



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 08/01/2025. 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.

Embecta 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	
<i>penicillin v potassium tab 250 mg</i>	
<i>penicillin v potassium tab 500 mg</i>	
<i>penicillin v potassium for soln 125 mg/5ml</i>	
<i>penicillin v potassium for soln 250 mg/5ml</i>	
AMINOPENICILLINS	
<i>amoxicillin (trihydrate) cap 250 mg</i>	
<i>amoxicillin (trihydrate) cap 500 mg</i>	
<i>amoxicillin (trihydrate) tab 500 mg</i>	
<i>amoxicillin (trihydrate) tab 875 mg</i>	
<i>amoxicillin (trihydrate) chew tab 125 mg</i>	
<i>amoxicillin (trihydrate) chew tab 250 mg</i>	
<i>amoxicillin (trihydrate) for susp 125 mg/5ml</i>	
<i>amoxicillin (trihydrate) for susp 200 mg/5ml</i>	
<i>amoxicillin (trihydrate) for susp 250 mg/5ml</i>	
<i>amoxicillin (trihydrate) for susp 400 mg/5ml</i>	
<i>ampicillin cap 500 mg</i>	
PENICILLINASE-RESISTANT PENICILLINS	
<i>dicloxacillin sodium cap 250 mg</i>	
<i>dicloxacillin sodium cap 500 mg</i>	
PENICILLIN COMBINATIONS	
<i>amoxicillin & k clavulanate tab 250-125 mg</i>	
<i>amoxicillin & k clavulanate tab 500-125 mg</i>	
<i>amoxicillin & k clavulanate tab 875-125 mg</i>	
<i>amoxicillin & k clavulanate for susp 200-28.5 mg/5ml</i>	
<i>amoxicillin & k clavulanate for susp 250-62.5 mg/5ml</i>	
<i>amoxicillin & k clavulanate for susp 400-57 mg/5ml</i>	
<i>amoxicillin & k clavulanate for susp 600-42.9 mg/5ml</i>	
CEPHALOSPORINS	
CEPHALOSPORINS - 1ST GENERATION	
<i>cefadroxil cap 500 mg</i>	
<i>cefadroxil tab 1 gm</i>	
<i>cefadroxil for susp 250 mg/5ml</i>	
<i>cefadroxil for susp 500 mg/5ml</i>	
<i>cephalexin cap 250 mg</i>	
<i>cephalexin cap 500 mg</i>	
<i>cephalexin cap 750 mg</i>	
<i>cephalexin tab 250 mg</i>	

Drug Name	Requirements/Limits
<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>ceprozil tab 250 mg</i>	
<i>ceprozil tab 500 mg</i>	
<i>ceprozil for susp 125 mg/5ml</i>	
<i>ceprozil 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 hyclate cap 50 mg</i>	
<i>doxycycline hyclate cap 100 mg</i>	

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Drug Name	Requirements/Limits
<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>
<i>fluconazole tab 100 mg</i>

Drug Name	Requirements/Limits
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

SUNLENCA TAB 300MG	QL (4 tabs every 2 days)
YEZTUGO TAB 300MG	QL (4 tabs every 2 days)
SUNLENCA INJ	QL (2 vials every 126 days)
YEZTUGO INJ 463.5MG	QL (2 vials every 126 days)
SUNLENCA TAB 300MG	QL (4 tabs every 2 days)
SUNLENCA TAB 300MG	QL (5 tabs every 8 days)
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)

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Drug Name	Requirements/Limits
EMTRIVA SOL 10MG/ML	QL (680 mL every 28 days)
<i>lamivudine tab 150 mg</i>	QL (2 tabs every 1 day)
<i>lamivudine tab 300 mg</i>	QL (1 tab every 1 day)
<i>lamivudine oral soln 10 mg/ml</i>	QL (32 mL every 1 day)
<i>zidovudine cap 100 mg</i>	QL (6 caps every 1 day)
<i>zidovudine tab 300 mg</i>	QL (2 tabs every 1 day)
<i>zidovudine syrup 10 mg/ml</i>	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)
<i>tenofovir disoproxil fumarate tab 300 mg</i>	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)
<i>efavirenz tab 600 mg</i>	QL (1 tab every 1 day)
INTELENCE TAB 25MG	QL (4 tabs every 1 day)
<i>etravirine tab 100 mg</i>	QL (4 tabs every 1 day)
<i>etravirine tab 200 mg</i>	QL (2 tabs every 1 day)
<i>nevirapine tab 200 mg</i>	QL (2 tabs every 1 day)
<i>nevirapine susp 50 mg/5ml</i>	QL (40 mL every 1 day)
<i>nevirapine tab er 24hr 400 mg</i>	QL (1 tab every 1 day)
EDURANT TAB 25MG	QL (2 tabs every 1 day)
TYBOST TAB 150MG	QL (1 tab every 1 day)
<i>abacavir sulfate-lamivudine tab 600-300 mg</i>	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)
<i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg</i>	QL (1 tab every 1 day)
<i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i>	QL (1 tab every 1 day)
<i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</i>	QL (1 tab every 1 day)
<i>emtricitabine-tenofovir disoproxil fumarate tab 200-300</i>	QL (1 tab every 1 day)
<i>mg</i>	
<i>CIMDUO TAB 300-300</i>	QL (1 tab every 1 day)
<i>lamivudine-zidovudine tab 150-300 mg</i>	QL (2 tabs every 1 day)
<i>lopinavir-ritonavir tab 100-25 mg</i>	QL (10 tabs every 1 day)
<i>lopinavir-ritonavir tab 200-50 mg</i>	QL (4 tabs every 1 day)
KALETRA SOL	QL (16 mL every 1 day)

Drug Name	Requirements/Limits
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
<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)
<i>emtricitabine-rilpivirine-tenofovir df tab 200-25-300 mg</i>	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>

Drug Name	Requirements/Limits
INFLUENZA AGENTS	
<i>oseltamivir phosphate cap 30 mg (base equiv)</i>	QL (40 caps every 90 days)
<i>oseltamivir phosphate cap 45 mg (base equiv)</i>	QL (20 caps every 90 days)
<i>oseltamivir phosphate cap 75 mg (base equiv)</i>	QL (20 caps every 90 days)
<i>oseltamivir phosphate for susp 6 mg/ml (base equiv)</i>	QL (360 mL every 90 days), AGE (Max 12)
MISC. ANTIVIRALS	
LAGEVRIA CAP 200MG	QL (40 caps every 30 days)
ANTIVIRAL COMBINATIONS	
PAXLOVID PAK	QL (22 tabs every 30 days)
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>	
LINCOSAMIDES	
<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

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Drug Name	Requirements/Limits
<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
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 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

Drug Name	Requirements/Limits
<i>temozolomide cap 250 mg</i>	SP, PA
ANTINEOPLASTIC - ANTI-HER2 AGENTS	
KANJINTI SOL 150MG	SP, PA
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	
<i>capecitabine tab 150 mg</i>	SP, PA
<i>capecitabine tab 500 mg</i>	SP, PA
<i>mercaptopurine tab 50 mg</i>	
<i>methotrexate sodium tab 2.5 mg (base equiv)</i>	
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 21 days)
PADCEV INJ 30MG	SP, PA, QL (15 vials every 21 days)
ANTINEOPLASTIC - EGFR INHIBITORS	
GILOTrif TAB 20MG	SP, PA, QL (1 tab every 1 day)
GILOTrif TAB 30MG	SP, PA, QL (1 tab every 1 day)
GILOTrif TAB 40MG	SP, PA, QL (1 tab every 1 day)
<i>erlotinib hcl tab 25 mg (base equivalent)</i>	SP, PA, QL (2 tabs every 1 day)

Drug Name	Requirements/Limits
<i>erlotinib hcl tab 100 mg (base equivalent)</i>	SP, PA, QL (1 tab every 1 day)
<i>erlotinib hcl tab 150 mg (base equivalent)</i>	SP, PA, QL (1 tab every 1 day)
ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITORS	
ERIVEDGE CAP 150MG	SP, PA, QL (1 cap every 1 day)
ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS	
LYSODREN TAB 500MG	
<i>bicalutamide tab 50 mg</i>	
<i>tamoxifen citrate tab 10 mg (base equivalent)</i>	
<i>tamoxifen citrate tab 20 mg (base equivalent)</i>	
<i>toremifene citrate tab 60 mg (base equivalent)</i>	
<i>anastrozole tab 1 mg</i>	
<i>exemestane tab 25 mg</i>	
<i>letrozole tab 2.5 mg</i>	
<i>fulvestrant inj soln pref syr 250 mg/5ml</i>	SP, PA
<i>megestrol acetate tab 20 mg</i>	
<i>megestrol acetate tab 40 mg</i>	
<i>megestrol acetate susp 40 mg/ml</i>	
ZOLADEX IMP 3.6MG	SP, PA
<i>leuprolide acetate inj kit 1 mg/0.2ml (5 mg/ml)</i>	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)
<i>abiraterone acetate tab 250 mg</i>	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	
<i>etoposide cap 50 mg</i>	
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)

Drug Name	Requirements/Limits
VERZENIO TAB 50MG	SP, PA, QL (2 tabs every 1 day)
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)
IMKELDI SOL 80MG/ML	SP, PA, QL (10 mL 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)

\$0 - Zero Dollar Copay **AGE** - Age Limit **CV** - Cardiovascular **GNDR** - Gender Edit

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OSA - Obstructive Sleep Apnea **OTC** - Over the counter **PA** - Prior Authorization **QL**
- Quantity Limits **SP** - Specialty **ST** - Step Therapy

Drug Name	Requirements/Limits
CAPRELSA TAB 100MG	SP, PA, QL (2 tabs every 1 day)
CAPRELSA TAB 300MG	SP, PA, QL (1 tab every 1 day)
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 (3 caps every 21 days)
NINLARO CAP 3MG	SP, PA, QL (3 caps every 21 days)
NINLARO CAP 4MG	SP, PA, QL (3 caps every 21 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)
ITOVEBI TAB 3MG	SP, PA, QL (2 tabs every 1 day)
ITOVEBI TAB 9MG	SP, PA, QL (1 tab 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>	
IWILFIN TAB 192MG	SP, PA, QL (8 tabs every 1 day)

Drug Name	Requirements/Limits
CORTICOSTEROIDS	
GLUCOCORTICOSTEROIDS	
budesonide delayed release particles cap 3 mg	
budesonide tab er 24hr 9 mg	
dexamethasone tab 0.5 mg	
dexamethasone tab 0.75 mg	
dexamethasone tab 1 mg	
dexamethasone tab 1.5 mg	
dexamethasone tab 2 mg	
dexamethasone tab 4 mg	
dexamethasone tab 6 mg	
dexamethasone elixir 0.5 mg/5ml	
dexamethasone soln 0.5 mg/5ml	
hydrocortisone tab 5 mg	
hydrocortisone tab 10 mg	
hydrocortisone tab 20 mg	
MEDROL TAB 2MG	
methylprednisolone tab 4 mg	
methylprednisolone tab 8 mg	
methylprednisolone tab 16 mg	
methylprednisolone tab 32 mg	
methylprednisolone tab therapy pack 4 mg (21)	
prednisolone soln 15 mg/5ml	
prednisolone sod phosphate oral soln 15 mg/5ml (base equiv)	
prednisolone sodium phosphate oral soln 25 mg/5ml (base eq)	
prednisolone sod phosphate oral soln 5 mg/5ml (base equiv)	
prednisolone sod phos orally disintegr tab 10 mg (base eq)	
prednisolone sod phos orally disintegr tab 15 mg (base eq)	
prednisolone sod phos orally disintegr tab 30 mg (base eq)	
prednisone tab 1 mg	
prednisone tab 2.5 mg	
prednisone tab 5 mg	
prednisone tab 10 mg	
prednisone tab 20 mg	
prednisone tab 50 mg	
prednisone oral soln 5 mg/5ml	
prednisone tab therapy pack 5 mg (21)	

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

Drug Name	Requirements/Limits
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
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

Drug Name	Requirements/Limits
<i>norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg</i>	QL (1 tab every 1 day); \$0
<i>desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)</i>	QL (1 tab every 1 day); \$0
<i>desogest-ethin est tab 0.1-0.025/0.125-0.025/0.15-0.025mg-mg</i>	QL (1 tab every 1 day); \$0
<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-QL (1 tab every 1 day); \$0 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

<i>LANTUS INJ 100/ML</i>	
<i>LANTUS SOLOS INJ 100/ML</i>	
<i>GLARGIN YFGN SOL 100U/ML</i>	
<i>GLARGIN YFGN INJ 100U/ML</i>	
<i>ADMELOG INJ 100U/ML</i>	
<i>INSULIN LISP INJ 100/ML</i>	
<i>ADMELOG SOLO INJ 100U/ML</i>	
<i>HUMULIN R INJ U-100</i>	OTC
<i>NOVOLIN R INJ U-100</i>	OTC
<i>HUMULIN R INJ U-500</i>	
<i>NOVOLIN R INJ 100 UNIT</i>	OTC
<i>HUMULIN R INJ U-500</i>	
<i>HUMULIN N INJ U-100</i>	OTC
<i>NOVOLIN N INJ U-100</i>	OTC
<i>HUMULIN N INJ U-100KWP</i>	OTC

Drug Name	Requirements/Limits
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
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)
OZEMPIC INJ 2MG/3ML	PA, QL (1 pen every 21 days)
OZEMPIC INJ 4MG/3ML	PA, QL (1 pen every 21 days)
OZEMPIC 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 1/0.2ML	QL (2 syringes every 30 days)
BAQSIMI ONE POW 3MG/DOSE	QL (2 actuations every 30 days)

Drug Name	Requirements/Limits
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 1/0.2ML	QL (2 syringes every 30 days)
GVOKE HYPO 2 INJ 1/0.2ML	QL (2 syringes every 30 days)
GVOKE PFS INJ 1/0.2ML	QL (2 syringes every 30 days)
glucagon (rdna) for inj kit 1 mg	QL (2 kits every 30 days)

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

JARDIANC TAB 10MG ST

JARDIANC 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

Drug Name	Requirements/Limits
<i>pioglitazone hcl-glimepiride tab 30-4 mg</i>	
<i>pioglitazone hcl-metformin hcl tab 15-500 mg</i>	
<i>pioglitazone hcl-metformin hcl tab 15-850 mg</i>	

THYROID AGENTS

THYROID HORMONES

<i>levothyroxine sodium tab 25 mcg</i>	
<i>levothyroxine sodium tab 50 mcg</i>	
<i>levothyroxine sodium tab 75 mcg</i>	
<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 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 560/2.24 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

Drug Name	Requirements/Limits
PREGNYL INJ 10000UNT	SP, PA
OVIDREL INJ	SP, PA
GONAL-F RFF INJ 75UNIT	SP, PA, QL (60 vials every 28 days)
MENOPUR INJ 75UNIT	SP, PA
LHRH/GNRH AGONIST ANALOG PITUITARY SUPPRESSANTS	
FENSOLVI INJ 45MG	SP, PA
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)

Drug Name	Requirements/Limits
<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>	
<i>desmopressin acetate nasal spray soln 0.01% (refrigerated)</i>	
<i>desmopressin acetate nasal spray soln 0.01%</i>	
CORTICOTROPIN	
<i>ACTHAR INJ 80UNIT</i>	SP, PA, QL (35 mL every 21 days)
<i>CORTROPHIN INJ 80UNT/ML</i>	SP, PA, QL (28 syringes every 28 days)
MINERALOCORTICOID RECEPTOR ANTAGONISTS	
<i>KERENDIA TAB 10MG</i>	PA
<i>KERENDIA TAB 20MG</i>	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)
<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

Drug Name	Requirements/Limits
sapropterin dihydrochloride powder packet 500 mg	SP, PA

CARDIOTONICS

CARDIAC GLYCOSIDES

digoxin tab 62.5 mcg (0.0625 mg)
 digoxin tab 125 mcg (0.125 mg)
 digoxin tab 250 mcg (0.25 mg)
 digoxin oral soln 0.05 mg/ml

ANTIANGINAL AGENTS

NITRATES

isosorbide dinitrate tab 5 mg
 isosorbide dinitrate tab 10 mg
 isosorbide dinitrate tab 20 mg
 isosorbide dinitrate tab 30 mg
 isosorbide mononitrate tab er 24hr 30 mg
 isosorbide mononitrate tab er 24hr 60 mg
 isosorbide mononitrate tab er 24hr 120 mg
 nitroglycerin cap er 2.5 mg
 nitroglycerin cap er 6.5 mg
 nitroglycerin cap er 9 mg
 nitroglycerin sl tab 0.3 mg
 nitroglycerin sl tab 0.4 mg
 nitroglycerin sl tab 0.6 mg
 NITRO-BID OIN 2%
 nitroglycerin td patch 24hr 0.1 mg/hr
 nitroglycerin td patch 24hr 0.2 mg/hr
 NITRO-DUR DIS 0.3MG/HR
 nitroglycerin td patch 24hr 0.4 mg/hr
 nitroglycerin td patch 24hr 0.6 mg/hr
 NITRO-DUR DIS 0.8MG/HR

BETA BLOCKERS

BETA BLOCKERS NON-SELECTIVE

nadolol tab 20 mg
 nadolol tab 40 mg
 nadolol tab 80 mg
 pindolol tab 5 mg
 pindolol tab 10 mg
 propranolol hcl tab 10 mg
 propranolol hcl tab 20 mg
 propranolol hcl tab 40 mg
 propranolol hcl tab 60 mg
 propranolol hcl tab 80 mg
 propranolol hcl oral soln 20 mg/5ml

Drug Name	Requirements/Limits
<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>	
<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>	

Drug Name	Requirements/Limits
CALCIUM CHANNEL BLOCKERS	
CALCIUM CHANNEL BLOCKERS	
amlodipine besylate tab 2.5 mg (base equivalent)	
amlodipine besylate tab 5 mg (base equivalent)	
amlodipine besylate tab 10 mg (base equivalent)	
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	

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

ANTIARRHYTHMICS

ANTIARRHYTHMICS TYPE I-A

disopyramide phosphate cap 100 mg
disopyramide phosphate cap 150 mg
NORPACE CAP 100MG CR
NORPACE CAP 150MG CR

ANTIARRHYTHMICS TYPE I-C

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

ANTIARRHYTHMICS TYPE III

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

ANTIHYPERTENSIVES

ACE INHIBITORS

benazepril hcl tab 5 mg
benazepril hcl tab 10 mg
benazepril hcl tab 20 mg
benazepril hcl tab 40 mg
captopril tab 12.5 mg
captopril tab 25 mg
captopril tab 50 mg
captopril tab 100 mg
enalapril maleate tab 2.5 mg
enalapril maleate tab 5 mg

Drug Name	Requirements/Limits
<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>	
<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>	

Drug Name	Requirements/Limits
<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>	
<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>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>	

Drug Name	Requirements/Limits
<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>	
<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>	

Drug Name	Requirements/Limits
THIAZIDES AND THIAZIDE-LIKE DIURETICS	
chlorthalidone tab 25 mg	
chlorthalidone tab 50 mg	
hydrochlorothiazide cap 12.5 mg	
hydrochlorothiazide tab 12.5 mg	
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 INJ 0.3MG	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)
ANTIHYPOLIPIDEMICS	
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	

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OSA - Obstructive Sleep Apnea **OTC** - Over the counter **PA** - Prior Authorization **QL**
- Quantity Limits **SP** - Specialty **ST** - Step Therapy

Drug Name	Requirements/Limits
FIBRIC ACID DERIVATIVES	
<i>fenofibrate tab 48 mg</i>	
<i>fenofibrate tab 54 mg</i>	
<i>fenofibrate tab 145 mg</i>	
<i>fenofibrate tab 160 mg</i>	
<i>fenofibrate micronized cap 67 mg</i>	
<i>fenofibrate micronized cap 134 mg</i>	
<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	
REPATHA SURE INJ 140MG/ML	SP, PA, QL (2 pens every 28 days)
REPATHA PUSH INJ 420/3.5	SP, PA, QL (1 cartridge every 28 days)
REPATHA INJ 140MG/ML	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>	

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

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

Drug Name	Requirements/Limits
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)
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

<i>ivabradine hcl tab 5 mg (base equiv)</i>
<i>ivabradine hcl tab 7.5 mg (base equiv)</i>

CORLANOR SOL 5MG/5ML

CARDIOVASCULAR AGENTS MISC. - COMBINATIONS

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

ANTIHISTAMINES

ANTIHISTAMINES - ALKYLAMINES

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

Drug Name	Requirements/Limits
ANTIHISTAMINES - ETHANOLAMINES	
DAYHIST ALRG TAB 12 HOUR	OTC
diphenhydramine hcl cap 25 mg	OTC
diphenhydramine hcl cap 50 mg	OTC
diphenhydramine hcl tab 25 mg	OTC
diphenhydramine hcl chew tab 12.5 mg	OTC
diphenhydramine hcl liquid 12.5 mg/5ml	OTC
diphenhydramine hcl elixir 12.5 mg/5ml	
diphenhydramine hcl tab disint 12.5 mg	OTC
ANTIHISTAMINES - PHENOTHIAZINES	
promethazine hcl tab 12.5 mg	
promethazine hcl tab 25 mg	
promethazine hcl tab 50 mg	
PROMETHAZINE SYP 6.25/5ML	
promethazine hcl oral soln 6.25 mg/5ml	
promethazine hcl suppos 12.5 mg	
promethazine hcl suppos 25 mg	
promethazine hcl suppos 50 mg	
ANTIHISTAMINES - PIPERIDINES	
ciproheptadine hcl tab 4 mg	
ciproheptadine hcl syrup 2 mg/5ml	
ANTIHISTAMINES - NON-SEDATING	
cetirizine hcl cap 10 mg	OTC
cetirizine hcl tab 5 mg	OTC
cetirizine hcl tab 10 mg	OTC
cetirizine hcl chew tab 5 mg	AGE (Max 12), OTC
cetirizine hcl chew tab 10 mg	AGE (Max 12), OTC
cetirizine hcl oral soln 1 mg/ml (5 mg/5ml)	
cetirizine hcl oral soln 1 mg/ml (5 mg/5ml)	OTC
cetirizine hcl orally disintegrating tab 10 mg	OTC
fexofenadine hcl tab 60 mg	OTC
fexofenadine hcl tab 180 mg	OTC
fexofenadine hcl susp 30 mg/5ml (6 mg/ml)	OTC
ALLEGRA ALRG TAB 30MG	OTC
loratadine cap 10 mg	OTC
loratadine tab 10 mg	OTC
loratadine chew tab 5 mg	OTC
loratadine oral soln 5 mg/5ml	OTC
loratadine orally disintegrating tab 5 mg	OTC
loratadine rapidly-disintegrating tab 10 mg	OTC

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OSA - Obstructive Sleep Apnea **OTC** - Over the counter **PA** - Prior Authorization **QL**
- Quantity Limits **SP** - Specialty **ST** - Step Therapy

Drug Name	Requirements/Limits
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)
<i>fluticasone propionate nasal susp 50 mcg/act</i>	QL (1 bottle every 25 days), OTC
<i>XHANCE MIS 93MCG</i>	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.	
<i>NOZIN NASAL KIT SANITIZE</i>	OTC
<i>saline nasal spray 0.65%</i>	OTC
<i>AYR NASAL DRO 0.65%</i>	OTC
<i>CVS NASAL AER 0.9%</i>	OTC
<i>RA STERILE SOL NASAL</i>	OTC
<i>SIMPLY SALIN AER 0.9%</i>	OTC
<i>SIMPLY SALIN SPR</i>	OTC
COUGH/COLD/ALLERGY	
ANTITUSSIVES	
<i>hydrocodone bitart-homatropine methylbromide tab 5- 1.5 mg</i>	QL (42 tabs every 30 days)
<i>hydrocodone bitart-homatropine methylbromide soln 5-1.5 mg/5ml</i>	QL (210 mL every 30 days)
<i>benzonatate cap 100 mg</i>	
<i>benzonatate cap 200 mg</i>	

Drug Name	Requirements/Limits
EXPECTORANTS	
guaifenesin tab 200 mg	OTC
guaifenesin tab 400 mg	OTC
guaifenesin liquid 100 mg/5ml	OTC
EXPECT CHILD LIQ 200M/5ML	OTC
GILTUSS EX LIQ MAX STR	OTC
GERI-TUSSIN SYP 200/10ML	OTC
guaifenesin tab er 12hr 600 mg	OTC
guaifenesin tab er 12hr 1200 mg	OTC
MUCINEX TAB 1200MG	OTC
MISC. RESPIRATORY INHALANTS	
sodium chloride soln nebu 0.9%	
sodium chloride soln nebu 3%	
sodium chloride soln nebu 7%	
sodium chloride soln nebu 10%	
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 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

Drug Name	Requirements/Limits
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
WAL-TUSSIN LIQ CF	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)

ANTI-INFLAMMATORY AGENTS

cromolyn sodium soln nebu 20 mg/2ml	QL (240 each every 25 days)
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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	
umeclidinium-vilanterol aero powd ba 62.5-25 mcg/act	QL (60 blisters every 25 days)
TRELEGY AER 100MCG	QL (1 inhaler every 25 days)
TRELEGY AER 200MCG	QL (1 inhaler every 25 days)

Drug Name	Requirements/Limits
XANTHINES	
<i>theophylline elixir 80 mg/15ml</i>	
<i>theophylline soln 80 mg/15ml</i>	
<i>theophylline tab er 12hr 300 mg</i>	
<i>theophylline tab er 12hr 450 mg</i>	
<i>theophylline tab er 24hr 400 mg</i>	
<i>theophylline tab er 24hr 600 mg</i>	
STEROID INHALANTS	
QVAR REDIHAL AER 40MCG	QL (1 inhaler every 28 days)
QVAR REDIHA AER 80MCG	QL (1 inhaler every 28 days)
<i>budesonide inhalation susp 0.25 mg/2ml</i>	QL (120 mL every 25 days)
<i>budesonide inhalation susp 0.5 mg/2ml</i>	QL (120 mL every 25 days)
<i>budesonide inhalation susp 1 mg/2ml</i>	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)
<i>fluticasone propionate aer pow ba 50 mcg/act</i>	QL (2 inhalations every 1 day)
<i>fluticasone propionate aer pow ba 100 mcg/act</i>	QL (2 inhalations every 1 day)
<i>fluticasone propionate aer pow ba 250 mcg/act</i>	QL (2 inhalations every 1 day)
<i>fluticasone propionate hfa inhal aero 44 mcg/act</i>	QL (1 inhaler every 28 days)
<i>fluticasone propionate hfa inhal aer 110 mcg/act</i>	QL (1 inhaler every 28 days)
<i>fluticasone propionate hfa inhal aer 220 mcg/act</i>	QL (1 inhaler every 28 days)
LEUKOTRIENE MODULATORS	
<i>montelukast sodium tab 10 mg (base equiv)</i>	
<i>montelukast sodium chew tab 4 mg (base equiv)</i>	
<i>montelukast sodium chew tab 5 mg (base equiv)</i>	
<i>montelukast sodium oral granules packet 4 mg (base equiv)</i>	
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)

Drug Name	Requirements/Limits
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)
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

pirfenidone cap 267 mg	SP, PA, QL (9 caps every 1 day)
pirfenidone tab 267 mg	SP, PA, QL (9 tabs every 1 day)

Drug Name	Requirements/Limits
<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

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

Drug Name	Requirements/Limits
<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
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ANTACIDS

ANTACIDS - CALCIUM SALTS

CALCIUM CARB TAB 648MG	OTC
calcium carbonate (antacid) chew tab 400 mg	OTC
calcium carbonate (antacid) chew tab 420 mg	OTC
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
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

<i>hyoscyamine sulfate tab 0.125 mg</i>
<i>hyoscyamine sulfate sl tab 0.125 mg</i>
<i>hyoscyamine sulfate elixir 0.125 mg/5ml</i>
<i>hyoscyamine sulfate soln 0.125 mg/ml</i>

Drug Name	Requirements/Limits
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	
cimetidine tab 400 mg	
cimetidine tab 800 mg	
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	
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)

Drug Name	Requirements/Limits
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	
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	

Drug Name	Requirements/Limits
ZENPEP CAP 4000OUNT	
ZENPEP CAP 6000OUNT	
GASTROINTESTINAL AGENTS - MISC.	
GALLSTONE SOLUBILIZING AGENTS	
ursodiol cap 300 mg	
ursodiol tab 250 mg	
ursodiol tab 500 mg	
ANTIFLATULENTS	
simethicone cap 125 mg	OTC
simethicone cap 180 mg	OTC
simethicone chew tab 80 mg	OTC
simethicone chew tab 125 mg	OTC
simethicone liquid 40 mg/0.6ml	OTC
simethicone susp 40 mg/0.6ml	OTC
GAS-X CHILD MIS 40MG	OTC
GAS-X EX-STR MIS 62.5MG	OTC
GASTROINTESTINAL STIMULANTS	
metoclopramide hcl tab 5 mg (base equivalent)	
metoclopramide hcl tab 10 mg (base equivalent)	
metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv)	
INTESTINAL ACIDIFIERS	
lactulose (encephalopathy) solution 10 gm/15ml	
GASTROINTESTINAL CHLORIDE CHANNEL ACTIVATORS	
lubiprostone cap 8 mcg	
lubiprostone cap 24 mcg	
INFLAMMATORY BOWEL AGENTS	
balsalazide disodium cap 750 mg	
mesalamine enema 4 gm	
mesalamine suppos 1000 mg	
mesalamine cap er 24hr 0.375 gm	
mesalamine rectal enema 4 gm & cleanser wipe kit	
sulfasalazine tab 500 mg	
sulfasalazine tab delayed release 500 mg	
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)

Drug Name	Requirements/Limits
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)

PEROXISOME PROLIFERATOR-ACTIVATED RECEPTOR(PPAR) AGONISTS

IQIRVO TAB 80MG	SP, PA, QL (1 tab every 1 day)
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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 - BETA-3 ADRENERGIC AGONISTS

mirabegron tab er 24 hr 25 mg

mirabegron tab er 24 hr 50 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 7 SUP 100MG OTC

miconazole nitrate vaginal suppos 200 mg

\$0 - Zero Dollar Copay **AGE** - Age Limit **CV** - Cardiovascular **GNDR** - Gender Edit

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OSA - Obstructive Sleep Apnea **OTC** - Over the counter **PA** - Prior Authorization **QL**

- Quantity Limits **SP** - Specialty **ST** - Step Therapy

Drug Name	Requirements/Limits
<i>miconazole nitrate vaginal supp 200 mg & 2% cream 9 gm kit</i>	OTC
<i>miconazole nitrate vaginal supp 1200 mg & 2% cream kit</i>	OTC
MONISTAT 7 KIT COMBO PK	OTC
<i>miconazole nitrate vaginal app 200 mg & 2% cream 9 gm kit</i>	OTC
MONISTAT 7 KIT COMPLETE	OTC
MONISTAT 3 KIT COMBO PK	OTC
MICONAZOLE 1 KIT COMBO	OTC
<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>	

Drug Name	Requirements/Limits
<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>	
<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	
<i>WEGOVY INJ 0.25MG</i>	PA, QL (4 pens every 21 days); CV Only Coverage
<i>WEGOVY INJ 0.5MG</i>	PA, QL (4 pens every 21 days); CV Only Coverage
<i>WEGOVY INJ 1MG</i>	PA, QL (4 pens every 21 days); CV Only Coverage
<i>WEGOVY INJ 1.7MG</i>	PA, QL (4 pens every 21 days); CV Only Coverage
<i>WEGOVY INJ 2.4MG</i>	PA, QL (4 pens every 21 days); CV Only Coverage
<i>ZEPBOUND INJ 2.5/0.5</i>	PA, QL (4 vials every 21 days); OSA Only Coverage
<i>ZEPBOUND INJ 5/0.5ML</i>	PA, QL (4 vials every 21 days); OSA Only Coverage
<i>ZEPBOUND INJ 7.5/0.5</i>	PA, QL (4 vials every 21 days); OSA Only Coverage
<i>ZEPBOUND INJ 10/0.5ML</i>	PA, QL (4 vials every 21 days); OSA Only Coverage
<i>ZEPBOUND INJ 2.5/0.5</i>	PA, QL (4 pens every 21 days); OSA Only Coverage
<i>ZEPBOUND INJ 5/0.5ML</i>	PA, QL (4 pens every 21 days); OSA Only Coverage

Drug Name	Requirements/Limits
ZEPBOUND INJ 7.5/0.5	PA, QL (4 pens every 21 days); OSA Only Coverage
ZEPBOUND INJ 10/0.5ML	PA, QL (4 pens every 21 days); CV Only Coverage
ZEPBOUND INJ 12.5/0.5	PA, QL (4 pens every 21 days); OSA Only Coverage
ZEPBOUND INJ 15/0.5ML	PA, QL (4 pens every 21 days); OSA Only Coverage

ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD) AGENTS

clonidine hcl tab er 12hr 0.1 mg	AGE (less than 6, more than 17)
ONYDA XR SUS 0.1MG/ML	AGE (less than 6, more than 17)
guanfacine hcl tab er 24hr 1 mg (base equiv)	AGE (less than 6, more than 17)
INTUNIV TAB 1MG	AGE (less than 6, more than 17)
guanfacine hcl tab er 24hr 2 mg (base equiv)	AGE (less than 6, more than 17)
INTUNIV TAB 2MG	AGE (less than 6, more than 17)
guanfacine hcl tab er 24hr 3 mg (base equiv)	AGE (less than 6, more than 17)
INTUNIV TAB 3MG	AGE (less than 6, more than 17)
guanfacine hcl tab er 24hr 4 mg (base equiv)	AGE (less than 6, more than 17)
INTUNIV TAB 4MG	AGE (less than 6, more than 17)

PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.

ANTIDEMENTIA AGENTS

donepezil hydrochloride tab 5 mg
donepezil hydrochloride tab 10 mg
donepezil hydrochloride tab 23 mg
donepezil hydrochloride orally disintegrating tab 5 mg
donepezil hydrochloride orally disintegrating tab 10 mg
galantamine hydrobromide tab 4 mg
galantamine hydrobromide tab 8 mg
galantamine hydrobromide tab 12 mg
galantamine hydrobromide oral soln 4 mg/ml
galantamine hydrobromide cap er 24hr 8 mg
galantamine hydrobromide cap er 24hr 16 mg
galantamine hydrobromide cap er 24hr 24 mg
rivastigmine td patch 24hr 4.6 mg/24hr
rivastigmine td patch 24hr 9.5 mg/24hr
rivastigmine td patch 24hr 13.3 mg/24hr
rivastigmine tartrate cap 1.5 mg (base equivalent)
rivastigmine tartrate cap 3 mg (base equivalent)
rivastigmine tartrate cap 4.5 mg (base equivalent)
rivastigmine tartrate cap 6 mg (base equivalent)
memantine hcl tab 5 mg
memantine hcl tab 10 mg
memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack

\$0 - Zero Dollar Copay **AGE** - Age Limit **CV** - Cardiovascular **GNDR** - Gender Edit

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OSA - Obstructive Sleep Apnea **OTC** - Over the counter **PA** - Prior Authorization **QL**
- Quantity Limits **SP** - Specialty **ST** - Step Therapy

Drug Name	Requirements/Limits
<i>memantine hcl oral solution 2 mg/ml</i>	
MOVEMENT DISORDER DRUG THERAPY	
tetrabenazine tab 12.5 mg	SP, PA, QL (4 tabs every 1 day)
tetrabenazine tab 25 mg	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)
REBIF REBIDO INJ 22/0.5	SP, PA, QL (12 injections every 28 days)
REBIF REBIDO INJ 44/0.5	SP, PA, QL (12 injections every 28 days)
REBIF REBIDO INJ TITRATN	SP, PA, QL (12 injections every 28 days)
REBIF INJ 22/0.5	SP, PA, QL (12 injections every 28 days)
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)
<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)

Drug Name	Requirements/Limits
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	
NUDEXTA CAP 20-10MG	PA
ANALGESICS - NONNARCOTIC	
SALICYLATES	
aspirin tab 325 mg	OTC
aspirin chew tab 81 mg	OTC
aspirin tab delayed release 81 mg	OTC
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
acetaminophen suppos 650 mg	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)

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

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

ANALGESICS - ANTI-INFLAMMATORY

NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)

diclofenac potassium tab 50 mg	
diclofenac sodium tab delayed release 25 mg	
diclofenac sodium tab delayed release 50 mg	
diclofenac sodium tab delayed release 75 mg	
diclofenac sodium tab er 24hr 100 mg	
etodolac cap 200 mg	
etodolac cap 300 mg	
etodolac tab 400 mg	
etodolac tab 500 mg	
etodolac tab er 24hr 400 mg	
etodolac tab er 24hr 500 mg	
etodolac tab er 24hr 600 mg	
flurbiprofen tab 50 mg	
ibuprofen cap 200 mg	OTC
ADVIL JR ST TAB 100MG	OTC

Drug Name	Requirements/Limits
ibuprofen tab 200 mg	OTC
ibuprofen tab 400 mg	
ibuprofen tab 600 mg	
ibuprofen tab 800 mg	
ibuprofen chew tab 100 mg	OTC
ibuprofen susp 40 mg/ml	OTC
ibuprofen susp 100 mg/5ml	
ibuprofen susp 100 mg/5ml	OTC
ketorolac tromethamine tab 10 mg	QL (20 tabs every 25 days)
meloxicam tab 7.5 mg	
meloxicam tab 15 mg	
nabumetone tab 500 mg	
nabumetone tab 750 mg	
naproxen tab 250 mg	
naproxen tab 375 mg	
naproxen tab 500 mg	
naproxen tab ec 375 mg	
naproxen tab ec 500 mg	
naproxen sodium cap 220 mg	OTC
naproxen sodium tab 220 mg	OTC
naproxen sodium tab 275 mg	
naproxen sodium tab 550 mg	
oxaprozin tab 600 mg	
sulindac tab 150 mg	
sulindac tab 200 mg	
celecoxib cap 50 mg	PA
celecoxib cap 100 mg	PA
celecoxib cap 200 mg	PA
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)

Drug Name	Requirements/Limits
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 10/0.1ML	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)
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)

Drug Name	Requirements/Limits
ENBREL INJ 50MG/ML	SP, PA, QL (4 pens every 28 days)
INTERLEUKIN-1BETA BLOCKERS	
ILARIS INJ 150MG/ML	SP, PA, QL (2 vials every 28 days)
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	
<i>naratriptan hcl tab 1 mg (base equiv)</i>	ST, QL (12 tabs every 25 days)
<i>naratriptan hcl tab 2.5 mg (base equiv)</i>	ST, QL (12 tabs every 25 days)
<i>rizatriptan benzoate tab 5 mg (base equivalent)</i>	ST, QL (18 tabs every 25 days)
<i>rizatriptan benzoate tab 10 mg (base equivalent)</i>	ST, QL (18 tabs every 25 days)
<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)

Drug Name	Requirements/Limits
<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 (2 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>

ANTICONVULSANTS

HYDANTOINS

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

SUCCINIMIDES

<i>ethosuximide cap 250 mg</i>
<i>ethosuximide soln 250 mg/5ml</i>

Drug Name	Requirements/Limits
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	
carbidopa-levodopa-entacapone tabs 25-100-200 mg	
carbidopa-levodopa-entacapone tabs 31.25-125-200 mg	
mg	
carbidopa-levodopa-entacapone tabs 37.5-150-200 mg	
carbidopa-levodopa-entacapone tabs 50-200-200 mg	
ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS	
selegiline hcl cap 5 mg	
selegiline hcl tab 5 mg	

Drug Name	Requirements/Limits
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
<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>	
<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

Drug Name	Requirements/Limits
cholecalciferol cap 250 mcg (10000 unit)	OTC
cholecalciferol cap 1.25 mg (50000 unit)	OTC
cholecalciferol tab 10 mcg (400 unit)	OTC
cholecalciferol tab 25 mcg (1000 unit)	OTC
cholecalciferol tab 50 mcg (2000 unit)	OTC
cholecalciferol tab 125 mcg (5000 unit)	OTC
cholecalciferol chew tab 10 mcg (400 unit)	OTC
cholecalciferol chew tab 25 mcg (1000 unit)	OTC
cholecalciferol oral liquid 10 mcg/ml (400 unit/ml)	OTC
BABY DDROPS LIQ 400UNIT	OTC
cholecalciferol drops 10 mcg/0.028ml (400 unit/0.028ml)	OTC
DDROPS LIQ 2000UNIT	OTC
phytonadione tab 5 mg	

MULTIVITAMINS

B-COMPLEX W/ FOLIC ACID

b-complex w/ c & folic acid cap 1 mg	
b-complex w/ c & folic acid cap 1 mg	OTC

MULTIVITAMINS

multiple vitamin cap	
multiple vitamin cap	OTC
multiple vitamin tab	OTC

MULTIPLE VITAMINS W/ IRON

multiple vitamins w/ iron tab	OTC
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MULTIPLE VITAMINS W/ MINERALS

multiple vitamins w/ minerals cap	
multiple vitamins w/ minerals cap	OTC
multiple vitamins w/ minerals tab	
multiple vitamins w/ minerals tab	OTC
multiple vitamins w/ minerals tab er	OTC
multiple vitamins w/ minerals chew tab	OTC
multiple vitamins w/ minerals liquid	OTC

MULTIPLE VITAMINS W/ CALCIUM

multiple vitamins w/ calcium tab	OTC
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PEDIATRIC VITAMINS

HONEY BEARS CHW	OTC
MULTIVITAMIN CHW CHILD	OTC

PEDIATRIC MULTIPLE VITAMINS

BRAIN BUILD CHW KIDS	OTC
FT CHILDRENS CHW MULTI	OTC
GNP CHILDREN CHW EXTRA C	OTC
pediatric multiple vitamin chew tab	OTC

Drug Name	Requirements/Limits
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 CHILDRNS	OTC
BONE & MUSCL CHW KIDS	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
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

Drug Name	Requirements/Limits
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

PED MV W/ FLUORIDE

<i>pediatric vitamins acd w/ fluoride soln 0.25 mg/ml</i>	
VIT A/C/D/FL DRO 0.25MG	OTC
<i>pediatric vitamins acd w/ fluoride soln 0.5 mg/ml</i>	
VIT A/C/D/FL DRO 0.5MG	OTC
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>	
POLY-VI-FLOR SUS 0.25/ML	
TRI-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>	

Drug Name	Requirements/Limits
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
<i>calcium carbonate-vitamin d tab 600 mg-5 mcg (200 unit)</i>	OTC
CALCIUM 600 TAB +D	OTC
EQL CALCIUM CAP VIT D	OTC
<i>calcium carb-cholecalciferol cap 600 mg-12.5 mcg (500 unit)</i>	OTC
CALCIUM + D3 TAB	OTC

Drug Name	Requirements/Limits
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 carb-cholecalciferol tab 600 mg-3.125 mcg (125 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 carb-cholecalcif chew tab 500 mg-15 mcg (600OTC unit)	
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 FOR CHW WOMEN	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
calcium-magnesium-zinc-vit d3 tab 333 mg-133 mg-5 mg-5 mcg	OTC

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)

Drug Name	Requirements/Limits
PHOSPHATE	
<i>potassium phosphate monobasic tab 500 mg</i>	
POTASSIUM	
<i>potassium bicarbonate effer tab 25 meq</i>	
<i>potassium chloride cap er 8 meq</i>	
<i>potassium chloride cap er 10 meq</i>	
<i>potassium chloride tab er 8 meq (600 mg)</i>	
<i>potassium chloride tab er 10 meq</i>	
<i>potassium chloride tab er 20 meq (1500 mg)</i>	
<i>potassium chloride oral soln 10% (20 meq/15ml)</i>	
<i>potassium chloride oral soln 20% (40 meq/15ml)</i>	
<i>potassium chloride microencapsulated crys er tab 10 meq</i>	
<i>potassium chloride microencapsulated crys er tab 20 meq</i>	
ELECTROLYTE MIXTURES	
<i>oral electrolyte solution</i>	OTC
NUTRIENTS	
MISC. NUTRITIONAL SUBSTANCES	
<i>docosahexaenoic acid cap 200 mg</i>	OTC
<i>omega-3 fatty acids cap 500 mg</i>	OTC
<i>omega-3 fatty acids cap 300 mg</i>	OTC
<i>omega-3 fatty acids cap 435 mg</i>	OTC
<i>FISH OIL CAP 1000MG</i>	OTC
<i>FISH OIL CAP 1400MG</i>	OTC
<i>OMEGA-3 CAP 1400MG</i>	OTC
<i>ULTRA OMEGA3 CAP 1400MG</i>	OTC
<i>omega-3 fatty acids cap 1000 mg</i>	OTC
<i>omega-3 fatty acids cap 1200 mg</i>	OTC
<i>omega-3 fatty acids chew tab 113.5 mg</i>	OTC
<i>omega-3 fatty acids - oral liquid</i>	OTC
DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS	
DIETARY MANAGEMENT PRODUCTS	
<i>FOLBIC TAB</i>	OTC
<i>NIVA-FOL TAB</i>	OTC
<i>WESTAB MAX TAB 2.5-25-2</i>	OTC
HEMATOPOIETIC AGENTS	
COBALAMINS	
<i>cyanocobalamin inj 1000 mcg/ml</i>	
FOLIC ACID/FOLATES	
<i>folic acid tab 400 mcg</i>	OTC
<i>folic acid tab 800 mcg</i>	OTC

Drug Name	Requirements/Limits
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
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

\$0 - Zero Dollar Copay **AGE** - Age Limit **CV** - Cardiovascular **GNDR** - Gender Edit

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OSA - Obstructive Sleep Apnea **OTC** - Over the counter **PA** - Prior Authorization **QL**
- Quantity Limits **SP** - Specialty **ST** - Step Therapy

Drug Name	Requirements/Limits
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	
fondaparinux sodium subcutaneous inj 5 mg/0.4ml	
fondaparinux sodium subcutaneous inj 7.5 mg/0.6ml	
fondaparinux sodium subcutaneous inj 10 mg/0.8ml	

COUMARIN ANTICOAGULANTS

warfarin sodium tab 1 mg	
warfarin sodium tab 2 mg	
warfarin sodium tab 2.5 mg	
warfarin sodium tab 3 mg	
warfarin sodium tab 4 mg	
warfarin sodium tab 5 mg	
warfarin sodium tab 6 mg	
warfarin sodium tab 7.5 mg	

Drug Name	Requirements/Limits
<i>warfarin sodium tab 10 mg</i>	
THROMBIN INHIBITORS	
<i>dabigatran etexilate mesylate cap 75 mg (etexilate base eq)</i>	
<i>dabigatran etexilate mesylate cap 110 mg (etexilate base eq)</i>	
<i>dabigatran etexilate mesylate cap 150 mg (etexilate base eq)</i>	
DIRECT FACTOR XA INHIBITORS	
<i>ELIQUIS TAB 2.5MG</i>	
<i>ELIQUIS TAB 5MG</i>	
<i>ELIQUIS ST P TAB 5MG</i>	
<i>rivaroxaban tab 2.5 mg</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>ticagrelor tab 60 mg</i>	
<i>ticagrelor tab 90 mg</i>	
COMPLEMENT INHIBITORS	
<i>CINRYZE SOL 500 UNIT</i>	SP, PA, QL (20 vials every 30 days)
<i>HAEGARDA INJ 2000UNIT</i>	SP, PA, QL (20 vials every 30 days)
<i>HAEGARDA INJ 3000UNIT</i>	SP, PA, QL (20 vials every 30 days)
<i>RUCONEST INJ 2100UNIT</i>	SP, PA, QL (60 vials every 90 days)

Drug Name	Requirements/Limits
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

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

ARTIFICIAL TEARS AND LUBRICANTS

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

\$0 - Zero Dollar Copay **AGE** - Age Limit **CV** - Cardiovascular **GNDR** - Gender Edit

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OSA - Obstructive Sleep Apnea **OTC** - Over the counter **PA** - Prior Authorization **QL**
- Quantity Limits **SP** - Specialty **ST** - Step Therapy

Drug Name	Requirements/Limits
<i>dextran 70-hypromellose ophth soln 0.1-0.3%</i>	OTC
<i>BION TEARS SOL 0.1-0.3%</i>	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>

PROSTAGLANDINS - OPHTHALMIC

<i>latanoprost ophth soln 0.005%</i>
<i>IYUZEH DRO 0.005%</i>

\$0 - Zero Dollar Copay **AGE** - Age Limit **CV** - Cardiovascular **GNDR** - Gender Edit

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OSA - Obstructive Sleep Apnea **OTC** - Over the counter **PA** - Prior Authorization **QL**
- Quantity Limits **SP** - Specialty **ST** - Step Therapy

Drug Name	Requirements/Limits
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>	
DENTAL PRODUCTS	
<i>sodium fluoride rinse 0.2%</i>	
<i>sodium fluoride cream 1.1%</i>	

Drug Name	Requirements/Limits
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%	
PREP H CRE 1%	OTC
hydrocortisone perianal cream 2.5%	
INTRARECTAL STEROIDS	
budesonide rectal foam 2 mg/act	
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
benzoyl peroxide lotion 5%	OTC
benzoyl peroxide lotion 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% (twice-daily)	
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)

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

EMOLLIENTS

lactic acid (ammonium lactate) cream 12%	
lactic acid (ammonium lactate) cream 12%	OTC
lactic acid (ammonium lactate) lotion 12%	
lactic acid (ammonium lactate) lotion 12%	OTC

ENZYMES - TOPICAL

SANTYL OIN 250/GM	PA
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HAIR GROWTH AGENTS

finasteride tab 1 mg	PA
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KERATOLYTIC/ANTIMITOTIC/VESICANT AGENTS

podofilox soln 0.5%	
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IMMUNOMODULATING AGENTS - TOPICAL

imiquimod cream 5%	
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IMMUNOSUPPRESSIVE AGENTS - TOPICAL

tacrolimus oint 0.03%	ST
tacrolimus oint 0.1%	ST

LOCAL ANESTHETICS - TOPICAL

capsaicin cream 0.025%	QL (120 gm every 25 days), OTC
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\$0 - Zero Dollar Copay **AGE** - Age Limit **CV** - Cardiovascular **GNDR** - Gender Edit

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OSA - Obstructive Sleep Apnea **OTC** - Over the counter **PA** - Prior Authorization **QL**

- Quantity Limits **SP** - Specialty **ST** - Step Therapy

Drug Name	Requirements/Limits
<i>capsaicin cream 0.075%</i>	QL (120 gm every 25 days), OTC
<i>capsaicin cream 0.1%</i>	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>	
<i>NIX LICE SPR KILLING</i>	OTC
<i>NIX CREM RIN LIQ 1%</i>	OTC
<i>permethrin creme rinse 1%</i>	OTC
<i>permethrin cream 5%</i>	
<i>spinosad susp 0.9%</i>	

MISC. TOPICAL

CALAMINE LOT	OTC
QC CALAMINE LOT 8-8%	OTC
MINERAL OIL LIGHT	OTC
CALAMINE LOT	OTC
CALAMINE LOT 8-8%	OTC
FT 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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DIAGNOSTIC PRODUCTS

DIAGNOSTIC TESTS

CHEMSTRIP K TES	OTC
KETONE TES	OTC
KETONE TEST TES	OTC

Drug Name	Requirements/Limits
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

<i>melatonin cap 10 mg</i>	OTC
<i>melatonin tab 1 mg</i>	OTC
<i>melatonin tab 3 mg</i>	OTC
<i>melatonin tab 5 mg</i>	OTC
<i>melatonin tab 10 mg</i>	OTC
<i>melatonin tab er 10 mg</i>	OTC
<i>melatonin chew tab 2.5 mg</i>	OTC
<i>melatonin sl tab 5 mg</i>	OTC
<i>melatonin sl tab 10 mg</i>	OTC
<i>melatonin liquid 5 mg/15ml</i>	OTC
<i>melatonin liquid 1 mg/ml</i>	OTC
<i>melatonin tablet disintegrating 3 mg</i>	OTC
<i>melatonin tablet disintegrating 5 mg</i>	OTC
<i>melatonin tablet disintegrating 10 mg</i>	OTC

MEDICAL DEVICES AND SUPPLIES

PARENTERAL THERAPY SUPPLIES

INSULIN SYRG MIS 0.3/30G	QL (200 syringes every 25 days), OTC
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\$0 - Zero Dollar Copay **AGE** - Age Limit **CV** - Cardiovascular **GNDR** - Gender Edit

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OSA - Obstructive Sleep Apnea **OTC** - Over the counter **PA** - Prior Authorization **QL**
- Quantity Limits **SP** - Specialty **ST** - Step Therapy

Drug Name	Requirements/Limits
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)
INSULIN SYRG MIS 0.5/28G	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)
INSULIN SYRG MIS 1ML/28G	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 0.5/31G	QL (200 syringes every 25 days)
INS SYR U500 MIS 31GX6MM	QL (200 syringes every 25 days)
BD PEN NEEDL MIS 29GX12.7	QL (200 needles every 25 days), OTC
EMBECTA UF MIS 29GX12.7	QL (200 needles every 25 days), OTC
AUTOSHIELD MIS 30GX5MM	QL (200 needles every 25 days), OTC
BD PEN NEEDL MIS 31GX5MM	QL (200 needles every 25 days), OTC
EMBECTA UF MIS 31GX5MM	QL (200 needles every 25 days), OTC
BD PEN NEEDL MIS 31GX8MM	QL (200 needles every 25 days), OTC

Drug Name	Requirements/Limits
EMBECTA UF MIS 31GX8MM	QL (200 pen needles every 25 days), OTC
BD PEN NEEDL MIS 32GX4MM	QL (200 needles every 25 days), OTC
EMBECTA NANO MIS 32GX4MM	QL (200 needles every 25 days), OTC
BD PEN NEEDL MIS 32GX6MM	QL (200 needles every 25 days), OTC
EMBECTA UF 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

Drug Name	Requirements/Limits
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
OMNIPOD DASH KIT PDM	PA
TWIIST KIT STARTER	PA
TWIIST KIT REFILL	PA
TWIIST REFIL KIT INFUSION	PA
OMNIPOD GO KIT 1OUNT/DY	PA
OMNIPOD GO KIT 15UNT/DY	PA
OMNIPOD GO KIT 2OUNT/DY	PA
V-GO 20 KIT	PA
OMNIPOD GO KIT 25UNT/DY	PA
OMNIPOD GO KIT 3OUNT/DY	PA
V-GO 30 KIT	PA
OMNIPOD GO KIT 35UNT/DY	PA
OMNIPOD GO KIT 4OUNT/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

Drug Name	Requirements/Limits
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
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>	
SOD CHLORIDE INJ 0.9% BACT	
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 (1 cap every 1 day)
REVLIMID CAP 20MG	SP, PA, QL (1 cap every 1 day)
<i>lenalidomide cap 25 mg</i>	SP, PA, QL (1 cap every 1 day)

Drug Name	Requirements/Limits
REVLIMID CAP 25MG	SP, PA, QL (1 cap every 1 day)
IMMUNOSUPPRESSIVE AGENTS	
cyclosporine cap 25 mg	SP
cyclosporine cap 100 mg	SP
cyclosporine modified cap 25 mg	SP
cyclosporine modified cap 50 mg	SP
cyclosporine modified cap 100 mg	SP
cyclosporine modified oral soln 100 mg/ml	SP
mycophenolate mofetil cap 250 mg	SP
mycophenolate mofetil tab 500 mg	SP
mycophenolate mofetil for oral susp 200 mg/ml	SP
mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv)	SP
mycophenolate sodium tab dr 360 mg (mycophenolic acid equiv)	SP
sirolimus tab 0.5 mg	SP
sirolimus tab 1 mg	SP
sirolimus tab 2 mg	SP
sirolimus oral soln 1 mg/ml	SP
tacrolimus cap 0.5 mg	SP
tacrolimus cap 1 mg	SP
tacrolimus cap 5 mg	SP
azathioprine tab 50 mg	
azathioprine tab 75 mg	
azathioprine tab 100 mg	
POTASSIUM REMOVING AGENTS	
sodium polystyrene sulfonate susp 15 gm/60ml	
sodium polystyrene sulfonate rectal susp 30 gm/120ml	
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LOKELMA PAK 10GM	

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<i>cephalexin for susp 125 mg/5ml</i>	18
<i>cephalexin for susp 250 mg/5ml</i>	18
<i>cephalexin tab 250 mg</i>	17
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<i>cetirizine hcl orally disintegrating tab 10 mg</i>	49
<i>cetirizine hcl oral soln 1 mg/ml (5 mg/5ml)</i>	49
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<i>clarithromycin for susp 125 mg/5ml</i>	18	<i>colestipol hcl granule packets 5 gm</i>	45
<i>clarithromycin for susp 250 mg/5ml</i>	18	<i>colestipol hcl granules 5 gm</i>	45
<i>clarithromycin tab 250 mg</i>	18	<i>colestipol hcl tab 1 gm</i>	45
<i>clarithromycin tab 500 mg</i>	18	COMBIPATCH DIS	30
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<i>clindamycin phosphate soln 1%</i>	86	CORTROPHIN INJ 80UNT/ML	37
<i>clindamycin phosphate vaginal cream 2%</i>	60	COSENTYX INJ 150MG/ML.....	88
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<i>clobetasol propionate emollient base cream 0.05%</i>	89	COSENTYX INJ 75MG/0.5	88
<i>clobetasol propionate soln 0.05%</i>	89	COSENTYX PEN INJ 150MG/ML	88
<i>clonidine hcl tab 0.1 mg</i>	42	COSENTYX PEN INJ 300DOSE.....	88
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<i>clonidine hcl tab 0.3 mg</i>	42	<i>cromolyn sodium nasal aerosol soln 5.2 mg/act (4%)</i>	50
<i>clonidine hcl tab er 12hr 0.1 mg</i>	63	<i>cromolyn sodium ophth soln 4%</i>	85
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<i>clonidine td patch weekly 0.3 mg/24hr</i>	42	CVS KETONE TES CARE	92
<i>clopidogrel bisulfate tab 300 mg (base equiv)</i>	82	CVS NASAL AER 0.9%	50
<i>clopidogrel bisulfate tab 75 mg (base equiv)</i>	82	<i>cyanocobalamin inj 1000 mcg/ml</i>	79
<i>clotrimazole cream 1%</i>	87	<i>cyclobenzaprine hcl tab 10 mg</i>	73
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<i>clotrimazole troche 10 mg</i>	85	<i>cyclophosphamide cap 25 mg</i>	24
<i>clotrimazole vaginal cream 1%</i>	60	<i>cyclophosphamide cap 50 mg</i>	24
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		<i>cyclosporine cap 100 mg</i>	97
		<i>cyclosporine cap 25 mg</i>	97
		<i>cyclosporine modified cap 100 mg</i>	97
		<i>cyclosporine modified cap 25 mg</i>	97
		<i>cyclosporine modified cap 50 mg</i>	97
		<i>cyclosporine modified oral soln 100 mg/ml</i>	97
		<i>cyproheptadine hcl syrup 2 mg/5ml</i>	49

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desmopressin acetate nasal spray soln 0.01% (refrigerated).....	37
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desogest-eth estrad & eth estrad tab 0.15- 0.02/0.01 mg(21/5)	32
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desoximetasone cream 0.25%	89
desoximetasone gel 0.05%.....	89
desoximetasone oint 0.25%	89
dexamethasone elixir 0.5 mg/5ml.....	29
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dexamethasone soln 0.5 mg/5ml.....	29
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<i>diclofenac sodium ophth soln 0.1%</i>	85
<i>diclofenac sodium tab delayed release 25 mg</i>	67
<i>diclofenac sodium tab delayed release 50 mg</i>	67
<i>diclofenac sodium tab delayed release 75 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
<i>dicyclomine hcl oral soln 10 mg/5ml</i>	57
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<i>digoxin oral soln 0.05 mg/ml</i>	38
<i>digoxin tab 125 mcg (0.125 mg)</i>	38
<i>digoxin tab 250 mcg (0.25 mg)</i>	38
<i>digoxin tab 62.5 mcg (0.0625 mg)</i>	38
<i>diltiazem hcl cap er 12hr 120 mg</i>	40
<i>diltiazem hcl cap er 12hr 60 mg</i>	40
<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 mg</i>	40
<i>diltiazem hcl coated beads cap er 24hr 180 mg</i>	40
<i>diltiazem hcl coated beads cap er 24hr 240 mg</i>	40
<i>diltiazem hcl coated beads cap er 24hr 300 mg</i>	40
<i>diltiazem hcl coated beads cap er 24hr 360 mg</i>	40
<i>diltiazem hcl extended release beads cap er 24hr 120 mg</i>	40
<i>diltiazem hcl extended release beads cap er 24hr 180 mg</i>	40
<i>diltiazem hcl extended release beads cap er 24hr 240 mg</i>	40
<i>diltiazem hcl extended release beads cap er 24hr 300 mg</i>	40
<i>diltiazem hcl extended release beads cap er 24hr 360 mg</i>	40
<i>diltiazem hcl extended release beads cap 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
<i>diltiazem hcl tab er 24hr 420 mg</i>	40
<i>dimethyl fumarate capsule delayed release 120 mg</i>	64
<i>dimethyl fumarate capsule delayed release 240 mg</i>	64
<i>dimethyl fumarate capsule dr starter pack 120 mg & 240 mg</i>	64
<i>diphenhydramine hcl (sleep) cap 50 mg</i>	62
<i>diphenhydramine hcl (sleep) tab 25 mg</i>	62
<i>diphenhydramine hcl (sleep) tab 50 mg</i>	62
<i>diphenhydramine hcl cap 25 mg</i>	49
<i>diphenhydramine hcl cap 50 mg</i>	49
<i>diphenhydramine hcl chew tab 12.5 mg</i>	49
<i>diphenhydramine hcl elixir 12.5 mg/5ml</i>	49
<i>diphenhydramine hcl liquid 12.5 mg/5ml</i>	49
<i>diphenhydramine hcl tab 25 mg</i>	49
<i>diphenhydramine hcl tab disint 12.5 mg</i>	49
<i>diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml</i>	55
<i>diphenoxylate w/ atropine tab 2.5-0.025 mg</i>	55
<i>dipyridamole tab 25 mg</i>	82
<i>dipyridamole tab 50 mg</i>	82
<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>docusate sodium tab 100 mg</i>	55
<i>dofetilide cap 125 mcg (0.125 mg)</i>	41
<i>dofetilide cap 250 mcg (0.25 mg)</i>	41
<i>dofetilide cap 500 mcg (0.5 mg)</i>	41
<i>donepezil hydrochloride orally</i>	
<i>disintegrating tab 10 mg</i>	63
<i>donepezil hydrochloride orally</i>	
<i>disintegrating tab 5 mg</i>	63
<i>donepezil hydrochloride tab 10 mg</i>	63
<i>donepezil hydrochloride tab 23 mg</i>	63
<i>donepezil hydrochloride tab 5 mg</i>	63
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<i>dorzolamide hcl ophth soln 2%</i>	85
<i>dorzolamide hcl-timolol maleate ophth soln</i>	
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<i>DORZOLAMIDE SOL 2% OP</i>	85
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<i>doxazosin mesylate tab 2 mg</i>	43
<i>doxazosin mesylate tab 4 mg</i>	43
<i>doxazosin mesylate tab 8 mg</i>	43
<i>doxercalciferol cap 0.5 mcg</i>	37
<i>doxercalciferol cap 1 mcg</i>	37
<i>doxercalciferol cap 2.5 mcg</i>	37
<i>doxycycline hyclate cap 100 mg</i>	18
<i>doxycycline hyclate cap 50 mg</i>	18
<i>doxycycline hyclate tab 100 mg</i>	19
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<i>dronabinol cap 10 mg</i>	58
<i>dronabinol cap 2.5 mg</i>	58
<i>dronabinol cap 5 mg</i>	58
<i>drospirenone-ethynodiol dihydrogesterone tab 3-0.02</i>	
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<i>mg</i>	31
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<i>600-200-300 mg</i>	22
<i>efavirenz-lamivudine-tenofovir df tab 400-</i>	
<i>300-300 mg</i>	22
<i>efavirenz-lamivudine-tenofovir df tab 600-</i>	
<i>300-300 mg</i>	22
<i>efavirenz tab 600 mg</i>	21
<i>ELIGARD INJ 22.5MG</i>	26
<i>ELIGARD INJ 30MG</i>	26
<i>ELIGARD INJ 45MG</i>	26
<i>ELIGARD INJ 7.5MG</i>	26
<i>ELIQUIS ST P TAB 5MG</i>	82
<i>ELIQUIS TAB 2.5MG</i>	82
<i>ELIQUIS TAB 5MG</i>	82
<i>ELLA TAB 30MG</i>	31
<i>EMBECTA NANO MIS 32GX4MM</i>	94
<i>EMBECTA UF MIS 29GX12.7</i>	93
<i>EMBECTA UF MIS 31GX5MM</i>	93
<i>EMBECTA UF MIS 31GX8MM</i>	94
<i>EMBECTA UF MIS 32GX6MM</i>	94
<i>EMERGEN-C CHW KIDZ</i>	75
<i>EMGALITY INJ 100MG/ML</i>	71
<i>EMGALITY INJ 120MG/ML</i>	71
<i>emtricitabine caps 200 mg</i>	20
<i>emtricitabine-rilpivirine-tenofovir df tab</i>	
<i>200-25-300 mg</i>	22
<i>emtricitabine-tenofovir disoproxil fumarate</i>	
<i>tab 100-150 mg</i>	21
<i>emtricitabine-tenofovir disoproxil fumarate</i>	
<i>tab 133-200 mg</i>	21
<i>emtricitabine-tenofovir disoproxil fumarate</i>	
<i>tab 167-250 mg</i>	21
<i>emtricitabine-tenofovir disoproxil fumarate</i>	
<i>tab 200-300 mg</i>	21
<i>EMTRIVA SOL 10MG/ML</i>	21
<i>EMVERM CHW 100MG</i>	23
<i>enalapril maleate & hydrochlorothiazide tab</i>	
<i>10-25 mg</i>	43
<i>enalapril maleate & hydrochlorothiazide tab</i>	
<i>5-12.5 mg</i>	43
<i>enalapril maleate tab 10 mg</i>	42
<i>enalapril maleate tab 2.5 mg</i>	41

<i>enalapril maleate tab 20 mg</i>	42	<i>epoprostenol sodium for inj 1.5 mg</i>	47
<i>enalapril maleate tab 5 mg</i>	41	<i>EQL CALCIUM CAP VIT D</i>	77
<i>ENBREL INJ 25/0.5ML</i>	69	<i>EQ MULTIVITA CHW GUMMIES</i>	75
<i>ENBREL INJ 25MG</i>	69	<i>ergocalciferol cap 1.25 mg (50000 unit)</i> ...73	
<i>ENBREL INJ 50MG/ML</i>	70	<i>ergocalciferol soln 200 mcg/ml (8000</i>	
<i>ENBREL MINI INJ 50MG/ML</i>	69	<i>unit/ml)</i>	73
<i>ENBREL SRCLK INJ 50MG/ML</i>	69	<i>ERIVEDGE CAP 150MG</i>	26
<i>ENCARE SUP 100MG</i>	61	<i>erlotinib hcl tab 100 mg (base equivalent)</i> 26	
<i>exoxaparin sodium inj 300 mg/3ml</i>	81	<i>erlotinib hcl tab 150 mg (base equivalent)</i> 26	
<i>exoxaparin sodium inj soln pref syr 100</i> <i>mg/ml</i>	81	<i>erlotinib hcl tab 25 mg (base equivalent)</i> ..25	
<i>exoxaparin sodium inj soln pref syr 120</i> <i>mg/0.8ml</i>	81	<i>erythromycin ethylsuccinate for susp 200</i>	
<i>exoxaparin sodium inj soln pref syr 150</i> <i>mg/ml</i>	81	<i>mg/5ml</i>	18
<i>exoxaparin sodium inj soln pref syr 30</i> <i>mg/0.3ml</i>	81	<i>erythromycin ethylsuccinate tab 400 mg</i> .18	
<i>exoxaparin sodium inj soln pref syr 40</i> <i>mg/0.4ml</i>	81	<i>erythromycin gel 2%</i>	86
<i>exoxaparin sodium inj soln pref syr 60</i> <i>mg/0.6ml</i>	81	<i>ERYTHROMYCIN OIN 5MG/GM</i>	83
<i>exoxaparin sodium inj soln pref syr 80</i> <i>mg/0.8ml</i>	81	<i>erythromycin ophth oint 5 mg/gm</i>	83
<i>entacapone tab 200 mg</i>	72	<i>erythromycin soln 2%</i>	86
<i>entecavir tab 0.5 mg</i>	22	<i>erythromycin tab 250 mg</i>	18
<i>entecavir tab 1 mg</i>	22	<i>erythromycin tab 500 mg</i>	18
<i>ENTRESTO CAP 15-16MG</i>	48	<i>erythromycin w/ delayed release particles</i>	
<i>ENTRESTO CAP 6-6MG</i>	48	<i>cap 250 mg</i>	18
<i>ENTRESTO TAB 24-26MG</i>	48	<i>esomeprazole magnesium cap delayed</i>	
<i>ENTRESTO TAB 49-51MG</i>	48	<i>release 20 mg (base eq)</i>	57
<i>ENTRESTO TAB 97-103MG</i>	48	<i>esomeprazole magnesium for delayed</i>	
<i>ENTYVIO INJ 300MG</i>	59	<i>release susp pack 2.5 mg</i>	57
<i>ENTYVIO PEN INJ 108/0.68</i>	59	<i>esomeprazole magnesium for delayed</i>	
<i>EPINEPHRINE INJ 0.3MG</i>	45	<i>release susp packet 10 mg</i>	57
<i>epinephrine solution auto-injector 0.15</i> <i>mg/0.15ml (1:1000)</i>	45	<i>esomeprazole magnesium tab delayed</i>	
<i>epinephrine solution auto-injector 0.15</i> <i>mg/0.3ml (1:2000)</i>	45	<i>release 20 mg</i>	57
<i>epinephrine solution auto-injector 0.3</i> <i>mg/0.3ml (1:1000)</i>	45	<i>estradiol & norethindrone acetate tab 0.5-</i>	
<i>EPIPEN 2-PAK INJ 0.3MG</i>	45	<i>0.1 mg</i>	30
<i>eplerenone tab 25 mg</i>	43	<i>estradiol & norethindrone acetate tab 1-0.5</i>	
<i>eplerenone tab 50 mg</i>	43	<i>mg</i>	30
<i>epoprostenol sodium for inj 0.5 mg</i>	47	<i>estradiol tab 0.5 mg</i>	30
		<i>estradiol tab 1 mg</i>	30
		<i>estradiol tab 2 mg</i>	30
		<i>estradiol td patch weekly 0.025 mg/24hr</i> 30	
		<i>estradiol td patch weekly 0.0375 mg/24hr</i>	
		<i>(37.5 mcg/24hr)</i>	30
		<i>estradiol td patch weekly 0.05 mg/24hr</i> ..30	
		<i>estradiol td patch weekly 0.06 mg/24hr</i> ..30	
		<i>estradiol td patch weekly 0.075 mg/24hr</i> 30	

estradiol td patch weekly 0.1 mg/24hr	30	felodipine tab er 24hr 10 mg.....	40
estradiol vaginal tab 10 mcg.....	61	felodipine tab er 24hr 2.5 mg	40
ethacrynic acid tab 25 mg	44	felodipine tab er 24hr 5 mg	40
ethambutol hcl tab 100 mg	19	fenofibrate micronized cap 134 mg	46
ethambutol hcl tab 400 mg	19	fenofibrate micronized cap 200 mg	46
ethosuximide cap 250 mg	71	fenofibrate micronized cap 67 mg.....	46
ethosuximide soln 250 mg/5ml	71	fenofibrate tab 145 mg	46
ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg	31	fenofibrate tab 160 mg	46
ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg	31	fenofibrate tab 48 mg.....	46
etodolac cap 200 mg.....	67	fenofibrate tab 54 mg.....	46
etodolac cap 300 mg.....	67	FENSOLVI INJ 45MG	36
etodolac tab 400 mg	67	fentanyl td patch 72hr 100 mcg/hr	66
etodolac tab 500 mg	67	fentanyl td patch 72hr 12 mcg/hr.....	65
etodolac tab er 24hr 400 mg	67	fentanyl td patch 72hr 25 mcg/hr.....	65
etodolac tab er 24hr 500 mg	67	fentanyl td patch 72hr 50 mcg/hr.....	66
etodolac tab er 24hr 600 mg	67	fentanyl td patch 72hr 75 mcg/hr.....	66
etonogestrel-ethinyl estradiol va ring 0.12- 0.015 mg/24hr	31	FERRETT TAB 325MG.....	80
etoposide cap 50 mg.....	26	ferrous fumarate tab 324 mg (106 mg elemental fe).....	80
etravirine tab 100 mg.....	21	ferrous gluconate tab 240 mg (27 mg elemental fe).....	80
etravirine tab 200 mg	21	ferrous gluconate tab 324 mg (37.5 mg elemental iron).....	80
EUCRISA OIN 2%	88	ferrous sulfate dried tab 200 mg (65 mg elemental fe).....	80
everolimus tab 10 mg.....	27	ferrous sulfate dried tab er 160 mg (50 mg fe equivalent)	80
everolimus tab 2.5 mg	27	ferrous sulfate dried tab er 45 mg (fe equivalent)	80
everolimus tab 5 mg	27	ferrous sulfate soln 220 mg/5ml (44 mg/5ml elemental fe).....	80
everolimus tab 7.5 mg	27	ferrous sulfate soln 75 mg/ml (15 mg/ml elemental fe).....	80
EVOTAZ TAB 300-150	21	ferrous sulfate tab 27 mg (elemental fe)....	80
exemestane tab 25 mg	26	ferrous sulfate tab 325 mg (65 mg elemental fe)	80
EXPECT CHILD LIQ 200M/5ML.....	51	ferrous sulfate tab ec 324 mg (65 mg fe equivalent)	80
ezetimibe tab 10 mg.....	46	ferrous sulfate tab ec 325 mg (65 mg fe equivalent)	80
F		ferrous sulfate tab er 45 mg (elemental fe)	80
famciclovir tab 125 mg.....	22	FEVERALL INF SUP 80MG	65
famciclovir tab 250 mg	22	FEVERALL SUP 325MG	65
famciclovir tab 500 mg	22		
famotidine for susp 40 mg/5ml	57		
famotidine tab 10 mg	57		
famotidine tab 20 mg	57		
famotidine tab 40 mg	57		
FASENRA INJ 10MG/0.5.....	54		
FASENRA INJ 30MG/ML	54		
FASENRA PEN INJ 30MG/ML.....	54		
FC2 FEMALE MIS CONDOM.....	96		

<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 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>	75
<i>FLINTSTONES CHW EXT/IRON</i>	75
<i>FLINTSTONES CHW IMMUNITY</i>	75
<i>FLORIVA DRO PLUS</i>	76
<i>FLOWING VAPR PAD</i>	94
<i>FLOWING VAPR PAD W/FAN</i>	94
<i>fluconazole for susp 10 mg/ml</i>	20
<i>fluconazole for susp 40 mg/ml</i>	20
<i>fluconazole tab 100 mg</i>	19
<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>	89
<i>fluocinolone acetonide oint 0.025%</i>	89
<i>fluocinolone acetonide soln 0.01%.....</i>	89
<i>fluocinonide cream 0.05%</i>	89
<i>fluocinonide gel 0.05%</i>	89
<i>fluocinonide oint 0.05%</i>	89
<i>fluocinonide soln 0.05%</i>	89
<i>fluorometholone ophth susp 0.1%.....</i>	84
<i>fluorouracil cream 5%.....</i>	88
<i>flurbiprofen tab 50 mg.....</i>	67
<i> fluticasone furoate-vilanterol aero powd ba 100-25 mcg/act</i>	52
<i> fluticasone furoate-vilanterol aero powd ba 200-25 mcg/act</i>	52
<i> fluticasone propionate aer pow ba 100 mcg/act</i>	53
<i> fluticasone propionate aer pow ba 250 mcg/act</i>	53
<i> fluticasone propionate aer pow ba 50 mcg/act</i>	53
<i> fluticasone propionate cream 0.05%</i>	89
<i> fluticasone propionate hfa inhal aer 110 mcg/act</i>	53
<i> fluticasone propionate hfa inhal aer 220 mcg/act</i>	53
<i> fluticasone propionate hfa inhal aero 44 mcg/act</i>	53
<i> fluticasone propionate nasal susp 50 mcg/act</i>	50
<i> fluticasone propionate oint 0.005%.....</i>	89
<i> fluticasone-salmeterol aer powder ba 100-50 mcg/act.....</i>	52
<i> fluticasone-salmeterol aer powder ba 113-14 mcg/act</i>	52
<i> fluticasone-salmeterol aer powder ba 232-14 mcg/act</i>	52
<i> FOLBIC TAB</i>	79
<i> folic acid tab 1 mg</i>	80
<i> folic acid tab 400 mcg</i>	79
<i> folic acid tab 800 mcg</i>	79
<i> folic acid-vitamin b6-vitamin b12 tab 2.2-25-0.5 mg.....</i>	81
<i> folic acid-vitamin b6-vitamin b12 tab 2.5-25-1 mg</i>	81
<i> fondaparinux sodium subcutaneous inj 10 mg/0.8ml</i>	81
<i> fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml</i>	81
<i> fondaparinux sodium subcutaneous inj 5 mg/0.4ml</i>	81
<i> fondaparinux sodium subcutaneous inj 7.5 mg/0.6ml</i>	81
<i> fosamprenavir calcium tab 700 mg (base equiv)</i>	20
<i> flosinopril sodium & hydrochlorothiazide tab 10-12.5 mg</i>	43

<i>fosinopril sodium & hydrochlorothiazide tab</i>	32
20-12.5 mg.....	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 CALAMINE LOT 8-8%.....	91
FT CHILDRENS CHW MULTI.....	74, 75
FULPHILA INJ 6/0.6ML	81
<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	81
G	
<i>galantamine hydrobromide cap er 24hr 16</i>	
mg	63
<i>galantamine hydrobromide cap er 24hr 24</i>	
mg	63
<i>galantamine hydrobromide cap er 24hr 8</i>	
mg	63
<i>galantamine hydrobromide oral soln 4</i>	
mg/ml	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</i>	
mcg/0.5ml.....	36
GAS-X CHILD MIS 40MG.....	59
GAS-X EX-STR MIS 62.5MG.....	59
GEL-ONE INJ 30MG/3ML.....	73
<i>gemfibrozil tab 600 mg</i>	46
<i>gentamicin sulfate cream 0.1%.....</i>	87
<i>gentamicin sulfate oint 0.1%</i>	87
<i>gentamicin sulfate ophth soln 0.3%</i>	83
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.....	51
GLARGIN YFGN INJ 100U/ML.....	32
<i>GLARGIN YFGN SOL 100U/ML</i>	32
<i>glatiramer acetate soln prefilled syringe 20</i>	
<i>mg/ml</i>	64
<i>glatiramer acetate soln prefilled syringe 40</i>	
<i>mg/ml</i>	64
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-metformin hcl tab 2.5-250 mg</i>	34
<i>glipizide-metformin hcl tab 2.5-500 mg</i>	34
<i>glipizide-metformin hcl tab 5-500 mg</i>	34
<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>glucagon (rdna) for inj kit 1 mg</i>	34
<i>glycerin-hypromellose-peg 400 ophth soln</i>	
<i>0.2-0.2-1%.....</i>	84
<i>glycine diluent for injection.....</i>	96
<i>glycopyrrrolate oral soln 1 mg/5ml</i>	57
<i>glycopyrrrolate tab 1 mg</i>	57
<i>glycopyrrrolate tab 2 mg</i>	57
GNP CALAMINE LOT 8-8%.....	91
GNP CHILDREN CHW EXTRA C.....	74
GNP MULTI CHW CHILDREN	75
GONAL-F RFF INJ 75UNIT	36
GORDO-POOL CON	94
<i>granisetron hcl tab 1 mg</i>	58
<i>griseofulvin microsize susp 125 mg/5ml</i>	19
<i>griseofulvin ultramicrosize tab 125 mg</i>	19
<i>griseofulvin ultramicrosize tab 250 mg</i>	19
<i>guaifenesin-codeine soln 100-10 mg/5ml.</i>	51
<i>guaifenesin liquid 100 mg/5ml.....</i>	51
<i>guaifenesin tab 200 mg</i>	51
<i>guaifenesin tab 400 mg</i>	51
<i>guaifenesin tab er 12hr 1200 mg</i>	51
<i>guaifenesin tab er 12hr 600 mg</i>	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>	63	HUMULIN R INJ U-500.....	32
<i>guanfacine hcl tab er 24hr 2 mg (base equiv)</i>	63	hydralazine hcl tab 100 mg	43
<i>guanfacine hcl tab er 24hr 3 mg (base equiv)</i>	63	hydralazine hcl tab 10 mg	43
<i>guanfacine hcl tab er 24hr 4 mg (base equiv)</i>	63	hydralazine hcl tab 25 mg	43
GUMMI BEAR CHW MULTIVIT	75	hydralazine hcl tab 50 mg.....	43
GUMMIES CHW	75	hydrochlorothiazide cap 12.5 mg.....	45
GUMMY DINOS CHW	75	hydrochlorothiazide tab 12.5 mg.....	45
GUMMY DINOS CHW CHLDRN	75	hydrochlorothiazide tab 25 mg	45
GUMMY MULTIV CHW KIDS	75	hydrochlorothiazide tab 50 mg	45
GVOKE HYPO 1 INJ 0.5/.1ML	34	hydrocodone-acetaminophen soln 7.5-325 mg/15ml.....	67
GVOKE HYPO 1 INJ 1/0.2ML	34	hydrocodone-acetaminophen tab 10-325 mg	67
GVOKE HYPO 2 INJ 0.5/.1ML.....	34	hydrocodone-acetaminophen tab 5-325 mg	67
GVOKE HYPO 2 INJ 1/0.2ML.....	34	hydrocodone-acetaminophen tab 7.5-325 mg	67
GVOKE KIT SOL 1/0.2ML	33	hydrocodone bitart-homatropine methylbromide tab 5-1.5 mg	50
GVOKE PFS INJ 1/0.2ML.....	34	hydrocodone bitart-homatropine methylbrom soln 5-1.5 mg/5ml.....	50
GYNOL II GEL 3%.....	61	HYDROCORT CRE 1%	90
H		hydrocortisone acetate oint 1%	90
HADLIMA INJ 40/0.4ML	69	hydrocortisone butyrate cream 0.1%	90
HADLIMA INJ 40/0.8ML	69	hydrocortisone butyrate oint 0.1%	90
HADLIMA PUSH INJ 40/0.4ML	69	hydrocortisone butyrate soln 0.1%	90
HADLIMA PUSH INJ 40/0.8ML	69	hydrocortisone cream 0.5%.....	89
HAEGARDA INJ 2000UNIT.....	82	hydrocortisone cream 1%	89
HAEGARDA INJ 3000UNIT.....	82	hydrocortisone cream 2.5%	89
<i>halobetasol propionate cream 0.05%</i>	89	hydrocortisone enema 100 mg/60ml	86
<i>halobetasol propionate oint 0.05%</i>	89	hydrocortisone gel 1%.....	89
HEALTHCHECK MIS MONITOR.....	94	hydrocortisone lotion 1%	89
HONEY BEARS CHW	74	hydrocortisone lotion 2.5%	90
HONEY BEARS CHW IRON-ZIN	76	hydrocortisone oint 0.5%	90
HUMALOG MIX INJ 50/50KWP.....	33	hydrocortisone oint 1%	90
HUMALOG MIX SUS 75/25.....	33	hydrocortisone oint 2.5%	90
HUMATROPE INJ 12MG	36	hydrocortisone perianal cream 1%	86
HUMATROPE INJ 24MG	36	hydrocortisone perianal cream 2.5%.....	86
HUMATROPE INJ 6MG	36	hydrocortisone perivaginal cream 1%	61
HUMIDIFIER MIS FILTER	94	hydrocortisone soln 1%	89
HUMIDIFIERS.....	94	hydrocortisone tab 10 mg	29
HUMULIN INJ 70/30	33	hydrocortisone tab 20 mg.....	29
HUMULIN INJ 70/30KWP.....	33	hydrocortisone tab 5 mg	29
HUMULIN N INJ U-100	32	hydrocortisone valerate cream 0.2%	90
HUMULIN N INJ U-100KWP	32		
HUMULIN R INJ U-100.....	32		

hydrocortisone valerate oint 0.2%	90
hydromorphone hcl tab 2 mg.....	66
hydromorphone hcl tab 4 mg.....	66
hydromorphone hcl tab 8 mg.....	66
hydroxychloroquine sulfate tab 200 mg ..	23
hydroxyurea cap 500 mg.....	28
hyoscyamine sulfate elixir 0.125 mg/5ml .	56
hyoscyamine sulfate sl tab 0.125 mg.....	56
hyoscyamine sulfate soln 0.125 mg/ml....	56
hyoscyamine sulfate tab 0.125 mg	56
hyoscyamine sulfate tab disint 0.125 mg ..	57
I	
ibuprofen cap 200 mg	67
ibuprofen chew tab 100 mg	68
ibuprofen susp 100 mg/5ml	68
ibuprofen susp 40 mg/ml	68
ibuprofen tab 200 mg.....	68
ibuprofen tab 400 mg.....	68
ibuprofen tab 600 mg.....	68
ibuprofen tab 800 mg.....	68
icatibant acetate subcutaneous soln pref syr 30 mg/3ml	83
icosapent ethyl cap 0.5 gm.....	47
icosapent ethyl cap 1 gm.....	47
ILARIS INJ 150MG/ML	70
imatinib mesylate tab 100 mg (base equivalent).....	27
imatinib mesylate tab 400 mg (base equivalent).....	27
imiquimod cream 5%.....	90
IMKELDI SOL 80MG/ML	27
indapamide tab 1.25 mg	45
indapamide tab 2.5 mg	45
INFUVITE INJ	75
INFUVITE INJ PEDIATRI	75
INLYTA TAB 1MG.....	25
INLYTA TAB 5MG.....	25
INS ASP PROT INJ FLEXPEN.....	33
INS SYR U500 MIS 0.5/31G	93
INS SYR U500 MIS 31GX6MM.....	93
INSULIN ASPA INJ 70/30	33
INSULIN LISP INJ 100/ML.....	32
INSULIN LISP INJ PROTAMIN	33
INSULIN SYRG MIS 0.3/30G	92
INSULIN SYRG MIS 0.3/31G	93
INSULIN SYRG MIS 0.5/28G	93
INSULIN SYRG MIS 0.5/30G	93
INSULIN SYRG MIS 0.5/31G	93
INSULIN SYRG MIS 1ML/27G	93
INSULIN SYRG MIS 1ML/28G	93
INSULIN SYRG MIS 1ML/30G	93
INSULIN SYRG MIS 1ML/31G.....	93
INTELENCE TAB 25MG	21
INTENSE COUG LIQ RELIEVER	51
INTUNIV TAB 1MG.....	63
INTUNIV TAB 2MG.....	63
INTUNIV TAB 3MG.....	63
INTUNIV TAB 4MG.....	63
ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml	52
ipratropium bromide inhal soln 0.02%.....	52
ipratropium bromide nasal soln 0.03% (21 mcg/spray)	50
ipratropium bromide nasal soln 0.06% (42 mcg/spray)	50
IQIRVO TAB 80MG	60
irbesartan-hydrochlorothiazide tab 150-12.5 mg	44
irbesartan-hydrochlorothiazide tab 300- 12.5 mg	44
irbesartan tab 150 mg	42
irbesartan tab 300 mg	42
irbesartan tab 75 mg	42
IRON HP TAB 65MG	80
ISENTRESS CHW 100MG.....	20
ISENTRESS CHW 25MG.....	20
ISENTRESS HD TAB 600MG	20
ISENTRESS POW 100MG	20
ISENTRESS TAB 400MG.....	20
isoniazid syrup 50 mg/5ml	19
isoniazid tab 100 mg	19
isoniazid tab 300 mg	19
isosorbide dinitrate-hydralazine hcl tab 20- 37.5 mg	48
isosorbide dinitrate tab 10 mg	38
isosorbide dinitrate tab 20 mg	38
isosorbide dinitrate tab 30 mg	38
isosorbide dinitrate tab 5 mg.....	38

<i>isosorbide mononitrate tab er 24hr 120 mg</i>	38	KAZ WICKING MIS FLTR WF1	94
<i>isosorbide mononitrate tab er 24hr 30 mg</i>	38	KERENDIA TAB 10MG.....	37
<i>isosorbide mononitrate tab er 24hr 60 mg</i>	38	KERENDIA TAB 20MG	37
<i>isotretinoin cap 10 mg</i>	86	KESIMPTA INJ 20/.4ML	64
<i>isotretinoin cap 20 mg</i>	86	<i>ketoconazole cream 2%</i>	87
<i>isotretinoin cap 30 mg</i>	86	<i>ketoconazole shampoo 2%</i>	87
<i>isotretinoin cap 40 mg</i>	86	KETONE TES.....	91
ITOVEBI TAB 3MG.....	28	KETONE TEST TES.....	91
ITOVEBI TAB 9MG.....	28	<i>ketorolac tromethamine ophth soln 0.4%</i>85	
<i>itraconazole cap 100 mg</i>	20	<i>ketorolac tromethamine ophth soln 0.5%</i>85	
<i>ivabradine hcl tab 5 mg (base equiv)</i>	48	<i>ketorolac tromethamine tab 10 mg</i>	68
<i>ivabradine hcl tab 7.5 mg (base equiv)</i>	48	<i>ketotifen fumarate ophth soln 0.035%</i>85	
<i>ivermectin lotion 0.5%</i>	91	KEVZARA INJ 150/1.14	70
<i>ivermectin tab 3 mg</i>	23	KEVZARA INJ 200/1.14	70
IV PREP WIPE PAD	91	KIDZ MULTVIT CHW PROBIOTI	75
IWLFIN TAB 192MG	28	KYLEENA IUD 19.5MG	31
IFYUZEH DRO 0.005%	84	L	
J		<i>labetalol hcl tab 100 mg</i>	39
JAKAFI TAB 10MG	28	<i>labetalol hcl tab 200 mg</i>	39
JAKAFI TAB 15MG.....	28	<i>labetalol hcl tab 300 mg</i>	39
JAKAFI TAB 20MG.....	28	<i>lactic acid (ammonium lactate) cream 12%</i>	90
JAKAFI TAB 25MG.....	28	<i>lactic acid (ammonium lactate) lotion 12%</i>	90
JAKAFI TAB 5MG	28	<i>lactobacillus chew tab</i>	56
JARDIANCE TAB 10MG.....	34	<i>lactobacillus - packet</i>	56
JARDIANCE TAB 25MG	34	<i>lactobacillus rhamnosus (gg) cap</i>	56
K		<i>lactobacillus tab</i>	56
KALETRA SOL	21	<i>lactulose (encephalopathy) solution 10 gm/15ml</i>	59
KALYDECO GRA 13.4MG	54	<i>lactulose solution 10 gm/15ml</i>	55
KALYDECO GRA 5.8MG.....	54	LAGEVRIO CAP 200MG	23
KALYDECO PAK 25MG	54	<i>lamivudine oral soln 10 mg/ml</i>	21
KALYDECO PAK 50MG.....	54	<i>lamivudine tab 100 mg (hbv)</i>	22
KALYDECO PAK 75MG	54	<i>lamivudine tab 150 mg</i>	21
KALYDECO TAB 150MG.....	54	<i>lamivudine tab 300 mg</i>	21
KANJINTI INJ 420MG	25	<i>lamivudine-zidovudine tab 150-300 mg</i> ...21	
KANJINTI SOL 150MG.....	25	<i>lanreotide acetate extended release inj 120 mg/0.5ml</i>	36
KAX AROMATIC PAD INHALANT	94	LANREOTIDE INJ 120/.5ML.....	36
KAZ DEMINERA MIS CARTRIDG.....	94	<i>lansoprazole cap delayed release 15 mg</i> ..57	
KAZ DYNAFLTR MIS K14-3P	94	LANTUS INJ 100/ML	32
KAZ DYNAFLTR MIS K14-S.....	94	LANTUS SOLOS INJ 100/ML	32
KAZ INHALANT LIQ	94		
KAZ WATER LIQ TREATMNT	94		

<i>lapatinib ditosylate tab 250 mg (base equiv)</i>	27
<i>latanoprost ophth soln 0.005%</i>	84
<i>leflunomide tab 10 mg</i>	69
<i>leflunomide tab 20 mg</i>	69
<i>lenalidomide cap 10 mg</i>	96
<i>lenalidomide cap 15 mg</i>	96
<i>lenalidomide cap 20 mg</i>	96
<i>lenalidomide cap 25 mg</i>	96
<i>lenalidomide cap 5 mg</i>	96
<i>lenalidomide caps 2.5 mg</i>	96
<i>LENVIMA CAP 10 MG</i>	25
<i>LENVIMA CAP 12MG</i>	25
<i>LENVIMA CAP 14 MG</i>	25
<i>LENVIMA CAP 18 MG</i>	25
<i>LENVIMA CAP 20 MG</i>	25
<i>LENVIMA CAP 24 MG</i>	25
<i>LENVIMA CAP 4MG</i>	25
<i>LENVIMA CAP 8 MG</i>	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
<i>LEUKERAN TAB 2MG</i>	24
<i>leuprolide acetate inj kit 1 mg/0.2ml (5 mg/ml)</i>	26
<i>levobunolol hcl ophth soln 0.5%</i>	84
<i>levofloxacin 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 0.15 mg-30 mcg</i>	31
<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>	31
<i>levonorgestrel-eth estra tab 0.05- 30/0.075-40/0.125-30mg-mcg</i>	32
<i>levonorgestrel tab 1.5 mg</i>	31
<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>	35
<i>levothyroxine sodium tab 300 mcg</i>	35
<i>levothyroxine sodium tab 50 mcg</i>	35
<i>levothyroxine sodium tab 75 mcg</i>	35
<i>levothyroxine sodium tab 88 mcg</i>	35
<i>lidocaine hcl soln 4%</i>	91
<i>lidocaine hcl viscous soln 2%</i>	85
<i>lidocaine patch 4%</i>	91
<i>lidocaine patch 5%</i>	91
<i>lidocaine-prilocaine cream 2.5-2.5%</i>	91
<i>LILETTA IUD 52MG</i>	31
<i>linezolid for susp 100 mg/5ml</i>	24
<i>LINEZOLID INJ 2MG/ML</i>	24
<i>linezolid iv soln 600 mg/300ml (2 mg/ml)</i>	24
<i>linezolid tab 600 mg</i>	23
<i>liothyronine sodium tab 25 mcg</i>	35
<i>liothyronine sodium tab 50 mcg</i>	35
<i>liothyronine sodium tab 5 mcg</i>	35
<i>lisinopril & hydrochlorothiazide tab 10-12.5 mg</i>	43
<i>lisinopril & hydrochlorothiazide tab 20-12.5 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
<i>LIVITA LIQ CHILDREN</i>	76
<i>LOKELMA PAK 10GM</i>	97
<i>LOKELMA PAK 5GM</i>	97
<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 tab 100-25 mg</i>	21
<i>lopinavir-ritonavir tab 200-50 mg</i>	21

<i>loratadine & pseudoephedrine tab er 12hr</i>	64
<i>5-120 mg</i>	51
<i>loratadine & pseudoephedrine tab er 24hr</i>	
<i>10-240 mg</i>	51
<i>loratadine cap 10 mg</i>	49
<i>loratadine chew tab 5 mg</i>	49
<i>loratadine orally disintegrating tab 5 mg</i> ..	49
<i>loratadine oral soln 5 mg/5ml</i>	49
<i>loratadine rapidly-disintegrating tab 10 mg</i>	
.....	49
<i>loratadine tab 10 mg</i>	49
LORBRENA TAB 100MG	26
LORBRENA TAB 25MG	26
<i>losartan potassium & hydrochlorothiazide</i>	
<i>tab 100-12.5 mg</i>	44
<i>losartan potassium & hydrochlorothiazide</i>	
<i>tab 100-25 mg</i>	44
<i>losartan potassium & hydrochlorothiazide</i>	
<i>tab 50-12.5 mg</i>	44
<i>losartan potassium tab 100 mg</i>	42
<i>losartan potassium tab 25 mg</i>	42
<i>losartan potassium tab 50 mg</i>	42
<i>lovastatin tab 10 mg</i>	46
<i>lovastatin tab 20 mg</i>	46
<i>lovastatin tab 40 mg</i>	46
<i>lubiprostone cap 24 mcg</i>	59
<i>lubiprostone cap 8 mcg</i>	59
LUBRICNT GEL DRO 0.25-0.3	83
LYNPARZA TAB 100MG	28
LYNPARZA TAB 150MG	28
LYSODREN TAB 500MG	26
M	
<i>MAALOX CHW 600MG</i>	56
<i>MAG-AL LIQ</i>	56
<i>malathion lotion 0.5%</i>	91
<i>maraviroc tab 150 mg</i>	20
<i>maraviroc tab 300 mg</i>	20
MATULANE CAP 50MG	28
MAVYRET PAK 50-20MG	22
MAVYRET TAB 100-40MG	22
MAYZENT PAK STARTER (12 TABS)	65
MAYZENT PAK STARTER (7 TABS)	64
MAYZENT TAB 0.25MG	64
MAYZENT TAB 1MG	64
MAYZENT TAB 2MG	64
<i>meclizine hcl chew tab 25 mg</i>	58
<i>meclizine hcl tab 12.5 mg</i>	58
<i>meclizine hcl tab 25 mg</i>	58
MEDROL TAB 2MG	29
<i>medroxyprogesterone acetate im susp 150</i>	
<i>mg/ml</i>	31
<i>medroxyprogesterone acetate im susp</i>	
<i>prefilled syr 150 mg/ml</i>	31
<i>medroxyprogesterone acetate tab 10 mg</i> ..	32
<i>medroxyprogesterone acetate tab 2.5 mg</i>	
.....	32
<i>medroxyprogesterone acetate tab 5 mg</i> ..	32
<i>mefloquine hcl tab 250 mg</i>	23
<i>megestrol acetate susp 40 mg/ml</i>	26
<i>megestrol acetate tab 20 mg</i>	26
<i>megestrol acetate tab 40 mg</i>	26
MEKINIST SOL 0.05/ML	28
MEKINIST TAB 0.5MG	28
MEKINIST TAB 2MG	28
<i>melatonin cap 10 mg</i>	92
<i>melatonin chew tab 2.5 mg</i>	92
<i>melatonin liquid 1 mg/ml</i>	92
<i>melatonin liquid 5 mg/15ml</i>	92
<i>melatonin sl tab 10 mg</i>	92
<i>melatonin sl tab 5 mg</i>	92
<i>melatonin tab 10 mg</i>	92
<i>melatonin tab 1 mg</i>	92
<i>melatonin tab 3 mg</i>	92
<i>melatonin tab 5 mg</i>	92
<i>melatonin tab er 10 mg</i>	92
<i>melatonin tablet disintegrating 10 mg</i> ..	92
<i>melatonin tablet disintegrating 3 mg</i> ..	92
<i>melatonin tablet disintegrating 5 mg</i> ..	92
<i>meloxicam tab 15 mg</i>	68
<i>meloxicam tab 7.5 mg</i>	68
<i>memantine hcl oral solution 2 mg/ml</i> ..	64
<i>memantine hcl tab 10 mg</i>	63
<i>memantine hcl tab 28 x 5 mg & 21 x 10 mg</i>	
<i>titration pack</i>	63
<i>memantine hcl tab 5 mg</i>	63
MENOPUR INJ 75UNIT	36
<i>mercaptopurine tab 50 mg</i>	25
<i>mesalamine cap er 24hr 0.375 gm</i>	59

<i>mesalamine enema 4 gm</i>	59
<i>mesalamine rectal enema 4 gm & cleanser wipe kit</i>	59
<i>mesalamine suppos 1000 mg</i>	59
<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>	66
<i>methadone hcl tab 5 mg</i>	66
<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>	73
<i>methocarbamol tab 750 mg</i>	73
<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>	43
<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>	87
<i>metronidazole gel 0.75%</i>	87
<i>metronidazole gel 1%</i>	87
<i>metronidazole lotion 0.75%</i>	87
<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 7 SUP 100MG</i>	60
<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>	61
<i>miconazole nitrate vaginal supp 200 mg & 2% cream 9 gm kit</i>	61
<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>	91
<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>mirabegron tab er 24 hr 25 mg</i>	60
<i>mirabegron tab er 24 hr 50 mg</i>	60
<i>MIRENA IUD SYSTEM</i>	31
<i>MIUDELLA IUD COPPER</i>	30
<i>mometasone furoate cream 0.1%</i>	90
<i>mometasone furoate oint 0.1%</i>	90

<i>mometasone furoate solution 0.1% (lotion)</i>	76
.....	90
MONISTAT 3 CRE 4%	60
MONISTAT 3 KIT COMBO PK	61
MONISTAT 7 KIT COMBO PK	61
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
.....	53
<i>morphine sulfate oral soln 100 mg/5ml (20 mg/ml)</i>	66
<i>morphine sulfate oral soln 10 mg/5ml</i>	66
<i>morphine sulfate oral soln 20 mg/5ml</i>	66
<i>morphine sulfate tab 15 mg</i>	66
<i>morphine sulfate tab 30 mg</i>	66
<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>	83
MUCINEX CHLD GRA 5-100MG	52
MUCINEX DM TAB 30-600ER	52
MUCINEX DM TAB 60-1200	52
MUCINEX D TAB 120-1200	51
MUCINEX D TAB 60-600MG	51
MUCINEX TAB 1200MG	51
<i>multiple vitamin cap</i>	74
<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
<i>multiple vitamin tab</i>	74
MULTIV INFAN DRO /TODDLER	75
MULTIVIT/FL CHW 0.25MG	76
MULTIVIT/FL CHW 0.5MG	76
MULTIVIT/FL DRO 1MG	76
MULTIVIT/FL DRO 0.25MG	76
MULTI VIT/FL DRO 0.5MG/ML	76
MULTIVITAMIN CHW CHILD	74, 75
MULTIVITAMIN CHW CHILDREN	75
MULTIVITAMIN CHW GUMMIES	75
MULTIVITAMIN CHW IRON	76
MULTIVITAMIN DRO INFANT	75
MULTI ZERO CHW YUMVSKID	75
<i>mupirocin oint 2%</i>	87
MVASI INJ 100MG	25
MVASI INJ 400MG	25
MVV COMPLETE CHW BUBBLGUM	75
MVV COMPLETE CHW D3000	75
MVV COMPLETE CHW D5000	75
MVV COMPLETE CHW GRAPE	75
MVV COMPLETE CHW ORANGE	75
MVV COMPLETE DRO PEDIATRI	76
MVV HI-D DR LIQ EX VIT D	76
MVV MOD FORM LIQ PEDS	76
<i>mycophenolate mofetil cap 250 mg</i>	97
<i>mycophenolate mofetil for oral susp 200 mg/ml</i>	97
<i>mycophenolate mofetil tab 500 mg</i>	97
<i>mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv)</i>	97
<i>mycophenolate sodium tab dr 360 mg (mycophenolic acid equiv)</i>	97
MYLERAN TAB 2MG	24
N	
<i>nabumetone tab 500 mg</i>	68
<i>nabumetone tab 750 mg</i>	68
<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	76
NANOVM POW 4-8YEARS	76
NANOVM POW 9-18 YRS	76
NANOVM T/F POW	76
<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>	68	<i>NINLARO CAP 2.3MG</i>	28
<i>naproxen tab 375 mg</i>	68	<i>NINLARO CAP 3MG</i>	28
<i>naproxen tab 500 mg</i>	68	<i>NINLARO CAP 4MG</i>	28
<i>naproxen tab ec 375 mg</i>	68	<i>NITRO-BID OIN 2%</i>	38
<i>naproxen tab ec 500 mg</i>	68	<i>NITRO-DUR DIS 0.3MG/HR</i>	38
<i>naratriptan hcl tab 1 mg (base equiv)</i>	70	<i>NITRO-DUR DIS 0.8MG/HR</i>	38
<i>naratriptan hcl tab 2.5 mg (base equiv)</i>	70	<i>nitrofurantoin macrocrystalline cap 100 mg</i>	
<i>NATACYN SUS 5% OP</i>	83	24
<i>nateglinide tab 120 mg</i>	33	<i>nitrofurantoin macrocrystalline cap 25 mg</i>	
<i>nateglinide tab 60 mg</i>	33	24
<i>NEBULIZERS - OTC</i>	94	<i>nitrofurantoin macrocrystalline cap 50 mg</i>	
<i>NEBULIZERS - RX</i>	94	24
<i>neomycin-bacitracin-polymyxin oint</i>	87	<i>nitrofurantoin monohydrate</i>	
<i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-1000unt op oin</i>	83	<i>macrocrystalline cap 100 mg</i>	24
<i>neomycin-polomyx-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml</i>	83	<i>nitrofurantoin susp 25 mg/5ml</i>	24
<i>neomycin-polomyxin-dexamethasone ophth oint 0.1%</i>	84	<i>nitroglycerin cap er 2.5 mg</i>	38
<i>neomycin-polomyxin-dexamethasone ophth susp 0.1%</i>	84	<i>nitroglycerin cap er 6.5 mg</i>	38
<i>neomycin-polomyxin-hc ophth susp</i>	84	<i>nitroglycerin cap er 9 mg</i>	38
<i>neomycin-polomyxin-hc otic soln 1%</i>	85	<i>nitroglycerin sl tab 0.3 mg</i>	38
<i>neomycin-polomyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</i>	85	<i>nitroglycerin sl tab 0.4 mg</i>	38
<i>neomycin sulfate tab 500 mg</i>	19	<i>nitroglycerin sl tab 0.6 mg</i>	38
<i>nevirapine susp 50 mg/5ml</i>	21	<i>nitroglycerin td patch 24hr 0.1 mg/hr</i>	38
<i>nevirapine tab 200 mg</i>	21	<i>nitroglycerin td patch 24hr 0.2 mg/hr</i>	38
<i>nevirapine tab er 24hr 400 mg</i>	21	<i>nitroglycerin td patch 24hr 0.4 mg/hr</i>	38
<i>NEXPLANON IMP 68MG</i>	31	<i>nitroglycerin td patch 24hr 0.6 mg/hr</i>	38
<i>niacin tab er 1000 mg (antihyperlipidemic)</i>	47	<i>NIVA-FOL TAB</i>	79
<i>niacin tab er 500 mg (antihyperlipidemic)</i>	46	<i>NIX CREM RIN LIQ 1%</i>	91
<i>niacin tab er 750 mg (antihyperlipidemic)</i>	46	<i>NIX LICE SPR KILLING</i>	91
<i>nifedipine tab er 24hr 30 mg</i>	40	<i>nizatidine cap 150 mg</i>	57
<i>nifedipine tab er 24hr 60 mg</i>	40	<i>nizatidine cap 300 mg</i>	57
<i>nifedipine tab er 24hr 90 mg</i>	40	<i>NORDITROPIN INJ 10/1.5ML</i>	36
<i>nifedipine tab er 24hr osmotic release 30 mg</i>	41	<i>NORDITROPIN INJ 15/1.5ML</i>	36
<i>nifedipine tab er 24hr osmotic release 60 mg</i>	41	<i>NORDITROPIN INJ 30/3ML</i>	36
<i>nifedipine tab er 24hr osmotic release 90 mg</i>	41	<i>NORDITROPIN INJ 5/1.5ML</i>	36
<i>norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr</i>	31	<i>norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr</i>	31
<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 & ethinyl estradiol tab 1 mg-35 mcg</i>	31	<i>norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg</i>	32

<i>norethindrone ace & ethinyl estradiol-fe tab</i>	
<i>1 mg-20 mcg</i>	31
<i>norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg</i>	31
<i>norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg</i>	31
<i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</i>	30
<i>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</i>	30
<i>norethindrone acetate tab 5 mg</i>	32
<i>norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg</i>	32
<i>norgestimate-eth estradiol tab 0.5-35/1-35/0.5-35 mg-mcg</i>	32
<i>norethindrone tab 0.35 mg</i>	30
<i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i>	31
<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i>	32
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	32
<i>norgestrel & ethinyl estradiol tab 0.3 mg-30 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>	75
<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>	33
<i>NOVOLIN N INJ U-100</i>	32
<i>NOVOLIN R INJ 100 UNIT</i>	32
<i>NOVOLIN R INJ U-100</i>	32
<i>NOZIN NASAL KIT SANITIZE</i>	50
<i>NUEDEXTA CAP 20-10MG</i>	65
<i>NURTEC TAB 75MG ODT</i>	71
<i>nystatin cream 100000 unit/gm</i>	87
<i>nystatin oint 100000 unit/gm</i>	87
<i>nystatin susp 100000 unit/ml</i>	85
<i>nystatin tab 500000 unit</i>	19
<i>nystatin topical powder 100000 unit/gm</i>	.87

O	
<i>OCREVUS INJ 300/10ML</i>	64
<i>octreotide acetate inj 1000 mcg/ml (1 mg/ml)</i>	36
<i>octreotide acetate inj 100 mcg/ml (0.1 mg/ml)</i>	36
<i>octreotide acetate inj 200 mcg/ml (0.2 mg/ml)</i>	36
<i>octreotide acetate inj 500 mcg/ml (0.5 mg/ml)</i>	36
<i>octreotide acetate inj 50 mcg/ml (0.05 mg/ml)</i>	36
<i>octreotide acetate subcutaneous soln pref syr 100 mcg/ml</i>	37
<i>octreotide acetate subcutaneous soln pref syr 500 mcg/ml</i>	37
<i>octreotide acetate subcutaneous soln pref syr 50 mcg/ml</i>	36
<i>ODEFSEY TAB</i>	22
<i>ofloxacin ophth soln 0.3%</i>	83
<i>ofloxacin otic soln 0.3%</i>	85
<i>OJEMDA SUS 25MG/ML</i>	27
<i>OJEMDA TAB 100MG</i>	27
<i>OMEGA-3 CAP 1400MG</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
<i>omega-3 fatty acids cap 435 mg</i>	79
<i>omega-3 fatty acids cap 500 mg</i>	79
<i>omega-3 fatty acids chew tab 113.5 mg</i>	79
<i>omega-3 fatty acids - oral liquid</i>	79
<i>omeprazole cap delayed release 10 mg</i>	57
<i>omeprazole cap delayed release 20 mg</i>	57
<i>omeprazole cap delayed release 40 mg</i>	57
<i>omeprazole delayed release tab 20 mg</i>	57
<i>omeprazole magnesium cap dr 20.6 mg (20 mg base equiv)</i>	57
<i>omeprazole magnesium delayed release tab 20 mg (base equiv)</i>	57
<i>omeprazole-sodium bicarbonate cap 20-1100 mg</i>	58
<i>OMNIFLEX DPR</i>	96
<i>OMNIPOD 5 DX KIT INT G7G6</i>	95
<i>OMNIPOD 5 DX MIS POD G7G6</i>	95

OMNIPOD 5 LB KIT INTRO G6	95	ORKAMBI TAB 100-125	54
OMNIPOD 5 LB MIS PODS G6	95	ORKAMBI TAB 200-125	54
OMNIPOD DASH KIT INTRO	95	<i>orphenadrine citrate tab er 12hr 100 mg ...</i>	73
OMNIPOD DASH KIT PDM	95	<i>oseltamivir phosphate cap 30 mg (base</i>	
OMNIPOD DASH MIS PODS.....	95	<i>equiv)</i>	23
OMNIPOD GO KIT 10UNT/DY	95	<i>oseltamivir phosphate cap 45 mg (base</i>	
OMNIPOD GO KIT 15UNT/DY	95	<i>equiv)</i>	23
OMNIPOD GO KIT 20UNT/DY.....	95	<i>oseltamivir phosphate cap 75 mg (base</i>	
OMNIPOD GO KIT 25UNT/DY.....	95	<i>equiv)</i>	23
OMNIPOD GO KIT 30UNT/DY.....	95	<i>oseltamivir phosphate for susp 6 mg/ml</i>	
OMNIPOD GO KIT 35UNT/DY	95	<i>(base equiv)</i>	23
OMNIPOD GO KIT 40UNT/DY	95	OSPHENA TAB 60MG	35
<i>ondansetron hcl oral soln 4 mg/5ml</i>	58	OTEZLA TAB 10/20	70
<i>ondansetron hcl tab 24 mg</i>	58	OTEZLA TAB 10/20/30	70
<i>ondansetron hcl tab 4 mg</i>	58	OTEZLA TAB 20MG	70
<i>ondansetron hcl tab 8 mg</i>	58	OTEZLA TAB 30MG	70
<i>ondansetron orally disintegrating tab 4 mg</i>	58	OVIDREL INJ.....	36
<i>.....</i>	58	oxaprozin tab 600 mg	68
<i>ondansetron orally disintegrating tab 8 mg</i>	58	oxybutynin chloride solution 5 mg/5ml	60
ONETOUCH DEL MIS PLUS 30G.....	95	oxybutynin chloride tab 5 mg	60
ONETOUCH DEL MIS PLUS 33G	95	oxybutynin chloride tab er 24hr 10 mg	60
ONETOUCH KIT ULTRA 2	95	oxybutynin chloride tab er 24hr 15 mg....	60
ONETOUCH KIT VERIO FL	95	oxybutynin chloride tab er 24hr 5 mg	60
ONETOUCH KIT VERIO RE.....	95	oxycodone hcl cap 5 mg	66
ONETOUCH TES ULT BLUE	92	oxycodone hcl conc 100 mg/5ml (20	
ONETOUCH TES ULTRA.....	92	<i>mg/ml)</i>	66
ONETOUCH TES VERIO.....	92	oxycodone hcl soln 5 mg/5ml.....	66
ONYDA XR SUS 0.1MG/ML.....	63	oxycodone hcl tab 10 mg	66
<i>oral electrolyte solution</i>	79	oxycodone hcl tab 15 mg	66
ORENITRAM TAB 0.125MG	48	oxycodone hcl tab 20 mg	66
ORENITRAM TAB 0.25MG.....	48	oxycodone hcl tab 30 mg	66
ORENITRAM TAB 1MG	48	oxycodone hcl tab 5 mg.....	66
ORENITRAM TAB 2.5MG	48	<i>oxycodone w/ acetaminophen tab 10-325</i>	
ORENITRAM TAB 5MG	48	<i>mg</i>	67
ORENITRAM TAB MONTH 1	48	<i>oxycodone w/ acetaminophen tab 2.5-325</i>	
ORENITRAM TAB MONTH 2	48	<i>mg</i>	67
ORENITRAM TAB MONTH 3	48	<i>oxycodone w/ acetaminophen tab 5-325</i>	
ORGOVYX TAB 120MG.....	26	<i>mg</i>	67
ORILISSA TAB 150MG	36	<i>oxycodone w/ acetaminophen tab 7.5-325</i>	
ORILISSA TAB 200MG	36	<i>mg</i>	67
ORKAMBI GRA 100-125	54	OXYTROL/WOMN DIS 3.9MG/24.....	60
ORKAMBI GRA 150-188.....	54	<i>oyster shell calcium tab 500 mg</i>	77
ORKAMBI GRA 75-94MG	54	OYST SHELL/D TAB 500MG	77
		OZEMPIC INJ 2MG/3ML.....	33

OZEMPIC INJ 4MG/3ML.....	33
OZEMPIC INJ 8MG/3ML.....	33
P	
PADCEV INJ 20MG.....	25
PADCEV INJ 30MG.....	25
<i>pantoprazole sodium ec tab 20 mg (base equiv)</i>	57
<i>pantoprazole sodium ec tab 40 mg (base equiv)</i>	57
PARAGARD IUD T380A.....	30
<i>paricalcitol cap 1 mcg</i>	37
<i>paricalcitol cap 2 mcg</i>	37
<i>paricalcitol cap 4 mcg</i>	37
PARVA-CAL TAB 500MG	77
PAXLOVID PAK.....	23
PAXLOVID TAB 150-100.....	23
PAXLOVID TAB 300-100.....	23
<i>pazopanib hcl tab 200 mg (base equiv)</i>	27
PEDIA-LAX LIQ 50MG	55
<i>pediatric multiple vitamin chew tab</i>	74
<i>pediatric multiple vitamins w/ fl-fe drops 0.25-10 mg/ml</i>	77
<i>pediatric multiple vitamins w/ fluoride chew tab 0.25 mg</i>	76
<i>pediatric multiple vitamins w/ fluoride chew tab 0.5 mg</i>	76
<i>pediatric multiple vitamins w/ fluoride chew tab 1 mg</i>	76
<i>pediatric multiple vitamins w/ fluoride soln 0.25 mg/ml.....</i>	76
<i>pediatric multiple vitamins w/ fluoride soln 0.5 mg/ml.....</i>	76
<i>pediatric multiple vitamins w/ iron chew tab 15 mg</i>	76
<i>pediatric multiple vitamins w/ iron chew tab 18 mg</i>	76
<i>pediatric vitamins acd w/ fluoride soln 0.25 mg/ml</i>	76
<i>pediatric vitamins acd w/ fluoride soln 0.5 mg/ml</i>	76
PED POLY-VIT DRO	75
PED POLY-VIT DRO /IRON	76
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm.....</i>	55
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 240 gm</i>	55
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>	55
PEGASYS INJ	22
PEGASYS INJ 180MCG/M	22
<i>penicillin v potassium for soln 125 mg/5ml</i>	17
<i>penicillin v potassium for soln 250 mg/5ml</i>	17
<i>penicillin v potassium tab 250 mg</i>	17
<i>penicillin v potassium tab 500 mg</i>	17
PEPCID AC TAB 20MG.....	57
<i>permethrin cream 5%</i>	91
<i>permethrin creme rinse 1%</i>	91
PH 12 STERIL SOL FOLAN	96
<i>phenazopyridine hcl tab 100 mg.....</i>	61
<i>phenazopyridine hcl tab 200 mg</i>	61
<i>phenobarbital elixir 20 mg/5ml.....</i>	62
<i>phenobarbital tab 100 mg</i>	62
<i>phenobarbital tab 15 mg.....</i>	62
<i>phenobarbital tab 16.2 mg</i>	62
<i>phenobarbital tab 30 mg.....</i>	62
<i>phenobarbital tab 32.4 mg.....</i>	62
<i>phenobarbital tab 60 mg.....</i>	62
<i>phenobarbital tab 64.8 mg</i>	62
<i>phenobarbital tab 97.2 mg</i>	62
<i>phenytoin chew tab 50 mg</i>	71
<i>phenytoin sodium extended cap 100 mg</i>	71
<i>phenytoin sodium extended cap 200 mg</i>	71
<i>phenytoin sodium extended cap 300 mg</i>	71
<i>phenytoin susp 125 mg/5ml</i>	71
<i>phytonadione tab 5 mg</i>	74
PIFELTRO TAB 100MG	21
<i>pilocarpine hcl tab 5 mg</i>	86
<i>pilocarpine hcl tab 7.5 mg</i>	86
<i>pindolol tab 10 mg</i>	38
<i>pindolol tab 5 mg</i>	38
<i>pioglitazone hcl-glimepiride tab 30-2 mg</i>	34
<i>pioglitazone hcl-glimepiride tab 30-4 mg</i>	35
<i>pioglitazone hcl-metformin hcl tab 15-500 mg</i>	35
<i>pioglitazone hcl-metformin hcl tab 15-850 mg</i>	35

<i>pioglitazone hcl tab 15 mg (base equiv)....</i>	34
<i>pioglitazone hcl tab 30 mg (base equiv) ...</i>	34
<i>pioglitazone hcl tab 45 mg (base equiv) ...</i>	34
<i>pirfenidone cap 267 mg</i>	54
<i>pirfenidone tab 267 mg</i>	54
<i>pirfenidone tab 801 mg</i>	55
<i>PLUVICTO INJ 1000MBQ.....</i>	28
<i>podoфilox soln 0.5%.....</i>	90
<i>POLIVY INJ 140MG</i>	25
<i>POLIVY INJ 30MG.....</i>	25
<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>	84
<i>polyethylene glycol-propylene glycol pf op soln 0.4-0.3%</i>	84
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>	83
<i>POLY-VI-FLOR CHW W/IRON</i>	77
<i>POLY-VI-FLOR SUS /IRON</i>	77
<i>POLY-VI-FLOR SUS 0.25/ML</i>	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>	84
<i>POLY-VI-SOL SOL 50MG/ML</i>	75
<i>POLY-VITA/FE DRO.....</i>	76
<i>POLY-VITA DRO</i>	75
<i>POLY-VITE DRO</i>	75
<i>POLY-VITE SOL 50MG/ML.....</i>	75
<i>potassium bicarbonate effer tab 25 meq..</i>	79
<i>potassium chloride cap er 10 meq.....</i>	79
<i>potassium chloride cap er 8 meq.....</i>	79
<i>potassium chloride microencapsulated crys er tab 10 meq</i>	79
<i>potassium chloride microencapsulated crys er tab 20 meq</i>	79
<i>potassium chloride oral soln 10% (20 meq/15ml)</i>	79
<i>potassium chloride oral soln 20% (40 meq/15ml)</i>	79
<i>potassium chloride tab er 10 meq.....</i>	79
<i>potassium chloride tab er 20 meq (1500 mg)</i>	79
<i>potassium chloride tab er 8 meq (600 mg)</i>	79
<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>	79
<i>povidone-iodine soln 10%</i>	91
<i>pramipexole dihydrochloride tab 0.125 mg</i>	72
<i>pramipexole dihydrochloride tab 0.25 mg</i>	72
<i>pramipexole dihydrochloride tab 0.5 mg..</i>	72
<i>pramipexole dihydrochloride tab 0.75 mg</i>	72
<i>pramipexole dihydrochloride tab 1.5 mg ..</i>	72
<i>pramipexole dihydrochloride tab 1 mg.....</i>	72
<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
<i>prednisolone acetate ophth susp 1%</i>	84
<i>prednisolone sodium phosphate oral soln 25 mg/5ml (base eq)</i>	29
<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 phosphate oral soln 15 mg/5ml (base equiv).....</i>	29
<i>prednisolone sod phosphate oral soln 5 mg/5ml (base equiv).....</i>	29
<i>prednisolone soln 15 mg/5ml</i>	29
<i>prednisone oral soln 5 mg/5ml</i>	29
<i>prednisone tab 10 mg</i>	29

<i>prednisone tab 1 mg</i>	29	<i>promethazine hcl tab 50 mg</i>	49
<i>prednisone tab 2.5 mg</i>	29	PROMETHAZINE SYP 6.25/5ML	49
<i>prednisone tab 20 mg</i>	29	<i>promethazine w/ codeine syrup 6.25-10</i>	
<i>prednisone tab 50 mg</i>	29	<i>mg/5ml</i>	51
<i>prednisone tab 5 mg</i>	29	<i>propafenone hcl cap er 12hr 225 mg</i>	41
<i>prednisone tab therapy pack 10 mg (21)</i> ...	30	<i>propafenone hcl cap er 12hr 325 mg</i>	41
<i>prednisone tab therapy pack 10 mg (48)</i> ..	30	<i>propafenone hcl cap er 12hr 425 mg</i>	41
<i>prednisone tab therapy pack 5 mg (21)</i>	29	<i>propafenone hcl tab 150 mg</i>	41
<i>prednisone tab therapy pack 5 mg (48) ...</i>	30	<i>propafenone hcl tab 225 mg</i>	41
PRED SOD PHO SOL 1% OP	84	<i>propafenone hcl tab 300 mg</i>	41
PREGNYL INJ 10000UNT	36	<i>propranolol hcl cap er 24hr 120 mg</i>	39
PRENATAL MUL CAP DHA	77	<i>propranolol hcl cap er 24hr 160 mg</i>	39
PRENATAL MV MIS + DHA	77	<i>propranolol hcl cap er 24hr 60 mg</i>	39
<i>prenatal vit w/ dss-iron carbonyl-fa tab 90-1</i>		<i>propranolol hcl cap er 24hr 80 mg</i>	39
<i>mg</i>	77	<i>propranolol hcl oral soln 20 mg/5ml</i>	38
<i>prenatal vit w/ fe fumarate-fa chew tab 29-1</i>		<i>propranolol hcl oral soln 40 mg/5ml</i>	39
<i>mg</i>	77	<i>propranolol hcl tab 10 mg</i>	38
<i>prenatal vit w/ fe fumarate-fa tab 28-1 mg</i>		<i>propranolol hcl tab 20 mg</i>	38
<i>.....</i>	77	<i>propranolol hcl tab 40 mg</i>	38
<i>prenatal vit w/ iron carbonyl-fa tab 29-1 mg</i>		<i>propranolol hcl tab 60 mg</i>	38
<i>.....</i>	77	<i>propranolol hcl tab 80 mg</i>	38
PREP H CRE 1%	86	<i>propylene glycol-glycerin ophth soln 1-</i>	
PREZCOBIX TAB 800-150	21	<i>0.3%</i>	84
PREZISTA SUS 100MG/ML.....	20	<i>propylene glycol ophth soln 0.6%</i>	83
PREZISTA TAB 150MG	20	<i>propylthiouracil tab 50 mg</i>	35
PREZISTA TAB 75MG	20	<i>pseudoephed-bromphen-dm syrup 30-2-10</i>	
<i>primidone tab 250 mg</i>	72	<i>mg/5ml</i>	51
<i>primidone tab 50 mg</i>	72	<i>pseudoephedrine-guaifenesin syrup 30-100</i>	
<i>probenecid tab 500 mg</i>	71	<i>mg/5ml</i>	51
<i>prochlorperazine maleate tab 10 mg (base</i>		<i>pseudoephedrine-guaifenesin tab er 12hr</i>	
<i>equivalent)</i>	62	<i>120-1200 mg</i>	51
<i>prochlorperazine maleate tab 5 mg (base</i>		<i>pseudoephedrine-guaifenesin tab er 12hr</i>	
<i>equivalent)</i>	62	<i>60-600 mg</i>	51
<i>prochlorperazine suppos 25 mg</i>	61	<i>pseudoephedrine hcl tab 30 mg</i>	50
<i>progesterone cap 100 mg</i>	32	<i>pseudoephedrine hcl tab 60 mg</i>	50
<i>progesterone cap 200 mg</i>	32	<i>pseudoephedrine hcl tab er 12hr 120 mg</i> ..	50
PROLIA INJ 60MG/ML	35	PULMOZYME SOL 1MG/ML	54
<i>promethazine-dm syrup 6.25-15 mg/5ml</i> .51		PURE & GENTL DRO 0.3%.....	83
<i>promethazine hcl oral soln 6.25 mg/5ml</i> ..49		<i>pyrantel pamoate susp 144 mg/ml (50</i>	
<i>promethazine hcl suppos 12.5 mg</i>	49	<i>mg/ml base equiv)</i>	23
<i>promethazine hcl suppos 25 mg</i>	49	<i>pyrazinamide tab 500 mg</i>	19
<i>promethazine hcl suppos 50 mg</i>	49	<i>pyridostigmine bromide oral soln 60</i>	
<i>promethazine hcl tab 12.5 mg</i>	49	<i>mg/5ml</i>	73
<i>promethazine hcl tab 25 mg</i>	49	<i>pyridostigmine bromide tab 60 mg</i>	73

pyridostigmine bromide tab er 180 mg	73
pyridoxine hcl tab 25 mg	73
pyridoxine hcl tab 50 mg.....	73
pyrimethamine tab 25 mg	23
Q	
QC CALAMINE LOT 8-8%	91
QUFLORA PED DRO 0.25MG.....	76
QUFLORA PED DRO 0.5MG/ML	77
quinapril hcl tab 10 mg	42
quinapril hcl tab 20 mg	42
quinapril hcl tab 40 mg.....	42
quinapril hcl tab 5 mg	42
QULIPTA TAB 10MG	71
QULIPTA TAB 30MG	71
QULIPTA TAB 60MG	71
QVAR REDIHA AER 80MCG	53
QVAR REDIHAL AER 40MCG	53
R	
RA CALCIUM TAB 500MG.....	77
raloxifene hcl tab 60 mg.....	35
ramipril cap 1.25 mg.....	42
ramipril cap 10 mg.....	42
ramipril cap 2.5 mg	42
ramipril cap 5 mg	42
RA STERILE SOL NASAL.....	50
RASUVO INJ 10MG	68
RASUVO INJ 12.5MG	68
RASUVO INJ 15MG	68
RASUVO INJ 17.5MG	68
RASUVO INJ 20MG.....	68
RASUVO INJ 22.5MG.....	69
RASUVO INJ 25MG.....	69
RASUVO INJ 30MG	69
RASUVO INJ 7.5MG.....	68
REBIF INJ 22/0.5.....	64
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<i>sennosides-docusate sodium tab 8.6-50 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
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<i>simethicone chew tab 125 mg</i>	59
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<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>	97
<i>sirolimus tab 0.5 mg</i>	97
<i>sirolimus tab 1 mg</i>	97
<i>sirolimus tab 2 mg</i>	97
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<i>sodium fluoride chew tab 0.5 mg f (from 1.1 mg naf)</i>	78
<i>sodium fluoride chew tab 1 mg f (from 2.2 mg naf)</i>	78
<i>sodium fluoride cream 1.1%</i>	85
<i>sodium fluoride gel 1.1% (0.5% f)</i>	86
<i>sodium fluoride paste 1.1%</i>	86
<i>sodium fluoride rinse 0.2%</i>	85
<i>sodium fluoride soln 0.5 mg/ml f (from 1.1 mg/ml naf)</i>	78
<i>sodium fluoride tab 0.5 mg f (from 1.1 mg naf)</i>	78
<i>sodium fluoride tab 1 mg f (from 2.2 mg naf)</i>	78
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<i>sodium phenylbutyrate tab 500 mg</i>	37
<i>sodium polystyrene sulfonate rectal susp 30 gm/120ml</i>	97
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<i>sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml</i>	55
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<i>sulfamethoxazole-trimethoprim tab 400-80 mg</i>	24	<i>tacrolimus cap 1 mg</i>	97
<i>sulfamethoxazole-trimethoprim tab 800- 160 mg</i>	24	<i>tacrolimus cap 5 mg</i>	97
<i>sulfasalazine tab 500 mg</i>	59	<i>tacrolimus oint 0.03%</i>	90
<i>sulfasalazine tab delayed release 500 mg</i>	59	<i>tacrolimus oint 0.1%</i>	90
<i>sulindac tab 150 mg</i>	68	TAFINLAR CAP 50MG	27
<i>sulindac tab 200 mg</i>	68	TAFINLAR CAP 75MG	27
<i>sumatriptan nasal spray 20 mg/act</i>	70	TAFINLAR TAB 10MG	27
<i>sumatriptan nasal spray 5 mg/act</i>	70	<i>tamoxifen citrate tab 10 mg (base equivalent)</i>	26
<i>sumatriptan succinate inj 6 mg/0.5ml</i>	70	<i>tamoxifen citrate tab 20 mg (base equivalent)</i>	26
<i>sumatriptan succinate solution auto- injector 4 mg/0.5ml</i>	71	<i>tamsulosin hcl cap 0.4 mg</i>	61
<i>sumatriptan succinate solution auto- injector 6 mg/0.5ml</i>	71	<i>temozolomide cap 100 mg</i>	24
<i>sumatriptan succinate solution cartridge 4 mg/0.5ml</i>	71	<i>temozolomide cap 140 mg</i>	24
<i>sumatriptan succinate solution cartridge 6 mg/0.5ml</i>	71	<i>temozolomide cap 180 mg</i>	24
<i>sumatriptan succinate tab 100 mg</i>	70	<i>temozolomide cap 20 mg</i>	24
<i>sumatriptan succinate tab 25 mg</i>	70	<i>temozolomide cap 250 mg</i>	25
<i>sumatriptan succinate tab 50 mg</i>	70	<i>temozolomide cap 5 mg</i>	24
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		<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
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		<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>tolnaftate soln 1%</i>	87
<i>testosterone td gel 10mg/act (2%)</i>	30	<i>tolterodine tartrate tab 1 mg</i>	60
<i>testosterone td gel 25 mg/2.5gm (1%)</i>	30	<i>tolterodine tartrate tab 2 mg</i>	60
<i>tetrabenazine tab 12.5 mg</i>	64	<i>tolvaptan tab 15 mg</i>	37
<i>tetrabenazine tab 25 mg</i>	64	<i>tolvaptan tab 30 mg</i>	37
<i>tetracycline hcl cap 250 mg</i>	19	<i>toremifene citrate tab 60 mg (base equivalent)</i>	26
<i>tetracycline hcl cap 500 mg</i>	19	<i>torsemide tab 100 mg</i>	44
<i>THALOMID CAP 100MG</i>	96	<i>torsemide tab 10 mg</i>	44
<i>THALOMID CAP 50MG</i>	96	<i>torsemide tab 20 mg</i>	44
<i>theophylline elixir 80 mg/15ml</i>	53	<i>torsemide tab 5 mg</i>	44
<i>theophylline soln 80 mg/15ml</i>	53	<i>TRACLEER TAB 32MG</i>	47
<i>theophylline tab er 12hr 300 mg</i>	53	<i>tramadol-acetaminophen tab 37.5-325 mg</i>	67
<i>theophylline tab er 12hr 450 mg</i>	53	<i>tramadol hcl tab 50 mg</i>	66
<i>theophylline tab er 24hr 400 mg</i>	53	<i>tramadol hcl tab er 24hr 100 mg</i>	66
<i>theophylline tab er 24hr 600 mg</i>	53	<i>tramadol hcl tab er 24hr 200 mg</i>	66
<i>THERATEARS SOL 0.25% PF</i>	83	<i>tramadol hcl tab er 24hr 300 mg</i>	66
<i>thiamine hcl tab 100 mg</i>	73	<i>trandolapril tab 1 mg</i>	42
<i>thiamine hcl tab 50 mg</i>	73	<i>trandolapril tab 2 mg</i>	42
<i>thiamine mononitrate tab 100 mg</i>	73	<i>trandolapril tab 4 mg</i>	42
<i>ticagrelor tab 60 mg</i>	82	<i>TRELEGY AER 100MCG</i>	52
<i>ticagrelor tab 90 mg</i>	82	<i>TRELEGY AER 200MCG</i>	52
<i>timolol maleate ophth gel forming soln 0.25%</i>	84	<i>TRELSTAR MIX INJ 3.75MG</i>	26
<i>timolol maleate ophth gel forming soln 0.5%</i>	84	<i>treprostinil inj soln 100 mg/20ml (5 mg/ml)</i>	47
<i>timolol maleate ophth soln 0.25%</i>	84	<i>treprostinil inj soln 200 mg/20ml (10 mg/ml)</i>	47
<i>timolol maleate ophth soln 0.5%</i>	84	<i>treprostinil inj soln 20 mg/20ml (1 mg/ml)</i>	47
<i>timolol maleate tab 10 mg</i>	39	<i>treprostinil inj soln 50 mg/20ml (2.5 mg/ml)</i>	47
<i>timolol maleate tab 20 mg</i>	39	<i>tretinoin cap 10 mg</i>	28
<i>timolol maleate tab 5 mg</i>	39	<i>tretinoin cream 0.025%</i>	86
<i>tiotropium bromide monohydrate inhal cap 18 mcg (base equiv)</i>	52	<i>tretinoin cream 0.05%</i>	86
<i>TIVICAY PD TAB 5MG</i>	20	<i>tretinoin cream 0.1%</i>	86
<i>TIVICAY TAB 50MG</i>	20	<i>tretinoin gel 0.01%</i>	86
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<i>tizanidine hcl tab 4 mg (base equivalent)</i>73	<i>TREXALL TAB 10MG</i>	25
<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	84	<i>TREXALL TAB 15MG</i>	25
<i>tobramycin nebu soln 300 mg/4ml</i>	19	<i>TREXALL TAB 5MG</i>	25
<i>tobramycin nebu soln 300 mg/5ml</i>	19	<i>TREXALL TAB 7.5MG</i>	25
<i>tobramycin ophth soln 0.3%</i>	83	<i>triamicinolone acetonide cream 0.025%</i>90
<i>tolnaftate aerosol pow 1%</i>	87	<i>triamicinolone acetonide cream 0.1%</i>90
<i>tolnaftate cream 1%</i>	87		

<i>triamcinolone acetonide cream 0.5%</i>	90
<i>triamcinolone acetonide dental paste 0.1%</i>	85
<i>triamcinolone acetonide lotion 0.025%</i>	90
<i>triamcinolone acetonide lotion 0.1%</i>	90
<i>triamcinolone acetonide nasal aerosol suspension 55 mcg/act</i>	50
<i>triamcinolone acetonide oint 0.025%</i>	90
<i>triamcinolone acetonide oint 0.1%</i>	90
<i>triamcinolone acetonide oint 0.5%</i>	90
<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>	83
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<i>trospium chloride tab 20 mg</i>	60
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