

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

## Introduction

Blue Cross and Blue Shield is pleased to present the 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 help 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](http://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](http://accredo.com), or call the number on your ID card.

Blue Cross and Blue Shield of Texas (BCBSTX) is a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association. BCBSTX contracts with Prime Therapeutics to provide pharmacy benefit management and other related services. BCBSTX, as well as several independent Blue Cross and Blue Shield Plans, has an ownership interest in Prime Therapeutics LLC.

Accredo is a specialty pharmacy that is contracted to provide services to members of BCBSTX. The relationship between Accredo and BCBSTX is that of independent contractors. Accredo is a trademark of Express Scripts Strategic Development, Inc.

## 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





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

We provide free communication aids and services for anyone with a disability or who needs language assistance. 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>



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.

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.
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.
ગુજરાતી Gujarati	જો તમને અથવા તમે મદદ કરી રહ્યા હોય એવા કોઈ બીજા વ્યક્તિને એસ.બી.એમ. કાયદાક્રમ બાબતે પ્રશ્નો હોય, તો તમને વિના ખર્ચે, તમારી ભાષામાં મદદ અને માહિતી મેળવવાનો હક્ક 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 नि:शुल्क सहायता और जानकारी प्राप्त करने का अधिकार है। किसी अनुवादक से बात करने के लिए 855-710-6984 पर कॉल 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 bíká anáníłwo'ígíí, na'ídiłkidgo, ts'ídá bee ná ahóótí'i' t'áá níik'e níká a'doolwoł dóó bína'ídiłkidígíí bee níł h odoonih. Ata'dahalne'ígíí bich'i'í' hodíílnih kwe'é 855-710-6984.
فارسی Persian	اگر شما، یا کسی که شما به او کمک می کنید، سوالی داشته باشید، حق این را دارید که به زبان خود، به طور رایگان کمک و اطلاعات دریافت نمایید. جهت گفتگو با یک مترجم شفاهی، با شماره 855-710-6984 تماس حاصل نمایید.
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.
Tagalog Tagalog	Kung ikaw, o ang isang taong iyong tinutulungan 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.

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)					
ATRIPLA - efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg			•		
BARACLUDE - entecavir oral soln 0.05 mg/ml					
BIKTARVY - bicitegravir-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
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 tab 500 mg			•		
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					
<b>metronidazole tab 250 mg</b> (Flagyl)					
<b>metronidazole tab 500 mg</b> (Flagyl)					
<b>nitrofurantoin monohydrate macrocrystalline cap 100 mg</b> (Macrobid)					
SIVEXTRO - tedizolid phosphate tab 200 mg			•		
<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)	•				

Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA
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)	•	•	•		
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	•				

Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA
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	•	•	•		
KISQALI FEMARA 600 DOSE - ribociclib 600 mg dose (200 mg tab) & letrozole 2.5 mg tbpk	•	•	•		
<b>letrozole tab 2.5 mg (Femara)</b>					
LEUKERAN - chlorambucil tab 2 mg	•				
LYNPARZA - olaparib tab 100 mg	•	•	•		
LYNPARZA - olaparib tab 150 mg	•	•	•		
<b>megestrol acetate tab 20 mg</b>					
<b>megestrol acetate tab 40 mg</b>					
MEKINIST - trametinib dimethyl sulfoxide tab 0.5 mg (base equivalent)	•	•	•		
MEKINIST - trametinib dimethyl sulfoxide tab 2 mg (base equivalent)	•	•	•		
MESNEX - mesna tab 400 mg					

Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA
<b>methotrexate sodium inj pf 50 mg/2ml (25 mg/ml)</b>					
<b>methotrexate sodium inj pf 250 mg/10ml (25 mg/ml)</b>					
<b>methotrexate sodium inj 50 mg/2ml (25 mg/ml)</b>					
MYLERAN - busulfan tab 2 mg	•				
NEXAVAR - sorafenib tosylate tab 200 mg (base equivalent)	•	•	•		
NUBEQA - darolutamide tab 300 mg	•	•	•		
PIQRAY 200MG DAILY DOSE - alpelisib tab therapy pack 200 mg daily dose	•	•	•		
PIQRAY 250MG DAILY DOSE - alpelisib tab pack 250 mg daily dose (200 mg & 50 mg tabs)	•	•	•		
PIQRAY 300MG DAILY DOSE - alpelisib tab pack 300 mg daily dose (2x150 mg tab)	•	•	•		
PURIXAN - mercaptopurine susp 2000 mg/100ml (20 mg/ml)	•				
RETEVMO - seliperatinib cap 40 mg	•	•	•		
RETEVMO - seliperatinib cap 80 mg	•	•	•		
ROZLYTREK - entrectinib cap 100 mg	•	•	•		
ROZLYTREK - entrectinib cap 200 mg	•	•	•		
RUBRACA - rucaparib camsylate tab 200 mg (base equivalent)	•	•	•		
RUBRACA - rucaparib camsylate tab 250 mg (base equivalent)	•	•	•		
RUBRACA - rucaparib camsylate tab 300 mg (base equivalent)	•	•	•		
RYDAPT - midostaurin cap 25 mg	•	•	•		

Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA	Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA
SPRYCEL - dasatinib tab 20 mg	•	•	•			TREXALL - methotrexate sodium tab 5 mg (base equiv)					
SPRYCEL - dasatinib tab 50 mg	•	•	•			TREXALL - methotrexate sodium tab 7.5 mg (base equiv)					
SPRYCEL - dasatinib tab 70 mg	•	•	•			TREXALL - methotrexate sodium tab 10 mg (base equiv)					
SPRYCEL - dasatinib tab 80 mg	•	•	•			TREXALL - methotrexate sodium tab 15 mg (base equiv)					
SPRYCEL - dasatinib tab 100 mg	•	•	•			VENCLEXTA - venetoclax tab 10 mg	•	•	•		
SPRYCEL - dasatinib tab 140 mg	•	•	•			VENCLEXTA - venetoclax tab 50 mg	•	•	•		
SUTENT - sunitinib malate cap 12.5 mg (base equivalent)	•	•	•			VENCLEXTA - venetoclax tab 100 mg	•	•	•		
SUTENT - sunitinib malate cap 25 mg (base equivalent)	•	•	•			VENCLEXTA STARTING PACK - venetoclax tab therapy starter pack 10 & 50 & 100 mg	•	•	•		
SUTENT - sunitinib malate cap 37.5 mg (base equivalent)	•	•	•			VERZENIO - abemaciclib tab 50 mg	•	•	•		
SUTENT - sunitinib malate cap 50 mg (base equivalent)	•	•	•			VERZENIO - abemaciclib tab 100 mg	•	•	•		
TABLOID - thioguanine tab 40 mg	•					VERZENIO - abemaciclib tab 150 mg	•	•	•		
TABRECTA - capmatinib hcl tab 150 mg	•	•	•			VERZENIO - abemaciclib tab 200 mg	•	•	•		
TABRECTA - capmatinib hcl tab 200 mg	•	•	•			VITRAKVI - larotrectinib sulfate oral soln 20 mg/ml (base equivalent)	•	•	•		
TAFINLAR - dabrafenib mesylate cap 50 mg (base equivalent)	•	•	•			VITRAKVI - larotrectinib sulfate cap 25 mg (base equivalent)	•	•	•		
TAFINLAR - dabrafenib mesylate cap 75 mg (base equivalent)	•	•	•			VITRAKVI - larotrectinib sulfate cap 100 mg (base equivalent)	•	•	•		
TALZENNA - talazoparib tosylate cap 0.25 mg (base equivalent)	•	•	•			VOTRIENT - pazopanib hcl tab 200 mg (base equiv)	•	•	•		
TALZENNA - talazoparib tosylate cap 1 mg (base equivalent)	•	•	•			XALKORI - crizotinib cap 200 mg	•	•	•		
<b>tamoxifen citrate tab 10 mg (base equivalent)</b>					•	XALKORI - crizotinib cap 250 mg	•	•	•		
TASIGNA - nilotinib hcl cap 50 mg (base equivalent)	•	•	•			XTANDI - enzalutamide cap 40 mg	•	•	•		
TASIGNA - nilotinib hcl cap 150 mg (base equivalent)	•	•	•			XTANDI - enzalutamide tab 40 mg	•	•	•		
TASIGNA - nilotinib hcl cap 200 mg (base equivalent)	•	•	•			XTANDI - enzalutamide tab 80 mg	•	•	•		



Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA
YONSA - abiraterone acetate tab 125 mg	•	•	•		
ZEJULA - niraparib tosylate cap 100 mg (base equivalent)	•	•	•		
ZELBORAF - vemurafenib tab 240 mg	•	•	•		
ZYTIGA - abiraterone acetate tab 500 mg	•	•	•		
<b>ENDOCRINE AND METABOLIC DRUGS</b>					
<b>CORTICOSTEROIDS</b>					
DEXAMETHASONE - dexamethasone soln 0.5 mg/5ml					
<b>dexamethasone tab 0.5 mg</b>					
<b>dexamethasone tab 0.75 mg</b>					
<b>dexamethasone tab 1.5 mg</b>					
<b>dexamethasone tab 4 mg</b>					
<b>dexamethasone tab 6 mg</b>					
<b>fludrocortisone acetate tab 0.1 mg</b>					
<b>methylprednisolone tab therapy pack 4 mg (21)</b> (Medrol dosepak)					
<b>methylprednisolone tab 4 mg</b> (Medrol)					
<b>methylprednisolone tab 16 mg</b> (Medrol)					
<b>methylprednisolone tab 32 mg</b> (Medrol)					
<b>prednisolone sod phosphate oral soln 15 mg/5ml (base equiv)</b>					
PREDNISON - prednisone oral soln 5 mg/5ml					
PREDNISON INTENSOL - prednisone conc 5 mg/ml					
<b>prednisone tab therapy pack 5 mg (21)</b>					

Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA
<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</b> (Estrace)					
<b>estradiol tab 1 mg</b> (Estrace)					
<b>estradiol tab 2 mg</b> (Estrace)					
ORIAHNN - elagolix-estradiol-noreth 300-1-0.5mg & elagolix 300mg cap pack					
PREMARIN - estrogens, conjugated tab 0.3 mg					

Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA
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>					
desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Desogen)			•		
ELLA - ulipristal acetate tab 30 mg			•		•
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg			•		
levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg			•		
levonorgestrel-eth estradiol tab 0.05-30/0.075-40/0.125-30mg-mcg			•		
norethindrone & ethinyl estradiol tab 1 mg-35 mcg (Norinyl 1+35)			•		

Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA
norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg (Loestrin 1/20-21)			•		
norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg (Loestrin fe 1/20)			•		•
norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg (Loestrin fe 1.5/30)			•		
norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)			•		
norethindrone tab 0.35 mg (Nor-qd)			•		•
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg (Ortho-cyclen)			•		
norgestimate-eth estradiol tab 0.18-25/0.215-25/0.25-25 mg-mcg (Ortho tri-cyclen lo)			•		
norgestimate-eth estradiol tab 0.18-35/0.215-35/0.25-35 mg-mcg (Ortho tri-cyclen)			•		•
NUVARING - etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr			•		•
<b>PROGESTINS</b>					
medroxyprogesterone acetate tab 2.5 mg (Provera)					
medroxyprogesterone acetate tab 5 mg (Provera)					
medroxyprogesterone acetate tab 10 mg (Provera)					
<b>ANTIDIABETICS</b>					
BAQSIMI ONE PACK - glucagon nasal powder 3 mg/dose					
BAQSIMI TWO PACK - glucagon nasal powder 3 mg/dose					

Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA
FARXIGA - dapagliflozin propanediol tab 5 mg (base equivalent)			•		
FARXIGA - dapagliflozin propanediol tab 10 mg (base equivalent)			•		
<b>glimepiride tab 1 mg</b> (Amaryl)					
<b>glimepiride tab 2 mg</b> (Amaryl)					
<b>glimepiride tab 4 mg</b> (Amaryl)					
<b>glipizide tab er 24hr 2.5 mg</b> (Glucotrol xl)					
<b>glipizide tab er 24hr 5 mg</b> (Glucotrol xl)					
<b>glipizide tab er 24hr 10 mg</b> (Glucotrol xl)					
<b>glipizide tab 5 mg</b> (Glucotrol)					
<b>glipizide tab 10 mg</b> (Glucotrol)					
GLUCAGON EMERGENCY KIT - glucagon (rdna) for inj kit 1 mg					
GLUCAGON EMERGENCY KIT FO - glucagon hcl for inj 1 mg					
<b>glyburide micronized tab 1.5 mg</b> (Glynase)					
<b>glyburide micronized tab 3 mg</b> (Glynase)					
<b>glyburide micronized tab 6 mg</b> (Glynase)					
<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</b> (Glucovance)					
<b>glyburide-metformin tab 2.5-500 mg</b> (Glucovance)					
<b>glyburide-metformin tab 5-500 mg</b> (Glucovance)					

Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA
GLYXAMBI - empagliflozin-linagliptin tab 10-5 mg			•		
GLYXAMBI - empagliflozin-linagliptin tab 25-5 mg			•		
GVOKE HYPOPEN 1-PACK - glucagon subcutaneous solution auto-injector 0.5 mg/0.1ml					
GVOKE HYPOPEN 1-PACK - glucagon subcutaneous solution auto-injector 1 mg/0.2ml					
GVOKE HYPOPEN 2-PACK - glucagon subcutaneous solution auto-injector 0.5 mg/0.1ml					
GVOKE HYPOPEN 2-PACK - glucagon subcutaneous solution auto-injector 1 mg/0.2ml					
GVOKE PFS - glucagon subcutaneous soln pref syringe 0.5 mg/0.1ml					
GVOKE PFS - glucagon subcutaneous soln pref syringe 1 mg/0.2ml					
INVOKAMET - canagliflozin-metformin hcl tab 50-500 mg			•		
INVOKAMET - canagliflozin-metformin hcl tab 50-1000 mg			•		
INVOKAMET - canagliflozin-metformin hcl tab 150-500 mg			•		
INVOKAMET - canagliflozin-metformin hcl tab 150-1000 mg			•		
INVOKAMET XR - canagliflozin-metformin hcl tab er 24hr 50-500 mg			•		
INVOKAMET XR - canagliflozin-metformin hcl tab er 24hr 50-1000 mg			•		
INVOKAMET XR - canagliflozin-metformin hcl tab er 24hr 150-500 mg			•		

Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA	Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA
INVOKAMET XR - canagliflozin-metformin hcl tab er 24hr 150-1000 mg			•			<b>metformin hcl tab 1000 mg</b> (Glucophage)					
INVOKANA - canagliflozin tab 100 mg			•			OZEMPIC - semaglutide soln pen-inj 0.25 or 0.5 mg/dose (2 mg/1.5ml)			•	•	
INVOKANA - canagliflozin tab 300 mg			•			OZEMPIC - semaglutide soln pen-inj 1 mg/dose (2 mg/1.5ml)			•	•	
JANUMET - sitagliptin-metformin hcl tab 50-500 mg			•			OZEMPIC - semaglutide soln pen-inj 1 mg/dose (4 mg/3ml)			•	•	
JANUMET - sitagliptin-metformin hcl tab 50-1000 mg			•			<b>pioglitazone hcl tab 15 mg (base equiv)</b> (Actos)					
JANUMET XR - sitagliptin-metformin hcl tab er 24hr 50-500 mg			•			<b>pioglitazone hcl tab 30 mg (base equiv)</b> (Actos)					
JANUMET XR - sitagliptin-metformin hcl tab er 24hr 50-1000 mg			•			<b>pioglitazone hcl tab 45 mg (base equiv)</b> (Actos)					
JANUMET XR - sitagliptin-metformin hcl tab er 24hr 100-1000 mg			•			RYBELSUS - semaglutide tab 3 mg			•	•	
JANUVIA - sitagliptin phosphate tab 25 mg (base equiv)			•			RYBELSUS - semaglutide tab 7 mg			•	•	
JANUVIA - sitagliptin phosphate tab 50 mg (base equiv)			•			RYBELSUS - semaglutide tab 14 mg			•	•	
JANUVIA - sitagliptin phosphate tab 100 mg (base equiv)			•			SOLIQUA 100/33 - insulin glargine-lixisenatide sol pen-inj 100-33 unit-mcg/ml			•	•	
JARDIANCE - empagliflozin tab 10 mg			•			SYNJARDY - empagliflozin-metformin hcl tab 5-500 mg			•		
JARDIANCE - empagliflozin tab 25 mg			•			SYNJARDY - empagliflozin-metformin hcl tab 5-1000 mg			•		
<b>metformin hcl tab er 24hr 500 mg</b> (Glucophage xr)						SYNJARDY - empagliflozin-metformin hcl tab 12.5-500 mg			•		
<b>metformin hcl tab er 24hr 750 mg</b> (Glucophage xr)						SYNJARDY - empagliflozin-metformin hcl tab 12.5-1000 mg			•		
<b>metformin hcl tab 500 mg</b> (Glucophage)						SYNJARDY XR - empagliflozin-metformin hcl tab er 24hr 5-1000 mg			•		
<b>metformin hcl tab 850 mg</b> (Glucophage)						SYNJARDY XR - empagliflozin-metformin hcl tab er 24hr 10-1000 mg			•		

Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA	Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA
SYNJARDY XR - empagliflozin-metformin hcl tab er 24hr 12.5-1000 mg			•			XIGDUO XR - dapagliflozin-metformin hcl tab er 24hr 10-500 mg			•		
SYNJARDY XR - empagliflozin-metformin hcl tab er 24hr 25-1000 mg			•			XIGDUO XR - dapagliflozin-metformin hcl tab er 24hr 10-1000 mg			•		
TRIJARDY XR - empagliflozin-linagliptin-metformin tab er 24hr 5-2.5-1000mg			•			XULTOPHY 100/3.6 - insulin degludec-liraglutide sol pen-inj 100-3.6 unit-mg/ml			•	•	
TRIJARDY XR - empagliflozin-linagliptin-metformin tab er 24hr 10-5-1000 mg			•			ZEGALOGUE - dasiglucagon hcl subcutaneous soln auto-inj 0.6 mg/0.6ml					
TRIJARDY XR - empagliflozin-linaglip-metformin tab er 24hr 12.5-2.5-1000mg			•			ZEGALOGUE - dasiglucagon hcl subcutaneous soln pref syringe 0.6 mg/0.6ml					
TRIJARDY XR - empagliflozin-linagliptin-metformin tab er 24hr 25-5-1000 mg			•			<b>Rapid-Acting Insulins</b>					
TRULICITY - dulaglutide soln pen-injector 0.75 mg/0.5ml			•	•		FIASP - insulin aspart (with niacinamide) inj 100 unit/ml			•		
TRULICITY - dulaglutide soln pen-injector 1.5 mg/0.5ml			•	•		FIASP FLEXTOUCH - insulin aspart (with niacinamide) sol pen-inj 100 unit/ml			•		
TRULICITY - dulaglutide soln pen-injector 3 mg/0.5ml			•	•		FIASP PENFILL - insulin aspart (with niacinamide) soln cartridge 100 unit/ml			•		
TRULICITY - dulaglutide soln pen-injector 4.5 mg/0.5ml			•	•		INSULIN ASPART - insulin aspart inj 100 unit/ml			•		
VICTOZA - liraglutide soln pen-injector 18 mg/3ml (6 mg/ml)			•	•		INSULIN ASPART FLEXPEN - insulin aspart soln pen-injector 100 unit/ml			•		
XIGDUO XR - dapagliflozin-metformin hcl tab er 24hr 2.5-1000 mg			•			INSULIN ASPART PENFILL - insulin aspart soln cartridge 100 unit/ml			•		
XIGDUO XR - dapagliflozin-metformin hcl tab er 24hr 5-500 mg			•			NOVOLOG - insulin aspart inj 100 unit/ml			•		
XIGDUO XR - dapagliflozin-metformin hcl tab er 24hr 5-1000 mg			•			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	Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA
<b>Short-Acting Insulins</b>						LANTUS SOLOSTAR - insulin glargine soln pen-injector 100 unit/ml			•		
HUMULIN R U-500 (CONCENTR - insulin regular (human) inj 500 unit/ml			•			LEVEMIR - insulin detemir inj 100 unit/ml			•		
HUMULIN R U-500 KWIKPEN - insulin regular (human) soln pen-injector 500 unit/ml			•			LEVEMIR FLEXTOUCH - insulin detemir soln pen-injector 100 unit/ml			•		
NOVOLIN R - insulin regular (human) inj 100 unit/ml			•			TOUJEO MAX SOLOSTAR - insulin glargine soln pen-injector 300 unit/ml (2 unit dial)			•		
NOVOLIN R FLEXPEN - insulin regular (human) soln pen-injector 100 unit/ml			•			TOUJEO SOLOSTAR - insulin glargine soln pen-injector 300 unit/ml (1 unit dial)			•		
<b>Intermediate-Acting Insulins</b>						TRESIBA - insulin degludec inj 100 unit/ml			•		
INSULIN ASPART PROTAMINE/ - insulin aspart prot & aspart sus pen-inj 100 unit/ml (70-30)			•			TRESIBA FLEXTOUCH - insulin degludec soln pen-injector 100 unit/ml			•		
INSULIN ASPART PROTAMINE/ - insulin aspart prot & aspart (human) inj 100 unit/ml (70-30)			•			TRESIBA FLEXTOUCH - insulin degludec soln pen-injector 200 unit/ml			•		
NOVOLIN N - insulin nph (human) (isophane) inj 100 unit/ml			•			<b>THYROID AGENTS</b>					
NOVOLIN N FLEXPEN - insulin nph (human) (isophane) susp pen-injector 100 unit/ml			•			<b>levothyroxine sodium tab 25 mcg</b> (Synthroid)					
NOVOLIN 70/30 - insulin nph isophane & regular human inj 100 unit/ml (70-30)			•			<b>levothyroxine sodium tab 50 mcg</b> (Synthroid)					
NOVOLIN 70/30 FLEXPEN - insulin nph & regular susp pen-inj 100 unit/ml (70-30)			•			<b>levothyroxine sodium tab 75 mcg</b> (Synthroid)					
NOVOLOG MIX 70/30 - insulin aspart prot & aspart (human) inj 100 unit/ml (70-30)			•			<b>levothyroxine sodium tab 88 mcg</b> (Synthroid)					
NOVOLOG MIX 70/30 PREFILL - insulin aspart prot & aspart sus pen-inj 100 unit/ml (70-30)			•			<b>levothyroxine sodium tab 100 mcg</b> (Synthroid)					
<b>Basal Insulins</b>						<b>levothyroxine sodium tab 112 mcg</b> (Synthroid)					
LANTUS - insulin glargine inj 100 unit/ml			•			<b>levothyroxine sodium tab 125 mcg</b> (Synthroid)					

Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA
<b>levothyroxine sodium tab 137 mcg</b> (Synthroid)					
<b>levothyroxine sodium tab 150 mcg</b> (Synthroid)					
<b>levothyroxine sodium tab 175 mcg</b> (Synthroid)					
<b>levothyroxine sodium tab 200 mcg</b> (Synthroid)					
<b>levothyroxine sodium tab 300 mcg</b> (Synthroid)					
<b>methimazole tab 5 mg</b> (Tapazole)					
<b>methimazole tab 10 mg</b> (Tapazole)					
<b>thyroid tab 15 mg (1/4 grain)</b> (Armour thyroid)					
<b>thyroid tab 30 mg (1/2 grain)</b> (Armour thyroid)					
<b>ENDOCRINE and METABOLIC AGENTS - MISC.</b>					
<b>alendronate sodium tab 10 mg</b>			•		
<b>alendronate sodium tab 35 mg</b>			•		
<b>alendronate sodium tab 70 mg</b> (Fosamax)			•		
<b>calcitriol cap 0.25 mcg</b> (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)</b> (Boniva)			•		
INCRELEX - mecasermin inj 40 mg/4ml (10 mg/ml)	•				
NITYR - nitisinone tab 2 mg	•				
NITYR - nitisinone tab 5 mg	•				
NITYR - nitisinone tab 10 mg	•				
NORDITROPIN FLEXPRO - somatropin solution pen-injector 5 mg/1.5ml	•	•			
NORDITROPIN FLEXPRO - somatropin solution pen-injector 10 mg/1.5ml	•	•			
NORDITROPIN FLEXPRO - somatropin solution pen-injector 15 mg/1.5ml	•	•			
NORDITROPIN FLEXPRO - 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 - elapegademase-lvlr 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>					
digoxin tab 125 mcg (0.125 mg) (Lanoxin)					
digoxin tab 250 mcg (0.25 mg) (Lanoxin)					
<b>ANTIANGINAL AGENTS</b>					
isosorbide mononitrate tab er 24hr 30 mg					
isosorbide mononitrate tab er 24hr 60 mg					
isosorbide mononitrate tab 10 mg					
isosorbide mononitrate tab 20 mg					
nitroglycerin td patch 24hr 0.2 mg/hr (Nitro-dur)					
<b>BETA BLOCKERS</b>					
atenolol tab 25 mg (Tenormin)					
atenolol tab 50 mg (Tenormin)					
atenolol tab 100 mg (Tenormin)					
carvedilol tab 3.125 mg (Coreg)					
carvedilol tab 6.25 mg (Coreg)					
carvedilol tab 12.5 mg (Coreg)					
carvedilol tab 25 mg (Coreg)					
INNOPRAN XL - propranolol hcl sustained-release beads cap er 24hr 80 mg					

Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA
INNOPRAN XL - propranolol hcl sustained-release beads cap er 24hr 120 mg					
labetalol hcl tab 100 mg (Trandate)					
metoprolol succinate tab er 24hr 25 mg (tartrate equiv) (Toprol xl)					
metoprolol succinate tab er 24hr 50 mg (tartrate equiv) (Toprol xl)					
metoprolol succinate tab er 24hr 100 mg (tartrate equiv) (Toprol xl)					
metoprolol tartrate tab 25 mg					
metoprolol tartrate tab 50 mg (Lopressor)					
metoprolol tartrate tab 100 mg (Lopressor)					
PROPRANOLOL HCL - propranolol hcl oral soln 20 mg/5ml					
PROPRANOLOL HCL - propranolol hcl oral soln 40 mg/5ml					
propranolol hcl tab 10 mg					
propranolol hcl tab 20 mg					
propranolol hcl tab 40 mg					
sotalol hcl (afib/af) tab 80 mg (Betapace af)					
sotalol hcl (afib/af) tab 120 mg (Betapace af)					
sotalol hcl (afib/af) tab 160 mg (Betapace af)					
sotalol hcl tab 80 mg (Betapace)					
sotalol hcl tab 120 mg (Betapace)					
sotalol hcl tab 160 mg (Betapace)					
sotalol hcl tab 240 mg					
<b>CALCIUM CHANNEL BLOCKERS</b>					



Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA
<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)					
<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)					

Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA
<b>ANTIARRHYTHMICS</b>					
<b>amiodarone hcl tab 200 mg</b> (Cordarone)					
<b>MULTAQ - dronedarone hcl tab 400 mg (base equivalent)</b>					
<b>propafenone hcl tab 150 mg</b>					
<b>ANTIHYPERTENSIVES</b>					
<b>amlodipine besylate-benazepril hcl cap 2.5-10 mg</b> (Lotrel)					
<b>amlodipine besylate-benazepril hcl cap 5-10 mg</b> (Lotrel)					
<b>amlodipine besylate-benazepril hcl cap 5-20 mg</b> (Lotrel)					
<b>amlodipine besylate-benazepril hcl cap 5-40 mg</b> (Lotrel)					
<b>amlodipine besylate-benazepril hcl cap 10-20 mg</b> (Lotrel)					
<b>amlodipine besylate-benazepril hcl cap 10-40 mg</b> (Lotrel)					
<b>amlodipine besylate-valsartan tab 5-160 mg</b> (Exforge)					
<b>amlodipine besylate-valsartan tab 5-320 mg</b> (Exforge)					
<b>amlodipine besylate-valsartan tab 10-160 mg</b> (Exforge)					
<b>atenolol &amp; chlorthalidone tab 50-25 mg</b> (Tenoretic 50)					
<b>benazepril hcl tab 5 mg</b>					
<b>benazepril hcl tab 10 mg</b> (Lotensin)					
<b>benazepril hcl tab 20 mg</b> (Lotensin)					
<b>benazepril hcl tab 40 mg</b> (Lotensin)					
<b>bisoprolol &amp; hydrochlorothiazide tab 2.5-6.25 mg</b> (Ziac)					

Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA
<b>bisoprolol &amp; hydrochlorothiazide tab 5-6.25 mg (Ziac)</b>					
<b>bisoprolol &amp; hydrochlorothiazide tab 10-6.25 mg (Ziac)</b>					
<b>clonidine hcl tab 0.1 mg (Catapres)</b>					
<b>clonidine hcl tab 0.2 mg (Catapres)</b>					
<b>clonidine hcl tab 0.3 mg (Catapres)</b>					
<b>doxazosin mesylate tab 1 mg (Cardura)</b>					
<b>doxazosin mesylate tab 2 mg (Cardura)</b>					
<b>doxazosin mesylate tab 4 mg (Cardura)</b>					
<b>doxazosin mesylate tab 8 mg (Cardura)</b>					
<b>enalapril maleate &amp; hydrochlorothiazide tab 5-12.5 mg</b>					
<b>enalapril maleate &amp; hydrochlorothiazide tab 10-25 mg (Vaseretic)</b>					
<b>enalapril maleate tab 2.5 mg (Vasotec)</b>					
<b>enalapril maleate tab 5 mg (Vasotec)</b>					
<b>enalapril maleate tab 10 mg (Vasotec)</b>					
<b>enalapril maleate tab 20 mg (Vasotec)</b>					
<b>fosinopril sodium tab 10 mg</b>					
<b>fosinopril sodium tab 20 mg</b>					
<b>fosinopril sodium tab 40 mg</b>					
<b>hydralazine hcl tab 10 mg</b>					
<b>hydralazine hcl tab 25 mg</b>					

Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA
<b>hydralazine hcl tab 50 mg</b>					
<b>hydralazine hcl tab 100 mg</b>					
<b>irbesartan tab 75 mg (Avapro)</b>					
<b>irbesartan tab 150 mg (Avapro)</b>					
<b>irbesartan tab 300 mg (Avapro)</b>					
<b>irbesartan-hydrochlorothiazide tab 150-12.5 mg (Avalide)</b>					
<b>irbesartan-hydrochlorothiazide tab 300-12.5 mg (Avalide)</b>					
<b>lisinopril &amp; hydrochlorothiazide tab 10-12.5 mg (Zestoretic)</b>					
<b>lisinopril &amp; hydrochlorothiazide tab 20-12.5 mg (Zestoretic)</b>					
<b>lisinopril &amp; hydrochlorothiazide tab 20-25 mg (Zestoretic)</b>					
<b>lisinopril tab 2.5 mg (Zestril)</b>					
<b>lisinopril tab 5 mg (Prinivil)</b>					
<b>lisinopril tab 10 mg (Prinivil)</b>					
<b>lisinopril tab 20 mg (Prinivil)</b>					
<b>lisinopril tab 30 mg (Zestril)</b>					
<b>lisinopril tab 40 mg (Zestril)</b>					
<b>losartan potassium &amp; hydrochlorothiazide tab 50-12.5 mg (Hyzaar)</b>					
<b>losartan potassium &amp; hydrochlorothiazide tab 100-12.5 mg (Hyzaar)</b>					
<b>losartan potassium &amp; hydrochlorothiazide tab 100-25 mg (Hyzaar)</b>					
<b>losartan potassium tab 25 mg (Cozaar)</b>					
<b>losartan potassium tab 50 mg (Cozaar)</b>					
<b>losartan potassium tab 100 mg (Cozaar)</b>					

Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA
<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)					
<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>					

Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA
<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)					
<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>					

Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA
<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)					
<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>					
SYMJEPI - epinephrine soln prefilled syringe 0.15 mg/0.3ml (1:2000)					
SYMJEPI - epinephrine solution prefilled syringe 0.3 mg/0.3ml (1:1000)					
<b>ANTIHYPERTENSIVES</b>					
<b>atorvastatin calcium tab 10 mg</b> (base equivalent) (Lipitor)					•
<b>atorvastatin calcium tab 20 mg</b> (base equivalent) (Lipitor)					•
<b>atorvastatin calcium tab 40 mg</b> (base equivalent) (Lipitor)					
<b>atorvastatin calcium tab 80 mg</b> (base equivalent) (Lipitor)					
<b>fenofibrate tab 48 mg</b> (Tricor)			•		
<b>fenofibrate tab 54 mg</b> (Lofibra)			•		

Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA
<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)					•
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)					

Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA
<b>simvastatin tab 20 mg (Zocor)</b>					
<b>simvastatin tab 40 mg (Zocor)</b>					
<b>simvastatin tab 80 mg (Zocor)</b>					
<b>CARDIOVASCULAR AGENTS - MISC.</b>					
CORLANOR - ivabradine hcl oral soln 5 mg/5ml (base equiv)		•	•		
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	•	•	•		

Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA
VYNDAQEL - tafamidis meglumine (cardiac) cap 20 mg	•	•	•		
<b>RESPIRATORY AGENTS</b>					
<b>ANTI-HISTAMINES</b>					
cetirizine hcl oral soln 1 mg/ml (5 mg/5ml)					
cyproheptadine hcl tab 4 mg					
levocetirizine dihydrochloride tab 5 mg					
promethazine hcl syrup 6.25 mg/5ml					
promethazine hcl tab 12.5 mg					
promethazine hcl tab 25 mg					
promethazine hcl tab 50 mg					
<b>NASAL AGENTS - SYSTEMIC and TOPICAL</b>					
azelastine hcl nasal spray 0.1% (137 mcg/spray)			•		
fluticasone propionate nasal susp 50 mcg/act			•		
<b>COUGH/COLD/ALLERGY</b>					
benzonatate cap 100 mg (Tessalon perles)					
benzonatate cap 200 mg					
HYCODAN - hydrocodone w/ homatropine syrup 5-1.5 mg/5ml					
hydrocodone w/ homatropine syrup 5-1.5 mg/5ml		•			
promethazine w/ codeine syrup 6.25-10 mg/5ml		•			
promethazine-dm syrup 6.25-15 mg/5ml					
sodium chloride soln nebu 3%					
<b>ANTI-ASTHMATIC and BRONCHODILATOR AGENTS</b>					
ADVAIR DISKUS - fluticasone-salmeterol aer powder ba 100-50 mcg/dose			•		

Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA	Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA
ADVAIR DISKUS - fluticasone-salmeterol aer powder ba 250-50 mcg/dose			•			ASMANEX TWISTHALER 120 ME - mometasone furoate inhal powd 220 mcg/inh (breath activated)			•		
ADVAIR DISKUS - fluticasone-salmeterol aer powder ba 500-50 mcg/dose			•			ASMANEX TWISTHALER 30 MET - mometasone furoate inhal powd 110 mcg/inh (breath activated)			•		
ADVAIR HFA - fluticasone-salmeterol inhal aerosol 45-21 mcg/act			•			ASMANEX TWISTHALER 30 MET - mometasone furoate inhal powd 220 mcg/inh (breath activated)			•		
ADVAIR HFA - fluticasone-salmeterol inhal aerosol 115-21 mcg/act			•			ASMANEX TWISTHALER 60 MET - mometasone furoate inhal powd 220 mcg/inh (breath activated)			•		
ADVAIR HFA - fluticasone-salmeterol inhal aerosol 230-21 mcg/act			•			BREO ELLIPTA - fluticasone furoate-vilanterol aero powd ba 100-25 mcg/inh			•		
<b>albuterol sulfate soln nebu 0.083% (2.5 mg/3ml)</b>			•			BREO ELLIPTA - fluticasone furoate-vilanterol aero powd ba 200-25 mcg/inh			•		
<b>albuterol sulfate syrup 2 mg/5ml</b>						BREZTRI AEROSPHERE - budesonide-glycopyrrolate-formoterol aers 160-9-4.8 mcg/act			•		
ANORO ELLIPTA - umeclidinium-vilanterol aero powd ba 62.5-25 mcg/inh			•			COMBIVENT RESPIMAT - ipratropium-albuterol inhal aerosol soln 20-100 mcg/act			•		
ARNUITY ELLIPTA - fluticasone furoate aerosol powder breath activ 50 mcg/act			•			DULERA - mometasone furoate-formoterol fumarate aerosol 50-5 mcg/act			•		
ARNUITY ELLIPTA - fluticasone furoate aerosol powder breath activ 100 mcg/act			•			DULERA - mometasone furoate-formoterol fumarate aerosol 100-5 mcg/act			•		
ARNUITY ELLIPTA - fluticasone furoate aerosol powder breath activ 200 mcg/act			•			DULERA - mometasone furoate-formoterol fumarate aerosol 200-5 mcg/act			•		
ASMANEX HFA - mometasone furoate inhal aerosol suspension 50 mcg/act			•			FLOVENT DISKUS - fluticasone propionate aer pow ba 50 mcg/blister			•		
ASMANEX HFA - mometasone furoate inhal aerosol suspension 100 mcg/act			•			FLOVENT DISKUS - fluticasone propionate aer pow ba 100 mcg/blister			•		
ASMANEX HFA - mometasone furoate inhal aerosol suspension 200 mcg/act			•								

Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA	Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA
FLOVENT DISKUS - fluticasone propionate aer pow ba 250 mcg/blister			•			SEREVENT DISKUS - salmeterol xinafoate aer pow ba 50 mcg/dose (base equiv)			•		
FLOVENT HFA - fluticasone propionate hfa inhal aero 44 mcg/act (50/valve)			•			SPIRIVA HANDIHALER - tiotropium bromide monohydrate inhal cap 18 mcg (base equiv)			•		
FLOVENT HFA - fluticasone propionate hfa inhal aer 110 mcg/act (125/valve)			•			SPIRIVA RESPIMAT - tiotropium bromide monohydrate inhal aerosol 1.25 mcg/act			•		
FLOVENT HFA - fluticasone propionate hfa inhal aer 220 mcg/act (250/valve)			•			SPIRIVA RESPIMAT - tiotropium bromide monohydrate inhal aerosol 2.5 mcg/act			•		
FLUTICASONE PROPIONATE/SA - fluticasone-salmeterol aer powder ba 55-14 mcg/act			•			STIOLTO RESPIMAT - tiotropium br-olodaterol inhal aero soln 2.5-2.5 mcg/act			•		
FLUTICASONE PROPIONATE/SA - fluticasone-salmeterol aer powder ba 113-14 mcg/act			•			STRIVERDI RESPIMAT - olodaterol hcl inhal aerosol soln 2.5 mcg/act (base equiv)			•		
FLUTICASONE PROPIONATE/SA - fluticasone-salmeterol aer powder ba 232-14 mcg/act			•			SYMBICORT - budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act			•		
INCRUSE ELLIPTA - umeclidinium br aero powd breath act 62.5 mcg/inh (base eq)			•			SYMBICORT - budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act			•		
<b>ipratropium bromide inhal soln 0.02%</b>			•			TRELEGY ELLIPTA - fluticasone-umeclidinium-vilanterol aepb 100-62.5-25 mcg/inh			•		
<b>montelukast sodium chew tab 4 mg (base equiv)</b> (Singulair)						TRELEGY ELLIPTA - fluticasone-umeclidinium-vilanterol aepb 200-62.5-25 mcg/inh			•		
<b>montelukast sodium chew tab 5 mg (base equiv)</b> (Singulair)						VENTOLIN HFA - albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)			•		
<b>montelukast sodium tab 10 mg (base equiv)</b> (Singulair)						<b>RESPIRATORY AGENTS - MISC.</b>					
QVAR REDHALER - beclomethasone diprop hfa breath act inh aer 40 mcg/act			•			KALYDECO - ivacaftor tab 150 mg	•	•	•		
QVAR REDHALER - beclomethasone diprop hfa breath act inh aer 80 mcg/act			•			KALYDECO - ivacaftor packet 25 mg	•	•	•		
						KALYDECO - ivacaftor packet 50 mg	•	•	•		

Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA
KALYDECO - ivacaftor packet 75 mg	•	•	•		
PULMOZYME - dornase alfa inhal soln 1 mg/ml	•				
SYMDEKO - tezacaftor-ivacaftor 50-75 mg & ivacaftor 75 mg tab tbpk	•	•	•		
SYMDEKO - tezacaftor-ivacaftor 100-150 mg & ivacaftor 150 mg tab tbpk	•	•	•		
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)					

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



Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA
CREON - pancrelipase (lip-prot-amyl) dr cap 12000-38000-60000 unit					
CREON - pancrelipase (lip-prot-amyl) dr cap 24000-76000-120000 unit					
CREON - pancrelipase (lip-prot-amyl) dr cap 36000-114000-180000 unit					
ZENPEP - pancrelipase (lip-prot-amyl) dr cap 3000-10000-14000 unit					
ZENPEP - pancrelipase (lip-prot-amyl) dr cap 5000-17000-24000 unit					
ZENPEP - pancrelipase (lip-prot-amyl) dr cap 10000-32000-42000 unit					
ZENPEP - pancrelipase (lip-prot-amyl) dr cap 15000-47000-63000 unit					
ZENPEP - pancrelipase (lip-prot-amyl) dr cap 20000-63000-84000 unit					
ZENPEP - pancrelipase (lip-prot-amyl) dr cap 25000-79000-105000 unit					
ZENPEP - pancrelipase (lip-prot-amyl) dr cap 40000-126000-168000 unit					
<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			•		
metoclopramide hcl tab 5 mg (base equivalent) (Reglan)					

Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA
metoclopramide hcl tab 10 mg (base equivalent) (Reglan)					
MOVANTIK - naloxegol oxalate tab 12.5 mg (base equivalent)			•		
MOVANTIK - naloxegol oxalate tab 25 mg (base equivalent)			•		
SYMPROIC - naldemedine tosylate tab 0.2 mg (base equivalent)			•		
TRULANCE - plecanatide tab 3 mg			•		
VELPHORO - sucroferric oxyhydroxide chew tab 500 mg				•	
VIBERZI - eluxadolone tab 75 mg			•		
VIBERZI - eluxadolone 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	•				

Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA
CYSTAGON - cysteamine bitartrate cap 150 mg	•				
dutasteride cap 0.5 mg (Avodart)					
finasteride tab 5 mg (Proscar)					
tamsulosin hcl cap 0.4 mg (Flomax)					
<b>CENTRAL NERVOUS SYSTEM DRUGS</b>					
<b>ANTI-ANXIETY 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)					
bupropion hcl tab 5 mg					
bupropion hcl tab 10 mg					
bupropion 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)			•		

Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA
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					
bupropion hcl tab er 12hr 100 mg (Wellbutrin sr)					
bupropion hcl tab er 12hr 150 mg (Wellbutrin sr)					
bupropion hcl tab er 12hr 200 mg (Wellbutrin sr)					
bupropion hcl tab er 24hr 150 mg (Wellbutrin xl)					
bupropion hcl tab er 24hr 300 mg (Wellbutrin xl)					
citalopram hydrobromide tab 10 mg (base equiv) (Celexa)					
citalopram hydrobromide tab 20 mg (base equiv) (Celexa)					
citalopram hydrobromide tab 40 mg (base equiv) (Celexa)					
doxepin hcl cap 10 mg					
doxepin hcl conc 10 mg/ml					
duloxetine hcl enteric coated pellets cap 20 mg (base eq) (Cymbalta)			•		
duloxetine hcl enteric coated pellets cap 30 mg (base eq) (Cymbalta)			•		
duloxetine hcl enteric coated pellets cap 60 mg (base eq) (Cymbalta)			•		
escitalopram oxalate tab 5 mg (base equiv) (Lexapro)					
escitalopram oxalate tab 10 mg (base equiv) (Lexapro)					

Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA
<b>escitalopram oxalate tab 20 mg (base equiv) (Lexapro)</b>					
<b>fluoxetine hcl cap 10 mg (Prozac)</b>					
<b>fluoxetine hcl cap 20 mg (Prozac)</b>					
<b>fluoxetine hcl cap 40 mg (Prozac)</b>					
<b>imipramine hcl tab 10 mg (Tofranil)</b>					
<b>imipramine hcl tab 25 mg (Tofranil)</b>					
<b>imipramine hcl tab 50 mg (Tofranil)</b>					
<b>mirtazapine tab 15 mg (Remeron)</b>					
<b>mirtazapine tab 30 mg (Remeron)</b>					
<b>mirtazapine tab 45 mg (Remeron)</b>					
<b>nortriptyline hcl cap 10 mg (Pamelor)</b>					
<b>nortriptyline hcl cap 25 mg (Pamelor)</b>					
<b>nortriptyline hcl cap 50 mg (Pamelor)</b>					
<b>nortriptyline hcl cap 75 mg (Pamelor)</b>					
<b>paroxetine hcl tab 10 mg (Paxil)</b>					
<b>paroxetine hcl tab 20 mg (Paxil)</b>					
<b>paroxetine hcl tab 30 mg (Paxil)</b>					
<b>paroxetine hcl tab 40 mg (Paxil)</b>					
<b>sertraline hcl tab 25 mg (Zoloft)</b>					
<b>sertraline hcl tab 50 mg (Zoloft)</b>					
<b>sertraline hcl tab 100 mg (Zoloft)</b>					
<b>trazodone hcl tab 50 mg</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>					

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

Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA
<b>lithium carbonate cap 600 mg</b> (Lithium carbonate)					
<b>lithium carbonate tab er 300 mg</b> (Lithobid)					
<b>lithium carbonate tab er 450 mg</b>					
<b>lithium carbonate tab 300 mg</b>					
<b>olanzapine tab 2.5 mg</b> (Zyprexa)			•		
<b>olanzapine tab 5 mg</b> (Zyprexa)			•		
<b>olanzapine tab 7.5 mg</b> (Zyprexa)			•		
<b>olanzapine tab 10 mg</b> (Zyprexa)			•		
<b>olanzapine tab 15 mg</b> (Zyprexa)			•		
<b>olanzapine tab 20 mg</b> (Zyprexa)			•		
<b>prochlorperazine maleate tab 5 mg (base equivalent)</b> (Compazine)					
<b>prochlorperazine maleate tab 10 mg (base equivalent)</b> (Compazine)					
<b>quetiapine fumarate tab 25 mg</b> (Seroquel)			•		
<b>quetiapine fumarate tab 50 mg</b> (Seroquel)			•		
<b>quetiapine fumarate tab 100 mg</b> (Seroquel)			•		
<b>quetiapine fumarate tab 200 mg</b> (Seroquel)			•		
<b>quetiapine fumarate tab 300 mg</b> (Seroquel)			•		
<b>quetiapine fumarate tab 400 mg</b> (Seroquel)			•		
<b>risperidone tab 0.25 mg</b> (Risperdal)			•		
<b>risperidone tab 0.5 mg</b> (Risperdal)			•		
<b>risperidone tab 1 mg</b> (Risperdal)			•		
<b>risperidone tab 2 mg</b> (Risperdal)			•		

Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA
<b>risperidone tab 3 mg</b> (Risperdal)			•		
<b>risperidone tab 4 mg</b> (Risperdal)			•		
<b>HYPNOTICS</b>					
<b>BELSOMRA - suvorexant tab 5 mg</b>			•	•	
<b>BELSOMRA - suvorexant tab 10 mg</b>			•	•	
<b>BELSOMRA - suvorexant tab 15 mg</b>			•	•	
<b>BELSOMRA - suvorexant tab 20 mg</b>			•	•	
<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>					

Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA
<b>phentermine hcl cap 30 mg</b>					
<b>phentermine hcl cap 37.5 mg</b> (Adipex-p)					
<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>					

Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA
AUBAGIO - teriflunomide tab 7 mg	•	•	•		
AUBAGIO - teriflunomide tab 14 mg	•	•	•		
AVONEX - interferon beta-1a im prefilled syringe kit 30 mcg/0.5ml	•	•	•		
AVONEX PEN - interferon beta-1a im auto-injector kit 30 mcg/0.5ml	•	•	•		
BETASERON - interferon beta-1b for inj kit 0.3 mg	•	•	•		
CHANTIX - varenicline tartrate tab 0.5 mg (base equiv)					•
CHANTIX - varenicline tartrate tab 1 mg (base equiv)					•
CHANTIX CONTINUING MONTH - varenicline tartrate tab 1 mg (base equiv)					•
CHANTIX STARTING MONTH PA - varenicline tartrate tab 0.5 mg x 11 & tab 1 mg x 42 pack					•
COPAXONE - glatiramer acetate soln prefilled syringe 20 mg/ml	•	•	•		
COPAXONE - glatiramer acetate soln prefilled syringe 40 mg/ml	•	•	•		
<b>donepezil hydrochloride orally disintegrating tab 5 mg</b>					
<b>donepezil hydrochloride orally disintegrating tab 10 mg</b>					
<b>donepezil hydrochloride tab 5 mg</b> (Aricept)					
<b>donepezil hydrochloride tab 10 mg</b> (Aricept)					
GILENYA - fingolimod hcl cap 0.5 mg (base equiv)	•	•	•		
KESIMPTA - ofatumumab soln auto-injector 20 mg/0.4ml	•	•	•		
MAVENCLAD - cladribine tab therapy pack 10 mg (4 tabs)	•	•	•		

Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA
MAVENCLAD - cladribine tab therapy pack 10 mg (5 tabs)	•	•	•		
MAVENCLAD - cladribine tab therapy pack 10 mg (6 tabs)	•	•	•		
MAVENCLAD - cladribine tab therapy pack 10 mg (7 tabs)	•	•	•		
MAVENCLAD - cladribine tab therapy pack 10 mg (8 tabs)	•	•	•		
MAVENCLAD - cladribine tab therapy pack 10 mg (9 tabs)	•	•	•		
MAVENCLAD - cladribine tab therapy pack 10 mg (10 tabs)	•	•	•		
MAYZENT - siponimod fumarate tab 0.25 mg (base equiv)	•	•	•		
MAYZENT - siponimod fumarate tab 2 mg (base equiv)	•	•	•		
MAYZENT STARTER PACK - siponimod fumarate tab 0.25 mg (12) starter pack	•	•	•		
<b>memantine hcl tab 5 mg</b> (Namenda)					
<b>memantine hcl tab 10 mg</b> (Namenda)					
NICOTROL INHALER - nicotine inhaler system 10 mg (4 mg delivered)					•
NICOTROL NS - nicotine nasal spray 10 mg/ml (0.5 mg/spray)					•
PLEGRIDY - peginterferon beta-1a soln pen-injector 125 mcg/0.5ml	•	•	•		
PLEGRIDY - peginterferon beta-1a soln prefilled syringe 125 mcg/0.5ml	•	•	•		
PLEGRIDY - peginterferon beta-1a im soln prefilled syr 125 mcg/0.5ml	•	•	•		

Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA
PLEGRIDY STARTER PACK - peginterferon beta-1a soln pen-inj 63 & 94 mcg/0.5ml pack	•	•	•		
PLEGRIDY STARTER PACK - peginterferon beta-1a soln pref syr 63 & 94 mcg/0.5ml pack	•	•	•		
REBIF - interferon beta-1a soln pref syr 22 mcg/0.5ml (12mu/ml)	•	•	•		
REBIF - interferon beta-1a soln pref syr 44 mcg/0.5ml (24mu/ml)	•	•	•		
REBIF REBIDOSE - interferon beta-1a soln auto-inj 22 mcg/0.5ml (12mu/ml)	•	•	•		
REBIF REBIDOSE - interferon beta-1a soln auto-inj 44 mcg/0.5ml (24mu/ml)	•	•	•		
REBIF REBIDOSE TITRATION - interferon beta-1a auto-inj 6x8.8 mcg/0.2ml & 6x22 mcg/0.5ml	•	•	•		
REBIF TITRATION PACK - interferon beta-1a pref syr 6x8.8 mcg/0.2ml & 6x22 mcg/0.5ml	•	•	•		
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>					
<b>aspirin chew tab 81 mg</b>					•
<b>aspirin tab delayed release 81 mg</b>					•
<b>ANALGESICS - NARCOTIC</b>					
<b>acetaminophen w/ codeine soln 120-12 mg/5ml</b>		•			

Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA
<b>acetaminophen w/ codeine tab 300-15 mg</b> (Tylenol/codeine)		•			
<b>acetaminophen w/ codeine tab 300-30 mg</b> (Tylenol/codeine #3)		•			
BELBUCA - buprenorphine hcl buccal film 75 mcg (base equivalent)			•		
BELBUCA - buprenorphine hcl buccal film 150 mcg (base equivalent)			•		
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)			•		
<b>hydrocodone-acetaminophen tab 10-325 mg</b> (Norco)		•			
<b>hydrocodone-acetaminophen tab 5-325 mg</b> (Norco)		•			
<b>hydrocodone-acetaminophen tab 7.5-325 mg</b> (Norco)		•			
<b>hydromorphone hcl tab 2 mg</b> (Dilaudid)		•			
<b>hydromorphone hcl tab 4 mg</b> (Dilaudid)		•			
<b>methadone hcl tab 5 mg</b> (Dolophine hcl)		•			
<b>methadone hcl tab 10 mg</b> (Dolophine)		•			

Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA
<b>morphine sulfate oral soln 10 mg/5ml</b>		•			
<b>morphine sulfate tab er 15 mg</b> (Ms contin)		•	•		
<b>oxycodone hcl tab 5 mg</b> (Roxicodone)		•			
<b>oxycodone hcl tab 10 mg</b>		•			
<b>oxycodone w/ acetaminophen tab 5-325 mg</b> (Percocet)		•			
<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 pre-filled 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>					

Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA
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	•	•	•		
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	•	•	•		

Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA
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	•	•	•		
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				•	



Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA
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				•	
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>					

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

Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA
APTIOM - eslicarbazepine acetate tab 200 mg					
APTIOM - eslicarbazepine acetate tab 400 mg					
APTIOM - eslicarbazepine acetate tab 600 mg					
APTIOM - eslicarbazepine acetate tab 800 mg					
CELONTIN - methsuximide cap 300 mg					
<b>clonazepam tab 0.5 mg</b> (Klonopin)					
<b>clonazepam tab 1 mg</b> (Klonopin)					
<b>clonazepam tab 2 mg</b> (Klonopin)					
DIASTAT ACUDIAL - diazepam rectal gel delivery system 10 mg					
DIASTAT ACUDIAL - diazepam rectal gel delivery system 20 mg					
DIASTAT PEDIATRIC - diazepam rectal gel delivery system 2.5 mg					
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)					

Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA
<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)					
<b>primidone tab 250 mg</b> (Mysoline)					
<b>topiramate tab 25 mg</b> (Topamax)					
<b>topiramate tab 50 mg</b> (Topamax)					
<b>topiramate tab 100 mg</b> (Topamax)					
<b>topiramate tab 200 mg</b> (Topamax)					
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</b> (Zonegran)					
<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>					

Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA
<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					
<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>					

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

Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA
PRENATAL 19 - prenatal vit w/ dss-fe fumarate-fa tab 29-1 mg					
SE-NATAL 19 - prenatal vit w/ fe fumarate-fa chew tab 29-1 mg					
SE-NATAL 19 - prenatal vit w/ dss-fe fumarate-fa tab 29-1 mg					
<b>MINERALS and ELECTROLYTES</b>					
<b>potassium chloride microencapsulated crys er tab 10 meq</b>					
<b>potassium chloride microencapsulated crys er tab 20 meq</b>					
<b>potassium chloride tab er 8 meq (600 mg)</b>					
<b>potassium chloride tab er 10 meq (K-tab)</b>					
<b>HEMATOLOGICAL AGENTS</b>					
<b>HEMATOPOIETIC AGENTS</b>					
ARANESP ALBUMIN FREE - darbepoetin alfa soln prefilled syringe 10 mcg/0.4ml	•	•			
ARANESP ALBUMIN FREE - darbepoetin alfa soln prefilled syringe 25 mcg/0.42ml	•	•			
ARANESP ALBUMIN FREE - darbepoetin alfa soln prefilled syringe 40 mcg/0.4ml	•	•			
ARANESP ALBUMIN FREE - darbepoetin alfa soln prefilled syringe 60 mcg/0.3ml	•	•			
ARANESP ALBUMIN FREE - darbepoetin alfa soln prefilled syringe 100 mcg/0.5ml	•	•			
ARANESP ALBUMIN FREE - darbepoetin alfa soln prefilled syringe 150 mcg/0.3ml	•	•			

Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA
ARANESP ALBUMIN FREE - darbepoetin alfa soln prefilled syringe 200 mcg/0.4ml	•	•			
ARANESP ALBUMIN FREE - darbepoetin alfa soln prefilled syringe 300 mcg/0.6ml	•	•			
ARANESP ALBUMIN FREE - darbepoetin alfa soln prefilled syringe 500 mcg/ml	•	•			
ARANESP ALBUMIN FREE - darbepoetin alfa soln inj 25 mcg/ml	•	•			
ARANESP ALBUMIN FREE - darbepoetin alfa soln inj 40 mcg/ml	•	•			
ARANESP ALBUMIN FREE - darbepoetin alfa soln inj 60 mcg/ml	•	•			
ARANESP ALBUMIN FREE - darbepoetin alfa soln inj 100 mcg/ml	•	•			
ARANESP ALBUMIN FREE - darbepoetin alfa soln inj 200 mcg/ml	•	•			
ARANESP ALBUMIN FREE - darbepoetin alfa soln inj 300 mcg/ml	•	•			
<b>carbonyl iron susp 15 mg/1.25ml (elemental iron)</b>					•
CERDELGA - eliglustat tartrate cap 84 mg (base equivalent)	•	•	•		
<b>cyanocobalamin inj 1000 mcg/ml</b>					
DROXIA - hydroxyurea cap 200 mg					
DROXIA - hydroxyurea cap 300 mg					
DROXIA - hydroxyurea cap 400 mg					
EPOGEN - epoetin alfa inj 2000 unit/ml	•	•			

Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA	Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA
EPOGEN - epoetin alfa inj 3000 unit/ml	•	•				NEUPOGEN - filgrastim inj 300 mcg/ml	•				
EPOGEN - epoetin alfa inj 4000 unit/ml	•	•				NEUPOGEN - filgrastim inj 480 mcg/1.6ml (300 mcg/ml)	•				
EPOGEN - epoetin alfa inj 10000 unit/ml	•	•				NIVESTYM - filgrastim-aafi soln prefilled syringe 300 mcg/0.5ml	•				
EPOGEN - epoetin alfa inj 20000 unit/ml	•	•				NIVESTYM - filgrastim-aafi soln prefilled syringe 480 mcg/0.8ml	•				
<b>ferrous sulfate elixir 220 mg/5ml (44 mg/5ml elemental fe)</b>					•	NIVESTYM - filgrastim-aafi inj 300 mcg/ml	•				
<b>ferrous sulfate soln 75 mg/ml (15 mg/ml elemental fe)</b>					•	NIVESTYM - filgrastim-aafi inj 480 mcg/1.6ml (300 mcg/ml)	•				
<b>folic acid cap 0.8 mg</b>					•	NYVEPRIA - pegfilgrastim-apgf soln prefilled syringe 6 mg/0.6ml	•				
<b>folic acid tab 400 mcg</b>					•	PROCRIT - epoetin alfa inj 2000 unit/ml	•	•			
<b>folic acid tab 800 mcg</b>					•	PROCRIT - epoetin alfa inj 3000 unit/ml	•	•			
<b>folic acid tab 1 mg</b>						PROCRIT - epoetin alfa inj 4000 unit/ml	•	•			
FULPHILA - pegfilgrastim-jmdb soln prefilled syringe 6 mg/0.6ml	•					PROCRIT - epoetin alfa inj 10000 unit/ml	•	•			
GRANIX - tbo-filgrastim soln prefilled syringe 300 mcg/0.5ml	•					PROCRIT - epoetin alfa inj 20000 unit/ml	•	•			
GRANIX - tbo-filgrastim soln prefilled syringe 480 mcg/0.8ml	•					PROCRIT - epoetin alfa inj 40000 unit/ml	•	•			
GRANIX - tbo-filgrastim subcutaneous inj 300 mcg/ml	•					RETACRIT - epoetin alfa-epbx inj 2000 unit/ml	•	•			
GRANIX - tbo-filgrastim subcutaneous inj 480 mcg/1.6ml (300 mcg/ml)	•					RETACRIT - epoetin alfa-epbx inj 3000 unit/ml	•	•			
NEULASTA - pegfilgrastim soln prefilled syringe 6 mg/0.6ml	•					RETACRIT - epoetin alfa-epbx inj 4000 unit/ml	•	•			
NEULASTA ONPRO KIT - pegfilgrastim soln prefilled syringe kit 6 mg/0.6ml	•					RETACRIT - epoetin alfa-epbx inj 10000 unit/ml	•	•			
NEUPOGEN - filgrastim soln prefilled syringe 300 mcg/0.5ml	•					RETACRIT - epoetin alfa-epbx inj 20000 unit/ml	•	•			
NEUPOGEN - filgrastim soln prefilled syringe 480 mcg/0.8ml (600 mcg/ml)	•										

Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA
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)					
<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			•		

Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA
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	•	•	•		
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	•	•	•		

Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA
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	•				
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	•				

Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA
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	•	•	•		
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)					

Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA	Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA
COAGADEX - coagulation factor x (human) for inj 250 unit	•					ESPEROCT - antihemophilic factor recomb glycopeg-exei for inj 3000 unit	•	•	•		
COAGADEX - coagulation factor x (human) for inj 500 unit	•					FEIBA - antiinhibitor coagulant complex for iv soln 500 unit	•				
CORIFACT - factor xiii concentrate (human) for inj kit 1000-1600 unit	•					FEIBA - antiinhibitor coagulant complex for iv soln 1000 unit	•				
ELOCTATE - antihemophilic factor rcmb (bdd-rfviiiic) for inj 250 unit	•	•	•			FEIBA - antiinhibitor coagulant complex for iv soln 2500 unit	•				
ELOCTATE - antihemophilic factor rcmb (bdd-rfviiiic) for inj 500 unit	•	•	•			HEMLIBRA - emicizumab-kxwh subcutaneous soln 30 mg/ml	•	•	•		
ELOCTATE - antihemophilic factor rcmb (bdd-rfviiiic) for inj 750 unit	•	•	•			HEMLIBRA - emicizumab-kxwh subcutaneous soln 60 mg/0.4ml (150 mg/ml)	•	•	•		
ELOCTATE - antihemophilic factor rcmb (bdd-rfviiiic) for inj 1000 unit	•	•	•			HEMLIBRA - emicizumab-kxwh subcutaneous soln 105 mg/0.7ml (150 mg/ml)	•	•	•		
ELOCTATE - antihemophilic factor rcmb (bdd-rfviiiic) for inj 1500 unit	•	•	•			HEMLIBRA - emicizumab-kxwh subcutaneous soln 150 mg/ml	•	•	•		
ELOCTATE - antihemophilic factor rcmb (bdd-rfviiiic) for inj 2000 unit	•	•	•			HEMOFIL M - antihemophilic factor (human) for inj 250 unit	•	•	•		
ELOCTATE - antihemophilic factor rcmb (bdd-rfviiiic) for inj 3000 unit	•	•	•			HEMOFIL M - antihemophilic factor (human) for inj 500 unit	•	•	•		
ELOCTATE - antihemophilic factor rcmb (bdd-rfviiiic) for inj 4000 unit	•	•	•			HEMOFIL M - antihemophilic factor (human) for inj 1000 unit	•	•	•		
ELOCTATE - antihemophilic factor rcmb (bdd-rfviiiic) for inj 5000 unit	•	•	•			HEMOFIL M - antihemophilic factor (human) for inj 1700 unit	•	•	•		
ELOCTATE - antihemophilic factor rcmb (bdd-rfviiiic) for inj 6000 unit	•	•	•			HUMATE-P - antihemophilic factor/vwf (human) for inj 250-600 unit	•				
ESPEROCT - antihemophilic factor recomb glycopeg-exei for inj 500 unit	•	•	•			HUMATE-P - antihemophilic factor/vwf (human) for inj 500-1200 unit	•				
ESPEROCT - antihemophilic factor recomb glycopeg-exei for inj 1000 unit	•	•	•			HUMATE-P - antihemophilic factor/vwf (human) for inj 1000-2400 unit	•				
ESPEROCT - antihemophilic factor recomb glycopeg-exei for inj 1500 unit	•	•	•			IDELVION - coagulation factor ix (recomb) (rix-fp) for inj 250 unit	•	•	•		
ESPEROCT - antihemophilic factor recomb glycopeg-exei for inj 2000 unit	•	•	•			IDELVION - coagulation factor ix (recomb) (rix-fp) for inj 500 unit	•	•	•		



Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA
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	•	•	•		
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	•	•	•		

Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA
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	•	•	•		
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	•	•	•		

Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA
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	•	•	•		
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	•	•	•		

Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA
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	•	•	•		
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	•	•	•		

Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA
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	•				
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	•	•	•		

Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA
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>					
ALPHAGAN P - brimonidine tartrate ophth soln 0.1%					
<b>azelastine hcl ophth soln 0.05%</b>					
AZOPT - brinzolamide ophth susp 1%					
BACITRACIN - bacitracin ophth oint 500 unit/gm					
<b>bacitracin-polymyxin b ophth oint</b>					
<b>brimonidine tartrate ophth soln 0.2%</b>					
<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)					

Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA
<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 - loteprednol etabonate ophth gel 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)					
<b>PREDNISOLONE ACETATE - prednisolone acetate ophth susp 1%</b>					

Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA
<b>PREDNISOLONE SODIUM PHOSP - prednisolone sodium phosphate ophth soln 1%</b>					
<b>SIMBRINZA - brinzolamide-brimonidine tartrate ophth susp 1-0.2%</b>					
<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>OTIC AGENTS</b>					
<b>CIPRODEX - ciprofloxacin-dexamethasone otic susp 0.3-0.1%</b>					
<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)			•		
CARAC - fluorouracil cream 0.5%		•	•		
<b>clotrimazole cream 1%</b>					
<b>COSENTYX - secukinumab subcutaneous soln prefilled syringe 75 mg/0.5ml</b>	•	•	•		

Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA
COSENTYX - secukinumab subcutaneous soln prefilled syringe 150 mg/ml	•	•	•		
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%					
FLUOROPLEX - fluorouracil cream 1%		•	•		
<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	•	•	•		

Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA
SOOLANTRA - ivermectin cream 1%					
STELARA - ustekinumab inj 45 mg/0.5ml	•	•	•		
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)	•				
ZYCLARA - imiquimod cream 3.75%		•	•		
ZYCLARA PUMP - imiquimod cream 2.5%		•	•		
ZYCLARA PUMP - imiquimod cream 3.75%		•	•		

### MISCELLANEOUS PRODUCTS

Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA
<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					
TEST STRIPS – CONTOUR, CONTOUR NEXT			•		
<b>MEDICAL DEVICES</b>					
BREATHERITE - spacer/aerosol-holding chambers - device					
<b>ASSORTED CLASSES</b>					
CELLCEPT - mycophenolate mofetil cap 250 mg					
CELLCEPT - mycophenolate mofetil tab 500 mg					
LOKELMA - sodium zirconium cyclosilicate for susp packet 5 gm					
LOKELMA - sodium zirconium cyclosilicate for susp packet 10 gm					
PROGRAF - tacrolimus cap 0.5 mg					
PROGRAF - tacrolimus cap 1 mg					
PROGRAF - tacrolimus cap 5 mg					
PROGRAF - tacrolimus packet for susp 0.2 mg					
PROGRAF - tacrolimus packet for susp 1 mg					
RAPAMUNE - sirolimus oral soln 1 mg/ml					
REVLIMID - lenalidomide caps 2.5 mg	•	•	•		

Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA
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 - patiromer sorbitex calcium for susp packet 8.4 gm (base eq)					
VELTASSA - patiromer sorbitex calcium for susp packet 16.8 gm (base eq)					
VELTASSA - patiromer sorbitex calcium for susp packet 25.2 gm (base eq)					
ZOKINVY - lonafarnib cap 50 mg	•				
ZOKINVY - lonafarnib cap 75 mg	•				
ZORTRESS - everolimus tab 0.25 mg					
ZORTRESS - everolimus tab 0.5 mg					
ZORTRESS - everolimus tab 0.75 mg					
ZORTRESS - everolimus tab 1 mg					

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ALPHANATE- antihemophilic factor/vwf (human) for inj 250 unit.....	37
ALPHANATE- antihemophilic factor/vwf (human) for inj 500 unit.....	37
ALPHANATE- antihemophilic factor/vwf (human) for inj 1000 unit.....	37
ALPHANATE- antihemophilic factor/vwf (human) for inj 1500 unit.....	37
ALPHANATE- antihemophilic factor/vwf (human) for inj 2000 unit.....	37
ALPHANINE SD- coagulation factor ix for inj 500 unit.....	37
ALPHANINE SD- coagulation factor ix for inj 1000 unit.....	37
ALPHANINE SD- coagulation factor ix for inj 1500 unit.....	37
<b>alprazolam tab er 24hr 0.5 mg (Xanax xr).....</b>	<b>24</b>
<b>alprazolam tab er 24hr 1 mg (Xanax xr).....</b>	<b>24</b>
<b>alprazolam tab 0.25 mg (Xanax).....</b>	<b>24</b>
<b>alprazolam tab 0.5 mg (Xanax).....</b>	<b>24</b>

<b>alprazolam tab 1 mg (Xanax)</b> .....	<b>24</b>	<b>amoxicillin (trihydrate) for susp 125 mg/5ml</b> .....	<b>1</b>
<b>alprazolam tab 2 mg (Xanax)</b> .....	<b>24</b>	<b>amoxicillin (trihydrate) for susp 200 mg/5ml</b> .....	<b>1</b>
ALPROLIX- coagulation factor ix (recomb) (rfixfc) for inj 250 unit.....	37	<b>amoxicillin (trihydrate) for susp 250 mg/5ml</b> .....	<b>1</b>
ALPROLIX- coagulation factor ix (recomb) (rfixfc) for inj 500 unit.....	37	<b>amoxicillin (trihydrate) for susp 400 mg/5ml</b> .....	<b>1</b>
ALPROLIX- coagulation factor ix (recomb) (rfixfc) for inj 1000 unit.....	37	<b>amoxicillin (trihydrate) tab 500 mg</b> .....	<b>1</b>
ALPROLIX- coagulation factor ix (recomb) (rfixfc) for inj 2000 unit.....	37	<b>amoxicillin (trihydrate) tab 875 mg</b> .....	<b>1</b>
ALPROLIX- coagulation factor ix (recomb) (rfixfc) for inj 3000 unit.....	37	<b>anastrozole tab 1 mg (Arimidex)</b> .....	<b>4</b>
ALPROLIX- coagulation factor ix (recomb) (rfixfc) for inj 4000 unit.....	37	ANORO ELLIPTA- umeclidinium-vilanterol aero powd ba 62.5-25 mcg/inh.....	20
<b>amantadine hcl syrup 50 mg/5ml</b> .....	<b>32</b>	APTIOM- eslicarbazepine acetate tab 200 mg.....	32
<b>amiloride &amp; hydrochlorothiazide tab 5-50 mg</b> .....	<b>17</b>	APTIOM- eslicarbazepine acetate tab 400 mg.....	32
<b>amiloride hcl tab 5 mg</b> .....	<b>17</b>	APTIOM- eslicarbazepine acetate tab 600 mg.....	32
<b>amiodarone hcl tab 200 mg (Cordarone)</b> .....	<b>15</b>	APTIOM- eslicarbazepine acetate tab 800 mg.....	32
<b>amitriptyline hcl tab 10 mg</b> .....	<b>24</b>	ARANESP ALBUMIN FREE- darbepoetin alfa soln inj 25 mcg/ml.....	34
<b>amitriptyline hcl tab 25 mg</b> .....	<b>24</b>	ARANESP ALBUMIN FREE- darbepoetin alfa soln inj 40 mcg/ml.....	34
<b>amitriptyline hcl tab 50 mg</b> .....	<b>24</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.....	34
<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.....	34
<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.....	34
<b>amlodipine besylate tab 2.5 mg (base equivalent) (Norvasc)</b> .....	<b>15</b>	ARANESP ALBUMIN FREE- darbepoetin alfa soln prefilled syringe 60 mcg/0.3ml.....	34
<b>amlodipine besylate tab 5 mg (base equivalent) (Norvasc)</b> .....	<b>15</b>	ARANESP ALBUMIN FREE- darbepoetin alfa soln prefilled syringe 100 mcg/0.5ml.....	34
<b>amlodipine besylate tab 10 mg (base equivalent) (Norvasc)</b> .....	<b>15</b>	ARANESP ALBUMIN FREE- darbepoetin alfa soln prefilled syringe 150 mcg/0.3ml.....	34
<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.....	34
<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.....	34
<b>amlodipine besylate-valsartan tab 10-160 mg (Exforge)</b> .....	<b>15</b>	ARANESP ALBUMIN FREE- darbepoetin alfa soln prefilled syringe 500 mcg/ml.....	34
<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.....	20
<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.....	20
<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.....	20
<b>amoxicillin (trihydrate) cap 250 mg</b> .....	<b>1</b>	ASMANEX HFA- mometasone furoate inhal aerosol suspension 50 mcg/act.....	20
<b>amoxicillin (trihydrate) cap 500 mg</b> .....	<b>1</b>	ASMANEX HFA- mometasone furoate inhal aerosol suspension 100 mcg/act.....	20



ASMANEX HFA- mometasone furoate inhal aerosol suspension 200 mcg/act.....	20	BAQSIMI TWO PACK- glucagon nasal powder 3 mg/ dose.....	8
ASMANEX TWISTHALER 120 ME- mometasone furoate inhal powd 220 mcg/inh (breath activated).....	20	BARACLUDE- entecavir oral soln 0.05 mg/ml.....	2
ASMANEX TWISTHALER 30 MET- mometasone furoate inhal powd 110 mcg/inh (breath activated).....	20	BELBUCA- buprenorphine hcl buccal film 75 mcg (base equivalent).....	29
ASMANEX TWISTHALER 30 MET- mometasone furoate inhal powd 220 mcg/inh (breath activated).....	20	BELBUCA- buprenorphine hcl buccal film 150 mcg (base equivalent).....	29
ASMANEX TWISTHALER 60 MET- mometasone furoate inhal powd 220 mcg/inh (breath activated).....	20	BELBUCA- buprenorphine hcl buccal film 300 mcg (base equivalent).....	29
<b>aspirin chew tab 81 mg.....</b>	<b>28</b>	BELBUCA- buprenorphine hcl buccal film 450 mcg (base equivalent).....	29
<b>aspirin tab delayed release 81 mg.....</b>	<b>28</b>	BELBUCA- buprenorphine hcl buccal film 600 mcg (base equivalent).....	29
<b>atenolol &amp; chlorthalidone tab 50-25 mg (Tenoretic 50).....</b>	<b>15</b>	BELBUCA- buprenorphine hcl buccal film 750 mcg (base equivalent).....	29
<b>atenolol tab 25 mg (Tenormin).....</b>	<b>14</b>	BELBUCA- buprenorphine hcl buccal film 900 mcg (base equivalent).....	29
<b>atenolol tab 50 mg (Tenormin).....</b>	<b>14</b>	BELSOMRA- suvorexant tab 5 mg.....	26
<b>atenolol tab 100 mg (Tenormin).....</b>	<b>14</b>	BELSOMRA- suvorexant tab 10 mg.....	26
<b>atorvastatin calcium tab 10 mg (base equivalent) (Lipitor).....</b>	<b>18</b>	BELSOMRA- suvorexant tab 15 mg.....	26
<b>atorvastatin calcium tab 20 mg (base equivalent) (Lipitor).....</b>	<b>18</b>	BELSOMRA- suvorexant tab 20 mg.....	26
<b>atorvastatin calcium tab 40 mg (base equivalent) (Lipitor).....</b>	<b>18</b>	<b>benazepril hcl tab 5 mg.....</b>	<b>15</b>
<b>atorvastatin calcium tab 80 mg (base equivalent) (Lipitor).....</b>	<b>18</b>	<b>benazepril hcl tab 10 mg (Lotensin).....</b>	<b>15</b>
ATRIPLA- efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg.....	2	<b>benazepril hcl tab 20 mg (Lotensin).....</b>	<b>15</b>
AUBAGIO- teriflunomide tab 7 mg.....	27	<b>benazepril hcl tab 40 mg (Lotensin).....</b>	<b>15</b>
AUBAGIO- teriflunomide tab 14 mg.....	27	BENEFIX- coagulation factor ix (recombinant) for inj kit 250 unit.....	37
AVONEX- interferon beta-1a im prefilled syringe kit 30 mcg/0.5ml.....	27	BENEFIX- coagulation factor ix (recombinant) for inj kit 500 unit.....	37
AVONEX PEN- interferon beta-1a im auto-injector kit 30 mcg/0.5ml.....	27	BENEFIX- coagulation factor ix (recombinant) for inj kit 1000 unit.....	37
AYVAKIT- avapritinib tab 25 mg.....	4	BENEFIX- coagulation factor ix (recombinant) for inj kit 2000 unit.....	37
AYVAKIT- avapritinib tab 50 mg.....	4	BENEFIX- coagulation factor ix (recombinant) for inj kit 3000 unit.....	37
AYVAKIT- avapritinib tab 100 mg.....	4	BENZNIDAZOLE- benznidazole tab 12.5 mg.....	4
AYVAKIT- avapritinib tab 200 mg.....	4	BENZNIDAZOLE- benznidazole tab 100 mg.....	4
AYVAKIT- avapritinib tab 300 mg.....	4	<b>benzonatate cap 200 mg.....</b>	<b>19</b>
<b>azelastine hcl nasal spray 0.1% (137 mcg/spray).....</b>	<b>19</b>	<b>benzonatate cap 100 mg (Tessalon perles).....</b>	<b>19</b>
<b>azelastine hcl ophth soln 0.05%.....</b>	<b>41</b>	<b>benztropine mesylate tab 0.5 mg.....</b>	<b>32</b>
AZITHROMYCIN- azithromycin powd pack for susp 1 gm.....	1	<b>benztropine mesylate tab 1 mg.....</b>	<b>32</b>
<b>azithromycin tab 250 mg (Zithromax).....</b>	<b>1</b>	<b>benztropine mesylate tab 2 mg.....</b>	<b>32</b>
<b>azithromycin tab 500 mg (Zithromax).....</b>	<b>1</b>	<b>betamethasone dipropionate augmented cream 0.05% (Diprolene af).....</b>	<b>42</b>
AZOPT- brinzolamide ophth susp 1%.....	41	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.....	41	BIKTARVY- bictegravir-emtricitabine-tenofovir af tab 50-200-25 mg.....	2
<b>bacitracin-polymyxin b ophth oint.....</b>	<b>41</b>	<b>bisoprolol &amp; hydrochlorothiazide tab 2.5-6.25 mg (Ziac).....</b>	<b>15</b>
<b>baclofen tab 10 mg.....</b>	<b>33</b>	<b>bisoprolol &amp; hydrochlorothiazide tab 5-6.25 mg (Ziac).....</b>	<b>16</b>
BAQSIMI ONE PACK- glucagon nasal powder 3 mg/ dose.....	8		

<b>bisoprolol &amp; hydrochlorothiazide tab 10-6.25 mg (Ziac).....</b>	<b>16</b>	CHANTIX CONTINUING MONTH- varenicline tartrate tab 1 mg (base equiv).....	27
BREATHERITE- spacer/aerosol-holding chambers - device.....	44	CHANTIX STARTING MONTH PA- varenicline tartrate tab 0.5 mg x 11 & tab 1 mg x 42 pack.....	27
BREO ELLIPTA- fluticasone furoate-vilanterol aero powd ba 100-25 mcg/inh.....	20	CHANTIX- varenicline tartrate tab 0.5 mg (base equiv).....	27
BREO ELLIPTA- fluticasone furoate-vilanterol aero powd ba 200-25 mcg/inh.....	20	CHANTIX- varenicline tartrate tab 1 mg (base equiv).....	27
BREZTRI AEROSPHERE- budesonide-glycopyrrolate-formoterol aers 160-9-4.8 mcg/act.....	20	CHEMET- succimer cap 100 mg.....	44
BRILINTA- ticagrelor tab 60 mg.....	37	CHENODAL- chenodiol tab 250 mg.....	23
BRILINTA- ticagrelor tab 90 mg.....	37	<b>chlordiazepoxide hcl cap 5 mg.....</b>	<b>24</b>
<b>brimonidine tartrate ophth soln 0.2%.....</b>	<b>41</b>	<b>chlordiazepoxide hcl cap 10 mg.....</b>	<b>24</b>
<b>bupropion hcl tab er 12hr 100 mg (Wellbutrin sr).....</b>	<b>24</b>	<b>chlordiazepoxide hcl cap 25 mg.....</b>	<b>24</b>
<b>bupropion hcl tab er 12hr 150 mg (Wellbutrin sr).....</b>	<b>24</b>	<b>chlorhexidine gluconate soln 0.12% (Peridex).....</b>	<b>42</b>
<b>bupropion hcl tab er 12hr 200 mg (Wellbutrin sr).....</b>	<b>24</b>	<b>chlorthalidone tab 25 mg.....</b>	<b>17</b>
<b>bupropion hcl tab er 24hr 150 mg (Wellbutrin xl).....</b>	<b>24</b>	<b>cilostazol tab 50 mg (Pletal).....</b>	<b>37</b>
<b>bupropion hcl tab er 24hr 300 mg (Wellbutrin xl).....</b>	<b>24</b>	<b>cilostazol tab 100 mg (Pletal).....</b>	<b>37</b>
<b>bupirone hcl tab 5 mg.....</b>	<b>24</b>	CIMDUO- lamivudine-tenofovir disoproxil fumarate tab 300-300 mg.....	2
<b>bupirone hcl tab 10 mg.....</b>	<b>24</b>	CIPRODEX- ciprofloxacin-dexamethasone otic susp 0.3-0.1%.....	42
<b>bupirone hcl tab 15 mg.....</b>	<b>24</b>	<b>ciprofloxacin hcl ophth soln 0.3% (base equivalent) (Ciloxan).....</b>	<b>41</b>
<b>C</b>		<b>ciprofloxacin hcl tab 750 mg (base equiv).....</b>	<b>1</b>
CABOMETRYX- cabozantinib s-malate tab 20 mg (base equivalent).....	4	<b>ciprofloxacin hcl tab 250 mg (base equiv) (Cipro).....</b>	<b>1</b>
CABOMETRYX- cabozantinib s-malate tab 40 mg (base equivalent).....	4	<b>ciprofloxacin hcl tab 500 mg (base equiv) (Cipro).....</b>	<b>1</b>
CABOMETRYX- cabozantinib s-malate tab 60 mg (base equivalent).....	4	<b>citalopram hydrobromide tab 10 mg (base equiv) (Celexa).....</b>	<b>24</b>
<b>calcitriol cap 0.25 mcg (Rocaltrol).....</b>	<b>13</b>	<b>citalopram hydrobromide tab 20 mg (base equiv) (Celexa).....</b>	<b>24</b>
CARAC- fluorouracil cream 0.5%.....	42	<b>citalopram hydrobromide tab 40 mg (base equiv) (Celexa).....</b>	<b>24</b>
CARBAGLU- carglumic acid tab 200 mg.....	13	<b>clindamycin hcl cap 150 mg (Cleocin).....</b>	<b>4</b>
<b>carbidopa &amp; levodopa tab 10-100 mg (Sinemet).....</b>	<b>33</b>	<b>clindamycin hcl cap 300 mg (Cleocin).....</b>	<b>4</b>
<b>carbidopa &amp; levodopa tab 25-100 mg (Sinemet).....</b>	<b>33</b>	CLOMIPHENE CITRATE- clomiphene citrate tab 50 mg.....	13
<b>carbonyl iron susp 15 mg/1.25ml (elemental iron).....</b>	<b>34</b>	<b>clonazepam tab 0.5 mg (Klonopin).....</b>	<b>32</b>
<b>carisoprodol tab 350 mg (Soma).....</b>	<b>33</b>	<b>clonazepam tab 1 mg (Klonopin).....</b>	<b>32</b>
<b>carvedilol tab 3.125 mg (Coreg).....</b>	<b>14</b>	<b>clonazepam tab 2 mg (Klonopin).....</b>	<b>32</b>
<b>carvedilol tab 6.25 mg (Coreg).....</b>	<b>14</b>	<b>clonidine hcl tab 0.1 mg (Catapres).....</b>	<b>16</b>
<b>carvedilol tab 12.5 mg (Coreg).....</b>	<b>14</b>	<b>clonidine hcl tab 0.2 mg (Catapres).....</b>	<b>16</b>
<b>carvedilol tab 25 mg (Coreg).....</b>	<b>14</b>	<b>clonidine hcl tab 0.3 mg (Catapres).....</b>	<b>16</b>
<b>cefadroxil cap 500 mg.....</b>	<b>1</b>	<b>clopidogrel bisulfate tab 75 mg (base equiv) (Plavix).....</b>	<b>37</b>
<b>cefdinir cap 300 mg.....</b>	<b>1</b>	<b>clotrimazole cream 1%.....</b>	<b>42</b>
<b>celecoxib cap 50 mg (Celebrex).....</b>	<b>29</b>	COAGADEX- coagulation factor x (human) for inj 250 unit.....	38
<b>celecoxib cap 100 mg (Celebrex).....</b>	<b>29</b>	COAGADEX- coagulation factor x (human) for inj 500 unit.....	38
<b>celecoxib cap 200 mg (Celebrex).....</b>	<b>29</b>	COMBIPATCH- estradiol-norethindrone ace td pttw 0.05-0.14 mg/day.....	7
CELLCEPT- mycophenolate mofetil cap 250 mg.....	44	COMBIPATCH- estradiol-norethindrone ace td pttw 0.05-0.25 mg/day.....	7
CELLCEPT- mycophenolate mofetil tab 500 mg.....	44		
CELONTIN- methsuximide cap 300 mg.....	32		
<b>cephalexin cap 250 mg (Keflex).....</b>	<b>1</b>		
<b>cephalexin cap 500 mg (Keflex).....</b>	<b>1</b>		
CERDELGA- eliglustat tartrate cap 84 mg (base equivalent).....	34		
<b>cetirizine hcl oral soln 1 mg/ml (5 mg/5ml).....</b>	<b>19</b>		

COMBIVENT RESPIMAT- ipratropium-albuterol inhal aerosol soln 20-100 mcg/act.....	20	DEXAMETHASONE- dexamethasone soln 0.5 mg/5ml.....	7
COPAXONE- glatiramer acetate soln prefilled syringe 20 mg/ml.....	27	<b>dexamethasone tab 0.5 mg</b> .....	7
COPAXONE- glatiramer acetate soln prefilled syringe 40 mg/ml.....	27	<b>dexamethasone tab 0.75 mg</b> .....	7
CORIFACT- factor xiii concentrate (human) for inj kit 1000-1600 unit.....	38	<b>dexamethasone tab 1.5 mg</b> .....	7
CORLANOR- ivabradine hcl oral soln 5 mg/5ml (base equiv).....	19	<b>dexamethasone tab 4 mg</b> .....	7
CORLANOR- ivabradine hcl tab 5 mg (base equiv).....	19	<b>dexamethasone tab 6 mg</b> .....	7
CORLANOR- ivabradine hcl tab 7.5 mg (base equiv).....	19	<b>dexmethylphenidate hcl tab 2.5 mg (Focalin)</b> .....	26
COSENTYX- secukinumab subcutaneous pref syr 150 mg/ml (300 mg dose).....	43	DIASTAT ACUDIAL- diazepam rectal gel delivery system 10 mg.....	32
COSENTYX- secukinumab subcutaneous soln prefilled syringe 75 mg/0.5ml.....	42	DIASTAT ACUDIAL- diazepam rectal gel delivery system 20 mg.....	32
COSENTYX- secukinumab subcutaneous soln prefilled syringe 150 mg/ml.....	43	DIASTAT PEDIATRIC- diazepam rectal gel delivery system 2.5 mg.....	32
COSENTYX SENSOREADY PEN- secukinumab subcutaneous auto-inj 150 mg/ml (300 mg dose).....	43	<b>diazepam tab 2 mg (Valium)</b> .....	24
COSENTYX SENSOREADY PEN- secukinumab subcutaneous soln auto-injector 150 mg/ml.....	43	<b>diazepam tab 5 mg (Valium)</b> .....	24
COTELLIC- cobimetinib fumarate tab 20 mg (base equivalent).....	4	<b>diazepam tab 10 mg (Valium)</b> .....	24
CREON- pancrelipase (lip-prot-amyl) dr cap 3000-9500-15000 unit.....	22	<b>diclofenac sodium ophth soln 0.1%</b> .....	42
CREON- pancrelipase (lip-prot-amyl) dr cap 6000-19000-30000 unit.....	22	<b>diclofenac sodium tab delayed release 50 mg</b> .....	29
CREON- pancrelipase (lip-prot-amyl) dr cap 12000-38000-60000 unit.....	23	<b>diclofenac sodium tab delayed release 75 mg</b> .....	29
CREON- pancrelipase (lip-prot-amyl) dr cap 24000-76000-120000 unit.....	23	<b>dicyclomine hcl cap 10 mg (Bentyl)</b> .....	22
CREON- pancrelipase (lip-prot-amyl) dr cap 36000-114000-180000 unit.....	23	<b>dicyclomine hcl tab 20 mg (Bentyl)</b> .....	22
CRINONE- progesterone vaginal gel 4%.....	23	<b>diethylpropion hcl tab 25 mg</b> .....	26
CRINONE- progesterone vaginal gel 8%.....	23	<b>digoxin tab 125 mcg (0.125 mg) (Lanoxin)</b> .....	14
<b>cromolyn sodium ophth soln 4%</b> .....	41	<b>digoxin tab 250 mcg (0.25 mg) (Lanoxin)</b> .....	14
<b>cyanocobalamin inj 1000 mcg/ml</b> .....	34	DILANTIN- phenytoin sodium extended cap 30 mg.....	32
<b>cyclobenzaprine hcl tab 5 mg</b> .....	33	<b>diltiazem hcl coated beads cap er 24hr 120 mg (Cardizem cd)</b> .....	15
<b>cyclobenzaprine hcl tab 10 mg</b> .....	33	<b>diltiazem hcl coated beads cap er 24hr 180 mg (Cardizem cd)</b> .....	15
<b>cyclopentolate hcl ophth soln 1% (Cyclogyl)</b> .....	41	<b>diltiazem hcl coated beads cap er 24hr 240 mg (Cardizem cd)</b> .....	15
<b>cyproheptadine hcl tab 4 mg</b> .....	19	<b>diltiazem hcl extended release beads cap er 24hr 120 mg (Tiazac)</b> .....	15
CYSTADANE- betaine powder for oral solution.....	13	<b>diltiazem hcl tab 30 mg (Cardizem)</b> .....	15
CYSTAGON- cysteamine bitartrate cap 50 mg.....	23	<b>diltiazem hcl tab 60 mg (Cardizem)</b> .....	15
CYSTAGON- cysteamine bitartrate cap 150 mg.....	24	<b>divalproex sodium tab delayed release 125 mg (Depakote)</b> .....	32
<b>D</b>		<b>divalproex sodium tab delayed release 250 mg (Depakote)</b> .....	32
DELSTRIGO- doravirine-lamivudine-tenofovir df tab 100-300-300 mg.....	2	<b>divalproex sodium tab delayed release 500 mg (Depakote)</b> .....	32
DESCOVY- emtricitabine-tenofovir alafenamide fumarate tab 200-25 mg.....	2	DIVIGEL- estradiol td gel 0.25 mg/0.25gm (0.1%).....	7
<b>desogestrel &amp; ethinyl estradiol tab 0.15 mg-30 mcg (Desogen)</b> .....	8	DIVIGEL- estradiol td gel 0.5 mg/0.5gm (0.1%).....	7
		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>donepezil hydrochloride orally disintegrating tab 5 mg</b> .....	27
		<b>donepezil hydrochloride orally disintegrating tab 10 mg</b> .....	27
		<b>donepezil hydrochloride tab 5 mg (Aricept)</b> .....	27
		<b>donepezil hydrochloride tab 10 mg (Aricept)</b> .....	27
		<b>dorzolamide hcl ophth soln 2% (Trusopt)</b> .....	42

<b>dorzolamide hcl-timolol maleate ophth soln 22.3-6.8 mg/ml (Cosopt).....</b>	<b>42</b>	ELOCTATE- antihemophilic factor rcmb (bdd-rfviiiifc) for inj 4000 unit.....	38
DOVATO- dolutegravir sodium-lamivudine tab 50-300 mg (base eq).....	2	ELOCTATE- antihemophilic factor rcmb (bdd-rfviiiifc) for inj 5000 unit.....	38
<b>doxazosin mesylate tab 1 mg (Cardura).....</b>	<b>16</b>	ELOCTATE- antihemophilic factor rcmb (bdd-rfviiiifc) for inj 6000 unit.....	38
<b>doxazosin mesylate tab 2 mg (Cardura).....</b>	<b>16</b>	EMCYT- estramustine phosphate sodium cap 140 mg.....	4
<b>doxazosin mesylate tab 4 mg (Cardura).....</b>	<b>16</b>	EMEND- aprepitant for oral susp 125 mg (125 mg/5ml).....	22
<b>doxazosin mesylate tab 8 mg (Cardura).....</b>	<b>16</b>	EMGALITY- galcanezumab-gnlm subcutaneous soln auto-injector 120 mg/ml.....	31
<b>doxepin hcl cap 10 mg.....</b>	<b>24</b>	EMGALITY- galcanezumab-gnlm subcutaneous soln prefilled syr 100 mg/ml.....	31
<b>doxepin hcl conc 10 mg/ml.....</b>	<b>24</b>	EMGALITY- galcanezumab-gnlm subcutaneous soln prefilled syr 120 mg/ml.....	31
<b>doxycycline hyclate cap 100 mg (Vibramycin).....</b>	<b>1</b>	<b>enalapril maleate &amp; hydrochlorothiazide tab 5-12.5 mg.....</b>	<b>16</b>
<b>doxycycline hyclate tab 100 mg.....</b>	<b>1</b>	<b>enalapril maleate &amp; hydrochlorothiazide tab 10-25 mg (Vaseretic).....</b>	<b>16</b>
<b>doxycycline monohydrate cap 50 mg.....</b>	<b>1</b>	<b>enalapril maleate tab 2.5 mg (Vasotec).....</b>	<b>16</b>
<b>doxycycline monohydrate cap 100 mg (Monodox).....</b>	<b>1</b>	<b>enalapril maleate tab 5 mg (Vasotec).....</b>	<b>16</b>
DROXIA- hydroxyurea cap 200 mg.....	34	<b>enalapril maleate tab 10 mg (Vasotec).....</b>	<b>16</b>
DROXIA- hydroxyurea cap 300 mg.....	34	<b>enalapril maleate tab 20 mg (Vasotec).....</b>	<b>16</b>
DROXIA- hydroxyurea cap 400 mg.....	34	ENBREL- etanercept for subcutaneous inj 25 mg.....	30
DUAVEE- conjugated estrogens-bazedoxifene tab 0.45-20 mg.....	7	ENBREL- etanercept subcutaneous inj 25 mg/0.5ml.....	30
DULERA- mometasone furoate-formoterol fumarate aerosol 50-5 mcg/act.....	20	ENBREL- etanercept subcutaneous soln prefilled syringe 25 mg/0.5ml.....	30
DULERA- mometasone furoate-formoterol fumarate aerosol 100-5 mcg/act.....	20	ENBREL- etanercept subcutaneous soln prefilled syringe 50 mg/ml.....	30
DULERA- mometasone furoate-formoterol fumarate aerosol 200-5 mcg/act.....	20	ENBREL MINI- etanercept subcutaneous solution cartridge 50 mg/ml.....	30
<b>duloxetine hcl enteric coated pellets cap 20 mg (base eq) (Cymbalta).....</b>	<b>24</b>	ENBREL SURECLICK- etanercept subcutaneous solution auto-injector 50 mg/ml.....	30
<b>duloxetine hcl enteric coated pellets cap 30 mg (base eq) (Cymbalta).....</b>	<b>24</b>	ENTRESTO- sacubitril-valsartan tab 24-26 mg.....	19
<b>duloxetine hcl enteric coated pellets cap 60 mg (base eq) (Cymbalta).....</b>	<b>24</b>	ENTRESTO- sacubitril-valsartan tab 49-51 mg.....	19
<b>dutasteride cap 0.5 mg (Avodart).....</b>	<b>24</b>	ENTRESTO- sacubitril-valsartan tab 97-103 mg.....	19
<b>E</b>		EPCLUSA- sofosbuvir-velpatasvir tab 200-50 mg.....	2
ELIQUIS- apixaban tab 2.5 mg.....	36	EPCLUSA- sofosbuvir-velpatasvir tab 400-100 mg.....	2
ELIQUIS- apixaban tab 5 mg.....	36	EPIDIOLEX- cannabidiol soln 100 mg/ml.....	32
ELIQUIS STARTER PACK- apixaban tab starter pack 5 mg.....	36	EPOGEN- epoetin alfa inj 2000 unit/ml.....	34
ELLA- ulipristal acetate tab 30 mg.....	8	EPOGEN- epoetin alfa inj 3000 unit/ml.....	35
ELOCTATE- antihemophilic factor rcmb (bdd-rfviiiifc) for inj 250 unit.....	38	EPOGEN- epoetin alfa inj 4000 unit/ml.....	35
ELOCTATE- antihemophilic factor rcmb (bdd-rfviiiifc) for inj 500 unit.....	38	EPOGEN- epoetin alfa inj 10000 unit/ml.....	35
ELOCTATE- antihemophilic factor rcmb (bdd-rfviiiifc) for inj 750 unit.....	38	EPOGEN- epoetin alfa inj 20000 unit/ml.....	35
ELOCTATE- antihemophilic factor rcmb (bdd-rfviiiifc) for inj 1000 unit.....	38	<b>ergocalciferol cap 1.25 mg (50000 unit) (Drisdol).....</b>	<b>33</b>
ELOCTATE- antihemophilic factor rcmb (bdd-rfviiiifc) for inj 1500 unit.....	38	ERIVEDGE- vismodegib cap 150 mg.....	4
ELOCTATE- antihemophilic factor rcmb (bdd-rfviiiifc) for inj 2000 unit.....	38	ERLEADA- apalutamide tab 60 mg.....	4
ELOCTATE- antihemophilic factor rcmb (bdd-rfviiiifc) for inj 3000 unit.....	38	<b>erythromycin ophth oint 5 mg/gm.....</b>	<b>42</b>
		<b>escitalopram oxalate tab 5 mg (base equiv) (Lexapro).....</b>	<b>24</b>
		<b>escitalopram oxalate tab 10 mg (base equiv) (Lexapro).....</b>	<b>24</b>

<b>escitalopram oxalate tab 20 mg (base equiv) (Lexapro).....</b>	<b>25</b>	<b>finasteride tab 5 mg (Proscar).....</b>	<b>24</b>
ESPEROCT- antihemophilic factor recomb glycopeg-exei for inj 500 unit.....	38	FLOVENT DISKUS- fluticasone propionate aer pow ba 50 mcg/blister.....	20
ESPEROCT- antihemophilic factor recomb glycopeg-exei for inj 1000 unit.....	38	FLOVENT DISKUS- fluticasone propionate aer pow ba 100 mcg/blister.....	20
ESPEROCT- antihemophilic factor recomb glycopeg-exei for inj 1500 unit.....	38	FLOVENT DISKUS- fluticasone propionate aer pow ba 250 mcg/blister.....	21
ESPEROCT- antihemophilic factor recomb glycopeg-exei for inj 2000 unit.....	38	FLOVENT HFA- fluticasone propionate hfa inhal aer 110 mcg/act (125/valve).....	21
ESPEROCT- antihemophilic factor recomb glycopeg-exei for inj 3000 unit.....	38	FLOVENT HFA- fluticasone propionate hfa inhal aer 220 mcg/act (250/valve).....	21
<b>estradiol tab 0.5 mg (Estrace).....</b>	<b>7</b>	FLOVENT HFA- fluticasone propionate hfa inhal aero 44 mcg/act (50/valve).....	21
<b>estradiol tab 1 mg (Estrace).....</b>	<b>7</b>	<b>fluconazole tab 50 mg (Diflucan).....</b>	<b>2</b>
<b>estradiol tab 2 mg (Estrace).....</b>	<b>7</b>	<b>fluconazole tab 100 mg (Diflucan).....</b>	<b>2</b>
ESTRING- estradiol vaginal ring 2 mg (7.5 mcg/24hrs).....	23	<b>fluconazole tab 150 mg (Diflucan).....</b>	<b>2</b>
<b>eszopiclone tab 1 mg (Lunesta).....</b>	<b>26</b>	<b>fluconazole tab 200 mg (Diflucan).....</b>	<b>2</b>
<b>eszopiclone tab 2 mg (Lunesta).....</b>	<b>26</b>	<b>fludrocortisone acetate tab 0.1 mg.....</b>	<b>7</b>
<b>eszopiclone tab 3 mg (Lunesta).....</b>	<b>26</b>	FLUOROPLEX- fluorouracil cream 1%.....	43
<b>F</b>		<b>fluoxetine hcl cap 10 mg (Prozac).....</b>	<b>25</b>
<b>famciclovir tab 125 mg (Famvir).....</b>	<b>2</b>	<b>fluoxetine hcl cap 20 mg (Prozac).....</b>	<b>25</b>
<b>famotidine tab 20 mg (Pepcid).....</b>	<b>22</b>	<b>fluoxetine hcl cap 40 mg (Prozac).....</b>	<b>25</b>
<b>famotidine tab 40 mg (Pepcid).....</b>	<b>22</b>	FLUPHENAZINE HCL- fluphenazine hcl oral conc 5 mg/ml.....	25
FARXIGA- dapagliflozin propanediol tab 5 mg (base equivalent).....	9	FLUPHENAZINE HYDROCHLORID- fluphenazine hcl elixir 2.5 mg/5ml.....	25
FARXIGA- dapagliflozin propanediol tab 10 mg (base equivalent).....	9	FLUTICASONE PROPIONATE/SA- fluticasone-salmeterol aer powder ba 55-14 mcg/act.....	21
FEIBA- antiinhibitor coagulant complex for iv soln 500 unit.....	38	FLUTICASONE PROPIONATE/SA- fluticasone-salmeterol aer powder ba 113-14 mcg/act.....	21
FEIBA- antiinhibitor coagulant complex for iv soln 1000 unit.....	38	FLUTICASONE PROPIONATE/SA- fluticasone-salmeterol aer powder ba 232-14 mcg/act.....	21
FEIBA- antiinhibitor coagulant complex for iv soln 2500 unit.....	38	<b>fluticasone propionate nasal susp 50 mcg/act.....</b>	<b>19</b>
<b>felodipine tab er 24hr 2.5 mg.....</b>	<b>15</b>	<b>folic acid cap 0.8 mg.....</b>	<b>35</b>
<b>felodipine tab er 24hr 5 mg.....</b>	<b>15</b>	<b>folic acid tab 400 mcg.....</b>	<b>35</b>
<b>felodipine tab er 24hr 10 mg.....</b>	<b>15</b>	<b>folic acid tab 800 mcg.....</b>	<b>35</b>
<b>fenofibrate tab 54 mg (Lofibra).....</b>	<b>18</b>	<b>folic acid tab 1 mg.....</b>	<b>35</b>
<b>fenofibrate tab 160 mg (Lofibra).....</b>	<b>18</b>	FOLLISTIM AQ- follitropin beta inj 300 unit/0.36ml.....	13
<b>fenofibrate tab 48 mg (Tricor).....</b>	<b>18</b>	FOLLISTIM AQ- follitropin beta inj 600 unit/0.72ml.....	13
<b>fenofibrate tab 145 mg (Tricor).....</b>	<b>18</b>	FOLLISTIM AQ- follitropin beta inj 900 unit/1.08ml.....	13
<b>ferrous sulfate elixir 220 mg/5ml (44 mg/5ml elemental fe).....</b>	<b>35</b>	FORTEO- teriparatide (recombinant) soln pen-inj 620 mcg/2.48ml.....	13
<b>ferrous sulfate soln 75 mg/ml (15 mg/ml elemental fe).....</b>	<b>35</b>	<b>fosinopril sodium tab 10 mg.....</b>	<b>16</b>
FIASP FLEXTOUCH- insulin aspart (with niacinamide) sol pen-inj 100 unit/ml.....	11	<b>fosinopril sodium tab 20 mg.....</b>	<b>16</b>
FIASP- insulin aspart (with niacinamide) inj 100 unit/ml.....	11	<b>fosinopril sodium tab 40 mg.....</b>	<b>16</b>
FIASP PENFILL- insulin aspart (with niacinamide) soln cartridge 100 unit/ml.....	11	FULPHILA- pegfilgrastim-jmdb soln prefilled syringe 6 mg/0.6ml.....	35
FINACEA- azelaic acid foam 15%.....	43	<b>furosemide oral soln 10 mg/ml.....</b>	<b>17</b>
		<b>furosemide tab 20 mg (Lasix).....</b>	<b>17</b>
		<b>furosemide tab 40 mg (Lasix).....</b>	<b>17</b>
		<b>furosemide tab 80 mg (Lasix).....</b>	<b>17</b>

## G

<b>gabapentin cap 100 mg (Neurontin)</b> .....	32
<b>gabapentin cap 300 mg (Neurontin)</b> .....	32
<b>gabapentin cap 400 mg (Neurontin)</b> .....	32
<b>gabapentin tab 600 mg (Neurontin)</b> .....	32
<b>gabapentin tab 800 mg (Neurontin)</b> .....	32
<b>gemfibrozil tab 600 mg (Lopid)</b> .....	18
<b>gentamicin sulfate ophth soln 0.3% (Garamycin)</b> .....	42
GENVOYA- elvitegrav-cobic-emtricitab-tenofov af tab 150-150-200-10 mg.....	2
GILENYA- fingolimod hcl cap 0.5 mg (base equiv).....	27
<b>glimepiride tab 1 mg (Amaryl)</b> .....	9
<b>glimepiride tab 2 mg (Amaryl)</b> .....	9
<b>glimepiride tab 4 mg (Amaryl)</b> .....	9
<b>glipizide tab er 24hr 2.5 mg (Glucotrol xl)</b> .....	9
<b>glipizide tab er 24hr 5 mg (Glucotrol xl)</b> .....	9
<b>glipizide tab er 24hr 10 mg (Glucotrol xl)</b> .....	9
<b>glipizide tab 5 mg (Glucotrol)</b> .....	9
<b>glipizide tab 10 mg (Glucotrol)</b> .....	9
GLUCAGON EMERGENCY KIT FO- glucagon hcl for inj 1 mg.....	9
GLUCAGON EMERGENCY KIT- glucagon (rdna) for inj kit 1 mg.....	9
<b>glyburide-metformin tab 1.25-250 mg (Glucovance)</b> .....	9
<b>glyburide-metformin tab 2.5-500 mg (Glucovance)</b> .....	9
<b>glyburide-metformin tab 5-500 mg (Glucovance)</b> .....	9
<b>glyburide micronized tab 1.5 mg (Glynase)</b> .....	9
<b>glyburide micronized tab 3 mg (Glynase)</b> .....	9
<b>glyburide micronized tab 6 mg (Glynase)</b> .....	9
<b>glyburide tab 1.25 mg</b> .....	9
<b>glyburide tab 2.5 mg</b> .....	9
<b>glyburide tab 5 mg</b> .....	9
GLYXAMBI- empagliflozin-linagliptin tab 10-5 mg.....	9
GLYXAMBI- empagliflozin-linagliptin tab 25-5 mg.....	9
GRANIX- tbo-filgrastim soln prefilled syringe 300 mcg/0.5ml.....	35
GRANIX- tbo-filgrastim soln prefilled syringe 480 mcg/0.8ml.....	35
GRANIX- tbo-filgrastim subcutaneous inj 300 mcg/ml.....	35
GRANIX- tbo-filgrastim subcutaneous inj 480 mcg/1.6ml (300 mcg/ml).....	35
GVOKE HYPOPEN 1-PACK- glucagon subcutaneous solution auto-injector 0.5 mg/0.1ml.....	9
GVOKE HYPOPEN 1-PACK- glucagon subcutaneous solution auto-injector 1 mg/0.2ml.....	9
GVOKE HYPOPEN 2-PACK- glucagon subcutaneous solution auto-injector 0.5 mg/0.1ml.....	9
GVOKE HYPOPEN 2-PACK- glucagon subcutaneous solution auto-injector 1 mg/0.2ml.....	9
GVOKE PFS- glucagon subcutaneous soln pref syringe 0.5 mg/0.1ml.....	9

GVOKE PFS- glucagon subcutaneous soln pref syringe 1  
mg/0.2ml..... 9

## H

<b>haloperidol lactate oral conc 2 mg/ml</b> .....	25
<b>haloperidol tab 0.5 mg</b> .....	25
<b>haloperidol tab 1 mg</b> .....	25
<b>haloperidol tab 2 mg</b> .....	25
HARVONI- ledipasvir-sofosbuvir pellet pack 33.75-150 mg.....	2
HARVONI- ledipasvir-sofosbuvir pellet pack 45-200 mg.....	2
HARVONI- ledipasvir-sofosbuvir tab 45-200 mg.....	2
HARVONI- ledipasvir-sofosbuvir tab 90-400 mg.....	2
HEMLIBRA- emicizumab-kxwh subcutaneous soln 30 mg/ ml.....	38
HEMLIBRA- emicizumab-kxwh subcutaneous soln 150 mg/ml.....	38
HEMLIBRA- emicizumab-kxwh subcutaneous soln 60 mg/0.4ml (150 mg/ml).....	38
HEMLIBRA- emicizumab-kxwh subcutaneous soln 105 mg/0.7ml (150 mg/ml).....	38
HEMOFIL M- antihemophilic factor (human) for inj 250 unit.....	38
HEMOFIL M- antihemophilic factor (human) for inj 500 unit.....	38
HEMOFIL M- antihemophilic factor (human) for inj 1000 unit.....	38
HEMOFIL M- antihemophilic factor (human) for inj 1700 unit.....	38
HUMATE-P- antihemophilic factor/vwf (human) for inj 250-600 unit.....	38
HUMATE-P- antihemophilic factor/vwf (human) for inj 500-1200 unit.....	38
HUMATE-P- antihemophilic factor/vwf (human) for inj 1000-2400 unit.....	38
HUMIRA- adalimumab prefilled syringe kit 10 mg/0.1ml.....	30
HUMIRA- adalimumab prefilled syringe kit 20 mg/0.2ml.....	30
HUMIRA- adalimumab prefilled syringe kit 40 mg/0.8ml.....	30
HUMIRA- adalimumab prefilled syringe kit 40 mg/0.4ml.....	30
HUMIRA PEDIATRIC CROHNS D- adalimumab prefilled syringe kit 80 mg/0.8ml.....	30
HUMIRA PEDIATRIC CROHNS D- adalimumab prefilled syringe kit 80 mg/0.8ml & 40 mg/0.4ml.....	30
HUMIRA PEN- adalimumab pen-injector kit 40 mg/0.8ml.....	30
HUMIRA PEN- adalimumab pen-injector kit 40 mg/0.4ml.....	30
HUMIRA PEN- adalimumab pen-injector kit 80 mg/0.8ml.....	30

HUMIRA PEN-CD/UC/HS START- adalimumab pen-injector kit 40 mg/0.8ml.....	30	ibuprofen susp 100 mg/5ml.....	30
HUMIRA PEN-CD/UC/HS START- adalimumab pen-injector kit 80 mg/0.8ml.....	30	ibuprofen tab 400 mg.....	30
HUMIRA PEN-PEDIATRIC UC S- adalimumab pen-injector kit 80 mg/0.8ml.....	30	ibuprofen tab 600 mg.....	30
HUMIRA PEN-PS/UV STARTER- adalimumab pen-injector kit 40 mg/0.8ml.....	30	ibuprofen tab 800 mg.....	30
HUMIRA PEN-PS/UV STARTER- adalimumab pen-injector kit 80 mg/0.8ml & 40 mg/0.4ml.....	30	IDELVION- coagulation factor ix (recomb) (rix-fp) for inj 250 unit.....	38
HUMULIN R U-500 (CONCENTR- insulin regular (human) inj 500 unit/ml.....	12	IDELVION- coagulation factor ix (recomb) (rix-fp) for inj 500 unit.....	38
HUMULIN R U-500 KWIKPEN- insulin regular (human) soln pen-injector 500 unit/ml.....	12	IDELVION- coagulation factor ix (recomb) (rix-fp) for inj 1000 unit.....	39
HYCODAN- hydrocodone w/ homatropine syrup 5-1.5 mg/5ml.....	19	IDELVION- coagulation factor ix (recomb) (rix-fp) for inj 2000 unit.....	39
hydralazine hcl tab 10 mg.....	16	IDELVION- coagulation factor ix (recomb) (rix-fp) for inj 3500 unit.....	39
hydralazine hcl tab 25 mg.....	16	imipramine hcl tab 10 mg (Tofranil).....	25
hydralazine hcl tab 50 mg.....	16	imipramine hcl tab 25 mg (Tofranil).....	25
hydralazine hcl tab 100 mg.....	16	imipramine hcl tab 50 mg (Tofranil).....	25
hydrochlorothiazide cap 12.5 mg (Microzide).....	17	IMPAVIDO- miltefosine cap 50 mg.....	4
hydrochlorothiazide tab 12.5 mg.....	17	INBRIJA- levodopa inhal powder cap 42 mg.....	33
hydrochlorothiazide tab 25 mg.....	17	INCRELEX- mecasermin inj 40 mg/4ml (10 mg/ml).....	13
hydrochlorothiazide tab 50 mg.....	17	INCRUSE ELLIPTA- umeclidinium br aero powd breath act 62.5 mcg/inh (base eq).....	21
hydrocodone-acetaminophen tab 7.5-325 mg (Norco).....	29	indapamide tab 1.25 mg.....	17
hydrocodone-acetaminophen tab 5-325 mg (Norco).....	29	indapamide tab 2.5 mg.....	17
hydrocodone-acetaminophen tab 10-325 mg (Norco).....	29	indomethacin cap 25 mg.....	30
hydrocodone w/ homatropine syrup 5-1.5 mg/5ml.....	19	indomethacin cap 50 mg.....	30
hydrocortisone cream 1%.....	43	INNOPRAN XL- propranolol hcl sustained-release beads cap er 24hr 80 mg.....	14
hydrocortisone cream 2.5%.....	43	INNOPRAN XL- propranolol hcl sustained-release beads cap er 24hr 120 mg.....	14
hydrocortisone oint 1%.....	43	INSULIN ASPART FLEXPEN- insulin aspart soln pen-injector 100 unit/ml.....	11
hydrocortisone oint 2.5%.....	43	INSULIN ASPART- insulin aspart inj 100 unit/ml.....	11
hydromorphone hcl tab 2 mg (Dilaudid).....	29	INSULIN ASPART PENFILL- insulin aspart soln cartridge 100 unit/ml.....	11
hydromorphone hcl tab 4 mg (Dilaudid).....	29	INSULIN ASPART PROTAMINE/- insulin aspart prot & aspart (human) inj 100 unit/ml (70-30).....	12
hydroxyzine hcl syrup 10 mg/5ml.....	24	INSULIN ASPART PROTAMINE/- insulin aspart prot & aspart sus pen-inj 100 unit/ml (70-30).....	12
hydroxyzine hcl tab 10 mg.....	24	INSULIN PEN NEEDLES – VARIOUS.....	44
hydroxyzine hcl tab 25 mg.....	24	INSULIN SYRINGES – VARIOUS.....	44
hydroxyzine hcl tab 50 mg.....	24	INTELENCE- etravirine tab 25 mg.....	2
hydroxyzine pamoate cap 25 mg (Vistaril).....	24	INTELENCE- etravirine tab 100 mg.....	2
hydroxyzine pamoate cap 50 mg (Vistaril).....	24	INTELENCE- etravirine tab 200 mg.....	2
<b>I</b>		INTRON A- interferon alfa-2b for inj 10000000 unit.....	5
<b>ibandronate sodium tab 150 mg (base equivalent) (Boniva).....</b>	<b>13</b>	INTRON A- interferon alfa-2b for inj 18000000 unit.....	5
IBRANCE- palbociclib cap 75 mg.....	4	INTRON A- interferon alfa-2b for inj 50000000 unit.....	5
IBRANCE- palbociclib cap 100 mg.....	4	INTRON A- interferon alfa-2b inj 6000000 unit/ml.....	4
IBRANCE- palbociclib cap 125 mg.....	4	INTRON A- interferon alfa-2b inj 10000000 unit/ml.....	4
IBRANCE- palbociclib tab 75 mg.....	4	INVOKAMET- canagliflozin-metformin hcl tab 50-500 mg.....	9
IBRANCE- palbociclib tab 100 mg.....	4	INVOKAMET- canagliflozin-metformin hcl tab 150-500 mg.....	9
IBRANCE- palbociclib tab 125 mg.....	4		

INVOKAMET- canagliflozin-metformin hcl tab 50-1000 mg.....	9	JANUMET XR- sitagliptin-metformin hcl tab er 24hr 50-500 mg.....	10
INVOKAMET- canagliflozin-metformin hcl tab 150-1000 mg.....	9	JANUMET XR- sitagliptin-metformin hcl tab er 24hr 50-1000 mg.....	10
INVOKAMET XR- canagliflozin-metformin hcl tab er 24hr 50-500 mg.....	9	JANUMET XR- sitagliptin-metformin hcl tab er 24hr 100-1000 mg.....	10
INVOKAMET XR- canagliflozin-metformin hcl tab er 24hr 50-1000 mg.....	9	JANUVIA- sitagliptin phosphate tab 25 mg (base equiv).....	10
INVOKAMET XR- canagliflozin-metformin hcl tab er 24hr 150-500 mg.....	9	JANUVIA- sitagliptin phosphate tab 50 mg (base equiv).....	10
INVOKAMET XR- canagliflozin-metformin hcl tab er 24hr 150-1000 mg.....	10	JANUVIA- sitagliptin phosphate tab 100 mg (base equiv).....	10
INVOKANA- canagliflozin tab 100 mg.....	10	JARDIANCE- empagliflozin tab 10 mg.....	10
INVOKANA- canagliflozin tab 300 mg.....	10	JARDIANCE- empagliflozin tab 25 mg.....	10
<b>ipratropium bromide inhal soln 0.02%.....</b>	<b>21</b>	JIVI- antihemophil fact rcmb(bdd-rfviii peg-aucl)for inj 1000 unit.....	39
<b>irbesartan-hydrochlorothiazide tab 150-12.5 mg (Avalide).....</b>	<b>16</b>	JIVI- antihemophil fact rcmb(bdd-rfviii peg-aucl)for inj 2000 unit.....	39
<b>irbesartan-hydrochlorothiazide tab 300-12.5 mg (Avalide).....</b>	<b>16</b>	JIVI- antihemophil fact rcmb(bdd-rfviii peg-aucl)for inj 3000 unit.....	39
<b>irbesartan tab 75 mg (Avapro).....</b>	<b>16</b>	JIVI- antihemophil fact rcmb(bdd-rfviii peg-aucl) for inj 500 unit.....	39
<b>irbesartan tab 150 mg (Avapro).....</b>	<b>16</b>	JULUCA- dolutegravir sodium-rilpivirine hcl tab 50-25 mg (base eq).....	2
<b>irbesartan tab 300 mg (Avapro).....</b>	<b>16</b>		
ISENTRESS HD- raltegravir potassium tab 600 mg (base equiv).....	2	<b>K</b>	
ISENTRESS- raltegravir potassium chew tab 25 mg (base equiv).....	2	KALETRA- lopinavir-ritonavir tab 100-25 mg.....	2
ISENTRESS- raltegravir potassium chew tab 100 mg (base equiv).....	2	KALETRA- lopinavir-ritonavir tab 200-50 mg.....	2
ISENTRESS- raltegravir potassium packet for susp 100 mg (base equiv).....	2	KALYDECO- ivacaftor packet 25 mg.....	21
ISENTRESS- raltegravir potassium tab 400 mg (base equiv).....	2	KALYDECO- ivacaftor packet 50 mg.....	21
<b>isoniazid tab 300 mg.....</b>	<b>1</b>	KALYDECO- ivacaftor packet 75 mg.....	22
<b>isosorbide mononitrate tab er 24hr 30 mg.....</b>	<b>14</b>	KALYDECO- ivacaftor tab 150 mg.....	21
<b>isosorbide mononitrate tab er 24hr 60 mg.....</b>	<b>14</b>	KESIMPTA- ofatumumab soln auto-injector 20 mg/0.4ml.....	27
<b>isosorbide mononitrate tab 10 mg.....</b>	<b>14</b>	<b>ketoconazole shampoo 2% (Nizoral).....</b>	<b>43</b>
<b>isosorbide mononitrate tab 20 mg.....</b>	<b>14</b>	<b>ketorolac tromethamine ophth soln 0.5% (Acular).....</b>	<b>42</b>
IXINITY- coagulation factor ix (recombinant) for inj 250 unit.....	39	KISQALI FEMARA 200 DOSE- ribociclib 200 mg dose (200 mg tab) & letrozole 2.5 mg tbpk.....	5
IXINITY- coagulation factor ix (recombinant) for inj 500 unit.....	39	KISQALI FEMARA 400 DOSE- ribociclib 400 mg dose (200 mg tab) & letrozole 2.5 mg tbpk.....	5
IXINITY- coagulation factor ix (recombinant) for inj 1000 unit.....	39	KISQALI FEMARA 600 DOSE- ribociclib 600 mg dose (200 mg tab) & letrozole 2.5 mg tbpk.....	5
IXINITY- coagulation factor ix (recombinant) for inj 1500 unit.....	39	KISQALI- ribociclib succinate tab pack 200 mg daily dose.....	5
IXINITY- coagulation factor ix (recombinant) for inj 2000 unit.....	39	KISQALI- ribociclib succinate tab pack 400 mg daily dose (200 mg tab).....	5
IXINITY- coagulation factor ix (recombinant) for inj 3000 unit.....	39	KISQALI- ribociclib succinate tab pack 600 mg daily dose (200 mg tab).....	5
<b>J</b>		KOATE- antihemophilic factor (human) for inj 250 unit.....	39
JANUMET- sitagliptin-metformin hcl tab 50-500 mg.....	10	KOATE- antihemophilic factor (human) for inj 500 unit.....	39
JANUMET- sitagliptin-metformin hcl tab 50-1000 mg.....	10	KOATE- antihemophilic factor (human) for inj 1000 unit.....	39



KOATE-DVI- antihemophilic factor (human) for inj 500 unit.....	39	LEVEMIR FLEXTOUCH- insulin detemir soln pen-injector 100 unit/ml.....	12
KOATE-DVI- antihemophilic factor (human) for inj 1000 unit.....	39	LEVEMIR- insulin detemir inj 100 unit/ml.....	12
KOGENATE FS- antihemophilic factor recomb (rfviii) for inj kit 250 unit.....	39	<b>levetiracetam tab 250 mg (Keppra).....</b>	<b>32</b>
KOGENATE FS- antihemophilic factor recomb (rfviii) for inj kit 500 unit.....	39	<b>levetiracetam tab 500 mg (Keppra).....</b>	<b>32</b>
KOGENATE FS- antihemophilic factor recomb (rfviii) for inj kit 1000 unit.....	39	<b>levocetirizine dihydrochloride tab 5 mg.....</b>	<b>19</b>
KOGENATE FS- antihemophilic factor recomb (rfviii) for inj kit 2000 unit.....	39	<b>levofloxacin tab 250 mg (Levaquin).....</b>	<b>1</b>
KOGENATE FS- antihemophilic factor recomb (rfviii) for inj kit 3000 unit.....	39	<b>levofloxacin tab 500 mg (Levaquin).....</b>	<b>1</b>
KOSHER PRENATAL PLUS IRON- prenatal vit w/ iron carbonyl-fa tab 30-1 mg.....	33	<b>levofloxacin tab 750 mg (Levaquin).....</b>	<b>1</b>
KOVALTRY- antihemophilic factor recomb (rahf-pfm) for inj 250 unit.....	39	<b>levonorgestrel &amp; ethinyl estradiol tab 0.1 mg-20 mcg.....</b>	<b>8</b>
KOVALTRY- antihemophilic factor recomb (rahf-pfm) for inj 500 unit.....	39	<b>levonorgestrel &amp; ethinyl estradiol tab 0.15 mg-30 mcg.....</b>	<b>8</b>
KOVALTRY- antihemophilic factor recomb (rahf-pfm) for inj 1000 unit.....	39	<b>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg.....</b>	<b>8</b>
KOVALTRY- antihemophilic factor recomb (rahf-pfm) for inj 2000 unit.....	39	<b>levothyroxine sodium tab 25 mcg (Synthroid).....</b>	<b>12</b>
KOVALTRY- antihemophilic factor recomb (rahf-pfm) for inj 3000 unit.....	39	<b>levothyroxine sodium tab 50 mcg (Synthroid).....</b>	<b>12</b>
KYNMOBI- apomorphine hydrochloride film 10 mg.....	33	<b>levothyroxine sodium tab 75 mcg (Synthroid).....</b>	<b>12</b>
KYNMOBI- apomorphine hydrochloride film 15 mg.....	33	<b>levothyroxine sodium tab 88 mcg (Synthroid).....</b>	<b>12</b>
KYNMOBI- apomorphine hydrochloride film 20 mg.....	33	<b>levothyroxine sodium tab 100 mcg (Synthroid).....</b>	<b>12</b>
KYNMOBI- apomorphine hydrochloride film 25 mg.....	33	<b>levothyroxine sodium tab 112 mcg (Synthroid).....</b>	<b>12</b>
KYNMOBI- apomorphine hydrochloride film 30 mg.....	33	<b>levothyroxine sodium tab 125 mcg (Synthroid).....</b>	<b>12</b>
		<b>levothyroxine sodium tab 137 mcg (Synthroid).....</b>	<b>13</b>
<b>L</b>		<b>levothyroxine sodium tab 150 mcg (Synthroid).....</b>	<b>13</b>
<b>labetalol hcl tab 100 mg (Trandate).....</b>	<b>14</b>	<b>levothyroxine sodium tab 175 mcg (Synthroid).....</b>	<b>13</b>
<b>lamotrigine tab 25 mg (Lamictal).....</b>	<b>32</b>	<b>levothyroxine sodium tab 200 mcg (Synthroid).....</b>	<b>13</b>
<b>lamotrigine tab 100 mg (Lamictal).....</b>	<b>32</b>	<b>levothyroxine sodium tab 300 mcg (Synthroid).....</b>	<b>13</b>
<b>lamotrigine tab 150 mg (Lamictal).....</b>	<b>32</b>	<b>lidocaine hcl viscous soln 2%.....</b>	<b>42</b>
<b>lamotrigine tab 200 mg (Lamictal).....</b>	<b>32</b>	LINZESS- linaclotide cap 72 mcg.....	23
LANCETS – VARIOUS.....	44	LINZESS- linaclotide cap 145 mcg.....	23
<b>lansoprazole cap delayed release 30 mg (Prevacid).....</b>	<b>22</b>	LINZESS- linaclotide cap 290 mcg.....	23
LANTUS- insulin glargine inj 100 unit/ml.....	12	<b>lisinopril &amp; hydrochlorothiazide tab 10-12.5 mg (Zestoretic).....</b>	<b>16</b>
LANTUS SOLOSTAR- insulin glargine soln pen-injector 100 unit/ml.....	12	<b>lisinopril &amp; hydrochlorothiazide tab 20-12.5 mg (Zestoretic).....</b>	<b>16</b>
<b>latanoprost ophth soln 0.005% (Xalatan).....</b>	<b>42</b>	<b>lisinopril &amp; hydrochlorothiazide tab 20-25 mg (Zestoretic).....</b>	<b>16</b>
LATUDA- lurasidone hcl tab 20 mg.....	25	<b>lisinopril tab 5 mg (Prinivil).....</b>	<b>16</b>
LATUDA- lurasidone hcl tab 40 mg.....	25	<b>lisinopril tab 10 mg (Prinivil).....</b>	<b>16</b>
LATUDA- lurasidone hcl tab 60 mg.....	25	<b>lisinopril tab 20 mg (Prinivil).....</b>	<b>16</b>
LATUDA- lurasidone hcl tab 80 mg.....	25	<b>lisinopril tab 2.5 mg (Zestril).....</b>	<b>16</b>
LATUDA- lurasidone hcl tab 120 mg.....	25	<b>lisinopril tab 30 mg (Zestril).....</b>	<b>16</b>
<b>letrozole tab 2.5 mg (Femara).....</b>	<b>5</b>	<b>lisinopril tab 40 mg (Zestril).....</b>	<b>16</b>
LEUKERAN- chlorambucil tab 2 mg.....	5	<b>lithium carbonate cap 300 mg.....</b>	<b>25</b>
		<b>lithium carbonate cap 150 mg (Lithium carbonate).....</b>	<b>25</b>
		<b>lithium carbonate cap 600 mg (Lithium carbonate).....</b>	<b>26</b>
		<b>lithium carbonate tab er 450 mg.....</b>	<b>26</b>
		<b>lithium carbonate tab er 300 mg (Lithobid).....</b>	<b>26</b>
		<b>lithium carbonate tab 300 mg.....</b>	<b>26</b>
		LOKELMA- sodium zirconium cyclosilicate for susp packet 5 gm.....	44
		LOKELMA- sodium zirconium cyclosilicate for susp packet 10 gm.....	44

lorazepam tab 0.5 mg (Ativan).....	24	MEKINIST- trametinib dimethyl sulfoxide tab 0.5 mg (base equivalent).....	5
lorazepam tab 1 mg (Ativan).....	24	MEKINIST- trametinib dimethyl sulfoxide tab 2 mg (base equivalent).....	5
lorazepam tab 2 mg (Ativan).....	24	meloxicam tab 7.5 mg (Mobic).....	30
losartan potassium & hydrochlorothiazide tab 50-12.5 mg (Hyzaar).....	16	meloxicam tab 15 mg (Mobic).....	30
losartan potassium & hydrochlorothiazide tab 100-12.5 mg (Hyzaar).....	16	memantine hcl tab 5 mg (Namenda).....	28
losartan potassium & hydrochlorothiazide tab 100-25 mg (Hyzaar).....	16	memantine hcl tab 10 mg (Namenda).....	28
losartan potassium tab 25 mg (Cozaar).....	16	MESNEX- mesna tab 400 mg.....	5
losartan potassium tab 50 mg (Cozaar).....	16	metformin hcl tab er 24hr 500 mg (Glucophage xr).....	10
losartan potassium tab 100 mg (Cozaar).....	16	metformin hcl tab er 24hr 750 mg (Glucophage xr).....	10
LOTEMAX- lomeprednol etabonate ophth gel 0.5%.....	42	metformin hcl tab 500 mg (Glucophage).....	10
LOTEMAX- lomeprednol etabonate ophth oint 0.5%.....	42	metformin hcl tab 850 mg (Glucophage).....	10
LOTEMAX SM- lomeprednol etabonate ophth gel 0.38%.....	42	metformin hcl tab 1000 mg (Glucophage).....	10
lovastatin tab 10 mg.....	18	methadone hcl tab 10 mg (Dolophine).....	29
lovastatin tab 20 mg.....	18	methadone hcl tab 5 mg (Dolophine hcl).....	29
lovastatin tab 40 mg (Mevacor).....	18	methimazole tab 5 mg (Tapazole).....	13
LUMIGAN- bimatoprost ophth soln 0.01%.....	42	methimazole tab 10 mg (Tapazole).....	13
LYNPARZA- olaparib tab 100 mg.....	5	methocarbamol tab 750 mg (Robaxin-750).....	33
LYNPARZA- olaparib tab 150 mg.....	5	methocarbamol tab 500 mg (Robaxin).....	33
<b>M</b>		methotrexate sodium inj 50 mg/2ml (25 mg/ml).....	5
MAVENCLAD- cladribine tab therapy pack 10 mg (4 tabs).....	27	methotrexate sodium inj pf 50 mg/2ml (25 mg/ml).....	5
MAVENCLAD- cladribine tab therapy pack 10 mg (5 tabs).....	28	methotrexate sodium inj pf 250 mg/10ml (25 mg/ml).....	5
MAVENCLAD- cladribine tab therapy pack 10 mg (6 tabs).....	28	methylphenidate hcl tab 5 mg (Ritalin).....	26
MAVENCLAD- cladribine tab therapy pack 10 mg (7 tabs).....	28	methylprednisolone tab 4 mg (Medrol).....	7
MAVENCLAD- cladribine tab therapy pack 10 mg (8 tabs).....	28	methylprednisolone tab 16 mg (Medrol).....	7
MAVENCLAD- cladribine tab therapy pack 10 mg (9 tabs).....	28	methylprednisolone tab 32 mg (Medrol).....	7
MAVENCLAD- cladribine tab therapy pack 10 mg (10 tabs).....	28	methylprednisolone tab therapy pack 4 mg (21) (Medrol dosepak).....	7
MAVYRET- glecaprevir-pibrentasvir tab 100-40 mg.....	2	metoclopramide hcl tab 5 mg (base equivalent) (Reglan).....	23
MAYZENT- siponimod fumarate tab 0.25 mg (base equiv).....	28	metoclopramide hcl tab 10 mg (base equivalent) (Reglan).....	23
MAYZENT- siponimod fumarate tab 2 mg (base equiv).....	28	metoprolol succinate tab er 24hr 25 mg (tartrate equiv) (Toprol xl).....	14
MAYZENT STARTER PACK- siponimod fumarate tab 0.25 mg (12) starter pack.....	28	metoprolol succinate tab er 24hr 50 mg (tartrate equiv) (Toprol xl).....	14
meclizine hcl tab 12.5 mg.....	22	metoprolol succinate tab er 24hr 100 mg (tartrate equiv) (Toprol xl).....	14
meclizine hcl tab 25 mg.....	22	metoprolol tartrate tab 25 mg.....	14
medroxyprogesterone acetate tab 2.5 mg (Provera).....	8	metoprolol tartrate tab 50 mg (Lopressor).....	14
medroxyprogesterone acetate tab 5 mg (Provera).....	8	metoprolol tartrate tab 100 mg (Lopressor).....	14
medroxyprogesterone acetate tab 10 mg (Provera).....	8	metronidazole tab 250 mg (Flagyl).....	4
MEFLOQUINE HCL- mefloquine hcl tab 250 mg.....	4	metronidazole tab 500 mg (Flagyl).....	4
megestrol acetate tab 20 mg.....	5	minocycline hcl cap 50 mg (Minocin).....	1
megestrol acetate tab 40 mg.....	5	minoxidil tab 2.5 mg.....	17
		minoxidil tab 10 mg.....	17
		mirtazapine tab 15 mg (Remeron).....	25
		mirtazapine tab 30 mg (Remeron).....	25
		mirtazapine tab 45 mg (Remeron).....	25
		misoprostol tab 100 mcg (Cytotec).....	22
		misoprostol tab 200 mcg (Cytotec).....	22
		MITIGARE- colchicine cap 0.6 mg.....	31

<b>mometasone furoate oint 0.1% (Elocon)</b> .....	<b>43</b>	NEXLIZET- bempedoic acid-ezetimibe tab 180-10 mg.....	18
MONONINE- coagulation factor ix for inj 1000 unit.....	39	NICOTROL INHALER- nicotine inhaler system 10 mg (4 mg delivered).....	28
<b>montelukast sodium chew tab 4 mg (base equiv) (Singulair)</b> .....	<b>21</b>	NICOTROL NS- nicotine nasal spray 10 mg/ml (0.5 mg/spray).....	28
<b>montelukast sodium chew tab 5 mg (base equiv) (Singulair)</b> .....	<b>21</b>	<b>nifedipine tab er 24hr 30 mg (Adalat cc)</b> .....	<b>15</b>
<b>montelukast sodium tab 10 mg (base equiv) (Singulair)</b> .....	<b>21</b>	<b>nifedipine tab er 24hr osmotic release 30 mg (Procardia xl)</b> .....	<b>15</b>
<b>morphine sulfate oral soln 10 mg/5ml</b> .....	<b>29</b>	<b>nifedipine tab er 24hr osmotic release 60 mg (Procardia xl)</b> .....	<b>15</b>
<b>morphine sulfate tab er 15 mg (Ms contin)</b> .....	<b>29</b>	<b>nitrofurantoin monohydrate macrocrystalline cap 100 mg (Macrobid)</b> .....	<b>4</b>
MOVANTIK- naloxegol oxalate tab 12.5 mg (base equivalent).....	23	<b>nitroglycerin td patch 24hr 0.2 mg/hr (Nitro-dur)</b> .....	<b>14</b>
MOVANTIK- naloxegol oxalate tab 25 mg (base equivalent).....	23	NITYR- nitisinone tab 2 mg.....	13
MULTAQ- dronedarone hcl tab 400 mg (base equivalent).....	15	NITYR- nitisinone tab 5 mg.....	13
<b>mupirocin oint 2% (Bactroban)</b> .....	<b>43</b>	NITYR- nitisinone tab 10 mg.....	13
MYLERAN- busulfan tab 2 mg.....	5	NIVESTYM- filgrastim-aafi inj 300 mcg/ml.....	35
<b>N</b>			
<b>nabumetone tab 500 mg</b> .....	<b>30</b>	NIVESTYM- filgrastim-aafi inj 480 mcg/1.6ml (300 mcg/ml).....	35
<b>nabumetone tab 750 mg</b> .....	<b>30</b>	NIVESTYM- filgrastim-aafi soln prefilled syringe 300 mcg/0.5ml.....	35
<b>naproxen tab ec 375 mg (Ec-naprosyn)</b> .....	<b>30</b>	NIVESTYM- filgrastim-aafi soln prefilled syringe 480 mcg/0.8ml.....	35
<b>naproxen tab ec 500 mg (Ec-naprosyn)</b> .....	<b>30</b>	NORDITROPIN FLEXPRO- somatropin solution pen-injector 5 mg/1.5ml.....	13
<b>naproxen tab 250 mg (Naprosyn)</b> .....	<b>30</b>	NORDITROPIN FLEXPRO- somatropin solution pen-injector 10 mg/1.5ml.....	13
<b>naproxen tab 375 mg (Naprosyn)</b> .....	<b>30</b>	NORDITROPIN FLEXPRO- somatropin solution pen-injector 15 mg/1.5ml.....	13
<b>naproxen tab 500 mg (Naprosyn)</b> .....	<b>30</b>	NORDITROPIN FLEXPRO- somatropin solution pen-injector 30 mg/3ml.....	13
NARCAN- naloxone hcl nasal spray 4 mg/0.1ml.....	44	<b>norethindrone &amp; ethinyl estradiol tab 1 mg-35 mcg (Norinyl 1+35)</b> .....	<b>8</b>
NATACYN- natamycin ophth susp 5%.....	42	<b>norethindrone ace &amp; ethinyl estradiol-fe tab 1 mg-20 mcg (Loestrin fe 1/20)</b> .....	<b>8</b>
<b>neomycin-polymyxin-dexamethasone ophth oint 0.1% (Maxitrol)</b> .....	<b>42</b>	<b>norethindrone ace &amp; ethinyl estradiol-fe tab 1.5 mg-30 mcg (Loestrin fe 1.5/30)</b> .....	<b>8</b>
<b>neomycin-polymyxin-dexamethasone ophth susp 0.1% (Maxitrol)</b> .....	<b>42</b>	<b>norethindrone ace &amp; ethinyl estradiol tab 1 mg-20 mcg (Loestrin 1/20-21)</b> .....	<b>8</b>
<b>neomycin sulfate tab 500 mg</b> .....	<b>1</b>	<b>norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)</b> .....	<b>8</b>
NEULASTA ONPRO KIT- pegfilgrastim soln prefilled syringe kit 6 mg/0.6ml.....	35	<b>norethindrone tab 0.35 mg (Nor-qd)</b> .....	<b>8</b>
NEULASTA- pegfilgrastim soln prefilled syringe 6 mg/0.6ml.....	35	<b>norgestimate &amp; ethinyl estradiol tab 0.25 mg-35 mcg (Ortho-cyclen)</b> .....	<b>8</b>
NEUPOGEN- filgrastim inj 300 mcg/ml.....	35	<b>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg (Ortho tri-cyclen)</b> .....	<b>8</b>
NEUPOGEN- filgrastim inj 480 mcg/1.6ml (300 mcg/ml).....	35	<b>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg (Ortho tri-cyclen lo)</b> .....	<b>8</b>
NEUPOGEN- filgrastim soln prefilled syringe 300 mcg/0.5ml.....	35	<b>nortriptyline hcl cap 10 mg (Pamelor)</b> .....	<b>25</b>
NEUPOGEN- filgrastim soln prefilled syringe 480 mcg/0.8ml (600 mcg/ml).....	35	<b>nortriptyline hcl cap 25 mg (Pamelor)</b> .....	<b>25</b>
<b>nevirapine tab 200 mg (Viramune)</b> .....	<b>2</b>	<b>nortriptyline hcl cap 50 mg (Pamelor)</b> .....	<b>25</b>
NEXAVAR- sorafenib tosylate tab 200 mg (base equivalent).....	5	<b>nortriptyline hcl cap 75 mg (Pamelor)</b> .....	<b>25</b>
NEXIUM- esomeprazole magnesium for delayed release susp packet 5 mg.....	22	NORVIR- ritonavir oral soln 80 mg/ml.....	3
NEXIUM- esomeprazole magnesium for delayed release susp pack 2.5 mg.....	22		
NEXLETOL- bempedoic acid tab 180 mg.....	18		

NORVIR- ritonavir powder packet 100 mg.....	3	NUWIQ- antihemophil fact rcmb(bdd-rfviii,sim) for inj kit 4000 unit.....	40
NOVOEIGHT- antihemophilic fact rcmb (bd trunc-rfviii) for inj 250 unit.....	39	NUWIQ- antihemophil fact rcmb (bdd-rfviii,sim) for inj kit 250 unit.....	40
NOVOEIGHT- antihemophilic fact rcmb (bd trunc-rfviii) for inj 500 unit.....	39	NUWIQ- antihemophil fact rcmb (bdd-rfviii,sim) for inj kit 500 unit.....	40
NOVOEIGHT- antihemophilic fact rcmb (bd trunc-rfviii) for inj 1000 unit.....	39	NUWIQ- antihemophilic factor rcmb (bdd-rfviii,sim) for inj 250 unit.....	40
NOVOEIGHT- antihemophilic fact rcmb (bd trunc-rfviii) for inj 1500 unit.....	40	NUWIQ- antihemophilic factor rcmb (bdd-rfviii,sim) for inj 500 unit.....	40
NOVOEIGHT- antihemophilic fact rcmb (bd trunc-rfviii) for inj 2000 unit.....	40	NUWIQ- antihemophilic fact rcmb (bdd-rfviii,sim) for inj 1000 unit.....	40
NOVOEIGHT- antihemophilic fact rcmb (bd trunc-rfviii) for inj 3000 unit.....	40	NUWIQ- antihemophilic fact rcmb (bdd-rfviii,sim) for inj 2000 unit.....	40
NOVOLIN 70/30 FLEXPEN- insulin nph & regular susp pen-inj 100 unit/ml (70-30).....	12	NUWIQ- antihemophilic fact rcmb (bdd-rfviii,sim) for inj 2500 unit.....	40
NOVOLIN 70/30- insulin nph isophane & regular human inj 100 unit/ml (70-30).....	12	NUWIQ- antihemophilic fact rcmb (bdd-rfviii,sim) for inj 3000 unit.....	40
NOVOLIN N FLEXPEN- insulin nph (human) (isophane) susp pen-injector 100 unit/ml.....	12	NUWIQ- antihemophilic fact rcmb (bdd-rfviii,sim) for inj 4000 unit.....	40
NOVOLIN N- insulin nph (human) (isophane) inj 100 unit/ml.....	12	<b>nystatin cream 100000 unit/gm.....</b>	<b>43</b>
NOVOLIN R FLEXPEN- insulin regular (human) soln pen-injector 100 unit/ml.....	12	<b>nystatin oint 100000 unit/gm.....</b>	<b>43</b>
NOVOLIN R- insulin regular (human) inj 100 unit/ml.....	12	NYVEPRIA- pegfilgrastim-apgf soln prefilled syringe 6 mg/0.6ml.....	35
NOVOLOG FLEXPEN- insulin aspart soln pen-injector 100 unit/ml.....	11	<b>O</b>	
NOVOLOG- insulin aspart inj 100 unit/ml.....	11	OBIZUR- antihemophilic factor (recomb porc) rpfviii for inj 500 unit.....	40
NOVOLOG MIX 70/30- insulin aspart prot & aspart (human) inj 100 unit/ml (70-30).....	12	ODEFSEY- emtricitabine-rilpivirine-tenofovir af tab 200-25-25 mg.....	3
NOVOLOG MIX 70/30 PREFILL- insulin aspart prot & aspart sus pen-inj 100 unit/ml (70-30).....	12	<b>olanzapine tab 2.5 mg (Zyprexa).....</b>	<b>26</b>
NOVOLOG PENFILL- insulin aspart soln cartridge 100 unit/ml.....	11	<b>olanzapine tab 5 mg (Zyprexa).....</b>	<b>26</b>
NOVOSEVEN RT- coagulation factor viia (recomb) for inj 1 mg (1000 mcg).....	40	<b>olanzapine tab 7.5 mg (Zyprexa).....</b>	<b>26</b>
NOVOSEVEN RT- coagulation factor viia (recomb) for inj 2 mg (2000 mcg).....	40	<b>olanzapine tab 10 mg (Zyprexa).....</b>	<b>26</b>
NOVOSEVEN RT- coagulation factor viia (recomb) for inj 5 mg (5000 mcg).....	40	<b>olanzapine tab 15 mg (Zyprexa).....</b>	<b>26</b>
NOVOSEVEN RT- coagulation factor viia (recomb) for inj 8 mg (8000 mcg).....	40	<b>olanzapine tab 20 mg (Zyprexa).....</b>	<b>26</b>
NOXAFIL- posaconazole susp 40 mg/ml.....	2	<b>olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg (Benicar hct).....</b>	<b>17</b>
NUBEQA- darolutamide tab 300 mg.....	5	<b>olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg (Benicar hct).....</b>	<b>17</b>
NUVARING- etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr.....	8	<b>olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg (Benicar hct).....</b>	<b>17</b>
NUWIQ- antihemophil fact rcmb(bdd-rfviii,sim) for inj kit 1000 unit.....	40	<b>olmesartan medoxomil tab 5 mg (Benicar).....</b>	<b>17</b>
NUWIQ- antihemophil fact rcmb(bdd-rfviii,sim) for inj kit 2000 unit.....	40	<b>olmesartan medoxomil tab 20 mg (Benicar).....</b>	<b>17</b>
NUWIQ- antihemophil fact rcmb(bdd-rfviii,sim) for inj kit 2500 unit.....	40	<b>olmesartan medoxomil tab 40 mg (Benicar).....</b>	<b>17</b>
NUWIQ- antihemophil fact rcmb(bdd-rfviii,sim) for inj kit 3000 unit.....	40	<b>omeprazole cap delayed release 10 mg (Prilosec).....</b>	<b>22</b>
		<b>omeprazole cap delayed release 20 mg (Prilosec).....</b>	<b>22</b>
		<b>omeprazole cap delayed release 40 mg (Prilosec).....</b>	<b>22</b>
		<b>ondansetron hcl tab 4 mg (Zofran).....</b>	<b>22</b>
		<b>ondansetron hcl tab 8 mg (Zofran).....</b>	<b>22</b>
		<b>ondansetron orally disintegrating tab 4 mg (Zofran odt).....</b>	<b>22</b>

<b>ondansetron orally disintegrating tab 8 mg (Zofran odt)</b> .....	22	<b>phenobarbital tab 60 mg</b> .....	26
OPSUMIT- macitentan tab 10 mg.....	19	<b>phenobarbital tab 100 mg</b> .....	26
ORFADIN- nitisinone cap 20 mg.....	13	<b>phentermine hcl cap 15 mg</b> .....	26
ORFADIN- nitisinone susp 4 mg/ml.....	13	<b>phentermine hcl cap 30 mg</b> .....	27
ORIAHNN- elagolix-estradiol-noreth 300-1-0.5mg & elagolix 300mg cap pack.....	7	<b>phentermine hcl cap 37.5 mg (Adipex-p)</b> .....	27
ORLISSA- elagolix sodium tab 150 mg (base equiv).....	13	<b>phentermine hcl tab 37.5 mg (Adipex-p)</b> .....	27
ORLISSA- elagolix sodium tab 200 mg (base equiv).....	13	<b>pioglitazone hcl tab 15 mg (base equiv) (Actos)</b> .....	10
<b>orphenadrine citrate tab er 12hr 100 mg</b> .....	33	<b>pioglitazone hcl tab 30 mg (base equiv) (Actos)</b> .....	10
OTEZLA- apremilast tab 30 mg.....	30	<b>pioglitazone hcl tab 45 mg (base equiv) (Actos)</b> .....	10
OTEZLA- apremilast tab starter therapy pack 10 mg & 20 mg & 30 mg.....	30	PIQRAY 250MG DAILY DOSE- alpelisib tab pack 250 mg daily dose (200 mg & 50 mg tabs).....	5
<b>oxcarbazepine tab 150 mg (Trileptal)</b> .....	32	PIQRAY 300MG DAILY DOSE- alpelisib tab pack 300 mg daily dose (2x150 mg tab).....	5
<b>oxybutynin chloride syrup 5 mg/5ml</b> .....	23	PIQRAY 200MG DAILY DOSE- alpelisib tab therapy pack 200 mg daily dose.....	5
<b>oxybutynin chloride tab er 24hr 15 mg</b> .....	23	PLEGRIDY- peginterferon beta-1a im soln prefilled syr 125 mcg/0.5ml.....	28
<b>oxybutynin chloride tab er 24hr 5 mg (Ditropan xl)</b> .....	23	PLEGRIDY- peginterferon beta-1a soln pen-injector 125 mcg/0.5ml.....	28
<b>oxybutynin chloride tab er 24hr 10 mg (Ditropan xl)</b> .....	23	PLEGRIDY- peginterferon beta-1a soln prefilled syringe 125 mcg/0.5ml.....	28
<b>oxybutynin chloride tab 5 mg</b> .....	23	PLEGRIDY STARTER PACK- peginterferon beta-1a soln pen-inj 63 & 94 mcg/0.5ml pack.....	28
<b>oxycodone hcl tab 10 mg</b> .....	29	PLEGRIDY STARTER PACK- peginterferon beta-1a soln pref syr 63 & 94 mcg/0.5ml pack.....	28
<b>oxycodone hcl tab 5 mg (Roxicodone)</b> .....	29	<b>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1% (Polytrim)</b> .....	42
<b>oxycodone w/ acetaminophen tab 5-325 mg (Percocet)</b> .....	29	<b>potassium chloride microencapsulated crys er tab 10 meq</b> .....	34
OZEMPIC- semaglutide soln pen-inj 1 mg/dose (2 mg/1.5ml).....	10	<b>potassium chloride microencapsulated crys er tab 20 meq</b> .....	34
OZEMPIC- semaglutide soln pen-inj 1 mg/dose (4 mg/3ml).....	10	<b>potassium chloride tab er 10 meq (K-tab)</b> .....	34
OZEMPIC- semaglutide soln pen-inj 0.25 or 0.5 mg/dose (2 mg/1.5ml).....	10	<b>potassium chloride tab er 8 meq (600 mg)</b> .....	34
<b>P</b>		<b>pramipexole dihydrochloride tab 0.125 mg (Mirapex)</b> .....	33
<b>pantoprazole sodium ec tab 20 mg (base equiv) (Protonix)</b> .....	22	<b>pramipexole dihydrochloride tab 0.25 mg (Mirapex)</b> .....	33
<b>pantoprazole sodium ec tab 40 mg (base equiv) (Protonix)</b> .....	22	<b>pramipexole dihydrochloride tab 0.5 mg (Mirapex)</b> .....	33
<b>paroxetine hcl tab 10 mg (Paxil)</b> .....	25	<b>pramipexole dihydrochloride tab 0.75 mg (Mirapex)</b> .....	33
<b>paroxetine hcl tab 20 mg (Paxil)</b> .....	25	<b>pramipexole dihydrochloride tab 1 mg (Mirapex)</b> .....	33
<b>paroxetine hcl tab 30 mg (Paxil)</b> .....	25	<b>pramipexole dihydrochloride tab 1.5 mg (Mirapex)</b> .....	33
<b>paroxetine hcl tab 40 mg (Paxil)</b> .....	25	<b>pravastatin sodium tab 10 mg</b> .....	18
PEGASYS- peginterferon alfa-2a inj 180 mcg/ml.....	3	<b>pravastatin sodium tab 20 mg (Pravachol)</b> .....	18
PEGASYS- peginterferon alfa-2a inj 180 mcg/0.5ml.....	3	<b>pravastatin sodium tab 40 mg (Pravachol)</b> .....	18
<b>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm (Golytely)</b> .....	22	<b>pravastatin sodium tab 80 mg (Pravachol)</b> .....	18
<b>peg 3350-kcl-sod bicarb-nacl for soln 420 gm (Nulytely/flavor pack)</b> .....	22	PREDNISOLONE ACETATE- prednisolone acetate ophth susp 1%.....	42
<b>penicillin v potassium tab 250 mg</b> .....	1	PREDNISOLONE SODIUM PHOSP- prednisolone sodium phosphate ophth soln 1%.....	42
<b>penicillin v potassium tab 500 mg</b> .....	1	<b>prednisolone sod phosphate oral soln 15 mg/5ml (base equiv)</b> .....	7
<b>perindopril erbumine tab 2 mg</b> .....	17	PREDNISONE INTENSOL- prednisone conc 5 mg/ml.....	7
<b>perindopril erbumine tab 4 mg (Aceon)</b> .....	17		
<b>phendimetrazine tartrate tab 35 mg</b> .....	26		
<b>phenobarbital tab 15 mg</b> .....	26		
<b>phenobarbital tab 30 mg</b> .....	26		

PREDNISON- prednisone oral soln 5 mg/5ml.....	7	PROFILNINE- factor ix complex for inj 500 unit.....	40
<b>prednisone tab 1 mg.....</b>	<b>7</b>	PROFILNINE- factor ix complex for inj 1000 unit.....	40
<b>prednisone tab 2.5 mg.....</b>	<b>7</b>	PROFILNINE- factor ix complex for inj 1500 unit.....	40
<b>prednisone tab 5 mg.....</b>	<b>7</b>	PROGRAF- tacrolimus cap 0.5 mg.....	44
<b>prednisone tab 10 mg.....</b>	<b>7</b>	PROGRAF- tacrolimus cap 1 mg.....	44
<b>prednisone tab 20 mg.....</b>	<b>7</b>	PROGRAF- tacrolimus cap 5 mg.....	44
<b>prednisone tab 50 mg.....</b>	<b>7</b>	PROGRAF- tacrolimus packet for susp 0.2 mg.....	44
<b>prednisone tab therapy pack 5 mg (21).....</b>	<b>7</b>	PROGRAF- tacrolimus packet for susp 1 mg.....	44
<b>prednisone tab therapy pack 5 mg (48).....</b>	<b>7</b>	<b>promethazine-dm syrup 6.25-15 mg/5ml.....</b>	<b>19</b>
PREMARIN- estrogens, conjugated tab 0.3 mg.....	7	<b>promethazine hcl syrup 6.25 mg/5ml.....</b>	<b>19</b>
PREMARIN- estrogens, conjugated tab 0.45 mg.....	8	<b>promethazine hcl tab 12.5 mg.....</b>	<b>19</b>
PREMARIN- estrogens, conjugated tab 0.625 mg.....	8	<b>promethazine hcl tab 25 mg.....</b>	<b>19</b>
PREMARIN- estrogens, conjugated tab 0.9 mg.....	8	<b>promethazine hcl tab 50 mg.....</b>	<b>19</b>
PREMARIN- estrogens, conjugated tab 1.25 mg.....	8	<b>promethazine w/ codeine syrup 6.25-10 mg/5ml.....</b>	<b>19</b>
PREMPHASE- conj est 0.625(14)/conj est-medroxypro ac tab 0.625-5mg(14).....	8	<b>propafenone hcl tab 150 mg.....</b>	<b>15</b>
PREMPRO- conjugated estrogen-medroxyprogesterone acetate tab 0.3-1.5 mg.....	8	PROPRANOLOL HCL- propranolol hcl oral soln 20 mg/5ml.....	14
PREMPRO- conjugated estrogen-medroxyprogesterone acetate tab 0.45-1.5 mg.....	8	PROPRANOLOL HCL- propranolol hcl oral soln 40 mg/5ml.....	14
PREMPRO- conjugated estrogen-medroxyprogesterone acetate tab 0.625-2.5 mg.....	8	<b>propranolol hcl tab 10 mg.....</b>	<b>14</b>
PREMPRO- conjugated estrogen-medroxyprogesterone acetate tab 0.625-5 mg.....	8	<b>propranolol hcl tab 20 mg.....</b>	<b>14</b>
PRENATAL 19- prenatal vit w/ dss-fe fumarate-fa tab 29-1 mg.....	34	<b>propranolol hcl tab 40 mg.....</b>	<b>14</b>
PRENATAL 19- prenatal vit w/ fe fumarate-fa chew tab 29-1 mg.....	33	PULMOZYME- dornase alfa inhal soln 1 mg/ml.....	22
PRENATAL VITAMINS PLUS LO- prenatal vit w/ fe fumarate-fa tab 27-1 mg.....	33	PURIXAN- mercaptopurine susp 2000 mg/100ml (20 mg/ ml).....	5
PREZISTA- darunavir ethanolate susp 100 mg/ml (base equiv).....	3	<b>pyrazinamide tab 500 mg.....</b>	<b>1</b>
PREZISTA- darunavir ethanolate tab 75 mg (base equiv).....	3		
PREZISTA- darunavir ethanolate tab 150 mg (base equiv).....	3	<b>Q</b>	
PREZISTA- darunavir ethanolate tab 600 mg (base equiv).....	3	<b>quetiapine fumarate tab 25 mg (Seroquel).....</b>	<b>26</b>
PREZISTA- darunavir ethanolate tab 800 mg (base equiv).....	3	<b>quetiapine fumarate tab 50 mg (Seroquel).....</b>	<b>26</b>
PRIFTIN- rifapentine tab 150 mg.....	1	<b>quetiapine fumarate tab 100 mg (Seroquel).....</b>	<b>26</b>
<b>primidone tab 50 mg (Mysoline).....</b>	<b>32</b>	<b>quetiapine fumarate tab 200 mg (Seroquel).....</b>	<b>26</b>
<b>primidone tab 250 mg (Mysoline).....</b>	<b>32</b>	<b>quetiapine fumarate tab 300 mg (Seroquel).....</b>	<b>26</b>
<b>prochlorperazine maleate tab 5 mg (base equivalent) (Compazine).....</b>	<b>26</b>	<b>quetiapine fumarate tab 400 mg (Seroquel).....</b>	<b>26</b>
<b>prochlorperazine maleate tab 10 mg (base equivalent) (Compazine).....</b>	<b>26</b>	<b>quinapril hcl tab 5 mg (Accupril).....</b>	<b>17</b>
PROCRIT- epoetin alfa inj 2000 unit/ml.....	35	<b>quinapril hcl tab 10 mg (Accupril).....</b>	<b>17</b>
PROCRIT- epoetin alfa inj 3000 unit/ml.....	35	<b>quinapril hcl tab 20 mg (Accupril).....</b>	<b>17</b>
PROCRIT- epoetin alfa inj 4000 unit/ml.....	35	<b>quinapril hcl tab 40 mg (Accupril).....</b>	<b>17</b>
PROCRIT- epoetin alfa inj 10000 unit/ml.....	35	QVAR REDHALER- beclomethasone diprop hfa breath act inh aer 40 mcg/act.....	21
PROCRIT- epoetin alfa inj 20000 unit/ml.....	35	QVAR REDHALER- beclomethasone diprop hfa breath act inh aer 80 mcg/act.....	21
PROCRIT- epoetin alfa inj 40000 unit/ml.....	35	<b>R</b>	
		<b>ramipril cap 1.25 mg (Altace).....</b>	<b>17</b>
		<b>ramipril cap 2.5 mg (Altace).....</b>	<b>17</b>
		<b>ramipril cap 5 mg (Altace).....</b>	<b>17</b>
		<b>ramipril cap 10 mg (Altace).....</b>	<b>17</b>
		RAPAMUNE- sirolimus oral soln 1 mg/ml.....	44
		REBIF- interferon beta-1a soln pref syr 22 mcg/0.5ml (12mu/ml).....	28
		REBIF- interferon beta-1a soln pref syr 44 mcg/0.5ml (24mu/ml).....	28

REBIF REBIDOSE- interferon beta-1a soln auto-inj 22 mcg/0.5ml (12mu/ml).....	28	RETEVMO- selpercatinib cap 80 mg.....	5
REBIF REBIDOSE- interferon beta-1a soln auto-inj 44 mcg/0.5ml (24mu/ml).....	28	REVCOSI- elapegedemase-lvlr im soln 2.4 mg/1.5ml (1.6 mg/ml).....	13
REBIF REBIDOSE TITRATION- interferon beta-1a auto-inj 6x8.8 mcg/0.2ml & 6x22 mcg/0.5ml.....	28	REVLIMID- lenalidomide cap 5 mg.....	44
REBIF TITRATION PACK- interferon beta-1a pref syr 6x8.8 mcg/0.2ml & 6x22 mcg/0.5ml.....	28	REVLIMID- lenalidomide cap 10 mg.....	44
REBINYN- coagulation factor ix recomb glycopegylated for inj 500 unt.....	40	REVLIMID- lenalidomide cap 15 mg.....	44
REBINYN- coagulation factor ix recomb glycopegylated for inj 1000 unt.....	40	REVLIMID- lenalidomide cap 20 mg.....	44
REBINYN- coagulation factor ix recomb glycopegylated for inj 2000 unt.....	40	REVLIMID- lenalidomide cap 25 mg.....	44
RECOMBINATE- antihemophilic factor recomb (rfviii) for inj 220-400 unit.....	40	REVLIMID- lenalidomide caps 2.5 mg.....	44
RECOMBINATE- antihemophilic factor recomb (rfviii) for inj 401-800 unit.....	40	RINVOQ- upadacitinib tab er 24hr 15 mg.....	31
RECOMBINATE- antihemophilic factor recomb (rfviii) for inj 801-1240 unit.....	41	<b>risperidone tab 0.25 mg (Risperdal).....</b>	<b>26</b>
RECOMBINATE- antihemophilic factor recomb (rfviii) for inj 1241-1800 unit.....	41	<b>risperidone tab 0.5 mg (Risperdal).....</b>	<b>26</b>
RECOMBINATE- antihemophilic factor recomb (rfviii) for inj 1801-2400 unit.....	41	<b>risperidone tab 1 mg (Risperdal).....</b>	<b>26</b>
REDITREX- methotrexate soln prefilled syringe 7.5 mg/0.3ml.....	30	<b>risperidone tab 2 mg (Risperdal).....</b>	<b>26</b>
REDITREX- methotrexate soln prefilled syringe 10 mg/0.4ml.....	31	<b>risperidone tab 3 mg (Risperdal).....</b>	<b>26</b>
REDITREX- methotrexate soln prefilled syringe 12.5 mg/0.5ml.....	31	<b>risperidone tab 4 mg (Risperdal).....</b>	<b>26</b>
REDITREX- methotrexate soln prefilled syringe 15 mg/0.6ml.....	31	RIXUBIS- coagulation factor ix (recombinant) for inj 250 unit.....	41
REDITREX- methotrexate soln prefilled syringe 17.5 mg/0.7ml.....	31	RIXUBIS- coagulation factor ix (recombinant) for inj 500 unit.....	41
REDITREX- methotrexate soln prefilled syringe 20 mg/0.8ml.....	31	RIXUBIS- coagulation factor ix (recombinant) for inj 1000 unit.....	41
REDITREX- methotrexate soln prefilled syringe 22.5 mg/0.9ml.....	31	RIXUBIS- coagulation factor ix (recombinant) for inj 2000 unit.....	41
REDITREX- methotrexate soln prefilled syringe 25 mg/ml.....	31	RIXUBIS- coagulation factor ix (recombinant) for inj 3000 unit.....	41
REPATHA- evolocumab subcutaneous soln prefilled syringe 140 mg/ml.....	18	<b>rizatriptan benzoate oral disintegrating tab 5 mg (base eq) (Maxalt-mlt).....</b>	<b>31</b>
REPATHA PUSHTRONEX SYSTEM- evolocumab subcutaneous soln cartridge/infusor 420 mg/3.5ml.....	18	<b>rizatriptan benzoate oral disintegrating tab 10 mg (base eq) (Maxalt-mlt).....</b>	<b>31</b>
REPATHA SURECLICK- evolocumab subcutaneous soln auto-injector 140 mg/ml.....	18	<b>rizatriptan benzoate tab 5 mg (base equivalent) (Maxalt).....</b>	<b>31</b>
RETACRIT- epoetin alfa-epbx inj 2000 unit/ml.....	35	<b>rizatriptan benzoate tab 10 mg (base equivalent) (Maxalt).....</b>	<b>31</b>
RETACRIT- epoetin alfa-epbx inj 3000 unit/ml.....	35	<b>ropinirole hydrochloride tab 0.25 mg (Requip).....</b>	<b>33</b>
RETACRIT- epoetin alfa-epbx inj 4000 unit/ml.....	35	<b>ropinirole hydrochloride tab 0.5 mg (Requip).....</b>	<b>33</b>
RETACRIT- epoetin alfa-epbx inj 10000 unit/ml.....	35	<b>ropinirole hydrochloride tab 1 mg (Requip).....</b>	<b>33</b>
RETACRIT- epoetin alfa-epbx inj 20000 unit/ml.....	35	<b>ropinirole hydrochloride tab 2 mg (Requip).....</b>	<b>33</b>
RETACRIT- epoetin alfa-epbx inj 40000 unit/ml.....	36	<b>ropinirole hydrochloride tab 3 mg (Requip).....</b>	<b>33</b>
RETEVMO- selpercatinib cap 40 mg.....	5	<b>ropinirole hydrochloride tab 4 mg (Requip).....</b>	<b>33</b>
		<b>ropinirole hydrochloride tab 5 mg (Requip).....</b>	<b>33</b>
		<b>rosuvastatin calcium tab 5 mg (Crestor).....</b>	<b>18</b>
		<b>rosuvastatin calcium tab 10 mg (Crestor).....</b>	<b>18</b>
		<b>rosuvastatin calcium tab 20 mg (Crestor).....</b>	<b>18</b>
		<b>rosuvastatin calcium tab 40 mg (Crestor).....</b>	<b>18</b>
		ROZLYTREK- entrectinib cap 100 mg.....	5
		ROZLYTREK- entrectinib cap 200 mg.....	5
		RUBRACA- rucaparib camsylate tab 200 mg (base equivalent).....	5
		RUBRACA- rucaparib camsylate tab 250 mg (base equivalent).....	5
		RUBRACA- rucaparib camsylate tab 300 mg (base equivalent).....	5

RYBELSUS- semaglutide tab 3 mg.....	10	SPIRIVA RESPIMAT- tiotropium bromide monohydrate	
RYBELSUS- semaglutide tab 7 mg.....	10	inhal aerosol 1.25 mcg/act.....	21
RYBELSUS- semaglutide tab 14 mg.....	10	SPIRIVA RESPIMAT- tiotropium bromide monohydrate	
RYDAPT- midostaurin cap 25 mg.....	5	inhal aerosol 2.5 mcg/act.....	21
<b>S</b>		<b>spironolactone tab 25 mg (Aldactone).....</b>	<b>18</b>
<b>selenium sulfide lotion 2.5%.....</b>	<b>43</b>	<b>spironolactone tab 50 mg (Aldactone).....</b>	<b>18</b>
SE-NATAL 19- prenatal vit w/ dss-fe fumarate-fa tab 29-1		<b>spironolactone tab 100 mg (Aldactone).....</b>	<b>18</b>
mg.....	34	SPRYCEL- dasatinib tab 20 mg.....	6
SE-NATAL 19- prenatal vit w/ fe fumarate-fa chew tab 29-1		SPRYCEL- dasatinib tab 50 mg.....	6
mg.....	34	SPRYCEL- dasatinib tab 70 mg.....	6
SEREVENT DISKUS- salmeterol xinafoate aer pow ba 50		SPRYCEL- dasatinib tab 80 mg.....	6
mcg/dose (base equiv).....	21	SPRYCEL- dasatinib tab 100 mg.....	6
<b>sertraline hcl tab 25 mg (Zoloft).....</b>	<b>25</b>	SPRYCEL- dasatinib tab 140 mg.....	6
<b>sertraline hcl tab 50 mg (Zoloft).....</b>	<b>25</b>	<b>stannous fluoride conc 0.63%.....</b>	<b>42</b>
<b>sertraline hcl tab 100 mg (Zoloft).....</b>	<b>25</b>	STELARA- ustekinumab inj 45 mg/0.5ml.....	43
<b>silver sulfadiazine cream 1% (Silvadene).....</b>	<b>43</b>	STELARA- ustekinumab soln prefilled syringe 45	
SIMBRINZA- brinzolamide-brimonidine tartrate ophth susp		mg/0.5ml.....	43
1-0.2%.....	42	STELARA- ustekinumab soln prefilled syringe 90 mg/	
SIMPONI- golimumab subcutaneous soln auto-injector		ml.....	43
100 mg/ml.....	31	STIMATE- desmopressin acetate nasal soln 1.5 mg/	
SIMPONI- golimumab subcutaneous soln prefilled syringe		ml.....	13
100 mg/ml.....	31	STIOLTO RESPIMAT- tiotropium br-olodaterol inhal aero	
<b>simvastatin tab 5 mg (Zocor).....</b>	<b>18</b>	soln 2.5-2.5 mcg/act.....	21
<b>simvastatin tab 10 mg (Zocor).....</b>	<b>18</b>	STRENSIQ- asfotase alfa subcutaneous inj 18	
<b>simvastatin tab 20 mg (Zocor).....</b>	<b>19</b>	mg/0.45ml.....	13
<b>simvastatin tab 40 mg (Zocor).....</b>	<b>19</b>	STRENSIQ- asfotase alfa subcutaneous inj 28	
<b>simvastatin tab 80 mg (Zocor).....</b>	<b>19</b>	mg/0.7ml.....	13
SIVEXTRO- tedizolid phosphate tab 200 mg.....	4	STRENSIQ- asfotase alfa subcutaneous inj 40 mg/ml.....	14
SKYRIZI PEN- risankizumab-rzaa soln auto-injector 150		STRENSIQ- asfotase alfa subcutaneous inj 80	
mg/ml.....	43	mg/0.8ml.....	14
SKYRIZI- risankizumab-rzaa soln prefilled syringe 150 mg/		STRIVERDI RESPIMAT- olodaterol hcl inhal aerosol soln	
ml.....	43	2.5 mcg/act (base equiv).....	21
SKYRIZI- risankizumab-rzaa sol prefilled syringe 2 x 75		SULFADIAZINE- sulfadiazine tab 500 mg.....	1
mg/0.83ml kit.....	43	<b>sulfamethoxazole-trimethoprim tab 400-80 mg</b>	
<b>sodium chloride soln nebu 3%.....</b>	<b>19</b>	<b>(Bactrim).....</b>	<b>4</b>
SOLQUA 100/33- insulin glargine-lixisenatide sol pen-inj		<b>sulfamethoxazole-trimethoprim tab 800-160 mg</b>	
100-33 unit-mcg/ml.....	10	<b>(Bactrim ds).....</b>	<b>4</b>
SOOLANTRA- ivermectin cream 1%.....	43	<b>sulindac tab 150 mg.....</b>	<b>31</b>
<b>sotalol hcl (afib/af) tab 80 mg (Betapace af).....</b>	<b>14</b>	<b>sulindac tab 200 mg.....</b>	<b>31</b>
<b>sotalol hcl (afib/af) tab 120 mg (Betapace af).....</b>	<b>14</b>	<b>sumatriptan succinate tab 25 mg (Imitrex).....</b>	<b>31</b>
<b>sotalol hcl (afib/af) tab 160 mg (Betapace af).....</b>	<b>14</b>	<b>sumatriptan succinate tab 50 mg (Imitrex).....</b>	<b>31</b>
<b>sotalol hcl tab 240 mg.....</b>	<b>14</b>	<b>sumatriptan succinate tab 100 mg (Imitrex).....</b>	<b>31</b>
<b>sotalol hcl tab 80 mg (Betapace).....</b>	<b>14</b>	SUNOSI- solriamfetol hcl tab 75 mg (base equiv).....	27
<b>sotalol hcl tab 120 mg (Betapace).....</b>	<b>14</b>	SUNOSI- solriamfetol hcl tab 150 mg (base equiv).....	27
<b>sotalol hcl tab 160 mg (Betapace).....</b>	<b>14</b>	SUTENT- sunitinib malate cap 12.5 mg (base	
SOVALDI- sofosbuvir pellet pack 150 mg.....	3	equivalent).....	6
SOVALDI- sofosbuvir pellet pack 200 mg.....	3	SUTENT- sunitinib malate cap 25 mg (base equivalent).....	6
SOVALDI- sofosbuvir tab 200 mg.....	3	SUTENT- sunitinib malate cap 37.5 mg (base	
SOVALDI- sofosbuvir tab 400 mg.....	3	equivalent).....	6
SPIRIVA HANDIHALER- tiotropium bromide monohydrate		SUTENT- sunitinib malate cap 50 mg (base equivalent).....	6
inhal cap 18 mcg (base equiv).....	21	SYMBICORT- budesonide-formoterol fumarate dihyd	
		aerosol 80-4.5 mcg/act.....	21



SYMBICORT- budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act.....	21	TASIGNA- nilotinib hcl cap 200 mg (base equivalent).....	6
SYMDEKO- tezacaftor-ivacaftor 50-75 mg & ivacaftor 75 mg tab tbpk.....	22	TAZORAC- tazarotene cream 0.05%.....	43
SYMDEKO- tezacaftor-ivacaftor 100-150 mg & ivacaftor 150 mg tab tbpk.....	22	TAZORAC- tazarotene gel 0.05%.....	43
SYMFI- efavirenz-lamivudine-tenofovir df tab 600-300-300 mg.....	3	TAZORAC- tazarotene gel 0.1%.....	43
SYMFI LO- efavirenz-lamivudine-tenofovir df tab 400-300-300 mg.....	3	<b>telmisartan tab 80 mg (Micardis).....</b>	<b>17</b>
SYMJEPI- epinephrine soln prefilled syringe 0.15 mg/0.3ml (1:2000).....	18	<b>temazepam cap 15 mg (Restoril).....</b>	<b>26</b>
SYMJEPI- epinephrine solution prefilled syringe 0.3 mg/0.3ml (1:1000).....	18	<b>temazepam cap 30 mg (Restoril).....</b>	<b>26</b>
SYMPROIC- naldemedine tosylate tab 0.2 mg (base equivalent).....	23	TEMIXYS- lamivudine-tenofovir disoproxil fumarate tab 300-300 mg.....	3
SYMTUZA- darunavir-cobic-emtricitab-tenofov af tab 800-150-200-10 mg.....	3	<b>terazosin hcl cap 1 mg (base equivalent).....</b>	<b>17</b>
SYNJARDY- empagliflozin-metformin hcl tab 12.5-1000 mg.....	10	<b>terazosin hcl cap 2 mg (base equivalent).....</b>	<b>17</b>
SYNJARDY- empagliflozin-metformin hcl tab 12.5-500 mg.....	10	<b>terazosin hcl cap 5 mg (base equivalent).....</b>	<b>17</b>
SYNJARDY- empagliflozin-metformin hcl tab 5-500 mg.....	10	<b>terazosin hcl cap 10 mg (base equivalent).....</b>	<b>17</b>
SYNJARDY- empagliflozin-metformin hcl tab 5-1000 mg.....	10	<b>terbinafine hcl tab 250 mg (Lamisil).....</b>	<b>2</b>
SYNJARDY XR- empagliflozin-metformin hcl tab er 24hr 5-1000 mg.....	10	TEST STRIPS – CONTOUR, CONTOUR NEXT.....	44
SYNJARDY XR- empagliflozin-metformin hcl tab er 24hr 10-1000 mg.....	10	<b>tetracaine hcl ophth soln 0.5%.....</b>	<b>42</b>
SYNJARDY XR- empagliflozin-metformin hcl tab er 24hr 12.5-1000 mg.....	11	THALOMID- thalidomide cap 50 mg.....	44
SYNJARDY XR- empagliflozin-metformin hcl tab er 24hr 25-1000 mg.....	11	THALOMID- thalidomide cap 100 mg.....	44
		THALOMID- thalidomide cap 150 mg.....	44
<b>T</b>		THALOMID- thalidomide cap 200 mg.....	44
TABLOID- thioguanine tab 40 mg.....	6	<b>thyroid tab 15 mg (1/4 grain) (Armour thyroid).....</b>	<b>13</b>
TABRECTA- capmatinib hcl tab 150 mg.....	6	<b>thyroid tab 30 mg (1/2 grain) (Armour thyroid).....</b>	<b>13</b>
TABRECTA- capmatinib hcl tab 200 mg.....	6	<b>timolol maleate ophth soln 0.25% (Timoptic).....</b>	<b>42</b>
TAFINLAR- dabrafenib mesylate cap 50 mg (base equivalent).....	6	<b>timolol maleate ophth soln 0.5% (Timoptic).....</b>	<b>42</b>
TAFINLAR- dabrafenib mesylate cap 75 mg (base equivalent).....	6	TIVICAY- dolutegravir sodium tab 10 mg (base equiv).....	3
TAKHZYRO- lanadelumab-flyo inj 300 mg/2ml (150 mg/ml).....	41	TIVICAY- dolutegravir sodium tab 25 mg (base equiv).....	3
TALZENNA- talazoparib tosylate cap 0.25 mg (base equivalent).....	6	TIVICAY- dolutegravir sodium tab 50 mg (base equiv).....	3
TALZENNA- talazoparib tosylate cap 1 mg (base equivalent).....	6	TIVICAY PD- dolutegravir sodium tab for oral susp 5 mg (base equiv).....	3
<b>tamoxifen citrate tab 10 mg (base equivalent).....</b>	<b>6</b>	<b>tizanidine hcl tab 2 mg (base equivalent).....</b>	<b>33</b>
<b>tamsulosin hcl cap 0.4 mg (Flomax).....</b>	<b>24</b>	<b>tizanidine hcl tab 4 mg (base equivalent) (Zanaflex).....</b>	<b>33</b>
TASIGNA- nilotinib hcl cap 50 mg (base equivalent).....	6	<b>tobramycin ophth soln 0.3% (Tobrex).....</b>	<b>42</b>
TASIGNA- nilotinib hcl cap 150 mg (base equivalent).....	6	<b>topiramate tab 25 mg (Topamax).....</b>	<b>32</b>
		<b>topiramate tab 50 mg (Topamax).....</b>	<b>32</b>
		<b>topiramate tab 100 mg (Topamax).....</b>	<b>32</b>
		<b>topiramate tab 200 mg (Topamax).....</b>	<b>32</b>
		<b>torsemide tab 5 mg (Demadex).....</b>	<b>18</b>
		<b>torsemide tab 10 mg (Demadex).....</b>	<b>18</b>
		<b>torsemide tab 20 mg (Demadex).....</b>	<b>18</b>
		<b>torsemide tab 100 mg (Demadex).....</b>	<b>18</b>
		TOUJEO MAX SOLOSTAR- insulin glargine soln pen-injector 300 unit/ml (2 unit dial).....	12
		TOUJEO SOLOSTAR- insulin glargine soln pen-injector 300 unit/ml (1 unit dial).....	12
		TRACLEER- bosentan tab for oral susp 32 mg.....	19
		<b>tramadol-acetaminophen tab 37.5-325 mg (Ultracet).....</b>	<b>29</b>
		<b>tramadol hcl tab 50 mg (Ultram).....</b>	<b>29</b>
		<b>trandolapril tab 1 mg (Mavik).....</b>	<b>17</b>
		<b>trandolapril tab 2 mg (Mavik).....</b>	<b>17</b>
		<b>trandolapril tab 4 mg (Mavik).....</b>	<b>17</b>
		<b>trazodone hcl tab 50 mg.....</b>	<b>25</b>

<b>trazodone hcl tab 100 mg</b> .....	<b>25</b>	TRULANCE- plecanatide tab 3 mg.....	23
<b>trazodone hcl tab 150 mg</b> .....	<b>25</b>	TRULICITY- dulaglutide soln pen-injector 0.75 mg/0.5ml.....	11
TRELEGY ELLIPTA- fluticasone-umeclidinium-vilanterol aepb 100-62.5-25 mcg/inh.....	21	TRULICITY- dulaglutide soln pen-injector 1.5 mg/0.5ml.....	11
TRELEGY ELLIPTA- fluticasone-umeclidinium-vilanterol aepb 200-62.5-25 mcg/inh.....	21	TRULICITY- dulaglutide soln pen-injector 3 mg/0.5ml.....	11
TREMFYA- guselkumab soln pen-injector 100 mg/ml.....	43	TRULICITY- dulaglutide soln pen-injector 4.5 mg/0.5ml.....	11
TREMFYA- guselkumab soln prefilled syringe 100 mg/ ml.....	43	TRUVADA- emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg.....	3
TRESIBA FLEXTOUCH- insulin degludec soln pen-injector 100 unit/ml.....	12	TRUVADA- emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg.....	3
TRESIBA FLEXTOUCH- insulin degludec soln pen-injector 200 unit/ml.....	12	TRUVADA- emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg.....	3
TRESIBA- insulin degludec inj 100 unit/ml.....	12	TRUVADA- emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg.....	3
TRETEN- coagulation factor xiii a-subunit for inj 2000-3125 unit.....	41	TYMLOS- abaloparatide subcutaneous soln pen-injector 3120 mcg/1.56ml.....	14
TREXALL- methotrexate sodium tab 5 mg (base equiv)....	6		
TREXALL- methotrexate sodium tab 7.5 mg (base equiv).....	6	<b>U</b>	
TREXALL- methotrexate sodium tab 10 mg (base equiv).....	6	UDENYCA- pegfilgrastim-cbqv soln prefilled syringe 6 mg/0.6ml.....	36
TREXALL- methotrexate sodium tab 15 mg (base equiv).....	6	UPTRAVI- selexipag tab 200 mcg.....	19
<b>triamcinolone acetonide cream 0.025%</b> .....	<b>43</b>	UPTRAVI- selexipag tab 400 mcg.....	19
<b>triamcinolone acetonide cream 0.1%</b> .....	<b>43</b>	UPTRAVI- selexipag tab 600 mcg.....	19
<b>triamcinolone acetonide cream 0.5%</b> .....	<b>43</b>	UPTRAVI- selexipag tab 800 mcg.....	19
<b>triamcinolone acetonide oint 0.025%</b> .....	<b>43</b>	UPTRAVI- selexipag tab 1000 mcg.....	19
<b>triamcinolone acetonide oint 0.1%</b> .....	<b>43</b>	UPTRAVI- selexipag tab 1200 mcg.....	19
<b>triamcinolone acetonide oint 0.5%</b> .....	<b>43</b>	UPTRAVI- selexipag tab 1400 mcg.....	19
<b>triamterene &amp; hydrochlorothiazide cap 37.5-25 mg (Dyazide)</b> .....	<b>18</b>	UPTRAVI- selexipag tab 1600 mcg.....	19
<b>triamterene &amp; hydrochlorothiazide tab 37.5-25 mg (Maxzide-25)</b> .....	<b>18</b>	UPTRAVI- selexipag tab therapy pack 200 mcg (140) & 800 mcg (60).....	19
<b>triamterene &amp; hydrochlorothiazide tab 75-50 mg (Maxzide)</b> .....	<b>18</b>	<b>V</b>	
TRIFLURIDINE- trifluridine ophth soln 1%.....	42	<b>valacyclovir hcl tab 1 gm (Valtrex)</b> .....	<b>3</b>
<b>trihexyphenidyl hcl tab 2 mg</b> .....	<b>33</b>	<b>valacyclovir hcl tab 500 mg (Valtrex)</b> .....	<b>3</b>
<b>trihexyphenidyl hcl tab 5 mg</b> .....	<b>33</b>	VALCHLOR- mechlorethamine hcl gel 0.016% (base equivalent).....	43
TRIJARDY XR- empagliflozin-linagliptin-metformin tab er 24hr 12.5-2.5-1000mg.....	11	<b>valsartan-hydrochlorothiazide tab 80-12.5 mg (Diovan hct)</b> .....	<b>17</b>
TRIJARDY XR- empagliflozin-linagliptin-metformin tab er 24hr 5-2.5-1000mg.....	11	<b>valsartan-hydrochlorothiazide tab 160-12.5 mg (Diovan hct)</b> .....	<b>17</b>
TRIJARDY XR- empagliflozin-linagliptin-metformin tab er 24hr 10-5-1000 mg.....	11	<b>valsartan-hydrochlorothiazide tab 160-25 mg (Diovan hct)</b> .....	<b>17</b>
TRIJARDY XR- empagliflozin-linagliptin-metformin tab er 24hr 25-5-1000 mg.....	11	<b>valsartan-hydrochlorothiazide tab 320-12.5 mg (Diovan hct)</b> .....	<b>17</b>
TRIKAFTA- elexacaf-tezacaf-ivacaf 100-50-75 mg &ivacaftor 150 mg tbpk.....	22	<b>valsartan-hydrochlorothiazide tab 320-25 mg (Diovan hct)</b> .....	<b>17</b>
TRIKAFTA- elexacaf-tezacaf-ivacaf 50-25-37.5 mg & ivacaftor 75 mg tbpk.....	22	<b>valsartan tab 40 mg (Diovan)</b> .....	<b>17</b>
<b>trimethoprim tab 100 mg</b> .....	<b>4</b>	<b>valsartan tab 80 mg (Diovan)</b> .....	<b>17</b>
TRIUMEQ- abacavir-dolutegravir-lamivudine tab 600-50-300 mg.....	3	<b>valsartan tab 160 mg (Diovan)</b> .....	<b>17</b>
		<b>valsartan tab 320 mg (Diovan)</b> .....	<b>17</b>

VELPHORO- sucroferric oxyhydroxide chew tab 500 mg.....	23	VITRAKVI- larotrectinib sulfate cap 25 mg (base equivalent).....	6
VELTASSA- patiomer sorbitex calcium for susp packet 8.4 gm (base eq).....	44	VITRAKVI- larotrectinib sulfate cap 100 mg (base equivalent).....	6
VELTASSA- patiomer sorbitex calcium for susp packet 16.8 gm (base eq).....	44	VITRAKVI- larotrectinib sulfate oral soln 20 mg/ml (base equivalent).....	6
VELTASSA- patiomer sorbitex calcium for susp packet 25.2 gm (base eq).....	44	VONVENDI- von willebrand factor (recombinant) for inj 650 unit.....	41
VENCLEXTA STARTING PACK- venetoclax tab therapy starter pack 10 & 50 & 100 mg.....	6	VONVENDI- von willebrand factor (recombinant) for inj 1300 unit.....	41
VENCLEXTA- venetoclax tab 10 mg.....	6	VOSEVI- sofosbuvir-velpatasvir-voxilaprevir tab 400-100-100 mg.....	3
VENCLEXTA- venetoclax tab 50 mg.....	6	VOTRIENT- pazopanib hcl tab 200 mg (base equiv).....	6
VENCLEXTA- venetoclax tab 100 mg.....	6	VYNDAMAX- tafamidis cap 61 mg.....	19
<b>venlafaxine hcl cap er 24hr 37.5 mg (base equivalent) (Effexor xr).....</b>	<b>25</b>	VYNDAQEL- tafamidis meglumine (cardiac) cap 20 mg.....	19
<b>venlafaxine hcl cap er 24hr 75 mg (base equivalent) (Effexor xr).....</b>	<b>25</b>	VYVANSE- lisdexamfetamine dimesylate cap 10 mg.....	27
<b>venlafaxine hcl cap er 24hr 150 mg (base equivalent) (Effexor xr).....</b>	<b>25</b>	VYVANSE- lisdexamfetamine dimesylate cap 20 mg.....	27
<b>venlafaxine hcl tab 25 mg (base equivalent).....</b>	<b>25</b>	VYVANSE- lisdexamfetamine dimesylate cap 30 mg.....	27
<b>venlafaxine hcl tab 37.5 mg (base equivalent).....</b>	<b>25</b>	VYVANSE- lisdexamfetamine dimesylate cap 40 mg.....	27
<b>venlafaxine hcl tab 50 mg (base equivalent).....</b>	<b>25</b>	VYVANSE- lisdexamfetamine dimesylate cap 50 mg.....	27
<b>venlafaxine hcl tab 75 mg (base equivalent).....</b>	<b>25</b>	VYVANSE- lisdexamfetamine dimesylate cap 60 mg.....	27
<b>venlafaxine hcl tab 100 mg (base equivalent).....</b>	<b>25</b>	VYVANSE- lisdexamfetamine dimesylate cap 70 mg.....	27
VENTOLIN HFA- albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv).....	21	VYVANSE- lisdexamfetamine dimesylate chew tab 10 mg.....	27
<b>verapamil hcl tab er 120 mg (Calan sr).....</b>	<b>15</b>	VYVANSE- lisdexamfetamine dimesylate chew tab 20 mg.....	27
<b>verapamil hcl tab er 180 mg (Calan sr).....</b>	<b>15</b>	VYVANSE- lisdexamfetamine dimesylate chew tab 30 mg.....	27
<b>verapamil hcl tab er 240 mg (Calan sr).....</b>	<b>15</b>	VYVANSE- lisdexamfetamine dimesylate chew tab 40 mg.....	27
<b>verapamil hcl tab 40 mg.....</b>	<b>15</b>	VYVANSE- lisdexamfetamine dimesylate chew tab 50 mg.....	27
<b>verapamil hcl tab 80 mg (Calan).....</b>	<b>15</b>	VYVANSE- lisdexamfetamine dimesylate chew tab 60 mg.....	27
<b>verapamil hcl tab 120 mg (Calan).....</b>	<b>15</b>	<b>W</b>	
VERQUVO- vericiguat tab 2.5 mg.....	19	<b>warfarin sodium tab 1 mg (Coumadin).....</b>	<b>36</b>
VERQUVO- vericiguat tab 5 mg.....	19	<b>warfarin sodium tab 2 mg (Coumadin).....</b>	<b>36</b>
VERQUVO- vericiguat tab 10 mg.....	19	<b>warfarin sodium tab 2.5 mg (Coumadin).....</b>	<b>36</b>
VERZENIO- abemaciclib tab 50 mg.....	6	<b>warfarin sodium tab 3 mg (Coumadin).....</b>	<b>36</b>
VERZENIO- abemaciclib tab 100 mg.....	6	<b>warfarin sodium tab 4 mg (Coumadin).....</b>	<b>36</b>
VERZENIO- abemaciclib tab 150 mg.....	6	<b>warfarin sodium tab 5 mg (Coumadin).....</b>	<b>36</b>
VERZENIO- abemaciclib tab 200 mg.....	6	<b>warfarin sodium tab 6 mg (Coumadin).....</b>	<b>36</b>
VIBERZI- eluxadoline tab 75 mg.....	23	<b>warfarin sodium tab 7.5 mg (Coumadin).....</b>	<b>36</b>
VIBERZI- eluxadoline tab 100 mg.....	23	<b>warfarin sodium tab 10 mg (Coumadin).....</b>	<b>36</b>
VICTOZA- liraglutide soln pen-injector 18 mg/3ml (6 mg/ml).....	11	WILATE- antihemophilic factor/vwf (human) for inj 500-500 unit kit.....	41
VIMPAT- lacosamide oral solution 10 mg/ml.....	32	WILATE- antihemophilic factor/vwf (human) for inj 1000-1000 unit kit.....	41
VIMPAT- lacosamide tab 50 mg.....	32	<b>X</b>	
VIMPAT- lacosamide tab 100 mg.....	32	XALKORI- crizotinib cap 200 mg.....	6
VIMPAT- lacosamide tab 150 mg.....	32		
VIMPAT- lacosamide tab 200 mg.....	32		
VIREAD- tenofovir disoproxil fumarate oral powder 40 mg/gm.....	3		
VIREAD- tenofovir disoproxil fumarate tab 150 mg.....	3		
VIREAD- tenofovir disoproxil fumarate tab 200 mg.....	3		
VIREAD- tenofovir disoproxil fumarate tab 250 mg.....	3		

XALKORI- crizotinib cap 250 mg.....	6	XYNTHA SOLOFUSE- antihemophil fact rcmb(bdd- rfviii,mor) for inj kit 2000 unit.....	41
XARELTO- rivaroxaban tab 2.5 mg.....	36	XYNTHA SOLOFUSE- antihemophil fact rcmb(bdd- rfviii,mor) for inj kit 3000 unit.....	41
XARELTO- rivaroxaban tab 10 mg.....	36	XYNTHA SOLOFUSE- antihemophil fact rcmb (bdd- rfviii,mor) for inj kit 250 unit.....	41
XARELTO- rivaroxaban tab 15 mg.....	36	XYNTHA SOLOFUSE- antihemophil fact rcmb (bdd- rfviii,mor) for inj kit 500 unit.....	41
XARELTO- rivaroxaban tab 20 mg.....	36	<b>Y</b>	
XARELTO STARTER PACK- rivaroxaban tab starter therapy pack 15 mg & 20 mg.....	36	YONSA- abiraterone acetate tab 125 mg.....	7
XELJANZ- tofacitinib citrate oral soln 1 mg/ml (base equivalent).....	31	<b>Z</b>	
XELJANZ- tofacitinib citrate tab 5 mg (base equivalent).....	31	<b>zaleplon cap 5 mg (Sonata).....</b>	<b>26</b>
XELJANZ- tofacitinib citrate tab 10 mg (base equivalent).....	31	<b>zaleplon cap 10 mg (Sonata).....</b>	<b>26</b>
XELJANZ XR- tofacitinib citrate tab er 24hr 11 mg (base equivalent).....	31	ZARXIO- filgrastim-sndz soln prefilled syringe 300 mcg/0.5ml.....	36
XELJANZ XR- tofacitinib citrate tab er 24hr 22 mg (base equivalent).....	31	ZARXIO- filgrastim-sndz soln prefilled syringe 480 mcg/0.8ml.....	36
XIFAXAN- rifaximin tab 550 mg.....	4	ZEGALOGUE- dasiglucagon hcl subcutaneous soln auto- inj 0.6 mg/0.6ml.....	11
XIGDUO XR- dapagliflozin-metformin hcl tab er 24hr 2.5-1000 mg.....	11	ZEGALOGUE- dasiglucagon hcl subcutaneous soln pref syringe 0.6 mg/0.6ml.....	11
XIGDUO XR- dapagliflozin-metformin hcl tab er 24hr 5-500 mg.....	11	ZEJULA- niraparib tosylate cap 100 mg (base equivalent).....	7
XIGDUO XR- dapagliflozin-metformin hcl tab er 24hr 5-1000 mg.....	11	ZELBORAF- vemurafenib tab 240 mg.....	7
XIGDUO XR- dapagliflozin-metformin hcl tab er 24hr 10-500 mg.....	11	ZENPEP- pancrelipase (lip-prot-amyl) dr cap 3000-10000-14000 unit.....	23
XIGDUO XR- dapagliflozin-metformin hcl tab er 24hr 10-1000 mg.....	11	ZENPEP- pancrelipase (lip-prot-amyl) dr cap 5000-17000-24000 unit.....	23
XTAMPZA ER- oxycodone cap er 12hr abuse-deterrent 9 mg.....	29	ZENPEP- pancrelipase (lip-prot-amyl) dr cap 10000-32000-42000 unit.....	23
XTAMPZA ER- oxycodone cap er 12hr abuse-deterrent 13.5 mg.....	29	ZENPEP- pancrelipase (lip-prot-amyl) dr cap 15000-47000-63000 unit.....	23
XTAMPZA ER- oxycodone cap er 12hr abuse-deterrent 18 mg.....	29	ZENPEP- pancrelipase (lip-prot-amyl) dr cap 20000-63000-84000 unit.....	23
XTAMPZA ER- oxycodone cap er 12hr abuse-deterrent 27 mg.....	29	ZENPEP- pancrelipase (lip-prot-amyl) dr cap 25000-79000-105000 unit.....	23
XTAMPZA ER- oxycodone cap er 12hr abuse-deterrent 36 mg.....	29	ZENPEP- pancrelipase (lip-prot-amyl) dr cap 40000-126000-168000 unit.....	23
XTANDI- enzalutamide cap 40 mg.....	6	ZEPOSIA 7-DAY STARTER PAC- ozanimod cap pack 4 x 0.23 mg & 3 x 0.46 mg.....	28
XTANDI- enzalutamide tab 40 mg.....	6	ZEPOSIA- ozanimod hcl cap 0.92 mg.....	28
XTANDI- enzalutamide tab 80 mg.....	6	ZEPOSIA STARTER KIT- ozanimod cap pack 4 x 0.23 mg & 3 x 0.46 mg & 30 x 0.92 mg.....	28
XULTOPHY 100/3.6- insulin degludec-liraglutide sol pen- inj 100-3.6 unit-mg/ml.....	11	ZIEXTENZO- pegfilgrastim-bmez soln prefilled syringe 6 mg/0.6ml.....	36
XYNTHA- antihemophil fact rcmb(bdd-rfviii,mor) for inj kit 1000 unit.....	41	ZOKINVY- lonafarnib cap 50 mg.....	44
XYNTHA- antihemophil fact rcmb(bdd-rfviii,mor) for inj kit 2000 unit.....	41	ZOKINVY- lonafarnib cap 75 mg.....	44
XYNTHA- antihemophil fact rcmb (bdd-rfviii,mor) for inj kit 250 unit.....	41	<b>zolpidem tartrate tab 5 mg (Ambien).....</b>	<b>26</b>
XYNTHA- antihemophil fact rcmb (bdd-rfviii,mor) for inj kit 500 unit.....	41	<b>zolpidem tartrate tab 10 mg (Ambien).....</b>	<b>26</b>
XYNTHA SOLOFUSE- antihemophil fact rcmb(bdd- rfviii,mor) for inj kit 1000 unit.....	41	<b>zonisamide cap 50 mg.....</b>	<b>32</b>
		<b>zonisamide cap 25 mg (Zonegran).....</b>	<b>32</b>

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ZORTRESS- everolimus tab 0.25 mg.....	44
ZORTRESS- everolimus tab 0.5 mg.....	44
ZORTRESS- everolimus tab 0.75 mg.....	44
ZORTRESS- everolimus tab 1 mg.....	44
ZYCLARA- imiquimod cream 3.75%.....	43
ZYCLARA PUMP- imiquimod cream 2.5%.....	43
ZYCLARA PUMP- imiquimod cream 3.75%.....	43
ZYLET- loteprednol etabonate-tobramycin ophth susp 0.5-0.3%.....	42
ZYTIGA- abiraterone acetate tab 500 mg.....	7