



Arkansas Blue Cross and Blue Shield Essential Complete Formulary

Effective 01/01/2024

Table of Contents

INTRODUCTION	6
PREFACE	6
PHARMACY AND THERAPEUTICS (P&T) COMMITTEE	6
DRUG LIST PRODUCT DESCRIPTIONS	7
LEGEND	7
GENERIC SUBSTITUTION	8
PLAN DESIGN	8
NOTICE	9
ANALGESICS	10
GOUT	10
NSAIDS	10
OPIOID ANALGESICS.....	10
OPIOID PARTIAL AGONISTS.....	11
ANTI-INFECTIVES	11
ANTHELMINTICS.....	11
ANTIFUNGALS	11
ANTITUBERCULAR AGENTS	11
ANTIVIRALS	12
CEPHALOSPORINS	12
ERYTHROMYCINS/MACROLIDES	12
FLUOROQUINOLONES.....	12
MISCELLANEOUS.....	12
PENICILLINS	13
TETRACYCLINES.....	13
ANTINEOPLASTIC AGENTS	13
ALKYLATING AGENTS	13
ANTIMETABOLITES.....	13
HORMONAL ANTINEOPLASTIC AGENTS.....	13
MISCELLANEOUS.....	14
CARDIOVASCULAR.....	14
ACE INHIBITOR COMBINATIONS	14
ACE INHIBITORS	14
ALDOSTERONE RECEPTOR ANTAGONISTS	14
ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS.....	14
ANGIOTENSIN II RECEPTOR ANTAGONISTS	15
ANTIARRHYTHMICS.....	15
ANTILIPEMICS, BILE ACID RESINS.....	15
ANTILIPEMICS, CHOLESTEROL ABSORPTION INHIBITOR	15
ANTILIPEMICS, FIBRATES	15
ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS	15
ANTILIPEMICS, MISCELLANEOUS	15
ANTILIPEMICS, OMEGA-3 FATTY ACIDS.....	16
BETA-BLOCKER/DIURETIC COMBINATIONS	16
BETA-BLOCKERS	16
CALCIUM CHANNEL BLOCKERS	16

DIGITALIS GLYCOSIDES.....	16
DIURETICS	16
HEART FAILURE	17
MISCELLANEOUS.....	17
NITRATES.....	17
CENTRAL NERVOUS SYSTEM	17
ANTIANXIETY.....	17
ANTIDEMENTIA.....	18
ANTIDEPRESSANTS.....	18
ANTIPARKINSONIAN AGENTS	18
ANTIPSYCHOTICS.....	19
ANTISEIZURE AGENTS	19
ATTENTION DEFICIT HYPERACTIVITY DISORDER.....	20
FIBROMYALGIA	21
HYPNOTICS.....	21
MIGRAINE.....	21
MISCELLANEOUS.....	21
MUSCULOSKELETAL THERAPY AGENTS	21
NARCOLEPSY/CATAPLEXY	21
OPIOID AGONIST/ANTAGONIST.....	21
OPIOID ANTAGONIST	22
OPIOID PARTIAL AGONISTS.....	22
SMOKING DETERRENTS.....	22
ENDOCRINE AND METABOLIC	22
ANDROGENS	22
ANTIDIABETICS, AMYLIN ANALOGS	22
ANTIDIABETICS, BIGUANIDE	22
ANTIDIABETICS, BIGUANIDE/ SULFONYLUREA COMBINATIONS.....	22
ANTIDIABETICS, DIPEPTIDYL PEPTIDASE-4 INHIBITORS.....	22
ANTIDIABETICS, DPP-4 INHIBITOR COMBINATIONS.....	22
ANTIDIABETICS, INCRETIN MIMETIC AGENTS.....	22
ANTIDIABETICS, INCRETIN MIMETIC COMBINATION AGENTS	23
ANTIDIABETICS, INSULIN.....	23
ANTIDIABETICS, INSULIN SENSITIZER.....	23
ANTIDIABETICS, INSULIN SENSITIZER/BIGUANIDE COMBINATION	23
ANTIDIABETICS, INSULIN SENSITIZER/SULFONYLUREA COMBINATION	23
ANTIDIABETICS, SODIUM-GLUC CO-TRANSPOR2 INHIB (SGLT2)/DPP-4 INHIBITOR/BIGUANIDE COMBINATIONS	23
ANTIDIABETICS, SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITOR / BIGUANIDE COMBINATIONS	23
ANTIDIABETICS, SODIUM-GLUCOSE CO-TRANSPORTER 2(SGLT2) INHIBITOR/DPP-4 INHIBITOR COMBINATIONS	24
ANTIDIABETICS, SODIUM-GLUCOSE CO-TRANSPORTER 2(SGLT2) INHIBITORS.....	24
ANTIDIABETICS, SULFONYLUREA	24
CALCIUM REGULATORS, BISPHOSPHONATES.....	24
CONTRACEPTIVES.....	24
DIABETIC SUPPLIES.....	25

ENDOMETRIOSIS	25
ESTROGENS	25
FERTILITY REGULATORS	25
GLUCOCORTICOIDS	26
GLUCOSE ELEVATING AGENTS	26
MISCELLANEOUS	26
PHOSPHATE BINDER AGENTS	26
POTASSIUM-REMOVING AGENTS	26
PROGESTINS	26
SELECTIVE ESTROGEN RECEPTOR MODULATORS	26
THYROID AGENTS	26
UTERINE FIBROIDS	27
VASOPRESSINS	27
GASTROINTESTINAL.....	27
ANTICHOLINERGICS	27
ANTIARRHEALS	27
ANTIEMETICS	27
H2-RECEPTOR ANTAGONISTS	27
INFLAMMATORY BOWEL DISEASE	27
IRRITABLE BOWEL SYNDROME WITH CONSTIPATION	27
IRRITABLE BOWEL SYNDROME WITH DIARRHEA	28
LAXATIVES	28
MISCELLANEOUS	28
PANCREATIC ENZYMES	28
PROTON PUMP INHIBITORS	28
RECTAL, CORTICOSTEROIDS	28
GENITOURINARY	28
BENIGN PROSTATIC HYPERPLASIA	28
MISCELLANEOUS	28
URINARY ANTISPASMODICS	28
VAGINAL ANTI-INFECTIVES	29
HEMATOLOGIC	29
ANTICOAGULANTS	29
MISCELLANEOUS	29
PLATELET AGGREGATION INHIBITORS	29
IMMUNOLOGIC AGENTS	29
ALLERGENIC EXTRACTS	29
DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDs)	29
IMMUNOSUPPRESSANTS	29
NUTRITIONAL/SUPPLEMENTS	29
ELECTROLYTES	29
PRENATAL VITAMINS	30
VITAMINS	30
OPHTHALMIC	30
ANTI-INFECTIVE/ANTI-INFLAMMATORY	30
ANTI-INFECTIVES	30
ANTI-INFLAMMATORIES	31

ANTIALLERGICS	31
ANTIGLAUCOMA.....	31
DRY EYE DISEASE.....	31
RESPIRATORY	31
ANAPHYLAXIS TREATMENT AGENTS.....	31
ANTICHOLINERGIC/BETA AGONIST COMBINATIONS	31
ANTICHOLINERGICS	31
ANTIHISTAMINES	31
BETA AGONISTS.....	32
COLD/COUGH.....	32
LEUKOTRIENE RECEPTOR ANTAGONISTS.....	32
NASAL STEROIDS	32
STEROID INHALANTS.....	32
STEROID/BETA-AGONIST COMBINATIONS	32
XANTHINES.....	33
TOPICAL	33
DERMATOLOGY, ACNE	33
DERMATOLOGY, ACTINIC KERATOSIS	33
DERMATOLOGY, ANTIBIOTICS	33
DERMATOLOGY, ANTIFUNGALS.....	33
DERMATOLOGY, ANTIPSORIATICS	33
DERMATOLOGY, ANTISEBORRHEICS.....	33
DERMATOLOGY, ATOPIC DERMATITIS.....	33
DERMATOLOGY, CORTICOSTEROIDS	33
DERMATOLOGY, LOCAL ANESTHETICS.....	34
DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE.....	34
DERMATOLOGY, ROSACEA.....	34
DERMATOLOGY, SCABICIDES AND PEDICULICIDES.....	34
MOUTH/THROAT/DENTAL AGENTS.....	34
OTIC.....	34
Index.....	35

INTRODUCTION

We are pleased to provide the 2024 Arkansas Blue Cross and Blue Shield Complete 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. Voting members of the P&T Committee must disclose any financial relationship or conflicts of interest with any pharmaceutical manufacturers.

Arkansas Blue Cross will utilize the services of the independent National P&T Committee as well as internal pharmacy and medical advisory committees to direct formulary decisions as it relates to our benefit certificates and policies.

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).

PLAN DESIGN

Preferred brand-name medications are listed to help identify products 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.

NOTICE

This document contains content that is copyrighted by CVS Health and/or one of its affiliates and reprinted with permission. ©2023. All rights reserved.

This document contains references to brand-name prescription drugs that are trademarks or registered trademarks of pharmaceutical manufacturers.

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 caps .6mg; tabs .6mg</i>	
<i>MITIGARE CAPS .6MG</i>	
<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</i>	
<i>naproxen 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
<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*

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 **ST** - Step Therapy

Drug Name	Requirements/Limits
<i>morphine sulfate cp24 10mg, 20mg, 30mg, 40mg, 50mg, 60mg, 80mg, 100mg; tbcr 15mg, 30mg, 60mg, 100mg, 200mg 15mg, 30mg</i>	QL; PA*, Initial PA may apply to higher strengths
<i>morphine sulfate soln 10mg/5ml, 20mg/5ml, 100mg/5ml; tabs 5mg, 10mg, 15mg, 20mg, 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

ANTI-INFECTIVES

ANTHELMINTICS

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

ANTIFUNGALS

<i>clotrimazole troches troc 10mg</i>	QL; PA*
<i>fluconazole susr 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>	
<i>nystatin tabs 500000unit</i>	
<i>terbinafine hcl tabs 250mg</i>	
<i>voriconazole susr 40mg/ml; tabs 50mg, 200mg</i>	PA

ANTITUBERCULAR AGENTS

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

Drug Name	Requirements/Limits
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 QL; PA*</i>	
<i>valacyclovir hcl tabs 1gm, 500mg</i>	
CEPHALOSPORINS	
<i>cefadroxil caps 500mg; susr 250mg/5ml, 500mg/5ml; tabs 1gm</i>	
<i>cefdinir caps 300mg; susr 125mg/5ml, 250mg/5ml</i>	
<i>cefodoxime 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>	
<i>cephalexin caps 250mg, 500mg, 750mg; susr 125mg/5ml, 250mg/5ml; tabs 250mg, 500mg</i>	
ERYTHROMYCINS/MACROLIDES	
<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>	
<i>DIFICID SUSR 40MG/ML; TABS 200MG</i>	PA
<i>erythromycin susr 200mg/5ml; tabs 250mg, 400mg</i>	
<i>erythromycin base tabs 500mg</i>	
<i>erythromycin delayed-rel cpep 250mg; tbec 250mg, 333mg, 500mg</i>	
FLUOROQUINOLONES	
<i>CIPRO SUSR 5GM/100ML, 500MG/5ML</i>	
<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>	
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>	

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 **ST** - Step Therapy

Drug Name	Requirements/Limits
<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 & k clavulanate chew tab 200-28.5 mg</i>	
<i>amoxicillin & k clavulanate chew tab 400-57 mg</i>	
<i>amoxicillin & k clavulanate for susp 200-28.5 mg/5ml</i>	
<i>amoxicillin & k clavulanate for susp 250-62.5 mg/5ml</i>	
<i>amoxicillin & k clavulanate for susp 400-57 mg/5ml</i>	
<i>amoxicillin & k clavulanate for susp 600-42.9 mg/5ml</i>	
<i>amoxicillin & k clavulanate tab 250-125 mg</i>	
<i>amoxicillin & k clavulanate tab 500-125 mg</i>	
<i>amoxicillin & k clavulanate tab 875-125 mg</i>	
<i>amoxicillin & pot clavulanate ext-rel</i>	
<i>ampicillin caps 500mg</i>	
<i>dicloxacillin sodium caps 250mg, 500mg</i>	
<i>penicillin v potassium solr 125mg/5ml, 250mg/5ml; tabs 250mg, 500mg</i>	
TETRACYCLINES	
<i>doxycycline hydiate caps 50mg, 100mg; tabs 20mg, 100mg</i>	
<i>doxycycline monohydrate susp susr 25mg/5ml</i>	
<i>minocycline hcl caps 50mg, 75mg, 100mg; tabs 50mg, 75mg, 100mg</i>	
<i>tetracycline hcl caps 250mg, 500mg</i>	
	QL; PA*
ANTINEOPLASTIC AGENTS	
ALKYLATING AGENTS	
<i>cyclophosphamide caps 25mg, 50mg</i>	
<i>EMCYT CAPS 140MG</i>	
<i>LEUKERAN TABS 2MG</i>	
<i>melphalan tabs 2mg</i>	
<i>MYLERAN TABS 2MG</i>	
ANTIMETABOLITES	
<i>mercaptopurine tabs 50mg</i>	
<i>TABLOID TABS 40MG</i>	
HORMONAL ANTINEOPLASTIC AGENTS	
<i>anastrozole tabs 1mg</i>	
<i>bicalutamide tabs 50mg</i>	
<i>exemestane tabs 25mg</i>	
<i>flutamide caps 125mg</i>	
<i>letrozole tabs 2.5mg</i>	
<i>megestrol acetate susp 400mg/10ml; tabs 20mg, 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 **ST** - Step Therapy

Drug Name	Requirements/Limits
<i>nilutamide tabs 150mg</i>	
<i>tamoxifen citrate tabs 10mg, 20mg</i>	
<i>toremifene citrate tabs 60mg</i>	
MISCELLANEOUS	
<i>etoposide caps 50mg</i>	
<i>hydroxyurea caps 500mg</i>	
<i>tretinoin (chemotherapy) caps 10mg</i>	
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 & hydrochlorothiazide tab 5-12.5 mg</i>	
<i>enalapril maleate & hydrochlorothiazide tab 10-25 mg</i>	
<i>lisinopril & hydrochlorothiazide tab 10-12.5 mg</i>	
<i>lisinopril & hydrochlorothiazide tab 20-12.5 mg</i>	
<i>lisinopril & hydrochlorothiazide tab 20-25 mg</i>	
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>eplerenone tabs 25mg, 50mg</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>	
<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 & hydrochlorothiazide tab 50-12.5 mg</i>	
<i>losartan potassium & hydrochlorothiazide tab 100-12.5 mg</i>	
<i>losartan potassium & hydrochlorothiazide tab 100-25 mg</i>	
<i>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>	

Drug Name	Requirements/Limits
<i>olmesartanamlodipinehydrochlorothiazide tab 20-5-12.5 mg</i>	
<i>olmesartanamlodipinehydrochlorothiazide tab 40-5-12.5 mg</i>	
<i>olmesartanamlodipinehydrochlorothiazide tab 40-5-25 mg</i>	
<i>olmesartanamlodipinehydrochlorothiazide tab 40-10-12.5 mg</i>	
<i>olmesartanamlodipinehydrochlorothiazide tab 40-10-25 mg</i>	
<i>valsartanhydrochlorothiazide tab 80-12.5 mg</i>	
<i>valsartanhydrochlorothiazide tab 160-12.5 mg</i>	
<i>valsartanhydrochlorothiazide tab 160-25 mg</i>	
<i>valsartanhydrochlorothiazide tab 320-12.5 mg</i>	
<i>valsartanhydrochlorothiazide tab 320-25 mg</i>	
ANGIOTENSIN II RECEPTOR ANTAGONISTS	
<i>irbesartantabs 75mg, 150mg, 300mg</i>	
<i>losartan potassium tabs 25mg, 50mg, 100mg</i>	
<i>olmesartan medoxomil tabs 5mg, 20mg, 40mg</i>	
<i>valsartantabs 40mg, 80mg, 160mg, 320mg</i>	
ANTIARRHYTHMICS	
<i>amiodarone tabs 100mg, 200mg, 400mg</i>	
<i>disopyramide phosphate caps 100mg, 150mg</i>	
<i>flecainide acetate tabs 50mg, 100mg, 150mg</i>	
<i>ibutilide fumarate soln 1mg/10ml</i>	
<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>	
ANTILIPEMICS, BILE ACID RESINS	
<i>cholestyramine powd 4gm/dose</i>	
<i>cholestyramine light powd 4gm/dose</i>	
<i>colestipol hcl gran 5gm; pack 5gm; tabs 1gm</i>	
ANTILIPEMICS, CHOLESTEROL ABSORPTION INHIBITOR	
<i>ezetimibe tabs 10mg</i>	
ANTILIPEMICS, FIBRATES	
<i>fenofibrate caps 67mg, 134mg, 200mg; tabs 48mg, 54mg, 145mg, 160mg</i>	
<i>gemfibrozil tabs 600mg</i>	
ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS	
<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>	
ANTILIPEMICS, MISCELLANEOUS	
<i>niacin ext-rel tbcr 500mg, 750mg, 1000mg</i>	

Drug Name	Requirements/Limits
ANTIPIEMICS, OMEGA-3 FATTY ACIDS	
<i>icosapent ethyl caps 1gm</i>	
<i>VASCEPA CAPS .5GM, 1GM</i>	
BETA-BLOCKER/DIURETIC COMBINATIONS	
<i>atenolol & chlorthalidone tab 50-25 mg</i>	
<i>atenolol & chlorthalidone tab 100-25 mg</i>	
<i>bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg</i>	
<i>bisoprolol & hydrochlorothiazide tab 5-6.25 mg</i>	
<i>bisoprolol & hydrochlorothiazide tab 10-6.25 mg</i>	
<i>metoprolol & hydrochlorothiazide tab 50-25 mg</i>	
<i>metoprolol & hydrochlorothiazide tab 100-25 mg</i>	
<i>metoprolol & hydrochlorothiazide tab 100-50 mg</i>	
BETA-BLOCKERS	
<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>	
<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; tbcr 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 & hydrochlorothiazide tab 5-50 mg</i>	
<i>amiloride hcl tabs 5mg</i>	
<i>bumetanide tabs .5mg, 1mg, 2mg</i>	

Drug Name	Requirements/Limits
chlorthalidone tabs 25mg, 50mg	
ethacrynic acid tabs 25mg	
furosemide soln 10mg/ml, 40mg/5ml; tabs 20mg, 40mg, 80mg	
hydrochlorothiazide caps 12.5mg; tabs 12.5mg, 25mg, 50mg	
indapamide tabs 1.25mg, 2.5mg	
metolazone tabs 2.5mg, 5mg, 10mg	
spironolactone tabs 25mg, 50mg, 100mg	
spironolactone & hydrochlorothiazide tab 25-25 mg	
torsemide tabs 5mg, 10mg, 20mg, 100mg	
triamterene & hydrochlorothiazide cap 37.5-25 mg	
triamterene & hydrochlorothiazide tab 37.5-25 mg	
triamterene & hydrochlorothiazide tab 75-50 mg	
HEART FAILURE	
CORLANOR SOLN 5MG/5ML; TABS 5MG, 7.5MG	
ENTRESTO TAB 24-26MG	
ENTRESTO TAB 49-51MG	
ENTRESTO TAB 97-103MG	
MISCELLANEOUS	
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	
NITRATES	
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	
CENTRAL NERVOUS SYSTEM	
ANTIANXIETY	
alprazolam tabs .25mg, .5mg, 1mg, 2mg	QL
alprazolam orally disintegrating tabs tbdp .25mg, .5mg, 1mg, 2mg	QL
buspirone hcl tabs 5mg, 7.5mg, 10mg, 15mg, 30mg	
fluvoxamine ext-rel cp24 100mg, 150mg	
fluvoxamine maleate tabs 25mg, 50mg, 100mg	
lorazepam tabs .5mg, 1mg, 2mg	QL
oxazepam caps 10mg, 15mg, 30mg	QL

Drug Name	Requirements/Limits
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 2mg/ml; 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>	Listing does not include certain NDCs
<i>paroxetine hcl tabs tabs 10mg, 20mg, 30mg, 40mg</i>	
<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>	

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 **ST** - Step Therapy

Drug Name	Requirements/Limits
<i>carbidopa & levodopa tab 10-100 mg</i>	
<i>carbidopa & levodopa tab 25-100 mg</i>	
<i>carbidopa & levodopa tab 25-250 mg</i>	
<i>carbidopa & levodopa tab er 25-100 mg</i>	
<i>carbidopa & 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>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>	
<i>asenapine maleate subl 2.5mg, 5mg, 10mg</i>	
<i>chlorpromazine hcl tabs 10mg, 25mg, 50mg, 100mg, 200mg</i>	
<i>clozapine tabs 25mg, 50mg, 100mg, 200mg; tbdp 12.5mg, 25mg, 100mg, 150mg, 200mg</i>	
<i>fluphenazine hcl conc 5mg/ml; elix 2.5mg/5ml; tabs 1mg, 2.5mg, 5mg, 10mg</i>	
<i>haloperidol tabs .5mg, 1mg, 2mg, 5mg, 10mg, 20mg</i>	
<i>olanzapine tabs 2.5mg, 5mg, 7.5mg, 10mg, 15mg, 20mg</i>	
<i>paliperidone tb24 1.5mg, 3mg, 6mg, 9mg</i>	
<i>quetiapine fumarate tabs 25mg, 50mg, 100mg, 200mg, 300mg, 400mg</i>	
<i>risperidone soln 1mg/ml; tabs .25mg, .5mg, 1mg, 2mg, 3mg, 4mg; tbdp .25mg, .5mg, 1mg, 2mg, 3mg, 4mg</i>	
<i>trifluoperazine hcl tabs 1mg, 2mg, 5mg, 10mg</i>	
<i>ziprasidone hcl caps 20mg, 40mg, 60mg, 80mg</i>	

ANTISEIZURE AGENTS

<i>carbamazepine chew 100mg; susp 100mg/5ml; tabs 200mg; tb12 100mg, 200mg, 400mg</i>	
<i>clobazam susp 2.5mg/ml; tabs 10mg, 20mg</i>	PA
<i>clonazepam tabs .5mg, 1mg, 2mg</i>	QL
<i>clorazepate dipotassium tabs 3.75mg, 7.5mg, 15mg</i>	QL
<i>diazepam tabs 2mg, 5mg, 10mg</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 **ST** - Step Therapy

Drug Name	Requirements/Limits
<i>diazepam (anticonvulsant) gel 2.5mg, 10mg, 20mg</i>	
<i>divalproex sodium csdr 125mg; tb24 250mg, 500mg; tbec 125mg, 250mg, 500mg</i>	
<i>ethosuximide caps 250mg; soln 250mg/5ml</i>	
<i>felbamate susp 600mg/5ml; tabs 400mg, 600mg</i>	
<i>gabapentin caps 100mg, 300mg, 400mg; tabs 600mg, 800mg</i>	
<i>lamotrigine tabs 25mg, 100mg, 150mg, 200mg; tb24 25mg, 50mg, 100mg, 200mg, 250mg, 300mg</i>	
<i>levetiracetam soln 100mg/ml; tabs 250mg, 500mg, 750mg, 1000mg; tb24 500mg, 750mg</i>	
<i>oxcarbazepine susp 60mg/ml; tabs 150mg, 300mg, 600mg</i>	
<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>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, QL 100mg</i>	
<i>dexmethylphenidate hcl tabs 2.5mg, 5mg, 10mg</i>	QL; PA*
<i>dextroamphetamine sulfate cp24 5mg, 10mg, 15mg; soln 5mg/5ml, 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; tbcr 10mg, 18mg, 20mg, 27mg, 36mg, 54mg</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 **ST** - Step Therapy

Drug Name	Requirements/Limits
FIBROMYALGIA	
SAVELLA TABS 12.5MG, 25MG, 50MG, 100MG	PA
SAVELLA MIS TITR PAK	PA
HYPNOTICS	
<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 tbcr 6.25mg, 12.5mg</i>	QL; PA*
MIGRAINE	
<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>QULIPTA TABS 10MG, 30MG, 60MG</i>	ST, 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 soaj 4mg/0.5ml, 6mg/0.5ml; soct 4mg/0.5ml, 6mg/0.5ml; soln 6mg/0.5ml; tabs 25mg, 50mg, 100mg</i>	QL; PA*
<i>zolmitriptan tabs 2.5mg, 5mg</i>	QL; PA*
<i>zolmitriptan orally disintegrating tabs tbdp 2.5mg, 5mg</i>	QL; PA*
MISCELLANEOUS	
<i>lithium carbonate caps 150mg, 300mg, 600mg; tabs 300mg; tbcr 300mg, 450mg</i>	
<i>pyridostigmine bromide soln 60mg/5ml; tabs 60mg</i>	
<i>riluzole tabs 50mg</i>	
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>	
NARCOLEPSY/CATAPLEXY	
<i>armodafinil tabs 50mg, 150mg, 200mg, 250mg</i>	PA, QL
<i>modafinil tabs 100mg, 200mg</i>	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

Drug Name	Requirements/Limits
<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i>	QL
OPIOID ANTAGONIST	
<i>naloxone hcl liqd 4mg/0.1ml</i>	PA*
<i>naloxone hcl soct .4mg/ml; soln .4mg/ml, 4mg/10ml; sosy 2mg/2ml</i>	
<i>naltrexone hcl tabs 50mg</i>	
OPIOID PARTIAL AGONISTS	
<i>buprenorphine hcl subl 2mg, 8mg</i>	QL
SMOKING DETERRENTS	
<i>bupropion hcl (smoking deterrent) tb12 150mg</i>	
<i>varenicline tartrate tabs .5mg, 1mg</i>	
<i>varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack</i>	
ENDOCRINE AND METABOLIC	
ANDROGENS	
<i>testosterone gel 10mg/act, 25mg/2.5gm</i>	PA
<i>testosterone cypionate soln 100mg/ml, 200mg/ml</i>	PA
<i>testosterone enanthate soln 200mg/ml</i>	PA
ANTIDIABETICS, AMYLIN ANALOGS	
<i>SYMLINPEN SOPN 1500MCG/1.5ML, 2700MCG/2.7ML</i>	ST; PA**
ANTIDIABETICS, BIGUANIDE	
<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>	
ANTIDIABETICS, BIGUANIDE/ SULFONYLUREA COMBINATIONS	
<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>	
ANTIDIABETICS, DIPEPTIDYL PEPTIDASE-4 INHIBITORS	
<i>JANUVIA TABS 25MG, 50MG, 100MG</i>	ST; PA**
ANTIDIABETICS, DPP-4 INHIBITOR COMBINATIONS	
<i>JANUMET TAB 50-500MG</i>	ST; PA**
<i>JANUMET TAB 50-1000</i>	ST; PA**
<i>JANUMET XR TAB 50-500MG</i>	ST; PA**
<i>JANUMET XR TAB 50-1000</i>	ST; PA**
<i>JANUMET XR TAB 100-1000</i>	ST; PA**
ANTIDIABETICS, INCRETIN MIMETIC AGENTS	
<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**
<i>TRULICITY SOPN .75MG/0.5ML, 1.5MG/0.5ML, 3MG/0.5ML, 4.5MG/0.5ML</i>	ST, QL; PA**
<i>VICTOZA SOPN 18MG/3ML</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 **ST** - Step Therapy

Drug Name	Requirements/Limits
ANTIDIABETICS, INCRETIN MIMETIC COMBINATION AGENTS	
SOLIQUA	ST; PA**
ANTIDIABETICS, INSULIN	
FIASP	
FIASP INJ 100/ML	
HUMULIN R U-500 SOLN 500UNIT/ML; SOPN 500UNIT/ML	
LANTUS SOLN 100UNIT/ML	
LANTUS SOLOSTAR 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	
ANTIDIABETICS, INSULIN SENSITIZER	
<i>pioglitazone hcl tabs 15mg, 30mg, 45mg</i>	
ANTIDIABETICS, INSULIN SENSITIZER/BIGUANIDE COMBINATION	
<i>pioglitazone hcl-metformin hcl tab 15-500 mg</i>	
<i>pioglitazone hcl-metformin hcl tab 15-850 mg</i>	
ANTIDIABETICS, INSULIN SENSITIZER/SULFONYLUREA COMBINATION	
<i>pioglitazone hcl-glimepiride tab 30-2 mg</i>	
<i>pioglitazone hcl-glimepiride tab 30-4 mg</i>	
ANTIDIABETICS, SODIUM-GLUC CO-TRANSPORT2 INHIB (SGLT2)/DPP-4 INHIBITOR/BIGUANIDE COMBINATIONS	
TRIJARDY XR TAB	ST; PA**
ANTIDIABETICS, SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITOR / BIGUANIDE COMBINATIONS	
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**
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**

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 **ST** - Step Therapy

Drug Name	Requirements/Limits
ANTIDIABETICS, SODIUM-GLUCOSE CO-TRANSPORTER 2(SGLT2) INHIBITOR/DPP-4 INHIBITOR COMBINATIONS	
GLYXAMBI TAB 10-5 MG	ST; PA**
GLYXAMBI TAB 25-5 MG	ST; PA**
ANTIDIABETICS, SODIUM-GLUCOSE CO-TRANSPORTER 2(SGLT2) INHIBITORS	
FARXIGA TABS 5MG, 10MG	ST; PA**
JARDIANCE TABS 10MG, 25MG	ST; PA**
ANTIDIABETICS, SULFONYLUREA	
<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>	
CALCIUM REGULATORS, BISPHOSPHONATES	
<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>	
CONTRACEPTIVES	
ANNOVERA MIS	
<i>desogest-eth estrad & 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 & ethynodiol diacetate tab 0.15 mg-30 mcg</i>	
<i>drospirenone-ethynodiol diacetate tab 3-0.02 mg</i>	
<i>drospirenone-ethynodiol diacetate tab 3-0.03 mg</i>	
ELLA TABS 30MG	
<i>ethynodiol diacetate & ethynodiol diacetate tab 1 mg-35 mcg</i>	
<i>ethynodiol diacetate & ethynodiol diacetate tab 1 mg-50 mcg</i>	
<i>etonogestrel-ethynodiol diacetate va ring 0.120-0.015 mg/24hr</i>	
KYLEENA IUD 19.5MG	
<i>levonorgestrel & ethynodiol diacetate (91-day) tab 0.15-0.03 mg</i>	
<i>levonorgestrel & ethynodiol diacetate tab 0.1 mg-20 mcg</i>	
<i>levonorgestrel & ethynodiol diacetate tab 0.15 mg-30 mcg</i>	
<i>levonorgestrel-ethynodiol diacetate 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/ethynodiol diacetate - xulane</i>	
<i>norethindrone tabs .35mg</i>	
<i>norethindrone & ethynodiol diacetate tab 0.5 mg-35 mcg</i>	

Drug Name	Requirements/Limits
<i>norethindrone & ethinyl estradiol tab 1 mg-35 mcg</i>	
<i>norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg</i>	
<i>norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg</i>	
<i>norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg</i>	
<i>norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg</i>	
<i>norethindrone ace & 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 0.5-35/0.75-35/1-35 mg-mcg</i>	
<i>norethindrone-eth estradiol tab 0.5-35/1-35/0.5-35 mg-mcg</i>	
<i>norgestimate & 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 & ethinyl estradiol tab 0.3 mg-30 mcg</i>	
PARAGARD IUD T380A	
PHEXXI GEL	
SKYLA IUD 13.5MG	

DIABETIC SUPPLIES

ACCU-CHEK AVIVA 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
ONETOUCH LANCETS / LANCING DEVICE	OTC
ONETOUCH ULTRA STRIPS AND KITS	OTC
ONETOUCH VERIO STRIPS AND KITS	OTC

ENDOMETRIOSIS

<i>danazol caps 50mg, 100mg, 200mg</i>
<i>ORILISSA TABS 150MG, 200MG</i>

ESTROGENS

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 tabs 10mcg</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

FERTILITY REGULATORS

<i>clomiphene citrate tabs 50mg</i>

Drug Name	Requirements/Limits
GLUCOCORTICOIDS	
dexamethasone elix .5mg/5ml; soln .5mg/5ml; tabs .5mg, .75mg, 1mg, 1.5mg, 2mg, 4mg, 6mg; tbpk 1.5mg	
fludrocortisone acetate tabs .1mg	
hydrocortisone tabs 5mg, 10mg, 20mg	
methylprednisolone tabs 4mg, 8mg, 16mg, 32mg	
prednisolone soln 15mg/5ml	
prednisolone sodium phosphate soln 15mg/5ml, 25mg/5ml; tbdp 10mg, 15mg, 30mg	
prednisone soln 5mg/5ml; tabs 1mg, 2.5mg, 5mg, 10mg, 20mg, 50mg; tbpk 5mg, 10mg	
GLUCOSE ELEVATING AGENTS	
BAQSIMI ONE PACK POWD 3MG/DOSE	
BAQSIMI TWO PACK POWD 3MG/DOSE	
glucagon (rdna) kit 1mg	
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	
MISCELLANEOUS	
cabergoline tabs .5mg	
KERENDIA TABS 10MG, 20MG	PA
PHOSPHATE BINDER AGENTS	
calcium acetate caps caps 667mg	
sevelamer carbonate pack .8gm, 2.4gm; tabs 800mg	
POTASSIUM-REMOVING AGENTS	
sodium polystyrene sulfonate susp 15gm/60ml	
PROGESTINS	
ENDOMETRIN INST 100MG	
medroxyprogesterone acetate tabs 2.5mg, 5mg, 10mg	
norethindrone acetate tabs 5mg	
progesterone, micronized caps 100mg, 200mg	
SELECTIVE ESTROGEN RECEPTOR MODULATORS	
raloxifene hcl tabs 60mg	
THYROID AGENTS	
levothyroxine sodium caps 13mcg, 25mcg, 50mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 175mcg, 200mcg; tabs 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	
liothyronine sodium tabs 5mcg, 25mcg, 50mcg	
methimazole tabs 5mg, 10mg	
propylthiouracil tabs 50mg	

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 **ST** - Step Therapy

Drug Name	Requirements/Limits
UTERINE FIBROIDS	
MYFEMBREE TAB	
ORIAHNN CAP	
VASOPRESSINS	
desmopressin acetate tabs .1mg, .2mg	
desmopressin acetate spray soln .01%	
desmopressin acetate spray refrigerated soln .01%	
GASTROINTESTINAL	
ANTICHOLINERGICS	
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	
ANTIDIARRHEALS	
diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml	
diphenoxylate w/ atropine tab 2.5-0.025 mg	
loperamide hcl caps 2mg	
ANTIEMETICS	
aprepitant caps 40mg, 80mg, 125mg	QL; PA*
dronabinol caps 2.5mg, 5mg, 10mg	
granisetron hcl tabs 1mg	
meclizine hcl tabs 12.5mg, 25mg, 50mg	
metoclopramide hcl tabs 5mg, 10mg	
ondansetron tbdp 4mg, 8mg	
ondansetron hcl soln 4mg/5ml; tabs 4mg, 8mg, 24mg	
prochlorperazine maleate tabs 5mg, 10mg	
promethazine hcl syrup 6.25mg/5ml; tabs 12.5mg, 25mg, 50mg	
trimethobenzamide hcl caps 300mg	
H2-RECEPTOR ANTAGONISTS	
cimetidine soln 300mg/5ml; tabs 200mg, 300mg, 400mg, 800mg	
famotidine susr 40mg/5ml; tabs 20mg, 40mg	
INFLAMMATORY BOWEL DISEASE	
balsalazide disodium caps 750mg	
budesonide cpep 3mg	
hydrocortisone (intrarectal) nem 100mg/60ml	
mesalamine cp24 .375gm; nem 4gm; supp 1000mg; tbec 1.2gm, 800mg	
sulfasalazine tabs 500mg; tbec 500mg	
UCERIS TB24 9MG	
IRRITABLE BOWEL SYNDROME WITH CONSTIPATION	
LINZESS CAPS 72MCG, 145MCG, 290MCG	

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 **ST** - Step Therapy

Drug Name	Requirements/Limits
IRRITABLE BOWEL SYNDROME WITH DIARRHEA	
<i>alosetron hcl tabs .5mg, 1mg</i>	
LAXATIVES	
CLENPIQ SOL	
<i>lactulose soln 10gm/15ml</i>	
<i>peg-3350/electrolytes</i>	Listing does not include generics for MOVIPREP
MISCELLANEOUS	
<i>misoprostol tabs 100mcg, 200mcg</i>	
<i>SYMPROIC TABS .2MG</i>	
<i>ursodiol caps 300mg; tabs 250mg, 500mg</i>	
PANCREATIC ENZYMES	
CREON CAP 3000UNIT	
CREON CAP 6000UNIT	
CREON CAP 12000UNT	
CREON CAP 24000UNT	
CREON CAP 36000UNT	
ZENPEP CAP 3000UNIT	
ZENPEP CAP 5000UNIT	
ZENPEP CAP 10000UNT	
ZENPEP CAP 15000UNT	
ZENPEP CAP 20000UNT	
ZENPEP CAP 25000UNT	
ZENPEP CAP 40000UNT	
PROTON PUMP INHIBITORS	
<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>	
RECTAL, CORTICOSTEROIDS	
<i>hydrocortisone (rectal) crea 2.5%</i>	
GENITOURINARY	
BENIGN PROSTATIC HYPERPLASIA	
<i>alfuzosin ext-rel tb24 10mg</i>	
<i>doxazosin mesylate tabs 1mg, 2mg, 4mg, 8mg</i>	
<i>finasteride tabs 5mg</i>	
<i>tamsulosin hcl caps .4mg</i>	
<i>terazosin hcl caps 1mg, 2mg, 5mg, 10mg</i>	
MISCELLANEOUS	
<i>bethanechol chloride tabs 5mg, 10mg, 25mg, 50mg</i>	
<i>potassium citrate (alkalinizer) tbcr 15meq, 540mg, 1080mg</i>	
URINARY ANTISPASMODICS	
<i>oxybutynin chloride soln 5mg/5ml; tabs 5mg</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 **ST** - Step Therapy

Drug Name	Requirements/Limits
<i>oxybutynin ext-rel tb24 5mg, 10mg, 15mg</i>	
<i>tolterodine tartrate tabs 1mg, 2mg</i>	
<i>trospium tabs 20mg</i>	
VAGINAL ANTI-INFECTIVES	
<i>clindamycin cream crea 2%</i>	
<i>metronidazole vaginal gel gel .75%</i>	
<i>terconazole vaginal crea .4%, .8%; supp 80mg</i>	
HEMATOLOGIC	
ANTICOAGULANTS	
<i>ELIQUIS TABS 2.5MG, 5MG</i>	
<i>ELIQUIS STARTER PACK TBPK 5MG</i>	
<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>	
<i>XARELTO SUSR 1MG/ML; TABS 2.5MG, 10MG, 15MG, 20MG</i>	
<i>XARELTO STAR TAB 15/20MG</i>	
MISCELLANEOUS	
<i>anagrelide hcl caps .5mg, 1mg</i>	
<i>cilostazol tabs 50mg, 100mg</i>	
PLATELET AGGREGATION INHIBITORS	
<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>	
IMMUNOLOGIC AGENTS	
ALLERGENIC EXTRACTS	
<i>ORALAIR SUB 300 IR</i>	PA
DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDs)	
<i>hydroxychloroquine sulfate tabs 200mg</i>	
<i>leflunomide tabs 10mg, 20mg</i>	
<i>methotrexate sodium tabs 2.5mg</i>	
IMMUNOSUPPRESSANTS	
<i>azathioprine tabs 50mg</i>	
NUTRITIONAL/SUPPLEMENTS	
ELECTROLYTES	
<i>potassium chloride cpcr 8meq, 10meq; soln 10%, 20%; tbcr 8meq, 10meq, 20meq</i>	
<i>sodium fluoride soln .125mg/drop, .5mg/ml; tabs .5mg, 1mg</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 **ST** - Step Therapy

Drug Name	Requirements/Limits
PRENATAL VITAMINS	
<i>prenat w/o a w/fefum-methfol-fa-dha cap 27-0.6-0.4-300 mg</i>	
<i>prenatal vit w/ dss-iron carbonyl-fa tab 90-1 mg</i>	
<i>prenatal vit w/ fe fum-methylfolate-fa tab 27-0.6-0.4 mg</i>	
<i>prenatal vit w/ fe fumarate-fa chew tab 29-1 mg</i>	
<i>prenatal vit w/ fe fumarate-fa tab 28-1 mg</i>	
<i>prenatal vit w/ iron carbonyl-fa tab 50-1.25 mg</i>	
VITAMINS	
<i>calcitriol caps .25mcg, .5mcg; soln 1mcg/ml</i>	
<i>cyanocobalamin soln 1000mcg/ml</i>	
<i>doxercalciferol caps .5mcg, 1mcg, 2.5mcg</i>	
<i>ergocalciferol caps 1.25mg</i>	
<i>folic acid tabs 1mg</i>	
<i>paricalcitol caps 1mcg, 2mcg, 4mcg</i>	
<i>pediatric multiple vitamins w/ fl-fe drops 0.25-10 mg/ml</i>	
<i>pediatric multiple vitamins w/ fluoride chew tab 0.5 mg</i>	
<i>pediatric multiple vitamins w/ fluoride chew tab 0.25 mg</i>	
<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>	QL
<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>	

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 **ST** - Step Therapy

Drug Name	Requirements/Limits
<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>	
<i>prednisolone acetate (ophth) susp 1%</i>	
PREDNISOLONE SODIUM PHOSP SOLN 1%	
ANTIALLERGICS	
<i>azelastine hcl (ophth) soln .05%</i>	
<i>cromolyn sodium (ophth) soln 4%</i>	
ANTIGLAUCOMA	
<i>betaxolol hcl (ophth) soln .5%</i>	
<i>bimatoprost soln .03%</i>	
<i>brimonidine tartrate soln .15%, .2%</i>	
<i>dorzolamide hcl soln 2%</i>	
<i>dorzolamide hcl-timolol maleate ophth soln 2-0.5%</i>	
<i>latanoprost soln .005%</i>	
<i>timolol maleate (ophth) solg .25%, .5%; soln .25%, .5%</i>	
DRY EYE DISEASE	
RESTASIS EMUL .05%	PA, QL
XIIDRA SOLN 5%	PA, QL
RESPIRATORY	
ANAPHYLAXIS TREATMENT AGENTS	
<i>epinephrine (anaphylaxis) soaj .15mg/0.15ml, .3mg/0.3ml</i>	QL; PA*, Listing does not include certain NDCs
SYMJEPI SOSY .15MG/0.3ML, .3MG/0.3ML	QL; PA*
ANTICHOLINERGIC/BETA AGONIST COMBINATIONS	
ANORO ELLIPT AER 62.5-25	QL
BEVESPI AER 9-4.8MCG	QL
<i>ipratropium/albuterol inhalation soln</i>	QL
ANTICHOLINERGICS	
<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
ANTIHISTAMINES	
<i>azelastine hcl soln .1%, .15%</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 **ST** - Step Therapy

Drug Name	Requirements/Limits
<i>ciproheptadine hcl syrp 2mg/5ml; tabs 4mg</i>	
<i>hydroxyzine hcl syrup 10mg/5ml; tabs 10mg, 25mg, 50mg</i>	
BETA AGONISTS	
<i>albuterol inhalation soln nebu .083%, .63mg/3ml, 1.25mg/3ml, QL 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
<i>STRIVERDI RESPIMAT AERS 2.5MCG/ACT</i>	QL
COLD/COUGH	
<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*
LEUKOTRIENE RECEPTOR ANTAGONISTS	
<i>montelukast sodium chew 4mg, 5mg; pack 4mg; tabs 10mg</i>	
NASAL STEROIDS	
<i>flunisolide spray soln .025%</i>	
<i>fluticasone spray susp 50mcg/act</i>	
STEROID INHALANTS	
<i>budesonide inh susp susp .25mg/2ml, .5mg/2ml, 1mg/2ml</i>	QL; PA*
<i>PULMICORT FLEXHALER AEPB 90MCG/ACT, 180MCG/ACT</i>	QL; For members 6 years of age and under, coverage of QVAR REDIHALER, FLOVENT HFA, OR FLUTICASONE HFA available.
STEROID/BETA-AGONIST COMBINATIONS	
<i>fluticasone-salmeterol aer powder ba 100-50 mcg/act</i>	QL; Listing does not include certain NDCs
<i>fluticasone-salmeterol aer powder ba 250-50 mcg/act</i>	QL; Listing does not include certain NDCs
<i>fluticasone-salmeterol aer powder ba 500-50 mcg/act</i>	QL; Listing does not include certain NDCs
<i>wixela inhba 100-50 mcg/act</i>	QL
<i>wixela inhba 250-50 mcg/act</i>	QL
<i>wixela inhba 500-50 mcg/act</i>	QL

Drug Name	Requirements/Limits
XANTHINES	
<i>theophylline tb12 300mg, 450mg; tb24 400mg, 600mg</i>	
TOPICAL	
DERMATOLOGY, ACNE	
<i>clindamycin gel gel 1%</i>	QL; PA*, Listing does not include certain NDCs
<i>clindamycin lotion lotn 1%</i>	QL; PA*
<i>clindamycin solution soln 1%</i>	QL; PA*
<i>erythromycin gel 2% gel 2%</i>	QL; PA*
<i>erythromycin soln soln 2%</i>	QL; PA*
<i>erythromycin/benzoyl peroxide</i>	QL; PA*
<i>isotretinoin caps 10mg, 20mg, 30mg, 40mg</i>	
<i>sulfacetamide lotion 10% lotn 10%</i>	
<i>tretinoin crea .025%, .05%, .1%; gel .01%, .025%</i>	
DERMATOLOGY, ACTINIC KERATOSIS	
<i>fluorouracil (topical) crea 5%; soln 2%, 5%</i>	
<i>imiquimod crea 5%</i>	
DERMATOLOGY, ANTIBIOTICS	
<i>gentamicin sulfate (topical) crea .1%; oint .1%</i>	QL; PA*
<i>mupirocin oint 2%</i>	QL; PA*
<i>silver sulfadiazine crea 1%</i>	
DERMATOLOGY, ANTIFUNGALS	
<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*
DERMATOLOGY, ANTIPOSIATRICS	
<i>calcipotriene oint .005%; soln .005%</i>	QL
<i>ENSTILAR AER</i>	
<i>TACLONEX OIN</i>	QL
<i>TACLONEX SUS</i>	
DERMATOLOGY, ANTISEBORRHEICS	
<i>ketoconazole (topical) sham 2%</i>	QL; PA*
<i>selenium sulfide lotn 2.5%</i>	
DERMATOLOGY, ATOPIC DERMATITIS	
<i>pimecrolimus crea 1%</i>	
<i>tacrolimus (topical) oint .03%, .1%</i>	
DERMATOLOGY, CORTICOSTEROIDS	
<i>alclometasone dipropionate crea .05%; oint .05%</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 **ST** - Step Therapy

Drug Name	Requirements/Limits
<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*
<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>triamicinolone acetonide (topical) crea .025%, .1%, .5%; lotn .025%, .1%; oint .1%</i>	QL; PA*

DERMATOLOGY, LOCAL ANESTHETICS

<i>lidocaine ptch 5%</i>	PA, QL
<i>lidocaine-prilocaine cream 2.5-2.5%</i>	

DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE

<i>lactic acid (ammonium lactate) crea 12%; lotn 12%</i>
--

DERMATOLOGY, ROSACEA

<i>ivermectin (rosacea) crea 1%</i>	
<i>metronidazole (topical) crea .75%; gel .75%; lotn .75%</i>	QL; PA*
<i>ORACEA CPDR 40MG</i>	
<i>SOOLANTRA CREA 1%</i>	

DERMATOLOGY, SCABICIDES AND PEDICULICIDES

<i>malathion lotn .5%</i>
<i>permethrin crea 5%</i>

MOUTH/THROAT/DENTAL AGENTS

<i>lidocaine hcl (mouth-throat) soln 2%</i>
<i>pilocarpine hcl (oral) tabs 5mg, 7.5mg</i>
<i>triamicinolone acetonide (mouth) pste .1%</i>

OTIC

<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>

Index

A

ACCU-CHEK AVIVA PLUS STRIPS AND KITS	27
ACCU-CHEK GUIDE STRIPS AND KITS.....	27
ACCU-CHEK SMARTVIEW STRIPS AND KITS.....	27
<i>acebutolol hcl</i>	16
<i>acetaminophen w/ codeine soln 120-12 mg/5ml</i>	10
<i>acetaminophen w/ codeine tab 300-15 mg</i>	10
<i>acetaminophen w/ codeine tab 300-30 mg</i>	10
<i>acetaminophen w/ codeine tab 300-60 mg</i>	10
<i>acetic acid (otic)</i>	37
<i>acyclovir</i>	12
<i>albuterol inhalation soln</i>	34
<i>albuterol sulfate, cfc-free aerosol</i>	34
<i>alclometasone dipropionate</i>	36
<i>alendronate sodium</i>	25
<i>alfuzosin ext-rel</i>	30
<i>allopurinol</i>	10
<i>alosetron hcl</i>	30
<i>alprazolam</i>	18
<i>alprazolam orally disintegrating tabs</i>	18
<i>amantadine hcl</i>	19
<i>amcinonide</i>	36
<i>amiloride & hydrochlorothiazide tab 5-50 mg</i> ..	17
<i>amiloride hcl</i>	17
<i>amiodarone</i>	16
<i>amitriptyline hcl</i>	19
<i>amlodipine besylate</i>	17
<i>amlodipine besylate-benazepril hcl cap 10-20 mg</i>	14
<i>amlodipine besylate-benazepril hcl cap 10-40 mg</i>	14
<i>amlodipine besylate-benazepril hcl cap 2.5-10 mg</i>	14
<i>amlodipine besylate-benazepril hcl cap 5-10 mg</i>	14
<i>amlodipine besylate-benazepril hcl cap 5-20 mg</i>	14
<i>amlodipine besylate-benazepril hcl cap 5-40 mg</i>	14
<i>amlodipine besylate-olmesartan medoxomil tab 10-20 mg</i>	15
<i>amlodipine besylate-olmesartan medoxomil tab 10-40 mg</i>	15

<i>amlodipine besylate-olmesartan medoxomil tab 5-20 mg</i>	15
<i>amlodipine besylate-olmesartan medoxomil tab 5-40 mg</i>	15
<i>amoxicillin</i>	13
<i>amoxicillin & k clavulanate chew tab 200-28.5 mg</i>	13
<i>amoxicillin & k clavulanate chew tab 400-57 mg</i>	13
<i>amoxicillin & k clavulanate for susp 200-28.5 mg/5ml</i>	13
<i>amoxicillin & k clavulanate for susp 250-62.5 mg/5ml</i>	13
<i>amoxicillin & k clavulanate for susp 400-57 mg/5ml</i>	13
<i>amoxicillin & k clavulanate for susp 600-42.9 mg/5ml</i>	13
<i>amoxicillin & k clavulanate tab 250-125 mg</i> ..	13
<i>amoxicillin & k clavulanate tab 500-125 mg</i> ..	13
<i>amoxicillin & k clavulanate tab 875-125 mg</i> ..	13
<i>amoxicillin & pot clavulanate ext-rel</i>	13
<i>amphetamine-dextroamphetamine cap er 24hr 10 mg</i>	21
<i>amphetamine-dextroamphetamine cap er 24hr 15 mg</i>	21
<i>amphetamine-dextroamphetamine cap er 24hr 20 mg</i>	21
<i>amphetamine-dextroamphetamine cap er 24hr 25 mg</i>	21
<i>amphetamine-dextroamphetamine cap er 24hr 30 mg</i>	21
<i>amphetamine-dextroamphetamine cap er 24hr 5 mg</i>	21
<i>amphetamine-dextroamphetamine tab 10 mg</i> ..	21
<i>amphetamine-dextroamphetamine tab 12.5 mg</i>	21
<i>amphetamine-dextroamphetamine tab 15 mg</i> ..	21
<i>amphetamine-dextroamphetamine tab 20 mg</i> ..	21
<i>amphetamine-dextroamphetamine tab 30 mg</i> ..	21
<i>amphetamine-dextroamphetamine tab 5 mg</i> ..	21
<i>amphetamine-dextroamphetamine tab 7.5 mg</i> ..	21
<i>ampicillin</i>	13
<i>anagrelide hcl</i>	31
<i>anastrozole</i>	14

ANNOVERA MIS	25	budesonide inh susp	35
ANORO ELLIPT AER 62.5-25.....	34	bumetanide	17
<i>aprepitant</i>	29	<i>buprenorphine</i>	11
<i>aripiprazole</i>	20	<i>buprenorphine hcl</i>	23
<i>armodafinil</i>	22	<i>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)</i>	23
<i>asenapine maleate</i>	20	<i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)</i>	23
<i>atenolol</i>	17	<i>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)</i>	23
<i>atenolol & chlorthalidone tab 100-25 mg</i>	16	<i>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)</i>	23
<i>atenolol & chlorthalidone tab 50-25 mg</i>	16	<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i>	23
<i>atomoxetine hcl</i>	21	<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i>	23
<i>atorvastatin calcium</i>	16	<i>bupropion</i>	19
<i>atovaquone</i>	12	<i>bupropion hcl</i>	19
<i>azathioprine</i>	31	<i>bupropion hcl (smoking deterrent)</i>	23
<i>azelastine hcl</i>	34	<i>bupropion hcl ext-rel</i>	19
<i>azelastine hcl (ophth)</i>	33	<i>buspirone hcl</i>	18
<i>azithromycin</i>	12		
B		C	
<i>bacitracin (ophthalmic)</i>	32	<i>cabergoline</i>	28
<i>bacitracin-polymyxin b ophth oint</i>	32	<i>calcipotriene</i>	36
<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>	32	<i>calcitriol</i>	32
<i>baclofen</i>	22	<i>calcium acetate caps</i>	28
<i>balsalazide disodium</i>	29	<i>captopril</i>	14
<i>BAQSIMI ONE PACK</i>	28	<i>carbamazepine</i>	20
<i>BAQSIMI TWO PACK</i>	28	<i>carbidopa & levodopa tab 10-100 mg</i>	19
<i>BD INSULIN SYRINGES AND NEEDLES</i>	27	<i>carbidopa & levodopa tab 25-100 mg</i>	19
<i>BELBUCA</i>	11	<i>carbidopa & levodopa tab 25-250 mg</i>	20
<i>benzonatate</i>	34	<i>carbidopa & levodopa tab er 25-100 mg</i>	20
<i>benztropine mesylate</i>	19	<i>carbidopa & levodopa tab er 50-200 mg</i>	20
<i>betamethasone dipropionate (topical)</i>	36	<i>carbidopa-levodopa-entacapone tabs 12.5-50- 200 mg</i>	20
<i>betamethasone dipropionate augmented</i>	36	<i>carbidopa-levodopa-entacapone tabs 18.75-75- 200 mg</i>	20
<i>betamethasone valerate</i>	36	<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i>	20
<i>betaxolol hcl (ophth)</i>	33	<i>carbidopa-levodopa-entacapone tabs 31.25-125- 200 mg</i>	20
<i>bethanechol chloride</i>	30	<i>carbidopa-levodopa-entacapone tabs 37.5-150- 200 mg</i>	20
<i>BEVESPI AER 9-4.8MCG</i>	34	<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i>	20
<i>bicalutamide</i>	14	<i>carvedilol</i>	17
<i>bimatoprost</i>	33	<i>cefadroxil</i>	12
<i>bisoprolol & hydrochlorothiazide tab 10-6.25 mg</i>	16		
<i>bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg</i>	16		
<i>bisoprolol & hydrochlorothiazide tab 5-6.25 mg</i>	16		
<i>bisoprolol fumarate</i>	17		
<i>brimonidine tartrate</i>	33		
<i>bromocriptine mesylate</i>	19		
<i>budesonide</i>	29		

<i>cefdinir</i>	12	CREON CAP 36000UNT	30
<i>cefpodoxime proxetil</i>	12	CREON CAP 6000UNIT	30
<i>cefprozil</i>	12	<i>cromolyn sodium (ophth)</i>	33
<i>cefuroxime axetil</i>	12	<i>cyanocobalamin</i>	32
<i>cephalexin</i>	12	<i>cyclobenzaprine hcl</i>	22
<i>chlorpromazine hcl</i>	20	<i>cyclophosphamide</i>	13
<i>chlorthalidone</i>	17	<i>cycloserine</i>	11
<i>cholestyramine</i>	16	<i>ciproheptadine hcl</i>	34
<i>cholestyramine light</i>	16	D	
<i>ciclopirox</i>	35	<i>danazol</i>	27
<i>ciclopirox olamine</i>	36	<i>dantrolene sodium</i>	22
<i>cilstazol</i>	31	<i>dapsone</i>	13
<i>cimetidine</i>	29	<i>desipramine hcl</i>	19
CIPRO	12	<i>desmopressin acetate</i>	29
<i>ciprofloxacin hcl</i>	12	<i>desmopressin acetate spray</i>	29
<i>ciprofloxacin hcl (ophth)</i>	33	<i>desmopressin acetate spray refrigerated</i>	29
<i>ciprofloxacin-dexamethasone otic susp 0.3-0.1%</i>	37	<i>desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)</i>	25
<i>citalopram hydrobromide</i>	19	<i>desogest-ethin est tab 0.1-0.025/0.125-0.025/0.15-0.025mg-mg</i>	25
<i>clarithromycin</i>	12	<i>desogestrel & ethinyl estradiol tab 0.15 mg-30mcg</i>	26
<i>clarithromycin ext-rel</i>	12	<i>desonide</i>	36
CLENPIQ SOL	30	<i>desoximetasone</i>	36
CLIMARA PRO DIS WEEKLY	27	<i>desvenlafaxine succinate ext-rel</i>	19
<i>clindamycin cream</i>	31	<i>dexamethasone</i>	27
<i>clindamycin gel</i>	35	<i>dexamethasone sodium phosphate (ophth)</i>	33
<i>clindamycin hcl</i>	12	<i>dexamethylphenidate hcl</i>	21
<i>clindamycin lotion</i>	35	<i>dextroamphetamine sulfate</i>	22
<i>clindamycin solution</i>	35	<i>diazepam</i>	21
<i>clobazam</i>	20	<i>diazepam (anticonvulsant)</i>	21
<i>clobetasol propionate</i>	36	<i>diclofenac potassium</i>	10
<i>clomiphene citrate</i>	27	<i>diclofenac sodium (ophth)</i>	33
<i>clonazepam</i>	20	<i>diclofenac sodium delayed-rel</i>	10
<i>clonidine</i>	18	<i>diclofenac sodium ext-rel</i>	10
<i>clonidine hcl</i>	18	<i>dicloxacillin sodium</i>	13
<i>clopidogrel bisulfate</i>	31	<i>dicyclomine hcl</i>	29
<i>clorazepate dipotassium</i>	20	DIFICID	12
<i>clotrimazole (topical)</i>	36	<i>diflunisal</i>	10
<i>clotrimazole troches</i>	11	<i>digoxin</i>	17
<i>clozapine</i>	20	<i>digoxin ped elixir</i>	17
<i>codeine sulfate</i>	10	<i>diltiazem ext-rel</i>	17
<i>colchicine</i>	10	<i>diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml</i>	29
<i>colestipol hcl</i>	16		
COMBIPATCH DIS	27	<i>diphenoxylate w/ atropine tab 2.5-0.025 mg</i>	29
CORLANOR	18	<i>dipyridamole</i>	31
CREON CAP 12000UNT	30	<i>dipyridamole ext-rel/aspirin</i>	31
CREON CAP 24000UNT	30		
CREON CAP 3000UNIT	30		

<i>disopyramide phosphate</i>	16	<i>estradiol</i>	27
<i>divalproex sodium</i>	21	<i>estradiol vaginal</i>	27
<i>donepezil hydrochloride</i>	18	<i>estradiol vaginal crm</i>	27
<i>dorzolamide hcl</i>	33	<i>estradiol/norethindrone</i>	27
<i>dorzolamide hcl-timolol maleate ophth soln 2-0.5%</i>	33	<i>ethacrynic acid</i>	17
<i>doxazosin mesylate</i>	30	<i>ethambutol hcl</i>	11
<i>doxepin</i>	19	<i>ethosuximide</i>	21
<i>doxepin hcl (sleep)</i>	22	<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg</i>	26
<i>doxercalciferol</i>	32	<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg</i>	26
<i>doxycycline hydiate</i>	13	<i>etodolac</i>	10
<i>doxycycline monohydrate susp</i>	13	<i>etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr</i>	26
<i>dronabinol</i>	29	<i>etoposide</i>	14
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i>	26	<i>exemestane</i>	14
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i>	26	<i>ezetimibe</i>	16
<i>duloxetine delayed-rel</i>	19		
E		F	
<i>econazole nitrate</i>	36	<i>famciclovir</i>	12
<i>ELIQUIS</i>	31	<i>famotidine</i>	29
<i>ELIQUIS STARTER PACK</i>	31	<i>FARXIGA</i>	25
<i>ELLA</i>	26	<i>felbamate</i>	21
<i>EMCYT</i>	13	<i>felodipine ext-rel</i>	17
<i>EMGALITY</i>	22	<i>fenofibrate</i>	16
<i>EMVERM</i>	11	<i>fentanyl</i>	10
<i>enalapril maleate</i>	14	<i>fentanyl citrate</i>	10
<i>enalapril maleate & hydrochlorothiazide tab 10-25 mg</i>	14	<i>FIASP</i>	24
<i>enalapril maleate & hydrochlorothiazide tab 5-12.5 mg</i>	14	<i>FIASP INJ 100/ML</i>	24
<i>ENDOMETRIN</i>	28	<i>finasteride</i>	30
<i>enoxaparin sodium</i>	31	<i>flecainide acetate</i>	16
<i>ENSTILAR AER</i>	36	<i>fluconazole</i>	11
<i>entacapone</i>	20	<i>fludrocortisone acetate</i>	27
<i>ENTRESTO TAB 24-26MG</i>	18	<i>flunisolide spray</i>	34
<i>ENTRESTO TAB 49-51MG</i>	18	<i>fluocinolone acetonide</i>	36
<i>ENTRESTO TAB 97-103MG</i>	18	<i>fluocinonide</i>	36
<i>epinephrine (anaphylaxis)</i>	33	<i>fluorometholone (ophth)</i>	33
<i>eplerenone</i>	14	<i>fluorouracil (topical)</i>	35
<i>ergocalciferol</i>	32	<i>fluoxetine hcl</i>	19
<i>erythromycin</i>	12	<i>fluphenazine hcl</i>	20
<i>erythromycin (ophth)</i>	33	<i>flurbiprofen</i>	10
<i>erythromycin base</i>	12	<i>flutamide</i>	14
<i>erythromycin delayed-rel</i>	12	<i>fluticasone propionate</i>	36
<i>erythromycin gel 2%</i>	35	<i>fluticasone spray</i>	34
<i>erythromycin soln</i>	35	<i>fluticasone-salmeterol aer powder ba 100-50 mcg/act</i>	35
<i>erythromycin/benzoyl peroxide</i>	35	<i>fluticasone-salmeterol aer powder ba 250-50 mcg/act</i>	35
<i>escitalopram oxalate</i>	19		

<i>fluticasone-salmeterol aer powder ba 500-50 mcg/act</i>	35
<i>fluvoxamine ext-rel</i>	18
<i>fluvoxamine maleate</i>	18
<i>folic acid</i>	32
<i>fondaparinux sodium</i>	31
<i>formoterol inhalation solution</i>	34
<i>furosemide</i>	17
G	
<i> gabapentin</i>	21
<i> galantamine hydrobromide</i>	18
<i> gemfibrozil</i>	16
<i> gentamicin sulfate (ophth)</i>	33
<i> gentamicin sulfate (topical)</i>	35
<i> glimepiride</i>	25
<i> glipizide</i>	25
<i> glipizide ext-rel</i>	25
<i> glipizide xl</i>	25
<i> glipizide-metformin hcl tab 2.5-250 mg</i>	23
<i> glipizide-metformin hcl tab 2.5-500 mg</i>	23
<i> glipizide-metformin hcl tab 5-500 mg</i>	24
<i> glucagon (rdna)</i>	28
<i> glycopyrrolate</i>	29
<i> GLYXAMBI TAB 10-5 MG</i>	25
<i> GLYXAMBI TAB 25-5 MG</i>	25
<i> granisetron hcl</i>	29
<i> griseofulvin microsize</i>	11
<i> GVOKE HYOPEN 1-PACK</i>	28
<i> GVOKE HYOPEN 2-PACK</i>	28
<i> GVOKE KIT</i>	28
<i> GVOKE PFS</i>	28
H	
<i> halobetasol propionate</i>	36
<i> haloperidol</i>	20
<i> HUMULIN R U-500</i>	24
<i> hydralazine hcl</i>	18
<i> hydrochlorothiazide</i>	17
<i> hydrocodone bitart-homatropine methylbrom soln 5-1.5 mg/5ml</i>	34
<i> hydrocodone bitart-homatropine methylbromide tab 5-1.5 mg</i>	34
<i> hydrocodone-acetaminophen soln 10-325 mg/15ml</i>	10
<i> hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i>	10
<i> hydrocodone-acetaminophen tab 10-325 mg</i>	10
<i> hydrocodone-acetaminophen tab 5-325 mg</i>	10
I	
<i> hydrocodone-acetaminophen tab 7.5-325 mg</i>	10
<i> hydrocortisone</i>	27
<i> hydrocortisone (intrarectal)</i>	29
<i> hydrocortisone (rectal)</i>	30
<i> hydrocortisone (topical)</i>	36
<i> hydrocortisone butyrate</i>	36
<i> hydrocortisone valerate</i>	36
<i> hydromorphone hcl</i>	11
<i> hydroxychloroquine sulfate</i>	31
<i> hydroxyurea</i>	14
<i> hydroxyzine hcl</i>	34
<i> hyoscyamine sulfate</i>	29
J	
<i> ibandronate sodium</i>	25
<i> ibuprofen</i>	10
<i> ibutilide fumarate</i>	16
<i> icosapent ethyl</i>	16
<i> imipramine hcl</i>	19
<i> imiquimod</i>	35
<i> IMVEXXY</i>	27
<i> indapamide</i>	17
<i> ipratropium bromide (nasal)</i>	34
<i> ipratropium inhalation solution</i>	34
<i> ipratropium/albuterol inhalation soln</i>	34
<i> irbesartan</i>	15
<i> irbesartan-hydrochlorothiazide tab 150-12.5 mg</i>	15
<i> irbesartan-hydrochlorothiazide tab 300-12.5 mg</i>	15
<i> isoniazid</i>	11
<i> isosorbide dinitrate</i>	18
<i> isosorbide mononitrate</i>	18
<i> isosorbide mononitrate ext-rel</i>	18
<i> isotretinoin</i>	35
<i> isradipine</i>	17
<i> itraconazole</i>	11
<i> ivermectin</i>	11
<i> ivermectin (rosacea)</i>	37
J	
<i> JANUMET TAB 50-1000</i>	24
<i> JANUMET TAB 50-500MG</i>	24
<i> JANUMET XR TAB 100-1000</i>	24
<i> JANUMET XR TAB 50-1000</i>	24
<i> JANUMET XR TAB 50-500MG</i>	24
<i> JANUVIA</i>	24
<i> JARDIANCE</i>	25

K	
KERENDIA	28
<i>ketoconazole (topical)</i>	36
<i>ketoprofen</i>	10
<i>ketorolac tromethamine</i>	10
<i>ketorolac tromethamine (ophth)</i>	33
KYLEENA	26
L	
<i>labetalol hcl</i>	17
<i>lactic acid (ammonium lactate)</i>	37
<i>lactulose</i>	30
<i>lamotrigine</i>	21
<i>lansoprazole delayed-rel</i>	30
LANTUS.....	24
LANTUS SOLOSTAR	24
<i>latanoprost</i>	33
<i>leflunomide</i>	31
<i>letrozole</i>	14
LEUKERAN.....	13
<i>levalbuterol nebulizer soln concentrate</i>	34
<i>levalbuterol, cfc-free aerosol</i>	34
<i>levetiracetam</i>	21
<i>levofloxacin</i>	12
<i>levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	26
<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>	26
<i>levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	26
<i>levonorgestrel-eth estra tab 0.05-30/0.075- 40/0.125-30mg-mcg</i>	26
<i>levothyroxine sodium</i>	28
<i>lidocaine</i>	36
<i>lidocaine hcl (mouth-throat)</i>	37
<i>lidocaine-prilocaine cream 2.5-2.5%</i>	37
<i>linezolid</i>	13
<i>linezolid inj</i>	13
LINZESS	29
<i>liothyronine sodium</i>	28
<i>lisinopril</i>	14
<i>lisinopril & hydrochlorothiazide tab 10-12.5 mg</i> 14	
<i>lisinopril & hydrochlorothiazide tab 20-12.5 mg</i> 14	
<i>lisinopril & hydrochlorothiazide tab 20-25 mg..</i> 14	
<i>lithium carbonate</i>	22
LO LOESTRIN TAB 1-10-10	26
<i>loperamide hcl</i>	29
<i>lorazepam</i>	18
losartan potassium	15
<i>losartan potassium & hydrochlorothiazide tab 100-12.5 mg</i>	15
<i>losartan potassium & hydrochlorothiazide tab 100-25 mg</i>	15
<i>losartan potassium & hydrochlorothiazide tab 50-12.5 mg</i>	15
<i>loteprednol etabonate</i>	33
M	
<i>malathion</i>	37
<i>meclizine hcl</i>	29
<i>medroxyprogesterone acetate</i>	28
<i>medroxyprogesterone acetate 150 mg/ml</i>	26
<i>megestrol acetate</i>	14
<i>meloxicam</i>	10
<i>melphalan</i>	13
<i>memantine hcl</i>	18
<i>mercaptopurine</i>	14
<i>mesalamine</i>	29
<i>metformin ext-rel</i>	23
<i>metformin hcl</i>	23
<i>methadone hcl</i>	11
<i>methimazole</i>	28
<i>methocarbamol</i>	22
<i>methotrexate sodium</i>	31
<i>methylphenidate hcl</i>	22
<i>methylprednisolone</i>	27
<i>metoclopramide hcl</i>	29
<i>metolazone</i>	17
<i>metoprolol & hydrochlorothiazide tab 100-25 mg</i>	16
<i>metoprolol & hydrochlorothiazide tab 100-50 mg</i>	16
<i>metoprolol & hydrochlorothiazide tab 50-25 mg</i>	16
<i>metoprolol succinate ext-rel</i>	17
<i>metoprolol tartrate</i>	17
<i>metronidazole</i>	13
<i>metronidazole (topical)</i>	37
<i>metronidazole vaginal gel</i>	31
<i>midodrine hcl</i>	18
<i>minocycline hcl</i>	13
<i>MIRENA</i>	26
<i>mirtazapine</i>	19
<i>mirtazapine orally disintegrating tabs</i>	19
<i>misoprostol</i>	30
<i>MITIGARE</i>	10

<i>modafinil</i>	23
<i>mometasone furoate</i>	36
<i>montelukast sodium</i>	34
<i>morphine sulfate</i>	11
<i>moxifloxacin hcl</i>	12
<i>moxifloxacin hcl (ophth)</i>	33
<i>mupirocin</i>	35
<i>MYFEMBREE TAB</i>	28
<i>MYLERAN</i>	14
N	
<i>nabumetone</i>	10
<i>nadolol</i>	17
<i>naloxone hcl</i>	23
<i>naltrexone hcl</i>	23
<i>naproxen</i>	10
<i>naproxen sodium</i>	10
<i>naratriptan hcl</i>	22
<i>NATACYN</i>	33
<i>neomycin-polymyxin-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml</i>	33
<i>neomycin-polymyxin-dexamethasone ophth oint 0.1%</i>	32
<i>neomycin-polymyxin-dexamethasone ophth susp 0.1%</i>	32
<i>neomycin-polymyxin-hc ophth susp</i>	32
<i>neomycin-polymyxin-hc otic soln 1%</i>	37
<i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</i>	37
<i>NEXPLANON</i>	26
<i>niacin ext-rel</i>	16
<i>nicardipine hcl</i>	17
<i>nifedipine ext-rel</i>	17
<i>nilutamide</i>	14
<i>NITRO-DUR</i>	18
<i>nitrofurantoin ext-rel</i>	13
<i>nitrofurantoin macrocrystals</i>	13
<i>nitroglycerin sublingual</i>	18
<i>nitroglycerin transdermal</i>	18
<i>norelgestromin/ethinyl estradiol - xulane</i>	26
<i>norethindrone</i>	26
<i>norethindrone & ethinyl estradiol tab 0.5 mg-35 mcg</i>	26
<i>norethindrone & ethinyl estradiol tab 1 mg-35 mcg</i>	26
<i>norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg</i>	26

<i>norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg</i>	26
<i>norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg</i>	26
<i>norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg</i>	26
<i>norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg</i>	26
<i>norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)</i>	26
<i>norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24)</i>	26
<i>norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)</i>	26
<i>norethindrone acetate</i>	28
<i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</i>	27
<i>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</i>	27
<i>norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg</i>	26
<i>norethindrone-eth estradiol tab 0.5-35/1-35/0.5-35 mg-mcg</i>	26
<i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i>	27
<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i>	27
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	27
<i>norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg</i>	27
<i>nortriptyline hcl</i>	19
<i>NOVOLIN MIX</i>	24
<i>NOVOLIN N</i>	24
<i>NOVOLIN R</i>	24
<i>NOVOLOG</i>	24
<i>NOVOLOG MIX</i>	24
<i>nystatin</i>	11
<i>nystatin (topical)</i>	36
O	
<i>ofloxacin (ophth)</i>	33
<i>ofloxacin (otic)</i>	37
<i>olanzapine</i>	20
<i>olmesartan medoxomil</i>	15
<i>olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg</i>	15

<i>olmesartan medoxomil-hydrochlorothiazide tab</i>	
40-12.5 mg	15
<i>olmesartan medoxomil-hydrochlorothiazide tab</i>	
40-25 mg	15
<i>olmesartan-amlodipine-hydrochlorothiazide tab</i>	
20-5-12.5 mg	15
<i>olmesartan-amlodipine-hydrochlorothiazide tab</i>	
40-10-12.5 mg	15
<i>olmesartan-amlodipine-hydrochlorothiazide tab</i>	
40-10-25 mg	15
<i>olmesartan-amlodipine-hydrochlorothiazide tab</i>	
40-5-12.5 mg	15
<i>olmesartan-amlodipine-hydrochlorothiazide tab</i>	
40-5-25 mg	15
<i>omeprazole delayed-rel</i>	30
<i>ondansetron</i>	29
<i>ondansetron hcl</i>	29
<i>ONETOUCH LANCETS / LANCING DEVICE</i>	27
<i>ONETOUCH ULTRA STRIPS AND KITS</i>	27
<i>ONETOUCH VERIO STRIPS AND KITS</i>	27
<i>ORACEA</i>	37
<i>ORALAIR SUB 300 IR</i>	31
<i>ORIAHNN CAP</i>	29
<i>ORILISSA</i>	27
<i>oseltamivir phosphate</i>	12
<i>oxaprozin</i>	10
<i>oxazepam</i>	18
<i>oxcarbazepine</i>	21
<i>oxybutynin chloride</i>	31
<i>oxybutynin ext-rel</i>	31
<i>oxycodone hcl</i>	11
<i>oxycodone w/ acetaminophen tab 10-325 mg</i> .	11
<i>oxycodone w/ acetaminophen tab 2.5-325 mg</i> 11	
<i>oxycodone w/ acetaminophen tab 5-325 mg</i> ...	11
<i>oxycodone w/ acetaminophen tab 7.5-325 mg</i> 11	
<i>OZEMPIC</i>	24
<i>OZEMPIC INJ 8MG/3ML</i>	24
P	
<i>paliperidone</i>	20
<i>pantoprazole delayed-rel tabs</i>	30
<i>PARAGARD IUD T380A</i>	27
<i>paricalcitol</i>	32
<i>paroxetine hcl ext-rel</i>	19
<i>paroxetine hcl tabs</i>	19
<i>pediatric multiple vitamins w/ fl-fe drops 0.25-10 mg/ml</i>	32
<i>pediatric multiple vitamins w/ fluoride chew tab</i>	
0.25 mg	32
<i>pediatric multiple vitamins w/ fluoride chew tab</i>	
0.5 mg	32
<i>pediatric multiple vitamins w/ fluoride chew tab</i>	
1 mg	32
<i>pediatric multiple vitamins w/ fluoride soln 0.25 mg/ml</i>	32
<i>pediatric multiple vitamins w/ fluoride soln 0.5 mg/ml</i>	32
<i>pediatric vitamins acd w/ fluoride soln 0.5 mg/ml</i>	32
<i>peg-3350/electrolytes</i>	30
<i>penicillin v potassium</i>	13
<i>perindopril erbumine</i>	14
<i>permethrin</i>	37
<i>phenelzine sulfate</i>	19
<i>phenobarbital</i>	21
<i>phenytoin</i>	21
<i>phenytoin sodium extended</i>	21
<i>PHEXXI GEL</i>	27
<i>phytonadione</i>	32
<i>pilocarpine hcl (oral)</i>	37
<i>pimecrolimus</i>	36
<i>pindolol</i>	17
<i>pioglitazone hcl</i>	24
<i>pioglitazone hcl-glimepiride tab 30-2 mg</i>	24
<i>pioglitazone hcl-glimepiride tab 30-4 mg</i>	24
<i>pioglitazone hcl-metformin hcl tab 15-500 mg</i> .	24
<i>pioglitazone hcl-metformin hcl tab 15-850 mg</i> .	24
<i>piroxicam</i>	10
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>	33
<i>potassium chloride</i>	32
<i>potassium citrate (alkalinizer)</i>	30
<i>pramipexole dihydrochloride</i>	20
<i>prasugrel hcl</i>	31
<i>pravastatin sodium</i>	16
<i>praziquantel</i>	11
<i>prednisolone</i>	28
<i>prednisolone acetate (ophth)</i>	33
<i>PREDNISOLONE SODIUM PHOSP</i>	33
<i>prednisolone sodium phosphate</i>	28
<i>prednisone</i>	28
<i>prenat w/o a w/fefum-methfol-fa-dha cap 27-0.6-0.4-300 mg</i>	32

<i>prenatal vit w/ dss-iron carbonyl-fa tab 90-1 mg</i>	32
<i>prenatal vit w/ fe fumarate-fa chew tab 29-1 mg</i>	32
<i>prenatal vit w/ fe fumarate-fa tab 28-1 mg</i>	32
<i>prenatal vit w/ fe fum-methylfolate-fa tab 27-0.6-0.4 mg</i>	32
<i>prenatal vit w/ iron carbonyl-fa tab 50-1.25 mg</i>	32
P	
<i>PRIFTIN</i>	11
<i>primidone</i>	21
<i>probenecid</i>	10
<i>procchlorperazine maleate</i>	29
<i>progesterone, micronized</i>	28
<i>promethazine hcl</i>	29
<i>promethazine w/ codeine syrup 6.25-10 mg/5ml</i>	34
<i>promethazine-dm syrup 6.25-15 mg/5ml</i>	34
<i>promethazine-phenylephrine-codeine syrup 6.25-5-10 mg/5ml</i>	34
<i>propafenone ext-rel</i>	16
<i>propafenone hcl</i>	16
<i>propranolol ext-rel</i>	17
<i>propranolol hcl</i>	17
<i>propylthiouracil</i>	28
<i>PULMICORT FLEXHALER</i>	35
<i>pyrazinamide</i>	11
<i>pyridostigmine bromide</i>	22
Q	
<i>quetiapine fumarate</i>	20
<i>QLIPTA</i>	22
R	
<i>raloxifene hcl</i>	28
<i>ramelteon</i>	22
<i>ramipril</i>	14
<i>ranolazine ext-rel</i>	18
<i>rasagiline mesylate</i>	20
<i>RESTASIS</i>	33
<i>rifabutin</i>	12
<i>rifampin</i>	12
<i>riluzole</i>	22
<i>risedronate sodium</i>	25
<i>risperidone</i>	20
<i>rivastigmine</i>	18
<i>rivastigmine tartrate</i>	18
<i>rizatriptan benzoate</i>	22
<i>rizatriptan orally disintegrating tabs</i>	22

<i>ropinirole hydrochloride</i>	20
<i>rosuvastatin calcium</i>	16
<i>RYBELSUS</i>	24
S	
<i>SAVELLA</i>	22
<i>SAVELLA MIS TITR PAK</i>	22
<i>selegiline hcl</i>	20
<i>selenium sulfide</i>	36
<i>sertraline hcl</i>	19
<i>sevelamer carbonate</i>	28
<i>silver sulfadiazine</i>	35
<i>simvastatin</i>	16
<i>SKYLA</i>	27
<i>sodium fluoride</i>	32
<i>sodium polystyrene sulfonate</i>	28
<i>SOLIQUA</i>	24
<i>SOOLANTRA</i>	37
<i>sotalol</i>	16
<i>sotalol hcl</i>	16
<i>SPIRIVA</i>	34
<i>spironolactone</i>	17
<i>spironolactone & hydrochlorothiazide tab 25-25 mg</i>	17
<i>streptomycin sulfate</i>	12
<i>STRIVERDI RESPIMAT</i>	34
<i>sulfacetamide lotion 10%</i>	35
<i>sulfacetamide sodium (ophth)</i>	33
<i>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</i>	32
<i>sulfamethoxazole/trimethoprim</i>	13
<i>sulfamethoxazole/trimethoprim ds</i>	13
<i>sulfasalazine</i>	29
<i>sulindac</i>	10
<i>sumatriptan</i>	22
<i>sumatriptan succinate</i>	22
<i>SYMJEPI</i>	33
<i>SYMLINPEN</i>	23
<i>SYMPROIC</i>	30
<i>SYNJARDY TAB</i>	25
<i>SYNJARDY TAB 12.5-500</i>	25
<i>SYNJARDY TAB 5-1000MG</i>	25
<i>SYNJARDY TAB 5-500MG</i>	25
<i>SYNJARDY XR TAB</i>	25
<i>SYNJARDY XR TAB 10-1000</i>	25
<i>SYNJARDY XR TAB 25-1000</i>	25
<i>SYNJARDY XR TAB 5-1000MG</i>	25

T	
TABLOID.....	14
TACLONEX OIN	36
TACLONEX SUS	36
<i>tacrolimus (topical)</i>	36
<i>tamoxifen citrate</i>	14
<i>tamsulosin hcl</i>	30
<i>temazepam</i>	22
<i>terazosin hcl</i>	30
<i>terbinafine hcl</i>	11
<i>terconazole vaginal</i>	31
<i>testosterone</i>	23
<i>testosterone cypionate</i>	23
<i>testosterone enanthate</i>	23
<i>tetracycline hcl</i>	13
<i>theophylline</i>	35
<i>tiagabine hcl</i>	21
<i>timolol maleate (ophth)</i>	33
<i>tinidazole</i>	13
<i>tizanidine hcl</i>	22
<i>tobramycin (ophth)</i>	33
<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	32
<i>tolterodine tartrate</i>	31
<i>topiramate</i>	21
<i>toremifene citrate</i>	14
<i>torsemide</i>	17
<i>tramadol hcl</i>	11
<i>trandolapril</i>	14
<i>tranylcypromine sulfate</i>	19
<i>trazodone hcl</i>	19
TRECATOR.....	12
TRESIBA	24
<i>tretinoin</i>	35
<i>tretinoin (chemotherapy)</i>	14
<i>triamcinolone acetonide (mouth)</i>	37
<i>triamcinolone acetonide (topical)</i>	36
<i>triamterene & hydrochlorothiazide cap 37.5-25 mg</i>	17
<i>triamterene & hydrochlorothiazide tab 37.5-25 mg</i>	18
<i>triamterene & hydrochlorothiazide tab 75-50 mg</i>	18
<i>trifluoperazine hcl</i>	20
<i>trifluridine</i>	33
<i>trihexyphenidyl hcl</i>	20
TRIJARDY XR TAB	25
<i>trimethobenzamide hcl</i>	29
<i>trospium</i>	31
TRULICITY	24
U	
UCERIS	29
<i>ursodiol</i>	30
V	
VAGIFEM	27
<i>valacyclovir hcl</i>	12
<i>valproic acid</i>	21
<i>valsartan</i>	16
<i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i>	15
<i>valsartan-hydrochlorothiazide tab 160-25 mg</i> ..	15
<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i>	15
<i>valsartan-hydrochlorothiazide tab 320-25 mg</i> ..	15
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i> .	15
<i>vancomycin hcl</i>	13
<i>varenicline tartrate</i>	23
<i>varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack</i>	23
VASCEPA.....	16
<i>venlafaxine hcl</i>	19
<i>venlafaxine hcl ext-rel</i>	19
<i>verapamil ext-rel</i>	17
VICTOZA	24
<i>voriconazole</i>	11
W	
<i>warfarin sodium</i>	31
<i>wixela inhub 100-50 mcg/act</i>	35
<i>wixela inhub 250-50 mcg/act</i>	35
<i>wixela inhub 500-50 mcg/act</i>	35
X	
XARELTO	31
XARELTO STAR TAB 15/20MG.....	31
XIFAXAN	13
XIGDUO XR TAB 10-1000	25
XIGDUO XR TAB 10-500MG.....	25
XIGDUO XR TAB 2.5-1000	25
XIGDUO XR TAB 5-1000MG.....	25
XIGDUO XR TAB 5-500MG.....	25
XiIDRA	33
Y	
YUPELRI	34
Z	
<i>zaleplon</i>	22

ZENPEP CAP 10000UNT.....	30	<i>ziprasidone hcl</i>	20
ZENPEP CAP 15000UNT.....	30	<i>zolmitriptan</i>	22
ZENPEP CAP 20000UNT.....	30	<i>zolmitriptan orally disintegrating tabs</i>	22
ZENPEP CAP 25000UNT.....	30	<i>zolpidem tartrate</i>	22
ZENPEP CAP 3000UNIT.....	30	<i>zolpidem tartrate ext-rel</i>	22
ZENPEP CAP 40000UNT.....	30	<i>zonisamide</i>	21
ZENPEP CAP 5000UNIT.....	30		