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		ODT	orally disintegrating tablets
		oint	ointment
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Please consider talking to your doctor about prescribing formulary medications, which may help reduce your out-of-pocket costs. This list may help guide you and your doctor in selecting an appropriate medication for you.

The drug formulary is regularly updated. Please visit www.shb.umn.edu and www.bluecrossmn.com/uofm for the most up-to-date formulary.

To search for a drug name within this PDF document, use the **Control** and **F** keys on your keyboard, or go to **Edit** in the drop-down menu and select **Find/Search**. Type in the word or phrase you are looking for and click on **Search**.

Introduction

Blue Cross and Blue Shield of Minnesota, Blue Plus and the Student Health Benefit Plan are pleased to present the FlexRx drug formulary (drug list). Our goal is to give members access to safe and effective prescription drugs at a reasonable cost.

Brand name drugs are not included in this formulary unless they are listed. Blue Cross and the Student Health Benefit Plan may choose to not add a drug to the formulary because of effectiveness or safety concerns, or because a similar, more cost-effective drug is already on the formulary. New drugs are non-preferred (**NP**) until reviewed and approved for inclusion by the Pharmacy and Therapeutics (P&T) Committee and Coverage Committee in collaboration with the Student Health Benefit Plan P & T Committee.

Blue Cross encourages providers to prescribe preferred drugs.

Your drug benefit is presented in the Drug Formulary, and includes most prescription drugs, although some restrictions and exclusions do apply. For example, investigational drugs and drugs indicated for cosmetic purposes, e.g., Propecia, may not be eligible for coverage under your prescription drug benefit. Some drugs may only be available through your medical benefit. Coverage and copayment levels vary depending on the plan. This prescription drug benefit is multi-tiered, placing prescription drugs into one of four Copay/Coinsurance levels:

- Preferred Generic drugs (Tier 1)
- Preferred Brand drugs (Tier 2)

Pharmacy and Therapeutics (P&T) Committee and Coverage Committee

The Student Health Benefit Plan selects drugs for this formulary in collaboration with the Blue Cross P&T Committee & Coverage Committee based on recommendations of an independent Pharmacy and Therapeutics (P&T) Committee that includes practicing physicians and pharmacists. Decisions to add or remove drugs from the FlexRx formulary are based on the drug's safety, effectiveness, uniqueness and cost. The P&T Committee and Coverage Committee meet at least quarterly. All drugs are reviewed each year as required by the National Committee on Quality Assurance (NCQA) standards.

You can find recent changes and the current version of the formulary at www.shb.umn.edu and bluecrossmn.com/uofm.

Formulary guidelines

The requirement of P&T and Coverage Committee review is a precondition of Blue Cross coverage and:

- Applies in addition to all other conditions and terms stated in Blue Cross contracts and stated herein; and
- Applies to medications and medical devices when administered in any manner that is approved by the U. S. Food and Drug Administration (FDA); and
- Applies to approved medications legally prescribed and medical devices legally used when administered in any manner that is not mentioned in the labeling approved by the FDA (referred to as an “off-label” use). Use of a medication or medical device for an indication, dosage form, dose regimen, population, or other use parameter not mentioned in the approved labeling is considered to be an “off-label” use.

These guidelines in no way imply that members should not receive specific services based on the recommendation of the provider. These guidelines govern coverage and not clinical practices. Providers are responsible for giving medical advice and treating members. Members with specific health care needs should consult an appropriate health care provider.

Members and providers have the right to make a formulary exceptions request. These rights are explained in member and provider plan documents. Members and providers with questions about the formulary exception or appeal rights should call the Office of Student Health Benefits at 612-624-0627.

This information is not an offer of coverage, solicitation of coverage, summary of coverage or guarantee of coverage. All products and coverage guidelines are subject to applicable laws and regulations. Member or provider coverage is contingent on all the applicable terms, conditions, limitations and exclusions of member or provider plan documents.

Formulary addition request

Any health care provider may request in writing that the SHBP consider adding or deleting a drug from the formulary. All formulary requests are brought before the SHBP P& T Committee.

Generic drugs

Blue Cross encourages use of generic drugs as a way to provide high-quality, cost-effective care. Generic drugs are safe, effective and they may cost less than brand name drugs. Members will likely pay a lower copayment or coinsurance for a generic drug.

Frequently asked questions about generics

Are generics as good as brand name drugs?

Both brand name and generic drugs must be approved by the FDA. Generic drugs meet the same high standards as brand name drugs.

Why should I take generics rather than brand name drugs?

We must all do our part to make health care affordable. One way is to be wise buyers of drugs. Generics provide the same effectiveness and safety as their brand name counterparts, but are often lower in cost. This typically occurs when competition among several manufacturers who produce the generic drug, results in lower prices for it. Lower costs generally mean lower copayments for members. Generics also save money for your health plan, so it can help keep insurance premiums as low as possible.

How can I take advantage of lower-cost generics?

Ask your pharmacist for a generic whenever available. Also, talk with your doctor or other provider about prescribing generic drugs. Most drug classes include some generic drugs.

How to use this list

The drug list is organized into broad categories (e.g., HORMONES, DIABETES AND RELATED DRUGS).

The first column of the chart lists the drug name. Generic drugs are listed in lowercase boldface (e.g., budesonide ext-release)

Preferred brand name drugs are capitalized (e.g., CORTISONE). Non-preferred brand name drugs are not included in this

Drug List Separate drug entries are required for some dosage forms or routes of administration.

Compounded prescriptions

Compounded prescriptions contain two or more drugs mixed together. The end product cannot be available in an equivalent commercial form (except for hydroxyprogesterone). Plus, at least one ingredient must be an FDA-approved prescription drug. Compounded prescriptions are processed according to member benefits.

Injectable drugs

Self-administered injectable drugs are generally part of the pharmacy benefit and may be included on the formulary. Injectable drugs are processed according to member benefits.

Benefit programs

Retail Pharmacy Vaccine Program

Blue Cross has an optional vaccine pharmacy program for flu, pneumonia, shingles, diphtheria tetanus combinations, human papillomavirus (HPV) and meningitis vaccines. Members with this benefit can simply present their health plan member ID card when visiting a participating pharmacy. The cost share will be based on their pharmacy coverage for this benefit. Members can go to **MyPrime.com** to locate network pharmacies that administer approved vaccines for Blue Cross Blue Shield of Minnesota members.

Please note that age limitations, advance registration or other requirements may apply. The availability of each vaccine may vary by individual pharmacy or location. For your convenience, you may contact the pharmacy in advance if you have questions or to make sure these services are available at a particular location.

Affordable Care Act Contraceptives

Select contraceptives will be covered without cost share for women in accordance with each member's specific benefit plan. This new contraceptive benefit will take effect on the first day of a member's plan year, on or after January 1, 2014. The following select contraceptive medications will be available at \$0 cost to eligible members:

- Barrier Method Types
 - > Diaphragms
- Emergency Contraceptives: Plan B, ELLA
- Injectables
 - > DEPO-PROVERA CONTRACEPTIVE
 - > **medroxyprogesterone acetate**
- Hormonal Methods
 - > NUVARING
 - > Oral combination contraceptives such as **Cyred, Junel 1/20 and 1.5/30, Junel Fe 1/20 and 1.5/30, Levora, Previfem, Tri-Sprintec, Tri-Lo-Sprintec and Vienva.**
 - > Oral extended cycle/continuous use contraceptives such as levonorgestrel/ethinyl estradiol (91 day) 0.15-0.03mg (generic Seasonal).
 - > Oral progestin contraceptives such as **Lyza** (generic Ortho Micronor).
 - > Xulane (generic Ortho Evra)

Affordable Care Act OTC Supplements

Select OTC supplements will be covered without cost share in accordance with each member's specific benefit plan. This new OTC supplemental benefit will take effect upon renewal the first day of a member's plan year, beginning on or after January 1, 2014. The following select OTC supplement will be available at \$0 cost to eligible members with a prescription.

- Aspirin- men ages 45-79 and women ages 55-79
- Folic acid- containing 0.4-0.8 mg for women ages 12-64
- Fluoride- for preschool children ages 6 months-6 years
- Iron- children ages 6-12 months and women ages 12-64
- Vitamin D- adults ages 65 and older

Affordable Care Act Tobacco Cessation

Select tobacco cessation will be covered without cost share in accordance with each member's specific benefit plan. This new tobacco cessation benefit will take effect upon renewal the first day of a member's plan year, beginning on or after January 1, 2014. The following select tobacco cessation will be available at \$0 cost to eligible members with a prescription.

- bupropion ext-release (Zyban)
- CHANTIX
- nicotine gum, lozenge, kit, patch
- NICOTROL NS
- NICOTROL Inhaler

Managing drug usage

Formulary Exceptions

- To request coverage of a non-preferred drug for a member with a closed formulary benefit plan
- To request a brand name drug exception for a member with a mandatory generic plan

Steps on how a prescriber may request a Formulary Exception:

- A prescriber may obtain a *Minnesota Uniform Form for Prescription Drug Prior Authorization Request & Formulary Exceptions*. The prescriber can also obtain the form by calling the Student Health Benefits Office at 612-624-0627.
- Submit the completed request form to the following address or fax:

Office of Student Health
Benefits Review Department
410 Church Street SE N323
Minneapolis, MN 55455
Fax number: **612-626-5183**
or **1-800-624-9881**

Prior Authorization

Some drugs require prior authorization because of their high potential for misuse or overuse. Coverage may be approved after certain criteria are met. Approval is required for claims to process at network pharmacies. Policies regarding the covered uses of drugs and drug classes requiring prior authorization can be found at **bluecrossmn.com**. For more information, call the number on the back of your member ID card. Providers can call provider services at **651.662.5200** or toll free at **1.800.262.0820**.

Steps on how a prescriber may request a Prior Authorization:

- A prescriber may obtain a *Minnesota Uniform Form for Prescription Drug Prior Authorization Request & Formulary Exceptions*. The prescriber can also obtain the form by calling the Student Health Benefits Office at 612-624-0627
- Submit the completed request form along with relevant medical records to the following address or fax:

Office of Student Health Benefits
Review Department
410 Church Street SE N323
Minneapolis, MN 55455
Fax number: **612-626-5183** or
1-800-624-9881

Prior Authorization

Drug Name

ANTI-INFECTIVE DRUGS**PENICILLINS****amoxicillin caps, susp, tabs**

AMOXICILLIN chew tabs

amoxicillin/potassium clavulanate**amoxicillin/potassium clavulanate ext-release****ampicillin caps**

AMPICILLIN susp

penicillin v potassium*Anti-infectives***cefadroxil****cefdinir****cefprozil****ceftriaxone****cefuroxime****cephalexin caps, 250mg, 500mg;susp****MACROLIDES****azithromycin susp, tabs****clarithromycin for susp 125 mg/5ml****clarithromycin for susp 250 mg/5ml (Biaxin)****clarithromycin tab 250 mg (Biaxin)****clarithromycin tab 500 mg (Biaxin)****TETRACYCLINES****doxycycline hyclate cap 50mg****doxycycline hyclate cap 100mg (Vibramycin)****doxycycline hyclate tab 20mg****doxycycline hyclate tab 100mg****doxycycline monohydrate****minocycline hcl cap 100mg (Minocin)****minocycline hcl cap 50mg (Minocin)****minocycline hcl cap 75mg (Minocin)**

Prior Authorization

Drug Name

FLUOROQUINOLONES

CIPRO - ciprofloxacin for oral susp 250 mg/5ml (5%)(5 gm/100ml)

ciprofloxacin for oral susp 250 mg/5ml (5%) (5 gm/100ml) (Cipro)**ciprofloxacin for oral susp 500 mg/5ml (10%) (10 gm/100ml) (Cipro)****ciprofloxacin hcl tab 250 mg(base equiv) (Cipro)****ciprofloxacin hcl tab 500 mg(base equiv) (Cipro)****ciprofloxacin hcl tab 750 mg(base equiv)****levofloxacin oral soln 25 mg/ml (Levaquin)****levofloxacin tab 250 mg (Levaquin)****levofloxacin tab 500 mg (Levaquin)****levofloxacin tab 750 mg (Levaquin)****AMINOGLYCOSIDES****neomycin sulfate****paromomycin****SULFONAMIDES****sulfamethoxazole/trimethoprim****TUBERCULOSIS****rifampin cap 150 mg (Rifadin)****rifampin cap 300 mg (Rifadin)****ethambutol**

ISONIAZID syrup

isoniazid tabs

PRIFTIN (rifapentine) tab 150 mg

FUNGAL INFECTIONS**fluconazole****itraconazole 100 mg caps****ketoconazol****terbinafine**

Prior Authorization

Drug Name

Viral Infectives**Hepatitis**

entecavir tab 0.5 mg (Baraclude)
 entecavir tab 1 mg (Baraclude)
 lamivudine tab 100 mg (hbv) (EPIVIR)
 ribavirin cap 200 mg (Rebetol)
 tenofovir disoproxil fumarate tab 300mg
 (VIREAD)

Herpes

acyclovir
 famciclovir
 valacyclovir

HIV/AIDS

Combivir (lamivudine/zidovudine)
 Epivir (lamivudine)
 Retrovir (zidovudine)
 Truvada emtricitabine-tenofovir disoproxil fumarate tab
 200-300 mg
 Videx (didanosine)

Influenza

oseltamivir phosphate cap 30 mg (base equiv)TAMIFLU
 oseltamivir phosphate cap 45 mg (base equiv)TAMIFLU
 oseltamivir phosphate cap 75 mg (base equiv)TAMIFLU
 oseltamivir phosphate for susp 6 mg/ml (base equiv)

MALARIA

atovaquone/proguanil 250-100 mg
 ATOVAQUONE/PROGUANIL 62.5-25 mg
 chloroquine phosphate
 hydroxychloroquine
 mefloquine
 primaquine phosphate tab 26.3 mg (15 mg base)

Prior Authorization

Drug Name

WORM INFECTIONS

albendazole tab 200mg (ALBENZA)
 ivermectin tab 3 mg (STROMEKTOL)
 praziquantel tab 600 mg (BILTRICIDE)

OTHER ANTI-INFECTIVES

ALINIA (nitazoxanide for susp 100 mg/5ml)
 ALINIA (nitazoxanide tab 500 mg)
 clindamycin hcl cap 75 mg (Cleocin)
 clindamycin hcl cap 150 mg (Cleocin)
 clindamycin hcl cap 300 mg (Cleocin)
 clindamycin paimitate hcl for soln 75 mg/5ml (base
 equiv) (Cleocin pediatric gr)
 firvanq 25 mg/ml in FIRST - compounding kit 5 FL OZ
 firvanq 25 mg/ml in FIRST - compounding kit 10 FL OZ
 firvanq 50 mg/ml in FIRST - compounding kit 5 FL OZ
 firvanq 50 mg/ml in FIRST - compounding kit 7 FL OZ
 firvanq 50 mg/ml in FIRST - compounding kit 10 FL OZ
 linezolid tab 600 mg (Zyvox)
 linezolid for sups 100 mg/5ml (Zyvox)
 metronidazole tab 250 mg (Flagyl)
 metronidazole tab 500 mg (Flagyl)
 trimethoprim
 vancomycin hcl cap 125 mg (Vancocin hcl)

IMMUNIZING AGENTS

vivitof
 SHINGRIX (zoster vaccine recombinant adjuvanted for im
 inj 50 mcg)

Prior Authorization

Drug Name

HORMONES, DIABETES AND RELATED DRUGS**CORTICOSTEROIDS**

budesonide delayed release particles cap 3 mg
(Entocort ec)
budesonide nasal susp 32 mcg/act
dexamethasone elixir; tabs, 0.5 mg, 0.75 mg, 1.5 mg, 4 mg, 6 mg
DEXAMETHASONE soln; tabs, 1 mg, 2 mg
fludrocortisone
hydrocortisone tab 5 mg (Cortef)
hydrocortisone tab 10 mg (Cortef)
hydrocortisone tab 20 mg (Cortef) **methylprednisolone prednisolone soln, 15 mg/5 mL**
prednisolone sodium phosphate
prednisolone sodium phosphatesoln, 5 mg/5 mL
PREDNISONONE dose packs; soln, 5 mg/5 mL; tabs, 50 mg
prednisone tabs, 1 mg, 2.5 mg, 5 mg, 10 mg, 20 mg

MALE HORMONES

danazol cap 50 mg
danazol cap 100 mg
danazol cap 200 mg
testosterone 1.62% gel pump
testosterone 1.62% gel packets 20.25mg/1.25g
testosterone 1.62% gel packets 40.5mg/2.5g
testosterone cypionate im inj in oil 100 mg/ml
(Depotestosterone)
testosterone cypionate im inj in oil 200 mg/ml
(Deposetosterone)
testosterone enanthate im inj in oil 200 mg/ml
testosterone td gel 25 mg/2.5gm (1%) (Adrogel)
testosterone td gel 50 mg/5gm (1%) (Androgel)
testosterone td gel 12.5 mg/act (1%) (Androgel pump)

Prior Authorization

Drug Name

ESTROGENS

COMBIPATCH
estradiol & norethindrone acetate tab 0.5-0.1 mg
(Activella)
estradiol & norethindrone acetate tab 1-0.5 mg
(Activella)
estradiol tab 0.5 mg (Estrace)
estradiol tab 1 mg (Estrace)
estradiol tab 2 mg (Estrace)
estradiol td patch twice weekly 0.025 mg/24hr (Vivelle-dot)
estradiol td patch twice weekly 0.0375 mg/24hr (Vivelle-dot)
estradiol td patch twice weekly 0.05 mg/24hr (Vivelle-dot)
estradiol td patch twice weekly 0.075 mg/24hr (Vivelle-dot)
estradiol td patch twice weekly 0.1 mg/24hr (Vivelle-dot)
estradiol td patch weekly 0.025 mg/24hr (Climara) **estradiol td patch weekly 0.0375 mg/24hr** (Climara) **estradiol td patch weekly 0.05 mg/24hr** (Climara) **estradiol td patch weekly 0.06 mg/24hr** (Climara) **estradiol td patch weekly 0.075 mg/24hr** (Climara) **estradiol td patch weekly 0.1 mg/24hr** (Climara)
estradiol valerate 20mg/ml (Delestrogen)
estropipate 0.75 mg, 1.5 mg
PREMPHASE
PREMPRO

PROGESTINS

medroxyprogesterone acetate
norethindrone acetate
progesterone micronized

Drug Name

Prior Authorization

BIRTH CONTROL

- Alyacen**
- Aranelle**
- Cryselle**
- drospirenone/EE 3 mg/20mcg (Zarah)
- Enpresse**
- Gildagia**
- Kariva**
- Kelnor 1/35**
- Loryna**
- Necon 1/50**
- Nortrel 0.5/35**
- Nortrel 777**
- Ogestrel**
- Tri-Ligest Fe**
- Velivet**

Drug Name

Prior Authorization

DIABETES

- acarbose**
- glimepiride**
- glipizide**
- glipizide ext-release**
- glipizide/metformin**
- GLUCAGON EMERGENCY KIT
- glyburide micronized tab 1.5 mg**
- glyburide micronized tab 3 mg**
- glyburide micronized tab 6 mg**
- glyburide tab 1.25 mg**
- glyburide tab 2.5 mg**
- glyburide tab 5 mg**
- metformin hcl tab sr 24hr 500 mg** (Glucophage xr)
- metformin hcl tab sr 24hr 750 mg** (Glucophage xr)
- metformin hcl tab 500 mg** (Glucophage)
- metformin hcl tab 850 mg** (Glucophage)
- metformin hcl 1000 mg** (Glucophage)
- nateglinide**
- pioglitazone**
- pioglitazone/metformin**
- repaglinide tab 0.5 mg**
- repaglinide tab 1 mg**
- repaglinide tab 2 mg**

Insulin

The formulary includes vials and insulin pens for the insulin products listed. Humulin R 500 units/mL is only available in vials.

Rapid-Acting Insulins

HUMALOG

Short-Acting Insulins

HUMULIN R

Prior Authorization

Drug Name

Intermediate-Acting Insulins

HUMALOG MIX 50/50, 75/25

HUMULIN N

HUMULIN 70/30

Basal Insulins

LANTUS

LEVEMIR

THYROID REGULATION

levothyroxine sodium tab 25 mcg (Synthroid)

levothyroxine sodium tab 50 mcg (Synthroid)

levothyroxine sodium tab 75 mcg (Synthroid)

levothyroxine sodium tab 88 mcg (Synthroid)

levothyroxine sodium tab 100 mcg (Synthroid)

levothyroxine sodium tab 112 mcg (Synthroid)

levothyroxine sodium tab 125 mcg (Synthroid)

levothyroxine sodium tab 137 mcg (Synthroid)

levothyroxine sodium tab 150 mcg (Synthroid)

levothyroxine sodium tab 175 mcg (Synthroid)

levothyroxine sodium tab 200 mcg (Synthroid)

levothyroxine sodium tab 300 mcg (Synthroid)

liothyronine sodium tab 5 mcg (Cytomel)

liothyronine sodium tab 25 mcg (Cytomel)

liothyronine sodium tab 50 mcg (Cytomel)

methimazole tab 5 mg (Tapazole)

methimazole tab 10 mg (Tapazole)

propylthiouracil tab 50 mg

Synthroid 25 mcg

Synthroid 50 mcg

Synthroid 75 mcg

Synthroid 88 mcg

Synthroid 100 mcg

Synthroid 112 mcg

Synthroid 125 mcg

Synthroid 137 mcg

Synthroid 150 mcg

Synthroid 175 mcg

Synthroid 200 mcg

Synthroid 300 mcg

Prior Authorization

Drug Name

OTHER HORMONES AND RELATED DRUGS

alendronate tabs 5 mg, 10 mg, 35 mg, 70 mg

ALENDRONATE 40 mg

cabergoline

calcitonin-salmon

calcitriol

desmopressin

ibandronate

levocarnitine

methylergonovine

raloxifene

HEART AND CIRCULATORY DRUGS**ANGIOTENSIN CONVERTING ENZYME (ACE)
INHIBITORS AND COMBINATIONS**

benazepril

benazepril/ hydrochlorothiazide

CAPTOPRIL/ HYDROCHLOROTHIAZIDE

enalapril

enalapril/hydrochlorothiazide

fosinopril

fosinopril/hydrochlorothiazide

lisinopril

lisinopril/ hydrochlorothiazide

moexipril

moexipril/ hydrochlorothiazide

perindopril

quinapril

quinapril/ hydrochlorothiazide

ramipril

trandolapril

Prior Authorization

Drug Name

**ANGIOTENSIN II RECEPTOR BLOCKERS (ARBs)
AND COMBINATIONS**

candesartan/ hydrochlorothiazide irbesartan
losartan
losartan/hydrochlorothiazide
olmesartan medoxomil tab 5 mg (Benicar)
olmesartan medoxomil tab 20 mg (Benicar)
olmesartan medoxomil tab 40 mg (Benicar)
olmesartan medoxomil-hydrochlorothiazide tab
20-12.5 mg (Benicar HCT)
olmesartan medoxomil-hydrochlorothiazide tab
40-12.5 mg (Benicar HCT)
olmesartan medoxomil-hydrochlorothiazide tab
40-25 mg (Benicar HCT)
telmisartan tab 20 mg (Micardis)
telmisartan tab 40 mg (Micardis)
telmisartan tab 80 mg (Micardis)

BETA BLOCKERS AND COMBINATIONS

acebutolol
atenolol
atenolol/chlorthalidone
bisoprolol
bisoprolol/hydrochlorothiazide
carvedilol
labetalol
metoprolol succinate ext- release
metoprolol tartrate
metoprolol/ hydrochlorothiazide
nadolol
propranolol ext-release
PROPRANOLOL soln
propranolol tabs
PROPRANOLOL/HYDROCHLOROTH -
propranolol & hydrochlorothiazide tab 80-25 mg
TIMOLOL tabs

**CALCIUM CHANNEL BLOCKERS
AND COMBINATIONS**

amlodipine besylate tab 2.5 mg (Norvasc)
amlodipine besylate tab 5 mg (Norvasc)
amlodipine besylate tab 10mg (Norvasc)

Prior Authorization

Drug Name

amlodipine besylate-olmesartan medoxomil tab 10-20 mg
(AZOR)
amlodipine besylate-olmesartan medoxomil tab 10-40 mg
(AZOR)
amlodipine besylate-olmesartan medoxomil tab 5-20 mg
(AZOR)
amlodipine besylate-olmesartan medoxomil tab 5-40 mg
(AZOR)
amlodipine besylate-valsartan tab 10-160 mg
amlodipine besylate-valsartan tab 10-320 mg
amlodipine besylate-valsartan tab 5-160 mg
amlodipine besylate-valsartan tab 5-320 mg
amlodipine/benazepril
amlodipine-valsartan-hydrochlorothiazide tab 10-160-12.5
mg (EXFORGE HCT)
amlodipine-valsartan-hydrochlorothiazide tab 10-160-25
mg (EXFORGE HCT)
amlodipine-valsartan-hydrochlorothiazide tab 10-320-25
mg (EXFORGE HCT)
amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5
mg (EXFORGE HCT)
amlodipine-valsartan-hydrochlorothiazide tab 5-160-25
mg (EXFORGE HCT)
diltiazem
diltiazem ext-release
felodipine ext-release
nifedipine ext-release
VERAPAMIL 40 mg
verapamil 80 mg, 120 mg
verapamil ext-release

CHEST PAIN (ANGINA)

sosorbide dinitrate, NP = ext-release tabs, SL tabs
isosorbide mononitrate
isosorbide mononitrate ext- release
nitroglycerin cap cr 2.5 mg
nitroglycerin cap cr 6.5 mg
nitroglycerin cap cr 9 mg
nitroglycerin sl tab 0.3 mg
nitroglycerin sl tab 0.4 mg
nitroglycerin sl tab 0.6 mg
nitroglycerin td patch 24hr0.1 mg/hr (Nitro-dur)
nitroglycerin td patch 24hr0.2 mg/hr (Nitro-dur)
nitroglycerin td patch 24hr0.4 mg/hr (Nitro-dur)
nitroglycerin td patch 24hr0.6 mg/hr (Nitro-dur)

Prior Authorization

Drug Name

CHOLESTEROL LOWERING

astorvastatin
cholestyramine
colestipol hcl granules 5 gm
colestipol tabs
ezetimibe tab 10 mg (Zetia) **ezetimibe-simvastatin tab 10-10 mg** **ezetimibe-simvastatin tab 10-20 mg** **ezetimibe-simvastatin tab 10-40 mg** **ezetimibe-simvastatin tab 10-80 mg** **fenofibrate**
fenofibric acid delayed- release
gemfibrozil
lovastatin
omega-3-acid ethyl esters cap 1 gm
pravastatin
rosuvastatin tab 5 mg (Crestor)
rosuvastatin tab 10 mg (Crestor)
rosuvastatin tab 20 mg (Crestor)
rosuvastatin tab 40 mg (Crestor)
simvastatin

FLUID REDUCTION

ACETAZOLAMIDE 125 mg acetazolamide
250 mg acetazolamide ext-release
amiloride amiloride/hydrochlorothiazide
bumetanide
chlorothiazide
CHLORTHALIDONE 25 mg, 50 mg
furosemide, NP = soln, 8 mg/mL
hydrochlorothiazide caps
hydrochlorothiazide tabs **indapamide**
metolazone
spironolactone
spironolactone/ hydrochlorothiazide
torsemide
triamterene/ hydrochlorothiazide

Prior Authorization

Drug Name

HEART RHYTHM

amiodarone
disopyramide
flecainide
mexiletine
propafenone
propafenone ext-release
quinidine gluconate ext-release
quinidine sulfate
QUINIDINE SULFATE ext-release
sotalol

OTHER HEART RELATED DRUGS

clonidine hcl tab 0.1 mg (Catapres)
clonidine hcl tab 0.2 mg (Catapres)
clonidine hcl tab 0.3 mg (Catapres)
clonidine hcl td patch weekly 0.1 mg/24hr (Catapres-tts-1)
clonidine hcl td patch weekly 0.2 mg/24hr (Catapres-tts-2)
clonidine hcl td patch weekly 0.3 mg/24hr (Catapres-tts-3)
digoxin tabs
doxazosin
eplerenone
epoprostenol
guanfacine
hydralazine
methyldopa
midodrine
minoxidil
prazosin
terazosin

Prior Authorization

Drug Name

BEE STING KITS

epinephrine injection, USP auto-injector 0.15 mg 0.3mg
epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000)
 (EpiPen 2-pak)

RESPIRATORY DRUGS**ANTI-HISTAMINES**

carbinoxamine maleate
promethazine hcl suppos 12.5 mg
promethazine hcl suppos 25 mg
promethazine hcl syrup 6.25 mg/5ml
promethazine hcl tab 12.5 mg
promethazine hcl tab 25 mg
promethazine hcl tab 50 mg

NASAL PRODUCTS

azelastine hcl nasal spray 137 mcg/spray (1 mg/ml)
flunisolide 25 mcg/spray
fluticasone propionate
ipratropium

COUGH/COLD/ALLERGY

acetylcysteine
benzonatate
guaifenesin/codeine 10-100mg/5ml

ASTHMA/COPD

ADVAIR DISKUS
ADVAIR HFA
albuterol inhal soln, 0.083%, 0.5%; syrup;
albuterol 0.63 mg/3 mL, 1.25 mg/3 ml
ARNUIITY ELLIPTA (fluticasone furoate aerosol powder
breath activ 50 mcg/act

Prior Authorization

Drug Name

ARNUIITY ELLIPTA (fluticasone furoate aerosol powder
breath activ 100 mcg/act)
ARNUIITY ELLIPTA (fluticasone furoate aerosol powder
breath activ 200 mcg/act)
ASMANEX, NP = 7 metered doses
ATROVENT HFA
BREO ELLIPTA 100/25 (fluticasone furoate 100 mcg and
vilanterol 25 mcg inhalation powder)
BREO ELLIPTA 200/25 (fluticasone furoate 200 mcg and
vilanterol 25 mcg inhalation powder)
budesonide
COMBIVENT
COMBIVENT RESPIMAT
FLOVENT DISKUS
FLOVENT HFA
FLUCTICASONE PROPIONATE/SA - fluticasone-
salmeterol aer powder ba 55-14 mcg/act
FLUCTICASONE PROPIONATE/SA - fluticasone-
salmeterol aer powder ba 113-14 mcg/act
FLUCTICASONE PROPIONATE/SA - fluticasone-
salmeterol aer powder ba 232-14 mcg/act
ipratropium inhal soln
ipratropium/albuterol
levalbuterol
montelukast
PROAIR HFA
QVAR REDHALER (beclomethasone diprop hfa breach
act inh aer 40 mcg/act)
QVAR REDHALER (beclomethasone diprop hfa breath
act inh aer 80 mcg/act)
SEREVENT DISKUS
SPIRIVA HANDIHALER
SPIRIVA RESPIMAT - tiotropium bromide monohydrate
inhal aerosol 1.25 mcg.act
STIOLTO RESPIMAT tiotropium-olodaterol
SYMBICORT
theophylline ext-release
VENTOLIN HFA

Prior Authorization

Drug Name

GASTROINTESTINAL DRUGS**LAXATIVES****lactulose**

PEG – electrolytes for soln

DIARRHEA**diphenoxylate w/atropine tabs 2.5-0.025mg (Lomotil)**

DIPHENOXYLATE/ATROPINE - diphenoxlate w/ atropine

liq 2.5-0.025 mg/5ml

loperamide hcl cap 2 mg**ULCER/GERD****cimetidine tab 400 mg****cimetidine tab 800 mg**

DICYCLOMINE soln

esomeprazole magnesium cap delayed release 20 mg**(base eq)****esomeprazole magnesium cap delayed release 40 mg****(base eq)****famotidine tab 40 mg (Pepcid)****glycopyrrolate****hyoscyamine sulfate tab disint 0.125 mg****lansoprazole delayed-release caps****misoprostol****nizatidine****omeprazole delayed-release****OMEPRAZOLE DELAYED-RELEASE****pantoprazole delayed-release****ranitidine hcl syrup 15 mg/ml (75 mg/5ml)****ranitidine hcl tab 150 mg (Zantac)****ranitidine hcl tab 300 mg (Zantac)****sucralfate tab 1 gm (Carafate)**

Prior Authorization

Drug Name

Nausea and Vomiting**dronabinol****granisetron hcl tab 1 mg****ondansetron****ondansetron 24 mg****OTHER GASTROINTESTINAL DRUGS****balsalazide****calcium acetate**

CANASA

lactulose**mesalamine suppos 1000 mg (Canasa)****mesalamine tab delayed release 1.2 mg****mesalamine tab delayed release 800 mg****metoclopramide****sevelamer carbonate tab 800 mg (Renvela)****sulfasalazine****sulfasalazine delayed- release ursodiol**

Prior Authorization

Drug Name

GENITOURINARY DRUGS**URINARY TRACT INFECTIONS**

nitrofurantoin

URINARY TRACT SPASMS

bethanechol

oxybutynin

oxybutynin ext-release

tolterodine tartrate tab 1 mg (Detrol)

tolterodine tartrate tab 2 mg (Detrol)

VAGINAL PRODUCTS

ACID JELLY

clindamycin phosphate vaginal cream 2%(Cleocin)

estradiol vaginal cream 0.1 mg/gm (Estrace)

estradiol vaginal tab 10 mcg (Vagifem)

metronidazole vaginal gel 0.75% (Metrogel-vaginal)

terconazole

OTHER GENITOURINARY DRUGS

alfuzosin ext-release

finasteride

POTASSIUM CITRATE ext-release 540 mg, 1080

mg potassium citrate/citric acid powder

sodium citrate/citric acid

tamsulosin

Prior Authorization

Drug Name

CENTRAL NERVOUS SYSTEM DRUGS**ANXIETY**

alprazolam

alprazolam ext-release

buspirone hcl tab 5 mg

buspirone hcl tab 10 mg

buspirone hcl tab 15 mg

buspirone hcl tab 30 mg

DIAZEPAM oral soln, 1 mg/mL diazepam conc 5 mg/ml

diazepam tab 2 mg (Valium)

diazepam tab 5 mg (Valium)

diazepam tab 10 mg (Valium)

hydroxyzine hcl

hydroxine pamoate 25 mg, 50 mg

lorazepam

lorazepam conc

DEPRESSION

amitriptyline

bupropion

bupropion ext-release

citalopram

clomipramine

desvenlafaxine succinate tab er 24hr 25 mg (base equiv)

desvenlafaxine succinate tab er 24hr 50 mg (base equiv)

desvenlafaxine succinate tab er 24hr 100 mg (base equiv)

doxepin 10 mg, 25 mg, 50 mg, 100 mg; conc

DOXEPIN 75 mg

duloxetine hcl enteric coated pellets cap 20 mg

duloxetine hcl enteric coated pellets cap 20 mg (Cymbalta)

duloxetine hcl enteric coated pellets cap 30 mg (Cymbalta)

duloxetine hcl enteric coated pellets cap 60 mg (Cymbalta)

escitalopram

Drug Name	Prior Authorization
fluoxetine hcl cap 10 mg (Prozac)	
fluoxetine hcl cap 20 mg (Prozac)	
fluoxetine hcl cap 40 mg (Prozac)	
fluoxetine hcl tab 10 mg	
fluoxetine hcl tab 20 mg	
fluvoxamine	
imipramine hcl	
mirtazapine tabs 15 mg, 30 mg, 45 mg	
nortriptyline caps	
NORTRIPTYLINE soln	
paroxetine hcl	
phenelzine	
sertraline	
trazodone hcl tab 50 mg	
trazodone hcl tab 100 mg	
trazodone hcl tab 150 mg	
venlafaxine hcl cap sr 24hr 37.5 mg (base equivalent) (Effexor xr)	
venlafaxine hcl cap sr 24hr 75 mg (base equivalent) (Effexor xr)	
venlafaxine hcl cap sr 24hr 150 mg (base equivalent) (Effexor xr)	
venlafaxine hcl tab 25 mg	
venlafaxine hcl tab 37.5 mg	
venlafaxine hcl tab 50 mg	
venlafaxine hcl tab 75 mg	
venlafaxine hcl tab 100 mg	

PSYCHOTIC AND BIPOLAR DISORDERS

aripiprazole tab 2 mg (Abilify)
aripiprazole tab 5 mg (Abilify)
aripiprazole tab 10 mg (Abilify)
aripiprazole tab 15 mg (Abilify)
aripiprazole tab 20 mg (Abilify)
aripiprazole tab 30 mg (Abilify)
clozapine
FLUPHENAZINE DECANOATE
FLUPHENAZINE HCL conc,elixir
fluphenazine hcl tabs
haloperidol decanoate
haloperidol lactate oral soln

Drug Name	Prior Authorization
haloperidol tabs	
LITHIUM CARBONATE caps, 150 mg	
LITHIUM CARBONATE caps, 600 mg	
lithium carbonate caps 300 mg	
lithium carbonate ext-release 300 mg	
lithium carbonate ext-release 450 mg	
lithium carbonate tabs 300 mg	
LITHIUM CITRATE	
loxapine	
olanzapine orally disintegrating tab 5 mg olanzapine orally disintegrating tab 10 mg olanzapine orally disintegrating tab 15 mg olanzapine orally disintegrating tab 20 mg olanzapine tab 10 mg (Zyprexa)	
olanzapine tab 15 mg (Zyprexa)	
olanzapine tab 2.5 mg (Zyprexa)	
olanzapine tab 20 mg (Zyprexa)	
olanzapine tab 5 mg (Zyprexa)	
olanzapine tab 7.5 mg (Zyprexa)	
perphenazine	
prochlorperazine maleatetab 5 mg (base equivalent) (Compazine)	
prochlorperazine maleate tab10 mg (base equivalent) (Compazine)	
quetiapine fumerate tab sr 24hr 50 mg (Seroquel XR)	
quetiapine fumerate tab sr 24hr 150 mg (Seroquel XR)	
quetiapine fumerate tab sr 24hr 200 mg (Seroquel XR)	
quetiapine fumerate tab sr 24hr 300 mg (Seroquel XR)	
quetiapine fumerate tab sr 24 hr 400 mg (Seroquel XR)	
quetiapine fumerate tab 25 mg (Seroquel)	
quetiapine fumerate tab 50 mg (Seroquel)	
quetiapine fumerate tab 100 mg (Seroquel)	
quetiapine fumeragt tab 200 mg (Seroquel)	
quetiapine fumerate tab 300 mg (Seroquel)	
quetiapine fumerate tab 400 mg (Seroquel)	
risperidone orally disintegrating tab 0.5 mg (Risperdal m-tab)	
risperidone orally disintegrating tab 1 mg (Risperdal m-tab)	

Prior Authorization

Drug Name

risperidone orally disintegrating tab 2 mg (Risperdal m-tab)
risperidone orally disintegrating tab 3 mg (Risperdal m-tab)
risperidone orally disintegrating tab 4 mg (Risperdal m-tab)
risperidone soln 1 mg/ml (Risperdal)
risperidone tab 0.25 mg (Risperdal)
risperidone tab 0.5 mg (Risperdal)
risperidone tab 1 mg (Risperdal)
risperidone tab 2 mg (Risperdal)
risperidone tab 3 mg (Risperdal)
risperidone tab 4 mg (Risperdal)
thiothixene
trifluoperazine
ziprasidone

SLEEP AIDS

estazolam
flurazepam
midazolam syrup
phenobarbital elixir; tabs, 16.2 mg, 32.4 mg
 PHENOBARBITAL tabs, 15 mg, 30 mg, 60 mg, 64.8 mg, 97.2 mg, 100 mg
temazepam cap 15 mg (Restoril)
temazepam cap 30 mg (Restoril)
zaleplon
zolpidem

HYPERACTIVITY/NARCOLEPSY

amphetamine/dextroamphetamine tab 5 mg (Adderall)
amphetamine/dextroamphetamine tab 7.5 mg (Adderall)
amphetamine/dextroamphetamine tab 10 mg (Adderall)
amphetamine/dextroamphetamine tab 12.5 mg (Adderall)
amphetamine/dextroamphetamine tab 15 mg (Adderall)
amphetamine/dextroamphetamine tab 20 mg (Adderall)
amphetamine/dextroamphetamine tab 30 mg (Adderall)

Prior Authorization

Drug Name

armodafinil tab 150 mg (Nuvigil)
armodafinil tab 200 mg (Nuvigil)
armodafinil tab 250 mg (Nuvigil)
armodafinil tab 50 mg (Nuvigil)
atomoxetine hcl 10mg (Strattera)
atomoxetine hcl 18mg (Strattera)
atomoxetine hcl 25mg (Strattera)
atomoxetine hcl 40mg (Strattera)
atomoxetine hcl 60mg (Strattera)
atomoxetine hcl 80mg (Strattera)
atomoxetine hcl 100 mg (Strattera)
dextroamphetamine/amphetamine er cap 5 mg (Adderall XR)
dextroamphetamine/amphetamine er cap 10 mg (Adderall XR)
dextroamphetamine/amphetamine er cap 15 mg (Adderall XR)
dextroamphetamine/amphetamine er cap 20 mg (Adderall XR)
dextroamphetamine/amphetamine er cap 25 mg (Adderall XR)
dextroamphetamine/amphetamine er cap 30 mg (Adderall XR)
dextroamphetamine sulfate tab 5 mg
dextroamphetamine sulfate tab 10 mg
methylphenidate hcl tab 5 mg (Ritalin)
methylphenidate hcl tab 10 mg (Ritalin)
methylphenidate hcl tab 20 mg (Ritalin)
methylphenidate hcl ER tab 10 mg
methylphenidate hcl ER tab 20 mg
methylphenidate hcl ER tab 18 mg (Concerta)
methylphenidate hcl ER tab 27 mg (Concerta)
methylphenidate hcl ER tab 36 mg (Concerta)
methylphenidate hcl ER tab 54 mg (Concerta)
modafanil 100 mg (Nuvigil)
modafinil 200 mg (Nuvigil)
 VYVANSE – **lisdexamfetamine dimesylate cap 10 mg**
 VYVANSE – **lisdexamfetamine dimesylate cap 20 mg**
 VYVANSE – **lisdexamfetamine dimesylate cap 30 mg**
 VYVANSE – **lisdexamfetamine dimesylate cap 40 mg**
 VYVANSE – **lisdexamfetamine dimesylate cap 50 mg**
 VYVANSE – **lisdexamfetamine dimesylate cap 60 mg**
 VYVANSE – **lisdexamfetamine dimesylate cap 70 mg**

Prior Authorization

Drug Name

TOBACCO CESSATION

The formulary includes all prescription (Rx) and over-the-Rx and/or OTCs may vary depending on the member's benefit design.

bupropion ext-release (Zyban)

CHANTIX

COMMIT – OTC

NICODERM CQ – OTC

NICORETTE – OTC

nicotine lozenges, gum – OTC (Commit, Nicorette)**nicotine patches** – OTC (Nicoderm CQ)

NICOTROL INHALER

NICOTROL NS

OTHER CENTRAL NERVOUS SYSTEM DRUGS**acamprosate delayed-release****disulfiram****donepezil, NP = 23 mg****galantamine hydrobromide tab 4 mg** (Razadyne)**galantamine hydrobromide tab 8 mg** (Razadyne)**galantamine hydrobromide tab 12 mg** (Razadyne)**memantine hcl cap er 24hr 14 mg** (Namenda)**memantine hcl cap er 24hr 21 mg** (Namenda)**memantine hcl cap er 24hr 28 mg** (Namenda)**memantine hcl cap er 24hr 7 mg** (Namenda)**rivastigmine tartrate cap 1.5 mg** (Exelon)**rivastigmine tartrate cap 3 mg** (Exelon)**rivastigmine tartrate cap 4.5 mg** (Exelon)**rivastigmine tartrate cap 6 mg** (Exelon)**PAIN RELIEF DRUGS****NON-NARCOTIC DRUGS****aspirin chew tab 81 mg****aspirin tab 81 mg****aspirin tab delayed release 81 mg****butalbital/acetaminophen****butalbital/acetaminophen/caffeine 50-325-40 mg****BUTALBITAL/ASPIRIN/CAFFEINE tabs****ketorolac**

Prior Authorization

Drug Name

NARCOTIC DRUGS**acetaminophen w/codeine soln 120-12 mg/5ml****acetaminophen w/codeine tab 300-15 mg** (Tylenol/ codeine)**acetaminophen w/codeine tab 300-30 mg** (Tylenol/ codeine #3)**acetaminophen w/codeine tab 300-60mg** (Tylenol/ codeine #4)**buprenorphine****buprenorphine hcl-naloxone hcl sl film 12-3mg** (base equiv)**buprenorphine hcl-naloxone hcl sl film 2-0.5mg** (base equiv)**buprenorphine hcl-naloxone hcl sl film 4-1mg** (base equiv)**buprenorphine hcl-naloxone hcl sl film 8-2mg** (base equiv)**buprenorphine/naloxone****butalbital/aspirin/caffeine/codeine**

CODEINE SULFATE (codeine sulfate tab 30 mg)

CODEINE SULFATE (codeine sulfate tab 60 mg)

fentanyl**hydrocodone-acetaminophen soln 7.5-325 mg/15ml****hydrocodone-acetaminophen tab 10-325 mg** (Norco)**hydrocodone-acetaminophen tab 5-325 mg** (Norco)**hydrocodone-acetaminophen tab 7.5-325 mg** (Norco)**hydrocodone-ibuprofen tab 7.5-200 mg** (Vicoprofen)**hydromorphone soln, tabs****HYDROMORPHONE supp****methadone conc, soln****methadone hcl tab for oral susp 40 mg methadone tabs****morphine sulfate conc, soln****MORPHINE SULFATE supp, tabs morphine sulfate ext-release****naltrexone****oxycodone hcl cap 5 mg****oxycodone hcl soln 5 mg/5ml** (Oxycodone hcl) **oxycodone****hcl tab 5 mg** (Roxicodone)**oxycodone hcl tab 10 mg****oxycodone hcl tab 15 mg** (Roxicodone)**oxycodone hcl tab 20 mg****oxycodone hcl tab 30 mg** (Roxicodone)

Prior Authorization

Drug Name

oxycodone w/ acetaminophen tab 5-325 mg (Percocet)
 oxycodone w/ acetaminophen tab 7.5-325mg (Percocet)
 oxycodone w/ acetaminophen tab 10-325 mg (Percocet)
 oxycodone-aspirin tab 4.8355-325 mg (Percodan)
 oxycodone-ibuprofen tab 5-400 mg SUBOXONE film
 SUBOXONE film tabs
 tramadol hcl tab 50 mg (Ultram)
 tramadol-acetaminophen tab 37.5-325 mg (Ultracet)

RHEUMETOID AND OSTEOARTHRITIS

diclofenac potassium tab 50mg (Cataflam)
 diclofenac sodium tab delayed release 50 mg
 diclofenac sodium tab delayed release 75 mg
 diclofenac sodium tab sr 24hr 100 mg (Voltaren-xr)
 etodolac cap 200 mg
 etodolac cap 300 mg
 etodolac cap 400 mg
 etodolac cap 500 mg
 flurbiprofen
 ibuprofen 400mg, 600mg, 800mg
 indomethacin cap 25 mg
 indomethacin cap 50 mg
 indomethacin ext-release
 ketoprofen
 leflunomide
 meloxicam tabs
 methotrexate
 nabumetone
 naproxen tab ec 375 mg
 naproxen tab ec 500 mg
 naproxen tab 250 mg
 naproxen tab 375 mg
 naproxen tab 500 mg (Naprosyn)
 piroxicam cap 10 mg (Feldene)
 piroxicam cap 20 mg (Feldene)
 sulindac

MIGRAINE HEADACHES

dihydroergotamine mesylate inj
 divalproex ext-release
 isometheptene dichloral acetaminophen cap 65-100-325 mg
 naratriptan hcl tab 1 mg (base equiv)

Prior Authorization

Drug Name

naratriptan hcl tab 2.5 mg (base equiv)
 rizatriptan
 SUMATRIPTAN – sumatriptan nasal spray 5 mg/act
 SUMATRIPTAN – sumatriptan nasal spray 20 mg/act
 SUMATRIPTAN SUCCINATE –sumatriptan succinate solution prefilled syringe 6 mg/0.5ml
 sumatriptan succinate inj 6 mg/0.5ml (Imitrex)
 sumatriptan succinate tab 25 mg (Imitrex) sumatriptan succinate tab 50 mg (Imitrex)
 sumatriptan succinate tab 100 mg (Imitrex)
 sumatriptan succinate solution auto-injector 4 mg/0.5ml
 sumatriptan succinate solution auto-injector 6 mg/0.5ml
 sumatriptan succinate solution prefilled syringe 6mg/0.5ml
 sumatriptan succinate inj 6 mg/0.5ml (Imitrex)
 sumatriptan succinate tab 25 mg (Imitrex)
 sumatriptan succinate tab 50 mg (Imitrex)
 sumatriptan succinate tab 100 mg (Imitrex)
 zolmitriptan orally disintegrating tab 2.5 mg (Zomig)
 zolmitriptan orally disintegrating tab 5 mg (Zomig)
 zolmitriptan tab 2.5 mg (Zomig)
 zolmitriptan tab 5 mg (Zomig)

GOUT

allopurinol
 probenecid
 probenecid/colchicine

NEUROMUSCULAR DRUGS**SEIZURES**

carbamazepine caps sr 12hr 100 mg (Carbatrol)
 carbamazepine caps sr 12hr 200 mg (Carbatrol)
 carbamazepine caps sr 12hr 300 mg (Carbatrol)
 carbamazepine tab sr 12hr 100 mg (Tegretol-xr)
 carbamazepine tab sr 12hr 200 mg (Tegretol-xr)
 carbamazepine tab sr 12hr 400 mg (Tegretol-xr)
 clonazepam tab 0.5 mg (Klonopin) clonazepam tab 1 mg (Klonopin)
 clonazepam tab 2 mg (Klonopin)
 divalproex sodium cap delayed-release sprinkle 125 mg (depakote sprinkles) divalproex ext-release
 diazepam rectal gel delivery system 2.5 mg
 diazepam rectal gel delivery system 10 mg
 diazepam rectal gel delivery system 20 mg
 ethosuximide

Prior Authorization

Drug Name

felbamate
 gabapentin
 lamotrigine
 levetiracetam
 levetiracetam ext-release
 oxcarbazepine
 phenytoin sodium ext- release
 primidone
 topiramate
 valproic acid
 zonisamide

Prior Authorization

Drug Name

SUPPLEMENTS**VITAMINS**

ergocalciferol

MULTIVITAMINS

PRENATAL AD, PLUS, U, VITAMINS PLUS, 19
 PRENATAL VITAMINS PLUS LOW IRON (prenatal vit
 w/ fe fumarate-fa tab 27-1 mg)

PARKINSON'S DISEASE

benztropine
 carbidopa/levodopa carbidopa/levodopa ext- release
 entacapone
 pramipexole
 ropinirole
 selegiline caps
 selegiline tabs

MUSCLE RELAXANTS

baclofen
 chlorzoxazone
 cyclobenzaprine 5 mg, 10 mg
 metaxalone
 methocarbamol
 orphenadrine ext-release
 tizanidine tabs

Prior Authorization

Drug Name

MINERALS AND ELECTROLYTES

potassium chloride cap cr 8 meq (Micro-k)
potassium chloride cap cr 10meq (Micro-k)
 POTASSIUM CHLORIDE ER –potassium chloride
 tab cr 8 meq (600 mg)
**potassium chloridemicroencapsulated crys cr
 tab 10 meq**
**potassium chloridemicroencapsulated crys cr
 tab 20 meq**
**potassium chloride oral soln 10% (20
 meq/15ml) potassium chloride oral soln 20%
 (40 meq/15ml) potassium chloride tab cr 8 meq
 (600 mg) potassium chloride tab cr 10 meq (K-
 tab)**

Prior Authorization

Drug Name

BLOOD MODIFYING DRUGS

aspirin-dipyridamole cap sr 12hr 25-200 mg
 (Aggrenox) **cilostazol**
clopidogrel 75 mg
cyanocobalamin inj
 ELIQUIS (apixaban tab 2.5 mg)
 ELIQUIS (apixaban tab 5 mg)
 ELIQUIS STARTER PACK (apixaban tab 5mg)
enoxaparin
folic acid tabs, 1 mg
prasugrel hcl tab 10 mg (base equiv)
prasugrel hcl tab 5 mg (base equiv)
warfarin
 XARELTO (rivaroxaban tab 2.5 mg)
 XARELTO (rivaroxaban tab 10 mg)
 XARELTO (rivaroxaban tab 20 mg)
 XARELTO (rivaroxaban tab) Starter Pack

Prior Authorization

Drug Name

TOPICAL DRUGS**EYE****Anti-infectives**

ciprofloxacin hcl ophth soln 0.3%

erythromycin oint gatifloxacin 0.5% ophth soln
(Zymaxid)

gentamicin oint, soln

moxifloxacin hcl ophth soln 0.5% (base equiv)

neomycin/polymyxin B/bacitracin oint

neomycin/polymyxin B/gramicidin soln

ofloxacin soln

polymyxin B/trimethoprim soln 10% (Bleph 10)

sulfacetamide sodium ophth soln- prednisolone

ophth soln 10-0.23(0.25)%

tobramycin ophth soln 0.3% (Tobrex) trifluridine

soln

Steroids and Combination Products

dexamethasone sodium phosphate soln

fluorometholone susp, 0.1%

neomycin/polymyxin B/bacitracin/hydrocortisone oint

neomycin/polymyxin B/dexamethasone oint, susp

(Maxitrol)

Pred Forte ophth soln 0.1%

prednisolone acetate ophth susp 1% (Pred forte)

sulfacetamide sodium-prednisolone soln 10-0.23(0.25)%

tobramycin/dexamethasone ophth susp 0.3%-0.1%

(Tobradex)

Prior Authorization

Drug Name

Glaucoma

ALPHAGAN P soln, 0.1%

AZOPT

brimonidine soln, 0.15% (Alphagan P-brand is NP)

brimonidine soln, 0.2%

carteolol soln

dorzolamide soln

dorzolamide/timolol maleate soln

latanoprost soln

LEVOBUNOLOL soln, 0.25%

levobunolol soln, 0.5%

pilocarpine soln

timolol maleate ophth soln 0.25% (Timoptic)

timolol maleate ophth soln 0.5% (Timoptic)

TRAVATANZ

Other Eye Products

azelastine soln

cromolyn sodium soln

cyclopentolate soln, 1% (Cyclogyl)

cyclopentolate hc ophth soln 2% (Cyclogyl)

diclofenac sodium ophth soln 0.1%

flurbiprofen soln

homatropine soln

ketorolac soln

olopatadine 0.1% ophth soln (Patanol)

RESTASIS

Prior Authorization

Drug Name

EAR

hydrocortisone/acetic acid soln
neomycin/polymyxin
B/hydrocortisone soln, susp
ofloxacin soln

MOUTH AND THROAT (LOCAL)

chlorhexidine rinse
clotrimazole troche 10 mg
lidocaine hcl viscous soln 2%
nystatin susp 100000 unit/ml
pilocarpine
triamcinolone dental paste

ANORECTAL

hydrocortisone rectal cream 1% (Proctocort)
hydrocortisone rectal cream 2.5% (Anusol-hc)

SKIN CONDITIONS/PROD**Acne**

adapalene cream 0.1% (Differin) adapalene gel 0.1%
(Differin)
adapalene gel 0.3% (Differin)
azelaic acid gel 15% (Finacea)
Azelex
clindamycin phosphate gel 1% (Cleocin-t)
clindamycin phosphate lotion 1% (Cleocin-t)
clindamycin phosphate soln 1% (Cleocin-t)
clindamycin phosphate swab 1% (Cleocin-t)
ERYTHROMYCIN gel
erythromycin pads, soln
FINACEA gel
isotretinoin 10 mg, 20 mg, 40 mg
(Amnestem, Claravis, Myorisan, Zenatane)
metronidazole cream 0.75% (Metrocream)

Prior Authorization

Drug Name

metronidazole gel, 0.75%
sulfacetamide sodium 10% lotion (Klaron)
sulfacetamide sodium w/ sulfur foam 10-5% (Clarifoam ef)
tazarotene cream 0.1% (TAZORAC)
TAZORAC - tazarotene cream 0.05%
TAZORAC - tazarotene gel 0.05%
TAZORAC - tazarotene gel 0.1%
tretinoin cream 0.025% (Retin-a)
tretinoin cream 0.05% (Retin-a)
tretinoin cream 0.1% (Retin-a)
tretinoin gel 0.01% (Retin-a)
tretinoin gel 0.025% (Retin-a)

Prior Authorization

Drug Name

Anti-Infectives

ciclopirox, NP = topical kit
 clotrimazole cream 1%
 clotrimazole w/betamethasone cream 1-0.05%
 (Lotrisone)
 econazole nitrate cream 1%
 gentamicin sulfate cream 0.1%
 ketoconazole
 mupirocin oint 2% (Bactroban)
 mycystatin cream 100000 unit/gm
 nystatin oint 10000 unit/gm
 nystatin topical powder
 silver sulfadiazine cream 1%

Corticosteroids

betamethasone dipropionate augmented cream 0.05%
 (Diprolene af)
 betamethasone dipropionate augmented oint 0.05%
 (Diprolene)
 betamethasone valerate cream 0.1% (base equivalent)
 betamethasone valerate lotion 0.1% (base equivalent)
 betamethasone valerate oint 0.1% (base equivalent)
 clobetasol proprionate cream 0.05%
 clobetasol proprionate emollient base cream 0.05%
 clobetasol proprionate gel 0.05%
 clobetasol proprionate shampoo 0.05%
 clobetasol proprionate soln 0.05%
 desonide cream 0.05% (Desowen)
 desonide oint 0.05% (Desowen)
 fluocinolone acetonide oil 0.01% (scalp oil) (Derma-
 smoothe/fs sca)
 fluocinonide cream 0.05%
 fluocinonide gel 0.05%
 fluocinonide oint 0.5%
 fluocinonide soln 0.05%
 fluticasone propionate

Prior Authorization

Drug Name

hydrocortisone cream 2.5%
 hydrocortisone lotion 2.5%
 hydrocortisone oint 2.5%
 mometasone furoate cream 0.1% (Elocon)
 mometasone furoate oint 0.1% (Elocon)
 mometasone furoate solution 0.1% (lotion) (Elocon)
 triamcinolone acetonide cream 0.1%
 triamcinolone acetonide lotion 0.1%
 TRIAMCINOLONE oint, 0.5%

Other Skin Products

aluminum chloride
 calcipotriene oint 0.005%
 calcipotriene soln 0.005% (50 mcg/ml)
 diclofenac sodium gel 1% (Voltaren)
 diclofenac sodium soln 1.5%
 fluorouracil cream 5% (Efudex)
 imiquimod
 lactic acid (ammonium lactate cream 12%) (Lac-
 hydrin) lidocaine patche 5% (Lidoderm)
 lidocaine topical
 lindane
 malathion lotion 0.05%
 PICATO
 selenium sulfide lotion 2.5%
 sulfacetamide sodium liquid 10% (Ovace wash)
 tacrolimus oint 0.03% (Protopic)
 tacrolimus oint 0.1% (Protopic)

Drug Name

Prior Authorization

MISCELLANEOUS CATEGORIES (includes supplies and devices)

DIABETIC SUPPLIES

- BLOOD GLUCOSE METER – True Metrix
- Calibration Liquid - True Metrix
- INSULIN PEN NEEDLES –
- NOVOFINE, NOVOTWIST, OTHER VARIOUS MANUFACTURERS
- INSULIN SYRINGES –VARIOUS MANUFACTURERS
- LANCETS – VARIOUS MANUFACTURERS
- TEST STRIPS – True Metrix

Drug Name

Prior Authorization

ORAL INHALER-ASSIST DEVICES - SPACERS The formulary includes a number of products available are AEROCHAMBER, EASIVENT, E-Z SPACER, INSPIREASE and MICROCHAMBER.

MISCELLANEOUS DRUGS

- azathioprine**
- cyclosporine cap 25 mg, 100 mg** (Sandimmune)
- CYCLOSPORINE MODIFIED (cyclosporine modified cap 50 mg)
- cyclosporine modified caps, 25 mg, 50 mg, 100 mg**
- cyclosporine modified oral soln 100 mg/ml**
- mycophenolate mofetil**
- NARCAN naloxone hcl nasal spray 4 mg/0.1ml
- sodium polystyrene sulfonate**
- tacrolimus**

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gemfibrozil.....	13	hydrocortisone lotion 2.5%.....	25
gentamicin eye oint, soln.....	23	hydrocortisone oint 2.5%.....	25
gentamicin sulfate cream 0.1%.....	25	hydrocortisone rectal cream 2.5% (Anusol-hc).....	24
gildagia.....	10	hydrocortisone rectal cream 1% (Proctocort).....	24
glimepiride.....	10	hydrocortisone tab 5 mg (Cortef).....	9
glipizide.....	10	hydrocortisone tab 10 mg (Cortef).....	9
glipizide/metformin.....	10	hydrocortisone tab 20 mg (Cortef).....	9
glipizide ext-release.....	10	hydromorphone soln, tabs.....	19
GLUCAGON EMERGENCY KIT.....	10	HYDROMORPHONE supp.	19
		hydroxychloroquine.....	8

hydroxyzine hcl.....	16		
hydroxyzine pamoate 25 mg, 50 mg.....	16		
hyoscyamine sulfate tab disint 0.125 mg.....	15		
I		L	
ibandronate.....	11	labetalol.....	12
ibuprofen 400mg, 600mg, 800mg.....	20	lactic acid (ammonium lactate) cream (Lac-hydrin).....	25
imipramine hcl.....	17	lactulose.....	15
imiquimod.....	25	lamivudine tab 100 mg (hbv).....	8
indapamide.....	13	lamotrigine.....	21
indomethacin cap 25 mg.....	20	LANCETS - VARIOUS MANUFACTURERS.....	26
indomethacin cap 50 mg.....	20	lansoprazole delayed-release caps.....	15
indomethacin ext-release.....	20	LANTUS.....	13
INSULIN PEN NEEDLES - NOVOFINE, NOVOTWIST, OTHER VARIOUS MANUFACTURERS.....	26	latanoprost eye soln.....	23
INSULIN SYRINGES - VARIOUS MANUFACTURES....	26	leflunomide.....	20
ipratropium/albuterol.....	14	levalbuterol inhal soln, 1.25 mg/0.5mL.....	14
ipatropium inhal soln.....	14	LEVEMIR.....	11
ipatropium nasal.....	14	levetiracetam.....	21
irbesartan.....	12	levetiracetam ext-release.....	21
isometheptene-dichloral-acetaminophen cap 65-100-325 mg.....	20	LEVOBUNOLOL eye soln, 0.25%.....	23
ISONIAZID syrup.....	7	levobunolol eye soln, 0.5%.....	23
isoniazid tabs.....	7	levocarnitine.....	11
isosorbide dinitrate NP = ext-release tabs, SL tabs...12		levofloxacin oral soln 25mg/ml (Levaquin).....	7
isosorbide mononitrate.....	12	levofloxacin tab 250 mg (Levaquin).....	7
isosorbide mononitrate ext-release.....	12	levofloxacin tab 500 mg (Levaquin).....	7
isotretinoin 10 mg, 20 mg, 40 mg (Amnesteem, Claravis, Myorisan, Zenatane).....	24	levofloxacin tab 750 mg (Levaquin).....	7
itraconazole 100 mg caps.....	7	levonorgestrel/ethinyl estrodial 0.15-0.03 mg	VI
ivermectin tab 3 mg (STROMECTOL).....	8	levora.....	VI
J		levothyroxine sodium tab 25 mcg (Synthroid).....	11
junel 1/20 and 1.5/30.....	VI	levothyroxine sodium tab 50 mcg (Synthroid).....	11
junel fe 1/20 and 1.5/30.....	VI	levothyroxine sodium tab 75 mcg (Synthroid).....	11
K		levothyroxine sodium tab 88 mcg (Synthroid).....	11
kavira.....	10	levothyroxine sodium tab 100 mcg (Synthroid).....	11
kelnor 1/35.....	10	levothyroxine sodium tab 112 mcg (Synthroid).....	11
ketoconazole crm, shampoo.....	24	levothyroxine sodium tab 125 mcg (Synthroid).....	11
ketoconazole tabs.....	7	levothyroxine sodium tab 137 mcg (Synthroid).....	11
ketoprofen.....	20	levothyroxine sodium tab 150 mcg (Synthroid).....	11
ketorolac eye soln.....	23	levothyroxine sodium tab 175 mcg (Synthroid).....	11
ketorolac tabs.....	19	levothyroxine sodium tab 200 mcg (Synthroid).....	11
		levothyroxine sodium tab 300 mcg (Synthroid).....	11
		lidocaine patch 5%.....	25
		lidocaine topical.....	25
		lidocaine hcl viscous soln 2%.....	24
		lindane.....	25
		linezolid tab 600 mg (Zyvox).....	8

linezolid for susp 100 mg/5mL (Zyvox).....	8	methamazole tab 10 mg (Tapazole).....	11
liothyronine.....	11	methocarbamol.....	21
lisinopril.....	11	methotrexate.....	9
lisinopril/hydrochlorothiazide.....	11	methotrexate.....	20
lithium carbonate caps 300 mg.....	17	methyldopa.....	13
LITHIUM CARBONATE caps, 150 mg.....	17	methylergonovine.....	11
LITHIUM CARBONATE caps, 600 mg.....	17	methylphenidate 5 mg tab.....	18
lithium carbonate ext-release 300 mg.....	17	methylphenidate 10 mg tab.....	18
lithium carbonate ext-release 450 mg.....	17	methylphenidate 20 mg tab.....	18
lithium carbonate tabs 300 mg.....	17	methylphenidate hcl ER 10 mg tab.....	18
LITHIUM CITRATE.....	17	methylphenidate hcl ER 20 mg tab.....	18
loperamide hcl cap 2 mg.....	15	methylphenidate hcl ER 18 mg tab (Concerta).....	18
lorazepam.....	16	methylphenidate hcl ER 27 mg tab (Concerta).....	18
lorazepam conc.....	16	methylphenidate hcl ER 36 mg tab (Concerta).....	18
loryna.....	10	methylphenidate hcl ER 54 mg tab (Concerta).....	18
losartan.....	12	methylprednisolone.....	9
losartan/hydrochlorothiazide.....	12	metoclopramide.....	15
lovastatin.....	13	metolazone.....	13
loxapine.....	17	metoprolol/hydrochlorothiazide.....	12
LYZA.....	VI	metoprolol succinate ext-release.....	12
M		metoprolol tartrate.....	12
malathion lotion 0.5%.....	25	metronidazole cream 0.75% (Metrocream).....	24
medroxyprogesterone acetate.....	9	metronidazole 0.75% gel.....	24
medroxyprogesterone acetate inj, 150 mg/mL.....	VI	metronidazole tab 250 mg (Flagyl).....	8
mefloquine.....	8	metronidazole tab 500 mg (Flagyl).....	8
meloxicam tabs.....	20	metronidazole vaginal gel 0.75% (Metrogel-vaginal).....	16
memantine hcl cap er 24hr 7 mg (Namenda).....	19	mexiletine.....	13
memantine hcl cap er 24hr 12 mg (Namenda).....	19	midazolam syrup.....	18
memantine hcl cap er 24hr 21 mg (Namenda).....	19	midodrine.....	13
memantine hcl cap er 24hr 28 mg (Namenda).....	19	minocycline hcl cap 100 mg.....	7
mesalamine suppos 1000 mg (Canasa).....	15	minocycline hcl cap 50 mg.....	7
mesalamine tab delayed release 1.2 gm.....	15	minocycline hcl cap 75 mg.....	7
metformin hcl tab sr 24hr 500 mg (Glucophage xr)....	10	minoxidil.....	13
metformin hcl tab sr 24hr 750 mg (Glucophage xr)....	10	mirtazapine tab 15 mg, 30 mg, 45 mg.....	17
metformin hcl tab 500 mg (Glucophage).....	10	a [gcdfcgrt`.....	
metformin hcl tab 850 mg (Glucophage).....	10	a cXUzb]`\$\$\$`a [`Ç` çã a.....	
metformin hcl tab 1000 mg (Glucophage).....	10	a cXUzb]`&\$\$`a [`(Nuvigil).....	18
methadone conc, soln.....	19	moexipril.....	11
methadone hcl tab for oral susp 40 mg.....	19	moexipril/hydrochlorothiazide.....	11
methadone tabs.....	19	mometasone 0.1% cream, oint, sol.....	25
methimazole tab 5 mg (Tapazole).....	11	montelukast.....	14

morphine sulfate conc, soln.....	19	nitroglycerin td patch 24hr 0.6 mg/hr (Nitro-dur).....	12
morphine sulfate ext-release.....	19	nitroglycerin sl tab 0.3 mg.....	12
MORPHINE SULFATE supp, tabs.....	19	nitroglycerin sl tab 0.4 mg.....	12
moxifloxacin hcl ophth soln 0.5% (base equiv).....	23	nitroglycerin sl tab 0.6 mg.....	12
mupirocin oint 2% (Bactroban).....	24	norethindrone acetate.....	9
mycophenolate mofetil.....	26	nortrel 777.....	10
N		nortriptyline caps.....	17
nabumetone.....	20	NORTRIPTYLINE soln.....	17
nadolol.....	12	NUVARING.....	10
naltrexone.....	19	nystatin crm 100000 unit/gm.....	24
naproxen tab ec 375 mg.....	20	nystatin oint 100000 unit/gm.....	24
naproxen tab ec 500 mg.....	20	nystatin susp 100000 unit/ml.....	24
naproxen tab 375 mg.....	20	nystatin topical powder.....	24
naproxen tab 500 mg.....	20	O	
naratriptan hcl tab 1 mg (base equiv).....	20	ofloxacin ear soln.....	24
naratriptan hcl tab 2.5 mg (base equiv).....	20	ofloxacin eye soln.....	23
NARCAN naloxone hcl nasal spray 4mg/0.1ml.....	26	ogestrel.....	10
NECON 1/50.....	10	olanzapine orally disintegrating tab 5 mg.....	17
nateglinide.....	10	olanzapine orally disintegrating tab 10 mg.....	17
neomycin/polymyxin B/bacitracin/hydrocortisone eye oint.....	23	olanzapine orally disintegrating tab 15 mg.....	17
neomycin/polymyxin B/dexamethasone eye oint, susp.....	23	olanzapine orally disintegrating tab 20 mg.....	17
neomycin/polymyxin B/gramicidin eye soln.....	23	olanzapine tab 2.5 mg (Zyprexa).....	17
neomycin/polymyxin B/hydrocortisone ear soln, susp.....	24	olanzapine tab 5 mg (Zyprexa).....	17
neomycin sulfate.....	7	olanzapine tab 7.5 mg (Zyprexa).....	17
NICODERM CQ - OTC.....	18	olanzapine tab 10 mg (Zyprexa).....	17
NICORETTE - OTC.....	18	olanzapine tab 15 mg (Zyprexa).....	17
nicotine lozenges, gum - OTC.....	VI, 18	olanzapine tab 20 mg (Zyprexa).....	17
nicotine patches - OTC.....	VI, 18	olmesartan medoxomil tab 5 mg (Benicar).....	12
NICOTROL INHALER.....	VI, 18	olmesartan medoxomil tab 20 mg (Benicar).....	12
NICOTROL NS.....	VI, 18	olmesartan medoxomil tab 40 mg (Benicar).....	12
nifedipine ext-release.....	12	olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg (Benicar HCT).....	12
nitrofurantoin.....	16	olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg (Benicar HCT).....	12
nitroglycerin cap cr 2.5 mg.....	12	olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg (Benicar HCT).....	12
nitroglycerin cap cr 6.5 mg.....	12	olopatadine 0.1% ophth soln (Patanol).....	23
nitroglycerin cap cr 9 mg.....	12	omega-3-acid ethyl esters cap 1 gm.....	13
nitroglycerin td patch 24hr 0.1 mg/hr (Nitro-dur).....	12	omeprazole delayed release.....	15
nitroglycerin td patch 24hr 0.2 mg/hr (Nitro-dur).....	12	OMEPRAZOLE DELAYED-RELEASE OTC: Non-preferred (may have coverage in an OTC program).....	15
nitroglycerin td patch 24hr 0.4 mg/hr (Nitro-dur).....	12		

ondansetron.....	15	phenytoin sodium ext-release.....	21
ondansetron 24 mg.....	15	pilocarpine eye soln.....	23
orphenadrine ext release.....	21	pilocarpine tabs.....	24
ORTHO EVRA.....	10	PINDOLOL.....	12
oseltamivir phosphate cap 30 mg (base equiv) (Tamiflu).....	8	pioglitazone.....	10
oseltamivir phosphate cap 45 mg (base equiv) (Tamiflu).....	8	pioglitazone/metformin.....	10
oseltamivir phosphate cap 75 mg (base equiv) (Tamiflu).....	8	piroxicam cap 10 mg (Feldene).....	20
oseltamivir phosphat for susp 6 mg/ml (base equiv).....	8	piroxicam cap 20 mg (Feldene).....	20
oxcarbazepine.....	21	polymyxin B/trimethoprim eye soln.....	23
oxybutynin.....	16	potassium chloride cap cr 8 meq (Micro-K).....	22
oxybutynin ext release.....	16	potassium chloride cap cr 10 meq (Micro-K).....	22
oxycodone-aspirin tab 4.8355-325 mg (Percodan)....	19	POTASSIUM CHLORIDE ER - potassium chloride tab cr meq (600 mg).....	22
oxycodone hcl cap 5 mg.....	19	potassium chloride microencapsulated crys cr tab 10 meq.....	22
oxycodone hcl soln 5 mg/5mg (Oxycodone hcl).....	19	potassium chloride oral soln 10% (20 meq/15ml).....	22
oxycodone hcl tab 10 mg.....	19	potassium chloride oral soln 20% (20 meq/15ml).....	22
oxycodone hcl tab 20 mg.....	19	potassium chloride tab cr 10 meq (K-tab).....	22
oxycodone hcl tab 5 mg (Roxicodone).....	19	potassium chloride tab cr 8 meq (K-tab).....	22
oxycodone hcl tab 15 mg (Roxicodone).....	19	potassium citrate/citric acid powder.....	16
oxycodone hcl tab 30 mg (Roxicodone).....	19	POTASSIUM CITRATE ext-release 540 mg, 1080 mg.....	16
oxycodone-ibuprofen tab 5-400 mg.....	19	potassium phosphate/sodium phosphates.....	22
oxycodone w/ acetaminophen tab 5.325 mg (Percocet).....	20	pramipexole.....	20
oxycodone w/ acetaminophen tab 7.5-325 mg (Percocet).....	20	prasugrel hcl tab 10 mg (base equiv).....	22
oxycodone w/ acetaminophen tab 10-325 mg (Percocet).....	20	prasugrel hcl tab 5 mg (base equiv).....	22
P		pravastatin.....	13
pantoprazole delayed-release.....	15	praziquantel tab 600 mg.....	8
paromomycin.....	7	prazosin.....	13
paroxetine hcl.....	17	PRED FORTE ophth soln 0.1%.....	23
PEG - electrolytes for soln.....	15	prednisolone.....	9
penicillin v potassium.....	7	prednisolone acetate ophth susp 1% (Pred Forte).....	23
perindopril.....	11	prednisolone sodium phosphate oral soln, 15mg/5mL.....	9
permethrin.....	25	PREDNISONE dose packs; soln, 5 mg/5mL; tabs, 50mg....	9
perphenazine.....	17	prednisone tabs, 1 mg, 2.5 mg, 5 mg, 10 mg, 20 mg.....	9
phenelzine.....	17	PREMPHASE.....	9
phenobarbital elixir; tabs, 16.2 mg, 32.4 mg.....	18	PREMPRO.....	9
PHENOBARBITAL tabs, 15 mg, 30 mg, 60 mg, 64.8 mg, 97.2 mg, 100 mg.....	18	PRENATAL AD, PLUS, U, VITAMINS PLUS, 19.....	21
phenytoin.....	21	PRENATAL VITAMINS PLUS LOW IRON (prenatal vit w/ fe fumerate-fa tab 27-1 mg).....	21
		previfem.....	VI
		PRIFTIN (rifapentine) 150mg.....	7

primaquine phosphate tab 26.3 mg (15 mg base)..... 8

primidone..... 21

PROAIR HFA..... 14

probenecid..... 20

probenecid/colchicine..... 20

prochlorperazine maleate tab 5 mg (base equiv)
(Compazine)..... 17

prochlorperazine maleate tab 10 mg (base equiv)
(Compazine)..... 17

progesterone micronized..... 9

promethazine hcl suppos 12.5 mg..... 14

promethazine hcl suppos 25 mg..... 14

promethazine hcl syrup 6.25 mg/5mL..... 14

promethazine hcl tab 25 mg..... 14

promethazine hcl tab 50 mg..... 14

propafenone..... 13

propafenone ext-release..... 13

PROPRANOLOL/HYDROCHLOROTHIAZIDE..... 12

propranolol ext-release..... 12

propylthiouracil tab 50 mg..... 11

Q

quetiapine fumarate tab 25 mg..... 17

quetiapine fumarate tab 50 mg..... 17

quetiapine fumarate tab 100 mg..... 17

quetiapine fumarate tab 200 mg..... 17

quetiapine fumarate tab 300 mg..... 17

quetiapine fumarate tab 400 mg..... 17

quetiapine fumarate tab sr 24hr 50mg (Seroquel XR)..... 17

quetiapine fumarate tabe sr 24hr 150mg
..... 17

quetiapine fumarate tab sr 24hr 300mg
(Seroquel XR)..... 17

quetiapine fumarate tab sr 24hr 400mg
(Seroquel XR)..... 17

quinapril..... 11

quinapril/hydrochlorothiazide..... 11

quinidine gluconate ext-release..... 13

QUINIDINE SULFATE ext-release..... 13

QVAR REDHALER (beclomethasone biprop hfa breath act inh aer 40 mcg/act)..... 14

QVAR REDHALER (beclomethasone biprop hfa breath act inh aer 80 mcg/act)..... 14

R

rampipril..... 11

ranitidine hcl syrup 15 mg/ml (75mg/5ml)..... 15

ranitidine hcl tab 150 mg (Zantac)..... 15

ranitidine hcl tab 300 mg (Zantac)..... 15

repaglinide tab 0.5 mg..... 10

repaglinide tab 1 mg..... 10

repaglinide tab 2 mg..... 10

RESTASIS..... 23

RETROVIR (zidovudine)..... 8

ribavirin cap 200 mg (Rebetol)..... 8

rifampin cap 150mg..... 7

rifampin cap 300mg..... 7

risperidone orally disintegrating tab 0.25 mg (Risperdal m-tab)..... 17

risperidone orally disintegrating tab 0.5 mg (Risperdal m-tab)..... 17

risperidone orally disintegrating tab 1 mg (Risperdal m-tab)..... 17

risperidone orally disintegrating tab 2 mg (Risperdal m-tab)..... 17

risperidone orally disintegrating tab 3 mg (Risperdal m-tab)..... 17

risperidone orally disintegrating tab 4 mg (Risperdal m-tab)..... 17

risperidone soln 1 mg/ml (Risperdal)..... 17

risperidone 0.5 mg (Risperdal)..... 17

risperidone 1 mg (Risperdal)..... 17

risperidone 2 mg (Risperdal)..... 17

risperidone 3 mg (Risperdal)..... 17

risperidone 4 mg (Risperdal)..... 17

rizatriptan..... 20

rivastigmine tartrate cap 1.5 mg..... 19

rivastigmine tartrate cap 3 mg..... 19

rivastigmine tartrate cap 4.5 mg..... 19

rivastigmine tartrate cap 6 mg..... 19

ropinirole..... 21

rosuvastatin calcium tab 5 mg (Crestor)..... 13

rosuvastatin calcium tab 10 mg (Crestor)..... 13

rosuvastatin calcium tab 20 mg (Crestor)..... 13

S	
selegiline caps	21
selegiline tabs	21
selenium sulfide lotion 2.5%	25
SEREVENT DISKUS.....	14
sertraline hcl tab 25 mg (Zoloft)	17
sertraline hcl tab 50 mg (Zoloft)	17
sertraline hcl tab 100 mg (Zoloft)	17
sevelamer carbonate tab 800 mg (Renvela)	15
SHINGRIX (zoster vaccine recombinant adjuvanted for im inj 50 mcg).....	8
silver sulfadiazine	24
simvastatin	13
sodium citrate/citric acid	16
sodium polystyrene sulfonate	26
sotalol	13
SPIRIVA HANDIHALER.....	14
SPIRIVA RESPIMAT - tiotropium bromide monhydrate inhal earosol 1.25 mcg/act.....	14
spironolactone	13
spironolactone/hydrochlorothiazide	13
STIOLTO RESPIMAT.....	14
sucalfate tab 1 gm (Carafate)	15
SUBOXONE film/tabs.....	20
sulfacetamide sodium liquid 10% (Ovace wash).....	25
sulfacetamide sodium lotion 10% (Klaron).....	25
sulfacetamide sodium ophth soln 10% (Bleph 10).....	23
sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%	23
sulfamethoxazole/trimethoprim	7
sulfasalazine	15
sulfasalazine delayed-release	15
sulindac	20
sumatriptan succinate inj 6 mg/0.5ml (Imitrex)	20
sumatriptan succinate solution auto-injector 4 mg/0.5ml	20
sumatriptan succinate solution auto-injector 6 mg/0.5ml	20
SUMATRIPTAN SUCCINATE - sumatriptan succinate solution prefilled syringe 6 mg/0.5ml.....	20
sumatriptan succinate tab 25 mg (Imitrex)	20
sumatriptan succinate tab 50 mg (Imitrex)	20
sumatriptan succinate tab 100 mg (Imitrex)	20
SUMATRIPTAN - sumatriptan nasal spray 5 mg/act.....	20
SUMATRIPTAN - sumatriptan nasal spray 20 mg/act.....	20
SYMBICORT.....	14
SYNTHROID 25 mcg.....	11
SYNTHROID 50 mcg.....	11
SYNTHROID 75µg & *.....	F
ÜYBPVÜUÖÄI Á & *.....	F
ÜYBPVÜPUÖÄEEÁ & *.....	F
ÜYBPVÜUÖÄFGÁ & *.....	F
ÜYBPVÜUÖÄH Á & *.....	F
ÜYBPVÜUÖÄÍ Á & *.....	F
ÜYBPVÜUÖÄEEÁ & *.....	F
ÜYBPVÜUÖÄEEÁ & *.....	F
H	
HWC`ja i g`c]bh\$`\$' i`'C] [d] & D	C
HWC`ja i g`c]bh\$`%`'C] [d] & D	C
HWC`ja i g`c]bh\$`%`'C] [d] & D	C
Hla gi `cg]b	í
HhUfchY`WYUa`\$`%`'C] [d] & D	C
VOZUÜÖÄEae ae [c } ^ Á & ^ æ Á E Ä.....	C
VOZUÜÖÄEae ae [c } ^ Á & ^ Á E 5%.....	24
TAZORAC - tazarotene gel 0.1%.....	24
telmisartan tab 20 mg (Micardis)	12
telmisartan tab 40 mg (Micardis)	12
telmisartan tab 80 mg (Micardis)	12
TEMODAR.....	9
tenofovir disoproxil fumarate tab 300 mg (Viread)	8
terazosin	13
terbinafine	7
terconazole	16
testosterone cypionate im inj in oil 100 mg/ml (Depotestosterone)	9
testosterone cypionate im inj in oil 200 mg/ml (Depotestosterone)	9
testosterone cypionate im inj in oil 200 mg/ml	9
testosterone td gel 25 mg/2.5gm (1%) (Androgel)	9
testosterone td gel 50 mg/5gm (1%) (Androgel)	9
testosterone td gel 12.5 mg/act (1%) (Androgel)	9

testosterone 1.62% gel pump.....	9	tri-legest fe.....	10
testosterone 1.62% gel packets 20.25mg/1.25g.....	9	tri-lo-sprintec.....	VI
testosterone 1.62% gel packets 40.5mg/2.5g.....	9	tri-sprintec.....	VI
theophylline ext-release.....	14	trimethoprim.....	8
thiothixene.....	17	TRUVADA - emtricitabine-tenofovir disoproxil fumarate tab 200-300mg.....	8
timolol maleate ophth soln 0.25% (Timoptic).....	23	U	
timolol maleate ophth soln 0.5% (Timoptic).....	23	ursodiol.....	15
TIMOLOL tabs.....	12	V	
tizanidine tabs.....	21	valacyclovir.....	8
tobramycin/dex soln 0.3% (Tobrex).....	23	valproic acid.....	21
tobramycin/dexamethasone ophth susp 0.3%-0.1% (Tobradex).....	23	vancomycin hcl cap 125 mg (Vancocin hcl).....	8
tolterodine tartrate tab 1 mg (Detrol).....	16	vancomycin hcl cap 250 mg (Vancocin hcl).....	8
tolterodine tartrate tab 2 mg (Detrol).....	16	velviet.....	10
topiramate.....	21	venlafaxine hcl cap sr 24hr 37.5 mg (base equiv) (Effexor xr).....	17
tramadol-acetaminophen tab 37.5-325 mg (Ultracet).....	20	venlafaxine hcl cap sr 24hr 75 mg (base equiv) (Effexor xr).....	17
torseamide.....	13	venlafaxine hcl cap sr 24hr 150 mg (base equiv) (Effexor xr).....	17
tramadol hcl tab 50 mg (Ultram).....	20	venlafaxine hcl tab 25 mg.....	17
trandolapril.....	11	venlafaxine hcl tab 37.5 mg.....	17
TRAVATAN Z.....	23	venlafaxine hcl tab 50 mg.....	17
trazodone hcl tab 50 mg.....	17	venlafaxine hcl tab 75 mg.....	17
trazodone hcl tab 100 mg.....	17	venlafaxine hcl tab 100 mg.....	17
trazodone hcl tab 150 mg.....	17	VENTOLIN HFA.....	14
tretinoin cream 0.025% (Retin-a).....	24	VERAPAMIL 40 mg.....	12
tretinoin cream 0.05% (Retin-a).....	24	verapamil 80 mg, 120 mg.....	12
tretinoin cream 0.1% (Retin-a).....	24	verapamil ext-release.....	12
tretinoin gel 0.01% (Retin-a).....	24	VIDEX (didanosine).....	8
tretinoin gel 0.025% (Retin-a).....	24	vienza	VI
triamcinolone acetonide cream 0.1%.....	25	vivotif.....	8
triamcinolone acetonide lotion 0.1%.....	25	VYVANSE - lisdexamfetamine dimesylate cap 10 mg.....	18
triamcinolone dental paste.....	24	VYVANSE - lisdexamfetamine dimesylate cap 20 mg.....	18
TRIAMCINOLONE oint, 0.5%.....	25	VYVANSE - lisdexamfetamine dimesylate cap 30 mg.....	18
triamterene/hydrochlorothiazide.....	13	VYVANSE - lisdexamfetamine dimesylate cap 40 mg.....	18
trifluoperazine.....	17	VYVANSE - lisdexamfetamine dimesylate cap 50 mg.....	18
trifluridine eye soln.....	23	VYVANSE - lisdexamfetamine dimesylate cap 60 mg.....	18
		VYVANSE - lisdexamfetamine dimesylate cap 70 mg.....	18

W**warfarin**.....22**X**

XARELTO (rivaroxaban tab 2.5 mg).....22

XARELTO (rivaroxaban tab 10 mg).....22

XARELTO (rivaroxaban tab 20 mg).....22

XARELTO (rivaroxaban tab) Starter Pack.....22

xulane (Ortho-Evra).....VI**Z****zaleplon**.....18**ziprasidone**.....17**zolmitriptan orally disintegrating tab 2.5mg** (Zomig)..20**zolmitriptan tab 2.5 mg** (Zomig).....20**zolmitriptan tab 5 mg** (Zomig).....20**zolpidem**.....18**zonisamide**.....21

ZOVIA 1/50E.....10