



New Mexico
Individual & Family plans

2026 Prescription Drug List

Effective as of Jan. 1, 2026

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Understanding your prescription drug list

What is a prescription drug list (PDL)?

A PDL is a list of medications or supplies covered by your plan. It includes both brand and generic prescription medications. Medications are listed by categories or classes and are placed into tiers that represent the cost you pay out-of-pocket.

The Individual & Family plan Pharmacy Management Committee gives us guidance to create the PDL. This group reviews which medications will be covered based on their overall value. Medications are chosen for their safety, cost and effectiveness. The committee also makes sure there are safe and covered options.

How do I use my PDL?

You and your health care provider can use the PDL to help you choose the most cost-effective prescription medications. This guide tells you if your medication is covered, what tier your medication is considered under your plan, and if your medication has coverage rules or limits. You can reference this list when you see your health care provider. You can also search for medications at myuhc.com/exchange and find the PDL in the **Pharmacies & Prescriptions** section.

About this PDL

When there's a difference between this PDL and your benefit plan, you should follow your benefit plan documents.

This may not be a complete list of medications that are covered by your plan.

Please review your benefit plan for full details.

What are tiers?

Tiers are the different cost levels you pay for a medication. Each tier is assigned a cost and you can find cost-sharing information in your plan documents. This determines how much you will pay when you fill a prescription at a network pharmacy. Using lower-tier medications may help you pay the lowest out-of-pocket cost. If you are prescribed a medication on a higher tier, you can ask your health care provider if a lower-tier medication can work for your condition. In the chart below, the overall value is based on factors such as medication's effectiveness, safety, cost, and the availability of alternative medications that can work for your condition.

Tier	Cost-share	Includes
1	\$0	\$0 Cost-share Medications available at no cost to you, which includes medications for preventive care, behavioral health, and sexually transmitted infections .
2	\$	Lower cost-share Medications that offer the highest overall value , which includes preferred generic medications.
3	\$\$	Mid-range cost-share Medications that provide good overall value , which includes preferred brand name and non-preferred generic medications.
4	\$\$\$	Higher cost-share Medications that provide good overall value , which includes preferred specialty medications.
5	\$\$\$\$	Higher cost-share Medications that provide lower overall value , which includes non-preferred brand name medications.
6	\$\$\$\$\$	Highest cost-share Medications that provide the lowest overall value , which includes non-preferred specialty medications.

The amount you will pay for a preferred prescription insulin drug or medically necessary insulin alternative will not exceed a total of \$25 per 30-day supply.

Can the PDL change?

Most changes in drug coverage typically happen on January 1. However, changes that have a positive impact for you – such as coverage for new medications or cost savings – may occur at any time.

Why are some medications not covered?

Non-formulary medications

Medications that are not covered on your PDL are also called non-formulary medications. We review treatments based on their total value, including how well they work, how safe they are, their cost and whether options are available to treat the same or similar medical conditions. Certain medications may not be covered if your plan covers other medications for your condition. Talk to your health care provider. They may be able to ask about an exception to get your medication covered or may switch you to a covered medication that can work for your condition. See the **Prior authorization and exception requests** section.

Excluded medications

Review your benefit plan documents to see if any medications are excluded from your plan. If excluded, ask your health care provider if covered medications may work for you.

Coverage details

What are coverage rules or limits?

Some medications on your PDL have extra rules before they can be covered. A few of the most common coverage rules or limits are prior authorization (PA), quantity limits (QL), and step therapy (ST). We use programs like these to help make sure the medication you take is safe and effective. Check your plan documents for more information. In this drug list, some medications are noted with letters next to them to help you see which ones may have coverage rules or limits. Your benefit plan sets how these medications may be covered for you. To get a medication that has a coverage rule or limit, see the **Prior authorization and exception requests** section.

PA	Prior authorization required Requires your health care provider to provide information about why you are taking a medication before your plan can decide how it may be covered.
QL	Quantity limit A limit on the amount of a medication you can get at a time.
ST	Step therapy Requires you to try one or more medications before the medication you are requesting may be covered.
SP	Specialty medication Specialty medications treat complex or rare conditions and may require special storage and handling. Your plan limits specialty medications to a 1-month supply. Specialty medications may not be available at a retail pharmacy. You may have to get these medications from a specialty pharmacy.

MME	Morphine milligram equivalent Additional quantity limits may apply across all drugs in the opioid class used for the treatment of pain. This additional limit is called a cumulative morphine milligram equivalent (MME) and is designed to monitor safe dosing levels of opioids for individuals who may be taking more than 1 opioid drug for pain management. If your health care provider prescribes more than this amount, or thinks the limit is not right for your situation, you or your health care provider can ask the plan to cover the additional quantity.
7D	7-day limit if you have not filled an opioid prescription recently If you have not filled an opioid prescription recently, you may be limited to a 7-day supply. This limit is intended to minimize initial duration if you do not have recent history of opioid use. For members who are new to the plan and have a recent history of using opioids, the limit may be overridden by the pharmacy. For members who have filled an opioid recently, prescriptions are limited to a 1 month supply.
PRV*	Preventive Preventive medication may be available at no cost to you only when certain requirements are met
PRV-A	Preventive for certain ages Preventive medication may be available at no cost to you if within a certain age range
BH*	Behavioral health condition Medication may be available at no cost to you when prescribed to treat a behavioral health condition.
STI*	Sexually transmitted infection Medication may be available at no cost to you when prescribed for preventive care or treatment of a sexually transmitted infection.

Which preventive medications are covered?

Your UnitedHealthcare Individual & Family plan covers certain preventive medications and supplements at no cost to you when filled at a network pharmacy.

Under the Affordable Care Act (ACA) of 2010, prescription and over-the-counter (OTC) preventive medications and supplements include:

- Aspirin to prevent preeclampsia during pregnancy
- Birth control (contraceptives)
- Bowel preparation for a colonoscopy needed for colon cancer screening
- Breast cancer preventive medications
- Fluoride to prevent dental cavities
- Folic acid to prevent birth defects
- Gonococcal Ophthalmia Neonatorum preventive medications
- Human Immunodeficiency Virus (HIV) prevention
- Statin medications to prevent cardiovascular events
- Tobacco cessation medications to help you quit smoking
- Vaccines

We follow recommendations by the U.S. Preventive Services Task Force, Health Resources and Services Administration and Advisory Committee on Immunization Practices.

Preventive medications are listed as Tier 1 or are noted as \$0 Copay medications in this drug list. Some medications are available at no cost to you only when certain requirements are met. As noted in this list, we may need your health care provider to provide information about your medical condition to confirm that you meet the requirements to obtain the preventive medication at no cost. Follow the steps in the “Prior authorization and exception requests” section. If you qualify, you can receive these drugs at \$0 cost-share. If you are using it to treat another medical condition, a cost-share may apply.

How can I get over-the counter birth control (contraceptives) covered?

Over-the-counter birth control (contraceptives) are available at no cost:

- For no up-front costs, ask your pharmacy to submit a claim to UnitedHealthcare.
- If you paid out of pocket, you can submit a reimbursement form. Learn more about the reimbursement process at uhc.com/member-resources/pharmacy-benefits/aca-marketplace-plans.

Which behavioral health medications are covered at no cost?

Certain medications used to treat a behavioral health condition, including medications for substance use disorder, may be available at no cost to you when filled at a network pharmacy. Even if your plan has a deductible and you haven’t met it, your cost-share is still \$0. Tier 1 medications are covered at no cost to you when filled at a network pharmacy.

For other medications listed as Behavioral Health (BH*), the medication may be eligible at no cost to you when prescribed to treat a behavioral health condition. Your health care provider can provide information about your medical condition to determine if your medication qualifies for \$0 cost-sharing. Follow the steps in the “Prior authorization and exception requests” section. If you qualify, your medication is covered at no cost to you when filled at a network pharmacy. If you are using it to treat another medical condition, a cost-share may apply. Applicable coverage rules and limits such as prior authorization and quantity limits may apply. Certain substance use disorder products may be available at no cost-share when administered by a behavior health care provider under your medical benefit.

Which medications for sexually transmitted infections are covered at no cost?

Certain medications used for preventive care or treatment of a sexually transmitted infection (STI) may be available at no cost to you when filled at a network pharmacy. Even if your plan has a deductible and you haven’t met it, your cost-share is still \$0. Tier 1 medications are covered at no cost to you when filled at a network pharmacy.

For other medications listed as “STI*”, the medication may be eligible at no cost to you when prescribed for preventive care or treatment of a sexually transmitted infection. Your health care provider can provide information about your medical condition to determine if your medication qualifies for \$0 cost-sharing. Follow the steps in the “Prior authorization and exception requests” section. If you qualify, your medication is covered at no cost to you when filled at a network pharmacy. If you are using it to treat another medical condition, a cost-share may apply. Applicable coverage rules and limits such as prior authorization and quantity limits may apply.

What medications are covered under my medical benefit?

To learn about medications covered under your medical benefit, visit uhcprovider.com/content/dam/provider/docs/public/resources/pharmacy/IFP-Clinical-Program-Summary-Drug-List.pdf

Prior authorization and exception requests

Some medications require prior authorization or may need an exception. This includes medications that:

- Require a prior authorization, including compounded prescription medications
- Require step therapy
- Exceed quantity limits
- Exceed opioid safety edits
 - 7-day supply limit for members who have not filled an opioid prescription recently or
 - Opioid use that exceeds the established morphine milligram equivalent (MME) level
- Are not listed in the PDL (also called non-formulary medications)
- May be covered at no cost when specific requirements are met such as preventive medications

How can I get a medication that requires a prior authorization or an exception?

Optum Rx, our Pharmacy Benefit Manager, processes prior authorization and exception requests on behalf of UnitedHealthcare Individual & Family plans. Contact your health care provider to submit a request. Health care providers can submit a request:

- Online: professionals.optumrx.com/prior-authorization.html
- Phone: 1-800-711-4555

The request should include the diagnosis, medication history, clinical justification, medical records/lab tests as needed and other supporting information. If information is missing, Optum Rx will contact your health care provider and request additional information.

We'll send written notification of the decision to both you and your health care provider. If your health care provider does not agree with the decision, the notification will provide instructions on requesting an appeal.

You and your health care provider can learn more and find clinical criteria by visiting uhcprovider.com/exchange.

Medication tips

What is the difference between brand-name and generic medications?

Generic medications contain the same active ingredients (what makes the medication work) as brand-name medications, but they often cost less. If you are taking a non-formulary brand-name medication that has a generic equivalent, you may also be responsible for the difference in cost between the brand-name drug and the generic equivalent. Check your plan documents for more information.

What if my health care provider writes a brand-name prescription?

If your health care provider gives you a prescription for a brand-name medication, ask if a generic or lower-cost option could be right for you. Generic medications are usually your lowest-cost option.

Reading your PDL

The PDL gives you choices so you and your health care provider can decide your best course of treatment. There are 2 ways to find your drug within the PDL:

- **By category** – The drugs in this formulary are grouped into categories depending on the medical conditions that they are used to treat. For example, drugs used to treat an infection are generally listed under the category, Antibacterial. If you know what your drug is used for, look for the category name, then look under the category name for your drug.
- **By alphabet** – if you are not sure what category to look under, you should look for your drug in the Index. The Index provides an alphabetical list of all the drugs included in this document for both brand name drugs and generic drugs. Review the Index to find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to that page listed in the Index and find the name of your drug in the first column of the list.

Questions?



Review your policy for more information about your pharmacy benefit



Call the Member Services number on your health plan ID card



Register or login to your online account at myuhc.com/exchange to:

- Find current list of covered medications
- Find a network pharmacy by ZIP code
- Learn about home delivery
- Look up possible lower-cost medication alternatives
- Compare medication pricing and options

Drug name	Generic name	Tier value	Prior auth	Quantity limit	Step therapy	Notes
Analgesics						
APAP-CAFFEIN CAP DIHYDROCOD	ACETAMINOPHEN-CAFFEINE-DIHYDROCODONE CAP 320.5-30-16 MG	Tier 3		X		MME/7D
APAP/CODEINE SOL 120-12/5	ACETAMINOPHEN W / CODEINE SOLN 120-12 MG / 5ML	Tier 2		X		MME/7D
APAP/CODEINE SOL 300-30MG	ACETAMINOPHEN W / CODEINE SOLN 120-12 MG / 5ML	Tier 2		X		MME/7D
APAP/CODEINE TAB 300-15MG	ACETAMINOPHEN W / CODEINE TAB 300-15 MG	Tier 2		X		MME/7D
APAP/CODEINE TAB 300-30MG	ACETAMINOPHEN W / CODEINE TAB 300-30 MG	Tier 2		X		MME/7D
APAP/CODEINE TAB 300-60MG	ACETAMINOPHEN W / CODEINE TAB 300-60 MG	Tier 2		X		MME/7D
ASCOMP/COD CAP 30MG	BUTALBITAL-ASPIRIN-CAFF W / CODEINE CAP 50-325-40-30 MG	Tier 3		X		MME/7D
ASPIRIN LOW CHW 81MG	ASPIRIN CHEW TAB 81 MG	Tier 1				
ASPIRIN LOW TAB 81MG EC	ASPIRIN TAB DELAYED RELEASE 81 MG	Tier 1				
BAC TAB	BUTALBITAL-ACETAMINOPHEN-CAFFEINE TAB 50-325-40 MG	Tier 2		X		
BUT/APAP/CAF CAP	BUTALBITAL-ACETAMINOPHEN-CAFFEINE CAP 50-300-40 MG	Tier 3		X		
BUT/APAP/CAF CAP	BUTALBITAL-ACETAMINOPHEN-CAFFEINE CAP 50-325-40 MG	Tier 3		X		
BUT/APAP/CAF CAP CODEINE	BUTALBITAL-ACETAMINOPHEN-CAFF W / COD CAP 50-300-40-30 MG	Tier 3		X		MME/7D
BUT/APAP/CAF CAP CODEINE	BUTALBITAL-ACETAMINOPHEN-CAFF W / COD CAP 50-325-40-30 MG	Tier 3		X		MME/7D
BUT/APAP/CAF TAB	BUTALBITAL-ACETAMINOPHEN-CAFFEINE TAB 50-325-40 MG	Tier 2		X		
BUT/ASA/CAF/ CAP CODEINE	BUTALBITAL-ASPIRIN-CAFF W / CODEINE CAP 50-325-40-30 MG	Tier 3		X		MME/7D
BUT/ASA/CAFF CAP	BUTALBITAL-ASPIRIN-CAFFEINE CAP 50-325-40 MG	Tier 3		X		
BUTAL/APAP TAB 50-325MG	BUTALBITAL-ACETAMINOPHEN TAB 50-325 MG	Tier 3		X		
BUTALB/ACETA TAB 50-300MG	BUTALBITAL-ACETAMINOPHEN TAB 50-300 MG	Tier 3		X		
BUTORPHANOL SOL 10MG/ML	BUTORPHANOL TARTRATE NASAL SOLN 10 MG / ML	Tier 3		X		MME/7D
CELECOXIB CAP 100MG	CELECOXIB CAP 100 MG	Tier 2		X		
CELECOXIB CAP 200MG	CELECOXIB CAP 200 MG	Tier 2		X		
CELECOXIB CAP 400MG	CELECOXIB CAP 400 MG	Tier 2		X		
CELECOXIB CAP 50MG	CELECOXIB CAP 50 MG	Tier 2		X		
CODEINE SULF TAB 15MG	CODEINE SULFATE TAB 15 MG	Tier 2		X		MME/7D
CODEINE SULF TAB 30MG	CODEINE SULFATE TAB 30 MG	Tier 2		X		MME/7D
CODEINE SULF TAB 60MG	CODEINE SULFATE TAB 60 MG	Tier 2		X		MME/7D
DICLO/MISOPR TAB 50-0.2MG	DICLOFENAC W / MISOPROSTOL TAB DELAYED RELEASE 50-0.2 MG	Tier 3				

KEY: **7D**.....7-day limit if you have not filled an opioid prescription recently
BH*.....Behavioral Health – Medication may be available at no cost to you when prescribed to treat a behavioral health condition.
MME.....Morphine milligram equivalent
PA.....Prior authorization required
PRV-A.....Preventive medication may be available at no cost to you if within a certain age range
PRV*.....Preventive medication may be available at no cost to you only when certain requirements are met
QL.....Quantity limit
SP.....Specialty medication
ST.....Step therapy
STI*.....Sexually transmitted infection – Medication may be available at no cost to you when prescribed for preventive care or treatment of a sexually transmitted infection.

Drug name	Generic name	Tier value	Prior auth	Quantity limit	Step therapy	Notes
DICLO/MISOPR TAB 75-0.2MG	DICLOFENAC W/ MISOPROSTOL TAB DELAYED RELEASE 75-0.2 MG	Tier 3				
DICLOFEN POT TAB 50MG	DICLOFENAC POTASSIUM TAB 50 MG	Tier 2				
DICLOFENAC GEL 1%	DICLOFENAC SODIUM GEL 1% (1.16% DIETHYLAMINE EQUIV)	Tier 3		X		
DICLOFENAC TAB 100MG ER	DICLOFENAC SODIUM TAB ER 24HR 100 MG	Tier 3				
DICLOFENAC TAB 25MG DR	DICLOFENAC SODIUM TAB DELAYED RELEASE 25 MG	Tier 2				
DICLOFENAC TAB 50MG DR	DICLOFENAC SODIUM TAB DELAYED RELEASE 50 MG	Tier 2				
DICLOFENAC TAB 75MG DR	DICLOFENAC SODIUM TAB DELAYED RELEASE 75 MG	Tier 2				
DIFLUNISAL TAB 500MG	DIFLUNISAL TAB 500 MG	Tier 2				
EC-NAPROXEN TAB 375MG	NAPROXEN TAB EC 375 MG	Tier 2				
EC-NAPROXEN TAB 500MG	NAPROXEN TAB EC 500 MG	Tier 2				
ENDOCET TAB 10-325MG	OXYCODONE W/ ACETAMINOPHEN TAB 10-325 MG	Tier 2		X		MME/7D
ENDOCET TAB 2.5-325	OXYCODONE W/ ACETAMINOPHEN TAB 2.5-325 MG	Tier 2		X		MME/7D
ENDOCET TAB 5-325MG	OXYCODONE W/ ACETAMINOPHEN TAB 5-325 MG	Tier 2		X		MME/7D
ENDOCET TAB 7.5-325	OXYCODONE W/ ACETAMINOPHEN TAB 7.5-325 MG	Tier 2		X		MME/7D
ETODOLAC CAP 200MG	ETODOLAC CAP 200 MG	Tier 2				
ETODOLAC CAP 300MG	ETODOLAC CAP 300 MG	Tier 2				
ETODOLAC ER TAB 400MG	ETODOLAC TAB ER 24HR 400 MG	Tier 3				
ETODOLAC ER TAB 500MG	ETODOLAC TAB ER 24HR 500 MG	Tier 3				
ETODOLAC ER TAB 600MG	ETODOLAC TAB ER 24HR 600 MG	Tier 3				
ETODOLAC TAB 400MG	ETODOLAC TAB 400 MG	Tier 2				
ETODOLAC TAB 500MG	ETODOLAC TAB 500 MG	Tier 2				
FENOPROFEN TAB 600MG	FENOPROFEN CALCIUM TAB 600 MG	Tier 3				
FENTANYL DIS 100MCG/H	FENTANYL TD PATCH 72HR 100 MCG / HR	Tier 3	X	X		MME/7D
FENTANYL DIS 12MCG/HR	FENTANYL TD PATCH 72HR 12 MCG / HR	Tier 3	X	X		MME/7D
FENTANYL DIS 25MCG/HR	FENTANYL TD PATCH 72HR 25 MCG / HR	Tier 3	X	X		MME/7D
FENTANYL DIS 50MCG/HR	FENTANYL TD PATCH 72HR 50 MCG / HR	Tier 3	X	X		MME/7D
FENTANYL DIS 75MCG/HR	FENTANYL TD PATCH 72HR 75 MCG / HR	Tier 3	X	X		MME/7D
FENTANYL OT LOZ 1200MCG	FENTANYL CITRATE LOZENGE ON A HANDLE 1200 MCG	Tier 3	X	X		

KEY: **7D** 7-day limit if you have not filled an opioid prescription recently
BH* Behavioral Health – Medication may be available at no cost to you when prescribed to treat a behavioral health condition.
MME Morphine milligram equivalent
PA Prior authorization required
PRV-A Preventive medication may be available at no cost to you if within a certain age range
PRV* Preventive medication may be available at no cost to you only when certain requirements are met
QL Quantity limit
SP Specialty medication
ST Step therapy
STI* Sexually transmitted infection – Medication may be available at no cost to you when prescribed for preventive care or treatment of a sexually transmitted infection.

Drug name	Generic name	Tier value	Prior auth	Quantity limit	Step therapy	Notes
FENTANYL OT LOZ 1600MCG	FENTANYL CITRATE LOZENGE ON A HANDLE 1600 MCG	Tier 3	X	X		
FENTANYL OT LOZ 200MCG	FENTANYL CITRATE LOZENGE ON A HANDLE 200 MCG	Tier 3	X	X		
FENTANYL OT LOZ 400MCG	FENTANYL CITRATE LOZENGE ON A HANDLE 400 MCG	Tier 3	X	X		
FENTANYL OT LOZ 600MCG	FENTANYL CITRATE LOZENGE ON A HANDLE 600 MCG	Tier 3	X	X		
FENTANYL OT LOZ 800MCG	FENTANYL CITRATE LOZENGE ON A HANDLE 800 MCG	Tier 3	X	X		
FLURBIPROFEN TAB 100MG	FLURBIPROFEN TAB 100 MG	Tier 2				
HYDRO/ACETA SOL 10-325MG	HYDROCODONE-ACETAMINOPHEN SOLN 10-325 MG / 15ML	Tier 2		X		MME/7D
HYDROCO/APAP SOL 75-325	HYDROCODONE-ACETAMINOPHEN SOLN 75-325 MG / 15ML	Tier 2		X		MME/7D
HYDROCO/APAP TAB 10-325MG	HYDROCODONE-ACETAMINOPHEN TAB 10-325 MG	Tier 2		X		MME/7D
HYDROCO/APAP TAB 2.5-325	HYDROCODONE-ACETAMINOPHEN TAB 2.5-325 MG	Tier 2		X		MME/7D
HYDROCO/APAP TAB 5-325MG	HYDROCODONE-ACETAMINOPHEN TAB 5-325 MG	Tier 2		X		MME/7D
HYDROCO/APAP TAB 75-325	HYDROCODONE-ACETAMINOPHEN TAB 75-325 MG	Tier 2		X		MME/7D
HYDROCOD/IBU TAB 10-200MG	HYDROCODONE-IBUPROFEN TAB 10-200 MG	Tier 3		X		MME/7D
HYDROCOD/IBU TAB 5-200MG	HYDROCODONE-IBUPROFEN TAB 5-200 MG	Tier 3		X		MME/7D
HYDROCOD/IBU TAB 75-200	HYDROCODONE-IBUPROFEN TAB 75-200 MG	Tier 3		X		MME/7D
HYDROCODONE CAP 10MG ER	HYDROCODONE BITARTRATE CAP ER 12HR 10 MG	Tier 3	X	X		MME/7D
HYDROCODONE CAP 15MG ER	HYDROCODONE BITARTRATE CAP ER 12HR 15 MG	Tier 3	X	X		MME/7D
HYDROCODONE CAP 20MG ER	HYDROCODONE BITARTRATE CAP ER 12HR 20 MG	Tier 3	X	X		MME/7D
HYDROCODONE CAP 30MG ER	HYDROCODONE BITARTRATE CAP ER 12HR 30 MG	Tier 3	X	X		MME/7D
HYDROCODONE CAP 40MG ER	HYDROCODONE BITARTRATE CAP ER 12HR 40 MG	Tier 3	X	X		MME/7D
HYDROCODONE CAP 50MG ER	HYDROCODONE BITARTRATE CAP ER 12HR 50 MG	Tier 3	X	X		MME/7D
HYDROMORPHON LIQ 1MG/ML	HYDROMORPHONE HCL LIQD 1 MG / ML	Tier 3		X		MME/7D
HYDROMORPHON TAB 12MG ER	HYDROMORPHONE HCL TAB ER 24HR 12 MG	Tier 3	X	X		MME/7D
HYDROMORPHON TAB 16MG ER	HYDROMORPHONE HCL TAB ER 24HR 16 MG	Tier 3	X	X		MME/7D
HYDROMORPHON TAB 2MG	HYDROMORPHONE HCL TAB 2 MG	Tier 2		X		MME/7D

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PA.....Prior authorization required
PRV-A.....Preventive medication may be available at no cost to you if within a certain age range
PRV*.....Preventive medication may be available at no cost to you only when certain requirements are met
QL.....Quantity limit
SP.....Specialty medication
ST.....Step therapy
STI*.....Sexually transmitted infection – Medication may be available at no cost to you when prescribed for preventive care or treatment of a sexually transmitted infection.

Drug name	Generic name	Tier value	Prior auth	Quantity limit	Step therapy	Notes
HYDROMORPHON TAB 32MG ER	HYDROMORPHONE HCL TAB ER 24HR 32 MG	Tier 3	X	X		MME/7D
HYDROMORPHON TAB 4MG	HYDROMORPHONE HCL TAB 4 MG	Tier 2		X		MME/7D
HYDROMORPHON TAB 8MG	HYDROMORPHONE HCL TAB 8 MG	Tier 2		X		MME/7D
HYDROMORPHON TAB 8MG ER	HYDROMORPHONE HCL TAB ER 24HR 8 MG	Tier 3	X	X		MME/7D
IBU TAB 400MG	IBUPROFEN TAB 400 MG	Tier 2				
IBU TAB 600MG	IBUPROFEN TAB 600 MG	Tier 2				
IBU TAB 800MG	IBUPROFEN TAB 800 MG	Tier 2				
IBUPROFEN TAB 400MG	IBUPROFEN TAB 400 MG	Tier 2				
IBUPROFEN TAB 600MG	IBUPROFEN TAB 600 MG	Tier 2				
IBUPROFEN TAB 800MG	IBUPROFEN TAB 800 MG	Tier 2				
INDOMETHACIN CAP 25MG	INDOMETHACIN CAP 25 MG	Tier 2		X		
INDOMETHACIN CAP 50MG	INDOMETHACIN CAP 50 MG	Tier 2		X		
INDOMETHACIN CAP 75MG ER	INDOMETHACIN CAP ER 75 MG	Tier 2				
KETOPROFEN CAP 200MG ER	KETOPROFEN CAP ER 24HR 200 MG	Tier 3			X	
KETOPROFEN CAP 25MG	KETOPROFEN CAP 25 MG	Tier 3			X	
KETOPROFEN CAP 50MG	KETOPROFEN CAP 50 MG	Tier 3			X	
KETOROLAC TAB 10MG	KETOROLAC TROMETHAMINE TAB 10 MG	Tier 2				
LEVORPHANOL TAB 2MG	LEVORPHANOL TARTRATE TAB 2 MG	Tier 3	X	X		MME/7D
LEVORPHANOL TAB 3MG	LEVORPHANOL TARTRATE TAB 3 MG	Tier 3	X	X		MME/7D
MECLOFEN SOD CAP 100MG	MECLOFENAMATE SODIUM CAP 100 MG	Tier 3				
MECLOFEN SOD CAP 50MG	MECLOFENAMATE SODIUM CAP 50 MG	Tier 3				
MEFENAM ACID CAP 250MG	MEFENAMIC ACID CAP 250 MG	Tier 3				
MELOXICAM TAB 15MG	MELOXICAM TAB 15 MG	Tier 2				
MELOXICAM TAB 7.5MG	MELOXICAM TAB 7.5 MG	Tier 2				
METHADONE CON 10MG/ ML	METHADONE HCL CONC 10 MG / ML	Tier 2	X	X		MME/7D
METHADONE SOL 10MG/5ML	METHADONE HCL SOLN 10 MG / 5ML	Tier 2	X	X		MME/7D
METHADONE SOL 5MG/5ML	METHADONE HCL SOLN 5 MG / 5ML	Tier 2	X	X		MME/7D
METHADONE TAB 10MG	METHADONE HCL TAB 10 MG	Tier 2	X	X		MME/7D
METHADONE TAB 5MG	METHADONE HCL TAB 5 MG	Tier 2	X	X		MME/7D
MORPHINE SUL SOL 10/0.5ML	MORPHINE SULFATE ORAL SOLN 100 MG / 5ML (20 MG / ML)	Tier 3		X		MME/7D
MORPHINE SUL SOL 100/5ML	MORPHINE SULFATE ORAL SOLN 100 MG / 5ML (20 MG / ML)	Tier 3		X		MME/7D

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Drug name	Generic name	Tier value	Prior auth	Quantity limit	Step therapy	Notes
MORPHINE SUL SOL 10MG/5ML	MORPHINE SULFATE ORAL SOLN 10 MG / 5ML	Tier 3		X		MME/7D
MORPHINE SUL SOL 20MG/5ML	MORPHINE SULFATE ORAL SOLN 20 MG / 5ML	Tier 3		X		MME/7D
MORPHINE SUL SOL 20MG/ML	MORPHINE SULFATE ORAL SOLN 100 MG / 5ML (20 MG / ML)	Tier 3		X		MME/7D
MORPHINE SUL TAB 100MG ER	MORPHINE SULFATE TAB ER 100 MG	Tier 2	X	X		MME/7D
MORPHINE SUL TAB 15MG	MORPHINE SULFATE TAB 15 MG	Tier 2		X		MME/7D
MORPHINE SUL TAB 15MG ER	MORPHINE SULFATE TAB ER 15 MG	Tier 2	X	X		MME/7D
MORPHINE SUL TAB 200MG ER	MORPHINE SULFATE TAB ER 200 MG	Tier 2	X	X		MME/7D
MORPHINE SUL TAB 30MG	MORPHINE SULFATE TAB 30 MG	Tier 2		X		MME/7D
MORPHINE SUL TAB 30MG ER	MORPHINE SULFATE TAB ER 30 MG	Tier 2	X	X		MME/7D
MORPHINE SUL TAB 60MG ER	MORPHINE SULFATE TAB ER 60 MG	Tier 2	X	X		MME/7D
NABUMETONE TAB 500MG	NABUMETONE TAB 500 MG	Tier 2				
NABUMETONE TAB 750MG	NABUMETONE TAB 750 MG	Tier 2				
NAPROXEN DR TAB 375MG	NAPROXEN TAB EC 375 MG	Tier 2				
NAPROXEN DR TAB 500MG	NAPROXEN TAB EC 500 MG	Tier 2				
NAPROXEN SOD TAB 275MG	NAPROXEN SODIUM TAB 275 MG	Tier 2				
NAPROXEN SOD TAB 550MG	NAPROXEN SODIUM TAB 550 MG	Tier 2				
NAPROXEN SUS 125/5ML	NAPROXEN SUSP 125 MG / 5ML	Tier 3	X			
NAPROXEN TAB 250MG	NAPROXEN TAB 250 MG	Tier 2				
NAPROXEN TAB 375MG	NAPROXEN TAB 375 MG	Tier 2				
NAPROXEN TAB 500MG	NAPROXEN TAB 500 MG	Tier 2				
NUCYNTA ER TAB 100MG	TAPENTADOL HCL TAB ER 12HR 100 MG	Tier 5	X	X		MME/7D
NUCYNTA ER TAB 150MG	TAPENTADOL HCL TAB ER 12HR 150 MG	Tier 5	X	X		MME/7D
NUCYNTA ER TAB 200MG	TAPENTADOL HCL TAB ER 12HR 200 MG	Tier 5	X	X		MME/7D
NUCYNTA ER TAB 250MG	TAPENTADOL HCL TAB ER 12HR 250 MG	Tier 5	X	X		MME/7D
NUCYNTA ER TAB 50MG	TAPENTADOL HCL TAB ER 12HR 50 MG	Tier 5	X	X		MME/7D
OXAPROZIN TAB 600MG	OXAPROZIN TAB 600 MG	Tier 3				
OXYCOD/APAP TAB 10-325MG	OXYCODONE W/ ACETAMINOPHEN TAB 10-325 MG	Tier 2		X		MME/7D
OXYCOD/APAP TAB 2.5-325	OXYCODONE W/ ACETAMINOPHEN TAB 2.5-325 MG	Tier 2		X		MME/7D

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Drug name	Generic name	Tier value	Prior auth	Quantity limit	Step therapy	Notes
OXYCOD/APAP TAB 5-325MG	OXYCODONE W / ACETAMINOPHEN TAB 5-325 MG	Tier 2		X		MME/7D
OXYCOD/APAP TAB 75-325	OXYCODONE W / ACETAMINOPHEN TAB 75-325 MG	Tier 2		X		MME/7D
OXYCODONE CAP 5MG	OXYCODONE HCL CAP 5 MG	Tier 2		X		MME/7D
OXYCODONE CON 100/5ML	OXYCODONE HCL CONC 100 MG / 5ML (20 MG / ML)	Tier 3		X		MME/7D
OXYCODONE SOL 5MG/5ML	OXYCODONE HCL SOLN 5 MG / 5ML	Tier 2		X		MME/7D
OXYCODONE TAB 10MG	OXYCODONE HCL TAB 10 MG	Tier 2		X		MME/7D
OXYCODONE TAB 15MG	OXYCODONE HCL TAB 15 MG	Tier 2		X		MME/7D
OXYCODONE TAB 20MG	OXYCODONE HCL TAB 20 MG	Tier 2		X		MME/7D
OXYCODONE TAB 30MG	OXYCODONE HCL TAB 30 MG	Tier 2		X		MME/7D
OXYCODONE TAB 5MG	OXYCODONE HCL TAB 5 MG	Tier 2		X		MME/7D
OXYMORPHONE TAB 10MG ER	OXYMORPHONE HCL TAB ER 12HR 10 MG	Tier 3	X	X		MME/7D
OXYMORPHONE TAB 15MG ER	OXYMORPHONE HCL TAB ER 12HR 15 MG	Tier 3	X	X		MME/7D
OXYMORPHONE TAB 20MG ER	OXYMORPHONE HCL TAB ER 12HR 20 MG	Tier 3	X	X		MME/7D
OXYMORPHONE TAB 30MG ER	OXYMORPHONE HCL TAB ER 12HR 30 MG	Tier 3	X	X		MME/7D
OXYMORPHONE TAB 40MG ER	OXYMORPHONE HCL TAB ER 12HR 40 MG	Tier 3	X	X		MME/7D
OXYMORPHONE TAB 5MG ER	OXYMORPHONE HCL TAB ER 12HR 5 MG	Tier 3	X	X		MME/7D
OXYMORPHONE TAB 75MG ER	OXYMORPHONE HCL TAB ER 12HR 75 MG	Tier 3	X	X		MME/7D
OXYMORPHONE TAB HCL 10MG	OXYMORPHONE HCL TAB 10 MG	Tier 3		X		MME/7D
OXYMORPHONE TAB HCL 5MG	OXYMORPHONE HCL TAB 5 MG	Tier 3		X		MME/7D
PENTAZ/NALOX TAB 50-0.5MG	PENTAZOCINE W / NALOXONE HCL TAB 50-0.5 MG	Tier 3		X		MME/7D
PIROXICAM CAP 10MG	PIROXICAM CAP 10 MG	Tier 2				
PIROXICAM CAP 20MG	PIROXICAM CAP 20 MG	Tier 2				
SALSALATE TAB 500MG	SALSALATE TAB 500 MG	Tier 2				
SALSALATE TAB 750MG	SALSALATE TAB 750 MG	Tier 2				
ST JOSEPH CHW LOW 81MG	ASPIRIN CHEW TAB 81 MG	Tier 1				
SULINDAC TAB 150MG	SULINDAC TAB 150 MG	Tier 2				
SULINDAC TAB 200MG	SULINDAC TAB 200 MG	Tier 2				
TENCON TAB 50-325MG	BUTALBITAL-ACETAMINOPHEN TAB 50-325 MG	Tier 3		X		
TOLMETIN SOD CAP 400MG	TOLMETIN SODIUM CAP 400 MG	Tier 3				
TOLMETIN SOD TAB 600MG	TOLMETIN SODIUM TAB 600 MG	Tier 3				

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Drug name	Generic name	Tier value	Prior auth	Quantity limit	Step therapy	Notes
TRAMADL/APAP TAB 375-325	TRAMADOL-ACETAMINOPHEN TAB 375-325 MG	Tier 2		X		MME/7D
TRAMADOL HCL TAB 100MG ER	TRAMADOL HCL TAB ER 24HR 100 MG	Tier 3	X	X		MME/7D
TRAMADOL HCL TAB 100MG ER	TRAMADOL HCL TAB ER 24HR BIPHASIC RELEASE 100 MG	Tier 3	X	X		MME/7D
TRAMADOL HCL TAB 200MG ER	TRAMADOL HCL TAB ER 24HR 200 MG	Tier 3	X	X		MME/7D
TRAMADOL HCL TAB 200MG ER	TRAMADOL HCL TAB ER 24HR BIPHASIC RELEASE 200 MG	Tier 3	X	X		MME/7D
TRAMADOL HCL TAB 300MG ER	TRAMADOL HCL TAB ER 24HR 300 MG	Tier 3	X	X		MME/7D
TRAMADOL HCL TAB 300MG ER	TRAMADOL HCL TAB ER 24HR BIPHASIC RELEASE 300 MG	Tier 3	X	X		MME/7D
TRAMADOL HCL TAB 50MG	TRAMADOL HCL TAB 50 MG	Tier 2		X		MME/7D
XTAMPZA ER CAP 13.5MG	OXYCODONE CAP ER 12HR ABUSE-DETERRENT 13.5 MG	Tier 5	X	X		MME/7D
XTAMPZA ER CAP 18MG	OXYCODONE CAP ER 12HR ABUSE-DETERRENT 18 MG	Tier 5	X	X		MME/7D
XTAMPZA ER CAP 27MG	OXYCODONE CAP ER 12HR ABUSE-DETERRENT 27 MG	Tier 5	X	X		MME/7D
XTAMPZA ER CAP 36MG	OXYCODONE CAP ER 12HR ABUSE-DETERRENT 36 MG	Tier 5	X	X		MME/7D
XTAMPZA ER CAP 9MG	OXYCODONE CAP ER 12HR ABUSE-DETERRENT 9 MG	Tier 5	X	X		MME/7D
Anesthetics						
GLYDO GEL 2%	LIDOCAINE HCL URETHRAL / MUCOSAL GEL PREFILLED SYRINGE 2%	Tier 2				
LIDO/PRILOCN CRE 2.5-2.5%	LIDOCAINE-PRILOCAINE CREAM 2.5-2.5%	Tier 2				
LIDOCAINE GEL 2% JELLY	LIDOCAINE HCL URETHRAL / MUCOSAL GEL 2%	Tier 2				
LIDOCAINE GEL 2% JELLY	LIDOCAINE HCL URETHRAL / MUCOSAL GEL PREFILLED SYRINGE 2%	Tier 2				
LIDOCAINE PAD 5%	LIDOCAINE PATCH 5%	Tier 3	X	X		
LIDOCAINE SOL 2% ORAL	LIDOCAINE HCL VISCOUS SOLN 2%	Tier 2				
LIDOCAINE SOL 2% VISC	LIDOCAINE HCL VISCOUS SOLN 2%	Tier 2				
LIDOCAINE SOL 4%	LIDOCAINE HCL LARYNGOTRACHEAL SOLN 4%	Tier 3				
LIDOCAINE SOL 4%	LIDOCAINE HCL SOLN 4%	Tier 3				
Anti-Addiction/Substance Abuse Treatment Agents						
ACAMPRO CAL TAB 333MG	ACAMPROSATE CALCIUM TAB DELAYED RELEASE 333 MG	Tier 1				
BUPREN/NALOX MIS 12-3MG	BUPRENORPHINE HCL-NALOXONE HCL SL FILM 12-3 MG (BASE EQUIV)	Tier 1				
BUPREN/NALOX MIS 2-0.5MG	BUPRENORPHINE HCL-NALOXONE HCL SL FILM 2-0.5 MG (BASE EQUIV)	Tier 1				
BUPREN/NALOX MIS 4-1MG	BUPRENORPHINE HCL-NALOXONE HCL SL FILM 4-1 MG (BASE EQUIV)	Tier 1				

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Drug name	Generic name	Tier value	Prior auth	Quantity limit	Step therapy	Notes
BUPREN/NALOX MIS 8-2MG	BUPRENORPHINE HCL-NALOXONE HCL SL FILM 8-2 MG (BASE EQUIV)	Tier 1				
BUPREN/NALOX SUB 2-0.5MG	BUPRENORPHINE HCL-NALOXONE HCL SL TAB 2-0.5 MG (BASE EQUIV)	Tier 1				
BUPREN/NALOX SUB 8-2MG	BUPRENORPHINE HCL-NALOXONE HCL SL TAB 8-2 MG (BASE EQUIV)	Tier 1				
BUPRENORPHIN SUB 2MG	BUPRENORPHINE HCL SL TAB 2 MG (BASE EQUIV)	Tier 1				
BUPRENORPHIN SUB 8MG	BUPRENORPHINE HCL SL TAB 8 MG (BASE EQUIV)	Tier 1				
BUPROPION TAB 150MG SR	BUPROPION HCL (SMOKING DETERRENT) TAB ER 12HR 150 MG	Tier 1				
DISULFIRAM TAB 250MG	DISULFIRAM TAB 250 MG	Tier 1				
DISULFIRAM TAB 500MG	DISULFIRAM TAB 500 MG	Tier 1				
NALOXONE HCL INJ 1MG/ML	NALOXONE HCL SOLN PREFILLED SYRINGE 2 MG / 2ML	Tier 1				
NALOXONE HCL INJ 2MG/2ML	NALOXONE HCL SOLN PREFILLED SYRINGE 2 MG / 2ML	Tier 1				
NALOXONE HCL SOL 0.4MG/ML	NALOXONE HCL SOLN PREFILLED SYRINGE 0.4 MG / ML	Tier 1				
NALOXONE HCL SPR 4MG	NALOXONE HCL NASAL SPRAY 4 MG / 0.1ML	Tier 1				
NALOXONE INJ 0.4MG/ML	NALOXONE HCL INJ 0.4 MG / ML	Tier 1				
NALOXONE INJ 0.4MG/ML	NALOXONE HCL INJ 4 MG / 10ML	Tier 1				
NALOXONE INJ 0.4MG/ML	NALOXONE HCL SOLN CARTRIDGE 0.4 MG / ML	Tier 1				
NALOXONE INJ 4MG/10ML	NALOXONE HCL INJ 4 MG / 10ML	Tier 1				
NALOXONE SPR 4MG	NALOXONE HCL NASAL SPRAY 4 MG / 0.1ML	Tier 1				
NALTREXONE TAB 50MG	NALTREXONE HCL TAB 50 MG	Tier 1				
NARCAN SPR 4MG	NALOXONE HCL NASAL SPRAY 4 MG / 0.1ML	Tier 1				
NICODERM CQ DIS 14MG/24H	NICOTINE TD PATCH 24HR 14 MG / 24HR	Tier 1				
NICODERM CQ DIS 21MG/24H	NICOTINE TD PATCH 24HR 21 MG / 24HR	Tier 1				
NICODERM CQ DIS 7MG/24HR	NICOTINE TD PATCH 24HR 7 MG / 24HR	Tier 1				
NICORETTE GUM 2MG	NICOTINE POLACRILEX GUM 2 MG	Tier 1				
NICORETTE GUM 4MG	NICOTINE POLACRILEX GUM 4 MG	Tier 1				
NICORETTE LOZ 2MG MINT	NICOTINE POLACRILEX LOZENGE 2 MG	Tier 1				
NICORETTE LOZ 4MG MINT	NICOTINE POLACRILEX LOZENGE 4 MG	Tier 1				
NICOTINE DIS 7MG/24HR	NICOTINE TD PATCH 24HR 7 MG / 24HR	Tier 1				
NICOTINE GUM 2MG	NICOTINE POLACRILEX GUM 2 MG	Tier 1				

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Drug name	Generic name	Tier value	Prior auth	Quantity limit	Step therapy	Notes
NICOTINE GUM 4MG	NICOTINE POLACRILEX GUM 4 MG	Tier 1				
NICOTINE LOZ 2MG MINT	NICOTINE POLACRILEX LOZENGE 2 MG	Tier 1				
NICOTINE LOZ 4MG MINT	NICOTINE POLACRILEX LOZENGE 4 MG	Tier 1				
NICOTINE SYS KIT TRANSDER	NICOTINE TD PATCH 24 HR KIT 21-14-7 MG / 24HR	Tier 1				
NICOTINE TD DIS 14MG/24H	NICOTINE TD PATCH 24HR 14 MG / 24HR	Tier 1				
NICOTINE TD DIS 21MG/24H	NICOTINE TD PATCH 24HR 21 MG / 24HR	Tier 1				
NICOTROL INH	NICOTINE INHALER SYSTEM 10 MG (4 MG DELIVERED)	Tier 1				
NICOTROL NS SPR 10MG/ML	NICOTINE NASAL SPRAY 10 MG / ML (0.5 MG / SPRAY)	Tier 1				
REXTOVY SPR 4/0.25ML	NALOXONE HCL NASAL SPRAY 4 MG / 0.25ML	Tier 1				
THRIVE GUM 2MG MINT	NICOTINE POLACRILEX GUM 2 MG	Tier 1				
VARENICLINE TAB 0.5&1MG	VARENICLINE TARTRATE TAB 11 X 0.5 MG & 42 X 1 MG START PACK	Tier 1				
VARENICLINE TAB 0.5MG	VARENICLINE TARTRATE TAB 0.5 MG (BASE EQUIV)	Tier 1				
VARENICLINE TAB 1MG	VARENICLINE TARTRATE TAB 1 MG (BASE EQUIV)	Tier 1				
ZUBSOLV SUB 0.7-0.18	BUPRENORPHINE HCL-NALOXONE HCL SL TAB 0.7-0.18 MG (BASE EQ)	Tier 1				
ZUBSOLV SUB 1.4-0.36	BUPRENORPHINE HCL-NALOXONE HCL SL TAB 1.4-0.36 MG (BASE EQ)	Tier 1				
ZUBSOLV SUB 11.4-2.9	BUPRENORPHINE HCL-NALOXONE HCL SL TAB 11.4-2.9 MG (BASE EQ)	Tier 1				
ZUBSOLV SUB 2.9-0.71	BUPRENORPHINE HCL-NALOXONE HCL SL TAB 2.9-0.71 MG (BASE EQ)	Tier 1				
ZUBSOLV SUB 5.7-1.4	BUPRENORPHINE HCL-NALOXONE HCL SL TAB 5.7-1.4 MG (BASE EQ)	Tier 1				
ZUBSOLV SUB 8.6-2.1	BUPRENORPHINE HCL-NALOXONE HCL SL TAB 8.6-2.1 MG (BASE EQ)	Tier 1				
Antibacterials						
ALTABAX OIN 1%	RETAPAMULIN OINT 1%	Tier 5		X		
AMOX/K CLAV CHW 200MG	AMOXICILLIN & K CLAVULANATE CHEW TAB 200-28.5 MG	Tier 2				
AMOX/K CLAV CHW 400MG	AMOXICILLIN & K CLAVULANATE CHEW TAB 400-57 MG	Tier 2				
AMOX/K CLAV SUS 200/5ML	AMOXICILLIN & K CLAVULANATE FOR SUSP 200-28.5 MG / 5ML	Tier 2				
AMOX/K CLAV SUS 250/5ML	AMOXICILLIN & K CLAVULANATE FOR SUSP 250-62.5 MG / 5ML	Tier 2				
AMOX/K CLAV SUS 400/5ML	AMOXICILLIN & K CLAVULANATE FOR SUSP 400-57 MG / 5ML	Tier 2				
AMOX/K CLAV SUS 600/5ML	AMOXICILLIN & K CLAVULANATE FOR SUSP 600-42.9 MG / 5ML	Tier 2				

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Drug name	Generic name	Tier value	Prior auth	Quantity limit	Step therapy	Notes
AMOX/K CLAV TAB 250-125	AMOXICILLIN & K CLAVULANATE TAB 250-125 MG	Tier 2				
AMOX/K CLAV TAB 500-125	AMOXICILLIN & K CLAVULANATE TAB 500-125 MG	Tier 2				
AMOX/K CLAV TAB 875-125	AMOXICILLIN & K CLAVULANATE TAB 875-125 MG	Tier 2				
AMOXICILLIN CAP 250MG	AMOXICILLIN (TRIHYDRATE) CAP 250 MG	Tier 2				STI*
AMOXICILLIN CAP 500MG	AMOXICILLIN (TRIHYDRATE) CAP 500 MG	Tier 2				STI*
AMOXICILLIN CHW 125MG	AMOXICILLIN (TRIHYDRATE) CHEW TAB 125 MG	Tier 2				STI*
AMOXICILLIN CHW 250MG	AMOXICILLIN (TRIHYDRATE) CHEW TAB 250 MG	Tier 2				STI*
AMOXICILLIN SUS 125/5ML	AMOXICILLIN (TRIHYDRATE) FOR SUSP 125 MG / 5ML	Tier 2				STI*
AMOXICILLIN SUS 200/5ML	AMOXICILLIN (TRIHYDRATE) FOR SUSP 200 MG / 5ML	Tier 2				STI*
AMOXICILLIN SUS 250/5ML	AMOXICILLIN (TRIHYDRATE) FOR SUSP 250 MG / 5ML	Tier 2				STI*
AMOXICILLIN SUS 400/5ML	AMOXICILLIN (TRIHYDRATE) FOR SUSP 400 MG / 5ML	Tier 2				STI*
AMOXICILLIN TAB 500MG	AMOXICILLIN (TRIHYDRATE) TAB 500 MG	Tier 2				STI*
AMOXICILLIN TAB 875MG	AMOXICILLIN (TRIHYDRATE) TAB 875 MG	Tier 2				STI*
AMPICILLIN CAP 500MG	AMPICILLIN CAP 500 MG	Tier 2				
AZITHROMYCIN POW 1GM PAK	AZITHROMYCIN POWD PACK FOR SUSP 1 GM	Tier 2				STI*
AZITHROMYCIN SUS 100/5ML	AZITHROMYCIN FOR SUSP 100 MG / 5ML	Tier 2				STI*
AZITHROMYCIN SUS 200/5ML	AZITHROMYCIN FOR SUSP 200 MG / 5ML	Tier 2				STI*
AZITHROMYCIN TAB 250MG	AZITHROMYCIN TAB 250 MG	Tier 2				STI*
AZITHROMYCIN TAB 500MG	AZITHROMYCIN TAB 500 MG	Tier 2				STI*
AZITHROMYCIN TAB 600MG	AZITHROMYCIN TAB 600 MG	Tier 2				STI*
BAXDELA TAB 450MG	DELAFLORACIN MEGLUMINE TAB 450 MG (BASE EQUIV)	Tier 5				
CEFACILOR CAP 250MG	CEFACILOR CAP 250 MG	Tier 2				
CEFACILOR CAP 500MG	CEFACILOR CAP 500 MG	Tier 2				
CEFACILOR ER TAB 500MG	CEFACILOR MONOHYDRATE TAB ER 12HR 500 MG	Tier 3				
CEFADROXIL CAP 500MG	CEFADROXIL CAP 500 MG	Tier 2				
CEFADROXIL SUS 250/5ML	CEFADROXIL FOR SUSP 250 MG / 5ML	Tier 2				
CEFADROXIL SUS 500/5ML	CEFADROXIL FOR SUSP 500 MG / 5ML	Tier 2				

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CEFADROXIL TAB 1GM	CEFADROXIL TAB 1 GM	Tier 3				
CEFDINIR CAP 300MG	CEFDINIR CAP 300 MG	Tier 2				
CEFDINIR SUS 125/5ML	CEFDINIR FOR SUSP 125 MG / 5ML	Tier 2				
CEFDINIR SUS 250/5ML	CEFDINIR FOR SUSP 250 MG / 5ML	Tier 2				
CEFIXIME CAP 400MG	CEFIXIME CAP 400 MG	Tier 3				STI*
CEFIXIME SUS 100/5ML	CEFIXIME FOR SUSP 100 MG / 5ML	Tier 3				STI*
CEFIXIME SUS 200/5ML	CEFIXIME FOR SUSP 200 MG / 5ML	Tier 3				STI*
CEFPODO PROX SUS 100/5ML	CEFPODOXIME PROXETIL FOR SUSP 100 MG / 5ML	Tier 3				
CEFPODO PROX SUS 50MG/5ML	CEFPODOXIME PROXETIL FOR SUSP 50 MG / 5ML	Tier 3				
CEFPODOXIME TAB 100MG	CEFPODOXIME PROXETIL TAB 100 MG	Tier 3				
CEFPODOXIME TAB 200MG	CEFPODOXIME PROXETIL TAB 200 MG	Tier 3				
CEFPROZIL SUS 125/5ML	CEFPROZIL FOR SUSP 125 MG / 5ML	Tier 2				
CEFPROZIL SUS 250/5ML	CEFPROZIL FOR SUSP 250 MG / 5ML	Tier 2				
CEFPROZIL TAB 250MG	CEFPROZIL TAB 250 MG	Tier 2				
CEFPROZIL TAB 500MG	CEFPROZIL TAB 500 MG	Tier 2				
CEFUROXIME TAB 250MG	CEFUROXIME AXETIL TAB 250 MG	Tier 2				
CEFUROXIME TAB 500MG	CEFUROXIME AXETIL TAB 500 MG	Tier 2				
CEPHALEXIN CAP 250MG	CEPHALEXIN CAP 250 MG	Tier 2				
CEPHALEXIN CAP 500MG	CEPHALEXIN CAP 500 MG	Tier 2				
CEPHALEXIN SUS 125/5ML	CEPHALEXIN FOR SUSP 125 MG / 5ML	Tier 2				
CEPHALEXIN SUS 250/5ML	CEPHALEXIN FOR SUSP 250 MG / 5ML	Tier 2				
CIPROFLOXACN SUS 250/5ML	CIPROFLOXACIN FOR ORAL SUSP 250 MG / 5ML (5%) (5 GM / 100ML)	Tier 3				STI*
CIPROFLOXACN TAB 100MG	CIPROFLOXACIN HCL TAB 100 MG (BASE EQUIV)	Tier 2				STI*
CIPROFLOXACN TAB 250MG	CIPROFLOXACIN HCL TAB 250 MG (BASE EQUIV)	Tier 2				STI*
CIPROFLOXACN TAB 500MG	CIPROFLOXACIN HCL TAB 500 MG (BASE EQUIV)	Tier 2				STI*
CIPROFLOXACN TAB 750MG	CIPROFLOXACIN HCL TAB 750 MG (BASE EQUIV)	Tier 2				STI*
CLARITHROMYC SUS 125/5ML	CLARITHROMYCIN FOR SUSP 125 MG / 5ML	Tier 3				
CLARITHROMYC SUS 250/5ML	CLARITHROMYCIN FOR SUSP 250 MG / 5ML	Tier 3				
CLARITHROMYC TAB 250MG	CLARITHROMYCIN TAB 250 MG	Tier 2				
CLARITHROMYC TAB 500MG	CLARITHROMYCIN TAB 500 MG	Tier 2				
CLARITHROMYC TAB 500MG ER	CLARITHROMYCIN TAB ER 24HR 500 MG	Tier 3				
CLINDAMYCIN CAP 150MG	CLINDAMYCIN HCL CAP 150 MG	Tier 2				STI*

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QL Quantity limit
SP Specialty medication
ST Step therapy
STI* Sexually transmitted infection – Medication may be available at no cost to you when prescribed for preventive care or treatment of a sexually transmitted infection.

Drug name	Generic name	Tier value	Prior auth	Quantity limit	Step therapy	Notes
CLINDAMYCIN CAP 300MG	CLINDAMYCIN HCL CAP 300 MG	Tier 2				STI*
CLINDAMYCIN CAP 75MG	CLINDAMYCIN HCL CAP 75 MG	Tier 2				STI*
CLINDAMYCIN CRE 2% VAG	CLINDAMYCIN PHOSPHATE VAGINAL CREAM 2%	Tier 2				STI*
CLINDAMYCIN SOL 75MG/5ML	CLINDAMYCIN PALMITATE HCL FOR SOLN 75 MG / 5ML (BASE EQUIV)	Tier 3				STI*
DEMECLOCYCL TAB 150MG	DEMECLOCYCLINE HCL TAB 150 MG	Tier 3				
DEMECLOCYCL TAB 300MG	DEMECLOCYCLINE HCL TAB 300 MG	Tier 3				
DICLOXACILL CAP 250MG	DICLOXACILLIN SODIUM CAP 250 MG	Tier 2				
DICLOXACILL CAP 500MG	DICLOXACILLIN SODIUM CAP 500 MG	Tier 2				
DOXYCYC MONO CAP 100MG	DOXYCYCLINE MONOHYDRATE CAP 100 MG	Tier 2				STI*
DOXYCYC MONO CAP 50MG	DOXYCYCLINE MONOHYDRATE CAP 50 MG	Tier 2				STI*
DOXYCYC MONO TAB 100MG	DOXYCYCLINE MONOHYDRATE TAB 100 MG	Tier 2				STI*
DOXYCYC MONO TAB 150MG	DOXYCYCLINE MONOHYDRATE TAB 150 MG	Tier 2				STI*
DOXYCYC MONO TAB 50MG	DOXYCYCLINE MONOHYDRATE TAB 50 MG	Tier 2				STI*
DOXYCYC MONO TAB 75MG	DOXYCYCLINE MONOHYDRATE TAB 75 MG	Tier 2				STI*
DOXYCYCL HYC CAP 100MG	DOXYCYCLINE HYCLATE CAP 100 MG	Tier 2				STI*
DOXYCYCL HYC CAP 50MG	DOXYCYCLINE HYCLATE CAP 50 MG	Tier 2				STI*
DOXYCYCL HYC TAB 100MG	DOXYCYCLINE HYCLATE TAB 100 MG	Tier 2				STI*
DOXYCYCL HYC TAB 20MG	DOXYCYCLINE HYCLATE TAB 20 MG	Tier 2				STI*
DOXYCYCLINE SUS 25MG/5ML	DOXYCYCLINE MONOHYDRATE FOR SUSP 25 MG / 5ML	Tier 3				STI*
ERYTHROCIN TAB 250MG	ERYTHROMYCIN STEARATE TAB 250 MG	Tier 5				STI*
ERYTHROM ETH SUS 200/5ML	ERYTHROMYCIN ETHYLSUCCINATE FOR SUSP 200 MG / 5ML	Tier 3				STI*
ERYTHROM ETH SUS 400/5ML	ERYTHROMYCIN ETHYLSUCCINATE FOR SUSP 400 MG / 5ML	Tier 3				STI*
ERYTHROM ETH TAB 400MG	ERYTHROMYCIN ETHYLSUCCINATE TAB 400 MG	Tier 3				STI*
ERYTHROMYCIN CAP 250MG DR	ERYTHROMYCIN W / DELAYED RELEASE PARTICLES CAP 250 MG	Tier 3				STI*
ERYTHROMYCIN TAB 250MG	ERYTHROMYCIN TAB 250 MG	Tier 3				STI*

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ST Step therapy
STI* Sexually transmitted infection – Medication may be available at no cost to you when prescribed for preventive care or treatment of a sexually transmitted infection.

Drug name	Generic name	Tier value	Prior auth	Quantity limit	Step therapy	Notes
ERYTHROMYCIN TAB 250MG BS	ERYTHROMYCIN TAB 250 MG	Tier 3				STI*
ERYTHROMYCIN TAB 250MG EC	ERYTHROMYCIN TAB DELAYED RELEASE 250 MG	Tier 3				STI*
ERYTHROMYCIN TAB 333MG EC	ERYTHROMYCIN TAB DELAYED RELEASE 333 MG	Tier 3				STI*
ERYTHROMYCIN TAB 500MG	ERYTHROMYCIN TAB 500 MG	Tier 3				STI*
ERYTHROMYCIN TAB 500MG BS	ERYTHROMYCIN TAB 500 MG	Tier 3				STI*
ERYTHROMYCIN TAB 500MG EC	ERYTHROMYCIN TAB DELAYED RELEASE 500 MG	Tier 3				STI*
FOSFOMYCIN POW 3GM	FOSFOMYCIN TROMETHAMINE POWD PACK 3 GM (BASE EQUIVALENT)	Tier 3				
GENTAMICIN CRE 0.1%	GENTAMICIN SULFATE CREAM 0.1%	Tier 3				
GENTAMICIN OIN 0.1%	GENTAMICIN SULFATE OINT 0.1%	Tier 3				
HUMATIN CAP 250MG	PAROMOMYCIN SULFATE CAP 250 MG	Tier 5				
LEVOFLOXACIN SOL 25MG/ML	LEVOFLOXACIN ORAL SOLN 25 MG / ML	Tier 3				STI*
LEVOFLOXACIN TAB 250MG	LEVOFLOXACIN TAB 250 MG	Tier 2				STI*
LEVOFLOXACIN TAB 500MG	LEVOFLOXACIN TAB 500 MG	Tier 2				STI*
LEVOFLOXACIN TAB 750MG	LEVOFLOXACIN TAB 750 MG	Tier 2				STI*
LINEZOLID SUS 100/5ML	LINEZOLID FOR SUSP 100 MG / 5ML	Tier 3		X		
LINEZOLID TAB 600MG	LINEZOLID TAB 600 MG	Tier 3		X		
MAFENIDE ACE PAK 5%	MAFENIDE ACETATE PACKET FOR TOPICAL SOLN 5% (50 GM)	Tier 3				
METHENAM HIP TAB 1GM	METHENAMINE HIPPURATE TAB 1 GM	Tier 3				
METRONIDAZOL GEL 0.75%VAG	METRONIDAZOLE VAGINAL GEL 0.75%	Tier 2				STI*
METRONIDAZOL TAB 250MG	METRONIDAZOLE TAB 250 MG	Tier 2				STI*
METRONIDAZOL TAB 500MG	METRONIDAZOLE TAB 500 MG	Tier 2				STI*
MINOCYCLINE CAP 100MG	MINOCYCLINE HCL CAP 100 MG	Tier 2				
MINOCYCLINE CAP 50MG	MINOCYCLINE HCL CAP 50 MG	Tier 2				
MINOCYCLINE CAP 75MG	MINOCYCLINE HCL CAP 75 MG	Tier 2				
MOXIFLOXACIN TAB 400MG	MOXIFLOXACIN HCL TAB 400 MG (BASE EQUIV)	Tier 2				STI*
MUPIROCIN CRE 2%	MUPIROCIN CALCIUM CREAM 2%	Tier 3		X		
MUPIROCIN OIN 2%	MUPIROCIN OINT 2%	Tier 2		X		
NEO-SYNALAR CRE	NEOMYCIN SULFATE-FLUOCINOLONE ACETONIDE CREAM 0.5-0.025%	Tier 5		X		
NEO-SYNALAR KIT	*NEOMYCIN-FLUOCINOLONE CREAM 0.5-0.025% & EMOLLIENT CR KIT*	Tier 5		X		

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Drug name	Generic name	Tier value	Prior auth	Quantity limit	Step therapy	Notes
NEOMYCIN TAB 500MG	NEOMYCIN SULFATE TAB 500 MG	Tier 2				
NITROFUR MAC CAP 100MG	NITROFURANTOIN MACROCRYSTAL-LINE CAP 100 MG	Tier 3				
NITROFUR MAC CAP 25MG	NITROFURANTOIN MACROCRYSTAL-LINE CAP 25 MG	Tier 3		X		
NITROFUR MAC CAP 50MG	NITROFURANTOIN MACROCRYSTAL-LINE CAP 50 MG	Tier 3				
NITROFURANTN CAP 100MG	NITROFURANTOIN MONOHYDRATE MACROCRYSTALLINE CAP 100 MG	Tier 2				
NITROFURANTN SUS 25MG/5ML	NITROFURANTOIN SUSP 25 MG / 5ML	Tier 3	X			
NITROFURANTN SUS 50/10ML	NITROFURANTOIN SUSP 25 MG / 5ML	Tier 3	X			
OFLOXACIN TAB 300MG	OFLOXACIN TAB 300 MG	Tier 3				
OFLOXACIN TAB 400MG	OFLOXACIN TAB 400 MG	Tier 3				
PENICILLN VK SOL 125/5ML	PENICILLIN V POTASSIUM FOR SOLN 125 MG / 5ML	Tier 2				
PENICILLN VK SOL 250/5ML	PENICILLIN V POTASSIUM FOR SOLN 250 MG / 5ML	Tier 2				
PENICILLN VK TAB 250MG	PENICILLIN V POTASSIUM TAB 250 MG	Tier 2				
PENICILLN VK TAB 500MG	PENICILLIN V POTASSIUM TAB 500 MG	Tier 2				
SILVER SULFA CRE 1%	SILVER SULFADIAZINE CREAM 1%	Tier 2				
SMZ-TMP SUS 200-40/5	SULFAMETHOXAZOLE-TRIMETHOPRIM SUSP 200-40 MG / 5ML	Tier 2				STI*
SMZ-TMP TAB 400-80MG	SULFAMETHOXAZOLE-TRIMETHOPRIM TAB 400-80 MG	Tier 2				STI*
SMZ/TMP DS TAB 800-160	SULFAMETHOXAZOLE-TRIMETHOPRIM TAB 800-160 MG	Tier 2				STI*
SSD CRE 1%	SILVER SULFADIAZINE CREAM 1%	Tier 2				
SULFADIAZINE TAB 500MG	SULFADIAZINE TAB 500 MG	Tier 3				
SULFAMYLON CRE 85MG/GM	MAFENIDE ACETATE CREAM 85 MG / GM	Tier 5				
SULFATRIM PD SUS 200-40/5	SULFAMETHOXAZOLE-TRIMETHOPRIM SUSP 200-40 MG / 5ML	Tier 2				STI*
TETRACYCLINE CAP 250MG	TETRACYCLINE HCL CAP 250 MG	Tier 2				
TETRACYCLINE CAP 500MG	TETRACYCLINE HCL CAP 500 MG	Tier 2				
TINIDAZOLE TAB 250MG	TINIDAZOLE TAB 250 MG	Tier 2				STI*
TINIDAZOLE TAB 500MG	TINIDAZOLE TAB 500 MG	Tier 2				STI*
TRIMETHOPRIM TAB 100MG	TRIMETHOPRIM TAB 100 MG	Tier 2				
VANCOMYCIN CAP 125MG	VANCOMYCIN HCL CAP 125 MG (BASE EQUIVALENT)	Tier 2		X		
VANCOMYCIN CAP 250MG	VANCOMYCIN HCL CAP 250 MG (BASE EQUIVALENT)	Tier 2		X		

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Drug name	Generic name	Tier value	Prior auth	Quantity limit	Step therapy	Notes
VANCOMYCIN SOL 250/5ML	VANCOMYCIN HCL FOR ORAL SOLN 50 MG / ML (BASE EQUIVALENT)	Tier 3				
VANCOMYCIN SOL 25MG/ ML	VANCOMYCIN HCL FOR ORAL SOLN 25 MG / ML (BASE EQUIVALENT)	Tier 3				
VANCOMYCIN SOL 50MG/ ML	VANCOMYCIN HCL FOR ORAL SOLN 50 MG / ML (BASE EQUIVALENT)	Tier 3				
VANDAZOLE GEL 0.75%	METRONIDAZOLE VAGINAL GEL 0.75%	Tier 3				STI*
XEPI CRE 1%	OZENOXACIN CREAM 1%	Tier 5		X		
XIFAXAN TAB 200MG	RIFAXIMIN TAB 200 MG	Tier 5	X	X		
XIFAXAN TAB 550MG	RIFAXIMIN TAB 550 MG	Tier 5	X	X		
Anticonvulsants						
CARBAMAZEPIN CAP 100MG ER	CARBAMAZEPINE CAP ER 12HR 100 MG	Tier 3				BH*
CARBAMAZEPIN CAP 200MG ER	CARBAMAZEPINE CAP ER 12HR 200 MG	Tier 3				BH*
CARBAMAZEPIN CAP 300MG ER	CARBAMAZEPINE CAP ER 12HR 300 MG	Tier 3				BH*
CARBAMAZEPIN CHW 100MG	CARBAMAZEPINE CHEW TAB 100 MG	Tier 2				BH*
CARBAMAZEPIN SUS 100/5ML	CARBAMAZEPINE SUSP 100 MG / 5ML	Tier 3				BH*
CARBAMAZEPIN SUS 200/10ML	CARBAMAZEPINE SUSP 100 MG / 5ML	Tier 3				BH*
CARBAMAZEPIN TAB 100MG ER	CARBAMAZEPINE TAB ER 12HR 100 MG	Tier 3				BH*
CARBAMAZEPIN TAB 200MG	CARBAMAZEPINE TAB 200 MG	Tier 2				BH*
CARBAMAZEPIN TAB 200MG ER	CARBAMAZEPINE TAB ER 12HR 200 MG	Tier 3				BH*
CARBAMAZEPIN TAB 400MG ER	CARBAMAZEPINE TAB ER 12HR 400 MG	Tier 3				BH*
CLOBAZAM SUS 2.5MG/ ML	CLOBAZAM SUSPENSION 2.5 MG / ML	Tier 3	X	X		BH*
CLOBAZAM TAB 10MG	CLOBAZAM TAB 10 MG	Tier 3	X	X		BH*
CLOBAZAM TAB 20MG	CLOBAZAM TAB 20 MG	Tier 3	X	X		BH*
DIAZEPAM GEL 10MG	DIAZEPAM RECTAL GEL DELIVERY SYSTEM 10 MG	Tier 3		X		
DIAZEPAM GEL 2.5MG	DIAZEPAM RECTAL GEL DELIVERY SYSTEM 2.5 MG	Tier 3		X		
DIAZEPAM GEL 20MG	DIAZEPAM RECTAL GEL DELIVERY SYSTEM 20 MG	Tier 3		X		
DILANTIN CAP 30MG	PHENYTOIN SODIUM EXTENDED CAP 30 MG	Tier 5				BH*
DIVALPROEX CAP 125MG DR	DIVALPROEX SODIUM CAP DELAYED RELEASE SPRINKLE 125 MG	Tier 2				BH*
DIVALPROEX TAB 125MG DR	DIVALPROEX SODIUM TAB DELAYED RELEASE 125 MG	Tier 2				BH*
DIVALPROEX TAB 250MG DR	DIVALPROEX SODIUM TAB DELAYED RELEASE 250 MG	Tier 2				BH*

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Drug name	Generic name	Tier value	Prior auth	Quantity limit	Step therapy	Notes
DIVALPROEX TAB 250MG ER	DIVALPROEX SODIUM TAB ER 24 HR 250 MG	Tier 2				BH*
DIVALPROEX TAB 500MG DR	DIVALPROEX SODIUM TAB DELAYED RELEASE 500 MG	Tier 2				BH*
DIVALPROEX TAB 500MG ER	DIVALPROEX SODIUM TAB ER 24 HR 500 MG	Tier 2				BH*
EPIDIOLEX SOL 100MG/ML	CANNABIDIOL SOLN 100 MG / ML	Tier 4	X			
EPITOL TAB 200MG	CARBAMAZEPINE TAB 200 MG	Tier 2				BH*
ETHOSUXIMIDE CAP 250MG	ETHOSUXIMIDE CAP 250 MG	Tier 3				
ETHOSUXIMIDE SOL 250/5ML	ETHOSUXIMIDE SOLN 250 MG / 5ML	Tier 3				
FELBAMATE SUS 600/5ML	FELBAMATE SUSP 600 MG / 5ML	Tier 3				
FELBAMATE TAB 400MG	FELBAMATE TAB 400 MG	Tier 3				
FELBAMATE TAB 600MG	FELBAMATE TAB 600 MG	Tier 3				
FYCOMPA SUS 0.5MG/ML	PERAMPANEL SUSP 0.5 MG / ML	Tier 5	X	X		
GABAPENTIN CAP 100MG	GABAPENTIN CAP 100 MG	Tier 2				BH*
GABAPENTIN CAP 300MG	GABAPENTIN CAP 300 MG	Tier 2				BH*
GABAPENTIN CAP 400MG	GABAPENTIN CAP 400 MG	Tier 2				BH*
GABAPENTIN SOL 250/5ML	GABAPENTIN ORAL SOLN 250 MG / 5ML	Tier 2				BH*
GABAPENTIN TAB 600MG	GABAPENTIN TAB 600 MG	Tier 2				BH*
GABAPENTIN TAB 800MG	GABAPENTIN TAB 800 MG	Tier 2				BH*
LACOSAMIDE SOL 100/10ML	LACOSAMIDE ORAL SOLUTION 10 MG / ML	Tier 3	X	X		
LACOSAMIDE SOL 10MG/ML	LACOSAMIDE ORAL SOLUTION 10 MG / ML	Tier 3	X	X		
LACOSAMIDE SOL 150/15ML	LACOSAMIDE ORAL SOLUTION 10 MG / ML	Tier 3	X	X		
LACOSAMIDE SOL 200/20ML	LACOSAMIDE ORAL SOLUTION 10 MG / ML	Tier 3	X	X		
LACOSAMIDE SOL 50/5ML	LACOSAMIDE ORAL SOLUTION 10 MG / ML	Tier 3	X	X		
LACOSAMIDE SOL 50MG/5ML	LACOSAMIDE ORAL SOLUTION 10 MG / ML	Tier 3	X	X		
LACOSAMIDE TAB 100MG	LACOSAMIDE TAB 100 MG	Tier 2		X		
LACOSAMIDE TAB 150MG	LACOSAMIDE TAB 150 MG	Tier 2		X		
LACOSAMIDE TAB 200MG	LACOSAMIDE TAB 200 MG	Tier 2		X		
LACOSAMIDE TAB 50MG	LACOSAMIDE TAB 50 MG	Tier 2		X		
LAMOTRIGINE CHW 25MG	LAMOTRIGINE TAB CHEWABLE DISPERSIBLE 25 MG	Tier 2				BH*
LAMOTRIGINE CHW 5MG	LAMOTRIGINE TAB CHEWABLE DISPERSIBLE 5 MG	Tier 2				BH*
LAMOTRIGINE TAB 100MG	LAMOTRIGINE TAB 100 MG	Tier 2				BH*
LAMOTRIGINE TAB 150MG	LAMOTRIGINE TAB 150 MG	Tier 2				BH*

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Drug name	Generic name	Tier value	Prior auth	Quantity limit	Step therapy	Notes
LAMOTRIGINE TAB 200MG	LAMOTRIGINE TAB 200 MG	Tier 2				BH*
LAMOTRIGINE TAB 25MG	LAMOTRIGINE TAB 25 MG	Tier 2				BH*
LEVETIRACETA SOL 100MG/ML	LEVETIRACETAM ORAL SOLN 100 MG / ML	Tier 2				BH*
LEVETIRACETA SOL 500/5ML	LEVETIRACETAM ORAL SOLN 100 MG / ML	Tier 2				BH*
LEVETIRACETA TAB 1000MG	LEVETIRACETAM TAB 1000 MG	Tier 2				BH*
LEVETIRACETA TAB 250MG	LEVETIRACETAM TAB 250 MG	Tier 2				BH*
LEVETIRACETA TAB 500MG	LEVETIRACETAM TAB 500 MG	Tier 2				BH*
LEVETIRACETA TAB 500MG ER	LEVETIRACETAM TAB ER 24HR 500 MG	Tier 2				BH*
LEVETIRACETA TAB 750MG	LEVETIRACETAM TAB 750 MG	Tier 2				BH*
LEVETIRACETA TAB 750MG ER	LEVETIRACETAM TAB ER 24HR 750 MG	Tier 2				BH*
METHSUXIMIDE CAP 300MG	METHSUXIMIDE CAP 300 MG	Tier 3				
NAYZILAM SPR 5MG	MIDAZOLAM NASAL SPRAY SOLN 5 MG / 0.1 ML	Tier 5	X	X		BH*
OXCARBAZEPIN SUS 300/5ML	OXCARBAZEPINE SUSP 300 MG / 5ML (60 MG / ML)	Tier 3				BH*
OXCARBAZEPIN TAB 150MG	OXCARBAZEPINE TAB 150 MG	Tier 2				BH*
OXCARBAZEPIN TAB 300MG	OXCARBAZEPINE TAB 300 MG	Tier 2				BH*
OXCARBAZEPIN TAB 600MG	OXCARBAZEPINE TAB 600 MG	Tier 2				BH*
PHENOBARB ELX 20MG/5ML	PHENOBARBITAL ELIXIR 20 MG / 5ML	Tier 2				BH*
PHENOBARB SOL 20MG/5ML	PHENOBARBITAL ELIXIR 20 MG / 5ML	Tier 2				BH*
PHENOBARB TAB 100MG	PHENOBARBITAL TAB 100 MG	Tier 2				BH*
PHENOBARB TAB 15MG	PHENOBARBITAL TAB 15 MG	Tier 2				BH*
PHENOBARB TAB 16.2MG	PHENOBARBITAL TAB 16.2 MG	Tier 2				BH*
PHENOBARB TAB 30MG	PHENOBARBITAL TAB 30 MG	Tier 2				BH*
PHENOBARB TAB 32.4MG	PHENOBARBITAL TAB 32.4 MG	Tier 2				BH*
PHENOBARB TAB 60MG	PHENOBARBITAL TAB 60 MG	Tier 2				BH*
PHENOBARB TAB 64.8MG	PHENOBARBITAL TAB 64.8 MG	Tier 2				BH*
PHENOBARB TAB 97.2MG	PHENOBARBITAL TAB 97.2 MG	Tier 2				BH*
PHENYTEK CAP 200MG	PHENYTOIN SODIUM EXTENDED CAP 200 MG	Tier 2				BH*
PHENYTEK CAP 300MG	PHENYTOIN SODIUM EXTENDED CAP 300 MG	Tier 2				BH*
PHENYTOIN CHW 50MG	PHENYTOIN CHEW TAB 50 MG	Tier 2				BH*

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Drug name	Generic name	Tier value	Prior auth	Quantity limit	Step therapy	Notes
PHENYTOIN EX CAP 100MG	PHENYTOIN SODIUM EXTENDED CAP 100 MG	Tier 2				BH*
PHENYTOIN EX CAP 200MG	PHENYTOIN SODIUM EXTENDED CAP 200 MG	Tier 2				BH*
PHENYTOIN EX CAP 300MG	PHENYTOIN SODIUM EXTENDED CAP 300 MG	Tier 2				BH*
PHENYTOIN SUS 100/4ML	PHENYTOIN SUSP 125 MG / 5ML	Tier 2				BH*
PHENYTOIN SUS 125/5ML	PHENYTOIN SUSP 125 MG / 5ML	Tier 2				BH*
PRIMIDONE TAB 125MG	PRIMIDONE TAB 125 MG	Tier 2				
PRIMIDONE TAB 250MG	PRIMIDONE TAB 250 MG	Tier 2				
PRIMIDONE TAB 50MG	PRIMIDONE TAB 50 MG	Tier 2				
ROWEEPRA TAB 500MG	LEVETIRACETAM TAB 500 MG	Tier 2				BH*
RUFINAMIDE SUS 40MG/ ML	RUFINAMIDE SUSP 40 MG / ML	Tier 3	X			
RUFINAMIDE TAB 200MG	RUFINAMIDE TAB 200 MG	Tier 3	X			
RUFINAMIDE TAB 400MG	RUFINAMIDE TAB 400 MG	Tier 3	X			
SUBVENITE TAB 100MG	LAMOTRIGINE TAB 100 MG	Tier 2				BH*
SUBVENITE TAB 150MG	LAMOTRIGINE TAB 150 MG	Tier 2				BH*
SUBVENITE TAB 200MG	LAMOTRIGINE TAB 200 MG	Tier 2				BH*
SUBVENITE TAB 25MG	LAMOTRIGINE TAB 25 MG	Tier 2				BH*
TIAGABINE TAB 12MG	TIAGABINE HCL TAB 12 MG	Tier 3				
TIAGABINE TAB 16MG	TIAGABINE HCL TAB 16 MG	Tier 3				
TIAGABINE TAB 2MG	TIAGABINE HCL TAB 2 MG	Tier 3				
TIAGABINE TAB 4MG	TIAGABINE HCL TAB 4 MG	Tier 3				
TOPIRAMATE CAP 15MG	TOPIRAMATE SPRINKLE CAP 15 MG	Tier 3				BH*
TOPIRAMATE CAP 25MG	TOPIRAMATE SPRINKLE CAP 25 MG	Tier 3				BH*
TOPIRAMATE CAP 50MG	TOPIRAMATE SPRINKLE CAP 50 MG	Tier 3				BH*
TOPIRAMATE TAB 100MG	TOPIRAMATE TAB 100 MG	Tier 2				BH*
TOPIRAMATE TAB 200MG	TOPIRAMATE TAB 200 MG	Tier 2				BH*
TOPIRAMATE TAB 25MG	TOPIRAMATE TAB 25 MG	Tier 2				BH*
TOPIRAMATE TAB 50MG	TOPIRAMATE TAB 50 MG	Tier 2				BH*
VALPROIC ACD CAP 250MG	VALPROIC ACID CAP 250 MG	Tier 2				BH*
VALPROIC ACD SOL 250/5ML	VALPROATE SODIUM ORAL SOLN 250 MG / 5ML (BASE EQUIV)	Tier 2				BH*
VALPROIC ACD SOL 500/10ML	VALPROATE SODIUM ORAL SOLN 250 MG / 5ML (BASE EQUIV)	Tier 2				BH*
VIGABATRIN PAK 500MG	VIGABATRIN POWD PACK 500 MG	Tier 6	X	X		
VIGABATRIN TAB 500MG	VIGABATRIN TAB 500 MG	Tier 6	X	X		
VIGPODER POW 500MG	VIGABATRIN POWD PACK 500 MG	Tier 6	X	X		
ZONISAMIDE CAP 100MG	ZONISAMIDE CAP 100 MG	Tier 2				
ZONISAMIDE CAP 25MG	ZONISAMIDE CAP 25 MG	Tier 2				
ZONISAMIDE CAP 50MG	ZONISAMIDE CAP 50 MG	Tier 2				
Antidementia Agents						
DONEPEZIL TAB 10MG	DONEPEZIL HYDROCHLORIDE TAB 10 MG	Tier 2		X		

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MME Morphine milligram equivalent
PA Prior authorization required
PRV-A Preventive medication may be available at no cost to you if within a certain age range
PRV* Preventive medication may be available at no cost to you only when certain requirements are met
QL Quantity limit
SP Specialty medication
ST Step therapy
STI* Sexually transmitted infection – Medication may be available at no cost to you when prescribed for preventive care or treatment of a sexually transmitted infection.

Drug name	Generic name	Tier value	Prior auth	Quantity limit	Step therapy	Notes
DONEPEZIL TAB 10MG ODT	DONEPEZIL HYDROCHLORIDE ORALLY DISINTEGRATING TAB 10 MG	Tier 2		X		
DONEPEZIL TAB 5MG	DONEPEZIL HYDROCHLORIDE TAB 5 MG	Tier 2		X		
DONEPEZIL TAB 5MG ODT	DONEPEZIL HYDROCHLORIDE ORALLY DISINTEGRATING TAB 5 MG	Tier 2		X		
DONEPEZIL TAB ODT 10MG	DONEPEZIL HYDROCHLORIDE ORALLY DISINTEGRATING TAB 10 MG	Tier 2		X		
DONEPEZIL TAB ODT 5MG	DONEPEZIL HYDROCHLORIDE ORALLY DISINTEGRATING TAB 5 MG	Tier 2		X		
GALANTAMINE CAP 16MG ER	GALANTAMINE HYDROBROMIDE CAP ER 24HR 16 MG	Tier 3		X		
GALANTAMINE CAP 24MG ER	GALANTAMINE HYDROBROMIDE CAP ER 24HR 24 MG	Tier 3		X		
GALANTAMINE CAP 8MG ER	GALANTAMINE HYDROBROMIDE CAP ER 24HR 8 MG	Tier 3		X		
GALANTAMINE SOL 4MG/ML	GALANTAMINE HYDROBROMIDE ORAL SOLN 4 MG / ML	Tier 3		X		
GALANTAMINE TAB 12MG	GALANTAMINE HYDROBROMIDE TAB 12 MG	Tier 3		X		
GALANTAMINE TAB 4MG	GALANTAMINE HYDROBROMIDE TAB 4 MG	Tier 3		X		
GALANTAMINE TAB 8MG	GALANTAMINE HYDROBROMIDE TAB 8 MG	Tier 3		X		
MEMANTINE TITRA PAK 5-10MG	MEMANTINE HCL TAB 28 X 5 MG & 21 X 10 MG TITRATION PACK	Tier 2		X		
MEMANTINE HC SOL 2MG/ML	MEMANTINE HCL ORAL SOLUTION 2 MG / ML	Tier 3		X		
MEMANTINE SOL 2MG/ML	MEMANTINE HCL ORAL SOLUTION 2 MG / ML	Tier 3		X		
MEMANTINE TAB 10MG	MEMANTINE HCL TAB 10 MG	Tier 2		X		
MEMANTINE TAB 5MG	MEMANTINE HCL TAB 5 MG	Tier 2		X		
MEMANTINE TAB HCL 10MG	MEMANTINE HCL TAB 10 MG	Tier 2		X		
MEMANTINE TAB HCL 5MG	MEMANTINE HCL TAB 5 MG	Tier 2		X		
RIVASTIGMINE CAP 1.5MG	RIVASTIGMINE TARTRATE CAP 1.5 MG (BASE EQUIVALENT)	Tier 2		X		
RIVASTIGMINE CAP 3MG	RIVASTIGMINE TARTRATE CAP 3 MG (BASE EQUIVALENT)	Tier 2		X		
RIVASTIGMINE CAP 4.5MG	RIVASTIGMINE TARTRATE CAP 4.5 MG (BASE EQUIVALENT)	Tier 2		X		
RIVASTIGMINE CAP 6MG	RIVASTIGMINE TARTRATE CAP 6 MG (BASE EQUIVALENT)	Tier 2		X		
RIVASTIGMINE DIS 13.3/24	RIVASTIGMINE TD PATCH 24HR 13.3 MG / 24HR	Tier 3		X		
RIVASTIGMINE DIS 4.6MG/24	RIVASTIGMINE TD PATCH 24HR 4.6 MG / 24HR	Tier 3		X		
RIVASTIGMINE DIS 9.5MG/24	RIVASTIGMINE TD PATCH 24HR 9.5 MG / 24HR	Tier 3		X		

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QL.....Quantity limit
SP.....Specialty medication
ST.....Step therapy
STI*.....Sexually transmitted infection – Medication may be available at no cost to you when prescribed for preventive care or treatment of a sexually transmitted infection.

Drug name	Generic name	Tier value	Prior auth	Quantity limit	Step therapy	Notes
Antidepressants						
AMITRIPTYLIN TAB 100MG	AMITRIPTYLINE HCL TAB 100 MG	Tier 1				
AMITRIPTYLIN TAB 10MG	AMITRIPTYLINE HCL TAB 10 MG	Tier 1				
AMITRIPTYLIN TAB 150MG	AMITRIPTYLINE HCL TAB 150 MG	Tier 1				
AMITRIPTYLIN TAB 25MG	AMITRIPTYLINE HCL TAB 25 MG	Tier 1				
AMITRIPTYLIN TAB 50MG	AMITRIPTYLINE HCL TAB 50 MG	Tier 1				
AMITRIPTYLIN TAB 75MG	AMITRIPTYLINE HCL TAB 75 MG	Tier 1				
AMOXAPINE TAB 100MG	AMOXAPINE TAB 100 MG	Tier 1				
AMOXAPINE TAB 150MG	AMOXAPINE TAB 150 MG	Tier 1				
AMOXAPINE TAB 25MG	AMOXAPINE TAB 25 MG	Tier 1				
AMOXAPINE TAB 50MG	AMOXAPINE TAB 50 MG	Tier 1				
BUPROPION TAB 100MG	BUPROPION HCL TAB 100 MG	Tier 1				
BUPROPION TAB 100MG SR	BUPROPION HCL TAB ER 12HR 100 MG	Tier 1				
BUPROPION TAB 150MG SR	BUPROPION HCL TAB ER 12HR 150 MG	Tier 1				
BUPROPION TAB 150MG SR	BUPROPION HCL TAB ER 12HR 150 MG	Tier 1				
BUPROPION TAB 150MG XL	BUPROPION HCL TAB ER 24HR 150 MG	Tier 1		X		
BUPROPION TAB 200MG SR	BUPROPION HCL TAB ER 12HR 200 MG	Tier 1				
BUPROPION TAB 300MG XL	BUPROPION HCL TAB ER 24HR 300 MG	Tier 1		X		
BUPROPION TAB 75MG	BUPROPION HCL TAB 75 MG	Tier 1				
CDP/AMITRIP TAB 10-25MG	CHLORDIAZEPOXIDE-AMITRIPTY-LINE TAB 10-25 MG	Tier 1				
CDP/AMITRIP TAB 5-12.5MG	CHLORDIAZEPOXIDE-AMITRIPTY-LINE TAB 5-12.5 MG	Tier 1				
CITALOPRAM SOL 10MG/5ML	CITALOPRAM HYDROBROMIDE ORAL SOLN 10 MG / 5ML	Tier 1				
CITALOPRAM TAB 10MG	CITALOPRAM HYDROBROMIDE TAB 10 MG (BASE EQUIV)	Tier 1				
CITALOPRAM TAB 20MG	CITALOPRAM HYDROBROMIDE TAB 20 MG (BASE EQUIV)	Tier 1				
CITALOPRAM TAB 40MG	CITALOPRAM HYDROBROMIDE TAB 40 MG (BASE EQUIV)	Tier 1				
CLOMIPRAMINE CAP 25MG	CLOMIPRAMINE HCL CAP 25 MG	Tier 1				
CLOMIPRAMINE CAP 50MG	CLOMIPRAMINE HCL CAP 50 MG	Tier 1				
CLOMIPRAMINE CAP 75MG	CLOMIPRAMINE HCL CAP 75 MG	Tier 1				
DESIPRAMINE TAB 100MG	DESIPRAMINE HCL TAB 100 MG	Tier 1				
DESIPRAMINE TAB 10MG	DESIPRAMINE HCL TAB 10 MG	Tier 1				
DESIPRAMINE TAB 150MG	DESIPRAMINE HCL TAB 150 MG	Tier 1				
DESIPRAMINE TAB 25MG	DESIPRAMINE HCL TAB 25 MG	Tier 1				

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PRV*.....Preventive medication may be available at no cost to you only when certain requirements are met
QL.....Quantity limit
SP.....Specialty medication
ST.....Step therapy
STI*.....Sexually transmitted infection – Medication may be available at no cost to you when prescribed for preventive care or treatment of a sexually transmitted infection.

Drug name	Generic name	Tier value	Prior auth	Quantity limit	Step therapy	Notes
DESIPRAMINE TAB 50MG	DESIPRAMINE HCL TAB 50 MG	Tier 1				
DESIPRAMINE TAB 75MG	DESIPRAMINE HCL TAB 75 MG	Tier 1				
DESVENLAFAX TAB 100MG ER	DESVENLAFAXINE SUCCINATE TAB ER 24HR 100 MG (BASE EQUIV)	Tier 1		X		
DESVENLAFAX TAB 25MG ER	DESVENLAFAXINE SUCCINATE TAB ER 24HR 25 MG (BASE EQUIV)	Tier 1		X		
DESVENLAFAX TAB 50MG ER	DESVENLAFAXINE SUCCINATE TAB ER 24HR 50 MG (BASE EQUIV)	Tier 1		X		
DOXEPIN HCL CAP 100MG	DOXEPIN HCL CAP 100 MG	Tier 1				
DOXEPIN HCL CAP 10MG	DOXEPIN HCL CAP 10 MG	Tier 1				
DOXEPIN HCL CAP 150MG	DOXEPIN HCL CAP 150 MG	Tier 1				
DOXEPIN HCL CAP 25MG	DOXEPIN HCL CAP 25 MG	Tier 1				
DOXEPIN HCL CAP 50MG	DOXEPIN HCL CAP 50 MG	Tier 1				
DOXEPIN HCL CAP 75MG	DOXEPIN HCL CAP 75 MG	Tier 1				
DOXEPIN HCL CON 10MG/ML	DOXEPIN HCL CONC 10 MG / ML	Tier 1				
EMSAM DIS 12MG/24H	SELEGILINE TD PATCH 24HR 12 MG / 24HR	Tier 1	X	X		
EMSAM DIS 6MG/24HR	SELEGILINE TD PATCH 24HR 6 MG / 24HR	Tier 1	X	X		
EMSAM DIS 9MG/24HR	SELEGILINE TD PATCH 24HR 9 MG / 24HR	Tier 1	X	X		
ESCITALOPRAM SOL 5MG/5ML	ESCITALOPRAM OXALATE SOLN 5 MG / 5ML (BASE EQUIV)	Tier 1				
ESCITALOPRAM TAB 10MG	ESCITALOPRAM OXALATE TAB 10 MG (BASE EQUIV)	Tier 1				
ESCITALOPRAM TAB 20MG	ESCITALOPRAM OXALATE TAB 20 MG (BASE EQUIV)	Tier 1				
ESCITALOPRAM TAB 5MG	ESCITALOPRAM OXALATE TAB 5 MG (BASE EQUIV)	Tier 1				
FLUOXETINE CAP 10MG	FLUOXETINE HCL CAP 10 MG	Tier 1				
FLUOXETINE CAP 20MG	FLUOXETINE HCL CAP 20 MG	Tier 1				
FLUOXETINE CAP 40MG	FLUOXETINE HCL CAP 40 MG	Tier 1				
FLUOXETINE CAP 90MG DR	FLUOXETINE HCL CAP DELAYED RELEASE 90 MG	Tier 1		X		
FLUOXETINE SOL 20MG/5ML	FLUOXETINE HCL SOLUTION 20 MG / 5ML	Tier 1				
FLUOXETINE TAB 10MG	FLUOXETINE HCL TAB 10 MG	Tier 1		X		
FLUOXETINE TAB 20MG	FLUOXETINE HCL TAB 20 MG	Tier 1		X		
FLUVOXAMINE CAP 100MG ER	FLUVOXAMINE MALEATE CAP ER 24HR 100 MG	Tier 1		X		
FLUVOXAMINE CAP 150MG ER	FLUVOXAMINE MALEATE CAP ER 24HR 150 MG	Tier 1		X		
FLUVOXAMINE TAB 100MG	FLUVOXAMINE MALEATE TAB 100 MG	Tier 1				
FLUVOXAMINE TAB 25MG	FLUVOXAMINE MALEATE TAB 25 MG	Tier 1				
FLUVOXAMINE TAB 50MG	FLUVOXAMINE MALEATE TAB 50 MG	Tier 1				
IMIPRAM HCL TAB 10MG	IMIPRAMINE HCL TAB 10 MG	Tier 1				

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Drug name	Generic name	Tier value	Prior auth	Quantity limit	Step therapy	Notes
IMIPRAM HCL TAB 25MG	IMIPRAMINE HCL TAB 25 MG	Tier 1				
IMIPRAM HCL TAB 50MG	IMIPRAMINE HCL TAB 50 MG	Tier 1				
IMIPRAM PAM CAP 100MG	IMIPRAMINE PAMOATE CAP 100 MG	Tier 1				
IMIPRAM PAM CAP 125MG	IMIPRAMINE PAMOATE CAP 125 MG	Tier 1				
IMIPRAM PAM CAP 150MG	IMIPRAMINE PAMOATE CAP 150 MG	Tier 1				
IMIPRAM PAM CAP 75MG	IMIPRAMINE PAMOATE CAP 75 MG	Tier 1				
MARPLAN TAB 10MG	ISOCARBOXAZID TAB 10 MG	Tier 1				
MIRTAZAPINE TAB 15MG	MIRTAZAPINE TAB 15 MG	Tier 1				
MIRTAZAPINE TAB 15MG ODT	MIRTAZAPINE ORALLY DISINTEGRATING TAB 15 MG	Tier 1				
MIRTAZAPINE TAB 30MG	MIRTAZAPINE TAB 30 MG	Tier 1				
MIRTAZAPINE TAB 30MG ODT	MIRTAZAPINE ORALLY DISINTEGRATING TAB 30 MG	Tier 1				
MIRTAZAPINE TAB 45MG	MIRTAZAPINE TAB 45 MG	Tier 1				
MIRTAZAPINE TAB 45MG ODT	MIRTAZAPINE ORALLY DISINTEGRATING TAB 45 MG	Tier 1				
MIRTAZAPINE TAB 75MG	MIRTAZAPINE TAB 75 MG	Tier 1				
NEFAZODONE TAB 100MG	NEFAZODONE HCL TAB 100 MG	Tier 1				
NEFAZODONE TAB 150MG	NEFAZODONE HCL TAB 150 MG	Tier 1				
NEFAZODONE TAB 200MG	NEFAZODONE HCL TAB 200 MG	Tier 1				
NEFAZODONE TAB 250MG	NEFAZODONE HCL TAB 250 MG	Tier 1				
NEFAZODONE TAB 50MG	NEFAZODONE HCL TAB 50 MG	Tier 1				
NORTRIPTYLIN CAP 10MG	NORTRIPTYLINE HCL CAP 10 MG	Tier 1				
NORTRIPTYLIN CAP 25MG	NORTRIPTYLINE HCL CAP 25 MG	Tier 1				
NORTRIPTYLIN CAP 50MG	NORTRIPTYLINE HCL CAP 50 MG	Tier 1				
NORTRIPTYLIN CAP 75MG	NORTRIPTYLINE HCL CAP 75 MG	Tier 1				
NORTRIPTYLIN SOL 10MG/5ML	NORTRIPTYLINE HCL SOLN 10 MG / 5ML	Tier 1				
OLANZA/FLUOX CAP 12-25MG	OLANZAPINE-FLUOXETINE HCL CAP 12-25 MG	Tier 1		X		
OLANZA/FLUOX CAP 12-50MG	OLANZAPINE-FLUOXETINE HCL CAP 12-50 MG	Tier 1		X		
OLANZA/FLUOX CAP 3-25MG	OLANZAPINE-FLUOXETINE HCL CAP 3-25 MG	Tier 1		X		
OLANZA/FLUOX CAP 6-25MG	OLANZAPINE-FLUOXETINE HCL CAP 6-25 MG	Tier 1		X		
OLANZA/FLUOX CAP 6-50MG	OLANZAPINE-FLUOXETINE HCL CAP 6-50 MG	Tier 1		X		
PAROXETIN ER TAB 12.5MG	PAROXETINE HCL TAB ER 24HR 12.5 MG	Tier 1		X		
PAROXETIN ER TAB 37.5MG	PAROXETINE HCL TAB ER 24HR 37.5 MG	Tier 1		X		
PAROXETINE SUS 10MG/5ML	PAROXETINE HCL ORAL SUSP 10 MG / 5ML (BASE EQUIV)	Tier 1				

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Drug name	Generic name	Tier value	Prior auth	Quantity limit	Step therapy	Notes
PAROXETINE TAB 10MG	PAROXETINE HCL TAB 10 MG	Tier 1				
PAROXETINE TAB 20MG	PAROXETINE HCL TAB 20 MG	Tier 1				
PAROXETINE TAB 25MG ER	PAROXETINE HCL TAB ER 24HR 25 MG	Tier 1		X		
PAROXETINE TAB 30MG	PAROXETINE HCL TAB 30 MG	Tier 1				
PAROXETINE TAB 40MG	PAROXETINE HCL TAB 40 MG	Tier 1				
PERPHEN/AMIT TAB 2-10MG	PERPHENAZINE-AMITRIPTYLINE TAB 2-10 MG	Tier 1				
PERPHEN/AMIT TAB 2-25MG	PERPHENAZINE-AMITRIPTYLINE TAB 2-25 MG	Tier 1				
PERPHEN/AMIT TAB 4-10MG	PERPHENAZINE-AMITRIPTYLINE TAB 4-10 MG	Tier 1				
PERPHEN/AMIT TAB 4-25MG	PERPHENAZINE-AMITRIPTYLINE TAB 4-25 MG	Tier 1				
PERPHEN/AMIT TAB 4-50MG	PERPHENAZINE-AMITRIPTYLINE TAB 4-50 MG	Tier 1				
PHENELZINE TAB 15MG	PHENELZINE SULFATE TAB 15 MG	Tier 1				
PROTRIPTYLIN TAB 10MG	PROTRIPTYLINE HCL TAB 10 MG	Tier 1				
PROTRIPTYLIN TAB 5MG	PROTRIPTYLINE HCL TAB 5 MG	Tier 1				
SERTRALINE CON 20MG/ ML	SERTRALINE HCL ORAL CONCEN-TRATE FOR SOLUTION 20 MG / ML	Tier 1				
SERTRALINE TAB 100MG	SERTRALINE HCL TAB 100 MG	Tier 1				
SERTRALINE TAB 25MG	SERTRALINE HCL TAB 25 MG	Tier 1				
SERTRALINE TAB 50MG	SERTRALINE HCL TAB 50 MG	Tier 1				
TRANLYCYPROM TAB 10MG	TRANLYCYPROMINE SULFATE TAB 10 MG	Tier 1				
TRAZODONE TAB 100MG	TRAZODONE HCL TAB 100 MG	Tier 1				
TRAZODONE TAB 150MG	TRAZODONE HCL TAB 150 MG	Tier 1				
TRAZODONE TAB 300MG	TRAZODONE HCL TAB 300 MG	Tier 1				
TRAZODONE TAB 50MG	TRAZODONE HCL TAB 50 MG	Tier 1				
TRIMIPRAMINE CAP 100MG	TRIMIPRAMINE MALEATE CAP 100 MG	Tier 1				
TRIMIPRAMINE CAP 25MG	TRIMIPRAMINE MALEATE CAP 25 MG	Tier 1				
TRIMIPRAMINE CAP 50MG	TRIMIPRAMINE MALEATE CAP 50 MG	Tier 1				
VENLAFAXINE CAP 150MG ER	VENLAFAXINE HCL CAP ER 24HR 150 MG (BASE EQUIVALENT)	Tier 1				
VENLAFAXINE CAP 37.5 ER	VENLAFAXINE HCL CAP ER 24HR 37.5 MG (BASE EQUIVALENT)	Tier 1				
VENLAFAXINE CAP 75MG ER	VENLAFAXINE HCL CAP ER 24HR 75 MG (BASE EQUIVALENT)	Tier 1				
VENLAFAXINE TAB 100MG	VENLAFAXINE HCL TAB 100 MG (BASE EQUIVALENT)	Tier 1				
VENLAFAXINE TAB 25MG	VENLAFAXINE HCL TAB 25 MG (BASE EQUIVALENT)	Tier 1				
VENLAFAXINE TAB 37.5MG	VENLAFAXINE HCL TAB 37.5 MG (BASE EQUIVALENT)	Tier 1				

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Drug name	Generic name	Tier value	Prior auth	Quantity limit	Step therapy	Notes
VENLAFAXINE TAB 50MG	VENLAFAXINE HCL TAB 50 MG (BASE EQUIVALENT)	Tier 1				
VENLAFAXINE TAB 75MG	VENLAFAXINE HCL TAB 75 MG (BASE EQUIVALENT)	Tier 1				
VILAZODONE TAB 10MG	VILAZODONE HCL TAB 10 MG	Tier 1		X		
VILAZODONE TAB 20MG	VILAZODONE HCL TAB 20 MG	Tier 1		X		
VILAZODONE TAB 40MG	VILAZODONE HCL TAB 40 MG	Tier 1		X		
Antiemetics						
APREPITANT CAP 125MG	APREPITANT CAPSULE 125 MG	Tier 3		X		
APREPITANT CAP 40MG	APREPITANT CAPSULE 40 MG	Tier 3		X		
APREPITANT CAP 80MG	APREPITANT CAPSULE 80 MG	Tier 3		X		
APREPITANT PAK 125 & 80	APREPITANT CAPSULE THERAPY PACK 80 & 125 MG	Tier 3		X		
DRONABINOL CAP 10MG	DRONABINOL CAP 10 MG	Tier 3				
DRONABINOL CAP 2.5MG	DRONABINOL CAP 2.5 MG	Tier 3				
DRONABINOL CAP 5MG	DRONABINOL CAP 5 MG	Tier 3				
GRANISETRON TAB 1MG	GRANISETRON HCL TAB 1 MG	Tier 3		X		
MECLIZINE TAB 25MG	MECLIZINE HCL TAB 25 MG	Tier 2				
MECLIZINE TAB 50MG	MECLIZINE HCL TAB 50 MG	Tier 3				
METOCLOPRAM SOL 10/10ML	METOCLOPRAMIDE HCL SOLN 5 MG / 5ML (10 MG / 10ML) (BASE EQUIV)	Tier 2				
METOCLOPRAM SOL 5MG/5ML	METOCLOPRAMIDE HCL SOLN 5 MG / 5ML (10 MG / 10ML) (BASE EQUIV)	Tier 2				
METOCLOPRAM TAB 10MG	METOCLOPRAMIDE HCL TAB 10 MG (BASE EQUIVALENT)	Tier 2				
METOCLOPRAM TAB 5MG	METOCLOPRAMIDE HCL TAB 5 MG (BASE EQUIVALENT)	Tier 2				
ONDANSETRON SOL 4MG/5ML	ONDANSETRON HCL ORAL SOLN 4 MG / 5ML	Tier 2				
ONDANSETRON TAB 24MG	ONDANSETRON HCL TAB 24 MG	Tier 2				
ONDANSETRON TAB 4MG	ONDANSETRON HCL TAB 4 MG	Tier 2				
ONDANSETRON TAB 4MG ODT	ONDANSETRON ORALLY DISINTEGRATING TAB 4 MG	Tier 2				
ONDANSETRON TAB 8MG	ONDANSETRON HCL TAB 8 MG	Tier 2				
ONDANSETRON TAB 8MG ODT	ONDANSETRON ORALLY DISINTEGRATING TAB 8 MG	Tier 2				
PERPHENAZINE TAB 16MG	PERPHENAZINE TAB 16 MG	Tier 1				
PERPHENAZINE TAB 2MG	PERPHENAZINE TAB 2 MG	Tier 1				
PERPHENAZINE TAB 4MG	PERPHENAZINE TAB 4 MG	Tier 1				
PERPHENAZINE TAB 8MG	PERPHENAZINE TAB 8 MG	Tier 1				
PROCHLORPER TAB 10MG	PROCHLORPERAZINE MALEATE TAB 10 MG (BASE EQUIVALENT)	Tier 1				
PROCHLORPER TAB 5MG	PROCHLORPERAZINE MALEATE TAB 5 MG (BASE EQUIVALENT)	Tier 1				

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Drug name	Generic name	Tier value	Prior auth	Quantity limit	Step therapy	Notes
SCOPOLAMINE DIS 1MG/3DAY	SCOPOLAMINE TD PATCH 72HR 1 MG / 3DAYS	Tier 3				
TRIMETHOBENZ CAP 300MG	TRIMETHOBENZAMIDE HCL CAP 300 MG	Tier 2				
VARUBI TAB 90MG	ROLAPITANT HCL TAB THERAPY PACK 2 X 90 MG (BASE EQUIV)	Tier 5		X		
Antifungals						
CICLODAN SOL 8%	CICLOPIROX SOLUTION 8%	Tier 2				
CICLOPIROX CRE 0.77%	CICLOPIROX OLAMINE CREAM 0.77% (BASE EQUIV)	Tier 2				
CICLOPIROX GEL 0.77%	CICLOPIROX GEL 0.77%	Tier 2				
CICLOPIROX SHA 1%	CICLOPIROX SHAMPOO 1%	Tier 2				
CICLOPIROX SOL 8%	CICLOPIROX SOLUTION 8%	Tier 2				
CICLOPIROX SUS 0.77%	CICLOPIROX OLAMINE SUSP 0.77% (BASE EQUIV)	Tier 2				
CLOTTRIM/BETA CRE DIPROP	CLOTTRIMAZOLE W/ BETAMETHA- SONE CREAM 1-0.05%	Tier 2		X		
CLOTTRIM/BETA LOT DIPROP	CLOTTRIMAZOLE W/ BETAMETHA- SONE LOTION 1-0.05%	Tier 3				
CLOTTRIMAZOLE TRO 10MG	CLOTTRIMAZOLE TROCHE 10 MG	Tier 2				
ECONAZOLE CRE 1%	ECONAZOLE NITRATE CREAM 1%	Tier 3		X		
EXELDERM CRE 1%	SULCONAZOLE NITRATE CREAM 1%	Tier 5				
EXELDERM SOL 1%	SULCONAZOLE NITRATE SOLUTION 1%	Tier 5				
FLUCONAZOLE SUS 10MG/ML	FLUCONAZOLE FOR SUSP 10 MG / ML	Tier 2				STI*
FLUCONAZOLE SUS 40MG/ML	FLUCONAZOLE FOR SUSP 40 MG / ML	Tier 2				STI*
FLUCONAZOLE TAB 100MG	FLUCONAZOLE TAB 100 MG	Tier 2				STI*
FLUCONAZOLE TAB 150MG	FLUCONAZOLE TAB 150 MG	Tier 2				STI*
FLUCONAZOLE TAB 200MG	FLUCONAZOLE TAB 200 MG	Tier 2				STI*
FLUCONAZOLE TAB 50MG	FLUCONAZOLE TAB 50 MG	Tier 2				STI*
FLUCYTOSINE CAP 250MG	FLUCYTOSINE CAP 250 MG	Tier 3				
FLUCYTOSINE CAP 500MG	FLUCYTOSINE CAP 500 MG	Tier 3				
GRISEOFULVIN SUS 125/5ML	GRISEOFULVIN MICROSIZE SUSP 125 MG / 5ML	Tier 3				
GRISEOFULVIN TAB MICR 500	GRISEOFULVIN MICROSIZE TAB 500 MG	Tier 3				
GRISEOFULVIN TAB ULTR 125	GRISEOFULVIN ULTRAMICROSIZE TAB 125 MG	Tier 3				
GRISEOFULVIN TAB ULTR 250	GRISEOFULVIN ULTRAMICROSIZE TAB 250 MG	Tier 3				

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ST.....Step therapy
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Drug name	Generic name	Tier value	Prior auth	Quantity limit	Step therapy	Notes
GYNAZOLE-1 CRE 2%	BUTOCONAZOLE NITRATE (ONE DOSE) VAGINAL CREAM 2%	Tier 5				STI*
ITRACONAZOLE CAP 100MG	ITRACONAZOLE CAP 100 MG	Tier 3		X		
ITRACONAZOLE SOL 100/10ML	ITRACONAZOLE ORAL SOLN 10 MG / ML	Tier 3		X		
ITRACONAZOLE SOL 10MG/ML	ITRACONAZOLE ORAL SOLN 10 MG / ML	Tier 3		X		
KETOCONAZOLE CRE 2%	KETOCONAZOLE CREAM 2%	Tier 2		X		
KETOCONAZOLE SHA 2%	KETOCONAZOLE SHAMPOO 2%	Tier 2				
KETOCONAZOLE TAB 200MG	KETOCONAZOLE TAB 200 MG	Tier 2				
KLAYESTA POW 100000	NYSTATIN TOPICAL POWDER 100000 UNIT / GM	Tier 2		X		
LULICONAZOLE CRE 1%	LULICONAZOLE CREAM 1%	Tier 5		X		
MENTAX CRE 1%	BUTENAFINE HCL CREAM 1%	Tier 5				
MICONAZOLE 3 SUP 200MG	MICONAZOLE NITRATE VAGINAL SUPPOS 200 MG	Tier 2				
NAFTIFINE CRE HCL 1%	NAFTIFINE HCL CREAM 1%	Tier 3				
NAFTIFINE CRE HCL 2%	NAFTIFINE HCL CREAM 2%	Tier 3				
NYAMYC POW 100000	NYSTATIN TOPICAL POWDER 100000 UNIT / GM	Tier 2		X		
NYSTAT/TRIAM CRE	NYSTATIN-TRIAMCINOLONE CREAM 100000-0.1 UNIT / GM-%	Tier 2				
NYSTAT/TRIAM OIN	NYSTATIN-TRIAMCINOLONE OINT 100000-0.1 UNIT / GM-%	Tier 2				
NYSTATIN CRE 100000	NYSTATIN CREAM 100000 UNIT / GM	Tier 2				
NYSTATIN OIN 100000	NYSTATIN OINT 100000 UNIT / GM	Tier 2				
NYSTATIN OIN 100000U	NYSTATIN OINT 100000 UNIT / GM	Tier 2				
NYSTATIN POW 100000	NYSTATIN TOPICAL POWDER 100000 UNIT / GM	Tier 2		X		
NYSTATIN SUS 100000	NYSTATIN SUSP 100000 UNIT / ML	Tier 2				
NYSTATIN TAB 500000	NYSTATIN TAB 500000 UNIT	Tier 2				
NYSTOP POW 100000	NYSTATIN TOPICAL POWDER 100000 UNIT / GM	Tier 2		X		
POSACONAZOLE TAB 100MG DR	POSACONAZOLE TAB DELAYED RELEASE 100 MG	Tier 3		X		
SULCONAZOLE CRE 1%	SULCONAZOLE NITRATE CREAM 1%	Tier 5				
SULCONAZOLE SOL 1%	SULCONAZOLE NITRATE SOLUTION 1%	Tier 5				
TERBINAFINE TAB 250MG	TERBINAFINE HCL TAB 250 MG	Tier 2		X		
TERCONAZOLE CRE 0.4%	TERCONAZOLE VAGINAL CREAM 0.4%	Tier 2				STI*
TERCONAZOLE CRE 0.8%	TERCONAZOLE VAGINAL CREAM 0.8%	Tier 2				STI*
TERCONAZOLE SUP 80MG	TERCONAZOLE VAGINAL SUPPOS 80 MG	Tier 3				STI*
VORICONAZOLE SUS 40MG/ML	VORICONAZOLE FOR SUSP 40 MG / ML	Tier 3				
VORICONAZOLE TAB 200MG	VORICONAZOLE TAB 200 MG	Tier 3		X		

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Drug name	Generic name	Tier value	Prior auth	Quantity limit	Step therapy	Notes
VORICONAZOLE TAB 50MG	VORICONAZOLE TAB 50 MG	Tier 3		X		
Antigout Agents						
ALLOPURINOL TAB 100MG	ALLOPURINOL TAB 100 MG	Tier 2				
ALLOPURINOL TAB 300MG	ALLOPURINOL TAB 300 MG	Tier 2				
COLCHICINE TAB 0.6MG	COLCHICINE TAB 0.6 MG	Tier 2		X		
FEBUXOSTAT TAB 40MG	FEBUXOSTAT TAB 40 MG	Tier 2		X	X	
FEBUXOSTAT TAB 80MG	FEBUXOSTAT TAB 80 MG	Tier 2		X	X	
PROBEN/COLCH TAB 500-0.5	COLCHICINE W/ PROBENECID TAB 0.5-500 MG	Tier 2				
PROBENECID TAB 500MG	PROBENECID TAB 500 MG	Tier 2				
Antimigraine Agents						
AIMOVIG INJ 140MG/ML	ERENUMAB-AOOE SUBCUTANEOUS SOLN AUTO-INJECTOR 140 MG / ML	Tier 3	X	X		
AIMOVIG INJ 70MG/ML	ERENUMAB-AOOE SUBCUTANEOUS SOLN AUTO-INJECTOR 70 MG / ML	Tier 3	X	X		
ALMOTRIP MAL TAB 12.5MG	ALMOTRIPTAN MALATE TAB 12.5 MG	Tier 3		X	X	
ALMOTRIP MAL TAB 6.25MG	ALMOTRIPTAN MALATE TAB 6.25 MG	Tier 3		X	X	
ALMOTRIPTAN TAB 12.5MG	ALMOTRIPTAN MALATE TAB 12.5 MG	Tier 3		X	X	
ALMOTRIPTAN TAB 6.25MG	ALMOTRIPTAN MALATE TAB 6.25 MG	Tier 3		X	X	
DIHYDROERGOT INJ 1MG/ML	DIHYDROERGOTAMINE MESYLATE INJ 1 MG / ML	Tier 3		X		
ELETRIPTAN TAB 20MG	ELETRIPTAN HYDROBROMIDE TAB 20 MG (BASE EQUIVALENT)	Tier 3		X	X	
ELETRIPTAN TAB 40MG	ELETRIPTAN HYDROBROMIDE TAB 40 MG (BASE EQUIVALENT)	Tier 3		X	X	
EMGALITY INJ 100MG/ML	GALCANEZUMAB-GNLM SUBCUTANEOUS SOLN PREFILLED SYR 100 MG / ML	Tier 3	X	X		
EMGALITY INJ 120MG/ML	GALCANEZUMAB-GNLM SUBCUTANEOUS SOLN AUTO-INJECTOR 120 MG / ML	Tier 3	X	X		
EMGALITY INJ 120MG/ML	GALCANEZUMAB-GNLM SUBCUTANEOUS SOLN PREFILLED SYR 120 MG / ML	Tier 3	X	X		
ERGOMAR SUB 2MG	ERGOTAMINE TARTRATE SL TAB 2 MG	Tier 5		X		
ERGOT/CAFFEN TAB 1-100MG	ERGOTAMINE W/ CAFFEINE TAB 1-100 MG	Tier 3				
FROVATRIPTAN TAB 2.5MG	FROVATRIPTAN SUCCINATE TAB 2.5 MG (BASE EQUIVALENT)	Tier 3		X	X	
MIGERGOT SUP 2/100	ERGOTAMINE W/ CAFFEINE SUPPOS 2-100 MG	Tier 5				
NARATRIPTAN TAB 1MG	NARATRIPTAN HCL TAB 1 MG (BASE EQUIV)	Tier 2		X		

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NARATRIPTAN TAB 2.5MG	NARATRIPTAN HCL TAB 2.5 MG (BASE EQUIV)	Tier 2		X		
RIZATRIPTAN TAB 10MG	RIZATRIPTAN BENZOATE TAB 10 MG (BASE EQUIVALENT)	Tier 2		X		
RIZATRIPTAN TAB 10MG ODT	RIZATRIPTAN BENZOATE ORAL DISINTEGRATING TAB 10 MG (BASE EQ)	Tier 2		X		
RIZATRIPTAN TAB 5MG	RIZATRIPTAN BENZOATE TAB 5 MG (BASE EQUIVALENT)	Tier 2		X		
RIZATRIPTAN TAB 5MG ODT	RIZATRIPTAN BENZOATE ORAL DISINTEGRATING TAB 5 MG (BASE EQ)	Tier 2		X		
SUMAT-NAPROX TAB 85-500MG	SUMATRIPTAN-NAPROXEN SODIUM TAB 85-500 MG	Tier 3		X	X	
SUMATRIPTAN INJ 4MG/0.5	SUMATRIPTAN SUCCINATE SOLUTION CARTRIDGE 4 MG / 0.5ML	Tier 3		X		
SUMATRIPTAN INJ 4MG/0.5	SUMATRIPTAN SUCCINATE SOLUTION AUTO-INJECTOR 4 MG / 0.5ML	Tier 3		X		
SUMATRIPTAN INJ 6/0.5ML	SUMATRIPTAN SUCCINATE INJ 6 MG / 0.5ML	Tier 3		X		
SUMATRIPTAN INJ 6MG/.5ML	SUMATRIPTAN SUCCINATE SOLUTION AUTO-INJECTOR 6 MG / 0.5ML	Tier 3		X		
SUMATRIPTAN INJ 6MG/0.5	SUMATRIPTAN SUCCINATE INJ 6 MG / 0.5ML	Tier 3		X		
SUMATRIPTAN INJ 6MG/0.5	SUMATRIPTAN SUCCINATE SOLUTION CARTRIDGE 6 MG / 0.5ML	Tier 3		X		
SUMATRIPTAN INJ 6MG/0.5	SUMATRIPTAN SUCCINATE SOLUTION AUTO-INJECTOR 6 MG / 0.5ML	Tier 3		X		
SUMATRIPTAN SPR 20MG/ACT	SUMATRIPTAN NASAL SPRAY 20 MG / ACT	Tier 3		X		
SUMATRIPTAN SPR 5MG/ACT	SUMATRIPTAN NASAL SPRAY 5 MG / ACT	Tier 3		X		
SUMATRIPTAN TAB 100MG	SUMATRIPTAN SUCCINATE TAB 100 MG	Tier 2		X		
SUMATRIPTAN TAB 25MG	SUMATRIPTAN SUCCINATE TAB 25 MG	Tier 2		X		
SUMATRIPTAN TAB 50MG	SUMATRIPTAN SUCCINATE TAB 50 MG	Tier 2		X		
UBRELVY TAB 100MG	UBROGEPANT TAB 100 MG	Tier 3	X	X		
UBRELVY TAB 50MG	UBROGEPANT TAB 50 MG	Tier 3	X	X		
ZOLMITRIPTAN SPR 2.5MG	ZOLMITRIPTAN NASAL SPRAY 2.5 MG / SPRAY UNIT	Tier 5		X	X	
ZOLMITRIPTAN SPR 5MG	ZOLMITRIPTAN NASAL SPRAY 5 MG / SPRAY UNIT	Tier 3		X	X	
ZOLMITRIPTAN TAB 2.5 MG	ZOLMITRIPTAN ORALLY DISINTEGRATING TAB 2.5 MG	Tier 3		X	X	
ZOLMITRIPTAN TAB 2.5MG	ZOLMITRIPTAN TAB 2.5 MG	Tier 3		X	X	
ZOLMITRIPTAN TAB 5MG	ZOLMITRIPTAN TAB 5 MG	Tier 3		X	X	
ZOLMITRIPTAN TAB 5MG ODT	ZOLMITRIPTAN ORALLY DISINTEGRATING TAB 5 MG	Tier 3		X	X	
Antimyasthenic Agents						
PYRIDOSTIGM TAB 60MG	PYRIDOSTIGMINE BROMIDE TAB 60 MG	Tier 2				

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Drug name	Generic name	Tier value	Prior auth	Quantity limit	Step therapy	Notes
PYRIDOSTIGMI SOL 60MG/5ML	PYRIDOSTIGMINE BROMIDE ORAL SOLN 60 MG / 5ML	Tier 3				
PYRIDOSTIGMI TAB ER 180MG	PYRIDOSTIGMINE BROMIDE TAB ER 180 MG	Tier 3				
Antimycobacterials						
CYCLOSERINE CAP 250MG	CYCLOSERINE CAP 250 MG	Tier 3				
DAPSONE TAB 100MG	DAPSONE TAB 100 MG	Tier 2				
DAPSONE TAB 25MG	DAPSONE TAB 25 MG	Tier 2				
ETHAMBUTOL TAB 100MG	ETHAMBUTOL HCL TAB 100 MG	Tier 2				
ETHAMBUTOL TAB 400MG	ETHAMBUTOL HCL TAB 400 MG	Tier 2				
ISONIAZID SYP 50MG/5ML	ISONIAZID SYRUP 50 MG / 5ML	Tier 3				
ISONIAZID TAB 100MG	ISONIAZID TAB 100 MG	Tier 2				
ISONIAZID TAB 300MG	ISONIAZID TAB 300 MG	Tier 2				
PRIFTIN TAB 150MG	RIFAPENTINE TAB 150 MG	Tier 3				
PYRAZINAMIDE TAB 500MG	PYRAZINAMIDE TAB 500 MG	Tier 3				
RIFABUTIN CAP 150MG	RIFABUTIN CAP 150 MG	Tier 3				
RIFAMPIN CAP 150MG	RIFAMPIN CAP 150 MG	Tier 2				
RIFAMPIN CAP 300MG	RIFAMPIN CAP 300 MG	Tier 2				
TRECTOR TAB 250MG	ETHIONAMIDE TAB 250 MG	Tier 3				
Antineoplastics						
ABIRATERONE TAB 250MG	ABIRATERONE ACETATE TAB 250 MG	Tier 4	X	X		
ABIRATERONE TAB 500MG	ABIRATERONE ACETATE TAB 500 MG	Tier 4	X	X		
ALECENSA CAP 150MG	ALECTINIB HCL CAP 150 MG (BASE EQUIVALENT)	Tier 4	X	X		
ANASTROZOLE TAB 1MG	ANASTROZOLE TAB 1 MG	Tier 2				PRV-A* \$0 Copay for members 35 years and older once your healthcare provider confirms use is for breast cancer prevention.
BEXAROTENE CAP 75MG	BEXAROTENE CAP 75 MG	Tier 6				
BEXAROTENE GEL 1%	BEXAROTENE GEL 1%	Tier 6		X		
BICALUTAMIDE TAB 50MG	BICALUTAMIDE TAB 50 MG	Tier 2				
BOSULIF CAP 100MG	BOSUTINIB CAP 100 MG	Tier 6	X	X		
BOSULIF CAP 50MG	BOSUTINIB CAP 50 MG	Tier 6	X	X		
BRUKINSA CAP 80MG	ZANUBRUTINIB CAP 80 MG	Tier 4	X	X		
CALQUENCE TAB 100MG	ACALABRUTINIB MALEATE TAB 100 MG	Tier 4	X	X		

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Drug name	Generic name	Tier value	Prior auth	Quantity limit	Step therapy	Notes
CAPECITABINE TAB 150MG	CAPECITABINE TAB 150 MG	Tier 6				
CAPECITABINE TAB 500MG	CAPECITABINE TAB 500 MG	Tier 6				
CAPRELSA TAB 100MG	VANDETANIB TAB 100 MG	Tier 6	X	X		
CAPRELSA TAB 300MG	VANDETANIB TAB 300 MG	Tier 6	X	X		
COMETRIQ KIT 100MG	CABOZANTINIB S-MAL CAP 1 X 80 MG & 1 X 20 MG (100 DOSE) KIT	Tier 6	X	X		
COMETRIQ KIT 140MG	CABOZANTINIB S-MAL CAP 1 X 80 MG & 3 X 20 MG (140 DOSE) KIT	Tier 6	X	X		
COMETRIQ KIT 60MG	CABOZANTINIB S-MALATE CAP 3 X 20 MG (60 MG DOSE) KIT	Tier 6	X	X		
COTELLIC TAB 20MG	COBIMETINIB FUMARATE TAB 20 MG (BASE EQUIVALENT)	Tier 6	X	X		
CYCLOPHOSPH CAP 25MG	CYCLOPHOSPHAMIDE CAP 25 MG	Tier 3				
CYCLOPHOSPH CAP 50MG	CYCLOPHOSPHAMIDE CAP 50 MG	Tier 3				
CYCLOPHOSPH TAB 25MG	CYCLOPHOSPHAMIDE TAB 25 MG	Tier 5				
CYCLOPHOSPH TAB 50MG	CYCLOPHOSPHAMIDE TAB 50 MG	Tier 5				
DASATINIB TAB 100MG	DASATINIB TAB 100 MG	Tier 4	X	X		
DASATINIB TAB 140MG	DASATINIB TAB 140 MG	Tier 4	X	X		
DASATINIB TAB 20MG	DASATINIB TAB 20 MG	Tier 4	X	X		
DASATINIB TAB 50MG	DASATINIB TAB 50 MG	Tier 4	X	X		
DASATINIB TAB 70MG	DASATINIB TAB 70 MG	Tier 4	X	X		
DASATINIB TAB 80MG	DASATINIB TAB 80 MG	Tier 4	X	X		
DICLOFENAC GEL 3%	DICLOFENAC SODIUM (ACTINIC KERATOSES) GEL 3%	Tier 3		X		
DROXIA CAP 200MG	HYDROXYUREA CAP 200 MG	Tier 5				
DROXIA CAP 300MG	HYDROXYUREA CAP 300 MG	Tier 5				
DROXIA CAP 400MG	HYDROXYUREA CAP 400 MG	Tier 5				
EMCYT CAP 140MG	ESTRAMUSTINE PHOSPHATE SODIUM CAP 140 MG	Tier 5				
ERLEADA TAB 240MG	APALUTAMIDE TAB 240 MG	Tier 4	X	X		
ERLEADA TAB 60MG	APALUTAMIDE TAB 60 MG	Tier 4	X	X		
ERLOTINIB TAB 100MG	ERLOTINIB HCL TAB 100 MG (BASE EQUIVALENT)	Tier 4	X	X		
ERLOTINIB TAB 150MG	ERLOTINIB HCL TAB 150 MG (BASE EQUIVALENT)	Tier 4	X	X		
ERLOTINIB TAB 25MG	ERLOTINIB HCL TAB 25 MG (BASE EQUIVALENT)	Tier 4	X	X		
ETOPOSIDE CAP 50MG	ETOPOSIDE CAP 50 MG	Tier 6				
EVEROLIMUS TAB 10MG	EVEROLIMUS TAB 10 MG	Tier 6	X	X		
EVEROLIMUS TAB 2.5MG	EVEROLIMUS TAB 2.5 MG	Tier 6	X	X		
EVEROLIMUS TAB 5MG	EVEROLIMUS TAB 5 MG	Tier 6	X	X		
EVEROLIMUS TAB 7.5MG	EVEROLIMUS TAB 7.5 MG	Tier 6	X	X		

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Drug name	Generic name	Tier value	Prior auth	Quantity limit	Step therapy	Notes
EXEMESTANE TAB 25MG	EXEMESTANE TAB 25 MG	Tier 3				PRV-A* \$0 Copay for members 35 years and older once your healthcare provider confirms use is for breast cancer prevention.
FLUOROURACIL CRE 0.5%	FLUOROURACIL CREAM 0.5%	Tier 5		X		
FLUOROURACIL CRE 5%	FLUOROURACIL CREAM 5%	Tier 2		X		
FLUOROURACIL SOL 2%	FLUOROURACIL SOLN 2%	Tier 2				
FLUOROURACIL SOL 5%	FLUOROURACIL SOLN 5%	Tier 2				
GEFITINIB TAB 250MG	GEFITINIB TAB 250 MG	Tier 4	X	X		
GILOTRIF TAB 20MG	AFATINIB DIMALEATE TAB 20 MG (BASE EQUIVALENT)	Tier 4	X	X		
GILOTRIF TAB 30MG	AFATINIB DIMALEATE TAB 30 MG (BASE EQUIVALENT)	Tier 4	X	X		
GILOTRIF TAB 40MG	AFATINIB DIMALEATE TAB 40 MG (BASE EQUIVALENT)	Tier 4	X	X		
GLEOSTINE CAP 100MG	LOMUSTINE CAP 100 MG	Tier 6				
GLEOSTINE CAP 10MG	LOMUSTINE CAP 10 MG	Tier 6				
GLEOSTINE CAP 40MG	LOMUSTINE CAP 40 MG	Tier 6				
HYCAMTIN CAP 0.25MG	TOPOTECAN HCL CAP 0.25 MG (BASE EQUIV)	Tier 6	X	X		
HYCAMTIN CAP 1MG	TOPOTECAN HCL CAP 1 MG (BASE EQUIV)	Tier 6	X	X		
HYDROXYUREA CAP 500MG	HYDROXYUREA CAP 500 MG	Tier 2				
IMATINIB MES TAB 100MG	IMATINIB MESYLATE TAB 100 MG (BASE EQUIVALENT)	Tier 4		X		
IMATINIB MES TAB 400MG	IMATINIB MESYLATE TAB 400 MG (BASE EQUIVALENT)	Tier 4		X		
IMBRUVICA CAP 140MG	IBRUTINIB CAP 140 MG	Tier 4	X	X		
IMBRUVICA CAP 70MG	IBRUTINIB CAP 70 MG	Tier 4	X	X		
IMBRUVICA SUS 70MG/ ML	IBRUTINIB ORAL SUSP 70 MG / ML	Tier 4	X	X		
IMBRUVICA TAB 140MG	IBRUTINIB TAB 140 MG	Tier 4	X	X		
IMBRUVICA TAB 280MG	IBRUTINIB TAB 280 MG	Tier 4	X	X		
IMBRUVICA TAB 420MG	IBRUTINIB TAB 420 MG	Tier 4	X	X		
IMBRUVICA TAB 560MG	IBRUTINIB TAB 560 MG	Tier 4	X	X		
INLYTA TAB 1MG	AXITINIB TAB 1 MG	Tier 6	X	X		
INLYTA TAB 5MG	AXITINIB TAB 5 MG	Tier 6	X	X		
JAKAFI TAB 10MG	RUXOLITINIB PHOSPHATE TAB 10 MG (BASE EQUIVALENT)	Tier 6	X	X		
JAKAFI TAB 15MG	RUXOLITINIB PHOSPHATE TAB 15 MG (BASE EQUIVALENT)	Tier 6	X	X		

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PRV-A Preventive medication may be available at no cost to you if within a certain age range
PRV* Preventive medication may be available at no cost to you only when certain requirements are met
QL Quantity limit
SP Specialty medication
ST Step therapy
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Drug name	Generic name	Tier value	Prior auth	Quantity limit	Step therapy	Notes
JAKAFI TAB 20MG	RUXOLITINIB PHOSPHATE TAB 20 MG (BASE EQUIVALENT)	Tier 6	X	X		
JAKAFI TAB 25MG	RUXOLITINIB PHOSPHATE TAB 25 MG (BASE EQUIVALENT)	Tier 6	X	X		
JAKAFI TAB 5MG	RUXOLITINIB PHOSPHATE TAB 5 MG (BASE EQUIVALENT)	Tier 6	X	X		
KISQALI 200 PAK FEMARA	RIBOCICLIB 200 MG DOSE (200 MG TAB) & LETROZOLE 2.5 MG TBPk	Tier 4	X	X		
KISQALI 400 PAK FEMARA	RIBOCICLIB 400 MG DOSE (200 MG TAB) & LETROZOLE 2.5 MG TBPk	Tier 4	X	X		
KISQALI 600 PAK FEMARA	RIBOCICLIB 600 MG DOSE (200 MG TAB) & LETROZOLE 2.5 MG TBPk	Tier 4	X	X		
KISQALI TAB 200DOSE	RIBOCICLIB SUCCINATE TAB PACK 200 MG DAILY DOSE	Tier 4	X	X		
KISQALI TAB 400DOSE	RIBOCICLIB SUCCINATE TAB PACK 400 MG DAILY DOSE (200 MG TAB)	Tier 4	X	X		
KISQALI TAB 600DOSE	RIBOCICLIB SUCCINATE TAB PACK 600 MG DAILY DOSE (200 MG TAB)	Tier 4	X	X		
LENALIDOMIDE CAP 10MG	LENALIDOMIDE CAP 10 MG	Tier 6	X	X		
LENALIDOMIDE CAP 15MG	LENALIDOMIDE CAP 15 MG	Tier 6	X	X		
LENALIDOMIDE CAP 2.5MG	LENALIDOMIDE CAPS 2.5 MG	Tier 6	X	X		
LENALIDOMIDE CAP 20MG	LENALIDOMIDE CAP 20 MG	Tier 6	X	X		
LENALIDOMIDE CAP 25MG	LENALIDOMIDE CAP 25 MG	Tier 6	X	X		
LENALIDOMIDE CAP 5MG	LENALIDOMIDE CAP 5 MG	Tier 6	X	X		
LENVIMA CAP 10 MG	LENVATINIB CAP THERAPY PACK 10 MG (10 MG DAILY DOSE)	Tier 6	X	X		
LENVIMA CAP 12MG	LENVATINIB CAP THERAPY PACK 3 X 4 MG (12 MG DAILY DOSE)	Tier 6	X	X		
LENVIMA CAP 14 MG	LENVATINIB CAP THERAPY PACK 10 & 4 MG (14 MG DAILY DOSE)	Tier 6	X	X		
LENVIMA CAP 18 MG	LENVATINIB CAP THER PACK 10 MG & 2 X 4 MG (18 MG DAILY DOSE)	Tier 6	X	X		
LENVIMA CAP 20 MG	LENVATINIB CAP THERAPY PACK 2 X 10 MG (20 MG DAILY DOSE)	Tier 6	X	X		
LENVIMA CAP 24 MG	LENVATINIB CAP THER PACK 2 X 10 MG & 4 MG (24 MG DAILY DOSE)	Tier 6	X	X		
LENVIMA CAP 4MG	LENVATINIB CAP THERAPY PACK 4 MG (4 MG DAILY DOSE)	Tier 6	X	X		
LENVIMA CAP 8 MG	LENVATINIB CAP THERAPY PACK 2 X 4 MG (8 MG DAILY DOSE)	Tier 6	X	X		

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SP.....Specialty medication
ST.....Step therapy
STI*.....Sexually transmitted infection – Medication may be available at no cost to you when prescribed for preventive care or treatment of a sexually transmitted infection.

Drug name	Generic name	Tier value	Prior auth	Quantity limit	Step therapy	Notes
LETROZOLE TAB 2.5MG	LETROZOLE TAB 2.5 MG	Tier 2				PRV-A* \$0 Copay for members 35 years and older once your healthcare provider confirms use is for breast cancer prevention.
LEUCOVOR CA TAB 10MG	LEUCOVORIN CALCIUM TAB 10 MG	Tier 2				
LEUCOVOR CA TAB 15MG	LEUCOVORIN CALCIUM TAB 15 MG	Tier 2				
LEUCOVOR CA TAB 25MG	LEUCOVORIN CALCIUM TAB 25 MG	Tier 2				
LEUCOVOR CA TAB 5MG	LEUCOVORIN CALCIUM TAB 5 MG	Tier 2				
LEUKERAN TAB 2MG	CHLORAMBUCIL TAB 2 MG	Tier 5				
LORBRENA TAB 100MG	LORLATINIB TAB 100 MG	Tier 6	X	X		
LORBRENA TAB 25MG	LORLATINIB TAB 25 MG	Tier 6	X	X		
LYNPARZA TAB 100MG	OLAPARIB TAB 100 MG	Tier 4	X	X		
LYNPARZA TAB 150MG	OLAPARIB TAB 150 MG	Tier 4	X	X		
MATULANE CAP 50MG	PROCARBAZINE HCL CAP 50 MG	Tier 6				
MELPHALAN TAB 2MG	MELPHALAN TAB 2 MG	Tier 3				
MERCAPTOPUR TAB 50MG	MERCAPTOPURINE TAB 50 MG	Tier 2				
MESNA TAB 400MG	MESNA TAB 400 MG	Tier 4				
MYLERAN TAB 2MG	BUSULFAN TAB 2 MG	Tier 5				
NILUTAMIDE TAB 150MG	NILUTAMIDE TAB 150 MG	Tier 4				
NUBEQA TAB 300MG	DAROLUTAMIDE TAB 300 MG	Tier 4	X	X		
PIQRAY 200MG TAB DOSE	ALPELISIB TAB THERAPY PACK 200 MG DAILY DOSE	Tier 6	X	X		
PIQRAY 250MG TAB DOSE	ALPELISIB TAB PACK 250 MG DAILY DOSE (200 MG & 50 MG TABS)	Tier 6	X	X		
PIQRAY 300MG TAB DOSE	ALPELISIB TAB PACK 300 MG DAILY DOSE (2X150 MG TAB)	Tier 6	X	X		
POMALYST CAP 1MG	POMALIDOMIDE CAP 1 MG	Tier 6	X	X		
POMALYST CAP 2MG	POMALIDOMIDE CAP 2 MG	Tier 6	X	X		
POMALYST CAP 3MG	POMALIDOMIDE CAP 3 MG	Tier 6	X	X		
POMALYST CAP 4MG	POMALIDOMIDE CAP 4 MG	Tier 6	X	X		
ROZLYTREK CAP 100MG	ENTRECTINIB CAP 100 MG	Tier 4	X	X		
ROZLYTREK CAP 200MG	ENTRECTINIB CAP 200 MG	Tier 4	X	X		
ROZLYTREK PAK 50MG	ENTRECTINIB PELLETT PACK 50 MG	Tier 4	X	X		
SORAFENIB TAB 200MG	SORAFENIB TOSYLATE TAB 200 MG (BASE EQUIVALENT)	Tier 6	X	X		
STIVARGA TAB 40MG	REGORAFENIB TAB 40 MG	Tier 4	X	X		
SUNITINIB CAP 12.5MG	SUNITINIB MALATE CAP 12.5 MG (BASE EQUIVALENT)	Tier 6	X	X		
SUNITINIB CAP 25MG	SUNITINIB MALATE CAP 25 MG (BASE EQUIVALENT)	Tier 6	X	X		

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SP Specialty medication
ST Step therapy
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Drug name	Generic name	Tier value	Prior auth	Quantity limit	Step therapy	Notes
SUNITINIB CAP 375MG	SUNITINIB MALATE CAP 375 MG (BASE EQUIVALENT)	Tier 6	X	X		
SUNITINIB CAP 50MG	SUNITINIB MALATE CAP 50 MG (BASE EQUIVALENT)	Tier 6	X	X		
SYNRIBO INJ 3.5MG	OMACETAXINE MEPESUCCINATE FOR INJ 3.5 MG	Tier 6	X	X		
TABLOID TAB 40MG	THIOGUANINE TAB 40 MG	Tier 6				
TAGRISSO TAB 40MG	OSIMERTINIB MESYLATE TAB 40 MG (BASE EQUIVALENT)	Tier 4	X	X		
TAGRISSO TAB 80MG	OSIMERTINIB MESYLATE TAB 80 MG (BASE EQUIVALENT)	Tier 4	X	X		
TALZENNA CAP 0.1MG	TALAZOPARIB TOSYLATE CAP 0.1 MG (BASE EQUIVALENT)	Tier 6	X	X		
TALZENNA CAP 0.25MG	TALAZOPARIB TOSYLATE CAP 0.25 MG (BASE EQUIVALENT)	Tier 6	X	X		
TALZENNA CAP 0.35MG	TALAZOPARIB TOSYLATE CAP 0.35 MG (BASE EQUIVALENT)	Tier 6	X	X		
TALZENNA CAP 0.5MG	TALAZOPARIB TOSYLATE CAP 0.5 MG (BASE EQUIVALENT)	Tier 6	X	X		
TALZENNA CAP 0.75MG	TALAZOPARIB TOSYLATE CAP 0.75 MG (BASE EQUIVALENT)	Tier 6	X	X		
TALZENNA CAP 1MG	TALAZOPARIB TOSYLATE CAP 1 MG (BASE EQUIVALENT)	Tier 6	X	X		
TAMOXIFEN TAB 10MG	TAMOXIFEN CITRATE TAB 10 MG (BASE EQUIVALENT)	Tier 2				
TAMOXIFEN TAB 20MG	TAMOXIFEN CITRATE TAB 20 MG (BASE EQUIVALENT)	Tier 2				PRV-A* \$0 Copay for members 35 years and older once your healthcare provider confirms use is for breast cancer prevention.
TEMOZOLOMIDE CAP 100MG	TEMOZOLOMIDE CAP 100 MG	Tier 6				
TEMOZOLOMIDE CAP 140MG	TEMOZOLOMIDE CAP 140 MG	Tier 6				
TEMOZOLOMIDE CAP 180MG	TEMOZOLOMIDE CAP 180 MG	Tier 6				
TEMOZOLOMIDE CAP 20MG	TEMOZOLOMIDE CAP 20 MG	Tier 6				
TEMOZOLOMIDE CAP 250MG	TEMOZOLOMIDE CAP 250 MG	Tier 6				
TEMOZOLOMIDE CAP 5MG	TEMOZOLOMIDE CAP 5 MG	Tier 6				
THALOMID CAP 100MG	THALIDOMIDE CAP 100 MG	Tier 6	X	X		
THALOMID CAP 150MG	THALIDOMIDE CAP 150 MG	Tier 6	X	X		
THALOMID CAP 200MG	THALIDOMIDE CAP 200 MG	Tier 6	X	X		

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Drug name	Generic name	Tier value	Prior auth	Quantity limit	Step therapy	Notes
THALOMID CAP 50MG	THALIDOMIDE CAP 50 MG	Tier 6	X	X		
TOREMIFENE TAB 60MG	TOREMIFENE CITRATE TAB 60 MG (BASE EQUIVALENT)	Tier 3				
TRETINOIN CAP 10MG	TRETINOIN CAP 10 MG	Tier 6		X		
TRUQAP PAK 160MG	CAPIVASERTIB TAB THERAPY PACK 160 MG	Tier 4	X	X		
TRUQAP PAK 200MG	CAPIVASERTIB TAB THERAPY PACK 200 MG	Tier 4	X	X		
TRUQAP TAB 160MG	CAPIVASERTIB TAB 160 MG	Tier 4	X	X		
TRUQAP TAB 200MG	CAPIVASERTIB TAB 200 MG	Tier 4	X	X		
TURALIO CAP 125MG	PEXIDARTINIB HCL CAP 125 MG (BASE EQUIVALENT)	Tier 6	X	X		
VENCLEXTA TAB 100MG	VENETOCLAX TAB 100 MG	Tier 6	X	X		
VENCLEXTA TAB 10MG	VENETOCLAX TAB 10 MG	Tier 6	X	X		
VENCLEXTA TAB 50MG	VENETOCLAX TAB 50 MG	Tier 6	X	X		
VENCLEXTA TAB START PK	VENETOCLAX TAB THERAPY STARTER PACK 10 & 50 & 100 MG	Tier 6	X	X		
VERZENIO TAB 100MG	ABEMACICLIB TAB 100 MG	Tier 4	X	X		
VERZENIO TAB 150MG	ABEMACICLIB TAB 150 MG	Tier 4	X	X		
VERZENIO TAB 200MG	ABEMACICLIB TAB 200 MG	Tier 4	X	X		
VERZENIO TAB 50MG	ABEMACICLIB TAB 50 MG	Tier 4	X	X		
VITRAKVI CAP 100MG	LAROTRECTINIB SULFATE CAP 100 MG (BASE EQUIVALENT)	Tier 4	X	X		
VITRAKVI CAP 25MG	LAROTRECTINIB SULFATE CAP 25 MG (BASE EQUIVALENT)	Tier 4	X	X		
VITRAKVI SOL 20MG/ML	LAROTRECTINIB SULFATE ORAL SOLN 20 MG / ML (BASE EQUIVALENT)	Tier 4	X	X		
XOSPATA TAB 40MG	GILTERITINIB FUMARATE TABLET 40 MG (BASE EQUIVALENT)	Tier 6	X	X		
XTANDI CAP 40MG	ENZALUTAMIDE CAP 40 MG	Tier 4	X	X		
XTANDI TAB 40MG	ENZALUTAMIDE TAB 40 MG	Tier 4	X	X		
XTANDI TAB 80MG	ENZALUTAMIDE TAB 80 MG	Tier 4	X	X		
ZELBORAF TAB 240MG	VEMURAFENIB TAB 240 MG	Tier 6	X	X		
ZOLINZA CAP 100MG	VORINOSTAT CAP 100 MG	Tier 6		X		
ZYKADIA TAB 150MG	CERITINIB TAB 150 MG	Tier 6	X	X		
Antiparasitics						
ALBENDAZOLE TAB 200MG	ALBENDAZOLE TAB 200 MG	Tier 3	X	X		
ALINIA SUS 100/5ML	NITAZOXANIDE FOR SUSP 100 MG / 5ML	Tier 3		X		
ATOVAQ/PROGU TAB 250-100	ATOVAQUONE-PROGUANIL HCL TAB 250-100 MG	Tier 3				
ATOVAQ/PROGU TAB 62.5-25	ATOVAQUONE-PROGUANIL HCL TAB 62.5-25 MG	Tier 3				
ATOVAQUONE SUS 750/5ML	ATOVAQUONE SUSP 750 MG / 5ML	Tier 3				

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Drug name	Generic name	Tier value	Prior auth	Quantity limit	Step therapy	Notes
BENZNIDAZOLE TAB 100MG	BENZNIDAZOLE TAB 100 MG	Tier 3		X		
BENZNIDAZOLE TAB 12.5MG	BENZNIDAZOLE TAB 12.5 MG	Tier 3		X		
CHLOROQUINE TAB 250MG	CHLOROQUINE PHOSPHATE TAB 250 MG	Tier 2		X		
CHLOROQUINE TAB 500MG	CHLOROQUINE PHOSPHATE TAB 500 MG	Tier 2		X		
CROTAN LOT 10%	CROTAMITON LOTION 10%	Tier 5				
HYDROXYCHLOR TAB 100MG	HYDROXYCHLOROQUINE SULFATE TAB 100 MG	Tier 2		X		
HYDROXYCHLOR TAB 200MG	HYDROXYCHLOROQUINE SULFATE TAB 200 MG	Tier 2		X		
IVERMECTIN LOT 0.5%	IVERMECTIN LOTION 0.5%	Tier 3		X		
IVERMECTIN TAB 3MG	IVERMECTIN TAB 3 MG	Tier 2	X	X		STI*
MALATHION LOT 0.5%	MALATHION LOTION 0.5%	Tier 3				STI*
MEFLOQUINE TAB 250MG	MEFLOQUINE HCL TAB 250 MG	Tier 2				
NITAZOXANIDE TAB 500MG	NITAZOXANIDE TAB 500 MG	Tier 3		X		
PENTAMIDINE INH 300MG	PENTAMIDINE ISETHIONATE FOR NEBULIZATION SOLN 300 MG	Tier 3		X		
PERMETHRIN CRE 5%	PERMETHRIN CREAM 5%	Tier 2				STI*
PRAZIQUANTEL TAB 600MG	PRAZIQUANTEL TAB 600 MG	Tier 3				
PRIMAQUINE TAB 26.3MG	PRIMAQUINE PHOSPHATE TAB 26.3 MG (15 MG BASE)	Tier 2				
PYRIMETHAMIN TAB 25MG	PYRIMETHAMINE TAB 25 MG	Tier 6	X			
QUININE SULF CAP 324MG	QUININE SULFATE CAP 324 MG	Tier 3				
SPINOSAD SUS 0.9%	SPINOSAD SUSP 0.9%	Tier 3				
Antiparkinson Agents						
AMANTADINE CAP 100MG	AMANTADINE HCL CAP 100 MG	Tier 2				
AMANTADINE SOL 100/10ML	AMANTADINE HCL SOLN 50 MG / 5ML	Tier 2				
AMANTADINE SOL 50MG/5ML	AMANTADINE HCL SOLN 50 MG / 5ML	Tier 2				
AMANTADINE TAB 100MG	AMANTADINE HCL TAB 100 MG	Tier 2				
APOMORPHINE INJ 30MG/3ML	APOMORPHINE HCL SOLN CARTRIDGE 30 MG / 3ML	Tier 6		X		
BENZTROPINE TAB 0.5MG	BENZTROPINE MESYLATE TAB 0.5 MG	Tier 2				BH*
BENZTROPINE TAB 1MG	BENZTROPINE MESYLATE TAB 1 MG	Tier 2				BH*
BENZTROPINE TAB 2MG	BENZTROPINE MESYLATE TAB 2 MG	Tier 2				BH*
BROMOCRIPTIN CAP 5MG	BROMOCRIPTINE MESYLATE CAP 5 MG (BASE EQUIVALENT)	Tier 3				BH*
BROMOCRIPTIN TAB 2.5MG	BROMOCRIPTINE MESYLATE TAB 2.5 MG (BASE EQUIVALENT)	Tier 3				BH*
CARB/LEVO 50 TAB / ENTACAP	CARBIDOPA-LEVODOPA-ENTACAPONE TABS 12.5-50-200 MG	Tier 3				

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Drug name	Generic name	Tier value	Prior auth	Quantity limit	Step therapy	Notes
CARB/LEVO 75 TAB / ENTACAP	CARBIDOPA-LEVODOPA-ENTACAPONE TABS 18.75-75-200 MG	Tier 3				
CARB/LEVO ER TAB 25-100MG	CARBIDOPA & LEVODOPA TAB ER 25-100 MG	Tier 2				
CARB/LEVO ER TAB 50-200MG	CARBIDOPA & LEVODOPA TAB ER 50-200 MG	Tier 2				
CARB/LEVO TAB 10-100MG	CARBIDOPA & LEVODOPA TAB 10-100 MG	Tier 2				
CARB/LEVO TAB 10-100MG	CARBIDOPA & LEVODOPA ORALLY DISINTEGRATING TAB 10-100 MG	Tier 3				
CARB/LEVO TAB 25-100MG	CARBIDOPA & LEVODOPA TAB 25-100 MG	Tier 2				
CARB/LEVO TAB 25-100MG	CARBIDOPA & LEVODOPA ORALLY DISINTEGRATING TAB 25-100 MG	Tier 3				
CARB/LEVO TAB 25-250MG	CARBIDOPA & LEVODOPA TAB 25-250 MG	Tier 2				
CARB/LEVO TAB 25-250MG	CARBIDOPA & LEVODOPA ORALLY DISINTEGRATING TAB 25-250 MG	Tier 3				
CARB/LEVO100 TAB / ENTACAP	CARBIDOPA-LEVODOPA-ENTACAPONE TABS 25-100-200 MG	Tier 3				
CARB/LEVO125 TAB / ENTACAP	CARBIDOPA-LEVODOPA-ENTACAPONE TABS 31.25-125-200 MG	Tier 3				
CARB/LEVO150 TAB / ENTACAP	CARBIDOPA-LEVODOPA-ENTACAPONE TABS 37.5-150-200 MG	Tier 3				
CARB/LEVO200 TAB / ENTACAP	CARBIDOPA-LEVODOPA-ENTACAPONE TABS 50-200-200 MG	Tier 3				
CARBIDOPA TAB 25MG	CARBIDOPA TAB 25 MG	Tier 3				
DUOPA SUS 4.63-20	CARBIDOPA-LEVODOPA ENTERAL SUSP 4.63-20 MG / ML	Tier 6	X			
ENTACAPONE TAB 200MG	ENTACAPONE TAB 200 MG	Tier 3				
PRAMIPEXOLE TAB 0.125MG	PRAMIPEXOLE DIHYDROCHLORIDE TAB 0.125 MG	Tier 2				BH*
PRAMIPEXOLE TAB 0.25MG	PRAMIPEXOLE DIHYDROCHLORIDE TAB 0.25 MG	Tier 2				BH*
PRAMIPEXOLE TAB 0.5MG	PRAMIPEXOLE DIHYDROCHLORIDE TAB 0.5 MG	Tier 2				BH*
PRAMIPEXOLE TAB 0.75MG	PRAMIPEXOLE DIHYDROCHLORIDE TAB 0.75 MG	Tier 2				BH*
PRAMIPEXOLE TAB 1.5MG	PRAMIPEXOLE DIHYDROCHLORIDE TAB 1.5 MG	Tier 2				BH*
PRAMIPEXOLE TAB 1MG	PRAMIPEXOLE DIHYDROCHLORIDE TAB 1 MG	Tier 2				BH*
RASAGILINE TAB 0.5MG	RASAGILINE MESYLATE TAB 0.5 MG (BASE EQUIV)	Tier 3			X	
RASAGILINE TAB 1MG	RASAGILINE MESYLATE TAB 1 MG (BASE EQUIV)	Tier 3			X	
ROPINIROLE TAB 0.25MG	ROPINIROLE HYDROCHLORIDE TAB 0.25 MG	Tier 2				
ROPINIROLE TAB 0.5MG	ROPINIROLE HYDROCHLORIDE TAB 0.5 MG	Tier 2				

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Drug name	Generic name	Tier value	Prior auth	Quantity limit	Step therapy	Notes
ROPINIROLE TAB 1MG	ROPINIROLE HYDROCHLORIDE TAB 1 MG	Tier 2				
ROPINIROLE TAB 2MG	ROPINIROLE HYDROCHLORIDE TAB 2 MG	Tier 2				
ROPINIROLE TAB 3MG	ROPINIROLE HYDROCHLORIDE TAB 3 MG	Tier 2				
ROPINIROLE TAB 4MG	ROPINIROLE HYDROCHLORIDE TAB 4 MG	Tier 2				
ROPINIROLE TAB 5MG	ROPINIROLE HYDROCHLORIDE TAB 5 MG	Tier 2				
SELEGILINE CAP 5MG	SELEGILINE HCL CAP 5 MG	Tier 3				BH*
SELEGILINE TAB 5MG	SELEGILINE HCL TAB 5 MG	Tier 3				BH*
TOLCAPONE TAB 100MG	TOLCAPONE TAB 100 MG	Tier 3		X		
TRIHEXYPHEN SOL 0.4MG/ML	TRIHEXYPHENIDYL HCL ORAL SOLN 0.4 MG / ML	Tier 2				BH*
TRIHEXYPHEN TAB 2MG	TRIHEXYPHENIDYL HCL TAB 2 MG	Tier 2				BH*
TRIHEXYPHEN TAB 5MG	TRIHEXYPHENIDYL HCL TAB 5 MG	Tier 2				BH*
Antipsychotics						
ARIPIRAZOLE SOL 1MG/ML	ARIPIRAZOLE ORAL SOLUTION 1 MG / ML	Tier 1		X		
ARIPIRAZOLE TAB 10MG	ARIPIRAZOLE TAB 10 MG	Tier 1		X		
ARIPIRAZOLE TAB 15MG	ARIPIRAZOLE TAB 15 MG	Tier 1		X		
ARIPIRAZOLE TAB 20MG	ARIPIRAZOLE TAB 20 MG	Tier 1		X		
ARIPIRAZOLE TAB 2MG	ARIPIRAZOLE TAB 2 MG	Tier 1		X		
ARIPIRAZOLE TAB 30MG	ARIPIRAZOLE TAB 30 MG	Tier 1		X		
ARIPIRAZOLE TAB 5MG	ARIPIRAZOLE TAB 5 MG	Tier 1		X		
ASENAPINE SUB 10MG	ASENAPINE MALEATE SL TAB 10 MG (BASE EQUIV)	Tier 1		X	X	
ASENAPINE SUB 2.5MG	ASENAPINE MALEATE SL TAB 2.5 MG (BASE EQUIV)	Tier 1		X	X	
ASENAPINE SUB 5MG	ASENAPINE MALEATE SL TAB 5 MG (BASE EQUIV)	Tier 1		X	X	
CHLORPROMAZ TAB 100MG	CHLORPROMAZINE HCL TAB 100 MG	Tier 1				
CHLORPROMAZ TAB 10MG	CHLORPROMAZINE HCL TAB 10 MG	Tier 1				
CHLORPROMAZ TAB 200MG	CHLORPROMAZINE HCL TAB 200 MG	Tier 1				
CHLORPROMAZ TAB 25MG	CHLORPROMAZINE HCL TAB 25 MG	Tier 1				
CHLORPROMAZ TAB 50MG	CHLORPROMAZINE HCL TAB 50 MG	Tier 1				
CLOZAPINE TAB 100/ODT	CLOZAPINE ORALLY DISINTEGRATING TAB 100 MG	Tier 1		X		
CLOZAPINE TAB 100MG	CLOZAPINE TAB 100 MG	Tier 1				
CLOZAPINE TAB 12.5/ODT	CLOZAPINE ORALLY DISINTEGRATING TAB 12.5 MG	Tier 1		X		
CLOZAPINE TAB 150/ODT	CLOZAPINE ORALLY DISINTEGRATING TAB 150 MG	Tier 1		X		

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Drug name	Generic name	Tier value	Prior auth	Quantity limit	Step therapy	Notes
CLOZAPINE TAB 200/ODT	CLOZAPINE ORALLY DISINTEGRATING TAB 200 MG	Tier 1		X		
CLOZAPINE TAB 200MG	CLOZAPINE TAB 200 MG	Tier 1				
CLOZAPINE TAB 25MG	CLOZAPINE TAB 25 MG	Tier 1				
CLOZAPINE TAB 25MG ODT	CLOZAPINE ORALLY DISINTEGRATING TAB 25 MG	Tier 1		X		
CLOZAPINE TAB 50MG	CLOZAPINE TAB 50 MG	Tier 1				
FLUPHENAZINE CON 5MG/ML	FLUPHENAZINE HCL ORAL CONC 5 MG / ML	Tier 1				
FLUPHENAZINE ELX 2.5/5ML	FLUPHENAZINE HCL ELIXIR 2.5 MG / 5ML	Tier 1				
FLUPHENAZINE TAB 10MG	FLUPHENAZINE HCL TAB 10 MG	Tier 1				
FLUPHENAZINE TAB 1MG	FLUPHENAZINE HCL TAB 1 MG	Tier 1				
FLUPHENAZINE TAB 2.5MG	FLUPHENAZINE HCL TAB 2.5 MG	Tier 1				
FLUPHENAZINE TAB 5MG	FLUPHENAZINE HCL TAB 5 MG	Tier 1				
HALOPERIDOL CON 2MG/ML	HALOPERIDOL LACTATE ORAL CONC 2 MG / ML	Tier 1				
HALOPERIDOL TAB 0.5MG	HALOPERIDOL TAB 0.5 MG	Tier 1				
HALOPERIDOL TAB 10MG	HALOPERIDOL TAB 10 MG	Tier 1				
HALOPERIDOL TAB 1MG	HALOPERIDOL TAB 1 MG	Tier 1				
HALOPERIDOL TAB 20MG	HALOPERIDOL TAB 20 MG	Tier 1				
HALOPERIDOL TAB 2MG	HALOPERIDOL TAB 2 MG	Tier 1				
HALOPERIDOL TAB 5MG	HALOPERIDOL TAB 5 MG	Tier 1				
LOXAPINE CAP 10MG	LOXAPINE SUCCINATE CAP 10 MG	Tier 1				
LOXAPINE CAP 25MG	LOXAPINE SUCCINATE CAP 25 MG	Tier 1				
LOXAPINE CAP 50MG	LOXAPINE SUCCINATE CAP 50 MG	Tier 1				
LOXAPINE CAP 5MG	LOXAPINE SUCCINATE CAP 5 MG	Tier 1				
LURASIDONE TAB 120MG	LURASIDONE HCL TAB 120 MG	Tier 1		X		
LURASIDONE TAB 20MG	LURASIDONE HCL TAB 20 MG	Tier 1		X		
LURASIDONE TAB 40MG	LURASIDONE HCL TAB 40 MG	Tier 1		X		
LURASIDONE TAB 60MG	LURASIDONE HCL TAB 60 MG	Tier 1		X		
LURASIDONE TAB 80MG	LURASIDONE HCL TAB 80 MG	Tier 1		X		
OLANZAPINE TAB 10MG	OLANZAPINE TAB 10 MG	Tier 1		X		
OLANZAPINE TAB 10MG ODT	OLANZAPINE ORALLY DISINTEGRATING TAB 10 MG	Tier 1		X		
OLANZAPINE TAB 15MG	OLANZAPINE TAB 15 MG	Tier 1		X		
OLANZAPINE TAB 15MG ODT	OLANZAPINE ORALLY DISINTEGRATING TAB 15 MG	Tier 1		X		
OLANZAPINE TAB 2.5MG	OLANZAPINE TAB 2.5 MG	Tier 1		X		
OLANZAPINE TAB 20MG	OLANZAPINE TAB 20 MG	Tier 1		X		
OLANZAPINE TAB 20MG ODT	OLANZAPINE ORALLY DISINTEGRATING TAB 20 MG	Tier 1		X		
OLANZAPINE TAB 5MG	OLANZAPINE TAB 5 MG	Tier 1		X		
OLANZAPINE TAB 5MG ODT	OLANZAPINE ORALLY DISINTEGRATING TAB 5 MG	Tier 1		X		

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Drug name	Generic name	Tier value	Prior auth	Quantity limit	Step therapy	Notes
OLANZAPINE TAB 7.5MG	OLANZAPINE TAB 7.5 MG	Tier 1		X		
PALIPERIDONE TAB ER 1.5MG	PALIPERIDONE TAB ER 24HR 1.5 MG	Tier 1		X		
PALIPERIDONE TAB ER 3MG	PALIPERIDONE TAB ER 24HR 3 MG	Tier 1		X		
PALIPERIDONE TAB ER 6MG	PALIPERIDONE TAB ER 24HR 6 MG	Tier 1		X		
PALIPERIDONE TAB ER 9MG	PALIPERIDONE TAB ER 24HR 9 MG	Tier 1		X		
PIMOZIDE TAB 1MG	PIMOZIDE TAB 1 MG	Tier 1				
PIMOZIDE TAB 2MG	PIMOZIDE TAB 2 MG	Tier 1				
QUETIAPINE TAB 100MG	QUETIAPINE FUMARATE TAB 100 MG	Tier 1		X		
QUETIAPINE TAB 150MG	QUETIAPINE FUMARATE TAB 150 MG	Tier 1		X		
QUETIAPINE TAB 150MG ER	QUETIAPINE FUMARATE TAB ER 24HR 150 MG	Tier 1		X		
QUETIAPINE TAB 200MG	QUETIAPINE FUMARATE TAB 200 MG	Tier 1		X		
QUETIAPINE TAB 200MG ER	QUETIAPINE FUMARATE TAB ER 24HR 200 MG	Tier 1		X		
QUETIAPINE TAB 25MG	QUETIAPINE FUMARATE TAB 25 MG	Tier 1		X		
QUETIAPINE TAB 300MG	QUETIAPINE FUMARATE TAB 300 MG	Tier 1		X		
QUETIAPINE TAB 300MG ER	QUETIAPINE FUMARATE TAB ER 24HR 300 MG	Tier 1		X		
QUETIAPINE TAB 400MG	QUETIAPINE FUMARATE TAB 400 MG	Tier 1		X		
QUETIAPINE TAB 400MG ER	QUETIAPINE FUMARATE TAB ER 24HR 400 MG	Tier 1		X		
QUETIAPINE TAB 50MG	QUETIAPINE FUMARATE TAB 50 MG	Tier 1		X		
QUETIAPINE TAB 50MG ER	QUETIAPINE FUMARATE TAB ER 24HR 50 MG	Tier 1		X		
RISPERIDONE SOL 1MG/ML	RISPERIDONE SOLN 1 MG / ML	Tier 1				
RISPERIDONE TAB 0.25 ODT	RISPERIDONE ORALLY DISINTEGRATING TAB 0.25 MG	Tier 1				
RISPERIDONE TAB 0.25MG	RISPERIDONE TAB 0.25 MG	Tier 1				
RISPERIDONE TAB 0.5MG	RISPERIDONE TAB 0.5 MG	Tier 1				
RISPERIDONE TAB 0.5MG OD	RISPERIDONE ORALLY DISINTEGRATING TAB 0.5 MG	Tier 1				
RISPERIDONE TAB 1MG	RISPERIDONE TAB 1 MG	Tier 1				
RISPERIDONE TAB 1MG ODT	RISPERIDONE ORALLY DISINTEGRATING TAB 1 MG	Tier 1				
RISPERIDONE TAB 2MG	RISPERIDONE TAB 2 MG	Tier 1				
RISPERIDONE TAB 2MG ODT	RISPERIDONE ORALLY DISINTEGRATING TAB 2 MG	Tier 1				
RISPERIDONE TAB 3MG	RISPERIDONE TAB 3 MG	Tier 1				
RISPERIDONE TAB 3MG ODT	RISPERIDONE ORALLY DISINTEGRATING TAB 3 MG	Tier 1				
RISPERIDONE TAB 4MG	RISPERIDONE TAB 4 MG	Tier 1				
RISPERIDONE TAB 4MG ODT	RISPERIDONE ORALLY DISINTEGRATING TAB 4 MG	Tier 1				

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Drug name	Generic name	Tier value	Prior auth	Quantity limit	Step therapy	Notes
THIORIDAZINE TAB 100MG	THIORIDAZINE HCL TAB 100 MG	Tier 1				
THIORIDAZINE TAB 10MG	THIORIDAZINE HCL TAB 10 MG	Tier 1				
THIORIDAZINE TAB 25MG	THIORIDAZINE HCL TAB 25 MG	Tier 1				
THIORIDAZINE TAB 50MG	THIORIDAZINE HCL TAB 50 MG	Tier 1				
THIOTHIXENE CAP 10MG	THIOTHIXENE CAP 10 MG	Tier 1				
THIOTHIXENE CAP 1MG	THIOTHIXENE CAP 1 MG	Tier 1				
THIOTHIXENE CAP 2MG	THIOTHIXENE CAP 2 MG	Tier 1				
THIOTHIXENE CAP 5MG	THIOTHIXENE CAP 5 MG	Tier 1				
TRIFLUOPERAZ TAB 10MG	TRIFLUOPERAZINE HCL TAB 10 MG (BASE EQUIVALENT)	Tier 1				
TRIFLUOPERAZ TAB 1MG	TRIFLUOPERAZINE HCL TAB 1 MG (BASE EQUIVALENT)	Tier 1				
TRIFLUOPERAZ TAB 2MG	TRIFLUOPERAZINE HCL TAB 2 MG (BASE EQUIVALENT)	Tier 1				
TRIFLUOPERAZ TAB 5MG	TRIFLUOPERAZINE HCL TAB 5 MG (BASE EQUIVALENT)	Tier 1				
VRAYLAR CAP 1.5-3MG	CARIPRAZINE HCL CAP THERAPY PACK 1.5 MG (1) & 3 MG (6)	Tier 1	X	X		
VRAYLAR CAP 1.5MG	CARIPRAZINE HCL CAP 1.5 MG (BASE EQUIVALENT)	Tier 1	X	X		
VRAYLAR CAP 3MG	CARIPRAZINE HCL CAP 3 MG (BASE EQUIVALENT)	Tier 1	X	X		
VRAYLAR CAP 4.5MG	CARIPRAZINE HCL CAP 4.5 MG (BASE EQUIVALENT)	Tier 1	X	X		
VRAYLAR CAP 6MG	CARIPRAZINE HCL CAP 6 MG (BASE EQUIVALENT)	Tier 1	X	X		
ZIPRASIDONE CAP 20MG	ZIPRASIDONE HCL CAP 20 MG	Tier 1		X		
ZIPRASIDONE CAP 40MG	ZIPRASIDONE HCL CAP 40 MG	Tier 1		X		
ZIPRASIDONE CAP 60MG	ZIPRASIDONE HCL CAP 60 MG	Tier 1		X		
ZIPRASIDONE CAP 80MG	ZIPRASIDONE HCL CAP 80 MG	Tier 1		X		
Antivirals						
ABACA/LAMIVU TAB 600-300	ABACAVIR SULFATE-LAMIVUDINE TAB 600-300 MG	Tier 1		X		
ABACAVIR SOL 20MG/ML	ABACAVIR SULFATE SOLN 20 MG / ML (BASE EQUIV)	Tier 1		X		
ABACAVIR TAB 300MG	ABACAVIR SULFATE TAB 300 MG (BASE EQUIV)	Tier 1		X		
ACYCLOVIR CAP 200MG	ACYCLOVIR CAP 200 MG	Tier 2				STI*
ACYCLOVIR OIN 5%	ACYCLOVIR OINT 5%	Tier 3		X		STI*
ACYCLOVIR SUS 200/5ML	ACYCLOVIR SUSP 200 MG / 5ML	Tier 2				STI*
ACYCLOVIR SUS 800/20ML	ACYCLOVIR SUSP 200 MG / 5ML	Tier 2				STI*
ACYCLOVIR TAB 400MG	ACYCLOVIR TAB 400 MG	Tier 2				STI*
ACYCLOVIR TAB 800MG	ACYCLOVIR TAB 800 MG	Tier 2				STI*
ADEFOV DIPIV TAB 10MG	ADEFOVIR DIPIVOXIL TAB 10 MG	Tier 1				
APTIVUS CAP 250MG	TIPRANAIR CAP 250 MG	Tier 1		X		

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Drug name	Generic name	Tier value	Prior auth	Quantity limit	Step therapy	Notes
ATAZANAVIR CAP 150MG	ATAZANAVIR SULFATE CAP 150 MG (BASE EQUIV)	Tier 1		X		
ATAZANAVIR CAP 200MG	ATAZANAVIR SULFATE CAP 200 MG (BASE EQUIV)	Tier 1		X		
ATAZANAVIR CAP 300MG	ATAZANAVIR SULFATE CAP 300 MG (BASE EQUIV)	Tier 1		X		
BARACLUDE SOL	ENTECAVIR ORAL SOLN 0.05 MG / ML	Tier 1				
BIKTARVY TAB	BICTEGRAVIR-EMTRICITABINE-TE-NOFOVIR AF TAB 30-120-15 MG	Tier 1		X		
BIKTARVY TAB	BICTEGRAVIR-EMTRICITABINE-TE-NOFOVIR AF TAB 50-200-25 MG	Tier 1		X		
DARUNAVIR TAB 600MG	DARUNAVIR TAB 600 MG	Tier 1		X		
DARUNAVIR TAB 800MG	DARUNAVIR TAB 800 MG	Tier 1		X		
DESCOVY TAB 200/25MG	EMTRICITABINE-TENOFOVIR ALAF-ENAMIDE FUMARATE TAB 200-25 MG	Tier 1		X		
DOVATO TAB 50-300MG	DOLUTEGRAVIR SODIUM-LAMIVUDINE TAB 50-300 MG (BASE EQ)	Tier 1		X		
EDURANT TAB 25MG	RILPIVIRINE HCL TAB 25 MG (BASE EQUIVALENT)	Tier 1		X		
EFAVIR/EMTRI TAB TENO-FOVI	EFAVIRENZ-EMTRICITABINE-TENO-FOVIR DF TAB 600-200-300 MG	Tier 1		X		
EFAVIR/LAMIV TAB TENO-FOVI	EFAVIRENZ-LAMIVUDINE-TENOFOVIR DF TAB 400-300-300 MG	Tier 1		X		
EFAVIR/LAMIV TAB TENO-FOVI	EFAVIRENZ-LAMIVUDINE-TENOFOVIR DF TAB 600-300-300 MG	Tier 1		X		
EFAVIRENZ CAP 200MG	EFAVIRENZ CAP 200 MG	Tier 1		X		
EFAVIRENZ CAP 50MG	EFAVIRENZ CAP 50 MG	Tier 1		X		
EFAVIRENZ TAB 600MG	EFAVIRENZ TAB 600 MG	Tier 1		X		
EMTR/TEN DF TAB 100-150	EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE TAB 100-150 MG	Tier 1		X		
EMTR/TEN DF TAB 133-200	EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE TAB 133-200 MG	Tier 1		X		
EMTR/TEN DF TAB 167-250	EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE TAB 167-250 MG	Tier 1		X		
EMTR/TENOFOV TAB 200-300	EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE TAB 200-300 MG	Tier 1		X		
EMTRICITABIN CAP 200MG	EMTRICITABINE CAPS 200 MG	Tier 1		X		
ENTECAVIR TAB 0.5MG	ENTECAVIR TAB 0.5 MG	Tier 1				
ENTECAVIR TAB 1MG	ENTECAVIR TAB 1 MG	Tier 1				
ETRAVIRINE TAB 100MG	ETRAVIRINE TAB 100 MG	Tier 1		X		
ETRAVIRINE TAB 200MG	ETRAVIRINE TAB 200 MG	Tier 1		X		
EVOTAZ TAB 300-150	ATAZANAVIR SULFATE-COBICISTAT TAB 300-150 MG (BASE EQUIV)	Tier 1		X		
FAMCICLOVIR TAB 125MG	FAMCICLOVIR TAB 125 MG	Tier 2		X		STI*
FAMCICLOVIR TAB 250MG	FAMCICLOVIR TAB 250 MG	Tier 2		X		STI*
FAMCICLOVIR TAB 500MG	FAMCICLOVIR TAB 500 MG	Tier 2		X		STI*

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Drug name	Generic name	Tier value	Prior auth	Quantity limit	Step therapy	Notes
FOSAMPRENAVI TAB 700MG	FOSAMPRENAVIR CALCIUM TAB 700 MG (BASE EQUIV)	Tier 1		X		
FUZEON INJ 90MG	ENFUVIRTIDE FOR INJ 90 MG	Tier 1		X		
GENVOYA TAB	ELVITEGRAV-COBIC-EMTRICITAB-TENOFOV AF TAB 150-150-200-10 MG	Tier 1		X		
INTELENCE TAB 25MG	ETRAVIRINE TAB 25 MG	Tier 1		X		
ISENTRESS POW 100MG	RALTEGRAVIR POTASSIUM PACKET FOR SUSP 100 MG (BASE EQUIV)	Tier 1		X		
JULUCA TAB 50-25MG	DOLUTEGRAVIR SODIUM-RILPIVIRINE HCL TAB 50-25 MG (BASE EQ)	Tier 1		X		
LAMIVUD/ZIDO TAB 150-300	LAMIVUDINE-ZIDOVUDINE TAB 150-300 MG	Tier 1		X		
LAMIVUDINE SOL 10MG/ML	LAMIVUDINE ORAL SOLN 10 MG / ML	Tier 1		X		
LAMIVUDINE TAB 100MG	LAMIVUDINE TAB 100 MG (HBV)	Tier 1				
LAMIVUDINE TAB 150MG	LAMIVUDINE TAB 150 MG	Tier 1		X		
LAMIVUDINE TAB 300MG	LAMIVUDINE TAB 300 MG	Tier 1		X		
LEDIP-SOFSB TAB 90-400MG	LEDIPASVIR-SOFSBUVIR TAB 90-400 MG	Tier 1	X	X		
LEXIVA SUS 50MG/ML	FOSAMPRENAVIR CALCIUM SUSP 50 MG / ML (BASE EQUIV)	Tier 1		X		
LOPIN/RITON SOL 80-20/ML	LOPINAVIR-RITONAVIR SOLN 400-100 MG / 5ML (80-20 MG / ML)	Tier 1		X		
LOPIN/RITON TAB 100-25MG	LOPINAVIR-RITONAVIR TAB 100-25 MG	Tier 1		X		
LOPIN/RITON TAB 200-50MG	LOPINAVIR-RITONAVIR TAB 200-50 MG	Tier 1		X		
MARAVIROC TAB 150MG	MARAVIROC TAB 150 MG	Tier 1		X		
MARAVIROC TAB 300MG	MARAVIROC TAB 300 MG	Tier 1		X		
NEVIRAPINE SUS 50MG/5ML	NEVIRAPINE SUSP 50 MG / 5ML	Tier 1		X		
NEVIRAPINE TAB 100MG	NEVIRAPINE TAB ER 24HR 100 MG	Tier 1		X		
NEVIRAPINE TAB 200MG	NEVIRAPINE TAB 200 MG	Tier 1		X		
NEVIRAPINE TAB 400MG ER	NEVIRAPINE TAB ER 24HR 400 MG	Tier 1		X		
NORVIR POW 100MG	RITONAVIR POWDER PACKET 100 MG	Tier 1		X		
ODEFSEY TAB	EMTRICITABINE-RILPIVIRINE-TENOFOVIR AF TAB 200-25-25 MG	Tier 1		X		
OSELTAMIVIR CAP 30MG	OSELTAMIVIR PHOSPHATE CAP 30 MG (BASE EQUIV)	Tier 2		X		
OSELTAMIVIR CAP 45MG	OSELTAMIVIR PHOSPHATE CAP 45 MG (BASE EQUIV)	Tier 2		X		
OSELTAMIVIR CAP 75MG	OSELTAMIVIR PHOSPHATE CAP 75 MG (BASE EQUIV)	Tier 2		X		
OSELTAMIVIR SUS 6MG/ML	OSELTAMIVIR PHOSPHATE FOR SUSP 6 MG / ML (BASE EQUIV)	Tier 2		X		
PEGASYS INJ	PEGINTERFERON ALFA-2A SOLN PRE-FILLED SYR 180 MCG / 0.5ML	Tier 1	X	X		

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Drug name	Generic name	Tier value	Prior auth	Quantity limit	Step therapy	Notes
PEGASYS INJ 180MCG/M	PEGINTERFERON ALFA-2A INJ 180 MCG / ML	Tier 1	X	X		
PREZISTA SUS 100MG/ML	DARUNAVIR ORAL SUSP 100 MG / ML	Tier 1		X		
RELENZA MIS DISKHALE	ZANAMIVIR AEROSOL POWDER BREATH ACTIVATED 5 MG / ACT	Tier 5		X		
REYATAZ POW 50MG	ATAZANAVIR SULFATE ORAL POWDER PACKET 50 MG (BASE EQUIV)	Tier 1		X		
RIBAVIRIN CAP 200MG	RIBAVIRIN CAP 200 MG	Tier 1				
RIBAVIRIN TAB 200MG	RIBAVIRIN TAB 200 MG	Tier 1				
RIMANTADINE TAB 100MG	RIMANTADINE HYDROCHLORIDE TAB 100 MG	Tier 3				
RITONAVIR TAB 100MG	RITONAVIR TAB 100 MG	Tier 1		X		
SELZENTRY SOL 20MG/ML	MARAVIROC ORAL SOLN 20 MG / ML	Tier 1		X		
SELZENTRY TAB 25MG	MARAVIROC TAB 25 MG	Tier 1		X		
SELZENTRY TAB 75MG	MARAVIROC TAB 75 MG	Tier 1		X		
SOFOS/VELPAT TAB 400-100	SOFOSBUVIR-VELPATASVIR TAB 400-100 MG	Tier 1	X	X		
STAVUDINE CAP 15MG	STAVUDINE CAP 15 MG	Tier 1		X		
STAVUDINE CAP 20MG	STAVUDINE CAP 20 MG	Tier 1		X		
STAVUDINE CAP 30MG	STAVUDINE CAP 30 MG	Tier 1		X		
STAVUDINE CAP 40MG	STAVUDINE CAP 40 MG	Tier 1		X		
TENOFOVIR TAB 300MG	TENOFOVIR DISOPROXIL FUMARATE TAB 300 MG	Tier 1		X		
TIVICAY TAB 10MG	DOLUTEGRAVIR SODIUM TAB 10 MG (BASE EQUIV)	Tier 1		X		
TIVICAY TAB 25MG	DOLUTEGRAVIR SODIUM TAB 25 MG (BASE EQUIV)	Tier 1		X		
TIVICAY TAB 50MG	DOLUTEGRAVIR SODIUM TAB 50 MG (BASE EQUIV)	Tier 1		X		
TRIUMEQ TAB	ABACAVIR-DOLUTEGRAVIR-LAMIVUDINE TAB 600-50-300 MG	Tier 1		X		
VALACYCLOVIR TAB 1GM	VALACYCLOVIR HCL TAB 1 GM	Tier 2		X		STI*
VALACYCLOVIR TAB 500MG	VALACYCLOVIR HCL TAB 500 MG	Tier 2		X		STI*
VALGANCICLOV SOL 50MG/ML	VALGANCICLOVIR HCL FOR SOLN 50 MG / ML (BASE EQUIV)	Tier 3		X		
VALGANCICLOV TAB 450MG	VALGANCICLOVIR HCL TAB 450 MG (BASE EQUIVALENT)	Tier 2		X		
VIRACEPT TAB 250MG	NELFINAVIR MESYLATE TAB 250 MG	Tier 1		X		
VIRACEPT TAB 625MG	NELFINAVIR MESYLATE TAB 625 MG	Tier 1		X		
ZIDOVUDINE CAP 100MG	ZIDOVUDINE CAP 100 MG	Tier 1		X		
ZIDOVUDINE SYP 50MG/5ML	ZIDOVUDINE SYRUP 10 MG / ML	Tier 1		X		
ZIDOVUDINE TAB 300MG	ZIDOVUDINE TAB 300 MG	Tier 1		X		
Anxiolytics						
ALPRAZOLAM CON 1 MG/ML	ALPRAZOLAM CONC 1 MG / ML	Tier 1		X		

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Drug name	Generic name	Tier value	Prior auth	Quantity limit	Step therapy	Notes
ALPRAZOLAM TAB 0.25 ODT	ALPRAZOLAM ORALLY DISINTEGRATING TAB 0.25 MG	Tier 1		X		
ALPRAZOLAM TAB 0.25MG	ALPRAZOLAM TAB 0.25 MG	Tier 1		X		
ALPRAZOLAM TAB 0.5MG	ALPRAZOLAM TAB 0.5 MG	Tier 1		X		
ALPRAZOLAM TAB 0.5MG ER	ALPRAZOLAM TAB ER 24HR 0.5 MG	Tier 1		X		
ALPRAZOLAM TAB 0.5MG OD	ALPRAZOLAM ORALLY DISINTEGRATING TAB 0.5 MG	Tier 1		X		
ALPRAZOLAM TAB 1MG	ALPRAZOLAM TAB 1 MG	Tier 1		X		
ALPRAZOLAM TAB 1MG ER	ALPRAZOLAM TAB ER 24HR 1 MG	Tier 1		X		
ALPRAZOLAM TAB 1MG ODT	ALPRAZOLAM ORALLY DISINTEGRATING TAB 1 MG	Tier 1		X		
ALPRAZOLAM TAB 2MG	ALPRAZOLAM TAB 2 MG	Tier 1		X		
ALPRAZOLAM TAB 2MG ER	ALPRAZOLAM TAB ER 24HR 2 MG	Tier 1		X		
ALPRAZOLAM TAB 2MG ODT	ALPRAZOLAM ORALLY DISINTEGRATING TAB 2 MG	Tier 1		X		
ALPRAZOLAM TAB 3MG ER	ALPRAZOLAM TAB ER 24HR 3 MG	Tier 1		X		
BUSPIRONE TAB 10MG	BUSPIRONE HCL TAB 10 MG	Tier 1				
BUSPIRONE TAB 15MG	BUSPIRONE HCL TAB 15 MG	Tier 1				
BUSPIRONE TAB 30MG	BUSPIRONE HCL TAB 30 MG	Tier 1				
BUSPIRONE TAB 5MG	BUSPIRONE HCL TAB 5 MG	Tier 1				
BUSPIRONE TAB 7.5MG	BUSPIRONE HCL TAB 7.5 MG	Tier 1				
CHLORDIAZEP CAP 10MG	CHLORDIAZEPOXIDE HCL CAP 10 MG	Tier 1				
CHLORDIAZEP CAP 25MG	CHLORDIAZEPOXIDE HCL CAP 25 MG	Tier 1				
CHLORDIAZEP CAP 5MG	CHLORDIAZEPOXIDE HCL CAP 5 MG	Tier 1				
CLONAZEP ODT TAB 0.125MG	CLONAZEPAM ORALLY DISINTEGRATING TAB 0.125 MG	Tier 1		X		
CLONAZEP ODT TAB 0.25MG	CLONAZEPAM ORALLY DISINTEGRATING TAB 0.25 MG	Tier 1		X		
CLONAZEP ODT TAB 0.5MG	CLONAZEPAM ORALLY DISINTEGRATING TAB 0.5 MG	Tier 1		X		
CLONAZEP ODT TAB 1MG	CLONAZEPAM ORALLY DISINTEGRATING TAB 1 MG	Tier 1		X		
CLONAZEP ODT TAB 2MG	CLONAZEPAM ORALLY DISINTEGRATING TAB 2 MG	Tier 1		X		
CLONAZEPAM TAB 0.5MG	CLONAZEPAM TAB 0.5 MG	Tier 1		X		
CLONAZEPAM TAB 1MG	CLONAZEPAM TAB 1 MG	Tier 1		X		
CLONAZEPAM TAB 2MG	CLONAZEPAM TAB 2 MG	Tier 1		X		
CLORAZ DIPOT TAB 15MG	CLORAZEPATE DIPOTASSIUM TAB 15 MG	Tier 1		X		
CLORAZ DIPOT TAB 3.75MG	CLORAZEPATE DIPOTASSIUM TAB 3.75 MG	Tier 1		X		
CLORAZ DIPOT TAB 7.5MG	CLORAZEPATE DIPOTASSIUM TAB 7.5 MG	Tier 1		X		
DIAZEPAM CON 25MG/5ML	DIAZEPAM CONC 5 MG / ML	Tier 1		X		

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DIAZEPAM CON 5MG/ML	DIAZEPAM CONC 5 MG / ML	Tier 1		X		
DIAZEPAM SOL 5MG/5ML	DIAZEPAM ORAL SOLN 1 MG / ML	Tier 1				
DIAZEPAM TAB 10MG	DIAZEPAM TAB 10 MG	Tier 1		X		
DIAZEPAM TAB 2MG	DIAZEPAM TAB 2 MG	Tier 1		X		
DIAZEPAM TAB 5MG	DIAZEPAM TAB 5 MG	Tier 1		X		
ESTAZOLAM TAB 1MG	ESTAZOLAM TAB 1 MG	Tier 2		X		BH*
ESTAZOLAM TAB 2MG	ESTAZOLAM TAB 2 MG	Tier 2		X		BH*
HYDROXYZ HCL SYP 10MG/5ML	HYDROXYZINE HCL SYRUP 10 MG / 5ML	Tier 1				
HYDROXYZ HCL TAB 10MG	HYDROXYZINE HCL TAB 10 MG	Tier 1				
HYDROXYZ HCL TAB 25MG	HYDROXYZINE HCL TAB 25 MG	Tier 1				
HYDROXYZ HCL TAB 50MG	HYDROXYZINE HCL TAB 50 MG	Tier 1				
HYDROXYZ PAM CAP 100MG	HYDROXYZINE PAMOATE CAP 100 MG	Tier 1				
HYDROXYZ PAM CAP 25MG	HYDROXYZINE PAMOATE CAP 25 MG	Tier 1				
HYDROXYZ PAM CAP 50MG	HYDROXYZINE PAMOATE CAP 50 MG	Tier 1				
HYDROXYZINE SOL 50/25ML	HYDROXYZINE HCL SYRUP 10 MG / 5ML	Tier 1				
LORAZEPAM CON 2MG/ML	LORAZEPAM CONC 2 MG / ML	Tier 1		X		
LORAZEPAM TAB 0.5MG	LORAZEPAM TAB 0.5 MG	Tier 1		X		
LORAZEPAM TAB 1MG	LORAZEPAM TAB 1 MG	Tier 1		X		
LORAZEPAM TAB 2MG	LORAZEPAM TAB 2 MG	Tier 1		X		
MEPROBAMATE TAB 200MG	MEPROBAMATE TAB 200 MG	Tier 1				
MEPROBAMATE TAB 400MG	MEPROBAMATE TAB 400 MG	Tier 1				
OXAZEPAM CAP 10MG	OXAZEPAM CAP 10 MG	Tier 1				
OXAZEPAM CAP 15MG	OXAZEPAM CAP 15 MG	Tier 1				
OXAZEPAM CAP 30MG	OXAZEPAM CAP 30 MG	Tier 1				
QUAZEPAM TAB 15MG	QUAZEPAM TAB 15 MG	Tier 3				BH*
TRIAZOLAM TAB 0.125MG	TRIAZOLAM TAB 0.125 MG	Tier 2		X		BH*
TRIAZOLAM TAB 0.25MG	TRIAZOLAM TAB 0.25 MG	Tier 2		X		BH*
Bipolar Agents						
LITHIUM CARB CAP 150MG	LITHIUM CARBONATE CAP 150 MG	Tier 1				
LITHIUM CARB CAP 300MG	LITHIUM CARBONATE CAP 300 MG	Tier 1				
LITHIUM CARB CAP 600MG	LITHIUM CARBONATE CAP 600 MG	Tier 1				
LITHIUM CARB TAB 300MG	LITHIUM CARBONATE TAB 300 MG	Tier 1				
LITHIUM CARB TAB 300MG ER	LITHIUM CARBONATE TAB ER 300 MG	Tier 1				

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Drug name	Generic name	Tier value	Prior auth	Quantity limit	Step therapy	Notes
LITHIUM CARB TAB 450MG ER	LITHIUM CARBONATE TAB ER 450 MG	Tier 1				
LITHIUM SOL 8MEQ/5ML	LITHIUM ORAL SOLUTION 8 MEQ / 5ML	Tier 1				
Blood Glucose Monitoring						
ACCU-CHEK KIT GUIDE	*Blood Glucose Monitoring Kit w / Device***	Tier 1		X		
ACCU-CHEK KIT GUIDE ME	*Blood Glucose Monitoring Kit w / Device***	Tier 1		X		
ACCU-CHEK KIT SOFTCLIX	*Lancets Kit***	Tier 1		X		
ACCU-CHEK LIQ GUIDE	*Blood Glucose Calibration - Liquid***	Tier 1		X		
ACCU-CHEK LIQ SMART	*Blood Glucose Calibration - Liquid***	Tier 1		X		
ACCU-CHEK SOL	*Blood Glucose Calibration - Liquid***	Tier 1		X		
ACCU-CHEK TES AVIVA PL	Glucose Blood Test Strip	Tier 1		X		
ACCU-CHEK TES GUIDE	Glucose Blood Test Strip	Tier 1		X		
ACCU-CHEK TES SMART	Glucose Blood Test Strip	Tier 1		X		
AUTOPEN MIS 1-21UNIT	INJECTION DEVICE FOR INSULIN	Tier 1				
CONTOUR LOW LIQ CONTROL	*Blood Glucose Calibration - Liquid - Low***	Tier 1		X		
CONTOUR NORM LIQ CONTROL	*Blood Glucose Calibration - Liquid - Normal***	Tier 1		X		
LANCET DEVIC MIS ADJUST	*Lancet Devices***	Tier 1				
LANCETS MIS	*Lancets***	Tier 1				
NOVOPEN ECHO MIS	INJECTION DEVICE FOR INSULIN	Tier 1				
ONETOUCH KIT ULTRA 2	*Blood Glucose Monitoring Kit w / Device***	Tier 1		X		
ONETOUCH KIT VERIO FL	*Blood Glucose Monitoring Kit w / Device***	Tier 1		X		
ONETOUCH LIQ ULT CONT	*Blood Glucose Calibration - Liquid***	Tier 1		X		
ONETOUCH LIQ VERIO	*Blood Glucose Calibration - Liquid***	Tier 1		X		
ONETOUCH LIQ VERIO 4	*Blood Glucose Calibration - Liquid - High***	Tier 1		X		
ONETOUCH TES ULT BLUE	Glucose Blood Test Strip	Tier 1		X		
ONETOUCH TES ULTRA	Glucose Blood Test Strip	Tier 1		X		
ONETOUCH TES VERIO	Glucose Blood Test Strip	Tier 1		X		
PRODIGY AUTO KIT MONITOR	*BLOOD GLUCOSE MONITORING KIT W / DEVICE***	Tier 5	X	X		
PRODIGY AUTO MIS SYSTEM	*Blood Glucose Monitoring Devices***	Tier 5	X	X		
PRODIGY KIT NO CODIN	*BLOOD GLUCOSE MONITORING KIT W / DEVICE***	Tier 5	X	X		
PRODIGY NO TES CODING	GLUCOSE BLOOD TEST STRIP	Tier 5	X	X		
PRODIGY PCKT KIT METER	*BLOOD GLUCOSE MONITORING KIT W / DEVICE***	Tier 5	X	X		

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PRODIGY VOIC KIT ME-TER	*BLOOD GLUCOSE MONITORING KIT W/ DEVICE***	Tier 5	X	X		
Blood Glucose Regulators						
ACARBOSE TAB 100MG	ACARBOSE TAB 100 MG	Tier 2		X		
ACARBOSE TAB 25MG	ACARBOSE TAB 25 MG	Tier 2		X		
ACARBOSE TAB 50MG	ACARBOSE TAB 50 MG	Tier 2		X		
BAQSIMI ONE POW 3MG/DOSE	GLUCAGON NASAL POWDER 3 MG / DOSE	Tier 1		X		
BAQSIMI TWO POW 3MG/DOSE	GLUCAGON NASAL POWDER 3 MG / DOSE	Tier 1		X		
BASAGLAR INJ 100UNIT	INSULIN GLARGINE SOLN PEN-INJECTOR 100 UNIT / ML	Tier 1		X		
BYDUREON BC INJ 2/0.85ML	EXENATIDE EXTENDED RELEASE SUSP AUTO-INJECTOR 2 MG / 0.85ML	Tier 3	X	X		
DIAZOXIDE SUS 50MG/ML	DIAZOXIDE SUSP 50 MG / ML	Tier 3				
FARXIGA TAB 10MG	DAPAGLIFLOZIN PROPANEDIOL TAB 10 MG (BASE EQUIVALENT)	Tier 3		X		
FARXIGA TAB 5MG	DAPAGLIFLOZIN PROPANEDIOL TAB 5 MG (BASE EQUIVALENT)	Tier 3		X		
GLIMEPIRIDE TAB 1MG	GLIMEPIRIDE TAB 1 MG	Tier 1		X		
GLIMEPIRIDE TAB 2MG	GLIMEPIRIDE TAB 2 MG	Tier 1		X		
GLIMEPIRIDE TAB 4MG	GLIMEPIRIDE TAB 4 MG	Tier 1		X		
GLIP/METFORM TAB 2.5-250	GLIPIZIDE-METFORMIN HCL TAB 2.5-250 MG	Tier 3		X		
GLIP/METFORM TAB 2.5-250M	GLIPIZIDE-METFORMIN HCL TAB 2.5-250 MG	Tier 3		X		
GLIP/METFORM TAB 2.5-500	GLIPIZIDE-METFORMIN HCL TAB 2.5-500 MG	Tier 3		X		
GLIP/METFORM TAB 2.5-500M	GLIPIZIDE-METFORMIN HCL TAB 2.5-500 MG	Tier 3		X		
GLIP/METFORM TAB 5-500MG	GLIPIZIDE-METFORMIN HCL TAB 5-500 MG	Tier 3		X		
GLIPIZIDE ER TAB 10MG	GLIPIZIDE TAB ER 24HR 10 MG	Tier 1		X		
GLIPIZIDE ER TAB 2.5MG	GLIPIZIDE TAB ER 24HR 2.5 MG	Tier 1		X		
GLIPIZIDE ER TAB 5MG	GLIPIZIDE TAB ER 24HR 5 MG	Tier 1		X		
GLIPIZIDE TAB 10MG	GLIPIZIDE TAB 10 MG	Tier 1		X		
GLIPIZIDE TAB 2.5MG	GLIPIZIDE TAB 2.5 MG	Tier 1		X		
GLIPIZIDE TAB 5MG	GLIPIZIDE TAB 5 MG	Tier 1		X		
GLUCAGON EMR SOL 1MG	GLUCAGON HCL FOR INJ 1 MG	Tier 1		X		
GLUCAGON KIT 1MG	GLUCAGON (RDNA) FOR INJ KIT 1 MG	Tier 1		X		
GLUCAGON KIT 1MG	GLUCAGON (RDNA) FOR INJ KIT 1 MG	Tier 1		X		
GLYB/METFORM TAB 1.25-250	GLYBURIDE-METFORMIN TAB 1.25-250 MG	Tier 2		X		
GLYB/METFORM TAB 2.5-500	GLYBURIDE-METFORMIN TAB 2.5-500 MG	Tier 2		X		
GLYB/METFORM TAB 5-500MG	GLYBURIDE-METFORMIN TAB 5-500 MG	Tier 2		X		

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GLYBURID MCR TAB 1.5MG	GLYBURIDE MICRONIZED TAB 1.5 MG	Tier 2		X		
GLYBURID MCR TAB 3MG	GLYBURIDE MICRONIZED TAB 3 MG	Tier 2		X		
GLYBURID MCR TAB 6MG	GLYBURIDE MICRONIZED TAB 6 MG	Tier 2		X		
GLYBURIDE TAB 1.25MG	GLYBURIDE TAB 1.25 MG	Tier 2		X		
GLYBURIDE TAB 2.5MG	GLYBURIDE TAB 2.5 MG	Tier 2		X		
GLYBURIDE TAB 5MG	GLYBURIDE TAB 5 MG	Tier 2		X		
GVOKE HYPO 1 INJ 0.5/.1ML	GLUCAGON SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.5 MG / 0.1ML	Tier 1		X		
GVOKE HYPO 1 INJ 1MG/.2ML	GLUCAGON SUBCUTANEOUS SOLUTION AUTO-INJECTOR 1 MG / 0.2ML	Tier 1		X		
GVOKE HYPO 2 INJ 0.5/.1ML	GLUCAGON SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.5 MG / 0.1ML	Tier 1		X		
GVOKE HYPO 2 INJ 1MG/.2ML	GLUCAGON SUBCUTANEOUS SOLUTION AUTO-INJECTOR 1 MG / 0.2ML	Tier 1		X		
GVOKE KIT SOL 1MG/0.2M	GLUCAGON SUBCUTANEOUS SOLN 1 MG / 0.2ML	Tier 1		X		
GVOKE PFS INJ	GLUCAGON SUBCUTANEOUS SOLN PREF SYRINGE 0.5 MG / 0.1ML	Tier 1		X		
GVOKE PFS INJ	GLUCAGON SUBCUTANEOUS SOLN PREF SYRINGE 1 MG / 0.2ML	Tier 1		X		
HUMALOG INJ 100/ML	INSULIN LISPRO SOLN CARTRIDGE 100 UNIT / ML	Tier 1		X		
HUMALOG JR INJ 100/ML	INSULIN LISPRO SOLN PEN-INJECTOR 100 UNIT / ML (0.5 UNIT DIAL)	Tier 1		X		
HUMALOG KWIK INJ 100/ML	INSULIN LISPRO SOLN PEN-INJECTOR 100 UNIT / ML (1 UNIT DIAL)	Tier 1		X		
HUMALOG KWIK INJ 200/ML	INSULIN LISPRO SOLN PEN-INJECTOR 200 UNIT / ML	Tier 1		X		
HUMALOG MIX INJ 50/50	INSULIN LISPRO PROTAMINE & LISPRO INJ 100 UNIT / ML (50-50)	Tier 1		X		
HUMALOG MIX INJ 50/50KWP	INSULIN LISPRO PROT & LISPRO SUS PEN-INJ 100 UNIT / ML (50-50)	Tier 1		X		
HUMALOG MIX INJ 75/25KWP	INSULIN LISPRO PROT & LISPRO SUS PEN-INJ 100 UNIT / ML (75-25)	Tier 1		X		
HUMALOG MIX SUS 75/25	INSULIN LISPRO PROT & LISPRO INJ 100 UNIT / ML (75-25)	Tier 1		X		
HUMULIN INJ 70/30	INSULIN NPH ISOPHANE & REGULAR HUMAN INJ 100 UNIT / ML (70-30)	Tier 1		X		
HUMULIN INJ 70/30KWP	INSULIN NPH & REGULAR SUSP PEN-INJ 100 UNIT / ML (70-30)	Tier 1		X		
HUMULIN N INJ U-100	INSULIN NPH (HUMAN) (ISOPHANE) INJ 100 UNIT / ML	Tier 1		X		
HUMULIN N INJ U-100KWP	INSULIN NPH (HUMAN) (ISOPHANE) SUSP PEN-INJECTOR 100 UNIT / ML	Tier 1		X		
HUMULIN R INJ U-100	INSULIN REGULAR (HUMAN) INJ 100 UNIT / ML	Tier 1		X		
HUMULIN R INJ U-500	INSULIN REGULAR (HUMAN) INJ 500 UNIT / ML	Tier 1		X		
HUMULIN R INJ U-500	INSULIN REGULAR (HUMAN) SOLN PEN-INJECTOR 500 UNIT / ML	Tier 1		X		

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Drug name	Generic name	Tier value	Prior auth	Quantity limit	Step therapy	Notes
INS DEGL FLX INJ 100UNIT	INSULIN DEGLUDEC SOLN PEN-INJECTOR 100 UNIT / ML	Tier 1		X		
INS DEGL FLX INJ 200UNIT	INSULIN DEGLUDEC SOLN PEN-INJECTOR 200 UNIT / ML	Tier 1		X		
INSULIN ASPA INJ 70/30	INSULIN ASPART PROT & ASPART (HUMAN) INJ 100 UNIT / ML (70-30)	Tier 1		X		
INSULIN DEGL INJ 100UNIT	INSULIN DEGLUDEC INJ 100 UNIT / ML	Tier 1		X		
INSULIN LISP INJ 100/ML	INSULIN LISPRO INJ SOLN 100 UNIT / ML	Tier 1		X		
INSULIN LISP INJ 100/ML	INSULIN LISPRO SOLN PEN-INJECTOR 100 UNIT / ML (1 UNIT DIAL)	Tier 1		X		
INSULIN LISP INJ JUNIOR	INSULIN LISPRO SOLN PEN-INJECTOR 100 UNIT / ML (0.5 UNIT DIAL)	Tier 1		X		
INSULIN LISP INJ PROT-AMIN	INSULIN LISPRO PROT & LISPRO SUS PEN-INJ 100 UNIT / ML (75-25)	Tier 1		X		
JARDIANCE TAB 10MG	EMPAGLIFLOZIN TAB 10 MG	Tier 3		X		
JARDIANCE TAB 25MG	EMPAGLIFLOZIN TAB 25 MG	Tier 3		X		
LEVEMIR INJ	INSULIN DETEMIR INJ 100 UNIT / ML	Tier 1		X		
LEVEMIR INJ FLEXPEN	INSULIN DETEMIR SOLN PEN-INJECTOR 100 UNIT / ML	Tier 1		X		
METFORMIN SOL 500/5ML	METFORMIN HCL ORAL SOLN 500 MG / 5ML	Tier 3		X		
METFORMIN TAB 1000MG	METFORMIN HCL TAB 1000 MG	Tier 1		X		
METFORMIN TAB 500MG	METFORMIN HCL TAB 500 MG	Tier 1		X		
METFORMIN TAB 500MG ER	METFORMIN HCL TAB ER 24HR 500 MG	Tier 1		X		
METFORMIN TAB 750MG ER	METFORMIN HCL TAB ER 24HR 750 MG	Tier 1		X		
METFORMIN TAB 850MG	METFORMIN HCL TAB 850 MG	Tier 1		X		
MIGLITOL TAB 100MG	MIGLITOL TAB 100 MG	Tier 3		X		
MIGLITOL TAB 25MG	MIGLITOL TAB 25 MG	Tier 3		X		
MIGLITOL TAB 50MG	MIGLITOL TAB 50 MG	Tier 3		X		
MOUNJARO INJ 10MG/0.5	TIRZEPATIDE SOLN AUTO-INJECTOR 10 MG / 0.5ML	Tier 3	X	X		
MOUNJARO INJ 12.5/0.5	TIRZEPATIDE SOLN AUTO-INJECTOR 12.5 MG / 0.5ML	Tier 3	X	X		
MOUNJARO INJ 15MG/0.5	TIRZEPATIDE SOLN AUTO-INJECTOR 15 MG / 0.5ML	Tier 3	X	X		
MOUNJARO INJ 2.5/0.5	TIRZEPATIDE SOLN AUTO-INJECTOR 2.5 MG / 0.5ML	Tier 3	X	X		
MOUNJARO INJ 5MG/0.5	TIRZEPATIDE SOLN AUTO-INJECTOR 5 MG / 0.5ML	Tier 3	X	X		
MOUNJARO INJ 75/0.5	TIRZEPATIDE SOLN AUTO-INJECTOR 75 MG / 0.5ML	Tier 3	X	X		
NATEGLINIDE TAB 120MG	NATEGLINIDE TAB 120 MG	Tier 3		X		
NATEGLINIDE TAB 60MG	NATEGLINIDE TAB 60 MG	Tier 3		X		
NOVOLOG INJ FLEX REL	INSULIN ASPART SOLN PEN-INJECTOR 100 UNIT / ML	Tier 1		X		

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Drug name	Generic name	Tier value	Prior auth	Quantity limit	Step therapy	Notes
NOVOLOG INJ FLEXPEN	INSULIN ASPART SOLN PEN-INJECTOR 100 UNIT / ML	Tier 1		X		
NOVOLOG INJ PENFILL	INSULIN ASPART SOLN CARTRIDGE 100 UNIT / ML	Tier 1		X		
NOVOLOG MIX INJ 70/30	INSULIN ASPART PROT & ASPART (HUMAN) INJ 100 UNIT / ML (70-30)	Tier 1		X		
NOVOLOG MIX INJ FLEX REL	INSULIN ASPART PROT & ASPART SUS PEN-INJ 100 UNIT / ML (70-30)	Tier 1		X		
NOVOLOG MIX INJ FL-EXPEN	INSULIN ASPART PROT & ASPART SUS PEN-INJ 100 UNIT / ML (70-30)	Tier 1		X		
NOVOLOG RELI INJ 70/30	INSULIN ASPART PROT & ASPART (HUMAN) INJ 100 UNIT / ML (70-30)	Tier 1		X		
OZEMPIC INJ 2MG/3ML	SEMAGLUTIDE SOLN PEN-INJ 0.25 OR 0.5 MG / DOSE (2 MG / 3ML)	Tier 3	X	X		
OZEMPIC INJ 4MG/3ML	SEMAGLUTIDE SOLN PEN-INJ 1 MG / DOSE (4 MG / 3ML)	Tier 3	X	X		
OZEMPIC INJ 8MG/3ML	SEMAGLUTIDE SOLN PEN-INJ 2 MG / DOSE (8 MG / 3ML)	Tier 3	X	X		
PIOGLITA/MET TAB 15-500MG	PIOGLITAZONE HCL-METFORMIN HCL TAB 15-500 MG	Tier 3		X		
PIOGLITA/MET TAB 15-850MG	PIOGLITAZONE HCL-METFORMIN HCL TAB 15-850 MG	Tier 3		X		
PIOGLITAZONE TAB 15MG	PIOGLITAZONE HCL TAB 15 MG (BASE EQUIV)	Tier 1		X		
PIOGLITAZONE TAB 30MG	PIOGLITAZONE HCL TAB 30 MG (BASE EQUIV)	Tier 1		X		
PIOGLITAZONE TAB 45MG	PIOGLITAZONE HCL TAB 45 MG (BASE EQUIV)	Tier 1		X		
REPAGLINIDE TAB 0.5MG	REPAGLINIDE TAB 0.5 MG	Tier 2		X		
REPAGLINIDE TAB 1MG	REPAGLINIDE TAB 1 MG	Tier 2		X		
REPAGLINIDE TAB 2MG	REPAGLINIDE TAB 2 MG	Tier 2		X		
REZVOGLAR INJ 100UT/ML	INSULIN GLARGINE-AGLR SOLN PEN-INJECTOR 100 UNIT / ML	Tier 1		X		
RYBELSUS TAB 14MG	SEMAGLUTIDE TAB 14 MG	Tier 3	X	X		
RYBELSUS TAB 3MG	SEMAGLUTIDE TAB 3 MG	Tier 3	X	X		
RYBELSUS TAB 7MG	SEMAGLUTIDE TAB 7 MG	Tier 3	X	X		
SAXAGLIPTIN TAB 2.5MG	SAXAGLIPTIN HCL TAB 2.5 MG (BASE EQUIV)	Tier 3		X		
SAXAGLIPTIN TAB 5MG	SAXAGLIPTIN HCL TAB 5 MG (BASE EQUIV)	Tier 3		X		
SOLIQUA INJ 100/33	INSULIN GLARGINE-LIXISENATIDE SOL PEN-INJ 100-33 UNIT-MCG / ML	Tier 3		X		
SYNJARDY TAB	EMPAGLIFLOZIN-METFORMIN HCL TAB 12.5-1000 MG	Tier 3		X		
SYNJARDY TAB 12.5-500	EMPAGLIFLOZIN-METFORMIN HCL TAB 12.5-500 MG	Tier 3		X		
SYNJARDY TAB 5-1000MG	EMPAGLIFLOZIN-METFORMIN HCL TAB 5-1000 MG	Tier 3		X		
SYNJARDY TAB 5-500MG	EMPAGLIFLOZIN-METFORMIN HCL TAB 5-500 MG	Tier 3		X		

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Drug name	Generic name	Tier value	Prior auth	Quantity limit	Step therapy	Notes
SYNJARDY XR TAB	EMPAGLIFLOZIN-METFORMIN HCL TAB ER 24HR 12.5-1000 MG	Tier 3		X		
SYNJARDY XR TAB 10-1000	EMPAGLIFLOZIN-METFORMIN HCL TAB ER 24HR 10-1000 MG	Tier 3		X		
SYNJARDY XR TAB 25-1000	EMPAGLIFLOZIN-METFORMIN HCL TAB ER 24HR 25-1000 MG	Tier 3		X		
SYNJARDY XR TAB 5-1000MG	EMPAGLIFLOZIN-METFORMIN HCL TAB ER 24HR 5-1000 MG	Tier 3		X		
TRESIBA FLEX INJ 100UNIT	INSULIN DEGLUDEC SOLN PEN-INJECTOR 100 UNIT / ML	Tier 1		X		
TRESIBA FLEX INJ 200UNIT	INSULIN DEGLUDEC SOLN PEN-INJECTOR 200 UNIT / ML	Tier 1		X		
TRESIBA INJ 100UNIT	INSULIN DEGLUDEC INJ 100 UNIT / ML	Tier 1		X		
TRULICITY INJ 0.75/0.5	DULAGLUTIDE SOLN AUTO-INJECTOR 0.75 MG / 0.5ML	Tier 3	X	X		
TRULICITY INJ 1.5/0.5	DULAGLUTIDE SOLN AUTO-INJECTOR 1.5 MG / 0.5ML	Tier 3	X	X		
TRULICITY INJ 3/0.5	DULAGLUTIDE SOLN AUTO-INJECTOR 3 MG / 0.5ML	Tier 3	X	X		
TRULICITY INJ 4.5/0.5	DULAGLUTIDE SOLN AUTO-INJECTOR 4.5 MG / 0.5ML	Tier 3	X	X		
XIGDUO XR TAB 10-1000	DAPAGLIFLOZIN PROP-METFORMIN HCL TAB ER 24HR 10-1000 MG	Tier 3		X		
XIGDUO XR TAB 10-500MG	DAPAGLIFLOZIN PROP-METFORMIN HCL TAB ER 24HR 10-500 MG	Tier 3		X		
XIGDUO XR TAB 2.5-1000	DAPAGLIFLOZIN PROP-METFORMIN HCL TAB ER 24HR 2.5-1000 MG	Tier 3		X		
XIGDUO XR TAB 5-1000MG	DAPAGLIFLOZIN PROP-METFORMIN HCL TAB ER 24HR 5-1000 MG	Tier 3		X		
XIGDUO XR TAB 5-500MG	DAPAGLIFLOZIN PROP-METFORMIN HCL TAB ER 24HR 5-500 MG	Tier 3		X		
ZEGALOGUE INJ 0.6/0.6	DASIGLUCAGON HCL SUBCUTANEOUS SOLN AUTO-INJ 0.6 MG / 0.6ML	Tier 1		X		
ZEGALOGUE INJ 0.6/0.6	DASIGLUCAGON HCL SUBCUTANEOUS SOLN PREF SYRINGE 0.6 MG / 0.6ML	Tier 1		X		
Blood Products/Modifiers/Volume Expanders						
AMINOCAPR AC TAB 1000MG	AMINOCAPROIC ACID TAB 1000 MG	Tier 3				
AMINOCAPR AC TAB 500MG	AMINOCAPROIC ACID TAB 500 MG	Tier 3				
AMINOCAPROIC SOL 0.25/ML	AMINOCAPROIC ACID ORAL SOLN 0.25 GM / ML	Tier 3				
ANAGRELIDE CAP 0.5MG	ANAGRELIDE HCL CAP 0.5 MG	Tier 3				
ANAGRELIDE CAP 1MG	ANAGRELIDE HCL CAP 1 MG	Tier 3				
ARANESP INJ 100MCG	DARBEPOETIN ALFA SOLN INJ 100 MCG / ML	Tier 4		X		
ARANESP INJ 100MCG	DARBEPOETIN ALFA SOLN PRE-FILLED SYRINGE 100 MCG / 0.5ML	Tier 4		X		

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ST.....Step therapy
STI*.....Sexually transmitted infection – Medication may be available at no cost to you when prescribed for preventive care or treatment of a sexually transmitted infection.

Drug name	Generic name	Tier value	Prior auth	Quantity limit	Step therapy	Notes
ARANESP INJ 10MCG	DARBEPOETIN ALFA SOLN PRE-FILLED SYRINGE 10 MCG / 0.4ML	Tier 4		X		
ARANESP INJ 150MCG	DARBEPOETIN ALFA SOLN PRE-FILLED SYRINGE 150 MCG / 0.3ML	Tier 4		X		
ARANESP INJ 200MCG	DARBEPOETIN ALFA SOLN INJ 200 MCG / ML	Tier 4		X		
ARANESP INJ 200MCG	DARBEPOETIN ALFA SOLN PRE-FILLED SYRINGE 200 MCG / 0.4ML	Tier 4		X		
ARANESP INJ 25MCG	DARBEPOETIN ALFA SOLN INJ 25 MCG / ML	Tier 4		X		
ARANESP INJ 25MCG	DARBEPOETIN ALFA SOLN PRE-FILLED SYRINGE 25 MCG / 0.42ML	Tier 4		X		
ARANESP INJ 300MCG	DARBEPOETIN ALFA SOLN PRE-FILLED SYRINGE 300 MCG / 0.6ML	Tier 4		X		
ARANESP INJ 40MCG	DARBEPOETIN ALFA SOLN INJ 40 MCG / ML	Tier 4		X		
ARANESP INJ 40MCG	DARBEPOETIN ALFA SOLN PRE-FILLED SYRINGE 40 MCG / 0.4ML	Tier 4		X		
ARANESP INJ 500MCG	DARBEPOETIN ALFA SOLN PRE-FILLED SYRINGE 500 MCG / ML	Tier 4		X		
ARANESP INJ 60MCG	DARBEPOETIN ALFA SOLN INJ 60 MCG / ML	Tier 4		X		
ARANESP INJ 60MCG	DARBEPOETIN ALFA SOLN PRE-FILLED SYRINGE 60 MCG / 0.3ML	Tier 4		X		
ASA/DIPYRIDA CAP 25-200MG	ASPIRIN-DIPYRIDAMOLE CAP ER 12HR 25-200 MG	Tier 3		X		
CILOSTAZOL TAB 100MG	CILOSTAZOL TAB 100 MG	Tier 2				
CILOSTAZOL TAB 50MG	CILOSTAZOL TAB 50 MG	Tier 2				
CLOPIDOGREL TAB 300MG	CLOPIDOGREL BISULFATE TAB 300 MG (BASE EQUIV)	Tier 2		X		
CLOPIDOGREL TAB 75MG	CLOPIDOGREL BISULFATE TAB 75 MG (BASE EQUIV)	Tier 2		X		
DABIGATRAN CAP 110MG	DABIGATRAN ETEXILATE MESYLATE CAP 110 MG (ETEXILATE BASE EQ)	Tier 3		X		
DABIGATRAN CAP 150MG	DABIGATRAN ETEXILATE MESYLATE CAP 150 MG (ETEXILATE BASE EQ)	Tier 3		X		
DABIGATRAN CAP 75MG	DABIGATRAN ETEXILATE MESYLATE CAP 75 MG (ETEXILATE BASE EQ)	Tier 3		X		
DIPYRIDAMOLE TAB 25MG	DIPYRIDAMOLE TAB 25 MG	Tier 2				
DIPYRIDAMOLE TAB 50MG	DIPYRIDAMOLE TAB 50 MG	Tier 2				
DIPYRIDAMOLE TAB 75MG	DIPYRIDAMOLE TAB 75 MG	Tier 2				
ELIQUIS ST P TAB 5MG	APIXABAN TAB STARTER PACK 5 MG	Tier 3		X		
ELIQUIS TAB 2.5MG	APIXABAN TAB 2.5 MG	Tier 3		X		
ELIQUIS TAB 5MG	APIXABAN TAB 5 MG	Tier 3		X		
ENOXAPARIN INJ 100MG/ML	ENOXAPARIN SODIUM INJ SOLN PREF SYR 100 MG / ML	Tier 3		X		

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Drug name	Generic name	Tier value	Prior auth	Quantity limit	Step therapy	Notes
ENOXAPARIN INJ 120/0.8	ENOXAPARIN SODIUM INJ SOLN PREF SYR 120 MG / 0.8ML	Tier 3		X		
ENOXAPARIN INJ 150MG/ ML	ENOXAPARIN SODIUM INJ SOLN PREF SYR 150 MG / ML	Tier 3		X		
ENOXAPARIN INJ 30/0.3ML	ENOXAPARIN SODIUM INJ SOLN PREF SYR 30 MG / 0.3ML	Tier 3		X		
ENOXAPARIN INJ 300/3ML	ENOXAPARIN SODIUM INJ 300 MG / 3ML	Tier 3		X		
ENOXAPARIN INJ 40/0.4ML	ENOXAPARIN SODIUM INJ SOLN PREF SYR 40 MG / 0.4ML	Tier 3		X		
ENOXAPARIN INJ 60/0.6ML	ENOXAPARIN SODIUM INJ SOLN PREF SYR 60 MG / 0.6ML	Tier 3		X		
ENOXAPARIN INJ 80/0.8ML	ENOXAPARIN SODIUM INJ SOLN PREF SYR 80 MG / 0.8ML	Tier 3		X		
ENOXAPARIN INJ 80MG/0.8	ENOXAPARIN SODIUM INJ SOLN PREF SYR 80 MG / 0.8ML	Tier 3		X		
FONDAPARINUX INJ 10/0.8ML	FONDAPARINUX SODIUM SUBCUTANEOUS INJ 10 MG / 0.8ML	Tier 3		X		
FONDAPARINUX INJ 2.5/0.5	FONDAPARINUX SODIUM SUBCUTANEOUS INJ 2.5 MG / 0.5ML	Tier 3		X		
FONDAPARINUX INJ 5/0.4ML	FONDAPARINUX SODIUM SUBCUTANEOUS INJ 5 MG / 0.4ML	Tier 3		X		
FONDAPARINUX INJ 7.5/0.6	FONDAPARINUX SODIUM SUBCUTANEOUS INJ 7.5 MG / 0.6ML	Tier 3		X		
HEPARIN SOD INJ 1000/ ML	HEPARIN SODIUM (PORCINE) INJ 1000 UNIT / ML	Tier 2				
HEPARIN SOD INJ 10000/10	HEPARIN SODIUM (PORCINE) INJ 1000 UNIT / ML	Tier 2				
HEPARIN SOD INJ 10000/ ML	HEPARIN SODIUM (PORCINE) INJ 10000 UNIT / ML	Tier 2				
HEPARIN SOD INJ 2000/2ML	HEPARIN SODIUM (PORCINE) PF INJ 1000 UNIT / ML	Tier 2				
HEPARIN SOD INJ 20000/ ML	HEPARIN SODIUM (PORCINE) INJ 20000 UNIT / ML	Tier 2				
HEPARIN SOD INJ 30000/30	HEPARIN SODIUM (PORCINE) INJ 1000 UNIT / ML	Tier 2				
HEPARIN SOD INJ 5000/0.5	HEPARIN SODIUM (PORCINE) PF INJ 5000 UNIT / 0.5ML	Tier 2				
HEPARIN SOD INJ 5000/0.5	HEPARIN SODIUM (PORCINE) INJ SOLN PREF SYR 5000 UNIT / 0.5ML	Tier 2				
HEPARIN SOD INJ 5000/ ML	HEPARIN SODIUM (PORCINE) INJ 5000 UNIT / ML	Tier 2				
HEPARIN SOD INJ 5000/ ML	HEPARIN SODIUM (PORCINE) PF INJ 5000 UNIT / ML	Tier 2				
HEPARIN SOD INJ 50000/10	HEPARIN SODIUM (PORCINE) INJ 5000 UNIT / ML	Tier 2				
JANTOVEN TAB 10MG	WARFARIN SODIUM TAB 10 MG	Tier 2				
JANTOVEN TAB 1MG	WARFARIN SODIUM TAB 1 MG	Tier 2				
JANTOVEN TAB 2.5MG	WARFARIN SODIUM TAB 2.5 MG	Tier 2				
JANTOVEN TAB 2MG	WARFARIN SODIUM TAB 2 MG	Tier 2				

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QL Quantity limit
SP Specialty medication
ST Step therapy
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Drug name	Generic name	Tier value	Prior auth	Quantity limit	Step therapy	Notes
JANTOVEN TAB 3MG	WARFARIN SODIUM TAB 3 MG	Tier 2				
JANTOVEN TAB 4MG	WARFARIN SODIUM TAB 4 MG	Tier 2				
JANTOVEN TAB 5MG	WARFARIN SODIUM TAB 5 MG	Tier 2				
JANTOVEN TAB 6MG	WARFARIN SODIUM TAB 6 MG	Tier 2				
JANTOVEN TAB 7.5MG	WARFARIN SODIUM TAB 7.5 MG	Tier 2				
NEULASTA INJ 6MG/0.6M	PEGFILGRASTIM SOLN PREFILLED SYRINGE 6 MG / 0.6ML	Tier 4				
NEULASTA KIT 6MG/0.6M	PEGFILGRASTIM SOLN PREFILLED SYRINGE KIT 6 MG / 0.6ML	Tier 4				
PLERIXAFOR INJ 24/1.2ML	PLERIXAFOR SUBCUTANEOUS INJ 24 MG / 1.2ML (20 MG / ML)	Tier 6				
PRASUGREL TAB 10MG	PRASUGREL HCL TAB 10 MG (BASE EQUIV)	Tier 2		X		
PRASUGREL TAB 5MG	PRASUGREL HCL TAB 5 MG (BASE EQUIV)	Tier 2		X		
RECOTHROM SOL 20000UNT	THROMBIN (RECOMBINANT) FOR SOLN 20000 UNIT	Tier 5				
RECOTHROM SOL 5000UNIT	THROMBIN (RECOMBINANT) FOR SOLN 5000 UNIT	Tier 5				
RETACRIT INJ 10000UNT	EPOETIN ALFA-EPBX INJ 10000 UNIT / ML	Tier 4		X		
RETACRIT INJ 20000UNI	EPOETIN ALFA-EPBX INJ 20000 UNIT / ML	Tier 4		X		
RETACRIT INJ 2000UNIT	EPOETIN ALFA-EPBX INJ 2000 UNIT / ML	Tier 4		X		
RETACRIT INJ 3000UNIT	EPOETIN ALFA-EPBX INJ 3000 UNIT / ML	Tier 4		X		
RETACRIT INJ 40000UNT	EPOETIN ALFA-EPBX INJ 40000 UNIT / ML	Tier 4		X		
RETACRIT INJ 4000UNIT	EPOETIN ALFA-EPBX INJ 4000 UNIT / ML	Tier 4		X		
RIVAROXABAN TAB 2.5MG	RIVAROXABAN TAB 2.5 MG	Tier 3		X		
THROMBIN KIT 5000UNIT	THROMBIN FOR SOLN KIT 5000 UNIT	Tier 5				
THROMBIN-JMI KIT 20000UNT	THROMBIN FOR SOLN KIT 20000 UNIT	Tier 5				
THROMBIN-JMI KIT 5000UNIT	THROMBIN FOR SOLN KIT 5000 UNIT	Tier 5				
THROMBIN-JMI SOL 20000UNT	THROMBIN FOR SOLN 20000 UNIT	Tier 5				
THROMBIN-JMI SOL 5000UNIT	THROMBIN FOR SOLN 5000 UNIT	Tier 5				
TICAGRELOR TAB 90MG	TICAGRELOR TAB 90 MG	Tier 3		X		
TRANEX ACID TAB 650MG	TRANEXAMIC ACID TAB 650 MG	Tier 3		X		
WARFARIN TAB 10MG	WARFARIN SODIUM TAB 10 MG	Tier 2				
WARFARIN TAB 1MG	WARFARIN SODIUM TAB 1 MG	Tier 2				
WARFARIN TAB 2.5MG	WARFARIN SODIUM TAB 2.5 MG	Tier 2				
WARFARIN TAB 2MG	WARFARIN SODIUM TAB 2 MG	Tier 2				
WARFARIN TAB 3MG	WARFARIN SODIUM TAB 3 MG	Tier 2				
WARFARIN TAB 4MG	WARFARIN SODIUM TAB 4 MG	Tier 2				

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Drug name	Generic name	Tier value	Prior auth	Quantity limit	Step therapy	Notes
WARFARIN TAB 5MG	WARFARIN SODIUM TAB 5 MG	Tier 2				
WARFARIN TAB 6MG	WARFARIN SODIUM TAB 6 MG	Tier 2				
WARFARIN TAB 7.5MG	WARFARIN SODIUM TAB 7.5 MG	Tier 2				
XARELTO STAR TAB 15/20MG	RIVAROXABAN TAB STARTER THERAPY PACK 15 MG & 20 MG	Tier 3		X		
XARELTO TAB 10MG	RIVAROXABAN TAB 10 MG	Tier 3		X		
XARELTO TAB 15MG	RIVAROXABAN TAB 15 MG	Tier 3		X		
XARELTO TAB 20MG	RIVAROXABAN TAB 20 MG	Tier 3		X		
YOSPRALA TAB 325-40MG	ASPIRIN-OMEPRAZOLE TAB DELAYED RELEASE 325-40 MG	Tier 3		X		
YOSPRALA TAB 81-40MG	ASPIRIN-OMEPRAZOLE TAB DELAYED RELEASE 81-40 MG	Tier 3		X		
ZARXIO INJ 300/0.5	FILGRASTIM-SNDZ SOLN PREFILLED SYRINGE 300 MCG / 0.5ML	Tier 4				
ZARXIO INJ 480/0.8	FILGRASTIM-SNDZ SOLN PREFILLED SYRINGE 480 MCG / 0.8ML	Tier 4				
Cardiovascular Agents						
ACEBUTOLOL CAP 200MG	ACEBUTOLOL HCL CAP 200 MG	Tier 2				
ACEBUTOLOL CAP 400MG	ACEBUTOLOL HCL CAP 400 MG	Tier 2				
ACETAZOLAMID CAP 500MG ER	ACETAZOLAMIDE CAP ER 12HR 500 MG	Tier 3				
ACETAZOLAMID TAB 125MG	ACETAZOLAMIDE TAB 125 MG	Tier 3				
ACETAZOLAMID TAB 250MG	ACETAZOLAMIDE TAB 250 MG	Tier 3				
AMILOR/HCTZ TAB 5-50	AMILORIDE & HYDROCHLOROTHIAZIDE TAB 5-50 MG	Tier 2				
AMILORIDE TAB 5MG	AMILORIDE HCL TAB 5 MG	Tier 2				
AMIODARONE TAB 100MG	AMIODARONE HCL TAB 100 MG	Tier 2				
AMIODARONE TAB 200MG	AMIODARONE HCL TAB 200 MG	Tier 2				
AMIODARONE TAB 400MG	AMIODARONE HCL TAB 400 MG	Tier 2				
AMLOD/BENAZP CAP 10-20MG	AMLODIPINE BESYLATE-BENAZEPRIL HCL CAP 10-20 MG	Tier 2		X		
AMLOD/BENAZP CAP 10-40MG	AMLODIPINE BESYLATE-BENAZEPRIL HCL CAP 10-40 MG	Tier 2		X		
AMLOD/BENAZP CAP 2.5-10MG	AMLODIPINE BESYLATE-BENAZEPRIL HCL CAP 2.5-10 MG	Tier 2		X		
AMLOD/BENAZP CAP 5-10MG	AMLODIPINE BESYLATE-BENAZEPRIL HCL CAP 5-10 MG	Tier 2		X		
AMLOD/BENAZP CAP 5-20MG	AMLODIPINE BESYLATE-BENAZEPRIL HCL CAP 5-20 MG	Tier 2		X		
AMLOD/BENAZP CAP 5-40MG	AMLODIPINE BESYLATE-BENAZEPRIL HCL CAP 5-40 MG	Tier 2		X		
AMLOD/VALSAR TAB 10-160MG	AMLODIPINE BESYLATE-VALSARTAN TAB 10-160 MG	Tier 3		X		

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Drug name	Generic name	Tier value	Prior auth	Quantity limit	Step therapy	Notes
AMLOD/VALSAR TAB 10-320MG	AMLODIPINE BESYLATE-VALSARTAN TAB 10-320 MG	Tier 3		X		
AMLOD/VALSAR TAB 5-160MG	AMLODIPINE BESYLATE-VALSARTAN TAB 5-160 MG	Tier 3		X		
AMLOD/VALSAR TAB 5-320MG	AMLODIPINE BESYLATE-VALSARTAN TAB 5-320 MG	Tier 3		X		
AMLODIPINE TAB 10MG	AMLODIPINE BESYLATE TAB 10 MG (BASE EQUIVALENT)	Tier 1				
AMLODIPINE TAB 2.5MG	AMLODIPINE BESYLATE TAB 2.5 MG (BASE EQUIVALENT)	Tier 1				
AMLODIPINE TAB 5MG	AMLODIPINE BESYLATE TAB 5 MG (BASE EQUIVALENT)	Tier 1				
ATENOL/CHLOR TAB 100-25MG	ATENOLOL & CHLORTHALIDONE TAB 100-25 MG	Tier 2				
ATENOL/CHLOR TAB 50-25MG	ATENOLOL & CHLORTHALIDONE TAB 50-25 MG	Tier 2				
ATENOLOL TAB 100MG	ATENOLOL TAB 100 MG	Tier 2				
ATENOLOL TAB 25MG	ATENOLOL TAB 25 MG	Tier 2				
ATENOLOL TAB 50MG	ATENOLOL TAB 50 MG	Tier 2				
ATORVASTATIN TAB 10MG	ATORVASTATIN CALCIUM TAB 10 MG (BASE EQUIVALENT)	Tier 1		X		
ATORVASTATIN TAB 20MG	ATORVASTATIN CALCIUM TAB 20 MG (BASE EQUIVALENT)	Tier 1		X		
ATORVASTATIN TAB 40MG	ATORVASTATIN CALCIUM TAB 40 MG (BASE EQUIVALENT)	Tier 1		X		
ATORVASTATIN TAB 80MG	ATORVASTATIN CALCIUM TAB 80 MG (BASE EQUIVALENT)	Tier 1		X		
BENAZEPRIL/HCTZ TAB 10-12.5	BENAZEPRIL & HYDROCHLOROTHIAZIDE TAB 10-12.5 MG	Tier 3		X		
BENAZEPRIL/HCTZ TAB 20-12.5	BENAZEPRIL & HYDROCHLOROTHIAZIDE TAB 20-12.5 MG	Tier 3		X		
BENAZEPRIL/HCTZ TAB 20-25MG	BENAZEPRIL & HYDROCHLOROTHIAZIDE TAB 20-25 MG	Tier 3		X		
BENAZEPRIL/HCTZ TAB 5-6.25MG	BENAZEPRIL & HYDROCHLOROTHIAZIDE TAB 5-6.25 MG	Tier 3		X		
BENAZEPRIL TAB 10MG	BENAZEPRIL HCL TAB 10 MG	Tier 2		X		
BENAZEPRIL TAB 20MG	BENAZEPRIL HCL TAB 20 MG	Tier 2		X		
BENAZEPRIL TAB 40MG	BENAZEPRIL HCL TAB 40 MG	Tier 2		X		
BENAZEPRIL TAB 5MG	BENAZEPRIL HCL TAB 5 MG	Tier 2		X		
BETAXOLOL TAB 10MG	BETAXOLOL HCL TAB 10 MG	Tier 2				
BETAXOLOL TAB 20MG	BETAXOLOL HCL TAB 20 MG	Tier 2				
BISOPRIL/HCTZ TAB 10/6.25	BISOPROLOL & HYDROCHLOROTHIAZIDE TAB 10-6.25 MG	Tier 2		X		
BISOPRIL/HCTZ TAB 2.5/6.25	BISOPROLOL & HYDROCHLOROTHIAZIDE TAB 2.5-6.25 MG	Tier 2		X		
BISOPRIL/HCTZ TAB 5-6.25MG	BISOPROLOL & HYDROCHLOROTHIAZIDE TAB 5-6.25 MG	Tier 2		X		
BISOPROL FUM TAB 10MG	BISOPROLOL FUMARATE TAB 10 MG	Tier 2				
BISOPROL FUM TAB 5MG	BISOPROLOL FUMARATE TAB 5 MG	Tier 2				

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Drug name	Generic name	Tier value	Prior auth	Quantity limit	Step therapy	Notes
BUMETANIDE TAB 0.5MG	BUMETANIDE TAB 0.5 MG	Tier 2				
BUMETANIDE TAB 1MG	BUMETANIDE TAB 1 MG	Tier 2				
BUMETANIDE TAB 2MG	BUMETANIDE TAB 2 MG	Tier 2				
CANDESA/HCTZ TAB 16-12.5	CANDESARTAN CILEXETIL-HYDRO-CHLOROTHIAZIDE TAB 16-12.5 MG	Tier 3		X		
CANDESA/HCTZ TAB 32-12.5	CANDESARTAN CILEXETIL-HYDRO-CHLOROTHIAZIDE TAB 32-12.5 MG	Tier 3		X		
CANDESA/HCTZ TAB 32-25MG	CANDESARTAN CILEXETIL-HYDRO-CHLOROTHIAZIDE TAB 32-25 MG	Tier 3		X		
CANDESARTAN TAB 16MG	CANDESARTAN CILEXETIL TAB 16 MG	Tier 3		X		
CANDESARTAN TAB 32MG	CANDESARTAN CILEXETIL TAB 32 MG	Tier 3		X		
CANDESARTAN TAB 4MG	CANDESARTAN CILEXETIL TAB 4 MG	Tier 3		X		
CANDESARTAN TAB 8MG	CANDESARTAN CILEXETIL TAB 8 MG	Tier 3		X		
CAPTOPR/HCTZ TAB 25-15MG	CAPTOPRIL & HYDROCHLOROTHIAZIDE TAB 25-15 MG	Tier 3		X		
CAPTOPR/HCTZ TAB 25-25MG	CAPTOPRIL & HYDROCHLOROTHIAZIDE TAB 25-25 MG	Tier 3		X		
CAPTOPR/HCTZ TAB 50-15MG	CAPTOPRIL & HYDROCHLOROTHIAZIDE TAB 50-15 MG	Tier 3		X		
CAPTOPR/HCTZ TAB 50-25MG	CAPTOPRIL & HYDROCHLOROTHIAZIDE TAB 50-25 MG	Tier 3		X		
CAPTOPRIL TAB 100MG	CAPTOPRIL TAB 100 MG	Tier 2		X		
CAPTOPRIL TAB 12.5MG	CAPTOPRIL TAB 12.5 MG	Tier 2		X		
CAPTOPRIL TAB 25MG	CAPTOPRIL TAB 25 MG	Tier 2		X		
CAPTOPRIL TAB 50MG	CAPTOPRIL TAB 50 MG	Tier 2		X		
CARTIA XT CAP 120/24HR	DILTIAZEM HCL COATED BEADS CAP ER 24HR 120 MG	Tier 2				
CARTIA XT CAP 180/24HR	DILTIAZEM HCL COATED BEADS CAP ER 24HR 180 MG	Tier 2				
CARTIA XT CAP 240/24HR	DILTIAZEM HCL COATED BEADS CAP ER 24HR 240 MG	Tier 2				
CARTIA XT CAP 300/24HR	DILTIAZEM HCL COATED BEADS CAP ER 24HR 300 MG	Tier 2				
CARVEDILOL TAB 12.5MG	CARVEDILOL TAB 12.5 MG	Tier 1				
CARVEDILOL TAB 25MG	CARVEDILOL TAB 25 MG	Tier 1				
CARVEDILOL TAB 3.125MG	CARVEDILOL TAB 3.125 MG	Tier 1				
CARVEDILOL TAB 6.25MG	CARVEDILOL TAB 6.25 MG	Tier 1				
CHLORTHALID TAB 25MG	CHLORTHALIDONE TAB 25 MG	Tier 2				
CHLORTHALID TAB 50MG	CHLORTHALIDONE TAB 50 MG	Tier 2				
CHOLESTYRAM POW 4GM	CHOLESTYRAMINE POWDER 4 GM / DOSE	Tier 3				
CHOLESTYRAM POW 4GM	CHOLESTYRAMINE POWDER PACK-ETS 4 GM	Tier 3				
CHOLESTYRAM POW 4GM LITE	CHOLESTYRAMINE LIGHT POWDER 4 GM / DOSE	Tier 3				
CHOLESTYRAM POW 4GM LITE	CHOLESTYRAMINE LIGHT POWDER PACKETS 4 GM	Tier 3				

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Drug name	Generic name	Tier value	Prior auth	Quantity limit	Step therapy	Notes
CLONIDINE DIS 0.1/24HR	CLONIDINE TD PATCH WEEKLY 0.1 MG / 24HR	Tier 3				BH*
CLONIDINE DIS 0.2/24HR	CLONIDINE TD PATCH WEEKLY 0.2 MG / 24HR	Tier 3				BH*
CLONIDINE DIS 0.3/24HR	CLONIDINE TD PATCH WEEKLY 0.3 MG / 24HR	Tier 3				BH*
CLONIDINE TAB 0.1MG	CLONIDINE HCL TAB 0.1 MG	Tier 2				BH*
CLONIDINE TAB 0.2MG	CLONIDINE HCL TAB 0.2 MG	Tier 2				BH*
CLONIDINE TAB 0.3MG	CLONIDINE HCL TAB 0.3 MG	Tier 2				BH*
COLESEVELAM PAK 3.75GM	COLESEVELAM HCL PACKET FOR SUSP 3.75 GM	Tier 3				
COLESEVELAM TAB 625MG	COLESEVELAM HCL TAB 625 MG	Tier 3				
COLESTIPOL GRA 5GM	COLESTIPOL HCL GRANULES 5 GM	Tier 3				
COLESTIPOL GRA 5GM	COLESTIPOL HCL GRANULE PACKETS 5 GM	Tier 3				
COLESTIPOL TAB 1GM	COLESTIPOL HCL TAB 1 GM	Tier 2				
CORLANOR SOL 5MG/5ML	IVABRADINE HCL ORAL SOLN 5 MG / 5ML (BASE EQUIV)	Tier 5	X	X		
DIGOXIN SOL 50MCG/ML	DIGOXIN ORAL SOLN 0.05 MG / ML	Tier 3				
DIGOXIN TAB 0.0625MG	DIGOXIN TAB 62.5 MCG (0.0625 MG)	Tier 3				
DIGOXIN TAB 0.125MG	DIGOXIN TAB 125 MCG (0.125 MG)	Tier 2				
DIGOXIN TAB 0.25MG	DIGOXIN TAB 250 MCG (0.25 MG)	Tier 2				
DILT-XR CAP 120MG	DILTIAZEM HCL CAP ER 24HR 120 MG	Tier 2				
DILT-XR CAP 180MG	DILTIAZEM HCL CAP ER 24HR 180 MG	Tier 2				
DILT-XR CAP 240MG	DILTIAZEM HCL CAP ER 24HR 240 MG	Tier 2				
DILTIAZEM CAP 120MG ER	DILTIAZEM HCL CAP ER 12HR 120 MG	Tier 3				
DILTIAZEM CAP 120MG ER	DILTIAZEM HCL CAP ER 24HR 120 MG	Tier 2				
DILTIAZEM CAP 120MG ER	DILTIAZEM HCL EXTENDED RELEASE BEADS CAP ER 24HR 120 MG	Tier 2				
DILTIAZEM CAP 120MG ER	DILTIAZEM HCL COATED BEADS CAP ER 24HR 120 MG	Tier 2				
DILTIAZEM CAP 180MG ER	DILTIAZEM HCL CAP ER 24HR 180 MG	Tier 2				
DILTIAZEM CAP 180MG ER	DILTIAZEM HCL COATED BEADS CAP ER 24HR 180 MG	Tier 2				
DILTIAZEM CAP 180MG/24	DILTIAZEM HCL EXTENDED RELEASE BEADS CAP ER 24HR 180 MG	Tier 2				
DILTIAZEM CAP 240MG ER	DILTIAZEM HCL CAP ER 24HR 240 MG	Tier 2				
DILTIAZEM CAP 240MG ER	DILTIAZEM HCL COATED BEADS CAP ER 24HR 240 MG	Tier 2				
DILTIAZEM CAP 240MG/24	DILTIAZEM HCL EXTENDED RELEASE BEADS CAP ER 24HR 240 MG	Tier 2				
DILTIAZEM CAP 300MG ER	DILTIAZEM HCL EXTENDED RELEASE BEADS CAP ER 24HR 300 MG	Tier 2				
DILTIAZEM CAP 300MG ER	DILTIAZEM HCL COATED BEADS CAP ER 24HR 300 MG	Tier 2				

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ST.....Step therapy
STI*.....Sexually transmitted infection – Medication may be available at no cost to you when prescribed for preventive care or treatment of a sexually transmitted infection.

Drug name	Generic name	Tier value	Prior auth	Quantity limit	Step therapy	Notes
DILTIAZEM CAP 360MG CD	DILTIAZEM HCL COATED BEADS CAP ER 24HR 360 MG	Tier 2				
DILTIAZEM CAP 360MG ER	DILTIAZEM HCL EXTENDED RELEASE BEADS CAP ER 24HR 360 MG	Tier 2				
DILTIAZEM CAP 360MG ER	DILTIAZEM HCL COATED BEADS CAP ER 24HR 360 MG	Tier 2				
DILTIAZEM CAP 420MG/24	DILTIAZEM HCL EXTENDED RELEASE BEADS CAP ER 24HR 420 MG	Tier 2				
DILTIAZEM CAP 60MG ER	DILTIAZEM HCL CAP ER 12HR 60 MG	Tier 3				
DILTIAZEM CAP 90MG ER	DILTIAZEM HCL CAP ER 12HR 90 MG	Tier 3				
DILTIAZEM ER TAB 180MG	DILTIAZEM HCL TAB ER 24HR 180 MG	Tier 3				
DILTIAZEM ER TAB 240MG	DILTIAZEM HCL TAB ER 24HR 240 MG	Tier 3				
DILTIAZEM ER TAB 300MG	DILTIAZEM HCL TAB ER 24HR 300 MG	Tier 3				
DILTIAZEM ER TAB 360MG	DILTIAZEM HCL TAB ER 24HR 360 MG	Tier 3				
DILTIAZEM ER TAB 420MG	DILTIAZEM HCL TAB ER 24HR 420 MG	Tier 3				
DILTIAZEM TAB 120MG	DILTIAZEM HCL TAB 120 MG	Tier 2				
DILTIAZEM TAB 120MG ER	DILTIAZEM HCL TAB ER 24HR 120 MG	Tier 3				
DILTIAZEM TAB 240MG ER	DILTIAZEM HCL TAB ER 24HR 240 MG	Tier 3				
DILTIAZEM TAB 300MG ER	DILTIAZEM HCL TAB ER 24HR 300 MG	Tier 3				
DILTIAZEM TAB 30MG	DILTIAZEM HCL TAB 30 MG	Tier 2				
DILTIAZEM TAB 360MG ER	DILTIAZEM HCL TAB ER 24HR 360 MG	Tier 3				
DILTIAZEM TAB 60MG	DILTIAZEM HCL TAB 60 MG	Tier 2				
DILTIAZEM TAB 90MG	DILTIAZEM HCL TAB 90 MG	Tier 2				
DISOPYRAMIDE CAP 100MG	DISOPYRAMIDE PHOSPHATE CAP 100 MG	Tier 3				
DISOPYRAMIDE CAP 150MG	DISOPYRAMIDE PHOSPHATE CAP 150 MG	Tier 3				
DIURIL SUS 250/5ML	CHLOROTHIAZIDE SUSP 250 MG / 5ML	Tier 3				
DOFETILIDE CAP 125MCG	DOFETILIDE CAP 125 MCG (0.125 MG)	Tier 3		X		
DOFETILIDE CAP 250MCG	DOFETILIDE CAP 250 MCG (0.25 MG)	Tier 3		X		
DOFETILIDE CAP 500MCG	DOFETILIDE CAP 500 MCG (0.5 MG)	Tier 3		X		
DOXAZOSIN TAB 1MG	DOXAZOSIN MESYLATE TAB 1 MG	Tier 2				
DOXAZOSIN TAB 2MG	DOXAZOSIN MESYLATE TAB 2 MG	Tier 2				
DOXAZOSIN TAB 4MG	DOXAZOSIN MESYLATE TAB 4 MG	Tier 2				
DOXAZOSIN TAB 8MG	DOXAZOSIN MESYLATE TAB 8 MG	Tier 2				
ENALAPR/HCTZ TAB 10-25MG	ENALAPRIL MALEATE & HYDROCHLOROTHIAZIDE TAB 10-25 MG	Tier 2		X		
ENALAPR/HCTZ TAB 5-12.5MG	ENALAPRIL MALEATE & HYDROCHLOROTHIAZIDE TAB 5-12.5 MG	Tier 2		X		
ENALAPRIL TAB 10MG	ENALAPRIL MALEATE TAB 10 MG	Tier 2		X		
ENALAPRIL TAB 2.5MG	ENALAPRIL MALEATE TAB 2.5 MG	Tier 2		X		
ENALAPRIL TAB 20MG	ENALAPRIL MALEATE TAB 20 MG	Tier 2		X		
ENALAPRIL TAB 5MG	ENALAPRIL MALEATE TAB 5 MG	Tier 2		X		
ENTRESTO CAP 15-16MG	SACUBITRIL-VALSARTAN SPRINKLE CAP 15-16 MG	Tier 5	X	X		

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Drug name	Generic name	Tier value	Prior auth	Quantity limit	Step therapy	Notes
ENTRESTO CAP 6-6MG	SACUBITRIL-VALSARTAN SPRINKLE CAP 6-6 MG	Tier 5	X	X		
EPLERENONE TAB 25MG	EPLERENONE TAB 25 MG	Tier 3				
EPLERENONE TAB 50MG	EPLERENONE TAB 50 MG	Tier 3				
ETHACRYNIC TAB ACD 25MG	ETHACRYNIC ACID TAB 25 MG	Tier 3				
EZETIM/SIMVA TAB 10-10MG	EZETIMIBE-SIMVASTATIN TAB 10-10 MG	Tier 3		X		
EZETIM/SIMVA TAB 10-20MG	EZETIMIBE-SIMVASTATIN TAB 10-20 MG	Tier 3		X		
EZETIM/SIMVA TAB 10-40MG	EZETIMIBE-SIMVASTATIN TAB 10-40 MG	Tier 3		X		
EZETIM/SIMVA TAB 10-80MG	EZETIMIBE-SIMVASTATIN TAB 10-80 MG	Tier 3		X		
EZETIMIBE TAB 10MG	EZETIMIBE TAB 10 MG	Tier 2		X		
FELODIPINE TAB 10MG ER	FELODIPINE TAB ER 24HR 10 MG	Tier 2				
FELODIPINE TAB 2.5MG ER	FELODIPINE TAB ER 24HR 2.5 MG	Tier 2				
FELODIPINE TAB 5MG ER	FELODIPINE TAB ER 24HR 5 MG	Tier 2				
FENOFIBRATE CAP 134MG	FENOFIBRATE MICRONIZED CAP 134 MG	Tier 2				
FENOFIBRATE CAP 200MG	FENOFIBRATE MICRONIZED CAP 200 MG	Tier 2				
FENOFIBRATE CAP 67MG	FENOFIBRATE MICRONIZED CAP 67 MG	Tier 2				
FENOFIBRATE TAB 145MG	FENOFIBRATE TAB 145 MG	Tier 2				
FENOFIBRATE TAB 160MG	FENOFIBRATE TAB 160 MG	Tier 2				
FENOFIBRATE TAB 48MG	FENOFIBRATE TAB 48 MG	Tier 2				
FENOFIBRATE TAB 54MG	FENOFIBRATE TAB 54 MG	Tier 2				
FLECAINIDE TAB 100MG	FLECAINIDE ACETATE TAB 100 MG	Tier 2				
FLECAINIDE TAB 150MG	FLECAINIDE ACETATE TAB 150 MG	Tier 2				
FLECAINIDE TAB 50MG	FLECAINIDE ACETATE TAB 50 MG	Tier 2				
FLUVASTATIN CAP 20MG	FLUVASTATIN SODIUM CAP 20 MG (BASE EQUIVALENT)	Tier 3		X		PRV-A* \$0 Copay for members between ages 40 to 75 years once your health-care provider confirms risk of cardiovascular disease.

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SP Specialty medication
ST Step therapy
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Drug name	Generic name	Tier value	Prior auth	Quantity limit	Step therapy	Notes
FLUVASTATIN CAP 40MG	FLUVASTATIN SODIUM CAP 40 MG (BASE EQUIVALENT)	Tier 3		X		PRV-A* \$0 Copay for members between ages 40 to 75 years once your health-care provider confirms risk of cardiovascular disease.
FOSINOP/HCTZ TAB 10/12.5	FOSINOPRIL SODIUM & HYDROCHLOROTHIAZIDE TAB 10-12.5 MG	Tier 3		X		
FOSINOP/HCTZ TAB 20/12.5	FOSINOPRIL SODIUM & HYDROCHLOROTHIAZIDE TAB 20-12.5 MG	Tier 3		X		
FOSINOPRIL TAB 10MG	FOSINOPRIL SODIUM TAB 10 MG	Tier 2		X		
FOSINOPRIL TAB 20MG	FOSINOPRIL SODIUM TAB 20 MG	Tier 2		X		
FOSINOPRIL TAB 40MG	FOSINOPRIL SODIUM TAB 40 MG	Tier 2		X		
FUROSEMIDE SOL 10MG/ML	FUROSEMIDE ORAL SOLN 10 MG / ML	Tier 2				
FUROSEMIDE SOL 40MG/5ML	FUROSEMIDE ORAL SOLN 8 MG / ML	Tier 2				
FUROSEMIDE TAB 20MG	FUROSEMIDE TAB 20 MG	Tier 1				
FUROSEMIDE TAB 40MG	FUROSEMIDE TAB 40 MG	Tier 1				
FUROSEMIDE TAB 80MG	FUROSEMIDE TAB 80 MG	Tier 1				
GEMFIBROZIL TAB 600MG	GEMFIBROZIL TAB 600 MG	Tier 2				
GUANFACINE TAB 1MG	GUANFACINE HCL TAB 1 MG	Tier 2		X		BH*
GUANFACINE TAB 2MG	GUANFACINE HCL TAB 2 MG	Tier 2		X		BH*
HYDRALAZINE TAB 100MG	HYDRALAZINE HCL TAB 100 MG	Tier 2				
HYDRALAZINE TAB 10MG	HYDRALAZINE HCL TAB 10 MG	Tier 2				
HYDRALAZINE TAB 25MG	HYDRALAZINE HCL TAB 25 MG	Tier 2				
HYDRALAZINE TAB 50MG	HYDRALAZINE HCL TAB 50 MG	Tier 2				
HYDROCHLOROT CAP 12.5MG	HYDROCHLOROTHIAZIDE CAP 12.5 MG	Tier 1				
HYDROCHLOROT TAB 12.5MG	HYDROCHLOROTHIAZIDE TAB 12.5 MG	Tier 1				
HYDROCHLOROT TAB 25MG	HYDROCHLOROTHIAZIDE TAB 25 MG	Tier 1				
HYDROCHLOROT TAB 50MG	HYDROCHLOROTHIAZIDE TAB 50 MG	Tier 1				
ICOSAPENT CAP 0.5GM	ICOSAPENT ETHYL CAP 0.5 GM	Tier 3	X			
ICOSAPENT CAP 1GM	ICOSAPENT ETHYL CAP 1 GM	Tier 3	X			
INDAPAMIDE TAB 1.25MG	INDAPAMIDE TAB 1.25 MG	Tier 2				
INDAPAMIDE TAB 2.5MG	INDAPAMIDE TAB 2.5 MG	Tier 2				
IRBESAR/HCTZ TAB 150-12.5	IRBESARTAN-HYDROCHLOROTHIAZIDE TAB 150-12.5 MG	Tier 2		X		
IRBESAR/HCTZ TAB 300-12.5	IRBESARTAN-HYDROCHLOROTHIAZIDE TAB 300-12.5 MG	Tier 2		X		
IRBESARTAN TAB 150MG	IRBESARTAN TAB 150 MG	Tier 2		X		

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Drug name	Generic name	Tier value	Prior auth	Quantity limit	Step therapy	Notes
IRBESARTAN TAB 300MG	IRBESARTAN TAB 300 MG	Tier 2		X		
IRBESARTAN TAB 75MG	IRBESARTAN TAB 75 MG	Tier 2		X		
ISOSO/HYDRAL TAB 20-37.5	ISOSORBIDE DINITRATE-HYDRALAZINE HCL TAB 20-37.5 MG	Tier 3		X		
ISOSORB DIN TAB 10MG	ISOSORBIDE DINITRATE TAB 10 MG	Tier 2				
ISOSORB DIN TAB 20MG	ISOSORBIDE DINITRATE TAB 20 MG	Tier 2				
ISOSORB DIN TAB 30MG	ISOSORBIDE DINITRATE TAB 30 MG	Tier 2				
ISOSORB DIN TAB 5MG	ISOSORBIDE DINITRATE TAB 5 MG	Tier 2				
ISOSORB MONO TAB 10MG	ISOSORBIDE MONONITRATE TAB 10 MG	Tier 2				
ISOSORB MONO TAB 120MG ER	ISOSORBIDE MONONITRATE TAB ER 24HR 120 MG	Tier 2				
ISOSORB MONO TAB 20MG	ISOSORBIDE MONONITRATE TAB 20 MG	Tier 2				
ISOSORB MONO TAB 30MG ER	ISOSORBIDE MONONITRATE TAB ER 24HR 30 MG	Tier 2				
ISOSORB MONO TAB 60MG ER	ISOSORBIDE MONONITRATE TAB ER 24HR 60 MG	Tier 2				
ISRADIPINE CAP 2.5MG	ISRADIPINE CAP 2.5 MG	Tier 2				
ISRADIPINE CAP 5MG	ISRADIPINE CAP 5 MG	Tier 2				
IVABRADINE TAB 5MG	IVABRADINE HCL TAB 5 MG (BASE EQUIV)	Tier 3	X	X		
IVABRADINE TAB 7.5MG	IVABRADINE HCL TAB 7.5 MG (BASE EQUIV)	Tier 3	X	X		
LABETALOL TAB 100MG	LABETALOL HCL TAB 100 MG	Tier 2				
LABETALOL TAB 200MG	LABETALOL HCL TAB 200 MG	Tier 2				
LABETALOL TAB 300MG	LABETALOL HCL TAB 300 MG	Tier 2				
LABETALOL TAB 400MG	LABETALOL HCL TAB 400 MG	Tier 2				
LISINOP/HCTZ TAB 10-12.5	LISINOPRIL & HYDROCHLOROTHIAZIDE TAB 10-12.5 MG	Tier 1		X		
LISINOP/HCTZ TAB 20-12.5	LISINOPRIL & HYDROCHLOROTHIAZIDE TAB 20-12.5 MG	Tier 1		X		
LISINOP/HCTZ TAB 20-25MG	LISINOPRIL & HYDROCHLOROTHIAZIDE TAB 20-25 MG	Tier 1		X		
LISINOPRIL TAB 10MG	LISINOPRIL TAB 10 MG	Tier 1		X		
LISINOPRIL TAB 2.5MG	LISINOPRIL TAB 2.5 MG	Tier 1		X		
LISINOPRIL TAB 20MG	LISINOPRIL TAB 20 MG	Tier 1		X		
LISINOPRIL TAB 30MG	LISINOPRIL TAB 30 MG	Tier 1		X		
LISINOPRIL TAB 40MG	LISINOPRIL TAB 40 MG	Tier 1		X		
LISINOPRIL TAB 5MG	LISINOPRIL TAB 5 MG	Tier 1		X		
LOSARTAN POT TAB 100MG	LOSARTAN POTASSIUM TAB 100 MG	Tier 1		X		
LOSARTAN POT TAB 25MG	LOSARTAN POTASSIUM TAB 25 MG	Tier 1		X		
LOSARTAN POT TAB 50MG	LOSARTAN POTASSIUM TAB 50 MG	Tier 1		X		
LOSARTAN/HCT TAB 100-12.5	LOSARTAN POTASSIUM & HYDROCHLOROTHIAZIDE TAB 100-12.5 MG	Tier 1		X		
LOSARTAN/HCT TAB 100-25	LOSARTAN POTASSIUM & HYDROCHLOROTHIAZIDE TAB 100-25 MG	Tier 1		X		

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Drug name	Generic name	Tier value	Prior auth	Quantity limit	Step therapy	Notes
LOSARTAN/HCT TAB 50-12.5	LOSARTAN POTASSIUM & HYDRO-CHLOROTHIAZIDE TAB 50-12.5 MG	Tier 1		X		
LOVASTATIN TAB 10MG	LOVASTATIN TAB 10 MG	Tier 2		X		PRV-A \$0 Copay for members between ages 40 to 75 years.
LOVASTATIN TAB 20MG	LOVASTATIN TAB 20 MG	Tier 2		X		PRV-A \$0 Copay for members between ages 40 to 75 years.
LOVASTATIN TAB 40MG	LOVASTATIN TAB 40 MG	Tier 2		X		PRV-A \$0 Copay for members between ages 40 to 75 years.
MATZIM LA TAB 180MG/24	DILTIAZEM HCL TAB ER 24HR 180 MG	Tier 3				
MATZIM LA TAB 240MG/24	DILTIAZEM HCL TAB ER 24HR 240 MG	Tier 3				
MATZIM LA TAB 300MG/24	DILTIAZEM HCL TAB ER 24HR 300 MG	Tier 3				
MATZIM LA TAB 360MG/24	DILTIAZEM HCL TAB ER 24HR 360 MG	Tier 3				
MATZIM LA TAB 420MG/24	DILTIAZEM HCL TAB ER 24HR 420 MG	Tier 3				
METHAZOLAMID TAB 25MG	METHAZOLAMIDE TAB 25 MG	Tier 3				
METHAZOLAMID TAB 50MG	METHAZOLAMIDE TAB 50 MG	Tier 3				
METHYLDOPA TAB 250MG	METHYLDOPA TAB 250 MG	Tier 2				
METHYLDOPA TAB 500MG	METHYLDOPA TAB 500 MG	Tier 2				
METOLAZONE TAB 10MG	METOLAZONE TAB 10 MG	Tier 2				
METOLAZONE TAB 2.5MG	METOLAZONE TAB 2.5 MG	Tier 2				
METOLAZONE TAB 5MG	METOLAZONE TAB 5 MG	Tier 2				
METOPRL/HCTZ TAB 100-25MG	METOPROLOL & HYDROCHLOROTHIAZIDE TAB 100-25 MG	Tier 3				
METOPRL/HCTZ TAB 100-50MG	METOPROLOL & HYDROCHLOROTHIAZIDE TAB 100-50 MG	Tier 3				
METOPRL/HCTZ TAB 50-25MG	METOPROLOL & HYDROCHLOROTHIAZIDE TAB 50-25 MG	Tier 3				
METOPROL SUC TAB 100MG ER	METOPROLOL SUCCINATE TAB ER 24HR 100 MG (TARTRATE EQUIV)	Tier 1				
METOPROL SUC TAB 200MG ER	METOPROLOL SUCCINATE TAB ER 24HR 200 MG (TARTRATE EQUIV)	Tier 1				
METOPROL SUC TAB 25MG ER	METOPROLOL SUCCINATE TAB ER 24HR 25 MG (TARTRATE EQUIV)	Tier 1				
METOPROL SUC TAB 50MG ER	METOPROLOL SUCCINATE TAB ER 24HR 50 MG (TARTRATE EQUIV)	Tier 1				

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Drug name	Generic name	Tier value	Prior auth	Quantity limit	Step therapy	Notes
METOPROL TAR TAB 100MG	METOPROLOL TARTRATE TAB 100 MG	Tier 1				
METOPROL TAR TAB 25MG	METOPROLOL TARTRATE TAB 25 MG	Tier 1				
METOPROL TAR TAB 50MG	METOPROLOL TARTRATE TAB 50 MG	Tier 1				
MEXILETINE CAP 150MG	MEXILETINE HCL CAP 150 MG	Tier 3				
MEXILETINE CAP 200MG	MEXILETINE HCL CAP 200 MG	Tier 3				
MEXILETINE CAP 250MG	MEXILETINE HCL CAP 250 MG	Tier 3				
MIDODRINE TAB 10MG	MIDODRINE HCL TAB 10 MG	Tier 2				
MIDODRINE TAB 2.5MG	MIDODRINE HCL TAB 2.5 MG	Tier 2				
MIDODRINE TAB 5MG	MIDODRINE HCL TAB 5 MG	Tier 2				
MINOXIDIL TAB 10MG	MINOXIDIL TAB 10 MG	Tier 2				
MINOXIDIL TAB 2.5MG	MINOXIDIL TAB 2.5 MG	Tier 2				
MOEXIPRIL TAB 15MG	MOEXIPRIL HCL TAB 15 MG	Tier 2		X		
MOEXIPRIL TAB 7.5MG	MOEXIPRIL HCL TAB 7.5 MG	Tier 2		X		
MULTAQ TAB 400MG	DRONEDARONE HCL TAB 400 MG (BASE EQUIVALENT)	Tier 5	X	X		
NADOLOL TAB 20MG	NADOLOL TAB 20 MG	Tier 2				
NADOLOL TAB 40MG	NADOLOL TAB 40 MG	Tier 2				
NADOLOL TAB 80MG	NADOLOL TAB 80 MG	Tier 2				
NEBIVOLOL TAB 10MG	NEBIVOLOL HCL TAB 10 MG (BASE EQUIVALENT)	Tier 2		X		
NEBIVOLOL TAB 2.5MG	NEBIVOLOL HCL TAB 2.5 MG (BASE EQUIVALENT)	Tier 2		X		
NEBIVOLOL TAB 20MG	NEBIVOLOL HCL TAB 20 MG (BASE EQUIVALENT)	Tier 2		X		
NEBIVOLOL TAB 5MG	NEBIVOLOL HCL TAB 5 MG (BASE EQUIVALENT)	Tier 2		X		
NIACIN ER TAB 1000MG	NIACIN TAB ER 1000 MG (ANTIHYPERLIPIDEMIC)	Tier 3				
NIACIN ER TAB 500MG	NIACIN TAB ER 500 MG (ANTIHYPERLIPIDEMIC)	Tier 3				
NIACIN ER TAB 750MG	NIACIN TAB ER 750 MG (ANTIHYPERLIPIDEMIC)	Tier 3				
NIACIN TAB 500MG	NIACIN (ANTIHYPERLIPIDEMIC) TAB 500 MG	Tier 3				
NIACIN TAB 500MG ER	NIACIN TAB ER 500 MG (ANTIHYPERLIPIDEMIC)	Tier 3				
NIACOR TAB 500MG	NIACIN (ANTIHYPERLIPIDEMIC) TAB 500 MG	Tier 3				
NICARDIPINE CAP 20MG	NICARDIPINE HCL CAP 20 MG	Tier 3				
NICARDIPINE CAP 30MG	NICARDIPINE HCL CAP 30 MG	Tier 3				
NIFEDIPINE CAP 10MG	NIFEDIPINE CAP 10 MG	Tier 2				
NIFEDIPINE CAP 20MG	NIFEDIPINE CAP 20 MG	Tier 2				
NIFEDIPINE TAB 30MG ER	NIFEDIPINE TAB ER 24HR 30 MG	Tier 2		X		
NIFEDIPINE TAB 30MG ER	NIFEDIPINE TAB ER 24HR OSMOTIC RELEASE 30 MG	Tier 2		X		

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Drug name	Generic name	Tier value	Prior auth	Quantity limit	Step therapy	Notes
NIFEDIPINE TAB 60MG ER	NIFEDIPINE TAB ER 24HR 60 MG	Tier 2		X		
NIFEDIPINE TAB 60MG ER	NIFEDIPINE TAB ER 24HR OSMOTIC RELEASE 60 MG	Tier 2		X		
NIFEDIPINE TAB 90MG ER	NIFEDIPINE TAB ER 24HR 90 MG	Tier 2		X		
NIFEDIPINE TAB 90MG ER	NIFEDIPINE TAB ER 24HR OSMOTIC RELEASE 90 MG	Tier 2		X		
NIMODIPINE CAP 30MG	NIMODIPINE CAP 30 MG	Tier 3				
NISOLDIPINE TAB 17MG ER	NISOLDIPINE TAB ER 24HR 17 MG	Tier 3				
NISOLDIPINE TAB 20MG ER	NISOLDIPINE TAB ER 24HR 20 MG	Tier 3				
NISOLDIPINE TAB 25.5MG	NISOLDIPINE TAB ER 24HR 25.5 MG	Tier 3				
NISOLDIPINE TAB 30MG ER	NISOLDIPINE TAB ER 24HR 30 MG	Tier 3				
NISOLDIPINE TAB 34MG ER	NISOLDIPINE TAB ER 24HR 34 MG	Tier 3				
NISOLDIPINE TAB 40MG ER	NISOLDIPINE TAB ER 24HR 40 MG	Tier 3				
NISOLDIPINE TAB 8.5MG ER	NISOLDIPINE TAB ER 24HR 8.5 MG	Tier 3				
NITRO-BID OIN 2%	NITROGLYCERIN OINT 2%	Tier 3				
NITRO-DUR DIS 0.3MG/HR	NITROGLYCERIN TD PATCH 24HR 0.3 MG / HR	Tier 5				
NITRO-DUR DIS 0.8MG/HR	NITROGLYCERIN TD PATCH 24HR 0.8 MG / HR	Tier 5				
NITROGLYCER DIS 0.1MG/HR	NITROGLYCERIN TD PATCH 24HR 0.1 MG / HR	Tier 2				
NITROGLYCER DIS 0.2MG/HR	NITROGLYCERIN TD PATCH 24HR 0.2 MG / HR	Tier 2				
NITROGLYCER DIS 0.4MG/HR	NITROGLYCERIN TD PATCH 24HR 0.4 MG / HR	Tier 2				
NITROGLYCER DIS 0.6MG/HR	NITROGLYCERIN TD PATCH 24HR 0.6 MG / HR	Tier 2				
NITROGLYCERI OIN 0.4%	NITROGLYCERIN OINT 0.4%	Tier 3		X		
NITROGLYCERI SUB 0.6MG	NITROGLYCERIN SL TAB 0.6 MG	Tier 2				
NITROGLYCERN SUB 0.3MG	NITROGLYCERIN SL TAB 0.3 MG	Tier 2				
NITROGLYCERN SUB 0.4MG	NITROGLYCERIN SL TAB 0.4 MG	Tier 2				
NORPACE CAP 100MG CR	DISOPYRAMIDE PHOSPHATE CAP ER 12HR 100 MG	Tier 3				
NORPACE CAP 150MG CR	DISOPYRAMIDE PHOSPHATE CAP ER 12HR 150 MG	Tier 3				
NYMALIZE SOL	NIMODIPINE ORAL SOLN 6 MG / ML	Tier 3				
OLM MED/HCTZ TAB 20-12.5	OLMESARTAN MEDOXOMIL-HYDRO-CHLOROTHIAZIDE TAB 20-12.5 MG	Tier 2		X		
OLM MED/HCTZ TAB 40-12.5	OLMESARTAN MEDOXOMIL-HYDRO-CHLOROTHIAZIDE TAB 40-12.5 MG	Tier 2		X		

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MME.....Morphine milligram equivalent
PA.....Prior authorization required
PRV-A.....Preventive medication may be available at no cost to you if within a certain age range
PRV*.....Preventive medication may be available at no cost to you only when certain requirements are met
QL.....Quantity limit
SP.....Specialty medication
ST.....Step therapy
STI*.....Sexually transmitted infection – Medication may be available at no cost to you when prescribed for preventive care or treatment of a sexually transmitted infection.

Drug name	Generic name	Tier value	Prior auth	Quantity limit	Step therapy	Notes
OLM MED/HCTZ TAB 40-25MG	OLMESARTAN MEDOXOMIL-HYDRO-CHLOROTHIAZIDE TAB 40-25 MG	Tier 2		X		
OLMESA MEDOX TAB 20MG	OLMESARTAN MEDOXOMIL TAB 20 MG	Tier 2		X		
OLMESA MEDOX TAB 40MG	OLMESARTAN MEDOXOMIL TAB 40 MG	Tier 2		X		
OLMESA MEDOX TAB 5MG	OLMESARTAN MEDOXOMIL TAB 5 MG	Tier 2		X		
OMEGA-3-ACID CAP 1GM	OMEGA-3-ACID ETHYL ESTERS CAP 1 GM	Tier 2	X	X		
PENTOXIFYLLI TAB 400MG ER	PENTOXIFYLLINE TAB ER 400 MG	Tier 2				
PERINDOPRIL TAB 2MG	PERINDOPRIL ERBUMINE TAB 2 MG	Tier 2		X		
PERINDOPRIL TAB 4MG	PERINDOPRIL ERBUMINE TAB 4 MG	Tier 2		X		
PERINDOPRIL TAB 8MG	PERINDOPRIL ERBUMINE TAB 8 MG	Tier 2		X		
PHENOXYBENZA CAP 10MG	PHENOXYBENZAMINE HCL CAP 10 MG	Tier 3				
PINDOLOL TAB 10MG	PINDOLOL TAB 10 MG	Tier 2				
PINDOLOL TAB 5MG	PINDOLOL TAB 5 MG	Tier 2				
PRAVASTATIN TAB 10MG	PRAVASTATIN SODIUM TAB 10 MG	Tier 2		X		PRV-A \$0 Copay for members between ages 40 to 75 years.
PRAVASTATIN TAB 20MG	PRAVASTATIN SODIUM TAB 20 MG	Tier 2		X		PRV-A \$0 Copay for members between ages 40 to 75 years.
PRAVASTATIN TAB 40MG	PRAVASTATIN SODIUM TAB 40 MG	Tier 2		X		PRV-A \$0 Copay for members between ages 40 to 75 years.
PRAVASTATIN TAB 80MG	PRAVASTATIN SODIUM TAB 80 MG	Tier 2		X		PRV-A \$0 Copay for members between ages 40 to 75 years.
PRAZOSIN HCL CAP 1MG	PRAZOSIN HCL CAP 1 MG	Tier 2				BH*
PRAZOSIN HCL CAP 2MG	PRAZOSIN HCL CAP 2 MG	Tier 2				BH*
PRAZOSIN HCL CAP 5MG	PRAZOSIN HCL CAP 5 MG	Tier 2				BH*
PREVALITE POW 4GM	CHOLESTYRAMINE LIGHT POWDER 4 GM / DOSE	Tier 3				
PREVALITE POW 4GM PK	CHOLESTYRAMINE LIGHT POWDER PACKETS 4 GM	Tier 3				
PROPAFENONE CAP 225MG ER	PROPAFENONE HCL CAP ER 12HR 225 MG	Tier 3				
PROPAFENONE CAP 325MG ER	PROPAFENONE HCL CAP ER 12HR 325 MG	Tier 3				
PROPAFENONE CAP 425MG ER	PROPAFENONE HCL CAP ER 12HR 425 MG	Tier 3				

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MME Morphine milligram equivalent
PA Prior authorization required
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PRV* Preventive medication may be available at no cost to you only when certain requirements are met
QL Quantity limit
SP Specialty medication
ST Step therapy
STI* Sexually transmitted infection – Medication may be available at no cost to you when prescribed for preventive care or treatment of a sexually transmitted infection.

Drug name	Generic name	Tier value	Prior auth	Quantity limit	Step therapy	Notes
PROPAFENONE TAB 150MG	PROPAFENONE HCL TAB 150 MG	Tier 2				
PROPAFENONE TAB 225MG	PROPAFENONE HCL TAB 225 MG	Tier 2				
PROPAFENONE TAB 300MG	PROPAFENONE HCL TAB 300 MG	Tier 2				
PROPRANOLOL CAP 120MG ER	PROPRANOLOL HCL CAP ER 24HR 120 MG	Tier 2				
PROPRANOLOL CAP 160MG ER	PROPRANOLOL HCL CAP ER 24HR 160 MG	Tier 2				
PROPRANOLOL CAP 60MG ER	PROPRANOLOL HCL CAP ER 24HR 60 MG	Tier 2				
PROPRANOLOL CAP 80MG ER	PROPRANOLOL HCL CAP ER 24HR 80 MG	Tier 2				
PROPRANOLOL SOL 20MG/5ML	PROPRANOLOL HCL ORAL SOLN 20 MG / 5ML	Tier 2				
PROPRANOLOL SOL 40MG/5ML	PROPRANOLOL HCL ORAL SOLN 40 MG / 5ML	Tier 2				
PROPRANOLOL TAB 10MG	PROPRANOLOL HCL TAB 10 MG	Tier 2				
PROPRANOLOL TAB 20MG	PROPRANOLOL HCL TAB 20 MG	Tier 2				
PROPRANOLOL TAB 40MG	PROPRANOLOL HCL TAB 40 MG	Tier 2				
PROPRANOLOL TAB 60MG	PROPRANOLOL HCL TAB 60 MG	Tier 2				
PROPRANOLOL TAB 80MG	PROPRANOLOL HCL TAB 80 MG	Tier 2				
QNAPRIL/HCTZ TAB 10-12.5	QUINAPRIL-HYDROCHLOROTHIAZIDE TAB 10-12.5 MG	Tier 3		X		
QNAPRIL/HCTZ TAB 20-12.5	QUINAPRIL-HYDROCHLOROTHIAZIDE TAB 20-12.5 MG	Tier 3		X		
QNAPRIL/HCTZ TAB 20-25MG	QUINAPRIL-HYDROCHLOROTHIAZIDE TAB 20-25 MG	Tier 3		X		
QUINAPRIL TAB 10MG	QUINAPRIL HCL TAB 10 MG	Tier 2		X		
QUINAPRIL TAB 20MG	QUINAPRIL HCL TAB 20 MG	Tier 2		X		
QUINAPRIL TAB 40MG	QUINAPRIL HCL TAB 40 MG	Tier 2		X		
QUINAPRIL TAB 5MG	QUINAPRIL HCL TAB 5 MG	Tier 2		X		
QUINIDINE GL TAB 324MG CR	QUINIDINE GLUCONATE TAB ER 324 MG	Tier 2				
QUINIDINE GL TAB 324MG ER	QUINIDINE GLUCONATE TAB ER 324 MG	Tier 2				
QUINIDINE SU TAB 200MG	QUINIDINE SULFATE TAB 200 MG	Tier 2				
QUINIDINE SU TAB 300MG	QUINIDINE SULFATE TAB 300 MG	Tier 2				
RAMIPRIL CAP 1.25MG	RAMIPRIL CAP 1.25 MG	Tier 2		X		
RAMIPRIL CAP 10MG	RAMIPRIL CAP 10 MG	Tier 2		X		
RAMIPRIL CAP 2.5MG	RAMIPRIL CAP 2.5 MG	Tier 2		X		
RAMIPRIL CAP 5MG	RAMIPRIL CAP 5 MG	Tier 2		X		

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ST.....Step therapy
STI*.....Sexually transmitted infection – Medication may be available at no cost to you when prescribed for preventive care or treatment of a sexually transmitted infection.

Drug name	Generic name	Tier value	Prior auth	Quantity limit	Step therapy	Notes
RANOLAZINE TAB 1000MG	RANOLAZINE TAB ER 12HR 1000 MG	Tier 3		X		
RANOLAZINE TAB 500MG ER	RANOLAZINE TAB ER 12HR 500 MG	Tier 3		X		
REPATHA INJ 140MG/ML	EVOLOCUMAB SUBCUTANEOUS SOLN PREFILLED SYRINGE 140 MG / ML	Tier 5	X	X		
REPATHA PUSH INJ 420/3.5	EVOLOCUMAB SUBCUTANEOUS SOLN CARTRIDGE / INFUSOR 420 MG / 3.5ML	Tier 5	X	X		
REPATHA SURE INJ 140MG/ML	EVOLOCUMAB SUBCUTANEOUS SOLN AUTO-INJECTOR 140 MG / ML	Tier 5	X	X		
ROSUVASTATIN TAB 10MG	ROSUVASTATIN CALCIUM TAB 10 MG	Tier 2		X		PRV-A \$0 Copay for members between ages 40 to 75 years.
ROSUVASTATIN TAB 20MG	ROSUVASTATIN CALCIUM TAB 20 MG	Tier 2		X		
ROSUVASTATIN TAB 40MG	ROSUVASTATIN CALCIUM TAB 40 MG	Tier 2		X		
ROSUVASTATIN TAB 5MG	ROSUVASTATIN CALCIUM TAB 5 MG	Tier 2		X		PRV-A \$0 Copay for members between ages 40 to 75 years.
SIMVASTATIN TAB 10MG	SIMVASTATIN TAB 10 MG	Tier 1		X		
SIMVASTATIN TAB 20MG	SIMVASTATIN TAB 20 MG	Tier 1		X		
SIMVASTATIN TAB 40MG	SIMVASTATIN TAB 40 MG	Tier 1		X		
SIMVASTATIN TAB 5MG	SIMVASTATIN TAB 5 MG	Tier 1		X		
SIMVASTATIN TAB 80MG	SIMVASTATIN TAB 80 MG	Tier 1		X		
SORINE TAB 120MG	SOTALOL HCL TAB 120 MG	Tier 2				
SORINE TAB 160MG	SOTALOL HCL TAB 160 MG	Tier 2				
SORINE TAB 240MG	SOTALOL HCL TAB 240 MG	Tier 2				
SORINE TAB 80MG	SOTALOL HCL TAB 80 MG	Tier 2				
SOTALOL AF TAB 120MG	SOTALOL HCL (AFIB / AFL) TAB 120 MG	Tier 2				
SOTALOL AF TAB 160MG	SOTALOL HCL (AFIB / AFL) TAB 160 MG	Tier 2				
SOTALOL AF TAB 80MG	SOTALOL HCL (AFIB / AFL) TAB 80 MG	Tier 2				
SOTALOL HCL TAB 120MG	SOTALOL HCL TAB 120 MG	Tier 2				
SOTALOL HCL TAB 160MG	SOTALOL HCL TAB 160 MG	Tier 2				
SOTALOL HCL TAB 240MG	SOTALOL HCL TAB 240 MG	Tier 2				
SOTALOL HCL TAB 80MG	SOTALOL HCL TAB 80 MG	Tier 2				
SOTYLIZE SOL 5MG/ML	SOTALOL HCL ORAL SOLUTION 5 MG / ML	Tier 5	X			
SPIRONO/HCTZ TAB 25/25	SPIRONOLACTONE & HYDROCHLOROTHIAZIDE TAB 25-25 MG	Tier 2				
SPIRONOLACT TAB 100MG	SPIRONOLACTONE TAB 100 MG	Tier 2				
SPIRONOLACT TAB 25MG	SPIRONOLACTONE TAB 25 MG	Tier 2				

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Drug name	Generic name	Tier value	Prior auth	Quantity limit	Step therapy	Notes
SPIRONOLACT TAB 50MG	SPIRONOLACTONE TAB 50 MG	Tier 2				
TAZTIA XT CAP 120MG/24	DILTIAZEM HCL EXTENDED RELEASE BEADS CAP ER 24HR 120 MG	Tier 2				
TAZTIA XT CAP 180MG/24	DILTIAZEM HCL EXTENDED RELEASE BEADS CAP ER 24HR 180 MG	Tier 2				
TAZTIA XT CAP 240MG/24	DILTIAZEM HCL EXTENDED RELEASE BEADS CAP ER 24HR 240 MG	Tier 2				
TAZTIA XT CAP 300MG ER	DILTIAZEM HCL EXTENDED RELEASE BEADS CAP ER 24HR 300 MG	Tier 2				
TAZTIA XT CAP 360MG/24	DILTIAZEM HCL EXTENDED RELEASE BEADS CAP ER 24HR 360 MG	Tier 2				
TELMISA/HCTZ TAB 40-12.5	TELMISARTAN-HYDROCHLOROTHIAZIDE TAB 40-12.5 MG	Tier 3		X		
TELMISA/HCTZ TAB 80-12.5	TELMISARTAN-HYDROCHLOROTHIAZIDE TAB 80-12.5 MG	Tier 3		X		
TELMISA/HCTZ TAB 80-25MG	TELMISARTAN-HYDROCHLOROTHIAZIDE TAB 80-25 MG	Tier 3		X		
TELMISARTAN TAB 20MG	TELMISARTAN TAB 20 MG	Tier 3		X		
TELMISARTAN TAB 40MG	TELMISARTAN TAB 40 MG	Tier 3		X		
TELMISARTAN TAB 80MG	TELMISARTAN TAB 80 MG	Tier 3		X		
TIADYLT CAP 120MG/24	DILTIAZEM HCL EXTENDED RELEASE BEADS CAP ER 24HR 120 MG	Tier 2				
TIADYLT CAP 180MG/24	DILTIAZEM HCL EXTENDED RELEASE BEADS CAP ER 24HR 180 MG	Tier 2				
TIADYLT CAP 240MG/24	DILTIAZEM HCL EXTENDED RELEASE BEADS CAP ER 24HR 240 MG	Tier 2				
TIADYLT CAP 300MG/24	DILTIAZEM HCL EXTENDED RELEASE BEADS CAP ER 24HR 300 MG	Tier 2				
TIADYLT CAP 360MG/24	DILTIAZEM HCL EXTENDED RELEASE BEADS CAP ER 24HR 360 MG	Tier 2				
TIADYLT CAP 420MG/24	DILTIAZEM HCL EXTENDED RELEASE BEADS CAP ER 24HR 420 MG	Tier 2				
TIMOLOL MAL TAB 10MG	TIMOLOL MALEATE TAB 10 MG	Tier 2				
TIMOLOL MAL TAB 20MG	TIMOLOL MALEATE TAB 20 MG	Tier 2				
TIMOLOL MAL TAB 5MG	TIMOLOL MALEATE TAB 5 MG	Tier 2				
TORSEMIDE TAB 100MG	TORSEMIDE TAB 100 MG	Tier 2				
TORSEMIDE TAB 10MG	TORSEMIDE TAB 10 MG	Tier 2				
TORSEMIDE TAB 20MG	TORSEMIDE TAB 20 MG	Tier 2				
TORSEMIDE TAB 5MG	TORSEMIDE TAB 5 MG	Tier 2				
TRANDOLAPRIL TAB 1MG	TRANDOLAPRIL TAB 1 MG	Tier 2		X		
TRANDOLAPRIL TAB 2MG	TRANDOLAPRIL TAB 2 MG	Tier 2		X		
TRANDOLAPRIL TAB 4MG	TRANDOLAPRIL TAB 4 MG	Tier 2		X		
TRIAMT/HCTZ CAP 37.5-25	TRIAMTERENE & HYDROCHLOROTHIAZIDE CAP 37.5-25 MG	Tier 2				
TRIAMT/HCTZ TAB 37.5-25	TRIAMTERENE & HYDROCHLOROTHIAZIDE TAB 37.5-25 MG	Tier 2				
TRIAMT/HCTZ TAB 75-50MG	TRIAMTERENE & HYDROCHLOROTHIAZIDE TAB 75-50 MG	Tier 2				

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Drug name	Generic name	Tier value	Prior auth	Quantity limit	Step therapy	Notes
VALSART/HCTZ TAB 160-12.5	VALSARTAN-HYDROCHLOROTHIAZIDE TAB 160-12.5 MG	Tier 2		X		
VALSART/HCTZ TAB 160-25MG	VALSARTAN-HYDROCHLOROTHIAZIDE TAB 160-25 MG	Tier 2		X		
VALSART/HCTZ TAB 320-12.5	VALSARTAN-HYDROCHLOROTHIAZIDE TAB 320-12.5 MG	Tier 2		X		
VALSART/HCTZ TAB 320-25MG	VALSARTAN-HYDROCHLOROTHIAZIDE TAB 320-25 MG	Tier 2		X		
VALSART/HCTZ TAB 80-12.5	VALSARTAN-HYDROCHLOROTHIAZIDE TAB 80-12.5 MG	Tier 2		X		
VALSARTAN TAB 160MG	VALSARTAN TAB 160 MG	Tier 2		X		
VALSARTAN TAB 320MG	VALSARTAN TAB 320 MG	Tier 2		X		
VALSARTAN TAB 40MG	VALSARTAN TAB 40 MG	Tier 2		X		
VALSARTAN TAB 80MG	VALSARTAN TAB 80 MG	Tier 2		X		
VERAPAMIL CAP 100MG ER	VERAPAMIL HCL CAP ER 24HR 100 MG	Tier 3				
VERAPAMIL CAP 120MG ER	VERAPAMIL HCL CAP ER 24HR 120 MG	Tier 3				
VERAPAMIL CAP 120MG SR	VERAPAMIL HCL CAP ER 24HR 120 MG	Tier 3				
VERAPAMIL CAP 180MG ER	VERAPAMIL HCL CAP ER 24HR 180 MG	Tier 3				
VERAPAMIL CAP 180MG SR	VERAPAMIL HCL CAP ER 24HR 180 MG	Tier 3				
VERAPAMIL CAP 200MG ER	VERAPAMIL HCL CAP ER 24HR 200 MG	Tier 3				
VERAPAMIL CAP 240MG ER	VERAPAMIL HCL CAP ER 24HR 240 MG	Tier 3				
VERAPAMIL CAP 240MG SR	VERAPAMIL HCL CAP ER 24HR 240 MG	Tier 3				
VERAPAMIL CAP 300MG ER	VERAPAMIL HCL CAP ER 24HR 300 MG	Tier 3				
VERAPAMIL CAP 360MG SR	VERAPAMIL HCL CAP ER 24HR 360 MG	Tier 3				
VERAPAMIL TAB 120MG	VERAPAMIL HCL TAB 120 MG	Tier 2				
VERAPAMIL TAB 120MG ER	VERAPAMIL HCL TAB ER 120 MG	Tier 2				
VERAPAMIL TAB 180MG ER	VERAPAMIL HCL TAB ER 180 MG	Tier 2				
VERAPAMIL TAB 240MG ER	VERAPAMIL HCL TAB ER 240 MG	Tier 2				
VERAPAMIL TAB 40MG	VERAPAMIL HCL TAB 40 MG	Tier 2				
VERAPAMIL TAB 80MG	VERAPAMIL HCL TAB 80 MG	Tier 2				
Central Nervous System Agents						
AMPHET/DEXTR CAP 10MG ER	AMPHETAMINE-DEXTROAMPHETAMINE CAP ER 24HR 10 MG	Tier 1	X	X		
AMPHET/DEXTR CAP 15MG ER	AMPHETAMINE-DEXTROAMPHETAMINE CAP ER 24HR 15 MG	Tier 1	X	X		

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Drug name	Generic name	Tier value	Prior auth	Quantity limit	Step therapy	Notes
AMPHET/DEXTR CAP 20MG ER	AMPHETAMINE-DEXTROAMPHET-AMINE CAP ER 24HR 20 MG	Tier 1	X	X		
AMPHET/DEXTR CAP 25MG ER	AMPHETAMINE-DEXTROAMPHET-AMINE CAP ER 24HR 25 MG	Tier 1	X	X		
AMPHET/DEXTR CAP 30MG ER	AMPHETAMINE-DEXTROAMPHET-AMINE CAP ER 24HR 30 MG	Tier 1	X	X		
AMPHET/DEXTR CAP 5MG ER	AMPHETAMINE-DEXTROAMPHET-AMINE CAP ER 24HR 5 MG	Tier 1	X	X		
AMPHET/DEXTR TAB 10MG	AMPHETAMINE-DEXTROAMPHET-AMINE TAB 10 MG	Tier 1	X	X		
AMPHET/DEXTR TAB 12.5MG	AMPHETAMINE-DEXTROAMPHET-AMINE TAB 12.5 MG	Tier 1	X	X		
AMPHET/DEXTR TAB 15MG	AMPHETAMINE-DEXTROAMPHET-AMINE TAB 15 MG	Tier 1	X	X		
AMPHET/DEXTR TAB 20MG	AMPHETAMINE-DEXTROAMPHET-AMINE TAB 20 MG	Tier 1	X	X		
AMPHET/DEXTR TAB 30MG	AMPHETAMINE-DEXTROAMPHET-AMINE TAB 30 MG	Tier 1	X	X		
AMPHET/DEXTR TAB 5MG	AMPHETAMINE-DEXTROAMPHET-AMINE TAB 5 MG	Tier 1	X	X		
AMPHET/DEXTR TAB 7.5MG	AMPHETAMINE-DEXTROAMPHET-AMINE TAB 7.5 MG	Tier 1	X	X		
AMPHETAMINE TAB 10MG	AMPHETAMINE SULFATE TAB 10 MG	Tier 1	X			
AMPHETAMINE TAB 5MG	AMPHETAMINE SULFATE TAB 5 MG	Tier 1	X			
AUSTEDO TAB 12MG	DEUTETRABENAZINE TAB 12 MG	Tier 4	X	X		BH*
AUSTEDO TAB 6MG	DEUTETRABENAZINE TAB 6 MG	Tier 4	X	X		BH*
AUSTEDO TAB 9MG	DEUTETRABENAZINE TAB 9 MG	Tier 4	X	X		BH*
AUSTEDO XR TAB 12MG	DEUTETRABENAZINE TAB ER 24HR 12 MG	Tier 4	X	X		BH*
AUSTEDO XR TAB 18MG	DEUTETRABENAZINE TAB ER 24HR 18 MG	Tier 4	X	X		BH*
AUSTEDO XR TAB 24MG	DEUTETRABENAZINE TAB ER 24HR 24 MG	Tier 4	X	X		BH*
AUSTEDO XR TAB 30MG ER	DEUTETRABENAZINE TAB ER 24HR 30 MG	Tier 4	X	X		BH*
AUSTEDO XR TAB 36MG ER	DEUTETRABENAZINE TAB ER 24HR 36 MG	Tier 4	X	X		BH*
AUSTEDO XR TAB 42MG ER	DEUTETRABENAZINE TAB ER 24HR 42 MG	Tier 4	X	X		BH*
AUSTEDO XR TAB 48MG ER	DEUTETRABENAZINE TAB ER 24HR 48 MG	Tier 4	X	X		BH*
AUSTEDO XR TAB 6MG	DEUTETRABENAZINE TAB ER 24HR 6 MG	Tier 4	X	X		BH*
AUSTEDO XR TAB TITR KIT	DEUTETRABENAZINE TAB ER TITRATION PACK 6 MG & 12 MG & 24 MG	Tier 4	X	X		BH*
AUSTEDO XR TAB TITR KIT	DEUTETRABENAZINE TAB ER TITRATION PACK 12 & 18 & 24 & 30 MG	Tier 4	X	X		BH*
AVONEX PEN KIT 30MCG	INTERFERON BETA-1A IM AUTO-INJECTOR KIT 30 MCG / 0.5ML	Tier 4	X	X		

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Drug name	Generic name	Tier value	Prior auth	Quantity limit	Step therapy	Notes
AVONEX PREFL KIT 30MCG	INTERFERON BETA-1A IM PREFILLED SYRINGE KIT 30 MCG / 0.5ML	Tier 4	X	X		
BETASERON INJ 0.3MG	INTERFERON BETA-1B FOR INJ KIT 0.3 MG	Tier 4	X	X		
CAFFEINE CIT SOL 20MG/ML	CAFFEINE CITRATE ORAL SOLN 60 MG / 3ML (10 MG / ML BASE EQUIV)	Tier 2				
CAFFEINE CIT SOL 60MG/3ML	CAFFEINE CITRATE ORAL SOLN 60 MG / 3ML (10 MG / ML BASE EQUIV)	Tier 2				
CLONIDINE TAB 0.1MG ER	CLONIDINE HCL TAB ER 12HR 0.1 MG	Tier 1				
DALFAMPRIDIN TAB 10MG ER	DALFAMPRIDINE TAB ER 12HR 10 MG	Tier 4	X	X		
DAYBUE SOL 200MG/ML	TROFINETIDE ORAL SOLN 200 MG / ML	Tier 1	X	X		
DEXMETHYLPH TAB 10MG	DEXMETHYLPHENIDATE HCL TAB 10 MG	Tier 1	X	X		
DEXMETHYLPH TAB 2.5MG	DEXMETHYLPHENIDATE HCL TAB 2.5 MG	Tier 1	X	X		
DEXMETHYLPH TAB 5MG	DEXMETHYLPHENIDATE HCL TAB 5 MG	Tier 1	X	X		
DEXTROAMPHET SOL 5MG/5ML	DEXTROAMPHETAMINE SULFATE ORAL SOLUTION 5 MG / 5ML	Tier 1	X			
DEXTROAMPHET TAB 10MG	DEXTROAMPHETAMINE SULFATE TAB 10 MG	Tier 1	X	X		
DEXTROAMPHET TAB 5MG	DEXTROAMPHETAMINE SULFATE TAB 5 MG	Tier 1	X	X		
DIMETHYL FUM CAP 120MG DR	DIMETHYL FUMARATE CAPSULE DELAYED RELEASE 120 MG	Tier 4	X	X		
DIMETHYL FUM CAP 240MG DR	DIMETHYL FUMARATE CAPSULE DELAYED RELEASE 240 MG	Tier 4	X	X		
DIMETHYL FUM CAP STARTER	DIMETHYL FUMARATE CAPSULE DR STARTER PACK 120 MG & 240 MG	Tier 4	X	X		
DULOXETINE CAP 20MG	DULOXETINE HCL ENTERIC COATED PELLETS CAP 20 MG (BASE EQ)	Tier 1		X		
DULOXETINE CAP 30MG	DULOXETINE HCL ENTERIC COATED PELLETS CAP 30 MG (BASE EQ)	Tier 1		X		
DULOXETINE CAP 60MG	DULOXETINE HCL ENTERIC COATED PELLETS CAP 60 MG (BASE EQ)	Tier 1		X		
FINGOLIMOD CAP 0.5MG	FINGOLIMOD HCL CAP 0.5 MG (BASE EQUIV)	Tier 6	X	X		
GLATIRAMER INJ 20MG/ML	GLATIRAMER ACETATE SOLN PRE-FILLED SYRINGE 20 MG / ML	Tier 4	X	X		
GLATIRAMER INJ 40MG/ML	GLATIRAMER ACETATE SOLN PRE-FILLED SYRINGE 40 MG / ML	Tier 4	X	X		
GLATOPA INJ 20MG/ML	GLATIRAMER ACETATE SOLN PRE-FILLED SYRINGE 20 MG / ML	Tier 4	X	X		
GLATOPA INJ 40MG/ML	GLATIRAMER ACETATE SOLN PRE-FILLED SYRINGE 40 MG / ML	Tier 4	X	X		
GUANFACINE TAB 1MG ER	GUANFACINE HCL TAB ER 24HR 1 MG (BASE EQUIV)	Tier 1		X		

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SP.....Specialty medication
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STI*.....Sexually transmitted infection – Medication may be available at no cost to you when prescribed for preventive care or treatment of a sexually transmitted infection.

Drug name	Generic name	Tier value	Prior auth	Quantity limit	Step therapy	Notes
GUANFACINE TAB 2MG ER	GUANFACINE HCL TAB ER 24HR 2 MG (BASE EQUIV)	Tier 1		X		
GUANFACINE TAB 3MG ER	GUANFACINE HCL TAB ER 24HR 3 MG (BASE EQUIV)	Tier 1		X		
GUANFACINE TAB 4MG ER	GUANFACINE HCL TAB ER 24HR 4 MG (BASE EQUIV)	Tier 1		X		
INGREZZA CAP 40-80MG	VALBENAZINE TOSYLATE CAP THERAPY PACK 40 MG (7) & 80 MG (21)	Tier 4	X	X		BH*
INGREZZA CAP 40MG	VALBENAZINE TOSYLATE CAP 40 MG (BASE EQUIV)	Tier 4	X	X		BH*
INGREZZA CAP 40MG	VALBENAZINE TOSYLATE CAPSULE SPRINKLE 40 MG (BASE EQUIV)	Tier 4	X	X		BH*
INGREZZA CAP 60MG	VALBENAZINE TOSYLATE CAP 60 MG (BASE EQUIV)	Tier 4	X	X		BH*
INGREZZA CAP 60MG	VALBENAZINE TOSYLATE CAPSULE SPRINKLE 60 MG (BASE EQUIV)	Tier 4	X	X		BH*
INGREZZA CAP 80MG	VALBENAZINE TOSYLATE CAP 80 MG (BASE EQUIV)	Tier 4	X	X		BH*
INGREZZA CAP 80MG	VALBENAZINE TOSYLATE CAPSULE SPRINKLE 80 MG (BASE EQUIV)	Tier 4	X	X		BH*
METHAMPHETAM TAB 5MG	METHAMPHETAMINE HCL TAB 5 MG	Tier 1	X			
METHYLPHENID SOL 10MG/5ML	METHYLPHENIDATE HCL SOLN 10 MG / 5ML	Tier 1	X	X		
METHYLPHENID SOL 5MG/5ML	METHYLPHENIDATE HCL SOLN 5 MG / 5ML	Tier 1	X	X		
METHYLPHENID TAB 10MG	METHYLPHENIDATE HCL TAB 10 MG	Tier 1	X	X		
METHYLPHENID TAB 10MG ER	METHYLPHENIDATE HCL TAB ER 10 MG	Tier 1	X	X		
METHYLPHENID TAB 18MG ER	METHYLPHENIDATE HCL TAB ER OS-MOTIC RELEASE (OSM) 18 MG	Tier 1	X	X		
METHYLPHENID TAB 20MG	METHYLPHENIDATE HCL TAB 20 MG	Tier 1	X	X		
METHYLPHENID TAB 20MG ER	METHYLPHENIDATE HCL TAB ER 20 MG	Tier 1	X	X		
METHYLPHENID TAB 27MG ER	METHYLPHENIDATE HCL TAB ER OS-MOTIC RELEASE (OSM) 27 MG	Tier 1	X	X		
METHYLPHENID TAB 36MG ER	METHYLPHENIDATE HCL TAB ER OS-MOTIC RELEASE (OSM) 36 MG	Tier 1	X	X		
METHYLPHENID TAB 54MG ER	METHYLPHENIDATE HCL TAB ER OS-MOTIC RELEASE (OSM) 54 MG	Tier 1	X	X		
METHYLPHENID TAB 5MG	METHYLPHENIDATE HCL TAB 5 MG	Tier 1	X	X		
PHENTERMINE CAP 15MG	PHENTERMINE HCL CAP 15 MG	Tier 2	X			
PHENTERMINE CAP 30MG	PHENTERMINE HCL CAP 30 MG	Tier 2	X			
PHENTERMINE CAP 37.5MG	PHENTERMINE HCL CAP 37.5 MG	Tier 2	X			
PHENTERMINE TAB 37.5MG	PHENTERMINE HCL TAB 37.5 MG	Tier 2	X			
PREGABALIN CAP 100MG	PREGABALIN CAP 100 MG	Tier 2		X		BH*

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Drug name	Generic name	Tier value	Prior auth	Quantity limit	Step therapy	Notes
PREGABALIN CAP 150MG	PREGABALIN CAP 150 MG	Tier 2		X		BH*
PREGABALIN CAP 200MG	PREGABALIN CAP 200 MG	Tier 2		X		BH*
PREGABALIN CAP 225MG	PREGABALIN CAP 225 MG	Tier 2		X		BH*
PREGABALIN CAP 25MG	PREGABALIN CAP 25 MG	Tier 2		X		BH*
PREGABALIN CAP 300MG	PREGABALIN CAP 300 MG	Tier 2		X		BH*
PREGABALIN CAP 50MG	PREGABALIN CAP 50 MG	Tier 2		X		BH*
PREGABALIN CAP 75MG	PREGABALIN CAP 75 MG	Tier 2		X		BH*
RILUZOLE TAB 50MG	RILUZOLE TAB 50 MG	Tier 4				BH*
SAVELLA MIS TITR PAK	MILNACIPRAN HCL TAB 12.5 MG (5) & 25 MG (8) & 50 MG (42) PAK	Tier 5		X	X	BH*
SAVELLA TAB 100MG	MILNACIPRAN HCL TAB 100 MG	Tier 5		X	X	BH*
SAVELLA TAB 12.5MG	MILNACIPRAN HCL TAB 12.5 MG	Tier 5		X	X	BH*
SAVELLA TAB 25MG	MILNACIPRAN HCL TAB 25 MG	Tier 5		X	X	BH*
SAVELLA TAB 50MG	MILNACIPRAN HCL TAB 50 MG	Tier 5		X	X	BH*
TERIFLUNOMID TAB 14MG	TERIFLUNOMIDE TAB 14 MG	Tier 4	X	X		
TERIFLUNOMID TAB 7MG	TERIFLUNOMIDE TAB 7 MG	Tier 4	X	X		
TETRABENAZIN TAB 12.5MG	TETRABENAZINE TAB 12.5 MG	Tier 4	X	X		
TETRABENAZIN TAB 25MG	TETRABENAZINE TAB 25 MG	Tier 4	X	X		
Dental and Oral Agents						
CEVIMELINE CAP 30MG	CEVIMELINE HCL CAP 30 MG	Tier 3				
CHLORHEX GLU SOL 0.12%	CHLORHEXIDINE GLUCONATE SOLN 0.12%	Tier 2				
PERIOGARD SOL 0.12%	CHLORHEXIDINE GLUCONATE SOLN 0.12%	Tier 2				
PILOCARPINE TAB 5MG	PILOCARPINE HCL TAB 5 MG	Tier 3				
PILOCARPINE TAB 7.5MG	PILOCARPINE HCL TAB 7.5 MG	Tier 3				
TRIAMCINOLON PST 0.1%	TRIAMCINOLONE ACETONIDE DENTAL PASTE 0.1%	Tier 2				
TRIAMCINOLON PST DEN 0.1%	TRIAMCINOLONE ACETONIDE DENTAL PASTE 0.1%	Tier 2				
Dermatological Agents						
ACCUTANE CAP 10MG	ISOTRETINOIN CAP 10 MG	Tier 3				
ACCUTANE CAP 20MG	ISOTRETINOIN CAP 20 MG	Tier 3				
ACCUTANE CAP 30MG	ISOTRETINOIN CAP 30 MG	Tier 3				
ACCUTANE CAP 40MG	ISOTRETINOIN CAP 40 MG	Tier 3				
ACITRETIN CAP 10MG	ACITRETIN CAP 10 MG	Tier 3				
ACITRETIN CAP 17.5MG	ACITRETIN CAP 17.5 MG	Tier 3				
ACITRETIN CAP 25MG	ACITRETIN CAP 25 MG	Tier 3				
ADAPALENE CRE 0.1%	ADAPALENE CREAM 0.1%	Tier 3	X	X		
ADAPALENE GEL 0.1%	ADAPALENE GEL 0.1%	Tier 3	X	X		
ADAPALENE GEL 0.3%	ADAPALENE GEL 0.3%	Tier 3	X	X		
ADAPALENE GEL PMP 0.3%	ADAPALENE GEL 0.3%	Tier 3	X	X		
AMMONIUM LAC CRE 12%	LACTIC ACID (AMMONIUM LACTATE) CREAM 12%	Tier 2				

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SP Specialty medication
ST Step therapy
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Drug name	Generic name	Tier value	Prior auth	Quantity limit	Step therapy	Notes
AMNESTEEM CAP 10MG	ISOTRETINOIN CAP 10 MG	Tier 3				
AMNESTEEM CAP 20MG	ISOTRETINOIN CAP 20 MG	Tier 3				
AMNESTEEM CAP 40MG	ISOTRETINOIN CAP 40 MG	Tier 3				
AZELAIC ACID GEL 15%	AZELAIC ACID GEL 15%	Tier 3		X		
BRIMONIDINE GEL 0.33%	BRIMONIDINE TARTRATE GEL 0.33% (BASE EQUIVALENT)	Tier 3		X		
CALCIP/BETAM SUS	CALCIPOTRIENE-BETAMETHASONE DIPROPIONATE SUSP 0.005-0.064%	Tier 3		X		
CALCIPOTRIEN CRE 0.005%	CALCIPOTRIENE CREAM 0.005%	Tier 3		X		
CALCIPOTRIEN OIN 0.005%	CALCIPOTRIENE OINT 0.005%	Tier 3		X		
CALCIPOTRIEN OIN BE-TAMETH	CALCIPOTRIENE-BETAMETHASONE DIPROPIONATE OINT 0.005-0.064%	Tier 3		X		
CALCIPOTRIEN SOL 0.005%	CALCIPOTRIENE SOLN 0.005% (50 MCG / ML)	Tier 3		X		
CALCITRIOL OIN 3MCG/ GM	CALCITRIOL OINT 3 MCG / GM	Tier 3		X		
CLARAVIS CAP 10MG	ISOTRETINOIN CAP 10 MG	Tier 3				
CLARAVIS CAP 20MG	ISOTRETINOIN CAP 20 MG	Tier 3				
CLARAVIS CAP 30MG	ISOTRETINOIN CAP 30 MG	Tier 3				
CLARAVIS CAP 40MG	ISOTRETINOIN CAP 40 MG	Tier 3				
CLINDACIN KIT ETZ 1%	*CLINDAMYCIN PHOSPHATE SWAB 1% & CLEANSER KIT***	Tier 2		X		
CLINDACIN-P PAD 1%	CLINDAMYCIN PHOSPHATE SWAB 1%	Tier 2		X		
CLINDAMY/BEN GEL 1.2-5%	CLINDAMYCIN PHOSPH-BENZOYL PEROXIDE (REFRIG) GEL 1.2 (1)-5%	Tier 3		X		
CLINDAMYCIN GEL 1%	CLINDAMYCIN PHOSPHATE GEL 1% (ONCE-DAILY)	Tier 3		X		
CLINDAMYCIN GEL 1%	CLINDAMYCIN PHOSPHATE GEL 1% (TWICE-DAILY)	Tier 3		X		
CLINDAMYCIN LOT 1%	CLINDAMYCIN PHOSPHATE LOTION 1%	Tier 3		X		
CLINDAMYCIN LOT 10MG/ML	CLINDAMYCIN PHOSPHATE LOTION 1%	Tier 3		X		
CLINDAMYCIN MIS 1%	CLINDAMYCIN PHOSPHATE SWAB 1%	Tier 2		X		
CLINDAMYCIN SOL 1%	CLINDAMYCIN PHOSPHATE SOLN 1%	Tier 2		X		
DOXEPIN HCL CRE 5%	DOXEPIN HCL CREAM 5%	Tier 3	X	X		
DUOBRII LOT	HALOBETASOL PROPIONATE-TAZAROTENE LOTION 0.01-0.045%	Tier 5		X	X	
DUPIXENT INJ 100/0.67	DUPILUMAB SUBCUTANEOUS SOLN PREFILLED SYRINGE 100 MG / 0.67ML	Tier 4	X	X		
DUPIXENT INJ 200/1.14	DUPILUMAB SUBCUTANEOUS SOLN PREFILLED SYRINGE 200 MG / 1.14ML	Tier 4	X	X		
DUPIXENT INJ 200MG	DUPILUMAB SUBCUTANEOUS SOLN AUTO-INJECTOR 200 MG / 1.14ML	Tier 4	X	X		
DUPIXENT INJ 300/2ML	DUPILUMAB SUBCUTANEOUS SOLN AUTO-INJECTOR 300 MG / 2ML	Tier 4	X	X		

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Drug name	Generic name	Tier value	Prior auth	Quantity limit	Step therapy	Notes
DUPIXENT INJ 300/2ML	DUPILUMAB SUBCUTANEOUS SOLN PREFILLED SYRINGE 300 MG / 2ML	Tier 4	X	X		
ERY PAD 2%	ERYTHROMYCIN PADS 2%	Tier 2				
ERY/BENZOYL GEL 3-5%	BENZOYL PEROXIDE-ERYTHROMYCIN GEL 5-3%	Tier 3		X		
ERYTHROMYCIN GEL 2%	ERYTHROMYCIN GEL 2%	Tier 3				
ERYTHROMYCIN SOL 2%	ERYTHROMYCIN SOLN 2%	Tier 3				
ESKATA SOL 40%	HYDROGEN PEROXIDE SOLN 40%	Tier 5				
IMIQUIMOD CRE 5%	IMIQUIMOD CREAM 5%	Tier 2		X		STI*
ISOTRETINOIN CAP 10MG	ISOTRETINOIN CAP 10 MG	Tier 3				
ISOTRETINOIN CAP 20MG	ISOTRETINOIN CAP 20 MG	Tier 3				
ISOTRETINOIN CAP 30MG	ISOTRETINOIN CAP 30 MG	Tier 3				
ISOTRETINOIN CAP 40MG	ISOTRETINOIN CAP 40 MG	Tier 3				
IVERMECTIN CRE 1%	IVERMECTIN CREAM 1%	Tier 3		X		
METHOXSALEN CAP 10MG	METHOXSALEN RAPID CAP 10 MG	Tier 3				
METRONIDAZOL CRE 0.75%	METRONIDAZOLE CREAM 0.75%	Tier 3				
METRONIDAZOL GEL 0.75%	METRONIDAZOLE GEL 0.75%	Tier 3				
METRONIDAZOL LOT 0.75%	METRONIDAZOLE LOTION 0.75%	Tier 3				
PIMECROLIMUS CRE 1%	PIMECROLIMUS CREAM 1%	Tier 3		X	X	
PODOFILOX GEL 0.5%	PODOFILOX GEL 0.5%	Tier 3				STI*
PODOFILOX SOL 0.5%	PODOFILOX SOLN 0.5%	Tier 2				STI*
REGGRANEX GEL 0.01%	BECAPLERMIN GEL 0.01%	Tier 3	X	X		
SANTYL OIN 250/GM	COLLAGENASE OINT 250 UNIT / GM	Tier 5		X		
SELENIUM SUL LOT 2.5%	SELENIUM SULFIDE LOTION 2.5%	Tier 2				
STEQUEYMA INJ 45/0.5ML	USTEKINUMAB-STBA SOLN PRE-FILLED SYRINGE 45 MG / 0.5ML	Tier 4	X	X		
STEQUEYMA INJ 90MG/ML	USTEKINUMAB-STBA SOLN PRE-FILLED SYRINGE 90 MG / ML	Tier 4	X	X		
SULFACETAMID LOT 10%	SULFACETAMIDE SODIUM LOTION 10% (ACNE)	Tier 3				
TACROLIMUS OIN 0.03%	TACROLIMUS OINT 0.03%	Tier 3		X	X	
TACROLIMUS OIN 0.1%	TACROLIMUS OINT 0.1%	Tier 3		X	X	
TALTZ INJ 20/0.25	IXEKIZUMAB SUBCUTANEOUS SOLN PREFILLED SYRINGE 20 MG / 0.25ML	Tier 4	X	X		
TALTZ INJ 40/0.5ML	IXEKIZUMAB SUBCUTANEOUS SOLN PREFILLED SYRINGE 40 MG / 0.5ML	Tier 4	X	X		
TALTZ INJ 80MG/ML	IXEKIZUMAB SUBCUTANEOUS SOLN AUTO-INJECTOR 80 MG / ML	Tier 4	X	X		
TALTZ INJ 80MG/ML	IXEKIZUMAB SUBCUTANEOUS SOLN PREFILLED SYRINGE 80 MG / ML	Tier 4	X	X		
TAZAROTENE CRE 0.1%	TAZAROTENE CREAM 0.1%	Tier 3	X	X		
TAZAROTENE GEL 0.05%	TAZAROTENE GEL 0.05%	Tier 3	X	X		
TAZAROTENE GEL 0.1%	TAZAROTENE GEL 0.1%	Tier 3	X	X		
TRETINOIN CRE 0.025%	TRETINOIN CREAM 0.025%	Tier 3	X	X		

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Drug name	Generic name	Tier value	Prior auth	Quantity limit	Step therapy	Notes
TRETINOIN CRE 0.05%	TRETINOIN CREAM 0.05%	Tier 3	X	X		
TRETINOIN CRE 0.1%	TRETINOIN CREAM 0.1%	Tier 3	X	X		
VEREGEN OIN 15%	SINECATECHINS OINT 15%	Tier 5		X		STI*
YESINTEK INJ 45/0.5ML	USTEKINUMAB-KFCE SUBCUTANEOUS SOLN 45 MG / 0.5ML	Tier 4	X	X		
YESINTEK INJ 45/0.5ML	USTEKINUMAB-KFCE SOLN PREFILLED SYRINGE 45 MG / 0.5ML	Tier 4	X	X		
YESINTEK INJ 90MG/ML	USTEKINUMAB-KFCE SOLN PREFILLED SYRINGE 90 MG / ML	Tier 4	X	X		
ZENATANE CAP 10MG	ISOTRETINOIN CAP 10 MG	Tier 3				
ZENATANE CAP 20MG	ISOTRETINOIN CAP 20 MG	Tier 3				
ZENATANE CAP 30MG	ISOTRETINOIN CAP 30 MG	Tier 3				
ZENATANE CAP 40MG	ISOTRETINOIN CAP 40 MG	Tier 3				
Electrolytes/Minerals/Metals/Vitamins						
ATABEX EC TAB 29-1MG	*PRENATAL VIT W / DSS-IRON CARBONYL-FA TAB DR 29-1 MG***	Tier 2				
ATABEX OB TAB 29-1MG	*PRENATAL VIT W / FE BISGLYCINATE CHELATE-FA TAB 29-1 MG***	Tier 2				
CALC ACETATE CAP 667MG	CALCIUM ACETATE (PHOSPHATE BINDER) CAP 667 MG (169 MG CA)	Tier 2				
CALC ACETATE TAB 667MG	CALCIUM ACETATE (PHOSPHATE BINDER) TAB 667 MG	Tier 2				
CARGLUMIC TAB 200MG	CARGLUMIC ACID SOLUBLE TAB 200 MG	Tier 6	X			
CHEMET CAP 100MG	SUCCIMER CAP 100 MG	Tier 3				
CO-NATAL FA TAB 29-1MG	*PRENATAL VIT W / FE FUMARATE-FA TAB 29-1 MG***	Tier 2				
COMPLETE NAT PAK DHA	*PRENAT-FE BIS-FE PROT SUCC-FA-CA TAB & OMEGA 3 CAP 200 PK**	Tier 2				
COMPLETENATE CHW	*PRENATAL VIT W / FE FUMARATE-FA CHEW TAB 29-1 MG***	Tier 2				
CYANOCOBALAM INJ 10000MCG	CYANOCOBALAMIN INJ 1000 MCG / ML	Tier 2				
CYANOCOBALAM INJ 1000MCG	CYANOCOBALAMIN INJ 1000 MCG / ML	Tier 2				
CYANOCOBALAM INJ 30000MCG	CYANOCOBALAMIN INJ 1000 MCG / ML	Tier 2				
CYANOCOBALAM SOL 2000MCG	CYANOCOBALAMIN INJ 2000 MCG / ML	Tier 2				
DEFERASIROX GRA 180MG	DEFERASIROX GRANULES PACKET 180 MG	Tier 6	X			
DEFERASIROX GRA 360MG	DEFERASIROX GRANULES PACKET 360 MG	Tier 6	X			
DEFERASIROX GRA 90MG	DEFERASIROX GRANULES PACKET 90 MG	Tier 6	X			
DEFERASIROX TAB 125MG	DEFERASIROX TAB FOR ORAL SUSP 125 MG	Tier 6	X			
DEFERASIROX TAB 180MG	DEFERASIROX TAB 180 MG	Tier 4	X			

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Drug name	Generic name	Tier value	Prior auth	Quantity limit	Step therapy	Notes
DEFERASIROX TAB 250MG	DEFERASIROX TAB FOR ORAL SUSP 250 MG	Tier 6	X			
DEFERASIROX TAB 360MG	DEFERASIROX TAB 360 MG	Tier 4	X			
DEFERASIROX TAB 500MG	DEFERASIROX TAB FOR ORAL SUSP 500 MG	Tier 6	X			
DEFERASIROX TAB 90MG	DEFERASIROX TAB 90 MG	Tier 4	X			
DODEX INJ	CYANOCOBALAMIN INJ 1000 MCG / ML	Tier 3				
EFFER-K TAB 10MEQ	POTASSIUM BICARBONATE-CITRIC ACID EFFER TAB 10 MEQ	Tier 3				
EFFER-K TAB 20MEQ	POTASSIUM BICARBONATE-CITRIC ACID EFFER TAB 20 MEQ	Tier 3				
EFFER-K TAB 25MEQ EF	POTASSIUM BICARBONATE EFFER TAB 25 MEQ	Tier 2				
FA-8 CAP 800MCG	FOLIC ACID CAP 0.8 MG	Tier 1				
FERRIC CITRA TAB 210MG	FERRIC CITRATE TAB 1 GM (210 MG FERRIC IRON)	Tier 4				
FLUORIDE CHW 0.25MG F	SODIUM FLUORIDE CHEW TAB 0.25 MG F (FROM 0.55 MG NAF)	Tier 1				
FLUORIDE CHW 0.5MG F	SODIUM FLUORIDE CHEW TAB 0.5 MG F (FROM 1.1 MG NAF)	Tier 1				
FLUORIDE CHW 1MG F	SODIUM FLUORIDE CHEW TAB 1 MG F (FROM 2.2 MG NAF)	Tier 1				
FLUORITAB DRO 0.125MG	SODIUM FLUORIDE SOLN 0.125 MG / DROP F (0.275 MG / DROP NAF)	Tier 1				
FOLIC ACID TAB 1000MCG	FOLIC ACID TAB 1 MG	Tier 2				
FOLIC ACID TAB 1MG	FOLIC ACID TAB 1 MG	Tier 2				
FOLIC ACID TAB 400MCG	FOLIC ACID TAB 400 MCG	Tier 1				
FOLIC ACID TAB 800MCG	FOLIC ACID TAB 800 MCG	Tier 1				
FOLIVANE-OB CAP	*PRENATAL W / O A W / FE FUM-FE POLY-FA CAP 85-1 MG***	Tier 2				
FOSRENOL POW 1000MG	LANTHANUM CARBONATE ORAL POWDER PACK 1000 MG (ELEMENTAL)	Tier 5				
FOSRENOL POW 750MG	LANTHANUM CARBONATE ORAL POWDER PACK 750 MG (ELEMENTAL)	Tier 5				
GALZIN CAP 25MG	ZINC ACETATE CAP 25 MG (ELEMENTAL ZINC)	Tier 5				
GALZIN CAP 50MG	ZINC ACETATE CAP 50 MG (ELEMENTAL ZINC)	Tier 5				
INATAL GT TAB	*PRENATAL VIT W / DSS-IRON CARBONYL-FA TAB 90-1 MG***	Tier 2				
KLOR-CON 10 TAB 10MEQ ER	POTASSIUM CHLORIDE TAB ER 10 MEQ	Tier 2				
KLOR-CON 8 TAB 8MEQ ER	POTASSIUM CHLORIDE TAB ER 8 MEQ (600 MG)	Tier 2				
KLOR-CON M10 TAB 10MEQ ER	POTASSIUM CHLORIDE MICROENCAPSULATED CRYST ER TAB 10 MEQ	Tier 2				

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Drug name	Generic name	Tier value	Prior auth	Quantity limit	Step therapy	Notes
KLOR-CON M15 TAB 15MEQ ER	POTASSIUM CHLORIDE MICROEN-CAPSULATED CRYST ER TAB 15 MEQ	Tier 2				
KLOR-CON M20 TAB 20MEQ ER	POTASSIUM CHLORIDE MICROEN-CAPSULATED CRYST ER TAB 20 MEQ	Tier 2				
KLOR-CON PAK 20MEQ	POTASSIUM CHLORIDE POWDER PACKET 20 MEQ	Tier 3				
KLOR-CON/EF TAB 25MEQ	POTASSIUM BICARBONATE EFFER TAB 25 MEQ	Tier 2				
LANTHANUM CHW 1000MG	LANTHANUM CARBONATE CHEW TAB 1000 MG (ELEMENTAL)	Tier 3				
LANTHANUM CHW 500MG	LANTHANUM CARBONATE CHEW TAB 500 MG (ELEMENTAL)	Tier 3				
LANTHANUM CHW 750MG	LANTHANUM CARBONATE CHEW TAB 750 MG (ELEMENTAL)	Tier 3				
LEVOCARNITIN SOL 1GM/10ML	LEVOCARNITINE ORAL SOLN 1 GM / 10ML (10%)	Tier 3				
LEVOCARNITIN TAB 330MG	LEVOCARNITINE TAB 330 MG	Tier 2				
LOKELMA PAK 10GM	SODIUM ZIRCONIUM CYCLOSILICATE FOR SUSP PACKET 10 GM	Tier 5	X	X		
LOKELMA PAK 5GM	SODIUM ZIRCONIUM CYCLOSILICATE FOR SUSP PACKET 5 GM	Tier 5	X	X		
M-NATAL PLUS TAB	*PRENATAL VIT W / FE FUMARATE-FA TAB 27-1 MG***	Tier 2				
NAFRINSE DRO 0.125MG	SODIUM FLUORIDE SOLN 0.125 MG / DROP F (0.275 MG / DROP NAF)	Tier 1				
NEONATAL PLS TAB 27-1MG	*PRENATAL VIT W / FE FUMARATE-FA TAB 27-1 MG***	Tier 2				
NEONATAL TAB COMPLTE	*PRENATAL VIT W / FE FUMARATE-FA TAB 27-1 MG***	Tier 2				
NEONATAL TAB PLUS	*PRENATAL VIT W / FE FUMARATE-FA TAB 27-1 MG***	Tier 2				
NIVA-PLUS TAB	*PRENATAL VIT W / FE FUMARATE-FA TAB 27-1 MG***	Tier 2				
OBSTETRIX EC TAB	*PRENATAL VIT W / DSS-IRON CARBONYL-FA TAB 29-1 MG***	Tier 2				
OBSTETR ONE CAP 38-1-225	*PRENAT W / O A W / FECBN-BISG-METHYLF-DSS-DHA CAP 38-1-225 MG**	Tier 2				
ONE VITE TAB 1MG PLUS	*PRENATAL VIT W / FE FUMARATE-FA TAB 27-1 MG***	Tier 2				
PHYTONADIONE TAB 5MG	PHYTONADIONE TAB 5 MG	Tier 3		X		
PNV-DHA CAP DOCUSATE	*PRENATAL W / O VIT A W / FE FUM-DSS-FA-DHA CAP 27-1.25-300 MG*	Tier 2				
POT CHLORIDE CAP 10MEQ ER	POTASSIUM CHLORIDE CAP ER 10 MEQ	Tier 2				
POT CHLORIDE CAP 8MEQ ER	POTASSIUM CHLORIDE CAP ER 8 MEQ	Tier 2				
POT CHLORIDE POW 20MEQ	POTASSIUM CHLORIDE POWDER PACKET 20 MEQ	Tier 3				

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Drug name	Generic name	Tier value	Prior auth	Quantity limit	Step therapy	Notes
POT CHLORIDE SOL 10%	POTASSIUM CHLORIDE ORAL SOLN 10% (20 MEQ / 15ML)	Tier 2				
POT CHLORIDE SOL 20%	POTASSIUM CHLORIDE ORAL SOLN 20% (40 MEQ / 15ML)	Tier 2				
POT CHLORIDE TAB 10MEQ ER	POTASSIUM CHLORIDE TAB ER 10 MEQ	Tier 2				
POT CHLORIDE TAB 10MEQ ER	POTASSIUM CHLORIDE MICROEN-CAPSULATED CRYST ER TAB 10 MEQ	Tier 2				
POT CHLORIDE TAB 15MEQ ER	POTASSIUM CHLORIDE TAB ER 15 MEQ	Tier 2				
POT CHLORIDE TAB 20MEQ ER	POTASSIUM CHLORIDE TAB ER 20 MEQ (1500 MG)	Tier 2				
POT CHLORIDE TAB 20MEQ ER	POTASSIUM CHLORIDE MICROEN-CAPSULATED CRYST ER TAB 20 MEQ	Tier 2				
POT CHLORIDE TAB 8MEQ ER	POTASSIUM CHLORIDE TAB ER 8 MEQ (600 MG)	Tier 2				
POT CITRA ER TAB 1080MG	POTASSIUM CITRATE TAB ER 10 MEQ (1080 MG)	Tier 3				
POT CITRA ER TAB 1620MG	POTASSIUM CITRATE TAB ER 15 MEQ (1620 MG)	Tier 3				
POT CITRA ER TAB 540MG	POTASSIUM CITRATE TAB ER 5 MEQ (540 MG)	Tier 3				
POT CL MICRO TAB 10MEQ CR	POTASSIUM CHLORIDE MICROEN-CAPSULATED CRYST ER TAB 10 MEQ	Tier 2				
POT CL MICRO TAB 10MEQ ER	POTASSIUM CHLORIDE MICROEN-CAPSULATED CRYST ER TAB 10 MEQ	Tier 2				
POT CL MICRO TAB 15MEQ ER	POTASSIUM CHLORIDE MICROEN-CAPSULATED CRYST ER TAB 15 MEQ	Tier 2				
POT CL MICRO TAB 20MEQ ER	POTASSIUM CHLORIDE MICROEN-CAPSULATED CRYST ER TAB 20 MEQ	Tier 2				
POTASSIUM CH TAB 15MEQ	POTASSIUM CHLORIDE MICROEN-CAPSULATED CRYST ER TAB 15 MEQ	Tier 2				
PRENATAL 19 TAB 29-1MG	*PRENATAL VIT W / DSS-FE FUMARATE-FA TAB 29-1 MG***	Tier 2				
PRENATAL PLS MIS MV + DHA	*PRENAT W / FE FUM-FA TAB 27-1 MG & OMEGA 3 CAP 312 MG PAK*	Tier 2				
PRENATAL TAB PLUS	*PRENATAL VIT W / FE FUMARATE-FA TAB 27-1 MG***	Tier 2				
PRENATAL-U CAP 106.5-1	*PRENATAL W / O A VIT W / FE FUMARATE-FA CAP 106.5-1 MG***	Tier 2				
PRENATRIX TAB	*PRENATAL VIT W / FE FUMARATE-FA TAB 27-1 MG***	Tier 2				
PRENATRYL TAB	*PRENATAL VIT W / FE FUMARATE-FA TAB 27-1 MG***	Tier 2				
PROVIDA OB CAP	*PRENATAL W / O A W / FE FUM-FE POLY-FA CAP 20-20-1.25 MG***	Tier 2				
SE-NATAL 19 CHW	*PRENATAL VIT W / FE FUMARATE-FA CHEW TAB 29-1 MG***	Tier 2				
SE-NATAL 19 TAB	*PRENATAL VIT W / DSS-FE FUMARATE-FA TAB 29-1 MG***	Tier 2				

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Drug name	Generic name	Tier value	Prior auth	Quantity limit	Step therapy	Notes
SEVELAM CARB POW 0.8GM	SEVELAMER CARBONATE PACKET 0.8 GM	Tier 3				
SEVELAM CARB POW 2.4GM	SEVELAMER CARBONATE PACKET 2.4 GM	Tier 3				
SEVELAM CARB TAB 800MG	SEVELAMER CARBONATE TAB 800 MG	Tier 3				
SOD FLUORIDE CHW 0.25MG F	SODIUM FLUORIDE CHEW TAB 0.25 MG F (FROM 0.55 MG NAF)	Tier 1				
SOD FLUORIDE CHW 0.5MG F	SODIUM FLUORIDE CHEW TAB 0.5 MG F (FROM 1.1 MG NAF)	Tier 1				
SOD FLUORIDE DRO 0.5MG/ML	SODIUM FLUORIDE SOLN 0.5 MG / ML F (FROM 1.1 MG / ML NAF)	Tier 1				
SOD FLUORIDE TAB 0.5MG F	SODIUM FLUORIDE TAB 0.5 MG F (FROM 1.1 MG NAF)	Tier 1				
SOD FLUORIDE TAB 1MG F	SODIUM FLUORIDE TAB 1 MG F (FROM 2.2 MG NAF)	Tier 1				
SOD POLY SUL POW	*SODIUM POLYSTYRENE SULFONATE POWDER**	Tier 2				
TARON-C DHA CAP	*PRENATAL W / FE FUM-FE POLY -FA-OMEGA 3 CAP 35-1 MG***	Tier 2				
THRIVITE RX TAB 29-1MG	*PRENATAL VIT W / IRON CARBONYL-FA TAB 29-1 MG***	Tier 2				
TOLVAPTAN TAB 15MG	TOLVAPTAN TAB 15 MG	Tier 4	X	X		
TOLVAPTAN TAB 30MG	TOLVAPTAN TAB 30 MG	Tier 4	X	X		
TRICARE TAB PRENATAL	*PRENATAL VIT W / FE FUMARATE-FA TAB 27-1 MG***	Tier 2				
TRIENTINE CAP 250MG	TRIENTINE HCL CAP 250 MG	Tier 6	X	X		
TRINATAL RX TAB 1	*PRENATAL VIT W / FE FUMARATE-FA TAB 60-1 MG***	Tier 2				
TRINATE TAB	*PRENATAL VIT W / FE FUMARATE-FA TAB 28-1 MG***	Tier 2				
VELPHORO CHW 500MG	SUCROFERRIC OXYHYDROXIDE CHEW TAB 500 MG	Tier 4				
VITAMIN D CAP 1.25MG	ERGOCALCIFEROL CAP 1.25 MG (50000 UNIT)	Tier 2				
VITAMIN D CAP 50000UNT	ERGOCALCIFEROL CAP 1.25 MG (50000 UNIT)	Tier 2				
VITATHELY TAB	*PRENATAL VIT W / FE FUMARATE-FA TAB 27-1 MG***	Tier 2				
WESNATAL DHA PAK COMPLETE	*PRENAT-FE BIS-FE PROT SUCC-FA-CA TAB & OMEGA 3 CAP 200 PK**	Tier 2				
WESTAB PLUS TAB 27-1MG	*PRENATAL VIT W / FE FUMARATE-FA TAB 27-1 MG***	Tier 2				
Gastrointestinal Agents						
ALOSETRON TAB 0.5MG	ALOSETRON HCL TAB 0.5 MG (BASE EQUIV)	Tier 3	X	X		
ALOSETRON TAB 1MG	ALOSETRON HCL TAB 1 MG (BASE EQUIV)	Tier 3	X	X		
ALVIMOPAN CAP 12MG	ALVIMOPAN CAP 12 MG	Tier 3				

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Drug name	Generic name	Tier value	Prior auth	Quantity limit	Step therapy	Notes
BISACODYL TAB 5MG EC	BISACODYL TAB DELAYED RELEASE 5 MG	Tier 1		X		
CIMETIDINE SOL 300/5ML	CIMETIDINE HCL SOLN 300 MG / 5ML	Tier 2				
CIMETIDINE TAB 200MG	CIMETIDINE TAB 200 MG	Tier 2				
CIMETIDINE TAB 300MG	CIMETIDINE TAB 300 MG	Tier 2				
CIMETIDINE TAB 400MG	CIMETIDINE TAB 400 MG	Tier 2				
CIMETIDINE TAB 800MG	CIMETIDINE TAB 800 MG	Tier 2				
CITROMA SOL LEMONY	MAGNESIUM CITRATE SOLN	Tier 1		X		
CLEARLAX POW	POLYETHYLENE GLYCOL 3350 ORAL POWDER 17 GM / SCOOP	Tier 1		X		
CLENPIQ SOL	SOD PICOSULFATE-MG OX-CITRIC AC SOL 10 MG-3.5 GM-12 GM / 175ML	Tier 5				PRV* \$0 Copay once your healthcare provider confirms use is to prepare for a preventive colonoscopy.
CONSTULOSE SOL 10GM/15	LACTULOSE SOLUTION 10 GM / 15ML	Tier 2				
CROMOLYN SOD CON 100/5ML	CROMOLYN SODIUM ORAL CONC 100 MG / 5ML	Tier 3				
CVS PURELAX POW	POLYETHYLENE GLYCOL 3350 ORAL POWDER 17 GM / SCOOP	Tier 1		X		
DICYCLOMINE CAP 10MG	DICYCLOMINE HCL CAP 10 MG	Tier 2				
DICYCLOMINE SOL 10MG/5ML	DICYCLOMINE HCL ORAL SOLN 10 MG / 5ML	Tier 3				
DICYCLOMINE TAB 20MG	DICYCLOMINE HCL TAB 20 MG	Tier 2				
DIPHEN/ATROP LIQ 2.5/5	DIPHENOXYLATE W / ATROPINE LIQ 2.5-0.025 MG / 5ML	Tier 3				
DIPHEN/ATROP TAB 2.5MG	DIPHENOXYLATE W / ATROPINE TAB 2.5-0.025 MG	Tier 2				
ENULOSE SOL 10GM/15	LACTULOSE (ENCEPHALOPATHY) SOLUTION 10 GM / 15ML	Tier 2				
ESOMEPRAS MAG CAP 20MG DR	ESOMEPRASOLE MAGNESIUM CAP DELAYED RELEASE 20 MG (BASE EQ)	Tier 2		X		
ESOMEPRAS MAG CAP 40MG DR	ESOMEPRASOLE MAGNESIUM CAP DELAYED RELEASE 40 MG (BASE EQ)	Tier 2		X		
FAMOTIDINE SUS 40MG/5ML	FAMOTIDINE FOR SUSP 40 MG / 5ML	Tier 3				
FAMOTIDINE TAB 20MG	FAMOTIDINE TAB 20 MG	Tier 2				
FAMOTIDINE TAB 40MG	FAMOTIDINE TAB 40 MG	Tier 2				
GAVILAX POW	POLYETHYLENE GLYCOL 3350 ORAL POWDER 17 GM / SCOOP	Tier 1		X		

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Drug name	Generic name	Tier value	Prior auth	Quantity limit	Step therapy	Notes
GAVILYTE-C SOL	PEG 3350-KCL-NA BICARB-NACL-NA SULFATE FOR SOLN 240 GM	Tier 2		X		PRV* \$0 Copay once your healthcare provider confirms use is to prepare for a preventive colonoscopy.
GAVILYTE-G SOL	PEG 3350-KCL-NA BICARB-NACL-NA SULFATE FOR SOLN 236 GM	Tier 2		X		PRV* \$0 Copay once your healthcare provider confirms use is to prepare for a preventive colonoscopy.
GENERLAC SOL 10/15ML	LACTULOSE (ENCEPHALOPATHY) SOLUTION 10 GM / 15ML	Tier 2				
GENERLAC SOL 10GM/15	LACTULOSE (ENCEPHALOPATHY) SOLUTION 10 GM / 15ML	Tier 2				
GENTLELAX POW	POLYETHYLENE GLYCOL 3350 ORAL POWDER 17 GM / SCOOP	Tier 1		X		
GLYCOLAX POW 3350 NF	POLYETHYLENE GLYCOL 3350 ORAL POWDER 17 GM / SCOOP	Tier 1		X		
GLYCOPYRROL TAB 1MG	GLYCOPYRROLATE TAB 1 MG	Tier 2				
GLYCOPYRROL TAB 2MG	GLYCOPYRROLATE TAB 2 MG	Tier 2				
KRISTALOSE PAK 10GM	LACTULOSE ORAL CRYSTAL PACKET 10 GM	Tier 5				
KRISTALOSE PAK 20GM	LACTULOSE ORAL CRYSTAL PACKET 20 GM	Tier 5				
LACTULOSE PAK 10GM	LACTULOSE ORAL CRYSTAL PACKET 10 GM	Tier 3				
LACTULOSE PAK 20GM	LACTULOSE ORAL CRYSTAL PACKET 20 GM	Tier 3				
LACTULOSE SOL 10GM/15	LACTULOSE SOLUTION 10 GM / 15ML	Tier 2				
LACTULOSE SOL 10GM/15	LACTULOSE (ENCEPHALOPATHY) SOLUTION 10 GM / 15ML	Tier 2				
LACTULOSE SOL 20/30ML	LACTULOSE SOLUTION 10 GM / 15ML	Tier 2				
LANSOPR/AMOX PAK / CLARITH	AMOXICIL CAP & CLARITHRO TAB & LANSOPRAZ CAP DR 500 & 500 & 30MG	Tier 3		X		
LANSOPRAZOLE CAP 15MG DR	LANSOPRAZOLE CAP DELAYED RELEASE 15 MG	Tier 2		X		
LANSOPRAZOLE CAP 30MG DR	LANSOPRAZOLE CAP DELAYED RELEASE 30 MG	Tier 2		X		
LINZESS CAP 145MCG	LINACLOTIDE CAP 145 MCG	Tier 3	X	X		
LINZESS CAP 290MCG	LINACLOTIDE CAP 290 MCG	Tier 3	X	X		
LINZESS CAP 72MCG	LINACLOTIDE CAP 72 MCG	Tier 3	X	X		

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Drug name	Generic name	Tier value	Prior auth	Quantity limit	Step therapy	Notes
LOPERAMIDE CAP 2MG	LOPERAMIDE HCL CAP 2 MG	Tier 2				
LUBIPROSTONE CAP 24MCG	LUBIPROSTONE CAP 24 MCG	Tier 3		X		
LUBIPROSTONE CAP 8MCG	LUBIPROSTONE CAP 8 MCG	Tier 3		X		
MAG CITRATE SOL LEMON	MAGNESIUM CITRATE SOLN	Tier 1		X		
METHSCOPOLAM TAB 2.5MG	METHSCOPOLAMINE BROMIDE TAB 2.5 MG	Tier 3				
METHSCOPOLAM TAB 5MG	METHSCOPOLAMINE BROMIDE TAB 5 MG	Tier 3				
MIRALAX POW 3350 NF	POLYETHYLENE GLYCOL 3350 ORAL POWDER 17 GM / SCOOP	Tier 1		X		
MISOPROSTOL TAB 100MCG	MISOPROSTOL TAB 100 MCG	Tier 2				
MISOPROSTOL TAB 200MCG	MISOPROSTOL TAB 200 MCG	Tier 2				
NIZATIDINE CAP 150MG	NIZATIDINE CAP 150 MG	Tier 3				
NIZATIDINE CAP 300MG	NIZATIDINE CAP 300 MG	Tier 3				
OMEPRAZOLE CAP 10MG	OMEPRAZOLE CAP DELAYED RELEASE 10 MG	Tier 2		X		
OMEPRAZOLE CAP 20MG	OMEPRAZOLE CAP DELAYED RELEASE 20 MG	Tier 2				
OMEPRAZOLE CAP 40MG	OMEPRAZOLE CAP DELAYED RELEASE 40 MG	Tier 2				
OPIUM TIN 10MG/ML	OPIUM TINCTURE 1% (10 MG / ML) (MORPHINE EQUIV)	Tier 3		X		
OSMOPREP TAB 1.5GM	SOD PHOS MONO-SOD PHOS DI TABS 1.102-0.398 GM(1.5GM NA PHOS)	Tier 5				PRV* \$0 Copay once your healthcare provider confirms use is to prepare for a preventive colonoscopy.
PANTOPRAZOLE TAB 20MG	PANTOPRAZOLE SODIUM EC TAB 20 MG (BASE EQUIV)	Tier 2		X		
PANTOPRAZOLE TAB 40MG	PANTOPRAZOLE SODIUM EC TAB 40 MG (BASE EQUIV)	Tier 2		X		
PEG-3350 SOL ELECTROL	PEG 3350-KCL-NA BICARB-NA CL-NA SULFATE FOR SOLN 236 GM	Tier 2		X		PRV* \$0 Copay once your healthcare provider confirms use is to prepare for a preventive colonoscopy.

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Drug name	Generic name	Tier value	Prior auth	Quantity limit	Step therapy	Notes
PEG-3350/KCL SOL / SODIUM	PEG 3350-KCL-SOD BICARB-NACL FOR SOLN 420 GM	Tier 2		X		PRV* \$0 Copay once your healthcare provider confirms use is to prepare for a preventive colonoscopy.
PEG/NASUL/C/ SOL NACL/POT	PEG 3350-KCL-NACL-NA SULFATE-NA ASCORBATE-C FOR SOLN 100 GM	Tier 3		X		PRV* \$0 Copay once your healthcare provider confirms use is to prepare for a preventive colonoscopy.
PLENVU SOL	PEG 3350-KCL-NACL-NA SULFATE-NA ASCORBATE-C FOR SOLN 140 GM	Tier 5		X		PRV* \$0 Copay once your healthcare provider confirms use is to prepare for a preventive colonoscopy.
POLYETH GLYC POW 3350 NF	POLYETHYLENE GLYCOL 3350 ORAL POWDER 17 GM / SCOOP	Tier 1		X		
RABEPRAZOLE TAB 20MG	RABEPRAZOLE SODIUM EC TAB 20 MG	Tier 3		X		
RELISTOR INJ 12/0.6ML	METHYLNALTREXONE BROMIDE INJ 12 MG / 0.6ML (20 MG / ML)	Tier 5	X	X		
RELISTOR INJ 8/0.4ML	METHYLNALTREXONE BROMIDE INJ 8 MG / 0.4ML (20 MG / ML)	Tier 5	X	X		
SODIUM/POTAS SOL MAGNESIU	SOD SULFATE-POT SULF-MG SULF ORAL SOL 175-3.13-1.6 GM / 177ML	Tier 3		X		PRV* \$0 Copay once your healthcare provider confirms use is to prepare for a preventive colonoscopy.
SUCRALFATE SUS 1GM/10ML	SUCRALFATE SUSP 1 GM / 10ML	Tier 3	X			
SUCRALFATE TAB 1GM	SUCRALFATE TAB 1 GM	Tier 2				
SYMPROIC TAB 0.2MG	NALDEMEDINE TOSYLATE TAB 0.2 MG (BASE EQUIVALENT)	Tier 3	X	X		
URSODIOL CAP 300MG	URSODIOL CAP 300 MG	Tier 2				
URSODIOL TAB 250MG	URSODIOL TAB 250 MG	Tier 2				
URSODIOL TAB 500MG	URSODIOL TAB 500 MG	Tier 2				

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Drug name	Generic name	Tier value	Prior auth	Quantity limit	Step therapy	Notes
XERMELO TAB 250MG	TELOTTRISTAT ETHYL TAB 250 MG (AS TELOTTRISTAT ETIPRATE)	Tier 6	X	X		
Genetic or Enzyme Disorder: Replacement, Modifiers, Treatment						
BETAINE ANHY POW	*BETAINE POWDER FOR ORAL SOLUTION***	Tier 4				
CREON CAP 12000UNT	PANCRELIPASE (LIP-PROT-AMYL) DR CAP 12000-38000-60000 UNIT	Tier 3				
CREON CAP 24000UNT	PANCRELIPASE (LIP-PROT-AMYL) DR CAP 24000-76000-120000 UNIT	Tier 3				
CREON CAP 3000UNIT	PANCRELIPASE (LIP-PROT-AMYL) DR CAP 3000-9500-15000 UNIT	Tier 3				
CREON CAP 36000UNT	PANCRELIPASE (LIP-PROT-AMYL) DR CAP 36000-114000-180000 UNIT	Tier 3				
CREON CAP 6000UNIT	PANCRELIPASE (LIP-PROT-AMYL) DR CAP 6000-19000-30000 UNIT	Tier 3				
CYSTAGON CAP 150MG	CYSTEAMINE BITARTRATE CAP 150 MG	Tier 6				
CYSTAGON CAP 50MG	CYSTEAMINE BITARTRATE CAP 50 MG	Tier 6				
MYALEPT INJ 11.3MG	METRELEPTIN FOR SUBCUTANEOUS INJ 11.3 MG	Tier 6	X	X		
SAPROPTERIN POW 100MG	SAPROPTERIN DIHYDROCHLORIDE POWDER PACKET 100 MG	Tier 6	X	X		
SAPROPTERIN POW 500MG	SAPROPTERIN DIHYDROCHLORIDE POWDER PACKET 500 MG	Tier 6	X	X		
SAPROPTERIN TAB 100MG	SAPROPTERIN DIHYDROCHLORIDE TAB 100 MG	Tier 6	X	X		
ZENPEP CAP 10000UNT	PANCRELIPASE (LIP-PROT-AMYL) DR CAP 10000-32000-42000 UNIT	Tier 3				
ZENPEP CAP 15000UNT	PANCRELIPASE (LIP-PROT-AMYL) DR CAP 15000-47000-63000 UNIT	Tier 3				
ZENPEP CAP 20000UNT	PANCRELIPASE (LIP-PROT-AMYL) DR CAP 20000-63000-84000 UNIT	Tier 3				
ZENPEP CAP 25000UNT	PANCRELIPASE (LIP-PROT-AMYL) DR CAP 25000-79000-105000 UNIT	Tier 3				
ZENPEP CAP 3000UNIT	PANCRELIPASE (LIP-PROT-AMYL) DR CAP 3000-10000-14000 UNIT	Tier 3				
ZENPEP CAP 40000UNT	PANCRELIPASE (LIP-PROT-AMYL) DR CAP 40000-126000-168000 UNIT	Tier 3				
ZENPEP CAP 5000UNIT	PANCRELIPASE (LIP-PROT-AMYL) DR CAP 5000-17000-24000 UNIT	Tier 3				
ZENPEP CAP 60000UNT	PANCRELIPASE (LIP-PROT-AMYL) DR CAP 60000-189600-252600 UNIT	Tier 3				
Genitourinary Agents						
ALFUZOSIN TAB 10MG ER	ALFUZOSIN HCL TAB ER 24HR 10 MG	Tier 2				
BETHANECHOL TAB 10MG	BETHANECHOL CHLORIDE TAB 10 MG	Tier 2				
BETHANECHOL TAB 25MG	BETHANECHOL CHLORIDE TAB 25 MG	Tier 2				
BETHANECHOL TAB 50MG	BETHANECHOL CHLORIDE TAB 50 MG	Tier 2				
BETHANECHOL TAB 5MG	BETHANECHOL CHLORIDE TAB 5 MG	Tier 2				

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DARIFENACIN TAB 15MG ER	DARIFENACIN HYDROBROMIDE TAB ER 24HR 15 MG (BASE EQUIV)	Tier 3		X	X	
DARIFENACIN TAB 7.5MG ER	DARIFENACIN HYDROBROMIDE TAB ER 24HR 7.5 MG (BASE EQUIV)	Tier 3		X	X	
DUTAST/TAMSU CAP 0.5-0.4	DUTASTERIDE-TAMSULOSIN HCL CAP 0.5-0.4 MG	Tier 3				
DUTASTERIDE CAP 0.5MG	DUTASTERIDE CAP 0.5 MG	Tier 2		X		
ELMIRON CAP 100MG	PENTOSAN POLYSULFATE SODIUM CAPS 100 MG	Tier 3				
ENCARE SUP 100MG	Nonoxynol-9 Vaginal Suppos 100 MG	Tier 1		X		
FESOTERODINE TAB 4MG ER	FESOTERODINE FUMARATE TAB ER 24HR 4 MG	Tier 3		X	X	
FESOTERODINE TAB 8MG ER	FESOTERODINE FUMARATE TAB ER 24HR 8 MG	Tier 3		X	X	
FINASTERIDE TAB 5MG	FINASTERIDE TAB 5 MG	Tier 2				
FLAVOXATE TAB 100MG	FLAVOXATE HCL TAB 100 MG	Tier 2				
GYNOL II GEL 3%	NONOXYNOL-9 GEL 3%	Tier 1				
OXYBUTYNIN SOL 5MG/5ML	OXYBUTYNIN CHLORIDE SOLUTION 5 MG / 5ML	Tier 2				
OXYBUTYNIN TAB 10MG ER	OXYBUTYNIN CHLORIDE TAB ER 24HR 10 MG	Tier 2		X		
OXYBUTYNIN TAB 15MG ER	OXYBUTYNIN CHLORIDE TAB ER 24HR 15 MG	Tier 2		X		
OXYBUTYNIN TAB 5MG	OXYBUTYNIN CHLORIDE TAB 5 MG	Tier 2				
OXYBUTYNIN TAB 5MG ER	OXYBUTYNIN CHLORIDE TAB ER 24HR 5 MG	Tier 2		X		
PENICILLAMIN CAP 250MG	PENICILLAMINE CAP 250 MG	Tier 6				
PENICILLAMIN TAB 250MG	PENICILLAMINE TAB 250 MG	Tier 6				
PHENAZO TAB 200MG	PHENAZOPYRIDINE HCL TAB 200 MG	Tier 2				
PHENAZOPYRID TAB 100MG	PHENAZOPYRIDINE HCL TAB 100 MG	Tier 2				
PHENAZOPYRID TAB 200MG	PHENAZOPYRIDINE HCL TAB 200 MG	Tier 2				
SILODOSIN CAP 4MG	SILODOSIN CAP 4 MG	Tier 3		X		
SILODOSIN CAP 8MG	SILODOSIN CAP 8 MG	Tier 3		X		
SOLIFENACIN TAB 10MG	SOLIFENACIN SUCCINATE TAB 10 MG	Tier 2		X		
SOLIFENACIN TAB 5MG	SOLIFENACIN SUCCINATE TAB 5 MG	Tier 2		X		
TADALAFIL TAB 2.5MG	TADALAFIL TAB 2.5 MG	Tier 3		X		
TADALAFIL TAB 5MG	TADALAFIL TAB 5 MG	Tier 3		X		
TAMSULOSIN CAP 0.4MG	TAMSULOSIN HCL CAP 0.4 MG	Tier 2				
TERAZOSIN CAP 10MG	TERAZOSIN HCL CAP 10 MG (BASE EQUIVALENT)	Tier 2				
TERAZOSIN CAP 1MG	TERAZOSIN HCL CAP 1 MG (BASE EQUIVALENT)	Tier 2				
TERAZOSIN CAP 2MG	TERAZOSIN HCL CAP 2 MG (BASE EQUIVALENT)	Tier 2				

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STI*.....Sexually transmitted infection – Medication may be available at no cost to you when prescribed for preventive care or treatment of a sexually transmitted infection.

Drug name	Generic name	Tier value	Prior auth	Quantity limit	Step therapy	Notes
TERAZOSIN CAP 5MG	TERAZOSIN HCL CAP 5 MG (BASE EQUIVALENT)	Tier 2				
TODAY SPONGE MIS	NONOXYNOL-9 VAGINAL SPONGE 1000 MG	Tier 1				
TOLTERODINE CAP 2MG ER	TOLTERODINE TARTRATE CAP ER 24HR 2 MG	Tier 3				
TOLTERODINE CAP 4MG ER	TOLTERODINE TARTRATE CAP ER 24HR 4 MG	Tier 3				
TOLTERODINE TAB 1MG	TOLTERODINE TARTRATE TAB 1 MG	Tier 3				
TOLTERODINE TAB 2MG	TOLTERODINE TARTRATE TAB 2 MG	Tier 3				
TROSPIMUM CHL CAP 60MG ER	TROSPIMUM CHLORIDE CAP ER 24HR 60 MG	Tier 3			X	
TROSPIMUM CL TAB 20MG	TROSPIMUM CHLORIDE TAB 20 MG	Tier 3				
VCF VAGINAL GEL CON-TRACE	NONOXYNOL-9 GEL 4%	Tier 1				
VCF VAGINAL MIS CON-TRACP	NONOXYNOL-9 FILM 28%	Tier 1				
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)						
ALCLOMETASON CRE 0.05%	ALCLOMETASONE DIPROPIONATE CREAM 0.05%	Tier 2				
ALCLOMETASON OIN 0.05%	ALCLOMETASONE DIPROPIONATE OINT 0.05%	Tier 2				
AMCINONIDE CRE 0.1%	AMCINONIDE CREAM 0.1%	Tier 3			X	
AMCINONIDE LOT 0.1%	AMCINONIDE LOTION 0.1%	Tier 3			X	
AMCINONIDE OIN 0.1%	AMCINONIDE OINT 0.1%	Tier 3			X	
BETA DIPROP CRE 0.05%	BETAMETHASONE DIPROPIONATE AUGMENTED CREAM 0.05%	Tier 3				
BETA DIPROP GEL 0.05%	BETAMETHASONE DIPROPIONATE AUGMENTED GEL 0.05%	Tier 3				
BETA DIPROP LOT 0.05%	BETAMETHASONE DIPROPIONATE AUGMENTED LOTION 0.05%	Tier 3				
BETA DIPROP OIN 0.05%	BETAMETHASONE DIPROPIONATE AUGMENTED OINT 0.05%	Tier 3				
BETAMETH DIP CRE 0.05%	BETAMETHASONE DIPROPIONATE CREAM 0.05%	Tier 3				
BETAMETH DIP LOT 0.05%	BETAMETHASONE DIPROPIONATE LOTION 0.05%	Tier 3				
BETAMETH DIP OIN 0.05%	BETAMETHASONE DIPROPIONATE OINT 0.05%	Tier 3				
BETAMETH VAL CRE 0.1%	BETAMETHASONE VALERATE CREAM 0.1% (BASE EQUIVALENT)	Tier 3				
BETAMETH VAL LOT 0.1%	BETAMETHASONE VALERATE LOTION 0.1% (BASE EQUIVALENT)	Tier 3				
BETAMETH VAL OIN 0.1%	BETAMETHASONE VALERATE OINT 0.1% (BASE EQUIVALENT)	Tier 3				
CLOBETASOL CRE 0.05%	CLOBETASOL PROPIONATE CREAM 0.05%	Tier 3		X		
CLOBETASOL E CRE 0.05%	CLOBETASOL PROPIONATE EMOL-LIENT BASE CREAM 0.05%	Tier 3		X		

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Drug name	Generic name	Tier value	Prior auth	Quantity limit	Step therapy	Notes
CLOBETASOL GEL 0.05%	CLOBETASOL PROPIONATE GEL 0.05%	Tier 3		X		
CLOBETASOL OIN 0.05%	CLOBETASOL PROPIONATE OINT 0.05%	Tier 3		X		
CLOBETASOL SOL 0.05%	CLOBETASOL PROPIONATE SOLN 0.05%	Tier 3		X		
CLOCORTOLONE CRE 0.1%	CLOCORTOLONE PIVALATE CREAM 0.1%	Tier 3		X	X	
DESONIDE CRE 0.05%	DESONIDE CREAM 0.05%	Tier 3		X		
DESONIDE LOT 0.05%	DESONIDE LOTION 0.05%	Tier 3		X		
DESONIDE OIN 0.05%	DESONIDE OINT 0.05%	Tier 3		X		
DESOXIMETAS CRE 0.05%	DESOXIMETASONE CREAM 0.05%	Tier 3		X		
DESOXIMETAS CRE 0.25%	DESOXIMETASONE CREAM 0.25%	Tier 3		X		
DESOXIMETAS GEL 0.05%	DESOXIMETASONE GEL 0.05%	Tier 3		X		
DESOXIMETAS OIN 0.05%	DESOXIMETASONE OINT 0.05%	Tier 3		X		
DESOXIMETAS OIN 0.25%	DESOXIMETASONE OINT 0.25%	Tier 3		X		
DESOXIMETASO SPR 0.25%	DESOXIMETASONE SPRAY 0.25%	Tier 3		X		
DEXAMETHASON CON 1MG/ML	DEXAMETHASONE CONC 1 MG / ML	Tier 2				
DEXAMETHASON ELX 0.5/5ML	DEXAMETHASONE ELIXIR 0.5 MG / 5ML	Tier 2				
DEXAMETHASON SOL 0.5/5ML	DEXAMETHASONE SOLN 0.5 MG / 5ML	Tier 2				
DEXAMETHASON TAB 0.5MG	DEXAMETHASONE TAB 0.5 MG	Tier 2				
DEXAMETHASON TAB 0.75MG	DEXAMETHASONE TAB 0.75 MG	Tier 2				
DEXAMETHASON TAB 1.5MG	DEXAMETHASONE TAB 1.5 MG	Tier 2				
DEXAMETHASON TAB 1MG	DEXAMETHASONE TAB 1 MG	Tier 2				
DEXAMETHASON TAB 2MG	DEXAMETHASONE TAB 2 MG	Tier 2				
DEXAMETHASON TAB 4MG	DEXAMETHASONE TAB 4 MG	Tier 2				
DEXAMETHASON TAB 6MG	DEXAMETHASONE TAB 6 MG	Tier 2				
DIFLORASONE CRE 0.05%	DIFLORASONE DIACETATE CREAM 0.05%	Tier 3		X	X	
FLUDROCORT TAB 0.1MG	FLUDROCORTISONE ACETATE TAB 0.1 MG	Tier 2				
FLUOCIN ACET CRE 0.01%	FLUOCINOLONE ACETONIDE CREAM 0.01%	Tier 3		X		
FLUOCIN ACET CRE 0.025%	FLUOCINOLONE ACETONIDE CREAM 0.025%	Tier 3		X		
FLUOCIN ACET OIL 0.01%	FLUOCINOLONE ACETONIDE OIL 0.01% (BODY OIL)	Tier 3		X		
FLUOCIN ACET OIL 0.01% SC	FLUOCINOLONE ACETONIDE OIL 0.01% (SCALP OIL)	Tier 3		X		

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Drug name	Generic name	Tier value	Prior auth	Quantity limit	Step therapy	Notes
FLUOCIN ACET OIL 0.01%BDY	FLUOCINOLONE ACETONIDE OIL 0.01% (BODY OIL)	Tier 3		X		
FLUOCIN ACET OIL BODY	FLUOCINOLONE ACETONIDE OIL 0.01% (BODY OIL)	Tier 3		X		
FLUOCIN ACET OIL SCALP	FLUOCINOLONE ACETONIDE OIL 0.01% (SCALP OIL)	Tier 3		X		
FLUOCIN ACET OIN 0.025%	FLUOCINOLONE ACETONIDE OINT 0.025%	Tier 3		X		
FLUOCIN ACET SOL 0.01%	FLUOCINOLONE ACETONIDE SOLN 0.01%	Tier 3		X		
FLUOCINONIDE CRE 0.05%	FLUOCINONIDE CREAM 0.05%	Tier 3		X		
FLUOCINONIDE CRE E 0.05%	FLUOCINONIDE EMULSIFIED BASE CREAM 0.05%	Tier 3		X		
FLUOCINONIDE GEL 0.05%	FLUOCINONIDE GEL 0.05%	Tier 3		X		
FLUOCINONIDE OIN 0.05%	FLUOCINONIDE OINT 0.05%	Tier 3		X		
FLUOCINONIDE SOL 0.05%	FLUOCINONIDE SOLN 0.05%	Tier 3		X		
FLURANDRENOL LOT 0.05%	FLURANDRENOLIDE LOTION 0.05%	Tier 3		X	X	
FLUTICASONE CRE 0.05%	FLUTICASONE PROPIONATE CREAM 0.05%	Tier 2				
FLUTICASONE OIN 0.005%	FLUTICASONE PROPIONATE OINT 0.005%	Tier 2				
HALOBETASOL CRE 0.05%	HALOBETASOL PROPIONATE CREAM 0.05%	Tier 3		X		
HALOBETASOL OIN 0.05%	HALOBETASOL PROPIONATE OINT 0.05%	Tier 3		X		
HC BUTYRATE CRE 0.1%	HYDROCORTISONE BUTYRATE CREAM 0.1%	Tier 3		X		
HC BUTYRATE CRE 0.1%	HYDROCORTISONE BUTYRATE HYDROPHILIC LIPO BASE CREAM 0.1%	Tier 3		X		
HC BUTYRATE OIN 0.1%	HYDROCORTISONE BUTYRATE OINT 0.1%	Tier 3				
HC BUTYRATE SOL 0.1%	HYDROCORTISONE BUTYRATE SOLN 0.1%	Tier 3				
HC VALERATE CRE 0.2%	HYDROCORTISONE VALERATE CREAM 0.2%	Tier 3		X		
HC VALERATE OIN 0.2%	HYDROCORTISONE VALERATE OINT 0.2%	Tier 3		X		
HYDROCORT CRE 2.5%	HYDROCORTISONE CREAM 2.5%	Tier 2				
HYDROCORT LOT 2.5%	HYDROCORTISONE LOTION 2.5%	Tier 2				
HYDROCORT OIN 1%	HYDROCORTISONE OINT 1%	Tier 2				
HYDROCORT OIN 2.5%	HYDROCORTISONE OINT 2.5%	Tier 2				
HYDROCORT TAB 10MG	HYDROCORTISONE TAB 10 MG	Tier 2				
HYDROCORT TAB 20MG	HYDROCORTISONE TAB 20 MG	Tier 2				
HYDROCORT TAB 5MG	HYDROCORTISONE TAB 5 MG	Tier 2				
METHYLPRED TAB 16MG	METHYLPREDNISOLONE TAB 16 MG	Tier 2				

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Drug name	Generic name	Tier value	Prior auth	Quantity limit	Step therapy	Notes
METHYLPRED TAB 32MG	METHYLPREDNISOLONE TAB 32 MG	Tier 2				
METHYLPRED TAB 4MG	METHYLPREDNISOLONE TAB 4 MG	Tier 2				
METHYLPRED TAB 4MG	METHYLPREDNISOLONE TAB THERAPY PACK 4 MG (21)	Tier 2				
METHYLPRED TAB 8MG	METHYLPREDNISOLONE TAB 8 MG	Tier 2				
MOMETASONE CRE 0.1%	MOMETASONE FUROATE CREAM 0.1%	Tier 2				
MOMETASONE OIN 0.1%	MOMETASONE FUROATE OINT 0.1%	Tier 2				
MOMETASONE SOL 0.1%	MOMETASONE FUROATE SOLUTION 0.1% (LOTION)	Tier 2				
PRED SOD PHO SOL 5MG/5ML	PREDNISOLONE SOD PHOSPHATE ORAL SOLN 5 MG / 5ML (BASE EQUIV)	Tier 2				
PREDNISOLONE SOL 10MG/5ML	PREDNISOLONE SOD PHOSPHATE ORAL SOLN 10 MG / 5ML (BASE EQUIV)	Tier 2				
PREDNISOLONE SOL 15MG/5ML	PREDNISOLONE SOLN 15 MG / 5ML	Tier 2				
PREDNISOLONE SOL 15MG/5ML	PREDNISOLONE SOD PHOSPHATE ORAL SOLN 15 MG / 5ML (BASE EQUIV)	Tier 2				
PREDNISOLONE SOL 20MG/5ML	PREDNISOLONE SOD PHOSPHATE ORAL SOLN 20 MG / 5ML (BASE EQUIV)	Tier 2				
PREDNISOLONE SOL 25MG/5ML	PREDNISOLONE SODIUM PHOSPHATE ORAL SOLN 25 MG / 5ML (BASE EQ)	Tier 2				
PREDNISOLONE TAB 10MG ODT	PREDNISOLONE SOD PHOS ORALLY DISINTEGR TAB 10 MG (BASE EQ)	Tier 3				
PREDNISOLONE TAB 15MG ODT	PREDNISOLONE SOD PHOS ORALLY DISINTEGR TAB 15 MG (BASE EQ)	Tier 3				
PREDNISOLONE TAB 30MG ODT	PREDNISOLONE SOD PHOS ORALLY DISINTEGR TAB 30 MG (BASE EQ)	Tier 3				
PREDNISOLONE TAB 5MG	PREDNISOLONE TAB 5 MG	Tier 3				
PREDNISONE CON 5MG/ML	PREDNISONE CONC 5 MG / ML	Tier 3				
PREDNISONE PAK 10MG	PREDNISONE TAB THERAPY PACK 10 MG (21)	Tier 2				
PREDNISONE PAK 10MG	PREDNISONE TAB THERAPY PACK 10 MG (48)	Tier 2				
PREDNISONE PAK 5MG	PREDNISONE TAB THERAPY PACK 5 MG (21)	Tier 2				
PREDNISONE PAK 5MG	PREDNISONE TAB THERAPY PACK 5 MG (48)	Tier 2				
PREDNISONE SOL 5MG/5ML	PREDNISONE ORAL SOLN 5 MG / 5ML	Tier 3				
PREDNISONE TAB 10MG	PREDNISONE TAB 10 MG	Tier 2				
PREDNISONE TAB 1MG	PREDNISONE TAB 1 MG	Tier 2				
PREDNISONE TAB 2.5MG	PREDNISONE TAB 2.5 MG	Tier 2				
PREDNISONE TAB 20MG	PREDNISONE TAB 20 MG	Tier 2				
PREDNISONE TAB 50MG	PREDNISONE TAB 50 MG	Tier 2				
PREDNISONE TAB 5MG	PREDNISONE TAB 5 MG	Tier 2				

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Drug name	Generic name	Tier value	Prior auth	Quantity limit	Step therapy	Notes
TRIAMCINOLON CRE 0.025%	TRIAMCINOLONE ACETONIDE CREAM 0.025%	Tier 2		X		
TRIAMCINOLON CRE 0.1%	TRIAMCINOLONE ACETONIDE CREAM 0.1%	Tier 2		X		
TRIAMCINOLON CRE 0.5%	TRIAMCINOLONE ACETONIDE CREAM 0.5%	Tier 2		X		
TRIAMCINOLON LOT 0.025%	TRIAMCINOLONE ACETONIDE LOTION 0.025%	Tier 2				
TRIAMCINOLON LOT 0.1%	TRIAMCINOLONE ACETONIDE LOTION 0.1%	Tier 2				
TRIAMCINOLON OIN 0.025%	TRIAMCINOLONE ACETONIDE OINT 0.025%	Tier 2				
TRIAMCINOLON OIN 0.1%	TRIAMCINOLONE ACETONIDE OINT 0.1%	Tier 2				
TRIAMCINOLON OIN 0.5%	TRIAMCINOLONE ACETONIDE OINT 0.5%	Tier 2				
TRIDERM CRE 0.5%	TRIAMCINOLONE ACETONIDE CREAM 0.5%	Tier 2		X		
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)						
CABERGOLINE TAB 0.5MG	CABERGOLINE TAB 0.5 MG	Tier 2				
DESMOPRESSIN INJ 40/10ML	DESMOPRESSIN ACETATE INJ 4 MCG / ML	Tier 3				
DESMOPRESSIN INJ 4MCG/ML	DESMOPRESSIN ACETATE INJ 4 MCG / ML	Tier 3				
DESMOPRESSIN INJ 4MCG/ML	DESMOPRESSIN ACETATE PRESERVATIVE FREE (PF) INJ 4 MCG / ML	Tier 3				
DESMOPRESSIN SPR 0.01%	DESMOPRESSIN ACETATE NASAL SPRAY SOLN 0.01% (REFRIGERATED)	Tier 3				
DESMOPRESSIN SPR 0.01%	DESMOPRESSIN ACETATE NASAL SPRAY SOLN 0.01%	Tier 3				
DESMOPRESSIN TAB 0.1MG	DESMOPRESSIN ACETATE TAB 0.1 MG	Tier 2				
DESMOPRESSIN TAB 0.2MG	DESMOPRESSIN ACETATE TAB 0.2 MG	Tier 2				
INCRELEX INJ 40MG/4ML	MECASERMIN INJ 40 MG / 4ML (10 MG / ML)	Tier 6	X	X		
NORDITROPIN INJ 10/1.5ML	SOMATROPIN SOLUTION PEN-INJECTOR 10 MG / 1.5ML	Tier 4	X	X		
NORDITROPIN INJ 15/1.5ML	SOMATROPIN SOLUTION PEN-INJECTOR 15 MG / 1.5ML	Tier 4	X	X		
NORDITROPIN INJ 30/3ML	SOMATROPIN SOLUTION PEN-INJECTOR 30 MG / 3ML	Tier 4	X	X		
NORDITROPIN INJ 5/1.5ML	SOMATROPIN SOLUTION PEN-INJECTOR 5 MG / 1.5ML	Tier 4	X	X		
OMNITROPE INJ 10/1.5ML	SOMATROPIN SOLUTION CARTRIDGE 10 MG / 1.5ML	Tier 4	X	X		
OMNITROPE INJ 5.8MG	SOMATROPIN FOR INJ 5.8 MG	Tier 4	X	X		
OMNITROPE INJ 5/1.5ML	SOMATROPIN SOLUTION CARTRIDGE 5 MG / 1.5ML	Tier 4	X	X		
Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)						

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SP Specialty medication
ST Step therapy
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Drug name	Generic name	Tier value	Prior auth	Quantity limit	Step therapy	Notes
MIFEPREX TAB 200MG	MIFEPRISTONE TAB 200 MG	Tier 3				
MIFEPRISTONE TAB 200MG	MIFEPRISTONE TAB 200 MG	Tier 2				
PREPIDIL GEL 0.5MG/3G	DINOPROSTONE CERVICAL GEL 0.5 MG / 3GM	Tier 5				
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)						
AFIRMELLE TAB 0.1-0.02	LEVONORGESTREL & ETHINYL ESTRADIOL TAB 0.1 MG-20 MCG	Tier 1				
AFTERA TAB 1.5MG	LEVONORGESTREL TAB 1.5 MG	Tier 1				
AFTERPILL TAB 1.5MG	LEVONORGESTREL TAB 1.5 MG	Tier 1				
ALTAVERA TAB	LEVONORGESTREL & ETHINYL ESTRADIOL TAB 0.15 MG-30 MCG	Tier 1				
ALYACEN TAB 1/35	NORETHINDRONE & ETHINYL ESTRADIOL TAB 1 MG-35 MCG	Tier 1				
ALYACEN TAB 7/7/7	NORETHINDRONE-ETH ESTRADIOL TAB 0.5-35 / 0.75-35 / 1-35 MG-MCG	Tier 1				
AMABELZ TAB 0.5-0.1	ESTRADIOL & NORETHINDRONE ACETATE TAB 0.5-0.1 MG	Tier 3				
AMABELZ TAB 1-0.5MG	ESTRADIOL & NORETHINDRONE ACETATE TAB 1-0.5 MG	Tier 3				
AMETHIA TAB	LEVONORG-ETH EST TAB 0.15-0.03MG(84) & ETH EST TAB 0.01MG(7)	Tier 1				
AMETHYST TAB 90-20MCG	LEVONORGESTREL-ETHINYL ESTRADIOL (CONTINUOUS) TAB 90-20 MCG	Tier 1				
ANNOVERA MIS	SEGESTERONE ACE-ETHINYL ESTRADIOL VA RING 0.15-0.013 MG / 24HR	Tier 1		X		
APRI TAB	DESOGESTREL & ETHINYL ESTRADIOL TAB 0.15 MG-30 MCG	Tier 1				
ARANELLE TAB	NORETHINDRONE-ETH ESTRADIOL TAB 0.5-35 / 1-35 / 0.5-35 MG-MCG	Tier 1				
ASHLYNA TAB	LEVONORG-ETH EST TAB 0.15-0.03MG(84) & ETH EST TAB 0.01MG(7)	Tier 1				
AUBRA EQ TAB 0.1-0.02	LEVONORGESTREL & ETHINYL ESTRADIOL TAB 0.1 MG-20 MCG	Tier 1				
AUROVELA 24 TAB FE 1/20	NORETHINDRONE ACE-ETHINYL ESTRADIOL-FE TAB 1 MG-20 MCG (24)	Tier 1				
AUROVELA FE TAB 1.5/30	NORETHINDRONE ACE & ETHINYL ESTRADIOL-FE TAB 1.5 MG-30 MCG	Tier 1				
AUROVELA FE TAB 1/20	NORETHINDRONE ACE & ETHINYL ESTRADIOL-FE TAB 1 MG-20 MCG	Tier 1				
AUROVELA TAB 1.5/30	NORETHINDRONE ACE & ETHINYL ESTRADIOL TAB 1.5 MG-30 MCG	Tier 1				
AUROVELA TAB 1/20	NORETHINDRONE ACE & ETHINYL ESTRADIOL TAB 1 MG-20 MCG	Tier 1				
AVIANE TAB	LEVONORGESTREL & ETHINYL ESTRADIOL TAB 0.1 MG-20 MCG	Tier 1				
AYUNA TAB	LEVONORGESTREL & ETHINYL ESTRADIOL TAB 0.15 MG-30 MCG	Tier 1				
AZURETTE TAB	DESOGEST-ETH ESTRAD & ETH ESTRAD TAB 0.15-0.02 / 0.01 MG(21/ 5)	Tier 1				

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STI*.....Sexually transmitted infection – Medication may be available at no cost to you when prescribed for preventive care or treatment of a sexually transmitted infection.

Drug name	Generic name	Tier value	Prior auth	Quantity limit	Step therapy	Notes
BALZIVA TAB	NORETHINDRONE & ETHINYL ESTRADIOL TAB 0.4 MG-35 MCG	Tier 1				
BIJUVA CAP 0.5-100	ESTRADIOL-PROGESTERONE CAP 0.5-100 MG	Tier 5				
BLISOVI 24 TAB FE 1/20	NORETHINDRONE ACE-ETHINYL ESTRADIOL-FE TAB 1 MG-20 MCG (24)	Tier 1				
BLISOVI FE TAB 1.5/30	NORETHINDRONE ACE & ETHINYL ESTRADIOL-FE TAB 1.5 MG-30 MCG	Tier 1				
BLISOVI FE TAB 1/20	NORETHINDRONE ACE & ETHINYL ESTRADIOL-FE TAB 1 MG-20 MCG	Tier 1				
BRIELLYN TAB	NORETHINDRONE & ETHINYL ESTRADIOL TAB 0.4 MG-35 MCG	Tier 1				
CAMILA TAB 0.35MG	NORETHINDRONE TAB 0.35 MG	Tier 1				
CAMRESE LO TAB	LEVONORG-ETH EST TAB 0.1-0.02MG(84) & ETH EST TAB 0.01MG(7)	Tier 1				
CAMRESE TAB	LEVONORG-ETH EST TAB 0.15-0.03MG(84) & ETH EST TAB 0.01MG(7)	Tier 1				
CHARLOTTE 24 CHW FE 1/20	NORETHINDRONE ACE-ETH ESTRADIOL-FE CHEW TAB 1 MG-20 MCG (24)	Tier 1				
CHATEAL EQ TAB 0.15/30	LEVONORGESTREL & ETHINYL ESTRADIOL TAB 0.15 MG-30 MCG	Tier 1				
CLIMARA PRO DIS WEEKLY	ESTRADIOL-LEVONORGESTREL TD PATCH WEEKLY 0.045-0.015 MG / DAY	Tier 5		X		
CRYSSELLE-28 TAB 28 TABS	NORGESTREL & ETHINYL ESTRADIOL TAB 0.3 MG-30 MCG	Tier 1				
CURAE TAB 1.5MG	LEVONORGESTREL TAB 1.5 MG	Tier 1				
CYRED EQ TAB	DESOGESTREL & ETHINYL ESTRADIOL TAB 0.15 MG-30 MCG	Tier 1				
CYRED TAB	DESOGESTREL & ETHINYL ESTRADIOL TAB 0.15 MG-30 MCG	Tier 1				
DANAZOL CAP 100MG	DANAZOL CAP 100 MG	Tier 3				
DANAZOL CAP 200MG	DANAZOL CAP 200 MG	Tier 3				
DANAZOL CAP 50MG	DANAZOL CAP 50 MG	Tier 3				
DASETTA TAB 1/35	NORETHINDRONE & ETHINYL ESTRADIOL TAB 1 MG-35 MCG	Tier 1				
DASETTA TAB 7/7/7	NORETHINDRONE-ETH ESTRADIOL TAB 0.5-35 / 0.75-35 / 1-35 MG-MCG	Tier 1				
DAYSEE TAB	LEVONORG-ETH EST TAB 0.15-0.03MG(84) & ETH EST TAB 0.01MG(7)	Tier 1				
DEBLITANE TAB 0.35MG	NORETHINDRONE TAB 0.35 MG	Tier 1				
DELYLA TAB 0.1-0.02	LEVONORGESTREL & ETHINYL ESTRADIOL TAB 0.1 MG-20 MCG	Tier 1				
DEPO-SQ PROV INJ 104	MEDROXYPROGESTERONE ACETATE SUSP PREF SYR 104 MG / 0.65ML	Tier 1		X		
DESO/ETHINYL TAB ES-TRADIO	DESOGEST-ETH ESTRAD & ETH ESTRAD TAB 0.15-0.02 / 0.01 MG(21/ 5)	Tier 1				

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Drug name	Generic name	Tier value	Prior auth	Quantity limit	Step therapy	Notes
DOLISHALE TAB 90-20MCG	LEVONORGESTREL-ETHINYL ESTRADIOL (CONTINUOUS) TAB 90-20 MCG	Tier 1				
DOTTI DIS 0.025MG	ESTRADIOL TD PATCH TWICE WEEKLY 0.025 MG / 24HR	Tier 3		X		
DOTTI DIS 0.0375MG	ESTRADIOL TD PATCH TWICE WEEKLY 0.0375 MG / 24HR	Tier 3		X		
DOTTI DIS 0.05MG	ESTRADIOL TD PATCH TWICE WEEKLY 0.05 MG / 24HR	Tier 3		X		
DOTTI DIS 0.075MG	ESTRADIOL TD PATCH TWICE WEEKLY 0.075 MG / 24HR	Tier 3		X		
DOTTI DIS 0.1MG	ESTRADIOL TD PATCH TWICE WEEKLY 0.1 MG / 24HR	Tier 3		X		
DROS/ETH EST TAB LE-VOMEFO	DROSPIRENONE-ETHINYL ESTRAD-LEVOMEFOLATE TAB 3-0.02-0.451 MG	Tier 1				
DROS/ETH EST TAB LE-VOMEFO	DROSPIRENONE-ETHINYL ESTRAD-LEVOMEFOLATE TAB 3-0.03-0.451 MG	Tier 1				
DROSPIR/ETHI TAB 3-0.02MG	DROSPIRENONE-ETHINYL ESTRADIOL TAB 3-0.02 MG	Tier 1				
DROSPIR/ETHI TAB 3-0.03MG	DROSPIRENONE-ETHINYL ESTRADIOL TAB 3-0.03 MG	Tier 1				
DUAVEE TAB 0.45-20	CONJUGATED ESTROGENS-BAZE-DOXIFENE TAB 0.45-20 MG	Tier 5		X		
ECONTRA EZ TAB 1.5MG	LEVONORGESTREL TAB 1.5 MG	Tier 1				
ECONTRA OS TAB 1.5MG	LEVONORGESTREL TAB 1.5 MG	Tier 1				
ELINEST TAB	NORGESTREL & ETHINYL ESTRADIOL TAB 0.3 MG-30 MCG	Tier 1				
ELLA TAB 30MG	ULIPRISTAL ACETATE TAB 30 MG	Tier 1		X		
ELURYNG MIS	ETONOGESTREL-ETHINYL ESTRADIOL VA RING 0.12-0.015 MG / 24HR	Tier 1				
EMZAHH TAB 0.35MG	NORETHINDRONE TAB 0.35 MG	Tier 1				
ENILLORING MIS	ETONOGESTREL-ETHINYL ESTRADIOL VA RING 0.12-0.015 MG / 24HR	Tier 1				
ENPRESSE-28 TAB	LEVONORGESTREL-ETH ESTRA TAB 0.05-30 / 0.075-40 / 0.125-30MG-MCG	Tier 1				
ENSKYCE TAB	DESOGESTREL & ETHINYL ESTRADIOL TAB 0.15 MG-30 MCG	Tier 1				
ERRIN TAB 0.35MG	NORETHINDRONE TAB 0.35 MG	Tier 1				
ESTARYLLA TAB 0.25-35	NORGESTIMATE & ETHINYL ESTRADIOL TAB 0.25 MG-35 MCG	Tier 1				
ESTRA/NORETH TAB 0.5-0.1	ESTRADIOL & NORETHINDRONE ACETATE TAB 0.5-0.1 MG	Tier 3				
ESTRA/NORETH TAB 1-0.5MG	ESTRADIOL & NORETHINDRONE ACETATE TAB 1-0.5 MG	Tier 3				
ESTRAD VAL INJ 10MG/ML	ESTRADIOL VALERATE IM IN OIL 10 MG / ML	Tier 2				

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Drug name	Generic name	Tier value	Prior auth	Quantity limit	Step therapy	Notes
ESTRAD VAL INJ 20MG/ ML	ESTRADIOL VALERATE IM IN OIL 20 MG / ML	Tier 2				
ESTRAD VAL INJ 40MG/ ML	ESTRADIOL VALERATE IM IN OIL 40 MG / ML	Tier 2				
ESTRADIOL CRE 0.01%	ESTRADIOL VAGINAL CREAM 0.1 MG / GM	Tier 3				
ESTRADIOL DIS 0.025MG	ESTRADIOL TD PATCH TWICE WEEKLY 0.025 MG / 24HR	Tier 3		X		
ESTRADIOL DIS 0.025MG	ESTRADIOL TD PATCH WEEKLY 0.025 MG / 24HR	Tier 2		X		
ESTRADIOL DIS 0.0375MG	ESTRADIOL TD PATCH TWICE WEEKLY 0.0375 MG / 24HR	Tier 3		X		
ESTRADIOL DIS 0.0375MG	ESTRADIOL TD PATCH WEEKLY 0.0375 MG / 24HR (375 MCG / 24HR)	Tier 2		X		
ESTRADIOL DIS 0.05MG	ESTRADIOL TD PATCH TWICE WEEKLY 0.05 MG / 24HR	Tier 3		X		
ESTRADIOL DIS 0.05MG	ESTRADIOL TD PATCH WEEKLY 0.05 MG / 24HR	Tier 2		X		
ESTRADIOL DIS 0.06MG	ESTRADIOL TD PATCH WEEKLY 0.06 MG / 24HR	Tier 2		X		
ESTRADIOL DIS 0.075MG	ESTRADIOL TD PATCH TWICE WEEKLY 0.075 MG / 24HR	Tier 3		X		
ESTRADIOL DIS 0.075MG	ESTRADIOL TD PATCH WEEKLY 0.075 MG / 24HR	Tier 2		X		
ESTRADIOL DIS 0.1MG	ESTRADIOL TD PATCH TWICE WEEKLY 0.1 MG / 24HR	Tier 3		X		
ESTRADIOL DIS 0.1MG	ESTRADIOL TD PATCH WEEKLY 0.1 MG / 24HR	Tier 2		X		
ESTRADIOL TAB 0.5MG	ESTRADIOL TAB 0.5 MG	Tier 2				
ESTRADIOL TAB 10MCG	ESTRADIOL VAGINAL TAB 10 MCG	Tier 3		X		
ESTRADIOL TAB 1MG	ESTRADIOL TAB 1 MG	Tier 2				
ESTRADIOL TAB 2MG	ESTRADIOL TAB 2 MG	Tier 2				
ESTRING MIS 2MG	ESTRADIOL VAGINAL RING 2 MG (75 MCG / 24HRS)	Tier 3		X		
ESTRING MIS 75/24HR	ESTRADIOL VAGINAL RING 2 MG (75 MCG / 24HRS)	Tier 3		X		
ETHY ETH EST TAB 1-35	ETHYNODIOL DIACETATE & ETHINYL ESTRADIOL TAB 1 MG-35 MCG	Tier 1				
ETHYNODIOL TAB 1-50	ETHYNODIOL DIACETATE & ETHINYL ESTRADIOL TAB 1 MG-50 MCG	Tier 1				
ETONOGESTREL MIS ETHY EST	ETONOGESTREL-ETHINYL ESTRADIOL VA RING 0.12-0.015 MG / 24HR	Tier 1				
FALMINA TAB	LEVONORGESTREL & ETHINYL ESTRADIOL TAB 0.1 MG-20 MCG	Tier 1				
FAYOSIM TAB	LEVONOR-ETH EST TAB 0.15-0.02 / 0.025 / 0.03 MG & ETH EST 0.01 MG	Tier 1				
FEIRZA TAB 1.5/30	NORETHINDRONE ACE & ETHINYL ESTRADIOL-FE TAB 1.5 MG-30 MCG	Tier 1				
FEIRZA TAB 1/20	NORETHINDRONE ACE & ETHINYL ESTRADIOL-FE TAB 1 MG-20 MCG	Tier 1				

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Drug name	Generic name	Tier value	Prior auth	Quantity limit	Step therapy	Notes
FEMLYV TAB 1/0.02MG	NORETHINDRONE ACE & ETHINYL ESTRADIOL TAB DISINT 1 MG-20 MCG	Tier 1				
FINZALA CHW FE 1/20	NORETHINDRONE ACE-ETH ESTRADIOL-FE CHEW TAB 1 MG-20 MCG (24)	Tier 1				
FYAVOLV TAB 0.5-2.5	NORETHINDRONE ACETATE-ETHINYL ESTRADIOL TAB 0.5 MG-2.5 MCG	Tier 3				
FYAVOLV TAB 1-5	NORETHINDRONE ACETATE-ETHINYL ESTRADIOL TAB 1 MG-5 MCG	Tier 3				
GALLIFREY TAB 5MG	NORETHINDRONE ACETATE TAB 5 MG	Tier 2				
GEMMILY CAP 1/20	NORETHINDRONE ACE-ETHINYL ESTRADIOL-FE CAP 1 MG-20 MCG (24)	Tier 1				
HAILEY 24 TAB FE	NORETHINDRONE ACE-ETHINYL ESTRADIOL-FE TAB 1 MG-20 MCG (24)	Tier 1				
HAILEY FE TAB 1.5/30	NORETHINDRONE ACE & ETHINYL ESTRADIOL-FE TAB 1.5 MG-30 MCG	Tier 1				
HAILEY FE TAB 1/20	NORETHINDRONE ACE & ETHINYL ESTRADIOL-FE TAB 1 MG-20 MCG	Tier 1				
HAILEY TAB 1.5/30	NORETHINDRONE ACE & ETHINYL ESTRADIOL TAB 1.5 MG-30 MCG	Tier 1				
HALOETTE MIS	ETONOGESTREL-ETHINYL ESTRADIOL VA RING 0.12-0.015 MG / 24HR	Tier 1				
HEATHER TAB 0.35MG	NORETHINDRONE TAB 0.35 MG	Tier 1				
HER STYLE TAB 1.5MG	LEVONORGESTREL TAB 1.5 MG	Tier 1				
ICLEVIA TAB	LEVONORGESTREL & ETHINYL ESTRADIOL (91-DAY) TAB 0.15-0.03 MG	Tier 1				
INCASSIA TAB 0.35MG	NORETHINDRONE TAB 0.35 MG	Tier 1				
INTROVALE TAB	LEVONORGESTREL & ETHINYL ESTRADIOL (91-DAY) TAB 0.15-0.03 MG	Tier 1				
ISIBLOOM TAB	DESOGESTREL & ETHINYL ESTRADIOL TAB 0.15 MG-30 MCG	Tier 1				
JAIMIESS TAB	LEVONORG-ETH EST TAB 0.15-0.03MG(84) & ETH EST TAB 0.01MG(7)	Tier 1				
JASMIEL TAB 3-0.02MG	DROSPIRENONE-ETHINYL ESTRADIOL TAB 3-0.02 MG	Tier 1				
JENCYCLA TAB 0.35MG	NORETHINDRONE TAB 0.35 MG	Tier 1				
JINTELI TAB 1MG-5MCG	NORETHINDRONE ACETATE-ETHINYL ESTRADIOL TAB 1 MG-5 MCG	Tier 3				
JOLESSA TAB	LEVONORGESTREL & ETHINYL ESTRADIOL (91-DAY) TAB 0.15-0.03 MG	Tier 1				
JOYEAX TAB 0.1-20	LEVONORGESTREL-ETHINYL ESTRADIOL-FE TAB 0.1 MG-20 MCG (21)	Tier 1				
JULEBER TAB	DESOGESTREL & ETHINYL ESTRADIOL TAB 0.15 MG-30 MCG	Tier 1				
JUNEL 1.5/30 TAB	NORETHINDRONE ACE & ETHINYL ESTRADIOL TAB 1.5 MG-30 MCG	Tier 1				
JUNEL 1/20 TAB	NORETHINDRONE ACE & ETHINYL ESTRADIOL TAB 1 MG-20 MCG	Tier 1				
JUNEL FE 24 TAB 1/20	NORETHINDRONE ACE-ETHINYL ESTRADIOL-FE TAB 1 MG-20 MCG (24)	Tier 1				

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Drug name	Generic name	Tier value	Prior auth	Quantity limit	Step therapy	Notes
JUNEL FE TAB 1.5/30	NORETHINDRONE ACE & ETHINYL ESTRADIOL-FE TAB 1.5 MG-30 MCG	Tier 1				
JUNEL FE TAB 1/20	NORETHINDRONE ACE & ETHINYL ESTRADIOL-FE TAB 1 MG-20 MCG	Tier 1				
KAITLIB FE CHW	NORETHINDRONE & ETHINYL ESTRADIOL-FE CHEW TAB 0.8 MG-25 MCG	Tier 1				
KALLIGA TAB	DESOGESTREL & ETHINYL ESTRADIOL TAB 0.15 MG-30 MCG	Tier 1				
KARIVA TAB 28 DAY	DESOGEST-ETH ESTRAD & ETH ESTRAD TAB 0.15-0.02 / 0.01 MG(21 / 5)	Tier 1				
KELNOR 1/50 TAB	ETHYNODIOL DIACETATE & ETHINYL ESTRADIOL TAB 1 MG-50 MCG	Tier 1				
KELNOR TAB 1/35	ETHYNODIOL DIACETATE & ETHINYL ESTRADIOL TAB 1 MG-35 MCG	Tier 1				
KURVELO TAB 0.15/30	LEVONORGESTREL & ETHINYL ESTRADIOL TAB 0.15 MG-30 MCG	Tier 1				
LARIN 24 TAB FE 1/20	NORETHINDRONE ACE-ETHINYL ESTRADIOL-FE TAB 1 MG-20 MCG (24)	Tier 1				
LARIN FE TAB 1.5/30	NORETHINDRONE ACE & ETHINYL ESTRADIOL-FE TAB 1.5 MG-30 MCG	Tier 1				
LARIN FE TAB 1/20	NORETHINDRONE ACE & ETHINYL ESTRADIOL-FE TAB 1 MG-20 MCG	Tier 1				
LARIN TAB 1.5/30	NORETHINDRONE ACE & ETHINYL ESTRADIOL TAB 1.5 MG-30 MCG	Tier 1				
LARIN TAB 1/20	NORETHINDRONE ACE & ETHINYL ESTRADIOL TAB 1 MG-20 MCG	Tier 1				
LAYOLIS FE CHW	NORETHINDRONE & ETHINYL ESTRADIOL-FE CHEW TAB 0.8 MG-25 MCG	Tier 1				
LEENA TAB	NORETHINDRONE-ETH ESTRADIOL TAB 0.5-35 / 1-35 / 0.5-35 MG-MCG	Tier 1				
LESSINA TAB	LEVONORGESTREL & ETHINYL ESTRADIOL TAB 0.1 MG-20 MCG	Tier 1				
LEVO-ETH EST TAB 90-20MCG	LEVONORGESTREL-ETHINYL ESTRADIOL (CONTINUOUS) TAB 90-20 MCG	Tier 1				
LEVONEST TAB	LEVONORGESTREL-ETH ESTRA TAB 0.05-30 / 0.075-40 / 0.125-30MG-MCG	Tier 1				
LEVONOR/ETHI TAB	LEVONORGESTREL-ETH ESTRA TAB 0.05-30 / 0.075-40 / 0.125-30MG-MCG	Tier 1				
LEVONOR/ETHI TAB 0.1-0.02	LEVONORGESTREL & ETHINYL ESTRADIOL TAB 0.1 MG-20 MCG	Tier 1				
LEVONOR/ETHI TAB 0.1-20	LEVONORGESTREL-ETHINYL ESTRADIOL-FE TAB 0.1 MG-20 MCG (21)	Tier 1				
LEVONOR/ETHI TAB ESTRADIO	LEVONORGESTREL & ETHINYL ESTRADIOL TAB 0.15 MG-30 MCG	Tier 1				
LEVONOR/ETHI TAB ESTRADIO	LEVONORG-ETH EST TAB 0.1-0.02MG(84) & ETH EST TAB 0.01MG(7)	Tier 1				
LEVONOR/ETHI TAB ESTRADIO	LEVONORGESTREL & ETHINYL ESTRADIOL (91-DAY) TAB 0.15-0.03 MG	Tier 1				

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LEVONOR/ETHI TAB ESTRADIO	LEVONORG-ETH EST TAB 0.15-0.03MG(84) & ETH EST TAB 0.01MG(7)	Tier 1				
LEVONOR/ETHI TAB ESTRADIO	LEVONOR-ETH EST TAB 0.15-0.02 / 0.025 / 0.03 MG & ETH EST 0.01 MG	Tier 1				
LEVONORGESTR TAB 1.5MG	LEVONORGESTREL TAB 1.5 MG	Tier 1				
LEVORA-28 TAB 0.15/30	LEVONORGESTREL & ETHINYL ESTRADIOL TAB 0.15 MG-30 MCG	Tier 1				
LO LOESTRIN TAB 1-10-10	NORETHIN-ETH ESTRADIOL-FE TAB 1 MG-10 MCG (24) / 10 MCG (2)	Tier 1				
LO-ZUMANDIMI TAB 3-0.02MG	DROSPIRENONE-ETHINYL ESTRADIOL TAB 3-0.02 MG	Tier 1				
LOJAIMIESS TAB	LEVONORG-ETH EST TAB 0.1-0.02MG(84) & ETH EST TAB 0.01MG(7)	Tier 1				
LORYNA TAB 3-0.02MG	DROSPIRENONE-ETHINYL ESTRADIOL TAB 3-0.02 MG	Tier 1				
LOW-OGESTREL TAB	NORGESTREL & ETHINYL ESTRADIOL TAB 0.3 MG-30 MCG	Tier 1				
LUTERA TAB	LEVONORGESTREL & ETHINYL ESTRADIOL TAB 0.1 MG-20 MCG	Tier 1				
LYLEQ TAB 0.35MG	NORETHINDRONE TAB 0.35 MG	Tier 1				
LYLLANA DIS 0.025MG	ESTRADIOL TD PATCH TWICE WEEKLY 0.025 MG / 24HR	Tier 3		X		
LYLLANA DIS 0.0375MG	ESTRADIOL TD PATCH TWICE WEEKLY 0.0375 MG / 24HR	Tier 3		X		
LYLLANA DIS 0.05MG	ESTRADIOL TD PATCH TWICE WEEKLY 0.05 MG / 24HR	Tier 3		X		
LYLLANA DIS 0.075MG	ESTRADIOL TD PATCH TWICE WEEKLY 0.075 MG / 24HR	Tier 3		X		
LYLLANA DIS 0.1MG	ESTRADIOL TD PATCH TWICE WEEKLY 0.1 MG / 24HR	Tier 3		X		
LYZA TAB 0.35MG	NORETHINDRONE TAB 0.35 MG	Tier 1				
MARLISSA TAB 0.15/30	LEVONORGESTREL & ETHINYL ESTRADIOL TAB 0.15 MG-30 MCG	Tier 1				
MEDROXYPR AC INJ 150MG/ML	MEDROXYPROGESTERONE ACETATE IM SUSP 150 MG / ML	Tier 1		X		
MEDROXYPR AC INJ 150MG/ML	MEDROXYPROGESTERONE ACETATE IM SUSP PREFILLED SYR 150 MG / ML	Tier 1				
MEDROXYPR AC TAB 10MG	MEDROXYPROGESTERONE ACETATE TAB 10 MG	Tier 2				
MEDROXYPR AC TAB 2.5MG	MEDROXYPROGESTERONE ACETATE TAB 2.5 MG	Tier 2				
MEDROXYPR AC TAB 5MG	MEDROXYPROGESTERONE ACETATE TAB 5 MG	Tier 2				

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Drug name	Generic name	Tier value	Prior auth	Quantity limit	Step therapy	Notes
MEGESTROL AC SUS 400MG/10	MEGESTROL ACETATE SUSP 40 MG / ML	Tier 2				
MEGESTROL AC SUS 40MG/ML	MEGESTROL ACETATE SUSP 40 MG / ML	Tier 2				
MEGESTROL AC SUS 800MG/20	MEGESTROL ACETATE SUSP 40 MG / ML	Tier 2				
MEGESTROL AC TAB 20MG	MEGESTROL ACETATE TAB 20 MG	Tier 2				
MEGESTROL AC TAB 40MG	MEGESTROL ACETATE TAB 40 MG	Tier 2				
MEGESTROL SUS 625MG/5M	MEGESTROL ACETATE SUSP 625 MG / 5ML	Tier 3				
MERZEE CAP 1/20	NORETHINDRONE ACE-ETHINYL ESTRADIOL-FE CAP 1 MG-20 MCG (24)	Tier 1				
METHYLTESTOS CAP 10MG	METHYLTESTOSTERONE CAP 10 MG	Tier 3				
MIBELAS 24 CHW FE	NORETHINDRONE ACE-ETH ESTRADIOL-FE CHEW TAB 1 MG-20 MCG (24)	Tier 1				
MICRGSTIN 24 TAB FE 1/20	NORETHINDRONE ACE-ETHINYL ESTRADIOL-FE TAB 1 MG-20 MCG (24)	Tier 1				
MICROGESTIN TAB 1.5/30	NORETHINDRONE ACE & ETHINYL ESTRADIOL TAB 1.5 MG-30 MCG	Tier 1				
MICROGESTIN TAB 1/20	NORETHINDRONE ACE & ETHINYL ESTRADIOL TAB 1 MG-20 MCG	Tier 1				
MICROGESTIN TAB FE 1/20	NORETHINDRONE ACE & ETHINYL ESTRADIOL-FE TAB 1 MG-20 MCG	Tier 1				
MICROGESTIN TAB FE1.5/30	NORETHINDRONE ACE & ETHINYL ESTRADIOL-FE TAB 1.5 MG-30 MCG	Tier 1				
MILI TAB 0.25/35	NORGESTIMATE & ETHINYL ESTRADIOL TAB 0.25 MG-35 MCG	Tier 1				
MIMVEY TAB 1-0.5MG	ESTRADIOL & NORETHINDRONE ACETATE TAB 1-0.5 MG	Tier 3				
MINZOYA TAB 0.1-20	LEVONORGESTREL-ETHINYL ESTRADIOL-FE TAB 0.1 MG-20 MCG (21)	Tier 1				
MONO-LINYAH TAB 0.25-35	NORGESTIMATE & ETHINYL ESTRADIOL TAB 0.25 MG-35 MCG	Tier 1				
MY CHOICE TAB 1.5MG	LEVONORGESTREL TAB 1.5 MG	Tier 1				
MY WAY TAB 1.5MG	LEVONORGESTREL TAB 1.5 MG	Tier 1				
NECON TAB 0.5/35	NORETHINDRONE & ETHINYL ESTRADIOL TAB 0.5 MG-35 MCG	Tier 1				
NEW DAY TAB 1.5MG	LEVONORGESTREL TAB 1.5 MG	Tier 1				
NEXTSTELLIS TAB 3-14.2MG	DROSPIRENONE-ESTETROL TAB 3-14.2 MG	Tier 1				
NIKKI TAB 3-0.02MG	DROSPIRENONE-ETHINYL ESTRADIOL TAB 3-0.02 MG	Tier 1				
NOR/EST/FF TAB 1.5/30	NORETHINDRONE ACE & ETHINYL ESTRADIOL-FE TAB 1.5 MG-30 MCG	Tier 1				
NORA-BE TAB 0.35MG	NORETHINDRONE TAB 0.35 MG	Tier 1				

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QL.....Quantity limit
SP.....Specialty medication
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Drug name	Generic name	Tier value	Prior auth	Quantity limit	Step therapy	Notes
NORE/ETH/FER CAP 1/20	NORETHINDRONE ACE-ETHINYL ESTRADIOL-FE CAP 1 MG-20 MCG (24)	Tier 1				
NORE/ETH/FER CHW 0.4MG-35	NORETHINDRONE & ETHINYL ESTRADIOL-FE CHEW TAB 0.4 MG-35 MCG	Tier 1				
NORELGE/ETHI DIS 150/35	NORELGESTROMIN-ETHINYL ESTRADIOL TD PTWK 150-35 MCG / 24HR	Tier 1				
NORETH/ETHIN CHW FE	NORETHINDRONE & ETHINYL ESTRADIOL-FE CHEW TAB 0.8 MG-25 MCG	Tier 1				
NORETH/ETHIN CHW FE 1/20	NORETHINDRONE ACE-ETH ESTRADIOL-FE CHEW TAB 1 MG-20 MCG (24)	Tier 1				
NORETH/ETHIN TAB 0.5-2.5	NORETHINDRONE ACETATE-ETHINYL ESTRADIOL TAB 0.5 MG-2.5 MCG	Tier 3				
NORETH/ETHIN TAB 1.5/30	NORETHINDRONE ACE & ETHINYL ESTRADIOL TAB 1.5 MG-30 MCG	Tier 1				
NORETH/ETHIN TAB 1/20	NORETHINDRONE ACE & ETHINYL ESTRADIOL TAB 1 MG-20 MCG	Tier 1				
NORETH/ETHIN TAB 1MG-5MCG	NORETHINDRONE ACETATE-ETHINYL ESTRADIOL TAB 1 MG-5 MCG	Tier 3				
NORETH/ETHIN TAB FE	NORETHINDRONE AC-ETHINYL ESTRAD-FE TAB 1-20 / 1-30 / 1-35 MG-MCG	Tier 1				
NORETH/ETHIN TAB FE 1/20	NORETHINDRONE ACE & ETHINYL ESTRADIOL-FE TAB 1 MG-20 MCG	Tier 1				
NORETHIN ACE TAB 5MG	NORETHINDRONE ACETATE TAB 5 MG	Tier 2				
NORETHINDRON TAB 0.35MG	NORETHINDRONE TAB 0.35 MG	Tier 1				
NORGEST/ETHI TAB 0.25/35	NORGESTIMATE & ETHINYL ESTRADIOL TAB 0.25 MG-35 MCG	Tier 1				
NORGEST/ETHI TAB ES-TRADIO	NORGESTIMATE-ETH ESTRAD TAB 0.18-25 / 0.215-25 / 0.25-25 MG-MCG	Tier 1				
NORGEST/ETHI TAB ES-TRADIO	NORGESTIMATE-ETH ESTRAD TAB 0.18-35 / 0.215-35 / 0.25-35 MG-MCG	Tier 1				
NORLYROC TAB 0.35MG	NORETHINDRONE TAB 0.35 MG	Tier 1				
NORTREL TAB 0.5/35	NORETHINDRONE & ETHINYL ESTRADIOL TAB 0.5 MG-35 MCG	Tier 1				
NORTREL TAB 1/35	NORETHINDRONE & ETHINYL ESTRADIOL TAB 1 MG-35 MCG	Tier 1				
NORTREL TAB 7/7/7	NORETHINDRONE-ETH ESTRADIOL TAB 0.5-35 / 0.75-35 / 1-35 MG-MCG	Tier 1				
NYLIA TAB 1/35	NORETHINDRONE & ETHINYL ESTRADIOL TAB 1 MG-35 MCG	Tier 1				
NYLIA TAB 7/7/7	NORETHINDRONE-ETH ESTRADIOL TAB 0.5-35 / 0.75-35 / 1-35 MG-MCG	Tier 1				
NYMYO TAB 0.25-35	NORGESTIMATE & ETHINYL ESTRADIOL TAB 0.25 MG-35 MCG	Tier 1				
OCELLA TAB 3-0.03MG	DROSPIRENONE-ETHINYL ESTRADIOL TAB 3-0.03 MG	Tier 1				
OPCICON TAB 1.5MG	LEVONORGESTREL TAB 1.5 MG	Tier 1				
OPILL TAB 0.075MG	NORGESTREL TAB 0.075 MG	Tier 1				

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Drug name	Generic name	Tier value	Prior auth	Quantity limit	Step therapy	Notes
OPTION 2 TAB 1.5MG	LEVONORGESTREL TAB 1.5 MG	Tier 1				
OSPHENA TAB 60MG	OSPEMIFENE TAB 60 MG	Tier 5	X	X		
PHILITH TAB 0.4-35	NORETHINDRONE & ETHINYL ESTRAD- DIOL TAB 0.4 MG-35 MCG	Tier 1				
PIMTREA TAB	DESOGEST-ETH ESTRAD & ETH ES- TRAD TAB 0.15-0.02 / 0.01 MG(21 / 5)	Tier 1				
PLAN B TAB 1.5MG	LEVONORGESTREL TAB 1.5 MG	Tier 1				
PORTIA-28 TAB	LEVONORGESTREL & ETHINYL ES- TRADIOL TAB 0.15 MG-30 MCG	Tier 1				
PREMARIN VAG CRE 0.625MG	ESTROGENS, CONJUGATED VAGINAL CREAM 0.625 MG / GM	Tier 5				
PROGESTERONE CAP 100MG	PROGESTERONE CAP 100 MG	Tier 2				
PROGESTERONE CAP 200MG	PROGESTERONE CAP 200 MG	Tier 2				
PROGESTERONE INJ 50MG/ML	PROGESTERONE IM IN OIL 50 MG / ML	Tier 2				
RALOXIFENE TAB 60MG	RALOXIFENE HCL TAB 60 MG	Tier 2		X		PRV-A* \$0 Copay for members 35 years and older once your healthcare provider confirms use is for breast cancer prevention.
REACT TAB 1.5MG	LEVONORGESTREL TAB 1.5 MG	Tier 1				
RECLIPSEN TAB	DESOGESTREL & ETHINYL ESTRA- DIOL TAB 0.15 MG-30 MCG	Tier 1				
RIVELSA TAB	LEVONOR-ETH EST TAB 0.15-0.02 / 0.025 / 0.03 MG & ETH EST 0.01 MG	Tier 1				
SETLAKIN TAB	LEVONORGESTREL & ETHINYL ES- TRADIOL (91-DAY) TAB 0.15-0.03 MG	Tier 1				
SHAROBEL TAB 0.35MG	NORETHINDRONE TAB 0.35 MG	Tier 1				
SIMLIYA TAB 28 DAY	DESOGEST-ETH ESTRAD & ETH ES- TRAD TAB 0.15-0.02 / 0.01 MG(21 / 5)	Tier 1				
SIMPESSE TAB	LEVONORG-ETH EST TAB 0.15- 0.03MG(84) & ETH EST TAB 0.01MG(7)	Tier 1				
SLYND TAB 4MG	DROSPIRENONE TAB 4 MG	Tier 1				
SPRINTEC 28 TAB 28 DAY	NORGESTIMATE & ETHINYL ESTRA- DIOL TAB 0.25 MG-35 MCG	Tier 1				
SRONYX TAB	LEVONORGESTREL & ETHINYL ES- TRADIOL TAB 0.1 MG-20 MCG	Tier 1				
SYEDA TAB 3-0.03MG	DROSPIRENONE-ETHINYL ESTRA- DIOL TAB 3-0.03 MG	Tier 1				

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Drug name	Generic name	Tier value	Prior auth	Quantity limit	Step therapy	Notes
TAKE ACTION TAB 1.5MG	LEVONORGESTREL TAB 1.5 MG	Tier 1				
TARINA 24 FE TAB	NORETHINDRONE ACE-ETHINYL ESTRADIOL-FE TAB 1 MG-20 MCG (24)	Tier 1				
TARINA FE TAB 1/20 EQ	NORETHINDRONE ACE & ETHINYL ESTRADIOL-FE TAB 1 MG-20 MCG	Tier 1				
TAYSOFY CAP 1/20	NORETHINDRONE ACE-ETHINYL ESTRADIOL-FE CAP 1 MG-20 MCG (24)	Tier 1				
TESTOST CYP INJ 100MG/ ML	TESTOSTERONE CYPIONATE IM INJ IN OIL 100 MG / ML	Tier 2	X			
TESTOST CYP INJ 200MG/ML	TESTOSTERONE CYPIONATE IM INJ IN OIL 200 MG / ML	Tier 2	X			
TESTOST ENAN INJ 200MG/ML	TESTOSTERONE ENANTHATE IM INJ IN OIL 200 MG / ML	Tier 2	X			
TESTOSTERONE GEL 1.62%	TESTOSTERONE TD GEL 20.25 MG / ACT (1.62%)	Tier 3	X	X		
TESTOSTERONE GEL 1%(50MG)	TESTOSTERONE TD GEL 50 MG / 5GM (1%)	Tier 3	X	X		
TILIA FE TAB	NORETHINDRONE AC-ETHINYL ESTRAD-FE TAB 1-20 / 1-30 / 1-35 MG-MCG	Tier 1				
TRI-ESTARYLL TAB	NORGESTIMATE-ETH ESTRAD TAB 0.18-35 / 0.215-35 / 0.25-35 MG-MCG	Tier 1				
TRI-LEGEST TAB FE	NORETHINDRONE AC-ETHINYL ESTRAD-FE TAB 1-20 / 1-30 / 1-35 MG-MCG	Tier 1				
TRI-LINYAH TAB	NORGESTIMATE-ETH ESTRAD TAB 0.18-35 / 0.215-35 / 0.25-35 MG-MCG	Tier 1				
TRI-LO TAB ESTARYLL	NORGESTIMATE-ETH ESTRAD TAB 0.18-25 / 0.215-25 / 0.25-25 MG-MCG	Tier 1				
TRI-LO- TAB MARZIA	NORGESTIMATE-ETH ESTRAD TAB 0.18-25 / 0.215-25 / 0.25-25 MG-MCG	Tier 1				
TRI-LO- TAB SPRINTEC	NORGESTIMATE-ETH ESTRAD TAB 0.18-25 / 0.215-25 / 0.25-25 MG-MCG	Tier 1				
TRI-LO-MILI TAB	NORGESTIMATE-ETH ESTRAD TAB 0.18-25 / 0.215-25 / 0.25-25 MG-MCG	Tier 1				
TRI-MILI TAB	NORGESTIMATE-ETH ESTRAD TAB 0.18-35 / 0.215-35 / 0.25-35 MG-MCG	Tier 1				
TRI-NYMYO TAB	NORGESTIMATE-ETH ESTRAD TAB 0.18-35 / 0.215-35 / 0.25-35 MG-MCG	Tier 1				
TRI-SPRINTEC TAB	NORGESTIMATE-ETH ESTRAD TAB 0.18-35 / 0.215-35 / 0.25-35 MG-MCG	Tier 1				
TRI-VYLIBRA TAB	NORGESTIMATE-ETH ESTRAD TAB 0.18-35 / 0.215-35 / 0.25-35 MG-MCG	Tier 1				
TRI-VYLIBRA TAB LO	NORGESTIMATE-ETH ESTRAD TAB 0.18-25 / 0.215-25 / 0.25-25 MG-MCG	Tier 1				
TRIVORA-28 TAB	LEVONORGESTREL-ETH ESTRA TAB 0.05-30 / 0.075-40 / 0.125-30MG- MCG	Tier 1				
TURQOZ TAB	NORGESTREL & ETHINYL ESTRADIOL TAB 0.3 MG-30 MCG	Tier 1				

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Drug name	Generic name	Tier value	Prior auth	Quantity limit	Step therapy	Notes
TWIRLA DIS 120-30	LEVONORGESTREL-ETHINYL ESTRADIOL TD PTWK 120-30 MCG / 24HR	Tier 1				
TYBLUME CHW 0.1-0.02	LEVONORGESTREL & ETHINYL ESTRADIOL CHEW TAB 0.1 MG-20 MCG	Tier 1				
TYDEMY TAB	DROSPIRENONE-ETHINYL ESTRAD-LEVOMEFOLATE TAB 3-0.03-0.451 MG	Tier 1				
VALTYA 1/50 TAB	ETHYNODIOL DIACETATE & ETHINYL ESTRADIOL TAB 1 MG-50 MCG	Tier 1				
VELIVET PAK	DESOGEST-ETHIN EST TAB 0.1-0.025 / 0.125-0.025 / 0.15-0.025MG-MG	Tier 1				
VESTURA TAB 3-0.02MG	DROSPIRENONE-ETHINYL ESTRADIOL TAB 3-0.02 MG	Tier 1				
VIENVA TAB 0.1-20	LEVONORGESTREL & ETHINYL ESTRADIOL TAB 0.1 MG-20 MCG	Tier 1				
VIORELE TAB	DESOGEST-ETH ESTRAD & ETH ESTRAD TAB 0.15-0.02 / 0.01 MG(21 / 5)	Tier 1				
VOLNEA TAB	DESOGEST-ETH ESTRAD & ETH ESTRAD TAB 0.15-0.02 / 0.01 MG(21 / 5)	Tier 1				
VYFEMLA TAB 0.4-35	NORETHINDRONE & ETHINYL ESTRADIOL TAB 0.4 MG-35 MCG	Tier 1				
VYLIBRA TAB 0.25-35	NORGESTIMATE & ETHINYL ESTRADIOL TAB 0.25 MG-35 MCG	Tier 1				
WERA TAB 0.5/35	NORETHINDRONE & ETHINYL ESTRADIOL TAB 0.5 MG-35 MCG	Tier 1				
WYMZYA FE CHW 0.4MG-35	NORETHINDRONE & ETHINYL ESTRADIOL-FE CHEW TAB 0.4 MG-35 MCG	Tier 1				
XARAH FE TAB	NORETHINDRONE AC-ETHINYL ESTRAD-FE TAB 1-20 / 1-30 / 1-35 MG-MCG	Tier 1				
XELRIA FE CHW 0.4MG-35	NORETHINDRONE & ETHINYL ESTRADIOL-FE CHEW TAB 0.4 MG-35 MCG	Tier 1				
XULANE DIS 150-35	NORELGESTROMIN-ETHINYL ESTRADIOL TD PTWK 150-35 MCG / 24HR	Tier 1				
YUVAFEM TAB 10MCG	ESTRADIOL VAGINAL TAB 10 MCG	Tier 3		X		
ZAFEMY DIS 150/35	NORELGESTROMIN-ETHINYL ESTRADIOL TD PTWK 150-35 MCG / 24HR	Tier 1				
ZOVIA 1/35 TAB	ETHYNODIOL DIACETATE & ETHINYL ESTRADIOL TAB 1 MG-35 MCG	Tier 1				
ZUMANDIMINE TAB 3-0.03MG	DROSPIRENONE-ETHINYL ESTRADIOL TAB 3-0.03 MG	Tier 1				
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)						
ARMOUR THYRO TAB 120MG	THYROID TAB 120 MG (2 GRAIN)	Tier 5				
ARMOUR THYRO TAB 15MG	THYROID TAB 15 MG (1 / 4 GRAIN)	Tier 5				
ARMOUR THYRO TAB 180MG	THYROID TAB 180 MG (3 GRAIN)	Tier 5				
ARMOUR THYRO TAB 240MG	THYROID TAB 240 MG (4 GRAIN)	Tier 5				

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Drug name	Generic name	Tier value	Prior auth	Quantity limit	Step therapy	Notes
ARMOUR THYRO TAB 300MG	THYROID TAB 300 MG (5 GRAIN)	Tier 5				
ARMOUR THYRO TAB 30MG	THYROID TAB 30 MG (1 / 2 GRAIN)	Tier 5				
ARMOUR THYRO TAB 60MG	THYROID TAB 60 MG (1 GRAIN)	Tier 5				
ARMOUR THYRO TAB 90MG	THYROID TAB 90 MG (1 1 / 2 GRAIN)	Tier 5				
EUTHYROX TAB 100MCG	LEVOTHYROXINE SODIUM TAB 100 MCG	Tier 2				
EUTHYROX TAB 112MCG	LEVOTHYROXINE SODIUM TAB 112 MCG	Tier 2				
EUTHYROX TAB 125MCG	LEVOTHYROXINE SODIUM TAB 125 MCG	Tier 2				
EUTHYROX TAB 137MCG	LEVOTHYROXINE SODIUM TAB 137 MCG	Tier 2				
EUTHYROX TAB 150MCG	LEVOTHYROXINE SODIUM TAB 150 MCG	Tier 2				
EUTHYROX TAB 175MCG	LEVOTHYROXINE SODIUM TAB 175 MCG	Tier 2				
EUTHYROX TAB 200MCG	LEVOTHYROXINE SODIUM TAB 200 MCG	Tier 2				
EUTHYROX TAB 25MCG	LEVOTHYROXINE SODIUM TAB 25 MCG	Tier 2				
EUTHYROX TAB 50MCG	LEVOTHYROXINE SODIUM TAB 50 MCG	Tier 2				
EUTHYROX TAB 75MCG	LEVOTHYROXINE SODIUM TAB 75 MCG	Tier 2				
EUTHYROX TAB 88MCG	LEVOTHYROXINE SODIUM TAB 88 MCG	Tier 2				
LEVO-T TAB 100MCG	LEVOTHYROXINE SODIUM TAB 100 MCG	Tier 2				
LEVO-T TAB 112MCG	LEVOTHYROXINE SODIUM TAB 112 MCG	Tier 2				
LEVO-T TAB 125MCG	LEVOTHYROXINE SODIUM TAB 125 MCG	Tier 2				
LEVO-T TAB 137MCG	LEVOTHYROXINE SODIUM TAB 137 MCG	Tier 2				
LEVO-T TAB 150MCG	LEVOTHYROXINE SODIUM TAB 150 MCG	Tier 2				
LEVO-T TAB 175MCG	LEVOTHYROXINE SODIUM TAB 175 MCG	Tier 2				
LEVO-T TAB 200MCG	LEVOTHYROXINE SODIUM TAB 200 MCG	Tier 2				
LEVO-T TAB 25MCG	LEVOTHYROXINE SODIUM TAB 25 MCG	Tier 2				
LEVO-T TAB 300 MCG	LEVOTHYROXINE SODIUM TAB 300 MCG	Tier 2				
LEVO-T TAB 50MCG	LEVOTHYROXINE SODIUM TAB 50 MCG	Tier 2				

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Drug name	Generic name	Tier value	Prior auth	Quantity limit	Step therapy	Notes
LEVO-T TAB 75MCG	LEVOTHYROXINE SODIUM TAB 75 MCG	Tier 2				
LEVO-T TAB 88MCG	LEVOTHYROXINE SODIUM TAB 88 MCG	Tier 2				
LEVOTHYROXIN TAB 100MCG	LEVOTHYROXINE SODIUM TAB 100 MCG	Tier 2				
LEVOTHYROXIN TAB 112MCG	LEVOTHYROXINE SODIUM TAB 112 MCG	Tier 2				
LEVOTHYROXIN TAB 125MCG	LEVOTHYROXINE SODIUM TAB 125 MCG	Tier 2				
LEVOTHYROXIN TAB 137MCG	LEVOTHYROXINE SODIUM TAB 137 MCG	Tier 2				
LEVOTHYROXIN TAB 150MCG	LEVOTHYROXINE SODIUM TAB 150 MCG	Tier 2				
LEVOTHYROXIN TAB 175MCG	LEVOTHYROXINE SODIUM TAB 175 MCG	Tier 2				
LEVOTHYROXIN TAB 200MCG	LEVOTHYROXINE SODIUM TAB 200 MCG	Tier 2				
LEVOTHYROXIN TAB 25MCG	LEVOTHYROXINE SODIUM TAB 25 MCG	Tier 2				
LEVOTHYROXIN TAB 300MCG	LEVOTHYROXINE SODIUM TAB 300 MCG	Tier 2				
LEVOTHYROXIN TAB 50MCG	LEVOTHYROXINE SODIUM TAB 50 MCG	Tier 2				
LEVOTHYROXIN TAB 75MCG	LEVOTHYROXINE SODIUM TAB 75 MCG	Tier 2				
LEVOTHYROXIN TAB 88MCG	LEVOTHYROXINE SODIUM TAB 88 MCG	Tier 2				
LEVOXYL TAB 100MCG	LEVOTHYROXINE SODIUM TAB 100 MCG	Tier 2				
LEVOXYL TAB 112MCG	LEVOTHYROXINE SODIUM TAB 112 MCG	Tier 2				
LEVOXYL TAB 125MCG	LEVOTHYROXINE SODIUM TAB 125 MCG	Tier 2				
LEVOXYL TAB 137MCG	LEVOTHYROXINE SODIUM TAB 137 MCG	Tier 2				
LEVOXYL TAB 150MCG	LEVOTHYROXINE SODIUM TAB 150 MCG	Tier 2				
LEVOXYL TAB 175MCG	LEVOTHYROXINE SODIUM TAB 175 MCG	Tier 2				
LEVOXYL TAB 200MCG	LEVOTHYROXINE SODIUM TAB 200 MCG	Tier 2				
LEVOXYL TAB 25MCG	LEVOTHYROXINE SODIUM TAB 25 MCG	Tier 2				
LEVOXYL TAB 50MCG	LEVOTHYROXINE SODIUM TAB 50 MCG	Tier 2				
LEVOXYL TAB 75MCG	LEVOTHYROXINE SODIUM TAB 75 MCG	Tier 2				
LEVOXYL TAB 88MCG	LEVOTHYROXINE SODIUM TAB 88 MCG	Tier 2				

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Drug name	Generic name	Tier value	Prior auth	Quantity limit	Step therapy	Notes
LIOTHYRONINE TAB 25MCG	LIOTHYRONINE SODIUM TAB 25 MCG	Tier 2				BH*
LIOTHYRONINE TAB 50MCG	LIOTHYRONINE SODIUM TAB 50 MCG	Tier 2				BH*
LIOTHYRONINE TAB 5MCG	LIOTHYRONINE SODIUM TAB 5 MCG	Tier 2				BH*
NIVA THYROID TAB 120MG	THYROID TAB 120 MG (2 GRAIN)	Tier 5				
NIVA THYROID TAB 15MG	THYROID TAB 15 MG (1 / 4 GRAIN)	Tier 5				
NIVA THYROID TAB 30MG	THYROID TAB 30 MG (1 / 2 GRAIN)	Tier 5				
NIVA THYROID TAB 60MG	THYROID TAB 60 MG (1 GRAIN)	Tier 5				
NIVA THYROID TAB 90MG	THYROID TAB 90 MG (1 1 / 2 GRAIN)	Tier 5				
NP THYROID TAB 120MG	THYROID TAB 120 MG (2 GRAIN)	Tier 3				
NP THYROID TAB 15MG	THYROID TAB 15 MG (1 / 4 GRAIN)	Tier 3				
NP THYROID TAB 30MG	THYROID TAB 30 MG (1 / 2 GRAIN)	Tier 3				
NP THYROID TAB 60MG	THYROID TAB 60 MG (1 GRAIN)	Tier 3				
NP THYROID TAB 90MG	THYROID TAB 90 MG (1 1 / 2 GRAIN)	Tier 3				
SYNTHROID TAB 100MCG	LEVOTHYROXINE SODIUM TAB 100 MCG	Tier 3				
SYNTHROID TAB 112MCG	LEVOTHYROXINE SODIUM TAB 112 MCG	Tier 3				
SYNTHROID TAB 125MCG	LEVOTHYROXINE SODIUM TAB 125 MCG	Tier 3				
SYNTHROID TAB 137MCG	LEVOTHYROXINE SODIUM TAB 137 MCG	Tier 3				
SYNTHROID TAB 150MCG	LEVOTHYROXINE SODIUM TAB 150 MCG	Tier 3				
SYNTHROID TAB 175MCG	LEVOTHYROXINE SODIUM TAB 175 MCG	Tier 3				
SYNTHROID TAB 200MCG	LEVOTHYROXINE SODIUM TAB 200 MCG	Tier 3				
SYNTHROID TAB 25MCG	LEVOTHYROXINE SODIUM TAB 25 MCG	Tier 3				
SYNTHROID TAB 300MCG	LEVOTHYROXINE SODIUM TAB 300 MCG	Tier 3				
SYNTHROID TAB 50MCG	LEVOTHYROXINE SODIUM TAB 50 MCG	Tier 3				
SYNTHROID TAB 75MCG	LEVOTHYROXINE SODIUM TAB 75 MCG	Tier 3				
SYNTHROID TAB 88MCG	LEVOTHYROXINE SODIUM TAB 88 MCG	Tier 3				
THYQUIDITY SOL 100MCG	LEVOTHYROXINE SODIUM ORAL SOLUTION 100 MCG / 5ML	Tier 5	X			
THYROID TAB 120MG	THYROID TAB 120 MG (2 GRAIN)	Tier 3				
THYROID TAB 15MG	THYROID TAB 15 MG (1 / 4 GRAIN)	Tier 3				
THYROID TAB 30MG	THYROID TAB 30 MG (1 / 2 GRAIN)	Tier 3				
THYROID TAB 60MG	THYROID TAB 60 MG (1 GRAIN)	Tier 3				
THYROID TAB 90MG	THYROID TAB 90 MG (1 1 / 2 GRAIN)	Tier 3				

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SP Specialty medication
ST Step therapy
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Drug name	Generic name	Tier value	Prior auth	Quantity limit	Step therapy	Notes
TIROSINT-SOL SOL 100MCG	LEVOTHYROXINE SODIUM ORAL SOLUTION 100 MCG / ML	Tier 5	X			
TIROSINT-SOL SOL 112MCG	LEVOTHYROXINE SODIUM ORAL SOLUTION 112 MCG / ML	Tier 5	X			
TIROSINT-SOL SOL 125MCG	LEVOTHYROXINE SODIUM ORAL SOLUTION 125 MCG / ML	Tier 5	X			
TIROSINT-SOL SOL 137MCG	LEVOTHYROXINE SODIUM ORAL SOLUTION 137 MCG / ML	Tier 5	X			
TIROSINT-SOL SOL 13MCG/ML	LEVOTHYROXINE SODIUM ORAL SOLUTION 13 MCG / ML	Tier 5	X			
TIROSINT-SOL SOL 150MCG	LEVOTHYROXINE SODIUM ORAL SOLUTION 150 MCG / ML	Tier 5	X			
TIROSINT-SOL SOL 175MCG	LEVOTHYROXINE SODIUM ORAL SOLUTION 175 MCG / ML	Tier 5	X			
TIROSINT-SOL SOL 200MCG	LEVOTHYROXINE SODIUM ORAL SOLUTION 200 MCG / ML	Tier 5	X			
TIROSINT-SOL SOL 25MCG/ML	LEVOTHYROXINE SODIUM ORAL SOLUTION 25 MCG / ML	Tier 5	X			
TIROSINT-SOL SOL 37.5/ML	LEVOTHYROXINE SODIUM ORAL SOLUTION 37.5 MCG / ML	Tier 5	X			
TIROSINT-SOL SOL 44MCG/ML	LEVOTHYROXINE SODIUM ORAL SOLUTION 44 MCG / ML	Tier 5	X			
TIROSINT-SOL SOL 50MCG/ML	LEVOTHYROXINE SODIUM ORAL SOLUTION 50 MCG / ML	Tier 5	X			
TIROSINT-SOL SOL 62.5/ML	LEVOTHYROXINE SODIUM ORAL SOLUTION 62.5 MCG / ML	Tier 5	X			
TIROSINT-SOL SOL 75MCG/ML	LEVOTHYROXINE SODIUM ORAL SOLUTION 75 MCG / ML	Tier 5	X			
TIROSINT-SOL SOL 88MCG/ML	LEVOTHYROXINE SODIUM ORAL SOLUTION 88 MCG / ML	Tier 5	X			
UNITHROID TAB 100MCG	LEVOTHYROXINE SODIUM TAB 100 MCG	Tier 2				
UNITHROID TAB 112MCG	LEVOTHYROXINE SODIUM TAB 112 MCG	Tier 2				
UNITHROID TAB 125MCG	LEVOTHYROXINE SODIUM TAB 125 MCG	Tier 2				
UNITHROID TAB 137MCG	LEVOTHYROXINE SODIUM TAB 137 MCG	Tier 2				
UNITHROID TAB 150MCG	LEVOTHYROXINE SODIUM TAB 150 MCG	Tier 2				
UNITHROID TAB 175MCG	LEVOTHYROXINE SODIUM TAB 175 MCG	Tier 2				
UNITHROID TAB 200MCG	LEVOTHYROXINE SODIUM TAB 200 MCG	Tier 2				
UNITHROID TAB 25MCG	LEVOTHYROXINE SODIUM TAB 25 MCG	Tier 2				
UNITHROID TAB 300MCG	LEVOTHYROXINE SODIUM TAB 300 MCG	Tier 2				
UNITHROID TAB 50MCG	LEVOTHYROXINE SODIUM TAB 50 MCG	Tier 2				

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Drug name	Generic name	Tier value	Prior auth	Quantity limit	Step therapy	Notes
UNITHROID TAB 75MCG	LEVOTHYROXINE SODIUM TAB 75 MCG	Tier 2				
UNITHROID TAB 88MCG	LEVOTHYROXINE SODIUM TAB 88 MCG	Tier 2				
Hormonal Agents, Suppressant (Adrenal)						
LYSODREN TAB 500MG	MITOTANE TAB 500 MG	Tier 5				
Hormonal Agents, Suppressant (Pituitary)						
ELIGARD INJ 22.5MG	LEUPROLIDE ACETATE (3 MONTH) FOR SUBCUTANEOUS INJ KIT 22.5MG	Tier 6				
ELIGARD INJ 30MG	LEUPROLIDE ACETATE (4 MONTH) FOR SUBCUTANEOUS INJ KIT 30 MG	Tier 6				
ELIGARD INJ 45MG	LEUPROLIDE ACETATE (6 MONTH) FOR SUBCUTANEOUS INJ KIT 45 MG	Tier 6				
ELIGARD INJ 7.5MG	LEUPROLIDE ACETATE FOR SUBCUTANEOUS INJ KIT 7.5 MG	Tier 6				
LEUPROLIDE INJ 14 DAY	LEUPROLIDE ACETATE INJ KIT 1 MG / 0.2ML (5 MG / ML)	Tier 6				
LEUPROLIDE INJ 1MG/0.2	LEUPROLIDE ACETATE INJ KIT 1 MG / 0.2ML (5 MG / ML)	Tier 6				
LEUPROLIDE KIT 14 DAY	LEUPROLIDE ACETATE INJ KIT 1 MG / 0.2ML (5 MG / ML)	Tier 6				
LEUPROLIDE KIT 1MG/0.2	LEUPROLIDE ACETATE INJ KIT 1 MG / 0.2ML (5 MG / ML)	Tier 6				
OCTREOTIDE INJ 1000MCG	OCTREOTIDE ACETATE INJ 1000 MCG / ML (1 MG / ML)	Tier 4	X			
OCTREOTIDE INJ 100MCG	OCTREOTIDE ACETATE INJ 100 MCG / ML (0.1 MG / ML)	Tier 4	X			
OCTREOTIDE INJ 100MCG	OCTREOTIDE ACETATE SUBCUTANEOUS SOLN PREF SYR 100 MCG / ML	Tier 4	X			
OCTREOTIDE INJ 200MCG	OCTREOTIDE ACETATE INJ 200 MCG / ML (0.2 MG / ML)	Tier 4	X			
OCTREOTIDE INJ 500MCG	OCTREOTIDE ACETATE INJ 500 MCG / ML (0.5 MG / ML)	Tier 4	X			
OCTREOTIDE INJ 500MCG	OCTREOTIDE ACETATE SUBCUTANEOUS SOLN PREF SYR 500 MCG / ML	Tier 4	X			
OCTREOTIDE INJ 50MCG/ML	OCTREOTIDE ACETATE INJ 50 MCG / ML (0.05 MG / ML)	Tier 4	X			
OCTREOTIDE INJ 50MCG/ML	OCTREOTIDE ACETATE SUBCUTANEOUS SOLN PREF SYR 50 MCG / ML	Tier 4	X			
ORILISSA TAB 150MG	ELAGOLIX SODIUM TAB 150 MG (BASE EQUIV)	Tier 5	X	X		
ORILISSA TAB 200MG	ELAGOLIX SODIUM TAB 200 MG (BASE EQUIV)	Tier 5	X	X		
SIGNIFOR INJ 0.3MG/ML	PASIREOTIDE DIASPARTATE INJ 0.3 MG / ML (BASE EQUIV)	Tier 6	X	X		
SIGNIFOR INJ 0.6MG/ML	PASIREOTIDE DIASPARTATE INJ 0.6 MG / ML (BASE EQUIV)	Tier 6	X	X		
SIGNIFOR INJ 0.9MG/ML	PASIREOTIDE DIASPARTATE INJ 0.9 MG / ML (BASE EQUIV)	Tier 6	X	X		

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Drug name	Generic name	Tier value	Prior auth	Quantity limit	Step therapy	Notes
SOMAVERT INJ 10MG	PEGVISOMANT FOR INJ 10 MG (AS PROTEIN)	Tier 6	X	X		
SOMAVERT INJ 15MG	PEGVISOMANT FOR INJ 15 MG (AS PROTEIN)	Tier 6	X	X		
SOMAVERT INJ 20MG	PEGVISOMANT FOR INJ 20 MG (AS PROTEIN)	Tier 6	X	X		
SOMAVERT INJ 25MG	PEGVISOMANT FOR INJ 25 MG (AS PROTEIN)	Tier 6	X	X		
SOMAVERT INJ 30MG	PEGVISOMANT FOR INJ 30 MG (AS PROTEIN)	Tier 6	X	X		
SYNAREL SOL 2MG/ML	NAFARELIN ACETATE NASAL SOLN 2 MG / ML (200 MCG / ACT) (BASE EQ)	Tier 3				
Hormonal Agents, Suppressant (Thyroid)						
METHIMAZOLE TAB 10MG	METHIMAZOLE TAB 10 MG	Tier 2				
METHIMAZOLE TAB 5MG	METHIMAZOLE TAB 5 MG	Tier 2				
PROPYLTHIOUR TAB 50MG	PROPYLTHIOURACIL TAB 50 MG	Tier 2				
Immunological Agents						
ABRYVO INJ	RSV PRE-FUSION F A&B VAC RECOMB FOR IM SOLN 120 MCG / 0.5ML	Tier 1		X		
ABRYVO INJ 120MCG	RSV PRE-FUSION F A&B VAC RECOMB FOR IM SOLN 120 MCG / 0.5ML	Tier 1		X		
ACTEMRA INJ 162/0.9	TOCILIZUMAB SUBCUTANEOUS SOLN PREFILLED SYRINGE 162 MG / 0.9ML	Tier 4	X	X		
ACTEMRA INJ ACTPEN	TOCILIZUMAB SUBCUTANEOUS SOLN AUTO-INJECTOR 162 MG / 0.9ML	Tier 4	X	X		
ACTHIB INJ	HAEMOPHILUS B POLYSACCHARIDE CONJUGATE VACCINE FOR INJ	Tier 1		X		
ACTIMMUNE INJ 2MU/0.5	INTERFERON GAMMA-1B INJ 100 MCG / 0.5ML (2000000 UNIT / 0.5ML)	Tier 6	X	X		
ADACEL INJ	TET TOX-DIPH-ACELL PERTUSS AD INJ 5-2-15.5 LF-LF-MCG / 0.5ML	Tier 1		X		
ADALIMU-ADAZ INJ 10/0.1ML	ADALIMUMAB-ADAZ SOLN PRE-FILLED SYRINGE 10 MG / 0.1ML	Tier 4	X	X		
ADALIMU-ADAZ INJ 20/0.2ML	ADALIMUMAB-ADAZ SOLN PRE-FILLED SYRINGE 20 MG / 0.2ML	Tier 4	X	X		
ADALIMU-ADAZ INJ 40/0.4ML	ADALIMUMAB-ADAZ SOLN AUTO-INJECTOR 40 MG / 0.4ML	Tier 4	X	X		
ADALIMU-ADAZ INJ 40/0.4ML	ADALIMUMAB-ADAZ SOLN PRE-FILLED SYRINGE 40 MG / 0.4ML	Tier 4	X	X		
ADALIMU-ADAZ INJ 80/0.8ML	ADALIMUMAB-ADAZ SOLN AUTO-INJECTOR 80 MG / 0.8ML	Tier 4	X	X		
ADALIMU-ADB KIT 10/0.2ML	ADALIMUMAB-ADB KIT 10 MG / 0.2ML	Tier 4	X	X		
ADALIMU-ADB KIT 20/0.4ML	ADALIMUMAB-ADB KIT 20 MG / 0.4ML	Tier 4	X	X		
ADALIMU-ADB KIT 40/0.4ML	ADALIMUMAB-ADB KIT 40 MG / 0.4ML	Tier 4	X			
ADALIMU-ADB KIT 40/0.4ML	ADALIMUMAB-ADB KIT 40 MG / 0.4ML	Tier 4	X	X		

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Drug name	Generic name	Tier value	Prior auth	Quantity limit	Step therapy	Notes
ADALIMU-ADBIM KIT 40/0.4ML	ADALIMUMAB-ADBIM PREFILLED SYRINGE KIT 40 MG / 0.4ML	Tier 4	X	X		
ADALIMU-ADBIM KIT 40/0.8ML	ADALIMUMAB-ADBIM AUTO-INJECTOR KIT 40 MG / 0.8ML	Tier 4	X	X		
ADALIMU-ADBIM KIT 40/0.8ML	ADALIMUMAB-ADBIM AUTO-INJECTOR KIT 40 MG / 0.8ML	Tier 4	X			
ADALIMU-ADBIM KIT 40/0.8ML	ADALIMUMAB-ADBIM PREFILLED SYRINGE KIT 40 MG / 0.8ML	Tier 4	X	X		
AFLURIA INJ 2024-25	INFLUENZA VIRUS VACCINE SPLIT IM SUSP	Tier 1		X		
AFLURIA INJ 2024-25	INFLUENZA VIRUS VACCINE SPLIT PF SUSP PREF SYRINGE 0.5 ML	Tier 1		X		
AMJEVITA INJ 20/0.2ML	ADALIMUMAB-ATTO SOLN PREFILLED SYRINGE 20 MG / 0.2ML	Tier 4	X	X		
AMJEVITA INJ 40/0.4ML	ADALIMUMAB-ATTO SOLN AUTO-INJECTOR 40 MG / 0.4ML	Tier 4	X	X		
AMJEVITA INJ 40/0.4ML	ADALIMUMAB-ATTO SOLN PREFILLED SYRINGE 40 MG / 0.4ML	Tier 4	X	X		
AMJEVITA INJ 80/0.8ML	ADALIMUMAB-ATTO SOLN AUTO-INJECTOR 80 MG / 0.8ML	Tier 4	X	X		
AREXVY INJ 120MCG	RSVPREF3 VACCINE RECOMB ADJUVANTED FOR IM SUSP 120 MCG / 0.5ML	Tier 1		X		
AZATHIOPRINE TAB 50MG	AZATHIOPRINE TAB 50 MG	Tier 2				
BEXSERO INJ	MENINGOCOCCAL VAC B (RECOMB OMV ADJUV) INJ PREFILLED SYRINGE	Tier 1		X		
BEYFORTUS INJ 100MG/ML	NIRSEVIMAB-ALIP IM SOLN PREFILLED SYRINGE 100 MG / ML	Tier 1		X		
BEYFORTUS INJ 50/0.5ML	NIRSEVIMAB-ALIP IM SOLN PREFILLED SYRINGE 50 MG / 0.5ML	Tier 1		X		
BOOSTRIX INJ	TET TOX-DIPH-ACELL PERTUSS AD INJ 5-2.5-18.5 LF-LF-MCG / 0.5ML	Tier 1		X		
BOOSTRIX INJ	TET-DIPH-ACELL PERTUSS AD PREF SYR 5-2.5-18.5 LF-MCG / 0.5ML	Tier 1		X		
CAPVAXIVE INJ 0.5ML	PNEUMOCOCCAL 21-VALENT CONJUGATE VACCINE SOLN PREF SYR 0.5ML	Tier 1		X		
CIMZIA KIT 200MG	CERTOLIZUMAB PEGOL FOR INJ KIT 2 X 200 MG	Tier 6	X	X		
CIMZIA PREFL KIT 200MG/ML	CERTOLIZUMAB PEGOL PREFILLED SYRINGE KIT 200 MG / ML	Tier 6	X	X		
CIMZIA START KIT 200MG/ML	CERTOLIZUMAB PEGOL PREFILLED SYRINGE KIT 200 MG / ML	Tier 6	X			
COMIRNATY INJ 2024-25	COVID-19 MRNA VAC TRIS-PFIZER IM SUSP PREF SYR 30 MCG / 0.3ML	Tier 1		X		
CYCLOSPORINE CAP 100MG	CYCLOSPORINE CAP 100 MG	Tier 3				
CYCLOSPORINE CAP 100MG MD	CYCLOSPORINE MODIFIED CAP 100 MG	Tier 2				

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Drug name	Generic name	Tier value	Prior auth	Quantity limit	Step therapy	Notes
CYCLOSPORINE CAP 25MG	CYCLOSPORINE CAP 25 MG	Tier 3				
CYCLOSPORINE CAP 25MG MOD	CYCLOSPORINE MODIFIED CAP 25 MG	Tier 2				
CYCLOSPORINE CAP 50MG MOD	CYCLOSPORINE MODIFIED CAP 50 MG	Tier 2				
CYCLOSPORINE SOL MODIFIED	CYCLOSPORINE MODIFIED ORAL SOLN 100 MG / ML	Tier 3				
DAPTACEL INJ	DIPH, ACELLULAR PERT & TET TOX INJ 15 LF-23 MCG-5 LF / 0.5ML	Tier 1		X		
DENGVAIXA SUS	DENGUE VIRUS VACCINE LIVE TETRA-VALENT FOR SUBCUTANEOUS SUSP	Tier 1		X		
ENGRIX-B INJ 10/0.5ML	HEPATITIS B VACCINE (RECOMBI-NANT) SUSP PREF SYR 10 MCG / 0.5ML	Tier 1		X		
ENGRIX-B INJ 20MCG/ML	HEPATITIS B VACCINE (RECOMBI-NANT) SUSP 20 MCG / ML	Tier 1		X		
ENGRIX-B INJ 20MCG/ML	HEPATITIS B VACCINE (RECOMBI-NANT) SUSP PREF SYR 20 MCG / ML	Tier 1		X		
FLUAD INJ 2024-25	INFLUENZA VAC TYPE A&B SURFACE ANT ADJ SUSP PREF SYR 0.5 ML	Tier 1		X		
FLUARIX INJ 2024-25	INFLUENZA VIRUS VACCINE SPLIT PF SUSP PREF SYRINGE 0.5 ML	Tier 1		X		
FLUBLOK INJ 2024-25	INFLUENZA VIRUS VACC RECOMBI-NANT HA PF SOLN PREF SYR 0.5 ML	Tier 1		X		
FLUCELVAX INJ 2024-25	INFLUENZA VIRUS VAC TISS-CULT SUBUNIT IM SUSP	Tier 1		X		
FLUCELVAX INJ 2024-25	INFLUENZA VIRUS VAC TISS-CULT SUBUNIT SUSP PREF SYR 0.5 ML	Tier 1		X		
FLULAVAL INJ 2024-25	INFLUENZA VIRUS VACCINE SPLIT PF SUSP PREF SYRINGE 0.5 ML	Tier 1		X		
FLUMIST NASA LIQ 2024-25	INFLUENZA VIRUS VACCINE LIVE INTRANASAL LIQUID	Tier 1		X		
FLUZONE HD INJ 2024-25	INFLUENZA VIRUS VAC SPLIT HIGH-DOSE PF SUSP PREF SYR 0.5ML	Tier 1		X		
FLUZONE INJ 2024-25	INFLUENZA VIRUS VACCINE SPLIT IM SUSP	Tier 1		X		
FLUZONE INJ 2024-25	INFLUENZA VIRUS VACCINE SPLIT PF SUSP PREF SYRINGE 0.5 ML	Tier 1		X		
GARDASIL 9 INJ	HUMAN PAPILLOMAVIRUS (HPV) 9-VALENT RECOMB VAC IM SUSP	Tier 1		X		
GARDASIL 9 INJ	HUMAN PAPILLOMAVIRUS (HPV) 9-VALENT RECOMB VAC SUSP PREF SYR	Tier 1		X		
GENGRAF CAP 100MG	CYCLOSPORINE MODIFIED CAP 100 MG	Tier 2				
GENGRAF CAP 25MG	CYCLOSPORINE MODIFIED CAP 25 MG	Tier 2				
GENGRAF SOL 100MG/ML	CYCLOSPORINE MODIFIED ORAL SOLN 100 MG / ML	Tier 3				

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Drug name	Generic name	Tier value	Prior auth	Quantity limit	Step therapy	Notes
HADLIMA INJ 40/0.4ML	ADALIMUMAB-BWWD SOLN PRE-FILLED SYRINGE 40 MG / 0.4ML	Tier 4	X	X		
HADLIMA INJ 40/0.8ML	ADALIMUMAB-BWWD SOLN PRE-FILLED SYRINGE 40 MG / 0.8ML	Tier 4	X	X		
HADLIMA PUSH INJ 40/0.4ML	ADALIMUMAB-BWWD SOLN AUTO-INJECTOR 40 MG / 0.4ML	Tier 4	X	X		
HADLIMA PUSH INJ 40/0.8ML	ADALIMUMAB-BWWD SOLN AUTO-INJECTOR 40 MG / 0.8ML	Tier 4	X	X		
HAEGARDA INJ 2000UNIT	C1 ESTERASE INHIBITOR (HUMAN) FOR SUBCUTANEOUS INJ 2000 UNIT	Tier 6	X	X		
HAEGARDA INJ 3000UNIT	C1 ESTERASE INHIBITOR (HUMAN) FOR SUBCUTANEOUS INJ 3000 UNIT	Tier 6	X	X		
HAVRIX INJ 1440UNIT	HEPATITIS A VACCINE INJ SUSP 1440 EL UNIT / ML	Tier 1		X		
HAVRIX INJ 720UNIT	HEPATITIS A VACCINE SUSP PRE-FILLED SYR 720 EL UNIT / 0.5ML	Tier 1		X		
HEPLISAV-B INJ 20/0.5ML	HEPATITIS B VACCINE RECOMB ADJUVANTED PREF SYR 20 MCG / 0.5ML	Tier 1		X		
HIBERIX SOL 10MCG	HAEMOPHILUS B POLYSACCHARIDE CONJUGATE VAC FOR INJ 10 MCG	Tier 1		X		
ICATIBANT INJ 30MG/3ML	ICATIBANT ACETATE SUBCUTANEOUS SOLN PREF SYR 30 MG / 3ML	Tier 4	X	X		
INFANRIX INJ	DIPH, ACELLULAR PERT & TET TOX INJ 25 LF-58 MCG-10 LF / 0.5ML	Tier 1		X		
IPOL INJ INACTIVE	POLIOVIRUS VACCINE, IPV INJECTION	Tier 1		X		
JYNNEOS INJ	SMALLPOX & MONKEYPOX VAC, LIVE, NON-REPLICATING INJ 0.5 ML	Tier 1		X		
KINRIX INJ	DIPH-TETANUS-ACELL PERT-POLIO, IPV VACC SUSP PREF SYR 0.5 ML	Tier 1		X		
LEFLUNOMIDE TAB 10MG	LEFLUNOMIDE TAB 10 MG	Tier 2				
LEFLUNOMIDE TAB 20MG	LEFLUNOMIDE TAB 20 MG	Tier 2				
M-M-R II INJ	MEASLES-MUMPS-RUBELLA VIRUS VACCINES FOR INJ SOLN	Tier 1		X		
MENQUADFI INJ	MENINGOCOCCAL (A, C, Y, AND W-135) TETANUS CONJUGATE VACCINE	Tier 1		X		
MENVEO INJ	MENINGOCOCCAL (A, C, Y, AND W-135) OLIGO CONJ VAC FOR INJ	Tier 1		X		
MENVEO SOL	MENINGOCOCCAL (A, C, Y, AND W-135) OLIGO CONJ VAC IM SOLN	Tier 1		X		
METHOTREXATE INJ 1GM	METHOTREXATE SODIUM FOR INJ 1 GM	Tier 2				
METHOTREXATE INJ 1GM/40ML	METHOTREXATE SODIUM INJ PF 1000 MG / 40ML (25 MG / ML)	Tier 2				
METHOTREXATE INJ 250/10ML	METHOTREXATE SODIUM INJ PF 250 MG / 10ML (25 MG / ML)	Tier 2				
METHOTREXATE INJ 25MG/ML	METHOTREXATE SODIUM INJ 50 MG / 2ML (25 MG / ML)	Tier 2				

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Drug name	Generic name	Tier value	Prior auth	Quantity limit	Step therapy	Notes
METHOTREXATE INJ 25MG/ML	METHOTREXATE SODIUM INJ 250 MG / 10ML (25 MG / ML)	Tier 2				
METHOTREXATE INJ 25MG/ML	METHOTREXATE SODIUM INJ PF 1000 MG / 40ML (25 MG / ML)	Tier 2				
METHOTREXATE INJ 50MG/2ML	METHOTREXATE SODIUM INJ 50 MG / 2ML (25 MG / ML)	Tier 2				
METHOTREXATE INJ 50MG/2ML	METHOTREXATE SODIUM INJ PF 50 MG / 2ML (25 MG / ML)	Tier 2				
METHOTREXATE TAB 2.5MG	METHOTREXATE SODIUM TAB 2.5 MG (BASE EQUIV)	Tier 2				
MODERNA INJ 2024-25	COVID-19 MRNA VAC 6MO-11YR-MODERNA IM SUSP PFS 25 MCG / 0.25ML	Tier 1		X		
MRESVIA INJ 50MCG	RSV MRNA PRE-F VACCINE IM SUSP PREF SYR 50 MCG / 0.5ML	Tier 1		X		
MYCOPHENOLAT CAP 250MG	MYCOPHENOLATE MOFETIL CAP 250 MG	Tier 2				
MYCOPHENOLAT SUS 200MG/ML	MYCOPHENOLATE MOFETIL FOR ORAL SUSP 200 MG / ML	Tier 3				
MYCOPHENOLAT TAB 500MG	MYCOPHENOLATE MOFETIL TAB 500 MG	Tier 2				
MYCOPHENOLIC TAB 180MG DR	MYCOPHENOLATE SODIUM TAB DR 180 MG (MYCOPHENOLIC ACID EQUIV)	Tier 3				
MYCOPHENOLIC TAB 360MG DR	MYCOPHENOLATE SODIUM TAB DR 360 MG (MYCOPHENOLIC ACID EQUIV)	Tier 3				
NOVAVAX INJ 2024-25	COVID-19 SUBUNIT VACC-NOVAVAX IM SUSP PREF SYR 5 MCG / 0.5ML	Tier 1		X		
OLUMIANT TAB 1MG	BARICITINIB TAB 1 MG	Tier 4	X	X		
OLUMIANT TAB 2MG	BARICITINIB TAB 2 MG	Tier 4	X	X		
OLUMIANT TAB 4MG	BARICITINIB TAB 4 MG	Tier 4	X	X		
OTEZLA TAB 10/20	APREMILAST TAB STARTER THERAPY PACK 4 X 10 MG & 51 X 20 MG	Tier 4	X	X		
OTEZLA TAB 10/20/30	APREMILAST TAB STARTER THERAPY PACK 10 MG & 20 MG & 30 MG	Tier 4	X	X		
OTEZLA TAB 20MG	APREMILAST TAB 20 MG	Tier 4	X	X		
OTEZLA TAB 30MG	APREMILAST TAB 30 MG	Tier 4	X	X		
PEDIARIX INJ 0.5ML	DIPH-TET TOX-ACELL PERT-HEP B-POLIO IPV VAC SUSP PREF SYR	Tier 1		X		
PEDVAX HIB INJ	HAEMOPHILUS B POLYSACCHARIDE CONJ VAC IM SUSP 7.5 MCG / 0.5 ML	Tier 1		X		
PENBRAYA INJ	MENINGOCOCCAL ACYW (TET CONJ)-MENING B (RCMB) VACC FOR INJ	Tier 1		X		
PENTACEL INJ	DIPH-AC PER-TET TOX AD-POLIOV-HAEMOPH B POLY VAC FOR IM SUSP	Tier 1		X		
PFIZER 5-11Y INJ 2024-25	COVID-19 MRNA VAC TRIS-S 5-11Y-PFIZER IM SUSP 10 MCG / 0.3ML	Tier 1		X		

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Drug name	Generic name	Tier value	Prior auth	Quantity limit	Step therapy	Notes
PFIZER 6M-4Y INJ 2024-25	COVID-19 MRNA VAC TRIS-S 6MO-4Y-PFIZER IM SUSP 3 MCG / 0.3ML	Tier 1		X		
PNEUMOVAX 23 INJ 25/0.5	PNEUMOCOCCAL VACCINE POLYVALENT INJ SOLN 25 MCG / 0.5ML	Tier 1		X		
PNEUMOVAX 23 INJ 25/0.5	PNEUMOCOCCAL VACCINE POLYVALENT SOLN PREF SYR 25 MCG / 0.5ML	Tier 1		X		
PREHEVBRIO SUS 10MCG/ML	HEPATITIS B VACCINE 3-ANTIGEN (RECOMBINANT) SUSP 10 MCG / ML	Tier 1		X		
PREVNAR 13 INJ	PNEUMOCOCCAL 13-VALENT CONJUGATE VACCINE INJ	Tier 1		X		
PREVNAR 20 INJ	PNEUMOCOCCAL 20-VALENT CONJUGATE VACCINE SUS PREF SYR 0.5 ML	Tier 1		X		
PRIORIX INJ	MEASLES-MUMPS-RUBELLA VIRUS VACCINES FOR SUBCUTANEOUS SUSP	Tier 1		X		
PROQUAD INJ	MEASLES-MUMPS-RUBELLA-VARICELLA VIRUS VACCINES FOR SUSP	Tier 1		X		
QUADRACEL INJ 0.5ML	DIPH-TETANUS TOX AD-ACELL PERT & POLIO VIRUS, IPV VAC INJ	Tier 1		X		
QUADRACEL INJ 0.5ML	DIPH-TETANUS-ACELL PERT-POLIO, IPV VACC SUSP PREF SYR 0.5 ML	Tier 1		X		
RECOMBIVA HB INJ 10MCG/ML	HEPATITIS B VACCINE (RECOMBINANT) SUSP 10 MCG / ML	Tier 1		X		
RECOMBIVA HB INJ 10MCG/ML	HEPATITIS B VACCINE (RECOMBINANT) SUSP PREF SYR 10 MCG / ML	Tier 1		X		
RECOMBIVA HB INJ 5MCG/0.5	HEPATITIS B VACCINE (RECOMBINANT) SUSP 5 MCG / 0.5ML	Tier 1		X		
RECOMBIVA HB INJ 5MCG/0.5	HEPATITIS B VACCINE (RECOMBINANT) SUSP PREF SYR 5 MCG / 0.5ML	Tier 1		X		
RECOMBIVA-HB INJ 40MCG/ML	HEPATITIS B VACCINE (RECOMBINANT) SUSP 40 MCG / ML	Tier 1		X		
RINVOQ LQ SOL 1MG/ML	UPADACITINIB ORAL SOLN 1 MG / ML	Tier 4	X	X		
RINVOQ TAB 15MG ER	UPADACITINIB TAB ER 24HR 15 MG	Tier 4	X	X		
RINVOQ TAB 30MG ER	UPADACITINIB TAB ER 24HR 30 MG	Tier 4	X	X		
RINVOQ TAB 45MG ER	UPADACITINIB TAB ER 24HR 45 MG	Tier 4	X	X		
ROTARIX SUS	ROTAVIRUS VACCINE, LIVE ORAL SUSP	Tier 1		X		
ROTARIX SUS	ROTAVIRUS VACCINE, LIVE FOR ORAL SUSP	Tier 1		X		
ROTATEQ SOL	ROTAVIRUS VACCINE, LIVE ORAL PENTAVALENT SOLN	Tier 1		X		
SANDIMMUNE SOL 100MG/ML	CYCLOSPORINE ORAL SOLN 100 MG / ML	Tier 5				
SHINGRIX INJ 50/0.5ML	ZOSTER VAC RECOMBINANT ADJUVANTED FOR IM INJ 50 MCG / 0.5ML	Tier 1		X		
SIMPONI INJ 100MG/ML	GOLIMUMAB SUBCUTANEOUS SOLN AUTO-INJECTOR 100 MG / ML	Tier 4	X	X		
SIMPONI INJ 100MG/ML	GOLIMUMAB SUBCUTANEOUS SOLN PREFILLED SYRINGE 100 MG / ML	Tier 4	X	X		

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Drug name	Generic name	Tier value	Prior auth	Quantity limit	Step therapy	Notes
SIMPONI INJ 50/0.5ML	GOLIMUMAB SUBCUTANEOUS SOLN AUTO-INJECTOR 50 MG / 0.5ML	Tier 4	X	X		
SIMPONI INJ 50/0.5ML	GOLIMUMAB SUBCUTANEOUS SOLN PREFILLED SYRINGE 50 MG / 0.5ML	Tier 4	X	X		
SIROLIMUS TAB 0.5MG	SIROLIMUS TAB 0.5 MG	Tier 3				
SIROLIMUS TAB 1MG	SIROLIMUS TAB 1 MG	Tier 3				
SIROLIMUS TAB 2MG	SIROLIMUS TAB 2 MG	Tier 3				
SKYRIZI INJ 150MG/ML	RISANKIZUMAB-RZAA SOLN PRE-FILLED SYRINGE 150 MG / ML	Tier 4	X	X		
SKYRIZI INJ 180/1.2	RISANKIZUMAB-RZAA SUBCUTANEOUS SOLN CARTRIDGE 180 MG / 1.2ML	Tier 4	X	X		
SKYRIZI INJ 360/2.4	RISANKIZUMAB-RZAA SUBCUTANEOUS SOLN CARTRIDGE 360 MG / 2.4ML	Tier 4	X	X		
SKYRIZI PEN INJ 150MG/ML	RISANKIZUMAB-RZAA SOLN AUTO-INJECTOR 150 MG / ML	Tier 4	X	X		
SPIKEVAX INJ 2024-25	COVID-19 MRNA VACCINE-MODERNA IM SUSP PREF SYR 50 MCG / 0.5ML	Tier 1		X		
TACROLIMUS CAP 0.5MG	TACROLIMUS CAP 0.5 MG	Tier 2				
TACROLIMUS CAP 1MG	TACROLIMUS CAP 1 MG	Tier 2				
TACROLIMUS CAP 5MG	TACROLIMUS CAP 5 MG	Tier 2				
TENIVAC INJ 5-2LF	TETANUS-DIPHTHERIA TOXOIDS (TD) INJ 5-2 LFU	Tier 1		X		
TRUMENBA INJ	MENINGOCOCCAL GROUP B VAC (RECOMB) IM SUSP PREFILLED SYR	Tier 1		X		
TWINRIX INJ	HEP A-HEP B VACCINE SUSP PREF SYR 720-20 ELU-MCG / ML	Tier 1		X		
TYENNE INJ 162/0.9	TOCILIZUMAB-AAZG SUBCUTANEOUS SOLN AUTO-INJ 162 MG / 0.9ML	Tier 4		X		
TYENNE INJ 162MG	TOCILIZUMAB-AAZG SUBCUTANEOUS SOLN PREF SYR 162 MG / 0.9ML	Tier 4		X		
VAQTA INJ 25/0.5ML	HEPATITIS A VACCINE INJ SUSP 25 UNIT / 0.5ML	Tier 1		X		
VAQTA INJ 50UNT/ML	HEPATITIS A VACCINE INJ SUSP 50 UNIT / ML	Tier 1		X		
VARIVAX INJ	VARICELLA VIRUS VAC LIVE FOR INJ 1350 PFU / 0.5ML	Tier 1		X		
VAXELIS INJ	DIPH-TET TOX-AC PERT AD-POLIO IPV-HIB-HEPATITIS B RECMB SUSP	Tier 1		X		
VAXELIS INJ	DIPH-TET TOX-AC PERT AD-POLIO IPV-HIB-HEP B REC SUSP PRE SYR	Tier 1		X		
VAXNEUVANCE INJ	PNEUMOCOCCAL 15-VALENT CONJUGATE VACCINE SUS PREF SYR 0.5 ML	Tier 1		X		
XELJANZ SOL 1MG/ML	TOFACITINIB CITRATE ORAL SOLN 1 MG / ML (BASE EQUIVALENT)	Tier 4	X	X		
XELJANZ TAB 10MG	TOFACITINIB CITRATE TAB 10 MG (BASE EQUIVALENT)	Tier 4	X	X		

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Drug name	Generic name	Tier value	Prior auth	Quantity limit	Step therapy	Notes
XELJANZ TAB 5MG	TOFACITINIB CITRATE TAB 5 MG (BASE EQUIVALENT)	Tier 4	X	X		
XELJANZ XR TAB 11MG	TOFACITINIB CITRATE TAB ER 24HR 11 MG (BASE EQUIVALENT)	Tier 4	X	X		
XELJANZ XR TAB 22MG	TOFACITINIB CITRATE TAB ER 24HR 22 MG (BASE EQUIVALENT)	Tier 4	X	X		
Inflammatory Bowel Disease Agents						
ANALPRAM-HC LOT 2.5%	HYDROCORTISONE ACETATE W/ PRAMOXINE PERIANAL LOTN 2.5-1%	Tier 5				
BALSALAZIDE CAP 750MG	BALSALAZIDE DISODIUM CAP 750 MG	Tier 3				
BUDESONIDE CAP 3MG DR	BUDESONIDE DELAYED RELEASE PARTICLES CAP 3 MG	Tier 3				
CORTIFOAM AER 90MG	HYDROCORTISONE ACETATE PERI-ANAL FOAM 10% (90 MG / DOSE)	Tier 3				
DIPENTUM CAP 250MG	OLSALAZINE SODIUM CAP 250 MG	Tier 5				
HC PRAMOXINE CRE 1-1%	HYDROCORTISONE ACETATE W/ PRAMOXINE PERIANAL CREAM 1-1%	Tier 3				
HYDROCORT ENE 100MG	HYDROCORTISONE ENEMA 100 MG / 60ML	Tier 3				
HYDROCORTISO CRE 2.5%	HYDROCORTISONE PERIANAL CREAM 2.5%	Tier 2				
MESALAMINE CAP 0.375GM	MESALAMINE CAP ER 24HR 0.375 GM	Tier 3		X		
MESALAMINE ENE 4GM	MESALAMINE ENEMA 4 GM	Tier 3		X		
MESALAMINE KIT 4GM	*MESALAMINE RECTAL ENEMA 4 GM & CLEANSER WIPE KIT**	Tier 3		X		
MESALAMINE SUP 1000MG	MESALAMINE SUPPOS 1000 MG	Tier 3		X		
MESALAMINE TAB 1.2GM	MESALAMINE TAB DELAYED RELEASE 1.2 GM	Tier 3		X		
PROCTO-MED CRE HC 2.5%	HYDROCORTISONE PERIANAL CREAM 2.5%	Tier 2				
SULFASALAZIN TAB 500MG	SULFASALAZINE TAB 500 MG	Tier 2				
SULFASALAZIN TAB 500MG DR	SULFASALAZINE TAB DELAYED RELEASE 500 MG	Tier 2				
Metabolic Bone Disease Agents						
ALENDRONATE SOL 70/75ML	ALENDRONATE SODIUM ORAL SOLN 70 MG / 75ML	Tier 3				
ALENDRONATE TAB 10MG	ALENDRONATE SODIUM TAB 10 MG	Tier 2		X		
ALENDRONATE TAB 35MG	ALENDRONATE SODIUM TAB 35 MG	Tier 2		X		
ALENDRONATE TAB 70MG	ALENDRONATE SODIUM TAB 70 MG	Tier 2		X		
CALCITONIN SPR 200/ACT	CALCITONIN (SALMON) NASAL SOLN 200 UNIT / ACT	Tier 2		X		
CALCITRIOL CAP 0.25MCG	CALCITRIOL CAP 0.25 MCG	Tier 2				
CALCITRIOL CAP 0.5MCG	CALCITRIOL CAP 0.5 MCG	Tier 2				

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Drug name	Generic name	Tier value	Prior auth	Quantity limit	Step therapy	Notes
CALCITRIOL SOL 1MCG/ML	CALCITRIOL ORAL SOLN 1 MCG / ML	Tier 3				
CINACALCET TAB 30MG	CINACALCET HCL TAB 30 MG (BASE EQUIV)	Tier 3	X	X		
CINACALCET TAB 60MG	CINACALCET HCL TAB 60 MG (BASE EQUIV)	Tier 3	X	X		
CINACALCET TAB 90MG	CINACALCET HCL TAB 90 MG (BASE EQUIV)	Tier 3	X	X		
IBANDRONATE TAB 150MG	IBANDRONATE SODIUM TAB 150 MG (BASE EQUIVALENT)	Tier 2		X		
PARICALCITOL CAP 1 MCG	PARICALCITOL CAP 1 MCG	Tier 3				
PARICALCITOL CAP 2 MCG	PARICALCITOL CAP 2 MCG	Tier 3				
PARICALCITOL CAP 4 MCG	PARICALCITOL CAP 4 MCG	Tier 3				
RISEDRONATE TAB 150MG	RISEDRONATE SODIUM TAB 150 MG	Tier 3		X		
RISEDRONATE TAB 30MG	RISEDRONATE SODIUM TAB 30 MG	Tier 3		X		
RISEDRONATE TAB 35MG	RISEDRONATE SODIUM TAB 35 MG	Tier 3		X		
RISEDRONATE TAB 5MG	RISEDRONATE SODIUM TAB 5 MG	Tier 3		X		
TYMLOS INJ	ABALOPARATIDE SUBCUTANEOUS SOLN PEN-INJECTOR 3120 MCG / 1.56ML	Tier 4	X	X		
Miscellaneous Therapeutic Agents						
ALCOHOL PREP PAD	*ALCOHOL SWABS***	Tier 1				
BD GLUCOSE CHW 5GM	GLUCOSE CHEW TAB 5 GM	Tier 3				
CAYA DPR	*DIAPHRAGM ARC-SPRING***	Tier 1				
CHEMSTRIP K TES	ACETONE (URINE) TEST STRIP	Tier 1				
CHEMSTRIP TES MICRAL	ALBUMIN (URINE) TEST STRIP	Tier 1				
COMFORT TOUC MIS 31GX4MM	INSULIN PEN NEEDLE 31 G X 4 MM (1 / 6" OR 5 / 32")	Tier 1				
COMFORT TOUC MIS 32GX8MM	INSULIN PEN NEEDLE 32 G X 8 MM (1 / 3" OR 5 / 16")	Tier 1				
COMFORT TOUC MIS 33GX1/4"	INSULIN PEN NEEDLE 33 G X 6 MM (1 / 4" OR 15 / 64")	Tier 1				
COMFORT TOUC MIS 33GX3/16	INSULIN PEN NEEDLE 33 G X 5 MM (1 / 5" OR 3 / 16")	Tier 1				
COMFORT TOUC MIS 33GX5/32	INSULIN PEN NEEDLE 33 G X 4 MM (1 / 6" OR 5 / 32")	Tier 1				
CONDOMS MIS	*Condoms - Male***	Tier 1		X		
COUNT-A-DOSE MIS	*INSULIN ADMINISTRATION SUPPLIES - MISC***	Tier 1				
DEXCOM G6 MIS RE-CEIVER	*CONTINUOUS GLUCOSE SYSTEM RECEIVER***	Tier 5	X	X		
DEXCOM G6 MIS SENSOR	*CONTINUOUS GLUCOSE SYSTEM SENSOR***	Tier 5	X	X		
DEXCOM G6 MIS TRANSMIT	*CONTINUOUS GLUCOSE SYSTEM TRANSMITTER***	Tier 5	X	X		

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Drug name	Generic name	Tier value	Prior auth	Quantity limit	Step therapy	Notes
DEXCOM G7 MIS RECEIVER	*CONTINUOUS GLUCOSE SYSTEM RECEIVER***	Tier 5	X	X		
DEXCOM G7 MIS SENSOR	*CONTINUOUS GLUCOSE SYSTEM SENSOR***	Tier 5	X	X		
DIASCREEN MIS 1G	*URINE GLUCOSE MONITORING SUPPLIES***	Tier 1				
DIASTIX TES STRIPS	GLUCOSE URINE TEST-(GLUCOSE OXIDASE) STRIP	Tier 1				
DUREX MIS REALFEEL	Condoms Non-Latex Lubricated	Tier 1		X		
DUREX MIS TROPICAL	Condoms Latex Lubricated	Tier 1		X		
EASY COMFORT MIS 29GX4MM	INSULIN PEN NEEDLE 29 G X 4 MM (1 / 6" OR 5 / 32")	Tier 1				
EASY TOUCH MIS 30G	INSULIN PEN NEEDLE 30 G X 6 MM (1 / 4" OR 15 / 64")	Tier 1				
ERGOLOID MES TAB 1MG ORAL	ERGOLOID MESYLATES TAB 1 MG	Tier 3				
ETHY ALCOHOL SOL 70% RUB	ALCOHOL, RUBBING 70%	Tier 1				
FC2 FEMALE MIS CONDOM	*Condoms - Female***	Tier 1		X		
FEMCAP MIS 22MM	CERVICAL CAP 22 MM	Tier 1				
FEMCAP MIS 26MM	CERVICAL CAP 26 MM	Tier 1				
FEMCAP MIS 30MM	CERVICAL CAP 30 MM	Tier 1				
FLEXICHAMBER MIS MASK SM	*SPACER / AEROSOL-HOLDING CHAMBER SUPPLIES - MASKS***	Tier 2		X		
FREE LIBRE2 KIT PLUS/SEN	*CONTINUOUS GLUCOSE SYSTEM SENSOR***	Tier 5	X	X		
FREE LIBRE3 KIT PLUS/SEN	*CONTINUOUS GLUCOSE SYSTEM SENSOR***	Tier 5	X	X		
FREESTY LIBR KIT 2 SENSOR	*CONTINUOUS GLUCOSE SYSTEM SENSOR***	Tier 5	X	X		
FREESTY LIBR KIT 3 SENSOR	*CONTINUOUS GLUCOSE SYSTEM SENSOR***	Tier 5	X	X		
FREESTY LIBR KIT SENSOR	*CONTINUOUS GLUCOSE SYSTEM SENSOR***	Tier 5	X	X		
FREESTY LIBR MIS 2 READER	*CONTINUOUS GLUCOSE SYSTEM RECEIVER***	Tier 5	X	X		
FREESTY LIBR MIS 3 READER	*CONTINUOUS GLUCOSE SYSTEM RECEIVER***	Tier 5	X	X		
FREESTY LIBR MIS READER	*CONTINUOUS GLUCOSE SYSTEM RECEIVER***	Tier 5	X	X		
FREESTYLE MIS READER	*CONTINUOUS GLUCOSE SYSTEM RECEIVER***	Tier 5	X	X		
GAUZE PAD 2"X2"	*GAUZE PADS & DRESSINGS - PADS 2" X 2"***	Tier 3				
GLUCOSE BITS CHW 1GM	GLUCOSE CHEW TAB 1 GM	Tier 3				
GLUCOSE GEL 15GM/33G	GLUCOSE GEL 15 GM / 33GM	Tier 3				
GLUCOSE GEL 40%	GLUCOSE GEL 40%	Tier 3				
GNP GLUCOSE CHW 2GM	GLUCOSE CHEW TAB 2 GM (CARB EQUIV)	Tier 3				

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Drug name	Generic name	Tier value	Prior auth	Quantity limit	Step therapy	Notes
HYDROGEN PER SOL 3%	HYDROGEN PEROXIDE SOLN 3%	Tier 1				
INS SYR U500 MIS 31GX6MM	INSULIN SYRINGE / NEEDLE U-500 0.5 ML 31G X 6MM (15 / 64")	Tier 1				
INSPIREASE MIS DD SYST	*SPACER / AEROSOL-HOLDING CHAMBERS - DEVICE***	Tier 2		X		
INSPIREASE MIS RES BAG	*SPACER / AEROSOL-HOLDING CHAMBER SUPPLIES - BAGS***	Tier 2		X		
INSTA-GLUCOS GEL 77.4%	GLUCOSE GEL 77.4%	Tier 3				
INSULIN SYRG MIS 1ML/32G	INSULIN SYRINGE / NEEDLE U-100 1 ML 32 X 5 / 16"	Tier 1				
INSULIN SYRG MIS 0.3/29G	INSULIN SYRINGE / NEEDLE U-100 0.3 ML 29 X 1 / 2"	Tier 1				
INSULIN SYRG MIS 0.3/30G	INSULIN SYRINGE / NEEDLE U-100 0.3 ML 30 X 5 / 16"	Tier 1				
INSULIN SYRG MIS 0.3/30G	INSULIN SYRINGE / NEEDLE U-100 0.3 ML 30 X 1 / 2"	Tier 1				
INSULIN SYRG MIS 0.3/31G	INSULIN SYRINGE / NEEDLE U-100 0.3 ML 31 X 15 / 64"	Tier 1				
INSULIN SYRG MIS 0.3/31G	INSULIN SYRINGE / NEEDLE U-100 0.3 ML 31 X 5 / 16"	Tier 1				
INSULIN SYRG MIS 0.5/28G	INSULIN SYRINGE / NEEDLE U-100 1 / 2 ML 28 X 1 / 2"	Tier 1				
INSULIN SYRG MIS 0.5/29G	INSULIN SYRINGE / NEEDLE U-100 1 / 2 ML 29 X 1 / 2"	Tier 1				
INSULIN SYRG MIS 0.5/30G	INSULIN SYRINGE / NEEDLE U-100 1 / 2 ML 30 X 5 / 16"	Tier 1				
INSULIN SYRG MIS 0.5/30G	INSULIN SYRINGE / NEEDLE U-100 1 / 2 ML 30 X 1 / 2"	Tier 1				
INSULIN SYRG MIS 0.5/31G	INSULIN SYRINGE / NEEDLE U-100 1 / 2 ML 31 X 5 / 16"	Tier 1				
INSULIN SYRG MIS 0.5/31G	INSULIN SYRINGE / NEEDLE U-100 1 / 2 ML 31 X 15 / 64"	Tier 1				
INSULIN SYRG MIS 0.5/32G	INSULIN SYRINGE / NEEDLE U-100 0.5 ML 32 X 5 / 16"	Tier 1				
INSULIN SYRG MIS 1ML/27G	INSULIN SYRINGE / NEEDLE U-100 1 ML 27 X 5 / 8"	Tier 1				
INSULIN SYRG MIS 1ML/28G	INSULIN SYRINGE / NEEDLE U-100 1 ML 28 X 5 / 16"	Tier 1				
INSULIN SYRG MIS 1ML/28G	INSULIN SYRINGE / NEEDLE U-100 1 ML 28 X 1 / 2"	Tier 1				
INSULIN SYRG MIS 1ML/29G	INSULIN SYRINGE / NEEDLE U-100 1 ML 29 X 1 / 2"	Tier 1				
INSULIN SYRG MIS 1ML/29G	INSULIN SYRINGE / NEEDLE U-100 1 ML 29 X 5 / 16"	Tier 1				
INSULIN SYRG MIS 1ML/30G	INSULIN SYRINGE / NEEDLE U-100 1 ML 30 X 5 / 16"	Tier 1				
INSULIN SYRG MIS 1ML/30G	INSULIN SYRINGE / NEEDLE U-100 1 ML 30 X 1 / 2"	Tier 1				
INSULIN SYRG MIS 1ML/31G	INSULIN SYRINGE / NEEDLE U-100 1 ML 31 X 5 / 16"	Tier 1				

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INSULIN SYRG MIS 1ML/31G	INSULIN SYRINGE / NEEDLE U-100 1 ML 31 X 15 / 64"	Tier 1				
ISOP ALCOHOL SOL 70% RUB	ISOPROPYL ALCOHOL, RUBBING 70%	Tier 1				
KETO-DIASTIX TES	*URINE GLUCOSE-KETONES TEST STRIPS***	Tier 1				
LAGEVRIO CAP 200MG	MOLNUPIRAVIR CAP 200 MG	Tier 1		X		
MASK VORTEX/ MIS FROG	*SPACER / AEROSOL-HOLDING CHAMBER SUPPLIES - MASKS***	Tier 2		X		
MAXICOMFORT MIS 27GX1/2	INSULIN SYRINGE / NEEDLE U-100 1 / 2 ML 27 X 1 / 2"	Tier 1				
MAXICOMFORT MIS 27GX1/2"	INSULIN SYRINGE / NEEDLE U-100 1 ML 27 X 1 / 2"	Tier 1				
METHYLERGON TAB 0.2MG	METHYLERGONOVINE MALEATE TAB 0.2 MG	Tier 3		X		
NEEDLE COLLE MIS DIS-POSAL	*SHARPS CONTAINER - MISC***	Tier 1				
NOVOFINE AUT MIS 30GX8MM	INSULIN PEN NEEDLE 30 G X 8 MM (1 / 3" OR 5 / 16")	Tier 1				
NOVOFINE MIS 32GX6MM	INSULIN PEN NEEDLE 32 G X 6 MM (1 / 4" OR 15 / 64")	Tier 1				
NOVOFINE PLS MIS 32GX4MM	INSULIN PEN NEEDLE 32 G X 4 MM (1 / 6" OR 5 / 32")	Tier 1				
OMNIFLEX DPR	*DIAPHRAGMS***	Tier 1				
OMNIPOD 5 DX KIT INT G7G6	*INSULIN INFUSION DISPOSABLE PUMP KIT***	Tier 5	X	X		
OMNIPOD 5 DX MIS POD G7G6	*INSULIN INFUSION DISPOSABLE PUMP RESERVOIR***	Tier 5	X	X		
OMNIPOD 5 G7 KIT INTRO	*INSULIN INFUSION DISPOSABLE PUMP KIT***	Tier 5	X	X		
OMNIPOD 5 G7 MIS PODS	*INSULIN INFUSION DISPOSABLE PUMP RESERVOIR***	Tier 5	X	X		
OMNIPOD 5 LB KIT INTRO G6	*INSULIN INFUSION DISPOSABLE PUMP KIT***	Tier 5	X	X		
OMNIPOD 5 LB MIS PODS G6	*INSULIN INFUSION DISPOSABLE PUMP RESERVOIR***	Tier 5	X	X		
PAXLOVID TAB 150-100	NIRMATRELVIR TAB 10 X 150 MG & RITONAVIR TAB 10 X 100 MG PAK	Tier 1		X		
PAXLOVID TAB 300-100	NIRMATRELVIR TAB 20 X 150 MG & RITONAVIR TAB 10 X 100 MG PAK	Tier 1		X		
PEN NEEDLE MIS 29GX1/2"	INSULIN PEN NEEDLE 29 G X 12.7 MM (1 / 2")	Tier 1				
PEN NEEDLE MIS 29GX3/16	INSULIN PEN NEEDLE 29 G X 5 MM (1 / 5" OR 3 / 16")	Tier 1				
PEN NEEDLE MIS 29GX5/16	INSULIN PEN NEEDLE 29 G X 8 MM (1 / 3" OR 5 / 16")	Tier 1				
PEN NEEDLES MIS 29GX1/2"	INSULIN PEN NEEDLE 29 G X 12 MM (1 / 2")	Tier 1				
PEN NEEDLES MIS 31GX1/4"	INSULIN PEN NEEDLE 31 G X 6 MM (1 / 4" OR 15 / 64")	Tier 1				

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STI*.....Sexually transmitted infection – Medication may be available at no cost to you when prescribed for preventive care or treatment of a sexually transmitted infection.

Drug name	Generic name	Tier value	Prior auth	Quantity limit	Step therapy	Notes
PEN NEEDLES MIS 31GX3/16	INSULIN PEN NEEDLE 31 G X 5 MM (1 / 5" OR 3 / 16")	Tier 1				
PEN NEEDLES MIS 31GX5/16	INSULIN PEN NEEDLE 31 G X 8 MM (1 / 3" OR 5 / 16")	Tier 1				
PENTIPS MIS 29GX12MM	INSULIN PEN NEEDLE 29 G X 12 MM (1 / 2")	Tier 1				
PENTIPS MIS 31GX5MM	INSULIN PEN NEEDLE 31 G X 5 MM (1 / 5" OR 3 / 16")	Tier 1				
PENTIPS MIS 31GX8MM	INSULIN PEN NEEDLE 31 G X 8 MM (1 / 3" OR 5 / 16")	Tier 1				
PENTIPS MIS 32GX4MM	INSULIN PEN NEEDLE 32 G X 4 MM (1 / 6" OR 5 / 32")	Tier 1				
PHEXXI GEL	Lactic Acid-Citric Acid-Potassium Bitartrate Gel 1.8-1-0.4%	Tier 1		X		
PRECISN XTRA TES KE-TONE	KETONE BLOOD TEST STRIP	Tier 1				
QUICK TOUCH MIS 33GX8MM	INSULIN PEN NEEDLE 33 G X 8 MM (1 / 3" OR 5 / 16")	Tier 1				
RA URINARY TES TRACT IN	*URINARY TRACT INFECTION (UTI) TEST STRIP***	Tier 3				
RADIOGARDASE CAP 0.5GM	PRUSSIAN BLUE INSOLUBLE CAP 0.5 GM	Tier 5				
SM GLUCOSE CHW SOUR APP	GLUCOSE CHEW TAB 4 GM (ROUND-ED)	Tier 3				
TRUEPLS GLUC GEL 15/32ML	GLUCOSE GEL 15 GM / 32ML	Tier 3				
TRUEPLUS CHW GLUCOSE	GLUCOSE CHEW TAB 4 GM (ROUND-ED)	Tier 3				
ULTICARE MIS 30GX3/16	INSULIN PEN NEEDLE 30 G X 5 MM (1 / 5" OR 3 / 16")	Tier 1				
UTI HOME TES TEST	*URINARY TRACT INFECTION (UTI) TEST***	Tier 3				
WIDE-SEAL DPR KIT 60	DIAPHRAGM WIDE SEAL 60 MM	Tier 1				
WIDE-SEAL DPR KIT 65	DIAPHRAGM WIDE SEAL 65 MM	Tier 1				
WIDE-SEAL DPR KIT 70	DIAPHRAGM WIDE SEAL 70 MM	Tier 1				
WIDE-SEAL DPR KIT 75	DIAPHRAGM WIDE SEAL 75 MM	Tier 1				
WIDE-SEAL DPR KIT 80	DIAPHRAGM WIDE SEAL 80 MM	Tier 1				
WIDE-SEAL DPR KIT 85	DIAPHRAGM WIDE SEAL 85 MM	Tier 1				
WIDE-SEAL DPR KIT 90	DIAPHRAGM WIDE SEAL 90 MM	Tier 1				
WIDE-SEAL DPR KIT 95	DIAPHRAGM WIDE SEAL 95 MM	Tier 1				
Ophthalmic Agents						
AKTEN GEL 3.5%	LIDOCAINE HCL OPHTH GEL 3.5%	Tier 5				
ALOCRIL SOL 2%	NEDOCROMIL SODIUM OPHTH SOLN 2%	Tier 5				
ALOMIDE SOL 0.1% OP	LODOXAMIDE TROMETHAMINE OPHTH SOLN 0.1%	Tier 5				
ALTACAINE SOL 0.5% OP	TETRACAINE HCL OPHTH SOLN 0.5%	Tier 2				
ALTAFRIN SOL 10% OP	PHENYLEPHRINE HCL OPHTH SOLN 10%	Tier 2				

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Drug name	Generic name	Tier value	Prior auth	Quantity limit	Step therapy	Notes
ALTAFRIN SOL 2.5% OP	PHENYLEPHRINE HCL OPTH SOLN 2.5%	Tier 2				
APRACLOINIDIN SOL 0.5% OP	APRACLOINIDINE HCL OPTH SOLN 0.5% (BASE EQUIVALENT)	Tier 2				
ATROPINE SUL SOL 1% OP	ATROPINE SULFATE OPTH SOLN 1%	Tier 2				
AZASITE SOL 1%	AZITHROMYCIN OPTH SOLN 1%	Tier 5				
AZELASTINE DRO 0.05%	AZELASTINE HCL OPTH SOLN 0.05%	Tier 2				
BACIT/POLYMY OIN OP	BACITRACIN-POLYMYXIN B OPTH OINT	Tier 2				
BACITRACIN OIN OP	BACITRACIN OPTH OINT 500 UNIT / GM	Tier 3				
BEPOTASTINE DRO 1.5% OP	BEPOTASTINE BESILATE OPTH SOLN 1.5%	Tier 3		X		
BETADINE SOL 5% OP	POVIDONE-IODINE OPTH SOLN 5%	Tier 5				
BETAXOLOL SOL 0.5% OP	BETAXOLOL HCL OPTH SOLN 0.5%	Tier 2				
BRIMO/TIMOLO SOL 0.2/0.5%	BRIMONIDINE TARTRATE-TIMOLOL MALEATE OPTH SOLN 0.2-0.5%	Tier 3		X		
BRIMONIDINE SOL 0.15%	BRIMONIDINE TARTRATE OPTH SOLN 0.15%	Tier 2		X		
BRIMONIDINE SOL 0.2% OP	BRIMONIDINE TARTRATE OPTH SOLN 0.2%	Tier 2		X		
BRINZOLAMIDE SUS 1%	BRINZOLAMIDE OPTH SUSP 1%	Tier 3		X		
BRINZOLAMIDE SUS 1% OP	BRINZOLAMIDE OPTH SUSP 1%	Tier 3		X		
BROMFENAC DRO 0.09% OP	BROMFENAC SODIUM OPTH SOLN 0.09% (BASE EQUIV) (ONCE-DAILY)	Tier 3		X		
CARTEOLOL SOL 1% OP	CARTEOLOL HCL OPTH SOLN 1%	Tier 2				
CIPROFLOXACN SOL 0.3% OP	CIPROFLOXACIN HCL OPTH SOLN 0.3% (BASE EQUIVALENT)	Tier 2				
CROMOLYN SOD SOL 4% OP	CROMOLYN SODIUM OPTH SOLN 4%	Tier 2				
CYCLOMYDRIL SOL OP	CYCLOPENTOLATE W/ PHENYLEPHRINE OPTH SOLN 0.2-1%	Tier 5				
CYCLOPENTOL SOL 1% OP	CYCLOPENTOLATE HCL OPTH SOLN 1%	Tier 2				
CYCLOSPORINE EMU 0.05% OP	CYCLOSPORINE (OPHTH) EMULSION 0.05%	Tier 3	X	X		
CYSTARAN SOL 0.44%	CYSTEAMINE HCL OPTH SOLN 0.44% (BASE EQUIVALENT)	Tier 6	X	X		
DEXAMETH PHO SOL 0.1% OP	DEXAMETHASONE SODIUM PHOSPHATE OPTH SOLN 0.1%	Tier 2				
DICLOFENAC SOL 0.1% OP	DICLOFENAC SODIUM OPTH SOLN 0.1%	Tier 2				
DIFLUPREDNAT EMU 0.05%	DIFLUPREDNATE OPTH EMULSION 0.05%	Tier 3				
DORZOL/TIMOL SOL 2-0.5%OP	DORZOLAMIDE HCL-TIMOLOL MALEATE OPTH SOLN 2-0.5%	Tier 2		X		
DORZOL/TIMOL SOL 2%-0.5%	DORZOLAMIDE HCL-TIMOLOL MALEATE PF OPTH SOLN 2-0.5%	Tier 3		X		

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Drug name	Generic name	Tier value	Prior auth	Quantity limit	Step therapy	Notes
DORZOLAMIDE SOL 2% OP	DORZOLAMIDE HCL OPHTH SOLN 2%	Tier 2				
EPINASTINE DRO 0.05%	EPINASTINE HCL OPHTH SOLN 0.05%	Tier 2		X	X	
ERYTHROMYCIN OIN 5MG/GM	ERYTHROMYCIN OPHTH OINT 5 MG / GM	Tier 2				PRV* \$0 Copay once your healthcare provider confirms use is to prevent gonococcal ophthalmia neonatorum in newborns.
FLUOROMETHOL SUS 0.1% OP	FLUOROMETHOLONE OPHTH SUSP 0.1%	Tier 2				
FLURBIPROFEN SOL 0.03% OP	FLURBIPROFEN SODIUM OPHTH SOLN 0.03%	Tier 2				
GATIFLOXACIN SOL 0.5%	GATIFLOXACIN OPHTH SOLN 0.5%	Tier 3				
GENTAMICIN SOL 0.3% OP	GENTAMICIN SULFATE OPHTH SOLN 0.3%	Tier 2				
INVELTYS SUS 1%	LOTEPREDNOL ETABONATE OPHTH SUSP 1%	Tier 5		X		
IOPIDINE SOL 1% OP	APRACLONIDINE HCL OPHTH SOLN 1% (BASE EQUIVALENT)	Tier 5				
ISOPTO ATROP SOL 1% OP	ATROPINE SULFATE OPHTH SOLN 1%	Tier 5				
KETOROLAC SOL 0.4%	KETOROLAC TROMETHAMINE OPHTH SOLN 0.4%	Tier 2				
KETOROLAC SOL 0.5%	KETOROLAC TROMETHAMINE OPHTH SOLN 0.5%	Tier 2				
KETOROLAC SOL 0.5% OP	KETOROLAC TROMETHAMINE OPHTH SOLN 0.5%	Tier 2				
LASTACFT SOL 0.25%	ALCAFTADINE OPHTH SOLN 0.25%	Tier 5		X		
LATANOPROST SOL 0.005%	LATANOPROST OPHTH SOLN 0.005%	Tier 2				
LEVOBUNOLOL SOL 0.5% OP	LEVOBUNOLOL HCL OPHTH SOLN 0.5%	Tier 2				
LEVOFLOXACIN SOL 1.5%	LEVOFLOXACIN OPHTH SOLN 1.5%	Tier 2				
LOTEMAX OIN 0.5%	LOTEPREDNOL ETABONATE OPHTH OINT 0.5%	Tier 5				
LOTEMAX SM GEL 0.38%	LOTEPREDNOL ETABONATE OPHTH GEL 0.38%	Tier 5		X		
LOTEPREDNOL SUS 0.5%	LOTEPREDNOL ETABONATE OPHTH SUSP 0.5%	Tier 3		X		
LUMIGAN SOL 0.01% OP	BIMATOPROST OPHTH SOLN 0.01%	Tier 3		X		
MITOSOL KIT 0.2MG	MITOMYCIN FOR OPHTH SOLN KIT 0.2 MG	Tier 5				
MOXIFLOXACIN SOL 0.5%	MOXIFLOXACIN HCL OPHTH SOLN 0.5% (BASE EQUIV)	Tier 2				
MOXIFLOXACIN SOL 0.5%	MOXIFLOXACIN HCL OPHTH SOLN 0.5% (BASE EQ) (2 TIMES DAILY)	Tier 2				

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Drug name	Generic name	Tier value	Prior auth	Quantity limit	Step therapy	Notes
MOXIFLOXACIN SOL HCL 0.5%	MOXIFLOXACIN HCL OPHTH SOLN 0.5% (BASE EQUIV)	Tier 2				
NATACYN SUS 5% OP	NATAMYCIN OPHTH SUSP 5%	Tier 5				
NEO/BAC/POLY OIN OP	NEOMYCIN-BACITRAC ZN-POLYMYX 5(3.5)MG-400UNT-10000UNT OP OIN	Tier 2				
NEO/POLY/BAC OIN /HC 1%OP	BACITRACIN-POLYMYXIN-NEOMYCIN-HC OPHTH OINT 1%	Tier 3				
NEO/POLY/BAC OIN OP	NEOMYCIN-BACITRAC ZN-POLYMYX 5(3.5)MG-400UNT-10000UNT OP OIN	Tier 2				
NEO/POLY/DEX OIN 0.1% OP	NEOMYCIN-POLYMYXIN-DEXAMETHASONE OPHTH OINT 0.1%	Tier 2				
NEO/POLY/DEX SUS 0.1% OP	NEOMYCIN-POLYMYXIN-DEXAMETHASONE OPHTH SUSP 0.1%	Tier 2				
NEO/POLY/GRA SOL OP	NEOMYCIN-POLYMY-GRAMICID OP SOL 1.75-10000-0.025MG-UNT-MG / ML	Tier 2				
NEO/POLY/HC SUS OP	NEOMYCIN-POLYMYXIN-HC OPHTH SUSP	Tier 3				
OFLOXACIN DRO 0.3% OP	OFLOXACIN OPHTH SOLN 0.3%	Tier 2				
OLOPATADINE DRO 0.1%	OLOPATADINE HCL OPHTH SOLN 0.1% (BASE EQUIVALENT)	Tier 2		X		
PHENYLEPHRIN SOL 10% OP	PHENYLEPHRINE HCL OPHTH SOLN 10%	Tier 2				
PHENYLEPHRIN SOL 2.5% OP	PHENYLEPHRINE HCL OPHTH SOLN 2.5%	Tier 2				
PHOSPHOLINE SOL 0.125%OP	ECHOTHIOPHATE IODIDE OPHTH FOR SOLN 0.125%	Tier 3				
PILOCARPINE SOL 1% OP	PILOCARPINE HCL OPHTH SOLN 1%	Tier 2				
PILOCARPINE SOL 2% OP	PILOCARPINE HCL OPHTH SOLN 2%	Tier 2				
PILOCARPINE SOL 4% OP	PILOCARPINE HCL OPHTH SOLN 4%	Tier 2				
POLYMYXIN B/ SOL TRI-METHP	POLYMYXIN B-TRIMETHOPRIM OPHTH SOLN 10000 UNIT / ML-0.1%	Tier 2				
PRED SOD PHO SOL 1% OP	PREDNISOLONE SODIUM PHOSPHATE OPHTH SOLN 1%	Tier 2				
PREDNISOLONE SUS 1% OP	PREDNISOLONE ACETATE OPHTH SUSP 1%	Tier 2				
PROPARACAINE SOL 0.5% OP	PROPARACAINE HCL OPHTH SOLN 0.5%	Tier 2				
SIMBRINZA SUS 1-0.2%	BRINZOLAMIDE-BRIMONIDINE TARTRATE OPHTH SUSP 1-0.2%	Tier 5		X		
SULF/PRED NA SOL OP	SULFACETAMIDE SODIUM-PREDNISOLONE OPHTH SOLN 10-0.23(0.25)%	Tier 2				
SULFACET SOD OIN 10% OP	SULFACETAMIDE SODIUM OPHTH OINT 10%	Tier 2				
SULFACET SOD SOL 10% OP	SULFACETAMIDE SODIUM OPHTH SOLN 10%	Tier 2				
TAFLUPROST SOL 0.0015%	TAFLUPROST PRESERVATIVE FREE (PF) OPHTH SOLN 0.0015%	Tier 3		X	X	
TETRACAINE SOL 0.5% OP	TETRACAINE HCL OPHTH SOLN 0.5%	Tier 2				

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TIMOLOL HEMI SOL 0.5% OP	TIMOLOL OPTH SOLN 0.5%	Tier 3		X		
TIMOLOL MAL SOL 0.25% OP	TIMOLOL MALEATE OPTH SOLN 0.25%	Tier 2				
TIMOLOL MAL SOL 0.5% OP	TIMOLOL MALEATE OPTH SOLN 0.5%	Tier 2				
TIMOLOL MALE SOL 0.5%	TIMOLOL MALEATE OPTH SOLN 0.5% (ONCE-DAILY)	Tier 3				
TIMOLOL MALE SOL 0.5% OP	TIMOLOL MALEATE OPTH SOLN 0.5% (ONCE-DAILY)	Tier 3				
TOBRA/DEXAME SUS 0.3-0.1%	TOBRAMYCIN-DEXAMETHASONE OPTH SUSP 0.3-0.1%	Tier 3				
TOBRAMYCIN SOL 0.3% OP	TOBRAMYCIN OPTH SOLN 0.3%	Tier 2				
TRAVOPROST DRO 0.004%	TRAVOPROST OPTH SOLN 0.004% (BENZALKONIUM FREE) (BAK FREE)	Tier 3		X		
TRIFLURIDINE SOL 1% OP	TRIFLURIDINE OPTH SOLN 1%	Tier 3				
ZIRGAN GEL 0.15%	GANCICLOVIR OPTH GEL 0.15%	Tier 5				
ZYLET SUS 0.5-0.3%	LOTEPREDNOL ETABONATE-TOBRAMYCIN OPTH SUSP 0.5-0.3%	Tier 5				
Otic Agents						
ACETIC ACID SOL 2% OTIC	ACETIC ACID OTIC SOLN 2%	Tier 2				
CIPRO/DEXA SUS 0.3-0.1%	CIPROFLOXACIN-DEXAMETHASONE OTIC SUSP 0.3-0.1%	Tier 3			X	
CIPRO/FLUOC DRO PF	CIPROFLOXACIN-FLUOCINOLONE ACETON (PF) OTIC SOLN 0.3-0.025%	Tier 5				
CIPROFLOXACN SOL 0.2%	CIPROFLOXACIN HCL OTIC SOLN 0.2% (BASE EQUIVALENT)	Tier 3				
CORTISPORIN SUS -TC OTIC	NEOMYCIN-COLISTIN-HC-THONZONIUM OTIC SUSP 3.3-3-10-0.5 MG / ML	Tier 5				
FLAC OIL 0.01%	FLUOCINOLONE ACETONIDE (OTIC) OIL 0.01%	Tier 3				
FLUOCIN ACET OIL 0.01%	FLUOCINOLONE ACETONIDE (OTIC) OIL 0.01%	Tier 3				
FLUOCIN ACET OIL EARO.01%	FLUOCINOLONE ACETONIDE (OTIC) OIL 0.01%	Tier 3				
HC/ACET ACID SOL 1-2%OTIC	HYDROCORTISONE W / ACETIC ACID OTIC SOLN 1-2%	Tier 3				
NEO/POLY/HC SOL 1% OTIC	NEOMYCIN-POLYMYXIN-HC OTIC SOLN 1%	Tier 2				
NEO/POLY/HC SUS 1% OTIC	NEOMYCIN-POLYMYXIN-HC OTIC SUSP 3.5 MG / ML-10000 UNIT / ML-1%	Tier 2				
OFLOXACIN DRO 0.3%OTIC	OFLOXACIN OTIC SOLN 0.3%	Tier 2				
OTOVEL DRO	CIPROFLOXACIN-FLUOCINOLONE ACETON (PF) OTIC SOLN 0.3-0.025%	Tier 5				
Respiratory Tract/Pulmonary Agents						
ACETYLCYST SOL 10%	ACETYLCYSTEINE INHAL SOLN 10%	Tier 2				

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Drug name	Generic name	Tier value	Prior auth	Quantity limit	Step therapy	Notes
ACETYLCYST SOL 20%	ACETYLCYSTEINE INHAL SOLN 20%	Tier 2				
ADEMPAS TAB 0.5MG	RIOCIGUAT TAB 0.5 MG	Tier 4	X	X		
ADEMPAS TAB 1.5MG	RIOCIGUAT TAB 1.5 MG	Tier 4	X	X		
ADEMPAS TAB 1MG	RIOCIGUAT TAB 1 MG	Tier 4	X	X		
ADEMPAS TAB 2.5MG	RIOCIGUAT TAB 2.5 MG	Tier 4	X	X		
ADEMPAS TAB 2MG	RIOCIGUAT TAB 2 MG	Tier 4	X	X		
ALBUTEROL AER HFA	ALBUTEROL SULFATE INHAL AERO 108 MCG / ACT (90MCG BASE EQUIV)	Tier 1				
ALBUTEROL NEB 0.083%	ALBUTEROL SULFATE SOLN NEBU 0.083% (2.5 MG / 3ML)	Tier 1				
ALBUTEROL NEB 0.5%	ALBUTEROL SULFATE SOLN NEBU 0.5% (5 MG / ML)	Tier 1				
ALBUTEROL NEB 0.63MG/3	ALBUTEROL SULFATE SOLN NEBU 0.63 MG / 3ML (BASE EQUIV)	Tier 1				
ALBUTEROL NEB 1.25MG/3	ALBUTEROL SULFATE SOLN NEBU 1.25 MG / 3ML (BASE EQUIV)	Tier 1				
ALBUTEROL SYP 2MG/5ML	ALBUTEROL SULFATE SYRUP 2 MG / 5ML	Tier 3				
ALBUTEROL SYP 8MG/20ML	ALBUTEROL SULFATE SYRUP 2 MG / 5ML	Tier 3				
ALBUTEROL TAB 2MG	ALBUTEROL SULFATE TAB 2 MG	Tier 3				
ALBUTEROL TAB 4MG	ALBUTEROL SULFATE TAB 4 MG	Tier 3				
ALVESCO AER 160MCG	CICLESONIDE INHAL AEROSOL 160 MCG / ACT	Tier 5		X	X	
ALVESCO AER 80MCG	CICLESONIDE INHAL AEROSOL 80 MCG / ACT	Tier 5		X	X	
ALYQ TAB 20MG	TADALAFIL TAB 20 MG (PAH)	Tier 4	X	X		
AMBRISANTAN TAB 10MG	AMBRISANTAN TAB 10 MG	Tier 4	X	X		
AMBRISANTAN TAB 5MG	AMBRISANTAN TAB 5 MG	Tier 4	X	X		
ARFORMOTEROL NEB 15/2ML	ARFORMOTEROL TARTRATE SOLN NEBU 15 MCG / 2ML (BASE EQUIV)	Tier 3		X		
ARNUITY ELPT INH 100MCG	FLUTICASONE FUROATE AEROSOL POWDER BREATH ACTIV 100 MCG / ACT	Tier 3		X		
ARNUITY ELPT INH 200MCG	FLUTICASONE FUROATE AEROSOL POWDER BREATH ACTIV 200 MCG / ACT	Tier 3		X		
ARNUITY ELPT INH 50MCG	FLUTICASONE FUROATE AEROSOL POWDER BREATH ACTIV 50 MCG / ACT	Tier 3		X		
ASMANEX 120 AER 220MCG	MOMETASONE FUROATE INHAL POWD 220 MCG / ACT (BREATH ACTIVATED)	Tier 3		X		
ASMANEX 14 AER 220MCG	MOMETASONE FUROATE INHAL POWD 220 MCG / ACT (BREATH ACTIVATED)	Tier 3		X		
ASMANEX 30 AER 110MCG	MOMETASONE FUROATE INHAL POWD 110 MCG / ACT (BREATH ACTIVATED)	Tier 3		X		

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ASMANEX 30 AER 220MCG	MOMETASONE FUROATE INHAL POWD 220 MCG / ACT (BREATH ACTIVATED)	Tier 3		X		
ASMANEX 60 AER 220MCG	MOMETASONE FUROATE INHAL POWD 220 MCG / ACT (BREATH ACTIVATED)	Tier 3		X		
ASMANEX HFA AER 100 MCG	MOMETASONE FUROATE INHAL AEROSOL SUSPENSION 100 MCG / ACT	Tier 3		X		
ASMANEX HFA AER 200 MCG	MOMETASONE FUROATE INHAL AEROSOL SUSPENSION 200 MCG / ACT	Tier 3		X		
ASMANEX HFA AER 50MCG	MOMETASONE FUROATE INHAL AEROSOL SUSPENSION 50 MCG / ACT	Tier 3		X		
ATROVENT HFA AER 17MCG	IPRATROPIUM BROMIDE HFA INHAL AEROSOL 17 MCG / ACT	Tier 5		X		
AZELASTINE SPR 0.1%	AZELASTINE HCL NASAL SPRAY 0.1% (137 MCG / SPRAY)	Tier 2		X		
BENZONATATE CAP 100MG	BENZONATATE CAP 100 MG	Tier 2				
BENZONATATE CAP 200MG	BENZONATATE CAP 200 MG	Tier 2				
BEVESPI AER 9-4.8MCG	GLYCOPYRROLATE-FORMOTEROL FUMARATE AEROSOL 9-4.8 MCG / ACT	Tier 3		X		
BOSENTAN TAB 125MG	BOSENTAN TAB 125 MG	Tier 4	X	X		
BOSENTAN TAB 62.5MG	BOSENTAN TAB 62.5 MG	Tier 4	X	X		
BPM-PSE-DM SYP 2-30-10	PSEUDOEPHED-BROMPHEN-DM SYRUP 30-2-10 MG / 5ML	Tier 2				
BREYNA AER 160/4.5	BUDESONIDE-FORMOTEROL FUMARATE DIHYD AEROSOL 160-4.5 MCG / ACT	Tier 3		X		
BREYNA AER 80/4.5	BUDESONIDE-FORMOTEROL FUMARATE DIHYD AEROSOL 80-4.5 MCG / ACT	Tier 3		X		
BREZTRI AERO AER SPHERE	BUDESONIDE-GLYCOPYRROLATE-FORMOTEROL AERS 160-9-4.8 MCG / ACT	Tier 3		X		
BROM/PSE/DM SYP	PSEUDOEPHED-BROMPHEN-DM SYRUP 30-2-10 MG / 5ML	Tier 2				
BROM/PSE/DM SYP 2-30-10	PSEUDOEPHED-BROMPHEN-DM SYRUP 30-2-10 MG / 5ML	Tier 2				
BROM/PSE/DM SYP 2/30/10	PSEUDOEPHED-BROMPHEN-DM SYRUP 30-2-10 MG / 5ML	Tier 2				
BUDES/FORMOT AER 160-4.5	BUDESONIDE-FORMOTEROL FUMARATE DIHYD AEROSOL 160-4.5 MCG / ACT	Tier 3		X		
BUDES/FORMOT AER 80-4.5	BUDESONIDE-FORMOTEROL FUMARATE DIHYD AEROSOL 80-4.5 MCG / ACT	Tier 3		X		

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Drug name	Generic name	Tier value	Prior auth	Quantity limit	Step therapy	Notes
BUDESONIDE SUS 0.25MG/2	BUDESONIDE INHALATION SUSP 0.25 MG / 2ML	Tier 3		X		
BUDESONIDE SUS 0.5MG/2	BUDESONIDE INHALATION SUSP 0.5 MG / 2ML	Tier 3		X		
BUDESONIDE SUS 1MG/2ML	BUDESONIDE INHALATION SUSP 1 MG / 2ML	Tier 3		X		
CARBINOXAMIN SOL 4MG/5ML	CARBINOXAMINE MALEATE SOLN 4 MG / 5ML	Tier 2				
CARBINOXAMIN TAB 4MG	CARBINOXAMINE MALEATE TAB 4 MG	Tier 2				
CLEMASTINE TAB 2.68MG	CLEMASTINE FUMARATE TAB 2.68 MG	Tier 2				
CROMOLYN SOD NEB 20MG/2ML	CROMOLYN SODIUM SOLN NEBU 20 MG / 2ML	Tier 3				
CYPROHEPTAD SYP 2MG/5ML	CYPROHEPTADINE HCL SYRUP 2 MG / 5ML	Tier 2				
CYPROHEPTAD TAB 4MG	CYPROHEPTADINE HCL TAB 4 MG	Tier 2				
DESLORATADIN TAB 5MG	DESLORATADINE TAB 5 MG	Tier 3				
DIPHENHYDRAM ELX 12.5/5ML	DIPHENHYDRAMINE HCL ELIXIR 12.5 MG / 5ML	Tier 2				BH*
ELIXOPHYLLIN ELX 80/15ML	THEOPHYLLINE ELIXIR 80 MG / 15ML	Tier 3				
EPINEPHRINE INJ 0.15MG	EPINEPHRINE SOLUTION AUTO-INJECTOR 0.15 MG / 0.3ML (1:2000)	Tier 1		X		
EPINEPHRINE INJ 0.15MG	EPINEPHRINE SOLUTION AUTO-INJECTOR 0.15 MG / 0.15ML (1:1000)	Tier 1		X		
EPINEPHRINE INJ 0.3MG	EPINEPHRINE SOLUTION AUTO-INJECTOR 0.3 MG / 0.3ML (1:1000)	Tier 1		X		
FLUNISOLIDE SPR 0.025%	FLUNISOLIDE NASAL SOLN 25 MCG / ACT (0.025%)	Tier 3				
FLUTIC/SALME AER 100/50	FLUTICASONE-SALMETEROL AER POWDER BA 100-50 MCG / ACT	Tier 3		X		
FLUTIC/SALME AER 250/50	FLUTICASONE-SALMETEROL AER POWDER BA 250-50 MCG / ACT	Tier 3		X		
FLUTIC/SALME AER 500/50	FLUTICASONE-SALMETEROL AER POWDER BA 500-50 MCG / ACT	Tier 3		X		
FLUTIC/SALME INH 113/14	FLUTICASONE-SALMETEROL AER POWDER BA 113-14 MCG / ACT	Tier 3		X		
FLUTIC/SALME INH 232/14	FLUTICASONE-SALMETEROL AER POWDER BA 232-14 MCG / ACT	Tier 3		X		
FLUTIC/SALME INH 55/14	FLUTICASONE-SALMETEROL AER POWDER BA 55-14 MCG / ACT	Tier 3		X		
FLUTICASONE SPR 50MCG	FLUTICASONE PROPIONATE NASAL SUSP 50 MCG / ACT	Tier 2		X		
FORMOTEROL NEB 20/2ML	FORMOTEROL FUMARATE SOLN NEBU 20 MCG / 2ML	Tier 3		X		
GG/CODEINE SOL 100-10/5	GUAIFENESIN-CODEINE SOLN 100-10 MG / 5ML	Tier 2	X	X		
GILTUSS TAB 10-388MG	PHENYLEPHRINE-GUAIFENESIN TAB 10-388 MG	Tier 5				
HYD POL/CPM SUS 10-8/5ML	HYDROCOD POLST-CHLORPHEN POLST ER SUSP 10-8 MG / 5ML	Tier 3	X	X		

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Drug name	Generic name	Tier value	Prior auth	Quantity limit	Step therapy	Notes
HYDROC/HOMAT TAB 5-1.5MG	HYDROCODONE BITART-HOMATROPINE METHYLBROMIDE TAB 5-1.5 MG	Tier 2	X	X		
HYDROCOD/HOM SOL 5-1.5/5	HYDROCODONE BITART-HOMATROPINE METHYLBROM SOLN 5-1.5 MG / 5ML	Tier 2	X	X		
HYDROCOD/HOM SYP 5-1.5/5	HYDROCODONE BITART-HOMATROPINE METHYLBROM SOLN 5-1.5 MG / 5ML	Tier 2	X	X		
HYDROMET SYP 5-1.5/5	HYDROCODONE BITART-HOMATROPINE METHYLBROM SOLN 5-1.5 MG / 5ML	Tier 2	X	X		
HYPERSAL NEB 3.5%	SODIUM CHLORIDE SOLN NEBU 3.5%	Tier 3				
HYPERSAL NEB 7%	SODIUM CHLORIDE SOLN NEBU 7%	Tier 3				
INCRUSE ELPT INH 62.5MCG	UMECLIDINIUM BR AERO POWD BREATH ACT 62.5 MCG / ACT (BASE EQ)	Tier 3		X		
IPRATROPIUM SOL 0.02%INH	IPRATROPIUM BROMIDE INHAL SOLN 0.02%	Tier 2				
IPRATROPIUM SPR 0.03%	IPRATROPIUM BROMIDE NASAL SOLN 0.03% (21 MCG / SPRAY)	Tier 2				
IPRATROPIUM SPR 0.06%	IPRATROPIUM BROMIDE NASAL SOLN 0.06% (42 MCG / SPRAY)	Tier 2				
IPRATROPIUM/ SOL ALB-UTER	IPRATROPIUM-ALBUTEROL NEBU SOLN 0.5-2.5(3) MG / 3ML	Tier 2				
LEVALBUTEROL NEB 0.31MG	LEVALBUTEROL HCL SOLN NEBU 0.31 MG / 3ML (BASE EQUIV)	Tier 3		X		
LEVALBUTEROL NEB 0.63MG	LEVALBUTEROL HCL SOLN NEBU 0.63 MG / 3ML (BASE EQUIV)	Tier 3		X		
LEVALBUTEROL NEB 1.25/0.5	LEVALBUTEROL HCL SOLN NEBU CONC 1.25 MG / 0.5ML (BASE EQUIV)	Tier 3		X		
LEVALBUTEROL NEB 1.25MG	LEVALBUTEROL HCL SOLN NEBU 1.25 MG / 3ML (BASE EQUIV)	Tier 3		X		
LEVOCETIRIZI SOL 2.5/5ML	LEVOCETIRIZINE DIHYDROCHLORIDE SOLN 2.5 MG / 5ML (0.5 MG / ML)	Tier 3				
LEVOCETIRIZI TAB 5MG	LEVOCETIRIZINE DIHYDROCHLORIDE TAB 5 MG	Tier 2		X		
MOMETASONE SPR 50MCG	MOMETASONE FUROATE NASAL SUSP 50 MCG / ACT	Tier 3		X		
MONTELUKAST CHW 4MG	MONTELUKAST SODIUM CHEW TAB 4 MG (BASE EQUIV)	Tier 2		X		
MONTELUKAST CHW 5MG	MONTELUKAST SODIUM CHEW TAB 5 MG (BASE EQUIV)	Tier 2		X		
MONTELUKAST GRA 4MG	MONTELUKAST SODIUM ORAL GRANULES PACKET 4 MG (BASE EQUIV)	Tier 2		X		
MONTELUKAST TAB 10MG	MONTELUKAST SODIUM TAB 10 MG (BASE EQUIV)	Tier 2		X		
NEBUSAL NEB 3%	SODIUM CHLORIDE SOLN NEBU 3%	Tier 3				
NEBUSAL NEB 6%	SODIUM CHLORIDE SOLN NEBU 6%	Tier 3				
OLOPATADINE SPR 0.6%	OLOPATADINE HCL NASAL SOLN 0.6%	Tier 3		X		

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Drug name	Generic name	Tier value	Prior auth	Quantity limit	Step therapy	Notes
OPSUMIT TAB 10MG	MACITENTAN TAB 10 MG	Tier 4	X	X		
ORENITRAM TAB 0.125MG	TREPROSTINIL DIOLAMINE TAB ER 0.125 MG (BASE EQUIV)	Tier 6	X	X		
ORENITRAM TAB 0.25MG	TREPROSTINIL DIOLAMINE TAB ER 0.25 MG (BASE EQUIV)	Tier 6	X	X		
ORENITRAM TAB 1MG	TREPROSTINIL DIOLAMINE TAB ER 1 MG (BASE EQUIV)	Tier 6	X	X		
ORENITRAM TAB 2.5MG	TREPROSTINIL DIOLAMINE TAB ER 2.5 MG (BASE EQUIV)	Tier 6	X	X		
ORENITRAM TAB 5MG	TREPROSTINIL DIOLAMINE TAB ER 5 MG (BASE EQUIV)	Tier 6	X	X		
ORENITRAM TAB MONTH 1	TREPROSTINIL TAB ER TITR PK (MO1) 126 X0.125MG & 42 X0.25MG	Tier 6	X	X		
ORENITRAM TAB MONTH 2	TREPROSTINIL TAB ER TITR PK (MO2) 126 X0.125MG & 210 X0.25MG	Tier 6	X	X		
ORENITRAM TAB MONTH 3	TREPROSTINIL TAB ER TITR PK(MO3)1 26X0.125MG&42X0.25MG&84X1MG	Tier 6	X	X		
ORKAMBI GRA 100-125	LUMACAFITOR-IVACAFITOR GRAN-ULES PACKET 100-125 MG	Tier 6	X	X		
ORKAMBI GRA 150-188	LUMACAFITOR-IVACAFITOR GRAN-ULES PACKET 150-188 MG	Tier 6	X	X		
ORKAMBI GRA 75-94MG	LUMACAFITOR-IVACAFITOR GRAN-ULES PACKET 75-94 MG	Tier 6	X	X		
ORKAMBI TAB 100-125	LUMACAFITOR-IVACAFITOR TAB 100-125 MG	Tier 6	X	X		
ORKAMBI TAB 200-125	LUMACAFITOR-IVACAFITOR TAB 200-125 MG	Tier 6	X	X		
PIRFENIDONE CAP 267MG	PIRFENIDONE CAP 267 MG	Tier 4	X	X		
PIRFENIDONE TAB 267MG	PIRFENIDONE TAB 267 MG	Tier 4	X	X		
PIRFENIDONE TAB 534MG	PIRFENIDONE TAB 534 MG	Tier 4	X	X		
PIRFENIDONE TAB 801MG	PIRFENIDONE TAB 801 MG	Tier 4	X	X		
PROMETH VC SYP 6.25-5/5	PROMETHAZINE & PHENYLEPHRINE SYRUP 6.25-5 MG / 5ML	Tier 2				
PROMETH VC/ SYP CO-DEINE	PROMETHAZINE-PHENYLEPHRINE-CODEINE SYRUP 6.25-5-10 MG / 5ML	Tier 2	X	X		
PROMETH/COD SOL 6.25-10	PROMETHAZINE W/ CODEINE SYRUP 6.25-10 MG / 5ML	Tier 2	X	X		
PROMETH/PE SOL 6.25-5/5	PROMETHAZINE & PHENYLEPHRINE SYRUP 6.25-5 MG / 5ML	Tier 2				
PROMETHAZINE SOL 12.5/10	PROMETHAZINE HCL ORAL SOLN 6.25 MG / 5ML	Tier 2				
PROMETHAZINE SOL 6.25/5ML	PROMETHAZINE HCL ORAL SOLN 6.25 MG / 5ML	Tier 2				
PROMETHAZINE SOL DM	PROMETHAZINE-DM SYRUP 6.25-15 MG / 5ML	Tier 2				
PROMETHAZINE SUP 12.5MG	PROMETHAZINE HCL SUPPOS 12.5 MG	Tier 3		X		
PROMETHAZINE SUP 25MG	PROMETHAZINE HCL SUPPOS 25 MG	Tier 3		X		

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Drug name	Generic name	Tier value	Prior auth	Quantity limit	Step therapy	Notes
PROMETHAZINE SYP DM	PROMETHAZINE-DM SYRUP 6.25-15 MG / 5ML	Tier 2				
PROMETHAZINE TAB 12.5MG	PROMETHAZINE HCL TAB 12.5 MG	Tier 2				
PROMETHAZINE TAB 25MG	PROMETHAZINE HCL TAB 25 MG	Tier 2				
PROMETHAZINE TAB 50MG	PROMETHAZINE HCL TAB 50 MG	Tier 2				
PULMOSAL NEB 7%	SODIUM CHLORIDE SOLN NEBU 7%	Tier 3				
PULMOZYME SOL 1MG/ ML	DORNASE ALFA INHAL SOLN 2.5 MG / 2.5ML	Tier 6	X	X		
QVAR REDIHA AER 80MCG	BECLOMETHASONE DIPROP HFA BREATH ACT INH AER 80 MCG / ACT	Tier 3		X		
QVAR REDIHAL AER 40MCG	BECLOMETHASONE DIPROP HFA BREATH ACT INH AER 40 MCG / ACT	Tier 3		X		
ROFLUMILAST TAB 250MCG	ROFLUMILAST TAB 250 MCG	Tier 3		X		
ROFLUMILAST TAB 500MCG	ROFLUMILAST TAB 500 MCG	Tier 3		X		
SILDENAFIL SUS 10MG/ ML	SILDENAFIL CITRATE FOR SUSPENSION 10 MG / ML	Tier 6	X	X		
SILDENAFIL TAB 20MG	SILDENAFIL CITRATE TAB 20 MG	Tier 4	X	X		
SOD CHLORIDE NEB 0.9%	SODIUM CHLORIDE SOLN NEBU 0.9%	Tier 2				
SODIUM CHLOR NEB 10%	SODIUM CHLORIDE SOLN NEBU 10%	Tier 2				
SODIUM CHLOR NEB 3%	SODIUM CHLORIDE SOLN NEBU 3%	Tier 2				
SODIUM CHLOR NEB 7%	SODIUM CHLORIDE SOLN NEBU 7%	Tier 2				
SPIRIVA AER 1.25MCG	TIOTROPIUM BROMIDE MONOHYDRATE INHAL AEROSOL 1.25 MCG / ACT	Tier 3		X		
SPIRIVA SPR 2.5MCG	TIOTROPIUM BROMIDE MONOHYDRATE INHAL AEROSOL 2.5 MCG / ACT	Tier 3		X		
STIOLTO AER 2.5-2.5	TIOTROPIUM BR-OLODATEROL INHAL AERO SOLN 2.5-2.5 MCG / ACT	Tier 3		X		
STRIVERDI AER 2.5MCG	OLODATEROL HCL INHAL AEROSOL SOLN 2.5 MCG / ACT (BASE EQUIV)	Tier 3		X		
SYMJEPI INJ 0.15MG	EPINEPHRINE SOLN PREFILLED SYRINGE 0.15 MG / 0.3ML (1:2000)	Tier 1		X		
SYMJEPI INJ 0.3MG	EPINEPHRINE SOLUTION PREFILLED SYRINGE 0.3 MG / 0.3ML (1:1000)	Tier 1		X		
TADALAFIL TAB 20MG	TADALAFIL TAB 20 MG (PAH)	Tier 4	X	X		
TERBUTALINE TAB 2.5MG	TERBUTALINE SULFATE TAB 2.5 MG	Tier 3				
TERBUTALINE TAB 5MG	TERBUTALINE SULFATE TAB 5 MG	Tier 3				
THEO-24 CAP 100MG CR	THEOPHYLLINE CAP ER 24HR 100 MG	Tier 5				
THEO-24 CAP 200MG CR	THEOPHYLLINE CAP ER 24HR 200 MG	Tier 5				
THEO-24 CAP 300MG CR	THEOPHYLLINE CAP ER 24HR 300 MG	Tier 5				
THEO-24 CAP 400MG ER	THEOPHYLLINE CAP ER 24HR 400 MG	Tier 5				
THEOPHYLLINE ELX 80/15ML	THEOPHYLLINE ELIXIR 80 MG / 15ML	Tier 3				

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Drug name	Generic name	Tier value	Prior auth	Quantity limit	Step therapy	Notes
THEOPHYLLINE SOL 80/15ML	THEOPHYLLINE SOLN 80 MG / 15ML	Tier 3				
THEOPHYLLINE TAB 100MG ER	THEOPHYLLINE TAB ER 12HR 100 MG	Tier 2				
THEOPHYLLINE TAB 200MG ER	THEOPHYLLINE TAB ER 12HR 200 MG	Tier 2				
THEOPHYLLINE TAB 300MG ER	THEOPHYLLINE TAB ER 12HR 300 MG	Tier 2				
THEOPHYLLINE TAB 400MG ER	THEOPHYLLINE TAB ER 24HR 400 MG	Tier 2				
THEOPHYLLINE TAB 450MG ER	THEOPHYLLINE TAB ER 12HR 450 MG	Tier 2				
THEOPHYLLINE TAB 600MG ER	THEOPHYLLINE TAB ER 24HR 600 MG	Tier 2				
TIOTROP BROM CAP 18MCG	TIOTROPIUM BROMIDE MONOHYDRATE INHAL CAP 18 MCG (BASE EQUIV)	Tier 3		X		
TOBRAMYCIN NEB 300/5ML	TOBRAMYCIN NEBU SOLN 300 MG / 5ML	Tier 6	X	X		
TRELEGY AER 100MCG	FLUTICASONE-UMECLIDINIUM-VILANTEROL AEPB 100-62.5-25 MCG / ACT	Tier 3		X		
TRELEGY AER 200MCG	FLUTICASONE-UMECLIDINIUM-VILANTEROL AEPB 200-62.5-25 MCG / ACT	Tier 3		X		
TUXARIN ER TAB 54.3-8MG	CODEINE PHOS-CHLORPHENIRAMINE MALEATE TAB ER 12HR 54.3-8 MG	Tier 5	X	X		
TUZISTRA XR SUS	CODEINE POLIST-CHLORPHEN POLIST ER SUSP 14.7-2.8 MG / 5ML	Tier 5	X	X		
TYVASO DPI POW 16-32-48	TREPROSTINIL INH POWD 112 X 16MCG & 112 X 32MCG & 28 X 48MCG	Tier 4	X	X		
TYVASO DPI POW 16-32MCG	TREPROSTINIL INH POWDER 112 X 16MCG & 84 X 32MCG	Tier 4	X	X		
TYVASO DPI POW 16MCG	TREPROSTINIL INH POWDER 16 MCG / CARTRIDGE	Tier 4	X	X		
TYVASO DPI POW 32-48MCG	TREPROSTINIL INH POWDER 112 X 32MCG & 112 X 48MCG	Tier 4	X	X		
TYVASO DPI POW 32MCG	TREPROSTINIL INH POWDER 32 MCG / CARTRIDGE	Tier 4	X	X		
TYVASO DPI POW 48MCG	TREPROSTINIL INH POWDER 48 MCG / CARTRIDGE	Tier 4	X	X		
TYVASO DPI POW 64MCG	TREPROSTINIL INH POWDER 64 MCG / CARTRIDGE	Tier 4	X	X		
TYVASO RF KT SOL 0.6MG/ML	TREPROSTINIL INHALATION SOLUTION 0.6 MG / ML	Tier 4	X	X		
TYVASO SOL 0.6MG/ML	TREPROSTINIL INHALATION SOLUTION 0.6 MG / ML	Tier 4	X	X		
TYVASO ST KT SOL 0.6MG/ML	TREPROSTINIL INHALATION SOLUTION 0.6 MG / ML	Tier 4	X	X		

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Drug name	Generic name	Tier value	Prior auth	Quantity limit	Step therapy	Notes
VENTAVIS SOL 10MCG/ML	ILOPROST INHALATION SOLUTION 10 MCG / ML	Tier 6	X	X		
VENTAVIS SOL 20MCG/ML	ILOPROST INHALATION SOLUTION 20 MCG / ML	Tier 6	X	X		
VENTOLIN HFA AER	ALBUTEROL SULFATE INHAL AERO 108 MCG / ACT (90MCG BASE EQUIV)	Tier 1				
WIXELA INHUB AER 100/50	FLUTICASONE-SALMETEROL AER POWDER BA 100-50 MCG / ACT	Tier 3		X		
WIXELA INHUB AER 250/50	FLUTICASONE-SALMETEROL AER POWDER BA 250-50 MCG / ACT	Tier 3		X		
WIXELA INHUB AER 500/50	FLUTICASONE-SALMETEROL AER POWDER BA 500-50 MCG / ACT	Tier 3		X		
XOLAIR INJ 150MG/ML	OMALIZUMAB SUBCUTANEOUS SOLN AUTO-INJECTOR 150 MG / ML	Tier 4	X	X		
XOLAIR INJ 150MG/ML	OMALIZUMAB SUBCUTANEOUS SOLN PREFILLED SYRINGE 150 MG / ML	Tier 4	X	X		
XOLAIR INJ 300/2ML	OMALIZUMAB SUBCUTANEOUS SOLN AUTO-INJECTOR 300 MG / 2ML	Tier 4	X	X		
XOLAIR INJ 300/2ML	OMALIZUMAB SUBCUTANEOUS SOLN PREFILLED SYRINGE 300 MG / 2ML	Tier 4	X	X		
XOLAIR INJ 75/0.5	OMALIZUMAB SUBCUTANEOUS SOLN AUTO-INJECTOR 75 MG / 0.5ML	Tier 4	X	X		
XOLAIR INJ 75/0.5	OMALIZUMAB SUBCUTANEOUS SOLN PREFILLED SYRINGE 75 MG / 0.5ML	Tier 4	X	X		
ZAFIRLUKAST TAB 10MG	ZAFIRLUKAST TAB 10 MG	Tier 3		X		
ZAFIRLUKAST TAB 20MG	ZAFIRLUKAST TAB 20 MG	Tier 3		X		
ZILEUTON ER TAB 600MG	ZILEUTON TAB ER 12HR 600 MG	Tier 3			X	
Skeletal Muscle Relaxants						
BACLOFEN TAB 10MG						
BACLOFEN TAB 20MG	BACLOFEN TAB 20 MG	Tier 2				
BACLOFEN TAB 5MG	BACLOFEN TAB 5 MG	Tier 2				
CARISOPRODOL TAB 350MG	CARISOPRODOL TAB 350 MG	Tier 2		X		
CHLORZOXAZON TAB 500MG	CHLORZOXAZONE TAB 500 MG	Tier 3				
CYCLOBENZAPR TAB 10MG	CYCLOBENZAPRINE HCL TAB 10 MG	Tier 2				
CYCLOBENZAPR TAB 5MG	CYCLOBENZAPRINE HCL TAB 5 MG	Tier 2				
CYCLOBENZAPR TAB 75MG	CYCLOBENZAPRINE HCL TAB 7.5 MG	Tier 2				
DANTROLENE CAP 100MG	DANTROLENE SODIUM CAP 100 MG	Tier 3				
DANTROLENE CAP 25MG	DANTROLENE SODIUM CAP 25 MG	Tier 3				
DANTROLENE CAP 50MG	DANTROLENE SODIUM CAP 50 MG	Tier 3				
METAXALONE TAB 800MG	METAXALONE TAB 800 MG	Tier 3				
METHOCARBAM TAB 500MG	METHOCARBAMOL TAB 500 MG	Tier 2				
METHOCARBAM TAB 750MG	METHOCARBAMOL TAB 750 MG	Tier 2				

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Drug name	Generic name	Tier value	Prior auth	Quantity limit	Step therapy	Notes
ORPHENADRINE TAB 100MG ER	ORPHENADRINE CITRATE TAB ER 12HR 100 MG	Tier 2				
TIZANIDINE CAP 2MG	TIZANIDINE HCL CAP 2 MG (BASE EQUIVALENT)	Tier 3				
TIZANIDINE CAP 4MG	TIZANIDINE HCL CAP 4 MG (BASE EQUIVALENT)	Tier 3				
TIZANIDINE CAP 6MG	TIZANIDINE HCL CAP 6 MG (BASE EQUIVALENT)	Tier 3				
TIZANIDINE TAB 2MG	TIZANIDINE HCL TAB 2 MG (BASE EQUIVALENT)	Tier 2				
TIZANIDINE TAB 4MG	TIZANIDINE HCL TAB 4 MG (BASE EQUIVALENT)	Tier 2				
Sleep Disorder Agents						
ARMODAFINIL TAB 150MG	ARMODAFINIL TAB 150 MG	Tier 1	X	X		
ARMODAFINIL TAB 200MG	ARMODAFINIL TAB 200 MG	Tier 1	X	X		
ARMODAFINIL TAB 250MG	ARMODAFINIL TAB 250 MG	Tier 1	X	X		
ARMODAFINIL TAB 50MG	ARMODAFINIL TAB 50 MG	Tier 1	X	X		
BELSOMRA TAB 10MG	SUVOREXANT TAB 10 MG	Tier 5		X	X	BH*
BELSOMRA TAB 15MG	SUVOREXANT TAB 15 MG	Tier 5		X	X	BH*
BELSOMRA TAB 20MG	SUVOREXANT TAB 20 MG	Tier 5		X	X	BH*
BELSOMRA TAB 5MG	SUVOREXANT TAB 5 MG	Tier 5		X	X	BH*
DOXEPIN TAB 3MG	DOXEPIN HCL (SLEEP) TAB 3 MG (BASE EQUIV)	Tier 3		X		BH*
DOXEPIN TAB 6MG	DOXEPIN HCL (SLEEP) TAB 6 MG (BASE EQUIV)	Tier 3		X		BH*
ESZOPICLONE TAB 1MG	ESZOPICLONE TAB 1 MG	Tier 2		X		BH*
ESZOPICLONE TAB 2MG	ESZOPICLONE TAB 2 MG	Tier 2		X		BH*
ESZOPICLONE TAB 3MG	ESZOPICLONE TAB 3 MG	Tier 2		X		BH*
FLURAZEPAM CAP 15MG	FLURAZEPAM HCL CAP 15 MG	Tier 2		X		BH*
FLURAZEPAM CAP 30MG	FLURAZEPAM HCL CAP 30 MG	Tier 2		X		BH*
MODAFINIL TAB 100MG	MODAFINIL TAB 100 MG	Tier 1	X	X		
MODAFINIL TAB 200MG	MODAFINIL TAB 200 MG	Tier 1	X	X		
RAMELTEON TAB 8MG	RAMELTEON TAB 8 MG	Tier 3		X	X	BH*
SUNOSI TAB 150MG	SOLRIAMFETOL HCL TAB 150 MG (BASE EQUIV)	Tier 1	X	X		
SUNOSI TAB 75MG	SOLRIAMFETOL HCL TAB 75 MG (BASE EQUIV)	Tier 1	X	X		
TASIMELTEON CAP 20MG	TASIMELTEON CAPSULE 20 MG	Tier 6	X	X		BH*
TEMAZEPAM CAP 15MG	TEMAZEPAM CAP 15 MG	Tier 2		X		BH*
TEMAZEPAM CAP 22.5MG	TEMAZEPAM CAP 22.5 MG	Tier 2		X		BH*
TEMAZEPAM CAP 30MG	TEMAZEPAM CAP 30 MG	Tier 2		X		BH*
TEMAZEPAM CAP 75MG	TEMAZEPAM CAP 75 MG	Tier 2		X		BH*
ZALEPLON CAP 10MG	ZALEPLON CAP 10 MG	Tier 2		X		BH*
ZALEPLON CAP 5MG	ZALEPLON CAP 5 MG	Tier 2		X		BH*
ZOLPIDEM ER TAB 12.5MG	ZOLPIDEM TARTRATE TAB ER 12.5 MG	Tier 3		X		BH*

KEY: **7D** 7-day limit if you have not filled an opioid prescription recently
BH* Behavioral Health – Medication may be available at no cost to you when prescribed to treat a behavioral health condition.
MME Morphine milligram equivalent
PA Prior authorization required
PRV-A Preventive medication may be available at no cost to you if within a certain age range
PRV* Preventive medication may be available at no cost to you only when certain requirements are met
QL Quantity limit
SP Specialty medication
ST Step therapy
STI* Sexually transmitted infection – Medication may be available at no cost to you when prescribed for preventive care or treatment of a sexually transmitted infection.

Drug name	Generic name	Tier value	Prior auth	Quantity limit	Step therapy	Notes
ZOLPIDEM ER TAB 6.25MG	ZOLPIDEM TARTRATE TAB ER 6.25 MG	Tier 3		X		BH*
ZOLPIDEM TAB 10MG	ZOLPIDEM TARTRATE TAB 10 MG	Tier 2		X		BH*
ZOLPIDEM TAB 5MG	ZOLPIDEM TARTRATE TAB 5 MG	Tier 2		X		BH*
Vaccines						
TDVAX INJ 2-2 LF	TETANUS-DIPHTHERIA TOXOIDS (TD) INJ 2-2 LF / 0.5ML	Tier 1		X		

KEY: **7D** 7-day limit if you have not filled an opioid prescription recently
BH* Behavioral Health – Medication may be available at no cost to you when prescribed to treat a behavioral health condition.
MME Morphine milligram equivalent
PA Prior authorization required
PRV-A Preventive medication may be available at no cost to you if within a certain age range
PRV* Preventive medication may be available at no cost to you only when certain requirements are met
QL Quantity limit
SP Specialty medication
ST Step therapy
STI* Sexually transmitted infection – Medication may be available at no cost to you when prescribed for preventive care or treatment of a sexually transmitted infection.

Medical product drug list

These products may be covered under your medical benefit and are included for your reference only. Additional information regarding medical coverage can be found here: uhcprovider.com/content/dam/provider/docs/public/resources/pharmacy/IFP-Clinical-Program-Summary-Drug-List.pdf

Drug name	Generic name
Abecma	Idecabtagene vicleucel, up to 460 million autologous B-cell maturation antigen (BCMA) directed CAR-positive T cells, including leukapheresis and dose preparation procedures, per therapeutic dose
Abelcet	amphotericin B lipid complex, 10 mg
Abilify Asimtufii	aripiprazole (Abilify Asimtufii), 1 mg
Abilify Maintena	aripiprazole (abilify maintena), 1 mg
Abraxane	paclitaxel protein-bound particles, 1 mg
Abrilada	Injection Adalimumab-Afzb Abrilada Bs 1 Mg
Abrysvo	Respiratory syncytial virus vaccine, pref, subunit, bivalent, for intramuscular use
abuterol nebulizer solution	Albuterol, inhalation solution, compounded product, administered through DME, unit dose, 1 mg
abuterol nebulizer solution	Albuterol, inhalation solution, FDA-approved final product, noncompounded, administered through DME, concentrated form, 1 mg
abuterol nebulizer solution	Albuterol, inhalation solution, FDA-approved final product, noncompounded, administered through DME, unit dose, 1 mg
acetaminophen, generic (Hikma)	acetaminophen (Hikma) not therapeutically equivalent to J0131, 10 mg
acetazolamide injection	acetazolamide sodium, up to 500 mg
acetylcysteine for inhalation	Acetylcysteine, inhalation solution, FDA-approved final product, noncompounded, administered through DME, unit dose form, per g
acetylcysteine injection	acetylcysteine, 100 mg
Actemra	tocilizumab, 1 mg
Acthar Gel	corticotropin (Acthar Gel), up to 40 units
ActHIB	Haemophilus influenzae b vaccine (Hib), PRP-T conjugate, 4-dose schedule, for intramuscular use
Acthrel	corticotropin ovine triflutate, 1 mcg
Actimmune	interferon, gamma 1-b, 3 million units
acyclovir injection	acyclovir, 5 mg
Adakveo	crizanlizumab-tmca, 5 mg
Adasuve	Loxapine for inhalation, 1 mg
Adcetris	brentuximab vedotin, 1 mg

Drug name	Generic name
adenosine injection	adenosine, 1 mg (not to be used to report any adenosine phosphate compounds)
Adrucil	fluorouracil, 500 mg
Adstiladrin	nadofaragene firadenovec-vncg, per therapeutic dose
Aduhelm	aducanumab-avwa, 2 mg
Advate	Factor VIII (antihemophilic factor, recombinant) per IU, not otherwise specified
Adynovate	Factor VIII, (antihemophilic factor, recombinant), PEGylated, 1 IU
Adzynma	ADAMTS13, recombinant-krhn, 10 IU
Afluria	Influenza virus vaccine, trivalent (IIV3), split virus, 0.5 mL dosage, for intramuscular use
Afluria Quad	Influenza virus vaccine, quadrivalent (IIV4), split virus, preservative free, 0.25 mL, for intramuscular use
Afluria, Fluarix	Influenza virus vaccine, trivalent (IIV3), split virus, preservative free, 0.5 mL dosage, for intramuscular use
Afluria, Fluzone pediatric	Influenza virus vaccine, trivalent (IIV3), split virus, 0.25 mL dosage, for intramuscular use
Afstyla	Factor VIII, (antihemophilic factor, recombinant), (Afstyla), 1 IU
Aggrastat	tirofiban HCl, 0.25 mg
Ahzantive	aflibercept-mrbb (Ahzantive), biosimilar, 1 mg
Akynzeo injection	fosnetupitant 235 mg and palonosetron 0.25 mg
albuterol-ipratropium nebulizer solution	Albuterol, up to 2.5 mg and ipratropium bromide, up to 0.5 mg, FDA-approved final product, noncompounded, administered through DME
Aldurazyme	laronidase, 0.1 mg
alfentanil	alfentanil HCl, 500 mcg
Alferon N	interferon, alfa-N3, (human leukocyte derived), 250,000 IU
Alimta	pemetrexed, NOS, 10 mg
Aliqopa	copanlisib, 1 mg
Aloprim	allopurinol sodium, 1 mg
Aloxi injection	palonosetron HCl, 25 mcg
Alphanate	antihemophilic Factor VIII/von Willebrand factor complex (human), per Factor VIII IU
AlphaNine SD	Factor IX (antihemophilic factor, purified, nonrecombinant) per IU

Drug name	Generic name
Alprolix	Factor IX, Fc fusion protein, (recombinant), Alprolix, 1 IU
alprostadil	alprostadil, 1.25 mcg (code may be used for Medicare when drug administered under the direct supervision of a physician, not for use when drug is self-administered)
Altuviio	Factor VIII/von Willebrand factor complex, recombinant (Altuviio), per Factor VIII IU
Alyglo	Injection Immune Globulin Alyglo 500 Mg
Alyglo	immune globulin, intravenous, nonlyophilized (e.g., liquid), not otherwise specified, 500 mg
Almysys	bevacizumab-maly, biosimilar, (Almysys), 10 mg
ambisome	amphotericin B liposome, 10 mg
Ameluz	Aminolevulinic acid HCl for topical administration, 10% gel, 10 mg
amikacin injection	amikacin sulfate, 100 mg
aminophylline injection	aminophyllin, up to 250 mg
amiodarone injection	amiodarone HCl, 30 mg
Amondys 45	casimersen, 10 mg
Amphadase	hyaluronidase, up to 150 units
amphotericin B injection	amphotericin B, 50 mg
ampicillin sodium	ampicillin sodium, 500 mg
Amvuttra	vutrisiran, 1 mg
Amytal	amobarbital, up to 125 mg
Anascorp	Centruroides immune f(ab)2, up to 120 mg
Anavip	crotalidae immune F(ab')2 (equine), 120 mg
Andexxa	coagulation Factor Xa (recombinant), inactivated-zhzo (Andexxa), 10 mg
Anectine	succinylcholine chloride, up to 20 mg
Anjeso	meloxicam, 1 mg
Anktiva	nogapendekin alfa inbakicept-pmln, for intravesical use, 1 mcg
Annovera	Segesterone acetate and ethinyl estradiol 0.15 mg, 0.013 mg per 24 hours; yearly vaginal system, ea
Antiemetic drug rectal/suppository	Antiemetic drug, rectal/suppository, not otherwise specified
Aphexda	motixafortide, 0.25 mg
Apretude	cabotegravir, 1 mg
Aralast, Prolastin, Zemaira	alpha 1-proteinase inhibitor (human), not otherwise specified, 10 mg
Aranesp (For ESRD)	darbepoetin alfa, 1 mcg (for ESRD on dialysis)
Aranesp (for non-ESRD)	darbepoetin alfa, 1 mcg (non-ESRD use)
Arexvy	Respiratory syncytial virus vaccine, preF, recombinant, subunit, adjuvanted, for intramuscular use

Drug name	Generic name
argatroban (ESRD on dialysis)	argatroban, 1 mg (for ESRD on dialysis)
argatroban (for non-ESRD)	argatroban, 1 mg (for non-ESRD use)
argatroban, generic (Accord)	argatroban (Accord), not therapeutically equivalent to J0883, 1 mg (for non-ESRD use)
argatroban, generic (Accord)	argatroban (Accord), not therapeutically equivalent to J0884, 1 mg (for ESRD on dialysis)
argatroban, generic (Auromedics)	argatroban (AuroMedics), not therapeutically equivalent to J0883, 1 mg (for non-ESRD use)
argatroban, generic (Auromedics)	argatroban (AuroMedics), not therapeutically equivalent to J0884, 1 mg (for ESRD on dialysis)
Aridol	Mannitol, administered through an inhaler, 5 mg
Aristada	aripiprazole lauroxil, (Aristada), 1 mg
Aristada Initio	aripiprazole lauroxil, (Aristada Initio), 1 mg
Artesunate	artesonate, 1 mg
Arzerra	ofatumumab, 10 mg
Asceniv	immune globulin (Asceniv), 500 mg
Asparlas	calaspargase pegol-mknl, 10 units
ATGAM	Lymphocyte immune globulin, antithymocyte globulin, equine, parenteral, 250 mg
atropine sulfate	atropine sulfate, 0.01 mg
Atryn	antithrombin recombinant, 50 IU
Aveed	testosterone undecanoate, 1 mg
Avsola	infliximab-axxq, biosimilar, (AVSOLA), 10 mg
Avycaz	ceftazidime and avibactam, 0.5 g/0.125 g
Azactam	aztreonam, 100 mg
Azathioprine (IV)	Azathioprine, parenteral, 100 mg
azithromycin injection	azithromycin, 500 mg
Azmiro	testosterone cypionate (Azmiro), 1 mg
BAL in Oil	dimercaprol, per 100 mg
Balfaxar	prothrombin complex concentrate, human-lans, per IU of Factor IX activity
Barhemsys	amisulpride, 1 mg
Bavencio	avelumab, 10 mg
BCG Vaccine	Bacillus Calmette-Guerin vaccine (BCG) for tuberculosis, live, for percutaneous use
Bebulin	Factor IX complex, per IU
Beleodaq	belinostat, 10 mg
Belrapzo	bendamustine HCl, (Belrapzo/bendamustine), 1 mg
bendamustine, generic (Vivimusta)	bendamustine HCl (Vivimusta), 1 mg
Bendeka	bendamustine HCl (Bendeka), 1 mg

Drug name	Generic name
Benefix	Factor IX (antihemophilic factor, recombinant) per IU, not otherwise specified
Benlysta	belimumab, 10 mg
Beovu	brovacizumab-dbl, 1 mg
Beqvez	Injection Fidanacogene Elaparvovec-Dzkt Per Tx D
Berinert	C1 esterase inhibitor (human), Berinert, 10 units
Besponsa	inotuzumab ozogamicin, 0.1 mg
betamethasone injection	betamethasone acetate 3 mg and betamethasone sodium phosphate 3 mg
bevacizumab	bevacizumab, 10 mg
Bexsero	Meningococcal recombinant protein and outer membrane vesicle vaccine, serogroup B (MenB-4C), 2 dose schedule, for intramuscular use
Beyfortus	Respiratory syncytial virus, monoclonal antibody, seasonal dose; 0.5 mL dosage, for intramuscular use
Beyfortus	Respiratory syncytial virus, monoclonal antibody, seasonal dose; 1 mL dosage, for intramuscular use
Bicillin C-R	penicillin G benzathine and penicillin G procaine, 100,000 units
Bicillin L-A	penicillin G benzathine, 100,000 units
BICNU	carmustine, 100 mg
Biorphen	phenylephrine HCl (Biorphen), 20 mcg
Biothrax	Anthrax vaccine, for subcutaneous or intramuscular use
Bivalirudin	bivalirudin, 1 mg
Bivigam	immune globulin (Bivigam), 500 mg
Bkemv	eculizumab-aeeb (Bkemv), biosimilar, 2 mg
Bleomycin	bleomycin sulfate, 15 units
Blinicyto	blinatumomab, 1 mcg
Boniva	ibandronate sodium, 1 mg
Boostrix	Tetanus, diphtheria toxoids and acellular pertussis vaccine (Tdap), when administered to individuals 7 years or older, for intramuscular use
bortezomib, generic (Dr. Reddy's)	bortezomib (Dr. Reddy's), not therapeutically equivalent to J9041, 0.1 mg
bortezomib, generic (Fresenius Kabi)	bortezomib (Fresenius Kabi), not therapeutically equivalent to J9041, 0.1 mg
bortezomib, generic (Hospira)	bortezomib (Hospira), not therapeutically equivalent to J9041, 0.1 mg
bortezomib, generic (MAIA)	bortezomib (MAIA), not therapeutically equivalent to J9041, 0.1 mg
Boruzu	bortezomib (Boruzu), 0.1 mg
Botox	onabotulinumtoxinA, 1 unit

Drug name	Generic name
Breyanzi	Lisocabtagene maraleucel, up to 110 million autologous anti-CD19 CAR-positive viable T cells, including leukapheresis and dose preparation procedures, per therapeutic dose
Brineura	cerliponase alfa, 1 mg
Briumvi	ublituximab-xiiy, 1mg
Brixadi	buprenorphine extended-release (Brixadi), less than or equal to 7 days of therapy
Brixadi	buprenorphine extended-release (Brixadi), greater than 7 days and up to 28 days of therapy
bumetanide Injection	bumetanide, 0.5 mg
bupivacaine injection	bupivacaine, not otherwise specified, 0.5 mg
buprenorphine HCL	buprenorphine HCl, 0.1 mg
Busulfan	busulfan, 1 mg
Butorphanol injection	butorphanol tartrate, 1 mg
Byfavo	remimazolam, 1 mg
Byooviz	ranibizumab-nuna, biosimilar, (Byooviz), 0.1 mg
cabazitaxel, generic (Sandoz)	cabazitaxel (Sandoz), not therapeutically equivalent to J9043, 1 mg
Cabenuva	cabotegravir and rilpivirine, 2 mg/3 mg
Cafcit	caffeine citrate, 5 mg
calcitriol injection	calcitriol, 0.1 mcg
calcium gluconate, generic (Fresenius Kabi)	calcium gluconate (Fresenius Kabi), per 10 mg
calcium gluconate, generic (WG Critical Care)	calcium gluconate (WG Critical Care), per 10 mg
Caldolor	ibuprofen, 100 mg
Camcevi	Leuprolide injectable, camcevi, 1 mg
Cancidas	casopfungin acetate, 5 mg
Capvaxive	Pneumococcal conjugate vaccine, 21 valent (PCV21), for intramuscular use
Carbocaine	mepivacaine HCl, per 10 ml
Carboplatin	carboplatin, 50 mg
carmustine, generic (Accord)	carmustine (Accord), not therapeutically equivalent to J9050, 100 mg
Carnitor	levocarnitine, per 1 g
Carvykti	Ciltacabtagene autoleucel, up to 100 million autologous B-cell maturation antigen (BCMA) directed CAR-positive T cells, including leukapheresis and dose preparation procedures, per therapeutic dose
Casgevvy	Injection Exagamglogene Autotemcel Per Treatment
Cathflo Activase	alteplase recombinant, 1 mg
cefazolin injection	cefazolin sodium, 500 mg

Drug name	Generic name
cefazolin sodium, generic (WG Critical Care)	cefazolin sodium (WG Critical Care), not therapeutically equivalent to J0690, 500 mg
cefazolin, generic (Baxter)	cefazolin sodium (Baxter), not therapeutically equivalent to J0690, 500 mg
cefazolin, generic (Hikma)	cefazolin sodium (Hikma), not therapeutically equivalent to J0690, 500 mg
cefepime injection	cefepime HCl, 500 mg
cefepime, generic (B. Braun)	cefepime HCl (B. Braun), not therapeutically equivalent to Maxipime, 500 mg
cefepime, generic (Baxter)	cefepime HCl (Baxter), not therapeutically equivalent to Maxipime, 500 mg
cefotaxime injection	cefotaxime sodium, per g
cefoxitin injection	cefoxitin sodium, 1 g
ceftriaxone injection	ceftriaxone sodium, per 250 mg
cefuroxime injection	sterile cefuroxime sodium, per 750 mg
Ceprothin injection	protein C concentrate, intravenous, human, 10 IU
Cerebyx	fosphenytoin, 50 mg phenytoin equivalent
Cerezyme	imiglucerase, 10 units
Chirhostim	secretin, synthetic, human, 1 mcg
chloramphenicol injection	chloramphenicol sodium succinate, up to 1 g
chloroprocaine	chloroprocaine HCl, per 1 mg
Chlorotekal	chloroprocaine HCl (Clorotekal), per 1 mg
chlorothiazide injection	chlorothiazide sodium, per 500 mg
chlorpromazine HCL	chlorpromazine HCl, up to 50 mg
Cidofovir injection	cidofovir, 375 mg
Cimerli	ranibizumab-eqrn (Cimerli), biosimilar, 0.1 mg
Cinqair	reslizumab, 1 mg
Cinryze	C1 esterase inhibitor (human), Cinryze, 10 units
Cinvanti	aprepitant, 1 mg
ciprofloxacin injection	ciprofloxacin for intravenous infusion, 200 mg
cisplatin	cisplatin, powder or solution, 10 mg
clindamycin injection	clindamycin phosphate, 300 mg
clindamycin, generic (Baxter)	clindamycin phosphate (Baxter), not therapeutically equivalent to J0736, 300 mg
Clolar	clofarabine, 1 mg
Clonidine injection	clonidine HCl, 1 mg
Coagadex	Factor X, (human), 1 IU
Cogentin	benztropine mesylate, per 1 mg
colistimethate injection	colistimethate sodium, up to 150 mg
Columvi	glofitamab-gxbm, 2.5 mg

Drug name	Generic name
Comirnaty COVID-19 vaccine	Severe acute respiratory syndrome coronavirus 2 (SARSCoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA LNP, spike protein, 30 mcg/0.3 mL dosage, tris-sucrose formulation, for intramuscular use
Compounded drug	Compounded drug, not otherwise classified
Corifact	Factor XIII (antihemophilic factor, human), 1 IU
Corticotropin Gel	corticotropin (ANI), up to 40 units
Corvert	ibutilide fumarate, 1 mg
Cosela	trilaciclib, 1 mg
Cosentyx (IV)	secukinumab, intravenous, 1 mg
Cosyntropin injection	cosyntropin, 0.25 mg
Cresemba	isavuconazonium, 1 mg
Crofab	crotalidae polyvalent immune fab (ovine), up to 1 g
Cromolyn	Cromolyn sodium, inhalation solution, FDA-approved final product, noncompounded, administered through DME, unit dose form, per 10 mg
Crysvita	burosumab-twza, 1 mg
Cubicin	daptomycin, 1 mg
Cutaquig	immune globulin (Cutaquig), 100 mg
Cuvitru	immune globulin (Cuvitru), 100 mg
cyanocobalamin	vitamin B-12 cyanocobalamin, up to 1,000 mcg
cyclophosphamide, generic (Sandoz)	cyclophosphamide (Sandoz), 5 mg
cyclophosphamide	cyclophosphamide, not otherwise specified, 5 mg
cyclophosphamide, generic (AuroMedics)	cyclophosphamide, (AuroMedics), 5 mg
Cyclophosphamide, generic (Baxter)	cyclophosphamide (Baxter), 5 mg
cyclophosphamide, generic (Dr. Reddy's)	cyclophosphamide, (Dr. Reddy's), 5 mg
cyclophosphamidem, generic (Ingenus)	cyclophosphamide (Ingenus), 5 mg
Cyramza	ramucirumab, 5 mg
cytarabine	cytarabine, 100 mg
Cytogam	Cytomegalovirus immune globulin (CMV-IgIV), human, for intravenous use
Cytogam	cytomegalovirus immune globulin intravenous (human), per vial
dacarbazine	Dacarbazine, 100 mg
Dacogen	decitabine, 1 mg
Dacogen, generic (Sun Pharma)	decitabine (Sun Pharma) not therapeutically equivalent to J0894, 1 mg
dactinomycin	dactinomycin, 0.5 mg
Dalvance	dalbavancin, 5 mg
Danyelza	naxitamab-gqgk, 1 mg

Drug name	Generic name
Daptacel	Diphtheria, tetanus toxoids, and acellular pertussis vaccine (DTaP), when administered to individuals younger than seven years, for intramuscular use
daptomycin, generic (Baxter)	daptomycin (Baxter), not therapeutically equivalent to J0878, 1 mg
daptomycin, generic (Hospira)	daptomycin (Hospira), not therapeutically equivalent to J0878, 1 mg
daptomycin, generic (Xellia)	daptomycin (Xellia), unrefrigerated, not therapeutically equivalent to J0878 or J0873, 1 mg
daptomycin, generic (Xellia)	daptomycin (xellia), not therapeutically equivalent to j0878 or j0872, 1 mg
Darzalex	daratumumab, 10 mg
Darzalex Faspro	daratumumab, 10 mg and hyaluronidase-fihj
daunorubicin	daunorubicin, 10 mg
Daxxify	daxibotulinumtoxina-lanm, 1 unit
Decavac	Diphtheria and tetanus toxoids adsorbed (DT) when administered to individuals younger than 7 years, for intramuscular use
delestrogen injection	estradiol valerate, up to 10 mg
Demerol	meperidine HCl, per 100 mg
Depo-Estradiol	depo-estradiol cypionate, up to 5 mg
Depo-Medrol	methylprednisolone acetate, 1 mg
Depo-Provera	medroxyprogesterone acetate, 1 mg
Depo-Testosterone	testosterone cypionate, 1 mg
Desferal	deferoxamine mesylate, 500 mg
desmopressin injection	desmopressin acetate, per 1 mcg
dexamethasone injection	dexamethasone sodium phosphate, 1 mg
Dextenza	Dexamethasone, lacrimal ophthalmic insert, 0.1 mg
dextrose 5% in lactated ringers infusion	5% dextrose in lactated ringers infusion, up to 1000 cc
dextrose 5%/normal saline infusion	5% dextrose/normal saline (500 ml = 1 unit)
dextrose 5%/water	5% dextrose/water (500 ml = 1 unit)
dextrose 5%/water	Infusion, D-5-W, 1,000 cc
Dexycu	dexamethasone 9%, intraocular, 1 mcg
DHE injection	dihydroergotamine mesylate, per 1 mg
diazepam injection	diazepam, up to 5 mg
dicyclomine injection	dicyclomine HCl, up to 20 mg
DIGIfab	digoxin immune fab (ovine), per vial
digoxin injection	digoxin, up to 0.5 mg
dimenhydrinate injection	dimenhydrinate, up to 50 mg
diphenhydramine injection	diphenhydramine HCl, up to 50 mg

Drug name	Generic name
Diprivan injection	propofol, 10 mg
dipyridamole injection	dipyridamole, per 10 mg
dobutamine injection	dobutamine HCl, per 250 mg
docetaxel	docetaxel, 1 mg
docetaxel, generic (Ingenus)	docetaxel (Ingenus), not therapeutically equivalent to J9171, 1 mg
dopamine injection	dopamine HCl, 40 mg
Doxil	doxorubicin HCl, liposomal, not otherwise specified, 10 mg
doxorubicin Hydrochloride	doxorubicin HCl, 10 mg
Doxycycline Injection	doxycycline hyclate, 1 mg
droperidol injection	droperidol, up to 5 mg
Duopa	Carbidopa 5 mg/levodopa 20 mg enteral suspension, 100 ml
Durolane	Hyaluronan or derivative, Durolane, for intra-articular 1 mg
Durysta	bimatoprost, intracameral implant, 1 mcg
Dysport	abobotulinumtoxinA, 5 units
Edetate calcium disodium	edetate calcium disodium, up to 1,000 mg
Elahere	mirvetuximab soravtansine-gynx, 1 mg
Elaprase	idursulfase, 1 mg
Elelyso	taliglucerase alfa, 10 units
Elevidys	delandistrogene moxeparvovec-rokl, per therapeutic dose
Elfabrio	pegunigalsidase alfa-iwxj, 1 mg
Elitek	rasburicase, 0.5 mg
Elliott's B Solution	Elliott's B solution, 1 ml
Eloctate	Factor VIII Fc fusion protein (recombinant), per IU
Eloxatin	oxaliplatin, 0.5 mg
Elrexio	elranatamab-bcmm, 1 mg
Eluryng	Ethinyl estradiol and etonogestrel 0.015 mg, 0.12 mg per 24 hours; monthly vaginal ring, ea
Elzonris	tagraxofusp-erzs, 10 mcg
Emend injection	fosaprepitant, 1 mg
Emend, generic (Teva)	fosaprepitant (Teva), not therapeutically equivalent to J1453, 1 mg
Empliciti	elotuzumab, 1 mg
Engerix-B	Hepatitis B vaccine (HepB), pediatric/adolescent dosage, 3 dose schedule, for intramuscular use
Engerix-B	Hepatitis B vaccine (HepB), adult dosage, 3 dose schedule, for intramuscular use
Engerix-B	Hepatitis B vaccine (HepB), dialysis or immunosuppressed patient dosage, 4 dose schedule, for intramuscular use
Enhertu	fam-trastuzumab deruxtecan-nxki, 1 mg

Drug name	Generic name
Enjaymo	sutimlimab-jome, 10 mg
Entyvio	vedolizumab, 1 mg
Envarsus XR	Tacrolimus, extended release, (Envarsus XR), oral, 0.25 mg
Enzeevu	aflibercept-abzv (Enzeevu), biosimilar, 1 mg
epinephrine injection	adrenalin, epinephrine, 0.1 mg
epinephrine, generic (Belcher)	epinephrine (Belcher) not therapeutically equivalent to J0171, 0.1 mg
epirubicin	epirubicin HCl, 2 mg
Epkinly	pemetrexed (Sandoz) not therapeutically equivalent to J9305, 10 mg
Epogen, Procrit (for ESRD on dialysis)	epoetin alfa, 100 units (for ESRD on dialysis)
Epogen/Procrit	epoetin alfa, (for non-ESRD use), 1000 units
epoprostenol injection	epoprostenol, 0.5 mg
eptifibatide injection	eptifibatide, 5 mg
Epysqli	eculizumab-aagh (Epysqli), biosimilar, 2 mg
Eraxis	anidulafungin, 1 mg
Erbitux	cetuximab, 10 mg
Erwinaze	asparaginase (Erwinaze), 1,000 IU
erythromycin injection	erythromycin lactobionate, per 500 mg
Esmolol	esmolol HCl, 10 mg
Esmolol, generic (WG Critical Care)	esmolol HCl (WG Critical Care) not therapeutically equivalent to J1805, 10 mg
Esperoct	Factor VIII, antihemophilic factor (recombinant), (Esperoct), glycopegylated-exei, per IU
Ethamolin	ethanolamine oleate, 100 mg
Ethylol	amifostine, 500 mg
etoposide	etoposide, 10 mg
Euflexxa	Hyaluronan or derivative, Euflexxa, for intra-articular per dose
Evenity	romosozumab-aqqg, 1 mg
Evkeeza	evinacumab-dgnb, 5 mg
Evomela	melfalan (Evomela), 1 mg
Exondys 51	eteplirsen, 10 mg
Eylea	aflibercept, 1 mg
Eylea HD	aflibercept HD, 1 mg
Fabrazyme	agalsidase beta, 1 mg
Famotidine injection	famotidine, 0.25 mg
Fasenra	benralizumab, 1 mg
Faslodex	fulvestrant, 25 mg
Faslodex, generic (Fresenius Kabi)	fulvestrant (Fresenius Kabi) not therapeutically equivalent to J9395, 25 mg
Faslodex, generic (Teva)	fulvestrant (Teva) not therapeutically equivalent to J9395, 25 mg
Feiba NF	Antiinhibitor, per IU

Drug name	Generic name
Fensolvi	leuprolide acetate for depot suspension (Fensolvi), 0.25 mg
fentanyl citrate	fentanyl citrate, 0.1 mg
Feraheme (ESRD use)	ferumoxytol, for treatment of iron deficiency anemia, 1 mg (for ESRD on dialysis)
Feraheme, Ferumoxytol	ferumoxytol, for treatment of iron deficiency anemia, 1 mg (non-ESRD use)
Ferrlecit	sodium ferric gluconate complex in sucrose 12.5 mg
Fetroja, 10mg	cefiderocol, 10 mg
Fibryga	human fibrinogen concentrate (Fibryga), 1 mg
Firmagon	degarelix, 1 mg
Flebogamma DIF	immune globulin, (Flebogamma/ Flebogamma Dif), intravenous, nonlyophilized (e.g., liquid), 500 mg
floxuridine	floxuridine, 500 mg
Fluad	Influenza vaccine, inactivated (IIV), subunit, adjuvanted, for intramuscular use
Fluad Quad	Influenza virus vaccine, quadrivalent (aIIV4), inactivated, adjuvanted, preservative free, 0.5 mL dosage, for intramuscular use
Fluarix Quadrivalent	Influenza virus vaccine, quadrivalent (IIV4), split virus, preservative free, 0.5 mL dosage, for intramuscular use
Flublok	Influenza virus vaccine, trivalent (RIV3), derived from recombinant DNA, hemagglutinin (HA) protein only, preservative and antibiotic free, for intramuscular use
Flublok Quad	Influenza virus vaccine, quadrivalent (RIV4), derived from recombinant DNA, hemagglutinin (HA) protein only, preservative and antibiotic free, for intramuscular use
Flucelvax	Influenza virus vaccine, trivalent (ccIIV3), derived from cell cultures, subunit, preservative and antibiotic free, 0.5 mL dosage, for intramuscular use
Flucelvax	Influenza virus vaccine, quadrivalent (ccIIV4), derived from cell cultures, subunit, preservative and antibiotic free, 0.5 mL dosage, for intramuscular use
Flucelvax Quad	Influenza virus vaccine, quadrivalent (ccIIV4), derived from cell cultures, subunit, antibiotic free, 0.5mL dosage, for intramuscular use
fluconazole injection	fluconazole, 200 mg
fludarabine	fludarabine phosphate, 50 mg
Flumist	Influenza virus vaccine, quadrivalent, live (LAIV4), for intranasal use
fluphenazine decanoate injection	fluphenazine decanoate, up to 25 mg
fluphenazine Injection	fluphenazine HCl, 1.25 mg

Drug name	Generic name
Fluzone High-Dose	Influenza virus vaccine (IIV), split virus, preservative free, enhanced immunogenicity via increased antigen content, for intramuscular use
Fluzone Quad	Influenza virus vaccine, quadrivalent (IIV4), split virus, 0.25 mL dosage, for intramuscular use
Fluzone Quad	Influenza virus vaccine, quadrivalent (IIV4), split virus, 0.5 mL dosage, for intramuscular use
Focinvez	fosaprepitant (Focinvez), 1 mg
Folotyn	pralatrexate, 1 mg
fomepizole injection	fomepizole, 15 mg
Foscavir	foscarnet sodium, per 1,000 mg
Fulphila	pegfilgrastim-jmdb (Fulphila), biosimilar, 0.5 mg
Fusilev	levoleucovorin, not otherwise specified, 0.5 mg
Fyarro	sirolimus protein-bound particles, 1 mg
Fynetra	pegfilgrastim-pbbk (Fynetra), biosimilar, 0.5 mg
Gablofen	baclofen, 10 mg
Gablofen trial dose	baclofen, 50 mcg for intrathecal trial
Gamastan	gamma globulin, intramuscular, over 10 cc
Gamastan 1 cc	gamma globulin, intramuscular, 1 cc
Gamifant	emapalumab-lzsg, 1 mg
Gammagard	immune globulin, intravenous, lyophilized (e.g., powder), not otherwise specified, 500 mg
Gammagard Liquid	immune globulin, (Gammagard liquid), nonlyophilized, (e.g., liquid), 500 mg
Gammaflex	immune globulin, (Gammaflex), intravenous, nonlyophilized (e.g., liquid), 500 mg
Gamunex-C, Gammaked	immune globulin, (Gamunex/Gamunex-C/Gammaked), nonlyophilized (e.g., liquid), 500 mg
Ganciclovir injection	ganciclovir sodium, 500 mg
ganciclovir, generic (Exela)	ganciclovir sodium (Exela) not therapeutically equivalent to J1570, 500 mg
Gardasil 9	Human Papillomavirus vaccine types 6, 11, 16, 18, 31, 33, 45, 52, 58, nonavalent (9vHPV), 2 or 3 dose schedule, for intramuscular use
Gazyva	obinutuzumab, 10 mg
Gel-One	Hyaluronan or derivative, Gel-One, for intra-articular per dose
Gelsyn-3	Hyaluronan or derivative, GELSYN-3, for intra-articular 0.1 mg
gemcitabine	gemcitabine HCl, not otherwise specified, 200 mg
gemcitabine, generic (Accord)	gemcitabine hydrochloride (Accord), not therapeutically equivalent to J9201, 200 mg

Drug name	Generic name
gentamicin injection	garamycin, gentamicin, up to 80 mg
Genvisc 850	Hyaluronan or derivative, GenVisc 850, for intra-articular 1 mg
Geodon injection	ziprasidone mesylate, 10 mg
Givlaari	givosiran, 0.5 mg
Glassia	alpha 1 proteinase inhibitor (human), (GLASSIA), 10 mg
glucagon	glucagon HCl, per 1 mg
glucagon, generic (Fresenius Kabi)	glucagon HCl (Fresenius Kabi), not therapeutically equivalent to J1610, per 1 mg
glycopyrrolate Injection	glycopyrrolate, 0.1 mg
glycopyrrolate, generic (Fresenius Kab)	glycopyrrolate (Fresenius Kabi), not therapeutically equivalent to J1596, 0.1 mg
Glyrx-PF	glycopyrrolate (Glyrx-PF), 0.1 mg
granisetron injection	granisetron HCl, 100 mcg
Granix	tbo-filgrastim, 1 mcg
Halaven	eribulin mesylate, 0.1 mg
haloperidol decanoate injection	haloperidol decanoate, per 50 mg
haloperidol lactate injection	haloperidol, up to 5 mg
Havrix	Hepatitis A vaccine (Hep A), adult dosage, for intramuscular use
Havrix	Hepatitis A vaccine (Hep A), pediatric/adolescent dosage - 2-dose schedule, for intramuscular use
Hectorol	doxercalciferol, 1 mcg
Hemgenix	etranacogene dezaparvovec-drlb, per therapeutic dose
Hemlibra	emicizumab-kxwh, 0.5 mg
Hemofil M	Factor VIII (antihemophilic factor, human) per IU
Hemophilia Clotting Factor Not Otherwise Classified	Hemophilia clotting factor, not otherwise classified
Hepagam B	hepatitis B immune globulin (Hepagam B), intramuscular, 0.5 ml
Hepagam B	hepatitis B immune globulin (Hepagam B), intravenous, 0.5 ml
heparin injection	Heparin sodium, per 1000 units
heparin lock flush	heparin sodium, (heparin lock flush), per 10 units
heparin, generic (Pfizer)	heparin sodium (Pfizer), not therapeutically equivalent to J1644, per 1000 units
Heplisav-B	Hepatitis B vaccine (HepB), CpG-adjuvanted, adult dosage, 2 dose or 4 dose schedule, for intramuscular use
Hepzato	melphalan (Hepzato), 1 mg
Herceptin	trastuzumab, excludes biosimilar, 10 mg
Herceptin Hylecta	trastuzumab, 10 mg and hyaluronidase-oysk
Hercessi	Injection Trastuzumab-Strf Hercessi Bs 10 Mg

Drug name	Generic name
Herzuma	trastuzumab-pkrb, biosimilar, (Herzuma), 10 mg
Hexatrione	triamcinolone hexacetonide, per 5 mg
HIV PrEP Not Otherwise Classified	FDA-approved prescription drug, only for use as HIV pre-exposure prophylaxis (not for use as treatment of HIV), not otherwise classified
Hizentra	immune globulin (Hizentra), 100 mg
Humate-P	von Willebrand factor complex (Humate-P), per IU VWF:RCO
Hyalgan, Supartz, Visco-3	Hyaluronan or derivative, Hyalgan, Supartz or Visco-3, for intra-articular per dose
Hycamtin	topotecan, 0.1 mg
hydralazine HCL	hydralazine HCl, up to 20 mg
hydromorphone injection	hydromorphone, 0.1 mg
hydroxocobalamin	hydroxocobalamin, IV, 25 mg
hydroxocobalamin	hydroxocobalamin, 10 mcg
hydroxyzine HCL	hydroxyzine HCl, up to 25 mg
Hylenex	hyaluronidase, recombinant, 1 USP unit
Hymovis	Hyaluronan or derivative, Hymovis, for intra-articular 1 mg
Hyperhep B or Nabi-HB	Hepatitis B immune globulin (HBIG), human, for intramuscular use
HyperRAB	Rabies immune globulin (RIG), human, for intramuscular and/or subcutaneous use
HyperRho S/D	Rho(D) immune globulin (RhIg), human, mini-dose, for intramuscular use
HyperRho S/D	Rho D immune globulin, human, minidose, 50 mcg (250 IU)
HyperRho S/D	Rho D immune globulin, human, full dose, 300 mcg (1500 IU)
HyperTET	Tetanus immune globulin (TIG), human, for intramuscular use
HyperTET S/D	tetanus immune globulin, human, up to 250 units
hypertonic saline	Hypertonic saline solution, 1 ml
HyQvia	immune globulin/hyaluronidase, 100 mg immunoglobulin
Idacio	Injection Adalimumab-Aacf Idacio Biosimilar 1 Mg
idarubicin	idarubicin HCl, 5 mg
Idelvion	Factor IX, albumin fusion protein, (recombinant), Idelvion, 1 IU
iDose TR	travoprost, intracameral implant, 1 mcg
ifosfamide	ifosfamide, 1 g
Igalmi	Dexmedetomidine, oral, 1 mcg
Iheezo	Chloroprocaine HCl ophthalmic, 3% gel, 1 mg
Ilaris	canakinumab, 1 mg
Ilumya	tildrakizumab, 1 mg

Drug name	Generic name
Iluvien	fluocinolone acetonide, intravitreal implant (Iluvien), 0.01 mg
Imdelltra	tarlatamab-dlle, 1 mg
Imfinzi	durvalumab, 10 mg
Imjudo	tremelimumab-actl, 1 mg
Imlygic	talimogene laherparepvec, per 1 million plaque forming units
Immphentiv	phenylephrine hydrochloride (Immphentiv), 20 mcg
Immune globulin (Ig)	Immune globulin (Ig), human, for intramuscular use
Immune globulin (IgIV)	Immune globulin (IgIV), human, for intravenous use
Immune globulin (SCIg)	Immune globulin (SCIg), human, for use in subcutaneous infusions, 100 mg, each
Imogam Rabies-HT	Rabies immune globulin, heat-treated (RIG-HT), human, for intramuscular and/or subcutaneous use
INFeD	iron dextran, 50 mg
Inflectra	infliximab-dyyb, biosimilar, (Inflectra), 10 mg
Infugem	gemcitabine HCl, (Infugem), 100 mg
Injectafer	ferric carboxymaltose, 1 mg
Invanz	ertapenem sodium, 500 mg
Invega Hafyera/ Invega Trinza	paliperidone palmitate extended release (Invega Hafyera or Invega Trinza), 1 mg
Invega Sustenna	paliperidone palmitate extended release, 1 mg
IPOL	Poliovirus vaccine, inactivated, (IPV), for subcutaneous or intramuscular use
ipratropium nebulizer solution	Ipratropium bromide, inhalation solution, FDA-approved final product, noncompounded, administered through DME, unit dose form, per mg
irinotecan HCL	irinotecan, 20 mg
Ixchiq	Chikungunya virus vaccine, live attenuated, for intramuscular use
Ixempra	ixabepilone, 1 mg
Ixiaro	Japanese encephalitis virus vaccine, inactivated, for intramuscular use
Ixinity	coagulation factor IX (recombinant), Ixinity, 1 IU
Izervay	avacincaptad pegol, 0.1 mg
Jemperli	dostarlimab-gxly, 10 mg
Jesduvroq	Daprodustat, oral, 1 mg, (for ESRD on dialysis)
Jevtana	cabazitaxel, 1 mg
Jivi	Factor VIII, (antihemophilic factor, recombinant), PEGylated-aucl, (Jivi), 1 IU
Jubbonti, Wyost	denosumab-bbdz (Jubbonti/Wyost), biosimilar, 1 mg

Drug name	Generic name
Jynneos	Smallpox and monkeypox vaccine, attenuated vaccinia virus, live, non-replicating, preservative free, 0.5 mL dosage, suspension, for subcutaneous use
Kadcyla	ado-trastuzumab emtansine, 1 mg
Kalbitor	ecallantide, 1 mg
Kanjinti	trastuzumab-anns, biosimilar, (Kanjinti), 10 mg
Kanuma	sebelipase alfa, 1 mg
Kcentra	Prothrombin complex concentrate (human), Kcentra, per IU of Factor IX activity
Kedrab	Rabies immune globulin, heat- and solvent/detergent-treated (RIg-HT S/D), human, for intramuscular and/or subcutaneous use
Kenalog	triamcinolone acetonide, not otherwise specified, 10 mg
Kepivance	palifermin, 50 mcg
ketorolac injection	ketorolac tromethamine, per 15 mg
Keytruda	pembrolizumab, 1 mg
Khapzory	levoleucovorin (Khapzory), 0.5 mg
Kimtrak	tebentafusp-tebn, 1 mcg
Kimyrsa	oritavancin (Kimyrsa), 10 mg
Kinevac	sincalide, 5 mcg
Kinrix	Diphtheria, tetanus toxoids, acellular pertussis vaccine and inactivated poliovirus vaccine, (DTaP-IPV), when administered to children 4 years through 6 years of age, for intramuscular
Kisunla	donanemab-azbt, 2 mg
Korsuva	difelikefalin, 0.1 mcg, (for ESRD on dialysis)
Kovaltry	Factor VIII, (antihemophilic factor, recombinant), (Kovaltry), 1 IU
Krystexxa	pegloticase, 1 mg
Kybella	deoxycholic acid, 1 mg
Kyleena	Levonorgestrel-releasing intrauterine contraceptive system, (Kyleena), 19.5 mg
Kymriah	Tisagenlecleucel, up to 600 million CAR-positive viable T cells, including leukapheresis and dose preparation procedures, per therapeutic dose
Kyprolis	carfilzomib, 1 mg
labetalol	labetalol HCl, 5 mg
labetalol, generic (Hikma)	labetalol HCl (Hikma) not therapeutically equivalent to J1820, 5 mg
lactated ringers infusion	Ringers lactate infusion, up to 1,000 cc
Lamzede	velmanase alfa-tycv, 1 mg
lanreotide (cipla)	lanreotide, (Cipla), 1 mg
Lartuvo	olaratumab, 10 mg
Lemtrada	alemtuzumab, 1 mg
Leqembi	lecanemab-irmb, 1 mg

Drug name	Generic name
Leqvio	inclisiran, 1 mg
leucovorin calcium	leucovorin calcium, per 50 mg
Leukine	sargramostim (GM-CSF), 50 mcg
leuprolide acetate	Leuprolide acetate, per 1 mg
levetiracetam injection	levetiracetam, 10 mg
Levofloxacin injection	levofloxacin, 250 mg
levothyroxine injection	levothyroxine sodium, not otherwise specified, 10 mcg
levothyroxine generic (Fresenius Kabi)	levothyroxine sodium (Fresenius Kabi) not therapeutically equivalent to J0650, 10 mcg
levothyroxine generic (Hikma)	levothyroxine sodium (Hikma) not therapeutically equivalent to J0650, 10 mcg
Levsin injection	hyoscyamine sulfate, up to 0.25 mg
Levulan	Aminolevulinic acid HCl for topical administration, 20%, single unit dosage form (354 mg)
Lexiscan	regadenoson, 0.1 mg
Libtayo	cemiplimab-rwlc, 1 mg
lidocaine/dextrose injection	lidocaine HCl in 5% dextrose, 1 mg
Liletta	Levonorgestrel-releasing intrauterine contraceptive system (Liletta), 52 mg
Lincocin	lincomycin HCl, up to 300 mg
linezolid, generic (Pfizer)	linezolid (Hospira) not therapeutically equivalent to J2020, 200 mg
LMD in D5W infusion	Infusion, dextran 40, 500 ml
Loqtorzi	toripalimab-tpzi, 1 mg
lorazepam injection	lorazepam, 2 mg
Lucentis	ranibizumab, 0.1 mg
Lumizyme	alglucosidase alfa, (Lumizyme), 10 mg
Lumoxiti	moxtetumomab pasudotox-tdfk, 0.01 mg
Lunsumio	mosunetuzumab-axgb, 1 mg
Lupron Depot, Eligard	Leuprolide acetate (for depot suspension), 7.5 mg
Lupron Depot-Ped	leuprolide acetate (for depot suspension), per 3.75 mg
Lurbinectedin	lurbinectedin, 0.1 mg
Lutrate	leuprolide acetate for depot suspension (Cipla), 7.5 mg
Luxturna	voretigene neparvovec-rzyl, 1 billion vector genomes
Lyfgenia	lovotibeglogene autotemcel, per treatment
Lymphir	denileukin diftixox-cxdl, 1 mcg
MACI	Autologous cultured chondrocytes, implant
magnesium sulfate injection	magnesium sulfate, per 500 mg
mannitol injection	mannitol, 25% in 50 ml
Margenza	margetuximab-cmkb, 5 mg
Mavenclad	cladribine, per 1 mg

Drug name	Generic name
Melphalan HCL	melphalan HCl, not otherwise specified, 50 mg
melphalan, generic (Apotex)	melphalan (Apotex), 1 mg
Menactra	Meningococcal conjugate vaccine, serogroups A, C, W, Y, quadrivalent, diphtheria toxoid carrier (MenACWY-D) or CRM197 carrier (MenACWY-CRM), for intramuscular use
MenQuadfi	Meningococcal conjugate vaccine, serogroups A, C, W, Y, quadrivalent, tetanus toxoid carrier (MenACWY-TT), for intramuscular use
Mepsevii	vestronidase alfa-vjbc, 1 mg
meropenem	meropenem, 100 mg
meropenem, generic (B. Braun)	meropenem (B. Braun) not therapeutically equivalent to J2185, 100 mg
meropenem, generic (WG Critical Care)	meropenem (WG Critical Care), not therapeutically equivalent to J2185, 100 mg
Mesna	mesna, 200 mg
Methadone injection	methadone HCl, up to 10 mg
methotrexate	Methotrexate sodium, 50 mg
methotrexate, generic (Accord)	methotrexate (Accord), not therapeutically equivalent to J9250 and J9260, 50 mg
methylergonovine maleate	methylergonovine maleate, up to 0.2 mg
metoclopramide injection	metoclopramide HCl, up to 10 mg
metronidazole injection	metronidazole, 10 mg
micafungin injection	micafungin sodium, 1 mg
micafungin, generic (Baxter)	micafungin in sodium (baxter), not therapeutically equivalent to j2248, 1 mg
micafungin, generic (Par pharmaceutical)	micafungin sodium (Par Pharm) not therapeutically equivalent to J2248, 1 mg
midazolam injection	midazolam HCl, per 1 mg
midazolam, generic (WG Critical Care)	midazolam HCl (WG Critical Care) not therapeutically equivalent to J2250, per 1 mg
milrinone injection	milrinone lactate, 5 mg
minocycline injection	minocycline HCl, 1 mg
Mircera (for ESRD on dialysis)	epoetin beta, 1 mcg, (for ESRD on dialysis)
Mircera (for non-ESRD)	epoetin beta, 1 mcg, (for non-ESRD use)
Mirena	Levonorgestrel-releasing intrauterine contraceptive system (Mirena), 52 mg
mitomycin	Mitomycin, 5 mg
mitomycin pyelocalyceal instillation	Mitomycin pyelocalyceal instillation, 1 mg
Mitosol	Mitomycin, ophthalmic, 0.2 mg

Drug name	Generic name
mitoxantrone	mitoxantrone HCl, per 5 mg
Moderna COVID-19 vaccine	Severe acute respiratory syndrome coronavirus 2 (SARSCoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA LNP, 25 mcg/0.25 mL dosage, for intramuscular use
Moderna COVID-19 vaccine	Severe acute respiratory syndrome coronavirus 2 (SARSCoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA LNP, 50 mcg/0.5 mL dosage, for intramuscular use
Monjuvi	tafasitamab-cxix, 2 mg
Monoferic	ferric derisomaltose, 10 mg
Monovisc	Hyaluronan or derivative, Monovisc, for intra-articular per dose
morphine injection	morphine sulfate, up to 10 mg
morphine preservative-free injection	morphine sulfate, preservative free for epidural or intrathecal use, 10 mg
morphine, generic (Fresenius Kabi)	morphine sulfate (Fresenius Kabi) not therapeutically equivalent to J2270, up to 10 mg
moxifloxacin injection	moxifloxacin, 100 mg
moxifloxacin, generic (Fresenius Kabi)	moxifloxacin (Fresenius Kabi) not therapeutically equivalent to J2280, 100 mg
Mozobil	plerixafor, 1 mg
Muse	Alprostadil urethral suppository (code may be used for Medicare when drug administered under the direct supervision of a physician, not for use when drug is self-administered)
Mvasi	bevacizumab-awwb, biosimilar, (Mvasi), 10 mg
Mycophenolate (IV)	Immunosuppressive drug, not otherwise classified
Mycophenolate Mofetil	mycophenolate mofetil, 10 mg
Mylotarg	gemtuzumab ozogamicin, 0.1 mg
Myobloc	rimabotulinumtoxinB, 100 units
Nafcillin	NAFCILLIN SODIUM, 20 MG
Naglazyme	galsulfase, 1 mg
nalbuphine injection	nalbuphine HCl, per 10 mg
naloxone injection	naloxone HCl, per 1 mg
Naropin	ropivacaine HCl, 1 mg
nelarabine	nelarabine, 50 mg
Nembutal	pentobarbital sodium, per 50 mg
neostigmine injection	neostigmine methylsulfate, up to 0.5 mg
Neulasta	pegfilgrastim, excludes biosimilar, 0.5 mg
Neupogen	filgrastim (G-CSF), excludes biosimilars, 1 mcg
Nexplanon	Etonogestrel (contraceptive) implant system, including implant and supplies
Nexterone	amiodarone HCl (Nexterone), 30 mg

Drug name	Generic name
Nexviazyme	avalglucosidase alfa-ngpt, 4 mg
nicardipine Injection	nicardipine, 0.1 mg
Niktimvo	axatilimab-csfr, 0.1 mg
Nithiodote	sodium nitrite 3 mg and sodium thiosulfate 125 mg (Nithiodote)
nitroglycerin	nitroglycerin, 5 mg
Nivestym	filgrastim-aafi, biosimilar, (Nivestym), 1 mcg
normal saline infusion	Infusion, normal saline solution, 1,000 cc
normal saline infusion	Infusion, normal saline solution, sterile (500 ml=1 unit)
normal saline infusion	Infusion, normal saline solution, 250 cc
Not Otherwise Classified drugs, other than inhalation drugs, administered through DME	NOC drugs, other than inhalation drugs, administered through DME
Not otherwise classified, antineoplastic drug	Not otherwise classified, antineoplastic drugs
Novavax COVID-19 vaccine	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, recombinant spike protein nanoparticle, saponin-based adjuvant, preservative free, 5 mcg/0.5mL dosage, for intramuscular use
Novoeight	Factor VIII, (antihemophilic factor, recombinant), (NovoEight), per IU
NovoSeven RT	Factor VIIa (antihemophilic factor, recombinant), (NovoSeven RT), 1 mcg
Nplate	Injection Romiplostim 1 Mcg
Nucala	mepolizumab, 1 mg
Nulojix	belatacept, 1 mg
Nuwiq	Factor VIII, (antihemophilic factor, recombinant), (Nuwiq), 1 IU
Nuzyra	omadacycline, 1 mg
Nypozi	filgrastim-txid (Nypozi), biosimilar, 1 mcg
Nyvepria	pegfilgrastim-apgf (Nyvepria), biosimilar, 0.5 mg
Obizur	Factor VIII (antihemophilic factor, recombinant) (Obizur), per IU
Ocrevus	ocrelizumab, 1 mg
Ocrevus Zunovo	ocrelizumab, 1 mg and hyaluronidase-ocsq
Octagam	immune globulin, (Octagam), intravenous, nonlyophilized (e.g., liquid), 500 mg
Ofirmev	acetaminophen, not otherwise specified, 10 mg
Ofirmev, generic (B.Braun)	acetaminophen (B. Braun) not therapeutically equivalent to J0131, 10 mg

Drug name	Generic name
Ofirmev, generic (Fresenius Kabi)	acetaminophen (Fresenius Kabi) not therapeutically equivalent to J0131, 10 mg
Ogivri	Trastuzumab-dkst, biosimilar, (Ogivri), 10 mg
Olanzapine	olanzapine, 0.5 mg
omacetaxine	omacetaxine mepesuccinate, 0.01 mg
Omidria	Phenylephrine 10.16 mg/ml and ketorolac 2.88 mg/ml ophthalmic irrigation solution, 1 ml
Omvo	mirikizumab-mrkz, 1 mg
Oncaspar	pegaspargase, per single dose vial
ondansetron injection	ondansetron HCl, per 1 mg
Onivyde	irinotecan liposome, 1 mg
Onpattro	patisiran, 0.1 mg
Ontruzant	trastuzumab-dttb, biosimilar, (Ontruzant), 10 mg
Opdivo	nivolumab, 1 mg
Opdualag	nivolumab and relatlimab-rmbw, 3 mg/1 mg
Orbactiv	oritavancin (Orbactiv), 10 mg
Orencia	abatacept, 10 mg (code may be used for Medicare when drug administered under the direct supervision of a physician, not for use when drug is self-administered)
orphenadrine injection	orphenadrine citrate, up to 60 mg
Orthovisc	Hyaluronan or derivative, Orthovisc, for intra-articular per dose
Otiprio	Instillation, ciprofloxacin otic suspension, 6 mg
Otulf	ustekinumab-aauz (Otulf), biosimilar, 1 mg
oxacillin injection	oxacillin sodium, up to 250 mg
Oxlumo	lumasiran, 0.5 mg
Oxytocin	oxytocin, up to 10 units
Ozurdex	dexamethasone, intravitreal implant, 0.1 mg
paclitaxel	paclitaxel, 1 mg
Padcev	enfortumab vedotin-ejfv, 0.25 mg
palonestron, generic (Avyxa)	palonosetron hydrochloride (avyxa), not therapeutically equivalent to J2469, 25 mcg
pamidronate injection	pamidronate disodium, per 30 mg
Panhematin	hemin, 1 mg
Pantoprazole	Injection Pantoprazole Sodium In Naci 40 Mg
pantoprazole	pantoprazole sodium, 40 mg
pantoprazole, generic (Hikma)	pantoprazole (Hikma), not therapeutically equivalent to J2470, 40 mg
Panzyga	immune globulin (Panzyga), intravenous, non-lyophilized (e.g., liquid), 500 mg
papaverine injection	papaverine HCl, up to 60 mg
Paragard	Intrauterine copper contraceptive

Drug name	Generic name
Parsabiv	etelcalcetide, 0.1 mg
Pavblu	aflibercept-ayyh (Pavblu), biosimilar, 1 mg
Pediarx	Diphtheria, tetanus toxoids, acellular pertussis vaccine, hepatitis B, and inactivated poliovirus vaccine,- (DTaP-HepB-IPV) for intramuscular use
Pedmark	sodium thiosulfate, 100 mg
PedvaxHIB	Haemophilus influenzae type b vaccine (Hib), PRP-OMP conjugate, 3-dose schedule, for intramuscular use
Pegintron	interferon, alfa-2b, recombinant, 1 million units
pemetrexed ditromethamine	pemetrexed (Hospira) not therapeutically equivalent to J9305, 10 mg
pemetrexed, generic (Accord)	pemetrexed (Accord), not therapeutically equivalent to J9305, 10 mg
Pemetrexed, generic (Avyxa)	Injectn Pem Avyxa Not Ther Equiv To J9305 10 Mg
pemetrexed, generic (BluePoint)	pemetrexed (BluePoint) not therapeutically equivalent to J9305, 10 mg
pemetrexed, generic (Hospira)	pemetrexed (Hospira), not therapeutically equivalent to J9305, 10 mg
pemetrexed, generic (Sandoz)	pemetrexed (Sandoz), not therapeutically equivalent to J9305, 10 mg
pemetrexed, generic (Teva)	pemetrexed (Teva) not therapeutically equivalent to J9305, 10 mg
Pemfexy	pemetrexed (Pemfexy), 10 mg
Pemgarda	pemivibart, 4500 mg
Pemrydi RTU	pemetrexed (Pemrydi RTU), 10 mg
Penbraya	Meningococcal pentavalent vaccine, conjugated Men A, C, W, Y- tetanus toxoid carrier, and Men B-FHbp, for intramuscular use
penicillin G procaine	penicillin G procaine, aqueous, up to 600,000 units
Pentacel	Diphtheria, tetanus toxoids, acellular pertussis vaccine, Haemophilus influenzae type b, and inactivated poliovirus vaccine, (DTaP-IPV / Hib), for intramuscular use
pentamidine Inhalation	Pentamidine isethionate, inhalation solution, FDA-approved final product, noncompounded, administered through DME, unit dose form, per 300 mg
pentostatin	pentostatin, 10 mg
Perjeta	pertuzumab, 1 mg
Perseris	risperidone, (Perseris), 0.5 mg

Drug name	Generic name
Pfizer-BioNTech COVID-19 vaccine	Severe acute respiratory syndrome coronavirus 2 (SARSCoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA LNP, spike protein, 3 mcg/0.3 mL dosage, tris-sucrose formulation, for intramuscular use
Pfizer-BioNTech COVID-19 vaccine	Severe acute respiratory syndrome coronavirus 2 (SARSCoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA LNP, spike protein, 10 mcg/0.3 mL dosage, tris-sucrose formulation, for intramuscular use
Pfizerpen	penicillin G potassium, up to 600,000 units
phentolamine injection	phentolamine mesylate, up to 5 mg
phenylephrine	phenylephrine HCl, 20 mcg
Phenytoin injection	phenytoin sodium, per 50 mg
Phesgo	pertuzumab, trastuzumab, and hyaluronidase-zzxf, per 10 mg
phobarbital injection	phenobarbital sodium, up to 120 mg
Photofrin	porfimer sodium, 75 mg
Photrex - Photrex Viscous	Riboflavin 5'-phosphate, ophthalmic solution, up to 3 ml
phytonadione injection	phytonadione (vitamin K), per 1 mg
Piasky	Injection Crovalimab-Akkz 10 Mg
Pneumovax 23	Pneumococcal polysaccharide vaccine, 23-valent (PPSV23), adult or immunosuppressed patient dosage, when administered to individuals 2 years or older, for subcutaneous or intramuscular use
Polivy	polatuzumab vedotin-piiq, 1 mg
Pombiliti	cipaglucosidase alfa-atga, 5 mg
Portrazza	necitumumab, 1 mg
potassium chloride injection	potassium chloride, per 2 mEq
Poteligeo	mogamulizumab-kpkc, 1 mg
PreHevbrio	Hepatitis B vaccine (HepB), 3-antigen (S, Pre-S1, Pre-S2), 10 mcg dosage, 3 dose schedule, for intramuscular use
Premarin injection	estrogen conjugated, per 25 mg
Prevnar 13	Pneumococcal conjugate vaccine, 13 valent (PCV13), for intramuscular use
Prevnar 20	Pneumococcal conjugate vaccine, 20 valent (PCV20), for intramuscular use
Prialt	ziconotide, 1 mcg
Primaxin	cilastatin sodium; imipenem, per 250 mg
Priorix	Measles, mumps and rubella virus vaccine (MMR), live, for subcutaneous use
Privigen	immune globulin (Privigen), intravenous, nonlyophilized (e.g., liquid), 500 mg
procainamide injection	procainamide HCl, up to 1 g

Drug name	Generic name
prochlorperazine injection	prochlorperazine, up to 10 mg
progesterone oil injection	progesterone, per 50 mg
Proleukin	aldesleukin, per single use vial
Prolia, Xgeva	denosumab, 1 mg
promethazine injection	promethazine HCl, up to 50 mg
propranolol injection	propranolol HCl, up to 1 mg
ProQuad	Measles, mumps, rubella, and varicella vaccine (MMRV), live, for subcutaneous use
protamine injection	protamine sulfate, per 10 mg
Protopam	pralidoxime chloride, up to 1 g
Provenge	Sipuleucel-T, minimum of 50 million autologous CD54+ cells activated with PAP-GM-CSF, including leukapheresis and all other preparatory procedures, per infusion
Provocholine	Methacholine chloride administered as inhalation solution through a nebulizer, per 1 mg
Pulmicort Respules	Budesonide, inhalation solution, FDA-approved final product, noncompounded, administered through DME, unit dose form, up to 0.5 mg
Pulmicort Respules	Budesonide, inhalation solution, compounded product, administered through DME, unit dose form, up to 0.5 mg
pyridoxine injection	pyridoxine HCl, 100 mg
Pyzchiva (IV)	Injection Ustekinumab-Ttwe Pyzchiva Iv 1 Mg
Pyzchiva (SC)	Injection Ustekinumab-Ttwe Pyzchiva Sc 1 Mg
Qalsody	tofersen, 1 mg
Qutenza	Capsaicin 8% patch, per sq cm
Quzyttir	cetirizine HCl, 0.5 mg
Rabavert	Rabies vaccine, for intramuscular use
Radicava	edaravone, 1 mg
Rapivab	peramivir, 1 mg
Rebinyn	Injection Factor IX, (antihemophilic factor, recombinant), glycoPEGylated, (Rebinyn), 1 IU
Reblozyl	luspatercept-aamt, 0.25 mg
Rebyota	Fecal microbiota, live - jsml, 1 ml
Recarbrio	imipenem 4 mg, cilastatin 4 mg and relebactam 2 mg
Reclast	zoledronic acid, 1 mg
Recombivax HB	Hepatitis B vaccine (HepB), dialysis or immunosuppressed patient dosage, 3 dose schedule, for intramuscular use
Recombivax HB	Hepatitis B vaccine (HepB), adolescent, 2 dose schedule, for intramuscular use

Drug name	Generic name
Releuko	filgrastim-ayow, biosimilar, (Releuko), 1 mcg
Remicade	infliximab, excludes biosimilar, 10 mg
Remodulin	treprostinil, 1 mg
Renacidin	Irrigation solution for treatment of bladder calculi, for example renacidin, per 500 ml
Renflexis	infliximab-abda, biosimilar, (Renflexis), 10 mg
Retacrit (for ESRD on dialysis)	epoetin alfa-epbx, biosimilar, (Retacrit) (for ESRD on dialysis), 100 units
Retacrit (for Non-ESRD)	epoetin alfa-epbx, biosimilar, (Retacrit) (for non-ESRD use), 1000 units
Reteplase	reteplase, 18.1 mg
Retisert	fluocinolone acetonide, intravitreal implant (Retisert), 0.01 mg
Retrovir injection	zidovudine, 10 mg
Rezzayo	rezafungin, 1 mg
Rhophylac	Rho D immune globulin (human), (Rhophylac), intramuscular or intravenous, 100 IU
Riabni	rituximab-arx, biosimilar, (Riabni), 10 mg
RiaSTAP	human fibrinogen concentrate, not otherwise specified, 1 mg
Rifadin	rifampin, 1 mg
RIMSO-50	DMSO, dimethyl sulfoxide, 50%, 50 ml
Risperdal Consta	risperidone (RISPERDAL CONSTA), 0.5 mg
Rituxan	rituximab, 10 mg
Rituxan Hycela	rituximab 10 mg and hyaluronidase
Rixubis	Factor IX, (antihemophilic factor, recombinant), Rixubis, per IU
Robaxin	methocarbamol, up to 10 ml
Roctavian	valoctocogene roxaparvovec-rvox, per ml, containing nominal 2 x 10 ¹³ vector genomes
Rolvedon	eflapegastim-xnst, 0.1 mg
romidepsin, lyophilized	romidepsin, lyophilized, 0.1 mg
romidepsin, nonlyophilized	romidepsin, nonlyophilized, 0.1 mg
Rotarix	Rotavirus vaccine, human, attenuated (RV1), 2 dose schedule, live, for oral use
Rotateq	Rotavirus vaccine, pentavalent (RV5), 3 dose schedule, live, for oral use
RSV Vaccine	Respiratory syncytial virus vaccine, mRNA lipid nanoparticles, for intramuscular use
Ruconest	C1 esterase inhibitor (recombinant), Ruconest, 10 units
Ruxience	rituximab-pvvr, biosimilar, (RUXIENCE), 10 mg
Rybrevant	amivantamab-vmjw, 2 mg
Rykindo	risperidone (Rykindo), 0.5 mg

Drug name	Generic name
Rylaze	asparaginase, recombinant, (Rylaze), 0.1 mg
Ryplazim	plasminogen, human-tvmh, 1 mg
Rystiggo	rozanolixizumab-noli, 1 mg
Rytelo	INJECTION IMETELSTAT 1 MG
Ryzneuta	efbemalenograstim alfa-vuxw, 0.5 mg
Sandimmune	Cyclosporine, parenteral, 250 mg
Sandostatin LAR	octreotide, depot form for intramuscular 1 mg
Saphnelo	anifrolumab-fnia, 1 mg
Sarclisa	isatuximab-irfc, 10 mg
Scenesse	Afamelanotide implant, 1 mg
Selarsdi	Injection Ustekinumab-Aekn Selarsdi 1 Mg
Sevenfact	Factor VIIa (antihemophilic factor, recombinant)-jncw (Sevenfact), 1 mcg
Sezaby	phenobarbital sodium (Sezaby), 1 mg
Shingrix	Zoster (shingles) vaccine, (HZV), recombinant, subunit, adjuvanted, for intramuscular injection
Signifor LAR	pasireotide long acting, 1 mg
Simponi Aria	golimumab, 1 mg, for intravenous use
Simulect	basiliximab, 20 mg
Sinuva	Mometasone furoate sinus implant, (Sinuva), 10 mcg
Sivextro	tedizolid phosphate, 1 mg
Skyla	Levonorgestrel-releasing intrauterine contraceptive system (Skyla), 13.5 mg
Skyrizi IV	risankizumab-rzaa, intravenous, 1 mg
sodium thiosulfate, generic (Hope)	sodium thiosulfate (Hope), 100 mg
Solesta	Injectable bulking agent, dextranomer/hyaluronic acid copolymer implant, anal canal, 1 ml, includes shipping and necessary supplies
Soliris	eculizumab, 2 mg
Solu-Cortef	hydrocortisone sodium succinate, up to 100 mg
Solu-Medrol	methylprednisolone sodium succinate, 5 mg
Somatuline Depot	lanreotide, 1 mg
Spevigo	spesolimab-sbzo, 1 mg
Spinraza	nusinersen, 0.1 mg
Spravato	Esketamine, nasal spray, 1 mg
Stelara	Ustekinumab, for intravenous 1 mg
Stimufend	pegfilgrastim-fpgk (Stimufend), biosimilar, 0.5 mg
Streptomycin	streptomycin, up to 1 g
Sublocade	buprenorphine extended-release (Sublocade), less than or equal to 100 mg
Sublocade	buprenorphine extended-release (Sublocade), greater than 100 mg

Drug name	Generic name
Sulfamethoxazole/Trimethoprim injection	sulfamethoxazole 5 mg and trimethoprim 1 mg
Sunlenca	lenacapavir, 1 mg
Supprelin LA	Histrelin implant (Supprelin LA), 50 mg
Sustol injection	granisetron, extended-release, 0.1 mg
Susvimo	ranibizumab, via intravitreal implant (Susvimo), 0.1 mg
Syfovre	pegcetacoplan, intravitreal, 1 mg
Sylvant	siltuximab, 10 mg
Synagis	Respiratory syncytial virus, monoclonal antibody, recombinant, for intramuscular use, 50 mg, each
Syndros	Dronabinol (Syndros), 0.1 mg, oral, FDA-approved prescription anti-emetic, for use as a complete therapeutic substitute for an IV anti-emetic at the time of chemotherapy treatment, not to exceed a 48 hour dosage regimen
Synercid	quinupristin/dalfopristin, 500 mg (150/350)
Synjojoynt	Hyaluronan or derivative, SYNOJOYNT, for intra-articular 1 mg
Synvisc One	Hyaluronan or derivative, Synvisc or Synvisc-One, for intra-articular 1 mg
Tacrolimus (IV)	Tacrolimus, parenteral, 5 mg
Talvey	talquetamab-tgvs, 0.25 mg
Tazicef	ceftazidime, per 500 mg
Tecartus	Brexucabtagene autoleucel, up to 200 million autologous anti-CD19 CAR positive viable T cells, including leukapheresis and dose preparation procedures, per therapeutic dose
Tecelra	Afamitresgene autoleucel, including leukapheresis and dose preparation procedures, per therapeutic dose
Tecentriq	atezolizumab, 10 mg
Tecentriq Hybreza	atezolizumab, 5 mg and hyaluronidase-tqjs
Tecvayli	teclistamab-cqyv, 0.5 mg
Teflaro	ceftaroline fosamil, 10 mg
Temodar	temozolomide, 1 mg
Teniposide	teniposide, 50 mg
Tenivac	Tetanus and diphtheria toxoids adsorbed (Td), preservative free, when administered to individuals 7 years or older, for intramuscular use
Tepezza	teprotumumab-trbw, 10 mg
terbutaline sulfate	terbutaline sulfate, up to 1 mg
Testopel	Testosterone pellet, 75 mg
testosterone enanthate	testosterone enanthate, 1 mg
Tezspire	tezepelumab-ekko, 1 mg
thiamine injection	thiamine HCl, 100 mg
Thiotepa	thiotepa, 15 mg

Drug name	Generic name
Thrombate III	Antithrombin III (human), per IU
Thymoglobulin	Lymphocyte immune globulin, antithymocyte globulin, rabbit, parenteral, 25 mg
Thyrogen	thyrotropin alpha, 0.9 mg, provided in 1.1 mg vial
TICE BCG	Bacillus Calmette-Guerin vaccine (BCG) for bladder cancer, live, for intravesical use
TICE BCG	BCG live intravesical instillation, 1 mg
Ticovac	Tick-borne encephalitis virus vaccine, inactivated; 0.25 mL dosage, for intramuscular use
Tigan	trimethobenzamide HCl, up to 200 mg
tigecycline, generic (Accord)	tigecycline (Accord) not therapeutically equivalent to J3243, 1 mg
Tivdak	tisotumab vedotin-tftv, 1 mg
TNKase	tenecteplase, 1 mg
tobramycin sulfate	tobramycin sulfate, up to 80 mg
Tofidence	tocilizumab-bavi (Tofidence), biosimilar, 1 mg
Torisel	temsirolimus, 1 mg
Totect	dexrazoxane HCl, per 250 mg
Trazimera	trastuzumab-qyyp, biosimilar, (Trazimera), 10 mg
Treanda	bendamustine HCl (Treanda), 1 mg
Trelstar	triptorelin pamoate, 3.75 mg
Tremfya	guselkumab, 1 mg
Tretten	Factor XIII A-subunit, (recombinant), per IU
Triesence	triamcinolone acetonide, preservative free, 1 mg
Triferic AVNU	ferric pyrophosphate citrate solution (Triferic AVNU), 0.1 mg of iron
Triferic Packet	ferric pyrophosphate citrate powder, 0.1 mg of iron
Triferic Solution	ferric pyrophosphate citrate solution (Triferic), 0.1 mg of iron
Triluron	Hyaluronan or derivative, Triluron, for intra-articular 1 mg
Triptodur	triptorelin, extended-release, 3.75 mg
Trisenox	arsenic trioxide, 1 mg
TriVisc	Hyaluronan or derivative, Trivisc, for intra-articular 1 mg
Trodelyv	sacituzumab govitecan-hziy, 2.5 mg
Trogarzo	ibalizumab-uiyk, 10 mg
Trumenba	Meningococcal recombinant lipoprotein vaccine, serogroup B (MenB-FHbp), 2 or 3 dose schedule, for intramuscular use
Truxima	rituximab-abbs, biosimilar, (Truxima), 10 mg
Twinrix	Hepatitis A & Hepatitis B vaccine (HepA-HepB) adult dosage, for intramuscular use

Drug name	Generic name
Twirla	Contraceptive supply, hormone containing patch, each
Tyenne	tocilizumab-aazg (Tyenne), biosimilar, 1 mg
Tygacil	tigecycline, 1 mg
Typhim Vi	Typhoid vaccine, Vi capsular polysaccharide (ViCPs), for intramuscular use
Tyruko	natalizumab-sztn (Tyruko), biosimilar, 1 mg
Tysabri	natalizumab, 1 mg
Tzield	teplizumab-mzwv, 5 mcg
Udenyca	pegfilgrastim-cbqv (Udenyca), biosimilar, 0.5 mg
Ultomiris	ravulizumab-cwvz, 10 mg
Unasyn	ampicillin sodium/sulbactam sodium, per 1.5 g
Unclassified biologics	Unclassified biologics
Unclassified drugs	Unclassified drugs
Uplizna	inebilizumab-cdon, 1 mg
Uzedy	risperidone (Uzedy), 1 mg
Vabomere	meropenem, vaborbactam, 10 mg/10 mg, (20 mg)
Vabysmo	faricimab-svoa, 0.1 mg
Valstar	valrubicin, intravesical, 200 mg
vancomycin injection	vancomycin HCl, 500 mg
vancomycin, generic (Mylan)	vancomycin HCl (Mylan) not therapeutically equivalent to J3370, 500 mg
vancomycin, generic (Xelia)	vancomycin HCl (Xellia) not therapeutically equivalent to J3370, 500 mg
Varivax	Varicella virus vaccine (VAR), live, for subcutaneous use
Varizig	Varicella-zoster immune globulin, human, for intramuscular use
vasopressin	vasopressin, 1 unit
vasopressin, generic (American Regent)	vasopressin (American Regent) not therapeutically equivalent to J2598, 1 unit
Vaxchora	Cholera vaccine, live, adult dosage, 1 dose schedule, for oral use
Vaxelis	Diphtheria, tetanus toxoids, acellular pertussis vaccine, inactivated poliovirus vaccine, Haemophilus influenzae type b PRP-OMP conjugate vaccine, and hepatitis B vaccine (DTaP-IPV-Hib-HepB), for intramuscular use
Vaxnuevance	Pneumococcal conjugate vaccine, 15 valent (PCV15), for intramuscular use
Vectibix	panitumumab, 10 mg
Vegzelma	bevacizumab-adcd (Vegzelma), biosimilar, 10 mg
Veklury	remdesivir, 1 mg
Velcade	bortezomib, 0.1 mg
Venofer	iron sucrose, 1 mg
Veopoz	pozelimab-bbfg, 1 mg

Drug name	Generic name
Vibativ	telavancin, 10 mg
Vidaza	azacitidine, 1 mg
Viltepso	viltolarsen, 10 mg
Vimizim	elosulfase alfa, 1 mg
vinblastine	vinblastine sulfate, 1 mg
vincristine	Vincristine sulfate, 1 mg
vinorelbine	vinorelbine tartrate, 10 mg
Visudyne	verteporfin, 0.1 mg
Vitrase	hyaluronidase, ovine, preservative free, per 1 USP unit (up to 999 USP units)
Vivitrol	naltrexone, depot form, 1 mg
Vivotif	Typhoid vaccine, live, oral
Vizamyl	Flutemetamol F18, diagnostic, per study dose, up to 5 mCi
Vonvendi	von Willebrand factor (recombinant), (Vonvendi), 1 IU VWF:RCO
voriconazole injection	voriconazole, 10 mg
Vpriv	velaglycerase alfa, 100 units
Vyepti	eptinezumab-jjmr, 1 mg
Vyjuvek	Beremagene geperpavec-svdt for topical administration, containing nominal 5×10^9 PFU/ml vector genomes, per 0.1 ml
Vyondys 53	golodirsen, 10 mg
Vyvgart	efgartigimod alfa-fcab, 2 mg
Vyvgart Hytrulo	efgartigimod alfa, 2 mg and hyaluronidase-qvfc
Vyxeos	liposomal, 1 mg daunorubicin and 2.27 mg cytarabine
Wezlana (IV)	ustekinumab-auub (wezlana), biosimilar, intravenous, 1 mg
Wezlana (SC)	ustekinumab-auub (Wezlana), biosimilar, SC, 1 mg
Wilate	von Willebrand factor complex (human), Wilate, 1 IU VWF:RCO
WinRho SDF	Rho(D) immune globulin (RhIg), human, full-dose, for intramuscular use
WinRho SDF	Rho(D) immune globulin (RhIgIV), human, for intravenous use
WinRho SDF	Rho D immune globulin, intravenous, human, solvent detergent, 100 IU
Xembify	immune globulin (xembify), 100 mg
Xenleta	lefamulin, 1 mg
Xenpozyme	olipudase alfa-rpcp, 1 mg
Xeomin	incobotulinumtoxinA, 1 unit
Xerava	eravacycline, 1 mg
Xiaflex	collagenase, clostridium histolyticum, 0.01 mg
Xipere	triamcinolone acetonide (Xipere), 1 mg
Xolair	omalizumab, 5 mg

Drug name	Generic name
Xopenex nebulizer solution	Levalbuterol, inhalation solution, FDA-approved final product, noncompounded, administered through DME, concentrated form, 0.5 mg
Xopenex nebulizer solution	Levalbuterol, inhalation solution, FDA-approved final product, noncompounded, administered through DME, unit dose, 0.5 mg
Xyntha	Factor VIII (antihemophilic factor, recombinant) (Xyntha), per IU
Yervoy	ipilimumab, 1 mg
Yescarta	Axicabtagene ciloleucel, up to 200 million autologous anti-CD19 CAR positive T cells, including leukapheresis and dose preparation procedures, per therapeutic dose
YF-Vax	Yellow fever vaccine, live, for subcutaneous use
Yondelis	trabectedin, 0.1 mg
Yutiq	fluocinolone acetonide, intravitreal implant (Yutiq), 0.01 mg
Zaltrap	ziv-aflibercept, 1 mg
Zanosar	streptozocin, 1 g
Zarxio	filgrastim-sndz, biosimilar, (Zarxio), 1 mcg
Zemdri	plazomicin, 5 mg
Zemplar	paricalcitol, 1 mcg
Zerbaxa	ceftolozane 50 mg and tazobactam 25 mg
Ziextenzo	pegfilgrastim-bmez (ZIEXTENZO), biosimilar, 0.5 mg
Zilretta	triamcinolone acetonide, preservative-free, extended-release, microsphere formulation, 1 mg
Zimhi	naloxone HCl (Zimhi), 1 mg
Zinplava	bezlotoxumab, 10 mg
Zirabev	bevacizumab-bvzr, biosimilar, (Zirabev), 10 mg
Zoladex	Goserelin acetate implant, per 3.6 mg
Zolgensma	onasemnogene abeparvovec-xioi, per treatment, up to 5×10^{15} vector genomes
Zosyn	piperacillin sodium/tazobactam sodium, 1 g/0.125 g (1.125 g)
Zulresso	brexanolone, 1 mg
Zymfentra	infliximab-dyyb (zymfentra), 10 mg
Zynlonta	loncastuximab tesirine-lpyl, 0.075 mg
Zynteglo	betibeglogene autotemcel, per treatment
Zynyz	retifanlimab-dlwr, 1 mg
Zyprexa Relprevv	olanzapine, long-acting, 1 mg
Zyvox	linezolid, 200 mg

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ACCU-CHEK TES SMART	56	AFLURIA INJ 2024-25	121	ALTAFRIN SOL 10% OP	132
AC CUTANE CAP 10MG	84	AFTERA TAB 1.5MG	103	ALTAVERA TAB	103
AC CUTANE CAP 20MG	84	AFTERPILL TAB 1.5MG	103	ALVESCO AER 80MCG	137
AC CUTANE CAP 30MG	84	AIMOVIG INJ 70MG/ML	36	ALVESCO AER 160MCG	137
AC CUTANE CAP 40MG	84	AIMOVIG INJ 140MG/ML	36	ALVIMOPAN CAP 12MG	91
ACEBUTOLOL CAP 200MG	65	AKTEN GEL 3.5%	132	ALYACEN TAB 1/35	103
ACEBUTOLOL CAP 400MG	65	ALBENDAZOLE TAB 200MG	44	ALYACEN TAB 7/7/7	103
ACETAZOLAMID CAP 500MG ER	65	ALBUTEROL AER HFA	137	ALYQ TAB 20MG	137
ACETAZOLAMID TAB 125MG	65	ALBUTEROL NEB 0.5%	137	AMABELZ TAB 0.5-0.1	103
ACETAZOLAMID TAB 250MG	65	ALBUTEROL NEB 0.63MG/3	137	AMABELZ TAB 1-0.5MG	103
ACETIC ACID SOL 2% OTIC	136	ALBUTEROL NEB 0.083%	137	AMANTADINE CAP 100MG	45
ACETYLCYST SOL 10%	136	ALBUTEROL NEB 1.25MG/3	137	AMANTADINE SOL 50MG/5ML	45
ACETYLCYST SOL 20%	137	ALBUTEROL SYP 2MG/5ML	137	AMANTADINE SOL 100/10ML	45
ACITRETIN CAP 10MG	84	ALBUTEROL SYP 8MG/20ML	137	AMANTADINE TAB 100MG	45
ACITRETIN CAP 175MG	84	ALBUTEROL TAB 2MG	137	AMBRISENTAN TAB 5MG	137
ACITRETIN CAP 25MG	84	ALBUTEROL TAB 4MG	137	AMBRISENTAN TAB 10MG	137
ACTEMRA INJ 162/0.9	120	ALCLOMETASON CRE 0.05%	98	AMCINONIDE CRE 0.1%	98
ACTEMRA INJ ACTPEN	120	ALCLOMETASON OIN 0.05%	98	AMCINONIDE LOT 0.1%	98
ACTHIB INJ	120	ALCOHOL PREP PAD	128	AMCINONIDE OIN 0.1%	98
ACTIMMUNE INJ 2MU/0.5	120	ALECENSA CAP 150MG	38	AMETHIA TAB	103
ACYCLOVIR CAP 200MG	50	ALENDRONATE SOL 70/75ML	127	AMETHYST TAB 90-20MCG	103
ACYCLOVIR OIN 5%	50	ALENDRONATE TAB 10MG	127	AMILOR/HCTZ TAB 5-50	65
ACYCLOVIR SUS 200/5ML	50	ALENDRONATE TAB 35MG	127	AMILORIDE TAB 5MG	65
ACYCLOVIR SUS 800/20ML	50	ALENDRONATE TAB 70MG	127	AMINOCAPR AC TAB 500MG	61
ACYCLOVIR TAB 400MG	50	ALFUZOSIN TAB 10MG ER	96	AMINOCAPR AC TAB 1000MG	61
ACYCLOVIR TAB 800MG	50	ALINIA SUS 100/5ML	44	AMINOCAPROIC SOL 0.25/ML	61
ADACEL INJ	120	ALLOPURINOL TAB 100MG	36	AMIODARONE TAB 100MG	65
ADALIMU-ADAZ INJ 10/0.1ML	120	ALLOPURINOL TAB 300MG	36	AMIODARONE TAB 200MG	65
ADALIMU-ADAZ INJ 20/0.2ML	120	ALMOTRIP MAL TAB 6.25MG	36	AMIODARONE TAB 400MG	65
ADALIMU-ADAZ INJ 40/0.4ML	120	ALMOTRIP MAL TAB 12.5MG	36	AMITRIPTYLIN TAB 10MG	29
ADALIMU-ADAZ INJ 40/0.4ML	120	ALMOTRIPTAN TAB 6.25MG	36	AMITRIPTYLIN TAB 25MG	29
ADALIMU-ADAZ INJ 80/0.8ML	120	ALMOTRIPTAN TAB 12.5MG	36	AMITRIPTYLIN TAB 50MG	29
ADALIMU-ADBM KIT 10/0.2ML	120	ALOCRI SOL 2%	132	AMITRIPTYLIN TAB 75MG	29

AMITRIPTYLIN TAB 100MG.....	29	AMPHET/DEXTR TAB 5MG.....	81	ARMODAFINIL TAB 250MG.....	145
AMITRIPTYLIN TAB 150MG.....	29	AMPHET/DEXTR TAB 75MG.....	81	ARMOUR THYRO TAB 15MG.....	114
AMJEVITA INJ 20/0.2ML.....	121	AMPHET/DEXTR TAB 10MG.....	81	ARMOUR THYRO TAB 30MG.....	115
AMJEVITA INJ 40/0.4ML.....	121	AMPHET/DEXTR TAB 12.5MG.....	81	ARMOUR THYRO TAB 60MG.....	115
AMJEVITA INJ 40/0.4ML.....	121	AMPHET/DEXTR TAB 15MG.....	81	ARMOUR THYRO TAB 90MG.....	115
AMJEVITA INJ 80/0.8ML.....	121	AMPHET/DEXTR TAB 20MG.....	81	ARMOUR THYRO TAB 120MG.....	114
AMLOD/BENAZP CAP 2.5-10MG.....	65	AMPHET/DEXTR TAB 30MG.....	81	ARMOUR THYRO TAB 180MG.....	114
AMLOD/BENAZP CAP 5-10MG.....	65	AMPICILLIN CAP 500MG.....	19	ARMOUR THYRO TAB 240MG.....	114
AMLOD/BENAZP CAP 5-20MG.....	65	ANAGRELIDE CAP 0.5MG.....	61	ARMOUR THYRO TAB 300MG.....	115
AMLOD/BENAZP CAP 5-40MG.....	65	ANAGRELIDE CAP 1MG.....	61	ARNUITY ELPT INH 50MCG.....	137
AMLOD/BENAZP CAP 10-20MG.....	65	ANALPRAM-HC LOT 2.5%.....	127	ARNUITY ELPT INH 100MCG.....	137
AMLOD/BENAZP CAP 10-40MG.....	65	ANASTROZOLE TAB 1MG.....	38	ARNUITY ELPT INH 200MCG.....	137
AMLODIPINE TAB 2.5MG.....	66	ANNOVERA MIS.....	103	ASA/DIPYRIDA CAP 25-200MG.....	62
AMLODIPINE TAB 5MG.....	66	APAP-CAFFEIN CAP DIHYDROC.....	10	ASCOMP/COD CAP 30MG.....	10
AMLODIPINE TAB 10MG.....	66	APAP/CODEINE SOL 120-12/5.....	10	ASENAPINE SUB 2.5MG.....	47
AMLOD/VALSAR TAB 5-160MG.....	66	APAP/CODEINE SOL 300-30MG.....	10	ASENAPINE SUB 5MG.....	47
AMLOD/VALSAR TAB 5-320MG.....	66	APAP/CODEINE TAB 300-15MG.....	10	ASENAPINE SUB 10MG.....	47
AMLOD/VALSAR TAB 10-160MG.....	65	APAP/CODEINE TAB 300-30MG.....	10	ASHLYNA TAB.....	103
AMLOD/VALSAR TAB 10-320MG.....	66	APAP/CODEINE TAB 300-60MG.....	10	ASMANEX 14 AER 220MCG.....	137
AMMONIUM LAC CRE 12%.....	84	APOMORPHINE INJ 30MG/3ML.....	45	ASMANEX 30 AER 110MCG.....	137
AMNESTEEM CAP 10MG.....	85	APRACLONIDIN SOL 0.5% OP.....	133	ASMANEX 30 AER 220MCG.....	138
AMNESTEEM CAP 20MG.....	85	APREPITANT CAP 40MG.....	33	ASMANEX 60 AER 220MCG.....	138
AMNESTEEM CAP 40MG.....	85	APREPITANT CAP 80MG.....	33	ASMANEX 120 AER 220MCG.....	137
AMOXAPINE TAB 25MG.....	29	APREPITANT CAP 125MG.....	33	ASMANEX HFA AER 50MCG.....	138
AMOXAPINE TAB 50MG.....	29	APREPITANT PAK 125 & 80.....	33	ASMANEX HFA AER 100 MCG.....	138
AMOXAPINE TAB 100MG.....	29	APRI TAB.....	103	ASMANEX HFA AER 200 MCG.....	138
AMOXAPINE TAB 150MG.....	29	APTIVUS CAP 250MG.....	50	ASPIRIN LOW CHW 81MG.....	10
AMOXICILLIN CAP 250MG.....	19	ARANELLE TAB.....	103	ASPIRIN LOW TAB 81MG EC.....	10
AMOXICILLIN CAP 500MG.....	19	ARANESP INJ 10MCG.....	62	ATABEX EC TAB 29-1MG.....	87
AMOXICILLIN CHW 125MG.....	19	ARANESP INJ 25MCG.....	62	ATABEX OB TAB 29-1MG.....	87
AMOXICILLIN CHW 250MG.....	19	ARANESP INJ 25MCG.....	62	ATAZANAVIR CAP 150MG.....	51
AMOXICILLIN SUS 125/5ML.....	19	ARANESP INJ 40MCG.....	62	ATAZANAVIR CAP 200MG.....	51
AMOXICILLIN SUS 200/5ML.....	19	ARANESP INJ 40MCG.....	62	ATAZANAVIR CAP 300MG.....	51
AMOXICILLIN SUS 250/5ML.....	19	ARANESP INJ 60MCG.....	62	ATENOL/CHLOR TAB 50-25MG.....	66
AMOXICILLIN SUS 400/5ML.....	19	ARANESP INJ 60MCG.....	62	ATENOL/CHLOR TAB 100-25MG.....	66
AMOXICILLIN TAB 500MG.....	19	ARANESP INJ 100MCG.....	61	ATENOLOL TAB 25MG.....	66
AMOXICILLIN TAB 875MG.....	19	ARANESP INJ 100MCG.....	61	ATENOLOL TAB 50MG.....	66
AMOX/K CLAV CHW 200MG.....	18	ARANESP INJ 150MCG.....	62	ATENOLOL TAB 100MG.....	66
AMOX/K CLAV CHW 400MG.....	18	ARANESP INJ 200MCG.....	62	ATORVASTATIN TAB 10MG.....	66
AMOX/K CLAV SUS 200/5ML.....	18	ARANESP INJ 200MCG.....	62	ATORVASTATIN TAB 20MG.....	66
AMOX/K CLAV SUS 250/5ML.....	18	ARANESP INJ 300MCG.....	62	ATORVASTATIN TAB 40MG.....	66
AMOX/K CLAV SUS 400/5ML.....	18	ARANESP INJ 500MCG.....	62	ATORVASTATIN TAB 80MG.....	66
AMOX/K CLAV SUS 600/5ML.....	18	AREXVY INJ 120MCG.....	121	ATOVAQ/PROGU TAB 62.5-25.....	44
AMOX/K CLAV TAB 250-125.....	19	ARFORMOTEROL NEB 15/2ML.....	137	ATOVAQ/PROGU TAB 250-100.....	44
AMOX/K CLAV TAB 500-125.....	19	ARIPIRAZOLE SOL 1MG/ML.....	47	ATOVAQUONE SUS 750/5ML.....	44
AMOX/K CLAV TAB 875-125.....	19	ARIPIRAZOLE TAB 2MG.....	47	ATROPINE SUL SOL 1% OP.....	133
AMPHETAMINE TAB 5MG.....	81	ARIPIRAZOLE TAB 5MG.....	47	ATROVENT HFA AER 17MCG.....	138
AMPHETAMINE TAB 10MG.....	81	ARIPIRAZOLE TAB 10MG.....	47	AUBRA EQ TAB 0.1-0.02.....	103
AMPHET/DEXTR CAP 5MG ER.....	81	ARIPIRAZOLE TAB 15MG.....	47	AUROVELA 24 TAB FE 1/20.....	103
AMPHET/DEXTR CAP 10MG ER.....	80	ARIPIRAZOLE TAB 20MG.....	47	AUROVELA FE TAB 1.5/30.....	103
AMPHET/DEXTR CAP 15MG ER.....	80	ARIPIRAZOLE TAB 30MG.....	47	AUROVELA FE TAB 1/20.....	103
AMPHET/DEXTR CAP 20MG ER.....	81	ARMODAFINIL TAB 50MG.....	145	AUROVELA TAB 1.5/30.....	103
AMPHET/DEXTR CAP 25MG ER.....	81	ARMODAFINIL TAB 150MG.....	145	AUROVELA TAB 1/20.....	103
AMPHET/DEXTR CAP 30MG ER.....	81	ARMODAFINIL TAB 200MG.....	145	AUSTEDO TAB 6MG.....	81

AUSTEDO TAB 9MG	81	BENZAEPRIIL TAB 40MG	66	BPM-PSE-DM SYP 2-30-10	138
AUSTEDO TAB 12MG	81	BENZNIDAZOLE TAB 12.5MG	45	BREYNA AER 80/4.5	138
AUSTEDO XR TAB 6MG	81	BENZNIDAZOLE TAB 100MG	45	BREYNA AER 160/4.5	138
AUSTEDO XR TAB 12MG	81	BENZONATATE CAP 100MG	138	BREZTRI AERO AER SPHERE	138
AUSTEDO XR TAB 18MG	81	BENZONATATE CAP 200MG	138	BRIELLYN TAB	104
AUSTEDO XR TAB 24MG	81	BENZTROPINE TAB 0.5MG	45	BRIMONIDINE GEL 0.33%	85
AUSTEDO XR TAB 30MG ER	81	BENZTROPINE TAB 1MG	45	BRIMONIDINE SOL 0.2% OP	133
AUSTEDO XR TAB 36MG ER	81	BENZTROPINE TAB 2MG	45	BRIMONIDINE SOL 0.15%	133
AUSTEDO XR TAB 42MG ER	81	BEPOTASTINE DRO 1.5% OP	133	BRIMO/TIMOLO SOL 0.2/0.5%	133
AUSTEDO XR TAB 48MG ER	81	BETADINE SOL 5% OP	133	BRINZOLAMIDE SUS 1%	133
AUSTEDO XR TAB TITR KIT	81	BETA DIPROP CRE 0.05%	98	BRINZOLAMIDE SUS 1% OP	133
AUSTEDO XR TAB TITR KIT	81	BETA DIPROP GEL 0.05%	98	BROMFENAC DRO 0.09% OP	133
AUTOPEN MIS 1-21UNIT	56	BETA DIPROP LOT 0.05%	98	BROMOCRIPTIN CAP 5MG	45
AVIANE TAB	103	BETA DIPROP OIN 0.05%	98	BROMOCRIPTIN TAB 2.5MG	45
AVONEX PEN KIT 30MCG	81	BETAINE ANHY POW	96	BROM/PSE/DM SYP	138
AVONEX PREFL KIT 30MCG	82	BETAMETH DIP CRE 0.05%	98	BROM/PSE/DM SYP 2-30-10	138
AYUNA TAB	103	BETAMETH DIP LOT 0.05%	98	BROM/PSE/DM SYP 2/30/10	138
AZASITE SOL 1%	133	BETAMETH DIP OIN 0.05%	98	BRUKINSA CAP 80MG	38
AZATHIOPRINE TAB 50MG	121	BETAMETH VAL CRE 0.1%	98	BUDES/FORMOT AER 80-4.5	138
AZELAIC ACID GEL 15%	85	BETAMETH VAL LOT 0.1%	98	BUDES/FORMOT AER 160-4.5	138
AZELASTINE DRO 0.05%	133	BETAMETH VAL OIN 0.1%	98	BUDESONIDE CAP 3MG DR	127
AZELASTINE SPR 0.1%	138	BETASERON INJ 0.3MG	82	BUDESONIDE SUS 0.5MG/2	139
AZITHROMYCIN POW 1GM PAK	19	BETAXOLOL SOL 0.5% OP	133	BUDESONIDE SUS 0.25MG/2	139
AZITHROMYCIN SUS 100/5ML	19	BETAXOLOL TAB 10MG	66	BUDESONIDE SUS 1MG/2ML	139
AZITHROMYCIN SUS 200/5ML	19	BETAXOLOL TAB 20MG	66	BUMETANIDE TAB 0.5MG	67
AZITHROMYCIN TAB 250MG	19	BETHANECHOL TAB 5MG	96	BUMETANIDE TAB 1MG	67
AZITHROMYCIN TAB 500MG	19	BETHANECHOL TAB 10MG	96	BUMETANIDE TAB 2MG	67
AZITHROMYCIN TAB 600MG	19	BETHANECHOL TAB 25MG	96	BUPREN/NALOX MIS 2-0.5MG	16
AZURETTE TAB	103	BETHANECHOL TAB 50MG	96	BUPREN/NALOX MIS 4-1MG	16
BACIT/POLYMY OIN OP	133	BEVESPI AER 9-4.8MCG	138	BUPREN/NALOX MIS 8-2MG	17
BACITRACIN OIN OP	133	BEXAROTENE CAP 75MG	38	BUPREN/NALOX MIS 12-3MG	16
BACLOFEN TAB 5MG	144	BEXAROTENE GEL 1%	38	BUPREN/NALOX SUB 2-0.5MG	17
BACLOFEN TAB 10MG	144	BEXSERO INJ	121	BUPREN/NALOX SUB 8-2MG	17
BACLOFEN TAB 20MG	144	BEYFORTUS INJ 50/0.5ML	121	BUPRENORPHIN SUB 2MG	17
BAC TAB	10	BEYFORTUS INJ 100MG/ML	121	BUPRENORPHIN SUB 8MG	17
BALSALAZIDE CAP 750MG	127	BICALUTAMIDE TAB 50MG	38	BUPROPION TAB 75MG	29
BALZIVA TAB	104	BIJUVA CAP 0.5-100	104	BUPROPION TAB 100MG	29
BAQSIMI ONE POW 3MG/DOSE	57	BIKTARVY TAB	51	BUPROPION TAB 100MG SR	29
BAQSIMI TWO POW 3MG/DOSE	57	BIKTARVY TAB	51	BUPROPION TAB 150MG SR	17
BARACLUDE SOL	51	BISACODYL TAB 5MG EC	92	BUPROPION TAB 150MG SR	29
BASAGLAR INJ 100UNIT	57	BISOPRL/HCTZ TAB 2.5/6.25	66	BUPROPION TAB 150MG SR	29
BAXDELA TAB 450MG	19	BISOPRL/HCTZ TAB 5-6.25MG	66	BUPROPION TAB 150MG XL	29
BD GLUCOSE CHW 5GM	128	BISOPRL/HCTZ TAB 10/6.25	66	BUPROPION TAB 200MG SR	29
BELSOMRA TAB 5MG	145	BISOPROL FUM TAB 5MG	66	BUPROPION TAB 300MG XL	29
BELSOMRA TAB 10MG	145	BISOPROL FUM TAB 10MG	66	BUSPIRONE TAB 5MG	54
BELSOMRA TAB 15MG	145	BLISOVI 24 TAB FE 1/20	104	BUSPIRONE TAB 7.5MG	54
BELSOMRA TAB 20MG	145	BLISOVI FE TAB 1.5/30	104	BUSPIRONE TAB 10MG	54
BENZAEP/HCTZ TAB 5-6.25MG	66	BLISOVI FE TAB 1/20	104	BUSPIRONE TAB 15MG	54
BENZAEP/HCTZ TAB 10-12.5	66	BOOSTRIX INJ	121	BUSPIRONE TAB 30MG	54
BENZAEP/HCTZ TAB 20-12.5	66	BOOSTRIX INJ	121	BUTAL/APAP TAB 50-325MG	10
BENZAEP/HCTZ TAB 20-25MG	66	BOSENTAN TAB 62.5MG	138	BUTALB/ACETA TAB 50-300MG	10
BENZAEPRIIL TAB 5MG	66	BOSENTAN TAB 125MG	138	BUT/APAP/CAF CAP	10
BENZAEPRIIL TAB 10MG	66	BOSULIF CAP 50MG	38	BUT/APAP/CAF CAP	10
BENZAEPRIIL TAB 20MG	66	BOSULIF CAP 100MG	38	BUT/APAP/CAF CAP CODEINE	10

BUT/APAP/CAF CAP CODEINE	10	CARBAMAZEPIN TAB 400MG ER.....	24	CEFUROXIME TAB 500MG.....	20
BUT/APAP/CAF TAB	10	CARBIDOPA TAB 25MG	46	CELECOXIB CAP 50MG.....	10
BUT/ASA/CAF/ CAP CODEINE.....	10	CARBINOXAMIN SOL 4MG/5ML	139	CELECOXIB CAP 100MG	10
BUT/ASA/CAFF CAP	10	CARBINOXAMIN TAB 4MG	139	CELECOXIB CAP 200MG	10
BUTORPHANOL SOL 10MG/ML	10	CARB/LEVO 50 TAB /ENTACAP	45	CELECOXIB CAP 400MG	10
BYDUREON BC INJ 2/0.85ML	57	CARB/LEVO 75 TAB /ENTACAP.....	46	CEPHALEXIN CAP 250MG.....	20
CABERGOLINE TAB 0.5MG	102	CARB/LEVO100 TAB /ENTACAP.....	46	CEPHALEXIN CAP 500MG.....	20
CAFFEINE CIT SOL 20MG/ML	82	CARB/LEVO125 TAB /ENTACAP	46	CEPHALEXIN SUS 125/5ML	20
CAFFEINE CIT SOL 60MG/3ML.....	82	CARB/LEVO150 TAB /ENTACAP.....	46	CEPHALEXIN SUS 250/5ML	20
CALC ACETATE CAP 667MG.....	87	CARB/LEVO200 TAB /ENTACAP.....	46	CEVIMELINE CAP 30MG	84
CALC ACETATE TAB 667MG	87	CARB/LEVO ER TAB 25-100MG.....	46	CHARLOTTE 24 CHW FE 1/20.....	104
CALCIP/BETAM SUS	85	CARB/LEVO ER TAB 50-200MG	46	CHATEAL EQ TAB 0.15/30.....	104
CALCIPOTRIEN CRE 0.005%	85	CARB/LEVO TAB 10-100MG	46	CHEMET CAP 100MG	87
CALCIPOTRIEN OIN 0.005%.....	85	CARB/LEVO TAB 10-100MG	46	CHEMSTRIP K TES	128
CALCIPOTRIEN OIN BETAMETH	85	CARB/LEVO TAB 25-100MG	46	CHEMSTRIP TES MICRAL.....	128
CALCIPOTRIEN SOL 0.005%	85	CARB/LEVO TAB 25-100MG	46	CHLORDIAZEP CAP 5MG	54
CALCITONIN SPR 200/ACT.....	127	CARB/LEVO TAB 25-250MG	46	CHLORDIAZEP CAP 10MG.....	54
CALCITRIOL CAP 0.5MCG.....	127	CARB/LEVO TAB 25-250MG	46	CHLORDIAZEP CAP 25MG.....	54
CALCITRIOL CAP 0.25MCG	127	CARGLUMIC TAB 200MG.....	87	CHLORHEX GLU SOL 0.12%.....	84
CALCITRIOL OIN 3MCG/GM	85	CARISOPRODOL TAB 350MG	144	CHLOROQUINE TAB 250MG.....	45
CALCITRIOL SOL 1MCG/ML	128	CARTEOLOL SOL 1% OP	133	CHLOROQUINE TAB 500MG	45
CALQUENCE TAB 100MG.....	38	CARTIA XT CAP 120/24HR	67	CHLORPROMAZ TAB 10MG	47
CAMILA TAB 0.35MG	104	CARTIA XT CAP 180/24HR	67	CHLORPROMAZ TAB 25MG.....	47
CAMRESE LO TAB	104	CARTIA XT CAP 240/24HR.....	67	CHLORPROMAZ TAB 50MG	47
CAMRESE TAB.....	104	CARTIA XT CAP 300/24HR.....	67	CHLORPROMAZ TAB 100MG	47
CANDESA/HCTZ TAB 16-12.5	67	CARVEDILOL TAB 3.125MG.....	67	CHLORPROMAZ TAB 200MG.....	47
CANDESA/HCTZ TAB 32-12.5	67	CARVEDILOL TAB 6.25MG	67	CHLORTHALID TAB 25MG.....	67
CANDESA/HCTZ TAB 32-25MG.....	67	CARVEDILOL TAB 12.5MG	67	CHLORTHALID TAB 50MG.....	67
CANDESARTAN TAB 4MG.....	67	CARVEDILOL TAB 25MG.....	67	CHLORZOXAZON TAB 500MG.....	144
CANDESARTAN TAB 8MG.....	67	CAYA DPR	128	CHOLESTYRAM POW 4GM	67
CANDESARTAN TAB 16MG.....	67	CDP/AMITRIP TAB 5-12.5MG	29	CHOLESTYRAM POW 4GM	67
CANDESARTAN TAB 32MG.....	67	CDP/AMITRIP TAB 10-25MG.....	29	CHOLESTYRAM POW 4GM LITE.....	67
CAPECITABINE TAB 150MG	39	CEFACLOR CAP 250MG	19	CHOLESTYRAM POW 4GM LITE.....	67
CAPECITABINE TAB 500MG.....	39	CEFACLOR CAP 500MG	19	CICLODAN SOL 8%	34
CAPRELSA TAB 100MG	39	CEFACLOR ER TAB 500MG	19	CICLOPIROX CRE 0.77%.....	34
CAPRELSA TAB 300MG	39	CEFADROXIL CAP 500MG	19	CICLOPIROX GEL 0.77%.....	34
CAPTOPR/HCTZ TAB 25-15MG	67	CEFADROXIL SUS 250/5ML	19	CICLOPIROX SHA 1%.....	34
CAPTOPR/HCTZ TAB 25-25MG.....	67	CEFADROXIL SUS 500/5ML.....	19	CICLOPIROX SOL 8%.....	34
CAPTOPR/HCTZ TAB 50-15MG.....	67	CEFADROXIL TAB 1GM.....	20	CICLOPIROX SUS 0.77%.....	34
CAPTOPR/HCTZ TAB 50-25MG.....	67	CEFDINIR CAP 300MG	20	CILOSTAZOL TAB 50MG	62
CAPTOPRIL TAB 12.5MG.....	67	CEFDINIR SUS 125/5ML	20	CILOSTAZOL TAB 100MG.....	62
CAPTOPRIL TAB 25MG.....	67	CEFDINIR SUS 250/5ML.....	20	CIMETIDINE SOL 300/5ML	92
CAPTOPRIL TAB 50MG	67	CEFIXIME CAP 400MG	20	CIMETIDINE TAB 200MG.....	92
CAPTOPRIL TAB 100MG	67	CEFIXIME SUS 100/5ML.....	20	CIMETIDINE TAB 300MG.....	92
CAPVAXIVE INJ 0.5ML.....	121	CEFIXIME SUS 200/5ML	20	CIMETIDINE TAB 400MG.....	92
CARBAMAZEPIN CAP 100MG ER.....	24	CEFPODO PROX SUS 50MG/5ML	20	CIMETIDINE TAB 800MG.....	92
CARBAMAZEPIN CAP 200MG ER.....	24	CEFPODO PROX SUS 100/5ML.....	20	CIMZIA KIT 200MG	121
CARBAMAZEPIN CAP 300MG ER.....	24	CEFPODOXIME TAB 100MG	20	CIMZIA PREFL KIT 200MG/ML.....	121
CARBAMAZEPIN CHW 100MG.....	24	CEFPODOXIME TAB 200MG.....	20	CIMZIA START KIT 200MG/ML.....	121
CARBAMAZEPIN SUS 100/5ML.....	24	CEFPROZIL SUS 125/5ML	20	CINACALCET TAB 30MG.....	128
CARBAMAZEPIN SUS 200/10ML	24	CEFPROZIL SUS 250/5ML	20	CINACALCET TAB 60MG	128
CARBAMAZEPIN TAB 100MG ER	24	CEFPROZIL TAB 250MG	20	CINACALCET TAB 90MG	128
CARBAMAZEPIN TAB 200MG.....	24	CEFPROZIL TAB 500MG.....	20	CIPRO/DEXA SUS 0.3-0.1%	136
CARBAMAZEPIN TAB 200MG ER	24	CEFUROXIME TAB 250MG	20	CIPROFLOXACN SOL 0.2%	136

CIPROFLOXACN SOL 0.3% OP	133	CLONAZEP ODT TAB 0.5MG	54	CORLANOR SOL 5MG/5ML	68
CIPROFLOXACN SUS 250/5ML	20	CLONAZEP ODT TAB 0.25MG	54	CORTIFOAM AER 90MG	127
CIPROFLOXACN TAB 100MG	20	CLONAZEP ODT TAB 0.125MG	54	CORTISPORIN SUS -TC OTIC	136
CIPROFLOXACN TAB 250MG	20	CLONAZEP ODT TAB 1MG	54	COTELLIC TAB 20MG	39
CIPROFLOXACN TAB 500MG	20	CLONAZEP ODT TAB 2MG	54	COUNT-A-DOSE MIS	128
CIPROFLOXACN TAB 750MG	20	CLONIDINE DIS 0.1/24HR	68	CREON CAP 3000UNIT	96
CIPRO/FLUOC DRO PF	136	CLONIDINE DIS 0.2/24HR	68	CREON CAP 6000UNIT	96
CITALOPRAM SOL 10MG/5ML	29	CLONIDINE DIS 0.3/24HR	68	CREON CAP 12000UNT	96
CITALOPRAM TAB 10MG	29	CLONIDINE TAB 0.1MG	68	CREON CAP 24000UNT	96
CITALOPRAM TAB 20MG	29	CLONIDINE TAB 0.1MG ER	82	CREON CAP 36000UNT	96
CITALOPRAM TAB 40MG	29	CLONIDINE TAB 0.2MG	68	CROMOLYN SOD CON 100/5ML	92
CITROMA SOL LEMONY	92	CLONIDINE TAB 0.3MG	68	CROMOLYN SOD NEB 20MG/2ML ..	139
CLARAVIS CAP 10MG	85	CLOPIDOGREL TAB 75MG	62	CROMOLYN SOD SOL 4% OP	133
CLARAVIS CAP 20MG	85	CLOPIDOGREL TAB 300MG	62	CROTAN LOT 10%	45
CLARAVIS CAP 30MG	85	CLORAZ DIPOT TAB 3.75MG	54	CRYSELLE-28 TAB 28 TABS	104
CLARAVIS CAP 40MG	85	CLORAZ DIPOT TAB 7.5MG	54	CURAE TAB 1.5MG	104
CLARITHROMYC SUS 125/5ML	20	CLORAZ DIPOT TAB 15MG	54	CVS PURELAX POW	92
CLARITHROMYC SUS 250/5ML	20	CLOTTRIMAZOLE TRO 10MG	34	CYANOCOBALAM INJ 1000MCG	87
CLARITHROMYC TAB 250MG	20	CLOTTRIM/BETA CRE DIPROP	34	CYANOCOBALAM INJ 10000MCG ...	87
CLARITHROMYC TAB 500MG	20	CLOTTRIM/BETA LOT DIPROP	34	CYANOCOBALAM INJ 30000MCG ...	87
CLARITHROMYC TAB 500MG ER	20	CLOZAPINE TAB 12.5/ODT	47	CYANOCOBALAM SOL 2000MCG ...	87
CLEARLAX POW	92	CLOZAPINE TAB 25MG	48	CYCLOBENZAPR TAB 5MG	144
CLEMASTINE TAB 2.68MG	139	CLOZAPINE TAB 25MG ODT	48	CYCLOBENZAPR TAB 7.5MG	144
CLENPIQ SOL	92	CLOZAPINE TAB 50MG	48	CYCLOBENZAPR TAB 10MG	144
CLIMARA PRO DIS WEEKLY	104	CLOZAPINE TAB 100MG	47	CYCLOMYDRIL SOL OP	133
CLINDACIN KIT ETZ 1%	85	CLOZAPINE TAB 100/ODT	47	CYCLOPENTOL SOL 1% OP	133
CLINDACIN-P PAD 1%	85	CLOZAPINE TAB 150/ODT	47	CYCLOPHOSPH CAP 25MG	39
CLINDAMY/BEN GEL 1.2-5%	85	CLOZAPINE TAB 200MG	48	CYCLOPHOSPH CAP 50MG	39
CLINDAMYCIN CAP 75MG	21	CLOZAPINE TAB 200/ODT	48	CYCLOPHOSPH TAB 25MG	39
CLINDAMYCIN CAP 150MG	20	CODEINE SULF TAB 15MG	10	CYCLOPHOSPH TAB 50MG	39
CLINDAMYCIN CAP 300MG	21	CODEINE SULF TAB 30MG	10	CYCLOSERINE CAP 250MG	38
CLINDAMYCIN CRE 2% VAG	21	CODEINE SULF TAB 60MG	10	CYCLOSPORINE CAP 25MG	122
CLINDAMYCIN GEL 1%	85	COLCHICINE TAB 0.6MG	36	CYCLOSPORINE CAP 25MG MOD ...	122
CLINDAMYCIN GEL 1%	85	COLESEVELAM PAK 3.75GM	68	CYCLOSPORINE CAP 50MG MOD ...	122
CLINDAMYCIN LOT 1%	85	COLESEVELAM TAB 625MG	68	CYCLOSPORINE CAP 100MG	121
CLINDAMYCIN LOT 10MG/ML	85	COLESTIPOL GRA 5GM	68	CYCLOSPORINE CAP 100MG MD ...	121
CLINDAMYCIN MIS 1%	85	COLESTIPOL GRA 5GM	68	CYCLOSPORINE EMU 0.05% OP	133
CLINDAMYCIN SOL 1%	85	COLESTIPOL TAB 1GM	68	CYCLOSPORINE SOL MODIFIED ...	122
CLINDAMYCIN SOL 75MG/5ML	21	COMETRIQ KIT 60MG	39	CYPROHEPTAD SYP 2MG/5ML	139
CLOBAZAM SUS 2.5MG/ML	24	COMETRIQ KIT 100MG	39	CYPROHEPTAD TAB 4MG	139
CLOBAZAM TAB 10MG	24	COMETRIQ KIT 140MG	39	CYRED EQ TAB	104
CLOBAZAM TAB 20MG	24	COMFORT TOUC MIS 31GX4MM	128	CYRED TAB	104
CLOBETASOL CRE 0.05%	98	COMFORT TOUC MIS 32GX8MM	128	CYSTAGON CAP 50MG	96
CLOBETASOL E CRE 0.05%	98	COMFORT TOUC MIS 33GX1/4"	128	CYSTAGON CAP 150MG	96
CLOBETASOL GEL 0.05%	99	COMFORT TOUC MIS 33GX3/16	128	CYSTARAN SOL 0.44%	133
CLOBETASOL OIN 0.05%	99	COMFORT TOUC MIS 33GX5/32	128	DABIGATRAN CAP 75MG	62
CLOBETASOL SOL 0.05%	99	COMIRNATY INJ 2024-25	121	DABIGATRAN CAP 110MG	62
CLOCORTOLONE CRE 0.1%	99	COMPLETENATE CHW	87	DABIGATRAN CAP 150MG	62
CLOMIPRAMINE CAP 25MG	29	COMPLETE NAT PAK DHA	87	DALFAMPRIDIN TAB 10MG ER	82
CLOMIPRAMINE CAP 50MG	29	CO-NATAL FA TAB 29-1MG	87	DANAZOL CAP 50MG	104
CLOMIPRAMINE CAP 75MG	29	CONDOMS MIS	128	DANAZOL CAP 100MG	104
CLONAZEPAM TAB 0.5MG	54	CONSTULOSE SOL 10GM/15	92	DANAZOL CAP 200MG	104
CLONAZEPAM TAB 1MG	54	CONTOUR LOW LIQ CONTROL	56	DANTROLENE CAP 25MG	144
CLONAZEPAM TAB 2MG	54	CONTOUR NORM LIQ CONTROL	56	DANTROLENE CAP 50MG	144

DANTROLENE CAP 100MG	144	DESOXIMETAS GEL 0.05%	99	DICYCLOMINE SOL 10MG/5ML	92
DAPSONE TAB 25MG	38	DESOXIMETAS OIN 0.05%	99	DICYCLOMINE TAB 20MG	92
DAPSONE TAB 100MG	38	DESOXIMETAS OIN 0.25%	99	DIFLORASONE CRE 0.05%	99
DAPTACEL INJ	122	DESOXIMETASO SPR 0.25%	99	DIFLUNISAL TAB 500MG	11
DARIFENACIN TAB 75MG ER	97	DESVENLAFAX TAB 25MG ER	30	DIFLUPREDNAT EMU 0.05%	133
DARIFENACIN TAB 15MG ER	97	DESVENLAFAX TAB 50MG ER	30	DIGOXIN SOL 50MCG/ML	68
DARUNAVIR TAB 600MG	51	DESVENLAFAX TAB 100MG ER	30	DIGOXIN TAB 0.25MG	68
DARUNAVIR TAB 800MG	51	DEXAMETHASON CON 1MG/ML	99	DIGOXIN TAB 0.125MG	68
DASATINIB TAB 20MG	39	DEXAMETHASON ELX 0.5/5ML	99	DIGOXIN TAB 0.0625MG	68
DASATINIB TAB 50MG	39	DEXAMETHASON SOL 0.5/5ML	99	DIHYDROERGOT INJ 1MG/ML	36
DASATINIB TAB 70MG	39	DEXAMETHASON TAB 0.5MG	99	DILANTIN CAP 30MG	24
DASATINIB TAB 80MG	39	DEXAMETHASON TAB 0.75MG	99	DILTIAZEM CAP 60MG ER	69
DASATINIB TAB 100MG	39	DEXAMETHASON TAB 1.5MG	99	DILTIAZEM CAP 90MG ER	69
DASATINIB TAB 140MG	39	DEXAMETHASON TAB 1MG	99	DILTIAZEM CAP 120MG ER	68
DASETTA TAB 1/35	104	DEXAMETHASON TAB 2MG	99	DILTIAZEM CAP 120MG ER	68
DASETTA TAB 7/7/7	104	DEXAMETHASON TAB 4MG	99	DILTIAZEM CAP 120MG ER	68
DAYBUE SOL 200MG/ML	82	DEXAMETHASON TAB 6MG	99	DILTIAZEM CAP 120MG ER	68
DAYSEE TAB	104	DEXAMETH PHO SOL 0.1% OP	133	DILTIAZEM CAP 180MG/24	68
DEBLITANE TAB 0.35MG	104	DEXCOM G6 MIS RECEIVER	128	DILTIAZEM CAP 180MG ER	68
DEFERASIROX GRA 90MG	87	DEXCOM G6 MIS SENSOR	128	DILTIAZEM CAP 180MG ER	68
DEFERASIROX GRA 180MG	87	DEXCOM G6 MIS TRANSMIT	128	DILTIAZEM CAP 240MG/24	68
DEFERASIROX GRA 360MG	87	DEXCOM G7 MIS RECEIVER	129	DILTIAZEM CAP 240MG ER	68
DEFERASIROX TAB 90MG	88	DEXCOM G7 MIS SENSOR	129	DILTIAZEM CAP 240MG ER	68
DEFERASIROX TAB 125MG	87	DEXMETHYLPH TAB 2.5MG	82	DILTIAZEM CAP 300MG ER	68
DEFERASIROX TAB 180MG	87	DEXMETHYLPH TAB 5MG	82	DILTIAZEM CAP 300MG ER	68
DEFERASIROX TAB 250MG	88	DEXMETHYLPH TAB 10MG	82	DILTIAZEM CAP 360MG CD	69
DEFERASIROX TAB 360MG	88	DEXTROAMPHET SOL 5MG/5ML	82	DILTIAZEM CAP 360MG ER	69
DEFERASIROX TAB 500MG	88	DEXTROAMPHET TAB 5MG	82	DILTIAZEM CAP 360MG ER	69
DELYLA TAB 0.1-0.02	104	DEXTROAMPHET TAB 10MG	82	DILTIAZEM CAP 420MG/24	69
DEMECLOCYCL TAB 150MG	21	DIASCREEN MIS 1G	129	DILTIAZEM ER TAB 180MG	69
DEMECLOCYCL TAB 300MG	21	DIASTIX TES STRIPS	129	DILTIAZEM ER TAB 240MG	69
DENG VAXIA SUS	122	DIAZEPAM CON 5MG/ML	55	DILTIAZEM ER TAB 300MG	69
DEPO-SQ PROV INJ 104	104	DIAZEPAM CON 25MG/5ML	54	DILTIAZEM ER TAB 360MG	69
DESCOVY TAB 200/25MG	51	DIAZEPAM GEL 2.5MG	24	DILTIAZEM ER TAB 420MG	69
DESIPRAMINE TAB 10MG	29	DIAZEPAM GEL 10MG	24	DILTIAZEM TAB 30MG	69
DESIPRAMINE TAB 25MG	29	DIAZEPAM GEL 20MG	24	DILTIAZEM TAB 60MG	69
DESIPRAMINE TAB 50MG	30	DIAZEPAM SOL 5MG/5ML	55	DILTIAZEM TAB 90MG	69
DESIPRAMINE TAB 75MG	30	DIAZEPAM TAB 2MG	55	DILTIAZEM TAB 120MG	69
DESIPRAMINE TAB 100MG	29	DIAZEPAM TAB 5MG	55	DILTIAZEM TAB 120MG ER	69
DESIPRAMINE TAB 150MG	29	DIAZEPAM TAB 10MG	55	DILTIAZEM TAB 240MG ER	69
DES Loratadin TAB 5MG	139	DIAZOXIDE SUS 50MG/ML	57	DILTIAZEM TAB 300MG ER	69
DESMOPRESSIN INJ 4MCG/ML	102	DICLOFENAC GEL 1%	11	DILTIAZEM TAB 360MG ER	69
DESMOPRESSIN INJ 4MCG/ML	102	DICLOFENAC GEL 3%	39	DILT-XR CAP 120MG	68
DESMOPRESSIN INJ 40/10ML	102	DICLOFENAC SOL 0.1% OP	133	DILT-XR CAP 180MG	68
DESMOPRESSIN SPR 0.01%	102	DICLOFENAC TAB 25MG DR	11	DILT-XR CAP 240MG	68
DESMOPRESSIN SPR 0.01%	102	DICLOFENAC TAB 50MG DR	11	DIMETHYL FUM CAP 120MG DR	82
DESMOPRESSIN TAB 0.1MG	102	DICLOFENAC TAB 75MG DR	11	DIMETHYL FUM CAP 240MG DR	82
DESMOPRESSIN TAB 0.2MG	102	DICLOFENAC TAB 100MG ER	11	DIMETHYL FUM CAP STARTER	82
DESO/ETHINYL TAB ESTRADIO	104	DICLOFEN POT TAB 50MG	11	DIPENTUM CAP 250MG	127
DESONIDE CRE 0.05%	99	DICLO/MISOPR TAB 50-0.2MG	10	DIPHEN/ATROP LIQ 2.5/5	92
DESONIDE LOT 0.05%	99	DICLO/MISOPR TAB 75-0.2MG	11	DIPHEN/ATROP TAB 2.5MG	92
DESONIDE OIN 0.05%	99	DICLOXACILL CAP 250MG	21	DIPHENHYDRAM ELX 12.5/5ML	139
DESOXIMETAS CRE 0.05%	99	DICLOXACILL CAP 500MG	21	DIPYRIDAMOLE TAB 25MG	62
DESOXIMETAS CRE 0.25%	99	DICYCLOMINE CAP 10MG	92	DIPYRIDAMOLE TAB 50MG	62

DIPYRIDAMOLE TAB 75MG.....	62	DOXYCYC MONO TAB 75MG	21	ELIQUIS TAB 5MG	62
DISOPYRAMIDE CAP 100MG.....	69	DOXYCYC MONO TAB 100MG	21	ELIXOPHYLLIN ELX 80/15ML	139
DISOPYRAMIDE CAP 150MG.....	69	DOXYCYC MONO TAB 150MG	21	ELLA TAB 30MG.....	105
DISULFIRAM TAB 250MG.....	17	DRONABINOL CAP 2.5MG	33	ELMIRON CAP 100MG	97
DISULFIRAM TAB 500MG	17	DRONABINOL CAP 5MG.....	33	ELURYNG MIS.....	105
DIURIL SUS 250/5ML.....	69	DRONABINOL CAP 10MG	33	EMCYT CAP 140MG.....	39
DIVALPROEX CAP 125MG DR.....	24	DROS/ETH EST TAB LEVOMEFO	105	EMGALITY INJ 100MG/ML.....	36
DIVALPROEX TAB 125MG DR.....	24	DROS/ETH EST TAB LEVOMEFO	105	EMGALITY INJ 120MG/ML.....	36
DIVALPROEX TAB 250MG DR.....	24	DROSPIR/ETHI TAB 3-0.02MG	105	EMGALITY INJ 120MG/ML.....	36
DIVALPROEX TAB 250MG ER.....	25	DROSPIR/ETHI TAB 3-0.03MG	105	EMSAM DIS 6MG/24HR.....	30
DIVALPROEX TAB 500MG DR	25	DROXIA CAP 200MG.....	39	EMSAM DIS 9MG/24HR.....	30
DIVALPROEX TAB 500MG ER.....	25	DROXIA CAP 300MG.....	39	EMSAM DIS 12MG/24H	30
DODEX INJ.....	88	DROXIA CAP 400MG.....	39	EMTRICITABIN CAP 200MG.....	51
DOFETILIDE CAP 125MCG	69	DUAVEE TAB 0.45-20.....	105	EMTR/TEN DF TAB 100-150	51
DOFETILIDE CAP 250MCG.....	69	DULOXETINE CAP 20MG	82	EMTR/TEN DF TAB 133-200	51
DOFETILIDE CAP 500MCG	69	DULOXETINE CAP 30MG	82	EMTR/TEN DF TAB 167-250	51
DOLISHALE TAB 90-20MCG	105	DULOXETINE CAP 60MG.....	82	EMTR/TENOFOV TAB 200-300.....	51
DONEPEZIL TAB 5MG	28	DUOBRII LOT.....	85	EMZAHH TAB 0.35MG.....	105
DONEPEZIL TAB 5MG ODT.....	28	DUOPA SUS 4.63-20	46	ENALAPR/HCTZ TAB 5-12.5MG.....	69
DONEPEZIL TAB 10MG	27	DUPIXENT INJ 100/0.67.....	85	ENALAPR/HCTZ TAB 10-25MG	69
DONEPEZIL TAB 10MG ODT.....	28	DUPIXENT INJ 200/1.14	85	ENALAPRIL TAB 2.5MG	69
DONEPEZIL TAB ODT 5MG	28	DUPIXENT INJ 200MG	85	ENALAPRIL TAB 5MG.....	69
DONEPEZIL TAB ODT 10MG.....	28	DUPIXENT INJ 300/2ML	85	ENALAPRIL TAB 10MG	69
DORZOLAMIDE SOL 2% OP	134	DUPIXENT INJ 300/2ML	86	ENALAPRIL TAB 20MG.....	69
DORZOL/TIMOL SOL 2%-0.5%	133	DUREX MIS REALFEEL.....	129	ENCARE SUP 100MG.....	97
DORZOL/TIMOL SOL 2-0.5%OP.....	133	DUREX MIS TROPICAL.....	129	ENDOCET TAB 2.5-325.....	11
DOTTI DIS 0.1MG	105	DUTASTERIDE CAP 0.5MG	97	ENDOCET TAB 5-325MG.....	11
DOTTI DIS 0.05MG	105	DUTAST/TAMSU CAP 0.5-0.4.....	97	ENDOCET TAB 7.5-325	11
DOTTI DIS 0.025MG	105	EASY COMFORT MIS 29GX4MM.....	129	ENDOCET TAB 10-325MG	11
DOTTI DIS 0.075MG	105	EASY TOUCH MIS 30G.....	129	ENGRIX-B INJ 10/0.5ML	122
DOTTI DIS 0.0375MG.....	105	EC-NAPROXEN TAB 375MG.....	11	ENGRIX-B INJ 20MCG/ML.....	122
DOVATO TAB 50-300MG.....	51	EC-NAPROXEN TAB 500MG	11	ENGRIX-B INJ 20MCG/ML.....	122
DOXAZOSIN TAB 1MG	69	ECONAZOLE CRE 1%	34	ENILLORING MIS	105
DOXAZOSIN TAB 2MG	69	ECONTRA EZ TAB 1.5MG.....	105	ENOXAPARIN INJ 30/0.3ML.....	63
DOXAZOSIN TAB 4MG	69	ECONTRA OS TAB 1.5MG	105	ENOXAPARIN INJ 40/0.4ML.....	63
DOXAZOSIN TAB 8MG	69	EDURANT TAB 25MG.....	51	ENOXAPARIN INJ 60/0.6ML	63
DOXEPIN HCL CAP 10MG	30	EFAVIR/EMTRI TAB TENOFOVI.....	51	ENOXAPARIN INJ 80/0.8ML.....	63
DOXEPIN HCL CAP 25MG	30	EFAVIRENZ CAP 50MG	51	ENOXAPARIN INJ 80MG/0.8	63
DOXEPIN HCL CAP 50MG	30	EFAVIRENZ CAP 200MG.....	51	ENOXAPARIN INJ 100MG/ML.....	62
DOXEPIN HCL CAP 75MG	30	EFAVIRENZ TAB 600MG	51	ENOXAPARIN INJ 120/0.8	63
DOXEPIN HCL CAP 100MG.....	30	EFAVIR/LAMIV TAB TENOFOVI.....	51	ENOXAPARIN INJ 150MG/ML	63
DOXEPIN HCL CAP 150MG	30	EFAVIR/LAMIV TAB TENOFOVI.....	51	ENOXAPARIN INJ 300/3ML	63
DOXEPIN HCL CON 10MG/ML	30	EFFER-K TAB 10MEQ.....	88	ENPRESSE-28 TAB	105
DOXEPIN HCL CRE 5%.....	85	EFFER-K TAB 20MEQ	88	ENSKYCE TAB	105
DOXEPIN TAB 3MG	145	EFFER-K TAB 25MEQ EF	88	ENTACAPONE TAB 200MG	46
DOXEPIN TAB 6MG	145	ELETRIPTAN TAB 20MG	36	ENTECAVIR TAB 0.5MG	51
DOXYCYCL HYC CAP 50MG	21	ELETRIPTAN TAB 40MG	36	ENTECAVIR TAB 1MG	51
DOXYCYCL HYC CAP 100MG	21	ELIGARD INJ 75MG	119	ENTRESTO CAP 6-6MG.....	70
DOXYCYCL HYC TAB 20MG.....	21	ELIGARD INJ 22.5MG.....	119	ENTRESTO CAP 15-16MG	69
DOXYCYCL HYC TAB 100MG.....	21	ELIGARD INJ 30MG	119	ENULOSE SOL 10GM/15.....	92
DOXYCYCLINE SUS 25MG/5ML.....	21	ELIGARD INJ 45MG	119	EPIDIOLEX SOL 100MG/ML.....	25
DOXYCYC MONO CAP 50MG.....	21	ELINEST TAB	105	EPINASTINE DRO 0.05%.....	134
DOXYCYC MONO CAP 100MG.....	21	ELIQUIS ST P TAB 5MG	62	EPINEPHRINE INJ 0.3MG	139
DOXYCYC MONO TAB 50MG	21	ELIQUIS TAB 2.5MG.....	62	EPINEPHRINE INJ 0.15MG	139

EPINEPHRINE INJ 0.15MG	139	ESTRADIOL TAB 2MG	106	EZETIM/SIMVA TAB 10-80MG	70
EPITOL TAB 200MG.....	25	ESTRADIOL TAB 10MCG	106	FA-8 CAP 800MCG.....	88
EPLERENONE TAB 25MG	70	ESTRAD VAL INJ 10MG/ML.....	105	FALMINA TAB	106
EPLERENONE TAB 50MG	70	ESTRAD VAL INJ 20MG/ML	106	FAMCICLOVIR TAB 125MG	51
ERGOLOID MES TAB 1MG ORAL.....	129	ESTRAD VAL INJ 40MG/ML	106	FAMCICLOVIR TAB 250MG	51
ERGOMAR SUB 2MG	36	ESTRA/NORETH TAB 0.5-0.1.....	105	FAMCICLOVIR TAB 500MG	51
ERGOT/CAFFEN TAB 1-100MG	36	ESTRA/NORETH TAB 1-0.5MG.....	105	FAMOTIDINE SUS 40MG/5ML	92
ERLEADA TAB 60MG.....	39	ESTRING MIS 2MG	106	FAMOTIDINE TAB 20MG.....	92
ERLEADA TAB 240MG.....	39	ESTRING MIS 75/24HR	106	FAMOTIDINE TAB 40MG.....	92
ERLOTINIB TAB 25MG	39	ESZOPICLONE TAB 1MG.....	145	FARXIGA TAB 5MG	57
ERLOTINIB TAB 100MG.....	39	ESZOPICLONE TAB 2MG.....	145	FARXIGA TAB 10MG.....	57
ERLOTINIB TAB 150MG.....	39	ESZOPICLONE TAB 3MG.....	145	FAYOSIM TAB.....	106
ERRIN TAB 0.35MG.....	105	ETHACRYNIC TAB ACD 25MG	70	FC2 FEMALE MIS CONDOM.....	129
ERY/BENZOYL GEL 3-5%	86	ETHAMBUTOL TAB 100MG	38	FEBUXOSTAT TAB 40MG.....	36
ERY PAD 2%	86	ETHAMBUTOL TAB 400MG.....	38	FEBUXOSTAT TAB 80MG.....	36
ERYTHROCIN TAB 250MG	21	ETHOSUXIMIDE CAP 250MG.....	25	FEIRZA TAB 1.5/30	106
ERYTHROM ETH SUS 200/5ML.....	21	ETHOSUXIMIDE SOL 250/5ML.....	25	FEIRZA TAB 1/20	106
ERYTHROM ETH SUS 400/5ML.....	21	ETHY ALCOHOL SOL 70% RUB	129	FELBAMATE SUS 600/5ML	25
ERYTHROM ETH TAB 400MG.....	21	ETHY ETH EST TAB 1-35.....	106	FELBAMATE TAB 400MG	25
ERYTHROMYCIN CAP 250MG DR	21	ETHYNODIOL TAB 1-50.....	106	FELBAMATE TAB 600MG	25
ERYTHROMYCIN GEL 2%	86	ETODOLAC CAP 200MG.....	11	FELODIPINE TAB 2.5MG ER.....	70
ERYTHROMYCIN OIN 5MG/GM	134	ETODOLAC CAP 300MG.....	11	FELODIPINE TAB 5MG ER	70
ERYTHROMYCIN SOL 2%	86	ETODOLAC ER TAB 400MG	11	FELODIPINE TAB 10MG ER	70
ERYTHROMYCIN TAB 250MG.....	21	ETODOLAC ER TAB 500MG	11	FEMCAP MIS 22MM	129
ERYTHROMYCIN TAB 250MG BS	22	ETODOLAC ER TAB 600MG	11	FEMCAP MIS 26MM.....	129
ERYTHROMYCIN TAB 250MG EC	22	ETODOLAC TAB 400MG.....	11	FEMCAP MIS 30MM.....	129
ERYTHROMYCIN TAB 333MG EC	22	ETODOLAC TAB 500MG.....	11	FEMLYV TAB 1/0.02MG	107
ERYTHROMYCIN TAB 500MG	22	ETONOGESTREL MIS ETHY EST.....	106	FENOFIBRATE CAP 67MG	70
ERYTHROMYCIN TAB 500MG BS.....	22	ETOPOSIDE CAP 50MG.....	39	FENOFIBRATE CAP 134MG	70
ERYTHROMYCIN TAB 500MG EC.....	22	ETRAVIRINE TAB 100MG.....	51	FENOFIBRATE CAP 200MG	70
ESCITALOPRAM SOL 5MG/5ML.....	30	ETRAVIRINE TAB 200MG	51	FENOFIBRATE TAB 48MG	70
ESCITALOPRAM TAB 5MG	30	EUTHYROX TAB 25MCG.....	115	FENOFIBRATE TAB 54MG	70
ESCITALOPRAM TAB 10MG	30	EUTHYROX TAB 50MCG	115	FENOFIBRATE TAB 145MG	70
ESCITALOPRAM TAB 20MG.....	30	EUTHYROX TAB 75MCG.....	115	FENOFIBRATE TAB 160MG	70
ESKATA SOL 40%.....	86	EUTHYROX TAB 88MCG	115	FENOPROFEN TAB 600MG.....	11
ESOMEPRA MAG CAP 20MG DR.....	92	EUTHYROX TAB 100MCG	115	FENTANYL DIS 12MCG/HR	11
ESOMEPRA MAG CAP 40MG DR.....	92	EUTHYROX TAB 112MCG.....	115	FENTANYL DIS 25MCG/HR	11
ESTARYLLA TAB 0.25-35	105	EUTHYROX TAB 125MCG	115	FENTANYL DIS 50MCG/HR.....	11
ESTAZOLAM TAB 1MG	55	EUTHYROX TAB 137MCG	115	FENTANYL DIS 75MCG/HR.....	11
ESTAZOLAM TAB 2MG	55	EUTHYROX TAB 150MCG	115	FENTANYL DIS 100MCG/H	11
ESTRADIOL CRE 0.01%	106	EUTHYROX TAB 175MCG.....	115	FENTANYL DIS 200MCG	12
ESTRADIOL DIS 0.1MG	106	EUTHYROX TAB 200MCG.....	115	FENTANYL OT LOZ 400MCG	12
ESTRADIOL DIS 0.1MG	106	EVEROLIMUS TAB 2.5MG.....	39	FENTANYL OT LOZ 600MCG	12
ESTRADIOL DIS 0.05MG.....	106	EVEROLIMUS TAB 5MG.....	39	FENTANYL OT LOZ 800MCG	12
ESTRADIOL DIS 0.05MG.....	106	EVEROLIMUS TAB 7.5MG	39	FENTANYL OT LOZ 1200MCG	11
ESTRADIOL DIS 0.06MG.....	106	EVEROLIMUS TAB 10MG.....	39	FENTANYL OT LOZ 1600MCG	12
ESTRADIOL DIS 0.025MG	106	EVOTAZ TAB 300-150	51	FERRIC CITRA TAB 210MG.....	88
ESTRADIOL DIS 0.025MG	106	EXELDERM CRE 1%	34	FESOTERODINE TAB 4MG ER	97
ESTRADIOL DIS 0.025MG	106	EXELDERM SOL 1%	34	FESOTERODINE TAB 8MG ER	97
ESTRADIOL DIS 0.075MG.....	106	EXEMESTANE TAB 25MG	40	FINASTERIDE TAB 5MG.....	97
ESTRADIOL DIS 0.075MG.....	106	EZETIMIBE TAB 10MG	70	FINGOLIMOD CAP 0.5MG.....	82
ESTRADIOL DIS 0.0375MG	106	EZETIM/SIMVA TAB 10-10MG	70	FINZALA CHW FE 1/20	107
ESTRADIOL DIS 0.0375MG	106	EZETIM/SIMVA TAB 10-20MG	70	FLAC OIL 0.01%.....	136
ESTRADIOL TAB 0.5MG.....	106	EZETIM/SIMVA TAB 10-40MG	70	FLAVOXATE TAB 100MG	97
ESTRADIOL TAB 1MG	106				

FLECAINIDE TAB 50MG	70	FLUPHENAZINE ELX 2.5/5ML	48	FREESTY LIBR MIS 2 READER	129
FLECAINIDE TAB 100MG	70	FLUPHENAZINE TAB 1MG	48	FREESTY LIBR MIS 3 READER	129
FLECAINIDE TAB 150MG	70	FLUPHENAZINE TAB 2.5MG	48	FREESTY LIBR MIS READER	129
FLEXICHAMBER MIS MASK SM.....	129	FLUPHENAZINE TAB 5MG	48	FROVATRIPTAN TAB 2.5MG	36
FLUAD INJ 2024-25.....	122	FLUPHENAZINE TAB 10MG.....	48	FUROSEMIDE SOL 10MG/ML	71
FLUARIX INJ 2024-25.....	122	FLURANDRENOL LOT 0.05%	100	FUROSEMIDE SOL 40MG/5ML.....	71
FLUBLOK INJ 2024-25.....	122	FLURAZEPAM CAP 15MG	145	FUROSEMIDE TAB 20MG	71
FLUCELVAX INJ 2024-25	122	FLURAZEPAM CAP 30MG.....	145	FUROSEMIDE TAB 40MG	71
FLUCELVAX INJ 2024-25	122	FLURBIPROFEN SOL 0.03% OP.....	134	FUROSEMIDE TAB 80MG	71
FLUCONAZOLE SUS 10MG/ML.....	34	FLURBIPROFEN TAB 100MG.....	12	FUZEON INJ 90MG	52
FLUCONAZOLE SUS 40MG/ML	34	FLUTICASONE CRE 0.05%	100	FYAVOLV TAB 0.5-2.5.....	107
FLUCONAZOLE TAB 50MG	34	FLUTICASONE OIN 0.005%	100	FYAVOLV TAB 1-5.....	107
FLUCONAZOLE TAB 100MG.....	34	FLUTICASONE SPR 50MCG	139	FYCOMPA SUS 0.5MG/ML.....	25
FLUCONAZOLE TAB 150MG	34	FLUTIC/SALME AER 100/50.....	139	GABAPENTIN CAP 100MG.....	25
FLUCONAZOLE TAB 200MG.....	34	FLUTIC/SALME AER 250/50.....	139	GABAPENTIN CAP 300MG	25
FLUCYTOSINE CAP 250MG	34	FLUTIC/SALME AER 500/50	139	GABAPENTIN CAP 400MG	25
FLUCYTOSINE CAP 500MG	34	FLUTIC/SALME INH 55/14.....	139	GABAPENTIN SOL 250/5ML.....	25
FLUDROCORT TAB 0.1MG	99	FLUTIC/SALME INH 113/14.....	139	GABAPENTIN TAB 600MG.....	25
FLULAVAL INJ 2024-25.....	122	FLUTIC/SALME INH 232/14	139	GABAPENTIN TAB 800MG.....	25
FLUMIST NASA LIQ 2024-25	122	FLUVASTATIN CAP 20MG.....	70	GALANTAMINE CAP 8MG ER.....	28
FLUNISOLIDE SPR 0.025%	139	FLUVASTATIN CAP 40MG.....	71	GALANTAMINE CAP 16MG ER.....	28
FLUOCIN ACET CRE 0.01%	99	FLUVOXAMINE CAP 100MG ER	30	GALANTAMINE CAP 24MG ER.....	28
FLUOCIN ACET CRE 0.025%.....	99	FLUVOXAMINE CAP 150MG ER.....	30	GALANTAMINE SOL 4MG/ML	28
FLUOCIN ACET OIL 0.01%.....	99	FLUVOXAMINE TAB 25MG	30	GALANTAMINE TAB 4MG	28
FLUOCIN ACET OIL 0.01%.....	136	FLUVOXAMINE TAB 50MG	30	GALANTAMINE TAB 8MG	28
FLUOCIN ACET OIL 0.01%BDY	100	FLUVOXAMINE TAB 100MG	30	GALANTAMINE TAB 12MG.....	28
FLUOCIN ACET OIL 0.01% SC	99	FLUZONE HD INJ 2024-25.....	122	GALLIFREY TAB 5MG	107
FLUOCIN ACET OIL BODY.....	100	FLUZONE INJ 2024-25.....	122	GALZIN CAP 25MG	88
FLUOCIN ACET OIL EAR0.01%	136	FLUZONE INJ 2024-25.....	122	GALZIN CAP 50MG	88
FLUOCIN ACET OIL SCALP.....	100	FOLIC ACID TAB 1MG.....	88	GARDASIL 9 INJ	122
FLUOCIN ACET OIN 0.025%.....	100	FOLIC ACID TAB 400MCG	88	GARDASIL 9 INJ	122
FLUOCIN ACET SOL 0.01%	100	FOLIC ACID TAB 800MCG	88	GATIFLOXACIN SOL 0.5%	134
FLUOCINONIDE CRE 0.05%.....	100	FOLIC ACID TAB 1000MCG.....	88	GAUZE PAD 2"X2"	129
FLUOCINONIDE CRE E 0.05%.....	100	FOLIVANE-OB CAP	88	GAVILAX POW	92
FLUOCINONIDE GEL 0.05%.....	100	FONDAPARINUX INJ 2.5/0.5.....	63	GAVILYTE-C SOL.....	93
FLUOCINONIDE OIN 0.05%.....	100	FONDAPARINUX INJ 5/0.4ML.....	63	GAVILYTE-G SOL.....	93
FLUOCINONIDE SOL 0.05%.....	100	FONDAPARINUX INJ 7.5/0.6.....	63	GEFITINIB TAB 250MG	40
FLUORIDE CHW 0.5MG F.....	88	FONDAPARINUX INJ 10/0.8ML.....	63	GEMFIBROZIL TAB 600MG.....	71
FLUORIDE CHW 0.25MG F.....	88	FORMOTEROL NEB 20/2ML.....	139	GEMMILY CAP 1/20	107
FLUORIDE CHW 1MG F	88	FOSAMPRENAVI TAB 700MG.....	52	GENERLAC SOL 10/15ML.....	93
FLUORITAB DRO 0.125MG.....	88	FOSFOMYCIN POW 3GM	22	GENERLAC SOL 10GM/15	93
FLUOROMETHOL SUS 0.1% OP.....	134	FOSINOP/HCTZ TAB 10/12.5.....	71	GENGRAF CAP 25MG	122
FLUOROURACIL CRE 0.5%	40	FOSINOP/HCTZ TAB 20/12.5	71	GENGRAF CAP 100MG	122
FLUOROURACIL CRE 5%	40	FOSINOPRIL TAB 10MG	71	GENGRAF SOL 100MG/ML	122
FLUOROURACIL SOL 2%	40	FOSINOPRIL TAB 20MG	71	GENTAMICIN CRE 0.1%.....	22
FLUOROURACIL SOL 5%	40	FOSINOPRIL TAB 40MG.....	71	GENTAMICIN OIN 0.1%.....	22
FLUOXETINE CAP 10MG.....	30	FOSRENOL POW 750MG	88	GENTAMICIN SOL 0.3% OP.....	134
FLUOXETINE CAP 20MG	30	FOSRENOL POW 1000MG	88	GENTLELAX POW.....	93
FLUOXETINE CAP 40MG	30	FREE LIBRE2 KIT PLUS/SEN	129	GENVOYA TAB.....	52
FLUOXETINE CAP 90MG DR	30	FREE LIBRE3 KIT PLUS/SEN.....	129	GG/CODEINE SOL 100-10/5	139
FLUOXETINE SOL 20MG/5ML	30	FREESTYLE MIS READER	129	GILOTRIF TAB 20MG.....	40
FLUOXETINE TAB 10MG	30	FREESTY LIBR KIT 2 SENSOR.....	129	GILOTRIF TAB 30MG.....	40
FLUOXETINE TAB 20MG.....	30	FREESTY LIBR KIT 3 SENSOR.....	129	GILOTRIF TAB 40MG	40
FLUPHENAZINE CON 5MG/ML	48	FREESTY LIBR KIT SENSOR.....	129	GILTUSS TAB 10-388MG	139

GLATIRAMER INJ 20MG/ML	82	GVOKE HYPO 2 INJ 0.5/1ML	58	HUMALOG KWIK INJ 100/ML	58
GLATIRAMER INJ 40MG/ML	82	GVOKE HYPO 2 INJ 1MG/.2ML	58	HUMALOG KWIK INJ 200/ML	58
GLATOPA INJ 20MG/ML	82	GVOKE KIT SOL 1MG/0.2M	58	HUMALOG MIX INJ 50/50.....	58
GLATOPA INJ 40MG/ML	82	GVOKE PFS INJ	58	HUMALOG MIX INJ 50/50KWP.....	58
GLEOSTINE CAP 10MG	40	GVOKE PFS INJ	58	HUMALOG MIX INJ 75/25KWP	58
GLEOSTINE CAP 40MG.....	40	GYNAZOLE-1 CRE 2%	35	HUMALOG MIX SUS 75/25.....	58
GLEOSTINE CAP 100MG	40	GYNOL II GEL 3%	97	HUMATIN CAP 250MG	22
GLIMEPIRIDE TAB 1MG.....	57	HADLIMA INJ 40/0.4ML.....	123	HUMULIN INJ 70/30.....	58
GLIMEPIRIDE TAB 2MG.....	57	HADLIMA INJ 40/0.8ML.....	123	HUMULIN INJ 70/30KWP	58
GLIMEPIRIDE TAB 4MG	57	HADLIMA PUSH INJ 40/0.4ML	123	HUMULIN N INJ U-100	58
GLIPIZIDE ER TAB 2.5MG	57	HADLIMA PUSH INJ 40/0.8ML	123	HUMULIN N INJ U-100KWP	58
GLIPIZIDE ER TAB 5MG.....	57	HAEGARDA INJ 2000UNIT	123	HUMULIN R INJ U-100.....	58
GLIPIZIDE ER TAB 10MG	57	HAEGARDA INJ 3000UNIT	123	HUMULIN R INJ U-500	58
GLIPIZIDE TAB 2.5MG	57	HAILEY 24 TAB FE.....	107	HUMULIN R INJ U-500	58
GLIPIZIDE TAB 5MG	57	HAILEY FE TAB 1.5/30.....	107	HYCAMTIN CAP 0.25MG.....	40
GLIPIZIDE TAB 10MG.....	57	HAILEY FE TAB 1/20	107	HYCAMTIN CAP 1MG	40
GLIP/METFORM TAB 2.5-250.....	57	HAILEY TAB 1.5/30	107	HYD POL/CPM SUS 10-8/5ML.....	139
GLIP/METFORM TAB 2.5-250M.....	57	HALOBETASOL CRE 0.05%	100	HYDRALAZINE TAB 10MG	71
GLIP/METFORM TAB 2.5-500.....	57	HALOBETASOL OIN 0.05%	100	HYDRALAZINE TAB 25MG	71
GLIP/METFORM TAB 2.5-500M.....	57	HALOETTE MIS.....	107	HYDRALAZINE TAB 50MG	71
GLIP/METFORM TAB 5-500MG	57	HALOPERIDOL CON 2MG/ML.....	48	HYDRALAZINE TAB 100MG.....	71
GLUCAGON EMR SOL 1MG.....	57	HALOPERIDOL TAB 0.5MG	48	HYDRO/ACETA SOL 10-325MG.....	12
GLUCAGON KIT 1MG	57	HALOPERIDOL TAB 1MG.....	48	HYDROCHLOROT CAP 12.5MG	71
GLUCAGON KIT 1MG	57	HALOPERIDOL TAB 2MG	48	HYDROCHLOROT TAB 12.5MG.....	71
GLUCOSE BITS CHW 1GM	129	HALOPERIDOL TAB 5MG	48	HYDROCHLOROT TAB 25MG	71
GLUCOSE GEL 15GM/33G.....	129	HALOPERIDOL TAB 10MG	48	HYDROCHLOROT TAB 50MG.....	71
GLUCOSE GEL 40%.....	129	HALOPERIDOL TAB 20MG	48	HYDROC/HOMAT TAB 5-1.5MG.....	140
GLYB/METFORM TAB 1.25-250	57	HAVRIX INJ 720UNIT	123	HYDROCO/APAP SOL 75-325	12
GLYB/METFORM TAB 2.5-500	57	HAVRIX INJ 1440UNIT.....	123	HYDROCO/APAP TAB 2.5-325.....	12
GLYB/METFORM TAB 5-500MG	57	HC/ACET ACID SOL 1-2%OTIC	136	HYDROCO/APAP TAB 5-325MG	12
GLYBURIDE TAB 1.25MG	58	HC BUTYRATE CRE 0.1%	100	HYDROCO/APAP TAB 7.5-325.....	12
GLYBURIDE TAB 2.5MG	58	HC BUTYRATE CRE 0.1%	100	HYDROCO/APAP TAB 10-325MG	12
GLYBURIDE TAB 5MG.....	58	HC BUTYRATE OIN 0.1%	100	HYDROCOD/HOM SOL 5-1.5/5.....	140
GLYBURID MCR TAB 1.5MG	58	HC BUTYRATE SOL 0.1%	100	HYDROCOD/HOM SYP 5-1.5/5	140
GLYBURID MCR TAB 3MG.....	58	HC PRAMOXINE CRE 1-1%	127	HYDROCOD/IBU TAB 5-200MG	12
GLYBURID MCR TAB 6MG	58	HC VALERATE CRE 0.2%	100	HYDROCOD/IBU TAB 7.5-200	12
GLYCOLAX POW 3350 NF	93	HC VALERATE OIN 0.2%.....	100	HYDROCOD/IBU TAB 10-200MG.....	12
GLYCOPYRROL TAB 1MG	93	HEATHER TAB 0.35MG	107	HYDROCODONE CAP 10MG ER	12
GLYCOPYRROL TAB 2MG	93	HEPARIN SOD INJ 1000/ML.....	63	HYDROCODONE CAP 15MG ER	12
GLYDO GEL 2%.....	16	HEPARIN SOD INJ 2000/2ML.....	63	HYDROCODONE CAP 20MG ER.....	12
GNP GLUCOSE CHW 2GM	129	HEPARIN SOD INJ 5000/0.5	63	HYDROCODONE CAP 30MG ER.....	12
GRANISETRON TAB 1MG	33	HEPARIN SOD INJ 5000/0.5	63	HYDROCODONE CAP 40MG ER.....	12
GRISEOFULVIN SUS 125/5ML	34	HEPARIN SOD INJ 5000/ML	63	HYDROCODONE CAP 50MG ER.....	12
GRISEOFULVIN TAB MICR 500	34	HEPARIN SOD INJ 5000/ML	63	HYDROCORT CRE 2.5%	100
GRISEOFULVIN TAB ULTR 125	34	HEPARIN SOD INJ 10000/10	63	HYDROCORT ENE 100MG	127
GRISEOFULVIN TAB ULTR 250.....	34	HEPARIN SOD INJ 10000/ML	63	HYDROCORTISO CRE 2.5%	127
GUANFACINE TAB 1MG.....	71	HEPARIN SOD INJ 20000/ML.....	63	HYDROCORT LOT 2.5%	100
GUANFACINE TAB 1MG ER	82	HEPARIN SOD INJ 30000/30	63	HYDROCORT OIN 1%	100
GUANFACINE TAB 2MG.....	71	HEPARIN SOD INJ 50000/10.....	63	HYDROCORT OIN 2.5%	100
GUANFACINE TAB 2MG ER	83	HEPLISAV-B INJ 20/0.5ML	123	HYDROCORT TAB 5MG	100
GUANFACINE TAB 3MG ER	83	HER STYLE TAB 1.5MG	107	HYDROCORT TAB 10MG	100
GUANFACINE TAB 4MG ER	83	HIBERIX SOL 10MCG	123	HYDROCORT TAB 20MG.....	100
GVOKE HYPO 1 INJ 0.5/1ML	58	HUMALOG INJ 100/ML.....	58	HYDROGEN PER SOL 3%	130
GVOKE HYPO 1 INJ 1MG/.2ML	58	HUMALOG JR INJ 100/ML	58	HYDROMET SYP 5-1.5/5	140

HYDROMORPHON LIQ 1MG/ML	12	INDAPAMIDE TAB 2.5MG	71	IPRATROPIUM/ SOL ALBUTER	140
HYDROMORPHON TAB 2MG	12	INDOMETHACIN CAP 25MG	13	IPRATROPIUM SPR 0.03%.....	140
HYDROMORPHON TAB 4MG	13	INDOMETHACIN CAP 50MG	13	IPRATROPIUM SPR 0.06%	140
HYDROMORPHON TAB 8MG	13	INDOMETHACIN CAP 75MG ER.....	13	IRBESAR/HCTZ TAB 150-12.5.....	71
HYDROMORPHON TAB 8MG ER.....	13	INFANRIX INJ.....	123	IRBESAR/HCTZ TAB 300-12.5.....	71
HYDROMORPHON TAB 12MG ER.....	12	INGREZZA CAP 40-80MG	83	IRBESARTAN TAB 75MG	72
HYDROMORPHON TAB 16MG ER.....	12	INGREZZA CAP 40MG	83	IRBESARTAN TAB 150MG	71
HYDROMORPHON TAB 32MG ER.....	13	INGREZZA CAP 40MG	83	IRBESARTAN TAB 300MG.....	72
HYDROXYCHLOR TAB 100MG	45	INGREZZA CAP 60MG	83	ISENTRESS POW 100MG.....	52
HYDROXYCHLOR TAB 200MG	45	INGREZZA CAP 60MG	83	ISIBLOOM TAB	107
HYDROXYUREA CAP 500MG	40	INGREZZA CAP 80MG	83	ISONIAZID SYP 50MG/5ML	38
HYDROXYZ HCL SYP 10MG/5ML	55	INGREZZA CAP 80MG	83	ISONIAZID TAB 100MG.....	38
HYDROXYZ HCL TAB 10MG	55	INLYTA TAB 1MG	40	ISONIAZID TAB 300MG.....	38
HYDROXYZ HCL TAB 25MG.....	55	INLYTA TAB 5MG.....	40	ISOP ALCOHOL SOL 70% RUB.....	131
HYDROXYZ HCL TAB 50MG.....	55	INS DEGL FLX INJ 100UNIT.....	59	ISOPTO ATROP SOL 1% OP	134
HYDROXYZINE SOL 50/25ML	55	INS DEGL FLX INJ 200UNIT.....	59	ISOSO/HYDRAL TAB 20-37.5.....	72
HYDROXYZ PAM CAP 25MG	55	INSPIREASE MIS DD SYST	130	ISOSORB DIN TAB 5MG.....	72
HYDROXYZ PAM CAP 50MG	55	INSPIREASE MIS RES BAG	130	ISOSORB DIN TAB 10MG	72
HYDROXYZ PAM CAP 100MG.....	55	INS SYR U500 MIS 31GX6MM	130	ISOSORB DIN TAB 20MG	72
HYPERSAL NEB 3.5%.....	140	INSTA-GLUCOS GEL 77.4%	130	ISOSORB DIN TAB 30MG	72
HYPERSAL NEB 7%.....	140	INSULIN ASPA INJ 70/30.....	59	ISOSORB MONO TAB 10MG	72
IBANDRONATE TAB 150MG.....	128	INSULIN DEGL INJ 100UNIT	59	ISOSORB MONO TAB 20MG.....	72
IBUPROFEN TAB 400MG	13	INSULIN LISP INJ 100/ML	59	ISOSORB MONO TAB 30MG ER	72
IBUPROFEN TAB 600MG	13	INSULIN LISP INJ 100/ML	59	ISOSORB MONO TAB 60MG ER	72
IBUPROFEN TAB 800MG	13	INSULIN LISP INJ JUNIOR.....	59	ISOSORB MONO TAB 120MG ER	72
IBU TAB 400MG.....	13	INSULIN LISP INJ PROTAMIN.....	59	ISOTRETINOIN CAP 10MG	86
IBU TAB 600MG.....	13	INSULIN SRYG MIS 1ML/32G.....	130	ISOTRETINOIN CAP 20MG	86
IBU TAB 800MG.....	13	INSULIN SYRG MIS 0.3/29G.....	130	ISOTRETINOIN CAP 30MG	86
ICATIBANT INJ 30MG/3ML	123	INSULIN SYRG MIS 0.3/30G.....	130	ISOTRETINOIN CAP 40MG	86
ICLEVIA TAB	107	INSULIN SYRG MIS 0.3/30G.....	130	ISRADIPINE CAP 2.5MG	72
ICOSAPENT CAP 0.5GM	71	INSULIN SYRG MIS 0.3/31G	130	ISRADIPINE CAP 5MG	72
ICOSAPENT CAP 1GM	71	INSULIN SYRG MIS 0.3/31G	130	ITRACONAZOLE CAP 100MG	35
IMATINIB MES TAB 100MG	40	INSULIN SYRG MIS 0.5/28G.....	130	ITRACONAZOLE SOL 10MG/ML	35
IMATINIB MES TAB 400MG.....	40	INSULIN SYRG MIS 0.5/29G.....	130	ITRACONAZOLE SOL 100/10ML	35
IMBRUVICA CAP 70MG.....	40	INSULIN SYRG MIS 0.5/30G.....	130	IVABRADINE TAB 5MG	72
IMBRUVICA CAP 140MG.....	40	INSULIN SYRG MIS 0.5/30G.....	130	IVABRADINE TAB 75MG	72
IMBRUVICA SUS 70MG/ML.....	40	INSULIN SYRG MIS 0.5/31G	130	IVERMECTIN CRE 1%	86
IMBRUVICA TAB 140MG	40	INSULIN SYRG MIS 0.5/31G	130	IVERMECTIN LOT 0.5%	45
IMBRUVICA TAB 280MG.....	40	INSULIN SYRG MIS 0.5/32G.....	130	IVERMECTIN TAB 3MG	45
IMBRUVICA TAB 420MG.....	40	INSULIN SYRG MIS 1ML/27G.....	130	JAIMIESS TAB.....	107
IMBRUVICA TAB 560MG.....	40	INSULIN SYRG MIS 1ML/28G.....	130	JAKAFI TAB 5MG.....	41
IMIPRAM HCL TAB 10MG	30	INSULIN SYRG MIS 1ML/28G.....	130	JAKAFI TAB 10MG.....	40
IMIPRAM HCL TAB 25MG	31	INSULIN SYRG MIS 1ML/29G.....	130	JAKAFI TAB 15MG.....	40
IMIPRAM HCL TAB 50MG.....	31	INSULIN SYRG MIS 1ML/29G.....	130	JAKAFI TAB 20MG	41
IMIPRAM PAM CAP 75MG	31	INSULIN SYRG MIS 1ML/30G	130	JAKAFI TAB 25MG	41
IMIPRAM PAM CAP 100MG	31	INSULIN SYRG MIS 1ML/30G	130	JANTOVEN TAB 1MG.....	63
IMIPRAM PAM CAP 125MG	31	INSULIN SYRG MIS 1ML/31G.....	130	JANTOVEN TAB 2.5MG.....	63
IMIPRAM PAM CAP 150MG	31	INSULIN SYRG MIS 1ML/31G.....	131	JANTOVEN TAB 2MG	63
IMIQUIMOD CRE 5%.....	86	INTELENCE TAB 25MG	52	JANTOVEN TAB 3MG	64
INATAL GT TAB	88	INTROVALE TAB.....	107	JANTOVEN TAB 4MG	64
INCASSIA TAB 0.35MG.....	107	INVELTYS SUS 1%	134	JANTOVEN TAB 5MG	64
INCRELEX INJ 40MG/4ML	102	IOPIDINE SOL 1% OP	134	JANTOVEN TAB 6MG	64
INCRUSE ELPT INH 62.5MCG	140	IPOL INJ INACTIVE.....	123	JANTOVEN TAB 75MG	64
INDAPAMIDE TAB 1.25MG	71	IPRATROPIUM SOL 0.02%INH.....	140	JANTOVEN TAB 10MG	63

JARDIANCE TAB 10MG	59	LACOSAMIDE SOL 50/5ML	25	LENVIMA CAP 10 MG	41
JARDIANCE TAB 25MG	59	LACOSAMIDE SOL 50MG/5ML	25	LENVIMA CAP 12MG	41
JASMIEL TAB 3-0.02MG	107	LACOSAMIDE SOL 100/10ML	25	LENVIMA CAP 14 MG	41
JENCYCLA TAB 0.35MG	107	LACOSAMIDE SOL 150/15ML	25	LENVIMA CAP 18 MG	41
JINTELI TAB 1MG-5MCG	107	LACOSAMIDE SOL 200/20ML	25	LENVIMA CAP 20 MG	41
JOLESSA TAB	107	LACOSAMIDE TAB 50MG	25	LENVIMA CAP 24 MG	41
JOYEAX TAB 0.1-20	107	LACOSAMIDE TAB 100MG	25	LESSINA TAB	108
JULEBER TAB	107	LACOSAMIDE TAB 150MG	25	LETROZOLE TAB 2.5MG	42
JULUCA TAB 50-25MG	52	LACOSAMIDE TAB 200MG	25	LEUCOVOR CA TAB 5MG	42
JUNEL 1.5/30 TAB	107	LACTULOSE PAK 10GM	93	LEUCOVOR CA TAB 10MG	42
JUNEL 1/20 TAB	107	LACTULOSE PAK 20GM	93	LEUCOVOR CA TAB 15MG	42
JUNEL FE 24 TAB 1/20	107	LACTULOSE SOL 10GM/15	93	LEUCOVOR CA TAB 25MG	42
JUNEL FE TAB 1.5/30	108	LACTULOSE SOL 10GM/15	93	LEUKERAN TAB 2MG	42
JUNEL FE TAB 1/20	108	LACTULOSE SOL 20/30ML	93	LEUPROLIDE INJ 1MG/0.2	119
JYNNEOS INJ	123	LAGEVRIO CAP 200MG	131	LEUPROLIDE INJ 14 DAY	119
KAITLIB FE CHW	108	LAMIVUDINE SOL 10MG/ML	52	LEUPROLIDE KIT 1MG/0.2	119
KALLIGA TAB	108	LAMIVUDINE TAB 100MG	52	LEUPROLIDE KIT 14 DAY	119
KARIVA TAB 28 DAY	108	LAMIVUDINE TAB 150MG	52	LEVALBUTEROL NEB 0.31MG	140
KELNOR 1/50 TAB	108	LAMIVUDINE TAB 300MG	52	LEVALBUTEROL NEB 0.63MG	140
KELNOR TAB 1/35	108	LAMIVUD/ZIDO TAB 150-300	52	LEVALBUTEROL NEB 1.25/0.5	140
KETOCONAZOLE CRE 2%	35	LAMOTRIGINE CHW 5MG	25	LEVALBUTEROL NEB 1.25MG	140
KETOCONAZOLE SHA 2%	35	LAMOTRIGINE CHW 25MG	25	LEVEMIR INJ	59
KETOCONAZOLE TAB 200MG	35	LAMOTRIGINE TAB 25MG	26	LEVEMIR INJ FLEXPEN	59
KETO-DIASTIX TES	131	LAMOTRIGINE TAB 100MG	25	LEVETIRACETA SOL 100MG/ML	26
KETOPROFEN CAP 25MG	13	LAMOTRIGINE TAB 150MG	25	LEVETIRACETA SOL 500/5ML	26
KETOPROFEN CAP 50MG	13	LAMOTRIGINE TAB 200MG	26	LEVETIRACETA TAB 250MG	26
KETOPROFEN CAP 200MG ER	13	LANCET DEVIC MIS ADJUST	56	LEVETIRACETA TAB 500MG	26
KETOROLAC SOL 0.4%	134	LANCETS MIS	56	LEVETIRACETA TAB 500MG ER	26
KETOROLAC SOL 0.5%	134	LANSOPR/AMOX PAK /CLARITH	93	LEVETIRACETA TAB 750MG	26
KETOROLAC SOL 0.5% OP	134	LANSOPRAZOLE CAP 15MG DR	93	LEVETIRACETA TAB 750MG ER	26
KETOROLAC TAB 10MG	13	LANSOPRAZOLE CAP 30MG DR	93	LEVETIRACETA TAB 1000MG	26
KINRIX INJ	123	LANTHANUM CHW 500MG	89	LEVOBUNOLOL SOL 0.5% OP	134
KISQALI 200 PAK FEMARA	41	LANTHANUM CHW 750MG	89	LEVOCARNITIN SOL 1GM/10ML	89
KISQALI 400 PAK FEMARA	41	LANTHANUM CHW 1000MG	89	LEVOCARNITIN TAB 330MG	89
KISQALI 600 PAK FEMARA	41	LARIN 24 TAB FE 1/20	108	LEVOCETIRIZI SOL 2.5/5ML	140
KISQALI TAB 200DOSE	41	LARIN FE TAB 1.5/30	108	LEVOCETIRIZI TAB 5MG	140
KISQALI TAB 400DOSE	41	LARIN FE TAB 1/20	108	LEVO-ETH EST TAB 90-20MCG	108
KISQALI TAB 600DOSE	41	LARIN TAB 1.5/30	108	LEVOFLOXACIN SOL 1.5%	134
KLAYESTA POW 100000	35	LARIN TAB 1/20	108	LEVOFLOXACIN SOL 25MG/ML	22
KLOR-CON 8 TAB 8MEQ ER	88	LASTACFT SOL 0.25%	134	LEVOFLOXACIN TAB 250MG	22
KLOR-CON 10 TAB 10MEQ ER	88	LATANOPROST SOL 0.005%	134	LEVOFLOXACIN TAB 500MG	22
KLOR-CON/EF TAB 25MEQ	89	LAYOLIS FE CHW	108	LEVOFLOXACIN TAB 750MG	22
KLOR-CON M10 TAB 10MEQ ER	88	LEDIP-SOFOSB TAB 90-400MG	52	LEVONEST TAB	108
KLOR-CON M15 TAB 15MEQ ER	89	LEENA TAB	108	LEVONOR/ETHI TAB	108
KLOR-CON M20 TAB 20MEQ ER	89	LEFLUNOMIDE TAB 10MG	123	LEVONOR/ETHI TAB 0.1-0.02	108
KLOR-CON PAK 20MEQ	89	LEFLUNOMIDE TAB 20MG	123	LEVONOR/ETHI TAB 0.1-20	108
KRISTALOSE PAK 10GM	93	LLENALIDOMIDE CAP 2.5MG	41	LEVONOR/ETHI TAB ESTRADIO	108
KRISTALOSE PAK 20GM	93	LLENALIDOMIDE CAP 5MG	41	LEVONOR/ETHI TAB ESTRADIO	108
KURVELO TAB 0.15/30	108	LLENALIDOMIDE CAP 10MG	41	LEVONOR/ETHI TAB ESTRADIO	108
LABETALOL TAB 100MG	72	LLENALIDOMIDE CAP 15MG	41	LEVONOR/ETHI TAB ESTRADIO	109
LABETALOL TAB 200MG	72	LLENALIDOMIDE CAP 20MG	41	LEVONOR/ETHI TAB ESTRADIO	109
LABETALOL TAB 300MG	72	LLENALIDOMIDE CAP 25MG	41	LEVONORGESTR TAB 1.5MG	109
LABETALOL TAB 400MG	72	LENVIMA CAP 4MG	41	LEVORA-28 TAB 0.15/30	109
LACOSAMIDE SOL 10MG/ML	25	LENVIMA CAP 8 MG	41	LEVORPHANOL TAB 2MG	13

LEVORPHANOL TAB 3MG	13	LISINOP/HCTZ TAB 20-12.5.....	72	LURASIDONE TAB 60MG	48
LEVOTHYROXIN TAB 25MCG.....	116	LISINOP/HCTZ TAB 20-25MG	72	LURASIDONE TAB 80MG	48
LEVOTHYROXIN TAB 50MCG.....	116	LISINOPRIL TAB 2.5MG.....	72	LURASIDONE TAB 120MG	48
LEVOTHYROXIN TAB 75MCG.....	116	LISINOPRIL TAB 5MG.....	72	LUTERA TAB.....	109
LEVOTHYROXIN TAB 88MCG.....	116	LISINOPRIL TAB 10MG	72	LYLEQ TAB 0.35MG	109
LEVOTHYROXIN TAB 100MCG	116	LISINOPRIL TAB 20MG	72	LYLLANA DIS 0.1MG	109
LEVOTHYROXIN TAB 112MCG	116	LISINOPRIL TAB 30MG	72	LYLLANA DIS 0.05MG.....	109
LEVOTHYROXIN TAB 125MCG.....	116	LISINOPRIL TAB 40MG	72	LYLLANA DIS 0.025MG	109
LEVOTHYROXIN TAB 137MCG.....	116	LITHIUM CARB CAP 150MG	55	LYLLANA DIS 0.075MG	109
LEVOTHYROXIN TAB 150MCG.....	116	LITHIUM CARB CAP 300MG.....	55	LYLLANA DIS 0.0375MG	109
LEVOTHYROXIN TAB 175MCG.....	116	LITHIUM CARB CAP 600MG.....	55	LYNPARZA TAB 100MG.....	42
LEVOTHYROXIN TAB 200MCG.....	116	LITHIUM CARB TAB 300MG	55	LYNPARZA TAB 150MG.....	42
LEVOTHYROXIN TAB 300MCG	116	LITHIUM CARB TAB 300MG ER.....	55	LYSODREN TAB 500MG.....	119
LEVO-T TAB 25MCG	115	LITHIUM CARB TAB 450MG ER.....	56	LYZA TAB 0.35MG	109
LEVO-T TAB 50MCG	115	LITHIUM SOL 8MEQ/5ML	56	MAFENIDE ACE PAK 5%	22
LEVO-T TAB 75MCG	116	LOJAIMIESS TAB.....	109	MAG CITRATE SOL LEMON.....	94
LEVO-T TAB 88MCG	116	LOKELMA PAK 5GM.....	89	MALATHION LOT 0.5%	45
LEVO-T TAB 100MCG	115	LOKELMA PAK 10GM.....	89	MARAVIROC TAB 150MG	52
LEVO-T TAB 112MCG.....	115	LO LOESTRIN TAB 1-10-10	109	MARAVIROC TAB 300MG	52
LEVO-T TAB 125MCG	115	LOPERAMIDE CAP 2MG	94	MARLISSA TAB 0.15/30	109
LEVO-T TAB 137MCG	115	LOPIN/RITON SOL 80-20/ML.....	52	MARPLAN TAB 10MG	31
LEVO-T TAB 150MCG	115	LOPIN/RITON TAB 100-25MG.....	52	MASK VORTEX/ MIS FROG	131
LEVO-T TAB 175MCG	115	LOPIN/RITON TAB 200-50MG	52	MATULANE CAP 50MG	42
LEVO-T TAB 200MCG.....	115	LORAZEPAM CON 2MG/ML	55	MATZIM LA TAB 180MG/24	73
LEVO-T TAB 300 MCG	115	LORAZEPAM TAB 0.5MG	55	MATZIM LA TAB 240MG/24	73
LEVOXYL TAB 25MCG	116	LORAZEPAM TAB 1MG	55	MATZIM LA TAB 300MG/24.....	73
LEVOXYL TAB 50MCG	116	LORAZEPAM TAB 2MG	55	MATZIM LA TAB 360MG/24.....	73
LEVOXYL TAB 75MCG	116	LORBRENA TAB 25MG	42	MATZIM LA TAB 420MG/24.....	73
LEVOXYL TAB 88MCG	116	LORBRENA TAB 100MG.....	42	MAXICOMFORT MIS 27GX1/2	131
LEVOXYL TAB 100MCG.....	116	LORYNA TAB 3-0.02MG	109	MAXICOMFORT MIS 27GX1/2"	131
LEVOXYL TAB 112MCG.....	116	LOSARTAN/HCT TAB 50-12.5	73	MECLIZINE TAB 25MG.....	33
LEVOXYL TAB 125MCG	116	LOSARTAN/HCT TAB 100-12.5	72	MECLIZINE TAB 50MG	33
LEVOXYL TAB 137MCG	116	LOSARTAN/HCT TAB 100-25.....	72	MECLOFEN SOD CAP 50MG	13
LEVOXYL TAB 150MCG	116	LOSARTAN POT TAB 25MG	72	MECLOFEN SOD CAP 100MG	13
LEVOXYL TAB 175MCG	116	LOSARTAN POT TAB 50MG	72	MEDROXYPR AC INJ 150MG/ML....	109
LEVOXYL TAB 200MCG.....	116	LOSARTAN POT TAB 100MG	72	MEDROXYPR AC INJ 150MG/ML....	109
LEXIVA SUS 50MG/ML.....	52	LOTEMAX OIN 0.5%.....	134	MEDROXYPR AC TAB 2.5MG	109
LIDOCAINE GEL 2% JELLY	16	LOTEMAX SM GEL 0.38%	134	MEDROXYPR AC TAB 5MG.....	109
LIDOCAINE GEL 2% JELLY	16	LOTEPREDNOL SUS 0.5%.....	134	MEDROXYPR AC TAB 10MG.....	109
LIDOCAINE PAD 5%	16	LOVASTATIN TAB 10MG	73	MEFENAM ACID CAP 250MG.....	13
LIDOCAINE SOL 2% ORAL.....	16	LOVASTATIN TAB 20MG.....	73	MEFLOQUINE TAB 250MG	45
LIDOCAINE SOL 2% VISC.....	16	LOVASTATIN TAB 40MG	73	MEGESTROL AC SUS 40MG/ML....	110
LIDOCAINE SOL 4%	16	LOW-OGESTREL TAB	109	MEGESTROL AC SUS 400MG/10	110
LIDO/PRILOCN CRE 2.5-2.5%.....	16	LOXAPINE CAP 5MG.....	48	MEGESTROL AC SUS 800MG/20....	110
LINEZOLID SUS 100/5ML	22	LOXAPINE CAP 10MG.....	48	MEGESTROL AC TAB 20MG.....	110
LINEZOLID TAB 600MG	22	LOXAPINE CAP 25MG.....	48	MEGESTROL AC TAB 40MG	110
LINZESS CAP 72MCG.....	93	LOXAPINE CAP 50MG	48	MEGESTROL SUS 625MG/5M	110
LINZESS CAP 145MCG.....	93	LO-ZUMANDIMI TAB 3-0.02MG	109	MELOXICAM TAB 75MG	13
LINZESS CAP 290MCG	93	LUBIPROSTONE CAP 8MCG.....	94	MELOXICAM TAB 15MG.....	13
LIOTHYRONINE TAB 5MCG	117	LUBIPROSTONE CAP 24MCG.....	94	MELPHALAN TAB 2MG.....	42
LIOTHYRONINE TAB 25MCG	117	LULICONAZOLE CRE 1%.....	35	MEMANTINE HC SOL 2MG/ML.....	28
LIOTHYRONINE TAB 50MCG.....	117	LUMIGAN SOL 0.01% OP.....	134	MEMANTINE SOL 2MG/ML.....	28
LISINOP/HCTZ TAB 10-12.5.....	72	LURASIDONE TAB 20MG	48	MEMANTINE TAB 5MG.....	28
		LURASIDONE TAB 40MG	48	MEMANTINE TAB 10MG	28

MEMANTINE TAB HCL 5MG	28	METHYLPHENID SOL 10MG/5ML	83	MIGERGOT SUP 2/100	36
MEMANTINE TAB HCL 10MG	28	METHYLPHENID TAB 5MG	83	MIGLITOL TAB 25MG	59
MEMANT TITRA PAK 5-10MG	28	METHYLPHENID TAB 10MG	83	MIGLITOL TAB 50MG	59
MENQUADFI INJ.	123	METHYLPHENID TAB 10MG ER	83	MIGLITOL TAB 100MG	59
MENTAX CRE 1%	35	METHYLPHENID TAB 18MG ER	83	MILI TAB 0.25/35	110
MENVEO INJ.	123	METHYLPHENID TAB 20MG	83	MIMVEY TAB 1-0.5MG	110
MENVEO SOL	123	METHYLPHENID TAB 20MG ER	83	MINOCYCLINE CAP 50MG	22
MEPROBAMATE TAB 200MG	55	METHYLPHENID TAB 27MG ER	83	MINOCYCLINE CAP 75MG	22
MEPROBAMATE TAB 400MG	55	METHYLPHENID TAB 36MG ER	83	MINOCYCLINE CAP 100MG	22
MERCAPTOPUR TAB 50MG	42	METHYLPHENID TAB 54MG ER	83	MINOXIDIL TAB 2.5MG	74
MERZEE CAP 1/20	110	METHYLPRED TAB 4MG	101	MINOXIDIL TAB 10MG	74
MESALAMINE CAP 0.375GM	127	METHYLPRED TAB 4MG	101	MINZOYA TAB 0.1-20	110
MESALAMINE ENE 4GM	127	METHYLPRED TAB 8MG	101	MIRALAX POW 3350 NF	94
MESALAMINE KIT 4GM	127	METHYLPRED TAB 16MG	100	MIRTAZAPINE TAB 75MG	31
MESALAMINE SUP 1000MG	127	METHYLPRED TAB 32MG	101	MIRTAZAPINE TAB 15MG	31
MESALAMINE TAB 1.2GM	127	METHYLTESTOS CAP 10MG	110	MIRTAZAPINE TAB 15MG ODT	31
MESNA TAB 400MG	42	METOCLOPRAM SOL 5MG/5ML	33	MIRTAZAPINE TAB 30MG	31
METAXALONE TAB 800MG	144	METOCLOPRAM SOL 10/10ML	33	MIRTAZAPINE TAB 30MG ODT	31
METFORMIN SOL 500/5ML	59	METOCLOPRAM TAB 5MG	33	MIRTAZAPINE TAB 45MG	31
METFORMIN TAB 500MG	59	METOCLOPRAM TAB 10MG	33	MIRTAZAPINE TAB 45MG ODT	31
METFORMIN TAB 500MG ER	59	METOLAZONE TAB 2.5MG	73	MISOPROSTOL TAB 100MCG	94
METFORMIN TAB 750MG ER	59	METOLAZONE TAB 5MG	73	MISOPROSTOL TAB 200MCG	94
METFORMIN TAB 850MG	59	METOLAZONE TAB 10MG	73	MITOSOL KIT 0.2MG	134
METFORMIN TAB 1000MG	59	METOPRL/HCTZ TAB 50-25MG	73	M-M-R II INJ	123
METHADONE CON 10MG/ML	13	METOPRL/HCTZ TAB 100-25MG	73	M-NATAL PLUS TAB	89
METHADONE SOL 5MG/5ML	13	METOPRL/HCTZ TAB 100-50MG	73	MODAFINIL TAB 100MG	145
METHADONE SOL 10MG/5ML	13	METOPROL SUC TAB 25MG ER	73	MODAFINIL TAB 200MG	145
METHADONE TAB 5MG	13	METOPROL SUC TAB 50MG ER	73	MODERNA INJ 2024-25	124
METHADONE TAB 10MG	13	METOPROL SUC TAB 100MG ER	73	MOEXIPRIL TAB 75MG	74
METHAMPHETAM TAB 5MG	83	METOPROL SUC TAB 200MG ER	73	MOEXIPRIL TAB 15MG	74
METHAZOLAMID TAB 25MG	73	METOPROL TAR TAB 25MG	74	MOMETASONE CRE 0.1%	101
METHAZOLAMID TAB 50MG	73	METOPROL TAR TAB 50MG	74	MOMETASONE OIN 0.1%	101
METHENAM HIP TAB 1GM	22	METOPROL TAR TAB 100MG	74	MOMETASONE SOL 0.1%	101
METHIMAZOLE TAB 5MG	120	METRONIDAZOL CRE 0.75%	86	MOMETASONE SPR 50MCG	140
METHIMAZOLE TAB 10MG	120	METRONIDAZOL GEL 0.75%	86	MONO-LINYAH TAB 0.25-35	110
METHOCARBAM TAB 500MG	144	METRONIDAZOL GEL 0.75%VAG	22	MONTELUKAST CHW 4MG	140
METHOCARBAM TAB 750MG	144	METRONIDAZOL LOT 0.75%	86	MONTELUKAST CHW 5MG	140
METHOTREXATE INJ 1GM	123	METRONIDAZOL TAB 250MG	22	MONTELUKAST GRA 4MG	140
METHOTREXATE INJ 1GM/40ML	123	METRONIDAZOL TAB 500MG	22	MONTELUKAST TAB 10MG	140
METHOTREXATE INJ 25MG/ML	123	MEXILETINE CAP 150MG	74	MORPHINE SUL SOL 10/0.5ML	13
METHOTREXATE INJ 25MG/ML	124	MEXILETINE CAP 200MG	74	MORPHINE SUL SOL 10MG/5ML	14
METHOTREXATE INJ 25MG/ML	124	MEXILETINE CAP 250MG	74	MORPHINE SUL SOL 20MG/5ML	14
METHOTREXATE INJ 50MG/2ML ...	124	MIBELAS 24 CHW FE	110	MORPHINE SUL SOL 20MG/ML	14
METHOTREXATE INJ 50MG/2ML ...	124	MICONAZOLE 3 SUP 200MG	35	MORPHINE SUL SOL 100/5ML	13
METHOTREXATE INJ 250/10ML	123	MICRGSTIN 24 TAB FE 1/20	110	MORPHINE SUL TAB 15MG	14
METHOTREXATE TAB 2.5MG	124	MICROGESTIN TAB 1.5/30	110	MORPHINE SUL TAB 15MG ER	14
METHOXSALEN CAP 10MG	86	MICROGESTIN TAB 1/20	110	MORPHINE SUL TAB 30MG	14
METHSCOPOLAM TAB 2.5MG	94	MICROGESTIN TAB FE1.5/30	110	MORPHINE SUL TAB 30MG ER	14
METHSCOPOLAM TAB 5MG	94	MICROGESTIN TAB FE 1/20	110	MORPHINE SUL TAB 60MG ER	14
METHSUXIMIDE CAP 300MG	26	MIDODRINE TAB 2.5MG	74	MORPHINE SUL TAB 100MG ER	14
METHYLDOPA TAB 250MG	73	MIDODRINE TAB 5MG	74	MORPHINE SUL TAB 200MG ER	14
METHYLDOPA TAB 500MG	73	MIDODRINE TAB 10MG	74	MOUNJARO INJ 2.5/0.5	59
METHYLERGON TAB 0.2MG	131	MIFEPREX TAB 200MG	103	MOUNJARO INJ 5MG/0.5	59
METHYLPHENID SOL 5MG/5ML	83	MIFEPRISTONE TAB 200MG	103	MOUNJARO INJ 7.5/0.5	59

MOUNJARO INJ 10MG/0.5	59	NEBIVOLOL TAB 5MG	74	NICOTINE LOZ 4MG MINT	18
MOUNJARO INJ 12.5/0.5	59	NEBIVOLOL TAB 10MG	74	NICOTINE SYS KIT TRANSDER	18
MOUNJARO INJ 15MG/0.5	59	NEBIVOLOL TAB 20MG	74	NICOTINE TD DIS 14MG/24H	18
MOXIFLOXACIN SOL 0.5%	134	NEBUSAL NEB 3%	140	NICOTINE TD DIS 21MG/24H	18
MOXIFLOXACIN SOL 0.5%	134	NEBUSAL NEB 6%	140	NICOTROL INH	18
MOXIFLOXACIN SOL HCL 0.5%	135	NECON TAB 0.5/35	110	NICOTROL NS SPR 10MG/ML	18
MOXIFLOXACIN TAB 400MG	22	NEEDLE COLLE MIS DISPOSAL	131	NIFEDIPINE CAP 10MG	74
MRESVIA INJ 50MCG	124	NEFAZODONE TAB 50MG	31	NIFEDIPINE CAP 20MG	74
MULTAQ TAB 400MG	74	NEFAZODONE TAB 100MG	31	NIFEDIPINE TAB 30MG ER	74
MUPIROCIIN CRE 2%	22	NEFAZODONE TAB 150MG	31	NIFEDIPINE TAB 30MG ER	74
MUPIROCIIN OIN 2%	22	NEFAZODONE TAB 200MG	31	NIFEDIPINE TAB 60MG ER	75
MYALEPT INJ 11.3MG	96	NEFAZODONE TAB 250MG	31	NIFEDIPINE TAB 60MG ER	75
MY CHOICE TAB 1.5MG	110	NEO/BAC/POLY OIN OP	135	NIFEDIPINE TAB 90MG ER	75
MYCOPHENOLAT CAP 250MG	124	NEOMYCIN TAB 500MG	23	NIFEDIPINE TAB 90MG ER	75
MYCOPHENOLAT SUS 200MG/ML	124	NEONATAL PLS TAB 27-1MG	89	NIKKI TAB 3-0.02MG	110
MYCOPHENOLAT TAB 500MG	124	NEONATAL TAB COMPLTE	89	NILUTAMIDE TAB 150MG	42
MYCOPHENOLIC TAB 180MG DR	124	NEONATAL TAB PLUS	89	NIMODIPINE CAP 30MG	75
MYCOPHENOLIC TAB 360MG DR	124	NEO/POLY/BAC OIN /HC 1%OP	135	NISOLDIPINE TAB 8.5MG ER	75
MYLERAN TAB 2MG	42	NEO/POLY/BAC OIN OP	135	NISOLDIPINE TAB 17MG ER	75
MY WAY TAB 1.5MG	110	NEO/POLY/DEX OIN 0.1% OP	135	NISOLDIPINE TAB 20MG ER	75
NABUMETONE TAB 500MG	14	NEO/POLY/DEX SUS 0.1% OP	135	NISOLDIPINE TAB 25.5MG	75
NABUMETONE TAB 750MG	14	NEO/POLY/GRA SOL OP	135	NISOLDIPINE TAB 30MG ER	75
NADOLOL TAB 20MG	74	NEO/POLY/HC SOL 1% OTIC	136	NISOLDIPINE TAB 34MG ER	75
NADOLOL TAB 40MG	74	NEO/POLY/HC SUS 1% OTIC	136	NISOLDIPINE TAB 40MG ER	75
NADOLOL TAB 80MG	74	NEO/POLY/HC SUS OP	135	NITAZOXANIDE TAB 500MG	45
NAFRINSE DRO 0.125MG	89	NEO-SYNALAR CRE	22	NITRO-BID OIN 2%	75
NAFTIFINE CRE HCL 1%	35	NEO-SYNALAR KIT	22	NITRO-DUR DIS 0.3MG/HR	75
NAFTIFINE CRE HCL 2%	35	NEULASTA INJ 6MG/0.6M	64	NITRO-DUR DIS 0.8MG/HR	75
NALOXONE HCL INJ 1MG/ML	17	NEULASTA KIT 6MG/0.6M	64	NITROFURANTN CAP 100MG	23
NALOXONE HCL INJ 2MG/2ML	17	NEVIRAPINE SUS 50MG/5ML	52	NITROFURANTN SUS 25MG/5ML	23
NALOXONE HCL SOL 0.4MG/ML	17	NEVIRAPINE TAB 100MG	52	NITROFURANTN SUS 50/10ML	23
NALOXONE HCL SPR 4MG	17	NEVIRAPINE TAB 200MG	52	NITROFUR MAC CAP 25MG	23
NALOXONE INJ 0.4MG/ML	17	NEVIRAPINE TAB 400MG ER	52	NITROFUR MAC CAP 50MG	23
NALOXONE INJ 0.4MG/ML	17	NEW DAY TAB 1.5MG	110	NITROFUR MAC CAP 100MG	23
NALOXONE INJ 0.4MG/ML	17	NEXTSTELLIS TAB 3-14.2MG	110	NITROGLYCER DIS 0.1MG/HR	75
NALOXONE INJ 4MG/10ML	17	NIACIN ER TAB 500MG	74	NITROGLYCER DIS 0.2MG/HR	75
NALOXONE SPR 4MG	17	NIACIN ER TAB 750MG	74	NITROGLYCER DIS 0.4MG/HR	75
NALTREXONE TAB 50MG	17	NIACIN ER TAB 1000MG	74	NITROGLYCER DIS 0.6MG/HR	75
NAPROXEN DR TAB 375MG	14	NIACIN TAB 500MG	74	NITROGLYCERI OIN 0.4%	75
NAPROXEN DR TAB 500MG	14	NIACIN TAB 500MG ER	74	NITROGLYCERI SUB 0.6MG	75
NAPROXEN SOD TAB 275MG	14	NIACOR TAB 500MG	74	NITROGLYCERN SUB 0.3MG	75
NAPROXEN SOD TAB 550MG	14	NICARDIPINE CAP 20MG	74	NITROGLYCERN SUB 0.4MG	75
NAPROXEN SUS 125/5ML	14	NICARDIPINE CAP 30MG	74	NIVA-PLUS TAB	89
NAPROXEN TAB 250MG	14	NICODERM CQ DIS 7MG/24HR	17	NIVA THYROID TAB 15MG	117
NAPROXEN TAB 375MG	14	NICODERM CQ DIS 14MG/24H	17	NIVA THYROID TAB 30MG	117
NAPROXEN TAB 500MG	14	NICODERM CQ DIS 21MG/24H	17	NIVA THYROID TAB 60MG	117
NARATRIPTAN TAB 1MG	36	NICORETTE GUM 2MG	17	NIVA THYROID TAB 90MG	117
NARATRIPTAN TAB 2.5MG	37	NICORETTE GUM 4MG	17	NIVA THYROID TAB 120MG	117
NARCAN SPR 4MG	17	NICORETTE LOZ 2MG MINT	17	NIZATIDINE CAP 150MG	94
NATACYN SUS 5% OP	135	NICORETTE LOZ 4MG MINT	17	NIZATIDINE CAP 300MG	94
NATEGLINIDE TAB 60MG	59	NICOTINE DIS 7MG/24HR	17	NORA-BE TAB 0.35MG	110
NATEGLINIDE TAB 120MG	59	NICOTINE GUM 2MG	17	NORDITROPIN INJ 5/1.5ML	102
NAYZILAM SPR 5MG	26	NICOTINE GUM 4MG	18	NORDITROPIN INJ 10/1.5ML	102
NEBIVOLOL TAB 2.5MG	74	NICOTINE LOZ 2MG MINT	18	NORDITROPIN INJ 15/1.5ML	102

NORDITROPIN INJ 30/3ML	102	NYLIA TAB 1/35	111	OLUMIANT TAB 4MG	124
NORE/ETH/FER CAP 1/20	111	NYLIA TAB 7/7/7	111	OMEGA-3-ACID CAP 1GM	76
NORE/ETH/FER CHW 0.4MG-35	111	NYMALIZE SOL	75	OMEPRazole CAP 10MG	94
NORELGE/ETHI DIS 150/35	111	NYMYO TAB 0.25-35	111	OMEPRazole CAP 20MG	94
NOR/EST/FF TAB 1.5/30	110	NYSTATIN CRE 100000	35	OMEPRazole CAP 40MG	94
NORETH/ETHIN CHW FE	111	NYSTATIN OIN 100000	35	OMNIFLEX DPR	131
NORETH/ETHIN CHW FE 1/20	111	NYSTATIN OIN 100000U	35	OMNIPOD 5 DX KIT INT G7G6	131
NORETH/ETHIN TAB 0.5-2.5	111	NYSTATIN POW 100000	35	OMNIPOD 5 DX MIS POD G7G6	131
NORETH/ETHIN TAB 1.5/30	111	NYSTATIN SUS 100000	35	OMNIPOD 5 G7 KIT INTRO	131
NORETH/ETHIN TAB 1/20	111	NYSTATIN TAB 500000	35	OMNIPOD 5 G7 MIS PODS	131
NORETH/ETHIN TAB 1MG-5MCG	111	NYSTAT/TRIAM CRE	35	OMNIPOD 5 LB KIT INTRO G6	131
NORETH/ETHIN TAB FE	111	NYSTAT/TRIAM OIN	35	OMNIPOD 5 LB MIS PODS G6	131
NORETH/ETHIN TAB FE 1/20	111	NYSTOP POW 100000	35	OMNITROPE INJ 5/1.5ML	102
NORETHIN ACE TAB 5MG	111	OBSTETRIX EC TAB	89	OMNITROPE INJ 5.8MG	102
NORETHINDRON TAB 0.35MG	111	OBSTETRX ONE CAP 38-1-225	89	OMNITROPE INJ 10/1.5ML	102
NORGEST/ETHI TAB 0.25/35	111	OCELLA TAB 3-0.03MG	111	ONDANSETRON SOL 4MG/5ML	33
NORGEST/ETHI TAB ESTRADIO	111	OCTREOTIDE INJ 50MCG/ML	119	ONDANSETRON TAB 4MG	33
NORGEST/ETHI TAB ESTRADIO	111	OCTREOTIDE INJ 50MCG/ML	119	ONDANSETRON TAB 4MG ODT	33
NORLYROC TAB 0.35MG	111	OCTREOTIDE INJ 100MCG	119	ONDANSETRON TAB 8MG	33
NORPACE CAP 100MG CR	75	OCTREOTIDE INJ 100MCG	119	ONDANSETRON TAB 8MG ODT	33
NORPACE CAP 150MG CR	75	OCTREOTIDE INJ 200MCG	119	ONDANSETRON TAB 24MG	33
NORTREL TAB 0.5/35	111	OCTREOTIDE INJ 500MCG	119	ONETOUCH KIT ULTRA 2	56
NORTREL TAB 1/35	111	OCTREOTIDE INJ 500MCG	119	ONETOUCH KIT VERIO FL	56
NORTREL TAB 7/7/7	111	OCTREOTIDE INJ 1000MCG	119	ONETOUCH LIQ ULT CONT	56
NORTRIPTYLIN CAP 10MG	31	ODEFSEY TAB	52	ONETOUCH LIQ VERIO	56
NORTRIPTYLIN CAP 25MG	31	OFLOXACIN DRO 0.3% OP	135	ONETOUCH LIQ VERIO 4	56
NORTRIPTYLIN CAP 50MG	31	OFLOXACIN DRO 0.3%OTIC	136	ONETOUCH TES ULT BLUE	56
NORTRIPTYLIN CAP 75MG	31	OFLOXACIN TAB 300MG	23	ONETOUCH TES ULTRA	56
NORTRIPTYLIN SOL 10MG/5ML	31	OFLOXACIN TAB 400MG	23	ONETOUCH TES VERIO	56
NORVIR POW 100MG	52	OLANZA/FLUOX CAP 3-25MG	31	ONE VITE TAB 1MG PLUS	89
NOVAVAX INJ 2024-25	124	OLANZA/FLUOX CAP 6-25MG	31	OPCICON TAB 1.5MG	111
NOVOFINE AUT MIS 30GX8MM	131	OLANZA/FLUOX CAP 6-50MG	31	OPILL TAB 0.075MG	111
NOVOFINE MIS 32GX6MM	131	OLANZA/FLUOX CAP 12-25MG	31	OPIUM TIN 10MG/ML	94
NOVOFINE PLS MIS 32GX4MM	131	OLANZA/FLUOX CAP 12-50MG	31	OPSUMIT TAB 10MG	141
NOVOLOG INJ FLEXPEN	60	OLANZAPINE TAB 2.5MG	48	OPTION 2 TAB 1.5MG	112
NOVOLOG INJ FLEX REL	59	OLANZAPINE TAB 5MG	48	ORENITRAM TAB 0.25MG	141
NOVOLOG INJ PENFILL	60	OLANZAPINE TAB 5MG ODT	48	ORENITRAM TAB 0.125MG	141
NOVOLOG MIX INJ 70/30	60	OLANZAPINE TAB 7.5MG	49	ORENITRAM TAB 1MG	141
NOVOLOG MIX INJ FLEXPEN	60	OLANZAPINE TAB 10MG	48	ORENITRAM TAB 2.5MG	141
NOVOLOG MIX INJ FLEX REL	60	OLANZAPINE TAB 10MG ODT	48	ORENITRAM TAB 5MG	141
NOVOLOG RELI INJ 70/30	60	OLANZAPINE TAB 15MG	48	ORENITRAM TAB MONTH 1	141
NOVOPEN ECHO MIS	56	OLANZAPINE TAB 15MG ODT	48	ORENITRAM TAB MONTH 2	141
NP THYROID TAB 15MG	117	OLANZAPINE TAB 20MG	48	ORENITRAM TAB MONTH 3	141
NP THYROID TAB 30MG	117	OLANZAPINE TAB 20MG ODT	48	ORILISSA TAB 150MG	119
NP THYROID TAB 60MG	117	OLMESA MEDOX TAB 5MG	76	ORILISSA TAB 200MG	119
NP THYROID TAB 90MG	117	OLMESA MEDOX TAB 20MG	76	ORKAMBI GRA 75-94MG	141
NP THYROID TAB 120MG	117	OLMESA MEDOX TAB 40MG	76	ORKAMBI GRA 100-125	141
NUBEQA TAB 300MG	42	OLM MED/HCTZ TAB 20-12.5	75	ORKAMBI GRA 150-188	141
NUCYNTA ER TAB 50MG	14	OLM MED/HCTZ TAB 40-12.5	75	ORKAMBI TAB 100-125	141
NUCYNTA ER TAB 100MG	14	OLM MED/HCTZ TAB 40-25MG	76	ORKAMBI TAB 200-125	141
NUCYNTA ER TAB 150MG	14	OLOPATADINE DRO 0.1%	135	ORPHENADRINE TAB 100MG ER ...	145
NUCYNTA ER TAB 200MG	14	OLOPATADINE SPR 0.6%	140	OSELTAMIVIR CAP 30MG	52
NUCYNTA ER TAB 250MG	14	OLUMIANT TAB 1MG	124	OSELTAMIVIR CAP 45MG	52
NYAMYC POW 100000	35	OLUMIANT TAB 2MG	124	OSELTAMIVIR CAP 75MG	52

OSELTAMIVIR SUS 6MG/ML.....	52	PAROXETIN ER TAB 12.5MG.....	31	PFIZER 6M-4Y INJ 2024-25	125
OSMOPREP TAB 1.5GM	94	PAROXETIN ER TAB 37.5MG.....	31	PHENAZOPYRID TAB 100MG	97
OSPHENA TAB 60MG	112	PAROXETINE SUS 10MG/5ML	31	PHENAZOPYRID TAB 200MG.....	97
OTEZLA TAB 10/20.....	124	PAROXETINE TAB 10MG	32	PHENAZO TAB 200MG.....	97
OTEZLA TAB 10/20/30.....	124	PAROXETINE TAB 20MG	32	PHENELZINE TAB 15MG	32
OTEZLA TAB 20MG	124	PAROXETINE TAB 25MG ER.....	32	PHENOBARB ELX 20MG/5ML	26
OTEZLA TAB 30MG	124	PAROXETINE TAB 30MG.....	32	PHENOBARB SOL 20MG/5ML.....	26
OTOVEL DRO	136	PAROXETINE TAB 40MG.....	32	PHENOBARB TAB 15MG.....	26
OXAPROZIN TAB 600MG	14	PAXLOVID TAB 150-100.....	131	PHENOBARB TAB 16.2MG.....	26
OXAZEPAM CAP 10MG.....	55	PAXLOVID TAB 300-100	131	PHENOBARB TAB 30MG	26
OXAZEPAM CAP 15MG.....	55	PEDIARIX INJ 0.5ML.....	124	PHENOBARB TAB 32.4MG.....	26
OXAZEPAM CAP 30MG	55	PEDVAX HIB INJ	124	PHENOBARB TAB 60MG.....	26
OXCARBAZEPIN SUS 300/5ML.....	26	PEG-3350/KCL SOL /SODIUM	95	PHENOBARB TAB 64.8MG	26
OXCARBAZEPIN TAB 150MG	26	PEG-3350 SOL ELECTROL	94	PHENOBARB TAB 97.2MG.....	26
OXCARBAZEPIN TAB 300MG.....	26	PEGASYS INJ.....	52	PHENOBARB TAB 100MG.....	26
OXCARBAZEPIN TAB 600MG.....	26	PEGASYS INJ 180MCG/M	53	PHENOXYBENZA CAP 10MG	76
OXYBUTYNIN SOL 5MG/5ML	97	PEG/NASUL/C/ SOL NACL/POT	95	PHENTERMINE CAP 15MG.....	83
OXYBUTYNIN TAB 5MG.....	97	PENBRAYA INJ	124	PHENTERMINE CAP 30MG	83
OXYBUTYNIN TAB 5MG ER	97	PENICILLAMIN CAP 250MG	97	PHENTERMINE CAP 37.5MG.....	83
OXYBUTYNIN TAB 10MG ER	97	PENICILLAMIN TAB 250MG.....	97	PHENTERMINE TAB 37.5MG	83
OXYBUTYNIN TAB 15MG ER	97	PENICILLN VK SOL 125/5ML.....	23	PHENYLEPHRIN SOL 2.5% OP.....	135
OXYCOD/APAP TAB 2.5-325	14	PENICILLN VK SOL 250/5ML	23	PHENYLEPHRIN SOL 10% OP.....	135
OXYCOD/APAP TAB 5-325MG	15	PENICILLN VK TAB 250MG.....	23	PHENYTEK CAP 200MG	26
OXYCOD/APAP TAB 7.5-325.....	15	PENICILLN VK TAB 500MG.....	23	PHENYTEK CAP 300MG	26
OXYCOD/APAP TAB 10-325MG	14	PEN NEEDLE MIS 29GX1/2"	131	PHENYTOIN CHW 50MG	26
OXYCODONE CAP 5MG	15	PEN NEEDLE MIS 29GX3/16.....	131	PHENYTOIN EX CAP 100MG.....	27
OXYCODONE CON 100/5ML.....	15	PEN NEEDLE MIS 29GX5/16.....	131	PHENYTOIN EX CAP 200MG	27
OXYCODONE SOL 5MG/5ML.....	15	PEN NEEDLES MIS 29GX1/2"	131	PHENYTOIN EX CAP 300MG	27
OXYCODONE TAB 5MG.....	15	PEN NEEDLES MIS 31GX1/4"	131	PHENYTOIN SUS 100/4ML	27
OXYCODONE TAB 10MG.....	15	PEN NEEDLES MIS 31GX3/16.....	132	PHENYTOIN SUS 125/5ML.....	27
OXYCODONE TAB 15MG.....	15	PEN NEEDLES MIS 31GX5/16.....	132	PHEXXI GEL	132
OXYCODONE TAB 20MG	15	PENTACEL INJ	124	PHILITH TAB 0.4-35.....	112
OXYCODONE TAB 30MG	15	PENTAMIDINE INH 300MG.....	45	PHOSPHOLINE SOL 0.125%OP.....	135
OXYMORPHONE TAB 5MG ER.....	15	PENTAZ/NALOX TAB 50-0.5MG	15	PHYTONADIONE TAB 5MG	89
OXYMORPHONE TAB 7.5MG ER.....	15	PENTIPS MIS 29GX12MM.....	132	PILOCARPINE SOL 1% OP	135
OXYMORPHONE TAB 10MG ER.....	15	PENTIPS MIS 31GX5MM	132	PILOCARPINE SOL 2% OP	135
OXYMORPHONE TAB 15MG ER.....	15	PENTIPS MIS 31GX8MM.....	132	PILOCARPINE SOL 4% OP.....	135
OXYMORPHONE TAB 20MG ER.....	15	PENTIPS MIS 32GX4MM.....	132	PILOCARPINE TAB 5MG	84
OXYMORPHONE TAB 30MG ER.....	15	PENTOXIFYLLI TAB 400MG ER.....	76	PILOCARPINE TAB 7.5MG.....	84
OXYMORPHONE TAB 40MG ER	15	PERINDOPRIL TAB 2MG	76	PIMECROLIMUS CRE 1%.....	86
OXYMORPHONE TAB HCL 5MG	15	PERINDOPRIL TAB 4MG	76	PIMOZIDE TAB 1MG.....	49
OXYMORPHONE TAB HCL 10MG	15	PERINDOPRIL TAB 8MG	76	PIMOZIDE TAB 2MG	49
OZEMPIC INJ 2MG/3ML.....	60	PERIOGARD SOL 0.12%.....	84	PIMTREA TAB	112
OZEMPIC INJ 4MG/3ML	60	PERMETHRIN CRE 5%.....	45	PINDOLOL TAB 5MG.....	76
OZEMPIC INJ 8MG/3ML	60	PERPHEN/AMIT TAB 2-10MG	32	PINDOLOL TAB 10MG	76
PALIPERIDONE TAB ER 1.5MG.....	49	PERPHEN/AMIT TAB 2-25MG.....	32	PIOGLITA/MET TAB 15-500MG	60
PALIPERIDONE TAB ER 3MG	49	PERPHEN/AMIT TAB 4-10MG.....	32	PIOGLITA/MET TAB 15-850MG	60
PALIPERIDONE TAB ER 6MG	49	PERPHEN/AMIT TAB 4-25MG.....	32	PIOGLITAZONE TAB 15MG	60
PALIPERIDONE TAB ER 9MG	49	PERPHEN/AMIT TAB 4-50MG	32	PIOGLITAZONE TAB 30MG.....	60
PANTOPRAZOLE TAB 20MG	94	PERPHENAZINE TAB 2MG	33	PIOGLITAZONE TAB 45MG.....	60
PANTOPRAZOLE TAB 40MG	94	PERPHENAZINE TAB 4MG	33	PIQRAY 200MG TAB DOSE	42
PARICALCITOL CAP 1 MCG.....	128	PERPHENAZINE TAB 8MG	33	PIQRAY 250MG TAB DOSE.....	42
PARICALCITOL CAP 2 MCG	128	PERPHENAZINE TAB 16MG.....	33	PIQRAY 300MG TAB DOSE	42
PARICALCITOL CAP 4 MCG	128	PFIZER 5-11Y INJ 2024-25.....	124	PIRFENIDONE CAP 267MG.....	141

PIRFENIDONE TAB 267MG	141	PRAZOSIN HCL CAP 2MG	76	PRIORIX INJ	125
PIRFENIDONE TAB 534MG	141	PRAZOSIN HCL CAP 5MG	76	PROBEN/COLCH TAB 500-0.5	36
PIRFENIDONE TAB 801MG	141	PRECISN XTRA TES KETONE	132	PROBENECID TAB 500MG	36
PIROXICAM CAP 10MG	15	PREDNISOLONE SOL 10MG/5ML ...	101	PROCHLORPER TAB 5MG	33
PIROXICAM CAP 20MG	15	PREDNISOLONE SOL 15MG/5ML ...	101	PROCHLORPER TAB 10MG	33
PLAN B TAB 1.5MG	112	PREDNISOLONE SOL 15MG/5ML ...	101	PROCTO-MED CRE HC 2.5%	127
PLENVU SOL	95	PREDNISOLONE SOL 20MG/5ML ...	101	PRODIGY AUTO KIT MONITOR	56
PLERIXAFOR INJ 24/1.2ML	64	PREDNISOLONE SOL 25MG/5ML ...	101	PRODIGY AUTO MIS SYSTEM	56
PNEUMOVAX 23 INJ 25/0.5	125	PREDNISOLONE SUS 1% OP	135	PRODIGY KIT NO CODIN	56
PNEUMOVAX 23 INJ 25/0.5	125	PREDNISOLONE TAB 5MG	101	PRODIGY NO TES CODING	56
PNV-DHA CAP DOCUSATE	89	PREDNISOLONE TAB 10MG ODT	101	PRODIGY PCKT KIT METER	56
PODOFILOX GEL 0.5%	86	PREDNISOLONE TAB 15MG ODT	101	PRODIGY VOIC KIT METER	57
PODOFILOX SOL 0.5%	86	PREDNISOLONE TAB 30MG ODT	101	PROGESTERONE CAP 100MG	112
POLYETH GLYC POW 3350 NF	95	PREDNISONE CON 5MG/ML	101	PROGESTERONE CAP 200MG	112
POLYMYXIN B/ SOL TRIMETHP	135	PREDNISONE PAK 5MG	101	PROGESTERONE INJ 50MG/ML	112
POMALYST CAP 1MG	42	PREDNISONE PAK 5MG	101	PROMETHAZINE SOL 6.25/5ML	141
POMALYST CAP 2MG	42	PREDNISONE PAK 10MG	101	PROMETHAZINE SOL 12.5/10	141
POMALYST CAP 3MG	42	PREDNISONE PAK 10MG	101	PROMETHAZINE SOL DM	141
POMALYST CAP 4MG	42	PREDNISONE SOL 5MG/5ML	101	PROMETHAZINE SUP 12.5MG	141
PORTIA-28 TAB	112	PREDNISONE TAB 1MG	101	PROMETHAZINE SUP 25MG	141
POSACONAZOLE TAB 100MG DR	35	PREDNISONE TAB 2.5MG	101	PROMETHAZINE SYP DM	142
POTASSIUM CH TAB 15MEQ	90	PREDNISONE TAB 5MG	101	PROMETHAZINE TAB 12.5MG	142
POT CHLORIDE CAP 8MEQ ER	89	PREDNISONE TAB 10MG	101	PROMETHAZINE TAB 25MG	142
POT CHLORIDE CAP 10MEQ ER	89	PREDNISONE TAB 20MG	101	PROMETHAZINE TAB 50MG	142
POT CHLORIDE POW 20MEQ	89	PREDNISONE TAB 50MG	101	PROMETH/COD SOL 6.25-10	141
POT CHLORIDE SOL 10%	90	PRED SOD PHO SOL 1% OP	135	PROMETH/PE SOL 6.25-5/5	141
POT CHLORIDE SOL 20%	90	PRED SOD PHO SOL 5MG/5ML	101	PROMETH VC SYP 6.25-5/5	141
POT CHLORIDE TAB 8MEQ ER	90	PREGABALIN CAP 25MG	84	PROMETH VC/ SYP CODEINE	141
POT CHLORIDE TAB 10MEQ ER	90	PREGABALIN CAP 50MG	84	PROPAFENONE CAP 225MG ER	76
POT CHLORIDE TAB 10MEQ ER	90	PREGABALIN CAP 75MG	84	PROPAFENONE CAP 325MG ER	76
POT CHLORIDE TAB 15MEQ ER	90	PREGABALIN CAP 100MG	83	PROPAFENONE CAP 425MG ER	76
POT CHLORIDE TAB 20MEQ ER	90	PREGABALIN CAP 150MG	84	PROPAFENONE TAB 150MG	77
POT CHLORIDE TAB 20MEQ ER	90	PREGABALIN CAP 200MG	84	PROPAFENONE TAB 225MG	77
POT CITRA ER TAB 540MG	90	PREGABALIN CAP 225MG	84	PROPAFENONE TAB 300MG	77
POT CITRA ER TAB 1080MG	90	PREGABALIN CAP 300MG	84	PROPARACAINE SOL 0.5% OP	135
POT CITRA ER TAB 1620MG	90	PREHEVBRIO SUS 10MCG/ML	125	PROPRANOLOL CAP 60MG ER	77
POT CL MICRO TAB 10MEQ CR	90	PREMARIN VAG CRE 0.625MG	112	PROPRANOLOL CAP 80MG ER	77
POT CL MICRO TAB 10MEQ ER	90	PRENATAL 19 TAB 29-1MG	90	PROPRANOLOL CAP 120MG ER	77
POT CL MICRO TAB 15MEQ ER	90	PRENATAL PLS MIS MV + DHA	90	PROPRANOLOL CAP 160MG ER	77
POT CL MICRO TAB 20MEQ ER	90	PRENATAL TAB PLUS	90	PROPRANOLOL SOL 20MG/5ML	77
PRAMIPEXOLE TAB 0.5MG	46	PRENATAL-U CAP 106.5-1	90	PROPRANOLOL SOL 40MG/5ML	77
PRAMIPEXOLE TAB 0.25MG	46	PRENATRIX TAB	90	PROPRANOLOL TAB 10MG	77
PRAMIPEXOLE TAB 0.75MG	46	PRENATRYL TAB	90	PROPRANOLOL TAB 20MG	77
PRAMIPEXOLE TAB 0.125MG	46	PREPIDIL GEL 0.5MG/3G	103	PROPRANOLOL TAB 40MG	77
PRAMIPEXOLE TAB 1.5MG	46	PREVALITE POW 4GM	76	PROPRANOLOL TAB 60MG	77
PRAMIPEXOLE TAB 1MG	46	PREVALITE POW 4GM PK	76	PROPRANOLOL TAB 80MG	77
PRASUGREL TAB 5MG	64	PREVNAR 13 INJ	125	PROPYLTHIOUR TAB 50MG	120
PRASUGREL TAB 10MG	64	PREVNAR 20 INJ	125	PROQUAD INJ	125
PRAVASTATIN TAB 10MG	76	PREZISTA SUS 100MG/ML	53	PROTRIPTYLIN TAB 5MG	32
PRAVASTATIN TAB 20MG	76	PRIFTIN TAB 150MG	38	PROTRIPTYLIN TAB 10MG	32
PRAVASTATIN TAB 40MG	76	PRIMAQUINE TAB 26.3MG	45	PROVIDA OB CAP	90
PRAVASTATIN TAB 80MG	76	PRIMIDONE TAB 50MG	27	PULMOSAL NEB 7%	142
PRAZICQUANTEL TAB 600MG	45	PRIMIDONE TAB 125MG	27	PULMOZYME SOL 1MG/ML	142
PRAZOSIN HCL CAP 1MG	76	PRIMIDONE TAB 250MG	27	PYRAZINAMIDE TAB 500MG	38

PYRIDOSTIGMI SOL 60MG/5ML.....	38	RECOTHROM SOL 5000UNIT.....	64	RIVASTIGMINE CAP 6MG.....	28
PYRIDOSTIGMI TAB ER 180MG.....	38	RECOTHROM SOL 20000UNT.....	64	RIVASTIGMINE DIS 4.6MG/24.....	28
PYRIDOSTIGM TAB 60MG.....	37	REGTRANEX GEL 0.01%.....	86	RIVASTIGMINE DIS 9.5MG/24.....	28
PRIMETHAMIN TAB 25MG.....	45	RELENZA MIS DISKHALE.....	53	RIVASTIGMINE DIS 13.3/24.....	28
QNAPRIL/HCTZ TAB 10-12.5.....	77	RELISTOR INJ 8/0.4ML.....	95	RIVELSA TAB.....	112
QNAPRIL/HCTZ TAB 20-12.5.....	77	RELISTOR INJ 12/0.6ML.....	95	RIZATRIPTAN TAB 5MG.....	37
QNAPRIL/HCTZ TAB 20-25MG.....	77	REPAGLINIDE TAB 0.5MG.....	60	RIZATRIPTAN TAB 5MG ODT.....	37
QUADRACEL INJ 0.5ML.....	125	REPAGLINIDE TAB 1MG.....	60	RIZATRIPTAN TAB 10MG.....	37
QUADRACEL INJ 0.5ML.....	125	REPAGLINIDE TAB 2MG.....	60	RIZATRIPTAN TAB 10MG ODT.....	37
QUAZEPAM TAB 15MG.....	55	REPATHA INJ 140MG/ML.....	78	ROFLUMILAST TAB 250MCG.....	142
QUETIAPINE TAB 25MG.....	49	REPATHA PUSH INJ 420/3.5.....	78	ROFLUMILAST TAB 500MCG.....	142
QUETIAPINE TAB 50MG.....	49	REPATHA SURE INJ 140MG/ML.....	78	ROPINIROLE TAB 0.5MG.....	46
QUETIAPINE TAB 50MG ER.....	49	RETACRIT INJ 2000UNIT.....	64	ROPINIROLE TAB 0.25MG.....	46
QUETIAPINE TAB 100MG.....	49	RETACRIT INJ 3000UNIT.....	64	ROPINIROLE TAB 1MG.....	47
QUETIAPINE TAB 150MG.....	49	RETACRIT INJ 4000UNIT.....	64	ROPINIROLE TAB 2MG.....	47
QUETIAPINE TAB 150MG ER.....	49	RETACRIT INJ 10000UNT.....	64	ROPINIROLE TAB 3MG.....	47
QUETIAPINE TAB 200MG.....	49	RETACRIT INJ 20000UNI.....	64	ROPINIROLE TAB 4MG.....	47
QUETIAPINE TAB 200MG ER.....	49	RETACRIT INJ 40000UNT.....	64	ROPINIROLE TAB 5MG.....	47
QUETIAPINE TAB 300MG.....	49	REXTOVY SPR 4/0.25ML.....	18	ROSUVASTATIN TAB 5MG.....	78
QUETIAPINE TAB 300MG ER.....	49	REYATAZ POW 50MG.....	53	ROSUVASTATIN TAB 10MG.....	78
QUETIAPINE TAB 400MG.....	49	REZVOGLAR INJ 100UT/ML.....	60	ROSUVASTATIN TAB 20MG.....	78
QUETIAPINE TAB 400MG ER.....	49	RIBAVIRIN CAP 200MG.....	53	ROSUVASTATIN TAB 40MG.....	78
QUICK TOUCH MIS 33GX8MM.....	132	RIBAVIRIN TAB 200MG.....	53	ROTARIX SUS.....	125
QUINAPRIL TAB 5MG.....	77	RIFABUTIN CAP 150MG.....	38	ROTARIX SUS.....	125
QUINAPRIL TAB 10MG.....	77	RIFAMPIN CAP 150MG.....	38	ROTATEQ SOL.....	125
QUINAPRIL TAB 20MG.....	77	RIFAMPIN CAP 300MG.....	38	ROWEEPR TAB 500MG.....	27
QUINAPRIL TAB 40MG.....	77	RILUZOLE TAB 50MG.....	84	ROZLYTREK CAP 100MG.....	42
QUINIDINE GL TAB 324MG CR.....	77	RIMANTADINE TAB 100MG.....	53	ROZLYTREK CAP 200MG.....	42
QUINIDINE GL TAB 324MG ER.....	77	RINVOQ LQ SOL 1MG/ML.....	125	ROZLYTREK PAK 50MG.....	42
QUINIDINE SU TAB 200MG.....	77	RINVOQ TAB 15MG ER.....	125	RUFINAMIDE SUS 40MG/ML.....	27
QUINIDINE SU TAB 300MG.....	77	RINVOQ TAB 30MG ER.....	125	RUFINAMIDE TAB 200MG.....	27
QUININE SULF CAP 324MG.....	45	RINVOQ TAB 45MG ER.....	125	RUFINAMIDE TAB 400MG.....	27
QVAR REDIIHA AER 80MCG.....	142	RISEDRONATE TAB 5MG.....	128	RYBELSUS TAB 3MG.....	60
QVAR REDIIHAL AER 40MCG.....	142	RISEDRONATE TAB 30MG.....	128	RYBELSUS TAB 7MG.....	60
RABEPRAZOLE TAB 20MG.....	95	RISEDRONATE TAB 35MG.....	128	RYBELSUS TAB 14MG.....	60
RADIOGARDASE CAP 0.5GM.....	132	RISEDRONATE TAB 150MG.....	128	SALSALATE TAB 500MG.....	15
RALOXIFENE TAB 60MG.....	112	RISPERIDONE SOL 1MG/ML.....	49	SALSALATE TAB 750MG.....	15
RAMELTEON TAB 8MG.....	145	RISPERIDONE TAB 0.5MG.....	49	SANDIMMUNE SOL 100MG/ML.....	125
RAMIPRIL CAP 1.25MG.....	77	RISPERIDONE TAB 0.5MG OD.....	49	SANTYL OIN 250/GM.....	86
RAMIPRIL CAP 2.5MG.....	77	RISPERIDONE TAB 0.25MG.....	49	SAPROPTERIN POW 100MG.....	96
RAMIPRIL CAP 5MG.....	77	RISPERIDONE TAB 0.25 ODT.....	49	SAPROPTERIN POW 500MG.....	96
RAMIPRIL CAP 10MG.....	77	RISPERIDONE TAB 1MG.....	49	SAPROPTERIN TAB 100MG.....	96
RANOLAZINE TAB 500MG ER.....	78	RISPERIDONE TAB 1MG ODT.....	49	SAVELLA MIS TITR PAK.....	84
RANOLAZINE TAB 1000MG.....	78	RISPERIDONE TAB 2MG.....	49	SAVELLA TAB 12.5MG.....	84
RASAGILINE TAB 0.5MG.....	46	RISPERIDONE TAB 2MG ODT.....	49	SAVELLA TAB 25MG.....	84
RASAGILINE TAB 1MG.....	46	RISPERIDONE TAB 3MG.....	49	SAVELLA TAB 50MG.....	84
RA URINARY TES TRACT IN.....	132	RISPERIDONE TAB 3MG ODT.....	49	SAVELLA TAB 100MG.....	84
REACT TAB 1.5MG.....	112	RISPERIDONE TAB 4MG.....	49	SAXAGLIPTIN TAB 2.5MG.....	60
RECLIPSEN TAB.....	112	RISPERIDONE TAB 4MG ODT.....	49	SAXAGLIPTIN TAB 5MG.....	60
RECOMBIVA HB INJ 5MCG/0.5.....	125	RITONAVIR TAB 100MG.....	53	SCOPOLAMINE DIS 1MG/3DAY.....	34
RECOMBIVA HB INJ 5MCG/0.5.....	125	RIVAROXABAN TAB 2.5MG.....	64	SELEGILINE CAP 5MG.....	47
RECOMBIVA HB INJ 10MCG/ML.....	125	RIVASTIGMINE CAP 1.5MG.....	28	SELEGILINE TAB 5MG.....	47
RECOMBIVA HB INJ 10MCG/ML.....	125	RIVASTIGMINE CAP 3MG.....	28	SELENIUM SUL LOT 2.5%.....	86
RECOMBIVA-HB INJ 40MCG/ML.....	125	RIVASTIGMINE CAP 4.5MG.....	28	SELZENTRY SOL 20MG/ML.....	53

SELZENTRY TAB 25MG	53	SODIUM CHLOR NEB 10%	142	SULFACETAMID LOT 10%.....	86
SELZENTRY TAB 75MG	53	SODIUM/POTAS SOL MAGNESIU	95	SULFACET SOD OIN 10% OP	135
SE-NATAL 19 CHW	90	SOD POLY SUL POW	91	SULFACET SOD SOL 10% OP	135
SE-NATAL 19 TAB.....	90	SOFOS/VELPAT TAB 400-100	53	SULFADIAZINE TAB 500MG.....	23
SERTRALINE CON 20MG/ML.....	32	SOLIFENACIN TAB 5MG.....	97	SULFAMYLON CRE 85MG/GM.....	23
SERTRALINE TAB 25MG	32	SOLIFENACIN TAB 10MG.....	97	SULFASALAZIN TAB 500MG.....	127
SERTRALINE TAB 50MG	32	SOLQUA INJ 100/33.....	60	SULFASALAZIN TAB 500MG DR.....	127
SERTRALINE TAB 100MG	32	SOMAVERT INJ 10MG	120	SULFATRIM PD SUS 200-40/5.....	23
SETLAKIN TAB	112	SOMAVERT INJ 15MG.....	120	SULF/PRED NA SOL OP.....	135
SEVELAM CARB POW 0.8GM	91	SOMAVERT INJ 20MG	120	SULINDAC TAB 150MG	15
SEVELAM CARB POW 2.4GM	91	SOMAVERT INJ 25MG	120	SULINDAC TAB 200MG.....	15
SEVELAM CARB TAB 800MG	91	SOMAVERT INJ 30MG	120	SUMAT-NAPROX TAB 85-500MG.....	37
SHAROBEL TAB 0.35MG	112	SORAFENIB TAB 200MG.....	42	SUMATRIPTAN INJ 4MG/0.5.....	37
SHINGRIX INJ 50/0.5ML	125	SORINE TAB 80MG.....	78	SUMATRIPTAN INJ 4MG/0.5.....	37
SIGNIFOR INJ 0.3MG/ML	119	SORINE TAB 120MG.....	78	SUMATRIPTAN INJ 6/0.5ML.....	37
SIGNIFOR INJ 0.6MG/ML	119	SORINE TAB 160MG	78	SUMATRIPTAN INJ 6MG/0.5.....	37
SIGNIFOR INJ 0.9MG/ML	119	SORINE TAB 240MG	78	SUMATRIPTAN INJ 6MG/0.5.....	37
SILDENAFIL SUS 10MG/ML	142	SOTALOL AF TAB 80MG	78	SUMATRIPTAN INJ 6MG/0.5.....	37
SILDENAFIL TAB 20MG.....	142	SOTALOL AF TAB 120MG	78	SUMATRIPTAN INJ 6MG/.5ML.....	37
SILODOSIN CAP 4MG	97	SOTALOL AF TAB 160MG	78	SUMATRIPTAN SPR 5MG/ACT	37
SILODOSIN CAP 8MG	97	SOTALOL HCL TAB 80MG.....	78	SUMATRIPTAN SPR 20MG/ACT.....	37
SILVER SULFA CRE 1%	23	SOTALOL HCL TAB 120MG.....	78	SUMATRIPTAN TAB 25MG	37
SIMBRINZA SUS 1-0.2%.....	135	SOTALOL HCL TAB 160MG	78	SUMATRIPTAN TAB 50MG	37
SIMLIYA TAB 28 DAY	112	SOTALOL HCL TAB 240MG	78	SUMATRIPTAN TAB 100MG	37
SIMPESSE TAB	112	SOTYLIZE SOL 5MG/ML.....	78	SUNITINIB CAP 12.5MG.....	42
SIMPONI INJ 50/0.5ML	126	SPIKEVAX INJ 2024-25	126	SUNITINIB CAP 25MG	42
SIMPONI INJ 50/0.5ML	126	SPINOSAD SUS 0.9%.....	45	SUNITINIB CAP 37.5MG.....	43
SIMPONI INJ 100MG/ML.....	125	SPIRIVA AER 1.25MCG	142	SUNITINIB CAP 50MG	43
SIMPONI INJ 100MG/ML.....	125	SPIRIVA SPR 2.5MCG	142	SUNOSI TAB 75MG.....	145
SIMVASTATIN TAB 5MG.....	78	SPIRONO/HCTZ TAB 25/25.....	78	SUNOSI TAB 150MG	145
SIMVASTATIN TAB 10MG.....	78	SPIRONOLACT TAB 25MG	78	SYEDA TAB 3-0.03MG.....	112
SIMVASTATIN TAB 20MG	78	SPIRONOLACT TAB 50MG.....	79	SYMJEPI INJ 0.3MG	142
SIMVASTATIN TAB 40MG	78	SPIRONOLACT TAB 100MG	78	SYMJEPI INJ 0.15MG	142
SIMVASTATIN TAB 80MG	78	SPRINTEC 28 TAB 28 DAY.....	112	SYMPROIC TAB 0.2MG	95
SIROLIMUS TAB 0.5MG	126	SRONYX TAB	112	SYNAREL SOL 2MG/ML.....	120
SIROLIMUS TAB 1MG	126	SSD CRE 1%	23	SYNJARDY TAB.....	60
SIROLIMUS TAB 2MG	126	STAVUDINE CAP 15MG.....	53	SYNJARDY TAB 5-500MG.....	60
SKYRIZI INJ 150MG/ML.....	126	STAVUDINE CAP 20MG	53	SYNJARDY TAB 5-1000MG	60
SKYRIZI INJ 180/1.2.....	126	STAVUDINE CAP 30MG	53	SYNJARDY TAB 12.5-500.....	60
SKYRIZI INJ 360/2.4.....	126	STAVUDINE CAP 40MG	53	SYNJARDY XR TAB	61
SKYRIZI PEN INJ 150MG/ML.....	126	STEQEYMA INJ 45/0.5ML	86	SYNJARDY XR TAB 5-1000MG.....	61
SLYND TAB 4MG	112	STEQEYMA INJ 90MG/ML	86	SYNJARDY XR TAB 10-1000.....	61
SM GLUCOSE CHW SOUR APP	132	STIOLTO AER 2.5-2.5	142	SYNJARDY XR TAB 25-1000	61
SMZ/TMP DS TAB 800-160	23	STIVARGA TAB 40MG	42	SYNRIBO INJ 3.5MG	43
SMZ-TMP SUS 200-40/5.....	23	ST JOSEPH CHW LOW 81MG	15	SYNTHROID TAB 25MCG	117
SMZ-TMP TAB 400-80MG	23	STRIVERDI AER 2.5MCG	142	SYNTHROID TAB 50MCG	117
SOD CHLORIDE NEB 0.9%.....	142	SUBVENITE TAB 25MG.....	27	SYNTHROID TAB 75MCG	117
SOD FLUORIDE CHW 0.5MG F	91	SUBVENITE TAB 100MG	27	SYNTHROID TAB 88MCG	117
SOD FLUORIDE CHW 0.25MG F	91	SUBVENITE TAB 150MG	27	SYNTHROID TAB 100MCG.....	117
SOD FLUORIDE DRO 0.5MG/ML	91	SUBVENITE TAB 200MG.....	27	SYNTHROID TAB 112MCG.....	117
SOD FLUORIDE TAB 0.5MG F.....	91	SUCRALFATE SUS 1GM/10ML	95	SYNTHROID TAB 125MCG	117
SOD FLUORIDE TAB 1MG F	91	SUCRALFATE TAB 1GM.....	95	SYNTHROID TAB 137MCG	117
SODIUM CHLOR NEB 3%	142	SULCONAZOLE CRE 1%.....	35	SYNTHROID TAB 150MCG	117
SODIUM CHLOR NEB 7%	142	SULCONAZOLE SOL 1%.....	35	SYNTHROID TAB 175MCG	117

SYNTHROID TAB 200MCG.....	117	TEMOZOLOMIDE CAP 100MG.....	43	THRIVITE RX TAB 29-1MG	91
SYNTHROID TAB 300MCG.....	117	TEMOZOLOMIDE CAP 140MG.....	43	THROMBIN-JMI KIT 5000UNIT	64
TABLOID TAB 40MG	43	TEMOZOLOMIDE CAP 180MG.....	43	THROMBIN-JMI KIT 20000UNT.....	64
TACROLIMUS CAP 0.5MG	126	TEMOZOLOMIDE CAP 250MG	43	THROMBIN-JMI SOL 5000UNIT	64
TACROLIMUS CAP 1MG.....	126	TENCON TAB 50-325MG	15	THROMBIN-JMI SOL 20000UNT.....	64
TACROLIMUS CAP 5MG	126	TENIVAC INJ 5-2LF	126	THROMBIN KIT 5000UNIT	64
TACROLIMUS OIN 0.1%.....	86	TENOFOVIR TAB 300MG	53	THYQUIDITY SOL 100MCG.....	117
TACROLIMUS OIN 0.03%	86	TERAZOSIN CAP 1MG.....	97	THYROID TAB 15MG	117
TADALAFIL TAB 2.5MG.....	97	TERAZOSIN CAP 2MG	97	THYROID TAB 30MG.....	117
TADALAFIL TAB 5MG	97	TERAZOSIN CAP 5MG	98	THYROID TAB 60MG.....	117
TADALAFIL TAB 20MG	142	TERAZOSIN CAP 10MG	97	THYROID TAB 90MG.....	117
TAFLUPROST SOL 0.0015%.....	135	TERBINAFINE TAB 250MG.....	35	THYROID TAB 120MG.....	117
TAGRISSO TAB 40MG.....	43	TERBUTALINE TAB 2.5MG	142	TIADYLT CAP 120MG/24.....	79
TAGRISSO TAB 80MG.....	43	TERBUTALINE TAB 5MG	142	TIADYLT CAP 180MG/24.....	79
TAKE ACTION TAB 1.5MG	113	TERCONAZOLE CRE 0.4%	35	TIADYLT CAP 240MG/24.....	79
TALTZ INJ 20/0.25	86	TERCONAZOLE CRE 0.8%	35	TIADYLT CAP 300MG/24	79
TALTZ INJ 40/0.5ML	86	TERCONAZOLE SUP 80MG.....	35	TIADYLT CAP 360MG/24	79
TALTZ INJ 80MG/ML	86	TERIFLUNOMID TAB 7MG	84	TIADYLT CAP 420MG/24.....	79
TALTZ INJ 80MG/ML	86	TERIFLUNOMID TAB 14MG.....	84	TIAGABINE TAB 2MG	27
TALZENNA CAP 0.1MG.....	43	TESTOST CYP INJ 100MG/ML.....	113	TIAGABINE TAB 4MG	27
TALZENNA CAP 0.5MG	43	TESTOST CYP INJ 200MG/ML	113	TIAGABINE TAB 12MG	27
TALZENNA CAP 0.25MG.....	43	TESTOST ENAN INJ 200MG/ML.....	113	TIAGABINE TAB 16MG	27
TALZENNA CAP 0.35MG.....	43	TESTOSTERONE GEL 1%(50MG)	113	TICAGRELOR TAB 90MG	64
TALZENNA CAP 0.75MG	43	TESTOSTERONE GEL 1.62%.....	113	TILIA FE TAB	113
TALZENNA CAP 1MG.....	43	TETRABENAZIN TAB 12.5MG	84	TIMOLOL HEMI SOL 0.5% OP	136
TAMOXIFEN TAB 10MG	43	TETRABENAZIN TAB 25MG	84	TIMOLOL MALE SOL 0.5%.....	136
TAMOXIFEN TAB 20MG.....	43	TETRACAINE SOL 0.5% OP	135	TIMOLOL MALE SOL 0.5% OP	136
TAMSULOSIN CAP 0.4MG.....	97	TETRACYCLINE CAP 250MG	23	TIMOLOL MAL SOL 0.5% OP.....	136
TARINA 24 FE TAB.....	113	TETRACYCLINE CAP 500MG	23	TIMOLOL MAL SOL 0.25% OP	136
TARINA FE TAB 1/20 EQ.....	113	THALOMID CAP 50MG.....	44	TIMOLOL MAL TAB 5MG.....	79
TARON-C DHA CAP	91	THALOMID CAP 100MG	43	TIMOLOL MAL TAB 10MG	79
TASIMELTEON CAP 20MG	145	THALOMID CAP 150MG.....	43	TIMOLOL MAL TAB 20MG	79
TAYSOFY CAP 1/20.....	113	THALOMID CAP 200MG	43	TINIDAZOLE TAB 250MG.....	23
TAZAROTENE CRE 0.1%.....	86	THEO-24 CAP 100MG CR.....	142	TINIDAZOLE TAB 500MG.....	23
TAZAROTENE GEL 0.1%.....	86	THEO-24 CAP 200MG CR.....	142	TIOTROP BROM CAP 18MCG.....	143
TAZAROTENE GEL 0.05%	86	THEO-24 CAP 300MG CR.....	142	TIROSINT-SOL SOL 13MCG/ML.....	118
TAZTIA XT CAP 120MG/24.....	79	THEO-24 CAP 400MG ER.....	142	TIROSINT-SOL SOL 25MCG/ML	118
TAZTIA XT CAP 180MG/24.....	79	THEOPHYLLINE ELX 80/15ML	142	TIROSINT-SOL SOL 37.5/ML.....	118
TAZTIA XT CAP 240MG/24.....	79	THEOPHYLLINE SOL 80/15ML	143	TIROSINT-SOL SOL 44MCG/ML	118
TAZTIA XT CAP 300MG ER.....	79	THEOPHYLLINE TAB 100MG ER.....	143	TIROSINT-SOL SOL 50MCG/ML	118
TAZTIA XT CAP 360MG/24	79	THEOPHYLLINE TAB 200MG ER.....	143	TIROSINT-SOL SOL 62.5/ML	118
TDVAX INJ 2-2 LF	146	THEOPHYLLINE TAB 300MG ER.....	143	TIROSINT-SOL SOL 75MCG/ML	118
TELMISA/HCTZ TAB 40-12.5.....	79	THEOPHYLLINE TAB 400MG ER	143	TIROSINT-SOL SOL 88MCG/ML	118
TELMISA/HCTZ TAB 80-12.5.....	79	THEOPHYLLINE TAB 450MG ER.....	143	TIROSINT-SOL SOL 100MCG.....	118
TELMISA/HCTZ TAB 80-25MG	79	THEOPHYLLINE TAB 600MG ER	143	TIROSINT-SOL SOL 112MCG	118
TELMISARTAN TAB 20MG	79	THIORIDAZINE TAB 10MG	50	TIROSINT-SOL SOL 125MCG.....	118
TELMISARTAN TAB 40MG	79	THIORIDAZINE TAB 25MG	50	TIROSINT-SOL SOL 137MCG.....	118
TELMISARTAN TAB 80MG	79	THIORIDAZINE TAB 50MG	50	TIROSINT-SOL SOL 150MCG.....	118
TEMAZEPAM CAP 7.5MG.....	145	THIORIDAZINE TAB 100MG	50	TIROSINT-SOL SOL 175MCG.....	118
TEMAZEPAM CAP 15MG	145	THIOTHIXENE CAP 1MG.....	50	TIROSINT-SOL SOL 200MCG	118
TEMAZEPAM CAP 22.5MG	145	THIOTHIXENE CAP 2MG.....	50	TIVICAY TAB 10MG.....	53
TEMAZEPAM CAP 30MG.....	145	THIOTHIXENE CAP 5MG.....	50	TIVICAY TAB 25MG.....	53
TEMOZOLOMIDE CAP 5MG	43	THIOTHIXENE CAP 10MG	50	TIVICAY TAB 50MG	53
TEMOZOLOMIDE CAP 20MG.....	43	THRIVE GUM 2MG MINT.....	18	TIZANIDINE CAP 2MG	145

TIZANIDINE CAP 4MG	145	TRETINOIN CRE 0.1%	87	TRULICITY INJ 0.75/0.5	61
TIZANIDINE CAP 6MG	145	TRETINOIN CRE 0.05%	87	TRULICITY INJ 1.5/0.5	61
TIZANIDINE TAB 2MG	145	TRETINOIN CRE 0.025%	86	TRULICITY INJ 3/0.5	61
TIZANIDINE TAB 4MG	145	TRIAMCINOLON CRE 0.1%	102	TRULICITY INJ 4.5/0.5	61
TOBRA/DEXAME SUS 0.3-0.1%	136	TRIAMCINOLON CRE 0.5%	102	TRUMENBA INJ	126
TOBRAMYCIN NEB 300/5ML	143	TRIAMCINOLON CRE 0.025%	102	TRUQAP PAK 160MG	44
TOBRAMYCIN SOL 0.3% OP	136	TRIAMCINOLON LOT 0.1%	102	TRUQAP PAK 200MG	44
TODAY SPONGE MIS	98	TRIAMCINOLON LOT 0.025%	102	TRUQAP TAB 160MG	44
TOLCAPONE TAB 100MG	47	TRIAMCINOLON OIN 0.1%	102	TRUQAP TAB 200MG	44
TOLMETIN SOD CAP 400MG	15	TRIAMCINOLON OIN 0.5%	102	TURALIO CAP 125MG	44
TOLMETIN SOD TAB 600MG	15	TRIAMCINOLON OIN 0.025%	102	TURQOZ TAB	113
TOLTERODINE CAP 2MG ER	98	TRIAMCINOLON PST 0.1%	84	TUXARIN ER TAB 54.3-8MG	143
TOLTERODINE CAP 4MG ER	98	TRIAMCINOLON PST DEN 0.1%	84	TUZISTRA XR SUS	143
TOLTERODINE TAB 1MG	98	TRIAMT/HCTZ CAP 375-25	79	TWINRIX INJ	126
TOLTERODINE TAB 2MG	98	TRIAMT/HCTZ TAB 375-25	79	TWIRLA DIS 120-30	114
TOLVAPTAN TAB 15MG	91	TRIAMT/HCTZ TAB 75-50MG	79	TYBLUME CHW 0.1-0.02	114
TOLVAPTAN TAB 30MG	91	TRIAZOLAM TAB 0.25MG	55	TYDEMY TAB	114
TOPIRAMATE CAP 15MG	27	TRIAZOLAM TAB 0.125MG	55	TYENNE INJ 162/0.9	126
TOPIRAMATE CAP 25MG	27	TRICARE TAB PRENATAL	91	TYENNE INJ 162MG	126
TOPIRAMATE CAP 50MG	27	TRIDERM CRE 0.5%	102	TYMLOS INJ	128
TOPIRAMATE TAB 25MG	27	TRIENTINE CAP 250MG	91	TYVASO DPI POW 16-32-48	143
TOPIRAMATE TAB 50MG	27	TRI-ESTARYLL TAB	113	TYVASO DPI POW 16-32MCG	143
TOPIRAMATE TAB 100MG	27	TRIFLUOPERAZ TAB 1MG	50	TYVASO DPI POW 16MCG	143
TOPIRAMATE TAB 200MG	27	TRIFLUOPERAZ TAB 2MG	50	TYVASO DPI POW 32-48MCG	143
TOREMIFENE TAB 60MG	44	TRIFLUOPERAZ TAB 5MG	50	TYVASO DPI POW 32MCG	143
TORSEMIDE TAB 5MG	79	TRIFLUOPERAZ TAB 10MG	50	TYVASO DPI POW 48MCG	143
TORSEMIDE TAB 10MG	79	TRIFLURIDINE SOL 1% OP	136	TYVASO DPI POW 64MCG	143
TORSEMIDE TAB 20MG	79	TRIHXYPHEN SOL 0.4MG/ML	47	TYVASO RF KT SOL 0.6MG/ML	143
TORSEMIDE TAB 100MG	79	TRIHXYPHEN TAB 2MG	47	TYVASO SOL 0.6MG/ML	143
TRAMADL/APAP TAB 375-325	16	TRIHXYPHEN TAB 5MG	47	TYVASO ST KT SOL 0.6MG/ML	143
TRAMADOL HCL TAB 50MG	16	TRI-LEGEST TAB FE	113	UBRELVY TAB 50MG	37
TRAMADOL HCL TAB 100MG ER	16	TRI-LINYAH TAB	113	UBRELVY TAB 100MG	37
TRAMADOL HCL TAB 100MG ER	16	TRI-LO-MILI TAB	113	ULTICARE MIS 30GX3/16	132
TRAMADOL HCL TAB 200MG ER	16	TRI-LO TAB ESTARYLL	113	UNITHROID TAB 25MCG	118
TRAMADOL HCL TAB 200MG ER	16	TRI-LO- TAB MARZIA	113	UNITHROID TAB 50MCG	118
TRAMADOL HCL TAB 300MG ER	16	TRI-LO- TAB SPRINTec	113	UNITHROID TAB 75MCG	119
TRAMADOL HCL TAB 300MG ER	16	TRIMETHOBENZ CAP 300MG	34	UNITHROID TAB 88MCG	119
TRANDOLAPRIL TAB 1MG	79	TRIMETHOPRIM TAB 100MG	23	UNITHROID TAB 100MCG	118
TRANDOLAPRIL TAB 2MG	79	TRI-MILI TAB	113	UNITHROID TAB 112MCG	118
TRANDOLAPRIL TAB 4MG	79	TRIMIPRAMINE CAP 25MG	32	UNITHROID TAB 125MCG	118
TRANEX ACID TAB 650MG	64	TRIMIPRAMINE CAP 50MG	32	UNITHROID TAB 137MCG	118
TRANLYCYPROM TAB 10MG	32	TRIMIPRAMINE CAP 100MG	32	UNITHROID TAB 150MCG	118
TRAVOPROST DRO 0.004%	136	TRINATAL RX TAB 1	91	UNITHROID TAB 175MCG	118
TRAZODONE TAB 50MG	32	TRINATE TAB	91	UNITHROID TAB 200MCG	118
TRAZODONE TAB 100MG	32	TRI-NYMYO TAB	113	UNITHROID TAB 300MCG	118
TRAZODONE TAB 150MG	32	TRI-SPRINTec TAB	113	URSODIOL CAP 300MG	95
TRAZODONE TAB 300MG	32	TRIUMEQ TAB	53	URSODIOL TAB 250MG	95
TRECTOR TAB 250MG	38	TRIVORA-28 TAB	113	URSODIOL TAB 500MG	95
TRELEGY AER 100MCG	143	TRI-VYLIBRA TAB	113	UTI HOME TES TEST	132
TRELEGY AER 200MCG	143	TRI-VYLIBRA TAB LO	113	VALACYCLOVIR TAB 1GM	53
TRESIBA FLEX INJ 100UNIT	61	TROSPiUM CHL CAP 60MG ER	98	VALACYCLOVIR TAB 500MG	53
TRESIBA FLEX INJ 200UNIT	61	TROSPiUM CL TAB 20MG	98	VALGANCICLOV SOL 50MG/ML	53
TRESIBA INJ 100UNIT	61	TRUEPLS GLUC GEL 15/32ML	132	VALGANCICLOV TAB 450MG	53
TRETINOIN CAP 10MG	44	TRUEPLUS CHW GLUCOSE	132	VALPROIC ACD CAP 250MG	27

VALPROIC ACD SOL 250/5ML.....	27	VERAPAMIL CAP 240MG SR.....	80	WIDE-SEAL DPR KIT 60.....	132
VALPROIC ACD SOL 500/10ML.....	27	VERAPAMIL CAP 300MG ER.....	80	WIDE-SEAL DPR KIT 65.....	132
VALSARTAN TAB 40MG.....	80	VERAPAMIL CAP 360MG SR.....	80	WIDE-SEAL DPR KIT 70.....	132
VALSARTAN TAB 80MG.....	80	VERAPAMIL TAB 40MG.....	80	WIDE-SEAL DPR KIT 75.....	132
VALSARTAN TAB 160MG.....	80	VERAPAMIL TAB 80MG.....	80	WIDE-SEAL DPR KIT 80.....	132
VALSARTAN TAB 320MG.....	80	VERAPAMIL TAB 120MG.....	80	WIDE-SEAL DPR KIT 85.....	132
VALSART/HCTZ TAB 80-12.5.....	80	VERAPAMIL TAB 120MG ER.....	80	WIDE-SEAL DPR KIT 90.....	132
VALSART/HCTZ TAB 160-12.5.....	80	VERAPAMIL TAB 180MG ER.....	80	WIDE-SEAL DPR KIT 95.....	132
VALSART/HCTZ TAB 160-25MG.....	80	VERAPAMIL TAB 240MG ER.....	80	WIXELA INHUB AER 100/50.....	144
VALSART/HCTZ TAB 320-12.5.....	80	VEREGEN OIN 15%.....	87	WIXELA INHUB AER 250/50.....	144
VALSART/HCTZ TAB 320-25MG.....	80	VERZENIO TAB 50MG.....	44	WIXELA INHUB AER 500/50.....	144
VALTYA 1/50 TAB.....	114	VERZENIO TAB 100MG.....	44	WYMZYA FE CHW 0.4MG-35.....	114
VANCOMYCIN CAP 125MG.....	23	VERZENIO TAB 150MG.....	44	XARAH FE TAB.....	114
VANCOMYCIN CAP 250MG.....	23	VERZENIO TAB 200MG.....	44	XARELTO STAR TAB 15/20MG.....	65
VANCOMYCIN SOL 25MG/ML.....	24	VESTURA TAB 3-0.02MG.....	114	XARELTO TAB 10MG.....	65
VANCOMYCIN SOL 50MG/ML.....	24	VIENVA TAB 0.1-20.....	114	XARELTO TAB 15MG.....	65
VANCOMYCIN SOL 250/5ML.....	24	VIGABATRIN PAK 500MG.....	27	XARELTO TAB 20MG.....	65
VANDAZOLE GEL 0.75%.....	24	VIGABATRIN TAB 500MG.....	27	XELJANZ SOL 1MG/ML.....	126
VAQTA INJ 25/0.5ML.....	126	VIGPODER POW 500MG.....	27	XELJANZ TAB 5MG.....	127
VAQTA INJ 50UNT/ML.....	126	VILAZODONE TAB 10MG.....	33	XELJANZ TAB 10MG.....	126
VARENICLINE TAB 0.5& 1MG.....	18	VILAZODONE TAB 20MG.....	33	XELJANZ XR TAB 11MG.....	127
VARENICLINE TAB 0.5MG.....	18	VILAZODONE TAB 40MG.....	33	XELJANZ XR TAB 22MG.....	127
VARENICLINE TAB 1MG.....	18	VIORELE TAB.....	114	XELRIA FE CHW 0.4MG-35.....	114
VARIVAX INJ.....	126	VIRACEPT TAB 250MG.....	53	XEPI CRE 1%.....	24
VARUBI TAB 90MG.....	34	VIRACEPT TAB 625MG.....	53	XERMELO TAB 250MG.....	96
VAXELIS INJ.....	126	VITAMIN D CAP 1.25MG.....	91	XIFAXAN TAB 200MG.....	24
VAXELIS INJ.....	126	VITAMIN D CAP 50000UNT.....	91	XIFAXAN TAB 550MG.....	24
VAXNEUVANCE INJ.....	126	VITATHELY TAB.....	91	XIGDUO XR TAB 2.5-1000.....	61
VCF VAGINAL GEL CONTRACE.....	98	VITRAKVI CAP 25MG.....	44	XIGDUO XR TAB 5-500MG.....	61
VCF VAGINAL MIS CONTRACP.....	98	VITRAKVI CAP 100MG.....	44	XIGDUO XR TAB 5-1000MG.....	61
VELIVET PAK.....	114	VITRAKVI SOL 20MG/ML.....	44	XIGDUO XR TAB 10-500MG.....	61
VELPHORO CHW 500MG.....	91	VOLNEA TAB.....	114	XIGDUO XR TAB 10-1000.....	61
VENCLEXTA TAB 10MG.....	44	VORICONAZOLE SUS 40MG/ML.....	35	XOLAIR INJ 75/0.5.....	144
VENCLEXTA TAB 50MG.....	44	VORICONAZOLE TAB 50MG.....	36	XOLAIR INJ 75/0.5.....	144
VENCLEXTA TAB 100MG.....	44	VORICONAZOLE TAB 200MG.....	35	XOLAIR INJ 150MG/ML.....	144
VENCLEXTA TAB START PK.....	44	VRAYLAR CAP 1.5-3MG.....	50	XOLAIR INJ 150MG/ML.....	144
VENLAFAXINE CAP 375 ER.....	32	VRAYLAR CAP 1.5MG.....	50	XOLAIR INJ 300/2ML.....	144
VENLAFAXINE CAP 75MG ER.....	32	VRAYLAR CAP 3MG.....	50	XOLAIR INJ 300/2ML.....	144
VENLAFAXINE CAP 150MG ER.....	32	VRAYLAR CAP 4.5MG.....	50	XOSPATA TAB 40MG.....	44
VENLAFAXINE TAB 25MG.....	32	VRAYLAR CAP 6MG.....	50	XTAMPZA ER CAP 9MG.....	16
VENLAFAXINE TAB 375MG.....	32	VYFEMLA TAB 0.4-35.....	114	XTAMPZA ER CAP 13.5MG.....	16
VENLAFAXINE TAB 50MG.....	33	VYLIBRA TAB 0.25-35.....	114	XTAMPZA ER CAP 18MG.....	16
VENLAFAXINE TAB 75MG.....	33	WARFARIN TAB 1MG.....	64	XTAMPZA ER CAP 27MG.....	16
VENLAFAXINE TAB 100MG.....	32	WARFARIN TAB 2.5MG.....	64	XTAMPZA ER CAP 36MG.....	16
VENTAVIS SOL 10MCG/ML.....	144	WARFARIN TAB 2MG.....	64	XTANDI CAP 40MG.....	44
VENTAVIS SOL 20MCG/ML.....	144	WARFARIN TAB 3MG.....	64	XTANDI TAB 40MG.....	44
VENTOLIN HFA AER.....	144	WARFARIN TAB 4MG.....	64	XTANDI TAB 80MG.....	44
VERAPAMIL CAP 100MG ER.....	80	WARFARIN TAB 5MG.....	65	XULANE DIS 150-35.....	114
VERAPAMIL CAP 120MG ER.....	80	WARFARIN TAB 6MG.....	65	YESINTEK INJ 45/0.5ML.....	87
VERAPAMIL CAP 120MG SR.....	80	WARFARIN TAB 7.5MG.....	65	YESINTEK INJ 45/0.5ML.....	87
VERAPAMIL CAP 180MG ER.....	80	WARFARIN TAB 10MG.....	64	YESINTEK INJ 90MG/ML.....	87
VERAPAMIL CAP 180MG SR.....	80	WERA TAB 0.5/35.....	114	YOSPRALA TAB 81-40MG.....	65
VERAPAMIL CAP 200MG ER.....	80	WESNATAL DHA PAK COMPLETE.....	91	YOSPRALA TAB 325-40MG.....	65
VERAPAMIL CAP 240MG ER.....	80	WESTAB PLUS TAB 27-1MG.....	91	YUVAFEM TAB 10MCG.....	114

ZAFEMY DIS 150/35	114
ZAFIRLUKAST TAB 10MG	144
ZAFIRLUKAST TAB 20MG	144
ZALEPLON CAP 5MG	145
ZALEPLON CAP 10MG	145
ZARXIO INJ 300/0.5	65
ZARXIO INJ 480/0.8	65
ZEGALOGUE INJ 0.6/0.6	61
ZEGALOGUE INJ 0.6/0.6	61
ZELBORAF TAB 240MG	44
ZENATANE CAP 10MG	87
ZENATANE CAP 20MG	87
ZENATANE CAP 30MG	87
ZENATANE CAP 40MG	87
ZENPEP CAP 3000UNIT	96
ZENPEP CAP 5000UNIT	96
ZENPEP CAP 10000UNT	96
ZENPEP CAP 15000UNT	96
ZENPEP CAP 20000UNT	96
ZENPEP CAP 25000UNT	96
ZENPEP CAP 40000UNT	96
ZENPEP CAP 60000UNT	96
ZIDOVUDINE CAP 100MG	53
ZIDOVUDINE SYP 50MG/5ML	53
ZIDOVUDINE TAB 300MG	53
ZILEUTON ER TAB 600MG	144
ZIPRASIDONE CAP 20MG	50
ZIPRASIDONE CAP 40MG	50
ZIPRASIDONE CAP 60MG	50
ZIPRASIDONE CAP 80MG	50
ZIRGAN GEL 0.15%	136
ZOLINZA CAP 100MG	44
ZOLMITRIPTAN SPR 2.5MG	37
ZOLMITRIPTAN SPR 5MG	37
ZOLMITRIPTAN TAB 2.5 MG	37
ZOLMITRIPTAN TAB 2.5MG	37
ZOLMITRIPTAN TAB 5MG	37
ZOLMITRIPTAN TAB 5MG ODT	37
ZOLPIDEM ER TAB 6.25MG	146
ZOLPIDEM ER TAB 12.5MG	145
ZOLPIDEM TAB 5MG	146
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ZONISAMIDE CAP 25MG	27
ZONISAMIDE CAP 50MG	27
ZONISAMIDE CAP 100MG	27
ZOVIA 1/35 TAB	114
ZUBSOLV SUB 0.7-0.18	18
ZUBSOLV SUB 1.4-0.36	18
ZUBSOLV SUB 2.9-0.71	18
ZUBSOLV SUB 5.7-1.4	18
ZUBSOLV SUB 8.6-2.1	18
ZUBSOLV SUB 11.4-2.9	18
ZUMANDIMINE TAB 3-0.03MG	114
ZYKADIA TAB 150MG	44
ZYLET SUS 0.5-0.3%	136

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Vietnamese: Dịch vụ dịch thuật và thông dịch viên được cung cấp miễn phí cho quý vị. Nếu quý vị cần trợ giúp, vui lòng gọi số ở trên hoặc số bộ phận Dịch vụ Thành viên trên thẻ ID chương trình sức khỏe của quý vị.

Korean: 번역 서비스와 통역사는 비용 부담 없이 이용하실 수 있습니다. 도움이 필요하신 경우, 전술한 번호 또는 의료 플랜 ID 카드에 기재된 가입자 서비스 번호로 전화하십시오.

Arabic: تتوفر خدمات الترجمة والمترجمون الفوريون لك مجانًا. إذا كنت بحاجة إلى المساعدة، فيُرجى الاتصال بالرقم أعلاه أو رقم خدمات الأعضاء الموجود على بطاقة معرف الخطة الصحية الخاصة بك.

French Creole: Sèvis tradiksyon ak entèprèt disponib pou ou gratis. Si w bezwen èd, tanpri rele nimewo ki anwo a oswa nimewo Sèvis Manm ki sou kat idantite (ID) plan sante w la.

Tagalog: Ang mga serbisyo sa pagsasalin at mga tagapagsalin ay magagamit mo nang walang bayad. Kung kailangan mo ng tulong, mangyaring tawagan ang numero sa itaas o ang numero ng mga Serbisyo sa Miyembro na nasa iyang ID kard ng planong pangkalusugan.

French: Les services de traduction et d'interprétation vous sont fournis gratuitement. Si vous avez besoin d'aide, veuillez appeler le numéro ci-dessus ou le numéro de services aux membres figurant sur votre carte d'assurance maladie.

Russian: Вам доступны бесплатные услуги перевода и устные переводчики. Если вам нужна помощь, позвоните по указанному выше номеру или по номеру отдела обслуживания участников, указанному на вашей идентификационной карте программы страхования здоровья.

Polish: Mogą Państwo bezpłatnie skorzystać z usługi tłumaczenia pisemnego lub ustnego. Jeśli potrzebują Państwo pomocy, należy zadzwonić pod numer podany powyżej lub numer usług dla członków podany na karcie identyfikacyjnej członka planu ubezpieczenia zdrowotnego.



German: Übersetzungsdienste und Dolmetscher stehen Ihnen kostenlos zur Verfügung. Wenn Sie Hilfe benötigen, rufen Sie bitte die oben genannte Nummer oder die Nummer des Mitgliederservices auf Ihrer Versichertenkarte an.

Gujarati: અનુવાદ સેવાઓ અને દુભાષિયા તમારા માટે નિ:શુલ્ક ઉપલબ્ધ છે. જો તમને મદદની જરૂર હોય, તો કૃપા કરીને ઉપરના નંબર પર અથવા તમારા હેલ્થ પ્લાન આઈડી કાર્ડ પરના સભ્ય સેવાઓ નંબર પર કૉલ કરો.

Urdu: آپ کے لیے بغیر کسی فیس یا اخراجات کے ترجمہ کی خدمات اور ترجمان دستیاب ہیں۔ اگر آپ کو مدد کی ضرورت ہو، تو برائے مہربانی اوپر دیئے گئے نمبر یا اپنے ہیلتھ پلان آئی ڈی کارڈ پر موجود Member Services کے نمبر پر کال کریں۔

Portuguese: Você tem à disposição serviços gratuitos de tradução e intérpretes. Caso precise de ajuda, ligue para o número acima ou para o número de Atendimento a Membros exibido em seu cartão de identificação do plano de saúde.

Japanese: 翻訳サービスと通訳サービスを利用できます。サポートが必要な場合は、上記の電話番号か、保険プラン ID カードのメンバーサービス番号に電話してください。

Hindi: अनुवाद सेवाएँ और दुभाषिए आपके लिए नि:शुल्क उपलब्ध हैं। यदि आपको सहायता की आवश्यकता है, तो कृपया अपने स्वास्थ्य योजना आईडी कार्ड पर ऊपर दिए गए नंबर या सदस्य सेवा नंबर पर कॉल करें।

Persian: خدمات ترجمه کتبی و شفاهی به صورت رایگان برای شما فراهم است. اگر به کمک نیاز دارید، با شماره تلفن بالا یا شماره تلفن خدمات مشتری درج شده روی کارت شناسایی برنامه درمانی خود تماس بگیرید.

Amharic: የትርጉም አገልግሎቶች እና አስተርጓሚዎች ለእርስዎ ያለ ምንም ወጪ ይገኛሉ። እርዳታ ከፈለጉ፣ እባክዎን ከላይ ባለው ቁጥር ወይም በጤና እቅድ መታወቂያ ካርድዎ ላይ ባለው የአባላት አገልግሎት ቁጥር ይደውሉ።

Italian: Sono disponibili gratuitamente servizi di traduzione e interpreti. Se hai bisogno di aiuto, chiama il numero sopra oppure il numero di assistenza presente sulla tua tessera sanitaria.

Pennsylvania Dutch: Wann du Deutsch schwetzscht un Druwwel hoscht fer Englisch verschtehe, kenne mer epper beigriege fer dich helfe unni as es dich ennich eppes koschte zeelt. Wann du Hilf brauchscht, ruf die Nummer drowwe uff odder die Nummer fer Member Services as uf dei Health Plan ID Card is.

Navajo: Naaltsoos hazaad bee hadilnééh bee áka'anída'awo'í dóó ata' dahalne'í t'áá jiik'eh ná hóló. Shika'adoowoł nínízingo, t'áá shqódi hódahdi námboo biki'ágíí doodago Bit Ha'dít'éhí Bika'aná'awo' nits'íis bee ha'dít'éhí ID ninaaltsoos nítł'izí baqah námboo biki'ágíí bee hodílnih.

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Mail: Civil Rights Coordinator
UnitedHealthcare Civil Rights Grievance
P.O. Box 30608, Salt Lake City, UTAH 84130

Email: UHC_Civil_Rights@uhc.com

If you need help with your complaint, please call toll-free **1-877-265-9199** or the toll-free number on your health plan ID card (TTY/RTT **711**).

You can also file a complaint with the U.S. Department of Health and Human services.

Online: <https://www.hhs.gov/civil-rights/filing-a-complaint/index.html>

Phone: Toll-free **1-800-368-1019, 1-800-537-7697** (TDD)

Mail: U.S. Dept. of Health and Human Services
200 Independence Avenue, SW Room 509F, HHH Building
Washington, D.C. 20201

We provide free auxiliary aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified American Sign Language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)

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If you need these services, please call toll-free **1-877-265-9199** or the toll-free number on your health plan ID card (TTY/RTT **711**).

This notice is available at <https://www.uhc.com/legal/nondiscrimination-and-language-assistance-notices>.





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