

Multi-Tier Enhanced 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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Introduction

Blue Cross and Blue Shield of Illinois (BCBSIL) is pleased to present the 2021 Drug List. This is a list of preferred drugs which includes brand drugs and a partial listing of generic drugs. **Members are encouraged to show this list to their physicians and pharmacists. Physicians are encouraged to prescribe drugs on this list, when right for the member. However, decisions regarding therapy and treatment are always between members and their physician.**

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

How drugs are selected

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

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

How member payment is determined

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

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

How to use this list

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

Example: **atorvastatin** (Lipitor)

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

Example: NOVOLOG – Insulin aspart inj 100 unit/ml

Drugs used to treat multiple conditions

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

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

Generic drugs

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

There are two types of generic drugs:

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

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

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

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

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

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

Consider talking to your doctor about generic drugs

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

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

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

Coverage considerations

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

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

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

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

Non FDA-approved drugs: Drugs that have not received FDA approval are not covered.

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

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

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

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

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

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

Specialty drugs

Specialty drugs are used in the treatment of medical conditions such as hepatitis, hemophilia, multiple sclerosis and rheumatoid arthritis. Specialty drugs may be oral, topical or injectable medications that can either be self-administered or administered by a health care professional. Medications administered by a health care professional are not covered under the pharmacy benefit. For a current list of specialty medications, visit **MyPrime.com**.

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

Accredo®

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

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

To order through Accredo:

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

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

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Accredo is a specialty pharmacy that is contracted to provide services to members of BCBSIL. The relationship between Accredo and BCBSIL 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

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 બીજી 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'ídíłkidgo, ts'ídá bee ná ahóótí'i' t'áá níík'e níká a'doolwoł dóó bína'ídíłkídígíí bee níł h odoonih. Ata'dahalne'ígíí bich'í' hodíílnih kwe'é 855-710-6984.
فارسی Persian	اگر شما، یا کسی که شما به او کمک می کنید، سؤالی 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
ANTI-INFECTIVE AGENTS					
PENICILLINS					
amoxicillin (trihydrate) cap 250 mg					
amoxicillin (trihydrate) cap 500 mg					
amoxicillin (trihydrate) for susp 125 mg/5ml					
amoxicillin (trihydrate) for susp 200 mg/5ml					
amoxicillin (trihydrate) for susp 250 mg/5ml					
amoxicillin (trihydrate) for susp 400 mg/5ml					
amoxicillin (trihydrate) tab 500 mg					
amoxicillin (trihydrate) tab 875 mg					
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					
CEPHALOSPORINS					
cefadroxil cap 500 mg					
cefdinir cap 300 mg					
cephalexin cap 250 mg (Keflex)					
cephalexin cap 500 mg (Keflex)					
MACROLIDES					
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)			•		
TETRACYCLINES					
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)					
FLUOROQUINOLONES					
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)					
AMINOGLYCOSIDES					
neomycin sulfate tab 500 mg					
SULFONAMIDES					
SULFADIAZINE - sulfadiazine tab 500 mg					
ANTIMYCOBACTERIAL AGENTS					
isoniazid tab 300 mg					
PRIFTIN - rifapentine tab 150 mg					
pyrazinamide tab 500 mg					

Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA
ANTIFUNGALS					
fluconazole tab 50 mg (Diflucan)					
fluconazole tab 100 mg (Diflucan)					
fluconazole tab 150 mg (Diflucan)					
fluconazole tab 200 mg (Diflucan)					
NOXAFIL - posaconazole susp 40 mg/ml		•			
terbinafine hcl tab 250 mg (Lamisil)					
ANTIVIRALS					
acyclovir cap 200 mg (Zovirax)					
acyclovir tab 400 mg (Zovirax)					
acyclovir tab 800 mg (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	•	•	•		
famciclovir tab 125 mg (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	•	•	•		
nevirapine tab 200 mg (Viramune)			•		

Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA
NORVIR - ritonavir oral soln 80 mg/ml			•		
NORVIR - ritonavir powder packet 100 mg			•		
ODEFSEY - emtricitabine- rilpivirine-tenofovir af tab 200-25-25 mg			•		
PEGASYS - peginterferon alfa-2a inj 180 mcg/ml	•	•			
PEGASYS - peginterferon alfa-2a inj 180 mcg/0.5ml	•	•			
PREZISTA - darunavir ethanolate susp 100 mg/ml (base equiv)			•		
PREZISTA - darunavir ethanolate tab 75 mg (base equiv)			•		
PREZISTA - darunavir ethanolate tab 150 mg (base equiv)			•		
PREZISTA - darunavir ethanolate tab 600 mg (base equiv)			•		
PREZISTA - darunavir ethanolate tab 800 mg (base equiv)			•		
SOVALDI - sofosbuvir tab 200 mg	•	•	•		
SOVALDI - sofosbuvir tab 400 mg	•	•	•		
SOVALDI - sofosbuvir pellet pack 150 mg	•	•	•		
SOVALDI - sofosbuvir pellet pack 200 mg	•	•	•		
SYMFI - efavirenz-lamivudine-tenofovir df tab 600-300-300 mg			•		
SYMFI LO - efavirenz-lamivudine-tenofovir df tab 400-300-300 mg			•		
SYMTUZA - darunavir-cobic-emtricitab-tenofov af tab 800-150-200-10 mg			•		
TEMIXYS - lamivudine-tenofovir disoproxil fumarate tab 300-300 mg			•		

Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA
TIVICAY - dolutegravir sodium tab 10 mg (base equiv)			•		
TIVICAY - dolutegravir sodium tab 25 mg (base equiv)			•		
TIVICAY - dolutegravir sodium tab 50 mg (base equiv)			•		
TIVICAY PD - dolutegravir sodium tab for oral susp 5 mg (base equiv)			•		
TRIUMEQ - abacavir-dolutegravir-lamivudine tab 600-50-300 mg			•		
TRUVADA - emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg			•		
TRUVADA - emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg			•		
TRUVADA - emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg			•		
TRUVADA - emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg			•		•
valacyclovir hcl tab 500 mg (Valtrex)					
valacyclovir hcl tab 1 gm (Valtrex)					
VIREAD - tenofovir disoproxil fumarate oral powder 40 mg/gm			•		
VIREAD - tenofovir disoproxil fumarate tab 150 mg			•		
VIREAD - tenofovir disoproxil fumarate tab 200 mg			•		
VIREAD - tenofovir disoproxil fumarate tab 250 mg			•		
VOSEVI - sofosbuvir-velpatasvir-voxilaprevir tab 400-100-100 mg	•	•	•		

ANTIMALARIALS

Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA
MEFLOQUINE HCL - mefloquine hcl tab 250 mg					
ANTHELMINTICS					
BENZNIDAZOLE - benznidazole tab 12.5 mg					
BENZNIDAZOLE - benznidazole tab 100 mg					
ANTI-INFECTIVE AGENTS - MISC.					
ALINIA - nitazoxanide tab 500 mg			•		
ALINIA - nitazoxanide for susp 100 mg/5ml			•		
clindamycin hcl cap 150 mg (Cleocin)					
clindamycin hcl cap 300 mg (Cleocin)					
IMPAVIDO - miltefosine cap 50 mg					
metronidazole tab 250 mg (Flagyl)					
metronidazole tab 500 mg (Flagyl)					
nitrofurantoin monohydrate macrocrystalline cap 100 mg (Macrobid)					
sulfamethoxazole-trimethoprim tab 400-80 mg (Bactrim)					
sulfamethoxazole-trimethoprim tab 800-160 mg (Bactrim ds)					
trimethoprim tab 100 mg					
XIFAXAN - rifaximin tab 550 mg			•		
ANTINEOPLASTIC AGENTS					
ANTINEOPLASTICS					
ACTIMMUNE - interferon gamma-1b inj 100 mcg/0.5ml (2000000 unit/0.5ml)	•				
AFINITOR - everolimus tab 10 mg	•	•	•		
anastrozole tab 1 mg (Arimidex)					•

Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA
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	•	•	•		
bicalutamide tab 50 mg (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	•				
INTRON A - interferon alfa-2b for inj 10000000 unit	•				

Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA
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	•	•	•		
letrozole tab 2.5 mg (Femara)					
LEUKERAN - chlorambucil tab 2 mg	•				
LYNPARZA - olaparib tab 100 mg	•	•	•		
LYNPARZA - olaparib tab 150 mg	•	•	•		
megestrol acetate tab 20 mg					
megestrol acetate tab 40 mg					
MEKINIST - trametinib dimethyl sulfoxide tab 0.5 mg (base equivalent)	•	•	•		
MEKINIST - trametinib dimethyl sulfoxide tab 2 mg (base equivalent)	•	•	•		
MESNEX - mesna tab 400 mg					
methotrexate sodium inj pf 50 mg/2ml (25 mg/ml)					

Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA
methotrexate sodium inj pf 250 mg/10ml (25 mg/ml)					
methotrexate sodium inj 50 mg/2ml (25 mg/ml)					
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 - selpercatinib cap 40 mg	•	•	•		
RETEVMO - selpercatinib 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	•	•	•		
SPRYCEL - dasatinib tab 20 mg	•	•	•		
SPRYCEL - dasatinib tab 50 mg	•	•	•		

Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA
SPRYCEL - dasatinib tab 70 mg	•	•	•		
SPRYCEL - dasatinib tab 80 mg	•	•	•		
SPRYCEL - dasatinib tab 100 mg	•	•	•		
SPRYCEL - dasatinib tab 140 mg	•	•	•		
SUTENT - sunitinib malate cap 12.5 mg (base equivalent)	•	•	•		
SUTENT - sunitinib malate cap 25 mg (base equivalent)	•	•	•		
SUTENT - sunitinib malate cap 37.5 mg (base equivalent)	•	•	•		
SUTENT - sunitinib malate cap 50 mg (base equivalent)	•	•	•		
TABLOID - thioguanine tab 40 mg	•				
TABRECTA - capmatinib hcl tab 150 mg	•	•	•		
TABRECTA - capmatinib hcl tab 200 mg	•	•	•		
TAFINLAR - dabrafenib mesylate cap 50 mg (base equivalent)	•	•	•		
TAFINLAR - dabrafenib mesylate cap 75 mg (base equivalent)	•	•	•		
TALZENNA - talazoparib tosylate cap 0.25 mg (base equivalent)	•	•	•		
TALZENNA - talazoparib tosylate cap 1 mg (base equivalent)	•	•	•		
tamoxifen citrate tab 10 mg (base equivalent)					•
TASIGNA - nilotinib hcl cap 50 mg (base equivalent)	•	•	•		
TASIGNA - nilotinib hcl cap 150 mg (base equivalent)	•	•	•		
TASIGNA - nilotinib hcl cap 200 mg (base equivalent)	•	•	•		
VENCLEXTA - venetoclax tab 10 mg	•	•	•		
VENCLEXTA - venetoclax tab 50 mg	•	•	•		

Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA
VENCLEXTA - venetoclax tab 100 mg	•	•	•		
VENCLEXTA STARTING PACK - venetoclax tab therapy starter pack 10 & 50 & 100 mg	•	•	•		
VERZENIO - abemaciclib tab 50 mg	•	•	•		
VERZENIO - abemaciclib tab 100 mg	•	•	•		
VERZENIO - abemaciclib tab 150 mg	•	•	•		
VERZENIO - abemaciclib tab 200 mg	•	•	•		
VITRAKVI - larotrectinib sulfate oral soln 20 mg/ml (base equivalent)	•	•	•		
VITRAKVI - larotrectinib sulfate cap 25 mg (base equivalent)	•	•	•		
VITRAKVI - larotrectinib sulfate cap 100 mg (base equivalent)	•	•	•		
VOTRIENT - pazopanib hcl tab 200 mg (base equiv)	•	•	•		
XALKORI - crizotinib cap 200 mg	•	•	•		
XALKORI - crizotinib cap 250 mg	•	•	•		
XTANDI - enzalutamide cap 40 mg	•	•	•		
XTANDI - enzalutamide tab 40 mg	•	•	•		
XTANDI - enzalutamide tab 80 mg	•	•	•		
YONSA - abiraterone acetate tab 125 mg	•	•	•		
ZEJULA - niraparib tosylate cap 100 mg (base equivalent)	•	•	•		
ZELBORAF - vemurafenib tab 240 mg	•	•	•		
ZYTIGA - abiraterone acetate tab 500 mg	•	•	•		
ENDOCRINE AND METABOLIC DRUGS					
CORTICOSTEROIDS					
dexamethasone tab 0.5 mg					

Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA
dexamethasone tab 0.75 mg					
dexamethasone tab 1.5 mg					
dexamethasone tab 4 mg					
dexamethasone tab 6 mg					
fludrocortisone acetate tab 0.1 mg					
methylprednisolone tab therapy pack 4 mg (21) (Medrol dosepak)					
methylprednisolone tab 4 mg (Medrol)					
methylprednisolone tab 16 mg (Medrol)					
methylprednisolone tab 32 mg (Medrol)					
prednisolone sod phosphate oral soln 15 mg/5ml (base equiv)					
PREDNISON - prednisone oral soln 5 mg/5ml					
prednisone tab therapy pack 5 mg (21)					
prednisone tab therapy pack 5 mg (48)					
prednisone tab 1 mg					
prednisone tab 2.5 mg					
prednisone tab 5 mg					
prednisone tab 10 mg					
prednisone tab 20 mg					
prednisone tab 50 mg					
ESTROGENS					
COMBIPATCH - estradiol-norethindrone ace td pttw 0.05-0.14 mg/day					

Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA
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					
estradiol tab 0.5 mg (Estrace)					
estradiol tab 1 mg (Estrace)					
estradiol tab 2 mg (Estrace)					
ORIAHNN - elagolix-estradiol-noreth 300-1-0.5mg & elagolix 300mg cap pack					
PREMARIN - estrogens, conjugated tab 0.3 mg					
PREMARIN - estrogens, conjugated tab 0.45 mg					
PREMARIN - estrogens, conjugated tab 0.625 mg					
PREMARIN - estrogens, conjugated tab 0.9 mg					
PREMARIN - estrogens, conjugated tab 1.25 mg					
PREMPHASE - conj est 0.625(14)/conj est-medroxypro ac tab 0.625-5mg(14)					
PREMPRO - conjugated estrogen-medroxyprogesterone acetate tab 0.3-1.5 mg					

Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA
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					
CONTRACEPTIVES					
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 0.05-30/0.075-40/0.125-30mcg-mcg			•		
norethindrone & ethinyl estradiol tab 1 mg-35 mcg (Norinyl 1+35)			•		
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)			•		

Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA
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			•		•
PROGESTINS					
medroxyprogesterone acetate tab 2.5 mg (Provera)					
medroxyprogesterone acetate tab 5 mg (Provera)					
medroxyprogesterone acetate tab 10 mg (Provera)					
ANTIDIABETICS					
BAQSIMI ONE PACK - glucagon nasal powder 3 mg/dose					
BAQSIMI TWO PACK - glucagon nasal powder 3 mg/dose					
FARXIGA - dapagliflozin propanediol tab 5 mg (base equivalent)			•		
FARXIGA - dapagliflozin propanediol tab 10 mg (base equivalent)			•		
glimepiride tab 1 mg (Amaryl)					
glimepiride tab 2 mg (Amaryl)					
glimepiride tab 4 mg (Amaryl)					
glipizide tab er 24hr 2.5 mg (Glucotrol xl)					
glipizide tab er 24hr 5 mg (Glucotrol xl)					
glipizide tab er 24hr 10 mg (Glucotrol xl)					
glipizide tab 5 mg (Glucotrol)					

Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA
glipizide tab 10 mg (Glucotrol)					
GLUCAGON EMERGENCY KIT - glucagon (rdna) for inj kit 1 mg					
GLUCAGON EMERGENCY KIT FO - glucagon hcl for inj 1 mg					
glyburide micronized tab 1.5 mg (Glynase)					
glyburide micronized tab 3 mg (Glynase)					
glyburide micronized tab 6 mg (Glynase)					
glyburide tab 1.25 mg					
glyburide tab 2.5 mg					
glyburide tab 5 mg					
glyburide-metformin tab 1.25-250 mg (Glucovance)					
glyburide-metformin tab 2.5-500 mg (Glucovance)					
glyburide-metformin tab 5-500 mg (Glucovance)					
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					

Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA
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			•		
INVOKAMET XR - canagliflozin-metformin hcl tab er 24hr 150-1000 mg			•		
INVOKANA - canagliflozin tab 100 mg			•		
INVOKANA - canagliflozin tab 300 mg			•		
JANUMET - sitagliptin-metformin hcl tab 50-500 mg			•		
JANUMET - sitagliptin-metformin hcl tab 50-1000 mg			•		
JANUMET XR - sitagliptin-metformin hcl tab er 24hr 50-500 mg			•		

Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA
JANUMET XR - sitagliptin-metformin hcl tab er 24hr 50-1000 mg			•		
JANUMET XR - sitagliptin-metformin hcl tab er 24hr 100-1000 mg			•		
JANUVIA - sitagliptin phosphate tab 25 mg (base equiv)			•		
JANUVIA - sitagliptin phosphate tab 50 mg (base equiv)			•		
JANUVIA - sitagliptin phosphate tab 100 mg (base equiv)			•		
JARDIANCE - empagliflozin tab 10 mg			•		
JARDIANCE - empagliflozin tab 25 mg			•		
metformin hcl tab er 24hr 500 mg (Glucophage xr)					
metformin hcl tab er 24hr 750 mg (Glucophage xr)					
metformin hcl tab 500 mg (Glucophage)					
metformin hcl tab 850 mg (Glucophage)					
metformin hcl tab 1000 mg (Glucophage)					
OZEMPIC - semaglutide soln pen-inj 0.25 or 0.5 mg/dose (2 mg/1.5ml)			•	•	
OZEMPIC - semaglutide soln pen-inj 1 mg/dose (2 mg/1.5ml)			•	•	
OZEMPIC - semaglutide soln pen-inj 1 mg/dose (4 mg/3ml)			•	•	
pioglitazone hcl tab 15 mg (base equiv) (Actos)					
pioglitazone hcl tab 30 mg (base equiv) (Actos)					

Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA
pioglitazone hcl tab 45 mg (base equiv) (Actos)					
RYBELSUS - semaglutide tab 3 mg			•	•	
RYBELSUS - semaglutide tab 7 mg			•	•	
RYBELSUS - semaglutide tab 14 mg			•	•	
SOLIQUA 100/33 - insulin glargine-lixisenatide sol pen-inj 100-33 unit-mcg/ml			•	•	
SYNJARDY - empagliflozin-metformin hcl tab 5-500 mg			•		
SYNJARDY - empagliflozin-metformin hcl tab 5-1000 mg			•		
SYNJARDY - empagliflozin-metformin hcl tab 12.5-500 mg			•		
SYNJARDY - empagliflozin-metformin hcl tab 12.5-1000 mg			•		
SYNJARDY XR - empagliflozin-metformin hcl tab er 24hr 5-1000 mg			•		
SYNJARDY XR - empagliflozin-metformin hcl tab er 24hr 10-1000 mg			•		
SYNJARDY XR - empagliflozin-metformin hcl tab er 24hr 12.5-1000 mg			•		
SYNJARDY XR - empagliflozin-metformin hcl tab er 24hr 25-1000 mg			•		
TRIJARDY XR - empagliflozin-linagliptin-metformin tab er 24hr 5-2.5-1000mg			•		
TRIJARDY XR - empagliflozin-linagliptin-metformin tab er 24hr 10-5-1000 mg			•		
TRIJARDY XR - empagliflozin-linagliptin-metformin tab er 24hr 12.5-2.5-1000mg			•		

Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA	Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA
TRIJARDY XR - empagliflozin-linagliptin-metformin tab er 24hr 25-5-1000 mg			•			FIASP - insulin aspart (with niacinamide) inj 100 unit/ml			•		
TRULICITY - dulaglutide soln pen-injector 0.75 mg/0.5ml			•	•		FIASP FLEXTOUCH - insulin aspart (with niacinamide) sol pen-inj 100 unit/ml			•		
TRULICITY - dulaglutide soln pen-injector 1.5 mg/0.5ml			•	•		FIASP PENFILL - insulin aspart (with niacinamide) soln cartridge 100 unit/ml			•		
TRULICITY - dulaglutide soln pen-injector 3 mg/0.5ml			•	•		INSULIN ASPART - insulin aspart inj 100 unit/ml			•		
TRULICITY - dulaglutide soln pen-injector 4.5 mg/0.5ml			•	•		INSULIN ASPART FLEXPEN - insulin aspart soln pen-injector 100 unit/ml			•		
VICTOZA - liraglutide soln pen-injector 18 mg/3ml (6 mg/ml)			•	•		INSULIN ASPART PENFILL - insulin aspart soln cartridge 100 unit/ml			•		
XIGDUO XR - dapagliflozin-metformin hcl tab er 24hr 2.5-1000 mg			•			NOVOLOG - insulin aspart inj 100 unit/ml			•		
XIGDUO XR - dapagliflozin-metformin hcl tab er 24hr 5-500 mg			•			NOVOLOG FLEXPEN - insulin aspart soln pen-injector 100 unit/ml			•		
XIGDUO XR - dapagliflozin-metformin hcl tab er 24hr 5-1000 mg			•			NOVOLOG PENFILL - insulin aspart soln cartridge 100 unit/ml			•		
XIGDUO XR - dapagliflozin-metformin hcl tab er 24hr 10-500 mg			•			Short-Acting Insulins					
XIGDUO XR - dapagliflozin-metformin hcl tab er 24hr 10-1000 mg			•			HUMULIN R U-500 (CONCENTR - insulin regular (human) inj 500 unit/ml			•		
XULTOPHY 100/3.6 - insulin degludec-liraglutide sol pen-inj 100-3.6 unit-mg/ml			•	•		HUMULIN R U-500 KWIKPEN - insulin regular (human) soln pen-injector 500 unit/ml			•		
ZEGALOGUE - dasiglucagon hcl subcutaneous soln auto-inj 0.6 mg/0.6ml						NOVOLIN R - insulin regular (human) inj 100 unit/ml			•		
ZEGALOGUE - dasiglucagon hcl subcutaneous soln pref syringe 0.6 mg/0.6ml						NOVOLIN R FLEXPEN - insulin regular (human) soln pen-injector 100 unit/ml			•		
Rapid-Acting Insulins						Intermediate-Acting Insulins					
						INSULIN ASPART PROTAMINE/ - insulin aspart prot & aspart sus pen-inj 100 unit/ml (70-30)			•		

Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA
INSULIN ASPART PROTAMINE/ - insulin aspart prot & aspart (human) inj 100 unit/ml (70-30)			•		
NOVOLIN N - insulin nph (human) (isophane) inj 100 unit/ml			•		
NOVOLIN N FLEXPEN - insulin nph (human) (isophane) susp pen-injector 100 unit/ml			•		
NOVOLIN 70/30 - insulin nph isophane & regular human inj 100 unit/ml (70-30)			•		
NOVOLIN 70/30 FLEXPEN - insulin nph & regular susp pen-inj 100 unit/ml (70-30)			•		
NOVOLOG MIX 70/30 - insulin aspart prot & aspart (human) inj 100 unit/ml (70-30)			•		
NOVOLOG MIX 70/30 PREFILL - insulin aspart prot & aspart sus pen-inj 100 unit/ml (70-30)			•		
Basal Insulins					
LANTUS - insulin glargine inj 100 unit/ml			•		
LANTUS SOLOSTAR - insulin glargine soln pen-injector 100 unit/ml			•		
LEVEMIR - insulin detemir inj 100 unit/ml			•		
LEVEMIR FLEXTOUCH - insulin detemir soln pen-injector 100 unit/ml			•		
TOUJEO MAX SOLOSTAR - insulin glargine soln pen-injector 300 unit/ml (2 unit dial)			•		
TOUJEO SOLOSTAR - insulin glargine soln pen-injector 300 unit/ml (1 unit dial)			•		
TRESIBA - insulin degludec inj 100 unit/ml			•		

Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA
TRESIBA FLEXTOUCH - insulin degludec soln pen-injector 100 unit/ml			•		
TRESIBA FLEXTOUCH - insulin degludec soln pen-injector 200 unit/ml			•		
THYROID AGENTS					
levothyroxine sodium tab 25 mcg (Synthroid)					
levothyroxine sodium tab 50 mcg (Synthroid)					
levothyroxine sodium tab 75 mcg (Synthroid)					
levothyroxine sodium tab 88 mcg (Synthroid)					
levothyroxine sodium tab 100 mcg (Synthroid)					
levothyroxine sodium tab 112 mcg (Synthroid)					
levothyroxine sodium tab 125 mcg (Synthroid)					
levothyroxine sodium tab 137 mcg (Synthroid)					
levothyroxine sodium tab 150 mcg (Synthroid)					
levothyroxine sodium tab 175 mcg (Synthroid)					
levothyroxine sodium tab 200 mcg (Synthroid)					
levothyroxine sodium tab 300 mcg (Synthroid)					
methimazole tab 5 mg (Tapazole)					
methimazole tab 10 mg (Tapazole)					
thyroid tab 15 mg (1/4 grain) (Armour thyroid)					

Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA
thyroid tab 30 mg (1/2 grain) (Armour thyroid)					
ENDOCRINE and METABOLIC AGENTS - MISC.					
alendronate sodium tab 10 mg			•		
alendronate sodium tab 35 mg			•		
alendronate sodium tab 70 mg (Fosamax)			•		
calcitriol cap 0.25 mcg (Rocaltrol)					
CARBAGLU - carglumic acid tab 200 mg	•				
CLOMIPHENE CITRATE - clomiphene citrate tab 50 mg					
CYSTADANE - betaine powder for oral solution					
FOLLISTIM AQ - follitropin beta inj 300 unit/0.36ml	•		•		
FOLLISTIM AQ - follitropin beta inj 600 unit/0.72ml	•		•		
FOLLISTIM AQ - follitropin beta inj 900 unit/1.08ml	•		•		
FORTEO - teriparatide (recombinant) soln pen-inj 620 mcg/2.48ml	•	•	•		
ibandronate sodium tab 150 mg (base equivalent) (Boniva)			•		
INCRELEX - mecasemin inj 40 mg/4ml (10 mg/ml)	•				
NITYR - nitisinone tab 2 mg	•				
NITYR - nitisinone tab 5 mg	•				
NITYR - nitisinone tab 10 mg	•				
NORDITROPIN FLEXPRO - somatropin solution pen-injector 5 mg/1.5ml	•	•			
NORDITROPIN FLEXPRO - somatropin solution pen-injector 10 mg/1.5ml	•	•			

Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA
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	•	•			
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	•	•	•		
CARDIOVASCULAR AGENTS					
CARDIOTONICS					
digoxin tab 125 mcg (0.125 mg) (Lanoxin)					
digoxin tab 250 mcg (0.25 mg) (Lanoxin)					
ANTIANGINAL AGENTS					
isosorbide mononitrate tab er 24hr 30 mg					

Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA
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)					
BETA BLOCKERS					
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)					
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					

Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA
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					
CALCIUM CHANNEL BLOCKERS					
amlodipine besylate tab 2.5 mg (base equivalent) (Norvasc)					
amlodipine besylate tab 5 mg (base equivalent) (Norvasc)					
amlodipine besylate tab 10 mg (base equivalent) (Norvasc)					
diltiazem hcl coated beads cap er 24hr 120 mg (Cardizem cd)					
diltiazem hcl coated beads cap er 24hr 180 mg (Cardizem cd)					
diltiazem hcl coated beads cap er 24hr 240 mg (Cardizem cd)					
diltiazem hcl extended release beads cap er 24hr 120 mg (Tiazac)					
diltiazem hcl tab 30 mg (Cardizem)					
diltiazem hcl tab 60 mg (Cardizem)					
felodipine tab er 24hr 2.5 mg					
felodipine tab er 24hr 5 mg					
felodipine tab er 24hr 10 mg					
nifedipine tab er 24hr 30 mg (Adalat cc)					

Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA
nifedipine tab er 24hr osmotic release 30 mg (Procardia xl)					
nifedipine tab er 24hr osmotic release 60 mg (Procardia xl)					
verapamil hcl tab er 120 mg (Calan sr)					
verapamil hcl tab er 180 mg (Calan sr)					
verapamil hcl tab er 240 mg (Calan sr)					
verapamil hcl tab 40 mg					
verapamil hcl tab 80 mg (Calan)					
verapamil hcl tab 120 mg (Calan)					
ANTIARRHYTHMICS					
amiodarone hcl tab 200 mg (Cordarone)					
MULTAQ - dronedarone hcl tab 400 mg (base equivalent)					
propafenone hcl tab 150 mg					
ANTIHYPERTENSIVES					
amlodipine besylate-benazepril hcl cap 2.5-10 mg (Lotrel)					
amlodipine besylate-benazepril hcl cap 5-10 mg (Lotrel)					
amlodipine besylate-benazepril hcl cap 5-20 mg (Lotrel)					
amlodipine besylate-benazepril hcl cap 5-40 mg (Lotrel)					
amlodipine besylate-benazepril hcl cap 10-20 mg (Lotrel)					
amlodipine besylate-benazepril hcl cap 10-40 mg (Lotrel)					
amlodipine besylate-valsartan tab 5-160 mg (Exforge)					
amlodipine besylate-valsartan tab 5-320 mg (Exforge)					

Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA
amlodipine besylate-valsartan tab 10-160 mg (Exforge)					
atenolol & chlorthalidone tab 50-25 mg (Tenoretic 50)					
benazepril hcl tab 5 mg					
benazepril hcl tab 10 mg (Lotensin)					
benazepril hcl tab 20 mg (Lotensin)					
benazepril hcl tab 40 mg (Lotensin)					
bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg (Ziac)					
bisoprolol & hydrochlorothiazide tab 5-6.25 mg (Ziac)					
bisoprolol & hydrochlorothiazide tab 10-6.25 mg (Ziac)					
clonidine hcl tab 0.1 mg (Catapres)					
clonidine hcl tab 0.2 mg (Catapres)					
clonidine hcl tab 0.3 mg (Catapres)					
doxazosin mesylate tab 1 mg (Cardura)					
doxazosin mesylate tab 2 mg (Cardura)					
doxazosin mesylate tab 4 mg (Cardura)					
doxazosin mesylate tab 8 mg (Cardura)					
enalapril maleate & hydrochlorothiazide tab 5-12.5 mg					
enalapril maleate & hydrochlorothiazide tab 10-25 mg (Vaseretic)					

Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA
enalapril maleate tab 2.5 mg (Vasotec)					
enalapril maleate tab 5 mg (Vasotec)					
enalapril maleate tab 10 mg (Vasotec)					
enalapril maleate tab 20 mg (Vasotec)					
fosinopril sodium tab 10 mg					
fosinopril sodium tab 20 mg					
fosinopril sodium tab 40 mg					
hydralazine hcl tab 10 mg					
hydralazine hcl tab 25 mg					
hydralazine hcl tab 50 mg					
hydralazine hcl tab 100 mg					
irbesartan tab 75 mg (Avapro)					
irbesartan tab 150 mg (Avapro)					
irbesartan tab 300 mg (Avapro)					
irbesartan-hydrochlorothiazide tab 150-12.5 mg (Avalide)					
irbesartan-hydrochlorothiazide tab 300-12.5 mg (Avalide)					
lisinopril & hydrochlorothiazide tab 10-12.5 mg (Zestoretic)					
lisinopril & hydrochlorothiazide tab 20-12.5 mg (Zestoretic)					
lisinopril & hydrochlorothiazide tab 20-25 mg (Zestoretic)					
lisinopril tab 2.5 mg (Zestril)					
lisinopril tab 5 mg (Prinivil)					
lisinopril tab 10 mg (Prinivil)					
lisinopril tab 20 mg (Prinivil)					
lisinopril tab 30 mg (Zestril)					
lisinopril tab 40 mg (Zestril)					

Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA
losartan potassium & hydrochlorothiazide tab 50-12.5 mg (Hyzaar)					
losartan potassium & hydrochlorothiazide tab 100-12.5 mg (Hyzaar)					
losartan potassium & hydrochlorothiazide tab 100-25 mg (Hyzaar)					
losartan potassium tab 25 mg (Cozaar)					
losartan potassium tab 50 mg (Cozaar)					
losartan potassium tab 100 mg (Cozaar)					
minoxidil tab 2.5 mg					
minoxidil tab 10 mg					
olmesartan medoxomil tab 5 mg (Benicar)					
olmesartan medoxomil tab 20 mg (Benicar)					
olmesartan medoxomil tab 40 mg (Benicar)					
olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg (Benicar hct)					
olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg (Benicar hct)					
olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg (Benicar hct)					
perindopril erbumine tab 2 mg					
perindopril erbumine tab 4 mg (Aceon)					
quinapril hcl tab 5 mg (Accupril)					
quinapril hcl tab 10 mg (Accupril)					

Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA
quinapril hcl tab 20 mg (Accupril)					
quinapril hcl tab 40 mg (Accupril)					
ramipril cap 1.25 mg (Altace)					
ramipril cap 2.5 mg (Altace)					
ramipril cap 5 mg (Altace)					
ramipril cap 10 mg (Altace)					
telmisartan tab 80 mg (Micardis)					
terazosin hcl cap 1 mg (base equivalent)					
terazosin hcl cap 2 mg (base equivalent)					
terazosin hcl cap 5 mg (base equivalent)					
terazosin hcl cap 10 mg (base equivalent)					
trandolapril tab 1 mg (Mavik)					
trandolapril tab 2 mg (Mavik)					
trandolapril tab 4 mg (Mavik)					
valsartan tab 40 mg (Diovan)					
valsartan tab 80 mg (Diovan)					
valsartan tab 160 mg (Diovan)					
valsartan tab 320 mg (Diovan)					
valsartan-hydrochlorothiazide tab 80-12.5 mg (Diovan hct)					
valsartan-hydrochlorothiazide tab 160-12.5 mg (Diovan hct)					
valsartan-hydrochlorothiazide tab 160-25 mg (Diovan hct)					
valsartan-hydrochlorothiazide tab 320-12.5 mg (Diovan hct)					
valsartan-hydrochlorothiazide tab 320-25 mg (Diovan hct)					
DIURETICS					
amiloride & hydrochlorothiazide tab 5-50 mg					

Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA
amiloride hcl tab 5 mg					
chlorthalidone tab 25 mg					
furosemide oral soln 10 mg/ml					
furosemide tab 20 mg (Lasix)					
furosemide tab 40 mg (Lasix)					
furosemide tab 80 mg (Lasix)					
hydrochlorothiazide cap 12.5 mg (Microzide)					
hydrochlorothiazide tab 12.5 mg					
hydrochlorothiazide tab 25 mg					
hydrochlorothiazide tab 50 mg					
indapamide tab 1.25 mg					
indapamide tab 2.5 mg					
spironolactone tab 25 mg (Aldactone)					
spironolactone tab 50 mg (Aldactone)					
spironolactone tab 100 mg (Aldactone)					
toremide tab 5 mg (Demadex)					
toremide tab 10 mg (Demadex)					
toremide tab 20 mg (Demadex)					
toremide tab 100 mg (Demadex)					
triamterene & hydrochlorothiazide cap 37.5-25 mg (Dyazide)					
triamterene & hydrochlorothiazide tab 37.5-25 mg (Maxzide-25)					
triamterene & hydrochlorothiazide tab 75-50 mg (Maxzide)					
VASOPRESSORS					
SYMJEPI - epinephrine soln prefilled syringe 0.15 mg/0.3ml (1:2000)					

Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA
SYMJEPI - epinephrine solution prefilled syringe 0.3 mg/0.3ml (1:1000)					
ANTIHYPERTENSIVES					
atorvastatin calcium tab 10 mg (base equivalent) (Lipitor)					•
atorvastatin calcium tab 20 mg (base equivalent) (Lipitor)					•
atorvastatin calcium tab 40 mg (base equivalent) (Lipitor)					
atorvastatin calcium tab 80 mg (base equivalent) (Lipitor)					
fenofibrate tab 48 mg (Tricor)			•		
fenofibrate tab 54 mg (Lofibra)			•		
fenofibrate tab 145 mg (Tricor)			•		
fenofibrate tab 160 mg (Lofibra)			•		
gemfibrozil tab 600 mg (Lopid)			•		
lovastatin tab 10 mg					•
lovastatin tab 20 mg					•
lovastatin tab 40 mg (Mevacor)					•
NEXLETOL - bempedoic acid tab 180 mg		•	•		
NEXLIZET - bempedoic acid-ezetimibe tab 180-10 mg		•	•		
pravastatin sodium tab 10 mg					•
pravastatin sodium tab 20 mg (Pravachol)					•
pravastatin sodium tab 40 mg (Pravachol)					•
pravastatin sodium tab 80 mg (Pravachol)					•
REPATHA - evolocumab subcutaneous soln prefilled syringe 140 mg/ml		•	•		

Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA
REPATHA PUSHTRONEX SYSTEM - evolocumab subcutaneous soln cartridge/infusor 420 mg/3.5ml		•	•		
REPATHA SURECLICK - evolocumab subcutaneous soln auto-injector 140 mg/ml		•	•		
rosuvastatin calcium tab 5 mg (Crestor)					
rosuvastatin calcium tab 10 mg (Crestor)					
rosuvastatin calcium tab 20 mg (Crestor)					
rosuvastatin calcium tab 40 mg (Crestor)					
simvastatin tab 5 mg (Zocor)					
simvastatin tab 10 mg (Zocor)					
simvastatin tab 20 mg (Zocor)					
simvastatin tab 40 mg (Zocor)					
simvastatin tab 80 mg (Zocor)					
CARDIOVASCULAR AGENTS - MISC.					
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	•	•	•		

Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA
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	•	•	•		
VYNDAQEL - tafamidis meglumine (cardiac) cap 20 mg	•	•	•		
RESPIRATORY AGENTS					
ANTI-HISTAMINES					
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					
NASAL AGENTS - SYSTEMIC and TOPICAL					
azelastine hcl nasal spray 0.1% (137 mcg/spray)			•		
fluticasone propionate nasal susp 50 mcg/act			•		
COUGH/COLD/ALLERGY					

Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA
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%					
ANTI-ASTHMATIC and BRONCHODILATOR AGENTS					
ADVAIR DISKUS - fluticasone-salmeterol aer powder ba 100-50 mcg/dose			•		
ADVAIR DISKUS - fluticasone-salmeterol aer powder ba 250-50 mcg/dose			•		
ADVAIR DISKUS - fluticasone-salmeterol aer powder ba 500-50 mcg/dose			•		
ADVAIR HFA - fluticasone-salmeterol inhal aerosol 45-21 mcg/act			•		
ADVAIR HFA - fluticasone-salmeterol inhal aerosol 115-21 mcg/act			•		
ADVAIR HFA - fluticasone-salmeterol inhal aerosol 230-21 mcg/act			•		
albuterol sulfate soln nebu 0.083% (2.5 mg/3ml)			•		
albuterol sulfate syrup 2 mg/5ml					
ANORO ELLIPTA - umeclidinium-vilanterol aero powd ba 62.5-25 mcg/inh			•		

Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA	Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA
ARNUITY ELLIPTA - fluticasone furoate aerosol powder breath activ 50 mcg/act			•			COMBIVENT RESPIMAT - ipratropium-albuterol inhal aerosol soln 20-100 mcg/act			•		
ARNUITY ELLIPTA - fluticasone furoate aerosol powder breath activ 100 mcg/act			•			DULERA - mometasone furoate-formoterol fumarate aerosol 50-5 mcg/act			•		
ARNUITY ELLIPTA - fluticasone furoate aerosol powder breath activ 200 mcg/act			•			DULERA - mometasone furoate-formoterol fumarate aerosol 100-5 mcg/act			•		
ASMANEX HFA - mometasone furoate inhal aerosol suspension 50 mcg/act			•			DULERA - mometasone furoate-formoterol fumarate aerosol 200-5 mcg/act			•		
ASMANEX HFA - mometasone furoate inhal aerosol suspension 100 mcg/act			•			FLOVENT DISKUS - fluticasone propionate aer pow ba 50 mcg/blister			•		
ASMANEX HFA - mometasone furoate inhal aerosol suspension 200 mcg/act			•			FLOVENT DISKUS - fluticasone propionate aer pow ba 100 mcg/blister			•		
ASMANEX TWISTHALER 120 ME - mometasone furoate inhal powd 220 mcg/inh (breath activated)			•			FLOVENT DISKUS - fluticasone propionate aer pow ba 250 mcg/blister			•		
ASMANEX TWISTHALER 30 MET - mometasone furoate inhal powd 110 mcg/inh (breath activated)			•			FLOVENT HFA - fluticasone propionate hfa inhal aero 44 mcg/act (50/valve)			•		
ASMANEX TWISTHALER 30 MET - mometasone furoate inhal powd 220 mcg/inh (breath activated)			•			FLOVENT HFA - fluticasone propionate hfa inhal aer 110 mcg/act (125/valve)			•		
ASMANEX TWISTHALER 60 MET - mometasone furoate inhal powd 220 mcg/inh (breath activated)			•			FLOVENT HFA - fluticasone propionate hfa inhal aer 220 mcg/act (250/valve)			•		
BREO ELLIPTA - fluticasone furoate-vilanterol aero powd ba 100-25 mcg/inh			•			FLUTICASONE PROPIONATE/SA - fluticasone-salmeterol aer powder ba 55-14 mcg/act			•		
BREO ELLIPTA - fluticasone furoate-vilanterol aero powd ba 200-25 mcg/inh			•			FLUTICASONE PROPIONATE/SA - fluticasone-salmeterol aer powder ba 113-14 mcg/act			•		
BREZTRI AEROSPHERE - budesonide-glycopyrrolate-formoterol aers 160-9-4.8 mcg/act			•			FLUTICASONE PROPIONATE/SA - fluticasone-salmeterol aer powder ba 232-14 mcg/act			•		

Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA
INCRUSE ELLIPTA - umeclidinium br aero powd breath act 62.5 mcg/inh (base eq)			•		
ipratropium bromide inhal soln 0.02%			•		
montelukast sodium chew tab 4 mg (base equiv) (Singulair)					
montelukast sodium chew tab 5 mg (base equiv) (Singulair)					
montelukast sodium tab 10 mg (base equiv) (Singulair)					
QVAR REDIHALER - beclomethasone diprop hfa breath act inh aer 40 mcg/act			•		
QVAR REDIHALER - beclomethasone diprop hfa breath act inh aer 80 mcg/act			•		
SEREVENT DISKUS - salmeterol xinafoate aer pow ba 50 mcg/ dose (base equiv)			•		
SPIRIVA HANDIHALER - tiotropium bromide monohydrate inhal cap 18 mcg (base equiv)			•		
SPIRIVA RESPIMAT - tiotropium bromide monohydrate inhal aerosol 1.25 mcg/act			•		
SPIRIVA RESPIMAT - tiotropium bromide monohydrate inhal aerosol 2.5 mcg/act			•		
STIOLTO RESPIMAT - tiotropium br-olodaterol inhal aero soln 2.5-2.5 mcg/act			•		
STRIVERDI RESPIMAT - olodaterol hcl inhal aerosol soln 2.5 mcg/act (base equiv)			•		
SYMBICORT - budesonide- formoterol fumarate dihyd aerosol 80-4.5 mcg/act			•		

Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA
SYMBICORT - budesonide- formoterol fumarate dihyd aerosol 160-4.5 mcg/act			•		
TRELEGY ELLIPTA - fluticasone- umeclidinium-vilanterol aepb 100-62.5-25 mcg/inh			•		
TRELEGY ELLIPTA - fluticasone- umeclidinium-vilanterol aepb 200-62.5-25 mcg/inh			•		
VENTOLIN HFA - albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)			•		
RESPIRATORY AGENTS - MISC.					
KALYDECO - ivacaftor tab 150 mg	•	•	•		
KALYDECO - ivacaftor packet 25 mg	•	•	•		
KALYDECO - ivacaftor packet 50 mg	•	•	•		
KALYDECO - ivacaftor packet 75 mg	•	•	•		
PULMOZYME - dornase alfa inhal soln 1 mg/ml	•				
SYMDEKO - tezacaftor-ivacaftor 50-75 mg & ivacaftor 75 mg tab tbpk	•	•	•		
SYMDEKO - tezacaftor-ivacaftor 100-150 mg & ivacaftor 150 mg tab tbpk	•	•	•		
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	•	•	•		
GASTROINTESTINAL AGENTS					
LAXATIVES					

Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA	Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA
peg 3350-kcl-sod bicarb-nacl for soln 420 gm (Nulytely/flavor pack)					•	EMEND - aprepitant for oral susp 125 mg (125 mg/5ml)			•		
peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm (Golytely)					•	meclizine hcl tab 12.5 mg					
ULCER DRUGS						meclizine hcl tab 25 mg					
dicyclomine hcl cap 10 mg (Bentyl)						ondansetron hcl tab 4 mg (Zofran)			•		
dicyclomine hcl tab 20 mg (Bentyl)						ondansetron hcl tab 8 mg (Zofran)			•		
famotidine tab 20 mg (Pepcid)						ondansetron orally disintegrating tab 4 mg (Zofran odt)			•		
famotidine tab 40 mg (Pepcid)						ondansetron orally disintegrating tab 8 mg (Zofran odt)			•		
lansoprazole cap delayed release 30 mg (Prevacid)			•			DIGESTIVE AIDS					
misoprostol tab 100 mcg (Cytotec)						CREON - pancrelipase (lip-prot-amyl) dr cap 3000-9500-15000 unit					
misoprostol tab 200 mcg (Cytotec)						CREON - pancrelipase (lip-prot-amyl) dr cap 6000-19000-30000 unit					
NEXIUM - esomeprazole magnesium for delayed release susp pack 2.5 mg			•			CREON - pancrelipase (lip-prot-amyl) dr cap 12000-38000-60000 unit					
NEXIUM - esomeprazole magnesium for delayed release susp packet 5 mg			•			CREON - pancrelipase (lip-prot-amyl) dr cap 24000-76000-120000 unit					
omeprazole cap delayed release 10 mg (Prilosec)			•			CREON - pancrelipase (lip-prot-amyl) dr cap 36000-114000-180000 unit					
omeprazole cap delayed release 20 mg (Prilosec)			•			ZENPEP - pancrelipase (lip-prot-amyl) dr cap 3000-10000-14000 unit					
omeprazole cap delayed release 40 mg (Prilosec)			•			ZENPEP - pancrelipase (lip-prot-amyl) dr cap 5000-17000-24000 unit					
pantoprazole sodium ec tab 20 mg (base equiv) (Protonix)			•			ZENPEP - pancrelipase (lip-prot-amyl) dr cap 10000-32000-42000 unit					
pantoprazole sodium ec tab 40 mg (base equiv) (Protonix)			•								
ANTIEMETICS											

Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA
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					
GASTROINTESTINAL AGENTS- MISC.					
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)					
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 - eluxadoline tab 75 mg			•		
VIBERZI - eluxadoline tab 100 mg			•		
GENITOURINARY AGENTS					
URINARY ANTISPASMODICS					
oxybutynin chloride syrup 5 mg/5ml					

Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA
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					
VAGINAL PRODUCTS					
CRINONE - progesterone vaginal gel 4%			•		
CRINONE - progesterone vaginal gel 8%			•		
ESTRING - estradiol vaginal ring 2 mg (7.5 mcg/24hrs)					
GENITOURINARY AGENTS - MISC.					
alfuzosin hcl tab er 24hr 10 mg (Uroxatral)					
CYSTAGON - cysteamine bitartrate cap 50 mg	•				
CYSTAGON - cysteamine bitartrate cap 150 mg	•				
dutasteride cap 0.5 mg (Avodart)					
finasteride tab 5 mg (Proscar)					
tamsulosin hcl cap 0.4 mg (Flomax)					
CENTRAL NERVOUS SYSTEM DRUGS					
ANTI-ANXIETY AGENTS					
alprazolam tab er 24hr 0.5 mg (Xanax xr)					
alprazolam tab er 24hr 1 mg (Xanax xr)					
alprazolam tab 0.25 mg (Xanax)					
alprazolam tab 0.5 mg (Xanax)					
alprazolam tab 1 mg (Xanax)					
alprazolam tab 2 mg (Xanax)					
bupirone hcl tab 5 mg					

Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA
buspirone hcl tab 10 mg					
buspirone hcl tab 15 mg					
chlordiazepoxide hcl cap 5 mg					
chlordiazepoxide hcl cap 10 mg					
chlordiazepoxide hcl cap 25 mg					
diazepam tab 2 mg (Valium)					
diazepam tab 5 mg (Valium)					
diazepam tab 10 mg (Valium)					
hydroxyzine hcl syrup 10 mg/5ml					
hydroxyzine hcl tab 10 mg					
hydroxyzine hcl tab 25 mg					
hydroxyzine hcl tab 50 mg					
hydroxyzine pamoate cap 25 mg (Vistaril)					
hydroxyzine pamoate cap 50 mg (Vistaril)					
lorazepam tab 0.5 mg (Ativan)			•		
lorazepam tab 1 mg (Ativan)			•		
lorazepam tab 2 mg (Ativan)			•		
ANTIDEPRESSANTS					
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)					

Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA
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)					
escitalopram oxalate tab 20 mg (base equiv) (Lexapro)					
fluoxetine hcl cap 10 mg (Prozac)					
fluoxetine hcl cap 20 mg (Prozac)					
fluoxetine hcl cap 40 mg (Prozac)					
imipramine hcl tab 10 mg (Tofranil)					
imipramine hcl tab 25 mg (Tofranil)					
imipramine hcl tab 50 mg (Tofranil)					
mirtazapine tab 15 mg (Remeron)					
mirtazapine tab 30 mg (Remeron)					
mirtazapine tab 45 mg (Remeron)					
nortriptyline hcl cap 10 mg (Pamelor)					
nortriptyline hcl cap 25 mg (Pamelor)					

Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA
nortriptyline hcl cap 50 mg (Pamelor)					
nortriptyline hcl cap 75 mg (Pamelor)					
paroxetine hcl tab 10 mg (Paxil)					
paroxetine hcl tab 20 mg (Paxil)					
paroxetine hcl tab 30 mg (Paxil)					
paroxetine hcl tab 40 mg (Paxil)					
sertraline hcl tab 25 mg (Zoloft)					
sertraline hcl tab 50 mg (Zoloft)					
sertraline hcl tab 100 mg (Zoloft)					
trazodone hcl tab 50 mg					
trazodone hcl tab 100 mg					
trazodone hcl tab 150 mg					
venlafaxine hcl cap er 24hr 37.5 mg (base equivalent) (Effexor xr)					
venlafaxine hcl cap er 24hr 75 mg (base equivalent) (Effexor xr)					
venlafaxine hcl cap er 24hr 150 mg (base equivalent) (Effexor xr)					
venlafaxine hcl tab 25 mg (base equivalent)					
venlafaxine hcl tab 37.5 mg (base equivalent)					
venlafaxine hcl tab 50 mg (base equivalent)					
venlafaxine hcl tab 75 mg (base equivalent)					
venlafaxine hcl tab 100 mg (base equivalent)					
ANTIPSYCHOTICS					

Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA
FLUPHENAZINE HCL - fluphenazine hcl oral conc 5 mg/ ml					
FLUPHENAZINE HYDROCHLORID - fluphenazine hcl elixir 2.5 mg/5ml					
haloperidol lactate oral conc 2 mg/ml					
haloperidol tab 0.5 mg					
haloperidol tab 1 mg					
haloperidol tab 2 mg					
LATUDA - lurasidone hcl tab 20 mg			•		
LATUDA - lurasidone hcl tab 40 mg			•		
LATUDA - lurasidone hcl tab 60 mg			•		
LATUDA - lurasidone hcl tab 80 mg			•		
LATUDA - lurasidone hcl tab 120 mg			•		
lithium carbonate cap 150 mg (Lithium carbonate)					
lithium carbonate cap 300 mg					
lithium carbonate cap 600 mg (Lithium carbonate)					
lithium carbonate tab er 300 mg (Lithobid)					
lithium carbonate tab er 450 mg					
lithium carbonate tab 300 mg					
olanzapine tab 2.5 mg (Zyprexa)			•		
olanzapine tab 5 mg (Zyprexa)			•		
olanzapine tab 7.5 mg (Zyprexa)			•		
olanzapine tab 10 mg (Zyprexa)			•		
olanzapine tab 15 mg (Zyprexa)			•		
olanzapine tab 20 mg (Zyprexa)			•		
prochlorperazine maleate tab 5 mg (base equivalent) (Compazine)					

Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA
prochlorperazine maleate tab 10 mg (base equivalent) (Compazine)					
quetiapine fumarate tab 25 mg (Seroquel)			•		
quetiapine fumarate tab 50 mg (Seroquel)			•		
quetiapine fumarate tab 100 mg (Seroquel)			•		
quetiapine fumarate tab 200 mg (Seroquel)			•		
quetiapine fumarate tab 300 mg (Seroquel)			•		
quetiapine fumarate tab 400 mg (Seroquel)			•		
risperidone tab 0.25 mg (Risperdal)			•		
risperidone tab 0.5 mg (Risperdal)			•		
risperidone tab 1 mg (Risperdal)			•		
risperidone tab 2 mg (Risperdal)			•		
risperidone tab 3 mg (Risperdal)			•		
risperidone tab 4 mg (Risperdal)			•		
HYPNOTICS					
BELSOMRA - suvorexant tab 5 mg			•	•	
BELSOMRA - suvorexant tab 10 mg			•	•	
BELSOMRA - suvorexant tab 15 mg			•	•	
BELSOMRA - suvorexant tab 20 mg			•	•	
eszopiclone tab 1 mg (Lunesta)			•		
eszopiclone tab 2 mg (Lunesta)			•		
eszopiclone tab 3 mg (Lunesta)			•		
phenobarbital tab 15 mg					
phenobarbital tab 30 mg					

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

Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA
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			•		
PSYCHOTHERAPEUTIC and NEUROLOGICAL AGENTS - MISC.					
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)					•

Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA
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	•	•	•		
donepezil hydrochloride orally disintegrating tab 5 mg					
donepezil hydrochloride orally disintegrating tab 10 mg					
donepezil hydrochloride tab 5 mg (Aricept)					
donepezil hydrochloride tab 10 mg (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)	•	•	•		
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)	•	•	•		

Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA
MAYZENT STARTER PACK - siponimod fumarate tab 0.25 mg (12) starter pack	•	•	•		
memantine hcl tab 5 mg (Namenda)					
memantine hcl tab 10 mg (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	•	•	•		
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	•	•	•		

Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA
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	•	•	•		
ANALGESICS AND ANESTHETICS					
ANALGESICS - NON-NARCOTIC					
aspirin chew tab 81 mg					•
aspirin tab delayed release 81 mg					•
ANALGESICS - NARCOTIC					
acetaminophen w/ codeine soln 120-12 mg/5ml		•			
acetaminophen w/ codeine tab 300-15 mg (Tylenol/codeine)		•			
acetaminophen w/ codeine tab 300-30 mg (Tylenol/codeine #3)		•			
BELBUCA - buprenorphine hcl buccal film 75 mcg (base equivalent)			•		
BELBUCA - buprenorphine hcl buccal film 150 mcg (base equivalent)			•		
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)			•		

Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA
BELBUCA - buprenorphine hcl buccal film 750 mcg (base equivalent)			•		
BELBUCA - buprenorphine hcl buccal film 900 mcg (base equivalent)			•		
hydrocodone-acetaminophen tab 10-325 mg (Norco)		•			
hydrocodone-acetaminophen tab 5-325 mg (Norco)		•			
hydrocodone-acetaminophen tab 7.5-325 mg (Norco)		•			
hydromorphone hcl tab 2 mg (Dilaudid)		•			
hydromorphone hcl tab 4 mg (Dilaudid)		•			
methadone hcl tab 5 mg (Dolophine hcl)		•			
methadone hcl tab 10 mg (Dolophine)		•			
morphine sulfate oral soln 10 mg/5ml		•			
morphine sulfate tab er 15 mg (Ms contin)		•	•		
oxycodone hcl tab 5 mg (Roxicodone)		•			
oxycodone hcl tab 10 mg		•			
oxycodone w/ acetaminophen tab 5-325 mg (Percocet)		•			
tramadol hcl tab 50 mg (Ultram)		•	•		
tramadol-acetaminophen tab 37.5-325 mg (Ultracet)		•			
XTAMPZA ER - oxycodone cap er 12hr abuse-deterrent 9 mg		•	•		
XTAMPZA ER - oxycodone cap er 12hr abuse-deterrent 13.5 mg		•	•		

Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA
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		•	•		
ANALGESICS - ANTI-INFLAMMATORY					
ACTEMRA - tocilizumab subcutaneous soln prefilled syringe 162 mg/0.9ml	•	•	•		
ACTEMRA ACTPEN - tocilizumab subcutaneous soln auto-injector 162 mg/0.9ml	•	•	•		
celecoxib cap 50 mg (Celebrex)			•		
celecoxib cap 100 mg (Celebrex)			•		
celecoxib cap 200 mg (Celebrex)			•		
diclofenac sodium tab delayed release 50 mg					
diclofenac sodium tab delayed release 75 mg					
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	•	•	•		

Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA
HUMIRA - adalimumab prefilled syringe kit 20 mg/0.2ml	•	•	•		
HUMIRA - adalimumab prefilled syringe kit 40 mg/0.8ml	•	•	•		
HUMIRA - adalimumab prefilled syringe kit 40 mg/0.4ml	•	•	•		
HUMIRA PEDIATRIC CROHNS D - adalimumab prefilled syringe kit 80 mg/0.8ml	•	•	•		
HUMIRA PEDIATRIC CROHNS D - adalimumab prefilled syringe kit 80 mg/0.8ml & 40 mg/0.4ml	•	•	•		
HUMIRA PEN - adalimumab pen-injector kit 40 mg/0.8ml	•	•	•		
HUMIRA PEN - adalimumab pen-injector kit 40 mg/0.4ml	•	•	•		
HUMIRA PEN - adalimumab pen-injector kit 80 mg/0.8ml	•	•	•		
HUMIRA PEN-CD/UC/HS START - adalimumab pen-injector kit 40 mg/0.8ml	•	•	•		
HUMIRA PEN-CD/UC/HS START - adalimumab pen-injector kit 80 mg/0.8ml	•	•	•		
HUMIRA PEN-PEDIATRIC UC S - adalimumab pen-injector kit 80 mg/0.8ml	•	•	•		
HUMIRA PEN-PS/UV STARTER - adalimumab pen-injector kit 40 mg/0.8ml	•	•	•		
HUMIRA PEN-PS/UV STARTER - adalimumab pen-injector kit 80 mg/0.8ml & 40 mg/0.4ml	•	•	•		
ibuprofen susp 100 mg/5ml					
ibuprofen tab 400 mg					
ibuprofen tab 600 mg					
ibuprofen tab 800 mg					
indomethacin cap 25 mg					

Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA
indomethacin cap 50 mg					
meloxicam tab 7.5 mg (Mobic)					
meloxicam tab 15 mg (Mobic)					
nabumetone tab 500 mg					
nabumetone tab 750 mg					
naproxen tab ec 375 mg (Ecnaprosyn)					
naproxen tab ec 500 mg (Ecnaprosyn)					
naproxen tab 250 mg (Naprosyn)					
naproxen tab 375 mg (Naprosyn)					
naproxen tab 500 mg (Naprosyn)					
OTEZLA - apremilast tab starter therapy pack 10 mg & 20 mg & 30 mg	•	•	•		
OTEZLA - apremilast tab 30 mg	•	•	•		
REDITREX - methotrexate soln prefilled syringe 7.5 mg/0.3ml				•	
REDITREX - methotrexate soln prefilled syringe 10 mg/0.4ml				•	
REDITREX - methotrexate soln prefilled syringe 12.5 mg/0.5ml				•	
REDITREX - methotrexate soln prefilled syringe 15 mg/0.6ml				•	
REDITREX - methotrexate soln prefilled syringe 17.5 mg/0.7ml				•	
REDITREX - methotrexate soln prefilled syringe 20 mg/0.8ml				•	
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	•	•	•		

Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA
SIMPONI - golimumab subcutaneous soln auto-injector 100 mg/ml	•	•	•		
SIMPONI - golimumab subcutaneous soln prefilled syringe 100 mg/ml	•	•	•		
sulindac tab 150 mg					
sulindac tab 200 mg					
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)	•	•	•		
MIGRAINE PRODUCTS					
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		•	•		
rizatriptan benzoate oral disintegrating tab 5 mg (base eq) (Maxalt-mlt)			•		

Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA
rizatriptan benzoate oral disintegrating tab 10 mg (base eq) (Maxalt-mlt)			•		
rizatriptan benzoate tab 5 mg (base equivalent) (Maxalt)			•		
rizatriptan benzoate tab 10 mg (base equivalent) (Maxalt)			•		
sumatriptan succinate tab 25 mg (Imitrex)			•		
sumatriptan succinate tab 50 mg (Imitrex)			•		
sumatriptan succinate tab 100 mg (Imitrex)			•		
GOUT AGENTS					
allopurinol tab 100 mg (Zyloprim)					
allopurinol tab 300 mg (Zyloprim)					
MITIGARE - colchicine cap 0.6 mg					
NEUROMUSCULAR DRUGS					
ANTICONSULSANTS					
APTIOM - eslicarbazepine acetate tab 200 mg					
APTIOM - eslicarbazepine acetate tab 400 mg					
APTIOM - eslicarbazepine acetate tab 600 mg					
APTIOM - eslicarbazepine acetate tab 800 mg					
clonazepam tab 0.5 mg (Klonopin)					
clonazepam tab 1 mg (Klonopin)					
clonazepam tab 2 mg (Klonopin)					
DIASTAT ACUDIAL - diazepam rectal gel delivery system 10 mg					
DIASTAT ACUDIAL - diazepam rectal gel delivery system 20 mg					

Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA
DIASTAT PEDIATRIC - diazepam rectal gel delivery system 2.5 mg					
DILANTIN - phenytoin sodium extended cap 30 mg					
divalproex sodium tab delayed release 125 mg (Depakote)					
divalproex sodium tab delayed release 250 mg (Depakote)					
divalproex sodium tab delayed release 500 mg (Depakote)					
EPIDIOLEX - cannabidiol soln 100 mg/ml		•			
gabapentin cap 100 mg (Neurontin)					
gabapentin cap 300 mg (Neurontin)					
gabapentin cap 400 mg (Neurontin)					
gabapentin tab 600 mg (Neurontin)					
gabapentin tab 800 mg (Neurontin)					
lamotrigine tab 25 mg (Lamictal)					
lamotrigine tab 100 mg (Lamictal)					
lamotrigine tab 150 mg (Lamictal)					
lamotrigine tab 200 mg (Lamictal)					
levetiracetam tab 250 mg (Keppra)					
levetiracetam tab 500 mg (Keppra)					
oxcarbazepine tab 150 mg (Trileptal)					
primidone tab 50 mg (Mysoline)					
primidone tab 250 mg (Mysoline)					
topiramate tab 25 mg (Topamax)					
topiramate tab 50 mg (Topamax)					

Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA
topiramate tab 100 mg (Topamax)					
topiramate tab 200 mg (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					
zonisamide cap 25 mg (Zonegran)					
zonisamide cap 50 mg					
ANTIPARKINSON AGENTS					
amantadine hcl syrup 50 mg/5ml					
benztropine mesylate tab 0.5 mg					
benztropine mesylate tab 1 mg					
benztropine mesylate tab 2 mg					
carbidopa & levodopa tab 10-100 mg (Sinemet)					
carbidopa & levodopa tab 25-100 mg (Sinemet)					
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					
pramipexole dihydrochloride tab 0.125 mg (Mirapex)					
pramipexole dihydrochloride tab 0.25 mg (Mirapex)					

Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA
pramipexole dihydrochloride tab 0.5 mg (Mirapex)					
pramipexole dihydrochloride tab 0.75 mg (Mirapex)					
pramipexole dihydrochloride tab 1 mg (Mirapex)					
pramipexole dihydrochloride tab 1.5 mg (Mirapex)					
ropinirole hydrochloride tab 0.25 mg (Requip)					
ropinirole hydrochloride tab 0.5 mg (Requip)					
ropinirole hydrochloride tab 1 mg (Requip)					
ropinirole hydrochloride tab 2 mg (Requip)					
ropinirole hydrochloride tab 3 mg (Requip)					
ropinirole hydrochloride tab 4 mg (Requip)					
ropinirole hydrochloride tab 5 mg (Requip)					
trihexyphenidyl hcl tab 2 mg					
trihexyphenidyl hcl tab 5 mg					
MUSCULOSKELETAL THERAPY AGENTS					
baclofen tab 10 mg					
carisoprodol tab 350 mg (Soma)					
cyclobenzaprine hcl tab 5 mg					
cyclobenzaprine hcl tab 10 mg					
methocarbamol tab 500 mg (Robaxin)					
methocarbamol tab 750 mg (Robaxin-750)					
orphenadrine citrate tab er 12hr 100 mg					

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

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

Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA
ARANESP ALBUMIN FREE - darbepoetin alfa soln inj 200 mcg/ml	•	•			
ARANESP ALBUMIN FREE - darbepoetin alfa soln inj 300 mcg/ml	•	•			
carbonyl iron susp 15 mg/1.25ml (elemental iron)					•
CERDELGA - eliglustat tartrate cap 84 mg (base equivalent)	•	•	•		
CEREZYME - imiglucerase for inj 400 unit	•				
cyanocobalamin inj 1000 mcg/ml					•
ferrous sulfate elixir 220 mg/5ml (44 mg/5ml elemental fe)					•
ferrous sulfate soln 75 mg/ml (15 mg/ml elemental fe)					•
folic acid cap 0.8 mg					•
folic acid tab 400 mcg					•
folic acid tab 800 mcg					•
folic acid tab 1 mg					•
FULPHILA - pegfilgrastim-jmdb soln prefilled syringe 6 mg/0.6ml	•				
GRANIX - tbo-filgrastim soln prefilled syringe 300 mcg/0.5ml	•				
GRANIX - tbo-filgrastim soln prefilled syringe 480 mcg/0.8ml	•				
GRANIX - tbo-filgrastim subcutaneous inj 300 mcg/ml	•				
GRANIX - tbo-filgrastim subcutaneous inj 480 mcg/1.6ml (300 mcg/ml)	•				
NEULASTA - pegfilgrastim soln prefilled syringe 6 mg/0.6ml	•				
NEULASTA ONPRO KIT - pegfilgrastim soln prefilled syringe kit 6 mg/0.6ml	•				

Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA
NEUPOGEN - filgrastim soln prefilled syringe 300 mcg/0.5ml	•				
NEUPOGEN - filgrastim soln prefilled syringe 480 mcg/0.8ml (600 mcg/ml)	•				
NEUPOGEN - filgrastim inj 300 mcg/ml	•				
NEUPOGEN - filgrastim inj 480 mcg/1.6ml (300 mcg/ml)	•				
NIVESTYM - filgrastim-aafi soln prefilled syringe 300 mcg/0.5ml	•				
NIVESTYM - filgrastim-aafi soln prefilled syringe 480 mcg/0.8ml	•				
NIVESTYM - filgrastim-aafi inj 300 mcg/ml	•				
NIVESTYM - filgrastim-aafi inj 480 mcg/1.6ml (300 mcg/ml)	•				
NYVEPRIA - pegfilgrastim-apgf soln prefilled syringe 6 mg/0.6ml	•				
PROCRIT - epoetin alfa inj 2000 unit/ml	•	•			
PROCRIT - epoetin alfa inj 3000 unit/ml	•	•			
PROCRIT - epoetin alfa inj 4000 unit/ml	•	•			
PROCRIT - epoetin alfa inj 10000 unit/ml	•	•			
PROCRIT - epoetin alfa inj 20000 unit/ml	•	•			
PROCRIT - epoetin alfa inj 40000 unit/ml	•	•			
RETACRIT - epoetin alfa-epbx inj 2000 unit/ml	•	•			
RETACRIT - epoetin alfa-epbx inj 3000 unit/ml	•	•			
RETACRIT - epoetin alfa-epbx inj 4000 unit/ml	•	•			

Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA
RETACRIT - epoetin alfa-epbx inj 10000 unit/ml	•	•			
RETACRIT - epoetin alfa-epbx inj 20000 unit/ml	•	•			
RETACRIT - epoetin alfa-epbx inj 40000 unit/ml	•	•			
UDENYCA - pegfilgrastim-cbqv soln prefilled syringe 6 mg/0.6ml	•				
ZARXIO - filgrastim-sndz soln prefilled syringe 300 mcg/0.5ml	•				
ZARXIO - filgrastim-sndz soln prefilled syringe 480 mcg/0.8ml	•				
ZIEXTENZO - pegfilgrastim-bmez soln prefilled syringe 6 mg/0.6ml	•				
ANTICOAGULANTS					
ELIQUIS - apixaban tab 2.5 mg			•		
ELIQUIS - apixaban tab 5 mg			•		
ELIQUIS STARTER PACK - apixaban tab starter pack 5 mg			•		
warfarin sodium tab 1 mg (Coumadin)					
warfarin sodium tab 2 mg (Coumadin)					
warfarin sodium tab 2.5 mg (Coumadin)					
warfarin sodium tab 3 mg (Coumadin)					
warfarin sodium tab 4 mg (Coumadin)					
warfarin sodium tab 5 mg (Coumadin)					
warfarin sodium tab 6 mg (Coumadin)					
warfarin sodium tab 7.5 mg (Coumadin)					
warfarin sodium tab 10 mg (Coumadin)					

Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA
XARELTO - rivaroxaban tab 2.5 mg			•		
XARELTO - rivaroxaban tab 10 mg			•		
XARELTO - rivaroxaban tab 15 mg			•		
XARELTO - rivaroxaban tab 20 mg			•		
XARELTO STARTER PACK - rivaroxaban tab starter therapy pack 15 mg & 20 mg			•		
HEMATOLOGICAL AGENTS - MISC.					
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	•	•	•		

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

Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA
ALPHANATE - antihemophilic factor/vwf (human) for inj 1000 unit	•				
ALPHANATE - antihemophilic factor/vwf (human) for inj 1500 unit	•				
ALPHANATE - antihemophilic factor/vwf (human) for inj 2000 unit	•				
ALPHANINE SD - coagulation factor ix for inj 500 unit	•	•	•		
ALPHANINE SD - coagulation factor ix for inj 1000 unit	•	•	•		
ALPHANINE SD - coagulation factor ix for inj 1500 unit	•	•	•		
ALPROLIX - coagulation factor ix (recomb) (rfixfc) for inj 250 unit	•	•	•		
ALPROLIX - coagulation factor ix (recomb) (rfixfc) for inj 500 unit	•	•	•		
ALPROLIX - coagulation factor ix (recomb) (rfixfc) for inj 1000 unit	•	•	•		
ALPROLIX - coagulation factor ix (recomb) (rfixfc) for inj 2000 unit	•	•	•		
ALPROLIX - coagulation factor ix (recomb) (rfixfc) for inj 3000 unit	•	•	•		
ALPROLIX - coagulation factor ix (recomb) (rfixfc) for inj 4000 unit	•	•	•		
BENEFIX - coagulation factor ix (recombinant) for inj kit 250 unit	•	•	•		
BENEFIX - coagulation factor ix (recombinant) for inj kit 500 unit	•	•	•		
BENEFIX - coagulation factor ix (recombinant) for inj kit 1000 unit	•	•	•		
BENEFIX - coagulation factor ix (recombinant) for inj kit 2000 unit	•	•	•		
BENEFIX - coagulation factor ix (recombinant) for inj kit 3000 unit	•	•	•		
BRILINTA - ticagrelor tab 60 mg					

Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA
BRILINTA - ticagrelor tab 90 mg					
cilostazol tab 50 mg (Pletal)					
cilostazol tab 100 mg (Pletal)					
clopidogrel bisulfate tab 75 mg (base equiv) (Plavix)					
COAGADEX - coagulation factor x (human) for inj 250 unit	•				
COAGADEX - coagulation factor x (human) for inj 500 unit	•				
CORIFACT - factor xiii concentrate (human) for inj kit 1000-1600 unit	•				
ELOCTATE - antihemophilic factor rcmb (bdd-rfviiiifc) for inj 250 unit	•	•	•		
ELOCTATE - antihemophilic factor rcmb (bdd-rfviiiifc) for inj 500 unit	•	•	•		
ELOCTATE - antihemophilic factor rcmb (bdd-rfviiiifc) for inj 750 unit	•	•	•		
ELOCTATE - antihemophilic factor rcmb (bdd-rfviiiifc) for inj 1000 unit	•	•	•		
ELOCTATE - antihemophilic factor rcmb (bdd-rfviiiifc) for inj 1500 unit	•	•	•		
ELOCTATE - antihemophilic factor rcmb (bdd-rfviiiifc) for inj 2000 unit	•	•	•		
ELOCTATE - antihemophilic factor rcmb (bdd-rfviiiifc) for inj 3000 unit	•	•	•		
ELOCTATE - antihemophilic factor rcmb (bdd-rfviiiifc) for inj 4000 unit	•	•	•		
ELOCTATE - antihemophilic factor rcmb (bdd-rfviiiifc) for inj 5000 unit	•	•	•		
ELOCTATE - antihemophilic factor rcmb (bdd-rfviiiifc) for inj 6000 unit	•	•	•		
ESPEROCT - antihemophilic factor recomb glycopeg-exei for inj 500 unit	•	•	•		
ESPEROCT - antihemophilic factor recomb glycopeg-exei for inj 1000 unit	•	•	•		

Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA
ESPEROCT - antihemophilic factor recomb glycopeg-exei for inj 1500 unit	•	•	•		
ESPEROCT - antihemophilic factor recomb glycopeg-exei for inj 2000 unit	•	•	•		
ESPEROCT - antihemophilic factor recomb glycopeg-exei for inj 3000 unit	•	•	•		
FEIBA - antiinhibitor coagulant complex for iv soln 500 unit	•				
FEIBA - antiinhibitor coagulant complex for iv soln 1000 unit	•				
FEIBA - antiinhibitor coagulant complex for iv soln 2500 unit	•				
HEMLIBRA - emicizumab-kxwh subcutaneous soln 30 mg/ml	•	•	•		
HEMLIBRA - emicizumab-kxwh subcutaneous soln 60 mg/0.4ml (150 mg/ml)	•	•	•		
HEMLIBRA - emicizumab-kxwh subcutaneous soln 105 mg/0.7ml (150 mg/ml)	•	•	•		
HEMLIBRA - emicizumab-kxwh subcutaneous soln 150 mg/ml	•	•	•		
HEMOFIL M - antihemophilic factor (human) for inj 250 unit	•	•	•		
HEMOFIL M - antihemophilic factor (human) for inj 500 unit	•	•	•		
HEMOFIL M - antihemophilic factor (human) for inj 1000 unit	•	•	•		
HEMOFIL M - antihemophilic factor (human) for inj 1700 unit	•	•	•		
HUMATE-P - antihemophilic factor/vwf (human) for inj 250-600 unit	•				
HUMATE-P - antihemophilic factor/vwf (human) for inj 500-1200 unit	•				

Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA
HUMATE-P - antihemophilic factor/vwf (human) for inj 1000-2400 unit	•				
IDELVION - coagulation factor ix (recomb) (rix-fp) for inj 250 unit	•	•	•		
IDELVION - coagulation factor ix (recomb) (rix-fp) for inj 500 unit	•	•	•		
IDELVION - coagulation factor ix (recomb) (rix-fp) for inj 1000 unit	•	•	•		
IDELVION - coagulation factor ix (recomb) (rix-fp) for inj 2000 unit	•	•	•		
IDELVION - coagulation factor ix (recomb) (rix-fp) for inj 3500 unit	•	•	•		
IXINITY - coagulation factor ix (recombinant) for inj 250 unit	•	•	•		
IXINITY - coagulation factor ix (recombinant) for inj 500 unit	•	•	•		
IXINITY - coagulation factor ix (recombinant) for inj 1000 unit	•	•	•		
IXINITY - coagulation factor ix (recombinant) for inj 1500 unit	•	•	•		
IXINITY - coagulation factor ix (recombinant) for inj 2000 unit	•	•	•		
IXINITY - coagulation factor ix (recombinant) for inj 3000 unit	•	•	•		
JIVI - antihemophil fact rcmb(bdd-rfviii peg-aucl) for inj 500 unit	•	•	•		
JIVI - antihemophil fact rcmb(bdd-rfviii peg-aucl)for inj 1000 unit	•	•	•		
JIVI - antihemophil fact rcmb(bdd-rfviii peg-aucl)for inj 2000 unit	•	•	•		
JIVI - antihemophil 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	•	•	•		

Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA	Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA
KOATE - antihemophilic factor (human) for inj 1000 unit	•	•	•			NOVOEIGHT - antihemophilic fact rcmb (bd trunc-rfviii) for inj 500 unit	•	•	•		
KOATE-DVI - antihemophilic factor (human) for inj 500 unit	•	•	•			NOVOEIGHT - antihemophilic fact rcmb (bd trunc-rfviii) for inj 1000 unit	•	•	•		
KOATE-DVI - antihemophilic factor (human) for inj 1000 unit	•	•	•			NOVOEIGHT - antihemophilic fact rcmb (bd trunc-rfviii) for inj 1500 unit	•	•	•		
KOGENATE FS - antihemophilic factor recomb (rfviii) for inj kit 250 unit	•	•	•			NOVOEIGHT - antihemophilic fact rcmb (bd trunc-rfviii) for inj 2000 unit	•	•	•		
KOGENATE FS - antihemophilic factor recomb (rfviii) for inj kit 500 unit	•	•	•			NOVOEIGHT - antihemophilic fact rcmb (bd trunc-rfviii) for inj 3000 unit	•	•	•		
KOGENATE FS - antihemophilic factor recomb (rfviii) for inj kit 1000 unit	•	•	•			NOVOSEVEN RT - coagulation factor viia (recomb) for inj 1 mg (1000 mcg)	•	•	•		
KOGENATE FS - antihemophilic factor recomb (rfviii) for inj kit 2000 unit	•	•	•			NOVOSEVEN RT - coagulation factor viia (recomb) for inj 2 mg (2000 mcg)	•	•	•		
KOGENATE FS - antihemophilic factor recomb (rfviii) for inj kit 3000 unit	•	•	•			NOVOSEVEN RT - coagulation factor viia (recomb) for inj 5 mg (5000 mcg)	•	•	•		
KOVALTRY - antihemophilic factor recomb (rahf-pfm) for inj 250 unit	•	•	•			NOVOSEVEN RT - coagulation factor viia (recomb) for inj 8 mg (8000 mcg)	•	•	•		
KOVALTRY - antihemophilic factor recomb (rahf-pfm) for inj 500 unit	•	•	•			NUWIQ - antihemophilic factor rcmb (bdd-rfviii,sim) for inj 250 unit	•	•	•		
KOVALTRY - antihemophilic factor recomb (rahf-pfm) for inj 1000 unit	•	•	•			NUWIQ - antihemophilic factor rcmb (bdd-rfviii,sim) for inj 500 unit	•	•	•		
KOVALTRY - antihemophilic factor recomb (rahf-pfm) for inj 2000 unit	•	•	•			NUWIQ - antihemophilic fact rcmb (bdd-rfviii,sim) for inj 1000 unit	•	•	•		
KOVALTRY - antihemophilic factor recomb (rahf-pfm) for inj 3000 unit	•	•	•			NUWIQ - antihemophilic fact rcmb (bdd-rfviii,sim) for inj 2000 unit	•	•	•		
MONONINE - coagulation factor ix for inj 1000 unit	•	•	•			NUWIQ - antihemophilic fact rcmb (bdd-rfviii,sim) for inj 2500 unit	•	•	•		
NOVOEIGHT - antihemophilic fact rcmb (bd trunc-rfviii) for inj 250 unit	•	•	•			NUWIQ - antihemophilic fact rcmb (bdd-rfviii,sim) for inj 3000 unit	•	•	•		

Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA	Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA
NUWIQ - antihemophilic fact rcmb (bdd-rfviii,sim) for inj 4000 unit	•	•	•			RECOMBINATE - antihemophilic factor recomb (rfviii) for inj 220-400 unit	•	•	•		
NUWIQ - antihemophil fact rcmb (bdd-rfviii,sim) for inj kit 250 unit	•	•	•			RECOMBINATE - antihemophilic factor recomb (rfviii) for inj 401-800 unit	•	•	•		
NUWIQ - antihemophil fact rcmb (bdd-rfviii,sim) for inj kit 500 unit	•	•	•			RECOMBINATE - antihemophilic factor recomb (rfviii) for inj 801-1240 unit	•	•	•		
NUWIQ - antihemophil fact rcmb(bdd-rfviii,sim) for inj kit 1000 unit	•	•	•			RECOMBINATE - antihemophilic factor recomb (rfviii) for inj 1241-1800 unit	•	•	•		
NUWIQ - antihemophil fact rcmb(bdd-rfviii,sim) for inj kit 2000 unit	•	•	•			RECOMBINATE - antihemophilic factor recomb (rfviii) for inj 1801-2400 unit	•	•	•		
NUWIQ - antihemophil fact rcmb(bdd-rfviii,sim) for inj kit 2500 unit	•	•	•			RIXUBIS - coagulation factor ix (recombinant) for inj 250 unit	•	•	•		
NUWIQ - antihemophil fact rcmb(bdd-rfviii,sim) for inj kit 3000 unit	•	•	•			RIXUBIS - coagulation factor ix (recombinant) for inj 500 unit	•	•	•		
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OBIZUR - antihemophilic factor (recomb porc) rpfviii for inj 500 unit	•					RIXUBIS - coagulation factor ix (recombinant) for inj 2000 unit	•	•	•		
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PROFILNINE - factor ix complex for inj 1000 unit	•	•	•			TAKHZYRO - lanadelumab-flyo inj 300 mg/2ml (150 mg/ml)	•	•	•		
PROFILNINE - factor ix complex for inj 1500 unit	•	•	•			TRETEN - coagulation factor xiii a-subunit for inj 2000-3125 unit	•				
REBINYN - coagulation factor ix recomb glycopegylated for inj 500 unt	•	•	•			VONVENDI - von willebrand factor (recombinant) for inj 650 unit	•				
REBINYN - coagulation factor ix recomb glycopegylated for inj 1000 unt	•	•	•			VONVENDI - von willebrand factor (recombinant) for inj 1300 unit	•				
REBINYN - coagulation factor ix recomb glycopegylated for inj 2000 unt	•	•	•			WILATE - antihemophilic factor/vwf (human) for inj 500-500 unit kit	•				
						WILATE - antihemophilic factor/vwf (human) for inj 1000-1000 unit kit	•				

Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA
XYNTHA - antihemophil fact rcmb (bdd-rfviii,mor) for inj kit 250 unit	•	•	•		
XYNTHA - antihemophil fact rcmb (bdd-rfviii,mor) for inj kit 500 unit	•	•	•		
XYNTHA - antihemophil fact rcmb(bdd-rfviii,mor) for inj kit 1000 unit	•	•	•		
XYNTHA - antihemophil fact rcmb(bdd-rfviii,mor) for inj kit 2000 unit	•	•	•		
XYNTHA SOLOFUSE - antihemophil fact rcmb (bdd-rfviii,mor) for inj kit 250 unit	•	•	•		
XYNTHA SOLOFUSE - antihemophil fact rcmb (bdd-rfviii,mor) for inj kit 500 unit	•	•	•		
XYNTHA SOLOFUSE - antihemophil fact rcmb(bdd-rfviii,mor) for inj kit 1000 unit	•	•	•		
XYNTHA SOLOFUSE - antihemophil fact rcmb(bdd-rfviii,mor) for inj kit 2000 unit	•	•	•		
XYNTHA SOLOFUSE - antihemophil fact rcmb(bdd-rfviii,mor) for inj kit 3000 unit	•	•	•		
TOPICAL PRODUCTS					
OPHTHALMIC AGENTS					
azelastine hcl ophth soln 0.05%					
BACITRACIN - bacitracin ophth oint 500 unit/gm					
bacitracin-polymyxin b ophth oint					
brimonidine tartrate ophth soln 0.2%					
ciprofloxacin hcl ophth soln 0.3% (base equivalent) (Ciloxan)					
cromolyn sodium ophth soln 4%					

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

Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA
PREDNISOLONE SODIUM PHOSP - prednisolone sodium phosphate ophth soln 1%					
SIMBRINZA - brinzolamide-brimonidine tartrate ophth susp 1-0.2%					
tetracaine hcl ophth soln 0.5%					
timolol maleate ophth soln 0.25% (Timoptic)					
timolol maleate ophth soln 0.5% (Timoptic)					
tobramycin ophth soln 0.3% (Tobrex)			•		
TRIFLURIDINE - trifluridine ophth soln 1%					
ZYLET - loteprednol etabonate-tobramycin ophth susp 0.5-0.3%					
MOUTH/THROAT/DENTAL AGENTS					
chlorhexidine gluconate soln 0.12% (Peridex)					
lidocaine hcl viscous soln 2%					
stannous fluoride conc 0.63%					•
DERMATOLOGICALS					
betamethasone dipropionate augmented cream 0.05% (Diprolene af)			•		
clotrimazole cream 1%					
COSENTYX - secukinumab subcutaneous soln prefilled syringe 75 mg/0.5ml	•	•	•		
COSENTYX - secukinumab subcutaneous soln prefilled syringe 150 mg/ml	•	•	•		
COSENTYX - secukinumab subcutaneous pref syr 150 mg/ml (300 mg dose)	•	•	•		

Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA
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%					
hydrocortisone cream 1%					
hydrocortisone cream 2.5%					
hydrocortisone oint 1%					
hydrocortisone oint 2.5%					
ketoconazole shampoo 2% (Nizoral)					
mometasone furoate oint 0.1% (Elocon)			•		
mupirocin oint 2% (Bactroban)					
nystatin cream 100000 unit/gm					
nystatin oint 100000 unit/gm					
selenium sulfide lotion 2.5%					
silver sulfadiazine cream 1% (Silvadene)					
SKYRIZI - risankizumab-rzaa soln prefilled syringe 150 mg/ml	•	•	•		
SKYRIZI - risankizumab-rzaa sol prefilled syringe 2 x 75 mg/0.83ml kit	•	•	•		
SKYRIZI PEN - risankizumab-rzaa soln auto-injector 150 mg/ml	•	•	•		
SOOLANTRA - ivermectin cream 1%					
STELARA - ustekinumab inj 45 mg/0.5ml	•	•	•		
STELARA - ustekinumab soln prefilled syringe 45 mg/0.5ml	•	•	•		
STELARA - ustekinumab soln prefilled syringe 90 mg/ml	•	•	•		

Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA
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	•	•	•		
triamcinolone acetonide cream 0.025%					
triamcinolone acetonide cream 0.1%					
triamcinolone acetonide cream 0.5%					
triamcinolone acetonide oint 0.025%					
triamcinolone acetonide oint 0.1%					
triamcinolone acetonide oint 0.5%					
VALCHLOR - mechlorethamine hcl gel 0.016% (base equivalent)	•				
MISCELLANEOUS PRODUCTS					
ANTIDOTES					
CHEMET - succimer cap 100 mg					
NARCAN - naloxone hcl nasal spray 4 mg/0.1ml					
DIAGNOSTIC PRODUCTS					
INSULIN PEN NEEDLES – VARIOUS			•		
INSULIN SYRINGES – VARIOUS			•		
LANCETS – VARIOUS			•		
TEST STRIPS – CONTOUR, CONTOUR NEXT			•		
MEDICAL DEVICES					

Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA
BREATHERITE - spacer/aerosol-holding chambers - device					
ASSORTED CLASSES					
LOKELMA - sodium zirconium cyclosilicate for susp packet 5 gm					
LOKELMA - sodium zirconium cyclosilicate for susp packet 10 gm					
RAPAMUNE - sirolimus oral soln 1 mg/ml					
REVLIMID - lenalidomide caps 2.5 mg	•	•	•		
REVLIMID - lenalidomide cap 5 mg	•	•	•		
REVLIMID - lenalidomide cap 10 mg	•	•	•		
REVLIMID - lenalidomide cap 15 mg	•	•	•		
REVLIMID - lenalidomide cap 20 mg	•	•	•		
REVLIMID - lenalidomide cap 25 mg	•	•	•		
THALOMID - thalidomide cap 50 mg	•	•	•		
THALOMID - thalidomide cap 100 mg	•	•	•		
THALOMID - thalidomide cap 150 mg	•	•	•		
THALOMID - thalidomide cap 200 mg	•	•	•		
VELTASSA - patiromer sorbitex calcium for susp packet 8.4 gm (base eq)					
VELTASSA - patiromer sorbitex calcium for susp packet 16.8 gm (base eq)					

Drug Name	Specialty	Prior Authorization	Dispensing Limits	Step Therapy	ACA
VELTASSA - patiomer sorbitex calcium for susp packet 25.2 gm (base eq)					
ZOKINVY - lonafarnib cap 50 mg	•				
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bupropion hcl tab er 24hr 150 mg (Wellbutrin xl).....	24	cilostazol tab 100 mg (Pletal).....	37
bupropion hcl tab er 24hr 300 mg (Wellbutrin xl).....	24	CIMDUO- lamivudine-tenofovir disoproxil fumarate tab 300-300 mg.....	2
buspironone hcl tab 5 mg.....	23	ciprofloxacin hcl ophth soln 0.3% (base equivalent) (Ciloxan).....	41
buspironone hcl tab 10 mg.....	24	ciprofloxacin hcl tab 750 mg (base equiv).....	1
buspironone hcl tab 15 mg.....	24	ciprofloxacin hcl tab 250 mg (base equiv) (Cipro).....	1
C		ciprofloxacin hcl tab 500 mg (base equiv) (Cipro).....	1
CABOMETRYX- cabozantinib s-malate tab 20 mg (base equivalent).....	4	citalopram hydrobromide tab 10 mg (base equiv) (Celexa).....	24
CABOMETRYX- cabozantinib s-malate tab 40 mg (base equivalent).....	4	citalopram hydrobromide tab 20 mg (base equiv) (Celexa).....	24
CABOMETRYX- cabozantinib s-malate tab 60 mg (base equivalent).....	4	citalopram hydrobromide tab 40 mg (base equiv) (Celexa).....	24
calcitriol cap 0.25 mcg (Rocaltrol).....	13	clindamycin hcl cap 150 mg (Cleocin).....	4
CARBAGLU- carglumic acid tab 200 mg.....	13	clindamycin hcl cap 300 mg (Cleocin).....	4
carbidopa & levodopa tab 10-100 mg (Sinemet).....	32	CLOMIPHENE CITRATE- clomiphene citrate tab 50 mg.....	13
carbidopa & levodopa tab 25-100 mg (Sinemet).....	32	clonazepam tab 0.5 mg (Klonopin).....	31
carbonyl iron susp 15 mg/1.25ml (elemental iron).....	34	clonazepam tab 1 mg (Klonopin).....	31
carisoprodol tab 350 mg (Soma).....	33	clonazepam tab 2 mg (Klonopin).....	31
carvedilol tab 3.125 mg (Coreg).....	14	clonidine hcl tab 0.1 mg (Catapres).....	15
carvedilol tab 6.25 mg (Coreg).....	14	clonidine hcl tab 0.2 mg (Catapres).....	15
carvedilol tab 12.5 mg (Coreg).....	14	clonidine hcl tab 0.3 mg (Catapres).....	15
carvedilol tab 25 mg (Coreg).....	14	clopidogrel bisulfate tab 75 mg (base equiv) (Plavix).....	37
cefadroxil cap 500 mg.....	1	clotrimazole cream 1%.....	42
cefdinir cap 300 mg.....	1	COAGADEX- coagulation factor x (human) for inj 250 unit.....	37
celecoxib cap 50 mg (Celebrex).....	29	COAGADEX- coagulation factor x (human) for inj 500 unit.....	37
celecoxib cap 100 mg (Celebrex).....	29	COMBIPATCH- estradiol-norethindrone ace td pttw 0.05-0.14 mg/day.....	7
celecoxib cap 200 mg (Celebrex).....	29	COMBIPATCH- estradiol-norethindrone ace td pttw 0.05-0.25 mg/day.....	7
cephalexin cap 250 mg (Keflex).....	1	COMBIVENT RESPIMAT- ipratropium-albuterol inhal aerosol soln 20-100 mcg/act.....	20
cephalexin cap 500 mg (Keflex).....	1	COPAXONE- glatiramer acetate soln prefilled syringe 20 mg/ml.....	27
CERDELGA- eliglustat tartrate cap 84 mg (base equivalent).....	34	COPAXONE- glatiramer acetate soln prefilled syringe 40 mg/ml.....	27
CEREZYME- imiglucerase for inj 400 unit.....	34		
cetirizine hcl oral soln 1 mg/ml (5 mg/5ml).....	19		
CHANTIX CONTINUING MONTH- varenicline tartrate tab 1 mg (base equiv).....	27		
CHANTIX STARTING MONTH PA- varenicline tartrate tab 0.5 mg x 11 & tab 1 mg x 42 pack.....	27		

CORIFACT- factor xiii concentrate (human) for inj kit 1000-1600 unit.....	37	DIASTAT ACUDIAL- diazepam rectal gel delivery system 10 mg.....	31
CORLANOR- ivabradine hcl oral soln 5 mg/5ml (base equiv).....	18	DIASTAT ACUDIAL- diazepam rectal gel delivery system 20 mg.....	31
CORLANOR- ivabradine hcl tab 5 mg (base equiv).....	18	DIASTAT PEDIATRIC- diazepam rectal gel delivery system 2.5 mg.....	32
CORLANOR- ivabradine hcl tab 7.5 mg (base equiv).....	18	diazepam tab 2 mg (Valium).....	24
COSENTYX- secukinumab subcutaneous pref syr 150 mg/ml (300 mg dose).....	42	diazepam tab 5 mg (Valium).....	24
COSENTYX- secukinumab subcutaneous soln prefilled syringe 75 mg/0.5ml.....	42	diazepam tab 10 mg (Valium).....	24
COSENTYX- secukinumab subcutaneous soln prefilled syringe 150 mg/ml.....	42	diclofenac sodium ophth soln 0.1%.....	41
COSENTYX SENSOREADY PEN- secukinumab subcutaneous auto-inj 150 mg/ml (300 mg dose).....	42	diclofenac sodium tab delayed release 50 mg.....	29
COSENTYX SENSOREADY PEN- secukinumab subcutaneous soln auto-injector 150 mg/ml.....	42	diclofenac sodium tab delayed release 75 mg.....	29
COTELLIC- cobimetinib fumarate tab 20 mg (base equivalent).....	4	dicyclomine hcl cap 10 mg (Bentyl).....	22
CREON- pancrelipase (lip-prot-amyl) dr cap 3000-9500-15000 unit.....	22	dicyclomine hcl tab 20 mg (Bentyl).....	22
CREON- pancrelipase (lip-prot-amyl) dr cap 6000-19000-30000 unit.....	22	diethylpropion hcl tab 25 mg.....	26
CREON- pancrelipase (lip-prot-amyl) dr cap 12000-38000-60000 unit.....	22	digoxin tab 125 mcg (0.125 mg) (Lanoxin).....	13
CREON- pancrelipase (lip-prot-amyl) dr cap 24000-76000-120000 unit.....	22	digoxin tab 250 mcg (0.25 mg) (Lanoxin).....	13
CREON- pancrelipase (lip-prot-amyl) dr cap 36000-114000-180000 unit.....	22	DILANTIN- phenytoin sodium extended cap 30 mg.....	32
CRINONE- progesterone vaginal gel 4%.....	23	diltiazem hcl coated beads cap er 24hr 120 mg (Cardizem cd).....	14
CRINONE- progesterone vaginal gel 8%.....	23	diltiazem hcl coated beads cap er 24hr 180 mg (Cardizem cd).....	14
cromolyn sodium ophth soln 4%.....	41	diltiazem hcl coated beads cap er 24hr 240 mg (Cardizem cd).....	14
cyanocobalamin inj 1000 mcg/ml.....	34	diltiazem hcl extended release beads cap er 24hr 120 mg (Tiazac).....	14
cyclobenzaprine hcl tab 5 mg.....	33	diltiazem hcl tab 30 mg (Cardizem).....	14
cyclobenzaprine hcl tab 10 mg.....	33	diltiazem hcl tab 60 mg (Cardizem).....	14
cyclopentolate hcl ophth soln 1% (Cyclogyl).....	41	divalproex sodium tab delayed release 125 mg (Depakote).....	32
cyproheptadine hcl tab 4 mg.....	19	divalproex sodium tab delayed release 250 mg (Depakote).....	32
CYSTADANE- betaine powder for oral solution.....	13	divalproex sodium tab delayed release 500 mg (Depakote).....	32
CYSTAGON- cysteamine bitartrate cap 50 mg.....	23	DIVIGEL- estradiol td gel 0.25 mg/0.25gm (0.1%).....	7
CYSTAGON- cysteamine bitartrate cap 150 mg.....	23	DIVIGEL- estradiol td gel 0.5 mg/0.5gm (0.1%).....	7
D		DIVIGEL- estradiol td gel 0.75 mg/0.75gm (0.1%).....	7
DELSTRIGO- doravirine-lamivudine-tenofovir df tab 100-300-300 mg.....	2	DIVIGEL- estradiol td gel 1 mg/gm (0.1%).....	7
DESCOVY- emtricitabine-tenofovir alafenamide fumarate tab 200-25 mg.....	2	DIVIGEL- estradiol td gel 1.25 mg/1.25gm (0.1%).....	7
desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Desogen).....	8	donepezil hydrochloride orally disintegrating tab 5 mg.....	27
dexamethasone tab 0.5 mg.....	6	donepezil hydrochloride orally disintegrating tab 10 mg.....	27
dexamethasone tab 0.75 mg.....	7	donepezil hydrochloride tab 5 mg (Aricept).....	27
dexamethasone tab 1.5 mg.....	7	donepezil hydrochloride tab 10 mg (Aricept).....	27
dexamethasone tab 4 mg.....	7	dorzolamide hcl ophth soln 2% (Trusopt).....	41
dexamethasone tab 6 mg.....	7	dorzolamide hcl-timolol maleate ophth soln 22.3-6.8 mg/ml (Cosopt).....	41
dexmethylphenidate hcl tab 2.5 mg (Focalin).....	26	DOVATO- dolutegravir sodium-lamivudine tab 50-300 mg (base eq).....	2
		doxazosin mesylate tab 1 mg (Cardura).....	15
		doxazosin mesylate tab 2 mg (Cardura).....	15
		doxazosin mesylate tab 4 mg (Cardura).....	15

doxazosin mesylate tab 8 mg (Cardura).....	15	EMGALITY- galcanezumab-gnlm subcutaneous soln auto-injector 120 mg/ml.....	31
doxepin hcl cap 10 mg.....	24	EMGALITY- galcanezumab-gnlm subcutaneous soln prefilled syr 100 mg/ml.....	31
doxepin hcl conc 10 mg/ml.....	24	EMGALITY- galcanezumab-gnlm subcutaneous soln prefilled syr 120 mg/ml.....	31
doxycycline hyclate cap 100 mg (Vibramycin).....	1	enalapril maleate & hydrochlorothiazide tab 5-12.5 mg.....	15
doxycycline hyclate tab 100 mg.....	1	enalapril maleate & hydrochlorothiazide tab 10-25 mg (Vaseretic).....	15
doxycycline monohydrate cap 50 mg.....	1	enalapril maleate tab 2.5 mg (Vasotec).....	16
doxycycline monohydrate cap 100 mg (Monodox).....	1	enalapril maleate tab 5 mg (Vasotec).....	16
DUAVEE- conjugated estrogens-basedoxifene tab 0.45-20 mg.....	7	enalapril maleate tab 10 mg (Vasotec).....	16
DULERA- mometasone furoate-formoterol fumarate aerosol 50-5 mcg/act.....	20	enalapril maleate tab 20 mg (Vasotec).....	16
DULERA- mometasone furoate-formoterol fumarate aerosol 100-5 mcg/act.....	20	ENBREL- etanercept for subcutaneous inj 25 mg.....	29
DULERA- mometasone furoate-formoterol fumarate aerosol 200-5 mcg/act.....	20	ENBREL- etanercept subcutaneous inj 25 mg/0.5ml.....	29
duloxetine hcl enteric coated pellets cap 20 mg (base eq) (Cymbalta).....	24	ENBREL- etanercept subcutaneous soln prefilled syringe 25 mg/0.5ml.....	29
duloxetine hcl enteric coated pellets cap 30 mg (base eq) (Cymbalta).....	24	ENBREL- etanercept subcutaneous soln prefilled syringe 50 mg/ml.....	29
duloxetine hcl enteric coated pellets cap 60 mg (base eq) (Cymbalta).....	24	ENBREL MINI- etanercept subcutaneous solution cartridge 50 mg/ml.....	29
dutasteride cap 0.5 mg (Avodart).....	23	ENBREL SURECLICK- etanercept subcutaneous solution auto-injector 50 mg/ml.....	29
E		ENTRESTO- sacubitril-valsartan tab 24-26 mg.....	18
ELIQUIS- apixaban tab 2.5 mg.....	35	ENTRESTO- sacubitril-valsartan tab 49-51 mg.....	18
ELIQUIS- apixaban tab 5 mg.....	35	ENTRESTO- sacubitril-valsartan tab 97-103 mg.....	18
ELIQUIS STARTER PACK- apixaban tab starter pack 5 mg.....	35	EPCLUSA- sofosbuvir-velpatasvir tab 200-50 mg.....	2
ELLA- ulipristal acetate tab 30 mg.....	8	EPCLUSA- sofosbuvir-velpatasvir tab 400-100 mg.....	2
ELOCTATE- antihemophilic factor rcmb (bdd-rfviiiifc) for inj 250 unit.....	37	EPIDIOLEX- cannabidiol soln 100 mg/ml.....	32
ELOCTATE- antihemophilic factor rcmb (bdd-rfviiiifc) for inj 500 unit.....	37	ergocalciferol cap 1.25 mg (50000 unit) (Drisdol).....	33
ELOCTATE- antihemophilic factor rcmb (bdd-rfviiiifc) for inj 750 unit.....	37	ERIVEDGE- vismodegib cap 150 mg.....	4
ELOCTATE- antihemophilic factor rcmb (bdd-rfviiiifc) for inj 1000 unit.....	37	ERLEADA- apalutamide tab 60 mg.....	4
ELOCTATE- antihemophilic factor rcmb (bdd-rfviiiifc) for inj 1500 unit.....	37	erythromycin ophth oint 5 mg/gm.....	41
ELOCTATE- antihemophilic factor rcmb (bdd-rfviiiifc) for inj 2000 unit.....	37	escitalopram oxalate tab 5 mg (base equiv) (Lexapro).....	24
ELOCTATE- antihemophilic factor rcmb (bdd-rfviiiifc) for inj 3000 unit.....	37	escitalopram oxalate tab 10 mg (base equiv) (Lexapro).....	24
ELOCTATE- antihemophilic factor rcmb (bdd-rfviiiifc) for inj 4000 unit.....	37	escitalopram oxalate tab 20 mg (base equiv) (Lexapro).....	24
ELOCTATE- antihemophilic factor rcmb (bdd-rfviiiifc) for inj 5000 unit.....	37	ESPEROCT- antihemophilic factor recomb glycopeg-exei for inj 500 unit.....	37
ELOCTATE- antihemophilic factor rcmb (bdd-rfviiiifc) for inj 6000 unit.....	37	ESPEROCT- antihemophilic factor recomb glycopeg-exei for inj 1000 unit.....	37
EMCYT- estramustine phosphate sodium cap 140 mg.....	4	ESPEROCT- antihemophilic factor recomb glycopeg-exei for inj 1500 unit.....	38
EMEND- aprepitant for oral susp 125 mg (125 mg/5ml).....	22	ESPEROCT- antihemophilic factor recomb glycopeg-exei for inj 2000 unit.....	38
		ESPEROCT- antihemophilic factor recomb glycopeg-exei for inj 3000 unit.....	38
		estradiol tab 0.5 mg (Estrace).....	7
		estradiol tab 1 mg (Estrace).....	7
		estradiol tab 2 mg (Estrace).....	7

ESTRING- estradiol vaginal ring 2 mg (7.5 mcg/24hrs).....	23	fluconazole tab 150 mg (Diflucan).....	2
eszopiclone tab 1 mg (Lunesta).....	26	fluconazole tab 200 mg (Diflucan).....	2
eszopiclone tab 2 mg (Lunesta).....	26	fludrocortisone acetate tab 0.1 mg.....	7
eszopiclone tab 3 mg (Lunesta).....	26	fluoxetine hcl cap 10 mg (Prozac).....	24
F		fluoxetine hcl cap 20 mg (Prozac).....	24
famciclovir tab 125 mg (Famvir).....	2	fluoxetine hcl cap 40 mg (Prozac).....	24
famotidine tab 20 mg (Pepcid).....	22	FLUPHENAZINE HCL- fluphenazine hcl oral conc 5 mg/ml.....	25
famotidine tab 40 mg (Pepcid).....	22	FLUPHENAZINE HYDROCHLORID- fluphenazine hcl elixir 2.5 mg/5ml.....	25
FARXIGA- dapagliflozin propanediol tab 5 mg (base equivalent).....	8	FLUTICASONE PROPIONATE/SA- fluticasone-salmeterol aer powder ba 55-14 mcg/act.....	20
FARXIGA- dapagliflozin propanediol tab 10 mg (base equivalent).....	8	FLUTICASONE PROPIONATE/SA- fluticasone-salmeterol aer powder ba 113-14 mcg/act.....	20
FEIBA- antiinhibitor coagulant complex for iv soln 500 unit.....	38	FLUTICASONE PROPIONATE/SA- fluticasone-salmeterol aer powder ba 232-14 mcg/act.....	20
FEIBA- antiinhibitor coagulant complex for iv soln 1000 unit.....	38	fluticasone propionate nasal susp 50 mcg/act.....	19
FEIBA- antiinhibitor coagulant complex for iv soln 2500 unit.....	38	folic acid cap 0.8 mg.....	34
felodipine tab er 24hr 2.5 mg.....	14	folic acid tab 400 mcg.....	34
felodipine tab er 24hr 5 mg.....	14	folic acid tab 800 mcg.....	34
felodipine tab er 24hr 10 mg.....	14	folic acid tab 1 mg.....	34
fenofibrate tab 54 mg (Lofibra).....	18	FOLLISTIM AQ- follitropin beta inj 300 unit/0.36ml.....	13
fenofibrate tab 160 mg (Lofibra).....	18	FOLLISTIM AQ- follitropin beta inj 600 unit/0.72ml.....	13
fenofibrate tab 48 mg (Tricor).....	18	FOLLISTIM AQ- follitropin beta inj 900 unit/1.08ml.....	13
fenofibrate tab 145 mg (Tricor).....	18	FORTEO- teriparatide (recombinant) soln pen-inj 620 mcg/2.48ml.....	13
ferrous sulfate elixir 220 mg/5ml (44 mg/5ml elemental fe).....	34	fosinopril sodium tab 10 mg.....	16
ferrous sulfate soln 75 mg/ml (15 mg/ml elemental fe).....	34	fosinopril sodium tab 20 mg.....	16
FIASP FLEXTOUCH- insulin aspart (with niacinamide) sol pen-inj 100 unit/ml.....	11	fosinopril sodium tab 40 mg.....	16
FIASP- insulin aspart (with niacinamide) inj 100 unit/ml.....	11	FULPHILA- pegfilgrastim-jmdb soln prefilled syringe 6 mg/0.6ml.....	34
FIASP PENFILL- insulin aspart (with niacinamide) soln cartridge 100 unit/ml.....	11	furosemide oral soln 10 mg/ml.....	17
FINACEA- azelaic acid foam 15%.....	42	furosemide tab 20 mg (Lasix).....	17
finasteride tab 5 mg (Proscar).....	23	furosemide tab 40 mg (Lasix).....	17
FLOVENT DISKUS- fluticasone propionate aer pow ba 50 mcg/blister.....	20	furosemide tab 80 mg (Lasix).....	17
FLOVENT DISKUS- fluticasone propionate aer pow ba 100 mcg/blister.....	20	G	
FLOVENT DISKUS- fluticasone propionate aer pow ba 250 mcg/blister.....	20	gabapentin cap 100 mg (Neurontin).....	32
FLOVENT HFA- fluticasone propionate hfa inhal aer 110 mcg/act (125/valve).....	20	gabapentin cap 300 mg (Neurontin).....	32
FLOVENT HFA- fluticasone propionate hfa inhal aer 220 mcg/act (250/valve).....	20	gabapentin cap 400 mg (Neurontin).....	32
FLOVENT HFA- fluticasone propionate hfa inhal aero 44 mcg/act (50/valve).....	20	gabapentin tab 600 mg (Neurontin).....	32
fluconazole tab 50 mg (Diflucan).....	2	gabapentin tab 800 mg (Neurontin).....	32
fluconazole tab 100 mg (Diflucan).....	2	gemfibrozil tab 600 mg (Lopid).....	18
		gentamicin sulfate ophth soln 0.3% (Garamycin).....	41
		GENVOYA- elvitegrav-cobic-emtricitab-tenofov af tab 150-150-200-10 mg.....	2
		GILENYA- fingolimod hcl cap 0.5 mg (base equiv).....	27
		glimepiride tab 1 mg (Amaryl).....	8
		glimepiride tab 2 mg (Amaryl).....	8
		glimepiride tab 4 mg (Amaryl).....	8
		glipizide tab er 24hr 2.5 mg (Glucotrol xl).....	8
		glipizide tab er 24hr 5 mg (Glucotrol xl).....	8
		glipizide tab er 24hr 10 mg (Glucotrol xl).....	8

glipizide tab 5 mg (Glucotrol).....	8	HEMLIBRA- emicizumab-kxwh subcutaneous soln 105 mg/0.7ml (150 mg/ml).....	38
glipizide tab 10 mg (Glucotrol).....	9	HEMOFIL M- antihemophilic factor (human) for inj 250 unit.....	38
GLUCAGON EMERGENCY KIT FO- glucagon hcl for inj 1 mg.....	9	HEMOFIL M- antihemophilic factor (human) for inj 500 unit.....	38
GLUCAGON EMERGENCY KIT- glucagon (rdna) for inj kit 1 mg.....	9	HEMOFIL M- antihemophilic factor (human) for inj 1000 unit.....	38
glyburide-metformin tab 1.25-250 mg (Glucovance).....	9	HEMOFIL M- antihemophilic factor (human) for inj 1700 unit.....	38
glyburide-metformin tab 2.5-500 mg (Glucovance).....	9	HUMATE-P- antihemophilic factor/vwf (human) for inj 250-600 unit.....	38
glyburide-metformin tab 5-500 mg (Glucovance).....	9	HUMATE-P- antihemophilic factor/vwf (human) for inj 500-1200 unit.....	38
glyburide micronized tab 1.5 mg (Glynase).....	9	HUMATE-P- antihemophilic factor/vwf (human) for inj 1000-2400 unit.....	38
glyburide micronized tab 3 mg (Glynase).....	9	HUMIRA- adalimumab prefilled syringe kit 10 mg/0.1ml.....	29
glyburide micronized tab 6 mg (Glynase).....	9	HUMIRA- adalimumab prefilled syringe kit 20 mg/0.2ml.....	30
glyburide tab 1.25 mg.....	9	HUMIRA- adalimumab prefilled syringe kit 40 mg/0.8ml.....	30
glyburide tab 2.5 mg.....	9	HUMIRA- adalimumab prefilled syringe kit 40 mg/0.4ml.....	30
glyburide tab 5 mg.....	9	HUMIRA PEDIATRIC CROHNS D- adalimumab prefilled syringe kit 80 mg/0.8ml.....	30
GLYXAMBI- empagliflozin-linagliptin tab 10-5 mg.....	9	HUMIRA PEDIATRIC CROHNS D- adalimumab prefilled syringe kit 80 mg/0.8ml & 40 mg/0.4ml.....	30
GLYXAMBI- empagliflozin-linagliptin tab 25-5 mg.....	9	HUMIRA PEN- adalimumab pen-injector kit 40 mg/0.8ml.....	30
GRANIX- tbo-filgrastim soln prefilled syringe 300 mcg/0.5ml.....	34	HUMIRA PEN- adalimumab pen-injector kit 40 mg/0.4ml.....	30
GRANIX- tbo-filgrastim soln prefilled syringe 480 mcg/0.8ml.....	34	HUMIRA PEN- adalimumab pen-injector kit 80 mg/0.8ml.....	30
GRANIX- tbo-filgrastim subcutaneous inj 300 mcg/ml.....	34	HUMIRA PEN-CD/UC/HS START- adalimumab pen-injector kit 40 mg/0.8ml.....	30
GRANIX- tbo-filgrastim subcutaneous inj 480 mcg/1.6ml (300 mcg/ml).....	34	HUMIRA PEN-CD/UC/HS START- adalimumab pen-injector kit 80 mg/0.8ml.....	30
GVOKE HYPOPEN 1-PACK- glucagon subcutaneous solution auto-injector 0.5 mg/0.1ml.....	9	HUMIRA PEN-PEDIATRIC UC S- adalimumab pen-injector kit 80 mg/0.8ml.....	30
GVOKE HYPOPEN 1-PACK- glucagon subcutaneous solution auto-injector 1 mg/0.2ml.....	9	HUMIRA PEN-PS/UV STARTER- adalimumab pen-injector kit 40 mg/0.8ml.....	30
GVOKE HYPOPEN 2-PACK- glucagon subcutaneous solution auto-injector 0.5 mg/0.1ml.....	9	HUMIRA PEN-PS/UV STARTER- adalimumab pen-injector kit 80 mg/0.8ml & 40 mg/0.4ml.....	30
GVOKE HYPOPEN 2-PACK- glucagon subcutaneous solution auto-injector 1 mg/0.2ml.....	9	HUMULIN R U-500 (CONCENTR- insulin regular (human) inj 500 unit/ml.....	11
GVOKE PFS- glucagon subcutaneous soln pref syringe 0.5 mg/0.1ml.....	9	HUMULIN R U-500 KWIKPEN- insulin regular (human) soln pen-injector 500 unit/ml.....	11
GVOKE PFS- glucagon subcutaneous soln pref syringe 1 mg/0.2ml.....	9	HYCODAN- hydrocodone w/ homatropine syrup 5-1.5 mg/5ml.....	19
H		hydralazine hcl tab 10 mg.....	16
haloperidol lactate oral conc 2 mg/ml.....	25	hydralazine hcl tab 25 mg.....	16
haloperidol tab 0.5 mg.....	25	hydralazine hcl tab 50 mg.....	16
haloperidol tab 1 mg.....	25		
haloperidol tab 2 mg.....	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		

hydralazine hcl tab 100 mg.....	16	INCRELEX- mecasermin inj 40 mg/4ml (10 mg/ml).....	13
hydrochlorothiazide cap 12.5 mg (Microzide).....	17	INCRUSE ELLIPTA- umeclidinium br aero powd breath act	
hydrochlorothiazide tab 12.5 mg.....	17	62.5 mcg/inh (base eq).....	21
hydrochlorothiazide tab 25 mg.....	17	indapamide tab 1.25 mg.....	17
hydrochlorothiazide tab 50 mg.....	17	indapamide tab 2.5 mg.....	17
hydrocodone-acetaminophen tab 7.5-325 mg		indomethacin cap 25 mg.....	30
(Norco).....	29	indomethacin cap 50 mg.....	30
hydrocodone-acetaminophen tab 5-325 mg		INSULIN ASPART FLEXPEN- insulin aspart soln pen-	
(Norco).....	29	injector 100 unit/ml.....	11
hydrocodone-acetaminophen tab 10-325 mg		INSULIN ASPART- insulin aspart inj 100 unit/ml.....	11
(Norco).....	29	INSULIN ASPART PENFILL- insulin aspart soln cartridge	
hydrocodone w/ homatropine syrup 5-1.5 mg/5ml.....	19	100 unit/ml.....	11
hydrocortisone cream 1%.....	42	INSULIN ASPART PROTAMINE/- insulin aspart prot &	
hydrocortisone cream 2.5%.....	42	aspart (human) inj 100 unit/ml (70-30).....	12
hydrocortisone oint 1%.....	42	INSULIN ASPART PROTAMINE/- insulin aspart prot &	
hydrocortisone oint 2.5%.....	42	aspart sus pen-inj 100 unit/ml (70-30).....	11
hydromorphone hcl tab 2 mg (Dilaudid).....	29	INSULIN PEN NEEDLES – VARIOUS.....	43
hydromorphone hcl tab 4 mg (Dilaudid).....	29	INSULIN SYRINGES – VARIOUS.....	43
hydroxyzine hcl syrup 10 mg/5ml.....	24	INTELENCE- etravirine tab 25 mg.....	2
hydroxyzine hcl tab 10 mg.....	24	INTELENCE- etravirine tab 100 mg.....	2
hydroxyzine hcl tab 25 mg.....	24	INTELENCE- etravirine tab 200 mg.....	2
hydroxyzine hcl tab 50 mg.....	24	INTRON A- interferon alfa-2b for inj 10000000 unit.....	4
hydroxyzine pamoate cap 25 mg (Vistaril).....	24	INTRON A- interferon alfa-2b for inj 18000000 unit.....	5
hydroxyzine pamoate cap 50 mg (Vistaril).....	24	INTRON A- interferon alfa-2b for inj 50000000 unit.....	5
I		INTRON A- interferon alfa-2b inj 6000000 unit/ml.....	4
ibandronate sodium tab 150 mg (base equivalent)		INTRON A- interferon alfa-2b inj 10000000 unit/ml.....	4
(Boniva).....	13	INVOKAMET- canagliflozin-metformin hcl tab 50-500	
IBRANCE- palbociclib cap 75 mg.....	4	mg.....	9
IBRANCE- palbociclib cap 100 mg.....	4	INVOKAMET- canagliflozin-metformin hcl tab 150-500	
IBRANCE- palbociclib cap 125 mg.....	4	mg.....	9
IBRANCE- palbociclib tab 75 mg.....	4	INVOKAMET- canagliflozin-metformin hcl tab 50-1000	
IBRANCE- palbociclib tab 100 mg.....	4	mg.....	9
IBRANCE- palbociclib tab 125 mg.....	4	INVOKAMET- canagliflozin-metformin hcl tab 150-1000	
ibuprofen susp 100 mg/5ml.....	30	mg.....	9
ibuprofen tab 400 mg.....	30	INVOKAMET XR- canagliflozin-metformin hcl tab er 24hr	
ibuprofen tab 600 mg.....	30	50-500 mg.....	9
ibuprofen tab 800 mg.....	30	INVOKAMET XR- canagliflozin-metformin hcl tab er 24hr	
IDELVION- coagulation factor ix (recomb) (rix-fp) for inj		50-1000 mg.....	9
250 unit.....	38	INVOKAMET XR- canagliflozin-metformin hcl tab er 24hr	
IDELVION- coagulation factor ix (recomb) (rix-fp) for inj		150-500 mg.....	9
500 unit.....	38	INVOKAMET XR- canagliflozin-metformin hcl tab er 24hr	
IDELVION- coagulation factor ix (recomb) (rix-fp) for inj		150-1000 mg.....	9
1000 unit.....	38	INVOKANA- canagliflozin tab 100 mg.....	9
IDELVION- coagulation factor ix (recomb) (rix-fp) for inj		INVOKANA- canagliflozin tab 300 mg.....	9
2000 unit.....	38	ipratropium bromide inhal soln 0.02%.....	21
IDELVION- coagulation factor ix (recomb) (rix-fp) for inj		irbesartan-hydrochlorothiazide tab 150-12.5 mg	
3500 unit.....	38	(Avalide).....	16
imipramine hcl tab 10 mg (Tofranil).....	24	irbesartan-hydrochlorothiazide tab 300-12.5 mg	
imipramine hcl tab 25 mg (Tofranil).....	24	(Avalide).....	16
imipramine hcl tab 50 mg (Tofranil).....	24	irbesartan tab 75 mg (Avapro).....	16
IMPAVIDO- miltefosine cap 50 mg.....	4	irbesartan tab 150 mg (Avapro).....	16
INBRIJA- levodopa inhal powder cap 42 mg.....	32	irbesartan tab 300 mg (Avapro).....	16

ISENTRESS HD- raltegravir potassium tab 600 mg (base equiv).....	2	JULUCA- dolutegravir sodium-rilpivirine hcl tab 50-25 mg (base eq).....	2
ISENTRESS- raltegravir potassium chew tab 25 mg (base equiv).....	2	K	
ISENTRESS- raltegravir potassium chew tab 100 mg (base equiv).....	2	KALETRA- lopinavir-ritonavir tab 100-25 mg.....	2
ISENTRESS- raltegravir potassium packet for susp 100 mg (base equiv).....	2	KALETRA- lopinavir-ritonavir tab 200-50 mg.....	2
ISENTRESS- raltegravir potassium tab 400 mg (base equiv).....	2	KALYDECO- ivacaftor packet 25 mg.....	21
isoniazid tab 300 mg.....	1	KALYDECO- ivacaftor packet 50 mg.....	21
isosorbide mononitrate tab er 24hr 30 mg.....	13	KALYDECO- ivacaftor packet 75 mg.....	21
isosorbide mononitrate tab er 24hr 60 mg.....	14	KALYDECO- ivacaftor tab 150 mg.....	21
isosorbide mononitrate tab 10 mg.....	14	KESIMPTA- ofatumumab soln auto-injector 20 mg/0.4ml.....	27
isosorbide mononitrate tab 20 mg.....	14	ketoconazole shampoo 2% (Nizoral).....	42
IXINITY- coagulation factor ix (recombinant) for inj 250 unit.....	38	ketorolac tromethamine ophth soln 0.5% (Acular).....	41
IXINITY- coagulation factor ix (recombinant) for inj 500 unit.....	38	KISQALI FEMARA 200 DOSE- ribociclib 200 mg dose (200 mg tab) & letrozole 2.5 mg tbpk.....	5
IXINITY- coagulation factor ix (recombinant) for inj 1000 unit.....	38	KISQALI FEMARA 400 DOSE- ribociclib 400 mg dose (200 mg tab) & letrozole 2.5 mg tbpk.....	5
IXINITY- coagulation factor ix (recombinant) for inj 1500 unit.....	38	KISQALI FEMARA 600 DOSE- ribociclib 600 mg dose (200 mg tab) & letrozole 2.5 mg tbpk.....	5
IXINITY- coagulation factor ix (recombinant) for inj 2000 unit.....	38	KISQALI- ribociclib succinate tab pack 200 mg daily dose.....	5
IXINITY- coagulation factor ix (recombinant) for inj 3000 unit.....	38	KISQALI- ribociclib succinate tab pack 400 mg daily dose (200 mg tab).....	5
J		KISQALI- ribociclib succinate tab pack 600 mg daily dose (200 mg tab).....	5
JANUMET- sitagliptin-metformin hcl tab 50-500 mg.....	9	KOATE- antihemophilic factor (human) for inj 250 unit.....	38
JANUMET- sitagliptin-metformin hcl tab 50-1000 mg.....	9	KOATE- antihemophilic factor (human) for inj 500 unit.....	38
JANUMET XR- sitagliptin-metformin hcl tab er 24hr 50-500 mg.....	9	KOATE- antihemophilic factor (human) for inj 1000 unit.....	39
JANUMET XR- sitagliptin-metformin hcl tab er 24hr 50-1000 mg.....	10	KOATE-DVI- antihemophilic factor (human) for inj 500 unit.....	39
JANUMET XR- sitagliptin-metformin hcl tab er 24hr 100-1000 mg.....	10	KOATE-DVI- antihemophilic factor (human) for inj 1000 unit.....	39
JANUVIA- sitagliptin phosphate tab 25 mg (base equiv).....	10	KOGENATE FS- antihemophilic factor recomb (rfviii) for inj kit 250 unit.....	39
JANUVIA- sitagliptin phosphate tab 50 mg (base equiv).....	10	KOGENATE FS- antihemophilic factor recomb (rfviii) for inj kit 500 unit.....	39
JANUVIA- sitagliptin phosphate tab 100 mg (base equiv).....	10	KOGENATE FS- antihemophilic factor recomb (rfviii) for inj kit 1000 unit.....	39
JARDIANCE- empagliflozin tab 10 mg.....	10	KOGENATE FS- antihemophilic factor recomb (rfviii) for inj kit 2000 unit.....	39
JARDIANCE- empagliflozin tab 25 mg.....	10	KOGENATE FS- antihemophilic factor recomb (rfviii) for inj kit 3000 unit.....	39
JIVI- antihemophil fact rcmb(bdd-rfviii peg-aucl)for inj 1000 unit.....	38	KOSHER PRENATAL PLUS IRON- prenatal vit w/ iron carbonyl-fa tab 30-1 mg.....	33
JIVI- antihemophil fact rcmb(bdd-rfviii peg-aucl)for inj 2000 unit.....	38	KOVALTRY- antihemophilic factor recomb (rahf-pfm) for inj 250 unit.....	39
JIVI- antihemophil fact rcmb(bdd-rfviii peg-aucl)for inj 3000 unit.....	38	KOVALTRY- antihemophilic factor recomb (rahf-pfm) for inj 500 unit.....	39
JIVI- antihemophil fact rcmb(bdd-rfviii peg-aucl) for inj 500 unit.....	38	KOVALTRY- antihemophilic factor recomb (rahf-pfm) for inj 1000 unit.....	39

KOVALTRY- antihemophilic factor recomb (rahf-pfm) for inj 2000 unit.....	39	levothyroxine sodium tab 150 mcg (Synthroid).....	12
KOVALTRY- antihemophilic factor recomb (rahf-pfm) for inj 3000 unit.....	39	levothyroxine sodium tab 175 mcg (Synthroid).....	12
KYNMOBI- apomorphine hydrochloride film 10 mg.....	32	levothyroxine sodium tab 200 mcg (Synthroid).....	12
KYNMOBI- apomorphine hydrochloride film 15 mg.....	32	levothyroxine sodium tab 300 mcg (Synthroid).....	12
KYNMOBI- apomorphine hydrochloride film 20 mg.....	32	lidocaine hcl viscous soln 2%.....	42
KYNMOBI- apomorphine hydrochloride film 25 mg.....	32	LINZESS- linaclotide cap 72 mcg.....	23
KYNMOBI- apomorphine hydrochloride film 30 mg.....	32	LINZESS- linaclotide cap 145 mcg.....	23
		LINZESS- linaclotide cap 290 mcg.....	23
L		lisinopril & hydrochlorothiazide tab 10-12.5 mg (Zestoretic).....	16
labetalol hcl tab 100 mg (Trandate).....	14	lisinopril & hydrochlorothiazide tab 20-12.5 mg (Zestoretic).....	16
lamotrigine tab 25 mg (Lamictal).....	32	lisinopril & hydrochlorothiazide tab 20-25 mg (Zestoretic).....	16
lamotrigine tab 100 mg (Lamictal).....	32	lisinopril tab 5 mg (Prinivil).....	16
lamotrigine tab 150 mg (Lamictal).....	32	lisinopril tab 10 mg (Prinivil).....	16
lamotrigine tab 200 mg (Lamictal).....	32	lisinopril tab 20 mg (Prinivil).....	16
LANCETS – VARIOUS.....	43	lisinopril tab 2.5 mg (Zestril).....	16
lansoprazole cap delayed release 30 mg (Prevacid).....	22	lisinopril tab 30 mg (Zestril).....	16
LANTUS- insulin glargine inj 100 unit/ml.....	12	lisinopril tab 40 mg (Zestril).....	16
LANTUS SOLOSTAR- insulin glargine soln pen-injector 100 unit/ml.....	12	lithium carbonate cap 300 mg.....	25
latanoprost ophth soln 0.005% (Xalatan).....	41	lithium carbonate cap 150 mg (Lithium carbonate).....	25
LATUDA- lurasidone hcl tab 20 mg.....	25	lithium carbonate cap 600 mg (Lithium carbonate).....	25
LATUDA- lurasidone hcl tab 40 mg.....	25	lithium carbonate tab er 450 mg.....	25
LATUDA- lurasidone hcl tab 60 mg.....	25	lithium carbonate tab er 300 mg (Lithobid).....	25
LATUDA- lurasidone hcl tab 80 mg.....	25	lithium carbonate tab 300 mg.....	25
LATUDA- lurasidone hcl tab 120 mg.....	25	LOKELMA- sodium zirconium cyclosilicate for susp packet 5 gm.....	43
letrozole tab 2.5 mg (Femara).....	5	LOKELMA- sodium zirconium cyclosilicate for susp packet 10 gm.....	43
LEUKERAN- chlorambucil tab 2 mg.....	5	lorazepam tab 0.5 mg (Ativan).....	24
LEVEMIR FLEXTOUCH- insulin detemir soln pen-injector 100 unit/ml.....	12	lorazepam tab 1 mg (Ativan).....	24
LEVEMIR- insulin detemir inj 100 unit/ml.....	12	lorazepam tab 2 mg (Ativan).....	24
levetiracetam tab 250 mg (Keppra).....	32	losartan potassium & hydrochlorothiazide tab 50-12.5 mg (Hyzaar).....	16
levetiracetam tab 500 mg (Keppra).....	32	losartan potassium & hydrochlorothiazide tab 100-12.5 mg (Hyzaar).....	16
levocetirizine dihydrochloride tab 5 mg.....	19	losartan potassium & hydrochlorothiazide tab 100-25 mg (Hyzaar).....	16
levofloxacin tab 250 mg (Levaquin).....	1	losartan potassium tab 25 mg (Cozaar).....	16
levofloxacin tab 500 mg (Levaquin).....	1	losartan potassium tab 50 mg (Cozaar).....	16
levofloxacin tab 750 mg (Levaquin).....	1	losartan potassium tab 100 mg (Cozaar).....	16
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg.....	8	LOTEMAX- loteprednol etabonate ophth oint 0.5%.....	41
levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg.....	8	LOTEMAX SM- loteprednol etabonate ophth gel 0.38%.....	41
levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg.....	8	lovastatin tab 10 mg.....	18
levothyroxine sodium tab 25 mcg (Synthroid).....	12	lovastatin tab 20 mg.....	18
levothyroxine sodium tab 50 mcg (Synthroid).....	12	lovastatin tab 40 mg (Mevacor).....	18
levothyroxine sodium tab 75 mcg (Synthroid).....	12	LUMIGAN- bimatoprost ophth soln 0.01%.....	41
levothyroxine sodium tab 88 mcg (Synthroid).....	12	LYNPARZA- olaparib tab 100 mg.....	5
levothyroxine sodium tab 100 mcg (Synthroid).....	12	LYNPARZA- olaparib tab 150 mg.....	5
levothyroxine sodium tab 112 mcg (Synthroid).....	12		
levothyroxine sodium tab 125 mcg (Synthroid).....	12		
levothyroxine sodium tab 137 mcg (Synthroid).....	12		

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MAVENCLAD- cladribine tab therapy pack 10 mg (4 tabs).....	27	methotrexate sodium inj pf 250 mg/10ml (25 mg/ml).....	5
MAVENCLAD- cladribine tab therapy pack 10 mg (5 tabs).....	27	methylphenidate hcl tab 5 mg (Ritalin).....	26
MAVENCLAD- cladribine tab therapy pack 10 mg (6 tabs).....	27	methylprednisolone tab 4 mg (Medrol).....	7
MAVENCLAD- cladribine tab therapy pack 10 mg (7 tabs).....	27	methylprednisolone tab 16 mg (Medrol).....	7
MAVENCLAD- cladribine tab therapy pack 10 mg (8 tabs).....	27	methylprednisolone tab 32 mg (Medrol).....	7
MAVENCLAD- cladribine tab therapy pack 10 mg (9 tabs).....	27	methylprednisolone tab therapy pack 4 mg (21) (Medrol dosepak).....	7
MAVENCLAD- cladribine tab therapy pack 10 mg (10 tabs).....	27	metoclopramide hcl tab 5 mg (base equivalent) (Reglan).....	23
MAVYRET- glecaprevir-pibrentasvir tab 100-40 mg.....	2	metoclopramide hcl tab 10 mg (base equivalent) (Reglan).....	23
MAYZENT- siponimod fumarate tab 0.25 mg (base equiv).....	27	metoprolol succinate tab er 24hr 25 mg (tartrate equiv) (Toprol xl).....	14
MAYZENT- siponimod fumarate tab 2 mg (base equiv).....	27	metoprolol succinate tab er 24hr 50 mg (tartrate equiv) (Toprol xl).....	14
MAYZENT STARTER PACK- siponimod fumarate tab 0.25 mg (12) starter pack.....	28	metoprolol succinate tab er 24hr 100 mg (tartrate equiv) (Toprol xl).....	14
meclizine hcl tab 12.5 mg.....	22	metoprolol tartrate tab 25 mg.....	14
meclizine hcl tab 25 mg.....	22	metoprolol tartrate tab 50 mg (Lopressor).....	14
medroxyprogesterone acetate tab 2.5 mg (Provera).....	8	metoprolol tartrate tab 100 mg (Lopressor).....	14
medroxyprogesterone acetate tab 5 mg (Provera).....	8	metronidazole tab 250 mg (Flagyl).....	4
medroxyprogesterone acetate tab 10 mg (Provera).....	8	metronidazole tab 500 mg (Flagyl).....	4
MEFLOQUINE HCL- mefloquine hcl tab 250 mg.....	4	minocycline hcl cap 50 mg (Minocin).....	1
megestrol acetate tab 20 mg.....	5	minoxidil tab 2.5 mg.....	16
megestrol acetate tab 40 mg.....	5	minoxidil tab 10 mg.....	16
MEKINIST- trametinib dimethyl sulfoxide tab 0.5 mg (base equivalent).....	5	mirtazapine tab 15 mg (Remeron).....	24
MEKINIST- trametinib dimethyl sulfoxide tab 2 mg (base equivalent).....	5	mirtazapine tab 30 mg (Remeron).....	24
meloxicam tab 7.5 mg (Mobic).....	30	mirtazapine tab 45 mg (Remeron).....	24
meloxicam tab 15 mg (Mobic).....	30	misoprostol tab 100 mcg (Cytotec).....	22
memantine hcl tab 5 mg (Namenda).....	28	misoprostol tab 200 mcg (Cytotec).....	22
memantine hcl tab 10 mg (Namenda).....	28	MITIGARE- colchicine cap 0.6 mg.....	31
MESNEX- mesna tab 400 mg.....	5	mometasone furoate oint 0.1% (Elocon).....	42
metformin hcl tab er 24hr 500 mg (Glucophage xr).....	10	MONONINE- coagulation factor ix for inj 1000 unit.....	39
metformin hcl tab er 24hr 750 mg (Glucophage xr).....	10	montelukast sodium chew tab 4 mg (base equiv) (Singulair).....	21
metformin hcl tab 500 mg (Glucophage).....	10	montelukast sodium chew tab 5 mg (base equiv) (Singulair).....	21
metformin hcl tab 850 mg (Glucophage).....	10	montelukast sodium tab 10 mg (base equiv) (Singulair).....	21
metformin hcl tab 1000 mg (Glucophage).....	10	morphine sulfate oral soln 10 mg/5ml.....	29
methadone hcl tab 10 mg (Dolophine).....	29	morphine sulfate tab er 15 mg (Ms contin).....	29
methadone hcl tab 5 mg (Dolophine hcl).....	29	MOVANTIK- naloxegol oxalate tab 12.5 mg (base equivalent).....	23
methimazole tab 5 mg (Tapazole).....	12	MOVANTIK- naloxegol oxalate tab 25 mg (base equivalent).....	23
methimazole tab 10 mg (Tapazole).....	12	MULTAQ- dronedarone hcl tab 400 mg (base equivalent).....	15
methocarbamol tab 750 mg (Robaxin-750).....	33	mupirocin oint 2% (Bactroban).....	42
methocarbamol tab 500 mg (Robaxin).....	33	MYLERAN- busulfan tab 2 mg.....	5
methotrexate sodium inj 50 mg/2ml (25 mg/ml).....	5		
methotrexate sodium inj pf 50 mg/2ml (25 mg/ml).....	5	N	
		nabumetone tab 500 mg.....	30
		nabumetone tab 750 mg.....	30

naproxen tab ec 375 mg (Ec-naprosyn)	30	NIVESTYM- filgrastim-aafi soln prefilled syringe 480	
naproxen tab ec 500 mg (Ec-naprosyn)	30	mcg/0.8ml.....	35
naproxen tab 250 mg (Naprosyn)	30	NORDITROPIN FLEXPPO- somatropin solution pen-	
naproxen tab 375 mg (Naprosyn)	30	injector 5 mg/1.5ml.....	13
naproxen tab 500 mg (Naprosyn)	30	NORDITROPIN FLEXPPO- somatropin solution pen-	
NARCAN- naloxone hcl nasal spray 4 mg/0.1ml.....	43	injector 10 mg/1.5ml.....	13
NATACYN- natamycin ophth susp 5%.....	41	NORDITROPIN FLEXPPO- somatropin solution pen-	
neomycin-polymyxin-dexamethasone ophth oint 0.1% (Maxitrol)	41	injector 15 mg/1.5ml.....	13
neomycin-polymyxin-dexamethasone ophth susp 0.1% (Maxitrol)	41	NORDITROPIN FLEXPPO- somatropin solution pen-	
neomycin sulfate tab 500 mg	1	injector 30 mg/3ml.....	13
NEULASTA ONPRO KIT- pegfilgrastim soln prefilled syringe kit 6 mg/0.6ml.....	34	norethindrone & ethinyl estradiol tab 1 mg-35 mcg (Norinyl 1+35)	8
NEULASTA- pegfilgrastim soln prefilled syringe 6 mg/0.6ml.....	34	norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg (Loestrin fe 1/20)	8
NEUPOGEN- filgrastim inj 300 mcg/ml.....	35	norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg (Loestrin fe 1.5/30)	8
NEUPOGEN- filgrastim inj 480 mcg/1.6ml (300 mcg/ml).....	35	norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg (Loestrin 1/20-21)	8
NEUPOGEN- filgrastim soln prefilled syringe 300 mcg/0.5ml.....	35	norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)	8
NEUPOGEN- filgrastim soln prefilled syringe 480 mcg/0.8ml (600 mcg/ml).....	35	norethindrone tab 0.35 mg (Nor-qd)	8
nevirapine tab 200 mg (Viramune)	2	norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg (Ortho-cyclen)	8
NEXAVAR- sorafenib tosylate tab 200 mg (base equivalent).....	5	norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg (Ortho tri-cyclen)	8
NEXIUM- esomeprazole magnesium for delayed release susp packet 5 mg.....	22	norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg (Ortho tri-cyclen lo)	8
NEXIUM- esomeprazole magnesium for delayed release susp pack 2.5 mg.....	22	nortriptyline hcl cap 10 mg (Pamelor)	24
NEXLETOL- bempedoic acid tab 180 mg.....	18	nortriptyline hcl cap 25 mg (Pamelor)	24
NEXLIZET- bempedoic acid-ezetimibe tab 180-10 mg.....	18	nortriptyline hcl cap 50 mg (Pamelor)	25
NICOTROL INHALER- nicotine inhaler system 10 mg (4 mg delivered).....	28	nortriptyline hcl cap 75 mg (Pamelor)	25
NICOTROL NS- nicotine nasal spray 10 mg/ml (0.5 mg/spray).....	28	NORVIR- ritonavir oral soln 80 mg/ml.....	3
nifedipine tab er 24hr 30 mg (Adalat cc)	14	NORVIR- ritonavir powder packet 100 mg.....	3
nifedipine tab er 24hr osmotic release 30 mg (Procardia xl)	15	NOVOEIGHT- antihemophilic fact rcmb (bd trunc-rfviii) for inj 250 unit.....	39
nifedipine tab er 24hr osmotic release 60 mg (Procardia xl)	15	NOVOEIGHT- antihemophilic fact rcmb (bd trunc-rfviii) for inj 500 unit.....	39
nitrofurantoin monohydrate macrocrystalline cap 100 mg (Macrobid)	4	NOVOEIGHT- antihemophilic fact rcmb (bd trunc-rfviii) for inj 1000 unit.....	39
nitroglycerin td patch 24hr 0.2 mg/hr (Nitro-dur)	14	NOVOEIGHT- antihemophilic fact rcmb (bd trunc-rfviii) for inj 1500 unit.....	39
NITYR- nitisinone tab 2 mg.....	13	NOVOEIGHT- antihemophilic fact rcmb (bd trunc-rfviii) for inj 2000 unit.....	39
NITYR- nitisinone tab 5 mg.....	13	NOVOEIGHT- antihemophilic fact rcmb (bd trunc-rfviii) for inj 3000 unit.....	39
NITYR- nitisinone tab 10 mg.....	13	NOVOLIN 70/30 FLEXPEN- insulin nph & regular susp pen-inj 100 unit/ml (70-30).....	12
NIVESTYM- filgrastim-aafi inj 300 mcg/ml.....	35	NOVOLIN 70/30- insulin nph isophane & regular human inj 100 unit/ml (70-30).....	12
NIVESTYM- filgrastim-aafi inj 480 mcg/1.6ml (300 mcg/ml).....	35	NOVOLIN N FLEXPEN- insulin nph (human) (isophane) susp pen-injector 100 unit/ml.....	12
NIVESTYM- filgrastim-aafi soln prefilled syringe 300 mcg/0.5ml.....	35	NOVOLIN N- insulin nph (human) (isophane) inj 100 unit/ml.....	12

NOVOLIN R FLEXPEN- insulin regular (human) soln pen-injector 100 unit/ml.....	11	nystatin oint 100000 unit/gm.....	42
NOVOLIN R- insulin regular (human) inj 100 unit/ml.....	11	NYVEPRIA- pegfilgrastim-apgf soln prefilled syringe 6 mg/0.6ml.....	35
NOVOLOG FLEXPEN- insulin aspart soln pen-injector 100 unit/ml.....	11	O	
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	olanzapine tab 2.5 mg (Zyprexa).....	25
NOVOLOG PENFILL- insulin aspart soln cartridge 100 unit/ml.....	11	olanzapine tab 5 mg (Zyprexa).....	25
NOVOSEVEN RT- coagulation factor viia (recomb) for inj 1 mg (1000 mcg).....	39	olanzapine tab 7.5 mg (Zyprexa).....	25
NOVOSEVEN RT- coagulation factor viia (recomb) for inj 2 mg (2000 mcg).....	39	olanzapine tab 10 mg (Zyprexa).....	25
NOVOSEVEN RT- coagulation factor viia (recomb) for inj 5 mg (5000 mcg).....	39	olanzapine tab 15 mg (Zyprexa).....	25
NOVOSEVEN RT- coagulation factor viia (recomb) for inj 8 mg (8000 mcg).....	39	olanzapine tab 20 mg (Zyprexa).....	25
NOXAFIL- posaconazole susp 40 mg/ml.....	2	olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg (Benicar hct).....	16
NUBEQA- darolutamide tab 300 mg.....	5	olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg (Benicar hct).....	16
NUVARING- etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr.....	8	olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg (Benicar hct).....	16
NUWIQ- antihemophil fact rcmb(bdd-rfviii,sim) for inj kit 1000 unit.....	40	olmesartan medoxomil tab 5 mg (Benicar).....	16
NUWIQ- antihemophil fact rcmb(bdd-rfviii,sim) for inj kit 2000 unit.....	40	olmesartan medoxomil tab 20 mg (Benicar).....	16
NUWIQ- antihemophil fact rcmb(bdd-rfviii,sim) for inj kit 2500 unit.....	40	olmesartan medoxomil tab 40 mg (Benicar).....	16
NUWIQ- antihemophil fact rcmb(bdd-rfviii,sim) for inj kit 3000 unit.....	40	omeprazole cap delayed release 10 mg (Prilosec).....	22
NUWIQ- antihemophil fact rcmb(bdd-rfviii,sim) for inj kit 4000 unit.....	40	omeprazole cap delayed release 20 mg (Prilosec).....	22
NUWIQ- antihemophil fact rcmb (bdd-rfviii,sim) for inj kit 250 unit.....	40	omeprazole cap delayed release 40 mg (Prilosec).....	22
NUWIQ- antihemophil fact rcmb (bdd-rfviii,sim) for inj kit 500 unit.....	40	ondansetron hcl tab 4 mg (Zofran).....	22
NUWIQ- antihemophilic factor rcmb (bdd-rfviii,sim) for inj 250 unit.....	39	ondansetron hcl tab 8 mg (Zofran).....	22
NUWIQ- antihemophilic factor rcmb (bdd-rfviii,sim) for inj 500 unit.....	39	ondansetron orally disintegrating tab 4 mg (Zofran odt).....	22
NUWIQ- antihemophilic fact rcmb (bdd-rfviii,sim) for inj 1000 unit.....	39	ondansetron orally disintegrating tab 8 mg (Zofran odt).....	22
NUWIQ- antihemophilic fact rcmb (bdd-rfviii,sim) for inj 2000 unit.....	39	OPSUMIT- macitentan tab 10 mg.....	18
NUWIQ- antihemophilic fact rcmb (bdd-rfviii,sim) for inj 2500 unit.....	39	ORFADIN- nitisinone cap 20 mg.....	13
NUWIQ- antihemophilic fact rcmb (bdd-rfviii,sim) for inj 3000 unit.....	39	ORFADIN- nitisinone susp 4 mg/ml.....	13
NUWIQ- antihemophilic fact rcmb (bdd-rfviii,sim) for inj 4000 unit.....	40	ORIAHNN- elagolix-estradiol-noreth 300-1-0.5mg & elagolix 300mg cap pack.....	7
nystatin cream 100000 unit/gm.....	42	ORILISSA- elagolix sodium tab 150 mg (base equiv).....	13
		ORILISSA- elagolix sodium tab 200 mg (base equiv).....	13
		orphenadrine citrate tab er 12hr 100 mg.....	33
		OTEZLA- apremilast tab 30 mg.....	30
		OTEZLA- apremilast tab starter therapy pack 10 mg & 20 mg & 30 mg.....	30
		oxcarbazepine tab 150 mg (Trileptal).....	32
		oxybutynin chloride syrup 5 mg/5ml.....	23
		oxybutynin chloride tab er 24hr 15 mg.....	23
		oxybutynin chloride tab er 24hr 5 mg (Ditropan xl).....	23
		oxybutynin chloride tab er 24hr 10 mg (Ditropan xl).....	23
		oxybutynin chloride tab 5 mg.....	23
		oxycodone hcl tab 10 mg.....	29
		oxycodone hcl tab 5 mg (Roxicodone).....	29

oxycodone w/ acetaminophen tab 5-325 mg (Percocet).....	29	PLEGRIDY STARTER PACK- peginterferon beta-1a soln pen-inj 63 & 94 mcg/0.5ml pack.....	28
OZEMPIC- semaglutide soln pen-inj 1 mg/dose (2 mg/1.5ml).....	10	PLEGRIDY STARTER PACK- peginterferon beta-1a soln pref syr 63 & 94 mcg/0.5ml pack.....	28
OZEMPIC- semaglutide soln pen-inj 1 mg/dose (4 mg/3ml).....	10	polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1% (Polytrim).....	41
OZEMPIC- semaglutide soln pen-inj 0.25 or 0.5 mg/dose (2 mg/1.5ml).....	10	potassium chloride microencapsulated crys er tab 10 meq.....	33
P		potassium chloride microencapsulated crys er tab 20 meq.....	33
pantoprazole sodium ec tab 20 mg (base equiv) (Protonix).....	22	potassium chloride tab er 10 meq (K-tab).....	33
pantoprazole sodium ec tab 40 mg (base equiv) (Protonix).....	22	potassium chloride tab er 8 meq (600 mg).....	33
paroxetine hcl tab 10 mg (Paxil).....	25	pramipexole dihydrochloride tab 0.125 mg (Mirapex).....	32
paroxetine hcl tab 20 mg (Paxil).....	25	pramipexole dihydrochloride tab 0.25 mg (Mirapex).....	32
paroxetine hcl tab 30 mg (Paxil).....	25	pramipexole dihydrochloride tab 0.5 mg (Mirapex).....	33
paroxetine hcl tab 40 mg (Paxil).....	25	pramipexole dihydrochloride tab 0.75 mg (Mirapex).....	33
PEGASYS- peginterferon alfa-2a inj 180 mcg/ml.....	3	pramipexole dihydrochloride tab 1 mg (Mirapex).....	33
PEGASYS- peginterferon alfa-2a inj 180 mcg/0.5ml.....	3	pramipexole dihydrochloride tab 1.5 mg (Mirapex).....	33
peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm (Golytely).....	22	pravastatin sodium tab 10 mg.....	18
peg 3350-kcl-sod bicarb-nacl for soln 420 gm (Nulytely/flavor pack).....	22	pravastatin sodium tab 20 mg (Pravachol).....	18
penicillin v potassium tab 250 mg.....	1	pravastatin sodium tab 40 mg (Pravachol).....	18
penicillin v potassium tab 500 mg.....	1	pravastatin sodium tab 80 mg (Pravachol).....	18
perindopril erbumine tab 2 mg.....	16	PREDNISOLONE ACETATE- prednisolone acetate ophth susp 1%.....	41
perindopril erbumine tab 4 mg (Aceon).....	16	PREDNISOLONE SODIUM PHOSP- prednisolone sodium phosphate ophth soln 1%.....	42
phendimetrazine tartrate tab 35 mg.....	26	prednisolone sod phosphate oral soln 15 mg/5ml (base equiv).....	7
phenobarbital tab 15 mg.....	26	PREDNISON- prednisone oral soln 5 mg/5ml.....	7
phenobarbital tab 30 mg.....	26	prednisone tab 1 mg.....	7
phenobarbital tab 60 mg.....	26	prednisone tab 2.5 mg.....	7
phenobarbital tab 100 mg.....	26	prednisone tab 5 mg.....	7
phentermine hcl cap 15 mg.....	26	prednisone tab 10 mg.....	7
phentermine hcl cap 30 mg.....	26	prednisone tab 20 mg.....	7
phentermine hcl cap 37.5 mg (Adipex-p).....	26	prednisone tab 50 mg.....	7
phentermine hcl tab 37.5 mg (Adipex-p).....	26	prednisone tab therapy pack 5 mg (21).....	7
pioglitazone hcl tab 15 mg (base equiv) (Actos).....	10	prednisone tab therapy pack 5 mg (48).....	7
pioglitazone hcl tab 30 mg (base equiv) (Actos).....	10	PREMARIN- estrogens, conjugated tab 0.3 mg.....	7
pioglitazone hcl tab 45 mg (base equiv) (Actos).....	10	PREMARIN- estrogens, conjugated tab 0.45 mg.....	7
PIQRAY 250MG DAILY DOSE- alpelisib tab pack 250 mg daily dose (200 mg & 50 mg tabs).....	5	PREMARIN- estrogens, conjugated tab 0.625 mg.....	7
PIQRAY 300MG DAILY DOSE- alpelisib tab pack 300 mg daily dose (2x150 mg tab).....	5	PREMARIN- estrogens, conjugated tab 0.9 mg.....	7
PIQRAY 200MG DAILY DOSE- alpelisib tab therapy pack 200 mg daily dose.....	5	PREMARIN- estrogens, conjugated tab 1.25 mg.....	7
PLEGRIDY- peginterferon beta-1a im soln prefilled syr 125 mcg/0.5ml.....	28	PREMPHASE- conj est 0.625(14)/conj est-medroxypro ac tab 0.625-5mg(14).....	7
PLEGRIDY- peginterferon beta-1a soln pen-injector 125 mcg/0.5ml.....	28	PREMPRO- conjugated estrogen-medroxyprogesterone acetate tab 0.3-1.5 mg.....	7
PLEGRIDY- peginterferon beta-1a soln prefilled syringe 125 mcg/0.5ml.....	28	PREMPRO- conjugated estrogen-medroxyprogesterone acetate tab 0.45-1.5 mg.....	8
		PREMPRO- conjugated estrogen-medroxyprogesterone acetate tab 0.625-2.5 mg.....	8

PREMPRO- conjugated estrogen-medroxyprogesterone acetate tab 0.625-5 mg.....	8		
PRENATAL 19- prenatal vit w/ dss-fe fumarate-fa tab 29-1 mg.....	33		
PRENATAL 19- prenatal vit w/ fe fumarate-fa chew tab 29-1 mg.....	33		
PRENATAL VITAMINS PLUS LO- prenatal vit w/ fe fumarate-fa tab 27-1 mg.....	33		
PREZISTA- darunavir ethanolate susp 100 mg/ml (base equiv).....	3		
PREZISTA- darunavir ethanolate tab 75 mg (base equiv).....	3		
PREZISTA- darunavir ethanolate tab 150 mg (base equiv).....	3		
PREZISTA- darunavir ethanolate tab 600 mg (base equiv).....	3		
PREZISTA- darunavir ethanolate tab 800 mg (base equiv).....	3		
PRIFTIN- rifapentine tab 150 mg.....	1		
primidone tab 50 mg (Mysoline).....	32		
primidone tab 250 mg (Mysoline).....	32		
prochlorperazine maleate tab 5 mg (base equivalent) (Compazine).....	25		
prochlorperazine maleate tab 10 mg (base equivalent) (Compazine).....	26		
PROCRIT- epoetin alfa inj 2000 unit/ml.....	35		
PROCRIT- epoetin alfa inj 3000 unit/ml.....	35		
PROCRIT- epoetin alfa inj 4000 unit/ml.....	35		
PROCRIT- epoetin alfa inj 10000 unit/ml.....	35		
PROCRIT- epoetin alfa inj 20000 unit/ml.....	35		
PROCRIT- epoetin alfa inj 40000 unit/ml.....	35		
PROFILNINE- factor ix complex for inj 500 unit.....	40		
PROFILNINE- factor ix complex for inj 1000 unit.....	40		
PROFILNINE- factor ix complex for inj 1500 unit.....	40		
promethazine-dm syrup 6.25-15 mg/5ml.....	19		
promethazine hcl syrup 6.25 mg/5ml.....	19		
promethazine hcl tab 12.5 mg.....	19		
promethazine hcl tab 25 mg.....	19		
promethazine hcl tab 50 mg.....	19		
promethazine w/ codeine syrup 6.25-10 mg/5ml.....	19		
propafenone hcl tab 150 mg.....	15		
PROPRANOLOL HCL- propranolol hcl oral soln 20 mg/5ml.....	14		
PROPRANOLOL HCL- propranolol hcl oral soln 40 mg/5ml.....	14		
propranolol hcl tab 10 mg.....	14		
propranolol hcl tab 20 mg.....	14		
propranolol hcl tab 40 mg.....	14		
PULMOZYME- dornase alfa inhal soln 1 mg/ml.....	21		
PURIXAN- mercaptopurine susp 2000 mg/100ml (20 mg/ml).....	5		
pyrazinamide tab 500 mg.....	1		
		Q	
		quetiapine fumarate tab 25 mg (Seroquel).....	26
		quetiapine fumarate tab 50 mg (Seroquel).....	26
		quetiapine fumarate tab 100 mg (Seroquel).....	26
		quetiapine fumarate tab 200 mg (Seroquel).....	26
		quetiapine fumarate tab 300 mg (Seroquel).....	26
		quetiapine fumarate tab 400 mg (Seroquel).....	26
		quinapril hcl tab 5 mg (Accupril).....	16
		quinapril hcl tab 10 mg (Accupril).....	16
		quinapril hcl tab 20 mg (Accupril).....	17
		quinapril hcl tab 40 mg (Accupril).....	17
		QVAR REDIHALER- beclomethasone diprop hfa breath act inh aer 40 mcg/act.....	21
		QVAR REDIHALER- beclomethasone diprop hfa breath act inh aer 80 mcg/act.....	21
		R	
		ramipril cap 1.25 mg (Altace).....	17
		ramipril cap 2.5 mg (Altace).....	17
		ramipril cap 5 mg (Altace).....	17
		ramipril cap 10 mg (Altace).....	17
		RAPAMUNE- sirolimus oral soln 1 mg/ml.....	43
		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
		REBIF REBIDOSE- interferon beta-1a soln auto-inj 44 mcg/0.5ml (24mu/ml).....	28
		REBIF REBIDOSE TITRATION- interferon beta-1a auto-inj 6x8.8 mcg/0.2ml & 6x22 mcg/0.5ml.....	28
		REBIF TITRATION PACK- interferon beta-1a pref syr 6x8.8 mcg/0.2ml & 6x22 mcg/0.5ml.....	28
		REBINYN- coagulation factor ix recomb glycopegylated for inj 500 unit.....	40
		REBINYN- coagulation factor ix recomb glycopegylated for inj 1000 unit.....	40
		REBINYN- coagulation factor ix recomb glycopegylated for inj 2000 unit.....	40
		RECOMBINATE- antihemophilic factor recomb (rfviii) for inj 220-400 unit.....	40
		RECOMBINATE- antihemophilic factor recomb (rfviii) for inj 401-800 unit.....	40
		RECOMBINATE- antihemophilic factor recomb (rfviii) for inj 801-1240 unit.....	40
		RECOMBINATE- antihemophilic factor recomb (rfviii) for inj 1241-1800 unit.....	40
		RECOMBINATE- antihemophilic factor recomb (rfviii) for inj 1801-2400 unit.....	40
		REDITREX- methotrexate soln prefilled syringe 7.5 mg/0.3ml.....	30

REDITREX- methotrexate soln prefilled syringe 10 mg/0.4ml.....	30	rizatriptan benzoate oral disintegrating tab 5 mg (base eq) (Maxalt-mlt).....	31
REDITREX- methotrexate soln prefilled syringe 12.5 mg/0.5ml.....	30	rizatriptan benzoate oral disintegrating tab 10 mg (base eq) (Maxalt-mlt).....	31
REDITREX- methotrexate soln prefilled syringe 15 mg/0.6ml.....	30	rizatriptan benzoate tab 5 mg (base equivalent) (Maxalt).....	31
REDITREX- methotrexate soln prefilled syringe 17.5 mg/0.7ml.....	30	rizatriptan benzoate tab 10 mg (base equivalent) (Maxalt).....	31
REDITREX- methotrexate soln prefilled syringe 20 mg/0.8ml.....	30	ropinirole hydrochloride tab 0.25 mg (Requip).....	33
REDITREX- methotrexate soln prefilled syringe 22.5 mg/0.9ml.....	30	ropinirole hydrochloride tab 0.5 mg (Requip).....	33
REDITREX- methotrexate soln prefilled syringe 25 mg/ml.....	30	ropinirole hydrochloride tab 1 mg (Requip).....	33
REPATHA- evolocumab subcutaneous soln prefilled syringe 140 mg/ml.....	18	ropinirole hydrochloride tab 2 mg (Requip).....	33
REPATHA PUSHTRONEX SYSTEM- evolocumab subcutaneous soln cartridge/infusor 420 mg/3.5ml.....	18	ropinirole hydrochloride tab 3 mg (Requip).....	33
REPATHA SURECLICK- evolocumab subcutaneous soln auto-injector 140 mg/ml.....	18	ropinirole hydrochloride tab 4 mg (Requip).....	33
RETACRIT- epoetin alfa-epbx inj 2000 unit/ml.....	35	ropinirole hydrochloride tab 5 mg (Requip).....	33
RETACRIT- epoetin alfa-epbx inj 3000 unit/ml.....	35	rosuvastatin calcium tab 5 mg (Crestor).....	18
RETACRIT- epoetin alfa-epbx inj 4000 unit/ml.....	35	rosuvastatin calcium tab 10 mg (Crestor).....	18
RETACRIT- epoetin alfa-epbx inj 10000 unit/ml.....	35	rosuvastatin calcium tab 20 mg (Crestor).....	18
RETACRIT- epoetin alfa-epbx inj 20000 unit/ml.....	35	rosuvastatin calcium tab 40 mg (Crestor).....	18
RETACRIT- epoetin alfa-epbx inj 40000 unit/ml.....	35	ROZLYTREK- entrectinib cap 100 mg.....	5
RETEVMO- selpercatinib cap 40 mg.....	5	ROZLYTREK- entrectinib cap 200 mg.....	5
RETEVMO- selpercatinib cap 80 mg.....	5	RUBRACA- rucaparib camsylate tab 200 mg (base equivalent).....	5
REVCovi- elapegedemase-lvlr im soln 2.4 mg/1.5ml (1.6 mg/ml).....	13	RUBRACA- rucaparib camsylate tab 250 mg (base equivalent).....	5
REVLIMID- lenalidomide cap 5 mg.....	43	RUBRACA- rucaparib camsylate tab 300 mg (base equivalent).....	5
REVLIMID- lenalidomide cap 10 mg.....	43	RYBELSUS- semaglutide tab 3 mg.....	10
REVLIMID- lenalidomide cap 15 mg.....	43	RYBELSUS- semaglutide tab 7 mg.....	10
REVLIMID- lenalidomide cap 20 mg.....	43	RYBELSUS- semaglutide tab 14 mg.....	10
REVLIMID- lenalidomide cap 25 mg.....	43	RYDAPT- midostaurin cap 25 mg.....	5
REVLIMID- lenalidomide caps 2.5 mg.....	43		
RINVOQ- upadacitinib tab er 24hr 15 mg.....	30	S	
risperidone tab 0.25 mg (Risperdal).....	26	selenium sulfide lotion 2.5%.....	42
risperidone tab 0.5 mg (Risperdal).....	26	SE-NATAL 19- prenatal vit w/ dss-fe fumarate-fa tab 29-1 mg.....	33
risperidone tab 1 mg (Risperdal).....	26	SE-NATAL 19- prenatal vit w/ fe fumarate-fa chew tab 29-1 mg.....	33
risperidone tab 2 mg (Risperdal).....	26	SEREVENT DISKUS- salmeterol xinafoate aer pow ba 50 mcg/dose (base equiv).....	21
risperidone tab 3 mg (Risperdal).....	26	sertraline hcl tab 25 mg (Zoloft).....	25
risperidone tab 4 mg (Risperdal).....	26	sertraline hcl tab 50 mg (Zoloft).....	25
RIXUBIS- coagulation factor ix (recombinant) for inj 250 unit.....	40	sertraline hcl tab 100 mg (Zoloft).....	25
RIXUBIS- coagulation factor ix (recombinant) for inj 500 unit.....	40	silver sulfadiazine cream 1% (Silvadene).....	42
RIXUBIS- coagulation factor ix (recombinant) for inj 1000 unit.....	40	SIMBRINZA- brinzolamide-brimonidine tartrate ophth susp 1-0.2%.....	42
RIXUBIS- coagulation factor ix (recombinant) for inj 2000 unit.....	40	SIMPONI- golimumab subcutaneous soln auto-injector 100 mg/ml.....	31
RIXUBIS- coagulation factor ix (recombinant) for inj 3000 unit.....	40	SIMPONI- golimumab subcutaneous soln prefilled syringe 100 mg/ml.....	31
		simvastatin tab 5 mg (Zocor).....	18
		simvastatin tab 10 mg (Zocor).....	18
		simvastatin tab 20 mg (Zocor).....	18

simvastatin tab 40 mg (Zocor)	18	STRENSIQ- asfotase alfa subcutaneous inj 80	
simvastatin tab 80 mg (Zocor)	18	mg/0.8ml.....	13
SKYRIZI PEN- risankizumab-rzaa soln auto-injector 150		STRIVERDI RESPIMAT- olodaterol hcl inhal aerosol soln	
mg/ml.....	42	2.5 mcg/act (base equiv).....	21
SKYRIZI- risankizumab-rzaa soln prefilled syringe 150 mg/		SULFADIAZINE- sulfadiazine tab 500 mg.....	1
ml.....	42	sulfamethoxazole-trimethoprim tab 400-80 mg	
SKYRIZI- risankizumab-rzaa sol prefilled syringe 2 x 75		(Bactrim)	4
mg/0.83ml kit.....	42	sulfamethoxazole-trimethoprim tab 800-160 mg	
sodium chloride soln nebu 3%	19	(Bactrim ds)	4
SOLIQUA 100/33- insulin glargine-lixisenatide sol pen-inj		sulindac tab 150 mg	31
100-33 unit-mcg/ml.....	10	sulindac tab 200 mg	31
SOOLANTRA- ivermectin cream 1%.....	42	sumatriptan succinate tab 25 mg (Imitrex)	31
sotalol hcl (afib/af) tab 80 mg (Betapace af)	14	sumatriptan succinate tab 50 mg (Imitrex)	31
sotalol hcl (afib/af) tab 120 mg (Betapace af)	14	sumatriptan succinate tab 100 mg (Imitrex)	31
sotalol hcl (afib/af) tab 160 mg (Betapace af)	14	SUNOSI- solriamfetol hcl tab 75 mg (base equiv).....	26
sotalol hcl tab 240 mg	14	SUNOSI- solriamfetol hcl tab 150 mg (base equiv).....	26
sotalol hcl tab 80 mg (Betapace)	14	SUTENT- sunitinib malate cap 12.5 mg (base	
sotalol hcl tab 120 mg (Betapace)	14	equivalent).....	6
sotalol hcl tab 160 mg (Betapace)	14	SUTENT- sunitinib malate cap 25 mg (base equivalent)....	6
SOVALDI- sofosbuvir pellet pack 150 mg.....	3	SUTENT- sunitinib malate cap 37.5 mg (base	
SOVALDI- sofosbuvir pellet pack 200 mg.....	3	equivalent).....	6
SOVALDI- sofosbuvir tab 200 mg.....	3	SUTENT- sunitinib malate cap 50 mg (base equivalent)....	6
SOVALDI- sofosbuvir tab 400 mg.....	3	SYMBICORT- budesonide-formoterol fumarate dihyd	
SPIRIVA HANDIHALER- tiotropium bromide monohydrate		aerosol 80-4.5 mcg/act.....	21
inhal cap 18 mcg (base equiv).....	21	SYMBICORT- budesonide-formoterol fumarate dihyd	
SPIRIVA RESPIMAT- tiotropium bromide monohydrate		aerosol 160-4.5 mcg/act.....	21
inhal aerosol 1.25 mcg/act.....	21	SYMDEKO- tezacaftor-ivacaftor 50-75 mg & ivacaftor 75	
SPIRIVA RESPIMAT- tiotropium bromide monohydrate		mg tab tbpk.....	21
inhal aerosol 2.5 mcg/act.....	21	SYMDEKO- tezacaftor-ivacaftor 100-150 mg & ivacaftor	
spironolactone tab 25 mg (Aldactone)	17	150 mg tab tbpk.....	21
spironolactone tab 50 mg (Aldactone)	17	SYMFI- efavirenz-lamivudine-tenofovir df tab 600-300-300	
spironolactone tab 100 mg (Aldactone)	17	mg.....	3
SPRYCEL- dasatinib tab 20 mg.....	5	SYMFI LO- efavirenz-lamivudine-tenofovir df tab	
SPRYCEL- dasatinib tab 50 mg.....	5	400-300-300 mg.....	3
SPRYCEL- dasatinib tab 70 mg.....	6	SYMJEPI- epinephrine soln prefilled syringe 0.15	
SPRYCEL- dasatinib tab 80 mg.....	6	mg/0.3ml (1:2000).....	17
SPRYCEL- dasatinib tab 100 mg.....	6	SYMJEPI- epinephrine solution prefilled syringe 0.3	
SPRYCEL- dasatinib tab 140 mg.....	6	mg/0.3ml (1:1000).....	18
stannous fluoride conc 0.63%	42	SYMPROIC- naldemedine tosylate tab 0.2 mg (base	
STELARA- ustekinumab inj 45 mg/0.5ml.....	42	equivalent).....	23
STELARA- ustekinumab soln prefilled syringe 45		SYMTUZA- darunavir-cobic-emtricitab-tenofov af tab	
mg/0.5ml.....	42	800-150-200-10 mg.....	3
STELARA- ustekinumab soln prefilled syringe 90 mg/		SYNJARDY- empagliflozin-metformin hcl tab 12.5-1000	
ml.....	42	mg.....	10
STIMATE- desmopressin acetate nasal soln 1.5 mg/		SYNJARDY- empagliflozin-metformin hcl tab 12.5-500	
ml.....	13	mg.....	10
STIOLTO RESPIMAT- tiotropium br-olodaterol inhal aero		SYNJARDY- empagliflozin-metformin hcl tab 5-500	
soln 2.5-2.5 mcg/act.....	21	mg.....	10
STRENSIQ- asfotase alfa subcutaneous inj 18		SYNJARDY- empagliflozin-metformin hcl tab 5-1000	
mg/0.45ml.....	13	mg.....	10
STRENSIQ- asfotase alfa subcutaneous inj 28		SYNJARDY XR- empagliflozin-metformin hcl tab er 24hr	
mg/0.7ml.....	13	5-1000 mg.....	10
STRENSIQ- asfotase alfa subcutaneous inj 40 mg/ml.....	13		

SYNJARDY XR- empagliflozin-metformin hcl tab er 24hr 10-1000 mg.....	10	TIVICAY PD- dolutegravir sodium tab for oral susp 5 mg (base equiv).....	3
SYNJARDY XR- empagliflozin-metformin hcl tab er 24hr 12.5-1000 mg.....	10	tizanidine hcl tab 2 mg (base equivalent).....	33
SYNJARDY XR- empagliflozin-metformin hcl tab er 24hr 25-1000 mg.....	10	tizanidine hcl tab 4 mg (base equivalent) (Zanaflex).....	33
T		tobramycin ophth soln 0.3% (Tobrex).....	42
TABLOID- thioguanine tab 40 mg.....	6	topiramate tab 25 mg (Topamax).....	32
TABRECTA- capmatinib hcl tab 150 mg.....	6	topiramate tab 50 mg (Topamax).....	32
TABRECTA- capmatinib hcl tab 200 mg.....	6	topiramate tab 100 mg (Topamax).....	32
TAFINLAR- dabrafenib mesylate cap 50 mg (base equivalent).....	6	topiramate tab 200 mg (Topamax).....	32
TAFINLAR- dabrafenib mesylate cap 75 mg (base equivalent).....	6	toremide tab 5 mg (Demadex).....	17
TAKHZYRO- lanadelumab-flyo inj 300 mg/2ml (150 mg/ ml).....	40	toremide tab 10 mg (Demadex).....	17
TALZENNA- talazoparib tosylate cap 0.25 mg (base equivalent).....	6	toremide tab 20 mg (Demadex).....	17
TALZENNA- talazoparib tosylate cap 1 mg (base equivalent).....	6	toremide tab 100 mg (Demadex).....	17
tamoxifen citrate tab 10 mg (base equivalent).....	6	TOUJEO MAX SOLOSTAR- insulin glargine soln pen- injector 300 unit/ml (2 unit dial).....	12
tamsulosin hcl cap 0.4 mg (Flomax).....	23	TOUJEO SOLOSTAR- insulin glargine soln pen-injector 300 unit/ml (1 unit dial).....	12
TASIGNA- nilotinib hcl cap 50 mg (base equivalent).....	6	TRACLEER- bosentan tab for oral susp 32 mg.....	18
TASIGNA- nilotinib hcl cap 150 mg (base equivalent).....	6	tramadol-acetaminophen tab 37.5-325 mg (Ultracet).....	29
TASIGNA- nilotinib hcl cap 200 mg (base equivalent).....	6	tramadol hcl tab 50 mg (Ultram).....	29
TAZORAC- tazarotene cream 0.05%.....	43	trandolapril tab 1 mg (Mavik).....	17
TAZORAC- tazarotene gel 0.05%.....	43	trandolapril tab 2 mg (Mavik).....	17
TAZORAC- tazarotene gel 0.1%.....	43	trandolapril tab 4 mg (Mavik).....	17
telmisartan tab 80 mg (Micardis).....	17	trazodone hcl tab 50 mg.....	25
temazepam cap 15 mg (Restoril).....	26	trazodone hcl tab 100 mg.....	25
temazepam cap 30 mg (Restoril).....	26	trazodone hcl tab 150 mg.....	25
TEMIXYS- lamivudine-tenofovir disoproxil fumarate tab 300-300 mg.....	3	TRELEGY ELLIPTA- fluticasone-umeclidinium-vilanterol aepb 100-62.5-25 mcg/inh.....	21
terazosin hcl cap 1 mg (base equivalent).....	17	TRELEGY ELLIPTA- fluticasone-umeclidinium-vilanterol aepb 200-62.5-25 mcg/inh.....	21
terazosin hcl cap 2 mg (base equivalent).....	17	TREMFYA- guselkumab soln pen-injector 100 mg/ml.....	43
terazosin hcl cap 5 mg (base equivalent).....	17	TREMFYA- guselkumab soln prefilled syringe 100 mg/ ml.....	43
terazosin hcl cap 10 mg (base equivalent).....	17	TRESIBA FLEXTOUCH- insulin degludec soln pen-injector 100 unit/ml.....	12
terbinafine hcl tab 250 mg (Lamisil).....	2	TRESIBA FLEXTOUCH- insulin degludec soln pen-injector 200 unit/ml.....	12
TEST STRIPS – CONTOUR, CONTOUR NEXT.....	43	TRESIBA- insulin degludec inj 100 unit/ml.....	12
tetracaine hcl ophth soln 0.5%.....	42	TRETTEN- coagulation factor xiii a-subunit for inj 2000-3125 unit.....	40
THALOMID- thalidomide cap 50 mg.....	43	triamcinolone acetonide cream 0.025%.....	43
THALOMID- thalidomide cap 100 mg.....	43	triamcinolone acetonide cream 0.1%.....	43
THALOMID- thalidomide cap 150 mg.....	43	triamcinolone acetonide cream 0.5%.....	43
THALOMID- thalidomide cap 200 mg.....	43	triamcinolone acetonide oint 0.025%.....	43
thyroid tab 15 mg (1/4 grain) (Armour thyroid).....	12	triamcinolone acetonide oint 0.1%.....	43
thyroid tab 30 mg (1/2 grain) (Armour thyroid).....	13	triamcinolone acetonide oint 0.5%.....	43
timolol maleate ophth soln 0.25% (Timoptic).....	42	triamterene & hydrochlorothiazide cap 37.5-25 mg (Dyazide).....	17
timolol maleate ophth soln 0.5% (Timoptic).....	42	triamterene & hydrochlorothiazide tab 37.5-25 mg (Maxzide-25).....	17
TIVICAY- dolutegravir sodium tab 10 mg (base equiv).....	3		
TIVICAY- dolutegravir sodium tab 25 mg (base equiv).....	3		
TIVICAY- dolutegravir sodium tab 50 mg (base equiv).....	3		

triamterene & hydrochlorothiazide tab 75-50 mg (Maxzide)	17
TRIFLURIDINE- trifluridine ophth soln 1%.....	42
trihexyphenidyl hcl tab 2 mg	33
trihexyphenidyl hcl tab 5 mg	33
TRIJARDY XR- empagliflozin-linagliptin-metformin tab er 24hr 12.5-2.5-1000mg.....	10
TRIJARDY XR- empagliflozin-linagliptin-metformin tab er 24hr 5-2.5-1000mg.....	10
TRIJARDY XR- empagliflozin-linagliptin-metformin tab er 24hr 10-5-1000 mg.....	10
TRIJARDY XR- empagliflozin-linagliptin-metformin tab er 24hr 25-5-1000 mg.....	11
TRIKAFTA- elexacaf-tezacaf-ivacaf 100-50-75 mg & ivacaftor 150 mg tbpk.....	21
TRIKAFTA- elexacaf-tezacaf-ivacaf 50-25-37.5 mg & ivacaftor 75 mg tbpk.....	21
trimethoprim tab 100 mg	4
TRIUMEQ- abacavir-dolutegravir-lamivudine tab 600-50-300 mg.....	3
TRULANCE- plecanatide tab 3 mg.....	23
TRULICITY- dulaglutide soln pen-injector 0.75 mg/0.5ml.....	11
TRULICITY- dulaglutide soln pen-injector 1.5 mg/0.5ml.....	11
TRULICITY- dulaglutide soln pen-injector 3 mg/0.5ml.....	11
TRULICITY- dulaglutide soln pen-injector 4.5 mg/0.5ml.....	11
TRUVADA- emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg.....	3
TRUVADA- emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg.....	3
TRUVADA- emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg.....	3
TRUVADA- emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg.....	3
TYMLOS- abaloparatide subcutaneous soln pen-injector 3120 mcg/1.56ml.....	13

U

UDENYCA- pegfilgrastim-cbqv soln prefilled syringe 6 mg/0.6ml.....	35
UPTRAVI- selexipag tab 200 mcg.....	19
UPTRAVI- selexipag tab 400 mcg.....	19
UPTRAVI- selexipag tab 600 mcg.....	19
UPTRAVI- selexipag tab 800 mcg.....	19
UPTRAVI- selexipag tab 1000 mcg.....	19
UPTRAVI- selexipag tab 1200 mcg.....	19
UPTRAVI- selexipag tab 1400 mcg.....	19
UPTRAVI- selexipag tab 1600 mcg.....	19
UPTRAVI- selexipag tab therapy pack 200 mcg (140) & 800 mcg (60).....	19

V

valacyclovir hcl tab 1 gm (Valtrex)	3
valacyclovir hcl tab 500 mg (Valtrex)	3
VALCHLOR- mechlorethamine hcl gel 0.016% (base equivalent).....	43
valsartan-hydrochlorothiazide tab 80-12.5 mg (Diovan hct)	17
valsartan-hydrochlorothiazide tab 160-12.5 mg (Diovan hct)	17
valsartan-hydrochlorothiazide tab 160-25 mg (Diovan hct)	17
valsartan-hydrochlorothiazide tab 320-12.5 mg (Diovan hct)	17
valsartan-hydrochlorothiazide tab 320-25 mg (Diovan hct)	17
valsartan tab 40 mg (Diovan)	17
valsartan tab 80 mg (Diovan)	17
valsartan tab 160 mg (Diovan)	17
valsartan tab 320 mg (Diovan)	17
VELPHORO- sucroferric oxyhydroxide chew tab 500 mg.....	23
VELTASSA- patiomer sorbitex calcium for susp packet 8.4 gm (base eq).....	43
VELTASSA- patiomer sorbitex calcium for susp packet 16.8 gm (base eq).....	43
VELTASSA- patiomer sorbitex calcium for susp packet 25.2 gm (base eq).....	44
VENCLEXTA STARTING PACK- venetoclax tab therapy starter pack 10 & 50 & 100 mg.....	6
VENCLEXTA- venetoclax tab 10 mg.....	6
VENCLEXTA- venetoclax tab 50 mg.....	6
VENCLEXTA- venetoclax tab 100 mg.....	6
venlafaxine hcl cap er 24hr 37.5 mg (base equivalent) (Effexor xr)	25
venlafaxine hcl cap er 24hr 75 mg (base equivalent) (Effexor xr)	25
venlafaxine hcl cap er 24hr 150 mg (base equivalent) (Effexor xr)	25
venlafaxine hcl tab 25 mg (base equivalent)	25
venlafaxine hcl tab 37.5 mg (base equivalent)	25
venlafaxine hcl tab 50 mg (base equivalent)	25
venlafaxine hcl tab 75 mg (base equivalent)	25
venlafaxine hcl tab 100 mg (base equivalent)	25
VENTOLIN HFA- albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv).....	21
verapamil hcl tab er 120 mg (Calan sr)	15
verapamil hcl tab er 180 mg (Calan sr)	15
verapamil hcl tab er 240 mg (Calan sr)	15
verapamil hcl tab 40 mg	15
verapamil hcl tab 80 mg (Calan)	15
verapamil hcl tab 120 mg (Calan)	15
VERQUVO- vericiguat tab 2.5 mg.....	19

VERQUVO- vericiguat tab 5 mg.....	19	VYVANSE- lisdexamfetamine dimesylate chew tab 60	
VERQUVO- vericiguat tab 10 mg.....	19	mg.....	27
VERZENIO- abemaciclib tab 50 mg.....	6	W	
VERZENIO- abemaciclib tab 100 mg.....	6	warfarin sodium tab 1 mg (Coumadin).....	35
VERZENIO- abemaciclib tab 150 mg.....	6	warfarin sodium tab 2 mg (Coumadin).....	35
VERZENIO- abemaciclib tab 200 mg.....	6	warfarin sodium tab 2.5 mg (Coumadin).....	35
VIBERZI- eluxadoline tab 75 mg.....	23	warfarin sodium tab 3 mg (Coumadin).....	35
VIBERZI- eluxadoline tab 100 mg.....	23	warfarin sodium tab 4 mg (Coumadin).....	35
VICTOZA- liraglutide soln pen-injector 18 mg/3ml (6 mg/ml).....	11	warfarin sodium tab 5 mg (Coumadin).....	35
VIMPAT- lacosamide oral solution 10 mg/ml.....	32	warfarin sodium tab 6 mg (Coumadin).....	35
VIMPAT- lacosamide tab 50 mg.....	32	warfarin sodium tab 7.5 mg (Coumadin).....	35
VIMPAT- lacosamide tab 100 mg.....	32	warfarin sodium tab 10 mg (Coumadin).....	35
VIMPAT- lacosamide tab 150 mg.....	32	WILATE- antihemophilic factor/vwf (human) for inj 500-500 unit kit.....	40
VIMPAT- lacosamide tab 200 mg.....	32	WILATE- antihemophilic factor/vwf (human) for inj 1000-1000 unit kit.....	40
VIREAD- tenofovir disoproxil fumarate oral powder 40 mg/gm.....	3	X	
VIREAD- tenofovir disoproxil fumarate tab 150 mg.....	3	XALKORI- crizotinib cap 200 mg.....	6
VIREAD- tenofovir disoproxil fumarate tab 200 mg.....	3	XALKORI- crizotinib cap 250 mg.....	6
VIREAD- tenofovir disoproxil fumarate tab 250 mg.....	3	XARELTO- rivaroxaban tab 2.5 mg.....	36
VITRAKVI- larotrectinib sulfate cap 25 mg (base equivalent).....	6	XARELTO- rivaroxaban tab 10 mg.....	36
VITRAKVI- larotrectinib sulfate cap 100 mg (base equivalent).....	6	XARELTO- rivaroxaban tab 15 mg.....	36
VITRAKVI- larotrectinib sulfate oral soln 20 mg/ml (base equivalent).....	6	XARELTO- rivaroxaban tab 20 mg.....	36
VONVENDI- von willebrand factor (recombinant) for inj 650 unit.....	40	XARELTO STARTER PACK- rivaroxaban tab starter therapy pack 15 mg & 20 mg.....	36
VONVENDI- von willebrand factor (recombinant) for inj 1300 unit.....	40	XELJANZ- tofacitinib citrate oral soln 1 mg/ml (base equivalent).....	31
VOSEVI- sofosbuvir-velpatasvir-voxilaprevir tab 400-100-100 mg.....	3	XELJANZ- tofacitinib citrate tab 5 mg (base equivalent).....	31
VOTRIENT- pazopanib hcl tab 200 mg (base equiv).....	6	XELJANZ- tofacitinib citrate tab 10 mg (base equivalent).....	31
VYNDAMAX- tafamidis cap 61 mg.....	19	XELJANZ XR- tofacitinib citrate tab er 24hr 11 mg (base equivalent).....	31
VYNDAQEL- tafamidis meglumine (cardiac) cap 20 mg.....	19	XELJANZ XR- tofacitinib citrate tab er 24hr 22 mg (base equivalent).....	31
VYVANSE- lisdexamfetamine dimesylate cap 10 mg.....	26	XIFAXAN- rifaximin tab 550 mg.....	4
VYVANSE- lisdexamfetamine dimesylate cap 20 mg.....	26	XIGDUO XR- dapagliflozin-metformin hcl tab er 24hr 2.5-1000 mg.....	11
VYVANSE- lisdexamfetamine dimesylate cap 30 mg.....	26	XIGDUO XR- dapagliflozin-metformin hcl tab er 24hr 5-500 mg.....	11
VYVANSE- lisdexamfetamine dimesylate cap 40 mg.....	27	XIGDUO XR- dapagliflozin-metformin hcl tab er 24hr 5-1000 mg.....	11
VYVANSE- lisdexamfetamine dimesylate cap 50 mg.....	27	XIGDUO XR- dapagliflozin-metformin hcl tab er 24hr 10-500 mg.....	11
VYVANSE- lisdexamfetamine dimesylate cap 60 mg.....	27	XIGDUO XR- dapagliflozin-metformin hcl tab er 24hr 10-1000 mg.....	11
VYVANSE- lisdexamfetamine dimesylate cap 70 mg.....	27	XTAMPZA ER- oxycodone cap er 12hr abuse-deterrent 9 mg.....	29
VYVANSE- lisdexamfetamine dimesylate chew tab 10 mg.....	27	XTAMPZA ER- oxycodone cap er 12hr abuse-deterrent 13.5 mg.....	29
VYVANSE- lisdexamfetamine dimesylate chew tab 20 mg.....	27		
VYVANSE- lisdexamfetamine dimesylate chew tab 30 mg.....	27		
VYVANSE- lisdexamfetamine dimesylate chew tab 40 mg.....	27		
VYVANSE- lisdexamfetamine dimesylate chew tab 50 mg.....	27		

XTAMPZA ER- oxycodone cap er 12hr abuse-deterrent 18 mg.....	29	ZENPEP- pancrelipase (lip-prot-amyl) dr cap 15000-47000-63000 unit.....	23
XTAMPZA ER- oxycodone cap er 12hr abuse-deterrent 27 mg.....	29	ZENPEP- pancrelipase (lip-prot-amyl) dr cap 20000-63000-84000 unit.....	23
XTAMPZA ER- oxycodone cap er 12hr abuse-deterrent 36 mg.....	29	ZENPEP- pancrelipase (lip-prot-amyl) dr cap 25000-79000-105000 unit.....	23
XTANDI- enzalutamide cap 40 mg.....	6	ZENPEP- pancrelipase (lip-prot-amyl) dr cap 40000-126000-168000 unit.....	23
XTANDI- enzalutamide tab 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 80 mg.....	6	ZEPOSIA- ozanimod hcl cap 0.92 mg.....	28
XULTOPHY 100/3.6- insulin degludec-liraglutide sol pen- inj 100-3.6 unit-mg/ml.....	11	ZEPOSIA STARTER KIT- ozanimod cap pack 4 x 0.23 mg & 3 x 0.46 mg & 30 x 0.92 mg.....	28
XYNTHA- antihemophil fact rcmb(bdd-rfviii,mor) for inj kit 1000 unit.....	41	ZIEXTENZO- pegfilgrastim-bmez soln prefilled syringe 6 mg/0.6ml.....	35
XYNTHA- antihemophil fact rcmb(bdd-rfviii,mor) for inj kit 2000 unit.....	41	ZOKINVY- lonafarnib cap 50 mg.....	44
XYNTHA- antihemophil fact rcmb (bdd-rfviii,mor) for inj kit 250 unit.....	41	ZOKINVY- lonafarnib cap 75 mg.....	44
XYNTHA- antihemophil fact rcmb (bdd-rfviii,mor) for inj kit 500 unit.....	41	zolpidem tartrate tab 5 mg (Ambien).....	26
XYNTHA SOLOFUSE- antihemophil fact rcmb(bdd-rfviii,mor) for inj kit 1000 unit.....	41	zolpidem tartrate tab 10 mg (Ambien).....	26
XYNTHA SOLOFUSE- antihemophil fact rcmb(bdd-rfviii,mor) for inj kit 2000 unit.....	41	zonisamide cap 50 mg.....	32
XYNTHA SOLOFUSE- antihemophil fact rcmb(bdd-rfviii,mor) for inj kit 3000 unit.....	41	zonisamide cap 25 mg (Zonegran).....	32
XYNTHA SOLOFUSE- antihemophil fact rcmb (bdd-rfviii,mor) for inj kit 250 unit.....	41	ZYLET- loteprednol etabonate-tobramycin ophth susp 0.5-0.3%.....	42
XYNTHA SOLOFUSE- antihemophil fact rcmb (bdd-rfviii,mor) for inj kit 500 unit.....	41	ZYTIGA- abiraterone acetate tab 500 mg.....	6
Y			
YONSA- abiraterone acetate tab 125 mg.....	6		
Z			
zaleplon cap 5 mg (Sonata).....	26		
zaleplon cap 10 mg (Sonata).....	26		
ZARXIO- filgrastim-sndz soln prefilled syringe 300 mcg/0.5ml.....	35		
ZARXIO- filgrastim-sndz soln prefilled syringe 480 mcg/0.8ml.....	35		
ZEGALOGUE- dasiglucagon hcl subcutaneous soln auto- inj 0.6 mg/0.6ml.....	11		
ZEGALOGUE- dasiglucagon hcl subcutaneous soln pref syringe 0.6 mg/0.6ml.....	11		
ZEJULA- niraparib tosylate cap 100 mg (base equivalent).....	6		
ZELBORAF- vemurafenib tab 240 mg.....	6		
ZENPEP- pancrelipase (lip-prot-amyl) dr cap 3000-10000-14000 unit.....	22		
ZENPEP- pancrelipase (lip-prot-amyl) dr cap 5000-17000-24000 unit.....	22		
ZENPEP- pancrelipase (lip-prot-amyl) dr cap 10000-32000-42000 unit.....	22		