 100 mg.....	66	FORTAVIT – multiple vitamins w/ minerals liquid.....	102
fluvoxamine maleate cap er 24hr 150 mg.....	66	FORTEO – teriparatide (recombinant) soln pen-inj 600	
fluvoxamine maleate tab 25 mg.....	66	mcg/2.4ml.....	30
fluvoxamine maleate tab 50 mg.....	66	FORTESTA – testosterone td gel 10mg/act (2%).....	19
fluvoxamine maleate tab 100 mg.....	66	FOSAMAX – alendronate sodium tab 70 mg.....	30
FLUZONE HIGH-DOSE PF 2020-2021 – influenza vac		FOSAMAX PLUS D – alendronate sodium-cholecalciferol	
split high-dose quad pf susp pref syr 0.7 ml.....	11	tab 70-2800 mg-unit.....	30
FLUZONE QUADRIVALENT 2020-2021 – influenza virus		FOSAMAX PLUS D – alendronate sodium-cholecalciferol	
vaccine split quadrivalent im inj.....	11	tab 70-5600 mg-unit.....	30
FLUZONE QUADRIVALENT 2020-2021 – influenza virus		<b>fosamprenavir calcium tab 700 mg (base equiv)</b>	
vaccine split quadrivalent inj 0.5 ml.....	11	(Lexiva).....	<b>7</b>
FLUZONE QUADRIVALENT 2020-2021 – influenza virus		<b>fosinopril sodium &amp; hydrochlorothiazide tab 10-12.5</b>	
vac split quadrivalent susp pref syr 0.5ml.....	11	mg.....	<b>32</b>
FOCALIN – dexamethylphenidate hcl tab 2.5 mg.....	76	<b>fosinopril sodium &amp; hydrochlorothiazide tab 20-12.5</b>	
FOCALIN – dexamethylphenidate hcl tab 5 mg.....	76	mg.....	<b>32</b>

<b>fosinopril sodium tab 10 mg</b> .....	<b>32</b>	FUZEON – enfuvirtide for inj 90 mg.....	7
<b>fosinopril sodium tab 20 mg</b> .....	<b>32</b>	FYCOMPA – perampanel susp 0.5 mg/ml.....	94
<b>fosinopril sodium tab 40 mg</b> .....	<b>32</b>	FYCOMPA – perampanel tab 2 mg.....	94
FOSRENOL – lanthanum carbonate chew tab 500 mg (elemental).....	61	FYCOMPA – perampanel tab 4 mg.....	94
FOSRENOL – lanthanum carbonate chew tab 750 mg (elemental).....	61	FYCOMPA – perampanel tab 6 mg.....	94
FOSRENOL – lanthanum carbonate chew tab 1000 mg (elemental).....	61	FYCOMPA – perampanel tab 8 mg.....	94
FOSRENOL – lanthanum carbonate oral powder pack 750 mg (elemental).....	61	FYCOMPA – perampanel tab 10 mg.....	94
FOSRENOL – lanthanum carbonate oral powder pack 1000 mg (elemental).....	61	FYCOMPA – perampanel tab 12 mg.....	94
FRAGMIN – dalteparin sodium inj 10000 unit/ml.....	113		
FRAGMIN – dalteparin sodium inj 2500 unit/0.2ml.....	113	<b>G</b>	
FRAGMIN – dalteparin sodium inj 5000 unit/0.2ml.....	113	<b>gabapentin cap 100 mg (Neurontin)</b> .....	<b>80</b>
FRAGMIN – dalteparin sodium inj 7500 unit/0.3ml.....	113	<b>gabapentin cap 300 mg (Neurontin)</b> .....	<b>80</b>
FRAGMIN – dalteparin sodium inj 12500 unit/0.5ml.....	113	<b>gabapentin cap 400 mg (Neurontin)</b> .....	<b>80</b>
FRAGMIN – dalteparin sodium inj 15000 unit/0.6ml.....	113	<b>gabapentin oral soln 250 mg/5ml (Neurontin)</b> .....	<b>81</b>
FRAGMIN – dalteparin sodium inj 18000 unit/0.72ml.....	113	<b>gabapentin tab 600 mg (Neurontin)</b> .....	<b>81</b>
FRAGMIN – dalteparin sodium inj 95000 unit/3.8ml.....	113	<b>gabapentin tab 800 mg (Neurontin)</b> .....	<b>81</b>
FREEDAVIDE – multiple vitamins w/ minerals tab.....	102	GABITRIL – tiagabine hcl tab 2 mg.....	94
FREESTYLE CONTROL SOLUTION – blood glucose calibration - liquid.....	130	GABITRIL – tiagabine hcl tab 4 mg.....	94
FREESTYLE FREEDOM LITE – blood glucose monitoring kit w/ device.....	130	GABITRIL – tiagabine hcl tab 12 mg.....	94
FREESTYLE INSULINX BLOOD – glucose blood test strip.....	130	GABITRIL – tiagabine hcl tab 16 mg.....	94
FREESTYLE INSULINX BLOOD GLUCOSE MONITORING SYSTEM – blood glucose monitoring kit w/ device.....	130	<b>galantamine hydrobromide cap er 24hr 8 mg (Razadyne er)</b> .....	<b>81</b>
FREESTYLE LIBRE 14 DAY/READER/FLASH MONITORING SYSTEM – continuous blood glucose system receiver.....	130	<b>galantamine hydrobromide cap er 24hr 16 mg (Razadyne er)</b> .....	<b>81</b>
FREESTYLE LIBRE 14 DAY/SENSOR/FLASH MONITORING SYSTEM – continuous blood glucose system sensor.....	130	<b>galantamine hydrobromide cap er 24hr 24 mg (Razadyne er)</b> .....	<b>81</b>
FREESTYLE LITE BLOOD GLUCOSE MONITORING SYSTEM – blood glucose monitoring devices.....	130	GALANTAMINE HYDROBROMIDE – galantamine hydrobromide oral soln 4 mg/ml.....	81
FREESTYLE LITE TEST STRIP – glucose blood test strip.....	131	<b>galantamine hydrobromide tab 4 mg (Razadyne)</b> .....	<b>81</b>
FREESTYLE TEST STRIPS – glucose blood test strip.....	131	<b>galantamine hydrobromide tab 8 mg (Razadyne)</b> .....	<b>81</b>
FROVA – frovatriptan succinate tab 2.5 mg (base equivalent).....	91	<b>galantamine hydrobromide tab 12 mg (Razadyne)</b> .....	<b>81</b>
<b>frovatriptan succinate tab 2.5 mg (base equivalent) (Frova)</b> .....	<b>91</b>	GARDASIL 9 – human papillomavirus (hpv) 9-valent recomb vac im susp.....	11
FULL SPECTRUM B/VITAMIN C – b-complex w/ c & folic acid tab 0.8 mg.....	102	GARDASIL 9 – human papillomavirus (hpv) 9-valent recomb vac susp pref syr.....	11
FULPHILA – pegfilgrastim-jmdb soln prefilled syringe 6 mg/0.6ml.....	113	<b>gatifloxacin ophth soln 0.5% (Zymaxid)</b> .....	<b>118</b>
<b>fulvestrant inj 250 mg/5ml (Faslodex)</b> .....	<b>13</b>	GAVILYTE-C – peg 3350-kcl-na bicarb-nacl-na sulfate for soln 240 gm.....	56
<b>furosemide oral soln 10 mg/ml</b> .....	<b>46</b>	GELNIQUE – oxybutynin chloride td gel 10%.....	63
<b>furosemide tab 20 mg (Lasix)</b> .....	<b>46</b>	<b>gemfibrozil tab 600 mg (Lopid)</b> .....	<b>44</b>
<b>furosemide tab 40 mg (Lasix)</b> .....	<b>46</b>	GENOTROPIN MINIQUICK – somatropin for inj 0.2 mg.....	28
<b>furosemide tab 80 mg (Lasix)</b> .....	<b>46</b>	GENOTROPIN MINIQUICK – somatropin for inj 0.4 mg.....	28
		GENOTROPIN MINIQUICK – somatropin for inj 0.6 mg.....	28
		GENOTROPIN MINIQUICK – somatropin for inj 0.8 mg.....	28
		GENOTROPIN MINIQUICK – somatropin for inj 1 mg.....	28
		GENOTROPIN MINIQUICK – somatropin for inj 1.2 mg.....	28
		GENOTROPIN MINIQUICK – somatropin for inj 1.4 mg.....	28
		GENOTROPIN MINIQUICK – somatropin for inj 1.6 mg.....	28

GENOTROPIN MINIQUICK – somatropin for inj 1.8 mg.....	29	GLUCOCARD SHINE – blood glucose monitoring kit w/ device.....	131
GENOTROPIN MINIQUICK – somatropin for inj 2 mg.....	29	GLUCOCARD SHINE CONTROL SOLUTION LEVEL 1 – blood glucose calibration - liquid.....	131
GENOTROPIN – somatropin for inj 12 mg (13.8 mg overfill).....	28	GLUCOCARD SHINE TEST STRIPS – glucose blood test strip.....	131
GENOTROPIN – somatropin for subcutaneous inj 5 mg.....	28	GLUCOCARD SHINE XL – blood glucose monitoring devices.....	131
GENTAK – gentamicin sulfate ophth oint 0.3%.....	118	<b>glucose gel 40%</b> .....	<b>22</b>
<b>gentamicin sulfate ophth soln 0.3%</b> .....	<b>118</b>	GLUCOTROL – glipizide tab 5 mg.....	22
GENVOYA – elvitegrav-cobic-emtricitab-tenofov af tab 150-150-200-10 mg.....	7	GLUCOTROL – glipizide tab 10 mg.....	22
GEODON – ziprasidone hcl cap 20 mg.....	70	GLUCOTROL XL – glipizide tab er 24hr 2.5 mg.....	22
GEODON – ziprasidone hcl cap 40 mg.....	70	GLUCOTROL XL – glipizide tab er 24hr 5 mg.....	22
GEODON – ziprasidone hcl cap 60 mg.....	70	GLUCOTROL XL – glipizide tab er 24hr 10 mg.....	23
GEODON – ziprasidone hcl cap 80 mg.....	70	<b>glyburide micronized tab 1.5 mg (Glynase)</b> .....	<b>23</b>
GEODON – ziprasidone mesylate for inj 20 mg (base equivalent).....	70	<b>glyburide micronized tab 3 mg (Glynase)</b> .....	<b>23</b>
GERI-FREEDA SENIOR FORMULA – multiple vitamins w/ minerals tab.....	102	<b>glyburide micronized tab 6 mg (Glynase)</b> .....	<b>23</b>
GILENYA – fingolimod hcl cap 0.5 mg (base equiv).....	79	<b>glyburide tab 1.25 mg</b> .....	<b>23</b>
GILOTRIF – afatinib dimaleate tab 20 mg (base equivalent).....	13	<b>glyburide tab 2.5 mg</b> .....	<b>23</b>
GILOTRIF – afatinib dimaleate tab 30 mg (base equivalent).....	13	<b>glyburide tab 5 mg</b> .....	<b>23</b>
GILOTRIF – afatinib dimaleate tab 40 mg (base equivalent).....	13	<b>glycerin suppos 80.7%</b> .....	<b>56</b>
<b>glatiramer acetate soln prefilled syringe 20 mg/ml (Copaxone)</b> .....	<b>79</b>	<b>glycerin suppos 1 gm</b> .....	<b>56</b>
<b>glatiramer acetate soln prefilled syringe 40 mg/ml (Copaxone)</b> .....	<b>79</b>	<b>glycerin suppos 1.2 gm</b> .....	<b>56</b>
GLEOSTINE – lomustine cap 10 mg.....	13	<b>glycerin suppos 1.5 gm</b> .....	<b>56</b>
GLEOSTINE – lomustine cap 40 mg.....	13	<b>glycerin suppos 2 gm</b> .....	<b>56</b>
GLEOSTINE – lomustine cap 100 mg.....	13	<b>glycerin suppos 2.1 gm</b> .....	<b>56</b>
<b>glimepiride tab 1 mg (Amaryl)</b> .....	<b>22</b>	<b>glycerin suppos 3 gm</b> .....	<b>56</b>
<b>glimepiride tab 2 mg (Amaryl)</b> .....	<b>22</b>	<b>glycopyrrolate tab 1 mg</b> .....	<b>58</b>
<b>glimepiride tab 4 mg (Amaryl)</b> .....	<b>22</b>	<b>glycopyrrolate tab 2 mg</b> .....	<b>58</b>
<b>glipizide-metformin hcl tab 2.5-250 mg</b> .....	<b>22</b>	GLYNASE – glyburide micronized tab 1.5 mg.....	23
<b>glipizide-metformin hcl tab 2.5-500 mg</b> .....	<b>22</b>	GLYNASE – glyburide micronized tab 3 mg.....	23
<b>glipizide-metformin hcl tab 5-500 mg</b> .....	<b>22</b>	GLYNASE – glyburide micronized tab 6 mg.....	23
<b>glipizide tab er 24hr 2.5 mg (Glucotrol xl)</b> .....	<b>22</b>	GLYSET – miglitol tab 25 mg.....	23
<b>glipizide tab er 24hr 5 mg (Glucotrol xl)</b> .....	<b>22</b>	GLYSET – miglitol tab 50 mg.....	23
<b>glipizide tab er 24hr 10 mg (Glucotrol xl)</b> .....	<b>22</b>	GLYSET – miglitol tab 100 mg.....	23
<b>glipizide tab 5 mg (Glucotrol)</b> .....	<b>22</b>	GLYXAMBI – empagliflozin-linagliptin tab 10-5 mg.....	23
<b>glipizide tab 10 mg (Glucotrol)</b> .....	<b>22</b>	GLYXAMBI – empagliflozin-linagliptin tab 25-5 mg.....	23
GLUCAGON EMERGENCY KIT – glucagon (rdna) for inj kit 1 mg.....	22	GNP PRENATAL – prenatal vit w/ fe fumarate-fa tab 28-0.8 mg.....	102
GLUCOCARD EXPRESSION AUDIO-ENABLED BLOOD GLUCOSE MONITORING – blood glucose monitoring kit w/ device.....	131	GOCOVRI – amantadine hcl cap er 24hr 68.5 mg (base equivalent).....	98
GLUCOCARD EXPRESSION BLOOD GLUCOSE TEST STRIPS – glucose blood test strip.....	131	GOCOVRI – amantadine hcl cap er 24hr 137 mg (base equivalent).....	98
GLUCOCARD EXPRESSION CONTROL SOLUTION LEVEL 1 – blood glucose calibration - liquid.....	131	GOODSENSE GLUCOSE – glucose-vitamin c chew tab 4-6 gm-mg.....	23
GLUCOCARD SHINE – blood glucose monitoring devices.....	131	GOODSENSE PRENATAL VITAMINS – prenatal vit w/ fe fumarate-fa tab 28-0.8 mg.....	102
		GRALISE – gabapentin (once-daily) tab 300 mg.....	81
		GRALISE – gabapentin (once-daily) tab 600 mg.....	81
		<b>granisetron hcl tab 1 mg</b> .....	<b>59</b>
		GRANIX – tbo-filgrastim soln prefilled syringe 300 mcg/0.5ml.....	113
		GRANIX – tbo-filgrastim soln prefilled syringe 480 mcg/0.8ml.....	113
		GRANIX – tbo-filgrastim subcutaneous inj 300 mcg/ml.....	113

GRANIX – tbo-filgrastim subcutaneous inj 480 mcg/1.6ml (300 mcg/ml).....	113	HARVONI – ledipasvir-sofosbuvir pellet pack 45-200 mg.....	6
<b>griseofulvin microsize susp 125 mg/5ml.....</b>	<b>5</b>	HARVONI – ledipasvir-sofosbuvir tab 45-200 mg.....	6
<b>griseofulvin microsize tab 500 mg.....</b>	<b>5</b>	HARVONI – ledipasvir-sofosbuvir tab 90-400 mg.....	6
<b>griseofulvin ultramicrosize tab 125 mg.....</b>	<b>5</b>	HEMANGEOL – propranolol hcl oral soln 4.28 mg/ml (3.75 mg/ml base equiv).....	37
<b>griseofulvin ultramicrosize tab 250 mg.....</b>	<b>5</b>	HEMLIBRA – emicizumab-kxwh subcutaneous soln 30 mg/ml.....	113
<b>guaifenesin-codeine soln 100-10 mg/5ml.....</b>	<b>51</b>	HEMLIBRA – emicizumab-kxwh subcutaneous soln 150 mg/ml.....	113
<b>guaifenesin liquid 100 mg/5ml.....</b>	<b>51</b>	HEMLIBRA – emicizumab-kxwh subcutaneous soln 60 mg/0.4ml (150 mg/ml).....	113
<b>guaifenesin syrup 100 mg/5ml.....</b>	<b>51</b>	HEMLIBRA – emicizumab-kxwh subcutaneous soln 105 mg/0.7ml (150 mg/ml).....	113
<b>guaifenesin tab er 12hr 600 mg.....</b>	<b>51</b>	HEMOFIL M – antihemophilic factor (human) for inj 250 unit.....	113
<b>guaifenesin tab er 12hr 1200 mg.....</b>	<b>51</b>	HEMOFIL M – antihemophilic factor (human) for inj 500 unit.....	113
<b>guaifenesin tab 200 mg.....</b>	<b>51</b>	HEMOFIL M – antihemophilic factor (human) for inj 1000 unit.....	113
<b>guaifenesin tab 400 mg.....</b>	<b>51</b>	HEMOFIL M – antihemophilic factor (human) for inj 1700 unit.....	113
<b>guanfacine hcl tab er 24hr 1 mg (base equiv) (Intuniv).....</b>	<b>77</b>	HEPARIN LOCK FLUSH – heparin sodium (porcine) lock flush iv soln 1 unit/ml.....	113
<b>guanfacine hcl tab er 24hr 2 mg (base equiv) (Intuniv).....</b>	<b>77</b>	HEPLISAV-B – hepatitis b vaccine recomb adjuvanted pref syr 20 mcg/0.5ml.....	11
<b>guanfacine hcl tab er 24hr 3 mg (base equiv) (Intuniv).....</b>	<b>77</b>	HEPSERA – adefovir dipivoxil tab 10 mg.....	6
<b>guanfacine hcl tab er 24hr 4 mg (base equiv) (Intuniv).....</b>	<b>77</b>	HETLIOZ – tasimelteon capsule 20 mg.....	73
<b>guanfacine hcl tab 1 mg.....</b>	<b>47</b>	HIZENTRA – immune globulin (human) subcutaneous inj 1 gm/5ml.....	12
<b>guanfacine hcl tab 2 mg.....</b>	<b>47</b>	HIZENTRA – immune globulin (human) subcutaneous inj 2 gm/10ml.....	12
GVOKE HYPOPEN 1-PACK – glucagon subcutaneous solution auto-injector 0.5 mg/0.1ml.....	23	HIZENTRA – immune globulin (human) subcutaneous inj 4 gm/20ml.....	12
GVOKE HYPOPEN 1-PACK – glucagon subcutaneous solution auto-injector 1 mg/0.2ml.....	23	HIZENTRA – immune globulin (human) subcutaneous inj 10 gm/50ml.....	12
GVOKE HYPOPEN 2-PACK – glucagon subcutaneous solution auto-injector 0.5 mg/0.1ml.....	23	HIZENTRA – immune globulin (human) subcutaneous soln pref syr 1 gm/5ml.....	12
GVOKE HYPOPEN 2-PACK – glucagon subcutaneous solution auto-injector 1 mg/0.2ml.....	23	HIZENTRA – immune globulin (human) subcutaneous soln pref syr 2 gm/10ml.....	12
GVOKE PFS – glucagon subcutaneous soln pref syringe 0.5 mg/0.1ml.....	23	HIZENTRA – immune globulin (human) subcutaneous soln pref syr 4 gm/20ml.....	12
GVOKE PFS – glucagon subcutaneous soln pref syringe 1 mg/0.2ml.....	23	HM COMPLETE 50+ MENS ULTIMATE – multiple vitamins w/ minerals tab.....	102
<b>H</b>		HM COMPLETE 50+ WOMENS ULTIMATE – multiple vitamins w/ minerals tab.....	102
HAEGARDA – c1 esterase inhibitor (human) for subcutaneous inj 2000 unit.....	113	HM COMPLETE – multiple vitamins w/ minerals tab.....	102
HAEGARDA – c1 esterase inhibitor (human) for subcutaneous inj 3000 unit.....	113	HM HAIR/SKIN/NAILS – multiple vitamins w/ minerals tab.....	102
HAIR/SKIN/NAILS – multiple vitamins w/ minerals cap.....	102	HM ONE DAILY MENS – multiple vitamins w/ minerals tab.....	102
<b>halobetasol propionate cream 0.05% (Ultravate).....</b>	<b>126</b>	HM ONE DAILY WOMENS – multiple vitamins w/ minerals tab.....	102
<b>halobetasol propionate oint 0.05% (Ultravate).....</b>	<b>126</b>	HM PRENATAL – prenatal vit w/ fe fumarate-fa tab 28-0.8 mg.....	102
<b>haloperidol lactate inj 5 mg/ml (Haldol).....</b>	<b>70</b>	HOMATROPAIRE – homatropine hbr ophth soln 5%.....	120
<b>haloperidol lactate oral conc 2 mg/ml.....</b>	<b>70</b>		
<b>haloperidol tab 0.5 mg.....</b>	<b>70</b>		
<b>haloperidol tab 1 mg.....</b>	<b>70</b>		
<b>haloperidol tab 2 mg.....</b>	<b>70</b>		
<b>haloperidol tab 5 mg.....</b>	<b>70</b>		
<b>haloperidol tab 10 mg.....</b>	<b>70</b>		
<b>haloperidol tab 20 mg.....</b>	<b>70</b>		
HARVONI – ledipasvir-sofosbuvir pellet pack 33.75-150 mg.....	6		

HORIZANT – gabapentin enacarbil tab er 300 mg.....	81	HUMIRA PEN-PS/UV STARTER – adalimumab pen- injector kit 40 mg/0.8ml.....	89
HORIZANT – gabapentin enacarbil tab er 600 mg.....	81	HUMIRA PEN-PS/UV STARTER – adalimumab pen- injector kit 80 mg/0.8ml & 40 mg/0.4ml.....	89
HUMALOG – insulin lispro inj 100 unit/ml.....	26	HUMULIN 70/30 – insulin nph isophane & regular human inj 100 unit/ml (70-30).....	27
HUMALOG – insulin lispro soln cartridge 100 unit/ml.....	26	HUMULIN 70/30 KWIKPEN – insulin nph & regular susp pen-inj 100 unit/ml (70-30).....	27
HUMALOG JUNIOR KWIKPEN – insulin lispro soln pen- injector 100 unit/ml (0.5 unit dial).....	26	HUMULIN N – insulin nph (human) (isophane) inj 100 unit/ ml.....	27
HUMALOG KWIKPEN – insulin lispro soln pen-injector 200 unit/ml.....	26	HUMULIN N KWIKPEN – insulin nph (human) (isophane) susp pen-injector 100 unit/ml.....	27
HUMALOG KWIKPEN – insulin lispro soln pen-injector 100 unit/ml (1 unit dial).....	26	HUMULIN R – insulin regular (human) inj 100 unit/ml.....	27
HUMALOG MIX 75/25 – insulin lispro prot & lispro inj 100 unit/ml (75-25).....	27	HUMULIN R U-500 (CONCENTRATED) – insulin regular (human) inj 500 unit/ml.....	27
HUMALOG MIX 50/50 – insulin lispro protamine & lispro inj 100 unit/ml (50-50).....	27	HUMULIN R U-500 KWIKPEN – insulin regular (human) soln pen-injector 500 unit/ml.....	27
HUMALOG MIX 50/50 KWIKPEN – insulin lispro prot & lispro sus pen-inj 100 unit/ml (50-50).....	27	HYCANTIN – topotecan hcl cap 0.25 mg (base equiv).....	14
HUMALOG MIX 75/25 KWIKPEN – insulin lispro prot & lispro sus pen-inj 100 unit/ml (75-25).....	27	HYCANTIN – topotecan hcl cap 1 mg (base equiv).....	14
HUMATE-P – antihemophilic factor/vwf (human) for inj 250-600 unit.....	113	<b>hydralazine hcl tab 10 mg.....</b>	<b>48</b>
HUMATE-P – antihemophilic factor/vwf (human) for inj 500-1200 unit.....	113	<b>hydralazine hcl tab 25 mg.....</b>	<b>48</b>
HUMATE-P – antihemophilic factor/vwf (human) for inj 1000-2400 unit.....	113	<b>hydralazine hcl tab 50 mg.....</b>	<b>48</b>
HUMATROPE COMBO PACK – somatropin for inj 5 mg.....	29	<b>hydralazine hcl tab 100 mg.....</b>	<b>48</b>
HUMATROPE – somatropin for inj 24 mg.....	29	<b>hydrochlorothiazide cap 12.5 mg.....</b>	<b>46</b>
HUMATROPE – somatropin for inj 6 mg (18 unit).....	29	<b>hydrochlorothiazide tab 12.5 mg.....</b>	<b>46</b>
HUMATROPE – somatropin for inj 12 mg (36 unit).....	29	<b>hydrochlorothiazide tab 25 mg.....</b>	<b>46</b>
HUMIRA – adalimumab prefilled syringe kit 10 mg/0.1ml.....	89	<b>hydrochlorothiazide tab 50 mg.....</b>	<b>46</b>
HUMIRA – adalimumab prefilled syringe kit 10 mg/0.2ml.....	89	<b>hydrocodone-acetaminophen soln 7.5-325 mg/15ml.....</b>	<b>85</b>
HUMIRA – adalimumab prefilled syringe kit 20 mg/0.2ml.....	89	<b>hydrocodone-acetaminophen tab 7.5-325 mg (Norco).....</b>	<b>85</b>
HUMIRA – adalimumab prefilled syringe kit 20 mg/0.4ml.....	89	<b>hydrocodone-acetaminophen tab 5-325 mg (Norco).....</b>	<b>85</b>
HUMIRA – adalimumab prefilled syringe kit 40 mg/0.8ml.....	89	<b>hydrocodone-acetaminophen tab 10-325 mg (Norco).....</b>	<b>85</b>
HUMIRA – adalimumab prefilled syringe kit 40 mg/0.4ml.....	89	<b>hydrocodone-ibuprofen tab 7.5-200 mg.....</b>	<b>85</b>
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK – adalimumab prefilled syringe kit 80 mg/0.8ml.....	89	<b>hydrocortisone acetate cream 1%.....</b>	<b>126</b>
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK – adalimumab prefilled syringe kit 80 mg/0.8ml & 40 mg/0.4ml.....	89	<b>hydrocortisone butyrate cream 0.1% (Locoid).....</b>	<b>126</b>
HUMIRA PEN – adalimumab pen-injector kit 40 mg/0.8ml.....	89	<b>hydrocortisone butyrate oint 0.1%.....</b>	<b>126</b>
HUMIRA PEN – adalimumab pen-injector kit 40 mg/0.4ml.....	89	<b>hydrocortisone butyrate soln 0.1% (Locoid).....</b>	<b>126</b>
HUMIRA PEN-CD/UC/HS STARTER – adalimumab pen- injector kit 40 mg/0.8ml.....	89	<b>hydrocortisone cream 0.5%.....</b>	<b>126</b>
HUMIRA PEN-CD/UC/HS STARTER – adalimumab pen- injector kit 80 mg/0.8ml.....	89	<b>hydrocortisone cream 1%.....</b>	<b>126</b>
		<b>hydrocortisone cream 2.5%.....</b>	<b>126</b>
		<b>hydrocortisone enema 100 mg/60ml (Cortenema).....</b>	<b>122</b>
		<b>hydrocortisone lotion 1%.....</b>	<b>126</b>
		<b>hydrocortisone lotion 2.5%.....</b>	<b>127</b>
		<b>hydrocortisone oint 0.5%.....</b>	<b>127</b>
		<b>hydrocortisone oint 1%.....</b>	<b>127</b>
		<b>hydrocortisone oint 2.5%.....</b>	<b>127</b>
		<b>hydrocortisone perianal cream 2.5% (Anusol-hc).....</b>	<b>122</b>
		<b>hydrocortisone tab 5 mg (Cortef).....</b>	<b>18</b>
		<b>hydrocortisone tab 10 mg (Cortef).....</b>	<b>18</b>
		<b>hydrocortisone tab 20 mg (Cortef).....</b>	<b>18</b>
		<b>hydrocortisone valerate cream 0.2%.....</b>	<b>127</b>
		<b>hydrocortisone valerate oint 0.2%.....</b>	<b>127</b>
		<b>hydrocortisone w/ acetic acid otic soln 1-2%.....</b>	<b>121</b>



HYDROGEN PEROXIDE – hydrogen peroxide soln 3%.....	125	HYZAAR – losartan potassium & hydrochlorothiazide tab 50-12.5 mg.....	35
HYDROMORPHONE HCL – hydromorphone hcl inj 4 mg/ ml.....	85	HYZAAR – losartan potassium & hydrochlorothiazide tab 100-12.5 mg.....	35
<b>hydromorphone hcl liqd 1 mg/ml (Dilaudid).....</b>	<b>85</b>	HYZAAR – losartan potassium & hydrochlorothiazide tab 100-25 mg.....	35
<b>hydromorphone hcl tab er 24hr deter 8 mg.....</b>	<b>85</b>	<b>I</b>	
<b>hydromorphone hcl tab er 24hr deter 12 mg.....</b>	<b>85</b>	<b>ibandronate sodium tab 150 mg (base equivalent)</b>	
<b>hydromorphone hcl tab er 24hr deter 16 mg.....</b>	<b>85</b>	<b>(Boniva).....</b>	<b>30</b>
<b>hydromorphone hcl tab er 24hr deter 32 mg.....</b>	<b>85</b>	IBRANCE – palbociclib cap 75 mg.....	14
<b>hydromorphone hcl tab 2 mg (Dilaudid).....</b>	<b>85</b>	IBRANCE – palbociclib cap 100 mg.....	14
<b>hydromorphone hcl tab 4 mg (Dilaudid).....</b>	<b>85</b>	IBRANCE – palbociclib cap 125 mg.....	14
<b>hydromorphone hcl tab 8 mg (Dilaudid).....</b>	<b>85</b>	IBRANCE – palbociclib tab 75 mg.....	14
<b>hydroxychloroquine sulfate tab 200 mg (Plaquenil).....</b>	<b>9</b>	IBRANCE – palbociclib tab 100 mg.....	14
HYDROXYPROGESTERONE CAPROATE –		IBRANCE – palbociclib tab 125 mg.....	14
hydroxyprogesterone caproate im in oil 1.25 gm/5ml.....	14	<b>ibuprofen chew tab 100 mg.....</b>	<b>89</b>
<b>hydroxyurea cap 500 mg (Hydrea).....</b>	<b>14</b>	<b>ibuprofen susp 40 mg/ml.....</b>	<b>89</b>
<b>hydroxyzine hcl syrup 10 mg/5ml.....</b>	<b>65</b>	<b>ibuprofen susp 100 mg/5ml.....</b>	<b>89</b>
<b>hydroxyzine hcl tab 10 mg.....</b>	<b>65</b>	<b>ibuprofen tab 200 mg.....</b>	<b>89</b>
<b>hydroxyzine hcl tab 25 mg.....</b>	<b>65</b>	<b>ibuprofen tab 400 mg.....</b>	<b>89</b>
<b>hydroxyzine hcl tab 50 mg.....</b>	<b>65</b>	<b>ibuprofen tab 600 mg.....</b>	<b>89</b>
HYDROXYZINE HYDROCHLORIDE – hydroxyzine hcl im soln 50 mg/ml.....	65	<b>ibuprofen tab 800 mg.....</b>	<b>89</b>
<b>hydroxyzine pamoate cap 25 mg (Vistaril).....</b>	<b>65</b>	ICAPS AREDS FORMULA – multiple vitamins w/ minerals tab.....	102
<b>hydroxyzine pamoate cap 50 mg (Vistaril).....</b>	<b>65</b>	<b>icatibant acetate inj 30 mg/3ml (base equivalent)</b>	
<b>hyoscyamine sulfate elixir 0.125 mg/5ml.....</b>	<b>58</b>	<b>(Firazyr).....</b>	<b>113</b>
<b>hyoscyamine sulfate sl tab 0.125 mg (Levsin/sl).....</b>	<b>58</b>	ICLUSIG – ponatinib hcl tab 15 mg (base equiv).....	14
<b>hyoscyamine sulfate soln 0.125 mg/ml.....</b>	<b>58</b>	ICLUSIG – ponatinib hcl tab 45 mg (base equiv).....	14
<b>hyoscyamine sulfate tab disint 0.125 mg</b>		IDELVION – coagulation factor ix (recomb) (rix-fp) for inj 250 unit.....	113
<b>(Anaspaz).....</b>	<b>58</b>	IDELVION – coagulation factor ix (recomb) (rix-fp) for inj 500 unit.....	113
<b>hyoscyamine sulfate tab er 12hr 0.375 mg (Levbid).....</b>	<b>58</b>	IDELVION – coagulation factor ix (recomb) (rix-fp) for inj 1000 unit.....	113
<b>hyoscyamine sulfate tab 0.125 mg (Levsin).....</b>	<b>58</b>	IDELVION – coagulation factor ix (recomb) (rix-fp) for inj 2000 unit.....	114
<b>hypromellose ophth soln 0.3%.....</b>	<b>121</b>	IDELVION – coagulation factor ix (recomb) (rix-fp) for inj 3500 unit.....	114
HYQVIA – immun glob inj 2.5 gm/25ml-hyaluron inj 200 unt/1.25 ml kit.....	12	<b>imatinib mesylate tab 100 mg (base equivalent)</b>	
HYQVIA – immun glob inj 5 gm/50ml-hyaluron inj 400 unt/2.5 ml kit.....	12	<b>(Gleevec).....</b>	<b>14</b>
HYQVIA – immun glob inj 10 gm/100ml-hyaluron inj 800 unt/5 ml kit.....	12	<b>imatinib mesylate tab 400 mg (base equivalent)</b>	
HYQVIA – immun glob inj 20 gm/200ml-hyaluron inj 1600 unt/10 ml kit.....	12	<b>(Gleevec).....</b>	<b>14</b>
HYQVIA – immun glob inj 30 gm/300ml-hyaluron inj 2400 unt/15 ml kit.....	12	IMBRUVICA – ibrutinib cap 70 mg.....	14
HYSINGLA ER – hydrocodone bitartrate tab er 24hr deter 20 mg.....	85	IMBRUVICA – ibrutinib cap 140 mg.....	14
HYSINGLA ER – hydrocodone bitartrate tab er 24hr deter 30 mg.....	85	IMBRUVICA – ibrutinib tab 140 mg.....	14
HYSINGLA ER – hydrocodone bitartrate tab er 24hr deter 40 mg.....	85	IMBRUVICA – ibrutinib tab 280 mg.....	14
HYSINGLA ER – hydrocodone bitartrate tab er 24hr deter 60 mg.....	85	IMBRUVICA – ibrutinib tab 420 mg.....	14
HYSINGLA ER – hydrocodone bitartrate tab er 24hr deter 80 mg.....	85	IMBRUVICA – ibrutinib tab 560 mg.....	14
HYSINGLA ER – hydrocodone bitartrate tab er 24hr deter 100 mg.....	85	<b>imipramine hcl tab 10 mg (Tofranil).....</b>	<b>66</b>
HYSINGLA ER – hydrocodone bitartrate tab er 24hr deter 120 mg.....	85	<b>imipramine hcl tab 25 mg (Tofranil).....</b>	<b>67</b>
		<b>imipramine hcl tab 50 mg (Tofranil).....</b>	<b>67</b>
		<b>imiquimod cream 5% (Aldara).....</b>	<b>128</b>
		IMITREX – sumatriptan nasal spray 5 mg/act.....	91
		IMITREX – sumatriptan nasal spray 20 mg/act.....	91
		IMITREX – sumatriptan succinate tab 25 mg.....	91

IMITREX – sumatriptan succinate tab 50 mg.....	91	INTRON A – interferon alfa-2b for inj 50000000 unit.....	14
IMITREX – sumatriptan succinate tab 100 mg.....	91	INTRON A – interferon alfa-2b inj 6000000 unit/ml.....	14
IMLYGIC – talimogene laherparepvec intralesional inj 1000000 unit/ml.....	14	INTRON A – interferon alfa-2b inj 10000000 unit/ml.....	14
IMLYGIC – talimogene laherparepvec intralesional inj 100000000 unit/ml.....	14	INTUNIV – guanfacine hcl tab er 24hr 1 mg (base equiv).....	77
IMPAVIDO – miltefosine cap 50 mg.....	10	INTUNIV – guanfacine hcl tab er 24hr 2 mg (base equiv).....	77
IMURAN – azathioprine tab 50 mg.....	134	INTUNIV – guanfacine hcl tab er 24hr 3 mg (base equiv).....	77
INBRIJA – levodopa inhal powder cap 42 mg.....	98	INTUNIV – guanfacine hcl tab er 24hr 4 mg (base equiv).....	77
INCRELEX – mecasermin inj 40 mg/4ml (10 mg/ml).....	29	INVEGA – paliperidone tab er 24hr 1.5 mg.....	70
INCRUSE ELLIPTA – umeclidinium br aero powd breath act 62.5 mcg/inh (base eq).....	54	INVEGA – paliperidone tab er 24hr 3 mg.....	70
<b>indapamide tab 1.25 mg.....</b>	<b>46</b>	INVEGA – paliperidone tab er 24hr 6 mg.....	70
<b>indapamide tab 2.5 mg.....</b>	<b>46</b>	INVEGA – paliperidone tab er 24hr 9 mg.....	70
INDERAL LA – propranolol hcl cap er 24hr 60 mg.....	37	INVEGA SUSTENNA – paliperidone palmitate er susp pref syr 39 mg/0.25ml.....	70
INDERAL LA – propranolol hcl cap er 24hr 80 mg.....	37	INVEGA SUSTENNA – paliperidone palmitate er susp pref syr 78 mg/0.5ml.....	70
INDERAL LA – propranolol hcl cap er 24hr 120 mg.....	37	INVEGA SUSTENNA – paliperidone palmitate er susp pref syr 117 mg/0.75ml.....	70
INDERAL LA – propranolol hcl cap er 24hr 160 mg.....	37	INVEGA SUSTENNA – paliperidone palmitate er susp pref syr 156 mg/ml.....	70
INDERAL XL – propranolol hcl sustained-release beads cap er 24hr 80 mg.....	37	INVEGA SUSTENNA – paliperidone palmitate er susp pref syr 234 mg/1.5ml.....	70
INDERAL XL – propranolol hcl sustained-release beads cap er 24hr 120 mg.....	37	INVEGA TRINZA – paliperidone palmitate er susp pref syr 273 mg/0.875ml.....	70
<b>indomethacin cap 25 mg.....</b>	<b>89</b>	INVEGA TRINZA – paliperidone palmitate er susp pref syr 410 mg/1.315ml.....	70
<b>indomethacin cap 50 mg.....</b>	<b>89</b>	INVEGA TRINZA – paliperidone palmitate er susp pref syr 546 mg/1.75ml.....	70
INLYTA – axitinib tab 1 mg.....	14	INVEGA TRINZA – paliperidone palmitate er susp pref syr 819 mg/2.625ml.....	70
INLYTA – axitinib tab 5 mg.....	14	INVIRASE – saquinavir mesylate tab 500 mg.....	8
INNOPRAN XL – propranolol hcl sustained-release beads cap er 24hr 80 mg.....	37	INVOKAMET – canagliflozin-metformin hcl tab 50-500 mg.....	23
INNOPRAN XL – propranolol hcl sustained-release beads cap er 24hr 120 mg.....	37	INVOKAMET – canagliflozin-metformin hcl tab 50-1000 mg.....	23
INREBIC – fedratinib hcl cap 100 mg.....	14	INVOKAMET – canagliflozin-metformin hcl tab 150-500 mg.....	23
INSULIN ASPART FLEXPEN – insulin aspart soln pen- injector 100 unit/ml.....	26	INVOKAMET – canagliflozin-metformin hcl tab 150-1000 mg.....	23
INSULIN ASPART – insulin aspart inj 100 unit/ml.....	26	INVOKAMET XR – canagliflozin-metformin hcl tab er 24hr 50-500 mg.....	23
INSULIN ASPART PENFILL – insulin aspart soln cartridge 100 unit/ml.....	26	INVOKAMET XR – canagliflozin-metformin hcl tab er 24hr 50-1000 mg.....	23
INSULIN ASPART PROTAMINE/INSULIN ASPART FLEXPEN – insulin aspart prot & aspart (human) inj 100 unit/ml (70-30).....	27	INVOKAMET XR – canagliflozin-metformin hcl tab er 24hr 150-500 mg.....	23
INSULIN ASPART PROTAMINE/INSULIN ASPART FLEXPEN – insulin aspart prot & aspart sus pen-inj 100 unit/ml (70-30).....	27	INVOKAMET XR – canagliflozin-metformin hcl tab er 24hr 150-1000 mg.....	23
INSULIN LISPRO – insulin lispro inj 100 unit/ml.....	26	INVOKANA – canagliflozin tab 100 mg.....	23
INSULIN LISPRO JUNIOR KWIKPEN – insulin lispro soln pen-injector 100 unit/ml (0.5 unit dial).....	26	INVOKANA – canagliflozin tab 300 mg.....	23
INSULIN LISPRO KWIKPEN – insulin lispro soln pen- injector 100 unit/ml (1 unit dial).....	26	IOPIDINE – apraclonidine hcl ophth soln 1% (base equivalent).....	119
INSULIN LISPRO PROTAMINE/INSULIN LISPRO KWIKPEN – insulin lispro prot & lispro sus pen-inj 100 unit/ml (75-25).....	27	<b>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml.....</b>	<b>54</b>
INTELENCE – etravirine tab 25 mg.....	8	<b>ipratropium bromide inhal soln 0.02%.....</b>	<b>54</b>
INTELENCE – etravirine tab 100 mg.....	8		
INTELENCE – etravirine tab 200 mg.....	8		
INTERMEZZO – zolpidem tartrate sl tab 1.75 mg.....	73		
INTRON A – interferon alfa-2b for inj 10000000 unit.....	14		
INTRON A – interferon alfa-2b for inj 18000000 unit.....	14		

ipratropium bromide nasal soln 0.03% (21 mcg/ spray).....	50	IXINITY – coagulation factor ix (recombinant) for inj 2000 unit.....	114
ipratropium bromide nasal soln 0.06% (42 mcg/ spray).....	50	IXINITY – coagulation factor ix (recombinant) for inj 3000 unit.....	114
irbesartan-hydrochlorothiazide tab 150-12.5 mg (Avalide).....	35	<b>J</b>	
irbesartan-hydrochlorothiazide tab 300-12.5 mg (Avalide).....	35	JADENU – deferasirox tab 180 mg.....	134
irbesartan tab 75 mg (Avapro).....	35	JADENU SPRINKLE – deferasirox granules packet 90 mg.....	134
irbesartan tab 150 mg (Avapro).....	35	JADENU SPRINKLE – deferasirox granules packet 180 mg.....	134
irbesartan tab 300 mg (Avapro).....	35	JADENU SPRINKLE – deferasirox granules packet 360 mg.....	134
IRESSA – gefitinib tab 250 mg.....	14	JAKAFI – ruxolitinib phosphate tab 5 mg (base equivalent).....	14
irrigation solution, physiological.....	134	JAKAFI – ruxolitinib phosphate tab 10 mg (base equivalent).....	14
ISENTRESS HD – raltegravir potassium tab 600 mg (base equiv).....	8	JAKAFI – ruxolitinib phosphate tab 15 mg (base equivalent).....	14
ISENTRESS – raltegravir potassium chew tab 25 mg (base equiv).....	8	JAKAFI – ruxolitinib phosphate tab 20 mg (base equivalent).....	14
ISENTRESS – raltegravir potassium chew tab 100 mg (base equiv).....	8	JAKAFI – ruxolitinib phosphate tab 25 mg (base equivalent).....	14
ISENTRESS – raltegravir potassium packet for susp 100 mg (base equiv).....	8	JALYN – dutasteride-tamsulosin hcl cap 0.5-0.4 mg.....	64
ISENTRESS – raltegravir potassium tab 400 mg (base equiv).....	8	JANUMET – sitagliptin-metformin hcl tab 50-500 mg.....	23
ISONIAZID – isoniazid syrup 50 mg/5ml.....	5	JANUMET – sitagliptin-metformin hcl tab 50-1000 mg.....	23
ISONIAZID – isoniazid tab 100 mg.....	5	JANUMET XR – sitagliptin-metformin hcl tab er 24hr 50-500 mg.....	23
isoniazid tab 300 mg.....	5	JANUMET XR – sitagliptin-metformin hcl tab er 24hr 50-1000 mg.....	23
ISOPTO ATROPINE – atropine sulfate ophth soln 1%.....	121	JANUMET XR – sitagliptin-metformin hcl tab er 24hr 100-1000 mg.....	23
isosorbide dinitrate tab 10 mg.....	42	JANUVIA – sitagliptin phosphate tab 25 mg (base equiv).....	24
isosorbide dinitrate tab 20 mg.....	42	JANUVIA – sitagliptin phosphate tab 50 mg (base equiv).....	24
isosorbide dinitrate tab 30 mg.....	42	JANUVIA – sitagliptin phosphate tab 100 mg (base equiv).....	24
isosorbide dinitrate tab 5 mg (Isordil titradose).....	42	JARDIANCE – empagliflozin tab 10 mg.....	24
isosorbide mononitrate tab er 24hr 30 mg.....	42	JARDIANCE – empagliflozin tab 25 mg.....	24
isosorbide mononitrate tab er 24hr 60 mg.....	42	JENTADUETO – linagliptin-metformin hcl tab 2.5-500 mg.....	24
isosorbide mononitrate tab er 24hr 120 mg.....	42	JENTADUETO – linagliptin-metformin hcl tab 2.5-850 mg.....	24
isosorbide mononitrate tab 10 mg.....	42	JENTADUETO – linagliptin-metformin hcl tab 2.5-1000 mg.....	24
isosorbide mononitrate tab 20 mg.....	42	JENTADUETO XR – linagliptin-metformin hcl tab er 24hr 2.5-1000 mg.....	24
isotretinoin cap 10 mg.....	123	JENTADUETO XR – linagliptin-metformin hcl tab er 24hr 5-1000 mg.....	24
isotretinoin cap 20 mg.....	123	JORNAY PM – methylphenidate hcl cap delayed er 24hr 20 mg (pm).....	77
isotretinoin cap 30 mg.....	123	JORNAY PM – methylphenidate hcl cap delayed er 24hr 40 mg (pm).....	77
isotretinoin cap 40 mg.....	123	JORNAY PM – methylphenidate hcl cap delayed er 24hr 60 mg (pm).....	77
isradipine cap 2.5 mg.....	41		
isradipine cap 5 mg.....	41		
ISTALOL – timolol maleate ophth soln 0.5% (once- daily).....	119		
itraconazole cap 100 mg (Sporanox).....	5		
itraconazole oral soln 10 mg/ml (Sporanox).....	5		
ivermectin tab 3 mg (Stromectol).....	10		
IXINITY – coagulation factor ix (recombinant) for inj 250 unit.....	114		
IXINITY – coagulation factor ix (recombinant) for inj 500 unit.....	114		
IXINITY – coagulation factor ix (recombinant) for inj 1000 unit.....	114		
IXINITY – coagulation factor ix (recombinant) for inj 1500 unit.....	114		

JORNAY PM – methylphenidate hcl cap delayed er 24hr 80 mg (pm).....	77	KEPPRA – levetiracetam oral soln 100 mg/ml.....	94
JORNAY PM – methylphenidate hcl cap delayed er 24hr 100 mg (pm).....	77	KEPPRA – levetiracetam tab 250 mg.....	94
JUBLIA – efinaconazole soln 10%.....	125	KEPPRA – levetiracetam tab 500 mg.....	94
JULUCA – dolutegravir sodium-rilpivirine hcl tab 50-25 mg (base eq).....	8	KEPPRA – levetiracetam tab 750 mg.....	94
JUXTAPID – lomitapide mesylate cap 5 mg (base equiv).....	44	KEPPRA – levetiracetam tab 1000 mg.....	94
JUXTAPID – lomitapide mesylate cap 10 mg (base equiv).....	44	KEPPRA XR – levetiracetam tab er 24hr 500 mg.....	94
JUXTAPID – lomitapide mesylate cap 20 mg (base equiv).....	44	KEPPRA XR – levetiracetam tab er 24hr 750 mg.....	94
JUXTAPID – lomitapide mesylate cap 30 mg (base equiv).....	44	KETOCARE – acetone (urine) test strip.....	131
JUXTAPID – lomitapide mesylate cap 40 mg (base equiv).....	44	<b>ketoconazole cream 2%.....</b>	<b>125</b>
JUXTAPID – lomitapide mesylate cap 60 mg (base equiv).....	44	<b>ketoconazole foam 2% (Extina).....</b>	<b>125</b>
JYNARQUE – tolvaptan tab 15 mg.....	30	<b>ketoconazole shampoo 1%.....</b>	<b>125</b>
JYNARQUE – tolvaptan tab 30 mg.....	30	<b>ketoconazole shampoo 2%.....</b>	<b>125</b>
JYNARQUE – tolvaptan tab therapy pack 30 & 15 mg.....	30	<b>ketoconazole tab 200 mg.....</b>	<b>5</b>
JYNARQUE – tolvaptan tab therapy pack 45 & 15 mg.....	30	KETONE – acetone (urine) test strip.....	131
JYNARQUE – tolvaptan tab therapy pack 60 & 30 mg.....	30	KETONE TEST STRIPS – acetone (urine) test strip.....	131
JYNARQUE – tolvaptan tab therapy pack 90 & 30 mg.....	30	KETOPROFEN – ketoprofen cap 25 mg.....	90
JYNARQUE – tolvaptan tab therapy pack 15 mg.....	30	KETOPROFEN – ketoprofen cap 50 mg.....	90
<b>K</b>		<b>ketorolac tromethamine ophth soln 0.5% (Acular).....</b>	<b>121</b>
KADIAN – morphine sulfate cap er 24hr 10 mg.....	85	<b>ketorolac tromethamine ophth soln 0.4% (Acular Is).....</b>	<b>121</b>
KADIAN – morphine sulfate cap er 24hr 20 mg.....	85	<b>ketorolac tromethamine tab 10 mg.....</b>	<b>90</b>
KADIAN – morphine sulfate cap er 24hr 30 mg.....	85	KETOSTIX – acetone (urine) test strip.....	131
KADIAN – morphine sulfate cap er 24hr 40 mg.....	85	<b>ketotifen fumarate ophth soln 0.025% (base equiv).....</b>	<b>121</b>
KADIAN – morphine sulfate cap er 24hr 50 mg.....	85	KEVZARA – sarilumab subcutaneous soln prefilled syringe 150 mg/1.14ml.....	90
KADIAN – morphine sulfate cap er 24hr 60 mg.....	85	KEVZARA – sarilumab subcutaneous soln prefilled syringe 200 mg/1.14ml.....	90
KADIAN – morphine sulfate cap er 24hr 80 mg.....	86	KEVZARA – sarilumab subcutaneous solution auto- injector 150 mg/1.14ml.....	90
KADIAN – morphine sulfate cap er 24hr 100 mg.....	86	KEVZARA – sarilumab subcutaneous solution auto- injector 200 mg/1.14ml.....	90
KADIAN – morphine sulfate cap er 24hr 200 mg.....	86	KINERET – anakinra subcutaneous soln prefilled syringe 100 mg/0.67ml.....	90
KALETRA – lopinavir-ritonavir tab 100-25 mg.....	8	KISQALI FEMARA 200 DOSE – ribociclib 200 mg dose (200 mg tab) & letrozole 2.5 mg tbpk.....	14
KALETRA – lopinavir-ritonavir tab 200-50 mg.....	8	KISQALI FEMARA 400 DOSE – ribociclib 400 mg dose (200 mg tab) & letrozole 2.5 mg tbpk.....	14
KALYDECO – ivacaftor packet 25 mg.....	56	KISQALI FEMARA 600 DOSE – ribociclib 600 mg dose (200 mg tab) & letrozole 2.5 mg tbpk.....	14
KALYDECO – ivacaftor packet 50 mg.....	56	KISQALI – ribociclib succinate tab pack 200 mg daily dose.....	14
KALYDECO – ivacaftor packet 75 mg.....	56	KISQALI – ribociclib succinate tab pack 400 mg daily dose (200 mg tab).....	14
KALYDECO – ivacaftor tab 150 mg.....	56	KISQALI – ribociclib succinate tab pack 600 mg daily dose (200 mg tab).....	14
KAPSPARGO SPRINKLE – metoprolol succ cap er 24hr sprinkle 25 mg (tartrate equiv).....	37	KITABIS PAK – tobramycin nebu soln 300 mg/5ml.....	5
KAPSPARGO SPRINKLE – metoprolol succ cap er 24hr sprinkle 50 mg (tartrate equiv).....	37	KOATE – antihemophilic factor (human) for inj 250 unit.....	114
KAPSPARGO SPRINKLE – metoprolol succ cap er 24hr sprinkle 100 mg (tartrate equiv).....	37	KOATE – antihemophilic factor (human) for inj 500 unit.....	114
KAPSPARGO SPRINKLE – metoprolol succ cap er 24hr sprinkle 200 mg (tartrate equiv).....	37	KOATE – antihemophilic factor (human) for inj 1000 unit.....	114
KAZANO – alogliptin-metformin hcl tab 12.5-500 mg.....	24	KOATE-DVI – antihemophilic factor (human) for inj 250 unit.....	114
KAZANO – alogliptin-metformin hcl tab 12.5-1000 mg.....	24		
KEFLEX – cephalixin cap 250 mg.....	3		
KEFLEX – cephalixin cap 500 mg.....	3		
KEFLEX – cephalixin cap 750 mg.....	3		

KOATE-DVI – antihemophilic factor (human) for inj 500 unit.....	114
KOATE-DVI – antihemophilic factor (human) for inj 1000 unit.....	114
KOGENATE FS – antihemophilic factor (recombinant) for inj kit 250 unit.....	114
KOGENATE FS – antihemophilic factor (recombinant) for inj kit 500 unit.....	114
KOGENATE FS – antihemophilic factor (recombinant) for inj kit 1000 unit.....	114
KOGENATE FS – antihemophilic factor (recombinant) for inj kit 2000 unit.....	114
KOGENATE FS – antihemophilic factor (recombinant) for inj kit 3000 unit.....	114
KOMBIGLYZE XR – saxagliptin-metformin hcl tab er 24hr 2.5-1000 mg.....	24
KOMBIGLYZE XR – saxagliptin-metformin hcl tab er 24hr 5-500 mg.....	24
KOMBIGLYZE XR – saxagliptin-metformin hcl tab er 24hr 5-1000 mg.....	24
KONSYL DAILY FIBER – psyllium powder 60.3%.....	56
KONSYL-D – psyllium powder 52.3%.....	56
KOSELUGO – selumetinib sulfate cap 10 mg.....	14
KOSELUGO – selumetinib sulfate cap 25 mg.....	14
KOVALTRY – antihemophilic factor rahf-pfm for inj 250 unit.....	114
KOVALTRY – antihemophilic factor rahf-pfm for inj 500 unit.....	114
KOVALTRY – antihemophilic factor rahf-pfm for inj 1000 unit.....	114
KOVALTRY – antihemophilic factor rahf-pfm for inj 2000 unit.....	114
KOVALTRY – antihemophilic factor rahf-pfm for inj 3000 unit.....	114
K-PAX IMMUNE SUPPORT FORMULA PROFESSIONAL STRENGTH – multiple vitamins w/ minerals cap.....	102
K-PAX IMMUNE SUPPORT FORMULA PROFESSIONAL STRENGTH – multiple vitamins w/ minerals tab.....	102
K-PHOS NO 2 – potassium & sodium acid phosphates tab 305-700 mg.....	64
KP PRENATAL MULTIVITAMINS – prenatal vit w/ fe fumarate-fa tab 28-0.8 mg.....	102
KRINTAFEL – tafenoquine succinate tab 150 mg (base equivalent).....	10
KROGER AUTOLET LANCING DE – lancet devices.....	132
KUVAN – sapropterin dihydrochloride powder packet 100 mg.....	30
KUVAN – sapropterin dihydrochloride powder packet 500 mg.....	30
KUVAN – sapropterin dihydrochloride soluble tab 100 mg.....	30
K-Y ME & YOU EXTRA LUBRICATED – condoms latex lubricated.....	21
K-Y ME & YOU INTENSE – condoms latex lubricated.....	21

## L

labetalol hcl tab 100 mg.....	37
labetalol hcl tab 200 mg.....	37
labetalol hcl tab 300 mg.....	37
lactase chew tab 9000 unit.....	60
lactase tab 3000 unit.....	60
lactase tab 9000 unit.....	60
lactated ringer's for irrigation.....	134
lactic acid (ammonium lactate) cream 12% (Lac-hydrin).....	128
lactic acid (ammonium lactate) lotion 5%.....	128
lactic acid (ammonium lactate) lotion 12%.....	128
lactulose (encephalopathy) solution 10 gm/15ml.....	61
lactulose solution 10 gm/15ml.....	56
LAMICTAL CHEWABLE DISPERSIBLE – lamotrigine tab chewable dispersible 5 mg.....	94
LAMICTAL CHEWABLE DISPERSIBLE – lamotrigine tab chewable dispersible 25 mg.....	94
LAMICTAL – lamotrigine tab 25 mg.....	94
LAMICTAL – lamotrigine tab 100 mg.....	94
LAMICTAL – lamotrigine tab 150 mg.....	94
LAMICTAL – lamotrigine tab 200 mg.....	94
LAMICTAL ODT – lamotrigine orally disintegrating tab 25 mg.....	95
LAMICTAL ODT – lamotrigine orally disintegrating tab 50 mg.....	95
LAMICTAL ODT – lamotrigine orally disintegrating tab 100 mg.....	95
LAMICTAL ODT – lamotrigine orally disintegrating tab 200 mg.....	95
LAMICTAL ODT – lamotrigine tab disint 25 (14) & 50 mg (14) & 100 mg (7) kit.....	95
LAMICTAL ODT – lamotrigine tab disint 21 x 25 mg & 7 x 50 mg titration kit.....	95
LAMICTAL ODT – lamotrigine tab disint 42 x 50mg & 14 x 100mg titration kit.....	95
LAMICTAL STARTER/NOT TAKING CARBAMAZEPINE – lamotrigine tab 25 mg (42) & 100 mg (7) starter kit.....	95
LAMICTAL STARTER/TAKING CARBAMAZEPINE/NOT TAKING VALPROATE – lamotrigine tab 84 x 25 mg & 14 x 100 mg starter kit.....	95
LAMICTAL STARTER/TAKING VALPROATE – lamotrigine tab 35 x 25 mg starter kit.....	95
LAMICTAL XR – lamotrigine tab er 24hr 25 (14) & 50 mg (14) & 100 mg(7) kit.....	95
LAMICTAL XR – lamotrigine tab er 24hr 50 (14) & 100 mg(14) & 200 mg(7) kit.....	95
LAMICTAL XR – lamotrigine tab er 24hr 25 mg.....	95
LAMICTAL XR – lamotrigine tab er 24hr 50 mg.....	95
LAMICTAL XR – lamotrigine tab er 24hr 100 mg.....	95
LAMICTAL XR – lamotrigine tab er 24hr 200 mg.....	95
LAMICTAL XR – lamotrigine tab er 24hr 250 mg.....	95
LAMICTAL XR – lamotrigine tab er 24hr 300 mg.....	95
LAMICTAL XR – lamotrigine tab er 24hr 21 x 25 mg & 7 x 50 mg titration kit.....	95

lamivudine oral soln 10 mg/ml (Epivir).....	8	LATUDA – lurasidone hcl tab 80 mg.....	70
lamivudine tab 150 mg (Epivir).....	8	LATUDA – lurasidone hcl tab 120 mg.....	70
lamivudine tab 300 mg (Epivir).....	8	LEDIPASVIR/SOFOSBUVIR – ledipasvir-sofosbuvir tab 90-400 mg.....	6
lamivudine tab 100 mg (hbv) (Epivir hbv).....	6	<b>leflunomide tab 10 mg (Arava).....</b>	<b>90</b>
lamivudine-zidovudine tab 150-300 mg (Combivir).....	8	<b>leflunomide tab 20 mg (Arava).....</b>	<b>90</b>
lamotrigine orally disintegrating tab 25 mg (Lamictal odt).....	95	LENVIMA 14 MG DAILY DOSE – lenvatinib cap therapy pack 10 & 4 mg (14 mg daily dose).....	15
lamotrigine orally disintegrating tab 50 mg (Lamictal odt).....	95	LENVIMA 10 MG DAILY DOSE – lenvatinib cap therapy pack 10 mg (10 mg daily dose).....	15
lamotrigine orally disintegrating tab 100 mg (Lamictal odt).....	95	LENVIMA 4 MG DAILY DOSE – lenvatinib cap therapy pack 4 mg (4 mg daily dose).....	15
lamotrigine orally disintegrating tab 200 mg (Lamictal odt).....	95	LENVIMA 12MG DAILY DOSE – lenvatinib cap therapy pack 3 x 4 mg (12 mg daily dose).....	15
lamotrigine tab chewable dispersible 5 mg (Lamictal chewable di).....	95	LENVIMA 20 MG DAILY DOSE – lenvatinib cap therapy pack 2 x 10 mg (20 mg daily dose).....	15
lamotrigine tab chewable dispersible 25 mg (Lamictal chewable di).....	95	LENVIMA 8 MG DAILY DOSE – lenvatinib cap therapy pack 2 x 4 mg (8 mg daily dose).....	15
lamotrigine tab er 24hr 25 mg (Lamictal xr).....	95	LENVIMA 18 MG DAILY DOSE – lenvatinib cap ther pack 10 mg & 2 x 4 mg (18 mg daily dose).....	15
lamotrigine tab er 24hr 50 mg (Lamictal xr).....	95	LENVIMA 24 MG DAILY DOSE – lenvatinib cap ther pack 2 x 10 mg & 4 mg (24 mg daily dose).....	15
lamotrigine tab er 24hr 100 mg (Lamictal xr).....	95	LESCOL XL – fluvastatin sodium tab er 24 hr 80 mg (base equivalent).....	44
lamotrigine tab er 24hr 200 mg (Lamictal xr).....	95	LETAIRIS – ambrisentan tab 5 mg.....	48
lamotrigine tab er 24hr 250 mg (Lamictal xr).....	95	LETAIRIS – ambrisentan tab 10 mg.....	48
lamotrigine tab er 24hr 300 mg (Lamictal xr).....	95	<b>letrozole tab 2.5 mg (Femara).....</b>	<b>15</b>
lamotrigine tab 25 mg (42) & 100 mg (7) starter kit (Lamictal starter/not).....	96	LEUCOVORIN CALCIUM – leucovorin calcium tab 10 mg.....	15
lamotrigine tab 25 mg (Lamictal).....	95	LEUCOVORIN CALCIUM – leucovorin calcium tab 15 mg.....	15
lamotrigine tab 100 mg (Lamictal).....	95	<b>leucovorin calcium tab 5 mg.....</b>	<b>15</b>
lamotrigine tab 150 mg (Lamictal).....	95	<b>leucovorin calcium tab 25 mg.....</b>	<b>15</b>
lamotrigine tab 200 mg (Lamictal).....	95	LEUKERAN – chlorambucil tab 2 mg.....	15
lamotrigine tab 84 x 25 mg & 14 x 100 mg starter kit (Lamictal starter/tak).....	96	<b>levalbuterol hcl soln nebu conc 1.25 mg/0.5ml (base equiv) (Xopenex concentrate).....</b>	<b>54</b>
lamotrigine tab 35 x 25 mg starter kit (Lamictal starter/ tak).....	95	<b>levalbuterol hcl soln nebu 0.31 mg/3ml (base equiv) (Xopenex).....</b>	<b>54</b>
LANCETS - VARIOUS.....	132	<b>levalbuterol hcl soln nebu 0.63 mg/3ml (base equiv) (Xopenex).....</b>	<b>54</b>
lansoprazole cap delayed release 15 mg (Prevacid).....	58	<b>levalbuterol hcl soln nebu 1.25 mg/3ml (base equiv) (Xopenex).....</b>	<b>54</b>
lansoprazole cap delayed release 30 mg (Prevacid).....	58	LEVEMIR FLEXTOUCH – insulin detemir soln pen-injector 100 unit/ml.....	28
lansoprazole tab delayed release orally disintegrating 15 mg (Prevacid solutab).....	58	LEVEMIR – insulin detemir inj 100 unit/ml.....	28
lansoprazole tab delayed release orally disintegrating 30 mg (Prevacid solutab).....	58	<b>levetiracetam oral soln 100 mg/ml (Keppra).....</b>	<b>96</b>
lanthanum carbonate chew tab 500 mg (elemental) (Fosrenol).....	61	<b>levetiracetam tab er 24hr 500 mg (Keppra xr).....</b>	<b>96</b>
lanthanum carbonate chew tab 750 mg (elemental) (Fosrenol).....	61	<b>levetiracetam tab er 24hr 750 mg (Keppra xr).....</b>	<b>96</b>
lanthanum carbonate chew tab 1000 mg (elemental) (Fosrenol).....	61	<b>levetiracetam tab 250 mg (Keppra).....</b>	<b>96</b>
LANTUS – insulin glargine inj 100 unit/ml.....	28	<b>levetiracetam tab 500 mg (Keppra).....</b>	<b>96</b>
LANTUS SOLOSTAR – insulin glargine soln pen-injector 100 unit/ml.....	28	<b>levetiracetam tab 750 mg (Keppra).....</b>	<b>96</b>
LASTACAPT – alcaftadine ophth soln 0.25%.....	121	<b>levetiracetam tab 1000 mg (Keppra).....</b>	<b>96</b>
<b>latanoprost ophth soln 0.005% (Xalatan).....</b>	<b>119</b>	LEVOBUNOLOL HCL – levobunolol hcl ophth soln 0.5%.....	119
LATUDA – lurasidone hcl tab 20 mg.....	70	<b>levocarnitine oral soln 1 gm/10ml (10%) (Carnitor).....</b>	<b>30</b>
LATUDA – lurasidone hcl tab 40 mg.....	70	<b>levocarnitine tab 330 mg (Carnitor).....</b>	<b>30</b>
LATUDA – lurasidone hcl tab 60 mg.....	70		

levocetirizine dihydrochloride soln 2.5 mg/5ml (0.5 mg/ml).....	50	LINZESS – linaclotide cap 290 mcg.....	61
levocetirizine dihydrochloride tab 5 mg.....	50	liothyronine sodium tab 5 mcg (Cytomel).....	28
levofloxacin ophth soln 0.5%.....	118	liothyronine sodium tab 25 mcg (Cytomel).....	28
levofloxacin oral soln 25 mg/ml.....	4	liothyronine sodium tab 50 mcg (Cytomel).....	28
levofloxacin tab 250 mg.....	4	LIPITOR – atorvastatin calcium tab 10 mg (base equivalent).....	44
levofloxacin tab 500 mg (Levaquin).....	4	LIPITOR – atorvastatin calcium tab 20 mg (base equivalent).....	44
levofloxacin tab 750 mg (Levaquin).....	4	LIPITOR – atorvastatin calcium tab 40 mg (base equivalent).....	44
levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg.....	21	LIPITOR – atorvastatin calcium tab 80 mg (base equivalent).....	44
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg.....	21	LIPOFEN – fenofibrate cap 50 mg.....	44
levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg.....	21	LIPOFEN – fenofibrate cap 150 mg.....	44
levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg.....	21	LIQUID CALCIUM WITH D3 MAXIMUM STRENGTH – calcium carbonate-cholecalciferol cap 600 mg-1000 unit.....	108
levonorgestrel tab 1.5 mg.....	21	lisinopril & hydrochlorothiazide tab 10-12.5 mg (Zestoretic).....	32
levothyroxine sodium tab 25 mcg (Synthroid).....	28	lisinopril & hydrochlorothiazide tab 20-12.5 mg (Zestoretic).....	32
levothyroxine sodium tab 50 mcg (Synthroid).....	28	lisinopril & hydrochlorothiazide tab 20-25 mg (Zestoretic).....	32
levothyroxine sodium tab 75 mcg (Synthroid).....	28	lisinopril tab 5 mg (Prinivil).....	32
levothyroxine sodium tab 88 mcg (Synthroid).....	28	lisinopril tab 10 mg (Prinivil).....	32
levothyroxine sodium tab 100 mcg (Synthroid).....	28	lisinopril tab 20 mg (Prinivil).....	32
levothyroxine sodium tab 112 mcg (Synthroid).....	28	lisinopril tab 2.5 mg (Zestril).....	32
levothyroxine sodium tab 125 mcg (Synthroid).....	28	lisinopril tab 30 mg (Zestril).....	32
levothyroxine sodium tab 137 mcg (Synthroid).....	28	lisinopril tab 40 mg (Zestril).....	32
levothyroxine sodium tab 150 mcg (Synthroid).....	28	lithium carbonate cap 300 mg.....	70
levothyroxine sodium tab 175 mcg (Synthroid).....	28	lithium carbonate cap 150 mg (Lithium carbonate).....	70
levothyroxine sodium tab 200 mcg (Synthroid).....	28	lithium carbonate cap 600 mg (Lithium carbonate).....	70
levothyroxine sodium tab 300 mcg (Synthroid).....	28	LITHIUM CARBONATE – lithium carbonate cap 600 mg.....	70
LEXAPRO – escitalopram oxalate tab 5 mg (base equiv).....	67	lithium carbonate tab er 450 mg.....	71
LEXAPRO – escitalopram oxalate tab 10 mg (base equiv).....	67	lithium carbonate tab er 300 mg (Lithobid).....	71
LEXAPRO – escitalopram oxalate tab 20 mg (base equiv).....	67	lithium carbonate tab 300 mg.....	71
LEXIVA – fosamprenavir calcium susp 50 mg/ml (base equiv).....	8	LITHIUM – lithium oral solution 8 meq/5ml.....	70
LIALDA – mesalamine tab delayed release 1.2 gm.....	61	LIVALO – pitavastatin calcium tab 1 mg.....	44
lidocaine hcl cream 3%.....	128	LIVALO – pitavastatin calcium tab 2 mg.....	44
lidocaine hcl gel 2%.....	128	LIVALO – pitavastatin calcium tab 4 mg.....	44
LIDOCAINE HCL JELLY – lidocaine hcl urethral/mucosal gel 2%.....	128	LOKELMA – sodium zirconium cyclosilicate for susp packet 5 gm.....	134
lidocaine hcl soln 4%.....	128	LOKELMA – sodium zirconium cyclosilicate for susp packet 10 gm.....	134
lidocaine hcl urethral/mucosal gel prefilled syringe 2%.....	128	LONHALA MAGNAIR REFILL KIT – glycopyrrolate inhal solution 25 mcg/ml.....	54
lidocaine hcl viscous soln 2%.....	122	LONHALA MAGNAIR STARTER KIT – glycopyrrolate inhal solution 25 mcg/ml.....	54
lidocaine patch 5% (Lidoderm).....	128	LONSURF – trifluridine-tipiracil tab 15-6.14 mg.....	15
lidocaine-prilocaine cream 2.5-2.5%.....	128	LONSURF – trifluridine-tipiracil tab 20-8.19 mg.....	15
LIDODERM – lidocaine patch 5%.....	128	loperamide hcl cap 2 mg.....	57
LIDOPURE PATCH – lidocaine patch 5% & adhesive sheet kit.....	128	loperamide hcl liq 1 mg/5ml (0.2 mg/ml).....	57
LINDANE – lindane shampoo 1%.....	128	loperamide hcl tab 2 mg.....	57
linezolid for susp 100 mg/5ml (Zyvox).....	10	LOPID – gemfibrozil tab 600 mg.....	44
linezolid tab 600 mg (Zyvox).....	10		
LINZESS – linaclotide cap 72 mcg.....	61		
LINZESS – linaclotide cap 145 mcg.....	61		

<b>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml) (Kaletra).....</b>	<b>8</b>	LOVENOX – enoxaparin sodium inj 40 mg/0.4ml.....	114
LOPRESSOR HCT – metoprolol & hydrochlorothiazide tab 50-25 mg.....	37	LOVENOX – enoxaparin sodium inj 60 mg/0.6ml.....	114
LOPRESSOR – metoprolol tartrate tab 50 mg.....	37	LOVENOX – enoxaparin sodium inj 80 mg/0.8ml.....	114
LOPRESSOR – metoprolol tartrate tab 100 mg.....	37	LOVENOX – enoxaparin sodium inj 100 mg/ml.....	114
LOPROX – ciclopirox olamine cream 0.77% (base equiv).....	125	LOVENOX – enoxaparin sodium inj 120 mg/0.8ml.....	114
LOPROX – ciclopirox olamine susp 0.77% (base equiv).....	125	LOVENOX – enoxaparin sodium inj 150 mg/ml.....	114
LOPROX SHAMPOO – ciclopirox shampoo 1%.....	125	LOVENOX – enoxaparin sodium inj 300 mg/3ml.....	114
<b>loratadine &amp; pseudoephedrine tab er 12hr 5-120 mg.....</b>	<b>51</b>	<b>loxapine succinate cap 5 mg.....</b>	<b>71</b>
<b>loratadine &amp; pseudoephedrine tab er 24hr 10-240 mg.....</b>	<b>51</b>	<b>loxapine succinate cap 10 mg.....</b>	<b>71</b>
<b>loratadine rapidly-disintegrating tab 10 mg (Claritin).....</b>	<b>50</b>	<b>loxapine succinate cap 25 mg.....</b>	<b>71</b>
<b>loratadine syrup 5 mg/5ml.....</b>	<b>50</b>	<b>loxapine succinate cap 50 mg.....</b>	<b>71</b>
<b>loratadine tab 10 mg.....</b>	<b>50</b>	LUCEMYRA – lofexidine hcl tab 0.18 mg (base equivalent).....	81
<b>lorazepam conc 2 mg/ml.....</b>	<b>65</b>	LUMIGAN – bimatoprost ophth soln 0.01%.....	119
<b>lorazepam tab 0.5 mg (Ativan).....</b>	<b>65</b>	LUNESTA – eszopiclone tab 1 mg.....	73
<b>lorazepam tab 1 mg (Ativan).....</b>	<b>65</b>	LUNESTA – eszopiclone tab 2 mg.....	73
<b>lorazepam tab 2 mg (Ativan).....</b>	<b>65</b>	LUNESTA – eszopiclone tab 3 mg.....	73
LORBRENA – lorlatinib tab 25 mg.....	15	LUPRON DEPOT (1-MONTH) – leuprolide acetate for inj kit 3.75 mg.....	15
LORBRENA – lorlatinib tab 100 mg.....	15	LUPRON DEPOT (1-MONTH) – leuprolide acetate for inj kit 7.5 mg.....	15
<b>losartan potassium &amp; hydrochlorothiazide tab 50-12.5 mg (Hyzaar).....</b>	<b>35</b>	LUPRON DEPOT (3-MONTH) – leuprolide acetate (3 month) for inj kit 11.25 mg.....	15
<b>losartan potassium &amp; hydrochlorothiazide tab 100-12.5 mg (Hyzaar).....</b>	<b>35</b>	LUPRON DEPOT (3-MONTH) – leuprolide acetate (3 month) for inj kit 22.5 mg.....	15
<b>losartan potassium &amp; hydrochlorothiazide tab 100-25 mg (Hyzaar).....</b>	<b>35</b>	LUPRON DEPOT (4-MONTH) – leuprolide acetate (4 month) for inj kit 30 mg.....	15
<b>losartan potassium tab 25 mg (Cozaar).....</b>	<b>35</b>	LUPRON DEPOT (6-MONTH) – leuprolide acetate (6 month) for inj kit 45 mg.....	15
<b>losartan potassium tab 50 mg (Cozaar).....</b>	<b>35</b>	LUPRON DEPOT-PED (1-MONTH) – leuprolide acetate for inj pediatric kit 7.5 mg.....	30
<b>losartan potassium tab 100 mg (Cozaar).....</b>	<b>35</b>	LUPRON DEPOT-PED (1-MONTH) – leuprolide acetate for inj pediatric kit 11.25 mg.....	30
LOTENSIN – benazepril hcl tab 10 mg.....	32	LUPRON DEPOT-PED (1-MONTH) – leuprolide acetate for inj pediatric kit 15 mg.....	30
LOTENSIN – benazepril hcl tab 20 mg.....	32	LUPRON DEPOT-PED (3-MONTH) – leuprolide acetate (3 month) for inj pediatric kit 11.25 mg.....	30
LOTENSIN – benazepril hcl tab 40 mg.....	32	LUPRON DEPOT-PED (3-MONTH) – leuprolide acetate (3 month) for inj pediatric kit 30 mg.....	30
LOTENSIN HCT – benazepril & hydrochlorothiazide tab 10-12.5 mg.....	32	LUZU – luliconazole cream 1%.....	125
LOTENSIN HCT – benazepril & hydrochlorothiazide tab 20-12.5 mg.....	32	LYNPARZA – olaparib tab 100 mg.....	15
LOTENSIN HCT – benazepril & hydrochlorothiazide tab 20-25 mg.....	32	LYNPARZA – olaparib tab 150 mg.....	15
LOTREL – amlodipine besylate-benazepril hcl cap 5-10 mg.....	41	LYRICA CR – pregabalin tab er 24hr 82.5 mg.....	81
LOTREL – amlodipine besylate-benazepril hcl cap 5-20 mg.....	41	LYRICA CR – pregabalin tab er 24hr 165 mg.....	81
LOTREL – amlodipine besylate-benazepril hcl cap 10-20 mg.....	41	LYRICA CR – pregabalin tab er 24hr 330 mg.....	81
LOTREL – amlodipine besylate-benazepril hcl cap 10-40 mg.....	41	LYRICA – pregabalin cap 25 mg.....	81
<b>lovastatin tab 10 mg.....</b>	<b>44</b>	LYRICA – pregabalin cap 50 mg.....	81
<b>lovastatin tab 20 mg.....</b>	<b>44</b>	LYRICA – pregabalin cap 75 mg.....	81
<b>lovastatin tab 40 mg.....</b>	<b>44</b>	LYRICA – pregabalin cap 100 mg.....	81
LOVAZA – omega-3-acid ethyl esters cap 1 gm.....	45	LYRICA – pregabalin cap 150 mg.....	81
LOVENOX – enoxaparin sodium inj 30 mg/0.3ml.....	114	LYRICA – pregabalin cap 200 mg.....	81
		LYRICA – pregabalin cap 225 mg.....	81
		LYRICA – pregabalin cap 300 mg.....	81
		LYRICA – pregabalin soln 20 mg/ml.....	81
		LYSODREN – mitotane tab 500 mg.....	15



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MACULAR VITAMIN BENEFIT – multiple vitamins w/ minerals tab.....	103	MEDISENSE HIGH/MID/LOW CONTROL SOLUTION – blood glucose calibration - liquid.....	131
MAGNESIUM CHLORIDE – magnesium chloride inj 200 mg/ml.....	108	MEDISENSE MID CONTROL SOLUTION – blood glucose calibration - liquid.....	131
<b>magnesium chloride tab dr 64 mg (elemental mg).....</b>	<b>108</b>	<b>medroxyprogesterone acetate tab 2.5 mg</b> <b>(Provera).....</b>	<b>20</b>
<b>magnesium citrate soln.....</b>	<b>56</b>	<b>medroxyprogesterone acetate tab 5 mg (Provera).....</b>	<b>20</b>
MAGNESIUM GLUCONATE – magnesium gluconate tab 500 mg.....	108	<b>medroxyprogesterone acetate tab 10 mg (Provera).....</b>	<b>20</b>
<b>magnesium gluconate tab 27.5 mg (elemental mg).....</b>	<b>108</b>	<b>mefenamic acid cap 250 mg.....</b>	<b>90</b>
<b>magnesium gluconate tab 500 mg (27 mg elemental mg).....</b>	<b>108</b>	MEFLOQUINE HCL – mefloquine hcl tab 250 mg.....	10
<b>magnesium hydroxide susp 400 mg/5ml.....</b>	<b>56</b>	MEGA MULTIVITAMIN FOR MEN – multiple vitamins w/ minerals tab.....	103
<b>magnesium oxide tab 250 mg.....</b>	<b>57</b>	MEGA MULTIVITAMIN FOR WOMEN – multiple vitamins w/ minerals tab.....	103
<b>magnesium oxide tab 400 mg.....</b>	<b>57</b>	MEGAVITE FRUITS & VEGGIES – multiple vitamins w/ minerals tab.....	103
<b>magnesium oxide tab 400 mg (240 mg elemental mg).....</b>	<b>108</b>	MEGAVITE GOLDEN YEARS 55+ – multiple vitamins w/ minerals tab.....	103
<b>magnesium oxide tab 400 mg (241.3 mg elemental mg).....</b>	<b>108</b>	<b>megestrol acetate susp 40 mg/ml.....</b>	<b>15</b>
<b>magnesium oxide tab 500 mg (mg supplement).....</b>	<b>108</b>	<b>megestrol acetate susp 625 mg/5ml (Megace es).....</b>	<b>20</b>
<b>magnesium tab 250 mg.....</b>	<b>108</b>	<b>megestrol acetate tab 20 mg.....</b>	<b>15</b>
<b>malathion lotion 0.5% (Ovide).....</b>	<b>128</b>	<b>megestrol acetate tab 40 mg.....</b>	<b>15</b>
MATULANE – procarbazine hcl cap 50 mg.....	15	MEIJER CALAMINE – calamine lotion.....	128
MAVENCLAD – cladribine tab therapy pack 10 mg (4 tabs).....	79	MEKINIST – trametinib dimethyl sulfoxide tab 0.5 mg (base equivalent).....	15
MAVENCLAD – cladribine tab therapy pack 10 mg (5 tabs).....	79	MEKINIST – trametinib dimethyl sulfoxide tab 2 mg (base equivalent).....	15
MAVENCLAD – cladribine tab therapy pack 10 mg (6 tabs).....	79	MEKTOVI – binimetinib tab 15 mg.....	15
MAVENCLAD – cladribine tab therapy pack 10 mg (7 tabs).....	79	<b>meloxicam tab 7.5 mg (Mobic).....</b>	<b>90</b>
MAVENCLAD – cladribine tab therapy pack 10 mg (8 tabs).....	79	<b>meloxicam tab 15 mg (Mobic).....</b>	<b>90</b>
MAVENCLAD – cladribine tab therapy pack 10 mg (9 tabs).....	79	<b>melphalan tab 2 mg (Alkeran).....</b>	<b>15</b>
MAVENCLAD – cladribine tab therapy pack 10 mg (10 tabs).....	79	<b>memantine hcl cap er 24hr 7 mg (Namenda xr).....</b>	<b>81</b>
MAVYRET – glecaprevir-pibrentasvir tab 100-40 mg.....	6	<b>memantine hcl cap er 24hr 14 mg (Namenda xr).....</b>	<b>81</b>
MAXALT-MLT – rizatriptan benzoate oral disintegrating tab 10 mg (base eq).....	91	<b>memantine hcl cap er 24hr 21 mg (Namenda xr).....</b>	<b>81</b>
MAXALT – rizatriptan benzoate tab 10 mg (base equivalent).....	91	<b>memantine hcl cap er 24hr 28 mg (Namenda xr).....</b>	<b>81</b>
MAYZENT – siponimod fumarate tab 0.25 mg (base equiv).....	79	<b>memantine hcl oral solution 2 mg/ml.....</b>	<b>81</b>
MAYZENT – siponimod fumarate tab 2 mg (base equiv).....	79	<b>memantine hcl tab 5 mg (Namenda).....</b>	<b>81</b>
<b>meclizine hcl chew tab 25 mg.....</b>	<b>59</b>	<b>memantine hcl tab 10 mg (Namenda).....</b>	<b>81</b>
<b>meclizine hcl tab 12.5 mg.....</b>	<b>59</b>	MENS 50+ ADVANCED – multiple vitamins w/ minerals cap.....	103
<b>meclizine hcl tab 25 mg.....</b>	<b>59</b>	MENS 50+ MULTI VITAMIN & MINERAL FORMULA – multiple vitamins w/ minerals tab.....	103
MEDIPLAST – salicylic acid plaster 40%.....	125	MENS MULTI VITAMIN & MINERAL FORMULA – multiple vitamins w/ minerals tab.....	103
MEDISENSE GLUCOSE KETONE CONTROL SOLUTION 1-NORMAL – blood glucose calibration - liquid.....	131	<b>mercaptopurine tab 50 mg.....</b>	<b>15</b>
MEDISENSE HIGH/LOW CONTROL SOLUTION – blood glucose calibration - liquid.....	131	<b>mesalamine cap dr 400 mg (Delzicol).....</b>	<b>61</b>
		<b>mesalamine enema 4 gm.....</b>	<b>61</b>
		<b>mesalamine rectal enema 4 gm &amp; cleanser wipe kit</b> <b>(Rowasa).....</b>	<b>61</b>
		<b>mesalamine suppos 1000 mg (Canasa).....</b>	<b>61</b>
		<b>mesalamine tab delayed release 1.2 gm (Lialda).....</b>	<b>61</b>
		<b>mesalamine tab delayed release 800 mg (Asacol</b> <b>hd).....</b>	<b>61</b>
		MESNEX – mesna tab 400 mg.....	15
		METAMUCIL MULTIHEALTH FIBER – psyllium powder 55.46%.....	56

METAMUCIL MULTIHEALTH FIBER – psyllium powder 63%.....	56	methylphenidate hcl tab er osmotic release (osm) 18 mg (Concerta).....	77
METAPROTERENOL SULFATE – metaproterenol sulfate syrup 10 mg/5ml.....	54	methylphenidate hcl tab er osmotic release (osm) 27 mg (Concerta).....	77
metformin hcl tab er 24hr 500 mg (Glucophage xr).....	24	methylphenidate hcl tab er osmotic release (osm) 36 mg (Concerta).....	77
metformin hcl tab er 24hr 750 mg (Glucophage xr).....	24	methylphenidate hcl tab er osmotic release (osm) 54 mg (Concerta).....	78
metformin hcl tab 500 mg (Glucophage).....	24	methylphenidate hcl tab 5 mg (Ritalin).....	78
metformin hcl tab 850 mg (Glucophage).....	24	methylphenidate hcl tab 10 mg (Ritalin).....	78
metformin hcl tab 1000 mg (Glucophage).....	24	methylphenidate hcl tab 20 mg (Ritalin).....	78
methadone hcl conc 10 mg/ml (Methadose).....	86	METHYLPHENIDATE HYDROCHLORIDE ER – methylphenidate hcl tab er 24hr 18 mg.....	78
methadone hcl soln 5 mg/5ml (Methadone hcl).....	86	METHYLPHENIDATE HYDROCHLORIDE ER – methylphenidate hcl tab er osmotic release (osm) 72 mg.....	78
methadone hcl soln 10 mg/5ml (Methadone hcl).....	86	methylprednisolone tab 4 mg (Medrol).....	18
methadone hcl tab for oral susp 40 mg.....	86	methylprednisolone tab 8 mg (Medrol).....	18
methadone hcl tab 5 mg (Dolophine).....	86	methylprednisolone tab 16 mg (Medrol).....	18
methadone hcl tab 10 mg (Dolophine).....	86	methylprednisolone tab 32 mg (Medrol).....	18
methimazole tab 5 mg (Tapazole).....	28	methylprednisolone tab therapy pack 4 mg (21) (Medrol dosepak).....	18
methimazole tab 10 mg (Tapazole).....	28	metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv).....	61
methocarbamol tab 750 mg (Robaxin-750).....	99	metoclopramide hcl tab 5 mg (base equivalent) (Reglan).....	61
methocarbamol tab 500 mg (Robaxin).....	99	metoclopramide hcl tab 10 mg (base equivalent) (Reglan).....	61
METHOTREXATE SODIUM – methotrexate sodium inj 250 mg/10ml (25 mg/ml).....	15	metolazone tab 2.5 mg.....	46
methotrexate sodium tab 2.5 mg (base equiv).....	15	metolazone tab 5 mg.....	46
methoxsalen rapid cap 10 mg (Oxsoralen ultra).....	128	metolazone tab 10 mg.....	46
methylcellulose powder laxative.....	56	METOPROLOL/HYDROCHLOROTHIAZIDE – metoprolol & hydrochlorothiazide tab 100-50 mg.....	38
methylcellulose tab 500 mg.....	56	metoprolol & hydrochlorothiazide tab 100-25 mg.....	37
methyldopa tab 250 mg.....	48	metoprolol & hydrochlorothiazide tab 50-25 mg (Lopressor hct).....	37
methyldopa tab 500 mg.....	48	metoprolol succinate tab er 24hr 25 mg (tartrate equiv) (Toprol xl).....	37
methylergonovine maleate tab 0.2 mg.....	30	metoprolol succinate tab er 24hr 50 mg (tartrate equiv) (Toprol xl).....	37
METHYLIN – methylphenidate hcl soln 5 mg/5ml.....	77	metoprolol succinate tab er 24hr 100 mg (tartrate equiv) (Toprol xl).....	37
METHYLIN – methylphenidate hcl soln 10 mg/5ml.....	77	metoprolol succinate tab er 24hr 200 mg (tartrate equiv) (Toprol xl).....	37
methylphenidate hcl cap er 24hr 60 mg (la).....	77	metoprolol tartrate tab 25 mg.....	37
methylphenidate hcl cap er 24hr 10 mg (la) (Ritalin la).....	77	metoprolol tartrate tab 37.5 mg.....	38
methylphenidate hcl cap er 24hr 20 mg (la) (Ritalin la).....	77	metoprolol tartrate tab 75 mg.....	38
methylphenidate hcl cap er 24hr 30 mg (la) (Ritalin la).....	77	metoprolol tartrate tab 50 mg (Lopressor).....	38
methylphenidate hcl cap er 24hr 40 mg (la) (Ritalin la).....	77	metoprolol tartrate tab 100 mg (Lopressor).....	38
methylphenidate hcl cap er 10 mg (cd).....	77	metronidazole cream 0.75% (Metrocream).....	123
methylphenidate hcl cap er 20 mg (cd).....	77	metronidazole gel 0.75%.....	123
methylphenidate hcl cap er 30 mg (cd).....	77	metronidazole lotion 0.75% (Metrolotion).....	123
methylphenidate hcl cap er 40 mg (cd).....	77	metronidazole tab 250 mg (Flagyl).....	10
methylphenidate hcl cap er 50 mg (cd).....	77	metronidazole tab 500 mg (Flagyl).....	10
methylphenidate hcl cap er 60 mg (cd).....	77	metronidazole vaginal gel 0.75% (Metrogel- vaginal).....	63
methylphenidate hcl chew tab 2.5 mg.....	77		
methylphenidate hcl chew tab 5 mg.....	77		
methylphenidate hcl chew tab 10 mg.....	77		
methylphenidate hcl soln 5 mg/5ml (Methylin).....	77		
methylphenidate hcl soln 10 mg/5ml (Methylin).....	77		
methylphenidate hcl tab er 24hr 27 mg.....	78		
methylphenidate hcl tab er 24hr 36 mg.....	78		
methylphenidate hcl tab er 24hr 54 mg.....	78		
methylphenidate hcl tab er 10 mg.....	78		
methylphenidate hcl tab er 20 mg.....	78		

mexiletine hcl cap 150 mg.....	47	mirtazapine orally disintegrating tab 15 mg (Remeron soltab).....	67
mexiletine hcl cap 200 mg.....	47	mirtazapine orally disintegrating tab 30 mg (Remeron soltab).....	67
mexiletine hcl cap 250 mg.....	47	mirtazapine orally disintegrating tab 45 mg (Remeron soltab).....	67
MICARDIS HCT – telmisartan-hydrochlorothiazide tab 40-12.5 mg.....	35	mirtazapine tab 7.5 mg.....	67
MICARDIS HCT – telmisartan-hydrochlorothiazide tab 80-12.5 mg.....	35	mirtazapine tab 45 mg.....	67
MICARDIS HCT – telmisartan-hydrochlorothiazide tab 80-25 mg.....	35	mirtazapine tab 15 mg (Remeron).....	67
MICARDIS – telmisartan tab 20 mg.....	35	mirtazapine tab 30 mg (Remeron).....	67
MICARDIS – telmisartan tab 40 mg.....	35	misoprostol tab 100 mcg (Cytotec).....	58
MICARDIS – telmisartan tab 80 mg.....	35	misoprostol tab 200 mcg (Cytotec).....	58
miconazole nitrate aerosol pow 2%.....	125	MITIGARE – colchicine cap 0.6 mg.....	92
miconazole nitrate cream 2%.....	125	M-NATAL PLUS – prenatal vit w/ fe fumarate-fa tab 27-1 mg.....	102
miconazole nitrate powder 2%.....	125	MOBIC – meloxicam tab 7.5 mg.....	90
miconazole nitrate vaginal app 200 mg & 2% cream 9 gm kit.....	63	MOBIC – meloxicam tab 15 mg.....	90
miconazole nitrate vaginal cream 2%.....	63	modafinil tab 100 mg (Provigil).....	78
miconazole nitrate vaginal cream 4% (200 mg/5gm).....	63	modafinil tab 200 mg (Provigil).....	78
miconazole nitrate vaginal supp 200 mg & 2% cream 9 gm kit.....	64	moexipril hcl tab 7.5 mg.....	33
miconazole nitrate vaginal supp 1200 mg & 2% cream kit.....	64	moexipril hcl tab 15 mg.....	33
miconazole nitrate vaginal suppos 100 mg.....	63	mometasone furoate cream 0.1% (Elocon).....	127
midodrine hcl tab 2.5 mg.....	48	mometasone furoate nasal susp 50 mcg/act (Nasonex).....	50
midodrine hcl tab 5 mg.....	48	mometasone furoate oint 0.1%.....	127
midodrine hcl tab 10 mg.....	48	mometasone furoate solution 0.1% (lotion).....	127
miglitol tab 25 mg (Glyset).....	24	MONISTAT 7 COMBINATION PACK – miconazole nitrate vag app 100 mg & 2% cream 9 gm kit.....	64
miglitol tab 50 mg (Glyset).....	24	MONONINE – coagulation factor ix for inj 1000 unit.....	114
miglitol tab 100 mg (Glyset).....	24	montelukast sodium chew tab 4 mg (base equiv) (Singulair).....	54
mineral oil.....	56	montelukast sodium chew tab 5 mg (base equiv) (Singulair).....	54
minocycline hcl cap 75 mg.....	4	montelukast sodium oral granules packet 4 mg (base equiv) (Singulair).....	54
minocycline hcl cap 100 mg.....	4	montelukast sodium tab 10 mg (base equiv) (Singulair).....	54
minocycline hcl cap 50 mg (Minocin).....	4	morphine sulfate cap er 24hr 10 mg (Kadian).....	86
minoxidil tab 2.5 mg.....	48	morphine sulfate cap er 24hr 20 mg (Kadian).....	86
minoxidil tab 10 mg.....	48	morphine sulfate cap er 24hr 30 mg (Kadian).....	86
MIRAPEX ER – pramipexole dihydrochloride tab er 24hr 0.375 mg.....	98	morphine sulfate cap er 24hr 40 mg (Kadian).....	86
MIRAPEX ER – pramipexole dihydrochloride tab er 24hr 0.75 mg.....	98	morphine sulfate cap er 24hr 50 mg (Kadian).....	86
MIRAPEX ER – pramipexole dihydrochloride tab er 24hr 1.5 mg.....	98	morphine sulfate cap er 24hr 60 mg (Kadian).....	86
MIRAPEX ER – pramipexole dihydrochloride tab er 24hr 2.25 mg.....	98	morphine sulfate cap er 24hr 80 mg (Kadian).....	86
MIRAPEX ER – pramipexole dihydrochloride tab er 24hr 3 mg.....	98	morphine sulfate cap er 24hr 100 mg (Kadian).....	86
MIRAPEX ER – pramipexole dihydrochloride tab er 24hr 3.75 mg.....	98	MORPHINE SULFATE ER – morphine sulfate beads cap er 24hr 30 mg.....	86
MIRAPEX ER – pramipexole dihydrochloride tab er 24hr 4.5 mg.....	98	MORPHINE SULFATE ER – morphine sulfate beads cap er 24hr 45 mg.....	86
MIRAPEX – pramipexole dihydrochloride tab 0.125 mg.....	98	MORPHINE SULFATE ER – morphine sulfate beads cap er 24hr 60 mg.....	86
MIRAPEX – pramipexole dihydrochloride tab 0.5 mg.....	98	MORPHINE SULFATE ER – morphine sulfate beads cap er 24hr 75 mg.....	86
MIRAPEX – pramipexole dihydrochloride tab 0.75 mg.....	98	MORPHINE SULFATE ER – morphine sulfate beads cap er 24hr 90 mg.....	86
MIRAPEX – pramipexole dihydrochloride tab 1 mg.....	98		

MORPHINE SULFATE ER – morphine sulfate beads cap er 24hr 120 mg.....	86	MURO 128 – sodium chloride hypertonic ophth soln 2%.....	121
MORPHINE SULFATE – morphine sulfate tab 15 mg.....	86	M-VIT – prenatal vit w/ fe fumarate-fa tab 27-1 mg.....	103
MORPHINE SULFATE – morphine sulfate tab 30 mg.....	86	MVW COMPLETE FORMULATION – multiple vitamins w/ minerals cap.....	103
<b>morphine sulfate oral soln 10 mg/5ml.....</b>	<b>86</b>	<b>mycophenolate mofetil cap 250 mg (Cellcept).....</b>	<b>134</b>
<b>morphine sulfate oral soln 20 mg/5ml.....</b>	<b>86</b>	<b>mycophenolate mofetil for oral susp 200 mg/ml (Cellcept).....</b>	<b>134</b>
<b>morphine sulfate oral soln 100 mg/5ml (20 mg/ml).....</b>	<b>86</b>	<b>mycophenolate mofetil tab 500 mg (Cellcept).....</b>	<b>134</b>
<b>morphine sulfate tab er 15 mg (MS Contin).....</b>	<b>86</b>	<b>mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv) (Myfortic).....</b>	<b>134</b>
<b>morphine sulfate tab er 30 mg (MS Contin).....</b>	<b>86</b>	<b>mycophenolate sodium tab dr 360 mg (mycophenolic acid equiv) (Myfortic).....</b>	<b>134</b>
<b>morphine sulfate tab er 60 mg (MS Contin).....</b>	<b>86</b>	MYDAYIS – amphetamine-dextroamphetamine 3-bead cap er 24hr 12.5 mg.....	78
<b>morphine sulfate tab er 100 mg (MS Contin).....</b>	<b>86</b>	MYDAYIS – amphetamine-dextroamphetamine 3-bead cap er 24hr 25 mg.....	78
<b>morphine sulfate tab er 200 mg (MS Contin).....</b>	<b>86</b>	MYDAYIS – amphetamine-dextroamphetamine 3-bead cap er 24hr 37.5 mg.....	78
<b>morphine sulfate tab 15 mg (Morphine sulfate).....</b>	<b>86</b>	MYDAYIS – amphetamine-dextroamphetamine 3-bead cap er 24hr 50 mg.....	78
<b>morphine sulfate tab 30 mg (Morphine sulfate).....</b>	<b>86</b>	MYFORTIC – mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv).....	134
MOTEGRITY – prucalopride succinate tab 1 mg (base equivalent).....	61	MYFORTIC – mycophenolate sodium tab dr 360 mg (mycophenolic acid equiv).....	134
MOTEGRITY – prucalopride succinate tab 2 mg (base equivalent).....	61	MYLERAN – busulfan tab 2 mg.....	15
MOVANTIK – naloxegol oxalate tab 12.5 mg (base equivalent).....	62	MYRBETRIQ – mirabegron tab er 24 hr 25 mg.....	63
MOVANTIK – naloxegol oxalate tab 25 mg (base equivalent).....	62	MYRBETRIQ – mirabegron tab er 24 hr 50 mg.....	63
MOXEZA – moxifloxacin hcl ophth soln 0.5% (base eq) (2 times daily).....	118	MYSOLINE – primidone tab 50 mg.....	96
<b>moxifloxacin hcl ophth soln 0.5% (base equiv) (Vigamox).....</b>	<b>118</b>	MYSOLINE – primidone tab 250 mg.....	96
<b>moxifloxacin hcl tab 400 mg (base equiv) (Avelox).....</b>	<b>4</b>	<b>N</b>	
MS CONTIN – morphine sulfate tab er 15 mg.....	86	<b>nabumetone tab 500 mg.....</b>	<b>90</b>
MS CONTIN – morphine sulfate tab er 30 mg.....	87	<b>nabumetone tab 750 mg.....</b>	<b>90</b>
MS CONTIN – morphine sulfate tab er 60 mg.....	87	<b>nadolol tab 20 mg (Corgard).....</b>	<b>38</b>
MS CONTIN – morphine sulfate tab er 100 mg.....	87	<b>nadolol tab 40 mg (Corgard).....</b>	<b>38</b>
MS CONTIN – morphine sulfate tab er 200 mg.....	87	<b>nadolol tab 80 mg (Corgard).....</b>	<b>38</b>
MUCINEX FOR KIDS – guaifenesin granules packet 100 mg.....	51	<b>naftifine hcl cream 2% (Naftin).....</b>	<b>125</b>
MUCINEX MAXIMUM STRENGTH – guaifenesin tab er 12hr 1200 mg.....	51	NAFTIFINE HCL – naftifine hcl cream 1%.....	125
MULTI-BETIC DIABETES – multiple vitamins w/ minerals tab.....	103	NAFTIN – naftifine hcl cream 2%.....	125
<b>multiple vitamins w/ iron tab.....</b>	<b>103</b>	NAFTIN – naftifine hcl gel 1%.....	125
<b>multiple vitamins w/ minerals cap.....</b>	<b>103</b>	NAFTIN – naftifine hcl gel 2%.....	125
<b>multiple vitamins w/ minerals liquid.....</b>	<b>103</b>	<b>naloxone hcl inj 0.4 mg/ml.....</b>	<b>134</b>
<b>multiple vitamins w/ minerals tab (Strovite forte).....</b>	<b>103</b>	<b>naloxone hcl inj 4 mg/10ml.....</b>	<b>134</b>
<b>multiple vitamin tab.....</b>	<b>103</b>	NALOXONE HCL – naloxone hcl soln cartridge 0.4 mg/ml.....	134
MULTI PRENATAL – prenatal vit w/ fe fumarate-fa tab 27-0.8 mg.....	103	<b>naloxone hcl soln prefilled syringe 2 mg/2ml.....</b>	<b>134</b>
MULTI VITAMIN/D-3 – multiple vitamin tab.....	103	<b>naltrexone hcl tab 50 mg.....</b>	<b>134</b>
MULTIVITAMIN ADULTS – multiple vitamins w/ minerals tab.....	103	NAMENDA – memantine hcl tab 5 mg.....	81
MULTIVITAMIN MEN – multiple vitamins w/ minerals tab.....	103	NAMENDA – memantine hcl tab 10 mg.....	81
MULTI-VITAMIN MONOCAPS – multiple vitamins w/ minerals tab.....	103	NAMENDA TITRATION PAK – memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack.....	81
MULTI VITAMIN – multiple vitamin tab.....	103	NAMENDA XR – memantine hcl cap er 24hr 7 mg.....	81
<b>mupirocin calcium cream 2%.....</b>	<b>125</b>	NAMENDA XR – memantine hcl cap er 24hr 14 mg.....	81
<b>mupirocin oint 2%.....</b>	<b>125</b>	NAMENDA XR – memantine hcl cap er 24hr 21 mg.....	81
		NAMENDA XR – memantine hcl cap er 24hr 28 mg.....	81

NAMENDA XR TITRATION PACK – memantine hcl cap er 24hr 7 mg & 14 mg & 21 mg & 28 mg pack.....	81	<b>neomycin sulfate tab 500 mg</b> .....	<b>5</b>
NAMZARIC – memantine-donepezil cap er 24hr 7 & 14 & 21 & 28-10 mg pack.....	81	NEORAL – cyclosporine modified cap 25 mg.....	134
NAMZARIC – memantine hcl-donepezil hcl cap er 24hr 7-10 mg.....	82	NEORAL – cyclosporine modified cap 100 mg.....	134
NAMZARIC – memantine hcl-donepezil hcl cap er 24hr 14-10 mg.....	82	NEORAL – cyclosporine modified oral soln 100 mg/ml.....	134
NAMZARIC – memantine hcl-donepezil hcl cap er 24hr 21-10 mg.....	82	NEO-SYNEPHRINE COLD+ALLERGY MILD STRENGTH – phenylephrine hcl nasal soln 0.25%.....	50
NAMZARIC – memantine hcl-donepezil hcl cap er 24hr 28-10 mg.....	82	NESINA – alogliptin benzoate tab 6.25 mg (base equiv).....	24
<b>naproxen sodium tab 220 mg</b> .....	<b>90</b>	NESINA – alogliptin benzoate tab 12.5 mg (base equiv).....	24
<b>naproxen sodium tab 275 mg</b> .....	<b>90</b>	NESINA – alogliptin benzoate tab 25 mg (base equiv).....	24
<b>naproxen sodium tab 550 mg</b> .....	<b>90</b>	NEUPOGEN – filgrastim inj 300 mcg/ml.....	114
<b>naproxen tab ec 375 mg (Ec-naprosyn)</b> .....	<b>90</b>	NEUPOGEN – filgrastim inj 480 mcg/1.6ml (300 mcg/ml).....	114
<b>naproxen tab ec 500 mg (Ec-naproxen)</b> .....	<b>90</b>	NEUPOGEN – filgrastim soln prefilled syringe 300 mcg/0.5ml.....	114
<b>naproxen tab 250 mg</b> .....	<b>90</b>	NEUPOGEN – filgrastim soln prefilled syringe 480 mcg/0.8ml (600 mcg/ml).....	114
<b>naproxen tab 375 mg</b> .....	<b>90</b>	NEURONTIN – gabapentin cap 100 mg.....	82
<b>naproxen tab 500 mg</b> .....	<b>90</b>	NEURONTIN – gabapentin cap 300 mg.....	82
<b>naratriptan hcl tab 1 mg (base equiv) (Amerge)</b> .....	<b>91</b>	NEURONTIN – gabapentin cap 400 mg.....	82
<b>naratriptan hcl tab 2.5 mg (base equiv) (Amerge)</b> .....	<b>91</b>	NEURONTIN – gabapentin oral soln 250 mg/5ml.....	82
NARCAN – naloxone hcl nasal spray 4 mg/0.1ml.....	134	NEURONTIN – gabapentin tab 600 mg.....	82
NASONEX – mometasone furoate nasal susp 50 mcg/act.....	50	NEURONTIN – gabapentin tab 800 mg.....	82
NATACYN – natamycin ophth susp 5%.....	118	NEUTRAPHOR – dimethicone cream 1%.....	128
<b>nateglinide tab 60 mg (Starlix)</b> .....	<b>24</b>	NEUTRAPHORUS REX – dimethicone cream 1%.....	128
<b>nateglinide tab 120 mg (Starlix)</b> .....	<b>24</b>	NEVANAC – nepafenac ophth susp 0.1%.....	121
NATESTO – testosterone nasal gel 5.5 mg/act.....	19	NEVIRAPINE ER – nevirapine tab er 24hr 100 mg.....	8
NATROBA – spinosad susp 0.9%.....	128	<b>nevirapine susp 50 mg/5ml (Viramune)</b> .....	<b>8</b>
NATRUL-VITES – multiple vitamins w/ minerals tab.....	103	<b>nevirapine tab er 24hr 400 mg (Viramune xr)</b> .....	<b>8</b>
NAYZILAM – midazolam nasal spray soln 5 mg/0.1 ml.....	96	<b>nevirapine tab 200 mg (Viramune)</b> .....	<b>8</b>
4-N-1 – dimethicone cream 1%.....	129	NEXAVAR – sorafenib tosylate tab 200 mg (base equivalent).....	15
NEFAZODONE HCL – nefazodone hcl tab 100 mg.....	67	NEXIUM – esomeprazole magnesium cap delayed release 20 mg (base eq).....	58
NEFAZODONE HCL – nefazodone hcl tab 150 mg.....	67	NEXIUM – esomeprazole magnesium cap delayed release 40 mg (base eq).....	58
NEFAZODONE HYDROCHLORIDE – nefazodone hcl tab 50 mg.....	67	NEXIUM – esomeprazole magnesium for delayed release susp packet 5 mg.....	58
NEFAZODONE HYDROCHLORIDE – nefazodone hcl tab 200 mg.....	67	NEXIUM – esomeprazole magnesium for delayed release susp packet 10 mg.....	58
NEFAZODONE HYDROCHLORIDE – nefazodone hcl tab 250 mg.....	67	NEXIUM – esomeprazole magnesium for delayed release susp packet 20 mg.....	58
NEOMYCIN/POLYMYXIN/GRAMICIDIN – neomycin-polymyx-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml.....	118	NEXIUM – esomeprazole magnesium for delayed release susp packet 40 mg.....	58
NEOMYCIN/POLYMYXIN B SULFATES – neomycin-polymyxin b gu irrigation soln.....	64	NEXIUM – esomeprazole magnesium for delayed release susp pack 2.5 mg.....	58
<b>neomycin-bacitracin-polymyxin oint</b> .....	<b>125</b>	NEXLETOL – bempedoic acid tab 180 mg.....	45
<b>neomycin-bacitracin-zn-polymyx 5(3.5)mg-400unt-10000unt op oin</b> .....	<b>118</b>	<b>niacin cap er 250 mg</b> .....	<b>100</b>
<b>neomycin-polymyxin-dexamethasone ophth oint 0.1% (Maxitrol)</b> .....	<b>119</b>	<b>niacin cap er 500 mg</b> .....	<b>100</b>
<b>neomycin-polymyxin-dexamethasone ophth susp 0.1% (Maxitrol)</b> .....	<b>119</b>	<b>niacin tab er 250 mg</b> .....	<b>100</b>
<b>neomycin-polymyxin-hc otic soln 1%</b> .....	<b>121</b>	<b>niacin tab er 500 mg</b> .....	<b>100</b>
<b>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</b> .....	<b>121</b>	<b>niacin tab er 750 mg</b> .....	<b>100</b>
		<b>niacin tab er 500 mg (antihyperlipidemic) (Niaspan)</b> .....	<b>45</b>

niacin tab er 750 mg (antihyperlipidemic) (Niaspan).....	45	nitrofurantoin monohydrate macrocrystalline cap 100 mg (Macrobid).....	62
niacin tab er 1000 mg (antihyperlipidemic) (Niaspan).....	45	nitrofurantoin susp 25 mg/5ml (Furadantin).....	62
niacin tab 50 mg.....	100	nitroglycerin sl tab 0.3 mg (Nitrostat).....	43
niacin tab 100 mg.....	100	nitroglycerin sl tab 0.4 mg (Nitrostat).....	43
niacin tab 250 mg.....	100	nitroglycerin sl tab 0.6 mg (Nitrostat).....	43
niacin tab 500 mg.....	100	nitroglycerin td patch 24hr 0.1 mg/hr (Nitro-dur).....	43
NIACIN TR – niacin tab er 1000 mg.....	100	nitroglycerin td patch 24hr 0.2 mg/hr (Nitro-dur).....	43
NIACOR – niacin (antihyperlipidemic) tab 500 mg.....	45	nitroglycerin td patch 24hr 0.4 mg/hr (Nitro-dur).....	43
NIASPAN – niacin tab er 500 mg (antihyperlipidemic).....	45	nitroglycerin td patch 24hr 0.6 mg/hr (Nitro-dur).....	43
NIASPAN – niacin tab er 750 mg (antihyperlipidemic).....	45	NITYR – nitisinone tab 2 mg.....	30
NIASPAN – niacin tab er 1000 mg (antihyperlipidemic).....	45	NITYR – nitisinone tab 5 mg.....	30
nicardipine hcl cap 20 mg.....	41	NITYR – nitisinone tab 10 mg.....	30
nicardipine hcl cap 30 mg.....	41	NIVA-PLUS – prenatal vit w/ fe fumarate-fa tab 27-1 mg.....	103
nicotine polacrilex gum 2 mg.....	82	NIVESTYM – filgrastim-aafi inj 300 mcg/ml.....	115
nicotine polacrilex gum 4 mg.....	82	NIVESTYM – filgrastim-aafi inj 480 mcg/1.6ml (300 mcg/ ml).....	115
nicotine polacrilex lozenge 2 mg.....	82	NIVESTYM – filgrastim-aafi soln prefilled syringe 300 mcg/0.5ml.....	115
nicotine polacrilex lozenge 4 mg.....	82	NIVESTYM – filgrastim-aafi soln prefilled syringe 480 mcg/0.8ml.....	115
nicotine td patch 24hr 7 mg/24hr.....	82	NIZATIDINE – nizatidine cap 150 mg.....	58
nicotine td patch 24hr 14 mg/24hr.....	82	NIZATIDINE – nizatidine cap 300 mg.....	58
nicotine td patch 24hr 21 mg/24hr.....	82	NO IRON MULTIPLE VITAMIN/MINERALS – multiple vitamins w/ minerals tab.....	103
NICOTROL INHALER – nicotine inhaler system 10 mg (4 mg delivered).....	82	<b>nonoxynol-9 gel 4%</b> .....	<b>64</b>
NICOTROL NS – nicotine nasal spray 10 mg/ml (0.5 mg/ spray).....	82	NORDITROPIN FLEXPPO – somatropin inj 5 mg/1.5ml.....	29
nifedipine cap 20 mg.....	41	NORDITROPIN FLEXPPO – somatropin inj 10 mg/1.5ml.....	29
nifedipine cap 10 mg (Procardia).....	41	NORDITROPIN FLEXPPO – somatropin inj 15 mg/1.5ml.....	29
nifedipine tab er 24hr 30 mg (Adalat cc).....	41	NORDITROPIN FLEXPPO – somatropin inj 30 mg/3ml.....	29
nifedipine tab er 24hr 60 mg (Adalat cc).....	41	<b>norethindrone &amp; ethinyl estradiol-fe chew tab 0.4 mg-35 mcg</b> .....	<b>21</b>
nifedipine tab er 24hr 90 mg (Adalat cc).....	41	<b>norethindrone &amp; ethinyl estradiol tab 0.4 mg-35 mcg</b> .....	<b>21</b>
nifedipine tab er 24hr osmotic release 30 mg (Procardia xl).....	41	<b>norethindrone &amp; ethinyl estradiol tab 0.5 mg-35 mcg</b> .....	<b>21</b>
nifedipine tab er 24hr osmotic release 60 mg (Procardia xl).....	41	<b>norethindrone &amp; ethinyl estradiol tab 1 mg-35 mcg (Ortho-novum 1/35)</b> .....	<b>21</b>
nifedipine tab er 24hr osmotic release 90 mg (Procardia xl).....	41	<b>norethindrone ace &amp; ethinyl estradiol-fe tab 1 mg-20 mcg (Loestrin fe 1/20)</b> .....	<b>21</b>
nilutamide tab 150 mg (Nilandron).....	16	<b>norethindrone ace &amp; ethinyl estradiol-fe tab 1.5 mg-30 mcg (Loestrin fe 1.5/30)</b> .....	<b>21</b>
nimodipine cap 30 mg.....	41	<b>norethindrone ace &amp; ethinyl estradiol tab 1 mg-20 mcg (Loestrin 1/20-21)</b> .....	<b>21</b>
NINLARO – ixazomib citrate cap 2.3 mg (base equivalent).....	16	<b>norethindrone ace &amp; ethinyl estradiol tab 1.5 mg-30 mcg (Loestrin 1.5/30-21)</b> .....	<b>21</b>
NINLARO – ixazomib citrate cap 3 mg (base equivalent).....	16	<b>norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24) (Minastrin 24 fe)</b> .....	<b>21</b>
NINLARO – ixazomib citrate cap 4 mg (base equivalent).....	16	<b>norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)</b> .....	<b>21</b>
NISOLDIPINE ER – nisoldipine tab er 24hr 20 mg.....	41	<b>norethindrone acetate tab 5 mg (Aygestin)</b> .....	<b>20</b>
NISOLDIPINE ER – nisoldipine tab er 24hr 25.5 mg.....	41		
NISOLDIPINE ER – nisoldipine tab er 24hr 30 mg.....	41		
NISOLDIPINE ER – nisoldipine tab er 24hr 40 mg.....	41		
nisoldipine tab er 24hr 8.5 mg (Sular).....	41		
nisoldipine tab er 24hr 17 mg (Sular).....	41		
nisoldipine tab er 24hr 34 mg (Sular).....	41		
nitrofurantoin macrocrystalline cap 50 mg (Macrochantin).....	62		
nitrofurantoin macrocrystalline cap 100 mg (Macrochantin).....	62		

norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg (Estrostep fe).....	21	NOVOLOG – insulin aspart inj 100 unit/ml.....	26
norethindrone-eth estradiol tab 0.5-35/1-35/0.5-35 mg-mcg.....	21	NOVOLOG MIX 70/30 – insulin aspart prot & aspart (human) inj 100 unit/ml (70-30).....	27
norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg (Ortho-novum 7/7/7).....	21	NOVOLOG MIX 70/30 PREFILLED FLEXPEN – insulin aspart prot & aspart sus pen-inj 100 unit/ml (70-30).....	27
norethindrone tab 0.35 mg (Ortho micronor).....	21	NOVOLOG PENFILL – insulin aspart soln cartridge 100 unit/ml.....	26
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg (Ortho-cyclen).....	21	NOVOSEVEN RT – coagulation factor viia (recomb) for inj 1 mg (1000 mcg).....	115
norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg.....	21	NOVOSEVEN RT – coagulation factor viia (recomb) for inj 2 mg (2000 mcg).....	115
norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg (Ortho tri-cyclen lo).....	21	NOVOSEVEN RT – coagulation factor viia (recomb) for inj 5 mg (5000 mcg).....	115
norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg.....	21	NOVOSEVEN RT – coagulation factor viia (recomb) for inj 8 mg (8000 mcg).....	115
nortriptyline hcl cap 10 mg (Pamelor).....	67	NOXAFIL – posaconazole susp 40 mg/ml.....	5
nortriptyline hcl cap 25 mg (Pamelor).....	67	NOXAFIL – posaconazole tab delayed release 100 mg.....	5
nortriptyline hcl cap 50 mg (Pamelor).....	67	NUBEQA – darolutamide tab 300 mg.....	16
nortriptyline hcl cap 75 mg (Pamelor).....	67	NUCALA – mepolizumab subcutaneous solution auto-injector 100 mg/ml.....	54
NORVASC – amlodipine besylate tab 2.5 mg (base equivalent).....	41	NUCALA – mepolizumab subcutaneous solution pref syringe 100 mg/ml.....	54
NORVASC – amlodipine besylate tab 5 mg (base equivalent).....	41	NUCYNTA ER – tapentadol hcl tab er 12hr 50 mg.....	87
NORVASC – amlodipine besylate tab 10 mg (base equivalent).....	41	NUCYNTA ER – tapentadol hcl tab er 12hr 100 mg.....	87
NORVIR – ritonavir oral soln 80 mg/ml.....	8	NUCYNTA ER – tapentadol hcl tab er 12hr 150 mg.....	87
NOURIANZ – istradefylline tab 20 mg.....	98	NUCYNTA ER – tapentadol hcl tab er 12hr 200 mg.....	87
NOURIANZ – istradefylline tab 40 mg.....	98	NUCYNTA ER – tapentadol hcl tab er 12hr 250 mg.....	87
NOVOEIGHT – antihemophilic fact rcmb (bd trunc-rfviii) for inj 250 unit.....	115	NUDEXTA – dextromethorphan hbr-quinidine sulfate cap 20-10 mg.....	82
NOVOEIGHT – antihemophilic fact rcmb (bd trunc-rfviii) for inj 500 unit.....	115	NUPLAZID – pimavanserin tartrate cap 34 mg (base equivalent).....	71
NOVOEIGHT – antihemophilic fact rcmb (bd trunc-rfviii) for inj 1000 unit.....	115	NUPLAZID – pimavanserin tartrate tab 10 mg (base equivalent).....	71
NOVOEIGHT – antihemophilic fact rcmb (bd trunc-rfviii) for inj 1500 unit.....	115	NUTROPIN AQ NUSPIN 10 – somatropin inj 10 mg/2ml.....	29
NOVOEIGHT – antihemophilic fact rcmb (bd trunc-rfviii) for inj 2000 unit.....	115	NUTROPIN AQ NUSPIN 20 – somatropin inj 20 mg/2ml.....	29
NOVOEIGHT – antihemophilic fact rcmb (bd trunc-rfviii) for inj 3000 unit.....	115	NUTROPIN AQ NUSPIN 5 – somatropin inj 5 mg/2ml.....	29
NOVOLIN 70/30 FLEXPEN – insulin nph & regular susp pen-inj 100 unit/ml (70-30).....	27	NUWIQ – antihemophil fact rcmb(bdd-rfviii,sim) for inj kit 1000 unit.....	115
NOVOLIN 70/30 FLEXPEN RELION – insulin nph & regular susp pen-inj 100 unit/ml (70-30).....	27	NUWIQ – antihemophil fact rcmb(bdd-rfviii,sim) for inj kit 2000 unit.....	115
NOVOLIN 70/30 – insulin nph isophane & regular human inj 100 unit/ml (70-30).....	27	NUWIQ – antihemophil fact rcmb(bdd-rfviii,sim) for inj kit 2500 unit.....	115
NOVOLIN 70/30 RELION – insulin nph isophane & regular human inj 100 unit/ml (70-30).....	27	NUWIQ – antihemophil fact rcmb(bdd-rfviii,sim) for inj kit 3000 unit.....	115
NOVOLIN N – insulin nph (human) (isophane) inj 100 unit/ml.....	27	NUWIQ – antihemophil fact rcmb(bdd-rfviii,sim) for inj kit 4000 unit.....	115
NOVOLIN N RELION – insulin nph (human) (isophane) inj 100 unit/ml.....	27	NUWIQ – antihemophil fact rcmb (bdd-rfviii,sim) for inj kit 250 unit.....	115
NOVOLIN R – insulin regular (human) inj 100 unit/ml.....	27	NUWIQ – antihemophil fact rcmb (bdd-rfviii,sim) for inj kit 500 unit.....	115
NOVOLIN R RELION – insulin regular (human) inj 100 unit/ml.....	27	NUWIQ – antihemophilic factor rcmb (bdd-rfviii,sim) for inj 250 unit.....	115
NOVOLOG FLEXPEN – insulin aspart soln pen-injector 100 unit/ml.....	26	NUWIQ – antihemophilic factor rcmb (bdd-rfviii,sim) for inj 500 unit.....	115

NUWIQ – antihemophilic fact rcmb (bdd-rfviii,sim) for inj 1000 unit.....	115	olanzapine orally disintegrating tab 10 mg (Zyprexa zydis).....	71
NUWIQ – antihemophilic fact rcmb (bdd-rfviii,sim) for inj 2000 unit.....	115	olanzapine orally disintegrating tab 15 mg (Zyprexa zydis).....	71
NUWIQ – antihemophilic fact rcmb (bdd-rfviii,sim) for inj 2500 unit.....	115	olanzapine orally disintegrating tab 20 mg (Zyprexa zydis).....	71
NUWIQ – antihemophilic fact rcmb (bdd-rfviii,sim) for inj 3000 unit.....	115	olanzapine tab 2.5 mg (Zyprexa).....	71
NUWIQ – antihemophilic fact rcmb (bdd-rfviii,sim) for inj 4000 unit.....	115	olanzapine tab 5 mg (Zyprexa).....	71
NYMALIZE – nimodipine oral soln 6 mg/ml.....	41	olanzapine tab 7.5 mg (Zyprexa).....	71
nystatin cream 100000 unit/gm.....	125	olanzapine tab 10 mg (Zyprexa).....	71
nystatin oint 100000 unit/gm.....	125	olanzapine tab 15 mg (Zyprexa).....	71
nystatin oral powder.....	5	olanzapine tab 20 mg (Zyprexa).....	71
nystatin susp 100000 unit/ml.....	122	olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg (Tribenzor).....	35
nystatin tab 500000 unit.....	5	olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg (Tribenzor).....	35
nystatin topical powder 100000 unit/gm.....	125	olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg (Tribenzor).....	35
nystatin-triamcinolone cream 100000-0.1 unit/gm- %.....	127	olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg (Tribenzor).....	35
nystatin-triamcinolone oint 100000-0.1 unit/gm-%.....	127	olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg (Tribenzor).....	35
<b>O</b>		olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg (Benicar hct).....	35
OBIZUR – antihemophilic factor (recomb porc) rpfviii for inj 500 unit.....	115	olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg (Benicar hct).....	35
octreotide acetate inj 200 mcg/ml (0.2 mg/ml).....	31	olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg (Benicar hct).....	35
octreotide acetate inj 1000 mcg/ml (1 mg/ml).....	31	olmesartan medoxomil tab 5 mg (Benicar).....	35
octreotide acetate inj 50 mcg/ml (0.05 mg/ml) (Sandostatin).....	31	olmesartan medoxomil tab 20 mg (Benicar).....	35
octreotide acetate inj 100 mcg/ml (0.1 mg/ml) (Sandostatin).....	31	olmesartan medoxomil tab 40 mg (Benicar).....	35
octreotide acetate inj 500 mcg/ml (0.5 mg/ml) (Sandostatin).....	31	olopatadine hcl nasal soln 0.6% (Patanase).....	50
OCUFLOX – ofloxacin ophth soln 0.3%.....	118	olopatadine hcl ophth soln 0.2% (base equivalent) (Pataday).....	121
OCUVITE ADULT 50+ – multiple vitamins w/ minerals cap.....	103	olopatadine hcl ophth soln 0.1% (base equivalent) (Patanol).....	121
OCUVITE ADULT FORMULA – multiple vitamins w/ minerals cap.....	103	omega-3-acid ethyl esters cap 1 gm (Lovaza).....	45
OCUVITE LUTEIN – multiple vitamins w/ minerals cap.....	103	omeprazole cap delayed release 10 mg.....	58
ODEFSEY – emtricitabine- rilpivirine-tenofovir af tab 200-25-25 mg.....	8	omeprazole cap delayed release 20 mg.....	58
ODOMZO – sonidegib phosphate cap 200 mg (base equivalent).....	16	omeprazole cap delayed release 40 mg.....	58
OFLOXACIN – ofloxacin tab 300 mg.....	4	omeprazole-sodium bicarbonate cap 20-1100 mg (Zegerid).....	58
ofloxacin ophth soln 0.3% (Ocuflox).....	118	omeprazole-sodium bicarbonate cap 40-1100 mg (Zegerid).....	59
ofloxacin otic soln 0.3% (Floxin otic).....	121	omeprazole-sodium bicarbonate powd pack for susp 20-1680 mg (Zegerid).....	59
ofloxacin tab 400 mg.....	4	omeprazole-sodium bicarbonate powd pack for susp 40-1680 mg (Zegerid).....	59
olanzapine-fluoxetine hcl cap 12-25 mg.....	82	OMNARIS – ciclesonide nasal susp 50 mcg/act.....	50
olanzapine-fluoxetine hcl cap 3-25 mg (Symbyax).....	82	OMNICAP – multiple vitamin tab.....	103
olanzapine-fluoxetine hcl cap 6-25 mg (Symbyax).....	82	OMNIFLEX DIAPHRAGM – diaphragms.....	21
olanzapine-fluoxetine hcl cap 6-50 mg (Symbyax).....	82	OMNITROPE – somatropin for inj 5.8 mg.....	29
olanzapine-fluoxetine hcl cap 12-50 mg (Symbyax).....	82	OMNITROPE – somatropin inj 5 mg/1.5ml.....	29
olanzapine for im inj 10 mg (Zyprexa).....	71	OMNITROPE – somatropin inj 10 mg/1.5ml.....	29
olanzapine orally disintegrating tab 5 mg (Zyprexa zydis).....	71	ONCASPARG – pegaspargase inj 750 unit/ml.....	16
		ONCOVITE – multiple vitamins w/ minerals tab.....	103



ONDANSETRON HCL – ondansetron hcl tab 24 mg.....	59	ORENCIA – abatacept subcutaneous soln prefilled syringe	50 mg/0.4ml.....	90
<b>ondansetron hcl oral soln 4 mg/5ml.....</b>	<b>59</b>	ORENCIA – abatacept subcutaneous soln prefilled syringe	87.5 mg/0.7ml.....	90
<b>ondansetron hcl tab 4 mg (Zofran).....</b>	<b>59</b>	ORENCIA – abatacept subcutaneous soln prefilled syringe	125 mg/ml.....	90
<b>ondansetron hcl tab 8 mg (Zofran).....</b>	<b>59</b>	ORENCIA CLICKJECT – abatacept subcutaneous soln	auto-injector 125 mg/ml.....	90
<b>ondansetron orally disintegrating tab 4 mg.....</b>	<b>59</b>	ORENITRAM – treprostinil diolamine tab er 0.125 mg	(base equiv).....	48
<b>ondansetron orally disintegrating tab 8 mg.....</b>	<b>59</b>	ORENITRAM – treprostinil diolamine tab er 0.25 mg (base	equiv).....	48
ONE-A-DAY ENERGY – multiple vitamins w/ minerals		ORENITRAM – treprostinil diolamine tab er 1 mg (base	equiv).....	48
tab.....	103	ORENITRAM – treprostinil diolamine tab er 2.5 mg (base	equiv).....	48
ONE-A-DAY MENOPAUSE FORMULA – multiple vitamins		ORENITRAM – treprostinil diolamine tab er 5 mg (base	equiv).....	48
w/ minerals tab.....	103	ORILISSA – elagolix sodium tab 150 mg (base equiv).....		31
ONE-A-DAY MENS 50+ ADVANTAGE – multiple vitamins		ORILISSA – elagolix sodium tab 200 mg (base equiv).....		31
w/ minerals tab.....	103	ORKAMBI – lumacaftor-ivacaftor granules packet 100-125	mg.....	56
ONE-A-DAY MENS HEALTH FORMULA – multiple		ORKAMBI – lumacaftor-ivacaftor granules packet 150-188	mg.....	56
vitamins w/ minerals tab.....	103	ORKAMBI – lumacaftor-ivacaftor tab 100-125 mg.....		56
ONE-A-DAY MENS PRO EDGE – multiple vitamins w/		ORKAMBI – lumacaftor-ivacaftor tab 200-125 mg.....		56
minerals tab.....	103	<b>orphenadrine citrate tab er 12hr 100 mg.....</b>		<b>99</b>
ONE-A-DAY TEEN ADVANTAGE – multiple vitamins w/		<b>oseltamivir phosphate cap 30 mg (base equiv)</b>		<b>9</b>
minerals tab.....	103	(Tamiflu).....		<b>9</b>
ONE DAILY MENS FORMULA W/O IRON – multiple		<b>oseltamivir phosphate cap 45 mg (base equiv)</b>		<b>9</b>
vitamins w/ minerals tab.....	103	(Tamiflu).....		<b>9</b>
ONETOUCH ULTRA 2 – blood glucose monitoring kit w/		<b>oseltamivir phosphate cap 75 mg (base equiv)</b>		<b>9</b>
device.....	131	(Tamiflu).....		<b>9</b>
ONETOUCH ULTRA BLUE – glucose blood test strip.....	131	<b>oseltamivir phosphate for susp 6 mg/ml (base equiv)</b>		<b>9</b>
ONETOUCH ULTRA CONTROL – blood glucose		(Tamiflu).....		<b>9</b>
calibration - liquid.....	131	OSENI – alogliptin-pioglitazone tab 12.5-15 mg.....		24
ONETOUCH ULTRA – glucose blood test strip.....	131	OSENI – alogliptin-pioglitazone tab 12.5-30 mg.....		24
ONETOUCH ULTRA MINI – blood glucose monitoring kit		OSENI – alogliptin-pioglitazone tab 12.5-45 mg.....		24
w/ device.....	131	OSENI – alogliptin-pioglitazone tab 25-15 mg.....		24
ONETOUCH VERIO – blood glucose monitoring kit w/		OSENI – alogliptin-pioglitazone tab 25-30 mg.....		24
device.....	131	OSENI – alogliptin-pioglitazone tab 25-45 mg.....		24
ONETOUCH VERIO CONTROL SOLUTION HIGH – blood		OSTEO-PORETICAL – calcium carbonate-cholecalciferol	tab 600 mg-1000 unit.....	108
glucose calibration - liquid - high.....	131	OTEZLA – apremilast tab 30 mg.....		90
ONETOUCH VERIO FLEX BLOOD GLUCOSE		OTEZLA – apremilast tab starter therapy pack 10 mg & 20	mg & 30 mg.....	90
MONITORING SYSTEM – blood glucose monitoring kit		OTIPRIO – ciprofloxacin intratympanic susp 6% (60 mg/	ml).....	121
w/ device.....	131	OTOVEL – ciprofloxacin-fluocinolone aceton (pf) otic soln	0.3-0.025%.....	121
ONETOUCH VERIO IQ BLOOD GLUCOSE		OVIDE – malathion lotion 0.5%.....		128
MONITORING SYSTEM – blood glucose monitoring kit		<b>oxaprozin tab 600 mg (Daypro).....</b>		<b>90</b>
w/ device.....	131	<b>oxcarbazepine susp 300 mg/5ml (60 mg/ml)</b>		<b>96</b>
ONETOUCH VERIO MID CONTROL SOLUTION – blood		(Trileptal).....		<b>96</b>
glucose calibration - liquid.....	131	<b>oxcarbazepine tab 150 mg (Trileptal).....</b>		<b>96</b>
ONETOUCH VERIO TEST STRIPS – glucose blood test		<b>oxcarbazepine tab 300 mg (Trileptal).....</b>		<b>96</b>
strip.....	131			
ONEXTON – clindamycin phosphate-benzoyl peroxide gel				
1.2-3.75%.....	123			
ONFI – clobazam suspension 2.5 mg/ml.....	96			
ONFI – clobazam tab 10 mg.....	96			
ONFI – clobazam tab 20 mg.....	96			
ONGLYZA – saxagliptin hcl tab 2.5 mg (base equiv).....	24			
ONGLYZA – saxagliptin hcl tab 5 mg (base equiv).....	24			
ONZETRA XSAIL – sumatriptan succinate exhaler powder				
11 mg/nosepiece.....	91			
OPSUMIT – macitentan tab 10 mg.....	48			
OPURITY – multiple vitamins w/ minerals tab.....	103			
<b>oral electrolyte solution.....</b>	<b>108</b>			
ORAVIG – miconazole buccal tab 50 mg (mouth-				
throat).....	122			

<b>oxcarbazepine tab 600 mg (Trileptal)</b> .....	<b>96</b>	OXYMORPHONE HYDROCHLORIDE ER – oxymorphone hcl tab er 12hr 7.5 mg.....	<b>87</b>
<b>oxiconazole nitrate cream 1% (Oxistat)</b> .....	<b>125</b>	OXYMORPHONE HYDROCHLORIDE ER – oxymorphone hcl tab er 12hr 10 mg.....	<b>87</b>
OXISTAT – oxiconazole nitrate cream 1%.....	125	OXYMORPHONE HYDROCHLORIDE ER – oxymorphone hcl tab er 12hr 15 mg.....	<b>87</b>
OXTELLAR XR – oxcarbazepine tab er 24hr 150 mg.....	96	OXYMORPHONE HYDROCHLORIDE ER – oxymorphone hcl tab er 12hr 20 mg.....	<b>87</b>
OXTELLAR XR – oxcarbazepine tab er 24hr 300 mg.....	96	OXYMORPHONE HYDROCHLORIDE ER – oxymorphone hcl tab er 12hr 30 mg.....	<b>87</b>
OXTELLAR XR – oxcarbazepine tab er 24hr 600 mg.....	96	OXYMORPHONE HYDROCHLORIDE ER – oxymorphone hcl tab er 12hr 40 mg.....	<b>88</b>
<b>oxybutynin chloride syrup 5 mg/5ml</b> .....	<b>63</b>	OXYTROL – oxybutynin td patch twice weekly 3.9 mg/24hr.....	<b>63</b>
<b>oxybutynin chloride tab er 24hr 5 mg (Ditropan xl)</b> .....	<b>63</b>	OYSTER SHELL CALCIUM/VITAMIN D – calcium carbonate-cholecalciferol tab 250 mg-250 unit.....	<b>108</b>
<b>oxybutynin chloride tab er 24hr 10 mg (Ditropan xl)</b> .....	<b>63</b>	OYSTER SHELL CALCIUM PLUS VITAMIN D – calcium carbonate-cholecalciferol tab 333 mg-133 unit.....	<b>108</b>
<b>oxybutynin chloride tab er 24hr 15 mg (Ditropan xl)</b> .....	<b>63</b>	<b>oyster shell calcium tab 500 mg</b> .....	<b>108</b>
<b>oxybutynin chloride tab 5 mg</b> .....	<b>63</b>	OZEMPIC – semaglutide soln pen-inj 1 mg/dose (2 mg/1.5ml).....	<b>24</b>
OXYCODONE HCL ER – oxycodone hcl tab er 12hr deter 10 mg.....	87	OZEMPIC – semaglutide soln pen-inj 0.25 or 0.5 mg/dose (2 mg/1.5ml).....	<b>24</b>
OXYCODONE HCL ER – oxycodone hcl tab er 12hr deter 15 mg.....	87		
OXYCODONE HCL ER – oxycodone hcl tab er 12hr deter 20 mg.....	87	<b>P</b>	
OXYCODONE HCL ER – oxycodone hcl tab er 12hr deter 30 mg.....	87	<b>paliperidone tab er 24hr 1.5 mg (Invega)</b> .....	<b>71</b>
OXYCODONE HCL ER – oxycodone hcl tab er 12hr deter 40 mg.....	87	<b>paliperidone tab er 24hr 3 mg (Invega)</b> .....	<b>71</b>
OXYCODONE HCL ER – oxycodone hcl tab er 12hr deter 60 mg.....	87	<b>paliperidone tab er 24hr 6 mg (Invega)</b> .....	<b>71</b>
OXYCODONE HCL ER – oxycodone hcl tab er 12hr deter 80 mg.....	87	<b>paliperidone tab er 24hr 9 mg (Invega)</b> .....	<b>71</b>
<b>oxycodone hcl soln 5 mg/5ml</b> .....	<b>87</b>	PALYNZIQ – pegvaliase-pqpz subcutaneous soln pref syringe 2.5 mg/0.5ml.....	<b>31</b>
<b>oxycodone hcl tab 10 mg</b> .....	<b>87</b>	PALYNZIQ – pegvaliase-pqpz subcutaneous soln pref syringe 10 mg/0.5ml.....	<b>31</b>
<b>oxycodone hcl tab 20 mg</b> .....	<b>87</b>	PALYNZIQ – pegvaliase-pqpz subcutaneous soln pref syringe 20 mg/ml.....	<b>31</b>
<b>oxycodone hcl tab 5 mg (Roxicodone)</b> .....	<b>87</b>	PANCREAZE – pancrelipase (lip-prot-amyl) dr cap 2600-6200-10850 unit.....	<b>60</b>
<b>oxycodone hcl tab 15 mg (Roxicodone)</b> .....	<b>87</b>	PANCREAZE – pancrelipase (lip-prot-amyl) dr cap 4200-14200-24600 unit.....	<b>60</b>
<b>oxycodone hcl tab 30 mg (Roxicodone)</b> .....	<b>87</b>	PANCREAZE – pancrelipase (lip-prot-amyl) dr cap 10500-35500-61500 unit.....	<b>60</b>
<b>oxycodone w/ acetaminophen tab 5-325 mg (Percocet)</b> .....	<b>87</b>	PANCREAZE – pancrelipase (lip-prot-amyl) dr cap 16800-56800-98400 unit.....	<b>60</b>
<b>oxycodone w/ acetaminophen tab 7.5-325 mg (Percocet)</b> .....	<b>87</b>	PANCREAZE – pancrelipase (lip-prot-amyl) dr cap 21000-54700-83900 unit.....	<b>60</b>
<b>oxycodone w/ acetaminophen tab 10-325 mg (Percocet)</b> .....	<b>87</b>	<b>pantoprazole sodium ec tab 20 mg (base equiv) (Protonix)</b> .....	<b>59</b>
OXYCONTIN – oxycodone hcl tab er 12hr deter 10 mg.....	87	<b>pantoprazole sodium ec tab 40 mg (base equiv) (Protonix)</b> .....	<b>59</b>
OXYCONTIN – oxycodone hcl tab er 12hr deter 15 mg.....	87	PAROMOMYCIN SULFATE – paromomycin sulfate cap 250 mg.....	<b>5</b>
OXYCONTIN – oxycodone hcl tab er 12hr deter 20 mg.....	87	<b>paroxetine hcl tab er 24hr 12.5 mg (Paxil cr)</b> .....	<b>67</b>
OXYCONTIN – oxycodone hcl tab er 12hr deter 30 mg.....	87	<b>paroxetine hcl tab er 24hr 25 mg (Paxil cr)</b> .....	<b>67</b>
OXYCONTIN – oxycodone hcl tab er 12hr deter 40 mg.....	87	<b>paroxetine hcl tab er 24hr 37.5 mg (Paxil cr)</b> .....	<b>67</b>
OXYCONTIN – oxycodone hcl tab er 12hr deter 60 mg.....	87	<b>paroxetine hcl tab 10 mg (Paxil)</b> .....	<b>67</b>
OXYCONTIN – oxycodone hcl tab er 12hr deter 80 mg.....	87	<b>paroxetine hcl tab 20 mg (Paxil)</b> .....	<b>67</b>
<b>oxymetazoline hcl nasal soln 0.05%</b> .....	<b>50</b>		
OXYMORPHONE HYDROCHLORIDE ER – oxymorphone hcl tab er 12hr 5 mg.....	87		

paroxetine hcl tab 30 mg (Paxil).....	67	peg 3350-kcl-sod bicarb-nacl for soln 420 gm (Nulytely/flavor pack).....	56
paroxetine hcl tab 40 mg (Paxil).....	67	penicillamine tab 250 mg (Depen titratabs).....	134
paroxetine mesylate cap 7.5 mg (base equiv) (Brisdelle).....	82	PENICILLIN V POTASSIUM – penicillin v potassium for soln 125 mg/5ml.....	2
PARVLEX – multiple vitamins w/ minerals tab.....	104	PENICILLIN V POTASSIUM – penicillin v potassium for soln 250 mg/5ml.....	2
PATADAY – olopatadine hcl ophth soln 0.1% (base equivalent).....	121	<b>penicillin v potassium tab 250 mg</b> .....	2
PATADAY – olopatadine hcl ophth soln 0.2% (base equivalent).....	121	<b>penicillin v potassium tab 500 mg</b> .....	2
PATANASE – olopatadine hcl nasal soln 0.6%.....	50	PEN NEEDLES 29G X 12MM.....	132
PAXIL CR – paroxetine hcl tab er 24hr 12.5 mg.....	67	PENTASA – mesalamine cap er 250 mg.....	62
PAXIL CR – paroxetine hcl tab er 24hr 25 mg.....	67	PENTASA – mesalamine cap er 500 mg.....	62
PAXIL CR – paroxetine hcl tab er 24hr 37.5 mg.....	67	<b>pentoxifylline tab er 400 mg</b> .....	115
PAXIL – paroxetine hcl oral susp 10 mg/5ml (base equiv).....	67	PERFOROMIST – formoterol fumarate soln nebu 20 mcg/2ml.....	54
PAXIL – paroxetine hcl tab 10 mg.....	67	<b>perindopril erbumine tab 2 mg</b> .....	33
PAXIL – paroxetine hcl tab 20 mg.....	67	<b>perindopril erbumine tab 4 mg</b> .....	33
PAXIL – paroxetine hcl tab 30 mg.....	67	<b>perindopril erbumine tab 8 mg</b> .....	33
PAXIL – paroxetine hcl tab 40 mg.....	67	<b>permethrin cream 5% (Elimite)</b> .....	128
PAZEO – olopatadine hcl ophth soln 0.7% (base equivalent).....	121	<b>permethrin creme rinse 1%</b> .....	128
PEDIA-LAX – glycerin suppos 1 gm.....	56	<b>permethrin lotion 1%</b> .....	128
<b>pediatric multiple vitamins w/ fl-fe drops 0.25-10 mg/ ml</b> .....	104	<b>perphenazine tab 2 mg</b> .....	71
<b>pediatric multiple vitamins w/ fluoride chew tab 0.25 mg</b> .....	104	<b>perphenazine tab 4 mg</b> .....	71
<b>pediatric multiple vitamins w/ fluoride chew tab 0.5 mg</b> .....	104	<b>perphenazine tab 8 mg</b> .....	71
<b>pediatric multiple vitamins w/ fluoride chew tab 1 mg</b> .....	104	<b>perphenazine tab 16 mg</b> .....	71
<b>pediatric multiple vitamins w/ fluoride soln 0.25 mg/ ml</b> .....	104	PERTZYE – pancrelipase (lip-prot-amyl) dr cap 4000-14375-15125 unit.....	60
<b>pediatric multiple vitamins w/ fluoride soln 0.5 mg/ ml</b> .....	104	PERTZYE – pancrelipase (lip-prot-amyl) dr cap 8000-28750-30250 unit.....	60
<b>pediatric multiple vitamins w/ iron chew tab 15 mg</b> .....	104	PERTZYE – pancrelipase (lip-prot-amyl) dr cap 16000-57500-60500 unit.....	60
<b>pediatric multiple vitamins w/ iron chew tab 18 mg</b> .....	104	PERTZYE – pancrelipase (lip-prot-amyl) dr cap 24000-86250-90750 unit.....	60
<b>pediatric multiple vitamin w/ c &amp; fa chew tab</b> .....	104	PEXEVA – paroxetine mesylate tab 10 mg (base equiv).....	67
<b>pediatric multiple vitamin w/ c soln 35 mg/ml</b> .....	104	PEXEVA – paroxetine mesylate tab 20 mg (base equiv).....	67
<b>pediatric multiple vitamin w/ minerals &amp; c chew tab</b> .....	104	PEXEVA – paroxetine mesylate tab 30 mg (base equiv).....	67
<b>pediatric multiple vitamin w/ minerals &amp; c drops 45 mg/ml</b> .....	104	PEXEVA – paroxetine mesylate tab 40 mg (base equiv).....	67
<b>pediatric vitamins acid w/ fluoride soln 0.25 mg/ ml</b> .....	104	<b>phenazopyridine hcl tab 100 mg (Pyridium)</b> .....	64
<b>pediatric vitamins acid w/ fluoride soln 0.5 mg/ml</b> .....	104	<b>phenazopyridine hcl tab 200 mg (Pyridium)</b> .....	64
PEGANONE – ethotoin tab 250 mg.....	96	<b>phenobarbital elixir 20 mg/5ml</b> .....	74
PEGASYS – peginterferon alfa-2a inj 180 mcg/ml.....	6	<b>phenobarbital tab 15 mg</b> .....	74
PEGASYS – peginterferon alfa-2a inj 180 mcg/0.5ml.....	6	<b>phenobarbital tab 16.2 mg</b> .....	74
PEGASYS PROCLICK – peginterferon alfa-2a inj 180 mcg/0.5ml.....	6	<b>phenobarbital tab 30 mg</b> .....	74
PEGINTRON – peginterferon alfa-2b for inj kit 50 mcg/0.5ml.....	6	<b>phenobarbital tab 32.4 mg</b> .....	74
<b>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm (Golytely)</b> .....	56	<b>phenobarbital tab 60 mg</b> .....	74
		<b>phenobarbital tab 64.8 mg</b> .....	74
		<b>phenobarbital tab 97.2 mg</b> .....	74
		<b>phenobarbital tab 100 mg</b> .....	74
		<b>phenoxybenzamine hcl cap 10 mg (Dibenzylin)</b> .....	48
		<b>phenylephrine-cocoa butter suppos 0.25-85.39%</b> .....	122
		<b>phenylephrine hcl nasal soln 1%</b> .....	50
		<b>phenylephrine hcl tab 10 mg</b> .....	50

<b>phenylephrine-shark liver oil-mo-pet oint</b> <b>0.25-3-14-71.9%.....</b>	<b>122</b>	PNEUMOVAX 23/1 DOSE – pneumococcal vaccine polyvalent inj 25 mcg/0.5ml.....	11
<b>phenyleph-shark liver oil-cocoa butter suppos</b> <b>0.25-3-85.5%.....</b>	<b>122</b>	PNEUMOVAX 23 – pneumococcal vaccine polyvalent inj 25 mcg/0.5ml.....	11
PHENYTEK – phenytoin sodium extended cap 200 mg.....	96	PNV FOLIC ACID + IRON MULTIVITAMIN – prenatal vit w/ fe fumarate-fa tab 27-1 mg.....	104
PHENYTEK – phenytoin sodium extended cap 300 mg.....	96	PNV PRENATAL PLUS MULTIVITAMIN – prenatal vit w/ fe fumarate-fa tab 27-1 mg.....	104
<b>phenytoin chew tab 50 mg (Dilantin infatabs).....</b>	<b>96</b>	<b>polyethylene glycol 3350 oral powder 17 gm/ scoop.....</b>	<b>56</b>
<b>phenytoin sodium extended cap 100 mg (Dilantin).....</b>	<b>96</b>	<b>polyethylene glycol-propylene glycol ophth soln</b> <b>0.4-0.3%.....</b>	<b>121</b>
<b>phenytoin sodium extended cap 200 mg</b> <b>(Phenytek).....</b>	<b>96</b>	<b>polyethylene glycol-propylene glycol pf op soln</b> <b>0.4-0.3%.....</b>	<b>121</b>
<b>phenytoin sodium extended cap 300 mg</b> <b>(Phenytek).....</b>	<b>96</b>	<b>polymyxin b-trimethoprim ophth soln 10000 unit/ ml-0.1% (Polytrim).....</b>	<b>118</b>
<b>phenytoin susp 125 mg/5ml (Dilantin-125).....</b>	<b>96</b>	<b>polysaccharide iron complex cap 150 mg (iron equivalent).....</b>	<b>115</b>
PHOSLYRA – calcium acetate (phosphate binder) oral soln 667 mg/5ml.....	62	<b>polyvinyl alcohol ophth soln 1.4%.....</b>	<b>121</b>
<b>phytonadione tab 5 mg (Mephyton).....</b>	<b>100</b>	<b>polyvinyl alcohol-povidone ophth soln 5-6 mg/ml</b> <b>(0.5-0.6%).....</b>	<b>121</b>
<b>pilocarpine hcl ophth soln 1% (Isopto carpine).....</b>	<b>119</b>	POLY-VI-SOL/IRON – pediatric multiple vitamins w/ iron drops 11 mg/ml.....	104
<b>pilocarpine hcl ophth soln 2% (Isopto carpine).....</b>	<b>119</b>	POLY-VI-SOL – pediatric multiple vitamin w/ c soln 50 mg/ ml.....	104
<b>pilocarpine hcl ophth soln 4% (Isopto carpine).....</b>	<b>119</b>	POMALYST – pomalidomide cap 1 mg.....	16
<b>pilocarpine hcl tab 5 mg (Salagen).....</b>	<b>122</b>	POMALYST – pomalidomide cap 2 mg.....	16
<b>pilocarpine hcl tab 7.5 mg (Salagen).....</b>	<b>122</b>	POMALYST – pomalidomide cap 3 mg.....	16
<b>pimecrolimus cream 1% (Elidel).....</b>	<b>128</b>	POMALYST – pomalidomide cap 4 mg.....	16
PIMOZIDE – pimozide tab 1 mg.....	82	<b>posaconazole tab delayed release 100 mg (Noxafil).....</b>	<b>5</b>
PIMOZIDE – pimozide tab 2 mg.....	82	<b>potassium chloride cap er 8 meq.....</b>	<b>108</b>
<b>pindolol tab 5 mg.....</b>	<b>38</b>	<b>potassium chloride cap er 10 meq.....</b>	<b>108</b>
<b>pindolol tab 10 mg.....</b>	<b>38</b>	<b>potassium chloride microencapsulated crys er tab 10 meq.....</b>	<b>108</b>
<b>pioglitazone hcl-glimepiride tab 30-2 mg (Duetact).....</b>	<b>25</b>	<b>potassium chloride microencapsulated crys er tab 20 meq.....</b>	<b>108</b>
<b>pioglitazone hcl-glimepiride tab 30-4 mg (Duetact).....</b>	<b>25</b>	<b>potassium chloride oral soln 10% (20 meq/15ml).....</b>	<b>108</b>
<b>pioglitazone hcl-metformin hcl tab 15-500 mg</b> <b>(Actoplus met).....</b>	<b>25</b>	<b>potassium chloride oral soln 20% (40 meq/15ml).....</b>	<b>109</b>
<b>pioglitazone hcl-metformin hcl tab 15-850 mg</b> <b>(Actoplus met).....</b>	<b>25</b>	<b>potassium chloride powder packet 20 meq.....</b>	<b>109</b>
<b>pioglitazone hcl tab 15 mg (base equiv) (Actos).....</b>	<b>24</b>	<b>potassium chloride tab er 10 meq (K-tab).....</b>	<b>109</b>
<b>pioglitazone hcl tab 30 mg (base equiv) (Actos).....</b>	<b>24</b>	<b>potassium chloride tab er 8 meq (600 mg).....</b>	<b>109</b>
<b>pioglitazone hcl tab 45 mg (base equiv) (Actos).....</b>	<b>25</b>	<b>potassium citrate &amp; citric acid soln 1100-334 mg/5ml.....</b>	<b>64</b>
PIQRAY 250MG DAILY DOSE – alpelisib tab pack 250 mg daily dose (200 mg & 50 mg tabs).....	16	<b>potassium citrate tab er 5 meq (540 mg) (Urocit-k 5).....</b>	<b>64</b>
PIQRAY 300MG DAILY DOSE – alpelisib tab pack 300 mg daily dose (2x150 mg tab).....	16	<b>potassium citrate tab er 10 meq (1080 mg) (Urocit-k 10).....</b>	<b>64</b>
PIQRAY 200MG DAILY DOSE – alpelisib tab therapy pack 200 mg daily dose.....	16	<b>potassium citrate tab er 15 meq (1620 mg) (Urocit-k 15).....</b>	<b>64</b>
<b>piroxicam cap 10 mg (Feldene).....</b>	<b>90</b>	<b>pot phos monobasic w/sod phos di &amp; monobas tab</b> <b>155-852-130mg (K-phos neutral).....</b>	<b>108</b>
<b>piroxicam cap 20 mg (Feldene).....</b>	<b>90</b>	<b>povidone-iodine oint 10%.....</b>	<b>125</b>
PLAVIX – clopidogrel bisulfate tab 75 mg (base equiv).....	115	<b>povidone-iodine soln 10%.....</b>	<b>125</b>
PLEGRIDY – peginterferon beta-1a soln pen-injector 125 mcg/0.5ml.....	79	PRADAXA – dabigatran etexilate mesylate cap 75 mg (etexilate base eq).....	115
PLEGRIDY – peginterferon beta-1a soln prefilled syringe 125 mcg/0.5ml.....	80		
PLEGRIDY STARTER PACK – peginterferon beta-1a soln pen-inj 63 & 94 mcg/0.5ml pack.....	80		
PLEGRIDY STARTER PACK – peginterferon beta-1a soln pref syr 63 & 94 mcg/0.5ml pack.....	80		

PRADAXA – dabigatran etexilate mesylate cap 110 mg (etexilate base eq).....	116	PRECISION XTRA MONITOR – blood glucose monitoring devices.....	132
PRADAXA – dabigatran etexilate mesylate cap 150 mg (etexilate base eq).....	116	PRECOSE – acarbose tab 25 mg.....	25
PRALUENT – alirocumab subcutaneous solution auto-injector 75 mg/ml.....	45	PRECOSE – acarbose tab 50 mg.....	25
PRALUENT – alirocumab subcutaneous solution auto-injector 150 mg/ml.....	45	PRECOSE – acarbose tab 100 mg.....	25
<b>pramipexole dihydrochloride tab er 24hr 0.375 mg (Mirapex er).....</b>	<b>98</b>	PREDNICARBATE – prednicarbate oint 0.1%.....	127
<b>pramipexole dihydrochloride tab er 24hr 0.75 mg (Mirapex er).....</b>	<b>98</b>	PREDNISOLONE ACETATE – prednisolone acetate ophth susp 1%.....	119
<b>pramipexole dihydrochloride tab er 24hr 1.5 mg (Mirapex er).....</b>	<b>98</b>	PREDNISOLONE – prednisolone syrup 15 mg/5ml (usp solution equivalent).....	18
<b>pramipexole dihydrochloride tab er 24hr 2.25 mg (Mirapex er).....</b>	<b>98</b>	<b>prednisolone sod phosphate oral soln 15 mg/5ml (base equiv).....</b>	<b>19</b>
<b>pramipexole dihydrochloride tab er 24hr 3 mg (Mirapex er).....</b>	<b>98</b>	<b>prednisolone sod phosph oral soln 6.7 mg/5ml (5 mg/5ml base) (Pediapred).....</b>	<b>19</b>
<b>pramipexole dihydrochloride tab er 24hr 3.75 mg (Mirapex er).....</b>	<b>98</b>	PREDNISONE – prednisone oral soln 5 mg/5ml.....	19
<b>pramipexole dihydrochloride tab er 24hr 4.5 mg (Mirapex er).....</b>	<b>98</b>	<b>prednisone tab 1 mg.....</b>	<b>19</b>
<b>pramipexole dihydrochloride tab 0.125 mg (Mirapex).....</b>	<b>98</b>	<b>prednisone tab 2.5 mg.....</b>	<b>19</b>
<b>pramipexole dihydrochloride tab 0.25 mg (Mirapex).....</b>	<b>98</b>	<b>prednisone tab 5 mg.....</b>	<b>19</b>
<b>pramipexole dihydrochloride tab 0.5 mg (Mirapex).....</b>	<b>98</b>	<b>prednisone tab 10 mg.....</b>	<b>19</b>
<b>pramipexole dihydrochloride tab 0.75 mg (Mirapex).....</b>	<b>98</b>	<b>prednisone tab 20 mg.....</b>	<b>19</b>
<b>pramipexole dihydrochloride tab 1 mg (Mirapex).....</b>	<b>98</b>	<b>prednisone tab 50 mg.....</b>	<b>19</b>
<b>pramipexole dihydrochloride tab 1.5 mg (Mirapex).....</b>	<b>98</b>	pregabalin cap 25 mg (Lyrica).....	82
<b>prasugrel hcl tab 5 mg (base equiv) (Effient).....</b>	<b>116</b>	pregabalin cap 50 mg (Lyrica).....	82
<b>prasugrel hcl tab 10 mg (base equiv) (Effient).....</b>	<b>116</b>	pregabalin cap 75 mg (Lyrica).....	82
PRAVACHOL – pravastatin sodium tab 20 mg.....	45	pregabalin cap 100 mg (Lyrica).....	82
PRAVACHOL – pravastatin sodium tab 40 mg.....	45	pregabalin cap 150 mg (Lyrica).....	82
<b>pravastatin sodium tab 10 mg.....</b>	<b>45</b>	pregabalin cap 200 mg (Lyrica).....	82
<b>pravastatin sodium tab 20 mg (Pravachol).....</b>	<b>45</b>	pregabalin cap 225 mg (Lyrica).....	82
<b>pravastatin sodium tab 40 mg (Pravachol).....</b>	<b>45</b>	pregabalin cap 300 mg (Lyrica).....	82
<b>pravastatin sodium tab 80 mg (Pravachol).....</b>	<b>45</b>	pregabalin soln 20 mg/ml (Lyrica).....	82
<b>praziquantel tab 600 mg (Biltricide).....</b>	<b>10</b>	PRENATABS RX – prenatal vit w/ iron carbonyl-fa tab 29-1 mg.....	104
<b>prazosin hcl cap 1 mg (Minipress).....</b>	<b>48</b>	PRENATAL AND IRON – prenatal multivitamins & minerals w/iron & fa tab 0.8 mg.....	104
<b>prazosin hcl cap 2 mg (Minipress).....</b>	<b>48</b>	PRENATAL COMPLETE – prenatal vit w/ fe fumarate-fa tab 14-0.4 mg.....	104
<b>prazosin hcl cap 5 mg (Minipress).....</b>	<b>48</b>	PRE-NATAL FORMULA – prenatal multivitamins & minerals w/iron & fa tab 0.8 mg.....	104
PRECISION GLUCOSE/KETONE CONTROL SOLUTIONS 1-HI 1-LO – blood glucose calibration - liquid.....	131	PRENATAL FORTE – prenatal multivitamins & minerals w/ iron & fa tab 0.8 mg.....	104
PRECISION GLUCOSE CONTROL – blood glucose calibration - liquid.....	131	PRENATAL LOW IRON – prenatal vit w/ fe fumarate-fa tab 27-0.8 mg.....	104
PRECISION GLUCOSE KETONE CONTROL SOLUTION 1-LOW, 1-HIGH – blood glucose calibration - liquid.....	131	PRENATAL MULTIVITAMIN – prenatal vit w/ fe fumarate-fa tab 28-0.8 mg.....	104
PRECISION XTRA – blood glucose monitoring devices.....	131	PRENATAL ONE DAILY – prenatal vit w/ fe fumarate-fa tab 27-0.8 mg.....	104
PRECISION XTRA – blood glucose monitoring kit.....	132	PRENATAL PLUS IRON – prenatal vit w/ iron carbonyl-fa tab 29-1 mg.....	104
PRECISION XTRA BLOOD GLUCOSE TEST STRIPS – glucose blood test strip.....	132	PRENATAL – prenatal multivitamins & minerals w/iron & fa tab 0.8 mg.....	104
		PRENATAL 19 – prenatal vit w/ dss-fe fumarate-fa tab 29-1 mg.....	105
		PRENATAL 19 – prenatal vit w/ fe fumarate-fa chew tab 29-1 mg.....	105
		PRENATAL – prenatal vit w/ fe fumarate-fa tab 27-0.8 mg.....	104

PRENATAL – prenatal vit w/ fe fumarate-fa tab 27-1 mg.....	104	PRILOSEC – omeprazole magnesium for delayed release susp packet 10 mg.....	59
PRENATAL – prenatal vit w/ fe fumarate-fa tab 28-0.8 mg.....	104	<b>primaquine phosphate tab 26.3 mg (15 mg base) (Primaquine phosphate).....</b>	<b>10</b>
PRENATAL-U – prenatal w/o a vit w/ fe fumarate-fa cap 106.5-1 mg.....	105	<b>primidone tab 50 mg (Mysoline).....</b>	<b>96</b>
PRENATAL VITAMIN/IRON – prenatal vit w/ fe fumarate-fa tab 28-0.8 mg.....	104	<b>primidone tab 250 mg (Mysoline).....</b>	<b>96</b>
PRENATAL VITAMIN & MINERAL – prenatal vit w/ fe fumarate-fa tab 28-0.8 mg.....	104	PRINIVIL – lisinopril tab 10 mg.....	33
PRENATAL VITAMIN – prenatal vit w/ fe fumarate-fa tab 27-0.8 mg.....	104	PRINIVIL – lisinopril tab 20 mg.....	33
PRENATAL VITAMINS PLUS LOW IRON – prenatal vit w/ fe fumarate-fa tab 27-1 mg.....	105	PRISTIQ – desvenlafaxine succinate tab er 24hr 25 mg (base equiv).....	67
PRENATAL VITAMINS – prenatal vit w/ fe fumarate-fa tab 28-0.8 mg.....	105	PRISTIQ – desvenlafaxine succinate tab er 24hr 50 mg (base equiv).....	67
<b>prenatal vit w/ fe fumarate-fa tab 28-0.8 mg.....</b>	<b>104</b>	PRISTIQ – desvenlafaxine succinate tab er 24hr 100 mg (base equiv).....	67
PREPLUS – prenatal vit w/ fe fumarate-fa tab 27-1 mg.....	105	PROAIR DIGHALER – albuterol sulfate aer pow ba 108 mcg/act with sensor.....	54
PRESERVISION/LUTEIN – multiple vitamins w/ minerals cap.....	105	PROAIR HFA – albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv).....	54
PRESERVISION AREDS – multiple vitamins w/ minerals cap.....	105	PROAIR RESPICLICK – albuterol sulfate aer pow ba 108 mcg/act (90 mcg base equiv).....	54
PRESERVISION AREDS 2 – multiple vitamins w/ minerals cap.....	105	<b>probenecid tab 500 mg.....</b>	<b>92</b>
PRESERVISION AREDS – multiple vitamins w/ minerals tab.....	105	PRO-CAL – multiple vitamins w/ minerals tab.....	105
PRESTALIA – perindopril arginine-amlodipine besylate tab 3.5-2.5 mg.....	41	PROCARDIA – nifedipine cap 10 mg.....	41
PRESTALIA – perindopril arginine-amlodipine besylate tab 7-5 mg.....	41	PROCARDIA XL – nifedipine tab er 24hr osmotic release 30 mg.....	41
PRESTALIA – perindopril arginine-amlodipine besylate tab 14-10 mg.....	41	PROCARDIA XL – nifedipine tab er 24hr osmotic release 60 mg.....	41
PREVACID – lansoprazole cap delayed release 15 mg.....	59	PROCARDIA XL – nifedipine tab er 24hr osmotic release 90 mg.....	41
PREVACID – lansoprazole cap delayed release 30 mg.....	59	PROCERV HP – multiple vitamins w/ minerals tab.....	105
PREVACID SOLUTAB – lansoprazole tab delayed release orally disintegrating 15 mg.....	59	<b>prochlorperazine maleate tab 5 mg (base equivalent).....</b>	<b>71</b>
PREVACID SOLUTAB – lansoprazole tab delayed release orally disintegrating 30 mg.....	59	<b>prochlorperazine maleate tab 10 mg (base equivalent).....</b>	<b>71</b>
PREVIDENT RINSE – sodium fluoride rinse 0.2%.....	122	<b>prochlorperazine suppos 25 mg.....</b>	<b>71</b>
PREZCOBIX – darunavir-cobicistat tab 800-150 mg.....	8	PROCRIT – epoetin alfa inj 2000 unit/ml.....	116
PREZISTA – darunavir ethanolate susp 100 mg/ml (base equiv).....	8	PROCRIT – epoetin alfa inj 3000 unit/ml.....	116
PREZISTA – darunavir ethanolate tab 75 mg (base equiv).....	8	PROCRIT – epoetin alfa inj 4000 unit/ml.....	116
PREZISTA – darunavir ethanolate tab 150 mg (base equiv).....	8	PROCRIT – epoetin alfa inj 10000 unit/ml.....	116
PREZISTA – darunavir ethanolate tab 600 mg (base equiv).....	8	PROCRIT – epoetin alfa inj 20000 unit/ml.....	116
PREZISTA – darunavir ethanolate tab 800 mg (base equiv).....	8	PROCRIT – epoetin alfa inj 40000 unit/ml.....	116
PRIFTIN – rifapentine tab 150 mg.....	5	PRODIGY AUTOCODE BLOOD GLUCOSE MONITORING/TALKING – blood glucose monitoring devices.....	132
PRILOSEC – omeprazole magnesium for delayed release susp packet 2.5 mg.....	59	PRODIGY AUTOCODE BLOOD GLUCOSE MONITORING/TALKING – blood glucose monitoring kit w/ device.....	132
		PRODIGY CONTROL SOLUTION – blood glucose calibration - liquid - high.....	132
		PRODIGY CONTROL SOLUTION LOW – blood glucose calibration - liquid - low.....	132
		PRODIGY NO CODING BLOOD GLUCOSE KIT – blood glucose monitoring kit w/ device.....	132
		PRODIGY NO CODING BLOOD GLUCOSE TEST STRIPS – glucose blood test strip.....	132

PRODIGY POCKET BLOOD GLUCOSE METER KIT – blood glucose monitoring kit w/ device.....	132	<b>propylthiouracil tab 50 mg</b> .....	<b>28</b>
PRODIGY VOICE BLOOD GLUCOSE METER KIT – blood glucose monitoring kit w/ device.....	132	PRORENAL+D/OMEGA-3 – multiple vitamins w/ minerals cap.....	105
PROFILNINE – factor ix complex for inj 500 unit.....	116	PRORENAL+D – multiple vitamins w/ minerals tab.....	105
PROFILNINE – factor ix complex for inj 1000 unit.....	116	PROSCAR – finasteride tab 5 mg.....	64
PROFILNINE – factor ix complex for inj 1500 unit.....	116	PROSHIELD PLUS SKIN PROTECTANT – dimethicone cream 1%.....	128
PROFILNINE SD – factor ix complex for inj 1000 unit.....	116	PROTECT CARDIO AF – multiple vitamins w/ minerals cap.....	105
PROFILNINE SD – factor ix complex for inj 1500 unit.....	116	PROTECT PLUS SO – multiple vitamins w/ minerals cap.....	105
<b>progesterone im in oil 50 mg/ml</b> .....	<b>20</b>	PROTONIX – pantoprazole sodium ec tab 20 mg (base equiv).....	59
<b>progesterone micronized cap 100 mg (Prometrium)</b> .....	<b>20</b>	PROTONIX – pantoprazole sodium ec tab 40 mg (base equiv).....	59
<b>progesterone micronized cap 200 mg (Prometrium)</b> .....	<b>20</b>	PROTONIX – pantoprazole sodium for delayed release susp packet 40 mg.....	59
PROGRAF – tacrolimus cap 0.5 mg.....	134	PROTOPIC – tacrolimus oint 0.03%.....	128
PROGRAF – tacrolimus cap 1 mg.....	134	PROTOPIC – tacrolimus oint 0.1%.....	128
PROGRAF – tacrolimus cap 5 mg.....	134	PROVENTIL HFA – albuterol sulfate inhal aero 108 mcg/ act (90mcg base equiv).....	54
PROGRAF – tacrolimus packet for susp 0.2 mg.....	134	PROVIT – multiple vitamins w/ minerals tab.....	105
PROGRAF – tacrolimus packet for susp 1 mg.....	134	PROZAC – fluoxetine hcl cap 10 mg.....	67
PROLENSA – bromfenac sodium ophth soln 0.07% (base equivalent).....	121	PROZAC – fluoxetine hcl cap 20 mg.....	67
PROMACTA – eltrombopag olamine powder pack for susp 12.5 mg (base eq).....	116	PROZAC – fluoxetine hcl cap 40 mg.....	67
PROMACTA – eltrombopag olamine powder pack for susp 25 mg (base equiv).....	116	<b>pseudoephedrine-guaifenesin tab er 12hr 60-600 mg</b> .....	<b>51</b>
PROMACTA – eltrombopag olamine tab 12.5 mg (base equiv).....	116	<b>pseudoephedrine-guaifenesin tab er 12hr 120-1200 mg</b> .....	<b>51</b>
PROMACTA – eltrombopag olamine tab 25 mg (base equiv).....	116	<b>pseudoephedrine hcl liq 15 mg/5ml</b> .....	<b>50</b>
PROMACTA – eltrombopag olamine tab 50 mg (base equiv).....	116	<b>pseudoephedrine hcl tab er 12hr 120 mg</b> .....	<b>50</b>
PROMACTA – eltrombopag olamine tab 75 mg (base equiv).....	116	<b>pseudoephedrine hcl tab 30 mg</b> .....	<b>50</b>
<b>promethazine-dm syrup 6.25-15 mg/5ml</b> .....	<b>51</b>	<b>pseudoephedrine hcl tab 60 mg</b> .....	<b>50</b>
<b>promethazine hcl suppos 12.5 mg</b> .....	<b>50</b>	<b>psyllium cap 0.52 gm</b> .....	<b>56</b>
<b>promethazine hcl suppos 25 mg</b> .....	<b>50</b>	<b>psyllium cap 400 mg</b> .....	<b>56</b>
<b>promethazine hcl syrup 6.25 mg/5ml</b> .....	<b>50</b>	<b>psyllium powder 28.3%</b> .....	<b>56</b>
<b>promethazine hcl tab 12.5 mg</b> .....	<b>50</b>	<b>psyllium powder 30%</b> .....	<b>56</b>
<b>promethazine hcl tab 25 mg</b> .....	<b>50</b>	<b>psyllium powder 30.9%</b> .....	<b>56</b>
<b>promethazine hcl tab 50 mg</b> .....	<b>50</b>	<b>psyllium powder 33%</b> .....	<b>56</b>
<b>propafenone hcl tab 150 mg</b> .....	<b>47</b>	<b>psyllium powder 48.57%</b> .....	<b>57</b>
<b>propafenone hcl tab 225 mg</b> .....	<b>47</b>	<b>psyllium powder 49%</b> .....	<b>57</b>
<b>propafenone hcl tab 300 mg</b> .....	<b>47</b>	<b>psyllium powder 58.6%</b> .....	<b>57</b>
<b>propranolol hcl cap er 24hr 60 mg (Inderal la)</b> .....	<b>38</b>	<b>psyllium powder 68%</b> .....	<b>57</b>
<b>propranolol hcl cap er 24hr 80 mg (Inderal la)</b> .....	<b>38</b>	<b>psyllium powder 95%</b> .....	<b>57</b>
<b>propranolol hcl cap er 24hr 120 mg (Inderal la)</b> .....	<b>38</b>	<b>psyllium powder 100%</b> .....	<b>57</b>
<b>propranolol hcl cap er 24hr 160 mg (Inderal la)</b> .....	<b>38</b>	PULMICORT – budesonide inhalation susp 0.25 mg/2ml.....	54
PROPRANOLOL HCL – propranolol hcl oral soln 20 mg/5ml.....	38	PULMICORT – budesonide inhalation susp 0.5 mg/2ml.....	54
PROPRANOLOL HCL – propranolol hcl oral soln 40 mg/5ml.....	38	PULMICORT – budesonide inhalation susp 1 mg/2ml.....	54
<b>propranolol hcl tab 10 mg</b> .....	<b>38</b>	PULMICORT FLEXHALER – budesonide inhal aero powd 90 mcg/act (breath activated).....	54
<b>propranolol hcl tab 20 mg</b> .....	<b>38</b>	PULMICORT FLEXHALER – budesonide inhal aero powd 180 mcg/act (breath activated).....	54
<b>propranolol hcl tab 40 mg</b> .....	<b>38</b>	PULMOZYME – dornase alfa inhal soln 1 mg/ml.....	56
<b>propranolol hcl tab 60 mg</b> .....	<b>38</b>		
<b>propranolol hcl tab 80 mg</b> .....	<b>38</b>		

PURIXAN – mercaptopurine susp 2000 mg/100ml (20 mg/ml).....	16	QUILLICHEW ER – methylphenidate hcl chew tab extended release 20 mg.....	78
PX PRENATAL MULTIVITAMINS – prenatal vit w/ fe fumarate-fa tab 28-0.8 mg.....	105	QUILLICHEW ER – methylphenidate hcl chew tab extended release 30 mg.....	78
<b>pyrazinamide tab 500 mg.....</b>	<b>5</b>	QUILLICHEW ER – methylphenidate hcl chew tab extended release 40 mg.....	78
<b>pyreth-piperonyl butox sham-permeth aero-nit remover gel kit.....</b>	<b>128</b>	QUILLIVANT XR – methylphenidate hcl for er susp 25 mg/5ml (5 mg/ml).....	78
<b>pyrethrins-piperonyl butoxide liq 0.3-3%.....</b>	<b>128</b>	<b>quinapril hcl tab 5 mg (Accupril).....</b>	<b>33</b>
<b>pyrethrins-piperonyl butoxide liq 0.33-4%.....</b>	<b>128</b>	<b>quinapril hcl tab 10 mg (Accupril).....</b>	<b>33</b>
<b>pyrethrins-piperonyl butoxide shampoo 0.33-4%.....</b>	<b>128</b>	<b>quinapril hcl tab 20 mg (Accupril).....</b>	<b>33</b>
<b>pyridostigmine bromide tab 60 mg (Mestinon).....</b>	<b>99</b>	<b>quinapril hcl tab 40 mg (Accupril).....</b>	<b>33</b>
<b>pyridoxine hcl tab 25 mg.....</b>	<b>100</b>	<b>quinapril-hydrochlorothiazide tab 10-12.5 mg (Accuretic).....</b>	<b>33</b>
<b>pyridoxine hcl tab 50 mg.....</b>	<b>100</b>	<b>quinapril-hydrochlorothiazide tab 20-12.5 mg (Accuretic).....</b>	<b>33</b>
<b>pyridoxine hcl tab 100 mg.....</b>	<b>100</b>	<b>quinapril-hydrochlorothiazide tab 20-25 mg (Accuretic).....</b>	<b>33</b>
<b>pyrimethamine tab 25 mg (Daraprim).....</b>	<b>10</b>	QUIN B STRONG – multiple vitamins w/ minerals tab.....	105
<b>Q</b>		QUINTABS-M – multiple vitamins w/ minerals tab.....	105
QBRELIS – lisinopril oral soln 1 mg/ml.....	33	QUINTABS – multiple vitamin tab.....	105
QC CALAMINE – calamine lotion.....	128	QUTENZA – capsaicin patch 8% & cleansing gel kit.....	128
QC PRENATAL – prenatal vit w/ fe fumarate-fa tab 28-0.8 mg.....	105	QVAR REDIHALER – beclomethasone diprop hfa breath act inh aer 40 mcg/act.....	54
QNASL – beclomethasone dipropionate nasal aerosol 80 mcg/act.....	50	QVAR REDIHALER – beclomethasone diprop hfa breath act inh aer 80 mcg/act.....	55
QNASL CHILDRENS – beclomethasone dipropionate nasal aerosol 40 mcg/act.....	50	<b>R</b>	
QTERN – dapagliflozin-saxagliptin tab 5-5 mg.....	25	RABEPRAZOLE SODIUM DR SPRINKLE – rabeprazole sodium capsule sprinkle dr 10 mg.....	59
QTERN – dapagliflozin-saxagliptin tab 10-5 mg.....	25	<b>rabeprazole sodium ec tab 20 mg (Aciphex).....</b>	<b>59</b>
QUDEXY XR – topiramate cap er 24hr sprinkle 25 mg....	96	RA CENTRAL-VITE UNDER 50 – multiple vitamins w/ minerals tab.....	105
QUDEXY XR – topiramate cap er 24hr sprinkle 50 mg....	96	<b>raloxifene hcl tab 60 mg (Evista).....</b>	<b>31</b>
QUDEXY XR – topiramate cap er 24hr sprinkle 100 mg.....	96	<b>ramelteon tab 8 mg (Rozerem).....</b>	<b>74</b>
QUDEXY XR – topiramate cap er 24hr sprinkle 150 mg.....	96	<b>ramipril cap 1.25 mg (Altace).....</b>	<b>33</b>
QUDEXY XR – topiramate cap er 24hr sprinkle 200 mg.....	96	<b>ramipril cap 2.5 mg (Altace).....</b>	<b>33</b>
QUENCH – multiple vitamins w/ minerals tab.....	105	<b>ramipril cap 5 mg (Altace).....</b>	<b>33</b>
QUESTRAN – cholestyramine powder 4 gm/dose.....	45	<b>ramipril cap 10 mg (Altace).....</b>	<b>33</b>
QUESTRAN – cholestyramine powder packets 4 gm.....	45	<b>ranitidine hcl tab 75 mg.....</b>	<b>59</b>
QUESTRAN LIGHT – cholestyramine light powder 4 gm/dose.....	45	<b>ranitidine hcl tab 150 mg.....</b>	<b>59</b>
<b>quetiapine fumarate tab er 24hr 50 mg (Seroquel xr).....</b>	<b>71</b>	RAPAFLO – silodosin cap 4 mg.....	64
<b>quetiapine fumarate tab er 24hr 150 mg (Seroquel xr).....</b>	<b>71</b>	RAPAFLO – silodosin cap 8 mg.....	64
<b>quetiapine fumarate tab er 24hr 200 mg (Seroquel xr).....</b>	<b>71</b>	RAPAMUNE – sirolimus oral soln 1 mg/ml.....	134
<b>quetiapine fumarate tab er 24hr 300 mg (Seroquel xr).....</b>	<b>71</b>	RAPAMUNE – sirolimus tab 0.5 mg.....	134
<b>quetiapine fumarate tab er 24hr 400 mg (Seroquel xr).....</b>	<b>71</b>	RAPAMUNE – sirolimus tab 1 mg.....	134
<b>quetiapine fumarate tab 25 mg (Seroquel).....</b>	<b>71</b>	RAPAMUNE – sirolimus tab 2 mg.....	134
<b>quetiapine fumarate tab 50 mg (Seroquel).....</b>	<b>71</b>	RA PRENATAL FORMULA/FOLICACID – prenatal vit w/ fe fumarate-fa tab 28-0.8 mg.....	105
<b>quetiapine fumarate tab 100 mg (Seroquel).....</b>	<b>71</b>	RA PRENATAL – prenatal vit w/ fe fumarate-fa tab 28-0.8 mg.....	105
<b>quetiapine fumarate tab 200 mg (Seroquel).....</b>	<b>71</b>	RAZADYNE ER – galantamine hydrobromide cap er 24hr 8 mg.....	82
<b>quetiapine fumarate tab 300 mg (Seroquel).....</b>	<b>71</b>	RAZADYNE ER – galantamine hydrobromide cap er 24hr 16 mg.....	82
<b>quetiapine fumarate tab 400 mg (Seroquel).....</b>	<b>71</b>		



RAZADYNE ER – galantamine hydrobromide cap er 24hr 24 mg.....	82	RENAPLEX-D – multiple vitamins w/ minerals tab.....	105
RAZADYNE – galantamine hydrobromide tab 4 mg.....	82	REVELA – sevelamer carbonate packet 0.8 gm.....	62
REBIF – interferon beta-1a soln pref syr 22 mcg/0.5ml (12mu/ml).....	80	REVELA – sevelamer carbonate packet 2.4 gm.....	62
REBIF – interferon beta-1a soln pref syr 44 mcg/0.5ml (24mu/ml).....	80	REVELA – sevelamer carbonate tab 800 mg.....	62
REBIF REBIDOSE – interferon beta-1a soln auto-inj 22 mcg/0.5ml (12mu/ml).....	80	<b>repaglinide tab 0.5 mg.....</b>	<b>25</b>
REBIF REBIDOSE – interferon beta-1a soln auto-inj 44 mcg/0.5ml (24mu/ml).....	80	<b>repaglinide tab 1 mg (Prandin).....</b>	<b>25</b>
REBIF REBIDOSE TITRATION – interferon beta-1a auto- inj 6x8.8 mcg/0.2ml & 6x22 mcg/0.5ml.....	80	<b>repaglinide tab 2 mg (Prandin).....</b>	<b>25</b>
REBIF TITRATION PACK – interferon beta-1a pref syr 6x8.8 mcg/0.2ml & 6x22 mcg/0.5ml.....	80	REPATHA – evolocumab subcutaneous soln prefilled syringe 140 mg/ml.....	45
REBINYN – coagulation factor ix recomb glycopegylated for inj 500 unt.....	116	REPATHA PUSHTRONEX SYSTEM – evolocumab subcutaneous soln cartridge/infusor 420 mg/3.5ml.....	45
REBINYN – coagulation factor ix recomb glycopegylated for inj 1000 unt.....	116	REPATHA SURECLICK – evolocumab subcutaneous soln auto-injector 140 mg/ml.....	45
REBINYN – coagulation factor ix recomb glycopegylated for inj 2000 unt.....	116	REPLACE – multiple vitamins w/ minerals cap.....	105
RECOMBINATE – antihemophilic factor (recombinant) for inj 220-400 unit.....	116	REQUIP XL – ropinirole hydrochloride tab er 24hr 6 mg (base equivalent).....	98
RECOMBINATE – antihemophilic factor (recombinant) for inj 401-800 unit.....	116	REQUIP XL – ropinirole hydrochloride tab er 24hr 12 mg (base equivalent).....	99
RECOMBINATE – antihemophilic factor (recombinant) for inj 801-1240 unit.....	116	RESTASIS – cyclosporine (ophth) emulsion 0.05%.....	121
RECOMBINATE – antihemophilic factor (recombinant) for inj 1241-1800 unit.....	116	RESTASIS MULTIDOSE – cyclosporine (ophth) emulsion 0.05%.....	121
RECOMBINATE – antihemophilic factor (recombinant) for inj 1801-2400 unit.....	116	RETACRIT – epoetin alfa-epbx inj 2000 unit/ml.....	116
RELENZA DISKHALER – zanamivir aero powder breath activated 5 mg/blister.....	9	RETACRIT – epoetin alfa-epbx inj 3000 unit/ml.....	116
RELION KETONE – acetone (urine) test strip.....	132	RETACRIT – epoetin alfa-epbx inj 4000 unit/ml.....	116
RELION KETONE TEST STRIPS – acetone (urine) test strip.....	132	RETACRIT – epoetin alfa-epbx inj 10000 unit/ml.....	116
RELION R – insulin regular (human) inj 100 unit/ml.....	27	RETACRIT – epoetin alfa-epbx inj 40000 unit/ml.....	116
RELISTOR – methylnaltrexone bromide inj 8 mg/0.4ml (20 mg/ml).....	62	RETIN-A MICRO PUMP – tretinoin microsphere gel 0.04%.....	123
RELISTOR – methylnaltrexone bromide inj 12 mg/0.6ml (20 mg/ml).....	62	RETIN-A MICRO PUMP – tretinoin microsphere gel 0.08%.....	123
RELISTOR – methylnaltrexone bromide tab 150 mg.....	62	RETIN-A MICRO PUMP – tretinoin microsphere gel 0.1%.....	124
RELPAX – eletriptan hydrobromide tab 20 mg (base equivalent).....	91	RETIN-A MICRO – tretinoin microsphere gel 0.04%.....	123
RELPAX – eletriptan hydrobromide tab 40 mg (base equivalent).....	91	RETIN-A MICRO – tretinoin microsphere gel 0.06%.....	123
REMEDY NUTRASHIELD – dimethicone cream 1%.....	128	RETIN-A MICRO – tretinoin microsphere gel 0.1%.....	123
REMERON – mirtazapine tab 15 mg.....	67	RETIN-A – tretinoin cream 0.025%.....	123
REMERON – mirtazapine tab 30 mg.....	68	RETIN-A – tretinoin cream 0.05%.....	123
REMERON SOLTAB – mirtazapine orally disintegrating tab 15 mg.....	68	RETIN-A – tretinoin cream 0.1%.....	123
REMERON SOLTAB – mirtazapine orally disintegrating tab 30 mg.....	68	RETIN-A – tretinoin gel 0.01%.....	123
REMERON SOLTAB – mirtazapine orally disintegrating tab 45 mg.....	68	RETIN-A – tretinoin gel 0.025%.....	123
RENAGEL – sevelamer hcl tab 800 mg.....	62	REVATIO – sildenafil citrate for suspension 10 mg/ml.....	48
		REVATIO – sildenafil citrate tab 20 mg.....	48
		REVCovi – elapegademase-lvr im soln 2.4 mg/1.5ml (1.6 mg/ml).....	31
		REVLIMID – lenalidomide cap 5 mg.....	16
		REVLIMID – lenalidomide cap 10 mg.....	16
		REVLIMID – lenalidomide cap 15 mg.....	16
		REVLIMID – lenalidomide cap 20 mg.....	16
		REVLIMID – lenalidomide cap 25 mg.....	16
		REVLIMID – lenalidomide caps 2.5 mg.....	16
		REXULTI – brexpiprazole tab 0.25 mg.....	71
		REXULTI – brexpiprazole tab 0.5 mg.....	71
		REXULTI – brexpiprazole tab 1 mg.....	71
		REXULTI – brexpiprazole tab 2 mg.....	71
		REXULTI – brexpiprazole tab 3 mg.....	71
		REXULTI – brexpiprazole tab 4 mg.....	71

REYATAZ – atazanavir sulfate oral powder packet 50 mg (base equiv).....	8	RITALIN – methylphenidate hcl tab 5 mg.....	78
RHOPRESSA – netarsudil dimesylate ophth soln 0.02%.....	119	RITALIN – methylphenidate hcl tab 10 mg.....	78
<b>ribavirin cap 200 mg.....</b>	<b>6</b>	RITALIN – methylphenidate hcl tab 20 mg.....	78
<b>ribavirin tab 200 mg.....</b>	<b>6</b>	<b>ritonavir tab 100 mg (Norvir).....</b>	<b>8</b>
<b>riboflavin tab 100 mg.....</b>	<b>100</b>	<b>rivastigmine tartrate cap 1.5 mg (base equivalent).....</b>	<b>82</b>
<b>rifabutin cap 150 mg (Mycobutin).....</b>	<b>5</b>	<b>rivastigmine tartrate cap 3 mg (base equivalent).....</b>	<b>82</b>
<b>rifampin cap 150 mg (Rifadin).....</b>	<b>5</b>	<b>rivastigmine tartrate cap 4.5 mg (base equivalent).....</b>	<b>82</b>
<b>rifampin cap 300 mg (Rifadin).....</b>	<b>5</b>	<b>rivastigmine tartrate cap 6 mg (base equivalent).....</b>	<b>82</b>
RIGHT STEP PRENATAL – prenatal vit w/ fe fumarate-fa tab 27-0.8 mg.....	105	<b>rivastigmine td patch 24hr 4.6 mg/24hr (Exelon).....</b>	<b>82</b>
<b>riluzole tab 50 mg (Rilutek).....</b>	<b>99</b>	<b>rivastigmine td patch 24hr 9.5 mg/24hr (Exelon).....</b>	<b>83</b>
RINVOQ – upadacitinib tab er 24hr 15 mg.....	90	<b>rivastigmine td patch 24hr 13.3 mg/24hr (Exelon).....</b>	<b>83</b>
<b>risedronate sodium tab delayed release 35 mg (Atelvia).....</b>	<b>31</b>	RIXUBIS – coagulation factor ix (recombinant) for inj 250 unit.....	116
<b>risedronate sodium tab 5 mg (Actonel).....</b>	<b>31</b>	RIXUBIS – coagulation factor ix (recombinant) for inj 500 unit.....	117
<b>risedronate sodium tab 30 mg (Actonel).....</b>	<b>31</b>	RIXUBIS – coagulation factor ix (recombinant) for inj 1000 unit.....	117
<b>risedronate sodium tab 35 mg (Actonel).....</b>	<b>31</b>	RIXUBIS – coagulation factor ix (recombinant) for inj 2000 unit.....	117
<b>risedronate sodium tab 150 mg (Actonel).....</b>	<b>31</b>	RIXUBIS – coagulation factor ix (recombinant) for inj 3000 unit.....	117
RISPERDAL CONSTA – risperidone microspheres for im extended rel susp 12.5 mg.....	72	<b>rizatriptan benzoate oral disintegrating tab 5 mg (base eq) (Maxalt-mlt).....</b>	<b>91</b>
RISPERDAL CONSTA – risperidone microspheres for im extended rel susp 25 mg.....	72	<b>rizatriptan benzoate oral disintegrating tab 10 mg (base eq) (Maxalt-mlt).....</b>	<b>92</b>
RISPERDAL CONSTA – risperidone microspheres for im extended rel susp 37.5 mg.....	72	<b>rizatriptan benzoate tab 5 mg (base equivalent).....</b>	<b>92</b>
RISPERDAL CONSTA – risperidone microspheres for im extended rel susp 50 mg.....	72	<b>rizatriptan benzoate tab 10 mg (base equivalent) (Maxalt).....</b>	<b>92</b>
RISPERDAL – risperidone soln 1 mg/ml.....	71	ROBITUSSIN CHILDRENS COUGH LONG-ACTING – dextromethorphan hbr syrup 7.5 mg/5ml.....	51
RISPERDAL – risperidone tab 0.5 mg.....	72	ROCKLATAN – netarsudil dimesylate-latanoprost ophth soln 0.02-0.005%.....	119
RISPERDAL – risperidone tab 1 mg.....	72	<b>ropinirole hydrochloride tab er 24hr 2 mg (base equivalent).....</b>	<b>99</b>
RISPERDAL – risperidone tab 2 mg.....	72	<b>ropinirole hydrochloride tab er 24hr 6 mg (base equivalent).....</b>	<b>99</b>
RISPERDAL – risperidone tab 3 mg.....	72	<b>ropinirole hydrochloride tab er 24hr 12 mg (base equivalent).....</b>	<b>99</b>
RISPERDAL – risperidone tab 4 mg.....	72	<b>ropinirole hydrochloride tab er 24hr 4 mg (base equivalent) (Requip xl).....</b>	<b>99</b>
RISPERIDONE ODT – risperidone orally disintegrating tab 0.25 mg.....	72	<b>ropinirole hydrochloride tab er 24hr 8 mg (base equivalent) (Requip xl).....</b>	<b>99</b>
<b>risperidone orally disintegrating tab 0.5 mg.....</b>	<b>72</b>	<b>ropinirole hydrochloride tab 0.25 mg.....</b>	<b>99</b>
<b>risperidone orally disintegrating tab 1 mg.....</b>	<b>72</b>	<b>ropinirole hydrochloride tab 0.5 mg.....</b>	<b>99</b>
<b>risperidone orally disintegrating tab 2 mg.....</b>	<b>72</b>	<b>ropinirole hydrochloride tab 1 mg.....</b>	<b>99</b>
<b>risperidone orally disintegrating tab 3 mg.....</b>	<b>72</b>	<b>ropinirole hydrochloride tab 2 mg.....</b>	<b>99</b>
<b>risperidone orally disintegrating tab 4 mg.....</b>	<b>72</b>	<b>ropinirole hydrochloride tab 3 mg.....</b>	<b>99</b>
<b>risperidone soln 1 mg/ml (Risperdal).....</b>	<b>72</b>	<b>ropinirole hydrochloride tab 4 mg.....</b>	<b>99</b>
<b>risperidone tab 0.25 mg (Risperdal).....</b>	<b>72</b>	<b>ropinirole hydrochloride tab 5 mg.....</b>	<b>99</b>
<b>risperidone tab 0.5 mg (Risperdal).....</b>	<b>72</b>	<b>rosuvastatin calcium tab 5 mg (Crestor).....</b>	<b>45</b>
<b>risperidone tab 1 mg (Risperdal).....</b>	<b>72</b>	<b>rosuvastatin calcium tab 10 mg (Crestor).....</b>	<b>45</b>
<b>risperidone tab 2 mg (Risperdal).....</b>	<b>72</b>	<b>rosuvastatin calcium tab 20 mg (Crestor).....</b>	<b>45</b>
<b>risperidone tab 3 mg (Risperdal).....</b>	<b>72</b>	<b>rosuvastatin calcium tab 40 mg (Crestor).....</b>	<b>45</b>
<b>risperidone tab 4 mg (Risperdal).....</b>	<b>72</b>	ROWASA – mesalamine rectal enema 4 gm & cleanser wipe kit.....	62
RITALIN LA – methylphenidate hcl cap er 24hr 10 mg (la).....	78	ROZEREM – ramelteon tab 8 mg.....	74
RITALIN LA – methylphenidate hcl cap er 24hr 20 mg (la).....	78		
RITALIN LA – methylphenidate hcl cap er 24hr 30 mg (la).....	78		
RITALIN LA – methylphenidate hcl cap er 24hr 40 mg (la).....	78		

ROZLYTREK – entrectinib cap 100 mg.....	16	SAVAYSA – edoxaban tosylate tab 30 mg (base equivalent).....	117
ROZLYTREK – entrectinib cap 200 mg.....	16	SAVAYSA – edoxaban tosylate tab 60 mg (base equivalent).....	117
RUBRACA – rucaparib camsylate tab 200 mg (base equivalent).....	16	SAVELLA – milnacipran hcl tab 12.5 mg.....	83
RUBRACA – rucaparib camsylate tab 250 mg (base equivalent).....	16	SAVELLA – milnacipran hcl tab 25 mg.....	83
RUBRACA – rucaparib camsylate tab 300 mg (base equivalent).....	16	SAVELLA – milnacipran hcl tab 50 mg.....	83
RUCONEST – c1 esterase inhibitor (recombinant) for iv inj 2100 unit.....	117	SAVELLA – milnacipran hcl tab 100 mg.....	83
RUZURGI – amifampridine tab 10 mg.....	99	SAVELLA TITRATION PACK – milnacipran hcl tab 12.5 mg (5) & 25 mg (8) & 50 mg (42) pak.....	83
RYDAPT – midostaurin cap 25 mg.....	16	SAVISION – multiple vitamins w/ minerals cap.....	105
RYTARY – carbidopa & levodopa cap er 23.75-95 mg.....	99	SECUADO – asenapine td patch 24 hr 3.8 mg/24hr.....	72
RYTARY – carbidopa & levodopa cap er 36.25-145 mg.....	99	SECUADO – asenapine td patch 24 hr 5.7 mg/24hr.....	72
RYTARY – carbidopa & levodopa cap er 48.75-195 mg.....	99	SECUADO – asenapine td patch 24 hr 7.6 mg/24hr.....	72
RYTARY – carbidopa & levodopa cap er 61.25-245 mg.....	99	SEEBRI NEOHALER – glycopyrrolate inhal cap 15.6 mcg.....	55
<b>S</b>		SEGLUROMET – ertugliflozin-metformin hcl tab 2.5-500 mg.....	25
SABRIL – vigabatrin powd pack 500 mg.....	96	SEGLUROMET – ertugliflozin-metformin hcl tab 2.5-1000 mg.....	25
SABRIL – vigabatrin tab 500 mg.....	96	SEGLUROMET – ertugliflozin-metformin hcl tab 7.5-500 mg.....	25
SAIZENPREP RECONSTITUTION – somatropin (non-refrigerated) for inj 8.8 mg.....	29	SEGLUROMET – ertugliflozin-metformin hcl tab 7.5-1000 mg.....	25
SAIZEN – somatropin (non-refrigerated) for inj 5 mg.....	29	<b>selegiline hcl cap 5 mg.....</b>	<b>99</b>
SAIZEN – somatropin (non-refrigerated) for inj 8.8 mg.....	29	SELEGILINE HCL – selegiline hcl tab 5 mg.....	99
<b>salicylic acid cream 6%.....</b>	<b>125</b>	<b>selenium sulfide lotion 2.5%.....</b>	<b>128</b>
<b>salicylic acid liquid 17%.....</b>	<b>125</b>	SELZENTRY – maraviroc oral soln 20 mg/ml.....	8
<b>salicylic acid pad 40%.....</b>	<b>125</b>	SELZENTRY – maraviroc tab 25 mg.....	8
<b>salicylic acid shampoo 6% (Salex).....</b>	<b>125</b>	SELZENTRY – maraviroc tab 75 mg.....	8
<b>salicylic acid soln 17%.....</b>	<b>125</b>	SELZENTRY – maraviroc tab 150 mg.....	8
<b>saline nasal spray 0.65%.....</b>	<b>51</b>	SELZENTRY – maraviroc tab 300 mg.....	8
<b>salsalate tab 500 mg.....</b>	<b>83</b>	SEMPREX-D – acrivastine & pseudoephedrine cap 8-60 mg.....	51
<b>salsalate tab 750 mg.....</b>	<b>83</b>	<b>sennosides-docusate sodium tab 8.6-50 mg.....</b>	<b>57</b>
SANCUSO – granisetron td patch 3.1 mg/24hr (contains 34.3 mg).....	59	<b>sennosides syrup 8.8 mg/5ml.....</b>	<b>57</b>
SANDIMMUNE – cyclosporine cap 25 mg.....	134	<b>sennosides tab 8.6 mg.....</b>	<b>57</b>
SANDIMMUNE – cyclosporine cap 100 mg.....	134	SENTRY – multiple vitamins w/ minerals tab.....	105
SANDIMMUNE – cyclosporine oral soln 100 mg/ml.....	134	SENTRY SENIOR/LUTEIN – multiple vitamins w/ minerals tab.....	105
SANDOSTATIN LAR DEPOT – octreotide acetate for im inj kit 10 mg.....	31	SEREVENT DISKUS – salmeterol xinafoate aer pow ba 50 mcg/dose (base equiv).....	55
SANDOSTATIN LAR DEPOT – octreotide acetate for im inj kit 20 mg.....	31	SEROQUEL – quetiapine fumarate tab 25 mg.....	72
SANDOSTATIN LAR DEPOT – octreotide acetate for im inj kit 30 mg.....	31	SEROQUEL – quetiapine fumarate tab 50 mg.....	72
SAPHRIS – asenapine maleate sl tab 2.5 mg (base equiv).....	72	SEROQUEL – quetiapine fumarate tab 100 mg.....	72
SAPHRIS – asenapine maleate sl tab 5 mg (base equiv).....	72	SEROQUEL – quetiapine fumarate tab 200 mg.....	72
SAPHRIS – asenapine maleate sl tab 10 mg (base equiv).....	72	SEROQUEL – quetiapine fumarate tab 300 mg.....	72
SARAFEM – fluoxetine hcl (pmdd) tab 10 mg.....	83	SEROQUEL – quetiapine fumarate tab 400 mg.....	72
SARAFEM – fluoxetine hcl (pmdd) tab 20 mg.....	83	SEROQUEL XR – quetiapine fumarate tab er 24hr 50 mg.....	72
SAVAYSA – edoxaban tosylate tab 15 mg (base equivalent).....	117	SEROQUEL XR – quetiapine fumarate tab er 24hr 150 mg.....	72
		SEROQUEL XR – quetiapine fumarate tab er 24hr 200 mg.....	72
		SEROQUEL XR – quetiapine fumarate tab er 24hr 300 mg.....	72

SEROQUEL XR – quetiapine fumarate tab er 24hr 400 mg.....	72	SINGULAIR – montelukast sodium chew tab 4 mg (base equiv).....	55
SEROSTIM – somatropin (non-refrigerated) for subcutaneous inj 4 mg.....	29	SINGULAIR – montelukast sodium chew tab 5 mg (base equiv).....	55
SEROSTIM – somatropin (non-refrigerated) for subcutaneous inj 5 mg.....	29	SINGULAIR – montelukast sodium oral granules packet 4 mg (base equiv).....	55
SEROSTIM – somatropin (non-refrigerated) for subcutaneous inj 6 mg.....	29	SINGULAIR – montelukast sodium tab 10 mg (base equiv).....	55
<b>sertraline hcl oral concentrate for solution 20 mg/ml.....</b>	<b>68</b>	<b>sirolimus oral soln 1 mg/ml (Rapamune).....</b>	<b>134</b>
<b>sertraline hcl tab 25 mg (Zoloft).....</b>	<b>68</b>	<b>sirolimus tab 0.5 mg (Rapamune).....</b>	<b>134</b>
<b>sertraline hcl tab 50 mg (Zoloft).....</b>	<b>68</b>	<b>sirolimus tab 1 mg (Rapamune).....</b>	<b>134</b>
<b>sertraline hcl tab 100 mg (Zoloft).....</b>	<b>68</b>	<b>sirolimus tab 2 mg (Rapamune).....</b>	<b>134</b>
<b>sevelamer carbonate packet 0.8 gm (Renvela).....</b>	<b>62</b>	SITAVIG – acyclovir buccal tab 50 mg.....	7
<b>sevelamer carbonate packet 2.4 gm (Renvela).....</b>	<b>62</b>	SKLICE – ivermectin lotion 0.5%.....	128
<b>sevelamer carbonate tab 800 mg (Renvela).....</b>	<b>62</b>	SKYRIZI – risankizumab-rzaa sol prefilled syringe 2 x 75 mg/0.83ml kit.....	128
<b>sevelamer hcl tab 800 mg (Renagel).....</b>	<b>62</b>	SM B-COMPLEX/VITAMIN C – b-complex w/ c & folic acid tab.....	105
SEVELAMER HYDROCHLORIDE – sevelamer hcl tab 400 mg.....	62	SM CALAMINE – calamine lotion.....	128
SFROWASA – mesalamine sulfite-free (sf) enema 4 gm/60ml.....	62	SM ONE DAILY MENS – multiple vitamins w/ minerals tab.....	105
SHINGRIX – zoster vac recombinant adjuvanted for im inj 50 mcg/0.5ml.....	11	SM ONE DAILY WOMENS – multiple vitamins w/ minerals tab.....	105
SHUR-SEAL – nonoxynol-9 gel 2%.....	64	SM PRENATAL VITAMINS – prenatal vit w/ fe fumarate-fa tab 28-0.8 mg.....	105
SIKLOS – hydroxyurea tab 100 mg.....	117	<b>sodium bicarbonate tab 650 mg.....</b>	<b>57</b>
SIKLOS – hydroxyurea tab 1000 mg.....	117	<b>sodium chloride hypertonic ophth oint 5%.....</b>	<b>121</b>
<b>sildenafil citrate for suspension 10 mg/ml (Revatio).....</b>	<b>48</b>	<b>sodium chloride hypertonic ophth soln 5%.....</b>	<b>121</b>
<b>sildenafil citrate tab 20 mg (Revatio).....</b>	<b>48</b>	<b>sodium chloride irrigation soln 0.9%.....</b>	<b>64</b>
SILIQ – brodalumab subcutaneous soln prefilled syringe 210 mg/1.5ml.....	128	<b>sodium chloride preservative free (pf) inj 0.9%.....</b>	<b>109</b>
<b>silodosin cap 4 mg (Rapaflo).....</b>	<b>64</b>	<b>sodium chloride soln nebu 0.9%.....</b>	<b>51</b>
<b>silodosin cap 8 mg (Rapaflo).....</b>	<b>64</b>	<b>sodium chloride soln nebu 3%.....</b>	<b>51</b>
<b>silver sulfadiazine cream 1% (Silvadene).....</b>	<b>125</b>	<b>sodium chloride soln nebu 10%.....</b>	<b>51</b>
SIMBRINZA – brinzolamide-brimonidine tartrate ophth susp 1-0.2%.....	119	<b>sodium chloride soln nebu 7% (Hyper-sal).....</b>	<b>51</b>
<b>simethicone cap 125 mg.....</b>	<b>62</b>	<b>sodium chloride tab 1 gm.....</b>	<b>109</b>
<b>simethicone chew tab 80 mg.....</b>	<b>62</b>	<b>sodium citrate &amp; citric acid soln 500-334 mg/5ml.....</b>	<b>64</b>
<b>simethicone chew tab 125 mg.....</b>	<b>62</b>	<b>sodium fluoride chew tab 0.25 mg f (from 0.55 mg naf).....</b>	<b>109</b>
<b>simethicone susp 40 mg/0.6ml.....</b>	<b>62</b>	<b>sodium fluoride chew tab 0.5 mg f (from 1.1 mg naf).....</b>	<b>109</b>
SIMPONI – golimumab subcutaneous soln auto-injector 50 mg/0.5ml.....	90	<b>sodium fluoride chew tab 1 mg f (from 2.2 mg naf).....</b>	<b>109</b>
SIMPONI – golimumab subcutaneous soln auto-injector 100 mg/ml.....	90	<b>sodium fluoride cream 1.1% (Prevident 5000 plus).....</b>	<b>122</b>
SIMPONI – golimumab subcutaneous soln prefilled syringe 50 mg/0.5ml.....	90	<b>sodium fluoride gel 1.1% (0.5% f) (Prevident fluoride).....</b>	<b>122</b>
SIMPONI – golimumab subcutaneous soln prefilled syringe 100 mg/ml.....	90	<b>sodium fluoride paste 1.1% (Prevident 5000 boost).....</b>	<b>122</b>
<b>simvastatin tab 5 mg (Zocor).....</b>	<b>45</b>	<b>sodium fluoride-potassium nitrate paste 1.1-5% (Prevident 5000 sensi).....</b>	<b>122</b>
<b>simvastatin tab 10 mg (Zocor).....</b>	<b>45</b>	<b>sodium fluoride rinse 0.2% (Prevident rinse).....</b>	<b>122</b>
<b>simvastatin tab 20 mg (Zocor).....</b>	<b>45</b>	SODIUM FLUORIDE – sodium fluoride tab 0.5 mg f (from 1.1 mg naf).....	109
<b>simvastatin tab 40 mg (Zocor).....</b>	<b>45</b>	SODIUM FLUORIDE – sodium fluoride tab 1 mg f (from 2.2 mg naf).....	109
<b>simvastatin tab 80 mg (Zocor).....</b>	<b>45</b>		
SINEMET – carbidopa & levodopa tab 10-100 mg.....	99		
SINEMET – carbidopa & levodopa tab 25-100 mg.....	99		
SINEMET – carbidopa & levodopa tab 25-250 mg.....	99		

<b>sodium fluoride soln 0.125 mg/drop f (0.275 mg/drop naf)</b> .....	<b>109</b>	SPRITAM – levetiracetam tab disintegrating soluble 500 mg.....	96
<b>sodium fluoride soln 0.5 mg/ml f (from 1.1 mg/ml naf)</b> .....	<b>109</b>	SPRITAM – levetiracetam tab disintegrating soluble 750 mg.....	96
<b>sodium phosphates - enema</b> .....	<b>57</b>	SPRITAM – levetiracetam tab disintegrating soluble 1000 mg.....	96
<b>sodium phosphates - enema (pediatric)</b> .....	<b>57</b>	SPRYCEL – dasatinib tab 20 mg.....	16
<b>sodium polystyrene sulfonate oral susp 15 gm/60ml</b> .....	<b>134</b>	SPRYCEL – dasatinib tab 50 mg.....	16
<b>sodium polystyrene sulfonate powder</b> .....	<b>134</b>	SPRYCEL – dasatinib tab 70 mg.....	16
<b>sodium polystyrene sulfonate rectal susp 30 gm/120ml</b> .....	<b>134</b>	SPRYCEL – dasatinib tab 80 mg.....	16
SODIUM SULFACETAMIDE/SULFUR CLEANSER – sulfacetamide sodium w/ sulfur lotion 10-5%.....	124	SPRYCEL – dasatinib tab 100 mg.....	16
SODIUM SULFACETAMIDE/SULFUR CLEANSER – sulfacetamide sodium w/ sulfur susp 10-5%.....	124	SPRYCEL – dasatinib tab 140 mg.....	16
SOFOSBUVIR/VELPATASVIR – sofosbuvir-velpatasvir tab 400-100 mg.....	6	SSS 10-5 – sulfacetamide sodium w/ sulfur foam 10-5%.....	124
<b>solifenacin succinate tab 5 mg (Vesicare)</b> .....	<b>63</b>	<b>stannous fluoride gel 0.4%</b> .....	<b>122</b>
<b>solifenacin succinate tab 10 mg (Vesicare)</b> .....	<b>63</b>	<b>starch-maltodextrin oral thickening powder</b> .....	<b>135</b>
SOLIQUA 100/33 – insulin glargine-lixisenatide sol pen-inj 100-33 unit-mcg/ml.....	25	<b>stavudine cap 15 mg</b> .....	<b>8</b>
SOLO – multiple vitamins w/ minerals tab.....	105	<b>stavudine cap 20 mg</b> .....	<b>8</b>
SOOLANTRA – ivermectin cream 1%.....	124	<b>stavudine cap 30 mg</b> .....	<b>8</b>
SORBITOL – sorbitol oral solution 70%.....	57	<b>stavudine cap 40 mg</b> .....	<b>8</b>
<b>sotalol hcl (afib/afi) tab 80 mg (Betapace af)</b> .....	<b>47</b>	STEGLATRO – ertugliflozin l-pyroglytamic acid tab 5 mg (base equiv).....	25
<b>sotalol hcl (afib/afi) tab 120 mg (Betapace af)</b> .....	<b>47</b>	STEGLATRO – ertugliflozin l-pyroglytamic acid tab 15 mg (base equiv).....	25
<b>sotalol hcl (afib/afi) tab 160 mg (Betapace af)</b> .....	<b>47</b>	STEGLUJAN – ertugliflozin-sitagliptin tab 5-100 mg.....	25
<b>sotalol hcl tab 240 mg</b> .....	<b>47</b>	STEGLUJAN – ertugliflozin-sitagliptin tab 15-100 mg.....	25
<b>sotalol hcl tab 80 mg (Betapace)</b> .....	<b>47</b>	STELARA – ustekinumab inj 45 mg/0.5ml.....	128
<b>sotalol hcl tab 120 mg (Betapace)</b> .....	<b>47</b>	STELARA – ustekinumab soln prefilled syringe 45 mg/0.5ml.....	128
<b>sotalol hcl tab 160 mg (Betapace)</b> .....	<b>47</b>	STELARA – ustekinumab soln prefilled syringe 90 mg/ml.....	129
SOTYLIZE – sotalol hcl oral solution 5 mg/ml.....	47	STIMATE – desmopressin acetate nasal soln 1.5 mg/ml.....	31
SOURCECF – multiple vitamins w/ minerals cap.....	105	STIOLTO RESPIMAT – tiotropium br-olodaterol inhal aero soln 2.5-2.5 mcg/act.....	55
SOVALDI – sofosbuvir pellet pack 150 mg.....	6	STIVARGA – regorafenib tab 40 mg.....	16
SOVALDI – sofosbuvir pellet pack 200 mg.....	6	STRATTERA – atomoxetine hcl cap 10 mg (base equiv).....	78
SOVALDI – sofosbuvir tab 200 mg.....	6	STRATTERA – atomoxetine hcl cap 18 mg (base equiv).....	78
SOVALDI – sofosbuvir tab 400 mg.....	6	STRATTERA – atomoxetine hcl cap 25 mg (base equiv).....	78
<b>speciality vitamin product tab</b> .....	<b>105</b>	STRATTERA – atomoxetine hcl cap 40 mg (base equiv).....	78
SPINOSAD – spinosad susp 0.9%.....	128	STRATTERA – atomoxetine hcl cap 60 mg (base equiv).....	78
SPIRIVA HANDIHALER – tiotropium bromide monohydrate inhal cap 18 mcg (base equiv).....	55	STRATTERA – atomoxetine hcl cap 80 mg (base equiv).....	78
SPIRIVA RESPIMAT – tiotropium bromide monohydrate inhal aerosol 1.25 mcg/act.....	55	STRATTERA – atomoxetine hcl cap 100 mg (base equiv).....	78
SPIRIVA RESPIMAT – tiotropium bromide monohydrate inhal aerosol 2.5 mcg/act.....	55	STRENSIQ – asfotase alfa subcutaneous inj 18 mg/0.45ml.....	31
<b>spironolactone &amp; hydrochlorothiazide tab 25-25 mg (Aldactazide)</b> .....	<b>46</b>	STRENSIQ – asfotase alfa subcutaneous inj 28 mg/0.7ml.....	31
<b>spironolactone tab 25 mg (Aldactone)</b> .....	<b>46</b>	STRENSIQ – asfotase alfa subcutaneous inj 40 mg/ml.....	31
<b>spironolactone tab 50 mg (Aldactone)</b> .....	<b>46</b>		
<b>spironolactone tab 100 mg (Aldactone)</b> .....	<b>46</b>		
SPORANOX – itraconazole cap 100 mg.....	5		
SPORANOX – itraconazole oral soln 10 mg/ml.....	5		
SPORANOX PULSEPAK – itraconazole cap 100 mg.....	5		
SPRITAM – levetiracetam tab disintegrating soluble 250 mg.....	96		

STRENSIQ – asfotase alfa subcutaneous inj 80 mg/0.8ml.....	31	sulindac tab 150 mg.....	90
STRIBILD – elvitegrav-cobic-emtricitab-tenofovdv tab 150-150-200-300 mg.....	8	sulindac tab 200 mg.....	90
STRIVERDI RESPIMAT – olodaterol hcl inhal aerosol soln 2.5 mcg/act (base equiv).....	55	sumatriptan-naproxen sodium tab 85-500 mg (Treximet).....	92
SUBOXONE – buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv).....	88	sumatriptan nasal spray 5 mg/act (Imitrex).....	92
SUBOXONE – buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv).....	88	sumatriptan nasal spray 20 mg/act (Imitrex).....	92
SUBOXONE – buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv).....	88	sumatriptan succinate inj 6 mg/0.5ml (Imitrex).....	92
SUBOXONE – buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv).....	88	sumatriptan succinate solution auto-injector 4 mg/0.5ml (Imitrex statdose sys).....	92
sucralfate tab 1 gm (Carafate).....	59	sumatriptan succinate solution auto-injector 6 mg/0.5ml (Imitrex statdose sys).....	92
SUDAFED 24 HOUR – pseudoephedrine hcl tab er 24hr 240 mg.....	51	sumatriptan succinate solution cartridge 4 mg/0.5ml (Imitrex statdose ref).....	92
SULAR – nisoldipine tab er 24hr 8.5 mg.....	41	sumatriptan succinate solution cartridge 6 mg/0.5ml (Imitrex statdose ref).....	92
SULAR – nisoldipine tab er 24hr 17 mg.....	41	SUMATRIPTAN SUCCINATE – sumatriptan succinate solution prefilled syringe 6 mg/0.5ml.....	92
SULAR – nisoldipine tab er 24hr 34 mg.....	41	sumatriptan succinate tab 25 mg (Imitrex).....	92
SULFACETAMIDE SODIUM/PREDNISOLONE SODIUM PHOSPHATE – sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%.....	119	sumatriptan succinate tab 50 mg (Imitrex).....	92
sulfacetamide sodium liquid 10% (Ovace wash).....	129	sumatriptan succinate tab 100 mg (Imitrex).....	92
sulfacetamide sodium lotion 10% (acne) (Klaron).....	124	SUPER ANTIOXIDANT – multiple vitamins w/ minerals cap.....	106
sulfacetamide sodium ophth soln 10% (Bleph-10).....	118	SUPRAX – cefixime cap 400 mg.....	3
sulfacetamide sodium w/ sulfur cleanser 10-2% (Avar Is cleanser).....	124	SUPRAX – cefixime chew tab 100 mg.....	3
sulfacetamide sodium w/ sulfur cleanser 9.8-4.8% (Plexion cleanser).....	124	SUPRAX – cefixime chew tab 200 mg.....	3
sulfacetamide sodium w/ sulfur cleansing pad 10-4% (Sumaxin).....	124	SUPRAX – cefixime for susp 100 mg/5ml.....	3
sulfacetamide sodium w/ sulfur cream 10-5%.....	124	SUPRAX – cefixime for susp 200 mg/5ml.....	3
sulfacetamide sodium w/ sulfur cream 10-2% (Avar-Is).....	124	SUPRAX – cefixime for susp 500 mg/5ml.....	3
sulfacetamide sodium w/ sulfur cream 9.8-4.8% (Plexion).....	124	SUTENT – sunitinib malate cap 12.5 mg (base equivalent).....	16
sulfacetamide sodium w/ sulfur emulsion 10-1%.....	124	SUTENT – sunitinib malate cap 25 mg (base equivalent).....	16
sulfacetamide sodium w/ sulfur emulsion 10-5%.....	124	SUTENT – sunitinib malate cap 37.5 mg (base equivalent).....	16
sulfacetamide sodium w/ sulfur lotion 9.8-4.8% (Plexion).....	124	SUTENT – sunitinib malate cap 50 mg (base equivalent).....	16
sulfacetamide sodium w/ sulfur susp 8-4%.....	124	SYMBICORT – budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act.....	55
sulfacetamide sodium w/ sulfur wash 9-4.5% (Sumadan wash).....	124	SYMBICORT – budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act.....	55
sulfacetamide sodium w/ sulfur wash 9-4% (Sumaxin wash).....	124	SYMBYAX – olanzapine-fluoxetine hcl cap 3-25 mg.....	83
SULFADIAZINE – sulfadiazine tab 500 mg.....	10	SYMBYAX – olanzapine-fluoxetine hcl cap 6-25 mg.....	83
sulfamethoxazole-trimethoprim susp 200-40 mg/5ml.....	10	SYMBYAX – olanzapine-fluoxetine hcl cap 6-50 mg.....	83
sulfamethoxazole-trimethoprim tab 400-80 mg (Bactrim).....	10	SYMBYAX – olanzapine-fluoxetine hcl cap 12-50 mg.....	83
sulfamethoxazole-trimethoprim tab 800-160 mg (Bactrim ds).....	10	SYMDEKO – tezacaftor-ivacaftor 50-75 mg & ivacaftor 75 mg tab tbpk.....	56
sulfasalazine tab delayed release 500 mg (Azulfidine en-tabs).....	62	SYMDEKO – tezacaftor-ivacaftor 100-150 mg & ivacaftor 150 mg tab tbpk.....	56
sulfasalazine tab 500 mg (Azulfidine).....	62	SYMFI – efavirenz-lamivudine-tenofovir df tab 600-300-300 mg.....	8
		SYMFI LO – efavirenz-lamivudine-tenofovir df tab 400-300-300 mg.....	8
		SYMJEPI – epinephrine soln prefilled syringe 0.15 mg/0.3ml (1:2000).....	49
		SYMJEPI – epinephrine solution prefilled syringe 0.3 mg/0.3ml (1:1000).....	49

SYMLINPEN 120 – pramlintide acetate pen-inj 2700 mcg/2.7ml (1000 mcg/ml).....	25	TAMIFLU – oseltamivir phosphate cap 45 mg (base equiv).....	9
SYMLINPEN 60 – pramlintide acetate pen-inj 1500 mcg/1.5ml (1000 mcg/ml).....	25	TAMIFLU – oseltamivir phosphate cap 75 mg (base equiv).....	9
SYMPROIC – naldemedine tosylate tab 0.2 mg (base equivalent).....	62	TAMIFLU – oseltamivir phosphate for susp 6 mg/ml (base equiv).....	9
SYMTUZA – darunavir-cobic-emtricitab-tenofov af tab 800-150-200-10 mg.....	9	<b>tamoxifen citrate tab 10 mg (base equivalent).....</b>	<b>17</b>
SYNJARDY – empagliflozin-metformin hcl tab 5-500 mg.....	25	<b>tamoxifen citrate tab 20 mg (base equivalent).....</b>	<b>17</b>
SYNJARDY – empagliflozin-metformin hcl tab 5-1000 mg.....	25	<b>tamsulosin hcl cap 0.4 mg (Flomax).....</b>	<b>64</b>
SYNJARDY – empagliflozin-metformin hcl tab 12.5-500 mg.....	25	TARKA – trandolapril-verapamil hcl tab er 2-180 mg.....	41
SYNJARDY – empagliflozin-metformin hcl tab 12.5-1000 mg.....	25	TARKA – trandolapril-verapamil hcl tab er 2-240 mg.....	41
SYNJARDY XR – empagliflozin-metformin hcl tab er 24hr 5-1000 mg.....	25	TARKA – trandolapril-verapamil hcl tab er 4-240 mg.....	41
SYNJARDY XR – empagliflozin-metformin hcl tab er 24hr 10-1000 mg.....	25	TASIGNA – nilotinib hcl cap 50 mg (base equivalent).....	17
SYNJARDY XR – empagliflozin-metformin hcl tab er 24hr 12.5-1000 mg.....	25	TASIGNA – nilotinib hcl cap 150 mg (base equivalent).....	17
SYNJARDY XR – empagliflozin-metformin hcl tab er 24hr 25-1000 mg.....	25	TASIGNA – nilotinib hcl cap 200 mg (base equivalent).....	17
SYNRIBO – omacetaxine mepesuccinate for inj 3.5 mg.....	16	TAVALISSE – fostamatinib disodium tab 100 mg (base equivalent).....	117
<b>T</b>		TAVALISSE – fostamatinib disodium tab 150 mg (base equivalent).....	117
TABLOID – thioguanine tab 40 mg.....	16	<b>tazarotene cream 0.1% (Tazorac).....</b>	<b>124</b>
<b>tacrolimus cap 0.5 mg (Prograf).....</b>	<b>135</b>	TAZORAC – tazarotene cream 0.05%.....	124
<b>tacrolimus cap 1 mg (Prograf).....</b>	<b>135</b>	TAZORAC – tazarotene cream 0.1%.....	124
<b>tacrolimus cap 5 mg (Prograf).....</b>	<b>135</b>	TAZORAC – tazarotene gel 0.05%.....	124
<b>tacrolimus oint 0.03% (Protopic).....</b>	<b>129</b>	TAZORAC – tazarotene gel 0.1%.....	124
<b>tacrolimus oint 0.1% (Protopic).....</b>	<b>129</b>	TAZVERIK – tazemetostat hbr tab 200 mg.....	17
<b>tadalafil tab 20 mg (pah) (Adcirca).....</b>	<b>48</b>	TECFIDERA – dimethyl fumarate capsule delayed release 120 mg.....	80
TAFINLAR – dabrafenib mesylate cap 50 mg (base equivalent).....	16	TECFIDERA – dimethyl fumarate capsule delayed release 240 mg.....	80
TAFINLAR – dabrafenib mesylate cap 75 mg (base equivalent).....	16	TECFIDERA STARTER PACK – dimethyl fumarate capsule dr starter pack 120 mg & 240 mg.....	80
TAGRISSE – osimertinib mesylate tab 40 mg (base equivalent).....	16	TEGRETOL – carbamazepine susp 100 mg/5ml.....	97
TAGRISSE – osimertinib mesylate tab 80 mg (base equivalent).....	16	TEGRETOL – carbamazepine tab 200 mg.....	96
TAKHZYRO – lanadelumab-flyo inj 300 mg/2ml (150 mg/ml).....	117	TEGRETOL-XR – carbamazepine tab er 12hr 100 mg.....	97
TALTZ – ixekizumab subcutaneous soln auto-injector 80 mg/ml.....	129	TEGRETOL-XR – carbamazepine tab er 12hr 200 mg.....	97
TALTZ – ixekizumab subcutaneous soln prefilled syringe 80 mg/ml.....	129	TEGRETOL-XR – carbamazepine tab er 12hr 400 mg.....	97
TALZENNA – talazoparib tosylate cap 0.25 mg (base equivalent).....	16	TEGSEDI – inotersen sod subcutaneous pref syr 284 mg/1.5ml (base eq).....	83
TALZENNA – talazoparib tosylate cap 1 mg (base equivalent).....	16	TEKTURNA – aliskiren fumarate tab 150 mg (base equivalent).....	48
TAMIFLU – oseltamivir phosphate cap 30 mg (base equiv).....	9	TEKTURNA – aliskiren fumarate tab 300 mg (base equivalent).....	48
		TEKTURNA HCT – aliskiren-hydrochlorothiazide tab 150-12.5 mg.....	48
		TEKTURNA HCT – aliskiren-hydrochlorothiazide tab 150-25 mg.....	48
		TEKTURNA HCT – aliskiren-hydrochlorothiazide tab 300-12.5 mg.....	48
		TEKTURNA HCT – aliskiren-hydrochlorothiazide tab 300-25 mg.....	48
		<b>telmisartan-amlodipine tab 40-5 mg (Twynsta).....</b>	<b>42</b>
		<b>telmisartan-amlodipine tab 80-5 mg (Twynsta).....</b>	<b>42</b>
		<b>telmisartan-amlodipine tab 40-10 mg (Twynsta).....</b>	<b>42</b>
		<b>telmisartan-amlodipine tab 80-10 mg (Twynsta).....</b>	<b>42</b>
		<b>telmisartan-hydrochlorothiazide tab 40-12.5 mg (Micardis hct).....</b>	<b>36</b>

<b>telmisartan-hydrochlorothiazide tab 80-12.5 mg (Micardis hct)</b> .....	<b>36</b>	THALOMID – thalidomide cap 50 mg.....	17
<b>telmisartan-hydrochlorothiazide tab 80-25 mg (Micardis hct)</b> .....	<b>36</b>	THALOMID – thalidomide cap 100 mg.....	17
<b>telmisartan tab 20 mg (Micardis)</b> .....	<b>35</b>	THALOMID – thalidomide cap 150 mg.....	17
<b>telmisartan tab 40 mg (Micardis)</b> .....	<b>35</b>	THALOMID – thalidomide cap 200 mg.....	17
<b>telmisartan tab 80 mg (Micardis)</b> .....	<b>36</b>	THEOPHYLLINE ER – theophylline tab er 12hr 300 mg.....	55
<b>temazepam cap 15 mg (Restoril)</b> .....	<b>74</b>	THEOPHYLLINE ER – theophylline tab er 12hr 450 mg.....	55
<b>temazepam cap 30 mg (Restoril)</b> .....	<b>74</b>	<b>theophylline soln 80 mg/15ml</b> .....	<b>55</b>
TEMIXYS – lamivudine-tenofovir disoproxil fumarate tab 300-300 mg.....	9	<b>theophylline tab er 24hr 400 mg</b> .....	<b>55</b>
<b>temozolomide cap 5 mg (Temodar)</b> .....	<b>17</b>	<b>theophylline tab er 24hr 600 mg</b> .....	<b>55</b>
<b>temozolomide cap 20 mg (Temodar)</b> .....	<b>17</b>	THERABETIC MULTI-VITAMIN – multiple vitamins w/ minerals tab.....	106
<b>temozolomide cap 100 mg (Temodar)</b> .....	<b>17</b>	THERAGRAN-M ADVANCED – multiple vitamins w/ minerals tab.....	106
<b>temozolomide cap 140 mg (Temodar)</b> .....	<b>17</b>	THERAGRAN-M ADVANCED 50 PLUS – multiple vitamins w/ minerals tab.....	106
<b>temozolomide cap 180 mg (Temodar)</b> .....	<b>17</b>	THERAGRAN-M – multiple vitamins w/ minerals tab.....	106
<b>temozolomide cap 250 mg (Temodar)</b> .....	<b>17</b>	THERAGRAN-M PREMIER – multiple vitamins w/ minerals tab.....	106
TENCON – butalbital-acetaminophen tab 50-325 mg.....	83	THERAGRAN-M PREMIER 50 PLUS – multiple vitamins w/ minerals tab.....	106
<b>tenofovir disoproxil fumarate tab 300 mg (Viread)</b> .....	<b>9</b>	THERA-M – multiple vitamins w/ minerals tab.....	106
TENORETIC 100 – atenolol & chlorthalidone tab 100-25 mg.....	38	THERA M PLUS – multiple vitamins w/ minerals tab.....	106
TENORETIC 50 – atenolol & chlorthalidone tab 50-25 mg.....	38	THERA – multiple vitamin tab.....	106
TENORMIN – atenolol tab 25 mg.....	38	THERA-TABS M – multiple vitamins w/ minerals tab.....	106
TENORMIN – atenolol tab 50 mg.....	38	THEREMS-M – multiple vitamins w/ minerals tab.....	106
TENORMIN – atenolol tab 100 mg.....	38	<b>thiamine hcl tab 50 mg</b> .....	<b>100</b>
<b>terazosin hcl cap 1 mg (base equivalent)</b> .....	<b>48</b>	<b>thiamine hcl tab 100 mg</b> .....	<b>100</b>
<b>terazosin hcl cap 2 mg (base equivalent)</b> .....	<b>48</b>	<b>thiamine hcl tab 250 mg</b> .....	<b>100</b>
<b>terazosin hcl cap 5 mg (base equivalent)</b> .....	<b>48</b>	<b>thiothixene cap 1 mg</b> .....	<b>72</b>
<b>terazosin hcl cap 10 mg (base equivalent)</b> .....	<b>48</b>	<b>thiothixene cap 2 mg</b> .....	<b>72</b>
<b>terbinafine hcl cream 1%</b> .....	<b>125</b>	<b>thiothixene cap 5 mg</b> .....	<b>72</b>
<b>terbinafine hcl tab 250 mg</b> .....	<b>6</b>	<b>thiothixene cap 10 mg</b> .....	<b>72</b>
<b>terconazole vaginal cream 0.4%</b> .....	<b>64</b>	<b>tiagabine hcl tab 2 mg (Gabitril)</b> .....	<b>97</b>
<b>terconazole vaginal suppos 80 mg</b> .....	<b>64</b>	<b>tiagabine hcl tab 4 mg (Gabitril)</b> .....	<b>97</b>
TESTIM – testosterone td gel 50 mg/5gm (1%).....	19	<b>tiagabine hcl tab 12 mg (Gabitril)</b> .....	<b>97</b>
<b>testosterone cypionate im inj in oil 100 mg/ml (Depo-testosterone)</b> .....	<b>19</b>	<b>tiagabine hcl tab 16 mg (Gabitril)</b> .....	<b>97</b>
<b>testosterone cypionate im inj in oil 200 mg/ml (Depo-testosterone)</b> .....	<b>19</b>	TIAZAC – diltiazem hcl extended release beads cap er 24hr 120 mg.....	42
TESTOSTERONE ENANTHATE – testosterone enanthate im inj in oil 200 mg/ml.....	19	TIAZAC – diltiazem hcl extended release beads cap er 24hr 180 mg.....	42
TESTOSTERONE PUMP – testosterone td gel 12.5 mg/act (1%).....	19	TIAZAC – diltiazem hcl extended release beads cap er 24hr 240 mg.....	42
<b>testosterone td gel 12.5 mg/act (1%)</b> .....	<b>19</b>	TIAZAC – diltiazem hcl extended release beads cap er 24hr 300 mg.....	42
<b>testosterone td gel 20.25 mg/act (1.62%) (Androgel pump)</b> .....	<b>19</b>	TIAZAC – diltiazem hcl extended release beads cap er 24hr 360 mg.....	42
<b>testosterone td gel 10mg/act (2%) (Fortesta)</b> .....	<b>19</b>	TIAZAC – diltiazem hcl extended release beads cap er 24hr 420 mg.....	42
<b>testosterone td gel 25 mg/2.5gm (1%) (Androgel)</b> .....	<b>19</b>	TIBSOVO – ivosidenib tab 250 mg.....	17
<b>testosterone td gel 50 mg/5gm (1%) (Androgel)</b> .....	<b>19</b>	TICE BCG – bcg live intravesical for susp 50 mg.....	17
<b>testosterone td gel 20.25 mg/1.25gm (1.62%) (Androgel)</b> .....	<b>19</b>	TIMOLOL MALEATE OPHTHALMIC GEL FORMING – timolol maleate ophth gel forming soln 0.25%.....	119
<b>testosterone td gel 40.5 mg/2.5gm (1.62%) (Androgel)</b> .....	<b>19</b>	TIMOLOL MALEATE OPHTHALMIC GEL FORMING – timolol maleate ophth gel forming soln 0.5%.....	120
<b>testosterone td soln 30 mg/act</b> .....	<b>19</b>		
TESTOSTERONE – testosterone td gel 50 mg/5gm (1%).....	19		



<b>timolol maleate ophth soln 0.5% (once-daily)</b>	
<b>(Istalol)</b> .....	<b>119</b>
<b>timolol maleate ophth soln 0.25% (Timoptic)</b> .....	<b>119</b>
<b>timolol maleate ophth soln 0.5% (Timoptic)</b> .....	<b>119</b>
<b>timolol maleate tab 10 mg</b> .....	<b>38</b>
<b>timolol maleate tab 20 mg</b> .....	<b>38</b>
TIMOLOL MALEATE – timolol maleate tab 5 mg.....	38
TIMOPTIC OCUDOSE – timolol maleate preservative free ophth soln 0.25%.....	120
TIMOPTIC OCUDOSE – timolol maleate preservative free ophth soln 0.5%.....	120
TIMOPTIC – timolol maleate ophth soln 0.25%.....	120
TIMOPTIC – timolol maleate ophth soln 0.5%.....	120
TIMOPTIC-XE – timolol maleate ophth gel forming soln 0.25%.....	120
TIMOPTIC-XE – timolol maleate ophth gel forming soln 0.5%.....	120
TIVICAY – dolutegravir sodium tab 10 mg (base equiv).....	9
TIVICAY – dolutegravir sodium tab 25 mg (base equiv).....	9
TIVICAY – dolutegravir sodium tab 50 mg (base equiv).....	9
TIVICAY PD – dolutegravir sodium tab for oral susp 5 mg (base equiv).....	9
<b>tizanidine hcl tab 2 mg (base equivalent)</b> .....	<b>99</b>
<b>tizanidine hcl tab 4 mg (base equivalent)</b>	
<b>(Zanaflex)</b> .....	<b>99</b>
TOBI PODHALER – tobramycin inhal cap 28 mg.....	5
TOBI – tobramycin nebu soln 300 mg/5ml.....	5
<b>tobramycin nebu soln 300 mg/5ml (Tobi)</b> .....	<b>5</b>
<b>tobramycin ophth soln 0.3% (Tobrex)</b> .....	<b>118</b>
TOBRAMYCIN – tobramycin nebu soln 300 mg/5ml.....	5
<b>tolnaftate aerosol 1%</b> .....	<b>125</b>
<b>tolnaftate aerosol pow 1%</b> .....	<b>125</b>
<b>tolnaftate cream 1%</b> .....	<b>125</b>
<b>tolnaftate powder 1%</b> .....	<b>125</b>
TOLSURA – itraconazole cap 65 mg.....	6
<b>tolterodine tartrate cap er 24hr 2 mg (Detrol la)</b> .....	<b>63</b>
<b>tolterodine tartrate cap er 24hr 4 mg (Detrol la)</b> .....	<b>63</b>
<b>tolterodine tartrate tab 1 mg (Detrol)</b> .....	<b>63</b>
<b>tolterodine tartrate tab 2 mg (Detrol)</b> .....	<b>63</b>
TOPAMAX SPRINKLE – topiramate sprinkle cap 15 mg.....	97
TOPAMAX SPRINKLE – topiramate sprinkle cap 25 mg.....	97
TOPAMAX – topiramate tab 25 mg.....	97
TOPAMAX – topiramate tab 50 mg.....	97
TOPAMAX – topiramate tab 100 mg.....	97
TOPAMAX – topiramate tab 200 mg.....	97
<b>topiramate sprinkle cap 15 mg (Topamax sprinkle)</b> .....	<b>97</b>
<b>topiramate sprinkle cap 25 mg (Topamax sprinkle)</b> .....	<b>97</b>
<b>topiramate tab 25 mg (Topamax)</b> .....	<b>97</b>
<b>topiramate tab 50 mg (Topamax)</b> .....	<b>97</b>
<b>topiramate tab 100 mg (Topamax)</b> .....	<b>97</b>
<b>topiramate tab 200 mg (Topamax)</b> .....	<b>97</b>
TOPROL XL – metoprolol succinate tab er 24hr 25 mg (tartrate equiv).....	38
TOPROL XL – metoprolol succinate tab er 24hr 50 mg (tartrate equiv).....	38
TOPROL XL – metoprolol succinate tab er 24hr 100 mg (tartrate equiv).....	38
TOPROL XL – metoprolol succinate tab er 24hr 200 mg (tartrate equiv).....	38
<b>toremifene citrate tab 60 mg (base equivalent)</b>	
<b>(Fareston)</b> .....	<b>17</b>
<b>torsemide tab 5 mg</b> .....	<b>46</b>
<b>torsemide tab 20 mg</b> .....	<b>46</b>
<b>torsemide tab 100 mg</b> .....	<b>46</b>
<b>torsemide tab 10 mg (Demadex)</b> .....	<b>46</b>
TOSYMRA – sumatriptan nasal spray 10 mg/act.....	92
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.....	63
TOVIAZ – fesoterodine fumarate tab er 24hr 8 mg.....	63
TRACLEER – bosentan tab for oral susp 32 mg.....	48
TRACLEER – bosentan tab 62.5 mg.....	48
TRACLEER – bosentan tab 125 mg.....	48
TRADJENTA – linagliptin tab 5 mg.....	25
<b>tramadol-acetaminophen tab 37.5-325 mg</b>	
<b>(Ultracet)</b> .....	<b>88</b>
<b>tramadol hcl tab 50 mg (Ultram)</b> .....	<b>88</b>
<b>trandolapril tab 1 mg</b> .....	<b>33</b>
<b>trandolapril tab 2 mg</b> .....	<b>33</b>
<b>trandolapril tab 4 mg</b> .....	<b>33</b>
<b>tranexamic acid tab 650 mg (Lysteda)</b> .....	<b>117</b>
TRAVATAN Z – travoprost ophth soln 0.004% (benzalkonium free) (bak free).....	120
<b>travoprost ophth soln 0.004% (benzalkonium free)</b>	
<b>(bak free) (Travatan z)</b> .....	<b>120</b>
<b>trazodone hcl tab 50 mg</b> .....	<b>68</b>
<b>trazodone hcl tab 100 mg</b> .....	<b>68</b>
<b>trazodone hcl tab 150 mg</b> .....	<b>68</b>
<b>trazodone hcl tab 300 mg</b> .....	<b>68</b>
TRELEGY ELLIPTA – fluticasone-umeclidinium-vilanterol aepb 100-62.5-25 mcg/inh.....	55
TRELSTAR MIXJECT – triptorelin pamoate for im susp 3.75 mg.....	17
TRELSTAR MIXJECT – triptorelin pamoate for im susp 11.25 mg.....	17
TRELSTAR MIXJECT – triptorelin pamoate for im susp 22.5 mg.....	17
TREMFYA – guselkumab soln pen-injector 100 mg/ml.....	129
TREMFYA – guselkumab soln prefilled syringe 100 mg/ml.....	129
TRESIBA FLEXTOUCH – insulin degludec soln pen-injector 100 unit/ml.....	28
TRESIBA FLEXTOUCH – insulin degludec soln pen-injector 200 unit/ml.....	28
<b>tretinoin cap 10 mg</b> .....	<b>17</b>
<b>TRETINOIN CREAM 0.025% (Avita)</b> .....	<b>124</b>

tretinoin cream 0.025% (Retin-a).....	124	TRIJARDY XR – empagliflozin-linagliptin-metformin tab er 24hr 12.5-2.5-1000mg.....	25
tretinoin cream 0.05% (Retin-a).....	124	TRIJARDY XR – empagliflozin-linagliptin-metformin tab er 24hr 5-2.5-1000mg.....	25
tretinoin cream 0.1% (Retin-a).....	124	TRIJARDY XR – empagliflozin-linagliptin-metformin tab er 24hr 10-5-1000 mg.....	25
tretinoin gel 0.05% (Atralin).....	124	TRIJARDY XR – empagliflozin-linagliptin-metformin tab er 24hr 25-5-1000 mg.....	25
TRETINOIN GEL 0.025% (Avita).....	124	TRIKAFTA – elexacaf-tezacaf-ivacaf 100-50-75 mg &ivacaftor 150 mg btpk.....	56
tretinoin gel 0.01% (Retin-a).....	124	TRILEPTAL – oxcarbazepine susp 300 mg/5ml (60 mg/ ml).....	97
tretinoin gel 0.025% (Retin-a).....	124	TRILEPTAL – oxcarbazepine tab 150 mg.....	97
tretinoin microsphere gel 0.04% (Retin-a micro).....	124	TRILEPTAL – oxcarbazepine tab 300 mg.....	97
tretinoin microsphere gel 0.1% (Retin-a micro).....	124	TRILEPTAL – oxcarbazepine tab 600 mg.....	97
TRETEN – coagulation factor xiii a-subunit for inj 2000-3125 unit.....	117	TRILIPIX – choline fenofibrate cap dr 45 mg (fenofibric acid equiv).....	45
TREXALL – methotrexate sodium tab 5 mg (base equiv).....	17	TRILIPIX – choline fenofibrate cap dr 135 mg (fenofibric acid equiv).....	45
TREXALL – methotrexate sodium tab 7.5 mg (base equiv).....	17	<b>trimethoprim tab 100 mg</b> .....	10
TREXALL – methotrexate sodium tab 10 mg (base equiv).....	17	TRINATE – prenatal vit w/ fe fumarate-fa tab 28-1 mg.....	106
TREXALL – methotrexate sodium tab 15 mg (base equiv).....	17	TRINTELLIX – vortioxetine hbr tab 5 mg (base equiv).....	68
TREXIMET – sumatriptan-naproxen sodium tab 85-500 mg.....	92	TRINTELLIX – vortioxetine hbr tab 10 mg (base equiv).....	68
<b>triamcinolone acetonide cream 0.025%</b> .....	127	TRINTELLIX – vortioxetine hbr tab 20 mg (base equiv).....	68
<b>triamcinolone acetonide cream 0.1%</b> .....	127	TRIPLE PASTE – zinc oxide oint 12.8%.....	129
<b>triamcinolone acetonide cream 0.5%</b> .....	127	TRIUMEQ – abacavir-dolutegravir-lamivudine tab 600-50-300 mg.....	9
<b>triamcinolone acetonide dental paste 0.1%</b> .....	122	TROKENDI XR – topiramate cap er 24hr 25 mg.....	97
<b>triamcinolone acetonide lotion 0.025%</b> .....	127	TROKENDI XR – topiramate cap er 24hr 50 mg.....	97
<b>triamcinolone acetonide lotion 0.1%</b> .....	127	TROKENDI XR – topiramate cap er 24hr 100 mg.....	97
<b>triamcinolone acetonide nasal aerosol suspension 55 mcg/act</b> .....	51	TROKENDI XR – topiramate cap er 24hr 200 mg.....	97
<b>triamcinolone acetonide oint 0.025%</b> .....	127	<b>trospium chloride cap er 24hr 60 mg</b> .....	63
<b>triamcinolone acetonide oint 0.1%</b> .....	127	<b>trospium chloride tab 20 mg</b> .....	63
<b>triamcinolone acetonide oint 0.5%</b> .....	127	TRUE METRIX AIR BLOOD GLUCOSE METER/ BLUETOOTH SMART – blood glucose monitoring devices.....	132
<b>triamterene &amp; hydrochlorothiazide cap 37.5-25 mg (Dyazide)</b> .....	46	TRUE METRIX AIR BLOOD GLUCOSE METER/ BLUETOOTH SMART – blood glucose monitoring kit w/ device.....	132
<b>triamterene &amp; hydrochlorothiazide tab 37.5-25 mg (Maxzide-25)</b> .....	46	TRUE METRIX AIR W/BLUETOOTH SMART – blood glucose monitoring kit w/ device.....	132
<b>triamterene &amp; hydrochlorothiazide tab 75-50 mg (Maxzide)</b> .....	46	TRUE METRIX BLOOD GLUCOSE – blood glucose monitoring kit w/ device.....	132
TRIBENZOR – olmesartan-amlodipine- hydrochlorothiazide tab 20-5-12.5 mg.....	36	TRUE METRIX BLOOD GLUCOSE TEST STRIPS – glucose blood test strip.....	132
TRIBENZOR – olmesartan-amlodipine- hydrochlorothiazide tab 40-5-12.5 mg.....	36	TRUE METRIX CONTROL SOLUTION LEVEL 3 – blood glucose calibration - liquid - high.....	132
TRIBENZOR – olmesartan-amlodipine- hydrochlorothiazide tab 40-5-25 mg.....	36	TRUE METRIX CONTROL SOLUTION LEVEL 1 – blood glucose calibration - liquid - low.....	132
TRIBENZOR – olmesartan-amlodipine- hydrochlorothiazide tab 40-10-12.5 mg.....	36	TRUE METRIX CONTROL SOLUTION LEVEL 2 – blood glucose calibration - liquid - normal.....	132
TRIBENZOR – olmesartan-amlodipine- hydrochlorothiazide tab 40-10-25 mg.....	36	TRUE METRIX SELF MONITORING BLOOD GLUCOSE STRIPS – glucose blood test strip.....	132
TRICOR – fenofibrate tab 48 mg.....	45		
TRICOR – fenofibrate tab 145 mg.....	45		
TRIFLURIDINE – trifluridine ophth soln 1%.....	118		
TRIGLIDE – fenofibrate tab 160 mg.....	45		
<b>trihexyphenidyl hcl oral soln 0.4 mg/ml</b> .....	99		
<b>trihexyphenidyl hcl tab 2 mg</b> .....	99		
<b>trihexyphenidyl hcl tab 5 mg</b> .....	99		

TRULANCE – plecanatide tab 3 mg.....	62	UPTRAVI – selexipag tab therapy pack 200 mcg (140) & 800 mcg (60).....	48
TRULICITY – dulaglutide soln pen-injector 0.75 mg/0.5ml.....	26	<b>urea cream 40%</b> .....	<b>129</b>
TRULICITY – dulaglutide soln pen-injector 1.5 mg/0.5ml.....	26	UROXATRAL – alfuzosin hcl tab er 24hr 10 mg.....	64
TRUSOPT – dorzolamide hcl ophth soln 2%.....	120	<b>ursodiol cap 300 mg (Actigall)</b> .....	<b>62</b>
TRUVADA – emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg.....	9	<b>ursodiol tab 250 mg (Urso 250)</b> .....	<b>62</b>
TRUVADA – emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg.....	9	<b>ursodiol tab 500 mg (Urso forte)</b> .....	<b>62</b>
TRUVADA – emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg.....	9	UTIBRON NEOHALER – indacaterol-glycopyrrolate inhal cap 27.5-15.6 mcg.....	55
TRUVADA – emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg.....	9	<b>V</b>	
TUDORZA PRESSAIR – aclidinium bromide aerosol powd breath activated 400 mcg/act.....	55	<b>valacyclovir hcl tab 1 gm (Valtrex)</b> .....	<b>7</b>
TUKYSA – tucatinib tab 50 mg.....	17	<b>valacyclovir hcl tab 500 mg (Valtrex)</b> .....	<b>7</b>
TUKYSA – tucatinib tab 150 mg.....	17	VALCHLOR – mechlorethamine hcl gel 0.016% (base equivalent).....	129
TUMS CHEWY DELIGHTS – calcium carbonate (antacid) chew tab 1177 mg (471 mg ca).....	57	<b>valganciclovir hcl for soln 50 mg/ml (base equiv) (Valcyte)</b> .....	<b>6</b>
TURALIO – pexidartinib hcl cap 200 mg (base equivalent).....	17	<b>valganciclovir hcl tab 450 mg (base equivalent) (Valcyte)</b> .....	<b>6</b>
T-VITES – multiple vitamins w/ minerals tab.....	106	<b>valproate sodium oral soln 250 mg/5ml (base equiv) (Depakene)</b> .....	<b>97</b>
TWYNSTA – telmisartan-amlodipine tab 40-5 mg.....	42	<b>valproic acid cap 250 mg (Depakene)</b> .....	<b>97</b>
TWYNSTA – telmisartan-amlodipine tab 40-10 mg.....	42	<b>valrubicin soln for intravesical instillation 40 mg/ml (Valstar)</b> .....	<b>17</b>
TWYNSTA – telmisartan-amlodipine tab 80-5 mg.....	42	<b>valsartan-hydrochlorothiazide tab 80-12.5 mg (Diovan hct)</b> .....	<b>36</b>
TWYNSTA – telmisartan-amlodipine tab 80-10 mg.....	42	<b>valsartan-hydrochlorothiazide tab 160-12.5 mg (Diovan hct)</b> .....	<b>36</b>
TYBOST – cobicistat tab 150 mg.....	9	<b>valsartan-hydrochlorothiazide tab 160-25 mg (Diovan hct)</b> .....	<b>36</b>
TYKERB – lapatinib ditosylate tab 250 mg (base equiv).....	17	<b>valsartan-hydrochlorothiazide tab 320-12.5 mg (Diovan hct)</b> .....	<b>36</b>
TYMLOS – abaloparatide subcutaneous soln pen-injector 3120 mcg/1.56ml.....	31	<b>valsartan-hydrochlorothiazide tab 320-25 mg (Diovan hct)</b> .....	<b>36</b>
TYVASO REFILL – treprostinil inhalation solution 0.6 mg/ml.....	48	<b>valsartan tab 40 mg (Diovan)</b> .....	<b>36</b>
TYVASO STARTER – treprostinil inhalation solution 0.6 mg/ml.....	48	<b>valsartan tab 80 mg (Diovan)</b> .....	<b>36</b>
TYVASO – treprostinil inhalation solution 0.6 mg/ml.....	48	<b>valsartan tab 160 mg (Diovan)</b> .....	<b>36</b>
<b>U</b>		<b>valsartan tab 320 mg (Diovan)</b> .....	<b>36</b>
UCERIS – budesonide rectal foam 2 mg/act.....	122	VALTRES – valacyclovir hcl tab 1 gm.....	7
UCERIS – budesonide tab er 24hr 9 mg.....	19	VALTRES – valacyclovir hcl tab 500 mg.....	7
UDENYCA – pegfilgrastim-cbqv soln prefilled syringe 6 mg/0.6ml.....	117	<b>vancomycin hcl cap 125 mg (base equivalent) (Vancocin hcl)</b> .....	<b>10</b>
UNICOMPLEX-M – multiple vitamins w/ minerals tab.....	106	<b>vancomycin hcl cap 250 mg (base equivalent) (Vancocin hcl)</b> .....	<b>10</b>
UPCAL D – calcium citrate-vitamin d powder packet 500 mg-500 unit.....	109	VARIVAX – varicella virus vac live for subcutaneous inj 1350 pfu/0.5ml.....	11
UPCAL D – calcium citrate-vit d oral powd 500 mg/5gm-500 unit/5gm.....	109	VASCEPA – icosapent ethyl cap 0.5 gm.....	45
UPTRAVI – selexipag tab 200 mcg.....	48	VASCEPA – icosapent ethyl cap 1 gm.....	45
UPTRAVI – selexipag tab 400 mcg.....	48	VASERETIC – enalapril maleate & hydrochlorothiazide tab 10-25 mg.....	33
UPTRAVI – selexipag tab 600 mcg.....	48	VASOTEC – enalapril maleate tab 2.5 mg.....	33
UPTRAVI – selexipag tab 800 mcg.....	48	VASOTEC – enalapril maleate tab 5 mg.....	33
UPTRAVI – selexipag tab 1000 mcg.....	49	VASOTEC – enalapril maleate tab 10 mg.....	33
UPTRAVI – selexipag tab 1200 mcg.....	49	VASOTEC – enalapril maleate tab 20 mg.....	33
UPTRAVI – selexipag tab 1400 mcg.....	49	VCF VAGINAL CONTRACEPTIVE – nonoxynol-9 film 28%.....	64
UPTRAVI – selexipag tab 1600 mcg.....	49		

VCF VAGINAL CONTRACEPTIVE – nonoxynol-9 foam 12.5%.....	64	VERELAN – verapamil hcl cap er 24hr 360 mg.....	42
VELCADE – bortezomib for inj 3.5 mg.....	17	VERSACLOZ – clozapine susp 50 mg/ml.....	72
VELPHORO – sucroferric oxyhydroxide chew tab 500 mg.....	62	VERZENIO – abemaciclib tab 50 mg.....	17
VEMLIDY – tenofovir alafenamide fumarate tab 25 mg.....	6	VERZENIO – abemaciclib tab 100 mg.....	17
VENCLEXTA STARTING PACK – venetoclax tab therapy starter pack 10 & 50 & 100 mg.....	17	VERZENIO – abemaciclib tab 150 mg.....	17
VENCLEXTA – venetoclax tab 10 mg.....	17	VERZENIO – abemaciclib tab 200 mg.....	17
VENCLEXTA – venetoclax tab 50 mg.....	17	VESICARE – solifenacin succinate tab 5 mg.....	63
VENCLEXTA – venetoclax tab 100 mg.....	17	VESICARE – solifenacin succinate tab 10 mg.....	63
<b>venlafaxine hcl cap er 24hr 37.5 mg (base equivalent) (Effexor xr).....</b>	<b>68</b>	VICTOZA – liraglutide soln pen-injector 18 mg/3ml (6 mg/ml).....	26
<b>venlafaxine hcl cap er 24hr 75 mg (base equivalent) (Effexor xr).....</b>	<b>68</b>	VIEKIRA PAK – ombitas-paritapre-riton & dasab tab pak 12.5-75-50 & 250 mg.....	6
<b>venlafaxine hcl cap er 24hr 150 mg (base equivalent) (Effexor xr).....</b>	<b>68</b>	<b>vigabatrin powd pack 500 mg (Sabril).....</b>	<b>97</b>
<b>venlafaxine hcl tab er 24hr 37.5 mg (base equivalent).....</b>	<b>68</b>	<b>vigabatrin tab 500 mg (Sabril).....</b>	<b>97</b>
<b>venlafaxine hcl tab er 24hr 75 mg (base equivalent).....</b>	<b>68</b>	VIGAMOX – moxifloxacin hcl ophth soln 0.5% (base equiv).....	118
<b>venlafaxine hcl tab er 24hr 150 mg (base equivalent).....</b>	<b>68</b>	VIIBRYD STARTER PACK – vilazodone hcl tab starter kit 10 (7) & 20 (23) mg.....	68
<b>venlafaxine hcl tab er 24hr 225 mg (base equivalent).....</b>	<b>68</b>	VIIBRYD – vilazodone hcl tab 10 mg.....	68
<b>venlafaxine hcl tab 25 mg (base equivalent).....</b>	<b>68</b>	VIIBRYD – vilazodone hcl tab 20 mg.....	68
<b>venlafaxine hcl tab 37.5 mg (base equivalent).....</b>	<b>68</b>	VIIBRYD – vilazodone hcl tab 40 mg.....	68
<b>venlafaxine hcl tab 50 mg (base equivalent).....</b>	<b>68</b>	VIMOVO – naproxen-esomeprazole magnesium tab dr 375-20 mg.....	90
<b>venlafaxine hcl tab 75 mg (base equivalent).....</b>	<b>68</b>	VIMOVO – naproxen-esomeprazole magnesium tab dr 500-20 mg.....	90
<b>venlafaxine hcl tab 100 mg (base equivalent).....</b>	<b>68</b>	VIMPAT – lacosamide oral solution 10 mg/ml.....	97
VENTAVIS – iloprost inhalation solution 10 mcg/ml.....	49	VIMPAT – lacosamide tab 50 mg.....	97
VENTAVIS – iloprost inhalation solution 20 mcg/ml.....	49	VIMPAT – lacosamide tab 100 mg.....	97
VENTOLIN HFA – albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv).....	55	VIMPAT – lacosamide tab 150 mg.....	97
<b>verapamil hcl cap er 24hr 120 mg (Verelan).....</b>	<b>42</b>	VIMPAT – lacosamide tab 200 mg.....	97
<b>verapamil hcl cap er 24hr 180 mg (Verelan).....</b>	<b>42</b>	VIOKACE – pancrelipase (lip-prot-amyl) tab 10440-39150-39150 unit.....	60
<b>verapamil hcl cap er 24hr 240 mg (Verelan).....</b>	<b>42</b>	VIOKACE – pancrelipase (lip-prot-amyl) tab 20880-78300-78300 unit.....	60
<b>verapamil hcl cap er 24hr 300 mg (Verelan pm).....</b>	<b>42</b>	VIRACEPT – nelfinavir mesylate tab 250 mg.....	9
VERAPAMIL HCL SR – verapamil hcl cap er 24hr 360 mg.....	42	VIRACEPT – nelfinavir mesylate tab 625 mg.....	9
<b>verapamil hcl tab er 120 mg (Calan sr).....</b>	<b>42</b>	VIREAD – tenofovir disoproxil fumarate oral powder 40 mg/gm.....	9
<b>verapamil hcl tab er 180 mg (Calan sr).....</b>	<b>42</b>	VIREAD – tenofovir disoproxil fumarate tab 150 mg.....	9
<b>verapamil hcl tab er 240 mg (Calan sr).....</b>	<b>42</b>	VIREAD – tenofovir disoproxil fumarate tab 200 mg.....	9
<b>verapamil hcl tab 40 mg.....</b>	<b>42</b>	VIREAD – tenofovir disoproxil fumarate tab 250 mg.....	9
<b>verapamil hcl tab 80 mg.....</b>	<b>42</b>	VITABEX – multiple vitamins w/ minerals cap.....	106
<b>verapamil hcl tab 120 mg (Calan).....</b>	<b>42</b>	VITALINE BIOTIN FORTE – b-complex w/ c & folic acid tab 0.8 mg.....	106
VERAPAMIL HYDROCHLORIDE ER – verapamil hcl cap er 24hr 100 mg.....	42	VITALINE TOTAL FORMULA 2 – multiple vitamins w/ minerals tab.....	106
VERAPAMIL HYDROCHLORIDE ER – verapamil hcl cap er 24hr 200 mg.....	42	VITALINE TOTAL FORMULA 3 – multiple vitamins w/ minerals tab.....	106
VERELAN PM – verapamil hcl cap er 24hr 100 mg.....	42	VITAMAX – pediatric multiple vitamin w/ minerals & c chew tab.....	106
VERELAN PM – verapamil hcl cap er 24hr 200 mg.....	42	<b>vitamin a cap 2400 mcg (8000 unit).....</b>	<b>100</b>
VERELAN PM – verapamil hcl cap er 24hr 300 mg.....	42	<b>vitamin a cap 3 mg (10000 unit).....</b>	<b>100</b>
VERELAN – verapamil hcl cap er 24hr 120 mg.....	42	<b>vitamin a cap 7.5 mg (25000 unit).....</b>	<b>100</b>
VERELAN – verapamil hcl cap er 24hr 180 mg.....	42	VITAMIN D3 COMPLETE – multiple vitamins w/ minerals tab.....	106
VERELAN – verapamil hcl cap er 24hr 240 mg.....	42	<b>vitamin e cap 100 unit.....</b>	<b>100</b>

<b>vitamin e cap 200 unit</b> .....	<b>100</b>	VYVANSE – lisdexamfetamine dimesylate cap 50 mg.....	79
<b>vitamin e cap 400 unit</b> .....	<b>100</b>	VYVANSE – lisdexamfetamine dimesylate cap 60 mg.....	79
<b>vitamin e cap 600 unit</b> .....	<b>100</b>	VYVANSE – lisdexamfetamine dimesylate cap 70 mg.....	79
<b>vitamin e cap 1000 unit</b> .....	<b>100</b>	VYVANSE – lisdexamfetamine dimesylate chew tab 10	
VITASANA – multiple vitamins w/ minerals tab.....	106	mg.....	79
VITATRUM – multiple vitamins w/ minerals tab.....	106	VYVANSE – lisdexamfetamine dimesylate chew tab 20	
VITRAKVI – larotrectinib sulfate cap 25 mg (base		mg.....	79
equivalent).....	17	VYVANSE – lisdexamfetamine dimesylate chew tab 30	
VITRAKVI – larotrectinib sulfate cap 100 mg (base		mg.....	79
equivalent).....	18	VYVANSE – lisdexamfetamine dimesylate chew tab 40	
VITRAKVI – larotrectinib sulfate oral soln 20 mg/ml (base		mg.....	79
equivalent).....	17	VYVANSE – lisdexamfetamine dimesylate chew tab 50	
VITRUM 50+ SENIOR MULTI – multiple vitamins w/		mg.....	79
minerals tab.....	106	VYVANSE – lisdexamfetamine dimesylate chew tab 60	
VIZIMPRO – dacomitinib tab 15 mg.....	18	mg.....	79
VIZIMPRO – dacomitinib tab 30 mg.....	18	VYZULTA – latanoprostene bunod ophth soln	
VIZIMPRO – dacomitinib tab 45 mg.....	18	0.024%.....	120
VOGELXO PUMP – testosterone td gel 12.5 mg/act			
(1%).....	19	<b>W</b>	
VOGELXO – testosterone td gel 50 mg/5gm (1%).....	19	<b>warfarin sodium tab 1 mg (Coumadin)</b> .....	<b>117</b>
VOL-PLUS – prenatal vit w/ fe fumarate-fa tab 27-1		<b>warfarin sodium tab 2 mg (Coumadin)</b> .....	<b>117</b>
mg.....	106	<b>warfarin sodium tab 2.5 mg (Coumadin)</b> .....	<b>117</b>
VOLTAREN – diclofenac sodium gel 1%.....	129	<b>warfarin sodium tab 3 mg (Coumadin)</b> .....	<b>117</b>
VONVENDI – von willebrand factor (recombinant) for inj		<b>warfarin sodium tab 4 mg (Coumadin)</b> .....	<b>117</b>
650 unit.....	117	<b>warfarin sodium tab 5 mg (Coumadin)</b> .....	<b>117</b>
VONVENDI – von willebrand factor (recombinant) for inj		<b>warfarin sodium tab 6 mg (Coumadin)</b> .....	<b>117</b>
1300 unit.....	117	<b>warfarin sodium tab 7.5 mg (Coumadin)</b> .....	<b>117</b>
<b>voriconazole for susp 40 mg/ml (Vfend)</b> .....	<b>6</b>	<b>warfarin sodium tab 10 mg (Coumadin)</b> .....	<b>117</b>
<b>voriconazole tab 50 mg (Vfend)</b> .....	<b>6</b>	WELCHOL – colesevelam hcl packet for susp 3.75	
<b>voriconazole tab 200 mg (Vfend)</b> .....	<b>6</b>	gm.....	46
VOSEVI – sofosbuvir-velpatasvir-voxilaprevir tab		WELCHOL – colesevelam hcl tab 625 mg.....	46
400-100-100 mg.....	6	WELLBUTRIN SR – bupropion hcl tab er 12hr 100 mg.....	68
VOTRIENT – pazopanib hcl tab 200 mg (base equiv).....	18	WELLBUTRIN SR – bupropion hcl tab er 12hr 150 mg.....	68
VRAYLAR – cariprazine hcl cap 1.5 mg (base		WELLBUTRIN SR – bupropion hcl tab er 12hr 200 mg.....	68
equivalent).....	73	WELLBUTRIN XL – bupropion hcl tab er 24hr 150 mg.....	68
VRAYLAR – cariprazine hcl cap 3 mg (base		WELLBUTRIN XL – bupropion hcl tab er 24hr 300 mg.....	68
equivalent).....	73	<b>white petrolatum-mineral oil ophth ointment</b> .....	<b>121</b>
VRAYLAR – cariprazine hcl cap 4.5 mg (base		WHOLE FOOD MULTIVITAMIN – multiple vitamins w/	
equivalent).....	73	minerals tab.....	106
VRAYLAR – cariprazine hcl cap 6 mg (base		WIDE-SEAL SILICONE DIAPHR.....	21
equivalent).....	73	WILATE – antihemophilic factor/vwf (human) for inj	
VRAYLAR – cariprazine hcl cap therapy pack 1.5 mg (1) &		500-500 unit kit.....	117
3 mg (6).....	73	WILATE – antihemophilic factor/vwf (human) for inj	
VUSION – miconazole-zinc oxide-white petrolatum oint		1000-1000 unit kit.....	117
0.25-15-81.35%.....	125	WOMENS 50+ MULTI VITAMIN – multiple vitamins w/	
VYNDAMAX – tafamidis cap 61 mg.....	49	minerals tab.....	106
VYNDAQEL – tafamidis meglumine (cardiac) cap 20		WOMENS BIOMULTIPLE – multiple vitamins w/ minerals	
mg.....	49	tab.....	106
VYTORIN – ezetimibe-simvastatin tab 10-10 mg.....	45	WOMENS MULTI VITAMIN & MINERAL FORMULA –	
VYTORIN – ezetimibe-simvastatin tab 10-20 mg.....	46	multiple vitamins w/ minerals tab.....	106
VYTORIN – ezetimibe-simvastatin tab 10-40 mg.....	46		
VYTORIN – ezetimibe-simvastatin tab 10-80 mg.....	46	<b>X</b>	
VYVANSE – lisdexamfetamine dimesylate cap 10 mg.....	78	XADAGO – safinamide mesylate tab 50 mg (base	
VYVANSE – lisdexamfetamine dimesylate cap 20 mg.....	79	equiv).....	99
VYVANSE – lisdexamfetamine dimesylate cap 30 mg.....	79	XADAGO – safinamide mesylate tab 100 mg (base	
VYVANSE – lisdexamfetamine dimesylate cap 40 mg.....	79	equiv).....	99

XALATAN –latanoprost ophth soln 0.005%.....	120	XPOVIO 100 MG ONCE WEEKLY – selinexor tab therapy pack 20 mg (100 mg once weekly).....	18
XALKORI – crizotinib cap 200 mg.....	18	XPOVIO 40 MG ONCE WEEKLY – selinexor tab therapy pack 20 mg (40 mg once weekly).....	18
XALKORI – crizotinib cap 250 mg.....	18	XPOVIO 60 MG ONCE WEEKLY – selinexor tab therapy pack 20 mg (60 mg once weekly).....	18
XARELTO – rivaroxaban tab 2.5 mg.....	117	XPOVIO 80 MG ONCE WEEKLY – selinexor tab therapy pack 20 mg (80 mg once weekly).....	18
XARELTO – rivaroxaban tab 10 mg.....	117	XPOVIO 40 MG TWICE WEEKLY – selinexor tab therapy pack 20 mg (40 mg twice weekly).....	18
XARELTO – rivaroxaban tab 15 mg.....	117	XPOVIO 60 MG TWICE WEEKLY – selinexor tab therapy pack 20 mg (60 mg twice weekly).....	18
XARELTO – rivaroxaban tab 20 mg.....	117	XPOVIO 80 MG TWICE WEEKLY – selinexor tab therapy pack 20 mg (80 mg twice weekly).....	18
XARELTO STARTER PACK – rivaroxaban tab starter therapy pack 15 mg & 20 mg.....	117	XTAMPZA ER – oxycodone cap er 12hr abuse-deterrent 9 mg.....	88
XELJANZ – tofacitinib citrate tab 5 mg (base equivalent).....	90	XTAMPZA ER – oxycodone cap er 12hr abuse-deterrent 13.5 mg.....	88
XELJANZ – tofacitinib citrate tab 10 mg (base equivalent).....	91	XTAMPZA ER – oxycodone cap er 12hr abuse-deterrent 18 mg.....	88
XELJANZ XR – tofacitinib citrate tab er 24hr 11 mg (base equivalent).....	91	XTAMPZA ER – oxycodone cap er 12hr abuse-deterrent 27 mg.....	88
XELJANZ XR – tofacitinib citrate tab er 24hr 22 mg (base equivalent).....	91	XTAMPZA ER – oxycodone cap er 12hr abuse-deterrent 36 mg.....	88
XEMBIFY – immune globulin (human)-klhw subcutaneous inj 1 gm/5ml.....	12	XTANDI – enzalutamide cap 40 mg.....	18
XEMBIFY – immune globulin (human)-klhw subcutaneous inj 2 gm/10ml.....	12	XULANE – norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr.....	21
XEMBIFY – immune globulin (human)-klhw subcutaneous inj 4 gm/20ml.....	12	XULTOPHY 100/3.6 – insulin degludec-liraglutide sol pen-inj 100-3.6 unit-mg/ml.....	26
XEMBIFY – immune globulin (human)-klhw subcutaneous inj 10 gm/50ml.....	12	XYNTHA – antihemophilic factor recombinant paf for inj kit 250 unit.....	117
XERESE – acyclovir-hydrocortisone cream 5-1%.....	125	XYNTHA – antihemophilic factor recombinant paf for inj kit 500 unit.....	117
XHANCE – fluticasone propionate nasal exhaler susp 93 mcg/act.....	51	XYNTHA – antihemophilic factor recombinant paf for inj kit 1000 unit.....	117
XIFAXAN – rifaximin tab 550 mg.....	10	XYNTHA – antihemophilic factor recombinant paf for inj kit 2000 unit.....	117
XIGDUO XR – dapagliflozin-metformin hcl tab er 24hr 2.5-1000 mg.....	26	XYNTHA SOLOFUSE – antihemophilic factor recombinant paf for inj kit 250 unit.....	117
XIGDUO XR – dapagliflozin-metformin hcl tab er 24hr 5-500 mg.....	26	XYNTHA SOLOFUSE – antihemophilic factor recombinant paf for inj kit 500 unit.....	117
XIGDUO XR – dapagliflozin-metformin hcl tab er 24hr 5-1000 mg.....	26	XYNTHA SOLOFUSE – antihemophilic factor recombinant paf for inj kit 1000 unit.....	117
XIGDUO XR – dapagliflozin-metformin hcl tab er 24hr 10-500 mg.....	26	XYNTHA SOLOFUSE – antihemophilic factor recombinant paf for inj kit 2000 unit.....	118
XIGDUO XR – dapagliflozin-metformin hcl tab er 24hr 10-1000 mg.....	26	XYNTHA SOLOFUSE – antihemophilic factor recombinant paf for inj kit 3000 unit.....	118
XOFLUZA – baloxavir marboxil tab therapy pack 2 x 20 mg (40 mg dose).....	9		
XOFLUZA – baloxavir marboxil tab therapy pack 2 x 40 mg (80 mg dose).....	9	<b>Y</b>	
XOPENEX CONCENTRATE – levalbuterol hcl soln nebu conc 1.25 mg/0.5ml (base equiv).....	55	YELETS TEENAGE FORMULA – multiple vitamins w/ minerals tab.....	106
XOPENEX HFA – levalbuterol tartrate inhal aerosol 45 mcg/act (base equiv).....	55	YONSA – abiraterone acetate tab 125 mg.....	18
XOPENEX – levalbuterol hcl soln nebu 0.31 mg/3ml (base equiv).....	55	YOSPRALA – aspirin-omeprazole tab delayed release 81-40 mg.....	118
XOPENEX – levalbuterol hcl soln nebu 0.63 mg/3ml (base equiv).....	55	YOSPRALA – aspirin-omeprazole tab delayed release 325-40 mg.....	118
XOPENEX – levalbuterol hcl soln nebu 1.25 mg/3ml (base equiv).....	55		
XOSPATA – gilteritinib fumarate tablet 40 mg (base equivalent).....	18		

YUPELRI – revefenacin inhalation solution 175 mcg/3ml.....	55	ZIAC – bisoprolol & hydrochlorothiazide tab 5-6.25 mg.....	38
<b>Z</b>		ZIAC – bisoprolol & hydrochlorothiazide tab 10-6.25 mg.....	38
ZADITOR – ketotifen fumarate ophth soln 0.025% (base equiv).....	121	ZIANA – clindamycin phosphate-tretinoin gel 1.2-0.025%.....	124
<b>zafirlukast tab 10 mg (Accolate).....</b>	<b>55</b>	<b>zidovudine cap 100 mg (Retrovir).....</b>	<b>9</b>
<b>zafirlukast tab 20 mg (Accolate).....</b>	<b>55</b>	<b>zidovudine syrup 10 mg/ml (Retrovir).....</b>	<b>9</b>
<b>zaleplon cap 5 mg.....</b>	<b>74</b>	<b>zidovudine tab 300 mg.....</b>	<b>9</b>
<b>zaleplon cap 10 mg.....</b>	<b>74</b>	ZIEXTENZO – pegfilgrastim-bmez soln prefilled syringe 6 mg/0.6ml.....	118
ZARONTIN – ethosuximide cap 250 mg.....	97	<b>zileuton tab er 12hr 600 mg (Zyflo cr).....</b>	<b>55</b>
ZARONTIN – ethosuximide soln 250 mg/5ml.....	97	<b>zinc oxide oint 20%.....</b>	<b>129</b>
ZARXIO – filgrastim-sndz soln prefilled syringe 300 mcg/0.5ml.....	118	<b>zinc oxide oint 40%.....</b>	<b>129</b>
ZARXIO – filgrastim-sndz soln prefilled syringe 480 mcg/0.8ml.....	118	ZIOPTAN – tafluprost preservative free (pf) ophth soln 0.0015%.....	120
ZELBORAF – vemurafenib tab 240 mg.....	18	<b>ziprasidone hcl cap 20 mg (Geodon).....</b>	<b>73</b>
ZEMBRACE SYMTOUCH – sumatriptan succinate solution auto-injector 3 mg/0.5ml.....	92	<b>ziprasidone hcl cap 40 mg (Geodon).....</b>	<b>73</b>
ZENPEP – pancrelipase (lip-prot-amyl) dr cap 3000-10000-14000 unit.....	60	<b>ziprasidone hcl cap 60 mg (Geodon).....</b>	<b>73</b>
ZENPEP – pancrelipase (lip-prot-amyl) dr cap 5000-17000-24000 unit.....	60	<b>ziprasidone hcl cap 80 mg (Geodon).....</b>	<b>73</b>
ZENPEP – pancrelipase (lip-prot-amyl) dr cap 10000-32000-42000 unit.....	60	<b>ziprasidone mesylate for inj 20 mg (base equivalent) (Geodon).....</b>	<b>73</b>
ZENPEP – pancrelipase (lip-prot-amyl) dr cap 15000-47000-63000 unit.....	60	ZIPSOR – diclofenac potassium cap 25 mg.....	91
ZENPEP – pancrelipase (lip-prot-amyl) dr cap 20000-63000-84000 unit.....	60	ZITHROMAX – azithromycin for susp 100 mg/5ml.....	4
ZENPEP – pancrelipase (lip-prot-amyl) dr cap 25000-79000-105000 unit.....	60	ZITHROMAX – azithromycin for susp 200 mg/5ml.....	4
ZENPEP – pancrelipase (lip-prot-amyl) dr cap 40000-126000-168000 unit.....	60	ZITHROMAX – azithromycin powd pack for susp 1 gm.....	4
ZENZEDI – dextroamphetamine sulfate tab 2.5 mg.....	79	ZITHROMAX – azithromycin tab 250 mg.....	4
ZENZEDI – dextroamphetamine sulfate tab 7.5 mg.....	79	ZITHROMAX – azithromycin tab 500 mg.....	4
ZENZEDI – dextroamphetamine sulfate tab 15 mg.....	79	ZITHROMAX TRI-PAK – azithromycin tab 500 mg.....	4
ZENZEDI – dextroamphetamine sulfate tab 20 mg.....	79	ZITHROMAX Z-PAK – azithromycin tab 250 mg.....	4
ZENZEDI – dextroamphetamine sulfate tab 30 mg.....	79	ZOCOR – simvastatin tab 10 mg.....	46
ZEPATIER – elbasvir-grazoprevir tab 50-100 mg.....	6	ZOCOR – simvastatin tab 20 mg.....	46
ZESTORETIC – lisinopril & hydrochlorothiazide tab 10-12.5 mg.....	33	ZOCOR – simvastatin tab 40 mg.....	46
ZESTORETIC – lisinopril & hydrochlorothiazide tab 20-12.5 mg.....	33	ZOCOR – simvastatin tab 80 mg.....	46
ZESTORETIC – lisinopril & hydrochlorothiazide tab 20-25 mg.....	33	ZOFRAN – ondansetron hcl tab 4 mg.....	59
ZESTRIL – lisinopril tab 2.5 mg.....	33	ZOFRAN – ondansetron hcl tab 8 mg.....	59
ZESTRIL – lisinopril tab 5 mg.....	33	ZOHYDRO ER – hydrocodone bitartrate cap er 12hr abuse-deterrent 10 mg.....	88
ZESTRIL – lisinopril tab 10 mg.....	33	ZOHYDRO ER – hydrocodone bitartrate cap er 12hr abuse-deterrent 15 mg.....	88
ZESTRIL – lisinopril tab 20 mg.....	33	ZOHYDRO ER – hydrocodone bitartrate cap er 12hr abuse-deterrent 20 mg.....	88
ZESTRIL – lisinopril tab 30 mg.....	33	ZOHYDRO ER – hydrocodone bitartrate cap er 12hr abuse-deterrent 30 mg.....	88
ZESTRIL – lisinopril tab 40 mg.....	33	ZOHYDRO ER – hydrocodone bitartrate cap er 12hr abuse-deterrent 40 mg.....	88
ZETIA – ezetimibe tab 10 mg.....	46	ZOHYDRO ER – hydrocodone bitartrate cap er 12hr abuse-deterrent 50 mg.....	88
ZETONNA – ciclesonide nasal aerosol soln 37 mcg/act (50 mcg/valve).....	51	ZOLINZA – vorinostat cap 100 mg.....	18
ZIAC – bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg.....	38	<b>zolmitriptan orally disintegrating tab 2.5 mg (Zomig zmt).....</b>	<b>92</b>
		<b>zolmitriptan orally disintegrating tab 5 mg (Zomig zmt).....</b>	<b>92</b>
		<b>zolmitriptan tab 2.5 mg (Zomig).....</b>	<b>92</b>
		<b>zolmitriptan tab 5 mg (Zomig).....</b>	<b>92</b>

ZOLOFT – sertraline hcl oral concentrate for solution 20 mg/ml.....	68	ZYFLO – zileuton tab 600 mg.....	55
ZOLOFT – sertraline hcl tab 25 mg.....	68	ZYKADIA – ceritinib tab 150 mg.....	18
ZOLOFT – sertraline hcl tab 50 mg.....	68	ZYMAXID – gatifloxacin ophth soln 0.5%.....	118
ZOLOFT – sertraline hcl tab 100 mg.....	68	ZYPITAMAG – pitavastatin magnesium tab 1 mg (base equiv).....	46
<b>zolpidem tartrate sl tab 1.75 mg (Intermezzo).....</b>	<b>74</b>	ZYPITAMAG – pitavastatin magnesium tab 2 mg (base equiv).....	46
<b>zolpidem tartrate sl tab 3.5 mg (Intermezzo).....</b>	<b>74</b>	ZYPITAMAG – pitavastatin magnesium tab 4 mg (base equiv).....	46
<b>zolpidem tartrate tab er 6.25 mg (Ambien cr).....</b>	<b>74</b>	ZYPREXA – olanzapine for im inj 10 mg.....	73
<b>zolpidem tartrate tab er 12.5 mg (Ambien cr).....</b>	<b>74</b>	ZYPREXA – olanzapine tab 2.5 mg.....	73
<b>zolpidem tartrate tab 5 mg (Ambien).....</b>	<b>74</b>	ZYPREXA – olanzapine tab 5 mg.....	73
<b>zolpidem tartrate tab 10 mg (Ambien).....</b>	<b>74</b>	ZYPREXA – olanzapine tab 7.5 mg.....	73
ZOLPIMIST – zolpidem tartrate oral spray 5 mg/act.....	74	ZYPREXA – olanzapine tab 10 mg.....	73
ZOMACTON – somatropin for inj 10 mg.....	29	ZYPREXA – olanzapine tab 15 mg.....	73
ZOMACTON – somatropin for subcutaneous inj 5 mg.....	29	ZYPREXA – olanzapine tab 20 mg.....	73
ZOMIG ZMT – zolmitriptan orally disintegrating tab 2.5 mg.....	92	ZYPREXA RELPREVV – olanzapine pamoate for extended rel im susp 210 mg (base eq).....	73
ZOMIG ZMT – zolmitriptan orally disintegrating tab 5 mg.....	92	ZYPREXA RELPREVV – olanzapine pamoate for extended rel im susp 300 mg (base eq).....	73
ZOMIG – zolmitriptan nasal spray 2.5 mg/spray unit.....	92	ZYPREXA RELPREVV – olanzapine pamoate for extended rel im susp 405 mg (base eq).....	73
ZOMIG – zolmitriptan nasal spray 5 mg/spray unit.....	92	ZYPREXA ZYDIS – olanzapine orally disintegrating tab 5 mg.....	73
ZOMIG – zolmitriptan tab 2.5 mg.....	92	ZYPREXA ZYDIS – olanzapine orally disintegrating tab 10 mg.....	73
ZOMIG – zolmitriptan tab 5 mg.....	92	ZYPREXA ZYDIS – olanzapine orally disintegrating tab 15 mg.....	73
ZONEGRAN – zonisamide cap 25 mg.....	97	ZYPREXA ZYDIS – olanzapine orally disintegrating tab 20 mg.....	73
ZONEGRAN – zonisamide cap 100 mg.....	97	ZYTIGA – abiraterone acetate tab 500 mg.....	18
<b>zonisamide cap 50 mg.....</b>	<b>97</b>		
<b>zonisamide cap 25 mg (Zonegran).....</b>	<b>97</b>		
<b>zonisamide cap 100 mg (Zonegran).....</b>	<b>97</b>		
ZONTIVITY – vorapaxar sulfate tab 2.08 mg (base equivalent).....	118		
ZORBTIVE – somatropin (non-refrigerated) for subcutaneous inj 8.8 mg.....	29		
ZORTRESS – everolimus tab 0.25 mg.....	135		
ZORTRESS – everolimus tab 0.5 mg.....	135		
ZORTRESS – everolimus tab 0.75 mg.....	135		
ZORTRESS – everolimus tab 1 mg.....	135		
ZORVOLEX – diclofenac cap 18 mg.....	91		
ZORVOLEX – diclofenac cap 35 mg.....	91		
ZOVIRAX – acyclovir cream 5%.....	125		
ZOVIRAX – acyclovir oint 5%.....	125		
ZOVIRAX – acyclovir susp 200 mg/5ml.....	7		
ZUBSOLV – buprenorphine hcl-naloxone hcl sl tab 0.7-0.18 mg (base eq).....	88		
ZUBSOLV – buprenorphine hcl-naloxone hcl sl tab 1.4-0.36 mg (base eq).....	88		
ZUBSOLV – buprenorphine hcl-naloxone hcl sl tab 2.9-0.71 mg (base eq).....	88		
ZUBSOLV – buprenorphine hcl-naloxone hcl sl tab 5.7-1.4 mg (base eq).....	88		
ZUBSOLV – buprenorphine hcl-naloxone hcl sl tab 8.6-2.1 mg (base eq).....	88		
ZUBSOLV – buprenorphine hcl-naloxone hcl sl tab 11.4-2.9 mg (base eq).....	88		
ZUPLENZ – ondansetron oral soluble film 4 mg.....	60		
ZUPLENZ – ondansetron oral soluble film 8 mg.....	60		
ZYDELIG – idelalisib tab 100 mg.....	18		
ZYDELIG – idelalisib tab 150 mg.....	18		





Blue Plus  
3000 Ames Crossing Road  
Eagan, MN 55121

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

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