

Multi-Tier Enhanced 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**.

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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.

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

Prior Authorization (PA): Your benefit plan may require prior authorization for certain drugs. This means that your doctor will need to submit a prior authorization request for coverage of these medications, and the request will need to be approved, before the medication 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.

*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**.

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.
- 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, 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	odt	orally disintegrating tablets
chew	chewable	oint	ointment
conc	concentrate	ophth	ophthalmic
cr	controlled release	osm	osmotic release
dr	delayed release	powd	powder
ec	enteric coated	sa	sustained action
effe	effervescent	sl	sublingual
equiv	equivalent	soln	solution
er	extended release	sr	sustained release
inhal	inhalation	suppos	suppositories
inj	injection	susp	suspension
liq	liquid	tab	tablets
lotn	lotion	td	transdermal
nebu	nebulizer		

Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy
ANTI-INFECTIVE AGENTS				
PENICILLINS				
amoxicillin (trihydrate) cap 250 mg				
amoxicillin (trihydrate) cap 500 mg				
amoxicillin (trihydrate) for susp 125 mg/5ml				
amoxicillin (trihydrate) for susp 200 mg/5ml				
amoxicillin (trihydrate) for susp 250 mg/5ml				
amoxicillin (trihydrate) for susp 400 mg/5ml				
amoxicillin (trihydrate) tab 500 mg				
amoxicillin (trihydrate) tab 875 mg				
penicillin v potassium tab 250 mg				
penicillin v potassium tab 500 mg				
CEPHALOSPORINS				
cefadroxil cap 500 mg				
cephalexin cap 250 mg (Keflex)				
cephalexin cap 500 mg (Keflex)				
MACROLIDES				
azithromycin tab 250 mg (Zithromax)			•	
azithromycin tab 500 mg (Zithromax)			•	
TETRACYCLINES				
minocycline hcl cap 50 mg (Minocin)				
minocycline hcl cap 75 mg (Minocin)				
minocycline hcl cap 100 mg (Minocin)				
FLUOROQUINOLONES				
ciprofloxacin hcl tab 250 mg (base equiv) (Cipro)				
ciprofloxacin hcl tab 500 mg (base equiv) (Cipro)				
ciprofloxacin hcl tab 750 mg (base equiv)				

Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy
levofloxacin tab 250 mg (Levaquin)				
levofloxacin tab 500 mg (Levaquin)				
levofloxacin tab 750 mg (Levaquin)				
AMINOGLYCOSIDES				
neomycin sulfate tab 500 mg				
TUBERCULOSIS				
isoniazid tab 100 mg				
isoniazid tab 300 mg				
PRIFTIN – rifapentine tab 150 mg				
FUNGAL INFECTIONS				
fluconazole for susp 10 mg/ml (Diflucan)				
fluconazole tab 50 mg (Diflucan)				
fluconazole tab 100 mg (Diflucan)				
fluconazole tab 150 mg (Diflucan)				
ketoconazole tab 200 mg				
NOXAFIL – posaconazole tab delayed release 100 mg		•		
NOXAFIL – posaconazole susp 40 mg/ml		•		
terbinafine hcl tab 250 mg (Lamisil)				
VIRAL INFECTIONS				
Hepatitis				
BARACLUDE – entecavir oral soln 0.05 mg/ml				
EPCLUSA – 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	•	•		
PEGASYS – peginterferon alfa-2a inj 180 mcg/0.5ml	•	•		

Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy
PEGASYS PROCLICK – peginterferon alfa-2a inj 180 mcg/0.5ml	•	•		
SOVALDI – sofosbuvir tab 400 mg	•	•		
VOSEVI – sofosbuvir-velpatasvir-voxilaprevir tab 400-100-100 mg	•	•		
Herpes				
acyclovir cap 200 mg (Zovirax)				
acyclovir tab 400 mg (Zovirax)				
acyclovir tab 800 mg (Zovirax)				
HIV/AIDS				
ATRIPLA – efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg			•	
BIKTARVY – bictegravir-emtricitabine-tenofovir af tab 50-200-25 mg			•	
CIMDUO – lamivudine-tenofovir disoproxil fumarate tab 300-300 mg			•	
DELSTRIGO – doravirine-lamivudine-tenofovir df tab 100-300-300 mg			•	
DESCOVY – emtricitabine-tenofovir alafenamide fumarate tab 200-25 mg			•	
GENVOYA – elvitegrav-cobic-emtricitab-tenofov af tab 150-150-200-10 mg			•	
INTELENCE – etravirine tab 25 mg			•	
INTELENCE – etravirine tab 100 mg			•	
INTELENCE – etravirine tab 200 mg			•	
ISENTRESS – raltegravir potassium packet for susp 100 mg (base equiv)			•	
ISENTRESS – raltegravir potassium tab 400 mg (base equiv)			•	
ISENTRESS – raltegravir potassium chew tab 25 mg (base equiv)			•	
ISENTRESS – raltegravir potassium chew tab 100 mg (base equiv)			•	
ISENTRESS HD – raltegravir potassium tab 600 mg (base equiv)			•	

Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy
KALETRA – lopinavir-ritonavir tab 100-25 mg			•	
KALETRA – lopinavir-ritonavir tab 200-50 mg			•	
nevirapine tab 200 mg (Viramune)			•	
NORVIR – ritonavir oral soln 80 mg/ml			•	
NORVIR – ritonavir powder packet 100 mg			•	
ODEFSEY – emtricitabine- rilpivirine-tenofovir af tab 200-25-25 mg			•	
PREZISTA – darunavir ethanolate susp 100 mg/ml (base equiv)			•	
PREZISTA – darunavir ethanolate tab 75 mg (base equiv)			•	
PREZISTA – darunavir ethanolate tab 150 mg (base equiv)			•	
PREZISTA – darunavir ethanolate tab 600 mg (base equiv)			•	
PREZISTA – darunavir ethanolate tab 800 mg (base equiv)			•	
SYMFI – efavirenz-lamivudine-tenofovir df tab 600-300-300 mg			•	
SYMFI LO – efavirenz-lamivudine-tenofovir df tab 400-300-300 mg			•	
TIVICAY – dolutegravir sodium tab 10 mg (base equiv)			•	
TIVICAY – dolutegravir sodium tab 25 mg (base equiv)			•	
TIVICAY – dolutegravir sodium tab 50 mg (base equiv)			•	
TRUVADA – emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg			•	
TRUVADA – emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg			•	
TRUVADA – emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg			•	

Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy
TRUVADA – emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg			•	
VIDEX – didanosine for soln 2 gm			•	
VIREAD – tenofovir disoproxil fumarate oral powder 40 mg/gm			•	
VIREAD – tenofovir disoproxil fumarate tab 150 mg			•	
VIREAD – tenofovir disoproxil fumarate tab 200 mg			•	
VIREAD – tenofovir disoproxil fumarate tab 250 mg			•	
MALARIA				
CHLOROQUINE PHOSPHATE – chloroquine phosphate tab 250 mg				
chloroquine phosphate tab 500 mg (Aralen)				
DARAPRIM – pyrimethamine tab 25 mg		•	•	
hydroxychloroquine sulfate tab 200 mg (Plaquenil)				
MEFLOQUINE HCL – mefloquine hcl tab 250 mg				
WORM INFECTIONS				
BENZNIDAZOLE – benznidazole tab 12.5 mg				
BENZNIDAZOLE – benznidazole tab 100 mg				
OTHER ANTI-INFECTIVES				
ALINIA – nitazoxanide tab 500 mg			•	
ALINIA – nitazoxanide for susp 100 mg/5ml			•	
clindamycin hcl cap 75 mg (Cleocin)				
clindamycin hcl cap 150 mg (Cleocin)				
clindamycin hcl cap 300 mg (Cleocin)				
IMPAVIDO – miltefosine cap 50 mg				
metronidazole tab 250 mg (Flagyl)				
metronidazole tab 500 mg (Flagyl)				

Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy
SULFADIAZINE – sulfadiazine tab 500 mg				
sulfamethoxazole-trimethoprim susp 200-40 mg/5ml				
sulfamethoxazole-trimethoprim tab 400-80 mg (Bactrim)				
sulfamethoxazole-trimethoprim tab 800-160 mg (Bactrim ds)				
trimethoprim tab 100 mg				
XIFAXAN – rifaximin tab 550 mg			•	
CANCER DRUGS				
ACTIMMUNE – interferon gamma-1b inj 100 mcg/0.5ml (2000000 unit/0.5ml)	•			
anastrozole tab 1 mg (Arimidex)				
bicalutamide tab 50 mg (Casodex)	•			
ERLEADA – apalutamide tab 60 mg	•	•	•	
KISQALI – ribociclib succinate tab pack 200 mg daily dose	•	•	•	
KISQALI – ribociclib succinate tab pack 400 mg daily dose (200 mg tab)	•	•	•	
KISQALI – ribociclib succinate tab pack 600 mg daily dose (200 mg tab)	•	•	•	
KISQALI FEMARA 200 DOSE – ribociclib 200 mg dose (200 mg tab) & letrozole 2.5 mg tbpk	•	•	•	
KISQALI FEMARA 400 DOSE – ribociclib 400 mg dose (200 mg tab) & letrozole 2.5 mg tbpk	•	•	•	
KISQALI FEMARA 600 DOSE – ribociclib 600 mg dose (200 mg tab) & letrozole 2.5 mg tbpk	•	•	•	
letrozole tab 2.5 mg (Femara)				
LEUCOVORIN CALCIUM – leucovorin calcium tab 10 mg				
LEUCOVORIN CALCIUM – leucovorin calcium tab 15 mg				

Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy
LEUKERAN – chlorambucil tab 2 mg	•			
megestrol acetate tab 20 mg				
megestrol acetate tab 40 mg				
MEKINIST – trametinib dimethyl sulfoxide tab 0.5 mg (base equivalent)	•	•	•	
MEKINIST – trametinib dimethyl sulfoxide tab 2 mg (base equivalent)	•	•	•	
MYLERAN – busulfan tab 2 mg	•			
NEXAVAR – sorafenib tosylate tab 200 mg (base equivalent)	•	•	•	
RYDAPT – midostaurin cap 25 mg	•	•	•	
SUTENT – sunitinib malate cap 12.5 mg (base equivalent)	•	•	•	
SUTENT – sunitinib malate cap 25 mg (base equivalent)	•	•	•	
SUTENT – sunitinib malate cap 37.5 mg (base equivalent)	•	•	•	
SUTENT – sunitinib malate cap 50 mg (base equivalent)	•	•	•	
SYLATRON – peginterferon alfa-2b for inj kit 200 mcg	•	•		
SYLATRON – peginterferon alfa-2b for inj kit 300 mcg	•	•		
SYLATRON – peginterferon alfa-2b for inj kit 600 mcg	•	•		
TAFINLAR – dabrafenib mesylate cap 50 mg (base equivalent)	•	•	•	
TAFINLAR – dabrafenib mesylate cap 75 mg (base equivalent)	•	•	•	
tamoxifen citrate tab 10 mg (base equivalent)				
tamoxifen citrate tab 20 mg (base equivalent)				
TARCEVA – erlotinib hcl tab 25 mg (base equivalent)	•	•	•	

Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy
TARCEVA – erlotinib hcl tab 100 mg (base equivalent)	•	•	•	
TARCEVA – erlotinib hcl tab 150 mg (base equivalent)	•	•	•	
TASIGNA – nilotinib hcl cap 50 mg (base equivalent)	•	•	•	
TASIGNA – nilotinib hcl cap 150 mg (base equivalent)	•	•	•	
TASIGNA – nilotinib hcl cap 200 mg (base equivalent)	•	•	•	
VENCLEXTA – venetoclax tab 10 mg	•	•	•	
VENCLEXTA – venetoclax tab 50 mg	•	•	•	
VENCLEXTA – venetoclax tab 100 mg	•	•	•	
VENCLEXTA STARTING PACK – venetoclax tab therapy starter pack 10 & 50 & 100 mg	•	•	•	
VOTRIENT – pazopanib hcl tab 200 mg (base equiv)	•	•	•	
XALKORI – crizotinib cap 200 mg	•	•	•	
XALKORI – crizotinib cap 250 mg	•	•	•	
XTANDI – enzalutamide cap 40 mg	•	•	•	
YONSA – abiraterone acetate tab 125 mg	•	•	•	
ZELBORAF – vemurafenib tab 240 mg	•	•	•	
ZYTIGA – abiraterone acetate tab 500 mg	•	•	•	

HORMONES, DIABETES AND RELATED DRUGS

CORTICOSTEROIDS

CORTISONE ACETATE – cortisone acetate tab 25 mg

dexamethasone tab 0.5 mg

dexamethasone tab 0.75 mg

dexamethasone tab 1.5 mg

dexamethasone tab 4 mg

dexamethasone tab 6 mg

Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy
prednisolone sod phosphate oral soln 15 mg/5ml (base equiv)				
prednisone tab 1 mg				
prednisone tab 2.5 mg				
prednisone tab 5 mg				
prednisone tab 10 mg				
prednisone tab 20 mg				
ESTROGENS				
COMBIPATCH – estradiol-norethindrone ace td pttw 0.05-0.14 mg/day				
COMBIPATCH – estradiol-norethindrone ace td pttw 0.05-0.25 mg/day				
DIVIGEL – estradiol td gel 0.25 mg/0.25gm (0.1%)				
DIVIGEL – estradiol td gel 0.5 mg/0.5gm (0.1%)				
DIVIGEL – estradiol td gel 0.75 mg/0.75gm (0.1%)				
DIVIGEL – estradiol td gel 1 mg/gm (0.1%)				
estradiol tab 0.5 mg (Estrace)				
estradiol tab 1 mg (Estrace)				
estradiol tab 2 mg (Estrace)				
PREMARIN – estrogens, conjugated tab 0.3 mg				
PREMARIN – estrogens, conjugated tab 0.45 mg				
PREMARIN – estrogens, conjugated tab 0.625 mg				
PREMARIN – estrogens, conjugated tab 0.9 mg				
PREMARIN – estrogens, conjugated tab 1.25 mg				

Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy
PREMPHASE – conj est 0.625(14)/conj est-medroxypro ac tab 0.625-5mg(14)				
PREMPRO – conjugated estrogen-medroxyprogest acetate tab 0.3-1.5 mg				
PREMPRO – conjugated estrogen-medroxyprogest acetate tab 0.45-1.5 mg				
PREMPRO – conjugated estrogen-medroxyprogest acetate tab 0.625-2.5 mg				
PREMPRO – conjugated estrogen-medroxyprogest acetate tab 0.625-5 mg				
PROGESTINS				
medroxyprogesterone acetate tab 2.5 mg (Provera)				
medroxyprogesterone acetate tab 5 mg (Provera)				
medroxyprogesterone acetate tab 10 mg (Provera)				
BIRTH CONTROL				
desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Desogen)			•	
ELLA – ulipristal acetate tab 30 mg			•	
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg			•	
norethindrone & ethinyl estradiol tab 1 mg-35 mcg (Norinyl 1+35)			•	
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg (Ortho-cyclen)			•	
norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg (Ortho tri-cyclen)			•	
NUVARING – etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr			•	
INFERTILITY				

Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy
CLOMIPHENE CITRATE – clomiphene citrate tab 50 mg				
FOLLISTIM AQ – follitropin beta inj 300 unit/0.36ml	•		•	
FOLLISTIM AQ – follitropin beta inj 600 unit/0.72ml	•		•	
FOLLISTIM AQ – follitropin beta inj 900 unit/1.08ml	•		•	
DIABETES				
glimepiride tab 1 mg (Amaryl)				
glimepiride tab 2 mg (Amaryl)				
glimepiride tab 4 mg (Amaryl)				
glipizide tab er 24hr 2.5 mg (Glucotrol xl)				
glipizide tab er 24hr 5 mg (Glucotrol xl)				
glipizide tab 5 mg (Glucotrol)				
glipizide tab 10 mg (Glucotrol)				
GLUCAGON EMERGENCY KIT – glucagon (rdna) for inj kit 1 mg				
glyburide micronized tab 1.5 mg (Glynase)				
glyburide micronized tab 3 mg (Glynase)				
glyburide micronized tab 6 mg (Glynase)				
glyburide tab 1.25 mg				
glyburide tab 2.5 mg				
glyburide tab 5 mg				
glyburide-metformin tab 1.25-250 mg (Glucovance)				
glyburide-metformin tab 2.5-500 mg (Glucovance)				
glyburide-metformin tab 5-500 mg (Glucovance)				

Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy
GLYXAMBI – empagliflozin-linagliptin tab 10-5 mg			•	
GLYXAMBI – empagliflozin-linagliptin tab 25-5 mg			•	
INVOKAMET – canagliflozin-metformin hcl tab 50-500 mg			•	
INVOKAMET – canagliflozin-metformin hcl tab 50-1000 mg			•	
INVOKAMET – canagliflozin-metformin hcl tab 150-500 mg			•	
INVOKAMET – canagliflozin-metformin hcl tab 150-1000 mg			•	
INVOKAMET XR – canagliflozin-metformin hcl tab er 24hr 50-500 mg			•	
INVOKAMET XR – canagliflozin-metformin hcl tab er 24hr 50-1000 mg			•	
INVOKAMET XR – canagliflozin-metformin hcl tab er 24hr 150-500 mg			•	
INVOKAMET XR – canagliflozin-metformin hcl tab er 24hr 150-1000 mg			•	
INVOKANA – canagliflozin tab 100 mg			•	
INVOKANA – canagliflozin tab 300 mg			•	
JANUVIA – sitagliptin phosphate tab 25 mg (base equiv)			•	
JANUVIA – sitagliptin phosphate tab 50 mg (base equiv)			•	
JANUVIA – sitagliptin phosphate tab 100 mg (base equiv)			•	
JARDIANCE – empagliflozin tab 10 mg			•	
JARDIANCE – empagliflozin tab 25 mg			•	
KOMBIGLYZE XR – saxagliptin-metformin hcl tab er 24hr 2.5-1000 mg			•	
KOMBIGLYZE XR – saxagliptin-metformin hcl tab er 24hr 5-500 mg			•	

Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy
KOMBIGLYZE XR – saxagliptin-metformin hcl tab er 24hr 5-1000 mg			•	
metformin hcl tab er 24hr 500 mg (Glucophage xr)				
metformin hcl tab er 24hr 750 mg (Glucophage xr)				
metformin hcl tab 500 mg (Glucophage)				
metformin hcl tab 850 mg (Glucophage)				
metformin hcl tab 1000 mg (Glucophage)				
ONGLYZA – saxagliptin hcl tab 2.5 mg (base equiv)			•	
ONGLYZA – saxagliptin hcl tab 5 mg (base equiv)			•	
OZEMPIC – semaglutide soln pen-inj 0.25 or 0.5 mg/dose (2 mg/1.5ml)			•	•
OZEMPIC – semaglutide soln pen-inj 1 mg/dose (2 mg/1.5ml)			•	•
pioglitazone hcl tab 15 mg (base equiv) (Actos)				
pioglitazone hcl tab 30 mg (base equiv) (Actos)				
pioglitazone hcl tab 45 mg (base equiv) (Actos)				
TRULICITY – dulaglutide soln pen- injector 0.75 mg/0.5ml			•	•
TRULICITY – dulaglutide soln pen- injector 1.5 mg/0.5ml			•	•
VICTOZA – liraglutide soln pen-injector 18 mg/3ml (6 mg/ml)			•	•
DIABETES - INSULINS				
Rapid-Acting Insulins				
FIASP – insulin aspart (with niacinamide) inj 100 unit/ml			•	

Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy
FIASP FLEXTOUCH – insulin aspart (with niacinamide) sol pen-inj 100 unit/ml			•	
NOVOLOG – insulin aspart inj 100 unit/ ml			•	
NOVOLOG FLEXPEN – insulin aspart soln pen-injector 100 unit/ml			•	
NOVOLOG PENFILL – insulin aspart soln cartridge 100 unit/ml			•	
Short-Acting Insulins				
HUMULIN R U-500 (CONCENTR – insulin regular (human) inj 500 unit/ml			•	
HUMULIN R U-500 KWIKPEN – insulin regular (human) soln pen-injector 500 unit/ml			•	
NOVOLIN R – insulin regular (human) inj 100 unit/ml			•	
Intermediate-Acting Insulins				
NOVOLIN N – insulin nph (human) (isophane) inj 100 unit/ml			•	
NOVOLIN 70/30 – insulin nph isophane & regular human inj 100 unit/ml (70-30)			•	
NOVOLIN 70/30 FLEXPEN – insulin nph & regular susp pen-inj 100 unit/ ml (70-30)			•	
NOVOLOG MIX 70/30 – insulin aspart prot & aspart (human) inj 100 unit/ml (70-30)			•	
NOVOLOG MIX 70/30 PREFILL – insulin aspart prot & aspart sus pen- inj 100 unit/ml (70-30)			•	
Basal Insulins				
LANTUS – insulin glargine inj 100 unit/ ml			•	
LANTUS SOLOSTAR – insulin glargine soln pen-injector 100 unit/ml			•	

Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy
LEVEMIR – insulin detemir inj 100 unit/ml			•	
LEVEMIR FLEXTOUCH – insulin detemir soln pen-injector 100 unit/ml			•	
TOUJEO MAX SOLOSTAR – insulin glargine soln pen-injector 300 unit/ml			•	
TOUJEO SOLOSTAR – insulin glargine soln pen-injector 300 unit/ml			•	
TRESIBA – insulin degludec inj 100 unit/ml			•	
TRESIBA FLEXTOUCH – insulin degludec soln pen-injector 100 unit/ml			•	
TRESIBA FLEXTOUCH – insulin degludec soln pen-injector 200 unit/ml			•	
THYROID REGULATION				
levothyroxine sodium tab 25 mcg (Synthroid)				
levothyroxine sodium tab 50 mcg (Synthroid)				
levothyroxine sodium tab 75 mcg (Synthroid)				
levothyroxine sodium tab 88 mcg (Synthroid)				
levothyroxine sodium tab 100 mcg (Synthroid)				
levothyroxine sodium tab 112 mcg (Synthroid)				
levothyroxine sodium tab 125 mcg (Synthroid)				
levothyroxine sodium tab 137 mcg (Synthroid)				
levothyroxine sodium tab 150 mcg (Synthroid)				
levothyroxine sodium tab 175 mcg (Synthroid)				

Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy
levothyroxine sodium tab 200 mcg (Synthroid)				
levothyroxine sodium tab 300 mcg (Synthroid)				
methimazole tab 5 mg (Tapazole)				
methimazole tab 10 mg (Tapazole)				
thyroid tab 30 mg (1/2 grain) (Armour thyroid)				
thyroid tab 60 mg (1 grain) (Armour thyroid)				
thyroid tab 90 mg (1 1/2 grain) (Armour thyroid)				
GROWTH HORMONE				
INCRELEX – mecasermin inj 40 mg/4ml (10 mg/ml)	•			
OMNITROPE – somatropin for inj 5.8 mg	•	•		
OMNITROPE – somatropin inj 5 mg/1.5ml	•	•		
OMNITROPE – somatropin inj 10 mg/1.5ml	•	•		
OTHER HORMONES AND RELATED DRUGS				
alendronate sodium tab 5 mg			•	
alendronate sodium tab 10 mg			•	
alendronate sodium tab 35 mg			•	
alendronate sodium tab 70 mg (Fosamax)			•	
CYSTADANE – betaine powder for oral solution				
NITYR – nitisinone tab 2 mg	•			
NITYR – nitisinone tab 5 mg	•			
NITYR – nitisinone tab 10 mg	•			
ORFADIN – nitisinone susp 4 mg/ml	•			
ORFADIN – nitisinone cap 2 mg	•			
ORFADIN – nitisinone cap 5 mg	•			

Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy
ORFADIN – nitisinone cap 10 mg	•			
ORFADIN – nitisinone cap 20 mg	•			
ORLISSA – elagolix sodium tab 150 mg (base equiv)		•	•	
ORLISSA – elagolix sodium tab 200 mg (base equiv)		•	•	
REVCovi – elapegamase-ivl im soln 2.4 mg/1.5ml (1.6 mg/ml)				
SENSIPAR – cinacalcet hcl tab 30 mg (base equiv)				
SENSIPAR – cinacalcet hcl tab 60 mg (base equiv)				
SENSIPAR – cinacalcet hcl tab 90 mg (base equiv)				
STIMATE – desmopressin acetate nasal soln 1.5 mg/ml				
STRENSIQ – asfotase alfa subcutaneous inj 18 mg/0.45ml	•	•		
STRENSIQ – asfotase alfa subcutaneous inj 28 mg/0.7ml	•	•		
STRENSIQ – asfotase alfa subcutaneous inj 40 mg/ml	•	•		
STRENSIQ – asfotase alfa subcutaneous inj 80 mg/0.8ml	•	•		
TYMLOS – abaloparatide subcutaneous soln pen-injector 3120 mcg/1.56ml	•	•	•	

HEART AND CIRCULATORY DRUGS

ANGIOTENSIN CONVERTING ENZYME (ACE) INHIBITORS AND COMBINATI

benazepril hcl tab 5 mg				
benazepril hcl tab 10 mg (Lotensin)				
benazepril hcl tab 20 mg (Lotensin)				
benazepril hcl tab 40 mg (Lotensin)				
enalapril maleate & hydrochlorothiazide tab 5-12.5 mg				

Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy
enalapril maleate & hydrochlorothiazide tab 10-25 mg (Vaseretic)				
enalapril maleate tab 2.5 mg (Vasotec)				
enalapril maleate tab 5 mg (Vasotec)				
enalapril maleate tab 10 mg (Vasotec)				
enalapril maleate tab 20 mg (Vasotec)				
fosinopril sodium tab 10 mg				
fosinopril sodium tab 20 mg				
fosinopril sodium tab 40 mg				
lisinopril & hydrochlorothiazide tab 10-12.5 mg (Zestoretic)				
lisinopril & hydrochlorothiazide tab 20-12.5 mg (Zestoretic)				
lisinopril & hydrochlorothiazide tab 20-25 mg (Zestoretic)				
lisinopril tab 2.5 mg (Zestril)				
lisinopril tab 5 mg (Prinivil)				
lisinopril tab 10 mg (Prinivil)				
lisinopril tab 20 mg (Prinivil)				
lisinopril tab 30 mg (Zestril)				
lisinopril tab 40 mg (Zestril)				
perindopril erbumine tab 2 mg				
quinapril hcl tab 5 mg (Accupril)				
quinapril hcl tab 10 mg (Accupril)				
quinapril hcl tab 20 mg (Accupril)				
quinapril hcl tab 40 mg (Accupril)				
ramipril cap 1.25 mg (Altace)				
ramipril cap 2.5 mg (Altace)				
ramipril cap 5 mg (Altace)				
ramipril cap 10 mg (Altace)				
trandolapril tab 1 mg (Mavik)				
trandolapril tab 2 mg (Mavik)				

Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy
trandolapril tab 4 mg (Mavik)				
ANGIOTENSIN II RECEPTOR ANTAGONISTS (ARBS) AND COMBINATIONS				
irbesartan tab 75 mg (Avapro)				
irbesartan tab 150 mg (Avapro)				
irbesartan tab 300 mg (Avapro)				
irbesartan-hydrochlorothiazide tab 150-12.5 mg (Avalide)				
irbesartan-hydrochlorothiazide tab 300-12.5 mg (Avalide)				
losartan potassium & hydrochlorothiazide tab 50-12.5 mg (Hyzaar)				
losartan potassium & hydrochlorothiazide tab 100-12.5 mg (Hyzaar)				
losartan potassium & hydrochlorothiazide tab 100-25 mg (Hyzaar)				
losartan potassium tab 25 mg (Cozaar)				
losartan potassium tab 50 mg (Cozaar)				
losartan potassium tab 100 mg (Cozaar)				
valsartan-hydrochlorothiazide tab 80-12.5 mg (Diovan hct)				
valsartan-hydrochlorothiazide tab 320-12.5 mg (Diovan hct)				
valsartan-hydrochlorothiazide tab 320-25 mg (Diovan hct)				
BETA BLOCKERS AND COMBINATIONS				
acebutolol hcl cap 200 mg (Sectral)				
acebutolol hcl cap 400 mg (Sectral)				
atenolol & chlorthalidone tab 50-25 mg (Tenoretic 50)				

Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy
atenolol & chlorthalidone tab 100-25 mg (Tenoretic 100)				
atenolol tab 25 mg (Tenormin)				
atenolol tab 50 mg (Tenormin)				
atenolol tab 100 mg (Tenormin)				
bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg (Ziac)				
bisoprolol & hydrochlorothiazide tab 5-6.25 mg (Ziac)				
bisoprolol & hydrochlorothiazide tab 10-6.25 mg (Ziac)				
bisoprolol fumarate tab 5 mg (Zebeta)				
carvedilol tab 3.125 mg (Coreg)				
carvedilol tab 6.25 mg (Coreg)				
carvedilol tab 12.5 mg (Coreg)				
carvedilol tab 25 mg (Coreg)				
metoprolol succinate tab er 24hr 25 mg (tartrate equiv) (Toprol xl)				
metoprolol succinate tab er 24hr 50 mg (tartrate equiv) (Toprol xl)				
metoprolol tartrate tab 25 mg (Lopressor)				
metoprolol tartrate tab 50 mg (Lopressor)				
metoprolol tartrate tab 100 mg (Lopressor)				
propranolol hcl tab 10 mg				
propranolol hcl tab 20 mg				
propranolol hcl tab 40 mg				
propranolol hcl tab 80 mg				
CALCIUM CHANNEL BLOCKERS AND COMBINATIONS				
amlodipine besylate tab 2.5 mg (base equivalent) (Norvasc)				
amlodipine besylate tab 5 mg (base equivalent) (Norvasc)				

Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy
amlodipine besylate tab 10 mg (base equivalent) (Norvasc)				
diltiazem hcl coated beads cap er 24hr 120 mg (Cardizem cd)				
diltiazem hcl coated beads cap er 24hr 180 mg (Cardizem cd)				
diltiazem hcl tab 30 mg (Cardizem)				
diltiazem hcl tab 60 mg (Cardizem)				
diltiazem hcl tab 90 mg				
diltiazem hcl tab 120 mg (Cardizem)				
ENTRESTO – sacubitril-valsartan tab 24-26 mg				
ENTRESTO – sacubitril-valsartan tab 49-51 mg				
ENTRESTO – sacubitril-valsartan tab 97-103 mg				
nifedipine tab er 24hr 30 mg (Adalat cc)				
nifedipine tab er 24hr osmotic release 30 mg (Procardia xl)				
verapamil hcl tab er 120 mg (Calan sr)				
verapamil hcl tab er 180 mg (Calan sr)				
verapamil hcl tab er 240 mg (Calan sr)				
verapamil hcl tab 80 mg (Calan)				
verapamil hcl tab 120 mg (Calan)				
CHEST PAIN				
isosorbide mononitrate tab er 24hr 30 mg				
isosorbide mononitrate tab er 24hr 60 mg				
isosorbide mononitrate tab 10 mg				
isosorbide mononitrate tab 20 mg				
nitroglycerin cap er 2.5 mg				

Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy
CHOLESTEROL LOWERING				
atorvastatin calcium tab 10 mg (base equivalent) (Lipitor)				
atorvastatin calcium tab 20 mg (base equivalent) (Lipitor)				
atorvastatin calcium tab 40 mg (base equivalent) (Lipitor)				
atorvastatin calcium tab 80 mg (base equivalent) (Lipitor)				
fenofibrate tab 54 mg (Lofibra)				•
gemfibrozil tab 600 mg (Lopid)				•
lovastatin tab 10 mg				
lovastatin tab 20 mg (Mevacor)				
lovastatin tab 40 mg (Mevacor)				
pravastatin sodium tab 10 mg				
pravastatin sodium tab 20 mg (Pravachol)				
pravastatin sodium tab 40 mg (Pravachol)				
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)				
simvastatin tab 10 mg (Zocor)				
simvastatin tab 20 mg (Zocor)				
simvastatin tab 40 mg (Zocor)				
simvastatin tab 80 mg (Zocor)				
FLUID RETENTION				
amiloride & hydrochlorothiazide tab 5-50 mg				
bumetanide tab 0.5 mg				

Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy
bumetanide tab 1 mg				
chlorothiazide tab 500 mg				
furosemide oral soln 10 mg/ml				
furosemide tab 20 mg (Lasix)				
furosemide tab 40 mg (Lasix)				
furosemide tab 80 mg (Lasix)				
hydrochlorothiazide cap 12.5 mg (Microzide)				
hydrochlorothiazide tab 12.5 mg				
hydrochlorothiazide tab 25 mg				
hydrochlorothiazide tab 50 mg				
indapamide tab 1.25 mg				
indapamide tab 2.5 mg				
spironolactone tab 25 mg (Aldactone)				
spironolactone tab 50 mg (Aldactone)				
torsemide tab 5 mg (Demadex)				
torsemide tab 10 mg (Demadex)				
torsemide tab 20 mg (Demadex)				
triamterene & hydrochlorothiazide cap 37.5-25 mg (Dyazide)				
triamterene & hydrochlorothiazide tab 37.5-25 mg (Maxzide-25)				
triamterene & hydrochlorothiazide tab 75-50 mg (Maxzide)				
HEART RHYTHM				
amiodarone hcl tab 200 mg (Cordarone)				
sotalol hcl tab 80 mg (Betapace)				
sotalol hcl tab 120 mg (Betapace)				
sotalol hcl tab 160 mg (Betapace)				
OTHER HEART RELATED DRUGS				
clonidine hcl tab 0.1 mg (Catapres)				
clonidine hcl tab 0.2 mg (Catapres)				
clonidine hcl tab 0.3 mg (Catapres)				

Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy
doxazosin mesylate tab 1 mg (Cardura)				
doxazosin mesylate tab 2 mg (Cardura)				
doxazosin mesylate tab 4 mg (Cardura)				
doxazosin mesylate tab 8 mg (Cardura)				
guanfacine hcl tab 1 mg (Tenex)				
guanfacine hcl tab 2 mg (Tenex)				
hydralazine hcl tab 10 mg				
hydralazine hcl tab 25 mg				
hydralazine hcl tab 50 mg				
methyldopa tab 250 mg				
methyldopa tab 500 mg				
minoxidil tab 2.5 mg				
minoxidil tab 10 mg				
OPSUMIT – macitentan tab 10 mg	•	•	•	
prazosin hcl cap 1 mg (Minipress)				
prazosin hcl cap 2 mg (Minipress)				
terazosin hcl cap 1 mg (base equivalent)				
terazosin hcl cap 2 mg (base equivalent)				
terazosin hcl cap 5 mg (base equivalent)				
terazosin hcl cap 10 mg (base equivalent)				
TRACLEER – bosentan tab for oral susp 32 mg	•	•	•	
TRACLEER – bosentan tab 62.5 mg	•	•	•	
TRACLEER – bosentan tab 125 mg	•	•	•	
UPTRAVI – selexipag tab therapy pack 200 mcg (140) & 800 mcg (60)	•	•	•	
UPTRAVI – selexipag tab 200 mcg	•	•	•	

Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy
UPTRAVI – selexipag tab 400 mcg	•	•	•	
UPTRAVI – selexipag tab 600 mcg	•	•	•	
UPTRAVI – selexipag tab 800 mcg	•	•	•	
UPTRAVI – selexipag tab 1000 mcg	•	•	•	
UPTRAVI – selexipag tab 1200 mcg	•	•	•	
UPTRAVI – selexipag tab 1400 mcg	•	•	•	
UPTRAVI – selexipag tab 1600 mcg	•	•	•	
BEE STING KITS				
EPINEPHRINE (Mylan Products) – epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000)				
EPIPEN-JR 2-PAK – epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000)				
SYMJEPI – epinephrine soln prefilled syringe 0.15 mg/0.3ml (1:2000)				
SYMJEPI – epinephrine solution prefilled syringe 0.3 mg/0.3ml (1:1000)				
RESPIRATORY AGENTS				
ANTI-HISTAMINES				
promethazine hcl syrup 6.25 mg/5ml				
promethazine hcl tab 12.5 mg				
promethazine hcl tab 25 mg				
promethazine hcl tab 50 mg				
NASAL PRODUCTS				
fluticasone propionate nasal susp 50 mcg/act (Flonase)			•	
COUGH/COLD/ALLERGY				
benzonatate cap 100 mg (Tessalon perles)				
benzonatate cap 200 mg				
promethazine w/ codeine syrup 6.25-10 mg/5ml		•		
ASTHMA/COPD				

Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy
ADVAIR DISKUS – fluticasone-salmeterol aer powder ba 100-50 mcg/dose			•	
ADVAIR DISKUS – fluticasone-salmeterol aer powder ba 250-50 mcg/dose			•	
ADVAIR DISKUS – fluticasone-salmeterol aer powder ba 500-50 mcg/dose			•	
ADVAIR HFA – fluticasone-salmeterol inhal aerosol 45-21 mcg/act			•	
ADVAIR HFA – fluticasone-salmeterol inhal aerosol 115-21 mcg/act			•	
ADVAIR HFA – fluticasone-salmeterol inhal aerosol 230-21 mcg/act			•	
albuterol sulfate syrup 2 mg/5ml				
ANORO ELLIPTA – umeclidinium-vilanterol aero powd ba 62.5-25 mcg/inh			•	
ARNUITY ELLIPTA – fluticasone furoate aerosol powder breath activ 50 mcg/act			•	
ARNUITY ELLIPTA – fluticasone furoate aerosol powder breath activ 100 mcg/act			•	
ARNUITY ELLIPTA – fluticasone furoate aerosol powder breath activ 200 mcg/act			•	
ASMANEX HFA – mometasone furoate inhal aerosol suspension 100 mcg/act			•	
ASMANEX HFA – mometasone furoate inhal aerosol suspension 200 mcg/act			•	
ASMANEX TWISTHALER 120 ME – mometasone furoate inhal powd 220 mcg/inh (breath activated)			•	
ASMANEX TWISTHALER 30 MET – mometasone furoate inhal powd 110 mcg/inh (breath activated)			•	

Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy
ASMANEX TWISTHALER 30 MET – mometasone furoate inhal powd 220 mcg/inh (breath activated)			•	
ASMANEX TWISTHALER 60 MET – mometasone furoate inhal powd 220 mcg/inh (breath activated)			•	
BREO ELLIPTA – fluticasone furoate-vilanterol aero powd ba 100-25 mcg/inh			•	
BREO ELLIPTA – fluticasone furoate-vilanterol aero powd ba 200-25 mcg/inh			•	
DULERA – mometasone furoate-formoterol fumarate aerosol 100-5 mcg/act			•	
DULERA – mometasone furoate-formoterol fumarate aerosol 200-5 mcg/act			•	
FLOVENT DISKUS – fluticasone propionate aer pow ba 50 mcg/blister			•	
FLOVENT DISKUS – fluticasone propionate aer pow ba 100 mcg/blister			•	
FLOVENT DISKUS – fluticasone propionate aer pow ba 250 mcg/blister			•	
FLOVENT HFA – fluticasone propionate hfa inhal aero 44 mcg/act (50/valve)			•	
FLOVENT HFA – fluticasone propionate hfa inhal aer 110 mcg/act (125/valve)			•	
FLOVENT HFA – fluticasone propionate hfa inhal aer 220 mcg/act (250/valve)			•	
FLUTICASONE PROPIONATE/SA – fluticasone-salmeterol aer powder ba 55-14 mcg/act			•	

Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy
FLUTICASONE PROPIONATE/SA – fluticasone-salmeterol aer powder ba 113-14 mcg/act			•	
FLUTICASONE PROPIONATE/SA – fluticasone-salmeterol aer powder ba 232-14 mcg/act			•	
INCRUSE ELLIPTA – umeclidinium br aero powd breath act 62.5 mcg/inh (base eq)			•	
ipratropium bromide inhal soln 0.02%			•	
montelukast sodium chew tab 4 mg (base equiv) (Singulair)				
montelukast sodium chew tab 5 mg (base equiv) (Singulair)				
montelukast sodium tab 10 mg (base equiv) (Singulair)				
PROAIR HFA – albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)			•	
PROAIR RESPICLICK – albuterol sulfate aer pow ba 108 mcg/act (90 mcg base equiv)			•	
QVAR REDHALER – beclomethasone diprop hfa breath act inh aer 40 mcg/act			•	
QVAR REDHALER – beclomethasone diprop hfa breath act inh aer 80 mcg/act			•	
SEREVENT DISKUS – salmeterol xinafoate aer pow ba 50 mcg/dose (base equiv)			•	
SPIRIVA HANDIHALER – tiotropium bromide monohydrate inhal cap 18 mcg (base equiv)			•	
SPIRIVA RESPIMAT – tiotropium bromide monohydrate inhal aerosol 1.25 mcg/act			•	

Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy
SPIRIVA RESPIMAT – tiotropium bromide monohydrate inhal aerosol 2.5 mcg/act			•	
STIOLTO RESPIMAT – tiotropium bromide olodaterol inhal aero soln 2.5-2.5 mcg/act			•	
STRIVERDI RESPIMAT – olodaterol hcl inhal aerosol soln 2.5 mcg/act (base equiv)			•	
SYMBICORT – budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act			•	
SYMBICORT – budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act			•	
theophylline tab er 12hr 100 mg				
TRELEGY ELLIPTA – fluticasone-umeclidinium-vilanterol aepb 100-62.5-25 mcg/inh			•	
VENTOLIN HFA – albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)			•	
OTHER RESPIRATORY DRUGS				
KALYDECO – ivacaftor tab 150 mg	•	•	•	
KALYDECO – ivacaftor packet 25 mg	•	•	•	
KALYDECO – ivacaftor packet 50 mg	•	•	•	
KALYDECO – ivacaftor packet 75 mg	•	•	•	
PULMOZYME – dornase alfa inhal soln 1 mg/ml	•			
SYMDEKO – tezacaftor-ivacaftor 50-75 mg & ivacaftor 75 mg tab tbpk		•	•	
SYMDEKO – tezacaftor-ivacaftor 100-150 mg & ivacaftor 150 mg tab tbpk	•	•	•	
GASTROINTESTINAL DRUGS				
LAXATIVES				
lactulose solution 10 gm/15ml				

Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy
peg 3350-kcl-sod bicarb-nacl for soln 420 gm (Nulytely/flavor pack)				
peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm (Golytely)				
peg 3350-kcl-na bicarb-nacl-na sulfate for soln 240 gm (Colyte-flavor packs)				
ULCER/GERD				
cimetidine tab 300 mg				
cimetidine tab 400 mg				
dicyclomine hcl cap 10 mg (Bentyl)				
dicyclomine hcl tab 20 mg (Bentyl)				
famotidine tab 40 mg (Pepcid)				
misoprostol tab 100 mcg (Cytotec)				
misoprostol tab 200 mcg (Cytotec)				
nizatidine cap 150 mg				
omeprazole cap delayed release 10 mg (Prilosec)			•	
omeprazole cap delayed release 20 mg (Prilosec)			•	
omeprazole cap delayed release 40 mg (Prilosec)			•	
pantoprazole sodium ec tab 20 mg (base equiv) (Protonix)			•	
pantoprazole sodium ec tab 40 mg (base equiv) (Protonix)			•	
ranitidine hcl syrup 15 mg/ml (75 mg/5ml)				
ranitidine hcl tab 300 mg (Zantac)				
NAUSEA AND VOMITING				
EMEND – aprepitant for oral susp 125 mg (125 mg/5ml)			•	
ondansetron hcl tab 4 mg (Zofran)			•	
ondansetron orally disintegrating tab 4 mg (Zofran odt)			•	
DIGESTIVE ENZYMES				

Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy
CREON – pancrelipase (lip-prot-amyl) dr cap 3000-9500-15000 unit				
CREON – pancrelipase (lip-prot-amyl) dr cap 6000-19000-30000 unit				
CREON – pancrelipase (lip-prot-amyl) dr cap 12000-38000-60000 unit				
CREON – pancrelipase (lip-prot-amyl) dr cap 24000-76000-120000 unit				
CREON – pancrelipase (lip-prot-amyl) dr cap 36000-114000-180000 unit				
ZENPEP – pancrelipase (lip-prot-amyl) dr cap 3000-10000-14000 unit				
ZENPEP – pancrelipase (lip-prot-amyl) dr cap 5000-17000-24000 unit				
ZENPEP – pancrelipase (lip-prot-amyl) dr cap 10000-32000-42000 unit				
ZENPEP – pancrelipase (lip-prot-amyl) dr cap 15000-47000-63000 unit				
ZENPEP – pancrelipase (lip-prot-amyl) dr cap 20000-63000-84000 unit				
ZENPEP – pancrelipase (lip-prot-amyl) dr cap 25000-79000-105000 unit				
ZENPEP – pancrelipase (lip-prot-amyl) dr cap 40000-126000-168000 unit				
OTHER GASTROINTESTINAL DRUGS				
APRISO – mesalamine cap er 24hr 0.375 gm				
CHENODAL – chenodiol tab 250 mg		•		
lactulose (encephalopathy) solution 10 gm/15ml				
metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv)				
metoclopramide hcl tab 5 mg (base equivalent) (Reglan)				
metoclopramide hcl tab 10 mg (base equivalent) (Reglan)				
VIBERZI – eluxadoline tab 75 mg			•	

Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy
VIBERZI – eluxadoline tab 100 mg			•	
GENITOURINARY DRUGS				
URINARY TRACT SPASMS				
bethanechol chloride tab 5 mg (Urecholine)				
oxybutynin chloride syrup 5 mg/5ml				
OTHER GENITOURINARY DRUGS				
alfuzosin hcl tab er 24hr 10 mg (Uroxatral)				
CYSTAGON – cysteamine bitartrate cap 50 mg		•		
CYSTAGON – cysteamine bitartrate cap 150 mg		•		
finasteride tab 5 mg (Proscar)				
tamsulosin hcl cap 0.4 mg (Flomax)				
CENTRAL NERVOUS SYSTEM DRUGS				
ANXIETY				
alprazolam tab 0.25 mg (Xanax)				
alprazolam tab 0.5 mg (Xanax)				
alprazolam tab 1 mg (Xanax)				
alprazolam tab 2 mg (Xanax)				
bupirone hcl tab 5 mg				
bupirone hcl tab 10 mg				
bupirone hcl tab 15 mg				
chlordiazepoxide hcl cap 5 mg				
chlordiazepoxide hcl cap 10 mg				
chlordiazepoxide hcl cap 25 mg				
clorazepate dipotassium tab 3.75 mg				
clorazepate dipotassium tab 7.5 mg (Tranxene t)				
diazepam tab 2 mg (Valium)				
diazepam tab 5 mg (Valium)				
diazepam tab 10 mg (Valium)				
hydroxyzine hcl syrup 10 mg/5ml				

Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy
hydroxyzine hcl tab 10 mg				
hydroxyzine hcl tab 25 mg				
hydroxyzine hcl tab 50 mg				
hydroxyzine pamoate cap 25 mg (Vistaril)				
hydroxyzine pamoate cap 50 mg (Vistaril)				
lorazepam tab 0.5 mg (Ativan)			•	
lorazepam tab 1 mg (Ativan)			•	
lorazepam tab 2 mg (Ativan)			•	
DEPRESSION				
amitriptyline hcl tab 10 mg				
amitriptyline hcl tab 25 mg				
amitriptyline hcl tab 50 mg				
amitriptyline hcl tab 75 mg				
amitriptyline hcl tab 100 mg				
bupropion hcl tab er 12hr 100 mg (Wellbutrin sr)				
bupropion hcl tab er 12hr 150 mg (Wellbutrin sr)				
citalopram hydrobromide tab 10 mg (base equiv) (Celexa)				
citalopram hydrobromide tab 20 mg (base equiv) (Celexa)				
citalopram hydrobromide tab 40 mg (base equiv) (Celexa)				
doxepin hcl cap 10 mg				
doxepin hcl cap 25 mg				
doxepin hcl conc 10 mg/ml				
escitalopram oxalate tab 5 mg (base equiv) (Lexapro)				
escitalopram oxalate tab 10 mg (base equiv) (Lexapro)				
escitalopram oxalate tab 20 mg (base equiv) (Lexapro)				

Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy
fluoxetine hcl cap 10 mg (Prozac)				
fluoxetine hcl cap 20 mg (Prozac)				
fluoxetine hcl cap 40 mg (Prozac)				
fluoxetine hcl solution 20 mg/5ml				
fluoxetine hcl tab 10 mg				
imipramine hcl tab 10 mg (Tofranil)				
imipramine hcl tab 25 mg (Tofranil)				
imipramine hcl tab 50 mg (Tofranil)				
mirtazapine tab 15 mg (Remeron)				
mirtazapine tab 30 mg (Remeron)				
mirtazapine tab 45 mg (Remeron)				
nortriptyline hcl cap 10 mg (Pamelor)				
nortriptyline hcl cap 25 mg (Pamelor)				
nortriptyline hcl cap 50 mg (Pamelor)				
nortriptyline hcl cap 75 mg (Pamelor)				
paroxetine hcl tab 10 mg (Paxil)				
paroxetine hcl tab 20 mg (Paxil)				
paroxetine hcl tab 30 mg (Paxil)				
paroxetine hcl tab 40 mg (Paxil)				
sertraline hcl tab 25 mg (Zoloft)				
sertraline hcl tab 50 mg (Zoloft)				
sertraline hcl tab 100 mg (Zoloft)				
trazodone hcl tab 50 mg				
trazodone hcl tab 100 mg				
trazodone hcl tab 150 mg				
venlafaxine hcl cap er 24hr 37.5 mg (base equivalent) (Effexor xr)				
venlafaxine hcl cap er 24hr 75 mg (base equivalent) (Effexor xr)				
venlafaxine hcl cap er 24hr 150 mg (base equivalent) (Effexor xr)				
PSYCHOTIC AND BIPOLAR DISORDERS				
FLUPHENAZINE HCL – fluphenazine hcl elixir 2.5 mg/5ml				

Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy
FLUPHENAZINE HCL – fluphenazine hcl oral conc 5 mg/ml				
haloperidol lactate oral conc 2 mg/ml				
haloperidol tab 0.5 mg				
haloperidol tab 1 mg				
haloperidol tab 2 mg				
lithium carbonate cap 150 mg (Lithium carbonate)				
lithium carbonate cap 300 mg				
lithium carbonate cap 600 mg (Lithium carbonate)				
lithium carbonate tab 300 mg				
olanzapine tab 2.5 mg (Zyprexa)			•	
olanzapine tab 5 mg (Zyprexa)			•	
olanzapine tab 7.5 mg (Zyprexa)			•	
olanzapine tab 10 mg (Zyprexa)			•	
prochlorperazine maleate tab 5 mg (base equivalent)				
prochlorperazine maleate tab 10 mg (base equivalent)				
quetiapine fumarate tab 25 mg (Seroquel)			•	
quetiapine fumarate tab 50 mg (Seroquel)			•	
quetiapine fumarate tab 100 mg (Seroquel)			•	
risperidone tab 0.25 mg (Risperdal)			•	
risperidone tab 0.5 mg (Risperdal)			•	
risperidone tab 1 mg (Risperdal)			•	
risperidone tab 2 mg (Risperdal)			•	
risperidone tab 3 mg (Risperdal)			•	
risperidone tab 4 mg (Risperdal)			•	
SLEEP AIDS				
BELSOMRA – suvorexant tab 5 mg			•	•
BELSOMRA – suvorexant tab 10 mg			•	•

Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy
BELSOMRA – suvorexant tab 15 mg			•	•
BELSOMRA – suvorexant tab 20 mg			•	•
estazolam tab 1 mg				
estazolam tab 2 mg				
phenobarbital tab 16.2 mg				
phenobarbital tab 32.4 mg				
temazepam cap 15 mg (Restoril)				
temazepam cap 30 mg (Restoril)				
zaleplon cap 5 mg (Sonata)			•	
zaleplon cap 10 mg (Sonata)			•	
zolpidem tartrate tab 5 mg (Ambien)			•	
zolpidem tartrate tab 10 mg (Ambien)			•	
MULTIPLE SCLEROSIS				
AUBAGIO – teriflunomide tab 7 mg	•		•	
AUBAGIO – teriflunomide tab 14 mg	•		•	
AVONEX – interferon beta-1a im prefilled syringe kit 30 mcg/0.5ml	•		•	
AVONEX PEN – interferon beta-1a im auto-injector kit 30 mcg/0.5ml	•		•	
BETASERON – interferon beta-1b for inj kit 0.3 mg	•		•	
COPAXONE – glatiramer acetate soln prefilled syringe 20 mg/ml	•		•	
COPAXONE – glatiramer acetate soln prefilled syringe 40 mg/ml	•		•	
GILENYA – fingolimod hcl cap 0.5 mg (base equiv)	•		•	
MAYZENT – siponimod fumarate tab 0.25 mg (base equiv)	•		•	
MAYZENT – siponimod fumarate tab 2 mg (base equiv)	•		•	
PLEGRIDY – peginterferon beta-1a soln pen-injector 125 mcg/0.5ml	•		•	
PLEGRIDY – peginterferon beta-1a soln prefilled syringe 125 mcg/0.5ml	•		•	

Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy
PLEGRIDY STARTER PACK – peginterferon beta-1a soln pen-inj 63 & 94 mcg/0.5ml pack	•		•	
PLEGRIDY STARTER PACK – peginterferon beta-1a soln pref syr 63 & 94 mcg/0.5ml pack	•		•	
REBIF – interferon beta-1a soln pref syr 22 mcg/0.5ml (12mu/ml)	•		•	
REBIF – interferon beta-1a soln pref syr 44 mcg/0.5ml (24mu/ml)	•		•	
REBIF REBIDOSE – interferon beta-1a soln auto-inj 22 mcg/0.5ml (12mu/ml)	•		•	
REBIF REBIDOSE – interferon beta-1a soln auto-inj 44 mcg/0.5ml (24mu/ml)	•		•	
REBIF REBIDOSE TITRATION – interferon beta-1a auto-inj 6x8.8 mcg/0.2ml & 6x22 mcg/0.5ml	•		•	
REBIF TITRATION PACK – interferon beta-1a pref syr 6x8.8 mcg/0.2ml & 6x22 mcg/0.5ml	•		•	
TECFIDERA – dimethyl fumarate capsule delayed release 120 mg	•		•	
TECFIDERA – dimethyl fumarate capsule delayed release 240 mg	•		•	
TECFIDERA STARTER PACK – dimethyl fumarate capsule dr starter pack 120 mg & 240 mg	•		•	
OTHER CENTRAL NERVOUS SYSTEM DRUGS				
CHANTIX – varenicline tartrate tab 0.5 mg (base equiv)				
CHANTIX – varenicline tartrate tab 1 mg (base equiv)				
CHANTIX CONTINUING MONTH – varenicline tartrate tab 1 mg (base equiv)				
donepezil hydrochloride tab 5 mg (Aricept)				

Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy
donepezil hydrochloride tab 10 mg (Aricept)				
NICOTROL INHALER – nicotine inhaler system 10 mg (4 mg delivered)				
NICOTROL NS – nicotine nasal spray 10 mg/ml (0.5 mg/spray)				
PAIN RELIEF DRUGS				
NARCOTIC DRUGS				
acetaminophen w/ codeine soln 120-12 mg/5ml		•		
acetaminophen w/ codeine tab 300-15 mg (Tylenol/codeine)		•		
acetaminophen w/ codeine tab 300-30 mg (Tylenol/codeine #3)		•		
acetaminophen w/ codeine tab 300-60 mg (Tylenol/codeine #4)		•		
hydrocodone-acetaminophen tab 10-325 mg (Norco)		•		
hydrocodone-acetaminophen tab 5-325 mg (Norco)		•		
hydrocodone-acetaminophen tab 7.5-325 mg (Norco)		•		
hydrocodone-ibuprofen tab 7.5-200 mg (Vicoprofen)		•		
hydromorphone hcl tab 2 mg (Dilaudid)		•		
hydromorphone hcl tab 4 mg (Dilaudid)		•		
methadone hcl tab for oral susp 40 mg		•		
methadone hcl tab 5 mg (Dolophine hcl)		•		
methadone hcl tab 10 mg (Dolophine)		•		
MORPHINE SULFATE – morphine sulfate tab 15 mg		•		
MORPHINE SULFATE – morphine sulfate tab 30 mg		•		

Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy
oxycodone hcl tab 5 mg (Roxicodone)		•		
oxycodone w/ acetaminophen tab 5-325 mg (Percocet)		•		
tramadol hcl tab 50 mg (Ultram)		•	•	
tramadol-acetaminophen tab 37.5-325 mg (Ultracet)		•		
XTAMPZA ER – oxycodone cap er 12hr abuse-deterrent 9 mg		•	•	
XTAMPZA ER – oxycodone cap er 12hr abuse-deterrent 13.5 mg		•	•	
XTAMPZA ER – oxycodone cap er 12hr abuse-deterrent 18 mg		•	•	
XTAMPZA ER – oxycodone cap er 12hr abuse-deterrent 27 mg		•	•	
XTAMPZA ER – oxycodone cap er 12hr abuse-deterrent 36 mg		•	•	
RHEUMATOID AND OSTEOARTHRITIS				
diclofenac sodium tab delayed release 50 mg				
diclofenac sodium tab delayed release 75 mg				
ENBREL – etanercept for subcutaneous inj 25 mg	•	•	•	
ENBREL – etanercept subcutaneous soln prefilled syringe 25 mg/0.5ml	•	•	•	
ENBREL – etanercept subcutaneous soln prefilled syringe 50 mg/ml	•	•	•	
ENBREL MINI – etanercept subcutaneous solution cartridge 50 mg/ml	•	•	•	
ENBREL SURECLICK – etanercept subcutaneous solution auto-injector 50 mg/ml	•	•	•	
flurbiprofen tab 50 mg				
flurbiprofen tab 100 mg				
HUMIRA – adalimumab prefilled syringe kit 10 mg/0.1ml	•	•	•	

Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy
HUMIRA – adalimumab prefilled syringe kit 10 mg/0.2ml	•	•	•	
HUMIRA – adalimumab prefilled syringe kit 20 mg/0.2ml	•	•	•	
HUMIRA – adalimumab prefilled syringe kit 20 mg/0.4ml	•	•	•	
HUMIRA – adalimumab prefilled syringe kit 40 mg/0.8ml	•	•	•	
HUMIRA – adalimumab prefilled syringe kit 40 mg/0.4ml	•	•	•	
HUMIRA PEDIATRIC CROHNS D – adalimumab prefilled syringe kit 40 mg/0.8ml	•	•	•	
HUMIRA PEDIATRIC CROHNS D – adalimumab prefilled syringe kit 80 mg/0.8ml	•	•	•	
HUMIRA PEDIATRIC CROHNS D – adalimumab prefilled syringe kit 80 mg/0.8ml & 40 mg/0.4ml	•	•	•	
HUMIRA PEN – adalimumab pen-injector kit 40 mg/0.8ml	•	•	•	
HUMIRA PEN – adalimumab pen-injector kit 40 mg/0.4ml	•	•	•	
HUMIRA PEN-CD/UC/HS START – adalimumab pen-injector kit 40 mg/0.8ml	•	•	•	
HUMIRA PEN-CD/UC/HS START – adalimumab pen-injector kit 80 mg/0.8ml	•	•	•	
HUMIRA PEN-PS/UV STARTER – adalimumab pen-injector kit 40 mg/0.8ml	•	•	•	
HUMIRA PEN-PS/UV STARTER – adalimumab pen-injector kit 80 mg/0.8ml & 40 mg/0.4ml	•	•	•	
ibuprofen tab 400 mg				
ibuprofen tab 600 mg				
ibuprofen tab 800 mg				

Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy
indomethacin cap 25 mg				
indomethacin cap 50 mg				
ketorolac tromethamine tab 10 mg			•	
meloxicam tab 7.5 mg (Mobic)				
meloxicam tab 15 mg (Mobic)				
nabumetone tab 500 mg				
nabumetone tab 750 mg				
naproxen sodium tab 275 mg (Anaprox)				
naproxen sodium tab 550 mg (Anaprox ds)				
naproxen tab ec 375 mg (Ecnaprosyn)				
naproxen tab ec 500 mg (Ecnaprosyn)				
naproxen tab 250 mg (Naprosyn)				
naproxen tab 375 mg (Naprosyn)				
naproxen tab 500 mg (Naprosyn)				
OTEZLA – apremilast tab starter therapy pack 10 mg & 20 mg & 30 mg	•	•	•	
OTEZLA – apremilast tab 30 mg	•	•	•	
SIMPONI – golimumab subcutaneous soln auto-injector 50 mg/0.5ml	•	•	•	
SIMPONI – golimumab subcutaneous soln auto-injector 100 mg/ml	•	•	•	
SIMPONI – golimumab subcutaneous soln prefilled syringe 50 mg/0.5ml	•	•	•	
SIMPONI – golimumab subcutaneous soln prefilled syringe 100 mg/ml	•	•	•	
sulindac tab 150 mg				
sulindac tab 200 mg				
MIGRAINE HEADACHES				
AIMOVIG – erenumab-aooe subcutaneous soln auto-injector 70 mg/ml		•	•	

Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy
AIMOVIG – erenumab-aooe subcutaneous soln auto-injector 140 mg/ml		•	•	
EMGALITY – galcanezumab-gnlm subcutaneous soln auto-injector 120 mg/ml		•	•	
EMGALITY – galcanezumab-gnlm subcutaneous soln prefilled syr 120 mg/ml		•	•	
sumatriptan succinate tab 25 mg (Imitrex)			•	
sumatriptan succinate tab 50 mg (Imitrex)			•	
sumatriptan succinate tab 100 mg (Imitrex)			•	
GOUT				
allopurinol tab 100 mg (Zyloprim)				
allopurinol tab 300 mg (Zyloprim)				
MITIGARE – colchicine cap 0.6 mg				
NEUROMUSCULAR DRUGS				
SEIZURES				
clonazepam tab 0.5 mg (Klonopin)				
clonazepam tab 1 mg (Klonopin)				
clonazepam tab 2 mg (Klonopin)				
DIASTAT ACUDIAL – diazepam rectal gel delivery system 10 mg				
DIASTAT ACUDIAL – diazepam rectal gel delivery system 20 mg				
DIASTAT PEDIATRIC – diazepam rectal gel delivery system 2.5 mg				
divalproex sodium tab delayed release 125 mg (Depakote)				
divalproex sodium tab delayed release 250 mg (Depakote)				
EPIDIOLEX – cannabidiol soln 100 mg/ml		•		

Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy
gabapentin cap 100 mg (Neurontin)				
gabapentin cap 300 mg (Neurontin)				
gabapentin cap 400 mg (Neurontin)				
lamotrigine tab 25 mg (Lamictal)				
lamotrigine tab 100 mg (Lamictal)				
lamotrigine tab 150 mg (Lamictal)				
lamotrigine tab 200 mg (Lamictal)				
levetiracetam tab 250 mg (Keppra)				
oxcarbazepine tab 150 mg (Trileptal)				
primidone tab 50 mg (Mysoline)				
topiramate tab 25 mg (Topamax)				
topiramate tab 50 mg (Topamax)				
topiramate tab 100 mg (Topamax)				
topiramate tab 200 mg (Topamax)				
zonisamide cap 25 mg (Zonegran)				
PARKINSON'S DISEASE				
amantadine hcl syrup 50 mg/5ml				
benztropine mesylate tab 0.5 mg				
benztropine mesylate tab 1 mg				
benztropine mesylate tab 2 mg				
carbidopa & levodopa tab 10-100 mg (Sinemet)				
INBRIJA – levodopa inhal powder cap 42 mg	•			
pramipexole dihydrochloride tab 0.125 mg (Mirapex)				
pramipexole dihydrochloride tab 0.25 mg (Mirapex)				
pramipexole dihydrochloride tab 0.5 mg (Mirapex)				
pramipexole dihydrochloride tab 0.75 mg (Mirapex)				
pramipexole dihydrochloride tab 1 mg (Mirapex)				

Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy
pramipexole dihydrochloride tab 1.5 mg (Mirapex)				
ropinirole hydrochloride tab 0.25 mg (Requip)				
ropinirole hydrochloride tab 0.5 mg (Requip)				
ropinirole hydrochloride tab 1 mg (Requip)				
ropinirole hydrochloride tab 2 mg (Requip)				
ropinirole hydrochloride tab 3 mg (Requip)				
ropinirole hydrochloride tab 4 mg (Requip)				
ropinirole hydrochloride tab 5 mg (Requip)				
trihexyphenidyl hcl tab 2 mg				
trihexyphenidyl hcl tab 5 mg				
MUSCLE RELAXANTS				
baclofen tab 10 mg				
carisoprodol tab 350 mg (Soma)				
cyclobenzaprine hcl tab 5 mg				
cyclobenzaprine hcl tab 10 mg				
methocarbamol tab 500 mg (Robaxin)				
methocarbamol tab 750 mg (Robaxin-750)				
tizanidine hcl tab 2 mg (base equivalent)				•
tizanidine hcl tab 4 mg (base equivalent) (Zanaflex)				•
SUPPLEMENTS				
VITAMINS				
ergocalciferol cap 50000 unit (Drisdol)				
MULTIVITAMINS				

Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy
KOSHER PRENATAL PLUS IRON – prenatal vit w/ iron carbonyl-fa tab 30-1 mg				
PRENATAL VITAMINS PLUS LO – prenatal vit w/ fe fumarate-fa tab 27-1 mg				
MINERALS AND ELECTROLYTES				
potassium chloride microencapsulated crys er tab 10 meq				
potassium chloride microencapsulated crys er tab 20 meq				
potassium chloride tab er 8 meq (600 mg)				
potassium chloride tab er 10 meq (K-tab)				
BLOOD MODIFYING DRUGS				
ADVATE – antihemophilic factor rahf-pfm for inj 250 unit	•			
ADVATE – antihemophilic factor rahf-pfm for inj 500 unit	•			
ADVATE – antihemophilic factor rahf-pfm for inj 1000 unit	•			
ADVATE – antihemophilic factor rahf-pfm for inj 1500 unit	•			
ADVATE – antihemophilic factor rahf-pfm for inj 2000 unit	•			
ADVATE – antihemophilic factor rahf-pfm for inj 3000 unit	•			
ADVATE – antihemophilic factor rahf-pfm for inj 4000 unit	•			
ADYNOVATE – antihemophilic factor recomb pegylated for inj 250 unit	•	•	•	
ADYNOVATE – antihemophilic factor recomb pegylated for inj 500 unit	•	•	•	
ADYNOVATE – antihemophilic factor recomb pegylated for inj 750 unit	•	•	•	

Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy
ADYNOVATE – antihemophilic factor recomb pegylated for inj 1000 unit	•	•	•	
ADYNOVATE – antihemophilic factor recomb pegylated for inj 1500 unit	•	•	•	
ADYNOVATE – antihemophilic factor recomb pegylated for inj 2000 unit	•	•	•	
ADYNOVATE – antihemophilic factor recomb pegylated for inj 3000 unit	•	•	•	
AFSTYLA – antihemophilic fact rcmb single chain for inj kit 250 unit	•	•	•	
AFSTYLA – antihemophilic fact rcmb single chain for inj kit 500 unit	•	•	•	
AFSTYLA – antihemophilic fact rcmb single chain for inj kit 1000 unit	•	•	•	
AFSTYLA – antihemophilic fact rcmb single chain for inj kit 1500 unit	•	•	•	
AFSTYLA – antihemophilic fact rcmb single chain for inj kit 2000 unit	•	•	•	
AFSTYLA – antihemophilic fact rcmb single chain for inj kit 2500 unit	•	•	•	
AFSTYLA – antihemophilic fact rcmb single chain for inj kit 3000 unit	•	•	•	
ALPHANATE/VON WILLEBRAND – antihemophilic factor/vwf (human) for inj 250 unit	•			
ALPHANATE/VON WILLEBRAND – antihemophilic factor/vwf (human) for inj 500 unit	•			
ALPHANATE/VON WILLEBRAND – antihemophilic factor/vwf (human) for inj 1000 unit	•			
ALPHANATE/VON WILLEBRAND – antihemophilic factor/vwf (human) for inj 1500 unit	•			
ALPHANATE/VON WILLEBRAND – antihemophilic factor/vwf (human) for inj 2000 unit	•			

Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy
ALPHANINE SD – coagulation factor ix for inj 500 unit	•			
ALPHANINE SD – coagulation factor ix for inj 1000 unit	•			
ALPHANINE SD – coagulation factor ix for inj 1500 unit	•			
ALPROLIX – coagulation factor ix (recomb) (rfixfc) for inj 250 unit	•	•	•	
ALPROLIX – coagulation factor ix (recomb) (rfixfc) for inj 500 unit	•	•	•	
ALPROLIX – coagulation factor ix (recomb) (rfixfc) for inj 1000 unit	•	•	•	
ALPROLIX – coagulation factor ix (recomb) (rfixfc) for inj 2000 unit	•	•	•	
ALPROLIX – coagulation factor ix (recomb) (rfixfc) for inj 3000 unit	•	•	•	
ALPROLIX – coagulation factor ix (recomb) (rfixfc) for inj 4000 unit	•	•	•	
BENEFIX – coagulation factor ix (recombinant) for inj kit 250 unit	•			
BENEFIX – coagulation factor ix (recombinant) for inj kit 500 unit	•			
BENEFIX – coagulation factor ix (recombinant) for inj kit 1000 unit	•			
BENEFIX – coagulation factor ix (recombinant) for inj kit 2000 unit	•			
BENEFIX – coagulation factor ix (recombinant) for inj kit 3000 unit	•			
BRILINTA – ticagrelor tab 60 mg				
BRILINTA – ticagrelor tab 90 mg				
CEREZYME – imiglucerase for inj 400 unit	•			
cilostazol tab 50 mg (Pletal)				
cilostazol tab 100 mg (Pletal)				
clopidogrel bisulfate tab 75 mg (base equiv) (Plavix)				

Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy
COAGADEX – coagulation factor x (human) for inj 250 unit	•			
COAGADEX – coagulation factor x (human) for inj 500 unit	•			
CORIFACT – factor xiii concentrate (human) for inj kit 1000-1600 unit	•			
cyanocobalamin inj 1000 mcg/ml				
dipyridamole tab 25 mg (Persantine)				
ELIQUIS – apixaban tab 2.5 mg			•	
ELIQUIS – apixaban tab 5 mg			•	
ELIQUIS STARTER PACK – apixaban tab 5 mg			•	
ELOCTATE – antihemophilic factor (recomb) rfviifc for inj 250 unit	•	•	•	
ELOCTATE – antihemophilic factor (recomb) rfviifc for inj 500 unit	•	•	•	
ELOCTATE – antihemophilic factor (recomb) rfviifc for inj 750 unit	•	•	•	
ELOCTATE – antihemophilic factor (recomb) rfviifc for inj 1000 unit	•	•	•	
ELOCTATE – antihemophilic factor (recomb) rfviifc for inj 1500 unit	•	•	•	
ELOCTATE – antihemophilic factor (recomb) rfviifc for inj 2000 unit	•	•	•	
ELOCTATE – antihemophilic factor (recomb) rfviifc for inj 3000 unit	•	•	•	
ELOCTATE – antihemophilic factor (recomb) rfviifc for inj 4000 unit	•	•	•	
ELOCTATE – antihemophilic factor (recomb) rfviifc for inj 5000 unit	•	•	•	
ELOCTATE – antihemophilic factor (recomb) rfviifc for inj 6000 unit	•	•	•	
FEIBA – antiinhibitor coagulant complex for iv soln 500 unit	•			
FEIBA – antiinhibitor coagulant complex for iv soln 1000 unit	•			

Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy
FEIBA – antiinhibitor coagulant complex for iv soln 2500 unit	•			
FIRAZYR – icatibant acetate inj 30 mg/3ml (base equivalent)	•	•	•	
foliac acid tab 1 mg				
FULPHILA – pegfilgrastim-jmdb soln prefilled syringe 6 mg/0.6ml	•			
GRANIX – tbo-filgrastim soln prefilled syringe 300 mcg/0.5ml	•			
GRANIX – tbo-filgrastim soln prefilled syringe 480 mcg/0.8ml	•			
GRANIX – tbo-filgrastim subcutaneous inj 300 mcg/ml	•			
GRANIX – tbo-filgrastim subcutaneous inj 480 mcg/1.6ml (300 mcg/ml)	•			
HELIXATE FS – antihemophilic factor (recombinant) for inj kit 250 unit	•			
HELIXATE FS – antihemophilic factor (recombinant) for inj kit 500 unit	•			
HELIXATE FS – antihemophilic factor (recombinant) for inj kit 1000 unit	•			
HELIXATE FS – antihemophilic factor (recombinant) for inj kit 2000 unit	•			
HELIXATE FS – antihemophilic factor (recombinant) for inj kit 3000 unit	•			
HEMLIBRA – emicizumab-kxwh subcutaneous soln 30 mg/ml	•	•	•	
HEMLIBRA – emicizumab-kxwh subcutaneous soln 60 mg/0.4ml (150 mg/ml)	•	•	•	
HEMLIBRA – emicizumab-kxwh subcutaneous soln 105 mg/0.7ml (150 mg/ml)	•	•	•	
HEMLIBRA – emicizumab-kxwh subcutaneous soln 150 mg/ml	•	•	•	
HEMOFIL M – antihemophilic factor (human) for inj 250 unit	•			

Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy
HEMOFIL M – antihemophilic factor (human) for inj 500 unit	•			
HEMOFIL M – antihemophilic factor (human) for inj 1000 unit	•			
HEMOFIL M – antihemophilic factor (human) for inj 1700 unit	•			
HUMATE-P – antihemophilic factor/vwf (human) for inj 250-600 unit	•			
HUMATE-P – antihemophilic factor/vwf (human) for inj 500-1200 unit	•			
HUMATE-P – antihemophilic factor/vwf (human) for inj 1000-2400 unit	•			
IDELVION – coagulation factor ix (recomb) (rix-fp) for inj 250 unit	•	•	•	
IDELVION – coagulation factor ix (recomb) (rix-fp) for inj 500 unit	•	•	•	
IDELVION – coagulation factor ix (recomb) (rix-fp) for inj 1000 unit	•	•	•	
IDELVION – coagulation factor ix (recomb) (rix-fp) for inj 2000 unit	•	•	•	
IDELVION – coagulation factor ix (recomb) (rix-fp) for inj 3500 unit	•	•	•	
IXINITY – coagulation factor ix (recombinant) for inj 250 unit	•			
IXINITY – coagulation factor ix (recombinant) for inj 500 unit	•			
IXINITY – coagulation factor ix (recombinant) for inj 1000 unit	•			
IXINITY – coagulation factor ix (recombinant) for inj 1500 unit	•			
IXINITY – coagulation factor ix (recombinant) for inj 2000 unit	•			
IXINITY – coagulation factor ix (recombinant) for inj 3000 unit	•			
KOATE – antihemophilic factor (human) for inj 250 unit	•			

Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy
KOATE – antihemophilic factor (human) for inj 500 unit	•			
KOATE – antihemophilic factor (human) for inj 1000 unit	•			
KOATE-DVI – antihemophilic factor (human) for inj 250 unit	•			
KOATE-DVI – antihemophilic factor (human) for inj 500 unit	•			
KOATE-DVI – antihemophilic factor (human) for inj 1000 unit	•			
KOGENATE FS – antihemophilic factor (recombinant) for inj kit 250 unit	•			
KOGENATE FS – antihemophilic factor (recombinant) for inj kit 500 unit	•			
KOGENATE FS – antihemophilic factor (recombinant) for inj kit 1000 unit	•			
KOGENATE FS – antihemophilic factor (recombinant) for inj kit 2000 unit	•			
KOGENATE FS – antihemophilic factor (recombinant) for inj kit 3000 unit	•			
KOVALTRY – antihemophilic factor (recombinant) for inj 250 unit	•			
KOVALTRY – antihemophilic factor (recombinant) for inj 500 unit	•			
KOVALTRY – antihemophilic factor (recombinant) for inj 1000 unit	•			
KOVALTRY – antihemophilic factor (recombinant) for inj 2000 unit	•			
KOVALTRY – antihemophilic factor (recombinant) for inj 3000 unit	•			
MONONINE – coagulation factor ix for inj 1000 unit	•			
NEUPOGEN – filgrastim soln prefilled syringe 300 mcg/0.5ml	•			
NEUPOGEN – filgrastim soln prefilled syringe 480 mcg/0.8ml (600 mcg/ml)	•			
NEUPOGEN – filgrastim inj 300 mcg/ml	•			

Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy
NEUPOGEN – filgrastim inj 480 mcg/1.6ml (300 mcg/ml)	•			
NIVESTYM – filgrastim-aafi soln prefilled syringe 300 mcg/0.5ml	•			
NIVESTYM – filgrastim-aafi soln prefilled syringe 480 mcg/0.8ml	•			
NIVESTYM – filgrastim-aafi inj 300 mcg/ml	•			
NIVESTYM – filgrastim-aafi inj 480 mcg/1.6ml (300 mcg/ml)	•			
NOVOEIGHT – antihemophilic factor (recombinant) for inj 250 unit	•			
NOVOEIGHT – antihemophilic factor (recombinant) for inj 500 unit	•			
NOVOEIGHT – antihemophilic factor (recombinant) for inj 1000 unit	•			
NOVOEIGHT – antihemophilic factor (recombinant) for inj 1500 unit	•			
NOVOEIGHT – antihemophilic factor (recombinant) for inj 2000 unit	•			
NOVOEIGHT – antihemophilic factor (recombinant) for inj 3000 unit	•			
NOVOSEVEN RT – coagulation factor viia (recomb) for inj 1 mg (1000 mcg)	•			
NOVOSEVEN RT – coagulation factor viia (recomb) for inj 2 mg (2000 mcg)	•			
NOVOSEVEN RT – coagulation factor viia (recomb) for inj 5 mg (5000 mcg)	•			
NOVOSEVEN RT – coagulation factor viia (recomb) for inj 8 mg (8000 mcg)	•			
NUWIQ – antihemophilic factor (bdd-rfviii) for inj 250 unit	•			
NUWIQ – antihemophilic factor (bdd-rfviii) for inj 500 unit	•			
NUWIQ – antihemophilic factor (bdd-rfviii) for inj 1000 unit	•			

Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy
NUWIQ – antihemophilic factor (bdd-rfviii) for inj 2000 unit	•				PROFILNINE – factor ix complex for inj 500 unit	•			
NUWIQ – antihemophilic factor (bdd-rfviii) for inj 2500 unit	•				PROFILNINE – factor ix complex for inj 1000 unit	•			
NUWIQ – antihemophilic factor (bdd-rfviii) for inj 3000 unit	•				PROFILNINE – factor ix complex for inj 1500 unit	•			
NUWIQ – antihemophilic factor (bdd-rfviii) for inj 4000 unit	•				PROFILNINE SD – factor ix complex for inj 500 unit	•			
NUWIQ – antihemophilic factor (bdd-rfviii) for inj kit 250 unit	•				PROFILNINE SD – factor ix complex for inj 1000 unit	•			
NUWIQ – antihemophilic factor (bdd-rfviii) for inj kit 500 unit	•				PROFILNINE SD – factor ix complex for inj 1500 unit	•			
NUWIQ – antihemophilic factor (bdd-rfviii) for inj kit 1000 unit	•				REBINYN – coagulation factor ix recomb glycopegylated for inj 500 unt	•	•	•	
NUWIQ – antihemophilic factor (bdd-rfviii) for inj kit 2000 unit	•				REBINYN – coagulation factor ix recomb glycopegylated for inj 1000 unt	•	•	•	
NUWIQ – antihemophilic factor (bdd-rfviii) for inj kit 2500 unit	•				REBINYN – coagulation factor ix recomb glycopegylated for inj 2000 unt	•	•	•	
NUWIQ – antihemophilic factor (bdd-rfviii) for inj kit 3000 unit	•				RECOMBINATE – antihemophilic factor (recombinant) for inj 220-400 unit	•			
NUWIQ – antihemophilic factor (bdd-rfviii) for inj kit 4000 unit	•				RECOMBINATE – antihemophilic factor (recombinant) for inj 401-800 unit	•			
OBIZUR – antihemophilic factor (recomb porc) rpfviii for inj 500 unit	•				RECOMBINATE – antihemophilic factor (recombinant) for inj 801-1240 unit	•			
pentoxifylline tab er 400 mg					RECOMBINATE – antihemophilic factor (recombinant) for inj 1241-1800 unit	•			
PROCRIT – epoetin alfa inj 2000 unit/ml	•	•			RECOMBINATE – antihemophilic factor (recombinant) for inj 1801-2400 unit	•			
PROCRIT – epoetin alfa inj 3000 unit/ml	•	•			RETACRIT – epoetin alfa-epbx inj 2000 unit/ml	•	•		
PROCRIT – epoetin alfa inj 4000 unit/ml	•	•			RETACRIT – epoetin alfa-epbx inj 3000 unit/ml	•	•		
PROCRIT – epoetin alfa inj 10000 unit/ml	•	•			RETACRIT – epoetin alfa-epbx inj 4000 unit/ml	•	•		
PROCRIT – epoetin alfa inj 20000 unit/ml	•	•			RETACRIT – epoetin alfa-epbx inj 10000 unit/ml	•	•		
PROCRIT – epoetin alfa inj 40000 unit/ml	•	•							

Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy
RETACRIT – epoetin alfa-epbx inj 40000 unit/ml	•	•		
RIXUBIS – coagulation factor ix (recombinant) for inj 250 unit	•			
RIXUBIS – coagulation factor ix (recombinant) for inj 500 unit	•			
RIXUBIS – coagulation factor ix (recombinant) for inj 1000 unit	•			
RIXUBIS – coagulation factor ix (recombinant) for inj 2000 unit	•			
RIXUBIS – coagulation factor ix (recombinant) for inj 3000 unit	•			
TRETTEN – coagulation factor xiii a-subunit for inj 2000-3125 unit	•			
UDENYCA – pegfilgrastim-cbqv soln prefilled syringe 6 mg/0.6ml	•			
VONVENDI – von willebrand factor (recombinant) for inj 650 unit	•			
VONVENDI – von willebrand factor (recombinant) for inj 1300 unit	•			
warfarin sodium tab 1 mg (Coumadin)				
warfarin sodium tab 2 mg (Coumadin)				
warfarin sodium tab 2.5 mg (Coumadin)				
warfarin sodium tab 3 mg (Coumadin)				
warfarin sodium tab 4 mg (Coumadin)				
warfarin sodium tab 5 mg (Coumadin)				
warfarin sodium tab 6 mg (Coumadin)				
warfarin sodium tab 7.5 mg (Coumadin)				
warfarin sodium tab 10 mg (Coumadin)				
WILATE – antihemophilic factor/vwf (human) for inj 500-500 unit kit	•			
WILATE – antihemophilic factor/vwf (human) for inj 1000-1000 unit kit	•			

Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy
XARELTO – rivaroxaban tab 2.5 mg			•	
XARELTO – rivaroxaban tab 10 mg			•	
XARELTO – rivaroxaban tab 15 mg			•	
XARELTO – rivaroxaban tab 20 mg			•	
XARELTO STARTER PACK – rivaroxaban tab starter therapy pack 15 mg & 20 mg			•	
XYNTHA – antihemophilic factor recombinant paf for inj kit 250 unit	•			
XYNTHA – antihemophilic factor recombinant paf for inj kit 500 unit	•			
XYNTHA – antihemophilic factor recombinant paf for inj kit 1000 unit	•			
XYNTHA – antihemophilic factor recombinant paf for inj kit 2000 unit	•			
XYNTHA SOLOFUSE – antihemophilic factor recombinant paf for inj kit 250 unit	•			
XYNTHA SOLOFUSE – antihemophilic factor recombinant paf for inj kit 500 unit	•			
XYNTHA SOLOFUSE – antihemophilic factor recombinant paf for inj kit 1000 unit	•			
XYNTHA SOLOFUSE – antihemophilic factor recombinant paf for inj kit 2000 unit	•			
XYNTHA SOLOFUSE – antihemophilic factor recombinant paf for inj kit 3000 unit	•			
ZARXIO – filgrastim-sndz soln prefilled syringe 300 mcg/0.5ml	•			
ZARXIO – filgrastim-sndz soln prefilled syringe 480 mcg/0.8ml	•			
TOPICAL PRODUCTS				
EYE				
Anti-infectives				

Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy
BACITRACIN – bacitracin ophth oint 500 unit/gm				
bacitracin-polymyxin b ophth oint				
ciprofloxacin hcl ophth soln 0.3% (base equivalent) (Ciloxan)				
erythromycin ophth oint 5 mg/gm				
gentamicin sulfate ophth soln 0.3% (Garamycin)				
NATACYN – natamycin ophth susp 5%				
ofloxacin ophth soln 0.3% (Ocuflox)				
polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1% (Polytrim)				
tobramycin ophth soln 0.3% (Tobrex)				
Steroids and Combination Products				
neomycin-polymyxin-dexamethasone ophth oint 0.1% (Maxitrol)				
neomycin-polymyxin-dexamethasone ophth susp 0.1% (Maxitrol)				
Glaucoma				
brimonidine tartrate ophth soln 0.2%				
dorzolamide hcl-timolol maleate ophth soln 22.3-6.8 mg/ml (Cosopt)				
latanoprost ophth soln 0.005% (Xalatan)			•	
levobunolol hcl ophth soln 0.5% (Betagan)				
timolol maleate ophth soln 0.25% (Timoptic)				
timolol maleate ophth soln 0.5% (Timoptic)				
Other Eye Products				
cromolyn sodium ophth soln 4%				
cyclopentolate hcl ophth soln 1% (Cyclogyl)				

Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy
diclofenac sodium ophth soln 0.1%				
ketorolac tromethamine ophth soln 0.5% (Acular)				
proparacaine hcl ophth soln 0.5%				
tetracaine hcl ophth soln 0.5%				
tropicamide ophth soln 0.5%				
tropicamide ophth soln 1% (Mydracyl)				
MOUTH AND THROAT (LOCAL)				
chlorhexidine gluconate soln 0.12% (Peridex)				
lidocaine hcl viscous soln 2%				
ANORECTAL AGENTS				
hydrocortisone rectal cream 2.5% (Anusol-hc)				
SKIN CONDITIONS/PRODUCTS				
Acne				
FINACEA – azelaic acid foam 15%				
SOOLANTRA – ivermectin cream 1%				
TAZORAC – tazarotene cream 0.05%				
TAZORAC – tazarotene gel 0.05%				
TAZORAC – tazarotene gel 0.1%				
Anti-infectives				
mupirocin oint 2% (Bactroban)				
silver sulfadiazine cream 1% (Silvadene)				
Corticosteroids				
hydrocortisone cream 2.5%				
hydrocortisone oint 2.5%				
triamcinolone acetonide cream 0.025%				
triamcinolone acetonide cream 0.1%				
triamcinolone acetonide cream 0.5%				
triamcinolone acetonide oint 0.025%				

Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy
triamcinolone acetonide oint 0.1%				
Other Skin Products				
COSENTYX – secukinumab subcutaneous soln prefilled syringe 150 mg/ml	•	•	•	
COSENTYX SENSOREADY PEN – secukinumab subcutaneous soln auto-injector 150 mg/ml	•	•	•	
lidocaine hcl gel 2%			•	
lidocaine hcl soln 4% (Xylocaine)			•	
lidocaine hcl urethral/mucosal gel 2%			•	
selenium sulfide lotion 2.5%				
SKYRIZI – risankizumab-rzaa sol prefilled syringe 2 x 75 mg/0.83ml kit	•	•	•	
STELARA – ustekinumab inj 45 mg/0.5ml	•	•	•	
STELARA – ustekinumab soln prefilled syringe 45 mg/0.5ml	•	•	•	
STELARA – ustekinumab soln prefilled syringe 90 mg/ml	•	•	•	
TREMFYA – guselkumab soln pen-injector 100 mg/ml	•	•	•	
TREMFYA – guselkumab soln prefilled syringe 100 mg/ml	•	•	•	
VALCHLOR – mechlorethamine hcl gel 0.016% (base equivalent)	•			
MISCELLANEOUS CATEGORIES				
DIABETIC SUPPLIES				
TEST STRIPS – ASCENSIA BREEZE 2, CONTOUR, CONTOUR NEXT			•	
INSULIN PEN NEEDLES – VARIOUS			•	
INSULIN SYRINGES – VARIOUS			•	
LANCETS – VARIOUS				
RESPIRATORY INHALER-ASSIST DEVICES				

Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy
BREATHERITE – spacer/aerosol-holding chambers - device				
MISCELLANEOUS DRUGS				
CHEMET – succimer cap 100 mg				
DEPEN TITRATABS – penicillamine tab 250 mg	•			
EXJADE – deferasirox tab for oral susp 125 mg	•			
EXJADE – deferasirox tab for oral susp 250 mg	•			
EXJADE – deferasirox tab for oral susp 500 mg	•			
JADENU – deferasirox tab 90 mg	•			
JADENU – deferasirox tab 180 mg	•			
JADENU – deferasirox tab 360 mg	•			
NARCAN – naloxone hcl nasal spray 4 mg/0.1ml				
RAPAMUNE – sirolimus oral soln 1 mg/ml				
REVLIMID – lenalidomide caps 2.5 mg	•	•	•	
REVLIMID – lenalidomide cap 5 mg	•	•	•	
REVLIMID – lenalidomide cap 10 mg	•	•	•	
REVLIMID – lenalidomide cap 15 mg	•	•	•	
REVLIMID – lenalidomide cap 20 mg	•	•	•	
REVLIMID – lenalidomide cap 25 mg	•	•	•	
THALOMID – thalidomide cap 50 mg	•	•	•	
THALOMID – thalidomide cap 100 mg	•	•	•	
THALOMID – thalidomide cap 150 mg	•	•	•	
THALOMID – thalidomide cap 200 mg	•	•	•	

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amantadine hcl syrup 50 mg/5ml	22	atenolol tab 100 mg (Tenormin)	10
amiloride & hydrochlorothiazide tab 5-50 mg	11	atorvastatin calcium tab 10 mg (base equivalent) (Lipitor)	11
amiodarone hcl tab 200 mg (Cordarone)	12	atorvastatin calcium tab 20 mg (base equivalent) (Lipitor)	11
amitriptyline hcl tab 10 mg	17	atorvastatin calcium tab 40 mg (base equivalent) (Lipitor)	11
amitriptyline hcl tab 25 mg	17	atorvastatin calcium tab 80 mg (base equivalent) (Lipitor)	11
amitriptyline hcl tab 50 mg	17	ATRIPLA – efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg.....	2
amitriptyline hcl tab 75 mg	17	AUBAGIO – teriflunomide tab 7 mg.....	18
amitriptyline hcl tab 100 mg	17	AUBAGIO – teriflunomide tab 14 mg.....	18
amlodipine besylate tab 2.5 mg (base equivalent) (Norvasc)	10	AVONEX – interferon beta-1a im prefilled syringe kit 30 mcg/0.5ml.....	18
amlodipine besylate tab 5 mg (base equivalent) (Norvasc)	10	AVONEX PEN – interferon beta-1a im auto-injector kit 30 mcg/0.5ml.....	18
amlodipine besylate tab 10 mg (base equivalent) (Norvasc)	11	azithromycin tab 250 mg (Zithromax)	1
amoxicillin (trihydrate) cap 250 mg	1	azithromycin tab 500 mg (Zithromax)	1
amoxicillin (trihydrate) cap 500 mg	1	B	
amoxicillin (trihydrate) for susp 125 mg/5ml	1	BACITRACIN – bacitracin ophth oint 500 unit/gm.....	29
amoxicillin (trihydrate) for susp 200 mg/5ml	1	bacitracin-polymyxin b ophth oint	29
amoxicillin (trihydrate) for susp 250 mg/5ml	1	baclofen tab 10 mg	22
amoxicillin (trihydrate) for susp 400 mg/5ml	1	BARACLUDGE – entecavir oral soln 0.05 mg/ml.....	1
amoxicillin (trihydrate) tab 500 mg	1	BELSOMRA – suvorexant tab 5 mg.....	18
amoxicillin (trihydrate) tab 875 mg	1	BELSOMRA – suvorexant tab 10 mg.....	18
anastrozole tab 1 mg (Arimidex)	3	BELSOMRA – suvorexant tab 15 mg.....	18
ANORO ELLIPTA – meclidinium-vilanterol aero powd ba 62.5-25 mcg/inh.....	13	BELSOMRA – suvorexant tab 20 mg.....	18
APRISO – mesalamine cap er 24hr 0.375 gm.....	16	benazepril hcl tab 5 mg	9
ARNUITY ELLIPTA – fluticasone furoate aerosol powder breath activ 50 mcg/act.....	13	benazepril hcl tab 10 mg (Lotensin)	9
ARNUITY ELLIPTA – fluticasone furoate aerosol powder breath activ 100 mcg/act.....	13	benazepril hcl tab 20 mg (Lotensin)	9
ARNUITY ELLIPTA – fluticasone furoate aerosol powder breath activ 200 mcg/act.....	13	benazepril hcl tab 40 mg (Lotensin)	9
ASMANEX HFA – mometasone furoate inhal aerosol suspension 100 mcg/act.....	13	BENEFIX – coagulation factor ix (recombinant) for inj kit 250 unit.....	24
ASMANEX HFA – mometasone furoate inhal aerosol suspension 200 mcg/act.....	13	BENEFIX – coagulation factor ix (recombinant) for inj kit 500 unit.....	24
ASMANEX TWISTHALER 120 ME – mometasone furoate inhal powd 220 mcg/inh (breath activated).....	13	BENEFIX – coagulation factor ix (recombinant) for inj kit 1000 unit.....	24
ASMANEX TWISTHALER 30 MET – mometasone furoate inhal powd 110 mcg/inh (breath activated).....	13	BENEFIX – coagulation factor ix (recombinant) for inj kit 2000 unit.....	24
		BENEFIX – coagulation factor ix (recombinant) for inj kit 3000 unit.....	24

BENZNIDAZOLE – benznidazole tab 12.5 mg.....	3	CHENODAL – chenodiol tab 250 mg.....	16
BENZNIDAZOLE – benznidazole tab 100 mg.....	3	chlordiazepoxide hcl cap 5 mg.....	16
benzonatate cap 200 mg.....	13	chlordiazepoxide hcl cap 10 mg.....	16
benzonatate cap 100 mg (Tessalon perles).....	13	chlordiazepoxide hcl cap 25 mg.....	16
benztropine mesylate tab 0.5 mg.....	22	chlorhexidine gluconate soln 0.12% (Peridex).....	29
benztropine mesylate tab 1 mg.....	22	CHLOROQUINE PHOSPHATE – chloroquine phosphate	
benztropine mesylate tab 2 mg.....	22	tab 250 mg.....	3
BETASERON – interferon beta-1b for inj kit 0.3 mg.....	18	chloroquine phosphate tab 500 mg (Aralen).....	3
bethanechol chloride tab 5 mg (Urecholine).....	16	chlorothiazide tab 500 mg.....	12
bicalutamide tab 50 mg (Casodex).....	3	cilostazol tab 50 mg (Pletal).....	24
BIKTARVY – bicitegravir-emtricitabine-tenofovir af tab		cilostazol tab 100 mg (Pletal).....	24
50-200-25 mg.....	2	CIMDUO – lamivudine-tenofovir disoproxil fumarate tab	
bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg		300-300 mg.....	2
(Ziac).....	10	cimetidine tab 300 mg.....	15
bisoprolol & hydrochlorothiazide tab 5-6.25 mg		cimetidine tab 400 mg.....	15
(Ziac).....	10	ciprofloxacin hcl ophth soln 0.3% (base equivalent)	
bisoprolol & hydrochlorothiazide tab 10-6.25 mg		(Ciloxan).....	29
(Ziac).....	10	ciprofloxacin hcl tab 750 mg (base equiv).....	1
bisoprolol fumarate tab 5 mg (Zebeta).....	10	ciprofloxacin hcl tab 250 mg (base equiv) (Cipro).....	1
BREATHERITE – spacer/aerosol-holding chambers -		ciprofloxacin hcl tab 500 mg (base equiv) (Cipro).....	1
device.....	30	citalopram hydrobromide tab 10 mg (base equiv)	
BREO ELLIPTA – fluticasone furoate-vilanterol aero powd		(Celexa).....	17
ba 100-25 mcg/inh.....	14	citalopram hydrobromide tab 20 mg (base equiv)	
BREO ELLIPTA – fluticasone furoate-vilanterol aero powd		(Celexa).....	17
ba 200-25 mcg/inh.....	14	citalopram hydrobromide tab 40 mg (base equiv)	
BRILINTA – ticagrelor tab 60 mg.....	24	(Celexa).....	17
BRILINTA – ticagrelor tab 90 mg.....	24	clindamycin hcl cap 75 mg (Cleocin).....	3
brimonidine tartrate ophth soln 0.2%.....	29	clindamycin hcl cap 150 mg (Cleocin).....	3
bumetanide tab 0.5 mg.....	11	clindamycin hcl cap 300 mg (Cleocin).....	3
bumetanide tab 1 mg.....	12	CLOMIPHENE CITRATE – clomiphene citrate tab 50	
bupropion hcl tab er 12hr 100 mg (Wellbutrin sr).....	17	mg.....	6
bupropion hcl tab er 12hr 150 mg (Wellbutrin sr).....	17	clonazepam tab 0.5 mg (Klonopin).....	21
bupirone hcl tab 5 mg.....	16	clonazepam tab 1 mg (Klonopin).....	21
bupirone hcl tab 10 mg.....	16	clonazepam tab 2 mg (Klonopin).....	21
bupirone hcl tab 15 mg.....	16	clonidine hcl tab 0.1 mg (Catapres).....	12
C		clonidine hcl tab 0.2 mg (Catapres).....	12
carbidopa & levodopa tab 10-100 mg (Sinemet).....	22	clonidine hcl tab 0.3 mg (Catapres).....	12
carisoprodol tab 350 mg (Soma).....	22	clopidogrel bisulfate tab 75 mg (base equiv)	
carvedilol tab 3.125 mg (Coreg).....	10	(Plavix).....	24
carvedilol tab 6.25 mg (Coreg).....	10	clorazepate dipotassium tab 3.75 mg.....	16
carvedilol tab 12.5 mg (Coreg).....	10	clorazepate dipotassium tab 7.5 mg (Tranxene t).....	16
carvedilol tab 25 mg (Coreg).....	10	COAGADEX – coagulation factor x (human) for inj 250	
cefadroxil cap 500 mg.....	1	unit.....	24
cephalexin cap 250 mg (Keflex).....	1	COAGADEX – coagulation factor x (human) for inj 500	
cephalexin cap 500 mg (Keflex).....	1	unit.....	24
CEREZYME – imiglucerase for inj 400 unit.....	24	COMBIPATCH – estradiol-norethindrone ace td pttw	
CHANTIX CONTINUING MONTH – varenicline tartrate tab		0.05-0.14 mg/day.....	5
1 mg (base equiv).....	19	COMBIPATCH – estradiol-norethindrone ace td pttw	
CHANTIX – varenicline tartrate tab 0.5 mg (base		0.05-0.25 mg/day.....	5
equiv).....	19	COPAXONE – glatiramer acetate soln prefilled syringe 20	
CHANTIX – varenicline tartrate tab 1 mg (base equiv).....	19	mg/ml.....	18
CHEMET – succimer cap 100 mg.....	30	COPAXONE – glatiramer acetate soln prefilled syringe 40	
		mg/ml.....	18

CORIFACT – factor xiii concentrate (human) for inj kit 1000-1600 unit.....	24	dicyclomine hcl tab 20 mg (Bentyl).....	15
CORTISONE ACETATE – cortisone acetate tab 25 mg.....	4	diltiazem hcl coated beads cap er 24hr 120 mg (Cardizem cd).....	11
COSENTYX – secukinumab subcutaneous soln prefilled syringe 150 mg/ml.....	30	diltiazem hcl coated beads cap er 24hr 180 mg (Cardizem cd).....	11
COSENTYX SENSOREADY PEN – secukinumab subcutaneous soln auto-injector 150 mg/ml.....	30	diltiazem hcl tab 90 mg.....	11
CREON – pancrelipase (lip-prot-amyl) dr cap 3000-9500-15000 unit.....	16	diltiazem hcl tab 30 mg (Cardizem).....	11
CREON – pancrelipase (lip-prot-amyl) dr cap 6000-19000-30000 unit.....	16	diltiazem hcl tab 60 mg (Cardizem).....	11
CREON – pancrelipase (lip-prot-amyl) dr cap 12000-38000-60000 unit.....	16	diltiazem hcl tab 120 mg (Cardizem).....	11
CREON – pancrelipase (lip-prot-amyl) dr cap 24000-76000-120000 unit.....	16	dipyridamole tab 25 mg (Persantine).....	24
CREON – pancrelipase (lip-prot-amyl) dr cap 36000-114000-180000 unit.....	16	divalproex sodium tab delayed release 125 mg (Depakote).....	21
cromolyn sodium ophth soln 4%.....	29	divalproex sodium tab delayed release 250 mg (Depakote).....	21
cyanocobalamin inj 1000 mcg/ml.....	24	DIVIGEL – estradiol td gel 0.25 mg/0.25gm (0.1%).....	5
cyclobenzaprine hcl tab 5 mg.....	22	DIVIGEL – estradiol td gel 0.5 mg/0.5gm (0.1%).....	5
cyclobenzaprine hcl tab 10 mg.....	22	DIVIGEL – estradiol td gel 0.75 mg/0.75gm (0.1%).....	5
cyclopentolate hcl ophth soln 1% (Cyclogyl).....	29	DIVIGEL – estradiol td gel 1 mg/gm (0.1%).....	5
CYSTADANE – betaine powder for oral solution.....	8	donepezil hydrochloride tab 5 mg (Aricept).....	19
CYSTAGON – cysteamine bitartrate cap 50 mg.....	16	donepezil hydrochloride tab 10 mg (Aricept).....	19
CYSTAGON – cysteamine bitartrate cap 150 mg.....	16	dorzolamide hcl-timolol maleate ophth soln 22.3-6.8 mg/ml (Cosopt).....	29
D		doxazosin mesylate tab 1 mg (Cardura).....	12
DARAPRIM – pyrimethamine tab 25 mg.....	3	doxazosin mesylate tab 2 mg (Cardura).....	12
DELSTRIGO – doravirine-lamivudine-tenofovir df tab 100-300-300 mg.....	2	doxazosin mesylate tab 4 mg (Cardura).....	12
DEPEN TITRATABS – penicillamine tab 250 mg.....	30	doxazosin mesylate tab 8 mg (Cardura).....	12
DESCOVY – emtricitabine-tenofovir alafenamide fumarate tab 200-25 mg.....	2	doxepin hcl cap 10 mg.....	17
desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Desogen).....	5	doxepin hcl cap 25 mg.....	17
dexamethasone tab 0.5 mg.....	4	doxepin hcl conc 10 mg/ml.....	17
dexamethasone tab 0.75 mg.....	4	DULERA – mometasone furoate-formoterol fumarate aerosol 100-5 mcg/act.....	14
dexamethasone tab 1.5 mg.....	4	DULERA – mometasone furoate-formoterol fumarate aerosol 200-5 mcg/act.....	14
dexamethasone tab 4 mg.....	4	E	
dexamethasone tab 6 mg.....	4	ELIQUIS – apixaban tab 2.5 mg.....	24
DIASTAT ACUDIAL – diazepam rectal gel delivery system 10 mg.....	21	ELIQUIS – apixaban tab 5 mg.....	24
DIASTAT ACUDIAL – diazepam rectal gel delivery system 20 mg.....	21	ELIQUIS STARTER PACK – apixaban tab 5 mg.....	24
DIASTAT PEDIATRIC – diazepam rectal gel delivery system 2.5 mg.....	21	ELLA – ulipristal acetate tab 30 mg.....	5
diazepam tab 2 mg (Valium).....	16	ELOCTATE – antihemophilic factor (recomb) rfviifc for inj 250 unit.....	24
diazepam tab 5 mg (Valium).....	16	ELOCTATE – antihemophilic factor (recomb) rfviifc for inj 500 unit.....	24
diazepam tab 10 mg (Valium).....	16	ELOCTATE – antihemophilic factor (recomb) rfviifc for inj 750 unit.....	24
diclofenac sodium ophth soln 0.1%.....	29	ELOCTATE – antihemophilic factor (recomb) rfviifc for inj 1000 unit.....	24
diclofenac sodium tab delayed release 50 mg.....	20	ELOCTATE – antihemophilic factor (recomb) rfviifc for inj 1500 unit.....	24
diclofenac sodium tab delayed release 75 mg.....	20	ELOCTATE – antihemophilic factor (recomb) rfviifc for inj 2000 unit.....	24
dicyclomine hcl cap 10 mg (Bentyl).....	15	ELOCTATE – antihemophilic factor (recomb) rfviifc for inj 3000 unit.....	24

ELOCTATE – antihemophilic factor (recomb) rfviiiic for inj 4000 unit.....	24	EXJADE – deferasirox tab for oral susp 250 mg.....	30
ELOCTATE – antihemophilic factor (recomb) rfviiiic for inj 5000 unit.....	24	EXJADE – deferasirox tab for oral susp 500 mg.....	30
ELOCTATE – antihemophilic factor (recomb) rfviiiic for inj 6000 unit.....	24	F	
EMEND – aprepitant for oral susp 125 mg (125 mg/5ml).....	15	famotidine tab 40 mg (Pepcid).....	15
EMGALITY – galcanezumab-gnlm subcutaneous soln auto-injector 120 mg/ml.....	21	FEIBA – antiinhibitor coagulant complex for iv soln 500 unit.....	24
EMGALITY – galcanezumab-gnlm subcutaneous soln prefilled syr 120 mg/ml.....	21	FEIBA – antiinhibitor coagulant complex for iv soln 1000 unit.....	24
enalapril maleate & hydrochlorothiazide tab 5-12.5 mg.....	9	FEIBA – antiinhibitor coagulant complex for iv soln 2500 unit.....	25
enalapril maleate & hydrochlorothiazide tab 10-25 mg (Vaseretic).....	9	fenofibrate tab 54 mg (Lofibra).....	11
enalapril maleate tab 2.5 mg (Vasotec).....	9	FIASP FLEXTOUCH – insulin aspart (with niacinamide) sol pen-inj 100 unit/ml.....	7
enalapril maleate tab 5 mg (Vasotec).....	9	FIASP – insulin aspart (with niacinamide) inj 100 unit/ml.....	7
enalapril maleate tab 10 mg (Vasotec).....	9	FINACEA – azelaic acid foam 15%.....	29
enalapril maleate tab 20 mg (Vasotec).....	9	finasteride tab 5 mg (Proscar).....	16
ENBREL – etanercept for subcutaneous inj 25 mg.....	20	FIRAZYR – icatibant acetate inj 30 mg/3ml (base equivalent).....	25
ENBREL – etanercept subcutaneous soln prefilled syringe 25 mg/0.5ml.....	20	FLOVENT DISKUS – fluticasone propionate aer pow ba 50 mcg/blister.....	14
ENBREL – etanercept subcutaneous soln prefilled syringe 50 mg/ml.....	20	FLOVENT DISKUS – fluticasone propionate aer pow ba 100 mcg/blister.....	14
ENBREL MINI – etanercept subcutaneous solution cartridge 50 mg/ml.....	20	FLOVENT DISKUS – fluticasone propionate aer pow ba 250 mcg/blister.....	14
ENBREL SURECLICK – etanercept subcutaneous solution auto-injector 50 mg/ml.....	20	FLOVENT HFA – fluticasone propionate hfa inhal aer 110 mcg/act (125/valve).....	14
ENTRESTO – sacubitril-valsartan tab 24-26 mg.....	11	FLOVENT HFA – fluticasone propionate hfa inhal aer 220 mcg/act (250/valve).....	14
ENTRESTO – sacubitril-valsartan tab 49-51 mg.....	11	FLOVENT HFA – fluticasone propionate hfa inhal aero 44 mcg/act (50/valve).....	14
ENTRESTO – sacubitril-valsartan tab 97-103 mg.....	11	fluconazole for susp 10 mg/ml (Diflucan).....	1
EPCLUSA – sofosbuvir-velpatasvir tab 400-100 mg.....	1	fluconazole tab 50 mg (Diflucan).....	1
EPIDIOLEX – cannabidiol soln 100 mg/ml.....	21	fluconazole tab 100 mg (Diflucan).....	1
EPINEPHRINE (Mylan Products) – epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000).....	13	fluconazole tab 150 mg (Diflucan).....	1
EPIPEN-JR 2-PAK – epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000).....	13	fluoxetine hcl cap 10 mg (Prozac).....	17
ergocalciferol cap 50000 unit (Drisdol).....	22	fluoxetine hcl cap 20 mg (Prozac).....	17
ERLEADA – apalutamide tab 60 mg.....	3	fluoxetine hcl cap 40 mg (Prozac).....	17
erythromycin ophth oint 5 mg/gm.....	29	fluoxetine hcl solution 20 mg/5ml.....	17
escitalopram oxalate tab 5 mg (base equiv) (Lexapro).....	17	fluoxetine hcl tab 10 mg.....	17
escitalopram oxalate tab 10 mg (base equiv) (Lexapro).....	17	FLUPHENAZINE HCL – fluphenazine hcl elixir 2.5 mg/5ml.....	17
escitalopram oxalate tab 20 mg (base equiv) (Lexapro).....	17	FLUPHENAZINE HCL – fluphenazine hcl oral conc 5 mg/ml.....	18
estazolam tab 1 mg.....	18	flurbiprofen tab 50 mg.....	20
estazolam tab 2 mg.....	18	flurbiprofen tab 100 mg.....	20
estradiol tab 0.5 mg (Estrace).....	5	FLUTICASONE PROPIONATE/SA – fluticasone-salmeterol aer powder ba 55-14 mcg/act.....	14
estradiol tab 1 mg (Estrace).....	5	FLUTICASONE PROPIONATE/SA – fluticasone-salmeterol aer powder ba 113-14 mcg/act.....	14
estradiol tab 2 mg (Estrace).....	5	FLUTICASONE PROPIONATE/SA – fluticasone-salmeterol aer powder ba 232-14 mcg/act.....	14
EXJADE – deferasirox tab for oral susp 125 mg.....	30		

fluticasone propionate nasal susp 50 mcg/act (Flonase).....	13	guanfacine hcl tab 2 mg (Tenex).....	12
folic acid tab 1 mg.....	25	H	
FOLLISTIM AQ – follitropin beta inj 300 unit/0.36ml.....	6	haloperidol lactate oral conc 2 mg/ml.....	18
FOLLISTIM AQ – follitropin beta inj 600 unit/0.72ml.....	6	haloperidol tab 0.5 mg.....	18
FOLLISTIM AQ – follitropin beta inj 900 unit/1.08ml.....	6	haloperidol tab 1 mg.....	18
fosinopril sodium tab 10 mg.....	9	haloperidol tab 2 mg.....	18
fosinopril sodium tab 20 mg.....	9	HARVONI – ledipasvir-sofosbuvir tab 90-400 mg.....	1
fosinopril sodium tab 40 mg.....	9	HELIXATE FS – antihemophilic factor (recombinant) for inj kit 250 unit.....	25
FULPHILA – pegfilgrastim-jmdb soln prefilled syringe 6 mg/0.6ml.....	25	HELIXATE FS – antihemophilic factor (recombinant) for inj kit 500 unit.....	25
furosemide oral soln 10 mg/ml.....	12	HELIXATE FS – antihemophilic factor (recombinant) for inj kit 1000 unit.....	25
furosemide tab 20 mg (Lasix).....	12	HELIXATE FS – antihemophilic factor (recombinant) for inj kit 2000 unit.....	25
furosemide tab 40 mg (Lasix).....	12	HELIXATE FS – antihemophilic factor (recombinant) for inj kit 3000 unit.....	25
furosemide tab 80 mg (Lasix).....	12	HEMLIBRA – emicizumab-kxwh subcutaneous soln 30 mg/ml.....	25
G		HEMLIBRA – emicizumab-kxwh subcutaneous soln 150 mg/ml.....	25
gabapentin cap 100 mg (Neurontin).....	22	HEMLIBRA – emicizumab-kxwh subcutaneous soln 60 mg/0.4ml (150 mg/ml).....	25
gabapentin cap 300 mg (Neurontin).....	22	HEMLIBRA – emicizumab-kxwh subcutaneous soln 105 mg/0.7ml (150 mg/ml).....	25
gabapentin cap 400 mg (Neurontin).....	22	HEMOFIL M – antihemophilic factor (human) for inj 250 unit.....	25
gemfibrozil tab 600 mg (Lopid).....	11	HEMOFIL M – antihemophilic factor (human) for inj 500 unit.....	25
gentamicin sulfate ophth soln 0.3% (Garamycin).....	29	HEMOFIL M – antihemophilic factor (human) for inj 1000 unit.....	25
GENVOYA – elvitegrav-cobic-emtricitab-tenofov af tab 150-150-200-10 mg.....	2	HEMOFIL M – antihemophilic factor (human) for inj 1700 unit.....	25
GILENYA – fingolimod hcl cap 0.5 mg (base equiv).....	18	HUMATE-P – antihemophilic factor/vwf (human) for inj 250-600 unit.....	25
glimepiride tab 1 mg (Amaryl).....	6	HUMATE-P – antihemophilic factor/vwf (human) for inj 500-1200 unit.....	25
glimepiride tab 2 mg (Amaryl).....	6	HUMATE-P – antihemophilic factor/vwf (human) for inj 1000-2400 unit.....	25
glimepiride tab 4 mg (Amaryl).....	6	HUMIRA – adalimumab prefilled syringe kit 10 mg/0.1ml.....	20
glipizide tab er 24hr 2.5 mg (Glucotrol xl).....	6	HUMIRA – adalimumab prefilled syringe kit 10 mg/0.2ml.....	20
glipizide tab er 24hr 5 mg (Glucotrol xl).....	6	HUMIRA – adalimumab prefilled syringe kit 20 mg/0.2ml.....	20
glipizide tab 5 mg (Glucotrol).....	6	HUMIRA – adalimumab prefilled syringe kit 20 mg/0.4ml.....	20
glipizide tab 10 mg (Glucotrol).....	6	HUMIRA – adalimumab prefilled syringe kit 40 mg/0.8ml.....	20
GLUCAGON EMERGENCY KIT – glucagon (rdna) for inj kit 1 mg.....	6	HUMIRA – adalimumab prefilled syringe kit 40 mg/0.4ml.....	20
glyburide-metformin tab 1.25-250 mg (Glucovance).....	6		
glyburide-metformin tab 2.5-500 mg (Glucovance).....	6		
glyburide-metformin tab 5-500 mg (Glucovance).....	6		
glyburide micronized tab 1.5 mg (Glynase).....	6		
glyburide micronized tab 3 mg (Glynase).....	6		
glyburide micronized tab 6 mg (Glynase).....	6		
glyburide tab 1.25 mg.....	6		
glyburide tab 2.5 mg.....	6		
glyburide tab 5 mg.....	6		
GLYXAMBI – empagliflozin-linagliptin tab 10-5 mg.....	6		
GLYXAMBI – empagliflozin-linagliptin tab 25-5 mg.....	6		
GRANIX – tbo-filgrastim soln prefilled syringe 300 mcg/0.5ml.....	25		
GRANIX – tbo-filgrastim soln prefilled syringe 480 mcg/0.8ml.....	25		
GRANIX – tbo-filgrastim subcutaneous inj 300 mcg/ml.....	25		
GRANIX – tbo-filgrastim subcutaneous inj 480 mcg/1.6ml (300 mcg/ml).....	25		
guanfacine hcl tab 1 mg (Tenex).....	12		

HUMIRA PEDIATRIC CROHNS D – adalimumab prefilled syringe kit 40 mg/0.8ml.....	20	ibuprofen tab 800 mg	20
HUMIRA PEDIATRIC CROHNS D – adalimumab prefilled syringe kit 80 mg/0.8ml.....	20	IDELVION – coagulation factor ix (recomb) (rix-fp) for inj 250 unit.....	25
HUMIRA PEDIATRIC CROHNS D – adalimumab prefilled syringe kit 80 mg/0.8ml & 40 mg/0.4ml.....	20	IDELVION – coagulation factor ix (recomb) (rix-fp) for inj 500 unit.....	25
HUMIRA PEN – adalimumab pen-injector kit 40 mg/0.8ml.....	20	IDELVION – coagulation factor ix (recomb) (rix-fp) for inj 1000 unit.....	25
HUMIRA PEN – adalimumab pen-injector kit 40 mg/0.4ml.....	20	IDELVION – coagulation factor ix (recomb) (rix-fp) for inj 2000 unit.....	25
HUMIRA PEN-CD/UC/HS START – adalimumab pen-injector kit 40 mg/0.8ml.....	20	IDELVION – coagulation factor ix (recomb) (rix-fp) for inj 3500 unit.....	25
HUMIRA PEN-CD/UC/HS START – adalimumab pen-injector kit 80 mg/0.8ml.....	20	imipramine hcl tab 10 mg (Tofranil)	17
HUMIRA PEN-PS/UV STARTER – adalimumab pen-injector kit 40 mg/0.8ml.....	20	imipramine hcl tab 25 mg (Tofranil)	17
HUMIRA PEN-PS/UV STARTER – adalimumab pen-injector kit 80 mg/0.8ml & 40 mg/0.4ml.....	20	imipramine hcl tab 50 mg (Tofranil)	17
HUMULIN R U-500 (CONCENTR – insulin regular (human) inj 500 unit/ml.....	7	IMPAVIDO – miltefosine cap 50 mg.....	3
HUMULIN R U-500 KWIKPEN – insulin regular (human) soln pen-injector 500 unit/ml.....	7	INBRIJA – levodopa inhal powder cap 42 mg.....	22
hydralazine hcl tab 10 mg	12	INCRELEX – mecasermin inj 40 mg/4ml (10 mg/ml).....	8
hydralazine hcl tab 25 mg	12	INCRUSE ELLIPTA – umeclidinium br aero powd breath act 62.5 mcg/inh (base eq).....	14
hydralazine hcl tab 50 mg	12	indapamide tab 1.25 mg	12
hydrochlorothiazide cap 12.5 mg (Microzide)	12	indapamide tab 2.5 mg	12
hydrochlorothiazide tab 12.5 mg	12	indomethacin cap 25 mg	21
hydrochlorothiazide tab 25 mg	12	indomethacin cap 50 mg	21
hydrochlorothiazide tab 50 mg	12	INSULIN PEN NEEDLES – VARIOUS.....	30
hydrocodone-acetaminophen tab 7.5-325 mg (Norco)	19	INSULIN SYRINGES – VARIOUS.....	30
hydrocodone-acetaminophen tab 5-325 mg (Norco)	19	INTELENCE – etravirine tab 25 mg.....	2
hydrocodone-acetaminophen tab 10-325 mg (Norco)	19	INTELENCE – etravirine tab 100 mg.....	2
hydrocodone-ibuprofen tab 7.5-200 mg (Vicoprofen)	19	INTELENCE – etravirine tab 200 mg.....	2
hydrocortisone cream 2.5%	29	INVOKAMET – canagliflozin-metformin hcl tab 50-500 mg.....	6
hydrocortisone oint 2.5%	29	INVOKAMET – canagliflozin-metformin hcl tab 50-1000 mg.....	6
hydrocortisone rectal cream 2.5% (Anusol-hc)	29	INVOKAMET – canagliflozin-metformin hcl tab 150-500 mg.....	6
hydromorphone hcl tab 2 mg (Dilaudid)	19	INVOKAMET – canagliflozin-metformin hcl tab 150-1000 mg.....	6
hydromorphone hcl tab 4 mg (Dilaudid)	19	INVOKAMET XR – canagliflozin-metformin hcl tab er 24hr 50-500 mg.....	6
hydroxychloroquine sulfate tab 200 mg (Plaquenil)	3	INVOKAMET XR – canagliflozin-metformin hcl tab er 24hr 50-1000 mg.....	6
hydroxyzine hcl syrup 10 mg/5ml	16	INVOKAMET XR – canagliflozin-metformin hcl tab er 24hr 150-500 mg.....	6
hydroxyzine hcl tab 10 mg	17	INVOKAMET XR – canagliflozin-metformin hcl tab er 24hr 150-1000 mg.....	6
hydroxyzine hcl tab 25 mg	17	INVOKANA – canagliflozin tab 100 mg.....	6
hydroxyzine hcl tab 50 mg	17	INVOKANA – canagliflozin tab 300 mg.....	6
hydroxyzine pamoate cap 25 mg (Vistaril)	17	ipratropium bromide inhal soln 0.02%	14
hydroxyzine pamoate cap 50 mg (Vistaril)	17	irbesartan-hydrochlorothiazide tab 150-12.5 mg (Avalide)	10
I		irbesartan-hydrochlorothiazide tab 300-12.5 mg (Avalide)	10
ibuprofen tab 400 mg	20	irbesartan tab 75 mg (Avapro)	10
ibuprofen tab 600 mg	20	irbesartan tab 150 mg (Avapro)	10

irbesartan tab 300 mg (Avapro).....	10	KISQALI FEMARA 200 DOSE – ribociclib 200 mg dose (200 mg tab) & letrozole 2.5 mg tbpk.....	3
ISENTRESS HD – raltegravir potassium tab 600 mg (base equiv).....	2	KISQALI FEMARA 400 DOSE – ribociclib 400 mg dose (200 mg tab) & letrozole 2.5 mg tbpk.....	3
ISENTRESS – raltegravir potassium chew tab 25 mg (base equiv).....	2	KISQALI FEMARA 600 DOSE – ribociclib 600 mg dose (200 mg tab) & letrozole 2.5 mg tbpk.....	3
ISENTRESS – raltegravir potassium chew tab 100 mg (base equiv).....	2	KISQALI – ribociclib succinate tab pack 200 mg daily dose.....	3
ISENTRESS – raltegravir potassium packet for susp 100 mg (base equiv).....	2	KISQALI – ribociclib succinate tab pack 400 mg daily dose (200 mg tab).....	3
ISENTRESS – raltegravir potassium tab 400 mg (base equiv).....	2	KISQALI – ribociclib succinate tab pack 600 mg daily dose (200 mg tab).....	3
isoniazid tab 100 mg.....	1	KOATE – antihemophilic factor (human) for inj 250 unit.....	25
isoniazid tab 300 mg.....	1	KOATE – antihemophilic factor (human) for inj 500 unit.....	26
isosorbide mononitrate tab er 24hr 30 mg.....	11	KOATE – antihemophilic factor (human) for inj 1000 unit.....	26
isosorbide mononitrate tab er 24hr 60 mg.....	11	KOATE-DVI – antihemophilic factor (human) for inj 250 unit.....	26
isosorbide mononitrate tab 10 mg.....	11	KOATE-DVI – antihemophilic factor (human) for inj 500 unit.....	26
isosorbide mononitrate tab 20 mg.....	11	KOATE-DVI – antihemophilic factor (human) for inj 1000 unit.....	26
IXINITY – coagulation factor ix (recombinant) for inj 250 unit.....	25	KOGENATE FS – antihemophilic factor (recombinant) for inj kit 250 unit.....	26
IXINITY – coagulation factor ix (recombinant) for inj 500 unit.....	25	KOGENATE FS – antihemophilic factor (recombinant) for inj kit 500 unit.....	26
IXINITY – coagulation factor ix (recombinant) for inj 1000 unit.....	25	KOGENATE FS – antihemophilic factor (recombinant) for inj kit 1000 unit.....	26
IXINITY – coagulation factor ix (recombinant) for inj 1500 unit.....	25	KOGENATE FS – antihemophilic factor (recombinant) for inj kit 2000 unit.....	26
IXINITY – coagulation factor ix (recombinant) for inj 2000 unit.....	25	KOGENATE FS – antihemophilic factor (recombinant) for inj kit 3000 unit.....	26
IXINITY – coagulation factor ix (recombinant) for inj 3000 unit.....	25	J	
J		JADENU – deferasirox tab 90 mg.....	30
JADENU – deferasirox tab 90 mg.....	30	JADENU – deferasirox tab 180 mg.....	30
JADENU – deferasirox tab 180 mg.....	30	JADENU – deferasirox tab 360 mg.....	30
JADENU – deferasirox tab 360 mg.....	30	JANUVIA – sitagliptin phosphate tab 25 mg (base equiv).....	6
JANUVIA – sitagliptin phosphate tab 25 mg (base equiv).....	6	JANUVIA – sitagliptin phosphate tab 50 mg (base equiv).....	6
JANUVIA – sitagliptin phosphate tab 50 mg (base equiv).....	6	JANUVIA – sitagliptin phosphate tab 100 mg (base equiv).....	6
JANUVIA – sitagliptin phosphate tab 100 mg (base equiv).....	6	JARDIANCE – empagliflozin tab 10 mg.....	6
JARDIANCE – empagliflozin tab 10 mg.....	6	JARDIANCE – empagliflozin tab 25 mg.....	6
JARDIANCE – empagliflozin tab 25 mg.....	6	K	
K		KALETRA – lopinavir-ritonavir tab 100-25 mg.....	2
KALETRA – lopinavir-ritonavir tab 100-25 mg.....	2	KALETRA – lopinavir-ritonavir tab 200-50 mg.....	2
KALETRA – lopinavir-ritonavir tab 200-50 mg.....	2	KALYDECO – ivacaftor packet 25 mg.....	15
KALYDECO – ivacaftor packet 25 mg.....	15	KALYDECO – ivacaftor packet 50 mg.....	15
KALYDECO – ivacaftor packet 50 mg.....	15	KALYDECO – ivacaftor packet 75 mg.....	15
KALYDECO – ivacaftor packet 75 mg.....	15	KALYDECO – ivacaftor tab 150 mg.....	15
KALYDECO – ivacaftor tab 150 mg.....	15	ketoconazole tab 200 mg.....	1
ketoconazole tab 200 mg.....	1	ketorolac tromethamine ophth soln 0.5% (Acular).....	29
ketorolac tromethamine ophth soln 0.5% (Acular).....	29	ketorolac tromethamine tab 10 mg.....	21
ketorolac tromethamine tab 10 mg.....	21		

L

lactulose (encephalopathy) solution 10 gm/15ml.....	16
lactulose solution 10 gm/15ml.....	15
lamotrigine tab 25 mg (Lamictal).....	22
lamotrigine tab 100 mg (Lamictal).....	22
lamotrigine tab 150 mg (Lamictal).....	22
lamotrigine tab 200 mg (Lamictal).....	22
LANCETS – VARIOUS.....	30
LANTUS – insulin glargine inj 100 unit/ml.....	7
LANTUS SOLOSTAR – insulin glargine soln pen-injector 100 unit/ml.....	7
latanoprost ophth soln 0.005% (Xalatan).....	29
letrozole tab 2.5 mg (Femara).....	3
LEUCOVORIN CALCIUM – leucovorin calcium tab 10 mg.....	3
LEUCOVORIN CALCIUM – leucovorin calcium tab 15 mg.....	3
LEUKERAN – chlorambucil tab 2 mg.....	4
LEVEMIR FLEXTOUCH – insulin detemir soln pen-injector 100 unit/ml.....	8
LEVEMIR – insulin detemir inj 100 unit/ml.....	8
levetiracetam tab 250 mg (Keppra).....	22
levobunolol hcl ophth soln 0.5% (Betagan).....	29
levofloxacin tab 250 mg (Levaquin).....	1
levofloxacin tab 500 mg (Levaquin).....	1
levofloxacin tab 750 mg (Levaquin).....	1
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg.....	5
levothyroxine sodium tab 25 mcg (Synthroid).....	8
levothyroxine sodium tab 50 mcg (Synthroid).....	8
levothyroxine sodium tab 75 mcg (Synthroid).....	8
levothyroxine sodium tab 88 mcg (Synthroid).....	8
levothyroxine sodium tab 100 mcg (Synthroid).....	8
levothyroxine sodium tab 112 mcg (Synthroid).....	8
levothyroxine sodium tab 125 mcg (Synthroid).....	8
levothyroxine sodium tab 137 mcg (Synthroid).....	8
levothyroxine sodium tab 150 mcg (Synthroid).....	8
levothyroxine sodium tab 175 mcg (Synthroid).....	8
levothyroxine sodium tab 200 mcg (Synthroid).....	8
levothyroxine sodium tab 300 mcg (Synthroid).....	8
lidocaine hcl gel 2%.....	30
lidocaine hcl soln 4% (Xylocaine).....	30
lidocaine hcl urethral/mucosal gel 2%.....	30
lidocaine hcl viscous soln 2%.....	29
lisinopril & hydrochlorothiazide tab 10-12.5 mg (Zestoretic).....	9
lisinopril & hydrochlorothiazide tab 20-12.5 mg (Zestoretic).....	9
lisinopril & hydrochlorothiazide tab 20-25 mg (Zestoretic).....	9
lisinopril tab 5 mg (Prinivil).....	9
lisinopril tab 10 mg (Prinivil).....	9

lisinopril tab 20 mg (Prinivil).....	9
lisinopril tab 2.5 mg (Zestril).....	9
lisinopril tab 30 mg (Zestril).....	9
lisinopril tab 40 mg (Zestril).....	9
lithium carbonate cap 300 mg.....	18
lithium carbonate cap 150 mg (Lithium carbonate).....	18
lithium carbonate cap 600 mg (Lithium carbonate).....	18
lithium carbonate tab 300 mg.....	18
lorazepam tab 0.5 mg (Ativan).....	17
lorazepam tab 1 mg (Ativan).....	17
lorazepam tab 2 mg (Ativan).....	17
losartan potassium & hydrochlorothiazide tab 50-12.5 mg (Hyzaar).....	10
losartan potassium & hydrochlorothiazide tab 100-12.5 mg (Hyzaar).....	10
losartan potassium & hydrochlorothiazide tab 100-25 mg (Hyzaar).....	10
losartan potassium tab 25 mg (Cozaar).....	10
losartan potassium tab 50 mg (Cozaar).....	10
losartan potassium tab 100 mg (Cozaar).....	10
lovastatin tab 10 mg.....	11
lovastatin tab 20 mg (Mevacor).....	11
lovastatin tab 40 mg (Mevacor).....	11

M

MAVYRET – glecaprevir-pibrentasvir tab 100-40 mg.....	1
MAYZENT – siponimod fumarate tab 0.25 mg (base equiv).....	18
MAYZENT – siponimod fumarate tab 2 mg (base equiv).....	18
medroxyprogesterone acetate tab 2.5 mg (Provera).....	5
medroxyprogesterone acetate tab 5 mg (Provera).....	5
medroxyprogesterone acetate tab 10 mg (Provera).....	5
MEFLOQUINE HCL – mefloquine hcl tab 250 mg.....	3
megestrol acetate tab 20 mg.....	4
megestrol acetate tab 40 mg.....	4
MEKINIST – trametinib dimethyl sulfoxide tab 0.5 mg (base equivalent).....	4
MEKINIST – trametinib dimethyl sulfoxide tab 2 mg (base equivalent).....	4
meloxicam tab 7.5 mg (Mobic).....	21
meloxicam tab 15 mg (Mobic).....	21
metformin hcl tab er 24hr 500 mg (Glucophage xr).....	7
metformin hcl tab er 24hr 750 mg (Glucophage xr).....	7
metformin hcl tab 500 mg (Glucophage).....	7
metformin hcl tab 850 mg (Glucophage).....	7
metformin hcl tab 1000 mg (Glucophage).....	7
methadone hcl tab for oral susp 40 mg.....	19
methadone hcl tab 10 mg (Dolophine).....	19
methadone hcl tab 5 mg (Dolophine hcl).....	19
methimazole tab 5 mg (Tapazole).....	8
methimazole tab 10 mg (Tapazole).....	8
methocarbamol tab 750 mg (Robaxin-750).....	22

methocarbamol tab 500 mg (Robaxin).....	22	neomycin-polymyxin-dexamethasone ophth oint 0.1% (Maxitrol).....	29
methyldopa tab 250 mg.....	12	neomycin-polymyxin-dexamethasone ophth susp 0.1% (Maxitrol).....	29
methyldopa tab 500 mg.....	12	neomycin sulfate tab 500 mg.....	1
metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv).....	16	NEUPOGEN – filgrastim inj 300 mcg/ml.....	26
metoclopramide hcl tab 5 mg (base equivalent) (Reglan).....	16	NEUPOGEN – filgrastim inj 480 mcg/1.6ml (300 mcg/ml).....	26
metoclopramide hcl tab 10 mg (base equivalent) (Reglan).....	16	NEUPOGEN – filgrastim soln prefilled syringe 300 mcg/0.5ml.....	26
metoprolol succinate tab er 24hr 25 mg (tartrate equiv) (Toprol xl).....	10	NEUPOGEN – filgrastim soln prefilled syringe 480 mcg/0.8ml (600 mcg/ml).....	26
metoprolol succinate tab er 24hr 50 mg (tartrate equiv) (Toprol xl).....	10	nevirapine tab 200 mg (Viramune).....	2
metoprolol tartrate tab 25 mg.....	10	NEXAVAR – sorafenib tosylate tab 200 mg (base equivalent).....	4
metoprolol tartrate tab 50 mg (Lopressor).....	10	NICOTROL INHALER – nicotine inhaler system 10 mg (4 mg delivered).....	19
metoprolol tartrate tab 100 mg (Lopressor).....	10	NICOTROL NS – nicotine nasal spray 10 mg/ml (0.5 mg/spray).....	19
metronidazole tab 250 mg (Flagyl).....	3	nifedipine tab er 24hr 30 mg (Adalat cc).....	11
metronidazole tab 500 mg (Flagyl).....	3	nifedipine tab er 24hr osmotic release 30 mg (Procardia xl).....	11
minocycline hcl cap 50 mg (Minocin).....	1	nitroglycerin cap er 2.5 mg.....	11
minocycline hcl cap 75 mg (Minocin).....	1	NITYR – nitisinone tab 2 mg.....	8
minocycline hcl cap 100 mg (Minocin).....	1	NITYR – nitisinone tab 5 mg.....	8
minoxidil tab 2.5 mg.....	12	NITYR – nitisinone tab 10 mg.....	8
minoxidil tab 10 mg.....	12	NIVESTYM – filgrastim-aafi inj 300 mcg/ml.....	26
mirtazapine tab 15 mg (Remeron).....	17	NIVESTYM – filgrastim-aafi inj 480 mcg/1.6ml (300 mcg/ml).....	26
mirtazapine tab 30 mg (Remeron).....	17	NIVESTYM – filgrastim-aafi soln prefilled syringe 300 mcg/0.5ml.....	26
mirtazapine tab 45 mg (Remeron).....	17	NIVESTYM – filgrastim-aafi soln prefilled syringe 480 mcg/0.8ml.....	26
misoprostol tab 100 mcg (Cytotec).....	15	nizatidine cap 150 mg.....	15
misoprostol tab 200 mcg (Cytotec).....	15	norethindrone & ethinyl estradiol tab 1 mg-35 mcg (Norinyl 1+35).....	5
MITIGARE – colchicine cap 0.6 mg.....	21	norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg (Ortho-cyclen).....	5
MONONINE – coagulation factor ix for inj 1000 unit.....	26	norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg (Ortho tri-cyclen).....	5
montelukast sodium chew tab 4 mg (base equiv) (Singulair).....	14	nortriptyline hcl cap 10 mg (Pamelor).....	17
montelukast sodium chew tab 5 mg (base equiv) (Singulair).....	14	nortriptyline hcl cap 25 mg (Pamelor).....	17
montelukast sodium tab 10 mg (base equiv) (Singulair).....	14	nortriptyline hcl cap 50 mg (Pamelor).....	17
MORPHINE SULFATE – morphine sulfate tab 15 mg.....	19	nortriptyline hcl cap 75 mg (Pamelor).....	17
MORPHINE SULFATE – morphine sulfate tab 30 mg.....	19	NORVIR – ritonavir oral soln 80 mg/ml.....	2
mupirocin oint 2% (Bactroban).....	29	NORVIR – ritonavir powder packet 100 mg.....	2
MYLERAN – busulfan tab 2 mg.....	4	NOVOEIGHT – antihemophilic factor (recombinant) for inj 250 unit.....	26
N		NOVOEIGHT – antihemophilic factor (recombinant) for inj 500 unit.....	26
nabumetone tab 500 mg.....	21	NOVOEIGHT – antihemophilic factor (recombinant) for inj 1000 unit.....	26
nabumetone tab 750 mg.....	21		
naproxen sodium tab 275 mg (Anaprox).....	21		
naproxen sodium tab 550 mg (Anaprox ds).....	21		
naproxen tab ec 375 mg (Ec-naprosyn).....	21		
naproxen tab ec 500 mg (Ec-naprosyn).....	21		
naproxen tab 250 mg (Naprosyn).....	21		
naproxen tab 375 mg (Naprosyn).....	21		
naproxen tab 500 mg (Naprosyn).....	21		
NARCAN – naloxone hcl nasal spray 4 mg/0.1ml.....	30		
NATACYN – natamycin ophth susp 5%.....	29		

NOVOEIGHT – antihemophilic factor (recombinant) for inj 1500 unit.....	26	NUWIQ – antihemophilic factor (bdd-rfviii) for inj 1000 unit.....	26
NOVOEIGHT – antihemophilic factor (recombinant) for inj 2000 unit.....	26	NUWIQ – antihemophilic factor (bdd-rfviii) for inj 2000 unit.....	27
NOVOEIGHT – antihemophilic factor (recombinant) for inj 3000 unit.....	26	NUWIQ – antihemophilic factor (bdd-rfviii) for inj 2500 unit.....	27
NOVOLIN 70/30 FLEXPEN – insulin nph & regular susp pen-inj 100 unit/ml (70-30).....	7	NUWIQ – antihemophilic factor (bdd-rfviii) for inj 3000 unit.....	27
NOVOLIN 70/30 – insulin nph isophane & regular human inj 100 unit/ml (70-30).....	7	NUWIQ – antihemophilic factor (bdd-rfviii) for inj 4000 unit.....	27
NOVOLIN N – insulin nph (human) (isophane) inj 100 unit/ml.....	7	O	
NOVOLIN R – insulin regular (human) inj 100 unit/ml.....	7	OBIZUR – antihemophilic factor (recomb porc) rpfviii for inj 500 unit.....	27
NOVOLOG FLEXPEN – insulin aspart soln pen-injector 100 unit/ml.....	7	ODEFSEY – emtricitabine-rilpivirine-tenofovir af tab 200-25-25 mg.....	2
NOVOLOG – insulin aspart inj 100 unit/ml.....	7	ofloxacin ophth soln 0.3% (Ocuflox).....	29
NOVOLOG MIX 70/30 – insulin aspart prot & aspart (human) inj 100 unit/ml (70-30).....	7	olanzapine tab 2.5 mg (Zyprexa).....	18
NOVOLOG MIX 70/30 PREFILL – insulin aspart prot & aspart sus pen-inj 100 unit/ml (70-30).....	7	olanzapine tab 5 mg (Zyprexa).....	18
NOVOLOG PENFILL – insulin aspart soln cartridge 100 unit/ml.....	7	olanzapine tab 7.5 mg (Zyprexa).....	18
NOVOSEVEN RT – coagulation factor viia (recomb) for inj 1 mg (1000 mcg).....	26	olanzapine tab 10 mg (Zyprexa).....	18
NOVOSEVEN RT – coagulation factor viia (recomb) for inj 2 mg (2000 mcg).....	26	omeprazole cap delayed release 10 mg (Prilosec).....	15
NOVOSEVEN RT – coagulation factor viia (recomb) for inj 5 mg (5000 mcg).....	26	omeprazole cap delayed release 20 mg (Prilosec).....	15
NOVOSEVEN RT – coagulation factor viia (recomb) for inj 8 mg (8000 mcg).....	26	omeprazole cap delayed release 40 mg (Prilosec).....	15
NOXAFIL – posaconazole susp 40 mg/ml.....	1	OMNITROPE – somatropin for inj 5.8 mg.....	8
NOXAFIL – posaconazole tab delayed release 100 mg.....	1	OMNITROPE – somatropin inj 5 mg/1.5ml.....	8
NUVARING – etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr.....	5	OMNITROPE – somatropin inj 10 mg/1.5ml.....	8
NUWIQ – antihemophilic factor (bdd-rfviii) for inj kit 250 unit.....	27	ondansetron hcl tab 4 mg (Zofran).....	15
NUWIQ – antihemophilic factor (bdd-rfviii) for inj kit 500 unit.....	27	ondansetron orally disintegrating tab 4 mg (Zofran odt).....	15
NUWIQ – antihemophilic factor (bdd-rfviii) for inj kit 1000 unit.....	27	ONGLYZA – saxagliptin hcl tab 2.5 mg (base equiv).....	7
NUWIQ – antihemophilic factor (bdd-rfviii) for inj kit 2000 unit.....	27	ONGLYZA – saxagliptin hcl tab 5 mg (base equiv).....	7
NUWIQ – antihemophilic factor (bdd-rfviii) for inj kit 2500 unit.....	27	OPSUMIT – macitentan tab 10 mg.....	12
NUWIQ – antihemophilic factor (bdd-rfviii) for inj kit 3000 unit.....	27	ORFADIN – nitisinone cap 2 mg.....	8
NUWIQ – antihemophilic factor (bdd-rfviii) for inj kit 4000 unit.....	27	ORFADIN – nitisinone cap 5 mg.....	8
NUWIQ – antihemophilic factor (bdd-rfviii) for inj 250 unit.....	26	ORFADIN – nitisinone cap 10 mg.....	9
NUWIQ – antihemophilic factor (bdd-rfviii) for inj 500 unit.....	26	ORFADIN – nitisinone cap 20 mg.....	9
		ORFADIN – nitisinone susp 4 mg/ml.....	8
		ORILISSA – elagolix sodium tab 150 mg (base equiv).....	9
		ORILISSA – elagolix sodium tab 200 mg (base equiv).....	9
		OTEZLA – apremilast tab 30 mg.....	21
		OTEZLA – apremilast tab starter therapy pack 10 mg & 20 mg & 30 mg.....	21
		oxcarbazepine tab 150 mg (Trileptal).....	22
		oxybutynin chloride syrup 5 mg/5ml.....	16
		oxycodone hcl tab 5 mg (Roxicodone).....	20
		oxycodone w/ acetaminophen tab 5-325 mg (Percocet).....	20
		OZEMPIC – semaglutide soln pen-inj 1 mg/dose (2 mg/1.5ml).....	7
		OZEMPIC – semaglutide soln pen-inj 0.25 or 0.5 mg/dose (2 mg/1.5ml).....	7

P

pantoprazole sodium ec tab 20 mg (base equiv) (Protonix).....	15	pramipexole dihydrochloride tab 1.5 mg (Mirapex).....	22
pantoprazole sodium ec tab 40 mg (base equiv) (Protonix).....	15	pravastatin sodium tab 10 mg.....	11
paroxetine hcl tab 10 mg (Paxil).....	17	pravastatin sodium tab 20 mg (Pravachol).....	11
paroxetine hcl tab 20 mg (Paxil).....	17	pravastatin sodium tab 40 mg (Pravachol).....	11
paroxetine hcl tab 30 mg (Paxil).....	17	prazosin hcl cap 1 mg (Minipress).....	12
paroxetine hcl tab 40 mg (Paxil).....	17	prazosin hcl cap 2 mg (Minipress).....	12
PEGASYS – peginterferon alfa-2a inj 180 mcg/ml.....	1	prednisolone sod phosphate oral soln 15 mg/5ml (base equiv).....	5
PEGASYS – peginterferon alfa-2a inj 180 mcg/0.5ml.....	1	prednisone tab 1 mg.....	5
PEGASYS PROCLICK – peginterferon alfa-2a inj 180 mcg/0.5ml.....	2	prednisone tab 2.5 mg.....	5
peg 3350-kcl-na bicarb-nacl-na sulfate for soln 240 gm (Colyte-flavor packs).....	15	prednisone tab 5 mg.....	5
peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm (Golytely).....	15	prednisone tab 10 mg.....	5
peg 3350-kcl-sod bicarb-nacl for soln 420 gm (Nulytely/flavor pack).....	15	prednisone tab 20 mg.....	5
penicillin v potassium tab 250 mg.....	1	PREMARIN – estrogens, conjugated tab 0.3 mg.....	5
penicillin v potassium tab 500 mg.....	1	PREMARIN – estrogens, conjugated tab 0.45 mg.....	5
pentoxifylline tab er 400 mg.....	27	PREMARIN – estrogens, conjugated tab 0.625 mg.....	5
perindopril erbumine tab 2 mg.....	9	PREMARIN – estrogens, conjugated tab 0.9 mg.....	5
phenobarbital tab 16.2 mg.....	18	PREMARIN – estrogens, conjugated tab 1.25 mg.....	5
phenobarbital tab 32.4 mg.....	18	PREMPHASE – conj est 0.625(14)/conj est-medroxypro ac tab 0.625-5mg(14).....	5
pioglitazone hcl tab 15 mg (base equiv) (Actos).....	7	PREMPRO – conjugated estrogen-medroxyprogesterone acetate tab 0.3-1.5 mg.....	5
pioglitazone hcl tab 30 mg (base equiv) (Actos).....	7	PREMPRO – conjugated estrogen-medroxyprogesterone acetate tab 0.45-1.5 mg.....	5
pioglitazone hcl tab 45 mg (base equiv) (Actos).....	7	PREMPRO – conjugated estrogen-medroxyprogesterone acetate tab 0.625-2.5 mg.....	5
PLEGRIDY – peginterferon beta-1a soln pen-injector 125 mcg/0.5ml.....	18	PREMPRO – conjugated estrogen-medroxyprogesterone acetate tab 0.625-5 mg.....	5
PLEGRIDY – peginterferon beta-1a soln prefilled syringe 125 mcg/0.5ml.....	18	PRENATAL VITAMINS PLUS LO – prenatal vit w/ fe fumarate-fa tab 27-1 mg.....	23
PLEGRIDY STARTER PACK – peginterferon beta-1a soln pen-inj 63 & 94 mcg/0.5ml pack.....	19	PREZISTA – darunavir ethanolate susp 100 mg/ml (base equiv).....	2
PLEGRIDY STARTER PACK – peginterferon beta-1a soln pref syr 63 & 94 mcg/0.5ml pack.....	19	PREZISTA – darunavir ethanolate tab 75 mg (base equiv).....	2
polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1% (Polytrim).....	29	PREZISTA – darunavir ethanolate tab 150 mg (base equiv).....	2
potassium chloride microencapsulated crys er tab 10 meq.....	23	PREZISTA – darunavir ethanolate tab 600 mg (base equiv).....	2
potassium chloride microencapsulated crys er tab 20 meq.....	23	PREZISTA – darunavir ethanolate tab 800 mg (base equiv).....	2
potassium chloride tab er 10 meq (K-tab).....	23	PRIFTIN – rifapentine tab 150 mg.....	1
potassium chloride tab er 8 meq (600 mg).....	23	primidone tab 50 mg (Mysoline).....	22
pramipexole dihydrochloride tab 0.125 mg (Mirapex).....	22	PROAIR HFA – albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv).....	14
pramipexole dihydrochloride tab 0.25 mg (Mirapex).....	22	PROAIR RESPICLICK – albuterol sulfate aer pow ba 108 mcg/act (90 mcg base equiv).....	14
pramipexole dihydrochloride tab 0.5 mg (Mirapex).....	22	prochlorperazine maleate tab 5 mg (base equivalent).....	18
pramipexole dihydrochloride tab 0.75 mg (Mirapex).....	22	prochlorperazine maleate tab 10 mg (base equivalent).....	18
pramipexole dihydrochloride tab 1 mg (Mirapex).....	22	PROCRIT – epoetin alfa inj 2000 unit/ml.....	27
		PROCRIT – epoetin alfa inj 3000 unit/ml.....	27
		PROCRIT – epoetin alfa inj 4000 unit/ml.....	27

PROCRIT – epoetin alfa inj 10000 unit/ml.....	27	REBIF TITRATION PACK – interferon beta-1a pref syr 6x8.8 mcg/0.2ml & 6x22 mcg/0.5ml.....	19
PROCRIT – epoetin alfa inj 20000 unit/ml.....	27	REBINYN – coagulation factor ix recomb glycopegylated for inj 500 unit.....	27
PROCRIT – epoetin alfa inj 40000 unit/ml.....	27	REBINYN – coagulation factor ix recomb glycopegylated for inj 1000 unit.....	27
PROFILNINE – factor ix complex for inj 500 unit.....	27	REBINYN – coagulation factor ix recomb glycopegylated for inj 2000 unit.....	27
PROFILNINE – factor ix complex for inj 1000 unit.....	27	RECOMBINATE – antihemophilic factor (recombinant) for inj 220-400 unit.....	27
PROFILNINE – factor ix complex for inj 1500 unit.....	27	RECOMBINATE – antihemophilic factor (recombinant) for inj 401-800 unit.....	27
PROFILNINE SD – factor ix complex for inj 500 unit.....	27	RECOMBINATE – antihemophilic factor (recombinant) for inj 801-1240 unit.....	27
PROFILNINE SD – factor ix complex for inj 1000 unit.....	27	RECOMBINATE – antihemophilic factor (recombinant) for inj 1241-1800 unit.....	27
PROFILNINE SD – factor ix complex for inj 1500 unit.....	27	RECOMBINATE – antihemophilic factor (recombinant) for inj 1801-2400 unit.....	27
promethazine hcl syrup 6.25 mg/5ml.....	13	REPATHA – evolocumab subcutaneous soln prefilled syringe 140 mg/ml.....	11
promethazine hcl tab 12.5 mg.....	13	REPATHA PUSHTRONEX SYSTEM – evolocumab subcutaneous soln cartridge/infusor 420 mg/3.5ml.....	11
promethazine hcl tab 25 mg.....	13	REPATHA SURECLICK – evolocumab subcutaneous soln auto-injector 140 mg/ml.....	11
promethazine hcl tab 50 mg.....	13	RETACRIT – epoetin alfa-epbx inj 2000 unit/ml.....	27
promethazine w/ codeine syrup 6.25-10 mg/5ml.....	13	RETACRIT – epoetin alfa-epbx inj 3000 unit/ml.....	27
proparacaine hcl ophth soln 0.5%.....	29	RETACRIT – epoetin alfa-epbx inj 4000 unit/ml.....	27
propranolol hcl tab 10 mg.....	10	RETACRIT – epoetin alfa-epbx inj 10000 unit/ml.....	27
propranolol hcl tab 20 mg.....	10	RETACRIT – epoetin alfa-epbx inj 40000 unit/ml.....	28
propranolol hcl tab 40 mg.....	10	REVCovi – elapegedemase-lvlr im soln 2.4 mg/1.5ml (1.6 mg/ml).....	9
propranolol hcl tab 80 mg.....	10	REVLIMID – lenalidomide cap 5 mg.....	30
PULMOZYME – dornase alfa inhal soln 1 mg/ml.....	15	REVLIMID – lenalidomide cap 10 mg.....	30
Q			
quetiapine fumarate tab 25 mg (Seroquel).....	18	REVLIMID – lenalidomide cap 15 mg.....	30
quetiapine fumarate tab 50 mg (Seroquel).....	18	REVLIMID – lenalidomide cap 20 mg.....	30
quetiapine fumarate tab 100 mg (Seroquel).....	18	REVLIMID – lenalidomide cap 25 mg.....	30
quinapril hcl tab 5 mg (Accupril).....	9	REVLIMID – lenalidomide caps 2.5 mg.....	30
quinapril hcl tab 10 mg (Accupril).....	9	risperidone tab 0.25 mg (Risperdal).....	18
quinapril hcl tab 20 mg (Accupril).....	9	risperidone tab 0.5 mg (Risperdal).....	18
quinapril hcl tab 40 mg (Accupril).....	9	risperidone tab 1 mg (Risperdal).....	18
QVAR REDHALER – beclomethasone diprop hfa breath act inh aer 40 mcg/act.....	14	risperidone tab 2 mg (Risperdal).....	18
QVAR REDHALER – beclomethasone diprop hfa breath act inh aer 80 mcg/act.....	14	risperidone tab 3 mg (Risperdal).....	18
R			
ramipril cap 1.25 mg (Altace).....	9	risperidone tab 4 mg (Risperdal).....	18
ramipril cap 2.5 mg (Altace).....	9	RIXUBIS – coagulation factor ix (recombinant) for inj 250 unit.....	28
ramipril cap 5 mg (Altace).....	9	RIXUBIS – coagulation factor ix (recombinant) for inj 500 unit.....	28
ramipril cap 10 mg (Altace).....	9	RIXUBIS – coagulation factor ix (recombinant) for inj 1000 unit.....	28
ranitidine hcl syrup 15 mg/ml (75 mg/5ml).....	15	RIXUBIS – coagulation factor ix (recombinant) for inj 2000 unit.....	28
ranitidine hcl tab 300 mg (Zantac).....	15	RIXUBIS – coagulation factor ix (recombinant) for inj 3000 unit.....	28
RAPAMUNE – sirolimus oral soln 1 mg/ml.....	30		
REBIF – interferon beta-1a soln pref syr 22 mcg/0.5ml (12mu/ml).....	19		
REBIF – interferon beta-1a soln pref syr 44 mcg/0.5ml (24mu/ml).....	19		
REBIF REBIDOSE – interferon beta-1a soln auto-inj 22 mcg/0.5ml (12mu/ml).....	19		
REBIF REBIDOSE – interferon beta-1a soln auto-inj 44 mcg/0.5ml (24mu/ml).....	19		
REBIF REBIDOSE TITRATION – interferon beta-1a auto- inj 6x8.8 mcg/0.2ml & 6x22 mcg/0.5ml.....	19		

ropinirole hydrochloride tab 0.25 mg (Requip).....	22	STIMATE – desmopressin acetate nasal soln 1.5 mg/ ml.....	9
ropinirole hydrochloride tab 0.5 mg (Requip).....	22	STIOLTO RESPIMAT – tiotropium br-olodaterol inhal aero soln 2.5-2.5 mcg/act.....	15
ropinirole hydrochloride tab 1 mg (Requip).....	22	STRENSIQ – asfotase alfa subcutaneous inj 18 mg/0.45ml.....	9
ropinirole hydrochloride tab 2 mg (Requip).....	22	STRENSIQ – asfotase alfa subcutaneous inj 28 mg/0.7ml.....	9
ropinirole hydrochloride tab 3 mg (Requip).....	22	STRENSIQ – asfotase alfa subcutaneous inj 40 mg/ml.....	9
ropinirole hydrochloride tab 4 mg (Requip).....	22	STRENSIQ – asfotase alfa subcutaneous inj 80 mg/0.8ml.....	9
ropinirole hydrochloride tab 5 mg (Requip).....	22	STRIVERDI RESPIMAT – olodaterol hcl inhal aerosol soln 2.5 mcg/act (base equiv).....	15
RYDAPT – midostaurin cap 25 mg.....	4	SULFADIAZINE – sulfadiazine tab 500 mg.....	3
S			
selenium sulfide lotion 2.5%.....	30	sulfamethoxazole-trimethoprim susp 200-40 mg/5ml.....	3
SENSIPAR – cinacalcet hcl tab 30 mg (base equiv).....	9	sulfamethoxazole-trimethoprim tab 400-80 mg (Bactrim).....	3
SENSIPAR – cinacalcet hcl tab 60 mg (base equiv).....	9	sulfamethoxazole-trimethoprim tab 800-160 mg (Bactrim ds).....	3
SENSIPAR – cinacalcet hcl tab 90 mg (base equiv).....	9	sulindac tab 150 mg.....	21
SEREVENT DISKUS – salmeterol xinafoate aer pow ba 50 mcg/dose (base equiv).....	14	sulindac tab 200 mg.....	21
sertraline hcl tab 25 mg (Zoloft).....	17	sumatriptan succinate tab 25 mg (Imitrex).....	21
sertraline hcl tab 50 mg (Zoloft).....	17	sumatriptan succinate tab 50 mg (Imitrex).....	21
sertraline hcl tab 100 mg (Zoloft).....	17	sumatriptan succinate tab 100 mg (Imitrex).....	21
silver sulfadiazine cream 1% (Silvadene).....	29	SUTENT – sunitinib malate cap 12.5 mg (base equivalent).....	4
SIMPONI – golimumab subcutaneous soln auto-injector 50 mg/0.5ml.....	21	SUTENT – sunitinib malate cap 25 mg (base equivalent).....	4
SIMPONI – golimumab subcutaneous soln auto-injector 100 mg/ml.....	21	SUTENT – sunitinib malate cap 37.5 mg (base equivalent).....	4
SIMPONI – golimumab subcutaneous soln prefilled syringe 50 mg/0.5ml.....	21	SUTENT – sunitinib malate cap 50 mg (base equivalent).....	4
SIMPONI – golimumab subcutaneous soln prefilled syringe 100 mg/ml.....	21	SYLATRON – peginterferon alfa-2b for inj kit 200 mcg.....	4
simvastatin tab 5 mg (Zocor).....	11	SYLATRON – peginterferon alfa-2b for inj kit 300 mcg.....	4
simvastatin tab 10 mg (Zocor).....	11	SYLATRON – peginterferon alfa-2b for inj kit 600 mcg.....	4
simvastatin tab 20 mg (Zocor).....	11	SYMBICORT – budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act.....	15
simvastatin tab 40 mg (Zocor).....	11	SYMBICORT – budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act.....	15
simvastatin tab 80 mg (Zocor).....	11	SYMDEKO – tezacaftor-ivacaftor 50-75 mg & ivacaftor 75 mg tab tbpk.....	15
SKYRIZI – risankizumab-rzaa sol prefilled syringe 2 x 75 mg/0.83ml kit.....	30	SYMDEKO – tezacaftor-ivacaftor 100-150 mg & ivacaftor 150 mg tab tbpk.....	15
SOOLANTRA – ivermectin cream 1%.....	29	SYMFI – efavirenz-lamivudine-tenofovir df tab 600-300-300 mg.....	2
sotalol hcl tab 80 mg (Betapace).....	12	SYMFI LO – efavirenz-lamivudine-tenofovir df tab 400-300-300 mg.....	2
sotalol hcl tab 120 mg (Betapace).....	12	SYMJEPI – epinephrine soln prefilled syringe 0.15 mg/0.3ml (1:2000).....	13
sotalol hcl tab 160 mg (Betapace).....	12	SYMJEPI – epinephrine solution prefilled syringe 0.3 mg/0.3ml (1:1000).....	13
SOVALDI – sofosbuvir tab 400 mg.....	2		
SPIRIVA HANDIHALER – tiotropium bromide monohydrate inhal cap 18 mcg (base equiv).....	14		
SPIRIVA RESPIMAT – tiotropium bromide monohydrate inhal aerosol 1.25 mcg/act.....	14		
SPIRIVA RESPIMAT – tiotropium bromide monohydrate inhal aerosol 2.5 mcg/act.....	15		
spironolactone tab 25 mg (Aldactone).....	12		
spironolactone tab 50 mg (Aldactone).....	12		
STELARA – ustekinumab inj 45 mg/0.5ml.....	30		
STELARA – ustekinumab soln prefilled syringe 45 mg/0.5ml.....	30		
STELARA – ustekinumab soln prefilled syringe 90 mg/ ml.....	30		

T

TAFINLAR – dabrafenib mesylate cap 50 mg (base equivalent).....	4	topiramate tab 100 mg (Topamax).....	22
TAFINLAR – dabrafenib mesylate cap 75 mg (base equivalent).....	4	topiramate tab 200 mg (Topamax).....	22
tamoxifen citrate tab 10 mg (base equivalent).....	4	torsemide tab 5 mg (Demadex).....	12
tamoxifen citrate tab 20 mg (base equivalent).....	4	torsemide tab 10 mg (Demadex).....	12
tamsulosin hcl cap 0.4 mg (Flomax).....	16	torsemide tab 20 mg (Demadex).....	12
TARCEVA – erlotinib hcl tab 25 mg (base equivalent).....	4	TOUJEO MAX SOLOSTAR – insulin glargine soln pen-injector 300 unit/ml.....	8
TARCEVA – erlotinib hcl tab 100 mg (base equivalent).....	4	TOUJEO SOLOSTAR – insulin glargine soln pen-injector 300 unit/ml.....	8
TARCEVA – erlotinib hcl tab 150 mg (base equivalent).....	4	TRACLEER – bosentan tab for oral susp 32 mg.....	12
TASIGNA – nilotinib hcl cap 50 mg (base equivalent).....	4	TRACLEER – bosentan tab 62.5 mg.....	12
TASIGNA – nilotinib hcl cap 150 mg (base equivalent).....	4	TRACLEER – bosentan tab 125 mg.....	12
TASIGNA – nilotinib hcl cap 200 mg (base equivalent).....	4	tramadol-acetaminophen tab 37.5-325 mg (Ultracet).....	20
TAZORAC – tazarotene cream 0.05%.....	29	tramadol hcl tab 50 mg (Ultram).....	20
TAZORAC – tazarotene gel 0.05%.....	29	trandolapril tab 1 mg (Mavik).....	9
TAZORAC – tazarotene gel 0.1%.....	29	trandolapril tab 2 mg (Mavik).....	9
TECFIDERA – dimethyl fumarate capsule delayed release 120 mg.....	19	trandolapril tab 4 mg (Mavik).....	10
TECFIDERA – dimethyl fumarate capsule delayed release 240 mg.....	19	trazodone hcl tab 50 mg.....	17
TECFIDERA STARTER PACK – dimethyl fumarate capsule dr starter pack 120 mg & 240 mg.....	19	trazodone hcl tab 100 mg.....	17
temazepam cap 15 mg (Restoril).....	18	trazodone hcl tab 150 mg.....	17
temazepam cap 30 mg (Restoril).....	18	TRELEGY ELLIPTA – fluticasone-umeclidinium-vilanterol aepb 100-62.5-25 mcg/inh.....	15
terazosin hcl cap 1 mg (base equivalent).....	12	TREMFYA – guselkumab soln pen-injector 100 mg/ml.....	30
terazosin hcl cap 2 mg (base equivalent).....	12	TREMFYA – guselkumab soln prefilled syringe 100 mg/ml.....	30
terazosin hcl cap 5 mg (base equivalent).....	12	TRESIBA FLEXTOUCH – insulin degludec soln pen-injector 100 unit/ml.....	8
terazosin hcl cap 10 mg (base equivalent).....	12	TRESIBA FLEXTOUCH – insulin degludec soln pen-injector 200 unit/ml.....	8
terbinafine hcl tab 250 mg (Lamisil).....	1	TRESIBA – insulin degludec inj 100 unit/ml.....	8
TEST STRIPS – ASCENSIA BREEZE 2, CONTOUR, CONTOUR NEXT.....	30	TRETEN – coagulation factor xiii a-subunit for inj 2000-3125 unit.....	28
tetracaine hcl ophth soln 0.5%.....	29	triamcinolone acetonide cream 0.025%.....	29
THALOMID – thalidomide cap 50 mg.....	30	triamcinolone acetonide cream 0.1%.....	29
THALOMID – thalidomide cap 100 mg.....	30	triamcinolone acetonide cream 0.5%.....	29
THALOMID – thalidomide cap 150 mg.....	30	triamcinolone acetonide oint 0.025%.....	29
THALOMID – thalidomide cap 200 mg.....	30	triamcinolone acetonide oint 0.1%.....	30
theophylline tab er 12hr 100 mg.....	15	triamterene & hydrochlorothiazide cap 37.5-25 mg (Dyazide).....	12
thyroid tab 30 mg (1/2 grain) (Armour thyroid).....	8	triamterene & hydrochlorothiazide tab 37.5-25 mg (Maxzide-25).....	12
thyroid tab 90 mg (1 1/2 grain) (Armour thyroid).....	8	triamterene & hydrochlorothiazide tab 75-50 mg (Maxzide).....	12
thyroid tab 60 mg (1 grain) (Armour thyroid).....	8	trihexyphenidyl hcl tab 2 mg.....	22
timolol maleate ophth soln 0.25% (Timoptic).....	29	trihexyphenidyl hcl tab 5 mg.....	22
timolol maleate ophth soln 0.5% (Timoptic).....	29	trimethoprim tab 100 mg.....	3
TIVICAY – dolutegravir sodium tab 10 mg (base equiv).....	2	tropicamide ophth soln 0.5%.....	29
TIVICAY – dolutegravir sodium tab 25 mg (base equiv).....	2	tropicamide ophth soln 1% (Mydracyl).....	29
TIVICAY – dolutegravir sodium tab 50 mg (base equiv).....	2	TRULICITY – dulaglutide soln pen-injector 0.75 mg/0.5ml.....	7
tizanidine hcl tab 2 mg (base equivalent).....	22	TRULICITY – dulaglutide soln pen-injector 1.5 mg/0.5ml.....	7
tizanidine hcl tab 4 mg (base equivalent) (Zanaflex).....	22		
tobramycin ophth soln 0.3% (Tobrex).....	29		
topiramate tab 25 mg (Topamax).....	22		
topiramate tab 50 mg (Topamax).....	22		

TRUVADA – emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg.....	2	VIBERZI – eluxadoline tab 100 mg.....	16
TRUVADA – emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg.....	2	VICTOZA – liraglutide soln pen-injector 18 mg/3ml (6 mg/ml).....	7
TRUVADA – emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg.....	2	VIDEX – didanosine for soln 2 gm.....	3
TRUVADA – emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg.....	3	VIREAD – tenofovir disoproxil fumarate oral powder 40 mg/gm.....	3
TYMLOS – abaloparatide subcutaneous soln pen-injector 3120 mcg/1.56ml.....	9	VIREAD – tenofovir disoproxil fumarate tab 150 mg.....	3
U		VIREAD – tenofovir disoproxil fumarate tab 200 mg.....	3
UDENYCA – pegfilgrastim-cbqv soln prefilled syringe 6 mg/0.6ml.....	28	VIREAD – tenofovir disoproxil fumarate tab 250 mg.....	3
UPTRAVI – selexipag tab 200 mcg.....	12	VONVENDI – von willebrand factor (recombinant) for inj 650 unit.....	28
UPTRAVI – selexipag tab 400 mcg.....	13	VONVENDI – von willebrand factor (recombinant) for inj 1300 unit.....	28
UPTRAVI – selexipag tab 600 mcg.....	13	VOSEVI – sofosbuvir-velpatasvir-voxilaprevir tab 400-100-100 mg.....	2
UPTRAVI – selexipag tab 800 mcg.....	13	VOTRIENT – pazopanib hcl tab 200 mg (base equiv).....	4
UPTRAVI – selexipag tab 1000 mcg.....	13	W	
UPTRAVI – selexipag tab 1200 mcg.....	13	warfarin sodium tab 1 mg (Coumadin).....	28
UPTRAVI – selexipag tab 1400 mcg.....	13	warfarin sodium tab 2 mg (Coumadin).....	28
UPTRAVI – selexipag tab 1600 mcg.....	13	warfarin sodium tab 2.5 mg (Coumadin).....	28
UPTRAVI – selexipag tab therapy pack 200 mcg (140) & 800 mcg (60).....	12	warfarin sodium tab 3 mg (Coumadin).....	28
V		warfarin sodium tab 4 mg (Coumadin).....	28
VALCHLOR – mechlorethamine hcl gel 0.016% (base equivalent).....	30	warfarin sodium tab 5 mg (Coumadin).....	28
valsartan-hydrochlorothiazide tab 80-12.5 mg (Diovan hct).....	10	warfarin sodium tab 6 mg (Coumadin).....	28
valsartan-hydrochlorothiazide tab 320-12.5 mg (Diovan hct).....	10	warfarin sodium tab 7.5 mg (Coumadin).....	28
valsartan-hydrochlorothiazide tab 320-25 mg (Diovan hct).....	10	warfarin sodium tab 10 mg (Coumadin).....	28
VENCLEXTA STARTING PACK – venetoclax tab therapy starter pack 10 & 50 & 100 mg.....	4	WILATE – antihemophilic factor/vwf (human) for inj 500-500 unit kit.....	28
VENCLEXTA – venetoclax tab 10 mg.....	4	WILATE – antihemophilic factor/vwf (human) for inj 1000-1000 unit kit.....	28
VENCLEXTA – venetoclax tab 50 mg.....	4	X	
VENCLEXTA – venetoclax tab 100 mg.....	4	XALKORI – crizotinib cap 200 mg.....	4
venlafaxine hcl cap er 24hr 37.5 mg (base equivalent) (Effexor xr).....	17	XALKORI – crizotinib cap 250 mg.....	4
venlafaxine hcl cap er 24hr 75 mg (base equivalent) (Effexor xr).....	17	XARELTO – rivaroxaban tab 2.5 mg.....	28
venlafaxine hcl cap er 24hr 150 mg (base equivalent) (Effexor xr).....	17	XARELTO – rivaroxaban tab 10 mg.....	28
VENTOLIN HFA – albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv).....	15	XARELTO – rivaroxaban tab 15 mg.....	28
verapamil hcl tab er 120 mg (Calan sr).....	11	XARELTO – rivaroxaban tab 20 mg.....	28
verapamil hcl tab er 180 mg (Calan sr).....	11	XARELTO STARTER PACK – rivaroxaban tab starter therapy pack 15 mg & 20 mg.....	28
verapamil hcl tab er 240 mg (Calan sr).....	11	XIFAXAN – rifaximin tab 550 mg.....	3
verapamil hcl tab 80 mg (Calan).....	11	XTAMPZA ER – oxycodone cap er 12hr abuse-deterrent 9 mg.....	20
verapamil hcl tab 120 mg (Calan).....	11	XTAMPZA ER – oxycodone cap er 12hr abuse-deterrent 13.5 mg.....	20
VIBERZI – eluxadoline tab 75 mg.....	16	XTAMPZA ER – oxycodone cap er 12hr abuse-deterrent 18 mg.....	20
		XTAMPZA ER – oxycodone cap er 12hr abuse-deterrent 27 mg.....	20
		XTAMPZA ER – oxycodone cap er 12hr abuse-deterrent 36 mg.....	20
		XTANDI – enzalutamide cap 40 mg.....	4

XYNTHA – antihemophilic factor recombinant paf for inj kit 250 unit.....	28
XYNTHA – antihemophilic factor recombinant paf for inj kit 500 unit.....	28
XYNTHA – antihemophilic factor recombinant paf for inj kit 1000 unit.....	28
XYNTHA – antihemophilic factor recombinant paf for inj kit 2000 unit.....	28
XYNTHA SOLOFUSE – antihemophilic factor recombinant paf for inj kit 250 unit.....	28
XYNTHA SOLOFUSE – antihemophilic factor recombinant paf for inj kit 500 unit.....	28
XYNTHA SOLOFUSE – antihemophilic factor recombinant paf for inj kit 1000 unit.....	28
XYNTHA SOLOFUSE – antihemophilic factor recombinant paf for inj kit 2000 unit.....	28
XYNTHA SOLOFUSE – antihemophilic factor recombinant paf for inj kit 3000 unit.....	28
Y	
YONSA – abiraterone acetate tab 125 mg.....	4
Z	
zaleplon cap 5 mg (Sonata).....	18
zaleplon cap 10 mg (Sonata).....	18
ZARXIO – filgrastim-sndz soln prefilled syringe 300 mcg/0.5ml.....	28
ZARXIO – filgrastim-sndz soln prefilled syringe 480 mcg/0.8ml.....	28
ZELBORAF – vemurafenib tab 240 mg.....	4
ZENPEP – pancrelipase (lip-prot-amyl) dr cap 3000-10000-14000 unit.....	16
ZENPEP – pancrelipase (lip-prot-amyl) dr cap 5000-17000-24000 unit.....	16
ZENPEP – pancrelipase (lip-prot-amyl) dr cap 10000-32000-42000 unit.....	16
ZENPEP – pancrelipase (lip-prot-amyl) dr cap 15000-47000-63000 unit.....	16
ZENPEP – pancrelipase (lip-prot-amyl) dr cap 20000-63000-84000 unit.....	16
ZENPEP – pancrelipase (lip-prot-amyl) dr cap 25000-79000-105000 unit.....	16
ZENPEP – pancrelipase (lip-prot-amyl) dr cap 40000-126000-168000 unit.....	16
zolpidem tartrate tab 5 mg (Ambien).....	18
zolpidem tartrate tab 10 mg (Ambien).....	18
zonisamide cap 25 mg (Zonegran).....	22
ZYTIGA – abiraterone acetate tab 500 mg.....	4