

# Multi-Tier Basic Drug List

October 2021

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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## Introduction

Blue Cross and Blue Shield is pleased to present the 2021 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

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 Generic, 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. Some brands may be in a generic tier and some generics may be in a brand 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. Drugs that have not received FDA approval 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. Check your plan materials for details.

## 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 prescription drugs are shown in all CAPITAL letters followed by the generic name.

Example: NOVOLOG – Insulin aspart inj 100 unit/ml

### **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 cost-share payment amount (copay or 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.

**Non FDA-approved drugs:** Drugs that have not received FDA approval 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.\* Some plans may have a dispensing limit on additional medications beyond those noted in this document. 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.

**ACA Preventive (ACA):** Medicines marked in the ACA column are under the Affordable Care Act coverage of preventive services. These products may have limited or \$0 member cost-sharing (copay or co-insurance), when meeting the conditions as outlined under the regulation. Coverage may vary based on benefit plan. These are also indicated with an "A" in the drug tier column.

**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. Medications administered by a health care professional are not covered under the pharmacy benefit. 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.

## Accredo®

Members who use specialty medications deserve the care and support they need to manage their therapy. With Accredo, members can have covered specialty medications delivered directly to them or their doctor's office. When using Accredo for specialty medications, you also receive at no additional charge the following services:

- One-on-one support and access to 99.9% of all specialty medications
- Condition-specific staff to help answer questions about your medication(s) or condition
- 24/7 support
- Free shipping with safe, on-time delivery
- Refill reminders and other digital tools

To order through Accredo:

1. Have your doctor send a new prescription to Accredo electronically, by fax or by phone. Your doctor can find contact information at [accredo.com/prescribers](https://www.accredo.com/prescribers).
2. Once the prescription has been received, you will receive a call from Accredo to get signed up and ready for your first prescription fill.
3. You can also call Accredo at 833-721-1619 and an agent will work with you to get a new prescription sent or transferred from another pharmacy.

If you have questions, please contact Accredo at 833-721-1619, visit [accredo.com](https://www.accredo.com), or call the number on your ID card.

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## Abbreviation key

**aer** ..... aerosol  
**cap** ..... capsules  
**chew** ..... chewable  
**conc** ..... concentrate  
**cr** ..... controlled release  
**dr** ..... delayed release  
**ec** ..... enteric coated  
**equiv** ..... equivalent  
**er** ..... extended release  
**gm** ..... gram  
**inhal** ..... inhaler  
**inj** ..... injection  
**liqd** ..... liquid  
**mg** ..... milligram  
**ml** ..... milliliter

**nebu** ..... nebulizer  
**odt** ..... orally disintegrating tablets  
**oint** ..... ointment  
**ophth** ..... ophthalmic  
**osm** ..... osmotic release  
**pack** ..... packets  
**powd** ..... powder  
**pttw** ..... twice-weekly patch  
**sl** ..... sublingual  
**soln** ..... solution  
**suppos** ..... suppositories  
**susp** ..... suspension  
**tab** ..... tablets  
**td** ..... transdermal  
**w/** ..... with



If you, or someone you are helping, have questions, you have the right to get help and information in your language at no cost. To talk to an interpreter, call 855-710-6984.

العربية Arabic	إن كان لديك أو لدى شخص تساعدك أسئلة، فلديك الحق في الحصول على المساعدة والمعلومات الضرورية بلغتك من دون أية تكلفة. للتحدث مع مترجم فوري، اتصل على الرقم 855-710-6984.
繁體中文 Chinese	如果您，或您正在協助的對象，對此有疑問，您有權利免費以您的母語獲得幫助和訊息。洽詢一位翻譯員，請撥電話號碼 855-710-6984。
Français French	Si vous, ou quelqu'un que vous êtes en train d'aider, avez des questions, vous avez le droit d'obtenir de l'aide et l'information dans votre langue à aucun coût. Pour parler à un interprète, appelez 855-710-6984.
Deutsch German	Falls Sie oder jemand, dem Sie helfen, Fragen haben, haben Sie das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Um mit einem Dolmetscher zu sprechen, rufen Sie bitte die Nummer 855-710-6984 an.
Ελληνικά Greek	Εάν εσείς ή κάποιος που βοηθάτε έχετε ερωτήσεις, έχετε το δικαίωμα να λάβετε βοήθεια και πληροφορίες στη γλώσσα σας χωρίς χρέωση. Για να μιλήσετε σε έναν διερμηνέα, καλέστε 855-710-6984.
ગુજરાતી Gujarati	જા તમને અથવા તમે મદદ કરી રહ્યા હોય એવું કોઈ બીજું વ્યક્તિને એસ.બી.એમ. કાર્યક્રમ બાબતે પ્રશ્નો હોય, તો તમને વિના ખર્ચે, તમારી ભાષામાં મદદ અને માહિતી મેળવવાનો હક છે. દુભાષિયા સાથે વાત કરવા માટે આ નંબર 855-710-6984 પર કોલ કરો.
हिंदी Hindi	यदि आपके, या आप जिसको सहायता कर रहे हैं उसके, प्रश्न हैं, तो आपको अपनी भाषा में निःशुल्क सहायता और जानकारी प्राप्त करने का अधिकार है। किसी अनुवादक से बात करने के लिए 855-710-6984 पर काल करें।
Italiano Italian	Se tu o qualcuno che stai aiutando avete domande, hai il diritto di ottenere aiuto e informazioni nella tua lingua gratuitamente. Per parlare con un interprete, puoi chiamare il numero 855-710-6984.
한국어 Korean	만약 귀하 또는 귀하가 돕는 사람이 질문이 있다면 귀하는 무료로 그러한 도움과 정보를 귀하의 언어로 받을 수 있는 권리가 있습니다. 통역사가 필요하시면 855-710-6984 로 전화하십시오.
Diné Navajo	T'áá ni, éí doodago ła'da biká anánílwo'ígíí, na'ídfíkidgo, ts'ídá bee ná ahóótí'i' t'áá níí'ē níká a'doolwoł dóó bína'ídfíkidígíí bee níí h odoonih. Ata'dahalne'ígíí bich'í' hodíílnih kwe'ē 855-710-6984.
Polski Polish	Jeśli Ty lub osoba, której pomagasz, macie jakiegokolwiek pytania, macie prawo do uzyskania bezpłatnej informacji i pomocy we własnym języku. Aby porozmawiać z tłumaczem, zadzwoń pod numer 855-710-6984.
Русский Russian	Если у вас или человека, которому вы помогаете, возникли вопросы, у вас есть право на бесплатную помощь и информацию, предоставленную на вашем языке. Чтобы связаться с переводчиком, позвоните по телефону 855-710-6984.
Español Spanish	Si usted o alguien a quien usted está ayudando tiene preguntas, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al 855-710-6984.
Tagalog Tagalog	Kung ikaw, o ang isang taong iyong tinutulongan ay may mga tanong, may karapatan kang makakuha ng tulong at impormasyon sa iyong wika nang walang bayad. Upang makipag-usap sa isang tagasalin-wika, tumawag sa 855-710-6984.
اردو Urdu	اگر آپ کو، یا کسی ایسے فرد کو جس کی آپ مدد کر رہے ہیں، کوئی سوال درپیش ہے تو، آپ کو اپنی زبان میں مفت مدد اور معلومات حاصل کرنے کا حق ہے۔ مترجم سے بات کرنے کے لیے، 855-710-6984 پر کال کریں۔
Tiếng Việt Vietnamese	Nếu quý vị, hoặc người mà quý vị giúp đỡ, có câu hỏi, thì quý vị có quyền được giúp đỡ và nhận thông tin bằng ngôn ngữ của mình miễn phí. Để nói chuyện với một thông dịch viên, gọi 855-710-6984.

**Health care coverage is important for everyone.**

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We do not discriminate on the basis of race, color, national origin, sex, gender identity, age, sexual orientation,  
health status or disability.

To receive language or communication assistance free of charge, please call us at 855-710-6984.

If you believe we have failed to provide a service, or think we have discriminated in another way, contact us to file a grievance.

Office of Civil Rights Coordinator  
300 E. Randolph St.  
35th Floor  
Chicago, Illinois 60601

Phone: 855-664-7270 (voicemail)  
TTY/TDD: 855-661-6965  
Fax: 855-661-6960  
Email: [CivilRightsCoordinator@hcsc.net](mailto:CivilRightsCoordinator@hcsc.net)

You may file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, at:

U.S. Dept. of Health & Human Services  
200 Independence Avenue SW  
Room 509F, HHH Building 1019  
Washington, DC 20201

Phone: 800-368-1019  
TTY/TDD: 800-537-7697  
Complaint Portal: <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>  
Complaint Forms: <http://www.hhs.gov/ocr/office/file/index.html>

Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA
<b>ANTI-INFECTIVE AGENTS</b>					
<b>PENICILLINS</b>					
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					
amoxicillin & k clavulanate for susp 200-28.5 mg/5ml					
amoxicillin & k clavulanate tab 500-125 mg (Augmentin)					
amoxicillin & k clavulanate tab 875-125 mg (Augmentin)					
penicillin v potassium tab 250 mg					
penicillin v potassium tab 500 mg					
<b>CEPHALOSPORINS</b>					
cefadroxil cap 500 mg					
cefdinir cap 300 mg					
cephalexin cap 250 mg (Keflex)					
cephalexin cap 500 mg (Keflex)					
<b>MACROLIDES</b>					
AZITHROMYCIN - azithromycin powd pack for susp 1 gm					

Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA
azithromycin tab 250 mg (Zithromax)			•		
azithromycin tab 500 mg (Zithromax)			•		
<b>TETRACYCLINES</b>					
doxycycline hyclate cap 100 mg (Vibramycin)					
doxycycline hyclate tab 100 mg					
doxycycline monohydrate cap 50 mg					
doxycycline monohydrate cap 100 mg (Monodox)					
minocycline hcl cap 50 mg (Minocin)					
<b>FLUOROQUINOLONES</b>					
ciprofloxacin hcl tab 250 mg (base equiv) (Cipro)					
ciprofloxacin hcl tab 500 mg (base equiv) (Cipro)					
ciprofloxacin hcl tab 750 mg (base equiv)					
levofloxacin tab 250 mg (Levaquin)					
levofloxacin tab 500 mg (Levaquin)					
levofloxacin tab 750 mg (Levaquin)					
<b>AMINOGLYCOSIDES</b>					
neomycin sulfate tab 500 mg					
<b>SULFONAMIDES</b>					
SULFADIAZINE - sulfadiazine tab 500 mg					
<b>ANTIMYCOBACTERIAL AGENTS</b>					
isoniazid tab 300 mg					
PRIFTIN - rifapentine tab 150 mg					
pyrazinamide tab 500 mg					

Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA
<b>ANTIFUNGALS</b>					
<b>fluconazole tab 50 mg</b> (Diflucan)					
<b>fluconazole tab 100 mg</b> (Diflucan)					
<b>fluconazole tab 150 mg</b> (Diflucan)					
<b>fluconazole tab 200 mg</b> (Diflucan)					
NOXAFIL - posaconazole susp 40 mg/ml		•			
<b>terbinafine hcl tab 250 mg</b> (Lamisil)					
<b>ANTIVIRALS</b>					
<b>acyclovir cap 200 mg</b> (Zovirax)					
<b>acyclovir tab 400 mg</b> (Zovirax)					
<b>acyclovir tab 800 mg</b> (Zovirax)					
BARACLUDGE - entecavir oral soln 0.05 mg/ml					
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			•		
DOVATO - dolutegravir sodium-lamivudine tab 50-300 mg (base eq)			•		
EPCLUSA - sofosbuvir-velpatasvir tab 200-50 mg	•	•	•		
EPCLUSA - sofosbuvir-velpatasvir tab 400-100 mg	•	•	•		
<b>famciclovir tab 125 mg</b> (Famvir)					

Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA
GENVOYA - elvitegrav-cobic-emtricitab-tenofov af tab 150-150-200-10 mg			•		
HARVONI - ledipasvir-sofosbuvir tab 45-200 mg	•	•	•		
HARVONI - ledipasvir-sofosbuvir tab 90-400 mg	•	•	•		
HARVONI - ledipasvir-sofosbuvir pellet pack 33.75-150 mg	•	•	•		
HARVONI - ledipasvir-sofosbuvir pellet pack 45-200 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)			•		
JULUCA - dolutegravir sodium-rilpivirine hcl tab 50-25 mg (base eq)			•		
KALETRA - lopinavir-ritonavir tab 100-25 mg			•		
KALETRA - lopinavir-ritonavir tab 200-50 mg			•		
MAVYRET - glecaprevir-pibrentasvir tab 100-40 mg	•	•	•		
<b>nevirapine tab 200 mg</b> (Viramune)			•		

Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA
NORVIR - ritonavir oral soln 80 mg/ml			•		
NORVIR - ritonavir powder packet 100 mg			•		
ODEFSEY - emtricitabine- rilpivirine-tenofovir af tab 200-25-25 mg			•		
PEGASYS - peginterferon alfa-2a inj 180 mcg/ml	•	•			
PEGASYS - peginterferon alfa-2a inj 180 mcg/0.5ml	•	•			
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)			•		
SOVALDI - sofosbuvir tab 200 mg	•	•	•		
SOVALDI - sofosbuvir tab 400 mg	•	•	•		
SOVALDI - sofosbuvir pellet pack 150 mg	•	•	•		
SOVALDI - sofosbuvir pellet pack 200 mg	•	•	•		
SYMTUZA - darunavir-cobic-emtricitab-tenofov af tab 800-150-200-10 mg			•		
TEMIXYS - lamivudine-tenofovir disoproxil fumarate tab 300-300 mg			•		
TIVICAY - dolutegravir sodium tab 10 mg (base equiv)			•		
TIVICAY - dolutegravir sodium tab 25 mg (base equiv)			•		

Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA
TIVICAY - dolutegravir sodium tab 50 mg (base equiv)			•		
TIVICAY PD - dolutegravir sodium tab for oral susp 5 mg (base equiv)			•		
TRIUMEQ - abacavir-dolutegravir-lamivudine tab 600-50-300 mg			•		
<b>valacyclovir hcl tab 500 mg</b> (Valtrex)					
<b>valacyclovir hcl tab 1 gm</b> (Valtrex)					
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			•		
VOSEVI - sofosbuvir-velpatasvir-voxilaprevir tab 400-100-100 mg	•	•	•		
<b>ANTIMALARIALS</b>					
MEFLOQUINE HCL - mefloquine hcl tab 250 mg					
<b>ANTHELMINTICS</b>					
BENZNIDAZOLE - benznidazole tab 12.5 mg					
BENZNIDAZOLE - benznidazole tab 100 mg					
<b>ANTI-INFECTIVE AGENTS - MISC.</b>					
ALINIA - nitazoxanide for susp 100 mg/5ml			•		
<b>clindamycin hcl cap 150 mg</b> (Cleocin)					
<b>clindamycin hcl cap 300 mg</b> (Cleocin)					
IMPAVIDO - miltefosine cap 50 mg					

Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA
<b>metronidazole tab 250 mg</b> (Flagyl)					
<b>metronidazole tab 500 mg</b> (Flagyl)					
<b>nitrofurantoin monohydrate macrocrystalline cap 100 mg</b> (Macrobid)					
<b>sulfamethoxazole-trimethoprim tab 400-80 mg</b> (Bactrim)					
<b>sulfamethoxazole-trimethoprim tab 800-160 mg</b> (Bactrim ds)					
<b>trimethoprim tab 100 mg</b> XIFAXAN - rifaximin tab 550 mg			•		
<b>ANTINEOPLASTIC AGENTS</b>					
<b>ANTINEOPLASTICS</b>					
ACTIMMUNE - interferon gamma-1b inj 100 mcg/0.5ml (2000000 unit/0.5ml)	•				
AFINITOR - everolimus tab 10 mg	•	•	•		
<b>anastrozole tab 1 mg</b> (Arimidex)					•
AYVAKIT - avapritinib tab 25 mg	•	•	•		
AYVAKIT - avapritinib tab 50 mg	•	•	•		
AYVAKIT - avapritinib tab 100 mg	•	•	•		
AYVAKIT - avapritinib tab 200 mg	•	•	•		
AYVAKIT - avapritinib tab 300 mg	•	•	•		
<b>bicalutamide tab 50 mg</b> (Casodex)	•				
CABOMETYX - cabozantinib s-malate tab 20 mg (base equivalent)	•	•	•		
CABOMETYX - cabozantinib s-malate tab 40 mg (base equivalent)	•	•	•		
CABOMETYX - cabozantinib s-malate tab 60 mg (base equivalent)	•	•	•		

Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA
COTELLIC - cobimetinib fumarate tab 20 mg (base equivalent)	•	•	•		
EMCYT - estramustine phosphate sodium cap 140 mg	•				
ERIVEDGE - vismodegib cap 150 mg	•	•	•		
ERLEADA - apalutamide tab 60 mg	•	•	•		
IBRANCE - palbociclib cap 75 mg	•	•	•		
IBRANCE - palbociclib cap 100 mg	•	•	•		
IBRANCE - palbociclib cap 125 mg	•	•	•		
IBRANCE - palbociclib tab 75 mg	•	•	•		
IBRANCE - palbociclib tab 100 mg	•	•	•		
IBRANCE - palbociclib tab 125 mg	•	•	•		
INTRON A - interferon alfa-2b inj 6000000 unit/ml	•				
INTRON A - interferon alfa-2b inj 10000000 unit/ml	•				
INTRON A - interferon alfa-2b for inj 10000000 unit	•				
INTRON A - interferon alfa-2b for inj 18000000 unit	•				
INTRON A - interferon alfa-2b for inj 50000000 unit	•				
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	•	•	•		

Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA	Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA
KISQALI FEMARA 600 DOSE - ribociclib 600 mg dose (200 mg tab) & letrozole 2.5 mg tbpk	•	•	•			PURIXAN - mercaptopurine susp 2000 mg/100ml (20 mg/ml)	•				
<b>letrozole tab 2.5 mg (Femara)</b>						RETEVMO - selpercatinib cap 40 mg	•	•	•		
LEUKERAN - chlorambucil tab 2 mg	•					RETEVMO - selpercatinib cap 80 mg	•	•	•		
LYNPARZA - olaparib tab 100 mg	•	•	•			ROZLYTREK - entrectinib cap 100 mg	•	•	•		
LYNPARZA - olaparib tab 150 mg	•	•	•			ROZLYTREK - entrectinib cap 200 mg	•	•	•		
<b>megestrol acetate tab 20 mg</b>						RUBRACA - rucaparib camsylate tab 200 mg (base equivalent)	•	•	•		
<b>megestrol acetate tab 40 mg</b>						RUBRACA - rucaparib camsylate tab 250 mg (base equivalent)	•	•	•		
MEKINIST - trametinib dimethyl sulfoxide tab 0.5 mg (base equivalent)	•	•	•			RUBRACA - rucaparib camsylate tab 300 mg (base equivalent)	•	•	•		
MEKINIST - trametinib dimethyl sulfoxide tab 2 mg (base equivalent)	•	•	•			RYDAPT - midostaurin cap 25 mg	•	•	•		
MESNEX - mesna tab 400 mg						SPRYCEL - dasatinib tab 20 mg	•	•	•		
<b>methotrexate sodium inj pf 50 mg/2ml (25 mg/ml)</b>						SPRYCEL - dasatinib tab 50 mg	•	•	•		
<b>methotrexate sodium inj pf 250 mg/10ml (25 mg/ml)</b>						SPRYCEL - dasatinib tab 70 mg	•	•	•		
<b>methotrexate sodium inj 50 mg/2ml (25 mg/ml)</b>						SPRYCEL - dasatinib tab 80 mg	•	•	•		
MYLERAN - busulfan tab 2 mg	•					SPRYCEL - dasatinib tab 100 mg	•	•	•		
NEXAVAR - sorafenib tosylate tab 200 mg (base equivalent)	•	•	•			SPRYCEL - dasatinib tab 140 mg	•	•	•		
NUBEQA - darolutamide tab 300 mg	•	•	•			SUTENT - sunitinib malate cap 12.5 mg (base equivalent)	•	•	•		
PIQRAY 200MG DAILY DOSE - alpelisib tab therapy pack 200 mg daily dose	•	•	•			SUTENT - sunitinib malate cap 25 mg (base equivalent)	•	•	•		
PIQRAY 250MG DAILY DOSE - alpelisib tab pack 250 mg daily dose (200 mg & 50 mg tabs)	•	•	•			SUTENT - sunitinib malate cap 37.5 mg (base equivalent)	•	•	•		
PIQRAY 300MG DAILY DOSE - alpelisib tab pack 300 mg daily dose (2x150 mg tab)	•	•	•			SUTENT - sunitinib malate cap 50 mg (base equivalent)	•	•	•		
						TABLOID - thioguanine tab 40 mg	•				
						TABRECTA - capmatinib hcl tab 150 mg	•	•	•		
						TABRECTA - capmatinib hcl tab 200 mg	•	•	•		

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TAFINLAR - dabrafenib mesylate cap 50 mg (base equivalent)	•	•	•		
TAFINLAR - dabrafenib mesylate cap 75 mg (base equivalent)	•	•	•		
TALZENNA - talazoparib tosylate cap 0.25 mg (base equivalent)	•	•	•		
TALZENNA - talazoparib tosylate cap 1 mg (base equivalent)	•	•	•		
<b>tamoxifen citrate tab 10 mg (base equivalent)</b>					•
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	•	•	•		
VERZENIO - abemaciclib tab 50 mg	•	•	•		
VERZENIO - abemaciclib tab 100 mg	•	•	•		
VERZENIO - abemaciclib tab 150 mg	•	•	•		
VERZENIO - abemaciclib tab 200 mg	•	•	•		
VITRAKVI - larotrectinib sulfate oral soln 20 mg/ml (base equivalent)	•	•	•		
VITRAKVI - larotrectinib sulfate cap 25 mg (base equivalent)	•	•	•		

Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA
VITRAKVI - larotrectinib sulfate cap 100 mg (base equivalent)	•	•	•		
VOTRIENT - pazopanib hcl tab 200 mg (base equiv)	•	•	•		
XALKORI - crizotinib cap 200 mg	•	•	•		
XALKORI - crizotinib cap 250 mg	•	•	•		
XTANDI - enzalutamide cap 40 mg	•	•	•		
XTANDI - enzalutamide tab 40 mg	•	•	•		
XTANDI - enzalutamide tab 80 mg	•	•	•		
YONSA - abiraterone acetate tab 125 mg	•	•	•		
ZEJULA - niraparib tosylate cap 100 mg (base equivalent)	•	•	•		
ZELBORAF - vemurafenib tab 240 mg	•	•	•		
<b>ENDOCRINE AND METABOLIC DRUGS</b>					
<b>CORTICOSTEROIDS</b>					
dexamethasone tab 0.5 mg					
dexamethasone tab 0.75 mg					
dexamethasone tab 1.5 mg					
dexamethasone tab 4 mg					
dexamethasone tab 6 mg					
fludrocortisone acetate tab 0.1 mg					
methylprednisolone tab therapy pack 4 mg (21) (Medrol dosepak)					
methylprednisolone tab 4 mg (Medrol)					
methylprednisolone tab 16 mg (Medrol)					
methylprednisolone tab 32 mg (Medrol)					
prednisolone sod phosphate oral soln 15 mg/5ml (base equiv)					



Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA
PREDNISONONE - prednisone oral soln 5 mg/5ml					
<b>prednisone tab therapy pack 5 mg (21)</b>					
<b>prednisone tab therapy pack 5 mg (48)</b>					
<b>prednisone tab 1 mg</b>					
<b>prednisone tab 2.5 mg</b>					
<b>prednisone tab 5 mg</b>					
<b>prednisone tab 10 mg</b>					
<b>prednisone tab 20 mg</b>					
<b>prednisone tab 50 mg</b>					
<b>ESTROGENS</b>					
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%)					
DIVIGEL - estradiol td gel 1.25 mg/1.25gm (0.1%)					
DUAVEE - conjugated estrogens-bazedoxifene tab 0.45-20 mg					
<b>estradiol tab 0.5 mg (Estrace)</b>					
<b>estradiol tab 1 mg (Estrace)</b>					
<b>estradiol tab 2 mg (Estrace)</b>					

Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA
ORIAHNN - elagolix-estradiol-noreth 300-1-0.5mg & elagolix 300mg cap pack		•	•		
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					
PREMPHASE - conj est 0.625(14)/conj est-medroxypro ac tab 0.625-5mg(14)					
PREMPRO - conjugated estrogen-medroxyprogesterone acetate tab 0.3-1.5 mg					
PREMPRO - conjugated estrogen-medroxyprogesterone acetate tab 0.45-1.5 mg					
PREMPRO - conjugated estrogen-medroxyprogesterone acetate tab 0.625-2.5 mg					
PREMPRO - conjugated estrogen-medroxyprogesterone acetate tab 0.625-5 mg					
<b>CONTRACEPTIVES</b>					
<b>desogestrel &amp; ethinyl estradiol tab 0.15 mg-30 mcg (Desogen)</b>			•		
ELLA - ulipristal acetate tab 30 mg			•		•
<b>levonorgestrel &amp; ethinyl estradiol tab 0.1 mg-20 mcg</b>			•		
<b>levonorgestrel &amp; ethinyl estradiol tab 0.15 mg-30 mcg</b>			•		

Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA	Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA
<b>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</b>			•			BAQSIMI TWO PACK - glucagon nasal powder 3 mg/dose					
<b>norethindrone &amp; ethinyl estradiol tab 1 mg-35 mcg (Norinyl 1+35)</b>			•			FARXIGA - dapagliflozin propanediol tab 5 mg (base equivalent)			•		
<b>norethindrone ace &amp; ethinyl estradiol tab 1 mg-20 mcg (Loestrin 1/20-21)</b>			•			FARXIGA - dapagliflozin propanediol tab 10 mg (base equivalent)			•		
<b>norethindrone ace &amp; ethinyl estradiol-fe tab 1 mg-20 mcg (Loestrin fe 1/20)</b>			•		•	<b>glimepiride tab 1 mg (Amaryl)</b>					
<b>norethindrone ace &amp; ethinyl estradiol-fe tab 1.5 mg-30 mcg (Loestrin fe 1.5/30)</b>			•			<b>glimepiride tab 2 mg (Amaryl)</b>					
<b>norethindrone tab 0.35 mg (Nor-qd)</b>			•		•	<b>glimepiride tab 4 mg (Amaryl)</b>					
<b>norgestimate &amp; ethinyl estradiol tab 0.25 mg-35 mcg (Ortho-cyclen)</b>			•			<b>glipizide tab er 24hr 2.5 mg (Glucotrol xl)</b>					
<b>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg (Ortho tri-cyclen lo)</b>			•			<b>glipizide tab er 24hr 5 mg (Glucotrol xl)</b>					
<b>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg (Ortho tri-cyclen)</b>			•		•	<b>glipizide tab er 24hr 10 mg (Glucotrol xl)</b>					
NUVARING - etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr			•		•	<b>glipizide tab 5 mg (Glucotrol)</b>					
<b>PROGESTINS</b>						<b>glipizide tab 10 mg (Glucotrol)</b>					
<b>medroxyprogesterone acetate tab 2.5 mg (Provera)</b>						GLUCAGON EMERGENCY KIT FO - glucagon hcl for inj 1 mg					
<b>medroxyprogesterone acetate tab 5 mg (Provera)</b>						<b>glyburide micronized tab 1.5 mg (Glynase)</b>					
<b>medroxyprogesterone acetate tab 10 mg (Provera)</b>						<b>glyburide micronized tab 3 mg (Glynase)</b>					
<b>ANTIDIABETICS</b>						<b>glyburide micronized tab 6 mg (Glynase)</b>					
BAQSIMI ONE PACK - glucagon nasal powder 3 mg/dose						<b>glyburide tab 1.25 mg</b>					
						<b>glyburide tab 2.5 mg</b>					
						<b>glyburide tab 5 mg</b>					
						<b>glyburide-metformin tab 1.25-250 mg (Glucovance)</b>					
						<b>glyburide-metformin tab 2.5-500 mg (Glucovance)</b>					
						<b>glyburide-metformin tab 5-500 mg (Glucovance)</b>					

Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA	Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA
GLYXAMBI - empagliflozin-linagliptin tab 10-5 mg			•			INVOKAMET XR - canagliflozin-metformin hcl tab er 24hr 150-1000 mg			•		
GLYXAMBI - empagliflozin-linagliptin tab 25-5 mg			•			INVOKANA - canagliflozin tab 100 mg			•		
GVOKE HYPOPEN 1-PACK - glucagon subcutaneous solution auto-injector 0.5 mg/0.1ml						INVOKANA - canagliflozin tab 300 mg			•		
GVOKE HYPOPEN 1-PACK - glucagon subcutaneous solution auto-injector 1 mg/0.2ml						JANUMET - sitagliptin-metformin hcl tab 50-500 mg			•		
GVOKE HYPOPEN 2-PACK - glucagon subcutaneous solution auto-injector 0.5 mg/0.1ml						JANUMET - sitagliptin-metformin hcl tab 50-1000 mg			•		
GVOKE HYPOPEN 2-PACK - glucagon subcutaneous solution auto-injector 1 mg/0.2ml						JANUMET XR - sitagliptin-metformin hcl tab er 24hr 50-500 mg			•		
GVOKE PFS - glucagon subcutaneous soln pref syringe 0.5 mg/0.1ml						JANUMET XR - sitagliptin-metformin hcl tab er 24hr 50-1000 mg			•		
GVOKE PFS - glucagon subcutaneous soln pref syringe 1 mg/0.2ml						JANUMET XR - sitagliptin-metformin hcl tab er 24hr 100-1000 mg			•		
INVOKAMET - canagliflozin-metformin hcl tab 50-500 mg			•			JANUVIA - sitagliptin phosphate tab 25 mg (base equiv)			•		
INVOKAMET - canagliflozin-metformin hcl tab 50-1000 mg			•			JANUVIA - sitagliptin phosphate tab 50 mg (base equiv)			•		
INVOKAMET - canagliflozin-metformin hcl tab 150-500 mg			•			JANUVIA - sitagliptin phosphate tab 100 mg (base equiv)			•		
INVOKAMET - canagliflozin-metformin hcl tab 150-1000 mg			•			JARDIANCE - empagliflozin tab 10 mg			•		
INVOKAMET XR - canagliflozin-metformin hcl tab er 24hr 50-500 mg			•			JARDIANCE - empagliflozin tab 25 mg			•		
INVOKAMET XR - canagliflozin-metformin hcl tab er 24hr 50-1000 mg			•			<b>metformin hcl tab er 24hr 500 mg</b> (Glucophage xr)					
INVOKAMET XR - canagliflozin-metformin hcl tab er 24hr 150-500 mg			•			<b>metformin hcl tab er 24hr 750 mg</b> (Glucophage xr)					
						<b>metformin hcl tab 500 mg</b> (Glucophage)					
						<b>metformin hcl tab 850 mg</b> (Glucophage)					

Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA
<b>metformin hcl tab 1000 mg</b> (Glucophage)					
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)			•	•	
OZEMPIC - semaglutide soln pen-inj 1 mg/dose (4 mg/3ml)			•	•	
<b>pioglitazone hcl tab 15 mg (base equiv)</b> (Actos)					
<b>pioglitazone hcl tab 30 mg (base equiv)</b> (Actos)					
<b>pioglitazone hcl tab 45 mg (base equiv)</b> (Actos)					
RYBELSUS - semaglutide tab 3 mg			•	•	
RYBELSUS - semaglutide tab 7 mg			•	•	
RYBELSUS - semaglutide tab 14 mg			•	•	
SOLIQUA 100/33 - insulin glargine-lixisenatide sol pen-inj 100-33 unit-mcg/ml			•	•	
SYNJARDY - empagliflozin-metformin hcl tab 5-500 mg			•		
SYNJARDY - empagliflozin-metformin hcl tab 5-1000 mg			•		
SYNJARDY - empagliflozin-metformin hcl tab 12.5-500 mg			•		
SYNJARDY - empagliflozin-metformin hcl tab 12.5-1000 mg			•		
SYNJARDY XR - empagliflozin-metformin hcl tab er 24hr 5-1000 mg			•		
SYNJARDY XR - empagliflozin-metformin hcl tab er 24hr 10-1000 mg			•		

Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA
SYNJARDY XR - empagliflozin-metformin hcl tab er 24hr 12.5-1000 mg			•		
SYNJARDY XR - empagliflozin-metformin hcl tab er 24hr 25-1000 mg			•		
TRIJARDY XR - empagliflozin-linagliptin-metformin tab er 24hr 5-2.5-1000mg			•		
TRIJARDY XR - empagliflozin-linagliptin-metformin tab er 24hr 10-5-1000 mg			•		
TRIJARDY XR - empagliflozin-linaglip-metformin tab er 24hr 12.5-2.5-1000mg			•		
TRIJARDY XR - empagliflozin-linagliptin-metformin tab er 24hr 25-5-1000 mg			•		
TRULICITY - dulaglutide soln pen-injector 0.75 mg/0.5ml			•	•	
TRULICITY - dulaglutide soln pen-injector 1.5 mg/0.5ml			•	•	
TRULICITY - dulaglutide soln pen-injector 3 mg/0.5ml			•	•	
TRULICITY - dulaglutide soln pen-injector 4.5 mg/0.5ml			•	•	
VICTOZA - liraglutide soln pen-injector 18 mg/3ml (6 mg/ml)			•	•	
XIGDUO XR - dapagliflozin-metformin hcl tab er 24hr 2.5-1000 mg			•		
XIGDUO XR - dapagliflozin-metformin hcl tab er 24hr 5-500 mg			•		
XIGDUO XR - dapagliflozin-metformin hcl tab er 24hr 5-1000 mg			•		

Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA
XIGDUO XR - dapagliflozin-metformin hcl tab er 24hr 10-500 mg			•		
XIGDUO XR - dapagliflozin-metformin hcl tab er 24hr 10-1000 mg			•		
XULTOPHY 100/3.6 - insulin degludec-liraglutide sol pen-inj 100-3.6 unit-mg/ml			•	•	
ZEGALOGUE - dasiglucagon hcl subcutaneous soln auto-inj 0.6 mg/0.6ml					
ZEGALOGUE - dasiglucagon hcl subcutaneous soln pref syringe 0.6 mg/0.6ml					
<b>Rapid-Acting Insulins</b>					
FIASP - insulin aspart (with niacinamide) inj 100 unit/ml			•		
FIASP FLEXTOUCH - insulin aspart (with niacinamide) sol pen-inj 100 unit/ml			•		
FIASP PENFILL - insulin aspart (with niacinamide) soln cartridge 100 unit/ml			•		
INSULIN ASPART - insulin aspart inj 100 unit/ml			•		
INSULIN ASPART FLEXPEN - insulin aspart soln pen-injector 100 unit/ml			•		
INSULIN ASPART PENFILL - insulin aspart soln cartridge 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			•		

Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA
<b>Short-Acting Insulins</b>					
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			•		
NOVOLIN R FLEXPEN - insulin regular (human) soln pen-injector 100 unit/ml			•		
<b>Intermediate-Acting Insulins</b>					
INSULIN ASPART PROTAMINE/ - insulin aspart prot & aspart sus pen-inj 100 unit/ml (70-30)			•		
INSULIN ASPART PROTAMINE/ - insulin aspart prot & aspart (human) inj 100 unit/ml (70-30)			•		
NOVOLIN N - insulin nph (human) (isophane) inj 100 unit/ml			•		
NOVOLIN N FLEXPEN - insulin nph (human) (isophane) susp pen-injector 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)			•		
<b>Basal Insulins</b>					
LANTUS - insulin glargine inj 100 unit/ml			•		

Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA
LANTUS SOLOSTAR - insulin glargine soln pen-injector 100 unit/ml			•		
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 (2 unit dial)			•		
TOUJEO SOLOSTAR - insulin glargine soln pen-injector 300 unit/ml (1 unit dial)			•		
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			•		
<b>THYROID AGENTS</b>					
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)					

Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA
levothyroxine sodium tab 137 mcg (Synthroid)					
levothyroxine sodium tab 150 mcg (Synthroid)					
levothyroxine sodium tab 175 mcg (Synthroid)					
levothyroxine sodium tab 200 mcg (Synthroid)					
levothyroxine sodium tab 300 mcg (Synthroid)					
methimazole tab 5 mg (Tapazole)					
methimazole tab 10 mg (Tapazole)					
thyroid tab 15 mg (1/4 grain) (Armour thyroid)					
thyroid tab 30 mg (1/2 grain) (Armour thyroid)					
<b>ENDOCRINE and METABOLIC AGENTS - MISC.</b>					
alendronate sodium tab 10 mg			•		
alendronate sodium tab 35 mg			•		
alendronate sodium tab 70 mg (Fosamax)			•		
calcitriol cap 0.25 mcg (Rocaltrol)					
CARBAGLU - carglumic acid tab 200 mg	•				
CLOMIPHENE CITRATE - clomiphene citrate tab 50 mg					
CYSTADANE - betaine powder for oral solution					
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	•		•		

Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA
FORTEO - teriparatide (recombinant) soln pen-inj 620 mcg/2.48ml	•	•	•		
<b>ibandronate sodium tab 150 mg (base equivalent) (Boniva)</b>			•		
INCRELEX - mecasemin inj 40 mg/4ml (10 mg/ml)	•				
NITYR - nitisinone tab 2 mg	•				
NITYR - nitisinone tab 5 mg	•				
NITYR - nitisinone tab 10 mg	•				
NORDITROPIN FLEXPLO - somatropin solution pen-injector 5 mg/1.5ml	•	•			
NORDITROPIN FLEXPLO - somatropin solution pen-injector 10 mg/1.5ml	•	•			
NORDITROPIN FLEXPLO - somatropin solution pen-injector 15 mg/1.5ml	•	•			
NORDITROPIN FLEXPLO - somatropin solution pen-injector 30 mg/3ml	•	•			
ORFADIN - nitisinone cap 20 mg	•				
ORFADIN - nitisinone susp 4 mg/ml	•				
ORLISSA - elagolix sodium tab 150 mg (base equiv)		•	•		
ORLISSA - elagolix sodium tab 200 mg (base equiv)		•	•		
REVCovi - elapegamase-lvr im soln 2.4 mg/1.5ml (1.6 mg/ml)					
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	•	•			

Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA
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	•	•	•		
<b>CARDIOVASCULAR AGENTS</b>					
<b>CARDIOTONICS</b>					
<b>digoxin tab 125 mcg (0.125 mg) (Lanoxin)</b>					
<b>digoxin tab 250 mcg (0.25 mg) (Lanoxin)</b>					
<b>ANTIANGINAL AGENTS</b>					
<b>isosorbide mononitrate tab er 24hr 30 mg</b>					
<b>isosorbide mononitrate tab er 24hr 60 mg</b>					
<b>isosorbide mononitrate tab 10 mg</b>					
<b>isosorbide mononitrate tab 20 mg</b>					
<b>nitroglycerin td patch 24hr 0.2 mg/hr (Nitro-dur)</b>					
<b>BETA BLOCKERS</b>					
<b>atenolol tab 25 mg (Tenormin)</b>					
<b>atenolol tab 50 mg (Tenormin)</b>					
<b>atenolol tab 100 mg (Tenormin)</b>					
<b>carvedilol tab 3.125 mg (Coreg)</b>					
<b>carvedilol tab 6.25 mg (Coreg)</b>					
<b>carvedilol tab 12.5 mg (Coreg)</b>					
<b>carvedilol tab 25 mg (Coreg)</b>					
<b>labetalol hcl tab 100 mg (Trandate)</b>					
<b>metoprolol succinate tab er 24hr 25 mg (tartrate equiv) (Toprol xl)</b>					

Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA
<b>metoprolol succinate tab er 24hr 50 mg (tartrate equiv)</b> (Toprol xl)					
<b>metoprolol succinate tab er 24hr 100 mg (tartrate equiv)</b> (Toprol xl)					
<b>metoprolol tartrate tab 25 mg</b>					
<b>metoprolol tartrate tab 50 mg</b> (Lopressor)					
<b>metoprolol tartrate tab 100 mg</b> (Lopressor)					
PROPRANOLOL HCL - propranolol hcl oral soln 20 mg/5ml					
PROPRANOLOL HCL - propranolol hcl oral soln 40 mg/5ml					
<b>propranolol hcl tab 10 mg</b>					
<b>propranolol hcl tab 20 mg</b>					
<b>propranolol hcl tab 40 mg</b>					
<b>sotalol hcl (afib/af) tab 80 mg</b> (Betapace af)					
<b>sotalol hcl (afib/af) tab 120 mg</b> (Betapace af)					
<b>sotalol hcl (afib/af) tab 160 mg</b> (Betapace af)					
<b>sotalol hcl tab 80 mg</b> (Betapace)					
<b>sotalol hcl tab 120 mg</b> (Betapace)					
<b>sotalol hcl tab 160 mg</b> (Betapace)					
<b>sotalol hcl tab 240 mg</b>					
<b>CALCIUM CHANNEL BLOCKERS</b>					
<b>amlodipine besylate tab 2.5 mg (base equivalent)</b> (Norvasc)					
<b>amlodipine besylate tab 5 mg (base equivalent)</b> (Norvasc)					
<b>amlodipine besylate tab 10 mg (base equivalent)</b> (Norvasc)					
<b>diltiazem hcl coated beads cap er 24hr 120 mg</b> (Cardizem cd)					

Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA
<b>diltiazem hcl coated beads cap er 24hr 180 mg</b> (Cardizem cd)					
<b>diltiazem hcl coated beads cap er 24hr 240 mg</b> (Cardizem cd)					
<b>diltiazem hcl extended release beads cap er 24hr 120 mg</b> (Tiazac)					
<b>diltiazem hcl tab 30 mg</b> (Cardizem)					
<b>diltiazem hcl tab 60 mg</b> (Cardizem)					
<b>felodipine tab er 24hr 2.5 mg</b>					
<b>felodipine tab er 24hr 5 mg</b>					
<b>felodipine tab er 24hr 10 mg</b>					
<b>nifedipine tab er 24hr 30 mg</b> (Adalat cc)					
<b>nifedipine tab er 24hr osmotic release 30 mg</b> (Procardia xl)					
<b>nifedipine tab er 24hr osmotic release 60 mg</b> (Procardia xl)					
<b>verapamil hcl tab er 120 mg</b> (Calan sr)					
<b>verapamil hcl tab er 180 mg</b> (Calan sr)					
<b>verapamil hcl tab er 240 mg</b> (Calan sr)					
<b>verapamil hcl tab 40 mg</b>					
<b>verapamil hcl tab 80 mg</b> (Calan)					
<b>verapamil hcl tab 120 mg</b> (Calan)					
<b>ANTIARRHYTHMICS</b>					
<b>amiodarone hcl tab 200 mg</b> (Cordarone)					
MULTAQ - dronedarone hcl tab 400 mg (base equivalent)					
<b>propafenone hcl tab 150 mg</b>					
<b>ANTIHYPERTENSIVES</b>					



Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA
amlodipine besylate-benazepril hcl cap 2.5-10 mg (Lotrel)					
amlodipine besylate-benazepril hcl cap 5-10 mg (Lotrel)					
amlodipine besylate-benazepril hcl cap 5-20 mg (Lotrel)					
amlodipine besylate-benazepril hcl cap 5-40 mg (Lotrel)					
amlodipine besylate-benazepril hcl cap 10-20 mg (Lotrel)					
amlodipine besylate-benazepril hcl cap 10-40 mg (Lotrel)					
amlodipine besylate-valsartan tab 5-160 mg (Exforge)					
amlodipine besylate-valsartan tab 5-320 mg (Exforge)					
amlodipine besylate-valsartan tab 10-160 mg (Exforge)					
atenolol & chlorthalidone tab 50-25 mg (Tenoretic 50)					
benazepril hcl tab 5 mg					
benazepril hcl tab 10 mg (Lotensin)					
benazepril hcl tab 20 mg (Lotensin)					
benazepril hcl tab 40 mg (Lotensin)					
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)					
clonidine hcl tab 0.1 mg (Catapres)					
clonidine hcl tab 0.2 mg (Catapres)					

Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA
clonidine hcl tab 0.3 mg (Catapres)					
doxazosin mesylate tab 1 mg (Cardura)					
doxazosin mesylate tab 2 mg (Cardura)					
doxazosin mesylate tab 4 mg (Cardura)					
doxazosin mesylate tab 8 mg (Cardura)					
enalapril maleate & hydrochlorothiazide tab 5-12.5 mg					
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					
hydralazine hcl tab 10 mg					
hydralazine hcl tab 25 mg					
hydralazine hcl tab 50 mg					
hydralazine hcl tab 100 mg					
irbesartan tab 75 mg (Avapro)					
irbesartan tab 150 mg (Avapro)					
irbesartan tab 300 mg (Avapro)					
irbesartan-hydrochlorothiazide tab 150-12.5 mg (Avalide)					

Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA
<b>irbesartan-hydrochlorothiazide tab 300-12.5 mg</b> (Avalide)					
<b>lisinopril &amp; hydrochlorothiazide tab 10-12.5 mg</b> (Zestoretic)					
<b>lisinopril &amp; hydrochlorothiazide tab 20-12.5 mg</b> (Zestoretic)					
<b>lisinopril &amp; hydrochlorothiazide tab 20-25 mg</b> (Zestoretic)					
<b>lisinopril tab 2.5 mg</b> (Zestril)					
<b>lisinopril tab 5 mg</b> (Prinivil)					
<b>lisinopril tab 10 mg</b> (Prinivil)					
<b>lisinopril tab 20 mg</b> (Prinivil)					
<b>lisinopril tab 30 mg</b> (Zestril)					
<b>lisinopril tab 40 mg</b> (Zestril)					
<b>losartan potassium &amp; hydrochlorothiazide tab 50-12.5 mg</b> (Hyzaar)					
<b>losartan potassium &amp; hydrochlorothiazide tab 100-12.5 mg</b> (Hyzaar)					
<b>losartan potassium &amp; hydrochlorothiazide tab 100-25 mg</b> (Hyzaar)					
<b>losartan potassium tab 25 mg</b> (Cozaar)					
<b>losartan potassium tab 50 mg</b> (Cozaar)					
<b>losartan potassium tab 100 mg</b> (Cozaar)					
<b>minoxidil tab 2.5 mg</b>					
<b>minoxidil tab 10 mg</b>					
<b>olmesartan medoxomil tab 5 mg</b> (Benicar)					
<b>olmesartan medoxomil tab 20 mg</b> (Benicar)					
<b>olmesartan medoxomil tab 40 mg</b> (Benicar)					

Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA
<b>olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg</b> (Benicar hct)					
<b>olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg</b> (Benicar hct)					
<b>olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg</b> (Benicar hct)					
<b>perindopril erbumine tab 2 mg</b>					
<b>perindopril erbumine tab 4 mg</b> (Aceon)					
<b>quinapril hcl tab 5 mg</b> (Accupril)					
<b>quinapril hcl tab 10 mg</b> (Accupril)					
<b>quinapril hcl tab 20 mg</b> (Accupril)					
<b>quinapril hcl tab 40 mg</b> (Accupril)					
<b>ramipril cap 1.25 mg</b> (Altace)					
<b>ramipril cap 2.5 mg</b> (Altace)					
<b>ramipril cap 5 mg</b> (Altace)					
<b>ramipril cap 10 mg</b> (Altace)					
<b>telmisartan tab 80 mg</b> (Micardis)					
<b>terazosin hcl cap 1 mg (base equivalent)</b>					
<b>terazosin hcl cap 2 mg (base equivalent)</b>					
<b>terazosin hcl cap 5 mg (base equivalent)</b>					
<b>terazosin hcl cap 10 mg (base equivalent)</b>					
<b>trandolapril tab 1 mg</b> (Mavik)					
<b>trandolapril tab 2 mg</b> (Mavik)					
<b>trandolapril tab 4 mg</b> (Mavik)					
<b>valsartan tab 40 mg</b> (Diovan)					
<b>valsartan tab 80 mg</b> (Diovan)					
<b>valsartan tab 160 mg</b> (Diovan)					

Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA
<b>valsartan tab 320 mg</b> (Diovan)					
<b>valsartan-hydrochlorothiazide tab 80-12.5 mg</b> (Diovan hct)					
<b>valsartan-hydrochlorothiazide tab 160-12.5 mg</b> (Diovan hct)					
<b>valsartan-hydrochlorothiazide tab 160-25 mg</b> (Diovan hct)					
<b>valsartan-hydrochlorothiazide tab 320-12.5 mg</b> (Diovan hct)					
<b>valsartan-hydrochlorothiazide tab 320-25 mg</b> (Diovan hct)					
<b>DIURETICS</b>					
<b>amiloride &amp; hydrochlorothiazide tab 5-50 mg</b>					
<b>amiloride hcl tab 5 mg</b>					
<b>chlorthalidone tab 25 mg</b>					
<b>furosemide oral soln 10 mg/ml</b>					
<b>furosemide tab 20 mg</b> (Lasix)					
<b>furosemide tab 40 mg</b> (Lasix)					
<b>furosemide tab 80 mg</b> (Lasix)					
<b>hydrochlorothiazide cap 12.5 mg</b> (Microzide)					
<b>hydrochlorothiazide tab 12.5 mg</b>					
<b>hydrochlorothiazide tab 25 mg</b>					
<b>hydrochlorothiazide tab 50 mg</b>					
<b>indapamide tab 1.25 mg</b>					
<b>indapamide tab 2.5 mg</b>					
<b>spironolactone tab 25 mg</b> (Aldactone)					
<b>spironolactone tab 50 mg</b> (Aldactone)					
<b>spironolactone tab 100 mg</b> (Aldactone)					
<b>toremide tab 5 mg</b> (Demadex)					
<b>toremide tab 10 mg</b> (Demadex)					

Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA
<b>toremide tab 20 mg</b> (Demadex)					
<b>toremide tab 100 mg</b> (Demadex)					
<b>triamterene &amp; hydrochlorothiazide cap 37.5-25 mg</b> (Dyazide)					
<b>triamterene &amp; hydrochlorothiazide tab 37.5-25 mg</b> (Maxzide-25)					
<b>triamterene &amp; hydrochlorothiazide tab 75-50 mg</b> (Maxzide)					
<b>VASOPRESSORS</b>					
<b>SYMJEPI - epinephrine soln prefilled syringe 0.15 mg/0.3ml (1:2000)</b>					
<b>SYMJEPI - epinephrine solution prefilled syringe 0.3 mg/0.3ml (1:1000)</b>					
<b>ANTIHYPERTENSIVES</b>					
<b>atorvastatin calcium tab 10 mg (base equivalent)</b> (Lipitor)					•
<b>atorvastatin calcium tab 20 mg (base equivalent)</b> (Lipitor)					•
<b>atorvastatin calcium tab 40 mg (base equivalent)</b> (Lipitor)					
<b>atorvastatin calcium tab 80 mg (base equivalent)</b> (Lipitor)					
<b>fenofibrate tab 48 mg</b> (Tricor)					•
<b>fenofibrate tab 54 mg</b> (Lofibra)					•
<b>fenofibrate tab 145 mg</b> (Tricor)					•
<b>fenofibrate tab 160 mg</b> (Lofibra)					•
<b>gemfibrozil tab 600 mg</b> (Lopid)					•
<b>lovastatin tab 10 mg</b>					
<b>lovastatin tab 20 mg</b>					•
<b>lovastatin tab 40 mg</b> (Mevacor)					•

Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA
NEXLETOL - bempedoic acid tab 180 mg		•	•		
NEXLIZET - bempedoic acid-ezetimibe tab 180-10 mg		•	•		
<b>pravastatin sodium tab 10 mg</b>					•
<b>pravastatin sodium tab 20 mg</b> (Pravachol)					•
<b>pravastatin sodium tab 40 mg</b> (Pravachol)					•
<b>pravastatin sodium tab 80 mg</b> (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		•	•		
<b>rosuvastatin calcium tab 5 mg</b> (Crestor)					
<b>rosuvastatin calcium tab 10 mg</b> (Crestor)					
<b>rosuvastatin calcium tab 20 mg</b> (Crestor)					
<b>rosuvastatin calcium tab 40 mg</b> (Crestor)					
<b>simvastatin tab 5 mg</b> (Zocor)					
<b>simvastatin tab 10 mg</b> (Zocor)					
<b>simvastatin tab 20 mg</b> (Zocor)					
<b>simvastatin tab 40 mg</b> (Zocor)					
<b>simvastatin tab 80 mg</b> (Zocor)					
<b>CARDIOVASCULAR AGENTS - MISC.</b>					
CORLANOR - ivabradine hcl oral soln 5 mg/5ml (base equiv)		•	•		

Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA
CORLANOR - ivabradine hcl tab 5 mg (base equiv)		•	•		
CORLANOR - ivabradine hcl tab 7.5 mg (base equiv)		•	•		
ENTRESTO - sacubitril-valsartan tab 24-26 mg					
ENTRESTO - sacubitril-valsartan tab 49-51 mg					
ENTRESTO - sacubitril-valsartan tab 97-103 mg					
OPSUMIT - macitentan tab 10 mg	•	•	•		
TRACLEER - bosentan tab for oral susp 32 mg	•	•	•		
UPTRAVI - selexipag tab therapy pack 200 mcg (140) & 800 mcg (60)	•	•	•		
UPTRAVI - selexipag tab 200 mcg	•	•	•		
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	•	•	•		
VERQUVO - vericiguat tab 2.5 mg					
VERQUVO - vericiguat tab 5 mg					
VERQUVO - vericiguat tab 10 mg					
VYNDAMAX - tafamidis cap 61 mg	•	•	•		
VYNDALOG - tafamidis meglumine (cardiac) cap 20 mg	•	•	•		
<b>RESPIRATORY AGENTS</b>					
<b>ANTIHISTAMINES</b>					
cetirizine hcl oral soln 1 mg/ml (5 mg/5ml)					
cyproheptadine hcl tab 4 mg					

Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA
<b>levocetirizine dihydrochloride tab 5 mg</b>					
<b>promethazine hcl syrup 6.25 mg/5ml</b>					
<b>promethazine hcl tab 12.5 mg</b>					
<b>promethazine hcl tab 25 mg</b>					
<b>promethazine hcl tab 50 mg</b>					
<b>NASAL AGENTS - SYSTEMIC and TOPICAL</b>					
<b>azelastine hcl nasal spray 0.1% (137 mcg/spray)</b>			•		
<b>fluticasone propionate nasal susp 50 mcg/act</b>			•		
<b>COUGH/COLD/ALLERGY</b>					
<b>benzonatate cap 100 mg (Tessalon perles)</b>					
<b>benzonatate cap 200 mg</b>					
<b>hydrocodone w/ homatropine syrup 5-1.5 mg/5ml</b>		•			
<b>promethazine w/ codeine syrup 6.25-10 mg/5ml</b>		•			
<b>promethazine-dm syrup 6.25-15 mg/5ml</b>					
<b>sodium chloride soln nebu 3%</b>					
<b>ANTIASTHMATIC and BRONCHODILATOR AGENTS</b>					
<b>ADVAIR DISKUS - fluticasone-salmeterol aer powder ba 100-50 mcg/dose</b>			•		
<b>ADVAIR DISKUS - fluticasone-salmeterol aer powder ba 250-50 mcg/dose</b>			•		
<b>ADVAIR DISKUS - fluticasone-salmeterol aer powder ba 500-50 mcg/dose</b>			•		
<b>ADVAIR HFA - fluticasone-salmeterol inhal aerosol 45-21 mcg/act</b>			•		

Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA
<b>ADVAIR HFA - fluticasone-salmeterol inhal aerosol 115-21 mcg/act</b>			•		
<b>ADVAIR HFA - fluticasone-salmeterol inhal aerosol 230-21 mcg/act</b>			•		
<b>albuterol sulfate soln nebu 0.083% (2.5 mg/3ml)</b>			•		
<b>albuterol sulfate syrup 2 mg/5ml</b>					
<b>ANORO ELLIPTA - umeclidinium-vilanterol aero powd ba 62.5-25 mcg/inh</b>			•		
<b>ARNUITY ELLIPTA - fluticasone furoate aerosol powder breath activ 50 mcg/act</b>			•		
<b>ARNUITY ELLIPTA - fluticasone furoate aerosol powder breath activ 100 mcg/act</b>			•		
<b>ARNUITY ELLIPTA - fluticasone furoate aerosol powder breath activ 200 mcg/act</b>			•		
<b>ASMANEX HFA - mometasone furoate inhal aerosol suspension 50 mcg/act</b>			•		
<b>ASMANEX HFA - mometasone furoate inhal aerosol suspension 100 mcg/act</b>			•		
<b>ASMANEX HFA - mometasone furoate inhal aerosol suspension 200 mcg/act</b>			•		
<b>ASMANEX TWISTHALER 120 ME - mometasone furoate inhal powd 220 mcg/inh (breath activated)</b>			•		
<b>ASMANEX TWISTHALER 30 MET - mometasone furoate inhal powd 110 mcg/inh (breath activated)</b>			•		
<b>ASMANEX TWISTHALER 30 MET - mometasone furoate inhal powd 220 mcg/inh (breath activated)</b>			•		

Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA
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			•		
BREZTRI AEROSPHERE - budesonide-glycopyrrolate-formoterol aers 160-9-4.8 mcg/act			•		
COMBIVENT RESPIMAT - ipratropium-albuterol inhal aerosol soln 20-100 mcg/act			•		
DULERA - mometasone furoate-formoterol fumarate aerosol 50-5 mcg/act			•		
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)			•		

Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA
FLOVENT HFA - fluticasone propionate hfa inhal aer 220 mcg/act (250/valve)			•		
FLUTICASONE PROPIONATE/SA - fluticasone-salmeterol aer powder ba 55-14 mcg/act			•		
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)			•		
<b>ipratropium bromide inhal soln 0.02%</b>			•		
<b>montelukast sodium chew tab 4 mg (base equiv) (Singulair)</b>					
<b>montelukast sodium chew tab 5 mg (base equiv) (Singulair)</b>					
<b>montelukast sodium tab 10 mg (base equiv) (Singulair)</b>					
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	ACA
SPIRIVA RESPIMAT - tiotropium bromide monohydrate inhal aerosol 2.5 mcg/act			•		
STIOLTO RESPIMAT - tiotropium br-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			•		
TRELEGY ELLIPTA - fluticasone-umeclidinium-vilanterol aepb 100-62.5-25 mcg/inh			•		
TRELEGY ELLIPTA - fluticasone-umeclidinium-vilanterol aepb 200-62.5-25 mcg/inh			•		
VENTOLIN HFA - albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)			•		
<b>RESPIRATORY AGENTS - MISC.</b>					
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	•	•	•		

Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA
SYMDEKO - tezacaftor-ivacaftor 100-150 mg & ivacaftor 150 mg tab tbpk	•	•	•		
TRIKAFTA - elexacaf-tezacaf-ivacaf 50-25-37.5 mg & ivacaftor 75 mg tbpk	•	•	•		
TRIKAFTA - elexacaf-tezacaf-ivacaf 100-50-75 mg & ivacaftor 150 mg tbpk	•	•	•		
<b>GASTROINTESTINAL AGENTS</b>					
<b>LAXATIVES</b>					
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)					•
<b>ULCER DRUGS</b>					
dicyclomine hcl cap 10 mg (Bentyl)					
dicyclomine hcl tab 20 mg (Bentyl)					
famotidine tab 20 mg (Pepcid)					
famotidine tab 40 mg (Pepcid)					
lansoprazole cap delayed release 30 mg (Prevacid)			•		
misoprostol tab 100 mcg (Cytotec)					
misoprostol tab 200 mcg (Cytotec)					
NEXIUM - esomeprazole magnesium for delayed release susp pack 2.5 mg			•		
NEXIUM - esomeprazole magnesium for delayed release susp packet 5 mg			•		
omeprazole cap delayed release 10 mg (Prilosec)			•		

Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA
<b>omeprazole cap delayed release 20 mg</b> (Prilosec)			•		
<b>omeprazole cap delayed release 40 mg</b> (Prilosec)			•		
<b>pantoprazole sodium ec tab 20 mg (base equiv)</b> (Protonix)			•		
<b>pantoprazole sodium ec tab 40 mg (base equiv)</b> (Protonix)			•		
<b>ANTIEMETICS</b>					
EMEND - aprepitant for oral susp 125 mg (125 mg/5ml)			•		
<b>meclizine hcl tab 12.5 mg</b>					
<b>meclizine hcl tab 25 mg</b>					
<b>ondansetron hcl tab 4 mg</b> (Zofran)			•		
<b>ondansetron hcl tab 8 mg</b> (Zofran)			•		
<b>ondansetron orally disintegrating tab 4 mg</b> (Zofran odt)			•		
<b>ondansetron orally disintegrating tab 8 mg</b> (Zofran odt)			•		
<b>DIGESTIVE AIDS</b>					
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					

Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA
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					
<b>GASTROINTESTINAL AGENTS- MISC.</b>					
CHENODAL - chenodiol tab 250 mg	•				
LINZESS - linaclotide cap 72 mcg			•		
LINZESS - linaclotide cap 145 mcg			•		
LINZESS - linaclotide cap 290 mcg			•		
<b>metoclopramide hcl tab 5 mg (base equivalent)</b> (Reglan)					
<b>metoclopramide hcl tab 10 mg (base equivalent)</b> (Reglan)					
MOVANTIK - naloxegol oxalate tab 12.5 mg (base equivalent)			•		
MOVANTIK - naloxegol oxalate tab 25 mg (base equivalent)			•		



Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA
SYMPROIC - naldemedine tosylate tab 0.2 mg (base equivalent)			•		
TRULANCE - plecanatide tab 3 mg			•		
VELPHORO - sucroferric oxyhydroxide chew tab 500 mg				•	
VIBERZI - eluxadoline tab 75 mg			•		
VIBERZI - eluxadoline tab 100 mg			•		
<b>GENITOURINARY AGENTS</b>					
<b>URINARY ANTISPASMODICS</b>					
oxybutynin chloride syrup 5 mg/5ml					
oxybutynin chloride tab er 24hr 5 mg (Ditropan xl)					
oxybutynin chloride tab er 24hr 10 mg (Ditropan xl)					
oxybutynin chloride tab er 24hr 15 mg					
oxybutynin chloride tab 5 mg					
<b>VAGINAL PRODUCTS</b>					
CRINONE - progesterone vaginal gel 4%			•		
CRINONE - progesterone vaginal gel 8%			•		
ESTRING - estradiol vaginal ring 2 mg (7.5 mcg/24hrs)					
<b>GENITOURINARY AGENTS - MISC.</b>					
alfuzosin hcl tab er 24hr 10 mg (Uroxatral)					
CYSTAGON - cysteamine bitartrate cap 50 mg	•				
CYSTAGON - cysteamine bitartrate cap 150 mg	•				
dutasteride cap 0.5 mg (Avodart)					
finasteride tab 5 mg (Proscar)					
tamsulosin hcl cap 0.4 mg (Flomax)					

Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA
<b>CENTRAL NERVOUS SYSTEM DRUGS</b>					
<b>ANTIANSXIETY AGENTS</b>					
alprazolam tab er 24hr 0.5 mg (Xanax xr)					
alprazolam tab er 24hr 1 mg (Xanax xr)					
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					
diazepam tab 2 mg (Valium)					
diazepam tab 5 mg (Valium)					
diazepam tab 10 mg (Valium)					
hydroxyzine hcl syrup 10 mg/5ml					
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)			•		
<b>ANTIDEPRESSANTS</b>					
amitriptyline hcl tab 10 mg					
amitriptyline hcl tab 25 mg					
amitriptyline hcl tab 50 mg					

Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA	Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA
<b>bupropion hcl tab er 12hr 100 mg (Wellbutrin sr)</b>						<b>imipramine hcl tab 10 mg (Tofranil)</b>					
<b>bupropion hcl tab er 12hr 150 mg (Wellbutrin sr)</b>						<b>imipramine hcl tab 25 mg (Tofranil)</b>					
<b>bupropion hcl tab er 12hr 200 mg (Wellbutrin sr)</b>						<b>imipramine hcl tab 50 mg (Tofranil)</b>					
<b>bupropion hcl tab er 24hr 150 mg (Wellbutrin xl)</b>						<b>mirtazapine tab 15 mg (Remeron)</b>					
<b>bupropion hcl tab er 24hr 300 mg (Wellbutrin xl)</b>						<b>mirtazapine tab 30 mg (Remeron)</b>					
<b>citalopram hydrobromide tab 10 mg (base equiv) (Celexa)</b>						<b>mirtazapine tab 45 mg (Remeron)</b>					
<b>citalopram hydrobromide tab 20 mg (base equiv) (Celexa)</b>						<b>nortriptyline hcl cap 10 mg (Pamelor)</b>					
<b>citalopram hydrobromide tab 40 mg (base equiv) (Celexa)</b>						<b>nortriptyline hcl cap 25 mg (Pamelor)</b>					
<b>doxepin hcl cap 10 mg</b>						<b>nortriptyline hcl cap 50 mg (Pamelor)</b>					
<b>doxepin hcl conc 10 mg/ml</b>						<b>nortriptyline hcl cap 75 mg (Pamelor)</b>					
<b>duloxetine hcl enteric coated pellets cap 20 mg (base eq) (Cymbalta)</b>			•			<b>paroxetine hcl tab 10 mg (Paxil)</b>					
<b>duloxetine hcl enteric coated pellets cap 30 mg (base eq) (Cymbalta)</b>			•			<b>paroxetine hcl tab 20 mg (Paxil)</b>					
<b>duloxetine hcl enteric coated pellets cap 60 mg (base eq) (Cymbalta)</b>			•			<b>paroxetine hcl tab 30 mg (Paxil)</b>					
<b>escitalopram oxalate tab 5 mg (base equiv) (Lexapro)</b>						<b>paroxetine hcl tab 40 mg (Paxil)</b>					
<b>escitalopram oxalate tab 10 mg (base equiv) (Lexapro)</b>						<b>sertraline hcl tab 25 mg (Zoloft)</b>					
<b>escitalopram oxalate tab 20 mg (base equiv) (Lexapro)</b>						<b>sertraline hcl tab 50 mg (Zoloft)</b>					
<b>fluoxetine hcl cap 10 mg (Prozac)</b>						<b>sertraline hcl tab 100 mg (Zoloft)</b>					
<b>fluoxetine hcl cap 20 mg (Prozac)</b>						<b>trazodone hcl tab 50 mg</b>					
<b>fluoxetine hcl cap 40 mg (Prozac)</b>						<b>trazodone hcl tab 100 mg</b>					
						<b>trazodone hcl tab 150 mg</b>					
						<b>venlafaxine hcl cap er 24hr 37.5 mg (base equivalent) (Effexor xr)</b>					
						<b>venlafaxine hcl cap er 24hr 75 mg (base equivalent) (Effexor xr)</b>					
						<b>venlafaxine hcl cap er 24hr 150 mg (base equivalent) (Effexor xr)</b>					

Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA
venlafaxine hcl tab 25 mg (base equivalent)					
venlafaxine hcl tab 37.5 mg (base equivalent)					
venlafaxine hcl tab 50 mg (base equivalent)					
venlafaxine hcl tab 75 mg (base equivalent)					
venlafaxine hcl tab 100 mg (base equivalent)					
<b>ANTIPSYCHOTICS</b>					
FLUPHENAZINE HCL - fluphenazine hcl oral conc 5 mg/ml					
FLUPHENAZINE HYDROCHLORID - fluphenazine hcl elixir 2.5 mg/5ml					
haloperidol lactate oral conc 2 mg/ml					
haloperidol tab 0.5 mg					
haloperidol tab 1 mg					
haloperidol tab 2 mg					
LATUDA - lurasidone hcl tab 20 mg			•		
LATUDA - lurasidone hcl tab 40 mg			•		
LATUDA - lurasidone hcl tab 60 mg			•		
LATUDA - lurasidone hcl tab 80 mg			•		
LATUDA - lurasidone hcl tab 120 mg			•		
lithium carbonate cap 150 mg (Lithium carbonate)					
lithium carbonate cap 300 mg					
lithium carbonate cap 600 mg (Lithium carbonate)					
lithium carbonate tab er 300 mg (Lithobid)					
lithium carbonate tab er 450 mg					

Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA
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)			•		
olanzapine tab 15 mg (Zyprexa)			•		
olanzapine tab 20 mg (Zyprexa)			•		
prochlorperazine maleate tab 5 mg (base equivalent) (Compazine)					
prochlorperazine maleate tab 10 mg (base equivalent) (Compazine)					
quetiapine fumarate tab 25 mg (Seroquel)			•		
quetiapine fumarate tab 50 mg (Seroquel)			•		
quetiapine fumarate tab 100 mg (Seroquel)			•		
quetiapine fumarate tab 200 mg (Seroquel)			•		
quetiapine fumarate tab 300 mg (Seroquel)			•		
quetiapine fumarate tab 400 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)			•		
<b>HYPNOTICS</b>					
BELSOMRA - suvorexant tab 5 mg			•	•	

Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA
BELSOMRA - suvorexant tab 10 mg			•	•	
BELSOMRA - suvorexant tab 15 mg			•	•	
BELSOMRA - suvorexant tab 20 mg			•	•	
<b>eszopiclone tab 1 mg</b> (Lunesta)			•		
<b>eszopiclone tab 2 mg</b> (Lunesta)			•		
<b>eszopiclone tab 3 mg</b> (Lunesta)			•		
<b>phenobarbital tab 15 mg</b>					
<b>phenobarbital tab 30 mg</b>					
<b>phenobarbital tab 60 mg</b>					
<b>phenobarbital tab 100 mg</b>					
<b>temazepam cap 15 mg</b> (Restoril)					
<b>temazepam cap 30 mg</b> (Restoril)					
<b>zaleplon cap 5 mg</b> (Sonata)			•		
<b>zaleplon cap 10 mg</b> (Sonata)			•		
<b>zolpidem tartrate tab 5 mg</b> (Ambien)			•		
<b>zolpidem tartrate tab 10 mg</b> (Ambien)			•		
<b>ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ ANOREXIANTS</b>					
<b>dexmethylphenidate hcl tab 2.5 mg</b> (Focalin)			•		
<b>diethylpropion hcl tab 25 mg</b>					
<b>methylphenidate hcl tab 5 mg</b> (Ritalin)			•		
<b>phendimetrazine tartrate tab 35 mg</b>					
<b>phentermine hcl cap 15 mg</b>					
<b>phentermine hcl cap 30 mg</b>					
<b>phentermine hcl cap 37.5 mg</b> (Adipex-p)					

Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA
<b>phentermine hcl tab 37.5 mg</b> (Adipex-p)					
SUNOSI - solriamfetol hcl tab 75 mg (base equiv)		•	•		
SUNOSI - solriamfetol hcl tab 150 mg (base equiv)		•	•		
VYVANSE - lisdexamfetamine dimesylate cap 10 mg			•		
VYVANSE - lisdexamfetamine dimesylate cap 20 mg			•		
VYVANSE - lisdexamfetamine dimesylate cap 30 mg			•		
VYVANSE - lisdexamfetamine dimesylate cap 40 mg			•		
VYVANSE - lisdexamfetamine dimesylate cap 50 mg			•		
VYVANSE - lisdexamfetamine dimesylate cap 60 mg			•		
VYVANSE - lisdexamfetamine dimesylate cap 70 mg			•		
VYVANSE - lisdexamfetamine dimesylate chew tab 10 mg			•		
VYVANSE - lisdexamfetamine dimesylate chew tab 20 mg			•		
VYVANSE - lisdexamfetamine dimesylate chew tab 30 mg			•		
VYVANSE - lisdexamfetamine dimesylate chew tab 40 mg			•		
VYVANSE - lisdexamfetamine dimesylate chew tab 50 mg			•		
VYVANSE - lisdexamfetamine dimesylate chew tab 60 mg			•		
<b>PSYCHOTHERAPEUTIC and NEUROLOGICAL AGENTS - MISC.</b>					
AUBAGIO - teriflunomide tab 7 mg	•	•	•		
AUBAGIO - teriflunomide tab 14 mg	•	•	•		

Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA	Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA
AVONEX - interferon beta-1a im prefilled syringe kit 30 mcg/0.5ml	•	•	•			MAVENCLAD - cladribine tab therapy pack 10 mg (9 tabs)	•	•	•		
AVONEX PEN - interferon beta-1a im auto-injector kit 30 mcg/0.5ml	•	•	•			MAVENCLAD - cladribine tab therapy pack 10 mg (10 tabs)	•	•	•		
BETASERON - interferon beta-1b for inj kit 0.3 mg	•	•	•			MAYZENT - siponimod fumarate tab 0.25 mg (base equiv)	•	•	•		
CHANTIX - varenicline tartrate tab 0.5 mg (base equiv)					•	MAYZENT - siponimod fumarate tab 2 mg (base equiv)	•	•	•		
CHANTIX - varenicline tartrate tab 1 mg (base equiv)					•	MAYZENT STARTER PACK - siponimod fumarate tab 0.25 mg (12) starter pack	•	•	•		
CHANTIX CONTINUING MONTH - varenicline tartrate tab 1 mg (base equiv)					•	<b>memantine hcl tab 5 mg</b> (Namenda)					
CHANTIX STARTING MONTH PA - varenicline tartrate tab 0.5 mg x 11 & tab 1 mg x 42 pack					•	<b>memantine hcl tab 10 mg</b> (Namenda)					
<b>donepezil hydrochloride orally disintegrating tab 5 mg</b>						NICOTROL INHALER - nicotine inhaler system 10 mg (4 mg delivered)					•
<b>donepezil hydrochloride orally disintegrating tab 10 mg</b>						NICOTROL NS - nicotine nasal spray 10 mg/ml (0.5 mg/spray)					•
<b>donepezil hydrochloride tab 5 mg</b> (Aricept)						PLEGRIDY - peginterferon beta-1a soln pen-injector 125 mcg/0.5ml	•	•	•		
<b>donepezil hydrochloride tab 10 mg</b> (Aricept)						PLEGRIDY - peginterferon beta-1a soln prefilled syringe 125 mcg/0.5ml	•	•	•		
GILENYA - fingolimod hcl cap 0.5 mg (base equiv)	•	•	•			PLEGRIDY - peginterferon beta-1a im soln prefilled syr 125 mcg/0.5ml	•	•	•		
KESIMPTA - ofatumumab soln auto-injector 20 mg/0.4ml	•	•	•			PLEGRIDY STARTER PACK - peginterferon beta-1a soln pen-inj 63 & 94 mcg/0.5ml pack	•	•	•		
MAVENCLAD - cladribine tab therapy pack 10 mg (4 tabs)	•	•	•			PLEGRIDY STARTER PACK - peginterferon beta-1a soln pref syr 63 & 94 mcg/0.5ml pack	•	•	•		
MAVENCLAD - cladribine tab therapy pack 10 mg (5 tabs)	•	•	•			REBIF - interferon beta-1a soln pref syr 22 mcg/0.5ml (12mu/ml)	•	•	•		
MAVENCLAD - cladribine tab therapy pack 10 mg (6 tabs)	•	•	•			REBIF - interferon beta-1a soln pref syr 44 mcg/0.5ml (24mu/ml)	•	•	•		
MAVENCLAD - cladribine tab therapy pack 10 mg (7 tabs)	•	•	•								
MAVENCLAD - cladribine tab therapy pack 10 mg (8 tabs)	•	•	•								

Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA
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	•	•	•		
ZEPOSIA - ozanimod hcl cap 0.92 mg	•	•	•		
ZEPOSIA STARTER KIT - ozanimod cap pack 4 x 0.23 mg & 3 x 0.46 mg & 30 x 0.92 mg	•	•	•		
ZEPOSIA 7-DAY STARTER PAC - ozanimod cap pack 4 x 0.23 mg & 3 x 0.46 mg	•	•	•		
<b>ANALGESICS AND ANESTHETICS</b>					
<b>ANALGESICS - NON-NARCOTIC</b>					
aspirin chew tab 81 mg					•
aspirin tab delayed release 81 mg					•
<b>ANALGESICS - NARCOTIC</b>					
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)		•			
BELBUCA - buprenorphine hcl buccal film 75 mcg (base equivalent)			•		
BELBUCA - buprenorphine hcl buccal film 150 mcg (base equivalent)			•		

Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA
BELBUCA - buprenorphine hcl buccal film 300 mcg (base equivalent)			•		
BELBUCA - buprenorphine hcl buccal film 450 mcg (base equivalent)			•		
BELBUCA - buprenorphine hcl buccal film 600 mcg (base equivalent)			•		
BELBUCA - buprenorphine hcl buccal film 750 mcg (base equivalent)			•		
BELBUCA - buprenorphine hcl buccal film 900 mcg (base equivalent)			•		
hydrocodone-acetaminophen tab 10-325 mg (Norco)		•			
hydrocodone-acetaminophen tab 5-325 mg (Norco)		•			
hydrocodone-acetaminophen tab 7.5-325 mg (Norco)		•			
hydromorphone hcl tab 2 mg (Dilaudid)		•			
hydromorphone hcl tab 4 mg (Dilaudid)		•			
methadone hcl tab 5 mg (Dolophine hcl)		•			
methadone hcl tab 10 mg (Dolophine)		•			
morphine sulfate oral soln 10 mg/5ml		•			
morphine sulfate tab er 15 mg (Ms contin)		•	•		
oxycodone hcl tab 5 mg (Roxicodone)		•			
oxycodone hcl tab 10 mg		•			
oxycodone w/ acetaminophen tab 5-325 mg (Percocet)		•			

Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA
<b>tramadol hcl tab 50 mg</b> (Ultram)		•	•		
<b>tramadol-acetaminophen tab 37.5-325 mg</b> (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		•	•		
<b>ANALGESICS - ANTI-INFLAMMATORY</b>					
ACTEMRA - tocilizumab subcutaneous soln prefilled syringe 162 mg/0.9ml	•	•	•		
ACTEMRA ACTPEN - tocilizumab subcutaneous soln auto-injector 162 mg/0.9ml	•	•	•		
<b>celecoxib cap 50 mg</b> (Celebrex)			•		
<b>celecoxib cap 100 mg</b> (Celebrex)			•		
<b>celecoxib cap 200 mg</b> (Celebrex)			•		
<b>diclofenac sodium tab delayed release 50 mg</b>					
<b>diclofenac sodium tab delayed release 75 mg</b>					
ENBREL - etanercept subcutaneous inj 25 mg/0.5ml	•	•	•		
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	•	•	•		

Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA
ENBREL MINI - etanercept subcutaneous solution cartridge 50 mg/ml	•	•	•		
ENBREL SURECLICK - etanercept subcutaneous solution auto-injector 50 mg/ml	•	•	•		
HUMIRA - adalimumab prefilled syringe kit 10 mg/0.1ml	•	•	•		
HUMIRA - adalimumab prefilled syringe kit 20 mg/0.2ml	•	•	•		
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 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 - adalimumab pen-injector kit 80 mg/0.8ml	•	•	•		
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-PEDIATRIC UC S - adalimumab pen-injector kit 80 mg/0.8ml	•	•	•		
HUMIRA PEN-PS/UV STARTER - adalimumab pen-injector kit 40 mg/0.8ml	•	•	•		

Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA
HUMIRA PEN-PS/UV STARTER - adalimumab pen-injector kit 80 mg/0.8ml & 40 mg/0.4ml	•	•	•		
<b>ibuprofen susp 100 mg/5ml</b>					
<b>ibuprofen tab 400 mg</b>					
<b>ibuprofen tab 600 mg</b>					
<b>ibuprofen tab 800 mg</b>					
<b>indomethacin cap 25 mg</b>					
<b>indomethacin cap 50 mg</b>					
<b>meloxicam tab 7.5 mg (Mobic)</b>					
<b>meloxicam tab 15 mg (Mobic)</b>					
<b>nabumetone tab 500 mg</b>					
<b>nabumetone tab 750 mg</b>					
<b>naproxen tab ec 375 mg (Ec-naprosyn)</b>					
<b>naproxen tab ec 500 mg (Ec-naprosyn)</b>					
<b>naproxen tab 250 mg (Naprosyn)</b>					
<b>naproxen tab 375 mg (Naprosyn)</b>					
<b>naproxen tab 500 mg (Naprosyn)</b>					
OTEZLA - apremilast tab starter therapy pack 10 mg & 20 mg & 30 mg	•	•	•		
OTEZLA - apremilast tab 30 mg	•	•	•		
REDITREX - methotrexate soln prefilled syringe 7.5 mg/0.3ml				•	
REDITREX - methotrexate soln prefilled syringe 10 mg/0.4ml				•	
REDITREX - methotrexate soln prefilled syringe 12.5 mg/0.5ml				•	
REDITREX - methotrexate soln prefilled syringe 15 mg/0.6ml				•	
REDITREX - methotrexate soln prefilled syringe 17.5 mg/0.7ml				•	
REDITREX - methotrexate soln prefilled syringe 20 mg/0.8ml				•	

Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA
REDITREX - methotrexate soln prefilled syringe 22.5 mg/0.9ml				•	
REDITREX - methotrexate soln prefilled syringe 25 mg/ml				•	
RINVOQ - upadacitinib tab er 24hr 15 mg	•	•	•		
SIMPONI - golimumab subcutaneous soln auto-injector 100 mg/ml	•	•	•		
SIMPONI - golimumab subcutaneous soln prefilled syringe 100 mg/ml	•	•	•		
<b>sulindac tab 150 mg</b>					
<b>sulindac tab 200 mg</b>					
XELJANZ - tofacitinib citrate oral soln 1 mg/ml (base equivalent)	•	•	•		
XELJANZ - tofacitinib citrate tab 5 mg (base equivalent)	•	•	•		
XELJANZ - tofacitinib citrate tab 10 mg (base equivalent)	•	•	•		
XELJANZ XR - tofacitinib citrate tab er 24hr 11 mg (base equivalent)	•	•	•		
XELJANZ XR - tofacitinib citrate tab er 24hr 22 mg (base equivalent)	•	•	•		
<b>MIGRAINE PRODUCTS</b>					
AIMOVIG - erenumab-aooe subcutaneous soln auto-injector 70 mg/ml		•	•		
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 100 mg/ml		•	•		



Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA
EMGALITY - galcanezumab-gnlm subcutaneous soln prefilled syr 120 mg/ml		•	•		
<b>rizatriptan benzoate oral disintegrating tab 5 mg (base eq)</b> (Maxalt-mlt)			•		
<b>rizatriptan benzoate oral disintegrating tab 10 mg (base eq)</b> (Maxalt-mlt)			•		
<b>rizatriptan benzoate tab 5 mg (base equivalent)</b> (Maxalt)			•		
<b>rizatriptan benzoate tab 10 mg (base equivalent)</b> (Maxalt)			•		
<b>sumatriptan succinate tab 25 mg</b> (Imitrex)			•		
<b>sumatriptan succinate tab 50 mg</b> (Imitrex)			•		
<b>sumatriptan succinate tab 100 mg</b> (Imitrex)			•		
<b>GOUT AGENTS</b>					
<b>allopurinol tab 100 mg</b> (Zyloprim)					
<b>allopurinol tab 300 mg</b> (Zyloprim)					
MITIGARE - colchicine cap 0.6 mg					
<b>NEUROMUSCULAR DRUGS</b>					
<b>ANTICONSULSANTS</b>					
APTIOM - eslicarbazepine acetate tab 200 mg					
APTIOM - eslicarbazepine acetate tab 400 mg					
APTIOM - eslicarbazepine acetate tab 600 mg					
APTIOM - eslicarbazepine acetate tab 800 mg					
<b>clonazepam tab 0.5 mg</b> (Klonopin)					
<b>clonazepam tab 1 mg</b> (Klonopin)					
<b>clonazepam tab 2 mg</b> (Klonopin)					

Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA
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					
DILANTIN - phenytoin sodium extended cap 30 mg					
<b>divalproex sodium tab delayed release 125 mg</b> (Depakote)					
<b>divalproex sodium tab delayed release 250 mg</b> (Depakote)					
<b>divalproex sodium tab delayed release 500 mg</b> (Depakote)					
EPIDIOLEX - cannabidiol soln 100 mg/ml		•			
<b>gabapentin cap 100 mg</b> (Neurontin)					
<b>gabapentin cap 300 mg</b> (Neurontin)					
<b>gabapentin cap 400 mg</b> (Neurontin)					
<b>gabapentin tab 600 mg</b> (Neurontin)					
<b>gabapentin tab 800 mg</b> (Neurontin)					
<b>lamotrigine tab 25 mg</b> (Lamictal)					
<b>lamotrigine tab 100 mg</b> (Lamictal)					
<b>lamotrigine tab 150 mg</b> (Lamictal)					
<b>lamotrigine tab 200 mg</b> (Lamictal)					
<b>levetiracetam tab 250 mg</b> (Keppra)					
<b>levetiracetam tab 500 mg</b> (Keppra)					
<b>oxcarbazepine tab 150 mg</b> (Trileptal)					
<b>primidone tab 50 mg</b> (Mysoline)					

Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA
<b>primidone tab 250 mg (Mysoline)</b>					
<b>topiramate tab 25 mg (Topamax)</b>					
<b>topiramate tab 50 mg (Topamax)</b>					
<b>topiramate tab 100 mg (Topamax)</b>					
<b>topiramate tab 200 mg (Topamax)</b>					
VIMPAT - lacosamide oral solution 10 mg/ml					
VIMPAT - lacosamide tab 50 mg					
VIMPAT - lacosamide tab 100 mg					
VIMPAT - lacosamide tab 150 mg					
VIMPAT - lacosamide tab 200 mg					
<b>zonisamide cap 25 mg (Zonegran)</b>					
<b>zonisamide cap 50 mg</b>					
<b>ANTIPARKINSON AGENTS</b>					
<b>amantadine hcl syrup 50 mg/5ml</b>					
<b>benztropine mesylate tab 0.5 mg</b>					
<b>benztropine mesylate tab 1 mg</b>					
<b>benztropine mesylate tab 2 mg</b>					
<b>carbidopa &amp; levodopa tab 10-100 mg (Sinemet)</b>					
<b>carbidopa &amp; levodopa tab 25-100 mg (Sinemet)</b>					
INBRIJA - levodopa inhal powder cap 42 mg	•				
KYNMOBI - apomorphine hydrochloride film 10 mg					
KYNMOBI - apomorphine hydrochloride film 15 mg					
KYNMOBI - apomorphine hydrochloride film 20 mg					
KYNMOBI - apomorphine hydrochloride film 25 mg					
KYNMOBI - apomorphine hydrochloride film 30 mg					

Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA
<b>pramipexole dihydrochloride tab 0.125 mg (Mirapex)</b>					
<b>pramipexole dihydrochloride tab 0.25 mg (Mirapex)</b>					
<b>pramipexole dihydrochloride tab 0.5 mg (Mirapex)</b>					
<b>pramipexole dihydrochloride tab 0.75 mg (Mirapex)</b>					
<b>pramipexole dihydrochloride tab 1 mg (Mirapex)</b>					
<b>pramipexole dihydrochloride tab 1.5 mg (Mirapex)</b>					
<b>ropinirole hydrochloride tab 0.25 mg (Requip)</b>					
<b>ropinirole hydrochloride tab 0.5 mg (Requip)</b>					
<b>ropinirole hydrochloride tab 1 mg (Requip)</b>					
<b>ropinirole hydrochloride tab 2 mg (Requip)</b>					
<b>ropinirole hydrochloride tab 3 mg (Requip)</b>					
<b>ropinirole hydrochloride tab 4 mg (Requip)</b>					
<b>ropinirole hydrochloride tab 5 mg (Requip)</b>					
<b>trihexyphenidyl hcl tab 2 mg</b>					
<b>trihexyphenidyl hcl tab 5 mg</b>					
<b>MUSCULOSKELETAL THERAPY AGENTS</b>					
<b>baclofen tab 10 mg</b>					
<b>carisoprodol tab 350 mg (Soma)</b>					
<b>cyclobenzaprine hcl tab 5 mg</b>					
<b>cyclobenzaprine hcl tab 10 mg</b>					
<b>methocarbamol tab 500 mg (Robaxin)</b>					

Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA
<b>methocarbamol tab 750 mg</b> (Robaxin-750)					
<b>orphenadrine citrate tab er 12hr</b> <b>100 mg</b>					
<b>tizanidine hcl tab 2 mg (base</b> <b>equivalent)</b>			•		
<b>tizanidine hcl tab 4 mg (base</b> <b>equivalent)</b> (Zanaflex)			•		
<b>NUTRITIONAL PRODUCTS</b>					
<b>VITAMINS</b>					
<b>ergocalciferol cap 1.25 mg</b> <b>(50000 unit)</b> (Drisdol)					
<b>MULTIVITAMINS</b>					
<b>KOSHER PRENATAL PLUS IRON -</b> <b>prenatal vit w/ iron carbonyl-fa</b> <b>tab 30-1 mg</b>					
<b>PRENATAL VITAMINS PLUS LO -</b> <b>prenatal vit w/ fe fumarate-fa tab</b> <b>27-1 mg</b>					
<b>PRENATAL 19 - prenatal vit w/ fe</b> <b>fumarate-fa chew tab 29-1 mg</b>					
<b>PRENATAL 19 - prenatal vit w/ dss-</b> <b>fe fumarate-fa tab 29-1 mg</b>					
<b>SE-NATAL 19 - prenatal vit w/ fe</b> <b>fumarate-fa chew tab 29-1 mg</b>					
<b>SE-NATAL 19 - prenatal vit w/ dss-</b> <b>fe fumarate-fa tab 29-1 mg</b>					
<b>MINERALS and ELECTROLYTES</b>					
<b>potassium chloride</b> <b>microencapsulated crys er tab</b> <b>10 meq</b>					
<b>potassium chloride</b> <b>microencapsulated crys er tab</b> <b>20 meq</b>					
<b>potassium chloride tab er 8 meq</b> <b>(600 mg)</b>					

Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA
<b>potassium chloride tab er 10</b> <b>meq (K-tab)</b>					
<b>HEMATOLOGICAL AGENTS</b>					
<b>HEMATOPOIETIC AGENTS</b>					
<b>ARANESP ALBUMIN FREE -</b> <b>darbepoetin alfa soln prefilled</b> <b>syringe 10 mcg/0.4ml</b>	•	•			
<b>ARANESP ALBUMIN FREE -</b> <b>darbepoetin alfa soln prefilled</b> <b>syringe 25 mcg/0.42ml</b>	•	•			
<b>ARANESP ALBUMIN FREE -</b> <b>darbepoetin alfa soln prefilled</b> <b>syringe 40 mcg/0.4ml</b>	•	•			
<b>ARANESP ALBUMIN FREE -</b> <b>darbepoetin alfa soln prefilled</b> <b>syringe 60 mcg/0.3ml</b>	•	•			
<b>ARANESP ALBUMIN FREE -</b> <b>darbepoetin alfa soln prefilled</b> <b>syringe 100 mcg/0.5ml</b>	•	•			
<b>ARANESP ALBUMIN FREE -</b> <b>darbepoetin alfa soln prefilled</b> <b>syringe 150 mcg/0.3ml</b>	•	•			
<b>ARANESP ALBUMIN FREE -</b> <b>darbepoetin alfa soln prefilled</b> <b>syringe 200 mcg/0.4ml</b>	•	•			
<b>ARANESP ALBUMIN FREE -</b> <b>darbepoetin alfa soln prefilled</b> <b>syringe 300 mcg/0.6ml</b>	•	•			
<b>ARANESP ALBUMIN FREE -</b> <b>darbepoetin alfa soln prefilled</b> <b>syringe 500 mcg/ml</b>	•	•			
<b>ARANESP ALBUMIN FREE -</b> <b>darbepoetin alfa soln inj 25 mcg/</b> <b>ml</b>	•	•			
<b>ARANESP ALBUMIN FREE -</b> <b>darbepoetin alfa soln inj 40 mcg/</b> <b>ml</b>	•	•			

Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA	Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA
ARANESP ALBUMIN FREE - darbepoetin alfa soln inj 60 mcg/ml	•	•				NEULASTA - pegfilgrastim soln prefilled syringe 6 mg/0.6ml	•				
ARANESP ALBUMIN FREE - darbepoetin alfa soln inj 100 mcg/ml	•	•				NEULASTA ONPRO KIT - pegfilgrastim soln prefilled syringe kit 6 mg/0.6ml	•				
ARANESP ALBUMIN FREE - darbepoetin alfa soln inj 200 mcg/ml	•	•				NEUPOGEN - filgrastim soln prefilled syringe 300 mcg/0.5ml	•				
ARANESP ALBUMIN FREE - darbepoetin alfa soln inj 300 mcg/ml	•	•				NEUPOGEN - filgrastim soln prefilled syringe 480 mcg/0.8ml (600 mcg/ml)	•				
<b>carbonyl iron susp 15 mg/1.25ml (elemental iron)</b>					•	NEUPOGEN - filgrastim inj 300 mcg/ml	•				
CERDELGA - eliglustat tartrate cap 84 mg (base equivalent)	•	•	•			NEUPOGEN - filgrastim inj 480 mcg/1.6ml (300 mcg/ml)	•				
<b>cyanocobalamin inj 1000 mcg/ml</b>						NIVESTYM - filgrastim-aafi soln prefilled syringe 300 mcg/0.5ml	•				
<b>ferrous sulfate elixir 220 mg/5ml (44 mg/5ml elemental fe)</b>					•	NIVESTYM - filgrastim-aafi soln prefilled syringe 480 mcg/0.8ml	•				
<b>ferrous sulfate soln 75 mg/ml (15 mg/ml elemental fe)</b>					•	NIVESTYM - filgrastim-aafi inj 300 mcg/ml	•				
<b>folic acid cap 0.8 mg</b>					•	NIVESTYM - filgrastim-aafi inj 480 mcg/1.6ml (300 mcg/ml)	•				
<b>folic acid tab 400 mcg</b>					•	NYVEPRIA - pegfilgrastim-apgf soln prefilled syringe 6 mg/0.6ml	•				
<b>folic acid tab 800 mcg</b>					•	PROCRIT - epoetin alfa inj 2000 unit/ml	•	•			
<b>folic acid tab 1 mg</b>						PROCRIT - epoetin alfa inj 3000 unit/ml	•	•			
FULPHILA - pegfilgrastim-jmdb soln prefilled syringe 6 mg/0.6ml	•					PROCRIT - epoetin alfa inj 4000 unit/ml	•	•			
GRANIX - tbo-filgrastim soln prefilled syringe 300 mcg/0.5ml	•					PROCRIT - epoetin alfa inj 10000 unit/ml	•	•			
GRANIX - tbo-filgrastim soln prefilled syringe 480 mcg/0.8ml	•					PROCRIT - epoetin alfa inj 20000 unit/ml	•	•			
GRANIX - tbo-filgrastim subcutaneous inj 300 mcg/ml	•					PROCRIT - epoetin alfa inj 40000 unit/ml	•	•			
GRANIX - tbo-filgrastim subcutaneous inj 480 mcg/1.6ml (300 mcg/ml)	•					RETACRIT - epoetin alfa-epbx inj 2000 unit/ml	•	•			

Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA
RETACRIT - epoetin alfa-epbx inj 3000 unit/ml	•	•			
RETACRIT - epoetin alfa-epbx inj 4000 unit/ml	•	•			
RETACRIT - epoetin alfa-epbx inj 10000 unit/ml	•	•			
RETACRIT - epoetin alfa-epbx inj 20000 unit/ml	•	•			
RETACRIT - epoetin alfa-epbx inj 40000 unit/ml	•	•			
UDENYCA - pegfilgrastim-cbqv soln prefilled syringe 6 mg/0.6ml	•				
ZARXIO - filgrastim-sndz soln prefilled syringe 300 mcg/0.5ml	•				
ZARXIO - filgrastim-sndz soln prefilled syringe 480 mcg/0.8ml	•				
ZIEXTENZO - pegfilgrastim-bmez soln prefilled syringe 6 mg/0.6ml	•				
<b>ANTICOAGULANTS</b>					
ELIQUIS - apixaban tab 2.5 mg			•		
ELIQUIS - apixaban tab 5 mg			•		
ELIQUIS STARTER PACK - apixaban tab starter pack 5 mg			•		
<b>warfarin sodium tab 1 mg</b> (Coumadin)					
<b>warfarin sodium tab 2 mg</b> (Coumadin)					
<b>warfarin sodium tab 2.5 mg</b> (Coumadin)					
<b>warfarin sodium tab 3 mg</b> (Coumadin)					
<b>warfarin sodium tab 4 mg</b> (Coumadin)					
<b>warfarin sodium tab 5 mg</b> (Coumadin)					
<b>warfarin sodium tab 6 mg</b> (Coumadin)					

Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA
<b>warfarin sodium tab 7.5 mg</b> (Coumadin)					
<b>warfarin sodium tab 10 mg</b> (Coumadin)					
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			•		
<b>HEMATOLOGICAL AGENTS - MISC.</b>					
ADVATE - antihemophilic factor recomb (rahf-pfm) for inj 250 unit	•	•	•		
ADVATE - antihemophilic factor recomb (rahf-pfm) for inj 500 unit	•	•	•		
ADVATE - antihemophilic factor recomb (rahf-pfm) for inj 1000 unit	•	•	•		
ADVATE - antihemophilic factor recomb (rahf-pfm) for inj 1500 unit	•	•	•		
ADVATE - antihemophilic factor recomb (rahf-pfm) for inj 2000 unit	•	•	•		
ADVATE - antihemophilic factor recomb (rahf-pfm) for inj 3000 unit	•	•	•		
ADVATE - antihemophilic factor recomb (rahf-pfm) for inj 4000 unit	•	•	•		
ADYNOVATE - antihemophilic factor recomb pegylated for inj 250 unit	•	•	•		
ADYNOVATE - antihemophilic factor recomb pegylated for inj 500 unit	•	•	•		

Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA
ADYNOVATE - antihemophilic factor recomb pegylated for inj 750 unit	•	•	•		
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 - antihemophilic factor/vwf (human) for inj 250 unit	•				

Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA
ALPHANATE - antihemophilic factor/vwf (human) for inj 500 unit	•				
ALPHANATE - antihemophilic factor/vwf (human) for inj 1000 unit	•				
ALPHANATE - antihemophilic factor/vwf (human) for inj 1500 unit	•				
ALPHANATE - antihemophilic factor/vwf (human) for inj 2000 unit	•				
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	•	•	•		

Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA
BENEFIX - coagulation factor ix (recombinant) for inj kit 3000 unit	•	•	•		
BRILINTA - ticagrelor tab 60 mg					
BRILINTA - ticagrelor tab 90 mg					
<b>cilostazol tab 50 mg</b> (Pletal)					
<b>cilostazol tab 100 mg</b> (Pletal)					
<b>clopidogrel bisulfate tab 75 mg (base equiv)</b> (Plavix)					
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	•				
ELOCTATE - antihemophilic factor rcmb (bdd-rfviiiic) for inj 250 unit	•	•	•		
ELOCTATE - antihemophilic factor rcmb (bdd-rfviiiic) for inj 500 unit	•	•	•		
ELOCTATE - antihemophilic factor rcmb (bdd-rfviiiic) for inj 750 unit	•	•	•		
ELOCTATE - antihemophilic factor rcmb (bdd-rfviiiic) for inj 1000 unit	•	•	•		
ELOCTATE - antihemophilic factor rcmb (bdd-rfviiiic) for inj 1500 unit	•	•	•		
ELOCTATE - antihemophilic factor rcmb (bdd-rfviiiic) for inj 2000 unit	•	•	•		
ELOCTATE - antihemophilic factor rcmb (bdd-rfviiiic) for inj 3000 unit	•	•	•		
ELOCTATE - antihemophilic factor rcmb (bdd-rfviiiic) for inj 4000 unit	•	•	•		
ELOCTATE - antihemophilic factor rcmb (bdd-rfviiiic) for inj 5000 unit	•	•	•		
ELOCTATE - antihemophilic factor rcmb (bdd-rfviiiic) for inj 6000 unit	•	•	•		
ESPEROCT - antihemophilic factor recomb glycopeg-exei for inj 500 unit	•	•	•		

Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA
ESPEROCT - antihemophilic factor recomb glycopeg-exei for inj 1000 unit	•	•	•		
ESPEROCT - antihemophilic factor recomb glycopeg-exei for inj 1500 unit	•	•	•		
ESPEROCT - antihemophilic factor recomb glycopeg-exei for inj 2000 unit	•	•	•		
ESPEROCT - antihemophilic factor recomb glycopeg-exei for inj 3000 unit	•	•	•		
FEIBA - antiinhibitor coagulant complex for iv soln 500 unit	•				
FEIBA - antiinhibitor coagulant complex for iv soln 1000 unit	•				
FEIBA - antiinhibitor coagulant complex for iv soln 2500 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	•	•	•		
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	•				

Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA
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	•	•	•		
JIVI - antihemophilic fact rcmb(bdd-rfviii peg-aucl) for inj 500 unit	•	•	•		
JIVI - antihemophilic fact rcmb(bdd-rfviii peg-aucl)for inj 1000 unit	•	•	•		
JIVI - antihemophilic fact rcmb(bdd-rfviii peg-aucl)for inj 2000 unit	•	•	•		
JIVI - antihemophilic fact rcmb(bdd-rfviii peg-aucl)for inj 3000 unit	•	•	•		
KOATE - antihemophilic factor (human) for inj 250 unit	•	•	•		

Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA
KOATE - antihemophilic factor (human) for inj 500 unit	•	•	•		
KOATE - antihemophilic factor (human) for inj 1000 unit	•	•	•		
KOATE-DVI - antihemophilic factor (human) for inj 500 unit	•	•	•		
KOATE-DVI - antihemophilic factor (human) for inj 1000 unit	•	•	•		
KOGENATE FS - antihemophilic factor recomb (rfviii) for inj kit 250 unit	•	•	•		
KOGENATE FS - antihemophilic factor recomb (rfviii) for inj kit 500 unit	•	•	•		
KOGENATE FS - antihemophilic factor recomb (rfviii) for inj kit 1000 unit	•	•	•		
KOGENATE FS - antihemophilic factor recomb (rfviii) for inj kit 2000 unit	•	•	•		
KOGENATE FS - antihemophilic factor recomb (rfviii) for inj kit 3000 unit	•	•	•		
KOVALTRY - antihemophilic factor recomb (rahf-pfm) for inj 250 unit	•	•	•		
KOVALTRY - antihemophilic factor recomb (rahf-pfm) for inj 500 unit	•	•	•		
KOVALTRY - antihemophilic factor recomb (rahf-pfm) for inj 1000 unit	•	•	•		
KOVALTRY - antihemophilic factor recomb (rahf-pfm) for inj 2000 unit	•	•	•		
KOVALTRY - antihemophilic factor recomb (rahf-pfm) for inj 3000 unit	•	•	•		
MONONINE - coagulation factor ix for inj 1000 unit	•	•	•		



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

Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA
NUWIQ - antihemophilic fact rcmb (bdd-rfviii,sim) for inj 2500 unit	•	•	•		
NUWIQ - antihemophilic fact rcmb (bdd-rfviii,sim) for inj 3000 unit	•	•	•		
NUWIQ - antihemophilic fact rcmb (bdd-rfviii,sim) for inj 4000 unit	•	•	•		
NUWIQ - antihemophil fact rcmb (bdd-rfviii,sim) for inj kit 250 unit	•	•	•		
NUWIQ - antihemophil fact rcmb (bdd-rfviii,sim) for inj kit 500 unit	•	•	•		
NUWIQ - antihemophil fact rcmb(bdd-rfviii,sim) for inj kit 1000 unit	•	•	•		
NUWIQ - antihemophil fact rcmb(bdd-rfviii,sim) for inj kit 2000 unit	•	•	•		
NUWIQ - antihemophil fact rcmb(bdd-rfviii,sim) for inj kit 2500 unit	•	•	•		
NUWIQ - antihemophil fact rcmb(bdd-rfviii,sim) for inj kit 3000 unit	•	•	•		
NUWIQ - antihemophil fact rcmb(bdd-rfviii,sim) for inj kit 4000 unit	•	•	•		
OBIZUR - antihemophilic factor (recomb porc) rpfviii for inj 500 unit	•				
PROFILNINE - factor ix complex for inj 500 unit	•	•	•		
PROFILNINE - factor ix complex for inj 1000 unit	•	•	•		
PROFILNINE - factor ix complex for inj 1500 unit	•	•	•		
REBINYN - coagulation factor ix recomb glycopegylated for inj 500 unit	•	•	•		

Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA
REBINYN - coagulation factor ix recomb glycopegylated for inj 1000 unit	•	•	•		
REBINYN - coagulation factor ix recomb glycopegylated for inj 2000 unit	•	•	•		
RECOMBINATE - antihemophilic factor recomb (rfviii) for inj 220-400 unit	•	•	•		
RECOMBINATE - antihemophilic factor recomb (rfviii) for inj 401-800 unit	•	•	•		
RECOMBINATE - antihemophilic factor recomb (rfviii) for inj 801-1240 unit	•	•	•		
RECOMBINATE - antihemophilic factor recomb (rfviii) for inj 1241-1800 unit	•	•	•		
RECOMBINATE - antihemophilic factor recomb (rfviii) for inj 1801-2400 unit	•	•	•		
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	•	•	•		
TAKHZYRO - lanadelumab-flyo inj 300 mg/2ml (150 mg/ml)	•	•	•		
TRETTEN - coagulation factor xiii a-subunit for inj 2000-3125 unit	•				
VONVENDI - von willebrand factor (recombinant) for inj 650 unit	•				
VONVENDI - von willebrand factor (recombinant) for inj 1300 unit	•				

Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA
WILATE - antihemophilic factor/vwf (human) for inj 500-500 unit kit	•				
WILATE - antihemophilic factor/vwf (human) for inj 1000-1000 unit kit	•				
XYNTHA - antihemophil fact rcmb (bdd-rfviii,mor) for inj kit 250 unit	•	•	•		
XYNTHA - antihemophil fact rcmb (bdd-rfviii,mor) for inj kit 500 unit	•	•	•		
XYNTHA - antihemophil fact rcmb(bdd-rfviii,mor) for inj kit 1000 unit	•	•	•		
XYNTHA - antihemophil fact rcmb(bdd-rfviii,mor) for inj kit 2000 unit	•	•	•		
XYNTHA SOLOFUSE - antihemophil fact rcmb (bdd-rfviii,mor) for inj kit 250 unit	•	•	•		
XYNTHA SOLOFUSE - antihemophil fact rcmb (bdd-rfviii,mor) for inj kit 500 unit	•	•	•		
XYNTHA SOLOFUSE - antihemophil fact rcmb(bdd-rfviii,mor) for inj kit 1000 unit	•	•	•		
XYNTHA SOLOFUSE - antihemophil fact rcmb(bdd-rfviii,mor) for inj kit 2000 unit	•	•	•		
XYNTHA SOLOFUSE - antihemophil fact rcmb(bdd-rfviii,mor) for inj kit 3000 unit	•	•	•		
<b>TOPICAL PRODUCTS</b>					
<b>OPHTHALMIC AGENTS</b>					
<b>azelastine hcl ophth soln 0.05%</b>					
BACITRACIN - bacitracin ophth oint 500 unit/gm					
<b>bacitracin-polymyxin b ophth oint</b>					
<b>brimonidine tartrate ophth soln 0.2%</b>					

Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA
<b>ciprofloxacin hcl ophth soln 0.3% (base equivalent)</b> (Ciloxan)					
<b>cromolyn sodium ophth soln 4%</b>					
<b>cyclopentolate hcl ophth soln 1%</b> (Cyclogyl)					
<b>diclofenac sodium ophth soln 0.1%</b>					
<b>dorzolamide hcl ophth soln 2%</b> (Trusopt)					
<b>dorzolamide hcl-timolol maleate ophth soln 22.3-6.8 mg/ml</b> (Cosopt)					
<b>erythromycin ophth oint 5 mg/gm</b>					
<b>gentamicin sulfate ophth soln 0.3%</b> (Garamycin)					
<b>ketorolac tromethamine ophth soln 0.5%</b> (Acular)					
<b>latanoprost ophth soln 0.005%</b> (Xalatan)			•		
LOTEMAX - loteprednol etabonate ophth oint 0.5%					
LOTEMAX SM - loteprednol etabonate ophth gel 0.38%					
LUMIGAN - bimatoprost ophth soln 0.01%			•	•	
NATACYN - natamycin ophth susp 5%					
<b>neomycin-polymyxin-dexamethasone ophth oint 0.1%</b> (Maxitrol)					
<b>neomycin-polymyxin-dexamethasone ophth susp 0.1%</b> (Maxitrol)					
<b>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</b> (Polytrim)					

Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA
PREDNISOLONE ACETATE - prednisolone acetate ophth susp 1%					
PREDNISOLONE SODIUM PHOSP - prednisolone sodium phosphate ophth soln 1%					
SIMBRINZA - brinzolamide-brimonidine tartrate ophth susp 1-0.2%					
<b>tetracaine hcl ophth soln 0.5%</b>					
<b>timolol maleate ophth soln 0.25%</b> (Timoptic)					
<b>timolol maleate ophth soln 0.5%</b> (Timoptic)					
<b>tobramycin ophth soln 0.3%</b> (Tobrex)			•		
TRIFLURIDINE - trifluridine ophth soln 1%					
ZYLET - loteprednol etabonate-tobramycin ophth susp 0.5-0.3%					
<b>MOUTH/THROAT/DENTAL AGENTS</b>					
<b>chlorhexidine gluconate soln 0.12%</b> (Peridex)					
<b>lidocaine hcl viscous soln 2%</b>					
<b>stannous fluoride conc 0.63%</b>					•
<b>DERMATOLOGICALS</b>					
<b>betamethasone dipropionate augmented cream 0.05%</b> (Diprolene af)			•		
<b>clotrimazole cream 1%</b>					
COSENTYX - secukinumab subcutaneous soln prefilled syringe 75 mg/0.5ml	•	•	•		
COSENTYX - secukinumab subcutaneous soln prefilled syringe 150 mg/ml	•	•	•		

Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA
COSENTYX - secukinumab subcutaneous pref syr 150 mg/ml (300 mg dose)	•	•	•		
COSENTYX SENSOREADY PEN - secukinumab subcutaneous soln auto-injector 150 mg/ml	•	•	•		
COSENTYX SENSOREADY PEN - secukinumab subcutaneous auto-inj 150 mg/ml (300 mg dose)	•	•	•		
FINACEA - azelaic acid foam 15%					
<b>hydrocortisone cream 1%</b>					
<b>hydrocortisone cream 2.5%</b>					
<b>hydrocortisone oint 1%</b>					
<b>hydrocortisone oint 2.5%</b>					
<b>ketoconazole shampoo 2%</b> (Nizoral)					
<b>mometasone furoate oint 0.1%</b> (Elocon)			•		
<b>mupirocin oint 2%</b> (Bactroban)					
<b>nystatin cream 100000 unit/gm</b>					
<b>nystatin oint 100000 unit/gm</b>					
<b>selenium sulfide lotion 2.5%</b>					
<b>silver sulfadiazine cream 1%</b> (Silvadene)					
SKYRIZI - risankizumab-rzaa soln prefilled syringe 150 mg/ml	•	•	•		
SKYRIZI - risankizumab-rzaa sol prefilled syringe 2 x 75 mg/0.83ml kit	•	•	•		
SKYRIZI PEN - risankizumab-rzaa soln auto-injector 150 mg/ml	•	•	•		
SOOLANTRA - ivermectin cream 1%					
STELARA - ustekinumab inj 45 mg/0.5ml	•	•	•		

Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA
STELARA - ustekinumab soln prefilled syringe 45 mg/0.5ml	•	•	•		
STELARA - ustekinumab soln prefilled syringe 90 mg/ml	•	•	•		
TAZORAC - tazarotene cream 0.05%					
TAZORAC - tazarotene gel 0.05%					
TAZORAC - tazarotene gel 0.1%					
TREMFYA - guselkumab soln pen-injector 100 mg/ml	•	•	•		
TREMFYA - guselkumab soln prefilled syringe 100 mg/ml	•	•	•		
<b>triamcinolone acetonide cream 0.025%</b>					
<b>triamcinolone acetonide cream 0.1%</b>					
<b>triamcinolone acetonide cream 0.5%</b>					
<b>triamcinolone acetonide oint 0.025%</b>					
<b>triamcinolone acetonide oint 0.1%</b>					
<b>triamcinolone acetonide oint 0.5%</b>					
VALCHLOR - mechlorethamine hcl gel 0.016% (base equivalent)	•				
<b>MISCELLANEOUS PRODUCTS</b>					
<b>ANTIDOTES</b>					
CHEMET - succimer cap 100 mg					
NARCAN - naloxone hcl nasal spray 4 mg/0.1ml					
<b>DIAGNOSTIC PRODUCTS</b>					
INSULIN PEN NEEDLES – VARIOUS			•		
INSULIN SYRINGES – VARIOUS			•		
LANCETS – VARIOUS					

Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA
TEST STRIPS – CONTOUR, CONTOUR NEXT			•	•	
<b>MEDICAL DEVICES</b>					
BREATHRITE - spacer/aerosol-holding chambers - device					
<b>ASSORTED CLASSES</b>					
LOKELMA - sodium zirconium cyclosilicate for susp packet 5 gm					
LOKELMA - sodium zirconium cyclosilicate for susp packet 10 gm					
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	•	•	•		
VELTASSA - patiomer sorbitex calcium for susp packet 8.4 gm (base eq)					

Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA
VELTASSA - patiomer sorbitex calcium for susp packet 16.8 gm (base eq)					
VELTASSA - patiomer sorbitex calcium for susp packet 25.2 gm (base eq)					
ZOKINVY - lonafarnib cap 50 mg	•	•	•		
ZOKINVY - lonafarnib cap 75 mg	•	•	•		

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		ALPHANATE- antihemophilic factor/vwf (human) for inj 2000 unit.....	36
		ALPHANINE SD- coagulation factor ix for inj 500 unit.....	36
		ALPHANINE SD- coagulation factor ix for inj 1000 unit.....	36
		ALPHANINE SD- coagulation factor ix for inj 1500 unit.....	36
		<b>alprazolam tab er 24hr 0.5 mg (Xanax xr).....</b>	<b>23</b>
		<b>alprazolam tab er 24hr 1 mg (Xanax xr).....</b>	<b>23</b>
		<b>alprazolam tab 0.25 mg (Xanax).....</b>	<b>23</b>
		<b>alprazolam tab 0.5 mg (Xanax).....</b>	<b>23</b>
		<b>alprazolam tab 1 mg (Xanax).....</b>	<b>23</b>
		<b>alprazolam tab 2 mg (Xanax).....</b>	<b>23</b>

ALPROLIX- coagulation factor ix (recomb) (rfixfc) for inj 250 unit.....	36	<b>amoxicillin (trihydrate) for susp 250 mg/5ml.....</b>	<b>1</b>
ALPROLIX- coagulation factor ix (recomb) (rfixfc) for inj 500 unit.....	36	<b>amoxicillin (trihydrate) for susp 400 mg/5ml.....</b>	<b>1</b>
ALPROLIX- coagulation factor ix (recomb) (rfixfc) for inj 1000 unit.....	36	<b>amoxicillin (trihydrate) tab 500 mg.....</b>	<b>1</b>
ALPROLIX- coagulation factor ix (recomb) (rfixfc) for inj 2000 unit.....	36	<b>amoxicillin (trihydrate) tab 875 mg.....</b>	<b>1</b>
ALPROLIX- coagulation factor ix (recomb) (rfixfc) for inj 3000 unit.....	36	<b>anastrozole tab 1 mg (Arimidex).....</b>	<b>4</b>
ALPROLIX- coagulation factor ix (recomb) (rfixfc) for inj 4000 unit.....	36	ANORO ELLIPTA- umeclidinium-vilanterol aero powd ba 62.5-25 mcg/inh.....	19
<b>amantadine hcl syrup 50 mg/5ml.....</b>	<b>32</b>	APTIOM- eslicarbazepine acetate tab 200 mg.....	31
<b>amiloride &amp; hydrochlorothiazide tab 5-50 mg.....</b>	<b>17</b>	APTIOM- eslicarbazepine acetate tab 400 mg.....	31
<b>amiloride hcl tab 5 mg.....</b>	<b>17</b>	APTIOM- eslicarbazepine acetate tab 600 mg.....	31
<b>amiodarone hcl tab 200 mg (Cordarone).....</b>	<b>14</b>	APTIOM- eslicarbazepine acetate tab 800 mg.....	31
<b>amitriptyline hcl tab 10 mg.....</b>	<b>23</b>	ARANESP ALBUMIN FREE- darbepoetin alfa soln inj 25 mcg/ml.....	33
<b>amitriptyline hcl tab 25 mg.....</b>	<b>23</b>	ARANESP ALBUMIN FREE- darbepoetin alfa soln inj 40 mcg/ml.....	33
<b>amitriptyline hcl tab 50 mg.....</b>	<b>23</b>	ARANESP ALBUMIN FREE- darbepoetin alfa soln inj 60 mcg/ml.....	34
<b>amlodipine besylate-benazepril hcl cap 2.5-10 mg (Lotrel).....</b>	<b>15</b>	ARANESP ALBUMIN FREE- darbepoetin alfa soln inj 100 mcg/ml.....	34
<b>amlodipine besylate-benazepril hcl cap 5-10 mg (Lotrel).....</b>	<b>15</b>	ARANESP ALBUMIN FREE- darbepoetin alfa soln inj 200 mcg/ml.....	34
<b>amlodipine besylate-benazepril hcl cap 5-20 mg (Lotrel).....</b>	<b>15</b>	ARANESP ALBUMIN FREE- darbepoetin alfa soln inj 300 mcg/ml.....	34
<b>amlodipine besylate-benazepril hcl cap 5-40 mg (Lotrel).....</b>	<b>15</b>	ARANESP ALBUMIN FREE- darbepoetin alfa soln prefilled syringe 10 mcg/0.4ml.....	33
<b>amlodipine besylate-benazepril hcl cap 10-20 mg (Lotrel).....</b>	<b>15</b>	ARANESP ALBUMIN FREE- darbepoetin alfa soln prefilled syringe 25 mcg/0.42ml.....	33
<b>amlodipine besylate-benazepril hcl cap 10-40 mg (Lotrel).....</b>	<b>15</b>	ARANESP ALBUMIN FREE- darbepoetin alfa soln prefilled syringe 40 mcg/0.4ml.....	33
<b>amlodipine besylate tab 2.5 mg (base equivalent) (Norvasc).....</b>	<b>14</b>	ARANESP ALBUMIN FREE- darbepoetin alfa soln prefilled syringe 60 mcg/0.3ml.....	33
<b>amlodipine besylate tab 5 mg (base equivalent) (Norvasc).....</b>	<b>14</b>	ARANESP ALBUMIN FREE- darbepoetin alfa soln prefilled syringe 100 mcg/0.5ml.....	33
<b>amlodipine besylate tab 10 mg (base equivalent) (Norvasc).....</b>	<b>14</b>	ARANESP ALBUMIN FREE- darbepoetin alfa soln prefilled syringe 150 mcg/0.3ml.....	33
<b>amlodipine besylate-valsartan tab 5-160 mg (Exforge).....</b>	<b>15</b>	ARANESP ALBUMIN FREE- darbepoetin alfa soln prefilled syringe 200 mcg/0.4ml.....	33
<b>amlodipine besylate-valsartan tab 5-320 mg (Exforge).....</b>	<b>15</b>	ARANESP ALBUMIN FREE- darbepoetin alfa soln prefilled syringe 300 mcg/0.6ml.....	33
<b>amlodipine besylate-valsartan tab 10-160 mg (Exforge).....</b>	<b>15</b>	ARANESP ALBUMIN FREE- darbepoetin alfa soln prefilled syringe 500 mcg/ml.....	33
<b>amoxicillin &amp; k clavulanate for susp 200-28.5 mg/5ml.....</b>	<b>1</b>	ARNUITY ELLIPTA- fluticasone furoate aerosol powder breath activ 50 mcg/act.....	19
<b>amoxicillin &amp; k clavulanate tab 500-125 mg (Augmentin).....</b>	<b>1</b>	ARNUITY ELLIPTA- fluticasone furoate aerosol powder breath activ 100 mcg/act.....	19
<b>amoxicillin &amp; k clavulanate tab 875-125 mg (Augmentin).....</b>	<b>1</b>	ARNUITY ELLIPTA- fluticasone furoate aerosol powder breath activ 200 mcg/act.....	19
<b>amoxicillin (trihydrate) cap 250 mg.....</b>	<b>1</b>	ASMANEX HFA- mometasone furoate inhal aerosol suspension 50 mcg/act.....	19
<b>amoxicillin (trihydrate) cap 500 mg.....</b>	<b>1</b>	ASMANEX HFA- mometasone furoate inhal aerosol suspension 100 mcg/act.....	19
<b>amoxicillin (trihydrate) for susp 125 mg/5ml.....</b>	<b>1</b>	ASMANEX HFA- mometasone furoate inhal aerosol suspension 200 mcg/act.....	19
<b>amoxicillin (trihydrate) for susp 200 mg/5ml.....</b>	<b>1</b>		

ASMANEX TWISTHALER 120 ME- mometasone furoate inhal powd 220 mcg/inh (breath activated).....	19	BELBUCA- buprenorphine hcl buccal film 150 mcg (base equivalent).....	28
ASMANEX TWISTHALER 30 MET- mometasone furoate inhal powd 110 mcg/inh (breath activated).....	19	BELBUCA- buprenorphine hcl buccal film 300 mcg (base equivalent).....	28
ASMANEX TWISTHALER 30 MET- mometasone furoate inhal powd 220 mcg/inh (breath activated).....	19	BELBUCA- buprenorphine hcl buccal film 450 mcg (base equivalent).....	28
ASMANEX TWISTHALER 60 MET- mometasone furoate inhal powd 220 mcg/inh (breath activated).....	20	BELBUCA- buprenorphine hcl buccal film 600 mcg (base equivalent).....	28
<b>aspirin chew tab 81 mg</b> .....	<b>28</b>	BELBUCA- buprenorphine hcl buccal film 750 mcg (base equivalent).....	28
<b>aspirin tab delayed release 81 mg</b> .....	<b>28</b>	BELBUCA- buprenorphine hcl buccal film 900 mcg (base equivalent).....	28
<b>atenolol &amp; chlorthalidone tab 50-25 mg (Tenoretic 50)</b> .....	<b>15</b>	BELSOMRA- suvorexant tab 5 mg.....	25
<b>atenolol tab 25 mg (Tenormin)</b> .....	<b>13</b>	BELSOMRA- suvorexant tab 10 mg.....	26
<b>atenolol tab 50 mg (Tenormin)</b> .....	<b>13</b>	BELSOMRA- suvorexant tab 15 mg.....	26
<b>atenolol tab 100 mg (Tenormin)</b> .....	<b>13</b>	BELSOMRA- suvorexant tab 20 mg.....	26
<b>atorvastatin calcium tab 10 mg (base equivalent) (Lipitor)</b> .....	<b>17</b>	<b>benazepril hcl tab 5 mg</b> .....	<b>15</b>
<b>atorvastatin calcium tab 20 mg (base equivalent) (Lipitor)</b> .....	<b>17</b>	<b>benazepril hcl tab 10 mg (Lotensin)</b> .....	<b>15</b>
<b>atorvastatin calcium tab 40 mg (base equivalent) (Lipitor)</b> .....	<b>17</b>	<b>benazepril hcl tab 20 mg (Lotensin)</b> .....	<b>15</b>
<b>atorvastatin calcium tab 80 mg (base equivalent) (Lipitor)</b> .....	<b>17</b>	<b>benazepril hcl tab 40 mg (Lotensin)</b> .....	<b>15</b>
AUBAGIO- teriflunomide tab 7 mg.....	26	BENEFIX- coagulation factor ix (recombinant) for inj kit 250 unit.....	36
AUBAGIO- teriflunomide tab 14 mg.....	26	BENEFIX- coagulation factor ix (recombinant) for inj kit 500 unit.....	36
AVONEX- interferon beta-1a im prefilled syringe kit 30 mcg/0.5ml.....	27	BENEFIX- coagulation factor ix (recombinant) for inj kit 1000 unit.....	36
AVONEX PEN- interferon beta-1a im auto-injector kit 30 mcg/0.5ml.....	27	BENEFIX- coagulation factor ix (recombinant) for inj kit 2000 unit.....	36
AYVAKIT- avapritinib tab 25 mg.....	4	BENEFIX- coagulation factor ix (recombinant) for inj kit 3000 unit.....	37
AYVAKIT- avapritinib tab 50 mg.....	4	BENZNIDAZOLE- benznidazole tab 12.5 mg.....	3
AYVAKIT- avapritinib tab 100 mg.....	4	BENZNIDAZOLE- benznidazole tab 100 mg.....	3
AYVAKIT- avapritinib tab 200 mg.....	4	<b>benzonatate cap 200 mg</b> .....	<b>19</b>
AYVAKIT- avapritinib tab 300 mg.....	4	<b>benzonatate cap 100 mg (Tessalon perles)</b> .....	<b>19</b>
<b>azelastine hcl nasal spray 0.1% (137 mcg/spray)</b> .....	<b>19</b>	<b>benztropine mesylate tab 0.5 mg</b> .....	<b>32</b>
<b>azelastine hcl ophth soln 0.05%</b> .....	<b>40</b>	<b>benztropine mesylate tab 1 mg</b> .....	<b>32</b>
AZITHROMYCIN- azithromycin powd pack for susp 1 gm.....	1	<b>benztropine mesylate tab 2 mg</b> .....	<b>32</b>
<b>azithromycin tab 250 mg (Zithromax)</b> .....	<b>1</b>	<b>betamethasone dipropionate augmented cream 0.05% (Diprolene af)</b> .....	<b>41</b>
<b>azithromycin tab 500 mg (Zithromax)</b> .....	<b>1</b>	BETASERON- interferon beta-1b for inj kit 0.3 mg.....	27
<b>B</b>		<b>bicalutamide tab 50 mg (Casodex)</b> .....	<b>4</b>
BACITRACIN- bacitracin ophth oint 500 unit/gm.....	40	BIKTARVY- bicitgravir-emtricitabine-tenofovir af tab 50-200-25 mg.....	2
<b>bacitracin-polymyxin b ophth oint</b> .....	<b>40</b>	<b>bisoprolol &amp; hydrochlorothiazide tab 2.5-6.25 mg (Ziac)</b> .....	<b>15</b>
<b>baclofen tab 10 mg</b> .....	<b>32</b>	<b>bisoprolol &amp; hydrochlorothiazide tab 5-6.25 mg (Ziac)</b> .....	<b>15</b>
BAQSIMI ONE PACK- glucagon nasal powder 3 mg/ dose.....	8	<b>bisoprolol &amp; hydrochlorothiazide tab 10-6.25 mg (Ziac)</b> .....	<b>15</b>
BAQSIMI TWO PACK- glucagon nasal powder 3 mg/ dose.....	8	BREATHERITE- spacer/aerosol-holding chambers - device.....	43
BARACLUDE- entecavir oral soln 0.05 mg/ml.....	2	BREO ELLIPTA- fluticasone furoate-vilanterol aero powd ba 100-25 mcg/inh.....	20
BELBUCA- buprenorphine hcl buccal film 75 mcg (base equivalent).....	28		



BREO ELLIPTA- fluticasone furoate-vilanterol aero powd ba 200-25 mcg/inh.....	20	chlordiazepoxide hcl cap 10 mg.....	23
BREZTRI AEROSPHERE- budesonide-glycopyrrolate- formoterol aers 160-9-4.8 mcg/act.....	20	chlordiazepoxide hcl cap 25 mg.....	23
BRILINTA- ticagrelor tab 60 mg.....	37	chlorhexidine gluconate soln 0.12% (Peridex).....	41
BRILINTA- ticagrelor tab 90 mg.....	37	chlorthalidone tab 25 mg.....	17
brimonidine tartrate ophth soln 0.2%.....	40	cilostazol tab 50 mg (Pletal).....	37
bupropion hcl tab er 12hr 100 mg (Wellbutrin sr).....	24	cilostazol tab 100 mg (Pletal).....	37
bupropion hcl tab er 12hr 150 mg (Wellbutrin sr).....	24	CIMDUO- lamivudine-tenofovir disoproxil fumarate tab 300-300 mg.....	2
bupropion hcl tab er 12hr 200 mg (Wellbutrin sr).....	24	ciprofloxacin hcl ophth soln 0.3% (base equivalent) (Ciloxan).....	41
bupropion hcl tab er 24hr 150 mg (Wellbutrin xl).....	24	ciprofloxacin hcl tab 750 mg (base equiv).....	1
bupropion hcl tab er 24hr 300 mg (Wellbutrin xl).....	24	ciprofloxacin hcl tab 250 mg (base equiv) (Cipro).....	1
bupirone hcl tab 5 mg.....	23	ciprofloxacin hcl tab 500 mg (base equiv) (Cipro).....	1
bupirone hcl tab 10 mg.....	23	citalopram hydrobromide tab 10 mg (base equiv) (Celexa).....	24
bupirone hcl tab 15 mg.....	23	citalopram hydrobromide tab 20 mg (base equiv) (Celexa).....	24
<b>C</b>		citalopram hydrobromide tab 40 mg (base equiv) (Celexa).....	24
CABOMETYX- cabozantinib s-malate tab 20 mg (base equivalent).....	4	clindamycin hcl cap 150 mg (Cleocin).....	3
CABOMETYX- cabozantinib s-malate tab 40 mg (base equivalent).....	4	clindamycin hcl cap 300 mg (Cleocin).....	3
CABOMETYX- cabozantinib s-malate tab 60 mg (base equivalent).....	4	CLOMIPHENE CITRATE- clomiphene citrate tab 50 mg.....	12
calcitriol cap 0.25 mcg (Rocaltrol).....	12	clonazepam tab 0.5 mg (Klonopin).....	31
CARBAGLU- carglumic acid tab 200 mg.....	12	clonazepam tab 1 mg (Klonopin).....	31
carbidopa & levodopa tab 10-100 mg (Sinemet).....	32	clonazepam tab 2 mg (Klonopin).....	31
carbidopa & levodopa tab 25-100 mg (Sinemet).....	32	clonidine hcl tab 0.1 mg (Catapres).....	15
carbonyl iron susp 15 mg/1.25ml (elemental iron).....	34	clonidine hcl tab 0.2 mg (Catapres).....	15
carisoprodol tab 350 mg (Soma).....	32	clonidine hcl tab 0.3 mg (Catapres).....	15
carvedilol tab 3.125 mg (Coreg).....	13	clopidogrel bisulfate tab 75 mg (base equiv) (Plavix).....	37
carvedilol tab 6.25 mg (Coreg).....	13	clotrimazole cream 1%.....	41
carvedilol tab 12.5 mg (Coreg).....	13	COAGADEX- coagulation factor x (human) for inj 250 unit.....	37
carvedilol tab 25 mg (Coreg).....	13	COAGADEX- coagulation factor x (human) for inj 500 unit.....	37
cefadroxil cap 500 mg.....	1	COMBIPATCH- estradiol-norethindrone ace td pttw 0.05-0.14 mg/day.....	7
cefdinir cap 300 mg.....	1	COMBIPATCH- estradiol-norethindrone ace td pttw 0.05-0.25 mg/day.....	7
celecoxib cap 50 mg (Celebrex).....	29	COMBIVENT RESPIMAT- ipratropium-albuterol inhal aerosol soln 20-100 mcg/act.....	20
celecoxib cap 100 mg (Celebrex).....	29	CORIFACT- factor xiii concentrate (human) for inj kit 1000-1600 unit.....	37
celecoxib cap 200 mg (Celebrex).....	29	CORLANOR- ivabradine hcl oral soln 5 mg/5ml (base equiv).....	18
cephalexin cap 250 mg (Keflex).....	1	CORLANOR- ivabradine hcl tab 5 mg (base equiv).....	18
cephalexin cap 500 mg (Keflex).....	1	CORLANOR- ivabradine hcl tab 7.5 mg (base equiv).....	18
CERDELGA- eliglustat tartrate cap 84 mg (base equivalent).....	34	COSENTYX- secukinumab subcutaneous pref syr 150 mg/ml (300 mg dose).....	42
cetirizine hcl oral soln 1 mg/ml (5 mg/5ml).....	18	COSENTYX- secukinumab subcutaneous soln prefilled syringe 75 mg/0.5ml.....	41
CHANTIX CONTINUING MONTH- varenicline tartrate tab 1 mg (base equiv).....	27		
CHANTIX STARTING MONTH PA- varenicline tartrate tab 0.5 mg x 11 & tab 1 mg x 42 pack.....	27		
CHANTIX- varenicline tartrate tab 0.5 mg (base equiv).....	27		
CHANTIX- varenicline tartrate tab 1 mg (base equiv).....	27		
CHEMET- succimer cap 100 mg.....	42		
CHENODAL- chenodiol tab 250 mg.....	22		
chlordiazepoxide hcl cap 5 mg.....	23		

COSENTYX- secukinumab subcutaneous soln prefilled syringe 150 mg/ml.....	41	<b>diclofenac sodium tab delayed release 50 mg.....</b>	<b>29</b>
COSENTYX SENSOREADY PEN- secukinumab subcutaneous auto-inj 150 mg/ml (300 mg dose).....	42	<b>diclofenac sodium tab delayed release 75 mg.....</b>	<b>29</b>
COSENTYX SENSOREADY PEN- secukinumab subcutaneous soln auto-injector 150 mg/ml.....	42	<b>dicyclomine hcl cap 10 mg (Bentyl).....</b>	<b>21</b>
COTELLIC- cobimetinib fumarate tab 20 mg (base equivalent).....	4	<b>dicyclomine hcl tab 20 mg (Bentyl).....</b>	<b>21</b>
CREON- pancrelipase (lip-prot-amyl) dr cap 3000-9500-15000 unit.....	22	<b>diethylpropion hcl tab 25 mg.....</b>	<b>26</b>
CREON- pancrelipase (lip-prot-amyl) dr cap 6000-19000-30000 unit.....	22	<b>digoxin tab 125 mcg (0.125 mg) (Lanoxin).....</b>	<b>13</b>
CREON- pancrelipase (lip-prot-amyl) dr cap 12000-38000-60000 unit.....	22	<b>digoxin tab 250 mcg (0.25 mg) (Lanoxin).....</b>	<b>13</b>
CREON- pancrelipase (lip-prot-amyl) dr cap 24000-76000-120000 unit.....	22	DILANTIN- phenytoin sodium extended cap 30 mg.....	31
CREON- pancrelipase (lip-prot-amyl) dr cap 36000-114000-180000 unit.....	22	<b>diltiazem hcl coated beads cap er 24hr 120 mg (Cardizem cd).....</b>	<b>14</b>
CRINONE- progesterone vaginal gel 4%.....	23	<b>diltiazem hcl coated beads cap er 24hr 180 mg (Cardizem cd).....</b>	<b>14</b>
CRINONE- progesterone vaginal gel 8%.....	23	<b>diltiazem hcl coated beads cap er 24hr 240 mg (Cardizem cd).....</b>	<b>14</b>
<b>cromolyn sodium ophth soln 4%.....</b>	<b>41</b>	<b>diltiazem hcl extended release beads cap er 24hr 120 mg (Tiazac).....</b>	<b>14</b>
<b>cyanocobalamin inj 1000 mcg/ml.....</b>	<b>34</b>	<b>diltiazem hcl tab 30 mg (Cardizem).....</b>	<b>14</b>
<b>cyclobenzaprine hcl tab 5 mg.....</b>	<b>32</b>	<b>diltiazem hcl tab 60 mg (Cardizem).....</b>	<b>14</b>
<b>cyclobenzaprine hcl tab 10 mg.....</b>	<b>32</b>	<b>divalproex sodium tab delayed release 125 mg (Depakote).....</b>	<b>31</b>
<b>cyclopentolate hcl ophth soln 1% (Cyclogyl).....</b>	<b>41</b>	<b>divalproex sodium tab delayed release 250 mg (Depakote).....</b>	<b>31</b>
<b>cyproheptadine hcl tab 4 mg.....</b>	<b>18</b>	<b>divalproex sodium tab delayed release 500 mg (Depakote).....</b>	<b>31</b>
CYSTADANE- betaine powder for oral solution.....	12	DIVIGEL- estradiol td gel 0.25 mg/0.25gm (0.1%).....	7
CYSTAGON- cysteamine bitartrate cap 50 mg.....	23	DIVIGEL- estradiol td gel 0.5 mg/0.5gm (0.1%).....	7
CYSTAGON- cysteamine bitartrate cap 150 mg.....	23	DIVIGEL- estradiol td gel 0.75 mg/0.75gm (0.1%).....	7
		DIVIGEL- estradiol td gel 1 mg/gm (0.1%).....	7
		DIVIGEL- estradiol td gel 1.25 mg/1.25gm (0.1%).....	7
<b>D</b>		<b>donepezil hydrochloride orally disintegrating tab 5 mg.....</b>	<b>27</b>
DELSTRIGO- doravirine-lamivudine-tenofovir df tab 100-300-300 mg.....	2	<b>donepezil hydrochloride orally disintegrating tab 10 mg.....</b>	<b>27</b>
DESCOVY- emtricitabine-tenofovir alafenamide fumarate tab 200-25 mg.....	2	<b>donepezil hydrochloride tab 5 mg (Aricept).....</b>	<b>27</b>
<b>desogestrel &amp; ethinyl estradiol tab 0.15 mg-30 mcg (Desogen).....</b>	<b>7</b>	<b>donepezil hydrochloride tab 10 mg (Aricept).....</b>	<b>27</b>
<b>dexamethasone tab 0.5 mg.....</b>	<b>6</b>	<b>dorzolamide hcl ophth soln 2% (Trusopt).....</b>	<b>41</b>
<b>dexamethasone tab 0.75 mg.....</b>	<b>6</b>	<b>dorzolamide hcl-timolol maleate ophth soln 22.3-6.8 mg/ml (Cosopt).....</b>	<b>41</b>
<b>dexamethasone tab 1.5 mg.....</b>	<b>6</b>	DOVATO- dolutegravir sodium-lamivudine tab 50-300 mg (base eq).....	2
<b>dexamethasone tab 4 mg.....</b>	<b>6</b>	<b>doxazosin mesylate tab 1 mg (Cardura).....</b>	<b>15</b>
<b>dexamethasone tab 6 mg.....</b>	<b>6</b>	<b>doxazosin mesylate tab 2 mg (Cardura).....</b>	<b>15</b>
<b>dexmethylphenidate hcl tab 2.5 mg (Focalin).....</b>	<b>26</b>	<b>doxazosin mesylate tab 4 mg (Cardura).....</b>	<b>15</b>
DIASTAT ACUDIAL- diazepam rectal gel delivery system 10 mg.....	31	<b>doxazosin mesylate tab 8 mg (Cardura).....</b>	<b>15</b>
DIASTAT ACUDIAL- diazepam rectal gel delivery system 20 mg.....	31	<b>doxepin hcl cap 10 mg.....</b>	<b>24</b>
DIASTAT PEDIATRIC- diazepam rectal gel delivery system 2.5 mg.....	31	<b>doxepin hcl conc 10 mg/ml.....</b>	<b>24</b>
<b>diazepam tab 2 mg (Valium).....</b>	<b>23</b>	<b>doxycycline hyclate cap 100 mg (Vibramycin).....</b>	<b>1</b>
<b>diazepam tab 5 mg (Valium).....</b>	<b>23</b>	<b>doxycycline hyclate tab 100 mg.....</b>	<b>1</b>
<b>diazepam tab 10 mg (Valium).....</b>	<b>23</b>	<b>doxycycline monohydrate cap 50 mg.....</b>	<b>1</b>
<b>diclofenac sodium ophth soln 0.1%.....</b>	<b>41</b>	<b>doxycycline monohydrate cap 100 mg (Monodox).....</b>	<b>1</b>
		DUAVEE- conjugated estrogens-basedoxifene tab 0.45-20 mg.....	7

DULERA- mometasone furoate-formoterol fumarate aerosol 50-5 mcg/act.....	20	enalapril maleate tab 2.5 mg (Vasotec).....	15
DULERA- mometasone furoate-formoterol fumarate aerosol 100-5 mcg/act.....	20	enalapril maleate tab 5 mg (Vasotec).....	15
DULERA- mometasone furoate-formoterol fumarate aerosol 200-5 mcg/act.....	20	enalapril maleate tab 10 mg (Vasotec).....	15
<b>duloxetine hcl enteric coated pellets cap 20 mg (base eq) (Cymbalta).....</b>	<b>24</b>	enalapril maleate tab 20 mg (Vasotec).....	15
<b>duloxetine hcl enteric coated pellets cap 30 mg (base eq) (Cymbalta).....</b>	<b>24</b>	ENBREL- etanercept for subcutaneous inj 25 mg.....	29
<b>duloxetine hcl enteric coated pellets cap 60 mg (base eq) (Cymbalta).....</b>	<b>24</b>	ENBREL- etanercept subcutaneous inj 25 mg/0.5ml.....	29
<b>dutasteride cap 0.5 mg (Avodart).....</b>	<b>23</b>	ENBREL- etanercept subcutaneous soln prefilled syringe 25 mg/0.5ml.....	29
<b>E</b>		ENBREL- etanercept subcutaneous soln prefilled syringe 50 mg/ml.....	29
ELIQUIS- apixaban tab 2.5 mg.....	35	ENBREL MINI- etanercept subcutaneous solution cartridge 50 mg/ml.....	29
ELIQUIS- apixaban tab 5 mg.....	35	ENBREL SURECLICK- etanercept subcutaneous solution auto-injector 50 mg/ml.....	29
ELIQUIS STARTER PACK- apixaban tab starter pack 5 mg.....	35	ENTRESTO- sacubitril-valsartan tab 24-26 mg.....	18
ELLA- ulipristal acetate tab 30 mg.....	7	ENTRESTO- sacubitril-valsartan tab 49-51 mg.....	18
ELOCTATE- antihemophilic factor rcmb (bdd-rfviiiic) for inj 250 unit.....	37	ENTRESTO- sacubitril-valsartan tab 97-103 mg.....	18
ELOCTATE- antihemophilic factor rcmb (bdd-rfviiiic) for inj 500 unit.....	37	EPCLUSA- sofosbuvir-velpatasvir tab 200-50 mg.....	2
ELOCTATE- antihemophilic factor rcmb (bdd-rfviiiic) for inj 750 unit.....	37	EPCLUSA- sofosbuvir-velpatasvir tab 400-100 mg.....	2
ELOCTATE- antihemophilic factor rcmb (bdd-rfviiiic) for inj 1000 unit.....	37	EPIDIOLEX- cannabidiol soln 100 mg/ml.....	31
ELOCTATE- antihemophilic factor rcmb (bdd-rfviiiic) for inj 1500 unit.....	37	<b>ergocalciferol cap 1.25 mg (50000 unit) (Drisdol).....</b>	<b>33</b>
ELOCTATE- antihemophilic factor rcmb (bdd-rfviiiic) for inj 2000 unit.....	37	ERIVEDGE- vismodegib cap 150 mg.....	4
ELOCTATE- antihemophilic factor rcmb (bdd-rfviiiic) for inj 3000 unit.....	37	ERLEADA- apalutamide tab 60 mg.....	4
ELOCTATE- antihemophilic factor rcmb (bdd-rfviiiic) for inj 4000 unit.....	37	<b>erythromycin ophth oint 5 mg/gm.....</b>	<b>41</b>
ELOCTATE- antihemophilic factor rcmb (bdd-rfviiiic) for inj 5000 unit.....	37	<b>escitalopram oxalate tab 5 mg (base equiv) (Lexapro).....</b>	<b>24</b>
ELOCTATE- antihemophilic factor rcmb (bdd-rfviiiic) for inj 6000 unit.....	37	<b>escitalopram oxalate tab 10 mg (base equiv) (Lexapro).....</b>	<b>24</b>
EMCYT- estramustine phosphate sodium cap 140 mg.....	4	<b>escitalopram oxalate tab 20 mg (base equiv) (Lexapro).....</b>	<b>24</b>
EMEND- aprepitant for oral susp 125 mg (125 mg/5ml).....	22	ESPEROCT- antihemophilic factor recomb glycopeg-exei for inj 500 unit.....	37
EMGALITY- galcanezumab-gnlm subcutaneous soln auto-injector 120 mg/ml.....	30	ESPEROCT- antihemophilic factor recomb glycopeg-exei for inj 1000 unit.....	37
EMGALITY- galcanezumab-gnlm subcutaneous soln prefilled syr 100 mg/ml.....	30	ESPEROCT- antihemophilic factor recomb glycopeg-exei for inj 1500 unit.....	37
EMGALITY- galcanezumab-gnlm subcutaneous soln prefilled syr 120 mg/ml.....	31	ESPEROCT- antihemophilic factor recomb glycopeg-exei for inj 2000 unit.....	37
<b>enalapril maleate &amp; hydrochlorothiazide tab 5-12.5 mg.....</b>	<b>15</b>	ESPEROCT- antihemophilic factor recomb glycopeg-exei for inj 3000 unit.....	37
<b>enalapril maleate &amp; hydrochlorothiazide tab 10-25 mg (Vaseretic).....</b>	<b>15</b>	<b>estradiol tab 0.5 mg (Estrace).....</b>	<b>7</b>
		<b>estradiol tab 1 mg (Estrace).....</b>	<b>7</b>
		<b>estradiol tab 2 mg (Estrace).....</b>	<b>7</b>
		ESTRING- estradiol vaginal ring 2 mg (7.5 mcg/24hrs).....	23
		<b>eszopiclone tab 1 mg (Lunesta).....</b>	<b>26</b>
		<b>eszopiclone tab 2 mg (Lunesta).....</b>	<b>26</b>
		<b>eszopiclone tab 3 mg (Lunesta).....</b>	<b>26</b>
<b>F</b>			
		famciclovir tab 125 mg (Famvir).....	2
		famotidine tab 20 mg (Pepcid).....	21
		famotidine tab 40 mg (Pepcid).....	21

FARXIGA- dapagliflozin propanediol tab 5 mg (base equivalent).....	8	FLUTICASONE PROPIONATE/SA- fluticasone-salmeterol aer powder ba 55-14 mcg/act.....	20
FARXIGA- dapagliflozin propanediol tab 10 mg (base equivalent).....	8	FLUTICASONE PROPIONATE/SA- fluticasone-salmeterol aer powder ba 113-14 mcg/act.....	20
FEIBA- antiinhibitor coagulant complex for iv soln 500 unit.....	37	FLUTICASONE PROPIONATE/SA- fluticasone-salmeterol aer powder ba 232-14 mcg/act.....	20
FEIBA- antiinhibitor coagulant complex for iv soln 1000 unit.....	37	<b>fluticasone propionate nasal susp 50 mcg/act.....</b>	<b>19</b>
FEIBA- antiinhibitor coagulant complex for iv soln 2500 unit.....	37	<b>folic acid cap 0.8 mg.....</b>	<b>34</b>
<b>felodipine tab er 24hr 2.5 mg.....</b>	<b>14</b>	<b>folic acid tab 400 mcg.....</b>	<b>34</b>
<b>felodipine tab er 24hr 5 mg.....</b>	<b>14</b>	<b>folic acid tab 800 mcg.....</b>	<b>34</b>
<b>felodipine tab er 24hr 10 mg.....</b>	<b>14</b>	<b>folic acid tab 1 mg.....</b>	<b>34</b>
<b>fenofibrate tab 54 mg (Lofibra).....</b>	<b>17</b>	FOLLISTIM AQ- follitropin beta inj 300 unit/0.36ml.....	12
<b>fenofibrate tab 160 mg (Lofibra).....</b>	<b>17</b>	FOLLISTIM AQ- follitropin beta inj 600 unit/0.72ml.....	12
<b>fenofibrate tab 48 mg (Tricor).....</b>	<b>17</b>	FOLLISTIM AQ- follitropin beta inj 900 unit/1.08ml.....	12
<b>fenofibrate tab 145 mg (Tricor).....</b>	<b>17</b>	FORTEO- teriparatide (recombinant) soln pen-inj 620 mcg/2.48ml.....	13
<b>ferrous sulfate elixir 220 mg/5ml (44 mg/5ml elemental fe).....</b>	<b>34</b>	<b>fosinopril sodium tab 10 mg.....</b>	<b>15</b>
<b>ferrous sulfate soln 75 mg/ml (15 mg/ml elemental fe).....</b>	<b>34</b>	<b>fosinopril sodium tab 20 mg.....</b>	<b>15</b>
FIASP FLEXTOUCH- insulin aspart (with niacinamide) sol pen-inj 100 unit/ml.....	11	<b>fosinopril sodium tab 40 mg.....</b>	<b>15</b>
FIASP- insulin aspart (with niacinamide) inj 100 unit/ml.....	11	FULPHILA- pegfilgrastim-jmdb soln prefilled syringe 6 mg/0.6ml.....	34
FIASP PENFILL- insulin aspart (with niacinamide) soln cartridge 100 unit/ml.....	11	<b>furosemide oral soln 10 mg/ml.....</b>	<b>17</b>
FINACEA- azelaic acid foam 15%.....	42	<b>furosemide tab 20 mg (Lasix).....</b>	<b>17</b>
<b>finasteride tab 5 mg (Proscar).....</b>	<b>23</b>	<b>furosemide tab 40 mg (Lasix).....</b>	<b>17</b>
FLOVENT DISKUS- fluticasone propionate aer pow ba 50 mcg/blister.....	20	<b>furosemide tab 80 mg (Lasix).....</b>	<b>17</b>
FLOVENT DISKUS- fluticasone propionate aer pow ba 100 mcg/blister.....	20	<b>G</b>	
FLOVENT DISKUS- fluticasone propionate aer pow ba 250 mcg/blister.....	20	<b>gabapentin cap 100 mg (Neurontin).....</b>	<b>31</b>
FLOVENT HFA- fluticasone propionate hfa inhal aer 110 mcg/act (125/valve).....	20	<b>gabapentin cap 300 mg (Neurontin).....</b>	<b>31</b>
FLOVENT HFA- fluticasone propionate hfa inhal aer 220 mcg/act (250/valve).....	20	<b>gabapentin cap 400 mg (Neurontin).....</b>	<b>31</b>
FLOVENT HFA- fluticasone propionate hfa inhal aero 44 mcg/act (50/valve).....	20	<b>gabapentin tab 600 mg (Neurontin).....</b>	<b>31</b>
<b>fluconazole tab 50 mg (Diflucan).....</b>	<b>2</b>	<b>gabapentin tab 800 mg (Neurontin).....</b>	<b>31</b>
<b>fluconazole tab 100 mg (Diflucan).....</b>	<b>2</b>	<b>gemfibrozil tab 600 mg (Lopid).....</b>	<b>17</b>
<b>fluconazole tab 150 mg (Diflucan).....</b>	<b>2</b>	<b>gentamicin sulfate ophth soln 0.3% (Garamycin).....</b>	<b>41</b>
<b>fluconazole tab 200 mg (Diflucan).....</b>	<b>2</b>	GENVOYA- elvitegrav-cobic-emtricitab-tenofov af tab 150-150-200-10 mg.....	2
<b>fludrocortisone acetate tab 0.1 mg.....</b>	<b>6</b>	GILENYA- fingolimod hcl cap 0.5 mg (base equiv).....	27
<b>fluoxetine hcl cap 10 mg (Prozac).....</b>	<b>24</b>	<b>glimepiride tab 1 mg (Amaryl).....</b>	<b>8</b>
<b>fluoxetine hcl cap 20 mg (Prozac).....</b>	<b>24</b>	<b>glimepiride tab 2 mg (Amaryl).....</b>	<b>8</b>
<b>fluoxetine hcl cap 40 mg (Prozac).....</b>	<b>24</b>	<b>glimepiride tab 4 mg (Amaryl).....</b>	<b>8</b>
FLUPHENAZINE HCL- fluphenazine hcl oral conc 5 mg/ml.....	25	<b>glipizide tab er 24hr 2.5 mg (Glucotrol xl).....</b>	<b>8</b>
FLUPHENAZINE HYDROCHLORID- fluphenazine hcl elixir 2.5 mg/5ml.....	25	<b>glipizide tab er 24hr 5 mg (Glucotrol xl).....</b>	<b>8</b>
		<b>glipizide tab er 24hr 10 mg (Glucotrol xl).....</b>	<b>8</b>
		<b>glipizide tab 5 mg (Glucotrol).....</b>	<b>8</b>
		<b>glipizide tab 10 mg (Glucotrol).....</b>	<b>8</b>
		GLUCAGON EMERGENCY KIT FO- glucagon hcl for inj 1 mg.....	8
		<b>glyburide-metformin tab 1.25-250 mg (Glucovance).....</b>	<b>8</b>
		<b>glyburide-metformin tab 2.5-500 mg (Glucovance).....</b>	<b>8</b>
		<b>glyburide-metformin tab 5-500 mg (Glucovance).....</b>	<b>8</b>
		<b>glyburide micronized tab 1.5 mg (Glynase).....</b>	<b>8</b>
		<b>glyburide micronized tab 3 mg (Glynase).....</b>	<b>8</b>
		<b>glyburide micronized tab 6 mg (Glynase).....</b>	<b>8</b>

<b>glyburide tab 1.25 mg</b> .....	<b>8</b>	HUMATE-P- antihemophilic factor/vwf (human) for inj 500-1200 unit.....	<b>38</b>
<b>glyburide tab 2.5 mg</b> .....	<b>8</b>	HUMATE-P- antihemophilic factor/vwf (human) for inj 1000-2400 unit.....	<b>38</b>
<b>glyburide tab 5 mg</b> .....	<b>8</b>	HUMIRA- adalimumab prefilled syringe kit 10 mg/0.1ml.....	<b>29</b>
GLYXAMBI- empagliflozin-linagliptin tab 10-5 mg.....	9	HUMIRA- adalimumab prefilled syringe kit 20 mg/0.2ml.....	<b>29</b>
GLYXAMBI- empagliflozin-linagliptin tab 25-5 mg.....	9	HUMIRA- adalimumab prefilled syringe kit 40 mg/0.8ml.....	<b>29</b>
GRANIX- tbo-filgrastim soln prefilled syringe 300 mcg/0.5ml.....	<b>34</b>	HUMIRA- adalimumab prefilled syringe kit 40 mg/0.4ml.....	<b>29</b>
GRANIX- tbo-filgrastim soln prefilled syringe 480 mcg/0.8ml.....	<b>34</b>	HUMIRA PEDIATRIC CROHNS D- adalimumab prefilled syringe kit 80 mg/0.8ml.....	<b>29</b>
GRANIX- tbo-filgrastim subcutaneous inj 300 mcg/ml.....	<b>34</b>	HUMIRA PEDIATRIC CROHNS D- adalimumab prefilled syringe kit 80 mg/0.8ml & 40 mg/0.4ml.....	<b>29</b>
GRANIX- tbo-filgrastim subcutaneous inj 480 mcg/1.6ml (300 mcg/ml).....	<b>34</b>	HUMIRA PEN- adalimumab pen-injector kit 40 mg/0.8ml.....	<b>29</b>
GVOKE HYOPEN 1-PACK- glucagon subcutaneous solution auto-injector 0.5 mg/0.1ml.....	<b>9</b>	HUMIRA PEN- adalimumab pen-injector kit 40 mg/0.4ml.....	<b>29</b>
GVOKE HYOPEN 1-PACK- glucagon subcutaneous solution auto-injector 1 mg/0.2ml.....	<b>9</b>	HUMIRA PEN- adalimumab pen-injector kit 80 mg/0.8ml.....	<b>29</b>
GVOKE HYOPEN 2-PACK- glucagon subcutaneous solution auto-injector 0.5 mg/0.1ml.....	<b>9</b>	HUMIRA PEN-CD/UC/HS START- adalimumab pen- injector kit 40 mg/0.8ml.....	<b>29</b>
GVOKE HYOPEN 2-PACK- glucagon subcutaneous solution auto-injector 1 mg/0.2ml.....	<b>9</b>	HUMIRA PEN-CD/UC/HS START- adalimumab pen- injector kit 80 mg/0.8ml.....	<b>29</b>
GVOKE PFS- glucagon subcutaneous soln pref syringe 0.5 mg/0.1ml.....	<b>9</b>	HUMIRA PEN-PEDIATRIC UC S- adalimumab pen- injector kit 80 mg/0.8ml.....	<b>29</b>
GVOKE PFS- glucagon subcutaneous soln pref syringe 1 mg/0.2ml.....	<b>9</b>	HUMIRA PEN-PS/UV STARTER- adalimumab pen- injector kit 40 mg/0.8ml.....	<b>29</b>
<b>H</b>		HUMIRA PEN-PS/UV STARTER- adalimumab pen- injector kit 80 mg/0.8ml & 40 mg/0.4ml.....	<b>30</b>
<b>haloperidol lactate oral conc 2 mg/ml</b> .....	<b>25</b>	HUMULIN R U-500 (CONCENTR- insulin regular (human) inj 500 unit/ml.....	<b>11</b>
<b>haloperidol tab 0.5 mg</b> .....	<b>25</b>	HUMULIN R U-500 KWIKPEN- insulin regular (human) soln pen-injector 500 unit/ml.....	<b>11</b>
<b>haloperidol tab 1 mg</b> .....	<b>25</b>	<b>hydralazine hcl tab 10 mg</b> .....	<b>15</b>
<b>haloperidol tab 2 mg</b> .....	<b>25</b>	<b>hydralazine hcl tab 25 mg</b> .....	<b>15</b>
HARVONI- ledipasvir-sofosbuvir pellet pack 33.75-150 mg.....	<b>2</b>	<b>hydralazine hcl tab 50 mg</b> .....	<b>15</b>
HARVONI- ledipasvir-sofosbuvir pellet pack 45-200 mg.....	<b>2</b>	<b>hydralazine hcl tab 100 mg</b> .....	<b>15</b>
HARVONI- ledipasvir-sofosbuvir tab 45-200 mg.....	<b>2</b>	<b>hydrochlorothiazide cap 12.5 mg (Microzide)</b> .....	<b>17</b>
HARVONI- ledipasvir-sofosbuvir tab 90-400 mg.....	<b>2</b>	<b>hydrochlorothiazide tab 12.5 mg</b> .....	<b>17</b>
HEMLIBRA- emicizumab-kxwh subcutaneous soln 30 mg/ ml.....	<b>37</b>	<b>hydrochlorothiazide tab 25 mg</b> .....	<b>17</b>
HEMLIBRA- emicizumab-kxwh subcutaneous soln 150 mg/ml.....	<b>37</b>	<b>hydrochlorothiazide tab 50 mg</b> .....	<b>17</b>
HEMLIBRA- emicizumab-kxwh subcutaneous soln 60 mg/0.4ml (150 mg/ml).....	<b>37</b>	<b>hydrocodone-acetaminophen tab 7.5-325 mg (Norco)</b> .....	<b>28</b>
HEMLIBRA- emicizumab-kxwh subcutaneous soln 105 mg/0.7ml (150 mg/ml).....	<b>37</b>	<b>hydrocodone-acetaminophen tab 5-325 mg (Norco)</b> .....	<b>28</b>
HEMOFIL M- antihemophilic factor (human) for inj 250 unit.....	<b>37</b>	<b>hydrocodone-acetaminophen tab 10-325 mg (Norco)</b> .....	<b>28</b>
HEMOFIL M- antihemophilic factor (human) for inj 500 unit.....	<b>37</b>	<b>hydrocodone w/ homatropine syrup 5-1.5 mg/5ml</b> .....	<b>19</b>
HEMOFIL M- antihemophilic factor (human) for inj 1000 unit.....	<b>37</b>	<b>hydrocortisone cream 1%</b> .....	<b>42</b>
HEMOFIL M- antihemophilic factor (human) for inj 1700 unit.....	<b>37</b>	<b>hydrocortisone cream 2.5%</b> .....	<b>42</b>
HUMATE-P- antihemophilic factor/vwf (human) for inj 250-600 unit.....	<b>37</b>		

hydrocortisone oint 1%.....	42	INSULIN ASPART PROTAMINE/- insulin aspart prot & aspart sus pen-inj 100 unit/ml (70-30).....	11
hydrocortisone oint 2.5%.....	42	INSULIN PEN NEEDLES – VARIOUS.....	42
hydromorphone hcl tab 2 mg (Dilaudid).....	28	INSULIN SYRINGES – VARIOUS.....	42
hydromorphone hcl tab 4 mg (Dilaudid).....	28	INTELENCE- etravirine tab 25 mg.....	2
hydroxyzine hcl syrup 10 mg/5ml.....	23	INTELENCE- etravirine tab 100 mg.....	2
hydroxyzine hcl tab 10 mg.....	23	INTELENCE- etravirine tab 200 mg.....	2
hydroxyzine hcl tab 25 mg.....	23	INTRON A- interferon alfa-2b for inj 10000000 unit.....	4
hydroxyzine hcl tab 50 mg.....	23	INTRON A- interferon alfa-2b for inj 18000000 unit.....	4
hydroxyzine pamoate cap 25 mg (Vistaril).....	23	INTRON A- interferon alfa-2b for inj 50000000 unit.....	4
hydroxyzine pamoate cap 50 mg (Vistaril).....	23	INTRON A- interferon alfa-2b inj 6000000 unit/ml.....	4
<b>I</b>			
<b>ibandronate sodium tab 150 mg (base equivalent) (Boniva).....</b>	<b>13</b>	INTRON A- interferon alfa-2b inj 10000000 unit/ml.....	4
IBRANCE- palbociclib cap 75 mg.....	4	INVOKAMET- canagliflozin-metformin hcl tab 50-500 mg.....	9
IBRANCE- palbociclib cap 100 mg.....	4	INVOKAMET- canagliflozin-metformin hcl tab 150-500 mg.....	9
IBRANCE- palbociclib cap 125 mg.....	4	INVOKAMET- canagliflozin-metformin hcl tab 50-1000 mg.....	9
IBRANCE- palbociclib tab 75 mg.....	4	INVOKAMET- canagliflozin-metformin hcl tab 150-1000 mg.....	9
IBRANCE- palbociclib tab 100 mg.....	4	INVOKAMET XR- canagliflozin-metformin hcl tab er 24hr 50-500 mg.....	9
IBRANCE- palbociclib tab 125 mg.....	4	INVOKAMET XR- canagliflozin-metformin hcl tab er 24hr 50-1000 mg.....	9
<b>ibuprofen susp 100 mg/5ml.....</b>	<b>30</b>	INVOKAMET XR- canagliflozin-metformin hcl tab er 24hr 150-500 mg.....	9
<b>ibuprofen tab 400 mg.....</b>	<b>30</b>	INVOKAMET XR- canagliflozin-metformin hcl tab er 24hr 150-1000 mg.....	9
<b>ibuprofen tab 600 mg.....</b>	<b>30</b>	INVOKANA- canagliflozin tab 100 mg.....	9
<b>ibuprofen tab 800 mg.....</b>	<b>30</b>	INVOKANA- canagliflozin tab 300 mg.....	9
IDELVION- coagulation factor ix (recomb) (rix-fp) for inj 250 unit.....	38	<b>ipratropium bromide inhal soln 0.02%.....</b>	<b>20</b>
IDELVION- coagulation factor ix (recomb) (rix-fp) for inj 500 unit.....	38	<b>irbesartan-hydrochlorothiazide tab 150-12.5 mg (Avalide).....</b>	<b>15</b>
IDELVION- coagulation factor ix (recomb) (rix-fp) for inj 1000 unit.....	38	<b>irbesartan-hydrochlorothiazide tab 300-12.5 mg (Avalide).....</b>	<b>16</b>
IDELVION- coagulation factor ix (recomb) (rix-fp) for inj 2000 unit.....	38	<b>irbesartan tab 75 mg (Avapro).....</b>	<b>15</b>
IDELVION- coagulation factor ix (recomb) (rix-fp) for inj 3500 unit.....	38	<b>irbesartan tab 150 mg (Avapro).....</b>	<b>15</b>
<b>imipramine hcl tab 10 mg (Tofranil).....</b>	<b>24</b>	<b>irbesartan tab 300 mg (Avapro).....</b>	<b>15</b>
<b>imipramine hcl tab 25 mg (Tofranil).....</b>	<b>24</b>	ISENTRESS HD- raltegravir potassium tab 600 mg (base equiv).....	2
<b>imipramine hcl tab 50 mg (Tofranil).....</b>	<b>24</b>	ISENTRESS- raltegravir potassium chew tab 25 mg (base equiv).....	2
IMPAVIDO- miltefosine cap 50 mg.....	3	ISENTRESS- raltegravir potassium chew tab 100 mg (base equiv).....	2
INBRIJA- levodopa inhal powder cap 42 mg.....	32	ISENTRESS- raltegravir potassium packet for susp 100 mg (base equiv).....	2
INCRELEX- mecasermin inj 40 mg/4ml (10 mg/ml).....	13	ISENTRESS- raltegravir potassium tab 400 mg (base equiv).....	2
INCRUSE ELLIPTA- umeclidinium br aero powd breath act 62.5 mcg/inh (base eq).....	20	<b>isoniazid tab 300 mg.....</b>	<b>1</b>
<b>indapamide tab 1.25 mg.....</b>	<b>17</b>	<b>isosorbide mononitrate tab er 24hr 30 mg.....</b>	<b>13</b>
<b>indapamide tab 2.5 mg.....</b>	<b>17</b>	<b>isosorbide mononitrate tab er 24hr 60 mg.....</b>	<b>13</b>
<b>indomethacin cap 25 mg.....</b>	<b>30</b>	<b>isosorbide mononitrate tab 10 mg.....</b>	<b>13</b>
<b>indomethacin cap 50 mg.....</b>	<b>30</b>	<b>isosorbide mononitrate tab 20 mg.....</b>	<b>13</b>
INSULIN ASPART FLEXPEN- insulin aspart soln pen-injector 100 unit/ml.....	11		
INSULIN ASPART- insulin aspart inj 100 unit/ml.....	11		
INSULIN ASPART PENFILL- insulin aspart soln cartridge 100 unit/ml.....	11		
INSULIN ASPART PROTAMINE/- insulin aspart prot & aspart (human) inj 100 unit/ml (70-30).....	11		

IXINITY- coagulation factor ix (recombinant) for inj 250 unit.....	38	KISQALI FEMARA 400 DOSE- ribociclib 400 mg dose (200 mg tab) & letrozole 2.5 mg tbpk.....	4
IXINITY- coagulation factor ix (recombinant) for inj 500 unit.....	38	KISQALI FEMARA 600 DOSE- ribociclib 600 mg dose (200 mg tab) & letrozole 2.5 mg tbpk.....	5
IXINITY- coagulation factor ix (recombinant) for inj 1000 unit.....	38	KISQALI- ribociclib succinate tab pack 200 mg daily dose.....	4
IXINITY- coagulation factor ix (recombinant) for inj 1500 unit.....	38	KISQALI- ribociclib succinate tab pack 400 mg daily dose (200 mg tab).....	4
IXINITY- coagulation factor ix (recombinant) for inj 2000 unit.....	38	KISQALI- ribociclib succinate tab pack 600 mg daily dose (200 mg tab).....	4
IXINITY- coagulation factor ix (recombinant) for inj 3000 unit.....	38	KOATE- antihemophilic factor (human) for inj 250 unit.....	38
<b>J</b>		KOATE- antihemophilic factor (human) for inj 500 unit.....	38
JANUMET- sitagliptin-metformin hcl tab 50-500 mg.....	9	KOATE- antihemophilic factor (human) for inj 1000 unit.....	38
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JANUMET XR- sitagliptin-metformin hcl tab er 24hr 50-500 mg.....	9	KOATE-DVI- antihemophilic factor (human) for inj 1000 unit.....	38
JANUMET XR- sitagliptin-metformin hcl tab er 24hr 50-1000 mg.....	9	KOGENATE FS- antihemophilic factor recomb (rfviii) for inj kit 250 unit.....	38
JANUMET XR- sitagliptin-metformin hcl tab er 24hr 100-1000 mg.....	9	KOGENATE FS- antihemophilic factor recomb (rfviii) for inj kit 500 unit.....	38
JANUVIA- sitagliptin phosphate tab 25 mg (base equiv).....	9	KOGENATE FS- antihemophilic factor recomb (rfviii) for inj kit 1000 unit.....	38
JANUVIA- sitagliptin phosphate tab 50 mg (base equiv).....	9	KOGENATE FS- antihemophilic factor recomb (rfviii) for inj kit 2000 unit.....	38
JANUVIA- sitagliptin phosphate tab 100 mg (base equiv).....	9	KOGENATE FS- antihemophilic factor recomb (rfviii) for inj kit 3000 unit.....	38
JARDIANCE- empagliflozin tab 10 mg.....	9	KOSHER PRENATAL PLUS IRON- prenatal vit w/ iron carbonyl-fa tab 30-1 mg.....	33
JARDIANCE- empagliflozin tab 25 mg.....	9	KOVALTRY- antihemophilic factor recomb (rahf-pfm) for inj 250 unit.....	38
JIVI- antihemophil fact rcmb(bdd-rfviii peg-aucl)for inj 1000 unit.....	38	KOVALTRY- antihemophilic factor recomb (rahf-pfm) for inj 500 unit.....	38
JIVI- antihemophil fact rcmb(bdd-rfviii peg-aucl)for inj 2000 unit.....	38	KOVALTRY- antihemophilic factor recomb (rahf-pfm) for inj 1000 unit.....	38
JIVI- antihemophil fact rcmb(bdd-rfviii peg-aucl)for inj 3000 unit.....	38	KOVALTRY- antihemophilic factor recomb (rahf-pfm) for inj 2000 unit.....	38
JIVI- antihemophil fact rcmb(bdd-rfviii peg-aucl) for inj 500 unit.....	38	KOVALTRY- antihemophilic factor recomb (rahf-pfm) for inj 3000 unit.....	38
JULUCA- dolutegravir sodium-rilpivirine hcl tab 50-25 mg (base eq).....	2	KYNMOBI- apomorphine hydrochloride film 10 mg.....	32
<b>K</b>		KYNMOBI- apomorphine hydrochloride film 15 mg.....	32
KALETRA- lopinavir-ritonavir tab 100-25 mg.....	2	KYNMOBI- apomorphine hydrochloride film 20 mg.....	32
KALETRA- lopinavir-ritonavir tab 200-50 mg.....	2	KYNMOBI- apomorphine hydrochloride film 25 mg.....	32
KALYDECO- ivacaftor packet 25 mg.....	21	KYNMOBI- apomorphine hydrochloride film 30 mg.....	32
KALYDECO- ivacaftor packet 50 mg.....	21	<b>L</b>	
KALYDECO- ivacaftor packet 75 mg.....	21	<b>labetalol hcl tab 100 mg (Trandate).....</b>	<b>13</b>
KALYDECO- ivacaftor tab 150 mg.....	21	<b>lamotrigine tab 25 mg (Lamictal).....</b>	<b>31</b>
KESIMPTA- ofatumumab soln auto-injector 20 mg/0.4ml.....	27	<b>lamotrigine tab 100 mg (Lamictal).....</b>	<b>31</b>
<b>ketoconazole shampoo 2% (Nizoral).....</b>	<b>42</b>	<b>lamotrigine tab 150 mg (Lamictal).....</b>	<b>31</b>
<b>ketorolac tromethamine ophth soln 0.5% (Acular).....</b>	<b>41</b>	<b>lamotrigine tab 200 mg (Lamictal).....</b>	<b>31</b>
KISQALI FEMARA 200 DOSE- ribociclib 200 mg dose (200 mg tab) & letrozole 2.5 mg tbpk.....	4	<b>LANCETS – VARIOUS.....</b>	<b>42</b>

<b>lansoprazole cap delayed release 30 mg (Prevacid).....</b>	<b>21</b>	<b>lisinopril tab 2.5 mg (Zestril).....</b>	<b>16</b>
LANTUS- insulin glargine inj 100 unit/ml.....	11	<b>lisinopril tab 30 mg (Zestril).....</b>	<b>16</b>
LANTUS SOLOSTAR- insulin glargine soln pen-injector 100 unit/ml.....	12	<b>lisinopril tab 40 mg (Zestril).....</b>	<b>16</b>
<b>latanoprost ophth soln 0.005% (Xalatan).....</b>	<b>41</b>	<b>lithium carbonate cap 300 mg.....</b>	<b>25</b>
LATUDA- lurasidone hcl tab 20 mg.....	25	<b>lithium carbonate cap 150 mg (Lithium carbonate).....</b>	<b>25</b>
LATUDA- lurasidone hcl tab 40 mg.....	25	<b>lithium carbonate cap 600 mg (Lithium carbonate).....</b>	<b>25</b>
LATUDA- lurasidone hcl tab 60 mg.....	25	<b>lithium carbonate tab er 450 mg.....</b>	<b>25</b>
LATUDA- lurasidone hcl tab 80 mg.....	25	<b>lithium carbonate tab er 300 mg (Lithobid).....</b>	<b>25</b>
LATUDA- lurasidone hcl tab 120 mg.....	25	<b>lithium carbonate tab 300 mg.....</b>	<b>25</b>
<b>letrozole tab 2.5 mg (Femara).....</b>	<b>5</b>	LOKELMA- sodium zirconium cyclosilicate for susp packet 5 gm.....	43
LEUKERAN- chlorambucil tab 2 mg.....	5	LOKELMA- sodium zirconium cyclosilicate for susp packet 10 gm.....	43
LEVEMIR FLEXTOUCH- insulin detemir soln pen-injector 100 unit/ml.....	12	<b>lorazepam tab 0.5 mg (Ativan).....</b>	<b>23</b>
LEVEMIR- insulin detemir inj 100 unit/ml.....	12	<b>lorazepam tab 1 mg (Ativan).....</b>	<b>23</b>
<b>levetiracetam tab 250 mg (Keppra).....</b>	<b>31</b>	<b>lorazepam tab 2 mg (Ativan).....</b>	<b>23</b>
<b>levetiracetam tab 500 mg (Keppra).....</b>	<b>31</b>	<b>losartan potassium &amp; hydrochlorothiazide tab 50-12.5 mg (Hyzaar).....</b>	<b>16</b>
<b>levocetirizine dihydrochloride tab 5 mg.....</b>	<b>19</b>	<b>losartan potassium &amp; hydrochlorothiazide tab 100-12.5 mg (Hyzaar).....</b>	<b>16</b>
<b>levofloxacin tab 250 mg (Levaquin).....</b>	<b>1</b>	<b>losartan potassium &amp; hydrochlorothiazide tab 100-25 mg (Hyzaar).....</b>	<b>16</b>
<b>levofloxacin tab 500 mg (Levaquin).....</b>	<b>1</b>	<b>losartan potassium tab 25 mg (Cozaar).....</b>	<b>16</b>
<b>levofloxacin tab 750 mg (Levaquin).....</b>	<b>1</b>	<b>losartan potassium tab 50 mg (Cozaar).....</b>	<b>16</b>
<b>levonorgestrel &amp; ethinyl estradiol tab 0.1 mg-20 mcg.....</b>	<b>7</b>	<b>losartan potassium tab 100 mg (Cozaar).....</b>	<b>16</b>
<b>levonorgestrel &amp; ethinyl estradiol tab 0.15 mg-30 mcg.....</b>	<b>7</b>	LOTEMAX- loteprednol etabonate ophth oint 0.5%.....	41
<b>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg.....</b>	<b>8</b>	LOTEMAX SM- loteprednol etabonate ophth gel 0.38%.....	41
<b>levothyroxine sodium tab 25 mcg (Synthroid).....</b>	<b>12</b>	<b>lovastatin tab 10 mg.....</b>	<b>17</b>
<b>levothyroxine sodium tab 50 mcg (Synthroid).....</b>	<b>12</b>	<b>lovastatin tab 20 mg.....</b>	<b>17</b>
<b>levothyroxine sodium tab 75 mcg (Synthroid).....</b>	<b>12</b>	<b>lovastatin tab 40 mg (Mevacor).....</b>	<b>17</b>
<b>levothyroxine sodium tab 88 mcg (Synthroid).....</b>	<b>12</b>	LUMIGAN- bimatoprost ophth soln 0.01%.....	41
<b>levothyroxine sodium tab 100 mcg (Synthroid).....</b>	<b>12</b>	LYNPARZA- olaparib tab 100 mg.....	5
<b>levothyroxine sodium tab 112 mcg (Synthroid).....</b>	<b>12</b>	LYNPARZA- olaparib tab 150 mg.....	5
<b>levothyroxine sodium tab 125 mcg (Synthroid).....</b>	<b>12</b>		
<b>levothyroxine sodium tab 137 mcg (Synthroid).....</b>	<b>12</b>	<b>M</b>	
<b>levothyroxine sodium tab 150 mcg (Synthroid).....</b>	<b>12</b>	MAVENCLAD- cladribine tab therapy pack 10 mg (4 tabs).....	27
<b>levothyroxine sodium tab 175 mcg (Synthroid).....</b>	<b>12</b>	MAVENCLAD- cladribine tab therapy pack 10 mg (5 tabs).....	27
<b>levothyroxine sodium tab 200 mcg (Synthroid).....</b>	<b>12</b>	MAVENCLAD- cladribine tab therapy pack 10 mg (6 tabs).....	27
<b>levothyroxine sodium tab 300 mcg (Synthroid).....</b>	<b>12</b>	MAVENCLAD- cladribine tab therapy pack 10 mg (7 tabs).....	27
<b>lidocaine hcl viscous soln 2%.....</b>	<b>41</b>	MAVENCLAD- cladribine tab therapy pack 10 mg (8 tabs).....	27
LINZESS- linaclotide cap 72 mcg.....	22	MAVENCLAD- cladribine tab therapy pack 10 mg (9 tabs).....	27
LINZESS- linaclotide cap 145 mcg.....	22	MAVENCLAD- cladribine tab therapy pack 10 mg (10 tabs).....	27
LINZESS- linaclotide cap 290 mcg.....	22	MAVYRET- glecaprevir-pibrentasvir tab 100-40 mg.....	2
<b>lisinopril &amp; hydrochlorothiazide tab 10-12.5 mg (Zestoretic).....</b>	<b>16</b>	MAYZENT- siponimod fumarate tab 0.25 mg (base equiv).....	27
<b>lisinopril &amp; hydrochlorothiazide tab 20-12.5 mg (Zestoretic).....</b>	<b>16</b>		
<b>lisinopril &amp; hydrochlorothiazide tab 20-25 mg (Zestoretic).....</b>	<b>16</b>		
<b>lisinopril tab 5 mg (Prinivil).....</b>	<b>16</b>		
<b>lisinopril tab 10 mg (Prinivil).....</b>	<b>16</b>		
<b>lisinopril tab 20 mg (Prinivil).....</b>	<b>16</b>		



MAYZENT- siponimod fumarate tab 2 mg (base equiv).....	27	metoprolol tartrate tab 100 mg (Lopressor).....	14
MAYZENT STARTER PACK- siponimod fumarate tab 0.25 mg (12) starter pack.....	27	metronidazole tab 250 mg (Flagyl).....	4
meclizine hcl tab 12.5 mg.....	22	metronidazole tab 500 mg (Flagyl).....	4
meclizine hcl tab 25 mg.....	22	minocycline hcl cap 50 mg (Minocin).....	1
medroxyprogesterone acetate tab 2.5 mg (Provera).....	8	minoxidil tab 2.5 mg.....	16
medroxyprogesterone acetate tab 5 mg (Provera).....	8	minoxidil tab 10 mg.....	16
medroxyprogesterone acetate tab 10 mg (Provera).....	8	mirtazapine tab 15 mg (Remeron).....	24
MEFLOQUINE HCL- mefloquine hcl tab 250 mg.....	3	mirtazapine tab 30 mg (Remeron).....	24
megestrol acetate tab 20 mg.....	5	mirtazapine tab 45 mg (Remeron).....	24
megestrol acetate tab 40 mg.....	5	misoprostol tab 100 mcg (Cytotec).....	21
MEKINIST- trametinib dimethyl sulfoxide tab 0.5 mg (base equivalent).....	5	misoprostol tab 200 mcg (Cytotec).....	21
MEKINIST- trametinib dimethyl sulfoxide tab 2 mg (base equivalent).....	5	MITIGARE- colchicine cap 0.6 mg.....	31
meloxicam tab 7.5 mg (Mobic).....	30	mometasone furoate oint 0.1% (Elocon).....	42
meloxicam tab 15 mg (Mobic).....	30	MONONINE- coagulation factor ix for inj 1000 unit.....	38
memantine hcl tab 5 mg (Namenda).....	27	montelukast sodium chew tab 4 mg (base equiv) (Singulair).....	20
memantine hcl tab 10 mg (Namenda).....	27	montelukast sodium chew tab 5 mg (base equiv) (Singulair).....	20
MESNEX- mesna tab 400 mg.....	5	montelukast sodium tab 10 mg (base equiv) (Singulair).....	20
metformin hcl tab er 24hr 500 mg (Glucophage xr).....	9	morphine sulfate oral soln 10 mg/5ml.....	28
metformin hcl tab er 24hr 750 mg (Glucophage xr).....	9	morphine sulfate tab er 15 mg (Ms contin).....	28
metformin hcl tab 500 mg (Glucophage).....	9	MOVANTIK- naloxegol oxalate tab 12.5 mg (base equivalent).....	22
metformin hcl tab 850 mg (Glucophage).....	9	MOVANTIK- naloxegol oxalate tab 25 mg (base equivalent).....	22
metformin hcl tab 1000 mg (Glucophage).....	10	MULTAQ- dronedarone hcl tab 400 mg (base equivalent).....	14
methadone hcl tab 10 mg (Dolophine).....	28	mupirocin oint 2% (Bactroban).....	42
methadone hcl tab 5 mg (Dolophine hcl).....	28	MYLERAN- busulfan tab 2 mg.....	5
methimazole tab 5 mg (Tapazole).....	12		
methimazole tab 10 mg (Tapazole).....	12	<b>N</b>	
methocarbamol tab 750 mg (Robaxin-750).....	33	nabumetone tab 500 mg.....	30
methocarbamol tab 500 mg (Robaxin).....	32	nabumetone tab 750 mg.....	30
methotrexate sodium inj 50 mg/2ml (25 mg/ml).....	5	naproxen tab ec 375 mg (Ec-naprosyn).....	30
methotrexate sodium inj pf 50 mg/2ml (25 mg/ml).....	5	naproxen tab ec 500 mg (Ec-naprosyn).....	30
methotrexate sodium inj pf 250 mg/10ml (25 mg/ml).....	5	naproxen tab 250 mg (Naprosyn).....	30
methylphenidate hcl tab 5 mg (Ritalin).....	26	naproxen tab 375 mg (Naprosyn).....	30
methylprednisolone tab 4 mg (Medrol).....	6	naproxen tab 500 mg (Naprosyn).....	30
methylprednisolone tab 16 mg (Medrol).....	6	NARCAN- naloxone hcl nasal spray 4 mg/0.1ml.....	42
methylprednisolone tab 32 mg (Medrol).....	6	NATACYN- natamycin ophth susp 5%.....	41
methylprednisolone tab therapy pack 4 mg (21) (Medrol dosepak).....	6	neomycin-polymyxin-dexamethasone ophth oint 0.1% (Maxitrol).....	41
metoclopramide hcl tab 5 mg (base equivalent) (Reglan).....	22	neomycin-polymyxin-dexamethasone ophth susp 0.1% (Maxitrol).....	41
metoclopramide hcl tab 10 mg (base equivalent) (Reglan).....	22	neomycin sulfate tab 500 mg.....	1
metoprolol succinate tab er 24hr 25 mg (tartrate equiv) (Toprol xl).....	13	NEULASTA ONPRO KIT- pegfilgrastim soln prefilled syringe kit 6 mg/0.6ml.....	34
metoprolol succinate tab er 24hr 50 mg (tartrate equiv) (Toprol xl).....	14	NEULASTA- pegfilgrastim soln prefilled syringe 6 mg/0.6ml.....	34
metoprolol succinate tab er 24hr 100 mg (tartrate equiv) (Toprol xl).....	14	NEUPOGEN- filgrastim inj 300 mcg/ml.....	34
metoprolol tartrate tab 25 mg.....	14	NEUPOGEN- filgrastim inj 480 mcg/1.6ml (300 mcg/ml).....	34
metoprolol tartrate tab 50 mg (Lopressor).....	14		

NEUPOGEN- filgrastim soln prefilled syringe 300 mcg/0.5ml.....	34	norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg (Ortho-cyclen).....	8
NEUPOGEN- filgrastim soln prefilled syringe 480 mcg/0.8ml (600 mcg/ml).....	34	norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg (Ortho tri-cyclen).....	8
nevirapine tab 200 mg (Viramune).....	2	norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg (Ortho tri-cyclen lo).....	8
NEXAVAR- sorafenib tosylate tab 200 mg (base equivalent).....	5	nortriptyline hcl cap 10 mg (Pamelor).....	24
NEXIUM- esomeprazole magnesium for delayed release susp packet 5 mg.....	21	nortriptyline hcl cap 25 mg (Pamelor).....	24
NEXIUM- esomeprazole magnesium for delayed release susp pack 2.5 mg.....	21	nortriptyline hcl cap 50 mg (Pamelor).....	24
NEXLETOL- bempedoic acid tab 180 mg.....	18	nortriptyline hcl cap 75 mg (Pamelor).....	24
NEXLIZET- bempedoic acid-ezetimibe tab 180-10 mg.....	18	NORVIR- ritonavir oral soln 80 mg/ml.....	3
NICOTROL INHALER- nicotine inhaler system 10 mg (4 mg delivered).....	27	NORVIR- ritonavir powder packet 100 mg.....	3
NICOTROL NS- nicotine nasal spray 10 mg/ml (0.5 mg/spray).....	27	NOVOEIGHT- antihemophilic fact rcmb (bd trunc-rviii) for inj 250 unit.....	39
nifedipine tab er 24hr 30 mg (Adalat cc).....	14	NOVOEIGHT- antihemophilic fact rcmb (bd trunc-rviii) for inj 500 unit.....	39
nifedipine tab er 24hr osmotic release 30 mg (Procardia xl).....	14	NOVOEIGHT- antihemophilic fact rcmb (bd trunc-rviii) for inj 1000 unit.....	39
nifedipine tab er 24hr osmotic release 60 mg (Procardia xl).....	14	NOVOEIGHT- antihemophilic fact rcmb (bd trunc-rviii) for inj 1500 unit.....	39
nitrofurantoin monohydrate macrocrystalline cap 100 mg (Macrobid).....	4	NOVOEIGHT- antihemophilic fact rcmb (bd trunc-rviii) for inj 2000 unit.....	39
nitroglycerin td patch 24hr 0.2 mg/hr (Nitro-dur).....	13	NOVOEIGHT- antihemophilic fact rcmb (bd trunc-rviii) for inj 3000 unit.....	39
NITYR- nitisinone tab 2 mg.....	13	NOVOLIN 70/30 FLEXPEN- insulin nph & regular susp pen-inj 100 unit/ml (70-30).....	11
NITYR- nitisinone tab 5 mg.....	13	NOVOLIN 70/30- insulin nph isophane & regular human inj 100 unit/ml (70-30).....	11
NITYR- nitisinone tab 10 mg.....	13	NOVOLIN N FLEXPEN- insulin nph (human) (isophane) susp pen-injector 100 unit/ml.....	11
NIVESTYM- filgrastim-aafi inj 300 mcg/ml.....	34	NOVOLIN N- insulin nph (human) (isophane) inj 100 unit/ml.....	11
NIVESTYM- filgrastim-aafi inj 480 mcg/1.6ml (300 mcg/ml).....	34	NOVOLIN R FLEXPEN- insulin regular (human) soln pen-injector 100 unit/ml.....	11
NIVESTYM- filgrastim-aafi soln prefilled syringe 300 mcg/0.5ml.....	34	NOVOLIN R- insulin regular (human) inj 100 unit/ml.....	11
NIVESTYM- filgrastim-aafi soln prefilled syringe 480 mcg/0.8ml.....	34	NOVOLOG FLEXPEN- insulin aspart soln pen-injector 100 unit/ml.....	11
NORDITROPIN FLEXPEN- somatropin solution pen-injector 5 mg/1.5ml.....	13	NOVOLOG- insulin aspart inj 100 unit/ml.....	11
NORDITROPIN FLEXPEN- somatropin solution pen-injector 10 mg/1.5ml.....	13	NOVOLOG MIX 70/30- insulin aspart prot & aspart (human) inj 100 unit/ml (70-30).....	11
NORDITROPIN FLEXPEN- somatropin solution pen-injector 15 mg/1.5ml.....	13	NOVOLOG MIX 70/30 PREFILL- insulin aspart prot & aspart sus pen-inj 100 unit/ml (70-30).....	11
NORDITROPIN FLEXPEN- somatropin solution pen-injector 30 mg/3ml.....	13	NOVOLOG PENFILL- insulin aspart soln cartridge 100 unit/ml.....	11
norethindrone & ethinyl estradiol tab 1 mg-35 mcg (Norinyl 1+35).....	8	NOVOSEVEN RT- coagulation factor viia (recomb) for inj 1 mg (1000 mcg).....	39
norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg (Loestrin fe 1/20).....	8	NOVOSEVEN RT- coagulation factor viia (recomb) for inj 2 mg (2000 mcg).....	39
norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg (Loestrin fe 1.5/30).....	8	NOVOSEVEN RT- coagulation factor viia (recomb) for inj 5 mg (5000 mcg).....	39
norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg (Loestrin 1/20-21).....	8	NOVOSEVEN RT- coagulation factor viia (recomb) for inj 8 mg (8000 mcg).....	39
norethindrone tab 0.35 mg (Nor-qd).....	8	NOXAFIL- posaconazole susp 40 mg/ml.....	2

NUBEQA- darolutamide tab 300 mg.....	5	olmesartan medoxomil tab 5 mg (Benicar).....	16
NUVARING- etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr.....	8	olmesartan medoxomil tab 20 mg (Benicar).....	16
NUWIQ- antihemophil fact rcmb(bdd-rfviii,sim) for inj kit 1000 unit.....	39	olmesartan medoxomil tab 40 mg (Benicar).....	16
NUWIQ- antihemophil fact rcmb(bdd-rfviii,sim) for inj kit 2000 unit.....	39	omeprazole cap delayed release 10 mg (Prilosec).....	21
NUWIQ- antihemophil fact rcmb(bdd-rfviii,sim) for inj kit 2500 unit.....	39	omeprazole cap delayed release 20 mg (Prilosec).....	22
NUWIQ- antihemophil fact rcmb(bdd-rfviii,sim) for inj kit 3000 unit.....	39	omeprazole cap delayed release 40 mg (Prilosec).....	22
NUWIQ- antihemophil fact rcmb(bdd-rfviii,sim) for inj kit 4000 unit.....	39	ondansetron hcl tab 4 mg (Zofran).....	22
NUWIQ- antihemophil fact rcmb (bdd-rfviii,sim) for inj kit 250 unit.....	39	ondansetron hcl tab 8 mg (Zofran).....	22
NUWIQ- antihemophil fact rcmb (bdd-rfviii,sim) for inj kit 500 unit.....	39	ondansetron orally disintegrating tab 4 mg (Zofran odt).....	22
NUWIQ- antihemophilic factor rcmb (bdd-rfviii,sim) for inj 250 unit.....	39	ondansetron orally disintegrating tab 8 mg (Zofran odt).....	22
NUWIQ- antihemophilic factor rcmb (bdd-rfviii,sim) for inj 500 unit.....	39	OPSUMIT- macitentan tab 10 mg.....	18
NUWIQ- antihemophilic fact rcmb (bdd-rfviii,sim) for inj 1000 unit.....	39	ORFADIN- nitisinone cap 20 mg.....	13
NUWIQ- antihemophilic fact rcmb (bdd-rfviii,sim) for inj 2000 unit.....	39	ORFADIN- nitisinone susp 4 mg/ml.....	13
NUWIQ- antihemophilic fact rcmb (bdd-rfviii,sim) for inj 2500 unit.....	39	ORIAHNN- elagolix-estradiol-noreth 300-1-0.5mg & elagolix 300mg cap pack.....	7
NUWIQ- antihemophilic fact rcmb (bdd-rfviii,sim) for inj 3000 unit.....	39	ORLISSA- elagolix sodium tab 150 mg (base equiv).....	13
NUWIQ- antihemophilic fact rcmb (bdd-rfviii,sim) for inj 4000 unit.....	39	ORLISSA- elagolix sodium tab 200 mg (base equiv).....	13
<b>nystatin cream 100000 unit/gm.....</b>	<b>42</b>	<b>orphenadrine citrate tab er 12hr 100 mg.....</b>	<b>33</b>
<b>nystatin oint 100000 unit/gm.....</b>	<b>42</b>	OTEZLA- apremilast tab 30 mg.....	30
NYVEPRIA- pegfilgrastim-apgf soln prefilled syringe 6 mg/0.6ml.....	34	OTEZLA- apremilast tab starter therapy pack 10 mg & 20 mg & 30 mg.....	30
<b>O</b>		<b>oxcarbazepine tab 150 mg (Trileptal).....</b>	<b>31</b>
OBIZUR- antihemophilic factor (recomb porc) rpfviii for inj 500 unit.....	39	<b>oxybutynin chloride syrup 5 mg/5ml.....</b>	<b>23</b>
ODEFSEY- emtricitabine-rilpivirine-tenofovir af tab 200-25-25 mg.....	3	<b>oxybutynin chloride tab er 24hr 15 mg.....</b>	<b>23</b>
<b>olanzapine tab 2.5 mg (Zyprexa).....</b>	<b>25</b>	<b>oxybutynin chloride tab er 24hr 5 mg (Ditropan xl).....</b>	<b>23</b>
<b>olanzapine tab 5 mg (Zyprexa).....</b>	<b>25</b>	<b>oxybutynin chloride tab er 24hr 10 mg (Ditropan xl).....</b>	<b>23</b>
<b>olanzapine tab 7.5 mg (Zyprexa).....</b>	<b>25</b>	<b>oxybutynin chloride tab 5 mg.....</b>	<b>23</b>
<b>olanzapine tab 10 mg (Zyprexa).....</b>	<b>25</b>	<b>oxycodone hcl tab 10 mg.....</b>	<b>28</b>
<b>olanzapine tab 15 mg (Zyprexa).....</b>	<b>25</b>	<b>oxycodone hcl tab 5 mg (Roxicodone).....</b>	<b>28</b>
<b>olanzapine tab 20 mg (Zyprexa).....</b>	<b>25</b>	<b>oxycodone w/ acetaminophen tab 5-325 mg (Percocet).....</b>	<b>28</b>
<b>olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg (Benicar hct).....</b>	<b>16</b>	OZEMPIC- semaglutide soln pen-inj 1 mg/dose (2 mg/1.5ml).....	10
<b>olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg (Benicar hct).....</b>	<b>16</b>	OZEMPIC- semaglutide soln pen-inj 1 mg/dose (4 mg/3ml).....	10
<b>olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg (Benicar hct).....</b>	<b>16</b>	OZEMPIC- semaglutide soln pen-inj 0.25 or 0.5 mg/dose (2 mg/1.5ml).....	10
		<b>P</b>	
		<b>pantoprazole sodium ec tab 20 mg (base equiv) (Protonix).....</b>	<b>22</b>
		<b>pantoprazole sodium ec tab 40 mg (base equiv) (Protonix).....</b>	<b>22</b>
		<b>paroxetine hcl tab 10 mg (Paxil).....</b>	<b>24</b>
		<b>paroxetine hcl tab 20 mg (Paxil).....</b>	<b>24</b>
		<b>paroxetine hcl tab 30 mg (Paxil).....</b>	<b>24</b>
		<b>paroxetine hcl tab 40 mg (Paxil).....</b>	<b>24</b>
		PEGASYS- peginterferon alfa-2a inj 180 mcg/ml.....	3
		PEGASYS- peginterferon alfa-2a inj 180 mcg/0.5ml.....	3

peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm (Golytely).....	21	pravastatin sodium tab 10 mg.....	18
peg 3350-kcl-sod bicarb-nacl for soln 420 gm (Nulytely/flavor pack).....	21	pravastatin sodium tab 20 mg (Pravachol).....	18
penicillin v potassium tab 250 mg.....	1	pravastatin sodium tab 40 mg (Pravachol).....	18
penicillin v potassium tab 500 mg.....	1	pravastatin sodium tab 80 mg (Pravachol).....	18
perindopril erbumine tab 2 mg.....	16	PREDNISOLONE ACETATE- prednisolone acetate ophth susp 1%.....	41
perindopril erbumine tab 4 mg (Aceon).....	16	PREDNISOLONE SODIUM PHOSP- prednisolone sodium phosphate ophth soln 1%.....	41
phendimetrazine tartrate tab 35 mg.....	26	<b>prednisolone sod phosphate oral soln 15 mg/5ml (base equiv).....</b>	<b>6</b>
phenobarbital tab 15 mg.....	26	PREDNISON- prednisone oral soln 5 mg/5ml.....	7
phenobarbital tab 30 mg.....	26	<b>prednisone tab 1 mg.....</b>	<b>7</b>
phenobarbital tab 60 mg.....	26	<b>prednisone tab 2.5 mg.....</b>	<b>7</b>
phenobarbital tab 100 mg.....	26	<b>prednisone tab 5 mg.....</b>	<b>7</b>
phentermine hcl cap 15 mg.....	26	<b>prednisone tab 10 mg.....</b>	<b>7</b>
phentermine hcl cap 30 mg.....	26	<b>prednisone tab 20 mg.....</b>	<b>7</b>
phentermine hcl cap 37.5 mg (Adipex-p).....	26	<b>prednisone tab 50 mg.....</b>	<b>7</b>
phentermine hcl tab 37.5 mg (Adipex-p).....	26	<b>prednisone tab therapy pack 5 mg (21).....</b>	<b>7</b>
pioglitazone hcl tab 15 mg (base equiv) (Actos).....	10	<b>prednisone tab therapy pack 5 mg (48).....</b>	<b>7</b>
pioglitazone hcl tab 30 mg (base equiv) (Actos).....	10	PREMARIN- estrogens, conjugated tab 0.3 mg.....	7
pioglitazone hcl tab 45 mg (base equiv) (Actos).....	10	PREMARIN- estrogens, conjugated tab 0.45 mg.....	7
PIQRAY 250MG DAILY DOSE- alpelisib tab pack 250 mg daily dose (200 mg & 50 mg tabs).....	5	PREMARIN- estrogens, conjugated tab 0.625 mg.....	7
PIQRAY 300MG DAILY DOSE- alpelisib tab pack 300 mg daily dose (2x150 mg tab).....	5	PREMARIN- estrogens, conjugated tab 0.9 mg.....	7
PIQRAY 200MG DAILY DOSE- alpelisib tab therapy pack 200 mg daily dose.....	5	PREMARIN- estrogens, conjugated tab 1.25 mg.....	7
PLEGRIDY- peginterferon beta-1a im soln prefilled syr 125 mcg/0.5ml.....	27	PREMPHASE- conj est 0.625(14)/conj est-medroxypro ac tab 0.625-5mg(14).....	7
PLEGRIDY- peginterferon beta-1a soln pen-injector 125 mcg/0.5ml.....	27	PREMPRO- conjugated estrogen-medroxyprogesterone acetate tab 0.3-1.5 mg.....	7
PLEGRIDY- peginterferon beta-1a soln prefilled syringe 125 mcg/0.5ml.....	27	PREMPRO- conjugated estrogen-medroxyprogesterone acetate tab 0.45-1.5 mg.....	7
PLEGRIDY STARTER PACK- peginterferon beta-1a soln pen-inj 63 & 94 mcg/0.5ml pack.....	27	PREMPRO- conjugated estrogen-medroxyprogesterone acetate tab 0.625-2.5 mg.....	7
PLEGRIDY STARTER PACK- peginterferon beta-1a soln pref syr 63 & 94 mcg/0.5ml pack.....	27	PREMPRO- conjugated estrogen-medroxyprogesterone acetate tab 0.625-5 mg.....	7
<b>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1% (Polytrim).....</b>	<b>41</b>	PRENATAL 19- prenatal vit w/ dss-fe fumarate-fa tab 29-1 mg.....	33
<b>potassium chloride microencapsulated crys er tab 10 meq.....</b>	<b>33</b>	PRENATAL 19- prenatal vit w/ fe fumarate-fa chew tab 29-1 mg.....	33
<b>potassium chloride microencapsulated crys er tab 20 meq.....</b>	<b>33</b>	PRENATAL VITAMINS PLUS LO- prenatal vit w/ fe fumarate-fa tab 27-1 mg.....	33
<b>potassium chloride tab er 10 meq (K-tab).....</b>	<b>33</b>	PREZISTA- darunavir ethanolate susp 100 mg/ml (base equiv).....	3
<b>potassium chloride tab er 8 meq (600 mg).....</b>	<b>33</b>	PREZISTA- darunavir ethanolate tab 75 mg (base equiv).....	3
<b>pramipexole dihydrochloride tab 0.125 mg (Mirapex).....</b>	<b>32</b>	PREZISTA- darunavir ethanolate tab 150 mg (base equiv).....	3
<b>pramipexole dihydrochloride tab 0.25 mg (Mirapex).....</b>	<b>32</b>	PREZISTA- darunavir ethanolate tab 600 mg (base equiv).....	3
<b>pramipexole dihydrochloride tab 0.5 mg (Mirapex).....</b>	<b>32</b>	PREZISTA- darunavir ethanolate tab 800 mg (base equiv).....	3
<b>pramipexole dihydrochloride tab 0.75 mg (Mirapex).....</b>	<b>32</b>	PRIFTIN- rifapentine tab 150 mg.....	1
<b>pramipexole dihydrochloride tab 1 mg (Mirapex).....</b>	<b>32</b>	<b>primidone tab 50 mg (Mysoline).....</b>	<b>31</b>
<b>pramipexole dihydrochloride tab 1.5 mg (Mirapex).....</b>	<b>32</b>	<b>primidone tab 250 mg (Mysoline).....</b>	<b>32</b>

<b>prochlorperazine maleate tab 5 mg (base equivalent) (Compazine).....</b>	<b>25</b>	RAPAMUNE- sirolimus oral soln 1 mg/ml.....	43
<b>prochlorperazine maleate tab 10 mg (base equivalent) (Compazine).....</b>	<b>25</b>	REBIF- interferon beta-1a soln pref syr 22 mcg/0.5ml (12mu/ml).....	27
PROCRIT- epoetin alfa inj 2000 unit/ml.....	34	REBIF- interferon beta-1a soln pref syr 44 mcg/0.5ml (24mu/ml).....	27
PROCRIT- epoetin alfa inj 3000 unit/ml.....	34	REBIF REBIDOSE- interferon beta-1a soln auto-inj 22 mcg/0.5ml (12mu/ml).....	28
PROCRIT- epoetin alfa inj 4000 unit/ml.....	34	REBIF REBIDOSE- interferon beta-1a soln auto-inj 44 mcg/0.5ml (24mu/ml).....	28
PROCRIT- epoetin alfa inj 10000 unit/ml.....	34	REBIF REBIDOSE TITRATION- interferon beta-1a auto-inj 6x8.8 mcg/0.2ml & 6x22 mcg/0.5ml.....	28
PROCRIT- epoetin alfa inj 20000 unit/ml.....	34	REBIF TITRATION PACK- interferon beta-1a pref syr 6x8.8 mcg/0.2ml & 6x22 mcg/0.5ml.....	28
PROCRIT- epoetin alfa inj 40000 unit/ml.....	34	REBINYN- coagulation factor ix recomb glycopegylated for inj 500 unt.....	39
PROFILNINE- factor ix complex for inj 500 unit.....	39	REBINYN- coagulation factor ix recomb glycopegylated for inj 1000 unt.....	40
PROFILNINE- factor ix complex for inj 1000 unit.....	39	REBINYN- coagulation factor ix recomb glycopegylated for inj 2000 unt.....	40
PROFILNINE- factor ix complex for inj 1500 unit.....	39	RECOMBINATE- antihemophilic factor recomb (rfviii) for inj 220-400 unit.....	40
<b>promethazine-dm syrup 6.25-15 mg/5ml.....</b>	<b>19</b>	RECOMBINATE- antihemophilic factor recomb (rfviii) for inj 401-800 unit.....	40
<b>promethazine hcl syrup 6.25 mg/5ml.....</b>	<b>19</b>	RECOMBINATE- antihemophilic factor recomb (rfviii) for inj 801-1240 unit.....	40
<b>promethazine hcl tab 12.5 mg.....</b>	<b>19</b>	RECOMBINATE- antihemophilic factor recomb (rfviii) for inj 1241-1800 unit.....	40
<b>promethazine hcl tab 25 mg.....</b>	<b>19</b>	RECOMBINATE- antihemophilic factor recomb (rfviii) for inj 1801-2400 unit.....	40
<b>promethazine hcl tab 50 mg.....</b>	<b>19</b>	REDITREX- methotrexate soln prefilled syringe 7.5 mg/0.3ml.....	30
<b>promethazine w/ codeine syrup 6.25-10 mg/5ml.....</b>	<b>19</b>	REDITREX- methotrexate soln prefilled syringe 10 mg/0.4ml.....	30
<b>propafenone hcl tab 150 mg.....</b>	<b>14</b>	REDITREX- methotrexate soln prefilled syringe 12.5 mg/0.5ml.....	30
PROPRANOLOL HCL- propranolol hcl oral soln 20 mg/5ml.....	14	REDITREX- methotrexate soln prefilled syringe 15 mg/0.6ml.....	30
PROPRANOLOL HCL- propranolol hcl oral soln 40 mg/5ml.....	14	REDITREX- methotrexate soln prefilled syringe 17.5 mg/0.7ml.....	30
<b>propranolol hcl tab 10 mg.....</b>	<b>14</b>	REDITREX- methotrexate soln prefilled syringe 20 mg/0.8ml.....	30
<b>propranolol hcl tab 20 mg.....</b>	<b>14</b>	REDITREX- methotrexate soln prefilled syringe 22.5 mg/0.9ml.....	30
<b>propranolol hcl tab 40 mg.....</b>	<b>14</b>	REDITREX- methotrexate soln prefilled syringe 25 mg/ml.....	30
PULMOZYME- dornase alfa inhal soln 1 mg/ml.....	21	REPATHA- evolocumab subcutaneous soln prefilled syringe 140 mg/ml.....	18
PURIXAN- mercaptopurine susp 2000 mg/100ml (20 mg/ml).....	5	REPATHA PUSHTRONEX SYSTEM- evolocumab subcutaneous soln cartridge/infusor 420 mg/3.5ml.....	18
<b>pyrazinamide tab 500 mg.....</b>	<b>1</b>	REPATHA SURECLICK- evolocumab subcutaneous soln auto-injector 140 mg/ml.....	18
<b>Q</b>		RETACRIT- epoetin alfa-epbx inj 2000 unit/ml.....	34
<b>quetiapine fumarate tab 25 mg (Seroquel).....</b>	<b>25</b>	RETACRIT- epoetin alfa-epbx inj 3000 unit/ml.....	35
<b>quetiapine fumarate tab 50 mg (Seroquel).....</b>	<b>25</b>		
<b>quetiapine fumarate tab 100 mg (Seroquel).....</b>	<b>25</b>		
<b>quetiapine fumarate tab 200 mg (Seroquel).....</b>	<b>25</b>		
<b>quetiapine fumarate tab 300 mg (Seroquel).....</b>	<b>25</b>		
<b>quetiapine fumarate tab 400 mg (Seroquel).....</b>	<b>25</b>		
<b>quinapril hcl tab 5 mg (Accupril).....</b>	<b>16</b>		
<b>quinapril hcl tab 10 mg (Accupril).....</b>	<b>16</b>		
<b>quinapril hcl tab 20 mg (Accupril).....</b>	<b>16</b>		
<b>quinapril hcl tab 40 mg (Accupril).....</b>	<b>16</b>		
QVAR REDHALER- beclomethasone diprop hfa breath act inh aer 40 mcg/act.....	20		
QVAR REDHALER- beclomethasone diprop hfa breath act inh aer 80 mcg/act.....	20		
<b>R</b>			
<b>ramipril cap 1.25 mg (Altace).....</b>	<b>16</b>		
<b>ramipril cap 2.5 mg (Altace).....</b>	<b>16</b>		
<b>ramipril cap 5 mg (Altace).....</b>	<b>16</b>		
<b>ramipril cap 10 mg (Altace).....</b>	<b>16</b>		

RETACRIT- epoetin alfa-epbx inj 4000 unit/ml.....	35	RUBRACA- rucaparib camsylate tab 200 mg (base equivalent).....	5
RETACRIT- epoetin alfa-epbx inj 10000 unit/ml.....	35	RUBRACA- rucaparib camsylate tab 250 mg (base equivalent).....	5
RETACRIT- epoetin alfa-epbx inj 20000 unit/ml.....	35	RUBRACA- rucaparib camsylate tab 300 mg (base equivalent).....	5
RETACRIT- epoetin alfa-epbx inj 40000 unit/ml.....	35	RYBELSUS- semaglutide tab 3 mg.....	10
RETEVMO- selpercatinib cap 40 mg.....	5	RYBELSUS- semaglutide tab 7 mg.....	10
RETEVMO- selpercatinib cap 80 mg.....	5	RYBELSUS- semaglutide tab 14 mg.....	10
REVCovi- elapegedemase-lvlr im soln 2.4 mg/1.5ml (1.6 mg/ml).....	13	RYDAPT- midostaurin cap 25 mg.....	5
REVLIMID- lenalidomide cap 5 mg.....	43	<b>S</b>	
REVLIMID- lenalidomide cap 10 mg.....	43	<b>selenium sulfide lotion 2.5%.....</b>	<b>42</b>
REVLIMID- lenalidomide cap 15 mg.....	43	SE-NATAL 19- prenatal vit w/ dss-fe fumarate-fa tab 29-1 mg.....	33
REVLIMID- lenalidomide cap 20 mg.....	43	SE-NATAL 19- prenatal vit w/ fe fumarate-fa chew tab 29-1 mg.....	33
REVLIMID- lenalidomide cap 25 mg.....	43	SEREVENT DISKUS- salmeterol xinafoate aer pow ba 50 mcg/dose (base equiv).....	20
REVLIMID- lenalidomide caps 2.5 mg.....	43	<b>sertraline hcl tab 25 mg (Zoloft).....</b>	<b>24</b>
RINVOQ- upadacitinib tab er 24hr 15 mg.....	30	<b>sertraline hcl tab 50 mg (Zoloft).....</b>	<b>24</b>
<b>risperidone tab 0.25 mg (Risperdal).....</b>	<b>25</b>	<b>sertraline hcl tab 100 mg (Zoloft).....</b>	<b>24</b>
<b>risperidone tab 0.5 mg (Risperdal).....</b>	<b>25</b>	<b>silver sulfadiazine cream 1% (Silvadene).....</b>	<b>42</b>
<b>risperidone tab 1 mg (Risperdal).....</b>	<b>25</b>	SIMBRINZA- brinzolamide-brimonidine tartrate ophth susp 1-0.2%.....	41
<b>risperidone tab 2 mg (Risperdal).....</b>	<b>25</b>	SIMPONI- golimumab subcutaneous soln auto-injector 100 mg/ml.....	30
<b>risperidone tab 3 mg (Risperdal).....</b>	<b>25</b>	SIMPONI- golimumab subcutaneous soln prefilled syringe 100 mg/ml.....	30
<b>risperidone tab 4 mg (Risperdal).....</b>	<b>25</b>	<b>simvastatin tab 5 mg (Zocor).....</b>	<b>18</b>
RIXUBIS- coagulation factor ix (recombinant) for inj 250 unit.....	40	<b>simvastatin tab 10 mg (Zocor).....</b>	<b>18</b>
RIXUBIS- coagulation factor ix (recombinant) for inj 500 unit.....	40	<b>simvastatin tab 20 mg (Zocor).....</b>	<b>18</b>
RIXUBIS- coagulation factor ix (recombinant) for inj 1000 unit.....	40	<b>simvastatin tab 40 mg (Zocor).....</b>	<b>18</b>
RIXUBIS- coagulation factor ix (recombinant) for inj 2000 unit.....	40	<b>simvastatin tab 80 mg (Zocor).....</b>	<b>18</b>
RIXUBIS- coagulation factor ix (recombinant) for inj 3000 unit.....	40	SKYRIZI PEN- risankizumab-rzaa soln auto-injector 150 mg/ml.....	42
<b>rizatriptan benzoate oral disintegrating tab 5 mg (base eq) (Maxalt-mlt).....</b>	<b>31</b>	SKYRIZI- risankizumab-rzaa soln prefilled syringe 150 mg/ml.....	42
<b>rizatriptan benzoate oral disintegrating tab 10 mg (base eq) (Maxalt-mlt).....</b>	<b>31</b>	SKYRIZI- risankizumab-rzaa sol prefilled syringe 2 x 75 mg/0.83ml kit.....	42
<b>rizatriptan benzoate tab 5 mg (base equivalent) (Maxalt).....</b>	<b>31</b>	<b>sodium chloride soln nebu 3%.....</b>	<b>19</b>
<b>rizatriptan benzoate tab 10 mg (base equivalent) (Maxalt).....</b>	<b>31</b>	SOLQUA 100/33- insulin glargine-lixisenatide sol pen-inj 100-33 unit-mcg/ml.....	10
<b>ropinirole hydrochloride tab 0.25 mg (Requip).....</b>	<b>32</b>	SOOLANTRA- ivermectin cream 1%.....	42
<b>ropinirole hydrochloride tab 0.5 mg (Requip).....</b>	<b>32</b>	<b>sotalol hcl (afib/afi) tab 80 mg (Betapace af).....</b>	<b>14</b>
<b>ropinirole hydrochloride tab 1 mg (Requip).....</b>	<b>32</b>	<b>sotalol hcl (afib/afi) tab 120 mg (Betapace af).....</b>	<b>14</b>
<b>ropinirole hydrochloride tab 2 mg (Requip).....</b>	<b>32</b>	<b>sotalol hcl (afib/afi) tab 160 mg (Betapace af).....</b>	<b>14</b>
<b>ropinirole hydrochloride tab 3 mg (Requip).....</b>	<b>32</b>	<b>sotalol hcl tab 240 mg.....</b>	<b>14</b>
<b>ropinirole hydrochloride tab 4 mg (Requip).....</b>	<b>32</b>	<b>sotalol hcl tab 80 mg (Betapace).....</b>	<b>14</b>
<b>ropinirole hydrochloride tab 5 mg (Requip).....</b>	<b>32</b>	<b>sotalol hcl tab 120 mg (Betapace).....</b>	<b>14</b>
<b>rosuvastatin calcium tab 5 mg (Crestor).....</b>	<b>18</b>	<b>sotalol hcl tab 160 mg (Betapace).....</b>	<b>14</b>
<b>rosuvastatin calcium tab 10 mg (Crestor).....</b>	<b>18</b>	SOVALDI- sofosbuvir pellet pack 150 mg.....	3
<b>rosuvastatin calcium tab 20 mg (Crestor).....</b>	<b>18</b>	SOVALDI- sofosbuvir pellet pack 200 mg.....	3
<b>rosuvastatin calcium tab 40 mg (Crestor).....</b>	<b>18</b>		
ROZLYTREK- entrectinib cap 100 mg.....	5		
ROZLYTREK- entrectinib cap 200 mg.....	5		

SOVALDI- sofosbuvir tab 200 mg.....	3	SUTENT- sunitinib malate cap 50 mg (base equivalent).....	5
SOVALDI- sofosbuvir tab 400 mg.....	3	SYMBICORT- budesonide-formoterol fumarate dihyd	
SPIRIVA HANDIHALER- tiotropium bromide monohydrate		aerosol 80-4.5 mcg/act.....	21
inhal cap 18 mcg (base equiv).....	20	SYMBICORT- budesonide-formoterol fumarate dihyd	
SPIRIVA RESPIMAT- tiotropium bromide monohydrate		aerosol 160-4.5 mcg/act.....	21
inhal aerosol 1.25 mcg/act.....	20	SYMDEKO- tezacaftor-ivacaftor 50-75 mg & ivacaftor 75	
SPIRIVA RESPIMAT- tiotropium bromide monohydrate		mg tab tbpk.....	21
inhal aerosol 2.5 mcg/act.....	21	SYMDEKO- tezacaftor-ivacaftor 100-150 mg & ivacaftor	
<b>spironolactone tab 25 mg (Aldactone).....</b>	<b>17</b>	150 mg tab tbpk.....	21
<b>spironolactone tab 50 mg (Aldactone).....</b>	<b>17</b>	SYMJEPI- epinephrine soln prefilled syringe 0.15	
<b>spironolactone tab 100 mg (Aldactone).....</b>	<b>17</b>	mg/0.3ml (1:2000).....	17
SPRYCEL- dasatinib tab 20 mg.....	5	SYMJEPI- epinephrine solution prefilled syringe 0.3	
SPRYCEL- dasatinib tab 50 mg.....	5	mg/0.3ml (1:1000).....	17
SPRYCEL- dasatinib tab 70 mg.....	5	SYMPROIC- naldemedine tosylate tab 0.2 mg (base	
SPRYCEL- dasatinib tab 80 mg.....	5	equivalent).....	23
SPRYCEL- dasatinib tab 100 mg.....	5	SYMTUZA- darunavir-cobic-emtricitab-tenofov af tab	
SPRYCEL- dasatinib tab 140 mg.....	5	800-150-200-10 mg.....	3
<b>stannous fluoride conc 0.63%.....</b>	<b>41</b>	SYNJARDY- empagliflozin-metformin hcl tab 12.5-1000	
STELARA- ustekinumab inj 45 mg/0.5ml.....	42	mg.....	10
STELARA- ustekinumab soln prefilled syringe 45		SYNJARDY- empagliflozin-metformin hcl tab 12.5-500	
mg/0.5ml.....	42	mg.....	10
STELARA- ustekinumab soln prefilled syringe 90 mg/		SYNJARDY- empagliflozin-metformin hcl tab 5-500	
ml.....	42	mg.....	10
STIMATE- desmopressin acetate nasal soln 1.5 mg/		SYNJARDY- empagliflozin-metformin hcl tab 5-1000	
ml.....	13	mg.....	10
STIOLTO RESPIMAT- tiotropium br-olodaterol inhal aero		SYNJARDY XR- empagliflozin-metformin hcl tab er 24hr	
soln 2.5-2.5 mcg/act.....	21	5-1000 mg.....	10
STRENSIQ- asfotase alfa subcutaneous inj 18		SYNJARDY XR- empagliflozin-metformin hcl tab er 24hr	
mg/0.45ml.....	13	10-1000 mg.....	10
STRENSIQ- asfotase alfa subcutaneous inj 28		SYNJARDY XR- empagliflozin-metformin hcl tab er 24hr	
mg/0.7ml.....	13	12.5-1000 mg.....	10
STRENSIQ- asfotase alfa subcutaneous inj 40 mg/ml.....	13	SYNJARDY XR- empagliflozin-metformin hcl tab er 24hr	
STRENSIQ- asfotase alfa subcutaneous inj 80		25-1000 mg.....	10
mg/0.8ml.....	13	<b>T</b>	
STRIVERDI RESPIMAT- olodaterol hcl inhal aerosol soln		TABLOID- thioguanine tab 40 mg.....	5
2.5 mcg/act (base equiv).....	21	TABRECTA- capmatinib hcl tab 150 mg.....	5
SULFADIAZINE- sulfadiazine tab 500 mg.....	1	TABRECTA- capmatinib hcl tab 200 mg.....	5
<b>sulfamethoxazole-trimethoprim tab 400-80 mg</b>		TAFINLAR- dabrafenib mesylate cap 50 mg (base	
<b>(Bactrim).....</b>	<b>4</b>	equivalent).....	6
<b>sulfamethoxazole-trimethoprim tab 800-160 mg</b>		TAFINLAR- dabrafenib mesylate cap 75 mg (base	
<b>(Bactrim ds).....</b>	<b>4</b>	equivalent).....	6
<b>sulindac tab 150 mg.....</b>	<b>30</b>	TAKHZYRO- lanadelumab-flyo inj 300 mg/2ml (150 mg/	
<b>sulindac tab 200 mg.....</b>	<b>30</b>	ml).....	40
<b>sumatriptan succinate tab 25 mg (Imitrex).....</b>	<b>31</b>	TALZENNA- talazoparib tosylate cap 0.25 mg (base	
<b>sumatriptan succinate tab 50 mg (Imitrex).....</b>	<b>31</b>	equivalent).....	6
<b>sumatriptan succinate tab 100 mg (Imitrex).....</b>	<b>31</b>	TALZENNA- talazoparib tosylate cap 1 mg (base	
SUNOSI- solriamfetol hcl tab 75 mg (base equiv).....	26	equivalent).....	6
SUNOSI- solriamfetol hcl tab 150 mg (base equiv).....	26	<b>tamoxifen citrate tab 10 mg (base equivalent).....</b>	<b>6</b>
SUTENT- sunitinib malate cap 12.5 mg (base		<b>tamsulosin hcl cap 0.4 mg (Flomax).....</b>	<b>23</b>
equivalent).....	5	TASIGNA- nilotinib hcl cap 50 mg (base equivalent).....	6
SUTENT- sunitinib malate cap 25 mg (base equivalent).....	5	TASIGNA- nilotinib hcl cap 150 mg (base equivalent).....	6
SUTENT- sunitinib malate cap 37.5 mg (base		TASIGNA- nilotinib hcl cap 200 mg (base equivalent).....	6
equivalent).....	5		

TAZORAC- tazarotene cream 0.05%.....	42	<b>trazodone hcl tab 150 mg</b> .....	<b>24</b>
TAZORAC- tazarotene gel 0.05%.....	42	TRELEGY ELLIPTA- fluticasone-umeclidinium-vilanterol	
TAZORAC- tazarotene gel 0.1%.....	42	aepb 100-62.5-25 mcg/inh.....	21
<b>telmisartan tab 80 mg (Micardis)</b> .....	<b>16</b>	TRELEGY ELLIPTA- fluticasone-umeclidinium-vilanterol	
<b>temazepam cap 15 mg (Restoril)</b> .....	<b>26</b>	aepb 200-62.5-25 mcg/inh.....	21
<b>temazepam cap 30 mg (Restoril)</b> .....	<b>26</b>	TREMFYA- guselkumab soln pen-injector 100 mg/ml.....	42
TEMIXYS- lamivudine-tenofovir disoproxil fumarate tab		TREMFYA- guselkumab soln prefilled syringe 100 mg/	
300-300 mg.....	3	ml.....	42
<b>terazosin hcl cap 1 mg (base equivalent)</b> .....	<b>16</b>	TRESIBA FLEXTOUCH- insulin degludec soln pen-injector	
<b>terazosin hcl cap 2 mg (base equivalent)</b> .....	<b>16</b>	100 unit/ml.....	12
<b>terazosin hcl cap 5 mg (base equivalent)</b> .....	<b>16</b>	TRESIBA FLEXTOUCH- insulin degludec soln pen-injector	
<b>terazosin hcl cap 10 mg (base equivalent)</b> .....	<b>16</b>	200 unit/ml.....	12
<b>terbinafine hcl tab 250 mg (Lamisil)</b> .....	<b>2</b>	TRESIBA- insulin degludec inj 100 unit/ml.....	12
TEST STRIPS – CONTOUR, CONTOUR NEXT.....	43	TRETTEN- coagulation factor xiii a-subunit for inj	
<b>tetracaine hcl ophth soln 0.5%</b> .....	<b>41</b>	2000-3125 unit.....	40
THALOMID- thalidomide cap 50 mg.....	43	<b>triamcinolone acetonide cream 0.025%</b> .....	<b>42</b>
THALOMID- thalidomide cap 100 mg.....	43	<b>triamcinolone acetonide cream 0.1%</b> .....	<b>42</b>
THALOMID- thalidomide cap 150 mg.....	43	<b>triamcinolone acetonide cream 0.5%</b> .....	<b>42</b>
THALOMID- thalidomide cap 200 mg.....	43	<b>triamcinolone acetonide oint 0.025%</b> .....	<b>42</b>
<b>thyroid tab 15 mg (1/4 grain) (Armour thyroid)</b> .....	<b>12</b>	<b>triamcinolone acetonide oint 0.1%</b> .....	<b>42</b>
<b>thyroid tab 30 mg (1/2 grain) (Armour thyroid)</b> .....	<b>12</b>	<b>triamcinolone acetonide oint 0.5%</b> .....	<b>42</b>
<b>timolol maleate ophth soln 0.25% (Timoptic)</b> .....	<b>41</b>	<b>triamterene &amp; hydrochlorothiazide cap 37.5-25 mg</b>	
<b>timolol maleate ophth soln 0.5% (Timoptic)</b> .....	<b>41</b>	<b>(Dyazide)</b> .....	<b>17</b>
TIVICAY- dolutegravir sodium tab 10 mg (base equiv).....	3	<b>triamterene &amp; hydrochlorothiazide tab 37.5-25 mg</b>	
TIVICAY- dolutegravir sodium tab 25 mg (base equiv).....	3	<b>(Maxzide-25)</b> .....	<b>17</b>
TIVICAY- dolutegravir sodium tab 50 mg (base equiv).....	3	<b>triamterene &amp; hydrochlorothiazide tab 75-50 mg</b>	
TIVICAY PD- dolutegravir sodium tab for oral susp 5 mg		<b>(Maxzide)</b> .....	<b>17</b>
(base equiv).....	3	TRIFLURIDINE- trifluridine ophth soln 1%.....	41
<b>tizanidine hcl tab 2 mg (base equivalent)</b> .....	<b>33</b>	<b>trihexyphenidyl hcl tab 2 mg</b> .....	<b>32</b>
<b>tizanidine hcl tab 4 mg (base equivalent)</b>		<b>trihexyphenidyl hcl tab 5 mg</b> .....	<b>32</b>
<b>(Zanaflex)</b> .....	<b>33</b>	TRIJARDY XR- empagliflozin-linagliptin-metformin tab er	
<b>tobramycin ophth soln 0.3% (Tobrex)</b> .....	<b>41</b>	24hr 12.5-2.5-1000mg.....	10
<b>topiramate tab 25 mg (Topamax)</b> .....	<b>32</b>	TRIJARDY XR- empagliflozin-linagliptin-metformin tab er	
<b>topiramate tab 50 mg (Topamax)</b> .....	<b>32</b>	24hr 5-2.5-1000mg.....	10
<b>topiramate tab 100 mg (Topamax)</b> .....	<b>32</b>	TRIJARDY XR- empagliflozin-linagliptin-metformin tab er	
<b>topiramate tab 200 mg (Topamax)</b> .....	<b>32</b>	24hr 10-5-1000 mg.....	10
<b>torsemide tab 5 mg (Demadex)</b> .....	<b>17</b>	TRIJARDY XR- empagliflozin-linagliptin-metformin tab er	
<b>torsemide tab 10 mg (Demadex)</b> .....	<b>17</b>	24hr 25-5-1000 mg.....	10
<b>torsemide tab 20 mg (Demadex)</b> .....	<b>17</b>	TRIKAFTA- elexacaf-tezacaf-ivacaf 100-50-75 mg	
<b>torsemide tab 100 mg (Demadex)</b> .....	<b>17</b>	&ivacaftor 150 mg tbpk.....	21
TOUJEO MAX SOLOSTAR- insulin glargine soln pen-		TRIKAFTA- elexacaf-tezacaf-ivacaf 50-25-37.5 mg &	
injector 300 unit/ml (2 unit dial).....	12	ivacaftor 75 mg tbpk.....	21
TOUJEO SOLOSTAR- insulin glargine soln pen-injector		<b>trimethoprim tab 100 mg</b> .....	<b>4</b>
300 unit/ml (1 unit dial).....	12	TRIUMEQ- abacavir-dolutegravir-lamivudine tab	
TRACLEER- bosentan tab for oral susp 32 mg.....	18	600-50-300 mg.....	3
<b>tramadol-acetaminophen tab 37.5-325 mg</b>		TRULANCE- plecanatide tab 3 mg.....	23
<b>(Ultracet)</b> .....	<b>29</b>	TRULICITY- dulaglutide soln pen-injector 0.75	
<b>tramadol hcl tab 50 mg (Ultram)</b> .....	<b>29</b>	mg/0.5ml.....	10
<b>trandolapril tab 1 mg (Mavik)</b> .....	<b>16</b>	TRULICITY- dulaglutide soln pen-injector 1.5	
<b>trandolapril tab 2 mg (Mavik)</b> .....	<b>16</b>	mg/0.5ml.....	10
<b>trandolapril tab 4 mg (Mavik)</b> .....	<b>16</b>	TRULICITY- dulaglutide soln pen-injector 3 mg/0.5ml.....	10
<b>trazodone hcl tab 50 mg</b> .....	<b>24</b>	TRULICITY- dulaglutide soln pen-injector 4.5	
<b>trazodone hcl tab 100 mg</b> .....	<b>24</b>	mg/0.5ml.....	10



TYMLOS- abaloparatide subcutaneous soln pen-injector 3120 mcg/1.56ml.....	13	venlafaxine hcl cap er 24hr 150 mg (base equivalent) (Effexor xr).....	24
<b>U</b>		venlafaxine hcl tab 25 mg (base equivalent).....	25
UDENYCA- pegfilgrastim-cbqv soln prefilled syringe 6 mg/0.6ml.....	35	venlafaxine hcl tab 37.5 mg (base equivalent).....	25
UPTRAVI- selexipag tab 200 mcg.....	18	venlafaxine hcl tab 50 mg (base equivalent).....	25
UPTRAVI- selexipag tab 400 mcg.....	18	venlafaxine hcl tab 75 mg (base equivalent).....	25
UPTRAVI- selexipag tab 600 mcg.....	18	venlafaxine hcl tab 100 mg (base equivalent).....	25
UPTRAVI- selexipag tab 800 mcg.....	18	VENTOLIN HFA- albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv).....	21
UPTRAVI- selexipag tab 1000 mcg.....	18	verapamil hcl tab er 120 mg (Calan sr).....	14
UPTRAVI- selexipag tab 1200 mcg.....	18	verapamil hcl tab er 180 mg (Calan sr).....	14
UPTRAVI- selexipag tab 1400 mcg.....	18	verapamil hcl tab er 240 mg (Calan sr).....	14
UPTRAVI- selexipag tab 1600 mcg.....	18	verapamil hcl tab 40 mg.....	14
UPTRAVI- selexipag tab therapy pack 200 mcg (140) & 800 mcg (60).....	18	verapamil hcl tab 80 mg (Calan).....	14
<b>V</b>		verapamil hcl tab 120 mg (Calan).....	14
valacyclovir hcl tab 1 gm (Valtrex).....	3	VERQUVO- vericiguat tab 2.5 mg.....	18
valacyclovir hcl tab 500 mg (Valtrex).....	3	VERQUVO- vericiguat tab 5 mg.....	18
VALCHLOR- mechlorethamine hcl gel 0.016% (base equivalent).....	42	VERQUVO- vericiguat tab 10 mg.....	18
valsartan-hydrochlorothiazide tab 80-12.5 mg (Diovan hct).....	17	VERZENIO- abemaciclib tab 50 mg.....	6
valsartan-hydrochlorothiazide tab 160-12.5 mg (Diovan hct).....	17	VERZENIO- abemaciclib tab 100 mg.....	6
valsartan-hydrochlorothiazide tab 160-25 mg (Diovan hct).....	17	VERZENIO- abemaciclib tab 150 mg.....	6
valsartan-hydrochlorothiazide tab 320-12.5 mg (Diovan hct).....	17	VERZENIO- abemaciclib tab 200 mg.....	6
valsartan-hydrochlorothiazide tab 320-25 mg (Diovan hct).....	17	VIBERZI- eluxadoline tab 75 mg.....	23
valsartan tab 40 mg (Diovan).....	16	VIBERZI- eluxadoline tab 100 mg.....	23
valsartan tab 80 mg (Diovan).....	16	VICTOZA- liraglutide soln pen-injector 18 mg/3ml (6 mg/ ml).....	10
valsartan tab 160 mg (Diovan).....	16	VIMPAT- lacosamide oral solution 10 mg/ml.....	32
valsartan tab 320 mg (Diovan).....	17	VIMPAT- lacosamide tab 50 mg.....	32
VELPHORO- sucroferric oxyhydroxide chew tab 500 mg.....	23	VIMPAT- lacosamide tab 100 mg.....	32
VELTASSA- patiomer sorbitex calcium for susp packet 8.4 gm (base eq).....	43	VIMPAT- lacosamide tab 150 mg.....	32
VELTASSA- patiomer sorbitex calcium for susp packet 16.8 gm (base eq).....	43	VIMPAT- lacosamide tab 200 mg.....	32
VELTASSA- patiomer sorbitex calcium for susp packet 25.2 gm (base eq).....	43	VIREAD- tenofovir disoproxil fumarate oral powder 40 mg/ gm.....	3
VENCLEXTA STARTING PACK- venetoclax tab therapy starter pack 10 & 50 & 100 mg.....	6	VIREAD- tenofovir disoproxil fumarate tab 150 mg.....	3
VENCLEXTA- venetoclax tab 10 mg.....	6	VIREAD- tenofovir disoproxil fumarate tab 200 mg.....	3
VENCLEXTA- venetoclax tab 50 mg.....	6	VIREAD- tenofovir disoproxil fumarate tab 250 mg.....	3
VENCLEXTA- venetoclax tab 100 mg.....	6	VITRAKVI- larotrectinib sulfate cap 25 mg (base equivalent).....	6
venlafaxine hcl cap er 24hr 37.5 mg (base equivalent) (Effexor xr).....	24	VITRAKVI- larotrectinib sulfate cap 100 mg (base equivalent).....	6
venlafaxine hcl cap er 24hr 75 mg (base equivalent) (Effexor xr).....	24	VITRAKVI- larotrectinib sulfate oral soln 20 mg/ml (base equivalent).....	6
		VONVENDI- von willebrand factor (recombinant) for inj 650 unit.....	40
		VONVENDI- von willebrand factor (recombinant) for inj 1300 unit.....	40
		VOSEVI- sofosbuvir-velpatasvir-voxilaprevir tab 400-100-100 mg.....	3
		VOTRIENT- pazopanib hcl tab 200 mg (base equiv).....	6
		VYNDAMAX- tafamidis cap 61 mg.....	18
		VYNDAQEL- tafamidis meglumine (cardiac) cap 20 mg.....	18
		VYVANSE- lisdexamfetamine dimesylate cap 10 mg.....	26

VYVANSE- lisdexamfetamine dimesylate cap 20 mg.....	26	XIFAXAN- rifaximin tab 550 mg.....	4
VYVANSE- lisdexamfetamine dimesylate cap 30 mg.....	26	XIGDUO XR- dapagliflozin-metformin hcl tab er 24hr	
VYVANSE- lisdexamfetamine dimesylate cap 40 mg.....	26	2.5-1000 mg.....	10
VYVANSE- lisdexamfetamine dimesylate cap 50 mg.....	26	XIGDUO XR- dapagliflozin-metformin hcl tab er 24hr	
VYVANSE- lisdexamfetamine dimesylate cap 60 mg.....	26	5-500 mg.....	10
VYVANSE- lisdexamfetamine dimesylate cap 70 mg.....	26	XIGDUO XR- dapagliflozin-metformin hcl tab er 24hr	
VYVANSE- lisdexamfetamine dimesylate chew tab 10		5-1000 mg.....	10
mg.....	26	XIGDUO XR- dapagliflozin-metformin hcl tab er 24hr	
VYVANSE- lisdexamfetamine dimesylate chew tab 20		10-500 mg.....	11
mg.....	26	XIGDUO XR- dapagliflozin-metformin hcl tab er 24hr	
VYVANSE- lisdexamfetamine dimesylate chew tab 30		10-1000 mg.....	11
mg.....	26	XTAMPZA ER- oxycodone cap er 12hr abuse-deterrent 9	
VYVANSE- lisdexamfetamine dimesylate chew tab 40		mg.....	29
mg.....	26	XTAMPZA ER- oxycodone cap er 12hr abuse-deterrent	
VYVANSE- lisdexamfetamine dimesylate chew tab 50		13.5 mg.....	29
mg.....	26	XTAMPZA ER- oxycodone cap er 12hr abuse-deterrent 18	
VYVANSE- lisdexamfetamine dimesylate chew tab 60		mg.....	29
mg.....	26	XTAMPZA ER- oxycodone cap er 12hr abuse-deterrent 27	
		mg.....	29
<b>W</b>		XTAMPZA ER- oxycodone cap er 12hr abuse-deterrent 36	
<b>warfarin sodium tab 1 mg (Coumadin).....</b>	<b>35</b>	mg.....	29
<b>warfarin sodium tab 2 mg (Coumadin).....</b>	<b>35</b>	XTANDI- enzalutamide cap 40 mg.....	6
<b>warfarin sodium tab 2.5 mg (Coumadin).....</b>	<b>35</b>	XTANDI- enzalutamide tab 40 mg.....	6
<b>warfarin sodium tab 3 mg (Coumadin).....</b>	<b>35</b>	XTANDI- enzalutamide tab 80 mg.....	6
<b>warfarin sodium tab 4 mg (Coumadin).....</b>	<b>35</b>	XULTOPHY 100/3.6- insulin degludec-liraglutide sol pen-	
<b>warfarin sodium tab 5 mg (Coumadin).....</b>	<b>35</b>	inj 100-3.6 unit-mg/ml.....	11
<b>warfarin sodium tab 6 mg (Coumadin).....</b>	<b>35</b>	XYNTHA- antihemophil fact rcmb(bdd-rfviii,mor) for inj kit	
<b>warfarin sodium tab 7.5 mg (Coumadin).....</b>	<b>35</b>	1000 unit.....	40
<b>warfarin sodium tab 10 mg (Coumadin).....</b>	<b>35</b>	XYNTHA- antihemophil fact rcmb(bdd-rfviii,mor) for inj kit	
WILATE- antihemophilic factor/vwf (human) for inj 500-500		2000 unit.....	40
unit kit.....	40	XYNTHA- antihemophil fact rcmb (bdd-rfviii,mor) for inj kit	
WILATE- antihemophilic factor/vwf (human) for inj		250 unit.....	40
1000-1000 unit kit.....	40	XYNTHA- antihemophil fact rcmb (bdd-rfviii,mor) for inj kit	
		500 unit.....	40
<b>X</b>		XYNTHA SOLOFUSE- antihemophil fact rcmb(bdd-	
XALKORI- crizotinib cap 200 mg.....	6	rfviii,mor) for inj kit 1000 unit.....	40
XALKORI- crizotinib cap 250 mg.....	6	XYNTHA SOLOFUSE- antihemophil fact rcmb(bdd-	
XARELTO- rivaroxaban tab 2.5 mg.....	35	rfviii,mor) for inj kit 2000 unit.....	40
XARELTO- rivaroxaban tab 10 mg.....	35	XYNTHA SOLOFUSE- antihemophil fact rcmb(bdd-	
XARELTO- rivaroxaban tab 15 mg.....	35	rfviii,mor) for inj kit 3000 unit.....	40
XARELTO- rivaroxaban tab 20 mg.....	35	XYNTHA SOLOFUSE- antihemophil fact rcmb (bdd-	
XARELTO STARTER PACK- rivaroxaban tab starter		rfviii,mor) for inj kit 250 unit.....	40
therapy pack 15 mg & 20 mg.....	35	XYNTHA SOLOFUSE- antihemophil fact rcmb (bdd-	
XELJANZ- tofacitinib citrate oral soln 1 mg/ml (base		rfviii,mor) for inj kit 500 unit.....	40
equivalent).....	30		
XELJANZ- tofacitinib citrate tab 5 mg (base		<b>Y</b>	
equivalent).....	30	YONSA- abiraterone acetate tab 125 mg.....	6
XELJANZ- tofacitinib citrate tab 10 mg (base			
equivalent).....	30	<b>Z</b>	
XELJANZ XR- tofacitinib citrate tab er 24hr 11 mg (base		<b>zaleplon cap 5 mg (Sonata).....</b>	<b>26</b>
equivalent).....	30	<b>zaleplon cap 10 mg (Sonata).....</b>	<b>26</b>
XELJANZ XR- tofacitinib citrate tab er 24hr 22 mg (base		ZARXIO- filgrastim-sndz soln prefilled syringe 300	
equivalent).....	30	mcg/0.5ml.....	35

ZARXIO- filgrastim-sndz soln prefilled syringe 480 mcg/0.8ml.....	35
ZEGALOGUE- dasiglucagon hcl subcutaneous soln auto- inj 0.6 mg/0.6ml.....	11
ZEGALOGUE- dasiglucagon hcl subcutaneous soln pref syringe 0.6 mg/0.6ml.....	11
ZEJULA- niraparib tosylate cap 100 mg (base equivalent).....	6
ZELBORAF- vemurafenib tab 240 mg.....	6
ZENPEP- pancrelipase (lip-prot-amyl) dr cap 3000-10000-14000 unit.....	22
ZENPEP- pancrelipase (lip-prot-amyl) dr cap 5000-17000-24000 unit.....	22
ZENPEP- pancrelipase (lip-prot-amyl) dr cap 10000-32000-42000 unit.....	22
ZENPEP- pancrelipase (lip-prot-amyl) dr cap 15000-47000-63000 unit.....	22
ZENPEP- pancrelipase (lip-prot-amyl) dr cap 20000-63000-84000 unit.....	22
ZENPEP- pancrelipase (lip-prot-amyl) dr cap 25000-79000-105000 unit.....	22
ZENPEP- pancrelipase (lip-prot-amyl) dr cap 40000-126000-168000 unit.....	22
ZEPOSIA 7-DAY STARTER PAC- ozanimod cap pack 4 x 0.23 mg & 3 x 0.46 mg.....	28
ZEPOSIA- ozanimod hcl cap 0.92 mg.....	28
ZEPOSIA STARTER KIT- ozanimod cap pack 4 x 0.23 mg & 3 x 0.46 mg & 30 x 0.92 mg.....	28
ZIEXTENZO- pegfilgrastim-bmez soln prefilled syringe 6 mg/0.6ml.....	35
ZOKINVY- lonafarnib cap 50 mg.....	43
ZOKINVY- lonafarnib cap 75 mg.....	43
<b>zolpidem tartrate tab 5 mg (Ambien).....</b>	<b>26</b>
<b>zolpidem tartrate tab 10 mg (Ambien).....</b>	<b>26</b>
<b>zonisamide cap 50 mg.....</b>	<b>32</b>
<b>zonisamide cap 25 mg (Zonegran).....</b>	<b>32</b>
ZYLET- loteprednol etabonate-tobramycin ophth susp 0.5-0.3%.....	41