



New Mexico Individual & Family plans

2025 Prescription Drug List

Effective as of Jan. 1, 2025

United
Healthcare®

Table of contents

Understanding your prescription drug list	4
Coverage details	5
Prior authorization and exception requests	8
Medication tips	8
Reading your PDL.....	9
Analgesics.....	10
Anesthetics	15
Anti-addiction/substance abuse treatment agents.....	15
Antibacterials	17
Anticonvulsants.....	21
Antidementia agents	24
Antidepressants	25
Antiemetics	28
Antifungals.....	29
Antigout agents.....	31
Antimigraine agents	31
Antimyasthenic agents	32
Antimycobacterials	32
Antineoplastics	33
Antiparasitics	37
Anti-Parkinson's agents	38
Antipsychotics	39
Antivirals	42
Anxiolytics.....	45
Bipolar agents.....	46
Blood glucose monitoring.....	47
Blood glucose regulators.....	47
Blood products/modifiers/volume expanders	51
Cardiovascular agents.....	55
Central nervous system agents	67
Dental and oral agents.....	70
Dermatological agents	70
Electrolytes/minerals/metals/vitamins.....	72
Gastrointestinal agents.....	77
Genetic or enzyme disorder: replacement, modifiers, treatment	80
Genitourinary agents	80
Hormonal agents, stimulant/replacement/modifying (adrenal)	81
Hormonal agents, stimulant/replacement/modifying (pituitary)	85

Hormonal agents, stimulant/replacement/modifying (prostaglandins)	85
Hormonal agents, stimulant/replacement/modifying (sex hormones/modifiers).....	85
Hormonal agents, stimulant/replacement/modifying (thyroid).....	96
Hormonal agents, suppressant (adrenal).....	99
Hormonal agents, suppressant (pituitary).....	99
Hormonal agents, suppressant (thyroid)	100
Immunological agents	100
Inflammatory bowel disease agents	106
Metabolic bone disease agents	107
Miscellaneous therapeutic agents	107
Ophthalmic agents	111
Otic agents.....	114
Respiratory tract/pulmonary agents.....	115
Skeletal muscle relaxants.....	121
Sleep disorder agents	122
Medical product drug list.....	124
Index	141

Understanding your prescription drug list

What is a prescription drug list (PDL)?

A PDL is a list of prescribed medications or other pharmacy care products or supplies chosen for their safety, cost, and effectiveness. Medications are listed by categories or classes and are placed into cost levels known as tiers. It includes both brand and generic prescription medications.

To create the list, UnitedHealthcare® is guided by the Individual & Family plan Pharmacy Management Committee. This group reviews which medications will be covered, based on how well the drugs work, and overall value. They also make sure there are safe and covered options.

How do I use my PDL?

You and your healthcare 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 healthcare provider. If your medication is not listed here, please visit myuhc.com/exchange or call the Member Services number on your health plan ID card.

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 can help you pay your lowest out-of-pocket cost. If you are prescribed a medication on a higher tier, you should discuss with your healthcare provider if a lower tier medication may be appropriate 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 to treat the same or similar medical 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-shares Medications that provide good overall value , which includes preferred specialty medications.
5	\$\$\$\$	Higher cost-shares Medications that provide lower overall value , which includes non-preferred brand name medications.
6	\$\$\$\$\$	Highest cost-shares 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.

About this PDL

Where differences between this document and your benefit plan exist, the benefit plan documents rule. This may not be a complete list of medications that are covered by your plan. Please review your benefit plan for full details.

Can the PDL change?

Most changes in drug coverage happen on January 1, but during the year UnitedHealthcare may add or remove drugs on the PDL, move them to different cost-sharing tiers, or add or remove rules.

When a medication changes tiers, you may have to pay a different amount for that medication. Talk to your healthcare provider to learn about alternatives.

Why are some medications not covered?

A medication may not be covered under your pharmacy benefit when it works the same as or similar to another prescription or over-the-counter (OTC) medication.

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), step therapy (ST), and quantity limits (QL). 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.

	Prior authorization required
PA	UnitedHealthcare requires you or your healthcare provider to obtain prior authorization for certain drugs to be sure the drug is most appropriate for your condition. This means that you will need to get approval from UnitedHealthcare before you fill your prescriptions. If you don't get approval, the drug may not be covered.
QL	Quantity limit
ST	For certain drugs, UnitedHealthcare limits the amount of the drug being filled per copayment or over a certain period of time. We update quantity limits based on medical guidance and Food and Drug Administration (FDA) recommendations. This helps reduce waste and ensures medications are used appropriately.
SP	Step therapy
	In some cases, UnitedHealthcare requires you to first try certain drugs to treat your medical condition before we cover another drug for that condition. Step Therapy makes sure you are filling medically appropriate and affordable medications.
	Specialty medication
	Limited to a 1-month supply per prescription.

	Morphine milligram equivalent and 7-day limit if you have not filled an opioid prescription recently
MME	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 healthcare provider prescribes more than this amount, or thinks the limit is not right for your situation, you or your healthcare provider can ask the plan to cover the additional quantity. 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.
	Preventive
PRV*	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
PRV-M	Preventive covered by pharmacy or medical Preventive medication available at no cost to you through your pharmacy or medical benefit
	Behavioral health condition
BH*	Medication may be available at no cost to you when prescribed to treat a behavioral health condition.
	Sexually transmitted infection
STI*	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) infection pre-exposure preventive (PrEP) medications
- 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 healthcare 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 healthcare 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 healthcare 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 healthcare 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 drugs)
- 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 healthcare provider to submit a request. Healthcare 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 healthcare provider and request additional information.

If you need help, you can also start a request at myuhc.com/exchange or by calling the member services number on your health plan ID card, and we can contact your healthcare provider for information to help process the request.

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

You and your healthcare 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.

What if my healthcare provider writes a brand-name prescription?

If your healthcare 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.

Over-the-counter medications

An over-the-counter (OTC) medication may be the right treatment for some conditions. Talk to your healthcare provider about available OTC options. Even though OTC medications may not be covered by your pharmacy benefit, they may cost less than a prescription medication.

What if I am taking a specialty medication?

Specialty medications are for rare or complex conditions and are usually higher-cost medications.

Please note, not all specialty medications may be available at a retail pharmacy. If you have a question on how to access covered specialty medications, call the number on your health plan ID card or visit myuhc.com/exchange.

Reading your PDL

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

- 1.** 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 .
- 2.** Alphabetical listing – 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/CODEINE SOL 120-12/5	ACETAMINOPHEN W / CODEINE SOLN 120-12 MG / 5ML	2		X		MME
APAP/CODEINE SOL 300-30MG	ACETAMINOPHEN W / CODEINE SOLN 120-12 MG / 5ML	2		X		MME
APAP/CODEINE TAB 300-15MG	ACETAMINOPHEN W / CODEINE TAB 300-15 MG	2		X		MME
APAP/CODEINE TAB 300-30MG	ACETAMINOPHEN W / CODEINE TAB 300-30 MG	2		X		MME
APAP/CODEINE TAB 300-60MG	ACETAMINOPHEN W / CODEINE TAB 300-60 MG	2		X		MME
APAP-CAFFEIN CAP DIHYDROOC	ACETAMINOPHEN-CAFFEINE-DIHYDROCODEINE CAP 320.5-30-16 MG	3		X		MME
ASCOMP/COD CAP 30MG	BUTALBITAL-ASPIRIN-CAFF W / CODEINE CAP 50-325-40-30 MG	3		X		MME
ASPIRIN LOW CHW 81MG	ASPIRIN CHEW TAB 81 MG	1				PRV-A
ASPIRIN LOW TAB 81MG EC	ASPIRIN TAB DELAYED RELEASE 81 MG	1				PRV-A
BUT/APAP/CAF CAP	BUTALBITAL-ACETAMINOPHEN-CAFFEINE CAP 50-300-40 MG	3		X		
BUT/APAP/CAF CAP	BUTALBITAL-ACETAMINOPHEN-CAFFEINE CAP 50-325-40 MG	3		X		
BUT/APAP/CAF CAP CODEINE	BUTALBITAL-ACETAMINOPHEN-CAFF W / COD CAP 50-300-40-30 MG	3		X		MME
BUT/APAP/CAF CAP CODEINE	BUTALBITAL-ACETAMINOPHEN-CAFF W / COD CAP 50-325-40-30 MG	3		X		MME
BUT/APAP/CAF TAB	BUTALBITAL-ACETAMINOPHEN-CAFFEINE TAB 50-325-40 MG	2		X		
BUT/ASA/CAF/ CAP CODEINE	BUTALBITAL-ASPIRIN-CAFF W / CODEINE CAP 50-325-40-30 MG	3		X		MME
BUT/ASA/CAFF CAP	BUTALBITAL-ASPIRIN-CAFFEINE CAP 50-325-40 MG	3		X		
BUTAL/APAP TAB 50-325MG	BUTALBITAL-ACETAMINOPHEN TAB 50-325 MG	3		X		
BUTALB/ACETA TAB 50-300MG	BUTALBITAL-ACETAMINOPHEN TAB 50-300 MG	3		X		
BUTORPHANOL SOL 10MG/ML	BUTORPHANOL TARTRATE NASAL SOLN 10 MG / ML	3		X		MME
CARISOPRODOL TAB ASA/COD	CARISOPRODOL W / ASPIRIN & CODEINE TAB 200-325-16 MG	2		X		MME
CELECOXIB CAP 100MG	CELECOXIB CAP 100 MG	2		X		
CELECOXIB CAP 200MG	CELECOXIB CAP 200 MG	2		X		
CELECOXIB CAP 400MG	CELECOXIB CAP 400 MG	2		X		
CELECOXIB CAP 50MG	CELECOXIB CAP 50 MG	2		X		
CODEINE SULF TAB 15MG	CODEINE SULFATE TAB 15 MG	2		X		MME
CODEINE SULF TAB 30MG	CODEINE SULFATE TAB 30 MG	2		X		MME
CODEINE SULF TAB 60MG	CODEINE SULFATE TAB 60 MG	2		X		MME
DICLO/MISOPR TAB 50-0.2MG	DICLOFENAC W / MISOPROSTOL TAB DELAYED RELEASE 50-0.2 MG	3				

KEY: **BH*** Behavioral Health – Medication may be available at no cost to you when prescribed to treat a behavioral health condition.

MME Morphine milligram equivalent & 7-day limit if you have not filled an opioid prescription recently

PA Prior authorization required

PRV-A Preventive medication may be available at no cost to you if within a certain age range

PRV-M Preventive medication available at no cost to you through your pharmacy or medical benefit

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	3				
DICLOFEN POT TAB 50MG	DICLOFENAC POTASSIUM TAB 50 MG	2				
DICLOFENAC GEL 1%	DICLOFENAC SODIUM GEL 1% (1.16% DIETHYLAMINE EQUIV)	3		X		
DICLOFENAC TAB 100MG ER	DICLOFENAC SODIUM TAB ER 24HR 100 MG	3				
DICLOFENAC TAB 25MG DR	DICLOFENAC SODIUM TAB DELAYED RELEASE 25 MG	2				
DICLOFENAC TAB 50MG DR	DICLOFENAC SODIUM TAB DELAYED RELEASE 50 MG	2				
DICLOFENAC TAB 75MG DR	DICLOFENAC SODIUM TAB DELAYED RELEASE 75 MG	2				
DIFLUNISAL TAB 500MG	DIFLUNISAL TAB 500 MG	2				
EC-NAPROXEN TAB 375MG	NAPROXEN TAB EC 375 MG	2				
EC-NAPROXEN TAB 500MG	NAPROXEN TAB EC 500 MG	2				
ENDOCET TAB 10-325MG	OXYCODONE W / ACETAMINOPHEN TAB 10-325 MG	2		X		MME
ENDOCET TAB 2.5-325	OXYCODONE W / ACETAMINOPHEN TAB 2.5-325 MG	2		X		MME
ENDOCET TAB 5-325MG	OXYCODONE W / ACETAMINOPHEN TAB 5-325 MG	2		X		MME
ENDOCET TAB 7.5-325	OXYCODONE W / ACETAMINOPHEN TAB 7.5-325 MG	2		X		MME
ETODOLAC CAP 200MG	ETODOLAC CAP 200 MG	2				
ETODOLAC CAP 300MG	ETODOLAC CAP 300 MG	2				
ETODOLAC TAB 400MG	ETODOLAC TAB 400 MG	2				
ETODOLAC TAB 500MG	ETODOLAC TAB 500 MG	2				
ETODOLAC ER TAB 400MG	ETODOLAC TAB ER 24HR 400 MG	3				
ETODOLAC ER TAB 500MG	ETODOLAC TAB ER 24HR 500 MG	3				
ETODOLAC ER TAB 600MG	ETODOLAC TAB ER 24HR 600 MG	3				
FENOPROFEN TAB 600MG	FENOPROFEN CALCIUM TAB 600 MG	3				
FENTANYL DIS 100MCG/H	FENTANYL TD PATCH 72HR 100 MCG / HR	3	X	X		MME
FENTANYL DIS 12MCG/HR	FENTANYL TD PATCH 72HR 12 MCG / HR	3	X	X		MME
FENTANYL DIS 25MCG/HR	FENTANYL TD PATCH 72HR 25 MCG / HR	3	X	X		MME
FENTANYL DIS 50MCG/HR	FENTANYL TD PATCH 72HR 50 MCG / HR	3	X	X		MME
FENTANYL DIS 75MCG/HR	FENTANYL TD PATCH 72HR 75 MCG / HR	3	X	X		MME
FENTANYL OT LOZ 1200MCG	FENTANYL CITRATE LOZENGE ON A HANDLE 1200 MCG	3	X	X		
FENTANYL OT LOZ 1600MCG	FENTANYL CITRATE LOZENGE ON A HANDLE 1600 MCG	3	X	X		
FENTANYL OT LOZ 200MCG	FENTANYL CITRATE LOZENGE ON A HANDLE 200 MCG	3	X	X		
FENTANYL OT LOZ 400MCG	FENTANYL CITRATE LOZENGE ON A HANDLE 400 MCG	3	X	X		
FENTANYL OT LOZ 600MCG	FENTANYL CITRATE LOZENGE ON A HANDLE 600 MCG	3	X	X		
FENTANYL OT LOZ 800MCG	FENTANYL CITRATE LOZENGE ON A HANDLE 800 MCG	3	X	X		

KEY: **BH*** Behavioral Health – Medication may be available at no cost to you when prescribed to treat a behavioral health condition.

MME Morphine milligram equivalent & 7-day limit if you have not filled an opioid prescription recently

PA Prior authorization required

PRV-A Preventive medication may be available at no cost to you if within a certain age range

PRV-M Preventive medication available at no cost to you through your pharmacy or medical benefit

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
FLURBIPROFEN TAB 100MG	FLURBIPROFEN TAB 100 MG	2				
HYDROCO/APAP SOL 75-325	HYDROCODONE-ACETAMINOPHEN SOLN 7.5-325 MG / 15ML	2		X		MME
HYDROCO/APAP TAB 10-325MG	HYDROCODONE-ACETAMINOPHEN TAB 10-325 MG	2		X		MME
HYDROCO/APAP TAB 5-325MG	HYDROCODONE-ACETAMINOPHEN TAB 5-325 MG	2		X		MME
HYDROCO/APAP TAB 7.5-325	HYDROCODONE-ACETAMINOPHEN TAB 7.5-325 MG	2		X		MME
HYDROCOD/IBU TAB 10-200MG	HYDROCODONE-IBUPROFEN TAB 10-200 MG	3		X		MME
HYDROCOD/IBU TAB 5-200MG	HYDROCODONE-IBUPROFEN TAB 5-200 MG	3		X		MME
HYDROCOD/IBU TAB 7.5-200	HYDROCODONE-IBUPROFEN TAB 7.5-200 MG	3		X		MME
HYDROCODONE CAP 10MG ER	HYDROCODONE BITARTRATE CAP ER 12HR 10 MG	3	X	X		MME
HYDROCODONE CAP 15MG ER	HYDROCODONE BITARTRATE CAP ER 12HR 15 MG	3	X	X		MME
HYDROCODONE CAP 20MG ER	HYDROCODONE BITARTRATE CAP ER 12HR 20 MG	3	X	X		MME
HYDROCODONE CAP 30MG ER	HYDROCODONE BITARTRATE CAP ER 12HR 30 MG	3	X	X		MME
HYDROCODONE CAP 40MG ER	HYDROCODONE BITARTRATE CAP ER 12HR 40 MG	3	X	X		MME
HYDROCODONE CAP 50MG ER	HYDROCODONE BITARTRATE CAP ER 12HR 50 MG	3	X	X		MME
HYDROMORPHON LIQ 1MG/ML	HYDROMORPHONE HCL LIQD 1 MG / ML	3		X		MME
HYDROMORPHON TAB 12MG ER	HYDROMORPHONE HCL TAB ER 24HR 12 MG	3	X	X		MME
HYDROMORPHON TAB 16MG ER	HYDROMORPHONE HCL TAB ER 24HR 16 MG	3	X	X		MME
HYDROMORPHON TAB 2MG	HYDROMORPHONE HCL TAB 2 MG	2		X		MME
HYDROMORPHON TAB 32MG ER	HYDROMORPHONE HCL TAB ER 24HR 32 MG	3	X	X		MME
HYDROMORPHON TAB 4MG	HYDROMORPHONE HCL TAB 4 MG	2		X		MME
HYDROMORPHON TAB 8MG	HYDROMORPHONE HCL TAB 8 MG	2		X		MME
HYDROMORPHON TAB 8MG ER	HYDROMORPHONE HCL TAB ER 24HR 8 MG	3	X	X		MME
IBU TAB 400MG	IBUPROFEN TAB 400 MG	2				
IBU TAB 600MG	IBUPROFEN TAB 600 MG	2				
IBU TAB 800MG	IBUPROFEN TAB 800 MG	2				
IBUPROFEN TAB 400MG	IBUPROFEN TAB 400 MG	2				
IBUPROFEN TAB 600MG	IBUPROFEN TAB 600 MG	2				
IBUPROFEN TAB 800MG	IBUPROFEN TAB 800 MG	2				
INDOMETHACIN CAP 25MG	INDOMETHACIN CAP 25 MG	2		X		
INDOMETHACIN CAP 50MG	INDOMETHACIN CAP 50 MG	2		X		
INDOMETHACIN CAP 75MG ER	INDOMETHACIN CAP ER 75 MG	2				
KETOPROFEN CAP 200MG ER	KETOPROFEN CAP ER 24HR 200 MG	3			X	
KETOPROFEN CAP 25MG	KETOPROFEN CAP 25 MG	3			X	
KETOPROFEN CAP 50MG	KETOPROFEN CAP 50 MG	3			X	
KETOROLAC TAB 10MG	KETOROLAC TROMETHAMINE TAB 10 MG	2				
KIPROFEN CAP 25MG	KETOPROFEN CAP 25 MG	3			X	
LEVORPHANOL TAB 2MG	LEVORPHANOL TARTRATE TAB 2 MG	3	X	X		MME

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MME Morphine milligram equivalent & 7-day limit if you have not filled an opioid prescription recently

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PRV-A Preventive medication may be available at no cost to you if within a certain age range

PRV-M Preventive medication available at no cost to you through your pharmacy or medical benefit

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
LEVORPHANOL TAB 3MG	LEVORPHANOL TARTRATE TAB 3 MG	3	X	X		MME
MECLOFEN SOD CAP 100MG	MECLOFENAMATE SODIUM CAP 100 MG	3				
MECLOFEN SOD CAP 50MG	MECLOFENAMATE SODIUM CAP 50 MG	3				
MEFENAM ACID CAP 250MG	MEFENAMIC ACID CAP 250 MG	3				
MELOXICAM TAB 15MG	MELOXICAM TAB 15 MG	2				
MELOXICAM TAB 7.5MG	MELOXICAM TAB 7.5 MG	2				
METHADONE CON 10MG/ML	METHADONE HCL CONC 10 MG / ML	2	X	X		MME
METHADONE SOL 10MG/5ML	METHADONE HCL SOLN 10 MG / 5ML	2	X	X		MME
METHADONE SOL 5MG/5ML	METHADONE HCL SOLN 5 MG / 5ML	2	X	X		MME
METHADONE TAB 10MG	METHADONE HCL TAB 10 MG	2	X	X		MME
METHADONE TAB 5MG	METHADONE HCL TAB 5 MG	2	X	X		MME
MORPHINE SUL SOL 10/0.5ML	MORPHINE SULFATE ORAL SOLN 100 MG / 5ML (20 MG / ML)	3		X		MME
MORPHINE SUL SOL 100/5ML	MORPHINE SULFATE ORAL SOLN 100 MG / 5ML (20 MG / ML)	3		X		MME
MORPHINE SUL SOL 10MG/5ML	MORPHINE SULFATE ORAL SOLN 10 MG / 5ML	3		X		MME
MORPHINE SUL SOL 20MG/5ML	MORPHINE SULFATE ORAL SOLN 20 MG / 5ML	3		X		MME
MORPHINE SUL SOL 20MG/ML	MORPHINE SULFATE ORAL SOLN 100 MG / 5ML (20 MG / ML)	3		X		MME
MORPHINE SUL TAB 100MG ER	MORPHINE SULFATE TAB ER 100 MG	2	X	X		MME
MORPHINE SUL TAB 15MG	MORPHINE SULFATE TAB 15 MG	2		X		MME
MORPHINE SUL TAB 15MG ER	MORPHINE SULFATE TAB ER 15 MG	2	X	X		MME
MORPHINE SUL TAB 200MG ER	MORPHINE SULFATE TAB ER 200 MG	2	X	X		MME
MORPHINE SUL TAB 30MG	MORPHINE SULFATE TAB 30 MG	2		X		MME
MORPHINE SUL TAB 30MG ER	MORPHINE SULFATE TAB ER 30 MG	2	X	X		MME
MORPHINE SUL TAB 60MG ER	MORPHINE SULFATE TAB ER 60 MG	2	X	X		MME
NABUMETONE TAB 500MG	NABUMETONE TAB 500 MG	2				
NABUMETONE TAB 750MG	NABUMETONE TAB 750 MG	2				
NAPROXEN SUS 125/5ML	NAPROXEN SUSP 125 MG / 5ML	3	X			
NAPROXEN TAB 250MG	NAPROXEN TAB 250 MG	2				
NAPROXEN TAB 375MG	NAPROXEN TAB 375 MG	2				
NAPROXEN TAB 500MG	NAPROXEN TAB 500 MG	2				
NAPROXEN DR TAB 375MG	NAPROXEN TAB EC 375 MG	2				
NAPROXEN DR TAB 500MG	NAPROXEN TAB EC 500 MG	2				
NAPROXEN SOD TAB 275MG	NAPROXEN SODIUM TAB 275 MG	2				
NAPROXEN SOD TAB 550MG	NAPROXEN SODIUM TAB 550 MG	2				
NUCYNTA ER TAB 100MG	TAPENTADOL HCL TAB ER 12HR 100 MG	5	X	X		MME
NUCYNTA ER TAB 150MG	TAPENTADOL HCL TAB ER 12HR 150 MG	5	X	X		MME
NUCYNTA ER TAB 200MG	TAPENTADOL HCL TAB ER 12HR 200 MG	5	X	X		MME
NUCYNTA ER TAB 250MG	TAPENTADOL HCL TAB ER 12HR 250 MG	5	X	X		MME
NUCYNTA ER TAB 50MG	TAPENTADOL HCL TAB ER 12HR 50 MG	5	X	X		MME
OXaprozin TAB 600MG	OXaprozin TAB 600 MG	3				
OXYCOD/APAP TAB 10-325MG	OXYCODONE W / ACETAMINOPHEN TAB 10-325 MG	2		X		MME
OXYCOD/APAP TAB 2.5-325	OXYCODONE W / ACETAMINOPHEN TAB 2.5-325 MG	2		X		MME

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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
OXYCOD/APAP TAB 5-325MG	OXYCODONE W / ACETAMINOPHEN TAB 5-325 MG	2		X		MME
OXYCOD/APAP TAB 7.5-325	OXYCODONE W / ACETAMINOPHEN TAB 7.5-325 MG	2		X		MME
OXYCODONE CAP 5MG	OXYCODONE HCL CAP 5 MG	2		X		MME
OXYCODONE CAP HCL 5MG	OXYCODONE HCL CAP 5 MG	2		X		MME
OXYCODONE CON 100/5ML	OXYCODONE HCL CONC 100 MG / 5ML (20 MG / ML)	3		X		MME
OXYCODONE SOL 5MG/5ML	OXYCODONE HCL SOLN 5 MG / 5ML	2		X		MME
OXYCODONE TAB 10MG	OXYCODONE HCL TAB 10 MG	2		X		MME
OXYCODONE TAB 15MG	OXYCODONE HCL TAB 15 MG	2		X		MME
OXYCODONE TAB 20MG	OXYCODONE HCL TAB 20 MG	2		X		MME
OXYCODONE TAB 30MG	OXYCODONE HCL TAB 30 MG	2		X		MME
OXYCODONE TAB 5MG	OXYCODONE HCL TAB 5 MG	2		X		MME
OXYMORPHONE TAB 10MG ER	OXYMORPHONE HCL TAB ER 12HR 10 MG	3	X	X		MME
OXYMORPHONE TAB 15MG ER	OXYMORPHONE HCL TAB ER 12HR 15 MG	3	X	X		MME
OXYMORPHONE TAB 20MG ER	OXYMORPHONE HCL TAB ER 12HR 20 MG	3	X	X		MME
OXYMORPHONE TAB 30MG ER	OXYMORPHONE HCL TAB ER 12HR 30 MG	3	X	X		MME
OXYMORPHONE TAB 40MG ER	OXYMORPHONE HCL TAB ER 12HR 40 MG	3	X	X		MME
OXYMORPHONE TAB 5MG ER	OXYMORPHONE HCL TAB ER 12HR 5 MG	3	X	X		MME
OXYMORPHONE TAB 7.5MG ER	OXYMORPHONE HCL TAB ER 12HR 7.5 MG	3	X	X		MME
OXYMORPHONE TAB HCL 10MG	OXYMORPHONE HCL TAB 10 MG	3		X		MME
OXYMORPHONE TAB HCL 5MG	OXYMORPHONE HCL TAB 5 MG	3		X		MME
PENTAZ/NALOX TAB 50-0.5MG	PENTAZOCINE W / NALOXONE HCL TAB 50-0.5 MG	3		X		MME
PIROXICAM CAP 10MG	PIROXICAM CAP 10 MG	2				
PIROXICAM CAP 20MG	PIROXICAM CAP 20 MG	2				
SALSALATE TAB 500MG	SALSALATE TAB 500 MG	2				
SALSALATE TAB 750MG	SALSALATE TAB 750 MG	2				
ST JOSEPH CHW LOW 81MG	ASPIRIN CHEW TAB 81 MG	1				PRV-A
SULINDAC TAB 150MG	SULINDAC TAB 150 MG	2				
SULINDAC TAB 200MG	SULINDAC TAB 200 MG	2				
TENCON TAB 50-325MG	BUTALBITAL-ACETAMINOPHEN TAB 50-325 MG	3		X		
TOLMETIN SOD CAP 400MG	TOLMETIN SODIUM CAP 400 MG	3				
TOLMETIN SOD TAB 600MG	TOLMETIN SODIUM TAB 600 MG	3				
TRAMADL/APAP TAB 37.5-325	TRAMADOL-ACETAMINOPHEN TAB 37.5-325 MG	2		X		MME
TRAMADOL HCL TAB 100MG ER	TRAMADOL HCL TAB ER 24HR 100 MG	3	X	X		MME
TRAMADOL HCL TAB 100MG ER	TRAMADOL HCL TAB ER 24HR BIPHASIC RELEASE 100 MG	3	X	X		MME
TRAMADOL HCL TAB 200MG ER	TRAMADOL HCL TAB ER 24HR 200 MG	3	X	X		MME
TRAMADOL HCL TAB 200MG ER	TRAMADOL HCL TAB ER 24HR BIPHASIC RELEASE 200 MG	3	X	X		MME
TRAMADOL HCL TAB 300MG ER	TRAMADOL HCL TAB ER 24HR 300 MG	3	X	X		MME
TRAMADOL HCL TAB 300MG ER	TRAMADOL HCL TAB ER 24HR BIPHASIC RELEASE 300 MG	3	X	X		MME

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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
TRAMADOL HCL TAB 50MG	TRAMADOL HCL TAB 50 MG	2		X		MME
XTAMPZA ER CAP 13.5MG	OXYCODONE CAP ER 12HR ABUSE-DETERRENT 13.5 MG	5	X	X		MME
XTAMPZA ER CAP 18MG	OXYCODONE CAP ER 12HR ABUSE-DETERRENT 18 MG	5	X	X		MME
XTAMPZA ER CAP 27MG	OXYCODONE CAP ER 12HR ABUSE-DETERRENT 27 MG	5	X	X		MME
XTAMPZA ER CAP 36MG	OXYCODONE CAP ER 12HR ABUSE-DETERRENT 36 MG	5	X	X		MME
XTAMPZA ER CAP 9MG	OXYCODONE CAP ER 12HR ABUSE-DETERRENT 9 MG	5	X	X		MME
Anesthetics						
GLYDO GEL 2%	LIDOCAINE HCL URETHRAL / MUCOSAL GEL PREFILLED SYRINGE 2%	2				
LIDO/PRilocn CRE 2.5-2.5%	LIDOCAINE-PRLOCAINE CREAM 2.5-2.5%	2				
LIDOC/A/TETRA CRE 7/7%	LIDOCAINE-TETRACAIN CREAM 7-7%	5				
LIDOCAIN GEL 2% JELLY	LIDOCAINE HCL URETHRAL / MUCOSAL GEL 2%	2				
LIDOCAIN GEL 2% JELLY	LIDOCAINE HCL URETHRAL / MUCOSAL GEL PREFILLED SYRINGE 2%	2				
LIDOCAIN PAD 5%	LIDOCAINE PATCH 5%	3	X	X		
LIDOCAIN SOL 2% ORAL	LIDOCAINE HCL VISCOS SOLN 2%	2				
LIDOCAIN SOL 2% VISC	LIDOCAINE HCL VISCOS SOLN 2%	2				
LIDOCAIN SOL 4%	LIDOCAINE HCL LARYNGOTRACHEAL SOLN 4%	3				
LIDOCAIN SOL 4%	LIDOCAINE HCL SOLN 4%	3				
Anti-addiction/substance abuse treatment agents						
ACAMPRO CAL TAB 333MG	ACAMPROSATE CALCIUM TAB DELAYED RELEASE 333 MG	1				
BUPREN/NALOX MIS 12-3MG	BUPRENORPHINE HCL-NALOXONE HCL SL FILM 12-3 MG (BASE EQUIV)	1				
BUPREN/NALOX MIS 2-0.5MG	BUPRENORPHINE HCL-NALOXONE HCL SL FILM 2-0.5 MG (BASE EQUIV)	1				
BUPREN/NALOX MIS 4-1MG	BUPRENORPHINE HCL-NALOXONE HCL SL FILM 4-1 MG (BASE EQUIV)	1				
BUPREN/NALOX MIS 8-2MG	BUPRENORPHINE HCL-NALOXONE HCL SL FILM 8-2 MG (BASE EQUIV)	1				
BUPREN/NALOX SUB 2-0.5MG	BUPRENORPHINE HCL-NALOXONE HCL SL TAB 2-0.5 MG (BASE EQUIV)	1				
BUPREN/NALOX SUB 8-2MG	BUPRENORPHINE HCL-NALOXONE HCL SL TAB 8-2 MG (BASE EQUIV)	1				
BUPRENORPHIN SUB 2MG	BUPRENORPHINE HCL SL TAB 2 MG (BASE EQUIV)	1				
BUPRENORPHIN SUB 8MG	BUPRENORPHINE HCL SL TAB 8 MG (BASE EQUIV)	1				
BUPROPION TAB 150MG SR	BUPROPION HCL (SMOKING DETERRENT) TAB ER 12HR 150 MG	1				
DISULFIRAM TAB 250MG	DISULFIRAM TAB 250 MG	1				
DISULFIRAM TAB 500MG	DISULFIRAM TAB 500 MG	1				

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Drug name	Generic name	Tier value	Prior auth	Quantity limit	Step therapy	Notes
NALOXONE INJ 0.4MG/ML	NALOXONE HCL INJ 0.4 MG / ML	1				
NALOXONE INJ 0.4MG/ML	NALOXONE HCL INJ 4 MG / 10ML	1				
NALOXONE INJ 0.4MG/ML	NALOXONE HCL SOLN CARTRIDGE 0.4 MG / ML	1				
NALOXONE INJ 1MG/ML	NALOXONE HCL SOLN PREFILLED SYRINGE 2 MG / 2ML	1				
NALOXONE INJ 2MG/2ML	NALOXONE HCL SOLN PREFILLED SYRINGE 2 MG / 2ML	1				
NALOXONE INJ 4MG/10ML	NALOXONE HCL INJ 4 MG / 10ML	1				
NALOXONE HCL SPR 4MG	NALOXONE HCL NASAL SPRAY 4 MG / 0.1ML	1				
NALTREXONE TAB 50MG	NALTREXONE HCL TAB 50 MG	1				
NARCAN SPR 4MG	NALOXONE HCL NASAL SPRAY 4 MG / 0.1ML	1				
NICODERM CQ DIS 14MG/24H	NICOTINE TD PATCH 24HR 14 MG / 24HR	1				
NICODERM CQ DIS 21MG/24H	NICOTINE TD PATCH 24HR 21 MG / 24HR	1				
NICODERM CQ DIS 7MG/24HR	NICOTINE TD PATCH 24HR 7 MG / 24HR	1				
NICORETTE GUM 2MG	NICOTINE POLACRILEX GUM 2 MG	1				
NICORETTE GUM 4MG	NICOTINE POLACRILEX GUM 4 MG	1				
NICORETTE LOZ 2MG MINT	NICOTINE POLACRILEX LOZENGE 2 MG	1				
NICORETTE LOZ 4MG MINT	NICOTINE POLACRILEX LOZENGE 4 MG	1				
NICOTINE DIS 7MG/24HR	NICOTINE TD PATCH 24HR 7 MG / 24HR	1				
NICOTINE GUM 2MG	NICOTINE POLACRILEX GUM 2 MG	1				
NICOTINE GUM 4MG	NICOTINE POLACRILEX GUM 4 MG	1				
NICOTINE LOZ 2MG MINT	NICOTINE POLACRILEX LOZENGE 2 MG	1				
NICOTINE LOZ 4MG MINT	NICOTINE POLACRILEX LOZENGE 4 MG	1				
NICOTINE SYS KIT TRANSDER	NICOTINE TD PATCH 24 HR KIT 21-14-7 MG / 24HR	1				
NICOTINE TD DIS 14MG/24H	NICOTINE TD PATCH 24HR 14 MG / 24HR	1				
NICOTINE TD DIS 21MG/24H	NICOTINE TD PATCH 24HR 21 MG / 24HR	1				
NICOTROL INH	NICOTINE INHALER SYSTEM 10 MG (4 MG DELIVERED)	1				
NICOTROL NS SPR 10MG/ML	NICOTINE NASAL SPRAY 10 MG / ML (0.5 MG / SPRAY)	1				
THRIVE GUM 2MG MINT	NICOTINE POLACRILEX GUM 2 MG	1				
VARENICLINE TAB 0.5& 1MG	VARENICLINE TARTRATE TAB 11 X 0.5 MG & 42 X 1 MG START PACK	1				
VARENICLINE TAB 0.5MG	VARENICLINE TARTRATE TAB 0.5 MG (BASE EQUIV)	1				
VARENICLINE TAB 1MG	VARENICLINE TARTRATE TAB 1 MG (BASE EQUIV)	1				
ZUBSOLV SUB 0.7-0.18	BUPRENORPHINE HCL-NALOXONE HCL SL TAB 0.7-0.18 MG (BASE EQ)	1				
ZUBSOLV SUB 1.4-0.36	BUPRENORPHINE HCL-NALOXONE HCL SL TAB 1.4-0.36 MG (BASE EQ)	1				
ZUBSOLV SUB 11.4-2.9	BUPRENORPHINE HCL-NALOXONE HCL SL TAB 11.4-2.9 MG (BASE EQ)	1				
ZUBSOLV SUB 2.9-0.71	BUPRENORPHINE HCL-NALOXONE HCL SL TAB 2.9-0.71 MG (BASE EQ)	1				

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QL Quantity limit

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ST Step therapy

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Drug name	Generic name	Tier value	Prior auth	Quantity limit	Step therapy	Notes
ZUBSOLV SUB 5.7-1.4	BUPRENORPHINE HCL-NALOXONE HCL SL TAB 5.7-1.4 MG (BASE EQ)	1				
ZUBSOLV SUB 8.6-2.1	BUPRENORPHINE HCL-NALOXONE HCL SL TAB 8.6-2.1 MG (BASE EQ)	1				
Antibacterials						
ALTABAX OIN 1%	RETAPAMULIN OINT 1%	5		X		
AMOX/K CLAV CHW 200MG	AMOXICILLIN & K CLAVULANATE CHEW TAB 200-28.5 MG	2				
AMOX/K CLAV CHW 400MG	AMOXICILLIN & K CLAVULANATE CHEW TAB 400-57 MG	2				
AMOX/K CLAV SUS 200/5ML	AMOXICILLIN & K CLAVULANATE FOR SUSP 200-28.5 MG / 5ML	2				
AMOX/K CLAV SUS 250/5ML	AMOXICILLIN & K CLAVULANATE FOR SUSP 250-62.5 MG / 5ML	2				
AMOX/K CLAV SUS 400/5ML	AMOXICILLIN & K CLAVULANATE FOR SUSP 400-57 MG / 5ML	2				
AMOX/K CLAV SUS 600/5ML	AMOXICILLIN & K CLAVULANATE FOR SUSP 600-42.9 MG / 5ML	2				
AMOX/K CLAV TAB 250-125	AMOXICILLIN & K CLAVULANATE TAB 250-125 MG	2				
AMOX/K CLAV TAB 500-125	AMOXICILLIN & K CLAVULANATE TAB 500-125 MG	2				
AMOX/K CLAV TAB 875-125	AMOXICILLIN & K CLAVULANATE TAB 875-125 MG	2				
AMOXICILLIN CAP 250MG	AMOXICILLIN (TRIHYDRATE) CAP 250 MG	2				STI*
AMOXICILLIN CAP 500MG	AMOXICILLIN (TRIHYDRATE) CAP 500 MG	2				STI*
AMOXICILLIN CHW 125MG	AMOXICILLIN (TRIHYDRATE) CHEW TAB 125 MG	2				STI*
AMOXICILLIN CHW 250MG	AMOXICILLIN (TRIHYDRATE) CHEW TAB 250 MG	2				STI*
AMOXICILLIN SUS 125/5ML	AMOXICILLIN (TRIHYDRATE) FOR SUSP 125 MG / 5ML	2				STI*
AMOXICILLIN SUS 200/5ML	AMOXICILLIN (TRIHYDRATE) FOR SUSP 200 MG / 5ML	2				STI*
AMOXICILLIN SUS 250/5ML	AMOXICILLIN (TRIHYDRATE) FOR SUSP 250 MG / 5ML	2				STI*
AMOXICILLIN SUS 250MG/5M	AMOXICILLIN (TRIHYDRATE) FOR SUSP 250 MG / 5ML	2				STI*
AMOXICILLIN SUS 400/5ML	AMOXICILLIN (TRIHYDRATE) FOR SUSP 400 MG / 5ML	2				STI*
AMOXICILLIN TAB 500MG	AMOXICILLIN (TRIHYDRATE) TAB 500 MG	2				STI*
AMOXICILLIN TAB 875MG	AMOXICILLIN (TRIHYDRATE) TAB 875 MG	2				STI*
AMPICILLIN CAP 500MG	AMPICILLIN CAP 500 MG	2				
AVIDOXY TAB 100MG	DOXYCYCLINE MONOHYDRATE TAB 100 MG	2				STI*
AZITHROMYCIN POW 1GM PAK	AZITHROMYCIN POWD PACK FOR SUSP 1 GM	2				STI*
AZITHROMYCIN SUS 100/5ML	AZITHROMYCIN FOR SUSP 100 MG / 5ML	2				STI*
AZITHROMYCIN SUS 200/5ML	AZITHROMYCIN FOR SUSP 200 MG / 5ML	2				STI*
AZITHROMYCIN TAB 250MG	AZITHROMYCIN TAB 250 MG	2				STI*
AZITHROMYCIN TAB 500MG	AZITHROMYCIN TAB 500 MG	2				STI*

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Drug name	Generic name	Tier value	Prior auth	Quantity limit	Step therapy	Notes
AZITHROMYCIN TAB 600MG	AZITHROMYCIN TAB 600 MG	2				STI*
BAXDELA TAB 450MG	DELAFLOXACIN MEGLUMINE TAB 450 MG (BASE EQUIV)	5				
CEFACLOR CAP 250MG	CEFACLOR CAP 250 MG	2				
CEFACLOR CAP 500MG	CEFACLOR CAP 500 MG	2				
CEFACLOR ER TAB 500MG	CEFACLOR MONOHYDRATE TAB ER 12HR 500 MG	3				
CEFADROXIL CAP 500MG	CEFADROXIL CAP 500 MG	2				
CEFADROXIL SUS 250/5ML	CEFADROXIL FOR SUSP 250 MG / 5ML	2				
CEFADROXIL SUS 500/5ML	CEFADROXIL FOR SUSP 500 MG / 5ML	2				
CEFADROXIL TAB 1GM	CEFADROXIL TAB 1 GM	3				
CEFDINIR CAP 300MG	CEFDINIR CAP 300 MG	2				
CEFDINIR SUS 125/5ML	CEFDINIR FOR SUSP 125 MG / 5ML	2				
CEFDINIR SUS 250/5ML	CEFDINIR FOR SUSP 250 MG / 5ML	2				
CEFIXIME CAP 400MG	CEFIXIME CAP 400 MG	3				STI*
CEFIXIME SUS 100/5ML	CEFIXIME FOR SUSP 100 MG / 5ML	3				STI*
CEFIXIME SUS 200/5ML	CEFIXIME FOR SUSP 200 MG / 5ML	3				STI*
CEFPODO PROX SUS 100/5ML	CEFPODOXIME PROXETIL FOR SUSP 100 MG / 5ML	3				
CEFPODO PROX SUS 50MG/5ML	CEFPODOXIME PROXETIL FOR SUSP 50 MG / 5ML	3				
CEFPODOXIME TAB 100MG	CEFPODOXIME PROXETIL TAB 100 MG	3				
CEFPODOXIME TAB 200MG	CEFPODOXIME PROXETIL TAB 200 MG	3				
CEFPROZIL SUS 125/5ML	CEFPROZIL FOR SUSP 125 MG / 5ML	2				
CEFPROZIL SUS 250/5ML	CEFPROZIL FOR SUSP 250 MG / 5ML	2				
CEFPROZIL TAB 250MG	CEFPROZIL TAB 250 MG	2				
CEFPROZIL TAB 500MG	CEFPROZIL TAB 500 MG	2				
CEFUROXIME TAB 250MG	CEFUROXIME AXETIL TAB 250 MG	2				
CEFUROXIME TAB 500MG	CEFUROXIME AXETIL TAB 500 MG	2				
CEPHALEXIN CAP 250MG	CEPHALEXIN CAP 250 MG	2				
CEPHALEXIN CAP 500MG	CEPHALEXIN CAP 500 MG	2				
CEPHALEXIN SUS 125/5ML	CEPHALEXIN FOR SUSP 125 MG / 5ML	2				
CEPHALEXIN SUS 250/5ML	CEPHALEXIN FOR SUSP 250 MG / 5ML	2				
CIPROFLOXACN SUS 250/5ML	CIPROFLOXACIN FOR ORAL SUSP 250 MG / 5ML (5%) (5 GM / 100ML)	3				STI*
CIPROFLOXACN TAB 100MG	CIPROFLOXACIN HCL TAB 100 MG (BASE EQUIV)	2				STI*
CIPROFLOXACN TAB 250MG	CIPROFLOXACIN HCL TAB 250 MG (BASE EQUIV)	2				STI*
CIPROFLOXACN TAB 500MG	CIPROFLOXACIN HCL TAB 500 MG (BASE EQUIV)	2				STI*
CIPROFLOXACN TAB 750MG	CIPROFLOXACIN HCL TAB 750 MG (BASE EQUIV)	2				STI*
CLARITHROMYC SUS 125/5ML	CLARITHROMYCIN FOR SUSP 125 MG / 5ML	3				
CLARITHROMYC SUS 250/5ML	CLARITHROMYCIN FOR SUSP 250 MG / 5ML	3				
CLARITHROMYC TAB 250MG	CLARITHROMYCIN TAB 250 MG	2				
CLARITHROMYC TAB 500MG	CLARITHROMYCIN TAB 500 MG	2				

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Drug name	Generic name	Tier value	Prior auth	Quantity limit	Step therapy	Notes
CLARITHROMYC TAB 500MG ER	CLARITHROMYCIN TAB ER 24HR 500 MG	3				
CLINDAMYCIN CAP 150MG	CLINDAMYCIN HCL CAP 150 MG	2				
CLINDAMYCIN CAP 300MG	CLINDAMYCIN HCL CAP 300 MG	2				
CLINDAMYCIN CAP 75MG	CLINDAMYCIN HCL CAP 75 MG	2				
CLINDAMYCIN CRE 2% VAG	CLINDAMYCIN PHOSPHATE VAGINAL CREAM 2%	2				STI*
CLINDAMYCIN SOL 75MG/5ML	CLINDAMYCIN PALMITATE HCL FOR SOLN 75 MG / 5ML (BASE EQUIV)	3				
DEMECLOCYCL TAB 150MG	DEMECLOCYCLINE HCL TAB 150 MG	3				
DEMECLOCYCL TAB 300MG	DEMECLOCYCLINE HCL TAB 300 MG	3				
DICLOXA CILL CAP 250MG	DICLOXA CILLIN SODIUM CAP 250 MG	2				
DICLOXA CILL CAP 500MG	DICLOXA CILLIN SODIUM CAP 500 MG	2				
DOXYCYC MONO CAP 100MG	DOXYCYCLINE MONOHYDRATE CAP 100 MG	2				STI*
DOXYCYC MONO CAP 50MG	DOXYCYCLINE MONOHYDRATE CAP 50 MG	2				STI*
DOXYCYC MONO TAB 100MG	DOXYCYCLINE MONOHYDRATE TAB 100 MG	2				STI*
DOXYCYC MONO TAB 150MG	DOXYCYCLINE MONOHYDRATE TAB 150 MG	2				STI*
DOXYCYC MONO TAB 50MG	DOXYCYCLINE MONOHYDRATE TAB 50 MG	2				STI*
DOXYCYC MONO TAB 75MG	DOXYCYCLINE MONOHYDRATE TAB 75 MG	2				STI*
DOXYCYCL HYC CAP 100MG	DOXYCYCLINE HYCLATE CAP 100 MG	2				STI*
DOXYCYCL HYC CAP 50MG	DOXYCYCLINE HYCLATE CAP 50 MG	2				STI*
DOXYCYCL HYC TAB 100MG	DOXYCYCLINE HYCLATE TAB 100 MG	2				STI*
DOXYCYCLINE SUS 25MG/5ML	DOXYCYCLINE MONOHYDRATE FOR SUSP 25 MG / 5ML	3				STI*
DOXYCYCLINE TAB 20MG	DOXYCYCLINE HYCLATE TAB 20 MG	2				STI*
ERYTHROCIN TAB 250MG	ERYTHROMYCIN STEARATE TAB 250 MG	5				STI*
ERYTHROM ETH SUS 200/5ML	ERYTHROMYCIN ETHYLSUCCINATE FOR SUSP 200 MG / 5ML	3				STI*
ERYTHROM ETH SUS 400/5ML	ERYTHROMYCIN ETHYLSUCCINATE FOR SUSP 400 MG / 5ML	3				STI*
ERYTHROM ETH TAB 400MG	ERYTHROMYCIN ETHYLSUCCINATE TAB 400 MG	3				STI*
ERYTHROMYCIN CAP 250MG EC	ERYTHROMYCIN W / DELAYED RELEASE PARTICLES CAP 250 MG	3				STI*
ERYTHROMYCIN TAB 250MG	ERYTHROMYCIN TAB 250 MG	3				STI*
ERYTHROMYCIN TAB 250MG BS	ERYTHROMYCIN TAB 250 MG	3				STI*
ERYTHROMYCIN TAB 250MG EC	ERYTHROMYCIN TAB DELAYED RELEASE 250 MG	3				STI*
ERYTHROMYCIN TAB 333MG EC	ERYTHROMYCIN TAB DELAYED RELEASE 333 MG	3				STI*
ERYTHROMYCIN TAB 500MG	ERYTHROMYCIN TAB 500 MG	3				STI*
ERYTHROMYCIN TAB 500MG BS	ERYTHROMYCIN TAB 500 MG	3				STI*
ERYTHROMYCIN TAB 500MG EC	ERYTHROMYCIN TAB DELAYED RELEASE 500 MG	3				STI*
FOSFOMYCIN POW 3GM	FOSFOMYCIN TROMETHAMINE POWD PACK 3 GM (BASE EQUIVALENT)	3				
GENTAMICIN CRE 0.1%	GENTAMICIN SULFATE CREAM 0.1%	3				
GENTAMICIN OIN 0.1%	GENTAMICIN SULFATE OINT 0.1%	3				

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MME Morphine milligram equivalent & 7-day limit if you have not filled an opioid prescription recently

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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
HUMATIN CAP 250MG	PAROMOMYCIN SULFATE CAP 250 MG	5				
LEVOFLOXACIN SOL 25MG/ML	LEVOFLOXACIN ORAL SOLN 25 MG / ML	3				STI*
LEVOFLOXACIN TAB 250MG	LEVOFLOXACIN TAB 250 MG	2				STI*
LEVOFLOXACIN TAB 500MG	LEVOFLOXACIN TAB 500 MG	2				STI*
LEVOFLOXACIN TAB 750MG	LEVOFLOXACIN TAB 750 MG	2				STI*
LINEZOLID SUS 100/5ML	LINEZOLID FOR SUSP 100 MG / 5ML	3		X		
LINEZOLID TAB 600MG	LINEZOLID TAB 600 MG	3		X		
MAFENIDE ACE PAK 5%	MAFENIDE ACETATE PACKET FOR TOPICAL SOLN 5% (50 GM)	3				
METHENAM HIP TAB 1GM	METHENAMINE HIPPURATE TAB 1 GM	3				
METRONIDAZOL GEL 0.75%VAG	METRONIDAZOLE VAGINAL GEL 0.75%	2				STI*
METRONIDAZOL TAB 250MG	METRONIDAZOLE TAB 250 MG	2				STI*
METRONIDAZOL TAB 500MG	METRONIDAZOLE TAB 500 MG	2				STI*
MINOCYCLINE CAP 100MG	MINOCYCLINE HCL CAP 100 MG	2				
MINOCYCLINE CAP 50MG	MINOCYCLINE HCL CAP 50 MG	2				
MINOCYCLINE CAP 75MG	MINOCYCLINE HCL CAP 75 MG	2				
MONDOXYNE NL CAP 100MG	DOXYCYCLINE MONOHYDRATE CAP 100 MG	2				STI*
MOXIFLOXACIN TAB 400MG	MOXIFLOXACIN HCL TAB 400 MG (BASE EQUIV)	2				STI*
MUPIROCIN CRE 2%	MUPIROCIN CALCIUM CREAM 2%	3		X		
MUPIROCIN OIN 2%	MUPIROCIN OINT 2%	2		X		
NEOMYCIN TAB 500MG	NEOMYCIN SULFATE TAB 500 MG	2				
NEO-SYNALAR CRE	NEOMYCIN SULFATE-FLUOCINOLONE ACETONIDE CREAM 0.5-0.025%	5		X		
NEO-SYNALAR KIT	NEOMYCIN-FLUOCINOLONE CREAM 0.5-0.025% & EMOLlient CR KIT	5		X		
NITROFUR MAC CAP 100MG	NITROFURANTOIN MACROCRYSTALLINE CAP 100 MG	3				
NITROFUR MAC CAP 25MG	NITROFURANTOIN MACROCRYSTALLINE CAP 25 MG	3				
NITROFUR MAC CAP 50MG	NITROFURANTOIN MACROCRYSTALLINE CAP 50 MG	3				
NITROFURANTN CAP 100MG	NITROFURANTOIN MONOHYDRATE MACROCRYSTALLINE CAP 100 MG	2				
NITROFURANTN SUS 25MG/5ML	NITROFURANTOIN SUSP 25 MG / 5ML	3				
OFLOXACIN TAB 300MG	OFLOXACIN TAB 300 MG	3				
OFLOXACIN TAB 400MG	OFLOXACIN TAB 400 MG	3				
PENICILLN VK SOL 125/5ML	PENICILLIN V POTASSIUM FOR SOLN 125 MG / 5ML	2				
PENICILLN VK SOL 250/5ML	PENICILLIN V POTASSIUM FOR SOLN 250 MG / 5ML	2				
PENICILLN VK TAB 250MG	PENICILLIN V POTASSIUM TAB 250 MG	2				
PENICILLN VK TAB 500MG	PENICILLIN V POTASSIUM TAB 500 MG	2				
SILVER SULFA CRE 1%	SILVER SULFADIAZINE CREAM 1%	2				
SMZ/TMP DS TAB 800-160	SULFAMETHOXAZOLE-TRIMETHOPRIM TAB 800-160 MG	2				STI*
SMZ-TMP SUS 200-40/5	SULFAMETHOXAZOLE-TRIMETHOPRIM SUSP 200-40 MG / 5ML	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
SMZ-TMP TAB 400-80MG	SULFAMETHOXAZOLE-TRIMETHOPRIM TAB 400-80 MG	2				STI*
SMZ-TMP DS TAB 800-160	SULFAMETHOXAZOLE-TRIMETHOPRIM TAB 800-160 MG	2				STI*
SSD CRE 1%	SILVER SULFADIAZINE CREAM 1%	2				
SULFADIAZINE TAB 500MG	SULFADIAZINE TAB 500 MG	3				
SULFAMYLYON CRE 85MG/GM	MAFENIDE ACETATE CREAM 85 MG / GM	5				
SULFATRIM PD SUS 200-40/5	SULFAMETHOXAZOLE-TRIMETHOPRIM SUSP 200-40 MG / 5ML	2				STI*
TETRACYCLINE CAP 250MG	TETRACYCLINE HCL CAP 250 MG	2				
TETRACYCLINE CAP 500MG	TETRACYCLINE HCL CAP 500 MG	2				
TINIDAZOLE TAB 250MG	TINIDAZOLE TAB 250 MG	2				STI*
TINIDAZOLE TAB 500MG	TINIDAZOLE TAB 500 MG	2				STI*
TRIMETHOPRIM TAB 100MG	TRIMETHOPRIM TAB 100 MG	2				
VANCOMYCIN CAP 125MG	VANCOMYCIN HCL CAP 125 MG (BASE EQUIVALENT)	2		X		
VANCOMYCIN CAP 250MG	VANCOMYCIN HCL CAP 250 MG (BASE EQUIVALENT)	2		X		
VANCOMYCIN SOL 250/5ML	VANCOMYCIN HCL FOR ORAL SOLN 50 MG / ML (BASE EQUIVALENT)	3				
VANCOMYCIN SOL 25MG/ML	VANCOMYCIN HCL FOR ORAL SOLN 25 MG / ML (BASE EQUIVALENT)	3				
VANCOMYCIN SOL 50MG/ML	VANCOMYCIN HCL FOR ORAL SOLN 50 MG / ML (BASE EQUIVALENT)	3				
VANDAZOLE GEL 0.75%	METRONIDAZOLE VAGINAL GEL 0.75%	3				STI*
XEPI CRE 1%	OZENOXACIN CREAM 1%	5		X		
XIFAXAN TAB 200MG	RIFAXIMIN TAB 200 MG	5	X	X		
XIFAXAN TAB 550MG	RIFAXIMIN TAB 550 MG	5	X	X		
Anticonvulsants						
APTIOM TAB 200MG	ESLICARBAZEPINE ACETATE TAB 200 MG	5	X	X		
APTIOM TAB 400MG	ESLICARBAZEPINE ACETATE TAB 400 MG	5	X	X		
APTIOM TAB 600MG	ESLICARBAZEPINE ACETATE TAB 600 MG	5	X	X		
APTIOM TAB 800MG	ESLICARBAZEPINE ACETATE TAB 800 MG	5	X	X		
CARBAMAZEPIN CAP 100MG ER	CARBAMAZEPINE CAP ER 12HR 100 MG	3				BH*
CARBAMAZEPIN CAP 200MG ER	CARBAMAZEPINE CAP ER 12HR 200 MG	3				BH*
CARBAMAZEPIN CAP 300MG ER	CARBAMAZEPINE CAP ER 12HR 300 MG	3				BH*
CARBAMAZEPIN CHW 100MG	CARBAMAZEPINE CHEW TAB 100 MG	2				BH*
CARBAMAZEPIN SUS 100/5ML	CARBAMAZEPINE SUSP 100 MG / 5ML	3				BH*
CARBAMAZEPIN TAB 100MG ER	CARBAMAZEPINE TAB ER 12HR 100 MG	3				BH*
CARBAMAZEPIN TAB 100MGER	CARBAMAZEPINE TAB ER 12HR 100 MG	3				BH*
CARBAMAZEPIN TAB 200MG	CARBAMAZEPINE TAB 200 MG	2				BH*
CARBAMAZEPIN TAB 200MG ER	CARBAMAZEPINE TAB ER 12HR 200 MG	3				BH*
CARBAMAZEPIN TAB 400MG ER	CARBAMAZEPINE TAB ER 12HR 400 MG	3				BH*
CLOBAZAM SUS 2.5MG/ML	CLOBAZAM SUSPENSION 2.5 MG / ML	3	X	X		BH*
CLOBAZAM TAB 10MG	CLOBAZAM TAB 10 MG	3	X	X		BH*
CLOBAZAM TAB 20MG	CLOBAZAM TAB 20 MG	3	X	X		BH*
DIACOMIT CAP 250MG	STIRIPENTOL CAP 250 MG	6	X	X		SP

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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
DIACOMIT CAP 500MG	STIRIPENTOL CAP 500 MG	6	X	X		SP
DIACOMIT PAK 250MG	STIRIPENTOL PACKET 250 MG	6	X	X		SP
DIACOMIT PAK 500MG	STIRIPENTOL PACKET 500 MG	6	X	X		SP
DIAZEPAM GEL 10MG	DIAZEPAM RECTAL GEL DELIVERY SYSTEM 10 MG	3		X		
DIAZEPAM GEL 2.5MG	DIAZEPAM RECTAL GEL DELIVERY SYSTEM 2.5 MG	3		X		
DIAZEPAM GEL 20MG	DIAZEPAM RECTAL GEL DELIVERY SYSTEM 20 MG	3		X		
DILANTIN CAP 30MG	PHENYTOIN SODIUM EXTENDED CAP 30 MG	5				BH*
DIVALPROEX CAP 125MG	DIVALPROEX SODIUM CAP DELAYED RELEASE SPRINKLE 125 MG	2				BH*
DIVALPROEX TAB 125MG DR	DIVALPROEX SODIUM TAB DELAYED RELEASE 125 MG	2				BH*
DIVALPROEX TAB 250MG DR	DIVALPROEX SODIUM TAB DELAYED RELEASE 250 MG	2				BH*
DIVALPROEX TAB 250MG ER	DIVALPROEX SODIUM TAB ER 24 HR 250 MG	2				BH*
DIVALPROEX TAB 500MG DR	DIVALPROEX SODIUM TAB DELAYED RELEASE 500 MG	2				BH*
DIVALPROEX TAB 500MG ER	DIVALPROEX SODIUM TAB ER 24 HR 500 MG	2				BH*
EPITOL TAB 200MG	CARBAMAZEPINE TAB 200 MG	2				BH*
ETHOSUXIMIDE CAP 250MG	ETHOSUXIMIDE CAP 250 MG	3				
ETHOSUXIMIDE SOL 250/5ML	ETHOSUXIMIDE SOLN 250 MG / 5ML	3				
FELBAMATE SUS 600/5ML	FELBAMATE SUSP 600 MG / 5ML	3				
FELBAMATE TAB 400MG	FELBAMATE TAB 400 MG	3				
FELBAMATE TAB 600MG	FELBAMATE TAB 600 MG	3				
FYCOMPAT SUS 0.5MG/ML	PERAMPANEL SUSP 0.5 MG / ML	5	X	X		
GABAPENTIN CAP 100MG	GABAPENTIN CAP 100 MG	2				BH*
GABAPENTIN CAP 300MG	GABAPENTIN CAP 300 MG	2				BH*
GABAPENTIN CAP 400MG	GABAPENTIN CAP 400 MG	2				BH*
GABAPENTIN SOL 250/5ML	GABAPENTIN ORAL SOLN 250 MG / 5ML	2				BH*
GABAPENTIN TAB 600MG	GABAPENTIN TAB 600 MG	2				BH*
GABAPENTIN TAB 800MG	GABAPENTIN TAB 800 MG	2				BH*
LACOSAMIDE SOL 100/10ML	LACOSAMIDE ORAL SOLUTION 10 MG / ML	3	X	X		
LACOSAMIDE SOL 10MG/ML	LACOSAMIDE ORAL SOLUTION 10 MG / ML	3	X	X		
LACOSAMIDE SOL 150/15ML	LACOSAMIDE ORAL SOLUTION 10 MG / ML	3	X	X		
LACOSAMIDE SOL 200/20ML	LACOSAMIDE ORAL SOLUTION 10 MG / ML	3	X	X		
LACOSAMIDE SOL 50/5ML	LACOSAMIDE ORAL SOLUTION 10 MG / ML	3	X	X		
LACOSAMIDE SOL 50MG/5ML	LACOSAMIDE ORAL SOLUTION 10 MG / ML	3	X	X		
LACOSAMIDE TAB 100MG	LACOSAMIDE TAB 100 MG	3	X	X		
LACOSAMIDE TAB 150MG	LACOSAMIDE TAB 150 MG	3	X	X		
LACOSAMIDE TAB 200MG	LACOSAMIDE TAB 200 MG	3	X	X		
LACOSAMIDE TAB 50MG	LACOSAMIDE TAB 50 MG	3	X	X		
LAMOTRIGINE CHW 25MG	LAMOTRIGINE TAB CHEWABLE DISPERSIBLE 25 MG	2				BH*
LAMOTRIGINE CHW 5MG	LAMOTRIGINE TAB CHEWABLE DISPERSIBLE 5 MG	2				BH*

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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
LAMOTRIGINE TAB 100MG	LAMOTRIGINE TAB 100 MG	2				BH*
LAMOTRIGINE TAB 150MG	LAMOTRIGINE TAB 150 MG	2				BH*
LAMOTRIGINE TAB 200MG	LAMOTRIGINE TAB 200 MG	2				BH*
LAMOTRIGINE TAB 25MG	LAMOTRIGINE TAB 25 MG	2				BH*
LEVETIRACETA SOL 100MG/ML	LEVETIRACETAM ORAL SOLN 100 MG / ML	2				BH*
LEVETIRACETA SOL 500/5ML	LEVETIRACETAM ORAL SOLN 100 MG / ML	2				BH*
LEVETIRACETA TAB 1000MG	LEVETIRACETAM TAB 1000 MG	2				BH*
LEVETIRACETA TAB 250MG	LEVETIRACETAM TAB 250 MG	2				BH*
LEVETIRACETA TAB 500MG	LEVETIRACETAM TAB 500 MG	2				BH*
LEVETIRACETA TAB 500MG ER	LEVETIRACETAM TAB ER 24HR 500 MG	2				BH*
LEVETIRACETA TAB 750MG	LEVETIRACETAM TAB 750 MG	2				BH*
LEVETIRACETA TAB 750MG ER	LEVETIRACETAM TAB ER 24HR 750 MG	2				BH*
METHSUXIMIDE CAP 300MG	METHSUXIMIDE CAP 300 MG	3				
OXCARBAZEPIN SUS 300MG/5M	OXCARBAZEPINE SUSP 300 MG / 5ML (60 MG / ML)	3				BH*
OXCARBAZEPIN TAB 150MG	OXCARBAZEPINE TAB 150 MG	2				BH*
OXCARBAZEPIN TAB 300MG	OXCARBAZEPINE TAB 300 MG	2				BH*
OXCARBAZEPIN TAB 600MG	OXCARBAZEPINE TAB 600 MG	2				BH*
PHENOBARB ELX 20MG/5ML	PHENOBARBITAL ELIXIR 20 MG / 5ML	2				
PHENOBARB SOL 20MG/5ML	PHENOBARBITAL ELIXIR 20 MG / 5ML	2				
PHENOBARB TAB 100MG	PHENOBARBITAL TAB 100 MG	2				
PHENOBARB TAB 15MG	PHENOBARBITAL TAB 15 MG	2				
PHENOBARB TAB 16.2MG	PHENOBARBITAL TAB 16.2 MG	2				
PHENOBARB TAB 30MG	PHENOBARBITAL TAB 30 MG	2				
PHENOBARB TAB 32.4MG	PHENOBARBITAL TAB 32.4 MG	2				
PHENOBARB TAB 60MG	PHENOBARBITAL TAB 60 MG	2				
PHENOBARB TAB 64.8MG	PHENOBARBITAL TAB 64.8 MG	2				
PHENOBARB TAB 97.2MG	PHENOBARBITAL TAB 97.2 MG	2				
PHENYTEK CAP 200MG	PHENYTOIN SODIUM EXTENDED CAP 200 MG	2				BH*
PHENYTEK CAP 300MG	PHENYTOIN SODIUM EXTENDED CAP 300 MG	2				BH*
PHENYTOIN CHW 50MG	PHENYTOIN CHEW TAB 50 MG	2				BH*
PHENYTOIN SUS 100/4ML	PHENYTOIN SUSP 125 MG / 5ML	2				BH*
PHENYTOIN SUS 125/5ML	PHENYTOIN SUSP 125 MG / 5ML	2				BH*
PHENYTOIN EX CAP 100MG	PHENYTOIN SODIUM EXTENDED CAP 100 MG	2				BH*
PHENYTOIN EX CAP 200MG	PHENYTOIN SODIUM EXTENDED CAP 200 MG	2				BH*
PHENYTOIN EX CAP 300MG	PHENYTOIN SODIUM EXTENDED CAP 300 MG	2				BH*
PRIMIDONE TAB 125MG	PRIMIDONE TAB 125 MG	2				
PRIMIDONE TAB 250MG	PRIMIDONE TAB 250 MG	2				
PRIMIDONE TAB 50MG	PRIMIDONE TAB 50 MG	2				
ROWEEPRA TAB 500MG	LEVETIRACETAM TAB 500 MG	2				BH*
RUFINAMIDE SUS 40MG/ML	RUFINAMIDE SUSP 40 MG / ML	3	X			
RUFINAMIDE TAB 200MG	RUFINAMIDE TAB 200 MG	3	X			
RUFINAMIDE TAB 400MG	RUFINAMIDE TAB 400 MG	3	X			
SUBVENITE TAB 100MG	LAMOTRIGINE TAB 100 MG	2				BH*
SUBVENITE TAB 150MG	LAMOTRIGINE TAB 150 MG	2				BH*

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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
SUBVENITE TAB 200MG	LAMOTRIGINE TAB 200 MG	2				BH*
SUBVENITE TAB 25MG	LAMOTRIGINE TAB 25 MG	2				BH*
TIAGABINE TAB 12MG	TIAGABINE HCL TAB 12 MG	3				
TIAGABINE TAB 16MG	TIAGABINE HCL TAB 16 MG	3				
TIAGABINE TAB 2MG	TIAGABINE HCL TAB 2 MG	3				
TIAGABINE TAB 4MG	TIAGABINE HCL TAB 4 MG	3				
TOPIRAMATE CAP 15MG	TOPIRAMATE SPRINKLE CAP 15 MG	3				BH*
TOPIRAMATE CAP 25MG	TOPIRAMATE SPRINKLE CAP 25 MG	3				BH*
TOPIRAMATE TAB 100MG	TOPIRAMATE TAB 100 MG	2				BH*
TOPIRAMATE TAB 200MG	TOPIRAMATE TAB 200 MG	2				BH*
TOPIRAMATE TAB 25MG	TOPIRAMATE TAB 25 MG	2				BH*
TOPIRAMATE TAB 50MG	TOPIRAMATE TAB 50 MG	2				BH*
VALPROIC ACD CAP 250MG	VALPROIC ACID CAP 250 MG	2				BH*
VALPROIC ACD SOL 250/5ML	VALPROATE SODIUM ORAL SOLN 250 MG / 5ML (BASE EQUIV)	2				BH*
VIGABATRIN PAK 500MG	VIGABATRIN POWD PACK 500 MG	6	X	X		SP
VIGABATRIN TAB 500MG	VIGABATRIN TAB 500 MG	6	X	X		SP
VIGADRONE POW 500MG	VIGABATRIN POWD PACK 500 MG	6	X	X		SP
VIGPODER POW 500MG	VIGABATRIN POWD PACK 500 MG	6	X	X		SP
ZONISAMIDE CAP 100MG	ZONISAMIDE CAP 100 MG	2				
ZONISAMIDE CAP 25MG	ZONISAMIDE CAP 25 MG	2				
ZONISAMIDE CAP 50MG	ZONISAMIDE CAP 50 MG	2				
Antidementia agents						
DONEPEZIL TAB 10MG	DONEPEZIL HYDROCHLORIDE TAB 10 MG	2		X		
DONEPEZIL TAB 10MG ODT	DONEPEZIL HYDROCHLORIDE ORALLY DISINTEGRATING TAB 10 MG	2		X		
DONEPEZIL TAB 5MG	DONEPEZIL HYDROCHLORIDE TAB 5 MG	2		X		
DONEPEZIL TAB 5MG ODT	DONEPEZIL HYDROCHLORIDE ORALLY DISINTEGRATING TAB 5 MG	2		X		
GALANTAMINE CAP 16MG ER	GALANTAMINE HYDROBROMIDE CAP ER 24HR 16 MG	3		X		
GALANTAMINE CAP 24MG ER	GALANTAMINE HYDROBROMIDE CAP ER 24HR 24 MG	3		X		
GALANTAMINE CAP 8MG ER	GALANTAMINE HYDROBROMIDE CAP ER 24HR 8 MG	3		X		
GALANTAMINE SOL 4MG/ML	GALANTAMINE HYDROBROMIDE ORAL SOLN 4 MG / ML	3		X		
GALANTAMINE TAB 12MG	GALANTAMINE HYDROBROMIDE TAB 12 MG	3		X		
GALANTAMINE TAB 4MG	GALANTAMINE HYDROBROMIDE TAB 4 MG	3		X		
GALANTAMINE TAB 8MG	GALANTAMINE HYDROBROMIDE TAB 8 MG	3		X		
MEMANT TITRA PAK 5-10MG	MEMANTINE HCL TAB 28 X 5 MG & 21 X 10 MG TITRATION PACK	2		X		
MEMANTINE SOL 2MG/ML	MEMANTINE HCL ORAL SOLUTION 2 MG / ML	3		X		
MEMANTINE TAB 10MG	MEMANTINE HCL TAB 10 MG	2		X		
MEMANTINE TAB 5MG	MEMANTINE HCL TAB 5 MG	2		X		
MEMANTINE TAB HCL 10MG	MEMANTINE HCL TAB 10 MG	2		X		
MEMANTINE TAB HCL 5MG	MEMANTINE HCL TAB 5 MG	2		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
MEMANTINE HC SOL 2MG/ML	MEMANTINE HCL ORAL SOLUTION 2 MG / ML	3		X		
RIVASTIGMINE CAP 1.5MG	RIVASTIGMINE TARTRATE CAP 1.5 MG (BASE EQUIVALENT)	2		X		
RIVASTIGMINE CAP 3MG	RIVASTIGMINE TARTRATE CAP 3 MG (BASE EQUIVALENT)	2		X		
RIVASTIGMINE CAP 4.5MG	RIVASTIGMINE TARTRATE CAP 4.5 MG (BASE EQUIVALENT)	2		X		
RIVASTIGMINE CAP 6MG	RIVASTIGMINE TARTRATE CAP 6 MG (BASE EQUIVALENT)	2		X		
RIVASTIGMINE DIS 13.3/24	RIVASTIGMINE TD PATCH 24HR 13.3 MG / 24HR	3		X		
RIVASTIGMINE DIS 4.6MG/24	RIVASTIGMINE TD PATCH 24HR 4.6 MG / 24HR	3		X		
RIVASTIGMINE DIS 9.5MG/24	RIVASTIGMINE TD PATCH 24HR 9.5 MG / 24HR	3		X		
Antidepressants						
AMITRIPTYLIN TAB 100MG	AMITRIPTYLINE HCL TAB 100 MG	1				
AMITRIPTYLIN TAB 10MG	AMITRIPTYLINE HCL TAB 10 MG	1				
AMITRIPTYLIN TAB 150MG	AMITRIPTYLINE HCL TAB 150 MG	1				
AMITRIPTYLIN TAB 25MG	AMITRIPTYLINE HCL TAB 25 MG	1				
AMITRIPTYLIN TAB 50MG	AMITRIPTYLINE HCL TAB 50 MG	1				
AMITRIPTYLIN TAB 75MG	AMITRIPTYLINE HCL TAB 75 MG	1				
AMOXAPINE TAB 100MG	AMOXAPINE TAB 100 MG	1				
AMOXAPINE TAB 150MG	AMOXAPINE TAB 150 MG	1				
AMOXAPINE TAB 25MG	AMOXAPINE TAB 25 MG	1				
AMOXAPINE TAB 50MG	AMOXAPINE TAB 50 MG	1				
BUPROPION TAB 100MG	BUPROPION HCL TAB 100 MG	1				
BUPROPION TAB 100MG SR	BUPROPION HCL TAB ER 12HR 100 MG	1				
BUPROPION TAB 150MG SR	BUPROPION HCL TAB ER 12HR 150 MG	1				
BUPROPION TAB 200MG SR	BUPROPION HCL TAB ER 12HR 200 MG	1				
BUPROPION TAB 75MG	BUPROPION HCL TAB 75 MG	1				
BUPROPN HCL TAB 150MG XL	BUPROPION HCL TAB ER 24HR 150 MG	1		X		
BUPROPN HCL TAB 300MG XL	BUPROPION HCL TAB ER 24HR 300 MG	1		X		
CDP/AMITRIP TAB 10-25MG	CHLORDIAZEPOXIDE-AMITRIPTYLINE TAB 10-25 MG	1				
CDP/AMITRIP TAB 5-12.5MG	CHLORDIAZEPOXIDE-AMITRIPTYLINE TAB 5-12.5 MG	1				
CITALOPRAM SOL 10MG/5ML	CITALOPRAM HYDROBROMIDE ORAL SOLN 10 MG / 5ML	1				
CITALOPRAM TAB 10MG	CITALOPRAM HYDROBROMIDE TAB 10 MG (BASE EQUIV)	1				
CITALOPRAM TAB 20MG	CITALOPRAM HYDROBROMIDE TAB 20 MG (BASE EQUIV)	1				
CITALOPRAM TAB 40MG	CITALOPRAM HYDROBROMIDE TAB 40 MG (BASE EQUIV)	1				
CLOMIPRAMINE CAP 25MG	CLOMIPRAMINE HCL CAP 25 MG	1				
CLOMIPRAMINE CAP 50MG	CLOMIPRAMINE HCL CAP 50 MG	1				
CLOMIPRAMINE CAP 75MG	CLOMIPRAMINE HCL CAP 75 MG	1				
DESIPRAMINE TAB 100MG	DESIPRAMINE HCL TAB 100 MG	1				
DESIPRAMINE TAB 10MG	DESIPRAMINE HCL TAB 10 MG	1				

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MME Morphine milligram equivalent & 7-day limit if you have not filled an opioid prescription recently

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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 150MG	DESIPRAMINE HCL TAB 150 MG	1				
DESIPRAMINE TAB 25MG	DESIPRAMINE HCL TAB 25 MG	1				
DESIPRAMINE TAB 50MG	DESIPRAMINE HCL TAB 50 MG	1				
DESIPRAMINE TAB 75MG	DESIPRAMINE HCL TAB 75 MG	1				
DESVENLAFAX TAB 100MG ER	DESVENLAFAXINE SUCCINATE TAB ER 24HR 100 MG (BASE EQUIV)	1		X		
DESVENLAFAX TAB 25MG ER	DESVENLAFAXINE SUCCINATE TAB ER 24HR 25 MG (BASE EQUIV)	1		X		
DESVENLAFAX TAB 50MG ER	DESVENLAFAXINE SUCCINATE TAB ER 24HR 50 MG (BASE EQUIV)	1		X		
DOXEPIN HCL CAP 100MG	DOXEPIN HCL CAP 100 MG	1				
DOXEPIN HCL CAP 10MG	DOXEPIN HCL CAP 10 MG	1				
DOXEPIN HCL CAP 150MG	DOXEPIN HCL CAP 150 MG	1				
DOXEPIN HCL CAP 25MG	DOXEPIN HCL CAP 25 MG	1				
DOXEPIN HCL CAP 50MG	DOXEPIN HCL CAP 50 MG	1				
DOXEPIN HCL CAP 75MG	DOXEPIN HCL CAP 75 MG	1				
DOXEPIN HCL CON 10MG/ML	DOXEPIN HCL CONC 10 MG / ML	1				
ESCITALOPRAM SOL 5MG/5ML	ESCITALOPRAM OXALATE SOLN 5 MG / 5ML (BASE EQUIV)	1				
ESCITALOPRAM TAB 10MG	ESCITALOPRAM OXALATE TAB 10 MG (BASE EQUIV)	1				
ESCITALOPRAM TAB 20MG	ESCITALOPRAM OXALATE TAB 20 MG (BASE EQUIV)	1				
ESCITALOPRAM TAB 5MG	ESCITALOPRAM OXALATE TAB 5 MG (BASE EQUIV)	1				
FLUOXETINE CAP 10MG	FLUOXETINE HCL CAP 10 MG	1				
FLUOXETINE CAP 20MG	FLUOXETINE HCL CAP 20 MG	1				
FLUOXETINE CAP 40MG	FLUOXETINE HCL CAP 40 MG	1				
FLUOXETINE CAP 90MG DR	FLUOXETINE HCL CAP DELAYED RELEASE 90 MG	1		X		
FLUOXETINE SOL 20MG/5ML	FLUOXETINE HCL SOLUTION 20 MG / 5ML	1				
FLUOXETINE TAB 10MG	FLUOXETINE HCL (PMDD) TAB 10 MG	1		X		
FLUOXETINE TAB 10MG	FLUOXETINE HCL TAB 10 MG	1		X		
FLUOXETINE TAB 20MG	FLUOXETINE HCL (PMDD) TAB 20 MG	1		X		
FLUOXETINE TAB 20MG	FLUOXETINE HCL TAB 20 MG	1		X		
FLUVOXAMINE CAP 100MG ER	FLUVOXAMINE MALEATE CAP ER 24HR 100 MG	1		X		
FLUVOXAMINE CAP 150MG ER	FLUVOXAMINE MALEATE CAP ER 24HR 150 MG	1		X		
FLUVOXAMINE TAB 100MG	FLUVOXAMINE MALEATE TAB 100 MG	1				
FLUVOXAMINE TAB 25MG	FLUVOXAMINE MALEATE TAB 25 MG	1				
FLUVOXAMINE TAB 50MG	FLUVOXAMINE MALEATE TAB 50 MG	1				
IMIPRAM HCL TAB 10MG	IMIPRAMINE HCL TAB 10 MG	1				
IMIPRAM HCL TAB 25MG	IMIPRAMINE HCL TAB 25 MG	1				
IMIPRAM HCL TAB 50MG	IMIPRAMINE HCL TAB 50 MG	1				
IMIPRAM PAM CAP 100MG	IMIPRAMINE PAMOATE CAP 100 MG	1				
IMIPRAM PAM CAP 125MG	IMIPRAMINE PAMOATE CAP 125 MG	1				
IMIPRAM PAM CAP 150MG	IMIPRAMINE PAMOATE CAP 150 MG	1				
IMIPRAM PAM CAP 75MG	IMIPRAMINE PAMOATE CAP 75 MG	1				

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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
MARPLAN TAB 10MG	ISOCARBOXAZID TAB 10 MG	1				
MIRTAZAPINE TAB 15MG	MIRTAZAPINE TAB 15 MG	1				
MIRTAZAPINE TAB 15MG ODT	MIRTAZAPINE ORALLY DISINTEGRATING TAB 15 MG	1				
MIRTAZAPINE TAB 30MG	MIRTAZAPINE TAB 30 MG	1				
MIRTAZAPINE TAB 30MG ODT	MIRTAZAPINE ORALLY DISINTEGRATING TAB 30 MG	1				
MIRTAZAPINE TAB 45MG	MIRTAZAPINE TAB 45 MG	1				
MIRTAZAPINE TAB 45MG ODT	MIRTAZAPINE ORALLY DISINTEGRATING TAB 45 MG	1				
MIRTAZAPINE TAB 7.5MG	MIRTAZAPINE TAB 7.5 MG	1				
NEFAZODONE TAB 100MG	NEFAZODONE HCL TAB 100 MG	1				
NEFAZODONE TAB 150MG	NEFAZODONE HCL TAB 150 MG	1				
NEFAZODONE TAB 200MG	NEFAZODONE HCL TAB 200 MG	1				
NEFAZODONE TAB 250MG	NEFAZODONE HCL TAB 250 MG	1				
NEFAZODONE TAB 50MG	NEFAZODONE HCL TAB 50 MG	1				
NORTRIPTYLIN CAP 10MG	NORTRIPTYLINE HCL CAP 10 MG	1				
NORTRIPTYLIN CAP 25MG	NORTRIPTYLINE HCL CAP 25 MG	1				
NORTRIPTYLIN CAP 50MG	NORTRIPTYLINE HCL CAP 50 MG	1				
NORTRIPTYLIN CAP 75MG	NORTRIPTYLINE HCL CAP 75 MG	1				
NORTRIPTYLIN SOL 10MG/5ML	NORTRIPTYLINE HCL SOLN 10 MG / 5ML	1				
OLANZA/FLUOX CAP 12-25MG	OLANZAPINE-FLUOXETINE HCL CAP 12-25 MG	1		X		
OLANZA/FLUOX CAP 12-50MG	OLANZAPINE-FLUOXETINE HCL CAP 12-50 MG	1		X		
OLANZA/FLUOX CAP 3-25MG	OLANZAPINE-FLUOXETINE HCL CAP 3-25 MG	1		X		
OLANZA/FLUOX CAP 6-25MG	OLANZAPINE-FLUOXETINE HCL CAP 6-25 MG	1		X		
OLANZA/FLUOX CAP 6-50MG	OLANZAPINE-FLUOXETINE HCL CAP 6-50 MG	1		X		
PAROXETIN ER TAB 12.5MG	PAROXETINE HCL TAB ER 24HR 12.5 MG	1		X		
PAROXETIN ER TAB 37.5MG	PAROXETINE HCL TAB ER 24HR 37.5 MG	1		X		
PAROXETINE SUS 10MG/5ML	PAROXETINE HCL ORAL SUSP 10 MG / 5ML (BASE EQUIV)	1				
PAROXETINE TAB 10MG	PAROXETINE HCL TAB 10 MG	1				
PAROXETINE TAB 20MG	PAROXETINE HCL TAB 20 MG	1				
PAROXETINE TAB 25MG ER	PAROXETINE HCL TAB ER 24HR 25 MG	1		X		
PAROXETINE TAB 30MG	PAROXETINE HCL TAB 30 MG	1				
PAROXETINE TAB 40MG	PAROXETINE HCL TAB 40 MG	1				
PERPHEN/AMIT TAB 2-10MG	PERPHENAZINE-AMITRIPTYLINE TAB 2-10 MG	1				
PERPHEN/AMIT TAB 2-25MG	PERPHENAZINE-AMITRIPTYLINE TAB 2-25 MG	1				
PERPHEN/AMIT TAB 4-10MG	PERPHENAZINE-AMITRIPTYLINE TAB 4-10 MG	1				
PERPHEN/AMIT TAB 4-25MG	PERPHENAZINE-AMITRIPTYLINE TAB 4-25 MG	1				
PERPHEN/AMIT TAB 4-50MG	PERPHENAZINE-AMITRIPTYLINE TAB 4-50 MG	1				
PHENELZINE TAB 15MG	PHENELZINE SULFATE TAB 15 MG	1				
PROTRIPTYLIN TAB 10MG	PROTRIPTYLINE HCL TAB 10 MG	1				
PROTRIPTYLIN TAB 5MG	PROTRIPTYLINE HCL TAB 5 MG	1				
SERTRALINE CON 20MG/ML	SERTRALINE HCL ORAL CONCENTRATE FOR SOLUTION 20 MG / ML	1				

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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
SERTRALINE TAB 100MG	SERTRALINE HCL TAB 100 MG	1				
SERTRALINE TAB 25MG	SERTRALINE HCL TAB 25 MG	1				
SERTRALINE TAB 50MG	SERTRALINE HCL TAB 50 MG	1				
TRANLYCYPROM TAB 10MG	TRANLYCYPROMINE SULFATE TAB 10 MG	1				
TRAZODONE TAB 100MG	TRAZODONE HCL TAB 100 MG	1				
TRAZODONE TAB 150MG	TRAZODONE HCL TAB 150 MG	1				
TRAZODONE TAB 300MG	TRAZODONE HCL TAB 300 MG	1				
TRAZODONE TAB 50MG	TRAZODONE HCL TAB 50 MG	1				
TRIMIPRAMINE CAP 100MG	TRIMIPRAMINE MALEATE CAP 100 MG	1				
TRIMIPRAMINE CAP 25MG	TRIMIPRAMINE MALEATE CAP 25 MG	1				
TRIMIPRAMINE CAP 50MG	TRIMIPRAMINE MALEATE CAP 50 MG	1				
VENLAFAXINE CAP 150MG ER	VENLAFAXINE HCL CAP ER 24HR 150 MG (BASE EQUIVALENT)	1				
VENLAFAXINE CAP 37.5 ER	VENLAFAXINE HCL CAP ER 24HR 37.5 MG (BASE EQUIVALENT)	1				
VENLAFAXINE CAP 75MG ER	VENLAFAXINE HCL CAP ER 24HR 75 MG (BASE EQUIVALENT)	1				
VENLAFAXINE TAB 100MG	VENLAFAXINE HCL TAB 100 MG (BASE EQUIVALENT)	1				
VENLAFAXINE TAB 25MG	VENLAFAXINE HCL TAB 25 MG (BASE EQUIVALENT)	1				
VENLAFAXINE TAB 37.5MG	VENLAFAXINE HCL TAB 37.5 MG (BASE EQUIVALENT)	1				
VENLAFAXINE TAB 50MG	VENLAFAXINE HCL TAB 50 MG (BASE EQUIVALENT)	1				
VENLAFAXINE TAB 75MG	VENLAFAXINE HCL TAB 75 MG (BASE EQUIVALENT)	1				
VILAZODONE TAB 10MG	VILAZODONE HCL TAB 10 MG	1		X		
VILAZODONE TAB 20MG	VILAZODONE HCL TAB 20 MG	1		X		
VILAZODONE TAB 40MG	VILAZODONE HCL TAB 40 MG	1		X		
Antiemetics						
APREPITANT CAP 125MG	APREPITANT CAPSULE 125 MG	3		X		
APREPITANT CAP 40MG	APREPITANT CAPSULE 40 MG	3		X		
APREPITANT CAP 80MG	APREPITANT CAPSULE 80 MG	3		X		
APREPITANT PAK 80 & 125	APREPITANT CAPSULE THERAPY PACK 80 & 125 MG	3		X		
DRONABINOL CAP 10MG	DRONABINOL CAP 10 MG	3				
DRONABINOL CAP 2.5MG	DRONABINOL CAP 2.5 MG	3				
DRONABINOL CAP 5MG	DRONABINOL CAP 5 MG	3				
EMEND SUS 125MG	APREPITANT FOR ORAL SUSP 125 MG (125 MG / 5ML)	3		X		
GRANISETRON TAB 1MG	GRANISETRON HCL TAB 1 MG	3		X		
MECLIZINE TAB 25MG	MECLIZINE HCL TAB 25 MG	2				
MECLIZINE TAB 50MG	MECLIZINE HCL TAB 50 MG	3				
METOCLOPRAM SOL 10/10ML	METOCLOPRAMIDE HCL SOLN 5 MG / 5ML (10 MG / 10ML) (BASE EQUIV)	2				
METOCLOPRAM SOL 5MG/5ML	METOCLOPRAMIDE HCL SOLN 5 MG / 5ML (10 MG / 10ML) (BASE EQUIV)	2				

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ST Step therapy

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Drug name	Generic name	Tier value	Prior auth	Quantity limit	Step therapy	Notes
METOCLOPRAM TAB 10MG	METOCLOPRAMIDE HCL TAB 10 MG (BASE EQUIVALENT)	2				
METOCLOPRAM TAB 5MG	METOCLOPRAMIDE HCL TAB 5 MG (BASE EQUIVALENT)	2				
ONDANSETRON SOL 4MG/5ML	ONDANSETRON HCL ORAL SOLN 4 MG / 5ML	2				
ONDANSETRON TAB 24MG	ONDANSETRON HCL TAB 24 MG	2				
ONDANSETRON TAB 4MG	ONDANSETRON HCL TAB 4 MG	2				
ONDANSETRON TAB 4MG ODT	ONDANSETRON ORALLY DISINTEGRATING TAB 4 MG	2				
ONDANSETRON TAB 8MG	ONDANSETRON HCL TAB 8 MG	2				
ONDANSETRON TAB 8MG ODT	ONDANSETRON ORALLY DISINTEGRATING TAB 8 MG	2				
PERPHENAZINE TAB 16MG	PERPHENAZINE TAB 16 MG	1				
PERPHENAZINE TAB 2MG	PERPHENAZINE TAB 2 MG	1				
PERPHENAZINE TAB 4MG	PERPHENAZINE TAB 4 MG	1				
PERPHENAZINE TAB 8MG	PERPHENAZINE TAB 8 MG	1				
PROCHLORPER TAB 10MG	PROCHLORPERAZINE MALEATE TAB 10 MG (BASE EQUIVALENT)	1				
PROCHLORPER TAB 5MG	PROCHLORPERAZINE MALEATE TAB 5 MG (BASE EQUIVALENT)	1				
SCOPOLAMINE DIS 1MG/3DAY	SCOPOLAMINE TD PATCH 72HR 1 MG / 3DAYS	3				
TRIMETHOBENZ CAP 300MG	TRIMETHOBENZAMIDE HCL CAP 300 MG	2				
VARUBI TAB 90MG	ROLAPITANT HCL TAB THERAPY PACK 2 X 90 MG (BASE EQUIV)	3		X		
Antifungals						
CICLODAN SOL 8%	CICLOPIROX SOLUTION 8%	2				
CICLOPIROX CRE 0.77%	CICLOPIROX OLAMINE CREAM 0.77% (BASE EQUIV)	2				
CICLOPIROX GEL 0.77%	CICLOPIROX GEL 0.77%	2				
CICLOPIROX SHA 1%	CICLOPIROX SHAMPOO 1%	2				
CICLOPIROX SOL 8%	CICLOPIROX SOLUTION 8%	2				
CICLOPIROX SUS 0.77%	CICLOPIROX OLAMINE SUSP 0.77% (BASE EQUIV)	2				
CLOTRIM/BETA CRE DIPROP	CLOTRIMAZOLE W / BETAMETHASONE CREAM 1-0.05%	2		X		
CLOTRIM/BETA LOT DIPROP	CLOTRIMAZOLE W / BETAMETHASONE LOTION 1-0.05%	3				
CLOTRIMAZOLE TRO 10MG	CLOTRIMAZOLE TROCHE 10 MG	2				
ECONAZOLE CRE 1%	ECONAZOLE NITRATE CREAM 1%	3		X		
EXELDERM CRE 1%	SULCONAZOLE NITRATE CREAM 1%	5				
EXELDERM SOL 1%	SULCONAZOLE NITRATE SOLUTION 1%	5				
FLUCONAZOLE SUS 10MG/ML	FLUCONAZOLE FOR SUSP 10 MG / ML	2				STI*
FLUCONAZOLE SUS 40MG/ML	FLUCONAZOLE FOR SUSP 40 MG / ML	2				STI*
FLUCONAZOLE TAB 100MG	FLUCONAZOLE TAB 100 MG	2				STI*
FLUCONAZOLE TAB 150MG	FLUCONAZOLE TAB 150 MG	2				STI*
FLUCONAZOLE TAB 200MG	FLUCONAZOLE TAB 200 MG	2				STI*
FLUCONAZOLE TAB 50MG	FLUCONAZOLE TAB 50 MG	2				STI*

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ST Step therapy

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Drug name	Generic name	Tier value	Prior auth	Quantity limit	Step therapy	Notes
FLUCYTOSINE CAP 250MG	FLUCYTOSINE CAP 250 MG	3				
FLUCYTOSINE CAP 500MG	FLUCYTOSINE CAP 500 MG	3				
GRISEOFULVIN SUS 125/5ML	GRISEOFULVIN MICROSIZE SUSP 125 MG / 5ML	3				
GRISEOFULVIN TAB MICR 500	GRISEOFULVIN MICROSIZE TAB 500 MG	3				
GRISEOFULVIN TAB ULTR 125	GRISEOFULVIN ULTRAMICROSIZE TAB 125 MG	3				
GRISEOFULVIN TAB ULTR 250	GRISEOFULVIN ULTRAMICROSIZE TAB 250 MG	3				
GYNAZOLE-1 CRE 2%	BUTOCONAZOLE NITRATE (ONE DOSE) VAGINAL CREAM 2%	5				STI*
ITRACONAZOLE CAP 100MG	ITRACONAZOLE CAP 100 MG	3		X		
ITRACONAZOLE SOL 100/10ML	ITRACONAZOLE ORAL SOLN 10 MG / ML	3		X		
ITRACONAZOLE SOL 10MG/ML	ITRACONAZOLE ORAL SOLN 10 MG / ML	3		X		
KETOCONAZOLE CRE 2%	KETOCONAZOLE CREAM 2%	2		X		
KETOCONAZOLE SHA 2%	KETOCONAZOLE SHAMPOO 2%	2				
KETOCONAZOLE TAB 200MG	KETOCONAZOLE TAB 200 MG	2				
KLAYESTA POW 100000	NYSTATIN TOPICAL POWDER 100000 UNIT / GM	2		X		
LULICONAZOLE CRE 1%	LULICONAZOLE CREAM 1%	5		X		
MENTAX CRE 1%	BUTENAFINE HCL CREAM 1%	5				
MICONAZOLE 3 SUP 200MG	MICONAZOLE NITRATE VAGINAL SUPPOS 200 MG	2				
NAFTIFINE CRE HCL 1%	NAFTIFINE HCL CREAM 1%	3				
NAFTIFINE CRE HCL 2%	NAFTIFINE HCL CREAM 2%	3				
NYAMYC POW 100000	NYSTATIN TOPICAL POWDER 100000 UNIT / GM	2		X		
NYSTAT/TRIAM CRE	NYSTATIN-TRIAMCINOLONE CREAM 100000-0.1 UNIT / GM-%	2				
NYSTAT/TRIAM OIN	NYSTATIN-TRIAMCINOLONE OINT 100000-0.1 UNIT / GM-%	2				
NYSTATIN CRE 100000	NYSTATIN CREAM 100000 UNIT / GM	2				
NYSTATIN OIN 100000	NYSTATIN OINT 100000 UNIT / GM	2				
NYSTATIN OIN 100000U	NYSTATIN OINT 100000 UNIT / GM	2				
NYSTATIN POW 100000	NYSTATIN TOPICAL POWDER 100000 UNIT / GM	2		X		
NYSTATIN SUS 100000	NYSTATIN SUSP 100000 UNIT / ML	2				
NYSTATIN TAB 500000	NYSTATIN TAB 500000 UNIT	2				
NYSTOP POW 100000	NYSTATIN TOPICAL POWDER 100000 UNIT / GM	2		X		
POSACONAZOLE TAB 100MG DR	POSACONAZOLE TAB DELAYED RELEASE 100 MG	3		X		
SULCONAZOLE CRE 1%	SULCONAZOLE NITRATE CREAM 1%	5				
SULCONAZOLE SOL 1%	SULCONAZOLE NITRATE SOLUTION 1%	5				
TERBINAFINE TAB 250MG	TERBINAFINE HCL TAB 250 MG	2		X		
TERCONAZOLE CRE 0.4%	TERCONAZOLE VAGINAL CREAM 0.4%	2				STI*
TERCONAZOLE CRE 0.8%	TERCONAZOLE VAGINAL CREAM 0.8%	2				STI*
TERCONAZOLE SUP 80MG	TERCONAZOLE VAGINAL SUPPOS 80 MG	3				STI*
VORICONAZOLE SUS 40MG/ML	VORICONAZOLE FOR SUSP 40 MG / ML	3				

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Drug name	Generic name	Tier value	Prior auth	Quantity limit	Step therapy	Notes
VORICONAZOLE TAB 200MG	VORICONAZOLE TAB 200 MG	3		X		
VORICONAZOLE TAB 50MG	VORICONAZOLE TAB 50 MG	3		X		
Antigout agents						
ALLOPURINOL TAB 100MG	ALLOPURINOL TAB 100 MG	2				
ALLOPURINOL TAB 300MG	ALLOPURINOL TAB 300 MG	2				
COLCHICINE TAB 0.6MG	COLCHICINE TAB 0.6 MG	2		X		
FEBUXOSTAT TAB 40MG	FEBUXOSTAT TAB 40 MG	2		X	X	
FEBUXOSTAT TAB 80MG	FEBUXOSTAT TAB 80 MG	2		X	X	
PROBEN/COLCH TAB 500-0.5	COLCHICINE W / PROBENECID TAB 0.5-500 MG	2				
PROBENECID TAB 500MG	PROBENECID TAB 500 MG	2				
Antimigraine agents						
AIMOVIG INJ 140MG/ML	ERENUMAB-AOOE SUBCUTANEOUS SOLN AUTO-INJECTOR 140 MG / ML	3	X	X		
AIMOVIG INJ 70MG/ML	ERENUMAB-AOOE SUBCUTANEOUS SOLN AUTO-INJECTOR 70 MG / ML	3	X	X		
ALMOTRIPT MAL TAB 12.5MG	ALMOTRIPTAN MALATE TAB 12.5 MG	3		X	X	
ALMOTRIPT MAL TAB 6.25MG	ALMOTRIPTAN MALATE TAB 6.25 MG	3		X	X	
ALMOTRIPTAN TAB 12.5MG	ALMOTRIPTAN MALATE TAB 12.5 MG	3		X	X	
ALMOTRIPTAN TAB 6.25MG	ALMOTRIPTAN MALATE TAB 6.25 MG	3		X	X	
DIHYDROERGOT INJ 1MG/ML	DIHYDROERGOTAMINE MESYLATE INJ 1 MG / ML	3		X		
ELETRIPTAN TAB 20MG	ELETRIPTAN HYDROBROMIDE TAB 20 MG (BASE EQUIVALENT)	3		X	X	
ELETRIPTAN TAB 40MG	ELETRIPTAN HYDROBROMIDE TAB 40 MG (BASE EQUIVALENT)	3		X	X	
EMGALITY INJ 100MG/ML	GALCANEZUMAB-GNLM SUBCUTANEOUS SOLN PREFILLED SYR 100 MG / ML	3	X	X		
EMGALITY INJ 120MG/ML	GALCANEZUMAB-GNLM SUBCUTANEOUS SOLN AUTO-INJECTOR 120 MG / ML	3	X	X		
EMGALITY INJ 120MG/ML	GALCANEZUMAB-GNLM SUBCUTANEOUS SOLN PREFILLED SYR 120 MG / ML	3	X	X		
ERGOMAR SUB 2MG	ERGOTAMINE TARTRATE SL TAB 2 MG	5		X		
ERGOT/CAFFEN TAB 1-100MG	ERGOTAMINE W / CAFFEINE TAB 1-100 MG	3				
FROVATRIPTAN TAB 2.5MG	FROVATRIPTAN SUCCINATE TAB 2.5 MG (BASE EQUIVALENT)	3		X	X	
MIGERGOT SUP 2/100	ERGOTAMINE W / CAFFEINE SUPPOS 2-100 MG	5				
NARATRIPTAN TAB 1MG	NARATRIPTAN HCL TAB 1 MG (BASE EQUIV)	2		X		
NARATRIPTAN TAB 2.5MG	NARATRIPTAN HCL TAB 2.5 MG (BASE EQUIV)	2		X		
RIZATRIPTAN TAB 10MG	RIZATRIPTAN BENZOATE TAB 10 MG (BASE EQUIVALENT)	2		X		
RIZATRIPTAN TAB 10MG ODT	RIZATRIPTAN BENZOATE ORAL DISINTEGRATING TAB 10 MG (BASE EQ)	2		X		
RIZATRIPTAN TAB 5MG	RIZATRIPTAN BENZOATE TAB 5 MG (BASE EQUIVALENT)	2		X		
RIZATRIPTAN TAB 5MG ODT	RIZATRIPTAN BENZOATE ORAL DISINTEGRATING TAB 5 MG (BASE EQ)	2		X		

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MME Morphine milligram equivalent & 7-day limit if you have not filled an opioid prescription recently

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
SUMAT-NAPROX TAB 85-500MG	SUMATRIPTAN-NAPROXEN SODIUM TAB 85-500 MG	3		X	X	
SUMATRIPTAN INJ 4MG/0.5	SUMATRIPTAN SUCCINATE SOLUTION AUTO-Injector 4 MG / 0.5ML	3		X		
SUMATRIPTAN INJ 4MG/0.5	SUMATRIPTAN SUCCINATE SOLUTION CARTRIDGE 4 MG / 0.5ML	3		X		
SUMATRIPTAN INJ 6MG/.5ML	SUMATRIPTAN SUCCINATE SOLUTION AUTO-Injector 6 MG / 0.5ML	3		X		
SUMATRIPTAN INJ 6MG/0.5	SUMATRIPTAN SUCCINATE INJ 6 MG / 0.5ML	3		X		
SUMATRIPTAN INJ 6MG/0.5	SUMATRIPTAN SUCCINATE SOLUTION AUTO-Injector 6 MG / 0.5ML	3		X		
SUMATRIPTAN INJ 6MG/0.5	SUMATRIPTAN SUCCINATE SOLUTION CARTRIDGE 6 MG / 0.5ML	3		X		
SUMATRIPTAN SPR 20MG/ACT	SUMATRIPTAN NASAL SPRAY 20 MG / ACT	3		X		
SUMATRIPTAN SPR 5MG/ACT	SUMATRIPTAN NASAL SPRAY 5 MG / ACT	3		X		
SUMATRIPTAN TAB 100MG	SUMATRIPTAN SUCCINATE TAB 100 MG	2		X		
SUMATRIPTAN TAB 25MG	SUMATRIPTAN SUCCINATE TAB 25 MG	2		X		
SUMATRIPTAN TAB 50MG	SUMATRIPTAN SUCCINATE TAB 50 MG	2		X		
UBRELVY TAB 100MG	UBROGEPAINT TAB 100 MG	3	X	X		
UBRELVY TAB 50MG	UBROGEPAINT TAB 50 MG	3	X	X		
ZOLMITRIPTAN SPR 2.5MG	ZOLMITRIPTAN NASAL SPRAY 2.5 MG / SPRAY UNIT	5		X	X	
ZOLMITRIPTAN SPR 5MG	ZOLMITRIPTAN NASAL SPRAY 5 MG / SPRAY UNIT	3		X	X	
ZOLMITRIPTAN TAB 2.5 MG	ZOLMITRIPTAN ORALLY DISINTEGRATING TAB 2.5 MG	3		X	X	
ZOLMITRIPTAN TAB 2.5MG	ZOLMITRIPTAN TAB 2.5 MG	3		X	X	
ZOLMITRIPTAN TAB 5MG	ZOLMITRIPTAN TAB 5 MG	3		X	X	
ZOLMITRIPTAN TAB 5MG ODT	ZOLMITRIPTAN ORALLY DISINTEGRATING TAB 5 MG	3		X	X	
Antimyasthenic agents						
PYRIDOSTIGM TAB 60MG	PYRIDOSTIGMINE BROMIDE TAB 60 MG	2				
PYRIDOSTIGMI SOL 60MG/5ML	PYRIDOSTIGMINE BROMIDE ORAL SOLN 60 MG / 5ML	3				
PYRIDOSTIGMI TAB ER 180MG	PYRIDOSTIGMINE BROMIDE TAB ER 180 MG	3				
Antimycobacterials						
CYCLOSERINE CAP 250MG	CYCLOSERINE CAP 250 MG	3				
DAPSONE TAB 100MG	DAPSONE TAB 100 MG	2				
DAPSONE TAB 25MG	DAPSONE TAB 25 MG	2				
ETHAMBUTOL TAB 100MG	ETHAMBUTOL HCL TAB 100 MG	2				
ETHAMBUTOL TAB 400MG	ETHAMBUTOL HCL TAB 400 MG	2				
ISONIAZID SYP 50MG/5ML	ISONIAZID SYRUP 50 MG / 5ML	3				
ISONIAZID TAB 100MG	ISONIAZID TAB 100 MG	2				
ISONIAZID TAB 300MG	ISONIAZID TAB 300 MG	2				
PASER GRA 4GM	AMINOSALICYLIC ACID DELAYED RELEASE GRANULES PACKET 4 GM	5				
PRIFTIN TAB 150MG	RIFAPENTINE TAB 150 MG	3				

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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
PYRAZINAMIDE TAB 500MG	PYRAZINAMIDE TAB 500 MG	3				
RIFABUTIN CAP 150MG	RIFABUTIN CAP 150 MG	3				
RIFAMPIN CAP 150MG	RIFAMPIN CAP 150 MG	2				
RIFAMPIN CAP 300MG	RIFAMPIN CAP 300 MG	2				
TRECATOR TAB 250MG	ETHIONAMIDE TAB 250 MG	3				
Antineoplastics						
ABIRATERONE TAB 250MG	ABIRATERONE ACETATE TAB 250 MG	4	X	X		SP
ABIRATERONE TAB 500MG	ABIRATERONE ACETATE TAB 500 MG	4	X	X		SP
ALECensa CAP 150MG	ALECTINIB HCL CAP 150 MG (BASE EQUIVALENT)	4	X	X		SP
ANASTROZOLE TAB 1MG	ANASTROZOLE TAB 1 MG	2				PRV*
BEXAROTENE CAP 75MG	BEXAROTENE CAP 75 MG	6				SP
BEXAROTENE GEL 1%	BEXAROTENE GEL 1%	6		X		SP
BICALUTAMIDE TAB 50MG	BICALUTAMIDE TAB 50 MG	2				
BOSULIF CAP 100MG	BOSUTINIB CAP 100 MG	6	X	X		SP
BOSULIF CAP 50MG	BOSUTINIB CAP 50 MG	6	X	X		SP
BOSULIF TAB 100MG	BOSUTINIB TAB 100 MG	6	X	X		SP
BOSULIF TAB 400MG	BOSUTINIB TAB 400 MG	6	X	X		SP
BOSULIF TAB 500MG	BOSUTINIB TAB 500 MG	6	X	X		SP
CAPECITABINE TAB 150MG	CAPECITABINE TAB 150 MG	6				SP
CAPECITABINE TAB 500MG	CAPECITABINE TAB 500 MG	6				SP
CAPRELSA TAB 100MG	VANDETANIB TAB 100 MG	6	X	X		SP
CAPRELSA TAB 300MG	VANDETANIB TAB 300 MG	6	X	X		SP
COMETRIQ KIT 100MG	CABOZANTINIB S-MAL CAP 1X 80 MG & 1X 20 MG (100 DOSE) KIT	6	X	X		SP
COMETRIQ KIT 140MG	CABOZANTINIB S-MAL CAP 1X 80 MG & 3X 20 MG (140 DOSE) KIT	6	X	X		SP
COMETRIQ KIT 60MG	CABOZANTINIB S-MALATE CAP 3X 20 MG (60 MG DOSE) KIT	6	X	X		SP
COTELLIC TAB 20MG	COBIMETINIB FUMARATE TAB 20 MG (BASE EQUIVALENT)	6	X	X		SP
CYCLOPHOSPH CAP 25MG	CYCLOPHOSPHAMIDE CAP 25 MG	3				
CYCLOPHOSPH CAP 50MG	CYCLOPHOSPHAMIDE CAP 50 MG	3				
CYCLOPHOSPH TAB 25MG	CYCLOPHOSPHAMIDE TAB 25 MG	5				
CYCLOPHOSPH TAB 50MG	CYCLOPHOSPHAMIDE TAB 50 MG	5				
DICLOFENAC GEL 3%	DICLOFENAC SODIUM (ACTINIC KERATOSES) GEL 3%	3		X		
DROXIA CAP 200MG	HYDROXYUREA CAP 200 MG	5				
DROXIA CAP 300MG	HYDROXYUREA CAP 300 MG	5				
DROXIA CAP 400MG	HYDROXYUREA CAP 400 MG	5				
EMCYT CAP 140MG	ESTRAMUSTINE PHOSPHATE SODIUM CAP 140 MG	5				
ERLEADA TAB 240MG	APALUTAMIDE TAB 240 MG	4	X	X		SP
ERLEADA TAB 60MG	APALUTAMIDE TAB 60 MG	4	X	X		SP
ERLOTINIB TAB 100MG	ERLOTINIB HCL TAB 100 MG (BASE EQUIVALENT)	6	X	X		SP

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Drug name	Generic name	Tier value	Prior auth	Quantity limit	Step therapy	Notes
ERLOTINIB TAB 150MG	ERLOTINIB HCL TAB 150 MG (BASE EQUIVALENT)	6	X	X		SP
ERLOTINIB TAB 25MG	ERLOTINIB HCL TAB 25 MG (BASE EQUIVALENT)	6	X	X		SP
ETOPOSIDE CAP 50MG	ETOPOSIDE CAP 50 MG	6				SP
EVEROLIMUS TAB 10MG	EVEROLIMUS TAB 10 MG	6	X	X		SP
EVEROLIMUS TAB 2.5MG	EVEROLIMUS TAB 2.5 MG	6	X	X		SP
EVEROLIMUS TAB 5MG	EVEROLIMUS TAB 5 MG	6	X	X		SP
EVEROLIMUS TAB 7.5MG	EVEROLIMUS TAB 7.5 MG	6	X	X		SP
EXEMESTANE TAB 25MG	EXEMESTANE TAB 25 MG	3				PRV*
FLUOROURACIL CRE 0.5%	FLUOROURACIL CREAM 0.5%	5		X		
FLUOROURACIL CRE 5%	FLUOROURACIL CREAM 5%	2		X		
FLUOROURACIL SOL 2%	FLUOROURACIL SOLN 2%	2				
FLUOROURACIL SOL 5%	FLUOROURACIL SOLN 5%	2				
FLUTAMIDE CAP 125MG	FLUTAMIDE CAP 125 MG	3				
GEFITINIB TAB 250MG	GEFITINIB TAB 250 MG	6	X	X		SP
GLEOSTINE CAP 100MG	LOMUSTINE CAP 100 MG	6				SP
GLEOSTINE CAP 10MG	LOMUSTINE CAP 10 MG	6				SP
GLEOSTINE CAP 40MG	LOMUSTINE CAP 40 MG	6				SP
HYCAMTIN CAP 0.25MG	TOPOTECAN HCL CAP 0.25 MG (BASE EQUIV)	6	X	X		SP
HYCAMTIN CAP 1MG	TOPOTECAN HCL CAP 1 MG (BASE EQUIV)	6	X	X		SP
HYDROXYUREA CAP 500MG	HYDROXYUREA CAP 500 MG	2				
IMATINIB MES TAB 100MG	IMATINIB MESYLATE TAB 100 MG (BASE EQUIVALENT)	4	X	X		SP
IMATINIB MES TAB 400MG	IMATINIB MESYLATE TAB 400 MG (BASE EQUIVALENT)	4	X	X		SP
IMBRUVICA CAP 140MG	IBRUTINIB CAP 140 MG	4	X	X		SP
IMBRUVICA CAP 70MG	IBRUTINIB CAP 70 MG	4	X	X		SP
IMBRUVICA SUS 70MG/ML	IBRUTINIB ORAL SUSP 70 MG / ML	4	X	X		SP
IMBRUVICA TAB 140MG	IBRUTINIB TAB 140 MG	4	X	X		SP
IMBRUVICA TAB 280MG	IBRUTINIB TAB 280 MG	4	X	X		SP
IMBRUVICA TAB 420MG	IBRUTINIB TAB 420 MG	4	X	X		SP
IMBRUVICA TAB 560MG	IBRUTINIB TAB 560 MG	4	X	X		SP
JAKAFI TAB 10MG	RUXOLITINIB PHOSPHATE TAB 10 MG (BASE EQUIVALENT)	6	X	X		SP
JAKAFI TAB 15MG	RUXOLITINIB PHOSPHATE TAB 15 MG (BASE EQUIVALENT)	6	X	X		SP
JAKAFI TAB 20MG	RUXOLITINIB PHOSPHATE TAB 20 MG (BASE EQUIVALENT)	6	X	X		SP
JAKAFI TAB 25MG	RUXOLITINIB PHOSPHATE TAB 25 MG (BASE EQUIVALENT)	6	X	X		SP
JAKAFI TAB 5MG	RUXOLITINIB PHOSPHATE TAB 5 MG (BASE EQUIVALENT)	6	X	X		SP
LENALIDOMIDE CAP 10MG	LENALIDOMIDE CAP 10 MG	6	X	X		SP
LENALIDOMIDE CAP 15MG	LENALIDOMIDE CAP 15 MG	6	X	X		SP
LENALIDOMIDE CAP 2.5MG	LENALIDOMIDE CAPS 2.5 MG	6	X	X		SP
LENALIDOMIDE CAP 20MG	LENALIDOMIDE CAP 20 MG	6	X	X		SP

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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
LENALIDOMIDE CAP 25MG	LENALIDOMIDE CAP 25 MG	6	X	X		SP
LENALIDOMIDE CAP 5MG	LENALIDOMIDE CAP 5 MG	6	X	X		SP
LENVIMA CAP 10 MG	LENVATINIB CAP THERAPY PACK 10 MG (10 MG DAILY DOSE)	6	X	X		SP
LENVIMA CAP 12MG	LENVATINIB CAP THERAPY PACK 3 X 4 MG (12 MG DAILY DOSE)	6	X	X		SP
LENVIMA CAP 14 MG	LENVATINIB CAP THERAPY PACK 10 & 4 MG (14 MG DAILY DOSE)	6	X	X		SP
LENVIMA CAP 18 MG	LENVATINIB CAP THERAPY PACK 10 MG & 2 X 4 MG (18 MG DAILY DOSE)	6	X	X		SP
LENVIMA CAP 20 MG	LENVATINIB CAP THERAPY PACK 2 X 10 MG (20 MG DAILY DOSE)	6	X	X		SP
LENVIMA CAP 24 MG	LENVATINIB CAP THERAPY PACK 2 X 10 MG & 4 MG (24 MG DAILY DOSE)	6	X	X		SP
LENVIMA CAP 4MG	LENVATINIB CAP THERAPY PACK 4 MG (4 MG DAILY DOSE)	6	X	X		SP
LENVIMA CAP 8 MG	LENVATINIB CAP THERAPY PACK 2 X 4 MG (8 MG DAILY DOSE)	6	X	X		SP
LETROZOLE TAB 2.5MG	LETROZOLE TAB 2.5 MG	2				PRV*
LEUCOVOR CA TAB 10MG	LEUCOVORIN CALCIUM TAB 10 MG	2				
LEUCOVOR CA TAB 15MG	LEUCOVORIN CALCIUM TAB 15 MG	2				
LEUCOVOR CA TAB 25MG	LEUCOVORIN CALCIUM TAB 25 MG	2				
LEUCOVOR CA TAB 5MG	LEUCOVORIN CALCIUM TAB 5 MG	2				
LEUKERAN TAB 2MG	CHLORAMBUCIL TAB 2 MG	5				
LORBRENA TAB 100MG	LORLATINIB TAB 100 MG	6	X	X		SP
LORBRENA TAB 25MG	LORLATINIB TAB 25 MG	6	X	X		SP
MATULANE CAP 50MG	PROCARBAZINE HCL CAP 50 MG	6				SP
MELPHALAN TAB 2MG	MELPHALAN TAB 2 MG	3				
MERCAPTOPUR TAB 50MG	MERCAPTOPURINE TAB 50 MG	2				
MESNEX TAB 400MG	MESNA TAB 400 MG	4				SP
MYLERAN TAB 2MG	BUSULFAN TAB 2 MG	5				
NILUTAMIDE TAB 150MG	NILUTAMIDE TAB 150 MG	4				SP
NUBEQA TAB 300MG	DAROLUTAMIDE TAB 300 MG	4	X	X		SP
PIQRAY 200MG TAB DOSE	ALPELISIB TAB THERAPY PACK 200 MG DAILY DOSE	6	X	X		SP
PIQRAY 250MG TAB DOSE	ALPELISIB TAB PACK 250 MG DAILY DOSE (200 MG & 50 MG TABS)	6	X	X		SP
PIQRAY 300MG TAB DOSE	ALPELISIB TAB PACK 300 MG DAILY DOSE (2X150 MG TAB)	6	X	X		SP
POMALYST CAP 1MG	POMALIDOMIDE CAP 1 MG	6	X	X		SP
POMALYST CAP 2MG	POMALIDOMIDE CAP 2 MG	6	X	X		SP
POMALYST CAP 3MG	POMALIDOMIDE CAP 3 MG	6	X	X		SP
POMALYST CAP 4MG	POMALIDOMIDE CAP 4 MG	6	X	X		SP
ROZLYTREK CAP 100MG	ENTRECTINIB CAP 100 MG	4	X	X		SP
ROZLYTREK CAP 200MG	ENTRECTINIB CAP 200 MG	4	X	X		SP
ROZLYTREK PAK 50MG	ENTRECTINIB PELLET PACK 50 MG	4	X	X		SP
SORAFENIB TAB 200MG	SORAFENIB TOSYLATE TAB 200 MG (BASE EQUIVALENT)	6	X	X		SP

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Drug name	Generic name	Tier value	Prior auth	Quantity limit	Step therapy	Notes
STIVARGA TAB 40MG	REGORAFENIB TAB 40 MG	4	X	X		SP
SUNITINIB CAP 12.5MG	SUNITINIB MALATE CAP 12.5 MG (BASE EQUIVALENT)	6	X	X		SP
SUNITINIB CAP 25MG	SUNITINIB MALATE CAP 25 MG (BASE EQUIVALENT)	6	X	X		SP
SUNITINIB CAP 37.5MG	SUNITINIB MALATE CAP 37.5 MG (BASE EQUIVALENT)	6	X	X		SP
SUNITINIB CAP 50MG	SUNITINIB MALATE CAP 50 MG (BASE EQUIVALENT)	6	X	X		SP
SYNRIBO INJ 3.5MG	OMACETAXINE MEPESUCCINATE FOR INJ 3.5 MG	6	X	X		SP
TABLOID TAB 40MG	THIOGUANINE TAB 40 MG	6				SP
TALZENNA CAP 0.1MG	TALAZOPARIB TOSYLATE CAP 0.1 MG (BASE EQUIVALENT)	6	X	X		SP
TALZENNA CAP 0.25MG	TALAZOPARIB TOSYLATE CAP 0.25 MG (BASE EQUIVALENT)	6	X	X		SP
TALZENNA CAP 0.35MG	TALAZOPARIB TOSYLATE CAP 0.35 MG (BASE EQUIVALENT)	6	X	X		SP
TALZENNA CAP 0.5MG	TALAZOPARIB TOSYLATE CAP 0.5 MG (BASE EQUIVALENT)	6	X	X		SP
TALZENNA CAP 0.75MG	TALAZOPARIB TOSYLATE CAP 0.75 MG (BASE EQUIVALENT)	6	X	X		SP
TALZENNA CAP 1MG	TALAZOPARIB TOSYLATE CAP 1 MG (BASE EQUIVALENT)	6	X	X		SP
TAMOXIFEN TAB 10MG	TAMOXIFEN CITRATE TAB 10 MG (BASE EQUIVALENT)	2				
TAMOXIFEN TAB 20MG	TAMOXIFEN CITRATE TAB 20 MG (BASE EQUIVALENT)	2				PRV*
TEMOZOLOMIDE CAP 100MG	TEMOZOLOMIDE CAP 100 MG	6	X			SP
TEMOZOLOMIDE CAP 140MG	TEMOZOLOMIDE CAP 140 MG	6	X			SP
TEMOZOLOMIDE CAP 180MG	TEMOZOLOMIDE CAP 180 MG	6	X			SP
TEMOZOLOMIDE CAP 20MG	TEMOZOLOMIDE CAP 20 MG	6	X			SP
TEMOZOLOMIDE CAP 250MG	TEMOZOLOMIDE CAP 250 MG	6	X			SP
TEMOZOLOMIDE CAP 5MG	TEMOZOLOMIDE CAP 5 MG	6	X			SP
THALOMID CAP 100MG	THALIDOMIDE CAP 100 MG	6	X	X		SP
THALOMID CAP 150MG	THALIDOMIDE CAP 150 MG	6	X	X		SP
THALOMID CAP 200MG	THALIDOMIDE CAP 200 MG	6	X	X		SP
THALOMID CAP 50MG	THALIDOMIDE CAP 50 MG	6	X	X		SP
TOREMIFENE TAB 60MG	TOREMIFENE CITRATE TAB 60 MG (BASE EQUIVALENT)	3				
TRETINOIN CAP 10MG	TRETINOIN CAP 10 MG	6		X		SP
TURALIO CAP 125MG	PEXIDARTINIB HCL CAP 125 MG (BASE EQUIVALENT)	6	X	X		SP
TURALIO CAP 200MG	PEXIDARTINIB HCL CAP 200 MG (BASE EQUIVALENT)	6	X	X		SP
VENCLEXTA TAB 100MG	VENETOCLAX TAB 100 MG	6	X	X		SP
VENCLEXTA TAB 10MG	VENETOCLAX TAB 10 MG	6	X	X		SP
VENCLEXTA TAB 50MG	VENETOCLAX TAB 50 MG	6	X	X		SP

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Drug name	Generic name	Tier value	Prior auth	Quantity limit	Step therapy	Notes
VENCLEXTA TAB START PK	VENETOCLAX TAB THERAPY STARTER PACK 10 & 50 & 100 MG	6	X	X		SP
VERZENIO TAB 100MG	ABEMACICLIB TAB 100 MG	4	X	X		SP
VERZENIO TAB 150MG	ABEMACICLIB TAB 150 MG	4	X	X		SP
VERZENIO TAB 200MG	ABEMACICLIB TAB 200 MG	4	X	X		SP
VERZENIO TAB 50MG	ABEMACICLIB TAB 50 MG	4	X	X		SP
VITRAKVI CAP 100MG	LAROTRECTINIB SULFATE CAP 100 MG (BASE EQUIVALENT)	4	X	X		SP
VITRAKVI CAP 25MG	LAROTRECTINIB SULFATE CAP 25 MG (BASE EQUIVALENT)	4	X	X		SP
VITRAKVI SOL 20MG/ML	LAROTRECTINIB SULFATE ORAL SOLN 20 MG / ML (BASE EQUIVALENT)	4	X	X		SP
XOSPATA TAB 40MG	GILTERITINIB FUMARATE TABLET 40 MG (BASE EQUIVALENT)	6	X	X		SP
ZELBORA TAB 240MG	VEMURAFENIB TAB 240 MG	6	X	X		SP
ZOLINZA CAP 100MG	VORINOSTAT CAP 100 MG	6		X		SP
ZYKADIA TAB 150MG	CERITINIB TAB 150 MG	6	X	X		SP
Antiparasitics						
ALBENDAZOLE TAB 200MG	ALBENDAZOLE TAB 200 MG	3	X	X		
ALINIA SUS 100/5ML	NITAZOXANIDE FOR SUSP 100 MG / 5ML	3		X		
ATOVAQ/PROGU TAB 250-100	ATOVAQUONE-PROGUANIL HCL TAB 250-100 MG	3				
ATOVAQ/PROGU TAB 62.5-25	ATOVAQUONE-PROGUANIL HCL TAB 62.5-25 MG	3				
ATOVAQUONE SUS 750/5ML	ATOVAQUONE SUSP 750 MG / 5ML	3				
BENZNIDAZOLE TAB 100MG	BENZNIDAZOLE TAB 100 MG	3	X	X		
BENZNIDAZOLE TAB 12.5MG	BENZNIDAZOLE TAB 12.5 MG	3	X	X		
CHLOROQUINE TAB 250MG	CHLOROQUINE PHOSPHATE TAB 250 MG	2		X		
CHLOROQUINE TAB 500MG	CHLOROQUINE PHOSPHATE TAB 500 MG	2		X		
CROTAN LOT 10%	CROTAMITON LOTION 10%	5				
EGATEN TAB 250MG	TRICLABENDAZOLE TAB 250 MG	5	X			
HYDROXYCHLOR TAB 100MG	HYDROXYCHLOROQUINE SULFATE TAB 100 MG	2		X		
HYDROXYCHLOR TAB 200MG	HYDROXYCHLOROQUINE SULFATE TAB 200 MG	2		X		
IVERMECTIN LOT 0.5%	IVERMECTIN LOTION 0.5%	3		X		
IVERMECTIN TAB 3MG	IVERMECTIN TAB 3 MG	2	X	X		STI*
MALATHION LOT 0.5%	MALATHION LOTION 0.5%	3				STI*
MEFLOQUINE TAB 250MG	MEFLOQUINE HCL TAB 250 MG	2				
NITAZOXANIDE TAB 500MG	NITAZOXANIDE TAB 500 MG	3		X		
PENTAMIDINE INH 300MG	PENTAMIDINE ISETHIONATE FOR NEBULIZATION SOLN 300 MG	3		X		
PERMETHRIN CRE 5%	PERMETHRIN CREAM 5%	2				STI*
PRAZIQUANTEL TAB 600MG	PRAZIQUANTEL TAB 600 MG	3				
PRIMAQUINE TAB 26.3MG	PRIMAQUINE PHOSPHATE TAB 26.3 MG (15 MG BASE)	2				
PYRIMETHAMIN TAB 25MG	PYRIMETHAMINE TAB 25 MG	6	X			SP

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MME Morphine milligram equivalent & 7-day limit if you have not filled an opioid prescription recently

PA Prior authorization required

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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
QUININE SULF CAP 324MG	QUININE SULFATE CAP 324 MG	3				
SPINOSAD SUS 0.9%	SPINOSAD SUSP 0.9%	3				
Anti-Parkinson's agents						
AMANTADINE CAP 100MG	AMANTADINE HCL CAP 100 MG	2				
AMANTADINE SOL 100/10ML	AMANTADINE HCL SOLN 50 MG / 5ML	2				
AMANTADINE SOL 50MG/5ML	AMANTADINE HCL SOLN 50 MG / 5ML	2				
AMANTADINE TAB 100MG	AMANTADINE HCL TAB 100 MG	2				
APOMORPHINE INJ 30MG/3ML	APOMORPHINE HCL SOLN CARTRIDGE 30 MG / 3ML	6		X		SP
BENZTROPINE TAB 0.5MG	BENZTROPINE MESYLATE TAB 0.5 MG	2				BH*
BENZTROPINE TAB 1MG	BENZTROPINE MESYLATE TAB 1 MG	2				BH*
BENZTROPINE TAB 2MG	BENZTROPINE MESYLATE TAB 2 MG	2				BH*
BROMOCRIPTIN CAP 5MG	BROMOCRIPTINE MESYLATE CAP 5 MG (BASE EQUIVALENT)	3				BH*
BROMOCRIPTIN TAB 2.5MG	BROMOCRIPTINE MESYLATE TAB 2.5 MG (BASE EQUIVALENT)	3				BH*
CARB/LEVO TAB 10-100MG	CARBIDOPA & LEVODOPA ORALLY DISINTEGRATING TAB 10-100 MG	3				
CARB/LEVO TAB 10-100MG	CARBIDOPA & LEVODOPA TAB 10-100 MG	2				
CARB/LEVO TAB 25-100MG	CARBIDOPA & LEVODOPA ORALLY DISINTEGRATING TAB 25-100 MG	3				
CARB/LEVO TAB 25-100MG	CARBIDOPA & LEVODOPA TAB 25-100 MG	2				
CARB/LEVO TAB 25-250MG	CARBIDOPA & LEVODOPA ORALLY DISINTEGRATING TAB 25-250 MG	3				
CARB/LEVO TAB 25-250MG	CARBIDOPA & LEVODOPA TAB 25-250 MG	2				
CARB/LEVO 50 TAB /ENTACAP	CARBIDOPA-LEVODOPA-ENTACAPONE TABS 12.5-50-200 MG	3				
CARB/LEVO 75 TAB /ENTACAP	CARBIDOPA-LEVODOPA-ENTACAPONE TABS 18.75-75-200 MG	3				
CARB/LEVO ER TAB 25-100MG	CARBIDOPA & LEVODOPA TAB ER 25-100 MG	2				
CARB/LEVO ER TAB 50-200MG	CARBIDOPA & LEVODOPA TAB ER 50-200 MG	2				
CARB/LEVO100 TAB /ENTACAP	CARBIDOPA-LEVODOPA-ENTACAPONE TABS 25-100-200 MG	3				
CARB/LEVO125 TAB /ENTACAP	CARBIDOPA-LEVODOPA-ENTACAPONE TABS 31.25-125-200 MG	3				
CARB/LEVO150 TAB /ENTACAP	CARBIDOPA-LEVODOPA-ENTACAPONE TABS 37.5-150-200 MG	3				
CARB/LEVO200 TAB /ENTACAP	CARBIDOPA-LEVODOPA-ENTACAPONE TABS 50-200-200 MG	3				
CARBIDOPA TAB 25MG	CARBIDOPA TAB 25 MG	3				
DUOPA SUS 4.63-20	CARBIDOPA-LEVODOPA ENTERAL SUSP 4.63-20 MG / ML	5	X			
ENTACAPONE TAB 200MG	ENTACAPONE TAB 200 MG	3				
PRAMIPEXOLE TAB 0.125MG	PRAMIPEXOLE DIHYDROCHLORIDE TAB 0.125 MG	2				BH*
PRAMIPEXOLE TAB 0.25MG	PRAMIPEXOLE DIHYDROCHLORIDE TAB 0.25 MG	2				BH*

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ST Step therapy

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Drug name	Generic name	Tier value	Prior auth	Quantity limit	Step therapy	Notes
PRAMIPEXOLE TAB 0.5MG	PRAMIPEXOLE DIHYDROCHLORIDE TAB 0.5 MG	2				BH*
PRAMIPEXOLE TAB 0.75MG	PRAMIPEXOLE DIHYDROCHLORIDE TAB 0.75 MG	2				BH*
PRAMIPEXOLE TAB 1.5MG	PRAMIPEXOLE DIHYDROCHLORIDE TAB 1.5 MG	2				BH*
PRAMIPEXOLE TAB 1MG	PRAMIPEXOLE DIHYDROCHLORIDE TAB 1 MG	2				BH*
RASAGILINE TAB 0.5MG	RASAGILINE MESYLATE TAB 0.5 MG (BASE EQUIV)	3			X	
RASAGILINE TAB 1MG	RASAGILINE MESYLATE TAB 1 MG (BASE EQUIV)	3			X	
ROPINIROLE TAB 0.25MG	ROPINIROLE HYDROCHLORIDE TAB 0.25 MG	2				
ROPINIROLE TAB 0.5MG	ROPINIROLE HYDROCHLORIDE TAB 0.5 MG	2				
ROPINIROLE TAB 1MG	ROPINIROLE HYDROCHLORIDE TAB 1 MG	2				
ROPINIROLE TAB 2MG	ROPINIROLE HYDROCHLORIDE TAB 2 MG	2				
ROPINIROLE TAB 3MG	ROPINIROLE HYDROCHLORIDE TAB 3 MG	2				
ROPINIROLE TAB 4MG	ROPINIROLE HYDROCHLORIDE TAB 4 MG	2				
ROPINIROLE TAB 5MG	ROPINIROLE HYDROCHLORIDE TAB 5 MG	2				
SELEGILINE CAP 5MG	SELEGILINE HCL CAP 5 MG	3				BH*
SELEGILINE TAB 5MG	SELEGILINE HCL TAB 5 MG	3				BH*
TOLCAPONE TAB 100MG	TOLCAPONE TAB 100 MG	3		X		
TRIHEXYPHEN SOL 0.4MG/ML	TRIHEXYPHENIDYL HCL ORAL SOLN 0.4 MG / ML	2				BH*
TRIHEXYPHEN TAB 2MG	TRIHEXYPHENIDYL HCL TAB 2 MG	2				BH*
TRIHEXYPHEN TAB 5MG	TRIHEXYPHENIDYL HCL TAB 5 MG	2				BH*
Antipsychotics						
ARIPIPRAZOLE SOL 1MG/ML	ARIPIPRAZOLE ORAL SOLUTION 1 MG / ML	1		X		
ARIPIPRAZOLE TAB 10MG	ARIPIPRAZOLE TAB 10 MG	1		X		
ARIPIPRAZOLE TAB 15MG	ARIPIPRAZOLE TAB 15 MG	1		X		
ARIPIPRAZOLE TAB 20MG	ARIPIPRAZOLE TAB 20 MG	1		X		
ARIPIPRAZOLE TAB 2MG	ARIPIPRAZOLE TAB 2 MG	1		X		
ARIPIPRAZOLE TAB 30MG	ARIPIPRAZOLE TAB 30 MG	1		X		
ARIPIPRAZOLE TAB 5MG	ARIPIPRAZOLE TAB 5 MG	1		X		
ASENAPINE SUB 10MG	ASENAPINE MALEATE SL TAB 10 MG (BASE EQUIV)	1		X	X	
ASENAPINE SUB 2.5MG	ASENAPINE MALEATE SL TAB 2.5 MG (BASE EQUIV)	1		X	X	
ASENAPINE SUB 5MG	ASENAPINE MALEATE SL TAB 5 MG (BASE EQUIV)	1		X	X	
CHLORPROMAZ TAB 100MG	CHLORPROMAZINE HCL TAB 100 MG	1				
CHLORPROMAZ TAB 10MG	CHLORPROMAZINE HCL TAB 10 MG	1				
CHLORPROMAZ TAB 200MG	CHLORPROMAZINE HCL TAB 200 MG	1				
CHLORPROMAZ TAB 25MG	CHLORPROMAZINE HCL TAB 25 MG	1				
CHLORPROMAZ TAB 50MG	CHLORPROMAZINE HCL TAB 50 MG	1				
CLOZAPINE TAB 100/ODT	CLOZAPINE ORALLY DISINTEGRATING TAB 100 MG	1		X		
CLOZAPINE TAB 100MG	CLOZAPINE TAB 100 MG	1				

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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
CLOZAPINE TAB 12.5/ODT	CLOZAPINE ORALLY DISINTEGRATING TAB 12.5 MG	1		X		
CLOZAPINE TAB 150/ODT	CLOZAPINE ORALLY DISINTEGRATING TAB 150 MG	1		X		
CLOZAPINE TAB 200/ODT	CLOZAPINE ORALLY DISINTEGRATING TAB 200 MG	1		X		
CLOZAPINE TAB 200MG	CLOZAPINE TAB 200 MG	1				
CLOZAPINE TAB 25MG	CLOZAPINE TAB 25 MG	1				
CLOZAPINE TAB 25MG ODT	CLOZAPINE ORALLY DISINTEGRATING TAB 25 MG	1		X		
CLOZAPINE TAB 50MG	CLOZAPINE TAB 50 MG	1				
FLUPHENAZINE CON 5MG/ML	FLUPHENAZINE HCL ORAL CONC 5 MG / ML	1				
FLUPHENAZINE ELX 2.5/5ML	FLUPHENAZINE HCL ELIXIR 2.5 MG / 5ML	1				
FLUPHENAZINE TAB 10MG	FLUPHENAZINE HCL TAB 10 MG	1				
FLUPHENAZINE TAB 1MG	FLUPHENAZINE HCL TAB 1 MG	1				
FLUPHENAZINE TAB 2.5MG	FLUPHENAZINE HCL TAB 2.5 MG	1				
FLUPHENAZINE TAB 5MG	FLUPHENAZINE HCL TAB 5 MG	1				
HALOPERIDOL CON 2MG/ML	HALOPERIDOL LACTATE ORAL CONC 2 MG / ML	1				
HALOPERIDOL TAB 0.5MG	HALOPERIDOL TAB 0.5 MG	1				
HALOPERIDOL TAB 10MG	HALOPERIDOL TAB 10 MG	1				
HALOPERIDOL TAB 1MG	HALOPERIDOL TAB 1 MG	1				
HALOPERIDOL TAB 20MG	HALOPERIDOL TAB 20 MG	1				
HALOPERIDOL TAB 2MG	HALOPERIDOL TAB 2 MG	1				
HALOPERIDOL TAB 5MG	HALOPERIDOL TAB 5 MG	1				
LOXAPINE CAP 10MG	LOXAPINE SUCCINATE CAP 10 MG	1				
LOXAPINE CAP 25MG	LOXAPINE SUCCINATE CAP 25 MG	1				
LOXAPINE CAP 50MG	LOXAPINE SUCCINATE CAP 50 MG	1				
LOXAPINE CAP 5MG	LOXAPINE SUCCINATE CAP 5 MG	1				
LURASIDONE TAB 120MG	LURASIDONE HCL TAB 120 MG	1		X		
LURASIDONE TAB 20MG	LURASIDONE HCL TAB 20 MG	1		X		
LURASIDONE TAB 40MG	LURASIDONE HCL TAB 40 MG	1		X		
LURASIDONE TAB 60MG	LURASIDONE HCL TAB 60 MG	1		X		
LURASIDONE TAB 80MG	LURASIDONE HCL TAB 80 MG	1		X		
OLANZAPINE TAB 10MG	OLANZAPINE TAB 10 MG	1		X		
OLANZAPINE TAB 10MG ODT	OLANZAPINE ORALLY DISINTEGRATING TAB 10 MG	1		X		
OLANZAPINE TAB 15MG	OLANZAPINE TAB 15 MG	1		X		
OLANZAPINE TAB 15MG ODT	OLANZAPINE ORALLY DISINTEGRATING TAB 15 MG	1		X		
OLANZAPINE TAB 2.5MG	OLANZAPINE TAB 2.5 MG	1		X		
OLANZAPINE TAB 20MG	OLANZAPINE TAB 20 MG	1		X		
OLANZAPINE TAB 20MG ODT	OLANZAPINE ORALLY DISINTEGRATING TAB 20 MG	1		X		
OLANZAPINE TAB 5MG	OLANZAPINE TAB 5 MG	1		X		
OLANZAPINE TAB 5MG ODT	OLANZAPINE ORALLY DISINTEGRATING TAB 5 MG	1		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
OLANZAPINE TAB 7.5MG	OLANZAPINE TAB 7.5 MG	1		X		
PALIPERIDONE TAB ER 1.5MG	PALIPERIDONE TAB ER 24HR 1.5 MG	1		X		
PALIPERIDONE TAB ER 3MG	PALIPERIDONE TAB ER 24HR 3 MG	1		X		
PALIPERIDONE TAB ER 6MG	PALIPERIDONE TAB ER 24HR 6 MG	1		X		
PALIPERIDONE TAB ER 9MG	PALIPERIDONE TAB ER 24HR 9 MG	1		X		
PIMOZIDE TAB 1MG	PIMOZIDE TAB 1 MG	1				
PIMOZIDE TAB 2MG	PIMOZIDE TAB 2 MG	1				
QUETIAPINE TAB 100MG	QUETIAPINE FUMARATE TAB 100 MG	1		X		
QUETIAPINE TAB 150MG	QUETIAPINE FUMARATE TAB 150 MG	1		X		
QUETIAPINE TAB 150MG ER	QUETIAPINE FUMARATE TAB ER 24HR 150 MG	1		X		
QUETIAPINE TAB 200MG	QUETIAPINE FUMARATE TAB 200 MG	1		X		
QUETIAPINE TAB 200MG ER	QUETIAPINE FUMARATE TAB ER 24HR 200 MG	1		X		
QUETIAPINE TAB 25MG	QUETIAPINE FUMARATE TAB 25 MG	1		X		
QUETIAPINE TAB 300MG	QUETIAPINE FUMARATE TAB 300 MG	1		X		
QUETIAPINE TAB 300MG ER	QUETIAPINE FUMARATE TAB ER 24HR 300 MG	1		X		
QUETIAPINE TAB 400MG	QUETIAPINE FUMARATE TAB 400 MG	1		X		
QUETIAPINE TAB 400MG ER	QUETIAPINE FUMARATE TAB ER 24HR 400 MG	1		X		
QUETIAPINE TAB 50MG	QUETIAPINE FUMARATE TAB 50 MG	1		X		
QUETIAPINE TAB 50MG ER	QUETIAPINE FUMARATE TAB ER 24HR 50 MG	1		X		
RISPERIDONE SOL 1MG/ML	RISPERIDONE SOLN 1 MG / ML	1				
RISPERIDONE TAB 0.25 ODT	RISPERIDONE ORALLY DISINTEGRATING TAB 0.25 MG	1				
RISPERIDONE TAB 0.25MG	RISPERIDONE TAB 0.25 MG	1				
RISPERIDONE TAB 0.5MG	RISPERIDONE TAB 0.5 MG	1				
RISPERIDONE TAB 0.5MG OD	RISPERIDONE ORALLY DISINTEGRATING TAB 0.5 MG	1				
RISPERIDONE TAB 1MG	RISPERIDONE TAB 1 MG	1				
RISPERIDONE TAB 1MG ODT	RISPERIDONE ORALLY DISINTEGRATING TAB 1 MG	1				
RISPERIDONE TAB 2MG	RISPERIDONE TAB 2 MG	1				
RISPERIDONE TAB 2MG ODT	RISPERIDONE ORALLY DISINTEGRATING TAB 2 MG	1				
RISPERIDONE TAB 3MG	RISPERIDONE TAB 3 MG	1				
RISPERIDONE TAB 3MG ODT	RISPERIDONE ORALLY DISINTEGRATING TAB 3 MG	1				
RISPERIDONE TAB 4MG	RISPERIDONE TAB 4 MG	1				
RISPERIDONE TAB 4MG ODT	RISPERIDONE ORALLY DISINTEGRATING TAB 4 MG	1				
THIORIDAZINE TAB 100MG	THIORIDAZINE HCL TAB 100 MG	1				
THIORIDAZINE TAB 10MG	THIORIDAZINE HCL TAB 10 MG	1				
THIORIDAZINE TAB 25MG	THIORIDAZINE HCL TAB 25 MG	1				
THIORIDAZINE TAB 50MG	THIORIDAZINE HCL TAB 50 MG	1				
THIOTHIXENE CAP 10MG	THIOTHIXENE CAP 10 MG	1				
THIOTHIXENE CAP 1MG	THIOTHIXENE CAP 1 MG	1				
THIOTHIXENE CAP 2MG	THIOTHIXENE CAP 2 MG	1				
THIOTHIXENE CAP 5MG	THIOTHIXENE CAP 5 MG	1				

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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
TRIFLUOPERAZ TAB 10MG	TRIFLUOPERAZINE HCL TAB 10 MG (BASE EQUIVALENT)	1				
TRIFLUOPERAZ TAB 1MG	TRIFLUOPERAZINE HCL TAB 1 MG (BASE EQUIVALENT)	1				
TRIFLUOPERAZ TAB 2MG	TRIFLUOPERAZINE HCL TAB 2 MG (BASE EQUIVALENT)	1				
TRIFLUOPERAZ TAB 5MG	TRIFLUOPERAZINE HCL TAB 5 MG (BASE EQUIVALENT)	1				
VRAYLAR CAP 1.5-3MG	CARIPRAZINE HCL CAP THERAPY PACK 1.5 MG (1) & 3 MG (6)	1		X		
VRAYLAR CAP 1.5MG	CARIPRAZINE HCL CAP 1.5 MG (BASE EQUIVALENT)	1		X		
VRAYLAR CAP 3MG	CARIPRAZINE HCL CAP 3 MG (BASE EQUIVALENT)	1		X		
VRAYLAR CAP 4.5MG	CARIPRAZINE HCL CAP 4.5 MG (BASE EQUIVALENT)	1		X		
VRAYLAR CAP 6MG	CARIPRAZINE HCL CAP 6 MG (BASE EQUIVALENT)	1		X		
ZIPRASIDONE CAP 20MG	ZIPRASIDONE HCL CAP 20 MG	1		X		
ZIPRASIDONE CAP 40MG	ZIPRASIDONE HCL CAP 40 MG	1		X		
ZIPRASIDONE CAP 60MG	ZIPRASIDONE HCL CAP 60 MG	1		X		
ZIPRASIDONE CAP 80MG	ZIPRASIDONE HCL CAP 80 MG	1		X		
Antivirals						
ABACA/LAMIVU TAB 600-300M	ABACAVIR SULFATE-LAMIVUDINE TAB 600-300 MG	1		X		
ABACAVIR SOL 20MG/ML	ABACAVIR SULFATE SOLN 20 MG / ML (BASE EQUIV)	1		X		
ABACAVIR TAB 300MG	ABACAVIR SULFATE TAB 300 MG (BASE EQUIV)	1		X		
ACYCLOVIR CAP 200MG	ACYCLOVIR CAP 200 MG	2				STI*
ACYCLOVIR OIN 5%	ACYCLOVIR OINT 5%	3		X		STI*
ACYCLOVIR SUS 200/5ML	ACYCLOVIR SUSP 200 MG / 5ML	2				STI*
ACYCLOVIR TAB 400MG	ACYCLOVIR TAB 400 MG	2				STI*
ACYCLOVIR TAB 800MG	ACYCLOVIR TAB 800 MG	2				STI*
ADEFOV DIPIV TAB 10MG	ADEFOVIR DIPIVOXIL TAB 10 MG	1				
APTIVUS CAP 250MG	TIPRANAVIR CAP 250 MG	1		X		
ATAZANAVIR CAP 150MG	ATAZANAVIR SULFATE CAP 150 MG (BASE EQUIV)	1		X		
ATAZANAVIR CAP 200MG	ATAZANAVIR SULFATE CAP 200 MG (BASE EQUIV)	1		X		
ATAZANAVIR CAP 300MG	ATAZANAVIR SULFATE CAP 300 MG (BASE EQUIV)	1		X		
BARACLUDE SOL	ENTECAVIR ORAL SOLN 0.05 MG / ML	1				
BIKTARVY TAB	BICTEGRAVIR-EMTRICITABINE-TENOFOVIR AF TAB 30-120-15 MG	1		X		
BIKTARVY TAB	BICTEGRAVIR-EMTRICITABINE-TENOFOVIR AF TAB 50-200-25 MG	1		X		
COMPLERA TAB	EMTRICITABINE-RILPIVIRINE-TENOFOVIR DF TAB 200-25-300 MG	1		X		
DARUNAVIR TAB 600MG	DARUNAVIR TAB 600 MG	1		X		

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Drug name	Generic name	Tier value	Prior auth	Quantity limit	Step therapy	Notes
DARUNAVIR TAB 800MG	DARUNAVIR TAB 800 MG	1		X		
DOVATO TAB 50-300MG	DOLUTEGRAVIR SODIUM-LAMIVUDINE TAB 50-300 MG (BASE EQ)	1		X		
EDURANT TAB 25MG	RILPIVIRINE HCL TAB 25 MG (BASE EQUIVALENT)	1		X		
EFAVIRENZ CAP 200MG	EFAVIRENZ CAP 200 MG	1		X		
EFAVIRENZ CAP 50MG	EFAVIRENZ CAP 50 MG	1		X		
EFAVIRENZ TAB 600MG	EFAVIRENZ TAB 600 MG	1		X		
EMTR/TEN DF TAB 100-150	EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE TAB 100-150 MG	1		X		
EMTR/TEN DF TAB 133-200	EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE TAB 133-200 MG	1		X		
EMTR/TEN DF TAB 167-250	EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE TAB 167-250 MG	1		X		
EMTR/TENOFOV TAB 200-300	EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE TAB 200-300 MG	1		X		
ENTECAVIR TAB 0.5MG	ENTECAVIR TAB 0.5 MG	1				
ENTECAVIR TAB 1MG	ENTECAVIR TAB 1 MG	1				
EPIVIR HBV SOL 5MG/ML	LAMIVUDINE ORAL SOLN 5 MG / ML (HBV)	1				
ETRAVIRINE TAB 100MG	ETRAVIRINE TAB 100 MG	1		X		
ETRAVIRINE TAB 200MG	ETRAVIRINE TAB 200 MG	1		X		
FAMCICLOVIR TAB 125MG	FAMCICLOVIR TAB 125 MG	2		X		STI*
FAMCICLOVIR TAB 250MG	FAMCICLOVIR TAB 250 MG	2		X		STI*
FAMCICLOVIR TAB 500MG	FAMCICLOVIR TAB 500 MG	2		X		STI*
FOSAMPRENAVI TAB 700MG	FOSAMPRENAVIR CALCIUM TAB 700 MG (BASE EQUIV)	1		X		
FUZEON INJ 90MG	ENFUVIRTIDE FOR INJ 90 MG	1		X		
GENVOYA TAB	ELVITEGRAV-COBIC-EMTRICITAB-TENOFOV AF TAB 150-150-200-10 MG	1		X		
INTELENCE TAB 25MG	ETRAVIRINE TAB 25 MG	1		X		
JULUCA TAB 50-25MG	DOLUTEGRAVIR SODIUM-RILPIVIRINE HCL TAB 50-25 MG (BASE EQ)	1		X		
LAMIVUD/ZIDO TAB 150-300	LAMIVUDINE-ZIDOVUDINE TAB 150-300 MG	1		X		
LAMIVUDINE SOL 10MG/ML	LAMIVUDINE ORAL SOLN 10 MG / ML	1		X		
LAMIVUDINE TAB 100MG	LAMIVUDINE TAB 100 MG (HBV)	1				
LAMIVUDINE TAB 150MG	LAMIVUDINE TAB 150 MG	1		X		
LAMIVUDINE TAB 300MG	LAMIVUDINE TAB 300 MG	1		X		
LEDIP-SOFOSB TAB 90-400MG	LEDIPASVIR-SOFOSBUVIR TAB 90-400 MG	1	X	X		
LEXIVA SUS 50MG/ML	FOSAMPRENAVIR CALCIUM SUSP 50 MG / ML (BASE EQUIV)	1		X		
LOPIN/RITON SOL 80-20/ML	LOPINAVIR-RITONAVIR SOLN 400-100 MG / 5ML (80-20 MG / ML)	1		X		
LOPIN/RITON TAB 100-25MG	LOPINAVIR-RITONAVIR TAB 100-25 MG	1		X		
LOPIN/RITON TAB 200-50MG	LOPINAVIR-RITONAVIR TAB 200-50 MG	1		X		
MARAVIROC TAB 150MG	MARAVIROC TAB 150 MG	1		X		
MARAVIROC TAB 300MG	MARAVIROC TAB 300 MG	1		X		
NEVIRAPINE SUS 50MG/5ML	NEVIRAPINE SUSP 50 MG / 5ML	1		X		

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Drug name	Generic name	Tier value	Prior auth	Quantity limit	Step therapy	Notes
NEVIRAPINE TAB 200MG	NEVIRAPINE TAB 200 MG	1		X		
NORVIR POW 100MG	RITONAVIR POWDER PACKET 100 MG	1		X		
NORVIR SOL 80MG/ML	RITONAVIR ORAL SOLN 80 MG / ML	1		X		
ODEFSEY TAB	EMTRICITABINE-RILPIVIRINE-TENOFOVIR AF TAB 200-25-25 MG	1		X		
OSELTAMIVIR CAP 30MG	OSELTAMIVIR PHOSPHATE CAP 30 MG (BASE EQUIV)	2		X		
OSELTAMIVIR CAP 45MG	OSELTAMIVIR PHOSPHATE CAP 45 MG (BASE EQUIV)	2		X		
OSELTAMIVIR CAP 75MG	OSELTAMIVIR PHOSPHATE CAP 75 MG (BASE EQUIV)	2		X		
OSELTAMIVIR SUS 6MG/ML	OSELTAMIVIR PHOSPHATE FOR SUSP 6 MG / ML (BASE EQUIV)	2		X		
PEGASYS INJ	PEGINTERFERON ALFA-2A SOLN PREFILLED SYR 180 MCG / 0.5ML	1	X	X		
PEGASYS INJ 180MCG/M	PEGINTERFERON ALFA-2A INJ 180 MCG / ML	1	X	X		
PREZISTA SUS 100MG/ML	DARUNAVIR ORAL SUSP 100 MG / ML	1		X		
RELENZA MIS DISKHALE	ZANAMIVIR AEROSOL POWDER BREATH ACTIVATED 5 MG / ACT	5		X		
REYATAZ POW 50MG	ATAZANAVIR SULFATE ORAL POWDER PACKET 50 MG (BASE EQUIV)	1		X		
RIBAVIRIN CAP 200MG	RIBAVIRIN CAP 200 MG	1				
RIBAVIRIN TAB 200MG	RIBAVIRIN TAB 200 MG	1				
RIMANTADINE TAB 100MG	RIMANTADINE HYDROCHLORIDE TAB 100 MG	3				
RITONAVIR TAB 100MG	RITONAVIR TAB 100 MG	1		X		
SELZENTRY SOL 20MG/ML	MARAVIROC ORAL SOLN 20 MG / ML	1		X		
SELZENTRY TAB 25MG	MARAVIROC TAB 25 MG	1		X		
SELZENTRY TAB 75MG	MARAVIROC TAB 75 MG	1		X		
SOFOS/VELPAT TAB 400-100	SOFOSBUVIR-VELPATASVIR TAB 400-100 MG	1	X	X		
STAVUDINE CAP 15MG	STAVUDINE CAP 15 MG	1		X		
STAVUDINE CAP 20MG	STAVUDINE CAP 20 MG	1		X		
STAVUDINE CAP 30MG	STAVUDINE CAP 30 MG	1		X		
STAVUDINE CAP 40MG	STAVUDINE CAP 40 MG	1		X		
STRIBILD TAB	ELVITEGRAV-COBIC-EMTRICITAB-TENOFOVDF TAB 150-150-200-300 MG	1		X		
TENOFOVIR TAB 300MG	TENOFOVIR DISOPROXIL FUMARATE TAB 300 MG	1		X		
TIVICAY TAB 10MG	DOLUTEGRAVIR SODIUM TAB 10 MG (BASE EQUIV)	1				
TIVICAY TAB 25MG	DOLUTEGRAVIR SODIUM TAB 25 MG (BASE EQUIV)	1				
TIVICAY TAB 50MG	DOLUTEGRAVIR SODIUM TAB 50 MG (BASE EQUIV)	1				
TRIUMEQ TAB	ABACAVIR-DOLUTEGRAVIR-LAMIVUDINE TAB 600-50-300 MG	1		X		
VALACYCLOVIR TAB 1GM	VALACYCLOVIR HCL TAB 1 GM	2		X		STI*
VALACYCLOVIR TAB 500MG	VALACYCLOVIR HCL TAB 500 MG	2		X		STI*

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MME Morphine milligram equivalent & 7-day limit if you have not filled an opioid prescription recently

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

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Drug name	Generic name	Tier value	Prior auth	Quantity limit	Step therapy	Notes
VALGANCICLOV SOL 50MG/ML	VALGANCICLOVIR HCL FOR SOLN 50 MG / ML (BASE EQUIV)	3		X		
VALGANCICLOV TAB 450MG	VALGANCICLOVIR HCL TAB 450 MG (BASE EQUIVALENT)	2		X		
VIRACEPT TAB 250MG	NELFINAVIR MESYLATE TAB 250 MG	1		X		
VIRACEPT TAB 625MG	NELFINAVIR MESYLATE TAB 625 MG	1		X		
ZIDOVUDINE CAP 100MG	ZIDOVUDINE CAP 100 MG	1		X		
ZIDOVUDINE SYP 50MG/5ML	ZIDOVUDINE SYRUP 10 MG / ML	1		X		
ZIDOVUDINE TAB 300MG	ZIDOVUDINE TAB 300 MG	1		X		
Anxiolytics						
ALPRAZOLAM CON 1 MG/ML	ALPRAZOLAM CONC 1 MG / ML	1		X		
ALPRAZOLAM TAB 0.25 ODT	ALPRAZOLAM ORALLY DISINTEGRATING TAB 0.25 MG	1		X		
ALPRAZOLAM TAB 0.25MG	ALPRAZOLAM TAB 0.25 MG	1		X		
ALPRAZOLAM TAB 0.5MG	ALPRAZOLAM TAB 0.5 MG	1		X		
ALPRAZOLAM TAB 0.5MG ER	ALPRAZOLAM TAB ER 24HR 0.5 MG	1		X		
ALPRAZOLAM TAB 0.5MG OD	ALPRAZOLAM ORALLY DISINTEGRATING TAB 0.5 MG	1		X		
ALPRAZOLAM TAB 1MG	ALPRAZOLAM TAB 1 MG	1		X		
ALPRAZOLAM TAB 1MG ER	ALPRAZOLAM TAB ER 24HR 1 MG	1		X		
ALPRAZOLAM TAB 1MG ODT	ALPRAZOLAM ORALLY DISINTEGRATING TAB 1 MG	1		X		
ALPRAZOLAM TAB 2MG	ALPRAZOLAM TAB 2 MG	1		X		
ALPRAZOLAM TAB 2MG ER	ALPRAZOLAM TAB ER 24HR 2 MG	1		X		
ALPRAZOLAM TAB 2MG ODT	ALPRAZOLAM ORALLY DISINTEGRATING TAB 2 MG	1		X		
ALPRAZOLAM TAB 3MG ER	ALPRAZOLAM TAB ER 24HR 3 MG	1		X		
BUSPIRONE TAB 10MG	BUSPIRONE HCL TAB 10 MG	1				
BUSPIRONE TAB 15MG	BUSPIRONE HCL TAB 15 MG	1				
BUSPIRONE TAB 30MG	BUSPIRONE HCL TAB 30 MG	1				
BUSPIRONE TAB 5MG	BUSPIRONE HCL TAB 5 MG	1				
BUSPIRONE TAB 7.5MG	BUSPIRONE HCL TAB 7.5 MG	1				
CHLORDIAZEP CAP 10MG	CHLORDIAZEPoxide HCL CAP 10 MG	1				
CHLORDIAZEP CAP 25MG	CHLORDIAZEPoxide HCL CAP 25 MG	1				
CHLORDIAZEP CAP 5MG	CHLORDIAZEPoxide HCL CAP 5 MG	1				
CLONAZEP ODT TAB 0.125MG	CLONAZEPAM ORALLY DISINTEGRATING TAB 0.125 MG	1		X		
CLONAZEP ODT TAB 0.25MG	CLONAZEPAM ORALLY DISINTEGRATING TAB 0.25 MG	1		X		
CLONAZEP ODT TAB 0.5MG	CLONAZEPAM ORALLY DISINTEGRATING TAB 0.5 MG	1		X		
CLONAZEP ODT TAB 1MG	CLONAZEPAM ORALLY DISINTEGRATING TAB 1 MG	1		X		
CLONAZEP ODT TAB 2MG	CLONAZEPAM ORALLY DISINTEGRATING TAB 2 MG	1		X		
CLONAZEPAM TAB 0.5MG	CLONAZEPAM TAB 0.5 MG	1		X		
CLONAZEPAM TAB 1MG	CLONAZEPAM TAB 1 MG	1		X		

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ST Step therapy

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Drug name	Generic name	Tier value	Prior auth	Quantity limit	Step therapy	Notes
CLONAZEPAM TAB 2MG	CLONAZEPAM TAB 2 MG	1		X		
CLORAZ DIPOT TAB 15MG	CLORAZEPATE DIPOTASSIUM TAB 15 MG	1		X		
CLORAZ DIPOT TAB 3.75MG	CLORAZEPATE DIPOTASSIUM TAB 3.75 MG	1		X		
CLORAZ DIPOT TAB 7.5MG	CLORAZEPATE DIPOTASSIUM TAB 7.5 MG	1		X		
DIAZEPAM CON 25MG/5ML	DIAZEPAM CONC 5 MG / ML	1		X		
DIAZEPAM CON 5MG/ML	DIAZEPAM CONC 5 MG / ML	1		X		
DIAZEPAM SOL 5MG/5ML	DIAZEPAM ORAL SOLN 1 MG / ML	1				
DIAZEPAM TAB 10MG	DIAZEPAM TAB 10 MG	1		X		
DIAZEPAM TAB 2MG	DIAZEPAM TAB 2 MG	1		X		
DIAZEPAM TAB 5MG	DIAZEPAM TAB 5 MG	1		X		
ESTAZOLAM TAB 1MG	ESTAZOLAM TAB 1 MG	2		X		BH*
ESTAZOLAM TAB 2MG	ESTAZOLAM TAB 2 MG	2		X		BH*
HYDROXYZ HCL SYP 10MG/5ML	HYDROXYZINE HCL SYRUP 10 MG / 5ML	1				
HYDROXYZ HCL TAB 10MG	HYDROXYZINE HCL TAB 10 MG	1				
HYDROXYZ HCL TAB 25MG	HYDROXYZINE HCL TAB 25 MG	1				
HYDROXYZ HCL TAB 50MG	HYDROXYZINE HCL TAB 50 MG	1				
HYDROXYZ PAM CAP 100MG	HYDROXYZINE PAMOATE CAP 100 MG	1				
HYDROXYZ PAM CAP 25MG	HYDROXYZINE PAMOATE CAP 25 MG	1				
HYDROXYZ PAM CAP 50MG	HYDROXYZINE PAMOATE CAP 50 MG	1				
LORAZEPAM CON 2MG/ML	LORAZEPAM CONC 2 MG / ML	1		X		
LORAZEPAM TAB 0.5MG	LORAZEPAM TAB 0.5 MG	1		X		
LORAZEPAM TAB 1MG	LORAZEPAM TAB 1 MG	1		X		
LORAZEPAM TAB 2MG	LORAZEPAM TAB 2 MG	1		X		
MEPROBAMATE TAB 200MG	MEPROBAMATE TAB 200 MG	1				
MEPROBAMATE TAB 400MG	MEPROBAMATE TAB 400 MG	1				
OXAZEPAM CAP 10MG	OXAZEPAM CAP 10 MG	1				
OXAZEPAM CAP 15MG	OXAZEPAM CAP 15 MG	1				
OXAZEPAM CAP 30MG	OXAZEPAM CAP 30 MG	1				
QUAZEPAM TAB 15MG	QUAZEPAM TAB 15 MG	3				BH*
TRIAZOLAM TAB 0.125MG	TRIAZOLAM TAB 0.125 MG	2		X		BH*
TRIAZOLAM TAB 0.25MG	TRIAZOLAM TAB 0.25 MG	2		X		BH*
Bipolar agents						
EQUETRO CAP 100MG	CARBAMAZEPINE (MOOD) CAP ER 12HR 100 MG	1				
EQUETRO CAP 200MG	CARBAMAZEPINE (MOOD) CAP ER 12HR 200 MG	1				
EQUETRO CAP 300MG	CARBAMAZEPINE (MOOD) CAP ER 12HR 300 MG	1				
LITHIUM SOL 8MEQ/5ML	LITHIUM ORAL SOLUTION 8 MEQ / 5ML	1				
LITHIUM CARB CAP 150MG	LITHIUM CARBONATE CAP 150 MG	1				
LITHIUM CARB CAP 300MG	LITHIUM CARBONATE CAP 300 MG	1				
LITHIUM CARB CAP 600MG	LITHIUM CARBONATE CAP 600 MG	1				
LITHIUM CARB TAB 300MG	LITHIUM CARBONATE TAB 300 MG	1				
LITHIUM CARB TAB 300MG ER	LITHIUM CARBONATE TAB ER 300 MG	1				
LITHIUM CARB TAB 450MG ER	LITHIUM CARBONATE TAB ER 450 MG	1				

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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
Blood glucose monitoring						
ACCU-CHEK KIT GUIDE	Blood Glucose Monitoring Kit w/ Device	3		X		
ACCU-CHEK KIT GUIDE ME	Blood Glucose Monitoring Kit w/ Device	3		X		
ACCU-CHEK KIT SOFTCLIX	Lancets Kit	3		X		
ACCU-CHEK LIQ GUIDE	Blood Glucose Calibration - Liquid	3		X		
ACCU-CHEK LIQ SMART	Blood Glucose Calibration - Liquid	3		X		
ACCU-CHEK SOL	Blood Glucose Calibration - Liquid	3		X		
ACCU-CHEK TES AVIVA PL	Glucose Blood Test Strip	3		X		
ACCU-CHEK TES GUIDE	Glucose Blood Test Strip	3		X		
ACCU-CHEK TES SMART	Glucose Blood Test Strip	3		X		
AUTOPEN MIS 1-21UNIT	INJECTION DEVICE FOR INSULIN	3				
CONTOUR LOW LIQ CONTROL	Blood Glucose Calibration - Liquid - Low	3		X		
CONTOUR NORM LIQ CONTROL	Blood Glucose Calibration - Liquid - Normal	3		X		
LANCET DEVIC MIS ADJUST	Lancet Devices	3				
LANCETS MIS	Lancets	3				
NOVOPEN ECHO MIS	INJECTION DEVICE FOR INSULIN	3				
ONETOUCH KIT ULTRA 2	Blood Glucose Monitoring Kit w/ Device	3		X		
ONETOUCH LIQ ULT CONT	Blood Glucose Calibration - Liquid	3		X		
ONETOUCH TES ULTRA	Glucose Blood Test Strip	3		X		
ONETOUCH TES VERIO	Glucose Blood Test Strip	3		X		
ONETOUCH KIT VERIO FL	Blood Glucose Monitoring Kit W/Device	3		X		
PRODIGY KIT NO CODIN	BLOOD GLUCOSE MONITORING KIT W/ DEVICE	5	X	X		
PRODIGY AUTO KIT MONITOR	BLOOD GLUCOSE MONITORING KIT W/ DEVICE	5	X	X		
PRODIGY AUTO MIS SYSTEM	Blood Glucose Monitoring Devices	5	X	X		
PRODIGY NO TES CODING	GLUCOSE BLOOD TEST STRIP	5	X	X		
PRODIGY PCKT KIT METER	BLOOD GLUCOSE MONITORING KIT W/ DEVICE	5	X	X		
PRODIGY VOIC KIT METER	BLOOD GLUCOSE MONITORING KIT W/ DEVICE	5	X	X		
Blood glucose regulators						
ACARBOSE TAB 100MG	ACARBOSE TAB 100 MG	2		X		
ACARBOSE TAB 25MG	ACARBOSE TAB 25 MG	2		X		
ACARBOSE TAB 50MG	ACARBOSE TAB 50 MG	2		X		
BAQSIMI ONE POW 3MG/DOSE	GLUCAGON NASAL POWDER 3 MG / DOSE	1		X		
BAQSIMI TWO POW 3MG/DOSE	GLUCAGON NASAL POWDER 3 MG / DOSE	1		X		
BASAGLAR INJ 100UNIT	INSULIN GLARGINE SOLN PEN-INJECTOR 100 UNIT / ML	1		X		
BYDUREON BC INJ 2/0.85ML	EXENATIDE EXTENDED RELEASE SUSP AUTO-INJECTOR 2 MG / 0.85ML	3	X	X		
DIAZOXIDE SUS 50MG/ML	DIAZOXIDE SUSP 50 MG / ML	3				
FARXIGA TAB 10MG	DAPAGLIFLOZIN PROPANEDIOL TAB 10 MG (BASE EQUIVALENT)	3		X		
FARXIGA TAB 5MG	DAPAGLIFLOZIN PROPANEDIOL TAB 5 MG (BASE EQUIVALENT)	3		X		
GLIMEPIRIDE TAB 1MG	GLIMEPIRIDE TAB 1 MG	2		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
GLIMEPIRIDE TAB 2MG	GLIMEPIRIDE TAB 2 MG	2		X		
GLIMEPIRIDE TAB 4MG	GLIMEPIRIDE TAB 4 MG	2		X		
GLIP/METFORM TAB 2.5-250	GLIPIZIDE-METFORMIN HCL TAB 2.5-250 MG	3		X		
GLIP/METFORM TAB 2.5-250M	GLIPIZIDE-METFORMIN HCL TAB 2.5-250 MG	3		X		
GLIP/METFORM TAB 2.5-500	GLIPIZIDE-METFORMIN HCL TAB 2.5-500 MG	3		X		
GLIP/METFORM TAB 2.5-500M	GLIPIZIDE-METFORMIN HCL TAB 2.5-500 MG	3		X		
GLIP/METFORM TAB 5-500MG	GLIPIZIDE-METFORMIN HCL TAB 5-500 MG	3		X		
GLIPIZIDE TAB 10MG	GLIPIZIDE TAB 10 MG	2		X		
GLIPIZIDE TAB 2.5MG	GLIPIZIDE TAB 2.5 MG	2		X		
GLIPIZIDE TAB 5MG	GLIPIZIDE TAB 5 MG	2		X		
GLIPIZIDE ER TAB 10MG	GLIPIZIDE TAB ER 24HR 10 MG	2		X		
GLIPIZIDE ER TAB 2.5MG	GLIPIZIDE TAB ER 24HR 2.5 MG	2		X		
GLIPIZIDE ER TAB 5MG	GLIPIZIDE TAB ER 24HR 5 MG	2		X		
GLUCAGON KIT 1MG	GLUCAGON (RDNA) FOR INJ KIT 1 MG	1		X		
GLUCAGON EMR SOL 1MG	GLUCAGON HCL FOR INJ 1 MG	1		X		
GLYB/METFORM TAB 1.25-250	GLYBURIDE-METFORMIN TAB 1.25-250 MG	2		X		
GLYB/METFORM TAB 2.5-500	GLYBURIDE-METFORMIN TAB 2.5-500 MG	2		X		
GLYB/METFORM TAB 5-500MG	GLYBURIDE-METFORMIN TAB 5-500 MG	2		X		
GLYBURID MCR TAB 1.5MG	GLYBURIDE MICRONIZED TAB 1.5 MG	2		X		
GLYBURID MCR TAB 3MG	GLYBURIDE MICRONIZED TAB 3 MG	2		X		
GLYBURID MCR TAB 6MG	GLYBURIDE MICRONIZED TAB 6 MG	2		X		
GLYBURIDE TAB 1.25MG	GLYBURIDE TAB 1.25 MG	2		X		
GLYBURIDE TAB 2.5MG	GLYBURIDE TAB 2.5 MG	2		X		
GLYBURIDE TAB 5MG	GLYBURIDE TAB 5 MG	2		X		
GVOKE HYPO 1INJ .5/.1ML	GLUCAGON SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.5 MG / 0.1ML	1		X		
GVOKE HYPO 1INJ 1MG/.2ML	GLUCAGON SUBCUTANEOUS SOLUTION AUTO-INJECTOR 1 MG / 0.2ML	1		X		
GVOKE KIT SOL 1MG/0.2M	GLUCAGON SUBCUTANEOUS SOLN 1 MG / 0.2ML	1		X		
GVOKE PFS INJ	GLUCAGON SUBCUTANEOUS SOLN PREF SYRINGE 0.5 MG / 0.1ML	1		X		
GVOKE PFS INJ	GLUCAGON SUBCUTANEOUS SOLN PREF SYRINGE 1 MG / 0.2ML	1		X		
HUMALOG INJ 100/ML	INSULIN LISPRO INJ SOLN 100 UNIT / ML	1		X		
HUMALOG INJ 100/ML	INSULIN LISPRO SOLN CARTRIDGE 100 UNIT / ML	1		X		
HUMALOG JR INJ 100/ML	INSULIN LISPRO SOLN PEN-INJECTOR 100 UNIT / ML (0.5 UNIT DIAL)	1		X		
HUMALOG KWIK INJ 100/ML	INSULIN LISPRO SOLN PEN-INJECTOR 100 UNIT / ML (1 UNIT DIAL)	1		X		
HUMALOG KWIK INJ 200/ML	INSULIN LISPRO SOLN PEN-INJECTOR 200 UNIT / ML	1		X		
HUMALOG MIX INJ 50/50	INSULIN LISPRO PROTAMINE & LISPRO INJ 100 UNIT / ML (50-50)	1		X		
HUMALOG MIX INJ 50/50KWP	INSULIN LISPRO PROT & LISPRO SUS PEN-INJ 100 UNIT / ML (50-50)	1		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
HUMALOG MIX INJ 75/25KWP	INSULIN LISPRO PROT & LISPRO SUS PEN-INJ 100 UNIT / ML (75-25)	1		X		
HUMALOG MIX SUS 75/25	INSULIN LISPRO PROT & LISPRO INJ 100 UNIT / ML (75-25)	1		X		
HUMULIN INJ 70/30	INSULIN NPH ISOPHANE & REGULAR HUMAN INJ 100 UNIT / ML (70-30)	1		X		
HUMULIN INJ 70/30KWP	INSULIN NPH & REGULAR SUSP PEN-INJ 100 UNIT / ML (70-30)	1		X		
HUMULIN N INJ U-100	INSULIN NPH (HUMAN) (ISOPHANE) INJ 100 UNIT / ML	1		X		
HUMULIN N INJ U-100KWP	INSULIN NPH (HUMAN) (ISOPHANE) SUSP PEN-INJECTOR 100 UNIT / ML	1		X		
HUMULIN R INJ U-100	INSULIN REGULAR (HUMAN) INJ 100 UNIT / ML	1		X		
HUMULIN R INJ U-500	INSULIN REGULAR (HUMAN) INJ 500 UNIT / ML	1		X		
HUMULIN R INJ U-500	INSULIN REGULAR (HUMAN) SOLN PEN-INJECTOR 500 UNIT / ML	1		X		
INS DEGL FLX INJ 100UNIT	INSULIN DEGLUDEC SOLN PEN-INJECTOR 100 UNIT / ML	1		X		
INS DEGL FLX INJ 200UNIT	INSULIN DEGLUDEC SOLN PEN-INJECTOR 200 UNIT / ML	1		X		
INSULIN ASPA INJ 70/30	INSULIN ASPART PROT & ASPART (HUMAN) INJ 100 UNIT / ML (70-30)	1		X		
INSULIN DEGL INJ 100UNIT	INSULIN DEGLUDEC INJ 100 UNIT / ML	1		X		
INSULIN LISP INJ 100/ML	INSULIN LISPRO INJ SOLN 100 UNIT / ML	1		X		
INSULIN LISP INJ 100/ML	INSULIN LISPRO SOLN PEN-INJECTOR 100 UNIT / ML (1 UNIT DIAL)	1		X		
INSULIN LISP INJ JUNIOR	INSULIN LISPRO SOLN PEN-INJECTOR 100 UNIT / ML (0.5 UNIT DIAL)	1		X		
INSULIN LISP INJ PROTAMIN	INSULIN LISPRO PROT & LISPRO SUS PEN-INJ 100 UNIT / ML (75-25)	1		X		
JARDIANCE TAB 10MG	EMPAGLIFLOZIN TAB 10 MG	3		X		
JARDIANCE TAB 25MG	EMPAGLIFLOZIN TAB 25 MG	3		X		
JENTADUETO TAB 2.5-1000	LINAGLIPTIN-METFORMIN HCL TAB 2.5-1000 MG	3		X		
JENTADUETO TAB 2.5-500	LINAGLIPTIN-METFORMIN HCL TAB 2.5-500 MG	3		X		
JENTADUETO TAB 2.5-850	LINAGLIPTIN-METFORMIN HCL TAB 2.5-850 MG	3		X		
JENTADUETO TAB XR	LINAGLIPTIN-METFORMIN HCL TAB ER 24HR 2.5-1000 MG	3		X		
JENTADUETO TAB XR	LINAGLIPTIN-METFORMIN HCL TAB ER 24HR 5-1000 MG	3		X		
LEVEMIR INJ	INSULIN DETEMIR INJ 100 UNIT / ML	1		X		
LEVEMIR INJ FLEXPEN	INSULIN DETEMIR SOLN PEN-INJECTOR 100 UNIT / ML	1		X		
LEVEMIR INJ FLEXTOUC	INSULIN DETEMIR SOLN PEN-INJECTOR 100 UNIT / ML	1		X		
METFORMIN SOL 500/5ML	METFORMIN HCL ORAL SOLN 500 MG / 5ML	3		X		

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Drug name	Generic name	Tier value	Prior auth	Quantity limit	Step therapy	Notes
METFORMIN TAB 1000MG	METFORMIN HCL TAB 1000 MG	2		X		
METFORMIN TAB 500MG	METFORMIN HCL TAB 500 MG	2		X		
METFORMIN TAB 500MG ER	METFORMIN HCL TAB ER 24HR 500 MG	2		X		
METFORMIN TAB 750MG ER	METFORMIN HCL TAB ER 24HR 750 MG	2		X		
METFORMIN TAB 850MG	METFORMIN HCL TAB 850 MG	2		X		
MIGLITOL TAB 100MG	MIGLITOL TAB 100 MG	3		X		
MIGLITOL TAB 25MG	MIGLITOL TAB 25 MG	3		X		
MIGLITOL TAB 50MG	MIGLITOL TAB 50 MG	3		X		
MOUNJARO INJ 10MG/0.5	TIRZEPATIDE SOLN PEN-INJECTOR 10 MG / 0.5ML	3	X	X		
MOUNJARO INJ 12.5/0.5	TIRZEPATIDE SOLN PEN-INJECTOR 12.5 MG / 0.5ML	3	X	X		
MOUNJARO INJ 15MG/0.5	TIRZEPATIDE SOLN PEN-INJECTOR 15 MG / 0.5ML	3	X	X		
MOUNJARO INJ 2.5/0.5	TIRZEPATIDE SOLN PEN-INJECTOR 2.5 MG / 0.5ML	3	X	X		
MOUNJARO INJ 5MG/0.5	TIRZEPATIDE SOLN PEN-INJECTOR 5 MG / 0.5ML	3	X	X		
MOUNJARO INJ 7.5/0.5	TIRZEPATIDE SOLN PEN-INJECTOR 7.5 MG / 0.5ML	3	X	X		
NATEGLINIDE TAB 120MG	NATEGLINIDE TAB 120 MG	3		X		
NATEGLINIDE TAB 60MG	NATEGLINIDE TAB 60 MG	3		X		
OZEMPIC INJ 2/1.5ML	SEMAGLUTIDE SOLN PEN-INJ 0.25 OR 0.5 MG / DOSE (2 MG / 1.5ML)	3	X	X		
OZEMPIC INJ 2MG/3ML	SEMAGLUTIDE SOLN PEN-INJ 0.25 OR 0.5 MG / DOSE (2 MG / 3ML)	3	X	X		
OZEMPIC INJ 4MG/3ML	SEMAGLUTIDE SOLN PEN-INJ 1 MG / DOSE (4 MG / 3ML)	3	X	X		
OZEMPIC INJ 8MG/3ML	SEMAGLUTIDE SOLN PEN-INJ 2 MG / DOSE (8 MG / 3ML)	3	X	X		
PIOGLITA/MET TAB 15-500MG	PIOGLITAZONE HCL-METFORMIN HCL TAB 15-500 MG	3		X		
PIOGLITA/MET TAB 15-850MG	PIOGLITAZONE HCL-METFORMIN HCL TAB 15-850 MG	3		X		
PIOGLITAZONE TAB 15MG	PIOGLITAZONE HCL TAB 15 MG (BASE EQUIV)	2		X		
PIOGLITAZONE TAB 30MG	PIOGLITAZONE HCL TAB 30 MG (BASE EQUIV)	2		X		
PIOGLITAZONE TAB 45MG	PIOGLITAZONE HCL TAB 45 MG (BASE EQUIV)	2		X		
REPAGLINIDE TAB 0.5MG	REPAGLINIDE TAB 0.5 MG	2		X		
REPAGLINIDE TAB 1MG	REPAGLINIDE TAB 1 MG	2		X		
REPAGLINIDE TAB 2MG	REPAGLINIDE TAB 2 MG	2		X		
REZVOGLAR INJ 100UT/ML	INSULIN GLARGINE-AGLR SOLN PEN-INJECTOR 100 UNIT / ML	1		X		
RYBELSUS TAB 14MG	SEMAGLUTIDE TAB 14 MG	3	X	X		
RYBELSUS TAB 3MG	SEMAGLUTIDE TAB 3 MG	3	X	X		
RYBELSUS TAB 7MG	SEMAGLUTIDE TAB 7 MG	3	X	X		
SAXAGLIPTIN TAB 2.5MG	SAXAGLIPTIN HCL TAB 2.5 MG (BASE EQUIV)	3		X		
SAXAGLIPTIN TAB 5MG	SAXAGLIPTIN HCL TAB 5 MG (BASE EQUIV)	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
SOLIQUA INJ 100/33	INSULIN GLARGINE-LIXISENATIDE SOL PEN-INJ 100-33 UNIT-MCG / ML	3		X		
SYNJARDY TAB	EMPAGLIFLOZIN-METFORMIN HCL TAB 12.5-1000 MG	3		X		
SYNJARDY TAB 12.5-500	EMPAGLIFLOZIN-METFORMIN HCL TAB 12.5-500 MG	3		X		
SYNJARDY TAB 5-1000MG	EMPAGLIFLOZIN-METFORMIN HCL TAB 5-1000 MG	3		X		
SYNJARDY TAB 5-500MG	EMPAGLIFLOZIN-METFORMIN HCL TAB 5-500 MG	3		X		
SYNJARDY XR TAB	EMPAGLIFLOZIN-METFORMIN HCL TAB ER 24HR 12.5-1000 MG	3		X		
SYNJARDY XR TAB 10-1000	EMPAGLIFLOZIN-METFORMIN HCL TAB ER 24HR 10-1000 MG	3		X		
SYNJARDY XR TAB 25-1000	EMPAGLIFLOZIN-METFORMIN HCL TAB ER 24HR 25-1000 MG	3		X		
SYNJARDY XR TAB 5-1000MG	EMPAGLIFLOZIN-METFORMIN HCL TAB ER 24HR 5-1000 MG	3		X		
TRADJENTA TAB 5MG	LINAGLIPTIN TAB 5 MG	3		X		
TRESIBA INJ 100UNIT	INSULIN DEGLUDEC INJ 100 UNIT / ML	1		X		
TRESIBA FLEX INJ 100UNIT	INSULIN DEGLUDEC SOLN PEN-INJECTOR 100 UNIT / ML	1		X		
TRESIBA FLEX INJ 200UNIT	INSULIN DEGLUDEC SOLN PEN-INJECTOR 200 UNIT / ML	1		X		
TRULICITY INJ 0.75/0.5	DULAGLUTIDE SOLN PEN-INJECTOR 0.75 MG / 0.5ML	3	X	X		
TRULICITY INJ 1.5/0.5	DULAGLUTIDE SOLN PEN-INJECTOR 1.5 MG / 0.5ML	3	X	X		
TRULICITY INJ 3/0.5	DULAGLUTIDE SOLN PEN-INJECTOR 3 MG / 0.5ML	3	X	X		
TRULICITY INJ 4.5/0.5	DULAGLUTIDE SOLN PEN-INJECTOR 4.5 MG / 0.5ML	3	X	X		
XIGDUO XR TAB 10-1000	DAPAGLIFLOZIN PROP-METFORMIN HCL TAB ER 24HR 10-1000 MG	3		X		
XIGDUO XR TAB 10-500MG	DAPAGLIFLOZIN PROP-METFORMIN HCL TAB ER 24HR 10-500 MG	3		X		
XIGDUO XR TAB 2.5-1000	DAPAGLIFLOZIN PROP-METFORMIN HCL TAB ER 24HR 2.5-1000 MG	3		X		
XIGDUO XR TAB 5-1000MG	DAPAGLIFLOZIN PROP-METFORMIN HCL TAB ER 24HR 5-1000 MG	3		X		
XIGDUO XR TAB 5-500MG	DAPAGLIFLOZIN PROP-METFORMIN HCL TAB ER 24HR 5-500 MG	3		X		
ZEGALOGUE INJ 0.6/0.6	DASIGLUCAGON HCL SUBCUTANEOUS SOLN AUTO-INJ 0.6 MG / 0.6ML	1		X		
ZEGALOGUE INJ 0.6/0.6	DASIGLUCAGON HCL SUBCUTANEOUS SOLN PREF SYRINGE 0.6 MG / 0.6ML	1		X		
Blood products/modifiers/volume expanders						
AMINOCAPR AC TAB 1000MG	AMINOCAPROIC ACID TAB 1000 MG	3				
AMINOCAPR AC TAB 500MG	AMINOCAPROIC ACID TAB 500 MG	3				

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Drug name	Generic name	Tier value	Prior auth	Quantity limit	Step therapy	Notes
AMINOCAPROIC SOL 0.25/ML	AMINOCAPROIC ACID ORAL SOLN 0.25 GM / ML	3				
ANAGRELIDE CAP 0.5MG	ANAGRELIDE HCL CAP 0.5 MG	3				
ANAGRELIDE CAP 1MG	ANAGRELIDE HCL CAP 1 MG	3				
ARANESP INJ 100MCG	DARBEPOETIN ALFA SOLN INJ 100 MCG / ML	4		X		SP
ARANESP INJ 100MCG	DARBEPOETIN ALFA SOLN PREFILLED SYRINGE 100 MCG / 0.5ML	4		X		SP
ARANESP INJ 10MCG	DARBEPOETIN ALFA SOLN PREFILLED SYRINGE 10 MCG / 0.4ML	4		X		SP
ARANESP INJ 150MCG	DARBEPOETIN ALFA SOLN PREFILLED SYRINGE 150 MCG / 0.3ML	4		X		SP
ARANESP INJ 200MCG	DARBEPOETIN ALFA SOLN INJ 200 MCG / ML	4		X		SP
ARANESP INJ 200MCG	DARBEPOETIN ALFA SOLN PREFILLED SYRINGE 200 MCG / 0.4ML	4		X		SP
ARANESP INJ 25MCG	DARBEPOETIN ALFA SOLN INJ 25 MCG / ML	4		X		SP
ARANESP INJ 25MCG	DARBEPOETIN ALFA SOLN PREFILLED SYRINGE 25 MCG / 0.42ML	4		X		SP
ARANESP INJ 300MCG	DARBEPOETIN ALFA SOLN PREFILLED SYRINGE 300 MCG / 0.6ML	4		X		SP
ARANESP INJ 40MCG	DARBEPOETIN ALFA SOLN INJ 40 MCG / ML	4		X		SP
ARANESP INJ 40MCG	DARBEPOETIN ALFA SOLN PREFILLED SYRINGE 40 MCG / 0.4ML	4		X		SP
ARANESP INJ 500MCG	DARBEPOETIN ALFA SOLN PREFILLED SYRINGE 500 MCG / ML	4		X		SP
ARANESP INJ 60MCG	DARBEPOETIN ALFA SOLN INJ 60 MCG / ML	4		X		SP
ARANESP INJ 60MCG	DARBEPOETIN ALFA SOLN PREFILLED SYRINGE 60 MCG / 0.3ML	4		X		SP
ASA/DIPYRIDIDA CAP 25-200MG	ASPIRIN-DIPYRIDAMOLE CAP ER 12HR 25-200 MG	3		X		
ASA/OMEPRAZO TAB 81-40MG	ASPIRIN-OMEPRAZOLE TAB DELAYED RELEASE 81-40 MG	3		X		
BRILINTA TAB 60MG	TICAGRELOR TAB 60 MG	5		X		
BRILINTA TAB 90MG	TICAGRELOR TAB 90 MG	5		X		
CILOSTAZOL TAB 100MG	CILOSTAZOL TAB 100 MG	2				
CILOSTAZOL TAB 50MG	CILOSTAZOL TAB 50 MG	2				
CLOPIDOGREL TAB 300MG	CLOPIDOGREL BISULFATE TAB 300 MG (BASE EQUIV)	2		X		
CLOPIDOGREL TAB 75MG	CLOPIDOGREL BISULFATE TAB 75 MG (BASE EQUIV)	2		X		
DIPYRIDAMOLE TAB 25MG	DIPYRIDAMOLE TAB 25 MG	2				
DIPYRIDAMOLE TAB 50MG	DIPYRIDAMOLE TAB 50 MG	2				
DIPYRIDAMOLE TAB 75MG	DIPYRIDAMOLE TAB 75 MG	2				
ELIQUIS TAB 2.5MG	APIXABAN TAB 2.5 MG	3		X		
ELIQUIS TAB 5MG	APIXABAN TAB 5 MG	3		X		
ELIQUIS ST P TAB 5MG	APIXABAN TAB STARTER PACK 5 MG	3		X		
ENOXAPARIN INJ 100MG/ML	ENOXAPARIN SODIUM INJ SOLN PREF SYR 100 MG / ML	3		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
ENOXAPARIN INJ 120/0.8	ENOXAPARIN SODIUM INJ SOLN PREF SYR 120 MG / 0.8ML	3		X		
ENOXAPARIN INJ 150MG/ML	ENOXAPARIN SODIUM INJ SOLN PREF SYR 150 MG / ML	3		X		
ENOXAPARIN INJ 30/0.3ML	ENOXAPARIN SODIUM INJ SOLN PREF SYR 30 MG / 0.3ML	3		X		
ENOXAPARIN INJ 300/3ML	ENOXAPARIN SODIUM INJ 300 MG / 3ML	3		X		
ENOXAPARIN INJ 40/0.4ML	ENOXAPARIN SODIUM INJ SOLN PREF SYR 40 MG / 0.4ML	3		X		
ENOXAPARIN INJ 60/0.6ML	ENOXAPARIN SODIUM INJ SOLN PREF SYR 60 MG / 0.6ML	3		X		
ENOXAPARIN INJ 80/0.8ML	ENOXAPARIN SODIUM INJ SOLN PREF SYR 80 MG / 0.8ML	3		X		
ENOXAPARIN INJ 80MG/0.8	ENOXAPARIN SODIUM INJ SOLN PREF SYR 80 MG / 0.8ML	3		X		
FONDAPARINUX INJ 10/0.8ML	FONDAPARINUX SODIUM SUBCUTANEOUS INJ 10 MG / 0.8ML	3		X		
FONDAPARINUX INJ 2.5/0.5	FONDAPARINUX SODIUM SUBCUTANEOUS INJ 2.5 MG / 0.5ML	3		X		
FONDAPARINUX INJ 5/0.4ML	FONDAPARINUX SODIUM SUBCUTANEOUS INJ 5 MG / 0.4ML	3		X		
FONDAPARINUX INJ 7.5/0.6	FONDAPARINUX SODIUM SUBCUTANEOUS INJ 7.5 MG / 0.6ML	3		X		
HEPARIN SOD INJ 1000/ML	HEPARIN SODIUM (PORCINE) INJ 1000 UNIT / ML	2				
HEPARIN SOD INJ 10000/ML	HEPARIN SODIUM (PORCINE) INJ 10000 UNIT / ML	2				
HEPARIN SOD INJ 20000/ML	HEPARIN SODIUM (PORCINE) INJ 20000 UNIT / ML	2				
HEPARIN SOD INJ 5000/0.5	HEPARIN SODIUM (PORCINE) INJ SOLN PREF SYR 5000 UNIT / 0.5ML	2				
HEPARIN SOD INJ 5000/0.5	HEPARIN SODIUM (PORCINE) PF INJ 5000 UNIT / 0.5ML	2				
HEPARIN SOD INJ 5000/ML	HEPARIN SODIUM (PORCINE) INJ 5000 UNIT / ML	2				
HEPARIN SOD INJ 5000/ML	HEPARIN SODIUM (PORCINE) PF INJ 5000 UNIT / ML	2				
JANTOVEN TAB 10MG	WARFARIN SODIUM TAB 10 MG	2				
JANTOVEN TAB 1MG	WARFARIN SODIUM TAB 1 MG	2				
JANTOVEN TAB 2.5MG	WARFARIN SODIUM TAB 2.5 MG	2				
JANTOVEN TAB 2MG	WARFARIN SODIUM TAB 2 MG	2				
JANTOVEN TAB 3MG	WARFARIN SODIUM TAB 3 MG	2				
JANTOVEN TAB 4MG	WARFARIN SODIUM TAB 4 MG	2				
JANTOVEN TAB 5MG	WARFARIN SODIUM TAB 5 MG	2				
JANTOVEN TAB 6MG	WARFARIN SODIUM TAB 6 MG	2				
JANTOVEN TAB 7.5MG	WARFARIN SODIUM TAB 7.5 MG	2				
NEULASTA INJ 6MG/0.6M	PEGFILGRASTIM SOLN PREFILLED SYRINGE 6 MG / 0.6ML	4				SP

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ST Step therapy

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Drug name	Generic name	Tier value	Prior auth	Quantity limit	Step therapy	Notes
NEULASTA KIT 6MG/0.6M	PEGFILGRASTIM SOLN PREFILLED SYRINGE KIT 6 MG / 0.6ML	4				SP
PLERIXAFOR INJ 24/1.2ML	PLERIXAFOR SUBCUTANEOUS INJ 24 MG / 1.2ML (20 MG / ML)	6				SP
PRASUGREL TAB 10MG	PRASUGREL HCL TAB 10 MG (BASE EQUIV)	2		X		
PRASUGREL TAB 5MG	PRASUGREL HCL TAB 5 MG (BASE EQUIV)	2		X		
PROMACTA PAK 25MG	ELTROMBOPAG OLAMINE POWDER PACK FOR SUSP 25 MG (BASE EQUIV)	6	X	X		SP
PROMACTA POW 12.5MG	ELTROMBOPAG OLAMINE POWDER PACK FOR SUSP 12.5 MG (BASE EQ)	6	X	X		SP
PROMACTA TAB 12.5MG	ELTROMBOPAG OLAMINE TAB 12.5 MG (BASE EQUIV)	6	X	X		SP
PROMACTA TAB 25MG	ELTROMBOPAG OLAMINE TAB 25 MG (BASE EQUIV)	6	X	X		SP
PROMACTA TAB 50MG	ELTROMBOPAG OLAMINE TAB 50 MG (BASE EQUIV)	6	X	X		SP
PROMACTA TAB 75MG	ELTROMBOPAG OLAMINE TAB 75 MG (BASE EQUIV)	6	X	X		SP
RECOTHROM SOL 20000UNT	THROMBIN (RECOMBINANT) FOR SOLN 20000 UNIT	5				
RECOTHROM SOL 5000UNIT	THROMBIN (RECOMBINANT) FOR SOLN 5000 UNIT	5				
RETACRIT INJ 10000UNT	EPOETIN ALFA-EPBX INJ 10000 UNIT / ML	4		X		SP
RETACRIT INJ 20000UNI	EPOETIN ALFA-EPBX INJ 20000 UNIT / ML	4		X		SP
RETACRIT INJ 2000UNIT	EPOETIN ALFA-EPBX INJ 2000 UNIT / ML	4		X		SP
RETACRIT INJ 3000UNIT	EPOETIN ALFA-EPBX INJ 3000 UNIT / ML	4		X		SP
RETACRIT INJ 40000UNT	EPOETIN ALFA-EPBX INJ 40000 UNIT / ML	4		X		SP
RETACRIT INJ 4000UNIT	EPOETIN ALFA-EPBX INJ 4000 UNIT / ML	4		X		SP
THROMBIN KIT 5000UNIT	THROMBIN FOR SOLN KIT 5000 UNIT	5				
THROMBIN-JMI KIT 20000UNT	THROMBIN FOR SOLN KIT 20000 UNIT	5				
THROMBIN-JMI KIT 5000UNIT	THROMBIN FOR SOLN KIT 5000 UNIT	5				
THROMBIN-JMI SOL 20000UNT	THROMBIN FOR SOLN 20000 UNIT	5				
THROMBIN-JMI SOL 5000UNIT	THROMBIN FOR SOLN 5000 UNIT	5				
TRANEX ACID TAB 650MG	TRANEXAMIC ACID TAB 650 MG	3		X		
WARFARIN TAB 10MG	WARFARIN SODIUM TAB 10 MG	2				
WARFARIN TAB 1MG	WARFARIN SODIUM TAB 1 MG	2				
WARFARIN TAB 2.5MG	WARFARIN SODIUM TAB 2.5 MG	2				
WARFARIN TAB 2MG	WARFARIN SODIUM TAB 2 MG	2				
WARFARIN TAB 3MG	WARFARIN SODIUM TAB 3 MG	2				
WARFARIN TAB 4MG	WARFARIN SODIUM TAB 4 MG	2				
WARFARIN TAB 5MG	WARFARIN SODIUM TAB 5 MG	2				
WARFARIN TAB 6MG	WARFARIN SODIUM TAB 6 MG	2				
WARFARIN TAB 7.5MG	WARFARIN SODIUM TAB 7.5 MG	2				
XARELTO SUS 1MG/ML	RIVAROXABAN FOR SUSP 1 MG / ML	3		X		
XARELTO TAB 10MG	RIVAROXABAN TAB 10 MG	3		X		
XARELTO TAB 15MG	RIVAROXABAN TAB 15 MG	3		X		
XARELTO TAB 2.5MG	RIVAROXABAN TAB 2.5 MG	3		X		

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ST Step therapy

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Drug name	Generic name	Tier value	Prior auth	Quantity limit	Step therapy	Notes
XARELTO TAB 20MG	RIVAROXABAN TAB 20 MG	3		X		
XARELTO STAR TAB 15/20MG	RIVAROXABAN TAB STARTER THERAPY PACK 15 MG & 20 MG	3		X		
YOSPRALA TAB 325-40MG	ASPIRIN-OMEPRAZOLE TAB DELAYED RELEASE 325-40 MG	3		X		
YOSPRALA TAB 81-40MG	ASPIRIN-OMEPRAZOLE TAB DELAYED RELEASE 81-40 MG	3		X		
ZARXIO INJ 300/0.5	FILGRASTIM-SNDZ SOLN PREFILLED SYRINGE 300 MCG / 0.5ML	4				SP
ZARXIO INJ 480/0.8	FILGRASTIM-SNDZ SOLN PREFILLED SYRINGE 480 MCG / 0.8ML	4				SP
Cardiovascular agents						
ACEBUTOLOL CAP 200MG	ACEBUTOLOL HCL CAP 200 MG	2				
ACEBUTOLOL CAP 400MG	ACEBUTOLOL HCL CAP 400 MG	2				
ACETAZOLAMID CAP 500MG ER	ACETAZOLAMIDE CAP ER 12HR 500 MG	3				
ACETAZOLAMID TAB 125MG	ACETAZOLAMIDE TAB 125 MG	3				
ACETAZOLAMID TAB 250MG	ACETAZOLAMIDE TAB 250 MG	3				
AMILOR/HCTZ TAB 5-50	AMILORIDE & HYDROCHLOROTHIAZIDE TAB 5-50 MG	2				
AMILORIDE TAB 5MG	AMILORIDE HCL TAB 5 MG	2				
AMIODARONE TAB 100MG	AMIODARONE HCL TAB 100 MG	2				
AMIODARONE TAB 200MG	AMIODARONE HCL TAB 200 MG	2				
AMIODARONE TAB 400MG	AMIODARONE HCL TAB 400 MG	2				
AMLOD/BENAZP CAP 10-20MG	AMLODIPINE BESYLATE-BENAZEPRIL HCL CAP 10-20 MG	2		X		
AMLOD/BENAZP CAP 10-40MG	AMLODIPINE BESYLATE-BENAZEPRIL HCL CAP 10-40 MG	2		X		
AMLOD/BENAZP CAP 2.5-10MG	AMLODIPINE BESYLATE-BENAZEPRIL HCL CAP 2.5-10 MG	2		X		
AMLOD/BENAZP CAP 5-10MG	AMLODIPINE BESYLATE-BENAZEPRIL HCL CAP 5-10 MG	2		X		
AMLOD/BENAZP CAP 5-20MG	AMLODIPINE BESYLATE-BENAZEPRIL HCL CAP 5-20 MG	2		X		
AMLOD/BENAZP CAP 5-40MG	AMLODIPINE BESYLATE-BENAZEPRIL HCL CAP 5-40 MG	2		X		
AMLOD/VALSAR TAB 10-160MG	AMLODIPINE BESYLATE-VALSARTAN TAB 10-160 MG	3		X		
AMLOD/VALSAR TAB 10-320MG	AMLODIPINE BESYLATE-VALSARTAN TAB 10-320 MG	3		X		
AMLOD/VALSAR TAB 5-160MG	AMLODIPINE BESYLATE-VALSARTAN TAB 5-160 MG	3		X		
AMLOD/VALSAR TAB 5-320MG	AMLODIPINE BESYLATE-VALSARTAN TAB 5-320 MG	3		X		
AMLODIPINE TAB 10MG	AMLODIPINE BESYLATE TAB 10 MG (BASE EQUIVALENT)	2				
AMLODIPINE TAB 2.5MG	AMLODIPINE BESYLATE TAB 2.5 MG (BASE EQUIVALENT)	2				
AMLODIPINE TAB 5MG	AMLODIPINE BESYLATE TAB 5 MG (BASE EQUIVALENT)	2				

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Drug name	Generic name	Tier value	Prior auth	Quantity limit	Step therapy	Notes
ATENOL/CHLOR TAB 100-25MG	ATENOLOL & CHLORTHALIDONE TAB 100-25 MG	2				
ATENOL/CHLOR TAB 50-25MG	ATENOLOL & CHLORTHALIDONE TAB 50-25 MG	2				
ATENOLOL TAB 100MG	ATENOLOL TAB 100 MG	2				
ATENOLOL TAB 25MG	ATENOLOL TAB 25 MG	2				
ATENOLOL TAB 50MG	ATENOLOL TAB 50 MG	2				
ATORVASTATIN TAB 10MG	ATORVASTATIN CALCIUM TAB 10 MG (BASE EQUIVALENT)	2		X		PRV-A
ATORVASTATIN TAB 20MG	ATORVASTATIN CALCIUM TAB 20 MG (BASE EQUIVALENT)	2		X		PRV-A
ATORVASTATIN TAB 40MG	ATORVASTATIN CALCIUM TAB 40 MG (BASE EQUIVALENT)	2		X		
ATORVASTATIN TAB 80MG	ATORVASTATIN CALCIUM TAB 80 MG (BASE EQUIVALENT)	2		X		
BENAZEP/HCTZ TAB 10-12.5	BENAZEPRIL & HYDROCHLOROTHIAZIDE TAB 10-12.5 MG	3		X		
BENAZEP/HCTZ TAB 20-12.5	BENAZEPRIL & HYDROCHLOROTHIAZIDE TAB 20-12.5 MG	3		X		
BENAZEP/HCTZ TAB 20-25MG	BENAZEPRIL & HYDROCHLOROTHIAZIDE TAB 20-25 MG	3		X		
BENAZEP/HCTZ TAB 5-6.25MG	BENAZEPRIL & HYDROCHLOROTHIAZIDE TAB 5-6.25 MG	3		X		
BENAZEPRIL TAB 10MG	BENAZEPRIL HCL TAB 10 MG	2		X		
BENAZEPRIL TAB 20MG	BENAZEPRIL HCL TAB 20 MG	2		X		
BENAZEPRIL TAB 40MG	BENAZEPRIL HCL TAB 40 MG	2		X		
BENAZEPRIL TAB 5MG	BENAZEPRIL HCL TAB 5 MG	2		X		
BETAXOLOL TAB 10MG	BETAXOLOL HCL TAB 10 MG	2				
BETAXOLOL TAB 20MG	BETAXOLOL HCL TAB 20 MG	2				
BISOPRL/HCTZ TAB 10/6.25	BISOPROLOL & HYDROCHLOROTHIAZIDE TAB 10-6.25 MG	2		X		
BISOPRL/HCTZ TAB 2.5/6.25	BISOPROLOL & HYDROCHLOROTHIAZIDE TAB 2.5-6.25 MG	2		X		
BISOPRL/HCTZ TAB 5-6.25MG	BISOPROLOL & HYDROCHLOROTHIAZIDE TAB 5-6.25 MG	2		X		
BISOPROL FUM TAB 10MG	BISOPROLOL FUMARATE TAB 10 MG	2				
BISOPROL FUM TAB 5MG	BISOPROLOL FUMARATE TAB 5 MG	2				
BUMETANIDE TAB 0.5MG	BUMETANIDE TAB 0.5 MG	2				
BUMETANIDE TAB 1MG	BUMETANIDE TAB 1 MG	2				
BUMETANIDE TAB 2MG	BUMETANIDE TAB 2 MG	2				
CANDESA/HCTZ TAB 16-12.5	CANDESARTAN CILEXETIL-HYDROCHLOROTHIAZIDE TAB 16-12.5 MG	3		X		
CANDESA/HCTZ TAB 32-12.5	CANDESARTAN CILEXETIL-HYDROCHLOROTHIAZIDE TAB 32-12.5 MG	3		X		
CANDESA/HCTZ TAB 32-25MG	CANDESARTAN CILEXETIL-HYDROCHLOROTHIAZIDE TAB 32-25 MG	3		X		
CANDESARTAN TAB 16MG	CANDESARTAN CILEXETIL TAB 16 MG	3		X		
CANDESARTAN TAB 32MG	CANDESARTAN CILEXETIL TAB 32 MG	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
CANDESARTAN TAB 4MG	CANDESARTAN CILEXETIL TAB 4 MG	3		X		
CANDESARTAN TAB 8MG	CANDESARTAN CILEXETIL TAB 8 MG	3		X		
CAPTOPR/HCTZ TAB 25-15MG	CAPTOPRIL & HYDROCHLOROTHIAZIDE TAB 25-15 MG	3		X		
CAPTOPR/HCTZ TAB 25-25MG	CAPTOPRIL & HYDROCHLOROTHIAZIDE TAB 25-25 MG	3		X		
CAPTOPR/HCTZ TAB 50-15MG	CAPTOPRIL & HYDROCHLOROTHIAZIDE TAB 50-15 MG	3		X		
CAPTOPR/HCTZ TAB 50-25MG	CAPTOPRIL & HYDROCHLOROTHIAZIDE TAB 50-25 MG	3		X		
CAPTOPRIL TAB 100MG	CAPTOPRIL TAB 100 MG	2		X		
CAPTOPRIL TAB 12.5MG	CAPTOPRIL TAB 12.5 MG	2		X		
CAPTOPRIL TAB 25MG	CAPTOPRIL TAB 25 MG	2		X		
CAPTOPRIL TAB 50MG	CAPTOPRIL TAB 50 MG	2		X		
CARTIA XT CAP 120/24HR	DILTIAZEM HCL COATED BEADS CAP ER 24HR 120 MG	2				
CARTIA XT CAP 180/24HR	DILTIAZEM HCL COATED BEADS CAP ER 24HR 180 MG	2				
CARTIA XT CAP 240/24HR	DILTIAZEM HCL COATED BEADS CAP ER 24HR 240 MG	2				
CARTIA XT CAP 300/24HR	DILTIAZEM HCL COATED BEADS CAP ER 24HR 300 MG	2				
CARVEDILOL TAB 12.5MG	CARVEDILOL TAB 12.5 MG	2				
CARVEDILOL TAB 25MG	CARVEDILOL TAB 25 MG	2				
CARVEDILOL TAB 3.125MG	CARVEDILOL TAB 3.125 MG	2				
CARVEDILOL TAB 6.25MG	CARVEDILOL TAB 6.25 MG	2				
CHLORTHALID TAB 25MG	CHLORTHALIDONE TAB 25 MG	2				
CHLORTHALID TAB 50MG	CHLORTHALIDONE TAB 50 MG	2				
CHOLESTYRAM POW 4GM	CHOLESTYRAMINE POWDER 4 GM / DOSE	3				
CHOLESTYRAM POW 4GM	CHOLESTYRAMINE POWDER PACKETS 4 GM	3				
CHOLESTYRAM POW 4GM LITE	CHOLESTYRAMINE LIGHT POWDER 4 GM / DOSE	3				
CHOLESTYRAM POW 4GM LITE	CHOLESTYRAMINE LIGHT POWDER PACKETS 4 GM	3				
CLONIDINE DIS 0.1/24HR	CLONIDINE TD PATCH WEEKLY 0.1 MG / 24HR	3				BH*
CLONIDINE DIS 0.2/24HR	CLONIDINE TD PATCH WEEKLY 0.2 MG / 24HR	3				BH*
CLONIDINE DIS 0.3/24HR	CLONIDINE TD PATCH WEEKLY 0.3 MG / 24HR	3				BH*
CLONIDINE TAB 0.1MG	CLONIDINE HCL TAB 0.1 MG	2				BH*
CLONIDINE TAB 0.2MG	CLONIDINE HCL TAB 0.2 MG	2				BH*
CLONIDINE TAB 0.3MG	CLONIDINE HCL TAB 0.3 MG	2				BH*
COLESEVELAM PAK 3.75GM	COLESEVELAM HCL PACKET FOR SUSP 3.75 GM	3				
COLESEVELAM TAB 625MG	COLESEVELAM HCL TAB 625 MG	3				
COLESTIPOL GRA 5GM	COLESTIPOL HCL GRANULE PACKETS 5 GM	3				
COLESTIPOL GRA 5GM	COLESTIPOL HCL GRANULES 5 GM	3				
COLESTIPOL TAB 1GM	COLESTIPOL HCL TAB 1 GM	2				
CORLANOR SOL 5MG/5ML	IVABRADINE HCL ORAL SOLN 5 MG / 5ML (BASE EQUIV)	5	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
CORLANOR TAB 5MG	IVABRADINE HCL TAB 5 MG (BASE EQUIV)	5	X	X		
CORLANOR TAB 7.5MG	IVABRADINE HCL TAB 7.5 MG (BASE EQUIV)	5	X	X		
DIGITEK TAB 0.125MG	DIGOXIN TAB 125 MCG (0.125 MG)	2				
DIGITEK TAB 0.25MG	DIGOXIN TAB 250 MCG (0.25 MG)	2				
DIGOX TAB 0.125MG	DIGOXIN TAB 125 MCG (0.125 MG)	2				
DIGOX TAB 0.25MG	DIGOXIN TAB 250 MCG (0.25 MG)	2				
DIGOXIN SOL 50MCG/ML	DIGOXIN ORAL SOLN 0.05 MG / ML	3				
DIGOXIN TAB 0.0625MG	DIGOXIN TAB 62.5 MCG (0.0625 MG)	3				
DIGOXIN TAB 0.125MG	DIGOXIN TAB 125 MCG (0.125 MG)	2				
DIGOXIN TAB 0.25MG	DIGOXIN TAB 250 MCG (0.25 MG)	2				
DILTIAZEM CAP 120MG ER	DILTIAZEM HCL CAP ER 12HR 120 MG	3				
DILTIAZEM CAP 120MG ER	DILTIAZEM HCL CAP ER 24HR 120 MG	2				
DILTIAZEM CAP 120MG ER	DILTIAZEM HCL COATED BEADS CAP ER 24HR 120 MG	2				
DILTIAZEM CAP 120MG ER	DILTIAZEM HCL EXTENDED RELEASE BEADS CAP ER 24HR 120 MG	2				
DILTIAZEM CAP 180MG ER	DILTIAZEM HCL CAP ER 24HR 180 MG	2				
DILTIAZEM CAP 180MG ER	DILTIAZEM HCL COATED BEADS CAP ER 24HR 180 MG	2				
DILTIAZEM CAP 180MG/24	DILTIAZEM HCL EXTENDED RELEASE BEADS CAP ER 24HR 180 MG	2				
DILTIAZEM CAP 240MG ER	DILTIAZEM HCL CAP ER 24HR 240 MG	2				
DILTIAZEM CAP 240MG ER	DILTIAZEM HCL COATED BEADS CAP ER 24HR 240 MG	2				
DILTIAZEM CAP 240MG/24	DILTIAZEM HCL EXTENDED RELEASE BEADS CAP ER 24HR 240 MG	2				
DILTIAZEM CAP 300MG ER	DILTIAZEM HCL COATED BEADS CAP ER 24HR 300 MG	2				
DILTIAZEM CAP 300MG ER	DILTIAZEM HCL EXTENDED RELEASE BEADS CAP ER 24HR 300 MG	2				
DILTIAZEM CAP 360MG CD	DILTIAZEM HCL COATED BEADS CAP ER 24HR 360 MG	2				
DILTIAZEM CAP 360MG ER	DILTIAZEM HCL COATED BEADS CAP ER 24HR 360 MG	2				
DILTIAZEM CAP 360MG ER	DILTIAZEM HCL EXTENDED RELEASE BEADS CAP ER 24HR 360 MG	2				
DILTIAZEM CAP 420MG/24	DILTIAZEM HCL EXTENDED RELEASE BEADS CAP ER 24HR 420 MG	2				
DILTIAZEM CAP 60MG ER	DILTIAZEM HCL CAP ER 12HR 60 MG	3				
DILTIAZEM CAP 90MG ER	DILTIAZEM HCL CAP ER 12HR 90 MG	3				
DILTIAZEM TAB 120MG	DILTIAZEM HCL TAB 120 MG	2				
DILTIAZEM TAB 120MG ER	DILTIAZEM HCL TAB ER 24HR 120 MG	3				
DILTIAZEM TAB 240MG ER	DILTIAZEM HCL TAB ER 24HR 240 MG	3				
DILTIAZEM TAB 300MG ER	DILTIAZEM HCL TAB ER 24HR 300 MG	3				
DILTIAZEM TAB 30MG	DILTIAZEM HCL TAB 30 MG	2				
DILTIAZEM TAB 360MG ER	DILTIAZEM HCL TAB ER 24HR 360 MG	3				
DILTIAZEM TAB 60MG	DILTIAZEM HCL TAB 60 MG	2				
DILTIAZEM TAB 90MG	DILTIAZEM HCL TAB 90 MG	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 ER TAB 180MG	DILTIAZEM HCL TAB ER 24HR 180 MG	3				
DILTIAZEM ER TAB 240MG	DILTIAZEM HCL TAB ER 24HR 240 MG	3				
DILTIAZEM ER TAB 300MG	DILTIAZEM HCL TAB ER 24HR 300 MG	3				
DILTIAZEM ER TAB 360MG	DILTIAZEM HCL TAB ER 24HR 360 MG	3				
DILTIAZEM ER TAB 420MG	DILTIAZEM HCL TAB ER 24HR 420 MG	3				
DILT-XR CAP 120MG	DILTIAZEM HCL CAP ER 24HR 120 MG	2				
DILT-XR CAP 180MG	DILTIAZEM HCL CAP ER 24HR 180 MG	2				
DILT-XR CAP 240MG	DILTIAZEM HCL CAP ER 24HR 240 MG	2				
DISOPYRAMIDE CAP 100MG	DISOPYRAMIDE PHOSPHATE CAP 100 MG	3				
DISOPYRAMIDE CAP 150MG	DISOPYRAMIDE PHOSPHATE CAP 150 MG	3				
DIURIL SUS 250/5ML	CHLOROTHIAZIDE SUSP 250 MG / 5ML	3				
DOFETILIDE CAP 125MCG	DOFETILIDE CAP 125 MCG (0.125 MG)	3		X		
DOFETILIDE CAP 250MCG	DOFETILIDE CAP 250 MCG (0.25 MG)	3		X		
DOFETILIDE CAP 500MCG	DOFETILIDE CAP 500 MCG (0.5 MG)	3		X		
DOXAZOSIN TAB 1MG	DOXAZOSIN MESYLATE TAB 1 MG	2				
DOXAZOSIN TAB 2MG	DOXAZOSIN MESYLATE TAB 2 MG	2				
DOXAZOSIN TAB 4MG	DOXAZOSIN MESYLATE TAB 4 MG	2				
DOXAZOSIN TAB 8MG	DOXAZOSIN MESYLATE TAB 8 MG	2				
EDARBI TAB 40MG	AZILSARTAN MEDOXOMIL TAB 40 MG	5		X		
EDARBI TAB 80MG	AZILSARTAN MEDOXOMIL TAB 80 MG	5		X		
EDARBYCLOR TAB 40-12.5	AZILSARTAN MEDOXOMIL-CHLORTHALIDONE TAB 40-12.5 MG	5		X		
EDARBYCLOR TAB 40-25MG	AZILSARTAN MEDOXOMIL-CHLORTHALIDONE TAB 40-25 MG	5		X		
ENALAPR/HCTZ TAB 10-25MG	ENALAPRIL MALEATE & HYDROCHLOROTHIAZIDE TAB 10-25 MG	2		X		
ENALAPR/HCTZ TAB 5-12.5MG	ENALAPRIL MALEATE & HYDROCHLOROTHIAZIDE TAB 5-12.5 MG	2		X		
ENALAPRIL TAB 10MG	ENALAPRIL MALEATE TAB 10 MG	2		X		
ENALAPRIL TAB 2.5MG	ENALAPRIL MALEATE TAB 2.5 MG	2		X		
ENALAPRIL TAB 20MG	ENALAPRIL MALEATE TAB 20 MG	2		X		
ENALAPRIL TAB 5MG	ENALAPRIL MALEATE TAB 5 MG	2		X		
ENTRESTO TAB 24-26MG	SACUBITRIL-VALSARTAN TAB 24-26 MG	5	X	X		
ENTRESTO TAB 49-51MG	SACUBITRIL-VALSARTAN TAB 49-51 MG	5	X	X		
ENTRESTO TAB 97-103MG	SACUBITRIL-VALSARTAN TAB 97-103 MG	5	X	X		
EPLERENONE TAB 25MG	EPLERENONE TAB 25 MG	3				
EPLERENONE TAB 50MG	EPLERENONE TAB 50 MG	3				
ETHACRYNIC TAB ACD 25MG	ETHACRYNIC ACID TAB 25 MG	3				
EZETIM/SIMVA TAB 10-10MG	EZETIMIBE-SIMVASTATIN TAB 10-10 MG	3		X		
EZETIM/SIMVA TAB 10-20MG	EZETIMIBE-SIMVASTATIN TAB 10-20 MG	3		X		
EZETIM/SIMVA TAB 10-40MG	EZETIMIBE-SIMVASTATIN TAB 10-40 MG	3		X		
EZETIM/SIMVA TAB 10-80MG	EZETIMIBE-SIMVASTATIN TAB 10-80 MG	3		X		
EZETIMIBE TAB 10MG	EZETIMIBE TAB 10 MG	2		X		
FELODIPINE TAB 10MG ER	FELODIPINE TAB ER 24HR 10 MG	2				
FELODIPINE TAB 2.5MG ER	FELODIPINE TAB ER 24HR 2.5 MG	2				
FELODIPINE TAB 5MG ER	FELODIPINE TAB ER 24HR 5 MG	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
FENOFIBRATE CAP 134MG	FENOFIBRATE MICRONIZED CAP 134 MG	2				
FENOFIBRATE CAP 200MG	FENOFIBRATE MICRONIZED CAP 200 MG	2				
FENOFIBRATE CAP 67MG	FENOFIBRATE MICRONIZED CAP 67 MG	2				
FENOFIBRATE TAB 145MG	FENOFIBRATE TAB 145 MG	2				
FENOFIBRATE TAB 160MG	FENOFIBRATE TAB 160 MG	2				
FENOFIBRATE TAB 48MG	FENOFIBRATE TAB 48 MG	2				
FENOFIBRATE TAB 54MG	FENOFIBRATE TAB 54 MG	2				
FLECAINIDE TAB 100MG	FLECAINIDE ACETATE TAB 100 MG	2				
FLECAINIDE TAB 150MG	FLECAINIDE ACETATE TAB 150 MG	2				
FLECAINIDE TAB 50MG	FLECAINIDE ACETATE TAB 50 MG	2				
FLUVASTATIN CAP 20MG	FLUVASTATIN SODIUM CAP 20 MG (BASE EQUIVALENT)	3		X		PRV*
FLUVASTATIN CAP 40MG	FLUVASTATIN SODIUM CAP 40 MG (BASE EQUIVALENT)	3		X		PRV*
FOSINOP/HCTZ TAB 10/12.5	FOSINOPRIL SODIUM & HYDROCHLOROTHIAZIDE TAB 10-12.5 MG	3		X		
FOSINOP/HCTZ TAB 20/12.5	FOSINOPRIL SODIUM & HYDROCHLOROTHIAZIDE TAB 20-12.5 MG	3		X		
FOSINOPRIL TAB 10MG	FOSINOPRIL SODIUM TAB 10 MG	2		X		
FOSINOPRIL TAB 20MG	FOSINOPRIL SODIUM TAB 20 MG	2		X		
FOSINOPRIL TAB 40MG	FOSINOPRIL SODIUM TAB 40 MG	2		X		
FUROSEMIDE SOL 10MG/ML	FUROSEMIDE ORAL SOLN 10 MG / ML	2				
FUROSEMIDE SOL 40MG/5ML	FUROSEMIDE ORAL SOLN 8 MG / ML	2				
FUROSEMIDE TAB 20MG	FUROSEMIDE TAB 20 MG	2				
FUROSEMIDE TAB 40MG	FUROSEMIDE TAB 40 MG	2				
FUROSEMIDE TAB 80MG	FUROSEMIDE TAB 80 MG	2				
GEMFIBROZIL TAB 600MG	GEMFIBROZIL TAB 600 MG	2				
GUANFACINE TAB 1MG	GUANFACINE HCL TAB 1 MG	2		X		
GUANFACINE TAB 2MG	GUANFACINE HCL TAB 2 MG	2		X		
HYDRALAZINE TAB 100MG	HYDRALAZINE HCL TAB 100 MG	2				
HYDRALAZINE TAB 10MG	HYDRALAZINE HCL TAB 10 MG	2				
HYDRALAZINE TAB 25MG	HYDRALAZINE HCL TAB 25 MG	2				
HYDRALAZINE TAB 50MG	HYDRALAZINE HCL TAB 50 MG	2				
HYDROCHLOROT CAP 12.5MG	HYDROCHLOROTHIAZIDE CAP 12.5 MG	2				
HYDROCHLOROT TAB 12.5MG	HYDROCHLOROTHIAZIDE TAB 12.5 MG	2				
HYDROCHLOROT TAB 25MG	HYDROCHLOROTHIAZIDE TAB 25 MG	2				
HYDROCHLOROT TAB 50MG	HYDROCHLOROTHIAZIDE TAB 50 MG	2				
ICOSAPENT CAP 0.5GM	ICOSAPENT ETHYL CAP 0.5 GM	3	X			
ICOSAPENT CAP 1GM	ICOSAPENT ETHYL CAP 1 GM	3	X			
INDAPAMIDE TAB 1.25MG	INDAPAMIDE TAB 1.25 MG	2				
INDAPAMIDE TAB 2.5MG	INDAPAMIDE TAB 2.5 MG	2				
IRBESAR/HCTZ TAB 150-12.5	IRBESARTAN-HYDROCHLOROTHIAZIDE TAB 150-12.5 MG	2		X		
IRBESAR/HCTZ TAB 300-12.5	IRBESARTAN-HYDROCHLOROTHIAZIDE TAB 300-12.5 MG	2		X		
IRBESARTAN TAB 150MG	IRBESARTAN TAB 150 MG	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	2		X		
IRBESARTAN TAB 75MG	IRBESARTAN TAB 75 MG	2		X		
ISOSO/HYDRAL TAB 20-37.5	ISOSORBIDE DINITRATE-HYDRALAZINE HCL TAB 20-37.5 MG	3		X		
ISOSORB DIN TAB 10MG	ISOSORBIDE DINITRATE TAB 10 MG	2				
ISOSORB DIN TAB 20MG	ISOSORBIDE DINITRATE TAB 20 MG	2				
ISOSORB DIN TAB 30MG	ISOSORBIDE DINITRATE TAB 30 MG	2				
ISOSORB DIN TAB 5MG	ISOSORBIDE DINITRATE TAB 5 MG	2				
ISOSORB MONO TAB 10MG	ISOSORBIDE MONONITRATE TAB 10 MG	2				
ISOSORB MONO TAB 120MG ER	ISOSORBIDE MONONITRATE TAB ER 24HR 120 MG	2				
ISOSORB MONO TAB 20MG	ISOSORBIDE MONONITRATE TAB 20 MG	2				
ISOSORB MONO TAB 30MG ER	ISOSORBIDE MONONITRATE TAB ER 24HR 30 MG	2				
ISOSORB MONO TAB 60MG ER	ISOSORBIDE MONONITRATE TAB ER 24HR 60 MG	2				
ISRADIPINE CAP 2.5MG	ISRADIPINE CAP 2.5 MG	2				
ISRADIPINE CAP 5MG	ISRADIPINE CAP 5 MG	2				
LABETALOL TAB 100MG	LABETALOL HCL TAB 100 MG	2				
LABETALOL TAB 200MG	LABETALOL HCL TAB 200 MG	2				
LABETALOL TAB 300MG	LABETALOL HCL TAB 300 MG	2				
LISINOP/HCTZ TAB 10-12.5	LISINOPRIL & HYDROCHLOROTHIAZIDE TAB 10-12.5 MG	2		X		
LISINOP/HCTZ TAB 20-12.5	LISINOPRIL & HYDROCHLOROTHIAZIDE TAB 20-12.5 MG	2		X		
LISINOP/HCTZ TAB 20-25MG	LISINOPRIL & HYDROCHLOROTHIAZIDE TAB 20-25 MG	2		X		
LISINOPRIL TAB 10MG	LISINOPRIL TAB 10 MG	2		X		
LISINOPRIL TAB 2.5MG	LISINOPRIL TAB 2.5 MG	2		X		
LISINOPRIL TAB 20MG	LISINOPRIL TAB 20 MG	2		X		
LISINOPRIL TAB 30MG	LISINOPRIL TAB 30 MG	2		X		
LISINOPRIL TAB 40MG	LISINOPRIL TAB 40 MG	2		X		
LISINOPRIL TAB 5MG	LISINOPRIL TAB 5 MG	2		X		
LOSARTAN POT TAB 100MG	LOSARTAN POTASSIUM TAB 100 MG	2		X		
LOSARTAN POT TAB 25MG	LOSARTAN POTASSIUM TAB 25 MG	2		X		
LOSARTAN POT TAB 50MG	LOSARTAN POTASSIUM TAB 50 MG	2		X		
LOSARTAN/HCT TAB 100-12.5	LOSARTAN POTASSIUM & HYDROCHLOROTHIAZIDE TAB 100-12.5 MG	2		X		
LOSARTAN/HCT TAB 100-25	LOSARTAN POTASSIUM & HYDROCHLOROTHIAZIDE TAB 100-25 MG	2		X		
LOSARTAN/HCT TAB 50-12.5	LOSARTAN POTASSIUM & HYDROCHLOROTHIAZIDE TAB 50-12.5 MG	2		X		
LOVASTATIN TAB 10MG	LOVASTATIN TAB 10 MG	2		X		PRV-A
LOVASTATIN TAB 20MG	LOVASTATIN TAB 20 MG	2		X		PRV-A
LOVASTATIN TAB 40MG	LOVASTATIN TAB 40 MG	2		X		PRV-A
MATZIM LA TAB 180MG/24	DILTIAZEM HCL TAB ER 24HR 180 MG	3				
MATZIM LA TAB 240MG/24	DILTIAZEM HCL TAB ER 24HR 240 MG	3				

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Drug name	Generic name	Tier value	Prior auth	Quantity limit	Step therapy	Notes
MATZIM LA TAB 300MG/24	DILTIAZEM HCL TAB ER 24HR 300 MG	3				
MATZIM LA TAB 360MG/24	DILTIAZEM HCL TAB ER 24HR 360 MG	3				
MATZIM LA TAB 420MG/24	DILTIAZEM HCL TAB ER 24HR 420 MG	3				
METHAZOLAMID TAB 25MG	METHAZOLAMIDE TAB 25 MG	3				
METHAZOLAMID TAB 50MG	METHAZOLAMIDE TAB 50 MG	3				
METHYLDOPA TAB 250MG	METHYLDOPA TAB 250 MG	2				
METHYLDOPA TAB 500MG	METHYLDOPA TAB 500 MG	2				
METOLAZONE TAB 10MG	METOLAZONE TAB 10 MG	2				
METOLAZONE TAB 2.5MG	METOLAZONE TAB 2.5 MG	2				
METOLAZONE TAB 5MG	METOLAZONE TAB 5 MG	2				
METOPRL/HCTZ TAB 100-25MG	METOPROLOL & HYDROCHLOROTHIAZIDE TAB 100-25 MG	3				
METOPRL/HCTZ TAB 100-50MG	METOPROLOL & HYDROCHLOROTHIAZIDE TAB 100-50 MG	3				
METOPRL/HCTZ TAB 50-25MG	METOPROLOL & HYDROCHLOROTHIAZIDE TAB 50-25 MG	3				
METOPROL SUC TAB 100MG ER	METOPROLOL SUCCINATE TAB ER 24HR 100 MG (TARTRATE EQUIV)	2				
METOPROL SUC TAB 200MG ER	METOPROLOL SUCCINATE TAB ER 24HR 200 MG (TARTRATE EQUIV)	2				
METOPROL SUC TAB 25MG ER	METOPROLOL SUCCINATE TAB ER 24HR 25 MG (TARTRATE EQUIV)	2				
METOPROL SUC TAB 50MG ER	METOPROLOL SUCCINATE TAB ER 24HR 50 MG (TARTRATE EQUIV)	2				
METOPROL TAR TAB 100MG	METOPROLOL TARTRATE TAB 100 MG	2				
METOPROL TAR TAB 25MG	METOPROLOL TARTRATE TAB 25 MG	2				
METOPROL TAR TAB 50MG	METOPROLOL TARTRATE TAB 50 MG	2				
MEXILETINE CAP 150MG	MEXILETINE HCL CAP 150 MG	3				
MEXILETINE CAP 200MG	MEXILETINE HCL CAP 200 MG	3				
MEXILETINE CAP 250MG	MEXILETINE HCL CAP 250 MG	3				
MIDODRINE TAB 10MG	MIDODRINE HCL TAB 10 MG	2				
MIDODRINE TAB 2.5MG	MIDODRINE HCL TAB 2.5 MG	2				
MIDODRINE TAB 5MG	MIDODRINE HCL TAB 5 MG	2				
MINOXIDIL TAB 10MG	MINOXIDIL TAB 10 MG	2				
MINOXIDIL TAB 2.5MG	MINOXIDIL TAB 2.5 MG	2				
MOEXIPRIL TAB 15MG	MOEXIPRIL HCL TAB 15 MG	2		X		
MOEXIPRIL TAB 7.5MG	MOEXIPRIL HCL TAB 7.5 MG	2		X		
MULTAQ TAB 400MG	DRONEDARONE HCL TAB 400 MG (BASE EQUIVALENT)	5	X	X		
NADOLOL TAB 20MG	NADOLOL TAB 20 MG	2				
NADOLOL TAB 40MG	NADOLOL TAB 40 MG	2				
NADOLOL TAB 80MG	NADOLOL TAB 80 MG	2				
NIACIN TAB 500MG	NIACIN (ANTIHYPERLIPIDEMIC) TAB 500 MG	3				
NIACIN TAB 500MG ER	NIACIN TAB ER 500 MG (ANTIHYPERLIPIDEMIC)	3				
NIACIN ER TAB 1000MG	NIACIN TAB ER 1000 MG (ANTIHYPERLIPIDEMIC)	3				

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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
NIACIN ER TAB 500MG	NIACIN TAB ER 500 MG (ANTIHYPERLIPIDEMIC)	3				
NIACIN ER TAB 750MG	NIACIN TAB ER 750 MG (ANTIHYPERLIPIDEMIC)	3				
NIACOR TAB 500MG	NIACIN (ANTIHYPERLIPIDEMIC) TAB 500 MG	3				
NICARDIPINE CAP 20MG	NICARDIPINE HCL CAP 20 MG	3				
NICARDIPINE CAP 30MG	NICARDIPINE HCL CAP 30 MG	3				
NIFEDIPINE CAP 10MG	NIFEDIPINE CAP 10 MG	2				
NIFEDIPINE CAP 20MG	NIFEDIPINE CAP 20 MG	2				
NIFEDIPINE TAB 30MG ER	NIFEDIPINE TAB ER 24HR 30 MG	2		X		
NIFEDIPINE TAB 30MG ER	NIFEDIPINE TAB ER 24HR OSMOTIC RELEASE 30 MG	2		X		
NIFEDIPINE TAB 60MG ER	NIFEDIPINE TAB ER 24HR 60 MG	2		X		
NIFEDIPINE TAB 60MG ER	NIFEDIPINE TAB ER 24HR OSMOTIC RELEASE 60 MG	2		X		
NIFEDIPINE TAB 90MG ER	NIFEDIPINE TAB ER 24HR 90 MG	2		X		
NIFEDIPINE TAB 90MG ER	NIFEDIPINE TAB ER 24HR OSMOTIC RELEASE 90 MG	2		X		
NIMODIPINE CAP 30MG	NIMODIPINE CAP 30 MG	3				
NISOLDIPINE TAB 17MG ER	NISOLDIPINE TAB ER 24HR 17 MG	3				
NISOLDIPINE TAB 20MG ER	NISOLDIPINE TAB ER 24HR 20 MG	3				
NISOLDIPINE TAB 25.5MG	NISOLDIPINE TAB ER 24HR 25.5 MG	3				
NISOLDIPINE TAB 30MG ER	NISOLDIPINE TAB ER 24HR 30 MG	3				
NISOLDIPINE TAB 34MG ER	NISOLDIPINE TAB ER 24HR 34 MG	3				
NISOLDIPINE TAB 40MG ER	NISOLDIPINE TAB ER 24HR 40 MG	3				
NISOLDIPINE TAB 8.5MG ER	NISOLDIPINE TAB ER 24HR 8.5 MG	3				
NITRO-BID OIN 2%	NITROGLYCERIN OINT 2%	3				
NITRO-DUR DIS 0.3MG/HR	NITROGLYCERIN TD PATCH 24HR 0.3 MG / HR	5				
NITRO-DUR DIS 0.8MG/HR	NITROGLYCERIN TD PATCH 24HR 0.8 MG / HR	5				
NITROGLYCER DIS 0.1MG/HR	NITROGLYCERIN TD PATCH 24HR 0.1 MG / HR	2				
NITROGLYCER DIS 0.2MG/HR	NITROGLYCERIN TD PATCH 24HR 0.2 MG / HR	2				
NITROGLYCER DIS 0.4MG/HR	NITROGLYCERIN TD PATCH 24HR 0.4 MG / HR	2				
NITROGLYCER DIS 0.6MG/HR	NITROGLYCERIN TD PATCH 24HR 0.6 MG / HR	2				
NITROGLYCERI OIN 0.4%	NITROGLYCERIN OINT 0.4%	3		X		
NITROGLYCERI SUB 0.6MG	NITROGLYCERIN SL TAB 0.6 MG	2				
NITROGLYCERN SUB 0.3MG	NITROGLYCERIN SL TAB 0.3 MG	2				
NITROGLYCERN SUB 0.4MG	NITROGLYCERIN SL TAB 0.4 MG	2				
NITROMIST AER 400MCG	NITROGLYCERIN LINGUAL AEROSOL 400 MCG / SPRAY	5		X		
NORPACE CAP 100MG CR	DISOPYRAMIDE PHOSPHATE CAP ER 12HR 100 MG	3				
NORPACE CAP 150MG CR	DISOPYRAMIDE PHOSPHATE CAP ER 12HR 150 MG	3				
OLM MED/HCTZ TAB 20-12.5	OLMESARTAN MEDOXOMIL-HYDROCHLOROTHIAZIDE TAB 20-12.5 MG	2		X		
OLM MED/HCTZ TAB 40-12.5	OLMESARTAN MEDOXOMIL-HYDROCHLOROTHIAZIDE TAB 40-12.5 MG	2		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
OLM MED/HCTZ TAB 40-25MG	OLMESARTAN MEDOXOMIL-HYDROCHLOROTHIAZIDE TAB 40-25 MG	2		X		
OLMESA MEDOX TAB 20MG	OLMESARTAN MEDOXOMIL TAB 20 MG	2		X		
OLMESA MEDOX TAB 40MG	OLMESARTAN MEDOXOMIL TAB 40 MG	2		X		
OLMESA MEDOX TAB 5MG	OLMESARTAN MEDOXOMIL TAB 5 MG	2		X		
OMEGA-3-ACID CAP 1GM	OMEGA-3-ACID ETHYL ESTERS CAP 1 GM	2	X	X		
PENTOXIFYLLI TAB 400MG ER	PENTOXIFYLINE TAB ER 400 MG	2				
PERINDOPRIL TAB 2MG	PERINDOPRIL ERBUMINE TAB 2 MG	2		X		
PERINDOPRIL TAB 4MG	PERINDOPRIL ERBUMINE TAB 4 MG	2		X		
PERINDOPRIL TAB 8MG	PERINDOPRIL ERBUMINE TAB 8 MG	2		X		
PHENOXYBENZA CAP 10MG	PHENOXYBENZAMINE HCL CAP 10 MG	3				
PINDOLOL TAB 10MG	PINDOLOL TAB 10 MG	2				
PINDOLOL TAB 5MG	PINDOLOL TAB 5 MG	2				
PRAVASTATIN TAB 10MG	PRAVASTATIN SODIUM TAB 10 MG	2		X		PRV*
PRAVASTATIN TAB 20MG	PRAVASTATIN SODIUM TAB 20 MG	2		X		PRV*
PRAVASTATIN TAB 40MG	PRAVASTATIN SODIUM TAB 40 MG	2		X		PRV*
PRAVASTATIN TAB 80MG	PRAVASTATIN SODIUM TAB 80 MG	2		X		PRV*
PRAZOSIN HCL CAP 1MG	PRAZOSIN HCL CAP 1 MG	2				BH*
PRAZOSIN HCL CAP 2MG	PRAZOSIN HCL CAP 2 MG	2				BH*
PRAZOSIN HCL CAP 5MG	PRAZOSIN HCL CAP 5 MG	2				BH*
PREVALITE POW 4GM	CHOLESTYRAMINE LIGHT POWDER 4 GM / DOSE	3				
PREVALITE POW 4GM PK	CHOLESTYRAMINE LIGHT POWDER PACKETS 4 GM	3				
PROPAFENONE CAP 225MG ER	PROPAFENONE HCL CAP ER 12HR 225 MG	3				
PROPAFENONE CAP 325MG ER	PROPAFENONE HCL CAP ER 12HR 325 MG	3				
PROPAFENONE CAP 425MG ER	PROPAFENONE HCL CAP ER 12HR 425 MG	3				
PROPAFENONE TAB 150MG	PROPAFENONE HCL TAB 150 MG	2				
PROPAFENONE TAB 225MG	PROPAFENONE HCL TAB 225 MG	2				
PROPAFENONE TAB 300MG	PROPAFENONE HCL TAB 300 MG	2				
PROPRANOLOL CAP 120MG ER	PROPRANOLOL HCL CAP ER 24HR 120 MG	2				
PROPRANOLOL CAP 160MG ER	PROPRANOLOL HCL CAP ER 24HR 160 MG	2				
PROPRANOLOL CAP 60MG ER	PROPRANOLOL HCL CAP ER 24HR 60 MG	2				
PROPRANOLOL CAP 80MG ER	PROPRANOLOL HCL CAP ER 24HR 80 MG	2				
PROPRANOLOL SOL 20MG/5ML	PROPRANOLOL HCL ORAL SOLN 20 MG / 5ML	2				
PROPRANOLOL SOL 40MG/5ML	PROPRANOLOL HCL ORAL SOLN 40 MG / 5ML	2				
PROPRANOLOL TAB 10MG	PROPRANOLOL HCL TAB 10 MG	2				
PROPRANOLOL TAB 20MG	PROPRANOLOL HCL TAB 20 MG	2				
PROPRANOLOL TAB 40MG	PROPRANOLOL HCL TAB 40 MG	2				
PROPRANOLOL TAB 60MG	PROPRANOLOL HCL TAB 60 MG	2				
PROPRANOLOL TAB 80MG	PROPRANOLOL HCL TAB 80 MG	2				
QNAPRIL/HCTZ TAB 10-12.5	QUINAPRIL-HYDROCHLOROTHIAZIDE TAB 10-12.5 MG	3		X		
QNAPRIL/HCTZ TAB 20-12.5	QUINAPRIL-HYDROCHLOROTHIAZIDE TAB 20-12.5 MG	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
QNAPRIL/HCTZ TAB 20-25MG	QUINAPRIL-HYDROCHLOROTHIAZIDE TAB 20-25 MG	3		X		
QUINAPRIL TAB 10MG	QUINAPRIL HCL TAB 10 MG	2		X		
QUINAPRIL TAB 20MG	QUINAPRIL HCL TAB 20 MG	2		X		
QUINAPRIL TAB 40MG	QUINAPRIL HCL TAB 40 MG	2		X		
QUINAPRIL TAB 5MG	QUINAPRIL HCL TAB 5 MG	2		X		
QUINIDINE GL TAB 324MG CR	QUINIDINE GLUCONATE TAB ER 324 MG	2				
QUINIDINE GL TAB 324MG ER	QUINIDINE GLUCONATE TAB ER 324 MG	2				
QUINIDINE SU TAB 200MG	QUINIDINE SULFATE TAB 200 MG	2				
QUINIDINE SU TAB 300MG	QUINIDINE SULFATE TAB 300 MG	2				
RAMIPRIL CAP 1.25MG	RAMIPRIL CAP 1.25 MG	2		X		
RAMIPRIL CAP 10MG	RAMIPRIL CAP 10 MG	2		X		
RAMIPRIL CAP 2.5MG	RAMIPRIL CAP 2.5 MG	2		X		
RAMIPRIL CAP 5MG	RAMIPRIL CAP 5 MG	2		X		
RANOLAZINE TAB 1000MG	RANOLAZINE TAB ER 12HR 1000 MG	3		X		
RANOLAZINE TAB 500MG ER	RANOLAZINE TAB ER 12HR 500 MG	3		X		
REPATHA INJ 140MG/ML	EVOLOLCUMAB SUBCUTANEOUS SOLN PREFILLED SYRINGE 140 MG / ML	5	X	X		
REPATHA PUSH INJ 420/3.5	EVOLOLCUMAB SUBCUTANEOUS SOLN CARTRIDGE / INFUSOR 420 MG / 3.5ML	5	X	X		
REPATHA SURE INJ 140MG/ML	EVOLOLCUMAB SUBCUTANEOUS SOLN AUTO-INJECTOR 140 MG / ML	5	X	X		
ROSUVASTATIN TAB 10MG	ROSUVASTATIN CALCIUM TAB 10 MG	2		X		PRV*
ROSUVASTATIN TAB 20MG	ROSUVASTATIN CALCIUM TAB 20 MG	2		X		
ROSUVASTATIN TAB 40MG	ROSUVASTATIN CALCIUM TAB 40 MG	2		X		
ROSUVASTATIN TAB 5MG	ROSUVASTATIN CALCIUM TAB 5 MG	2		X		PRV*
SIMVASTATIN TAB 10MG	SIMVASTATIN TAB 10 MG	2		X		PRV-A
SIMVASTATIN TAB 20MG	SIMVASTATIN TAB 20 MG	2		X		PRV-A
SIMVASTATIN TAB 40MG	SIMVASTATIN TAB 40 MG	2		X		PRV-A
SIMVASTATIN TAB 5MG	SIMVASTATIN TAB 5 MG	2		X		PRV-A
SIMVASTATIN TAB 80MG	SIMVASTATIN TAB 80 MG	2		X		
SORINE TAB 120MG	SOTALOL HCL TAB 120 MG	2				
SORINE TAB 160MG	SOTALOL HCL TAB 160 MG	2				
SORINE TAB 240MG	SOTALOL HCL TAB 240 MG	2				
SORINE TAB 80MG	SOTALOL HCL TAB 80 MG	2				
SOTALOL AF TAB 120MG	SOTALOL HCL (AFIB / AFL) TAB 120 MG	2				
SOTALOL AF TAB 160MG	SOTALOL HCL (AFIB / AFL) TAB 160 MG	2				
SOTALOL AF TAB 80MG	SOTALOL HCL (AFIB / AFL) TAB 80 MG	2				
SOTALOL HCL TAB 120MG	SOTALOL HCL TAB 120 MG	2				
SOTALOL HCL TAB 160MG	SOTALOL HCL TAB 160 MG	2				
SOTALOL HCL TAB 240MG	SOTALOL HCL TAB 240 MG	2				
SOTALOL HCL TAB 80MG	SOTALOL HCL TAB 80 MG	2				
SOTYLIZE SOL 5MG/ML	SOTALOL HCL ORAL SOLUTION 5 MG / ML	5	X			
SPIRONO/HCTZ TAB 25/25	SPIRONOLACTONE & HYDROCHLOROTHIAZIDE TAB 25-25 MG	2				
SPIRONOLACT TAB 100MG	SPIRONOLACTONE TAB 100 MG	2				

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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
SPIRONOLACT TAB 25MG	SPIRONOLACTONE TAB 25 MG	2				
SPIRONOLACT TAB 50MG	SPIRONOLACTONE TAB 50 MG	2				
TAZTIA XT CAP 120MG/24	DILTIAZEM HCL EXTENDED RELEASE BEADS CAP ER 24HR 120 MG	2				
TAZTIA XT CAP 180MG/24	DILTIAZEM HCL EXTENDED RELEASE BEADS CAP ER 24HR 180 MG	2				
TAZTIA XT CAP 240MG/24	DILTIAZEM HCL EXTENDED RELEASE BEADS CAP ER 24HR 240 MG	2				
TAZTIA XT CAP 300MG ER	DILTIAZEM HCL EXTENDED RELEASE BEADS CAP ER 24HR 300 MG	2				
TAZTIA XT CAP 360MG/24	DILTIAZEM HCL EXTENDED RELEASE BEADS CAP ER 24HR 360 MG	2				
TELMISA/HCTZ TAB 40-12.5	TELMISARTAN-HYDROCHLOROTHIAZIDE TAB 40-12.5 MG	3		X		
TELMISA/HCTZ TAB 80-12.5	TELMISARTAN-HYDROCHLOROTHIAZIDE TAB 80-12.5 MG	3		X		
TELMISA/HCTZ TAB 80-25MG	TELMISARTAN-HYDROCHLOROTHIAZIDE TAB 80-25 MG	3		X		
TELMISARTAN TAB 20MG	TELMISARTAN TAB 20 MG	3		X		
TELMISARTAN TAB 40MG	TELMISARTAN TAB 40 MG	3		X		
TELMISARTAN TAB 80MG	TELMISARTAN TAB 80 MG	3		X		
TIADYLT CAP 120MG/24	DILTIAZEM HCL EXTENDED RELEASE BEADS CAP ER 24HR 120 MG	2				
TIADYLT CAP 180MG/24	DILTIAZEM HCL EXTENDED RELEASE BEADS CAP ER 24HR 180 MG	2				
TIADYLT CAP 240MG/24	DILTIAZEM HCL EXTENDED RELEASE BEADS CAP ER 24HR 240 MG	2				
TIADYLT CAP 300MG/24	DILTIAZEM HCL EXTENDED RELEASE BEADS CAP ER 24HR 300 MG	2				
TIADYLT CAP 360MG/24	DILTIAZEM HCL EXTENDED RELEASE BEADS CAP ER 24HR 360 MG	2				
TIADYLT CAP 420MG/24	DILTIAZEM HCL EXTENDED RELEASE BEADS CAP ER 24HR 420 MG	2				
TIMOLOL MAL TAB 10MG	TIMOLOL MALEATE TAB 10 MG	2				
TIMOLOL MAL TAB 20MG	TIMOLOL MALEATE TAB 20 MG	2				
TIMOLOL MAL TAB 5MG	TIMOLOL MALEATE TAB 5 MG	2				
TORSEMIDE TAB 100MG	TORSEMIDE TAB 100 MG	2				
TORSEMIDE TAB 10MG	TORSEMIDE TAB 10 MG	2				
TORSEMIDE TAB 20MG	TORSEMIDE TAB 20 MG	2				
TORSEMIDE TAB 5MG	TORSEMIDE TAB 5 MG	2				
TRANDOLAPRIL TAB 1MG	TRANDOLAPRIL TAB 1 MG	2		X		
TRANDOLAPRIL TAB 2MG	TRANDOLAPRIL TAB 2 MG	2		X		
TRANDOLAPRIL TAB 4MG	TRANDOLAPRIL TAB 4 MG	2		X		
TRIAMT/HCTZ CAP 37.5-25	TRIAMTERENE & HYDROCHLOROTHIAZIDE CAP 37.5-25 MG	2				
TRIAMT/HCTZ TAB 37.5-25	TRIAMTERENE & HYDROCHLOROTHIAZIDE TAB 37.5-25 MG	2				
TRIAMT/HCTZ TAB 75-50MG	TRIAMTERENE & HYDROCHLOROTHIAZIDE TAB 75-50 MG	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	2		X		
VALSART/HCTZ TAB 160-25MG	VALSARTAN-HYDROCHLOROTHIAZIDE TAB 160-25 MG	2		X		
VALSART/HCTZ TAB 320-12.5	VALSARTAN-HYDROCHLOROTHIAZIDE TAB 320-12.5 MG	2		X		
VALSART/HCTZ TAB 320-25MG	VALSARTAN-HYDROCHLOROTHIAZIDE TAB 320-25 MG	2		X		
VALSART/HCTZ TAB 80-12.5	VALSARTAN-HYDROCHLOROTHIAZIDE TAB 80-12.5 MG	2		X		
VALSARTAN TAB 160MG	VALSARTAN TAB 160 MG	2		X		
VALSARTAN TAB 320MG	VALSARTAN TAB 320 MG	2		X		
VALSARTAN TAB 40MG	VALSARTAN TAB 40 MG	2		X		
VALSARTAN TAB 80MG	VALSARTAN TAB 80 MG	2		X		
VERAPAMIL CAP 100MG ER	VERAPAMIL HCL CAP ER 24HR 100 MG	3				
VERAPAMIL CAP 120MG ER	VERAPAMIL HCL CAP ER 24HR 120 MG	3				
VERAPAMIL CAP 120MG SR	VERAPAMIL HCL CAP ER 24HR 120 MG	3				
VERAPAMIL CAP 180MG ER	VERAPAMIL HCL CAP ER 24HR 180 MG	3				
VERAPAMIL CAP 180MG SR	VERAPAMIL HCL CAP ER 24HR 180 MG	3				
VERAPAMIL CAP 200MG ER	VERAPAMIL HCL CAP ER 24HR 200 MG	3				
VERAPAMIL CAP 240MG ER	VERAPAMIL HCL CAP ER 24HR 240 MG	3				
VERAPAMIL CAP 240MG SR	VERAPAMIL HCL CAP ER 24HR 240 MG	3				
VERAPAMIL CAP 300MG ER	VERAPAMIL HCL CAP ER 24HR 300 MG	3				
VERAPAMIL CAP 360MG SR	VERAPAMIL HCL CAP ER 24HR 360 MG	3				
VERAPAMIL TAB 120MG	VERAPAMIL HCL TAB 120 MG	2				
VERAPAMIL TAB 120MG ER	VERAPAMIL HCL TAB ER 120 MG	2				
VERAPAMIL TAB 180MG ER	VERAPAMIL HCL TAB ER 180 MG	2				
VERAPAMIL TAB 240MG ER	VERAPAMIL HCL TAB ER 240 MG	2				
VERAPAMIL TAB 40MG	VERAPAMIL HCL TAB 40 MG	2				
VERAPAMIL TAB 80MG	VERAPAMIL HCL TAB 80 MG	2				
Central nervous system agents						
AMPHET/DEXTR CAP 10MG ER	AMPHETAMINE-DEXTROAMPHETAMINE CAP ER 24HR 10 MG	1	X	X		
AMPHET/DEXTR CAP 15MG ER	AMPHETAMINE-DEXTROAMPHETAMINE CAP ER 24HR 15 MG	1	X	X		
AMPHET/DEXTR CAP 20MG ER	AMPHETAMINE-DEXTROAMPHETAMINE CAP ER 24HR 20 MG	1	X	X		
AMPHET/DEXTR CAP 25MG ER	AMPHETAMINE-DEXTROAMPHETAMINE CAP ER 24HR 25 MG	1	X	X		
AMPHET/DEXTR CAP 30MG ER	AMPHETAMINE-DEXTROAMPHETAMINE CAP ER 24HR 30 MG	1	X	X		
AMPHET/DEXTR CAP 5MG ER	AMPHETAMINE-DEXTROAMPHETAMINE CAP ER 24HR 5 MG	1	X	X		
AMPHET/DEXTR TAB 10MG	AMPHETAMINE-DEXTROAMPHETAMINE TAB 10 MG	1	X	X		
AMPHET/DEXTR TAB 12.5MG	AMPHETAMINE-DEXTROAMPHETAMINE TAB 12.5 MG	1	X	X		

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Drug name	Generic name	Tier value	Prior auth	Quantity limit	Step therapy	Notes
AMPHET/DEXTR TAB 15MG	AMPHETAMINE-DEXTROAMPHETAMINE TAB 15 MG	1	X	X		
AMPHET/DEXTR TAB 20MG	AMPHETAMINE-DEXTROAMPHETAMINE TAB 20 MG	1	X	X		
AMPHET/DEXTR TAB 30MG	AMPHETAMINE-DEXTROAMPHETAMINE TAB 30 MG	1	X	X		
AMPHET/DEXTR TAB 5MG	AMPHETAMINE-DEXTROAMPHETAMINE TAB 5 MG	1	X	X		
AMPHET/DEXTR TAB 7.5MG	AMPHETAMINE-DEXTROAMPHETAMINE TAB 7.5 MG	1	X	X		
AMPHETAMINE TAB 10MG	AMPHETAMINE SULFATE TAB 10 MG	1	X			
AMPHETAMINE TAB 5MG	AMPHETAMINE SULFATE TAB 5 MG	1	X			
AUSTEDO TAB 12MG	DEUTETRABENAZINE TAB 12 MG	4	X	X		SP, BH*
AUSTEDO TAB 6MG	DEUTETRABENAZINE TAB 6 MG	4	X	X		SP, BH*
AUSTEDO TAB 9MG	DEUTETRABENAZINE TAB 9 MG	4	X	X		SP, BH*
AVONEX PEN KIT 30MCG	INTERFERON BETA-1A IM AUTO-INJECTOR KIT 30 MCG / 0.5ML	4	X	X		SP
AVONEX PREFL KIT 30MCG	INTERFERON BETA-1A IM PREFILLED SYRINGE KIT 30 MCG / 0.5ML	4	X	X		SP
BETASERON INJ 0.3MG	INTERFERON BETA-1B FOR INJ KIT 0.3 MG	4	X	X		SP
CAFFEINE CIT SOL 20MG/ML	CAFFEINE CITRATE ORAL SOLN 60 MG / 3ML (10 MG / ML BASE EQUIV)	2				
CAFFEINE CIT SOL 60MG/3ML	CAFFEINE CITRATE ORAL SOLN 60 MG / 3ML (10 MG / ML BASE EQUIV)	2				
CLONIDINE TAB 0.1MG ER	CLONIDINE HCL TAB ER 12HR 0.1 MG	1				
DALFAMPRIDIN TAB 10MG ER	DALFAMPRIDINE TAB ER 12HR 10 MG	4	X	X		SP
DAYBUE SOL 200MG/ML	TROFINETIDE ORAL SOLN 200 MG / ML	1	X	X		SP
DEXMETHYLPH TAB 10MG	DEXMETHYLPHENIDATE HCL TAB 10 MG	1	X	X		
DEXMETHYLPH TAB 2.5MG	DEXMETHYLPHENIDATE HCL TAB 2.5 MG	1	X	X		
DEXMETHYLPH TAB 5MG	DEXMETHYLPHENIDATE HCL TAB 5 MG	1	X	X		
DEXTROAMPHET SOL 5MG/5ML	DEXTROAMPHETAMINE SULFATE ORAL SOLUTION 5 MG / 5ML	1	X			
DEXTROAMPHET TAB 10MG	DEXTROAMPHETAMINE SULFATE TAB 10 MG	1	X	X		
DEXTROAMPHET TAB 5MG	DEXTROAMPHETAMINE SULFATE TAB 5 MG	1	X	X		
DIMETHYL FUM CAP 120MG DR	DIMETHYL FUMARATE CAPSULE DELAYED RELEASE 120 MG	4	X	X		SP
DIMETHYL FUM CAP 240MG DR	DIMETHYL FUMARATE CAPSULE DELAYED RELEASE 240 MG	4	X	X		SP
DIMETHYL FUM CAP STARTER	DIMETHYL FUMARATE CAPSULE DR STARTER PACK 120 MG & 240 MG	4	X	X		SP
DULOXETINE CAP 20MG	DULOXETINE HCL ENTERIC COATED PELLETS CAP 20 MG (BASE EQ)	1		X		
DULOXETINE CAP 30MG	DULOXETINE HCL ENTERIC COATED PELLETS CAP 30 MG (BASE EQ)	1		X		
DULOXETINE CAP 60MG	DULOXETINE HCL ENTERIC COATED PELLETS CAP 60 MG (BASE EQ)	1		X		
FINGOLIMOD CAP 0.5MG	FINGOLIMOD HCL CAP 0.5 MG (BASE EQUIV)	6	X	X		SP
GLATIRAMER INJ 20MG/ML	GLATIRAMER ACETATE SOLN PREFILLED SYRINGE 20 MG / ML	4	X	X		SP

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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
GLATIRAMER INJ 40MG/ML	GLATIRAMER ACETATE SOLN PREFILLED SYRINGE 40 MG / ML	4	X	X		SP
GLATOPA INJ 20MG/ML	GLATIRAMER ACETATE SOLN PREFILLED SYRINGE 20 MG / ML	4	X	X		SP
GLATOPA INJ 40MG/ML	GLATIRAMER ACETATE SOLN PREFILLED SYRINGE 40 MG / ML	4	X	X		SP
GUANFACINE TAB 1MG ER	GUANFACINE HCL TAB ER 24HR 1 MG (BASE EQUIV)	1		X		
GUANFACINE TAB 2MG ER	GUANFACINE HCL TAB ER 24HR 2 MG (BASE EQUIV)	1		X		
GUANFACINE TAB 3MG ER	GUANFACINE HCL TAB ER 24HR 3 MG (BASE EQUIV)	1		X		
GUANFACINE TAB 4MG ER	GUANFACINE HCL TAB ER 24HR 4 MG (BASE EQUIV)	1		X		
INGREZZA CAP 40-80MG	VALBENAZINE TOSYLATE CAP THERAPY PACK 40 MG (7) & 80 MG (21)	6	X	X		SP, BH*
INGREZZA CAP 40MG	VALBENAZINE TOSYLATE CAP 40 MG (BASE EQUIV)	6	X	X		SP, BH*
INGREZZA CAP 60MG	VALBENAZINE TOSYLATE CAP 60 MG (BASE EQUIV)	6	X	X		SP, BH*
INGREZZA CAP 80MG	VALBENAZINE TOSYLATE CAP 80 MG (BASE EQUIV)	6	X	X		SP, BH*
METHAMPHETAM TAB 5MG	METHAMPHETAMINE HCL TAB 5 MG	1	X			
METHYLPHENID SOL 10MG/5ML	METHYLPHENIDATE HCL SOLN 10 MG / 5ML	1	X	X		
METHYLPHENID SOL 5MG/5ML	METHYLPHENIDATE HCL SOLN 5 MG / 5ML	1	X	X		
METHYLPHENID TAB 10MG	METHYLPHENIDATE HCL TAB 10 MG	1	X	X		
METHYLPHENID TAB 10MG ER	METHYLPHENIDATE HCL TAB ER 10 MG	1	X	X		
METHYLPHENID TAB 18MG ER	METHYLPHENIDATE HCL TAB ER OSMOTIC RELEASE (OSM) 18 MG	1	X	X		
METHYLPHENID TAB 20MG	METHYLPHENIDATE HCL TAB 20 MG	1	X	X		
METHYLPHENID TAB 20MG ER	METHYLPHENIDATE HCL TAB ER 20 MG	1	X	X		
METHYLPHENID TAB 27MG ER	METHYLPHENIDATE HCL TAB ER OSMOTIC RELEASE (OSM) 27 MG	1	X	X		
METHYLPHENID TAB 36MG ER	METHYLPHENIDATE HCL TAB ER OSMOTIC RELEASE (OSM) 36 MG	1	X	X		
METHYLPHENID TAB 54MG ER	METHYLPHENIDATE HCL TAB ER OSMOTIC RELEASE (OSM) 54 MG	1	X	X		
METHYLPHENID TAB 5MG	METHYLPHENIDATE HCL TAB 5 MG	1	X	X		
PHENTERMINE CAP 15MG	PHENTERMINE HCL CAP 15 MG	2	X			
PHENTERMINE CAP 30MG	PHENTERMINE HCL CAP 30 MG	2	X			
PHENTERMINE CAP 37.5MG	PHENTERMINE HCL CAP 37.5 MG	2	X			
PHENTERMINE TAB 37.5MG	PHENTERMINE HCL TAB 37.5 MG	2	X			
PREGABALIN CAP 100MG	PREGABALIN CAP 100 MG	2		X		BH*
PREGABALIN CAP 150MG	PREGABALIN CAP 150 MG	2		X		BH*
PREGABALIN CAP 200MG	PREGABALIN CAP 200 MG	2		X		BH*
PREGABALIN CAP 225MG	PREGABALIN CAP 225 MG	2		X		BH*
PREGABALIN CAP 25MG	PREGABALIN CAP 25 MG	2		X		BH*
PREGABALIN CAP 300MG	PREGABALIN CAP 300 MG	2		X		BH*

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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
PREGABALIN CAP 50MG	PREGABALIN CAP 50 MG	2		X		BH*
PREGABALIN CAP 75MG	PREGABALIN CAP 75 MG	2		X		BH*
QSYMIA CAP 11.25-69	PHENTERMINE HCL-TOPIRAMATE CAP ER 24HR 11.25-69 MG	5	X			
QSYMIA CAP 15-92MG	PHENTERMINE HCL-TOPIRAMATE CAP ER 24HR 15-92 MG	5	X			
QSYMIA CAP 3.75-23	PHENTERMINE HCL-TOPIRAMATE CAP ER 24HR 3.75-23 MG	5	X			
QSYMIA CAP 7.5-46MG	PHENTERMINE HCL-TOPIRAMATE CAP ER 24HR 7.5-46 MG	5	X			
RILUZOLE TAB 50MG	RILUZOLE TAB 50 MG	4				SP, BH*
SAVELLA MIS TITR PAK	MILNACIPRAN HCL TAB 12.5 MG (5) & 25 MG (8) & 50 MG (42) PAK	5		X X		BH*
SAVELLA TAB 100MG	MILNACIPRAN HCL TAB 100 MG	5		X X		BH*
SAVELLA TAB 12.5MG	MILNACIPRAN HCL TAB 12.5 MG	5		X X		BH*
SAVELLA TAB 25MG	MILNACIPRAN HCL TAB 25 MG	5		X X		BH*
SAVELLA TAB 50MG	MILNACIPRAN HCL TAB 50 MG	5		X X		BH*
TERIFLUNOMID TAB 14MG	TERIFLUNOMIDE TAB 14 MG	4	X X			SP
TERIFLUNOMID TAB 7MG	TERIFLUNOMIDE TAB 7 MG	4	X X			SP
TETRABENAZIN TAB 12.5MG	TETRABENAZINE TAB 12.5 MG	4	X X			SP
TETRABENAZIN TAB 25MG	TETRABENAZINE TAB 25 MG	4	X X			SP
Dental and oral agents						
CEVIMELINE CAP 30MG	CEVIMELINE HCL CAP 30 MG	3				
CHLORHEX GLU SOL 0.12%	CHLORHEXIDINE GLUCONATE SOLN 0.12%	2				
KOURZEQ PST 0.1%	TRIAMCINOLONE ACETONIDE DENTAL PASTE 0.1%	2				
ORALONE DENT PST 0.1%	TRIAMCINOLONE ACETONIDE DENTAL PASTE 0.1%	2				
PERIOGARD SOL 0.12%	CHLORHEXIDINE GLUCONATE SOLN 0.12%	2				
PILOCARPINE TAB 5MG	PILOCARPINE HCL TAB 5 MG	3				
PILOCARPINE TAB 7.5MG	PILOCARPINE HCL TAB 7.5 MG	3				
TRIAMCINOLON PST 0.1%	TRIAMCINOLONE ACETONIDE DENTAL PASTE 0.1%	2				
TRIAMCINOLON PST DEN 0.1%	TRIAMCINOLONE ACETONIDE DENTAL PASTE 0.1%	2				
Dermatological agents						
ACCUTANE CAP 10MG	ISOTRETINOIN CAP 10 MG	3				
ACCUTANE CAP 20MG	ISOTRETINOIN CAP 20 MG	3				
ACCUTANE CAP 30MG	ISOTRETINOIN CAP 30 MG	3				
ACCUTANE CAP 40MG	ISOTRETINOIN CAP 40 MG	3				
ACITRETN CAP 10MG	ACITRETN CAP 10 MG	3				
ACITRETN CAP 17.5MG	ACITRETN CAP 17.5 MG	3				
ACITRETN CAP 25MG	ACITRETN CAP 25 MG	3				
ADAPALENE CRE 0.1%	ADAPALENE CREAM 0.1%	3	X X			
ADAPALENE GEL 0.1%	ADAPALENE GEL 0.1%	3	X X			
ADAPALENE GEL 0.3%	ADAPALENE GEL 0.3%	3	X X			
ADAPALENE GEL PMP 0.3%	ADAPALENE GEL 0.3%	3	X 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
AMMONIUM LAC CRE 12%	LACTIC ACID (AMMONIUM LACTATE) CREAM 12%	2				
AMNESTEEM CAP 10MG	ISOTRETINOIN CAP 10 MG	3				
AMNESTEEM CAP 20MG	ISOTRETINOIN CAP 20 MG	3				
AMNESTEEM CAP 40MG	ISOTRETINOIN CAP 40 MG	3				
AZELAIC ACID GEL 15%	AZELAIC ACID GEL 15%	3		X		
BRIMONIDINE GEL 0.33%	BRIMONIDINE TARTRATE GEL 0.33% (BASE EQUIVALENT)	3		X		
CALCIP/BETAM SUS	CALCIPOTRIENE-BETAMETHASONE DIPROPIONATE SUSP 0.005-0.064%	3		X		
CALCIPOTRIEN CRE 0.005%	CALCIPOTRIENE CREAM 0.005%	3		X		
CALCIPOTRIEN OIN 0.005%	CALCIPOTRIENE OINT 0.005%	3		X		
CALCIPOTRIEN OIN BETAMETH	CALCIPOTRIENE-BETAMETHASONE DIPROPIONATE OINT 0.005-0.064%	3		X		
CALCIPOTRIEN SOL 0.005%	CALCIPOTRIENE SOLN 0.005% (50 MCG / ML)	3		X		
CALCITRIOL OIN 3MCG/GM	CALCITRIOL OINT 3 MCG / GM	3		X		
CLARAVIS CAP 10MG	ISOTRETINOIN CAP 10 MG	3				
CLARAVIS CAP 20MG	ISOTRETINOIN CAP 20 MG	3				
CLARAVIS CAP 30MG	ISOTRETINOIN CAP 30 MG	3				
CLARAVIS CAP 40MG	ISOTRETINOIN CAP 40 MG	3				
CLINDAMY/BEN GEL 1.2-5%	CLINDAMYCIN PHOSPH-BENZOYL PEROXIDE (REFRIG) GEL 1.2 (1)-5%	3		X		
CLINDAMYCIN GEL 1%	CLINDAMYCIN PHOSPHATE GEL 1%	3		X		
CLINDAMYCIN LOT 1%	CLINDAMYCIN PHOSPHATE LOTION 1%	3		X		
CLINDAMYCIN LOT 10MG/ML	CLINDAMYCIN PHOSPHATE LOTION 1%	3		X		
CLINDAMYCIN MIS 1%	CLINDAMYCIN PHOSPHATE SWAB 1%	2		X		
CLINDAMYCIN SOL 1%	CLINDAMYCIN PHOSPHATE SOLN 1%	2		X		
DOXEPEPIN HCL CRE 5%	DOXEPEPIN HCL CREAM 5%	3	X	X		
DUOBRII LOT	HALOBETASOL PROPIONATE-TAZAROTENE LOTION 0.01-0.045%	5		X	X	
DUPIXENT INJ 100/0.67	DUPILUMAB SUBCUTANEOUS SOLN PREFILLED SYRINGE 100 MG / 0.67ML	4	X	X		SP
DUPIXENT INJ 200/1.14	DUPILUMAB SUBCUTANEOUS SOLN PREFILLED SYRINGE 200 MG / 1.14ML	4	X	X		SP
DUPIXENT INJ 200MG	DUPILUMAB SUBCUTANEOUS SOLN PEN-INJECTOR 200 MG / 1.14ML	4	X	X		SP
DUPIXENT INJ 300/2ML	DUPILUMAB SUBCUTANEOUS SOLN PEN-INJECTOR 300 MG / 2ML	4	X	X		SP
DUPIXENT INJ 300/2ML	DUPILUMAB SUBCUTANEOUS SOLN PREFILLED SYRINGE 300 MG / 2ML	4	X	X		SP
ERY PAD 2%	ERYTHROMYCIN PADS 2%	2				
ERY/BENZOYL GEL 3-5%	BENZOYL PEROXIDE-ERYTHROMYCIN GEL 5-3%	3		X		
ERYTHROMYCIN GEL 2%	ERYTHROMYCIN GEL 2%	3				
ERYTHROMYCIN SOL 2%	ERYTHROMYCIN SOLN 2%	3				
ESKATA SOL 40%	HYDROGEN PEROXIDE SOLN 40%	5				
IMIQUIMOD CRE 5%	IMIQUIMOD CREAM 5%	2		X		STI*
ISOTRETINOIN CAP 10MG	ISOTRETINOIN CAP 10 MG	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
ISOTRETINOIN CAP 20MG	ISOTRETINOIN CAP 20 MG	3				
ISOTRETINOIN CAP 30MG	ISOTRETINOIN CAP 30 MG	3				
ISOTRETINOIN CAP 40MG	ISOTRETINOIN CAP 40 MG	3				
IVERMECTIN CRE 1%	IVERMECTIN CREAM 1%	3		X		
METHOXSALEN CAP 10MG	METHOXSALEN RAPID CAP 10 MG	3				
METRONIDAZOL CRE 0.75%	METRONIDAZOLE CREAM 0.75%	3				
METRONIDAZOL GEL 0.75%	METRONIDAZOLE GEL 0.75%	3				
METRONIDAZOL LOT 0.75%	METRONIDAZOLE LOTION 0.75%	3				
MYORISAN CAP 10MG	ISOTRETINOIN CAP 10 MG	3				
MYORISAN CAP 20MG	ISOTRETINOIN CAP 20 MG	3				
MYORISAN CAP 30MG	ISOTRETINOIN CAP 30 MG	3				
MYORISAN CAP 40MG	ISOTRETINOIN CAP 40 MG	3				
PIMECROLIMUS CRE 1%	PIMECROLIMUS CREAM 1%	3		X	X	
PODOFILOX GEL 0.5%	PODOFILOX GEL 0.5%	3				STI*
PODOFILOX SOL 0.5%	PODOFILOX SOLN 0.5%	2				STI*
REGRANEX GEL 0.01%	BECAPLERMIN GEL 0.01%	3	X	X		
SANTYL OIN 250/GM	COLLAGENASE OINT 250 UNIT / GM	5		X		
SELENIUM SUL LOT 2.5%	SELENIUM SULFIDE LOTION 2.5%	2				
STELARA INJ 45MG/0.5	USTEKINUMAB INJ 45 MG / 0.5ML	4	X	X		SP
STELARA INJ 45MG/0.5	USTEKINUMAB SOLN PREFILLED SYRINGE 45 MG / 0.5ML	4	X	X		SP
STELARA INJ 90MG/ML	USTEKINUMAB SOLN PREFILLED SYRINGE 90 MG / ML	4	X	X		SP
SULFACETAMID LOT 10%	SULFACETAMIDE SODIUM LOTION 10% (ACNE)	3				
TACROLIMUS OIN 0.03%	TACROLIMUS OINT 0.03%	3		X	X	
TACROLIMUS OIN 0.1%	TACROLIMUS OINT 0.1%	3		X	X	
TAZAROTENE CRE 0.1%	TAZAROTENE CREAM 0.1%	3	X	X		
TAZAROTENE GEL 0.05%	TAZAROTENE GEL 0.05%	3	X	X		
TAZAROTENE GEL 0.1%	TAZAROTENE GEL 0.1%	3	X	X		
TRETINOIN CRE 0.025%	TRETINOIN CREAM 0.025%	3	X	X		
TRETINOIN CRE 0.05%	TRETINOIN CREAM 0.05%	3	X	X		
TRETINOIN CRE 0.1%	TRETINOIN CREAM 0.1%	3	X	X		
VEREGEN OIN 15%	SINECATECHINS OINT 15%	5		X		STI*
ZENATANE CAP 10MG	ISOTRETINOIN CAP 10 MG	3				
ZENATANE CAP 20MG	ISOTRETINOIN CAP 20 MG	3				
ZENATANE CAP 30MG	ISOTRETINOIN CAP 30 MG	3				
ZENATANE CAP 40MG	ISOTRETINOIN CAP 40 MG	3				
Electrolytes/minerals/metals/vitamins						
ATABEX EC TAB 29-1MG	PRENATAL VIT W / DSS-IRON CARBONYL-FA TAB DR 29-1 MG	2				
ATABEX OB TAB 29-1MG	PRENATAL VIT W / FE BISGLYCINATE CHELATE-FA TAB 29-1 MG	2				
AURYXIA TAB 210MG	FERRIC CITRATE TAB 1 GM (210 MG FERRIC IRON)	4				SP
CALC ACETATE CAP 667MG	CALCIUM ACETATE (PHOSPHATE BINDER) CAP 667 MG (169 MG CA)	2				

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ST Step therapy

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Drug name	Generic name	Tier value	Prior auth	Quantity limit	Step therapy	Notes
CALC ACETATE TAB 667MG	CALCIUM ACETATE (PHOSPHATE BINDER) TAB 667 MG	2				
CARGLUMIC TAB 200MG	CARGLUMIC ACID SOLUBLE TAB 200 MG	6	X			SP
CHEMET CAP 100MG	SUCCIMER CAP 100 MG	3				
COMPLETE NAT PAK DHA	PRENAT-FE BIS-FE PROT SUCC-FA-CA TAB & OMEGA 3 CAP 200 PK	2				
COMPLETENATE CHW	PRENATAL VIT W / FE FUMARATE-FA CHEW TAB 29-1 MG	2				
CO-NATAL FA TAB 29-1MG	PRENATAL VIT W / FE FUMARATE-FA TAB 29-1 MG	2				
CYANOCOBALAM INJ 10000MCG	CYANOCOBALAMIN INJ 1000 MCG / ML	2				
CYANOCOBALAM INJ 1000MCG	CYANOCOBALAMIN INJ 1000 MCG / ML	2				
CYANOCOBALAM INJ 30000MCG	CYANOCOBALAMIN INJ 1000 MCG / ML	2				
CYANOCOBALAM SOL 2000MCG	CYANOCOBALAMIN INJ 2000 MCG / ML	2				
DEFERASIROX GRA 180MG	DEFERASIROX GRANULES PACKET 180 MG	6	X			SP
DEFERASIROX GRA 360MG	DEFERASIROX GRANULES PACKET 360 MG	6	X			SP
DEFERASIROX GRA 90MG	DEFERASIROX GRANULES PACKET 90 MG	6	X			SP
DEFERASIROX TAB 125MG	DEFERASIROX TAB FOR ORAL SUSP 125 MG	6	X			SP
DEFERASIROX TAB 180MG	DEFERASIROX TAB 180 MG	4	X			SP
DEFERASIROX TAB 250MG	DEFERASIROX TAB FOR ORAL SUSP 250 MG	6	X			SP
DEFERASIROX TAB 360MG	DEFERASIROX TAB 360 MG	4	X			SP
DEFERASIROX TAB 500MG	DEFERASIROX TAB FOR ORAL SUSP 500 MG	6	X			SP
DEFERASIROX TAB 90MG	DEFERASIROX TAB 90 MG	4	X			SP
DODEX INJ	CYANOCOBALAMIN INJ 1000 MCG / ML	3				
EFFER-K TAB 10MEQ	POTASSIUM BICARBONATE-CITRIC ACID EFFER TAB 10 MEQ	3				
EFFER-K TAB 20MEQ	POTASSIUM BICARBONATE-CITRIC ACID EFFER TAB 20 MEQ	3				
EFFER-K TAB 25MEQ EF	POTASSIUM BICARBONATE EFFER TAB 25 MEQ	2				
FA-8 CAP 800MCG	FOLIC ACID CAP 0.8 MG	1				
FLUORIDE CHW 0.25MG F	SODIUM FLUORIDE CHEW TAB 0.25 MG F (FROM 0.55 MG NAF)	1				PRV-A
FLUORIDE CHW 0.5MG F	SODIUM FLUORIDE CHEW TAB 0.5 MG F (FROM 1.1 MG NAF)	1				PRV-A
FLUORIDE CHW 1MG F	SODIUM FLUORIDE CHEW TAB 1 MG F (FROM 2.2 MG NAF)	1				PRV-A
FLUORITAB DRO 0.125MG	SODIUM FLUORIDE SOLN 0.125 MG / DROP F (0.275 MG / DROP NAF)	1				PRV-A
FOLIC ACID TAB 1000MCG	FOLIC ACID TAB 1 MG	2				
FOLIC ACID TAB 1MG	FOLIC ACID TAB 1 MG	2				
FOLIC ACID TAB 400MCG	FOLIC ACID TAB 400 MCG	1				
FOLIC ACID TAB 800MCG	FOLIC ACID TAB 800 MCG	1				
FOLIVANE-OB CAP	PRENATAL W / O A W / FE FUM-FE POLY-FA CAP 85-1 MG	2				

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Drug name	Generic name	Tier value	Prior auth	Quantity limit	Step therapy	Notes
FOSRENOL POW 1000MG	LANTHANUM CARBONATE ORAL POWDER PACK 1000 MG (ELEMENTAL)	5				
FOSRENOL POW 750MG	LANTHANUM CARBONATE ORAL POWDER PACK 750 MG (ELEMENTAL)	5				
GALZIN CAP 25MG	ZINC ACETATE CAP 25 MG (ELEMENTAL ZINC)	5				
GALZIN CAP 50MG	ZINC ACETATE CAP 50 MG (ELEMENTAL ZINC)	5				
INATAL GT TAB	PRENATAL VIT W / DSS-IRON CARBONYL-FA TAB 90-1 MG	2				
KLOR-CON PAK 20MEQ	POTASSIUM CHLORIDE POWDER PACKET 20 MEQ	3				
KLOR-CON 10 TAB 10MEQ ER	POTASSIUM CHLORIDE TAB ER 10 MEQ	2				
KLOR-CON 8 TAB 8MEQ ER	POTASSIUM CHLORIDE TAB ER 8 MEQ (600 MG)	2				
KLOR-CON M10 TAB 10MEQ ER	POTASSIUM CHLORIDE MICROENCAPSULATED CRYSTAL ER TAB 10 MEQ	2				
KLOR-CON M15 TAB 15MEQ ER	POTASSIUM CHLORIDE MICROENCAPSULATED CRYSTAL ER TAB 15 MEQ	2				
KLOR-CON M20 TAB 20MEQ ER	POTASSIUM CHLORIDE MICROENCAPSULATED CRYSTAL ER TAB 20 MEQ	2				
KLOR-CON/EF TAB 25MEQ FR	POTASSIUM BICARBONATE EFFER TAB 25 MEQ	2				
K-PRIME TAB 25MEQ EF	POTASSIUM BICARBONATE EFFER TAB 25 MEQ	2				
LANTHANUM CHW 1000MG	LANTHANUM CARBONATE CHEW TAB 1000 MG (ELEMENTAL)	3				
LANTHANUM CHW 500MG	LANTHANUM CARBONATE CHEW TAB 500 MG (ELEMENTAL)	3				
LANTHANUM CHW 750MG	LANTHANUM CARBONATE CHEW TAB 750 MG (ELEMENTAL)	3				
LEVOCARNITIN SOL 1GM/10ML	LEVOCARNITINE ORAL SOLN 1 GM / 10ML (10%)	3				
LEVOCARNITIN TAB 330MG	LEVOCARNITINE TAB 330 MG	2				
LOKELMA PAK 10GM	SODIUM ZIRCONIUM CYCLOSILICATE FOR SUSP PACKET 10 GM	5	X	X		
LOKELMA PAK 5GM	SODIUM ZIRCONIUM CYCLOSILICATE FOR SUSP PACKET 5 GM	5	X	X		
M-NATAL PLUS TAB	PRENATAL VIT W / FE FUMARATE-FA TAB 27-1 MG	2				
NAFRINSE CHW 1MG F	SODIUM FLUORIDE CHEW TAB 1 MG F (FROM 2.2 MG NAF)	1				PRV-A
NAFRINSE DRO 0.125MG	SODIUM FLUORIDE SOLN 0.125 MG / DROP F (0.275 MG / DROP NAF)	1				PRV-A
NATALVIT TAB 75-1MG	PRENATAL VIT W / FE FUMARATE-FA TAB 75-1 MG	2				
NEONATAL TAB COMPLTE	PRENATAL VIT W / FE FUMARATE-FA TAB 27-1 MG	2				
NEONATAL TAB PLUS	PRENATAL VIT W / FE FUMARATE-FA TAB 27-1 MG	2				
NEONATAL PLS TAB 27-1MG	PRENATAL VIT W / FE FUMARATE-FA TAB 27-1 MG	2				
NIVA-PLUS TAB	PRENATAL VIT W / FE FUMARATE-FA TAB 27-1 MG	2				

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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
OBSTETRIX EC TAB	PRENATAL VIT W / DSS-IRON CARBONYL-FA TAB 29-1 MG	2				
OBSTETRX ONE CAP 38-1-225	PRENAT W / O A W / FECBN-BISG-METHYLF-DSS-DHA CAP 38-1-225 MG	2				
ONE VITE TAB 1MG PLUS	PRENATAL VIT W / FE FUMARATE-FA TAB 27-1 MG	2				
PHOSLYRA SOL	CALCIUM ACETATE (PHOSPHATE BINDER) ORAL SOLN 667 MG / 5ML	5				
PHYTONADIONE TAB 5MG	PHYTONADIONE TAB 5 MG	3		X		
PNV-DHA CAP DOCUSATE	PRENATAL W / O VIT A W / FE FUM-DSS-FA-DHA CAP 27-1.25-300 MG	2				
POT CHLORIDE CAP 10MEQ ER	POTASSIUM CHLORIDE CAP ER 10 MEQ	2				
POT CHLORIDE CAP 8MEQ ER	POTASSIUM CHLORIDE CAP ER 8 MEQ	2				
POT CHLORIDE POW 20MEQ	POTASSIUM CHLORIDE POWDER PACKET 20 MEQ	3				
POT CHLORIDE SOL 10%	POTASSIUM CHLORIDE ORAL SOLN 10% (20 MEQ / 15ML)	2				
POT CHLORIDE SOL 20%	POTASSIUM CHLORIDE ORAL SOLN 20% (40 MEQ / 15ML)	2				
POT CHLORIDE TAB 10MEQ ER	POTASSIUM CHLORIDE MICROENCAPSULATED CRYSTAL ER TAB 10 MEQ	2				
POT CHLORIDE TAB 10MEQ ER	POTASSIUM CHLORIDE TAB ER 10 MEQ	2				
POT CHLORIDE TAB 20MEQ ER	POTASSIUM CHLORIDE MICROENCAPSULATED CRYSTAL ER TAB 20 MEQ	2				
POT CHLORIDE TAB 20MEQ ER	POTASSIUM CHLORIDE TAB ER 20 MEQ (1500 MG)	2				
POT CHLORIDE TAB 8MEQ ER	POTASSIUM CHLORIDE TAB ER 8 MEQ (600 MG)	2				
POT CITRA ER TAB 1080MG	POTASSIUM CITRATE TAB ER 10 MEQ (1080 MG)	3				
POT CITRA ER TAB 1620MG	POTASSIUM CITRATE TAB ER 15 MEQ (1620 MG)	3				
POT CITRA ER TAB 540MG	POTASSIUM CITRATE TAB ER 5 MEQ (540 MG)	3				
POT CL MICRO TAB 10MEQ CR	POTASSIUM CHLORIDE MICROENCAPSULATED CRYSTAL ER TAB 10 MEQ	2				
POT CL MICRO TAB 10MEQ ER	POTASSIUM CHLORIDE MICROENCAPSULATED CRYSTAL ER TAB 10 MEQ	2				
POT CL MICRO TAB 15MEQ ER	POTASSIUM CHLORIDE MICROENCAPSULATED CRYSTAL ER TAB 15 MEQ	2				
POT CL MICRO TAB 20MEQ ER	POTASSIUM CHLORIDE MICROENCAPSULATED CRYSTAL ER TAB 20 MEQ	2				
POTASSIUM CH TAB 15MEQ	POTASSIUM CHLORIDE MICROENCAPSULATED CRYSTAL ER TAB 15 MEQ	2				
PRENATAL TAB PLUS	PRENATAL VIT W / FE FUMARATE-FA TAB 27-1 MG	2				
PRENATAL 19 TAB 29-1MG	PRENATAL VIT W / DSS-FE FUMARATE-FA TAB 29-1 MG	2				
PRENATAL PLS MIS MV + DHA	PRENAT W / FE FUM-FA TAB 27-1 MG & OMEGA 3 CAP 312 MG PAK	2				

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PRENATAL VIT TAB LOW IRON	PRENATAL VIT W / FE FUMARATE-FA TAB 27-1 MG	2				
PRENATAL-U CAP 106.5-1	PRENATAL W / O A VIT W / FE FUMARATE-FA CAP 106.5-1 MG	2				
PRENATRIX TAB	PRENATAL VIT W / FE FUMARATE-FA TAB 27-1 MG	2				
PRENATRYL TAB	PRENATAL VIT W / FE FUMARATE-FA TAB 27-1 MG	2				
PREPLUS TAB 27-1MG	PRENATAL VIT W / FE FUMARATE-FA TAB 27-1 MG	2				
PROVIDA OB CAP	PRENATAL W / O A W / FE FUM-FE POLY-FA CAP 20-20-1.25 MG	2				
SE-NATAL 19 CHW	PRENATAL VIT W / FE FUMARATE-FA CHEW TAB 29-1 MG	2				
SE-NATAL 19 TAB	PRENATAL VIT W / DSS-FE FUMARATE-FA TAB 29-1 MG	2				
SEVELAMER POW 0.8GM	SEVELAMER CARBONATE PACKET 0.8 GM	3				
SEVELAMER POW 2.4GM	SEVELAMER CARBONATE PACKET 2.4 GM	3				
SEVELAMER TAB 800MG	SEVELAMER CARBONATE TAB 800 MG	3				
SOD FLUORIDE CHW 0.25MG F	SODIUM FLUORIDE CHEW TAB 0.25 MG F (FROM 0.55 MG NAF)	1				PRV-A
SOD FLUORIDE CHW 0.5MG F	SODIUM FLUORIDE CHEW TAB 0.5 MG F (FROM 1.1 MG NAF)	1				PRV-A
SOD FLUORIDE CHW 1.1MG	SODIUM FLUORIDE CHEW TAB 0.5 MG F (FROM 1.1 MG NAF)	1				PRV-A
SOD FLUORIDE CHW 2.2MG	SODIUM FLUORIDE CHEW TAB 1 MG F (FROM 2.2 MG NAF)	1				PRV-A
SOD FLUORIDE DRO 0.5MG/ML	SODIUM FLUORIDE SOLN 0.5 MG / ML F (FROM 1.1 MG / ML NAF)	1				PRV-A
SOD FLUORIDE TAB 0.5MG F	SODIUM FLUORIDE TAB 0.5 MG F (FROM 1.1 MG NAF)	1				PRV-A
SOD FLUORIDE TAB 1MG F	SODIUM FLUORIDE TAB 1 MG F (FROM 2.2 MG NAF)	1				PRV-A
SOD POLY SUL POW	SODIUM POLYSTYRENE SULFONATE POWDER	2				
SPS SUS 15GM/60	SODIUM POLYSTYRENE SULFONATE ORAL SUSP 15 GM / 60ML	3				
TARON-C DHA CAP	PRENATAL W / FE FUM-FE POLY -FA-OMEGA 3 CAP 35-1 MG	2				
THRIVITE RX TAB 29-1MG	PRENATAL VIT W / IRON CARBONYL-FA TAB 29-1 MG	2				
TRICARE TAB PRENATAL	PRENATAL VIT W / FE FUMARATE-FA TAB 27-1 MG	2				
TRIENTINE CAP 250MG	TRIENTINE HCL CAP 250 MG	6	X	X		SP
TRINATAL RX TAB 1	PRENATAL VIT W / FE FUMARATE-FA TAB 60-1 MG	2				
TRINATE TAB	PRENATAL VIT W / FE FUMARATE-FA TAB 28-1 MG	2				
VELPHORO CHW 500MG	SUCROFERRIC OXYHYDROXIDE CHEW TAB 500 MG	4				SP

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Drug name	Generic name	Tier value	Prior auth	Quantity limit	Step therapy	Notes
VELTASSA POW 16.8GM	PATIROMER SORBITEX CALCIUM FOR SUSP PACKET 16.8 GM (BASE EQ)	5	X	X		
VELTASSA POW 25.2GM	PATIROMER SORBITEX CALCIUM FOR SUSP PACKET 25.2 GM (BASE EQ)	5	X	X		
VELTASSA POW 8.4GM	PATIROMER SORBITEX CALCIUM FOR SUSP PACKET 8.4 GM (BASE EQ)	5	X	X		
VINATE II TAB	PRENATAL VIT W / FE BISGLYCINATE CHELATE-FA TAB 29-1 MG	2				
VINATE ONE TAB	PRENATAL VIT W / FE FUMARATE-FA TAB 60-1 MG	2				
VITAMIN D CAP 1.25MG	ERGOCALCIFEROL CAP 1.25 MG (50000 UNIT)	2				
VITAMIN D CAP 50000UNT	ERGOCALCIFEROL CAP 1.25 MG (50000 UNIT)	2				
VITATHELY TAB	PRENATAL VIT W / FE FUMARATE-FA TAB 27-1 MG	2				
WESNATAL DHA PAK COMPLETE	PRENAT-FE BIS-FE PROT SUCC-FA-CA TAB & OMEGA 3 CAP 200 PK	2				
WESTAB PLUS TAB 27-1MG	PRENATAL VIT W / FE FUMARATE-FA TAB 27-1 MG	2				
WILZIN CAP 25MG	ZINC ACETATE CAP 25 MG (ELEMENTAL ZINC)	5				
Gastrointestinal agents						
ALOSETRON TAB 0.5MG	ALOSETRON HCL TAB 0.5 MG (BASE EQUIV)	3	X	X		
ALOSETRON TAB 1MG	ALOSETRON HCL TAB 1 MG (BASE EQUIV)	3	X	X		
ALVIMOPAN CAP 12MG	ALVIMOPAN CAP 12 MG	3				
BISACODYL TAB 5MG EC	BISACODYL TAB DELAYED RELEASE 5 MG	1		X		
CIMETIDINE SOL 300/5ML	CIMETIDINE HCL SOLN 300 MG / 5ML	2				
CIMETIDINE SOL 400MG	CIMETIDINE HCL SOLN 300 MG / 5ML	2				
CIMETIDINE TAB 200MG	CIMETIDINE TAB 200 MG	2				
CIMETIDINE TAB 300MG	CIMETIDINE TAB 300 MG	2				
CIMETIDINE TAB 400MG	CIMETIDINE TAB 400 MG	2				
CIMETIDINE TAB 800MG	CIMETIDINE TAB 800 MG	2				
CITROMA SOL LEMONY	MAGNESIUM CITRATE SOLN	1		X		
CLEARLAX POW	POLYETHYLENE GLYCOL 3350 ORAL POWDER 17 GM / SCOOP	1		X		
CLENPIQ SOL	SOD PICOSULFATE-MG OX-CITRIC AC SOL 10 MG-3.5 GM-12 GM / 160ML	5				PRV*
CLENPIQ SOL	SOD PICOSULFATE-MG OX-CITRIC AC SOL 10 MG-3.5 GM-12 GM / 175ML	5				PRV*
CONSTULOSE SOL 10GM/15	LACTULOSE SOLUTION 10 GM / 15ML	2				
CROMOLYN SOD CON 100/5ML	CROMOLYN SODIUM ORAL CONC 100 MG / 5ML	3				
CVS PURELAX POW	POLYETHYLENE GLYCOL 3350 ORAL POWDER 17 GM / SCOOP	1		X		
DEXLANSOPRAZ CAP 30MG	DEXLANSOPRAZOLE CAP DELAYED RELEASE 30 MG	3		X		
DEXLANSOPRAZ CAP 30MG DR	DEXLANSOPRAZOLE CAP DELAYED RELEASE 30 MG	3		X		
DEXLANSOPRAZ CAP 60MG DR	DEXLANSOPRAZOLE CAP DELAYED RELEASE 60 MG	3		X		

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Drug name	Generic name	Tier value	Prior auth	Quantity limit	Step therapy	Notes
DICYCLOMINE CAP 10MG	DICYCLOMINE HCL CAP 10 MG	2				
DICYCLOMINE SOL 10MG/5ML	DICYCLOMINE HCL ORAL SOLN 10 MG / 5ML	3				
DICYCLOMINE TAB 20MG	DICYCLOMINE HCL TAB 20 MG	2				
DIPHEN/ATROP LIQ 2.5/5	DIPHENOXYLATE W / ATROPINE LIQ 2.5-0.025 MG / 5ML	3				
DIPHEN/ATROP TAB 2.5MG	DIPHENOXYLATE W / ATROPINE TAB 2.5-0.025 MG	2				
ENULOSE SOL 10GM/15	LACTULOSE (ENCEPHALOPATHY) SOLUTION 10 GM / 15ML	2				
ESOMEPPRA MAG CAP 20MG DR	ESOMEPPRAZOLE MAGNESIUM CAP DELAYED RELEASE 20 MG (BASE EQ)	2		X		
ESOMEPPRA MAG CAP 40MG DR	ESOMEPPRAZOLE MAGNESIUM CAP DELAYED RELEASE 40 MG (BASE EQ)	2		X		
FAMOTIDINE SUS 40MG/5ML	FAMOTIDINE FOR SUSP 40 MG / 5ML	3				
FAMOTIDINE TAB 20MG	FAMOTIDINE TAB 20 MG	2				
FAMOTIDINE TAB 40MG	FAMOTIDINE TAB 40 MG	2				
GAVILAX POW	POLYETHYLENE GLYCOL 3350 ORAL POWDER 17 GM / SCOOP	1		X		
GAVILYTE-C SOL	PEG 3350-KCL-NA BICARB-NACL-NA SULFATE FOR SOLN 240 GM	2		X		PRV*
GAVILYTE-G SOL	PEG 3350-KCL-NA BICARB-NACL-NA SULFATE FOR SOLN 236 GM	2		X		PRV*
GENERLAC SOL 10GM/15	LACTULOSE (ENCEPHALOPATHY) SOLUTION 10 GM / 15ML	2				
GENTLELAX POW	POLYETHYLENE GLYCOL 3350 ORAL POWDER 17 GM / SCOOP	1		X		
GLYCOLAX POW 3350 NF	POLYETHYLENE GLYCOL 3350 ORAL POWDER 17 GM / SCOOP	1		X		
GLCOPYRROL TAB 1MG	GLCOPYRROLATE TAB 1 MG	2				
GLCOPYRROL TAB 2MG	GLCOPYRROLATE TAB 2 MG	2				
KRISTALOSE PAK 10GM	LACTULOSE ORAL CRYSTAL PACKET 10 GM	5				
KRISTALOSE PAK 20GM	LACTULOSE ORAL CRYSTAL PACKET 20 GM	5				
LACTULOSE PAK 10GM	LACTULOSE ORAL CRYSTAL PACKET 10 GM	3				
LACTULOSE SOL 10GM/15	LACTULOSE (ENCEPHALOPATHY) SOLUTION 10 GM / 15ML	2				
LACTULOSE SOL 10GM/15	LACTULOSE SOLUTION 10 GM / 15ML	2				
LACTULOSE SOL 20/30ML	LACTULOSE SOLUTION 10 GM / 15ML	2				
LANSOPR/AMOX PAK/CLARITH	AMOXICIL CAP & CLARITHRO TAB & LANSOPRAZ CAP DR 500 & 500 & 30MG	3		X		
LANSOPRAZOLE CAP 15MG DR	LANSOPRAZOLE CAP DELAYED RELEASE 15 MG	3		X		
LANSOPRAZOLE CAP 30MG DR	LANSOPRAZOLE CAP DELAYED RELEASE 30 MG	3		X		
LINZESS CAP 145MCG	LINACLOTIDE CAP 145 MCG	3	X	X		
LINZESS CAP 290MCG	LINACLOTIDE CAP 290 MCG	3	X	X		
LINZESS CAP 72MCG	LINACLOTIDE CAP 72 MCG	3	X	X		
LOPERAMIDE CAP 2MG	LOPERAMIDE HCL CAP 2 MG	2				
LUBIPROSTONE CAP 24MCG	LUBIPROSTONE CAP 24 MCG	3		X		

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Drug name	Generic name	Tier value	Prior auth	Quantity limit	Step therapy	Notes
LUBIPROSTONE CAP 8MCG	LUBIPROSTONE CAP 8 MCG	3		X		
MAG CITRATE SOL LEMON	MAGNESIUM CITRATE SOLN	1		X		
METHSCOPOLAM TAB 2.5MG	METHSCOPOLAMINE BROMIDE TAB 2.5 MG	3				
METHSCOPOLAM TAB 5MG	METHSCOPOLAMINE BROMIDE TAB 5 MG	3				
MIRALAX POW 3350 NF	POLYETHYLENE GLYCOL 3350 ORAL POWDER 17 GM / SCOOP	1		X		
MISOPROSTOL TAB 100MCG	MISOPROSTOL TAB 100 MCG	2				
MISOPROSTOL TAB 200MCG	MISOPROSTOL TAB 200 MCG	2				
NIZATIDINE SOL 15MG/ML	NIZATIDINE ORAL SOLN 15 MG / ML	3				
OMEPRAZOLE CAP 10MG	OMEPRAZOLE CAP DELAYED RELEASE 10 MG	2		X		
OMEPRAZOLE CAP 20MG	OMEPRAZOLE CAP DELAYED RELEASE 20 MG	2				
OMEPRAZOLE CAP 40MG	OMEPRAZOLE CAP DELAYED RELEASE 40 MG	2				
OPIUM TIN 10MG/ML	OPIUM TINCTURE 1% (10 MG / ML) (MORPHINE EQUIV)	3		X		
OSMOPREP TAB 1.5GM	SOD PHOS MONO-SOD PHOS DI TABS 1.102-0.398 GM(1.5GM NA PHOS)	5				PRV*
PANTOPRAZOLE TAB 20MG	PANTOPRAZOLE SODIUM EC TAB 20 MG (BASE EQUIV)	2		X		
PANTOPRAZOLE TAB 40MG	PANTOPRAZOLE SODIUM EC TAB 40 MG (BASE EQUIV)	2		X		
PEG/NASUL/C/ SOL NACL/POT	PEG 3350-KCL-NACL-NA SULFATE-NA ASCORBATE-C FOR SOLN 100 GM	3		X		PRV*
PEG-3350 SOL ELECTROL	PEG 3350-KCL-NA BICARB-NACL-NA SULFATE FOR SOLN 236 GM	2		X		PRV*
PEG-3350/KCL SOL /SODIUM	PEG 3350-KCL-SOD BICARB-NACL FOR SOLN 420 GM	2		X		PRV*
PLENUV SOL	PEG 3350-KCL-NACL-NA SULFATE-NA ASCORBATE-C FOR SOLN 140 GM	5		X		PRV*
POLYETH GLYC POW 3350 NF	POLYETHYLENE GLYCOL 3350 ORAL POWDER 17 GM / SCOOP	1		X		
RABEPRAZOLE TAB 20MG	RABEPRAZOLE SODIUM EC TAB 20 MG	3		X		
RELISTOR INJ 12/0.6ML	METHYLNALTREXONE BROMIDE INJ 12 MG / 0.6ML (20 MG / ML)	5	X	X		
RELISTOR INJ 8/0.4ML	METHYLNALTREXONE BROMIDE INJ 8 MG / 0.4ML (20 MG / ML)	5	X	X		
SODIUM/POTAS SOL MAGNESIU	SOD SULFATE-POT SULF-MG SULF ORAL SOL 17.5-3.13-1.6 GM / 177ML	3		X		PRV*
SUCRALFATE SUS 1GM/10ML	SUCRALFATE SUSP 1 GM / 10ML	3	X			
SUCRALFATE TAB 1GM	SUCRALFATE TAB 1 GM	2				
SYMPROIC TAB 0.2MG	NALDEMEDINE TOSYLATE TAB 0.2 MG (BASE EQUIVALENT)	3	X	X		
URSODIOL CAP 300MG	URSODIOL CAP 300 MG	2				
URSODIOL TAB 250MG	URSODIOL TAB 250 MG	2				
URSODIOL TAB 500MG	URSODIOL TAB 500 MG	2				
XERMELO TAB 250MG	TELOTRISTAT ETHYL TAB 250 MG (AS TELOTRISTAT ETIPRATE)	6	X	X		SP
ZELNORM TAB 6MG	TEGASEROD MALEATE TAB 6 MG (BASE EQUIVALENT)	5	X	X		

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Drug name	Generic name	Tier value	Prior auth	Quantity limit	Step therapy	Notes
Genetic or enzyme disorder: replacement, modifiers, treatment						
BETAINE ANHY POW	BETAINE POWDER FOR ORAL SOLUTION	4				SP
CREON CAP 12000UNT	PANCRELIPASE (LIP-PROT-AMYL) DR CAP 12000-38000-60000 UNIT	3				
CREON CAP 24000UNT	PANCRELIPASE (LIP-PROT-AMYL) DR CAP 24000-76000-120000 UNIT	3				
CREON CAP 3000UNIT	PANCRELIPASE (LIP-PROT-AMYL) DR CAP 3000-9500-15000 UNIT	3				
CREON CAP 36000UNT	PANCRELIPASE (LIP-PROT-AMYL) DR CAP 36000-114000-180000 UNIT	3				
CREON CAP 6000UNIT	PANCRELIPASE (LIP-PROT-AMYL) DR CAP 6000-19000-30000 UNIT	3				
CYSTAGON CAP 150MG	CYSTEAMINE BITARTRATE CAP 150 MG	6				SP
CYSTAGON CAP 50MG	CYSTEAMINE BITARTRATE CAP 50 MG	6				SP
MYALEPT INJ 11.3MG	METRELEPTIN FOR SUBCUTANEOUS INJ 11.3 MG	6	X	X		SP
ZENPEP CAP 10000UNT	PANCRELIPASE (LIP-PROT-AMYL) DR CAP 10000-32000-42000 UNIT	3				
ZENPEP CAP 15000UNT	PANCRELIPASE (LIP-PROT-AMYL) DR CAP 15000-47000-63000 UNIT	3				
ZENPEP CAP 20000UNT	PANCRELIPASE (LIP-PROT-AMYL) DR CAP 20000-63000-84000 UNIT	3				
ZENPEP CAP 25000UNT	PANCRELIPASE (LIP-PROT-AMYL) DR CAP 25000-79000-105000 UNIT	3				
ZENPEP CAP 3000UNIT	PANCRELIPASE (LIP-PROT-AMYL) DR CAP 3000-10000-14000 UNIT	3				
ZENPEP CAP 40000UNT	PANCRELIPASE (LIP-PROT-AMYL) DR CAP 40000-126000-168000 UNIT	3				
ZENPEP CAP 5000UNIT	PANCRELIPASE (LIP-PROT-AMYL) DR CAP 5000-17000-24000 UNIT	3				
ZENPEP CAP 60000UNT	PANCRELIPASE (LIP-PROT-AMYL) DR CAP 60000-189600-252600 UNIT	3				
Genitourinary agents						
ALFUZOSIN TAB 10MG ER	ALFUZOSIN HCL TAB ER 24HR 10 MG	2				
BETHANECHOL TAB 10MG	BETHANECHOL CHLORIDE TAB 10 MG	2				
BETHANECHOL TAB 25MG	BETHANECHOL CHLORIDE TAB 25 MG	2				
BETHANECHOL TAB 50MG	BETHANECHOL CHLORIDE TAB 50 MG	2				
BETHANECHOL TAB 5MG	BETHANECHOL CHLORIDE TAB 5 MG	2				
CARDURA XL TAB 4MG	DOXAZOSIN MESYLATE TAB ER 24 HR 4 MG (BASE EQUIV)	5		X		
CARDURA XL TAB 8MG	DOXAZOSIN MESYLATE TAB ER 24 HR 8 MG (BASE EQUIV)	5		X		
DARIFENACIN TAB 15MG	DARIFENACIN HYDROBROMIDE TAB ER 24HR 15 MG (BASE EQUIV)	3		X	X	
DARIFENACIN TAB 7.5MG	DARIFENACIN HYDROBROMIDE TAB ER 24HR 7.5 MG (BASE EQUIV)	3		X	X	
DUTAST/TAMSU CAP 0.5-0.4	DUTASTERIDE-TAMSULOSIN HCL CAP 0.5-0.4 MG	3				
DUTASTERIDE CAP 0.5MG	DUTASTERIDE CAP 0.5 MG	2		X		

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Drug name	Generic name	Tier value	Prior auth	Quantity limit	Step therapy	Notes
ELMIRON CAP 100MG	PENTOSAN POLYSULFATE SODIUM CAPS 100 MG	3				
ENCARE SUP 100MG	Nonoxynol-9 Vaginal Suppos 100 MG	1		X		
FESOTERODINE TAB 4MG ER	FESOTERODINE FUMARATE TAB ER 24HR 4 MG	3		X	X	
FESOTERODINE TAB 8MG ER	FESOTERODINE FUMARATE TAB ER 24HR 8 MG	3		X	X	
FINASTERIDE TAB 5MG	FINASTERIDE TAB 5 MG	2				
FLAVOXATE TAB 100MG	FLAVOXATE HCL TAB 100 MG	2				
GYNOL II GEL 3%	NONOXYNOL-9 GEL 3%	1				
OXYBUTYNIN SOL 5MG/5ML	OXYBUTYNIN CHLORIDE SOLUTION 5 MG / 5ML	2				
OXYBUTYNIN TAB 10MG ER	OXYBUTYNIN CHLORIDE TAB ER 24HR 10 MG	2		X		
OXYBUTYNIN TAB 15MG ER	OXYBUTYNIN CHLORIDE TAB ER 24HR 15 MG	2		X		
OXYBUTYNIN TAB 5MG	OXYBUTYNIN CHLORIDE TAB 5 MG	2				
OXYBUTYNIN TAB 5MG ER	OXYBUTYNIN CHLORIDE TAB ER 24HR 5 MG	2		X		
PENICILLAMIN CAP 250MG	PENICILLAMINE CAP 250 MG	6				SP
PENICILLAMIN TAB 250MG	PENICILLAMINE TAB 250 MG	6				SP
PHENAZO TAB 200MG	PHENAZOPYRIDINE HCL TAB 200 MG	2				
PHENAZOPYRID TAB 100MG	PHENAZOPYRIDINE HCL TAB 100 MG	2				
PHENAZOPYRID TAB 200MG	PHENAZOPYRIDINE HCL TAB 200 MG	2				
SILODOSIN CAP 4MG	SILODOSIN CAP 4 MG	3		X		
SILODOSIN CAP 8MG	SILODOSIN CAP 8 MG	3		X		
SOLIFENACIN TAB 10MG	SOLIFENACIN SUCCINATE TAB 10 MG	2		X		
SOLIFENACIN TAB 5MG	SOLIFENACIN SUCCINATE TAB 5 MG	2		X		
TADALAFIL TAB 2.5MG	TADALAFIL TAB 2.5 MG	3		X		
TADALAFIL TAB 5MG	TADALAFIL TAB 5 MG	3		X		
TAMSULOSIN CAP 0.4MG	TAMSULOSIN HCL CAP 0.4 MG	2				
TERAZOSIN CAP 10MG	TERAZOSIN HCL CAP 10 MG (BASE EQUIVALENT)	2				
TERAZOSIN CAP 1MG	TERAZOSIN HCL CAP 1 MG (BASE EQUIVALENT)	2				
TERAZOSIN CAP 2MG	TERAZOSIN HCL CAP 2 MG (BASE EQUIVALENT)	2				
TERAZOSIN CAP 5MG	TERAZOSIN HCL CAP 5 MG (BASE EQUIVALENT)	2				
TODAY SPONGE MIS	NONOXYNOL-9 VAGINAL SPONGE 1000 MG	1				
TOLTERODINE CAP 2MG ER	TOLTERODINE TARTRATE CAP ER 24HR 2 MG	3				
TOLTERODINE CAP 4MG ER	TOLTERODINE TARTRATE CAP ER 24HR 4 MG	3				
TOLTERODINE TAB 1MG	TOLTERODINE TARTRATE TAB 1 MG	3				
TOLTERODINE TAB 2MG	TOLTERODINE TARTRATE TAB 2 MG	3				
TROSPiUM CHL CAP 60MG ER	TROSPiUM CHLORIDE CAP ER 24HR 60 MG	3			X	
TROSPiUM CL TAB 20MG	TROSPiUM CHLORIDE TAB 20 MG	3				
VCF VAGINAL GEL CONTRACE	NONOXYNOL-9 GEL 4%	1				
VCF VAGINAL MIS CONTRACP	NONOXYNOL-9 FILM 28%	1				
Hormonal agents, stimulant/replacement/modifying (adrenal)						
ALA-SCALP LOT 2%	HYDROCORTISONE LOTION 2%	5				
ALCLOMETASON CRE 0.05%	ALCLOMETASONE DIPROPIONATE CREAM 0.05%	2				

KEY: **BH*** Behavioral Health – Medication may be available at no cost to you when prescribed to treat a behavioral health condition.

MME Morphine milligram equivalent & 7-day limit if you have not filled an opioid prescription recently

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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
ALCLOMETASON OIN 0.05%	ALCLOMETASONE DIPROPIONATE OINT 0.05%	2				
AMCINONIDE CRE 0.1%	AMCINONIDE CREAM 0.1%	3				
AMCINONIDE LOT 0.1%	AMCINONIDE LOTION 0.1%	3				
AMCINONIDE OIN 0.1%	AMCINONIDE OINT 0.1%	3				
APEXICON E CRE 0.05%	DIFLORASONE DIACETATE EMOLLIENT BASE CREAM 0.05%	3		X		
BETA DIPROP CRE 0.05%	BETAMETHASONE DIPROPIONATE AUGMENTED CREAM 0.05%	3				
BETA DIPROP GEL 0.05%	BETAMETHASONE DIPROPIONATE AUGMENTED GEL 0.05%	3				
BETA DIPROP LOT 0.05%	BETAMETHASONE DIPROPIONATE AUGMENTED LOTION 0.05%	3				
BETA DIPROP OIN 0.05%	BETAMETHASONE DIPROPIONATE AUGMENTED OINT 0.05%	3				
BETAMETH DIP CRE 0.05%	BETAMETHASONE DIPROPIONATE CREAM 0.05%	3				
BETAMETH DIP LOT 0.05%	BETAMETHASONE DIPROPIONATE LOTION 0.05%	3				
BETAMETH DIP OIN 0.05%	BETAMETHASONE DIPROPIONATE OINT 0.05%	3				
BETAMETH VAL CRE 0.1%	BETAMETHASONE VALERATE CREAM 0.1% (BASE EQUIVALENT)	3				
BETAMETH VAL LOT 0.1%	BETAMETHASONE VALERATE LOTION 0.1% (BASE EQUIVALENT)	3				
BETAMETH VAL OIN 0.1%	BETAMETHASONE VALERATE OINT 0.1% (BASE EQUIVALENT)	3				
CAPEX SHA 0.01%	FLUOCINOLONE ACETONIDE SHAMPOO 0.01%	3				
CLOBETASOL CRE 0.05%	CLOBETASOL PROPIONATE CREAM 0.05%	3		X		
CLOBETASOL GEL 0.05%	CLOBETASOL PROPIONATE GEL 0.05%	3		X		
CLOBETASOL OIN 0.05%	CLOBETASOL PROPIONATE OINT 0.05%	3		X		
CLOBETASOL SOL 0.05%	CLOBETASOL PROPIONATE SOLN 0.05%	2		X		
CLOBETASOL E CRE 0.05%	CLOBETASOL PROPIONATE EMOLLIENT BASE CREAM 0.05%	3		X		
CLOCORTOLONE CRE 0.1%	CLOCORTOLONE PIVALATE CREAM 0.1%	3		X	X	
CORDRAN 80X3 TAP 4MCG/CM	FLURANDRENOLIDE TAPE 4 MCG / SQCM	5		X		
DESONIDE CRE 0.05%	DESONIDE CREAM 0.05%	3		X		
DESONIDE LOT 0.05%	DESONIDE LOTION 0.05%	3		X		
DESONIDE OIN 0.05%	DESONIDE OINT 0.05%	3		X		
DESOXIMETAS CRE 0.05%	DESOXIMETASONE CREAM 0.05%	3		X		
DESOXIMETAS CRE 0.25%	DESOXIMETASONE CREAM 0.25%	3		X		
DESOXIMETAS GEL 0.05%	DESOXIMETASONE GEL 0.05%	3		X		
DESOXIMETAS OIN 0.05%	DESOXIMETASONE OINT 0.05%	3		X		
DESOXIMETAS OIN 0.25%	DESOXIMETASONE OINT 0.25%	3		X		
DESOXIMETASO SPR 0.25%	DESOXIMETASONE SPRAY 0.25%	3		X		
DEXAMETHASON CON 1MG/ML	DEXAMETHASONE CONC 1 MG / ML	2				
DEXAMETHASON ELX 0.5/5ML	DEXAMETHASONE ELIXIR 0.5 MG / 5ML	2				
DEXAMETHASON SOL 0.5/5ML	DEXAMETHASONE SOLN 0.5 MG / 5ML	2				
DEXAMETHASON TAB 0.5MG	DEXAMETHASONE TAB 0.5 MG	2				

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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
DEXAMETHASON TAB 0.75MG	DEXAMETHASONE TAB 0.75 MG	2				
DEXAMETHASON TAB 1.5MG	DEXAMETHASONE TAB 1.5 MG	2				
DEXAMETHASON TAB 1MG	DEXAMETHASONE TAB 1 MG	2				
DEXAMETHASON TAB 2MG	DEXAMETHASONE TAB 2 MG	2				
DEXAMETHASON TAB 4MG	DEXAMETHASONE TAB 4 MG	2				
DEXAMETHASON TAB 6MG	DEXAMETHASONE TAB 6 MG	2				
DIFLORASONE CRE 0.05%	DIFLORASONE DIACETATE CREAM 0.05%	3		X		
FLUDROCORT TAB 0.1MG	FLUDROCORTISONE ACETATE TAB 0.1 MG	2				
FLUOCIN ACET CRE 0.01%	FLUOCINOLONE ACETONIDE CREAM 0.01%	3		X		
FLUOCIN ACET CRE 0.025%	FLUOCINOLONE ACETONIDE CREAM 0.025%	3		X		
FLUOCIN ACET OIL 0.01%	FLUOCINOLONE ACETONIDE OIL 0.01% (BODY OIL)	3		X		
FLUOCIN ACET OIL 0.01% SC	FLUOCINOLONE ACETONIDE OIL 0.01% (SCALP OIL)	3		X		
FLUOCIN ACET OIL BODY	FLUOCINOLONE ACETONIDE OIL 0.01% (BODY OIL)	3		X		
FLUOCIN ACET OIL SCALP	FLUOCINOLONE ACETONIDE OIL 0.01% (SCALP OIL)	3		X		
FLUOCIN ACET OIN 0.025%	FLUOCINOLONE ACETONIDE OINT 0.025%	3		X		
FLUOCIN ACET SOL 0.01%	FLUOCINOLONE ACETONIDE SOLN 0.01%	3		X		
FLUOCINONIDE CRE 0.05%	FLUOCINONIDE CREAM 0.05%	3		X		
FLUOCINONIDE CRE E 0.05%	FLUOCINONIDE EMULSIFIED BASE CREAM 0.05%	3		X		
FLUOCINONIDE GEL 0.05%	FLUOCINONIDE GEL 0.05%	3		X		
FLUOCINONIDE OIN 0.05%	FLUOCINONIDE OINT 0.05%	3		X		
FLUOCINONIDE SOL 0.05%	FLUOCINONIDE SOLN 0.05%	3		X		
FLURANDRENOL LOT 0.05%	FLURANDRENOLIDE LOTION 0.05%	3		X	X	
FLUTICASONE CRE 0.05%	FLUTICASONE PROPIONATE CREAM 0.05%	2				
FLUTICASONE OIN 0.005%	FLUTICASONE PROPIONATE OINT 0.005%	2				
HALOBETASOL CRE 0.05%	HALOBETASOL PROPIONATE CREAM 0.05%	3		X		
HALOBETASOL OIN 0.05%	HALOBETASOL PROPIONATE OINT 0.05%	3		X		
HC BUTYRATE CRE 0.1%	HYDROCORTISONE BUTYRATE CREAM 0.1%	3		X		
HC BUTYRATE CRE 0.1%	HYDROCORTISONE BUTYRATE HYDROPHILIC LIPO BASE CREAM 0.1%	3		X		
HC BUTYRATE OIN 0.1%	HYDROCORTISONE BUTYRATE OINT 0.1%	3				
HC BUTYRATE SOL 0.1%	HYDROCORTISONE BUTYRATE SOLN 0.1%	3				
HC VALERATE CRE 0.2%	HYDROCORTISONE VALERATE CREAM 0.2%	3		X		
HC VALERATE OIN 0.2%	HYDROCORTISONE VALERATE OINT 0.2%	3		X		
HYDROCORT CRE 2.5%	HYDROCORTISONE CREAM 2.5%	2				
HYDROCORT LOT 2.5%	HYDROCORTISONE LOTION 2.5%	2				
HYDROCORT OIN 1%	HYDROCORTISONE OINT 1%	2				
HYDROCORT OIN 2.5%	HYDROCORTISONE OINT 2.5%	2				
HYDROCORT TAB 10MG	HYDROCORTISONE TAB 10 MG	2				
HYDROCORT TAB 20MG	HYDROCORTISONE TAB 20 MG	2				
HYDROCORT TAB 5MG	HYDROCORTISONE TAB 5 MG	2				
METHYLPRED TAB 16MG	METHYLPREDNISOLONE TAB 16 MG	2				

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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
METHYLPRED TAB 32MG	METHYL PREDNISOLONE TAB 32 MG	2				
METHYLPRED TAB 4MG	METHYL PREDNISOLONE TAB 4 MG	2				
METHYLPRED TAB 4MG	METHYL PREDNISOLONE TAB THERAPY PACK 4 MG (21)	2				
METHYLPRED TAB 8MG	METHYL PREDNISOLONE TAB 8 MG	2				
MOMETASONE CRE 0.1%	MOMETASONE FUROATE CREAM 0.1%	2				
MOMETASONE OIN 0.1%	MOMETASONE FUROATE OINT 0.1%	2				
MOMETASONE SOL 0.1%	MOMETASONE FUROATE SOLUTION 0.1% (LOTION)	2				
NOLIX LOT 0.05%	FLURANDRENOLIDE LOTION 0.05%	3		X	X	
PANDEL CRE 0.1%	HYDROCORTISONE PROBUTATE CREAM 0.1%	5				
PRED SOD PHO SOL 5MG/5ML	PREDNISOLONE SOD PHOSPH ORAL SOLN 6.7 MG / 5ML (5 MG / 5ML BASE)	2				
PREDNICARBAT OIN 0.1%	PREDNICARBATE OINT 0.1%	3				
PREDNISOLONE SOL 10MG/5ML	PREDNISOLONE SOD PHOSPHATE ORAL SOLN 10 MG / 5ML (BASE EQUIV)	2				
PREDNISOLONE SOL 15MG/5ML	PREDNISOLONE SOD PHOSPHATE ORAL SOLN 15 MG / 5ML (BASE EQUIV)	2				
PREDNISOLONE SOL 15MG/5ML	PREDNISOLONE SOLN 15 MG / 5ML	2				
PREDNISOLONE SOL 20MG/5ML	PREDNISOLONE SOD PHOSPHATE ORAL SOLN 20 MG / 5ML (BASE EQUIV)	2				
PREDNISOLONE SOL 25MG/5ML	PREDNISOLONE SODIUM PHOSPHATE ORAL SOLN 25 MG / 5ML (BASE EQ)	2				
PREDNISOLONE TAB 10MG ODT	PREDNISOLONE SOD PHOS ORALLY DISINTEGR TAB 10 MG (BASE EQ)	3				
PREDNISOLONE TAB 15MG ODT	PREDNISOLONE SOD PHOS ORALLY DISINTEGR TAB 15 MG (BASE EQ)	3				
PREDNISOLONE TAB 30MG ODT	PREDNISOLONE SOD PHOS ORALLY DISINTEGR TAB 30 MG (BASE EQ)	3				
PREDNISOLONE TAB 5MG	PREDNISOLONE TAB 5 MG	3				
PREDNISONE CON 5MG/ML	PREDNISONE CONC 5 MG / ML	3				
PREDNISONE PAK 10MG	PREDNISONE TAB THERAPY PACK 10 MG (21)	2				
PREDNISONE PAK 10MG	PREDNISONE TAB THERAPY PACK 10 MG (48)	2				
PREDNISONE PAK 5MG	PREDNISONE TAB THERAPY PACK 5 MG (21)	2				
PREDNISONE PAK 5MG	PREDNISONE TAB THERAPY PACK 5 MG (48)	2				
PREDNISONE SOL 5MG/5ML	PREDNISONE ORAL SOLN 5 MG / 5ML	3				
PREDNISONE TAB 10MG	PREDNISONE TAB 10 MG	2				
PREDNISONE TAB 1MG	PREDNISONE TAB 1 MG	2				
PREDNISONE TAB 2.5MG	PREDNISONE TAB 2.5 MG	2				
PREDNISONE TAB 20MG	PREDNISONE TAB 20 MG	2				
PREDNISONE TAB 50MG	PREDNISONE TAB 50 MG	2				
PREDNISONE TAB 5MG	PREDNISONE TAB 5 MG	2				
TEXACORT SOL 2.5%	HYDROCORTISONE SOLN 2.5%	3				
TRIAMCINOLON CRE 0.025%	TRIAMCINOLONE ACETONIDE CREAM 0.025%	2		X		
TRIAMCINOLON CRE 0.1%	TRIAMCINOLONE ACETONIDE CREAM 0.1%	2		X		
TRIAMCINOLON CRE 0.5%	TRIAMCINOLONE ACETONIDE CREAM 0.5%	2		X		
TRIAMCINOLON LOT 0.025%	TRIAMCINOLONE ACETONIDE LOTION 0.025%	2				

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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
TRIAMCINOLON LOT 0.1%	TRIAMCINOLONE ACETONIDE LOTION 0.1%	2				
TRIAMCINOLON OIN 0.025%	TRIAMCINOLONE ACETONIDE OINT 0.025%	2				
TRIAMCINOLON OIN 0.1%	TRIAMCINOLONE ACETONIDE OINT 0.1%	2				
TRIAMCINOLON OIN 0.5%	TRIAMCINOLONE ACETONIDE OINT 0.5%	2				
TRIDERM CRE 0.5%	TRIAMCINOLONE ACETONIDE CREAM 0.5%	2		X		
Hormonal agents, stimulant/replacement/modifying (pituitary)						
CABERGOLINE TAB 0.5MG	CABERGOLINE TAB 0.5 MG	2				
DESMOPRESSIN INJ 40/10ML	DESMOPRESSIN ACETATE INJ 4 MCG / ML	3				
DESMOPRESSIN INJ 4MCG/ML	DESMOPRESSIN ACETATE INJ 4 MCG / ML	3				
DESMOPRESSIN INJ 4MCG/ML	DESMOPRESSIN ACETATE PRESERVATIVE FREE (PF) INJ 4 MCG / ML	3				
DESMOPRESSIN SPR 0.01%	DESMOPRESSIN ACETATE NASAL SPRAY SOLN 0.01%	3				
DESMOPRESSIN SPR 0.01%	DESMOPRESSIN ACETATE NASAL SPRAY SOLN 0.01% (REFRIGERATED)	3				
DESMOPRESSIN TAB 0.1MG	DESMOPRESSIN ACETATE TAB 0.1 MG	2				
DESMOPRESSIN TAB 0.2MG	DESMOPRESSIN ACETATE TAB 0.2 MG	2				
INCRELEX INJ 40MG/4ML	MECASERMIN INJ 40 MG / 4ML (10 MG / ML)	6	X	X		SP
OMNITROPE INJ 10/1.5ML	SOMATROPIN SOLUTION CARTRIDGE 10 MG /1.5ML	4	X	X		SP
OMNITROPE INJ 5.8MG	SOMATROPIN FOR INJ 5.8 MG	4	X	X		SP
OMNITROPE INJ 5/1.5ML	SOMATROPIN SOLUTION CARTRIDGE 5 MG / 1.5ML	4	X	X		SP
Hormonal agents, stimulant/replacement/modifying (prostaglandins)						
MIFEPREX TAB 200MG	MIFEPRISTONE TAB 200 MG	3				
MIFEPRISTONE TAB 200MG	MIFEPRISTONE TAB 200 MG	2				
PREPIDIL GEL 0.5MG/3G	DINOPROSTONE CERVICAL GEL 0.5 MG / 3GM	5				
Hormonal agents, stimulant/replacement/modifying (sex hormones/modifiers)						
AFIRMELLE TAB 0.1-0.02	LEVONORGESTREL & ETHINYLMESTRADIOL TAB 0.1 MG-20 MCG	1				
AFTERA TAB 1.5MG	LEVONORGESTREL TAB 1.5 MG	1				
AFTERPILL TAB 1.5MG	LEVONORGESTREL TAB 1.5 MG	1				
ALTAVERA TAB	LEVONORGESTREL & ETHINYLMESTRADIOL TAB 0.15 MG-30 MCG	1				
ALYACEN TAB 1/35	NORETHINDRONE & ETHINYLMESTRADIOL TAB 1 MG-35 MCG	1				
ALYACEN TAB 7/7/7	NORETHINDRONE-ETH ESTRADIOL TAB 0.5-35 / 0.75-35 / 1-35 MG-MCG	1				
AMABELZ TAB 0.5-0.1	ESTRADIOL & NORETHINDRONE ACETATE TAB 0.5-0.1 MG	3				
AMABELZ TAB 1-0.5MG	ESTRADIOL & NORETHINDRONE ACETATE TAB 1-0.5 MG	3				
AMETHIA TAB	LEVONORG-ETH EST TAB 0.15-0.03MG(84) & ETH EST TAB 0.01MG(7)	1				
AMETHYST TAB 90-20MCG	LEVONORGESTREL-ETHINYLMESTRADIOL (CONTINUOUS) TAB 90-20 MCG	1				
ANDRODERM DIS 2MG/24HR	TESTOSTERONE TD PATCH 24HR 2 MG / 24HR	3	X	X		
ANDRODERM DIS 4MG/24HR	TESTOSTERONE TD PATCH 24HR 4 MG / 24HR	3	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
ANNOVERA MIS	SEGESTERONE ACE-ETHINYL ESTRADIOL VA RING 0.15-0.013 MG / 24HR	1		X		
APRI TAB	DESOGESTREL & ETHINYL ESTRADIOL TAB 0.15 MG-30 MCG	1				
ARANELLE TAB	NORETHINDRONE-ETH ESTRADIOL TAB 0.5-35 /1-35 / 0.5-35 MG-MCG	1				
ASHLYNA TAB	LEVONORG-ETH EST TAB 0.15-0.03MG(84) & ETH EST TAB 0.01MG(7)	1				
AUBRA TAB 0.1-0.02	LEVONORGESTREL & ETHINYL ESTRADIOL TAB 0.1 MG-20 MCG	1				
AUBRA EQ TAB 0.1-0.02	LEVONORGESTREL & ETHINYL ESTRADIOL TAB 0.1 MG-20 MCG	1				
AUROVELA TAB 1.5/30	NORETHINDRONE ACE & ETHINYL ESTRADIOL TAB 1.5 MG-30 MCG	1				
AUROVELA TAB 1/20	NORETHINDRONE ACE & ETHINYL ESTRADIOL TAB 1 MG-20 MCG	1				
AUROVELA 24 TAB FE 1/20	NORETHINDRONE ACE-ETHINYL ESTRADIOL-FE TAB 1 MG-20 MCG (24)	1				
AUROVELA FE TAB 1.5/30	NORETHINDRONE ACE & ETHINYL ESTRADIOL-FE TAB 1.5 MG-30 MCG	1				
AUROVELA FE TAB 1/20	NORETHINDRONE ACE & ETHINYL ESTRADIOL-FE TAB 1 MG-20 MCG	1				
AVIANE TAB	LEVONORGESTREL & ETHINYL ESTRADIOL TAB 0.1 MG-20 MCG	1				
AYUNA TAB	LEVONORGESTREL & ETHINYL ESTRADIOL TAB 0.15 MG-30 MCG	1				
AZURETTE TAB	DESOGEST-ETH ESTRAD & ETH ESTRAD TAB 0.15-0.02 / 0.01 MG(21 / 5)	1				
BALZIVA TAB	NORETHINDRONE & ETHINYL ESTRADIOL TAB 0.4 MG-35 MCG	1				
BIJUVA CAP 0.5-100	ESTRADIOL-PROGESTERONE CAP 0.5-100 MG	5				
BLISOVI 24 TAB FE 1/20	NORETHINDRONE ACE-ETHINYL ESTRADIOL-FE TAB 1 MG-20 MCG (24)	1				
BLISOVI FE TAB 1.5/30	NORETHINDRONE ACE & ETHINYL ESTRADIOL-FE TAB 1.5 MG-30 MCG	1				
BLISOVI FE TAB 1/20	NORETHINDRONE ACE & ETHINYL ESTRADIOL-FE TAB 1 MG-20 MCG	1				
BRIELLYN TAB	NORETHINDRONE & ETHINYL ESTRADIOL TAB 0.4 MG-35 MCG	1				
CAMILA TAB 0.35MG	NORETHINDRONE TAB 0.35 MG	1				
CAMRESE TAB	LEVONORG-ETH EST TAB 0.15-0.03MG(84) & ETH EST TAB 0.01MG(7)	1				
CAMRESE LO TAB	LEVONORG-ETH EST TAB 0.1-0.02MG(84) & ETH EST TAB 0.01MG(7)	1				
CAZIANT PAK	DESOGEST-ETHIN EST TAB 0.1-0.025 / 0.125-0.025 / 0.15-0.025MG-MG	1				
CHARLOTTE 24 CHW FE 1/20	NORETHINDRONE ACE-ETH ESTRADIOL-FE CHEW TAB 1 MG-20 MCG (24)	1				
CHATEAL TAB 0.15/30	LEVONORGESTREL & ETHINYL ESTRADIOL TAB 0.15 MG-30 MCG	1				

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Drug name	Generic name	Tier value	Prior auth	Quantity limit	Step therapy	Notes
CHATEAL EQ TAB 0.15/30	LEVONORGESTREL & ETHINYL ESTRADIOL TAB 0.15 MG-30 MCG	1				
CLIMARA PRO DIS WEEKLY	ESTRADIOL-LEVONORGESTREL TD PATCH WEEKLY 0.045-0.015 MG / DAY	5		X		
CRYSELLE-28 TAB 28 TABS	NORGESTREL & ETHINYL ESTRADIOL TAB 0.3 MG-30 MCG	1				
CYCLAFEM TAB 1/35	NORETHINDRONE & ETHINYL ESTRADIOL TAB 1 MG-35 MCG	1				
CYCLAFEM TAB 7/7/7	NORETHINDRONE-ETH ESTRADIOL TAB 0.5-35 / 0.75-35 / 1-35 MG-MCG	1				
CYRED TAB	DESOGESTREL & ETHINYL ESTRADIOL TAB 0.15 MG-30 MCG	1				
CYRED EQ TAB	DESOGESTREL & ETHINYL ESTRADIOL TAB 0.15 MG-30 MCG	1				
DANAZOL CAP 100MG	DANAZOL CAP 100 MG	3				
DANAZOL CAP 200MG	DANAZOL CAP 200 MG	3				
DANAZOL CAP 50MG	DANAZOL CAP 50 MG	3				
DASETTA TAB 1/35	NORETHINDRONE & ETHINYL ESTRADIOL TAB 1 MG-35 MCG	1				
DASETTA TAB 7/7/7	NORETHINDRONE-ETH ESTRADIOL TAB 0.5-35 / 0.75-35 / 1-35 MG-MCG	1				
DAYSEE TAB	LEVONORG-ETH EST TAB 0.15-0.03MG(84) & ETH EST TAB 0.01MG(7)	1				
DEBLITANE TAB 0.35MG	NORETHINDRONE TAB 0.35 MG	1				
DELYLA TAB 0.1-0.02	LEVONORGESTREL & ETHINYL ESTRADIOL TAB 0.1 MG-20 MCG	1				
DEPO-SQ PROV INJ 104	MEDROXYPROGESTERONE ACETATE SUSP PREF SYR 104 MG / 0.65ML	1		X		PRV-M
DESO/ETHINYL TAB ESTRADIO	DESOGEST-ETH ESTRAD & ETH ESTRAD TAB 0.15-0.02 / 0.01 MG(21 / 5)	1				
DESO/ETHINYL TAB ESTRADIO	DESOGESTREL & ETHINYL ESTRADIOL TAB 0.15 MG-30 MCG	1				
DOLISHALE TAB 90-20MCG	LEVONORGESTREL-ETHINYL ESTRADIOL (CONTINUOUS) TAB 90-20 MCG	1				
DOTTI DIS 0.025MG	ESTRADIOL TD PATCH TWICE WEEKLY 0.025 MG / 24HR	3		X		
DOTTI DIS 0.0375MG	ESTRADIOL TD PATCH TWICE WEEKLY 0.0375 MG / 24HR	3		X		
DOTTI DIS 0.05MG	ESTRADIOL TD PATCH TWICE WEEKLY 0.05 MG / 24HR	3		X		
DOTTI DIS 0.075MG	ESTRADIOL TD PATCH TWICE WEEKLY 0.075 MG / 24HR	3		X		
DOTTI DIS 0.1MG	ESTRADIOL TD PATCH TWICE WEEKLY 0.1 MG / 24HR	3		X		
DROS/ETH EST TAB LEVOMEFO	DROSPIRENONE-ETHINYL ESTRAD-LEVOMEFOLATE TAB 3-0.03-0.451 MG	1				
DROSPIR/ETHI TAB 3-0.02MG	DROSPIRENONE-ETHINYL ESTRADIOL TAB 3-0.02 MG	1				
DROSPIR/ETHI TAB 3-0.03MG	DROSPIRENONE-ETHINYL ESTRADIOL TAB 3-0.03 MG	1				

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MME Morphine milligram equivalent & 7-day limit if you have not filled an opioid prescription recently

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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
DROSPIRE/ETH TAB ESTR/LEV	DROSPIRENONE-ETHINYL ESTRAD-LEVOMEFOLATE TAB 3-0.02-0.451 MG	1				
ECONTRA EZ TAB 1.5MG	LEVONORGESTREL TAB 1.5 MG	1				
ECONTRA OS TAB 1.5MG	LEVONORGESTREL TAB 1.5 MG	1				
ELINEST TAB	NORGESTREL & ETHINYL ESTRADIOL TAB 0.3 MG-30 MCG	1				
ELLA TAB 30MG	ULIPRISTAL ACETATE TAB 30 MG	1		X		
ELURYNG MIS	ETONOGESTREL-ETHINYL ESTRADIOL VA RING 0.12-0.015 MG / 24HR	1				
EMOQUETTE TAB	DESOGESTREL & ETHINYL ESTRADIOL TAB 0.15 MG-30 MCG	1				
EMZAHH TAB 0.35MG	NORETHINDRONE TAB 0.35 MG	1				
ENILLORING MIS	ETONOGESTREL-ETHINYL ESTRADIOL VA RING 0.12-0.015 MG / 24HR	1				
ENPRESSE-28 TAB	LEVONORGESTREL-ETH Estra TAB 0.05-30 / 0.075-40 / 0.125-30MG-MCG	1				
ENSKYCE TAB	DESOGESTREL & ETHINYL ESTRADIOL TAB 0.15 MG-30 MCG	1				
ERRIN TAB 0.35MG	NORETHINDRONE TAB 0.35 MG	1				
ESTARYLLA TAB 0.25-35	NORGESTIMATE & ETHINYL ESTRADIOL TAB 0.25 MG-35 MCG	1				
ESTRA/NORETH TAB 0.5-0.1	ESTRADIOL & NORETHINDRONE ACETATE TAB 0.5-0.1 MG	3				
ESTRA/NORETH TAB 1-0.5MG	ESTRADIOL & NORETHINDRONE ACETATE TAB 1-0.5 MG	3				
ESTRAD VAL INJ 10MG/ML	ESTRADIOL VALERATE IM IN OIL 10 MG / ML	2				
ESTRAD VAL INJ 20MG/ML	ESTRADIOL VALERATE IM IN OIL 20 MG / ML	2				
ESTRAD VAL INJ 40MG/ML	ESTRADIOL VALERATE IM IN OIL 40 MG / ML	2				
ESTRADIOL CRE 0.01%	ESTRADIOL VAGINAL CREAM 0.1 MG / GM	3				
ESTRADIOL DIS 0.025MG	ESTRADIOL TD PATCH TWICE WEEKLY 0.025 MG / 24HR	3		X		
ESTRADIOL DIS 0.025MG	ESTRADIOL TD PATCH WEEKLY 0.025 MG / 24HR	2		X		
ESTRADIOL DIS 0.0375MG	ESTRADIOL TD PATCH TWICE WEEKLY 0.0375 MG / 24HR	3		X		
ESTRADIOL DIS 0.0375MG	ESTRADIOL TD PATCH WEEKLY 0.0375 MG / 24HR (37.5 MCG / 24HR)	2		X		
ESTRADIOL DIS 0.05MG	ESTRADIOL TD PATCH TWICE WEEKLY 0.05 MG / 24HR	3		X		
ESTRADIOL DIS 0.05MG	ESTRADIOL TD PATCH WEEKLY 0.05 MG / 24HR	2		X		
ESTRADIOL DIS 0.06MG	ESTRADIOL TD PATCH WEEKLY 0.06 MG / 24HR	2		X		
ESTRADIOL DIS 0.075MG	ESTRADIOL TD PATCH TWICE WEEKLY 0.075 MG / 24HR	3		X		
ESTRADIOL DIS 0.075MG	ESTRADIOL TD PATCH WEEKLY 0.075 MG / 24HR	2		X		
ESTRADIOL DIS 0.1MG	ESTRADIOL TD PATCH TWICE WEEKLY 0.1 MG / 24HR	3		X		
ESTRADIOL DIS 0.1MG	ESTRADIOL TD PATCH WEEKLY 0.1 MG / 24HR	2		X		
ESTRADIOL TAB 0.5MG	ESTRADIOL TAB 0.5 MG	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
ESTRADIOL TAB 10MCG	ESTRADIOL VAGINAL TAB 10 MCG	3		X		
ESTRADIOL TAB 1MG	ESTRADIOL TAB 1 MG	2				
ESTRADIOL TAB 2MG	ESTRADIOL TAB 2 MG	2				
ESTRING MIS 2MG	ESTRADIOL VAGINAL RING 2 MG (7.5 MCG / 24HRS)	3		X		
ESTRING MIS 7.5/24HR	ESTRADIOL VAGINAL RING 2 MG (7.5 MCG / 24HRS)	3		X		
ETHY ETH EST TAB 1-35	ETHYNODIOL DIACETATE & ETHINYL ESTRADIOL TAB 1 MG-35 MCG	1				
ETHYNODIOL TAB 1-50	ETHYNODIOL DIACETATE & ETHINYL ESTRADIOL TAB 1 MG-50 MCG	1				
ETONOGESTREL MIS ETHY EST	ETONOGESTREL-ETHINYL ESTRADIOL VA RING 0.12-0.015 MG / 24HR	1				
FALMINA TAB	LEVONORGESTREL & ETHINYL ESTRADIOL TAB 0.1 MG-20 MCG	1				
FAYOSIM TAB	LEVONOR-ETH EST TAB 0.15-0.02 / 0.025 / 0.03 MG Ð EST 0.01 MG	1				
FEMYNOR TAB 0.25-35	NORGESTIMATE & ETHINYL ESTRADIOL TAB 0.25 MG-35 MCG	1				
FINZALA CHW FE 1/20	NORETHINDRONE ACE-ETH ESTRADIOL-FE CHEW TAB 1 MG-20 MCG (24)	1				
FYAVOLV TAB 0.5-2.5	NORETHINDRONE ACETATE-ETHINYL ESTRADIOL TAB 0.5 MG-2.5 MCG	3				
FYAVOLV TAB 1-5	NORETHINDRONE ACETATE-ETHINYL ESTRADIOL TAB 1 MG-5 MCG	3				
GEMMILY CAP 1/20	NORETHINDRONE ACE-ETHINYL ESTRADIOL-FE CAP 1 MG-20 MCG (24)	1				
HAILEY TAB 1.5/30	NORETHINDRONE ACE & ETHINYL ESTRADIOL TAB 1.5 MG-30 MCG	1				
HAILEY 24 TAB FE	NORETHINDRONE ACE-ETHINYL ESTRADIOL-FE TAB 1 MG-20 MCG (24)	1				
HAILEY FE TAB 1.5/30	NORETHINDRONE ACE & ETHINYL ESTRADIOL-FE TAB 1.5 MG-30 MCG	1				
HAILEY FE TAB 1/20	NORETHINDRONE ACE & ETHINYL ESTRADIOL-FE TAB 1 MG-20 MCG	1				
HALOETTE MIS	ETONOGESTREL-ETHINYL ESTRADIOL VA RING 0.12-0.015 MG / 24HR	1				
HEATHER TAB 0.35MG	NORETHINDRONE TAB 0.35 MG	1				
ICLEVIA TAB	LEVONORGESTREL & ETHINYL ESTRADIOL (91-DAY) TAB 0.15-0.03 MG	1				
INCASSIA TAB 0.35MG	NORETHINDRONE TAB 0.35 MG	1				
INTROVALE TAB	LEVONORGESTREL & ETHINYL ESTRADIOL (91-DAY) TAB 0.15-0.03 MG	1				
ISIBLOOM TAB	DESOGESTREL & ETHINYL ESTRADIOL TAB 0.15 MG-30 MCG	1				
JAIMIESS TAB	LEVONORG-ETH EST TAB 0.15-0.03MG(84) & ETH EST TAB 0.01MG(7)	1				
JASMIEL TAB 3-0.02MG	DROSPIRENONE-ETHINYL ESTRADIOL TAB 3-0.02 MG	1				
JENCYCLA TAB 0.35MG	NORETHINDRONE TAB 0.35 MG	1				

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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
JINTELI TAB 1MG-5MCG	NORETHINDRONE ACETATE-ETHINYL ESTRADIOL TAB 1 MG-5 MCG	3				
JOLESSA TAB	LEVONORGESTREL & ETHINYL ESTRADIOL (91-DAY) TAB 0.15-0.03 MG	1				
JOYEUX TAB 0.1-20	LEVONORGESTREL-ETHINYL ESTRADIOL-FE TAB 0.1 MG-20 MCG (21)	1				
JULEBER TAB	DESOGESTREL & ETHINYL ESTRADIOL TAB 0.15 MG-30 MCG	1				
JUNEL 1.5/30 TAB	NORETHINDRONE ACE & ETHINYL ESTRADIOL TAB 1.5 MG-30 MCG	1				
JUNEL 1/20 TAB	NORETHINDRONE ACE & ETHINYL ESTRADIOL TAB 1 MG-20 MCG	1				
JUNEL FE TAB 1.5/30	NORETHINDRONE ACE & ETHINYL ESTRADIOL-FE TAB 1.5 MG-30 MCG	1				
JUNEL FE TAB 1/20	NORETHINDRONE ACE & ETHINYL ESTRADIOL-FE TAB 1 MG-20 MCG	1				
JUNEL FE 24 TAB 1/20	NORETHINDRONE ACE-ETHINYL ESTRADIOL-FE TAB 1 MG-20 MCG (24)	1				
KAITLIB FE CHW	NORETHINDRONE & ETHINYL ESTRADIOL-FE CHEW TAB 0.8 MG-25 MCG	1				
KALLIGA TAB	DESOGESTREL & ETHINYL ESTRADIOL TAB 0.15 MG-30 MCG	1				
KARIVA TAB 28 DAY	DESOGEST-ETH ESTRAD & ETH ESTRAD TAB 0.15-0.02 / 0.01 MG(21 / 5)	1				
KELNOR TAB 1/35	ETHYNODIOL DIACETATE & ETHINYL ESTRADIOL TAB 1 MG-35 MCG	1				
KELNOR 1/50 TAB	ETHYNODIOL DIACETATE & ETHINYL ESTRADIOL TAB 1 MG-50 MCG	1				
KURVELO TAB 0.15/30	LEVONORGESTREL & ETHINYL ESTRADIOL TAB 0.15 MG-30 MCG	1				
KYLEENA IUD 19.5MG	LEVONORGESTREL RELEASING IUD 17.5 MCG / DAY (19.5 MG TOTAL)	1				PRV-M
LARIN TAB 1.5/30	NORETHINDRONE ACE & ETHINYL ESTRADIOL TAB 1.5 MG-30 MCG	1				
LARIN TAB 1/20	NORETHINDRONE ACE & ETHINYL ESTRADIOL TAB 1 MG-20 MCG	1				
LARIN 24 TAB FE 1/20	NORETHINDRONE ACE-ETHINYL ESTRADIOL-FE TAB 1 MG-20 MCG (24)	1				
LARIN FE TAB 1.5/30	NORETHINDRONE ACE & ETHINYL ESTRADIOL-FE TAB 1.5 MG-30 MCG	1				
LARIN FE TAB 1/20	NORETHINDRONE ACE & ETHINYL ESTRADIOL-FE TAB 1 MG-20 MCG	1				
LARISSIA TAB	LEVONORGESTREL & ETHINYL ESTRADIOL TAB 0.1 MG-20 MCG	1				
LAYOLIS FE CHW	NORETHINDRONE & ETHINYL ESTRADIOL-FE CHEW TAB 0.8 MG-25 MCG	1				
LEENA TAB	NORETHINDRONE-ETH ESTRADIOL TAB 0.5-35 /1-35 / 0.5-35 MG-MCG	1				
LESSINA TAB	LEVONORGESTREL & ETHINYL ESTRADIOL TAB 0.1 MG-20 MCG	1				

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Drug name	Generic name	Tier value	Prior auth	Quantity limit	Step therapy	Notes
LEVO-ETH EST TAB 90-20MCG	LEVONORGESTREL-ETHINYL ESTRADIOL (CONTINUOUS) TAB 90-20 MCG	1				
LEVONEST TAB	LEVONORGESTREL-ETH ESTRA TAB 0.05-30 / 0.075-40 / 0.125-30MG-MCG	1				
LEVONOR/ETHI TAB	LEVONORGESTREL-ETH ESTRA TAB 0.05-30 / 0.075-40 / 0.125-30MG-MCG	1				
LEVONOR/ETHI TAB 0.1-0.02	LEVONORGESTREL & ETHINYL ESTRADIOL TAB 0.1 MG-20 MCG	1				
LEVONOR/ETHI TAB 0.1-20	LEVONORGESTREL-ETHINYL ESTRADIOL-FE TAB 0.1 MG-20 MCG (21)	1				
LEVONOR/ETHI TAB ESTRADIO	LEVONOR-ETH EST TAB 0.15-0.02 / 0.025 / 0.03 MG Ð EST 0.01 MG	1				
LEVONOR/ETHI TAB ESTRADIO	LEVONORGESTREL & ETHINYL ESTRADIOL (91-DAY) TAB 0.15-0.03 MG	1				
LEVONOR/ETHI TAB ESTRADIO	LEVONORGESTREL & ETHINYL ESTRADIOL TAB 0.15 MG-30 MCG	1				
LEVONOR/ETHI TAB ESTRADIO	LEVONORG-ETH EST TAB 0.1-0.02MG(84) & ETH EST TAB 0.01MG(7)	1				
LEVONOR/ETHI TAB ESTRADIO	LEVONORG-ETH EST TAB 0.15-0.03MG(84) & ETH EST TAB 0.01MG(7)	1				
LEVONORGESTR TAB 1.5MG	LEVONORGESTREL TAB 1.5 MG	1				
LEVORA-28 TAB 0.15/30	LEVONORGESTREL & ETHINYL ESTRADIOL TAB 0.15 MG-30 MCG	1				
LILETTA IUD 52MG	LEVONORGESTREL IUD 20.1 MCG / DAY (INITIAL) (52 MG TOTAL)	1				PRV-M
LILLOW TAB 0.15/30	LEVONORGESTREL & ETHINYL ESTRADIOL TAB 0.15 MG-30 MCG	1				
LO LOESTRIN TAB 1-10-10	NORETHIN-ETH ESTRADIOL-FE TAB 1 MG-10 MCG (24) / 10 MCG (2)	1				
LOJAIMIESS TAB	LEVONORG-ETH EST TAB 0.1-0.02MG(84) & ETH EST TAB 0.01MG(7)	1				
LORYNA TAB 3-0.02MG	DROSPIRENONE-ETHINYL ESTRADIOL TAB 3-0.02 MG	1				
LOW-OGESTREL TAB	NORGESTREL & ETHINYL ESTRADIOL TAB 0.3 MG-30 MCG	1				
LO-ZUMANDIMI TAB 3-0.02MG	DROSPIRENONE-ETHINYL ESTRADIOL TAB 3-0.02 MG	1				
LUTERA TAB	LEVONORGESTREL & ETHINYL ESTRADIOL TAB 0.1 MG-20 MCG	1				
LYLEQ TAB 0.35MG	NORETHINDRONE TAB 0.35 MG	1				
LYLLANA DIS 0.025MG	ESTRADIOL TD PATCH TWICE WEEKLY 0.025 MG /24HR	3		X		
LYLLANA DIS 0.0375MG	ESTRADIOL TD PATCH TWICE WEEKLY 0.0375 MG /24HR	3		X		
LYLLANA DIS 0.05MG	ESTRADIOL TD PATCH TWICE WEEKLY 0.05 MG /24HR	3		X		
LYLLANA DIS 0.075MG	ESTRADIOL TD PATCH TWICE WEEKLY 0.075 MG /24HR	3		X		
LYLLANA DIS 0.1MG	ESTRADIOL TD PATCH TWICE WEEKLY 0.1 MG /24HR	3		X		

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Drug name	Generic name	Tier value	Prior auth	Quantity limit	Step therapy	Notes
LYZA TAB 0.35MG	NORETHINDRONE TAB 0.35 MG	1				
MARLISSA TAB 0.15/30	LEVONORGESTREL & ETHINYL ESTRADIOL TAB 0.15 MG-30 MCG	1				
MEDROXYPR AC INJ 150MG/ML	MEDROXYPROGESTERONE ACETATE IM SUSP 150 MG / ML	1		X		PRV-M
MEDROXYPR AC INJ 150MG/ML	MEDROXYPROGESTERONE ACETATE IM SUSP PREFILLED SYR 150 MG / ML	1				PRV-M
MEDROXYPR AC TAB 10MG	MEDROXYPROGESTERONE ACETATE TAB 10 MG	2				
MEDROXYPR AC TAB 2.5MG	MEDROXYPROGESTERONE ACETATE TAB 2.5 MG	2				
MEDROXYPR AC TAB 5MG	MEDROXYPROGESTERONE ACETATE TAB 5 MG	2				
MEGESTROL SUS 625MG/5M	MEGESTROL ACETATE SUSP 625 MG / 5ML	3				
MEGESTROL AC SUS 400MG/10	MEGESTROL ACETATE SUSP 40 MG / ML	2				
MEGESTROL AC SUS 40MG/ML	MEGESTROL ACETATE SUSP 40 MG / ML	2				
MEGESTROL AC SUS 800MG/20	MEGESTROL ACETATE SUSP 40 MG / ML	2				
MEGESTROL AC TAB 20MG	MEGESTROL ACETATE TAB 20 MG	2				
MEGESTROL AC TAB 40MG	MEGESTROL ACETATE TAB 40 MG	2				
MERZEE CAP 1/20	NORETHINDRONE ACE-ETHINYL ESTRADIOL-FE CAP 1 MG-20 MCG (24)	1				
METHYLTESTOS CAP 10MG	METHYLTESTOSTERONE CAP 10 MG	3				
MIBELAS 24 CHW FE	NORETHINDRONE ACE-ETH ESTRADIOL-FE CHEW TAB 1 MG-20 MCG (24)	1				
MICRGSTIN 24 TAB FE 1/20	NORETHINDRONE ACE-ETHINYL ESTRADIOL-FE TAB 1 MG-20 MCG (24)	1				
MICROGESTIN TAB 1.5/30	NORETHINDRONE ACE & ETHINYL ESTRADIOL TAB 1.5 MG-30 MCG	1				
MICROGESTIN TAB 1/20	NORETHINDRONE ACE & ETHINYL ESTRADIOL TAB 1 MG-20 MCG	1				
MICROGESTIN TAB FE 1/20	NORETHINDRONE ACE & ETHINYL ESTRADIOL-FE TAB 1 MG-20 MCG	1				
MICROGESTIN TAB FE1.5/30	NORETHINDRONE ACE & ETHINYL ESTRADIOL-FE TAB 1.5 MG-30 MCG	1				
MILI TAB 0.25/35	NORGESTIMATE & ETHINYL ESTRADIOL TAB 0.25 MG-35 MCG	1				
MIMVEY TAB 1-0.5MG	ESTRADIOL & NORETHINDRONE ACETATE TAB 1-0.5 MG	3				
MIRENA IUD SYSTEM	LEVONORGESTREL IUD 20 MCG / DAY (INITIAL) (52 MG TOTAL)	1				PRV-M
MONO-LINYAH TAB 0.25-35	NORGESTIMATE & ETHINYL ESTRADIOL TAB 0.25 MG-35 MCG	1				
MY CHOICE TAB 1.5MG	LEVONORGESTREL TAB 1.5 MG	1				
MY WAY TAB 1.5MG	LEVONORGESTREL TAB 1.5 MG	1				
NATAZIA TAB	ESTRADIOL VALERATE-DIENOGEST TAB 3 MG / 2-2 MG / 2-3 MG / 1 MG	1				
NECON TAB 0.5/35	NORETHINDRONE & ETHINYL ESTRADIOL TAB 0.5 MG-35 MCG	1				
NEW DAY TAB 1.5MG	LEVONORGESTREL TAB 1.5 MG	1				

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Drug name	Generic name	Tier value	Prior auth	Quantity limit	Step therapy	Notes
NEXPLANON IMP 68MG	ETONOGESTREL SUBLDERMAL IMPLANT 68 MG	1		X		PRV-M
NEXTSTELLIS TAB 3-14.2MG	DROSPIRENONE-ESTETROL TAB 3-14.2 MG	1				
NIKKI TAB 3-0.02MG	DROSPIRENONE-ETHINYL ESTRADIOL TAB 3-0.02 MG	1				
NOR/EST/FF TAB 1.5/30	NORETHINDRONE ACE & ETHINYL ESTRADIOL-FE TAB 1.5 MG-30 MCG	1				
NORA-BE TAB 0.35MG	NORETHINDRONE TAB 0.35 MG	1				
NORE/ETH/FER CAP 1/20	NORETHINDRONE ACE-ETHINYL ESTRADIOL-FE CAP 1 MG-20 MCG (24)	1				
NORE/ETH/FER CHW 0.4MG-35	NORETHINDRONE & ETHINYL ESTRADIOL-FE CHEW TAB 0.4 MG-35 MCG	1				
NORELGE/ETHI DIS 150/35	NORELGESTROMIN-ETHINYL ESTRADIOL TD PTWK 150-35 MCG / 24HR	1				
NORETH/ETHIN CHW FE	NORETHINDRONE & ETHINYL ESTRADIOL-FE CHEW TAB 0.8 MG-25 MCG	1				
NORETH/ETHIN CHW FE 1/20	NORETHINDRONE ACE-ETH ESTRADIOL-FE CHEW TAB 1 MG-20 MCG (24)	1				
NORETH/ETHIN TAB 0.5-2.5	NORETHINDRONE ACETATE-ETHINYL ESTRADIOL TAB 0.5 MG-2.5 MCG	3				
NORETH/ETHIN TAB 1.5/30	NORETHINDRONE ACE & ETHINYL ESTRADIOL TAB 1.5 MG-30 MCG	1				
NORETH/ETHIN TAB 1/20	NORETHINDRONE ACE & ETHINYL ESTRADIOL TAB 1 MG-20 MCG	1				
NORETH/ETHIN TAB 1MG-5MCG	NORETHINDRONE ACETATE-ETHINYL ESTRADIOL TAB 1 MG-5 MCG	3				
NORETH/ETHIN TAB FE	NORETHINDRONE AC-ETHINYL ESTRAD-FE TAB 1-20 / 1-30 / 1-35 MG-MCG	1				
NORETH/ETHIN TAB FE 1/20	NORETHINDRONE ACE & ETHINYL ESTRADIOL-FE TAB 1 MG-20 MCG	1				
NORETHIN ACE TAB 5MG	NORETHINDRONE ACETATE TAB 5 MG	2				
NORETHINDRON TAB 0.35MG	NORETHINDRONE TAB 0.35 MG	1				
NORGEST/ETHI TAB 0.25/35	NORGESTIMATE & ETHINYL ESTRADIOL TAB 0.25 MG-35 MCG	1				
NORGEST/ETHI TAB ESTRADIO	NORGESTIMATE-ETH ESTRAD TAB 0.18-25 / 0.215-25 / 0.25-25 MG-MCG	1				
NORGEST/ETHI TAB ESTRADIO	NORGESTIMATE-ETH ESTRAD TAB 0.18-35 / 0.215-35 / 0.25-35 MG-MCG	1				
NORLYDA TAB 0.35MG	NORETHINDRONE TAB 0.35 MG	1				
NORLYROC TAB 0.35MG	NORETHINDRONE TAB 0.35 MG	1				
NORTREL TAB 0.5/35	NORETHINDRONE & ETHINYL ESTRADIOL TAB 0.5 MG-35 MCG	1				
NORTREL TAB 1/35	NORETHINDRONE & ETHINYL ESTRADIOL TAB 1 MG-35 MCG	1				
NORTREL TAB 7/7/7	NORETHINDRONE-ETH ESTRADIOL TAB 0.5-35 / 0.75-35 / 1-35 MG-MCG	1				
NYLIA TAB 1/35	NORETHINDRONE & ETHINYL ESTRADIOL TAB 1 MG-35 MCG	1				
NYLIA TAB 7/7/7	NORETHINDRONE-ETH ESTRADIOL TAB 0.5-35 / 0.75-35 / 1-35 MG-MCG	1				

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MME Morphine milligram equivalent & 7-day limit if you have not filled an opioid prescription recently

PA Prior authorization required

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PRV-M Preventive medication available at no cost to you through your pharmacy or medical benefit

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
NYMYO TAB 0.25-35	NORGESTIMATE & ETHINYL ESTRADIOL TAB 0.25 MG-35 MCG	1				
OCELLA TAB 3-0.03MG	DROSPIRENONE-ETHINYL ESTRADIOL TAB 3-0.03 MG	1				
OPCICON TAB 1.5MG	LEVONORGESTREL TAB 1.5 MG	1				
OPILL TAB 0.075MG	NORGESTREL TAB 0.075 MG	1				
OPTION 2 TAB 1.5MG	LEVONORGESTREL TAB 1.5 MG	1				
ORSYTHIA TAB	LEVONORGESTREL & ETHINYL ESTRADIOL TAB 0.1 MG-20 MCG	1				
OSPHENA TAB 60MG	OSPEMIFENE TAB 60 MG	5	X	X		
PHILITH TAB 0.4-35	NORETHINDRONE & ETHINYL ESTRADIOL TAB 0.4 MG-35 MCG	1				
PIMTREA TAB	DESOGEST-ETH ESTRAD & ETH ESTRAD TAB 0.15-0.02 / 0.01 MG(21/5)	1				
PIRMELLA TAB 1/35	NORETHINDRONE & ETHINYL ESTRADIOL TAB 1 MG-35 MCG	1				
PIRMELLA TAB 7/7/7	NORETHINDRONE-ETH ESTRADIOL TAB 0.5-35 / 0.75-35 / 1-35 MG-MCG	1				
PLAN B TAB 1.5MG	LEVONORGESTREL TAB 1.5 MG	1				
PORTIA-28 TAB	LEVONORGESTREL & ETHINYL ESTRADIOL TAB 0.15 MG-30 MCG	1				
PREMARIN VAG CRE 0.625MG	ESTROGENS, CONJUGATED VAGINAL CREAM 0.625 MG / GM	5				
PREVIFEM TAB	NORGESTIMATE & ETHINYL ESTRADIOL TAB 0.25 MG-35 MCG	1				
PROGESTERONE CAP 100MG	PROGESTERONE CAP 100 MG	2				
PROGESTERONE CAP 200MG	PROGESTERONE CAP 200 MG	2				
PROGESTERONE INJ 50MG/ML	PROGESTERONE IM IN OIL 50 MG / ML	2				
RALOXIFENE TAB 60MG	RALOXIFENE HCL TAB 60 MG	2		X		PRV*
REACT TAB 1.5MG	LEVONORGESTREL TAB 1.5 MG	1				
RECLIPSEN TAB	DESOGESTREL & ETHINYL ESTRADIOL TAB 0.15 MG-30 MCG	1				
RIVELSA TAB	LEVONOR-ETH EST TAB 0.15-0.02 / 0.025 / 0.03 MG Ð EST 0.01 MG	1				
SETLAKIN TAB	LEVONORGESTREL & ETHINYL ESTRADIOL (91-DAY) TAB 0.15-0.03 MG	1				
SHAROBEL TAB 0.35MG	NORETHINDRONE TAB 0.35 MG	1				
SIMLIYA TAB 28 DAY	DESOGEST-ETH ESTRAD & ETH ESTRAD TAB 0.15-0.02 / 0.01 MG(21/5)	1				
SIMPESSE TAB	LEVONORG-ETH EST TAB 0.15-0.03MG(84) & ETH EST TAB 0.01MG(7)	1				
SKYLA IUD 13.5MG	LEVONORGESTREL RELEASING IUD 14 MCG / DAY (13.5 MG TOTAL)	1				PRV-M
SPRINTEC 28 TAB 28 DAY	NORGESTIMATE & ETHINYL ESTRADIOL TAB 0.25 MG-35 MCG	1				
SRONYX TAB	LEVONORGESTREL & ETHINYL ESTRADIOL TAB 0.1 MG-20 MCG	1				
SYEDA TAB 3-0.03MG	DROSPIRENONE-ETHINYL ESTRADIOL TAB 3-0.03 MG	1				

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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
TAKE ACTION TAB 1.5MG	LEVONORGESTREL TAB 1.5 MG	1				
TARINA 24 FE TAB	NORETHINDRONE ACE-ETHINYL ESTRADIOL-FE TAB 1 MG-20 MCG (24)	1				
TARINA FE TAB 1/20	NORETHINDRONE ACE & ETHINYL ESTRADIOL-FE TAB 1 MG-20 MCG	1				
TARINA FE TAB 1/20 EQ	NORETHINDRONE ACE & ETHINYL ESTRADIOL-FE TAB 1 MG-20 MCG	1				
TAYSOFY CAP 1/20	NORETHINDRONE ACE-ETHINYL ESTRADIOL-FE CAP 1 MG-20 MCG (24)	1				
TESTOST CYP INJ 100MG/ML	TESTOSTERONE CYPIONATE IM INJ IN OIL 100 MG / ML	2	X			
TESTOST CYP INJ 200MG/ML	TESTOSTERONE CYPIONATE IM INJ IN OIL 200 MG / ML	2	X			
TESTOST ENAN INJ 200MG/ML	TESTOSTERONE ENANTHATE IM INJ IN OIL 200 MG / ML	2	X			
TESTOSTERONE GEL 1%(50MG)	TESTOSTERONE TD GEL 50 MG / 5GM (1%)	3	X	X		
TESTOSTERONE GEL 1.62%	TESTOSTERONE TD GEL 20.25 MG / ACT (1.62%)	3	X	X		
TILIA FE TAB	NORETHINDRONE AC-ETHINYL ESTRAD-FE TAB 1-20 / 1-30 / 1-35 MG-MCG	1				
TRI FEMYNOR TAB	NORGESTIMATE-ETH ESTRAD TAB 0.18-35 / 0.215-35 / 0.25-35 MG-MCG	1				
TRI-ESTARYLL TAB	NORGESTIMATE-ETH ESTRAD TAB 0.18-35 / 0.215-35 / 0.25-35 MG-MCG	1				
TRI-LEGEST TAB FE	NORETHINDRONE AC-ETHINYL ESTRAD-FE TAB 1-20 / 1-30 / 1-35 MG-MCG	1				
TRI-LINYAH TAB	NORGESTIMATE-ETH ESTRAD TAB 0.18-35 / 0.215-35 / 0.25-35 MG-MCG	1				
TRI-LO TAB ESTARYLL	NORGESTIMATE-ETH ESTRAD TAB 0.18-25 / 0.215-25 / 0.25-25 MG-MCG	1				
TRI-LO- TAB MARZIA	NORGESTIMATE-ETH ESTRAD TAB 0.18-25 / 0.215-25 / 0.25-25 MG-MCG	1				
TRI-LO- TAB SPRINTEC	NORGESTIMATE-ETH ESTRAD TAB 0.18-25 / 0.215-25 / 0.25-25 MG-MCG	1				
TRI-LO-MILI TAB	NORGESTIMATE-ETH ESTRAD TAB 0.18-25 / 0.215-25 / 0.25-25 MG-MCG	1				
TRI-MILI TAB	NORGESTIMATE-ETH ESTRAD TAB 0.18-35 / 0.215-35 / 0.25-35 MG-MCG	1				
TRI-NYMYO TAB	NORGESTIMATE-ETH ESTRAD TAB 0.18-35 / 0.215-35 / 0.25-35 MG-MCG	1				
TRI-SPRINTEC TAB	NORGESTIMATE-ETH ESTRAD TAB 0.18-35 / 0.215-35 / 0.25-35 MG-MCG	1				
TRIVORA-28 TAB	LEVONORGESTREL-ETH ESTRA TAB 0.05-30 / 0.075-40 / 0.125-30MG-MCG	1				
TRI-VYLIBRA TAB	NORGESTIMATE-ETH ESTRAD TAB 0.18-35 / 0.215-35 / 0.25-35 MG-MCG	1				
TRI-VYLIBRA TAB LO	NORGESTIMATE-ETH ESTRAD TAB 0.18-25 / 0.215-25 / 0.25-25 MG-MCG	1				
TULANA TAB 0.35MG	NORETHINDRONE TAB 0.35 MG	1				

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ST Step therapy

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Drug name	Generic name	Tier value	Prior auth	Quantity limit	Step therapy	Notes
TURQOZ TAB	NORGESTREL & ETHINYL ESTRADIOL TAB 0.3 MG-30 MCG	1				
TWIRLA DIS 120-30	LEVONORGESTREL-ETHINYL ESTRADIOL TD PTWK 120-30 MCG / 24HR	1				
TYBLUME CHW 0.1-0.02	LEVONORGESTREL & ETHINYL ESTRADIOL CHEW TAB 0.1 MG-20 MCG	1				
TYDEMY TAB	DROSPIRENONE-ETHINYL ESTRAD-LEVOMEFOLATE TAB 3-0.03-0.451 MG	1				
VELIVET PAK	DESOGEST-ETHIN EST TAB 0.1-0.025 / 0.125-0.025 / 0.15-0.025MG-MG	1				
VESTURA TAB 3-0.02MG	DROSPIRENONE-ETHINYL ESTRADIOL TAB 3-0.02 MG	1				
VIENVA TAB 0.1-20	LEVONORGESTREL & ETHINYL ESTRADIOL TAB 0.1 MG-20 MCG	1				
VIORELE TAB	DESOGEST-ETH ESTRAD & ETH ESTRAD TAB 0.15-0.02 / 0.01 MG(21 / 5)	1				
VOLNEA TAB	DESOGEST-ETH ESTRAD & ETH ESTRAD TAB 0.15-0.02 / 0.01 MG(21 / 5)	1				
VYFEMLA TAB 0.4-35	NORETHINDRONE & ETHINYL ESTRADIOL TAB 0.4 MG-35 MCG	1				
VYLIBRA TAB 0.25-35	NORGESTIMATE & ETHINYL ESTRADIOL TAB 0.25 MG-35 MCG	1				
WERA TAB 0.5/35	NORETHINDRONE & ETHINYL ESTRADIOL TAB 0.5 MG-35 MCG	1				
WYMZYA FE CHW 0.4MG-35	NORETHINDRONE & ETHINYL ESTRADIOL-FE CHEW TAB 0.4 MG-35 MCG	1				
XULANE DIS 150-35	NORELGESTROMIN-ETHINYL ESTRADIOL TD PTWK 150-35 MCG / 24HR	1				
YUVAFEM TAB 10MCG	ESTRADIOL VAGINAL TAB 10 MCG	3		X		
ZAFEMY DIS 150/35	NORELGESTROMIN-ETHINYL ESTRADIOL TD PTWK 150-35 MCG / 24HR	1				
ZOVIA 1/35 TAB	ETHYNODIOL DIACETATE & ETHINYL ESTRADIOL TAB 1 MG-35 MCG	1				
ZUMANDIMINE TAB 3-0.03MG	DROSPIRENONE-ETHINYL ESTRADIOL TAB 3-0.03 MG	1				
Hormonal agents, stimulant/replacement/modifying (thyroid)						
ARMOUR THYRO TAB 120MG	THYROID TAB 120 MG (2 GRAIN)	5				
ARMOUR THYRO TAB 15MG	THYROID TAB 15 MG (1 / 4 GRAIN)	5				
ARMOUR THYRO TAB 180MG	THYROID TAB 180 MG (3 GRAIN)	5				
ARMOUR THYRO TAB 240MG	THYROID TAB 240 MG (4 GRAIN)	5				
ARMOUR THYRO TAB 300MG	THYROID TAB 300 MG (5 GRAIN)	5				
ARMOUR THYRO TAB 30MG	THYROID TAB 30 MG (1 / 2 GRAIN)	5				
ARMOUR THYRO TAB 60MG	THYROID TAB 60 MG (1 GRAIN)	5				
ARMOUR THYRO TAB 90MG	THYROID TAB 90 MG (1 1 / 2 GRAIN)	5				
EUTHYROX TAB 100MCG	LEVOTHYROXINE SODIUM TAB 100 MCG	2				
EUTHYROX TAB 112MCG	LEVOTHYROXINE SODIUM TAB 112 MCG	2				
EUTHYROX TAB 125MCG	LEVOTHYROXINE SODIUM TAB 125 MCG	2				
EUTHYROX TAB 137MCG	LEVOTHYROXINE SODIUM TAB 137 MCG	2				
EUTHYROX TAB 150MCG	LEVOTHYROXINE SODIUM TAB 150 MCG	2				

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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
EUTHYROX TAB 175MCG	LEVOTHYROXINE SODIUM TAB 175 MCG	2				
EUTHYROX TAB 200MCG	LEVOTHYROXINE SODIUM TAB 200 MCG	2				
EUTHYROX TAB 25MCG	LEVOTHYROXINE SODIUM TAB 25 MCG	2				
EUTHYROX TAB 50MCG	LEVOTHYROXINE SODIUM TAB 50 MCG	2				
EUTHYROX TAB 75MCG	LEVOTHYROXINE SODIUM TAB 75 MCG	2				
EUTHYROX TAB 88MCG	LEVOTHYROXINE SODIUM TAB 88 MCG	2				
LEVO-T TAB 100MCG	LEVOTHYROXINE SODIUM TAB 100 MCG	2				
LEVO-T TAB 112MCG	LEVOTHYROXINE SODIUM TAB 112 MCG	2				
LEVO-T TAB 125MCG	LEVOTHYROXINE SODIUM TAB 125 MCG	2				
LEVO-T TAB 137MCG	LEVOTHYROXINE SODIUM TAB 137 MCG	2				
LEVO-T TAB 150MCG	LEVOTHYROXINE SODIUM TAB 150 MCG	2				
LEVO-T TAB 175MCG	LEVOTHYROXINE SODIUM TAB 175 MCG	2				
LEVO-T TAB 200MCG	LEVOTHYROXINE SODIUM TAB 200 MCG	2				
LEVO-T TAB 25MCG	LEVOTHYROXINE SODIUM TAB 25 MCG	2				
LEVO-T TAB 300 MCG	LEVOTHYROXINE SODIUM TAB 300 MCG	2				
LEVO-T TAB 50MCG	LEVOTHYROXINE SODIUM TAB 50 MCG	2				
LEVO-T TAB 75MCG	LEVOTHYROXINE SODIUM TAB 75 MCG	2				
LEVO-T TAB 88MCG	LEVOTHYROXINE SODIUM TAB 88 MCG	2				
LEVOTHYROXIN TAB 100MCG	LEVOTHYROXINE SODIUM TAB 100 MCG	2				
LEVOTHYROXIN TAB 112MCG	LEVOTHYROXINE SODIUM TAB 112 MCG	2				
LEVOTHYROXIN TAB 125MCG	LEVOTHYROXINE SODIUM TAB 125 MCG	2				
LEVOTHYROXIN TAB 137MCG	LEVOTHYROXINE SODIUM TAB 137 MCG	2				
LEVOTHYROXIN TAB 150MCG	LEVOTHYROXINE SODIUM TAB 150 MCG	2				
LEVOTHYROXIN TAB 175MCG	LEVOTHYROXINE SODIUM TAB 175 MCG	2				
LEVOTHYROXIN TAB 200MCG	LEVOTHYROXINE SODIUM TAB 200 MCG	2				
LEVOTHYROXIN TAB 25MCG	LEVOTHYROXINE SODIUM TAB 25 MCG	2				
LEVOTHYROXIN TAB 300MCG	LEVOTHYROXINE SODIUM TAB 300 MCG	2				
LEVOTHYROXIN TAB 50MCG	LEVOTHYROXINE SODIUM TAB 50 MCG	2				
LEVOTHYROXIN TAB 75MCG	LEVOTHYROXINE SODIUM TAB 75 MCG	2				
LEVOTHYROXIN TAB 88MCG	LEVOTHYROXINE SODIUM TAB 88 MCG	2				
LEVOXYL TAB 100MCG	LEVOTHYROXINE SODIUM TAB 100 MCG	2				
LEVOXYL TAB 112MCG	LEVOTHYROXINE SODIUM TAB 112 MCG	2				
LEVOXYL TAB 125MCG	LEVOTHYROXINE SODIUM TAB 125 MCG	2				
LEVOXYL TAB 137MCG	LEVOTHYROXINE SODIUM TAB 137 MCG	2				
LEVOXYL TAB 150MCG	LEVOTHYROXINE SODIUM TAB 150 MCG	2				
LEVOXYL TAB 175MCG	LEVOTHYROXINE SODIUM TAB 175 MCG	2				
LEVOXYL TAB 200MCG	LEVOTHYROXINE SODIUM TAB 200 MCG	2				
LEVOXYL TAB 25MCG	LEVOTHYROXINE SODIUM TAB 25 MCG	2				
LEVOXYL TAB 50MCG	LEVOTHYROXINE SODIUM TAB 50 MCG	2				
LEVOXYL TAB 75MCG	LEVOTHYROXINE SODIUM TAB 75 MCG	2				
LEVOXYL TAB 88MCG	LEVOTHYROXINE SODIUM TAB 88 MCG	2				
LIOTHYRONINE TAB 25MCG	LIOTHYRONINE SODIUM TAB 25 MCG	2				BH*
LIOTHYRONINE TAB 50MCG	LIOTHYRONINE SODIUM TAB 50 MCG	2				BH*
LIOTHYRONINE TAB 5MCG	LIOTHYRONINE SODIUM TAB 5 MCG	2				BH*
NIVA THYROID TAB 120MG	THYROID TAB 120 MG (2 GRAIN)	5				

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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
NIVA THYROID TAB 15MG	THYROID TAB 15 MG (1 / 4 GRAIN)	5				
NIVA THYROID TAB 30MG	THYROID TAB 30 MG (1 / 2 GRAIN)	5				
NIVA THYROID TAB 60MG	THYROID TAB 60 MG (1 GRAIN)	5				
NIVA THYROID TAB 90MG	THYROID TAB 90 MG (1 1 / 2 GRAIN)	5				
NP THYROID TAB 120MG	THYROID TAB 120 MG (2 GRAIN)	3				
NP THYROID TAB 15MG	THYROID TAB 15 MG (1 / 4 GRAIN)	3				
NP THYROID TAB 30MG	THYROID TAB 30 MG (1 / 2 GRAIN)	3				
NP THYROID TAB 60MG	THYROID TAB 60 MG (1 GRAIN)	3				
NP THYROID TAB 90MG	THYROID TAB 90 MG (1 1 / 2 GRAIN)	3				
SYNTHROID TAB 100MCG	LEVOTHYROXINE SODIUM TAB 100 MCG	3				
SYNTHROID TAB 112MCG	LEVOTHYROXINE SODIUM TAB 112 MCG	3				
SYNTHROID TAB 125MCG	LEVOTHYROXINE SODIUM TAB 125 MCG	3				
SYNTHROID TAB 137MCG	LEVOTHYROXINE SODIUM TAB 137 MCG	3				
SYNTHROID TAB 150MCG	LEVOTHYROXINE SODIUM TAB 150 MCG	3				
SYNTHROID TAB 175MCG	LEVOTHYROXINE SODIUM TAB 175 MCG	3				
SYNTHROID TAB 200MCG	LEVOTHYROXINE SODIUM TAB 200 MCG	3				
SYNTHROID TAB 25MCG	LEVOTHYROXINE SODIUM TAB 25 MCG	3				
SYNTHROID TAB 300MCG	LEVOTHYROXINE SODIUM TAB 300 MCG	3				
SYNTHROID TAB 50MCG	LEVOTHYROXINE SODIUM TAB 50 MCG	3				
SYNTHROID TAB 75MCG	LEVOTHYROXINE SODIUM TAB 75 MCG	3				
SYNTHROID TAB 88MCG	LEVOTHYROXINE SODIUM TAB 88 MCG	3				
THYQUIDITY SOL 100MCG	LEVOTHYROXINE SODIUM ORAL SOLUTION 100 MCG / 5ML	5	X			
THYROID TAB 120MG	THYROID TAB 120 MG (2 GRAIN)	3				
THYROID TAB 15MG	THYROID TAB 15 MG (1 / 4 GRAIN)	3				
THYROID TAB 30MG	THYROID TAB 30 MG (1 / 2 GRAIN)	3				
THYROID TAB 60MG	THYROID TAB 60 MG (1 GRAIN)	3				
THYROID TAB 90MG	THYROID TAB 90 MG (1 1 / 2 GRAIN)	3				
TIROSINT-SOL SOL 100MCG	LEVOTHYROXINE SODIUM ORAL SOLUTION 100 MCG / ML	5	X			
TIROSINT-SOL SOL 112MCG	LEVOTHYROXINE SODIUM ORAL SOLUTION 112 MCG / ML	5	X			
TIROSINT-SOL SOL 125MCG	LEVOTHYROXINE SODIUM ORAL SOLUTION 125 MCG / ML	5	X			
TIROSINT-SOL SOL 137MCG	LEVOTHYROXINE SODIUM ORAL SOLUTION 137 MCG / ML	5	X			
TIROSINT-SOL SOL 13MCG/ML	LEVOTHYROXINE SODIUM ORAL SOLUTION 13 MCG / ML	5	X			
TIROSINT-SOL SOL 150MCG	LEVOTHYROXINE SODIUM ORAL SOLUTION 150 MCG / ML	5	X			
TIROSINT-SOL SOL 175MCG	LEVOTHYROXINE SODIUM ORAL SOLUTION 175 MCG / ML	5	X			
TIROSINT-SOL SOL 200MCG	LEVOTHYROXINE SODIUM ORAL SOLUTION 200 MCG / ML	5	X			
TIROSINT-SOL SOL 25MCG/ML	LEVOTHYROXINE SODIUM ORAL SOLUTION 25 MCG / ML	5	X			

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ST Step therapy

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Drug name	Generic name	Tier value	Prior auth	Quantity limit	Step therapy	Notes
TIROSINT-SOL SOL 37.5/ML	LEVOTHYROXINE SODIUM ORAL SOLUTION 37.5 MCG / ML	5	X			
TIROSINT-SOL SOL 44MCG/ML	LEVOTHYROXINE SODIUM ORAL SOLUTION 44 MCG / ML	5	X			
TIROSINT-SOL SOL 50MCG/ML	LEVOTHYROXINE SODIUM ORAL SOLUTION 50 MCG / ML	5	X			
TIROSINT-SOL SOL 62.5/ML	LEVOTHYROXINE SODIUM ORAL SOLUTION 62.5 MCG / ML	5	X			
TIROSINT-SOL SOL 75MCG/ML	LEVOTHYROXINE SODIUM ORAL SOLUTION 75 MCG / ML	5	X			
TIROSINT-SOL SOL 88MCG/ML	LEVOTHYROXINE SODIUM ORAL SOLUTION 88 MCG / ML	5	X			
UNITHROID TAB 100MCG	LEVOTHYROXINE SODIUM TAB 100 MCG	2				
UNITHROID TAB 112MCG	LEVOTHYROXINE SODIUM TAB 112 MCG	2				
UNITHROID TAB 125MCG	LEVOTHYROXINE SODIUM TAB 125 MCG	2				
UNITHROID TAB 137MCG	LEVOTHYROXINE SODIUM TAB 137 MCG	2				
UNITHROID TAB 150MCG	LEVOTHYROXINE SODIUM TAB 150 MCG	2				
UNITHROID TAB 175MCG	LEVOTHYROXINE SODIUM TAB 175 MCG	2				
UNITHROID TAB 200MCG	LEVOTHYROXINE SODIUM TAB 200 MCG	2				
UNITHROID TAB 25MCG	LEVOTHYROXINE SODIUM TAB 25 MCG	2				
UNITHROID TAB 300MCG	LEVOTHYROXINE SODIUM TAB 300 MCG	2				
UNITHROID TAB 50MCG	LEVOTHYROXINE SODIUM TAB 50 MCG	2				
UNITHROID TAB 75MCG	LEVOTHYROXINE SODIUM TAB 75 MCG	2				
UNITHROID TAB 88MCG	LEVOTHYROXINE SODIUM TAB 88 MCG	2				
Hormonal agents, suppressant (adrenal)						
LYSODREN TAB 500MG	MITOTANE TAB 500 MG	5				
Hormonal agents, suppressant (pituitary)						
ELIGARD INJ 22.5MG	LEUPROLIDE ACETATE (3 MONTH) FOR SUBCUTANEOUS INJ KIT 22.5MG	6				SP
ELIGARD INJ 30MG	LEUPROLIDE ACETATE (4 MONTH) FOR SUBCUTANEOUS INJ KIT 30 MG	6				SP
ELIGARD INJ 45MG	LEUPROLIDE ACETATE (6 MONTH) FOR SUBCUTANEOUS INJ KIT 45 MG	6				SP
ELIGARD INJ 7.5MG	LEUPROLIDE ACETATE FOR SUBCUTANEOUS INJ KIT 7.5 MG	6				SP
LEUPROLIDE INJ 14 DAY	LEUPROLIDE ACETATE INJ KIT 1 MG / 0.2ML (5 MG / ML)	6				SP
LEUPROLIDE INJ 1MG/0.2	LEUPROLIDE ACETATE INJ KIT 1 MG / 0.2ML (5 MG / ML)	6				SP
LEUPROLIDE KIT 14 DAY	LEUPROLIDE ACETATE INJ KIT 1 MG / 0.2ML (5 MG / ML)	6				SP
LEUPROLIDE KIT 1MG/0.2	LEUPROLIDE ACETATE INJ KIT 1 MG / 0.2ML (5 MG / ML)	6				SP
OCTREOTIDE INJ 1000MCG	OCTREOTIDE ACETATE INJ 1000 MCG / ML (1 MG / ML)	4	X			SP
OCTREOTIDE INJ 100MCG	OCTREOTIDE ACETATE INJ 100 MCG / ML (0.1 MG / ML)	4	X			SP
OCTREOTIDE INJ 100MCG	OCTREOTIDE ACETATE SUBCUTANEOUS SOLN PREF SYR 100 MCG / ML	4	X			SP

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OCTREOTIDE INJ 200MCG	OCTREOTIDE ACETATE INJ 200 MCG / ML (0.2 MG / ML)	4	X			SP
OCTREOTIDE INJ 500MCG	OCTREOTIDE ACETATE INJ 500 MCG / ML (0.5 MG / ML)	4	X			SP
OCTREOTIDE INJ 500MCG	OCTREOTIDE ACETATE SUBCUTANEOUS SOLN PREF SYR 500 MCG / ML	4	X			SP
OCTREOTIDE INJ 50MCG/ML	OCTREOTIDE ACETATE INJ 50 MCG / ML (0.05 MG / ML)	4	X			SP
OCTREOTIDE INJ 50MCG/ML	OCTREOTIDE ACETATE SUBCUTANEOUS SOLN PREF SYR 50 MCG / ML	4	X			SP
ORILISSA TAB 150MG	ELAGOLIX SODIUM TAB 150 MG (BASE EQUIV)	5	X	X		
ORILISSA TAB 200MG	ELAGOLIX SODIUM TAB 200 MG (BASE EQUIV)	5	X	X		
SIGNIFOR INJ 0.3MG/ML	PASIREOTIDE DIASPARTATE INJ 0.3 MG / ML (BASE EQUIV)	6	X	X		SP
SIGNIFOR INJ 0.6MG/ML	PASIREOTIDE DIASPARTATE INJ 0.6 MG / ML (BASE EQUIV)	6	X	X		SP
SIGNIFOR INJ 0.9MG/ML	PASIREOTIDE DIASPARTATE INJ 0.9 MG / ML (BASE EQUIV)	6	X	X		SP
SOMAVERT INJ 10MG	PEGVISOMANT FOR INJ 10 MG (AS PROTEIN)	6	X	X		SP
SOMAVERT INJ 15MG	PEGVISOMANT FOR INJ 15 MG (AS PROTEIN)	6	X	X		SP
SOMAVERT INJ 20MG	PEGVISOMANT FOR INJ 20 MG (AS PROTEIN)	6	X	X		SP
SOMAVERT INJ 25MG	PEGVISOMANT FOR INJ 25 MG (AS PROTEIN)	6	X	X		SP
SOMAVERT INJ 30MG	PEGVISOMANT FOR INJ 30 MG (AS PROTEIN)	6	X	X		SP
SYNAREL SOL 2MG/ML	NAFARELIN ACETATE NASAL SOLN 2 MG / ML (200 MCG / ACT) (BASE EQ)	3				
Hormonal agents, suppressant (thyroid)						
METHIMAZOLE TAB 10MG	METHIMAZOLE TAB 10 MG	2				
METHIMAZOLE TAB 5MG	METHIMAZOLE TAB 5 MG	2				
PROPYLTHIOUR TAB 50MG	PROPYLTHIOURACIL TAB 50 MG	2				
Immunological agents						
ABRYSVO INJ	RSV PRE-FUSION F A&B VAC RECOMB FOR IM SOLN 120 MCG / 0.5ML	1		X		
ACTEMRA INJ 162/0.9	TOCILIZUMAB SUBCUTANEOUS SOLN PREFILLED SYRINGE 162 MG / 0.9ML	4	X	X		SP
ACTEMRA INJ ACTPEN	TOCILIZUMAB SUBCUTANEOUS SOLN AUTO-INJECTOR 162 MG / 0.9ML	4	X	X		SP
ACTHIB INJ	HAEMOPHILUS B POLYSACCHARIDE CONJUGATE VACCINE FOR INJ	1		X		
ACTIMMUNE INJ 2MU/0.5	INTERFERON GAMMA-1B INJ 100 MCG / 0.5ML (2000000 UNIT / 0.5ML)	6	X	X		SP
ADACEL INJ	TET TOX-DIPH-ACELL PERTUSS AD INJ 5-2-15.5 LF-LF-MCG / 0.5ML	1		X		
ADALIMU-ADAZ INJ 40/0.4ML	ADALIMUMAB-ADAZ SOLN AUTO-INJECTOR 40 MG / 0.4ML	4	X	X		SP
ADALIMU-ADAZ INJ 40/0.4ML	ADALIMUMAB-ADAZ SOLN PREFILLED SYRINGE 40 MG / 0.4ML	4	X	X		SP
ADALIMU-ADBM KIT 10/0.2ML	ADALIMUMAB-ADBM PREFILLED SYRINGE KIT 10 MG / 0.2ML	4	X	X		SP

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PA Prior authorization required

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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
ADALIMU-ADBM KIT 20/0.4ML	ADALIMUMAB-ADBM PREFILLED SYRINGE KIT 20 MG / 0.4ML	4	X	X		SP
ADALIMU-ADBM KIT 40/0.8ML	ADALIMUMAB-ADBM AUTO-INJECTOR KIT 40 MG / 0.8ML	4	X	X		SP
ADALIMU-ADBM KIT 40/0.8ML	ADALIMUMAB-ADBM PREFILLED SYRINGE KIT 40 MG / 0.8ML	4	X	X		SP
ADALIMU-ADBM KIT 40/0.8ML	ADALIMUMAB-ADBM AUTO-INJECTOR STARTER KIT 40 MG / 0.8ML	4	X			SP
AFLURIA QUAD INJ 2023-24	INFLUENZA VIRUS VACCINE SPLIT QUADRIVALENT IM INJ	1		X		PRV-A
AMJEVITA INJ 20/0.2ML	ADALIMUMAB-ATTO SOLN PREFILLED SYRINGE 20 MG / 0.2ML	4	X	X		SP
AMJEVITA INJ 40/0.4ML	ADALIMUMAB-ATTO SOLN AUTO-INJECTOR 40 MG / 0.4ML	4	X	X		SP
AMJEVITA INJ 40/0.4ML	ADALIMUMAB-ATTO SOLN PREFILLED SYRINGE 40 MG / 0.4ML	4	X	X		SP
AMJEVITA INJ 80/0.8ML	ADALIMUMAB-ATTO SOLN AUTO-INJECTOR 80 MG / 0.8ML	4	X	X		SP
AREXVY INJ 120MCG	RSVPREF3 VACCINE RECOMB ADJUVANTED FOR IM SUSP 120 MCG / 0.5ML	1		X		PRV-A
AZATHIOPRINE TAB 50MG	AZATHIOPRINE TAB 50 MG	2				
BEXSERO INJ	MENINGOCOCCAL VAC B (RECOMB OMV ADJUV) INJ PREFILLED SYRINGE	1		X		PRV-A
BEYFORTUS INJ 100MG/ML	NIRSEVIMAB-ALIP IM SOLN PREFILLED SYRINGE 100 MG / ML	1		X		PRV-A
BEYFORTUS INJ 50/0.5ML	NIRSEVIMAB-ALIP IM SOLN PREFILLED SYRINGE 50 MG / 0.5ML	1		X		PRV-A
BOOSTRIX INJ	TET TOX-DIPH-ACELL PERTUSS AD INJ 5-2.5-18.5 LF-LF-MCG / 0.5ML	1		X		
BOOSTRIX INJ	TET-DIPH-ACELL PERTUSS AD PREF SYR 5-2.5-18.5 LF-MCG / 0.5ML	1		X		
CIMZIA KIT 200MG	CERTOLIZUMAB PEGOL FOR INJ KIT 2 X 200 MG	4	X	X		SP
CIMZIA PREFL KIT 200MG/ML	CERTOLIZUMAB PEGOL PREFILLED SYRINGE KIT 200 MG / ML	4	X	X		SP
CIMZIA START KIT 200MG/ML	CERTOLIZUMAB PEGOL PREFILLED SYRINGE KIT 6 X 200 MG / ML	4	X	X		SP
COMIRNATY INJ 30/0.3ML	COVID-19 mRNA VAC TRIS-PFIZER IM SUSP PREF SYR 30 MCG / 0.3ML	1		X		PRV-A
COMIRNATY INJ 30/0.3ML	COVID-19 mRNA VAC TRIS-SUCROSE-PFIZER IM SUSP 30 MCG / 0.3ML	1		X		PRV-A
CYCLOSPORINE CAP 100MG	CYCLOSPORINE CAP 100 MG	3				
CYCLOSPORINE CAP 100MG MD	CYCLOSPORINE MODIFIED CAP 100 MG	3				
CYCLOSPORINE CAP 25MG	CYCLOSPORINE CAP 25 MG	3				
CYCLOSPORINE CAP 25MG MOD	CYCLOSPORINE MODIFIED CAP 25 MG	3				
CYCLOSPORINE CAP 50MG MOD	CYCLOSPORINE MODIFIED CAP 50 MG	3				
CYCLOSPORINE SOL MODIFIED	CYCLOSPORINE MODIFIED ORAL SOLN 100 MG / ML	3				

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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
DAPTACEL INJ	DIPH, ACELLULAR PERT & TET TOX INJ 15 LF-23 MCG-5 LF / 0.5ML	1		X		
DENGVAXIA SUS	DENGUE VIRUS VACCINE LIVE TETRAVALENT FOR SUBCUTANEOUS SUSP	1		X		PRV-A
ENGERIX-B INJ 10/0.5ML	HEPATITIS B VACCINE (RECOMBINANT) SUSP PREF SYR 10 MCG / 0.5ML	1		X		
ENGERIX-B INJ 20MCG/ML	HEPATITIS B VACCINE (RECOMBINANT) SUSP 20 MCG / ML	1		X		
ENGERIX-B INJ 20MCG/ML	HEPATITIS B VACCINE (RECOMBINANT) SUSP PREF SYR 20 MCG / ML	1		X		
FLUAD QUADRI INJ 2023-24	Influenza Vac Type A&B Surface Ant Adj Quad Pref Syr 0.5 ML	1		X		PRV-A
FLUBLOK QUAD INJ 2023-24	Influenza Vac Recomb HA Quad PF Soln Pref Syr 0.5 ML	1		X		PRV-A
FLUCLVX QUAD INJ 2023-24	INFLUENZA VAC TISS-CULT SUBUNT QUAD SUSP PREF SYR 0.5 ML	1		X		PRV-A
FLUCLVX QUAD INJ 2023-24	INFLUENZA VAC TISSUE-CULTURED SUBUNIT QUADRIVALENT IM SUSP	1		X		PRV-A
FLULALVAL QUA INJ 2023-24	INFLUENZA VIRUS VAC SPLIT QUADRIVALENT SUSP PREF SYR 0.5ML	1		X		PRV-A
FLUMIST QUAD SUS 2023-24	INFLUENZA VIRUS VACCINE LIVE QUADRIVALENT INTRANASAL SUSP	1		X		PRV-A
FLUZONE HD INJ 2023-24	Influenza Vac Split High-Dose Quad PF Susp Pref Syr 0.7 ML	1		X		PRV-A
FLUZONE QUAD INJ 2023-24	INFLUENZA VIRUS VAC SPLIT QUADRIVALENT SUSP PREF SYR 0.5ML	1		X		PRV-A
FLUZONE QUAD INJ 2023-24	INFLUENZA VIRUS VACCINE SPLIT QUADRIVALENT IM INJ	1		X		PRV-A
GARDASIL 9 INJ	HUMAN PAPILLOMAVIRUS (HPV) 9-VALENT RECOMB VAC IM SUSP	1		X		PRV-A
GARDASIL 9 INJ	HUMAN PAPILLOMAVIRUS (HPV) 9-VALENT RECOMB VAC SUSP PREF SYR	1		X		PRV-A
GENGRAF CAP 100MG	CYCLOSPORINE MODIFIED CAP 100 MG	3				
GENGRAF CAP 25MG	CYCLOSPORINE MODIFIED CAP 25 MG	3				
GENGRAF SOL 100MG/ML	CYCLOSPORINE MODIFIED ORAL SOLN 100 MG / ML	3				
HADLIMA INJ 40/0.4ML	ADALIMUMAB-BWWD SOLN PREFILLED SYRINGE 40 MG / 0.4ML	4	X	X		SP
HADLIMA INJ 40/0.8ML	ADALIMUMAB-BWWD SOLN PREFILLED SYRINGE 40 MG / 0.8ML	4	X	X		SP
HADLIMA PUSH INJ 40/0.4ML	ADALIMUMAB-BWWD SOLN AUTO-INJECTOR 40 MG / 0.4ML	4	X	X		SP
HADLIMA PUSH INJ 40/0.8ML	ADALIMUMAB-BWWD SOLN AUTO-INJECTOR 40 MG / 0.8ML	4	X	X		SP
HAEGARDA INJ 2000UNIT	C1 ESTERASE INHIBITOR (HUMAN) FOR SUBCUTANEOUS INJ 2000 UNIT	6	X	X		SP
HAEGARDA INJ 3000UNIT	C1 ESTERASE INHIBITOR (HUMAN) FOR SUBCUTANEOUS INJ 3000 UNIT	6	X	X		SP
HAVRIX INJ 1440UNIT	HEPATITIS A VACCINE INJ SUSP 1440 EL UNIT / ML	1		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
HAVRIX INJ 720UNIT	HEPATITIS A VACCINE INJ SUSP 720 EL UNIT /0.5ML	1		X		
HEPLISAV-B INJ 20/0.5ML	HEPATITIS B VACCINE RECOMB ADJUVANTED PREF SYR 20 MCG / 0.5ML	1		X		PRV-A
HIBERIX SOL 10MCG	HAEMOPHILUS B POLYSACCHARIDE CONJUGATE VAC FOR INJ 10 MCG	1		X		
HUMIRA INJ 10/0.1ML	ADALIMUMAB PREFILLED SYRINGE KIT 10 MG /0.1ML	4	X	X		SP
HUMIRA INJ 20/0.2ML	ADALIMUMAB PREFILLED SYRINGE KIT 20 MG /0.2ML	4	X	X		SP
HUMIRA INJ 40/0.4ML	ADALIMUMAB PREFILLED SYRINGE KIT 40 MG /0.4ML	4	X	X		SP
HUMIRA KIT 40MG/0.8	ADALIMUMAB PREFILLED SYRINGE KIT 40 MG /0.8ML	4	X	X		SP
HUMIRA PEDIA INJ CROHNS	ADALIMUMAB PREFILLED SYRINGE KIT 80 MG /0.8ML	4	X	X		SP
HUMIRA PEDIA INJ CROHNS	ADALIMUMAB PREFILLED SYRINGE KIT 80 MG /0.8ML & 40 MG / 0.4ML	4	X	X		SP
HUMIRA PEN INJ 40/0.4ML	ADALIMUMAB PEN-INJECTOR KIT 40 MG /0.4ML	4	X	X		SP
HUMIRA PEN INJ 40MG/0.8	ADALIMUMAB PEN-INJECTOR KIT 40 MG /0.8ML	4	X	X		SP
HUMIRA PEN INJ 80/0.8ML	ADALIMUMAB PEN-INJECTOR KIT 80 MG /0.8ML	4	X	X		SP
HUMIRA PEN INJ CD/UC/HS	ADALIMUMAB PEN-INJECTOR KIT 40 MG /0.8ML	4	X			SP
HUMIRA PEN INJ PS/UV	ADALIMUMAB PEN-INJECTOR KIT 40 MG /0.8ML	4	X			SP
HUMIRA PEN KIT CD/UC/HS	ADALIMUMAB PEN-INJECTOR KIT 80 MG /0.8ML	4	X			SP
HUMIRA PEN KIT PED UC	ADALIMUMAB PEN-INJECTOR KIT 80 MG /0.8ML	4	X			SP
HUMIRA PEN KIT PS/UV	ADALIMUMAB PEN-INJECTOR KIT 80 MG /0.8ML & 40 MG / 0.4ML	4	X	X		SP
ICATIBANT INJ 30MG/3ML	ICATIBANT ACETATE SUBCUTANEOUS SOLN PREF SYR 30 MG / 3ML	4	X	X		SP
INFANRIX INJ	DIPH, ACELLULAR PERT & TET TOX INJ 25 LF-58 MCG-10 LF / 0.5ML	1		X		
IPOV INJ INACTIVE	POLIOVIRUS VACCINE, IPV INJECTION	1		X		
JYNNEOS INJ	SMALLPOX & MONKEYPOX VAC, LIVE, NON-REPLICATING INJ 0.5 ML	1		X		PRV-A
KINRIX INJ	DIPH-TETANUS-ACELL PERT-POLIO, IPV VACC SUSP PREF SYR 0.5 ML	1		X		
LEFLUNOMIDE TAB 10MG	LEFLUNOMIDE TAB 10 MG	2				
LEFLUNOMIDE TAB 20MG	LEFLUNOMIDE TAB 20 MG	2				
MENQUADFI INJ	MENINGOCOCCAL (A, C, Y, AND W-135) TETANUS CONJUGATE VACCINE	1		X		
MENVEO INJ	MENINGOCOCCAL (A, C, Y, AND W-135) OLIGO CONJ VAC FOR INJ	1		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
MENVEO SOL	MENINGOCOCCAL (A, C, Y, AND W-135) OLIGO CONJ VAC IM SOLN	1		X		
METHOTREXATE INJ 1GM	METHOTREXATE SODIUM FOR INJ 1 GM	2				
METHOTREXATE INJ 1GM/40ML	METHOTREXATE SODIUM INJ PF 1000 MG / 40ML (25 MG / ML)	2				
METHOTREXATE INJ 250/10ML	METHOTREXATE SODIUM INJ PF 250 MG / 10ML (25 MG / ML)	2				
METHOTREXATE INJ 25MG/ML	METHOTREXATE SODIUM INJ 250 MG / 10ML (25 MG / ML)	2				
METHOTREXATE INJ 25MG/ML	METHOTREXATE SODIUM INJ 50 MG / 2ML (25 MG / ML)	2				
METHOTREXATE INJ 50MG/2ML	METHOTREXATE SODIUM INJ PF 50 MG / 2ML (25 MG / ML)	2				
METHOTREXATE TAB 2.5MG	METHOTREXATE SODIUM TAB 2.5 MG (BASE EQUIV)	2				
M-M-R II INJ	MEASLES-MUMPS-RUBELLA VIRUS VACCINES FOR INJ SOLN	1		X		
MODERNA INJ 6MO-11Y	COVID-19 mRNA VACCINE 6MO-11YR- MODERNA IM SUSP 25 MCG / 0.25ML	1		X		PRV-A
MYCOPHENOLAT CAP 250MG	MYCOPHENOLATE MOFETIL CAP 250 MG	3				
MYCOPHENOLAT SUS 200MG/ML	MYCOPHENOLATE MOFETIL FOR ORAL SUSP 200 MG / ML	3				
MYCOPHENOLAT TAB 500MG	MYCOPHENOLATE MOFETIL TAB 500 MG	3				
MYCOPHENOLIC TAB 180MG DR	MYCOPHENOLATE SODIUM TAB DR 180 MG (MYCOPHENOLIC ACID EQUIV)	3				
MYCOPHENOLIC TAB 360MG DR	MYCOPHENOLATE SODIUM TAB DR 360 MG (MYCOPHENOLIC ACID EQUIV)	3				
NOVAVAX INJ 2023-24	COVID-19 SUBUNIT PROT RECOM ADJUV VAC- NOVAVAX IM 5 MCG / 0.5ML	1		X		PRV-A
OLUMIANT TAB 1MG	BARICITINIB TAB 1 MG	4	X	X		SP
OLUMIANT TAB 2MG	BARICITINIB TAB 2 MG	4	X	X		SP
OLUMIANT TAB 4MG	BARICITINIB TAB 4 MG	4	X	X		SP
OTEZLA TAB 10/20/30	APREMILAST TAB STARTER THERAPY PACK 10 MG & 20 MG & 30 MG	4	X	X		SP
OTEZLA TAB 30MG	APREMILAST TAB 30 MG	4	X	X		SP
PEDIARIX INJ 0.5ML	DIPH-TET TOX-ACELL PERT-HEP B-POLIO IPV VAC SUSP PREF SYR	1		X		PRV-A
PEDVAX HIB INJ	HAEMOPHILUS B POLYSACCHARIDE CONJ VAC IM SUSP 75 MCG / 0.5 ML	1		X		
PENBRAYA INJ	MENINGOCOCCAL ACYW (TET CONJ)- MENING B (RCMB) VACC FOR INJ	1		X		PRV-A
PENTACEL INJ	DIPH-AC PER-TET TOX AD-POLIOV-HAEMOPH B POLY VAC FOR IM SUSP	1		X		PRV-A
PFIZER 5-11Y INJ 2023-24	COVID-19 MRNA VAC TRIS-S 5-11Y-PFIZER IM SUSP 10 MCG / 0.3ML	1		X		PRV-A
PFIZER 6M-4Y INJ 2023-24	COVID-19 MRNA VAC TRIS-S 6MO-4Y-PFIZER IM SUSP 3 MCG / 0.3ML	1		X		PRV-A
PNEUMOVAX 23 INJ 25/0.5	PNEUMOCOCCAL VACCINE POLYVALENT INJ 25 MCG / 0.5ML	1		X		

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ST Step therapy

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Drug name	Generic name	Tier value	Prior auth	Quantity limit	Step therapy	Notes
PREHEVBrio SUS 10MCG/ML	HEPATITIS B VACCINE 3-ANTIGEN (RECOMBINANT) SUSP 10 MCG / ML	1		X		PRV-A
PREVNAR 20 INJ	PNEUMOCOCCAL 20-VALENT CONJUGATE VACCINE SUS PREF SYR 0.5 ML	1		X		PRV-A
PRIORIX INJ	MEASLES-MUMPS-RUBELLA VIRUS VACCINES FOR SUBCUTANEOUS SUSP	1		X		
PROQUAD INJ	MEASLES-MUMPS-RUBELLA-VARICELLA VIRUS VACCINES FOR SUSP	1		X		PRV-A
QUADRACEL INJ 0.5ML	DIPH-TETANUS TOX AD-ACELL PERT & POLIO VIRUS, IPV VAC INJ	1		X		
QUADRACEL INJ 0.5ML	DIPH-TETANUS-ACELL PERT-POLIO, IPV VACC SUSP PREF SYR 0.5 ML	1		X		
RECOMBIVA HB INJ 10MCG/ML	HEPATITIS B VACCINE (RECOMBINANT) SUSP 10 MCG / ML	1		X		
RECOMBIVA HB INJ 10MCG/ML	HEPATITIS B VACCINE (RECOMBINANT) SUSP PREF SYR 10 MCG / ML	1		X		
RECOMBIVA HB INJ 5MCG/0.5	HEPATITIS B VACCINE (RECOMBINANT) SUSP 5 MCG / 0.5ML	1		X		
RECOMBIVA HB INJ 5MCG/0.5	HEPATITIS B VACCINE (RECOMBINANT) SUSP PREF SYR 5 MCG / 0.5ML	1		X		
RECOMBIVA-HB INJ 40MCG/ML	HEPATITIS B VACCINE (RECOMBINANT) SUSP 40 MCG / ML	1		X		
RINVOQ TAB 15MG ER	UPADACITINIB TAB ER 24HR 15 MG	4	X	X		SP
RINVOQ TAB 30MG ER	UPADACITINIB TAB ER 24HR 30 MG	4	X	X		SP
RINVOQ TAB 45MG ER	UPADACITINIB TAB ER 24HR 45 MG	4	X	X		SP
ROTARIX SUS	ROTAVIRUS VACCINE, LIVE FOR ORAL SUSP	1		X		PRV-A
ROTARIX SUS	ROTAVIRUS VACCINE, LIVE ORAL SUSP	1		X		PRV-A
ROTAVERSE SOL	ROTAVIRUS VACCINE, LIVE ORAL PENTAVALENT SOLN	1		X		PRV-A
SAJAZIR INJ 30MG/3ML	ICATIBANT ACETATE SUBCUTANEOUS SOLN PREF SYR 30 MG / 3ML	4	X	X		SP
SANDIMMUNE SOL 100MG/ML	CYCLOSPORINE ORAL SOLN 100 MG / ML	5				
SHINGRIX INJ 50/0.5ML	ZOSTER VAC RECOMBINANT ADJUVANTED FOR IM INJ 50 MCG / 0.5ML	1		X		PRV-A
SIMPONI INJ 100MG/ML	GOLIMUMAB SUBCUTANEOUS SOLN AUTO-INJECTOR 100 MG / ML	4	X	X		SP
SIMPONI INJ 100MG/ML	GOLIMUMAB SUBCUTANEOUS SOLN PREFILLED SYRINGE 100 MG / ML	4	X	X		SP
SIMPONI INJ 50/0.5ML	GOLIMUMAB SUBCUTANEOUS SOLN AUTO-INJECTOR 50 MG / 0.5ML	4	X	X		SP
SIMPONI INJ 50/0.5ML	GOLIMUMAB SUBCUTANEOUS SOLN PREFILLED SYRINGE 50 MG / 0.5ML	4	X	X		SP
SIROLIMUS TAB 0.5MG	SIROLIMUS TAB 0.5 MG	3				
SIROLIMUS TAB 1MG	SIROLIMUS TAB 1 MG	3				
SIROLIMUS TAB 2MG	SIROLIMUS TAB 2 MG	3				
SKYRIZI INJ 150DOSE	RISANKIZUMAB-RZAA SOL PREFILLED SYRINGE 2 X 75 MG / 0.83ML KIT	4	X	X		SP
SKYRIZI INJ 150MG/ML	RISANKIZUMAB-RZAA SOLN PREFILLED SYRINGE 150 MG / ML	4	X	X		SP

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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
SKYRIZI INJ 180/1.2	RISANKIZUMAB-RZAA SUBCUTANEOUS SOLN CARTRIDGE 180 MG / 1.2ML	4	X	X		SP
SKYRIZI INJ 360/2.4	RISANKIZUMAB-RZAA SUBCUTANEOUS SOLN CARTRIDGE 360 MG / 2.4ML	4	X	X		SP
SKYRIZI PEN INJ 150MG/ML	RISANKIZUMAB-RZAA SOLN AUTO-INJECTOR 150 MG / ML	4	X	X		SP
SPIKEVAX INJ 50/0.5ML	COVID-19 (SARS-COV-2)MRNA VACC-MODERNA IM SUSP 50 MCG / 0.5ML	1		X		PRV-A
SPIKEVAX INJ 50/0.5ML	COVID-19 MRNA VACCINE-MODERNA IM SUSP PREF SYR 50 MCG / 0.5ML	1		X		PRV-A
TACROLIMUS CAP 0.5MG	TACROLIMUS CAP 0.5 MG	2				
TACROLIMUS CAP 1MG	TACROLIMUS CAP 1 MG	2				
TACROLIMUS CAP 5MG	TACROLIMUS CAP 5 MG	2				
TDVAX INJ 2-2 LF	TETANUS-DIPHTHERIA TOXOIDS (TD) INJ 2-2 LF / 0.5ML	1		X		
TENIVAC INJ 5-2LF	TETANUS-DIPHTHERIA TOXOIDS (TD) INJ 5-2 LFU	1		X		
TRUMENBA INJ	MENINGOCOCCAL GROUP B VAC (RECOMB) IM SUSP PREFILLED SYR	1		X		PRV-A
TWINRIX INJ	HEP A-HEP B VACCINE SUSP PREF SYR 720-20 ELU-MCG / ML	1		X		
VAQTA INJ 25/0.5ML	HEPATITIS A VACCINE INJ SUSP 25 UNIT / 0.5ML	1		X		
VAQTA INJ 50UNT/ML	HEPATITIS A VACCINE INJ SUSP 50 UNIT / ML	1		X		
VARIVAX INJ	VARICELLA VIRUS VAC LIVE FOR SUBCUTANEOUS INJ 1350 PFU / 0.5ML	1		X		
VAXELIS INJ	DIPH-TET TOX-AC PERT AD-POLIO IPV-HIB-HEP B REC SUSP PRE SYR	1		X		PRV-A
VAXELIS INJ	DIPH-TET TOX-AC PERT AD-POLIO IPV-HIB-HEPATITIS B RECBM SUSP	1		X		PRV-A
VAXNEUVANCE INJ	PNEUMOCOCCAL 15-VALENT CONJUGATE VACCINE SUS PREF SYR 0.5 ML	1		X		PRV-A
XELJANZ SOL 1MG/ML	TOFACITINIB CITRATE ORAL SOLN 1 MG / ML (BASE EQUIVALENT)	4	X	X		SP
XELJANZ TAB 10MG	TOFACITINIB CITRATE TAB 10 MG (BASE EQUIVALENT)	4	X	X		SP
XELJANZ TAB 5MG	TOFACITINIB CITRATE TAB 5 MG (BASE EQUIVALENT)	4	X	X		SP
XELJANZ XR TAB 11MG	TOFACITINIB CITRATE TAB ER 24HR 11 MG (BASE EQUIVALENT)	4	X	X		SP
XELJANZ XR TAB 22MG	TOFACITINIB CITRATE TAB ER 24HR 22 MG (BASE EQUIVALENT)	4	X	X		SP
Inflammatory bowel disease agents						
ANALPRAM-HC LOT 2.5%	HYDROCORTISONE ACETATE W / PRAMOXINE PERIANAL LOTN 2.5-1%	5				
BALSALAZIDE CAP 750MG	BALSALAZIDE DISODIUM CAP 750 MG	3				
BUDESONIDE AER 2MG/ACT	BUDESONIDE RECTAL FOAM 2 MG / ACT	3				
BUDESONIDE CAP 3MG DR	BUDESONIDE DELAYED RELEASE PARTICLES CAP 3 MG	3				

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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
CORTIFOAM AER 90MG	HYDROCORTISONE ACETATE PERIANAL FOAM 10% (90 MG / DOSE)	3				
DIPENTUM CAP 250MG	OLSALAZINE SODIUM CAP 250 MG	5				
HC PRAMOXINE CRE 1-1%	HYDROCORTISONE ACETATE W / PRAMOXINE PERIANAL CREAM 1-1%	3				
HYDROCORT ENE 100MG	HYDROCORTISONE ENEMA 100 MG / 60ML	3				
HYDROCORTISO CRE 2.5%	HYDROCORTISONE PERIANAL CREAM 2.5%	2				
MESALAMINE CAP 0.375GM	MESALAMINE CAP ER 24HR 0.375 GM	3		X		
MESALAMINE ENE 4GM	MESALAMINE ENEMA 4 GM	3		X		
MESALAMINE KIT 4GM	MESALAMINE RECTAL ENEMA 4 GM & CLEANSER WIPE KIT	3		X		
MESALAMINE SUP 1000MG	MESALAMINE SUPPOS 1000 MG	3		X		
MESALAMINE TAB 1.2GM	MESALAMINE TAB DELAYED RELEASE 1.2 GM	3		X		
PROCTOFOAM AER HC 1%	HYDROCORTISONE ACETATE W / PRAMOXINE PERIANAL FOAM 1-1%	3				
PROCTO-MED CRE HC 2.5%	HYDROCORTISONE PERIANAL CREAM 2.5%	2				
PROCTOSOL HC CRE 2.5%	HYDROCORTISONE PERIANAL CREAM 2.5%	2				
PROCTOZONE CRE -HC 2.5%	HYDROCORTISONE PERIANAL CREAM 2.5%	2				
SULFASALAZIN TAB 500MG	SULFASALAZINE TAB 500 MG	2				
SULFASALAZIN TAB 500MG DR	SULFASALAZINE TAB DELAYED RELEASE 500 MG	2				
Metabolic bone disease agents						
ALENDRONATE SOL 70/75ML	ALENDRONATE SODIUM ORAL SOLN 70 MG / 75ML	3				
ALENDRONATE TAB 10MG	ALENDRONATE SODIUM TAB 10 MG	2		X		
ALENDRONATE TAB 35MG	ALENDRONATE SODIUM TAB 35 MG	2		X		
ALENDRONATE TAB 70MG	ALENDRONATE SODIUM TAB 70 MG	2		X		
CALCITONIN SPR 200/ACT	CALCITONIN (SALMON) NASAL SOLN 200 UNIT / ACT	2		X		
CALCITRIOL CAP 0.25MCG	CALCITRIOL CAP 0.25 MCG	2				
CALCITRIOL CAP 0.5MCG	CALCITRIOL CAP 0.5 MCG	2				
CALCITRIOL SOL 1MCG/ML	CALCITRIOL ORAL SOLN 1 MCG / ML	3				
CINACALCET TAB 30MG	CINACALCET HCL TAB 30 MG (BASE EQUIV)	3	X	X		
CINACALCET TAB 60MG	CINACALCET HCL TAB 60 MG (BASE EQUIV)	3	X	X		
CINACALCET TAB 90MG	CINACALCET HCL TAB 90 MG (BASE EQUIV)	3	X	X		
IBANDRONATE TAB 150MG	IBANDRONATE SODIUM TAB 150 MG (BASE EQUIVALENT)	2		X		
PARICALCITOL CAP 1 MCG	PARICALCITOL CAP 1 MCG	3				
PARICALCITOL CAP 2 MCG	PARICALCITOL CAP 2 MCG	3				
PARICALCITOL CAP 4 MCG	PARICALCITOL CAP 4 MCG	3				
RISEDRONATE TAB 150MG	RISEDRONATE SODIUM TAB 150 MG	3		X		
RISEDRONATE TAB 30MG	RISEDRONATE SODIUM TAB 30 MG	3		X		
RISEDRONATE TAB 35MG	RISEDRONATE SODIUM TAB 35 MG	3		X		
RISEDRONATE TAB 5MG	RISEDRONATE SODIUM TAB 5 MG	3		X		
TYMLOS INJ	ABALOPARATIDE SUBCUTANEOUS SOLN PEN-INJECTOR 3120 MCG / 1.56ML	4	X	X		SP
Miscellaneous therapeutic agents						

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Drug name	Generic name	Tier value	Prior auth	Quantity limit	Step therapy	Notes
ALCOHOL PREP PAD	ALCOHOL SWABS	3				
ASSURE ID MIS 1ML/31G	INSULIN SYRINGE / NEEDLE U-100 1 ML 31 X 15 / 64"	1				
BD GLUCOSE CHW 5GM	GLUCOSE CHEW TAB 5 GM	3				
CAYA DPR	DIAPHRAGM ARC-SPRING	1				
CHEMSTRIP TES MICRAL	ALBUMIN (URINE) TEST STRIP	3				
CHEMSTRIP K TES	ACETONE (URINE) TEST STRIP	3				
COMFORT TOUC MIS 31GX4MM	INSULIN PEN NEEDLE 31 G X 4 MM (1 / 6" OR 5 / 32")	1				
COMFORT TOUC MIS 32GX8MM	INSULIN PEN NEEDLE 32 G X 8 MM (1 / 3" OR 5 / 16")	1				
COMFORT TOUC MIS 33GX1/4"	INSULIN PEN NEEDLE 33 G X 6 MM (1 / 4" OR 15 / 64")	1				
COMFORT TOUC MIS 33GX3/16	INSULIN PEN NEEDLE 33 G X 5 MM (1 / 5" OR 3 / 16")	1				
COMFORT TOUC MIS 33GX5/32	INSULIN PEN NEEDLE 33 G X 4 MM (1 / 6" OR 5 / 32")	1				
CONDOMS MIS	Condoms - Male	1		X		
CONDOMS MIS LUBRICAT	Condoms Latex Lubricated	1		X		
COUNT-A-DOSE MIS	INSULIN ADMINISTRATION SUPPLIES - MISC	3				
DEXCOM G6 MIS RECEIVER	CONTINUOUS GLUCOSE SYSTEM RECEIVER	5	X	X		
DEXCOM G6 MIS SENSOR	CONTINUOUS GLUCOSE SYSTEM SENSOR	5	X	X		
DEXCOM G6 MIS TRANSMIT	CONTINUOUS GLUCOSE SYSTEM TRANSMITTER	5	X	X		
DEXCOM G7 MIS RECEIVER	CONTINUOUS GLUCOSE SYSTEM RECEIVER	5	X	X		
DEXCOM G7 MIS SENSOR	CONTINUOUS GLUCOSE SYSTEM SENSOR	5	X	X		
DIASCREEN MIS 1G	URINE GLUCOSE MONITORING SUPPLIES	3				
DIASTIX TES STRIPS	GLUCOSE URINE TEST-(GLUCOSE OXIDASE) STRIP	3				
DUREX MIS REALFEEL	Condoms Non-Latex Lubricated	1		X		
EASY TOUCH MIS 30G	INSULIN PEN NEEDLE 30 G X 6 MM (1 / 4" OR 15 / 64")	1				
ERGOLOID MES TAB 1MG ORAL	ERGOLOID MESYLATES TAB 1 MG	3				
FC2 FEMALE MIS CONDOM	Condoms - Female	1		X		
FEMCAP MIS 22MM	CERVICAL CAP 22 MM	1				
FEMCAP MIS 26MM	CERVICAL CAP 26 MM	1				
FEMCAP MIS 30MM	CERVICAL CAP 30 MM	1				
FLEXICHAMBER MIS MASK SM	SPACER / AEROSOL-HOLDING CHAMBER SUPPLIES - MASKS	2		X		
FREESTY LIBR KIT 2 SENSOR	CONTINUOUS GLUCOSE SYSTEM SENSOR	5	X	X		
FREESTY LIBR KIT 3 SENSOR	CONTINUOUS GLUCOSE SYSTEM SENSOR	5	X	X		
FREESTY LIBR MIS 2 READER	CONTINUOUS GLUCOSE SYSTEM RECEIVER	5	X	X		
FREESTY LIBR MIS 3 READER	CONTINUOUS GLUCOSE SYSTEM RECEIVER	5	X	X		
FREESTYLE KIT SENSOR	CONTINUOUS GLUCOSE SYSTEM SENSOR	5	X	X		
FREESTYLE MIS READER	CONTINUOUS GLUCOSE SYSTEM RECEIVER	5	X	X		
GAUZE PAD 2"X2"	GAUZE PADS & DRESSINGS - PADS 2" X 2"	3				
GLUCOSE BITS CHW 1GM	GLUCOSE CHEW TAB 1 GM	3				

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Drug name	Generic name	Tier value	Prior auth	Quantity limit	Step therapy	Notes
GNP GLUCOSE CHW 2GM	GLUCOSE CHEW TAB 2 GM (CARB EQUIV)	3				
INSPIREASE MIS DD SYST	SPACER / AEROSOL-HOLDING CHAMBERS - DEVICE	2		X		
INSPIREASE MIS RES BAG	SPACER / AEROSOL-HOLDING CHAMBER SUPPLIES - BAGS	2		X		
INSULIN SRYG MIS 1ML/32G	INSULIN SYRINGE / NEEDLE U-100 1 ML 32 X 5/16"	1				
INSULIN SRYG MIS 0.3/29G	INSULIN SYRINGE / NEEDLE U-100 0.3 ML 29 X 1/2"	1				
INSULIN SRYG MIS 0.3/30G	INSULIN SYRINGE / NEEDLE U-100 0.3 ML 30 X 1/2"	1				
INSULIN SRYG MIS 0.3/30G	INSULIN SYRINGE / NEEDLE U-100 0.3 ML 30 X 5/16"	1				
INSULIN SRYG MIS 0.3/31G	INSULIN SYRINGE / NEEDLE U-100 0.3 ML 31 X 15/64"	1				
INSULIN SRYG MIS 0.3/31G	INSULIN SYRINGE / NEEDLE U-100 0.3 ML 31 X 5/16"	1				
INSULIN SRYG MIS 0.5/28G	INSULIN SYRINGE / NEEDLE U-100 1/2 ML 28 X 1/2"	1				
INSULIN SRYG MIS 0.5/29G	INSULIN SYRINGE / NEEDLE U-100 1/2 ML 29 X 1/2"	1				
INSULIN SRYG MIS 0.5/30G	INSULIN SYRINGE / NEEDLE U-100 1/2 ML 30 X 1/2"	1				
INSULIN SRYG MIS 0.5/30G	INSULIN SYRINGE / NEEDLE U-100 1/2 ML 30 X 5/16"	1				
INSULIN SRYG MIS 0.5/31G	INSULIN SYRINGE / NEEDLE U-100 1/2 ML 31 X 15/64"	1				
INSULIN SRYG MIS 0.5/31G	INSULIN SYRINGE / NEEDLE U-100 1/2 ML 31 X 5/16"	1				
INSULIN SRYG MIS 0.5/32G	INSULIN SYRINGE / NEEDLE U-100 0.5 ML 32 X 5/16"	1				
INSULIN SRYG MIS 1ML/27G	INSULIN SYRINGE / NEEDLE U-100 1 ML 27 X 5/8"	1				
INSULIN SRYG MIS 1ML/28G	INSULIN SYRINGE / NEEDLE U-100 1 ML 28 X 1/2"	1				
INSULIN SRYG MIS 1ML/28G	INSULIN SYRINGE / NEEDLE U-100 1 ML 28 X 5/16"	1				
INSULIN SRYG MIS 1ML/29G	INSULIN SYRINGE / NEEDLE U-100 1 ML 29 X 1/2"	1				
INSULIN SRYG MIS 1ML/29G	INSULIN SYRINGE / NEEDLE U-100 1 ML 29 X 5/16"	1				
INSULIN SRYG MIS 1ML/30G	INSULIN SYRINGE / NEEDLE U-100 1 ML 30 X 1/2"	1				
INSULIN SRYG MIS 1ML/30G	INSULIN SYRINGE / NEEDLE U-100 1 ML 30 X 5/16"	1				
INSULIN SRYG MIS 1ML/31G	INSULIN SYRINGE / NEEDLE U-100 1 ML 31 X 5/16"	1				
KETO-DIASTIX TES	URINE GLUCOSE-KETONES TEST STRIPS	3				
LAGEVRIO CAP 200MG	MOLNUPIRAVIR CAP 200 MG	1		X		

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Drug name	Generic name	Tier value	Prior auth	Quantity limit	Step therapy	Notes
MASK VORTEX/ MIS FROG	SPACER / AEROSOL-HOLDING CHAMBER SUPPLIES - MASKS	2		X		
MAXICOMFORT MIS 27GX1/2	INSULIN SYRINGE / NEEDLE U-100 1/2 ML 27 X 1/2"	1				
MAXICOMFORT MIS 27GX1/2"	INSULIN SYRINGE / NEEDLE U-100 1 ML 27 X 1/2"	1				
METHERGINE TAB 0.2MG	METHYLERGONOVINE MALEATE TAB 0.2 MG	3		X		
METHYLERGON TAB 0.2MG	METHYLERGONOVINE MALEATE TAB 0.2 MG	3		X		
NEEDLE COLLE MIS DISPOSAL	SHARPS CONTAINER - MISC	3				
NOVOFINE MIS 32GX6MM	INSULIN PEN NEEDLE 32 G X 6 MM (1/4" OR 15/64")	1				
NOVOFINE AUT MIS 30GX8MM	INSULIN PEN NEEDLE 30 G X 8 MM (1/3" OR 5/16")	1				
NOVOFINE PLS MIS 32GX4MM	INSULIN PEN NEEDLE 32 G X 4 MM (1/6" OR 5/32")	1				
NOVOTWIST MIS 32GX5MM	INSULIN PEN NEEDLE 32 G X 5 MM (1/5" OR 3/16")	1				
OMNIFLEX DPR	DIAPHRAGMS	1				
OMNIPOD 5 G6 KIT INTRO	INSULIN INFUSION DISPOSABLE PUMP KIT	5	X	X		
OMNIPOD 5 G6 MIS PODS	INSULIN INFUSION DISPOSABLE PUMP RESERVOIR	5	X	X		
OMNIPOD 5 G7 KIT INTRO	INSULIN INFUSION DISPOSABLE PUMP KIT	5	X	X		
OMNIPOD 5 G7 MIS PODS	INSULIN INFUSION DISPOSABLE PUMP RESERVOIR	5	X	X		
PARAGARD IUD T380A	COPPER IUD	1				PRV-M
PAXLOVID TAB 150-100	NIRMATRELVIR TAB 10 X 150 MG & RITONAVIR TAB 10 X 100 MG PAK	1		X		
PAXLOVID TAB 300-100	NIRMATRELVIR TAB 20 X 150 MG & RITONAVIR TAB 10 X 100 MG PAK	1		X		
PEN NEEDLE MIS 29GX1/2"	INSULIN PEN NEEDLE 29 G X 12.7 MM (1/2")	1				
PEN NEEDLE MIS 29GX3/16	INSULIN PEN NEEDLE 29 G X 5 MM (1/5" OR 3/16")	1				
PEN NEEDLE MIS 29GX5/16	INSULIN PEN NEEDLE 29 G X 8 MM (1/3" OR 5/16")	1				
PEN NEEDLES MIS 29GX1/2"	INSULIN PEN NEEDLE 29 G X 12 MM (1/2")	1				
PEN NEEDLES MIS 31GX1/4"	INSULIN PEN NEEDLE 31 G X 6 MM (1/4" OR 15/64")	1				
PEN NEEDLES MIS 31GX3/16	INSULIN PEN NEEDLE 31 G X 5 MM (1/5" OR 3/16")	1				
PEN NEEDLES MIS 31GX5/16	INSULIN PEN NEEDLE 31 G X 8 MM (1/3" OR 5/16")	1				
PENTIPS MIS 29GX12MM	INSULIN PEN NEEDLE 29 G X 12 MM (1/2")	1				
PENTIPS MIS 31GX5MM	INSULIN PEN NEEDLE 31 G X 5 MM (1/5" OR 3/16")	1				
PENTIPS MIS 31GX8MM	INSULIN PEN NEEDLE 31 G X 8 MM (1/3" OR 5/16")	1				
PENTIPS MIS 32GX4MM	INSULIN PEN NEEDLE 32 G X 4 MM (1/6" OR 5/32")	1				

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Drug name	Generic name	Tier value	Prior auth	Quantity limit	Step therapy	Notes
PHEXXI GEL	Lactic Acid-Citric Acid-Potassium Bitartrate Gel 1.8-1-0.4%	1		X		
PRECISN XTRA TES KETONE	KETONE BLOOD TEST STRIP	3				
RA URINARY TES TRACT IN	URINARY TRACT INFECTION (UTI) TEST STRIP	3				
RADIOGARDASE CAP 0.5GM	PRUSSIAN BLUE INSOLUBLE CAP 0.5 GM	5				
SM GLUCOSE CHW SOUR APP	GLUCOSE CHEW TAB 4 GM (ROUNDED)	3				
TRUEPLUS CHW GLUCOSE	GLUCOSE CHEW TAB 4 GM (ROUNDED)	3				
ULTICARE MIS 30GX3/16	INSULIN PEN NEEDLE 30 G X 5 MM (1 / 5" OR 3 / 16")	1				
UTI HOME TES TEST	URINARY TRACT INFECTION (UTI) TEST	3				
WIDE-SEAL DPR KIT 60	DIAPHRAGM WIDE SEAL 60 MM	1				
WIDE-SEAL DPR KIT 65	DIAPHRAGM WIDE SEAL 65 MM	1				
WIDE-SEAL DPR KIT 70	DIAPHRAGM WIDE SEAL 70 MM	1				
WIDE-SEAL DPR KIT 75	DIAPHRAGM WIDE SEAL 75 MM	1				
WIDE-SEAL DPR KIT 80	DIAPHRAGM WIDE SEAL 80 MM	1				
WIDE-SEAL DPR KIT 85	DIAPHRAGM WIDE SEAL 85 MM	1				
WIDE-SEAL DPR KIT 90	DIAPHRAGM WIDE SEAL 90 MM	1				
WIDE-SEAL DPR KIT 95	DIAPHRAGM WIDE SEAL 95 MM	1				
Ophthalmic agents						
AK-POLY-BAC OIN OP	BACITRACIN-POLYMYXIN B OPHTH OINT	2				
AKTEN GEL 3.5%	LIDOCAINE HCL OPHTH GEL 3.5%	5				
ALOCRIL SOL 2%	NEDOCROMIL SODIUM OPHTH SOLN 2%	5				
ALOMIDE SOL 0.1% OP	LODOXAMIDE TROMETHAMINE OPHTH SOLN 0.1%	5				
ALTACAIN SOL 0.5% OP	TETRACAINE HCL OPHTH SOLN 0.5%	2				
ALTAFRIN SOL 10% OP	PHENYLEPHRINE HCL OPHTH SOLN 10%	2				
ALTAFRIN SOL 2.5% OP	PHENYLEPHRINE HCL OPHTH SOLN 2.5%	2				
APRACLONIDIN SOL 0.5% OP	APRACLONIDINE HCL OPHTH SOLN 0.5% (BASE EQUIVALENT)	2				
ATROPINE SUL SOL 1%	ATROPINE SULFATE OPHTH SOLN 1%	2				
ATROPINE SUL SOL 1% OP	ATROPINE SULFATE OPHTH SOLN 1%	2				
AZASITE SOL 1%	AZITHROMYCIN OPHTH SOLN 1%	5				
AZELASTINE DRO 0.05%	AZELASTINE HCL OPHTH SOLN 0.05%	2				
BACIT/POLYMY OIN OP	BACITRACIN-POLYMYXIN B OPHTH OINT	2				
BACITRACIN OIN OP	BACITRACIN OPHTH OINT 500 UNIT / GM	3				
BEPOTASTINE DRO 1.5%	BEPOTASTINE BESILATE OPHTH SOLN 1.5%	3		X		
BEPOTASTINE DRO 1.5% OP	BEPOTASTINE BESILATE OPHTH SOLN 1.5%	3		X		
BESIVANCE SUS 0.6%	BESIFLOXACIN HCL OPHTH SUSP 0.6% (BASE EQUIV)	5				
BETADINE SOL 5% OP	POVIDONE-IODINE OPHTH SOLN 5%	5				
BETAXOLOL SOL 0.5% OP	BETAXOLOL HCL OPHTH SOLN 0.5%	2				
BETIMOL SOL 0.25%	TIMOLOL OPHTH SOLN 0.25%	3		X		
BETIMOL SOL 0.5%	TIMOLOL OPHTH SOLN 0.5%	3		X		
BETOPTIC-S SUS 0.25% OP	BETAXOLOL HCL OPHTH SUSP 0.25%	5				
BLEPHAMIDE OIN S.O.P.	SULFACETAMIDE SODIUM-PREDNISOLONE OPHTH OINT 10-0.2%	3				

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Drug name	Generic name	Tier value	Prior auth	Quantity limit	Step therapy	Notes
BLEPHAMIDE SUS OP	SULFACETAMIDE SODIUM-PREDNISOLONE OPHTH SUSP 10-0.2%	5				
BRIMO/TIMOLO SOL 0.2/0.5%	BRIMONIDINE TARTRATE-TIMOLOL MALEATE OPHTH SOLN 0.2-0.5%	3		X		
BRIMONIDINE SOL 0.15%	BRIMONIDINE TARTRATE OPHTH SOLN 0.15%	3		X		
BRIMONIDINE SOL 0.2% OP	BRIMONIDINE TARTRATE OPHTH SOLN 0.2%	3		X		
BRINZOLAMIDE SUS 1%	BRINZOLAMIDE OPHTH SUSP 1%	3		X		
BRINZOLAMIDE SUS 1% OP	BRINZOLAMIDE OPHTH SUSP 1%	3		X		
BROMFENAC DRO 0.09% OP	BROMFENAC SODIUM OPHTH SOLN 0.09% (BASE EQUIV) (ONCE-DAILY)	3		X		
BROMFENAC SOL 0.09% OP	BROMFENAC SODIUM OPHTH SOLN 0.09% (BASE EQUIV) (ONCE-DAILY)	3		X		
CARTEOLOL SOL 1% OP	CARTEOLOL HCL OPHTH SOLN 1%	2				
CILOXAN OIN 0.3% OP	CIPROFLOXACIN HCL OPHTH OINT 0.3%	5				
CIPROFLOXACN SOL 0.3% OP	CIPROFLOXACIN HCL OPHTH SOLN 0.3% (BASE EQUIVALENT)	2				
CROMOLYN SOD SOL 4% OP	CROMOLYN SODIUM OPHTH SOLN 4%	2				
CYCLOMYDRIL SOL OP	CYCLOPENTOLATE W / PHENYLEPHRINE OPHTH SOLN 0.2-1%	5				
CYCLOPENTOL SOL 1% OP	CYCLOPENTOLATE HCL OPHTH SOLN 1%	2				
CYCLOPENTOL SOL 2% OP	CYCLOPENTOLATE HCL OPHTH SOLN 2%	2				
CYCLOPENTOLA SOL 0.5%	CYCLOPENTOLATE HCL OPHTH SOLN 0.5%	2				
CYCLOSPORINE EMU 0.05% OP	CYCLOSPORINE (OPHTH) EMULSION 0.05%	3	X	X		
CYSTARAN SOL 0.44%	CYSTEAMINE HCL OPHTH SOLN 0.44% (BASE EQUIVALENT)	6	X	X		SP
DEXAMETH PHO SOL 0.1% OP	DEXAMETHASONE SODIUM PHOSPHATE OPHTH SOLN 0.1%	2				
DICLOFENAC SOL 0.1% OP	DICLOFENAC SODIUM OPHTH SOLN 0.1%	2				
DIFLUPREDNAT EMU 0.05%	DIFLUPREDNATE OPHTH EMULSION 0.05%	3				
DORZOL/TIMOL SOL 2%-0.5%	DORZOLAMIDE HCL-TIMOLOL MALEATE PF OPHTH SOLN 2-0.5%	3		X		
DORZOL/TIMOL SOL 2-0.5%OP	DORZOLAMIDE HCL-TIMOLOL MALEATE OPHTH SOLN 2-0.5%	2		X		
DORZOLAMIDE SOL 2% OP	DORZOLAMIDE HCL OPHTH SOLN 2%	2				
EPINASTINE DRO 0.05%	EPINASTINE HCL OPHTH SOLN 0.05%	2		X	X	
ERYTHROMYCIN OIN 5MG/GM	ERYTHROMYCIN OPHTH OINT 5 MG / GM	2				PRV*
FLUOROMETHOL SUS 0.1% OP	FLUOROMETHOLONE OPHTH SUSP 0.1%	2				
FLURBIPROFEN SOL 0.03% OP	FLURBIPROFEN SODIUM OPHTH SOLN 0.03%	2				
GATIFLOXACIN SOL 0.5%	GATIFLOXACIN OPHTH SOLN 0.5%	3				
GENTAK OIN 0.3% OP	GENTAMICIN SULFATE OPHTH OINT 0.3%	2				
GENTAMICIN SOL 0.3% OP	GENTAMICIN SULFATE OPHTH SOLN 0.3%	2				
INVELTYS SUS 1%	LOTEPREDNOL ETABONATE OPHTH SUSP 1%	5		X		
IOPIDINE SOL 1% OP	APRACLONIDINE HCL OPHTH SOLN 1% (BASE EQUIVALENT)	5				
ISOPTO ATROP SOL 1% OP	ATROPINE SULFATE OPHTH SOLN 1%	5				
KETOROLAC SOL 0.4%	KETOROLAC TROMETHAMINE OPHTH SOLN 0.4%	2				

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ST Step therapy

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Drug name	Generic name	Tier value	Prior auth	Quantity limit	Step therapy	Notes
KETOROLAC SOL 0.5%	KETOROLAC TROMETHAMINE OPHTH SOLN 0.5%	2				
LASTACAFT SOL 0.25%	ALCAFTADINE OPHTH SOLN 0.25%	5		X		
LATANOPROST SOL 0.005%	LATANOPROST OPHTH SOLN 0.005%	2				
LEVOBUNOLOL SOL 0.5% OP	LEVOBUNOLOL HCL OPHTH SOLN 0.5%	2				
LEVOFLOXACIN SOL 0.5%	LEVOFLOXACIN OPHTH SOLN 0.5%	2				
LEVOFLOXACIN SOL 1.5%	LEVOFLOXACIN OPHTH SOLN 1.5%	2				
LOTEMAX OIN 0.5%	LOTEPREDNOL ETABONATE OPHTH OINT 0.5%	5				
LOTEMAX SM GEL 0.38%	LOTEPREDNOL ETABONATE OPHTH GEL 0.38%	5		X		
LOTEPREDNOL SUS 0.5%	LOTEPREDNOL ETABONATE OPHTH SUSP 0.5%	3		X		
LUMIGAN SOL 0.01%	BIMATOPROST OPHTH SOLN 0.01%	3		X		
MITOSOL KIT 0.2MG	MITOMYCIN FOR OPHTH SOLN KIT 0.2 MG	5				
MOXIFLOXACIN SOL 0.5%	MOXIFLOXACIN HCL OPHTH SOLN 0.5% (BASE EQ) (2 TIMES DAILY)	2				
MOXIFLOXACIN SOL 0.5%	MOXIFLOXACIN HCL OPHTH SOLN 0.5% (BASE EQUIV)	2				
MOXIFLOXACIN SOL HCL 0.5%	MOXIFLOXACIN HCL OPHTH SOLN 0.5% (BASE EQUIV)	2				
NATACYN SUS 5% OP	NATAMYCIN OPHTH SUSP 5%	5				
NEO/BAC/POLY OIN OP	NEOMYCIN-BACITRAC ZN-POLYMYX 5(3.5) MG-400UNT-10000UNT OP OIN	2				
NEO/POLY/BAC OIN /HC 1%OP	BACITRACIN-POLYMYXIN-NEOMYCIN-HC OPHTH OINT 1%	3				
NEO/POLY/BAC OIN OP	NEOMYCIN-BACITRAC ZN-POLYMYX 5(3.5) MG-400UNT-10000UNT OP OIN	2				
NEO/POLY/DEX OIN 0.1% OP	NEOMYCIN-POLYMYXIN-DEXAMETHASONE OPHTH OINT 0.1%	2				
NEO/POLY/DEX SUS 0.1% OP	NEOMYCIN-POLYMYXIN-DEXAMETHASONE OPHTH SUSP 0.1%	2				
NEO/POLY/GRA SOL OP	NEOMYCIN-POLYMY-GRAMICID OP SOL 1.75-10000-0.025MG-UNT-MG / ML	2				
NEO/POLY/HC SUS OP	NEOMYCIN-POLYMYXIN-HC OPHTH SUSP	3				
NEO-POLYCIN OIN HC 1%OP	BACITRACIN-POLYMYXIN-NEOMYCIN-HC OPHTH OINT 1%	3				
NEO-POLYCIN OIN OP	NEOMYCIN-BACITRAC ZN-POLYMYX 5(3.5) MG-400UNT-10000UNT OP OIN	2				
OFLOXACIN DRO 0.3% OP	OFLOXACIN OPHTH SOLN 0.3%	2				
OLOPATADINE DRO 0.1%	OLOPATADINE HCL OPHTH SOLN 0.1% (BASE EQUIVALENT)	2		X		
PHENYLEPHRIN SOL 10% OP	PHENYLEPHRINE HCL OPHTH SOLN 10%	2				
PHENYLEPHRIN SOL 2.5% OP	PHENYLEPHRINE HCL OPHTH SOLN 2.5%	2				
PHOSPHOLINE SOL 0.125%OP	ECHOTHIOPHATE IODIDE OPHTH FOR SOLN 0.125%	3				
PILOCARPINE SOL 1% OP	PILOCARPINE HCL OPHTH SOLN 1%	2				
PILOCARPINE SOL 2% OP	PILOCARPINE HCL OPHTH SOLN 2%	2				
PILOCARPINE SOL 4% OP	PILOCARPINE HCL OPHTH SOLN 4%	2				
POLYCIN OIN OP	BACITRACIN-POLYMYXIN B OPHTH OINT	2				

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Drug name	Generic name	Tier value	Prior auth	Quantity limit	Step therapy	Notes
POLYMYXIN B/ SOL TRIMETHP	POLYMYXIN B-TRIMETHOPRIM OPHTH SOLN 10000 UNIT / ML-0.1%	2				
PRED SOD PHO SOL 1% OP	PREDNISOLONE SODIUM PHOSPHATE OPHTH SOLN 1%	2				
PRED-G SUS OP	GENTAMICIN-PREDNISOLONE ACE OPHTH SUSP 0.3-1%	5				
PREDNISOLONE SUS 1% OP	PREDNISOLONE ACETATE OPHTH SUSP 1%	2				
PROPARACAIN SOL 0.5% OP	PROPARACAIN HCL OPHTH SOLN 0.5%	2				
SIMBRINZA SUS 1-0.2%	BRINZOLAMIDE-BRIMONIDINE TARTRATE OPHTH SUSP 1-0.2%	5		X		
SULF/PRED NA SOL OP	SULFACETAMIDE SODIUM-PREDNISOLONE OPHTH SOLN 10-0.23(0.25)%	2				
SULFACET SOD OIN 10% OP	SULFACETAMIDE SODIUM OPHTH OINT 10%	2				
SULFACET SOD SOL 10% OP	SULFACETAMIDE SODIUM OPHTH SOLN 10%	2				
TAFLUPROST SOL 0.0015%	TAFLUPROST PRESERVATIVE FREE (PF) OPHTH SOLN 0.0015%	3		X	X	
TETRACAIN SOL 0.5% OP	TETRACAIN HCL OPHTH SOLN 0.5%	2				
TIMOLOL GEL SOL 0.25% OP	TIMOLOL MALEATE OPHTH GEL FORMING SOLN 0.25%	3				
TIMOLOL GEL SOL 0.5% OP	TIMOLOL MALEATE OPHTH GEL FORMING SOLN 0.5%	3				
TIMOLOL MAL SOL 0.25% OP	TIMOLOL MALEATE OPHTH SOLN 0.25%	2				
TIMOLOL MAL SOL 0.25% OP	TIMOLOL MALEATE PRESERVATIVE FREE OPHTH SOLN 0.25%	3				
TIMOLOL MAL SOL 0.5% OP	TIMOLOL MALEATE OPHTH SOLN 0.5%	2				
TIMOLOL MAL SOL 0.5% OP	TIMOLOL MALEATE PRESERVATIVE FREE OPHTH SOLN 0.5%	3				
TIMOLOL MALE SOL 0.5%	TIMOLOL MALEATE OPHTH SOLN 0.5% (ONCE-DAILY)	2				
TOBRA/DEXAME SUS 0.3-0.1%	TOBRAMYCIN-DEXAMETHASONE OPHTH SUSP 0.3-0.1%	3				
TOBRADEX OIN 0.3-0.1%	TOBRAMYCIN-DEXAMETHASONE OPHTH OINT 0.3-0.1%	5				
TOBRAMYCIN SOL 0.3% OP	TOBRAMYCIN OPHTH SOLN 0.3%	2				
TOBREX OIN 0.3% OP	TOBRAMYCIN OPHTH OINT 0.3%	5				
TRAVOPROST DRO 0.004%	TRAVOPROST OPHTH SOLN 0.004% (BENZALKONIUM FREE) (BAK FREE)	3		X		
TRIFLURIDINE SOL 1% OP	TRIFLURIDINE OPHTH SOLN 1%	3				
TRIMETHOPRIM SOL POLYMYXN	POLYMYXIN B-TRIMETHOPRIM OPHTH SOLN 10000 UNIT / ML-0.1%	2				
XELPROS EMU 0.005%	LATANOPROST OPHTH EMULSION 0.005%	5		X		
ZIRGAN GEL 0.15%	GANCICLOVIR OPHTH GEL 0.15%	5				
ZYLET SUS 0.5-0.3%	LOTEPREDNOL ETABONATE-TOBRAMYCIN OPHTH SUSP 0.5-0.3%	5				
Otic agents						
ACETIC ACID SOL 2% OTIC	ACETIC ACID OTIC SOLN 2%	2				
CIPRO/DEXA SUS 0.3-0.1%	CIPROFLOXACIN-DEXAMETHASONE OTIC SUSP 0.3-0.1%	3				X

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Drug name	Generic name	Tier value	Prior auth	Quantity limit	Step therapy	Notes
CIPRO/FLUOC DRO PF	CIPROFLOXACIN-FLUOCINOLONE ACETON (PF) OTIC SOLN 0.3-0.025%	5				
CIPROFLOXACN SOL 0.2%	CIPROFLOXACIN HCL OTIC SOLN 0.2% (BASE EQUIVALENT)	3				
CORTISPORIN SUS -TC OTIC	NEOMYCIN-COLISTIN-HC-THONZONIUM OTIC SUSP 3.3-3-10-0.5 MG / ML	5				
FLAC OIL 0.01%	FLUOCINOLONE ACETONIDE (OTIC) OIL 0.01%	3				
FLUOCIN ACET OIL 0.01%	FLUOCINOLONE ACETONIDE (OTIC) OIL 0.01%	3				
FLUOCIN ACET OIL EAR0.01%	FLUOCINOLONE ACETONIDE (OTIC) OIL 0.01%	3				
HC/ACET ACID SOL OTIC	HYDROCORTISONE W / ACETIC ACID OTIC SOLN 1-2%	3				
NEO/POLY/HC SOL 1% OTIC	NEOMYCIN-POLYMYXIN-HC OTIC SOLN 1%	2				
NEO/POLY/HC SUS 1% OTIC	NEOMYCIN-POLYMYXIN-HC OTIC SUSP 3.5 MG / ML-10000 UNIT / ML-1%	2				
OFLOXACIN DRO 0.3%OTIC	OFLOXACIN OTIC SOLN 0.3%	2				
OTOVEL DRO	CIPROFLOXACIN-FLUOCINOLONE ACETON (PF) OTIC SOLN 0.3-0.025%	5				
Respiratory tract/pulmonary agents						
ACETYLCYST SOL 10%	ACETYLCYSTEINE INHAL SOLN 10%	2				
ACETYLCYST SOL 20%	ACETYLCYSTEINE INHAL SOLN 20%	2				
ADEMPAS TAB 0.5MG	RIOCGUAT TAB 0.5 MG	4	X	X		SP
ADEMPAS TAB 1.5MG	RIOCGUAT TAB 1.5 MG	4	X	X		SP
ADEMPAS TAB 1MG	RIOCGUAT TAB 1 MG	4	X	X		SP
ADEMPAS TAB 2.5MG	RIOCGUAT TAB 2.5 MG	4	X	X		SP
ADEMPAS TAB 2MG	RIOCGUAT TAB 2 MG	4	X	X		SP
ALBUTEROL AER HFA	ALBUTEROL SULFATE INHAL AERO 108 MCG / ACT (90MCG BASE EQUIV)	1				
ALBUTEROL NEB 0.083%	ALBUTEROL SULFATE SOLN NEBU 0.083% (2.5 MG / 3ML)	1				
ALBUTEROL NEB 0.5%	ALBUTEROL SULFATE SOLN NEBU 0.5% (5 MG / ML)	1				
ALBUTEROL NEB 0.63MG/3	ALBUTEROL SULFATE SOLN NEBU 0.63 MG / 3ML (BASE EQUIV)	1				
ALBUTEROL NEB 1.25MG/3	ALBUTEROL SULFATE SOLN NEBU 1.25 MG / 3ML (BASE EQUIV)	1				
ALBUTEROL SYP 2MG/5ML	ALBUTEROL SULFATE SYRUP 2 MG / 5ML	3				
ALBUTEROL TAB 2MG	ALBUTEROL SULFATE TAB 2 MG	3				
ALBUTEROL TAB 4MG	ALBUTEROL SULFATE TAB 4 MG	3				
ALVESCO AER 160MCG	CICLESONIDE INHAL AEROSOL 160 MCG / ACT	5		X	X	
ALVESCO AER 80MCG	CICLESONIDE INHAL AEROSOL 80 MCG / ACT	5		X	X	
ALYQ TAB 20MG	TADALAFIL TAB 20 MG (PAH)	4	X	X		SP
AMBRISENTAN TAB 10MG	AMBRISENTAN TAB 10 MG	4	X	X		SP
AMBRISENTAN TAB 5MG	AMBRISENTAN TAB 5 MG	4	X	X		SP

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Drug name	Generic name	Tier value	Prior auth	Quantity limit	Step therapy	Notes
ARFORMOTEROL NEB 15/2ML	ARFORMOTEROL TARTRATE SOLN NEBU 15 MCG / 2ML (BASE EQUIV)	3		X		
ARNUITY ELPT INH 100MCG	FLUTICASONE FUROATE AEROSOL POWDER BREATH ACTIV 100 MCG / ACT	3		X		
ARNUITY ELPT INH 200MCG	FLUTICASONE FUROATE AEROSOL POWDER BREATH ACTIV 200 MCG / ACT	3		X		
ARNUITY ELPT INH 50MCG	FLUTICASONE FUROATE AEROSOL POWDER BREATH ACTIV 50 MCG / ACT	3		X		
ASMANEX 120 AER 220MCG	MOMETASONE FUROATE INHAL POWD 220 MCG / ACT (BREATH ACTIVATED)	3		X		
ASMANEX 14 AER 220MCG	MOMETASONE FUROATE INHAL POWD 220 MCG / ACT (BREATH ACTIVATED)	3		X		
ASMANEX 30 AER 110MCG	MOMETASONE FUROATE INHAL POWD 110 MCG / ACT (BREATH ACTIVATED)	3		X		
ASMANEX 30 AER 220MCG	MOMETASONE FUROATE INHAL POWD 220 MCG / ACT (BREATH ACTIVATED)	3		X		
ASMANEX 60 AER 220MCG	MOMETASONE FUROATE INHAL POWD 220 MCG / ACT (BREATH ACTIVATED)	3		X		
ASMANEX HFA AER 100 MCG	MOMETASONE FUROATE INHAL AEROSOL SUSPENSION 100 MCG / ACT	3		X		
ASMANEX HFA AER 200 MCG	MOMETASONE FUROATE INHAL AEROSOL SUSPENSION 200 MCG / ACT	3		X		
ASMANEX HFA AER 50MCG	MOMETASONE FUROATE INHAL AEROSOL SUSPENSION 50 MCG / ACT	3		X		
ATROVENT HFA AER 17MCG	IPRATROPIUM BROMIDE HFA INHAL AEROSOL 17 MCG / ACT	5		X		
AZELASTINE SPR 0.1%	AZELASTINE HCL NASAL SPRAY 0.1% (137 MCG / SPRAY)	2		X		
BENZONATATE CAP 100MG	BENZONATATE CAP 100 MG	2				
BENZONATATE CAP 200MG	BENZONATATE CAP 200 MG	2				
BEVESPI AER 9-4.8MCG	GLYCOPYRROLATE-FORMOTEROL FUMARATE AEROSOL 9-4.8 MCG / ACT	3		X		
BOSENTAN TAB 125MG	BOSENTAN TAB 125 MG	4	X	X		SP
BOSENTAN TAB 62.5MG	BOSENTAN TAB 62.5 MG	4	X	X		SP
BPM-PSE-DM SYP 2-30-10	PSEUDOEPHED-BROMPHEN-DM SYRUP 30-2-10 MG / 5ML	2				
BREYNA AER 160/4.5	BUDESONIDE-FORMOTEROL FUMARATE DIHYD AEROSOL 160-4.5 MCG / ACT	3		X		
BREYNA AER 80/4.5	BUDESONIDE-FORMOTEROL FUMARATE DIHYD AEROSOL 80-4.5 MCG / ACT	3		X		
BREZTRI AERO AER SPHERE	BUDESONIDE-GLYCOPYRROLATE-FORMOTEROL AERS 160-9-4.8 MCG / ACT	3		X		
BROM/PSE/DM SYP	PSEUDOEPHED-BROMPHEN-DM SYRUP 30-2-10 MG / 5ML	2				
BROM/PSE/DM SYP 2/30/10	PSEUDOEPHED-BROMPHEN-DM SYRUP 30-2-10 MG / 5ML	2				
BROM/PSE/DM SYP 2-30-10	PSEUDOEPHED-BROMPHEN-DM SYRUP 30-2-10 MG / 5ML	2				
BUDES/FORMOT AER 160-4.5	BUDESONIDE-FORMOTEROL FUMARATE DIHYD AEROSOL 160-4.5 MCG / ACT	3		X		

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Drug name	Generic name	Tier value	Prior auth	Quantity limit	Step therapy	Notes
BUDES/FORMOT AER 80-4.5	BUDESONIDE-FORMOTEROL FUMARATE DIHYD AEROSOL 80-4.5 MCG / ACT	3		X		
BUDESONIDE SUS 0.25MG/2	BUDESONIDE INHALATION SUSP 0.25 MG / 2ML	3		X		
BUDESONIDE SUS 0.5MG/2	BUDESONIDE INHALATION SUSP 0.5 MG / 2ML	3		X		
BUDESONIDE SUS 1MG/2ML	BUDESONIDE INHALATION SUSP 1 MG / 2ML	3		X		
CARBINOXAMIN SOL 4MG/5ML	CARBINOXAMINE MALEATE SOLN 4 MG / 5ML	2				
CARBINOXAMIN TAB 4MG	CARBINOXAMINE MALEATE TAB 4 MG	2				
CLEMASTINE TAB 2.68MG	CLEMASTINE FUMARATE TAB 2.68 MG	2				
CROMOLYN SOD NEB 20MG/2ML	CROMOLYN SODIUM SOLN NEBU 20 MG / 2ML	3				
CYPROHEPTAD SYP 2MG/5ML	CYPROHEPTADINE HCL SYRUP 2 MG / 5ML	2				
CYPROHEPTAD TAB 4MG	CYPROHEPTADINE HCL TAB 4 MG	2				
DESLORATADIN TAB 5MG	DESLORATADINE TAB 5 MG	3				
DIPHENHYDRAM ELX 12.5/5ML	DIPHENHYDRAMINE HCL ELIXIR 12.5 MG / 5ML	2				BH*
ELIXOPHYLLIN ELX 80/15ML	THEOPHYLLINE ELIXIR 80 MG / 15ML	3				
EPINEPHRINE INJ 0.15MG	EPINEPHRINE SOLUTION AUTO-INJECTOR 0.15 MG / 0.15ML (1:1000)	1		X		
EPINEPHRINE INJ 0.15MG	EPINEPHRINE SOLUTION AUTO-INJECTOR 0.15 MG / 0.3ML (1:2000)	1		X		
EPINEPHRINE INJ 0.3MG	EPINEPHRINE SOLUTION AUTO-INJECTOR 0.3 MG / 0.3ML (1:1000)	1		X		
FLUNISOLIDE SPR 0.025%	FLUNISOLIDE NASAL SOLN 25 MCG / ACT (0.025%)	3				
FLUTIC/SALME AER 100/50	FLUTICASONE-SALMETEROL AER POWDER BA 100-50 MCG / ACT	3		X		
FLUTIC/SALME AER 250/50	FLUTICASONE-SALMETEROL AER POWDER BA 250-50 MCG / ACT	3		X		
FLUTIC/SALME AER 500/50	FLUTICASONE-SALMETEROL AER POWDER BA 500-50 MCG / ACT	3		X		
FLUTIC/SALME INH 113/14	FLUTICASONE-SALMETEROL AER POWDER BA 113-14 MCG / ACT	3		X		
FLUTIC/SALME INH 232/14	FLUTICASONE-SALMETEROL AER POWDER BA 232-14 MCG / ACT	3		X		
FLUTIC/SALME INH 55/14	FLUTICASONE-SALMETEROL AER POWDER BA 55-14 MCG / ACT	3		X		
FLUTICASONE SPR 50MCG	FLUTICASONE PROPIONATE NASAL SUSP 50 MCG / ACT	2		X		
FORMOTEROL NEB 20/2ML	FORMOTEROL FUMARATE SOLN NEBU 20 MCG / 2ML	3		X		
GILTUSS TAB 10-388MG	PHENYLEPHRINE-GUAIFENESIN TAB 10-388 MG	5				
GUIATUSS AC SYP 100-10/5	GUAIFENESIN-CODEINE SOLN 100-10 MG / 5ML	2	X	X		
HYD POL/CPM SUS 10-8/5ML	HYDROCOD POLST-CHLORPHEN POLST ER SUSP 10-8 MG / 5ML	3	X	X		
HYDROC/HOMAT TAB 5-1.5MG	HYDROCODONE BITART-HOMATROPINE METHYLBROMIDE TAB 5-1.5 MG	2	X	X		

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Drug name	Generic name	Tier value	Prior auth	Quantity limit	Step therapy	Notes
HYDROCOD/HOM SYP 5-1.5/5	HYDROCODONE BITART-HOMATROPINE METHYLBROM SOLN 5-1.5 MG / 5ML	2	X	X		
HYDROMET SYP 5-1.5/5	HYDROCODONE BITART-HOMATROPINE METHYLBROM SOLN 5-1.5 MG / 5ML	2	X	X		
HYPERSAL NEB 3.5%	SODIUM CHLORIDE SOLN NEBU 3.5%	3				
HYPERSAL NEB 7%	SODIUM CHLORIDE SOLN NEBU 7%	3				
INCRUSE ELPT INH 62.5MCG	UMECLIDINIUM BR AERO POWD BREATH ACT 62.5 MCG / ACT (BASE EQ)	3		X		
IPRATROPIUM SOL 0.02%INH	IPRATROPIUM BROMIDE INHAL SOLN 0.02%	2				
IPRATROPIUM SPR 0.03%	IPRATROPIUM BROMIDE NASAL SOLN 0.03% (21 MCG / SPRAY)	2				
IPRATROPIUM SPR 0.06%	IPRATROPIUM BROMIDE NASAL SOLN 0.06% (42 MCG / SPRAY)	2				
IPRATROPIUM/ SOL ALBUTER	IPRATROPIUM-ALBUTEROL NEBU SOLN 0.5-2.5(3) MG / 3ML	2				
LEVALBUTEROL NEB 0.31MG	LEVALBUTEROL HCL SOLN NEBU 0.31 MG / 3ML (BASE EQUIV)	3		X		
LEVALBUTEROL NEB 0.63MG	LEVALBUTEROL HCL SOLN NEBU 0.63 MG / 3ML (BASE EQUIV)	3		X		
LEVALBUTEROL NEB 1.25/0.5	LEVALBUTEROL HCL SOLN NEBU CONC 1.25 MG / 0.5ML (BASE EQUIV)	3		X		
LEVALBUTEROL NEB 1.25MG	LEVALBUTEROL HCL SOLN NEBU 1.25 MG / 3ML (BASE EQUIV)	3		X		
LEVOCETIRIZI SOL 2.5/5ML	LEVOCETIRIZINE DIHYDROCHLORIDE SOLN 2.5 MG / 5ML (0.5 MG / ML)	3				
LEVOCETIRIZI TAB 5MG	LEVOCETIRIZINE DIHYDROCHLORIDE TAB 5 MG	2		X		
MOMETASONE SPR 50MCG	MOMETASONE FUROATE NASAL SUSP 50 MCG / ACT	3		X		
MONTELUKAST CHW 4MG	MONTELUKAST SODIUM CHEW TAB 4 MG (BASE EQUIV)	2		X		
MONTELUKAST CHW 5MG	MONTELUKAST SODIUM CHEW TAB 5 MG (BASE EQUIV)	2		X		
MONTELUKAST GRA 4MG	MONTELUKAST SODIUM ORAL GRANULES PACKET 4 MG (BASE EQUIV)	2		X		
MONTELUKAST TAB 10MG	MONTELUKAST SODIUM TAB 10 MG (BASE EQUIV)	2		X		
NEBUSAL NEB 3%	SODIUM CHLORIDE SOLN NEBU 3%	3				
NEBUSAL NEB 6%	SODIUM CHLORIDE SOLN NEBU 6%	3				
OLOPATADINE SPR 0.6%	OLOPATADINE HCL NASAL SOLN 0.6%	3		X		
OPSUMIT TAB 10MG	MACITENTAN TAB 10 MG	4	X	X		SP
ORENITRAM TAB 0.125MG	TREPROSTINIL DIOLAMINE TAB ER 0.125 MG (BASE EQUIV)	6	X	X		SP
ORENITRAM TAB 0.25MG	TREPROSTINIL DIOLAMINE TAB ER 0.25 MG (BASE EQUIV)	6	X	X		SP
ORENITRAM TAB 1MG	TREPROSTINIL DIOLAMINE TAB ER 1 MG (BASE EQUIV)	6	X	X		SP
ORENITRAM TAB 2.5MG	TREPROSTINIL DIOLAMINE TAB ER 2.5 MG (BASE EQUIV)	6	X	X		SP

KEY: **BH*** Behavioral Health – Medication may be available at no cost to you when prescribed to treat a behavioral health condition.

MME Morphine milligram equivalent & 7-day limit if you have not filled an opioid prescription recently

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
ORENITRAM TAB 5MG	TREPROSTINIL DIOLAMINE TAB ER 5 MG (BASE EQUIV)	6	X	X		SP
ORENITRAM TAB MONTH 1	TREPROSTINIL TAB ER TITR PK (MO1) 126 X0.125MG & 42 X0.25MG	6	X	X		SP
ORENITRAM TAB MONTH 2	TREPROSTINIL TAB ER TITR PK (MO2) 126 X0.125MG & 210 X0.25MG	6	X	X		SP
ORENITRAM TAB MONTH 3	TREPROSTINIL TAB ER TITR PK(MO3)126X0.125MG&42X0.25MG&84X1MG	6	X	X		SP
ORKAMBI GRA 100-125	LUMACAFTOR-IVACAFTOR GRANULES PACKET 100-125 MG	6	X	X		SP
ORKAMBI GRA 150-188	LUMACAFTOR-IVACAFTOR GRANULES PACKET 150-188 MG	6	X	X		SP
ORKAMBI GRA 75-94MG	LUMACAFTOR-IVACAFTOR GRANULES PACKET 75-94 MG	6	X	X		SP
ORKAMBI TAB 100-125	LUMACAFTOR-IVACAFTOR TAB 100-125 MG	6	X	X		SP
ORKAMBI TAB 200-125	LUMACAFTOR-IVACAFTOR TAB 200-125 MG	6	X	X		SP
PIRFENIDONE CAP 267MG	PIRFENIDONE CAP 267 MG	4	X	X		SP
PIRFENIDONE TAB 267MG	PIRFENIDONE TAB 267 MG	4	X	X		SP
PIRFENIDONE TAB 534MG	PIRFENIDONE TAB 534 MG	4	X	X		SP
PIRFENIDONE TAB 801MG	PIRFENIDONE TAB 801 MG	4	X	X		SP
PROMETH VC SYP 6.25-5/5	PROMETHAZINE & PHENYLEPHRINE SYRUP 6.25-5 MG / 5ML	2				
PROMETH VC/ SYP CODEINE	PROMETHAZINE-PHENYLEPHRINE-CODEINE SYRUP 6.25-5-10 MG / 5ML	2	X	X		
PROMETH/COD SOL 6.25-10	PROMETHAZINE W / CODEINE SYRUP 6.25-10 MG / 5ML	2	X	X		
PROMETH/PE SYP 6.25-5/5	PROMETHAZINE & PHENYLEPHRINE SYRUP 6.25-5 MG / 5ML	2				
PROMETH/PE/ SYP CODEINE	PROMETHAZINE-PHENYLEPHRINE-CODEINE SYRUP 6.25-5-10 MG / 5ML	2	X	X		
PROMETHAZINE SOL 6.25/5ML	PROMETHAZINE HCL ORAL SOLN 6.25 MG / 5ML	2				
PROMETHAZINE SOL DM	PROMETHAZINE-DM SYRUP 6.25-15 MG / 5ML	2				
PROMETHAZINE SUP 12.5MG	PROMETHAZINE HCL SUPPOS 12.5 MG	3		X		
PROMETHAZINE SUP 25MG	PROMETHAZINE HCL SUPPOS 25 MG	3		X		
PROMETHAZINE SYP DM	PROMETHAZINE-DM SYRUP 6.25-15 MG / 5ML	2				
PROMETHAZINE TAB 12.5MG	PROMETHAZINE HCL TAB 12.5 MG	2				
PROMETHAZINE TAB 25MG	PROMETHAZINE HCL TAB 25 MG	2				
PROMETHAZINE TAB 50MG	PROMETHAZINE HCL TAB 50 MG	2				
PROMETHEGAN SUP 12.5MG	PROMETHAZINE HCL SUPPOS 12.5 MG	3		X		
PROMETHEGAN SUP 25MG	PROMETHAZINE HCL SUPPOS 25 MG	3		X		
PROMETHEGAN SUP 50MG	PROMETHAZINE HCL SUPPOS 50 MG	3		X		
PULMOSAL NEB 7%	SODIUM CHLORIDE SOLN NEBU 7%	3				
PULMOZYME SOL 1MG/ML	DORNASE ALFA INHAL SOLN 2.5 MG / 2.5ML	6	X	X		SP
QVAR REDIHA AER 80MCG	BECLOMETHASONE DIPROP HFA BREATH ACT INH AER 80 MCG / ACT	3		X		
QVAR REDIHAL AER 40MCG	BECLOMETHASONE DIPROP HFA BREATH ACT INH AER 40 MCG / ACT	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
ROFLUMILAST TAB 250MCG	ROFLUMILAST TAB 250 MCG	3	X	X		
ROFLUMILAST TAB 500MCG	ROFLUMILAST TAB 500 MCG	3	X	X		
SILDENAFIL SUS 10MG/ML	SILDENAFIL CITRATE FOR SUSPENSION 10 MG / ML	6	X	X		SP
SILDENAFIL TAB 20MG	SILDENAFIL CITRATE TAB 20 MG	4	X	X		SP
SOD CHLORIDE NEB 0.9%	SODIUM CHLORIDE SOLN NEBU 0.9%	2				
SODIUM CHLOR NEB 10%	SODIUM CHLORIDE SOLN NEBU 10%	2				
SODIUM CHLOR NEB 3%	SODIUM CHLORIDE SOLN NEBU 3%	2				
SODIUM CHLOR NEB 7%	SODIUM CHLORIDE SOLN NEBU 7%	2				
SPIRIVA AER 1.25MCG	TIOTROPIUM BROMIDE MONOHYDRATE INHAL AEROSOL 1.25 MCG / ACT	3		X		
SPIRIVA CAP HANDIHLR	TIOTROPIUM BROMIDE MONOHYDRATE INHAL CAP 18 MCG (BASE EQUIV)	3		X		
SPIRIVA SPR 2.5MCG	TIOTROPIUM BROMIDE MONOHYDRATE INHAL AEROSOL 2.5 MCG / ACT	3		X		
STIOLTO AER 2.5-2.5	TIOTROPIUM BR-OLODATEROL INHAL AERO SOLN 2.5-2.5 MCG / ACT	3		X		
STRIVERDI AER 2.5MCG	OLODATEROL HCL INHAL AEROSOL SOLN 2.5 MCG / ACT (BASE EQUIV)	3		X		
SYMJEPI INJ 0.15MG	EPINEPHRINE SOLN PREFILLED SYRINGE 0.15 MG / 0.3ML (1:2000)	1		X		
SYMJEPI INJ 0.3MG	EPINEPHRINE SOLUTION PREFILLED SYRINGE 0.3 MG / 0.3ML (1:1000)	1		X		
TADALAFIL TAB 20MG	TADALAFIL TAB 20 MG (PAH)	4	X	X		SP
TERBUTALINE TAB 2.5MG	TERBUTALINE SULFATE TAB 2.5 MG	3				
TERBUTALINE TAB 5MG	TERBUTALINE SULFATE TAB 5 MG	3				
THEO-24 CAP 100MG CR	THEOPHYLLINE CAP ER 24HR 100 MG	5				
THEO-24 CAP 200MG CR	THEOPHYLLINE CAP ER 24HR 200 MG	5				
THEO-24 CAP 300MG CR	THEOPHYLLINE CAP ER 24HR 300 MG	5				
THEO-24 CAP 400MG ER	THEOPHYLLINE CAP ER 24HR 400 MG	5				
THEOPHYLLINE SOL 80/15ML	THEOPHYLLINE SOLN 80 MG / 15ML	3				
THEOPHYLLINE TAB 100MG ER	THEOPHYLLINE TAB ER 12HR 100 MG	2				
THEOPHYLLINE TAB 200MG ER	THEOPHYLLINE TAB ER 12HR 200 MG	2				
THEOPHYLLINE TAB 300MG ER	THEOPHYLLINE TAB ER 12HR 300 MG	2				
THEOPHYLLINE TAB 400MG ER	THEOPHYLLINE TAB ER 24HR 400 MG	2				
THEOPHYLLINE TAB 450MG ER	THEOPHYLLINE TAB ER 12HR 450 MG	2				
THEOPHYLLINE TAB 600MG ER	THEOPHYLLINE TAB ER 24HR 600 MG	2				
TIOTROP BROM CAP 18MCG	TIOTROPIUM BROMIDE MONOHYDRATE INHAL CAP 18 MCG (BASE EQUIV)	3		X		
TOBRAMYCIN NEB 300/5ML (generic)	TOBRAMYCIN NEBU SOLN 300 MG / 5ML	6	X	X		SP
TRELEGY AER 100MCG	FLUTICASONE-UMECLIDINIUM-VILANTEROL AEPB 100-62.5-25 MCG / ACT	3		X		
TRELEGY AER 200MCG	FLUTICASONE-UMECLIDINIUM-VILANTEROL AEPB 200-62.5-25 MCG / ACT	3		X		
TUXARIN ER TAB 54.3-8MG	CODEINE PHOS-CHLORPHENIRAMINE MALEATE TAB ER 12HR 54.3-8 MG	5	X	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
TUZISTRA XR SUS	CODEINE POLIST-CHLORPHEN POLIST ER SUSP 14.7-2.8 MG / 5ML	5	X	X		
TYVASO SOL 0.6MG/ML	TREPROSTINIL INHALATION SOLUTION 0.6 MG / ML	4	X	X		SP
TYVASO DPI POW 16-32-48	TREPROSTINIL INH POWD 112 X 16MCG & 112 X 32MCG & 28 X 48MCG	4	X	X		SP
TYVASO DPI POW 16-32MCG	TREPROSTINIL INH POWDER 112 X 16MCG & 84 X 32MCG	4	X	X		SP
TYVASO DPI POW 16MCG	TREPROSTINIL INH POWDER 16 MCG / CARTRIDGE	4	X	X		SP
TYVASO DPI POW 32-48MCG	TREPROSTINIL INH POWDER 112 X 32MCG & 112 X 48MCG	4	X	X		SP
TYVASO DPI POW 32MCG	TREPROSTINIL INH POWDER 32 MCG / CARTRIDGE	4	X	X		SP
TYVASO DPI POW 48MCG	TREPROSTINIL INH POWDER 48 MCG / CARTRIDGE	4	X	X		SP
TYVASO DPI POW 64MCG	TREPROSTINIL INH POWDER 64 MCG / CARTRIDGE	4	X	X		SP
TYVASO REFIL SOL 0.6MG/ML	TREPROSTINIL INHALATION SOLUTION 0.6 MG / ML	4	X	X		SP
TYVASO START SOL 0.6MG/ML	TREPROSTINIL INHALATION SOLUTION 0.6 MG / ML	4	X	X		SP
VENTAVIS SOL 10MCG/ML	ILOPROST INHALATION SOLUTION 10 MCG / ML	6	X	X		SP
VENTAVIS SOL 20MCG/ML	ILOPROST INHALATION SOLUTION 20 MCG / ML	6	X	X		SP
VENTOLIN HFA AER	ALBUTEROL SULFATE INHAL AERO 108 MCG / ACT (90MCG BASE EQUIV)	1				
WIXELA INHUB AER 100/50	FLUTICASONE-SALMETEROL AER POWDER BA 100-50 MCG / ACT	3		X		
WIXELA INHUB AER 250/50	FLUTICASONE-SALMETEROL AER POWDER BA 250-50 MCG / ACT	3		X		
WIXELA INHUB AER 500/50	FLUTICASONE-SALMETEROL AER POWDER BA 500-50 MCG / ACT	3		X		
XOLAIR INJ 150MG/ML	OMALIZUMAB SUBCUTANEOUS SOLN AUTO-INJECTOR 150 MG / ML	4	X	X		SP
XOLAIR INJ 150MG/ML	OMALIZUMAB SUBCUTANEOUS SOLN PREFILLED SYRINGE 150 MG / ML	4	X	X		SP
XOLAIR INJ 300/2ML	OMALIZUMAB SUBCUTANEOUS SOLN AUTO-INJECTOR 300 MG / 2ML	4	X	X		SP
XOLAIR INJ 300/2ML	OMALIZUMAB SUBCUTANEOUS SOLN PREFILLED SYRINGE 300 MG / 2ML	4	X	X		SP
XOLAIR INJ 75/0.5	OMALIZUMAB SUBCUTANEOUS SOLN AUTO-INJECTOR 75 MG / 0.5ML	4	X	X		SP
XOLAIR INJ 75/0.5	OMALIZUMAB SUBCUTANEOUS SOLN PREFILLED SYRINGE 75 MG / 0.5ML	4	X	X		SP
ZAFIRLUKAST TAB 10MG	ZAFIRLUKAST TAB 10 MG	3		X		
ZAFIRLUKAST TAB 20MG	ZAFIRLUKAST TAB 20 MG	3		X		
ZILEUTON ER TAB 600MG	ZILEUTON TAB ER 12HR 600 MG	3			X	
Skeletal muscle relaxants						

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ST Step therapy

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Drug name	Generic name	Tier value	Prior auth	Quantity limit	Step therapy	Notes
BACLOFEN TAB 10MG	BACLOFEN TAB 10 MG	2				
BACLOFEN TAB 20MG	BACLOFEN TAB 20 MG	2				
BACLOFEN TAB 5MG	BACLOFEN TAB 5 MG	2				
CARISOPRODOL TAB 350MG	CARISOPRODOL TAB 350 MG	2		X		
CHLORZOXAZONE TAB 500MG	CHLORZOXAZONE TAB 500 MG	3				
CYCLOBENZAPR TAB 10MG	CYCLOBENZAPRINE HCL TAB 10 MG	2				
CYCLOBENZAPR TAB 5MG	CYCLOBENZAPRINE HCL TAB 5 MG	2				
CYCLOBENZAPR TAB 75MG	CYCLOBENZAPRINE HCL TAB 75 MG	2				
DANTROLENE CAP 100MG	DANTROLENE SODIUM CAP 100 MG	3				
DANTROLENE CAP 25MG	DANTROLENE SODIUM CAP 25 MG	3				
DANTROLENE CAP 50MG	DANTROLENE SODIUM CAP 50 MG	3				
METAXALONE TAB 400MG	METAXALONE TAB 400 MG	3				
METAXALONE TAB 800MG	METAXALONE TAB 800 MG	3				
METHOCARBAM TAB 500MG	METHOCARBAMOL TAB 500 MG	2				
METHOCARBAM TAB 750MG	METHOCARBAMOL TAB 750 MG	2				
ORPHENADRINE TAB 100MG ER	ORPHENADRINE CITRATE TAB ER 12HR 100 MG	2				
TIZANIDINE CAP 2MG	TIZANIDINE HCL CAP 2 MG (BASE EQUIVALENT)	3				
TIZANIDINE CAP 4MG	TIZANIDINE HCL CAP 4 MG (BASE EQUIVALENT)	3				
TIZANIDINE CAP 6MG	TIZANIDINE HCL CAP 6 MG (BASE EQUIVALENT)	3				
TIZANIDINE TAB 2MG	TIZANIDINE HCL TAB 2 MG (BASE EQUIVALENT)	2				
TIZANIDINE TAB 4MG	TIZANIDINE HCL TAB 4 MG (BASE EQUIVALENT)	2				
Sleep disorder agents						
ARMODAFINIL TAB 150MG	ARMODAFINIL TAB 150 MG	1	X	X		
ARMODAFINIL TAB 200MG	ARMODAFINIL TAB 200 MG	1	X	X		
ARMODAFINIL TAB 250MG	ARMODAFINIL TAB 250 MG	1	X	X		
ARMODAFINIL TAB 50MG	ARMODAFINIL TAB 50 MG	1	X	X		
BELSOMRA TAB 10MG	SUvorexant TAB 10 MG	5		X	X	BH*
BELSOMRA TAB 15MG	SUvorexant TAB 15 MG	5		X	X	BH*
BELSOMRA TAB 20MG	SUvorexant TAB 20 MG	5		X	X	BH*
BELSOMRA TAB 5MG	SUvorexant TAB 5 MG	5		X	X	BH*
DOXEPIN TAB 3MG	DOXEPIHCL (SLEEP) TAB 3 MG (BASE EQUIV)	2		X		BH*
DOXEPIN TAB 6MG	DOXEPIHCL (SLEEP) TAB 6 MG (BASE EQUIV)	2		X		BH*
ESZOPICLONE TAB 1MG	ESZOPICLONE TAB 1 MG	2		X		BH*
ESZOPICLONE TAB 2MG	ESZOPICLONE TAB 2 MG	2		X		BH*
ESZOPICLONE TAB 3MG	ESZOPICLONE TAB 3 MG	2		X		BH*
FLURAZEPAM CAP 15MG	FLURAZEPAM HCL CAP 15 MG	2		X		BH*
FLURAZEPAM CAP 30MG	FLURAZEPAM HCL CAP 30 MG	2		X		BH*
MODAFINIL TAB 100MG	MODAFINIL TAB 100 MG	1	X	X		
MODAFINIL TAB 200MG	MODAFINIL TAB 200 MG	1	X	X		
RAMELTEON TAB 8MG	RAMELTEON TAB 8 MG	3		X	X	BH*

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ST Step therapy

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Drug name	Generic name	Tier value	Prior auth	Quantity limit	Step therapy	Notes
SUNOSI TAB 150MG	SOLRIAMFETOL HCL TAB 150 MG (BASE EQUIV)	1	X	X		
SUNOSI TAB 75MG	SOLRIAMFETOL HCL TAB 75 MG (BASE EQUIV)	1	X	X		
TASIMELTEON CAP 20MG	TASIMELTEON CAPSULE 20 MG	6	X	X		SP, BH*
TEMAZEPAM CAP 15MG	TEMAZEPAM CAP 15 MG	2		X		BH*
TEMAZEPAM CAP 22.5MG	TEMAZEPAM CAP 22.5 MG	2		X		BH*
TEMAZEPAM CAP 30MG	TEMAZEPAM CAP 30 MG	2		X		BH*
TEMAZEPAM CAP 7.5MG	TEMAZEPAM CAP 7.5 MG	2		X		BH*
ZALEPLON CAP 10MG	ZALEPLON CAP 10 MG	2		X		BH*
ZALEPLON CAP 5MG	ZALEPLON CAP 5 MG	2		X		BH*
ZOLPIDEM TAB 10MG	ZOLPIDEM TARTRATE TAB 10 MG	2		X		BH*
ZOLPIDEM TAB 5MG	ZOLPIDEM TARTRATE TAB 5 MG	2		X		BH*

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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/IPF-Clinical-Program-Summary-Drug-List.pdf.

Drug name	Generic name	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	Adasuve	Loxapine for inhalation, 1 mg
Abelcet	amphotericin B lipid complex, 10 mg	Adcetris	Brentuximab vedotin, 1 mg
Abilify Asimtufii	ariPIPrazole (Abilify Asimtufii), 1 mg	adenosine injection	Adenosine, 1 mg (not to be used to report any adenosine phosphate compounds)
Abilify Maintena	ariPIPrazole (abilify maintena), 1 mg	Adrucil	Fluorouracil, 500 mg
Abraxane	Paclitaxal protein-bound particles, 1 mg	Adstiladrin	Nadofaragene firadenovec-vncg, per therapeutic dose
Abrysvo	Respiratory syncytial virus vaccine, preF, subunit, bivalent, for intramuscular use	Aduhelm	Aducanumab-avwa, 2 mg
albuterol nebulizer solution	Albuterol, inhalation solution, compounded product, administered through DME, unit dose, 1 mg	Advate	Recombinant) per IU, not otherwise specified
albuterol nebulizer solution	Albuterol, inhalation solution, FDA-approved final product, noncompounded, administered through DME, concentrated form, 1 mg	Adynovate	Factor VIII, (antihemophilic factor, recombinant), PEGylated, 1 IU
albuterol nebulizer solution	Albuterol, inhalation solution, FDA-approved final product, noncompounded, administered through DME, unit dose, 1 mg	Adzynma	ADAMTS13, recombinant-krhn, 10 IU
acetaminophen, generic (Hikma)	acetaminophen (Hikma)	Afluria Quad	Quadrivalent (IIV4), split virus, preservative free, 0.25 mL, for intramuscular use
acetazolamide injection	Acetazolamide sodium, up to 500 mg	Afstyla	Factor VIII, (antihemophilic factor, recombinant), (Afstyla), 1 IU
acetylcysteine for inhalation	Acetylcysteine	Aggrastat	Tirofiban HCl, 0.25 mg
acetylcysteine injection	Acetylcysteine	Akynteo injection	Fosnetupitant 235 mg and palonosetron 0.25 mg
Actemra	Tocilizumab	albuterol-ipratropium nebulizer solution	Up to 2.5 mg and ipratropium bromide, up to 0.5 mg, FDA-approved final product, noncompounded, administered through DME
ActHIB	Haemophilus influenzae b vaccine (Hib)	Aldurazyme	Laronidase, 0.1 mg
Actrel	Corticorelin ovine trifluate, 1 mcg	alfentanil	Alfentanil HCl, 500 mcg
Actimmune	Interferon, gamma 1-b, 3 million units	Alferon N	Interferon, alfa-N3, (human leukocyte derived), 250,000 IU
acyclovir injection	Acyclovir, 5 mg	Alimta	Pemetrexed, NOS, 10 mg
Adakveo	Crizanlizumab-tmca, 5 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	Purified, nonrecombinant) per IU
		Alprolix	Factor IX, Fc fusion protein, (recombinant), Alprolix, 1 IU

Drug name	Generic name	Drug name	Generic name
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)	Arexyv	PreF, recombinant, subunit, adjuvanted, for intramuscular use
Altuviiio	Factor VIII/von Willebrand factor complex, recombinant (Altuviiio), per Factor VIII IU	argatroban (ESRD on dialysis)	Argatroban, 1 mg (for ESRD on dialysis)
Alyglo	Immune globulin, intravenous, nonlyophilized (e.g., liquid), not otherwise specified, 500 mg	argatroban (for non-ESRD)	Argatroban, 1 mg (for non-ESRD use)
Alymsys	Bevacizumab-maly, biosimilar, (Alymsys), 10 mg	argatroban, generic (Accord)	Argatroban (Accord), not therapeutically equivalent to J0883, 1 mg (for non-ESRD use)
ambisome	Amphotericin B liposome, 10 mg	argatroban, generic (Accord)	Argatroban (Accord), not therapeutically equivalent to J0884, 1 mg (for ESRD on dialysis)
Ameluz	Aminolevulinic acid HCl for topical administration, 10% gel, 10 mg	argatroban, generic (Auromedics)	Argatroban (Auromedics), not therapeutically equivalent to J0883, 1 mg (for non-ESRD use)
amikacin injection	Amikacin sulfate, 100 mg	argatroban, generic (Auromedics)	Argatroban (Auromedics), not therapeutically equivalent to J0884, 1 mg (for ESRD on dialysis)
aminophylline injection	Aminophyllin, up to 250 mg	Aridol	Administered through an inhaler, 5 mg
amiodarone injection	Amiodarone HCl, 30 mg	Aristada	Aripiprazole lauroxil, (Aristada), 1 mg
Amondys 45	Casimersen, 10 mg	Aristada Initio	Aripiprazole lauroxil, (Aristada Initio), 1 mg
Amphadase	Hyaluronidase, up to 150 units	Artesunate	Artesunate, 1 mg
amphotericin B injection	Amphotericin B, 50 mg	Arzerra	Ofatumumab, 10 mg
ampicillin sodium	Ampicillin sodium, 500 mg	Asceniv	Immune globulin (Asceniv), 500 mg
Amvuttra	Vutrisiran, 1 mg	Asparlas	Calaspargase pegol-mknl, 10 units
Amytal	Amobarbital, up to 125 mg	ATGAM	Antithymocyte globulin, equine, parenteral, 250 mg
Anascorp	Centruroides immune f(ab)2, up to 120 mg	atropine sulfate	Atropine sulfate, 0.01 mg
Anavip	Crotalidae immune F(ab')2 (equine), 120 mg	Atryn	Antithrombin recombinant, 50 IU
Andexxa	Coagulation Factor Xa (recombinant), inactivated-zhzo (Andexxa), 10 mg	Aveed	Testosterone undecanoate, 1 mg
Anectine	Succinylcholine chloride, up to 20 mg	Avsola	Infliximab-axxq, biosimilar, (AVSOLA), 10 mg
Anjeso	Meloxicam, 1 mg	Avycaz	Ceftazidime and avibactam, 0.5 g/0.125 g
Annovera	0.013 mg per 24 hours; yearly vaginal system, ea	Azactam	Aztreonam, 100 mg
Antiemetic drug rectal/suppository	Rectal/suppository, not otherwise specified	Azathioprine (IV)	PARENTERAL, 100 mg
Aphexda	Motixafortide, 0.25 mg	azithromycin injection	Azithromycin, 500 mg
Apretude	Cabotegravir, 1 mg	BAL in Oil	Dimercaprol, per 100 mg
Aralast, Prolastin, Zemaira	Alpha 1-proteinase inhibitor (human), not otherwise specified, 10 mg	Balfaxar	Prothrombin complex concentrate, human-lans, per IU of Factor IX activity
Aranesp (For ESRD)	Darbepoetin alfa, 1 mcg (for ESRD on dialysis)	Barhemsys	Amisulpride, 1 mg
Aranesp (for non-ESRD)	Darbepoetin alfa, 1 mcg (non-ESRD use)	Bavencio	Avelumab, 10 mg
		BCG Vaccine	Bacillus Calmette-Guerin vaccine (BCG) for tuberculosis, live, for percutaneous use

Drug name	Generic name	Drug name	Generic name
Bebulin	Factor IX complex, per IU	Boostrix	Diphtheria toxoids and acellular pertussis vaccine (Tdap), when administered to individuals 7 years or older, for intramuscular use
Beleodaq	Belinostat, 10 mg	bortezomib, generic (Dr. Reddy's)	Bortezomib (Dr. Reddy's), not therapeutically equivalent to J9041, 0.1 mg
Belrapzo	Bendamustine HCl, (Belrapzo/bendamustine), 1 mg	bortezomib, generic (Fresenius Kabi)	Bortezomib (Fresenius Kabi), not therapeutically equivalent to J9041, 0.1 mg
bendamustine (Apotex)	Bendamustine HCl (Apotex), 1 mg	bortezomib, generic (Hospira)	Bortezomib (Hospira), not therapeutically equivalent to J9041, 0.1 mg
bendamustine (Baxter)	Bendamustine HCl (Baxter), 1 mg	bortezomib, generic (MAIA)	Bortezomib (MAIA), not therapeutically equivalent to J9041, 0.1 mg
bendamustine, generic (Vivimusta)	Bendamustine HCl (Vivimusta), 1 mg	Botox	OnabotulinumtoxinA, 1 unit
Bendeka	Bendamustine HCl (Bendeka), 1 mg	Breyanzi	Up to 110 million autologous anti-CD19 CAR-positive viable T cells, including leukapheresis and dose preparation procedures, per therapeutic dose
Benefix	Factor IX (antihemophilic factor, recombinant) per IU, not otherwise specified	Brineura	Cerliponase alfa, 1 mg
Benlysta	Belimumab, 10 mg	Briumvi	Ublituximab-xiyy, 1mg
Beovu	Brolucizumab-dbll, 1 mg	Brixadi	Buprenorphine extended-release (Brixadi), less than or equal to 7 days of therapy
Berinert	C1 esterase inhibitor (human), Berinert, 10 units	Brixadi	Buprenorphine extended-release (Brixadi), greater than 7 days and up to 28 days of therapy
Besponsa	Inotuzumab ozogamicin, 0.1 mg	bumetanide Injection	Bumetanide, 0.5 mg
betamethasone injection	Betamethasone acetate 3 mg and betamethasone sodium phosphate 3 mg	bupivacaine injection	Bupivacaine, not otherwise specified, 0.5 mg
bevacizumab	Bevacizumab, 10 mg	buprenorphine HCL	Buprenorphine HCl, 0.1 mg
Bexsero	Serogroup B (MenB-4C), 2 dose schedule, for intramuscular us	Busulfan	Busulfan, 1 mg
Beyfortus	Monoclonal antibody, seasonal dose; 0.5 mL dosage, for intramuscular use	Butorphanol injection	Butorphanol tartrate, 1 mg
Beyfortus	Monoclonal antibody, seasonal dose; 1 mL dosage, for intramuscular use	Byfavo	Remimazolam, 1 mg
Bicillin C-R	Penicillin G benzathine and penicillin G procaine, 100,000 units	Byooviz	Ranibizumab-nuna, biosimilar, (Byooviz), 0.1 mg
Bicillin L-A	Penicillin G benzathine, 100,000 units	cabazitaxel, generic (Sandoz)	Cabazitaxel (Sandoz), not therapeutically equivalent to J9043, 1 mg
BiCNU	Carmustine, 100 mg	Cabenuva	Cabotegravir and rilpivirine, 2 mg/3 mg
Biorphen	Phenylephrine HCl (Biorphen), 20 mcg	Cafcit	Caffeine citrate, 5 mg
Biothrax	For subcutaneous or intramuscular use	calcitriol injection	Calcitriol, 0.1 mcg
Bivalirudin	Bivalirudin, 1 mg	calcium gluconate, generic (Fresenius Kabi)	Calcium gluconate (Fresenius Kabi), per 10 mg
Bivigam	Immune globulin (Bivigam), 500 mg	calcium gluconate, generic (WG Critical Care)	Calcium gluconate (WG Critical Care), per 10 mg
Blenrep	Belantamab mafodotin-blmf, 0.5 mg		
Bleomycin	Bleomycin sulfate, 15 units		
Blincyto	Blinatumomab, 1 mcg		
Boniva	Ibandronate sodium, 1 mg		

Drug name	Generic name	Drug name	Generic name
Caldolor	Ibuprofen, 100 mg	chlorothiazide injection	Chlorothiazide sodium, per 500 mg
Camcevi	Camcevi, 1 mg	chlorpromazine HCL	Chlorpromazine HCl, up to 50 mg
Cancidas	Caspofungin acetate, 5 mg	Cidofovir injection	Cidofovir, 375 mg
Carbocaine	Mepivacaine HCl, per 10 ml	Cimerli	Ranibizumab-eqrn (Cimerli), biosimilar, 0.1 mg
Carboplatin	Carboplatin, 50 mg	Cinqair	Reslizumab, 1 mg
carmustine, generic (Accord)	Carmustine (Accord), not therapeutically equivalent to J9050, 100 mg	Cinryze	C1 esterase inhibitor (human), Cinryze, 10 units
Carnitor	Levocarnitine, per 1 g	Cinvanti	Aprepitant, 1 mg
Carvykti	Up to 100 million autologous B-cell maturation antigen (BCMA) directed CAR-positive T cells, including leukapheresis and dose preparation procedures, per therapeutic dose	ciprofloxacin injection	Ciprofloxacin for intravenous infusion, 200 mg
Cathflo Activase	Alteplase recombinant, 1 mg	cisplatin	Cisplatin, powder or solution, 10 mg
cefazolin injection	Cefazolin sodium, 500 mg	clindamycin injection	Clindamycin phosphate, 300 mg
cefazolin sodium, generic (WG Critical Care)	Cefazolin sodium (WG Critical Care), not therapeutically equivalent to J0690, 500 mg	clindamycin, generic (Baxter)	Clindamycin phosphate (Baxter), not therapeutically equivalent to J0736, 300 mg
cefazolin, generic (Baxter)	Cefazolin sodium (Baxter), not therapeutically equivalent to J0690, 500 mg	Clolar	Clofarabine, 1 mg
cefazolin, generic (Hikma)	Cefazolin sodium (Hikma), not therapeutically equivalent to J0690, 500 mg	Clonidine injection	Clonidine HCl, 1 mg
cefepime injection	Cefepime HCl, 500 mg	Coagadex	Factor X, (human), 1 IU
cefepime, generic (B. Braun)	Cefepime HCl (B. Braun), not therapeutically equivalent to Maxipime, 500 mg	Cogentin	Benztropine mesylate, per 1 mg
cefepime, generic (Baxter)	Cefepime HCl (Baxter), not therapeutically equivalent to Maxipime, 500 mg	colistimethate injection	Colistimethate sodium, up to 150 mg
cefotaxime injection	Cefotaxime sodium, per g	Columvi	Glofitamab-gxbm, 2.5 mg
cefoxitin injection	Cefoxitin sodium, 1 g	Comirnaty COVID-19 vaccine	MRNALNP, spike protein, 30 mcg/0.3 mL dosage, tris-sucrose formulation, for intramuscular use
ceftriaxone injection	Ceftriaxone sodium, per 250 mg	Corifact	Factor XIII (antihemophilic factor, human), 1 IU
cefuroxime injection	Sterile cefuroxime sodium, per 750 mg	Convert	Ibutilide fumarate, 1 mg
Ceprotin injection	Protein C concentrate, intravenous, human, 10 IU	Cosela	Trilaciclib, 1 mg
Cerebyx	Fosphenytoin, 50 mg phenytoin equivalent	Cosentyx (IV)	Secukinumab, intravenous, 1 mg
Cerezyme	Imiglucerase, 10 units	Cosyntropin injection	Cosyntropin, 0.25 mg
Chirhostim	Secretin, synthetic, human, 1 mcg	Cresemba	Isavuconazonium, 1 mg
chloramphenicol injection	Chloramphenicol sodium succinate, up to 1 g	Crofab	Crotalidae polyvalent immune fab (ovine), up to 1 g
chlorprocaine	Chlorprocaine HCl, per 1 mg	Cromolyn	Inhalation solution, FDA-approved final product, noncompounded, administered through DME, unit dose form, per 10 mg
Chlorotekal	Chlorprocaine HCl (Clorotekal), per 1 mg	Crys vita	Burosomab-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

Drug name	Generic name	Drug name	Generic name
cyclophosphamide, generic (Sandoz)	Cyclophosphamide (Sandoz), 5 mg	Depo-Provera	Medroxyprogesterone acetate, 1 mg
cyclophosphamide	Cyclophosphamide, not otherwise specified, 5 mg	Depo-Testosterone	Testosterone cypionate, 1 mg
cyclophosphamide, generic (AuroMedics)	Cyclophosphamide, (AuroMedics), 5 mg	Desferal	Deferoxamine mesylate, 500 mg
cyclophosphamide, generic (Dr. Reddy's)	Cyclophosphamide, (Dr. Reddy's), 5 mg	desmopressin injection	Desmopressin acetate, per 1 mcg
cyclophosphamidem, generic (Ingenus)	Cyclophosphamide (Ingenus), 5 mg	dexamethasone injection	Dexamethasone sodium phosphate, 1 mg
Cyramza	Ramucirumab, 5 mg	Dextenza	Lacrimal ophthalmic insert, 0.1 mg
cytarabine	Cytarabine, 100 mg	dextrose 5% in lactated ringers infusion	5% dextrose in lactated ringers infusion, up to 1000 cc
Cytogam	Human, for intravenous use	dextrose 5%/normal saline infusion	5% dextrose/normal saline (500 ml = 1 unit)
Cytogam	Cytomegalovirus immune globulin intravenous (human), per vial	dextrose 5%/water	5% dextrose/water (500 ml = 1 unit)
dacarbazine	Dacarbazine, 100 mg	dextrose 5%/water	D-5-W, 1,000 cc
Dacogen	Decitabine, 1 mg	Dexycu	Dexamethasone 9%, intraocular, 1 mcg
Dacogen, generic (Sun Pharma)	Decitabine (Sun Pharma) not therapeutically equivalent to J0894, 1 mg	DHE injection	Dihydroergotamine mesylate, per 1 mg
dactinomycin	Dactinomycin, 0.5 mg	diazepam injection	Diazepam, up to 5 mg
Dalvance	Dalbavancin, 5 mg	dicyclomine injection	Dicyclomine HCl, up to 20 mg
Danyelza	Naxitamab-gqgk, 1 mg	DIGIfab	Digoxin immune fab (ovine), per vial
Daptacel	Tetanus toxoids, and acellular pertussis vaccine (DTaP), when administered to individuals younger than seven years, for intramuscular use	digoxin injection	Digoxin, up to 0.5 mg
daptomycin, generic (Baxter)	Daptomycin (Baxter), not therapeutically equivalent to J0878, 1 mg	dimenhydrinate injection	Dimenhydrinate, up to 50 mg
daptomycin, generic (Hospira)	Daptomycin (Hospira), not therapeutically equivalent to J0878, 1 mg	diphenhydramine injection	Diphenhydramine HCl, up to 50 mg
daptomycin, generic (Xellia)	Daptomycin (xellia),not therapeutically equivalent to j0878 or j0872, 1 mg	Diprivan injection	Propofol, 10 mg
Darzalex	Daratumumab, 10 mg	dipyridamole injection	Dipyridamole, per 10 mg
Darzalex Faspro	Daratumumab, 10 mg and hyaluronidase-fihj	dobutamine injection	Dobutamine HCl, per 250 mg
daunorubicin	Daunorubicin, 10 mg	docetaxel	Docetaxel, 1 mg
Daxxify	Daxibotulinumtoxina-lanm, 1 unit	docetaxel, generic (Ingenus)	Docetaxel (Ingenus), not therapeutically equivalent to J9171, 1 mg
Decavac	For intramuscular use	dopamine injection	Dopamine HCl, 40 mg
delestrogen injection	Estradiol valerate, up to 10 mg	Doxil	Doxorubicin HCl, liposomal, not otherwise specified, 10 mg
Demerol	Meperidine HCl, per 100 mg	doxorubicin Hydrochloride	Doxorubicin HCl, 10 mg
Depo-Estradiol	Depo-estradiol cypionate, up to 5 mg	droperidol injection	Droperidol, up to 5 mg
Depo-Medrol	Methylprednisolone acetate, 1 mg	Duopa	Carbidopa 5 mg/levodopa 20 mg enteral suspension
		Durolane	Durolane, for intra-articular injection, 1 mg
		Durysta	Bimatoprost, intracameral implant, 1 mcg

Drug name	Generic name	Drug name	Generic name
Dysport	AbobotulinumtoxinA, 5 units	Epogen/Procrit	Epoetin alfa, (for non-ESRD use), 1000 units
Eddetate calcium disodium	Eddetate calcium disodium, up to 1,000 mg	epoprostenol injection	Epoprostenol, 0.5 mg
Elahere	Mirvetuximab soravtansine-gynx, 1 mg	eptifibatide injection	Eptifibatide, 5 mg
Elaprase	Idursulfase, 1 mg	Eraxis	Anidulafungin, 1 mg
Elelyso	Taliglucerase alfa, 10 units	Erbxitux	Cetuximab, 10 mg
Elevidys	Delandistrogene moxeparvovec-rokl, per therapeutic dose	Erwinaze	Asparaginase (Erwinaze), 1,000 IU
Elfabrio	Pegunigalsidase alfa-iwxj, 1 mg	erythromycin injection	Erythromycin lactobionate, per 500 mg
Elitek	Rasburicase, 0.5 mg	Esmolol	Esmolol HCl, 10 mg
Elliott's B Solution	Elliotts' B solution, 1 ml	Esmolol, generic (WG Critical Care)	Esmolol HCl (WG Critical Care) not therapeutically equivalent to J1805, 10 mg
Eloctate	Factor VIII Fc fusion protein (recombinant), per IU	Esperoct	Factor VIII, antihemophilic factor (recombinant), (Esperoct), glycopegylated-exei, per IU
Eloxatin	Oxaliplatin, 0.5 mg	Ethamolin	Ethanolamine oleate, 100 mg
Elrxfio	Elranatamab-bcmm, 1 mg	Ethyol	Amifostine, 500 mg
Eluryng	0.12 mg per 24 hours; monthly vaginal ring, ea	etoposide	Etoposide, 10 mg
Elzonris	Tagraxofusp-erzs, 10 mcg	Euflexxa	Euflexxa, for intra-articular injection, per dose
Emend injection	Fosaprepitant, 1 mg	Evenity	Romosozumab-aqqq, 1 mg
Emend, generic (Teva)	Fosaprepitant (Teva), not therapeutically equivalent to J1453, 1 mg	Evkeeza	Evinacumab-dgnb, 5 mg
Empliciti	Elotuzumab, 1 mg	Evomela	Melphalan (Evomela), 1 mg
Engerix-B	Pediatric/adolescent dosage, 3 dose schedule, for intramuscular use	Exondys 51	Eteplirsen, 10 mg
Engerix-B	Adult dosage, 3 dose schedule, for intramuscular use	Eylea	Aflibercept, 1 mg
Engerix-B	Dialysis or immunosuppressed patient dosage, 4 dose schedule, for intramuscular use	Eylea HD	Aflibercept HD, 1 mg
Enhertu	Fam-trastuzumab deruxtecan-nxki, 1 mg	Fabrazyme	Agalsidase beta, 1 mg
Enjaymo	Sutimlimab-jome, 10 mg	Fasenra	Benralizumab, 1 mg
Entyvio	Vedolizumab, 1 mg	Faslodex	Fulvestrant, 25 mg
Envarsus XR	Extended release, (Envarsus XR), oral, 0.25 mg	Faslodex, generic (Fresenius Kabi)	Fulvestrant (Fresenius Kabi) not therapeutically equivalent to J9395, 25 mg
epinephrine injection	Adrenalin, epinephrine, 0.1 mg	Faslodex, generic (Teva)	Fulvestrant (Teva) not therapeutically equivalent to J9395, 25 mg
epinephrine, generic (Belcher)	Epinephrine (Belcher) not therapeutically equivalent to J0171, 0.1 mg	Feiba NF	Antiinhibitor, per IU
epirubicin	Epirubicin HCl, 2 mg	Fensolvi	Leuprolide acetate for depot suspension (Fensolvi), 0.25 mg
Epkinly	Pemetrexed (Sandoz) not therapeutically equivalent to J9305, 10 mg	fentanyl citrate	Fentanyl citrate, 0.1 mg
Epogen, Procrit (for ESRD on dialysis)	Epoetin alfa, 100 units (for ESRD on dialysis)	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 injection, 12.5 mg

Drug name	Generic name	Drug name	Generic name
Fetroja, 10mg	Cefiderocol, 10 mg	Fusilev	Levoleucovorin, not otherwise specified, 0.5 mg
Fibryga	Human fibrinogen concentrate (Fibryga), 1 mg	Fyarro	Sirolimus protein-bound particles, 1 mg
Firmagon	Degarelix, 1 mg	Fylnetra	Pegfilgrastim-pbbk (Fylnetra), biosimilar, 0.5 mg
Flebogamma DIF	Immune globulin, (Flebogamma/Flebogamma Dif), intravenous, nonlyophilized (e.g., liquid), 500 mg	Gablofen	Baclofen, 10 mg
flouxuridine	Flouxuridine, 500 mg	Gablofen trial dose	Baclofen, 50 mcg for intrathecal trial
Fluad	Inactivated (IIV), subunit, adjuvanted, for intramuscular use	Gamastan	Gamma globulin, intramuscular, over 10 cc
Fluad Quad	Quadrivalent (aIIV4), inactivated, adjuvanted, preservative free, 0.5 mL dosage, for intramuscular use	Gamastan 1 cc	Gamma globulin, intramuscular, 1 cc
Fluarix Quadrivalent	Quadrivalent (IIV4), split virus, preservative free, 0.5 mL dosage, for intramuscular use	Gamifant	Emapalumab-lzsg, 1 mg
Flublok Quad	Quadrivalent (RIV4), derived from recombinant DNA, hemagglutinin (HA) protein only, preservative and antibiotic free, for intramuscular use	Gammagard	Immune globulin, intravenous, lyophilized (e.g., powder), not otherwise specified, 500 mg
Flucelvax	Quadrivalent (ccIIV4), derived from cell cultures, subunit, preservative and antibiotic free, 0.5 mL dosage, for intramuscular use	Gammagard Liquid	Immune globulin, (Gammagard liquid), nonlyophilized, (e.g., liquid), 500 mg
Flucelvax Quad	Quadrivalent (ccIIV4), derived from cell cultures, subunit, antibiotic free, 0.5mL dosage, for intramuscular use	Gammaplex	Immune globulin, (Gammoplex), intravenous, nonlyophilized (e.g., liquid), 500 mg
fluconazole injection	Fluconazole, 200 mg	Gamunex-C, Gammaked	Immune globulin, (Gamunex/Gamunex-C/Gammaked), nonlyophilized (e.g., liquid), 500 mg
fludarabine	Fludarabine phosphate, 50 mg	Ganciclovir injection	Ganciclovir sodium, 500 mg
Flumist	Quadrivalent, live (LAIV4), for intranasal use	ganciclovir, generic (Exela)	Ganciclovir sodium (Exela) not therapeutically equivalent to J1570, 500 mg
fluphenazine decanoate injection	Fluphenazine decanoate, up to 25 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 us
fluphenazine Injection	Fluphenazine HCl, 1.25 mg	Gazyva	Obinutuzumab, 10 mg
Fluzone High-Dose	Split virus, preservative free, enhanced immunogenicity via increased antigen content, for intramuscular use	Gel-One	Hyaluronan or derivative, Gel-One, for intra-articular injection, per dose
Fluzone Quad	Quadrivalent (IIV4), split virus, 0.25 mL dosage, for intramuscular use	Gelsyn-3	Hyaluronan or derivative, GELSYN-3, for intra-articular injection, 0.1 mg
Fluzone Quad	Quadrivalent (IIV4), split virus, 0.5 mL dosage, for intramuscular use	gemcitabine	Gemcitabine HCl, not otherwise specified, 200 mg
Focinvez	Fosaprepitant (Focinvez), 1 mg	gemcitabine, generic (Accord)	Gemcitabine hydrochloride (Accord), not therapeutically equivalent to J9201, 200 mg
Folotyn	Pralatrexate, 1 mg	gentamicin injection	Garamycin, gentamicin, up to 80 mg
fomepizole injection	Fomepizole, 15 mg	GenVisc 850	GenVisc 850, for intra-articular injection, 1 mg
Foscavir	Foscarnet sodium, per 1,000 mg	Geodon injection	Ziprasidone mesylate, 10 mg
Fulphila	Pegfilgrastim-jmdb (Fulphila), biosimilar, 0.5 mg	Givlaari	Givosiran, 0.5 mg
furosemide injection	Eurosemide, up to 20 mg		

Drug name	Generic name	Drug name	Generic name
Glassia	Alpha 1 proteinase inhibitor (human), (GLASSIA), 10 mg	Hexatrione	Triamcinolone hexacetonide, per 5 mg
glucagon	Glucagon HCl, per 1 mg	Hizentra	Immune globulin (Hizentra), 100 mg
glucagon, generic (Fresenius Kabi)	Glucagon HCl (Fresenius Kabi), not therapeutically equivalent to J1610, per 1 mg	Humate-P	Von Willebrand factor complex (Humate-P), per IU VWF:RCO
glycopyrrolate Injection	Glycopyrrolate, 0.1 mg	Hyalgan, Supartz, Visco-3	Hyalgan, Supartz or Visco-3, for intra-articular injection, per dose
glycopyrrolate, generic (Fresenius Kab)	Glycopyrrolate (Fresenius Kabi), not therapeutically equivalent to J1596, 0.1 mg	Hycamtin	Topotecan, 0.1 mg
Glyrx-PF	Glycopyrrolate (Glyrx-PF), 0.1 mg	hydralazine HCL	Hydralazine HCl, up to 20 mg
gransetron injection	Granisetron HCl, 100 mcg	hydromorphone injection	Hydromorphone, up to 4 mg
Granix	Tbo-filgrastim, 1 mcg	hydroxocobalamin	Hydroxocobalamin, IV, 25 mg
Halaven	Eribulin mesylate, 0.1 mg	hydroxocobalamin	Hydroxocobalamin, 10 mcg
haloperidol decanoate injection	Haloperidol decanoate, per 50 mg	hydroxyzine HCL	Hydroxyzine HCl, up to 25 mg
haloperidol lactate injection	Haloperidol, up to 5 mg	Hylenex	Hyaluronidase, recombinant, 1 USP unit
Havrix	Hepatitis A vaccine (Hep A), adult dosage, for intramuscular use	Hymovis	Hymovis, for intra-articular injection, 1 mg
Havrix	Hepatitis A vaccine (Hep A), pediatric/adolescent dosage - 2-dose schedule, for intramuscular use	Hyperhep B or Nabi-HB	Human, for intramuscular use
Hectorol	Doxercalciferol, 1 mcg	HyperRAB	Human, for intramuscular and/or subcutaneous use
Hemgenix	Etranacogene dezaparvovec-drlb, per therapeutic dose	HyperRho S/D	Human, mini-dose, for intramuscular use
Hemlibra	Emicizumab-kxwh, 0.5 mg	HyperRho S/D	Rho D immune globulin, human, minidose, 50 mcg (250 IU)
Hemofil M	Human) per IU	HyperRho S/D	Rho D immune globulin, human, full dose, 300 mcg (1500 IU)
Hepagam B	Hepatitis B immune globulin (Hepagam B), intramuscular, 0.5 ml	HyperTET	Tetanus immune globulin (TIG), human, for intramuscular use
Hepagam B	Hepatitis B immune globulin (Hepagam B), intravenous, 0.5 ml	HyperTET S/D	Tetanus immune globulin, human, up to 250 units
heparin injection	Heparin sodium, per 1000 units	hypertonic saline	Hypertonic saline solution, 1 ml
heparin lock flush	Heparin sodium, (heparin lock flush), per 10 units	HyQvia	Immune globulin/hyaluronidase, 100 mg immunoglobulin
heparin, generic (Pfizer)	Heparin sodium (Pfizer), not therapeutically equivalent to J1644, per 1000 units	idarubicin	Idarubicin HCl, 5 mg
Heplisav-B	CpG-adjuvanted, adult dosage, 2 dose or 4 dose schedule, for intramuscular use	Idelvion	Factor IX, albumin fusion protein, (recombinant), Idelvion, 1 IU
Hepzato	Melphalan (Hepzato), 1 mg	iDose TR	Travoprost, intracameral implant, 1 mcg
Herceptin	Trastuzumab, excludes biosimilar, 10 mg	ifosfamide	Ifosfamide, 1 g
Herceptin Hylecta	Trastuzumab, 10 mg and hyaluronidase-oysk	Igalmi	Dexmedetomidine, oral, 1 mcg
Herzuma	Trastuzumab-pkrb, biosimilar, (Herzuma), 10 mg	Iheezo	Chloroprocaine HCl ophthalmic, 3% gel, 1 mg
		Ilaris	Canakinumab, 1 mg
		Ilumya	Tildrakizumab, 1 mg
		Iluvien	Fluocinolone acetonide, intravitreal implant (Iluvien), 0.01 mg

Drug name	Generic name	Drug name	Generic name
Imfinzi	Durvalumab, 10 mg	Jivi	Factor VIII, (antihemophilic factor, recombinant), PEGylated-aucL, (Jivi), 1 IU
Imjudo	Tremelimumab-actl, 1 mg	Jynneos	Attenuated vaccinia virus, live, non-replicating, preservative free, 0.5 mL dosage, suspension, for subcutaneous use
Imlytic	Talimogene laherparepvec, per 1 million plaque forming units	Kadcyla	Ado-trastuzumab emtansine, 1 mg
Immaphentiv	Phenylephrine hydrochloride (Immaphentiv), 20 mcg	Kalbitor	Ecallantide, 1 mg
Immune globulin (Ig)	Immune globulin (Ig), human, for intramuscular use	Kanjinti	Trastuzumab-anns, biosimilar, (Kanjinti), 10 mg
Immune globulin (IgIV)	Immune globulin (IgIV), human, for intravenous use	Kanuma	Sebelipase alfa, 1 mg
Immune globulin (SC Ig)	Immune globulin (SC Ig), human, for use in subcutaneous infusions, 100 mg, each	Kcentra	Kcentra, per IU of Factor IX activity
Imogam Rabies-HT	Rabies immune globulin, heat-treated (RIg-HT), human, for intramuscular and/or subcutaneous use	Kedrab	Heat- and solvent/detergent-treated (RIg-HT S/D), human, for intramuscular and/or subcutaneous use
INFeD	Iron dextran, 50 mg	Kenalog	Triamcinolone acetonide, not otherwise specified, 10 mg
Inflectra	Infliximab-dyyb, biosimilar, (Inflectra), 10 mg	Kepivance	Palifermin, 50 mcg
Infugem	Gemcitabine HCl, (Infugem), 100 mg	ketorolac injection	Ketorolac tromethamine, per 15 mg
Injectafer	Ferric carboxymaltose, 1 mg	Keytruda	Pembrolizumab, 1 mg
Invanz	Ertapenem sodium, 500 mg	Khapzory	Levoleucovorin (Khapzory), 0.5 mg
Invega Hafyera/ Invega Trinza	Paliperidone palmitate extended release (Invega Hafyera or Invega Trinza), 1 mg	Kimmtrak	Tebentafusp-tebn, 1 mcg
Invega Sustenna	Paliperidone palmitate extended release, 1 mg	Kimyrsa	Oritavancin (Kimyrsa), 10 mg
IPOL	Inactivated, (IPV), for subcutaneous or intramuscular use	Kinevac	Sincalide, 5 mcg
ipratropium nebulizer solution	Inhalation solution, FDA-approved final product, noncompounded, administered through DME, unit dose form, per mg	Kinrix	Tetanus toxoids, acellular pertussis vaccine and inactivated poliovirus vaccine, (DTaP-IPV), when administered to children 4 years through 6 years of age, for intramuscular
irinotecan HCL	Irinotecan, 20 mg	Korsuva	Difelikefalin, 0.1 mcg, (for ESRD on dialysis)
Ixchiq	Chikungunya virus vaccine, live attenuated, for intramuscular use	Kovaltry	Factor VIII, (antihemophilic factor, recombinant), (Kovaltry), 1 IU
Ixempra	Ixabepilone, 1 mg	Krystexxa	Pegloticase, 1 mg
Ixiaro	Japanese encephalitis virus vaccine, inactivated, for intramuscular use	Kybella	Deoxycholic acid, 1 mg
Ixinity	Coagulation factor IX (recombinant), Ixinity, 1 IU	Kyleena	Levonorgestrel-releasing intrauterine contraceptive system, (Kyleena), 19.5 mg
Izervay	Avacincaptad pegol, 0.1 mg	Kymriah	Tisagenlecleucel, up to 600 million CAR-positive viable T cells, including leukapheresis and dose preparation procedures, per therapeutic dose
Jemperli	Dostarlimab-gxly, 10 mg	Kyprolis	Carfilzomib, 1 mg
Jesduvroc	Oral, 1 mg, (for ESRD on dialysis)	labetalol	Labetalol HCl, 5 mg
Jevtana	Cabazitaxel, 1 mg	labetalol, generic (Hikma)	Labetalol HCl (Hikma) not therapeutically equivalent to J1820, 5 mg

Drug name	Generic name	Drug name	Generic name
lactated ringers infusion	Ringers lactate infusion, up to 1,000 cc	Lupron Depot-Ped	Leuprolide acetate (for depot suspension), per 3.75 mg
Lamzedé	Velmanase alfa-tycv, 1 mg	Lurbinectedin	Lurbinectedin, 0.1 mg
Ianreotide (cipla)	Lanreotide, (Cipla), 1 mg	Lutrate	Leuprolide acetate for depot suspension (Cipla), 7.5 mg
Lartruvo	Olaratumab, 10 mg	Luxturna	Voretigene neparvovec-rzyl, 1 billion vector genomes
Lemtrada	Alemtuzumab, 1 mg	Lyfgenia	Lovotibeglogene autotemcel, per treatment
Leqembi	Lecanemab-irmb, 1 mg	MACI	Autologous cultured chondrocytes, implant
Leqvio	Inclisiran, 1 mg	magnesium sulfate injection	Magnesium sulfate, per 500 mg
leucovorin calcium	Leucovorin calcium, per 50 mg	mannitol injection	Mannitol, 25% in 50 ml
Leukine	Sargramostim (GM-CSF), 50 mcg	Margenza	Margetuximab-cmkb, 5 mg
leuprolide acetate	Leuprolide acetate, per 1 mg	Mavenclad	Cladribine, per 1 mg
levetiracetam injection	Levetiracetam, 10 mg	melphalan flufenamide	Melphalan flufenamide, 1 mg
Levofloxacin injection	Levofloxacin, 250 mg	Melphalan HCL	Melphalan HCl, not otherwise specified, 50 mg
levothyroxine injection	Levothyroxine sodium, not otherwise specified, 10 mcg	melphalan, generic (Apotex)	Melphalan (Apotex), 1 mg
levothyroxine injection, generic (Fresenius Kabi)	Levothyroxine sodium (Fresenius Kabi) not therapeutically equivalent to J0650, 10 mcg	Menactra	Serogroups A, C, W, Y, quadrivalent, diphtheria toxoid carrier (MenACWY-D) or CRM197 carrier (MenACWY-CRM), for intramuscular use
levothyroxine injection, generic (Hikma)	Levothyroxine sodium (Hikma) not therapeutically equivalent to J0650, 10 mcg	MenQuadfi	Serogroups A, C, W, Y, quadrivalent, tetanus toxoid carrier (MenACWY-TT), for intramuscular use
Levsin injection	Hyoscyamine sulfate, up to 0.25 mg	Mepsevii	Vestronidase alfa-vjbk, 1 mg
Levulan	Aminolevulinic acid HCl for topical administration, 20%, single unit dosage form (354 mg)	meropenem	Meropenem, 100 mg
Lexiscan	Regadenoson, 0.1 mg	meropenem, generic (B. Braun)	Meropenem (B. Braun) not therapeutically equivalent to J2185, 100 mg
Libtayo	Cemiplimab-rwlc, 1 mg	Mesna	Mesna, 200 mg
Lidocaine injection	Lidocaine HCl for intravenous infusion, 10 mg	Methadone	Methadone HCl, up to 10 mg (injection)/methadone con 10mg/ml (solution)
Liletta	Levonorgestrel-releasing intrauterine contraceptive system (Liletta), 52 mg	methotrexate	Methotrexate sodium, 50 mg
Lincocin	Lincomycin HCl, up to 300 mg	methotrexate, generic (Accord)	Methotrexate (Accord), not therapeutically equivalent to J9250 and J9260, 50 mg
linezolid, generic (Pfizer)	Linezolid (Hospira) not therapeutically equivalent to J2020, 200 mg	methylergonovine maleate	Methylergonovine maleate, up to 0.2 mg
LMD in D5W infusion	Dextran 40, 500 ml	metoclopramide injection	Metoclopramide HCl, up to 10 mg
Loqtorzi	Toripalimab-tpzi, 1 mg	metronidazole injection	Metronidazole, 10 mg
lorazepam injection	Lorazepam, 2 mg	micafungin injection	Micafungin sodium, 1 mg
Lucentis	Ranibizumab, 0.1 mg		
Lumizyme	Alglucosidase alfa, (Lumizyme), 10 mg		
Lumoxiti	Moxetumomab pasudotox-tdfk, 0.01 mg		
Lunsumio	Mosunetuzumab-axgb, 1 mg		
Lupron Depot, Eligard	Leuprolide acetate (for depot suspension), 7.5 mg		

Drug name	Generic name	Drug name	Generic name
micafungin, generic (Baxter)	Micafungin in sodium (baxter), not therapeutically equivalent to J2248, 1 mg	Mycophenolate Mofetil	Mycophenolate mofetil, 10 mg
micafungin, generic (Par pharmaceutical)	Micafungin sodium (Par Pharm) not therapeutically equivalent to J2248, 1 mg	Mylotarg	Gemtuzumab ozogamicin, 0.1 mg
midazolam injection	Midazolam HCl, per 1 mg	Myobloc	RimabotulinumtoxinB, 100 units
midazolam, generic (WG Critical Care)	Midazolam HCl (WG Critical Care) not therapeutically equivalent to J2250, per 1 mg	Naglazyme	Galsulfase, 1 mg
milrinone injection	Milrinone lactate, 5 mg	nalbuphine injection	Nalbuphine HCl, per 10 mg
minocycline injection	Minocycline HCl, 1 mg	naloxone injection	Naloxone HCl, per 1 mg
Mircera (for ESRD on dialysis)	Epoetin beta, 1 mcg, (for ESRD on dialysis)	Naropin	Ropivacaine HCl, 1 mg
Mircera (for non-ESRD)	Epoetin beta, 1 mcg, (for non-ESRD use)	nelarabine	Nelarabine, 50 mg
Mirena	Levonorgestrel-releasing intrauterine contraceptive system (Mirena), 52 mg	Nembutal	Pentobarbital sodium, per 50 mg
mitomycin	Mitomycin, 5 mg	neostigmine injection	Neostigmine methylsulfate, up to 0.5 mg
mitomycin pyelocalyceal instillation	Mitomycin pyelocalyceal instillation, 1 mg	Neulasta	Pegfilgrastim, excludes biosimilar, 0.5 mg
Mitosol	Ophthalmic, 0.2 mg	Neupogen	Filgrastim (G-CSF), excludes biosimilars, 1 mcg
mitoxantrone	Mitoxantrone HCl, per 5 mg	Nexplanon	Including implant and supplies
Moderna COVID-19 vaccine	MRNALNP, 25 mcg/0.25 mL dosage, for intramuscular use	Nexterone	Amiodarone HCl (Nexterone), 30 mg
Moderna COVID-19 vaccine	MRNALNP, 50 mcg/0.5 mL dosage, for intramuscular use	Nexviazyme	Avalglucosidase alfa-ngpt, 4 mg
Monjuvi	Tafasitamab-cxix, 2 mg	nicardipine Injection	Nicardipine, 0.1 mg
Monoferric	Ferric derisomaltose, 10 mg	Nithiodote	Sodium nitrite 3 mg and sodium thiosulfate 125 mg (Nithiodote)
Monovisc	Monovisc, for intra-articular injection, per dose	nitroglycerin	Nitroglycerin, 5 mg
morphine injection	Morphine sulfate, up to 10 mg	Nivestym	Filgrastim-aafi, biosimilar, (Nivestym), 1 mcg
morphine preservative-free injection	Morphine sulfate, preservative free for epidural or intrathecal use, 10 mg	normal saline infusion	Normal saline solution, 1,000 cc
morphine, generic (Fresenius Kabi)	Morphine sulfate (Fresenius Kabi) not therapeutically equivalent to J2270, up to 10 mg	normal saline infusion	Normal saline solution, sterile (500 ml=1 unit)
moxifloxacin injection	Moxifloxacin, 100 mg	normal saline infusion	Normal saline solution, 250 cc
moxifloxacin, generic (Fresenius Kabi)	Moxifloxacin (Fresenius Kabi) not therapeutically equivalent to J2280, 100 mg	Novavax COVID-19 vaccine	Recombinant spike protein nanoparticle, saponin-based adjuvant, preservative free, 5 mcg/0.5mL dosage, for intramuscular use
Mozobil	Plerixafor, 1 mg	Novoeight	Factor VIII, (antihemophilic factor, recombinant), (NovoEight), per IU
Muse	Alprostadil	NovoSeven RT	Recombinant, (NovoSeven RT), 1 mcg
Mvasi	Bevacizumab-awwb, biosimilar, (Mvasi), 10 mg	Nplate	Romiplostim, 10 mcg
Mycophenolate (IV)	Immunosuppressive drug, not otherwise classified	Nucala	Mepolizumab, 1 mg
		Nulojix	Belatacept, 1 mg
		Nuwiq	Factor VIII, (antihemophilic factor, recombinant), (Nuwiq), 1 IU
		Nuzyra	Omadacycline, 1 mg
		Nyvepria	Pegfilgrastim-apgf (Nyvepria), biosimilar, 0.5 mg

Drug name	Generic name	Drug name	Generic name
Obizur	Factor VIII (antihemophilic factor, recombinant) (Obizur), per IU	paclitaxel protein-bound particles, generic (American Regent)	Paclitaxel protein-bound particles (American Regent) not therapeutically equivalent to J9264, 1 mg
Ocrevus	Ocrelizumab, 1 mg	paclitaxel protein-bound particles, generic (Teva)	Paclitaxel protein-bound particles (Teva), not therapeutically equivalent to J9264, 1 mg
Octagam	Immune globulin, (Octagam), intravenous, nonlyophilized (e.g., liquid), 500 mg	Padcev	Enfortumab vedotin-ejfv, 0.25 mg
Ofirmev	Acetaminophen, not otherwise specified, 10 mg	palonestron, generic (Avyxa)	Palonosetron hydrochloride (avyxa), not therapeutically equivalent to J2469, 25 mcg
Ofirmev, generic (B.Braun)	Acetaminophen (B. Braun) not therapeutically equivalent to J0131, 10 mg	pamidronate injection	Pamidronate disodium, per 30 mg
Ofirmev, generic (Fresenius Kabi)	Acetaminophen (Fresenius Kabi) not therapeutically equivalent to J0131, 10 mg	Panhematin	Hemin, 1 mg
Ogivri	Trastuzumab-dkst, biosimilar, (Ogivri), 10 mg	pantoprazole	Pantoprazole sodium, 40 mg
Olanzapine	Olanzapine, 0.5 mg	pantoprazole, generic (Hikma)	Pantoprazole (Hikma), not therapeutically equivalent to J2470, 40 mg
omacetaxine	Omacetaxine mepesuccinate, 0.01 mg	Panzyga	Immune globulin (Panzyga), intravenous, non-lyophilized (e.g., liquid), 500 mg
Omidria	Phenylephrine 10.16 mg/ml and ketorolac 2.88 mg/ml ophthalmic irrigation solution, 1 ml	papaverine injection	Papaverine HCl, up to 60 mg
Omvoh	Mirikizumab-mrkz, 1 mg	Paragard	Copper contraceptive
Oncaspar	Pegaspargase, per single dose vial	Parsabiv	Etelcalcetide, 0.1 mg
ondansetron injection	Ondansetron HCl, per 1 mg	Pediарx	Tetanus toxoids, acellular pertussis vaccine, hepatitis B, and inactivated poliovirus vaccine,-(DTaP-HepB-IPV) for intramuscular use
Onivyde	Irinotecan liposome, 1 mg	Pedmark	Sodium thiosulfate, 100 mg
Onpattro	Patisiran, 0.1 mg	PedvaxHIB	PRP-OMP conjugate, 3-dose schedule, for intramuscular use
Ontruzant	Trastuzumab-dttb, biosimilar, (Ontruzant), 10 mg	Pegintron	Interferon, alfa-2b, recombinant, 1 million units
Opdivo	Nivolumab, 1 mg	pemetrexed ditromethamine	Pemetrexed (Hospira) not therapeutically equivalent to J9305, 10 mg
Opdualag	Nivolumab and relatlimab-rmbw, 3 mg/1 mg	pemetrexed, generic (Accord)	Pemetrexed (Accord), not therapeutically equivalent to J9305, 10 mg
Orbactiv	Oritavancin (Orbactiv), 10 mg	pemetrexed, generic (BluePoint)	Pemetrexed (BluePoint) not therapeutically equivalent to J9305, 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)	pemetrexed, generic (Hospira)	Pemetrexed (Hospira), not therapeutically equivalent to J9305, 10 mg
orphenadrine injection	Orphenadrine citrate, up to 60 mg	pemetrexed, generic (Sandoz)	Pemetrexed (Sandoz), not therapeutically equivalent to J9305, 10 mg
Orthovisc	Orthovisc, for intra-articular injection, per dose	pemetrexed, generic (Teva)	Pemetrexed (Teva) not therapeutically equivalent to J9305, 10 mg
Otiprio	Ciprofloxacin otic suspension, 6 mg	Pemfexy	Pemetrexed (Pemfexy), 10 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		

Drug name	Generic name	Drug name	Generic name
Pemrydi RTU	Pemetrexed (Pemrydi RTU), 10 mg	PreHevbio	3-antigen (S, Pre-S1, Pre-S2), 10 mcg dosage, 3 dose schedule, for intramuscular use
Penbraya	Conjugated Men A, C, W, Y- tetanus toxoid carrier, and Men B-FHbp, for intramuscular use	Premarin injection	Estrogen conjugated, per 25 mg
penicillin G procaine	Penicillin G procaine, aqueous, up to 600,000 units	Prevnar 13	13 valent (PCV13), for intramuscular use
Pentacel	Tetanus toxoids, acellular pertussis vaccine, Haemophilus influenzae type b, and inactivated poliovirus vaccine, (DTaP-IPV / Hib), for intramuscular use	Prevnar 20	20 valent (PCV20), for intramuscular use
pentamidine Inhalation	Inhalation solution, FDA-approved final product, noncompounded, administered through DME, unit dose form, per 300 mg	Prialt	Ziconotide, 1 mcg
pentostatin	Pentostatin, 10 mg	Primaxin	Cilastatin sodium; imipenem, per 250 mg
Perjeta	Pertuzumab, 1 mg	Priorix	Mumps and rubella virus vaccine (MMR), live, for subcutaneous use
Perseris	Risperidone, (Perseris), 0.5 mg	Privigen	Immune globulin (Privigen), intravenous, nonlyophilized (e.g., liquid), 500 mg
Pfizer-BioNTech COVID-19 vaccine	MRNALNP, spike protein, 3 mcg/0.3 mL dosage, tris-sucrose formulation, for intramuscular use	Probuphine	Buprenorphine implant
Pfizer-BioNTech COVID-19 vaccine	MRNALNP, spike protein, 10 mcg/0.3 mL dosage, tris-sucrose formulation, for intramuscular use	procainamide injection	Procainamide HCl, up to 1 g
Pfizerpen	Penicillin G potassium, up to 600,000 units	prochlorperazine injection	Prochlorperazine, up to 10 mg
phentolamine injection	Phentolamine mesylate, up to 5 mg	progesterone oil injection	Progesterone, per 50 mg
phenylephrine	Phenylephrine HCl, 20 mcg	Proleukin	Aldesleukin, per single use vial
Phenytoin injection	Phenytoin sodium, per 50 mg	Prolia, Xgeva	Denosumab, 1 mg
Phesgo	Pertuzumab, trastuzumab, and hyaluronidase-zzxf, per 10 mg	promethazine injection	Promethazine HCl, up to 50 mg
phobarbital injection	Phenobarbital sodium, up to 120 mg	propranolol injection	Propranolol HCl, up to 1 mg
Photofrin	Porfimer sodium, 75 mg	ProQuad	Mumps, rubella, and varicella vaccine (MMRV), live, for subcutaneous use
Photrex - Photrex Viscous	Ophthalmic solution, up to 3 ml	protamine injection	Protamine sulfate, per 10 mg
phytonadione injection	Phytonadione (vitamin K), per 1 mg	Protopam	Pralidoxime chloride, up to 1 g
Pneumovax 23	23-valent (PPSV23), adult or immunosuppressed patient dosage, when administered to individuals 2 years or older, for subcutaneous or intramuscular use	Provenge	Minimum of 50 million autologous CD54+ cells activated with PAP-GM-CSF, including leukapheresis and all other preparatory procedures, per infusion
Polivy	Polatuzumab vedotin-piiq, 1 mg	Provocholine	Methacholine chloride administered as inhalation solution through a nebulizer, per 1 mg
Pombiliti	Cipaglucosidase alfa-atga, 5 mg	Pulmicort Respules	Inhalation solution, FDA-approved final product, noncompounded, administered through DME, unit dose form, up to 0.5 mg
Portrazza	Necitumumab, 1 mg	Pulmicort Respules	Inhalation solution, compounded product, administered through DME, unit dose form, up to 0.5 mg
potassium chloride injection	Potassium chloride, per 2 mEq	pyridoxine injection	Pyridoxine HCl, 100 mg
Poteligeo	Mogamulizumab-kpkc, 1 mg	Qalsody	Tofersen, 1 mg
		Quenza	Capsaicin 8% patch, per sq cm

Drug name	Generic name	Drug name	Generic name
Quzyttir	Cetirizine HCl, 0.5 mg	Rituxan Hycela	Rituximab 10 mg and hyaluronidase
Rabavert	Rabies vaccine, for intramuscular use	Rixubis	Factor IX, (antihemophilic factor, recombinant), Rixubis, per IU
Radicava	Edaravone, 1 mg	Robaxin	Methocarbamol, up to 10 ml
Rapivab	Peramivir, 1 mg	Roctavian	Valoctocogene roxaparvovec-rvox, per ml, containing nominal 2 x 10 ¹³ vector genomes
Rebinyn	Injection Factor IX, (antihemophilic factor, recombinant), glycoPEGylated, (Rebinyn), 1 IU	Rolvedon	Eflapegrastim-xnst, 0.1 mg
Reblozyl	Luspatercept-aamt, 0.25 mg	romidepsin, lyophilized	Romidepsin, lyophilized, 0.1 mg
Rebyota	Live - jslm, 1 ml	romidepsin, nonlyophilized	Romidepsin, nonlyophilized, 0.1 mg
Recarbrio	Imipenem 4 mg, cilastatin 4 mg and relebactam 2 mg	Rotarix	Human, attenuated (RV1), 2 dose schedule, live, for oral use
Reclast	Zoledronic acid, 1 mg	Rotateq	Pentavalent (RV5), 3 dose schedule, live, for oral use
Recombivax HB	Dialysis or immunosuppressed patient dosage, 3 dose schedule, for intramuscular use	RSV Vaccine	mRNA lipid nanoparticles, for intramuscular use
Recombivax HB	Adolescent, 2 dose schedule, for intramuscular use	Ruconest	C1 esterase inhibitor (recombinant), Ruconest, 10 units
Releuko	Filgrastim-ayow, biosimilar, (Releuko), 1 mcg	Ruxience	Rituximab-pvvr, biosimilar, (RUXIENCE), 10 mg
Remicade	Infliximab, excludes biosimilar, 10 mg	Rybrevant	Amivantamab-vmjw, 2 mg
Remodulin	Treprostinil, 1 mg	Rykindo	Risperidone (Rykindo), 0.5 mg
Renacidin	For example renacidin, per 500 ml	Rylaze	Asparaginase, recombinant, (Rylaze), 0.1 mg
Renflexis	Infliximab-abda, biosimilar, (Renflexis), 10 mg	Ryplazim	Plasminogen, human-tvmh, 1 mg
Retacrit (for ESRD on dialysis)	Epoetin alfa-epbx, biosimilar, (Retacrit) (for ESRD on dialysis), 100 units	Rystiggo	Rozanolixizumab-noli, 1 mg
Retacrit (for Non-ESRD)	Epoetin alfa-epbx, biosimilar, (Retacrit) (for non-ESRD use), 1000 units	Ryzneuta	Efbemalenograstim alfa-vuxw, 0.5 mg
Reteplase	Reteplase, 18.1 mg	Sandimmune	Parenteral, 250 mg
Retisert	Fluocinolone acetonide, intravitreal implant (Retisert), 0.01 mg	Sandostatin LAR	Octreotide, depot form for intramuscular injection, 1 mg
Retrovir injection	Zidovudine, 10 mg	Saphnelo	Anifrolumab-fnia, 1 mg
Rezzayo	Rezafungin, 1 mg	Sarclisa	Isatuximab-irfc, 10 mg
Rhophylac	Rho D immune globulin (human), (Rhophylac), intramuscular or intravenous, 100 IU	Scenesse	Afamelanotide implant
Riabni	Rituximab-arrx, biosimilar, (Riabni), 10 mg	Sevenfact	Recombinant)-jncw (Sevenfact), 1 mcg
RiaSTAP	Human fibrinogen concentrate, not otherwise specified, 1 mg	Sezaby	Phenobarbital sodium (Sezaby), 1 mg
RIMSO-50	DMSO, dimethyl sulfoxide, 50%, 50 ml	Shingrix	(HZV), recombinant, subunit, adjuvanted, for intramuscular injection
Risperdal Consta	Risperidone (RISPERDAL CONSTA), 0.5 mg	Signifor LAR	Pasireotide long acting, 1 mg
Rituxan	Rituximab, 10 mg	Simponi Aria	Golimumab, 1 mg, for intravenous use
		Simulect	Basiliximab, 20 mg

Drug name	Generic name	Drug name	Generic name
Sincalide, generic (MAIA)	Sincalide (MAIA) not therapeutically equivalent to J2805, 5 mcg	Synvisc One	Synvisc or Synvisc-One, for intra-articular injection, 1 mg
Sinuva	(Sinuva), 10 mcg	Tacrolimus (IV)	Parenteral, 5 mg
Sivextro	Tedizolid phosphate, 1 mg	Talvey	Talquetamab-tgvs, 0.25 mg
Skyla	Levonorgestrel-releasing intrauterine contraceptive system (Skyla), 13.5 mg	Tazicef	Ceftazidime, per 500 mg
Skyrizi IV	Risankizumab-rzaa, intravenous, 1 mg	Tecartus	Brexucabtagene autoleucel, up to 200 million autologous anti-CD19 CAR positive viable T cells,
sodium thiosulfate, generic (Hope)	Sodium thiosulfate (Hope), 100 mg	Tecentriq	Atezolizumab, 10 mg
Solesta	Dextranomer/hyaluronic acid copolymer implant, anal canal, 1 ml, includes shipping and necessary supplies	Tecvayli	Teclistamab-cqyv, 0.5 mg
Soliris	Eculizumab, 10 mg	Teflaro	Ceftaroline fosamil, 10 mg
Solu-Cortef	Hydrocortisone sodium succinate, up to 100 mg	Temodar	Temozolomide, 1 mg
Solu-Medrol	Methylprednisolone sodium succinate, 5 mg	Teniposide	Teniposide, 50 mg
Somatuline Depot	Lanreotide, 1 mg	Tenivac	Preservative free, when administered to individuals 7 years or older, for intramuscular use
Spevigo	Spesolimab-sbzo, 1 mg	Tepezza	Teprotumumab-trbw, 10 mg
Spinraza	Nusinersen, 0.1 mg	terbutaline sulfate	Terbutaline sulfate, up to 1 mg
Spravato	Nasal spray, 1 mg	Testopel	Testosterone pellet, 75 mg
Stelara	For intravenous injection, 1 mg	testosterone enanthate	Testosterone enanthate, 1 mg
Stimufend	Pegfilgrastim-fpgk (Stimufend), biosimilar, 0.5 mg	Tezspire	Tezepelumab-ekko, 1 mg
Streptomycin	Streptomycin, up to 1 g	thiamine injection	Thiamine HCl, 100 mg
Sublocade	Buprenorphine extended-release (Sublocade), less than or equal to 100 mg	Thiotepa	Thiotepa, 15 mg
Sublocade	Buprenorphine extended-release (Sublocade), greater than 100 mg	Thrombate III	Antithrombin III (human), per IU
Sulenca	Lenacapavir, 1 mg	Thymoglobulin	Antithymocyte globulin, rabbit, parenteral, 25 mg
Supprelin LA	Histrelin implant (Supprelin LA), 50 mg	Thyrogen	Thyrotropin alpha, 0.9 mg, provided in 1.1 mg vial
Sustol injection	Granisetron, extended-release, 0.1 mg	TICE BCG	Bacillus Calmette-Guerin vaccine (BCG) for bladder cancer, live, for intravesical use
Susvimo	Ranibizumab, via intravitreal implant (Susvimo), 0.1 mg	TICE BCG	BCG live intravesical instillation, 1 mg
Syfovre	Pegcetacoplan, intravitreal, 1 mg	Ticovac	Inactivated; 0.25 mL dosage, for intramuscular use
Sylvant	Siltuximab, 10 mg	Tigan	Trimethobenzamide HCl, up to 200 mg
Synagis	Monoclonal antibody, recombinant, for intramuscular use, 50 mg, each	tigecycline, generic (Accord)	Tigecycline (Accord) not therapeutically equivalent to J3243, 1 mg
Synercid	Quinupristin/dalfopristin, 500 mg (150/350)	Tivdak	Tisotumab vedotin-tftv, 1 mg
Synojoyst	SYNOJOYNT, for intra-articular injection, 1 mg	TNKase	Tenecteplase, 1 mg
		tobramycin sulfate	Tobramycin sulfate, up to 80 mg
		Tofidience	Tocilizumab-bavi (Tofidience), biosimilar, 1 mg
		Torisel	Tensirolimus, 1 mg

Drug name	Generic name	Drug name	Generic name
Totect	Dexrazoxane HCl, per 250 mg	Upilizna	Inebilizumab-cdon, 1 mg
Trazimera	Trastuzumab-qyyp, biosimilar, (Trazimera), 10 mg	Uzedy	Risperidone (Uzedy), 1 mg
Treanda	Bendamustine HCl (Treanda), 1 mg	Vabomere	Meropenem, vaborbactam, 10 mg/10 mg, (20 mg)
Trelstar	Triptorelin pamoate, 3.75 mg	Vabysmo	Faricimab-svoa, 0.1 mg
Tretten	Factor XIII A-subunit, (recombinant), per IU	Valstar	Valrubicin, intravesical, 200 mg
Triesence	Triamcinolone acetonide, preservative free, 1 mg	vancomycin injection	Vancomycin HCl, 500 mg
Triferic AVNU	Ferric pyrophosphate citrate solution (Triferic AVNU), 0.1 mg of iron	vancomycin, generic (Mylan)	Vancomycin HCl (Mylan) not therapeutically equivalent to J3370, 500 mg
Triferic Packet	Ferric pyrophosphate citrate powder, 0.1 mg of iron	vancomycin, generic (Xelia)	Vancomycin HCl (Xellia) not therapeutically equivalent to J3370, 500 mg
Triferic Solution	Ferric pyrophosphate citrate solution (Triferic), 0.1 mg of iron	Varivax	Live, for subcutaneous use
Triluron	Triluron, for intra-articular injection, 1 mg	Varizig	Human, for intramuscular use
Triptodur	Triptorelin, extended-release, 3.75 mg	vasopressin	Vasopressin, 1 unit
Trisenox	Arsenic trioxide, 1 mg	vasopressin, generic (American Regent)	Vasopressin (American Regent) not therapeutically equivalent to J2598, 1 unit
TriVisc	Trivisc, for intra-articular injection, 1 mg	Vaxchora	Live, adult dosage, 1 dose schedule, for oral use
Trodelvy	Sacituzumab govitecan-hziy, 2.5 mg	Vaxelis	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
Trogarzo	Ibalizumab-uiyk, 10 mg	Vaxnuevance	15 valent (PCV15), for intramuscular use
Trumenba	Serogroup B (MenB-FHbp), 2 or 3 dose schedule, for intramuscular use	Vectibix	Panitumumab, 10 mg
Truxima	Rituximab-abbs, biosimilar, (Truxima), 10 mg	Vegzelma	Bevacizumab-adcd (Vegzelma), biosimilar, 10 mg
Twinrix	Hepatitis A & Hepatitis B vaccine (HepA-HepB) adult dosage, for intramuscular use	Veklury	Remdesivir, 1 mg
Twirla	Hormone containing patch, each	Velcade	Bortezomib, 0.1 mg
Tygacil	Tigecycline, 1 mg	Venofer	Iron sucrose, 1 mg
Typhim Vi	Vi capsular polysaccharide (ViCPs), for intramuscular use	Veopoz	Pozelimab-bbfg, 1 mg
Tyruko	Natalizumab-sztn (Tyruko), biosimilar, 1 mg	Vibativ	Telavancin, 10 mg
Tysabri	Natalizumab, 1 mg	Vidaza	Azacitidine, 1 mg
Tzield	Teplizumab-mzwv, 5 mcg	Viltepso	Viltolarsen, 10 mg
Udenyca	Pegfilgrastim-cbqv (Udenyca), biosimilar, 0.5 mg	Vimizim	Elosulfase alfa, 1 mg
Ultomiris	Ravulizumab-cwvz, 10 mg	vinblastine	Vinblastine sulfate, 1 mg
Unasyn	Ampicillin sodium/sulbactam sodium, per 1.5 g	vincristine	Vincristine sulfate, 1 mg
Unclassified biologics	Biologics	vinorelbine	Vinorelbine tartrate, 10 mg
Unclassified drugs	Drugs	Visudyne	Verteporfin, 0.1 mg
		Vitrase	Hyaluronidase, ovine, preservative free, per 1 USP unit (up to 999 USP units)

Drug name	Generic name	Drug name	Generic name
Vivitrol	Naltrexone, depot form, 1 mg	Xyntha	Factor VIII (antihemophilic factor, recombinant) (Xyntha), per IU
Vivotif	Typhoid vaccine, live, oral	Yervoy	Ipilimumab, 1 mg
Vizamyl	Diagnostic, per study dose, up to 5 mCi	Yescarta	Up to 200 million autologous anti-CD19 CAR positive T cells, including leukapheresis and dose preparation procedures, per therapeutic dose
Vonvendi	Von Willebrand factor (recombinant), (Vonvendi), 1 IU VWF:RCO	YF-Vax	Live, for subcutaneous use
voriconazole injection	Voriconazole, 10 mg	Yondelis	Trabectedin, 0.1 mg
Vpriv	Velaglucerase alfa, 100 units	Yutiq	Fluocinolone acetonide, intravitreal implant (Yutiq), 0.01 mg
Vyepti	Eptinezumab-jjmr, 1 mg	Zaltrap	Ziv-aflibercept, 1 mg
Vyjuvek	Containing nominal 5 x 10 ⁹ /sup> PFU/ml vector genomes, per 0.1 ml	Zanosar	Streptozocin, 1 g
Vyondys 53	Golodirsen, 10 mg	Zarxio	Filgrastim-sndz, biosimilar, (Zarxio), 1 mcg
Vyvgart	Efgartigimod alfa-fcab, 2 mg	Zemdry	Plazomicin, 5 mg
Vyvgart Hytrulo	Efgartigimod alfa, 2 mg and hyaluronidase-qvfc	Zemplar	Paricalcitol, 1 mcg
Vyx eos	Liposomal, 1 mg daunorubicin and 2.27 mg cytarabine	Zerbaxa	Ceftolozane 50 mg and tazobactam 25 mg
Wezlana (IV)	Ustekinumab-aaub (wezlana), biosimilar, intravenous, 1 mg	Zi extenzo	Pegfilgrastim-bmez (ZIEXTENZO), biosimilar, 0.5 mg
Wilate	Von Willebrand factor complex (human), Wilate, 1 IU VWF:RCO	Zilretta	Triamcinolone acetonide, preservative-free, extended-release, microsphere formulation, 1 mg
WinRho SDF	Rho(D) immune globulin (RhIg), human, full-dose, for intramuscular use	Zimhi	Naloxone HCl (Zimhi), 1 mg
WinRho SDF	Rho(D) immune globulin (RhIgIV), human, for intravenous use	Zinplava	Bezlotoxumab, 10 mg
WinRho SDF	Injection, Rho D immune globulin, intravenous, human, solvent detergent, 100 IU	Zirabev	Bevacizumab-bvzr, biosimilar, (Zirabev), 10 mg
Xembify	Immune globulin (xembify), 100 mg	Zoladex	Goserelin acetate implant, per 3.6 mg
Xenleta	Lefamulin, 1 mg	Zolgensma	Onasemnogene abeparvovec-xioi, per treatment, up to 5x10 ¹⁵ vector genomes
Xenpozyme	Olipudase alfa-rpcp, 1 mg	Zosyn	Piperacillin sodium/tazobactam sodium, 1 g/0.125 g (1.125 g)
Xeomin	IncobotulinumtoxinA, 1 unit	Zulresso	Brexanolone, 1 mg
Xerava	Eravacycline, 1 mg	Zymfentra	Infliximab-dyyb (zymfentra), 10 mg
Xiaflex	Collagenase, clostridium histolyticum, 0.01 mg	Zynlonta	Loncastuximab tesirine-ipyl, 0.075 mg
Xipere	Triamcinolone acetonide (Xipere), 1 mg	Zynteglo	Betibeglogene autotemcel, per treatment
Xolair	Omalizumab, 5 mg	Zynzyz	Retifanlimab-dlwr, 1 mg
Xopenex nebulizer solution	Inhalation solution, FDA-approved final product, noncompounded, administered through DME, concentrated form, 0.5 mg	Zy prexa Relprevv	Olanzapine, long-acting, 1 mg
Xopenex nebulizer solution	Inhalation solution, FDA-approved final product, noncompounded, administered through DME, unit dose, 0.5 mg	Zyvox	Linezolid, 200 mg

Index

ABACA/LAMIVU TAB 600-300M	42	ADAPALENE GEL 0.1%	70	ALPRAZOLAM TAB 0.25 ODT	45
ABACAVIR SOL 20MG/ML	42	ADAPALENE GEL 0.3%	70	ALPRAZOLAM TAB 1MG	45
ABACAVIR TAB 300MG	42	ADAPALENE GEL PMP 0.3%	70	ALPRAZOLAM TAB 1MG ER	45
ABIRATERONE TAB 250MG	33	ADEFOV DIPIV TAB 10MG	42	ALPRAZOLAM TAB 1MG ODT	45
ABIRATERONE TAB 500MG	33	ADEMPAS TAB 0.5MG	115	ALPRAZOLAM TAB 2MG	45
ABRYSVO INJ	100	ADEMPAS TAB 1.5MG	115	ALPRAZOLAM TAB 2MG ER	45
ACAMPRO CAL TAB 333MG	15	ADEMPAS TAB 1MG	115	ALPRAZOLAM TAB 2MG ODT	45
ACARBOSE TAB 25MG	47	ADEMPAS TAB 2.5MG	115	ALPRAZOLAM TAB 3MG ER	45
ACARBOSE TAB 50MG	47	ADEMPAS TAB 2MG	115	ALTABAX OIN 1%	17
ACARBOSE TAB 100MG	47	AFIRMELLE TAB 0.1-0.02	85	ALTACAINE SOL 0.5% OP	111
ACCU-CHEK KIT GUIDE	47	AFLURIA QUAD INJ 2023-24	101	ALTAFRIN SOL 2.5% OP	111
ACCU-CHEK KIT GUIDE ME	47	AFTERA TAB 1.5MG	85	ALTAFRIN SOL 10% OP	111
ACCU-CHEK KIT SOFTCLIX	47	AFTERPILL TAB 1.5MG	85	ALTAVERA TAB	85
ACCU-CHEK LIQ GUIDE	47	AIMOVIG INJ 70MG/ML	31	ALVESCO AER 80MCG	115
ACCU-CHEK LIQ SMART	47	AIMOVIG INJ 140MG/ML	31	ALVESCO AER 160MCG	115
ACCU-CHEK SOL	47	AK-POLY-BAC OIN OP	111	ALVIMOPAN CAP 12MG	77
ACCU-CHEK TES AVIVA PL	47	AKTEN GEL 3.5%	111	ALYACEN TAB 1/35	85
ACCU-CHEK TES GUIDE	47	ALA-SCALP LOT 2%	81	ALYACEN TAB 7/7/7	85
ACCU-CHEK TES SMART	47	ALBENDAZOLE TAB 200MG	37	ALYQ TAB 20MG	115
ACCUTANE CAP 10MG	70	ALBUTEROL AER HFA	115	AMABELZ TAB 0.5-0.1	85
ACCUTANE CAP 20MG	70	ALBUTEROL NEB 0.5%	115	AMABELZ TAB 1-0.5MG	85
ACCUTANE CAP 30MG	70	ALBUTEROL NEB 0.63MG/3	115	AMANTADINE CAP 100MG	38
ACCUTANE CAP 40MG	70	ALBUTEROL NEB 0.083%	115	AMANTADINE SOL 50MG/5ML	38
ACEBUTOLOL CAP 200MG	55	ALBUTEROL NEB 1.25MG/3	115	AMANTADINE SOL 100/10ML	38
ACEBUTOLOL CAP 400MG	55	ALBUTEROL SYP 2MG/5ML	115	AMANTADINE TAB 100MG	38
ACETAZOLAMID CAP 500MG ER	55	ALBUTEROL TAB 2MG	115	AMBRISENTAN TAB 5MG	115
ACETAZOLAMID TAB 125MG	55	ALBUTEROL TAB 4MG	115	AMBRISENTAN TAB 10MG	115
ACETAZOLAMID TAB 250MG	55	ALCLOMETASON CRE 0.05%	81	AMCINONIDE CRE 0.1%	82
ACETIC ACID SOL 2% OTIC	114	ALCLOMETASON OIN 0.05%	82	AMCINONIDE LOT 0.1%	82
ACETYLCYST SOL 10%	115	ALCOHOL PREP PAD	108	AMCINONIDE OIN 0.1%	82
ACETYLCYST SOL 20%	115	ALECENSA CAP 150MG	33	AMETHIA TAB	85
ACITRETIN CAP 10MG	70	ALENDRONATE SOL 70/75ML	107	AMETHYST TAB 90-20MCG	85
ACITRETIN CAP 17.5MG	70	ALENDRONATE TAB 10MG	107	AMILOR/HCTZ TAB 5-50	55
ACITRETIN CAP 25MG	70	ALENDRONATE TAB 35MG	107	AMILORIDE TAB 5MG	55
ACTEMRA INJ 162/0.9	100	ALENDRONATE TAB 70MG	107	AMINOCAPR AC TAB 500MG	51
ACTEMRA INJ ACTPEN	100	ALFUZOSIN TAB 10MG ER	80	AMINOCAPR AC TAB 1000MG	51
ACTHIB INJ	100	ALINIA SUS 100/5ML	37	AMINOCAPROIC SOL 0.25/ML	52
ACTIMMUNE INJ 2MU/0.5	100	ALLOPURINOL TAB 100MG	31	AMIODARONE TAB 100MG	55
ACYCLOVIR CAP 200MG	42	ALLOPURINOL TAB 300MG	31	AMIODARONE TAB 200MG	55
ACYCLOVIR OIN 5%	42	ALMOTRIP MAL TAB 6.25MG	31	AMIODARONE TAB 400MG	55
ACYCLOVIR SUS 200/5ML	42	ALMOTRIP MAL TAB 12.5MG	31	AMITRIPTYLIN TAB 10MG	25
ACYCLOVIR TAB 400MG	42	ALMOTRIPTAN TAB 6.25MG	31	AMITRIPTYLIN TAB 25MG	25
ACYCLOVIR TAB 800MG	42	ALMOTRIPTAN TAB 12.5MG	31	AMITRIPTYLIN TAB 50MG	25
ADACEL INJ	100	ALOCRIL SOL 2%	111	AMITRIPTYLIN TAB 75MG	25
ADALIMU-ADAZ INJ 40/0.4ML	100	ALOMIDE SOL 0.1% OP	111	AMITRIPTYLIN TAB 100MG	25
ADALIMU-ADAZ INJ 40/0.4ML	100	ALOSETRON TAB 0.5MG	77	AMITRIPTYLIN TAB 150MG	25
ADALIMU-ADBM KIT 10/0.2ML	100	ALOSETRON TAB 1MG	77	AMJEVITA INJ 20/0.2ML	101
ADALIMU-ADBM KIT 20/0.4ML	101	ALPRAZOLAM CON 1 MG/ML	45	AMJEVITA INJ 40/0.4ML	101
ADALIMU-ADBM KIT 40/0.8ML	101	ALPRAZOLAM TAB 0.5MG	45	AMJEVITA INJ 40/0.4ML	101
ADALIMU-ADBM KIT 40/0.8ML	101	ALPRAZOLAM TAB 0.5MG ER	45	AMJEVITA INJ 80/0.8ML	101
ADALIMU-ADBM KIT 40/0.8ML	101	ALPRAZOLAM TAB 0.5MG OD	45	AMLOD/BENAZP CAP 2.5-10MG	55
ADAPALENE CRE 0.1%	70	ALPRAZOLAM TAB 0.25MG	45	AMLOD/BENAZP CAP 5-10MG	55

AMLOD/BENAZP CAP 5-20MG	55	AMPICILLIN CAP 500MG.....	17	ARMODAFINIL TAB 250MG.....	122
AMLOD/BENAZP CAP 5-40MG	55	ANAGRELIDE CAP 0.5MG.....	52	ARMOUR THYRO TAB 15MG	96
AMLOD/BENAZP CAP 10-20MG	55	ANAGRELIDE CAP 1MG.....	52	ARMOUR THYRO TAB 30MG	96
AMLOD/BENAZP CAP 10-40MG.....	55	ANALPRAM-HC LOT 2.5%.....	106	ARMOUR THYRO TAB 60MG.....	96
AMLODIPINE TAB 2.5MG	55	ANASTROZOLE TAB 1MG	33	ARMOUR THYRO TAB 90MG.....	96
AMLODIPINE TAB 5MG	55	ANDRODERM DIS 2MG/24HR	85	ARMOUR THYRO TAB 120MG.....	96
AMLODIPINE TAB 10MG.....	55	ANDRODERM DIS 4MG/24HR	85	ARMOUR THYRO TAB 180MG.....	96
AMLOD/VALSAR TAB 5-160MG.....	55	ANNOVERA MIS.....	86	ARMOUR THYRO TAB 240MG.....	96
AMLOD/VALSAR TAB 5-320MG.....	55	APAP-CAFFEIN CAP DIHYDROC	10	ARMOUR THYRO TAB 300MG	96
AMLOD/VALSAR TAB 10-160MG.....	55	APAP/CODEINE SOL 120-12/5.....	10	ARNUITY ELPT INH 50MCG	116
AMLOD/VALSAR TAB 10-320MG	55	APAP/CODEINE SOL 300-30MG	10	ARNUITY ELPT INH 100MCG	116
AMMONIUM LAC CRE 12%.....	71	APAP/CODEINE TAB 300-15MG	10	ARNUITY ELPT INH 200MCG	116
AMNESTEEM CAP 10MG	71	APAP/CODEINE TAB 300-30MG	10	ASA/DIPYRIDA CAP 25-200MG	52
AMNESTEEM CAP 20MG.....	71	APAP/CODEINE TAB 300-60MG	10	ASA/OMEPRAZO TAB 81-40MG	52
AMNESTEEM CAP 40MG	71	APEXICON E CRE 0.05%	82	ASCOMP/COD CAP 30MG	10
AMOXAPINE TAB 25MG.....	25	APOMORPHINE INJ 30MG/3ML	38	ASENAPINE SUB 2.5MG.....	39
AMOXAPINE TAB 50MG	25	APRACLONIDIN SOL 0.5% OP	111	ASENAPINE SUB 5MG	39
AMOXAPINE TAB 100MG	25	APREPITANT CAP 40MG.....	28	ASENAPINE SUB 10MG	39
AMOXAPINE TAB 150MG	25	APREPITANT CAP 80MG.....	28	ASHLYNA TAB	86
AMOXICILLIN CAP 250MG	17	APREPITANT CAP 125MG.....	28	ASMANEX 14 AER 220MCG	116
AMOXICILLIN CAP 500MG.....	17	APREPITANT PAK 80 & 125.....	28	ASMANEX 30 AER 110MCG	116
AMOXICILLIN CHW 125MG.....	17	APRI TAB	86	ASMANEX 30 AER 220MCG	116
AMOXICILLIN CHW 250MG	17	APTIOM TAB 200MG	21	ASMANEX 60 AER 220MCG	116
AMOXICILLIN SUS 125/5ML.....	17	APTIOM TAB 400MG	21	ASMANEX 120 AER 220MCG	116
AMOXICILLIN SUS 200/5ML.....	17	APTIOM TAB 600MG	21	ASMANEX HFA AER 50MCG	116
AMOXICILLIN SUS 250/5ML	17	APTIOM TAB 800MG	21	ASMANEX HFA AER 100 MCG	116
AMOXICILLIN SUS 250MG/5M.....	17	APTIVUS CAP 250MG	42	ASMANEX HFA AER 200 MCG	116
AMOXICILLIN SUS 400/5ML.....	17	ARANELLE TAB	86	ASPIRIN LOW CHW 81MG	10
AMOXICILLIN TAB 500MG	17	ARANESP INJ 10MCG.....	52	ASPIRIN LOW TAB 81MG EC	10
AMOXICILLIN TAB 875MG.....	17	ARANESP INJ 25MCG.....	52	ASSURE ID MIS 1ML/31G	108
AMOX/K CLAV CHW 200MG.....	17	ARANESP INJ 25MCG.....	52	ATABEX EC TAB 29-1MG	72
AMOX/K CLAV CHW 400MG	17	ARANESP INJ 40MCG	52	ATABEX OB TAB 29-1MG	72
AMOX/K CLAV SUS 200/5ML	17	ARANESP INJ 40MCG	52	ATAZANAVIR CAP 150MG	42
AMOX/K CLAV SUS 250/5ML	17	ARANESP INJ 60MCG	52	ATAZANAVIR CAP 200MG	42
AMOX/K CLAV SUS 400/5ML.....	17	ARANESP INJ 60MCG	52	ATAZANAVIR CAP 300MG	42
AMOX/K CLAV SUS 600/5ML.....	17	ARANESP INJ 100MCG	52	ATENOL/CHLOR TAB 50-25MG	56
AMOX/K CLAV TAB 250-125	17	ARANESP INJ 100MCG	52	ATENOL/CHLOR TAB 100-25MG	56
AMOX/K CLAV TAB 500-125	17	ARANESP INJ 150MCG	52	ATENOLOL TAB 25MG	56
AMOX/K CLAV TAB 875-125	17	ARANESP INJ 200MCG	52	ATENOLOL TAB 50MG	56
AMPHETAMINE TAB 5MG.....	68	ARANESP INJ 200MCG	52	ATENOLOL TAB 100MG	56
AMPHETAMINE TAB 10MG.....	68	ARANESP INJ 300MCG	52	ATORVASTATIN TAB 10MG	56
AMPHET/DEXTR CAP 5MG ER	67	ARANESP INJ 500MCG	52	ATORVASTATIN TAB 20MG	56
AMPHET/DEXTR CAP 10MG ER	67	AREVVY INJ 120MCG	101	ATORVASTATIN TAB 40MG	56
AMPHET/DEXTR CAP 15MG ER	67	ARFORMOTEROL NEB 15/2ML	116	ATORVASTATIN TAB 80MG	56
AMPHET/DEXTR CAP 20MG ER	67	ARIPIPRAZOLE SOL 1MG/ML	39	ATOVAQ/PROGU TAB 62.5-25	37
AMPHET/DEXTR CAP 25MG ER	67	ARIPIPRAZOLE TAB 2MG	39	ATOVAQ/PROGU TAB 250-100	37
AMPHET/DEXTR CAP 30MG ER	67	ARIPIPRAZOLE TAB 5MG	39	ATOVAQUONE SUS 750/5ML	37
AMPHET/DEXTR TAB 5MG	68	ARIPIPRAZOLE TAB 10MG	39	ATROPINE SUL SOL 1%	111
AMPHET/DEXTR TAB 7.5MG	68	ARIPIPRAZOLE TAB 15MG	39	ATROPINE SUL SOL 1% OP	111
AMPHET/DEXTR TAB 10MG	67	ARIPIPRAZOLE TAB 20MG	39	ATROVENT HFA AER 17MCG	116
AMPHET/DEXTR TAB 12.5MG	67	ARIPIPRAZOLE TAB 30MG	39	AUBRA EQ TAB 0.1-0.02	86
AMPHET/DEXTR TAB 15MG	68	ARMODAFINIL TAB 50MG	122	AUBRA TAB 0.1-0.02	86
AMPHET/DEXTR TAB 20MG	68	ARMODAFINIL TAB 150MG	122	AUROVELA 24 TAB FE 1/20	86
AMPHET/DEXTR TAB 30MG	68	ARMODAFINIL TAB 200MG	122	AUROVELA FE TAB 1.5/30	86

AUROVELA FE TAB 1/20	86	BENZTROPINE TAB 0.5MG.....	38	BOSENTAN TAB 125MG	116
AUROVELA TAB 1.5/30.....	86	BENZTROPINE TAB 1MG.....	38	BOSULIF CAP 50MG.....	33
AUROVELA TAB 1/20.....	86	BENZTROPINE TAB 2MG.....	38	BOSULIF CAP 100MG.....	33
AURYXIA TAB 210MG.....	72	BEPOVASTINE DRO 1.5%.....	111	BOSULIF TAB 100MG.....	33
AUSTEDO TAB 6MG.....	68	BEPOVASTINE DRO 1.5% OP	111	BOSULIF TAB 400MG.....	33
AUSTEDO TAB 9MG.....	68	BESIVANCE SUS 0.6%.....	111	BOSULIF TAB 500MG.....	33
AUSTEDO TAB 12MG.....	68	BETADINE SOL 5% OP	111	BPM-PSE-DM SYP 2-30-10.....	116
AUTOPEN MIS 1-21UNIT.....	47	BETA DIPROP CRE 0.05%	82	BREYNA AER 80/4.5.....	116
AVIANE TAB	86	BETA DIPROP GEL 0.05%	82	BREYNA AER 160/4.5.....	116
AVIDOXY TAB 100MG	17	BETA DIPROP LOT 0.05%	82	BREZTRI AERO AER SPHERE.....	116
AVONEX PEN KIT 30MCG.....	68	BETA DIPROP OIN 0.05%	82	BRIELLYN TAB.....	86
AVONEX PREFL KIT 30MCG.....	68	BETAINE ANHY POW.....	80	BRILINTA TAB 60MG.....	52
AYUNA TAB	86	BETAMETH DIP CRE 0.05%	82	BRILINTA TAB 90MG.....	52
AZASITE SOL 1%	111	BETAMETH DIP LOT 0.05%.....	82	BRIMONIDINE GEL 0.33%	71
AZATHIOPRINE TAB 50MG	101	BETAMETH DIP OIN 0.05%	82	BRIMONIDINE SOL 0.2% OP.....	112
AZELAIC ACID GEL 15%	71	BETAMETH VAL CRE 0.1%.....	82	BRIMONIDINE SOL 0.15%	112
AZELASTINE DRO 0.05%	111	BETAMETH VAL LOT 0.1%.....	82	BRIMO/TIMOLO SOL 0.2/0.5%	112
AZELASTINE SPR 0.1%	116	BETAMETH VAL OIN 0.1%.....	82	BRINZOLAMIDE SUS 1%	112
AZITHROMYCIN POW 1GM PAK	17	BETASERON INJ 0.3MG.....	68	BRINZOLAMIDE SUS 1% OP	112
AZITHROMYCIN SUS 100/5ML	17	BETAXOLOL SOL 0.5% OP	111	BROMFENAC DRO 0.09% OP	112
AZITHROMYCIN SUS 200/5ML	17	BETAXOLOL TAB 10MG	56	BROMFENAC SOL 0.09% OP	112
AZITHROMYCIN TAB 250MG	17	BETAXOLOL TAB 20MG	56	BROMOCRIPTIN CAP 5MG	38
AZITHROMYCIN TAB 500MG	17	BETHANECHOL TAB 5MG	80	BROMOCRIPTIN TAB 2.5MG	38
AZITHROMYCIN TAB 600MG	18	BETHANECHOL TAB 10MG	80	BROM/PSE/DM SYP.....	116
AZURETTE TAB	86	BETHANECHOL TAB 25MG	80	BROM/PSE/DM SYP 2-30-10	116
BACIT/POLYMY OIN OP	111	BETHANECHOL TAB 50MG	80	BROM/PSE/DM SYP 2/30/10	116
BACITRACIN OIN OP	111	BETIMOL SOL 0.5%	111	BUDES/FORMOT AER 80-4.5	117
BACLOFEN TAB 5MG	122	BETIMOL SOL 0.25%.....	111	BUDES/FORMOT AER 160-4.5	116
BACLOFEN TAB 10MG	122	BETOPTIC-S SUS 0.25% OP	111	BUDESONIDE AER 2MG/ACT	106
BACLOFEN TAB 20MG	122	BEVESPI AER 9-4.8MCG	116	BUDESONIDE CAP 3MG DR	106
BALSALAZIDE CAP 750MG	106	BEXAROTENE CAP 75MG.....	33	BUDESONIDE SUS 0.5MG/2	117
BALZIVA TAB	86	BEXAROTENE GEL 1%.....	33	BUDESONIDE SUS 0.25MG/2.....	117
BAQSIMI ONE POW 3MG/DOSE	47	BEXSERO INJ	101	BUDESONIDE SUS 1MG/2ML	117
BAQSIMI TWO POW 3MG/DOSE	47	BEYFORTUS INJ 50/0.5ML	101	BUMETANIDE TAB 0.5MG	56
BARACLUD SOL	42	BEYFORTUS INJ 100MG/ML	101	BUMETANIDE TAB 1MG	56
BASAGLAR INJ 100UNIT	47	BICALUTAMIDE TAB 50MG	33	BUMETANIDE TAB 2MG	56
BAXDELA TAB 450MG	18	BIJUVA CAP 0.5-100	86	BUPREN/NALOX MIS 2-0.5MG	15
BD GLUCOSE CHW 5GM	108	BIKTARVY TAB	42	BUPREN/NALOX MIS 4-1MG	15
BELSOMRA TAB 5MG	122	BIKTARVY TAB	42	BUPREN/NALOX MIS 8-2MG	15
BELSOMRA TAB 10MG	122	BISACODYL TAB 5MG EC	77	BUPREN/NALOX MIS 12-3MG	15
BELSOMRA TAB 15MG	122	BISOPRL/HCTZ TAB 2.5/6.25	56	BUPREN/NALOX SUB 2-0.5MG	15
BELSOMRA TAB 20MG	122	BISOPRL/HCTZ TAB 5-6.25MG	56	BUPREN/NALOX SUB 8-2MG	15
BENAZEP/HCTZ TAB 5-6.25MG	56	BISOPRL/HCTZ TAB 10/6.25	56	BUPRENORPHIN SUB 2MG	15
BENAZEP/HCTZ TAB 10-12.5	56	BISOPROL FUM TAB 5MG	56	BUPRENORPHIN SUB 8MG	15
BENAZEP/HCTZ TAB 20-12.5	56	BISOPROL FUM TAB 10MG	56	BUPROPION TAB 75MG	25
BENAZEP/HCTZ TAB 20-25MG	56	BLEPHAMIDE OIN S.O.P.....	111	BUPROPION TAB 100MG	25
BENAZEPRIL TAB 5MG	56	BLEPHAMIDE SUS OP	112	BUPROPION TAB 100MG SR	25
BENAZEPRIL TAB 10MG	56	BLISOVI 24 TAB FE 1/20	86	BUPROPION TAB 150MG SR	15
BENAZEPRIL TAB 20MG	56	BLISOVI FE TAB 1.5/30.....	86	BUPROPION TAB 150MG SR	25
BENAZEPRIL TAB 40MG	56	BLISOVI FE TAB 1/20	86	BUPROPION TAB 200MG SR	25
BENZNIDAZOLE TAB 12.5MG	37	Blood Glucose Monitoring Kit W/ Device	47	BUPROPN HCL TAB 150MG XL	25
BENZNIDAZOLE TAB 100MG	37	BOOSTRIX INJ	101	BUPROPN HCL TAB 300MG XL	25
BENZONATATE CAP 100MG	116	BOOSTRIX INJ	101	BUSPIRONE TAB 5MG	45
BENZONATATE CAP 200MG	116	BOSENTAN TAB 62.5MG	116	BUSPIRONE TAB 7.5MG	45

BUSPIRONE TAB 10MG	45	CARBAMAZEPIN CAP 300MG ER.....	21	CEFIXIME SUS 100/5ML.....	18
BUSPIRONE TAB 15MG	45	CARBAMAZEPIN CHW 100MG.....	21	CEFIXIME SUS 200/5ML	18
BUSPIRONE TAB 30MG	45	CARBAMAZEPIN SUS 100/5ML.....	21	CEFPODO PROX SUS 50MG/5ML	18
BUTAL/APAP TAB 50-325MG	10	CARBAMAZEPIN TAB 100MG ER	21	CEFPODO PROX SUS 100/5ML	18
BUTALB/ACETA TAB 50-300MG	10	CARBAMAZEPIN TAB 100MGER.....	21	CEFPODOXIME TAB 100MG	18
BUT/APAP/CAF CAP.....	10	CARBAMAZEPIN TAB 200MG.....	21	CEFPODOXIME TAB 200MG.....	18
BUT/APAP/CAF CAP.....	10	CARBAMAZEPIN TAB 200MG ER	21	CEFPROZIL SUS 125/5ML	18
BUT/APAP/CAF CAP CODEINE	10	CARBAMAZEPIN TAB 400MG ER.....	21	CEFPROZIL SUS 250/5ML	18
BUT/APAP/CAF CAP CODEINE	10	CARBIDOPA TAB 25MG	38	CEFPROZIL TAB 250MG	18
BUT/APAP/CAF TAB	10	CARBINOXAMIN SOL 4MG/5ML	117	CEFPROZIL TAB 500MG	18
BUT/ASA/CAF/ CAP CODEINE	10	CARBINOXAMIN TAB 4MG	117	CEFUXOME TAB 250MG.....	18
BUT/ASA/CAFF CAP	10	CARB/LEVO 50 TAB /ENTACAP	38	CEFUXOME TAB 500MG.....	18
BUTORPHANOL SOL 10MG/ML	10	CARB/LEVO 75 TAB /ENTACAP.....	38	CELECOXIB CAP 50MG.....	10
BYDUREON BC INJ 2/0.85ML	47	CARB/LEVO100 TAB /ENTACAP	38	CELECOXIB CAP 100MG	10
CABERGOLINE TAB 0.5MG	85	CARB/LEVO125 TAB /ENTACAP	38	CELECOXIB CAP 200MG	10
CAFFEINE CIT SOL 20MG/ML	68	CARB/LEVO150 TAB /ENTACAP	38	CELECOXIB CAP 400MG	10
CAFFEINE CIT SOL 60MG/3ML.....	68	CARB/LEVO200 TAB /ENTACAP.....	38	CEPHALEXIN CAP 250MG.....	18
CALC ACETATE CAP 667MG.....	72	CARB/LEVO ER TAB 25-100MG.....	38	CEPHALEXIN CAP 500MG.....	18
CALC ACETATE TAB 667MG	73	CARB/LEVO ER TAB 50-200MG	38	CEPHALEXIN SUS 125/5ML	18
CALCIP/BETAM SUS	71	CARB/LEVO TAB 10-100MG	38	CEPHALEXIN SUS 250/5ML	18
CALCIPOTRIEN CRE 0.005%	71	CARB/LEVO TAB 10-100MG	38	CEVIMELINE CAP 30MG	70
CALCIPOTRIEN OIN 0.005%.....	71	CARB/LEVO TAB 25-100MG	38	CHARLOTTE 24 CHW FE 1/20.....	86
CALCIPOTRIEN OIN BETAMETH	71	CARB/LEVO TAB 25-100MG	38	CHATEAL EQ TAB 0.15/30.....	87
CALCIPOTRIEN SOL 0.005%	71	CARB/LEVO TAB 25-250MG	38	CHATEAL TAB 0.15/30	86
CALCITONIN SPR 200/ACT.....	107	CARB/LEVO TAB 25-250MG	38	CHEMET CAP 100MG	73
CALCITRIOL CAP 0.5MCG.....	107	CARDURA XL TAB 4MG	80	CHEMSTRIP K TES	108
CALCITRIOL CAP 0.25MCG	107	CARDURA XL TAB 8MG	80	CHEMSTRIP TES MICRAL.....	108
CALCITRIOL OIN 3MCG/GM	71	CARGLUMIC TAB 200MG.....	73	CHLORDIAZEP CAP 5MG	45
CALCITRIOL SOL 1MCG/ML	107	CARISOPRODOL TAB 350MG	122	CHLORDIAZEP CAP 10MG	45
CAMILA TAB 0.35MG	86	CARISOPRODOL TAB ASA/COD.....	10	CHLORDIAZEP CAP 25MG.....	45
CAMRESE LO TAB	86	CARTEOLOL SOL 1% OP	112	CHLORHEX GLU SOL 0.12%.....	70
CAMRESE TAB	86	CARTIA XT CAP 120/24HR	57	CHLOROQUINE TAB 250MG	37
CANDESA/HCTZ TAB 16-12.5	56	CARTIA XT CAP 180/24HR	57	CHLOROQUINE TAB 500MG	37
CANDESA/HCTZ TAB 32-12.5	56	CARTIA XT CAP 240/24HR	57	CHLORPROMAZ TAB 10MG	39
CANDESA/HCTZ TAB 32-25MG.....	56	CARTIA XT CAP 300/24HR	57	CHLORPROMAZ TAB 25MG	39
CANDESARTAN TAB 4MG	57	CARVEDILOL TAB 3.125MG	57	CHLORPROMAZ TAB 50MG	39
CANDESARTAN TAB 8MG.....	57	CARVEDILOL TAB 6.25MG	57	CHLORPROMAZ TAB 100MG	39
CANDESARTAN TAB 16MG	56	CARVEDILOL TAB 12.5MG	57	CHLORPROMAZ TAB 200MG	39
CANDESARTAN TAB 32MG.....	56	CARVEDILOL TAB 25MG	57	CHLORTHALID TAB 25MG	57
CAPECITABINE TAB 150MG	33	CAYA DPR	108	CHLORTHALID TAB 50MG	57
CAPECITABINE TAB 500MG	33	CAZIANT PAK	86	CHLORZOAZON TAB 500MG	122
CAPEX SHA 0.01%.....	82	CDP/AMITRIP TAB 5-12.5MG	25	CHOLESTYRAM POW 4GM	57
CAPRELSA TAB 100MG	33	CDP/AMITRIP TAB 10-25MG	25	CHOLESTYRAM POW 4GM	57
CAPRELSA TAB 300MG	33	CEFACLOR CAP 250MG	18	CHOLESTYRAM POW 4GM LITE.....	57
CAPTOPR/HCTZ TAB 25-15MG	57	CEFACLOR CAP 500MG	18	CHOLESTYRAM POW 4GM LITE.....	57
CAPTOPR/HCTZ TAB 25-25MG	57	CEFACLOR ER TAB 500MG	18	CICLODAN SOL 8%	29
CAPTOPR/HCTZ TAB 50-15MG	57	CEFADROXIL CAP 500MG	18	CICLOPIROX CRE 0.77%	29
CAPTOPR/HCTZ TAB 50-25MG	57	CEFADROXIL SUS 250/5ML	18	CICLOPIROX GEL 0.77%	29
CAPTOPRIL TAB 12.5MG	57	CEFADROXIL SUS 500/5ML	18	CICLOPIROX SHA 1%	29
CAPTOPRIL TAB 25MG	57	CEFADROXIL TAB 1GM	18	CICLOPIROX SOL 8%	29
CAPTOPRIL TAB 50MG	57	CEFDINIR CAP 300MG	18	CICLOPIROX SUS 0.77%	29
CAPTOPRIL TAB 100MG	57	CEFDINIR SUS 125/5ML	18	CILOSTAZOL TAB 50MG	52
CARBAMAZEPIN CAP 100MG ER	21	CEFDINIR SUS 250/5ML.....	18	CILOSTAZOL TAB 100MG	52
CARBAMAZEPIN CAP 200MG ER	21	CEFIXIME CAP 400MG	18	CILOXAN OIN 0.3% OP.....	112

CIMETIDINE SOL 300/5ML	77	CLOBETASOL CRE 0.05%.....	82	COMFORT TOUC MIS 32GX8MM....	108
CIMETIDINE SOL 400MG	77	CLOBETASOL E CRE 0.05%.....	82	COMFORT TOUC MIS 33GX1/4"....	108
CIMETIDINE TAB 200MG.....	77	CLOBETASOL GEL 0.05%.....	82	COMFORT TOUC MIS 33GX3/16	108
CIMETIDINE TAB 300MG.....	77	CLOBETASOL OIN 0.05%.....	82	COMFORT TOUC MIS 33GX5/32 ...	108
CIMETIDINE TAB 400MG.....	77	CLOBETASOL SOL 0.05%.....	82	COMIRNATY INJ 30/0.3ML.....	101
CIMETIDINE TAB 800MG.....	77	CLOCORTOLONE CRE 0.1%.....	82	COMIRNATY INJ 30/0.3ML.....	101
CIMZIA KIT 200MG	101	CLOMIPRAMINE CAP 25MG.....	25	COMPLERA TAB.....	42
CIMZIA PREFL KIT 200MG/ML.....	101	CLOMIPRAMINE CAP 50MG.....	25	COMPLETENATE CHW.....	73
CIMZIA START KIT 200MG/ML.....	101	CLOMIPRAMINE CAP 75MG.....	25	COMPLETE NAT PAK DHA	73
CINACALCET TAB 30MG.....	107	CLONAZEPAM TAB 0.5MG.....	45	CO-NATAL FA TAB 29-1MG	73
CINACALCET TAB 60MG	107	CLONAZEPAM TAB 1MG	45	CONDOMS MIS	108
CINACALCET TAB 90MG	107	CLONAZEPAM TAB 2MG	46	CONDOMS MIS LUBRICAT	108
CIPRO/DEXA SUS 0.3-0.1%	114	CLONAZEP ODT TAB 0.5MG	45	CONSTULOSE SOL 10GM/15	77
CIPROFLOXACN SOL 0.2%	115	CLONAZEP ODT TAB 0.25MG.....	45	CONTOUR LOW LIQ CONTROL	47
CIPROFLOXACN SOL 0.3% OP	112	CLONAZEP ODT TAB 0.125MG.....	45	CONTOUR NORM LIQ CONTROL	47
CIPROFLOXACN SUS 250/5ML.....	18	CLONAZEP ODT TAB 1MG	45	CORDRAN 80X3 TAP 4MCG/CM.....	82
CIPROFLOXACN TAB 100MG.....	18	CLONAZEP ODT TAB 2MG	45	CORLANOR SOL 5MG/5ML	57
CIPROFLOXACN TAB 250MG.....	18	CLONIDINE DIS 0.1/24HR	57	CORLANOR TAB 5MG.....	58
CIPROFLOXACN TAB 500MG.....	18	CLONIDINE DIS 0.2/24HR	57	CORLANOR TAB 7.5MG	58
CIPROFLOXACN TAB 750MG.....	18	CLONIDINE DIS 0.3/24HR	57	CORTIFOAM AER 90MG	107
CIPRO/FLUOC DRO PF	115	CLONIDINE TAB 0.1MG	57	CORTISPORIN SUS -TC OTIC.....	115
CITALOPRAM SOL 10MG/5ML	25	CLONIDINE TAB 0.1MG ER.....	68	COTELLIC TAB 20MG.....	33
CITALOPRAM TAB 10MG.....	25	CLONIDINE TAB 0.2MG	57	COUNT-A-DOSE MIS.....	108
CITALOPRAM TAB 20MG	25	CLONIDINE TAB 0.3MG.....	57	CREON CAP 3000UNIT.....	80
CITALOPRAM TAB 40MG	25	CLOPIDOGREL TAB 75MG.....	52	CREON CAP 6000UNIT.....	80
CITROMA SOL LEMONY.....	77	CLOPIDOGREL TAB 300MG.....	52	CREON CAP 12000UNT.....	80
CLARAVIS CAP 10MG.....	71	CLORAZ DIPOT TAB 3.75MG.....	46	CREON CAP 24000UNT	80
CLARAVIS CAP 20MG.....	71	CLORAZ DIPOT TAB 7.5MG	46	CREON CAP 36000UNT	80
CLARAVIS CAP 30MG.....	71	CLORAZ DIPOT TAB 15MG.....	46	CROMOLYN SOD CON 100/5ML	77
CLARAVIS CAP 40MG.....	71	CLOTrimazole TRO 10MG	29	CROMOLYN SOD NEB 20MG/2ML	117
CLARITHROMYC SUS 125/5ML.....	18	CLOTrim/BETA CRE DIPROP.....	29	CROMOLYN SOD SOL 4% OP	112
CLARITHROMYC SUS 250/5ML	18	CLOTrim/BETA LOT DIPROP.....	29	CROTAN LOT 10%	37
CLARITHROMYC TAB 250MG	18	CLOZAPINE TAB 12.5/ODT	40	CRYSELLE-28 TAB 28 TABS	87
CLARITHROMYC TAB 500MG	18	CLOZAPINE TAB 25MG	40	CVS PURELAX POW.....	77
CLARITHROMYC TAB 500MG ER.....	19	CLOZAPINE TAB 25MG ODT	40	CYANOCOBALAM INJ 1000MCG	73
CLEARLAX POW	77	CLOZAPINE TAB 50MG	40	CYANOCOBALAM INJ 10000MCG	73
CLEMASTINE TAB 2.68MG.....	117	CLOZAPINE TAB 100MG	39	CYANOCOBALAM INJ 30000MCG	73
CLENPIQ SOL.....	77	CLOZAPINE TAB 100/ODT	39	CYANOCOBALAM SOL 2000MCG	73
CLENPIQ SOL.....	77	CLOZAPINE TAB 150/ODT	40	CYCLAFEM TAB 1/35.....	87
CLIMARA PRO DIS WEEKLY.....	87	CLOZAPINE TAB 200MG.....	40	CYCLAFEM TAB 7/7/7.....	87
CLINDAMY/BEN GEL 1.2-5%.....	71	CLOZAPINE TAB 200/ODT	40	CYCLOBENZAPR TAB 5MG	122
CLINDAMYCIN CAP 75MG	19	CODEINE SULF TAB 15MG.....	10	CYCLOBENZAPR TAB 7.5MG	122
CLINDAMYCIN CAP 150MG	19	CODEINE SULF TAB 30MG	10	CYCLOBENZAPR TAB 10MG	122
CLINDAMYCIN CAP 300MG.....	19	CODEINE SULF TAB 60MG	10	CYCLOMYDRIL SOL OP.....	112
CLINDAMYCIN CRE 2% VAG	19	COLCHICINE TAB 0.6MG	31	CYCLOPENTOLA SOL 0.5%	112
CLINDAMYCIN GEL 1%	71	COLESEVELAM PAK 3.75GM.....	57	CYCLOPENTOL SOL 1% OP.....	112
CLINDAMYCIN LOT 1%	71	COLESEVELAM TAB 625MG.....	57	CYCLOPENTOL SOL 2% OP.....	112
CLINDAMYCIN LOT10MG/ML	71	COlestipol GRA 5GM.....	57	CYCLOPHOSPH CAP 25MG	33
CLINDAMYCIN MIS 1%.....	71	COlestipol GRA 5GM.....	57	CYCLOPHOSPH CAP 50MG	33
CLINDAMYCIN SOL 1%	71	COlestipol TAB 1GM	57	CYCLOPHOSPH TAB 25MG	33
CLINDAMYCIN SOL 75MG/5ML.....	19	COMETRIQ KIT 60MG	33	CYCLOPHOSPH TAB 50MG	33
CLOBAZAM SUS 2.5MG/ML.....	21	COMETRIQ KIT 100MG	33	CYCLOSERINE CAP 250MG	32
CLOBAZAM TAB 10MG.....	21	COMETRIQ KIT 140MG	33	CYCLOSPORINE CAP 25MG	101
CLOBAZAM TAB 20MG.....	21	COMFORT TOUC MIS 31GX4MM	108	CYCLOSPORINE CAP 25MG MOD...	101

CYCLOSPORINE CAP 50MG MOD...	101	DESMOPRESSIN INJ 40/10ML	85	DIAZEPAM GEL 20MG	22
CYCLOSPORINE CAP 100MG.....	101	DESMOPRESSIN SPR 0.01%.....	85	DIAZEPAM SOL 5MG/5ML.....	46
CYCLOSPORINE CAP 100MG MD ..	101	DESMOPRESSIN SPR 0.01%.....	85	DIAZEPAM TAB 2MG	46
CYCLOSPORINE EMU 0.05% OP ..	112	DESMOPRESSIN TAB 0.1MG	85	DIAZEPAM TAB 5MG	46
CYCLOSPORINE SOL MODIFIED..	101	DESMOPRESSIN TAB 0.2MG	85	DIAZEPAM TAB 10MG	46
CYPROHEPTAD SYP 2MG/5ML ..	117	DESO/ETHINYL TAB ESTRADIO	87	DIAZOXIDE SUS 50MG/ML.....	47
CYPROHEPTAD TAB 4MG.....	117	DESO/ETHINYL TAB ESTRADIO	87	DICLOFENAC GEL 1%.....	11
CYRED EQ TAB	87	DESONIDE CRE 0.05%.....	82	DICLOFENAC GEL 3%	33
CYRED TAB	87	DESONIDE LOT 0.05%	82	DICLOFENAC SOL 0.1% OP	112
CYSTAGON CAP 50MG	80	DESONIDE OIN 0.05%	82	DICLOFENAC TAB 25MG DR	11
CYSTAGON CAP 150MG	80	DESOXIMETAS CRE 0.05%.....	82	DICLOFENAC TAB 50MG DR	11
CYSTARAN SOL 0.44%	112	DESOXIMETAS CRE 0.25%.....	82	DICLOFENAC TAB 75MG DR	11
DALFAMPRIDIN TAB 10MG ER ..	68	DESOXIMETAS GEL 0.05%.....	82	DICLOFENAC TAB 100MG ER	11
DANAZOL CAP 50MG.....	87	DESOXIMETAS OIN 0.05%	82	DICLOFEN POT TAB 50MG	11
DANAZOL CAP 100MG.....	87	DESOXIMETAS OIN 0.25%	82	DICLO/MISOPR TAB 50-0.2MG	10
DANAZOL CAP 200MG	87	DESOXIMETASO SPR 0.25%	82	DICLO/MISOPR TAB 75-0.2MG	11
DANTROLENE CAP 25MG	122	DESVENLAFAX TAB 25MG ER.....	26	DICLOXA CILL CAP 250MG	19
DANTROLENE CAP 50MG	122	DESVENLAFAX TAB 50MG ER	26	DICLOXA CILL CAP 500MG	19
DANTROLENE CAP 100MG	122	DESVENLAFAX TAB 100MG ER	26	DICYCLOMINE CAP 10MG	78
DAPSONE TAB 25MG	32	DEXAMETHASON CON 1MG/ML ..	82	DICYCLOMINE SOL 10MG/5ML	78
DAPSONE TAB 100MG	32	DEXAMETHASON ELX 0.5/5ML ..	82	DICYCLOMINE TAB 20MG	78
DAPTACEL INJ	102	DEXAMETHASON SOL 0.5/5ML ..	82	DIFLORASONE CRE 0.05%	83
DARIFENACIN TAB 7.5MG	80	DEXAMETHASON TAB 0.5MG	82	DIFLUNISAL TAB 500MG	11
DARIFENACIN TAB 15MG.....	80	DEXAMETHASON TAB 0.75MG	83	DIFLUPREDNAT EMU 0.05%	112
DARUNAVIR TAB 600MG	42	DEXAMETHASON TAB 1.5MG	83	DIGITEK TAB 0.25MG	58
DARUNAVIR TAB 800MG	43	DEXAMETHASON TAB 1MG	83	DIGITEK TAB 0.125MG	58
DASETTA TAB 1/35.....	87	DEXAMETHASON TAB 2MG	83	DIGOXIN SOL 50MCG/ML	58
DASETTA TAB 7/7/7	87	DEXAMETHASON TAB 4MG	83	DIGOXIN TAB 0.25MG	58
DAYBUE SOL 200MG/ML	68	DEXAMETHASON TAB 6MG	83	DIGOXIN TAB 0.125MG	58
DAYSEE TAB	87	DEXAMETH PHO SOL 0.1% OP ..	112	DIGOXIN TAB 0.0625MG	58
DEBLITANE TAB 0.35MG.....	87	DEXCOM G6 MIS RECEIVER	108	DIGO TAB 0.25MG	58
DEFERASIROX GRA 90MG.....	73	DEXCOM G6 MIS SENSOR	108	DIGO TAB 0.125MG	58
DEFERASIROX GRA 180MG	73	DEXCOM G6 MIS TRANSMIT	108	DIHYDROERGOTINJ 1MG/ML	31
DEFERASIROX GRA 360MG	73	DEXCOM G7 MIS RECEIVER	108	DILANTIN CAP 30MG	22
DEFERASIROX TAB 90MG	73	DEXCOM G7 MIS SENSOR	108	DILTIAZEM CAP 60MG ER	58
DEFERASIROX TAB 125MG	73	DEXLANSOPRAZ CAP 30MG	77	DILTIAZEM CAP 90MG ER	58
DEFERASIROX TAB 180MG	73	DEXLANSOPRAZ CAP 30MG DR	77	DILTIAZEM CAP 120MG ER	58
DEFERASIROX TAB 250MG	73	DEXLANSOPRAZ CAP 60MG DR	77	DILTIAZEM CAP 120MG ER	58
DEFERASIROX TAB 360MG	73	DEXMETHYLPH TAB 2.5MG	68	DILTIAZEM CAP 120MG ER	58
DEFERASIROX TAB 500MG	73	DEXMETHYLPH TAB 5MG	68	DILTIAZEM CAP 120MG ER	58
DELYLA TAB 0.1-0.02.....	87	DEXMETHYLPH TAB 10MG	68	DILTIAZEM CAP 180MG/24	58
DEMECLOCYCL TAB 150MG	19	DEXTROAMPHET SOL 5MG/5ML ..	68	DILTIAZEM CAP 180MG ER	58
DEMECLOCYCL TAB 300MG	19	DEXTROAMPHET TAB 5MG	68	DILTIAZEM CAP 180MG ER	58
DENVAXIA SUS	102	DEXTROAMPHET TAB 10MG	68	DILTIAZEM CAP 240MG/24	58
DEPO-SQ PROV INJ 104.....	87	DIACOMIT CAP 250MG	21	DILTIAZEM CAP 240MG ER	58
DESIPRAMINE TAB 10MG	25	DIACOMIT CAP 500MG	22	DILTIAZEM CAP 240MG ER	58
DESIPRAMINE TAB 25MG	26	DIACOMIT PAK 250MG	22	DILTIAZEM CAP 300MG ER	58
DESIPRAMINE TAB 50MG	26	DIACOMIT PAK 500MG	22	DILTIAZEM CAP 300MG ER	58
DESIPRAMINE TAB 75MG	26	DIASCREEN MIS 1G	108	DILTIAZEM CAP 360MG CD	58
DESIPRAMINE TAB 100MG	25	DIASTIX TES STRIPS	108	DILTIAZEM CAP 360MG ER	58
DESIPRAMINE TAB 150MG	26	DIAZEPAM CON 5MG/ML	46	DILTIAZEM CAP 360MG ER	58
DESLORATADIN TAB 5MG	117	DIAZEPAM CON 25MG/5ML	46	DILTIAZEM CAP 420MG/24	58
DESMOPRESSIN INJ 4MCG/ML ..	85	DIAZEPAM GEL 2.5MG	22	DILTIAZEM ER TAB 180MG	59
DESMOPRESSIN INJ 4MCG/ML ..	85	DIAZEPAM GEL 10MG	22	DILTIAZEM ER TAB 240MG	59

DILTIAZEM ER TAB 300MG	59	DOXAZOSIN TAB 2MG	59	EDARBI TAB 80MG.....	59
DILTIAZEM ER TAB 360MG	59	DOXAZOSIN TAB 4MG	59	EDARBYCLOR TAB 40-12.5.....	59
DILTIAZEM ER TAB 420MG	59	DOXAZOSIN TAB 8MG	59	EDARBYCLOR TAB 40-25MG	59
DILTIAZEM TAB 30MG.....	58	DOXEPIN HCL CAP 10MG	26	EDURANT TAB 25MG.....	43
DILTIAZEM TAB 60MG.....	58	DOXEPIN HCL CAP 25MG	26	EFAVIRENZ CAP 50MG	43
DILTIAZEM TAB 90MG.....	58	DOXEPIN HCL CAP 50MG	26	EFAVIRENZ CAP 200MG	43
DILTIAZEM TAB 120MG.....	58	DOXEPIN HCL CAP 75MG	26	EFAVIRENZ TAB 600MG	43
DILTIAZEM TAB 120MG ER	58	DOXEPIN HCL CAP 100MG.....	26	EFFER-K TAB 10MEQ.....	73
DILTIAZEM TAB 240MG ER	58	DOXEPIN HCL CAP 150MG	26	EFFER-K TAB 20MEQ	73
DILTIAZEM TAB 300MG ER	58	DOXEPIN HCL CON 10MG/ML	26	EFFER-K TAB 25MEQ EF	73
DILTIAZEM TAB 360MG ER.....	58	DOXEPIN HCL CRE 5%.....	71	EGATEN TAB 250MG	37
DILT-XR CAP 120MG	59	DOXEPIN TAB 3MG	122	ELETRIPTAN TAB 20MG	31
DILT-XR CAP 180MG	59	DOXEPIN TAB 6MG	122	ELETRIPTAN TAB 40MG	31
DILT-XR CAP 240MG	59	DOXYCYCL HYC CAP 50MG	19	ELIGARD INJ 7.5MG	99
DIMETHYL FUM CAP 120MG DR.....	68	DOXYCYCL HYC CAP 100MG	19	ELIGARD INJ 22.5MG	99
DIMETHYL FUM CAP 240MG DR	68	DOXYCYCL HYC TAB 100MG.....	19	ELIGARD INJ 30MG	99
DIMETHYL FUM CAP STARTER	68	DOXYCYCLINE SUS 25MG/5ML.....	19	ELIGARD INJ 45MG	99
DIPENTUM CAP 250MG	107	DOXYCYCLINE TAB 20MG.....	19	ELINEST TAB	88
DIPHEN/ATROP LIQ 2.5/5	78	DOXYCYC MONO CAP 50MG.....	19	ELIQUIS ST P TAB 5MG	52
DIPHEN/ATROP TAB 2.5MG.....	78	DOXYCYC MONO CAP 100MG.....	19	ELIQUIS TAB 2.5MG.....	52
DIPHENHYDRAM ELX 12.5/5ML	117	DOXYCYC MONO TAB 50MG	19	ELIQUIS TAB 5MG	52
DIPYRIDAMOLE TAB 25MG.....	52	DOXYCYC MONO TAB 75MG	19	ELIXOPHYLLIN ELX 80/15ML	117
DIPYRIDAMOLE TAB 50MG.....	52	DOXYCYC MONO TAB 100MG	19	ELLA TAB 30MG.....	88
DIPYRIDAMOLE TAB 75MG.....	52	DOXYCYC MONO TAB 150MG	19	ELMIRON CAP 100MG	81
DISOPYRAMIDE CAP 100MG	59	DRONABINOL CAP 2.5MG.....	28	ELURYNG MIS.....	88
DISOPYRAMIDE CAP 150MG	59	DRONABINOL CAP 5MG.....	28	EMCYT CAP 140MG.....	33
DISULFIRAM TAB 250MG.....	15	DRONABINOL CAP 10MG	28	EMEND SUS 125MG	28
DISULFIRAM TAB 500MG	15	DROS/ETH EST TAB LEVOMEFO	87	EMGALITY INJ 100MG/ML.....	31
DIURIL SUS 250/5ML.....	59	DROSPIRE/ETH TAB ESTR/LEV.....	88	EMGALITY INJ 120MG/ML	31
DIVALPROEX CAP 125MG	22	DROSPIR/ETHI TAB 3-0.02MG	87	EMGALITY INJ 120MG/ML	31
DIVALPROEX TAB 125MG DR	22	DROSPIR/ETHI TAB 3-0.03MG	87	EMOQUETTE TAB	88
DIVALPROEX TAB 250MG DR.....	22	DROXIA CAP 200MG	33	EMTR/TEN DF TAB 100-150	43
DIVALPROEX TAB 250MG ER	22	DROXIA CAP 300MG	33	EMTR/TEN DF TAB 133-200	43
DIVALPROEX TAB 500MG DR	22	DROXIA CAP 400MG	33	EMTR/TEN DF TAB 167-250	43
DIVALPROEX TAB 500MG ER.....	22	DULOXETINE CAP 20MG	68	EMTR/TENOFOV TAB 200-300.....	43
DODEX INJ.....	73	DULOXETINE CAP 30MG	68	EMZAHH TAB 0.35MG	88
DOFETILIDE CAP 125MCG	59	DULOXETINE CAP 60MG	68	ENALAPR/HCTZ TAB 5-12.5MG.....	59
DOFETILIDE CAP 250MCG	59	DUOBRII LOT.....	71	ENALAPR/HCTZ TAB 10-25MG	59
DOFETILIDE CAP 500MCG	59	DUOPA SUS 4.63-20	38	ENALAPRIL TAB 2.5MG	59
DOLISHALE TAB 90-20MCG	87	DUPIXENT INJ 100/0.67.....	71	ENALAPRIL TAB 5MG	59
DONEPEZIL TAB 5MG	24	DUPIXENT INJ 200/1.14	71	ENALAPRIL TAB 10MG	59
DONEPEZIL TAB 5MG ODT	24	DUPIXENT INJ 200MG	71	ENALAPRIL TAB 20MG	59
DONEPEZIL TAB 10MG	24	DUPIXENT INJ 300/2ML	71	ENCARE SUP 100MG	81
DONEPEZIL TAB 10MG ODT	24	DUPIXENT INJ 300/2ML	71	ENDOCET TAB 2.5-325	11
DORZOLAMIDE SOL 2% OP	112	DUREX MIS REALFEEL	108	ENDOCET TAB 5-325MG	11
DORZOL/TIMOL SOL 2%-0.5%	112	DUTASTERIDE CAP 0.5MG.....	80	ENDOCET TAB 7.5-325	11
DORZOL/TIMOL SOL 2-0.5%OP	112	DUTAST/TAMSU CAP 0.5-0.4.....	80	ENDOCET TAB 10-325MG	11
DOTTI DIS 0.1MG	87	EASY TOUCH MIS 30G	108	ENGERIX-B INJ 10/0.5ML	102
DOTTI DIS 0.05MG	87	EC-NAPROXEN TAB 375MG	11	ENGERIX-B INJ 20MCG/ML	102
DOTTI DIS 0.025MG	87	EC-NAPROXEN TAB 500MG	11	ENGERIX-B INJ 20MCG/ML	102
DOTTI DIS 0.075MG	87	ECONAZOLE CRE 1%.....	29	ENILLORING MIS	88
DOTTI DIS 0.0375MG	87	ECONTRA EZ TAB 1.5MG	88	ENOXAPARIN INJ 30/0.3ML	53
DOVATO TAB 50-300MG.....	43	ECONTRA OS TAB 1.5MG	88	ENOXAPARIN INJ 40/0.4ML	53
DOXAZOSIN TAB 1MG	59	EDARBI TAB 40MG	59	ENOXAPARIN INJ 60/0.6ML	53

ENOXAPARIN INJ 80/0.8ML.....	53	ESCITALOPRAM TAB 10MG.....	26	EUTHYROX TAB 75MCG.....	97
ENOXAPARIN INJ 80MG/0.8	53	ESCITALOPRAM TAB 20MG.....	26	EUTHYROX TAB 88MCG	97
ENOXAPARIN INJ 100MG/ML.....	52	ESKATA SOL 40%.....	71	EUTHYROX TAB 100MCG	96
ENOXAPARIN INJ 120/0.8	53	ESOMEpra MAG CAP 20MG DR.....	78	EUTHYROX TAB 112MCG.....	96
ENOXAPARIN INJ 150MG/ML.....	53	ESOMEpra MAG CAP 40MG DR.....	78	EUTHYROX TAB 125MCG	96
ENOXAPARIN INJ 300/3ML.....	53	ESTARYLLA TAB 0.25-35	88	EUTHYROX TAB 137MCG	96
ENPRESSE-28 TAB	88	ESTAZOLAM TAB 1MG	46	EUTHYROX TAB 150MCG	96
ENSKYCE TAB	88	ESTAZOLAM TAB 2MG	46	EUTHYROX TAB 175MCG.....	97
ENTACAPONE TAB 200MG	38	ESTRADIOL CRE 0.01%	88	EUTHYROX TAB 200MCG.....	97
ENTECAVIR TAB 0.5MG	43	ESTRADIOL DIS 0.1MG	88	EVEROLIMUS TAB 2.5MG	34
ENTECAVIR TAB 1MG	43	ESTRADIOL DIS 0.1MG	88	EVEROLIMUS TAB 5MG.....	34
ENTRESTO TAB 24-26MG.....	59	ESTRADIOL DIS 0.05MG.....	88	EVEROLIMUS TAB 7.5MG	34
ENTRESTO TAB 49-51MG.....	59	ESTRADIOL DIS 0.05MG.....	88	EVEROLIMUS TAB 10MG.....	34
ENTRESTO TAB 97-103MG.....	59	ESTRADIOL DIS 0.06MG.....	88	EXELDERM CRE 1%	29
ENULOSE SOL 10GM/15	78	ESTRADIOL DIS 0.025MG	88	EXELDERM SOL 1%	29
EPINASTINE DRO 0.05%.....	112	ESTRADIOL DIS 0.025MG	88	EXEMESTANE TAB 25MG	34
EPINEPHRINE INJ 0.3MG	117	ESTRADIOL DIS 0.075MG.....	88	EZETIMIBE TAB 10MG	59
EPINEPHRINE INJ 0.15MG	117	ESTRADIOL DIS 0.075MG.....	88	EZETIM/SIMVA TAB 10-10MG	59
EPINEPHRINE INJ 0.15MG	117	ESTRADIOL DIS 0.0375MG	88	EZETIM/SIMVA TAB 10-20MG	59
EPITOL TAB 200MG.....	22	ESTRADIOL DIS 0.0375MG	88	EZETIM/SIMVA TAB 10-40MG	59
EPIVIR HBV SOL 5MG/ML	43	ESTRADIOL TAB 0.5MG	88	EZETIM/SIMVA TAB 10-80MG	59
EPLERENONE TAB 25MG	59	ESTRADIOL TAB 1MG	89	FA-8 CAP 800MCG.....	73
EPLERENONE TAB 50MG	59	ESTRADIOL TAB 2MG	89	FALMINA TAB	89
EQUETRO CAP 100MG.....	46	ESTRADIOL TAB 10MCG	89	FAMCICLOVIR TAB 125MG	43
EQUETRO CAP 200MG	46	ESTRAD VAL INJ 10MG/ML.....	88	FAMCICLOVIR TAB 250MG	43
EQUETRO CAP 300MG	46	ESTRAD VAL INJ 20MG/ML	88	FAMCICLOVIR TAB 500MG	43
ERGOLOID MES TAB 1MG ORAL.....	108	ESTRAD VAL INJ 40MG/ML	88	FAMOTIDINE SUS 40MG/5ML	78
ERGOMAR SUB 2MG	31	ESTRA/NORETH TAB 0.5-0.1.....	88	FAMOTIDINE TAB 20MG.....	78
ERGOT/CAFFEN TAB 1-100MG	31	ESTRA/NORETH TAB 1-0.5MG	88	FAMOTIDINE TAB 40MG.....	78
ERLEADA TAB 60MG.....	33	ESTRING MIS 2MG	89	FARXIGA TAB 5MG	47
ERLEADA TAB 240MG.....	33	ESTRING MIS 7.5/24HR	89	FARXIGA TAB 10MG	47
ERLOTINIB TAB 25MG	34	ESZOPICLONE TAB 1MG	122	FAYOSIM TAB	89
ERLOTINIB TAB 100MG	33	ESZOPICLONE TAB 2MG	122	FC2 FEMALE MIS CONDOM	108
ERLOTINIB TAB 150MG	34	ESZOPICLONE TAB 3MG	122	FEBUXOSTAT TAB 40MG.....	31
ERRIN TAB 0.35MG.....	88	ETHACRYNIC TAB ACD 25MG	59	FEBUXOSTAT TAB 80MG.....	31
ERY/BENZOYL GEL 3-5%	71	ETHAMBUTOL TAB 100MG	32	FELBAMATE SUS 600/5ML	22
ERY PAD 2%	71	ETHAMBUTOL TAB 400MG	32	FELBAMATE TAB 400MG	22
ERYTHROCIN TAB 250MG	19	ETHOSUXIMIDE CAP 250MG	22	FELBAMATE TAB 600MG	22
ERYTHROM ETH SUS 200/5ML.....	19	ETHOSUXIMIDE SOL 250/5ML.....	22	FELODIPINE TAB 2.5MG ER.....	59
ERYTHROM ETH SUS 400/5ML.....	19	ETHY ETH EST TAB 1-35.....	89	FELODIPINE TAB 5MG ER	59
ERYTHROM ETH TAB 400MG	19	ETHYNODIOL TAB 1-50.....	89	FELODIPINE TAB 10MG ER	59
ERYTHROMYCIN CAP 250MG EC	19	ETODOLAC CAP 200MG.....	11	FEMCAP MIS 22MM	108
ERYTHROMYCIN GEL 2%	71	ETODOLAC CAP 300MG.....	11	FEMCAP MIS 26MM	108
ERYTHROMYCIN OIN 5MG/GM	112	ETODOLAC ER TAB 400MG	11	FEMCAP MIS 30MM	108
ERYTHROMYCIN SOL 2%	71	ETODOLAC ER TAB 500MG	11	FEMYNOR TAB 0.25-35	89
ERYTHROMYCIN TAB 250MG.....	19	ETODOLAC ER TAB 600MG	11	FENOFIBRATE CAP 67MG	60
ERYTHROMYCIN TAB 250MG BS	19	ETODOLAC TAB 400MG	11	FENOFIBRATE CAP 134MG	60
ERYTHROMYCIN TAB 250MG EC.....	19	ETODOLAC TAB 500MG	11	FENOFIBRATE CAP 200MG	60
ERYTHROMYCIN TAB 333MG EC	19	ETONOGESTREL MIS ETHY EST.....	89	FENOFIBRATE TAB 48MG	60
ERYTHROMYCIN TAB 500MG	19	ETOPOSIDE CAP 50MG.....	34	FENOFIBRATE TAB 54MG	60
ERYTHROMYCIN TAB 500MG BS.....	19	ETRAVIRINE TAB 100MG.....	43	FENOFIBRATE TAB 145MG	60
ERYTHROMYCIN TAB 500MG EC.....	19	ETRAVIRINE TAB 200MG	43	FENOFIBRATE TAB 160MG	60
ESCITALOPRAM SOL 5MG/5ML.....	26	EUTHYROX TAB 25MCG.....	97	FENOPROFEN TAB 600MG.....	11
ESCITALOPRAM TAB 5MG	26	EUTHYROX TAB 50MCG	97	FENTANYL DIS 12MCG/HR	11

FENTANYL DIS 25MCG/HR	11	FLUORIDE CHW 1MG F	73	FONDAPARINUX INJ 7.5/0.6	53
FENTANYL DIS 50MCG/HR	11	FLUORITAB DRO 0.125MG.....	73	FONDAPARINUX INJ 10/0.8ML.....	53
FENTANYL DIS 75MCG/HR	11	FLUOROMETHOL SUS 0.1% OP	112	FORMOTEROL NEB 20/2ML	117
FENTANYL DIS 100MCG/H	11	FLUOROURACIL CRE 0.5%	34	FOSAMPRENAVI TAB 700MG	43
FENTANYL OT LOZ 200MCG	11	FLUOROURACIL CRE 5%	34	FOSFOMYCIN POW 3GM	19
FENTANYL OT LOZ 400MCG	11	FLUOROURACIL SOL 2%	34	FOSINOP/HCTZ TAB 10/12.5.....	60
FENTANYL OT LOZ 600MCG	11	FLUOROURACIL SOL 5%	34	FOSINOP/HCTZ TAB 20/12.5	60
FENTANYL OT LOZ 800MCG	11	FLUOXETINE CAP 10MG.....	26	FOSINOPRIL TAB 10MG	60
FENTANYL OT LOZ 1200MCG	11	FLUOXETINE CAP 20MG	26	FOSINOPRIL TAB 20MG	60
FENTANYL OT LOZ 1600MCG	11	FLUOXETINE CAP 40MG	26	FOSINOPRIL TAB 40MG	60
FESOTERODINE TAB 4MG ER	81	FLUOXETINE CAP 90MG DR	26	FOSRENOL POW 750MG	74
FESOTERODINE TAB 8MG ER	81	FLUOXETINE SOL 20MG/5ML	26	FOSRENOL POW 1000MG	74
FINASTERIDE TAB 5MG.....	81	FLUOXETINE TAB 10MG	26	FREESTYLE KIT SENSOR	108
FINGOLIMOD CAP 0.5MG.....	68	FLUOXETINE TAB 10MG	26	FREESTYLE MIS READER	108
FINZALA CHW FE 1/20	89	FLUOXETINE TAB 20MG	26	FREESTY LIBR KIT 2 SENSOR.....	108
FLAC OIL 0.01%.....	115	FLUOXETINE TAB 20MG	26	FREESTY LIBR KIT 3 SENSOR.....	108
FLAVOXATE TAB 100MG.....	81	FLUPHENAZINE CON 5MG/ML	40	FREESTY LIBR MIS 2 READER	108
FLECAINIDE TAB 50MG	60	FLUPHENAZINE ELX 2.5/5ML	40	FREESTY LIBR MIS 3 READER	108
FLECAINIDE TAB 100MG	60	FLUPHENAZINE TAB 1MG	40	FROVATRIPTAN TAB 2.5MG	31
FLECAINIDE TAB 150MG	60	FLUPHENAZINE TAB 2.5MG	40	FUROSEMIDE SOL 10MG/ML	60
FLEXICHAMBER MIS MASK SM.....	108	FLUPHENAZINE TAB 5MG	40	FUROSEMIDE SOL 40MG/5ML.....	60
FLUAD QUADRI INJ 2023-24	102	FLUPHENAZINE TAB 10MG.....	40	FUROSEMIDE TAB 20MG	60
FLUBLOK QUAD INJ 2023-24.....	102	FLURANDRENOL LOT 0.05%	83	FUROSEMIDE TAB 40MG	60
FLUCLVX QUAD INJ 2023-24	102	FLURAZEPAM CAP 15MG	122	FUROSEMIDE TAB 80MG	60
FLUCLVX QUAD INJ 2023-24	102	FLURAZEPAM CAP 30MG.....	122	FUZEON INJ 90MG	43
FLUCONAZOLE SUS 10MG/ML.....	29	FLURBIPROFEN SOL 0.03% OP.....	112	FYAVOLV TAB 0.5-2.5.....	89
FLUCONAZOLE SUS 40MG/ML	29	FLURBIPROFEN TAB 100MG.....	12	FYAVOLV TAB 1-5.....	89
FLUCONAZOLE TAB 50MG	29	FLUTAMIDE CAP 125MG.....	34	FYCOMPASUS 0.5MG/ML.....	22
FLUCONAZOLE TAB 100MG	29	FLUTICASONE CRE 0.05%.....	83	GABAPENTIN CAP 100MG.....	22
FLUCONAZOLE TAB 150MG	29	FLUTICASONE OIN 0.005%	83	GABAPENTIN CAP 300MG	22
FLUCONAZOLE TAB 200MG	29	FLUTICASONE SPR 50MCG	117	GABAPENTIN CAP 400MG	22
FLUCYTOSINE CAP 250MG	30	FLUTIC/SALME AER 100/50.....	117	GABAPENTIN SOL 250/5ML.....	22
FLUCYTOSINE CAP 500MG	30	FLUTIC/SALME AER 250/50.....	117	GABAPENTIN TAB 600MG.....	22
FLUDROCORT TAB 0.1MG	83	FLUTIC/SALME AER 500/50	117	GABAPENTIN TAB 800MG	22
FLULALVAL QUA INJ 2023-24	102	FLUTIC/SALME INH 55/14.....	117	GALANTAMINE CAP 8MG ER.....	24
FLUMIST QUAD SUS 2023-24.....	102	FLUTIC/SALME INH 113/14.....	117	GALANTAMINE CAP 16MG ER.....	24
FLUNISOLIDE SPR 0.025%	117	FLUTIC/SALME INH 232/14	117	GALANTAMINE CAP 24MG ER.....	24
FLUOCIN ACET CRE 0.01%	83	FLUVASTATIN CAP 20MG.....	60	GALANTAMINE SOL 4MG/ML.....	24
FLUOCIN ACET CRE 0.025%.....	83	FLUVASTATIN CAP 40MG.....	60	GALANTAMINE TAB 4MG	24
FLUOCIN ACET OIL 0.01%.....	83	FLUVOXAMINE CAP 100MG ER	26	GALANTAMINE TAB 8MG	24
FLUOCIN ACET OIL 0.01%.....	115	FLUVOXAMINE CAP 150MG ER	26	GALANTAMINE TAB 12MG	24
FLUOCIN ACET OIL 0.01% SC	83	FLUVOXAMINE TAB 25MG.....	26	GALZIN CAP 25MG	74
FLUOCIN ACET OIL BODY.....	83	FLUVOXAMINE TAB 50MG	26	GALZIN CAP 50MG	74
FLUOCIN ACET OIL EAR 0.01%	115	FLUVOXAMINE TAB 100MG	26	GARDASIL 9 INJ	102
FLUOCIN ACET OIL SCALP.....	83	FLUZONE HD INJ 2023-24	102	GARDASIL 9 INJ	102
FLUOCIN ACET OIN 0.025%.....	83	FLUZONE QUAD INJ 2023-24	102	GATIFLOXACIN SOL 0.5%	112
FLUOCIN ACET SOL 0.01%	83	FLUZONE QUAD INJ 2023-24	102	GAUZE PAD 2"X2"	108
FLUOCINONIDE CRE 0.05%	83	FOLIC ACID TAB 1MG	73	GAVILAX POW	78
FLUOCINONIDE CRE E 0.05%.....	83	FOLIC ACID TAB 400MCG.....	73	GAVILYTE-C SOL.....	78
FLUOCINONIDE GEL 0.05%.....	83	FOLIC ACID TAB 800MCG.....	73	GAVILYTE-G SOL.....	78
FLUOCINONIDE OIN 0.05%	83	FOLIC ACID TAB 1000MCG.....	73	GEFITINIB TAB 250MG	34
FLUOCINONIDE SOL 0.05%	83	FOLIVANE-OB CAP	73	GEMFIBROZIL TAB 600MG	60
FLUORIDE CHW 0.5MG F	73	FONDAPARINUX INJ 2.5/0.5.....	53	GEMMILY CAP 1/20	89
FLUORIDE CHW 0.25MG F.....	73	FONDAPARINUX INJ 5/0.4ML.....	53	GENERLAC SOL 10GM/15	78

GENGRAF CAP 25MG.....	102	GUANFACINE TAB 1MG	60	HUMALOG INJ 100/ML.....	48
GENGRAF CAP 100MG	102	GUANFACINE TAB 1MG ER	69	HUMALOG JR INJ 100/ML	48
GENGRAF SOL 100MG/ML.....	102	GUANFACINE TAB 2MG.....	60	HUMALOG KWIK INJ 100/ML	48
GENTAK OIN 0.3% OP.....	112	GUANFACINE TAB 2MG ER	69	HUMALOG KWIK INJ 200/ML	48
GENTAMICIN CRE 0.1%.....	19	GUANFACINE TAB 3MG ER	69	HUMALOG MIX INJ 50/50.....	48
GENTAMICIN OIN 0.1%.....	19	GUANFACINE TAB 4MG ER	69	HUMALOG MIX INJ 50/50KWP.....	48
GENTAMICIN SOL 0.3% OP.....	112	GVOKE HYPO 1INJ 1MG/.2ML	48	HUMALOG MIX INJ 75/25KWP	49
GENTLELAX POW.....	78	GVOKE HYPO 1INJ .5/.1ML.....	48	HUMALOG MIX SUS 75/25.....	49
GENVOYA TAB.....	43	GVOKE KIT SOL 1MG/0.2M	48	HUMATIN CAP 250MG.....	20
GILTUSS TAB 10-388MG	117	GVOKE PFS INJ	48	HUMIRA INJ 10/0.1ML	103
GLATIRAMER INJ 20MG/ML	68	GVOKE PFS INJ	48	HUMIRA INJ 20/0.2ML.....	103
GLATIRAMER INJ 40MG/ML	69	GYNAZOLE-1 CRE 2%	30	HUMIRA INJ 40/0.4ML	103
GLATOPA INJ 20MG/ML	69	GYNOL II GEL 3% .....	.81	HUMIRA KIT 40MG/0.8.....	103
GLATOPA INJ 40MG/ML	69	HADLIMA INJ 40/0.4ML	102	HUMIRA PEDIA INJ CROHNS.....	103
GLEOSTINE CAP 10MG.....	34	HADLIMA INJ 40/0.8ML	102	HUMIRA PEDIA INJ CROHNS.....	103
GLEOSTINE CAP 40MG.....	34	HADLIMA PUSH INJ 40/0.4ML	102	HUMIRA PEN INJ 40/0.4ML	103
GLEOSTINE CAP 100MG	34	HADLIMA PUSH INJ 40/0.8ML	102	HUMIRA PEN INJ 40MG/0.8.....	103
GLIMEPIRIDE TAB 1MG.....	47	HAEGARDA INJ 2000UNIT	102	HUMIRA PEN INJ 80/0.8ML	103
GLIMEPIRIDE TAB 2MG.....	48	HAEGARDA INJ 3000UNIT	102	HUMIRA PEN INJ CD/UC/HS.....	103
GLIMEPIRIDE TAB 4MG	48	HAILEY 24 TAB FE.....	.89	HUMIRA PEN INJ PS/UV.....	103
GLIPIZIDE ER TAB 2.5MG	48	HAILEY FE TAB 1.5/30.....	.89	HUMIRA PEN KIT CD/UC/HS	103
GLIPIZIDE ER TAB 5MG.....	48	HAILEY FE TAB 1/20 .....	.89	HUMIRA PEN KIT PED UC.....	103
GLIPIZIDE ER TAB 10MG	48	HAILEY TAB 1.5/30 .....	.89	HUMIRA PEN KIT PS/UV	103
GLIPIZIDE TAB 2.5MG	48	HALOBETASOL CRE 0.05% .....	.83	HUMULIN INJ 70/30.....	49
GLIPIZIDE TAB 5MG	48	HALOBETASOL OIN 0.05%.....	.83	HUMULIN INJ 70/30KWP	49
GLIPIZIDE TAB 10MG	48	HALOETTE MIS.....	.89	HUMULIN N INJ U-100	49
GLIP/METFORM TAB 2.5-250.....	48	HALOPERIDOL CON 2MG/ML.....	40	HUMULIN N INJ U-100KWP	49
GLIP/METFORM TAB 2.5-250M.....	48	HALOPERIDOL TAB 0.5MG	40	HUMULIN R INJ U-100.....	49
GLIP/METFORM TAB 2.5-500.....	48	HALOPERIDOL TAB 1MG.....	40	HUMULIN R INJ U-500	49
GLIP/METFORM TAB 2.5-500M.....	48	HALOPERIDOL TAB 2MG	40	HUMULIN R INJ U-500	49
GLIP/METFORM TAB 5-500MG	48	HALOPERIDOL TAB 5MG	40	HYCAMTIN CAP 0.25MG.....	34
GLUCAGON EMR SOL 1MG.....	48	HALOPERIDOL TAB 10MG	40	HYCAMTIN CAP 1MG	34
GLUCAGON KIT 1MG	48	HALOPERIDOL TAB 20MG	40	HYD POL/CPM SUS 10-8/5ML.....	117
GLUCOSE BITS CHW 1GM	108	HAVRIX INJ 720UNIT	103	HYDRALAZINE TAB 10MG	60
GLYB/METFORM TAB 1.25-250	48	HAVRIX INJ 1440UNIT	102	HYDRALAZINE TAB 25MG	60
GLYB/METFORM TAB 2.5-500	48	HC/ACET ACID SOL OTIC .....	.115	HYDRALAZINE TAB 50MG	60
GLYB/METFORM TAB 5-500MG	48	HC BUTYRATE CRE 0.1% .....	.83	HYDRALAZINE TAB 100MG	60
GLYBURIDE TAB 1.25MG	48	HC BUTYRATE CRE 0.1% .....	.83	HYDROCHLOROT CAP 12.5MG	60
GLYBURIDE TAB 2.5MG	48	HC BUTYRATE OIN 0.1% .....	.83	HYDROCHLOROT TAB 12.5MG	60
GLYBURIDE TAB 5MG	48	HC BUTYRATE SOL 0.1% .....	.83	HYDROCHLOROT TAB 25MG	60
GLYBURID MCR TAB 1.5MG	48	HC PRAMOXINE CRE 1-1% .....	.107	HYDROCHLOROT TAB 50MG	60
GLYBURID MCR TAB 3MG	48	HC VALERATE CRE 0.2% .....	.83	HYDROC/HOMAT TAB 5-1.5MG.....	117
GLYBURID MCR TAB 6MG	48	HC VALERATE OIN 0.2%.....	.83	HYDROCO/APAP SOL 75-325	12
GLYCOLAX POW 3350 NF	78	HEATHER TAB 0.35MG .....	.89	HYDROCO/APAP TAB 5-325MG	12
GLYCOPYRROL TAB 1MG	78	HEPARIN SOD INJ 1000/ML.....	.53	HYDROCO/APAP TAB 7.5-325	12
GLYCOPYRROL TAB 2MG	78	HEPARIN SOD INJ 5000/0.5 .....	.53	HYDROCO/APAP TAB 10-325MG	12
GLYDO GEL 2%.....	.15	HEPARIN SOD INJ 5000/0.5 .....	.53	HYDROCOD/HOM SYP 5-1.5/5	118
GNP GLUCOSE CHW 2GM	109	HEPARIN SOD INJ 5000/ML .....	.53	HYDROCOD/IBU TAB 5-200MG	12
GRANISETRON TAB 1MG	28	HEPARIN SOD INJ 5000/ML .....	.53	HYDROCOD/IBU TAB 7.5-200	12
GRISEOFULVIN SUS 125/5ML	30	HEPARIN SOD INJ 10000/ML .....	.53	HYDROCOD/IBU TAB 10-200MG	12
GRISEOFULVIN TAB MICR 500	30	HEPARIN SOD INJ 20000/ML .....	.53	HYDROCODONE CAP 10MG ER	12
GRISEOFULVIN TAB ULTR 125	30	HEPLISAV-B INJ 20/0.5ML .....	.103	HYDROCODONE CAP 15MG ER	12
GRISEOFULVIN TAB ULTR 250	30	HIBERIX SOL 10MCG .....	.103	HYDROCODONE CAP 20MG ER	12
GUIATAUSS AC SYP 100-10/5 .....	.117	HUMALOG INJ 100/ML .....	.48	HYDROCODONE CAP 30MG ER	12

HYDROCODONE CAP 40MG ER.....	12	IMIPRAM HCL TAB 50MG.....	26	IOPIDINE SOL 1% OP	112
HYDROCODONE CAP 50MG ER.....	12	IMIPRAM PAM CAP 75MG	26	IPOL INJ INACTIVE.....	103
HYDROCORT CRE 2.5%	83	IMIPRAM PAM CAP 100MG	26	IPRATROPIUM SOL 0.02%INH	118
HYDROCORT ENE 100MG	107	IMIPRAM PAM CAP 125MG	26	IPRATROPIUM/ SOL ALBUTER	118
HYDROCORTISO CRE 2.5%	107	IMIPRAM PAM CAP 150MG	26	IPRATROPIUM SPR 0.03%.....	118
HYDROCORT LOT 2.5%	83	IMIQUIMOD CRE 5%.....	71	IPRATROPIUM SPR 0.06%	118
HYDROCORT OIN 1%	83	INATAL GT TAB	74	IRBESAR/HCTZ TAB 150-12.5	60
HYDROCORT OIN 2.5%	83	INCASSIA TAB 0.35MG.....	89	IRBESAR/HCTZ TAB 300-12.5.....	60
HYDROCORT TAB 5MG	83	INCRELEX INJ 40MG/4ML	85	IRBESARTAN TAB 75MG	61
HYDROCORT TAB 10MG	83	INCRUSE ELPT INH 62.5MCG	118	IRBESARTAN TAB 150MG	60
HYDROCORT TAB 20MG.....	83	INDAPAMIDE TAB 1.25MG	60	IRBESARTAN TAB 300MG.....	61
HYDROMET SYP 5-1.5/5	118	INDAPAMIDE TAB 2.5MG	60	ISIBLOOM TAB	89
HYDROMORPHON LIQ 1MG/ML	12	INDOMETHACIN CAP 25MG	12	ISONIAZID SYP 50MG/5ML	32
HYDROMORPHON TAB 2MG	12	INDOMETHACIN CAP 50MG	12	ISONIAZID TAB 100MG.....	32
HYDROMORPHON TAB 4MG	12	INDOMETHACIN CAP 75MG ER.....	12	ISONIAZID TAB 300MG.....	32
HYDROMORPHON TAB 8MG	12	INFANRIX INJ	103	ISOPTO ATROP SOL 1% OP	112
HYDROMORPHON TAB 8MG ER.....	12	INGREZZA CAP 40-80MG	69	ISOSO/HYDRAL TAB 20-375.....	61
HYDROMORPHON TAB 12MG ER.....	12	INGREZZA CAP 40MG	69	ISOSORB DIN TAB 5MG.....	61
HYDROMORPHON TAB 16MG ER.....	12	INGREZZA CAP 60MG	69	ISOSORB DIN TAB 10MG	61
HYDROMORPHON TAB 32MG ER.....	12	INGREZZA CAP 80MG	69	ISOSORB DIN TAB 20MG	61
HYDROXYCHLOR TAB 100MG	37	INS DEGL FLX INJ 100UNIT.....	49	ISOSORB DIN TAB 30MG	61
HYDROXYCHLOR TAB 200MG	37	INS DEGL FLX INJ 200UNIT.....	49	ISOSORB MONO TAB 10MG	61
HYDROXYUREA CAP 500MG	34	INSPIREASE MIS DD SYST	109	ISOSORB MONO TAB 20MG	61
HYDROXYZ HCL SYP 10MG/5ML	46	INSPIREASE MIS RES BAG	109	ISOSORB MONO TAB 30MG ER	61
HYDROXYZ HCL TAB 10MG	46	INSULIN ASPA INJ 70/30.....	49	ISOSORB MONO TAB 60MG ER	61
HYDROXYZ HCL TAB 25MG.....	46	INSULIN DEGL INJ 100UNIT	49	ISOSORB MONO TAB 120MG ER	61
HYDROXYZ HCL TAB 50MG.....	46	INSULIN LISP INJ 100/ML	49	ISOTRETINOIN CAP 10MG	71
HYDROXYZ PAM CAP 25MG	46	INSULIN LISP INJ 100/ML	49	ISOTRETINOIN CAP 20MG	72
HYDROXYZ PAM CAP 50MG	46	INSULIN LISP INJ JUNIOR	49	ISOTRETINOIN CAP 30MG	72
HYDROXYZ PAM CAP 100MG	46	INSULIN LISP INJ PROTAMIN.....	49	ISOTRETINOIN CAP 40MG	72
HYPERSAL NEB 3.5%.....	118	INSULIN SRYG MIS 1ML/32G.....	109	ISRADIPINE CAP 2.5MG	61
HYPERSAL NEB 7%.....	118	INSULIN SYRG MIS 0.3/29G	109	ISRADIPINE CAP 5MG	61
IBANDRONATE TAB 150MG.....	107	INSULIN SYRG MIS 0.3/30G	109	ITRACONAZOLE CAP 100MG	30
IBUPROFEN TAB 400MG	12	INSULIN SYRG MIS 0.3/30G	109	ITRACONAZOLE SOL 10MG/ML	30
IBUPROFEN TAB 600MG	12	INSULIN SYRG MIS 0.3/31G	109	ITRACONAZOLE SOL 100/10ML	30
IBUPROFEN TAB 800MG	12	INSULIN SYRG MIS 0.3/31G	109	IVERMECTIN CRE 1%	72
IBU TAB 400MG.....	12	INSULIN SYRG MIS 0.5/28G	109	IVERMECTIN LOT 0.5%	37
IBU TAB 600MG.....	12	INSULIN SYRG MIS 0.5/29G	109	IVERMECTIN TAB 3MG	37
IBU TAB 800MG.....	12	INSULIN SYRG MIS 0.5/30G	109	JAIMIESS TAB	89
ICATIBANT INJ 30MG/3ML	103	INSULIN SYRG MIS 0.5/30G	109	JAKAFI TAB 5MG.....	34
ICLEVIA TAB	89	INSULIN SYRG MIS 0.5/31G	109	JAKAFI TAB 10MG.....	34
ICOSAPENT CAP 0.5GM	60	INSULIN SYRG MIS 0.5/31G	109	JAKAFI TAB 15MG.....	34
ICOSAPENT CAP 1GM	60	INSULIN SYRG MIS 0.5/32G	109	JAKAFI TAB 20MG	34
IMATINIB MES TAB 100MG	34	INSULIN SYRG MIS 1ML/27G.....	109	JAKAFI TAB 25MG	34
IMATINIB MES TAB 400MG	34	INSULIN SYRG MIS 1ML/28G.....	109	JANTOVEN TAB 1MG.....	53
IMBRUVICA CAP 70MG	34	INSULIN SYRG MIS 1ML/28G.....	109	JANTOVEN TAB 2.5MG.....	53
IMBRUVICA CAP 140MG	34	INSULIN SYRG MIS 1ML/29G.....	109	JANTOVEN TAB 2MG	53
IMBRUVICA SUS 70MG/ML.....	34	INSULIN SYRG MIS 1ML/29G.....	109	JANTOVEN TAB 3MG	53
IMBRUVICA TAB 140MG	34	INSULIN SYRG MIS 1ML/30G	109	JANTOVEN TAB 4MG	53
IMBRUVICA TAB 280MG	34	INSULIN SYRG MIS 1ML/30G	109	JANTOVEN TAB 5MG	53
IMBRUVICA TAB 420MG	34	INSULIN SYRG MIS 1ML/31G	109	JANTOVEN TAB 6MG	53
IMBRUVICA TAB 560MG	34	INTELENCE TAB 25MG	43	JANTOVEN TAB 7.5MG	53
IMIPRAM HCL TAB 10MG	26	INTROVALE TAB.....	89	JANTOVEN TAB 10MG	53
IMIPRAM HCL TAB 25MG	26	INVELTYS SUS 1%	112	JARDIANCE TAB 10MG	49

JARDIANCE TAB 25MG	49	LACOSAMIDE SOL 50/5ML	22	LENVIMA CAP 10 MG	35
JASMIEL TAB 3-0.02MG	89	LACOSAMIDE SOL 50MG/5ML	22	LENVIMA CAP 12MG	35
JENCYCLLA TAB 0.35MG	89	LACOSAMIDE SOL 100/10ML	22	LENVIMA CAP 14 MG	35
JENTADUETO TAB 2.5-500	49	LACOSAMIDE SOL 150/15ML	22	LENVIMA CAP 18 MG	35
JENTADUETO TAB 2.5-850	49	LACOSAMIDE SOL 200/20ML	22	LENVIMA CAP 20 MG	35
JENTADUETO TAB 2.5-1000	49	LACOSAMIDE TAB 50MG.....	22	LENVIMA CAP 24 MG	35
JENTADUETO TAB XR.....	49	LACOSAMIDE TAB 100MG.....	22	LESSINA TAB	90
JENTADUETO TAB XR.....	49	LACOSAMIDE TAB 150MG.....	22	LETROZOLE TAB 2.5MG.....	35
JINTELI TAB 1MG-5MCG	90	LACOSAMIDE TAB 200MG	22	LEUCOVOR CA TAB 5MG	35
JOLESSA TAB	90	LACTULOSE PAK 10GM	78	LEUCOVOR CA TAB 10MG	35
JOYEAXU TAB 0.1-20.....	90	LACTULOSE SOL 10GM/15	78	LEUCOVOR CA TAB 15MG	35
JULEBER TAB	90	LACTULOSE SOL 10GM/15	78	LEUCOVOR CA TAB 25MG	35
JULUCA TAB 50-25MG.....	43	LACTULOSE SOL 20/30ML.....	78	LEUKERAN TAB 2MG	35
JUNEL 1.5/30 TAB	90	LAGEVRIO CAP 200MG.....	109	LEUPROLIDE INJ 1MG/0.2	99
JUNEL 1/20 TAB	90	LAMIVUDINE SOL 10MG/ML.....	43	LEUPROLIDE INJ 14 DAY	99
JUNEL FE 24 TAB 1/20.....	90	LAMIVUDINE TAB 100MG	43	LEUPROLIDE KIT 1MG/0.2	99
JUNEL FE TAB 1.5/30	90	LAMIVUDINE TAB 150MG	43	LEUPROLIDE KIT 14 DAY	99
JUNEL FE TAB 1/20	90	LAMIVUDINE TAB 300MG	43	LEVALBUTEROL NEB 0.31MG	118
JYNNEOS INJ	103	LAMIVUD/ZIDO TAB 150-300	43	LEVALBUTEROL NEB 0.63MG	118
KAITLIB FE CHW	90	LAMOTRIGINE CHW 5MG	22	LEVALBUTEROL NEB 1.25/0.5	118
KALLIGA TAB.....	90	LAMOTRIGINE CHW 25MG.....	22	LEVALBUTEROL NEB 1.25MG	118
KARIVA TAB 28 DAY	90	LAMOTRIGINE TAB 25MG	23	LEVEMIR INJ	49
KELNOR 1/50 TAB	90	LAMOTRIGINE TAB 100MG	23	LEVEMIR INJ FLEXPEN	49
KELNOR TAB 1/35.....	90	LAMOTRIGINE TAB 150MG	23	LEVEMIR INJ FLEXTOU	49
KETOCONAZOLE CRE 2%.....	30	LAMOTRIGINE TAB 200MG	23	LEVETIRACETA SOL 100MG/ML	23
KETOCONAZOLE SHA 2%.....	30	LANCET DEVIC MIS ADJUST	47	LEVETIRACETA SOL 500/5ML	23
KETOCONAZOLE TAB 200MG	30	LANCETS MIS	47	LEVETIRACETA TAB 250MG	23
KETO-DIASTIX TES	109	LANSOPR/AMOX PAK /CLARITH	78	LEVETIRACETA TAB 500MG	23
KETOPROFEN CAP 25MG.....	12	LANSOPRAZOLE CAP 15MG DR	78	LEVETIRACETA TAB 500MG ER	23
KETOPROFEN CAP 50MG	12	LANSOPRAZOLE CAP 30MG DR	78	LEVETIRACETA TAB 750MG	23
KETOPROFEN CAP 200MG ER	12	LANTHANUM CHW 500MG.....	74	LEVETIRACETA TAB 750MG ER	23
KETOROLAC SOL 0.4%	112	LANTHANUM CHW 750MG.....	74	LEVETIRACETA TAB 1000MG	23
KETOROLAC SOL 0.5%.....	113	LANTHANUM CHW 1000MG.....	74	LEVOBUNOLOL SOL 0.5% OP	113
KETOROLAC TAB 10MG.....	12	LARIN 24 TAB FE 1/20	90	LEVOCARNITIN SOL 1GM/10ML	74
KINRIX INJ	103	LARIN FE TAB 1.5/30.....	90	LEVOCARNITIN TAB 330MG	74
KIPROFEN CAP 25MG	12	LARIN FE TAB 1/20.....	90	LEVOCETIRIZI SOL 2.5/5ML	118
KLAYESTA POW 100000	30	LARIN TAB 1.5/30	90	LEVOCETIRIZI TAB 5MG	118
KLOR-CON 8 TAB 8MEQ ER	74	LARIN TAB 1/20	90	LEVO-ETH EST TAB 90-20MCG	91
KLOR-CON 10 TAB 10MEQ ER	74	LARISSIA TAB	90	LEVOFLOXACIN SOL 0.5%	113
KLOR-CON/EF TAB 25MEQ FR	74	LASTACAFT SOL 0.25%	113	LEVOFLOXACIN SOL 1.5%	113
KLOR-CON M10 TAB 10MEQ ER	74	LATANOPROST SOL 0.005%.....	113	LEVOFLOXACIN SOL 25MG/ML	20
KLOR-CON M15 TAB 15MEQ ER	74	LAYOLIS FE CHW	90	LEVOFLOXACIN TAB 250MG	20
KLOR-CON M20 TAB 20MEQ ER	74	LEDIP-SOFOSB TAB 90-400MG.....	43	LEVOFLOXACIN TAB 500MG	20
KLOR-CON PAK 20MEQ	74	LEENA TAB	90	LEVOFLOXACIN TAB 750MG	20
KOURZEQ PST 0.1%	70	LEFLUNOMIDE TAB 10MG.....	103	LEVONEST TAB	91
K-PRIME TAB 25MEQ EF	74	LEFLUNOMIDE TAB 20MG	103	LEVONOR/ETHI TAB	91
KRISTALOSE PAK 10GM.....	78	LENALIDOMIDE CAP 2.5MG.....	34	LEVONOR/ETHI TAB 0.1-0.02	91
KRISTALOSE PAK 20GM	78	LENALIDOMIDE CAP 5MG	35	LEVONOR/ETHI TAB 0.1-20	91
KURVELO TAB 0.15/30	90	LENALIDOMIDE CAP 10MG	34	LEVONOR/ETHI TAB ESTRADIO	91
KYLEENA IUD 19.5MG	90	LENALIDOMIDE CAP 15MG	34	LEVONOR/ETHI TAB ESTRADIO	91
LABETALOL TAB 100MG	61	LENALIDOMIDE CAP 20MG	34	LEVONOR/ETHI TAB ESTRADIO	91
LABETALOL TAB 200MG	61	LENALIDOMIDE CAP 25MG	35	LEVONOR/ETHI TAB ESTRADIO	91
LABETALOL TAB 300MG	61	LENVIMA CAP 4MG	35	LEVONOR/ETHI TAB ESTRADIO	91
LACOSAMIDE SOL 10MG/ML	22	LENVIMA CAP 8 MG	35	LEVONORGESTR TAB 1.5MG	91

LEVORA-28 TAB 0.15/30	91	LINZESS CAP 290MCG	78	LUBIPROSTONE CAP 24MCG.....	78
LEVORPHANOL TAB 2MG	12	LIOTHYRONINE TAB 5MCG	97	LULICONAZOLE CRE 1%.....	30
LEVORPHANOL TAB 3MG	13	LIOTHYRONINE TAB 25MCG	97	LUMIGAN SOL 0.01%	113
LEVOTHYROXIN TAB 25MCG.....	97	LIOTHYRONINE TAB 50MCG.....	97	LURASIDONE TAB 20MG	40
LEVOTHYROXIN TAB 50MCG.....	97	LISINOP/HCTZ TAB 10-12.5.....	61	LURASIDONE TAB 40MG	40
LEVOTHYROXIN TAB 75MCG.....	97	LISINOP/HCTZ TAB 20-12.5.....	61	LURASIDONE TAB 60MG	40
LEVOTHYROXIN TAB 88MCG.....	97	LISINOP/HCTZ TAB 20-25MG	61	LURASIDONE TAB 80MG	40
LEVOTHYROXIN TAB 100MCG	97	LISINOPRIL TAB 2.5MG.....	61	LURASIDONE TAB 120MG	40
LEVOTHYROXIN TAB 112MCG	97	LISINOPRIL TAB 5MG.....	61	LUTERA TAB .....	.91
LEVOTHYROXIN TAB 125MCG	97	LISINOPRIL TAB 10MG	61	LYLEQ TAB 0.35MG .....	.91
LEVOTHYROXIN TAB 137MCG.....	97	LISINOPRIL TAB 20MG	61	LYLLANA DIS 0.1MG .....	.91
LEVOTHYROXIN TAB 150MCG.....	97	LISINOPRIL TAB 30MG	61	LYLLANA DIS 0.05MG.....	.91
LEVOTHYROXIN TAB 175MCG.....	97	LISINOPRIL TAB 40MG	61	LYLLANA DIS 0.025MG .....	.91
LEVOTHYROXIN TAB 200MCG	97	LITHIUM CARB CAP 150MG	46	LYLLANA DIS 0.075MG .....	.91
LEVOTHYROXIN TAB 300MCG	97	LITHIUM CARB CAP 300MG.....	46	LYLLANA DIS 0.0375MG .....	.91
LEVO-T TAB 25MCG	97	LITHIUM CARB CAP 600MG.....	46	LYSODREN TAB 500MG.....	99
LEVO-T TAB 50MCG	97	LITHIUM CARB TAB 300MG	46	LYZA TAB 0.35MG	92
LEVO-T TAB 75MCG	97	LITHIUM CARB TAB 300MG ER.....	46	MAFENIDE ACE PAK 5%	20
LEVO-T TAB 88MCG	97	LITHIUM CARB TAB 450MG ER.....	46	MAG CITRATE SOL LEMON.....	79
LEVO-T TAB 100MCG	97	LITHIUM SOL 8MEQ/5ML	46	MALATHION LOT 0.5%.....	37
LEVO-T TAB 112MCG.....	97	LOJAIMIESS TAB.....	.91	MARAVIROC TAB 150MG	43
LEVO-T TAB 125MCG	97	LOKELMA PAK 5GM.....	.74	MARAVIROC TAB 300MG	43
LEVO-T TAB 137MCG	97	LOKELMA PAK 10GM.....	.74	MARLISSA TAB 0.15/30	92
LEVO-T TAB 150MCG	97	LO LOESTRIN TAB 1-10-10 .....	.91	MARPLAN TAB 10MG	27
LEVO-T TAB 175MCG	97	LOPERAMIDE CAP 2MG	78	MASK VORTEX/ MIS FROG	110
LEVO-T TAB 200MCG	97	LOPIN/RITON SOL 80-20/ML.....	43	MATULANE CAP 50MG	35
LEVO-T TAB 300 MCG	97	LOPIN/RITON TAB 100-25MG	43	MATZIM LA TAB 180MG/24.....	61
LEVOXYL TAB 25MCG	97	LOPIN/RITON TAB 200-50MG	43	MATZIM LA TAB 240MG/24.....	61
LEVOXYL TAB 50MCG	97	LORAZEPAM CON 2MG/ML	46	MATZIM LA TAB 300MG/24.....	62
LEVOXYL TAB 75MCG	97	LORAZEPAM TAB 0.5MG	46	MATZIM LA TAB 360MG/24.....	62
LEVOXYL TAB 88MCG	97	LORAZEPAM TAB 1MG	46	MATZIM LA TAB 420MG/24.....	62
LEVOXYL TAB 100MCG	97	LORAZEPAM TAB 2MG	46	MAXICOMFORT MIS 27GX1/2.....	110
LEVOXYL TAB 112MCG	97	LORBRENA TAB 25MG .....	.35	MAXICOMFORT MIS 27GX1/2"	110
LEVOXYL TAB 125MCG	97	LORBRENA TAB 100MG.....	.35	MECLIZINE TAB 25MG.....	28
LEVOXYL TAB 137MCG	97	LORYNA TAB 3-0.02MG .....	.91	MECLIZINE TAB 50MG	28
LEVOXYL TAB 150MCG	97	LOSARTAN/HCT TAB 50-12.5	61	MECLOFEN SOD CAP 50MG	13
LEVOXYL TAB 175MCG	97	LOSARTAN/HCT TAB 100-12.5	61	MECLOFEN SOD CAP 100MG	13
LEVOXYL TAB 200MCG	97	LOSARTAN/HCT TAB 100-25.....	61	MEDROXYPR AC INJ 150MG/ML	92
LEXIVA SUS 50MG/ML.....	43	LOSARTAN POT TAB 25MG	61	MEDROXYPR AC INJ 150MG/ML	92
LIDOCAINE GEL 2% JELLY	15	LOSARTAN POT TAB 50MG	61	MEDROXYPR AC TAB 2.5MG	92
LIDOCAINE GEL 2% JELLY	15	LOSARTAN POT TAB 100MG	61	MEDROXYPR AC TAB 5MG	92
LIDOCAINE PAD 5%	15	LOTEMAX OIN 0.5%.....	.113	MEDROXYPR AC TAB 10MG.....	92
LIDOCAINE SOL 2% ORAL	15	LOTEMAX SM GEL 0.38% .....	.113	MEFENAM ACID CAP 250MG.....	13
LIDOCAINE SOL 2% VISC	15	LOTEPREDNOL SUS 0.5%.....	.113	MEFLOQUINE TAB 250MG	37
LIDOCAINE SOL 4%	15	LOVASTATIN TAB 10MG .....	.61	MEGESTROL AC SUS 40MG/ML	92
LIDOCAINE SOL 4%	15	LOVASTATIN TAB 20MG.....	.61	MEGESTROL AC SUS 400MG/10	92
LIDOCNA/TETRA CRE 7/7%.....	15	LOVASTATIN TAB 40MG .....	.61	MEGESTROL AC SUS 800MG/20.....	92
LIDO/PRIOCN CRE 2.5-2.5%.....	15	LOW-OGESTREL TAB .....	.91	MEGESTROL AC TAB 20MG.....	92
LILETTA IUD 52MG .....	.91	LOXAPINE CAP 5MG .....	.40	MEGESTROL AC TAB 40MG	92
LILLOW TAB 0.15/30 .....	.91	LOXAPINE CAP 10MG.....	.40	MEGESTROL SUS 625MG/5M	92
LINEZOLID SUS 100/5ML	20	LOXAPINE CAP 25MG.....	.40	MELOXICAM TAB 7.5MG .....	.13
LINEZOLID TAB 600MG	20	LOXAPINE CAP 50MG .....	.40	MELOXICAM TAB 15MG .....	.13
LINZESS CAP 72MCG.....	78	LO-ZUMANDIMI TAB 3-0.02MG .....	.91	MELPHALAN TAB 2MG.....	35
LINZESS CAP 145MCG.....	78	LUBIPROSTONE CAP 8MCG.....	.79	MEMANTINE HC SOL 2MG/ML	25

MEMANTINE SOL 2MG/ML.....	24	METHYLDOPA TAB 500MG.....	62	MIDODRINE TAB 10MG.....	62
MEMANTINE TAB 5MG.....	24	METHYLERGON TAB 0.2MG.....	110	MIFEPREX TAB 200MG.....	85
MEMANTINE TAB 10MG	24	METHYLPHENID SOL 5MG/5ML.....	69	MIFEPRISTONE TAB 200MG.....	85
MEMANTINE TAB HCL 5MG	24	METHYLPHENID SOL 10MG/5ML.....	69	MIGERGOT SUP 2/100.....	31
MEMANTINE TAB HCL 10MG	24	METHYLPHENID TAB 5MG	69	MIGLITOL TAB 25MG.....	50
MEMANT TITRA PAK 5-10MG.....	24	METHYLPHENID TAB 10MG	69	MIGLITOL TAB 50MG.....	50
MENQUADFI INJ.....	103	METHYLPHENID TAB 10MG ER.....	69	MIGLITOL TAB 100MG.....	50
MENTAX CRE 1%	30	METHYLPHENID TAB 18MG ER.....	69	MILI TAB 0.25/35.....	92
MENVEO INJ.....	103	METHYLPHENID TAB 20MG	69	MIMVEY TAB 1-0.5MG.....	92
MENVEO SOL	104	METHYLPHENID TAB 20MG ER.....	69	MINOCYCLINE CAP 50MG	20
MEPROBAMATE TAB 200MG	46	METHYLPHENID TAB 27MG ER.....	69	MINOCYCLINE CAP 75MG	20
MEPROBAMATE TAB 400MG	46	METHYLPHENID TAB 36MG ER.....	69	MINOCYCLINE CAP 100MG	20
MERCAPTOPUR TAB 50MG.....	35	METHYLPHENID TAB 54MG ER.....	69	MINOXIDIL TAB 2.5MG	62
MERZEE CAP 1/20	92	METHYLPRED TAB 4MG	84	MINOXIDIL TAB 10MG	62
MESALAMINE CAP 0.375GM	107	METHYLPRED TAB 4MG	84	MIRALAX POW 3350 NF	79
MESALAMINE ENE 4GM	107	METHYLPRED TAB 8MG	84	MIRENA IUD SYSTEM	92
MESALAMINE KIT 4GM.....	107	METHYLPRED TAB 16MG	83	MIRTAZAPINE TAB 7.5MG.....	27
MESALAMINE SUP 1000MG	107	METHYLPRED TAB 32MG	84	MIRTAZAPINE TAB 15MG	27
MESALAMINE TAB 1.2GM.....	107	METHYLTESTOS CAP 10MG	92	MIRTAZAPINE TAB 15MG ODT	27
MESNEX TAB 400MG	35	METOCLOPRAM SOL 5MG/5ML	28	MIRTAZAPINE TAB 30MG	27
METAXALONE TAB 400MG	122	METOCLOPRAM SOL 10/10ML	28	MIRTAZAPINE TAB 30MG ODT	27
METAXALONE TAB 800MG	122	METOCLOPRAM TAB 5MG.....	29	MIRTAZAPINE TAB 45MG.....	27
METFORMIN SOL 500/5ML	49	METOCLOPRAM TAB 10MG.....	29	MIRTAZAPINE TAB 45MG ODT	27
METFORMIN TAB 500MG.....	50	METOLAZONE TAB 2.5MG.....	62	MISOPROSTOL TAB 100MCG	79
METFORMIN TAB 500MG ER	50	METOLAZONE TAB 5MG.....	62	MISOPROSTOL TAB 200MCG	79
METFORMIN TAB 750MG ER	50	METOLAZONE TAB 10MG.....	62	MITOSOL KIT 0.2MG.....	113
METFORMIN TAB 850MG.....	50	METOPRL/HCTZ TAB 50-25MG	62	M-M-R II INJ	104
METFORMIN TAB 1000MG	50	METOPRL/HCTZ TAB 100-25MG	62	M-NATAL PLUS TAB	74
METHADONE CON 10MG/ML	13	METOPRL/HCTZ TAB 100-50MG	62	MODAFINIL TAB 100MG	122
METHADONE SOL 5MG/5ML.....	13	METOPROL SUC TAB 25MG ER.....	62	MODAFINIL TAB 200MG	122
METHADONE SOL 10MG/5ML	13	METOPROL SUC TAB 50MG ER.....	62	MODERNA INJ 6MO-11Y	104
METHADONE TAB 5MG	13	METOPROL SUC TAB 100MG ER.....	62	MOEXIPRIL TAB 7.5MG	62
METHADONE TAB 10MG	13	METOPROL SUC TAB 200MG ER	62	MOEXIPRIL TAB 15MG	62
METHAMPHETAM TAB 5MG	69	METOPROL TAR TAB 25MG	62	MOMETASONE CRE 0.1%	84
METHAZOLAMID TAB 25MG.....	62	METOPROL TAR TAB 50MG.....	62	MOMETASONE OIN 0.1%	84
METHAZOLAMID TAB 50MG	62	METOPROL TAR TAB 100MG.....	62	MOMETASONE SOL 0.1%	84
METHENAM HIP TAB 1GM	20	METRONIDAZOL CRE 0.75%.....	72	MOMETASONE SPR 50MCG	118
METHERGINE TAB 0.2MG.....	110	METRONIDAZOL GEL 0.75%.....	72	MONDOXYNE NL CAP 100MG	20
METHIMAZOLE TAB 5MG.....	100	METRONIDAZOL GEL 0.75%VAG	20	MONO-LINYAH TAB 0.25-35.....	92
METHIMAZOLE TAB 10MG.....	100	METRONIDAZOL LOT 0.75%.....	72	MONTELUKAST CHW 4MG	118
METHOCARBAM TAB 500MG.....	122	METRONIDAZOL TAB 250MG	20	MONTELUKAST CHW 5MG	118
METHOCARBAM TAB 750MG.....	122	METRONIDAZOL TAB 500MG	20	MONTELUKAST GRA 4MG	118
METHOTREXATE INJ 1GM	104	MEXILETINE CAP 150MG.....	62	MONTELUKAST TAB 10MG	118
METHOTREXATE INJ 1GM/40ML....	104	MEXILETINE CAP 200MG	62	MORPHINE SUL SOL 10/0.5ML	13
METHOTREXATE INJ 25MG/ML	104	MEXILETINE CAP 250MG	62	MORPHINE SUL SOL 10MG/5ML	13
METHOTREXATE INJ 25MG/ML	104	MIBELAS 24 CHW FE.....	92	MORPHINE SUL SOL 20MG/5ML	13
METHOTREXATE INJ 50MG/2ML ...	104	MICONAZOLE 3 SUP 200MG	30	MORPHINE SUL SOL 20MG/ML	13
METHOTREXATE INJ 250/10ML....	104	MICRGSTIN 24 TAB FE 1/20	92	MORPHINE SUL SOL 100/5ML	13
METHOTREXATE TAB 2.5MG.....	104	MICROGESTIN TAB 1.5/30.....	92	MORPHINE SUL TAB 15MG	13
METHOXSALEN CAP 10MG.....	72	MICROGESTIN TAB 1/20.....	92	MORPHINE SUL TAB 15MG ER	13
METHSCOPOLAM TAB 2.5MG	79	MICROGESTIN TAB FE1.5/30.....	92	MORPHINE SUL TAB 30MG	13
METHSCOPOLAM TAB 5MG	79	MICROGESTIN TAB FE 1/20	92	MORPHINE SUL TAB 30MG ER	13
METHSUXIMIDE CAP 300MG	23	MIDODRINE TAB 2.5MG	62	MORPHINE SUL TAB 60MG ER	13
METHYLDOPA TAB 250MG	62	MIDODRINE TAB 5MG	62	MORPHINE SUL TAB 100MG ER	13

MORPHINE SUL TAB 200MG ER.....	13	NARCAN SPR 4MG	16	NICOTINE DIS 7MG/24HR.....	16
MOUNJARO INJ 2.5/0.5	50	NATACYN SUS 5% OP	113	NICOTINE GUM 2MG	16
MOUNJARO INJ 5MG/0.5	50	NATALVIT TAB 75-1MG.....	74	NICOTINE GUM 4MG	16
MOUNJARO INJ 7.5/0.5.....	50	NATAZIA TAB	92	NICOTINE LOZ 2MG MINT.....	16
MOUNJARO INJ 10MG/0.5	50	NATEGLINIDE TAB 60MG	50	NICOTINE LOZ 4MG MINT	16
MOUNJARO INJ 12.5/0.5	50	NATEGLINIDE TAB 120MG.....	50	NICOTINE SYS KIT TRANSDER.....	16
MOUNJARO INJ 15MG/0.5	50	NEBUSAL NEB 3%.....	118	NICOTINE TD DIS 14MG/24H	16
MOXIFLOXACIN SOL 0.5%.....	113	NEBUSAL NEB 6%.....	118	NICOTINE TD DIS 21MG/24H	16
MOXIFLOXACIN SOL 0.5%.....	113	NECON TAB 0.5/35.....	92	NICOTROL INH	16
MOXIFLOXACIN SOL HCL 0.5%	113	NEEDLE COLLE MIS DISPOSAL.....	110	NICOTROL NS SPR 10MG/ML	16
MOXIFLOXACIN TAB 400MG.....	20	NEFAZODONE TAB 50MG	27	NIFEDIPINE CAP 10MG.....	63
MULTAQ TAB 400MG	62	NEFAZODONE TAB 100MG	27	NIFEDIPINE CAP 20MG	63
MUPIROCIN CRE 2%.....	20	NEFAZODONE TAB 150MG	27	NIFEDIPINE TAB 30MG ER	63
MUPIROCIN OIN 2%	20	NEFAZODONE TAB 200MG.....	27	NIFEDIPINE TAB 30MG ER	63
MYALEPT INJ 11.3MG.....	80	NEFAZODONE TAB 250MG.....	27	NIFEDIPINE TAB 60MG ER	63
MY CHOICE TAB 1.5MG	92	NEO/BAC/POLY OIN OP	113	NIFEDIPINE TAB 90MG ER	63
MYCOPHENOLAT CAP 250MG	104	NEOMYCIN TAB 500MG	20	NIFEDIPINE TAB 90MG ER	63
MYCOPHENOLAT SUS 200MG/ML	104	NEONATAL PLS TAB 27-1MG	74	NIKKI TAB 3-0.02MG.....	93
MYCOPHENOLAT TAB 500MG	104	NEONATAL TAB COMPLTE.....	74	NILUTAMIDE TAB 150MG.....	35
MYCOPHENOLIC TAB 180MG DR ..	104	NEONATAL TAB PLUS	74	NIMODIPINE CAP 30MG	63
MYCOPHENOLIC TAB 360MG DR ..	104	NEO/POLY/BAC OIN /HC 1%OP	113	NISOLDIPINE TAB 8.5MG ER	63
MYLERAN TAB 2MG	35	NEO/POLY/BAC OIN OP	113	NISOLDIPINE TAB 17MG ER	63
MYORISAN CAP 10MG	72	NEO-POLYCIN OIN HC 1%OP	113	NISOLDIPINE TAB 20MG ER	63
MYORISAN CAP 20MG	72	NEO-POLYCIN OIN OP.....	113	NISOLDIPINE TAB 25.5MG	63
MYORISAN CAP 30MG	72	NEO/POLY/DEX OIN 0.1% OP	113	NISOLDIPINE TAB 30MG ER	63
MYORISAN CAP 40MG	72	NEO/POLY/DEX SUS 0.1% OP.....	113	NISOLDIPINE TAB 34MG ER	63
MY WAY TAB 1.5MG	92	NEO/POLY/GRA SOL OP	113	NISOLDIPINE TAB 40MG ER	63
NABUMETONE TAB 500MG	13	NEO/POLY/HC SOL 1% OTIC	115	NITAZOXANIDE TAB 500MG	37
NABUMETONE TAB 750MG	13	NEO/POLY/HC SUS 1% OTIC.....	115	NITRO-BID OIN 2%	63
NADOLOL TAB 20MG	62	NEO/POLY/HC SUS OP	113	NITRO-DUR DIS 0.3MG/HR	63
NADOLOL TAB 40MG	62	NEO-SYNALAR CRE	20	NITRO-DUR DIS 0.8MG/HR	63
NADOLOL TAB 80MG	62	NEO-SYNALAR KIT	20	NITROFURANTN CAP 100MG	20
NAFRINSE CHW 1MG F	74	NEULASTA INJ 6MG/0.6M	53	NITROFURANTN SUS 25MG/5ML	20
NAFRINSE DRO 0.125MG	74	NEULASTA KIT 6MG/0.6M	54	NITROFUR MAC CAP 25MG	20
NAFTIFINE CRE HCL 1%	30	NEVIRAPINE SUS 50MG/5ML	43	NITROFUR MAC CAP 50MG	20
NAFTIFINE CRE HCL 2%	30	NEVIRAPINE TAB 200MG	44	NITROFUR MAC CAP 100MG	20
NALOXONE HCL SPR 4MG	16	NEW DAY TAB 1.5MG	92	NITROGLYCER DIS 0.1MG/HR	63
NALOXONE INJ 0.4MG/ML	16	NEXPLANON IMP 68MG	93	NITROGLYCER DIS 0.2MG/HR	63
NALOXONE INJ 0.4MG/ML	16	NEXTSTELLIS TAB 3-14.2MG	93	NITROGLYCER DIS 0.4MG/HR	63
NALOXONE INJ 0.4MG/ML	16	NIACIN ER TAB 500MG	63	NITROGLYCER DIS 0.6MG/HR	63
NALOXONE INJ 1MG/ML	16	NIACIN ER TAB 750MG	63	NITROGLYCERI OIN 0.4%	63
NALOXONE INJ 2MG/2ML	16	NIACIN ER TAB 1000MG	62	NITROGLYCERI SUB 0.6MG	63
NALOXONE INJ 4MG/10ML	16	NIACIN TAB 500MG	62	NITROGLYCERN SUB 0.3MG	63
NALTREXONE TAB 50MG	16	NIACIN TAB 500MG ER	62	NITROGLYCERN SUB 0.4MG	63
NAPROXEN DR TAB 375MG	13	NIACOR TAB 500MG	63	NITROMIST AER 400MCG	63
NAPROXEN DR TAB 500MG	13	NICARDIPINE CAP 20MG	63	NIVA-PLUS TAB	74
NAPROXEN SOD TAB 275MG	13	NICARDIPINE CAP 30MG	63	NIVA THYROID TAB 15MG	98
NAPROXEN SOD TAB 550MG	13	NICODERM CQ DIS 7MG/24HR	16	NIVA THYROID TAB 30MG	98
NAPROXEN SUS 125/5ML	13	NICODERM CQ DIS 14MG/24H	16	NIVA THYROID TAB 60MG	98
NAPROXEN TAB 250MG	13	NICODERM CQ DIS 21MG/24H	16	NIVA THYROID TAB 90MG	98
NAPROXEN TAB 375MG	13	NICORETTE GUM 2MG	16	NIVA THYROID TAB 120MG	97
NAPROXEN TAB 500MG	13	NICORETTE GUM 4MG	16	NIZATIDINE SOL 15MG/ML	79
NARatriptan TAB 1MG	31	NICORETTE LOZ 2MG MINT	16	NOLIX LOT 0.05%	84
NARatriptan TAB 2.5MG	31	NICORETTE LOZ 4MG MINT	16		

NORA-BE TAB 0.35MG	93	NYSTATIN OIN 100000	30	OMNIFLEX DPR	110
NORE/ETH/FER CAP 1/20	93	NYSTATIN OIN 100000U	30	OMNIPOD 5 G6 KIT INTRO	110
NORE/ETH/FER CHW 0.4MG-35	93	NYSTATIN POW 100000	30	OMNIPOD 5 G6 MIS PODS	110
NORELGE/ETHI DIS 150/35	93	NYSTATIN SUS 100000	30	OMNIPOD 5 G7 KIT INTRO	110
NOR/EST/FF TAB 1.5/30	93	NYSTATIN TAB 500000	30	OMNIPOD 5 G7 MIS PODS	110
NORETH/ETHIN CHW FE	93	NYSTAT/TRIAM CRE	30	OMNITROPE INJ 5/1.5ML	85
NORETH/ETHIN CHW FE 1/20	93	NYSTAT/TRIAM OIN	30	OMNITROPE INJ 5.8MG	85
NORETH/ETHIN TAB 0.5-2.5	93	NYSTOP POW 100000	30	OMNITROPE INJ 10/1.5ML	85
NORETH/ETHIN TAB 1.5/30	93	OBSTETRIX EC TAB	75	ONDANSETRON SOL 4MG/5ML	29
NORETH/ETHIN TAB 1/20	93	OBSTETRX ONE CAP 38-1-225	75	ONDANSETRON TAB 4MG	29
NORETH/ETHIN TAB 1MG-5MCG	93	OCELLA TAB 3-0.03MG	94	ONDANSETRON TAB 4MG ODT	29
NORETH/ETHIN TAB FE	93	OCTREOTIDE INJ 50MCG/ML	100	ONDANSETRON TAB 8MG	29
NORETH/ETHIN TAB FE 1/20	93	OCTREOTIDE INJ 50MCG/ML	100	ONDANSETRON TAB 8MG ODT	29
NORETHIN ACE TAB 5MG	93	OCTREOTIDE INJ 100MCG	99	ONDANSETRON TAB 24MG	29
NORETHINDRON TAB 0.35MG	93	OCTREOTIDE INJ 100MCG	99	ONETOUCH KIT ULTRA 2	47
NORGEST/ETHI TAB 0.25/35	93	OCTREOTIDE INJ 200MCG	100	ONETOUCH KIT VERIO FL	47
NORGEST/ETHI TAB ESTRADIO	93	OCTREOTIDE INJ 500MCG	100	ONETOUCH LIQ ULT CONT	47
NORGEST/ETHI TAB ESTRADIO	93	OCTREOTIDE INJ 500MCG	100	ONETOUCH TES ULTRA	47
NORLYDA TAB 0.35MG	93	OCTREOTIDE INJ 1000MCG	99	ONETOUCH TES VERIO	47
NORLYROC TAB 0.35MG	93	ODEFSEY TAB	44	ONE VITE TAB 1MG PLUS	75
NORPACE CAP 100MG CR	63	OFLOXACIN DRO 0.3% OP	113	OPCICON TAB 1.5MG	94
NORPACE CAP 150MG CR	63	OFLOXACIN DRO 0.3%OTIC	115	OPILL TAB 0.075MG	94
NORTREL TAB 0.5/35	93	OFLOXACIN TAB 300MG	20	OPIUM TIN 10MG/ML	79
NORTREL TAB 1/35	93	OFLOXACIN TAB 400MG	20	OPSUMIT TAB 10MG	118
NORTREL TAB 7/7/7	93	OLANZA/FLUOX CAP 3-25MG	27	OPTION 2 TAB 1.5MG	94
NORTRIPTYLIN CAP 10MG	27	OLANZA/FLUOX CAP 6-25MG	27	ORALONE DENT PST 0.1%	70
NORTRIPTYLIN CAP 25MG	27	OLANZA/FLUOX CAP 6-50MG	27	ORENITRAM TAB 0.25MG	118
NORTRIPTYLIN CAP 50MG	27	OLANZA/FLUOX CAP 12-25MG	27	ORENITRAM TAB 0.125MG	118
NORTRIPTYLIN CAP 75MG	27	OLANZA/FLUOX CAP 12-50MG	27	ORENITRAM TAB 1MG	118
NORTRIPTYLIN SOL 10MG/5ML	27	OLANZAPINE TAB 2.5MG	40	ORENITRAM TAB 2.5MG	118
NORVIR POW 100MG	44	OLANZAPINE TAB 5MG	40	ORENITRAM TAB 5MG	119
NORVIR SOL 80MG/ML	44	OLANZAPINE TAB 5MG ODT	40	ORENITRAM TAB MONTH 1	119
NOVAVAX INJ 2023-24	104	OLANZAPINE TAB 7.5MG	41	ORENITRAM TAB MONTH 2	119
NOVOFINE AUT MIS 30GX8MM	110	OLANZAPINE TAB 10MG	40	ORENITRAM TAB MONTH 3	119
NOVOFINE MIS 32GX6MM	110	OLANZAPINE TAB 10MG ODT	40	ORILISSA TAB 150MG	100
NOVOFINE PLS MIS 32GX4MM	110	OLANZAPINE TAB 15MG	40	ORILISSA TAB 200MG	100
NOVOPEN ECHO MIS	47	OLANZAPINE TAB 15MG ODT	40	ORKAMBI GRA 75-94MG	119
NOVOTWIST MIS 32GX5MM	110	OLANZAPINE TAB 20MG	40	ORKAMBI GRA 100-125	119
NP THYROID TAB 15MG	98	OLANZAPINE TAB 20MG ODT	40	ORKAMBI GRA 150-188	119
NP THYROID TAB 30MG	98	OLMESA MEDOX TAB 5MG	64	ORKAMBI TAB 100-125	119
NP THYROID TAB 60MG	98	OLMESA MEDOX TAB 20MG	64	ORKAMBI TAB 200-125	119
NP THYROID TAB 90MG	98	OLMESA MEDOX TAB 40MG	64	ORPHENADRINE TAB 100MG ER	122
NP THYROID TAB 120MG	98	OLM MED/HCTZ TAB 20-12.5	63	ORSYTHIA TAB	94
NUBEQA TAB 300MG	35	OLM MED/HCTZ TAB 40-12.5	63	OSELTAMIVIR CAP 30MG	44
NUCYNTA ER TAB 50MG	13	OLM MED/HCTZ TAB 40-25MG	64	OSELTAMIVIR CAP 45MG	44
NUCYNTA ER TAB 100MG	13	OLOPATADINE DRO 0.1%	113	OSELTAMIVIR CAP 75MG	44
NUCYNTA ER TAB 150MG	13	OLOPATADINE SPR 0.6%	118	OSELTAMIVIR SUS 6MG/ML	44
NUCYNTA ER TAB 200MG	13	OLUMIANT TAB 1MG	104	OSMOPREP TAB 1.5GM	79
NUCYNTA ER TAB 250MG	13	OLUMIANT TAB 2MG	104	OSPHENA TAB 60MG	94
NYAMYC POW 100000	30	OLUMIANT TAB 4MG	104	OTEZLA TAB 10/20/30	104
NYLIA TAB 1/35	93	OMEGA-3-ACID CAP 1GM	64	OTEZLA TAB 30MG	104
NYLIA TAB 7/7/7	93	OMEPRAZOLE CAP 10MG	79	OTOVEL DRO	115
NYMYO TAB 0.25-35	94	OMEPRAZOLE CAP 20MG	79	OXAPROZIN TAB 600MG	13
NYSTATIN CRE 100000	30	OMEPRAZOLE CAP 40MG	79	OXAZEPAM CAP 10MG	46

OXAZEPAM CAP 15MG.....	46	PAROXETINE TAB 30MG.....	27	PHENOBARB ELX 20MG/5ML	23
OXAZEPAM CAP 30MG	46	PAROXETINE TAB 40MG.....	27	PHENOBARB SOL 20MG/5ML.....	23
OXCARBAZEPIN SUS 300MG/5M	23	PASER GRA 4GM	32	PHENOBARB TAB 15MG.....	23
OXCARBAZEPIN TAB 150MG	23	PAXLOVID TAB 150-100.....	110	PHENOBARB TAB 16.2MG.....	23
OXCARBAZEPIN TAB 300MG	23	PAXLOVID TAB 300-100	110	PHENOBARB TAB 30MG	23
OXCARBAZEPIN TAB 600MG.....	23	PEDIARIX INJ 0.5ML.....	104	PHENOBARB TAB 32.4MG.....	23
OXYBUTYNIN SOL 5MG/5ML	81	PEDVAX HIB INJ	104	PHENOBARB TAB 60MG	23
OXYBUTYNIN TAB 5MG.....	81	PEG-3350/KCL SOL /SODIUM	79	PHENOBARB TAB 64.8MG	23
OXYBUTYNIN TAB 5MG ER	81	PEG-3350 SOL ELECTROL	79	PHENOBARB TAB 97.2MG	23
OXYBUTYNIN TAB 10MG ER	81	PEGASYS INJ.....	44	PHENOBARB TAB 100MG	23
OXYBUTYNIN TAB 15MG ER	81	PEGASYS INJ 180MCG/M	44	PHENOXYBENZA CAP 10MG	64
OXYCOD/APAP TAB 2.5-325	13	PEG/NASUL/C/ SOL NACL/POT	79	PHENTERMINE CAP 15MG.....	69
OXYCOD/APAP TAB 5-325MG	14	PENBRAYA INJ	104	PHENTERMINE CAP 30MG	69
OXYCOD/APAP TAB 7.5-325.....	14	PENICILLAMIN CAP 250MG	81	PHENTERMINE CAP 37.5MG	69
OXYCOD/APAP TAB 10-325MG	13	PENICILLAMIN TAB 250MG	81	PHENTERMINE TAB 37.5MG	69
OXYCODONE CAP 5MG	14	PENICILLN VK SOL 125/5ML.....	20	PHENYLEPHRIN SOL 2.5% OP	113
OXYCODONE CAP HCL 5MG	14	PENICILLN VK SOL 250/5ML	20	PHENYLEPHRIN SOL 10% OP.....	113
OXYCODONE CON 100/5ML	14	PENICILLN VK TAB 250MG.....	20	PHENYTEK CAP 200MG	23
OXYCODONE SOL 5MG/5ML.....	14	PENICILLN VK TAB 500MG.....	20	PHENYTEK CAP 300MG	23
OXYCODONE TAB 5MG.....	14	PEN NEEDLE MIS 29GX1/2"	110	PHENYTOIN CHW 50MG	23
OXYCODONE TAB 10MG.....	14	PEN NEEDLE MIS 29GX3/16.....	110	PHENYTOIN EX CAP 100MG.....	23
OXYCODONE TAB 15MG.....	14	PEN NEEDLE MIS 29GX5/16.....	110	PHENYTOIN EX CAP 200MG	23
OXYCODONE TAB 20MG	14	PEN NEEDLES MIS 29GX1/2"	110	PHENYTOIN EX CAP 300MG	23
OXYCODONE TAB 30MG	14	PEN NEEDLES MIS 31GX1/4"	110	PHENYTOIN SUS 100/4ML	23
OXYMORPHONE TAB 5MG ER	14	PEN NEEDLES MIS 31GX3/16.....	110	PHENYTOIN SUS 125/5ML.....	23
OXYMORPHONE TAB 7.5MG ER.....	14	PEN NEEDLES MIS 31GX5/16.....	110	PHEXXI GEL.....	111
OXYMORPHONE TAB 10MG ER.....	14	PENTACEL INJ	104	PHILITH TAB 0.4-35.....	94
OXYMORPHONE TAB 15MG ER.....	14	PENTAMIDINE INH 300MG.....	37	PHOSLYRA SOL	75
OXYMORPHONE TAB 20MG ER.....	14	PENTAZ/NALOX TAB 50-0.5MG	14	PHOSPHOLINE SOL 0.125%OP	113
OXYMORPHONE TAB 30MG ER.....	14	PENTIPS MIS 29GX12MM.....	110	PHYTONADIONE TAB 5MG	75
OXYMORPHONE TAB 40MG ER	14	PENTIPS MIS 31GX5MM	110	PILOCARPINE SOL 1% OP	113
OXYMORPHONE TAB HCL 5MG	14	PENTIPS MIS 31GX8MM	110	PILOCARPINE SOL 2% OP	113
OXYMORPHONE TAB HCL 10MG	14	PENTIPS MIS 32GX4MM	110	PILOCARPINE SOL 4% OP	113
OZEMPIC INJ 2/1.5ML.....	50	PENTOXIFYLLI TAB 400MG ER.....	64	PILOCARPINE TAB 5MG	70
OZEMPIC INJ 2MG/3ML.....	50	PERINDOPRIL TAB 2MG	64	PILOCARPINE TAB 7.5MG.....	70
OZEMPIC INJ 4MG/3ML	50	PERINDOPRIL TAB 4MG	64	PIMECROLIMUS CRE 1%.....	72
OZEMPIC INJ 8MG/3ML	50	PERINDOPRIL TAB 8MG	64	PIMOZIDE TAB 1MG.....	41
PALIPERIDONE TAB ER 1.5MG.....	41	PERIOGARD SOL 0.12%.....	70	PIMOZIDE TAB 2MG	41
PALIPERIDONE TAB ER 3MG	41	PERMETHRIN CRE 5%.....	37	PIMTREA TAB	94
PALIPERIDONE TAB ER 6MG	41	PERPHEN/AMIT TAB 2-10MG.....	27	PINDOLOL TAB 5MG.....	64
PALIPERIDONE TAB ER 9MG	41	PERPHEN/AMIT TAB 2-25MG.....	27	PINDOLOL TAB 10MG	64
PANDEL CRE 0.1%.....	84	PERPHEN/AMIT TAB 4-10MG.....	27	PIOGLITA/MET TAB 15-500MG	50
PANTOPRAZOLE TAB 20MG	79	PERPHEN/AMIT TAB 4-25MG.....	27	PIOGLITA/MET TAB 15-850MG	50
PANTOPRAZOLE TAB 40MG	79	PERPHEN/AMIT TAB 4-50MG	27	PIOGLITAZONE TAB 15MG	50
PARAGARD IUD T380A	110	PERPHENAZINE TAB 2MG	29	PIOGLITAZONE TAB 30MG	50
PARICALCITOL CAP 1 MCG	107	PERPHENAZINE TAB 4MG	29	PIOGLITAZONE TAB 45MG	50
PARICALCITOL CAP 2 MCG	107	PERPHENAZINE TAB 8MG	29	PIQRAY 200MG TAB DOSE	35
PARICALCITOL CAP 4 MCG	107	PERPHENAZINE TAB 16MG	29	PIQRAY 250MG TAB DOSE.....	35
PAROXETIN ER TAB 12.5MG.....	27	PFIZER 5-11Y INJ 2023-24.....	104	PIQRAY 300MG TAB DOSE	35
PAROXETIN ER TAB 37.5MG.....	27	PFIZER 6M-4Y INJ 2023-24	104	PIRFENIDONE CAP 267MG.....	119
PAROXETINE SUS 10MG/5ML	27	PHENAZOPYRID TAB 100MG	81	PIRFENIDONE TAB 267MG	119
PAROXETINE TAB 10MG	27	PHENAZOPYRID TAB 200MG.....	81	PIRFENIDONE TAB 534MG	119
PAROXETINE TAB 20MG	27	PHENAZO TAB 200MG.....	81	PIRFENIDONE TAB 801MG	119
PAROXETINE TAB 25MG ER.....	27	PHENELZINE TAB 15MG	27	PIRMELLA TAB 1/35	94

PIRMELLA TAB 7/7/7.....	94	PRED-G SUS OP.....	114	PRIMIDONE TAB 250MG	23
PIROXICAM CAP 10MG	14	PREDNICARBAT OIN 0.1%	84	PRIORIX INJ	105
PIROXICAM CAP 20MG.....	14	PREDNISOLONE SOL 10MG/5ML	84	PROBEN/COLCH TAB 500-0.5.....	31
PLAN B TAB 1.5MG	94	PREDNISOLONE SOL 15MG/5ML	84	PROBENECID TAB 500MG.....	31
PLENUV SOL.....	79	PREDNISOLONE SOL 15MG/5ML	84	PROCHLORPER TAB 5MG.....	29
PLERIXAFOR INJ 24/1.2ML.....	54	PREDNISOLONE SOL 20MG/5ML.....	84	PROCHLORPER TAB 10MG	29
PNEUMOVAX 23 INJ 25/0.5.....	104	PREDNISOLONE SOL 25MG/5ML	84	PROCTOFOAM AER HC 1%.....	107
PNV-DHA CAP DOCUSATE.....	75	PREDNISOLONE SUS 1% OP.....	114	PROCTO-MED CRE HC 2.5%.....	107
PODOFILOX GEL 0.5%.....	72	PREDNISOLONE TAB 5MG	84	PROCTOSOL HC CRE 2.5%.....	107
PODOFILOX SOL 0.5%.....	72	PREDNISOLONE TAB 10MG ODT	84	PROCTOZONE CRE -HC 2.5%.....	107
POLYCIN OIN OP.....	113	PREDNISOLONE TAB 15MG ODT	84	PRODIGY AUTO KIT MONITOR.....	47
POLYETH GLYC POW 3350 NF.....	79	PREDNISOLONE TAB 30MG ODT.....	84	PRODIGY AUTO MIS SYSTEM.....	47
POLYMYXIN B/ SOL TRIMETHP	114	PREDNISONE CON 5MG/ML.....	84	PRODIGY KIT NO CODIN	47
POMALYST CAP 1MG.....	35	PREDNISONE PAK 5MG.....	84	PRODIGY NO TES CODING.....	47
POMALYST CAP 2MG	35	PREDNISONE PAK 5MG.....	84	PRODIGY PCKT KIT METER.....	47
POMALYST CAP 3MG	35	PREDNISONE PAK 10MG	84	PRODIGY VOIC KIT METER.....	47
POMALYST CAP 4MG	35	PREDNISONE PAK 10MG	84	PROGESTERONE CAP 100MG.....	94
PORTIA-28 TAB	94	PREDNISONE SOL 5MG/5ML	84	PROGESTERONE CAP 200MG.....	94
POSACONAZOLE TAB 100MG DR	30	PREDNISONE TAB 1MG	84	PROGESTERONE INJ 50MG/ML	94
POTASSIUM CH TAB 15MEQ	75	PREDNISONE TAB 2.5MG.....	84	PROMACTA PAK 25MG.....	54
POT CHLORIDE CAP 8MEQ ER	75	PREDNISONE TAB 5MG.....	84	PROMACTA POW 12.5MG	54
POT CHLORIDE CAP 10MEQ ER	75	PREDNISONE TAB 10MG	84	PROMACTA TAB 12.5MG	54
POT CHLORIDE POW 20MEQ.....	75	PREDNISONE TAB 20MG	84	PROMACTA TAB 25MG.....	54
POT CHLORIDE SOL 10%	75	PREDNISONE TAB 50MG	84	PROMACTA TAB 50MG.....	54
POT CHLORIDE SOL 20%.....	75	PRED SOD PHO SOL 1% OP.....	114	PROMACTA TAB 75MG.....	54
POT CHLORIDE TAB 8MEQ ER.....	75	PRED SOD PHO SOL 5MG/5ML	84	PROMETHAZINE SOL 6.25/5ML	119
POT CHLORIDE TAB 10MEQ ER.....	75	PREGABALIN CAP 25MG	69	PROMETHAZINE SOL DM	119
POT CHLORIDE TAB 10MEQ ER.....	75	PREGABALIN CAP 50MG	70	PROMETHAZINE SUP 12.5MG	119
POT CHLORIDE TAB 20MEQ ER	75	PREGABALIN CAP 75MG	70	PROMETHAZINE SUP 25MG	119
POT CHLORIDE TAB 20MEQ ER	75	PREGABALIN CAP 100MG	69	PROMETHAZINE SYP DM	119
POT CITRA ER TAB 540MG	75	PREGABALIN CAP 150MG	69	PROMETHAZINE TAB 12.5MG.....	119
POT CITRA ER TAB 1080MG	75	PREGABALIN CAP 200MG	69	PROMETHAZINE TAB 25MG	119
POT CITRA ER TAB 1620MG	75	PREGABALIN CAP 225MG	69	PROMETHAZINE TAB 50MG	119
POT CL MICRO TAB 10MEQ CR	75	PREGABALIN CAP 300MG	69	PROMETH/COD SOL 6.25-10.....	119
POT CL MICRO TAB 10MEQ ER	75	PREHEVBRIOSUS 10MCG/ML	105	PROMETHEGAN SUP 12.5MG.....	119
POT CL MICRO TAB 15MEQ ER	75	PREMARIN VAG CRE 0.625MG.....	94	PROMETHEGAN SUP 25MG	119
POT CL MICRO TAB 20MEQ ER	75	PRENATAL 19 TAB 29-1MG.....	75	PROMETHEGAN SUP 50MG	119
PRAMIPEXOLE TAB 0.5MG	39	PRENATAL PLS MIS MV + DHA.....	75	PROMETH/PE SYP 6.25-5/5	119
PRAMIPEXOLE TAB 0.25MG	38	PRENATAL TAB PLUS.....	75	PROMETH/PE/ SYP CODEINE.....	119
PRAMIPEXOLE TAB 0.75MG	39	PRENATAL-U CAP 106.5-1.....	76	PROMETH VC SYP 6.25-5/5.....	119
PRAMIPEXOLE TAB 0.125MG	38	PRENATAL VIT TAB LOW IRON	76	PROMETH VC/ SYP CODEINE	119
PRAMIPEXOLE TAB 1.5MG	39	PRENATRIX TAB	76	PROPafenone CAP 225MG ER.....	64
PRAMIPEXOLE TAB 1MG.....	39	PRENTRYL TAB.....	76	PROPafenone CAP 325MG ER.....	64
PRASUGREL TAB 5MG	54	PREPIDIL GEL 0.5MG/3G.....	85	PROPafenone CAP 425MG ER.....	64
PRASUGREL TAB 10MG	54	PREPLUS TAB 27-1MG	76	PROPafenone TAB 150MG	64
PRAVASTATIN TAB 10MG.....	64	PREVALITE POW 4GM	64	PROPafenone TAB 225MG	64
PRAVASTATIN TAB 20MG	64	PREVALITE POW 4GM PK.....	64	PROPafenone TAB 300MG	64
PRAVASTATIN TAB 40MG	64	PREVIFEM TAB	94	PROPARACAINe SOL 0.5% OP.....	114
PRAVASTATIN TAB 80MG	64	PREVNAR 20 INJ.....	105	PROPRANOLOL CAP 60MG ER.....	64
PRAZIQUANTEL TAB 600MG	37	PREZISTA SUS 100MG/ML	44	PROPRANOLOL CAP 80MG ER.....	64
PRAZOSIN HCL CAP 1MG.....	64	PRIFTIN TAB 150MG	32	PROPRANOLOL CAP 120MG ER.....	64
PRAZOSIN HCL CAP 2MG	64	PRIMAQUINE TAB 26.3MG.....	37	PROPRANOLOL CAP 160MG ER.....	64
PRAZOSIN HCL CAP 5MG	64	PRIMIDONE TAB 50MG.....	23	PROPRANOLOL SOL 20MG/5ML.....	64
PRECISN XTRA TES KETONE	111	PRIMIDONE TAB 125MG	23	PROPRANOLOL SOL 40MG/5ML	64

PROPRANOLOL TAB 10MG	64	RAMIPRIL CAP 1.25MG	65	RISPERIDONE TAB 0.25 ODT	41
PROPRANOLOL TAB 20MG	64	RAMIPRIL CAP 2.5MG.....	65	RISPERIDONE TAB 1MG	41
PROPRANOLOL TAB 40MG	64	RAMIPRIL CAP 5MG	65	RISPERIDONE TAB 1MG ODT	41
PROPRANOLOL TAB 60MG	64	RAMIPRIL CAP 10MG	65	RISPERIDONE TAB 2MG	41
PROPRANOLOL TAB 80MG	64	RANOLAZINE TAB 500MG ER	65	RISPERIDONE TAB 2MG ODT	41
PROPYLTHIOUR TAB 50MG	100	RANOLAZINE TAB 1000MG	65	RISPERIDONE TAB 3MG	41
PROQUAD INJ	105	RASAGILINE TAB 0.5MG	39	RISPERIDONE TAB 3MG ODT	41
PROTRIPTYLIN TAB 5MG	27	RASAGILINE TAB 1MG	39	RISPERIDONE TAB 4MG	41
PROTRIPTYLIN TAB 10MG	27	RA URINARY TES TRACT IN	111	RISPERIDONE TAB 4MG ODT	41
PROVIDA OB CAP	76	REACT TAB 1.5MG	94	RITONAVIR TAB 100MG	44
PULMOSAL NEB 7%.....	119	RECLIPSEN TAB	94	RIVASTIGMINE CAP 1.5MG	25
PULMOZYME SOL 1MG/ML	119	RECOMBIVA HB INJ 5MCG/0.5.....	105	RIVASTIGMINE CAP 3MG	25
PYRAZINAMIDE TAB 500MG	33	RECOMBIVA HB INJ 5MCG/0.5.....	105	RIVASTIGMINE CAP 4.5MG	25
PYRIDOSTIGMI SOL 60MG/5ML.....	32	RECOMBIVA HB INJ 10MCG/ML	105	RIVASTIGMINE CAP 6MG	25
PYRIDOSTIGMI TAB ER 180MG.....	32	RECOMBIVA HB INJ 10MCG/ML	105	RIVASTIGMINE DIS 4.6MG/24.....	25
PYRIDOSTIGM TAB 60MG	32	RECOMBIVA-HB INJ 40MCG/ML	105	RIVASTIGMINE DIS 9.5MG/24.....	25
PYRIMETHAMIN TAB 25MG.....	37	RECOTHROM SOL 5000UNIT	54	RIVASTIGMINE DIS 13.3/24.....	25
QNAPRIL/HCTZ TAB 10-12.5.....	64	RECOTHROM SOL 20000UNT.....	54	RIVELSA TAB	94
QNAPRIL/HCTZ TAB 20-12.5	64	REGRANEX GEL 0.01%	72	RIZATRIPTAN TAB 5MG	31
QNAPRIL/HCTZ TAB 20-25MG	65	RELENZA MIS DISKHALE	44	RIZATRIPTAN TAB 5MG ODT	31
QSYMIA CAP 3.75-23.....	70	RELISTOR INJ 8/0.4ML.....	79	RIZATRIPTAN TAB 10MG	31
QSYMIA CAP 7.5-46MG	70	RELISTOR INJ 12/0.6ML.....	79	ROFLUMILAST TAB 250MCG	120
QSYMIA CAP 11.25-69	70	REPAGLINIDE TAB 0.5MG	50	ROFLUMILAST TAB 500MCG	120
QSYMIA CAP 15-92MG.....	70	REPAGLINIDE TAB 1MG	50	ROPINIROLE TAB 0.5MG	39
QUADRACEL INJ 0.5ML	105	REPAGLINIDE TAB 2MG	50	ROPINIROLE TAB 0.25MG	39
QUADRACEL INJ 0.5ML	105	REPATHA INJ 140MG/ML.....	65	ROPINIROLE TAB 1MG.....	39
QUAZEPAM TAB 15MG	46	REPATHA PUSH INJ 420/3.5	65	ROPINIROLE TAB 2MG	39
QUETIAPINE TAB 25MG	41	REPATHA SURE INJ 140MG/ML	65	ROPINIROLE TAB 3MG	39
QUETIAPINE TAB 50MG	41	RETACRIT INJ 2000UNIT.....	54	ROPINIROLE TAB 4MG	39
QUETIAPINE TAB 50MG ER.....	41	RETACRIT INJ 3000UNIT.....	54	ROPINIROLE TAB 5MG	39
QUETIAPINE TAB 100MG	41	RETACRIT INJ 4000UNIT.....	54	ROSVASTATIN TAB 5MG.....	65
QUETIAPINE TAB 150MG	41	RETACRIT INJ 10000UNT	54	ROUVASTATIN TAB 10MG.....	65
QUETIAPINE TAB 150MG ER.....	41	RETACRIT INJ 20000UNI.....	54	ROUVASTATIN TAB 20MG	65
QUETIAPINE TAB 200MG.....	41	RETACRIT INJ 40000UNT.....	54	ROUVASTATIN TAB 40MG	65
QUETIAPINE TAB 200MG ER.....	41	REYATAZ POW 50MG	44	ROTARIX SUS.....	105
QUETIAPINE TAB 300MG.....	41	REZVOGLAR INJ 100UT/ML.....	50	ROTARIX SUS.....	105
QUETIAPINE TAB 300MG ER.....	41	RIBAVIRIN CAP 200MG.....	44	ROTATEQ SOL.....	105
QUETIAPINE TAB 400MG	41	RIBAVIRIN TAB 200MG	44	ROWEPPRA TAB 500MG	23
QUETIAPINE TAB 400MG ER.....	41	RIFABUTIN CAP 150MG.....	33	ROZLYTREK CAP 100MG.....	35
QUINAPRIL TAB 5MG.....	65	RIFAMPIN CAP 150MG.....	33	ROZLYTREK CAP 200MG	35
QUINAPRIL TAB 10MG	65	RIFAMPIN CAP 300MG	33	ROZLYTREK PAK 50MG	35
QUINAPRIL TAB 20MG	65	RILUZOLE TAB 50MG	70	RUFINAMIDE SUS 40MG/ML.....	23
QUINAPRIL TAB 40MG	65	RIMANTADINE TAB 100MG.....	44	RUFINAMIDE TAB 200MG	23
QUINIDINE GL TAB 324MG CR.....	65	RINVOQ TAB 15MG ER.....	105	RUFINAMIDE TAB 400MG	23
QUINIDINE GL TAB 324MG ER	65	RINVOQ TAB 30MG ER.....	105	RYBELSUS TAB 3MG	50
QUINIDINE SU TAB 200MG.....	65	RINVOQ TAB 45MG ER.....	105	RYBELSUS TAB 7MG	50
QUINIDINE SU TAB 300MG	65	RISEDRONATE TAB 5MG.....	107	RYBELSUS TAB 14MG	50
QUININE SULF CAP 324MG	38	RISEDRONATE TAB 30MG	107	SAJAZIR INJ 30MG/3ML	105
QVAR REDIHA AER 80MCG	119	RISEDRONATE TAB 35MG	107	SALSALATE TAB 500MG	14
QVAR REDIHAL AER 40MCG	119	RISEDRONATE TAB 150MG	107	SALSALATE TAB 750MG	14
RABEPRAZOLE TAB 20MG	79	RISPERIDONE SOL 1MG/ML	41	SANDIMMUNE SOL 100MG/ML	105
RADIOGARDASE CAP 0.5GM	111	RISPERIDONE TAB 0.5MG	41	SANTYL OIN 250/GM	72
RALOXIFENE TAB 60MG	94	RISPERIDONE TAB 0.5MG OD	41	SAVELLA MIS TITR PAK	70
RAMELTEON TAB 8MG.....	122	RISPERIDONE TAB 0.25MG	41		

SAVELLA TAB 12.5MG	70	SM GLUCOSE CHW SOUR APP	111	STAVUDINE CAP 15MG.....	44
SAVELLA TAB 25MG.....	70	SMZ-TMP DS TAB 800-160.....	21	STAVUDINE CAP 20MG.....	44
SAVELLA TAB 50MG	70	SMZ/TMP DS TAB 800-160	20	STAVUDINE CAP 30MG.....	44
SAVELLA TAB 100MG	70	SMZ-TMP SUS 200-40/5.....	20	STAVUDINE CAP 40MG.....	44
SAXAGLIPTIN TAB 2.5MG.....	50	SMZ-TMP TAB 400-80MG	21	STELARA INJ 45MG/0.5	72
SAXAGLIPTIN TAB 5MG	50	SOD CHLORIDE NEB 0.9%.....	120	STELARA INJ 45MG/0.5	72
SCOPOLAMINE DIS 1MG/3DAY	29	SOD FLUORIDE CHW 0.5MG F	76	STELARA INJ 90MG/ML.....	72
SELEGILINE CAP 5MG.....	39	SOD FLUORIDE CHW 0.25MG F	76	STIOLTO AER 2.5-2.5.....	120
SELEGILINE TAB 5MG	39	SOD FLUORIDE CHW 1.1MG	76	STIVARGA TAB 40MG	36
SELENIUM SUL LOT 2.5%.....	72	SOD FLUORIDE CHW 2.2MG.....	76	ST JOSEPH CHW LOW 81MG	14
SELZENTRY SOL 20MG/ML	44	SOD FLUORIDE DRO 0.5MG/ML	76	STRIBILD TAB	44
SELZENTRY TAB 25MG	44	SOD FLUORIDE TAB 0.5MG F.....	76	STRIVERDI AER 2.5MCG	120
SELZENTRY TAB 75MG	44	SOD FLUORIDE TAB 1MG F.....	76	SUBVENITE TAB 25MG.....	24
SE-NATAL 19 CHW	76	SODIUM CHLOR NEB 3%	120	SUBVENITE TAB 100MG	23
SE-NATAL 19 TAB.....	76	SODIUM CHLOR NEB 7%	120	SUBVENITE TAB 150MG	23
SERTRALINE CON 20MG/ML.....	27	SODIUM CHLOR NEB 10%	120	SUBVENITE TAB 200MG	24
SERTRALINE TAB 25MG	28	SODIUM/POTAS SOL MAGNESIU	79	SUCRALFATE SUS 1GM/10ML	79
SERTRALINE TAB 50MG	28	SOD POLY SUL POW	76	SUCRALFATE TAB 1GM.....	79
SERTRALINE TAB 100MG	28	SOFOS/VELPAT TAB 400-100	44	SULCONAZOLE CRE 1%.....	30
SETLAKIN TAB	94	SOLIFENACIN TAB 5MG	81	SULCONAZOLE SOL 1%.....	30
SEVELAMER POW 0.8GM.....	76	SOLIFENACIN TAB 10MG.....	81	SULFACETAMID LOT 10%.....	72
SEVELAMER POW 2.4GM	76	SOLIQUA INJ 100/33	51	SULFACET SOD OIN 10% OP	114
SEVELAMER TAB 800MG	76	SOMAVERT INJ 10MG	100	SULFACET SOD SOL 10% OP	114
SHAROBEL TAB 0.35MG	94	SOMAVERT INJ 15MG.....	100	SULFADIAZINE TAB 500MG	21
SHINGRIX INJ 50/0.5ML	105	SOMAVERT INJ 20MG	100	SULFAMYLYN CRE 85MG/GM.....	21
SIGNIFOR INJ 0.3MG/ML	100	SOMAVERT INJ 25MG	100	SULFASALAZIN TAB 500MG.....	107
SIGNIFOR INJ 0.6MG/ML	100	SOMAVERT INJ 30MG	100	SULFASALAZIN TAB 500MG DR.....	107
SIGNIFOR INJ 0.9MG/ML	100	SORAFENIB TAB 200MG.....	35	SULFATRIM PD SUS 200-40/5.....	21
SILDENAFIL SUS 10MG/ML	120	SORINE TAB 80MG.....	65	SULF/PRED NA SOL OP.....	114
SILDENAFIL TAB 20MG.....	120	SORINE TAB 120MG.....	65	SULINDAC TAB 150MG	14
SILODOSIN CAP 4MG	81	SORINE TAB 160MG	65	SULINDAC TAB 200MG	14
SILODOSIN CAP 8MG	81	SORINE TAB 240MG	65	SUMAT-NAPROX TAB 85-500MG	32
SILVER SULFA CRE 1%	20	SOTALOL AF TAB 80MG	65	SUMATRIPTAN INJ 4MG/0.5.....	32
SIMBRINZA SUS 1-0.2%	114	SOTALOL AF TAB 120MG	65	SUMATRIPTAN INJ 4MG/0.5.....	32
SIMLIYA TAB 28 DAY	94	SOTALOL AF TAB 160MG	65	SUMATRIPTAN INJ 6MG/0.5.....	32
SIMPESSE TAB	94	SOTALOL HCL TAB 80MG.....	65	SUMATRIPTAN INJ 6MG/0.5.....	32
SIMPONI INJ 50/0.5ML	105	SOTALOL HCL TAB 120MG.....	65	SUMATRIPTAN INJ 6MG/0.5.....	32
SIMPONI INJ 50/0.5ML	105	SOTALOL HCL TAB 160MG	65	SUMATRIPTAN INJ 6MG/.5ML	32
SIMPONI INJ 100MG/ML.....	105	SOTALOL HCL TAB 240MG	65	SUMATRIPTAN SPR 5MG/ACT	32
SIMPONI INJ 100MG/ML.....	105	SOTYLIZE SOL 5MG/ML.....	65	SUMATRIPTAN SPR 20MG/ACT	32
SIMVASTATIN TAB 5MG.....	65	SPIKEVAX INJ 50/0.5ML.....	106	SUMATRIPTAN TAB 25MG	32
SIMVASTATIN TAB 10MG.....	65	SPIKEVAX INJ 50/0.5ML.....	106	SUMATRIPTAN TAB 50MG	32
SIMVASTATIN TAB 20MG	65	SPINOSAD SUS 0.9%.....	38	SUMATRIPTAN TAB 100MG	32
SIMVASTATIN TAB 40MG	65	SPIRIVA AER 1.25MCG	120	SUNITINIB CAP 12.5MG.....	36
SIMVASTATIN TAB 80MG	65	SPIRIVA CAP HANDIHLR.....	120	SUNITINIB CAP 25MG	36
SIROLIMUS TAB 0.5MG	105	SPIRIVA SPR 2.5MCG	120	SUNITINIB CAP 37.5MG.....	36
SIROLIMUS TAB 1MG	105	SPIRONO/HCTZ TAB 25/25.....	65	SUNITINIB CAP 50MG	36
SIROLIMUS TAB 2MG	105	SPIRONOLACT TAB 25MG.....	66	SUNOSI TAB 75MG	123
SKYLA IUD 13.5MG.....	94	SPIRONOLACT TAB 50MG.....	66	SUNOSI TAB 150MG	123
SKYRIZI INJ 150DOSE	105	SPIRONOLACT TAB 100MG	65	SYEDA TAB 3-0.03MG	94
SKYRIZI INJ 150MG/ML	105	SPRINTEC 28 TAB 28 DAY.....	94	SYMJEPI INJ 0.3MG	120
SKYRIZI INJ 180/1.2.....	106	SPS SUS 15GM/60	76	SYMJEPI INJ 0.15MG	120
SKYRIZI INJ 360/2.4.....	106	SRONYX TAB	94	SYMPROIC TAB 0.2MG	79
SKYRIZI PEN INJ 150MG/ML.....	106	SSD CRE 1%	21	SYNAREL SOL 2MG/ML.....	100

SYNJARDY TAB	51	TAZTIA XT CAP 360MG/24	66	THEOPHYLLINE TAB 200MG ER.....	120
SYNJARDY TAB 5-500MG.....	51	TDVAX INJ 2-2 LF	106	THEOPHYLLINE TAB 300MG ER.....	120
SYNJARDY TAB 5-1000MG	51	TELMISA/HCTZ TAB 40-12.5.....	66	THEOPHYLLINE TAB 400MG ER	120
SYNJARDY TAB 12.5-500.....	51	TELMISA/HCTZ TAB 80-12.5.....	66	THEOPHYLLINE TAB 450MG ER....	120
SYNJARDY XR TAB	51	TELMISA/HCTZ TAB 80-25MG	66	THEOPHYLLINE TAB 600MG ER ...	120
SYNJARDY XR TAB 5-1000MG.....	51	TELMISARTAN TAB 20MG	66	THIORIDAZINE TAB 10MG.....	41
SYNJARDY XR TAB 10-1000.....	51	TELMISARTAN TAB 40MG	66	THIORIDAZINE TAB 25MG.....	41
SYNJARDY XR TAB 25-1000	51	TELMISARTAN TAB 80MG	66	THIORIDAZINE TAB 50MG	41
SYNRIBO INJ 3.5MG	36	TEMAZEPAM CAP 7.5MG.....	123	THIORIDAZINE TAB 100MG	41
SYNTHROID TAB 25MCG	98	TEMAZEPAM CAP 15MG	123	THIOTHIXENE CAP 1MG.....	41
SYNTHROID TAB 50MCG	98	TEMAZEPAM CAP 22.5MG	123	THIOTHIXENE CAP 2MG.....	41
SYNTHROID TAB 75MCG	98	TEMAZEPAM CAP 30MG.....	123	THIOTHIXENE CAP 5MG.....	41
SYNTHROID TAB 88MCG	98	TEMOZOLOMIDE CAP 5MG	36	THIOTHIXENE CAP 10MG	41
SYNTHROID TAB 100MCG	98	TEMOZOLOMIDE CAP 20MG.....	36	THRIVE GUM 2MG MINT.....	16
SYNTHROID TAB 112MCG.....	98	TEMOZOLOMIDE CAP 100MG.....	36	THRIVITE RX TAB 29-1MG	76
SYNTHROID TAB 125MCG	98	TEMOZOLOMIDE CAP 140MG.....	36	THROMBIN-JMI KIT 5000UNIT	54
SYNTHROID TAB 137MCG	98	TEMOZOLOMIDE CAP 180MG.....	36	THROMBIN-JMI KIT 20000UNT	54
SYNTHROID TAB 150MCG	98	TEMOZOLOMIDE CAP 250MG	36	THROMBIN-JMI SOL 5000UNIT	54
SYNTHROID TAB 175MCG	98	TENCON TAB 50-325MG	14	THROMBIN-JMI SOL 20000UNT	54
SYNTHROID TAB 200MCG.....	98	TENIVAC INJ 5-2LF	106	THROMBIN KIT 5000UNIT	54
SYNTHROID TAB 300MCG.....	98	TENOFOVIR TAB 300MG	44	THYQUIDITY SOL 100MCG.....	98
TABLOID TAB 40MG	36	TERAZOSIN CAP 1MG.....	81	THYROID TAB 15MG	98
TACROLIMUS CAP 0.5MG	106	TERAZOSIN CAP 2MG	81	THYROID TAB 30MG	98
TACROLIMUS CAP 1MG.....	106	TERAZOSIN CAP 5MG	81	THYROID TAB 60MG	98
TACROLIMUS CAP 5MG	106	TERAZOSIN CAP 10MG	81	THYROID TAB 90MG	98
TACROLIMUS OIN 0.1%.....	72	TERBINAFINE TAB 250MG.....	30	THYROID TAB 120MG	98
TACROLIMUS OIN 0.03%	72	TERBUTALINE TAB 2.5MG	120	TIADYL T CAP 120MG/24.....	66
TADALAFIL TAB 2.5MG.....	81	TERBUTALINE TAB 5MG	120	TIADYL T CAP 180MG/24.....	66
TADALAFIL TAB 5MG	81	TERCONAZOLE CRE 0.4%	30	TIADYL T CAP 240MG/24.....	66
TADALAFIL TAB 20MG.....	120	TERCONAZOLE CRE 0.8%	30	TIADYL T CAP 300MG/24	66
TAFLUPROST SOL 0.0015%.....	114	TERCONAZOLE SUP 80MG.....	30	TIADYL T CAP 360MG/24	66
TAKE ACTION TAB 1.5MG	95	TERIFLUNOMID TAB 7MG	70	TIADYL T CAP 420MG/24.....	66
TALZENNA CAP 0.1MG.....	36	TERIFLUNOMID TAB 14MG	70	TIAGABINE TAB 2MG	24
TALZENNA CAP 0.5MG	36	TESTOST CYP INJ 100MG/ML.....	95	TIAGABINE TAB 4MG	24
TALZENNA CAP 0.25MG	36	TESTOST CYP INJ 200MG/ML	95	TIAGABINE TAB 12MG	24
TALZENNA CAP 0.35MG	36	TESTOST ENAN INJ 200MG/ML.....	95	TIAGABINE TAB 16MG	24
TALZENNA CAP 0.75MG	36	TESTOSTERONE GEL 1%(50MG)	95	TILIA FE TAB	95
TALZENNA CAP 1MG.....	36	TESTOSTERONE GEL 1.62%.....	95	TIMOLOL GEL SOL 0.5% OP.....	114
TAMOXIFEN TAB 10MG	36	TETRABENAZIN TAB 12.5MG	70	TIMOLOL GEL SOL 0.25% OP	114
TAMOXIFEN TAB 20MG.....	36	TETRABENAZIN TAB 25MG	70	TIMOLOL MALE SOL 0.5%.....	114
TAMSULOSIN CAP 0.4MG.....	81	TETRACAINE SOL 0.5% OP	114	TIMOLOL MAL SOL 0.5% OP.....	114
TARINA 24 FE TAB.....	95	TETRACYCLINE CAP 250MG	21	TIMOLOL MAL SOL 0.5% OP.....	114
TARINA FE TAB 1/20	95	TETRACYCLINE CAP 500MG	21	TIMOLOL MAL SOL 0.25% OP	114
TARINA FE TAB 1/20 EQ.....	95	TEXACORT SOL 2.5%.....	84	TIMOLOL MAL SOL 0.25% OP	114
TARON-C DHA CAP	76	THALOMID CAP 50MG.....	36	TIMOLOL MAL TAB 5MG	66
TASIMELTEON CAP 20MG	123	THALOMID CAP 100MG	36	TIMOLOL MAL TAB 10MG	66
TAYSOFY CAP 1/20.....	95	THALOMID CAP 150MG.....	36	TIMOLOL MAL TAB 20MG	66
TAZAROTENE CRE 0.1%.....	72	THALOMID CAP 200MG	36	TINIDAZOLE TAB 250MG	21
TAZAROTENE GEL 0.1%.....	72	THEO-24 CAP 100MG CR.....	120	TINIDAZOLE TAB 500MG.....	21
TAZAROTENE GEL 0.05%	72	THEO-24 CAP 200MG CR.....	120	TIOTROP BROM CAP 18MCG	120
TAZTIA XT CAP 120MG/24.....	66	THEO-24 CAP 300MG CR.....	120	TIROSINT-SOL SOL 13MCG/ML	98
TAZTIA XT CAP 180MG/24.....	66	THEO-24 CAP 400MG ER.....	120	TIROSINT-SOL SOL 25MCG/ML	98
TAZTIA XT CAP 240MG/24.....	66	THEOPHYLLINE SOL 80/15ML	120	TIROSINT-SOL SOL 375/ML.....	99
TAZTIA XT CAP 300MG ER.....	66	THEOPHYLLINE TAB 100MG ER.....	120	TIROSINT-SOL SOL 44MCG/ML	99

TIROSINT-SOL SOL 50MCG/ML	99	TRANDOLAPRIL TAB 4MG.....	66	TRIMETHOPRIM TAB 100MG	21
TIROSINT-SOL SOL 62.5/ML	99	TRANEX ACID TAB 650MG	54	TRI-MILI TAB.....	95
TIROSINT-SOL SOL 75MCG/ML	99	TRANYLCYPROM TAB 10MG.....	28	TRIMIPRAMINE CAP 25MG.....	28
TIROSINT-SOL SOL 88MCG/ML	99	TRAVOPROST DRO 0.004%.....	114	TRIMIPRAMINE CAP 50MG.....	28
TIROSINT-SOL SOL 100MCG.....	98	TRAZODONE TAB 50MG.....	28	TRIMIPRAMINE CAP 100MG	28
TIROSINT-SOL SOL 112MCG	98	TRAZODONE TAB 100MG.....	28	TRINATAL RX TAB 1.....	76
TIROSINT-SOL SOL 125MCG.....	98	TRAZODONE TAB 150MG.....	28	TRINATE TAB.....	76
TIROSINT-SOL SOL 137MCG	98	TRAZODONE TAB 300MG	28	TRI-NYMYO TAB.....	95
TIROSINT-SOL SOL 150MCG.....	98	TRECATOR TAB 250MG	33	TRI-SPRINTEC TAB.....	95
TIROSINT-SOL SOL 175MCG	98	TRELEGY AER 100MCG	120	TRIUMEQ TAB.....	44
TIROSINT-SOL SOL 200MCG	98	TRELEGY AER 200MCG.....	120	TRIVORA-28 TAB.....	95
TIVICAY TAB 10MG.....	44	TRESIBA FLEX INJ 100UNIT.....	51	TRI-VYLIBRA TAB	95
TIVICAY TAB 25MG.....	44	TRESIBA FLEX INJ 200UNIT.....	51	TRI-VYLIBRA TAB LO.....	95
TIVICAY TAB 50MG	44	TRESIBA INJ 100UNIT	51	TROSPiUM CHL CAP 60MG ER.....	81
TIZANIDINE CAP 2MG	122	TRETINOIN CAP 10MG	36	TROSPiUM CL TAB 20MG.....	81
TIZANIDINE CAP 4MG.....	122	TRETINOIN CRE 0.1%	72	TRUEPLUS CHW GLUCOSE.....	111
TIZANIDINE CAP 6MG.....	122	TRETINOIN CRE 0.05%	72	TRULICITY INJ 0.75/0.5	51
TIZANIDINE TAB 2MG	122	TRETINOIN CRE 0.025%	72	TRULICITY INJ 1.5/0.5.....	51
TIZANIDINE TAB 4MG	122	TRIAMCINOLON CRE 0.1%.....	84	TRULICITY INJ 3/0.5	51
TOBRA/DEXAME SUS 0.3-0.1%	114	TRIAMCINOLON CRE 0.5%	84	TRULICITY INJ 4.5/0.5.....	51
TOBRADEX OIN 0.3-0.1%	114	TRIAMCINOLON CRE 0.025%	84	TRUMENBA INJ	106
TOBRAMYCIN NEB 300/5ML (generic)	120	TRIAMCINOLON LOT 0.1%.....	85	TULANA TAB 0.35MG	95
TOBRAMYCIN SOL 0.3% OP	114	TRIAMCINOLON LOT 0.025%	84	TURALIO CAP 125MG	36
TOBREX OIN 0.3% OP	114	TRIAMCINOLON OIN 0.1%.....	85	TURALIO CAP 200MG	36
TODAY SPONGE MIS.....	81	TRIAMCINOLON OIN 0.5%	85	TURQOZ TAB	96
TOLCAPONE TAB 100MG	39	TRIAMCINOLON OIN 0.025%	85	UXARIN ER TAB 54.3-8MG.....	120
TOLMETIN SOD CAP 400MG.....	14	TRIAMCINOLON PST 0.1%.....	70	TUZISTRA XR SUS	121
TOLMETIN SOD TAB 600MG	14	TRIAMCINOLON PST DEN 0.1%	70	TWINRIX INJ	106
TOLTERODINE CAP 2MG ER.....	81	TRIAMT/HCTZ CAP 375-25	66	TWIRLA DIS 120-30.....	96
TOLTERODINE CAP 4MG ER.....	81	TRIAMT/HCTZ TAB 375-25.....	66	TYBLUME CHW 0.1-0.02	96
TOLTERODINE TAB 1MG	81	TRIAZOLAM TAB 0.25MG	46	TYDEMY TAB	96
TOLTERODINE TAB 2MG.....	81	TRIAZOLAM TAB 0.125MG	46	TYMLOS INJ	107
TOPIRAMATE CAP 15MG.....	24	TRICARE TAB PRENATAL.....	76	TYVASO DPI POW 16-32-48	121
TOPIRAMATE CAP 25MG	24	TRIDERM CRE 0.5%	85	TYVASO DPI POW 16-32MCG.....	121
TOPIRAMATE TAB 25MG.....	24	TRIENTINE CAP 250MG	76	TYVASO DPI POW 16MCG	121
TOPIRAMATE TAB 50MG.....	24	TRI-ESTARYLL TAB	95	TYVASO DPI POW 32-48MCG	121
TOPIRAMATE TAB 100MG	24	TRI FEMYNOR TAB	95	TYVASO DPI POW 32MCG	121
TOPIRAMATE TAB 200MG	24	TRIFLUOPERAZ TAB 1MG.....	42	TYVASO DPI POW 48MCG	121
TOREMIFENE TAB 60MG	36	TRIFLUOPERAZ TAB 2MG.....	42	TYVASO DPI POW 64MCG	121
TORSEMIDE TAB 5MG	66	TRIFLUOPERAZ TAB 5MG	42	TYVASO REFIL SOL 0.6MG/ML	121
TORSEMIDE TAB 10MG	66	TRIFLUOPERAZ TAB 10MG	42	TYVASO SOL 0.6MG/ML	121
TORSEMIDE TAB 20MG	66	TRIFLURIDINE SOL 1% OP.....	114	TYVASO START SOL 0.6MG/ML	121
TORSEMIDE TAB 100MG.....	66	TRIHEXYPHEN SOL 0.4MG/ML	39	UBRELVY TAB 50MG	32
TRADJENTA TAB 5MG	51	TRIHEXYPHEN TAB 2MG	39	UBRELVY TAB 100MG	32
TRAMADL/APAP TAB 375-325	14	TRIHEXYPHEN TAB 5MG	39	ULTICARE MIS 30GX3/16	111
TRAMADOL HCL TAB 50MG	15	TRI-LEGEST TAB FE	95	UNITHROID TAB 25MCG	99
TRAMADOL HCL TAB 100MG ER	14	TRI-LINYAH TAB	95	UNITHROID TAB 50MCG	99
TRAMADOL HCL TAB 100MG ER	14	TRI-LO-MILI TAB	95	UNITHROID TAB 75MCG	99
TRAMADOL HCL TAB 200MG ER	14	TRI-LO TAB ESTARYLL	95	UNITHROID TAB 88MCG	99
TRAMADOL HCL TAB 200MG ER	14	TRI-LO-TAB MARZIA	95	UNITHROID TAB 100MCG	99
TRAMADOL HCL TAB 300MG ER	14	TRI-LO-TAB SPRINTEC	95	UNITHROID TAB 112MCG	99
TRAMADOL HCL TAB 300MG ER	14	TRIMETHOBENZ CAP 300MG	29	UNITHROID TAB 125MCG	99
TRANDOLAPRIL TAB 1MG	66	TRIMETHOPRIM SOL POLYMYXN	114	UNITHROID TAB 137MCG	99
TRANDOLAPRIL TAB 2MG	66			UNITHROID TAB 150MCG	99

UNITHROID TAB 175MCG.....	99	VENLAFAXINE TAB 50MG	28	VRAYLAR CAP 4.5MG	42
UNITHROID TAB 200MCG.....	99	VENLAFAXINE TAB 75MG.....	28	VRAYLAR CAP 6MG	42
UNITHROID TAB 300MCG.....	99	VENLAFAXINE TAB 100MG.....	28	VYFEMLA TAB 0.4-35	96
URSODIOL CAP 300MG	79	VENTAVIS SOL 10MCG/ML.....	121	VYLIBRA TAB 0.25-35	96
URSODIOL TAB 250MG.....	79	VENTAVIS SOL 20MCG/ML.....	121	WARFARIN TAB 1MG	54
URSODIOL TAB 500MG.....	79	VENTOLIN HFA AER.....	121	WARFARIN TAB 2.5MG	54
UTI HOME TES TEST	111	VERAPAMIL CAP 100MG ER	67	WARFARIN TAB 2MG	54
VALACYCLOVIR TAB 1GM.....	44	VERAPAMIL CAP 120MG ER	67	WARFARIN TAB 3MG	54
VALACYCLOVIR TAB 500MG	44	VERAPAMIL CAP 120MG SR	67	WARFARIN TAB 4MG	54
VALGANCICLOV SOL 50MG/ML	45	VERAPAMIL CAP 180MG ER	67	WARFARIN TAB 5MG	54
VALGANCICLOV TAB 450MG.....	45	VERAPAMIL CAP 180MG SR	67	WARFARIN TAB 6MG	54
VALPROIC ACD CAP 250MG.....	24	VERAPAMIL CAP 200MG ER	67	WARFARIN TAB 7.5MG	54
VALPROIC ACD SOL 250/5ML.....	24	VERAPAMIL CAP 240MG ER	67	WARFARIN TAB 10MG	54
VALSARTAN TAB 40MG	67	VERAPAMIL CAP 240MG SR	67	WERA TAB 0.5/35	96
VALSARTAN TAB 80MG	67	VERAPAMIL CAP 300MG ER.....	67	WESNATAL DHA PAK COMPLETE.....	77
VALSARTAN TAB 160MG	67	VERAPAMIL CAP 360MG SR	67	WESTAB PLUS TAB 27-1MG	77
VALSARTAN TAB 320MG	67	VERAPAMIL TAB 40MG	67	WIDE-SEAL DPR KIT 60.....	111
VALSART/HCTZ TAB 80-12.5.....	67	VERAPAMIL TAB 80MG	67	WIDE-SEAL DPR KIT 65.....	111
VALSART/HCTZ TAB 160-12.5.....	67	VERAPAMIL TAB 120MG	67	WIDE-SEAL DPR KIT 70.....	111
VALSART/HCTZ TAB 160-25MG.....	67	VERAPAMIL TAB 120MG ER.....	67	WIDE-SEAL DPR KIT 75.....	111
VALSART/HCTZ TAB 320-12.5.....	67	VERAPAMIL TAB 180MG ER.....	67	WIDE-SEAL DPR KIT 80.....	111
VALSART/HCTZ TAB 320-25MG	67	VERAPAMIL TAB 240MG ER	67	WIDE-SEAL DPR KIT 85.....	111
VANCOMYCIN CAP 125MG	21	VEREGEN OIN 15%.....	72	WIDE-SEAL DPR KIT 90.....	111
VANCOMYCIN CAP 250MG.....	21	VERZENIO TAB 50MG.....	37	WIDE-SEAL DPR KIT 95.....	111
VANCOMYCIN SOL 25MG/ML	21	VERZENIO TAB 100MG	37	WILZIN CAP 25MG.....	77
VANCOMYCIN SOL 50MG/ML	21	VERZENIO TAB 150MG.....	37	WIXELA INHUB AER 100/50.....	121
VANCOMYCIN SOL 250/5ML.....	21	VERZENIO TAB 200MG	37	WIXELA INHUB AER 250/50.....	121
VANDAZOLE GEL 0.75%	21	VESTURA TAB 3-0.02MG	96	WYMZYA FE CHW 0.4MG-35.....	96
VAQTA INJ 25/0.5ML.....	106	VIENVA TAB 0.1-20.....	96	XARELTO STAR TAB 15/20MG.....	55
VAQTA INJ 50UNT/ML.....	106	VIGABATRIN PAK 500MG.....	24	XARELTO SUS 1MG/ML	54
VARENICLINE TAB 0.5&1MG	16	VIGABATRIN TAB 500MG.....	24	XARELTO TAB 2.5MG	54
VARENICLINE TAB 0.5MG	16	VIGADRONE POW 500MG.....	24	XARELTO TAB 10MG	54
VARENICLINE TAB 1MG.....	16	VIGPODER POW 500MG	24	XARELTO TAB 15MG	54
VARIVAX INJ	106	VILAZODONE TAB 10MG	28	XARELTO TAB 20MG	55
VARUBI TAB 90MG	29	VILAZODONE TAB 20MG	28	XELJANZ SOL 1MG/ML	106
VAXELIS INJ	106	VILAZODONE TAB 40MG	28	XELJANZ TAB 5MG	106
VAXELIS INJ	106	VINATE II TAB	77	XELJANZ TAB 10MG	106
VAXNEUVANCE INJ	106	VINATE ONE TAB	77	XELJANZ XR TAB 11MG	106
VCF VAGINAL GEL CONTRACE	81	VIORELE TAB	96	XELJANZ XR TAB 22MG	106
VCF VAGINAL MIS CONTRACP	81	VIRACEPT TAB 250MG	45	XELPROS EMU 0.005%.....	114
VELIVET PAK	96	VIRACEPT TAB 625MG	45	XEPI CRE 1%.....	21
VELPHORO CHW 500MG	76	VITAMIN D CAP 1.25MG	77	XERMELO TAB 250MG	79
VELTASSA POW 8.4GM.....	77	VITAMIN D CAP 5000UNT	77	XIFAXAN TAB 200MG	21
VELTASSA POW 16.8GM.....	77	VITATHELY TAB	77	XIFAXAN TAB 550MG	21
VELTASSA POW 25.2GM.....	77	VITRAKVI CAP 25MG	37	XIGDUO XR TAB 2.5-1000	51
VENCLEXTA TAB 10MG	36	VITRAKVI CAP 100MG	37	XIGDUO XR TAB 5-500MG	51
VENCLEXTA TAB 50MG	36	VITRAKVI SOL 20MG/ML	37	XIGDUO XR TAB 5-1000MG	51
VENCLEXTA TAB 100MG	36	VOLNEA TAB	96	XIGDUO XR TAB 10-500MG	51
VENCLEXTA TAB START PK	37	VORICONAZOLE SUS 40MG/ML	30	XIGDUO XR TAB 10-1000	51
VENLAFAXINE CAP 37.5 ER	28	VORICONAZOLE TAB 50MG	31	XOLAIR INJ 75/0.5.....	121
VENLAFAXINE CAP 75MG ER	28	VORICONAZOLE TAB 200MG	31	XOLAIR INJ 75/0.5.....	121
VENLAFAXINE CAP 150MG ER	28	VRAYLAR CAP 1.5-3MG	42	XOLAIR INJ 150MG/ML	121
VENLAFAXINE TAB 25MG	28	VRAYLAR CAP 1.5MG	42	XOLAIR INJ 150MG/ML	121
VENLAFAXINE TAB 37.5MG	28	VRAYLAR CAP 3MG	42	XOLAIR INJ 150MG/ML	121

XOLAIR INJ 300/2ML.....	121	ZONISAMIDE CAP 50MG	24
XOLAIR INJ 300/2ML.....	121	ZONISAMIDE CAP 100MG.....	24
XOSPATA TAB 40MG	37	ZOVIA 1/35 TAB	96
XTAMPZA ER CAP 9MG	15	ZUBSOLV SUB 0.7-0.18.....	16
XTAMPZA ER CAP 13.5MG.....	15	ZUBSOLV SUB 1.4-0.36.....	16
XTAMPZA ER CAP 18MG	15	ZUBSOLV SUB 2.9-0.71.....	16
XTAMPZA ER CAP 27MG	15	ZUBSOLV SUB 5.7-1.4	17
XTAMPZA ER CAP 36MG	15	ZUBSOLV SUB 8.6-2.1	17
XULANE DIS 150-35.....	96	ZUBSOLV SUB 11.4-2.9	16
YOSPRALA TAB 81-40MG.....	55	ZUMANDIMINE TAB 3-0.03MG	96
YOSPRALA TAB 325-40MG	55	ZYKADIA TAB 150MG	37
YUVAFEM TAB 10MCG	96	ZYLET SUS 0.5-0.3%.....	114
ZAFEMY DIS 150/35	96		
ZAFIRLUKAST TAB 10MG	121		
ZAFIRLUKAST TAB 20MG	121		
ZALEPLON CAP 5MG	123		
ZALEPLON CAP 10MG	123		
ZARXIO INJ 300/0.5.....	55		
ZARXIO INJ 480/0.8.....	55		
ZEGALOGUE INJ 0.6/0.6	51		
ZEGALOGUE INJ 0.6/0.6	51		
ZELBORAF TAB 240MG.....	37		
ZELNORM TAB 6MG	79		
ZENATANE CAP 10MG	72		
ZENATANE CAP 20MG	72		
ZENATANE CAP 30MG	72		
ZENATANE CAP 40MG.....	72		
ZENPEP CAP 3000UNIT	80		
ZENPEP CAP 5000UNIT	80		
ZENPEP CAP 10000UNT.....	80		
ZENPEP CAP 15000UNT.....	80		
ZENPEP CAP 20000UNT	80		
ZENPEP CAP 25000UNT.....	80		
ZENPEP CAP 40000UNT	80		
ZENPEP CAP 60000UNT	80		
ZIDOVUDINE CAP 100MG.....	45		
ZIDOVUDINE SYP 50MG/5ML.....	45		
ZIDOVUDINE TAB 300MG	45		
ZILEUTON ER TAB 600MG.....	121		
ZIPRASIDONE CAP 20MG	42		
ZIPRASIDONE CAP 40MG	42		
ZIPRASIDONE CAP 60MG	42		
ZIPRASIDONE CAP 80MG	42		
ZIRGAN GEL 0.15%.....	114		
ZOLINZA CAP 100MG.....	37		
ZOLMITRIPTAN SPR 2.5MG.....	32		
ZOLMITRIPTAN SPR 5MG.....	32		
ZOLMITRIPTAN TAB 2.5 MG	32		
ZOLMITRIPTAN TAB 2.5MG.....	32		
ZOLMITRIPTAN TAB 5MG.....	32		
ZOLMITRIPTAN TAB 5MG ODT	32		
ZOLPIDEM TAB 5MG.....	123		
ZOLPIDEM TAB 10MG.....	123		
ZONISAMIDE CAP 25MG	24		

Language Assistance Services

1-877-265-9199, TTY 711

English: Translation services and interpreters are available at no cost to you. If you need help, please call the number above or the Member Services number on your health plan ID card.

Spanish: Hay servicios de traducción e interpretación disponibles sin costo para usted. Si necesita ayuda, llame al número anterior o al número de Servicios para Miembros que figura en la tarjeta de identificación de su plan de salud.

Chinese: 翻译服务和口译员免费供您使用。如果您需要帮助，请拨打上述号码或拨打您健康计划 ID 卡上的会员服务号码。

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 والمتורגمون الفوريون لك مجاناً. إذا كنت بحاجة إلى المساعدة، فيرجى الاتصال بالرقم أعلاه أو رقم خدمات الأعضاء الموجود على بطاقة معرف الخطبة 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 iyong 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: Übersetzungsdiene 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 નિઃશુલ્ક ઉપલબ્ધ છે. જો તમને મદદની જરૂર હોય, તો કૃપા કરીને ઉપરના નંબર પર અથવા તમારા હેલ્થ પ્લાન આઇડી કાર્ડ પરના સભ્ય સેવાઓ નંબર પર કોલ 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 بیلٹھ 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: અનુવાદ સેવાએ ઔર દુભાષિએ આપકે લિએ નિઃશુલ્ક ઉપલબ્ધ હોયાં। યदિ આપકો સહાયતા કી આવશ્યકતા હૈ, તો કૃપા અપને સ્વાસ્થ્ય યોજના આઇડી કાર્ડ પર ઊપર દિએ ગए નંબર યા સદસ્ય સેવા નંબર પર કોલ કરો।

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 አስተርማሚያዎች ለእርስዥ የለ የሚገም ወጪ ይገኘለ:: እርዳታ ከፈለጋ:: እባክዎን ከለይ ባለው ቅጥር ወይም በጠና እቅድ: መታወቂያ ከርድዎ ለይ ባለው የአባላት አገልግሎት ቅጥር 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.





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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

You must send the complaint within 60 days of the incident. We will send you a decision within 30 days. If you disagree with the decision, you have 15 days to appeal.

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). We are available Monday through Friday, 8 a.m. to 6 p.m., E.T.

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

Online: <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>
Complaint forms are available at <http://www.hhs.gov/ocr/office/file/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



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