



2025 COMPREHENSIVE FORMULARY

(List of Covered Drugs)

**CareFirst BlueCross BlueShield Community
Health Plan Maryland (CareFirst CHPMD)**

A HealthChoice Managed Care Organization

PLEASE READ: THIS DOCUMENT CONTAINS INFORMATION ABOUT THE DRUGS WE COVER IN THIS PLAN.

This formulary was updated on 04/01/2025. For more recent information or other questions, please contact CareFirst CHPMD at **1-800-730-8530**, for TTY users, 711- 8:00 AM to 5:00 PM Monday through Friday, or visit CareFirstchpmd.com

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INTRODUCTION

We are pleased to provide the CareFirst CHPMD Formulary as a useful reference. This formulary can assist providers in selecting clinically appropriate and cost-effective products for their CareFirst CHPMD patients.

The document is reflective of current medical practices of the date on which CareFirst CHPMD completed its standard review.

The CareFirst CHPMD formulary is intended as a reference for drug therapy selection. It is not intended to be comprehensive in nature nor is it a substitute for the knowledge, expertise, skill, and judgment of the prescriber in his or her choice of prescription drugs. Specific drug selection for an individual patient rests solely with the prescriber.

The CareFirst CHPMD formulary is subject to state-specific regulations and rules, including, but not limited to, those regarding generic substitution, controlled substance schedules, preference for brands and mandatory generics whenever applicable.

We assume no responsibility for the actions or omissions of any provider based upon reliance, in whole or in part, on the information contained herein. The provider should consult the drug manufacturer's product literature or standard drug references for more detailed information.

PREFACE

The formulary is organized by sections. Each section is divided by therapeutic drug class primarily defined by mechanism of action- how the drug produces an effect in the body.

Drugs represented in this formulary may have varying cost to the plan member based on the plan's benefit structure. Generic drugs typically are available at a lower member out-of-pocket cost while brand-name drugs will generally cost more than generics and have a higher member out-of-pocket cost. Generic drugs should be prescribed first-line as much as possible unless a patient has experienced an adverse effect and/or a lack of therapeutic outcome after using a sufficient dose for an appropriate period of time.

PRESCRIPTION COPAYMENT

Effective 5/1/24, the Maryland Department of Health (MDH) is requiring all plans, including CareFirst BlueCross BlueShield Community Health Plan Maryland (CareFirst CHPMD), to charge a copayment amount for some pharmacy services. The new pharmacy copayment will be:

- \$1.00 for generic drugs, preferred/formulary brand drugs, and HIV/AIDS drugs
- \$3.00 for non-preferred/non-formulary brand drugs

Certain drugs, such as mental health and substance use disorder medications, are covered by the MDH, and copayment may apply to those drugs. All other copayment policies will remain the same. Pregnant individuals, American Indians, individuals under the age of 21, individuals receiving hospice care, individuals in long-term care facilities, and family planning drugs such as birth control will remain excluded from the above copayment. If members have questions about this information, they can call CareFirst CHPMD at 410-779-9369 or toll-free at 1-800-730-8530, 8 AM to 5 PM, ET, Monday through Friday. TTY users please dial 711. In accordance with Medicaid regulations (COMAR 10.09.03.03.O), providers may not deny services to any participant because of the individual's inability to pay the copayment. If a member is unable to pay a drug copay, the dispensing pharmacy must contact the CVS Caremark Help Desk at 1-800-345-5413 for assistance.

PHARMACY AND THERAPEUTICS (P&T) COMMITTEE

The CareFirst CHPMD Pharmacy and Therapeutics Committee (“P&T Committee”) is an external advisory body of CareFirst CHPMD network physicians and pharmacists. These clinical professionals are utilized to determine the drugs to include on the formulary, providing insights to the safety and clinical effectiveness of drug therapies. Voting members of the P&T Committee must disclose any financial relationship(s) and/or conflict(s) of interest with all pharmaceutical manufacturers and affiliations.

GENERIC SUBSTITUTION

Generic substitution is a pharmacy action whereby a generic version is dispensed rather than prescribed brand-name product. Drug listed in lowercase indicates generic availability. In most instances, when a generic drug of a brand-name drug is released into the market it is covered and the associated brand-name drug will become non-formulary or not covered. Drugs prescribed are subject to state specific regulations and rules regarding generic substitution and mandatory generic rules apply where appropriate.

Generic drugs are usually priced lower than their brand-name counterparts. Prescription generic drugs are:

- Approved by the U.S. Food and Drug Administration for safety and effectiveness and are manufactured under the same strict standards that apply to brand-name drugs.

- Tested in humans to assure the generic is absorbed into the bloodstream in a similar rate and extent compared to the brand-name drug (bioequivalence). Generic drugs may be different from the brand in size, color, and inactive ingredients, but this does not alter their effectiveness or ability to be absorbed just like the brand-name drug.
- Manufactured in the same strength and dosage form as the brand-name drugs. When a generic drug is substituted for a brand-name drug, you can expect the generic to produce the same clinical effect and safety profile as the brand-name drug (therapeutic equivalence).

OVER-THE-COUNTER (OTC) MEDICATIONS

OTC benefit of \$15 per member per quarter is being changed and expanded to the pharmacy benefit formulary effective 1/1/25. CHPMD members will not have a dollar limit on the OTC benefit but can obtain the majority of OTC drugs through the formulary below at the formulary cost share. Provider prescription is still required. Generic OTC products are preferred when available.

SPECIALTY PLAN DESIGN

Specialty Guideline Management (SGM)

SGM is our utilization management program that helps ensure appropriate utilization of specialty drugs based on currently accepted evidence-based medicine guidelines. The utilization management program is available for all therapeutic areas dispensed by our specialty pharmacies. SGM is designed to help ensure safety and efficacy while preventing off-guideline utilization. Drugs which may be included in the SGM program are identified in the formulary as “SP” for your reference.

Note: Specialty drugs can only be dispensed by the CVS Pharmacy® Specialty Services and select University of Maryland Medical System Pharmacies. Providers: please contact either CVS Pharmacy® Specialty Services, Call: 1-800-237-2767, Fax: 1-800-323-2445 or University of Maryland Medical System (UMMS) Pharmacy Services, Call: 855-547-4276, Fax: 410-684-3776. For more information on the Specialty Medications and a list of network Specialty pharmacies, please go to our website Pharmaceutical Management Procedures | CareFirst Community Health Plan Maryland (CareFirstchpmd.com) and click on Specialty Medications.

PLAN DESIGN

The formulary represents a closed formulary plan design. The drugs listed on the formulary are covered by the plan as represented and drugs not listed are not covered unless a non-formulary exception is pre-approved for coverage. Certain drugs on the list are covered if utilization criteria is met (i.e., Step Therapy, Prior Authorization, Quantity Limits, etc.); requests for use of such drugs outside of their listed criteria will be reviewed for medical necessity.

Medical necessity or formulary exception requests will be reviewed based on drug specific prior authorization criteria or standard non-formulary prescription request criteria. Log into CareFirstchpmd.com to check the coverage of drugs on the formulary.

AUTHORIZATIONS

Authorization requests for both **NON-FORMULARY** and **FORMULARY** products requiring either a PA (Prior Authorization), QL (Quantity Limit), ST (Step Therapy) or medical necessity review contact **CVS Caremark®** at: **1-877-418-4133**. Coverage determination is rendered within twenty-four (24) hours of receipt of prior authorization. All clinical documentation supporting the request must be provided at the time of submission. If additional documentation is requested, please return as soon as possible, otherwise the request is subject to denial.

FORMULARY CHANGES/UPDATES

CareFirst CHPMD may add or remove drugs from the drug list throughout the year. The formulary changes are reviewed and approved by the Pharmacy and Therapeutics (P & T) Committee or added/removed from the formulary based on the latest medical literature. Monthly formulary changes are posted onto the website at CareFirstchpmd.com.

OPIOID MEDICATIONS

The quantity of opioid products prescribed (including those that are combined with acetaminophen, aspirin, or ibuprofen) will be limited to up to 90 morphine milligram equivalents (MME) per day based on a 30-day supply. **Prescriptions that exceed the 90 MME daily limit will be subject to UM criteria, such as prior authorization.** Members who are opioid-naïve may be subject to additional step therapy requirements [use of an immediate release (IR) formulation will be required before moving to an extended-release (ER) formulation and quantity limit restrictions (first fill will be limited to three days for 19 years and under and seven days for 20 years and older)].

Note: The quantity limits outlined in the formulary reflect post one (1) month Limit of ≤ 200 MME/day (per 25 days).

DIABETIC SUPPLIES

One Touch by LifeScan is the preferred covered blood glucose meter, test strip, and lancet for CareFirst CHPMD members. Test strips and lancets have a quantity limit of 200 strips every 25 days.

Formulary alcohol swabs are limited to a maximum cost of \$10 per month. Most alcohol swabs available on the market costs less than \$10. Note: The existing quantity limit of 400 alcohol swabs every 25 days remains.

BD is the preferred brand for all insulin syringes and pen needles. They have a quantity limit of 200 syringes or 200 needles every 25 days.

MEDICATIONS CARVED OUT TO MARYLAND DEPARTMENT OF HEALTH

Maryland Department of Health (MDH) is responsible for formulary management of drugs used for behavioral health purposes which are covered under the Medicaid Mental Health Formulary as well as Substance Use Disorder Medications. Drugs in these classes are carved out of the Managed Care Organization (MCO), pharmacy benefit and are payable as fee-for-service through Maryland Medical Assistance and processed by their Pharmacy Benefit Management (PBM): Conduent. For questions about these medications, please connect with the Maryland Medicaid Pharmacy Access Hotline at 833-325-0105 Monday-Friday, 8:00 AM - 5:00 PM or visit <https://health.maryland.gov/mmcp/pap/pages/paphome.aspx>.

Authorization requests for specific MENTAL HEALTH products contact the Maryland Department of Health (MDH) at: 1-800-932-3918 (Antipsychotic Peer Review Line for children 0-17 years old: 1-855-283-0876).

NOTICE

The information contained in this formulary is proprietary. The information may not be copied in whole or in part without written permission. ©2025. All rights reserved. This formulary contains references to brand-name prescription drugs that are trademarks or registered trademarks of pharmaceutical manufacturers. Plan member privacy is important to us. Our employees are trained regarding the appropriate way to handle members' private health information.

Note: The coverage of prescription drugs and supplies along with the utilization management listed on this document is dependent on your benefit plan and is subject to change. For the most accurate information on your drug cost and pricing, please log in to members.carefirstchpmd.com.

Drug Name	Requirements/Limits
PENICILLINS	

NATURAL PENICILLINS

BICILLIN L-A INJ 600000
 BICILLIN L-A INJ 2400000
 BICILLIN L-A INJ 1200000
penicillin v potassium tab 250 mg
penicillin v potassium tab 500 mg
penicillin v potassium for soln 125 mg/5ml
penicillin v potassium for soln 250 mg/5ml

AMINOPENICILLINS

amoxicillin (trihydrate) cap 250 mg
 amoxicillin (trihydrate) cap 500 mg
 amoxicillin (trihydrate) tab 500 mg
 amoxicillin (trihydrate) tab 875 mg
 amoxicillin (trihydrate) chew tab 125 mg
 amoxicillin (trihydrate) chew tab 250 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
 ampicillin cap 500 mg

PENICILLINASE-RESISTANT PENICILLINS

dicloxacillin sodium cap 250 mg
 dicloxacillin sodium cap 500 mg

PENICILLIN COMBINATIONS

amoxicillin & k clavulanate tab 250-125 mg
 amoxicillin & k clavulanate tab 500-125 mg
 amoxicillin & k clavulanate tab 875-125 mg
 amoxicillin & k clavulanate chew tab 400-57 mg
 amoxicillin & k clavulanate for susp 200-28.5 mg/5ml
 amoxicillin & k clavulanate for susp 250-62.5 mg/5ml
 amoxicillin & k clavulanate for susp 400-57 mg/5ml
 amoxicillin & k clavulanate for susp 600-42.9 mg/5ml

CEPHALOSPORINS

CEPHALOSPORINS - 1ST GENERATION

cefadroxil cap 500 mg
 cefadroxil tab 1 gm
 cefadroxil for susp 250 mg/5ml
 cefadroxil for susp 500 mg/5ml
 cephalexin cap 250 mg
 cephalexin cap 500 mg
 cephalexin cap 750 mg

Drug Name	Requirements/Limits
<i>cephalexin tab 250 mg</i>	
<i>cephalexin tab 500 mg</i>	
<i>cephalexin for susp 125 mg/5ml</i>	
<i>cephalexin for susp 250 mg/5ml</i>	
CEPHALOSPORINS - 2ND GENERATION	
<i>cefprozil tab 250 mg</i>	
<i>cefprozil tab 500 mg</i>	
<i>cefprozil for susp 125 mg/5ml</i>	
<i>cefprozil for susp 250 mg/5ml</i>	
<i>cefuroxime axetil tab 250 mg</i>	
<i>cefuroxime axetil tab 500 mg</i>	
CEPHALOSPORINS - 3RD GENERATION	
<i>cefdinir cap 300 mg</i>	
<i>cefdinir for susp 125 mg/5ml</i>	
<i>cefdinir for susp 250 mg/5ml</i>	
MACROLIDES	
ERYTHROMYCINS	
<i>erythromycin tab 250 mg</i>	
<i>erythromycin tab 500 mg</i>	
<i>erythromycin w/ delayed release particles cap 250 mg</i>	
<i>erythromycin ethylsuccinate tab 400 mg</i>	
<i>erythromycin ethylsuccinate for susp 200 mg/5ml</i>	
AZITHROMYCIN	
<i>azithromycin tab 250 mg</i>	
<i>azithromycin tab 500 mg</i>	
<i>azithromycin tab 600 mg</i>	
<i>azithromycin for susp 100 mg/5ml</i>	
<i>azithromycin for susp 200 mg/5ml</i>	
ZITHROMAX POW 1GM PAK	
CLARITHROMYCIN	
<i>clarithromycin tab 250 mg</i>	
<i>clarithromycin tab 500 mg</i>	
<i>clarithromycin for susp 125 mg/5ml</i>	
<i>clarithromycin for susp 250 mg/5ml</i>	
<i>clarithromycin tab er 24hr 500 mg</i>	
FIDAXOMICIN	
DIFCID TAB 200MG	PA
DIFCID SUS	PA
TETRACYCLINES	
TETRACYCLINES	
<i>doxycycline monohydrate for susp 25 mg/5ml</i>	
<i>doxycycline hyolate cap 50 mg</i>	

Drug Name	Requirements/Limits
<i>doxycycline hyclate cap 100 mg</i>	
<i>doxycycline hyclate tab 20 mg</i>	
<i>doxycycline hyclate tab 100 mg</i>	
<i>minocycline hcl cap 50 mg</i>	
<i>minocycline hcl cap 75 mg</i>	
<i>minocycline hcl cap 100 mg</i>	
<i>tetracycline hcl cap 250 mg</i>	QL (120 caps every 25 days)
<i>tetracycline hcl cap 500 mg</i>	QL (120 caps every 25 days)

FLUOROQUINOLONES

FLUOROQUINOLONES

<i>ciprofloxacin hcl tab 250 mg (base equiv)</i>
<i>ciprofloxacin hcl tab 500 mg (base equiv)</i>
<i>ciprofloxacin hcl tab 750 mg (base equiv)</i>
<i>levofloxacin tab 250 mg</i>
<i>levofloxacin tab 500 mg</i>
<i>levofloxacin tab 750 mg</i>
<i>levofloxacin oral soln 25 mg/ml</i>

AMINOGLYCOSIDES

AMINOGLYCOSIDES

<i>neomycin sulfate tab 500 mg</i>	
<i>tobramycin nebu soln 300 mg/5ml</i>	SP, PA, QL (10 mL every 1 day)
<i>tobramycin nebu soln 300 mg/4ml</i>	SP, PA, QL (8 mL every 1 day)

ANTIMYCOBACTERIAL AGENTS

ANTIMYCOBACTERIAL AGENTS

<i>ethambutol hcl tab 100 mg</i>
<i>ethambutol hcl tab 400 mg</i>
<i>isoniazid tab 100 mg</i>
<i>isoniazid tab 300 mg</i>
<i>isoniazid syrup 50 mg/5ml</i>
<i>pyrazinamide tab 500 mg</i>
<i>rifabutin cap 150 mg</i>
<i>rifampin cap 150 mg</i>
<i>rifampin cap 300 mg</i>

ANTIFUNGALS

ANTIFUNGALS

<i>griseofulvin microsize susp 125 mg/5ml</i>	
<i>griseofulvin ultramicrosize tab 125 mg</i>	
<i>griseofulvin ultramicrosize tab 250 mg</i>	
<i>nystatin tab 500000 unit</i>	
<i>terbinafine hcl tab 250 mg</i>	QL (90 tabs every year)

IMIDAZOLE-RELATED ANTIFUNGALS

<i>fluconazole tab 50 mg</i>

Drug Name	Requirements/Limits
fluconazole tab 100 mg	
fluconazole tab 150 mg	
fluconazole tab 200 mg	
fluconazole for susp 10 mg/ml	
fluconazole for susp 40 mg/ml	
itraconazole cap 100 mg	PA, QL (4 caps every 1 day)
voriconazole tab 50 mg	PA
voriconazole tab 200 mg	PA
voriconazole for susp 40 mg/ml	PA

ANTIVIRALS

ANTIRETROVIRALS

maraviroc tab 150 mg	QL (2 tabs every 1 day)
maraviroc tab 300 mg	QL (4 tabs every 1 day)
SELZENTRY SOL 20MG/ML	QL (1840 mL every 30 days)
TROGARZO INJ 150MG/ML	
APRETUDE SUS 600MG ER	QL (6 mL every 75 days)
TIVICAY TAB 50MG	QL (2 tabs every 1 day)
TIVICAY PD TAB 5MG	QL (12 tabs every 1 day)
ISENTRESS TAB 400MG	QL (4 tabs every 1 day)
ISENTRESS HD TAB 600MG	QL (2 tabs every 1 day)
ISENTRESS CHW 25MG	QL (6 tabs every 1 day)
ISENTRESS CHW 100MG	QL (6 tabs every 1 day)
ISENTRESS POW 100MG	QL (2 packets every 1 day)
atazanavir sulfate cap 150 mg (base equiv)	QL (1 cap every 1 day)
atazanavir sulfate cap 200 mg (base equiv)	QL (2 caps every 1 day)
atazanavir sulfate cap 300 mg (base equiv)	QL (1 cap every 1 day)
REYATAZ POW 50MG	QL (6 packets every 1 day)
PREZISTA TAB 75MG	QL (10 tabs every 1 day)
PREZISTA TAB 150MG	QL (6 tabs every 1 day)
darunavir tab 600 mg	QL (2 tabs every 1 day)
darunavir tab 800 mg	QL (1 tab every 1 day)
PREZISTA SUS 100MG/ML	QL (400 mL every 30 days)
fosamprenavir calcium tab 700 mg (base equiv)	QL (4 tabs every 1 day)
ritonavir tab 100 mg	QL (12 tabs every 1 day)
NORVIR POW 100MG	QL (12 packets every 1 day)
abacavir sulfate tab 300 mg (base equiv)	QL (2 tabs every 1 day)
abacavir sulfate soln 20 mg/ml (base equiv)	QL (30 mL every 1 day)
emtricitabine caps 200 mg	QL (1 cap every 1 day)
EMTRIVA SOL 10MG/ML	QL (680 mL every 28 days)
lamivudine tab 150 mg	QL (2 tabs every 1 day)
lamivudine tab 300 mg	QL (1 tab every 1 day)
lamivudine oral soln 10 mg/ml	QL (32 mL every 1 day)
zidovudine cap 100 mg	QL (6 caps every 1 day)

\$0 - Zero Dollar Copay **AGE** - Age Limit **GNDR** - Gender Edit **OTC** - Over the counter **PA** - Prior Authorization **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

Drug Name	Requirements/Limits
zidovudine tab 300 mg	QL (2 tabs every 1 day)
zidovudine syrup 10 mg/ml	QL (64 mL every 1 day)
VIREAD TAB 150MG	QL (1 tab every 1 day)
VIREAD TAB 200MG	QL (1 tab every 1 day)
VIREAD TAB 250MG	QL (1 tab every 1 day)
tenofovir disoproxil fumarate tab 300 mg	QL (1 tab every 1 day)
VIREAD POW 40MG/GM	QL (8 gm every 1 day)
PIFELTRO TAB 100MG	QL (2 tabs every 1 day)
efavirenz tab 600 mg	QL (1 tab every 1 day)
INTELENCE TAB 25MG	QL (4 tabs every 1 day)
etravirine tab 100 mg	QL (4 tabs every 1 day)
etravirine tab 200 mg	QL (2 tabs every 1 day)
nevirapine tab 200 mg	QL (2 tabs every 1 day)
nevirapine susp 50 mg/5ml	QL (40 mL every 1 day)
nevirapine tab er 24hr 400 mg	QL (1 tab every 1 day)
EDURANT TAB 25MG	QL (2 tabs every 1 day)
TYBOST TAB 150MG	QL (1 tab every 1 day)
abacavir sulfate-lamivudine tab 600-300 mg	QL (1 tab every 1 day)
EVOTAZ TAB 300-150	QL (1 tab every 1 day)
CABENUVA SUS 400-600	PA, QL (4 mL every 22 days)
CABENUVA SUS 600-900	PA
DOVATO TAB 50-300MG	QL (1 tab every 1 day)
PREZCOBIX TAB 800-150	QL (1 tab every 1 day)
DESCOVY TAB 120-15MG	QL (1 tab every 1 day)
DESCOVY TAB 200/25MG	QL (1 tab every 1 day)
emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg	QL (1 tab every 1 day)
emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg	QL (1 tab every 1 day)
emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg	QL (1 tab every 1 day)
emtricitabine-tenofovir disoproxil fumarate tab 200-300mg	QL (1 tab every 1 day)
CIMDUO TAB 300-300	QL (1 tab every 1 day)
lamivudine-zidovudine tab 150-300 mg	QL (2 tabs every 1 day)
lopinavir-ritonavir tab 100-25 mg	QL (10 tabs every 1 day)
lopinavir-ritonavir tab 200-50 mg	QL (4 tabs every 1 day)
lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)	QL (16 mL every 1 day)
TRIUMEQ TAB	QL (1 tab every 1 day)
BIKTARVY TAB	QL (1 tab every 1 day); All strengths covered
BIKTARVY TAB	QL (1 tab every 1 day); All strengths covered

Drug Name	Requirements/Limits
<i>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</i>	QL (1 tab every 1 day)
<i>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg</i>	QL (1 tab every 1 day)
<i>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg</i>	QL (1 tab every 1 day)
ODEFSEY TAB	QL (1 tab every 1 day)
COMPLERA TAB	QL (1 tab every 1 day)
SYMTUZA TAB	QL (1 tab every 1 day)
GENVOYA TAB	QL (1 tab every 1 day)
STRIBILD TAB	QL (1 tab every 1 day)

CMV AGENTS

<i>valganciclovir hcl tab 450 mg (base equivalent)</i>	QL (4 tabs every 1 day)
<i>valganciclovir hcl for soln 50 mg/ml (base equiv)</i>	QL (1000 mL every 30 days)

HEPATITIS AGENTS

<i>adefovir dipivoxil tab 10 mg</i>	SP
<i>entecavir tab 0.5 mg</i>	SP, QL (1 tab every 1 day)
<i>entecavir tab 1 mg</i>	SP, QL (1 tab every 1 day)
<i>BARACLUDE SOL</i>	SP, QL (21 mL every 1 day)
<i>lamivudine tab 100 mg (hbv)</i>	SP
<i>PEGASYS INJ 180MCG/M</i>	SP, PA
<i>PEGASYS INJ</i>	SP, PA
<i>ribavirin cap 200 mg</i>	SP, PA
<i>ribavirin tab 200 mg</i>	SP, PA
<i>MAVYRET TAB 100-40MG</i>	SP, PA, QL (84 tabs every 28 days)
<i>MAVYRET PAK 50-20MG</i>	SP, PA, QL (140 tabs every 28 days)
<i>SOFOS/VELPAT TAB 400-100</i>	SP, PA, QL (1 tab every 1 day)

HERPES AGENTS

<i>acyclovir cap 200 mg</i>
<i>acyclovir tab 400 mg</i>
<i>acyclovir tab 800 mg</i>
<i>acyclovir susp 200 mg/5ml</i>
<i>valacyclovir hcl tab 500 mg</i>
<i>valacyclovir hcl tab 1 gm</i>
<i>famciclovir tab 125 mg</i>
<i>famciclovir tab 250 mg</i>
<i>famciclovir tab 500 mg</i>

INFLUENZA AGENTS

<i>oseltamivir phosphate cap 30 mg (base equiv)</i>	QL (20 caps every 180 days)
<i>oseltamivir phosphate cap 45 mg (base equiv)</i>	QL (10 caps every 180 days)
<i>oseltamivir phosphate cap 75 mg (base equiv)</i>	QL (10 caps every 180 days)

Drug Name	Requirements/Limits
<i>oseltamivir phosphate for susp 6 mg/ml (base equiv)</i>	QL (180 mL every 180 days), AGE (Max 12)
MISC. ANTIVIRALS	
LAGEVRIA CAP 200MG	QL (40 caps every 30 days)
ANTIVIRAL COMBINATIONS	
PAXLOVID TAB 150-100	QL (40 tabs every 30 days)
PAXLOVID TAB 300-100	QL (60 tabs every 30 days)
ANTIMALARIALS	
ANTIMALARIALS	
<i>chloroquine phosphate tab 250 mg</i>	QL (8 tabs every 180 days)
<i>chloroquine phosphate tab 500 mg</i>	QL (8 tabs every 180 days)
<i>hydroxychloroquine sulfate tab 200 mg</i>	
<i>mefloquine hcl tab 250 mg</i>	QL (8 tabs every 180 days)
<i>pyrimethamine tab 25 mg</i>	
ANTIMALARIAL COMBINATIONS	
<i>atovaquone-proguanil hcl tab 62.5-25 mg</i>	QL (23 tabs every 180 days)
<i>atovaquone-proguanil hcl tab 250-100 mg</i>	QL (23 tabs every 180 days)
ANTHELMINTICS	
ANTHELMINTICS	
<i>ivermectin tab 3 mg</i>	
EMVERM CHW 100MG	QL (12 tabs every year)
<i>pyrantel pamoate susp 144 mg/ml (50 mg/ml base equiv)</i>	OTC
ANTI-INFECTIVE AGENTS - MISC.	
ANTI-INFECTIVE AGENTS - MISC.	
<i>metronidazole cap 375 mg</i>	
<i>metronidazole tab 250 mg</i>	
<i>metronidazole tab 500 mg</i>	
XIFAXAN TAB 550MG	ST
<i>trimethoprim tab 100 mg</i>	
LINCOBAMIDES	
<i>clindamycin hcl cap 150 mg</i>	
<i>clindamycin hcl cap 300 mg</i>	
<i>clindamycin palmitate hcl for soln 75 mg/5ml (base equiv)</i>	
OXAZOLIDINONES	
<i>linezolid tab 600 mg</i>	PA
<i>linezolid for susp 100 mg/5ml</i>	PA
ZYVOX SOL 2MG/ML	PA
<i>linezolid iv soln 600 mg/300ml (2 mg/ml)</i>	PA
LINEZOLID INJ 2MG/ML	PA

Drug Name	Requirements/Limits
GLYCOPEPTIDES	
<i>vancomycin hcl cap 125 mg (base equivalent)</i>	ST
<i>vancomycin hcl cap 250 mg (base equivalent)</i>	ST
LEPROSTATICs	
<i>dapsone tab 25 mg</i>	
<i>dapsone tab 100 mg</i>	
ANTIPROTOZOAL AGENTS	
<i>atovaquone susp 750 mg/5ml</i>	
URINARY ANTI-INFECTIVES	
<i>nitrofurantoin susp 25 mg/5ml</i>	AGE (Max 8)
<i>nitrofurantoin macrocrystalline cap 25 mg</i>	
<i>nitrofurantoin macrocrystalline cap 50 mg</i>	
<i>nitrofurantoin macrocrystalline cap 100 mg</i>	
<i>nitrofurantoin monohydrate macrocrystalline cap 100 mg</i>	
ANTI-INFECTIVE MISC. - COMBINATIONS	
<i>sulfamethoxazole-trimethoprim tab 400-80 mg</i>	
<i>sulfamethoxazole-trimethoprim tab 800-160 mg</i>	
<i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i>	
PASSIVE IMMUNIZING AND TREATMENT AGENTS	
MONOCLONAL ANTIBODIES	
<i>SYNAGIS INJ 50/0.5ML</i>	SP, PA
<i>SYNAGIS INJ 100MG/ML</i>	SP, PA
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES	
ALKYLATING AGENTS	
<i>MYLERAN TAB 2MG</i>	
<i>LEUKERAN TAB 2MG</i>	
<i>cyclophosphamide cap 25 mg</i>	
<i>cyclophosphamide cap 50 mg</i>	
<i>CYCLOPHOSPH TAB 25MG</i>	
<i>CYCLOPHOSPH TAB 50MG</i>	
<i>GLEOSTINE CAP 10MG</i>	
<i>GLEOSTINE CAP 40MG</i>	
<i>GLEOSTINE CAP 100MG</i>	
<i>temozolomide cap 5 mg</i>	SP, PA
<i>temozolomide cap 20 mg</i>	SP, PA
<i>temozolomide cap 100 mg</i>	SP, PA
<i>temozolomide cap 140 mg</i>	SP, PA
<i>temozolomide cap 180 mg</i>	SP, PA
<i>temozolomide cap 250 mg</i>	SP, PA
ANTINEOPLASTIC - ANTI-HER2 AGENTS	
<i>KANJINTI SOL 150MG</i>	SP, PA

Drug Name	Requirements/Limits
KANJINTI INJ 420MG	SP, PA
TUKYSA TAB 50MG	PA, QL (4 tabs every 1 day)
TUKYSA TAB 150MG	PA, QL (4 tabs every 1 day)
ANTIMETABOLITES	
capecitabine tab 150 mg	SP, PA
capecitabine tab 500 mg	SP, PA
mercaptopurine tab 50 mg	
methotrexate sodium tab 2.5 mg (base equiv)	
TREXALL TAB 5MG	
TREXALL TAB 7.5MG	
TREXALL TAB 10MG	
TREXALL TAB 15MG	
ANTINEOPLASTIC - ANGIOGENESIS INHIBITORS	
INLYTA TAB 1MG	SP, PA, QL (8 tabs every 1 day)
INLYTA TAB 5MG	SP, PA, QL (4 tabs every 1 day)
MVASI INJ 100MG	SP, PA
MVASI INJ 400MG	SP, PA
ZIRABEV INJ 100/4ML	SP, PA
ZIRABEV INJ 400/16ML	SP, PA
LENVIMA CAP 4MG	SP, PA, QL (1 cap every 1 day)
LENVIMA CAP 8 MG	SP, PA, QL (2 caps every 1 day)
LENVIMA CAP 10 MG	SP, PA, QL (1 cap every 1 day)
LENVIMA CAP 12MG	SP, PA, QL (3 caps every 1 day)
LENVIMA CAP 20 MG	SP, PA, QL (2 caps every 1 day)
LENVIMA CAP 14 MG	SP, PA, QL (2 caps every 1 day)
LENVIMA CAP 18 MG	SP, PA, QL (3 caps every 1 day)
LENVIMA CAP 24 MG	SP, PA, QL (3 caps every 1 day)
ANTINEOPLASTIC - ANTIBODIES	
POLIVY INJ 30MG	SP, PA
POLIVY INJ 140MG	SP, PA
PADCEV INJ 20MG	SP, PA, QL (21 vials every 28 days)
PADCEV INJ 30MG	SP, PA, QL (15 vials every 28 days)
ANTINEOPLASTIC - EGFR INHIBITORS	
GILOTTRIF TAB 20MG	SP, PA, QL (1 tab every 1 day)
GILOTTRIF TAB 30MG	SP, PA, QL (1 tab every 1 day)
GILOTTRIF TAB 40MG	SP, PA, QL (1 tab every 1 day)
erlotinib hcl tab 25 mg (base equivalent)	SP, PA, QL (2 tabs every 1 day)
erlotinib hcl tab 100 mg (base equivalent)	SP, PA, QL (1 tab every 1 day)
erlotinib hcl tab 150 mg (base equivalent)	SP, PA, QL (1 tab every 1 day)

Drug Name	Requirements/Limits
ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITORS	
ERIVEDGE CAP 150MG	SP, PA, QL (1 cap every 1 day)
ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS	
LYSODREN TAB 500MG	
bicalutamide tab 50 mg	
EULEXIN CAP 125MG	
tamoxifen citrate tab 10 mg (base equivalent)	
tamoxifen citrate tab 20 mg (base equivalent)	
toremifene citrate tab 60 mg (base equivalent)	
anastrozole tab 1 mg	
exemestane tab 25 mg	
letrozole tab 2.5 mg	
fulvestrant inj soln pref syr 250 mg/5ml	SP, PA
megestrol acetate tab 20 mg	
megestrol acetate tab 40 mg	
megestrol acetate susp 40 mg/ml	
ZOLADEX IMP 3.6MG	SP, PA
leuprolide acetate inj kit 1 mg/0.2ml (5 mg/ml)	SP, PA
ELIGARD INJ 7.5MG	SP, PA
ELIGARD INJ 22.5MG	SP, PA
ELIGARD INJ 30MG	SP, PA
ELIGARD INJ 45MG	SP, PA
CAMCEVI INJ 42MG	SP, PA
TRELSTAR MIX INJ 3.75MG	SP, PA
ORGOVYX TAB 120MG	SP, PA, QL (1 tab every 1 day)
abiraterone acetate tab 250 mg	SP, PA, QL (4 tabs every 1 day)
ANTINEOPLASTIC - BCL-2 INHIBITORS	
VENCLEXTA TAB 10MG	PA, QL (4 tabs every 1 day)
VENCLEXTA TAB 50MG	PA, QL (4 tabs every 1 day)
VENCLEXTA TAB 100MG	PA, QL (6 tabs every 1 day)
VENCLEXTA TAB START PK	PA, QL (1 pack every 28 days)
MITOTIC INHIBITORS	
etoposide cap 50 mg	
ANTINEOPLASTIC ENZYME INHIBITORS	
XALKORI CAP 200MG	SP, PA, QL (4 caps every 1 day)
XALKORI CAP 250MG	SP, PA, QL (4 caps every 1 day)
XALKORI CAP 20MG	SP, PA, QL (4 caps every 1 day)
XALKORI CAP 50MG	SP, PA, QL (4 caps every 1 day)
XALKORI CAP 150MG	SP, PA, QL (6 caps every 1 day)
LORBRENA TAB 25MG	SP, PA, QL (3 tabs every 1 day)
LORBRENA TAB 100MG	SP, PA, QL (1 tab every 1 day)
VERZENIO TAB 50MG	SP, PA, QL (2 tabs every 1 day)

Drug Name	Requirements/Limits
VERZENIO TAB 100MG	SP, PA, QL (2 tabs every 1 day)
VERZENIO TAB 150MG	SP, PA, QL (2 tabs every 1 day)
VERZENIO TAB 200MG	SP, PA, QL (2 tabs every 1 day)
ZOLINZA CAP 100MG	SP, PA, QL (4 caps every 1 day)
<i>dasatinib tab 20 mg</i>	SP, PA, QL (3 tabs every 1 day)
<i>dasatinib tab 50 mg</i>	SP, PA, QL (1 tab every 1 day)
<i>dasatinib tab 70 mg</i>	SP, PA, QL (1 tab every 1 day)
<i>dasatinib tab 80 mg</i>	SP, PA, QL (1 tab every 1 day)
<i>dasatinib tab 100 mg</i>	SP, PA, QL (1 tab every 1 day)
<i>dasatinib tab 140 mg</i>	SP, PA, QL (1 tab every 1 day)
<i>imatinib mesylate tab 100 mg (base equivalent)</i>	SP, PA, QL (4 tabs every 1 day)
<i>imatinib mesylate tab 400 mg (base equivalent)</i>	SP, PA, QL (2 tabs every 1 day)
TAFINLAR CAP 50MG	SP, PA, QL (4 caps every 1 day)
TAFINLAR CAP 75MG	SP, PA, QL (4 caps every 1 day)
TAFINLAR TAB 10MG	SP, PA, QL (30 tabs every 1 day)
OJEMDA TAB 100MG	SP, PA, QL (1 box every 28 days)
OJEMDA SUS 25MG/ML	SP, PA, QL (8 bottles every 28 days)
ZELBORAF TAB 240MG	SP, PA, QL (8 tabs every 1 day)
CALQUENCE TAB 100MG	SP, PA, QL (2 tabs every 1 day)
<i>everolimus tab 2.5 mg</i>	SP, PA, QL (1 tab every 1 day)
<i>everolimus tab 5 mg</i>	SP, PA, QL (1 tab every 1 day)
<i>everolimus tab 7.5 mg</i>	SP, PA, QL (1 tab every 1 day)
<i>everolimus tab 10 mg</i>	SP, PA, QL (1 tab every 1 day)
CABOMETYX TAB 20MG	SP, PA, QL (1 tab every 1 day)
CABOMETYX TAB 40MG	SP, PA, QL (1 tab every 1 day)
CABOMETYX TAB 60MG	SP, PA, QL (1 tab every 1 day)
COMETRIQ KIT 60MG	SP, PA, QL (3 caps every 1 day)
COMETRIQ KIT 100MG	SP, PA, QL (2 caps every 1 day)
COMETRIQ KIT 140MG	SP, PA, QL (4 caps every 1 day)
XOSPATA TAB 40MG	SP, PA, QL (3 tabs every 1 day)
<i>lapatinib ditosylate tab 250 mg (base equiv)</i>	SP, PA, QL (6 tabs every 1 day)
RYDAPT CAP 25MG	SP, PA, QL (8 caps every 1 day)
<i>pazopanib hcl tab 200 mg (base equiv)</i>	SP, PA, QL (4 tabs every 1 day)
STIVARGA TAB 40MG	SP, PA, QL (3 tabs every 1 day)
<i>sunitinib malate cap 12.5 mg (base equivalent)</i>	SP, PA, QL (1 cap every 1 day)
<i>sunitinib malate cap 25 mg (base equivalent)</i>	SP, PA, QL (1 cap every 1 day)
<i>sunitinib malate cap 37.5 mg (base equivalent)</i>	SP, PA, QL (1 cap every 1 day)
<i>sunitinib malate cap 50 mg (base equivalent)</i>	SP, PA, QL (1 cap every 1 day)
CAPRELSA TAB 100MG	SP, PA, QL (2 tabs every 1 day)
CAPRELSA TAB 300MG	SP, PA, QL (1 tab every 1 day)

Drug Name	Requirements/Limits
MEKINIST TAB 0.5MG	SP, PA, QL (3 tabs every 1 day)
MEKINIST TAB 2MG	SP, PA, QL (1 tab every 1 day)
MEKINIST SOL 0.05/ML	SP, PA, QL (38 mL every 1 day)
ROZLYTREK CAP 100MG	SP, PA, QL (1 cap every 1 day)
ROZLYTREK CAP 200MG	SP, PA, QL (3 caps every 1 day)
ROZLYTREK PAK 50MG	SP, PA, QL (12 packets every 1 day)
LYNPARZA TAB 100MG	SP, PA, QL (4 tabs every 1 day)
LYNPARZA TAB 150MG	SP, PA, QL (4 tabs every 1 day)
RUBRACA TAB 200MG	SP, PA, QL (4 tabs every 1 day)
RUBRACA TAB 250MG	SP, PA, QL (4 tabs every 1 day)
RUBRACA TAB 300MG	SP, PA, QL (4 tabs every 1 day)
<i>bortezomib for inj 3.5 mg</i>	SP, PA
NINLARO CAP 2.3MG	SP, PA, QL (6 caps every 28 days)
NINLARO CAP 3MG	SP, PA, QL (6 caps every 28 days)
NINLARO CAP 4MG	SP, PA, QL (6 caps every 28 days)
JAKAFI TAB 5MG	SP, PA, QL (2 tabs every 1 day)
JAKAFI TAB 10MG	SP, PA, QL (2 tabs every 1 day)
JAKAFI TAB 15MG	SP, PA, QL (2 tabs every 1 day)
JAKAFI TAB 20MG	SP, PA, QL (2 tabs every 1 day)
JAKAFI TAB 25MG	SP, PA, QL (2 tabs every 1 day)
ZYDELIG TAB 100MG	SP, PA, QL (2 tabs every 1 day)
ZYDELIG TAB 150MG	SP, PA, QL (2 tabs every 1 day)

ANTINEOPLASTIC RADIOPHARMACEUTICALS

PLUVICTO INJ 1000MBQ	SP, PA
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ANTINEOPLASTICS MISC.

<i>hydroxyurea cap 500 mg</i>	
MATULANE CAP 50MG	
<i>tretinoin cap 10 mg</i>	
<i>bexarotene cap 75 mg</i>	SP, PA

CHEMOTHERAPY RESCUE/ANTIDOTE/PROTECTIVE AGENTS

<i>leucovorin calcium tab 5 mg</i>	
<i>leucovorin calcium tab 10 mg</i>	
<i>leucovorin calcium tab 15 mg</i>	
<i>leucovorin calcium tab 25 mg</i>	
IWLFIN TAB 192MG	SP, PA, QL (8 tabs every 1 day)

CORTICOSTEROIDS

GLUCOCORTICOSTEROIDS	
<i>budesonide delayed release particles cap 3 mg</i>	

Drug Name	Requirements/Limits
<i>budesonide tab er 24hr 9 mg</i>	
<i>dexamethasone tab 0.5 mg</i>	
<i>dexamethasone tab 0.75 mg</i>	
<i>dexamethasone tab 1 mg</i>	
<i>dexamethasone tab 1.5 mg</i>	
<i>dexamethasone tab 2 mg</i>	
<i>dexamethasone tab 4 mg</i>	
<i>dexamethasone tab 6 mg</i>	
<i>dexamethasone elixir 0.5 mg/5ml</i>	
<i>dexamethasone soln 0.5 mg/5ml</i>	
<i>hydrocortisone tab 5 mg</i>	
<i>hydrocortisone tab 10 mg</i>	
<i>hydrocortisone tab 20 mg</i>	
<i>MEDROL TAB 2MG</i>	
<i>methylprednisolone tab 4 mg</i>	
<i>methylprednisolone tab 8 mg</i>	
<i>methylprednisolone tab 16 mg</i>	
<i>methylprednisolone tab 32 mg</i>	
<i>methylprednisolone tab therapy pack 4 mg (21)</i>	
<i>prednisolone soln 15 mg/5ml</i>	
<i>prednisolone sod phosphate oral soln 15 mg/5ml (base equiv)</i>	
<i>prednisolone sodium phosphate oral soln 25 mg/5ml (base eq)</i>	
<i>prednisolone sod phosph oral soln 6.7 mg/5ml (5 mg/5ml base)</i>	
<i>prednisolone sod phos orally disintegr tab 10 mg (base eq)</i>	
<i>prednisolone sod phos orally disintegr tab 15 mg (base eq)</i>	
<i>prednisolone sod phos orally disintegr tab 30 mg (base eq)</i>	
<i>prednisone tab 1 mg</i>	
<i>prednisone tab 2.5 mg</i>	
<i>prednisone tab 5 mg</i>	
<i>prednisone tab 10 mg</i>	
<i>prednisone tab 20 mg</i>	
<i>prednisone tab 50 mg</i>	
<i>prednisone oral soln 5 mg/5ml</i>	
<i>prednisone tab therapy pack 5 mg (21)</i>	
<i>prednisone tab therapy pack 5 mg (48)</i>	
<i>prednisone tab therapy pack 10 mg (21)</i>	
<i>prednisone tab therapy pack 10 mg (48)</i>	

Drug Name	Requirements/Limits
MINERALOCORTICOIDS	
fludrocortisone acetate tab 0.1 mg	
ANDROGENS-ANABOLIC	
ANDROGENS	
danazol cap 50 mg	
danazol cap 100 mg	
danazol cap 200 mg	
testosterone td gel 25 mg/2.5gm (1%)	PA
testosterone td gel 10mg/act (2%)	PA
testosterone cypionate im inj in oil 100 mg/ml	PA
testosterone cypionate im inj in oil 200 mg/ml	PA
testosterone enanthate im inj in oil 200 mg/ml	PA
ESTROGENS	
ESTROGENS	
estradiol tab 0.5 mg	
estradiol tab 1 mg	
estradiol tab 2 mg	
estradiol td patch weekly 0.025 mg/24hr	
estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr)	
estradiol td patch weekly 0.05 mg/24hr	
estradiol td patch weekly 0.06 mg/24hr	
estradiol td patch weekly 0.075 mg/24hr	
estradiol td patch weekly 0.1 mg/24hr	
ESTROGEN COMBINATIONS	
estradiol & norethindrone acetate tab 0.5-0.1 mg	
estradiol & norethindrone acetate tab 1-0.5 mg	
COMBIPATCH DIS	
COMBIPATCH DIS	
norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg	
norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg	
CONTRACEPTIVES	
COPPER CONTRACEPTIVES - IUD	
PARAGARD IUD T380A	QL (1 IUD in lifetime); \$0
PROGESTIN CONTRACEPTIVES - ORAL	
norethindrone tab 0.35 mg	QL (1 tab every 1 day); \$0
PROGESTIN CONTRACEPTIVES - INJECTABLE	
medroxyprogesterone acetate im susp 150 mg/ml	QL (5 injections every 364 days); \$0
medroxyprogesterone acetate im susp prefilled syr 150 mg/ml	QL (5 injections every 364 days); \$0

Drug Name	Requirements/Limits
PROGESTIN CONTRACEPTIVES - IUD	
SKYLA IUD 13.5MG	QL (1 IUD in lifetime); \$0
KYLEENA IUD 19.5MG	QL (1 IUD in lifetime); \$0
LILETTA IUD 52MG	QL (1 IUD in lifetime); \$0
MIRENA IUD SYSTEM	QL (1 IUD in lifetime); \$0
PROGESTIN CONTRACEPTIVES - IMPLANTS	
NEXPLANON IMP 68MG	QL (1 implant in lifetime); \$0
EMERGENCY CONTRACEPTIVES	
levonorgestrel tab 1.5 mg	QL (1 tab every 30 days), OTC; \$0
ELLA TAB 30MG	QL (2 tabs every year); \$0
COMBINATION CONTRACEPTIVES - TRANSDERMAL	
norelgestromin-ethynodiol estradiol td ptwk 150-35 mcg/24hr	QL (39 patches every 364 days); \$0
COMBINATION CONTRACEPTIVES - VAGINAL	
etonogestrel-ethynodiol estradiol va ring 0.12-0.015 mg/24hr	QL (13 rings every 364 days); \$0
COMBINATION CONTRACEPTIVES - ORAL	
desogestrel & ethynodiol estradiol tab 0.15 mg-30 mcg	QL (1 tab every 1 day); \$0
drospirenone-ethynodiol estradiol tab 3-0.02 mg	QL (1 tab every 1 day); \$0
drospirenone-ethynodiol estradiol tab 3-0.03 mg	QL (1 tab every 1 day); \$0
ethynodiol diacetate & ethynodiol estradiol tab 1 mg-35 mcg	QL (1 tab every 1 day); \$0
ethynodiol diacetate & ethynodiol estradiol tab 1 mg-50 mcg	QL (1 tab every 1 day); \$0
levonorgestrel & ethynodiol estradiol tab 0.1 mg-20 mcg	QL (1 tab every 1 day); \$0
levonorgestrel & ethynodiol estradiol tab 0.15 mg-30 mcg	QL (1 tab every 1 day); \$0
norethindrone & ethynodiol estradiol tab 0.4 mg-35 mcg	QL (1 tab every 1 day); \$0
norethindrone & ethynodiol estradiol tab 0.5 mg-35 mcg	QL (1 tab every 1 day); \$0
norethindrone & ethynodiol estradiol tab 1 mg-35 mcg	QL (1 tab every 1 day); \$0
norethindrone ace & ethynodiol estradiol tab 1 mg-20 mcg	QL (1 tab every 1 day); \$0
norethindrone ace & ethynodiol estradiol tab 1.5 mg-30 mcg	QL (1 tab every 1 day); \$0
norgestrel & ethynodiol estradiol tab 0.3 mg-30 mcg	QL (1 tab every 1 day); \$0
norgestimate & ethynodiol estradiol tab 0.25 mg-35 mcg	QL (1 tab every 1 day); \$0
norethindrone ace & ethynodiol estradiol-fe tab 1 mg-20 mcg	QL (1 tab every 1 day); \$0
norethindrone ace & ethynodiol estradiol-fe tab 1.5 mg-30 mcg	QL (1 tab every 1 day); \$0
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)	QL (1 tab every 1 day); \$0
desogest-ethin est tab 0.1-0.025/0.125-0.025/0.15- 0.025mg-mg	QL (1 tab every 1 day); \$0

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Drug Name	Requirements/Limits
<i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i>	QL (1 tab every 1 day); \$0
<i>norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg</i>	QL (1 tab every 1 day); \$0
<i>norethindrone-eth estradiol tab 0.5-35/1-35/0.5-35 mg-mcg</i>	QL (1 tab every 1 day); \$0
<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i>	QL (1 tab every 1 day); \$0
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	QL (1 tab every 1 day); \$0
<i>levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)</i>	QL (1 tab every 1 day); \$0

PROGESTINS

PROGESTINS

<i>medroxyprogesterone acetate tab 2.5 mg</i>
<i>medroxyprogesterone acetate tab 5 mg</i>
<i>medroxyprogesterone acetate tab 10 mg</i>
<i>norethindrone acetate tab 5 mg</i>
<i>progesterone cap 100 mg</i>
<i>progesterone cap 200 mg</i>

ANTIDIABETICS

INSULIN

LANTUS INJ 100/ML	
LANTUS SOLOS INJ 100/ML	
GLARGIN YFGN SOL 100U/ML	
GLARGIN YFGN INJ 100U/ML	
ADMELOG INJ 100U/ML	
ADMELOG SOLO INJ 100U/ML	
HUMULIN R INJ U-100	OTC
NOVOLIN R INJ U-100	OTC
HUMULIN R INJ U-500	
NOVOLIN R INJ 100 UNIT	OTC
HUMULIN R INJ U-500	
HUMULIN N INJ U-100	OTC
NOVOLIN N INJ U-100	OTC
HUMULIN N INJ U-100KWP	OTC
NOVOLIN N INJ 100 UNIT	OTC
INSULIN ASPA INJ 70/30	
INS ASP PROT INJ FLEXPEN	
HUMALOG MIX SUS 75/25	
INSULIN LISP INJ PROTAMIN	
HUMALOG MIX INJ 50/50KWP	
HUMULIN INJ 70/30	OTC

Drug Name	Requirements/Limits
NOVOLIN INJ 70/30	OTC
HUMULIN INJ 70/30KWP	OTC
NOVOLIN INJ 70/30 FP	OTC
INCRETIN MIMETIC AGENTS	
RYBELSUS TAB 3MG	PA, QL (30 tabs every 25 days)
RYBELSUS TAB 7MG	PA, QL (30 tabs every 25 days)
RYBELSUS TAB 14MG	PA, QL (30 tabs every 25 days)
OZEMPIK INJ 2MG/3ML	PA, QL (1 pen every 21 days)
OZEMPIK INJ 4MG/3ML	PA, QL (1 pen every 21 days)
OZEMPIK INJ 8MG/3ML	PA, QL (1 pen every 21 days)
SULFONYLUREAS	
<i>glimepiride tab 1 mg</i>	
<i>glimepiride tab 2 mg</i>	
<i>glimepiride tab 4 mg</i>	
<i>glipizide tab 5 mg</i>	
<i>glipizide tab 10 mg</i>	
<i>glipizide tab er 24hr 2.5 mg</i>	
<i>glipizide tab er 24hr 5 mg</i>	
<i>glipizide tab er 24hr 10 mg</i>	
BIGUANIDES	
<i>metformin hcl tab 500 mg</i>	
<i>metformin hcl tab 850 mg</i>	
<i>metformin hcl tab 1000 mg</i>	
<i>metformin hcl tab er 24hr 500 mg</i>	
<i>metformin hcl tab er 24hr 750 mg</i>	
MEGLITINIDE ANALOGUES	
<i>nateglinide tab 60 mg</i>	
<i>nateglinide tab 120 mg</i>	
<i>repaglinide tab 0.5 mg</i>	
<i>repaglinide tab 1 mg</i>	
<i>repaglinide tab 2 mg</i>	
DIABETIC OTHER	
GVOKE KIT SOL 1MG/0.2M	QL (2 syringes every 30 days)
BAQSIMI ONE POW 3MG/DOSE	QL (2 actuations every 30 days)
BAQSIMI TWO POW 3MG/DOSE	QL (2 actuations every 30 days)
GVOKE HYPO 1 INJ 0.5/.1ML	QL (2 syringes every 30 days)
GVOKE HYPO 2 INJ 0.5/.1ML	QL (2 syringes every 30 days)
GVOKE HYPO 1 INJ 1MG/.2ML	QL (2 syringes every 30 days)
GVOKE HYPO 2 INJ 1MG/.2ML	QL (2 syringes every 30 days)
GVOKE PFS INJ	QL (2 syringes every 30 days)
<i>glucagon (rdna) for inj kit 1 mg</i>	QL (2 kits every 30 days)

Drug Name	Requirements/Limits
ALPHA-GLUCOSIDASE INHIBITORS	
acarbose tab 25 mg	
acarbose tab 50 mg	
acarbose tab 100 mg	
Dipeptidyl Peptidase-4 (DPP-4) Inhibitors	
alogliptin benzoate tab 6.25 mg (base equiv)	
alogliptin benzoate tab 12.5 mg (base equiv)	
alogliptin benzoate tab 25 mg (base equiv)	
INSULIN SENSITIZING AGENTS	
pioglitazone hcl tab 15 mg (base equiv)	
pioglitazone hcl tab 30 mg (base equiv)	
pioglitazone hcl tab 45 mg (base equiv)	
SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS	
JARDIANCE TAB 10MG	ST
JARDIANCE TAB 25MG	ST
STEGLATRO TAB 5MG	ST
STEGLATRO TAB 15MG	ST
ANTIDIABETIC COMBINATIONS	
XULTOPHY INJ 100/3.6	ST
SOLIQUA INJ 100/33	ST
alogliptin-metformin hcl tab 12.5-500 mg	
alogliptin-metformin hcl tab 12.5-1000 mg	
alogliptin-pioglitazone tab 12.5-30 mg	
alogliptin-pioglitazone tab 25-15 mg	
alogliptin-pioglitazone tab 25-30 mg	
alogliptin-pioglitazone tab 25-45 mg	
SEGLUROMET TAB 2.5-500	ST
SEGLUROMET TAB 2.5-1000	ST
SEGLUROMET TAB 7.5-500	ST
SEGLUROMET TAB 7.5-1000	ST
glipizide-metformin hcl tab 2.5-250 mg	
glipizide-metformin hcl tab 2.5-500 mg	
glipizide-metformin hcl tab 5-500 mg	
pioglitazone hcl-glimepiride tab 30-2 mg	
pioglitazone hcl-glimepiride tab 30-4 mg	
pioglitazone hcl-metformin hcl tab 15-500 mg	
pioglitazone hcl-metformin hcl tab 15-850 mg	
THYROID AGENTS	
THYROID HORMONES	
levothyroxine sodium tab 25 mcg	
levothyroxine sodium tab 50 mcg	
levothyroxine sodium tab 75 mcg	

Drug Name	Requirements/Limits
<i>levothyroxine sodium tab 88 mcg</i>	
<i>levothyroxine sodium tab 100 mcg</i>	
<i>levothyroxine sodium tab 112 mcg</i>	
<i>levothyroxine sodium tab 125 mcg</i>	
<i>levothyroxine sodium tab 137 mcg</i>	
<i>levothyroxine sodium tab 150 mcg</i>	
<i>levothyroxine sodium tab 175 mcg</i>	
<i>levothyroxine sodium tab 200 mcg</i>	
<i>levothyroxine sodium tab 300 mcg</i>	
<i>liothyronine sodium tab 5 mcg</i>	
<i>liothyronine sodium tab 25 mcg</i>	
<i>liothyronine sodium tab 50 mcg</i>	
ANTITHYROID AGENTS	
<i>methimazole tab 5 mg</i>	
<i>methimazole tab 10 mg</i>	
<i>propylthiouracil tab 50 mg</i>	
ENDOCRINE AND METABOLIC AGENTS - MISC.	
BONE DENSITY REGULATORS	
<i>alendronate sodium tab 5 mg</i>	
<i>alendronate sodium tab 10 mg</i>	
<i>alendronate sodium tab 35 mg</i>	
<i>alendronate sodium tab 70 mg</i>	
<i>calcitonin (salmon) nasal soln 200 unit/act</i>	
TYMLOS INJ	SP, PA, QL (1 pen every 30 days)
TERIPARATIDE INJ 620/2.48	SP, PA, QL (1 pen every 28 days)
PROLIA INJ 60MG/ML	SP, PA, QL (1 syringe every 180 days)
HORMONE RECEPTOR MODULATORS	
<i>OSPHENA TAB 60MG</i>	PA
<i>raloxifene hcl tab 60 mg</i>	
FERTILITY REGULATORS	
<i>NOVAREL INJ 5000UNIT</i>	SP, PA
<i>CHOR GONADOT INJ 10000UNT</i>	SP, PA
<i>PREGNYL INJ 10000UNT</i>	SP, PA
<i>OVIDREL INJ</i>	SP, PA
<i>GONAL-F RFF INJ 75UNIT</i>	SP, PA, QL (60 vials every 28 days)
<i>MENOPUR INJ 75UNIT</i>	SP, PA
LHRH/GNRH AGONIST ANALOG PITUITARY SUPPRESSANTS	
<i>FENSOLVI INJ 45MG</i>	SP, PA

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Drug Name	Requirements/Limits
SYNAREL SOL 2MG/ML	
GNRH/LHRH ANTAGONISTS	
ORILISSA TAB 150MG	PA
ORILISSA TAB 200MG	PA
<i>ganirelix acetate soln prefilled syringe 250 mcg/0.5ml</i>	SP, PA
GROWTH HORMONES	
NORDITROPIN INJ 5/1.5ML	SP, PA
NORDITROPIN INJ 10/1.5ML	SP, PA
NORDITROPIN INJ 15/1.5ML	SP, PA
NORDITROPIN INJ 30/3ML	SP, PA
HUMATROPE INJ 6MG	SP, PA
HUMATROPE INJ 12MG	SP, PA
HUMATROPE INJ 24MG	SP, PA
SEROSTIM INJ 4MG	SP, PA
SEROSTIM INJ 5MG	SP, PA
SEROSTIM INJ 6MG	SP, PA
SOMATOSTATIC AGENTS	
SOMATULINE INJ 60/0.2ML	SP, PA, QL (1 syringe every 28 days)
SOMATULINE INJ 90/0.3ML	SP, PA, QL (1 syringe every 28 days)
<i>lanreotide acetate extended release inj 120 mg/0.5ml</i>	SP, PA, QL (1 syringe every 28 days)
LANREOTIDE INJ 120/.5ML	SP, PA, QL (1 syringe every 28 days)
SOMATULINE INJ 120/.5ML	SP, PA, QL (1 syringe every 28 days)
<i>octreotide acetate inj 50 mcg/ml (0.05 mg/ml)</i>	SP, PA, QL (3 vials every 1 day)
<i>octreotide acetate inj 100 mcg/ml (0.1 mg/ml)</i>	SP, PA, QL (3 vials every 1 day)
<i>octreotide acetate inj 200 mcg/ml (0.2 mg/ml)</i>	SP, PA, QL (45 vials every 30 days)
<i>octreotide acetate inj 500 mcg/ml (0.5 mg/ml)</i>	SP, PA, QL (3 vials every 1 day)
<i>octreotide acetate inj 1000 mcg/ml (1 mg/ml)</i>	SP, PA, QL (9 vials every 30 days)
<i>octreotide acetate subcutaneous soln pref syr 50 mcg/ml</i>	SP, PA, QL (3 syringes every 1 day)
<i>octreotide acetate subcutaneous soln pref syr 100 mcg/ml</i>	SP, PA, QL (3 syringes every 1 day)
<i>octreotide acetate subcutaneous soln pref syr 500 mcg/ml</i>	SP, PA, QL (3 syringes every 1 day)
POSTERIOR PITUITARY HORMONES	
<i>desmopressin acetate tab 0.1 mg</i>	
<i>desmopressin acetate tab 0.2 mg</i>	

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Drug Name	Requirements/Limits
<i>desmopressin acetate nasal spray soln 0.01% (refrigerated)</i>	
<i>desmopressin acetate nasal spray soln 0.01%</i>	
CORTICOTROPIN	
ACTHAR INJ 80UNIT	SP, PA, QL (35 mL every 21 days)
CORTROPHIN GEL 80UNIT	SP, PA, QL (35 mL every 21 days)
MINERALOCORTICOID RECEPTOR ANTAGONISTS	
KERENDIA TAB 10MG	PA
KERENDIA TAB 20MG	PA
PROLACTIN INHIBITORS	
<i>cabergoline tab 0.5 mg</i>	
VASOPRESSIN RECEPTOR ANTAGONISTS	
<i>tolvaptan tab 15 mg</i>	SP, PA, QL (1 tab every 1 day)
JYNARQUE TAB 30MG	SP, PA, QL (1 tab every 1 day)
<i>tolvaptan tab 30 mg</i>	SP, PA, QL (1 tab every 1 day)
METABOLIC MODIFIERS	
<i>calcitriol cap 0.25 mcg</i>	
<i>calcitriol cap 0.5 mcg</i>	
<i>calcitriol oral soln 1 mcg/ml</i>	
<i>doxercalciferol cap 0.5 mcg</i>	
<i>doxercalciferol cap 1 mcg</i>	
<i>doxercalciferol cap 2.5 mcg</i>	
<i>paricalcitol cap 1 mcg</i>	
<i>paricalcitol cap 2 mcg</i>	
<i>paricalcitol cap 4 mcg</i>	
<i>cinacalcet hcl tab 30 mg (base equiv)</i>	SP, PA, QL (2 tabs every 1 day)
<i>cinacalcet hcl tab 60 mg (base equiv)</i>	SP, PA, QL (2 tabs every 1 day)
<i>cinacalcet hcl tab 90 mg (base equiv)</i>	SP, PA, QL (4 tabs every 1 day)
<i>sodium phenylbutyrate tab 500 mg</i>	SP, PA, QL (40 tabs every 1 day)
<i>sodium phenylbutyrate oral powder 3 gm/teaspoonful</i>	SP, PA, QL (798 gm every 30 days)
<i>sapropterin dihydrochloride tab 100 mg</i>	SP, PA
<i>sapropterin dihydrochloride powder packet 100 mg</i>	SP, PA
<i>sapropterin dihydrochloride powder packet 500 mg</i>	SP, PA
CARDIOTONICS	
CARDIAC GLYCOSIDES	
<i>digoxin tab 62.5 mcg (0.0625 mg)</i>	
<i>digoxin tab 125 mcg (0.125 mg)</i>	
<i>digoxin tab 250 mcg (0.25 mg)</i>	

Drug Name	Requirements/Limits
<i>digoxin oral soln 0.05 mg/ml</i>	
ANTIANGINAL AGENTS	
NITRATES	
<i>isosorbide dinitrate tab 5 mg</i>	
<i>isosorbide dinitrate tab 10 mg</i>	
<i>isosorbide dinitrate tab 20 mg</i>	
<i>isosorbide dinitrate tab 30 mg</i>	
ISOSORB MONO TAB 10MG	
ISOSORB MONO TAB 20MG	
<i>isosorbide mononitrate tab er 24hr 30 mg</i>	
<i>isosorbide mononitrate tab er 24hr 60 mg</i>	
<i>isosorbide mononitrate tab er 24hr 120 mg</i>	
<i>nitroglycerin cap er 2.5 mg</i>	
<i>nitroglycerin cap er 6.5 mg</i>	
<i>nitroglycerin cap er 9 mg</i>	
<i>nitroglycerin sl tab 0.3 mg</i>	
<i>nitroglycerin sl tab 0.4 mg</i>	
<i>nitroglycerin sl tab 0.6 mg</i>	
NITRO-BID OIN 2%	
<i>nitroglycerin td patch 24hr 0.1 mg/hr</i>	
<i>nitroglycerin td patch 24hr 0.2 mg/hr</i>	
NITRO-DUR DIS 0.3MG/HR	
<i>nitroglycerin td patch 24hr 0.4 mg/hr</i>	
<i>nitroglycerin td patch 24hr 0.6 mg/hr</i>	
NITRO-DUR DIS 0.8MG/HR	
BETA BLOCKERS	
BETA BLOCKERS NON-SELECTIVE	
<i>nadolol tab 20 mg</i>	
<i>nadolol tab 40 mg</i>	
<i>nadolol tab 80 mg</i>	
<i>pindolol tab 5 mg</i>	
<i>pindolol tab 10 mg</i>	
<i>propranolol hcl tab 10 mg</i>	
<i>propranolol hcl tab 20 mg</i>	
<i>propranolol hcl tab 40 mg</i>	
<i>propranolol hcl tab 60 mg</i>	
<i>propranolol hcl tab 80 mg</i>	
<i>propranolol hcl oral soln 20 mg/5ml</i>	
<i>propranolol hcl oral soln 40 mg/5ml</i>	
<i>propranolol hcl cap er 24hr 60 mg</i>	
<i>propranolol hcl cap er 24hr 80 mg</i>	
<i>propranolol hcl cap er 24hr 120 mg</i>	

Drug Name	Requirements/Limits
<i>propranolol hcl cap er 24hr 160 mg</i>	
<i>sotalol hcl tab 80 mg</i>	
<i>sotalol hcl tab 120 mg</i>	
<i>sotalol hcl tab 160 mg</i>	
<i>sotalol hcl tab 240 mg</i>	
<i>sotalol hcl (afib/afl) tab 80 mg</i>	
<i>sotalol hcl (afib/afl) tab 120 mg</i>	
<i>sotalol hcl (afib/afl) tab 160 mg</i>	
<i>timolol maleate tab 5 mg</i>	
<i>timolol maleate tab 10 mg</i>	
<i>timolol maleate tab 20 mg</i>	
BETA BLOCKERS CARDIO-SELECTIVE	
<i>acebutolol hcl cap 200 mg</i>	
<i>acebutolol hcl cap 200 mg</i>	
<i>acebutolol hcl cap 400 mg</i>	
<i>acebutolol hcl cap 400 mg</i>	
<i>atenolol tab 25 mg</i>	
<i>atenolol tab 50 mg</i>	
<i>atenolol tab 100 mg</i>	
<i>bisoprolol fumarate tab 5 mg</i>	
<i>bisoprolol fumarate tab 10 mg</i>	
<i>metoprolol succinate tab er 24hr 25 mg (tartrate equiv)</i>	
<i>metoprolol succinate tab er 24hr 50 mg (tartrate equiv)</i>	
<i>metoprolol succinate tab er 24hr 100 mg (tartrate equiv)</i>	
<i>metoprolol succinate tab er 24hr 200 mg (tartrate equiv)</i>	
<i>metoprolol tartrate tab 25 mg</i>	
<i>metoprolol tartrate tab 50 mg</i>	
<i>metoprolol tartrate tab 100 mg</i>	
ALPHA-BETA BLOCKERS	
<i>carvedilol tab 3.125 mg</i>	
<i>carvedilol tab 6.25 mg</i>	
<i>carvedilol tab 12.5 mg</i>	
<i>carvedilol tab 25 mg</i>	
<i>labetalol hcl tab 100 mg</i>	
<i>labetalol hcl tab 200 mg</i>	
<i>labetalol hcl tab 300 mg</i>	
CALCIUM CHANNEL BLOCKERS	
CALCIUM CHANNEL BLOCKERS	
<i>amlodipine besylate tab 2.5 mg (base equivalent)</i>	
<i>amlodipine besylate tab 5 mg (base equivalent)</i>	
<i>amlodipine besylate tab 10 mg (base equivalent)</i>	

Drug Name	Requirements/Limits
diltiazem hcl tab 30 mg	
diltiazem hcl tab 60 mg	
diltiazem hcl tab 90 mg	
diltiazem hcl tab 120 mg	
diltiazem hcl cap er 12hr 60 mg	
diltiazem hcl cap er 12hr 90 mg	
diltiazem hcl cap er 12hr 120 mg	
diltiazem hcl cap er 24hr 120 mg	
diltiazem hcl cap er 24hr 180 mg	
diltiazem hcl cap er 24hr 240 mg	
diltiazem hcl tab er 24hr 180 mg	
diltiazem hcl tab er 24hr 240 mg	
diltiazem hcl tab er 24hr 300 mg	
diltiazem hcl tab er 24hr 360 mg	
diltiazem hcl tab er 24hr 420 mg	
diltiazem hcl extended release beads cap er 24hr 120 mg	
diltiazem hcl extended release beads cap er 24hr 180 mg	
diltiazem hcl extended release beads cap er 24hr 240 mg	
diltiazem hcl extended release beads cap er 24hr 300 mg	
diltiazem hcl extended release beads cap er 24hr 360 mg	
diltiazem hcl extended release beads cap er 24hr 420 mg	
diltiazem hcl coated beads cap er 24hr 120 mg	
diltiazem hcl coated beads cap er 24hr 180 mg	
diltiazem hcl coated beads cap er 24hr 240 mg	
diltiazem hcl coated beads cap er 24hr 300 mg	
diltiazem hcl coated beads cap er 24hr 360 mg	
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	
nifedipine tab er 24hr 60 mg	
nifedipine tab er 24hr 90 mg	
nifedipine tab er 24hr osmotic release 30 mg	
nifedipine tab er 24hr osmotic release 60 mg	
nifedipine tab er 24hr osmotic release 90 mg	
verapamil hcl tab er 120 mg	
verapamil hcl tab er 180 mg	

Drug Name	Requirements/Limits
<i>verapamil hcl tab er 240 mg</i>	
<i>verapamil hcl cap er 24hr 100 mg</i>	
<i>verapamil hcl cap er 24hr 200 mg</i>	
<i>verapamil hcl cap er 24hr 300 mg</i>	

ANTIARRHYTHMICS

ANTIARRHYTHMICS TYPE I-A

<i>disopyramide phosphate cap 100 mg</i>
<i>disopyramide phosphate cap 150 mg</i>
<i>NORPACE CAP 100MG CR</i>
<i>NORPACE CAP 150MG CR</i>

ANTIARRHYTHMICS TYPE I-C

<i>flecainide acetate tab 50 mg</i>
<i>flecainide acetate tab 100 mg</i>
<i>flecainide acetate tab 150 mg</i>
<i>propafenone hcl tab 150 mg</i>
<i>propafenone hcl tab 225 mg</i>
<i>propafenone hcl tab 300 mg</i>
<i>propafenone hcl cap er 12hr 225 mg</i>
<i>propafenone hcl cap er 12hr 325 mg</i>
<i>propafenone hcl cap er 12hr 425 mg</i>

ANTIARRHYTHMICS TYPE III

<i>amiodarone hcl tab 200 mg</i>	
<i>dofetilide cap 125 mcg (0.125 mg)</i>	SP, PA
<i>dofetilide cap 250 mcg (0.25 mg)</i>	SP, PA
<i>dofetilide cap 500 mcg (0.5 mg)</i>	SP, PA

ANTIHYPERTENSIVES

ACE INHIBITORS

<i>benazepril hcl tab 5 mg</i>
<i>benazepril hcl tab 10 mg</i>
<i>benazepril hcl tab 20 mg</i>
<i>benazepril hcl tab 40 mg</i>
<i>captopril tab 12.5 mg</i>
<i>captopril tab 25 mg</i>
<i>captopril tab 50 mg</i>
<i>captopril tab 100 mg</i>
<i>enalapril maleate tab 2.5 mg</i>
<i>enalapril maleate tab 5 mg</i>
<i>enalapril maleate tab 10 mg</i>
<i>enalapril maleate tab 20 mg</i>
<i>fosinopril sodium tab 10 mg</i>
<i>fosinopril sodium tab 20 mg</i>
<i>fosinopril sodium tab 40 mg</i>

Drug Name	Requirements/Limits
<i>lisinopril tab 2.5 mg</i>	
<i>lisinopril tab 5 mg</i>	
<i>lisinopril tab 10 mg</i>	
<i>lisinopril tab 20 mg</i>	
<i>lisinopril tab 30 mg</i>	
<i>lisinopril tab 40 mg</i>	
<i>quinapril hcl tab 5 mg</i>	
<i>quinapril hcl tab 10 mg</i>	
<i>quinapril hcl tab 20 mg</i>	
<i>quinapril hcl tab 40 mg</i>	
<i>ramipril cap 1.25 mg</i>	
<i>ramipril cap 2.5 mg</i>	
<i>ramipril cap 5 mg</i>	
<i>ramipril cap 10 mg</i>	
<i>trandolapril tab 1 mg</i>	
<i>trandolapril tab 2 mg</i>	
<i>trandolapril tab 4 mg</i>	

ANGIOTENSIN II RECEPTOR ANTAGONISTS

<i>irbesartan tab 75 mg</i>	
<i>irbesartan tab 150 mg</i>	
<i>irbesartan tab 300 mg</i>	
<i>losartan potassium tab 25 mg</i>	
<i>losartan potassium tab 50 mg</i>	
<i>losartan potassium tab 100 mg</i>	
<i>valsartan tab 40 mg</i>	
<i>valsartan tab 80 mg</i>	
<i>valsartan tab 160 mg</i>	
<i>valsartan tab 320 mg</i>	

ANTIADRENERGIC ANTIHYPERTENSIVES

<i>clonidine td patch weekly 0.1 mg/24hr</i>	
<i>clonidine td patch weekly 0.2 mg/24hr</i>	
<i>clonidine td patch weekly 0.3 mg/24hr</i>	
<i>clonidine hcl tab 0.1 mg</i>	
<i>clonidine hcl tab 0.2 mg</i>	
<i>clonidine hcl tab 0.3 mg</i>	
<i>guanfacine hcl tab 1 mg</i>	
<i>guanfacine hcl tab 2 mg</i>	
<i>doxazosin mesylate tab 1 mg</i>	
<i>doxazosin mesylate tab 2 mg</i>	
<i>doxazosin mesylate tab 4 mg</i>	
<i>doxazosin mesylate tab 8 mg</i>	
<i>prazosin hcl cap 1 mg</i>	

Drug Name	Requirements/Limits
<i>prazosin hcl cap 2 mg</i>	
<i>prazosin hcl cap 5 mg</i>	
<i>terazosin hcl cap 1 mg (base equivalent)</i>	
<i>terazosin hcl cap 2 mg (base equivalent)</i>	
<i>terazosin hcl cap 5 mg (base equivalent)</i>	
<i>terazosin hcl cap 10 mg (base equivalent)</i>	
SELECTIVE ALDOSTERONE RECEPTOR ANTAGONISTS (SARAS)	
<i>eplerenone tab 25 mg</i>	
<i>eplerenone tab 50 mg</i>	
VASODILATORS	
<i>hydralazine hcl tab 10 mg</i>	
<i>hydralazine hcl tab 25 mg</i>	
<i>hydralazine hcl tab 50 mg</i>	
<i>hydralazine hcl tab 100 mg</i>	
ANTIHYPERTENSIVE COMBINATIONS	
<i>amlodipine besylate-benazepril hcl cap 2.5-10 mg</i>	
<i>amlodipine besylate-benazepril hcl cap 5-10 mg</i>	
<i>amlodipine besylate-benazepril hcl cap 5-20 mg</i>	
<i>amlodipine besylate-benazepril hcl cap 5-40 mg</i>	
<i>amlodipine besylate-benazepril hcl cap 10-20 mg</i>	
<i>amlodipine besylate-benazepril hcl cap 10-40 mg</i>	
<i>benazepril & hydrochlorothiazide tab 10-12.5 mg</i>	
<i>benazepril & hydrochlorothiazide tab 20-12.5 mg</i>	
<i>benazepril & hydrochlorothiazide tab 20-25 mg</i>	
<i>enalapril maleate & hydrochlorothiazide tab 5-12.5 mg</i>	
<i>enalapril maleate & hydrochlorothiazide tab 10-25 mg</i>	
<i>fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg</i>	
<i>fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg</i>	
<i>lisinopril & hydrochlorothiazide tab 10-12.5 mg</i>	
<i>lisinopril & hydrochlorothiazide tab 20-12.5 mg</i>	
<i>lisinopril & hydrochlorothiazide tab 20-25 mg</i>	
<i>quinapril-hydrochlorothiazide tab 10-12.5 mg</i>	
<i>atenolol & chlorthalidone tab 50-25 mg</i>	
<i>atenolol & chlorthalidone tab 100-25 mg</i>	
<i>bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg</i>	
<i>bisoprolol & hydrochlorothiazide tab 5-6.25 mg</i>	
<i>bisoprolol & hydrochlorothiazide tab 10-6.25 mg</i>	
<i>metoprolol & hydrochlorothiazide tab 50-25 mg</i>	
<i>metoprolol & hydrochlorothiazide tab 100-25 mg</i>	
<i>metoprolol & hydrochlorothiazide tab 100-50 mg</i>	
<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg</i>	
<i>irbesartan-hydrochlorothiazide tab 300-12.5 mg</i>	

Drug Name	Requirements/Limits
<i>losartan potassium & hydrochlorothiazide tab 50-12.5 mg</i>	
<i>losartan potassium & hydrochlorothiazide tab 100-12.5 mg</i>	
<i>losartan potassium & hydrochlorothiazide tab 100-25 mg</i>	
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i>	
<i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i>	
<i>valsartan-hydrochlorothiazide tab 160-25 mg</i>	
<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i>	
<i>valsartan-hydrochlorothiazide tab 320-25 mg</i>	

DIURETICS

CARBONIC ANHYDRASE INHIBITORS

<i>acetazolamide tab 125 mg</i>
<i>acetazolamide tab 250 mg</i>
<i>acetazolamide cap er 12hr 500 mg</i>
<i>methazolamide tab 25 mg</i>
<i>methazolamide tab 50 mg</i>

LOOP DIURETICS

<i>bumetanide tab 0.5 mg</i>
<i>bumetanide tab 1 mg</i>
<i>bumetanide tab 2 mg</i>
<i>ethacrynic acid tab 25 mg</i>
<i>furosemide tab 20 mg</i>
<i>furosemide tab 40 mg</i>
<i>furosemide tab 80 mg</i>
<i>furosemide oral soln 8 mg/ml</i>
<i>furosemide oral soln 10 mg/ml</i>
<i>torsemide tab 5 mg</i>
<i>torsemide tab 10 mg</i>
<i>torsemide tab 20 mg</i>
<i>torsemide tab 100 mg</i>

POTASSIUM SPARING DIURETICS

<i>amiloride hcl tab 5 mg</i>
<i>spironolactone tab 25 mg</i>
<i>spironolactone tab 50 mg</i>
<i>spironolactone tab 100 mg</i>

THIAZIDES AND THIAZIDE-LIKE DIURETICS

<i>chlorthalidone tab 25 mg</i>
<i>chlorthalidone tab 50 mg</i>
<i>hydrochlorothiazide cap 12.5 mg</i>
<i>hydrochlorothiazide tab 12.5 mg</i>

Drug Name	Requirements/Limits
hydrochlorothiazide tab 25 mg	
hydrochlorothiazide tab 50 mg	
indapamide tab 1.25 mg	
indapamide tab 2.5 mg	
metolazone tab 2.5 mg	
metolazone tab 5 mg	
metolazone tab 10 mg	
DIURETIC COMBINATIONS	
amiloride & hydrochlorothiazide tab 5-50 mg	
spironolactone & hydrochlorothiazide tab 25-25 mg	
triamterene & hydrochlorothiazide cap 37.5-25 mg	
triamterene & hydrochlorothiazide tab 37.5-25 mg	
triamterene & hydrochlorothiazide tab 75-50 mg	
VASOPRESSORS	
VASOPRESSORS	
midodrine hcl tab 2.5 mg	
midodrine hcl tab 5 mg	
midodrine hcl tab 10 mg	
ANAPHYLAXIS THERAPY AGENTS	
epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000)	QL (8 pens every year)
epinephrine solution auto-injector 0.15 mg/0.15ml (1:1000)	QL (8 pens every year)
epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000)	QL (8 pens every year)
EPIPEN 2-PAK INJ 0.3MG	QL (8 pens every year)
ANTIHYPERLIPIDEMICS	
BILE ACID SEQUESTRANTS	
cholestyramine powder 4 gm/dose	
cholestyramine powder packets 4 gm	
cholestyramine light powder 4 gm/dose	
cholestyramine light powder packets 4 gm	
colestipol hcl tab 1 gm	
colestipol hcl granules 5 gm	
colestipol hcl granule packets 5 gm	
FIBRIC ACID DERIVATIVES	
fenofibrate tab 48 mg	
fenofibrate tab 54 mg	
fenofibrate tab 145 mg	
fenofibrate tab 160 mg	
fenofibrate micronized cap 67 mg	
fenofibrate micronized cap 134 mg	

Drug Name	Requirements/Limits
<i>fenofibrate micronized cap 200 mg</i>	
<i>gemfibrozil tab 600 mg</i>	
INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS	
<i>ezetimibe tab 10 mg</i>	
PROPROTEIN CONVERTASE SUBTILISIN/KEXIN TYPE 9 INHIBITORS	
<i>REPATHA SURE INJ 140MG/ML</i>	SP, PA, QL (2 pens every 28 days)
<i>REPATHA PUSH INJ 420/3.5</i>	SP, PA, QL (1 cartridge every 28 days)
<i>REPATHA INJ 140MG/ML</i>	SP, PA, QL (2 syringes every 28 days)
HMG COA REDUCTASE INHIBITORS	
<i>atorvastatin calcium tab 10 mg (base equivalent)</i>	
<i>atorvastatin calcium tab 20 mg (base equivalent)</i>	
<i>atorvastatin calcium tab 40 mg (base equivalent)</i>	
<i>atorvastatin calcium tab 80 mg (base equivalent)</i>	
<i>lovastatin tab 10 mg</i>	
<i>lovastatin tab 20 mg</i>	
<i>lovastatin tab 40 mg</i>	
<i>rosuvastatin calcium tab 5 mg</i>	
<i>rosuvastatin calcium tab 10 mg</i>	
<i>rosuvastatin calcium tab 20 mg</i>	
<i>rosuvastatin calcium tab 40 mg</i>	
<i>pravastatin sodium tab 10 mg</i>	
<i>pravastatin sodium tab 20 mg</i>	
<i>pravastatin sodium tab 40 mg</i>	
<i>pravastatin sodium tab 80 mg</i>	
<i>simvastatin tab 5 mg</i>	
<i>simvastatin tab 10 mg</i>	
<i>simvastatin tab 20 mg</i>	
<i>simvastatin tab 40 mg</i>	
<i>simvastatin tab 80 mg</i>	
NICOTINIC ACID DERIVATIVES	
<i>niacin tab er 500 mg (antihyperlipidemic)</i>	
<i>niacin tab er 750 mg (antihyperlipidemic)</i>	
<i>niacin tab er 1000 mg (antihyperlipidemic)</i>	
ANTIHYPERLIPIDEMICS - MISC.	
<i>icosapent ethyl cap 0.5 gm</i>	PA
<i>icosapent ethyl cap 1 gm</i>	PA
CARDIOVASCULAR AGENTS - MISC.	
PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST	
<i>UPTRAVI TAB 200MCG</i>	SP, PA, QL (5 tabs every 1 day)

\$0 - Zero Dollar Copay **AGE** - Age Limit **GNDR** - Gender Edit **OTC** - Over the counter **PA** - Prior Authorization **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

Drug Name	Requirements/Limits
UPTRAVI TAB 400MCG	SP, PA, QL (2 tabs every 1 day)
UPTRAVI TAB 600MCG	SP, PA, QL (2 tabs every 1 day)
UPTRAVI TAB 800MCG	SP, PA, QL (2 tabs every 1 day)
UPTRAVI TAB 1000MCG	SP, PA, QL (2 tabs every 1 day)
UPTRAVI TAB 1200MCG	SP, PA, QL (2 tabs every 1 day)
UPTRAVI TAB 1400MCG	SP, PA, QL (2 tabs every 1 day)
UPTRAVI TAB 1600MCG	SP, PA, QL (2 tabs every 1 day)
UPTRAVI PACK TAB 200/800	SP, PA, QL (1 pack every 28 days)
PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS	
sildenafil citrate tab 20 mg	SP, PA, QL (12 tabs every 1 day)
sildenafil citrate for suspension 10 mg/ml	SP, PA, QL (26 mL every 1 day)
PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS	
ambrisentan tab 5 mg	SP, PA, QL (1 tab every 1 day)
ambrisentan tab 10 mg	SP, PA, QL (1 tab every 1 day)
bosentan tab 62.5 mg	SP, PA, QL (2 tabs every 1 day)
bosentan tab 125 mg	SP, PA, QL (2 tabs every 1 day)
TRACLEER TAB 32MG	SP, PA, QL (4 tabs every 1 day)
PROSTAGLANDIN VASODILATORS	
epoprostenol sodium for inj 0.5 mg	SP, PA
epoprostenol sodium for inj 1.5 mg	SP, PA
TYVASO RF KT SOL 0.6MG/ML	SP, PA, QL (1 ampule every 1 day)
TYVASO SOL 0.6MG/ML	SP, PA, QL (1 ampule every 1 day)
TYVASO ST KT SOL 0.6MG/ML	SP, PA, QL (1 ampule every 1 day)
REMODULIN INJ 1MG/ML	SP, PA
treprostinil inj soln 20 mg/20ml (1 mg/ml)	SP, PA
REMODULIN INJ 2.5MG/ML	SP, PA
treprostinil inj soln 50 mg/20ml (2.5 mg/ml)	SP, PA
REMODULIN INJ 5MG/ML	SP, PA
treprostinil inj soln 100 mg/20ml (5 mg/ml)	SP, PA
REMODULIN INJ 10MG/ML	SP, PA
treprostinil inj soln 200 mg/20ml (10 mg/ml)	SP, PA
TYVASO DPI POW 16MCG	SP, PA, QL (4 cartridges every 1 day)
TYVASO DPI POW 32MCG	SP, PA, QL (4 cartridges every 1 day)
TYVASO DPI POW 48MCG	SP, PA, QL (4 cartridges every 1 day)
TYVASO DPI POW 64MCG	SP, PA, QL (4 cartridges every 1 day)

Drug Name	Requirements/Limits
TYVASO DPI POW 16-32-48	SP, PA, QL (9 cartridges every 1 day)
ORENITRAM TAB 0.125MG	SP, PA
ORENITRAM TAB 0.25MG	SP, PA
ORENITRAM TAB 1MG	SP, PA
ORENITRAM TAB 2.5MG	SP, PA
ORENITRAM TAB 5MG	SP, PA
ORENITRAM TAB MONTH 1	SP, PA
ORENITRAM TAB MONTH 2	SP, PA
ORENITRAM TAB MONTH 3	SP, PA

CARDIAC MYOSIN INHIBITORS

CAMZYOS CAP 2.5MG	SP, PA, QL (1 cap every 1 day)
CAMZYOS CAP 5MG	SP, PA, QL (1 cap every 1 day)
CAMZYOS CAP 10MG	SP, PA, QL (1 cap every 1 day)
CAMZYOS CAP 15MG	SP, PA, QL (1 cap every 1 day)

SINUS NODE INHIBITORS

- ivabradine hcl tab 5 mg (base equiv)*
- ivabradine hcl tab 7.5 mg (base equiv)*
- CORLANOR SOL 5MG/5ML

CARDIOVASCULAR AGENTS MISC. - COMBINATIONS

ENTRESTO TAB 24-26MG	
ENTRESTO TAB 49-51MG	
ENTRESTO TAB 97-103MG	
ENTRESTO CAP 6-6MG	
ENTRESTO CAP 15-16MG	
<i>isosorbide dinitrate-hydralazine hcl tab 20-37.5 mg</i>	

ANTIHISTAMINES

ANTIHISTAMINES - ALKYLAMINES

<i>chlorpheniramine maleate tab 4 mg</i>	OTC
<i>chlorpheniramine maleate tab er 12 mg</i>	OTC
<i>chlorpheniramine maleate syrup 2 mg/5ml</i>	OTC

ANTIHISTAMINES - ETHANOLAMINES

DAYHIST ALRG TAB 12 HOUR	OTC
<i>diphenhydramine hcl cap 25 mg</i>	OTC
<i>diphenhydramine hcl cap 50 mg</i>	OTC
<i>diphenhydramine hcl tab 25 mg</i>	OTC
<i>diphenhydramine hcl chew tab 12.5 mg</i>	OTC
<i>diphenhydramine hcl liquid 12.5 mg/5ml</i>	OTC
<i>diphenhydramine hcl elixir 12.5 mg/5ml</i>	
<i>diphenhydramine hcl tab disint 12.5 mg</i>	OTC

ANTIHISTAMINES - PHENOTHIAZINES

<i>promethazine hcl tab 12.5 mg</i>	
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Drug Name	Requirements/Limits
<i>promethazine hcl tab 25 mg</i>	
<i>promethazine hcl tab 50 mg</i>	
<i>promethazine hcl oral soln 6.25 mg/5ml</i>	
<i>promethazine hcl suppos 12.5 mg</i>	
<i>promethazine hcl suppos 25 mg</i>	
<i>promethazine hcl suppos 50 mg</i>	
ANTIHISTAMINES - PIPERIDINES	
<i>cyproheptadine hcl tab 4 mg</i>	
<i>cyproheptadine hcl syrup 2 mg/5ml</i>	
ANTIHISTAMINES - NON-SEDATING	
<i>cetirizine hcl cap 10 mg</i>	OTC
<i>cetirizine hcl tab 5 mg</i>	OTC
<i>cetirizine hcl tab 10 mg</i>	OTC
<i>cetirizine hcl chew tab 5 mg</i>	AGE (Max 12), OTC
<i>cetirizine hcl chew tab 10 mg</i>	AGE (Max 12), OTC
<i>cetirizine hcl oral soln 1 mg/ml (5 mg/5ml)</i>	
<i>cetirizine hcl oral soln 1 mg/ml (5 mg/5ml)</i>	OTC
<i>cetirizine hcl orally disintegrating tab 10 mg</i>	OTC
<i>fexofenadine hcl tab 60 mg</i>	OTC
<i>fexofenadine hcl tab 180 mg</i>	OTC
<i>fexofenadine hcl susp 30 mg/5ml (6 mg/ml)</i>	OTC
<i>ALLEGRA ALRG TAB 30MG</i>	OTC
<i>loratadine cap 10 mg</i>	OTC
<i>loratadine tab 10 mg</i>	OTC
<i>loratadine chew tab 5 mg</i>	OTC
<i>loratadine oral soln 5 mg/5ml</i>	OTC
<i>loratadine orally disintegrating tab 5 mg</i>	OTC
<i>loratadine rapidly-disintegrating tab 10 mg</i>	OTC
NASAL AGENTS - SYSTEMIC AND TOPICAL	
SYMPATHOMIMETIC DECONGESTANTS	
<i>pseudoephedrine hcl tab 30 mg</i>	OTC
<i>pseudoephedrine hcl tab 60 mg</i>	OTC
<i>SUDAFED CHLD LIQ 15MG/5ML</i>	OTC
<i>pseudoephedrine hcl tab er 12hr 120 mg</i>	QL (60 tabs every 30 days), OTC
<i>SUDAFED 24HR TAB 240MG</i>	QL (30 tabs every 30 days), OTC
NASAL STEROIDS	
<i>budesonide nasal susp 32 mcg/act</i>	QL (1 bottle every 30 days), OTC
<i>flunisolide nasal soln 25 mcg/act (0.025%)</i>	QL (2 bottles every 25 days)
<i>fluticasone propionate nasal susp 50 mcg/act</i>	QL (1 bottle every 25 days)

Drug Name	Requirements/Limits
<i>fluticasone propionate nasal susp 50 mcg/act</i>	QL (1 bottle every 25 days), OTC
XHANCE MIS 93MCG	PA
<i>triamcinolone acetonide nasal aerosol suspension 55 mcg/act</i>	QL (1 bottle every 25 days), OTC

NASAL ANTICHOLINERGICS

<i>ipratropium bromide nasal soln 0.03% (21 mcg/spray)</i>
<i>ipratropium bromide nasal soln 0.06% (42 mcg/spray)</i>

NASAL ANTIALLERGY

<i>azelastine hcl nasal spray 0.1% (137 mcg/spray)</i>	QL (2 bottles every 25 days)
<i>cromolyn sodium nasal aerosol soln 5.2 mg/act (4%)</i>	OTC

NASAL AGENTS - MISC.

NOZIN NASAL KIT SANITIZE	OTC
<i>saline nasal spray 0.65%</i>	OTC
AYR NASAL DRO 0.65%	OTC
CVS NASAL AER 0.9%	OTC
RA STERILE SOL NASAL	OTC
SIMPLY SALIN AER 0.9%	OTC
SIMPLY SALIN SPR	OTC

COUGH/COLD/ALLERGY

ANTITUSSIVES

<i>hydrocodone bitart-homatropine methylbromide tab 5-</i>	QL (42 tabs every 30 days)
<i>1.5 mg</i>	
<i>hydrocodone bitart-homatropine methylbrom soln 5-1.5</i>	QL (210 mL every 30 days)
<i>mg/5ml</i>	
<i>benzonatate cap 100 mg</i>	
<i>benzonatate cap 200 mg</i>	

EXPECTORANTS

<i>guaifenesin tab 200 mg</i>	OTC
<i>guaifenesin tab 400 mg</i>	OTC
<i>guaifenesin liquid 100 mg/5ml</i>	OTC
EXPECT CHILD LIQ 200M/5ML	OTC
GILTUSS EX LIQ MAX STR	OTC
GERI-TUSSIN SYP 200/10ML	OTC
<i>guaifenesin tab er 12hr 600 mg</i>	OTC
<i>guaifenesin tab er 12hr 1200 mg</i>	OTC
MUCINEX TAB 1200MG	OTC

MISC. RESPIRATORY INHALANTS

<i>sodium chloride soln nebu 0.9%</i>
<i>sodium chloride soln nebu 3%</i>
<i>sodium chloride soln nebu 7%</i>
<i>sodium chloride soln nebu 10%</i>

Drug Name	Requirements/Limits
sodium chloride aero soln 0.9%	OTC
COUGH/COLD/ALLERGY COMBINATIONS	
brompheniramine & pseudoephedrine elixir 1-15 mg/5ml	OTC
cetirizine-pseudoephedrine tab er 12hr 5-120 mg	OTC
loratadine & pseudoephedrine tab er 12hr 5-120 mg	OTC
loratadine & pseudoephedrine tab er 24hr 10-240 mg	OTC
fexofenadine-pseudoephedrine tab er 12hr 60-120 mg	OTC
fexofenadine-pseudoephedrine tab er 24hr 180-240 mg	OTC
promethazine & phenylephrine syrup 6.25-5 mg/5ml	
promethazine w/ codeine syrup 6.25-10 mg/5ml	QL (210 mL every 30 days)
promethazine-dm syrup 6.25-15 mg/5ml	
pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml	
pseudoephedrine-guaifenesin syrup 30-100 mg/5ml	OTC
MUCINEX D TAB 60-600MG	OTC
pseudoephedrine-guaifenesin tab er 12hr 60-600 mg	OTC
MUCINEX D TAB 120-1200	OTC
pseudoephedrine-guaifenesin tab er 12hr 120-1200 mg	OTC
CODITUSSIN LIQ AC	QL (420 mL every 30 days), OTC
guaifenesin-codeine soln 100-10 mg/5ml	QL (420 mL every 30 days), OTC
VCKS DAYQUIL LIQ MUCUS DM	OTC
dextromethorphan-guaifenesin liquid 5-100 mg/5ml	OTC
dextromethorphan-guaifenesin liquid 10-100 mg/5ml	OTC
dextromethorphan-guaifenesin liquid 10-200 mg/5ml	OTC
INTENSE COUG LIQ RELIEVER	OTC
dextromethorphan-guaifenesin liquid 30-200 mg/5ml	OTC
dextromethorphan-guaifenesin syrup 10-100 mg/5ml	OTC
MUCINEX CHLD GRA 5-100MG	OTC
dextromethorphan-guaifenesin tab er 12hr 30-600 mg	OTC
MUCINEX DM TAB 30-600ER	OTC
dextromethorphan-guaifenesin tab er 12hr 60-1200 mg	OTC
MUCINEX DM TAB 60-1200	OTC
TUSNEL C SYP	QL (280 mL every 30 days), OTC
pseudoephedrine w/ dm-gg liquid 30-10-100 mg/5ml	OTC

ANTIASTHMATIC AND BRONCHODILATOR AGENTS

BRONCHODILATORS - ANTICHOLINERGICS

ipratropium bromide inhal soln 0.02%	QL (375 vials every 75 days)
tiotropium bromide monohydrate inhal cap 18 mcg (base equiv)	QL (30 caps every 25 days)

Drug Name	Requirements/Limits
ANTI-INFLAMMATORY AGENTS	
cromolyn sodium soln nebu 20 mg/2ml	QL (240 each every 25 days)
SYMPATHOMIMETICS	
albuterol sulfate tab 2 mg	
albuterol sulfate tab 4 mg	
albuterol sulfate syrup 2 mg/5ml	
albuterol sulfate soln nebu 0.083% (2.5 mg/3ml)	QL (375 each every 25 days)
ALBUTEROL NEB 0.5%	QL (60 mL every 25 days)
albuterol sulfate soln nebu 0.5% (5 mg/ml)	QL (60 each every 25 days)
albuterol sulfate soln nebu 0.63 mg/3ml (base equiv)	QL (375 each every 25 days)
albuterol sulfate soln nebu 1.25 mg/3ml (base equiv)	QL (375 each every 25 days)
albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)	QL (2 inhalers every 25 days)
STRIVERDI AER 2.5MCG	QL (1 inhaler every 25 days)
terbutaline sulfate tab 2.5 mg	
terbutaline sulfate tab 5 mg	
ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml	QL (1620 mL every 75 days)
COMBIVENT AER 20-100	QL (2 inhalers every 25 days)
budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act	QL (2 inhalers every 28 days)
budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act	QL (2 inhalers every 28 days)
fluticasone-salmeterol aer powder ba 113-14 mcg/act	
fluticasone-salmeterol aer powder ba 100-50 mcg/act	
fluticasone-salmeterol aer powder ba 232-14 mcg/act	
fluticasone furoate-vilanterol aero powd ba 100-25 mcg/act	
fluticasone furoate-vilanterol aero powd ba 200-25 mcg/act	
ANORO ELLIPT AER 62.5-25	QL (60 blisters every 25 days)
TRELEGY AER 100MCG	QL (2 inhalers every 25 days)
TRELEGY AER 200MCG	QL (2 inhalers every 25 days)
XANTHINES	
theophylline elixir 80 mg/15ml	
theophylline soln 80 mg/15ml	
theophylline tab er 12hr 300 mg	
theophylline tab er 12hr 450 mg	
theophylline tab er 24hr 400 mg	
theophylline tab er 24hr 600 mg	
STEROID INHALANTS	
QVAR REDIHAL AER 40MCG	QL (1 inhaler every 28 days)
QVAR REDIHA AER 80MCG	QL (1 inhaler every 28 days)
budesonide inhalation susp 0.25 mg/2ml	QL (120 mL every 25 days)

Drug Name	Requirements/Limits
budesonide inhalation susp 0.5 mg/2ml	QL (120 mL every 25 days)
budesonide inhalation susp 1 mg/2ml	QL (60 mL every 25 days)
ALVESCO AER 80MCG	QL (3 inhalers every 25 days)
ALVESCO AER 160MCG	QL (2 inhalers every 25 days)
ARNUITY ELPT INH 100MCG	QL (1 blister every 1 day)
ARNUITY ELPT INH 200MCG	QL (1 blister every 1 day)
fluticasone propionate aer pow ba 50 mcg/act	QL (2 inhalations every 1 day)
fluticasone propionate aer pow ba 100 mcg/act	QL (2 inhalations every 1 day)
fluticasone propionate aer pow ba 250 mcg/act	QL (2 inhalations every 1 day)
fluticasone propionate hfa inhal aero 44 mcg/act	QL (1 inhaler every 28 days)
fluticasone propionate hfa inhal aer 110 mcg/act	QL (1 inhaler every 28 days)
fluticasone propionate hfa inhal aer 220 mcg/act	QL (1 inhaler every 28 days)

LEUKOTRIENE MODULATORS

montelukast sodium tab 10 mg (base equiv)
montelukast sodium chew tab 4 mg (base equiv)
montelukast sodium chew tab 5 mg (base equiv)
montelukast sodium oral granules packet 4 mg (base equiv)

ANTIASTHMATIC - MONOCLONAL ANTIBODIES

XOLAIR SOL 150MG	SP, PA, QL (8 vials every 28 days)
XOLAIR INJ 75/0.5	SP, PA, QL (2 pens every 28 days)
XOLAIR INJ 150MG/ML	SP, PA, QL (8 syringes every 28 days)
XOLAIR INJ 300/2ML	SP, PA, QL (8 syringes every 28 days)
XOLAIR INJ 75/0.5	SP, PA, QL (2 syringes every 28 days)
XOLAIR INJ 150MG/ML	SP, PA, QL (8 syringes every 28 days)
XOLAIR INJ 300/2ML	SP, PA, QL (8 syringes every 28 days)
FASENRA PEN INJ 30MG/ML	SP, PA, QL (1 pen every 28 days)
FASENRA INJ 10MG/0.5	SP, PA, QL (1 syringe every 28 days)
FASENRA INJ 30MG/ML	SP, PA, QL (1 syringe every 28 days)

RESPIRATORY AGENTS - MISC.

CYSTIC FIBROSIS AGENTS

KALYDECO TAB 150MG	SP, PA, QL (2 tabs every 1 day)
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Drug Name	Requirements/Limits
KALYDECO GRA 5.8MG	SP, PA, QL (2 packets every 1 day)
KALYDECO GRA 13.4MG	SP, PA, QL (2 packets every 1 day)
KALYDECO PAK 25MG	SP, PA, QL (2 packets every 1 day)
KALYDECO PAK 50MG	SP, PA, QL (2 packets every 1 day)
KALYDECO PAK 75MG	SP, PA, QL (2 packets every 1 day)
PULMOZYME SOL 1MG/ML	SP, PA, QL (5 mL every 1 day)
ORKAMBI TAB 100-125	SP, PA, QL (4 tabs every 1 day)
ORKAMBI TAB 200-125	SP, PA, QL (4 tabs every 1 day)
ORKAMBI GRA 75-94MG	SP, PA, QL (2 packets every 1 day)
ORKAMBI GRA 100-125	SP, PA, QL (2 packets every 1 day)
ORKAMBI GRA 150-188	SP, PA, QL (2 packets every 1 day)
SYMDEKO TAB 50-75MG	SP, PA, QL (2 tabs every 1 day)
SYMDEKO TAB 100-150	SP, PA, QL (2 tabs every 1 day)
TRIKAFTA PAK 59.5MG	SP, PA, QL (2 packets every 1 day)
TRIKAFTA PAK 75MG	SP, PA, QL (2 packets every 1 day)
TRIKAFTA TAB	SP, PA, QL (3 tabs every 1 day); All strengths covered
TRIKAFTA TAB	SP, PA, QL (3 tabs every 1 day); All strengths covered

PULMONARY FIBROSIS AGENTS

<i>pirfenidone cap 267 mg</i>	SP, PA, QL (9 caps every 1 day)
<i>pirfenidone tab 267 mg</i>	SP, PA, QL (9 tabs every 1 day)
<i>pirfenidone tab 801 mg</i>	SP, PA, QL (3 tabs every 1 day)

LAXATIVES

STIMULANT LAXATIVES

<i>bisacodyl tab delayed release 5 mg</i>	OTC
<i>bisacodyl suppos 10 mg</i>	OTC
<i>sennosides tab 8.6 mg</i>	OTC
<i>sennosides tab 15 mg</i>	OTC
<i>sennosides tab 17.2 mg</i>	OTC
<i>sennosides tab 25 mg</i>	OTC
<i>sennosides chew tab 15 mg</i>	OTC
<i>sennosides syrup 8.8 mg/5ml</i>	OTC

Drug Name	Requirements/Limits
SURFACTANT LAXATIVES	
<i>docusate calcium cap 240 mg</i>	OTC
<i>docusate sodium cap 50 mg</i>	OTC
<i>docusate sodium cap 100 mg</i>	OTC
<i>docusate sodium cap 250 mg</i>	OTC
<i>docusate sodium tab 100 mg</i>	OTC
<i>PEDIA-LAX LIQ 50MG</i>	OTC
<i>docusate sodium liquid 150 mg/15ml</i>	OTC
LAXATIVES - MISCELLANEOUS	
<i>lactulose solution 10 gm/15ml</i>	
<i>polyethylene glycol 3350 oral powder 17 gm/scoop</i>	OTC
<i>polyethylene glycol 3350 oral packet 17 gm</i>	OTC
LAXATIVE COMBINATIONS	
<i>sennosides-docusate sodium tab 8.6-50 mg</i>	OTC
<i>sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml</i>	
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>	
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i>	
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 240 gm</i>	
ANTIDIARRHEAL/PROBIOTIC AGENTS	
ANTIPERISTALTIC AGENTS	
<i>diphenoxylate w/ atropine tab 2.5-0.025 mg</i>	
<i>diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml</i>	
<i>loperamide hcl cap 2 mg</i>	
<i>loperamide hcl cap 2 mg</i>	OTC
<i>loperamide hcl tab 2 mg</i>	OTC
ANTIDIARRHEAL/PROBIOTIC AGENTS - MISC.	
<i>bismuth subsalicylate tab 262 mg</i>	OTC
<i>bismuth subsalicylate chew tab 262 mg</i>	OTC
<i>bismuth subsalicylate susp 262 mg/15ml</i>	OTC
<i>bismuth subsalicylate susp 525 mg/15ml</i>	OTC
<i>lactobacillus tab</i>	OTC
<i>lactobacillus chew tab</i>	OTC
<i>lactobacillus - packet</i>	OTC
<i>lactobacillus rhamnosus (gg) cap</i>	OTC
ANTIDIARRHEAL/PROBIOTIC COMBINATIONS	
<i>loperamide-simethicone tab 2-125 mg</i>	OTC
ANTACIDS	
ANTACIDS - CALCIUM SALTS	
<i>CALCIUM CARB TAB 648MG</i>	OTC
<i>calcium carbonate (antacid) chew tab 400 mg</i>	OTC
<i>calcium carbonate (antacid) chew tab 420 mg</i>	OTC

Drug Name	Requirements/Limits
calcium carbonate (antacid) chew tab 500 mg	OTC
MAALOX CHW 600MG	OTC
calcium carbonate (antacid) chew tab 750 mg	OTC
calcium carbonate (antacid) chew tab 1000 mg	OTC
ANTACID CHW 1177MG	OTC
ANTACID SOFT CHW 1177MG	OTC
CVS ANTACID CHW 1177MG	OTC
TUMS CHW DEL CHW 1177MG	OTC
CALCIUM CARB SUS 1250/5ML	OTC

ANTACID COMBINATIONS

MAG-AL LIQ	OTC
aluminum hydroxide-magnesium carbonate chew tab 160-105 mg	OTC
ACID GONE SUS	OTC
aluminum hydroxide-magnesium carbonate susp 508- 475 mg/10ml	OTC
FOAM ANTACID CHW 80-20MG	OTC
ANTACID CHW 550-110	OTC
calcium carbonate-mag hydroxide susp 400-135 mg/5ml	OTC
alum & mag hydroxide-simethicone chew tab 200-200- 25 mg	OTC
alum & mag hydroxide-simethicone susp 200-200-20 mg/5ml	OTC
alum & mag hydroxide-simethicone susp 400-400-40 mg/5ml	OTC

ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS

ANTISPASMODICS

hyoscyamine sulfate tab 0.125 mg	
hyoscyamine sulfate sl tab 0.125 mg	
hyoscyamine sulfate elixir 0.125 mg/5ml	
hyoscyamine sulfate soln 0.125 mg/ml	
hyoscyamine sulfate tab disint 0.125 mg	
glycopyrrolate tab 1 mg	
glycopyrrolate tab 2 mg	
glycopyrrolate oral soln 1 mg/5ml	AGE (Min 3, Max 16)
dicyclomine hcl cap 10 mg	
dicyclomine hcl tab 20 mg	
dicyclomine hcl oral soln 10 mg/5ml	

H-2 ANTAGONISTS

cimetidine tab 200 mg	
cimetidine tab 200 mg	OTC
cimetidine tab 300 mg	

Drug Name	Requirements/Limits
cimetidine tab 400 mg	
cimetidine tab 800 mg	
cimetidine hcl soln 300 mg/5ml	
famotidine tab 10 mg	OTC
famotidine tab 20 mg	
famotidine tab 20 mg	OTC
PEPCID AC TAB 20MG	OTC
famotidine tab 40 mg	
famotidine for susp 40 mg/5ml	
nizatidine cap 150 mg	
nizatidine cap 300 mg	
ULCER DRUGS - PROSTAGLANDINS	
misoprostol tab 100 mcg	
misoprostol tab 200 mcg	
PROTON PUMP INHIBITORS	
esomeprazole magnesium tab delayed release 20 mg	QL (90 tabs every year), OTC
esomeprazole magnesium for delayed release susp pack 2.5 mg	QL (90 packets every year), AGE (Max 1)
esomeprazole magnesium for delayed release susp packet 5 mg	QL (90 packets every year), AGE (Max 1)
esomeprazole magnesium for delayed release susp packet 10 mg	QL (90 packets every year), AGE (Max 1)
esomeprazole magnesium cap delayed release 20 mg (base eq)	QL (30 caps every 25 days), OTC
lansoprazole cap delayed release 15 mg	
omeprazole delayed release tab 20 mg	OTC
omeprazole cap delayed release 10 mg	QL (90 caps every year)
omeprazole cap delayed release 20 mg	QL (90 caps every year)
omeprazole cap delayed release 40 mg	QL (90 caps every year)
omeprazole magnesium delayed release tab 20 mg (base equiv)	OTC
omeprazole magnesium cap dr 20.6 mg (20 mg base equiv)	OTC
pantoprazole sodium ec tab 20 mg (base equiv)	QL (90 tabs every year)
pantoprazole sodium ec tab 40 mg (base equiv)	QL (90 tabs every year)
MISC. ANTI-ULCER	
sucralfate tab 1 gm	
ULCER THERAPY COMBINATIONS	
omeprazole-sodium bicarbonate cap 20-1100 mg	QL (90 caps every year), OTC
ANTIEMETICS	
ANTIEMETICS - ANTICHOLINERGIC	
meclizine hcl tab 12.5 mg	

Drug Name	Requirements/Limits
meclizine hcl tab 12.5 mg	OTC
meclizine hcl tab 25 mg	
meclizine hcl tab 25 mg	OTC
meclizine hcl chew tab 25 mg	OTC
trimethobenzamide hcl cap 300 mg	

5-HT3 RECEPTOR ANTAGONISTS

gransetron hcl tab 1 mg	QL (12 tabs every 21 days)
ondansetron orally disintegrating tab 4 mg	QL (18 tabs every 21 days)
ondansetron orally disintegrating tab 8 mg	QL (18 tabs every 21 days)
ondansetron hcl tab 4 mg	QL (18 tabs every 21 days)
ondansetron hcl tab 8 mg	QL (18 tabs every 21 days)
ondansetron hcl tab 24 mg	QL (2 tabs every 21 days)
ondansetron hcl oral soln 4 mg/5ml	QL (200 mL every 21 days)

SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS

aprepitant capsule 40 mg	QL (3 caps every 180 days)
aprepitant capsule 80 mg	QL (4 caps every 21 days); 4 week limit
aprepitant capsule 125 mg	QL (2 caps every 21 days); 4 week limit
aprepitant capsule therapy pack 80 & 125 mg	QL (6 tabs every 21 days); 4 week limit

ANTIEMETICS - MISCELLANEOUS

dronabinol cap 2.5 mg	QL (60 caps every 25 days)
dronabinol cap 5 mg	QL (60 caps every 25 days)
dronabinol cap 10 mg	QL (60 caps every 25 days)

DIGESTIVE AIDS

DIGESTIVE ENZYMES

VIOKACE TAB 10440
VIOKACE TAB 20880
ZENPEP CAP 3000UNIT
ZENPEP CAP 5000UNIT
ZENPEP CAP 10000UNT
ZENPEP CAP 15000UNT
ZENPEP CAP 20000UNT
ZENPEP CAP 25000UNT
ZENPEP CAP 40000UNT
ZENPEP CAP 60000UNT

GASTROINTESTINAL AGENTS - MISC.

GALLSTONE SOLUBILIZING AGENTS

ursodiol cap 300 mg
ursodiol tab 250 mg
ursodiol tab 500 mg

Drug Name	Requirements/Limits
ANTIFLATULENTS	
<i>simethicone cap 125 mg</i>	OTC
<i>simethicone cap 180 mg</i>	OTC
<i>simethicone chew tab 80 mg</i>	OTC
<i>simethicone chew tab 125 mg</i>	OTC
<i>simethicone liquid 40 mg/0.6ml</i>	OTC
<i>simethicone susp 40 mg/0.6ml</i>	OTC
GAS-X CHILD MIS 40MG	OTC
GAS-X EX-STR MIS 62.5MG	OTC
GASTROINTESTINAL STIMULANTS	
<i>metoclopramide hcl tab 5 mg (base equivalent)</i>	
<i>metoclopramide hcl tab 10 mg (base equivalent)</i>	
<i>metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv)</i>	
INTESTINAL ACIDIFIERS	
<i>lactulose (encephalopathy) solution 10 gm/15ml</i>	
GASTROINTESTINAL CHLORIDE CHANNEL ACTIVATORS	
<i>lubiprostone cap 8 mcg</i>	
<i>lubiprostone cap 24 mcg</i>	
INFLAMMATORY BOWEL AGENTS	
<i>balsalazide disodium cap 750 mg</i>	
<i>mesalamine enema 4 gm</i>	
<i>mesalamine suppos 1000 mg</i>	
<i>mesalamine cap er 24hr 0.375 gm</i>	
<i>mesalamine rectal enema 4 gm & cleanser wipe kit</i>	
<i>sulfasalazine tab 500 mg</i>	
<i>sulfasalazine tab delayed release 500 mg</i>	
ENTYVIO INJ 300MG	SP, PA, QL (1 vial every 42 days)
ENTYVIO PEN INJ 108/0.68	SP, PA, QL (2 pens every 28 days)
SKYRIZI SOL 60MG/ML	SP, PA, QL (6 vials every 42 days)
SKYRIZI INJ 180/1.2	SP, PA, QL (1 cartridge every 56 days)
SKYRIZI INJ 360/2.4	SP, PA, QL (1 cartridge every 56 days)
VELSIPITY TAB 2MG	SP, PA, QL (1 tab every 1 day)
AVSOLA INJ 100MG	SP, PA, QL (3 vials every 28 days)

Drug Name	Requirements/Limits
PHOSPHATE BINDER AGENTS	
calcium acetate (phosphate binder) cap 667 mg (169 mg ca)	
sevelamer carbonate tab 800 mg	ST
sevelamer carbonate packet 0.8 gm	ST
sevelamer carbonate packet 2.4 gm	ST
URINARY ANTISPASMODICS	
URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLINERGIC)	
OXYTROL/WOMN DIS 3.9MG/24	GNDR, OTC
oxybutynin chloride tab 5 mg	
oxybutynin chloride solution 5 mg/5ml	
oxybutynin chloride tab er 24hr 5 mg	
oxybutynin chloride tab er 24hr 10 mg	
oxybutynin chloride tab er 24hr 15 mg	
tolterodine tartrate tab 1 mg	
tolterodine tartrate tab 2 mg	
trospium chloride tab 20 mg	
URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS	
bethanechol chloride tab 5 mg	
bethanechol chloride tab 10 mg	
bethanechol chloride tab 25 mg	
bethanechol chloride tab 50 mg	
VAGINAL AND RELATED PRODUCTS	
VAGINAL ANTI-INFECTIVES	
clindamycin phosphate vaginal cream 2%	
metronidazole vaginal gel 0.75%	
clotrimazole vaginal cream 1%	OTC
clotrimazole vaginal cream 2%	OTC
miconazole nitrate vaginal cream 2%	OTC
MONISTAT 3 CRE 4%	OTC
miconazole nitrate vaginal suppos 100 mg	OTC
miconazole nitrate vaginal suppos 200 mg	
miconazole nitrate vaginal supp 200 mg & 2% cream 9 gm kit	OTC
miconazole nitrate vaginal supp 1200 mg & 2% cream kit	OTC
MONISTAT 7 KIT COMBO PK	OTC
miconazole nitrate vaginal app 200 mg & 2% cream 9 gm kit	OTC
MONISTAT 7 KIT COMPLETE	OTC
MONISTAT 3 KIT COMBO PK	OTC
MICONAZOLE 1 KIT COMBO	OTC

Drug Name	Requirements/Limits
<i>terconazole vaginal cream 0.4%</i>	
<i>terconazole vaginal cream 0.8%</i>	
<i>terconazole vaginal suppos 80 mg</i>	
VAGINAL ANTI-INFLAMMATORY AGENTS	
<i>hydrocortisone perivaginal cream 1%</i>	OTC
SPERMICIDES	
<i>GYNOL II GEL 3%</i>	OTC; \$0
<i>VCF VAGINAL GEL CONTRACE</i>	OTC; \$0
<i>ENCARE SUP 100MG</i>	OTC; \$0
<i>VCF VAGINAL MIS CONTRACP</i>	OTC; \$0
VAGINAL ESTROGENS	
<i>estradiol vaginal tab 10 mcg</i>	
MISCELLANEOUS VAGINAL PRODUCTS	
<i>acetic acid vaginal solution</i>	OTC
GENITOURINARY AGENTS - MISCELLANEOUS	
ALKALINIZERS	
<i>potassium citrate tab er 5 meq (540 mg)</i>	
<i>potassium citrate tab er 10 meq (1080 mg)</i>	
<i>potassium citrate tab er 15 meq (1620 mg)</i>	
URINARY ANALGESICS	
<i>phenazopyridine hcl tab 100 mg</i>	
<i>phenazopyridine hcl tab 200 mg</i>	
CYSTINOSIS AGENTS	
<i>CYSTAGON CAP 50MG</i>	SP, PA
<i>CYSTAGON CAP 150MG</i>	SP, PA
PROSTATIC HYPERSTROPHY AGENTS	
<i>finasteride tab 5 mg</i>	
<i>alfuzosin hcl tab er 24hr 10 mg</i>	
<i>tamsulosin hcl cap 0.4 mg</i>	
ANTIPSYCHOTICS/ANTIMANIC AGENTS	
PHENOTHIAZINES	
<i>prochlorperazine suppos 25 mg</i>	
<i>prochlorperazine maleate tab 5 mg (base equivalent)</i>	
<i>prochlorperazine maleate tab 10 mg (base equivalent)</i>	
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS	
BARBITURATE HYPNOTICS	
<i>phenobarbital tab 15 mg</i>	
<i>phenobarbital tab 16.2 mg</i>	
<i>phenobarbital tab 30 mg</i>	
<i>phenobarbital tab 32.4 mg</i>	
<i>phenobarbital tab 60 mg</i>	

Drug Name	Requirements/Limits
<i>phenobarbital tab 64.8 mg</i>	
<i>phenobarbital tab 97.2 mg</i>	
<i>phenobarbital tab 100 mg</i>	
<i>phenobarbital elixir 20 mg/5ml</i>	
ANTIHISTAMINE HYPNOTICS	
<i>doxylamine succinate (sleep) tab 25 mg</i>	OTC
<i>diphenhydramine hcl (sleep) cap 50 mg</i>	OTC
<i>diphenhydramine hcl (sleep) tab 25 mg</i>	OTC
<i>diphenhydramine hcl (sleep) tab 50 mg</i>	OTC
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS	
ANTI-OBESITY AGENTS	
WEGOVY INJ 0.25MG	PA, QL (4 pens every 21 days) *Covered for CV Risk Only
WEGOVY INJ 0.5MG	PA, QL (4 pens every 21 days) *Covered for CV Risk Only
WEGOVY INJ 1MG	PA, QL (4 pens every 21 days) *Covered for CV Risk Only
WEGOVY INJ 1.7MG	PA, QL (4 pens every 21 days) *Covered for CV Risk Only
WEGOVY INJ 2.4MG	PA, QL (4 pens every 21 days) *Covered for CV Risk Only
ZEPBOUND INJ 2.5/0.5 ML	PA, QL (4 pens every 21 days) *Covered for Sleep Apnea Only
ZEPBOUND INJ 5/0.5 ML	PA, QL (4 pens every 21 days) *Covered for Sleep Apnea Only
ZEPBOUND INJ 7.5/0.5 ML	PA, QL (4 pens every 21 days) *Covered for Sleep Apnea Only
ZEPBOUND INJ 10/0.5 ML	PA, QL (4 pens every 21 days) *Covered for Sleep Apnea Only
ZEPBOUND INJ 12.5/0.5 ML	PA, QL (4 pens every 21 days) *Covered for Sleep Apnea Only
ZEPBOUND INJ 15/0.5 ML	PA, QL (4 pens every 21 days) *Covered for Sleep Apnea Only
ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD) AGENTS	
<i>clonidine hcl tab er 12hr 0.1 mg</i>	AGE (less than 6, more than 17)
<i>ONYDA XR SUS 0.1MG/ML</i>	AGE (less than 6, more than 17)
<i>guanfacine hcl tab er 24hr 1 mg (base equiv)</i>	AGE (less than 6, more than 17)
<i>INTUNIV TAB 1MG</i>	AGE (less than 6, more than 17)
<i>guanfacine hcl tab er 24hr 2 mg (base equiv)</i>	AGE (less than 6, more than 17)
<i>INTUNIV TAB 2MG</i>	AGE (less than 6, more than 17)
<i>guanfacine hcl tab er 24hr 3 mg (base equiv)</i>	AGE (less than 6, more than 17)
<i>INTUNIV TAB 3MG</i>	AGE (less than 6, more than 17)
<i>guanfacine hcl tab er 24hr 4 mg (base equiv)</i>	AGE (less than 6, more than 17)

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Drug Name	Requirements/Limits
INTUNIV TAB 4MG	AGE (less than 6, more than 17)
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.	
ANTIDEMENTIA AGENTS	
<i>donepezil hydrochloride tab 5 mg</i>	
<i>donepezil hydrochloride tab 10 mg</i>	
<i>donepezil hydrochloride tab 23 mg</i>	
<i>donepezil hydrochloride orally disintegrating tab 5 mg</i>	
<i>donepezil hydrochloride orally disintegrating tab 10 mg</i>	
<i>galantamine hydrobromide tab 4 mg</i>	
<i>galantamine hydrobromide tab 8 mg</i>	
<i>galantamine hydrobromide tab 12 mg</i>	
<i>galantamine hydrobromide oral soln 4 mg/ml</i>	
<i>galantamine hydrobromide cap er 24hr 8 mg</i>	
<i>galantamine hydrobromide cap er 24hr 16 mg</i>	
<i>galantamine hydrobromide cap er 24hr 24 mg</i>	
<i>rivastigmine td patch 24hr 4.6 mg/24hr</i>	
<i>rivastigmine td patch 24hr 9.5 mg/24hr</i>	
<i>rivastigmine td patch 24hr 13.3 mg/24hr</i>	
<i>rivastigmine tartrate cap 1.5 mg (base equivalent)</i>	
<i>rivastigmine tartrate cap 3 mg (base equivalent)</i>	
<i>rivastigmine tartrate cap 4.5 mg (base equivalent)</i>	
<i>rivastigmine tartrate cap 6 mg (base equivalent)</i>	
<i>memantine hcl tab 5 mg</i>	
<i>memantine hcl tab 10 mg</i>	
<i>memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack</i>	
<i>memantine hcl oral solution 2 mg/ml</i>	
MOVEMENT DISORDER DRUG THERAPY	
<i>tetrabenazine tab 12.5 mg</i>	SP, PA, QL (4 tabs every 1 day)
<i>tetrabenazine tab 25 mg</i>	SP, PA, QL (2 tabs every 1 day)
MULTIPLE SCLEROSIS AGENTS	
<i>glatiramer acetate soln prefilled syringe 20 mg/ml</i>	SP, PA, QL (1 injection every 1 day)
<i>glatiramer acetate soln prefilled syringe 40 mg/ml</i>	SP, PA, QL (12 injections every 28 days)
<i>REBIF REBIDO INJ 22/0.5</i>	SP, PA, QL (12 injections every 28 days)
<i>REBIF REBIDO INJ 44/0.5</i>	SP, PA, QL (12 injections every 28 days)
<i>REBIF REBIDO INJ TITRATN</i>	SP, PA, QL (12 injections every 28 days)
<i>REBIF INJ 22/0.5</i>	SP, PA, QL (12 injections every 28 days)

Drug Name	Requirements/Limits
REBIF INJ 44/0.5	SP, PA, QL (12 injections every 28 days)
REBIF TITRTN INJ PACK	SP, PA, QL (12 injections every 28 days)
AVONEX PEN KIT 30MCG	SP, PA, QL (4 injections every 28 days)
AVONEX PREFL KIT 30MCG	SP, PA, QL (4 injections every 28 days)
EXTAVIA INJ 0.3MG	SP, PA, QL (15 injections every 30 days)
<i>teriflunomide tab 7 mg</i>	SP, PA, QL (1 tab every 1 day)
<i>teriflunomide tab 14 mg</i>	SP, PA, QL (1 tab every 1 day)
OCREVUS INJ 300/10ML	SP, PA, QL (2 vials every 24 weeks)
KESIMPTA INJ 20/.4ML	SP, PA, QL (1 pen every 28 days)
<i>dimethyl fumarate capsule delayed release 120 mg</i>	SP, PA, QL (14 caps every 28 days)
<i>dimethyl fumarate capsule delayed release 240 mg</i>	SP, PA, QL (2 caps every 1 day)
<i>dimethyl fumarate capsule dr starter pack 120 mg & 240 mg</i>	SP, PA, QL (1 kit every month)
<i>fingolimod hcl cap 0.5 mg (base equiv)</i>	SP, PA, QL (1 cap every 1 day)
MAYZENT TAB 0.25MG	SP, PA, QL (12 tabs every 5 days)
MAYZENT TAB 1MG	SP, PA, QL (1 tab every 1 day)
MAYZENT TAB 2MG	SP, PA, QL (1 tab every 1 day)
MAYZENT PAK STARTER (7 TABS)	SP, PA, QL (7 tabs every 4 days)
MAYZENT PAK STARTER (12 TABS)	SP, PA, QL (12 tabs every 5 days)

FIBROMYALGIA AGENTS

SAVELLA TAB 12.5MG	PA
SAVELLA TAB 25MG	PA
SAVELLA TAB 50MG	PA
SAVELLA TAB 100MG	PA
SAVELLA MIS TITR PAK	PA

PSEUDOBULBAR AFFECT (PBA) AGENTS

NUEDEXTA CAP 20-10MG	PA
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ANALGESICS - NONNARCOTIC

SALICYLATES

<i>aspirin tab 325 mg</i>	OTC
<i>aspirin chew tab 81 mg</i>	OTC
<i>aspirin tab delayed release 81 mg</i>	OTC

Drug Name	Requirements/Limits
aspirin tab delayed release 325 mg	OTC
ASPIRIN SUP 300MG	OTC
diflunisal tab 500 mg	

ANALGESICS OTHER

acetaminophen cap 500 mg	OTC
acetaminophen tab 325 mg	OTC
acetaminophen tab 500 mg	OTC
acetaminophen tab er 650 mg	OTC
acetaminophen chew tab 80 mg	OTC
acetaminophen chew tab 160 mg	OTC
acetaminophen liquid 160 mg/5ml	OTC
acetaminophen liquid 167 mg/5ml	OTC
acetaminophen elixir 160 mg/5ml	OTC
acetaminophen susp 160 mg/5ml	OTC
acetaminophen soln 160 mg/5ml	OTC
FEVERALL INF SUP 80MG	OTC
acetaminophen suppos 120 mg	OTC
FEVERALL SUP 325MG	OTC
ACETAMIN SUP 650MG	OTC
acetaminophen disintegrating tab 80 mg	OTC
acetaminophen disintegrating tab 160 mg	OTC

ANALGESICS - OPIOID

OPIOID AGONISTS

fentanyl td patch 72hr 12 mcg/hr	PA, QL (10 patches every 25 days)
fentanyl td patch 72hr 25 mcg/hr	PA, QL (10 patches every 25 days)
fentanyl td patch 72hr 50 mcg/hr	PA, QL (10 patches every 25 days)
fentanyl td patch 72hr 75 mcg/hr	PA, QL (10 patches every 25 days)
fentanyl td patch 72hr 100 mcg/hr	PA, QL (10 patches every 25 days)
hydromorphone hcl tab 2 mg	PA, QL (180 tabs every 25 days)
hydromorphone hcl tab 4 mg	PA, QL (120 tabs every 25 days)
hydromorphone hcl tab 8 mg	PA, QL (60 tabs every 25 days)
methadone hcl tab 5 mg	PA, QL (90 tabs every 25 days)
methadone hcl tab 10 mg	PA, QL (30 tabs every 25 days)
morphine sulfate tab 15 mg	PA, QL (180 tabs every 25 days)
morphine sulfate tab 30 mg	PA, QL (90 tabs every 25 days)
morphine sulfate tab er 15 mg	PA, QL (90 tabs every 25 days)
morphine sulfate tab er 30 mg	PA, QL (90 tabs every 25 days)
morphine sulfate tab er 60 mg	PA, QL (90 tabs every 25 days)

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Drug Name	Requirements/Limits
<i>morphine sulfate tab er 100 mg</i>	PA, QL (60 tabs every 25 days)
<i>morphine sulfate tab er 200 mg</i>	PA, QL (60 tabs every 25 days)
<i>morphine sulfate oral soln 10 mg/5ml</i>	PA, QL (900 mL every 25 days)
<i>morphine sulfate oral soln 20 mg/5ml</i>	PA, QL (675 mL every 25 days)
<i>morphine sulfate oral soln 100 mg/5ml (20 mg/ml)</i>	PA, QL (135 mL every 25 days)
<i>oxycodone hcl cap 5 mg</i>	PA, QL (180 caps every 25 days)
<i>oxycodone hcl tab 5 mg</i>	PA, QL (180 tabs every 25 days)
<i>oxycodone hcl tab 10 mg</i>	PA, QL (180 tabs every 25 days)
<i>oxycodone hcl tab 15 mg</i>	PA, QL (120 tabs every 25 days)
<i>oxycodone hcl tab 20 mg</i>	PA, QL (90 tabs every 25 days)
<i>oxycodone hcl tab 30 mg</i>	PA, QL (60 tabs every 25 days)
<i>oxycodone hcl conc 100 mg/5ml (20 mg/ml)</i>	PA, QL (90 mL every 25 days)
<i>oxycodone hcl soln 5 mg/5ml</i>	PA, QL (900 mL every 25 days)
<i>tramadol hcl tab 50 mg</i>	PA, QL (180 tabs every 25 days)
<i>tramadol hcl tab er 24hr 100 mg</i>	PA, QL (30 tabs every 25 days)
<i>tramadol hcl tab er 24hr 200 mg</i>	PA, QL (30 tabs every 25 days)
<i>tramadol hcl tab er 24hr 300 mg</i>	PA, QL (30 tabs every 25 days)

OPIOID COMBINATIONS

<i>oxycodone w/ acetaminophen tab 2.5-325 mg</i>	PA, QL (360 tabs every 25 days)
<i>oxycodone w/ acetaminophen tab 5-325 mg</i>	PA, QL (360 tabs every 25 days)
<i>oxycodone w/ acetaminophen tab 7.5-325 mg</i>	PA, QL (240 tabs every 25 days)
<i>oxycodone w/ acetaminophen tab 10-325 mg</i>	PA, QL (180 tabs every 25 days)
<i>acetaminophen w/ codeine tab 300-15 mg</i>	PA, QL (400 tabs every 25 days)
<i>acetaminophen w/ codeine tab 300-30 mg</i>	PA, QL (360 tabs every 25 days)
<i>acetaminophen w/ codeine tab 300-60 mg</i>	PA, QL (180 tabs every 25 days)
<i>acetaminophen w/ codeine soln 120-12 mg/5ml</i>	PA, QL (2700 mL every 25 days)
<i>hydrocodone-acetaminophen tab 10-325 mg</i>	PA, QL (180 tabs every 25 days)
<i>hydrocodone-acetaminophen tab 5-325 mg</i>	PA, QL (240 tabs every 25 days)
<i>hydrocodone-acetaminophen tab 7.5-325 mg</i>	PA, QL (180 tabs every 25 days)
<i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i>	PA, QL (2700 mL every 25 days)
<i>tramadol-acetaminophen tab 37.5-325 mg</i>	PA, QL (40 tabs every 25 days)

ANALGESICS - ANTI-INFLAMMATORY

NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)

diclofenac potassium tab 50 mg

Drug Name	Requirements/Limits
<i>diclofenac sodium tab delayed release 25 mg</i>	
<i>diclofenac sodium tab delayed release 50 mg</i>	
<i>diclofenac sodium tab delayed release 75 mg</i>	
<i>diclofenac sodium tab er 24hr 100 mg</i>	
<i>etodolac cap 200 mg</i>	
<i>etodolac cap 300 mg</i>	
<i>etodolac tab 400 mg</i>	
<i>etodolac tab 500 mg</i>	
<i>etodolac tab er 24hr 400 mg</i>	
<i>etodolac tab er 24hr 500 mg</i>	
<i>etodolac tab er 24hr 600 mg</i>	
<i>flurbiprofen tab 50 mg</i>	
<i>flurbiprofen tab 100 mg</i>	
<i>ibuprofen cap 200 mg</i>	OTC
<i>ibuprofen tab 100 mg</i>	OTC
<i>ibuprofen tab 200 mg</i>	OTC
<i>ibuprofen tab 400 mg</i>	
<i>ibuprofen tab 600 mg</i>	
<i>ibuprofen tab 800 mg</i>	
<i>ibuprofen chew tab 100 mg</i>	OTC
<i>ibuprofen susp 40 mg/ml</i>	OTC
<i>ibuprofen susp 100 mg/5ml</i>	
<i>ibuprofen susp 100 mg/5ml</i>	OTC
<i>ketorolac tromethamine tab 10 mg</i>	QL (20 tabs every 25 days)
<i>meloxicam tab 7.5 mg</i>	
<i>meloxicam tab 15 mg</i>	
<i>nabumetone tab 500 mg</i>	
<i>nabumetone tab 750 mg</i>	
<i>naproxen tab 250 mg</i>	
<i>naproxen tab 375 mg</i>	
<i>naproxen tab 500 mg</i>	
<i>naproxen tab ec 375 mg</i>	
<i>naproxen tab ec 500 mg</i>	
<i>naproxen sodium cap 220 mg</i>	OTC
<i>naproxen sodium tab 220 mg</i>	OTC
<i>naproxen sodium tab 275 mg</i>	
<i>naproxen sodium tab 550 mg</i>	
<i>oxaprozin tab 600 mg</i>	
<i>sulindac tab 150 mg</i>	
<i>sulindac tab 200 mg</i>	
<i>celecoxib cap 50 mg</i>	PA
<i>celecoxib cap 100 mg</i>	PA
<i>celecoxib cap 200 mg</i>	PA

Drug Name	Requirements/Limits
celecoxib cap 400 mg	PA
ANTIRHEUMATIC ANTIMETABOLITES	
RASUVO INJ 7.5MG	SP, PA, QL (4 injections every 28 days)
RASUVO INJ 10MG	SP, PA, QL (4 injections every 28 days)
RASUVO INJ 12.5MG	SP, PA, QL (4 injections every 28 days)
RASUVO INJ 15MG	SP, PA, QL (4 injections every 28 days)
RASUVO INJ 17.5MG	SP, PA, QL (4 injections every 28 days)
RASUVO INJ 20MG	SP, PA, QL (4 injections every 28 days)
RASUVO INJ 22.5MG	SP, PA, QL (4 injections every 28 days)
RASUVO INJ 25MG	SP, PA, QL (4 injections every 28 days)
RASUVO INJ 30MG	SP, PA, QL (4 injections every 28 days)
ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES	
ADALIMU-ADAZ INJ 40/0.4ML	SP, PA, QL (4 pens every 28 days)
ADALIMU-ADAZ INJ 80/0.8ML	SP, PA, QL (2 syringes every 28 days)
ADALIMU-ADAZ INJ 20/0.2ML	SP, PA, QL (4 syringes every 28 days)
ADALIMU-ADAZ INJ 40/0.4ML	SP, PA, QL (4 syringes every 28 days)
HADLIMA PUSH INJ 40/0.4ML	SP, PA, QL (4 pens every 28 days)
HADLIMA PUSH INJ 40/0.8ML	SP, PA, QL (4 pens every 28 days)
HADLIMA INJ 40/0.4ML	SP, PA, QL (4 syringes every 28 days)
HADLIMA INJ 40/0.8ML	SP, PA, QL (4 syringes every 28 days)
ADALIMU-FKJP KIT 40/0.8ML	SP, PA, QL (4 pens every 28 days)
ADALIMU-FKJP KIT 20/0.4ML	SP, PA, QL (4 syringes every 28 days)
ADALIMU-FKJP KIT 40/0.8ML	SP, PA, QL (4 syringes every 28 days)

Drug Name	Requirements/Limits
PYRIMIDINE SYNTHESIS INHIBITORS	
leflunomide tab 10 mg	
leflunomide tab 20 mg	
SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS	
ENBREL INJ 25MG	SP, PA, QL (8 vials every 28 days)
ENBREL SRCLK INJ 50MG/ML	SP, PA, QL (4 pens every 28 days)
ENBREL MINI INJ 50MG/ML	SP, PA, QL (4 pens every 28 days)
ENBREL INJ 25/0.5ML	SP, PA, QL (8 syringes every 28 days)
ENBREL INJ 50MG/ML	SP, PA, QL (4 pens every 28 days)
INTERLEUKIN-1BETA BLOCKERS	
ILARIS INJ 150MG/ML	SP, PA
INTERLEUKIN-6 RECEPTOR INHIBITORS	
KEVZARA INJ 150/1.14	SP, PA, QL (2 pens every 28 days)
KEVZARA INJ 200/1.14	SP, PA, QL (2 pens every 28 days)
KEVZARA INJ 150/1.14	SP, PA, QL (2 syringes every 28 days)
KEVZARA INJ 200/1.14	SP, PA, QL (2 syringes every 28 days)
ANTIRHEUMATIC - ENZYME INHIBITORS	
RINVOQ TAB 15MG ER	SP, PA, QL (1 tab every 1 day)
RINVOQ TAB 30MG ER	SP, PA, QL (1 tab every 1 day)
RINVOQ TAB 45MG ER	SP, PA, QL (1 tab every 1 day)
PHOSPHODIESTERASE 4 (PDE4) INHIBITORS	
OTEZLA TAB 20MG	SP, PA, QL (2 tabs every 1 day)
OTEZLA TAB 30MG	SP, PA, QL (2 tabs every 1 day)
OTEZLA TAB 10/20	SP, PA, QL (55 tabs every 28 days)
OTEZLA TAB 10/20/30	SP, PA, QL (55 tabs every 28 days)
MIGRAINE PRODUCTS	
SEROTONIN AGONISTS	
naratriptan hcl tab 1 mg (base equiv)	ST, QL (12 tabs every 25 days)
naratriptan hcl tab 2.5 mg (base equiv)	ST, QL (12 tabs every 25 days)
rizatriptan benzoate tab 5 mg (base equivalent)	ST, QL (18 tabs every 25 days)
rizatriptan benzoate tab 10 mg (base equivalent)	ST, QL (18 tabs every 25 days)

Drug Name	Requirements/Limits
<i>rizatriptan benzoate oral disintegrating tab 5 mg (base eq)</i>	ST, QL (18 tabs every 25 days)
<i>rizatriptan benzoate oral disintegrating tab 10 mg (base eq)</i>	ST, QL (18 tabs every 25 days)
<i>sumatriptan nasal spray 5 mg/act</i>	QL (24 inhalations every 25 days)
<i>sumatriptan nasal spray 20 mg/act</i>	QL (12 inhalations every 25 days)
<i>sumatriptan succinate tab 25 mg</i>	QL (12 tabs every 25 days)
<i>sumatriptan succinate tab 50 mg</i>	QL (12 tabs every 25 days)
<i>sumatriptan succinate tab 100 mg</i>	QL (12 tabs every 25 days)
<i>sumatriptan succinate inj 6 mg/0.5ml</i>	QL (12 injections every 25 days)
<i>sumatriptan succinate solution auto-injector 4 mg/0.5ml</i>	QL (18 injections every 25 days)
<i>sumatriptan succinate solution auto-injector 6 mg/0.5ml</i>	QL (12 injections every 25 days)
<i>sumatriptan succinate solution cartridge 4 mg/0.5ml</i>	QL (18 injections every 25 days)
<i>sumatriptan succinate solution cartridge 6 mg/0.5ml</i>	QL (12 injections every 25 days)
<i>zolmitriptan tab 2.5 mg</i>	ST, QL (12 tabs every 25 days)
<i>zolmitriptan tab 5 mg</i>	ST, QL (12 tabs every 25 days)
<i>zolmitriptan orally disintegrating tab 2.5 mg</i>	ST, QL (12 tabs every 25 days)
<i>zolmitriptan orally disintegrating tab 5 mg</i>	ST, QL (12 tabs every 25 days)

CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAG

<i>QULIPTA TAB 10MG</i>	ST, QL (30 tabs every 25 days)
<i>QULIPTA TAB 30MG</i>	ST, QL (30 tabs every 25 days)
<i>QULIPTA TAB 60MG</i>	ST, QL (30 tabs every 25 days)
<i>NURTEC TAB 75MG ODT</i>	ST, QL (16 tabs every 25 days)
<i>UBRELVY TAB 50MG</i>	ST, QL (16 tabs every 25 days)
<i>UBRELVY TAB 100MG</i>	ST, QL (16 tabs every 25 days)
<i>AIMOVIG INJ 70MG/ML</i>	ST, QL (1 pens every 25 days)
<i>AIMOVIG INJ 140MG/ML</i>	ST, QL (1 pen every 25 days)
<i>EMGALITY INJ 120MG/ML</i>	ST, QL (2 pens every 25 days)
<i>EMGALITY INJ 100MG/ML</i>	ST, QL (3 syringes every 25 days)
<i>EMGALITY INJ 120MG/ML</i>	ST, QL (2 syringes every 25 days)

GOUT AGENTS

GOUT AGENTS

<i>allopurinol tab 100 mg</i>	
<i>allopurinol tab 300 mg</i>	
<i>colchicine tab 0.6 mg</i>	QL (30 tabs every 25 days)

URICOSURICS

<i>probenecid tab 500 mg</i>

Drug Name	Requirements/Limits
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ANTICONVULSANTS

HYDANTOINS

*phenytoin chew tab 50 mg
phenytoin susp 125 mg/5ml
phenytoin sodium extended cap 100 mg
phenytoin sodium extended cap 200 mg
phenytoin sodium extended cap 300 mg*

SUCCINIMIDES

*ethosuximide cap 250 mg
ethosuximide soln 250 mg/5ml*

ANTICONVULSANTS - MISC.

*primidone tab 50 mg
primidone tab 250 mg*

ANTIPARKINSON AND RELATED THERAPY AGENTS

ANTIPARKINSON COMT INHIBITORS

entacapone tab 200 mg

ANTIPARKINSON DOPAMINERGICS

*amantadine hcl cap 100 mg
amantadine hcl tab 100 mg
amantadine hcl soln 50 mg/5ml
bromocriptine mesylate cap 5 mg (base equivalent)
bromocriptine mesylate tab 2.5 mg (base equivalent)
pramipexole dihydrochloride tab 0.125 mg
pramipexole dihydrochloride tab 0.25 mg
pramipexole dihydrochloride tab 0.5 mg
pramipexole dihydrochloride tab 0.75 mg
pramipexole dihydrochloride tab 1 mg
pramipexole dihydrochloride tab 1.5 mg
ropinirole hydrochloride tab 0.25 mg
ropinirole hydrochloride tab 0.5 mg
ropinirole hydrochloride tab 1 mg
ropinirole hydrochloride tab 2 mg
ropinirole hydrochloride tab 3 mg
ropinirole hydrochloride tab 4 mg
ropinirole hydrochloride tab 5 mg
carbidopa & levodopa tab 10-100 mg
carbidopa & levodopa tab 25-100 mg
carbidopa & levodopa tab 25-250 mg
carbidopa & levodopa tab er 25-100 mg
carbidopa & levodopa tab er 50-200 mg
carbidopa-levodopa-entacapone tabs 12.5-50-200 mg
carbidopa-levodopa-entacapone tabs 18.75-75-200 mg*

Drug Name	Requirements/Limits
<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i>	
<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i>	
<i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i>	
<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i>	
ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS	
<i>selegiline hcl cap 5 mg</i>	
<i>selegiline hcl tab 5 mg</i>	
NEUROMUSCULAR AGENTS	
ALS AGENTS	
<i>riluzole tab 50 mg</i>	
MUSCULOSKELETAL THERAPY AGENTS	
CENTRAL MUSCLE RELAXANTS	
<i>baclofen tab 10 mg</i>	
<i>baclofen tab 20 mg</i>	
<i>carisoprodol tab 350 mg</i>	QL (120 tabs every 25 days)
<i>chlorzoxazone tab 500 mg</i>	
<i>cyclobenzaprine hcl tab 5 mg</i>	
<i>cyclobenzaprine hcl tab 10 mg</i>	
<i>methocarbamol tab 500 mg</i>	
<i>methocarbamol tab 750 mg</i>	
<i>orphenadrine citrate tab er 12hr 100 mg</i>	
<i>tizanidine hcl tab 2 mg (base equivalent)</i>	
<i>tizanidine hcl tab 4 mg (base equivalent)</i>	
DIRECT MUSCLE RELAXANTS	
<i>dantrolene sodium cap 25 mg</i>	
<i>dantrolene sodium cap 50 mg</i>	
<i>dantrolene sodium cap 100 mg</i>	
VISCOSUPPLEMENTS	
<i>GEL-ONE INJ 30MG/3ML</i>	SP, PA
<i>VISCO-3 INJ 25/2.5ML</i>	SP, PA
ANTIMYASTHENIC/CHOLINERGIC AGENTS	
ANTIMYASTHENIC/CHOLINERGIC AGENTS	
<i>pyridostigmine bromide tab 60 mg</i>	
<i>pyridostigmine bromide tab er 180 mg</i>	
<i>pyridostigmine bromide oral soln 60 mg/5ml</i>	
VITAMINS	
WATER SOLUBLE VITAMINS	
<i>thiamine hcl tab 50 mg</i>	OTC
<i>thiamine hcl tab 100 mg</i>	OTC
<i>thiamine mononitrate tab 100 mg</i>	OTC
<i>pyridoxine hcl tab 25 mg</i>	OTC

\$0 - Zero Dollar Copay **AGE** - Age Limit **GNDR** - Gender Edit **OTC** - Over the counter **PA** - Prior Authorization **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

Drug Name	Requirements/Limits
<i>pyridoxine hcl tab 50 mg</i>	OTC
<i>calcium ascorbate tab 500 mg</i>	OTC
OIL SOLUBLE VITAMINS	
<i>ergocalciferol cap 1.25 mg (50000 unit)</i>	OTC
<i>ergocalciferol soln 200 mcg/ml (8000 unit/ml)</i>	OTC
<i>cholecalciferol cap 25 mcg (1000 unit)</i>	OTC
<i>cholecalciferol cap 50 mcg (2000 unit)</i>	OTC
<i>cholecalciferol cap 125 mcg (5000 unit)</i>	OTC
<i>cholecalciferol cap 250 mcg (10000 unit)</i>	OTC
<i>cholecalciferol cap 1.25 mg (50000 unit)</i>	OTC
<i>cholecalciferol tab 10 mcg (400 unit)</i>	OTC
<i>cholecalciferol tab 25 mcg (1000 unit)</i>	OTC
<i>cholecalciferol tab 50 mcg (2000 unit)</i>	OTC
<i>cholecalciferol tab 125 mcg (5000 unit)</i>	OTC
<i>cholecalciferol chew tab 10 mcg (400 unit)</i>	OTC
<i>cholecalciferol chew tab 25 mcg (1000 unit)</i>	OTC
<i>cholecalciferol oral liquid 10 mcg/ml (400 unit/ml)</i>	OTC
BABY DDROPS LIQ 400UNIT	OTC
<i>cholecalciferol drops 10 mcg/0.028ml (400 unit/0.028ml)</i>	OTC
DDROPS LIQ 2000UNIT	OTC
<i>phytonadione tab 5 mg</i>	
MULTIVITAMINS	
B-COMPLEX W/ FOLIC ACID	
<i>b-complex w/ c & folic acid cap 1 mg</i>	
<i>b-complex w/ c & folic acid cap 1 mg</i>	OTC
MULTIVITAMINS	
<i>multiple vitamin cap</i>	
<i>multiple vitamin cap</i>	OTC
<i>multiple vitamin tab</i>	OTC
MULTIPLE VITAMINS W/ IRON	
<i>multiple vitamins w/ iron tab</i>	OTC
MULTIPLE VITAMINS W/ MINERALS	
<i>multiple vitamins w/ minerals cap</i>	
<i>multiple vitamins w/ minerals cap</i>	OTC
<i>multiple vitamins w/ minerals tab</i>	
<i>multiple vitamins w/ minerals tab</i>	OTC
<i>multiple vitamins w/ minerals tab er</i>	OTC
<i>multiple vitamins w/ minerals chew tab</i>	OTC
<i>multiple vitamins w/ minerals liquid</i>	OTC
MULTIPLE VITAMINS W/ CALCIUM	
<i>multiple vitamins w/ calcium tab</i>	OTC

Drug Name	Requirements/Limits
PEDIATRIC VITAMINS	
HONEY BEARS CHW	OTC
MULTIVITAMIN CHW CHILD	OTC
PEDIATRIC MULTIPLE VITAMINS	
FT CHILDRENS CHW MULTI	OTC
<i>pediatric multiple vitamin chew tab</i>	OTC
NOVAMV PED DRO 10MG/ML	OTC
MULTIV INFAN DRO /TODDLER	OTC
MULTIVITAMIN DRO INFANT	OTC
PED POLY-VIT DRO	OTC
POLY-VI-SOL SOL 50MG/ML	OTC
POLY-VITA DRO	OTC
POLY-VITE DRO	OTC
POLY-VITE SOL 50MG/ML	OTC
INFUVITE INJ	
INFUVITE INJ PEDIATRI	
PED MULTIPLE VITAMINS W/ MINERALS	
ACTIVNUTRIEN CHW	OTC
ALIVE GUMMIE CHW CHILDREN	OTC
ALIVE MULTI CHW CHILDREN	OTC
CENTRUM KIDS CHW	OTC
CENTRUM KIDS CHW FLAV BST	OTC
CHILDRENS CHW GUMMIES	OTC
EMERGEN-C CHW KIDZ	OTC
EQ MULTIVITA CHW GUMMIES	OTC
FLINTSTONES CHW COMPLETE	OTC
FLINTSTONES CHW EXT/IRON	OTC
FLINTSTONES CHW IMMUNITY	OTC
FT CHILDRENS CHW MULTI	OTC
GNP MULTI CHW CHILDREN	OTC
GUMMI BEAR CHW MULTIVIT	OTC
GUMMIES CHW	OTC
GUMMY DINOS CHW	OTC
GUMMY DINOS CHW CHLDRN	OTC
GUMMY MULTIV CHW KIDS	OTC
KIDZ MULTVIT CHW PROBIOTI	OTC
MULTI ZERO CHW YUMVSKID	OTC
MULTIVITAMIN CHW CHILD	OTC
MULTIVITAMIN CHW CHILDREN	OTC
MULTIVITAMIN CHW GUMMIES	OTC
MVW COMPLETE CHW BUBBLGUM	OTC
MVW COMPLETE CHW D3000	OTC

Drug Name	Requirements/Limits
MVW COMPLETE CHW D5000	OTC
MVW COMPLETE CHW GRAPE	OTC
MVW COMPLETE CHW ORANGE	OTC
SMARTY PANTS CHW KIDS	OTC
VITACHEW CHW	OTC
VITALETS CHW CHILD	OTC
ZOO FRIENDS CHW GUMMIES	OTC
BABY IRON DRO IMMUNITY	OTC
DEKAS PLUS LIQ	OTC
LIVITA LIQ CHILDREN	
MVW HI-D DR LIQ EX VIT D	OTC
MVW MOD FORM LIQ PEDS	OTC
UPSPRINGBABY DRO MV/IRON	OTC
MVW COMPLETE DRO PEDIATRI	OTC
NANOVM POW 1-3 YRS	OTC
NANOVM POW 4-8YEARS	OTC
NANOVM POW 9-18 YRS	OTC
NANOVM T/F POW	OTC

PED MV W/ IRON

HONEY BEARS CHW IRON-ZIN	OTC
<i>pediatric multiple vitamins w/ iron chew tab 15 mg</i>	OTC
MULTIVITAMIN CHW IRON	OTC
<i>pediatric multiple vitamins w/ iron chew tab 18 mg</i>	OTC
PED POLY-VIT DRO /IRON	OTC
POLY-VITA/FE DRO	OTC
POLY-VITE SOL /IRON	OTC

PED MV W/ FLUORIDE

<i>pediatric vitamins acc w/ fluoride soln 0.25 mg/ml</i>	
VIT A/C/D/FL DRO 0.25MG	OTC
<i>pediatric vitamins acc w/ fluoride soln 0.5 mg/ml</i>	
VIT A/C/D/FL DRO 0.5MG	OTC
TRI-VI-FLOR SUS 0.25/ML	
TRI-VI-FLORO SUS 0.25/ML	
TRI-VI-FLOR SUS 0.5MG/ML	
TRI-VI-FLORO SUS 0.5MG/ML	
MULTIVIT/FL CHW 0.25MG	OTC
<i>pediatric multiple vitamins w/ fluoride chew tab 0.25 mg</i>	
MULTIVIT/FL CHW 0.5MG	OTC
<i>pediatric multiple vitamins w/ fluoride chew tab 0.5 mg</i>	
DAVIMET/FLUO CHW 0.75MG	
MULTIVIT/FL CHW 1MG	OTC
<i>pediatric multiple vitamins w/ fluoride chew tab 1 mg</i>	

Drug Name	Requirements/Limits
POLY-VI-FLOR SUS 0.25/ML	
FLORIVA DRO PLUS	
MULTIVIT/FL DRO 0.25MG	OTC
<i>pediatric multiple vitamins w/ fluoride soln 0.25 mg/ml</i>	
QUFLORA PED DRO 0.25MG	
MULTI VIT/FL DRO 0.5MG/ML	OTC
<i>pediatric multiple vitamins w/ fluoride soln 0.5 mg/ml</i>	
QUFLORA PED DRO 0.5MG/ML	
SOLUVITA SOL 0.5MG/ML	OTC
PED MULTI VITAMINS W/FL & FE	
POLY-VI-FLOR CHW W/IRON	
POLY-VI-FLOR SUS /IRON	
POLY-VI-FLOR SUS /IRON	OTC
<i>pediatric multiple vitamins w/ fl-fe drops 0.25-10 mg/ml</i>	
<i>pediatric multiple vitamins w/ fl-fe drops 0.25-10 mg/ml OTC</i>	
PRENATAL VITAMINS	
<i>prenatal vit w/ iron carbonyl-fa tab 29-1 mg</i>	OTC
<i>prenatal vit w/ fe fumarate-fa tab 28-1 mg</i>	
<i>prenatal vit w/ fe fumarate-fa chew tab 29-1 mg</i>	
<i>prenatal vit w/ dss-iron carbonyl-fa tab 90-1 mg</i>	
PRENATAL MUL CAP DHA	OTC
PRENATAL MV MIS + DHA	OTC
MINERALS & ELECTROLYTES	
CALCIUM	
CALCIUM TAB 280MG	OTC
RA CALCIUM TAB 500MG	OTC
<i>calcium tab 600 mg</i>	OTC
<i>calcium carbonate tab 600 mg</i>	OTC
<i>calcium carbonate tab 1250 mg (500 mg elemental ca)</i>	OTC
<i>calcium carbonate tab 1500 mg (600 mg elemental ca)</i>	OTC
CALCIUM CARB CHW 500MG	OTC
<i>calcium citrate tab 950 mg (200 mg elemental ca)</i>	OTC
<i>oyster shell calcium tab 500 mg</i>	OTC
<i>calcium w/ magnesium tab 333-167 mg</i>	OTC
CAL-MAG TAB 500-250	OTC
CALCIUM/D3 TAB 500/200	OTC
PARVA-CAL TAB 500MG	OTC
<i>calcium carbonate-vitamin d cap 600 mg-5 mcg (200 unit)</i>	OTC
<i>calcium carbonate-vitamin d tab 250 mg-3.125 mcg (125 unit)</i>	OTC
OYST SHELL/D TAB 500MG	OTC

Drug Name	Requirements/Limits
calcium carbonate-vitamin d tab 600 mg-3.125 mcg (125 unit)	OTC
calcium carbonate-vitamin d tab 600 mg-5 mcg (200 unit)	OTC
CALCIUM 600 TAB +D	OTC
EQL CALCIUM CAP VIT D	OTC
calcium carb-cholecalciferol cap 600 mg-12.5 mcg (500 unit)	OTC
calcium carb-cholecalciferol tab 250 mg-3.125 mcg (125 unit)	OTC
calcium carb-cholecalciferol tab 500 mg-3.125 mcg (125 unit)	OTC
calcium carbonate-cholecalciferol tab 500 mg-5 mcg(200 unit)	OTC
calcium carb-cholecalciferol tab 500 mg-10 mcg (400 unit)	OTC
calcium carbonate-cholecalciferol tab 600 mg-5 mcg(200 unit)	OTC
calcium carb-cholecalciferol tab 600 mg-10 mcg (400 unit)	OTC
CALCIUM CHW 500-10	OTC
calcium carb-cholecalcif chew tab 500 mg-15 mcg (6000 unit)	OTC
calcium carb-cholecalcif chew tab 600 mg-10 mcg (400 unit)	OTC
calcium cit-vit d tab 200 mg-6.25 mcg(250 unit) (elem ca)	OTC
CALC CIT+D3 TAB 250-200	OTC
CALC CITRATE TAB +D	OTC
calcium cit-vitamin d tab 315 mg-5 mcg(200 unit) (elem ca)	OTC
calcium cit-vit d tab 315 mg-6.25 mcg(250 unit) (elem ca)	OTC
CAL CIT MAL/ TAB VITAMIND	OTC
calcium-magnesium-zinc tab 333-133-5 mg	OTC
calcium-magnesium-zinc tab 333-133-8.3 mg	OTC
RISACAL-D TAB	OTC
calcium w/ vitamin d & k chew tab 500 mg-100 unit-40 mcg	OTC
calcium w/ vitamin d & k chew tab 500 mg-200 unit-40 mcg	OTC
CALCIUM SOFT CHW CARAMEL	OTC
CALCIUM SOFT CHW CHOCOLAT	OTC

Drug Name	Requirements/Limits
FLUORIDE	
sodium fluoride tab 0.5 mg f (from 1.1 mg naf)	
sodium fluoride tab 1 mg f (from 2.2 mg naf)	
sodium fluoride chew tab 0.25 mg f (from 0.55 mg naf)	
sodium fluoride chew tab 0.5 mg f (from 1.1 mg naf)	
sodium fluoride chew tab 1 mg f (from 2.2 mg naf)	
sodium fluoride soln 0.5 mg/ml f (from 1.1 mg/ml naf)	
PHOSPHATE	
potassium phosphate monobasic tab 500 mg	
POTASSIUM	
potassium bicarbonate effer tab 25 meq	
potassium chloride cap er 8 meq	
potassium chloride cap er 10 meq	
potassium chloride tab er 8 meq (600 mg)	
potassium chloride tab er 10 meq	
potassium chloride tab er 20 meq (1500 mg)	
potassium chloride oral soln 10% (20 meq/15ml)	
potassium chloride oral soln 20% (40 meq/15ml)	
potassium chloride microencapsulated crys er tab 10 meq	
potassium chloride microencapsulated crys er tab 20 meq	
MINERAL COMBINATIONS	
CAL/MAG/ZINC TAB D3	OTC
ELECTROLYTE MIXTURES	
oral electrolyte solution	OTC
NUTRIENTS	
MISC. NUTRITIONAL SUBSTANCES	
docosahexaenoic acid cap 200 mg	OTC
omega-3 fatty acids cap 500 mg	OTC
omega-3 fatty acids cap 300 mg	OTC
omega-3 fatty acids cap 435 mg	OTC
FISH OIL CAP 1000MG	OTC
FISH OIL CAP 1400MG	OTC
OMEGA-3 CAP 1400MG	OTC
ULTRA OMEGA3 CAP 1400MG	OTC
omega-3 fatty acids cap 1000 mg	OTC
omega-3 fatty acids cap 1200 mg	OTC
omega-3 fatty acids chew tab 113.5 mg	OTC
omega-3 fatty acids - oral liquid	OTC

Drug Name	Requirements/Limits
DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS	
DIETARY MANAGEMENT PRODUCTS	
FOLBIC TAB	OTC
NIVA-FOL TAB	OTC
WESTAB MAX TAB 2.5-25-2	OTC
HEMATOPOIETIC AGENTS	
COBALAMINS	
cyanocobalamin inj 1000 mcg/ml	
FOLIC ACID/FOLATES	
folic acid tab 400 mcg	OTC
folic acid tab 800 mcg	OTC
folic acid tab 1 mg	
folic acid tab 1 mg	OTC
IRON	
ferrous sulfate tab 27 mg (elemental fe)	OTC
ferrous sulfate tab 325 mg (65 mg elemental fe)	OTC
ferrous sulfate tab er 45 mg (elemental fe)	OTC
SLOW RELEASE TAB 47.5MG	OTC
ferrous sulfate tab ec 324 mg (65 mg fe equivalent)	OTC
ferrous sulfate tab ec 325 mg (65 mg fe equivalent)	OTC
ferrous sulfate soln 75 mg/ml (15 mg/ml elemental fe)	OTC
ferrous sulfate soln 220 mg/5ml (44 mg/5ml elemental fe)	OTC
ferrous sulfate dried tab 200 mg (65 mg elemental fe)	OTC
IRON HP TAB 65MG	OTC
ferrous sulfate dried tab er 45 mg (fe equivalent)	OTC
ferrous sulfate dried tab er 160 mg (50 mg fe equivalent)	OTC
ferrous gluconate tab 240 mg (27 mg elemental fe)	OTC
ferrous gluconate tab 324 mg (37.5 mg elemental iron)	OTC
FERRETT'S TAB 325MG	OTC
ferrous fumarate tab 324 mg (106 mg elemental fe)	OTC
HEMATOPOIETIC GROWTH FACTORS	
ARANESP INJ 25MCG	SP, PA
ARANESP INJ 40MCG	SP, PA
ARANESP INJ 60MCG	SP, PA
ARANESP INJ 100MCG	SP, PA
ARANESP INJ 200MCG	SP, PA
ARANESP INJ 10MCG	SP, PA; PREFILLED SYRINGE
ARANESP INJ 25MCG	SP, PA; PREFILLED SYRINGE
ARANESP INJ 40MCG	SP, PA; PREFILLED SYRINGE
ARANESP INJ 60MCG	SP, PA; PREFILLED SYRINGE

Drug Name	Requirements/Limits
ARANESP INJ 100MCG	SP, PA; PREFILLED SYRINGE
ARANESP INJ 150MCG	SP, PA; PREFILLED SYRINGE
ARANESP INJ 200MCG	SP, PA; PREFILLED SYRINGE
ARANESP INJ 300MCG	SP, PA; PREFILLED SYRINGE
ARANESP INJ 500MCG	SP, PA; PREFILLED SYRINGE
RETACRIT INJ 2000UNIT	SP, PA
RETACRIT INJ 3000UNIT	SP, PA
RETACRIT INJ 4000UNIT	SP, PA
RETACRIT INJ 10000UNT	SP, PA
RETACRIT INJ 20000UNI	SP, PA
RETACRIT INJ 40000UNT	SP, PA
ZARXIO INJ 300/0.5	SP, PA
ZARXIO INJ 480/0.8	SP, PA
FULPHILA INJ 6/0.6ML	SP, PA, QL (2 syringes every 28 days)
FYLNETRA INJ 6MG/0.6	SP, PA, QL (2 syringes every 28 days)
DOPTELET TAB 20MG	SP, PA, QL (2 tabs every 1 day)
DOPTELET TAB 20MG	SP, PA, QL (3 tabs every 1 day)

AGENTS FOR GAUCHER DISEASE

CERDELGA CAP 84MG	SP, PA, QL (2 caps every 1 day)
CEREZYME INJ 400UNIT	SP, PA, QL (15 vials every 14 days)

AGENTS FOR SICKLE CELL DISEASE

SIKLOS TAB 100MG	SP
SIKLOS TAB 1000MG	SP
ADAKVEO INJ 100/10ML	SP, PA

HEMATOPOIETIC MIXTURES

folic acid-vitamin b6-vitamin b12 tab 2.2-25-0.5 mg	
folic acid-vitamin b6-vitamin b12 tab 2.5-25-1 mg	
folic acid-vitamin b6-vitamin b12 tab 2.5-25-1 mg	OTC

ANTICOAGULANTS

HEPARINS AND HEPARINOID-LIKE AGENTS

enoxaparin sodium inj 300 mg/3ml	
enoxaparin sodium inj soln pref syr 30 mg/0.3ml	
enoxaparin sodium inj soln pref syr 40 mg/0.4ml	
enoxaparin sodium inj soln pref syr 60 mg/0.6ml	
enoxaparin sodium inj soln pref syr 80 mg/0.8ml	
enoxaparin sodium inj soln pref syr 100 mg/ml	
enoxaparin sodium inj soln pref syr 120 mg/0.8ml	
enoxaparin sodium inj soln pref syr 150 mg/ml	
fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml	

Drug Name	Requirements/Limits
<i>fondaparinux sodium subcutaneous inj 5 mg/0.4ml</i>	
<i>fondaparinux sodium subcutaneous inj 7.5 mg/0.6ml</i>	
<i>fondaparinux sodium subcutaneous inj 10 mg/0.8ml</i>	
COUMARIN ANTICOAGULANTS	
<i>warfarin sodium tab 1 mg</i>	
<i>warfarin sodium tab 2 mg</i>	
<i>warfarin sodium tab 2.5 mg</i>	
<i>warfarin sodium tab 3 mg</i>	
<i>warfarin sodium tab 4 mg</i>	
<i>warfarin sodium tab 5 mg</i>	
<i>warfarin sodium tab 6 mg</i>	
<i>warfarin sodium tab 7.5 mg</i>	
<i>warfarin sodium tab 10 mg</i>	
DIRECT FACTOR XA INHIBITORS	
<i>ELIQUIS TAB 2.5MG</i>	
<i>ELIQUIS TAB 5MG</i>	
<i>ELIQUIS ST P TAB 5MG</i>	
<i>XARELTO TAB 2.5MG</i>	
<i>XARELTO TAB 10MG</i>	
<i>XARELTO TAB 15MG</i>	
<i>XARELTO TAB 20MG</i>	
<i>XARELTO SUS 1MG/ML</i>	
<i>XARELTO STAR TAB 15/20MG</i>	
HEMATOLOGICAL AGENTS - MISC.	
PLATELET AGGREGATION INHIBITORS	
<i>dipyridamole tab 25 mg</i>	
<i>dipyridamole tab 50 mg</i>	
<i>dipyridamole tab 75 mg</i>	
<i>cilostazol tab 50 mg</i>	
<i>cilostazol tab 100 mg</i>	
<i>anagrelide hcl cap 0.5 mg</i>	
<i>anagrelide hcl cap 1 mg</i>	
<i>clopidogrel bisulfate tab 75 mg (base equiv)</i>	
<i>clopidogrel bisulfate tab 300 mg (base equiv)</i>	
<i>prasugrel hcl tab 5 mg (base equiv)</i>	
<i>prasugrel hcl tab 10 mg (base equiv)</i>	
<i>BRILINTA TAB 60MG</i>	
<i>BRILINTA TAB 90MG</i>	
COMPLEMENT INHIBITORS	
<i>CINRYZE SOL 500 UNIT</i>	SP, PA, QL (20 vials every 30 days)

Drug Name	Requirements/Limits
HAEGARDA INJ 2000UNIT	SP, PA, QL (20 vials every 30 days)
HAEGARDA INJ 3000UNIT	SP, PA, QL (20 vials every 30 days)
RUCONEST INJ 2100UNIT	SP, PA, QL (60 vials every 90 days)

BRADYKININ B2 RECEPTOR ANTAGONISTS

icatibant acetate subcutaneous soln pref syr 30 mg/3ml SP, PA, QL (45 syringes every 90 days)

OPHTHALMIC AGENTS

OPHTHALMIC ANTI-INFECTIVES

<i>bacitracin ophth oint 500 unit/gm</i>
<i>ciprofloxacin hcl ophth soln 0.3% (base equivalent)</i>
<i>ERYTHROMYCIN OIN 5MG/GM</i>
<i>erythromycin ophth oint 5 mg/gm</i>
<i>gentamicin sulfate ophth soln 0.3%</i>
<i>moxifloxacin hcl ophth soln 0.5% (base equiv)</i>
<i>ofloxacin ophth soln 0.3%</i>
<i>tobramycin ophth soln 0.3%</i>
<i>sulfacetamide sodium ophth soln 10%</i>
<i>trifluridine ophth soln 1%</i>
<i>NATACYN SUS 5% OP</i>
<i>bacitracin-polymyxin b ophth oint</i>
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>
<i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i>
<i>neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml</i>

ARTIFICIAL TEARS AND LUBRICANTS

<i>carboxymethylcellulose sodium ophth soln 0.25%</i>	OTC
<i>THERATEARS SOL 0.25% PF</i>	OTC
<i>carboxymethylcellulose sodium ophth soln 0.5%</i>	OTC
<i>carboxymethylcellulose sodium (pf) ophth soln 0.5%</i>	OTC
<i>carboxymethylcellulose sodium ophth gel 1%</i>	OTC
<i>carboxymethylcellulose sodium (pf) ophth gel 1%</i>	OTC
<i>PURE & GENTL DRO 0.3%</i>	OTC
<i>GENTEAL GEL 0.3%</i>	OTC
<i>SYSTANE NGHT GEL 0.3%</i>	OTC
<i>polyvinyl alcohol ophth soln 1.4%</i>	OTC
<i>propylene glycol ophth soln 0.6%</i>	OTC
<i>artificial tear ophth solution</i>	OTC
<i>carboxymethylcellulose-glycerin ophth soln 0.5-0.9%</i>	OTC

Drug Name	Requirements/Limits
REFRESH DRO RELIEVA	OTC
REFRESH DRO TEARS PF	OTC
REFRESH OPTI DRO 0.5-0.9%	OTC
REFRESH DRO RELIEVA	OTC
LUBRICNT GEL DRO 0.25-0.3	OTC
<i>dextran 70-hypromellose ophth soln 0.1-0.3%</i>	OTC
BION TEARS SOL 0.1-0.3%	OTC
<i>dextran 70-hypromellose (pf) ophth soln 0.1-0.3%</i>	OTC
<i>polyethylene glycol-propylene glycol ophth soln 0.4-0.3%</i>	OTC
<i>polyethylene glycol-propylene glycol pf op soln 0.4-0.3%</i>	OTC
<i>polyvinyl alcohol-povidone ophth soln 5-6 mg/ml (0.5-0.6%)</i>	OTC
REFRESH DRO OP	OTC
<i>propylene glycol-glycerin ophth soln 1-0.3%</i>	OTC
<i>white petrolatum-mineral oil ophth ointment</i>	OTC
REFRESH SOL DIGITAL	OTC
REFRESH SOL OPTIVE	OTC
REFRESH OPT SOL MEGA-3	OTC
REFRESH SOL DIGITAL	OTC
REFRESH SOL OPTIVE	OTC
<i>glycerin-hypromellose-peg 400 ophth soln 0.2-0.2-1%</i>	OTC

BETA-BLOCKERS - OPHTHALMIC

<i>betaxolol hcl ophth soln 0.5%</i>
<i>levobunolol hcl ophth soln 0.5%</i>
<i>timolol maleate ophth soln 0.25%</i>
<i>timolol maleate ophth soln 0.5%</i>
<i>timolol maleate ophth gel forming soln 0.25%</i>
<i>timolol maleate ophth gel forming soln 0.5%</i>
<i>dorzolamide hcl-timolol maleate ophth soln 2-0.5%</i>

OPHTHALMIC STEROIDS

<i>dexamethasone sodium phosphate ophth soln 0.1%</i>
<i>fluorometholone ophth susp 0.1%</i>
<i>prednisolone acetate ophth susp 1%</i>
PRED SOD PHO SOL 1% OP
<i>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</i>
<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>
<i>neomycin-polymyxin-dexamethasone ophth susp 0.1%</i>
<i>neomycin-polymyxin-dexamethasone ophth oint 0.1%</i>
<i>neomycin-polymyxin-hc ophth susp</i>
<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>

Drug Name	Requirements/Limits
PROSTAGLANDINS - OPHTHALMIC	
<i>latanoprost ophth soln 0.005%</i>	
<i>IYUZEH DRO 0.005%</i>	
OPHTHALMIC ADRENERGIC AGENTS	
<i>brimonidine tartrate ophth soln 0.15%</i>	
<i>brimonidine tartrate ophth soln 0.2%</i>	
OPHTHALMIC IMMUNOMODULATORS	
<i>cyclosporine (ophth) emulsion 0.05%</i>	PA
OPHTHALMIC INTEGRIN ANTAGONISTS	
<i>XIIDRA DRO 5%</i>	PA, QL (60 drops every 25 days)
OPHTHALMICS - MISC.	
<i>azelastine hcl ophth soln 0.05%</i>	
<i>cromolyn sodium ophth soln 4%</i>	
<i>ketotifen fumarate ophth soln 0.035%</i>	OTC
<i>ZADITOR DRO 0.035%OP</i>	OTC
<i>dorzolamide hcl ophth soln 2%</i>	
<i>DORZOLAMIDE SOL 2% OP</i>	
<i>diclofenac sodium ophth soln 0.1%</i>	
<i>ketorolac tromethamine ophth soln 0.4%</i>	
<i>ketorolac tromethamine ophth soln 0.5%</i>	
OTIC AGENTS	
OTIC ANTI-INFECTIVES	
<i>ofloxacin otic soln 0.3%</i>	
OTIC AGENTS - MISCELLANEOUS	
<i>acetic acid otic soln 2%</i>	
OTIC COMBINATIONS	
<i>ciprofloxacin-dexamethasone otic susp 0.3-0.1%</i>	
<i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</i>	
<i>neomycin-polymyxin-hc otic soln 1%</i>	
MOUTH/THROAT/DENTAL AGENTS	
ANTI-INFECTIVES - THROAT	
<i>nystatin susp 100000 unit/ml</i>	
<i>clotrimazole troche 10 mg</i>	QL (90 troches every 25 days)
ANTISEPTICS - MOUTH/THROAT	
<i>chlorhexidine gluconate soln 0.12%</i>	
STEROIDS - MOUTH/THROAT/DENTAL	
<i>triamcinolone acetonide dental paste 0.1%</i>	
ANESTHETICS TOPICAL ORAL	
<i>lidocaine hcl viscous soln 2%</i>	

Drug Name	Requirements/Limits
DENTAL PRODUCTS	
sodium fluoride rinse 0.2%	
sodium fluoride cream 1.1%	
sodium fluoride gel 1.1% (0.5% f)	
sodium fluoride paste 1.1%	
THROAT PRODUCTS - MISC.	
pilocarpine hcl tab 5 mg	
pilocarpine hcl tab 7.5 mg	
ANORECTAL AND RELATED PRODUCTS	
RECTAL STEROIDS	
hydrocortisone perianal cream 1%	
hydrocortisone perianal cream 1%	OTC
hydrocortisone perianal cream 2.5%	
INTRARECTAL STEROIDS	
hydrocortisone enema 100 mg/60ml	
DERMATOLOGICALS	
ACNE PRODUCTS	
benzoyl peroxide liq 2.5%	OTC
benzoyl peroxide liq 4%	OTC
benzoyl peroxide liq 5%	OTC
benzoyl peroxide liq 10%	OTC
benzoyl peroxide cream 10%	OTC
benzoyl peroxide gel 2.5%	OTC
benzoyl peroxide gel 5%	OTC
benzoyl peroxide gel 8%	
benzoyl peroxide gel 10%	OTC
isotretinoin cap 10 mg	PA
isotretinoin cap 20 mg	PA
isotretinoin cap 30 mg	PA
isotretinoin cap 40 mg	PA
tretinoin cream 0.025%	PA
tretinoin cream 0.05%	PA
tretinoin cream 0.1%	PA
tretinoin gel 0.01%	PA
tretinoin gel 0.025%	PA
clindamycin phosphate soln 1%	QL (60 mL every 25 days)
clindamycin phosphate gel 1%	
clindamycin phosphate lotion 1%	QL (60 mL every 25 days)
erythromycin soln 2%	QL (60 mL every 25 days)
erythromycin gel 2%	QL (60 gm every 25 days)
sulfacetamide sodium lotion 10% (acne)	
benzoyl peroxide-erythromycin gel 5-3%	QL (47 gm every 25 days)

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Drug Name	Requirements/Limits
<i>clindamycin phosphate-benzoyl peroxide gel 1-5%</i>	QL (50 gm every 25 days)
<i>clindamycin phosphate-benzoyl peroxide gel 1.2-2.5%</i>	QL (50 gm every 25 days)
<i>clindamycin phosphate-benzoyl peroxide gel 1.2-3.75%</i>	QL (50 gm every 25 days)
<i>clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%</i>	QL (45 gm every 25 days)
ROSACEA AGENTS	
<i>metronidazole cream 0.75%</i>	QL (60 gm every 25 days)
<i>metronidazole gel 0.75%</i>	QL (60 gm every 25 days)
<i>metronidazole gel 1%</i>	ST, QL (60 gm every 25 days)
<i>metronidazole lotion 0.75%</i>	QL (60 mL every 25 days)
ANTIBIOTICS - TOPICAL	
<i>bacitracin oint 500 unit/gm</i>	OTC
<i>bacitracin zinc oint 500 unit/gm</i>	OTC
<i>gentamicin sulfate cream 0.1%</i>	
<i>gentamicin sulfate oint 0.1%</i>	
<i>mupirocin oint 2%</i>	QL (30 gm every 25 days)
<i>bacitracin-polymyxin b oint</i>	OTC
<i>neomycin-bacitracin-polymyxin oint</i>	OTC
ANTIFUNGALS - TOPICAL	
<i>ciclopirox gel 0.77%</i>	QL (120 gm every 25 days)
<i>ciclopirox shampoo 1%</i>	QL (120 mL every 25 days)
<i>ciclopirox olamine susp 0.77% (base equiv)</i>	QL (120 mL every 25 days)
<i>ciclopirox olamine cream 0.77% (base equiv)</i>	QL (120 gm every 25 days)
<i>nystatin topical powder 100000 unit/gm</i>	QL (120 gm every 25 days)
<i>nystatin cream 100000 unit/gm</i>	QL (120 gm every 25 days)
<i>nystatin oint 100000 unit/gm</i>	QL (120 gm every 25 days)
<i>tolnaftate soln 1%</i>	OTC
<i>tolnaftate aerosol pow 1%</i>	OTC
<i>tolnaftate cream 1%</i>	OTC
<i>clotrimazole soln 1%</i>	QL (120 mL every 25 days)
<i>clotrimazole soln 1%</i>	QL (120 mL every 25 days), OTC
<i>clotrimazole cream 1%</i>	QL (120 gm every 25 days)
<i>clotrimazole cream 1%</i>	QL (120 gm every 25 days), OTC
<i>ketoconazole cream 2%</i>	QL (120 gm every 25 days)
<i>ketoconazole shampoo 2%</i>	QL (120 mL every 25 days)
<i>miconazole nitrate powder 2%</i>	OTC
<i>miconazole nitrate cream 2%</i>	OTC
<i>miconazole nitrate ointment 2%</i>	OTC

Drug Name	Requirements/Limits
ANTI-INFLAMMATORY AGENTS - TOPICAL	
<i>diclofenac sodium gel 1% (1.16% diethylamine equiv)</i>	QL (500 gm every 25 days), OTC
VOLTAREN GEL 1% ARTHR	QL (500 gm every 25 days), OTC
PHOSPHODIESTERASE 4 (PDE4) INHIBITORS - TOPICAL	
EUCRISA OIN 2%	ST, QL (60 gm every 25 days)
ANTIPSORIATICS	
<i>calcipotriene soln 0.005% (50 mcg/ml)</i>	ST, QL (120 mL every 25 days)
<i>calcipotriene oint 0.005%</i>	ST, QL (120 gm every 25 days)
SKYRIZI PEN INJ 150MG/ML	SP, PA, QL (1 pen every 63 days)
SKYRIZI INJ 150MG/ML	SP, PA, QL (1 syringe every 63 days)
COSENTYX PEN INJ 150MG/ML	SP, PA, QL (1 pen every 28 days)
COSENTYX PEN INJ 300DOSE	SP, PA, QL (2 pens every 28 days)
COSENTYX UNO INJ 300/2ML	SP, PA, QL (1 pen every 28 days)
COSENTYX INJ 75MG/0.5	SP, PA, QL (1 syringe every 28 days)
COSENTYX INJ 150MG/ML	SP, PA, QL (1 syringe every 28 days)
COSENTYX INJ 300DOSE	SP, PA, QL (2 syringes every 28 days)
ECZEMA AGENTS	
DUPIXENT INJ 200MG	SP, PA, QL (2 pens every 28 days)
DUPIXENT INJ 300/2ML	SP, PA, QL (4 pens every 28 days)
DUPIXENT INJ 200/1.14	SP, PA, QL (2 syringes every 28 days)
DUPIXENT INJ 300/2ML	SP, PA, QL (4 syringes every 28 days)
ANTISEBORRHEIC PRODUCTS	
<i>selenium sulfide lotion 1%</i>	OTC
<i>selenium sulfide lotion 2.5%</i>	
ANTIVIRALS - TOPICAL	
<i>docosanol cream 10%</i>	OTC
ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOPICAL	
<i>fluorouracil cream 5%</i>	

Drug Name	Requirements/Limits
BURN PRODUCTS	
silver sulfadiazine cream 1%	
CORTICOSTEROIDS - TOPICAL	
alclometasone dipropionate cream 0.05%	QL (120 gm every 25 days)
alclometasone dipropionate oint 0.05%	QL (120 gm every 25 days)
betamethasone dipropionate cream 0.05%	QL (120 gm every 25 days)
betamethasone dipropionate lotion 0.05%	QL (120 mL every 25 days)
betamethasone dipropionate oint 0.05%	QL (120 gm every 25 days)
betamethasone dipropionate augmented cream 0.05%	QL (120 gm every 25 days)
betamethasone dipropionate augmented gel 0.05%	QL (120 gm every 25 days)
betamethasone dipropionate augmented lotion 0.05%	QL (120 mL every 25 days)
betamethasone dipropionate augmented oint 0.05%	QL (120 gm every 25 days)
betamethasone valerate cream 0.1% (base equivalent)	QL (120 gm every 25 days)
betamethasone valerate lotion 0.1% (base equivalent)	QL (120 mL every 25 days)
betamethasone valerate oint 0.1% (base equivalent)	QL (120 gm every 25 days)
clobetasol propionate soln 0.05%	
clobetasol propionate emollient base cream 0.05%	
desonide cream 0.05%	QL (120 gm every 25 days)
desonide lotion 0.05%	QL (120 mL every 25 days)
desonide oint 0.05%	QL (120 gm every 25 days)
desoximetasone cream 0.05%	QL (120 gm every 25 days)
desoximetasone cream 0.25%	QL (120 gm every 25 days)
desoximetasone gel 0.05%	QL (120 gm every 25 days)
desoximetasone oint 0.25%	QL (120 gm every 25 days)
fluocinolone acetonide soln 0.01%	QL (120 mL every 25 days)
fluocinolone acetonide cream 0.025%	QL (120 gm every 25 days)
fluocinolone acetonide oint 0.025%	QL (120 gm every 25 days)
fluocinonide soln 0.05%	QL (120 mL every 25 days)
fluocinonide cream 0.05%	QL (120 gm every 25 days)
fluocinonide gel 0.05%	QL (120 gm every 25 days)
fluocinonide oint 0.05%	QL (120 gm every 25 days)
fluticasone propionate cream 0.05%	QL (120 gm every 25 days)
fluticasone propionate oint 0.005%	QL (120 gm every 25 days)
halobetasol propionate cream 0.05%	QL (120 gm every 25 days)
BRYHALI LOT 0.01%	ST, QL (120 gm every 25 days)
halobetasol propionate oint 0.05%	QL (120 gm every 25 days)
hydrocortisone soln 1%	OTC
hydrocortisone cream 0.5%	OTC
hydrocortisone cream 1%	
hydrocortisone cream 1%	OTC
hydrocortisone cream 2.5%	QL (120 gm every 25 days)
hydrocortisone gel 1%	OTC
hydrocortisone lotion 1%	OTC

Drug Name	Requirements/Limits
<i>hydrocortisone lotion 2.5%</i>	QL (120 mL every 25 days)
<i>hydrocortisone oint 0.5%</i>	OTC
<i>hydrocortisone oint 1%</i>	
<i>hydrocortisone oint 1%</i>	OTC
<i>hydrocortisone oint 2.5%</i>	QL (120 gm every 25 days)
HYDROCORT CRE 1%	OTC
<i>hydrocortisone acetate oint 1%</i>	OTC
<i>hydrocortisone valerate cream 0.2%</i>	QL (120 gm every 25 days)
<i>hydrocortisone valerate oint 0.2%</i>	QL (120 gm every 25 days)
<i>hydrocortisone butyrate soln 0.1%</i>	QL (4.8 mL every 1 day)
<i>hydrocortisone butyrate cream 0.1%</i>	QL (120 gm every 25 days)
<i>hydrocortisone butyrate oint 0.1%</i>	QL (120 gm every 25 days)
<i>mometasone furoate solution 0.1% (lotion)</i>	
<i>mometasone furoate cream 0.1%</i>	QL (120 gm every 25 days)
<i>mometasone furoate oint 0.1%</i>	QL (120 gm every 25 days)
<i>triamcinolone acetonide cream 0.025%</i>	QL (120 gm every 25 days)
<i>triamcinolone acetonide cream 0.1%</i>	QL (120 gm every 25 days)
<i>triamcinolone acetonide cream 0.5%</i>	QL (120 gm every 25 days)
<i>triamcinolone acetonide lotion 0.025%</i>	QL (120 mL every 25 days)
<i>triamcinolone acetonide lotion 0.1%</i>	QL (120 mL every 25 days)
<i>triamcinolone acetonide oint 0.025%</i>	QL (120 gm every 25 days)
<i>triamcinolone acetonide oint 0.1%</i>	QL (120 gm every 25 days)
<i>triamcinolone acetonide oint 0.5%</i>	QL (120 gm every 25 days)

EMOLLIENTS

<i>lactic acid (ammonium lactate) cream 12%</i>	
<i>lactic acid (ammonium lactate) cream 12%</i>	OTC
<i>lactic acid (ammonium lactate) lotion 12%</i>	
<i>lactic acid (ammonium lactate) lotion 12%</i>	OTC

ENZYMES - TOPICAL

<i>SANTYL OIN 250/GM</i>	PA
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HAIR GROWTH AGENTS

<i>finasteride tab 1 mg</i>	PA
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KERATOLYTIC/ANTIMITOTIC/VESICANT AGENTS

<i>podofilox soln 0.5%</i>	
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IMMUNOMODULATING AGENTS - TOPICAL

<i>imiquimod cream 5%</i>	
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IMMUNOSUPPRESSIVE AGENTS - TOPICAL

<i>tacrolimus oint 0.03%</i>	ST
<i>tacrolimus oint 0.1%</i>	ST

LOCAL ANESTHETICS - TOPICAL

<i>capsaicin cream 0.025%</i>	OTC
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Drug Name	Requirements/Limits
<i>capsaicin cream 0.025%</i>	QL (120 gm every 25 days), OTC
<i>capsaicin cream 0.025%</i>	QL (120 mL every 25 days), OTC
<i>capsaicin cream 0.075%</i>	QL (120 gm every 25 days), OTC
<i>capsaicin cream 0.1%</i>	OTC
<i>capsaicin cream 0.1%</i>	QL (120 gm every 25 days), OTC
CASTIVA LOT	QL (120 gm every 25 days), OTC
<i>lidocaine patch 4%</i>	QL (30 patches every 25 days), OTC
<i>lidocaine patch 5%</i>	PA
<i>lidocaine hcl soln 4%</i>	
<i>lidocaine-prilocaine cream 2.5-2.5%</i>	QL (1 gm every 1 day)
SCABICIDES & PEDICULICIDES	
<i>ivermectin lotion 0.5%</i>	OTC
<i>malathion lotion 0.5%</i>	
NIX LICE SPR KILLING	OTC
NIX CREM RIN LIQ 1%	OTC
<i>permethrin creme rinse 1%</i>	OTC
<i>permethrin cream 5%</i>	
<i>spinosad susp 0.9%</i>	
MISC. TOPICAL	
CALAMINE LOT	OTC
MINERAL OIL LIGHT	OTC
CALAMINE LOT	OTC
CALAMINE LOT 8-8%	OTC
GNP CALAMINE LOT 8-8%	OTC
ANTISEPTICS & DISINFECTANTS	
IODINE ANTISEPTICS	
BETADINE SRG SOL 7.5%	OTC
<i>povidone-iodine soln 10%</i>	OTC
FIRST AID OIN 10%	OTC
ANTISEPTIC COMBINATIONS	
IV PREP WIPE PAD	OTC
MICROCLENS PAD WIPES	OTC
UNI-SOLVE PAD WIPES	OTC
ANTIDOTES AND SPECIFIC ANTAGONISTS	
ANTIDOTES AND SPECIFIC ANTAGONISTS	
VISTOGARD PAK 10GM	QL (20 packets every 5 days)

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Drug Name	Requirements/Limits
DIAGNOSTIC PRODUCTS	
DIAGNOSTIC TESTS	
CHEMSTRIP K TES	OTC
KETONE TES	OTC
KETONE TEST TES	OTC
ONETOUCH TES ULT BLUE	QL (200 strips every 25 days), OTC
ONETOUCH TES ULTRA	QL (200 strips every 25 days), OTC
ONETOUCH TES VERIO	QL (200 strips every 25 days), OTC
CHEMSTRIP 2 TES GP	QL (100 strips every 25 days), OTC
CHEMSTRIP 5 TES OB	QL (100 strips every 25 days), OTC
CHEMSTRIP 7 TES	QL (100 strips every 25 days), OTC
CHEMSTRIP 9 TES STRIPS	QL (100 strips every 25 days), OTC
CHEMSTRIP 10 TES MD	QL (100 strips every 25 days), OTC
CHEMSTRIP TES -10 SG	QL (100 strips every 25 days), OTC
CHEMSTRIP TES UGK	QL (100 strips every 25 days), OTC
CVS KETONE TES CARE	QL (100 strips every 25 days), OTC
ALTERNATIVE MEDICINES	
ALTERNATIVE MEDICINE - M'S	
melatonin cap 10 mg	OTC
melatonin tab 1 mg	OTC
melatonin tab 3 mg	OTC
melatonin tab 5 mg	OTC
melatonin tab 10 mg	OTC
melatonin tab er 10 mg	OTC
melatonin chew tab 2.5 mg	OTC
melatonin sl tab 5 mg	OTC
melatonin sl tab 10 mg	OTC
melatonin liquid 5 mg/15ml	OTC
melatonin liquid 1 mg/ml	OTC
melatonin tablet disintegrating 3 mg	OTC
melatonin tablet disintegrating 5 mg	OTC
melatonin tablet disintegrating 10 mg	OTC

Drug Name	Requirements/Limits
MEDICAL DEVICES AND SUPPLIES	
PARENTERAL THERAPY SUPPLIES	
INSULIN SYRG MIS 0.3/30G	QL (200 syringes every 25 days), OTC
INSULIN SYRG MIS 0.5/31G	QL (200 syringes every 25 days), OTC
INSULIN SYRG MIS 0.5/28G	QL (200 syringes every 25 days), OTC
INSULIN SYRG MIS 0.5/29G	QL (200 syringes every 25 days), OTC
INSULIN SYRG MIS 0.5/30G	QL (200 syringes every 25 days), OTC
INSULIN SYRG MIS 0.5/30G	QL (200 syringes every 25 days), OTC
INSULIN SYRG MIS 0.3/31G	QL (200 syringes every 25 days)
INSULIN SYRG MIS 1ML/27G	QL (200 syringes every 25 days), OTC
INSULIN SYRG MIS 1ML/27G	QL (200 syringes every 25 days), OTC
INSULIN SYRG MIS 1ML/28G	QL (200 syringes every 25 days), OTC
INSULIN SYRG MIS 1ML/29G	QL (200 syringes every 25 days), OTC
INSULIN SYRG MIS 1ML/30G	QL (200 syringes every 25 days), OTC
INSULIN SYRG MIS 1ML/31G	QL (200 syringes every 25 days), OTC
INSULIN SYRG MIS 0.3/31G	QL (200 syringes every 25 days), OTC
INSULIN SYRG MIS 0.5/31G	QL (200 syringes every 25 days), OTC
INSULIN SYRG MIS 1ML/31G	QL (200 syringes every 25 days), OTC
INS SYR U500 MIS 31GX6MM	QL (200 syringes every 25 days)
BD PEN NEEDL MIS 29GX12.7	QL (200 needles every 25 days), OTC
BD PEN NEEDL MIS 31GX5MM	QL (200 needles every 25 days), OTC
BD PEN NEEDL MIS 31GX8MM	QL (200 needles every 25 days), OTC
BD PEN NEEDL MIS 32GX4MM	QL (200 needles every 25 days), OTC

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Drug Name	Requirements/Limits
BD PEN NEEDL MIS 32GX6MM	QL (200 needles every 25 days), OTC
RESPIRATORY THERAPY SUPPLIES	
RESPIRATORY THERAPY SUPPLIES - OTC	OTC
RESPIRATORY THERAPY SUPPLIES - RX	
SPACER/AEROSOL-HOLDING CHAMBERS - OTC	OTC
SPACER/AEROSOL-HOLDING CHAMBERS - RX	
SPACER/AEROSOL-HOLDING CHAMBER SUPPLIES - MASKS - OTC	QL (2 boxes every year), OTC
SPACER/AEROSOL-HOLDING CHAMBER SUPPLIES - MASKS - RX	QL (2 boxes every year)
NEBULIZERS - OTC	QL (1 box every 730 days), OTC
NEBULIZERS - RX	QL (1 box every 730 days)
HUMIDIFIERS	QL (1 box every 730 days), OTC
BACTERIOSTAT LIQ TREATMNT	QL (1 mL every 730 days), OTC
GORDO-POOL CON	QL (1 mL every 730 days), OTC
KAZ INHALANT LIQ	QL (1 mL every 730 days), OTC
KAZ WATER LIQ TREATMNT	QL (1 mL every 730 days), OTC
SM VAPORIZER LIQ INHALANT	QL (1 mL every 730 days), OTC
FLOWING VAPR PAD	QL (1 pad every 730 days), OTC
FLOWING VAPR PAD W/FAN	QL (1 pad every 730 days), OTC
VAPOPADS PAD REFILL	QL (1 pad every 730 days), OTC
VAPORIZER PAD SCENT	QL (1 pad every 730 days), OTC
CHARCOAL MIS FLTR#901	QL (1 box every 730 days), OTC
HEALTHCHECK MIS MONITOR	QL (1 box every 730 days), OTC
HUMIDIFIER MIS FILTER	QL (1 box every 730 days), OTC
KAX AROMATIC PAD INHALANT	QL (1 pad every 730 days), OTC
KAZ DEMINERA MIS CARTRIDG	QL (1 box every 730 days), OTC
KAZ DYNAFLTR MIS K14-3P	QL (1 box every 730 days), OTC
KAZ DYNAFLTR MIS K14-S	QL (1 box every 730 days), OTC
KAZ WICKING MIS FLTR WF1	QL (1 box every 730 days), OTC
ULTSONIC FLT MIS #415-1	QL (1 box every 730 days), OTC
WICKING FLTR MIS	QL (1 box every 730 days), OTC
WICKING FLTR MIS #502	QL (1 box every 730 days), OTC
SM VAPORIZER TAB CLEANING	QL (1 tab every 730 days), OTC
VAPORIZERS	QL (1 box every 730 days), OTC
DIABETIC SUPPLIES	
OMNIPOD 5 DX MIS POD G7G6	PA
OMNIPOD 5 LB MIS PODS G6	PA
OMNIPOD DASH MIS PODS	PA
OMNIPOD 5 DX KIT INT G7G6	PA
OMNIPOD 5 LB KIT INTRO G6	PA
OMNIPOD DASH KIT INTRO	PA

Drug Name	Requirements/Limits
OMNIPOD DASH KIT PDM	PA
OMNIPOD GO KIT 10UNT/DY	PA
OMNIPOD GO KIT 15UNT/DY	PA
OMNIPOD GO KIT 20UNT/DY	PA
V-GO 20 KIT	PA
OMNIPOD GO KIT 25UNT/DY	PA
OMNIPOD GO KIT 30UNT/DY	PA
V-GO 30 KIT	PA
OMNIPOD GO KIT 35UNT/DY	PA
OMNIPOD GO KIT 40UNT/DY	PA
V-GO 40 KIT	PA
ONETOUCH KIT ULTRA 2	OTC
ONETOUCH KIT VERIO FL	OTC
ONETOUCH KIT VERIO RE	OTC
DEXCOM G6 MIS RECEIVER	PA
DEXCOM G7 MIS RECEIVER	PA
DEXCOM G6 MIS SENSOR	PA, QL (3 sensors every 25 days)
DEXCOM G7 MIS SENSOR	PA, QL (3 sensors every 25 days)
DEXCOM G6 MIS TRANSMIT	PA
DIASCREEN MIS 1G	OTC
ONETOUCH DEL MIS PLUS 30G	QL (200 lancets every 25 days), OTC
ONETOUCH DEL MIS PLUS 33G	QL (200 lancets every 25 days), OTC

CONTRACEPTIVES

CONDOMS MIS	QL (12 condoms every 1 day), OTC; \$0
CONDOMS LATEX LUBRICATED - MALE	QL (12 condoms every 1 day), OTC; \$0
CONDOMS LATEX NON-LUBRICATED - MALE	QL (12 condoms every 1 day), OTC; \$0
FC2 FEMALE MIS CONDOM	QL (12 condoms every 1 day), OTC; \$0
OMNIFLEX DPR	QL (1 box every year); \$0
CAYA DPR	QL (1 box every year); \$0
WIDE-SEAL DPR KIT 60	QL (1 box every year); \$0
WIDE-SEAL DPR KIT 65	QL (1 box every year); \$0
WIDE-SEAL DPR KIT 70	QL (1 box every year); \$0
WIDE-SEAL DPR KIT 75	QL (1 box every year); \$0
WIDE-SEAL DPR KIT 80	QL (1 box every year); \$0
WIDE-SEAL DPR KIT 85	QL (1 box every year); \$0

\$0 - Zero Dollar Copay **AGE** - Age Limit **GNDR** - Gender Edit **OTC** - Over the counter **PA** - Prior Authorization **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

Drug Name	Requirements/Limits
WIDE-SEAL DPR KIT 90	QL (1 box every year); \$0
WIDE-SEAL DPR KIT 95	QL (1 box every year); \$0

MISC. DEVICES

ALCOHOL SWABS	QL (400 pads every 25 days), OTC
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PHARMACEUTICAL ADJUVANTS

LIQUID VEHICLES

<i>glycine diluent for injection</i>	SP, PA
PH 12 STERIL SOL FLOLAN	SP, PA
STERIL WATER INJ	
<i>water for injection</i>	
BACTER WATER INJ BENZ ALC	
<i>bacteriostatic sodium chloride inj soln 0.9%</i>	
SALINE/PHENO SOL	

MISCELLANEOUS THERAPEUTIC CLASSES

IMMUNOMODULATORS

THALOMID CAP 50MG	SP, PA, QL (1 cap every 1 day)
THALOMID CAP 100MG	SP, PA, QL (4 caps every 1 day)
<i>lenalidomide caps 2.5 mg</i>	SP, PA, QL (1 cap every 1 day)
REVLIMID CAP 2.5MG	SP, PA, QL (1 cap every 1 day)
<i>lenalidomide cap 5 mg</i>	SP, PA, QL (1 cap every 1 day)
REVLIMID CAP 5MG	SP, PA, QL (1 cap every 1 day)
<i>lenalidomide cap 10 mg</i>	SP, PA, QL (1 cap every 1 day)
REVLIMID CAP 10MG	SP, PA, QL (1 cap every 1 day)
<i>lenalidomide cap 15 mg</i>	SP, PA, QL (1 cap every 1 day)
REVLIMID CAP 15MG	SP, PA, QL (1 cap every 1 day)
<i>lenalidomide cap 20 mg</i>	SP, PA, QL (42 caps every 28 days)
REVLIMID CAP 20MG	SP, PA, QL (42 caps every 28 days)
<i>lenalidomide cap 25 mg</i>	SP, PA, QL (42 caps every 28 days)
REVLIMID CAP 25MG	SP, PA, QL (42 caps every 28 days)

IMMUNOSUPPRESSIVE AGENTS

<i>cyclosporine cap 25 mg</i>	SP
<i>cyclosporine cap 100 mg</i>	SP
<i>cyclosporine modified cap 25 mg</i>	SP
<i>cyclosporine modified cap 50 mg</i>	SP
<i>cyclosporine modified cap 100 mg</i>	SP
<i>cyclosporine modified oral soln 100 mg/ml</i>	SP
<i>mycophenolate mofetil cap 250 mg</i>	SP

Drug Name	Requirements/Limits
<i>mycophenolate mofetil tab 500 mg</i>	SP
<i>mycophenolate mofetil for oral susp 200 mg/ml</i>	SP
<i>sirolimus tab 0.5 mg</i>	SP
<i>sirolimus tab 1 mg</i>	SP
<i>sirolimus tab 2 mg</i>	SP
<i>sirolimus oral soln 1 mg/ml</i>	SP
<i>tacrolimus cap 0.5 mg</i>	SP
<i>tacrolimus cap 1 mg</i>	SP
<i>tacrolimus cap 5 mg</i>	SP
<i>azathioprine tab 50 mg</i>	
<i>azathioprine tab 75 mg</i>	
<i>azathioprine tab 100 mg</i>	

POTASSIUM REMOVING AGENTS

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<i>sodium polystyrene sulfonate rectal susp 30 gm/120ml</i>
<i>LOKELMA PAK 5GM</i>
<i>LOKELMA PAK 10GM</i>

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<i>clotrimazole troche 10 mg</i>	85	<i>cyclosporine cap 25 mg</i>	96
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<i>desonide oint 0.05%</i>	88	
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<i>desoximetasone cream 0.25%</i>	88	
<i>desoximetasone gel 0.05%</i>	88	
<i>desoximetasone oint 0.25%</i>	88	
<i>dexamethasone elixir 0.5 mg/5ml</i>	29	
<i>dexamethasone sodium phosphate ophth soln 0.1%</i>	84	
<i>dexamethasone soln 0.5 mg/5ml</i>	29	
<i>dexamethasone tab 0.5 mg</i>	29	
<i>dexamethasone tab 0.75 mg</i>	29	
<i>dexamethasone tab 1 mg</i>	29	
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<i>diclofenac sodium ophth soln 0.1%</i>	84	

<i>diclofenac sodium tab delayed release</i> 25	
<i>mg</i>	67
<i>diclofenac sodium tab delayed release</i> 50	
<i>mg</i>	67
<i>diclofenac sodium tab delayed release</i> 75	
<i>mg</i>	67
<i>diclofenac sodium tab er 24hr 100 mg</i>	67
<i>dicloxacillin sodium cap 250 mg</i>	17
<i>dicloxacillin sodium cap 500 mg</i>	17
<i>dicyclomine hcl cap 10 mg</i>	57
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<i>diltiazem hcl cap er 12hr 90 mg</i>	40
<i>diltiazem hcl cap er 24hr 120 mg</i>	40
<i>diltiazem hcl cap er 24hr 180 mg</i>	40
<i>diltiazem hcl cap er 24hr 240 mg</i>	40
<i>diltiazem hcl coated beads cap er 24hr 120</i>	
<i>mg</i>	40
<i>diltiazem hcl coated beads cap er 24hr 180</i>	
<i>mg</i>	40
<i>diltiazem hcl coated beads cap er 24hr 240</i>	
<i>mg</i>	40
<i>diltiazem hcl coated beads cap er 24hr 300</i>	
<i>mg</i>	40
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<i>diltiazem hcl extended release beads cap</i>	
<i>er 24hr 120 mg</i>	40
<i>diltiazem hcl extended release beads cap</i>	
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<i>er 24hr 360 mg</i>	40
<i>diltiazem hcl extended release beads cap</i>	
<i>er 24hr 420 mg</i>	40
<i>diltiazem hcl tab 120 mg</i>	40
<i>diltiazem hcl tab 30 mg</i>	40
<i>diltiazem hcl tab 60 mg</i>	40
<i>diltiazem hcl tab 90 mg</i>	40
<i>diltiazem hcl tab er 24hr 180 mg</i>	40
<i>diltiazem hcl tab er 24hr 240 mg</i>	40
<i>diltiazem hcl tab er 24hr 300 mg</i>	40
<i>diltiazem hcl tab er 24hr 360 mg</i>	40
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<i>mg</i>	55
<i>dipyridamole tab 25 mg</i>	81
<i>dipyridamole tab 50 mg</i>	81
<i>dipyridamole tab 75 mg</i>	82
<i>disopyramide phosphate cap 100 mg</i>	41
<i>disopyramide phosphate cap 150 mg</i>	41
<i>docosahexaenoic acid cap 200 mg</i>	79
<i>docosanol cream 10%</i>	88
<i>docusate calcium cap 240 mg</i>	55
<i>docusate sodium cap 100 mg</i>	55
<i>docusate sodium cap 250 mg</i>	55
<i>docusate sodium cap 50 mg</i>	55

<i>docusate sodium liquid 150 mg/15ml</i>	55	<i>efavirenz tab 600 mg</i>	21
<i>docusate sodium tab 100 mg</i>	55	<i>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</i>	22
<i>dofetilide cap 125 mcg (0.125 mg)</i>	41	<i>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg</i>	22
<i>dofetilide cap 250 mcg (0.25 mg)</i>	41	<i>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg</i>	22
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DORZOLAMIDE SOL 2% OP	84	<i>emtricitabine caps 200 mg</i>	20
DOVATO TAB 50-300MG	21	<i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg</i>	21
<i>doxazosin mesylate tab 1 mg</i>	43	<i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i>	21
<i>doxazosin mesylate tab 2 mg</i>	43	<i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</i>	21
<i>doxazosin mesylate tab 4 mg</i>	43	<i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i>	21
<i>doxazosin mesylate tab 8 mg</i>	43	EMTRIVA SOL 10MG/ML	20
<i>doxercalciferol cap 0.5 mcg</i>	37	EMVERM CHW 100MG	23
<i>doxercalciferol cap 1 mcg</i>	37	<i>enalapril maleate & hydrochlorothiazide tab 10-25 mg</i>	43
<i>doxercalciferol cap 2.5 mcg</i>	37	<i>enalapril maleate & hydrochlorothiazide tab 5-12.5 mg</i>	43
<i>doxycycline hyclate cap 100 mg</i>	19	<i>enalapril maleate tab 10 mg</i>	42
<i>doxycycline hyclate cap 50 mg</i>	18	<i>enalapril maleate tab 2.5 mg</i>	41
<i>doxycycline hyclate tab 100 mg</i>	19	<i>enalapril maleate tab 20 mg</i>	42
<i>doxycycline hyclate tab 20 mg</i>	19	<i>enalapril maleate tab 5 mg</i>	41
<i>doxycycline monohydrate for susp 25 mg/5ml</i>	18	ENBREL INJ 25/0.5ML	69
<i>doxylamine succinate (sleep) tab 25 mg</i>	62	ENBREL INJ 25MG	69
<i>dronabinol cap 10 mg</i>	58	ENBREL INJ 50MG/ML	69
<i>dronabinol cap 2.5 mg</i>	58	ENBREL MINI INJ 50MG/ML	69
<i>dronabinol cap 5 mg</i>	58	ENBREL SRCLK INJ 50MG/ML	69
<i>drospirenone-ethynodiol tab 3-0.02 mg</i>	31	ENCARE SUP 100MG	61
<i>drospirenone-ethynodiol tab 3-0.03 mg</i>	31	<i>enoxaparin sodium inj 300 mg/3ml</i>	81
DUPIXENT INJ 200/1.14	88		
DUPIXENT INJ 200MG	87		
DUPIXENT INJ 300/2ML	87, 88		
E			
EDURANT TAB 25MG	21		

enoxaparin sodium inj soln pref syr 100 mg/ml.....	81
enoxaparin sodium inj soln pref syr 120 mg/0.8ml	81
enoxaparin sodium inj soln pref syr 150 mg/ml.....	81
enoxaparin sodium inj soln pref syr 30 mg/0.3ml	81
enoxaparin sodium inj soln pref syr 40 mg/0.4ml	81
enoxaparin sodium inj soln pref syr 60 mg/0.6ml	81
enoxaparin sodium inj soln pref syr 80 mg/0.8ml	81
entacapone tab 200 mg	71
entecavir tab 0.5 mg	22
entecavir tab 1 mg	22
ENTRESTO CAP 15-16MG	48
ENTRESTO CAP 6-6MG	48
ENTRESTO TAB 24-26MG	48
ENTRESTO TAB 49-51MG	48
ENTRESTO TAB 97-103MG.....	48
ENTYVIO INJ 300MG.....	59
ENTYVIO PEN INJ 108/0.68	59
epinephrine solution auto-injector 0.15 mg/0.15ml (1:1000).....	45
epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000).....	45
epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000)	45
EPIPEN 2-PAK INJ 0.3MG	45
eplerenone tab 25 mg	43
eplerenone tab 50 mg.....	43
epoprostenol sodium for inj 0.5 mg	47
epoprostenol sodium for inj 1.5 mg	47
EQ MULTIVITA CHW GUMMIES.....	74
EQL CALCIUM CAP VIT D	77
ergocalciferol cap 1.25 mg (50000 unit) ..	73
ergocalciferol soln 200 mcg/ml (8000 unit/ml).....	73
ERIVEDGE CAP 150MG.....	26
erlotinib hcl tab 100 mg (base equivalent)25	
erlotinib hcl tab 150 mg (base equivalent)25	
erlotinib hcl tab 25 mg (base equivalent) .	25

erythromycin ethylsuccinate for susp 200 mg/5ml.....	18
erythromycin ethylsuccinate tab 400 mg .18	
erythromycin gel 2%	86
ERYTHROMYCIN OIN 5MG/GM.....	82
erythromycin ophth oint 5 mg/gm	82
erythromycin soln 2%	86
erythromycin tab 250 mg	18
erythromycin tab 500 mg	18
erythromycin w/ delayed release particles cap 250 mg	18
esomeprazole magnesium cap delayed release 20 mg (base eq)	57
esomeprazole magnesium for delayed release susp pack 2.5 mg	57
esomeprazole magnesium for delayed release susp packet 10 mg	57
esomeprazole magnesium for delayed release susp packet 5 mg	57
esomeprazole magnesium tab delayed release 20 mg.....	57
estradiol & norethindrone acetate tab 0.5- 0.1 mg	30
estradiol & norethindrone acetate tab 1-0.5 mg	30
estradiol tab 0.5 mg	30
estradiol tab 1 mg.....	30
estradiol tab 2 mg	30
estradiol td patch weekly 0.025 mg/24hr	30
estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr)	30
estradiol td patch weekly 0.05 mg/24hr ..	30
estradiol td patch weekly 0.06 mg/24hr ..	30
estradiol td patch weekly 0.075 mg/24hr	30
estradiol td patch weekly 0.1 mg/24hr	30
estradiol vaginal tab 10 mcg.....	61
ethacrynic acid tab 25 mg	44
ethambutol hcl tab 100 mg.....	19
ethambutol hcl tab 400 mg	19
ethosuximide cap 250 mg	71
ethosuximide soln 250 mg/5ml.....	71
ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg	31

<i>ethynodiol diacetate & ethinyl estradiol tab</i>		
1 mg-50 mcg	31	
<i>etodolac cap 200 mg.....</i>	67	
<i>etodolac cap 300 mg.....</i>	67	
<i>etodolac tab 400 mg.....</i>	67	
<i>etodolac tab 500 mg.....</i>	67	
<i>etodolac tab er 24hr 400 mg</i>	67	
<i>etodolac tab er 24hr 500 mg</i>	67	
<i>etodolac tab er 24hr 600 mg</i>	67	
<i>etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr.....</i>	31	
<i>etoposide cap 50 mg</i>	26	
<i>etravirine tab 100 mg</i>	21	
<i>etravirine tab 200 mg.....</i>	21	
<i>EUCRISA OIN 2%.....</i>	87	
<i>EULEXIN CAP 125MG.....</i>	26	
<i>everolimus tab 10 mg.....</i>	27	
<i>everolimus tab 2.5 mg</i>	27	
<i>everolimus tab 5 mg.....</i>	27	
<i>everolimus tab 7.5 mg</i>	27	
<i>EVOTAZ TAB 300-150</i>	21	
<i>exemestane tab 25 mg</i>	26	
<i>EXPECT CHILD LIQ 200M/5ML</i>	50	
<i>EXTAVIA INJ 0.3MG.....</i>	64	
<i>ezetimibe tab 10 mg</i>	46	
F		
<i>famciclovir tab 125 mg</i>	22	
<i>famciclovir tab 250 mg</i>	22	
<i>famciclovir tab 500 mg.....</i>	22	
<i>famotidine for susp 40 mg/5ml.....</i>	57	
<i>famotidine tab 10 mg</i>	57	
<i>famotidine tab 20 mg.....</i>	57	
<i>famotidine tab 40 mg.....</i>	57	
<i>FASENRA INJ 10MG/0.5</i>	54	
<i>FASENRA INJ 30MG/ML.....</i>	54	
<i>FASENRA PEN INJ 30MG/ML</i>	53	
<i>FC2 FEMALE MIS CONDOM</i>	95	
<i>felodipine tab er 24hr 10 mg</i>	40	
<i>felodipine tab er 24hr 2.5 mg</i>	40	
<i>felodipine tab er 24hr 5 mg</i>	40	
<i>fenofibrate micronized cap 134 mg</i>	46	
<i>fenofibrate micronized cap 200 mg</i>	46	
<i>fenofibrate micronized cap 67 mg</i>	46	
<i>fenofibrate tab 145 mg</i>	46	
<i>fenofibrate tab 160 mg</i>	46	
<i>fenofibrate tab 48 mg</i>	45	
<i>fenofibrate tab 54 mg.....</i>	46	
<i>FENSOLVI INJ 45MG.....</i>	36	
<i>fentanyl td patch 72hr 100 mcg/hr.....</i>	65	
<i>fentanyl td patch 72hr 12 mcg/hr</i>	65	
<i>fentanyl td patch 72hr 25 mcg/hr.....</i>	65	
<i>fentanyl td patch 72hr 50 mcg/hr</i>	65	
<i>fentanyl td patch 72hr 75 mcg/hr.....</i>	65	
<i>FERRETT'S TAB 325MG.....</i>	80	
<i>ferrous fumarate tab 324 mg (106 mg elemental fe).....</i>	80	
<i>ferrous gluconate tab 240 mg (27 mg elemental fe).....</i>	80	
<i>ferrous gluconate tab 324 mg (37.5 mg elemental iron)</i>	80	
<i>ferrous sulfate dried tab 200 mg (65 mg elemental fe).....</i>	79	
<i>ferrous sulfate dried tab er 160 mg (50 mg fe equivalent).....</i>	79	
<i>ferrous sulfate dried tab er 45 mg (fe equivalent)</i>	79	
<i>ferrous sulfate soln 220 mg/5ml (44 mg/5ml elemental fe).....</i>	79	
<i>ferrous sulfate soln 75 mg/ml (15 mg/ml elemental fe).....</i>	79	
<i>ferrous sulfate tab 27 mg (elemental fe)</i>	79	
<i>ferrous sulfate tab 325 mg (65 mg elemental fe).....</i>	79	
<i>ferrous sulfate tab ec 324 mg (65 mg fe equivalent)</i>	79	
<i>ferrous sulfate tab ec 325 mg (65 mg fe equivalent)</i>	79	
<i>ferrous sulfate tab er 45 mg (elemental fe)</i>	79	
<i>FEVERALL INF SUP 80MG.....</i>	65	
<i>FEVERALL SUP 325MG.....</i>	65	
<i>fexofenadine hcl susp 30 mg/5ml (6 mg/ml).....</i>	49	
<i>fexofenadine hcl tab 180 mg</i>	49	
<i>fexofenadine hcl tab 60 mg</i>	49	
<i>fexofenadine-pseudoephedrine tab er 12hr 60-120 mg</i>	51	

<i>fexofenadine-pseudoephedrine tab er 24hr</i>	
<i>180-240 mg</i>	51
<i>finasteride tab 1 mg</i>	90
<i>finasteride tab 5 mg</i>	61
<i> fingolimod hcl cap 0.5 mg (base equiv) ...</i>	64
<i>FIRST AID OIN 10%</i>	91
<i>FISH OIL CAP 1000MG</i>	79
<i>FISH OIL CAP 1400MG</i>	79
<i>flecainide acetate tab 100 mg</i>	41
<i>flecainide acetate tab 150 mg</i>	41
<i>flecainide acetate tab 50 mg</i>	41
<i>FLINTSTONES CHW COMPLETE</i>	74
<i>FLINTSTONES CHW EXT/IRON</i>	74
<i>FLINTSTONES CHW IMMUNITY</i>	74
<i>FLORIVA DRO PLUS</i>	76
<i>FLOWING VAPR PAD</i>	93
<i>FLOWING VAPR PAD W/FAN</i>	93
<i>fluconazole for susp 10 mg/ml</i>	20
<i>fluconazole for susp 40 mg/ml</i>	20
<i>fluconazole tab 100 mg</i>	20
<i>fluconazole tab 150 mg</i>	20
<i>fluconazole tab 200 mg</i>	20
<i>fluconazole tab 50 mg</i>	19
<i>fludrocortisone acetate tab 0.1 mg</i>	30
<i>flunisolide nasal soln 25 mcg/act (0.025%)</i>	50
<i>fluocinolone acetonide cream 0.025%</i>	88
<i>fluocinolone acetonide oint 0.025%.....</i>	88
<i>fluocinolone acetonide soln 0.01%</i>	88
<i>fluocinonide cream 0.05%</i>	88
<i>fluocinonide gel 0.05%</i>	88
<i>fluocinonide oint 0.05%</i>	88
<i>fluocinonide soln 0.05%</i>	88
<i>fluorometholone ophth susp 0.1%</i>	84
<i>fluorouracil cream 5%</i>	88
<i>flurbiprofen tab 100 mg</i>	67
<i>flurbiprofen tab 50 mg</i>	67
<i>fluticasone furoate-vilanterol aero powd ba</i>	
<i>100-25 mcg/act</i>	52
<i>fluticasone furoate-vilanterol aero powd ba</i>	
<i>200-25 mcg/act</i>	52
<i>fluticasone propionate aer pow ba 100</i>	
<i>mcg/act</i>	53
<i>fluticasone propionate aer pow ba 250</i>	
<i>mcg/act</i>	53
<i>fluticasone propionate aer pow ba 50</i>	
<i>mcg/act</i>	53
<i>fluticasone propionate cream 0.05%</i>	89
<i>fluticasone propionate hfa inhal aer 110</i>	
<i>mcg/act</i>	53
<i>fluticasone propionate hfa inhal aer 220</i>	
<i>mcg/act</i>	53
<i>fluticasone propionate hfa inhal aero 44</i>	
<i>mcg/act</i>	53
<i>fluticasone propionate nasal susp 50</i>	
<i>mcg/act</i>	50
<i>fluticasone propionate oint 0.005%</i>	89
<i>fluticasone-salmeterol aer powder ba 100-</i>	
<i>50 mcg/act</i>	52
<i>fluticasone-salmeterol aer powder ba 113-</i>	
<i>14 mcg/act</i>	52
<i>fluticasone-salmeterol aer powder ba 232-</i>	
<i>14 mcg/act</i>	52
<i>FOAM ANTACID CHW 80-20MG</i>	56
<i>FOLBIC TAB</i>	79
<i>folic acid tab 1 mg</i>	79
<i>folic acid tab 400 mcg</i>	79
<i>folic acid tab 800 mcg</i>	79
<i>folic acid-vitamin b6-vitamin b12 tab 2.2-</i>	
<i>25-0.5 mg</i>	81
<i>folic acid-vitamin b6-vitamin b12 tab 2.5-</i>	
<i>25-1 mg</i>	81
<i>fondaparinux sodium subcutaneous inj 10</i>	
<i>mg/0.8ml</i>	81
<i>fondaparinux sodium subcutaneous inj 2.5</i>	
<i>mg/0.5ml</i>	81
<i>fondaparinux sodium subcutaneous inj 5</i>	
<i>mg/0.4ml</i>	81
<i>fondaparinux sodium subcutaneous inj 7.5</i>	
<i>mg/0.6ml</i>	81
<i>fosamprenavir calcium tab 700 mg (base</i>	
<i>equiv)</i>	20
<i>fosinopril sodium & hydrochlorothiazide tab</i>	
<i>10-12.5 mg</i>	43
<i>fosinopril sodium & hydrochlorothiazide tab</i>	
<i>20-12.5 mg</i>	43
<i>fosinopril sodium tab 10 mg</i>	42

<i>fosinopril sodium tab 20 mg</i>	42
<i>fosinopril sodium tab 40 mg</i>	42
FT CHILDRENS CHW MULTI.....	74
FULPHILA INJ 6/0.6ML	80
<i>fulvestrant inj soln pref syr 250 mg/5ml</i> ..	26
<i>furosemide oral soln 10 mg/ml</i>	44
<i>furosemide oral soln 8 mg/ml</i>	44
<i>furosemide tab 20 mg</i>	44
<i>furosemide tab 40 mg</i>	44
<i>furosemide tab 80 mg</i>	44
FYLNTRA INJ 6MG/0.6	80
G	
<i>galantamine hydrobromide cap er 24hr 16 mg</i>	63
<i>galantamine hydrobromide cap er 24hr 24 mg</i>	63
<i>galantamine hydrobromide cap er 24hr 8 mg</i>	63
<i>galantamine hydrobromide oral soln 4 mg/ml</i>	63
<i>galantamine hydrobromide tab 12 mg</i>	63
<i>galantamine hydrobromide tab 4 mg</i>	63
<i>galantamine hydrobromide tab 8 mg</i>	63
<i>ganirelix acetate soln prefilled syringe 250 mcg/0.5ml</i>	36
GAS-X CHILD MIS 40MG	59
GAS-X EX-STR MIS 62.5MG	59
GEL-ONE INJ 30MG/3ML	72
<i>gemfibrozil tab 600 mg</i>	46
<i>gentamicin sulfate cream 0.1%</i>	86
<i>gentamicin sulfate oint 0.1%</i>	86
<i>gentamicin sulfate ophth soln 0.3%</i>	82
GENTEAL GEL 0.3%.....	83
GENVOYA TAB.....	22
GERI-TUSSIN SYP 200/10ML	51
GILOTrif TAB 20MG	25
GILOTrif TAB 30MG	25
GILOTrif TAB 40MG	25
GILTUSS EX LIQ MAX STR	50
GLARGIN YFGN INJ 100U/ML	32
GLARGIN YFGN SOL 100U/ML.....	32
<i>glatiramer acetate soln prefilled syringe 20 mg/ml</i>	63

<i>glatiramer acetate soln prefilled syringe 40 mg/ml</i>	63
GLEOSTINE CAP 100MG	24
GLEOSTINE CAP 10MG.....	24
GLEOSTINE CAP 40MG.....	24
<i>glimepiride tab 1 mg</i>	33
<i>glimepiride tab 2 mg</i>	33
<i>glimepiride tab 4 mg</i>	33
<i>glipizide tab 10 mg</i>	33
<i>glipizide tab 5 mg</i>	33
<i>glipizide tab er 24hr 10 mg</i>	33
<i>glipizide tab er 24hr 2.5 mg</i>	33
<i>glipizide tab er 24hr 5 mg</i>	33
<i>glipizide-metformin hcl tab 2.5-250 mg</i> ...	34
<i>glipizide-metformin hcl tab 2.5-500 mg</i> ...34	34
<i>glipizide-metformin hcl tab 5-500 mg</i>	34
<i>glucagon (rdna) for inj kit 1 mg</i>	34
<i>glycerin-hypromellose-peg 400 ophth soln 0.2-0.2-1%</i>	83
<i>glycine diluent for injection</i>	95
<i>glycopyrrrolate oral soln 1 mg/5ml</i>	57
<i>glycopyrrrolate tab 1 mg</i>	56
<i>glycopyrrrolate tab 2 mg</i>	56
GNP CALAMINE LOT 8-8%.....	90
GNP MULTI CHW CHILDREN	74
GONAL-F RFF INJ 75UNIT	35
GORDO-POOL CON	93
<i>granisetron hcl tab 1 mg</i>	58
<i>griseofulvin microsize susp 125 mg/5ml</i> ...19	19
<i>griseofulvin ultramicrosize tab 125 mg</i>19	19
<i>griseofulvin ultramicrosize tab 250 mg</i>19	19
<i>guaifenesin liquid 100 mg/5ml</i>	50
<i>guaifenesin tab 200 mg</i>	50
<i>guaifenesin tab 400 mg</i>	50
<i>guaifenesin tab er 12hr 1200 mg</i>	51
<i>guaifenesin tab er 12hr 600 mg</i>	51
<i>guaifenesin-codeine soln 100-10 mg/5ml</i> .51	51
<i>guanfacine hcl tab 1 mg</i>	42
<i>guanfacine hcl tab 2 mg</i>	42
<i>guanfacine hcl tab er 24hr 1 mg (base equiv)</i>	62
<i>guanfacine hcl tab er 24hr 2 mg (base equiv)</i>	62

<i>guanfacine hcl tab er 24hr 3 mg (base equiv)</i>	62	<i>hydralazine hcl tab 50 mg</i>	43
<i>guanfacine hcl tab er 24hr 4 mg (base equiv)</i>	63	<i>hydrochlorothiazide cap 12.5 mg</i>	45
GUMMI BEAR CHW MULTIVIT	75	<i>hydrochlorothiazide tab 12.5 mg</i>	45
GUMMIES CHW	75	<i>hydrochlorothiazide tab 25 mg</i>	45
GUMMY DINOS CHW	75	<i>hydrochlorothiazide tab 50 mg</i>	45
GUMMY DINOS CHW CHLDRN	75	<i>hydrocodone bitart-homatropine methylbrom soln 5-1.5 mg/5ml</i>	50
GUMMY MULTIV CHW KIDS	75	<i>hydrocodone bitart-homatropine methylbromide tab 5-1.5 mg</i>	50
GVOKE HYPO 1 INJ 0.5/.1ML.....	33	<i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i>	67
GVOKE HYPO 1 INJ 1MG/.2ML	33	<i>hydrocodone-acetaminophen tab 10-325 mg</i>	67
GVOKE HYPO 2 INJ 0.5/.1ML	33	<i>hydrocodone-acetaminophen tab 5-325 mg</i>	67
GVOKE HYPO 2 INJ 1MG/.2ML	33	<i>hydrocodone-acetaminophen tab 7.5-325 mg</i>	67
GVOKE KIT SOL 1MG/0.2M.....	33	H	
GVOKE PFS INJ	33	HADLIMA INJ 40/0.4ML	69
GYNOL II GEL 3%	61	HADLIMA INJ 40/0.8ML	69
<i>halobetasol propionate cream 0.05%</i>	89	HADLIMA PUSH INJ 40/0.4ML.....	68
<i>halobetasol propionate oint 0.05%</i>	89	HADLIMA PUSH INJ 40/0.8ML.....	69
HEALTHCHECK MIS MONITOR	93	HAEGARDA INJ 2000UNIT	82
HONEY BEARS CHW.....	74	HAEGARDA INJ 3000UNIT	82
HONEY BEARS CHW IRON-ZIN	75	<i>halobetasol propionate cream 0.05%</i>	89
HUMALOG MIX INJ 50/50KWP	32	<i>halobetasol propionate oint 0.05%</i>	89
HUMALOG MIX SUS 75/25	32	HEALTHCHECK MIS MONITOR	93
HUMATROPE INJ 12MG	36	HONEY BEARS CHW.....	74
HUMATROPE INJ 24MG.....	36	HONEY BEARS CHW IRON-ZIN	75
HUMATROPE INJ 6MG.....	36	HUMALOG MIX INJ 50/50KWP	32
HUMIDIFIER MIS FILTER	93	HUMALOG MIX SUS 75/25	32
HUMIDIFIERS	93	HUMATROPE INJ 12MG	36
HUMULIN INJ 70/30.....	32	HUMATROPE INJ 24MG.....	36
HUMULIN INJ 70/30KWP	33	HUMATROPE INJ 6MG.....	36
HUMULIN N INJ U-100	32	HUMIDIFIER MIS FILTER	93
HUMULIN N INJ U-100KWP.....	32	HUMIDIFIERS	93
HUMULIN R INJ U-100.....	32	HUMULIN INJ 70/30.....	32
HUMULIN R INJ U-500	32	HUMULIN INJ 70/30KWP	33
<i>hydralazine hcl tab 10 mg</i>	43	HUMULIN N INJ U-100	32
<i>hydralazine hcl tab 100 mg</i>	43	HUMULIN N INJ U-100KWP.....	32
<i>hydralazine hcl tab 25 mg</i>	43	HUMULIN R INJ U-100.....	32

<i>hydroxychloroquine sulfate tab 200 mg</i> ..	23
<i>hydroxyurea cap 500 mg</i>	28
<i>hyoscyamine sulfate elixir 0.125 mg/5ml.</i>	56
<i>hyoscyamine sulfate sl tab 0.125 mg</i>	56
<i>hyoscyamine sulfate soln 0.125 mg/ml</i>	56
<i>hyoscyamine sulfate tab 0.125 mg</i>	56
<i>hyoscyamine sulfate tab disint 0.125 mg</i> .	56
I	
<i>ibuprofen cap 200 mg</i>	67
<i>ibuprofen chew tab 100 mg</i>	67
<i>ibuprofen susp 100 mg/5ml</i>	67
<i>ibuprofen susp 40 mg/ml</i>	67
<i>ibuprofen tab 100 mg</i>	67
<i>ibuprofen tab 200 mg</i>	67
<i>ibuprofen tab 400 mg</i>	67
<i>ibuprofen tab 600 mg</i>	67
<i>ibuprofen tab 800 mg</i>	67
<i>icatibant acetate subcutaneous soln pref syr 30 mg/3ml</i>	82
<i>icosapent ethyl cap 0.5 gm</i>	47
<i>icosapent ethyl cap 1 gm</i>	47
<i>ILARIS INJ 150MG/ML</i>	69
<i>imatinib mesylate tab 100 mg (base equivalent)</i>	27
<i>imatinib mesylate tab 400 mg (base equivalent)</i>	27
<i>imiquimod cream 5%</i>	90
<i>indapamide tab 1.25 mg</i>	45
<i>indapamide tab 2.5 mg</i>	45
<i>INFUVITE INJ</i>	74
<i>INFUVITE INJ PEDIATRI</i>	74
<i>INLYTA TAB 1MG</i>	25
<i>INLYTA TAB 5MG</i>	25
<i>INS ASP PROT INJ FLEXPEN</i>	32
<i>INS SYR U500 MIS 31GX6MM</i>	93
<i>INSULIN ASPA INJ 70/30</i>	32
<i>INSULIN LISP INJ PROTAMIN</i>	32
<i>INSULIN SYRG MIS 0.3/30G</i>	92
<i>INSULIN SYRG MIS 0.3/31G</i>	92
<i>INSULIN SYRG MIS 0.5/28G</i>	92
<i>INSULIN SYRG MIS 0.5/29G</i>	92
<i>INSULIN SYRG MIS 0.5/30G</i>	92
<i>INSULIN SYRG MIS 0.5/31G</i>	92, 93
<i>INSULIN SYRG MIS 1ML/27G</i>	92
INSULIN SYRG MIS 1ML/28G	92
INSULIN SYRG MIS 1ML/29G	92
INSULIN SYRG MIS 1ML/30G	92
INSULIN SYRG MIS 1ML/31G	92, 93
INTELENCE TAB 25MG	21
INTENSE COUG LIQ RELIEVER	51
INTUNIV TAB 1MG	62
INTUNIV TAB 2MG	62
INTUNIV TAB 3MG	62
INTUNIV TAB 4MG	63
<i>ipratropium bromide inhal soln 0.02%</i>	52
<i>ipratropium bromide nasal soln 0.03% (21 mcg/spray)</i>	50
<i>ipratropium bromide nasal soln 0.06% (42 mcg/spray)</i>	50
<i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i>	52
<i>irbesartan tab 150 mg</i>	42
<i>irbesartan tab 300 mg</i>	42
<i>irbesartan tab 75 mg</i>	42
<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg</i>	44
<i>irbesartan-hydrochlorothiazide tab 300- 12.5 mg</i>	44
IRON HP TAB 65MG	79
ISENTRESS CHW 100MG	20
ISENTRESS CHW 25MG	20
ISENTRESS HD TAB 600MG	20
ISENTRESS POW 100MG	20
ISENTRESS TAB 400MG	20
<i>isoniazid syrup 50 mg/5ml</i>	19
<i>isoniazid tab 100 mg</i>	19
<i>isoniazid tab 300 mg</i>	19
ISOSORB MONO TAB 10MG	38
ISOSORB MONO TAB 20MG	38
<i>isosorbide dinitrate tab 10 mg</i>	38
<i>isosorbide dinitrate tab 20 mg</i>	38
<i>isosorbide dinitrate tab 30 mg</i>	38
<i>isosorbide dinitrate tab 5 mg</i>	38
<i>isosorbide dinitrate-hydralazine hcl tab 20- 37.5 mg</i>	48
<i>isosorbide mononitrate tab er 24hr 120 mg</i>	38

<i>isosorbide mononitrate tab er 24hr 30 mg</i>	38	<i>ketoconazole cream 2%</i>	87
.....		<i>ketoconazole shampoo 2%</i>	87
<i>isosorbide mononitrate tab er 24hr 60 mg</i>	38	KETONE TES.....	91
.....		KETONE TEST TES.....	91
<i>isotretinoin cap 10 mg</i>	85	<i>ketorolac tromethamine ophth soln 0.4%</i>	84
<i>isotretinoin cap 20 mg</i>	85	<i>ketorolac tromethamine ophth soln 0.5%</i>	84
<i>isotretinoin cap 30 mg</i>	86	<i>ketorolac tromethamine tab 10 mg</i>	67
<i>isotretinoin cap 40 mg</i>	86	<i>ketotifen fumarate ophth soln 0.035%</i>	84
<i>itraconazole cap 100 mg</i>	20	KEVZARA INJ 150/1.14	69
IV PREP WIPE PAD.....	91	KEVZARA INJ 200/1.14	69
<i>ivabradine hcl tab 5 mg (base equiv)</i>	48	KIDZ MULTVIT CHW PROBIOTI.....	75
<i>ivabradine hcl tab 7.5 mg (base equiv)</i>	48	KYLEENA IUD 19.5MG.....	31
<i>ivermectin lotion 0.5%</i>	90	L	
<i>ivermectin tab 3 mg</i>	23	<i>labetalol hcl tab 100 mg</i>	39
IWLIFIN TAB 192MG.....	28	<i>labetalol hcl tab 200 mg</i>	39
IFYUZEH DRO 0.005%.....	84	<i>labetalol hcl tab 300 mg</i>	39
J		<i>lactic acid (ammonium lactate) cream 12%</i>	
JAKAFI TAB 10MG.....	28	89
JAKAFI TAB 15MG.....	28	<i>lactic acid (ammonium lactate) lotion 12%</i>	
JAKAFI TAB 20MG.....	28	89
JAKAFI TAB 25MG.....	28	<i>lactobacillus - packet</i>	55
JAKAFI TAB 5MG	28	<i>lactobacillus chew tab</i>	55
JARDIANCE TAB 10MG	34	<i>lactobacillus rhamnosus (gg) cap</i>	55
JARDIANCE TAB 25MG.....	34	<i>lactobacillus tab</i>	55
JYNARQUE TAB 30MG.....	37	<i>lactulose (encephalopathy) solution 10 gm/15ml</i>	59
K		<i>lactulose solution 10 gm/15ml</i>	55
KALYDECO GRA 13.4MG.....	54	LAGEVRIO CAP 200MG.....	23
KALYDECO GRA 5.8MG	54	<i>lamivudine oral soln 10 mg/ml</i>	20
KALYDECO PAK 25MG.....	54	<i>lamivudine tab 100 mg (hbv)</i>	22
KALYDECO PAK 50MG	54	<i>lamivudine tab 150 mg</i>	20
KALYDECO PAK 75MG.....	54	<i>lamivudine tab 300 mg</i>	20
KALYDECO TAB 150MG	54	<i>lamivudine-zidovudine tab 150-300 mg</i>	21
KANJINTI INJ 420MG.....	25	<i>lanreotide acetate extended release inj 120 mg/0.5ml</i>	36
KANJINTI SOL 150MG	24	LANREOTIDE INJ 120/.5ML	36
KAX AROMATIC PAD INHALANT	93	<i>lansoprazole cap delayed release 15 mg</i> ..	57
KAZ DEMINERA MIS CARTRIDG	93	LANTUS INJ 100/ML	32
KAZ DYNAFLTR MIS K14-3P	93	LANTUS SOLOS INJ 100/ML	32
KAZ DYNAFLTR MIS K14-S	94	<i>lapatinib ditosylate tab 250 mg (base equiv)</i>	
KAZ INHALANT LIQ.....	93	27
KAZ WATER LIQ TREATMNT	93	<i>latanoprost ophth soln 0.005%</i>	84
KAZ WICKING MIS FLTR WF1.....	94	<i>leflunomide tab 10 mg</i>	69
KERENDIA TAB 10MG.....	37	<i>leflunomide tab 20 mg</i>	69
KERENDIA TAB 20MG	37		
KESIMPTA INJ 20/.4ML	64		

<i>lenalidomide cap 10 mg</i>	95
<i>lenalidomide cap 15 mg</i>	95
<i>lenalidomide cap 20 mg</i>	95
<i>lenalidomide cap 25 mg</i>	96
<i>lenalidomide cap 5 mg</i>	95
<i>lenalidomide caps 2.5 mg</i>	95
LENVIMA CAP 10 MG	25
LENVIMA CAP 12MG	25
LENVIMA CAP 14 MG	25
LENVIMA CAP 18 MG	25
LENVIMA CAP 20 MG	25
LENVIMA CAP 24 MG	25
LENVIMA CAP 4MG	25
LENVIMA CAP 8 MG	25
<i>letrozole tab 2.5 mg</i>	26
<i>leucovorin calcium tab 10 mg</i>	28
<i>leucovorin calcium tab 15 mg</i>	28
<i>leucovorin calcium tab 25 mg</i>	28
<i>leucovorin calcium tab 5 mg</i>	28
LEUKERAN TAB 2MG	24
<i>leuprolide acetate inj kit 1 mg/0.2ml (5 mg/ml)</i>	26
<i>levobunolol hcl ophth soln 0.5%</i>	83
<i>levofloxacin oral soln 25 mg/ml</i>	19
<i>levofloxacin tab 250 mg</i>	19
<i>levofloxacin tab 500 mg</i>	19
<i>levofloxacin tab 750 mg</i>	19
<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>	31
<i>levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	31
<i>levonorgestrel tab 1.5 mg</i>	31
<i>levonorgestrel-eth estra tab 0.05- 30/0.075-40/0.125-30mg-mcg</i>	32
<i>levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)</i>	32
<i>levothyroxine sodium tab 100 mcg</i>	35
<i>levothyroxine sodium tab 112 mcg</i>	35
<i>levothyroxine sodium tab 125 mcg</i>	35
<i>levothyroxine sodium tab 137 mcg</i>	35
<i>levothyroxine sodium tab 150 mcg</i>	35
<i>levothyroxine sodium tab 175 mcg</i>	35
<i>levothyroxine sodium tab 200 mcg</i>	35
<i>levothyroxine sodium tab 25 mcg</i>	34
<i>levothyroxine sodium tab 300 mcg</i>	35
<i>levothyroxine sodium tab 50 mcg</i>	34
<i>levothyroxine sodium tab 75 mcg</i>	35
<i>levothyroxine sodium tab 88 mcg</i>	35
<i>lidocaine hcl soln 4%</i>	90
<i>lidocaine hcl viscous soln 2%</i>	85
<i>lidocaine patch 4%</i>	90
<i>lidocaine patch 5%</i>	90
<i>lidocaine-prilocaine cream 2.5-2.5%</i>	90
LILETTA IUD 52MG	31
<i>linezolid for susp 100 mg/5ml</i>	23
LINEZOLID INJ 2MG/ML	23
<i>linezolid iv soln 600 mg/300ml (2 mg/ml)</i>	23
<i>linezolid tab 600 mg</i>	23
<i>liothyronine sodium tab 25 mcg</i>	35
<i>liothyronine sodium tab 5 mcg</i>	35
<i>liothyronine sodium tab 50 mcg</i>	35
<i>lisinopril & hydrochlorothiazide tab 10-12.5 mg</i>	43
<i>lisinopril & hydrochlorothiazide tab 20-25 mg</i>	43
<i>lisinopril tab 10 mg</i>	42
<i>lisinopril tab 2.5 mg</i>	42
<i>lisinopril tab 20 mg</i>	42
<i>lisinopril tab 30 mg</i>	42
<i>lisinopril tab 40 mg</i>	42
<i>lisinopril tab 5 mg</i>	42
LIVITA LIQ CHILDREN	75
LOKELMA PAK 10GM	96
LOKELMA PAK 5GM	96
<i>loperamide hcl cap 2 mg</i>	55
<i>loperamide hcl tab 2 mg</i>	55
<i>loperamide-simethicone tab 2-125 mg</i>	56
<i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i>	21
<i>lopinavir-ritonavir tab 100-25 mg</i>	21
<i>lopinavir-ritonavir tab 200-50 mg</i>	21
<i>loratadine & pseudoephedrine tab er 12hr 5-120 mg</i>	51
<i>loratadine & pseudoephedrine tab er 24hr 10-240 mg</i>	51

<i>loratadine cap 10 mg</i>	49	MEDROL TAB 2MG.....	29
<i>loratadine chew tab 5 mg</i>	49	<i>medroxyprogesterone acetate im susp 150 mg/ml</i>	30
<i>loratadine oral soln 5 mg/5ml</i>	49	<i>medroxyprogesterone acetate im susp prefilled syr 150 mg/ml</i>	30
<i>loratadine orally disintegrating tab 5 mg</i> .49		<i>medroxyprogesterone acetate tab 10 mg</i> 32	
<i>loratadine rapidly-disintegrating tab 10 mg</i>	49	<i>medroxyprogesterone acetate tab 2.5 mg</i>	32
<i>loratadine tab 10 mg</i>	49	<i>medroxyprogesterone acetate tab 5 mg</i> .32	
LORBRENA TAB 100MG.....	26	<i>mefloquine hcl tab 250 mg</i>	23
LORBRENA TAB 25MG.....	26	<i>megestrol acetate susp 40 mg/ml</i>	26
<i>losartan potassium & hydrochlorothiazide tab 100-12.5 mg</i>	44	<i>megestrol acetate tab 20 mg</i>	26
<i>losartan potassium & hydrochlorothiazide tab 100-25 mg</i>	44	<i>megestrol acetate tab 40 mg</i>	26
<i>losartan potassium & hydrochlorothiazide tab 50-12.5 mg</i>	44	MEKINIST SOL 0.05/ML.....	28
<i>losartan potassium tab 100 mg</i>	42	MEKINIST TAB 0.5MG	28
<i>losartan potassium tab 25 mg</i>	42	MEKINIST TAB 2MG	28
<i>losartan potassium tab 50 mg</i>	42	<i>melatonin cap 10 mg</i>	91
<i>lovastatin tab 10 mg</i>	46	<i>melatonin chew tab 2.5 mg</i>	92
<i>lovastatin tab 20 mg</i>	46	<i>melatonin liquid 1 mg/ml</i>	92
<i>lovastatin tab 40 mg</i>	46	<i>melatonin liquid 5 mg/15ml</i>	92
<i>lubiprostone cap 24 mcg</i>	59	<i>melatonin sl tab 10 mg</i>	92
<i>lubiprostone cap 8 mcg</i>	59	<i>melatonin sl tab 5 mg</i>	92
LUBRICNT GEL DRO 0.25-0.3	83	<i>melatonin tab 1 mg</i>	92
LYNPARZA TAB 100MG	28	<i>melatonin tab 10 mg</i>	92
LYNPARZA TAB 150MG.....	28	<i>melatonin tab 3 mg</i>	92
LYSODREN TAB 500MG	26	<i>melatonin tab 5 mg</i>	92
M		<i>melatonin tab er 10 mg</i>	92
MAALOX CHW 600MG	56	<i>melatonin tablet disintegrating 10 mg</i>	92
MAG-AL LIQ	56	<i>melatonin tablet disintegrating 3 mg</i>	92
<i>malathion lotion 0.5%</i>	90	<i>melatonin tablet disintegrating 5 mg</i>	92
<i>maraviroc tab 150 mg</i>	20	<i>meloxicam tab 15 mg</i>	67
<i>maraviroc tab 300 mg</i>	20	<i>meloxicam tab 7.5 mg</i>	67
MATULANE CAP 50MG.....	28	<i>memantine hcl oral solution 2 mg/ml</i>	63
MAVYRET PAK 50-20MG	22	<i>memantine hcl tab 10 mg</i>	63
MAVYRET TAB 100-40MG.....	22	<i>memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack</i>	63
MAYZENT PAK STARTER (12 TABS)	64	<i>memantine hcl tab 5 mg</i>	63
MAYZENT PAK STARTER (7 TABS)	64	MENOPUR INJ 75UNIT	35
MAYZENT TAB 0.25MG.....	64	<i>mercaptopurine tab 50 mg</i>	25
MAYZENT TAB 1MG	64	<i>mesalamine cap er 24hr 0.375 gm</i>	59
MAYZENT TAB 2MG	64	<i>mesalamine enema 4 gm</i>	59
<i>meclizine hcl chew tab 25 mg</i>	58	<i>mesalamine rectal enema 4 gm & cleanser wipe kit</i>	59
<i>meclizine hcl tab 12.5 mg</i>	58	<i>mesalamine suppos 1000 mg</i>	59
<i>meclizine hcl tab 25 mg</i>	58		

<i>metformin hcl tab 1000 mg</i>	33
<i>metformin hcl tab 500 mg</i>	33
<i>metformin hcl tab 850 mg</i>	33
<i>metformin hcl tab er 24hr 500 mg</i>	33
<i>metformin hcl tab er 24hr 750 mg</i>	33
<i>methadone hcl tab 10 mg</i>	65
<i>methadone hcl tab 5 mg</i>	65
<i>methazolamide tab 25 mg</i>	44
<i>methazolamide tab 50 mg</i>	44
<i>methimazole tab 10 mg</i>	35
<i>methimazole tab 5 mg</i>	35
<i>methocarbamol tab 500 mg</i>	72
<i>methocarbamol tab 750 mg</i>	72
<i>methotrexate sodium tab 2.5 mg (base equiv)</i>	25
<i>methylprednisolone tab 16 mg</i>	29
<i>methylprednisolone tab 32 mg</i>	29
<i>methylprednisolone tab 4 mg</i>	29
<i>methylprednisolone tab 8 mg</i>	29
<i>methylprednisolone tab therapy pack 4 mg (21)</i>	29
<i>metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv)</i>	59
<i>metoclopramide hcl tab 10 mg (base equivalent)</i>	59
<i>metoclopramide hcl tab 5 mg (base equivalent)</i>	59
<i>metolazone tab 10 mg</i>	45
<i>metolazone tab 2.5 mg</i>	45
<i>metolazone tab 5 mg</i>	45
<i>metoprolol & hydrochlorothiazide tab 100-25 mg</i>	44
<i>metoprolol & hydrochlorothiazide tab 100-50 mg</i>	44
<i>metoprolol & hydrochlorothiazide tab 50-25 mg</i>	44
<i>metoprolol succinate tab er 24hr 100 mg (tartrate equiv)</i>	39
<i>metoprolol succinate tab er 24hr 200 mg (tartrate equiv)</i>	39
<i>metoprolol succinate tab er 24hr 25 mg (tartrate equiv)</i>	39
<i>metoprolol succinate tab er 24hr 50 mg (tartrate equiv)</i>	39
<i>metoprolol tartrate tab 100 mg</i>	39
<i>metoprolol tartrate tab 25 mg</i>	39
<i>metoprolol tartrate tab 50 mg</i>	39
<i>metronidazole cap 375 mg</i>	23
<i>metronidazole cream 0.75%</i>	86
<i>metronidazole gel 0.75%</i>	86
<i>metronidazole gel 1%</i>	86
<i>metronidazole lotion 0.75%</i>	86
<i>metronidazole tab 250 mg</i>	23
<i>metronidazole tab 500 mg</i>	23
<i>metronidazole vaginal gel 0.75%</i>	60
<i>MICONAZOLE 1 KIT COMBO</i>	61
<i>miconazole nitrate cream 2%</i>	87
<i>miconazole nitrate ointment 2%</i>	87
<i>miconazole nitrate powder 2%</i>	87
<i>miconazole nitrate vaginal app 200 mg & 2% cream 9 gm kit</i>	61
<i>miconazole nitrate vaginal cream 2%</i>	60
<i>miconazole nitrate vaginal supp 1200 mg & 2% cream kit</i>	60
<i>miconazole nitrate vaginal supp 200 mg & 2% cream 9 gm kit</i>	60
<i>miconazole nitrate vaginal suppos 100 mg</i>	60
<i>miconazole nitrate vaginal suppos 200 mg</i>	60
<i>MICROCLENS PAD WIPES</i>	91
<i>midodrine hcl tab 10 mg</i>	45
<i>midodrine hcl tab 2.5 mg</i>	45
<i>midodrine hcl tab 5 mg</i>	45
<i>MINERAL OIL LIGHT</i>	90
<i>minocycline hcl cap 100 mg</i>	19
<i>minocycline hcl cap 50 mg</i>	19
<i>minocycline hcl cap 75 mg</i>	19
<i>MIRENA IUD SYSTEM</i>	31
<i>misoprostol tab 100 mcg</i>	57
<i>misoprostol tab 200 mcg</i>	57
<i>mometasone furoate cream 0.1%</i>	89
<i>mometasone furoate oint 0.1%</i>	89
<i>mometasone furoate solution 0.1% (lotion)</i>	89
<i>MONISTAT 3 CRE 4%</i>	60
<i>MONISTAT 3 KIT COMBO PK</i>	61
<i>MONISTAT 7 KIT COMBO PK</i>	60

MONISTAT 7 KIT COMPLETE	61
<i>montelukast sodium chew tab 4 mg (base equiv).....</i>	53
<i>montelukast sodium chew tab 5 mg (base equiv).....</i>	53
<i>montelukast sodium oral granules packet 4 mg (base equiv)</i>	53
<i>montelukast sodium tab 10 mg (base equiv)</i>	53
<i>morphine sulfate oral soln 10 mg/5ml</i>	66
<i>morphine sulfate oral soln 100 mg/5ml (20 mg/ml)</i>	66
<i>morphine sulfate oral soln 20 mg/5ml</i>	66
<i>morphine sulfate tab 15 mg.....</i>	65
<i>morphine sulfate tab 30 mg</i>	65
<i>morphine sulfate tab er 100 mg.....</i>	66
<i>morphine sulfate tab er 15 mg</i>	66
<i>morphine sulfate tab er 200 mg</i>	66
<i>morphine sulfate tab er 30 mg</i>	66
<i>morphine sulfate tab er 60 mg</i>	66
<i>moxifloxacin hcl ophth soln 0.5% (base equiv).....</i>	82
MUCINEX CHLD GRA 5-100MG	51
MUCINEX D TAB 120-1200.....	51
MUCINEX D TAB 60-600MG	51
MUCINEX DM TAB 30-600ER	51
MUCINEX DM TAB 60-1200	51
MUCINEX TAB 1200MG.....	51
MULTI VIT/FL DRO 0.5MG/ML	76
MULTI ZERO CHW YUMVSKID	75
<i>multiple vitamin cap</i>	73
<i>multiple vitamin tab</i>	73
<i>multiple vitamins w/ calcium tab</i>	74
<i>multiple vitamins w/ iron tab.....</i>	74
<i>multiple vitamins w/ minerals cap</i>	74
<i>multiple vitamins w/ minerals chew tab...</i>	74
<i>multiple vitamins w/ minerals liquid</i>	74
<i>multiple vitamins w/ minerals tab</i>	74
<i>multiple vitamins w/ minerals tab er.....</i>	74
MULTIV INFAN DRO /TODDLER	74
MULTIVIT/FL CHW 0.25MG	76
MULTIVIT/FL CHW 0.5MG	76
MULTIVIT/FL CHW 1MG.....	76
MULTIVIT/FL DRO 0.25MG.....	76
MULTIVITAMIN CHW CHILD	74, 75
MULTIVITAMIN CHW CHILDREN	75
MULTIVITAMIN CHW GUMMIES.....	75
MULTIVITAMIN CHW IRON	75
MULTIVITAMIN DRO INFANT	74
<i>mupirocin oint 2%</i>	86
MVASI INJ 100MG	25
MVASI INJ 400MG	25
MVW COMPLETE CHW BUBBLGUM.....	75
MVW COMPLETE CHW D3000.....	75
MVW COMPLETE CHW D5000.....	75
MVW COMPLETE CHW GRAPE	75
MVW COMPLETE CHW ORANGE	75
MVW COMPLETE DRO PEDIATRI	75
MVW HI-D DR LIQ EX VIT D	75
MVW MOD FORM LIQ PEDS	75
<i>mycophenolate mofetil cap 250 mg</i>	96
<i>mycophenolate mofetil for oral susp 200 mg/ml</i>	96
<i>mycophenolate mofetil tab 500 mg.....</i>	96
MYLERAN TAB 2MG	24
N	
<i>nabumetone tab 500 mg</i>	67
<i>nabumetone tab 750 mg</i>	67
<i>nadolol tab 20 mg</i>	38
<i>nadolol tab 40 mg</i>	38
<i>nadolol tab 80 mg</i>	38
NANOVM POW 1-3 YRS.....	75
NANOVM POW 4-8YEARS.....	75
NANOVM POW 9-18 YRS	75
NANOVM T/F POW	75
<i>naproxen sodium cap 220 mg</i>	68
<i>naproxen sodium tab 220 mg</i>	68
<i>naproxen sodium tab 275 mg</i>	68
<i>naproxen sodium tab 550 mg</i>	68
<i>naproxen tab 250 mg</i>	67
<i>naproxen tab 375 mg</i>	67
<i>naproxen tab 500 mg</i>	67
<i>naproxen tab ec 375 mg</i>	68
<i>naproxen tab ec 500 mg</i>	68
<i>naratriptan hcl tab 1 mg (base equiv).....</i>	70
<i>naratriptan hcl tab 2.5 mg (base equiv)....</i>	70
NATACYN SUS 5% OP	82
<i>nateglinide tab 120 mg</i>	33

<i>nateglinide tab 60 mg</i>	33
NEBULIZERS - OTC	93
NEBULIZERS - RX	93
<i>neomycin sulfate tab 500 mg</i>	19
<i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i>	82
<i>neomycin-bacitracin-polymyxin oint</i>	86
<i>neomycin-polymyxin-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml</i>	82
<i>neomycin-polymyxin-dexamethasone ophth oint 0.1%</i>	84
<i>neomycin-polymyxin-dexamethasone ophth susp 0.1%</i>	84
<i>neomycin-polymyxin-hc ophth susp</i>	84
<i>neomycin-polymyxin-hc otic soln 1%</i>	85
<i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</i>	85
<i>nevirapine susp 50 mg/5ml</i>	21
<i>nevirapine tab 200 mg</i>	21
<i>nevirapine tab er 24hr 400 mg</i>	21
NEXPLANON IMP 68MG	31
<i>niacin tab er 1000 mg (antihyperlipidemic)</i>	46
<i>niacin tab er 500 mg (antihyperlipidemic)</i> 46	
<i>niacin tab er 750 mg (antihyperlipidemic)</i> 46	
<i>nifedipine tab er 24hr 30 mg</i>	40
<i>nifedipine tab er 24hr 60 mg</i>	40
<i>nifedipine tab er 24hr 90 mg</i>	40
<i>nifedipine tab er 24hr osmotic release 30 mg</i>	41
<i>nifedipine tab er 24hr osmotic release 60 mg</i>	41
<i>nifedipine tab er 24hr osmotic release 90 mg</i>	41
NINLARO CAP 2.3MG	28
NINLARO CAP 3MG	28
NINLARO CAP 4MG	28
NITRO-BID OIN 2%	38
NITRO-DUR DIS 0.3MG/HR	38
NITRO-DUR DIS 0.8MG/HR	38
<i>nitrofurantoin macrocrystalline cap 100 mg</i>	24
<i>nitrofurantoin macrocrystalline cap 25 mg</i>	24
<i>nitrofurantoin macrocrystalline cap 50 mg</i>	24
<i>nitrofurantoin monohydrate macrocrystalline cap 100 mg</i>	24
<i>nitrofurantoin susp 25 mg/5ml</i>	24
<i>nitroglycerin cap er 2.5 mg</i>	38
<i>nitroglycerin cap er 6.5 mg</i>	38
<i>nitroglycerin cap er 9 mg</i>	38
<i>nitroglycerin sl tab 0.3 mg</i>	38
<i>nitroglycerin sl tab 0.4 mg</i>	38
<i>nitroglycerin sl tab 0.6 mg</i>	38
<i>nitroglycerin td patch 24hr 0.1 mg/hr</i>	38
<i>nitroglycerin td patch 24hr 0.2 mg/hr</i>	38
<i>nitroglycerin td patch 24hr 0.4 mg/hr</i>	38
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<i>nizatidine cap 150 mg</i>	57
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<i>norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg</i>	31
<i>norethindrone & ethinyl estradiol tab 0.5 mg-35 mcg</i>	31
<i>norethindrone ace & ethinyl estradiol tab 1 mg-35 mcg</i>	31
<i>norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg</i>	31
<i>norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg</i>	31
<i>norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg</i>	31
<i>norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg</i>	31
<i>norethindrone acetate tab 5 mg</i>	32
<i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</i>	30

<i>norethindrone acetate-ethinyl estradiol tab</i>	
<i>1 mg-5 mcg</i>	30
<i>norethindrone tab 0.35 mg</i>	30
<i>norethindrone-eth estradiol tab 0.5-</i>	
<i>35/0.75-35/1-35 mg-mcg</i>	32
<i>norethindrone-eth estradiol tab 0.5-35/1-</i>	
<i>35/0.5-35 mg-mcg</i>	32
<i>norgestimate & ethinyl estradiol tab 0.25</i>	
<i>mg-35 mcg</i>	31
<i>norgestimate-eth estrad tab 0.18-25/0.215-</i>	
<i>25/0.25-25 mg-mcg</i>	32
<i>norgestimate-eth estrad tab 0.18-35/0.215-</i>	
<i>35/0.25-35 mg-mcg</i>	32
<i>norgestrel & ethinyl estradiol tab 0.3 mg-30</i>	
<i>mcg</i>	31
<i>NORPACE CAP 100MG CR</i>	41
<i>NORPACE CAP 150MG CR</i>	41
<i>NORVIR POW 100MG</i>	20
<i>NOVAMV PED DRO 10MG/ML</i>	74
<i>NOVAREL INJ 5000UNIT</i>	35
<i>NOVOLIN INJ 70/30</i>	33
<i>NOVOLIN INJ 70/30 FP</i>	33
<i>NOVOLIN N INJ 100 UNIT</i>	32
<i>NOVOLIN N INJ U-100</i>	32
<i>NOVOLIN R INJ 100 UNIT</i>	32
<i>NOVOLIN R INJ U-100</i>	32
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<i>NURTEC TAB 75MG ODT</i>	70
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<i>nystatin oint 100000 unit/gm</i>	86
<i>nystatin susp 100000 unit/ml</i>	85
<i>nystatin tab 500000 unit</i>	19
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<i>octreotide acetate inj 1000 mcg/ml (1</i>	
<i>mg/ml)</i>	36
<i>octreotide acetate inj 200 mcg/ml (0.2</i>	
<i>mg/ml)</i>	36
<i>octreotide acetate inj 50 mcg/ml (0.05</i>	
<i>mg/ml)</i>	36
<i>octreotide acetate inj 500 mcg/ml (0.5</i>	
<i>mg/ml)</i>	36
<i>octreotide acetate subcutaneous soln pref</i>	
<i>syr 100 mcg/ml</i>	36
<i>octreotide acetate subcutaneous soln pref</i>	
<i>syr 50 mcg/ml</i>	36
<i>octreotide acetate subcutaneous soln pref</i>	
<i>syr 500 mcg/ml</i>	36
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<i>ofloxacin ophth soln 0.3%</i>	82
<i>ofloxacin otic soln 0.3%</i>	84
<i>OJEMDA SUS 25MG/ML</i>	27
<i>OJEMDA TAB 100MG</i>	27
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<i>omega-3 fatty acids - oral liquid</i>	79
<i>omega-3 fatty acids cap 1000 mg</i>	79
<i>omega-3 fatty acids cap 1200 mg</i>	79
<i>omega-3 fatty acids cap 300 mg</i>	79
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<i>mg base equiv)</i>	57
<i>omeprazole magnesium delayed release</i>	
<i>tab 20 mg (base equiv)</i>	57
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<i>1100 mg</i>	58
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<i>OMNIPOD 5 DX KIT INT G7G6</i>	94
<i>OMNIPOD 5 DX MIS POD G7G6</i>	94
<i>OMNIPOD 5 LB KIT INTRO G6</i>	94
<i>OMNIPOD 5 LB MIS PODS G6</i>	94
<i>OMNIPOD DASH KIT INTRO</i>	94
<i>OMNIPOD DASH KIT PDM</i>	94
<i>OMNIPOD DASH MIS PODS</i>	94
<i>OMNIPOD GO KIT 10UNT/DY</i>	94
<i>OMNIPOD GO KIT 15UNT/DY</i>	94
<i>OMNIPOD GO KIT 20UNT/DY</i>	94
<i>OMNIPOD GO KIT 25UNT/DY</i>	94
<i>OMNIPOD GO KIT 30UNT/DY</i>	94

OMNIPOD GO KIT 35UNT/DY	94
OMNIPOD GO KIT 40UNT/DY	94
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<i>ondansetron hcl tab 24 mg</i>	58
<i>ondansetron hcl tab 4 mg</i>	58
<i>ondansetron hcl tab 8 mg</i>	58
<i>ondansetron orally disintegrating tab 4 mg</i>	58
<i>ondansetron orally disintegrating tab 8 mg</i>	58
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<i>oseltamivir phosphate cap 45 mg (base equiv)</i>	22
<i>oseltamivir phosphate cap 75 mg (base equiv)</i>	22
<i>oseltamivir phosphate for susp 6 mg/ml (base equiv)</i>	23
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<i>oxybutynin chloride solution 5 mg/5ml</i>	60
<i>oxybutynin chloride tab 5 mg</i>	60
<i>oxybutynin chloride tab er 24hr 10 mg</i>	60
<i>oxybutynin chloride tab er 24hr 15 mg</i>	60
<i>oxybutynin chloride tab er 24hr 5 mg</i>	60
<i>oxycodone hcl cap 5 mg</i>	66
<i>oxycodone hcl conc 100 mg/5ml (20 mg/ml)</i>	66
<i>oxycodone hcl soln 5 mg/5ml</i>	66
<i>oxycodone hcl tab 10 mg</i>	66
<i>oxycodone hcl tab 15 mg</i>	66
<i>oxycodone hcl tab 20 mg</i>	66
<i>oxycodone hcl tab 30 mg</i>	66
<i>oxycodone hcl tab 5 mg</i>	66
<i>oxycodone w/ acetaminophen tab 10-325 mg</i>	66
<i>oxycodone w/ acetaminophen tab 2.5-325 mg</i>	66
<i>oxycodone w/ acetaminophen tab 5-325 mg</i>	66
<i>oxycodone w/ acetaminophen tab 7.5-325 mg</i>	66
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<i>oyster shell calcium tab 500 mg</i>	77
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OZEMPIC INJ 4MG/3ML	33
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PADCEV INJ 20MG	25
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<i>pantoprazole sodium ec tab 20 mg (base equiv)</i>	57
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pediatric multiple vitamins w/ fluoride chew tab 0.25 mg	76
pediatric multiple vitamins w/ fluoride chew tab 0.5 mg.....	76
pediatric multiple vitamins w/ fluoride chew tab 1 mg	76
pediatric multiple vitamins w/ fluoride soln 0.25 mg/ml.....	76
pediatric multiple vitamins w/ fluoride soln 0.5 mg/ml	76
pediatric multiple vitamins w/ iron chew tab 15 mg	75
pediatric multiple vitamins w/ iron chew tab 18 mg	75
pediatric vitamins acd w/ fluoride soln 0.25 mg/ml.....	75
pediatric vitamins acd w/ fluoride soln 0.5 mg/ml.....	75
peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm	55
peg 3350-kcl-na bicarb-nacl-na sulfate for soln 240 gm.....	55
peg 3350-kcl-sod bicarb-nacl for soln 420 gm.....	55
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penicillin v potassium tab 500 mg.....	17
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permethrin cream 5%.....	90
permethrin creme rinse 1%	90
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phenazopyridine hcl tab 200 mg	61
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phenobarbital tab 16.2 mg	62
phenobarbital tab 30 mg	62
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phenytoin sodium extended cap 300 mg .	71
phenytoin susp 125 mg/5ml	71
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pilocarpine hcl tab 7.5 mg	85
pindolol tab 10 mg	38
pindolol tab 5 mg	38
pioglitazone hcl tab 15 mg (base equiv) ...	34
pioglitazone hcl tab 30 mg (base equiv)...	34
pioglitazone hcl tab 45 mg (base equiv)...	34
pioglitazone hcl-glimepiride tab 30-2 mg	34
pioglitazone hcl-glimepiride tab 30-4 mg	34
pioglitazone hcl-metformin hcl tab 15-500 mg	34
pioglitazone hcl-metformin hcl tab 15-850 mg	34
pirfenidone cap 267 mg	54
pirfenidone tab 267 mg.....	54
pirfenidone tab 801 mg	54
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podofilox soln 0.5%.....	90
POLIVY INJ 140MG.....	25
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<i>polyethylene glycol 3350 oral packet 17 gm</i>	55
<i>polyethylene glycol 3350 oral powder 17 gm/scoop</i>	55
<i>polyethylene glycol-propylene glycol ophth soln 0.4-0.3%</i>	83
<i>polyethylene glycol-propylene glycol pf op soln 0.4-0.3%</i>	83
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>	82
POLY-VI-FLOR CHW W/IRON	76
POLY-VI-FLOR SUS /IRON	76
POLY-VI-FLOR SUS 0.25/ML	76
<i>polyvinyl alcohol ophth soln 1.4%</i>	83
<i>polyvinyl alcohol-povidone ophth soln 5-6 mg/ml (0.5-0.6%)</i>	83
POLY-VI-SOL SOL 50MG/ML	74
POLY-VITA DRO	74
POLY-VITA/FE DRO	75
POLY-VITE DRO	74
POLY-VITE SOL /IRON	75
POLY-VITE SOL 50MG/ML	74
<i>potassium bicarbonate effer tab 25 meq.</i>	78
<i>potassium chloride cap er 10 meq</i>	78
<i>potassium chloride cap er 8 meq</i>	78
<i>potassium chloride microencapsulated crys er tab 10 meq</i>	78
<i>potassium chloride microencapsulated crys er tab 20 meq</i>	78
<i>potassium chloride oral soln 10% (20 meq/15ml)</i>	78
<i>potassium chloride oral soln 20% (40 meq/15ml)</i>	78
<i>potassium chloride tab er 10 meq</i>	78
<i>potassium chloride tab er 20 meq (1500 mg)</i>	78
<i>potassium chloride tab er 8 meq (600 mg)</i>	78
<i>potassium citrate tab er 10 meq (1080 mg)</i>	61
<i>potassium citrate tab er 15 meq (1620 mg)</i>	61
<i>potassium citrate tab er 5 meq (540 mg)</i>	.61

<i>potassium phosphate monobasic tab 500 mg</i>	78
<i>povidone-iodine soln 10%</i>	91
<i>pramipexole dihydrochloride tab 0.125 mg</i>	71
<i>pramipexole dihydrochloride tab 0.25 mg</i>	71
<i>pramipexole dihydrochloride tab 0.5 mg</i>	..71
<i>pramipexole dihydrochloride tab 0.75 mg</i>	71
<i>pramipexole dihydrochloride tab 1 mg</i>71
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<i>prasugrel hcl tab 10 mg (base equiv)</i>	82
<i>prasugrel hcl tab 5 mg (base equiv)</i>	82
<i>pravastatin sodium tab 10 mg</i>	46
<i>pravastatin sodium tab 20 mg</i>	46
<i>pravastatin sodium tab 40 mg</i>	46
<i>pravastatin sodium tab 80 mg</i>	46
<i>prazosin hcl cap 1 mg</i>	43
<i>prazosin hcl cap 2 mg</i>	43
<i>prazosin hcl cap 5 mg</i>	43
PRED SOD PHO SOL 1% OP	84
<i>prednisolone acetate ophth susp 1%</i>	84
<i>prednisolone sod phos orally disintegr tab 10 mg (base eq)</i>	29
<i>prednisolone sod phos orally disintegr tab 15 mg (base eq)</i>	29
<i>prednisolone sod phos orally disintegr tab 30 mg (base eq)</i>	29
<i>prednisolone sod phosph oral soln 6.7 mg/5ml (5 mg/5ml base)</i>	29
<i>prednisolone sod phosphate oral soln 15 mg/5ml (base equiv)</i>	29
<i>prednisolone sodium phosphate oral soln 25 mg/5ml (base eq)</i>	29
<i>prednisolone soln 15 mg/5ml</i>	29
<i>prednisone oral soln 5 mg/5ml</i>	29
<i>prednisone tab 1 mg</i>	29
<i>prednisone tab 10 mg</i>	29
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<i>prednisone tab 20 mg</i>	29
<i>prednisone tab 5 mg</i>	29
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<i>prednisone tab therapy pack 10 mg (21)</i>	..29
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<i>prenatal vit w/ fe fumarate-fa chew tab 29-1 mg</i>	76
<i>prenatal vit w/ fe fumarate-fa tab 28-1 mg</i>	76
<i>prenatal vit w/ iron carbonyl-fa tab 29-1 mg</i>	76
PREZCOBIX TAB 800-150	21
PREZISTA SUS 100MG/ML	20
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<i>primidone tab 250 mg</i>	71
<i>primidone tab 50 mg.....</i>	71
<i>probenecid tab 500 mg</i>	71
<i>prochlorperazine maleate tab 10 mg (base equivalent)</i>	61
<i>prochlorperazine maleate tab 5 mg (base equivalent)</i>	61
<i>prochlorperazine suppos 25 mg.....</i>	61
<i>progesterone cap 100 mg</i>	32
<i>progesterone cap 200 mg.....</i>	32
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<i>promethazine & phenylephrine syrup 6.25-5 mg/5ml</i>	51
<i>promethazine hcl oral soln 6.25 mg/5ml .</i>	49
<i>promethazine hcl suppos 12.5 mg.....</i>	49
<i>promethazine hcl suppos 25 mg</i>	49
<i>promethazine hcl suppos 50 mg</i>	49
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<i>promethazine hcl tab 25 mg</i>	49
<i>promethazine hcl tab 50 mg</i>	49
<i>promethazine w/ codeine syrup 6.25-10 mg/5ml</i>	51
<i>promethazine-dm syrup 6.25-15 mg/5ml.</i>	51
<i>propafenone hcl cap er 12hr 225 mg</i>	41
<i>propafenone hcl cap er 12hr 325 mg</i>	41
<i>propafenone hcl cap er 12hr 425 mg</i>	41
<i>propafenone hcl tab 150 mg</i>	41
<i>propafenone hcl tab 225 mg</i>	41
<i>propafenone hcl tab 300 mg.....</i>	41
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<i>propranolol hcl cap er 24hr 160 mg</i>	39
<i>propranolol hcl cap er 24hr 60 mg</i>	39
<i>propranolol hcl cap er 24hr 80 mg</i>	39
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<i>propranolol hcl tab 60 mg</i>	38
<i>propranolol hcl tab 80 mg</i>	38
<i>propylene glycol ophth soln 0.6%.....</i>	83
<i>propylene glycol-glycerin ophth soln 1-0.3%</i>	83
<i>propylthiouracil tab 50 mg</i>	35
<i>pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml.....</i>	51
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<i>pseudoephedrine-guaifenesin tab er 12hr 120-1200 mg</i>	51
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<i>pyrazinamide tab 500 mg</i>	19
<i>pyridostigmine bromide oral soln 60 mg/5ml.....</i>	73
<i>pyridostigmine bromide tab 60 mg</i>	73
<i>pyridostigmine bromide tab er 180 mg....</i>	73
<i>pyridoxine hcl tab 25 mg</i>	73
<i>pyridoxine hcl tab 50 mg</i>	73
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REMODULIN INJ 2.5MG/ML.....	47

REMODULIN INJ 5MG/ML	47
repaglinide tab 0.5 mg	33
repaglinide tab 1 mg	33
repaglinide tab 2 mg	33
REPATHA INJ 140MG/ML	46
REPATHA PUSH INJ 420/3.5.....	46
REPATHA SURE INJ 140MG/ML	46
RESPIRATORY THERAPY SUPPLIES - OTC	
.....	93
RESPIRATORY THERAPY SUPPLIES - RX	93
RETACRIT INJ 1000OUNT	80
RETACRIT INJ 2000UNI.....	80
RETACRIT INJ 2000UNIT	80
RETACRIT INJ 3000UNIT	80
RETACRIT INJ 4000OUNT	80
RETACRIT INJ 4000UNIT	80
REVLIMID CAP 10MG.....	95
REVLIMID CAP 15MG	95
REVLIMID CAP 2.5MG	95
REVLIMID CAP 20MG	96
REVLIMID CAP 25MG	96
REVLIMID CAP 5MG.....	95
REYATAZ POW 50MG.....	20
ribavirin cap 200 mg	22
ribavirin tab 200 mg	22
rifabutin cap 150 mg	19
rifampin cap 150 mg	19
rifampin cap 300 mg	19
riluzole tab 50 mg	72
RINVOQ TAB 15MG ER.....	69
RINVOQ TAB 30MG ER.....	69
RINVOQ TAB 45MG ER	69
RISACAL-D TAB	78
ritonavir tab 100 mg	20
rivastigmine tartrate cap 1.5 mg (base equivalent)	63
rivastigmine tartrate cap 3 mg (base equivalent)	63
rivastigmine tartrate cap 4.5 mg (base equivalent)	63
rivastigmine tartrate cap 6 mg (base equivalent)	63
rivastigmine td patch 24hr 13.3 mg/24hr ..	63
rivastigmine td patch 24hr 4.6 mg/24hr... <td>63</td>	63

<i>rivastigmine td patch 24hr 9.5 mg/24hr ..</i>	63
<i>rizatriptan benzoate oral disintegrating tab 10 mg (base eq).....</i>	70
<i>rizatriptan benzoate oral disintegrating tab 5 mg (base eq)</i>	70
<i>rizatriptan benzoate tab 10 mg (base equivalent).....</i>	70
<i>rizatriptan benzoate tab 5 mg (base equivalent).....</i>	70
<i>ropinirole hydrochloride tab 0.25 mg</i>	71
<i>ropinirole hydrochloride tab 0.5 mg</i>	71
<i>ropinirole hydrochloride tab 1 mg</i>	72
<i>ropinirole hydrochloride tab 2 mg</i>	72
<i>ropinirole hydrochloride tab 3 mg</i>	72
<i>ropinirole hydrochloride tab 4 mg</i>	72
<i>ropinirole hydrochloride tab 5 mg</i>	72
<i>rosuvastatin calcium tab 10 mg</i>	46
<i>rosuvastatin calcium tab 20 mg</i>	46
<i>rosuvastatin calcium tab 40 mg</i>	46
<i>rosuvastatin calcium tab 5 mg</i>	46
<i>ROZLYTREK CAP 100MG</i>	28
<i>ROZLYTREK CAP 200MG</i>	28
<i>ROZLYTREK PAK 50MG</i>	28
<i>RUBRACA TAB 200MG.....</i>	28
<i>RUBRACA TAB 250MG.....</i>	28
<i>RUBRACA TAB 300MG</i>	28
<i>RUCONEST INJ 2100UNIT</i>	82
<i>RYBELSUS TAB 14MG.....</i>	33
<i>RYBELSUS TAB 3MG</i>	33
<i>RYBELSUS TAB 7MG</i>	33
<i>RYDAPT CAP 25MG.....</i>	27
S	
<i>saline nasal spray 0.65%.....</i>	50
<i>SALINE/PHENO SOL.....</i>	95
<i>SANTYL OIN 250/GM</i>	89
<i>sapropterin dihydrochloride powder packet 100 mg.....</i>	37
<i>sapropterin dihydrochloride powder packet 500 mg</i>	37
<i>sapropterin dihydrochloride tab 100 mg..</i>	37
<i>SAVELLA MIS TITR PAK</i>	64
<i>SAVELLA TAB 100MG.....</i>	64
<i>SAVELLA TAB 12.5MG</i>	64
<i>SAVELLA TAB 25MG.....</i>	64
<i>SAVELLA TAB 50MG.....</i>	64
<i>SEGLUROMET TAB 2.5-1000.....</i>	34
<i>SEGLUROMET TAB 2.5-500</i>	34
<i>SEGLUROMET TAB 7.5-1000</i>	34
<i>SEGLUROMET TAB 7.5-500</i>	34
<i>selegiline hcl cap 5 mg.....</i>	72
<i>selegiline hcl tab 5 mg</i>	72
<i>selenium sulfide lotion 1%</i>	88
<i>selenium sulfide lotion 2.5%</i>	88
<i>SELZENTRY SOL 20MG/ML.....</i>	20
<i>sennosides chew tab 15 mg</i>	55
<i>sennosides syrup 8.8 mg/5ml</i>	55
<i>sennosides tab 15 mg</i>	55
<i>sennosides tab 17.2 mg</i>	55
<i>sennosides tab 25 mg</i>	55
<i>sennosides tab 8.6 mg</i>	55
<i>sennosides-docusate sodium tab 8.6-50 mg</i>	55
<i>SEROSTIM INJ 4MG</i>	36
<i>SEROSTIM INJ 5MG</i>	36
<i>SEROSTIM INJ 6MG</i>	36
<i>sevelamer carbonate packet 0.8 gm</i>	60
<i>sevelamer carbonate packet 2.4 gm</i>	60
<i>sevelamer carbonate tab 800 mg</i>	60
<i>SIKLOS TAB 1000MG.....</i>	80
<i>SIKLOS TAB 100MG</i>	80
<i>sildenafil citrate for suspension 10 mg/ml</i>	47
<i>sildenafil citrate tab 20 mg</i>	47
<i>silver sulfadiazine cream 1%</i>	88
<i>simethicone cap 125 mg</i>	59
<i>simethicone cap 180 mg</i>	59
<i>simethicone chew tab 125 mg</i>	59
<i>simethicone chew tab 80 mg</i>	59
<i>simethicone liquid 40 mg/0.6ml</i>	59
<i>simethicone susp 40 mg/0.6ml.....</i>	59
<i>SIMPLY SALIN AER 0.9%</i>	50
<i>SIMPLY SALIN SPR</i>	50
<i>simvastatin tab 10 mg</i>	46
<i>simvastatin tab 20 mg</i>	46
<i>simvastatin tab 40 mg.....</i>	46
<i>simvastatin tab 5 mg</i>	46
<i>simvastatin tab 80 mg.....</i>	46
<i>sirolimus oral soln 1 mg/ml.....</i>	96
<i>sirolimus tab 0.5 mg</i>	96

<i>sirolimus tab 1 mg</i>	96
<i>sirolimus tab 2 mg</i>	96
SKYLA IUD 13.5MG	31
SKYRIZI INJ 150MG/ML	87
SKYRIZI INJ 180/1.2	59
SKYRIZI INJ 360/2.4	60
SKYRIZI PEN INJ 150MG/ML	87
SKYRIZI SOL 60MG/ML	59
SLOW RELEASE TAB 47.5MG	79
SM VAPORIZER LIQ INHALANT	93
SM VAPORIZER TAB CLEANING	94
SMARTY PANTS CHW KIDS	75
<i>sod sulfate-pot sulf-mg sulf oral sol 17.5-</i>	
<i>3.13-1.6 gm/177ml</i>	55
<i>sodium chloride aero soln 0.9%</i>	51
<i>sodium chloride soln nebu 0.9%</i>	51
<i>sodium chloride soln nebu 10%</i>	51
<i>sodium chloride soln nebu 3%</i>	51
<i>sodium chloride soln nebu 7%</i>	51
<i>sodium fluoride chew tab 0.25 mg f (from</i>	
<i>0.55 mg naf)</i>	78
<i>sodium fluoride chew tab 0.5 mg f (from 1.1</i>	
<i>mg naf)</i>	78
<i>sodium fluoride chew tab 1 mg f (from 2.2</i>	
<i>mg naf)</i>	78
<i>sodium fluoride cream 1.1%</i>	85
<i>sodium fluoride gel 1.1% (0.5% f)</i>	85
<i>sodium fluoride paste 1.1%</i>	85
<i>sodium fluoride rinse 0.2%</i>	85
<i>sodium fluoride soln 0.5 mg/ml f (from 1.1</i>	
<i>mg/ml naf)</i>	78
<i>sodium fluoride tab 0.5 mg f (from 1.1 mg</i>	
<i>naf)</i>	78
<i>sodium fluoride tab 1 mg f (from 2.2 mg naf)</i>	
.....	78
<i>sodium phenylbutyrate oral powder 3</i>	
<i>gm/teaspoonful</i>	37
<i>sodium phenylbutyrate tab 500 mg</i>	37
<i>sodium polystyrene sulfonate rectal susp</i>	
<i>30 gm/120ml</i>	96
<i>sodium polystyrene sulfonate susp 15</i>	
<i>gm/60ml</i>	96
SOFOS/VELPAT TAB 400-100	22
SOLIQUA INJ 100/33	34
SOLUVITA SOL 0.5MG/ML	76
SOMATULINE INJ 120/.5ML	36
SOMATULINE INJ 60/0.2ML	36
SOMATULINE INJ 90/0.3ML	36
<i>sotalol hcl (afib/afl) tab 120 mg</i>	39
<i>sotalol hcl (afib/afl) tab 160 mg</i>	39
<i>sotalol hcl (afib/afl) tab 80 mg</i>	39
<i>sotalol hcl tab 120 mg</i>	39
<i>sotalol hcl tab 160 mg</i>	39
<i>sotalol hcl tab 240 mg</i>	39
<i>sotalol hcl tab 80 mg</i>	39
SPACER/AEROSOL-HOLDING CHAMBER	
SUPPLIES - MASKS - OTC	93
SPACER/AEROSOL-HOLDING CHAMBER	
SUPPLIES - MASKS - RX	93
SPACER/AEROSOL-HOLDING CHAMBERS	
- OTC	93
SPACER/AEROSOL-HOLDING CHAMBERS	
- RX	93
<i>spinosad susp 0.9%</i>	90
<i>spironolactone & hydrochlorothiazide tab</i>	
<i>25-25 mg</i>	45
<i>spironolactone tab 100 mg</i>	44
<i>spironolactone tab 25 mg</i>	44
<i>spironolactone tab 50 mg</i>	44
STEGLATRO TAB 15MG	34
STEGLATRO TAB 5MG	34
STERIL WATER INJ	95
STIVARGA TAB 40MG	27
STRIBILD TAB	22
STRIVERDI AER 2.5MCG	52
<i>sucralfate tab 1 gm</i>	58
SUDAFED 24HR TAB 240MG	50
SUDAFED CHLD LIQ 15MG/5ML	49
<i>sulfacetamide sodium lotion 10% (acne)</i> ..86	
<i>sulfacetamide sodium ophth soln 10%</i>82	
<i>sulfacetamide sodium-prednisolone ophth</i>	
<i>soln 10-0.23(0.25)%</i>	84
<i>sulfamethoxazole-trimethoprim susp 200-</i>	
<i>40 mg/5ml</i>	24
<i>sulfamethoxazole-trimethoprim tab 400-80</i>	
<i>mg</i>	24
<i>sulfamethoxazole-trimethoprim tab 800-</i>	
<i>160 mg</i>	24

<i>sulfasalazine tab 500 mg</i>	59
<i>sulfasalazine tab delayed release 500 mg</i>	59
<i>sulindac tab 150 mg</i>	68
<i>sulindac tab 200 mg</i>	68
<i>sumatriptan nasal spray 20 mg/act</i>	70
<i>sumatriptan nasal spray 5 mg/act</i>	70
<i>sumatriptan succinate inj 6 mg/0.5ml</i>	70
<i>sumatriptan succinate solution auto-injector 4 mg/0.5ml</i>	70
<i>sumatriptan succinate solution auto-injector 6 mg/0.5ml</i>	70
<i>sumatriptan succinate solution cartridge 4 mg/0.5ml</i>	70
<i>sumatriptan succinate solution cartridge 6 mg/0.5ml</i>	70
<i>sumatriptan succinate tab 100 mg</i>	70
<i>sumatriptan succinate tab 25 mg</i>	70
<i>sumatriptan succinate tab 50 mg</i>	70
<i>sunitinib malate cap 12.5 mg (base equivalent)</i>	27
<i>sunitinib malate cap 25 mg (base equivalent)</i>	27
<i>sunitinib malate cap 37.5 mg (base equivalent)</i>	27
<i>sunitinib malate cap 50 mg (base equivalent)</i>	27
SYMDEKO TAB 100-150	54
SYMDEKO TAB 50-75MG	54
SYMTUZA TAB	22
SYNAGIS INJ 100MG/ML	24
SYNAGIS INJ 50/0.5ML	24
SYNAREL SOL 2MG/ML	36
SYSTANE NGHT GEL 0.3%	83
T	
<i>tacrolimus cap 0.5 mg</i>	96
<i>tacrolimus cap 1 mg</i>	96
<i>tacrolimus cap 5 mg</i>	96
<i>tacrolimus oint 0.03%</i>	90
<i>tacrolimus oint 0.1%</i>	90
TAFINLAR CAP 50MG	27
TAFINLAR CAP 75MG	27
TAFINLAR TAB 10MG	27
<i>tamoxifen citrate tab 10 mg (base equivalent)</i>	26
<i>tamoxifen citrate tab 20 mg (base equivalent)</i>	26
<i>tamsulosin hcl cap 0.4 mg</i>	61
<i>temozolomide cap 100 mg</i>	24
<i>temozolomide cap 140 mg</i>	24
<i>temozolomide cap 180 mg</i>	24
<i>temozolomide cap 20 mg</i>	24
<i>temozolomide cap 250 mg</i>	24
<i>temozolomide cap 5 mg</i>	24
<i>tenofovir disoproxil fumarate tab 300 mg</i> .21	
<i>terazosin hcl cap 1 mg (base equivalent)</i> ..43	
<i>terazosin hcl cap 10 mg (base equivalent)</i> 43	
<i>terazosin hcl cap 2 mg (base equivalent)</i> .43	
<i>terazosin hcl cap 5 mg (base equivalent)</i> .43	
<i>terbinafine hcl tab 250 mg</i>	19
<i>terbutaline sulfate tab 2.5 mg</i>	52
<i>terbutaline sulfate tab 5 mg</i>	52
<i>terconazole vaginal cream 0.4%</i>	61
<i>terconazole vaginal cream 0.8%</i>	61
<i>terconazole vaginal suppos 80 mg</i>	61
<i>teriflunomide tab 14 mg</i>	64
<i>teriflunomide tab 7 mg</i>	64
TERIPARATIDE INJ 620/2.48	35
<i>testosterone cypionate im inj in oil 100 mg/ml</i>	30
<i>testosterone cypionate im inj in oil 200 mg/ml</i>	30
<i>testosterone enanthate im inj in oil 200 mg/ml</i>	30
<i>testosterone td gel 10mg/act (2%)</i>	30
<i>testosterone td gel 25 mg/2.5gm (1%)</i>	30
<i>tetrabenazine tab 12.5 mg</i>	63
<i>tetrabenazine tab 25 mg</i>	63
<i>tetracycline hcl cap 250 mg</i>	19
<i>tetracycline hcl cap 500 mg</i>	19
THALOMID CAP 100MG	95
THALOMID CAP 50MG	95
<i>theophylline elixir 80 mg/15ml</i>	52
<i>theophylline soln 80 mg/15ml</i>	52
<i>theophylline tab er 12hr 300 mg</i>	53
<i>theophylline tab er 12hr 450 mg</i>	53
<i>theophylline tab er 24hr 400 mg</i>	53

<i>theophylline tab er 24hr 600 mg</i>	53
THERATEARS SOL 0.25% PF	83
<i>thiamine hcl tab 100 mg</i>	73
<i>thiamine hcl tab 50 mg</i>	73
<i>thiamine mononitrate tab 100 mg</i>	73
<i>timolol maleate ophth gel forming soln 0.25%</i>	83
<i>timolol maleate ophth gel forming soln 0.5%</i>	84
<i>timolol maleate ophth soln 0.25%</i>	83
<i>timolol maleate ophth soln 0.5%</i>	83
<i>timolol maleate tab 10 mg</i>	39
<i>timolol maleate tab 20 mg</i>	39
<i>timolol maleate tab 5 mg</i>	39
<i>tiotropium bromide monohydrate inhal cap 18 mcg (base equiv)</i>	52
TIVICAY PD TAB 5MG.....	20
TIVICAY TAB 50MG	20
<i>tizanidine hcl tab 2 mg (base equivalent)</i> . 72	
<i>tizanidine hcl tab 4 mg (base equivalent)</i> 72	
<i>tobramycin nebu soln 300 mg/4ml</i>	19
<i>tobramycin nebu soln 300 mg/5ml</i>	19
<i>tobramycin ophth soln 0.3%</i>	82
<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	84
<i>tolnaftate aerosol pow 1%</i>	86
<i>tolnaftate cream 1%</i>	87
<i>tolnaftate soln 1%</i>	86
<i>tolterodine tartrate tab 1 mg</i>	60
<i>tolterodine tartrate tab 2 mg</i>	60
<i>tolvaptan tab 15 mg</i>	37
<i>tolvaptan tab 30 mg</i>	37
<i>toremifene citrate tab 60 mg (base equivalent)</i>	26
<i>torsemide tab 10 mg</i>	44
<i>torsemide tab 100 mg</i>	44
<i>torsemide tab 20 mg</i>	44
<i>torsemide tab 5 mg</i>	44
TRACLEER TAB 32MG	47
<i>tramadol hcl tab 50 mg</i>	66
<i>tramadol hcl tab er 24hr 100 mg</i>	66
<i>tramadol hcl tab er 24hr 200 mg</i>	66
<i>tramadol hcl tab er 24hr 300 mg</i>	66
<i>tramadol-acetaminophen tab 37.5-325 mg</i>	67
<i>trandolapril tab 1 mg</i>	42
<i>trandolapril tab 2 mg</i>	42
<i>trandolapril tab 4 mg</i>	42
TRELEGY AER 100MCG	52
TRELEGY AER 200MCG	52
TRELSTAR MIX INJ 3.75MG.....	26
<i>treprostinil inj soln 100 mg/20ml (5 mg/ml)</i>	47
<i>treprostinil inj soln 20 mg/20ml (1 mg/ml)</i>	47
<i>treprostinil inj soln 200 mg/20ml (10 mg/ml)</i>	47
<i>treprostinil inj soln 50 mg/20ml (2.5 mg/ml)</i>	47
<i>tretinoin cap 10 mg</i>	28
<i>tretinoin cream 0.025%</i>	86
<i>tretinoin cream 0.05%</i>	86
<i>tretinoin cream 0.1%</i>	86
<i>tretinoin gel 0.01%</i>	86
<i>tretinoin gel 0.025%</i>	86
TREXALL TAB 10MG.....	25
TREXALL TAB 15MG.....	25
TREXALL TAB 5MG	25
TREXALL TAB 7.5MG	25
<i>triamcinolone acetonide cream 0.025%</i> ..89	
<i>triamcinolone acetonide cream 0.1%</i>89	
<i>triamcinolone acetonide cream 0.5%</i>89	
<i>triamcinolone acetonide dental paste 0.1%</i>	85
<i>triamcinolone acetonide lotion 0.025%</i> ...89	
<i>triamcinolone acetonide lotion 0.1%</i>89	
<i>triamcinolone acetonide nasal aerosol suspension 55 mcg/act</i>	50
<i>triamcinolone acetonide oint 0.025%</i>89	
<i>triamcinolone acetonide oint 0.1%</i>89	
<i>triamcinolone acetonide oint 0.5%</i>89	
<i>triamterene & hydrochlorothiazide cap 37.5-25 mg</i>	45
<i>triamterene & hydrochlorothiazide tab 37.5-25 mg</i>	45
<i>triamterene & hydrochlorothiazide tab 75-50 mg</i>	45

<i>trifluridine ophth soln 1%</i>	82	<i>ursodiol tab 250 mg</i>	59
TRIKAFTA PAK 59.5MG.....	54	<i>ursodiol tab 500 mg</i>	59
TRIKAFTA PAK 75MG.....	54	V	
TRIKAFTA TAB.....	54	<i>valacyclovir hcl tab 1 gm</i>	22
<i>trimethobenzamide hcl cap 300 mg</i>	58	<i>valacyclovir hcl tab 500 mg</i>	22
<i>trimethoprim tab 100 mg</i>	23	<i>valganciclovir hcl for soln 50 mg/ml (base equiv)</i>	22
TRIUMEQ TAB	21	<i>valganciclovir hcl tab 450 mg (base equivalent)</i>	22
TRI-VI-FLOR SUS 0.25/ML.....	76	<i>valsartan tab 160 mg</i>	42
TRI-VI-FLOR SUS 0.5MG/ML	76	<i>valsartan tab 320 mg</i>	42
TRI-VI-FLORO SUS 0.25/ML.....	76	<i>valsartan tab 40 mg</i>	42
TRI-VI-FLORO SUS 0.5MG/ML.....	76	<i>valsartan tab 80 mg</i>	42
TROGARZO INJ 150MG/ML.....	20	<i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i>	44
<i>trospium chloride tab 20 mg</i>	60	<i>valsartan-hydrochlorothiazide tab 160-25 mg</i>	44
TUKYSA TAB 150MG.....	25	<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i>	44
TUKYSA TAB 50MG	25	<i>valsartan-hydrochlorothiazide tab 320-25 mg</i>	44
TUMS CHW DEL CHW 1177MG	56	<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i>	44
TUSNEL C SYP	52	<i>vancomycin hcl cap 125 mg (base equivalent)</i>	24
TYBOST TAB 150MG.....	21	<i>vancomycin hcl cap 250 mg (base equivalent)</i>	24
TYMLOS INJ.....	35	VAPOPADS PAD REFILL	93
TYVASO DPI POW 16-32-48	48	VAPORIZER PAD SCENT	93
TYVASO DPI POW 16MCG	48	VAPORIZERS	94
TYVASO DPI POW 32MCG.....	48	VCF VAGINAL GEL CONTRACE	61
TYVASO DPI POW 48MCG	48	VCF VAGINAL MIS CONTRACP	61
TYVASO DPI POW 64MCG	48	VCKS DAYQUIL LIQ MUCUS DM	51
TYVASO RF KT SOL 0.6MG/ML	47	VELSIPITY TAB 2MG	60
TYVASO SOL 0.6MG/ML	47	VENCLEXTA TAB 100MG	26
TYVASO ST KT SOL 0.6MG/ML	47	VENCLEXTA TAB 10MG	26
U		VENCLEXTA TAB 50MG	26
UBRELVY TAB 100MG	70	VENCLEXTA TAB START PK	26
UBRELVY TAB 50MG	70	<i>verapamil hcl cap er 24hr 100 mg</i>	41
ULTRA OMEGA3 CAP 1400MG	79	<i>verapamil hcl cap er 24hr 200 mg</i>	41
ULTSONIC FLT MIS #415-1	94	<i>verapamil hcl cap er 24hr 300 mg</i>	41
UNI-SOLVE PAD WIPES	91	<i>verapamil hcl tab er 120 mg</i>	41
UPSPRINGBABY DRO MV/IRON	75	<i>verapamil hcl tab er 180 mg</i>	41
UPTRAVI PACK TAB 200/800.....	47	<i>verapamil hcl tab er 240 mg</i>	41
UPTRAVI TAB 1000MCG	47		
UPTRAVI TAB 1200MCG	47		
UPTRAVI TAB 1400MCG	47		
UPTRAVI TAB 1600MCG	47		
UPTRAVI TAB 200MCG.....	47		
UPTRAVI TAB 400MCG.....	47		
UPTRAVI TAB 600MCG.....	47		
UPTRAVI TAB 800MCG.....	47		
<i>ursodiol cap 300 mg</i>	59		

VERZENIO TAB 100MG.....	27
VERZENIO TAB 150MG.....	27
VERZENIO TAB 200MG.....	27
VERZENIO TAB 50MG	26
V-GO 20 KIT	94
V-GO 30 KIT	94
V-GO 40 KIT	94
VIOKACE TAB 10440	58
VIOKACE TAB 20880.....	58
VIREAD POW 40MG/GM	21
VIREAD TAB 150MG.....	21
VIREAD TAB 200MG.....	21
VIREAD TAB 250MG	21
VISCO-3 INJ 25/2.5ML.....	73
VISTOGARD PAK 10GM.....	91
VIT A/C/D/FL DRO 0.25MG.....	75
VIT A/C/D/FL DRO 0.5MG.....	76
VITACHEW CHW	75
VITALETS CHW CHILD	75
VOLTAREN GEL 1% ARTHR	87
<i>voriconazole for susp 40 mg/ml.....</i>	20
<i>voriconazole tab 200 mg</i>	20
<i>voriconazole tab 50 mg</i>	20
W	
<i>warfarin sodium tab 1 mg</i>	81
<i>warfarin sodium tab 10 mg</i>	81
<i>warfarin sodium tab 2 mg.....</i>	81
<i>warfarin sodium tab 2.5 mg</i>	81
<i>warfarin sodium tab 3 mg.....</i>	81
<i>warfarin sodium tab 4 mg</i>	81
<i>warfarin sodium tab 5 mg.....</i>	81
<i>warfarin sodium tab 6 mg</i>	81
<i>warfarin sodium tab 7.5 mg</i>	81
<i>water for injection.....</i>	95
WEGOVY INJ 0.25MG	62
WEGOVY INJ 0.5MG.....	62
WEGOVY INJ 1.7MG.....	62
WEGOVY INJ 1MG.....	62
WEGOVY INJ 2.4MG.....	62
WESTAB MAX TAB 2.5-25-2	79
<i>white petrolatum-mineral oil ophth ointment.....</i>	83
WICKING FLTR MIS.....	94
WICKING FLTR MIS #502	94

WIDE-SEAL DPR KIT 60.....	95
WIDE-SEAL DPR KIT 65.....	95
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X	
XALKORI CAP 150MG	26
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XALKORI CAP 50MG.....	26
XARELTO STAR TAB 15/20MG.....	81
XARELTO SUS 1MG/ML	81
XARELTO TAB 10MG.....	81
XARELTO TAB 15MG	81
XARELTO TAB 2.5MG	81
XARELTO TAB 20MG	81
XHANCE MIS 93MCG	50
XIFAXAN TAB 550MG.....	23
XXIDRA DRO 5%	84
XOLAIR INJ 150MG/ML.....	53
XOLAIR INJ 300/2ML	53
XOLAIR INJ 75/0.5	53
XOLAIR SOL 150MG	53
XOSPATA TAB 40MG	27
XULTOPHY INJ 100/3.6.....	34
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ZADITOR DRO 0.035%OP	84
ZARXIO INJ 300/0.5	80
ZARXIO INJ 480/0.8	80
ZEPBOUND INJ 2.5/0.5	62
ZEPBOUND INJ 5/0.5	62
ZEPBOUND INJ 7.5/0.5	62
ZEPBOUND INJ 10/0.5.....	62
ZEPBOUND INJ 12.5/0.5.....	62
ZEPBOUND INJ 15/0.5.....	62
ZELBORAF TAB 240MG.....	27
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ZENPEP CAP 4000UNT	59	<i>zolmitriptan orally disintegrating tab 2.5 mg</i>	
ZENPEP CAP 5000UNIT	58	70
ZENPEP CAP 6000UNT	59	<i>zolmitriptan orally disintegrating tab 5 mg</i>	
<i>zidovudine cap 100 mg</i>	20	70
<i>zidovudine syrup 10 mg/ml</i>	21	<i>zolmitriptan tab 2.5 mg</i>	70
<i>zidovudine tab 300 mg</i>	21	<i>zolmitriptan tab 5 mg</i>	70
ZIRABEV INJ 100/4ML	25	ZOO FRIENDS CHW GUMMIES	75
ZIRABEV INJ 400/16ML	25	ZYDELIG TAB 100MG	28
ZITHROMAX POW 1GM PAK	18	ZYDELIG TAB 150MG	28
ZOLADEX IMP 3.6MG	26	ZYVOX SOL 2MG/ML	23