



BlueCross BlueShield of Illinois  
BlueCross BlueShield of Montana  
BlueCross BlueShield of New Mexico  
BlueCross BlueShield of Oklahoma  
BlueCross BlueShield of Texas

Divisions of Health Care Service Corporation, a Mutual Legal Reserve Company, an independent licensee of the Blue Cross and Blue Shield Association

# Multi-Tier Basic Drug List

October 2019

Please consider talking to your doctor about prescribing preferred medications, which may help reduce your out-of-pocket costs. This list may help guide you and your doctor in selecting an appropriate medication for you.

The drug list is regularly updated. You can view the most up-to-date list, or the specialty drug list, at [MyPrime.com](http://MyPrime.com).

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

## Introduction

Blue Cross and Blue Shield is pleased to present the 2019 Drug List. This is a list of preferred drugs which includes brand drugs and a partial listing of generic drugs. **Members are encouraged to show this list to their physicians and pharmacists. Physicians are encouraged to prescribe drugs on this list, when right for the member. However, decisions regarding therapy and treatment are always between members and their physician.**

**Drug List updates** – This list is regularly updated as generic drugs become available and changes take place in the pharmaceuticals market. For the most up-to-date information, visit **MyPrime.com** and log in or call the number on your ID card.

## How drugs are selected

Drugs on this list are selected based on the recommendations of a committee made up of physicians and pharmacists from throughout the country. The committee, which includes at least one representative from your health plan, reviews drugs regulated by the U.S. Food and Drug Administration (FDA).

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

## How member payment is determined

This list shows prescription drug products in tiers. Generally, each drug is placed into one of up to six member payment tiers: Preferred Generic (Tier 1), Non-Preferred Generic (Tier 2), Preferred Brand (Tier 3), Non-Preferred Brand (Tier 4), Preferred Specialty (Tier 5) and Non-Preferred Specialty (Tier 6). Non-Preferred Brand and Non-Preferred Specialty drugs are not listed in this document. Based on your benefit design, drugs can either be in these tiers or you may have fewer tiers, e.g., all generics in one tier. Note: Covered substance use disorder drugs (those FDA-approved for treatment of opioid drug abuse, alcohol abuse and to quit tobacco use) may be in the lowest tiers. Substance use disorder brand drugs may be in the lowest brand tier and generic drugs in the lowest generic tier, based on your benefit plan. To verify your payment amount for a drug, visit **myprime.com** and log in or call the number on your ID card.

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

## How to use this list

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

Example: **atorvastatin** (Lipitor)

Brand drugs are listed in all CAPITAL letters.

Example: PROAIR HFA

### **Drugs used to treat multiple conditions**

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

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

## Generic drugs

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

There are two types of generic drugs:

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

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

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

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

Preferred brand drugs typically move to a non-preferred brand tier after a generic equivalent becomes available.

You may be responsible for your member share payment amount (copay/coinsurance) *plus* the difference in cost between the brand and generic equivalent if you or your doctor requests the reference brand rather than the generic. Generic drugs generally have the lowest member payment amount.

### **Consider talking to your doctor about generic drugs**

If your doctor writes a prescription for a brand drug that does not have a generic equivalent, consider asking if an appropriate generic alternative is available.

You can also let your pharmacist know that you would like a generic equivalent for a brand drug, whenever one is available. Your pharmacist can usually substitute a generic equivalent for its brand counterpart without a new prescription from your doctor.

Only your doctor can determine whether a generic alternative is right for you and must prescribe the medication.

## Coverage considerations

Most prescription drug benefit plans provide coverage for up to a 30-day supply of medication, with some exceptions. Your plan may also provide coverage for up to a 90-day supply of maintenance medications. Maintenance medications are those drugs you may take on an ongoing basis for conditions such as high blood pressure, diabetes or high cholesterol. Some plans may exclude coverage for certain agents or drug categories, like those used for erectile dysfunction or weight loss. Also, some drugs may only be covered for members within a certain age range due to the drug being used for cosmetic purposes or for safety concerns. Drug coverage may be limited to recommendations based on FDA-approved labeling and recognized evidence-based or clinical practice guidelines.

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

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

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

**Prior Authorization (PA):** Your benefit plan may require prior authorization for certain drugs. This means that your doctor will need to submit a prior authorization request for coverage of these medications, and the request will need to be approved, before the medication may be covered under your plan. For the medications listed in this document, if a prior authorization is commonly required, it will generally be noted next to the medication with a dot under the prior authorization column. Some plans may have prior authorization on additional medications beyond those noted in this document. Refer to your benefit plan materials for details about your particular benefits.

**Step Therapy (ST):** Your benefit plan may include a step therapy program. This means you may need to try another proven, cost-effective medication before coverage may be available for the drug included in the program. Many brand drugs have less-expensive generic or brand alternatives that might be an option for you. For the medications listed in this document, if a step therapy is commonly required, it will generally be noted next to the medication with a dot under the step therapy column. Some plans may have step therapy programs on additional medications beyond those noted in this document. Refer to your benefit plan materials for details about your particular benefits.

**Dispensing Limits (DL):** Drug dispensing limits help encourage medication use as intended by the FDA. Dispensing limits are placed on medications in certain drug categories. For the medications listed in this document, if a dispensing limit applies, it will generally be noted next to the medication with a dot under the dispensing limits column. Limits may include: quantity of covered medication per prescription or quantity of covered medication in a given time period. If your doctor prescribes a greater quantity of medication than what the dispensing limit allows, you can still get the medication. However, you may be responsible for the full cost of the prescription beyond what your coverage allows.\* For a list of medications and their dispensing limits, visit [myprime.com](http://myprime.com).

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

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

## Specialty drugs

Specialty drugs are used in the treatment of medical conditions such as hepatitis, hemophilia, multiple sclerosis and rheumatoid arthritis. Specialty drugs may be oral, topical or injectable medications that can either be self-administered or administered by a health care professional. For a current list of specialty medications, visit [myprime.com](http://myprime.com).

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

## AllianceRx Walgreens Prime

Through AllianceRx Walgreens Prime, members can have covered specialty medications delivered directly to them or their doctor's office. When you receive specialty medications through AllianceRx Walgreens Prime, you also receive at no additional charge the following services:

- Coordination of coverage between you, your doctor and your health plan
- Educational materials about your particular condition and information about managing potential medication side effects
- Syringes, sharps containers and other supplies with every shipment for self-injectables
- 24/7/365 phone access to a pharmacist for urgent medication issues

To order through AllianceRx Walgreens Prime:

- Have your doctor call 877-627-6337 or e-prescribe your prescription to AllianceRx Walgreens Prime. Your doctor can find e-prescribing information at [www.alliancerxwp.com](http://www.alliancerxwp.com).
- If you have an existing prescription for a covered specialty medication, you can call 877-627-6337 to transfer your prescription.
- A coordinator will contact you to arrange delivery of your medication.
- The prescription can be shipped directly to you or your prescribing doctor's office. Each package is individually marked for each member. Refrigerated drugs are shipped in temperature-controlled packaging.

If you have questions, please contact AllianceRx Walgreens Prime at 877-627-6337, visit [www.alliancerxwp.com](http://www.alliancerxwp.com), or call the number on your ID card.

\* Blue Cross and Blue Shield of Illinois (BCBSIL), Blue Cross and Blue Shield of Montana (BCBSMT), Blue Cross and Blue Shield of New Mexico (BCBSNM), Blue Cross and Blue Shield of Oklahoma (BCBSOK), and Blue Cross and Blue Shield of Texas (BCBSTX) are Divisions of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross Blue Shield Association. BCBSIL, BCBSMT, BCBSNM, BCBSOK, and BCBSTX contract with Prime Therapeutics to provide pharmacy benefit management and related other services. BCBSIL, BCBSMT, BCBSNM, BCBSOK, and BCBSTX, as well as several independent Blue Cross and Blue Shield Plans, have an ownership interest in Prime Therapeutics LLC.

## Abbreviation/acronym key

**caps**.....capsules  
**chew**.....chewable  
**conc**.....concentrate  
**cr** ..... controlled release  
**dr** ..... delayed release  
**ec** ..... enteric coated  
**effe**.....effervescent  
**equiv.**.....equivalent  
**er** ..... extended release  
**inhal.**.....inhalation  
**inj**.....injection  
**liq**.....liquid  
**lotn** .....lotion  
**nebu**.....nebulizer

**odt** .....orally disintegrating tablets  
**oint** .....ointment  
**ophth** .....ophthalmic  
**osm.**.....osmotic release  
**powd**.....powder  
**sa**.....sustained action  
**sl** .....sublingual  
**soln**.....solution  
**sr** .....sustained release  
**suppos** .....suppositories  
**susp** .....suspension  
**tab**.....tablets  
**td** .....transdermal

Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy
<b>ANTI-INFECTIVE AGENTS</b>									
<b>PENICILLINS</b>									
amoxicillin (trihydrate) cap 250 mg					ciprofloxacin hcl tab 750 mg (base equiv)				
amoxicillin (trihydrate) cap 500 mg					levofloxacin tab 250 mg (Levaquin)				
amoxicillin (trihydrate) for susp 125 mg/5ml					levofloxacin tab 500 mg (Levaquin)				
amoxicillin (trihydrate) for susp 200 mg/5ml					levofloxacin tab 750 mg (Levaquin)				
amoxicillin (trihydrate) for susp 250 mg/5ml					<b>AMINOGLYCOSIDES</b>				
amoxicillin (trihydrate) for susp 400 mg/5ml					neomycin sulfate tab 500 mg				
amoxicillin (trihydrate) tab 500 mg					<b>TUBERCULOSIS</b>				
amoxicillin (trihydrate) tab 875 mg					isoniazid tab 100 mg				
penicillin v potassium tab 250 mg					isoniazid tab 300 mg				
penicillin v potassium tab 500 mg					PRIFTIN – rifapentine tab 150 mg				
<b>CEPHALOSPORINS</b>									
cefadroxil cap 500 mg					<b>FUNGAL INFECTIONS</b>				
cephalexin cap 250 mg (Keflex)					fluconazole for susp 10 mg/ml (Diflucan)				
cephalexin cap 500 mg (Keflex)					fluconazole tab 50 mg (Diflucan)				
<b>MACROLIDES</b>									
AZITHROMYCIN – azithromycin powd pack for susp 1 gm					fluconazole tab 100 mg (Diflucan)				
azithromycin tab 250 mg (Zithromax)				•	fluconazole tab 150 mg (Diflucan)				
azithromycin tab 500 mg (Zithromax)				•	ketoconazole tab 200 mg				
<b>TETRACYCLINES</b>									
minocycline hcl cap 50 mg (Minocin)					NOXAFIL – posaconazole tab delayed release 100 mg		•		
minocycline hcl cap 75 mg (Minocin)					NOXAFIL – posaconazole susp 40 mg/ml		•		
minocycline hcl cap 100 mg (Minocin)					terbinafine hcl tab 250 mg (Lamisil)				
<b>FLUOROQUINOLONES</b>									
ciprofloxacin hcl tab 250 mg (base equiv) (Cipro)					<b>VIRAL INFECTIONS</b>				
ciprofloxacin hcl tab 500 mg (base equiv) (Cipro)					<b>Hepatitis</b>				
					BARACLUDE – entecavir oral soln 0.05 mg/ml				
					EPCLUSIA – sofosbuvir-velpatasvir tab 400-100 mg		•	•	
					HARVONI – ledipasvir-sofosbuvir tab 90-400 mg		•	•	
					MAVYRET – glecaprevir-pibrentasvir tab 100-40 mg		•	•	
					PEGASYS – peginterferon alfa-2a inj 180 mcg/ml		•	•	

Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy
PEGASYS – peginterferon alfa-2a inj 180 mcg/0.5ml	•	•			ISENTRESS HD – raltegravir potassium tab 600 mg (base equiv)			•	
PEGASYS PROCLICK – peginterferon alfa-2a inj 180 mcg/0.5ml	•	•			KALETRA – lopinavir-ritonavir tab 100-25 mg			•	
SOVALDI – sofosbuvir tab 400 mg	•	•			KALETRA – lopinavir-ritonavir tab 200-50 mg			•	
VOSEVI – sofosbuvir-velpatasvir-voxilaprevir tab 400-100-100 mg	•	•			<b>nevirapine tab 200 mg</b> (Viramune)			•	
<b>Herpes</b>									
acyclovir cap 200 mg (Zovirax)					NORVIR – ritonavir oral soln 80 mg/ml			•	
acyclovir tab 400 mg (Zovirax)					NORVIR – ritonavir powder packet 100 mg			•	
acyclovir tab 800 mg (Zovirax)					ODEFSEY – emtricitabine-rilpivirine-tenofovir af tab 200-25-25 mg			•	
<b>HIV/AIDS</b>									
ATRIPLA – efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg			•		PREZISTA – darunavir ethanolate susp 100 mg/ml (base equiv)			•	
BIKTARVY – bictegravir-emtricitabine-tenofovir af tab 50-200-25 mg			•		PREZISTA – darunavir ethanolate tab 75 mg (base equiv)			•	
CIMDUO – lamivudine-tenofovir disoproxil fumarate tab 300-300 mg			•		PREZISTA – darunavir ethanolate tab 150 mg (base equiv)			•	
DELSTRIGO – doravirine-lamivudine-tenofovir df tab 100-300-300 mg			•		PREZISTA – darunavir ethanolate tab 600 mg (base equiv)			•	
DESCOVY – emtricitabine-tenofovir alafenamide fumarate tab 200-25 mg			•		PREZISTA – darunavir ethanolate tab 800 mg (base equiv)			•	
GENVOYA – elvitegrav-cobic-emtricitab-tenofovir af tab 150-150-200-10 mg			•		SYMFY – efavirenz-lamivudine-tenofovir df tab 600-300-300 mg			•	
INTELENCE – etravirine tab 25 mg			•		SYMFY LO – efavirenz-lamivudine-tenofovir df tab 400-300-300 mg			•	
INTELENCE – etravirine tab 100 mg			•		TIVICAY – dolutegravir sodium tab 10 mg (base equiv)			•	
INTELENCE – etravirine tab 200 mg			•		TIVICAY – dolutegravir sodium tab 25 mg (base equiv)			•	
ISENTRESS – raltegravir potassium packet for susp 100 mg (base equiv)			•		TIVICAY – dolutegravir sodium tab 50 mg (base equiv)			•	
ISENTRESS – raltegravir potassium tab 400 mg (base equiv)			•		TRUVADA – emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg			•	
ISENTRESS – raltegravir potassium chew tab 25 mg (base equiv)			•		TRUVADA – emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg			•	
ISENTRESS – raltegravir potassium chew tab 100 mg (base equiv)			•						

Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy
TRUVADA – emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg			•		<b>metronidazole tab 250 mg (Flagyl)</b>				
TRUVADA – emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg			•		<b>metronidazole tab 500 mg (Flagyl)</b>				
VIDEX – didanosine for soln 2 gm			•		SIVEXTRO – tedizolid phosphate tab 200 mg			•	
VIREAD – tenofovir disoproxil fumarate oral powder 40 mg/gm			•		SULFADIAZINE – sulfadiazine tab 500 mg				
VIREAD – tenofovir disoproxil fumarate tab 150 mg			•		<b>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</b>				
VIREAD – tenofovir disoproxil fumarate tab 200 mg			•		<b>sulfamethoxazole-trimethoprim tab 400-80 mg (Bactrim)</b>				
VIREAD – tenofovir disoproxil fumarate tab 250 mg			•		<b>sulfamethoxazole-trimethoprim tab 800-160 mg (Bactrim ds)</b>				
<b>MALARIA</b>					<b>trimethoprim tab 100 mg</b>				
CHLOROQUINE PHOSPHATE – chloroquine phosphate tab 250 mg					XIFAXAN – rifaximin tab 550 mg			•	
<b>chloroquine phosphate tab 500 mg (Aralen)</b>					<b>CANCER DRUGS</b>				
DARAPRIM – pyrimethamine tab 25 mg		•	•		ACTIMMUNE – interferon gamma-1b inj 100 mcg/0.5ml (2000000 unit/0.5ml)			•	
<b>hydroxychloroquine sulfate tab 200 mg (Plaquenil)</b>					AFINITOR – everolimus tab 2.5 mg		•	•	•
MEFLOQUINE HCL – mefloquine hcl tab 250 mg					AFINITOR – everolimus tab 5 mg		•	•	•
<b>WORM INFECTIONS</b>					AFINITOR – everolimus tab 7.5 mg		•	•	•
BENZNIDAZOLE – benznidazole tab 12.5 mg					AFINITOR – everolimus tab 10 mg		•	•	•
BENZNIDAZOLE – benznidazole tab 100 mg					<b>anastrozole tab 1 mg (Arimidex)</b>				
<b>OTHER ANTI-INFECTIVES</b>					<b>bicalutamide tab 50 mg (Casodex)</b>				
ALINIA – nitazoxanide tab 500 mg			•		COTELLIC – cobimetinib fumarate tab 20 mg (base equivalent)		•	•	•
ALINIA – nitazoxanide for susp 100 mg/5ml			•		EMCYT – estramustine phosphate sodium cap 140 mg		•		
<b>clindamycin hcl cap 75 mg (Cleocin)</b>					ERLEADA – apalutamide tab 60 mg		•	•	•
<b>clindamycin hcl cap 150 mg (Cleocin)</b>					IBRANCE – palbociclib cap 75 mg		•	•	•
<b>clindamycin hcl cap 300 mg (Cleocin)</b>					<b>IBRANCE – palbociclib cap 100 mg</b>		•	•	•
IMPAVIDO – miltefosine cap 50 mg					<b>IBRANCE – palbociclib cap 125 mg</b>		•	•	•
					<b>KISQALI – ribociclib succinate tab pack 200 mg daily dose</b>		•	•	•

Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy
KISQALI – ribociclib succinate tab pack 400 mg daily dose (200 mg tab)	•	•	•		SPRYCEL – dasatinib tab 80 mg	•	•	•	
KISQALI – ribociclib succinate tab pack 600 mg daily dose (200 mg tab)	•	•	•		SPRYCEL – dasatinib tab 100 mg	•	•	•	
KISQALI FEMARA 200 DOSE – ribociclib 200 mg dose (200 mg tab) & letrozole 2.5 mg tbpk	•	•	•		SPRYCEL – dasatinib tab 140 mg	•	•	•	
KISQALI FEMARA 400 DOSE – ribociclib 400 mg dose (200 mg tab) & letrozole 2.5 mg tbpk	•	•	•		SUTENT – sunitinib malate cap 12.5 mg (base equivalent)	•	•	•	
KISQALI FEMARA 600 DOSE – ribociclib 600 mg dose (200 mg tab) & letrozole 2.5 mg tbpk	•	•	•		SUTENT – sunitinib malate cap 25 mg (base equivalent)	•	•	•	
<b>letrozole tab 2.5 mg (Femara)</b>					SUTENT – sunitinib malate cap 37.5 mg (base equivalent)	•	•	•	
LEUCOVORIN CALCIUM – leucovorin calcium tab 10 mg					SUTENT – sunitinib malate cap 50 mg (base equivalent)	•	•	•	
LEUCOVORIN CALCIUM – leucovorin calcium tab 15 mg					SYLATRON – peginterferon alfa-2b for inj kit 200 mcg	•	•		
LEUKERAN – chlorambucil tab 2 mg	•				SYLATRON – peginterferon alfa-2b for inj kit 300 mcg	•	•		
<b>megestrol acetate tab 20 mg</b>					SYLATRON – peginterferon alfa-2b for inj kit 600 mcg	•	•		
<b>megestrol acetate tab 40 mg</b>					TABLOID – thioguanine tab 40 mg	•	•		
MEKINIST – trametinib dimethyl sulfoxide tab 0.5 mg (base equivalent)	•	•	•		TAFINLAR – dabrafenib mesylate cap 50 mg (base equivalent)	•	•	•	
MEKINIST – trametinib dimethyl sulfoxide tab 2 mg (base equivalent)	•	•	•		TAFINLAR – dabrafenib mesylate cap 75 mg (base equivalent)	•	•	•	
MESNEX – mesna tab 400 mg					<b>tamoxifen citrate tab 10 mg (base equivalent)</b>				
MYLERAN – busulfan tab 2 mg	•				<b>tamoxifen citrate tab 20 mg (base equivalent)</b>				
NEXAVAR – sorafenib tosylate tab 200 mg (base equivalent)	•	•	•		TARCEVA – erlotinib hcl tab 25 mg (base equivalent)	•	•	•	
PURIXAN – mercaptopurine susp 2000 mg/100ml (20 mg/ml)	•				TARCEVA – erlotinib hcl tab 100 mg (base equivalent)	•	•	•	
RYDAPT – midostaurin cap 25 mg	•	•	•		TARCEVA – erlotinib hcl tab 150 mg (base equivalent)	•	•	•	
SPRYCEL – dasatinib tab 20 mg	•	•	•		TASIGNA – nilotinib hcl cap 50 mg (base equivalent)	•	•	•	
SPRYCEL – dasatinib tab 50 mg	•	•	•		TASIGNA – nilotinib hcl cap 150 mg (base equivalent)	•	•	•	
SPRYCEL – dasatinib tab 70 mg	•	•	•						

Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy
TASIGNA – nilotinib hcl cap 200 mg (base equivalent)	•	•	•		<b>dexamethasone tab 6 mg</b>				
TREXALL – methotrexate sodium tab 5 mg (base equiv)					<b>prednisolone sod phosphate oral soln 15 mg/5ml (base equiv)</b>				
TREXALL – methotrexate sodium tab 7.5 mg (base equiv)					<b>PREDNISONE – prednisone tab 50 mg</b>				
TREXALL – methotrexate sodium tab 10 mg (base equiv)					<b>PREDNISONE – prednisone oral soln 5 mg/5ml</b>				
TREXALL – methotrexate sodium tab 15 mg (base equiv)					<b>PREDNISONE INTENSOL – prednisone conc 5 mg/ml</b>				
VENCLEXTA – venetoclax tab 10 mg	•	•	•		<b>prednisone tab 1 mg</b>				
VENCLEXTA – venetoclax tab 50 mg	•	•	•		<b>prednisone tab 2.5 mg</b>				
VENCLEXTA – venetoclax tab 100 mg	•	•	•		<b>prednisone tab 5 mg</b>				
VENCLEXTA STARTING PACK – venetoclax tab therapy starter pack 10 & 50 & 100 mg	•	•	•		<b>prednisone tab 10 mg</b>				
VOTRIENT – pazopanib hcl tab 200 mg (base equiv)	•	•	•		<b>prednisone tab 20 mg</b>				
XALKORI – crizotinib cap 200 mg	•	•	•		<b>ESTROGENS</b>				
XALKORI – crizotinib cap 250 mg	•	•	•		COMBIPATCH – estradiol-norethindrone ace td pttw 0.05-0.14 mg/day				
XTANDI – enzalutamide cap 40 mg	•	•	•		COMBIPATCH – estradiol-norethindrone ace td pttw 0.05-0.25 mg/day				
YONSA – abiraterone acetate tab 125 mg	•	•	•		DIVIGEL – estradiol td gel 0.25 mg/0.25gm (0.1%)				
ZELBORAF – vemurafenib tab 240 mg	•	•	•		DIVIGEL – estradiol td gel 0.5 mg/0.5gm (0.1%)				
ZYTIGA – abiraterone acetate tab 500 mg	•	•	•		DIVIGEL – estradiol td gel 0.75 mg/0.75gm (0.1%)				
<b>HORMONES, DIABETES AND RELATED DRUGS</b>					DIVIGEL – estradiol td gel 1 mg/gm (0.1%)				
<b>CORTICOSTEROIDS</b>					<b>estradiol tab 0.5 mg (Estrace)</b>				
CORTISONE ACETATE – cortisone acetate tab 25 mg					<b>estradiol tab 1 mg (Estrace)</b>				
DEXAMETHASONE – dexamethasone soln 0.5 mg/5ml					<b>estradiol tab 2 mg (Estrace)</b>				
<b>dexamethasone tab 0.5 mg</b>					PREMARIN – estrogens, conjugated tab 0.3 mg				
<b>dexamethasone tab 0.75 mg</b>					PREMARIN – estrogens, conjugated tab 0.45 mg				
<b>dexamethasone tab 1.5 mg</b>									
<b>dexamethasone tab 4 mg</b>									

Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy
PREMARIN – estrogens, conjugated tab 0.625 mg					<b>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg (Ortho tri-cyclen)</b>			•	
PREMARIN – estrogens, conjugated tab 0.9 mg					NUVARING – etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr			•	
PREMARIN – estrogens, conjugated tab 1.25 mg									
PREMPHASE – conj est 0.625(14)/conj est-medroxypro ac tab 0.625-5mg(14)									
PREMPRO – conjugated estrogen-medroxyprogester acetate tab 0.3-1.5 mg									
PREMPRO – conjugated estrogen-medroxyprogester acetate tab 0.45-1.5 mg									
PREMPRO – conjugated estrogen-medroxyprogester acetate tab 0.625-2.5 mg									
PREMPRO – conjugated estrogen-medroxyprogester acetate tab 0.625-5 mg									
<b>PROGESTINS</b>					<b>DIABETES</b>				
medroxyprogesterone acetate tab 2.5 mg (Provera)					glimepiride tab 1 mg (Amaryl)				
medroxyprogesterone acetate tab 5 mg (Provera)					glimepiride tab 2 mg (Amaryl)				
medroxyprogesterone acetate tab 10 mg (Provera)					glimepiride tab 4 mg (Amaryl)				
<b>BIRTH CONTROL</b>					glipizide tab er 24hr 2.5 mg (Glucotrol xl)				
desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Desogen)			•		glipizide tab er 24hr 5 mg (Glucotrol xl)				
ELLA – ulipristal acetate tab 30 mg			•		glipizide tab 5 mg (Glucotrol)				
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg			•		glipizide tab 10 mg (Glucotrol)				
norethindrone & ethinyl estradiol tab 1 mg-35 mcg (Norinyl 1+35)			•		GLUCAGON EMERGENCY KIT – glucagon (rdna) for inj kit 1 mg				
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg (Ortho-cyclen)			•		glyburide micronized tab 1.5 mg (Glynase)				

Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy
<b>glyburide-metformin tab 1.25-250 mg (Glucovance)</b>					JANUMET XR – sitagliptin-metformin hcl tab er 24hr 100-1000 mg			•	
<b>glyburide-metformin tab 2.5-500 mg (Glucovance)</b>					JANUVIA – sitagliptin phosphate tab 25 mg (base equiv)			•	
<b>glyburide-metformin tab 5-500 mg (Glucovance)</b>					JANUVIA – sitagliptin phosphate tab 50 mg (base equiv)			•	
GLYXAMBI – empagliflozin-linagliptin tab 10-5 mg			•		JANUVIA – sitagliptin phosphate tab 100 mg (base equiv)			•	
GLYXAMBI – empagliflozin-linagliptin tab 25-5 mg			•		JARDIANC – empagliflozin tab 10 mg			•	
INVOKAMET – canagliflozin-metformin hcl tab 50-500 mg			•		JARDIANC – empagliflozin tab 25 mg			•	
INVOKAMET – canagliflozin-metformin hcl tab 50-1000 mg			•		KOMBIGLYZE XR – saxagliptin-metformin hcl tab er 24hr 2.5-1000 mg			•	
INVOKAMET – canagliflozin-metformin hcl tab 150-500 mg			•		KOMBIGLYZE XR – saxagliptin-metformin hcl tab er 24hr 5-500 mg			•	
INVOKAMET – canagliflozin-metformin hcl tab 150-1000 mg			•		KOMBIGLYZE XR – saxagliptin-metformin hcl tab er 24hr 5-1000 mg			•	
INVOKAMET XR – canagliflozin-metformin hcl tab er 24hr 50-500 mg			•		<b>metformin hcl tab er 24hr 500 mg (Glucophage xr)</b>				
INVOKAMET XR – canagliflozin-metformin hcl tab er 24hr 50-1000 mg			•		<b>metformin hcl tab er 24hr 750 mg (Glucophage xr)</b>				
INVOKAMET XR – canagliflozin-metformin hcl tab er 24hr 150-500 mg			•		<b>metformin hcl tab 500 mg (Glucophage)</b>				
INVOKAMET XR – canagliflozin-metformin hcl tab er 24hr 150-1000 mg			•		<b>metformin hcl tab 850 mg (Glucophage)</b>				
INVOKANA – canagliflozin tab 100 mg			•		<b>metformin hcl tab 1000 mg (Glucophage)</b>				
INVOKANA – canagliflozin tab 300 mg			•		ONGLYZA – saxagliptin hcl tab 2.5 mg (base equiv)			•	
JANUMET – sitagliptin-metformin hcl tab 50-500 mg			•		ONGLYZA – saxagliptin hcl tab 5 mg (base equiv)			•	
JANUMET – sitagliptin-metformin hcl tab 50-1000 mg			•		OZEMPIC – semaglutide soln pen-inj 0.25 or 0.5 mg/dose (2 mg/1.5ml)			•	•
JANUMET XR – sitagliptin-metformin hcl tab er 24hr 50-500 mg			•		OZEMPIC – semaglutide soln pen-inj 1 mg/dose (2 mg/1.5ml)			•	•
JANUMET XR – sitagliptin-metformin hcl tab er 24hr 50-1000 mg			•		<b>pioglitazone hcl tab 15 mg (base equiv) (Actos)</b>				

Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy
<b>pioglitazone hcl tab 30 mg (base equiv) (Actos)</b>					NOVOLOG FLEXPEN – insulin aspart soln pen-injector 100 unit/ml			•	
<b>pioglitazone hcl tab 45 mg (base equiv) (Actos)</b>					NOVOLOG PENFILL – insulin aspart soln cartridge 100 unit/ml			•	
SYNJARDY – empagliflozin-metformin hcl tab 5-500 mg			•		<b>Short-Acting Insulins</b>				
SYNJARDY – empagliflozin-metformin hcl tab 5-1000 mg			•		HUMULIN R U-500 (CONCENTR – insulin regular (human) inj 500 unit/ml			•	
SYNJARDY – empagliflozin-metformin hcl tab 12.5-500 mg			•		HUMULIN R U-500 KWIKPEN – insulin regular (human) soln pen-injector 500 unit/ml			•	
SYNJARDY – empagliflozin-metformin hcl tab 12.5-1000 mg			•		NOVOLIN R – insulin regular (human) inj 100 unit/ml			•	
SYNJARDY XR – empagliflozin-metformin hcl tab er 24hr 5-1000 mg			•		<b>Intermediate-Acting Insulins</b>				
SYNJARDY XR – empagliflozin-metformin hcl tab er 24hr 10-1000 mg			•		NOVOLIN N – insulin nph (human) (isophane) inj 100 unit/ml			•	
SYNJARDY XR – empagliflozin-metformin hcl tab er 24hr 12.5-1000 mg			•		NOVOLIN 70/30 – insulin nph isophane & regular human inj 100 unit/ml (70-30)			•	
SYNJARDY XR – empagliflozin-metformin hcl tab er 24hr 25-1000 mg			•		NOVOLIN 70/30 FLEXPEN – insulin nph & regular susp pen-inj 100 unit/ml (70-30)			•	
TRULICITY – dulaglutide soln pen-injector 0.75 mg/0.5ml			•	•	NOVOLOG MIX 70/30 – insulin aspart prot & aspart (human) inj 100 unit/ml (70-30)			•	
TRULICITY – dulaglutide soln pen-injector 1.5 mg/0.5ml			•	•	NOVOLOG MIX 70/30 PREFILL – insulin aspart prot & aspart sus pen-inj 100 unit/ml (70-30)			•	
VICTOZA – liraglutide soln pen-injector 18 mg/3ml (6 mg/ml)			•	•	<b>Basal Insulins</b>				
<b>DIABETES - INSULINS</b>					LANTUS – insulin glargine inj 100 unit/ml			•	
<b>Rapid-Acting Insulins</b>					LANTUS SOLOSTAR – insulin glargine soln pen-injector 100 unit/ml			•	
FIASP – insulin aspart (with niacinamide) inj 100 unit/ml			•		LEVEMIR – insulin detemir inj 100 unit/ml			•	
FIASP FLEXTOUCH – insulin aspart (with niacinamide) soln pen-inj 100 unit/ml			•		LEVEMIR FLEXTOUCH – insulin detemir soln pen-injector 100 unit/ml			•	
NOVOLOG – insulin aspart inj 100 unit/ml			•		TOUJEO MAX SOLOSTAR – insulin glargine soln pen-injector 300 unit/ml			•	

Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy
TOUJEO SOLOSTAR – insulin glargine soln pen-injector 300 unit/ml			•		<b>thyroid tab 30 mg (1/2 grain) (Armour thyroid)</b>				
TRESIBA – insulin degludec inj 100 unit/ml			•		<b>thyroid tab 60 mg (1 grain) (Armour thyroid)</b>				
TRESIBA FLEXTOUCH – insulin degludec soln pen-injector 100 unit/ml			•		<b>thyroid tab 90 mg (1 1/2 grain) (Armour thyroid)</b>				
TRESIBA FLEXTOUCH – insulin degludec soln pen-injector 200 unit/ml			•		<b>GROWTH HORMONE</b>				
<b>THYROID REGULATION</b>					INCRELEX – mecasermin inj 40 mg/4ml (10 mg/ml)	•			
<b>levothyroxine sodium tab 25 mcg (Synthroid)</b>					OMNITROPE – somatropin for inj 5.8 mg	•	•		
<b>levothyroxine sodium tab 50 mcg (Synthroid)</b>					OMNITROPE – somatropin inj 5 mg/1.5ml	•	•		
<b>levothyroxine sodium tab 75 mcg (Synthroid)</b>					OMNITROPE – somatropin inj 10 mg/1.5ml	•	•		
<b>levothyroxine sodium tab 88 mcg (Synthroid)</b>					<b>OTHER HORMONES AND RELATED DRUGS</b>				
<b>levothyroxine sodium tab 100 mcg (Synthroid)</b>					<b>alendronate sodium tab 5 mg</b>			•	
<b>levothyroxine sodium tab 112 mcg (Synthroid)</b>					<b>alendronate sodium tab 10 mg</b>			•	
<b>levothyroxine sodium tab 125 mcg (Synthroid)</b>					<b>alendronate sodium tab 35 mg</b>			•	
<b>levothyroxine sodium tab 137 mcg (Synthroid)</b>					<b>alendronate sodium tab 70 mg (Fosamax)</b>			•	
<b>levothyroxine sodium tab 150 mcg (Synthroid)</b>					<b>CYSTADANE – betaine powder for oral solution</b>				
<b>levothyroxine sodium tab 175 mcg (Synthroid)</b>					NITYR – nitisinone tab 2 mg	•			
<b>levothyroxine sodium tab 200 mcg (Synthroid)</b>					NITYR – nitisinone tab 5 mg	•			
<b>levothyroxine sodium tab 300 mcg (Synthroid)</b>					NITYR – nitisinone tab 10 mg	•			
<b>methimazole tab 5 mg (Tapazole)</b>					ORFADIN – nitisinone susp 4 mg/ml	•			
<b>methimazole tab 10 mg (Tapazole)</b>					ORFADIN – nitisinone cap 2 mg	•			

Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy
REVCORI – elapegademase-lvrl im soln 2.4 mg/1.5ml (1.6 mg/ml)					<b>enalapril maleate tab 20 mg (Vasotec)</b>				
SENSIPAR – cinacalcet hcl tab 30 mg (base equiv)					<b>fosinopril sodium tab 10 mg</b>				
SENSIPAR – cinacalcet hcl tab 60 mg (base equiv)					<b>fosinopril sodium tab 20 mg</b>				
SENSIPAR – cinacalcet hcl tab 90 mg (base equiv)					<b>fosinopril sodium tab 40 mg</b>				
STIMATE – desmopressin acetate nasal soln 1.5 mg/ml					<b>lisinopril &amp; hydrochlorothiazide tab 10-12.5 mg (Zestoretic)</b>				
STRENSIQ – asfotase alfa subcutaneous inj 18 mg/0.45ml	•	•			<b>lisinopril &amp; hydrochlorothiazide tab 20-25 mg (Zestoretic)</b>				
STRENSIQ – asfotase alfa subcutaneous inj 28 mg/0.7ml	•	•			<b>lisinopril tab 2.5 mg (Zestril)</b>				
STRENSIQ – asfotase alfa subcutaneous inj 40 mg/ml	•	•			<b>lisinopril tab 5 mg (Prinivil)</b>				
STRENSIQ – asfotase alfa subcutaneous inj 80 mg/0.8ml	•	•			<b>lisinopril tab 10 mg (Prinivil)</b>				
TYMLOS – abaloparatide subcutaneous soln pen-injector 3120 mcg/1.56ml	•	•	•		<b>lisinopril tab 20 mg (Prinivil)</b>				
<b>HEART AND CIRCULATORY DRUGS</b>					<b>lisinopril tab 30 mg (Zestril)</b>				
<b>ANGIOTENSIN CONVERTING ENZYME (ACE) INHIBITORS AND COMBINATIONS</b>					<b>lisinopril tab 40 mg (Zestril)</b>				
benazepril hcl tab 5 mg					<b>perindopril erbumine tab 2 mg</b>				
benazepril hcl tab 10 mg (Lotensin)					<b>quinapril hcl tab 5 mg (Accupril)</b>				
benazepril hcl tab 20 mg (Lotensin)					<b>quinapril hcl tab 10 mg (Accupril)</b>				
benazepril hcl tab 40 mg (Lotensin)					<b>quinapril hcl tab 20 mg (Accupril)</b>				
enalapril maleate & hydrochlorothiazide tab 5-12.5 mg					<b>quinapril hcl tab 40 mg (Accupril)</b>				
enalapril maleate & hydrochlorothiazide tab 10-25 mg (Vaseretic)					<b>ramipril cap 1.25 mg (Altace)</b>				
enalapril maleate tab 2.5 mg (Vasotec)					<b>ramipril cap 2.5 mg (Altace)</b>				
enalapril maleate tab 5 mg (Vasotec)					<b>ramipril cap 5 mg (Altace)</b>				
enalapril maleate tab 10 mg (Vasotec)					<b>ramipril cap 10 mg (Altace)</b>				
<b>ANGIOTENSIN II RECEPTOR ANTAGONISTS (ARBs) AND COMBINATIONS</b>					<b>trandolapril tab 1 mg (Mavik)</b>				
					<b>trandolapril tab 2 mg (Mavik)</b>				
					<b>trandolapril tab 4 mg (Mavik)</b>				
					<b>irbesartan tab 75 mg (Avapro)</b>				
					<b>irbesartan tab 150 mg (Avapro)</b>				
					<b>irbesartan tab 300 mg (Avapro)</b>				

Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy
<b>irbesartan-hydrochlorothiazide tab 150-12.5 mg (Avalide)</b>					<b>bisoprolol &amp; hydrochlorothiazide tab 5-6.25 mg (Ziac)</b>				
<b>irbesartan-hydrochlorothiazide tab 300-12.5 mg (Avalide)</b>					<b>bisoprolol &amp; hydrochlorothiazide tab 10-6.25 mg (Ziac)</b>				
<b>losartan potassium &amp; hydrochlorothiazide tab 50-12.5 mg (Hyzaar)</b>					<b>bisoprolol fumarate tab 5 mg (Zebeta)</b>				
<b>losartan potassium &amp; hydrochlorothiazide tab 100-12.5 mg (Hyzaar)</b>					<b>carvedilol tab 3.125 mg (Coreg)</b>				
<b>losartan potassium &amp; hydrochlorothiazide tab 100-25 mg (Hyzaar)</b>					<b>carvedilol tab 6.25 mg (Coreg)</b>				
<b>losartan potassium tab 25 mg (Cozaar)</b>					<b>carvedilol tab 12.5 mg (Coreg)</b>				
<b>losartan potassium tab 50 mg (Cozaar)</b>					<b>carvedilol tab 25 mg (Coreg)</b>				
<b>losartan potassium tab 100 mg (Cozaar)</b>					<b>INNOPRAN XL – propranolol hcl sustained-release beads cap er 24hr 80 mg</b>				
<b>valsartan-hydrochlorothiazide tab 80-12.5 mg (Diovan hct)</b>					<b>INNOPRAN XL – propranolol hcl sustained-release beads cap er 24hr 120 mg</b>				
<b>valsartan-hydrochlorothiazide tab 320-12.5 mg (Diovan hct)</b>					<b>metoprolol succinate tab er 24hr 25 mg (tartrate equiv) (Toprol xl)</b>				
<b>valsartan-hydrochlorothiazide tab 320-25 mg (Diovan hct)</b>					<b>metoprolol succinate tab er 24hr 50 mg (tartrate equiv) (Toprol xl)</b>				
<b>BETA BLOCKERS AND COMBINATIONS</b>					<b>metoprolol tartrate tab 25 mg</b>				
<b>acebutolol hcl cap 200 mg (Sectral)</b>					<b>metoprolol tartrate tab 50 mg (Lopressor)</b>				
<b>acebutolol hcl cap 400 mg (Sectral)</b>					<b>metoprolol tartrate tab 100 mg (Lopressor)</b>				
<b>atenolol &amp; chlorthalidone tab 50-25 mg (Tenoretic 50)</b>					<b>PROPRANOLOL HCL – propranolol hcl oral soln 20 mg/5ml</b>				
<b>atenolol &amp; chlorthalidone tab 100-25 mg (Tenoretic 100)</b>					<b>PROPRANOLOL HCL – propranolol hcl oral soln 40 mg/5ml</b>				
<b>atenolol tab 25 mg (Tenormin)</b>					<b>propranolol hcl tab 10 mg</b>				
<b>atenolol tab 50 mg (Tenormin)</b>					<b>propranolol hcl tab 20 mg</b>				
<b>atenolol tab 100 mg (Tenormin)</b>					<b>propranolol hcl tab 40 mg</b>				
<b>bisoprolol &amp; hydrochlorothiazide tab 2.5-6.25 mg (Ziac)</b>					<b>propranolol hcl tab 80 mg</b>				
					<b>TIMOLOL MALEATE – timolol maleate tab 10 mg</b>				

Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy
TIMOLOL MALEATE – timolol maleate tab 20 mg					<b>CHEST PAIN</b>				
<b>CALCIUM CHANNEL BLOCKERS AND COMBINATIONS</b>									
amlodipine besylate tab 2.5 mg (base equivalent) (Norvasc)					isosorbide mononitrate tab er 24hr 30 mg				
amlodipine besylate tab 5 mg (base equivalent) (Norvasc)					isosorbide mononitrate tab er 24hr 60 mg				
amlodipine besylate tab 10 mg (base equivalent) (Norvasc)					isosorbide mononitrate tab 10 mg				
diltiazem hcl coated beads cap er 24hr 120 mg (Cardizem cd)					isosorbide mononitrate tab 20 mg				
diltiazem hcl coated beads cap er 24hr 180 mg (Cardizem cd)					nitroglycerin cap er 2.5 mg				
diltiazem hcl tab 30 mg (Cardizem)					<b>CHOLESTEROL LOWERING</b>				
diltiazem hcl tab 60 mg (Cardizem)					atorvastatin calcium tab 10 mg (base equivalent) (Lipitor)				
diltiazem hcl tab 90 mg					atorvastatin calcium tab 20 mg (base equivalent) (Lipitor)				
diltiazem hcl tab 120 mg (Cardizem)					atorvastatin calcium tab 40 mg (base equivalent) (Lipitor)				
ENTRESTO – sacubitril-valsartan tab 24-26 mg					atorvastatin calcium tab 80 mg (base equivalent) (Lipitor)				
ENTRESTO – sacubitril-valsartan tab 49-51 mg					fenofibrate tab 54 mg (Lofibra)			•	
ENTRESTO – sacubitril-valsartan tab 97-103 mg					gemfibrozil tab 600 mg (Lopid)			•	
nifedipine tab er 24hr 30 mg (Adalat cc)					lovastatin tab 10 mg				
nifedipine tab er 24hr osmotic release 30 mg (Procardia xl)					lovastatin tab 20 mg (Mevacor)				
verapamil hcl tab er 120 mg (Calan sr)					lovastatin tab 40 mg (Mevacor)				
verapamil hcl tab er 180 mg (Calan sr)					pravastatin sodium tab 10 mg				
verapamil hcl tab er 240 mg (Calan sr)					pravastatin sodium tab 20 mg (Pravachol)				
verapamil hcl tab 80 mg (Calan)					pravastatin sodium tab 40 mg (Pravachol)				
verapamil hcl tab 120 mg (Calan)					REPATHA – evolocumab subcutaneous soln prefilled syringe 140 mg/ml	•	•	•	
					REPATHA PUSHTRONEX SYSTEM – evolocumab subcutaneous soln cartridge/infusor 420 mg/3.5ml	•	•	•	
					REPATHA SURECLICK – evolocumab subcutaneous soln auto-injector 140 mg/ml	•	•	•	
					simvastatin tab 5 mg (Zocor)				

Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy
<b>simvastatin tab 10 mg (Zocor)</b>					<b>amiodarone hcl tab 200 mg (Cordarone)</b>				
<b>simvastatin tab 20 mg (Zocor)</b>					<b>MULTAQ – dronedarone hcl tab 400 mg (base equivalent)</b>				
<b>simvastatin tab 40 mg (Zocor)</b>					<b>sotalol hcl tab 80 mg (Betapace)</b>				
<b>simvastatin tab 80 mg (Zocor)</b>					<b>sotalol hcl tab 120 mg (Betapace)</b>				
<b>FLUID RETENTION</b>					<b>sotalol hcl tab 160 mg (Betapace)</b>				
<b>amiloride &amp; hydrochlorothiazide tab 5-50 mg</b>					<b>OTHER HEART RELATED DRUGS</b>				
<b>bumetanide tab 0.5 mg</b>					<b>clonidine hcl tab 0.1 mg (Catapres)</b>				
<b>bumetanide tab 1 mg</b>					<b>clonidine hcl tab 0.2 mg (Catapres)</b>				
<b>chlorothiazide tab 500 mg</b>					<b>clonidine hcl tab 0.3 mg (Catapres)</b>				
<b>furosemide oral soln 10 mg/ml</b>					<b>doxazosin mesylate tab 1 mg (Cardura)</b>				
<b>furosemide tab 20 mg (Lasix)</b>					<b>doxazosin mesylate tab 2 mg (Cardura)</b>				
<b>furosemide tab 40 mg (Lasix)</b>					<b>doxazosin mesylate tab 4 mg (Cardura)</b>				
<b>furosemide tab 80 mg (Lasix)</b>					<b>doxazosin mesylate tab 8 mg (Cardura)</b>				
<b>hydrochlorothiazide cap 12.5 mg (Microzide)</b>					<b>guanfacine hcl tab 1 mg (Tenex)</b>				
<b>hydrochlorothiazide tab 12.5 mg</b>					<b>guanfacine hcl tab 2 mg (Tenex)</b>				
<b>hydrochlorothiazide tab 25 mg</b>					<b>hydralazine hcl tab 10 mg</b>				
<b>hydrochlorothiazide tab 50 mg</b>					<b>hydralazine hcl tab 25 mg</b>				
<b>indapamide tab 1.25 mg</b>					<b>hydralazine hcl tab 50 mg</b>				
<b>indapamide tab 2.5 mg</b>					<b>LETAIRIS – ambrisentan tab 5 mg</b>	•	•	•	
<b>spironolactone tab 25 mg (Aldactone)</b>					<b>LETAIRIS – ambrisentan tab 10 mg</b>	•	•	•	
<b>spironolactone tab 50 mg (Aldactone)</b>					<b>methyldopa tab 250 mg</b>				
<b>torsemide tab 5 mg (Demadex)</b>					<b>methyldopa tab 500 mg</b>				
<b>torsemide tab 10 mg (Demadex)</b>					<b>minoxidil tab 2.5 mg</b>				
<b>torsemide tab 20 mg (Demadex)</b>					<b>minoxidil tab 10 mg</b>				
<b>triamterene &amp; hydrochlorothiazide cap 37.5-25 mg (Dyazide)</b>					<b>OPSUMIT – macitentan tab 10 mg</b>	•	•	•	
<b>triamterene &amp; hydrochlorothiazide tab 37.5-25 mg (Maxzide-25)</b>					<b>prazosin hcl cap 1 mg (Minipress)</b>				
<b>triamterene &amp; hydrochlorothiazide tab 75-50 mg (Maxzide)</b>					<b>prazosin hcl cap 2 mg (Minipress)</b>				
<b>HEART RHYTHM</b>									

Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy
<b>terazosin hcl cap 1 mg (base equivalent)</b>					<b>promethazine hcl syrup 6.25 mg/5ml</b>				
<b>terazosin hcl cap 2 mg (base equivalent)</b>					<b>promethazine hcl tab 12.5 mg</b>				
<b>terazosin hcl cap 5 mg (base equivalent)</b>					<b>promethazine hcl tab 25 mg</b>				
<b>terazosin hcl cap 10 mg (base equivalent)</b>					<b>promethazine hcl tab 50 mg</b>				
TRACLEER – bosentan tab for oral susp 32 mg	•	•	•		<b>NASAL PRODUCTS</b>				
TRACLEER – bosentan tab 62.5 mg	•	•	•		<b>fluticasone propionate nasal susp 50 mcg/act (Flonase)</b>				•
TRACLEER – bosentan tab 125 mg	•	•	•		<b>COUGH/COLD/ALLERGY</b>				
UPTRAVI – selexipag tab therapy pack 200 mcg (140) & 800 mcg (60)	•	•	•		<b>benzonatate cap 100 mg (Tessalon perles)</b>				
UPTRAVI – selexipag tab 200 mcg	•	•	•		<b>benzonatate cap 200 mg</b>				
UPTRAVI – selexipag tab 400 mcg	•	•	•		<b>promethazine w/ codeine syrup 6.25-10 mg/5ml</b>				•
UPTRAVI – selexipag tab 600 mcg	•	•	•		<b>ASTHMA/COPD</b>				
UPTRAVI – selexipag tab 800 mcg	•	•	•		ADVAIR DISKUS – fluticasone-salmeterol aer powder ba 100-50 mcg/dose				•
UPTRAVI – selexipag tab 1000 mcg	•	•	•		ADVAIR DISKUS – fluticasone-salmeterol aer powder ba 250-50 mcg/dose				•
UPTRAVI – selexipag tab 1200 mcg	•	•	•		ADVAIR DISKUS – fluticasone-salmeterol aer powder ba 500-50 mcg/dose				•
UPTRAVI – selexipag tab 1400 mcg	•	•	•		ADVAIR HFA – fluticasone-salmeterol inhal aerosol 45-21 mcg/act				•
UPTRAVI – selexipag tab 1600 mcg	•	•	•		ADVAIR HFA – fluticasone-salmeterol inhal aerosol 115-21 mcg/act				•
<b>BEE STING KITS</b>					ADVAIR HFA – fluticasone-salmeterol inhal aerosol 230-21 mcg/act				•
EPINEPHRINE (Mylan Products) – epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000)					<b>albuterol sulfate syrup 2 mg/5ml</b>				
EPIPEN-JR 2-PAK – epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000)					ANORO ELLIPTA – umeclidinium-vilanterol aero powd ba 62.5-25 mcg/inh				•
SYMJEPI – epinephrine soln prefilled syringe 0.15 mg/0.3ml (1:2000)					ARNUITY ELLIPTA – fluticasone furoate aerosol powder breath activ 50 mcg/act				•
SYMJEPI – epinephrine solution prefilled syringe 0.3 mg/0.3ml (1:1000)									
<b>RESPIRATORY AGENTS</b>									
<b>ANTIHISTAMINES</b>									

Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy
ARNUITY ELLIPTA – fluticasone furoate aerosol powder breath activ 100 mcg/act			•		FLOVENT DISKUS – fluticasone propionate aer pow ba 100 mcg/blister			•	
ARNUITY ELLIPTA – fluticasone furoate aerosol powder breath activ 200 mcg/act			•		FLOVENT DISKUS – fluticasone propionate aer pow ba 250 mcg/blister			•	
ASMANEX HFA – mometasone furoate inhal aerosol suspension 100 mcg/act			•		FLOVENT HFA – fluticasone propionate hfa inhal aero 44 mcg/act (50 valve)			•	
ASMANEX HFA – mometasone furoate inhal aerosol suspension 200 mcg/act			•		FLOVENT HFA – fluticasone propionate hfa inhal aer 110 mcg/act (125 valve)			•	
ASMANEX TWISTHALER 120 ME – mometasone furoate inhal powd 220 mcg/inh (breath activated)			•		FLOVENT HFA – fluticasone propionate hfa inhal aer 220 mcg/act (250 valve)			•	
ASMANEX TWISTHALER 30 MET – mometasone furoate inhal powd 110 mcg/inh (breath activated)			•		FLUTICASONE PROPIONATE/SA – fluticasone-salmeterol aer powder ba 55-14 mcg/act			•	
ASMANEX TWISTHALER 30 MET – mometasone furoate inhal powd 220 mcg/inh (breath activated)			•		FLUTICASONE PROPIONATE/SA – fluticasone-salmeterol aer powder ba 113-14 mcg/act			•	
ASMANEX TWISTHALER 60 MET – mometasone furoate inhal powd 220 mcg/inh (breath activated)			•		FLUTICASONE PROPIONATE/SA – fluticasone-salmeterol aer powder ba 232-14 mcg/act			•	
BREO ELLIPTA – fluticasone furoate-vilanterol aero powd ba 100-25 mcg/inh			•		INCRUSE ELLIPTA – umeclidinium br aero powd breath act 62.5 mcg/inh (base eq)			•	
BREO ELLIPTA – fluticasone furoate-vilanterol aero powd ba 200-25 mcg/inh			•		<b>ipratropium bromide inhal soln 0.02%</b>			•	
COMBIVENT RESPIMAT – ipratropium-albuterol inhal aerosol soln 20-100 mcg/act			•		<b>montelukast sodium chew tab 4 mg (base equiv) (Singulair)</b>				
DULERA – mometasone furoate-formoterol fumarate aerosol 100-5 mcg/act			•		<b>montelukast sodium chew tab 5 mg (base equiv) (Singulair)</b>				
DULERA – mometasone furoate-formoterol fumarate aerosol 200-5 mcg/act			•		<b>montelukast sodium tab 10 mg (base equiv) (Singulair)</b>				
FLOVENT DISKUS – fluticasone propionate aer pow ba 50 mcg/blister			•		PROAIR HFA – albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)			•	

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PROAIR RESPICLICK – albuterol sulfate aer pow ba 108 mcg/act (90 mcg base equiv)			•		VENTOLIN HFA – albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)			•	
QVAR REDIHALER – beclomethasone diprop hfa breath act inh aer 40 mcg/act			•		<b>OTHER RESPIRATORY DRUGS</b>				
QVAR REDIHALER – beclomethasone diprop hfa breath act inh aer 80 mcg/act			•		KALYDECO – ivacaftor tab 150 mg		•	•	•
SEREVENT DISKUS – salmeterol xinafoate aer pow ba 50 mcg/dose (base equiv)			•		KALYDECO – ivacaftor packet 25 mg		•	•	•
SPIRIVA HANDIHALER – tiotropium bromide monohydrate inhal cap 18 mcg (base equiv)			•		KALYDECO – ivacaftor packet 50 mg		•	•	•
SPIRIVA RESPIMAT – tiotropium bromide monohydrate inhal aerosol 1.25 mcg/act			•		KALYDECO – ivacaftor packet 75 mg		•	•	•
SPIRIVA RESPIMAT – tiotropium bromide monohydrate inhal aerosol 2.5 mcg/act			•		PULMOZYME – dornase alfa inhal soln 1 mg/ml		•		
STIOLTO RESPIMAT – tiotropium br olodaterol inhal aero soln 2.5-2.5 mcg/act			•		SYMDEKO – tezacaftor-ivacaftor 50-75 mg & ivacaftor 75 mg tab tbpk		•	•	•
STRIVERDI RESPIMAT – olodaterol hcl inhal aerosol soln 2.5 mcg/act (base equiv)			•		SYMDEKO – tezacaftor-ivacaftor 100-150 mg & ivacaftor 150 mg tab tbpk		•	•	•
SYMBICORT – budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act			•		<b>GASTROINTESTINAL DRUGS</b>				
SYMBICORT – budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act			•		<b>LAXATIVES</b>				
<b>theophylline tab er 12hr 100 mg</b>					<b>lactulose solution 10 gm/15ml</b>				
TRELEGY ELLIPTA – fluticasone-umeclidinium-vilanterol aepb 100-62.5-25 mcg/inh			•		<b>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</b> (Nulytely/flavor pack)				
					<b>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</b> (Golytely)				
					<b>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 240 gm</b> (Colyte-flavor packs)				
					<b>ULCER/GERD</b>				
					<b>cimetidine tab 300 mg</b>				
					<b>cimetidine tab 400 mg</b>				
					<b>dicyclomine hcl cap 10 mg</b> (Bentyl)				
					<b>dicyclomine hcl tab 20 mg</b> (Bentyl)				
					<b>famotidine tab 40 mg</b> (Pepcid)				
					<b>misoprostol tab 100 mcg</b> (Cytotec)				
					<b>misoprostol tab 200 mcg</b> (Cytotec)				
					<b>NEXIUM – esomeprazole magnesium for delayed release susp pack 2.5 mg</b>			•	

Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy
NEXIUM – esomeprazole magnesium for delayed release susp packet 5 mg			•		CREON – pancrelipase (lip-prot-amyl) dr cap 12000-38000-60000 unit				
NEXIUM – esomeprazole magnesium for delayed release susp packet 10 mg			•		CREON – pancrelipase (lip-prot-amyl) dr cap 24000-76000-120000 unit				
NEXIUM – esomeprazole magnesium for delayed release susp packet 20 mg			•		CREON – pancrelipase (lip-prot-amyl) dr cap 36000-114000-180000 unit				
NEXIUM – esomeprazole magnesium for delayed release susp packet 40 mg			•		ZENPEP – pancrelipase (lip-prot-amyl) dr cap 3000-10000-14000 unit				
<b>nizatidine cap 150 mg</b>					ZENPEP – pancrelipase (lip-prot-amyl) dr cap 5000-17000-24000 unit				
<b>omeprazole cap delayed release 10 mg (Prilosec)</b>			•		ZENPEP – pancrelipase (lip-prot-amyl) dr cap 10000-32000-42000 unit				
<b>omeprazole cap delayed release 20 mg (Prilosec)</b>			•		ZENPEP – pancrelipase (lip-prot-amyl) dr cap 15000-47000-63000 unit				
<b>omeprazole cap delayed release 40 mg (Prilosec)</b>			•		ZENPEP – pancrelipase (lip-prot-amyl) dr cap 20000-63000-84000 unit				
<b>pantoprazole sodium ec tab 20 mg (base equiv) (Protonix)</b>			•		ZENPEP – pancrelipase (lip-prot-amyl) dr cap 25000-79000-105000 unit				
<b>pantoprazole sodium ec tab 40 mg (base equiv) (Protonix)</b>			•		ZENPEP – pancrelipase (lip-prot-amyl) dr cap 40000-126000-168000 unit				
<b>ranitidine hcl syrup 15 mg/ml (75 mg/5ml)</b>					<b>OTHER GASTROINTESTINAL DRUGS</b>				
<b>ranitidine hcl tab 300 mg (Zantac)</b>					APRISO – mesalamine cap er 24hr 0.375 gm				
<b>NAUSEA AND VOMITING</b>					CHENODAL – chenodiol tab 250 mg	•			
EMEND – aprepitant for oral susp 125 mg (125 mg/5ml)			•		DELZICOL – mesalamine cap dr 400 mg				
<b>ondansetron hcl tab 4 mg (Zofran)</b>			•		<b>lactulose (encephalopathy) solution 10 gm/15ml</b>				
<b>ondansetron orally disintegrating tab 4 mg (Zofran odt)</b>			•		LINZESS – linaclotide cap 72 mcg		•		
<b>DIGESTIVE ENZYMES</b>					LINZESS – linaclotide cap 145 mcg		•		
CREON – pancrelipase (lip-prot-amyl) dr cap 3000-9500-15000 unit					LINZESS – linaclotide cap 290 mcg		•		
CREON – pancrelipase (lip-prot-amyl) dr cap 6000-19000-30000 unit					<b>metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv)</b>				
					<b>metoclopramide hcl tab 5 mg (base equivalent) (Reglan)</b>				
					<b>metoclopramide hcl tab 10 mg (base equivalent) (Reglan)</b>				

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VELPHORO – sucroferric oxyhydroxide chew tab 500 mg				•	<b>buspirone hcl tab 15 mg</b>				
VIBERZI – eluxadoline tab 75 mg			•		<b>chlordiazepoxide hcl cap 5 mg</b>				
VIBERZI – eluxadoline tab 100 mg			•		<b>chlordiazepoxide hcl cap 10 mg</b>				
<b>GENITOURINARY DRUGS</b>					<b>chlordiazepoxide hcl cap 25 mg</b>				
<b>URINARY TRACT SPASMS</b>					<b>clorazepate dipotassium tab 3.75 mg</b>				
<b>bethanechol chloride tab 5 mg</b> (Urecholine)					<b>clorazepate dipotassium tab 7.5 mg</b> (Tranxene t)				
<b>oxybutynin chloride syrup 5 mg/5ml</b>					<b>DIAZEPAM</b> – diazepam oral soln 1 mg/ml				
VESICARE – solifenacin succinate tab 5 mg					<b>diazepam tab 2 mg</b> (Valium)				
VESICARE – solifenacin succinate tab 10 mg					<b>diazepam tab 5 mg</b> (Valium)				
<b>VAGINAL PRODUCTS</b>					<b>diazepam tab 10 mg</b> (Valium)				
CRINONE – progesterone vaginal gel 4%			•		<b>hydroxyzine hcl syrup 10 mg/5ml</b>				
CRINONE – progesterone vaginal gel 8%			•		<b>hydroxyzine hcl tab 10 mg</b>				
<b>OTHER GENITOURINARY DRUGS</b>					<b>hydroxyzine hcl tab 25 mg</b>				
<b>alfuzosin hcl tab er 24hr 10 mg</b> (Uroxatral)					<b>hydroxyzine hcl tab 50 mg</b> (Vistaril)				
CYSTAGON – cysteamine bitartrate cap 50 mg	•				<b>hydroxyzine pamoate cap 25 mg</b> (Vistaril)				
CYSTAGON – cysteamine bitartrate cap 150 mg	•				<b>hydroxyzine pamoate cap 50 mg</b> (Vistaril)				
<b>finasteride tab 5 mg</b> (Proscar)					<b>lorazepam tab 0.5 mg</b> (Ativan)			•	
<b>tamsulosin hcl cap 0.4 mg</b> (Flomax)					<b>lorazepam tab 1 mg</b> (Ativan)			•	
<b>CENTRAL NERVOUS SYSTEM DRUGS</b>					<b>lorazepam tab 2 mg</b> (Ativan)			•	
<b>ANXIETY</b>					<b>DEPRESSION</b>				
<b>alprazolam tab 0.25 mg</b> (Xanax)					<b>amitriptyline hcl tab 10 mg</b>				
<b>alprazolam tab 0.5 mg</b> (Xanax)					<b>amitriptyline hcl tab 25 mg</b>				
<b>alprazolam tab 1 mg</b> (Xanax)					<b>amitriptyline hcl tab 50 mg</b>				
<b>alprazolam tab 2 mg</b> (Xanax)					<b>amitriptyline hcl tab 75 mg</b>				
<b>buspirone hcl tab 5 mg</b>					<b>amitriptyline hcl tab 100 mg</b>				
<b>buspirone hcl tab 10 mg</b>					<b>bupropion hcl tab er 12hr 100 mg</b> (Wellbutrin sr)				
					<b>bupropion hcl tab er 12hr 150 mg</b> (Wellbutrin sr)				

Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy
citalopram hydrobromide tab 10 mg (base equiv) (Celexa)					sertraline hcl tab 25 mg (Zoloft)				
citalopram hydrobromide tab 20 mg (base equiv) (Celexa)					sertraline hcl tab 50 mg (Zoloft)				
citalopram hydrobromide tab 40 mg (base equiv) (Celexa)					sertraline hcl tab 100 mg (Zoloft)				
doxepin hcl cap 10 mg					trazodone hcl tab 50 mg				
doxepin hcl cap 25 mg					trazodone hcl tab 100 mg				
doxepin hcl conc 10 mg/ml					trazodone hcl tab 150 mg				
escitalopram oxalate tab 5 mg (base equiv) (Lexapro)					venlafaxine hcl cap er 24hr 37.5 mg (base equivalent) (Effexor xr)				
escitalopram oxalate tab 10 mg (base equiv) (Lexapro)					venlafaxine hcl cap er 24hr 75 mg (base equivalent) (Effexor xr)				
escitalopram oxalate tab 20 mg (base equiv) (Lexapro)					venlafaxine hcl cap er 24hr 150 mg (base equivalent) (Effexor xr)				
fluoxetine hcl cap 10 mg (Prozac)					<b>PSYCHOTIC AND BIPOLAR DISORDERS</b>				
fluoxetine hcl cap 20 mg (Prozac)					FLUPHENAZINE HCL – fluphenazine hcl elixir 2.5 mg/5ml				
fluoxetine hcl cap 40 mg (Prozac)					FLUPHENAZINE HCL – fluphenazine hcl oral conc 5 mg/ml				
fluoxetine hcl solution 20 mg/5ml					haloperidol lactate oral conc 2 mg/ml				
fluoxetine hcl tab 10 mg					haloperidol tab 0.5 mg				
imipramine hcl tab 10 mg (Tofranil)					haloperidol tab 1 mg				
imipramine hcl tab 25 mg (Tofranil)					haloperidol tab 2 mg				
imipramine hcl tab 50 mg (Tofranil)					lithium carbonate cap 150 mg (Lithium carbonate)				
mirtazapine tab 15 mg (Remeron)					lithium carbonate cap 300 mg				
mirtazapine tab 30 mg (Remeron)					lithium carbonate cap 600 mg (Lithium carbonate)				
mirtazapine tab 45 mg (Remeron)					lithium carbonate tab 300 mg				
nortriptyline hcl cap 10 mg (Pamelor)					olanzapine tab 2.5 mg (Zyprexa)			•	
nortriptyline hcl cap 25 mg (Pamelor)					olanzapine tab 5 mg (Zyprexa)			•	
nortriptyline hcl cap 50 mg (Pamelor)					olanzapine tab 7.5 mg (Zyprexa)			•	
nortriptyline hcl cap 75 mg (Pamelor)					olanzapine tab 10 mg (Zyprexa)			•	
paroxetine hcl tab 10 mg (Paxil)					prochlorperazine maleate tab 5 mg (base equivalent)				
paroxetine hcl tab 20 mg (Paxil)					prochlorperazine maleate tab 10 mg (base equivalent)				
paroxetine hcl tab 30 mg (Paxil)									
paroxetine hcl tab 40 mg (Paxil)									

Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy
<b>quetiapine fumarate tab 25 mg (Seroquel)</b>			•		<b>VYVANSE – lisdexamfetamine dimesylate cap 40 mg</b>			•	
<b>quetiapine fumarate tab 50 mg (Seroquel)</b>			•		<b>VYVANSE – lisdexamfetamine dimesylate cap 50 mg</b>			•	
<b>quetiapine fumarate tab 100 mg (Seroquel)</b>			•		<b>VYVANSE – lisdexamfetamine dimesylate cap 60 mg</b>			•	
<b>risperidone tab 0.25 mg (Risperdal)</b>			•		<b>VYVANSE – lisdexamfetamine dimesylate cap 70 mg</b>			•	
<b>risperidone tab 0.5 mg (Risperdal)</b>			•		<b>VYVANSE – lisdexamfetamine dimesylate chew tab 10 mg</b>			•	
<b>risperidone tab 1 mg (Risperdal)</b>			•		<b>VYVANSE – lisdexamfetamine dimesylate chew tab 20 mg</b>			•	
<b>risperidone tab 2 mg (Risperdal)</b>			•		<b>VYVANSE – lisdexamfetamine dimesylate chew tab 30 mg</b>			•	
<b>risperidone tab 3 mg (Risperdal)</b>			•		<b>VYVANSE – lisdexamfetamine dimesylate chew tab 40 mg</b>			•	
<b>risperidone tab 4 mg (Risperdal)</b>			•		<b>VYVANSE – lisdexamfetamine dimesylate chew tab 50 mg</b>			•	
<b>SLEEP AIDS</b>					<b>VYVANSE – lisdexamfetamine dimesylate chew tab 60 mg</b>				
BELSOMRA – suvorexant tab 5 mg			•	•	<b>MULTIPLE SCLEROSIS</b>				
BELSOMRA – suvorexant tab 10 mg			•	•	AUBAGIO – teriflunomide tab 7 mg			•	
BELSOMRA – suvorexant tab 15 mg			•	•	AUBAGIO – teriflunomide tab 14 mg			•	
BELSOMRA – suvorexant tab 20 mg			•	•	AVONEX – interferon beta-1a im prefilled syringe kit 30 mcg/0.5ml			•	
<b>estazolam tab 1 mg</b>					AVONEX PEN – interferon beta-1a im auto-injector kit 30 mcg/0.5ml			•	
<b>estazolam tab 2 mg</b>					BETASERON – interferon beta-1b for inj kit 0.3 mg			•	
<b>phenobarbital tab 16.2 mg</b>					COPAXONE – glatiramer acetate soln prefilled syringe 20 mg/ml			•	
<b>phenobarbital tab 32.4 mg</b>					COPAXONE – glatiramer acetate soln prefilled syringe 40 mg/ml			•	
<b>temazepam cap 15 mg (Restoril)</b>					GILENYA – fingolimod hcl cap 0.5 mg (base equiv)			•	
<b>temazepam cap 30 mg (Restoril)</b>					MAYZENT – siponimod fumarate tab 0.25 mg (base equiv)			•	
<b>zaleplon cap 5 mg (Sonata)</b>			•						
<b>zaleplon cap 10 mg (Sonata)</b>			•						
<b>zolpidem tartrate tab 5 mg (Ambien)</b>			•						
<b>zolpidem tartrate tab 10 mg (Ambien)</b>			•						
<b>HYPERTACTIVITY/NARCOLEPSY</b>									
VYVANSE – lisdexamfetamine dimesylate cap 10 mg			•						
VYVANSE – lisdexamfetamine dimesylate cap 20 mg			•						
VYVANSE – lisdexamfetamine dimesylate cap 30 mg			•						

Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy
MAYZENT – siponimod fumarate tab 2 mg (base equiv)	•		•		CHANTIX CONTINUING MONTH – varenicline tartrate tab 1 mg (base equiv)				
PLEGRIDY – peginterferon beta-1a soln pen-injector 125 mcg/0.5ml	•		•		<b>donepezil hydrochloride tab 5 mg</b> (Aricept)				
PLEGRIDY – peginterferon beta-1a soln prefilled syringe 125 mcg/0.5ml	•		•		<b>donepezil hydrochloride tab 10 mg</b> (Aricept)				
PLEGRIDY STARTER PACK – peginterferon beta-1a soln pen-inj 63 & 94 mcg/0.5ml pack	•		•		NICOTROL INHALER – nicotine inhaler system 10 mg (4 mg delivered)				
PLEGRIDY STARTER PACK – peginterferon beta-1a soln pref syr 63 & 94 mcg/0.5ml pack	•		•		NICOTROL NS – nicotine nasal spray 10 mg/ml (0.5 mg/spray)				
REBIF – interferon beta-1a soln pref syr 22 mcg/0.5ml (12mu/ml)	•		•		<b>PAIN RELIEF DRUGS</b>				
REBIF – interferon beta-1a soln pref syr 44 mcg/0.5ml (24mu/ml)	•		•		<b>NARCOTIC DRUGS</b>				
REBIF REBIDOSE – interferon beta-1a soln auto-inj 22 mcg/0.5ml (12mu/ml)	•		•		acetaminophen w/ codeine soln 120-12 mg/5ml		•		
REBIF REBIDOSE – interferon beta-1a soln auto-inj 44 mcg/0.5ml (24mu/ml)	•		•		acetaminophen w/ codeine tab 300-15 mg (Tylenol/codeine)		•		
REBIF REBIDOSE TITRATION – interferon beta-1a auto-inj 6x8.8 mcg/0.2ml & 6x22 mcg/0.5ml	•		•		acetaminophen w/ codeine tab 300-30 mg (Tylenol/codeine #3)		•		
REBIF TITRATION PACK – interferon beta-1a pref syr 6x8.8 mcg/0.2ml & 6x22 mcg/0.5ml	•		•		acetaminophen w/ codeine tab 300-60 mg (Tylenol/codeine #4)		•		
TECFIDERA – dimethyl fumarate capsule delayed release 120 mg	•		•		hydrocodone-acetaminophen tab 10-325 mg (Norco)		•		
TECFIDERA – dimethyl fumarate capsule delayed release 240 mg	•		•		hydrocodone-acetaminophen tab 5-325 mg (Norco)		•		
TECFIDERA STARTER PACK – dimethyl fumarate capsule dr starter pack 120 mg & 240 mg	•		•		hydrocodone-acetaminophen tab 7.5-325 mg (Norco)		•		
<b>OTHER CENTRAL NERVOUS SYSTEM DRUGS</b>					hydrocodone-ibuprofen tab 7.5-200 mg (Vicoprofen)		•		
CHANTIX – varenicline tartrate tab 0.5 mg (base equiv)					hydromorphone hcl tab 2 mg (Dilauidid)		•		
CHANTIX – varenicline tartrate tab 1 mg (base equiv)					hydromorphone hcl tab 4 mg (Dilauidid)		•		
					methadone hcl tab for oral susp 40 mg		•		
					methadone hcl tab 5 mg (Dolophine hcl)		•		

Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy
<b>methadone hcl tab 10 mg</b> (Dolophine)		•			<b>ENBREL SURECLICK</b> – etanercept subcutaneous solution auto-injector 50 mg/ml	•	•	•	
MORPHINE SULFATE – morphine sulfate tab 15 mg		•			<b>flurbiprofen tab 50 mg</b>				
MORPHINE SULFATE – morphine sulfate tab 30 mg		•			<b>flurbiprofen tab 100 mg</b>				
<b>oxycodone hcl tab 5 mg</b> (Roxicodone)		•			HUMIRA – adalimumab prefilled syringe kit 10 mg/0.1ml	•	•	•	
<b>oxycodone w/ acetaminophen tab 5-325 mg</b> (Percocet)		•			HUMIRA – adalimumab prefilled syringe kit 10 mg/0.2ml	•	•	•	
<b>tramadol hcl tab 50 mg</b> (Ultram)		•	•		HUMIRA – adalimumab prefilled syringe kit 20 mg/0.2ml	•	•	•	
<b>tramadol-acetaminophen tab 37.5-325 mg</b> (Ultracet)		•			HUMIRA – adalimumab prefilled syringe kit 20 mg/0.4ml	•	•	•	
XTAMPZA ER – oxycodone cap er 12hr abuse-deterrant 9 mg		•	•		HUMIRA – adalimumab prefilled syringe kit 40 mg/0.8ml	•	•	•	
XTAMPZA ER – oxycodone cap er 12hr abuse-deterrant 13.5 mg		•	•		HUMIRA – adalimumab prefilled syringe kit 40 mg/0.4ml	•	•	•	
XTAMPZA ER – oxycodone cap er 12hr abuse-deterrant 18 mg		•	•		HUMIRA PEDIATRIC CROHNS D – adalimumab prefilled syringe kit 40 mg/0.8ml	•	•	•	
XTAMPZA ER – oxycodone cap er 12hr abuse-deterrant 27 mg		•	•		HUMIRA PEDIATRIC CROHNS D – adalimumab prefilled syringe kit 80 mg/0.8ml	•	•	•	
XTAMPZA ER – oxycodone cap er 12hr abuse-deterrant 36 mg		•	•		HUMIRA PEDIATRIC CROHNS D – adalimumab prefilled syringe kit 80 mg/0.8ml & 40 mg/0.4ml	•	•	•	
<b>RHEUMATOID AND OSTEOARTHRITIS</b>									
<b>diclofenac sodium tab delayed release 50 mg</b>					HUMIRA PEN – adalimumab pen-injector kit 40 mg/0.8ml	•	•	•	
<b>diclofenac sodium tab delayed release 75 mg</b>					HUMIRA PEN – adalimumab pen-injector kit 40 mg/0.4ml	•	•	•	
ENBREL – etanercept for subcutaneous inj 25 mg	•	•	•		HUMIRA PEN-CD/UC/HS START – adalimumab pen-injector kit 40 mg/0.8ml	•	•	•	
ENBREL – etanercept subcutaneous soln prefilled syringe 25 mg/0.5ml	•	•	•		HUMIRA PEN-CD/UC/HS START – adalimumab pen-injector kit 80 mg/0.8ml	•	•	•	
ENBREL – etanercept subcutaneous soln prefilled syringe 50 mg/ml	•	•	•						
ENBREL MINI – etanercept subcutaneous solution cartridge 50 mg/ml	•	•	•						

Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy
HUMIRA PEN-PS/UV STARTER – adalimumab pen-injector kit 40 mg/0.8ml	•	•	•		SIMPONI – golimumab subcutaneous soln prefilled syringe 100 mg/ml	•	•	•	
HUMIRA PEN-PS/UV STARTER – adalimumab pen-injector kit 80 mg/0.8ml & 40 mg/0.4ml	•	•	•		<b>sulindac tab 150 mg</b>				
<b>ibuprofen tab 400 mg</b>					<b>sulindac tab 200 mg</b>				
<b>ibuprofen tab 600 mg</b>					<b>MIGRAINE HEADACHES</b>				
<b>ibuprofen tab 800 mg</b>					AIMOVIG – erenumab-aoee subcutaneous soln auto-injector 70 mg/ml		•	•	
<b>indomethacin cap 25 mg</b>					AIMOVIG – erenumab-aooe subcutaneous soln auto-injector 140 mg/ml		•	•	
<b>indomethacin cap 50 mg</b>					EMGALITY – galcanezumab-gnlm subcutaneous soln auto-injector 120 mg/ml		•	•	
<b>ketorolac tromethamine tab 10 mg</b>			•		EMGALITY – galcanezumab-gnlm subcutaneous soln prefilled syr 120 mg/ml		•	•	
<b>meloxicam tab 7.5 mg (Mobic)</b>					MIGRALAN – dihydroergotamine mesylate nasal spray 4 mg/ml			•	
<b>meloxicam tab 15 mg (Mobic)</b>					<b>sumatriptan succinate tab 25 mg (Imitrex)</b>			•	
<b>nabumetone tab 500 mg</b>					<b>sumatriptan succinate tab 50 mg (Imitrex)</b>			•	
<b>nabumetone tab 750 mg</b>					<b>sumatriptan succinate tab 100 mg (Imitrex)</b>			•	
<b>naproxen sodium tab 275 mg (Anaprox)</b>					<b>GOUT</b>				
<b>naproxen sodium tab 550 mg (Anaprox ds)</b>					<b>allopurinol tab 100 mg (Zyloprim)</b>				
<b>naproxen tab ec 375 mg (Ec-naprosyn)</b>					<b>allopurinol tab 300 mg (Zyloprim)</b>				
<b>naproxen tab ec 500 mg (Ec-naprosyn)</b>					<b>MITIGARE – colchicine cap 0.6 mg</b>				
<b>naproxen tab 250 mg (Naprosyn)</b>					<b>NEUROMUSCULAR DRUGS</b>				
<b>naproxen tab 375 mg (Naprosyn)</b>					<b>SEIZURES</b>				
<b>naproxen tab 500 mg (Naprosyn)</b>					<b>CELONTIN – methsuximide cap 300 mg</b>				
OTEZLA – apremilast tab starter therapy pack 10 mg & 20 mg & 30 mg	•	•	•		<b>clonazepam tab 0.5 mg (Klonopin)</b>				
OTEZLA – apremilast tab 30 mg	•	•	•		<b>clonazepam tab 1 mg (Klonopin)</b>				
SIMPONI – golimumab subcutaneous soln auto-injector 50 mg/0.5ml	•	•	•		<b>clonazepam tab 2 mg (Klonopin)</b>				
SIMPONI – golimumab subcutaneous soln auto-injector 100 mg/ml	•	•	•						
SIMPONI – golimumab subcutaneous soln prefilled syringe 50 mg/0.5ml	•	•	•						

Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy
DIASTAT ACUDIAL – diazepam rectal gel delivery system 10 mg					<b>topiramate tab 50 mg</b> (Topamax)				
DIASTAT ACUDIAL – diazepam rectal gel delivery system 20 mg					<b>topiramate tab 100 mg</b> (Topamax)				
DIASTAT PEDIATRIC – diazepam rectal gel delivery system 2.5 mg					<b>topiramate tab 200 mg</b> (Topamax)				
DILANTIN – phenytoin sodium extended cap 30 mg					<b>zonisamide cap 25 mg</b> (Zonegran)				
<b>divalproex sodium tab delayed release 125 mg</b> (Depakote)					<b>PARKINSON'S DISEASE</b>				
<b>divalproex sodium tab delayed release 250 mg</b> (Depakote)					<b>amantadine hcl syrup 50 mg/5ml</b>				
EPIDIOLEX – cannabidiol soln 100 mg/ml	•				<b>benztropine mesylate tab 0.5 mg</b>				
<b>gabapentin cap 100 mg</b> (Neurontin)					<b>benztropine mesylate tab 1 mg</b>				
<b>gabapentin cap 300 mg</b> (Neurontin)					<b>benztropine mesylate tab 2 mg</b>				
<b>gabapentin cap 400 mg</b> (Neurontin)					<b>carbidopa &amp; levodopa tab 10-100 mg</b> (Sinemet)				
<b>lamotrigine tab 25 mg</b> (Lamictal)					INBRIJA – levodopa inhal powder cap 42 mg	•			
<b>lamotrigine tab 100 mg</b> (Lamictal)					<b>pramipexole dihydrochloride tab 0.125 mg</b> (Mirapex)				
<b>lamotrigine tab 150 mg</b> (Lamictal)					<b>pramipexole dihydrochloride tab 0.25 mg</b> (Mirapex)				
<b>lamotrigine tab 200 mg</b> (Lamictal)					<b>pramipexole dihydrochloride tab 0.5 mg</b> (Mirapex)				
<b>levetiracetam tab 250 mg</b> (Keppra)		•			<b>pramipexole dihydrochloride tab 0.75 mg</b> (Mirapex)				
LYRICA – pregabalin soln 20 mg/ml		•			<b>pramipexole dihydrochloride tab 1 mg</b> (Mirapex)				
LYRICA – pregabalin cap 25 mg		•			<b>pramipexole dihydrochloride tab 1.5 mg</b> (Mirapex)				
LYRICA – pregabalin cap 50 mg		•			<b>ropinirole hydrochloride tab 0.25 mg</b> (Requip)				
LYRICA – pregabalin cap 75 mg		•			<b>ropinirole hydrochloride tab 0.5 mg</b> (Requip)				
LYRICA – pregabalin cap 100 mg		•			<b>ropinirole hydrochloride tab 1 mg</b> (Requip)				
LYRICA – pregabalin cap 150 mg		•			<b>ropinirole hydrochloride tab 2 mg</b> (Requip)				
LYRICA – pregabalin cap 200 mg		•			<b>ropinirole hydrochloride tab 3 mg</b> (Requip)				
LYRICA – pregabalin cap 225 mg		•							
LYRICA – pregabalin cap 300 mg		•							
<b>oxcarbazepine tab 150 mg</b> (Trileptal)									
<b>primidone tab 50 mg</b> (Mysoline)									
<b>topiramate tab 25 mg</b> (Topamax)									

Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy
<b>ropinirole hydrochloride tab 4 mg (Requip)</b>					SE-NATAL 19 – prenatal vit w/ dss-fe fumarate-fa tab 29-1 mg				
<b>ropinirole hydrochloride tab 5 mg (Requip)</b>					<b>MINERALS AND ELECTROLYTES</b>				
<b>trihexyphenidyl hcl tab 2 mg</b>					<b>potassium chloride microencapsulated crys er tab 10 meq</b>				
<b>trihexyphenidyl hcl tab 5 mg</b>					<b>potassium chloride microencapsulated crys er tab 20 meq</b>				
<b>MUSCLE RELAXANTS</b>					<b>potassium chloride tab er 8 meq (600 mg)</b>				
<b>baclofen tab 10 mg</b>					<b>potassium chloride tab er 10 meq (K-tab)</b>				
<b>carisoprodol tab 350 mg (Soma)</b>					<b>BLOOD MODIFYING DRUGS</b>				
<b>cyclobenzaprine hcl tab 5 mg</b>					<b>ADVATE – antihemophilic factor rahf-pfm for inj 250 unit</b>	•			
<b>cyclobenzaprine hcl tab 10 mg</b>					<b>ADVATE – antihemophilic factor rahf-pfm for inj 500 unit</b>	•			
<b>methocarbamol tab 500 mg (Robaxin)</b>					<b>ADVATE – antihemophilic factor rahf-pfm for inj 1000 unit</b>	•			
<b>methocarbamol tab 750 mg (Robaxin-750)</b>				•	<b>ADVATE – antihemophilic factor rahf-pfm for inj 1500 unit</b>	•			
<b>tizanidine hcl tab 2 mg (base equivalent)</b>				•	<b>ADVATE – antihemophilic factor rahf-pfm for inj 2000 unit</b>	•			
<b>tizanidine hcl tab 4 mg (base equivalent) (Zanaflex)</b>				•	<b>ADVATE – antihemophilic factor rahf-pfm for inj 3000 unit</b>	•			
<b>SUPPLEMENTS</b>					<b>ADVATE – antihemophilic factor rahf-pfm for inj 4000 unit</b>	•			
<b>VITAMINS</b>					<b>ADYNOVATE – antihemophilic factor recomb pegylated for inj 250 unit</b>	•	•	•	
<b>ergocaliferol cap 50000 unit (Drisdol)</b>					<b>ADYNOVATE – antihemophilic factor recomb pegylated for inj 500 unit</b>	•	•	•	
<b>MULTIVITAMINS</b>					<b>ADYNOVATE – antihemophilic factor recomb pegylated for inj 750 unit</b>	•	•	•	
KOSHER PRENATAL PLUS IRON – prenatal vit w/ iron carbonyl-fa tab 30-1 mg					<b>ADYNOVATE – antihemophilic factor recomb pegylated for inj 1000 unit</b>	•	•	•	
PRENATAL VITAMINS PLUS LO – prenatal vit w/ fe fumarate-fa tab 27-1 mg									
PRENATAL 19 – prenatal vit w/ fe fumarate-fa chew tab 29-1 mg									
PRENATAL 19 – prenatal vit w/ dss-fe fumarate-fa tab 29-1 mg									
SE-NATAL 19 – prenatal vit w/ fe fumarate-fa chew tab 29-1 mg									

Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy
ADYNOVATE – antihemophilic factor recomb pegylated for inj 1500 unit	•	•	•		ALPHANINE SD – coagulation factor ix for inj 1000 unit	•			
ADYNOVATE – antihemophilic factor recomb pegylated for inj 2000 unit	•	•	•		ALPHANINE SD – coagulation factor ix for inj 1500 unit	•			
ADYNOVATE – antihemophilic factor recomb pegylated for inj 3000 unit	•	•	•		ALPROLIX – coagulation factor ix (recomb) (rfixfc) for inj 250 unit	•	•	•	
AFSTYLA – antihemophilic fact rcmb single chain for inj kit 250 unit	•	•	•		ALPROLIX – coagulation factor ix (recomb) (rfixfc) for inj 500 unit	•	•	•	
AFSTYLA – antihemophilic fact rcmb single chain for inj kit 500 unit	•	•	•		ALPROLIX – coagulation factor ix (recomb) (rfixfc) for inj 1000 unit	•	•	•	
AFSTYLA – antihemophilic fact rcmb single chain for inj kit 1000 unit	•	•	•		ALPROLIX – coagulation factor ix (recomb) (rfixfc) for inj 2000 unit	•	•	•	
AFSTYLA – antihemophilic fact rcmb single chain for inj kit 1500 unit	•	•	•		ALPROLIX – coagulation factor ix (recomb) (rfixfc) for inj 3000 unit	•	•	•	
AFSTYLA – antihemophilic fact rcmb single chain for inj kit 2000 unit	•	•	•		ALPROLIX – coagulation factor ix (recomb) (rfixfc) for inj 4000 unit	•	•	•	
AFSTYLA – antihemophilic fact rcmb single chain for inj kit 2500 unit	•	•	•		ARANESP ALBUMIN FREE – darbepoetin alfa soln prefilled syringe 10 mcg/0.4ml	•	•		
AFSTYLA – antihemophilic fact rcmb single chain for inj kit 3000 unit	•	•	•		ARANESP ALBUMIN FREE – darbepoetin alfa soln prefilled syringe 25 mcg/0.42ml	•	•		
ALPHANATE/VON WILLEBRAND – antihemophilic factor/vwf (human) for inj 250 unit	•				ARANESP ALBUMIN FREE – darbepoetin alfa soln prefilled syringe 40 mcg/0.4ml	•	•		
ALPHANATE/VON WILLEBRAND – antihemophilic factor/vwf (human) for inj 500 unit	•				ARANESP ALBUMIN FREE – darbepoetin alfa soln prefilled syringe 60 mcg/0.3ml	•	•		
ALPHANATE/VON WILLEBRAND – antihemophilic factor/vwf (human) for inj 1000 unit	•				ARANESP ALBUMIN FREE – darbepoetin alfa soln prefilled syringe 100 mcg/0.5ml	•	•		
ALPHANATE/VON WILLEBRAND – antihemophilic factor/vwf (human) for inj 1500 unit	•				ARANESP ALBUMIN FREE – darbepoetin alfa soln prefilled syringe 150 mcg/0.3ml	•	•		
ALPHANATE/VON WILLEBRAND – antihemophilic factor/vwf (human) for inj 2000 unit	•				ARANESP ALBUMIN FREE – darbepoetin alfa soln prefilled syringe 200 mcg/0.4ml	•	•		
ALPHANINE SD – coagulation factor ix for inj 500 unit	•								

Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy
ARANESP ALBUMIN FREE – darbepoetin alfa soln prefilled syringe 300 mcg/0.6ml	•	•			COAGADEX – coagulation factor x (human) for inj 500 unit	•			
ARANESP ALBUMIN FREE – darbepoetin alfa soln prefilled syringe 500 mcg/ml	•	•			CORIFACT – factor xiii concentrate (human) for inj kit 1000-1600 unit	•			
ARANESP ALBUMIN FREE – darbepoetin alfa soln inj 25 mcg/ml	•	•			<b>cyanocobalamin inj 1000 mcg/ml</b>				
ARANESP ALBUMIN FREE – darbepoetin alfa soln inj 40 mcg/ml	•	•			<b>dipyridamole tab 25 mg</b> (Persantine)				
ARANESP ALBUMIN FREE – darbepoetin alfa soln inj 60 mcg/ml	•	•			DROXIA – hydroxyurea cap 200 mg				
ARANESP ALBUMIN FREE – darbepoetin alfa soln inj 100 mcg/ml	•	•			DROXIA – hydroxyurea cap 300 mg				
ARANESP ALBUMIN FREE – darbepoetin alfa soln inj 200 mcg/ml	•	•			DROXIA – hydroxyurea cap 400 mg				
ARANESP ALBUMIN FREE – darbepoetin alfa soln inj 300 mcg/ml	•	•			ELIQUIS – apixaban tab 2.5 mg	•			
BENEFIX – coagulation factor ix (recombinant) for inj kit 250 unit	•				ELIQUIS – apixaban tab 5 mg		•		
BENEFIX – coagulation factor ix (recombinant) for inj kit 500 unit	•				ELIQUIS STARTER PACK – apixaban tab 5 mg		•		
BENEFIX – coagulation factor ix (recombinant) for inj kit 1000 unit	•				ELOCTATE – antihemophilic factor (recomb) rfviiifc for inj 250 unit	•	•	•	
BENEFIX – coagulation factor ix (recombinant) for inj kit 2000 unit	•				ELOCTATE – antihemophilic factor (recomb) rfviiifc for inj 500 unit	•	•	•	
BENEFIX – coagulation factor ix (recombinant) for inj kit 3000 unit	•				ELOCTATE – antihemophilic factor (recomb) rfviiifc for inj 750 unit	•	•	•	
BRILINTA – ticagrelor tab 60 mg					ELOCTATE – antihemophilic factor (recomb) rfviiifc for inj 1000 unit	•	•	•	
BRILINTA – ticagrelor tab 90 mg					ELOCTATE – antihemophilic factor (recomb) rfviiifc for inj 1500 unit	•	•	•	
<b>cilostazol tab 50 mg</b> (Pletal)					ELOCTATE – antihemophilic factor (recomb) rfviiifc for inj 2000 unit	•	•	•	
<b>cilostazol tab 100 mg</b> (Pletal)					ELOCTATE – antihemophilic factor (recomb) rfviiifc for inj 3000 unit	•	•	•	
<b>clopidogrel bisulfate tab 75 mg (base equiv)</b> (Plavix)					ELOCTATE – antihemophilic factor (recomb) rfviiifc for inj 4000 unit	•	•	•	
COAGADEX – coagulation factor x (human) for inj 250 unit	•				ELOCTATE – antihemophilic factor (recomb) rfviiifc for inj 5000 unit	•	•	•	
					ELOCTATE – antihemophilic factor (recomb) rfviiifc for inj 6000 unit	•	•	•	
					EPOGEN – epoetin alfa inj 2000 unit/ml	•	•		
					EPOGEN – epoetin alfa inj 3000 unit/ml	•	•		
					EPOGEN – epoetin alfa inj 4000 unit/ml	•	•		

Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy
EPOGEN – epoetin alfa inj 10000 unit/ml	•	•			HEMLIBRA – emicizumab-kxwh subcutaneous soln 60 mg/0.4ml (150 mg/ml)	•	•	•	
EPOGEN – epoetin alfa inj 20000 unit/ml	•	•			HEMLIBRA – emicizumab-kxwh subcutaneous soln 105 mg/0.7ml (150 mg/ml)	•	•	•	
FEIBA – antiinhibitor coagulant complex for iv soln 500 unit	•				HEMLIBRA – emicizumab-kxwh subcutaneous soln 150 mg/ml	•	•	•	
FEIBA – antiinhibitor coagulant complex for iv soln 1000 unit	•				HEMOFIL M – antihemophilic factor (human) for inj 250 unit	•			
FEIBA – antiinhibitor coagulant complex for iv soln 2500 unit	•				HEMOFIL M – antihemophilic factor (human) for inj 500 unit	•			
FIRAZYR – icatibant acetate inj 30 mg/3ml (base equivalent)	•	•	•		HEMOFIL M – antihemophilic factor (human) for inj 1000 unit	•			
<b>folic acid tab 1 mg</b>					HEMOFIL M – antihemophilic factor (human) for inj 1700 unit	•			
FULPHILA – pegfilgrastim-jmdb soln prefilled syringe 6 mg/0.6ml	•				HUMATE-P – antihemophilic factor/vwf (human) for inj 250-600 unit	•			
GRANIX – tbo-filgrastim soln prefilled syringe 300 mcg/0.5ml	•				HUMATE-P – antihemophilic factor/vwf (human) for inj 500-1200 unit	•			
GRANIX – tbo-filgrastim soln prefilled syringe 480 mcg/0.8ml	•				HUMATE-P – antihemophilic factor/vwf (human) for inj 1000-2400 unit	•			
GRANIX – tbo-filgrastim subcutaneous inj 300 mcg/ml	•				IDELVION – coagulation factor ix (recomb) (rix-fp) for inj 250 unit	•	•	•	
GRANIX – tbo-filgrastim subcutaneous inj 480 mcg/1.6ml (300 mcg/ml)	•				IDELVION – coagulation factor ix (recomb) (rix-fp) for inj 500 unit	•	•	•	
HELIXATE FS – antihemophilic factor (recombinant) for inj kit 250 unit	•				IDELVION – coagulation factor ix (recomb) (rix-fp) for inj 1000 unit	•	•	•	
HELIXATE FS – antihemophilic factor (recombinant) for inj kit 500 unit	•				IDELVION – coagulation factor ix (recomb) (rix-fp) for inj 2000 unit	•	•	•	
HELIXATE FS – antihemophilic factor (recombinant) for inj kit 1000 unit	•				IDELVION – coagulation factor ix (recomb) (rix-fp) for inj 3500 unit	•	•	•	
HELIXATE FS – antihemophilic factor (recombinant) for inj kit 2000 unit	•				IXINITY – coagulation factor ix (recombinant) for inj 250 unit	•			
HELIXATE FS – antihemophilic factor (recombinant) for inj kit 3000 unit	•				IXINITY – coagulation factor ix (recombinant) for inj 500 unit	•			
HEMLIBRA – emicizumab-kxwh subcutaneous soln 30 mg/ml	•	•	•		IXINITY – coagulation factor ix (recombinant) for inj 1000 unit	•			

Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy
IXINITY – coagulation factor ix (recombinant) for inj 1500 unit	•				KOVALTRY – antihemophilic factor (recombinant) for inj 3000 unit	•			
IXINITY – coagulation factor ix (recombinant) for inj 2000 unit	•				MONONINE – coagulation factor ix for inj 1000 unit	•			
IXINITY – coagulation factor ix (recombinant) for inj 3000 unit	•				NEULASTA – pegfilgrastim soln prefilled syringe 6 mg/0.6ml	•			
KOATE – antihemophilic factor (human) for inj 250 unit	•				NEULASTA ONPRO KIT – pegfilgrastim soln prefilled syringe kit 6 mg/0.6ml	•			
KOATE – antihemophilic factor (human) for inj 500 unit	•				NEUPOGEN – filgrastim soln prefilled syringe 300 mcg/0.5ml	•			
KOATE – antihemophilic factor (human) for inj 1000 unit	•				NEUPOGEN – filgrastim soln prefilled syringe 480 mcg/0.8ml (600 mcg/ml)	•			
KOATE-DVI – antihemophilic factor (human) for inj 250 unit	•				NEUPOGEN – filgrastim inj 300 mcg/ml	•			
KOATE-DVI – antihemophilic factor (human) for inj 500 unit	•				NEUPOGEN – filgrastim inj 480 mcg/1.6ml (300 mcg/ml)	•			
KOATE-DVI – antihemophilic factor (human) for inj 1000 unit	•				NIVESTYM – filgrastim-aafi soln prefilled syringe 300 mcg/0.5ml	•			
KOGENATE FS – antihemophilic factor (recombinant) for inj kit 250 unit	•				NIVESTYM – filgrastim-aafi soln prefilled syringe 480 mcg/0.8ml	•			
KOGENATE FS – antihemophilic factor (recombinant) for inj kit 500 unit	•				NIVESTYM – filgrastim-aafi inj 300 mcg/ml	•			
KOGENATE FS – antihemophilic factor (recombinant) for inj kit 1000 unit	•				NIVESTYM – filgrastim-aafi inj 480 mcg/1.6ml (300 mcg/ml)	•			
KOGENATE FS – antihemophilic factor (recombinant) for inj kit 2000 unit	•				NOVOEIGHT – antihemophilic factor (recombinant) for inj 250 unit	•			
KOGENATE FS – antihemophilic factor (recombinant) for inj kit 3000 unit	•				NOVOEIGHT – antihemophilic factor (recombinant) for inj 500 unit	•			
KOVALTRY – antihemophilic factor (recombinant) for inj 250 unit	•				NOVOEIGHT – antihemophilic factor (recombinant) for inj 1000 unit	•			
KOVALTRY – antihemophilic factor (recombinant) for inj 500 unit	•				NOVOEIGHT – antihemophilic factor (recombinant) for inj 1500 unit	•			
KOVALTRY – antihemophilic factor (recombinant) for inj 1000 unit	•				NOVOEIGHT – antihemophilic factor (recombinant) for inj 2000 unit	•			
KOVALTRY – antihemophilic factor (recombinant) for inj 2000 unit	•				NOVOEIGHT – antihemophilic factor (recombinant) for inj 3000 unit	•			

Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy
NOVOSEVEN RT – coagulation factor viia (recomb) for inj 1 mg (1000 mcg)	•				OBIZUR – antihemophilic factor (recomb porc) rpfviii for inj 500 unit	•			
NOVOSEVEN RT – coagulation factor viia (recomb) for inj 2 mg (2000 mcg)	•				<b>pentoxifylline tab er 400 mg</b>				
NOVOSEVEN RT – coagulation factor viia (recomb) for inj 5 mg (5000 mcg)	•				PROCRIT – epoetin alfa inj 2000 unit/ml	•	•		
NOVOSEVEN RT – coagulation factor viia (recomb) for inj 8 mg (8000 mcg)	•				PROCRIT – epoetin alfa inj 3000 unit/ml	•	•		
NUWIQ – antihemophilic factor (bdd-rfviii) for inj 250 unit	•				PROCRIT – epoetin alfa inj 4000 unit/ml	•	•		
NUWIQ – antihemophilic factor (bdd-rfviii) for inj 500 unit	•				PROCRIT – epoetin alfa inj 10000 unit/ml	•	•		
NUWIQ – antihemophilic factor (bdd-rfviii) for inj 1000 unit	•				PROCRIT – epoetin alfa inj 20000 unit/ml	•	•		
NUWIQ – antihemophilic factor (bdd-rfviii) for inj 2000 unit	•				PROCRIT – epoetin alfa inj 40000 unit/ml	•	•		
NUWIQ – antihemophilic factor (bdd-rfviii) for inj 2500 unit	•				PROFILNINE – factor ix complex for inj 500 unit	•			
NUWIQ – antihemophilic factor (bdd-rfviii) for inj 3000 unit	•				PROFILNINE – factor ix complex for inj 1000 unit	•			
NUWIQ – antihemophilic factor (bdd-rfviii) for inj 4000 unit	•				PROFILNINE – factor ix complex for inj 1500 unit	•			
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NUWIQ – antihemophilic factor (bdd-rfviii) for inj kit 2500 unit	•				REBINYN – coagulation factor ix recomb glycopegylated for inj 1000 unt	•	•	•	
NUWIQ – antihemophilic factor (bdd-rfviii) for inj kit 3000 unit	•				REBINYN – coagulation factor ix recomb glycopegylated for inj 2000 unt	•	•	•	
NUWIQ – antihemophilic factor (bdd-rfviii) for inj kit 4000 unit	•				RECOMBINATE – antihemophilic factor (recombinant) for inj 220-400 unit	•			

Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy
RECOMBINATE – antihemophilic factor (recombinant) for inj 401-800 unit	•				<b>warfarin sodium tab 2 mg</b> (Coumadin)				
RECOMBINATE – antihemophilic factor (recombinant) for inj 801-1240 unit	•				<b>warfarin sodium tab 2.5 mg</b> (Coumadin)				
RECOMBINATE – antihemophilic factor (recombinant) for inj 1241-1800 unit	•				<b>warfarin sodium tab 3 mg</b> (Coumadin)				
RECOMBINATE – antihemophilic factor (recombinant) for inj 1801-2400 unit	•				<b>warfarin sodium tab 4 mg</b> (Coumadin)				
RETACRIT – epoetin alfa-epbx inj 2000 unit/ml	•	•			<b>warfarin sodium tab 5 mg</b> (Coumadin)				
RETACRIT – epoetin alfa-epbx inj 3000 unit/ml	•	•			<b>warfarin sodium tab 6 mg</b> (Coumadin)				
RETACRIT – epoetin alfa-epbx inj 4000 unit/ml	•	•			<b>warfarin sodium tab 7.5 mg</b> (Coumadin)				
RETACRIT – epoetin alfa-epbx inj 10000 unit/ml	•	•			<b>warfarin sodium tab 10 mg</b> (Coumadin)				
RETACRIT – epoetin alfa-epbx inj 40000 unit/ml	•	•			<b>WILATE</b> – antihemophilic factor/vwf (human) for inj 500-500 unit kit	•			
RIXUBIS – coagulation factor ix (recombinant) for inj 250 unit	•				<b>WILATE</b> – antihemophilic factor/vwf (human) for inj 1000-1000 unit kit	•			
RIXUBIS – coagulation factor ix (recombinant) for inj 500 unit	•				<b>XARELTO</b> – rivaroxaban tab 2.5 mg				•
RIXUBIS – coagulation factor ix (recombinant) for inj 1000 unit	•				<b>XARELTO</b> – rivaroxaban tab 10 mg				•
RIXUBIS – coagulation factor ix (recombinant) for inj 2000 unit	•				<b>XARELTO</b> – rivaroxaban tab 15 mg				•
RIXUBIS – coagulation factor ix (recombinant) for inj 3000 unit	•				<b>XARELTO</b> – rivaroxaban tab 20 mg				•
TRETTEN – coagulation factor xiii a-subunit for inj 2000-3125 unit	•				<b>XARELTO STARTER PACK</b> – rivaroxaban tab starter therapy pack 15 mg & 20 mg				•
UDENYCA – pegfilgrastim-cbqv soln prefilled syringe 6 mg/0.6ml	•				<b>XYNTHA</b> – antihemophilic factor recombinant paf for inj kit 250 unit				•
VONVENDI – von willebrand factor (recombinant) for inj 650 unit	•				<b>XYNTHA</b> – antihemophilic factor recombinant paf for inj kit 500 unit				•
VONVENDI – von willebrand factor (recombinant) for inj 1300 unit	•				<b>XYNTHA</b> – antihemophilic factor recombinant paf for inj kit 1000 unit				•
<b>warfarin sodium tab 1 mg</b> (Coumadin)					<b>XYNTHA</b> – antihemophilic factor recombinant paf for inj kit 2000 unit				•
					<b>XYNTHA SOLOFUSE</b> – antihemophilic factor recombinant paf for inj kit 250 unit				•
					<b>XYNTHA SOLOFUSE</b> – antihemophilic factor recombinant paf for inj kit 500 unit				•

Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy
XYNTHA SOLOFUSE – antihemophilic factor recombinant paf for inj kit 1000 unit	•				LOTEMAX SM – loteprednol etabonate ophth gel 0.38%				
XYNTHA SOLOFUSE – antihemophilic factor recombinant paf for inj kit 2000 unit	•				<b>neomycin-polymyxin-dexamethasone ophth oint 0.1%</b> (Maxitrol)				
XYNTHA SOLOFUSE – antihemophilic factor recombinant paf for inj kit 3000 unit	•				<b>neomycin-polymyxin-dexamethasone ophth susp 0.1%</b> (Maxitrol)				
ZARXIO – filgrastim-sndz soln prefilled syringe 300 mcg/0.5ml	•				PREDNISOLONE SODIUM PHOSP – prednisolone sodium phosphate ophth soln 1%				
ZARXIO – filgrastim-sndz soln prefilled syringe 480 mcg/0.8ml	•				ZYLET – loteprednol etabonate-tobramycin ophth susp 0.5-0.3%				
<b>TOPICAL PRODUCTS</b>									
<b>EYE</b>									
<b>Anti-infectives</b>									
BACITRACIN – bacitracin ophth oint 500 unit/gm					ALPHAGAN P – brimonidine tartrate ophth soln 0.1%				
<b>bacitracin-polymyxin b ophth oint</b>					AZOPT – brinzolamide ophth susp 1% <b>brimonidine tartrate ophth soln 0.2%</b>				
ciprofloxacin hcl ophth soln 0.3% (base equivalent) (Ciloxan)					<b>dorzolamide hcl-timolol maleate ophth soln 22.3-6.8 mg/ml</b> (Cosopt)				
<b>erythromycin ophth oint 5 mg/gm</b>					<b>latanoprost ophth soln 0.005%</b> (Xalatan)		•		
gentamicin sulfate ophth soln 0.3% (Garamycin)					<b>levobunolol hcl ophth soln 0.5%</b> (Betagan)				
NATACYN – natamycin ophth susp 5%					LUMIGAN – bimatoprost ophth soln 0.01%			•	•
<b>ofloxacin ophth soln 0.3%</b> (Ocuflox)					SIMBRINZA – brinzolamide-brimonidine tartrate ophth susp 1-0.2%				
<b>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</b> (Polytrim)					<b>timolol maleate ophth soln 0.25%</b> (Timoptic)				
<b>tobramycin ophth soln 0.3%</b> (Tobrex)					<b>timolol maleate ophth soln 0.5%</b> (Timoptic)				
<b>Steroids and Combination Products</b>									
LOTEMAX – loteprednol etabonate ophth susp 0.5%					TRAVATAN Z – travoprost ophth soln 0.004% (benzalkonium free) (bak free)			•	•
LOTEMAX – loteprednol etabonate ophth oint 0.5%					<b>Other Eye Products</b>				
LOTEMAX – loteprednol etabonate ophth gel 0.5%									

Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy
<b>cromolyn sodium ophth soln 4%</b>					<b>hydrocortisone cream 2.5%</b>				
<b>cyclopentolate hcl ophth soln 1% (Cyclogyl)</b>					<b>hydrocortisone oint 2.5%</b>				
<b>diclofenac sodium ophth soln 0.1%</b>					<b>triamcinolone acetonide cream 0.025%</b>				
<b>ketorolac tromethamine ophth soln 0.5% (Acular)</b>					<b>triamcinolone acetonide cream 0.1%</b>				
PAZEO – olopatadine hcl ophth soln 0.7% (base equivalent)					<b>triamcinolone acetonide cream 0.5%</b>				
<b>proparacaine hcl ophth soln 0.5%</b>					<b>triamcinolone acetonide oint 0.025%</b>				
<b>tetracaine hcl ophth soln 0.5%</b>					<b>triamcinolone acetonide oint 0.1%</b>				
<b>tropicamide ophth soln 0.5%</b>					<b>Other Skin Products</b>				
<b>tropicamide ophth soln 1% (Mydriacyl)</b>					CARAC – fluorouracil cream 0.5%	•	•	•	
<b>EAR</b>					COSENTYX – secukinumab subcutaneous soln prefilled syringe 150 mg/ml	•	•	•	
CIPRODEX – ciprofloxacin-dexamethasone otic susp 0.3-0.1%					COSENTYX SENSOREADY PEN – secukinumab subcutaneous soln auto-injector 150 mg/ml	•	•	•	
<b>MOUTH AND THROAT (LOCAL)</b>					FLUOROPLEX – fluorouracil cream 1%	•	•		
<b>chlorhexidine gluconate soln 0.12% (Peridex)</b>					<b>lidocaine hcl gel 2%</b>			•	
<b>lidocaine hcl viscous soln 2%</b>					<b>lidocaine hcl soln 4% (Xylocaine)</b>			•	
<b>ANORECTAL AGENTS</b>					<b>lidocaine hcl urethral/mucosal gel 2%</b>			•	
<b>hydrocortisone rectal cream 2.5% (Anusol-hc)</b>					<b>selenium sulfide lotion 2.5%</b>				
<b>SKIN CONDITIONS/PRODUCTS</b>					SKYRIZI – risankizumab-rzaa sol prefilled syringe 2 x 75 mg/0.83ml kit	•	•	•	
<b>Acne</b>					STELARA – ustekinumab inj 45 mg/0.5ml	•	•	•	
FINACEA – azelaic acid foam 15%					STELARA – ustekinumab soln prefilled syringe 45 mg/0.5ml	•	•	•	
SOOLANTRA – ivermectin cream 1%					STELARA – ustekinumab soln prefilled syringe 90 mg/ml	•	•	•	
TAZORAC – tazarotene cream 0.05%					TREMFYA – guselkumab soln pen-injector 100 mg/ml	•	•	•	
TAZORAC – tazarotene gel 0.05%					TREMFYA – guselkumab soln prefilled syringe 100 mg/ml	•	•	•	
TAZORAC – tazarotene gel 0.1%					VALCHLOR – mechlorethamine hcl gel 0.016% (base equivalent)	•			
<b>Anti-infectives</b>									
<b>mupirocin oint 2% (Bactroban)</b>									
<b>silver sulfadiazine cream 1% (Silvadene)</b>									
<b>Corticosteroids</b>									

Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy
ZYCLARA – imiquimod cream 3.75%		•	•		PROGRAF – tacrolimus cap 1 mg				
ZYCLARA PUMP – imiquimod cream 2.5%		•	•		PROGRAF – tacrolimus cap 5 mg				
ZYCLARA PUMP – imiquimod cream 3.75%		•	•		PROGRAF – tacrolimus packet for susp 0.2 mg				
<b>MISCELLANEOUS CATEGORIES</b>									
<b>DIABETIC SUPPLIES</b>									
TEST STRIPS – ASCENSA BREEZE 2, CONTOUR, CONTOUR NEXT			•		RAPAMUNE – sirolimus oral soln 1 mg/ml				
INSULIN PEN NEEDLES – VARIOUS			•		REVLIMID – lenalidomide caps 2.5 mg	•	•	•	
INSULIN SYRINGES – VARIOUS			•		REVLIMID – lenalidomide cap 5 mg	•	•	•	
LANCETS – VARIOUS			•		REVLIMID – lenalidomide cap 10 mg	•	•	•	
<b>RESPIRATORY INHALER-ASSIST DEVICES</b>									
BREATHERITE – spacer/aerosol-holding chambers - device					REVLIMID – lenalidomide cap 15 mg	•	•	•	
<b>MISCELLANEOUS DRUGS</b>									
CELLCEPT – mycophenolate mofetil cap 250 mg					REVLIMID – lenalidomide cap 20 mg	•	•	•	
CELLCEPT – mycophenolate mofetil tab 500 mg					REVLIMID – lenalidomide cap 25 mg	•	•	•	
CHEMET – succimer cap 100 mg					SUBOXONE – buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)				•
DEPEN TITRATABS – penicillamine tab 250 mg	•				SUBOXONE – buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)				
EXJADE – deferasirox tab for oral susp 125 mg	•				SUBOXONE – buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)				•
EXJADE – deferasirox tab for oral susp 250 mg	•				SUBOXONE – buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)				•
EXJADE – deferasirox tab for oral susp 500 mg	•				THALOMID – thalidomide cap 50 mg	•	•	•	
JADENU – deferasirox tab 90 mg	•				THALOMID – thalidomide cap 100 mg	•	•	•	
JADENU – deferasirox tab 180 mg	•				THALOMID – thalidomide cap 150 mg	•	•	•	
JADENU – deferasirox tab 360 mg	•				THALOMID – thalidomide cap 200 mg	•	•	•	
NARCAN – naloxone hcl nasal spray 4 mg/0.1ml					ZORTRESS – everolimus tab 0.25 mg				
PROGRAF – tacrolimus cap 0.5 mg					ZORTRESS – everolimus tab 0.5 mg				
					ZORTRESS – everolimus tab 0.75 mg				
					ZORTRESS – everolimus tab 1 mg				

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<b>atorvastatin calcium tab 80 mg (base equivalent) (Lipitor).....</b>	<b>12</b>	<b>bisoprolol &amp; hydrochlorothiazide tab 5-6.25 mg (Ziac).....</b>	<b>11</b>
ATRIPLA – efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg.....	2	bisoprolol & hydrochlorothiazide tab 10-6.25 mg (Ziac).....	11
AUBAGIO – teriflunomide tab 7 mg.....	20	<b>bisoprolol fumarate tab 5 mg (Zebeta).....</b>	<b>11</b>
AUBAGIO – teriflunomide tab 14 mg.....	20	BREATHERITE – spacer/aerosol-holding chambers - device.....	34
AVONEX – interferon beta-1a im prefilled syringe kit 30 mcg/0.5ml.....	20	BREO ELLIPTA – fluticasone furoate-vilanterol aero powd ba 100-25 mcg/inh.....	15
AVONEX PEN – interferon beta-1a im auto-injector kit 30 mcg/0.5ml.....	20	BREO ELLIPTA – fluticasone furoate-vilanterol aero powd ba 200-25 mcg/inh.....	15
AZITHROMYCIN – azithromycin powd pack for susp 1 gm.....	1	BRILINTA – ticagrelor tab 60 mg.....	27
<b>azithromycin tab 250 mg (Zithromax).....</b>	<b>1</b>	BRILINTA – ticagrelor tab 90 mg.....	27
<b>azithromycin tab 500 mg (Zithromax).....</b>	<b>1</b>	<b>brimonidine tartrate ophth soln 0.2%.....</b>	<b>32</b>
AZOPT – brinzolamide ophth susp 1%.....	32	bumetanide tab 0.5 mg.....	13
<b>B</b>		bumetanide tab 1 mg.....	13
BACITRACIN – bacitracin ophth oint 500 unit/gm.....	32	bupropion hcl tab er 12hr 100 mg (Wellbutrin sr).....	18
<b>bacitracin-polymyxin b ophth oint.....</b>	<b>32</b>	bupropion hcl tab er 12hr 150 mg (Wellbutrin sr).....	18
<b>baclofen tab 10 mg.....</b>	<b>25</b>	buspirone hcl tab 5 mg.....	18
BARACLUDA – entecavir oral soln 0.05 mg/ml.....	1	buspirone hcl tab 10 mg.....	18
BELSOMRA – suvorexant tab 5 mg.....	20	buspirone hcl tab 15 mg.....	18
BELSOMRA – suvorexant tab 10 mg.....	20	<b>C</b>	
BELSOMRA – suvorexant tab 15 mg.....	20	CARAC – fluorouracil cream 0.5%.....	33
BELSOMRA – suvorexant tab 20 mg.....	20	carbidopa & levodopa tab 10-100 mg (Sinemet).....	24
<b>benazepril hcl tab 5 mg.....</b>	<b>10</b>	carisoprodol tab 350 mg (Soma).....	25
<b>benazepril hcl tab 10 mg (Lotensin).....</b>	<b>10</b>	carvedilol tab 3.125 mg (Coreg).....	11
<b>benazepril hcl tab 20 mg (Lotensin).....</b>	<b>10</b>	carvedilol tab 6.25 mg (Coreg).....	11
<b>benazepril hcl tab 40 mg (Lotensin).....</b>	<b>10</b>	carvedilol tab 12.5 mg (Coreg).....	11
BENEFIX – coagulation factor ix (recombinant) for inj kit 250 unit.....	27	carvedilol tab 25 mg (Coreg).....	11
BENEFIX – coagulation factor ix (recombinant) for inj kit 500 unit.....	27	cefadroxil cap 500 mg.....	1
BENEFIX – coagulation factor ix (recombinant) for inj kit 1000 unit.....	27	CELLCEPT – mycophenolate mofetil cap 250 mg.....	34
BENEFIX – coagulation factor ix (recombinant) for inj kit 2000 unit.....	27	CELLCEPT – mycophenolate mofetil tab 500 mg.....	34
BENEFIX – coagulation factor ix (recombinant) for inj kit 3000 unit.....	27	CELONTIN – methsuximide cap 300 mg.....	23
BENZNIDAZOLE – benznidazole tab 12.5 mg.....	3	<b>cephalexin cap 250 mg (Keflex).....</b>	<b>1</b>
BENZNIDAZOLE – benznidazole tab 100 mg.....	3	<b>cephalexin cap 500 mg (Keflex).....</b>	<b>1</b>
<b>benzonatate cap 200 mg.....</b>	<b>14</b>	CHANTIX CONTINUING MONTH – varenicline tartrate tab 1 mg (base equiv).....	21
benzonatate cap 100 mg (Tessalon perles).....	14	CHANTIX – varenicline tartrate tab 0.5 mg (base equiv).....	21
benztropine mesylate tab 0.5 mg.....	24	CHANTIX – varenicline tartrate tab 1 mg (base equiv).....	21
benztropine mesylate tab 1 mg.....	24	CHEMET – succimer cap 100 mg.....	34
benztropine mesylate tab 2 mg.....	24	CHENODAL – chenodiol tab 250 mg.....	17
BETASERON – interferon beta-1b for inj kit 0.3 mg.....	20	<b>chlordiazepoxide hcl cap 5 mg.....</b>	<b>18</b>
bethanechol chloride tab 5 mg (Urecholine).....	18	<b>chlordiazepoxide hcl cap 10 mg.....</b>	<b>18</b>
bicalutamide tab 50 mg (Casodex).....	3	<b>chlordiazepoxide hcl cap 25 mg.....</b>	<b>18</b>
BIKTARVY – bictegravir-emtricitabine-tenofovir af tab 50-200-25 mg.....	2	<b>chlorhexidine gluconate soln 0.12% (Peridex).....</b>	<b>33</b>
<b>bisoprolol &amp; hydrochlorothiazide tab 2.5-6.25 mg (Ziac).....</b>	<b>11</b>	CHLOROQUINE PHOSPHATE – chloroquine phosphate tab 250 mg.....	3
		<b>chloroquine phosphate tab 500 mg (Aralen).....</b>	<b>3</b>
		<b>chlorothiazide tab 500 mg.....</b>	<b>13</b>
		<b>cilostazol tab 50 mg (Pletal).....</b>	<b>27</b>
		<b>cilostazol tab 100 mg (Pletal).....</b>	<b>27</b>

CIMDUO – lamivudine-tenofovir disoproxil fumarate tab 300-300 mg.....	2	COTELLIC – cobimetinib fumarate tab 20 mg (base equivalent).....	3
cimetidine tab 300 mg.....	16	CREON – pancrelipase (lip-prot-amyl) dr cap 3000-9500-15000 unit.....	17
cimetidine tab 400 mg.....	16	CREON – pancrelipase (lip-prot-amyl) dr cap 6000-19000-30000 unit.....	17
CIPRODEX – ciprofloxacin-dexamethasone otic susp 0.3-0.1%.....	33	CREON – pancrelipase (lip-prot-amyl) dr cap 12000-38000-60000 unit.....	17
ciprofloxacin hcl ophth soln 0.3% (base equivalent) (Ciloxan).....	32	CREON – pancrelipase (lip-prot-amyl) dr cap 24000-76000-120000 unit.....	17
ciprofloxacin hcl tab 750 mg (base equiv).....	1	CREON – pancrelipase (lip-prot-amyl) dr cap 36000-114000-180000 unit.....	17
ciprofloxacin hcl tab 250 mg (base equiv) (Cipro).....	1	CRINONE – progesterone vaginal gel 4%.....	18
ciprofloxacin hcl tab 500 mg (base equiv) (Cipro).....	1	CRINONE – progesterone vaginal gel 8%.....	18
citalopram hydrobromide tab 10 mg (base equiv) (Celexa).....	19	cromolyn sodium ophth soln 4%.....	33
citalopram hydrobromide tab 20 mg (base equiv) (Celexa).....	19	cyanocobalamin inj 1000 mcg/ml.....	27
citalopram hydrobromide tab 40 mg (base equiv) (Celexa).....	19	cyclobenzaprine hcl tab 5 mg.....	25
clindamycin hcl cap 75 mg (Cleocin).....	3	cyclobenzaprine hcl tab 10 mg.....	25
clindamycin hcl cap 150 mg (Cleocin).....	3	cyclopentolate hcl ophth soln 1% (Cyclogyl).....	33
clindamycin hcl cap 300 mg (Cleocin).....	3	CYSTADANE – betaine powder for oral solution.....	9
CLOMIPHENE CITRATE – clomiphene citrate tab 50 mg.....	6	CYSTAGON – cysteamine bitartrate cap 50 mg.....	18
clonazepam tab 0.5 mg (Klonopin).....	23	CYSTAGON – cysteamine bitartrate cap 150 mg.....	18
clonazepam tab 1 mg (Klonopin).....	23		
clonazepam tab 2 mg (Klonopin).....	23		
clonidine hcl tab 0.1 mg (Catapres).....	13		
clonidine hcl tab 0.2 mg (Catapres).....	13		
clonidine hcl tab 0.3 mg (Catapres).....	13		
clopidogrel bisulfate tab 75 mg (base equiv) (Plavix).....	27		
clorazepate dipotassium tab 3.75 mg.....	18		
clorazepate dipotassium tab 7.5 mg (Tranxene t).....	18		
COAGADEX – coagulation factor x (human) for inj 250 unit.....	27		
COAGADEX – coagulation factor x (human) for inj 500 unit.....	27		
COMBIPATCH – estradiol-norethindrone ace td pttw 0.05-0.14 mg/day.....	5		
COMBIPATCH – estradiol-norethindrone ace td pttw 0.05-0.25 mg/day.....	5		
COMBIVENT RESPIMAT – ipratropium-albuterol inhal aerosol soln 20-100 mcg/act.....	15		
COPAXONE – glatiramer acetate soln prefilled syringe 20 mg/ml.....	20		
COPAXONE – glatiramer acetate soln prefilled syringe 40 mg/ml.....	20		
CORIFACT – factor xiii concentrate (human) for inj kit 1000-1600 unit.....	27		
CORTISONE ACETATE – cortisone acetate tab 25 mg.....	5		
COSENTYX – secukinumab subcutaneous soln prefilled syringe 150 mg/ml.....	33		
COSENTYX SENSOREADY PEN – secukinumab subcutaneous soln auto-injector 150 mg/ml.....	33		
		D	
		DARAPRIM – pyrimethamine tab 25 mg.....	3
		DELSTRIGO – doravirine-lamivudine-tenofovir df tab 100-300-300 mg.....	2
		DELZICOL – mesalamine cap dr 400 mg.....	17
		DEPEN TITRATABS – penicillamine tab 250 mg.....	34
		DESCOVY – emtricitabine-tenofovir alafenamide fumarate tab 200-25 mg.....	2
		desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Desogen).....	6
		DEXAMETHASONE – dexamethasone soln 0.5 mg/5ml.....	5
		dexamethasone tab 0.5 mg.....	5
		dexamethasone tab 0.75 mg.....	5
		dexamethasone tab 1.5 mg.....	5
		dexamethasone tab 4 mg.....	5
		dexamethasone tab 6 mg.....	5
		DIASTAT ACUDIAL – diazepam rectal gel delivery system 10 mg.....	24
		DIASTAT ACUDIAL – diazepam rectal gel delivery system 20 mg.....	24
		DIASTAT PEDIATRIC – diazepam rectal gel delivery system 2.5 mg.....	24
		DIAZEPAM – diazepam oral soln 1 mg/ml.....	18
		diazepam tab 2 mg (Valium).....	18
		diazepam tab 5 mg (Valium).....	18
		diazepam tab 10 mg (Valium).....	18
		diclofenac sodium ophth soln 0.1%.....	33
		diclofenac sodium tab delayed release 50 mg.....	22
		diclofenac sodium tab delayed release 75 mg.....	22

dicyclomine hcl cap 10 mg (Bentyl).....	16	ELOCTATE – antihemophilic factor (recomb) rviiifc for inj 1500 unit.....	27
dicyclomine hcl tab 20 mg (Bentyl).....	16	ELOCTATE – antihemophilic factor (recomb) rviiifc for inj 2000 unit.....	27
DILANTIN – phenytoin sodium extended cap 30 mg.....	24	ELOCTATE – antihemophilic factor (recomb) rviiifc for inj 3000 unit.....	27
diltiazem hcl coated beads cap er 24hr 120 mg (Cardizem cd).....	12	ELOCTATE – antihemophilic factor (recomb) rviiifc for inj 4000 unit.....	27
diltiazem hcl coated beads cap er 24hr 180 mg (Cardizem cd).....	12	ELOCTATE – antihemophilic factor (recomb) rviiifc for inj 5000 unit.....	27
diltiazem hcl tab 90 mg.....	12	ELOCTATE – antihemophilic factor (recomb) rviiifc for inj 6000 unit.....	27
diltiazem hcl tab 30 mg (Cardizem).....	12	EMCYT – estramustine phosphate sodium cap 140 mg.....	3
diltiazem hcl tab 60 mg (Cardizem).....	12	EMEND – aprepitant for oral susp 125 mg (125 mg/5ml).....	17
diltiazem hcl tab 120 mg (Cardizem).....	12	EMGALITY – galcanezumab-gnlm subcutaneous soln auto-injector 120 mg/ml.....	23
dipyridamole tab 25 mg (Persantine).....	27	EMGALITY – galcanezumab-gnlm subcutaneous soln prefilled syr 120 mg/ml.....	23
divalproex sodium tab delayed release 125 mg (Depakote).....	24	enalapril maleate & hydrochlorothiazide tab 5-12.5 mg.....	10
divalproex sodium tab delayed release 250 mg (Depakote).....	24	enalapril maleate & hydrochlorothiazide tab 10-25 mg (Vaseretic).....	10
DIVIGEL – estradiol td gel 0.25 mg/0.25gm (0.1%).....	5	enalapril maleate tab 2.5 mg (Vasotec).....	10
DIVIGEL – estradiol td gel 0.5 mg/0.5gm (0.1%).....	5	enalapril maleate tab 5 mg (Vasotec).....	10
DIVIGEL – estradiol td gel 0.75 mg/0.75gm (0.1%).....	5	enalapril maleate tab 10 mg (Vasotec).....	10
DIVIGEL – estradiol td gel 1 mg/gm (0.1%).....	5	enalapril maleate tab 20 mg (Vasotec).....	10
donepezil hydrochloride tab 5 mg (Aricept).....	21	ENBREL – etanercept for subcutaneous inj 25 mg.....	22
donepezil hydrochloride tab 10 mg (Aricept).....	21	ENBREL – etanercept subcutaneous soln prefilled syringe 25 mg/0.5ml.....	22
dorzolamide hcl-timolol maleate ophth soln 22.3-6.8 mg/ml (Cosopt).....	32	ENBREL – etanercept subcutaneous soln prefilled syringe 50 mg/ml.....	22
doxazosin mesylate tab 1 mg (Cardura).....	13	ENBREL MINI – etanercept subcutaneous solution cartridge 50 mg/ml.....	22
doxazosin mesylate tab 2 mg (Cardura).....	13	ENBREL SURECLICK – etanercept subcutaneous solution auto-injector 50 mg/ml.....	22
doxazosin mesylate tab 4 mg (Cardura).....	13	ENTRESTO – sacubitril-valsartan tab 24-26 mg.....	12
doxazosin mesylate tab 8 mg (Cardura).....	13	ENTRESTO – sacubitril-valsartan tab 49-51 mg.....	12
doxepin hcl cap 10 mg.....	19	ENTRESTO – sacubitril-valsartan tab 97-103 mg.....	12
doxepin hcl cap 25 mg.....	19	EPCLUSA – sofosbuvir-velpatasvir tab 400-100 mg.....	1
doxepin hcl conc 10 mg/ml.....	19	EPIDIOLEX – cannabidiol soln 100 mg/ml.....	24
DROXIA – hydroxyurea cap 200 mg.....	27	EPINEPHRINE (Mylan Products) – epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000).....	14
DROXIA – hydroxyurea cap 300 mg.....	27	EPIPEN-JR 2-PAK – epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000).....	14
DROXIA – hydroxyurea cap 400 mg.....	27	EPOGEN – epoetin alfa inj 2000 unit/ml.....	27
DULERA – mometasone furoate-formoterol fumarate aerosol 100-5 mcg/act.....	15	EPOGEN – epoetin alfa inj 3000 unit/ml.....	27
DULERA – mometasone furoate-formoterol fumarate aerosol 200-5 mcg/act.....	15	EPOGEN – epoetin alfa inj 4000 unit/ml.....	27
<b>E</b>		EPOGEN – epoetin alfa inj 10000 unit/ml.....	28
ELIQUIS – apixaban tab 2.5 mg.....	27	EPOGEN – epoetin alfa inj 20000 unit/ml.....	28
ELIQUIS – apixaban tab 5 mg.....	27	<b>ergocalciferol cap 50000 unit (Drisdol)</b> .....	25
ELIQUIS STARTER PACK – apixaban tab 5 mg.....	27	ERLEADA – apalutamide tab 60 mg.....	3
ELLA – ulipristal acetate tab 30 mg.....	6	erythromycin ophth oint 5 mg/gm.....	32
ELOCTATE – antihemophilic factor (recomb) rviiifc for inj 250 unit.....	27		
ELOCTATE – antihemophilic factor (recomb) rviiifc for inj 500 unit.....	27		
ELOCTATE – antihemophilic factor (recomb) rviiifc for inj 750 unit.....	27		
ELOCTATE – antihemophilic factor (recomb) rviiifc for inj 1000 unit.....	27		

<b>escitalopram oxalate tab 5 mg (base equiv) (Lexapro).....</b>	<b>19</b>	<b>fluoxetine hcl tab 10 mg.....</b>	<b>19</b>
<b>escitalopram oxalate tab 10 mg (base equiv) (Lexapro).....</b>	<b>19</b>	FLUPHENAZINE HCL – fluphenazine hcl elixir 2.5 mg/5ml.....	19
<b>escitalopram oxalate tab 20 mg (base equiv) (Lexapro).....</b>	<b>19</b>	FLUPHENAZINE HCL – fluphenazine hcl oral conc 5 mg/ ml.....	19
<b>estazolam tab 1 mg.....</b>	<b>20</b>	<b>flurbiprofen tab 50 mg.....</b>	<b>22</b>
<b>estazolam tab 2 mg.....</b>	<b>20</b>	<b>flurbiprofen tab 100 mg.....</b>	<b>22</b>
<b>estradiol tab 0.5 mg (Estrace).....</b>	<b>5</b>	FLUTICASONE PROPIONATE/SA – fluticasone- salmeterol aer powder ba 55-14 mcg/act.....	15
<b>estradiol tab 1 mg (Estrace).....</b>	<b>5</b>	FLUTICASONE PROPIONATE/SA – fluticasone- salmeterol aer powder ba 113-14 mcg/act.....	15
<b>estradiol tab 2 mg (Estrace).....</b>	<b>5</b>	FLUTICASONE PROPIONATE/SA – fluticasone- salmeterol aer powder ba 232-14 mcg/act.....	15
EXJADE – deferasirox tab for oral susp 125 mg.....	34	<b>fluticasone propionate nasal susp 50 mcg/act (Flonase).....</b>	<b>14</b>
EXJADE – deferasirox tab for oral susp 250 mg.....	34	<b>folic acid tab 1 mg.....</b>	<b>28</b>
EXJADE – deferasirox tab for oral susp 500 mg.....	34	FOLLISTIM AQ – follitropin beta inj 300 unit/0.36ml.....	6
<b>F</b>		FOLLISTIM AQ – follitropin beta inj 600 unit/0.72ml.....	6
<b>famotidine tab 40 mg (Pepcid).....</b>	<b>16</b>	FOLLISTIM AQ – follitropin beta inj 900 unit/1.08ml.....	6
FEIBA – antiinhibitor coagulant complex for iv soln 500 unit.....	28	<b>fosinopril sodium tab 10 mg.....</b>	<b>10</b>
FEIBA – antiinhibitor coagulant complex for iv soln 1000 unit.....	28	<b>fosinopril sodium tab 20 mg.....</b>	<b>10</b>
FEIBA – antiinhibitor coagulant complex for iv soln 2500 unit.....	28	<b>fosinopril sodium tab 40 mg.....</b>	<b>10</b>
<b>fenofibrate tab 54 mg (Lofibra).....</b>	<b>12</b>	FULPHILA – pegfilgrastim-jmdb soln prefilled syringe 6 mg/0.6ml.....	28
FIASP FLEXTOUCH – insulin aspart (with niacinamide) sol pen-inj 100 unit/ml.....	8	<b>furosemide oral soln 10 mg/ml.....</b>	<b>13</b>
FIASP – insulin aspart (with niacinamide) inj 100 unit/ ml.....	8	<b>furosemide tab 20 mg (Lasix).....</b>	<b>13</b>
FINACEA – azelaic acid foam 15%.....	33	<b>furosemide tab 40 mg (Lasix).....</b>	<b>13</b>
<b>finasteride tab 5 mg (Proscar).....</b>	<b>18</b>	<b>furosemide tab 80 mg (Lasix).....</b>	<b>13</b>
FIRAZYR – icatibant acetate inj 30 mg/3ml (base equivalent).....	28	<b>G</b>	
FLOVENT DISKUS – fluticasone propionate aer pow ba 50 mcg/blister.....	15	<b>gabapentin cap 100 mg (Neurontin).....</b>	<b>24</b>
FLOVENT DISKUS – fluticasone propionate aer pow ba 100 mcg/blister.....	15	<b>gabapentin cap 300 mg (Neurontin).....</b>	<b>24</b>
FLOVENT DISKUS – fluticasone propionate aer pow ba 250 mcg/blister.....	15	<b>gabapentin cap 400 mg (Neurontin).....</b>	<b>24</b>
FLOVENT HFA – fluticasone propionate hfa inhal aer 110 mcg/act (125 valve).....	15	<b>gemfibrozil tab 600 mg (Lopid).....</b>	<b>12</b>
FLOVENT HFA – fluticasone propionate hfa inhal aer 220 mcg/act (250 valve).....	15	<b>gentamicin sulfate ophth soln 0.3% (Garamycin).....</b>	<b>32</b>
FLOVENT HFA – fluticasone propionate hfa inhal aero 44 mcg/act (50 valve).....	15	GENVOYA – elvitegrav-cobic-emtricitab-tenofovir af tab 150-150-200-10 mg.....	2
<b>fluconazole for susp 10 mg/ml (Diflucan).....</b>	<b>1</b>	GILENYA – fingolimod hcl cap 0.5 mg (base equiv).....	20
<b>fluconazole tab 50 mg (Diflucan).....</b>	<b>1</b>	<b>glimepiride tab 1 mg (Amaryl).....</b>	<b>6</b>
<b>fluconazole tab 100 mg (Diflucan).....</b>	<b>1</b>	<b>glimepiride tab 2 mg (Amaryl).....</b>	<b>6</b>
<b>fluconazole tab 150 mg (Diflucan).....</b>	<b>1</b>	<b>glimepiride tab 4 mg (Amaryl).....</b>	<b>6</b>
FLUOROPLEX – fluorouracil cream 1%.....	33	<b>glipizide tab er 24hr 2.5 mg (Glucotrol xl).....</b>	<b>6</b>
<b>fluoxetine hcl cap 10 mg (Prozac).....</b>	<b>19</b>	<b>glipizide tab er 24hr 5 mg (Glucotrol xl).....</b>	<b>6</b>
<b>fluoxetine hcl cap 20 mg (Prozac).....</b>	<b>19</b>	<b>glipizide tab 5 mg (Glucotrol).....</b>	<b>6</b>
<b>fluoxetine hcl cap 40 mg (Prozac).....</b>	<b>19</b>	<b>glipizide tab 10 mg (Glucotrol).....</b>	<b>6</b>
<b>fluoxetine hcl solution 20 mg/5ml.....</b>	<b>19</b>	GLUCAGON EMERGENCY KIT – glucagon (rdna) for inj kit 1 mg.....	6
		<b>glyburide-metformin tab 1.25-250 mg (Glucovance).....</b>	<b>7</b>
		<b>glyburide-metformin tab 2.5-500 mg (Glucovance).....</b>	<b>7</b>
		<b>glyburide-metformin tab 5-500 mg (Glucovance).....</b>	<b>7</b>
		<b>glyburide micronized tab 1.5 mg (Glynase).....</b>	<b>6</b>
		<b>glyburide micronized tab 3 mg (Glynase).....</b>	<b>6</b>
		<b>glyburide micronized tab 6 mg (Glynase).....</b>	<b>6</b>

<b>glyburide tab 1.25 mg.....</b>	<b>6</b>	HUMIRA – adalimumab prefilled syringe kit 10 mg/0.1ml.....	<b>22</b>
<b>glyburide tab 2.5 mg.....</b>	<b>6</b>	HUMIRA – adalimumab prefilled syringe kit 10 mg/0.2ml.....	<b>22</b>
<b>glyburide tab 5 mg.....</b>	<b>6</b>	HUMIRA – adalimumab prefilled syringe kit 20 mg/0.2ml.....	<b>22</b>
GLYXAMBI – empagliflozin-linagliptin tab 10-5 mg.....	7	HUMIRA – adalimumab prefilled syringe kit 20 mg/0.4ml.....	<b>22</b>
GLYXAMBI – empagliflozin-linagliptin tab 25-5 mg.....	7	HUMIRA – adalimumab prefilled syringe kit 40 mg/0.8ml.....	<b>22</b>
GRANIX – tbo-filgrastim soln prefilled syringe 300 mcg/0.5ml.....	28	HUMIRA – adalimumab prefilled syringe kit 40 mg/0.4ml.....	<b>22</b>
GRANIX – tbo-filgrastim soln prefilled syringe 480 mcg/0.8ml.....	28	HUMIRA PEDIATRIC CROHNS D – adalimumab prefilled syringe kit 40 mg/0.8ml.....	<b>22</b>
GRANIX – tbo-filgrastim subcutaneous inj 300 mcg/ml.....	28	HUMIRA PEDIATRIC CROHNS D – adalimumab prefilled syringe kit 80 mg/0.8ml.....	<b>22</b>
GRANIX – tbo-filgrastim subcutaneous inj 480 mcg/1.6ml (300 mcg/ml).....	28	HUMIRA PEN – adalimumab pen-injector kit 40 mg/0.8ml.....	<b>22</b>
<b>guanfacine hcl tab 1 mg (Tenex).....</b>	<b>13</b>	HUMIRA PEN – adalimumab pen-injector kit 40 mg/0.4ml.....	<b>22</b>
<b>guanfacine hcl tab 2 mg (Tenex).....</b>	<b>13</b>	HUMIRA PEN-CD/UC/HS START – adalimumab pen-injector kit 40 mg/0.8ml.....	<b>22</b>
<b>H</b>		HUMIRA PEN-CD/UC/HS START – adalimumab pen-injector kit 80 mg/0.8ml.....	<b>22</b>
<b>haloperidol lactate oral conc 2 mg/ml.....</b>	<b>19</b>	HUMIRA PEN-PS/UV STARTER – adalimumab pen-injector kit 40 mg/0.8ml.....	<b>23</b>
<b>haloperidol tab 0.5 mg.....</b>	<b>19</b>	HUMIRA PEN-PS/UV STARTER – adalimumab pen-injector kit 80 mg/0.8ml & 40 mg/0.4ml.....	<b>23</b>
<b>haloperidol tab 1 mg.....</b>	<b>19</b>	HUMULIN R U-500 (CONCENTR – insulin regular (human) inj 500 unit/ml.....	<b>8</b>
<b>haloperidol tab 2 mg.....</b>	<b>19</b>	HUMULIN R U-500 KWIKPEN – insulin regular (human) soln pen-injector 500 unit/ml.....	<b>8</b>
HARVONI – ledipasvir-sofosbuvir tab 90-400 mg.....	1	<b>hydralazine hcl tab 10 mg.....</b>	<b>13</b>
HELIXATE FS – antihemophilic factor (recombinant) for inj kit 250 unit.....	28	<b>hydralazine hcl tab 25 mg.....</b>	<b>13</b>
HELIXATE FS – antihemophilic factor (recombinant) for inj kit 500 unit.....	28	<b>hydralazine hcl tab 50 mg.....</b>	<b>13</b>
HELIXATE FS – antihemophilic factor (recombinant) for inj kit 2000 unit.....	28	<b>hydrochlorothiazide cap 12.5 mg (Microzide).....</b>	<b>13</b>
HELIXATE FS – antihemophilic factor (recombinant) for inj kit 3000 unit.....	28	<b>hydrochlorothiazide tab 12.5 mg.....</b>	<b>13</b>
HEMLIBRA – emicizumab-kxwh subcutaneous soln 30 mg/ml.....	28	<b>hydrochlorothiazide tab 25 mg.....</b>	<b>13</b>
HEMLIBRA – emicizumab-kxwh subcutaneous soln 150 mg/ml.....	28	<b>hydrochlorothiazide tab 50 mg.....</b>	<b>13</b>
HEMLIBRA – emicizumab-kxwh subcutaneous soln 60 mg/0.4ml (150 mg/ml).....	28	<b>hydrocodone-acetaminophen tab 7.5-325 mg (Norco).....</b>	<b>21</b>
HEMLIBRA – emicizumab-kxwh subcutaneous soln 105 mg/0.7ml (150 mg/ml).....	28	<b>hydrocodone-acetaminophen tab 5-325 mg (Norco).....</b>	<b>21</b>
HEMOFIL M – antihemophilic factor (human) for inj 250 unit.....	28	<b>hydrocodone-acetaminophen tab 10-325 mg (Norco).....</b>	<b>21</b>
HEMOFIL M – antihemophilic factor (human) for inj 500 unit.....	28	<b>hydrocodone-ibuprofen tab 7.5-200 mg (Vicoprofen).....</b>	<b>21</b>
HEMOFIL M – antihemophilic factor (human) for inj 1000 unit.....	28	<b>hydrocortisone cream 2.5%.....</b>	<b>33</b>
HEMOFIL M – antihemophilic factor (human) for inj 1700 unit.....	28	<b>hydrocortisone oint 2.5%.....</b>	<b>33</b>
HUMATE-P – antihemophilic factor/vwf (human) for inj 250-600 unit.....	28	<b>hydrocortisone rectal cream 2.5% (Anusol-hc).....</b>	<b>33</b>
HUMATE-P – antihemophilic factor/vwf (human) for inj 500-1200 unit.....	28	<b>hydromorphone hcl tab 2 mg (Dilaudid).....</b>	<b>21</b>
HUMATE-P – antihemophilic factor/vwf (human) for inj 1000-2400 unit.....	28		

hydromorphone hcl tab 4 mg (Dilaudid).....	21	INVOKAMET – canagliflozin-metformin hcl tab 150-1000 mg.....	7
hydroxychloroquine sulfate tab 200 mg (Plaquenil).....	3	INVOKAMET XR – canagliflozin-metformin hcl tab er 24hr 50-500 mg.....	7
hydroxyzine hcl syrup 10 mg/5ml.....	18	INVOKAMET XR – canagliflozin-metformin hcl tab er 24hr 50-1000 mg.....	7
hydroxyzine hcl tab 10 mg.....	18	INVOKAMET XR – canagliflozin-metformin hcl tab er 24hr 150-500 mg.....	7
hydroxyzine hcl tab 25 mg.....	18	INVOKAMET XR – canagliflozin-metformin hcl tab er 24hr 150-1000 mg.....	7
hydroxyzine hcl tab 50 mg.....	18	INVOKANA – canagliflozin tab 100 mg.....	7
hydroxyzine pamoate cap 25 mg (Vistaril).....	18	INVOKANA – canagliflozin tab 300 mg.....	7
hydroxyzine pamoate cap 50 mg (Vistaril).....	18	ipratropium bromide inhal soln 0.02%.....	15
<b>I</b>		irbesartan-hydrochlorothiazide tab 150-12.5 mg (Avalide).....	11
IBRANCE – palbociclib cap 75 mg.....	3	irbesartan-hydrochlorothiazide tab 300-12.5 mg (Avalide).....	11
IBRANCE – palbociclib cap 100 mg.....	3	ibuprofen tab 400 mg.....	23
IBRANCE – palbociclib cap 125 mg.....	3	ibuprofen tab 600 mg.....	23
ibuprofen tab 400 mg.....	23	ibuprofen tab 800 mg.....	23
ibuprofen tab 600 mg.....	23	IDELVION – coagulation factor ix (recomb) (rix-fp) for inj 250 unit.....	28
ibuprofen tab 800 mg.....	23	IDELVION – coagulation factor ix (recomb) (rix-fp) for inj 500 unit.....	28
IDELVION – coagulation factor ix (recomb) (rix-fp) for inj 1000 unit.....	28	IDELVION – coagulation factor ix (recomb) (rix-fp) for inj 2000 unit.....	28
IDELVION – coagulation factor ix (recomb) (rix-fp) for inj 3500 unit.....	28	IDELVION – coagulation factor ix (recomb) (rix-fp) for inj 3500 unit.....	28
imipramine hcl tab 10 mg (Tofranil).....	19	imipramine hcl tab 10 mg (Tofranil).....	19
imipramine hcl tab 25 mg (Tofranil).....	19	imipramine hcl tab 25 mg (Tofranil).....	19
imipramine hcl tab 50 mg (Tofranil).....	19	IMPAVIDO – miltefosine cap 50 mg.....	3
INBRIJA – levodopa inhal powder cap 42 mg.....	24	INBRIJA – levodopa inhal powder cap 42 mg.....	24
INCRELEX – mecasermin inj 40 mg/4ml (10 mg/ml).....	9	INCRELEX – mecasermin inj 40 mg/4ml (10 mg/ml).....	9
INCRUSE ELLIPTA – umeclidinium br aero powd breath act 62.5 mcg/inh (base eq).....	15	INCRUSE ELLIPTA – umeclidinium br aero powd breath act 62.5 mcg/inh (base eq).....	15
indapamide tab 1.25 mg.....	13	indapamide tab 1.25 mg.....	13
indapamide tab 2.5 mg.....	13	indomethacin cap 25 mg.....	23
indomethacin cap 25 mg.....	23	indomethacin cap 50 mg.....	23
INNOPRAN XL – propranolol hcl sustained-release beads cap er 24hr 80 mg.....	11	INNOPRAN XL – propranolol hcl sustained-release beads cap er 24hr 80 mg.....	11
INNOPRAN XL – propranolol hcl sustained-release beads cap er 24hr 120 mg.....	11	INNOPRAN XL – propranolol hcl sustained-release beads cap er 24hr 120 mg.....	11
INSULIN PEN NEEDLES – VARIOUS.....	34	INSULIN PEN NEEDLES – VARIOUS.....	34
INSULIN SYRINGES – VARIOUS.....	34	INSULIN SYRINGES – VARIOUS.....	34
INTELENCE – etravirine tab 25 mg.....	2	INTELENCE – etravirine tab 25 mg.....	2
INTELENCE – etravirine tab 100 mg.....	2	INTELENCE – etravirine tab 100 mg.....	2
INTELENCE – etravirine tab 200 mg.....	2	INTELENCE – etravirine tab 200 mg.....	2
INVOKAMET – canagliflozin-metformin hcl tab 50-500 mg.....	7	INVOKAMET – canagliflozin-metformin hcl tab 50-500 mg.....	7
INVOKAMET – canagliflozin-metformin hcl tab 50-1000 mg.....	7	INVOKAMET – canagliflozin-metformin hcl tab 50-1000 mg.....	7
INVOKAMET – canagliflozin-metformin hcl tab 150-500 mg.....	7	J	
		JADENU – deferasirox tab 90 mg.....	34
		JADENU – deferasirox tab 180 mg.....	34
		JADENU – deferasirox tab 360 mg.....	34

JANUMET – sitagliptin-metformin hcl tab 50-500 mg.....	7	KOGENATE FS – antihemophilic factor (recombinant) for inj kit 500 unit.....	29
JANUMET – sitagliptin-metformin hcl tab 50-1000 mg.....	7	KOGENATE FS – antihemophilic factor (recombinant) for inj kit 1000 unit.....	29
JANUMET XR – sitagliptin-metformin hcl tab er 24hr 50-500 mg.....	7	KOGENATE FS – antihemophilic factor (recombinant) for inj kit 2000 unit.....	29
JANUMET XR – sitagliptin-metformin hcl tab er 24hr 50-1000 mg.....	7	KOGENATE FS – antihemophilic factor (recombinant) for inj kit 3000 unit.....	29
JANUVIA – sitagliptin phosphate tab 25 mg (base equiv).....	7	KOMBIGLYZE XR – saxagliptin-metformin hcl tab er 24hr 2.5-1000 mg.....	7
JANUVIA – sitagliptin phosphate tab 50 mg (base equiv).....	7	KOMBIGLYZE XR – saxagliptin-metformin hcl tab er 24hr 5-500 mg.....	7
JANUVIA – sitagliptin phosphate tab 100 mg (base equiv).....	7	KOMBIGLYZE XR – saxagliptin-metformin hcl tab er 24hr 5-1000 mg.....	7
JARDIANCE – empagliflozin tab 10 mg.....	7	KOSHER PRENATAL PLUS IRON – prenatal vit w/ iron carbonyl-fa tab 30-1 mg.....	25
JARDIANCE – empagliflozin tab 25 mg.....	7	KOVALTRY – antihemophilic factor (recombinant) for inj 250 unit.....	29
<b>K</b>		KOVALTRY – antihemophilic factor (recombinant) for inj 500 unit.....	29
KALETRA – lopinavir-ritonavir tab 100-25 mg.....	2	KOVALTRY – antihemophilic factor (recombinant) for inj 1000 unit.....	29
KALETRA – lopinavir-ritonavir tab 200-50 mg.....	2	KOVALTRY – antihemophilic factor (recombinant) for inj 2000 unit.....	29
KALYDECO – ivacaftor packet 25 mg.....	16	KOVALTRY – antihemophilic factor (recombinant) for inj 3000 unit.....	29
KALYDECO – ivacaftor packet 50 mg.....	16	<b>L</b>	
KALYDECO – ivacaftor packet 75 mg.....	16	lactulose (encephalopathy) solution 10 gm/15ml.....	17
KALYDECO – ivacaftor tab 150 mg.....	16	lactulose solution 10 gm/15ml.....	16
ketoconazole tab 200 mg.....	1	lamotrigine tab 25 mg (Lamictal).....	24
ketorolac tromethamine ophth soln 0.5% (Acular).....	33	lamotrigine tab 100 mg (Lamictal).....	24
ketorolac tromethamine tab 10 mg.....	23	lamotrigine tab 150 mg (Lamictal).....	24
KISQALI FEMARA 200 DOSE – ribociclib 200 mg dose (200 mg tab) & letrozole 2.5 mg tbpk.....	4	lamotrigine tab 200 mg (Lamictal).....	24
KISQALI FEMARA 400 DOSE – ribociclib 400 mg dose (200 mg tab) & letrozole 2.5 mg tbpk.....	4	LANCETS – VARIOUS.....	34
KISQALI FEMARA 600 DOSE – ribociclib 600 mg dose (200 mg tab) & letrozole 2.5 mg tbpk.....	4	LANTUS – insulin glargine inj 100 unit/ml.....	8
KISQALI – ribociclib succinate tab pack 200 mg daily dose.....	3	LANTUS SOLOSTAR – insulin glargine soln pen-injector 100 unit/ml.....	8
KISQALI – ribociclib succinate tab pack 400 mg daily dose (200 mg tab).....	4	latanoprost ophth soln 0.005% (Xalatan).....	32
KISQALI – ribociclib succinate tab pack 600 mg daily dose (200 mg tab).....	4	LETAIRIS – ambrisentan tab 5 mg.....	13
KOATE – antihemophilic factor (human) for inj 250 unit.....	29	LETAIRIS – ambrisentan tab 10 mg.....	13
KOATE – antihemophilic factor (human) for inj 500 unit.....	29	letrozole tab 2.5 mg (Femara).....	4
KOATE – antihemophilic factor (human) for inj 1000 unit.....	29	LEUCOVORIN CALCIUM – leucovorin calcium tab 10 mg.....	4
KOATE-DVI – antihemophilic factor (human) for inj 250 unit.....	29	LEUCOVORIN CALCIUM – leucovorin calcium tab 15 mg.....	4
KOATE-DVI – antihemophilic factor (human) for inj 500 unit.....	29	LEUKERAN – chlorambucil tab 2 mg.....	4
KOATE-DVI – antihemophilic factor (human) for inj 1000 unit.....	29	LEVEMIR FLEXTOUCH – insulin detemir soln pen-injector 100 unit/ml.....	8
KOGENATE FS – antihemophilic factor (recombinant) for inj kit 250 unit.....	29	LEVEMIR – insulin detemir inj 100 unit/ml.....	8
		levetiracetam tab 250 mg (Keppra).....	24
		levobunolol hcl ophth soln 0.5% (Betagan).....	32
		levofloxacin tab 250 mg (Levaquin).....	1

levofloxacin tab 500 mg (Levaquin).....	1	LOTEMAX – loteprednol etabonate ophth susp 0.5%.....	32
levofloxacin tab 750 mg (Levaquin).....	1	LOTEMAX SM – loteprednol etabonate ophth gel 0.38%.....	32
levonorgestrel & ethynodiol dihydrogesterone tab 0.1 mg-20 mcg.....	6	lovastatin tab 10 mg.....	12
levothyroxine sodium tab 25 mcg (Synthroid).....	9	lovastatin tab 20 mg (Mevacor).....	12
levothyroxine sodium tab 50 mcg (Synthroid).....	9	lovastatin tab 40 mg (Mevacor).....	12
levothyroxine sodium tab 75 mcg (Synthroid).....	9	LUMIGAN – bimatoprost ophth soln 0.01%.....	32
levothyroxine sodium tab 88 mcg (Synthroid).....	9	LYRICA – pregabalin cap 25 mg.....	24
levothyroxine sodium tab 100 mcg (Synthroid).....	9	LYRICA – pregabalin cap 50 mg.....	24
levothyroxine sodium tab 112 mcg (Synthroid).....	9	LYRICA – pregabalin cap 75 mg.....	24
levothyroxine sodium tab 125 mcg (Synthroid).....	9	LYRICA – pregabalin cap 100 mg.....	24
levothyroxine sodium tab 137 mcg (Synthroid).....	9	LYRICA – pregabalin cap 150 mg.....	24
levothyroxine sodium tab 150 mcg (Synthroid).....	9	LYRICA – pregabalin cap 200 mg.....	24
levothyroxine sodium tab 175 mcg (Synthroid).....	9	LYRICA – pregabalin cap 225 mg.....	24
levothyroxine sodium tab 200 mcg (Synthroid).....	9	LYRICA – pregabalin cap 300 mg.....	24
levothyroxine sodium tab 300 mcg (Synthroid).....	9	LYRICA – pregabalin soln 20 mg/ml.....	24
lidocaine hcl gel 2%.....	33		
lidocaine hcl soln 4% (Xylocaine).....	33		
lidocaine hcl urethral/mucosal gel 2%.....	33		
lidocaine hcl viscous soln 2%.....	33		
LINZESS – linaclotide cap 72 mcg.....	17	M	
LINZESS – linaclotide cap 145 mcg.....	17	Mavyret – glecaprevir-pibrentasvir tab 100-40 mg.....	1
LINZESS – linaclotide cap 290 mcg.....	17	MAYZENT – siponimod fumarate tab 0.25 mg (base equiv).....	20
lisinopril & hydrochlorothiazide tab 10-12.5 mg (Zestoretic).....	10	MAYZENT – siponimod fumarate tab 2 mg (base equiv).....	21
lisinopril & hydrochlorothiazide tab 20-12.5 mg (Zestoretic).....	10	medroxyprogesterone acetate tab 2.5 mg (Provera).....	6
lisinopril & hydrochlorothiazide tab 20-25 mg (Zestoretic).....	10	medroxyprogesterone acetate tab 5 mg (Provera).....	6
lisinopril tab 5 mg (Prinivil).....	10	medroxyprogesterone acetate tab 10 mg (Provera).....	6
lisinopril tab 10 mg (Prinivil).....	10	MEFLOQUINE HCL – mefloquine hcl tab 250 mg.....	3
lisinopril tab 20 mg (Prinivil).....	10	megestrol acetate tab 20 mg.....	4
lisinopril tab 2.5 mg (Zestril).....	10	megestrol acetate tab 40 mg.....	4
lisinopril tab 30 mg (Zestril).....	10	MEKINIST – trametinib dimethyl sulfoxide tab 0.5 mg (base equivalent).....	4
lisinopril tab 40 mg (Zestril).....	10	MEKINIST – trametinib dimethyl sulfoxide tab 2 mg (base equivalent).....	4
lithium carbonate cap 300 mg.....	19	meloxicam tab 7.5 mg (Mobic).....	23
lithium carbonate cap 150 mg (Lithium carbonate).....	19	meloxicam tab 15 mg (Mobic).....	23
lithium carbonate cap 600 mg (Lithium carbonate).....	19	MESNEX – mesna tab 400 mg.....	4
lithium carbonate tab 300 mg.....	19	metformin hcl tab er 24hr 500 mg (Glucophage xr).....	7
lorazepam tab 0.5 mg (Ativan).....	18	metformin hcl tab er 24hr 750 mg (Glucophage xr).....	7
lorazepam tab 1 mg (Ativan).....	18	metformin hcl tab 500 mg (Glucophage).....	7
lorazepam tab 2 mg (Ativan).....	18	metformin hcl tab 850 mg (Glucophage).....	7
losartan potassium & hydrochlorothiazide tab 50-12.5 mg (Hyzaar).....	11	metformin hcl tab 1000 mg (Glucophage).....	7
losartan potassium & hydrochlorothiazide tab 100-12.5 mg (Hyzaar).....	11	methadone hcl tab for oral susp 40 mg.....	21
losartan potassium & hydrochlorothiazide tab 100-25 mg (Hyzaar).....	11	methadone hcl tab 10 mg (Dolophine).....	22
losartan potassium tab 25 mg (Cozaar).....	11	methadone hcl tab 5 mg (Dolophine hcl).....	21
losartan potassium tab 50 mg (Cozaar).....	11	methimazole tab 5 mg (Tapazole).....	9
losartan potassium tab 100 mg (Cozaar).....	11	methimazole tab 10 mg (Tapazole).....	9
LOTEMAX – loteprednol etabonate ophth gel 0.5%.....	32	methocarbamol tab 750 mg (Robaxin-750).....	25
LOTEMAX – loteprednol etabonate ophth oint 0.5%.....	32	methocarbamol tab 500 mg (Robaxin).....	25
		methyldopa tab 250 mg.....	13
		methyldopa tab 500 mg.....	13
		metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv).....	17

<b>metoclopramide hcl tab 5 mg (base equivalent) (Reglan).....</b>	<b>17</b>	<b>neomycin-polymyxin-dexamethasone ophth oint 0.1% (Maxitrol).....</b>	<b>32</b>
<b>metoclopramide hcl tab 10 mg (base equivalent) (Reglan).....</b>	<b>17</b>	<b>neomycin-polymyxin-dexamethasone ophth susp 0.1% (Maxitrol).....</b>	<b>32</b>
<b>metoprolol succinate tab er 24hr 25 mg (tartrate equiv) (Toprol xl).....</b>	<b>11</b>	<b>neomycin sulfate tab 500 mg.....</b>	<b>1</b>
<b>metoprolol succinate tab er 24hr 50 mg (tartrate equiv) (Toprol xl).....</b>	<b>11</b>	<b>NEULASTA ONPRO KIT – pegfilgrastim soln prefilled syringe kit 6 mg/0.6ml.....</b>	<b>29</b>
<b>metoprolol tartrate tab 25 mg.....</b>	<b>11</b>	<b>NEULASTA – pegfilgrastim soln prefilled syringe 6 mg/0.6ml.....</b>	<b>29</b>
<b>metoprolol tartrate tab 50 mg (Lopressor).....</b>	<b>11</b>	<b>NEUPOGEN – filgrastim inj 300 mcg/ml.....</b>	<b>29</b>
<b>metoprolol tartrate tab 100 mg (Lopressor).....</b>	<b>11</b>	<b>NEUPOGEN – filgrastim inj 480 mcg/1.6ml (300 mcg/ ml).....</b>	<b>29</b>
<b>metronidazole tab 250 mg (Flagyl).....</b>	<b>3</b>	<b>NEUPOGEN – filgrastim soln prefilled syringe 300 mcg/0.5ml.....</b>	<b>29</b>
<b>metronidazole tab 500 mg (Flagyl).....</b>	<b>3</b>	<b>NEUPOGEN – filgrastim soln prefilled syringe 480 mcg/0.8ml (600 mcg/ml).....</b>	<b>29</b>
MIGRALAN – dihydroergotamine mesylate nasal spray 4 mg/ml.....	23	<b>nevirapine tab 200 mg (Viramune).....</b>	<b>2</b>
<b>minocycline hcl cap 50 mg (Minocin).....</b>	<b>1</b>	<b>NEXAVAR – sorafenib tosylate tab 200 mg (base equivalent).....</b>	<b>4</b>
<b>minocycline hcl cap 75 mg (Minocin).....</b>	<b>1</b>	<b>NEXIUM – esomeprazole magnesium for delayed release susp packet 5 mg.....</b>	<b>17</b>
<b>minocycline hcl cap 100 mg (Minocin).....</b>	<b>1</b>	<b>NEXIUM – esomeprazole magnesium for delayed release susp packet 10 mg.....</b>	<b>17</b>
<b>minoxidil tab 2.5 mg.....</b>	<b>13</b>	<b>NEXIUM – esomeprazole magnesium for delayed release susp packet 20 mg.....</b>	<b>17</b>
<b>minoxidil tab 10 mg.....</b>	<b>13</b>	<b>NEXIUM – esomeprazole magnesium for delayed release susp packet 40 mg.....</b>	<b>17</b>
<b>mirtazapine tab 15 mg (Remeron).....</b>	<b>19</b>	<b>NEXIUM – esomeprazole magnesium for delayed release susp pack 2.5 mg.....</b>	<b>16</b>
<b>mirtazapine tab 30 mg (Remeron).....</b>	<b>19</b>	<b>NICOTROL INHALER – nicotine inhaler system 10 mg (4 mg delivered).....</b>	<b>21</b>
<b>mirtazapine tab 45 mg (Remeron).....</b>	<b>19</b>	<b>NICOTROL NS – nicotine nasal spray 10 mg/ml (0.5 mg/ spray).....</b>	<b>21</b>
<b>misoprostol tab 100 mcg (Cytotec).....</b>	<b>16</b>	<b>nifedipine tab er 24hr 30 mg (Adalat cc).....</b>	<b>12</b>
<b>misoprostol tab 200 mcg (Cytotec).....</b>	<b>16</b>	<b>nifedipine tab er 24hr osmotic release 30 mg (Procardia xl).....</b>	<b>12</b>
MITIGARE – colchicine cap 0.6 mg.....	23	<b>nitroglycerin cap er 2.5 mg.....</b>	<b>12</b>
MONONINE – coagulation factor ix for inj 1000 unit.....	29	<b>NITYR – nitisinone tab 2 mg.....</b>	<b>9</b>
<b>montelukast sodium chew tab 4 mg (base equiv) (Singulair).....</b>	<b>15</b>	<b>NITYR – nitisinone tab 5 mg.....</b>	<b>9</b>
<b>montelukast sodium chew tab 5 mg (base equiv) (Singulair).....</b>	<b>15</b>	<b>NITYR – nitisinone tab 10 mg.....</b>	<b>9</b>
<b>montelukast sodium tab 10 mg (base equiv) (Singulair).....</b>	<b>15</b>	<b>NIVESTYM – filgrastim-aafi inj 300 mcg/ml.....</b>	<b>29</b>
MORPHINE SULFATE – morphine sulfate tab 15 mg.....	22	<b>NIVESTYM – filgrastim-aafi inj 480 mcg/1.6ml (300 mcg/ ml).....</b>	<b>29</b>
MORPHINE SULFATE – morphine sulfate tab 30 mg.....	22	<b>NIVESTYM – filgrastim-aafi soln prefilled syringe 300 mcg/0.5ml.....</b>	<b>29</b>
MULTAQ – dronedarone hcl tab 400 mg (base equivalent).....	13	<b>NIVESTYM – filgrastim-aafi soln prefilled syringe 480 mcg/0.8ml.....</b>	<b>29</b>
<b>mupirocin oint 2% (Bactroban).....</b>	<b>33</b>	<b>nizatidine cap 150 mg.....</b>	<b>17</b>
MYLERAN – busulfan tab 2 mg.....	4	<b>norethindrone &amp; ethinyl estradiol tab 1 mg-35 mcg (Norinyl 1+35).....</b>	<b>6</b>
<b>N</b>		<b>norgestimate &amp; ethinyl estradiol tab 0.25 mg-35 mcg (Ortho-cyclen).....</b>	<b>6</b>
<b>nabumetone tab 500 mg.....</b>	<b>23</b>		
<b>nabumetone tab 750 mg.....</b>	<b>23</b>		
<b>naproxen sodium tab 275 mg (Anaprox).....</b>	<b>23</b>		
<b>naproxen sodium tab 550 mg (Anaprox ds).....</b>	<b>23</b>		
<b>naproxen tab ec 375 mg (Ec-naprosyn).....</b>	<b>23</b>		
<b>naproxen tab ec 500 mg (Ec-naprosyn).....</b>	<b>23</b>		
<b>naproxen tab 250 mg (Naprosyn).....</b>	<b>23</b>		
<b>naproxen tab 375 mg (Naprosyn).....</b>	<b>23</b>		
<b>naproxen tab 500 mg (Naprosyn).....</b>	<b>23</b>		
NARCAN – naloxone hcl nasal spray 4 mg/0.1ml.....	34		
NATACYN – natamycin ophth susp 5%.....	32		

<b>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg (Ortho tri-cyclen).....</b>	<b>6</b>	<b>NUWIQ – antihemophilic factor (bdd-rfviii) for inj kit 1000 unit.....</b>	<b>30</b>
<b>nortriptyline hcl cap 10 mg (Pamelor).....</b>	<b>19</b>	<b>NUWIQ – antihemophilic factor (bdd-rfviii) for inj kit 2000 unit.....</b>	<b>30</b>
<b>nortriptyline hcl cap 25 mg (Pamelor).....</b>	<b>19</b>	<b>NUWIQ – antihemophilic factor (bdd-rfviii) for inj kit 2500 unit.....</b>	<b>30</b>
<b>nortriptyline hcl cap 50 mg (Pamelor).....</b>	<b>19</b>	<b>NUWIQ – antihemophilic factor (bdd-rfviii) for inj kit 3000 unit.....</b>	<b>30</b>
<b>nortriptyline hcl cap 75 mg (Pamelor).....</b>	<b>19</b>	<b>NUWIQ – antihemophilic factor (bdd-rfviii) for inj kit 4000 unit.....</b>	<b>30</b>
NORVIR – ritonavir oral soln 80 mg/ml.....	2	<b>NUWIQ – antihemophilic factor (bdd-rfviii) for inj 250 unit.....</b>	<b>30</b>
NORVIR – ritonavir powder packet 100 mg.....	2	<b>NUWIQ – antihemophilic factor (bdd-rfviii) for inj 500 unit.....</b>	<b>30</b>
NOVOEIGHT – antihemophilic factor (recombinant) for inj 250 unit.....	29	<b>NUWIQ – antihemophilic factor (bdd-rfviii) for inj 1000 unit.....</b>	<b>30</b>
NOVOEIGHT – antihemophilic factor (recombinant) for inj 500 unit.....	29	<b>NUWIQ – antihemophilic factor (bdd-rfviii) for inj 2000 unit.....</b>	<b>30</b>
NOVOEIGHT – antihemophilic factor (recombinant) for inj 1000 unit.....	29	<b>NUWIQ – antihemophilic factor (bdd-rfviii) for inj 2500 unit.....</b>	<b>30</b>
NOVOEIGHT – antihemophilic factor (recombinant) for inj 1500 unit.....	29	<b>NUWIQ – antihemophilic factor (bdd-rfviii) for inj 3000 unit.....</b>	<b>30</b>
NOVOEIGHT – antihemophilic factor (recombinant) for inj 2000 unit.....	29	<b>NUWIQ – antihemophilic factor (bdd-rfviii) for inj 4000 unit.....</b>	<b>30</b>
NOVOEIGHT – antihemophilic factor (recombinant) for inj 3000 unit.....	29	<b>O</b>	
NOVOLIN 70/30 FLEXPEN – insulin nph & regular susp pen-inj 100 unit/ml (70-30).....	8	OBIZUR – antihemophilic factor (recomb porc) rpfviii for inj 500 unit.....	30
NOVOLIN 70/30 – insulin nph isophane & regular human inj 100 unit/ml (70-30).....	8	ODEFSEY – emtricitabine-rilpivirine-tenofovir af tab 200-25-25 mg.....	2
NOVOLIN N – insulin nph (human) (isophane) inj 100 unit/ml.....	8	<b>ofloxacin ophth soln 0.3% (Ocuflax).....</b>	<b>32</b>
NOVOLIN R – insulin regular (human) inj 100 unit/ml.....	8	<b>olanzapine tab 2.5 mg (Zyprexa).....</b>	<b>19</b>
NOVOLOG FLEXPEN – insulin aspart soln pen-injector 100 unit/ml.....	8	<b>olanzapine tab 5 mg (Zyprexa).....</b>	<b>19</b>
NOVOLOG – insulin aspart inj 100 unit/ml.....	8	<b>olanzapine tab 7.5 mg (Zyprexa).....</b>	<b>19</b>
NOVOLOG MIX 70/30 – insulin aspart prot & aspart (human) inj 100 unit/ml (70-30).....	8	<b>olanzapine tab 10 mg (Zyprexa).....</b>	<b>19</b>
NOVOLOG MIX 70/30 PREFILL – insulin aspart prot & aspart sus pen-inj 100 unit/ml (70-30).....	8	<b>omeprazole cap delayed release 10 mg (Prilosec).....</b>	<b>17</b>
NOVOLOG PENFILL – insulin aspart soln cartridge 100 unit/ml.....	8	<b>omeprazole cap delayed release 20 mg (Prilosec).....</b>	<b>17</b>
NOVOSEVEN RT – coagulation factor viia (recomb) for inj 1 mg (1000 mcg).....	30	<b>omeprazole cap delayed release 40 mg (Prilosec).....</b>	<b>17</b>
NOVOSEVEN RT – coagulation factor viia (recomb) for inj 2 mg (2000 mcg).....	30	OMNITROPE – somatropin for inj 5.8 mg.....	9
NOVOSEVEN RT – coagulation factor viia (recomb) for inj 5 mg (5000 mcg).....	30	OMNITROPE – somatropin inj 5 mg/1.5ml.....	9
NOVOSEVEN RT – coagulation factor viia (recomb) for inj 8 mg (8000 mcg).....	30	OMNITROPE – somatropin inj 10 mg/1.5ml.....	9
NOXAFIL – posaconazole susp 40 mg/ml.....	1	<b>ondansetron hcl tab 4 mg (Zofran).....</b>	<b>17</b>
NOXAFIL – posaconazole tab delayed release 100 mg.....	1	<b>ondansetron orally disintegrating tab 4 mg (Zofran odt).....</b>	<b>17</b>
NUVARING – etonogestrel-ethynodiol va ring 0.120-0.015 mg/24hr.....	6	ONGLYZA – saxagliptin hcl tab 2.5 mg (base equiv).....	7
NUWIQ – antihemophilic factor (bdd-rfviii) for inj kit 250 unit.....	30	ONGLYZA – saxagliptin hcl tab 5 mg (base equiv).....	7
NUWIQ – antihemophilic factor (bdd-rfviii) for inj kit 500 unit.....	30	OPSUMIT – macitentan tab 10 mg.....	13
		ORFADIN – nitisinone cap 2 mg.....	9
		ORFADIN – nitisinone cap 5 mg.....	9
		ORFADIN – nitisinone cap 10 mg.....	9
		ORFADIN – nitisinone cap 20 mg.....	9
		ORFADIN – nitisinone susp 4 mg/ml.....	9
		ORLISSA – elagolix sodium tab 150 mg (base equiv).....	9

ORILISSA – elagolix sodium tab 200 mg (base equiv).....	9	polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1% (Polytrim).....	32
OTEZLA – apremilast tab 30 mg.....	23	potassium chloride microencapsulated crys er tab 10 meq.....	25
OTEZLA – apremilast tab starter therapy pack 10 mg & 20 mg & 30 mg.....	23	potassium chloride microencapsulated crys er tab 20 meq.....	25
oxcarbazepine tab 150 mg (Trileptal).....	24	potassium chloride tab er 10 meq (K-tab).....	25
oxybutynin chloride syrup 5 mg/5ml.....	18	potassium chloride tab er 8 meq (600 mg).....	25
oxycodone hcl tab 5 mg (Roxicodone).....	22	pramipexole dihydrochloride tab 0.125 mg (Mirapex).....	24
oxycodone w/ acetaminophen tab 5-325 mg (Percocet).....	22	pramipexole dihydrochloride tab 0.25 mg (Mirapex).....	24
OZEMPIC – semaglutide soln pen-inj 1 mg/dose (2 mg/1.5ml).....	7	pramipexole dihydrochloride tab 0.5 mg (Mirapex).....	24
OZEMPIC – semaglutide soln pen-inj 0.25 or 0.5 mg/dose (2 mg/1.5ml).....	7	pramipexole dihydrochloride tab 0.75 mg (Mirapex).....	24
<b>P</b>		pramipexole dihydrochloride tab 1 mg (Mirapex).....	24
pantoprazole sodium ec tab 20 mg (base equiv) (Protonix).....	17	pramipexole dihydrochloride tab 1.5 mg (Mirapex).....	24
pantoprazole sodium ec tab 40 mg (base equiv) (Protonix).....	17	pravastatin sodium tab 10 mg.....	12
paroxetine hcl tab 10 mg (Paxil).....	19	pravastatin sodium tab 20 mg (Pravachol).....	12
paroxetine hcl tab 20 mg (Paxil).....	19	pravastatin sodium tab 40 mg (Pravachol).....	12
paroxetine hcl tab 30 mg (Paxil).....	19	prazosin hcl cap 1 mg (Minipress).....	13
paroxetine hcl tab 40 mg (Paxil).....	19	prazosin hcl cap 2 mg (Minipress).....	13
PAZEO – olopatadine hcl ophth soln 0.7% (base equivalent).....	33	PREDNISOLONE SODIUM PHOSP – prednisolone sodium phosphate ophth soln 1%.....	32
PEGASYS – peginterferon alfa-2a inj 180 mcg/ml.....	1	<b>prednisolone sod phosphate oral soln 15 mg/5ml (base equiv)</b> .....	5
PEGASYS – peginterferon alfa-2a inj 180 mcg/0.5ml.....	2	PREDNISONE INTENSOL – prednisone conc 5 mg/ml.....	5
PEGASYS PROCLICK – peginterferon alfa-2a inj 180 mcg/0.5ml.....	2	PREDNISONE – prednisone oral soln 5 mg/5ml.....	5
peg 3350-kcl-na bicarb-nacl-na sulfate for soln 240 gm (Colyte-flavor packs).....	16	PREDNISONE – prednisone tab 50 mg.....	5
peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm (Golytely).....	16	<b>prednisone tab 1 mg</b> .....	5
peg 3350-kcl-sod bicarb-nacl for soln 420 gm (Nulytely/flavor pack).....	16	<b>prednisone tab 2.5 mg</b> .....	5
penicillin v potassium tab 250 mg.....	1	<b>prednisone tab 5 mg</b> .....	5
penicillin v potassium tab 500 mg.....	1	<b>prednisone tab 10 mg</b> .....	5
pentoxifylline tab er 400 mg.....	30	<b>prednisone tab 20 mg</b> .....	5
perindopril erbumine tab 2 mg.....	10	PREMARIN – estrogens, conjugated tab 0.3 mg.....	5
phenobarbital tab 16.2 mg.....	20	PREMARIN – estrogens, conjugated tab 0.45 mg.....	5
phenobarbital tab 32.4 mg.....	20	PREMARIN – estrogens, conjugated tab 0.625 mg.....	6
pioglitazone hcl tab 15 mg (base equiv) (Actos).....	7	PREMARIN – estrogens, conjugated tab 0.9 mg.....	6
pioglitazone hcl tab 30 mg (base equiv) (Actos).....	8	PREMARIN – estrogens, conjugated tab 1.25 mg.....	6
pioglitazone hcl tab 45 mg (base equiv) (Actos).....	8	PREMPHASE – conj est 0.625(14)/conj est-medroxyprogesterone ac tab 0.625-5mg(14).....	6
PLEGRIDY – peginterferon beta-1a soln pen-injector 125 mcg/0.5ml.....	21	PREMPRO – conjugated estrogen-medroxyprogesterone acetate tab 0.3-1.5 mg.....	6
PLEGRIDY – peginterferon beta-1a soln prefilled syringe 125 mcg/0.5ml.....	21	PREMPRO – conjugated estrogen-medroxyprogesterone acetate tab 0.45-1.5 mg.....	6
PLEGRIDY STARTER PACK – peginterferon beta-1a soln pen-inj 63 & 94 mcg/0.5ml pack.....	21	PREMPRO – conjugated estrogen-medroxyprogesterone acetate tab 0.625-5 mg.....	6
PLEGRIDY STARTER PACK – peginterferon beta-1a soln pref syr 63 & 94 mcg/0.5ml pack.....	21	PRENATAL 19 – prenatal vit w/ dss-fe fumarate-fa tab 29-1 mg.....	25
		PRENATAL 19 – prenatal vit w/ fe fumarate-fa chew tab 29-1 mg.....	25

PRENATAL VITAMINS PLUS LO – prenatal vit w/ fe fumarate-fa tab 27-1 mg.....	25	PULMOZYME – dornase alfa inhal soln 1 mg/ml.....	16
PREZISTA – darunavir ethanolate susp 100 mg/ml (base equiv).....	2	PURIXAN – mercaptopurine susp 2000 mg/100ml (20 mg/ml).....	4
PREZISTA – darunavir ethanolate tab 75 mg (base equiv).....	2	<b>Q</b>	
PREZISTA – darunavir ethanolate tab 150 mg (base equiv).....	2	quetiapine fumarate tab 25 mg (Seroquel).....	20
PREZISTA – darunavir ethanolate tab 600 mg (base equiv).....	2	quetiapine fumarate tab 50 mg (Seroquel).....	20
PREZISTA – darunavir ethanolate tab 800 mg (base equiv).....	2	quetiapine fumarate tab 100 mg (Seroquel).....	20
PRIFTIN – rifapentine tab 150 mg.....	1	quinapril hcl tab 5 mg (Accupril).....	10
<b>primidone tab 50 mg (Mysoline)</b> .....	<b>24</b>	quinapril hcl tab 10 mg (Accupril).....	10
PROAIR HFA – albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv).....	15	quinapril hcl tab 20 mg (Accupril).....	10
PROAIR RESPICLICK – albuterol sulfate aer pow ba 108 mcg/act (90 mcg base equiv).....	16	quinapril hcl tab 40 mg (Accupril).....	10
<b>prochlorperazine maleate tab 5 mg (base equivalent)</b> .....	<b>19</b>	QVAR REDIHALER – beclomethasone diprop hfa breath act inh aer 40 mcg/act.....	16
<b>prochlorperazine maleate tab 10 mg (base equivalent)</b> .....	<b>19</b>	QVAR REDIHALER – beclomethasone diprop hfa breath act inh aer 80 mcg/act.....	16
PROCIT – epoetin alfa inj 2000 unit/ml.....	30	<b>R</b>	
PROCIT – epoetin alfa inj 3000 unit/ml.....	30	ramipril cap 1.25 mg (Altace).....	10
PROCIT – epoetin alfa inj 4000 unit/ml.....	30	ramipril cap 2.5 mg (Altace).....	10
PROCIT – epoetin alfa inj 10000 unit/ml.....	30	ramipril cap 5 mg (Altace).....	10
PROCIT – epoetin alfa inj 20000 unit/ml.....	30	ramipril cap 10 mg (Altace).....	10
PROCIT – epoetin alfa inj 40000 unit/ml.....	30	ranitidine hcl syrup 15 mg/ml (75 mg/5ml).....	17
PROFILNINE – factor ix complex for inj 500 unit.....	30	ranitidine hcl tab 300 mg (Zantac).....	17
PROFILNINE – factor ix complex for inj 1000 unit.....	30	RAPAMUNE – sirolimus oral soln 1 mg/ml.....	34
PROFILNINE – factor ix complex for inj 1500 unit.....	30	REBIF – interferon beta-1a soln pref syr 22 mcg/0.5ml (12mu/ml).....	21
PROFILNINE SD – factor ix complex for inj 500 unit.....	30	REBIF – interferon beta-1a soln pref syr 44 mcg/0.5ml (24mu/ml).....	21
PROFILNINE SD – factor ix complex for inj 1000 unit.....	30	REBIF REBIDOSE – interferon beta-1a soln auto-inj 22 mcg/0.5ml (12mu/ml).....	21
PROFILNINE SD – factor ix complex for inj 1500 unit.....	30	REBIF REBIDOSE – interferon beta-1a soln auto-inj 44 mcg/0.5ml (24mu/ml).....	21
PROGRAF – tacrolimus cap 0.5 mg.....	34	REBIF REBIDOSE TITRATION – interferon beta-1a auto-inj 6x8.8 mcg/0.2ml & 6x22 mcg/0.5ml.....	21
PROGRAF – tacrolimus cap 1 mg.....	34	REBIF TITRATION PACK – interferon beta-1a pref syr 6x8.8 mcg/0.2ml & 6x22 mcg/0.5ml.....	21
PROGRAF – tacrolimus cap 5 mg.....	34	REBINYN – coagulation factor ix recomb glycopegylated for inj 500 unt.....	30
PROGRAF – tacrolimus packet for susp 0.2 mg.....	34	REBINYN – coagulation factor ix recomb glycopegylated for inj 1000 unt.....	30
PROGRAF – tacrolimus packet for susp 1 mg.....	34	REBINYN – coagulation factor ix recomb glycopegylated for inj 2000 unt.....	30
<b>promethazine hcl syrup 6.25 mg/5ml</b> .....	<b>14</b>	RECOMBINATE – antihemophilic factor (recombinant) for inj 220-400 unit.....	30
<b>promethazine hcl tab 12.5 mg</b> .....	<b>14</b>	RECOMBINATE – antihemophilic factor (recombinant) for inj 401-800 unit.....	31
<b>promethazine hcl tab 25 mg</b> .....	<b>14</b>	RECOMBINATE – antihemophilic factor (recombinant) for inj 801-1240 unit.....	31
<b>promethazine hcl tab 50 mg</b> .....	<b>14</b>	RECOMBINATE – antihemophilic factor (recombinant) for inj 1241-1800 unit.....	31
<b>promethazine w/ codeine syrup 6.25-10 mg/5ml</b> .....	<b>14</b>	RECOMBINATE – antihemophilic factor (recombinant) for inj 1801-2400 unit.....	31
<b>proparacaine hcl ophth soln 0.5%</b> .....	<b>33</b>		
PROPRANOLOL HCL – propranolol hcl oral soln 20 mg/5ml.....	11		
PROPRANOLOL HCL – propranolol hcl oral soln 40 mg/5ml.....	11		
<b>propranolol hcl tab 10 mg</b> .....	<b>11</b>		
<b>propranolol hcl tab 20 mg</b> .....	<b>11</b>		
<b>propranolol hcl tab 40 mg</b> .....	<b>11</b>		
<b>propranolol hcl tab 80 mg</b> .....	<b>11</b>		

REPATHA – evolocumab subcutaneous soln prefilled syringe 140 mg/ml.....	12	SEREVENT DISKUS – salmeterol xinafoate aer pow ba 50 mcg/dose (base equiv).....	16
REPATHA PUSHTRONEX SYSTEM – evolocumab subcutaneous soln cartridge/infusor 420 mg/3.5ml.....	12	<b>sertraline hcl tab 25 mg (Zoloft).....</b>	<b>19</b>
REPATHA SURECLICK – evolocumab subcutaneous soln auto-injector 140 mg/ml.....	12	<b>sertraline hcl tab 50 mg (Zoloft).....</b>	<b>19</b>
RETACRIT – epoetin alfa-epbx inj 2000 unit/ml.....	31	<b>sertraline hcl tab 100 mg (Zoloft).....</b>	<b>19</b>
RETACRIT – epoetin alfa-epbx inj 3000 unit/ml.....	31	<b>silver sulfadiazine cream 1% (Silvadene).....</b>	<b>33</b>
RETACRIT – epoetin alfa-epbx inj 4000 unit/ml.....	31	SIMBRINZA – brinzolamide-brimonidine tartrate ophth susp 1-0.2%.....	32
RETACRIT – epoetin alfa-epbx inj 10000 unit/ml.....	31	SIMPONI – golimumab subcutaneous soln auto-injector 50 mg/0.5ml.....	23
RETACRIT – epoetin alfa-epbx inj 40000 unit/ml.....	31	SIMPONI – golimumab subcutaneous soln auto-injector 100 mg/ml.....	23
REVCORI – elapegademase-lvr im soln 2.4 mg/1.5ml (1.6 mg/ml).....	10	SIMPONI – golimumab subcutaneous soln prefilled syringe 50 mg/0.5ml.....	23
REVLIMID – lenalidomide cap 5 mg.....	34	SIMPONI – golimumab subcutaneous soln prefilled syringe 100 mg/ml.....	23
REVLIMID – lenalidomide cap 10 mg.....	34	<b>simvastatin tab 5 mg (Zocor).....</b>	<b>12</b>
REVLIMID – lenalidomide cap 15 mg.....	34	<b>simvastatin tab 10 mg (Zocor).....</b>	<b>13</b>
REVLIMID – lenalidomide cap 20 mg.....	34	<b>simvastatin tab 20 mg (Zocor).....</b>	<b>13</b>
REVLIMID – lenalidomide cap 25 mg.....	34	<b>simvastatin tab 40 mg (Zocor).....</b>	<b>13</b>
REVLIMID – lenalidomide caps 2.5 mg.....	34	<b>simvastatin tab 80 mg (Zocor).....</b>	<b>13</b>
<b>risperidone tab 0.25 mg (Risperdal).....</b>	<b>20</b>	SIVEXTRO – tedizolid phosphate tab 200 mg.....	3
<b>risperidone tab 0.5 mg (Risperdal).....</b>	<b>20</b>	SKYRIZI – risankizumab-rzaa sol prefilled syringe 2 x 75 mg/0.83ml kit.....	33
<b>risperidone tab 1 mg (Risperdal).....</b>	<b>20</b>	SOOLANTRA – ivermectin cream 1%.....	33
<b>risperidone tab 2 mg (Risperdal).....</b>	<b>20</b>	<b>sotalol hcl tab 80 mg (Betapace).....</b>	<b>13</b>
<b>risperidone tab 3 mg (Risperdal).....</b>	<b>20</b>	<b>sotalol hcl tab 120 mg (Betapace).....</b>	<b>13</b>
<b>risperidone tab 4 mg (Risperdal).....</b>	<b>20</b>	<b>sotalol hcl tab 160 mg (Betapace).....</b>	<b>13</b>
RIXUBIS – coagulation factor ix (recombinant) for inj 250 unit.....	31	SOVALDI – sofosbuvir tab 400 mg.....	2
RIXUBIS – coagulation factor ix (recombinant) for inj 500 unit.....	31	SPIRIVA HANDIHALER – tiotropium bromide monohydrate inhal cap 18 mcg (base equiv).....	16
RIXUBIS – coagulation factor ix (recombinant) for inj 1000 unit.....	31	SPIRIVA RESPIMAT – tiotropium bromide monohydrate inhal aerosol 1.25 mcg/act.....	16
RIXUBIS – coagulation factor ix (recombinant) for inj 2000 unit.....	31	SPIRIVA RESPIMAT – tiotropium bromide monohydrate inhal aerosol 2.5 mcg/act.....	16
RIXUBIS – coagulation factor ix (recombinant) for inj 3000 unit.....	31	<b>spironolactone tab 25 mg (Aldactone).....</b>	<b>13</b>
<b>ropinirole hydrochloride tab 0.25 mg (Requip).....</b>	<b>24</b>	<b>spironolactone tab 50 mg (Aldactone).....</b>	<b>13</b>
<b>ropinirole hydrochloride tab 0.5 mg (Requip).....</b>	<b>24</b>	SPRYCEL – dasatinib tab 20 mg.....	4
<b>ropinirole hydrochloride tab 1 mg (Requip).....</b>	<b>24</b>	SPRYCEL – dasatinib tab 50 mg.....	4
<b>ropinirole hydrochloride tab 2 mg (Requip).....</b>	<b>24</b>	SPRYCEL – dasatinib tab 70 mg.....	4
<b>ropinirole hydrochloride tab 3 mg (Requip).....</b>	<b>24</b>	SPRYCEL – dasatinib tab 80 mg.....	4
<b>ropinirole hydrochloride tab 4 mg (Requip).....</b>	<b>25</b>	SPRYCEL – dasatinib tab 100 mg.....	4
<b>ropinirole hydrochloride tab 5 mg (Requip).....</b>	<b>25</b>	SPRYCEL – dasatinib tab 140 mg.....	4
RYDAPT – midostaurin cap 25 mg.....	4	STELARA – ustekinumab inj 45 mg/0.5ml.....	33
<b>S</b>		STELARA – ustekinumab soln prefilled syringe 45 mg/0.5ml.....	33
<b>sele nium sulfide lotion 2.5%.....</b>	<b>33</b>	STELARA – ustekinumab soln prefilled syringe 90 mg/ml.....	33
SE-NATAL 19 – prenatal vit w/ dss-fe fumarate-fa tab 29-1 mg.....	25	STIMATE – desmopressin acetate nasal soln 1.5 mg/ml.....	10
SE-NATAL 19 – prenatal vit w/ fe fumarate-fa chew tab 29-1 mg.....	25	STIOLTO RESPIMAT – tiotropium br-olodaterol inhal aero soln 2.5-2.5 mcg/act.....	16
SENSIPAR – cinacalcet hcl tab 30 mg (base equiv).....	10		
SENSIPAR – cinacalcet hcl tab 60 mg (base equiv).....	10		
SENSIPAR – cinacalcet hcl tab 90 mg (base equiv).....	10		

STRENSIQ – asfotase alfa subcutaneous inj 18 mg/0.45ml.....	10	SYMJEPI – epinephrine soln prefilled syringe 0.15 mg/0.3ml (1:2000).....	14
STRENSIQ – asfotase alfa subcutaneous inj 28 mg/0.7ml.....	10	SYMJEPI – epinephrine solution prefilled syringe 0.3 mg/0.3ml (1:1000).....	14
STRENSIQ – asfotase alfa subcutaneous inj 40 mg/ml.....	10	SYNJARDY – empagliflozin-metformin hcl tab 5-500 mg.....	8
STRENSIQ – asfotase alfa subcutaneous inj 80 mg/0.8ml.....	10	SYNJARDY – empagliflozin-metformin hcl tab 5-1000 mg.....	8
STRIVERDI RESPIMAT – olodaterol hcl inhal aerosol soln 2.5 mcg/act (base equiv).....	16	SYNJARDY – empagliflozin-metformin hcl tab 12.5-500 mg.....	8
SUBOXONE – buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv).....	34	SYNJARDY – empagliflozin-metformin hcl tab 12.5-1000 mg.....	8
SUBOXONE – buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv).....	34	SYNJARDY XR – empagliflozin-metformin hcl tab er 24hr 5-1000 mg.....	8
SUBOXONE – buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv).....	34	SYNJARDY XR – empagliflozin-metformin hcl tab er 24hr 10-1000 mg.....	8
SUBOXONE – buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv).....	34	SYNJARDY XR – empagliflozin-metformin hcl tab er 24hr 12.5-1000 mg.....	8
SULFADIAZINE – sulfadiazine tab 500 mg.....	3	SYNJARDY XR – empagliflozin-metformin hcl tab er 24hr 25-1000 mg.....	8
<b>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml.....</b>	<b>3</b>	<b>T</b>	
<b>sulfamethoxazole-trimethoprim tab 400-80 mg (Bactrim).....</b>	<b>3</b>	TABLOID – thioguanine tab 40 mg.....	4
<b>sulfamethoxazole-trimethoprim tab 800-160 mg (Bactrim ds).....</b>	<b>3</b>	TAFINLAR – dabrafenib mesylate cap 50 mg (base equivalent).....	4
<b>sulindac tab 150 mg.....</b>	<b>23</b>	TAFINLAR – dabrafenib mesylate cap 75 mg (base equivalent).....	4
<b>sulindac tab 200 mg.....</b>	<b>23</b>	<b>tamoxifen citrate tab 10 mg (base equivalent).....</b>	<b>4</b>
<b>sumatriptan succinate tab 25 mg (Imitrex).....</b>	<b>23</b>	<b>tamoxifen citrate tab 20 mg (base equivalent).....</b>	<b>4</b>
<b>sumatriptan succinate tab 50 mg (Imitrex).....</b>	<b>23</b>	<b>tamsulosin hcl cap 0.4 mg (Flomax).....</b>	<b>18</b>
<b>sumatriptan succinate tab 100 mg (Imitrex).....</b>	<b>23</b>	TARCEVA – erlotinib hcl tab 25 mg (base equivalent).....	4
SUTENT – sunitinib malate cap 12.5 mg (base equivalent).....	4	TARCEVA – erlotinib hcl tab 100 mg (base equivalent).....	4
SUTENT – sunitinib malate cap 25 mg (base equivalent).....	4	TARCEVA – erlotinib hcl tab 150 mg (base equivalent).....	4
SUTENT – sunitinib malate cap 37.5 mg (base equivalent).....	4	TASIGNA – nilotinib hcl cap 50 mg (base equivalent).....	4
SUTENT – sunitinib malate cap 50 mg (base equivalent).....	4	TASIGNA – nilotinib hcl cap 150 mg (base equivalent).....	4
SYLATRON – peginterferon alfa-2b for inj kit 200 mcg.....	4	TASIGNA – nilotinib hcl cap 200 mg (base equivalent).....	5
SYLATRON – peginterferon alfa-2b for inj kit 300 mcg.....	4	TAZORAC – tazarotene cream 0.05%.....	33
SYLATRON – peginterferon alfa-2b for inj kit 600 mcg.....	4	TAZORAC – tazarotene gel 0.05%.....	33
SYMBICORT – budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act.....	16	TAZORAC – tazarotene gel 0.1%.....	33
SYMBICORT – budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act.....	16	TECFIDERA – dimethyl fumarate capsule delayed release 120 mg.....	21
SYMDEKO – tezacaftor-ivacaftor 50-75 mg & ivacaftor 75 mg tab tbpk.....	16	TECFIDERA – dimethyl fumarate capsule delayed release 240 mg.....	21
SYMDEKO – tezacaftor-ivacaftor 100-150 mg & ivacaftor 150 mg tab tbpk.....	16	TECFIDERA STARTER PACK – dimethyl fumarate capsule dr starter pack 120 mg & 240 mg.....	21
SYMPI – efavirenz-lamivudine-tenofovir df tab 600-300-300 mg.....	2	temazepam cap 15 mg (Restoril).....	20
SYMPI LO – efavirenz-lamivudine-tenofovir df tab 400-300-300 mg.....	2	temazepam cap 30 mg (Restoril).....	20

TEST STRIPS – ASCENSIA BREEZE 2, CONTOUR, CONTOUR NEXT.....	34
<b>tetracaine hcl ophth soln 0.5%.....</b>	<b>33</b>
THALOMID – thalidomide cap 50 mg.....	34
THALOMID – thalidomide cap 100 mg.....	34
THALOMID – thalidomide cap 150 mg.....	34
THALOMID – thalidomide cap 200 mg.....	34
<b>theophylline tab er 12hr 100 mg.....</b>	<b>16</b>
thyroid tab 30 mg (1/2 grain) (Armour thyroid).....	9
thyroid tab 90 mg (1 1/2 grain) (Armour thyroid).....	9
thyroid tab 60 mg (1 grain) (Armour thyroid).....	9
<b>timolol maleate ophth soln 0.25% (Timoptic).....</b>	<b>32</b>
<b>timolol maleate ophth soln 0.5% (Timoptic).....</b>	<b>32</b>
TIMOLOL MALEATE – timolol maleate tab 10 mg.....	11
TIMOLOL MALEATE – timolol maleate tab 20 mg.....	12
TIVICAY – dolutegravir sodium tab 10 mg (base equiv).....	2
TIVICAY – dolutegravir sodium tab 25 mg (base equiv).....	2
TIVICAY – dolutegravir sodium tab 50 mg (base equiv).....	2
<b>tizanidine hcl tab 2 mg (base equivalent).....</b>	<b>25</b>
<b>tizanidine hcl tab 4 mg (base equivalent) (Zanaflex).....</b>	<b>25</b>
<b>tobramycin ophth soln 0.3% (Tobrex).....</b>	<b>32</b>
<b>topiramate tab 25 mg (Topamax).....</b>	<b>24</b>
<b>topiramate tab 50 mg (Topamax).....</b>	<b>24</b>
<b>topiramate tab 100 mg (Topamax).....</b>	<b>24</b>
<b>topiramate tab 200 mg (Topamax).....</b>	<b>24</b>
<b>torsemide tab 5 mg (Demadex).....</b>	<b>13</b>
<b>torsemide tab 10 mg (Demadex).....</b>	<b>13</b>
<b>torsemide tab 20 mg (Demadex).....</b>	<b>13</b>
TOUJEO MAX SOLOSTAR – insulin glargine soln pen- injector 300 unit/ml.....	8
TOUJEO SOLOSTAR – insulin glargine soln pen-injector 300 unit/ml.....	9
TRACLEER – bosentan tab for oral susp 32 mg.....	14
TRACLEER – bosentan tab 62.5 mg.....	14
TRACLEER – bosentan tab 125 mg.....	14
<b>tramadol-acetaminophen tab 37.5-325 mg (Ultracet).....</b>	<b>22</b>
<b>tramadol hcl tab 50 mg (Ultram).....</b>	<b>22</b>
<b>trandolapril tab 1 mg (Mavik).....</b>	<b>10</b>
<b>trandolapril tab 2 mg (Mavik).....</b>	<b>10</b>
<b>trandolapril tab 4 mg (Mavik).....</b>	<b>10</b>
TRAVATAN Z – travoprost ophth soln 0.004% (benzalkonium free) (bak free).....	32
<b>trazodone hcl tab 50 mg.....</b>	<b>19</b>
<b>trazodone hcl tab 100 mg.....</b>	<b>19</b>
<b>trazodone hcl tab 150 mg.....</b>	<b>19</b>
TRELEGY ELLIPTA – fluticasone-umeclidinium-vilanterol aepb 100-62.5-25 mcg/inh.....	16
TREMFYA – guselkumab soln pen-injector 100 mg/ml....	33
TREMFYA – guselkumab soln prefilled syringe 100 mg/ ml.....	33
TRESIBA FLEXTOUCH – insulin degludec soln pen- injector 100 unit/ml.....	9
TRESIBA FLEXTOUCH – insulin degludec soln pen- injector 200 unit/ml.....	9
TRESIBA – insulin degludec inj 100 unit/ml.....	9
TRETEN – coagulation factor xiii a-subunit for inj 2000-3125 unit.....	31
TREXALL – methotrexate sodium tab 5 mg (base equiv).....	5
TREXALL – methotrexate sodium tab 7.5 mg (base equiv).....	5
TREXALL – methotrexate sodium tab 10 mg (base equiv).....	5
TREXALL – methotrexate sodium tab 15 mg (base equiv).....	5
<b>triamcinolone acetonide cream 0.025%.....</b>	<b>33</b>
<b>triamcinolone acetonide cream 0.1%.....</b>	<b>33</b>
<b>triamcinolone acetonide cream 0.5%.....</b>	<b>33</b>
<b>triamcinolone acetonide oint 0.025%.....</b>	<b>33</b>
<b>triamcinolone acetonide oint 0.1%.....</b>	<b>33</b>
<b>triamterene &amp; hydrochlorothiazide cap 37.5-25 mg (Dyazide).....</b>	<b>13</b>
<b>triamterene &amp; hydrochlorothiazide tab 37.5-25 mg (Maxzide-25).....</b>	<b>13</b>
<b>triamterene &amp; hydrochlorothiazide tab 75-50 mg (Maxzide).....</b>	<b>13</b>
trihexyphenidyl hcl tab 2 mg.....	25
trihexyphenidyl hcl tab 5 mg.....	25
trimethoprim tab 100 mg.....	3
<b>tropicamide ophth soln 0.5%.....</b>	<b>33</b>
<b>tropicamide ophth soln 1% (Mydriacyl).....</b>	<b>33</b>
TRULICITY – dulaglutide soln pen-injector 0.75 mg/0.5ml.....	8
TRULICITY – dulaglutide soln pen-injector 1.5 mg/0.5ml.....	8
TRUVADA – emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg.....	2
TRUVADA – emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg.....	2
TRUVADA – emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg.....	3
TRUVADA – emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg.....	3
TYMLOS – abaloparotide subcutaneous soln pen-injector 3120 mcg/1.56ml.....	10
<b>U</b>	
UDENYCA – pegfilgrastim-cbqv soln prefilled syringe 6 mg/0.6ml.....	31
UPTRAVI – selexipag tab 200 mcg.....	14
UPTRAVI – selexipag tab 400 mcg.....	14
UPTRAVI – selexipag tab 600 mcg.....	14
UPTRAVI – selexipag tab 800 mcg.....	14

UPTRAVI – selexipag tab 1000 mcg.....	14	VOSEVI – sofosbuvir-velpatasvir-voxilaprevir tab 400-100-100 mg.....	2
UPTRAVI – selexipag tab 1200 mcg.....	14	VOTRIENT – pazopanib hcl tab 200 mg (base equiv).....	5
UPTRAVI – selexipag tab 1400 mcg.....	14	VYVANSE – lisdexamfetamine dimesylate cap 10 mg.....	20
UPTRAVI – selexipag tab 1600 mcg.....	14	VYVANSE – lisdexamfetamine dimesylate cap 20 mg.....	20
UPTRAVI – selexipag tab therapy pack 200 mcg (140) & 800 mcg (60).....	14	VYVANSE – lisdexamfetamine dimesylate cap 30 mg.....	20
<b>V</b>		VYVANSE – lisdexamfetamine dimesylate cap 40 mg.....	20
VALCHLOR – mechlorethamine hcl gel 0.016% (base equivalent).....	33	VYVANSE – lisdexamfetamine dimesylate cap 50 mg.....	20
<b>valsartan-hydrochlorothiazide tab 80-12.5 mg (Diovan hct).....</b>	<b>11</b>	VYVANSE – lisdexamfetamine dimesylate cap 60 mg.....	20
<b>valsartan-hydrochlorothiazide tab 320-12.5 mg (Diovan hct).....</b>	<b>11</b>	VYVANSE – lisdexamfetamine dimesylate cap 70 mg.....	20
<b>valsartan-hydrochlorothiazide tab 320-25 mg (Diovan hct).....</b>	<b>11</b>	VYVANSE – lisdexamfetamine dimesylate chew tab 10 mg.....	20
VELPHORO – sucroferric oxyhydroxide chew tab 500 mg.....	18	VYVANSE – lisdexamfetamine dimesylate chew tab 20 mg.....	20
VENCLEXTA STARTING PACK – venetoclax tab therapy starter pack 10 & 50 & 100 mg.....	5	VYVANSE – lisdexamfetamine dimesylate chew tab 30 mg.....	20
VENCLEXTA – venetoclax tab 10 mg.....	5	VYVANSE – lisdexamfetamine dimesylate chew tab 40 mg.....	20
VENCLEXTA – venetoclax tab 50 mg.....	5	VYVANSE – lisdexamfetamine dimesylate chew tab 50 mg.....	20
VENCLEXTA – venetoclax tab 100 mg.....	5	VYVANSE – lisdexamfetamine dimesylate chew tab 60 mg.....	20
<b>venlafaxine hcl cap er 24hr 37.5 mg (base equivalent) (Effexor xr).....</b>	<b>19</b>	<b>W</b>	
<b>venlafaxine hcl cap er 24hr 75 mg (base equivalent) (Effexor xr).....</b>	<b>19</b>	<b>warfarin sodium tab 1 mg (Coumadin).....</b>	<b>31</b>
<b>venlafaxine hcl cap er 24hr 150 mg (base equivalent) (Effexor xr).....</b>	<b>19</b>	<b>warfarin sodium tab 2 mg (Coumadin).....</b>	<b>31</b>
VENTOLIN HFA – albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv).....	16	<b>warfarin sodium tab 2.5 mg (Coumadin).....</b>	<b>31</b>
verapamil hcl tab er 120 mg (Calan sr).....	12	<b>warfarin sodium tab 3 mg (Coumadin).....</b>	<b>31</b>
verapamil hcl tab er 180 mg (Calan sr).....	12	<b>warfarin sodium tab 4 mg (Coumadin).....</b>	<b>31</b>
verapamil hcl tab er 240 mg (Calan sr).....	12	<b>warfarin sodium tab 5 mg (Coumadin).....</b>	<b>31</b>
verapamil hcl tab 80 mg (Calan).....	12	<b>warfarin sodium tab 6 mg (Coumadin).....</b>	<b>31</b>
<b>verapamil hcl tab 120 mg (Calan).....</b>	<b>12</b>	<b>warfarin sodium tab 7.5 mg (Coumadin).....</b>	<b>31</b>
VESICARE – solifenacin succinate tab 5 mg.....	18	<b>warfarin sodium tab 10 mg (Coumadin).....</b>	<b>31</b>
VESICARE – solifenacin succinate tab 10 mg.....	18	<b>WILATE – antihemophilic factor/vwf (human) for inj 500-500 unit kit.....</b>	<b>31</b>
VIBERZI – eluxadoline tab 75 mg.....	18	<b>WILATE – antihemophilic factor/vwf (human) for inj 1000-1000 unit kit.....</b>	<b>31</b>
VIBERZI – eluxadoline tab 100 mg.....	18	<b>X</b>	
VICTOZA – liraglutide soln pen-injector 18 mg/3ml (6 mg/ ml).....	8	XALKORI – crizotinib cap 200 mg.....	5
VIDEX – didanosine for soln 2 gm.....	3	XALKORI – crizotinib cap 250 mg.....	5
VIREAD – tenofovir disoproxil fumarate oral powder 40 mg/gm.....	3	XARELTO – rivaroxaban tab 2.5 mg.....	31
VIREAD – tenofovir disoproxil fumarate tab 150 mg.....	3	XARELTO – rivaroxaban tab 10 mg.....	31
VIREAD – tenofovir disoproxil fumarate tab 200 mg.....	3	XARELTO – rivaroxaban tab 15 mg.....	31
VIREAD – tenofovir disoproxil fumarate tab 250 mg.....	3	XARELTO – rivaroxaban tab 20 mg.....	31
VONVENDI – von willebrand factor (recombinant) for inj 650 unit.....	31	XARELTO STARTER PACK – rivaroxaban tab starter therapy pack 15 mg & 20 mg.....	31
VONVENDI – von willebrand factor (recombinant) for inj 1300 unit.....	31	XIFAXAN – rifaximin tab 550 mg.....	3
		XTAMPZA ER – oxycodone cap er 12hr abuse-deterrant 9 mg.....	22
		XTAMPZA ER – oxycodone cap er 12hr abuse-deterrant 13.5 mg.....	22

XTAMPZA ER – oxycodone cap er 12hr abuse-deterrant 18 mg.....	22	<b>zonisamide cap 25 mg (Zonegran).....</b>	<b>24</b>
XTAMPZA ER – oxycodone cap er 12hr abuse-deterrant 27 mg.....	22	ZORTRESS – everolimus tab 0.25 mg.....	34
XTAMPZA ER – oxycodone cap er 12hr abuse-deterrant 36 mg.....	22	ZORTRESS – everolimus tab 0.5 mg.....	34
XTANDI – enzalutamide cap 40 mg.....	5	ZORTRESS – everolimus tab 0.75 mg.....	34
XYNTHA – antihemophilic factor recombinant paf for inj kit 250 unit.....	31	ZORTRESS – everolimus tab 1 mg.....	34
XYNTHA – antihemophilic factor recombinant paf for inj kit 500 unit.....	31	ZYCLARA – imiquimod cream 3.75%.....	34
XYNTHA – antihemophilic factor recombinant paf for inj kit 1000 unit.....	31	ZYCLARA PUMP – imiquimod cream 2.5%.....	34
XYNTHA – antihemophilic factor recombinant paf for inj kit 2000 unit.....	31	ZYCLARA PUMP – imiquimod cream 3.75%.....	34
XYNTHA SOLOFUSE – antihemophilic factor recombinant paf for inj kit 250 unit.....	31	ZYLET – loteprednol etabonate-tobramycin ophth susp 0.5-0.3%.....	32
XYNTHA SOLOFUSE – antihemophilic factor recombinant paf for inj kit 500 unit.....	31	ZYTIGA – abiraterone acetate tab 500 mg.....	5
XYNTHA SOLOFUSE – antihemophilic factor recombinant paf for inj kit 1000 unit.....	32		
XYNTHA SOLOFUSE – antihemophilic factor recombinant paf for inj kit 2000 unit.....	32		
XYNTHA SOLOFUSE – antihemophilic factor recombinant paf for inj kit 3000 unit.....	32		
<b>Y</b>			
YONSA – abiraterone acetate tab 125 mg.....	5		
<b>Z</b>			
<b>zaleplon cap 5 mg (Sonata).....</b>	<b>20</b>		
<b>zaleplon cap 10 mg (Sonata).....</b>	<b>20</b>		
ZARXIO – filgrastim-sndz soln prefilled syringe 300 mcg/0.5ml.....	32		
ZARXIO – filgrastim-sndz soln prefilled syringe 480 mcg/0.8ml.....	32		
ZELBORAF – vemurafenib tab 240 mg.....	5		
ZENPEP – pancrelipase (lip-prot-amyl) dr cap 3000-10000-14000 unit.....	17		
ZENPEP – pancrelipase (lip-prot-amyl) dr cap 5000-17000-24000 unit.....	17		
ZENPEP – pancrelipase (lip-prot-amyl) dr cap 10000-32000-42000 unit.....	17		
ZENPEP – pancrelipase (lip-prot-amyl) dr cap 15000-47000-63000 unit.....	17		
ZENPEP – pancrelipase (lip-prot-amyl) dr cap 20000-63000-84000 unit.....	17		
ZENPEP – pancrelipase (lip-prot-amyl) dr cap 25000-79000-105000 unit.....	17		
ZENPEP – pancrelipase (lip-prot-amyl) dr cap 40000-126000-168000 unit.....	17		
<b>zolpidem tartrate tab 5 mg (Ambien).....</b>	<b>20</b>		
<b>zolpidem tartrate tab 10 mg (Ambien).....</b>	<b>20</b>		