



**CVS Caremark<sup>®</sup>**  
**Value Formulary**  
**04/01/2023**

## Table of Contents

INTRODUCTION .....	6
PREFACE .....	6
PHARMACY AND THERAPEUTICS (P&T) COMMITTEE .....	6
DRUG LIST PRODUCT DESCRIPTIONS .....	6
LEGEND .....	7
GENERIC SUBSTITUTION .....	7
SPECIALTY MEDICATIONS .....	8
PLAN DESIGN .....	8
PREVENTIVE SERVICES .....	9
NOTICE .....	9
<b>ANALGESICS</b> .....	<b>10</b>
GOUT .....	10
NSAIDS .....	10
OPIOID ANALGESICS .....	10
OPIOID PARTIAL AGONISTS .....	11
VISCOSUPPLEMENTS .....	11
<b>ANTI-INFECTIVES</b> .....	<b>11</b>
ANTHELMINTICS .....	11
ANTI-BACTERIALS - MISCELLANEOUS .....	11
ANTIFUNGALS .....	11
ANTIRETROVIRAL AGENTS .....	12
ANTIRETROVIRAL COMBINATION AGENTS .....	12
ANTITUBERCULAR AGENTS .....	13
ANTIVIRALS .....	13
CEPHALOSPORINS .....	13
CYTOMEGALOVIRUS AGENTS .....	14
ERYTHROMYCINS/MACROLIDES .....	14
FLUOROQUINOLONES .....	14
HEPATITIS B .....	14
HEPATITIS C .....	14
MISCELLANEOUS .....	15
PENICILLINS .....	15
TETRACYCLINES .....	16
<b>ANTINEOPLASTIC AGENTS</b> .....	<b>16</b>
ALKYLATING AGENTS .....	16
ANTIMETABOLITES .....	16
BIOLOGIC RESPONSE MODIFIERS .....	16
BIOSIMILARS .....	16
HORMONAL ANTINEOPLASTIC AGENTS .....	16
KINASE INHIBITORS .....	17
MISCELLANEOUS .....	18
PROTEASOME INHIBITORS .....	19
<b>CARDIOVASCULAR</b> .....	<b>19</b>
ACE INHIBITOR COMBINATIONS .....	19
ACE INHIBITORS .....	19
ALDOSTERONE RECEPTOR ANTAGONISTS .....	19

ALPHA BLOCKERS .....	19
ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS .....	19
ANGIOTENSIN II RECEPTOR ANTAGONISTS .....	20
ANTIARRHYTHMICS.....	20
ANTILIPEMICS, BILE ACID RESINS.....	21
ANTILIPEMICS, CHOLESTEROL ABSORPTION INHIBITOR .....	21
ANTILIPEMICS, FIBRATES .....	21
ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS .....	21
ANTILIPEMICS, MISCELLANEOUS.....	21
ANTILIPEMICS, OMEGA-3 FATTY ACIDS.....	21
ANTILIPEMICS, PCSK9 INHIBITORS .....	21
BETA-BLOCKER/DIURETIC COMBINATIONS.....	21
BETA-BLOCKERS .....	21
CALCIUM CHANNEL BLOCKERS.....	22
DIGITALIS GLYCOSIDES.....	22
DIURETICS .....	22
HEART FAILURE.....	23
MISCELLANEOUS .....	23
NITRATES .....	23
PULMONARY ARTERIAL HYPERTENSION.....	23
<b>CENTRAL NERVOUS SYSTEM .....</b>	<b>23</b>
ANTIANXIETY .....	23
ANTIDEMENTIA .....	24
ANTIDEPRESSANTS.....	24
ANTIPARKINSONIAN AGENTS.....	25
ANTIPSYCHOTICS .....	25
ANTISEIZURE AGENTS .....	26
ATTENTION DEFICIT HYPERACTIVITY DISORDER.....	27
FIBROMYALGIA.....	27
HYPNOTICS.....	28
MIGRAINE.....	28
MISCELLANEOUS .....	28
MOVEMENT DISORDERS.....	28
MULTIPLE SCLEROSIS AGENTS.....	28
MUSCULOSKELETAL THERAPY AGENTS.....	29
NARCOLEPSY/CATAPLEXY .....	29
OPIOID AGONIST/ANTAGONIST .....	29
OPIOID ANTAGONIST.....	29
OPIOID PARTIAL AGONISTS.....	29
SMOKING DETERRENTS.....	30
<b>ENDOCRINE AND METABOLIC .....</b>	<b>30</b>
ACROMEGALY.....	30
ANDROGENS .....	30
ANTIDIABETICS, AMYLIN ANALOGS .....	30
ANTIDIABETICS, BIGUANIDE .....	30
ANTIDIABETICS, BIGUANIDE/ SULFONYLUREA COMBINATIONS .....	30

ANTIDIABETICS, DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITOR / BIGUANIDE COMBINATIONS .....	30
ANTIDIABETICS, DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS .....	30
ANTIDIABETICS, INCRETIN MIMETIC AGENTS .....	30
ANTIDIABETICS, INCRETIN MIMETIC COMBINATION AGENTS .....	31
ANTIDIABETICS, INSULIN.....	31
ANTIDIABETICS, INSULIN SENSITIZER .....	31
ANTIDIABETICS, INSULIN SENSITIZER/BIGUANIDE COMBINATION .....	31
ANTIDIABETICS, INSULIN SENSITIZER/SULFONYLUREA COMBINATION ...	31
ANTIDIABETICS, SODIUM-GLUC CO-TRANSPOR2 INHIB (SGLT2)/DPP-4 INHIBITOR/BIGUANIDE COMBINATIONS.....	31
ANTIDIABETICS, SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITOR / BIGUANIDE COMBINATIONS.....	31
ANTIDIABETICS, SODIUM-GLUCOSE CO-TRANSPORTER 2(SGLT2) INHIBITOR/DPP-4 INHIBITOR COMBINATIONS .....	32
ANTIDIABETICS, SODIUM-GLUCOSE CO-TRANSPORTER 2(SGLT2) INHIBITORS.....	32
ANTIDIABETICS, SULFONYLUREA .....	32
ANTIOBESITY.....	32
CALCIUM RECEPTOR AGONISTS .....	32
CALCIUM REGULATORS, BISPHTHOSPHONATES .....	32
CALCIUM REGULATORS, MISCELLANEOUS .....	32
CALCIUM REGULATORS, PARATHYROID HORMONES .....	32
CENTRAL PRECOCIOUS PUBERTY.....	32
CHELATING AGENTS .....	33
CONTRACEPTIVES.....	33
DIABETIC SUPPLIES.....	34
ENDOMETRIOSIS .....	34
ENZYME REPLACEMENTS .....	35
ESTROGENS.....	35
FERTILITY REGULATORS.....	35
GAUCHER DISEASE.....	35
GLUCOCORTICOIDS.....	35
GLUCOSE ELEVATING AGENTS .....	36
HEREDITARY TYROSINEMIA TYPE 1 AGENTS .....	36
HUMAN GROWTH HORMONES .....	36
LUTEINIZING HORMONE-RELEASING HORMONE (LHRH) AGONISTS.....	36
MISCELLANEOUS .....	36
PHOSPHATE BINDER AGENTS.....	36
POLYNEUROPATHY.....	37
POTASSIUM-REMOVING AGENTS .....	37
PROGESTINS.....	37
SELECTIVE ESTROGEN RECEPTOR MODULATORS .....	37
THYROID AGENTS.....	37
UTERINE FIBROIDS.....	37
VASOPRESSINS .....	37
<b>GASTROINTESTINAL.....</b>	<b>37</b>

ANTICHOLINERGICS .....	37
ANTIDIARRHEALS .....	37
ANTIEMETICS.....	37
H2-RECEPTOR ANTAGONISTS .....	38
INFLAMMATORY BOWEL DISEASE .....	38
IRRITABLE BOWEL SYNDROME WITH CONSTIPATION.....	38
IRRITABLE BOWEL SYNDROME WITH DIARRHEA .....	38
LAXATIVES .....	38
MISCELLANEOUS .....	38
PANCREATIC ENZYMES.....	38
PROTON PUMP INHIBITORS .....	39
RECTAL, CORTICOSTEROIDS.....	39
<b>GENITOURINARY .....</b>	<b>39</b>
BENIGN PROSTATIC HYPERPLASIA.....	39
MISCELLANEOUS .....	39
URINARY ANTISPASMODICS .....	39
VAGINAL ANTI-INFECTIVES .....	39
<b>HEMATOLOGIC.....</b>	<b>39</b>
ANTICOAGULANTS.....	39
BLEEDING DISORDERS AGENTS .....	39
HEMATOPOIETIC GROWTH FACTORS.....	40
HEMOPHILIA A AGENTS.....	40
HEMOPHILIA B AGENTS.....	40
MISCELLANEOUS .....	41
PAROXYSMAL NOCTURNAL HEMOGLOBINURIA (PNH) AGENTS .....	41
PLATELET AGGREGATION INHIBITORS .....	41
SICKLE CELL DISEASE.....	41
<b>IMMUNOLOGIC AGENTS.....</b>	<b>41</b>
ALLERGENIC EXTRACTS.....	41
AUTOIMMUNE AGENTS (PHYSICIAN-ADMINISTERED).....	41
AUTOIMMUNE AGENTS (SELF-ADMINISTERED), ALL OTHER CONDITIONS	41
AUTOIMMUNE AGENTS (SELF-ADMINISTERED), ANKYLOSING SPONDYLITIS	41
.....	41
AUTOIMMUNE AGENTS (SELF-ADMINISTERED), CROHN'S DISEASE .....	41
AUTOIMMUNE AGENTS (SELF-ADMINISTERED), NON-RADIOGRAPHIC AXIAL	41
SPONDYLOARTHRITIS .....	41
AUTOIMMUNE AGENTS (SELF-ADMINISTERED), PSORIASIS.....	42
AUTOIMMUNE AGENTS (SELF-ADMINISTERED), PSORIATIC ARTHRITIS ...	42
AUTOIMMUNE AGENTS (SELF-ADMINISTERED), RHEUMATOID ARTHRITIS	42
AUTOIMMUNE AGENTS (SELF-ADMINISTERED), ULCERATIVE COLITIS .....	42
DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS).....	42
HEREDITARY ANGIOEDEMA.....	43
IMMUNOGLOBULIN .....	43
IMMUNOSUPPRESSANTS.....	43
MISCELLANEOUS .....	44
<b>NUTRITIONAL/SUPPLEMENTS .....</b>	<b>44</b>
ELECTROLYTES.....	44

PRENATAL VITAMINS .....	44
VITAMINS .....	44
<b>OPHTHALMIC.....</b>	<b>45</b>
ANTI-INFECTIVE/ANTI-INFLAMMATORY .....	45
ANTI-INFECTIVES .....	45
ANTI-INFLAMMATORIES .....	45
ANTIALLERGICS .....	46
ANTIGLAUCOMA .....	46
DRY EYE DISEASE.....	46
RETINAL DISORDERS .....	46
<b>RESPIRATORY .....</b>	<b>46</b>
ALPHA-1 ANTITRYPSIN DEFICIENCY AGENTS .....	46
ANAPHYLAXIS TREATMENT AGENTS .....	46
ANTICHOLINERGIC/BETA AGONIST COMBINATIONS .....	46
ANTICHOLINERGICS .....	46
ANTI HISTAMINES .....	47
BETA AGONISTS.....	47
COLD/COUGH.....	47
CYSTIC FIBROSIS .....	47
LEUKOTRIENE RECEPTOR ANTAGONISTS.....	47
NASAL STEROIDS .....	47
PULMONARY FIBROSIS AGENTS .....	47
SEVERE ASTHMA AGENTS.....	48
STEROID INHALANTS.....	48
STEROID/BETA-AGONIST COMBINATIONS.....	48
XANTHINES .....	48
<b>TOPICAL .....</b>	<b>48</b>
DERMATOLOGY, ACNE .....	48
DERMATOLOGY, ACTINIC KERATOSIS .....	48
DERMATOLOGY, ANTIBIOTICS.....	48
DERMATOLOGY, ANTIFUNGALS .....	49
DERMATOLOGY, ANTIPSORIATICS .....	49
DERMATOLOGY, ANTISEBORRHEICS .....	49
DERMATOLOGY, ATOPIC DERMATITIS .....	49
DERMATOLOGY, CORTICOSTEROIDS.....	49
DERMATOLOGY, LOCAL ANESTHETICS.....	50
DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE .....	50
DERMATOLOGY, ROSACEA .....	50
DERMATOLOGY, SCABICIDES AND PEDICULICIDES .....	50
MOUTH/THROAT/DENTAL AGENTS .....	50
OTIC .....	50
<b>Index.....</b>	<b>51</b>

# Value Formulary

## INTRODUCTION

We are pleased to provide the 2023 **CVS Caremark Value Formulary** as a useful reference and informational tool. This document can assist practitioners in selecting clinically appropriate and cost-effective products for their patients.

The drugs represented have been reviewed by a National Pharmacy and Therapeutics (P&T) Committee and are approved for inclusion. The document is reflective of current medical practice as of the date of review.

The information contained in this document and its appendices is provided solely for the convenience of medical providers. We do not warrant or assure accuracy of such information nor is it intended to be comprehensive in nature. This document is not intended to be a substitute for the knowledge, expertise, skill and judgment of the medical provider in his or her choice of prescription drugs. All the information in the document is provided as a reference for drug therapy selection. Specific drug selection for an individual patient rests solely with the prescriber.

The document 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 medical provider based upon reliance, in whole or in part, on the information contained herein. The medical provider should consult the drug manufacturer's product literature or standard references for more detailed information.

## PREFACE

The document is organized by sections. Each section is divided by therapeutic drug class primarily defined by mechanism of action. Drugs represented in this document may have varying cost to the plan member based on the plan's benefit structure. Some prescription benefit plan designs may alter coverage of certain products or vary copay amounts based on the condition being treated. Generic medications typically are available at the lower cost, brand-name medications on the document will generally cost more than generics. Generics should be considered the first line of prescribing subject to applicable rules.

## PHARMACY AND THERAPEUTICS (P&T) COMMITTEE

The services of an independent National Pharmacy and Therapeutics Committee ("P&T Committee") are utilized to approve safe and clinically effective drug therapies. The P&T Committee is an external advisory body of clinical professionals from across the United States. The P&T Committee's voting members include physicians, pharmacists, a pharmacoeconomist and a medical ethicist, all of whom have a broad background of clinical and academic expertise regarding prescription drugs. Employees with significant clinical expertise are invited to meet with the P&T Committee, but no CVS Caremark employee may vote on issues before the P&T Committee. Voting members of the P&T Committee must disclose any financial relationship or conflicts of interest with any pharmaceutical manufacturers.

## DRUG LIST PRODUCT DESCRIPTIONS

There are two ways to find your drug on this drug list:

### 1. Medical Conditions

The drugs on this drug list are grouped by the type of medical conditions they are used to treat. For example, drugs used to treat a heart condition are listed under Cardiovascular. If you know what your drug is used for, look for the category name in the list and then look under the category name for your drug.

### 2. Alphabetical Listing

If you are not sure what category to look under, look for your drug in the Index at the end of the drug list. The Index is an alphabetical list of all drugs in this document. Both brand-name drugs and generic drugs are in the Index.

- Look in the Index and find your drug.

- Next to your drug, see the page number where you can find the coverage information.
- Turn to the page listed in the Index and find the name of your drug in the first column of the list.

The first column of the chart lists the drug name. Brand-name drugs are capitalized (e.g., LIPITOR). Generic drugs are listed in the lower-case italics (e.g., *atorvastatin*).

The information in the Requirements/Limits column tells you if there are any special requirements for coverage of your drug. Their requirements and limits may include:

- **Prior Authorization:** Your plan needs you (or your doctor) to get prior approval or authorization for certain drugs. This means that you need to get approval from your plan before you fill your prescriptions.
- **Quantity Limits:** For certain drugs, your plan limits the amount of the drug that it will cover. Your plan may also limit the amount of drugs you may receive within a class of drugs. For example, for opioid-naïve members aged 19 or younger, certain drugs within the opioid class are limited to a three-day or less supply.
- **Step Therapy:** Your plan needs you to try certain drugs as the first step to treat your medical condition before covering another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, your plan may not cover Drug B unless you try Drug A first. If Drug A does not work for you, your plan will then cover Drug B. If you don't get approval, your plan may not cover the drug.

## LEGEND

Symbol	Name
AGE	Age Limit
OTC	Over the counter
PA	Prior Authorization
PA*	If Quantity Limit is exceeded, Prior Authorization may apply
PA**	If Step Therapy requirements are not met, Prior Authorization may apply
QL	Quantity Limit
SP	Specialty Drug
ST	Step Therapy

## GENERIC SUBSTITUTION

Generic substitution is a pharmacy action whereby a generic version is dispensed rather than a prescribed brand-name product. In most instances, a brand-name drug for which a generic product becomes available will become non-formulary, with the generic product covered in its place, upon release of the generic product to the market. However, the document is 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 equivalents. 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). Generics 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).



## SPECIALTY MEDICATIONS

A new, rapidly growing category of drugs, specialty medications are the result of continued advances in drug development technology and design. They are created to target and treat complex chronic or genetic medical conditions and include bioengineered proteins, blood-derived products and complex molecules. The therapeutic categories listed below include products that are covered as part of the Specialty benefit.

Acromegaly	Mental Health Conditions
Alpha-1 Antitrypsin Deficiency	Miscellaneous
Amyloidosis	Movement Disorders
Anemia	Multiple Sclerosis
Asthma	Neutropenia
Atopic Dermatitis	Ocular Disorders
Cardiac Disorders	Oncology - Injectable
Coagulation Disorders	Oncology - Oral/Topical
Cryopyrin-Associated Periodic Syndromes	Osteoporosis
Cystic Fibrosis	Paroxysmal Nocturnal Hemoglobinuria
Electrolyte Disorders	Phenylketonuria
Gastrointestinal Disorders-Other	Pre-Term Birth
Gout	Psoriasis
Growth Hormone & Related Disorders	Pulmonary Arterial Hypertension
Hematopoietics	Pulmonary Disorders - Other
Hemophilia, Von Willebrand Disease & Related	Rare Disorders - Other
Bleeding Disorders	Renal Disease
Hepatitis	Respiratory Syncytial Virus
Hereditary Angioedema	Rheumatoid Arthritis
HIV Medications	Seizure Disorders
Hormonal Therapies	Sickle Cell Disease
Immune Deficiencies & Related Disorders	Sleep Disorders
Infectious Disease - Other	Systemic Lupus Erythematosus
Inflammatory Bowel Disease	Thrombocytopenia
Iron Overload	Transplant
Lysosomal Storage Disorders	Urea Cycle Disorders

### Specialty Guideline Management (SGM)

SGM is our utilization management program that helps ensure appropriate utilization for specialty medications based on currently accepted evidence-based medicine guidelines. The utilization management program is available for therapeutic areas dispensed by our specialty pharmacies. SGM is designed to help ensure safety and efficacy while preventing off-guideline utilization. Medications which may be included in the SGM program are identified in the document as “SP” for your reference. For additional information, please refer to [CVSpecialty.com](https://www.cvs.com/specialty) or to submit a prior authorization, please call 1-866-814-5506.

## PLAN DESIGN

Preferred brand-name medications are listed to help identify product that are clinically appropriate and cost-effective. Generics listed in therapeutic categories are for representational purposes only. Certain medications on the list are covered if utilization management criteria are met (i.e., Step Therapy, Prior Authorization, Quantity Limits, etc.); requests for use of such medications outside of their listed criteria will be reviewed for medical necessity. If a medication is not listed on the document, a formulary exception may be requested for coverage. Medical necessity or formulary exception requests will be reviewed based on drug-specific prior authorization criteria or standard non-formulary prescription request criteria.

Special note for opioid containing products: The quantity of opioid product 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. Members who are opioid-naïve will be required to use an immediate-release (IR) formulation before moving to an extended-release (ER) formulation and will be subject to quantity limit restrictions.

Individual pharmacy benefit plans may impose restrictions or not reimburse some products. In addition, over-the-counter (OTC) products, with the exception of insulin and diabetes monitoring products, are usually not included in the pharmacy benefit. If covered in the pharmacy benefit, OTC products require a valid prescription.

Log in to [Caremark.com](https://www.caremark.com) to check coverage.

## PREVENTIVE SERVICES

The U.S. Department of Health and Human Services (HHS) has adopted Guidelines for Preventive Services under the Affordable Care Act (ACA). Under the ACA, some pharmacy benefit plans may provide a range of preventive services for \$0 member cost share. These items may include:

- Bowel Preparations for Colorectal Cancer Screening
- Fluoride Supplementation in Children
- Folic Acid Supplementation
- Tobacco Use Counseling and Cessation Intervention
- Immunizations
- Medications for Risk Reduction of Primary Breast Cancer
- Contraceptives
- Statin Use for the Primary Prevention of Cardiovascular Disease in Adults
- Antiretroviral therapy for preexposure prevention of human immunodeficiency virus (HIV) infection
- Diabetes Prevention Medicine for preventing or delaying diabetes for adults age 35 to 70 who have overweight or obesity

Items that may be covered as preventive services under this formulary will not be specifically noted since final coverage is determined by the plan sponsor.

## NOTICE

The information contained in this document is proprietary. The information may not be copied in whole or in part without written permission. ©2023 CVS Health and/or one of its affiliates. All rights reserved.

This document contains references to brand-name prescription drugs that are trademarks or registered trademarks of pharmaceutical manufacturers not affiliated with CVS Caremark.

**Please be advised that this document is updated periodically and changes may appear prior to their effective date to allow for client notification.**

Drug Name	Requirements/Limits
-----------	---------------------

**ANALGESICS**

**GOUT**

<i>allopurinol tabs 100mg, 300mg</i>
<i>colchicine tabs .6mg</i>
MITIGARE CAPS .6mg
<i>probenecid tabs 500mg</i>

**NSAIDS**

<i>diclofenac potassium tabs 50mg</i>
<i>diclofenac sodium delayed-rel tbec 25mg, 50mg, 75mg</i>
<i>diclofenac sodium ext-rel tb24 100mg</i>
<i>diflunisal tabs 500mg</i>
<i>etodolac caps 200mg, 300mg; tabs 400mg, 500mg</i>
<i>flurbiprofen tabs 50mg, 100mg</i>
<i>ibuprofen susp 100mg/5ml; tabs 400mg, 600mg, 800mg</i>
<i>ketoprofen caps 50mg, 75mg</i>
<i>ketorolac tromethamine soln 15mg/ml, 30mg/ml, 60mg/2ml; tabs 10mg</i>
<i>meloxicam tabs 7.5mg, 15mg</i>
<i>nabumetone tabs 500mg, 750mg</i>
<i>naproxen tabs 250mg, 375mg, 500mg; tbec 375mg, 500mg</i>
<i>naproxen sodium tabs 275mg, 550mg</i>
<i>oxaprozin tabs 600mg</i>
<i>piroxicam caps 10mg, 20mg</i>
<i>sulindac tabs 150mg, 200mg</i>

**OPIOID ANALGESICS**

<i>acetaminophen w/ codeine soln 120-12 mg/5ml</i>	QL
<i>acetaminophen w/ codeine tab 300-15 mg</i>	QL
<i>acetaminophen w/ codeine tab 300-30 mg</i>	QL
<i>acetaminophen w/ codeine tab 300-60 mg</i>	QL
<i>codeine sulfate tabs 30mg</i>	QL; PA*
<i>fentanyl pt72 12mcg/hr, 25mcg/hr, 37.5mcg/hr, 50mcg/hr, 62.5mcg/hr, 75mcg/hr, 87.5mcg/hr, 100mcg/hr</i>	QL; PA*, Initial PA may apply to higher strengths
<i>fentanyl citrate lpop 200mcg, 400mcg, 600mcg, 800mcg, 1200mcg, 1600mcg</i>	PA, QL
<i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i>	QL
<i>hydrocodone-acetaminophen soln 10-325 mg/15ml</i>	QL
<i>hydrocodone-acetaminophen tab 5-325 mg</i>	QL
<i>hydrocodone-acetaminophen tab 7.5-325 mg</i>	QL

**AGE** - Age Limit    **OTC** - Over the counter    **PA** - Prior Authorization    **PA\*** - If Quantity Limit is exceeded, Prior Authorization may apply    **PA\*\*** - If Step Therapy requirements not met, Prior Authorization may apply    **QL** - Quantity Limits    **SP** - Specialty    **ST** - Step Therapy

<b>Drug Name</b>	<b>Requirements/Limits</b>
<i>hydrocodone-acetaminophen tab 10-325 mg</i>	QL
<i>hydromorphone hcl liqd 1mg/ml; tabs 2mg, 4mg, 8mg</i>	QL; PA*
<i>methadone hcl soln 5mg/5ml, 10mg/5ml; tabs 5mg, 10mg; tbs 40mg</i>	QL; PA*
<i>morphine sulfate cp24 10mg, 20mg, 30mg, 40mg, 50mg, 60mg, 80mg, 100mg; tbc 15mg, 30mg, 60mg, 100mg, 200mg</i>	QL; PA*, Initial PA may apply to higher strengths
<i>morphine sulfate soln 10mg/5ml, 20mg/5ml, 100mg/5ml; tabs 15mg, 30mg</i>	QL; PA*
<i>oxycodone hcl conc 100mg/5ml; soln 5mg/5ml; tabs 5mg, 10mg, 15mg, 20mg, 30mg</i>	QL; PA*
<i>oxycodone w/ acetaminophen tab 2.5-325 mg</i>	QL
<i>oxycodone w/ acetaminophen tab 5-325 mg</i>	QL
<i>oxycodone w/ acetaminophen tab 7.5-325 mg</i>	QL
<i>oxycodone w/ acetaminophen tab 10-325 mg</i>	QL
<i>tramadol hcl tabs 50mg</i>	QL; PA*
<i>tramadol hcl tb24 100mg, 200mg, 300mg</i>	QL; PA*, Initial PA may apply to higher strengths

### **OPIOID PARTIAL AGONISTS**

<i>BELBUCA FILM 75mcg, 150mcg, 300mcg, 450mcg, 600mcg, 750mcg, 900mcg</i>	QL; PA*, Initial PA may apply to higher strengths
<i>buprenorphine ptwk 5mcg/hr, 7.5mcg/hr, 10mcg/hr, 15mcg/hr, 20mcg/hr</i>	QL; PA*, Initial PA may apply to higher strengths

### **VISCOSUPPLEMENTS**

<i>DUROLANE PRSY 60mg/3ml</i>	SP, PA
<i>EUFLEXXA SOSY 20mg/2ml</i>	SP, PA
<i>GELSYN-3 SOSY 16.8mg/2ml</i>	SP, PA
<i>SUPARTZ FX SOSY 25mg/2.5ml</i>	SP, PA

### **ANTI-INFECTIVES**

#### **ANTHELMINTICS**

<i>EMVERM CHEW 100mg</i>	QL; PA*
<i>ivermectin tabs 3mg</i>	
<i>praziquantel tabs 600mg</i>	QL; PA*

#### **ANTI-BACTERIALS - MISCELLANEOUS**

<i>ARIKAYCE SUSP 590mg/8.4ml</i>	SP, PA
----------------------------------	--------

#### **ANTIFUNGALS**

<i>clotrimazole troches troc 10mg</i>	QL; PA*
<i>fluconazole sus 10mg/ml, 40mg/ml; tabs 50mg, 100mg, 150mg, 200mg</i>	
<i>griseofulvin microsize susp 125mg/5ml; tabs 500mg</i>	
<i>itraconazole caps 100mg; soln 10mg/ml</i>	

**AGE** - Age Limit **OTC** - Over the counter **PA** - Prior Authorization **PA\*** - If Quantity Limit is exceeded, Prior Authorization may apply **PA\*\*** - If Step Therapy requirements not met, Prior Authorization may apply **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Requirements/Limits</b>
------------------	----------------------------

<i>nystatin tabs 500000unit</i>	
<i>terbinafine hcl tabs 250mg</i>	
<i>voriconazole susr 40mg/ml; tabs 50mg, 200mg</i>	PA

**ANTIRETROVIRAL AGENTS**

<i>abacavir sulfate soln 20mg/ml; tabs 300mg</i>	QL; PA*
<i>atazanavir sulfate caps 150mg, 200mg, 300mg</i>	QL; PA*
EDURANT TABS 25mg	QL; PA*
<i>efavirenz caps 50mg, 200mg; tabs 600mg</i>	QL; PA*
<i>emtricitabine caps 200mg</i>	QL; PA*
<i>etravirine tabs 100mg, 200mg</i>	QL; PA*
<i>fosamprenavir calcium tabs 700mg</i>	QL; PA*
FUZEON SOLR 90mg	SP, PA, QL
INTELENCE TABS 25mg	QL; PA*
ISENTRESS CHEW 25mg, 100mg; PACK 100mg; TABS 400mg	QL; PA*
ISENTRESS HD TABS 600mg	QL; PA*
<i>lamivudine soln 10mg/ml; tabs 150mg, 300mg</i>	QL; PA*
<i>maraviroc tabs 150mg, 300mg</i>	QL; PA*
<i>nevirapine susp 50mg/5ml; tabs 200mg; tb24 100mg, 400mg</i>	QL; PA*
PREZISTA SUSP 100mg/ml; TABS 75mg, 150mg, 600mg, 800mg	QL; PA*
<i>ritonavir tabs 100mg</i>	QL; PA*
RUKOBIA TB12 600mg	QL; PA*
<i>stavudine caps 15mg, 20mg, 30mg, 40mg</i>	QL; PA*
<i>tenofovir disoproxil fumarate tabs 300mg</i>	QL; PA*
TIVICAY TABS 10mg, 25mg, 50mg	QL; PA*
TROGARZO SOLN 200mg/1.33ml	
VIREAD TABS 150mg, 200mg, 250mg	QL; PA*
<i>zidovudine caps 100mg; syrp 50mg/5ml; tabs 300mg</i>	QL; PA*

**ANTIRETROVIRAL COMBINATION AGENTS**

<i>abacavir sulfate-lamivudine tab 600-300 mg</i>	QL; PA*
BIKTARVY TAB	QL; PA*
CIMDUO TAB 300-300	QL; PA*
DESCOVY TAB 120-15MG	QL; PA*
DESCOVY TAB 200/25MG	QL; PA*
DOVATO TAB 50-300MG	QL; PA*
<i>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</i>	QL; PA*
<i>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg</i>	QL; PA*
<i>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg</i>	QL; PA*

**AGE** - Age Limit **OTC** - Over the counter **PA** - Prior Authorization **PA\*** - If Quantity Limit is exceeded, Prior Authorization may apply **PA\*\*** - If Step Therapy requirements not met, Prior Authorization may apply **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Requirements/Limits</b>
<i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg</i>	QL; PA*
<i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i>	QL; PA*
<i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</i>	QL; PA*
<i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i>	QL; PA*
EVOTAZ TAB 300-150	QL; PA*
GENVOYA TAB	QL; PA*
JULUCA TAB 50-25MG	QL; PA*
<i>lamivudine-zidovudine tab 150-300 mg</i>	QL; PA*
ODEFSEY TAB	QL; PA*
PREZCOBIX TAB 800-150	QL; PA*
SYMTUZA TAB	QL; PA*
TRIUMEQ TAB	QL; PA*

### **ANTITUBERCULAR AGENTS**

<i>cycloserine caps 250mg</i>	
<i>ethambutol hcl tabs 100mg, 400mg</i>	
<i>isoniazid syrps 50mg/5ml; tabs 100mg, 300mg</i>	
PRIFTIN TABS 150mg	
<i>pyrazinamide tabs 500mg</i>	
<i>rifabutin caps 150mg</i>	
<i>rifampin caps 150mg, 300mg</i>	
<i>streptomycin sulfate solr 1gm</i>	
TRECTOR TABS 250mg	

### **ANTIVIRALS**

<i>acyclovir caps 200mg; susp 200mg/5ml; tabs 400mg, 800mg</i>	
<i>famciclovir tabs 125mg, 250mg, 500mg</i>	
<i>oseltamivir phosphate caps 30mg, 45mg, 75mg; susr 6mg/ml</i>	QL; PA*
<i>valacyclovir hcl tabs 1gm, 500mg</i>	

### **CEPHALOSPORINS**

<i>cefadroxil caps 500mg; susr 250mg/5ml, 500mg/5ml; tabs 1gm</i>	
<i>cefдинир caps 300mg; susr 125mg/5ml, 250mg/5ml</i>	
<i>cefepodoxime proxetil susr 50mg/5ml, 100mg/5ml; tabs 100mg, 200mg</i>	
<i>cefprozil susr 125mg/5ml, 250mg/5ml; tabs 250mg, 500mg</i>	
<i>cefuroxime axetil tabs 250mg, 500mg</i>	

**AGE** - Age Limit **OTC** - Over the counter **PA** - Prior Authorization **PA\*** - If Quantity Limit is exceeded, Prior Authorization may apply **PA\*\*** - If Step Therapy requirements not met, Prior Authorization may apply **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Requirements/Limits</b>
<i>cephalexin caps 250mg, 500mg, 750mg; susr 125mg/5ml, 250mg/5ml</i>	
<b>CYTOMEGALOVIRUS AGENTS</b>	
<i>valganciclovir hcl solr 50mg/ml; tabs 450mg</i>	SP, QL
<b>ERYTHROMYCINS/MACROLIDES</b>	
<i>azithromycin pack 1gm; susr 100mg/5ml, 200mg/5ml; tabs 250mg, 500mg, 600mg</i>	
<i>clarithromycin susr 125mg/5ml, 250mg/5ml; tabs 250mg, 500mg</i>	
<i>clarithromycin ext-rel tb24 500mg</i>	
DIFICID SUSR 40mg/ml; TABS 200mg	PA
<i>erythromycin susr 200mg/5ml; tabs 250mg, 400mg</i>	
<i>erythromycin delayed-rel cpep 250mg; tbec 250mg, 333mg, 500mg</i>	
<b>FLUOROQUINOLONES</b>	
<i>ciprofloxacin hcl tabs 100mg, 250mg, 500mg, 750mg</i>	
<i>levofloxacin soln 25mg/ml; tabs 250mg, 500mg, 750mg</i>	
<i>moxifloxacin hcl tabs 400mg</i>	
<b>HEPATITIS B</b>	
BARACLIDE SOLN .05mg/ml	SP, QL
<i>entecavir tabs .5mg, 1mg</i>	SP, QL
<i>lamivudine (hbv) tabs 100mg</i>	
VEMLIDY TABS 25mg	SP, QL
<b>HEPATITIS C</b>	
EPCLUSA PAK 150-37.5	SP, PA, QL; For genotypes 1, 2, 3, 4, 5, 6
EPCLUSA PAK 200-50MG	SP, PA, QL; For genotypes 1, 2, 3, 4, 5, 6
EPCLUSA TAB 200-50MG	SP, PA, QL; For genotypes 1, 2, 3, 4, 5, 6
EPCLUSA TAB 400-100	SP, PA, QL; For genotypes 1, 2, 3, 4, 5, 6
HARVONI PAK	SP, PA, QL; Only for genotypes 1, 4, 5 and 6
HARVONI PAK 45-200MG	SP, PA, QL; Only for genotypes 1, 4, 5 and 6
HARVONI TAB 45-200MG	SP, PA, QL; Only for genotypes 1, 4, 5 and 6
HARVONI TAB 90-400MG	SP, PA, QL; Only for genotypes 1, 4, 5 and 6
<i>ribavirin caps 200mg; tabs 200mg</i>	SP, PA

**AGE** - Age Limit **OTC** - Over the counter **PA** - Prior Authorization **PA\*** - If Quantity Limit is exceeded, Prior Authorization may apply **PA\*\*** - If Step Therapy requirements not met, Prior Authorization may apply **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Requirements/Limits</b>
VOSEVI TAB	SP, PA, QL; For use in patients previously treated with an HCV regimen containing an NS5A inhibitor (for genotypes 1-6) or sofosbuvir without an NS5A inhibitor (for genotypes 1a or 3).

### **MISCELLANEOUS**

<i>atovaquone susp 750mg/5ml</i>	
<i>clindamycin hcl caps 75mg, 150mg, 300mg</i>	
<i>dapsone tabs 25mg, 100mg</i>	
<i>linezolid susr 100mg/5ml; tabs 600mg</i>	PA
<i>linezolid inj soln 600mg/300ml</i>	PA
<i>metronidazole caps 375mg; tabs 250mg, 500mg</i>	
<i>nitrofurantoin ext-rel caps 100mg</i>	
<i>nitrofurantoin macrocrystals caps 25mg, 50mg, 100mg</i>	
<i>sulfamethoxazole/trimethoprim</i>	
<i>sulfamethoxazole/trimethoprim ds</i>	
<i>tinidazole tabs 250mg, 500mg</i>	
<i>vancomycin hcl caps 125mg, 250mg</i>	QL
XIFAXAN TABS 550mg	PA

### **PENICILLINS**

<i>amoxicillin caps 250mg, 500mg; chew 125mg, 250mg; susr 125mg/5ml, 200mg/5ml, 250mg/5ml, 400mg/5ml; tabs 500mg, 875mg</i>	
<i>amoxicillin &amp; k clavulanate chew tab 200-28.5 mg</i>	
<i>amoxicillin &amp; k clavulanate chew tab 400-57 mg</i>	
<i>amoxicillin &amp; k clavulanate for susp 200-28.5 mg/5ml</i>	
<i>amoxicillin &amp; k clavulanate for susp 250-62.5 mg/5ml</i>	
<i>amoxicillin &amp; k clavulanate for susp 400-57 mg/5ml</i>	
<i>amoxicillin &amp; k clavulanate for susp 600-42.9 mg/5ml</i>	
<i>amoxicillin &amp; k clavulanate tab 250-125 mg</i>	
<i>amoxicillin &amp; k clavulanate tab 500-125 mg</i>	
<i>amoxicillin &amp; k clavulanate tab 875-125 mg</i>	
<i>amoxicillin &amp; pot clavulanate ext-rel</i>	
<i>ampicillin caps 500mg</i>	
<i>dicloxacillin sodium caps 250mg, 500mg</i>	

**AGE** - Age Limit **OTC** - Over the counter **PA** - Prior Authorization **PA\*** - If Quantity Limit is exceeded, Prior Authorization may apply **PA\*\*** - If Step Therapy requirements not met, Prior Authorization may apply **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy



<b>Drug Name</b>	<b>Requirements/Limits</b>
<i>penicillin v potassium solr 125mg/5ml, 250mg/5ml; tabs 250mg, 500mg</i>	
<b>TETRACYCLINES</b>	
<i>doxycycline hyclate caps 50mg, 100mg; tabs 20mg, 100mg</i>	
<i>doxycycline monohydrate susp susr 25mg/5ml</i>	
<i>minocycline hcl caps 50mg, 75mg, 100mg</i>	
<i>tetracycline hcl caps 250mg, 500mg</i>	QL; PA*
<b>ANTINEOPLASTIC AGENTS</b>	
<b>ALKYLATING AGENTS</b>	
<i>cyclophosphamide caps 25mg, 50mg</i>	
EMCYT CAPS 140mg	
LEUKERAN TABS 2mg	
<i>melphalan tabs 2mg</i>	
MYLERAN TABS 2mg	
<i>temozolomide caps 5mg, 20mg, 100mg, 140mg, 180mg, 250mg</i>	SP, PA
<b>ANTIMETABOLITES</b>	
<i>capecitabine tabs 150mg, 500mg</i>	SP, PA
LONSURF TAB 15-6.14	SP, PA, QL
LONSURF TAB 20-8.19	SP, PA, QL
<i>mercaptopurine tabs 50mg</i>	
ONUREG TABS 200mg, 300mg	SP, PA, QL
TABLOID TABS 40mg	
<b>BIOLOGIC RESPONSE MODIFIERS</b>	
ERIVEDGE CAPS 150mg	SP, PA, QL
POMALYST CAPS 1mg, 2mg, 3mg, 4mg	SP, PA, QL
REVLIMID CAPS 2.5mg, 5mg, 10mg, 15mg, 20mg, 25mg	SP, PA, QL
THALOMID CAPS 50mg, 100mg, 150mg, 200mg	SP, PA, QL
<b>BIOSIMILARS</b>	
KANJINTI SOLR 150mg, 420mg	SP, PA
RUXIENCE SOLN 100mg/10ml, 500mg/50ml	SP, PA
TRAZIMERA SOLR 150mg, 420mg	SP, PA
ZIRABEV SOLN 100mg/4ml, 400mg/16ml	SP, PA
<b>HORMONAL ANTINEOPLASTIC AGENTS</b>	
<i>abiraterone acetate tabs 250mg</i>	SP, PA, QL
<i>anastrozole tabs 1mg</i>	
<i>bicalutamide tabs 50mg</i>	
ELIGARD KIT 7.5mg, 22.5mg, 30mg, 45mg	SP, PA
ERLEADA TABS 60mg	SP, PA, QL
<i>exemestane tabs 25mg</i>	

**AGE** - Age Limit **OTC** - Over the counter **PA** - Prior Authorization **PA\*** - If Quantity Limit is exceeded, Prior Authorization may apply **PA\*\*** - If Step Therapy requirements not met, Prior Authorization may apply **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Requirements/Limits</b>
FIRMAGON SOLR 80mg, 120mg/vial	SP, PA
<i>flutamide caps 125mg</i>	
<i>fulvestrant sosy 250mg/5ml</i>	SP, PA
<i>letrozole tabs 2.5mg</i>	
LYSODREN TABS 500mg	
<i>megestrol acetate susp 400mg/10ml; tabs 20mg, 40mg</i>	
<i>nilutamide tabs 150mg</i>	
NUBEQA TABS 300mg	SP, PA, QL
<i>tamoxifen citrate tabs 10mg, 20mg</i>	
<i>toremifene citrate tabs 60mg</i>	
XTANDI CAPS 40mg; TABS 40mg, 80mg	SP, PA, QL
YONSA TABS 125mg	SP, PA, QL

### **KINASE INHIBITORS**

ALECENSA CAPS 150mg	SP, PA, QL
ALUNBRIG TABS 30mg, 90mg, 180mg	SP, PA, QL
ALUNBRIG PAK	SP, PA, QL
BOSULIF TABS 100mg, 400mg, 500mg	SP, PA, QL
BRAFTOVI CAPS 75mg	SP, PA, QL
BRUKINSA CAPS 80mg	SP, PA, QL
CABOMETYX TABS 20mg, 40mg, 60mg	SP, PA, QL
CALQUENCE CAPS 100mg; TABS 100mg	SP, PA, QL
CAPRELSA TABS 100mg, 300mg	SP, PA, QL
COPIKTRA CAPS 15mg, 25mg	SP, PA, QL
COTELLIC TABS 20mg	SP, PA, QL
<i>erlotinib hcl tabs 25mg, 100mg, 150mg</i>	SP, PA, QL
<i>everolimus tabs 2.5mg, 5mg, 7.5mg, 10mg; tbs 2mg, 3mg, 5mg</i>	SP, PA, QL
GAVRETO CAPS 100mg	SP, PA, QL
GILOTRIF TABS 20mg, 30mg, 40mg	SP, PA, QL
IBRANCE CAPS 75mg, 100mg, 125mg; TABS 75mg, 100mg, 125mg	SP, PA, QL
<i>imatinib mesylate tabs 100mg, 400mg</i>	SP, PA, QL
IMBRUVICA CAPS 70mg, 140mg; SUSP 70mg/ml; TABS 140mg, 280mg, 420mg, 560mg	SP, PA, QL
INLYTA TABS 1mg, 5mg	SP, PA, QL
IRESSA TABS 250mg	SP, PA, QL
JAKAFI TABS 5mg, 10mg, 15mg, 20mg, 25mg	SP, PA, QL
KISQALI TBPK 200mg	SP, PA, QL
KISQALI 200 PAK FEMARA	SP, PA, QL
KISQALI 400 PAK FEMARA	SP, PA, QL
KISQALI 600 PAK FEMARA	SP, PA, QL
KOSELUGO CAPS 10mg, 25mg	SP, PA, QL

**AGE** - Age Limit **OTC** - Over the counter **PA** - Prior Authorization **PA\*** - If Quantity Limit is exceeded, Prior Authorization may apply **PA\*\*** - If Step Therapy requirements not met, Prior Authorization may apply **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Requirements/Limits</b>
<i>lapatinib ditosylate tabs 250mg</i>	SP, PA, QL
LENVIMA 4 MG DAILY DOSE CPPK 4mg	SP, PA, QL
LENVIMA 8 MG DAILY DOSE CPPK 4mg	SP, PA, QL
LENVIMA 10 MG DAILY DOSE CPPK 10mg	SP, PA, QL
LENVIMA 12MG DAILY DOSE CPPK 4mg	SP, PA, QL
LENVIMA 20 MG DAILY DOSE CPPK 10mg	SP, PA, QL
LENVIMA CAP 14 MG	SP, PA, QL
LENVIMA CAP 18 MG	SP, PA, QL
LENVIMA CAP 24 MG	SP, PA, QL
LORBRENA TABS 25mg, 100mg	SP, PA, QL
MEKTOVI TABS 15mg	SP, PA, QL
NERLYNX TABS 40mg	SP, PA, QL
NEXAVAR TABS 200mg	SP, PA, QL
PIQRAY 200MG DAILY DOSE TBPk 200mg	SP, PA, QL
PIQRAY 250MG TAB DOSE	SP, PA, QL
PIQRAY 300MG DAILY DOSE TBPk 150mg	SP, PA, QL
RETEVMO CAPS 40mg, 80mg	SP, PA, QL
ROZLYTREK CAPS 100mg, 200mg	SP, PA, QL
RYDAPT CAPS 25mg	SP, PA, QL
SPRYCEL TABS 20mg, 50mg, 70mg, 80mg, 100mg, 140mg	SP, PA, QL
STIVARGA TABS 40mg	SP, PA, QL
<i>sunitinib malate caps 12.5mg, 25mg, 37.5mg, 50mg</i>	SP, PA, QL
TAGRISSO TABS 40mg, 80mg	SP, PA, QL
TUKYSA TABS 50mg, 150mg	SP, PA, QL
VITRAKVI CAPS 25mg, 100mg; SOLN 20mg/ml	SP, PA, QL
XOSPATA TABS 40mg	SP, PA, QL
ZELBORAF TABS 240mg	SP, PA, QL
ZYDELIG TABS 100mg, 150mg	SP, PA, QL
ZYKADIA TABS 150mg	SP, PA, QL

### **MISCELLANEOUS**

<i>bexarotene caps 75mg</i>	SP, PA
CRYSVITA SOLN 10mg/ml, 20mg/ml, 30mg/ml	SP, PA, QL
<i>etoposide caps 50mg</i>	
<i>hydroxyurea caps 500mg</i>	
LUMAKRAS TABS 120mg	SP, PA, QL
LYNPARZA TABS 100mg, 150mg	SP, PA, QL
MATULANE CAPS 50mg	
ODOMZO CAPS 200mg	SP, PA, QL
PERJETA SOLN 420mg/14ml	SP, PA
PHESGO SOL	SP, PA
<i>tretinoin (chemotherapy) caps 10mg</i>	

**AGE** - Age Limit **OTC** - Over the counter **PA** - Prior Authorization **PA\*** - If Quantity Limit is exceeded, Prior Authorization may apply **PA\*\*** - If Step Therapy requirements not met, Prior Authorization may apply **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Requirements/Limits</b>
VENCLEXTA TABS 10mg, 50mg, 100mg	SP, PA, QL
VENCLEXTA TAB START PK	SP, PA, QL
VISTOGARD PACK 10gm	SP, QL
ZEJULA CAPS 100mg	SP, PA, QL
ZOLINZA CAPS 100mg	SP, PA, QL

### **PROTEASOME INHIBITORS**

<i>bortezomib solr 3.5mg</i>	SP, PA, QL
NINLARO CAPS 2.3mg, 3mg, 4mg	SP, PA, QL

## **CARDIOVASCULAR**

### **ACE INHIBITOR 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>enalapril maleate &amp; hydrochlorothiazide tab 5-12.5 mg</i>
<i>enalapril maleate &amp; hydrochlorothiazide tab 10-25 mg</i>
<i>lisinopril &amp; hydrochlorothiazide tab 10-12.5 mg</i>
<i>lisinopril &amp; hydrochlorothiazide tab 20-12.5 mg</i>
<i>lisinopril &amp; hydrochlorothiazide tab 20-25 mg</i>

### **ACE INHIBITORS**

<i>captopril tabs 12.5mg, 25mg, 50mg, 100mg</i>
<i>enalapril maleate soln 1mg/ml; tabs 2.5mg, 5mg, 10mg, 20mg</i>
<i>lisinopril tabs 2.5mg, 5mg, 10mg, 20mg, 30mg, 40mg</i>
<i>perindopril erbumine tabs 2mg, 4mg, 8mg</i>
<i>ramipril caps 1.25mg, 2.5mg, 5mg, 10mg</i>
<i>trandolapril tabs 1mg, 2mg, 4mg</i>

### **ALDOSTERONE RECEPTOR ANTAGONISTS**

<i>epplerenone tabs 25mg, 50mg</i>
------------------------------------

### **ALPHA BLOCKERS**

<i>doxazosin mesylate tabs 1mg, 2mg, 4mg, 8mg</i>
<i>terazosin hcl caps 1mg, 2mg, 5mg, 10mg</i>

### **ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS**

<i>amlodipine besylate-olmesartan medoxomil tab 5-20 mg</i>
<i>amlodipine besylate-olmesartan medoxomil tab 5-40 mg</i>

**AGE** - Age Limit **OTC** - Over the counter **PA** - Prior Authorization **PA\*** - If Quantity Limit is exceeded, Prior Authorization may apply **PA\*\*** - If Step Therapy requirements not met, Prior Authorization may apply **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Requirements/Limits</b>
<i>amlodipine besylate-olmesartan medoxomil tab 10-20 mg</i>	
<i>amlodipine besylate-olmesartan medoxomil tab 10-40 mg</i>	
<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg</i>	
<i>irbesartan-hydrochlorothiazide tab 300-12.5 mg</i>	
<i>losartan potassium &amp; hydrochlorothiazide tab 50-12.5 mg</i>	
<i>losartan potassium &amp; hydrochlorothiazide tab 100-12.5 mg</i>	
<i>losartan potassium &amp; hydrochlorothiazide tab 100-25 mg</i>	
<i>olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg</i>	
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg</i>	
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg</i>	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg</i>	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg</i>	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg</i>	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg</i>	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 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>	
<b>ANGIOTENSIN II RECEPTOR ANTAGONISTS</b>	
<i>irbesartan tabs 75mg, 150mg, 300mg</i>	
<i>losartan potassium tabs 25mg, 50mg, 100mg</i>	
<i>olmesartan medoxomil tabs 5mg, 20mg, 40mg</i>	
<i>valsartan tabs 40mg, 80mg, 160mg, 320mg</i>	
<b>ANTIARRHYTHMICS</b>	
<i>amiodarone tabs 100mg, 200mg, 400mg</i>	
<i>disopyramide phosphate caps 100mg, 150mg</i>	
<i>dofetilide caps 125mcg, 250mcg, 500mcg</i>	SP, PA
<i>flecainide acetate tabs 50mg, 100mg, 150mg</i>	
<i>ibutilide fumarate soln 1mg/10ml</i>	

**AGE** - Age Limit **OTC** - Over the counter **PA** - Prior Authorization **PA\*** - If Quantity Limit is exceeded, Prior Authorization may apply **PA\*\*** - If Step Therapy requirements not met, Prior Authorization may apply **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Requirements/Limits</b>
<i>propafenone ext-rel cp12 225mg, 325mg, 425mg</i>	
<i>propafenone hcl tabs 150mg, 225mg, 300mg</i>	
<i>sotalol tabs 80mg, 120mg, 160mg</i>	
<i>sotalol hcl tabs 80mg, 120mg, 160mg, 240mg</i>	
<b>ANTILIPEMICS, BILE ACID RESINS</b>	
<i>cholestyramine powd 4gm/dose</i>	
<i>cholestyramine light powd 4gm/dose</i>	
<i>colestipol hcl gran 5gm; pack 5gm; tabs 1gm</i>	
<b>ANTILIPEMICS, CHOLESTEROL ABSORPTION INHIBITOR</b>	
<i>ezetimibe tabs 10mg</i>	
<b>ANTILIPEMICS, FIBRATES</b>	
<i>fenofibrate caps 67mg, 134mg, 200mg; tabs 48mg, 54mg, 145mg, 160mg</i>	
<i>gemfibrozil tabs 600mg</i>	
<b>ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS</b>	
<i>atorvastatin calcium tabs 10mg, 20mg, 40mg, 80mg</i>	
<i>pravastatin sodium tabs 10mg, 20mg, 40mg, 80mg</i>	
<i>rosuvastatin calcium tabs 5mg, 10mg, 20mg, 40mg</i>	
<i>simvastatin tabs 5mg, 10mg, 20mg, 40mg, 80mg</i>	
<b>ANTILIPEMICS, MISCELLANEOUS</b>	
<i>niacin ext-rel tbc 500mg, 750mg, 1000mg</i>	
<b>ANTILIPEMICS, OMEGA-3 FATTY ACIDS</b>	
<i>VASCEPA CAPS .5gm, 1gm</i>	
<b>ANTILIPEMICS, PCSK9 INHIBITORS</b>	
<i>PRALUENT SOAJ 75mg/ml, 150mg/ml</i>	SP, PA, QL
<b>BETA-BLOCKER/DIURETIC COMBINATIONS</b>	
<i>atenolol &amp; chlorthalidone tab 50-25 mg</i>	
<i>atenolol &amp; chlorthalidone tab 100-25 mg</i>	
<i>bisoprolol &amp; hydrochlorothiazide tab 2.5-6.25 mg</i>	
<i>bisoprolol &amp; hydrochlorothiazide tab 5-6.25 mg</i>	
<i>bisoprolol &amp; hydrochlorothiazide tab 10-6.25 mg</i>	
<i>metoprolol &amp; hydrochlorothiazide tab 50-25 mg</i>	
<i>metoprolol &amp; hydrochlorothiazide tab 100-25 mg</i>	
<i>metoprolol &amp; hydrochlorothiazide tab 100-50 mg</i>	
<b>BETA-BLOCKERS</b>	
<i>acebutolol hcl caps 200mg, 400mg</i>	
<i>atenolol tabs 25mg, 50mg, 100mg</i>	
<i>bisoprolol fumarate tabs 5mg, 10mg</i>	
<i>carvedilol tabs 3.125mg, 6.25mg, 12.5mg, 25mg</i>	

**AGE** - Age Limit **OTC** - Over the counter **PA** - Prior Authorization **PA\*** - If Quantity Limit is exceeded, Prior Authorization may apply **PA\*\*** - If Step Therapy requirements not met, Prior Authorization may apply **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Requirements/Limits</b>
------------------	----------------------------

<i>labetalol hcl tabs 100mg, 200mg, 300mg</i>	
<i>metoprolol succinate ext-rel tb24 25mg, 50mg, 100mg, 200mg</i>	
<i>metoprolol tartrate tabs 25mg, 50mg, 100mg</i>	
<i>nadolol tabs 20mg, 40mg, 80mg</i>	
<i>pindolol tabs 5mg, 10mg</i>	
<i>propranolol ext-rel cp24 60mg, 80mg, 120mg, 160mg</i>	
<i>propranolol hcl soln 20mg/5ml, 40mg/5ml; tabs 10mg, 20mg, 40mg, 60mg, 80mg</i>	

**CALCIUM CHANNEL BLOCKERS**

<i>amlodipine besylate tabs 2.5mg, 5mg, 10mg</i>	
<i>diltiazem ext-rel cp24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg; tb24 180mg, 240mg, 300mg, 360mg, 420mg</i>	
<i>felodipine ext-rel tb24 2.5mg, 5mg, 10mg</i>	
<i>isradipine caps 2.5mg, 5mg</i>	
<i>nicardipine hcl caps 20mg, 30mg</i>	
<i>nifedipine ext-rel tb24 30mg, 60mg, 90mg</i>	
<i>verapamil ext-rel cp24 100mg, 120mg, 180mg, 200mg, 240mg, 300mg, 360mg; tbc 120mg, 180mg, 240mg</i>	

**DIGITALIS GLYCOSIDES**

<i>digoxin tabs 62.5mcg, 125mcg, 250mcg</i>	
<i>digoxin ped elixir soln .05mg/ml</i>	

**DIURETICS**

<i>amiloride &amp; hydrochlorothiazide tab 5-50 mg</i>	
<i>amiloride hcl tabs 5mg</i>	
<i>bumetanide tabs .5mg, 1mg, 2mg</i>	
<i>chlorthalidone tabs 25mg, 50mg</i>	
<i>ethacrynic acid tabs 25mg</i>	
<i>furosemide soln 10mg/ml, 40mg/5ml; tabs 20mg, 40mg, 80mg</i>	
<i>hydrochlorothiazide caps 12.5mg; tabs 12.5mg, 25mg, 50mg</i>	
<i>indapamide tabs 1.25mg, 2.5mg</i>	
<i>metolazone tabs 2.5mg, 5mg, 10mg</i>	
<i>spironolactone tabs 25mg, 50mg, 100mg</i>	
<i>spironolactone &amp; hydrochlorothiazide tab 25-25 mg</i>	
<i>toremide tabs 5mg, 10mg, 20mg, 100mg</i>	
<i>triamterene &amp; hydrochlorothiazide cap 37.5-25 mg</i>	
<i>triamterene &amp; hydrochlorothiazide tab 37.5-25 mg</i>	
<i>triamterene &amp; hydrochlorothiazide tab 75-50 mg</i>	

<b>Drug Name</b>	<b>Requirements/Limits</b>
<b>HEART FAILURE</b>	
CORLANOR SOLN 5mg/5ml; TABS 5mg, 7.5mg	
ENTRESTO TAB 24-26MG	
ENTRESTO TAB 49-51MG	
ENTRESTO TAB 97-103MG	
VYNDAMAX CAPS 61mg	SP, PA, QL
<b>MISCELLANEOUS</b>	
CAMZYOS CAPS 2.5mg, 5mg, 10mg, 15mg	SP, PA, QL
clonidine ptwk .1mg/24hr, .2mg/24hr, .3mg/24hr	
clonidine hcl tabs .1mg, .2mg, .3mg	
hydralazine hcl tabs 10mg, 25mg, 50mg, 100mg	
midodrine hcl tabs 2.5mg, 5mg, 10mg	
ranolazine ext-rel tb12 500mg, 1000mg	
<b>NITRATES</b>	
isosorbide dinitrate tabs 5mg, 10mg, 20mg, 30mg	
isosorbide mononitrate tabs 10mg, 20mg	
isosorbide mononitrate ext-rel tb24 30mg, 60mg, 120mg	
NITRO-DUR PT24 .3mg/hr, .8mg/hr	
nitroglycerin sublingual subl .3mg, .4mg, .6mg	
nitroglycerin transdermal pt24 .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr	
<b>PULMONARY ARTERIAL HYPERTENSION</b>	
ADEMPAS TABS .5mg, 1mg, 1.5mg, 2mg, 2.5mg	SP, PA, QL
ambrisentan tabs 5mg, 10mg	SP, PA, QL
bosentan tabs 62.5mg, 125mg	SP, PA, QL
epoprostenol sodium solr .5mg, 1.5mg	SP, PA
OPSUMIT TABS 10mg	SP, PA, QL
ORENITRAM TBCR .125mg, .25mg, 1mg, 2.5mg, 5mg	SP, PA
sildenafil citrate (pulmonary hypertension) susr 10mg/ml; tabs 20mg	SP, PA, QL
TYVASO STARTER SOLN .6mg/ml	SP, PA, QL
UPTRAVI TABS 200mcg, 400mcg, 600mcg, 800mcg, 1000mcg, 1200mcg, 1400mcg, 1600mcg	SP, PA, QL
UPTRAVI PACK TAB 200/800	SP, PA, QL
<b>CENTRAL NERVOUS SYSTEM</b>	
<b>ANTI-ANXIETY</b>	
alprazolam tabs .25mg, .5mg, 1mg, 2mg	QL
alprazolam orally disintegrating tabs tbdp .25mg, .5mg, 1mg, 2mg	QL
bupirone hcl tabs 5mg, 7.5mg, 10mg, 15mg, 30mg	

**AGE** - Age Limit    **OTC** - Over the counter    **PA** - Prior Authorization    **PA\*** - If Quantity Limit is exceeded, Prior Authorization may apply    **PA\*\*** - If Step Therapy requirements not met, Prior Authorization may apply    **QL** - Quantity Limits    **SP** - Specialty    **ST** - Step Therapy



<b>Drug Name</b>	<b>Requirements/Limits</b>
<i>fluvoxamine ext-rel cp24 100mg, 150mg</i>	
<i>fluvoxamine maleate tabs 25mg, 50mg, 100mg</i>	
<i>lorazepam tabs .5mg, 1mg, 2mg</i>	QL
<i>oxazepam caps 10mg, 15mg, 30mg</i>	QL

### **ANTIDEMENTIA**

<i>donepezil hydrochloride tabs 5mg, 10mg, 23mg; tbdp 5mg, 10mg</i>
<i>galantamine hydrobromide cp24 8mg, 16mg, 24mg; soln 4mg/ml; tabs 4mg, 8mg, 12mg</i>
<i>memantine hcl soln 10mg/5ml; tabs 5mg, 10mg</i>
<i>rivastigmine pt24 4.6mg/24hr, 9.5mg/24hr, 13.3mg/24hr</i>
<i>rivastigmine tartrate caps 1.5mg, 3mg, 4.5mg, 6mg</i>

### **ANTIDEPRESSANTS**

<i>amitriptyline hcl tabs 10mg, 25mg, 50mg, 75mg, 100mg, 150mg</i>
<i>bupropion tabs 75mg, 100mg</i>
<i>bupropion hcl tb12 100mg, 150mg, 200mg</i>
<i>bupropion hcl ext-rel tb24 150mg, 300mg</i>
<i>citalopram hydrobromide soln 10mg/5ml; tabs 10mg, 20mg, 40mg</i>
<i>desipramine hcl tabs 10mg, 25mg, 50mg, 75mg, 100mg, 150mg</i>
<i>desvenlafaxine succinate ext-rel tb24 25mg, 50mg, 100mg</i>
<i>doxepin caps 10mg, 25mg, 50mg, 75mg, 100mg, 150mg; conc 10mg/ml</i>
<i>duloxetine delayed-rel cpep 20mg, 30mg, 60mg</i>
<i>escitalopram oxalate soln 5mg/5ml; tabs 5mg, 10mg, 20mg</i>
<i>fluoxetine hcl caps 10mg, 20mg, 40mg; soln 20mg/5ml</i>
<i>fluoxetine hcl tabs 10mg, 20mg</i>
<i>imipramine hcl tabs 10mg, 25mg, 50mg</i>
<i>mirtazapine tabs 7.5mg, 15mg, 30mg, 45mg</i>
<i>mirtazapine orally disintegrating tabs tbdp 15mg, 30mg, 45mg</i>
<i>nortriptyline hcl caps 10mg, 25mg, 50mg, 75mg; soln 10mg/5ml</i>
<i>paroxetine hcl ext-rel tb24 12.5mg, 25mg, 37.5mg</i>
<i>paroxetine hcl tabs tabs 10mg, 20mg, 30mg, 40mg</i>

**AGE** - Age Limit **OTC** - Over the counter **PA** - Prior Authorization **PA\*** - If Quantity Limit is exceeded, Prior Authorization may apply **PA\*\*** - If Step Therapy requirements not met, Prior Authorization may apply **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Requirements/Limits</b>
------------------	----------------------------

<i>phenelzine sulfate tabs 15mg</i>	
<i>sertraline hcl conc 20mg/ml; tabs 25mg, 50mg, 100mg</i>	
<i>tranylcypromine sulfate tabs 10mg</i>	
<i>trazodone hcl tabs 50mg, 100mg, 150mg, 300mg</i>	
<i>venlafaxine hcl tabs 25mg, 37.5mg, 50mg, 75mg, 100mg</i>	
<i>venlafaxine hcl ext-rel cp24 37.5mg, 75mg, 150mg</i>	

**ANTIPARKINSONIAN AGENTS**

<i>amantadine hcl caps 100mg; soln 50mg/5ml; tabs 100mg</i>	
<i>benztropine mesylate tabs .5mg, 1mg, 2mg</i>	
<i>bromocriptine mesylate caps 5mg; tabs 2.5mg</i>	
<i>carbidopa &amp; levodopa tab 10-100 mg</i>	
<i>carbidopa &amp; levodopa tab 25-100 mg</i>	
<i>carbidopa &amp; levodopa tab 25-250 mg</i>	
<i>carbidopa &amp; levodopa tab er 25-100 mg</i>	
<i>carbidopa &amp; levodopa tab er 50-200 mg</i>	
<i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i>	
<i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i>	
<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i>	
<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i>	
<i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i>	
<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i>	
<i>entacapone tabs 200mg</i>	
<i>INBRIJA CAPS 42mg</i>	SP, PA, QL
<i>KYNMOBI FILM 10mg, 15mg, 20mg, 25mg, 30mg</i>	SP, PA, QL
<i>pramipexole dihydrochloride tabs .125mg, .25mg, .5mg, .75mg, 1mg, 1.5mg</i>	
<i>rasagiline mesylate tabs .5mg, 1mg</i>	
<i>ropinirole hydrochloride tabs .25mg, .5mg, 1mg, 2mg, 3mg, 4mg, 5mg</i>	
<i>selegiline hcl caps 5mg; tabs 5mg</i>	
<i>trihexyphenidyl hcl soln .4mg/ml; tabs 2mg, 5mg</i>	

**ANTIPSYCHOTICS**

<i>aripiprazole soln 1mg/ml; tabs 2mg, 5mg, 10mg, 15mg, 20mg, 30mg</i>	
--	--

<b>Drug Name</b>	<b>Requirements/Limits</b>
ARISTADA PRSY 441mg/1.6ml, 662mg/2.4ml, 882mg/3.2ml, 1064mg/3.9ml	
ARISTADA INITIO PRSY 675mg/2.4ml	
asenapine maleate subl 2.5mg, 5mg, 10mg	
chlorpromazine hcl tabs 10mg, 25mg, 50mg, 100mg, 200mg	
clozapine tabs 25mg, 50mg, 100mg, 200mg; tbdp 12.5mg, 25mg, 100mg, 150mg, 200mg	
fluphenazine hcl conc 5mg/ml; elix 2.5mg/5ml; tabs 1mg, 2.5mg, 5mg, 10mg	
haloperidol tabs .5mg, 1mg, 2mg, 5mg, 10mg, 20mg	
olanzapine tabs 2.5mg, 5mg, 7.5mg, 10mg, 15mg, 20mg	
paliperidone tb24 1.5mg, 3mg, 6mg, 9mg	
quetiapine fumarate tabs 25mg, 50mg, 100mg, 200mg, 300mg, 400mg	
risperidone soln 1mg/ml; tabs .25mg, .5mg, 1mg, 2mg, 3mg, 4mg; tbdp .25mg, .5mg, 1mg, 2mg, 3mg, 4mg	
trifluoperazine hcl tabs 1mg, 2mg, 5mg, 10mg	
ziprasidone hcl caps 20mg, 40mg, 60mg, 80mg	

### **ANTISEIZURE AGENTS**

carbamazepine chew 100mg; susp 100mg/5ml; tabs 200mg; tb12 100mg, 200mg, 400mg	
clobazam susp 2.5mg/ml; tabs 10mg, 20mg	PA
clonazepam tabs .5mg, 1mg, 2mg	QL
clorazepate dipotassium tabs 3.75mg, 7.5mg, 15mg	QL
diazepam tabs 2mg, 5mg, 10mg	QL
diazepam (anticonvulsant) gel 2.5mg, 10mg, 20mg	
divalproex sodium csdr 125mg; tb24 250mg, 500mg; tbec 125mg, 250mg, 500mg	
ethosuximide caps 250mg; soln 250mg/5ml	
felbamate susp 600mg/5ml; tabs 400mg, 600mg	
gabapentin caps 100mg, 300mg, 400mg; tabs 600mg, 800mg	
lamotrigine tabs 25mg, 100mg, 150mg, 200mg; tb24 25mg, 50mg, 100mg, 200mg, 250mg, 300mg	
levetiracetam soln 100mg/ml; tabs 250mg, 500mg, 750mg, 1000mg; tb24 500mg, 750mg	
oxcarbazepine susp 60mg/ml; tabs 150mg, 300mg, 600mg	

**AGE** - Age Limit **OTC** - Over the counter **PA** - Prior Authorization **PA\*** - If Quantity Limit is exceeded, Prior Authorization may apply **PA\*\*** - If Step Therapy requirements not met, Prior Authorization may apply **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Requirements/Limits</b>
------------------	----------------------------

<i>phenobarbital elix 20mg/5ml; tabs 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg, 100mg</i>	
<i>phenytoin chew 50mg; susp 100mg/4ml</i>	
<i>phenytoin sodium extended caps 100mg</i>	
<i>primidone tabs 50mg, 250mg</i>	
<i>tiagabine hcl tabs 2mg, 4mg, 12mg, 16mg</i>	
<i>topiramate cpsp 15mg, 25mg; tabs 25mg, 50mg, 100mg, 200mg</i>	
<i>valproic acid caps 250mg</i>	
<i>vigabatrin pack 500mg; tabs 500mg</i>	SP, PA, QL
<i>zonisamide caps 25mg, 50mg, 100mg</i>	

**ATTENTION DEFICIT HYPERACTIVITY DISORDER**

<i>amphetamine-dextroamphetamine cap er 24hr 5 mg</i>	QL; PA*
<i>amphetamine-dextroamphetamine cap er 24hr 10 mg</i>	QL; PA*
<i>amphetamine-dextroamphetamine cap er 24hr 15 mg</i>	QL; PA*
<i>amphetamine-dextroamphetamine cap er 24hr 20 mg</i>	QL; PA*
<i>amphetamine-dextroamphetamine cap er 24hr 25 mg</i>	QL; PA*
<i>amphetamine-dextroamphetamine cap er 24hr 30 mg</i>	QL; PA*
<i>amphetamine-dextroamphetamine tab 5 mg</i>	QL; PA*
<i>amphetamine-dextroamphetamine tab 7.5 mg</i>	QL; PA*
<i>amphetamine-dextroamphetamine tab 10 mg</i>	QL; PA*
<i>amphetamine-dextroamphetamine tab 12.5 mg</i>	QL; PA*
<i>amphetamine-dextroamphetamine tab 15 mg</i>	QL; PA*
<i>amphetamine-dextroamphetamine tab 20 mg</i>	QL; PA*
<i>amphetamine-dextroamphetamine tab 30 mg</i>	QL; PA*
<i>atomoxetine hcl caps 10mg, 18mg, 25mg, 40mg, 60mg, 80mg, 100mg</i>	QL
<i>dexmethylphenidate hcl tabs 2.5mg, 5mg, 10mg</i>	QL; PA*
<i>dextroamphetamine sulfate cp24 5mg, 10mg, 15mg; soln 5mg/5ml; tabs 5mg, 10mg</i>	QL; PA*
<i>methylphenidate hcl cp24 10mg, 20mg, 30mg, 40mg, 60mg; cpcr 10mg, 20mg, 30mg, 40mg, 50mg, 60mg; soln 5mg/5ml, 10mg/5ml; tabs 5mg, 10mg, 20mg; tbc 10mg, 18mg, 20mg, 27mg, 36mg, 54mg</i>	QL; PA*

**FIBROMYALGIA**

<i>SAVELLA TABS 12.5mg, 25mg, 50mg, 100mg</i>	PA
---	----

**AGE** - Age Limit    **OTC** - Over the counter    **PA** - Prior Authorization    **PA\*** - If Quantity Limit is exceeded, Prior Authorization may apply    **PA\*\*** - If Step Therapy requirements not met, Prior Authorization may apply    **QL** - Quantity Limits    **SP** - Specialty    **ST** - Step Therapy

<b>Drug Name</b>	<b>Requirements/Limits</b>
<b>HYPNOTICS</b>	
<i>doxepin hcl (sleep) tabs 3mg, 6mg</i>	
<i>ramelteon tabs 8mg</i>	QL; PA*
<i>temazepam caps 7.5mg, 15mg, 22.5mg, 30mg</i>	QL
<i>zaleplon caps 5mg, 10mg</i>	QL; PA*
<i>zolpidem tartrate tabs 5mg, 10mg</i>	QL; PA*
<i>zolpidem tartrate ext-rel tbc 6.25mg, 12.5mg</i>	QL; PA*
<b>MIGRAINE</b>	
<i>AIMOVIG SOAJ 70mg/ml, 140mg/ml</i>	ST, QL; PA**
<i>EMGALITY SOAJ 120mg/ml; SOSY 100mg/ml, 120mg/ml</i>	ST, QL; PA**
<i>naratriptan hcl tabs 1mg, 2.5mg</i>	QL; PA*
<i>rizatriptan benzoate tabs 5mg, 10mg</i>	QL; PA*
<i>rizatriptan orally disintegrating tabs tbdp 5mg, 10mg</i>	QL; PA*
<i>sumatriptan soln 5mg/act, 20mg/act</i>	QL; PA*
<i>sumatriptan succinate soln 6mg/0.5ml; tabs 25mg, 50mg, 100mg</i>	QL; PA*
<i>UBRELVY TABS 50mg, 100mg</i>	ST, QL; PA**
<i>zolmitriptan tabs 2.5mg, 5mg</i>	QL; PA*
<i>zolmitriptan orally disintegrating tabs tbdp 2.5mg, 5mg</i>	QL; PA*
<b>MISCELLANEOUS</b>	
<i>EVRYSDI SOLR .75mg/ml</i>	SP, PA, QL
<i>lithium carbonate caps 150mg, 300mg, 600mg; tabs 300mg; tbc 300mg, 450mg</i>	
<i>pyridostigmine bromide soln 60mg/5ml; tabs 60mg</i>	
<i>riluzole tabs 50mg</i>	
<b>MOVEMENT DISORDERS</b>	
<i>AUSTEDO TABS 6mg, 9mg, 12mg</i>	SP, PA, QL
<i>INGREZZA CAPS 40mg, 60mg, 80mg</i>	SP, PA, QL
<i>INGREZZA CAP 40-80MG</i>	SP, PA, QL
<i>tetrabenazine tabs 12.5mg, 25mg</i>	SP, PA, QL
<b>MULTIPLE SCLEROSIS AGENTS</b>	
<i>AUBAGIO TABS 7mg, 14mg</i>	SP, PA, QL
<i>AVONEX AJKT 30mcg/0.5ml; PSKT 30mcg/0.5ml</i>	SP, PA, QL
<i>BETASERON KIT .3mg</i>	SP, PA, QL
<i>COPAXONE SOSY 20mg/ml, 40mg/ml</i>	SP, PA, QL
<i>dimethyl fumarate delayed-rel cpdr 120mg, 240mg</i>	SP, PA, QL
<i>fingolimod hcl caps .5mg</i>	SP, PA, QL
<i>glatiramer acetate sosy 20mg/ml, 40mg/ml</i>	SP, PA, QL

**AGE** - Age Limit **OTC** - Over the counter **PA** - Prior Authorization **PA\*** - If Quantity Limit is exceeded, Prior Authorization may apply **PA\*\*** - If Step Therapy requirements not met, Prior Authorization may apply **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Requirements/Limits</b>
KESIMPTA SOAJ 20mg/0.4ml	SP, PA, QL
MAYZENT TABS .25mg, 1mg, 2mg; TBPK .25mg	SP, PA, QL
MAYZENT STARTER PACK TBPK .25mg	SP, PA, QL
OCREVUS SOLN 300mg/10ml	SP, PA, QL
REBIF SOAJ 22mcg/0.5ml, 44mcg/0.5ml; SOSY 22mcg/0.5ml, 44mcg/0.5ml	SP, PA, QL
TYSABRI CONC 300mg/15ml	SP, PA, QL
VUMERITY CPDR 231mg	SP, PA, QL
ZEPOSIA CAPS .92mg	SP, PA, QL

### **MUSCULOSKELETAL THERAPY AGENTS**

<i>baclofen tabs 5mg, 10mg, 20mg</i>	
<i>cyclobenzaprine hcl tabs 5mg, 10mg</i>	
<i>dantrolene sodium caps 25mg, 50mg, 100mg</i>	
<i>methocarbamol tabs 500mg, 750mg</i>	
<i>tizanidine hcl tabs 2mg, 4mg</i>	
XEOMIN SOLR 50unit, 100unit, 200unit	SP, PA

### **NARCOLEPSY/CATAPLEXY**

<i>armodafinil tabs 50mg, 150mg, 200mg, 250mg</i>	PA, QL
<i>modafinil tabs 100mg, 200mg</i>	PA, QL
WAKIX TABS 4.45mg, 17.8mg	SP, PA, QL
XYREM SOLN 500mg/ml	SP, PA, QL
XYWAV SOL 0.5GM/ML	SP, PA, QL

### **OPIOID AGONIST/ANTAGONIST**

<i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)</i>	QL
<i>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)</i>	QL
<i>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)</i>	QL
<i>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)</i>	QL
<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i>	QL
<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i>	QL

### **OPIOID ANTAGONIST**

<i>naloxone hcl liqd 4mg/0.1ml</i>	QL; PA*
<i>naloxone hcl soct .4mg/ml; soln .4mg/ml, 4mg/10ml; sosy 2mg/2ml</i>	
<i>naltrexone hcl tabs 50mg</i>	
VIVITROL SUSR 380mg	SP, PA, QL

### **OPIOID PARTIAL AGONISTS**

<i>buprenorphine hcl subl 2mg, 8mg</i>	PA, QL
--	--------

**AGE** - Age Limit **OTC** - Over the counter **PA** - Prior Authorization **PA\*** - If Quantity Limit is exceeded, Prior Authorization may apply **PA\*\*** - If Step Therapy requirements not met, Prior Authorization may apply **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Requirements/Limits</b>
<b>SMOKING DETERRENTS</b>	
<i>bupropion hcl (smoking deterrent) tb12 150mg</i>	
<i>varenicline tartrate tabs .5mg, 1mg</i>	
<i>varenicline tartrate tab 11 x 0.5 mg &amp; 42 x 1 mg start pack</i>	
<b>ENDOCRINE AND METABOLIC</b>	
<b>ACROMEGALY</b>	
<i>octreotide acetate soln 50mcg/ml, 100mcg/ml, 200mcg/ml, 500mcg/ml, 1000mcg/ml; sosy 50mcg/ml, 100mcg/ml, 500mcg/ml</i>	SP, PA, QL
<i>SOMATULINE DEPOT SOLN 60mg/0.2ml, 90mg/0.3ml, 120mg/0.5ml</i>	SP, PA, QL
<b>ANDROGENS</b>	
<i>testosterone gel 10mg/act, 25mg/2.5gm</i>	
<i>testosterone cypionate soln 100mg/ml, 200mg/ml</i>	
<i>testosterone enanthate soln 200mg/ml</i>	
<b>ANTIDIABETICS, AMYLIN ANALOGS</b>	
<i>SYMLINPEN SOPN 1500mcg/1.5ml, 2700mcg/2.7ml</i>	ST; PA**
<b>ANTIDIABETICS, BIGUANIDE</b>	
<i>metformin ext-rel tb24 500mg, 750mg</i>	Listing does not include generics for FORTAMET and GLUMETZA
<i>metformin hcl soln 500mg/5ml; tabs 500mg, 850mg, 1000mg</i>	
<b>ANTIDIABETICS, BIGUANIDE/ SULFONYLUREA COMBINATIONS</b>	
<i>glipizide-metformin hcl tab 2.5-250 mg</i>	
<i>glipizide-metformin hcl tab 2.5-500 mg</i>	
<i>glipizide-metformin hcl tab 5-500 mg</i>	
<b>ANTIDIABETICS, DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITOR / BIGUANIDE COMBINATIONS</b>	
<i>JENTADUETO TAB 2.5-500</i>	ST; PA**
<i>JENTADUETO TAB 2.5-850</i>	ST; PA**
<i>JENTADUETO TAB 2.5-1000</i>	ST; PA**
<i>JENTADUETO TAB XR</i>	ST; PA**
<b>ANTIDIABETICS, DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS</b>	
<i>TRADJENTA TABS 5mg</i>	ST; PA**
<b>ANTIDIABETICS, INCRETIN MIMETIC AGENTS</b>	
<i>OZEMPIC SOPN 2mg/1.5ml, 2mg/3ml, 4mg/3ml</i>	ST, QL; PA**
<i>OZEMPIC INJ 8MG/3ML</i>	ST, QL; PA**
<i>RYBELSUS TABS 3mg, 7mg, 14mg</i>	ST, QL; PA**

**AGE** - Age Limit **OTC** - Over the counter **PA** - Prior Authorization **PA\*** - If Quantity Limit is exceeded, Prior Authorization may apply **PA\*\*** - If Step Therapy requirements not met, Prior Authorization may apply **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Requirements/Limits</b>
TRULICITY SOPN .75mg/0.5ml, 1.5mg/0.5ml, 3mg/0.5ml, 4.5mg/0.5ml	ST, QL; PA**
VICTOZA SOPN 18mg/3ml	ST, QL; PA**
<b>ANTIDIABETICS, INCRETIN MIMETIC COMBINATION AGENTS</b>	
SOLIQUA	ST; PA**
<b>ANTIDIABETICS, INSULIN</b>	
BASAGLAR SOPN 100unit/ml	
FIASP	
FIASP INJ 100/ML	
HUMULIN R U-500 SOLN 500unit/ml; SOPN 500unit/ml	
LEVEMIR SOLN 100unit/ml; SOPN 100unit/ml	
NOVOLIN MIX	OTC
NOVOLIN N SUPN 100unit/ml; SUSP 100unit/ml	OTC
NOVOLIN R SOLN 100unit/ml; SOPN 100unit/ml	OTC
NOVOLOG SOCT 100unit/ml; SOLN 100unit/ml; SOPN 100unit/ml	
NOVOLOG MIX	
TRESIBA SOLN 100unit/ml; SOPN 100unit/ml, 200unit/ml	
<b>ANTIDIABETICS, INSULIN SENSITIZER</b>	
<i>pioglitazone hcl tabs 15mg, 30mg, 45mg</i>	
<b>ANTIDIABETICS, INSULIN SENSITIZER/BIGUANIDE COMBINATION</b>	
<i>pioglitazone hcl-metformin hcl tab 15-500 mg</i>	
<i>pioglitazone hcl-metformin hcl tab 15-850 mg</i>	
<b>ANTIDIABETICS, INSULIN SENSITIZER/SULFONYLUREA COMBINATION</b>	
<i>pioglitazone hcl-glimepiride tab 30-2 mg</i>	
<i>pioglitazone hcl-glimepiride tab 30-4 mg</i>	
<b>ANTIDIABETICS, SODIUM-GLUC CO-TRANSPOR2 INHIB (SGLT2)/DPP-4 INHIBITOR/BIGUANIDE COMBINATIONS</b>	
TRIJARDY XR TAB	ST; PA**
<b>ANTIDIABETICS, SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITOR / BIGUANIDE COMBINATIONS</b>	
SYNJARDY TAB	ST; PA**
SYNJARDY TAB 5-500MG	ST; PA**
SYNJARDY TAB 5-1000MG	ST; PA**
SYNJARDY TAB 12.5-500	ST; PA**
SYNJARDY XR TAB	ST; PA**
SYNJARDY XR TAB 5-1000MG	ST; PA**
SYNJARDY XR TAB 10-1000	ST; PA**
SYNJARDY XR TAB 25-1000	ST; PA**

**AGE** - Age Limit **OTC** - Over the counter **PA** - Prior Authorization **PA\*** - If Quantity Limit is exceeded, Prior Authorization may apply **PA\*\*** - If Step Therapy requirements not met, Prior Authorization may apply **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy



<b>Drug Name</b>	<b>Requirements/Limits</b>
XIGDUO XR TAB 2.5-1000	ST; PA**
XIGDUO XR TAB 5-500MG	ST; PA**
XIGDUO XR TAB 5-1000MG	ST; PA**
XIGDUO XR TAB 10-500MG	ST; PA**
XIGDUO XR TAB 10-1000	ST; PA**
<b>ANTIDIABETICS, SODIUM-GLUCOSE CO-TRANSPORTER 2(SGLT2) INHIBITOR/DPP-4 INHIBITOR COMBINATIONS</b>	
GLYXAMBI TAB 10-5 MG	ST; PA**
GLYXAMBI TAB 25-5 MG	ST; PA**
<b>ANTIDIABETICS, SODIUM-GLUCOSE CO-TRANSPORTER 2(SGLT2) INHIBITORS</b>	
FARXIGA TABS 5mg, 10mg	ST; PA**
JARDIANCE TABS 10mg, 25mg	ST; PA**
<b>ANTIDIABETICS, SULFONYLUREA</b>	
<i>glimepiride tabs 1mg, 2mg, 4mg</i>	
<i>glipizide tabs 5mg, 10mg</i>	
<i>glipizide ext-rel tb24 2.5mg, 5mg, 10mg</i>	
<i>glipizide xl tb24 2.5mg, 5mg, 10mg</i>	
<b>ANTIOBESITY</b>	
QSYMIA CAP 3.75-23	
QSYMIA CAP 7.5-46MG	
QSYMIA CAP 11.25-69	
QSYMIA CAP 15-92MG	
SAXENDA SOPN 18mg/3ml	
WEGOVY SOAJ .25mg/0.5ml, .5mg/0.5ml, 1mg/0.5ml, 1.7mg/0.75ml, 2.4mg/0.75ml	
<b>CALCIUM RECEPTOR AGONISTS</b>	
<i>cinacalcet hcl tabs 30mg, 60mg, 90mg</i>	SP, PA, QL
<b>CALCIUM REGULATORS, BISPHOSPHONATES</b>	
<i>alendronate sodium soln 70mg/75ml; tabs 5mg, 10mg, 35mg, 70mg</i>	
<i>ibandronate sodium tabs 150mg</i>	
<i>risedronate sodium tabs 5mg, 30mg, 35mg, 150mg</i>	
<b>CALCIUM REGULATORS, MISCELLANEOUS</b>	
PROLIA SOSY 60mg/ml	SP, PA, QL
<b>CALCIUM REGULATORS, PARATHYROID HORMONES</b>	
FORTEO SOPN 600mcg/2.4ml	SP, PA, QL
TYMLOS SOPN 3120mcg/1.56ml	SP, PA, QL
<b>CENTRAL PRECOCIOUS PUBERTY</b>	
LUPRON DEPOT-PED (1-MONTH KIT 7.5mg, 11.25mg, 15mg)	SP, PA

**AGE** - Age Limit **OTC** - Over the counter **PA** - Prior Authorization **PA\*** - If Quantity Limit is exceeded, Prior Authorization may apply **PA\*\*** - If Step Therapy requirements not met, Prior Authorization may apply **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Requirements/Limits</b>
LUPRON DEPOT-PED (3-MONTH KIT 11.25mg, 30mg)	SP, PA
SUPPRELIN LA KIT 50mg	SP, PA
TRIPTODUR SRER 22.5mg	SP, PA

### **CHELATING AGENTS**

<i>deferasirox pack 90mg, 180mg, 360mg; tabs 90mg, 180mg, 360mg; tbso 125mg, 250mg, 500mg</i>	SP, PA
<i>deferiprone tabs 500mg</i>	SP, PA
<i>deferoxamine mesylate solr 2gm, 500mg</i>	SP, PA

### **CONTRACEPTIVES**

ANNOVERA MIS	
<i>desogest-eth estrad &amp; eth estrad tab 0.15-0.02/0.01 mg(21/5)</i>	
<i>desogest-ethin est tab 0.1-0.025/0.125-0.025/0.15-0.025mg-mg</i>	
<i>desogestrel &amp; ethinyl estradiol tab 0.15 mg-30 mcg</i>	
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i>	
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i>	
ELLA TABS 30mg	
<i>ethynodiol diacetate &amp; ethinyl estradiol tab 1 mg-35 mcg</i>	
<i>ethynodiol diacetate &amp; ethinyl estradiol tab 1 mg-50 mcg</i>	
KYLEENA IUD 19.5mg	
<i>levonorgestrel &amp; ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	
<i>levonorgestrel &amp; ethinyl estradiol tab 0.1 mg-20 mcg</i>	
<i>levonorgestrel &amp; ethinyl estradiol tab 0.15 mg-30 mcg</i>	
<i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i>	
LO LOESTRIN TAB 1-10-10	
<i>medroxyprogesterone acetate 150 mg/ml susp 150mg/ml; susy 150mg/ml</i>	
MIRENA IUD 20mcg/day	
NEXPLANON IMPL 68mg	
<i>norelgestromin/ethinyl estradiol - xulane</i>	
<i>norethindrone tabs .35mg</i>	
<i>norethindrone &amp; ethinyl estradiol tab 0.5 mg-35 mcg</i>	
<i>norethindrone &amp; ethinyl estradiol tab 1 mg-35 mcg</i>	

**AGE** - Age Limit **OTC** - Over the counter **PA** - Prior Authorization **PA\*** - If Quantity Limit is exceeded, Prior Authorization may apply **PA\*\*** - If Step Therapy requirements not met, Prior Authorization may apply **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Requirements/Limits</b>
<i>norethindrone &amp; ethinyl estradiol-fe chew tab 0.8 mg-25 mcg</i>	
<i>norethindrone ace &amp; ethinyl estradiol tab 1 mg-20 mcg</i>	
<i>norethindrone ace &amp; ethinyl estradiol tab 1.5 mg-30 mcg</i>	
<i>norethindrone ace &amp; ethinyl estradiol-fe tab 1 mg-20 mcg</i>	
<i>norethindrone ace &amp; ethinyl estradiol-fe tab 1.5 mg-30 mcg</i>	
<i>norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)</i>	
<i>norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24)</i>	
<i>norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)</i>	
<i>norethindrone-eth estradiol tab 0.5-35/1-35/0.5-35 mg-mcg</i>	
<i>norgestimate &amp; ethinyl estradiol tab 0.25 mg-35 mcg</i>	
<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i>	
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	
<i>norgestrel &amp; ethinyl estradiol tab 0.3 mg-30 mcg</i>	
NUVARING MIS	
SKYLA IUD 13.5mg	

**DIABETIC SUPPLIES**

ACCU-CHEK AVIVA PLUS STRIPS AND KITS	OTC
ACCU-CHEK COMPACT PLUS STRIPS AND KITS	OTC
ACCU-CHEK GUIDE STRIPS AND KITS	OTC
ACCU-CHEK SMARTVIEW STRIPS AND KITS	OTC
BD INSULIN SYRINGES AND NEEDLES	OTC
DEXCOM CONTINUOUS GLUCOSE MONITORING SYSTEM	
LANCETS	OTC
OMNIPOD 5 INSULIN INFUSION PUMP	
OMNIPOD DASH INSULIN INFUSION PUMP	
OMNIPOD INSULIN INFUSION PUMP	
ONETOUCH ULTRA STRIPS AND KITS	OTC
ONETOUCH VERIO STRIPS AND KITS	OTC
V-GO INSULIN INFUSION PUMP	

**ENDOMETRIOSIS**

<i>danazol caps 50mg, 100mg, 200mg</i>	
--	--

**AGE** - Age Limit **OTC** - Over the counter **PA** - Prior Authorization **PA\*** - If Quantity Limit is exceeded, Prior Authorization may apply **PA\*\*** - If Step Therapy requirements not met, Prior Authorization may apply **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Requirements/Limits</b>
LUPRON DEPOT (1-MONTH) KIT 3.75mg	SP, PA
LUPRON DEPOT (3-MONTH) KIT 11.25mg	SP, PA
<b>ENZYME REPLACEMENTS</b>	
<i>*betaine powder for oral solution***</i>	SP, PA
<i>carglumic acid tbso 200mg</i>	SP, PA
<i>sapropterin dihydrochloride pack 100mg, 500mg; tabs 100mg</i>	SP, PA
<i>sodium phenylbutyrate powd 3gm/tsp; tabs 500mg</i>	SP, PA, QL
STRENSIQ SOLN 18mg/0.45ml, 28mg/0.7ml, 40mg/ml, 80mg/0.8ml	SP, PA
<b>ESTROGENS</b>	
CLIMARA PRO DIS WEEKLY	
COMBIPATCH DIS	
<i>estradiol ptwk .025mg/24hr, .05mg/24hr, .06mg/24hr, .075mg/24hr, .1mg/24hr, 37.5mcg/24hr; tabs .5mg, 1mg, 2mg</i>	
<i>estradiol vaginal crm crea .1mg/gm</i>	
<i>estradiol/norethindrone</i>	
IMVEXXY INST 4mcg, 10mcg	
<i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</i>	
<i>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</i>	
VAGIFEM TABS 10mcg	
<b>FERTILITY REGULATORS</b>	
CETROTIDE KIT .25mg	SP, PA
<i>clomiphene citrate tabs 50mg</i>	
GONAL-F SOLR 450unit, 1050unit	SP, PA, QL
GONAL-F RFF SOLR 75unit	SP, PA, QL
GONAL-F RFF REDIJECT SOPN 300unit/0.5ml, 450unt/0.75ml, 900unit/1.5ml	SP, PA, QL
MENOPUR SOLR 75unit	SP, PA
OVIDREL INJ 250mcg/0.5ml	SP, PA
<b>GAUCHER DISEASE</b>	
CERDELGA CAPS 84mg	SP, PA, QL
CEREZYME SOLR 400unit	SP, PA, QL
<b>GLUCOCORTICOIDS</b>	
<i>dexamethasone elix .5mg/5ml; soln .5mg/5ml; tabs .5mg, .75mg, 1mg, 1.5mg, 2mg, 4mg, 6mg; tbpk 1.5mg</i>	
<i>fludrocortisone acetate tabs .1mg</i>	
<i>hydrocortisone tabs 5mg, 10mg, 20mg</i>	

**AGE** - Age Limit **OTC** - Over the counter **PA** - Prior Authorization **PA\*** - If Quantity Limit is exceeded, Prior Authorization may apply **PA\*\*** - If Step Therapy requirements not met, Prior Authorization may apply **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Requirements/Limits</b>
<i>methylprednisolone tabs 4mg, 8mg, 16mg, 32mg</i>	
<i>prednisolone soln 15mg/5ml</i>	
<i>prednisolone sodium phosphate soln 15mg/5ml, 25mg/5ml; tbdp 10mg, 15mg, 30mg</i>	
<i>prednisone soln 5mg/5ml; tabs 1mg, 2.5mg, 5mg, 10mg, 20mg, 50mg; tbpk 5mg, 10mg</i>	
<b>GLUCOSE ELEVATING AGENTS</b>	
BAQSIMI ONE PACK POWD 3mg/dose	
BAQSIMI TWO PACK POWD 3mg/dose	
<i>glucagon (rdna) kit 1mg</i>	
GVOKE HYPOPEN 1-PACK SOAJ .5mg/0.1ml, 1mg/0.2ml	
GVOKE HYPOPEN 2-PACK SOAJ .5mg/0.1ml, 1mg/0.2ml	
GVOKE KIT SOLN 1mg/0.2ml	
GVOKE PFS SOSY .5mg/0.1ml, 1mg/0.2ml	
<b>HEREDITARY TYROSINEMIA TYPE 1 AGENTS</b>	
<i>nitisinone caps 2mg, 5mg, 10mg</i>	SP, PA
ORFADIN CAPS 20mg	SP, PA
<b>HUMAN GROWTH HORMONES</b>	
GENOTROPIN CART 5mg, 12mg	SP, PA
GENOTROPIN MINIQUICK PRSY .2mg, .4mg, .6mg, .8mg, 1mg, 1.2mg, 1.4mg, 1.6mg, 1.8mg, 2mg	SP, PA
NORDITROPIN SOPN 5mg/1.5ml, 10mg/1.5ml, 15mg/1.5ml, 30mg/3ml	SP, PA
<b>LUTEINIZING HORMONE-RELEASING HORMONE (LHRH) AGONISTS</b>	
FENSOLVI KIT 45mg	SP, PA
<b>MISCELLANEOUS</b>	
<i>cabergoline tabs .5mg</i>	
CYSTAGON CAPS 50mg, 150mg	SP, PA
JYNARQUE TABS 15mg, 30mg; TBPK 15mg	SP, PA, QL
JYNARQUE PAK 30-15MG	SP, PA, QL
JYNARQUE PAK 45-15MG	SP, PA, QL
JYNARQUE PAK 60-30MG	SP, PA, QL
JYNARQUE PAK 90-30MG	SP, PA, QL
KERENDIA TABS 10mg, 20mg	PA
XIAFLEX SOLR .9mg	SP, PA
<b>PHOSPHATE BINDER AGENTS</b>	
<i>calcium acetate caps caps 667mg</i>	
<i>sevelamer carbonate pack .8gm, 2.4gm; tabs 800mg</i>	

**AGE** - Age Limit **OTC** - Over the counter **PA** - Prior Authorization **PA\*** - If Quantity Limit is exceeded, Prior Authorization may apply **PA\*\*** - If Step Therapy requirements not met, Prior Authorization may apply **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Requirements/Limits</b>
<b>POLYNEUROPATHY</b>	
TEGSEDI SOSY 284mg/1.5ml	SP, PA, QL
<b>POTASSIUM-REMOVING AGENTS</b>	
<i>*sodium polystyrene sulfonate powder**</i>	
<b>PROGESTINS</b>	
ENDOMETRIN INST 100mg	
medroxyprogesterone acetate tabs 2.5mg, 5mg, 10mg	
norethindrone acetate tabs 5mg	
progesterone, micronized caps 100mg, 200mg	
<b>SELECTIVE ESTROGEN RECEPTOR MODULATORS</b>	
raloxifene hcl tabs 60mg	
<b>THYROID AGENTS</b>	
levothyroxine sodium caps 13mcg, 25mcg, 50mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 175mcg, 200mcg; tabs 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg	
liothyronine sodium tabs 5mcg, 25mcg, 50mcg	
methimazole tabs 5mg, 10mg	
propylthiouracil tabs 50mg	
<b>UTERINE FIBROIDS</b>	
MYFEMBREE TAB	
ORIAHNN CAP	
<b>VASOPRESSINS</b>	
desmopressin acetate tabs .1mg, .2mg	
desmopressin acetate spray soln .01%	
desmopressin acetate spray refrigerated soln .01%	
<b>GASTROINTESTINAL</b>	
<b>ANTICHOLINERGICS</b>	
dicyclomine hcl caps 10mg; soln 10mg/5ml; tabs 20mg	
glycopyrrolate soln 1mg/5ml	AGE
hyoscyamine sulfate elix .125mg/5ml; soln .125mg/ml; tabs .125mg; tbdp .125mg	
<b>ANTIDIARRHEALS</b>	
diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml	
diphenoxylate w/ atropine tab 2.5-0.025 mg	
loperamide hcl caps 2mg	
<b>ANTIEMETICS</b>	
aprepitant caps 40mg, 80mg, 125mg	QL; PA*
dronabinol caps 2.5mg, 5mg, 10mg	

**AGE** - Age Limit **OTC** - Over the counter **PA** - Prior Authorization **PA\*** - If Quantity Limit is exceeded, Prior Authorization may apply **PA\*\*** - If Step Therapy requirements not met, Prior Authorization may apply **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Requirements/Limits</b>
------------------	----------------------------

<i>granisetron hcl tabs 1mg</i>	
<i>meclizine hcl tabs 12.5mg, 25mg</i>	
<i>metoclopramide hcl tabs 5mg, 10mg</i>	
<i>ondansetron tbdp 4mg, 8mg</i>	
<i>ondansetron hcl soln 4mg/5ml; tabs 4mg, 8mg, 24mg</i>	
<i>prochlorperazine maleate tabs 5mg, 10mg</i>	
<i>promethazine hcl syrp 6.25mg/5ml; tabs 12.5mg, 25mg, 50mg</i>	
<i>trimethobenzamide hcl caps 300mg</i>	

**H2-RECEPTOR ANTAGONISTS**

<i>cimetidine soln 300mg/5ml; tabs 200mg, 300mg, 400mg, 800mg</i>	
<i>famotidine susr 40mg/5ml; tabs 20mg, 40mg</i>	

**INFLAMMATORY BOWEL DISEASE**

<i>balsalazide disodium caps 750mg</i>	
<i>budesonide cpep 3mg</i>	
<i>hydrocortisone (intrarectal) enem 100mg/60ml</i>	
<i>mesalamine cp24 .375gm; enem 4gm; supp 1000mg; tbec 1.2gm, 800mg</i>	
<i>sulfasalazine tabs 500mg; tbec 500mg</i>	
<i>UCERIS TB24 9mg</i>	

**IRRITABLE BOWEL SYNDROME WITH CONSTIPATION**

<i>LINZESS CAPS 72mcg, 145mcg, 290mcg</i>	
---	--

**IRRITABLE BOWEL SYNDROME WITH DIARRHEA**

<i>alosetron hcl tabs .5mg, 1mg</i>	
-------------------------------------	--

**LAXATIVES**

<i>CLENPIQ SOL</i>	
<i>lactulose soln 10gm/15ml, 20gm/30ml</i>	
<i>peg-3350/electrolytes</i>	Listing does not include generics for MOVIPREP

**MISCELLANEOUS**

<i>misoprostol tabs 100mcg, 200mcg</i>	
<i>OCALIVA TABS 5mg, 10mg</i>	SP, PA, QL
<i>SUCRAID SOLN 8500unit/ml</i>	PA, QL
<i>SYMPROIC TABS .2mg</i>	
<i>ursodiol caps 300mg; tabs 250mg, 500mg</i>	

**PANCREATIC ENZYMES**

<i>CREON CAP 3000UNIT</i>	
<i>CREON CAP 6000UNIT</i>	
<i>CREON CAP 12000UNT</i>	
<i>CREON CAP 24000UNT</i>	
<i>CREON CAP 36000UNT</i>	

<b>Drug Name</b>	<b>Requirements/Limits</b>
VIOKACE TAB 10440	
VIOKACE TAB 20880	
<b>PROTON PUMP INHIBITORS</b>	
<i>lansoprazole delayed-rel cpdr 15mg, 30mg</i>	
<i>omeprazole delayed-rel cpdr 10mg, 20mg, 40mg</i>	
<i>pantoprazole delayed-rel tabs tbec 20mg, 40mg</i>	
<b>RECTAL, CORTICOSTEROIDS</b>	
<i>hydrocortisone (rectal) crea 2.5%</i>	
<b>GENITOURINARY</b>	
<b>BENIGN PROSTATIC HYPERPLASIA</b>	
<i>alfuzosin ext-rel tb24 10mg</i>	
<i>finasteride tabs 5mg</i>	
<i>tamsulosin hcl caps .4mg</i>	
<b>MISCELLANEOUS</b>	
<i>bethanechol chloride tabs 5mg, 10mg, 25mg, 50mg</i>	
<i>potassium citrate (alkalinizer) tbcr 15meq, 540mg, 1080mg</i>	
<b>URINARY ANTISPASMODICS</b>	
<i>oxybutynin chloride syrp 5mg/5ml; tabs 5mg</i>	
<i>oxybutynin ext-rel tb24 5mg, 10mg, 15mg</i>	
<i>tolterodine tartrate tabs 1mg, 2mg</i>	
<i>tropium tabs 20mg</i>	
<b>VAGINAL ANTI-INFECTIVES</b>	
<i>clindamycin cream crea 2%</i>	
<i>metronidazole vaginal gel gel .75%</i>	
<i>terconazole vaginal crea .4%, .8%; supp 80mg</i>	
<b>HEMATOLOGIC</b>	
<b>ANTICOAGULANTS</b>	
ELIQUIS TABS 2.5mg, 5mg	
ELIQUIS STARTER PACK TBPK 5mg	
<i>enoxaparin sodium soln 300mg/3ml; sosy 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml, 100mg/ml, 120mg/0.8ml, 150mg/ml</i>	
<i>fondaparinux sodium soln 2.5mg/0.5ml, 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml</i>	
<i>warfarin sodium tabs 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg</i>	
XARELTO TABS 2.5mg, 10mg, 15mg, 20mg	
XARELTO STAR TAB 15/20MG	
<b>BLEEDING DISORDERS AGENTS</b>	
SEVENFACT SOLR 1mg, 5mg	SP, PA

AGE - Age Limit OTC - Over the counter PA - Prior Authorization PA\* - If Quantity Limit is exceeded, Prior Authorization may apply PA\*\* - If Step Therapy requirements not met, Prior Authorization may apply QL - Quantity Limits SP - Specialty ST - Step Therapy



<b>Drug Name</b>	<b>Requirements/Limits</b>
<b>HEMATOPOIETIC GROWTH FACTORS</b>	
DOPTELET TABS 20mg	SP, PA, QL
NIVESTYM SOLN 300mcg/ml, 480mcg/1.6ml; SOSY 300mcg/0.5ml, 480mcg/0.8ml	SP, PA
PROMACTA PACK 12.5mg, 25mg; TABS 12.5mg, 25mg, 50mg, 75mg	SP, PA, QL
RETACRIT SOLN 2000unit/ml, 3000unit/ml, 4000unit/ml, 10000unit/ml, 20000unit/ml, 40000unit/ml	SP, PA
ZIEXTENZO SOSY 6mg/0.6ml	SP, PA, QL
<b>HEMOPHILIA A AGENTS</b>	
ADVATE SOLR 250unit, 500unit, 1000unit, 1500unit, 2000unit, 3000unit, 4000unit	SP, PA
ADYNOVATE SOLR 250unit, 500unit, 750unit, 1000unit, 1500unit, 2000unit, 3000unit	SP, PA
AFSTYLA KIT 250unit, 500unit, 1000unit, 1500unit, 2000unit, 2500unit, 3000unit	SP, PA
ELOCTATE SOLR 250unit, 500unit, 750unit, 1000unit, 1500unit, 2000unit, 3000unit, 4000unit, 5000unit, 6000unit	SP, PA
ESPEROCT SOLR 500unit, 1000unit, 1500unit, 2000unit, 3000unit	SP, PA
HEMLIBRA SOLN 30mg/ml, 60mg/0.4ml, 105mg/0.7ml, 150mg/ml	SP, PA
JIVI SOLR 500unit, 1000unit, 2000unit, 3000unit	SP, PA
KOGENATE FS KIT 250unit, 500unit, 1000unit, 2000unit, 3000unit	SP, PA
KOVALTRY SOLR 250unit, 500unit, 1000unit, 2000unit, 3000unit	SP, PA
NOVOEIGHT SOLR 250unit, 500unit, 1000unit, 1500unit, 2000unit, 3000unit	SP, PA
NUWIQ KIT 250unit, 500unit, 1000unit, 2000unit, 2500unit, 3000unit, 4000unit; SOLR 250unit, 500unit, 1000unit, 2000unit, 2500unit, 3000unit, 4000unit	SP, PA
XYNTHA KIT 250unit, 500unit, 1000unit, 2000unit	SP, PA
XYNTHA SOLOFUSE KIT 3000unit	SP, PA
<b>HEMOPHILIA B AGENTS</b>	
ALPROLIX SOLR 250unit, 500unit, 1000unit, 2000unit, 3000unit, 4000unit	SP, PA
IDELVION SOLR 250unit, 500unit, 1000unit, 2000unit, 3500unit	SP, PA
REBINYN SOLR 500unit, 1000unit, 2000unit	SP, PA

**AGE** - Age Limit **OTC** - Over the counter **PA** - Prior Authorization **PA\*** - If Quantity Limit is exceeded, Prior Authorization may apply **PA\*\*** - If Step Therapy requirements not met, Prior Authorization may apply **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Requirements/Limits</b>
<b>MISCELLANEOUS</b>	
<i>anagrelide hcl caps .5mg, 1mg</i>	
<i>cilostazol tabs 50mg, 100mg</i>	
TAVALISSE TABS 100mg, 150mg	SP, PA, QL
<b>PAROXYSMAL NOCTURNAL HEMOGLOBINURIA (PNH) AGENTS</b>	
EMPAVELI SOLN 1080mg/20ml	SP, PA, QL
<b>PLATELET AGGREGATION INHIBITORS</b>	
<i>clopidogrel bisulfate tabs 75mg, 300mg</i>	
<i>dipyridamole tabs 25mg, 50mg, 75mg</i>	
<i>dipyridamole ext-rel/aspirin</i>	
<i>prasugrel hcl tabs 5mg, 10mg</i>	
<b>SICKLE CELL DISEASE</b>	
ADAKVEO SOLN 100mg/10ml	SP, PA
ENDARI PACK 5gm	SP, PA, QL
SIKLOS TABS 100mg, 1000mg	
<b>IMMUNOLOGIC AGENTS</b>	
<b>ALLERGENIC EXTRACTS</b>	
ORALAIR SUB 300 IR	PA
<b>AUTOIMMUNE AGENTS (PHYSICIAN-ADMINISTERED)</b>	
ILUMYA	SP, PA, QL
REMICADE	SP, PA, QL
SIMPONI ARIA	SP, PA, QL
STELARA INTRAVENOUS	SP, PA, QL
<b>AUTOIMMUNE AGENTS (SELF-ADMINISTERED), ALL OTHER CONDITIONS</b>	
ENBREL	SP, PA, QL
HUMIRA	SP, PA, QL
<b>AUTOIMMUNE AGENTS (SELF-ADMINISTERED), ANKYLOSING SPONDYLITIS</b>	
COSENTYX	SP, PA, QL
ENBREL	SP, PA, QL
HUMIRA	SP, PA, QL
RINVOQ	SP, PA, QL
<b>AUTOIMMUNE AGENTS (SELF-ADMINISTERED), CROHN'S DISEASE</b>	
HUMIRA	SP, PA, QL
SKYRIZI	SP, PA, QL
STELARA SUBCUTANEOUS	SP, PA, QL
<b>AUTOIMMUNE AGENTS (SELF-ADMINISTERED), NON-RADIOGRAPHIC AXIAL SPONDYLOARTHRITIS</b>	
CIMZIA	SP, PA, QL
COSENTYX	SP, PA, QL

**AGE** - Age Limit **OTC** - Over the counter **PA** - Prior Authorization **PA\*** - If Quantity Limit is exceeded, Prior Authorization may apply **PA\*\*** - If Step Therapy requirements not met, Prior Authorization may apply **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Requirements/Limits</b>
RINVOQ	SP, PA, QL
<b>AUTOIMMUNE AGENTS (SELF-ADMINISTERED), PSORIASIS</b>	
HUMIRA	SP, PA, QL
OTEZLA	SP, PA, QL
SKYRIZI	SP, PA, QL
STELARA SUBCUTANEOUS	SP, PA, QL
TALTZ	SP, PA, QL
TREMFYA	SP, PA, QL
<b>AUTOIMMUNE AGENTS (SELF-ADMINISTERED), PSORIATIC ARTHRITIS</b>	
COSENTYX	SP, PA, QL
ENBREL	SP, PA, QL
HUMIRA	SP, PA, QL
OTEZLA	SP, PA, QL
RINVOQ	SP, PA, QL
SKYRIZI	SP, PA, QL
STELARA SUBCUTANEOUS	SP, PA, QL
TREMFYA	SP, PA, QL
<b>AUTOIMMUNE AGENTS (SELF-ADMINISTERED), RHEUMATOID ARTHRITIS</b>	
ENBREL	SP, PA, QL
HUMIRA	SP, PA, QL
KEVZARA	SP, PA, QL
ORENCIA CLICKJECT	SP, PA, QL
ORENCIA SUBCUTANEOUS	SP, PA, QL
RINVOQ	SP, PA, QL
XELJANZ	SP, PA, QL
XELJANZ XR	SP, PA, QL
<b>AUTOIMMUNE AGENTS (SELF-ADMINISTERED), ULCERATIVE COLITIS</b>	
HUMIRA	SP, PA, QL
RINVOQ	SP, PA, QL
STELARA SUBCUTANEOUS	SP, PA, QL
XELJANZ	SP, PA, QL
XELJANZ XR	SP, PA, QL
<b>DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)</b>	
<i>hydroxychloroquine sulfate tabs 200mg</i>	
<i>leflunomide tabs 10mg, 20mg</i>	
<i>methotrexate sodium tabs 2.5mg</i>	
<i>penicillamine tabs 250mg</i>	

**AGE** - Age Limit **OTC** - Over the counter **PA** - Prior Authorization **PA\*** - If Quantity Limit is exceeded, Prior Authorization may apply **PA\*\*** - If Step Therapy requirements not met, Prior Authorization may apply **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Requirements/Limits</b>
RASUVO SOAJ 7.5mg/0.15ml, 10mg/0.2ml, 12.5mg/0.25ml, 15mg/0.3ml, 17.5mg/0.35ml, 20mg/0.4ml, 22.5mg/0.45ml, 25mg/0.5ml, 30mg/0.6ml	SP, PA, QL

### **HEREDITARY ANGIOEDEMA**

<i>icatibant acetate soln 30mg/3ml</i>	SP, PA, QL
ORLADEYO CAPS 110mg, 150mg	SP, PA, QL
RUCONEST SOLR 2100unit	SP, PA, QL
TAKHZYRO SOLN 300mg/2ml	SP, PA, QL

### **IMMUNOGLOBULIN**

CUTAQUIG SOLN 1gm/6ml, 1.65gm/10ml, 2gm/12ml, 3.3gm/20ml, 4gm/24ml, 8gm/48ml	SP, PA
GAMMAGARD LIQUID SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml	SP, PA
GAMUNEX-C SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml	SP, PA
OCTAGAM SOLN 1gm/20ml, 2gm/20ml, 2.5gm/50ml, 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 30gm/300ml	SP, PA
PRIVIGEN SOLN 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml	SP, PA

### **IMMUNOSUPPRESSANTS**

ASTAGRAF XL CP24 .5mg, 1mg, 5mg	SP
<i>azathioprine tabs 50mg</i>	
BENLYSTA SOAJ 200mg/ml; SOLR 120mg, 400mg; SOSY 200mg/ml	SP, PA, QL
CELLCEPT CAPS 250mg; SUSR 200mg/ml; TABS 500mg	SP
CELLCEPT INTRAVENOUS SOLR 500mg	SP
<i>cyclosporine caps 25mg, 100mg</i>	
<i>cyclosporine modified (for microemulsion) caps 25mg, 100mg; soln 100mg/ml</i>	
ENSPRYNG SOSY 120mg/ml	SP, PA, QL
ENVARUSUS XR TB24 .75mg, 1mg, 4mg	SP
<i>everolimus (immunosuppressant) tabs .25mg, .5mg, .75mg, 1mg</i>	SP
<i>mycophenolate mofetil caps 250mg; susr 200mg/ml; tabs 500mg</i>	
<i>mycophenolate sodium tbec 180mg, 360mg</i>	SP
MYFORTIC TBEC 180mg, 360mg	SP
NEORAL CAPS 25mg, 100mg; SOLN 100mg/ml	SP

**AGE** - Age Limit **OTC** - Over the counter **PA** - Prior Authorization **PA\*** - If Quantity Limit is exceeded, Prior Authorization may apply **PA\*\*** - If Step Therapy requirements not met, Prior Authorization may apply **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Requirements/Limits</b>
PROGRAF CAPS .5mg, 1mg, 5mg; PACK .2mg, 1mg	SP
RAPAMUNE SOLN 1mg/ml; TABS .5mg, 1mg, 2mg	SP
SANDIMMUNE CAPS 25mg, 100mg; SOLN 50mg/ml, 100mg/ml	SP
<i>sirolimus soln 1mg/ml; tabs .5mg, 1mg, 2mg</i>	
<i>tacrolimus caps .5mg, 1mg, 5mg</i>	
ZORTRESS TABS .25mg, .5mg, .75mg, 1mg	SP

### **MISCELLANEOUS**

ILARIS SOLN 150mg/ml	SP, PA
SYNAGIS SOLN 50mg/0.5ml, 100mg/ml	SP, PA

### **NUTRITIONAL/SUPPLEMENTS**

#### **ELECTROLYTES**

*potassium chloride cpcr 8meq, 10meq; soln 10%, 20%; tbcr 8meq, 10meq, 20meq*

*sodium fluoride soln .125mg/drop, .5mg/ml; tabs .5mg, 1mg*

#### **PRENATAL VITAMINS**

*\*prenat w/o a w/fefum-methfol-fa-dha cap 27-0.6-0.4-300 mg\*\**

*\*prenatal vit w/ dss-iron carbonyl-fa tab 90-1 mg\*\*\**

*\*prenatal vit w/ fe fum-methylfolate-fa tab 27-0.6-0.4 mg\*\*\**

*\*prenatal vit w/ fe fumarate-fa chew tab 29-1 mg\*\*\**

*\*prenatal vit w/ fe fumarate-fa tab 28-1 mg\*\*\**

*\*prenatal vit w/ iron carbonyl-fa tab 29-1 mg\*\*\**

*\*prenatal vit w/ iron carbonyl-fa tab 50-1.25 mg\*\*\**

#### **VITAMINS**

*calcitriol caps .25mcg, .5mcg; soln 1mcg/ml*

*cyanocobalamin soln 1000mcg/ml*

*doxercalciferol caps .5mcg, 1mcg, 2.5mcg*

*ergocalciferol caps 1.25mg*

*folic acid tabs 1mg*

*paricalcitol caps 1mcg, 2mcg, 4mcg*

*\*pediatric multiple vitamins w/ fl-fe drops 0.25-10 mg/ml\*\**

*\*pediatric multiple vitamins w/ fluoride chew tab 0.5 mg\*\*\**

*\*pediatric multiple vitamins w/ fluoride chew tab 0.25 mg\*\*\**

<b>Drug Name</b>	<b>Requirements/Limits</b>
------------------	----------------------------

<i>*pediatric multiple vitamins w/ fluoride chew tab 1 mg***</i>	
--	--

<i>*pediatric multiple vitamins w/ fluoride soln 0.5 mg/ml***</i>	
---	--

<i>*pediatric multiple vitamins w/ fluoride soln 0.25 mg/ml***</i>	
--	--

<i>*pediatric vitamins acd w/ fluoride soln 0.5 mg/ml***</i>	
--	--

<i>phytonadione tabs 5mg</i>	
------------------------------	--

**OPHTHALMIC**

**ANTI-INFECTIVE/ANTI-INFLAMMATORY**

<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>	
---	--

<i>neomycin-polymyxin-dexamethasone ophth oint 0.1%</i>	
---	--

<i>neomycin-polymyxin-dexamethasone ophth susp 0.1%</i>	
---	--

<i>neomycin-polymyxin-hc ophth susp</i>	
---	--

<i>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</i>	
--	--

<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	
---	--

**ANTI-INFECTIVES**

<i>bacitracin (ophthalmic) oint 500unit/gm</i>	
--	--

<i>bacitracin-polymyxin b ophth oint</i>	
--	--

<i>ciprofloxacin hcl (ophth) soln .3%</i>	
---	--

<i>erythromycin (ophth) oint 5mg/gm</i>	
---	--

<i>gentamicin sulfate (ophth) oint .3%</i>	
--	--

<i>gentamicin sulfate (ophth) soln .3%</i>	QL; PA*
--	---------

<i>moxifloxacin hcl (ophth) soln .5%</i>	
--	--

<i>NATACYN SUSP 5%</i>	
------------------------	--

<i>neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml</i>	
---	--

<i>ofloxacin (ophth) soln .3%</i>	
-----------------------------------	--

<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>	
---	--

<i>sulfacetamide sodium (ophth) soln 10%</i>	
--	--

<i>tobramycin (ophth) soln .3%</i>	
------------------------------------	--

<i>trifluridine soln 1%</i>	
-----------------------------	--

**ANTI-INFLAMMATORIES**

<i>dexamethasone sodium phosphate (ophth) soln .1%</i>	
--	--

<i>diclofenac sodium (ophth) soln .1%</i>	
---	--

<i>fluorometholone (ophth) susp .1%</i>	
---	--

<i>ketorolac tromethamine (ophth) soln .5%</i>	
--	--

<i>loteprednol etabonate susp .5%</i>	
---------------------------------------	--

**AGE** - Age Limit    **OTC** - Over the counter    **PA** - Prior Authorization    **PA\*** - If Quantity Limit is exceeded, Prior Authorization may apply    **PA\*\*** - If Step Therapy requirements not met, Prior Authorization may apply    **QL** - Quantity Limits    **SP** - Specialty    **ST** - Step Therapy

<b>Drug Name</b>	<b>Requirements/Limits</b>
<i>prednisolone acetate (ophth) susp 1%</i>	
PREDNISOLONE SODIUM PHOSP SOLN 1%	
<b>ANTIALLERGICS</b>	
<i>azelastine hcl (ophth) soln .05%</i>	
<i>cromolyn sodium (ophth) soln 4%</i>	
<b>ANTIGLAUCOMA</b>	
<i>betaxolol hcl (ophth) soln .5%</i>	
<i>brimonidine tartrate soln .15%, .2%</i>	
<i>dorzolamide hcl soln 2%</i>	
<i>dorzolamide hcl-timolol maleate ophth soln 22.3-6.8 mg/ml</i>	
<i>latanoprost soln .005%</i>	
<i>timolol maleate (ophth) solg .25%, .5%; soln .25%, .5%</i>	
<b>DRY EYE DISEASE</b>	
RESTASIS EMUL .05%	PA, QL
XIIDRA SOLN 5%	PA, QL
<b>RETINAL DISORDERS</b>	
EYLEA SOLN 2mg/0.05ml; SOSY 2mg/0.05ml	SP, PA
LUCENTIS SOLN .3mg/0.05ml, .5mg/0.05ml; SOSY .3mg/0.05ml, .5mg/0.05ml	SP, PA
<b>RESPIRATORY</b>	
<b>ALPHA-1 ANTITRYPSIN DEFICIENCY AGENTS</b>	
PROLASTIN-C SOLN 1000mg/20ml; SOLR 1000mg	SP, PA
<b>ANAPHYLAXIS TREATMENT AGENTS</b>	
<i>epinephrine (anaphylaxis) soaj .15mg/0.15ml, .15mg/0.3ml</i>	QL; PA*
EPIPEN SOAJ .3mg/0.3ml	QL; PA*
EPIPEN JR SOAJ .15mg/0.3ml	QL; PA*
SYMJEPI SOSY .15mg/0.3ml, .3mg/0.3ml	QL; PA*
<b>ANTICHOLINERGIC/BETA AGONIST COMBINATIONS</b>	
ANORO ELLIPT AER 62.5-25	QL
BEVESPI AER 9-4.8MCG	QL
<i>ipratropium/albuterol inhalation soln</i>	QL
<b>ANTICHOLINERGICS</b>	
<i>ipratropium bromide (nasal) soln .03%, .06%</i>	
<i>ipratropium inhalation solution soln .02%</i>	QL
SPIRIVA AERS 1.25mcg/act, 2.5mcg/act; CAPS 18mcg	QL
YUPELRI SOLN 175mcg/3ml	QL

**AGE** - Age Limit **OTC** - Over the counter **PA** - Prior Authorization **PA\*** - If Quantity Limit is exceeded, Prior Authorization may apply **PA\*\*** - If Step Therapy requirements not met, Prior Authorization may apply **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Requirements/Limits</b>
<b>ANTI-HISTAMINES</b>	
<i>azelastine hcl soln .1%, .15%</i>	
<i>cyproheptadine hcl syrp 2mg/5ml; tabs 4mg</i>	
<i>hydroxyzine hcl syrp 10mg/5ml; tabs 10mg, 25mg, 50mg</i>	
<b>BETA AGONISTS</b>	
<i>albuterol inhalation soln nebu .083%, .63mg/3ml, QL 1.25mg/3ml, 2.5mg/0.5ml</i>	
<i>albuterol sulfate, cfc-free aerosol aers 108mcg/act</i>	QL; Listing does not include certain NDCs
<i>formoterol inhalation solution nebu 20mcg/2ml</i>	QL
<i>levalbuterol nebulizer soln concentrate nebu .31mg/3ml, .63mg/3ml, 1.25mg/0.5ml, 1.25mg/3ml</i>	QL
<i>levalbuterol, cfc-free aerosol aero 45mcg/act</i>	QL
STRIVERDI RESPIMAT AERS 2.5mcg/act	QL
<b>COLD/COUGH</b>	
<i>benzonatate caps 100mg, 200mg</i>	Listing does not include certain NDCs.
<i>hydrocodone bitart-homatropine methylbrom soln 5-1.5 mg/5ml</i>	QL; PA*
<i>hydrocodone bitart-homatropine methylbromide tab 5-1.5 mg</i>	QL; PA*
<i>promethazine w/ codeine syrup 6.25-10 mg/5ml</i>	QL; PA*
<i>promethazine-dm syrup 6.25-15 mg/5ml</i>	
<i>promethazine-phenylephrine-codeine syrup 6.25-5-10 mg/5ml</i>	QL; PA*
<b>CYSTIC FIBROSIS</b>	
KALYDECO PACK 25mg, 50mg, 75mg; TABS 150mg	SP, PA, QL
PULMOZYME SOLN 2.5mg/2.5ml	SP, PA, QL
SYMDEKO TAB 50-75MG	SP, PA, QL
SYMDEKO TAB 100-150	SP, PA, QL
<i>tobramycin nebu 300mg/4ml, 300mg/5ml</i>	SP, PA, QL
TRIKAFTA TAB	SP, PA, QL
<b>LEUKOTRIENE RECEPTOR ANTAGONISTS</b>	
<i>montelukast sodium chew 4mg, 5mg; pack 4mg; tabs 10mg</i>	
<b>NASAL STEROIDS</b>	
<i>flunisolide spray soln .025%</i>	
<i>fluticasone spray susp 50mcg/act</i>	
<b>PULMONARY FIBROSIS AGENTS</b>	
OFEV CAPS 100mg, 150mg	SP, PA, QL

**AGE** - Age Limit **OTC** - Over the counter **PA** - Prior Authorization **PA\*** - If Quantity Limit is exceeded, Prior Authorization may apply **PA\*\*** - If Step Therapy requirements not met, Prior Authorization may apply **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy



<b>Drug Name</b>	<b>Requirements/Limits</b>
------------------	----------------------------

*pirfenidone tabs 267mg, 801mg*

SP, PA, QL

**SEVERE ASTHMA AGENTS**

FASENRA SOSY 30mg/ml

SP, PA, QL

FASENRA PEN SOAJ 30mg/ml

SP, PA, QL

NUCALA SOAJ 100mg/ml; SOSY 40mg/0.4ml, 100mg/ml

SP, PA, QL

TEZSPIRE SOSY 210mg/1.91ml

SP, PA, QL

XOLAIR SOLR 150mg; SOSY 75mg/0.5ml, 150mg/ml

SP, PA, QL

**STERIOD INHALANTS**

*budesonide inh susp susp .25mg/2ml, .5mg/2ml, 1mg/2ml* QL; PA\*

FLOVENT HFA AERO 44mcg/act, 110mcg/act, 220mcg/act

QL

**STERIOD/BETA-AGONIST COMBINATIONS**

ADVAIR DISKU AER 100/50

QL

ADVAIR DISKU AER 250/50

QL

ADVAIR DISKU AER 500/50

QL

SYMBICORT AER 80-4.5

QL

SYMBICORT AER 160-4.5

QL

**XANTHINES**

*theophylline tb12 300mg, 450mg; tb24 400mg, 600mg*

**TOPICAL**

**DERMATOLOGY, ACNE**

*clindamycin gel gel 1%*

QL; PA\*, Listing does not include certain NDCs

*clindamycin lotion lotn 1%*

QL; PA\*

*clindamycin solution soln 1%*

QL; PA\*

*erythromycin gel 2% gel 2%*

QL; PA\*

*erythromycin soln soln 2%*

QL; PA\*

*erythromycin/benzoyl peroxide*

QL; PA\*

*isotretinoin caps 10mg, 20mg, 30mg, 40mg*

*sulfacetamide lotion 10% lotn 10%*

*tretinoin crea .025%, .05%, .1%; gel .01%, .025%*

**DERMATOLOGY, ACTINIC KERATOSIS**

*fluorouracil (topical) crea 5%; soln 2%, 5%*

*imiquimod crea 5%*

**DERMATOLOGY, ANTIBIOTICS**

*gentamicin sulfate (topical) crea .1%; oint .1%*

QL; PA\*

*mupirocin oint 2%*

QL; PA\*

*silver sulfadiazine crea 1%*

**AGE** - Age Limit **OTC** - Over the counter **PA** - Prior Authorization **PA\*** - If Quantity Limit is exceeded, Prior Authorization may apply **PA\*\*** - If Step Therapy requirements not met, Prior Authorization may apply **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Requirements/Limits</b>
<b>DERMATOLOGY, ANTIFUNGALS</b>	
<i>ciclopirox gel .77%; sham 1%</i>	QL; PA*
<i>ciclopirox olamine crea .77%; susp .77%</i>	QL; PA*
<i>clotrimazole (topical) crea 1%; soln 1%</i>	QL; PA*
<i>econazole nitrate crea 1%</i>	QL; PA*
<i>ketoconazole (topical) crea 2%</i>	QL; PA*
<i>nystatin (topical) crea 100000unit/gm; oint 100000unit/gm; powd 100000unit/gm</i>	QL; PA*
<b>DERMATOLOGY, ANTIPSORIATICS</b>	
<i>calcipotriene oint .005%; soln .005%</i>	
ENSTILAR AER	
TACLONEX OIN	
TACLONEX SUS	
<b>DERMATOLOGY, ANTISEBORRHEICS</b>	
<i>ketoconazole (topical) sham 2%</i>	QL; PA*
<i>selenium sulfide lotn 2.5%</i>	
<b>DERMATOLOGY, ATOPIC DERMATITIS</b>	
ADBRY SOSY 150mg/ml	SP, PA, QL
CIBINQO TABS 50mg, 100mg, 200mg	SP, PA, QL
DUPIXENT SOPN 200mg/1.14ml, 300mg/2ml; SOSY 100mg/0.67ml, 200mg/1.14ml, 300mg/2ml	SP, PA, QL
<b>DERMATOLOGY, CORTICOSTEROIDS</b>	
<i>alclometasone dipropionate crea .05%; oint .05%</i>	QL; PA*
<i>amcinonide crea .1%; lotn .1%</i>	QL; PA*
<i>betamethasone dipropionate (topical) crea .05%; lotn .05%</i>	QL; PA*
<i>betamethasone dipropionate augmented crea .05%; gel .05%; lotn .05%; oint .05%</i>	QL; PA*
<i>betamethasone valerate crea .1%; lotn .1%; oint .1%</i>	QL; PA*
<i>clobetasol propionate crea .05%; foam .05%; gel .05%; lotn .05%; oint .05%</i>	QL; PA*
<i>desonide crea .05%; lotn .05%; oint .05%</i>	QL; PA*
<i>desoximetasone crea .05%, .25%; gel .05%; oint .25%</i>	QL; PA*
<i>fluocinolone acetonide crea .025%; oint .025%; soln .01%</i>	QL; PA*
<i>fluocinonide crea .05%; gel .05%; oint .05%; soln .05%</i>	QL; PA*
<i>fluticasone propionate crea .05%; oint .005%</i>	QL; PA*
<i>halobetasol propionate crea .05%; oint .05%</i>	QL; PA*
<i>hydrocortisone (topical) crea 2.5%</i>	QL; PA*

**AGE** - Age Limit **OTC** - Over the counter **PA** - Prior Authorization **PA\*** - If Quantity Limit is exceeded, Prior Authorization may apply **PA\*\*** - If Step Therapy requirements not met, Prior Authorization may apply **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Requirements/Limits</b>
<i>hydrocortisone butyrate crea .1%; oint .1%; soln .1%</i>	QL; PA*
<i>hydrocortisone valerate crea .2%; oint .2%</i>	QL; PA*
<i>mometasone furoate crea .1%; oint .1%; soln .1%</i>	QL; PA*
<i>triamcinolone acetonide (topical) crea .025%, .1%, .5%; lotn .025%, .1%; oint .1%</i>	QL; PA*
<b>DERMATOLOGY, LOCAL ANESTHETICS</b>	
<i>lidocaine ptch 5%</i>	PA, QL
<i>lidocaine-prilocaine cream 2.5-2.5%</i>	
<b>DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE</b>	
<i>bexarotene (topical) gel 1%</i>	SP, PA
<i>lactic acid (ammonium lactate) crea 12%; lotn 12%</i>	
<i>pimecrolimus crea 1%</i>	
<i>tacrolimus (topical) oint .03%, .1%</i>	
<b>DERMATOLOGY, ROSACEA</b>	
<i>metronidazole (topical) crea .75%; gel .75%; lotn .75%</i>	QL; PA*
ORACEA CPDR 40mg	
SOOLANTRA CREA 1%	
<b>DERMATOLOGY, SCABICIDES AND PEDICULICIDES</b>	
<i>malathion lotn .5%</i>	
<i>permethrin crea 5%</i>	
<b>MOUTH/THROAT/DENTAL AGENTS</b>	
<i>lidocaine hcl (mouth-throat) soln 2%</i>	
MUGARD LIQ	
<i>pilocarpine hcl (oral) tabs 5mg, 7.5mg</i>	
<i>triamcinolone acetonide (mouth) pste .1%</i>	
<b>OTIC</b>	
<i>acetic acid (otic) soln 2%</i>	
<i>ciprofloxacin-dexamethasone otic susp 0.3-0.1%</i>	
<i>neomycin-polymyxin-hc otic soln 1%</i>	
<i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</i>	
<i>ofloxacin (otic) soln .3%</i>	

**AGE** - Age Limit    **OTC** - Over the counter    **PA** - Prior Authorization    **PA\*** - If Quantity Limit is exceeded, Prior Authorization may apply    **PA\*\*** - If Step Therapy requirements not met, Prior Authorization may apply    **QL** - Quantity Limits    **SP** - Specialty    **ST** - Step Therapy

## Index

<b>*</b>	
*betaine powder for oral solution***	35
*pediatric multiple vitamins w/ fl-fe drops 0.25-10 mg/ml**	44
*pediatric multiple vitamins w/ fluoride chew tab 0.25 mg***	44
*pediatric multiple vitamins w/ fluoride chew tab 0.5 mg***	44
*pediatric multiple vitamins w/ fluoride chew tab 1 mg***	45
*pediatric multiple vitamins w/ fluoride soln 0.25 mg/ml***	45
*pediatric multiple vitamins w/ fluoride soln 0.5 mg/ml***	45
*pediatric vitamins acd w/ fluoride soln 0.5 mg/ml***	45
*prenat w/o a w/fe-fum-methfol-fa-dha cap 27-0.6-0.4-300 mg**	44
*prenatal vit w/ dss-iron carbonyl-fa tab 90-1 mg***	44
*prenatal vit w/ fe fumarate-fa chew tab 29-1 mg***	44
*prenatal vit w/ fe fumarate-fa tab 28-1 mg***	44
*prenatal vit w/ fe fum-methylfolate-fa tab 27-0.6-0.4 mg***	44
*prenatal vit w/ iron carbonyl-fa tab 29-1 mg***	44
*prenatal vit w/ iron carbonyl-fa tab 50-1.25 mg***	44
*sodium polystyrene sulfonate powder**	37
<b>A</b>	
abacavir sulfate	12
abacavir sulfate-lamivudine tab 600-300 mg	12
abiraterone acetate	16
ACCU-CHEK AVIVA PLUS STRIPS AND KITS	34
ACCU-CHEK COMPACT PLUS STRIPS AND KITS	34
ACCU-CHEK GUIDE STRIPS AND KITS	34
ACCU-CHEK SMARTVIEW STRIPS AND KITS	34
acebutolol hcl	21
acetaminophen w/ codeine soln 120-12 mg/5ml	10
acetaminophen w/ codeine tab 300-15 mg	10
acetaminophen w/ codeine tab 300-30 mg	10
acetaminophen w/ codeine tab 300-60 mg	10
acetic acid (otic)	50
acyclovir	13
ADAKVEO	41
ADBRY	49
ADEMPAS	23
ADVAIR DISKU AER 100/50	48
ADVAIR DISKU AER 250/50	48
ADVAIR DISKU AER 500/50	48
ADVATE	40
ADYNOVATE	40
AFSTYLA	40
AIMOVIG	28
albuterol inhalation soln	47
albuterol sulfate, cfc-free aerosol	47
alclometasone dipropionate	49
ALECENSA	17
alendronate sodium	32
alfuzosin ext-rel	39
allopurinol	10
alose tron hcl	38
alprazolam	23
alprazolam orally disintegrating tabs	23
ALPROLIX	40
ALUNBRIG	17
ALUNBRIG PAK	17
amantadine hcl	25
ambrisentan	23
amcinonide	49
amiloride & hydrochlorothiazide tab 5-50 mg	22
amiloride hcl	22
amiodarone	20
amitriptyline hcl	24
amlodipine besylate	22
amlodipine besylate-benazepril hcl cap 10-20 mg	19
amlodipine besylate-benazepril hcl cap 10-40 mg	19

<i>amlodipine besylate-benazepril hcl cap</i> 2.5-10 mg .....	19	<i>amphetamine-dextroamphetamine cap</i> er 24hr 5 mg .....	27
<i>amlodipine besylate-benazepril hcl cap</i> 5-10 mg .....	19	<i>amphetamine-dextroamphetamine tab</i> 10 mg .....	27
<i>amlodipine besylate-benazepril hcl cap</i> 5-20 mg .....	19	<i>amphetamine-dextroamphetamine tab</i> 12.5 mg .....	27
<i>amlodipine besylate-benazepril hcl cap</i> 5-40 mg .....	19	<i>amphetamine-dextroamphetamine tab</i> 15 mg .....	27
<i>amlodipine besylate-olmesartan</i> <i>medoxomil tab 10-20 mg</i> .....	20	<i>amphetamine-dextroamphetamine tab</i> 20 mg .....	27
<i>amlodipine besylate-olmesartan</i> <i>medoxomil tab 10-40 mg</i> .....	20	<i>amphetamine-dextroamphetamine tab</i> 30 mg .....	27
<i>amlodipine besylate-olmesartan</i> <i>medoxomil tab 5-20 mg</i> .....	19	<i>amphetamine-dextroamphetamine tab</i> 5 mg .....	27
<i>amlodipine besylate-olmesartan</i> <i>medoxomil tab 5-40 mg</i> .....	19	<i>amphetamine-dextroamphetamine tab</i> 7.5 mg .....	27
<i>amoxicillin</i> .....	15	<i>ampicillin</i> .....	15
<i>amoxicillin &amp; k clavulanate chew tab</i> 200-28.5 mg .....	15	<i>anagrelide hcl</i> .....	41
<i>amoxicillin &amp; k clavulanate chew tab</i> 400-57 mg .....	15	<i>anastrozole</i> .....	16
<i>amoxicillin &amp; k clavulanate for susp</i> 200-28.5 mg/5ml .....	15	ANNOVERA MIS .....	33
<i>amoxicillin &amp; k clavulanate for susp</i> 250-62.5 mg/5ml .....	15	ANORO ELLIPT AER 62.5-25 .....	46
<i>amoxicillin &amp; k clavulanate for susp</i> 400-57 mg/5ml .....	15	<i>aprepitant</i> .....	37
<i>amoxicillin &amp; k clavulanate for susp</i> 600-42.9 mg/5ml .....	15	ARIKAYCE .....	11
<i>amoxicillin &amp; k clavulanate tab 250-125</i> <i>mg</i> .....	15	<i>aripiprazole</i> .....	25
<i>amoxicillin &amp; k clavulanate tab 500-125</i> <i>mg</i> .....	15	ARISTADA .....	26
<i>amoxicillin &amp; k clavulanate tab 875-125</i> <i>mg</i> .....	15	ARISTADA INITIO.....	26
<i>amoxicillin &amp; pot clavulanate ext-rel</i> .15		<i>armodafinil</i> .....	29
<i>amphetamine-dextroamphetamine cap</i> er 24hr 10 mg.....	27	<i>asenapine maleate</i> .....	26
<i>amphetamine-dextroamphetamine cap</i> er 24hr 15 mg.....	27	ASTAGRAF XL .....	43
<i>amphetamine-dextroamphetamine cap</i> er 24hr 20 mg.....	27	<i>atazanavir sulfate</i> .....	12
<i>amphetamine-dextroamphetamine cap</i> er 24hr 25 mg.....	27	<i>atenolol</i> .....	21
<i>amphetamine-dextroamphetamine cap</i> er 24hr 30 mg.....	27	<i>atenolol &amp; chlorthalidone tab 100-25</i> <i>mg</i> .....	21
		<i>atenolol &amp; chlorthalidone tab 50-25 mg</i> .....	21
		<i>atomoxetine hcl</i> .....	27
		<i>atorvastatin calcium</i> .....	21
		<i>atovaquone</i> .....	15
		AUBAGIO .....	28
		AUSTEDO .....	28
		AVONEX .....	28
		<i>azathioprine</i> .....	43
		<i>azelastine hcl</i> .....	47
		<i>azelastine hcl (ophth)</i> .....	46
		<i>azithromycin</i> .....	14
		<b>B</b>	
		<i>bacitracin (ophthalmic)</i> .....	45

<i>bacitracin-polymyxin b ophth oint</i> .....	45	<i>buprenorphine hcl-naloxone hcl sl film</i>	
<i>bacitracin-polymyxin-neomycin-hc</i>		12-3 mg (base equiv) .....	29
<i>ophth oint 1%</i> .....	45	<i>buprenorphine hcl-naloxone hcl sl film</i>	
<i>baclofen</i> .....	29	2-0.5 mg (base equiv) .....	29
<i>balsalazide disodium</i> .....	38	<i>buprenorphine hcl-naloxone hcl sl film</i>	
BAQSIMI ONE PACK.....	36	4-1 mg (base equiv) .....	29
BAQSIMI TWO PACK .....	36	<i>buprenorphine hcl-naloxone hcl sl film</i>	
BARACLUDGE.....	14	8-2 mg (base equiv) .....	29
BASAGLAR .....	31	<i>buprenorphine hcl-naloxone hcl sl tab</i>	
BD INSULIN SYRINGES AND NEEDLES		2-0.5 mg (base equiv) .....	29
.....	34	<i>buprenorphine hcl-naloxone hcl sl tab</i>	
BELBUCA.....	11	8-2 mg (base equiv) .....	29
BENLYSTA .....	43	<i>bupropion</i> .....	24
<i>benzonatate</i> .....	47	<i>bupropion hcl</i> .....	24
<i>benztropine mesylate</i> .....	25	<i>bupropion hcl (smoking deterrent)</i> ...	30
<i>betamethasone dipropionate (topical)</i>		<i>bupropion hcl ext-rel</i> .....	24
.....	49	<i>buspirone hcl</i> .....	23
<i>betamethasone dipropionate</i>		<b>C</b>	
<i>augmented</i> .....	49	<i>cabergoline</i> .....	36
<i>betamethasone valerate</i> .....	49	CABOMETYX .....	17
BETASERON.....	28	<i>calcipotriene</i> .....	49
<i>betaxolol hcl (ophth)</i> .....	46	<i>calcitriol</i> .....	44
<i>bethanechol chloride</i> .....	39	<i>calcium acetate caps</i> .....	36
BEVESPI AER 9-4.8MCG .....	46	CALQUENCE .....	17
<i>bexarotene</i> .....	18	CAMZYOS.....	23
<i>bexarotene (topical)</i> .....	50	<i>capecitabine</i> .....	16
<i>bicalutamide</i> .....	16	CAPRELSA .....	17
BIKTARVY TAB.....	12	<i>captopril</i> .....	19
<i>bisoprolol &amp; hydrochlorothiazide tab</i>		<i>carbamazepine</i> .....	26
10-6.25 mg .....	21	<i>carbidopa &amp; levodopa tab 10-100 mg</i>	25
<i>bisoprolol &amp; hydrochlorothiazide tab</i>		<i>carbidopa &amp; levodopa tab 25-100 mg</i>	25
2.5-6.25 mg .....	21	<i>carbidopa &amp; levodopa tab 25-250 mg</i>	25
<i>bisoprolol &amp; hydrochlorothiazide tab 5-</i>		<i>carbidopa &amp; levodopa tab er 25-100</i>	
6.25 mg .....	21	mg .....	25
<i>bisoprolol fumarate</i> .....	21	<i>carbidopa &amp; levodopa tab er 50-200</i>	
<i>bortezomib</i> .....	19	mg .....	25
<i>bosentan</i> .....	23	<i>carbidopa-levodopa-entacapone tabs</i>	
BOSULIF .....	17	12.5-50-200 mg.....	25
BRAFTOVI .....	17	<i>carbidopa-levodopa-entacapone tabs</i>	
<i>brimonidine tartrate</i> .....	46	18.75-75-200 mg .....	25
<i>bromocriptine mesylate</i> .....	25	<i>carbidopa-levodopa-entacapone tabs</i>	
BRUKINSA .....	17	25-100-200 mg.....	25
<i>budesonide</i> .....	38	<i>carbidopa-levodopa-entacapone tabs</i>	
<i>budesonide inh susp</i> .....	48	31.25-125-200 mg .....	25
<i>bumetanide</i> .....	22	<i>carbidopa-levodopa-entacapone tabs</i>	
<i>buprenorphine</i> .....	11	37.5-150-200 mg .....	25
<i>buprenorphine hcl</i> .....	29		

<i>carbidopa-levodopa-entacapone tabs</i>	
50-200-200 mg	25
<i>carglumic acid</i>	35
<i>carvedilol</i>	21
<i>cefadroxil</i>	13
<i>cefdinir</i>	13
<i>cefpodoxime proxetil</i>	13
<i>cefprozil</i>	13
<i>cefuroxime axetil</i>	13
CELLCEPT	43
CELLCEPT INTRAVENOUS	43
<i>cephalexin</i>	14
CERDELGA	35
CEREZYME	35
CETROTIDE	35
<i>chlorpromazine hcl</i>	26
<i>chlorthalidone</i>	22
<i>cholestyramine</i>	21
<i>cholestyramine light</i>	21
CIBINQO	49
<i>ciclopirox</i>	49
<i>ciclopirox olamine</i>	49
<i>cilostazol</i>	41
CIMDUO TAB 300-300	12
<i>cimetidine</i>	38
CIMZIA	41
<i>cinacalcet hcl</i>	32
<i>ciprofloxacin hcl</i>	14
<i>ciprofloxacin hcl (ophth)</i>	45
<i>ciprofloxacin-dexamethasone otic susp</i>	
0.3-0.1%	50
<i>citalopram hydrobromide</i>	24
<i>clarithromycin</i>	14
<i>clarithromycin ext-rel</i>	14
CLENPIQ SOL	38
CLIMARA PRO DIS WEEKLY	35
<i>clindamycin cream</i>	39
<i>clindamycin gel</i>	48
<i>clindamycin hcl</i>	15
<i>clindamycin lotion</i>	48
<i>clindamycin solution</i>	48
<i>clobazam</i>	26
<i>clobetasol propionate</i>	49
<i>clomiphene citrate</i>	35
<i>clonazepam</i>	26
<i>clonidine</i>	23
<i>clonidine hcl</i>	23
<i>clopidogrel bisulfate</i>	41
<i>clorazepate dipotassium</i>	26
<i>clotrimazole (topical)</i>	49
<i>clotrimazole troches</i>	11
<i>clozapine</i>	26
<i>codeine sulfate</i>	10
<i>colchicine</i>	10
<i>colestipol hcl</i>	21
COMBIPATCH DIS	35
COPAXONE	28
COPIKTRA	17
CORLANOR	23
COSENTYX	41, 42
COTELLIC	17
CREON CAP 12000UNT	38
CREON CAP 24000UNT	38
CREON CAP 3000UNIT	38
CREON CAP 36000UNT	38
CREON CAP 6000UNIT	38
<i>cromolyn sodium (ophth)</i>	46
CRYSVITA	18
CUTAQUIG	43
<i>cyanocobalamin</i>	44
<i>cyclobenzaprine hcl</i>	29
<i>cyclophosphamide</i>	16
<i>cycloserine</i>	13
<i>cyclosporine</i>	43
<i>cyclosporine modified (for</i>	
<i>microemulsion)</i>	43
<i>cyproheptadine hcl</i>	47
CYSTAGON	36
<b>D</b>	
<i>danazol</i>	34
<i>dantrolene sodium</i>	29
<i>dapsone</i>	15
<i>deferasirox</i>	33
<i>deferiprone</i>	33
<i>deferoxamine mesylate</i>	33
DESCOVY TAB 120-15MG	12
DESCOVY TAB 200/25MG	12
<i>desipramine hcl</i>	24
<i>desmopressin acetate</i>	37
<i>desmopressin acetate spray</i>	37
<i>desmopressin acetate spray</i>	
<i>refrigerated</i>	37
<i>desogest-eth estrad &amp; eth estrad tab</i>	
0.15-0.02/0.01 mg(21/5)	33

<i>desogest-ethin est tab 0.1-0.025/0.125-0.025/0.15-0.025mg-mg</i> .....	33
<i>desogestrel &amp; ethinyl estradiol tab 0.15 mg-30 mcg</i> .....	33
<i>desonide</i> .....	49
<i>desoximetasone</i> .....	49
<i>desvenlafaxine succinate ext-rel</i> .....	24
<i>dexamethasone</i> .....	35
<i>dexamethasone sodium phosphate (ophth)</i> .....	45
<b>DEXCOM CONTINUOUS GLUCOSE MONITORING SYSTEM</b> .....	34
<i>dexmethylphenidate hcl</i> .....	27
<i>dextroamphetamine sulfate</i> .....	27
<i>diazepam</i> .....	26
<i>diazepam (anticonvulsant)</i> .....	26
<i>diclofenac potassium</i> .....	10
<i>diclofenac sodium (ophth)</i> .....	45
<i>diclofenac sodium delayed-rel</i> .....	10
<i>diclofenac sodium ext-rel</i> .....	10
<i>dicloxacillin sodium</i> .....	15
<i>dicyclomine hcl</i> .....	37
<b>DIFICID</b> .....	14
<i>diflunisal</i> .....	10
<i>digoxin</i> .....	22
<i>digoxin ped elixir</i> .....	22
<i>diltiazem ext-rel</i> .....	22
<i>dimethyl fumarate delayed-rel</i> .....	28
<i>diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml</i> .....	37
<i>diphenoxylate w/ atropine tab 2.5-0.025 mg</i> .....	37
<i>dipyridamole</i> .....	41
<i>dipyridamole ext-rel/aspirin</i> .....	41
<i>disopyramide phosphate</i> .....	20
<i>divalproex sodium</i> .....	26
<i>dofetilide</i> .....	20
<i>donepezil hydrochloride</i> .....	24
<b>DOPTELET</b> .....	40
<i>dorzolamide hcl</i> .....	46
<i>dorzolamide hcl-timolol maleate ophth soln 22.3-6.8 mg/ml</i> .....	46
<b>DOVATO TAB 50-300MG</b> .....	12
<i>doxazosin mesylate</i> .....	19
<i>doxepin</i> .....	24
<i>doxepin hcl (sleep)</i> .....	28

<i>doxercalciferol</i> .....	44
<i>doxycycline hyclate</i> .....	16
<i>doxycycline monohydrate susp</i> .....	16
<i>dronabinol</i> .....	37
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i> .....	33
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i> .....	33
<i>duloxetine delayed-rel</i> .....	24
<b>DUPIXENT</b> .....	49
<b>DUROLANE</b> .....	11
<b>E</b>	
<i>econazole nitrate</i> .....	49
<b>EDURANT</b> .....	12
<i>efavirenz</i> .....	12
<i>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</i> .....	12
<i>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg</i> .....	12
<i>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg</i> .....	12
<b>ELIGARD</b> .....	16
<b>ELIQUIS</b> .....	39
<b>ELIQUIS STARTER PACK</b> .....	39
<b>ELLA</b> .....	33
<b>ELOCTATE</b> .....	40
<b>EMCYT</b> .....	16
<b>EMGALITY</b> .....	28
<b>EMPAVELI</b> .....	41
<i>emtricitabine</i> .....	12
<i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg</i> .....	13
<i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i> .....	13
<i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</i> .....	13
<i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i> .....	13
<b>EMVERM</b> .....	11
<i>enalapril maleate</i> .....	19
<i>enalapril maleate &amp; hydrochlorothiazide tab 10-25 mg</i> .....	19
<i>enalapril maleate &amp; hydrochlorothiazide tab 5-12.5 mg</i> .....	19
<b>ENBREL</b> .....	41, 42
<b>ENDARI</b> .....	41
<b>ENDOMETRIN</b> .....	37



<i>enoxaparin sodium</i> .....	39	EVRYSDI .....	28
ENSPRYNG .....	43	<i>exemestane</i> .....	16
ENSTILAR AER .....	49	EYLEA.....	46
<i>entacapone</i> .....	25	<i>ezetimibe</i> .....	21
<i>entecavir</i> .....	14	<b>F</b>	
ENTRESTO TAB 24-26MG .....	23	<i>famciclovir</i> .....	13
ENTRESTO TAB 49-51MG .....	23	<i>famotidine</i> .....	38
ENTRESTO TAB 97-103MG.....	23	FARXIGA .....	32
ENVARUSUS XR .....	43	FASENRA .....	48
EPCLUSA PAK 150-37.5.....	14	FASENRA PEN .....	48
EPCLUSA PAK 200-50MG.....	14	<i>felbamate</i> .....	26
EPCLUSA TAB 200-50MG.....	14	<i>felodipine ext-rel</i> .....	22
EPCLUSA TAB 400-100.....	14	<i>fenofibrate</i> .....	21
<i>epinephrine (anaphylaxis)</i> .....	46	FENSOLVI .....	36
EPIPEN.....	46	<i>fentanyl</i> .....	10
EPIPEN JR .....	46	<i>fentanyl citrate</i> .....	10
<i>eplerenone</i> .....	19	FIASP .....	31
<i>epoprostenol sodium</i> .....	23	FIASP INJ 100/ML .....	31
<i>ergocalciferol</i> .....	44	<i>finasteride</i> .....	39
ERIVEDGE .....	16	<i> fingolimod hcl</i> .....	28
ERLEADA.....	16	FIRMAGON .....	17
<i>erlotinib hcl</i> .....	17	<i>flecainide acetate</i> .....	20
<i>erythromycin</i> .....	14	FLOVENT HFA .....	48
<i>erythromycin (ophth)</i> .....	45	<i>fluconazole</i> .....	11
<i>erythromycin delayed-rel</i> .....	14	<i>fludrocortisone acetate</i> .....	35
<i>erythromycin gel 2%</i> .....	48	<i>flunisolide spray</i> .....	47
<i>erythromycin soln</i> .....	48	<i>fluocinolone acetonide</i> .....	49
<i>erythromycin/benzoyl peroxide</i> .....	48	<i>fluocinonide</i> .....	49
<i>escitalopram oxalate</i> .....	24	<i>fluorometholone (ophth)</i> .....	45
ESPEROCT .....	40	<i>fluorouracil (topical)</i> .....	48
<i>estradiol</i> .....	35	<i>fluoxetine hcl</i> .....	24
<i>estradiol vaginal crm</i> .....	35	<i>fluphenazine hcl</i> .....	26
<i>estradiol/norethindrone</i> .....	35	<i>flurbiprofen</i> .....	10
<i>ethacrynic acid</i> .....	22	<i>flutamide</i> .....	17
<i>ethambutol hcl</i> .....	13	<i>fluticasone propionate</i> .....	49
<i>ethosuximide</i> .....	26	<i>fluticasone spray</i> .....	47
<i>ethynodiol diacetate &amp; ethinyl estradiol</i> <i>tab 1 mg-35 mcg</i> .....	33	<i>fluvoxamine ext-rel</i> .....	24
<i>ethynodiol diacetate &amp; ethinyl estradiol</i> <i>tab 1 mg-50 mcg</i> .....	33	<i>fluvoxamine maleate</i> .....	24
<i>etodolac</i> .....	10	<i>folic acid</i> .....	44
<i>etoposide</i> .....	18	<i>fondaparinux sodium</i> .....	39
<i>etravirine</i> .....	12	<i>formoterol inhalation solution</i> .....	47
EUFLEXXA .....	11	FORTEO .....	32
<i>everolimus</i> .....	17	<i>fosamprenavir calcium</i> .....	12
<i>everolimus (immunosuppressant)</i> .....	43	<i>fulvestrant</i> .....	17
EVOTAZ TAB 300-150 .....	13	<i>furosemide</i> .....	22
		FUZEON .....	12

<b>G</b>		
<i>gabapentin</i> .....	26	<i>hydralazine hcl</i> .....
<i>galantamine hydrobromide</i> .....	24	<i>hydrochlorothiazide</i> .....
GAMMAGARD LIQUID.....	43	<i>hydrocodone bitart-homatropine</i>
GAMUNEX-C .....	43	<i>methylbrom soln 5-1.5 mg/5ml</i> .....
GAVRETO .....	17	<i>hydrocodone bitart-homatropine</i>
GELSYN-3 .....	11	<i>methylbromide tab 5-1.5 mg</i> .....
<i>gemfibrozil</i> .....	21	<i>hydrocodone-acetaminophen soln 10-</i>
GENOTROPIN.....	36	<i>325 mg/15ml</i> .....
GENOTROPIN MINIQUICK.....	36	<i>hydrocodone-acetaminophen soln 7.5-</i>
<i>gentamicin sulfate (ophth)</i> .....	45	<i>325 mg/15ml</i> .....
<i>gentamicin sulfate (topical)</i> .....	48	<i>hydrocodone-acetaminophen tab 10-</i>
GENVOYA TAB .....	13	<i>325 mg</i> .....
GILOTRIF .....	17	<i>hydrocodone-acetaminophen tab 5-325</i>
<i>glatiramer acetate</i> .....	28	<i>mg</i> .....
<i>glimepiride</i> .....	32	<i>hydrocodone-acetaminophen tab 7.5-</i>
<i>glipizide</i> .....	32	<i>325 mg</i> .....
<i>glipizide ext-rel</i> .....	32	<i>hydrocortisone</i> .....
<i>glipizide xl</i> .....	32	<i>hydrocortisone (intrarectal)</i> .....
<i>glipizide-metformin hcl tab 2.5-250 mg</i>	30	<i>hydrocortisone (rectal)</i> .....
.....	30	<i>hydrocortisone (topical)</i> .....
<i>glipizide-metformin hcl tab 2.5-500 mg</i>	30	<i>hydrocortisone butyrate</i> .....
.....	30	<i>hydrocortisone valerate</i> .....
<i>glipizide-metformin hcl tab 5-500 mg</i>	30	<i>hydromorphone hcl</i> .....
<i>glucagon (rdna)</i> .....	36	<i>hydroxychloroquine sulfate</i> .....
<i>glycopyrrolate</i> .....	37	<i>hydroxyurea</i> .....
GLYXAMBI TAB 10-5 MG .....	32	<i>hydroxyzine hcl</i> .....
GLYXAMBI TAB 25-5 MG .....	32	<i>hyoscyamine sulfate</i> .....
GONAL-F.....	35	<b>I</b>
GONAL-F RFF.....	35	<i>ibandronate sodium</i> .....
GONAL-F RFF REDIRECT .....	35	IBRANCE.....
<i>granisetron hcl</i> .....	38	<i>ibuprofen</i> .....
<i>griseofulvin microsize</i> .....	11	<i>ibutilide fumarate</i> .....
GVOKE HYPOPEN 1-PACK .....	36	<i>icatibant acetate</i> .....
GVOKE HYPOPEN 2-PACK .....	36	IDELVION.....
GVOKE KIT .....	36	ILARIS.....
GVOKE PFS.....	36	ILUMYA.....
<b>H</b>		<i>imatinib mesylate</i> .....
<i>halobetasol propionate</i> .....	49	IMBRUVICA .....
<i>haloperidol</i> .....	26	<i>imipramine hcl</i> .....
HARVONI PAK.....	14	<i>imiquimod</i> .....
HARVONI PAK 45-200MG .....	14	IMVEXXY .....
HARVONI TAB 45-200MG .....	14	INBRIJA .....
HARVONI TAB 90-400MG .....	14	<i>indapamide</i> .....
HEMLIBRA .....	40	INGREZZA.....
HUMIRA .....	41, 42	INGREZZA CAP 40-80MG .....
HUMULIN R U-500 .....	31	INLYTA .....
		INTELENCE.....

<i>ipratropium bromide (nasal)</i> .....	46	KOGENATE FS.....	40
<i>ipratropium inhalation solution</i> .....	46	KOSELUGO .....	17
<i>ipratropium/albuterol inhalation soln</i> .....	46	KOVALTRY.....	40
<i>irbesartan</i> .....	20	KYLEENA.....	33
<i>irbesartan-hydrochlorothiazide tab</i>		KYNMOBI .....	25
<i>150-12.5 mg</i> .....	20	<b>L</b>	
<i>irbesartan-hydrochlorothiazide tab</i>		<i>labetalol hcl</i> .....	22
<i>300-12.5 mg</i> .....	20	<i>lactic acid (ammonium lactate)</i> .....	50
IRESSA .....	17	<i>lactulose</i> .....	38
ISENTRESS.....	12	<i>lamivudine</i> .....	12
ISENTRESS HD .....	12	<i>lamivudine (hbv)</i> .....	14
<i>isoniazid</i> .....	13	<i>lamivudine-zidovudine tab 150-300 mg</i>	
<i>isosorbide dinitrate</i> .....	23	.....	13
<i>isosorbide mononitrate</i> .....	23	<i>lamotrigine</i> .....	26
<i>isosorbide mononitrate ext-rel</i> .....	23	LANCETS.....	34
<i>isotretinoin</i> .....	48	<i>lansoprazole delayed-rel</i> .....	39
<i>isradipine</i> .....	22	<i>lapatinib ditosylate</i> .....	18
<i>itraconazole</i> .....	11	<i>latanoprost</i> .....	46
<i>ivermectin</i> .....	11	<i>leflunomide</i> .....	42
<b>J</b>		LENVIMA 10 MG DAILY DOSE .....	18
JAKAFI.....	17	LENVIMA 12MG DAILY DOSE .....	18
JARDIANCE.....	32	LENVIMA 20 MG DAILY DOSE .....	18
JENTADUETO TAB 2.5-1000.....	30	LENVIMA 4 MG DAILY DOSE .....	18
JENTADUETO TAB 2.5-500.....	30	LENVIMA 8 MG DAILY DOSE .....	18
JENTADUETO TAB 2.5-850.....	30	LENVIMA CAP 14 MG .....	18
JENTADUETO TAB XR.....	30	LENVIMA CAP 18 MG .....	18
JIVI .....	40	LENVIMA CAP 24 MG .....	18
JULUCA TAB 50-25MG.....	13	<i>letrozole</i> .....	17
JYNARQUE.....	36	LEUKERAN.....	16
JYNARQUE PAK 30-15MG .....	36	<i>levalbuterol nebulizer soln concentrate</i>	
JYNARQUE PAK 45-15MG .....	36	.....	47
JYNARQUE PAK 60-30MG .....	36	<i>levalbuterol, cfc-free aerosol</i> .....	47
JYNARQUE PAK 90-30MG .....	36	LEVEMIR .....	31
<b>K</b>		<i>levetiracetam</i> .....	26
KALYDECO.....	47	<i>levofloxacin</i> .....	14
KANJINTI .....	16	<i>levonorgestrel &amp; ethinyl estradiol (91-</i>	
KERENDIA .....	36	<i>day) tab 0.15-0.03 mg</i> .....	33
KESIMPTA .....	29	<i>levonorgestrel &amp; ethinyl estradiol tab</i>	
<i>ketoconazole (topical)</i> .....	49	<i>0.1 mg-20 mcg</i> .....	33
<i>ketoprofen</i> .....	10	<i>levonorgestrel &amp; ethinyl estradiol tab</i>	
<i>ketorolac tromethamine</i> .....	10	<i>0.15 mg-30 mcg</i> .....	33
<i>ketorolac tromethamine (ophth)</i> .....	45	<i>levonorgestrel-eth estra tab 0.05-</i>	
KEVZARA .....	42	<i>30/0.075-40/0.125-30mg-mcg</i> .....	33
KISQALI .....	17	<i>levothyroxine sodium</i> .....	37
KISQALI 200 PAK FEMARA.....	17	<i>lidocaine</i> .....	50
KISQALI 400 PAK FEMARA.....	17	<i>lidocaine hcl (mouth-throat)</i> .....	50
KISQALI 600 PAK FEMARA.....	17	<i>lidocaine-prilocaine cream 2.5-2.5%</i> .....	50

<i>linezolid</i> .....	15	MEKTOVI.....	18
<i>linezolid inj</i> .....	15	<i>meloxicam</i> .....	10
LINZESS .....	38	<i>melphalan</i> .....	16
<i>liothyronine sodium</i> .....	37	<i>memantine hcl</i> .....	24
<i>lisinopril</i> .....	19	MENOPUR.....	35
<i>lisinopril &amp; hydrochlorothiazide tab 10-12.5 mg</i> .....	19	<i>mercaptopurine</i> .....	16
<i>lisinopril &amp; hydrochlorothiazide tab 20-12.5 mg</i> .....	19	<i>mesalamine</i> .....	38
<i>lisinopril &amp; hydrochlorothiazide tab 20-25 mg</i> .....	19	<i>metformin ext-rel</i> .....	30
<i>lithium carbonate</i> .....	28	<i>metformin hcl</i> .....	30
LO LOESTRIN TAB 1-10-10.....	33	<i>methadone hcl</i> .....	11
LONSURF TAB 15-6.14.....	16	<i>methimazole</i> .....	37
LONSURF TAB 20-8.19.....	16	<i>methocarbamol</i> .....	29
<i>loperamide hcl</i> .....	37	<i>methotrexate sodium</i> .....	42
<i>lorazepam</i> .....	24	<i>methylphenidate hcl</i> .....	27
LORBRENA .....	18	<i>methylprednisolone</i> .....	36
<i>losartan potassium</i> .....	20	<i>metoclopramide hcl</i> .....	38
<i>losartan potassium &amp; hydrochlorothiazide tab 100-12.5 mg</i> .....	20	<i>metolazone</i> .....	22
<i>losartan potassium &amp; hydrochlorothiazide tab 100-25 mg</i> .....	20	<i>metoprolol &amp; hydrochlorothiazide tab 100-25 mg</i> .....	21
<i>losartan potassium &amp; hydrochlorothiazide tab 50-12.5 mg</i> .....	20	<i>metoprolol &amp; hydrochlorothiazide tab 100-50 mg</i> .....	21
<i>loteprednol etabonate</i> .....	45	<i>metoprolol &amp; hydrochlorothiazide tab 50-25 mg</i> .....	21
LUCENTIS .....	46	<i>metoprolol succinate ext-rel</i> .....	22
LUMAKRAS .....	18	<i>metoprolol tartrate</i> .....	22
LUPRON DEPOT (1-MONTH).....	35	<i>metronidazole</i> .....	15
LUPRON DEPOT (3-MONTH).....	35	<i>metronidazole (topical)</i> .....	50
LUPRON DEPOT-PED (1-MONTH .....	32	<i>metronidazole vaginal gel</i> .....	39
LUPRON DEPOT-PED (3-MONTH .....	33	<i>midodrine hcl</i> .....	23
LYNPARZA .....	18	<i>minocycline hcl</i> .....	16
LYSODREN .....	17	MIRENA .....	33
<b>M</b>		<i>mirtazapine</i> .....	24
<i>malathion</i> .....	50	<i>mirtazapine orally disintegrating tabs</i> .....	24
<i>maraviroc</i> .....	12	<i>misoprostol</i> .....	38
MATULANE .....	18	MITIGARE .....	10
MAYZENT .....	29	<i>modafinil</i> .....	29
MAYZENT STARTER PACK .....	29	<i>mometasone furoate</i> .....	50
<i>meclizine hcl</i> .....	38	<i>montelukast sodium</i> .....	47
<i>medroxyprogesterone acetate</i> .....	37	<i>morphine sulfate</i> .....	11
<i>medroxyprogesterone acetate 150 mg/ml</i> .....	33	<i>moxifloxacin hcl</i> .....	14
<i>megestrol acetate</i> .....	17	<i>moxifloxacin hcl (ophth)</i> .....	45
		MUGARD LIQ .....	50
		<i>mupirocin</i> .....	48
		<i>mycophenolate mofetil</i> .....	43
		<i>mycophenolate sodium</i> .....	43
		MYFEMBREE TAB.....	37
		MYFORTIC .....	43

MYLERAN .....	16
<b>N</b>	
<i>nabumetone</i> .....	10
<i>nadolol</i> .....	22
<i>naloxone hcl</i> .....	29
<i>naltrexone hcl</i> .....	29
<i>naproxen</i> .....	10
<i>naproxen sodium</i> .....	10
<i>naratriptan hcl</i> .....	28
NATACYN .....	45
<i>neomycin-polymy-gramicid op sol</i> 1.75-10000-0.025mg-unt-mg/ml ..	45
<i>neomycin-polymyxin-dexamethasone</i> <i>ophth oint 0.1%</i> .....	45
<i>neomycin-polymyxin-dexamethasone</i> <i>ophth susp 0.1%</i> .....	45
<i>neomycin-polymyxin-hc ophth susp</i> ..	45
<i>neomycin-polymyxin-hc otic soln 1%</i>	50
<i>neomycin-polymyxin-hc otic susp 3.5</i> <i>mg/ml-10000 unit/ml-1%</i> .....	50
NEORAL .....	43
NERLYNX.....	18
<i>nevirapine</i> .....	12
NEXAVAR .....	18
NEXPLANON .....	33
<i>niacin ext-rel</i> .....	21
<i>nicardipine hcl</i> .....	22
<i>nifedipine ext-rel</i> .....	22
<i>nilutamide</i> .....	17
NINLARO.....	19
<i>nitisinone</i> .....	36
NITRO-DUR .....	23
<i>nitrofurantoin ext-rel</i> .....	15
<i>nitrofurantoin macrocrystals</i> .....	15
<i>nitroglycerin sublingual</i> .....	23
<i>nitroglycerin transdermal</i> .....	23
NIVESTYM .....	40
NORDITROPIN .....	36
<i>norelgestromin/ethinyl estradiol -</i> <i>xulane</i> .....	33
<i>norethindrone</i> .....	33
<i>norethindrone &amp; ethinyl estradiol tab</i> <i>0.5 mg-35 mcg</i> .....	33
<i>norethindrone &amp; ethinyl estradiol tab 1</i> <i>mg-35 mcg</i> .....	33
<i>norethindrone &amp; ethinyl estradiol-fe</i> <i>chew tab 0.8 mg-25 mcg</i> .....	34

<i>norethindrone ace &amp; ethinyl estradiol</i> <i>tab 1 mg-20 mcg</i> .....	34
<i>norethindrone ace &amp; ethinyl estradiol</i> <i>tab 1.5 mg-30 mcg</i> .....	34
<i>norethindrone ace &amp; ethinyl estradiol-fe</i> <i>tab 1 mg-20 mcg</i> .....	34
<i>norethindrone ace &amp; ethinyl estradiol-fe</i> <i>tab 1.5 mg-30 mcg</i> .....	34
<i>norethindrone ace-eth estradiol-fe</i> <i>chew tab 1 mg-20 mcg (24)</i> .....	34
<i>norethindrone ace-ethinyl estradiol-fe</i> <i>cap 1 mg-20 mcg (24)</i> .....	34
<i>norethindrone ace-ethinyl estradiol-fe</i> <i>tab 1 mg-20 mcg (24)</i> .....	34
<i>norethindrone acetate</i> .....	37
<i>norethindrone acetate-ethinyl estradiol</i> <i>tab 0.5 mg-2.5 mcg</i> .....	35
<i>norethindrone acetate-ethinyl estradiol</i> <i>tab 1 mg-5 mcg</i> .....	35
<i>norethindrone-eth estradiol tab 0.5-</i> <i>35/1-35/0.5-35 mg-mcg</i> .....	34
<i>norgestimate &amp; ethinyl estradiol tab</i> <i>0.25 mg-35 mcg</i> .....	34
<i>norgestimate-eth estrad tab 0.18-</i> <i>25/0.215-25/0.25-25 mg-mcg</i> .....	34
<i>norgestimate-eth estrad tab 0.18-</i> <i>35/0.215-35/0.25-35 mg-mcg</i> .....	34
<i>norgestrel &amp; ethinyl estradiol tab 0.3</i> <i>mg-30 mcg</i> .....	34
<i>nortriptyline hcl</i> .....	24
NOVOEIGHT .....	40
NOVOLIN MIX .....	31
NOVOLIN N .....	31
NOVOLIN R .....	31
NOVOLOG .....	31
NOVOLOG MIX.....	31
NUBEQA.....	17
NUCALA .....	48
NUVARING MIS .....	34
NUWIQ .....	40
<i>nystatin</i> .....	12
<i>nystatin (topical)</i> .....	49
<b>O</b>	
OICALIVA .....	38
OCREVUS.....	29
OCTAGAM .....	43
<i>octreotide acetate</i> .....	30

ODEFSEY TAB .....	13	ORFADIN.....	36
ODOMZO.....	18	ORIAHNN CAP.....	37
OFEV .....	47	ORLADEYO .....	43
<i>ofloxacin (ophth)</i> .....	45	<i>oseltamivir phosphate</i> .....	13
<i>ofloxacin (otic)</i> .....	50	OTEZLA.....	42
<i>olanzapine</i> .....	26	OTEZLA TAB 10/20/30 .....	42
<i>olmesartan medoxomil</i> .....	20	OVIDREL.....	35
<i>olmesartan medoxomil-</i>		<i>oxaprozin</i> .....	10
<i>hydrochlorothiazide tab 20-12.5 mg</i>		<i>oxazepam</i> .....	24
.....	20	<i>oxcarbazepine</i> .....	26
<i>olmesartan medoxomil-</i>		<i>oxybutynin chloride</i> .....	39
<i>hydrochlorothiazide tab 40-12.5 mg</i>		<i>oxybutynin ext-rel</i> .....	39
.....	20	<i>oxycodone hcl</i> .....	11
<i>olmesartan medoxomil-</i>		<i>oxycodone w/ acetaminophen tab 10-</i>	
<i>hydrochlorothiazide tab 40-25 mg</i> .	20	325 mg .....	11
<i>olmesartan-amlodipine-</i>		<i>oxycodone w/ acetaminophen tab 2.5-</i>	
<i>hydrochlorothiazide tab 20-5-12.5</i>		325 mg .....	11
<i>mg</i> .....	20	<i>oxycodone w/ acetaminophen tab 5-</i>	
<i>olmesartan-amlodipine-</i>		325 mg .....	11
<i>hydrochlorothiazide tab 40-10-12.5</i>		<i>oxycodone w/ acetaminophen tab 7.5-</i>	
<i>mg</i> .....	20	325 mg .....	11
<i>olmesartan-amlodipine-</i>		OZEMPIC.....	30
<i>hydrochlorothiazide tab 40-10-25 mg</i>		OZEMPIC INJ 8MG/3ML .....	30
.....	20	<b>P</b>	
<i>olmesartan-amlodipine-</i>		<i>paliperidone</i> .....	26
<i>hydrochlorothiazide tab 40-5-12.5</i>		<i>pantoprazole delayed-rel tabs</i> .....	39
<i>mg</i> .....	20	<i>paricalcitol</i> .....	44
<i>olmesartan-amlodipine-</i>		<i>paroxetine hcl ext-rel</i> .....	24
<i>hydrochlorothiazide tab 40-5-25 mg</i>		<i>paroxetine hcl tabs</i> .....	24
.....	20	<i>peg-3350/electrolytes</i> .....	38
<i>omeprazole delayed-rel</i> .....	39	<i>penicillamine</i> .....	42
OMNIPOD 5 INSULIN INFUSION PUMP		<i>penicillin v potassium</i> .....	16
.....	34	<i>perindopril erbumine</i> .....	19
OMNIPOD DASH INSULIN INFUSION		PERJETA.....	18
PUMP .....	34	<i>permethrin</i> .....	50
OMNIPOD INSULIN INFUSION PUMP .	34	<i>phenelzine sulfate</i> .....	25
<i>ondansetron</i> .....	38	<i>phenobarbital</i> .....	27
<i>ondansetron hcl</i> .....	38	<i>phenytoin</i> .....	27
ONETOUCH ULTRA STRIPS AND KITS	34	<i>phenytoin sodium extended</i> .....	27
ONETOUCH VERIO STRIPS AND KITS	34	PHESGO SOL .....	18
ONUREG .....	16	<i>phytonadione</i> .....	45
OPSUMIT.....	23	<i>pilocarpine hcl (oral)</i> .....	50
ORACEA .....	50	<i>pimecrolimus</i> .....	50
ORALAIR SUB 300 IR .....	41	<i>pindolol</i> .....	22
ORENCIA CLICKJECT .....	42	<i>pioglitazone hcl</i> .....	31
ORENCIA SUBCUTANEOUS .....	42	<i>pioglitazone hcl-glimepiride tab 30-2</i>	
ORENITRAM.....	23	<i>mg</i> .....	31

<i>pioglitazone hcl-glimepiride tab 30-4 mg</i> .....	31
<i>pioglitazone hcl-metformin hcl tab 15-500 mg</i> .....	31
<i>pioglitazone hcl-metformin hcl tab 15-850 mg</i> .....	31
PIQRAY 200MG DAILY DOSE .....	18
PIQRAY 250MG TAB DOSE .....	18
PIQRAY 300MG DAILY DOSE .....	18
<i>pirfenidone</i> .....	48
<i>piroxicam</i> .....	10
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i> .....	45
POMALYST .....	16
<i>potassium chloride</i> .....	44
<i>potassium citrate (alkalinizer)</i> .....	39
PRALUENT .....	21
<i>pramipexole dihydrochloride</i> .....	25
<i>prasugrel hcl</i> .....	41
<i>pravastatin sodium</i> .....	21
<i>praziquantel</i> .....	11
<i>prednisolone</i> .....	36
<i>prednisolone acetate (ophth)</i> .....	46
PREDNISOLONE SODIUM PHOSP .....	46
<i>prednisolone sodium phosphate</i> .....	36
<i>prednisone</i> .....	36
PREZCOBIX TAB 800-150 .....	13
PREZISTA .....	12
PRIFTIN .....	13
<i>primidone</i> .....	27
PRIVIGEN .....	43
<i>probenecid</i> .....	10
<i>prochlorperazine maleate</i> .....	38
<i>progesterone, micronized</i> .....	37
PROGRAF .....	44
PROLASTIN-C .....	46
PROLIA .....	32
PROMACTA .....	40
<i>promethazine hcl</i> .....	38
<i>promethazine w/ codeine syrup 6.25-10 mg/5ml</i> .....	47
<i>promethazine-dm syrup 6.25-15 mg/5ml</i> .....	47
<i>promethazine-phenylephrine-codeine syrup 6.25-5-10 mg/5ml</i> .....	47
<i>propafenone ext-rel</i> .....	21
<i>propafenone hcl</i> .....	21

<i>propranolol ext-rel</i> .....	22
<i>propranolol hcl</i> .....	22
<i>propylthiouracil</i> .....	37
PULMOZYME .....	47
<i>pyrazinamide</i> .....	13
<i>pyridostigmine bromide</i> .....	28
<b>Q</b>	
QSYMIA CAP 11.25-69 .....	32
QSYMIA CAP 15-92MG .....	32
QSYMIA CAP 3.75-23 .....	32
QSYMIA CAP 7.5-46MG .....	32
<i>quetiapine fumarate</i> .....	26
<b>R</b>	
<i>raloxifene hcl</i> .....	37
<i>ramelteon</i> .....	28
<i>ramipril</i> .....	19
<i>ranolazine ext-rel</i> .....	23
RAPAMUNE .....	44
<i>rasagiline mesylate</i> .....	25
RASUVO .....	43
REBIF .....	29
REBINYN .....	40
REMICADE .....	41
RESTASIS .....	46
RETACRIT .....	40
RETEVMO .....	18
REVLIMID .....	16
<i>ribavirin</i> .....	14
<i>rifabutin</i> .....	13
<i>rifampin</i> .....	13
<i>riluzole</i> .....	28
RINVOQ .....	41, 42
<i>risedronate sodium</i> .....	32
<i>risperidone</i> .....	26
<i>ritonavir</i> .....	12
<i>rivastigmine</i> .....	24
<i>rivastigmine tartrate</i> .....	24
<i>rizatriptan benzoate</i> .....	28
<i>rizatriptan orally disintegrating tabs</i> .....	28
<i>ropinirole hydrochloride</i> .....	25
<i>rosuvastatin calcium</i> .....	21
ROZLYTREK .....	18
RUCONEST .....	43
RUKOBIA .....	12
RUXIENCE .....	16
RYBELSUS .....	30
RYDAPT .....	18

<b>S</b>	
SANDIMMUNE .....	44
sapropterin dihydrochloride .....	35
SAVELLA .....	27
SAXENDA .....	32
selegiline hcl.....	25
selenium sulfide .....	49
sertraline hcl.....	25
sevelamer carbonate .....	36
SEVENFACT .....	39
SIKLOS .....	41
sildenafil citrate (pulmonary hypertension) .....	23
silver sulfadiazine.....	48
SIMPONI ARIA .....	41
simvastatin.....	21
sirolimus .....	44
SKYLA.....	34
SKYRIZI .....	41, 42
sodium fluoride .....	44
sodium phenylbutyrate .....	35
SOLIQUA.....	31
SOMATULINE DEPOT.....	30
SOOLANTRA .....	50
sotalol.....	21
sotalol hcl.....	21
SPIRIVA .....	46
spironolactone .....	22
spironolactone & hydrochlorothiazide tab 25-25 mg.....	22
SPRYCEL .....	18
stavudine .....	12
STELARA INTRAVENOUS .....	41
STELARA SUBCUTANEOUS.....	41, 42
STIVARGA .....	18
STRENSIQ .....	35
streptomycin sulfate .....	13
STRIVERDI RESPIMAT.....	47
SUCRAID.....	38
sulfacetamide lotion 10% .....	48
sulfacetamide sodium (ophth).....	45
sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)% .....	45
sulfamethoxazole/trimethoprim.....	15
sulfamethoxazole/trimethoprim ds....	15
sulfasalazine .....	38
sulindac .....	10
sumatriptan.....	28
sumatriptan succinate.....	28
sunitinib malate .....	18
SUPARTZ FX .....	11
SUPPRELIN LA .....	33
SYMBICORT AER 160-4.5 .....	48
SYMBICORT AER 80-4.5 .....	48
SYMDEKO TAB 100-150 .....	47
SYMDEKO TAB 50-75MG .....	47
SYMJEPI.....	46
SYMLINPEN .....	30
SYMPROIC.....	38
SYMTUZA TAB.....	13
SYNAGIS.....	44
SYNJARDY TAB .....	31
SYNJARDY TAB 12.5-500.....	31
SYNJARDY TAB 5-1000MG.....	31
SYNJARDY TAB 5-500MG.....	31
SYNJARDY XR TAB.....	31
SYNJARDY XR TAB 10-1000.....	31
SYNJARDY XR TAB 25-1000.....	31
SYNJARDY XR TAB 5-1000MG .....	31
<b>T</b>	
TABLOID .....	16
TACLONEX OIN .....	49
TACLONEX SUS.....	49
tacrolimus .....	44
tacrolimus (topical) .....	50
TAGRISSO.....	18
TAKHZYRO .....	43
TALTZ.....	42
tamoxifen citrate.....	17
tamsulosin hcl .....	39
TAVALISSE.....	41
TEGSEDI.....	37
temazepam .....	28
temozolomide .....	16
tenofovir disoproxil fumarate .....	12
terazosin hcl.....	19
terbinafine hcl.....	12
terconazole vaginal .....	39
testosterone .....	30
testosterone cypionate.....	30
testosterone enanthate .....	30
tetrabenazine .....	28
tetracycline hcl .....	16
TEZSPIRE.....	48



THALOMID.....	16	TYSABRI .....	29
<i>theophylline</i> .....	48	TYVASO STARTER .....	23
<i>tiagabine hcl</i> .....	27	<b>U</b>	
<i>timolol maleate (ophth)</i> .....	46	UBRELVY.....	28
<i>tinidazole</i> .....	15	UCERIS.....	38
TIVICAY .....	12	UPTRAVI .....	23
<i>tizanidine hcl</i> .....	29	UPTRAVI PACK TAB 200/800 .....	23
<i>tobramycin</i> .....	47	<i>ursodiol</i> .....	38
<i>tobramycin (ophth)</i> .....	45	<b>V</b>	
<i>tobramycin-dexamethasone ophth susp</i> <i>0.3-0.1%</i> .....	45	VAGIFEM.....	35
<i>tolterodine tartrate</i> .....	39	<i>valacyclovir hcl</i> .....	13
<i>topiramate</i> .....	27	<i>valganciclovir hcl</i> .....	14
<i>toremifene citrate</i> .....	17	<i>valproic acid</i> .....	27
<i>torseamide</i> .....	22	<i>valsartan</i> .....	20
TRADJENTA .....	30	<i>valsartan-hydrochlorothiazide tab 160-</i> <i>12.5 mg</i> .....	20
<i>tramadol hcl</i> .....	11	<i>valsartan-hydrochlorothiazide tab 160-</i> <i>25 mg</i> .....	20
<i>trandolapril</i> .....	19	<i>valsartan-hydrochlorothiazide tab 320-</i> <i>12.5 mg</i> .....	20
<i>tranylcypromine sulfate</i> .....	25	<i>valsartan-hydrochlorothiazide tab 320-</i> <i>25 mg</i> .....	20
TRAZIMERA .....	16	<i>valsartan-hydrochlorothiazide tab 80-</i> <i>12.5 mg</i> .....	20
<i>trazodone hcl</i> .....	25	<i>vancomycin hcl</i> .....	15
TRECTOR.....	13	<i>varenicline tartrate</i> .....	30
TREMFYA.....	42	<i>varenicline tartrate tab 11 x 0.5 mg &amp;</i> <i>42 x 1 mg start pack</i> .....	30
TRESIBA .....	31	VASCEPA.....	21
<i>tretinoin</i> .....	48	VEMLIDY .....	14
<i>tretinoin (chemotherapy)</i> .....	18	VENCLEXTA .....	19
<i>triamcinolone acetonide (mouth)</i> .....	50	VENCLEXTA TAB START PK.....	19
<i>triamcinolone acetonide (topical)</i> .....	50	<i>venlafaxine hcl</i> .....	25
<i>triamterene &amp; hydrochlorothiazide cap</i> <i>37.5-25 mg</i> .....	22	<i>venlafaxine hcl ext-rel</i> .....	25
<i>triamterene &amp; hydrochlorothiazide tab</i> <i>37.5-25 mg</i> .....	22	<i>verapamil ext-rel</i> .....	22
<i>triamterene &amp; hydrochlorothiazide tab</i> <i>75-50 mg</i> .....	22	V-GO INSULIN INFUSION PUMP .....	34
<i>trifluoperazine hcl</i> .....	26	VICTOZA.....	31
<i>trifluridine</i> .....	45	<i>vigabatrin</i> .....	27
<i>trihexyphenidyl hcl</i> .....	25	VIOKACE TAB 10440 .....	39
TRIJARDY XR TAB.....	31	VIOKACE TAB 20880 .....	39
TRIKAFTA TAB .....	47	VIREAD.....	12
<i>trimethobenzamide hcl</i> .....	38	VISTOGARD.....	19
TRIPTODUR .....	33	VITRAKVI .....	18
TRIUMEQ TAB .....	13	VIVITROL .....	29
TROGARZO.....	12	<i>voriconazole</i> .....	12
<i>trospium</i> .....	39	VOSEVI TAB .....	15
TRULICITY.....	31	VUMERITY .....	29
TUKYSA .....	18		
TYMLOS .....	32		

VYNDAMAX.....	23
<b>W</b>	
WAKIX.....	29
<i>warfarin sodium</i> .....	39
WEGOVY.....	32
<b>X</b>	
XARELTO.....	39
XARELTO STAR TAB 15/20MG.....	39
XELJANZ.....	42
XELJANZ XR.....	42
XEOMIN.....	29
XIAFLEX.....	36
XIFAXAN.....	15
XIGDUO XR TAB 10-1000.....	32
XIGDUO XR TAB 10-500MG.....	32
XIGDUO XR TAB 2.5-1000.....	32
XIGDUO XR TAB 5-1000MG.....	32
XIGDUO XR TAB 5-500MG.....	32
XIIDRA.....	46
XOLAIR.....	48
XOSPATA.....	18
XTANDI.....	17
XYNTHA.....	40
XYNTHA SOLOFUSE.....	40

XYREM.....	29
XYWAV SOL 0.5GM/ML.....	29
<b>Y</b>	
YONSA.....	17
YUPELRI.....	46
<b>Z</b>	
<i>zaleplon</i> .....	28
ZEJULA.....	19
ZELBORAF.....	18
ZEPOSIA.....	29
<i>zidovudine</i> .....	12
ZIEXTENZO.....	40
<i>ziprasidone hcl</i> .....	26
ZIRABEV.....	16
ZOLINZA.....	19
<i>zolmitriptan</i> .....	28
<i>zolmitriptan orally disintegrating tabs</i> .....	28
<i>zolpidem tartrate</i> .....	28
<i>zolpidem tartrate ext-rel</i> .....	28
<i>zonisamide</i> .....	27
ZORTRESS.....	44
ZYDELIG.....	18
ZYKADIA.....	18