



**New Mexico
Individual & Family Plans**

2024 Essential Plus Prescription Drug List

Effective as of Jan. 1, 2024

Table of contents

| | |
|---|----|
| Understanding your prescription drug list | 4 |
| Medication tips | 5 |
| Reading your PDL | 6 |
| Behavioral Health Medications | 7 |
| Analgesics | 8 |
| Anesthetics | 12 |
| Anti-Addiction/Substance Abuse Treatment Agents | 13 |
| Antibacterials | 14 |
| Anticonvulsants | 18 |
| Antidementia Agents | 21 |
| Antidepressants | 22 |
| Antiemetics | 25 |
| Antifungals | 26 |
| Antigout Agents | 27 |
| Antimigraine Agents | 27 |
| Antimyasthenic Agents | 28 |
| Antimycobacterials | 28 |
| Antineoplastics | 29 |
| Antiparasitics | 32 |
| Antiparkinson Agents | 33 |
| Antipsychotics | 34 |
| Antivirals | 37 |
| Anxiolytics | 39 |
| Bipolar Agents | 41 |
| Blood Glucose Monitoring | 41 |
| Blood Glucose Regulators | 42 |
| Blood Products/Modifiers/Volume Expanders | 45 |
| Cardiovascular Agents | 48 |
| Central Nervous System Agents | 60 |
| Dental and Oral Agents | 62 |
| Dermatological Agents | 62 |
| Electrolytes/ Minerals/ Metals/ Vitamins | 64 |
| Gastrointestinal Agents | 70 |
| Genetic or Enzyme Disorder: Replacement, Modifiers, Treatment | 72 |
| Genitourinary Agents | 73 |
| Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal) | 74 |
| Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary) | 77 |
| Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins) | 78 |
| Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers) | 78 |
| Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid) | 88 |
| Hormonal Agents, Suppressant (Adrenal) | 91 |
| Hormonal Agents, Suppressant (Pituitary) | 91 |
| Hormonal Agents, Suppressant (Thyroid) | 92 |
| Immunological Agents | 92 |
| Inflammatory Bowel Disease Agents | 97 |



| | |
|---|-----|
| Metabolic Bone Disease Agents | 97 |
| Miscellaneous Therapeutic Agents | 98 |
| Ophthalmic Agents | 101 |
| Otic Agents | 104 |
| Respiratory Tract/Pulmonary Agents | 105 |
| Respiratory Tract/Pulmonary Agents - Drugs to Treat Allergies, Cough, Cold and Lung Conditions | 110 |
| Skeletal Muscle Relaxants | 111 |
| Sleep Disorder Agents | 111 |
| Medical Product Drug List | 113 |
| Index | 135 |



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 provider can use the PDL to help you choose the most cost-effective prescription medications. This guide tells you if a medication is generic or brand, and if special rules apply. You can reference this list when you see your 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.

Some medications on your PDL have extra requirements before they can be covered. A few of the most common coverage programs 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. If you want to see if a medication is in one of these programs, please visit myuhc.com/exchange or call the Member Services number on your health plan ID card.

- **Prior authorization (PA):** UnitedHealthcare requires you or your physician to obtain prior authorization for certain drugs to be sure the drug is most appropriate for the 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.
- **Step therapy (ST):** 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.
- **Quantity limits (QL):** 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.

To learn about requesting a prior authorization or step therapy exception, visit uhcprovider.com/en/resource-library/drug-lists-pharmacy/individual-exchange-plans-prior-authorization-and-exceptions.

Clinical criteria can be found at uhcprovider.com/exchange.

What are tiers?

Tiers are the different cost levels you pay for a medication. Each tier is assigned a cost, set by UnitedHealthcare. This determines how much you will pay when you fill a prescription at a network pharmacy.

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 restrictions.

When a medication changes tiers, you may have to pay a different amount for that medication. Talk to your 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.

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.



How can I get a medication not listed on the PDL covered?

You, your authorized representative or your provider can ask for a coverage request by calling the number on your health plan ID card. Once the request is received, a decision will be provided within 72 hours, unless there are exigent circumstances and an expedited review is requested, in which case a decision will be provided in 24 hours. These responses may be shorter based on state laws. If the request is denied, information will be provided describing the process to appeal that decision and request an external review.

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 doctor writes a brand-name prescription?

If your 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.

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 question on how to access covered specialty medications, call the number on your health plan ID card or visit myuhc.com/exchange.

Over-the-counter medications

An over-the-counter (OTC) medication may be the right treatment for some conditions. Talk to your 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.

Reading your PDL

The PDL gives you choices so you and your 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.

Tier information

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.

| Drug Tier | Cost-share | Includes |
|-----------|------------|---|
| Tier 1 | \$0 | \$0 Cost-share – Preventive medications and medications to treat a behavioral health condition, including substance use disorder, are available at no cost to you. |
| Tier 2 | \$ | Lower cost-share – Medications that offer the greatest overall value, which includes mainly generic medications. |
| Tier 3 | \$\$ | Mid-range cost-shares – Medications that offer good overall value, which includes mainly preferred brand name medications. |
| Tier 4 | \$\$\$ | |
| Tier 5 | \$\$\$\$ | Highest cost-shares – Medications that offer the lowest overall value. |
| Tier 6 | \$\$\$\$\$ | |

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.

Drug list information

In this drug list, some medications are noted with letters next to them to help you see which ones may have coverage requirements or limits. Your benefit plan sets how these medications may be covered for you.

| | |
|-----------|--|
| PA | Prior authorization required |
| QL | Quantity limit |
| ST | Step therapy |
| H | Health Care Reform Preventive – Medication is part of a health care reform preventive benefit and is available at no cost to you. |
| H* | Health Care Reform Preventive – You may have the added benefit to obtain the medication at \$0 cost-share if you meet certain requirements. Your physician can contact Optum Rx to confirm you are eligible for \$0 cost-share. |
| H-A | Health Care Reform Preventive with Age contingency – Medication may be part of a health care reform preventive benefit and may be available at no cost to you if within certain age range. |
| H-M | Health Care Reform Preventive – Medication may be part of a health care reform preventive benefit and may be available at no cost to you through your pharmacy or medical benefit. |
| BH | Medication used to treat a behavioral health condition available at no cost to you. |
| BH* | Medication may be available at no cost to you when prescribed to treat a behavioral health condition. |
| \$0 Copay | Medication available at no cost to you. |



Behavioral Health Medications

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.

Behavioral Health medications are listed as "BH" in in this PDL:

- Tier 1 medications are covered at no cost to you when filled at a network pharmacy.
- For other medications listed as Behavioral Health (BH*), the medication may be eligible at no cost to you when prescribed to treat a behavioral health condition. Your health care provider can provide information about your medical condition to determine if your medication qualifies for \$0 cost-sharing:
 - **Healthcare providers** – Contact Optum Rx to submit an online request at professionals.optumrx.com or by calling **1-800-711-4555**.
 - **Members** – Call the phone number on your member ID card.

Applicable formulary requirements such as prior authorization and quantity limits may apply.

Questions

Review your Policy for more information about your pharmacy benefit.



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

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



Call the Member Services number on your health plan ID card.

| Drug name | Generic name | Tier value | Prior auth | Quantity limit | Step therapy | Requirements & limits |
|---------------------------|--|------------|------------|----------------|--------------|-----------------------|
| Analgesics | | | | | | |
| APAP-CAFFEIN CAP DIHYDROC | ACETAMINOPHEN-CAFFEINE-DIHYDROCODEINE CAP 320.5-30-16 MG | Tier 3 | | X | | |
| APAP/CODEINE SOL 120-12/5 | ACETAMINOPHEN W/ CODEINE SOLN 120-12 MG/5ML | Tier 2 | | X | | |
| APAP/CODEINE SOL 300-30MG | ACETAMINOPHEN W/ CODEINE SOLN 120-12 MG/5ML | Tier 2 | | X | | |
| APAP/CODEINE TAB 300-15MG | ACETAMINOPHEN W/ CODEINE TAB 300-15 MG | Tier 2 | | X | | |
| APAP/CODEINE TAB 300-30MG | ACETAMINOPHEN W/ CODEINE TAB 300-30 MG | Tier 2 | | X | | |
| APAP/CODEINE TAB 300-60MG | ACETAMINOPHEN W/ CODEINE TAB 300-60 MG | Tier 2 | | X | | |
| ASCOMP/COD CAP 30MG | BUTALBITAL-ASPIRIN-CAFF W/ CODEINE CAP 50-325-40-30 MG | Tier 3 | | X | | |
| ASPIRIN LOW CHW 81MG | ASPIRIN CHEW TAB 81 MG | Tier 1 | | | | H-A |
| ASPIRIN LOW TAB 81MG EC | ASPIRIN TAB DELAYED RELEASE 81 MG | Tier 1 | | | | H-A |
| BUT/APAP/CAF TAB | BUTALBITAL-ACETAMINOPHEN-CAFFEINE TAB 50-325-40 MG | Tier 2 | | X | | |
| BUT/ASA/CAF/ CAP CODEINE | BUTALBITAL-ASPIRIN-CAFF W/ CODEINE CAP 50-325-40-30 MG | Tier 3 | | X | | |
| BUT/ASA/CAFF CAP | BUTALBITAL-ASPIRIN-CAFFEINE CAP 50-325-40 MG | Tier 2 | | X | | |
| BUTAL/APAP TAB 50-325MG | BUTALBITAL-ACETAMINOPHEN TAB 50-325 MG | Tier 3 | | X | | |
| BUTALB/ACETA TAB 50-300MG | BUTALBITAL-ACETAMINOPHEN TAB 50-300 MG | Tier 3 | | X | | |
| BUTORPHANOL SOL 10MG/ML | BUTORPHANOL TARTRATE NASAL SOLN 10 MG/ML | Tier 2 | | X | | |
| CARISOPRODOL TAB ASA/COD | CARISOPRODOL W/ ASPIRIN & CODEINE TAB 200-325-16 MG | Tier 2 | | X | | |
| CELECOXIB CAP 100MG | CELECOXIB CAP 100 MG | Tier 2 | | X | | |
| CELECOXIB CAP 200MG | CELECOXIB CAP 200 MG | Tier 2 | | X | | |
| CELECOXIB CAP 400MG | CELECOXIB CAP 400 MG | Tier 2 | | X | | |
| CELECOXIB CAP 50MG | CELECOXIB CAP 50 MG | Tier 2 | | X | | |
| CODEINE SULF TAB 15MG | CODEINE SULFATE TAB 15 MG | Tier 2 | | X | | |
| CODEINE SULF TAB 30MG | CODEINE SULFATE TAB 30 MG | Tier 2 | | X | | |
| CODEINE SULF TAB 60MG | CODEINE SULFATE TAB 60 MG | Tier 2 | | X | | |
| DICLO/MISOPR TAB 50-0.2MG | DICLOFENAC W/ MISOPROSTOL TAB DELAYED RELEASE 50-0.2 MG | Tier 3 | | | | |
| DICLO/MISOPR TAB 75-0.2MG | DICLOFENAC W/ MISOPROSTOL TAB DELAYED RELEASE 75-0.2 MG | Tier 3 | | | | |
| DICLOFEN POT TAB 50MG | DICLOFENAC POTASSIUM TAB 50 MG | Tier 2 | | | | |
| DICLOFENAC GEL 1% | DICLOFENAC SODIUM GEL 1% (1.16% DIETHYLAMINE EQUIV) | Tier 3 | | X | | |
| DICLOFENAC TAB 100MG ER | DICLOFENAC SODIUM TAB ER 24HR 100 MG | Tier 2 | | | | |
| DICLOFENAC TAB 25MG DR | DICLOFENAC SODIUM TAB DELAYED RELEASE 25 MG | Tier 2 | | | | |
| DICLOFENAC TAB 50MG DR | DICLOFENAC SODIUM TAB DELAYED RELEASE 50 MG | Tier 2 | | | | |
| DICLOFENAC TAB 75MG DR | DICLOFENAC SODIUM TAB DELAYED RELEASE 75 MG | Tier 2 | | | | |
| DIFLUNISAL TAB 500MG | DIFLUNISAL TAB 500 MG | Tier 2 | | | | |
| EC-NAPROXEN TAB 375MG | NAPROXEN TAB EC 375 MG | Tier 2 | | | | |
| EC-NAPROXEN TAB 500MG | NAPROXEN TAB EC 500 MG | Tier 2 | | | | |
| ENDOCET TAB 10-325MG | OXYCODONE W/ ACETAMINOPHEN TAB 10-325 MG | Tier 2 | | X | | |
| ENDOCET TAB 2.5-325 | OXYCODONE W/ ACETAMINOPHEN TAB 2.5-325 MG | Tier 2 | | X | | |

KEY: **H**—Health Care Reform Preventive

H*—Health Care Reform Preventive

H-A—Health Care Reform Preventive with Age contingency

H-M—Health Care Reform Preventive (RX or Medical)

BH—Medication used to treat a behavioral health condition available at no cost to you

BH*—Medication may be available at no cost to you when prescribed to treat a behavioral health condition

\$0 Copay—Medication available at no cost to you



| Drug name | Generic name | Tier value | Prior auth | Quantity limit | Step therapy | Requirements & limits |
|---------------------------|--|------------|------------|----------------|--------------|-----------------------|
| ENDOCET TAB 5-325MG | OXYCODONE W/ ACETAMINOPHEN TAB 5-325 MG | Tier 2 | | X | | |
| ENDOCET TAB 7.5-325 | OXYCODONE W/ ACETAMINOPHEN TAB 7.5-325 MG | Tier 2 | | X | | |
| ETODOLAC CAP 200MG | ETODOLAC CAP 200 MG | Tier 2 | | | | |
| ETODOLAC CAP 300MG | ETODOLAC CAP 300 MG | Tier 2 | | | | |
| ETODOLAC TAB 400MG | ETODOLAC TAB 400 MG | Tier 2 | | | | |
| ETODOLAC TAB 500MG | ETODOLAC TAB 500 MG | Tier 2 | | | | |
| ETODOLAC ER TAB 400MG | ETODOLAC TAB ER 24HR 400 MG | Tier 3 | | | | |
| ETODOLAC ER TAB 500MG | ETODOLAC TAB ER 24HR 500 MG | Tier 3 | | | | |
| ETODOLAC ER TAB 600MG | ETODOLAC TAB ER 24HR 600 MG | Tier 3 | | | | |
| FENOPROFEN TAB 600MG | FENOPROFEN CALCIUM TAB 600 MG | Tier 3 | | | | |
| FENTANYL DIS 100MCG/H | FENTANYL TD PATCH 72HR 100 MCG/HR | Tier 3 | X | X | | |
| FENTANYL DIS 12MCG/HR | FENTANYL TD PATCH 72HR 12 MCG/HR | Tier 3 | X | X | | |
| FENTANYL DIS 25MCG/HR | FENTANYL TD PATCH 72HR 25 MCG/HR | Tier 3 | X | X | | |
| FENTANYL DIS 50MCG/HR | FENTANYL TD PATCH 72HR 50 MCG/HR | Tier 3 | X | X | | |
| FENTANYL DIS 75MCG/HR | FENTANYL TD PATCH 72HR 75 MCG/HR | Tier 3 | X | X | | |
| FENTANYL OT LOZ 1200MCG | FENTANYL CITRATE LOZENGE ON A HANDLE 1200 MCG | Tier 3 | X | X | | |
| FENTANYL OT LOZ 1600MCG | FENTANYL CITRATE LOZENGE ON A HANDLE 1600 MCG | Tier 3 | X | X | | |
| FENTANYL OT LOZ 200MCG | FENTANYL CITRATE LOZENGE ON A HANDLE 200 MCG | Tier 3 | X | X | | |
| FENTANYL OT LOZ 400MCG | FENTANYL CITRATE LOZENGE ON A HANDLE 400 MCG | Tier 3 | X | X | | |
| FENTANYL OT LOZ 600MCG | FENTANYL CITRATE LOZENGE ON A HANDLE 600 MCG | Tier 3 | X | X | | |
| FENTANYL OT LOZ 800MCG | FENTANYL CITRATE LOZENGE ON A HANDLE 800 MCG | Tier 3 | X | X | | |
| FLURBIPROFEN TAB 100MG | FLURBIPROFEN TAB 100 MG | Tier 2 | | | | |
| HYDRO/ACETA SOL 10-325MG | HYDROCODONE-ACETAMINOPHEN SOLN 10-325 MG/15ML | Tier 2 | | X | | |
| HYDROCO/APAP SOL 7.5-325 | HYDROCODONE-ACETAMINOPHEN SOLN 7.5-325 MG/15ML | Tier 2 | | X | | |
| HYDROCO/APAP TAB 10-325MG | HYDROCODONE-ACETAMINOPHEN TAB 10-325 MG | Tier 2 | | X | | |
| HYDROCO/APAP TAB 5-325MG | HYDROCODONE-ACETAMINOPHEN TAB 5-325 MG | Tier 2 | | X | | |
| HYDROCO/APAP TAB 7.5-325 | HYDROCODONE-ACETAMINOPHEN TAB 7.5-325 MG | Tier 2 | | X | | |
| HYDROCOD/IBU TAB 10-200MG | HYDROCODONE-IBUPROFEN TAB 10-200 MG | Tier 3 | | X | | |
| HYDROCOD/IBU TAB 5-200MG | HYDROCODONE-IBUPROFEN TAB 5-200 MG | Tier 3 | | X | | |
| HYDROCOD/IBU TAB 7.5-200 | HYDROCODONE-IBUPROFEN TAB 7.5-200 MG | Tier 3 | | X | | |
| HYDROCODONE CAP 10MG ER | HYDROCODONE BITARTRATE CAP ER 12HR 10 MG | Tier 3 | X | X | | |
| HYDROCODONE CAP 15MG ER | HYDROCODONE BITARTRATE CAP ER 12HR 15 MG | Tier 3 | X | X | | |
| HYDROCODONE CAP 20MG ER | HYDROCODONE BITARTRATE CAP ER 12HR 20 MG | Tier 3 | X | X | | |
| HYDROCODONE CAP 30MG ER | HYDROCODONE BITARTRATE CAP ER 12HR 30 MG | Tier 3 | X | X | | |
| HYDROCODONE CAP 40MG ER | HYDROCODONE BITARTRATE CAP ER 12HR 40 MG | Tier 3 | X | X | | |

KEY: **H**—Health Care Reform Preventive
H*—Health Care Reform Preventive
H-A—Health Care Reform Preventive with Age contingency
H-M—Health Care Reform Preventive (RX or Medical)

BH—Medication used to treat a behavioral health condition available at no cost to you
BH*—Medication may be available at no cost to you when prescribed to treat a behavioral health condition
\$0 Copay—Medication available at no cost to you



| Drug name | Generic name | Tier value | Prior auth | Quantity limit | Step therapy | Requirements & limits |
|---------------------------|--|------------|------------|----------------|--------------|-----------------------|
| HYDROCODONE CAP 50MG ER | HYDROCODONE BITARTRATE CAP ER 12HR 50 MG | Tier 3 | X | X | | |
| HYDROMORPHON LIQ 1MG/ML | HYDROMORPHONE HCL LIQD 1 MG/ML | Tier 3 | | X | | |
| HYDROMORPHON TAB 12MG ER | HYDROMORPHONE HCL TAB ER 24HR 12 MG | Tier 3 | X | X | | |
| HYDROMORPHON TAB 16MG ER | HYDROMORPHONE HCL TAB ER 24HR 16 MG | Tier 3 | X | X | | |
| HYDROMORPHON TAB 2MG | HYDROMORPHONE HCL TAB 2 MG | Tier 2 | | X | | |
| HYDROMORPHON TAB 32MG ER | HYDROMORPHONE HCL TAB ER 24HR 32 MG | Tier 3 | X | X | | |
| HYDROMORPHON TAB 4MG | HYDROMORPHONE HCL TAB 4 MG | Tier 2 | | X | | |
| HYDROMORPHON TAB 8MG | HYDROMORPHONE HCL TAB 8 MG | Tier 2 | | X | | |
| HYDROMORPHON TAB 8MG ER | HYDROMORPHONE HCL TAB ER 24HR 8 MG | Tier 3 | X | X | | |
| IBU TAB 400MG | IBUPROFEN TAB 400 MG | Tier 2 | | | | |
| IBU TAB 600MG | IBUPROFEN TAB 600 MG | Tier 2 | | | | |
| IBU TAB 800MG | IBUPROFEN TAB 800 MG | Tier 2 | | | | |
| IBUPROFEN TAB 400MG | IBUPROFEN TAB 400 MG | Tier 2 | | | | |
| IBUPROFEN TAB 600MG | IBUPROFEN TAB 600 MG | Tier 2 | | | | |
| IBUPROFEN TAB 800MG | IBUPROFEN TAB 800 MG | Tier 2 | | | | |
| INDOMETHACIN CAP 25MG | INDOMETHACIN CAP 25 MG | Tier 2 | | X | | |
| INDOMETHACIN CAP 50MG | INDOMETHACIN CAP 50 MG | Tier 2 | | X | | |
| INDOMETHACIN CAP 75MG ER | INDOMETHACIN CAP ER 75 MG | Tier 2 | | | | |
| KETOPROFEN CAP 200MG ER | KETOPROFEN CAP ER 24HR 200 MG | Tier 3 | | | X | |
| KETOPROFEN CAP 25MG | KETOPROFEN CAP 25 MG | Tier 3 | | | X | |
| KETOPROFEN CAP 50MG | KETOPROFEN CAP 50 MG | Tier 3 | | | X | |
| KETOPROFEN CAP 75MG | KETOPROFEN CAP 75 MG | Tier 3 | | | X | |
| KETOROLAC TAB 10MG | KETOROLAC TROMETHAMINE TAB 10 MG | Tier 2 | | | | |
| LEVORPHANOL TAB 2MG | LEVORPHANOL TARTRATE TAB 2 MG | Tier 3 | X | X | | |
| LEVORPHANOL TAB 3MG | LEVORPHANOL TARTRATE TAB 3 MG | Tier 3 | X | X | | |
| LORTAB ELX 10-300MG | HYDROCODONE-ACETAMINOPHEN SOLN 10-300 MG/15ML | Tier 5 | | X | | |
| MECLOFEN SOD CAP 100MG | MECLOFENAMATE SODIUM CAP 100 MG | Tier 3 | | | | |
| MECLOFEN SOD CAP 50MG | MECLOFENAMATE SODIUM CAP 50 MG | Tier 3 | | | | |
| MEFENAM ACID CAP 250MG | MEFENAMIC ACID CAP 250 MG | Tier 3 | | | | |
| MELOXICAM TAB 15MG | MELOXICAM TAB 15 MG | Tier 2 | | | | |
| MELOXICAM TAB 7.5MG | MELOXICAM TAB 7.5 MG | Tier 2 | | | | |
| METHADONE CON 10MG/ML | METHADONE HCL CONC 10 MG/ML | Tier 2 | X | X | | |
| METHADONE SOL 10MG/5ML | METHADONE HCL SOLN 10 MG/5ML | Tier 2 | X | X | | |
| METHADONE SOL 5MG/5ML | METHADONE HCL SOLN 5 MG/5ML | Tier 2 | X | X | | |
| METHADONE TAB 10MG | METHADONE HCL TAB 10 MG | Tier 2 | X | X | | |
| METHADONE TAB 5MG | METHADONE HCL TAB 5 MG | Tier 2 | X | X | | |
| MORPHINE SUL SOL 10/0.5ML | MORPHINE SULFATE ORAL SOLN 100 MG/5ML (20 MG/ML) | Tier 3 | | X | | |
| MORPHINE SUL SOL 100/5ML | MORPHINE SULFATE ORAL SOLN 100 MG/5ML (20 MG/ML) | Tier 3 | | X | | |
| MORPHINE SUL SOL 10MG/5ML | MORPHINE SULFATE ORAL SOLN 10 MG/5ML | Tier 3 | | X | | |
| MORPHINE SUL SOL 20MG/5ML | MORPHINE SULFATE ORAL SOLN 20 MG/5ML | Tier 3 | | X | | |
| MORPHINE SUL SOL 20MG/ML | MORPHINE SULFATE ORAL SOLN 100 MG/5ML (20 MG/ML) | Tier 3 | | X | | |
| MORPHINE SUL TAB 100MG ER | MORPHINE SULFATE TAB ER 100 MG | Tier 2 | X | X | | |
| MORPHINE SUL TAB 15MG | MORPHINE SULFATE TAB 15 MG | Tier 2 | | X | | |
| MORPHINE SUL TAB 15MG ER | MORPHINE SULFATE TAB ER 15 MG | Tier 2 | X | X | | |

KEY: **H**—Health Care Reform Preventive
H*—Health Care Reform Preventive
H-A—Health Care Reform Preventive with Age contingency
H-M—Health Care Reform Preventive (RX or Medical)

BH—Medication used to treat a behavioral health condition available at no cost to you
BH*—Medication may be available at no cost to you when prescribed to treat a behavioral health condition
\$0 Copay—Medication available at no cost to you



| Drug name | Generic name | Tier value | Prior auth | Quantity limit | Step therapy | Requirements & limits |
|---------------------------|--|------------|------------|----------------|--------------|-----------------------|
| MORPHINE SUL TAB 200MG ER | MORPHINE SULFATE TAB ER 200 MG | Tier 2 | X | X | | |
| MORPHINE SUL TAB 30MG | MORPHINE SULFATE TAB 30 MG | Tier 2 | | X | | |
| MORPHINE SUL TAB 30MG ER | MORPHINE SULFATE TAB ER 30 MG | Tier 2 | X | X | | |
| MORPHINE SUL TAB 60MG ER | MORPHINE SULFATE TAB ER 60 MG | Tier 2 | X | X | | |
| NABUMETONE TAB 500MG | NABUMETONE TAB 500 MG | Tier 2 | | | | |
| NABUMETONE TAB 750MG | NABUMETONE TAB 750 MG | Tier 2 | | | | |
| NAPROX-ESOM TAB 375-20MG | NAPROXEN-ESOMEPRAZOLE MAGNESIUM TAB DR 375-20 MG | Tier 3 | | X | X | |
| NAPROX-ESOM TAB 500-20MG | NAPROXEN-ESOMEPRAZOLE MAGNESIUM TAB DR 500-20 MG | Tier 3 | | X | X | |
| NAPROXEN SUS 125/5ML | NAPROXEN SUSP 125 MG/5ML | Tier 3 | X | | | |
| NAPROXEN TAB 250MG | NAPROXEN TAB 250 MG | Tier 2 | | | | |
| NAPROXEN TAB 375MG | NAPROXEN TAB 375 MG | Tier 2 | | | | |
| NAPROXEN TAB 500MG | NAPROXEN TAB 500 MG | Tier 2 | | | | |
| NAPROXEN DR TAB 375MG | NAPROXEN TAB EC 375 MG | Tier 2 | | | | |
| NAPROXEN DR TAB 500MG | NAPROXEN TAB EC 500 MG | Tier 2 | | | | |
| NAPROXEN SOD TAB 275MG | NAPROXEN SODIUM TAB 275 MG | Tier 2 | | | | |
| NAPROXEN SOD TAB 550MG | NAPROXEN SODIUM TAB 550 MG | Tier 2 | | | | |
| NUCYNTA ER TAB 100MG | TAPENTADOL HCL TAB ER 12HR 100 MG | Tier 5 | X | X | | |
| NUCYNTA ER TAB 150MG | TAPENTADOL HCL TAB ER 12HR 150 MG | Tier 5 | X | X | | |
| NUCYNTA ER TAB 200MG | TAPENTADOL HCL TAB ER 12HR 200 MG | Tier 5 | X | X | | |
| NUCYNTA ER TAB 250MG | TAPENTADOL HCL TAB ER 12HR 250 MG | Tier 5 | X | X | | |
| NUCYNTA ER TAB 50MG | TAPENTADOL HCL TAB ER 12HR 50 MG | Tier 5 | X | X | | |
| OXAPROZIN TAB 600MG | OXAPROZIN TAB 600 MG | Tier 3 | | | | |
| OXYCOD/APAP TAB 10-325MG | OXYCODONE W/ ACETAMINOPHEN TAB 10-325 MG | Tier 2 | | X | | |
| OXYCOD/APAP TAB 2.5-325 | OXYCODONE W/ ACETAMINOPHEN TAB 2.5-325 MG | Tier 2 | | X | | |
| OXYCOD/APAP TAB 5-325MG | OXYCODONE W/ ACETAMINOPHEN TAB 5-325 MG | Tier 2 | | X | | |
| OXYCOD/APAP TAB 7.5-325 | OXYCODONE W/ ACETAMINOPHEN TAB 7.5-325 MG | Tier 2 | | X | | |
| OXYCOD/ASA TAB | OXYCODONE-ASPIRIN TAB 4.8355-325 MG | Tier 3 | | X | | |
| OXYCODONE CAP 5MG | OXYCODONE HCL CAP 5 MG | Tier 2 | | X | | |
| OXYCODONE CAP HCL 5MG | OXYCODONE HCL CAP 5 MG | Tier 2 | | X | | |
| OXYCODONE CON 100/5ML | OXYCODONE HCL CONC 100 MG/5ML (20 MG/ML) | Tier 3 | | X | | |
| OXYCODONE SOL 5MG/5ML | OXYCODONE HCL SOLN 5 MG/5ML | Tier 2 | | X | | |
| OXYCODONE TAB 10MG | OXYCODONE HCL TAB 10 MG | Tier 2 | | X | | |
| OXYCODONE TAB 15MG | OXYCODONE HCL TAB 15 MG | Tier 2 | | X | | |
| OXYCODONE TAB 20MG | OXYCODONE HCL TAB 20 MG | Tier 2 | | X | | |
| OXYCODONE TAB 30MG | OXYCODONE HCL TAB 30 MG | Tier 2 | | X | | |
| OXYCODONE TAB 5MG | OXYCODONE HCL TAB 5 MG | Tier 2 | | X | | |
| OXYMORPHONE TAB 10MG ER | OXYMORPHONE HCL TAB ER 12HR 10 MG | Tier 3 | X | X | | |
| OXYMORPHONE TAB 15MG ER | OXYMORPHONE HCL TAB ER 12HR 15 MG | Tier 3 | X | X | | |
| OXYMORPHONE TAB 20MG ER | OXYMORPHONE HCL TAB ER 12HR 20 MG | Tier 3 | X | X | | |
| OXYMORPHONE TAB 30MG ER | OXYMORPHONE HCL TAB ER 12HR 30 MG | Tier 3 | X | X | | |
| OXYMORPHONE TAB 40MG ER | OXYMORPHONE HCL TAB ER 12HR 40 MG | Tier 3 | X | X | | |
| OXYMORPHONE TAB 5MG ER | OXYMORPHONE HCL TAB ER 12HR 5 MG | Tier 3 | X | X | | |

KEY: **H**—Health Care Reform Preventive
H*—Health Care Reform Preventive
H-A—Health Care Reform Preventive with Age contingency
H-M—Health Care Reform Preventive (RX or Medical)

BH—Medication used to treat a behavioral health condition available at no cost to you
BH*—Medication may be available at no cost to you when prescribed to treat a behavioral health condition
\$0 Copay—Medication available at no cost to you



| Drug name | Generic name | Tier value | Prior auth | Quantity limit | Step therapy | Requirements & limits |
|---------------------------|---|------------|------------|----------------|--------------|-----------------------|
| OXYMORPHONE TAB 7.5MG ER | OXYMORPHONE HCL TAB ER 12HR 7.5 MG | Tier 3 | X | X | | |
| OXYMORPHONE TAB HCL 10MG | OXYMORPHONE HCL TAB 10 MG | Tier 3 | | X | | |
| OXYMORPHONE TAB HCL 5MG | OXYMORPHONE HCL TAB 5 MG | Tier 3 | | X | | |
| PENTAZ/NALOX TAB 50-0.5MG | PENTAZOCINE W/ NALOXONE HCL TAB 50-0.5 MG | Tier 3 | | X | | |
| PIROXICAM CAP 10MG | PIROXICAM CAP 10 MG | Tier 2 | | | | |
| PIROXICAM CAP 20MG | PIROXICAM CAP 20 MG | Tier 2 | | | | |
| SALSALATE TAB 500MG | SALSALATE TAB 500 MG | Tier 2 | | | | |
| SALSALATE TAB 750MG | SALSALATE TAB 750 MG | Tier 2 | | | | |
| ST JOSEPH CHW LOW 81MG | ASPIRIN CHEW TAB 81 MG | Tier 1 | | | | H-A |
| SULINDAC TAB 150MG | SULINDAC TAB 150 MG | Tier 2 | | | | |
| SULINDAC TAB 200MG | SULINDAC TAB 200 MG | Tier 2 | | | | |
| TENCON TAB 50-325MG | BUTALBITAL-ACETAMINOPHEN TAB 50-325 MG | Tier 3 | | X | | |
| TOLMETIN SOD CAP 400MG | TOLMETIN SODIUM CAP 400 MG | Tier 3 | | | | |
| TOLMETIN SOD TAB 600MG | TOLMETIN SODIUM TAB 600 MG | Tier 3 | | | | |
| TRAMADL/APAP TAB 37.5-325 | TRAMADOL-ACETAMINOPHEN TAB 37.5-325 MG | Tier 2 | | X | | |
| TRAMADOL HCL TAB 100MG ER | TRAMADOL HCL TAB ER 24HR 100 MG | Tier 3 | X | X | | |
| TRAMADOL HCL TAB 100MG ER | TRAMADOL HCL TAB ER 24HR BIPHASIC RELEASE 100 MG | Tier 3 | X | X | | |
| TRAMADOL HCL TAB 200MG ER | TRAMADOL HCL TAB ER 24HR 200 MG | Tier 3 | X | X | | |
| TRAMADOL HCL TAB 200MG ER | TRAMADOL HCL TAB ER 24HR BIPHASIC RELEASE 200 MG | Tier 3 | X | X | | |
| TRAMADOL HCL TAB 300MG ER | TRAMADOL HCL TAB ER 24HR 300 MG | Tier 3 | X | X | | |
| TRAMADOL HCL TAB 300MG ER | TRAMADOL HCL TAB ER 24HR BIPHASIC RELEASE 300 MG | Tier 3 | X | X | | |
| TRAMADOL HCL TAB 50MG | TRAMADOL HCL TAB 50 MG | Tier 2 | | X | | |
| XTAMPZA ER CAP 13.5MG | OXYCODONE CAP ER 12HR ABUSE-DETERRENT 13.5 MG | Tier 5 | X | X | | |
| XTAMPZA ER CAP 18MG | OXYCODONE CAP ER 12HR ABUSE-DETERRENT 18 MG | Tier 5 | X | X | | |
| XTAMPZA ER CAP 27MG | OXYCODONE CAP ER 12HR ABUSE-DETERRENT 27 MG | Tier 5 | X | X | | |
| XTAMPZA ER CAP 36MG | OXYCODONE CAP ER 12HR ABUSE-DETERRENT 36 MG | Tier 5 | X | X | | |
| XTAMPZA ER CAP 9MG | OXYCODONE CAP ER 12HR ABUSE-DETERRENT 9 MG | Tier 5 | X | X | | |
| Anesthetics | | | | | | |
| GLYDO GEL 2% | LIDOCAINE HCL URETHRAL/MUCOSAL GEL PREFILLED SYRINGE 2% | Tier 2 | | | | |
| LIDO/PRILOCN CRE 2.5-2.5% | LIDOCAINE-PRILOCAINE CREAM 2.5-2.5% | Tier 2 | | | | |
| LIDOCA/TETRA CRE 7/7% | LIDOCAINE-TETRACAINE CREAM 7-7% | Tier 5 | | | | |
| LIDOCAINE CRE TETRACAI | LIDOCAINE-TETRACAINE CREAM 7-7% | Tier 5 | | | | |
| LIDOCAINE GEL 2% JELLY | LIDOCAINE HCL URETHRAL/MUCOSAL GEL 2% | Tier 2 | | | | |
| LIDOCAINE GEL 2% JELLY | LIDOCAINE HCL URETHRAL/MUCOSAL GEL PREFILLED SYRINGE 2% | Tier 2 | | | | |
| LIDOCAINE OIN 5% | LIDOCAINE OINT 5% | Tier 2 | | X | | |
| LIDOCAINE PAD 5% | LIDOCAINE PATCH 5% | Tier 3 | X | X | | |
| LIDOCAINE SOL 2% ORAL | LIDOCAINE HCL VISCOUS SOLN 2% | Tier 2 | | | | |
| LIDOCAINE SOL 2% VISC | LIDOCAINE HCL VISCOUS SOLN 2% | Tier 2 | | | | |
| LIDOCAINE SOL 4% | LIDOCAINE HCL LARYNGOTRACHEAL SOLN 4% | Tier 3 | | | | |
| LIDOCAINE SOL 4% | LIDOCAINE HCL SOLN 4% | Tier 3 | | | | |

KEY: **H**—Health Care Reform Preventive
H*—Health Care Reform Preventive
H-A—Health Care Reform Preventive with Age contingency
H-M—Health Care Reform Preventive (RX or Medical)

BH—Medication used to treat a behavioral health condition available at no cost to you
BH*—Medication may be available at no cost to you when prescribed to treat a behavioral health condition
\$0 Copay—Medication available at no cost to you



| Drug name | Generic name | Tier value | Prior auth | Quantity limit | Step therapy | Requirements & limits |
|--|--|------------|------------|----------------|--------------|-----------------------|
| Anti-Addiction/Substance Abuse Treatment Agents | | | | | | |
| ACAMPRO CAL TAB 333MG | ACAMPROSATE CALCIUM TAB DELAYED RELEASE 333 MG | Tier 1 | | | | BH |
| BUPREN/NALOX MIS 12-3MG | BUPRENORPHINE HCL-NALOXONE HCL SL FILM 12-3 MG (BASE EQUIV) | Tier 1 | | | | BH |
| BUPREN/NALOX MIS 2-0.5MG | BUPRENORPHINE HCL-NALOXONE HCL SL FILM 2-0.5 MG (BASE EQUIV) | Tier 1 | | | | BH |
| BUPREN/NALOX MIS 4-1MG | BUPRENORPHINE HCL-NALOXONE HCL SL FILM 4-1 MG (BASE EQUIV) | Tier 1 | | | | BH |
| BUPREN/NALOX MIS 8-2MG | BUPRENORPHINE HCL-NALOXONE HCL SL FILM 8-2 MG (BASE EQUIV) | Tier 1 | | | | BH |
| BUPREN/NALOX SUB 2-0.5MG | BUPRENORPHINE HCL-NALOXONE HCL SL TAB 2-0.5 MG (BASE EQUIV) | Tier 1 | | | | BH |
| BUPREN/NALOX SUB 8-2MG | BUPRENORPHINE HCL-NALOXONE HCL SL TAB 8-2 MG (BASE EQUIV) | Tier 1 | | | | BH |
| BUPRENORPHIN SUB 2MG | BUPRENORPHINE HCL SL TAB 2 MG (BASE EQUIV) | Tier 1 | | | | BH |
| BUPRENORPHIN SUB 8MG | BUPRENORPHINE HCL SL TAB 8 MG (BASE EQUIV) | Tier 1 | | | | BH |
| BUPROPION TAB 150MG SR | BUPROPION HCL (SMOKING DETERRENT) TAB ER 12HR 150 MG | Tier 1 | | X | | BH & H |
| DISULFIRAM TAB 250MG | DISULFIRAM TAB 250 MG | Tier 1 | | | | BH |
| DISULFIRAM TAB 500MG | DISULFIRAM TAB 500 MG | Tier 1 | | | | BH |
| NALOXONE INJ 0.4MG/ML | NALOXONE HCL INJ 0.4 MG/ML | Tier 1 | | | | BH |
| NALOXONE INJ 0.4MG/ML | NALOXONE HCL INJ 4 MG/10ML | Tier 1 | | | | BH |
| NALOXONE INJ 0.4MG/ML | NALOXONE HCL SOLN CARTRIDGE 0.4 MG/ML | Tier 1 | | | | BH |
| NALOXONE INJ 1MG/ML | NALOXONE HCL SOLN PREFILLED SYRINGE 2 MG/2ML | Tier 1 | | | | BH |
| NALOXONE INJ 2MG/2ML | NALOXONE HCL SOLN PREFILLED SYRINGE 2 MG/2ML | Tier 1 | | | | BH |
| NALOXONE INJ 4MG/10ML | NALOXONE HCL INJ 4 MG/10ML | Tier 1 | | | | BH |
| NALOXONE HCL SPR 4MG | NALOXONE HCL NASAL SPRAY 4 MG/0.1ML | Tier 1 | | | | BH |
| NALTREXONE TAB 50MG | NALTREXONE HCL TAB 50 MG | Tier 1 | | | | BH |
| NARCAN SPR 4MG | NALOXONE HCL NASAL SPRAY 4 MG/0.1ML | Tier 1 | | | | BH |
| NICODERM CQ DIS 14MG/24H | NICOTINE TD PATCH 24HR 14 MG/24HR | Tier 1 | | X | | BH & H |
| NICODERM CQ DIS 21MG/24H | NICOTINE TD PATCH 24HR 21 MG/24HR | Tier 1 | | X | | BH & H |
| NICODERM CQ DIS 7MG/24HR | NICOTINE TD PATCH 24HR 7 MG/24HR | Tier 1 | | X | | BH & H |
| NICORETTE GUM 2MG | NICOTINE POLACRILEX GUM 2 MG | Tier 1 | | X | | BH & H |
| NICORETTE GUM 4MG | NICOTINE POLACRILEX GUM 4 MG | Tier 1 | | X | | BH & H |
| NICORETTE LOZ 2MG MINT | NICOTINE POLACRILEX LOZENGE 2 MG | Tier 1 | | X | | BH & H |
| NICORETTE LOZ 4MG MINT | NICOTINE POLACRILEX LOZENGE 4 MG | Tier 1 | | X | | BH & H |
| NICOTINE DIS 7MG/24HR | NICOTINE TD PATCH 24HR 7 MG/24HR | Tier 1 | | X | | BH & H |
| NICOTINE GUM 2MG | NICOTINE POLACRILEX GUM 2 MG | Tier 1 | | X | | BH & H |
| NICOTINE GUM 4MG | NICOTINE POLACRILEX GUM 4 MG | Tier 1 | | X | | BH & H |
| NICOTINE LOZ 2MG MINT | NICOTINE POLACRILEX LOZENGE 2 MG | Tier 1 | | X | | BH & H |
| NICOTINE LOZ 4MG MINT | NICOTINE POLACRILEX LOZENGE 4 MG | Tier 1 | | X | | BH & H |
| NICOTINE SYS KIT TRANSDER | NICOTINE TD PATCH 24 HR KIT 21-14-7 MG/24HR | Tier 1 | | X | | BH & H |
| NICOTINE TD DIS 14MG/24H | NICOTINE TD PATCH 24HR 14 MG/24HR | Tier 1 | | X | | BH & H |
| NICOTINE TD DIS 21MG/24H | NICOTINE TD PATCH 24HR 21 MG/24HR | Tier 1 | | X | | BH & H |

KEY: **H**—Health Care Reform Preventive
H*—Health Care Reform Preventive
H-A—Health Care Reform Preventive with Age contingency
H-M—Health Care Reform Preventive (RX or Medical)

BH—Medication used to treat a behavioral health condition available at no cost to you
BH*—Medication may be available at no cost to you when prescribed to treat a behavioral health condition
\$0 Copay—Medication available at no cost to you



| Drug name | Generic name | Tier value | Prior auth | Quantity limit | Step therapy | Requirements & limits |
|---------------------------|---|------------|------------|----------------|--------------|-----------------------|
| NICOTROL INH | NICOTINE INHALER SYSTEM 10 MG (4 MG DELIVERED) | Tier 1 | | X | | BH & H |
| NICOTROL NS SPR 10MG/ML | NICOTINE NASAL SPRAY 10 MG/ML (0.5 MG/SPRAY) | Tier 1 | | X | | BH & H |
| THRIVE GUM 2MG MINT | NICOTINE POLACRILEX GUM 2 MG | Tier 1 | | X | | BH & H |
| VARENICLINE TAB 0.5& 1MG | VARENICLINE TARTRATE TAB 11 X 0.5 MG & 42 X 1 MG START PACK | Tier 1 | | X | | BH & H |
| VARENICLINE TAB 0.5MG | VARENICLINE TARTRATE TAB 0.5 MG (BASE EQUIV) | Tier 1 | | X | | BH & H |
| VARENICLINE TAB 1MG | VARENICLINE TARTRATE TAB 1 MG (BASE EQUIV) | Tier 1 | | X | | BH & H |
| ZUBSOLV SUB 0.7-0.18 | BUPRENORPHINE HCL-NALOXONE HCL SL TAB 0.7-0.18 MG (BASE EQ) | Tier 1 | | | | BH |
| ZUBSOLV SUB 1.4-0.36 | BUPRENORPHINE HCL-NALOXONE HCL SL TAB 1.4-0.36 MG (BASE EQ) | Tier 1 | | | | BH |
| ZUBSOLV SUB 11.4-2.9 | BUPRENORPHINE HCL-NALOXONE HCL SL TAB 11.4-2.9 MG (BASE EQ) | Tier 1 | | | | BH |
| ZUBSOLV SUB 2.9-0.71 | BUPRENORPHINE HCL-NALOXONE HCL SL TAB 2.9-0.71 MG (BASE EQ) | Tier 1 | | | | BH |
| ZUBSOLV SUB 5.7-1.4 | BUPRENORPHINE HCL-NALOXONE HCL SL TAB 5.7-1.4 MG (BASE EQ) | Tier 1 | | | | BH |
| ZUBSOLV SUB 8.6-2.1 | BUPRENORPHINE HCL-NALOXONE HCL SL TAB 8.6-2.1 MG (BASE EQ) | Tier 1 | | | | BH |
| Antibacterials | | | | | | |
| ALTABAX OIN 1% | RETAPAMULIN OINT 1% | Tier 5 | | X | | |
| AMOX/K CLAV CHW 200MG | AMOXICILLIN & K CLAVULANATE CHEW TAB 200-28.5 MG | Tier 2 | | | | |
| AMOX/K CLAV CHW 400MG | AMOXICILLIN & K CLAVULANATE CHEW TAB 400-57 MG | Tier 2 | | | | |
| AMOX/K CLAV SUS 200/5ML | AMOXICILLIN & K CLAVULANATE FOR SUSP 200-28.5 MG/5ML | Tier 2 | | | | |
| AMOX/K CLAV SUS 250/5ML | AMOXICILLIN & K CLAVULANATE FOR SUSP 250-62.5 MG/5ML | Tier 2 | | | | |
| AMOX/K CLAV SUS 400/5ML | AMOXICILLIN & K CLAVULANATE FOR SUSP 400-57 MG/5ML | Tier 2 | | | | |
| AMOX/K CLAV SUS 600/5ML | AMOXICILLIN & K CLAVULANATE FOR SUSP 600-42.9 MG/5ML | Tier 2 | | | | |
| AMOX/K CLAV TAB 250-125 | AMOXICILLIN & K CLAVULANATE TAB 250-125 MG | Tier 2 | | | | |
| AMOX/K CLAV TAB 500-125 | AMOXICILLIN & K CLAVULANATE TAB 500-125 MG | Tier 2 | | | | |
| AMOX/K CLAV TAB 875-125 | AMOXICILLIN & K CLAVULANATE TAB 875-125 MG | Tier 2 | | | | |
| AMOXICILLIN CAP 250MG | AMOXICILLIN (TRIHYDRATE) CAP 250 MG | Tier 2 | | | | |
| AMOXICILLIN CAP 500MG | AMOXICILLIN (TRIHYDRATE) CAP 500 MG | Tier 2 | | | | |
| AMOXICILLIN CHW 125MG | AMOXICILLIN (TRIHYDRATE) CHEW TAB 125 MG | Tier 2 | | | | |
| AMOXICILLIN CHW 250MG | AMOXICILLIN (TRIHYDRATE) CHEW TAB 250 MG | Tier 2 | | | | |
| AMOXICILLIN SUS 125/5ML | AMOXICILLIN (TRIHYDRATE) FOR SUSP 125 MG/5ML | Tier 2 | | | | |
| AMOXICILLIN SUS 200/5ML | AMOXICILLIN (TRIHYDRATE) FOR SUSP 200 MG/5ML | Tier 2 | | | | |
| AMOXICILLIN SUS 250/5ML | AMOXICILLIN (TRIHYDRATE) FOR SUSP 250 MG/5ML | Tier 2 | | | | |
| AMOXICILLIN SUS 250MG/5ML | AMOXICILLIN (TRIHYDRATE) FOR SUSP 250 MG/5ML | Tier 2 | | | | |
| AMOXICILLIN SUS 400/5ML | AMOXICILLIN (TRIHYDRATE) FOR SUSP 400 MG/5ML | Tier 2 | | | | |
| AMOXICILLIN TAB 500MG | AMOXICILLIN (TRIHYDRATE) TAB 500 MG | Tier 2 | | | | |

KEY: **H**—Health Care Reform Preventive
H*—Health Care Reform Preventive
H-A—Health Care Reform Preventive with Age contingency
H-M—Health Care Reform Preventive (RX or Medical)

BH—Medication used to treat a behavioral health condition available at no cost to you
BH*—Medication may be available at no cost to you when prescribed to treat a behavioral health condition
\$0 Copay—Medication available at no cost to you



| Drug name | Generic name | Tier value | Prior auth | Quantity limit | Step therapy | Requirements & limits |
|---------------------------|--|------------|------------|----------------|--------------|-----------------------|
| AMOXICILLIN TAB 875MG | AMOXICILLIN (TRIHYDRATE) TAB 875 MG | Tier 2 | | | | |
| AMPICILLIN CAP 500MG | AMPICILLIN CAP 500 MG | Tier 2 | | | | |
| AVIDOXY TAB 100MG | DOXYCYCLINE MONOHYDRATE TAB 100 MG | Tier 2 | | | | |
| AZITHROMYCIN POW 1GM PAK | AZITHROMYCIN POWD PACK FOR SUSP 1 GM | Tier 2 | | | | |
| AZITHROMYCIN SUS 100/5ML | AZITHROMYCIN FOR SUSP 100 MG/5ML | Tier 2 | | | | |
| AZITHROMYCIN SUS 200/5ML | AZITHROMYCIN FOR SUSP 200 MG/5ML | Tier 2 | | | | |
| AZITHROMYCIN TAB 250MG | AZITHROMYCIN TAB 250 MG | Tier 2 | | | | |
| AZITHROMYCIN TAB 500MG | AZITHROMYCIN TAB 500 MG | Tier 2 | | | | |
| AZITHROMYCIN TAB 600MG | AZITHROMYCIN TAB 600 MG | Tier 2 | | | | |
| BAXDELA TAB 450MG | DELAFLOXACIN MEGLUMINE TAB 450 MG (BASE EQUIV) | Tier 5 | | | | |
| CEFACLOR CAP 250MG | CEFACLOR CAP 250 MG | Tier 2 | | | | |
| CEFACLOR CAP 500MG | CEFACLOR CAP 500 MG | Tier 2 | | | | |
| CEFACLOR ER TAB 500MG | CEFACLOR MONOHYDRATE TAB ER 12HR 500 MG | Tier 3 | | | | |
| CEFADROXIL CAP 500MG | CEFADROXIL CAP 500 MG | Tier 2 | | | | |
| CEFADROXIL SUS 250/5ML | CEFADROXIL FOR SUSP 250 MG/5ML | Tier 2 | | | | |
| CEFADROXIL SUS 500/5ML | CEFADROXIL FOR SUSP 500 MG/5ML | Tier 2 | | | | |
| CEFADROXIL TAB 1GM | CEFADROXIL TAB 1 GM | Tier 3 | | | | |
| CEFDINIR CAP 300MG | CEFDINIR CAP 300 MG | Tier 2 | | | | |
| CEFDINIR SUS 125/5ML | CEFDINIR FOR SUSP 125 MG/5ML | Tier 2 | | | | |
| CEFDINIR SUS 250/5ML | CEFDINIR FOR SUSP 250 MG/5ML | Tier 2 | | | | |
| CEFIXIME CAP 400MG | CEFIXIME CAP 400 MG | Tier 3 | | | | |
| CEFIXIME SUS 100/5ML | CEFIXIME FOR SUSP 100 MG/5ML | Tier 3 | | | | |
| CEFIXIME SUS 200/5ML | CEFIXIME FOR SUSP 200 MG/5ML | Tier 3 | | | | |
| CEFPODO PROX SUS 100/5ML | CEFPODOXIME PROXETIL FOR SUSP 100 MG/5ML | Tier 3 | | | | |
| CEFPODO PROX SUS 50MG/5ML | CEFPODOXIME PROXETIL FOR SUSP 50 MG/5ML | Tier 3 | | | | |
| CEFPODOXIME TAB 100MG | CEFPODOXIME PROXETIL TAB 100 MG | Tier 3 | | | | |
| CEFPODOXIME TAB 200MG | CEFPODOXIME PROXETIL TAB 200 MG | Tier 3 | | | | |
| CEFPROZIL SUS 125/5ML | CEFPROZIL FOR SUSP 125 MG/5ML | Tier 2 | | | | |
| CEFPROZIL SUS 250/5ML | CEFPROZIL FOR SUSP 250 MG/5ML | Tier 2 | | | | |
| CEFPROZIL TAB 250MG | CEFPROZIL TAB 250 MG | Tier 2 | | | | |
| CEFPROZIL TAB 500MG | CEFPROZIL TAB 500 MG | Tier 2 | | | | |
| CEFUROXIME TAB 250MG | CEFUROXIME AXETIL TAB 250 MG | Tier 2 | | | | |
| CEFUROXIME TAB 500MG | CEFUROXIME AXETIL TAB 500 MG | Tier 2 | | | | |
| CEPHALEXIN CAP 250MG | CEPHALEXIN CAP 250 MG | Tier 2 | | | | |
| CEPHALEXIN CAP 500MG | CEPHALEXIN CAP 500 MG | Tier 2 | | | | |
| CEPHALEXIN CAP 750MG | CEPHALEXIN CAP 750 MG | Tier 2 | | | | |
| CEPHALEXIN SUS 125/5ML | CEPHALEXIN FOR SUSP 125 MG/5ML | Tier 2 | | | | |
| CEPHALEXIN SUS 250/5ML | CEPHALEXIN FOR SUSP 250 MG/5ML | Tier 2 | | | | |
| CIPROFLOXACN SUS 250/5ML | CIPROFLOXACIN FOR ORAL SUSP 250 MG/5ML (5%) (5 GM/100ML) | Tier 3 | | | | |
| CIPROFLOXACN TAB 100MG | CIPROFLOXACIN HCL TAB 100 MG (BASE EQUIV) | Tier 2 | | | | |
| CIPROFLOXACN TAB 250MG | CIPROFLOXACIN HCL TAB 250 MG (BASE EQUIV) | Tier 2 | | | | |
| CIPROFLOXACN TAB 500MG | CIPROFLOXACIN HCL TAB 500 MG (BASE EQUIV) | Tier 2 | | | | |
| CIPROFLOXACN TAB 750MG | CIPROFLOXACIN HCL TAB 750 MG (BASE EQUIV) | Tier 2 | | | | |
| CLARITHROMYC SUS 125/5ML | CLARITHROMYCIN FOR SUSP 125 MG/5ML | Tier 3 | | | | |

KEY: **H**—Health Care Reform Preventive
H*—Health Care Reform Preventive
H-A—Health Care Reform Preventive with Age contingency
H-M—Health Care Reform Preventive (RX or Medical)

BH—Medication used to treat a behavioral health condition available at no cost to you
BH*—Medication may be available at no cost to you when prescribed to treat a behavioral health condition
\$0 Copay—Medication available at no cost to you



| Drug name | Generic name | Tier value | Prior auth | Quantity limit | Step therapy | Requirements & limits |
|---------------------------|---|------------|------------|----------------|--------------|-----------------------|
| CLARITHROMYC SUS 250/5ML | CLARITHROMYCIN FOR SUSP 250 MG/5ML | Tier 3 | | | | |
| CLARITHROMYC TAB 250MG | CLARITHROMYCIN TAB 250 MG | Tier 2 | | | | |
| CLARITHROMYC TAB 500MG | CLARITHROMYCIN TAB 500 MG | Tier 2 | | | | |
| CLARITHROMYC TAB 500MG ER | CLARITHROMYCIN TAB ER 24HR 500 MG | Tier 3 | | | | |
| CLINDAMYCIN CAP 150MG | CLINDAMYCIN HCL CAP 150 MG | Tier 2 | | | | |
| CLINDAMYCIN CAP 300MG | CLINDAMYCIN HCL CAP 300 MG | Tier 2 | | | | |
| CLINDAMYCIN CAP 75MG | CLINDAMYCIN HCL CAP 75 MG | Tier 2 | | | | |
| CLINDAMYCIN CRE 2% VAG | CLINDAMYCIN PHOSPHATE VAGINAL CREAM 2% | Tier 2 | | | | |
| CLINDAMYCIN SOL 75MG/5ML | CLINDAMYCIN PALMITATE HCL FOR SOLN 75 MG/5ML (BASE EQUIV) | Tier 3 | | | | |
| DEMECLOCYCL TAB 150MG | DEMECLOCYCLINE HCL TAB 150 MG | Tier 3 | | | | |
| DEMECLOCYCL TAB 300MG | DEMECLOCYCLINE HCL TAB 300 MG | Tier 3 | | | | |
| DICLOXACILL CAP 250MG | DICLOXACILLIN SODIUM CAP 250 MG | Tier 2 | | | | |
| DICLOXACILL CAP 500MG | DICLOXACILLIN SODIUM CAP 500 MG | Tier 2 | | | | |
| DIFICID SUS | FIDAXOMICIN FOR SUSP 40 MG/ML | Tier 5 | | X | | |
| DIFICID TAB 200MG | FIDAXOMICIN TAB 200 MG | Tier 5 | | X | | |
| DOXYCYC MONO CAP 100MG | DOXYCYCLINE MONOHYDRATE CAP 100 MG | Tier 2 | | | | |
| DOXYCYC MONO CAP 50MG | DOXYCYCLINE MONOHYDRATE CAP 50 MG | Tier 2 | | | | |
| DOXYCYC MONO TAB 100MG | DOXYCYCLINE MONOHYDRATE TAB 100 MG | Tier 2 | | | | |
| DOXYCYC MONO TAB 150MG | DOXYCYCLINE MONOHYDRATE TAB 150 MG | Tier 2 | | | | |
| DOXYCYC MONO TAB 50MG | DOXYCYCLINE MONOHYDRATE TAB 50 MG | Tier 2 | | | | |
| DOXYCYC MONO TAB 75MG | DOXYCYCLINE MONOHYDRATE TAB 75 MG | Tier 2 | | | | |
| DOXYCYCL HYC CAP 100MG | DOXYCYCLINE HYCLATE CAP 100 MG | Tier 2 | | | | |
| DOXYCYCL HYC CAP 50MG | DOXYCYCLINE HYCLATE CAP 50 MG | Tier 2 | | | | |
| DOXYCYCL HYC TAB 100MG | DOXYCYCLINE HYCLATE TAB 100 MG | Tier 2 | | | | |
| DOXYCYCLINE SUS 25MG/5ML | DOXYCYCLINE MONOHYDRATE FOR SUSP 25 MG/5ML | Tier 3 | | | | |
| DOXYCYCLINE TAB 20MG | DOXYCYCLINE HYCLATE TAB 20 MG | Tier 2 | | | | |
| ERYTHROCIN TAB 250MG | ERYTHROMYCIN STEARATE TAB 250 MG | Tier 5 | | | | |
| ERYTHROM ETH SUS 200/5ML | ERYTHROMYCIN ETHYLSUCCINATE FOR SUSP 200 MG/5ML | Tier 3 | | | | |
| ERYTHROM ETH SUS 400/5ML | ERYTHROMYCIN ETHYLSUCCINATE FOR SUSP 400 MG/5ML | Tier 3 | | | | |
| ERYTHROM ETH TAB 400MG | ERYTHROMYCIN ETHYLSUCCINATE TAB 400 MG | Tier 3 | | | | |
| ERYTHROM ST TAB 250MG | ERYTHROMYCIN STEARATE TAB 250 MG | Tier 3 | | | | |
| ERYTHROMYCIN CAP 250MG EC | ERYTHROMYCIN W/ DELAYED RELEASE PARTICLES CAP 250 MG | Tier 3 | | | | |
| ERYTHROMYCIN TAB 250MG | ERYTHROMYCIN TAB 250 MG | Tier 3 | | | | |
| ERYTHROMYCIN TAB 250MG BS | ERYTHROMYCIN TAB 250 MG | Tier 3 | | | | |
| ERYTHROMYCIN TAB 250MG EC | ERYTHROMYCIN TAB DELAYED RELEASE 250 MG | Tier 3 | | | | |
| ERYTHROMYCIN TAB 333MG EC | ERYTHROMYCIN TAB DELAYED RELEASE 333 MG | Tier 3 | | | | |
| ERYTHROMYCIN TAB 500MG | ERYTHROMYCIN TAB 500 MG | Tier 3 | | | | |
| ERYTHROMYCIN TAB 500MG BS | ERYTHROMYCIN TAB 500 MG | Tier 3 | | | | |
| ERYTHROMYCIN TAB 500MG EC | ERYTHROMYCIN TAB DELAYED RELEASE 500 MG | Tier 3 | | | | |
| FIRVANQ SOL 25MG/ML | VANCOMYCIN HCL FOR ORAL SOLN 25 MG/ML (BASE EQUIVALENT) | Tier 3 | | | | |

KEY: **H**—Health Care Reform Preventive
H*—Health Care Reform Preventive
H-A—Health Care Reform Preventive with Age contingency
H-M—Health Care Reform Preventive (RX or Medical)

BH—Medication used to treat a behavioral health condition available at no cost to you
BH*—Medication may be available at no cost to you when prescribed to treat a behavioral health condition
\$0 Copay—Medication available at no cost to you



| Drug name | Generic name | Tier value | Prior auth | Quantity limit | Step therapy | Requirements & limits |
|---------------------------|---|------------|------------|----------------|--------------|-----------------------|
| FIRVANQ SOL 50MG/ML | VANCOMYCIN HCL FOR ORAL SOLN 50 MG/ML (BASE EQUIVALENT) | Tier 3 | | | | |
| FOSFOMYCIN POW 3GM | FOSFOMYCIN TROMETHAMINE POWD PACK 3 GM (BASE EQUIVALENT) | Tier 3 | | | | |
| GENTAMICIN CRE 0.1% | GENTAMICIN SULFATE CREAM 0.1% | Tier 3 | | | | |
| GENTAMICIN OIN 0.1% | GENTAMICIN SULFATE OINT 0.1% | Tier 3 | | | | |
| LEVOFLOXACIN SOL 25MG/ML | LEVOFLOXACIN ORAL SOLN 25 MG/ML | Tier 3 | | | | |
| LEVOFLOXACIN TAB 250MG | LEVOFLOXACIN TAB 250 MG | Tier 2 | | | | |
| LEVOFLOXACIN TAB 500MG | LEVOFLOXACIN TAB 500 MG | Tier 2 | | | | |
| LEVOFLOXACIN TAB 750MG | LEVOFLOXACIN TAB 750 MG | Tier 2 | | | | |
| LINEZOLID SUS 100/5ML | LINEZOLID FOR SUSP 100 MG/5ML | Tier 3 | | X | | |
| LINEZOLID TAB 600MG | LINEZOLID TAB 600 MG | Tier 3 | | X | | |
| MAFENIDE ACE PAK 5% | MAFENIDE ACETATE PACKET FOR TOPICAL SOLN 5% (50 GM) | Tier 3 | | | | |
| METHENAM HIP TAB 1GM | METHENAMINE HIPPURATE TAB 1 GM | Tier 2 | | | | |
| METRONIDAZOL GEL 0.75%VAG | METRONIDAZOLE VAGINAL GEL 0.75% | Tier 2 | | | | |
| METRONIDAZOL TAB 250MG | METRONIDAZOLE TAB 250 MG | Tier 2 | | | | |
| METRONIDAZOL TAB 500MG | METRONIDAZOLE TAB 500 MG | Tier 2 | | | | |
| MINOCYCLINE CAP 100MG | MINOCYCLINE HCL CAP 100 MG | Tier 2 | | | | |
| MINOCYCLINE CAP 50MG | MINOCYCLINE HCL CAP 50 MG | Tier 2 | | | | |
| MINOCYCLINE CAP 75MG | MINOCYCLINE HCL CAP 75 MG | Tier 2 | | | | |
| MONDOXYNE NL CAP 100MG | DOXYCYCLINE MONOHYDRATE CAP 100 MG | Tier 2 | | | | |
| MOXIFLOXACIN TAB 400MG | MOXIFLOXACIN HCL TAB 400 MG (BASE EQUIV) | Tier 2 | | | | |
| MUPIROCIN CRE 2% | MUPIROCIN CALCIUM CREAM 2% | Tier 3 | | X | | |
| MUPIROCIN OIN 2% | MUPIROCIN OINT 2% | Tier 2 | | X | | |
| NEO-SYNALAR CRE | NEOMYCIN SULFATE-FLUOCINOLONE ACETONIDE CREAM 0.5-0.025% | Tier 5 | | X | | |
| NEO-SYNALAR KIT | *NEOMYCIN-FLUOCINOLONE CREAM 0.5-0.025% & EMOLLIENT CR KIT* | Tier 5 | | X | | |
| NEOMYCIN TAB 500MG | NEOMYCIN SULFATE TAB 500 MG | Tier 2 | | | | |
| NITROFUR MAC CAP 100MG | NITROFURANTOIN MACROCRYSTALLINE CAP 100 MG | Tier 3 | | | | |
| NITROFUR MAC CAP 25MG | NITROFURANTOIN MACROCRYSTALLINE CAP 25 MG | Tier 3 | | | | |
| NITROFUR MAC CAP 50MG | NITROFURANTOIN MACROCRYSTALLINE CAP 50 MG | Tier 3 | | | | |
| NITROFURANTN CAP 100MG | NITROFURANTOIN MONOHYDRATE MACROCRYSTALLINE CAP 100 MG | Tier 2 | | | | |
| NITROFURANTN SUS 25MG/5ML | NITROFURANTOIN SUSP 25 MG/5ML | Tier 3 | | | | |
| NUZYRA TAB 150MG | OMADACYCLINE TOSYLATE TAB 150 MG (BASE EQUIVALENT) | Tier 5 | | X | | |
| OFLOXACIN TAB 300MG | OFLOXACIN TAB 300 MG | Tier 3 | | | | |
| OFLOXACIN TAB 400MG | OFLOXACIN TAB 400 MG | Tier 3 | | | | |
| PAROMOMYCIN CAP 250MG | PAROMOMYCIN SULFATE CAP 250 MG | Tier 3 | | | | |
| PENICILLN VK SOL 125/5ML | PENICILLIN V POTASSIUM FOR SOLN 125 MG/5ML | Tier 2 | | | | |
| PENICILLN VK SOL 250/5ML | PENICILLIN V POTASSIUM FOR SOLN 250 MG/5ML | Tier 2 | | | | |
| PENICILLN VK TAB 250MG | PENICILLIN V POTASSIUM TAB 250 MG | Tier 2 | | | | |
| PENICILLN VK TAB 500MG | PENICILLIN V POTASSIUM TAB 500 MG | Tier 2 | | | | |
| PRIMSOL SOL 50MG/5ML | TRIMETHOPRIM HCL ORAL SOLN 50 MG/5ML (BASE EQUIV) | Tier 5 | | | | |
| SILVER SULFA CRE 1% | SILVER SULFADIAZINE CREAM 1% | Tier 2 | | | | |
| SMZ-TMP SUS 200-40/5 | SULFAMETHOXAZOLE-TRIMETHOPRIM SUSP 200-40 MG/5ML | Tier 2 | | | | |
| SMZ-TMP TAB 400-80MG | SULFAMETHOXAZOLE-TRIMETHOPRIM TAB 400-80 MG | Tier 2 | | | | |

KEY: **H**—Health Care Reform Preventive
H*—Health Care Reform Preventive
H-A—Health Care Reform Preventive with Age contingency
H-M—Health Care Reform Preventive (RX or Medical)

BH—Medication used to treat a behavioral health condition available at no cost to you
BH*—Medication may be available at no cost to you when prescribed to treat a behavioral health condition
\$0 Copay—Medication available at no cost to you



| Drug name | Generic name | Tier value | Prior auth | Quantity limit | Step therapy | Requirements & limits |
|---------------------------|---|------------|------------|----------------|--------------|-----------------------|
| SMZ-TMP DS TAB 800-160 | SULFAMETHOXAZOLE-TRIMETHOPRIM TAB 800-160 MG | Tier 2 | | | | |
| SMZ/TMP DS TAB 800-160 | SULFAMETHOXAZOLE-TRIMETHOPRIM TAB 800-160 MG | Tier 2 | | | | |
| SSD CRE 1% | SILVER SULFADIAZINE CREAM 1% | Tier 2 | | | | |
| SULFADIAZINE TAB 500MG | SULFADIAZINE TAB 500 MG | Tier 3 | | | | |
| SULFAMYLON CRE 85MG/GM | MAFENIDE ACETATE CREAM 85 MG/GM | Tier 5 | | | | |
| SULFATRIM PD SUS 200-40/5 | SULFAMETHOXAZOLE-TRIMETHOPRIM SUSP 200-40 MG/5ML | Tier 2 | | | | |
| TETRACYCLINE CAP 250MG | TETRACYCLINE HCL CAP 250 MG | Tier 3 | | | | |
| TETRACYCLINE CAP 500MG | TETRACYCLINE HCL CAP 500 MG | Tier 3 | | | | |
| TINIDAZOLE TAB 250MG | TINIDAZOLE TAB 250 MG | Tier 2 | | | | |
| TINIDAZOLE TAB 500MG | TINIDAZOLE TAB 500 MG | Tier 2 | | | | |
| TRIMETHOPRIM TAB 100MG | TRIMETHOPRIM TAB 100 MG | Tier 2 | | | | |
| VANCOMYCIN CAP 125MG | VANCOMYCIN HCL CAP 125 MG (BASE EQUIVALENT) | Tier 2 | | X | | |
| VANCOMYCIN CAP 250MG | VANCOMYCIN HCL CAP 250 MG (BASE EQUIVALENT) | Tier 2 | | X | | |
| VANCOMYCIN SOL 250/5ML | VANCOMYCIN HCL FOR ORAL SOLN 50 MG/ML (BASE EQUIVALENT) | Tier 3 | | | | |
| VANCOMYCIN SOL 25MG/ML | VANCOMYCIN HCL FOR ORAL SOLN 25 MG/ML (BASE EQUIVALENT) | Tier 3 | | | | |
| VANCOMYCIN SOL 50MG/ML | VANCOMYCIN HCL FOR ORAL SOLN 50 MG/ML (BASE EQUIVALENT) | Tier 3 | | | | |
| VANCOMYCIN SOL 50MG/ML | VANCOMYCIN HCL FOR ORAL SOLN 50 MG/ML (BASE EQUIVALENT) | Tier 3 | | | | |
| VANCOMYCIN SOL 50MG/ML | VANCOMYCIN HCL FOR ORAL SOLN 50 MG/ML (BASE EQUIVALENT) | Tier 3 | | | | |
| VANCOMYCIN SOL 50MG/ML | VANCOMYCIN HCL FOR ORAL SOLN 50 MG/ML (BASE EQUIVALENT) | Tier 3 | | | | |
| VANCOMYCIN SOL 50MG/ML | VANCOMYCIN HCL FOR ORAL SOLN 50 MG/ML (BASE EQUIVALENT) | Tier 3 | | | | |
| VANDAZOLE GEL 0.75% | METRONIDAZOLE VAGINAL GEL 0.75% | Tier 2 | | | | |
| XEPI CRE 1% | OZENOXACIN CREAM 1% | Tier 5 | | X | | |
| XIFAXAN TAB 200MG | RIFAXIMIN TAB 200 MG | Tier 5 | X | X | | |
| XIFAXAN TAB 550MG | RIFAXIMIN TAB 550 MG | Tier 5 | X | X | | |
| Anticonvulsants | | | | | | |
| APTiom TAB 200MG | ESLICARBAZEPINE ACETATE TAB 200 MG | Tier 5 | X | X | | |
| APTiom TAB 400MG | ESLICARBAZEPINE ACETATE TAB 400 MG | Tier 5 | X | X | | |
| APTiom TAB 600MG | ESLICARBAZEPINE ACETATE TAB 600 MG | Tier 5 | X | X | | |
| APTiom TAB 800MG | ESLICARBAZEPINE ACETATE TAB 800 MG | Tier 5 | X | X | | |
| CARBAMAZEPIN CAP 100MG ER | CARBAMAZEPINE CAP ER 12HR 100 MG | Tier 3 | | | | BH* |
| CARBAMAZEPIN CAP 200MG ER | CARBAMAZEPINE CAP ER 12HR 200 MG | Tier 3 | | | | BH* |
| CARBAMAZEPIN CAP 300MG ER | CARBAMAZEPINE CAP ER 12HR 300 MG | Tier 3 | | | | BH* |
| CARBAMAZEPIN CHW 100MG | CARBAMAZEPINE CHEW TAB 100 MG | Tier 2 | | | | BH* |
| CARBAMAZEPIN SUS 100/5ML | CARBAMAZEPINE SUSP 100 MG/5ML | Tier 3 | | | | BH* |
| CARBAMAZEPIN TAB 100MGER | CARBAMAZEPINE TAB ER 12HR 100 MG | Tier 3 | | | | BH* |
| CARBAMAZEPIN TAB 200MG | CARBAMAZEPINE TAB 200 MG | Tier 2 | | | | BH* |
| CARBAMAZEPIN TAB 200MG ER | CARBAMAZEPINE TAB ER 12HR 200 MG | Tier 3 | | | | BH* |
| CARBAMAZEPIN TAB 400MG ER | CARBAMAZEPINE TAB ER 12HR 400 MG | Tier 3 | | | | BH* |
| CELONTIN CAP 300MG | METHSUXIMIDE CAP 300 MG | Tier 3 | | | | |
| CLOBAZAM SUS 2.5MG/ML | CLOBAZAM SUSPENSION 2.5 MG/ML | Tier 3 | X | X | | BH* |
| CLOBAZAM TAB 10MG | CLOBAZAM TAB 10 MG | Tier 3 | X | X | | BH* |
| CLOBAZAM TAB 20MG | CLOBAZAM TAB 20 MG | Tier 3 | X | X | | BH* |
| DIACOMIT CAP 250MG | STIRIPENTOL CAP 250 MG | Tier 6 | X | X | | |
| DIACOMIT CAP 500MG | STIRIPENTOL CAP 500 MG | Tier 6 | X | X | | |
| DIACOMIT PAK 250MG | STIRIPENTOL PACKET 250 MG | Tier 6 | X | X | | |

KEY: **H**—Health Care Reform Preventive
H*—Health Care Reform Preventive
H-A—Health Care Reform Preventive with Age contingency
H-M—Health Care Reform Preventive (RX or Medical)

BH—Medication used to treat a behavioral health condition available at no cost to you
BH*—Medication may be available at no cost to you when prescribed to treat a behavioral health condition
\$0 Copay—Medication available at no cost to you



| Drug name | Generic name | Tier value | Prior auth | Quantity limit | Step therapy | Requirements & limits |
|---------------------------|--|------------|------------|----------------|--------------|-----------------------|
| DIACOMIT PAK 500MG | STIRIPENTOL PACKET 500 MG | Tier 6 | X | X | | |
| DIAZEPAM GEL 10MG | DIAZEPAM RECTAL GEL DELIVERY SYSTEM 10 MG | Tier 3 | | X | | |
| DIAZEPAM GEL 2.5MG | DIAZEPAM RECTAL GEL DELIVERY SYSTEM 2.5 MG | Tier 3 | | X | | |
| DIAZEPAM GEL 20MG | DIAZEPAM RECTAL GEL DELIVERY SYSTEM 20 MG | Tier 3 | | X | | |
| DILANTIN CAP 30MG | PHENYTOIN SODIUM EXTENDED CAP 30 MG | Tier 5 | | | | BH* |
| DIVALPROEX CAP 125MG | DIVALPROEX SODIUM CAP DELAYED RELEASE SPRINKLE 125 MG | Tier 2 | | | | BH* |
| DIVALPROEX TAB 125MG DR | DIVALPROEX SODIUM TAB DELAYED RELEASE 125 MG | Tier 2 | | | | BH* |
| DIVALPROEX TAB 250MG DR | DIVALPROEX SODIUM TAB DELAYED RELEASE 250 MG | Tier 2 | | | | BH* |
| DIVALPROEX TAB 250MG ER | DIVALPROEX SODIUM TAB ER 24 HR 250 MG | Tier 2 | | | | BH* |
| DIVALPROEX TAB 500MG DR | DIVALPROEX SODIUM TAB DELAYED RELEASE 500 MG | Tier 2 | | | | BH* |
| DIVALPROEX TAB 500MG ER | DIVALPROEX SODIUM TAB ER 24 HR 500 MG | Tier 2 | | | | BH* |
| EPITOL TAB 200MG | CARBAMAZEPINE TAB 200 MG | Tier 2 | | | | BH* |
| ETHOSUXIMIDE CAP 250MG | ETHOSUXIMIDE CAP 250 MG | Tier 3 | | | | |
| ETHOSUXIMIDE SOL 250/5ML | ETHOSUXIMIDE SOLN 250 MG/5ML | Tier 3 | | | | |
| FELBAMATE SUS 600/5ML | FELBAMATE SUSP 600 MG/5ML | Tier 3 | | | | |
| FELBAMATE TAB 400MG | FELBAMATE TAB 400 MG | Tier 3 | | | | |
| FELBAMATE TAB 600MG | FELBAMATE TAB 600 MG | Tier 3 | | | | |
| FYCOMPA SUS 0.5MG/ML | PERAMPANEL SUSP 0.5 MG/ML | Tier 5 | X | X | | |
| GABAPENTIN CAP 100MG | GABAPENTIN CAP 100 MG | Tier 2 | | | | BH* |
| GABAPENTIN CAP 300MG | GABAPENTIN CAP 300 MG | Tier 2 | | | | BH* |
| GABAPENTIN CAP 400MG | GABAPENTIN CAP 400 MG | Tier 2 | | | | BH* |
| GABAPENTIN SOL 250/5ML | GABAPENTIN ORAL SOLN 250 MG/5ML | Tier 2 | | | | BH* |
| GABAPENTIN TAB 600MG | GABAPENTIN TAB 600 MG | Tier 2 | | | | BH* |
| GABAPENTIN TAB 800MG | GABAPENTIN TAB 800 MG | Tier 2 | | | | BH* |
| LACOSAMIDE SOL 100/10ML | LACOSAMIDE ORAL SOLUTION 10 MG/ML | Tier 3 | X | X | | |
| LACOSAMIDE SOL 10MG/ML | LACOSAMIDE ORAL SOLUTION 10 MG/ML | Tier 3 | X | X | | |
| LACOSAMIDE SOL 150/15ML | LACOSAMIDE ORAL SOLUTION 10 MG/ML | Tier 3 | X | X | | |
| LACOSAMIDE SOL 200/20ML | LACOSAMIDE ORAL SOLUTION 10 MG/ML | Tier 3 | X | X | | |
| LACOSAMIDE SOL 50/5ML | LACOSAMIDE ORAL SOLUTION 10 MG/ML | Tier 3 | X | X | | |
| LACOSAMIDE TAB 100MG | LACOSAMIDE TAB 100 MG | Tier 3 | X | X | | |
| LACOSAMIDE TAB 150MG | LACOSAMIDE TAB 150 MG | Tier 3 | X | X | | |
| LACOSAMIDE TAB 200MG | LACOSAMIDE TAB 200 MG | Tier 3 | X | X | | |
| LACOSAMIDE TAB 50MG | LACOSAMIDE TAB 50 MG | Tier 3 | X | X | | |
| LAMOTRIG ODT KIT 25/50MG | LAMOTRIGINE TAB DISINT 21 X 25 MG & 7 X 50 MG TITRATION KIT | Tier 3 | X | | | |
| LAMOTRIG ODT KIT 50/100MG | LAMOTRIGINE TAB DISINT 42 X 50MG & 14 X 100MG TITRATION KIT | Tier 3 | X | | | |
| LAMOTRIG ODT TAB 100MG | LAMOTRIGINE ORALLY DISINTEGRATING TAB 100 MG | Tier 3 | X | | | BH* |
| LAMOTRIGINE CHW 25MG | LAMOTRIGINE TAB CHEWABLE DISPERSIBLE 25 MG | Tier 2 | | | | BH* |
| LAMOTRIGINE CHW 5MG | LAMOTRIGINE TAB CHEWABLE DISPERSIBLE 5 MG | Tier 2 | | | | BH* |
| LAMOTRIGINE KIT ODT | LAMOTRIGINE TAB DISINT 25 (14) & 50 MG (14) & 100 MG (7) KIT | Tier 3 | X | | | BH* |

KEY: **H**—Health Care Reform Preventive
H*—Health Care Reform Preventive
H-A—Health Care Reform Preventive with Age contingency
H-M—Health Care Reform Preventive (RX or Medical)

BH—Medication used to treat a behavioral health condition available at no cost to you
BH*—Medication may be available at no cost to you when prescribed to treat a behavioral health condition
\$0 Copay—Medication available at no cost to you



| Drug name | Generic name | Tier value | Prior auth | Quantity limit | Step therapy | Requirements & limits |
|---------------------------|--|------------|------------|----------------|--------------|-----------------------|
| LAMOTRIGINE KIT START 35 | LAMOTRIGINE TAB 35 X 25 MG STARTER KIT | Tier 3 | | | | BH* |
| LAMOTRIGINE KIT START 49 | LAMOTRIGINE TAB 25 MG (42) & 100 MG (7) STARTER KIT | Tier 3 | | | | BH* |
| LAMOTRIGINE KIT START 98 | LAMOTRIGINE TAB 84 X 25 MG & 14 X 100 MG STARTER KIT | Tier 3 | | | | BH* |
| LAMOTRIGINE TAB 100MG | LAMOTRIGINE ORALLY DISINTEGRATING TAB 100 MG | Tier 3 | X | | | BH* |
| LAMOTRIGINE TAB 100MG | LAMOTRIGINE TAB 100 MG | Tier 2 | | | | BH* |
| LAMOTRIGINE TAB 150MG | LAMOTRIGINE TAB 150 MG | Tier 2 | | | | BH* |
| LAMOTRIGINE TAB 200MG | LAMOTRIGINE ORALLY DISINTEGRATING TAB 200 MG | Tier 3 | X | | | BH* |
| LAMOTRIGINE TAB 200MG | LAMOTRIGINE TAB 200 MG | Tier 2 | | | | BH* |
| LAMOTRIGINE TAB 25MG | LAMOTRIGINE TAB 25 MG | Tier 2 | | | | BH* |
| LAMOTRIGINE TAB 25MG ODT | LAMOTRIGINE ORALLY DISINTEGRATING TAB 25 MG | Tier 3 | X | | | BH* |
| LAMOTRIGINE TAB 50MG ODT | LAMOTRIGINE ORALLY DISINTEGRATING TAB 50 MG | Tier 3 | X | | | BH* |
| LEVETIRACETA SOL 100MG/ML | LEVETIRACETAM ORAL SOLN 100 MG/ML | Tier 2 | | | | |
| LEVETIRACETA SOL 500/5ML | LEVETIRACETAM ORAL SOLN 100 MG/ML | Tier 2 | | | | |
| LEVETIRACETA TAB 1000MG | LEVETIRACETAM TAB 1000 MG | Tier 2 | | | | |
| LEVETIRACETA TAB 250MG | LEVETIRACETAM TAB 250 MG | Tier 2 | | | | |
| LEVETIRACETA TAB 500MG | LEVETIRACETAM TAB 500 MG | Tier 2 | | | | |
| LEVETIRACETA TAB 500MG ER | LEVETIRACETAM TAB ER 24HR 500 MG | Tier 2 | | | | |
| LEVETIRACETA TAB 750MG | LEVETIRACETAM TAB 750 MG | Tier 2 | | | | |
| LEVETIRACETA TAB 750MG ER | LEVETIRACETAM TAB ER 24HR 750 MG | Tier 2 | | | | |
| METHSUXIMIDE CAP 300MG | METHSUXIMIDE CAP 300 MG | Tier 3 | | | | |
| OXCARBAZEPIN SUS 300MG/5M | OXCARBAZEPINE SUSP 300 MG/5ML (60 MG/ML) | Tier 3 | | | | BH* |
| OXCARBAZEPIN TAB 150MG | OXCARBAZEPINE TAB 150 MG | Tier 2 | | | | BH* |
| OXCARBAZEPIN TAB 300MG | OXCARBAZEPINE TAB 300 MG | Tier 2 | | | | BH* |
| OXCARBAZEPIN TAB 600MG | OXCARBAZEPINE TAB 600 MG | Tier 2 | | | | BH* |
| PHENOBARB ELX 20MG/5ML | PHENOBARBITAL ELIXIR 20 MG/5ML | Tier 2 | | | | |
| PHENOBARB SOL 20MG/5ML | PHENOBARBITAL ELIXIR 20 MG/5ML | Tier 2 | | | | |
| PHENOBARB TAB 100MG | PHENOBARBITAL TAB 100 MG | Tier 2 | | | | |
| PHENOBARB TAB 15MG | PHENOBARBITAL TAB 15 MG | Tier 2 | | | | |
| PHENOBARB TAB 16.2MG | PHENOBARBITAL TAB 16.2 MG | Tier 2 | | | | |
| PHENOBARB TAB 30MG | PHENOBARBITAL TAB 30 MG | Tier 2 | | | | |
| PHENOBARB TAB 32.4MG | PHENOBARBITAL TAB 32.4 MG | Tier 2 | | | | |
| PHENOBARB TAB 60MG | PHENOBARBITAL TAB 60 MG | Tier 2 | | | | |
| PHENOBARB TAB 64.8MG | PHENOBARBITAL TAB 64.8 MG | Tier 2 | | | | |
| PHENOBARB TAB 97.2MG | PHENOBARBITAL TAB 97.2 MG | Tier 2 | | | | |
| PHENYTOIN CHW 50MG | PHENYTOIN CHEW TAB 50 MG | Tier 2 | | | | BH* |
| PHENYTOIN SUS 100/4ML | PHENYTOIN SUSP 125 MG/5ML | Tier 2 | | | | BH* |
| PHENYTOIN SUS 125/5ML | PHENYTOIN SUSP 125 MG/5ML | Tier 2 | | | | BH* |
| PHENYTOIN EX CAP 100MG | PHENYTOIN SODIUM EXTENDED CAP 100 MG | Tier 2 | | | | BH* |
| PHENYTOIN EX CAP 200MG | PHENYTOIN SODIUM EXTENDED CAP 200 MG | Tier 2 | | | | BH* |
| PHENYTOIN EX CAP 300MG | PHENYTOIN SODIUM EXTENDED CAP 300 MG | Tier 2 | | | | BH* |
| PRIMIDONE TAB 125MG | PRIMIDONE TAB 125 MG | Tier 2 | | | | |
| PRIMIDONE TAB 250MG | PRIMIDONE TAB 250 MG | Tier 2 | | | | |
| PRIMIDONE TAB 50MG | PRIMIDONE TAB 50 MG | Tier 2 | | | | |
| ROWEEPRAS TAB 500MG | LEVETIRACETAM TAB 500 MG | Tier 2 | | | | |
| RUFINAMIDE SUS 40MG/ML | RUFINAMIDE SUSP 40 MG/ML | Tier 3 | X | | | |
| RUFINAMIDE TAB 200MG | RUFINAMIDE TAB 200 MG | Tier 3 | X | | | |

KEY: **H**—Health Care Reform Preventive
H*—Health Care Reform Preventive
H-A—Health Care Reform Preventive with Age contingency
H-M—Health Care Reform Preventive (RX or Medical)

BH—Medication used to treat a behavioral health condition available at no cost to you
BH*—Medication may be available at no cost to you when prescribed to treat a behavioral health condition
\$0 Copay—Medication available at no cost to you



| Drug name | Generic name | Tier value | Prior auth | Quantity limit | Step therapy | Requirements & limits |
|----------------------------|---|------------|------------|----------------|--------------|-----------------------|
| RUFINAMIDE TAB 400MG | RUFINAMIDE TAB 400 MG | Tier 3 | X | | | |
| SUBVENITE KIT START 35 | LAMOTRIGINE TAB 35 X 25 MG STARTER KIT | Tier 3 | | | | BH* |
| SUBVENITE KIT START 49 | LAMOTRIGINE TAB 25 MG (42) & 100 MG (7) STARTER KIT | Tier 3 | | | | BH* |
| SUBVENITE KIT START 98 | LAMOTRIGINE TAB 84 X 25 MG & 14 X 100 MG STARTER KIT | Tier 3 | | | | BH* |
| SUBVENITE TAB 100MG | LAMOTRIGINE TAB 100 MG | Tier 2 | | | | BH* |
| SUBVENITE TAB 150MG | LAMOTRIGINE TAB 150 MG | Tier 2 | | | | BH* |
| SUBVENITE TAB 200MG | LAMOTRIGINE TAB 200 MG | Tier 2 | | | | BH* |
| SUBVENITE TAB 25MG | LAMOTRIGINE TAB 25 MG | Tier 2 | | | | BH* |
| TIAGABINE TAB 12MG | TIAGABINE HCL TAB 12 MG | Tier 3 | | | | |
| TIAGABINE TAB 16MG | TIAGABINE HCL TAB 16 MG | Tier 3 | | | | |
| TIAGABINE TAB 2MG | TIAGABINE HCL TAB 2 MG | Tier 3 | | | | |
| TIAGABINE TAB 4MG | TIAGABINE HCL TAB 4 MG | Tier 3 | | | | |
| TOPIRAMATE CAP 15MG | TOPIRAMATE SPRINKLE CAP 15 MG | Tier 3 | | | | BH* |
| TOPIRAMATE CAP 25MG | TOPIRAMATE SPRINKLE CAP 25 MG | Tier 3 | | | | BH* |
| TOPIRAMATE TAB 100MG | TOPIRAMATE TAB 100 MG | Tier 2 | | | | BH* |
| TOPIRAMATE TAB 200MG | TOPIRAMATE TAB 200 MG | Tier 2 | | | | BH* |
| TOPIRAMATE TAB 25MG | TOPIRAMATE TAB 25 MG | Tier 2 | | | | BH* |
| TOPIRAMATE TAB 50MG | TOPIRAMATE TAB 50 MG | Tier 2 | | | | BH* |
| VALPROIC ACD CAP 250MG | VALPROIC ACID CAP 250 MG | Tier 2 | | | | BH* |
| VALPROIC ACD SOL 250/5ML | VALPROATE SODIUM ORAL SOLN 250 MG/5ML (BASE EQUIV) | Tier 2 | | | | BH* |
| VIGABATRIN PAK 500MG | VIGABATRIN POWD PACK 500 MG | Tier 6 | X | X | | |
| VIGABATRIN TAB 500MG | VIGABATRIN TAB 500 MG | Tier 6 | X | X | | |
| VIGADRONE POW 500MG | VIGABATRIN POWD PACK 500 MG | Tier 6 | X | X | | |
| ZONISAMIDE CAP 100MG | ZONISAMIDE CAP 100 MG | Tier 2 | | | | |
| ZONISAMIDE CAP 25MG | ZONISAMIDE CAP 25 MG | Tier 2 | | | | |
| ZONISAMIDE CAP 50MG | ZONISAMIDE CAP 50 MG | Tier 2 | | | | |
| Antidementia Agents | | | | | | |
| DONEPEZIL TAB 10MG | DONEPEZIL HYDROCHLORIDE TAB 10 MG | Tier 2 | | X | | |
| DONEPEZIL TAB 10MG ODT | DONEPEZIL HYDROCHLORIDE ORALLY DISINTEGRATING TAB 10 MG | Tier 2 | | X | | |
| DONEPEZIL TAB 5MG | DONEPEZIL HYDROCHLORIDE TAB 5 MG | Tier 2 | | X | | |
| DONEPEZIL TAB 5MG ODT | DONEPEZIL HYDROCHLORIDE ORALLY DISINTEGRATING TAB 5 MG | Tier 2 | | X | | |
| GALANTAMINE CAP 16MG ER | GALANTAMINE HYDROBROMIDE CAP ER 24HR 16 MG | Tier 3 | | X | | |
| GALANTAMINE CAP 24MG ER | GALANTAMINE HYDROBROMIDE CAP ER 24HR 24 MG | Tier 3 | | X | | |
| GALANTAMINE CAP 8MG ER | GALANTAMINE HYDROBROMIDE CAP ER 24HR 8 MG | Tier 3 | | X | | |
| GALANTAMINE SOL 4MG/ML | GALANTAMINE HYDROBROMIDE ORAL SOLN 4 MG/ML | Tier 3 | | X | | |
| GALANTAMINE TAB 12MG | GALANTAMINE HYDROBROMIDE TAB 12 MG | Tier 3 | | X | | |
| GALANTAMINE TAB 4MG | GALANTAMINE HYDROBROMIDE TAB 4 MG | Tier 3 | | X | | |
| GALANTAMINE TAB 8MG | GALANTAMINE HYDROBROMIDE TAB 8 MG | Tier 3 | | X | | |
| MEMANT TITRA PAK 5-10MG | MEMANTINE HCL TAB 28 X 5 MG & 21 X 10 MG TITRATION PACK | Tier 2 | | X | | |
| MEMANTINE SOL 2MG/ML | MEMANTINE HCL ORAL SOLUTION 2 MG/ML | Tier 3 | | X | | |
| MEMANTINE TAB 10MG | MEMANTINE HCL TAB 10 MG | Tier 2 | | X | | |
| MEMANTINE TAB 5MG | MEMANTINE HCL TAB 5 MG | Tier 2 | | X | | |
| MEMANTINE TAB HCL 10MG | MEMANTINE HCL TAB 10 MG | Tier 2 | | X | | |

KEY: **H**—Health Care Reform Preventive
H*—Health Care Reform Preventive
H-A—Health Care Reform Preventive with Age contingency
H-M—Health Care Reform Preventive (RX or Medical)

BH—Medication used to treat a behavioral health condition available at no cost to you
BH*—Medication may be available at no cost to you when prescribed to treat a behavioral health condition
\$0 Copay—Medication available at no cost to you



| Drug name | Generic name | Tier value | Prior auth | Quantity limit | Step therapy | Requirements & limits |
|----------------------------|--|------------|------------|----------------|--------------|-----------------------|
| MEMANTINE TAB HCL 5MG | MEMANTINE HCL TAB 5 MG | Tier 2 | | X | | |
| MEMANTINE HC SOL 2MG/ML | MEMANTINE HCL ORAL SOLUTION 2 MG/ML | Tier 3 | | X | | |
| RIVASTIGMINE CAP 1.5MG | RIVASTIGMINE TARTRATE CAP 1.5 MG (BASE EQUIVALENT) | Tier 2 | | X | | |
| RIVASTIGMINE CAP 3MG | RIVASTIGMINE TARTRATE CAP 3 MG (BASE EQUIVALENT) | Tier 2 | | X | | |
| RIVASTIGMINE CAP 4.5MG | RIVASTIGMINE TARTRATE CAP 4.5 MG (BASE EQUIVALENT) | Tier 2 | | X | | |
| RIVASTIGMINE CAP 6MG | RIVASTIGMINE TARTRATE CAP 6 MG (BASE EQUIVALENT) | Tier 2 | | X | | |
| RIVASTIGMINE DIS 13.3/24 | RIVASTIGMINE TD PATCH 24HR 13.3 MG/24HR | Tier 3 | | X | | |
| RIVASTIGMINE DIS 4.6MG/24 | RIVASTIGMINE TD PATCH 24HR 4.6 MG/24HR | Tier 3 | | X | | |
| RIVASTIGMINE DIS 9.5MG/24 | RIVASTIGMINE TD PATCH 24HR 9.5 MG/24HR | Tier 3 | | X | | |
| Antidepressants | | | | | | |
| AMITRIPTYLIN TAB 100MG | AMITRIPTYLINE HCL TAB 100 MG | Tier 1 | | | | BH |
| AMITRIPTYLIN TAB 10MG | AMITRIPTYLINE HCL TAB 10 MG | Tier 1 | | | | BH |
| AMITRIPTYLIN TAB 150MG | AMITRIPTYLINE HCL TAB 150 MG | Tier 1 | | | | BH |
| AMITRIPTYLIN TAB 25MG | AMITRIPTYLINE HCL TAB 25 MG | Tier 1 | | | | BH |
| AMITRIPTYLIN TAB 50MG | AMITRIPTYLINE HCL TAB 50 MG | Tier 1 | | | | BH |
| AMITRIPTYLIN TAB 75MG | AMITRIPTYLINE HCL TAB 75 MG | Tier 1 | | | | BH |
| AMOXAPINE TAB 100MG | AMOXAPINE TAB 100 MG | Tier 1 | | | | BH |
| AMOXAPINE TAB 150MG | AMOXAPINE TAB 150 MG | Tier 1 | | | | BH |
| AMOXAPINE TAB 25MG | AMOXAPINE TAB 25 MG | Tier 1 | | | | BH |
| AMOXAPINE TAB 50MG | AMOXAPINE TAB 50 MG | Tier 1 | | | | BH |
| BUPROPION TAB 100MG | BUPROPION HCL TAB 100 MG | Tier 1 | | | | BH |
| BUPROPION TAB 100MG SR | BUPROPION HCL TAB ER 12HR 100 MG | Tier 1 | | | | BH |
| BUPROPION TAB 150MG SR | BUPROPION HCL TAB ER 12HR 150 MG | Tier 1 | | | | BH |
| BUPROPION TAB 200MG SR | BUPROPION HCL TAB ER 12HR 200 MG | Tier 1 | | | | BH |
| BUPROPION TAB 75MG | BUPROPION HCL TAB 75 MG | Tier 1 | | | | BH |
| BUPROPION HCL TAB 150MG XL | BUPROPION HCL TAB ER 24HR 150 MG | Tier 1 | | X | | BH |
| BUPROPION HCL TAB 300MG XL | BUPROPION HCL TAB ER 24HR 300 MG | Tier 1 | | X | | BH |
| CDP/AMITRIP TAB 10-25MG | CHLORDIAZEPOXIDE-AMITRIPTYLINE TAB 10-25 MG | Tier 1 | | | | BH |
| CDP/AMITRIP TAB 5-12.5MG | CHLORDIAZEPOXIDE-AMITRIPTYLINE TAB 5-12.5 MG | Tier 1 | | | | BH |
| CITALOPRAM SOL 10MG/5ML | CITALOPRAM HYDROBROMIDE ORAL SOLN 10 MG/5ML | Tier 1 | | | | BH |
| CITALOPRAM TAB 10MG | CITALOPRAM HYDROBROMIDE TAB 10 MG (BASE EQUIV) | Tier 1 | | | | BH |
| CITALOPRAM TAB 20MG | CITALOPRAM HYDROBROMIDE TAB 20 MG (BASE EQUIV) | Tier 1 | | | | BH |
| CITALOPRAM TAB 40MG | CITALOPRAM HYDROBROMIDE TAB 40 MG (BASE EQUIV) | Tier 1 | | | | BH |
| CLOMIPRAMINE CAP 25MG | CLOMIPRAMINE HCL CAP 25 MG | Tier 1 | | | | BH |
| CLOMIPRAMINE CAP 50MG | CLOMIPRAMINE HCL CAP 50 MG | Tier 1 | | | | BH |
| CLOMIPRAMINE CAP 75MG | CLOMIPRAMINE HCL CAP 75 MG | Tier 1 | | | | BH |
| DESIPRAMINE TAB 100MG | DESIPRAMINE HCL TAB 100 MG | Tier 1 | | | | BH |
| DESIPRAMINE TAB 10MG | DESIPRAMINE HCL TAB 10 MG | Tier 1 | | | | BH |
| DESIPRAMINE TAB 150MG | DESIPRAMINE HCL TAB 150 MG | Tier 1 | | | | BH |
| DESIPRAMINE TAB 25MG | DESIPRAMINE HCL TAB 25 MG | Tier 1 | | | | BH |
| DESIPRAMINE TAB 50MG | DESIPRAMINE HCL TAB 50 MG | Tier 1 | | | | BH |
| DESIPRAMINE TAB 75MG | DESIPRAMINE HCL TAB 75 MG | Tier 1 | | | | BH |
| DESVENLAFAX TAB 100MG ER | DESVENLAFAXINE SUCCINATE TAB ER 24HR 100 MG (BASE EQUIV) | Tier 1 | | X | | BH |

KEY: **H**—Health Care Reform Preventive
H*—Health Care Reform Preventive
H-A—Health Care Reform Preventive with Age contingency
H-M—Health Care Reform Preventive (RX or Medical)

BH—Medication used to treat a behavioral health condition available at no cost to you
BH*—Medication may be available at no cost to you when prescribed to treat a behavioral health condition
\$0 Copay—Medication available at no cost to you



| Drug name | Generic name | Tier value | Prior auth | Quantity limit | Step therapy | Requirements & limits |
|--------------------------|---|------------|------------|----------------|--------------|-----------------------|
| DESVENLAFAX TAB 25MG ER | DESVENLAFAXINE SUCCINATE TAB ER 24HR 25 MG (BASE EQUIV) | Tier 1 | | X | | BH |
| DESVENLAFAX TAB 50MG ER | DESVENLAFAXINE SUCCINATE TAB ER 24HR 50 MG (BASE EQUIV) | Tier 1 | | X | | BH |
| DOXEPIN HCL CAP 100MG | DOXEPIN HCL CAP 100 MG | Tier 1 | | | | BH |
| DOXEPIN HCL CAP 10MG | DOXEPIN HCL CAP 10 MG | Tier 1 | | | | BH |
| DOXEPIN HCL CAP 150MG | DOXEPIN HCL CAP 150 MG | Tier 1 | | | | BH |
| DOXEPIN HCL CAP 25MG | DOXEPIN HCL CAP 25 MG | Tier 1 | | | | BH |
| DOXEPIN HCL CAP 50MG | DOXEPIN HCL CAP 50 MG | Tier 1 | | | | BH |
| DOXEPIN HCL CAP 75MG | DOXEPIN HCL CAP 75 MG | Tier 1 | | | | BH |
| DOXEPIN HCL CON 10MG/ML | DOXEPIN HCL CONC 10 MG/ML | Tier 1 | | | | BH |
| ESCITALOPRAM SOL 5MG/5ML | ESCITALOPRAM OXALATE SOLN 5 MG/5ML (BASE EQUIV) | Tier 1 | | | | BH |
| ESCITALOPRAM TAB 10MG | ESCITALOPRAM OXALATE TAB 10 MG (BASE EQUIV) | Tier 1 | | | | BH |
| ESCITALOPRAM TAB 20MG | ESCITALOPRAM OXALATE TAB 20 MG (BASE EQUIV) | Tier 1 | | | | BH |
| ESCITALOPRAM TAB 5MG | ESCITALOPRAM OXALATE TAB 5 MG (BASE EQUIV) | Tier 1 | | | | BH |
| FLUOXETINE CAP 10MG | FLUOXETINE HCL CAP 10 MG | Tier 1 | | | | BH |
| FLUOXETINE CAP 20MG | FLUOXETINE HCL CAP 20 MG | Tier 1 | | | | BH |
| FLUOXETINE CAP 40MG | FLUOXETINE HCL CAP 40 MG | Tier 1 | | | | BH |
| FLUOXETINE CAP 90MG DR | FLUOXETINE HCL CAP DELAYED RELEASE 90 MG | Tier 1 | | X | | BH |
| FLUOXETINE SOL 20MG/5ML | FLUOXETINE HCL SOLUTION 20 MG/5ML | Tier 1 | | | | BH |
| FLUOXETINE TAB 10MG | FLUOXETINE HCL (PMDD) TAB 10 MG | Tier 1 | | X | | BH |
| FLUOXETINE TAB 10MG | FLUOXETINE HCL TAB 10 MG | Tier 1 | | X | | BH |
| FLUOXETINE TAB 20MG | FLUOXETINE HCL (PMDD) TAB 20 MG | Tier 1 | | X | | BH |
| FLUOXETINE TAB 20MG | FLUOXETINE HCL TAB 20 MG | Tier 1 | | X | | BH |
| FLUVOXAMINE CAP 100MG ER | FLUVOXAMINE MALEATE CAP ER 24HR 100 MG | Tier 1 | | X | | BH |
| FLUVOXAMINE CAP 150MG ER | FLUVOXAMINE MALEATE CAP ER 24HR 150 MG | Tier 1 | | X | | BH |
| FLUVOXAMINE TAB 100MG | FLUVOXAMINE MALEATE TAB 100 MG | Tier 1 | | | | BH |
| FLUVOXAMINE TAB 25MG | FLUVOXAMINE MALEATE TAB 25 MG | Tier 1 | | | | BH |
| FLUVOXAMINE TAB 50MG | FLUVOXAMINE MALEATE TAB 50 MG | Tier 1 | | | | BH |
| IMIPRAM HCL TAB 10MG | IMIPRAMINE HCL TAB 10 MG | Tier 1 | | | | BH |
| IMIPRAM HCL TAB 25MG | IMIPRAMINE HCL TAB 25 MG | Tier 1 | | | | BH |
| IMIPRAM HCL TAB 50MG | IMIPRAMINE HCL TAB 50 MG | Tier 1 | | | | BH |
| IMIPRAM PAM CAP 100MG | IMIPRAMINE PAMOATE CAP 100 MG | Tier 1 | | | | BH |
| IMIPRAM PAM CAP 125MG | IMIPRAMINE PAMOATE CAP 125 MG | Tier 1 | | | | BH |
| IMIPRAM PAM CAP 150MG | IMIPRAMINE PAMOATE CAP 150 MG | Tier 1 | | | | BH |
| IMIPRAM PAM CAP 75MG | IMIPRAMINE PAMOATE CAP 75 MG | Tier 1 | | | | BH |
| MAPROTILINE TAB 25MG | MAPROTILINE HCL TAB 25 MG | Tier 1 | | | | BH |
| MAPROTILINE TAB 50MG | MAPROTILINE HCL TAB 50 MG | Tier 1 | | | | BH |
| MAPROTILINE TAB 75MG | MAPROTILINE HCL TAB 75 MG | Tier 1 | | | | BH |
| MARPLAN TAB 10MG | ISOCARBOXAZID TAB 10 MG | Tier 1 | | | | BH |
| MIRTAZAPINE TAB 15MG | MIRTAZAPINE TAB 15 MG | Tier 1 | | | | BH |
| MIRTAZAPINE TAB 15MG ODT | MIRTAZAPINE ORALLY DISINTEGRATING TAB 15 MG | Tier 1 | | | | BH |
| MIRTAZAPINE TAB 30MG | MIRTAZAPINE TAB 30 MG | Tier 1 | | | | BH |
| MIRTAZAPINE TAB 30MG ODT | MIRTAZAPINE ORALLY DISINTEGRATING TAB 30 MG | Tier 1 | | | | BH |
| MIRTAZAPINE TAB 45MG | MIRTAZAPINE TAB 45 MG | Tier 1 | | | | BH |
| MIRTAZAPINE TAB 45MG ODT | MIRTAZAPINE ORALLY DISINTEGRATING TAB 45 MG | Tier 1 | | | | BH |
| MIRTAZAPINE TAB 7.5MG | MIRTAZAPINE TAB 7.5 MG | Tier 1 | | | | BH |
| NEFAZODONE TAB 100MG | NEFAZODONE HCL TAB 100 MG | Tier 1 | | | | BH |

KEY: **H**—Health Care Reform Preventive
H*—Health Care Reform Preventive
H-A—Health Care Reform Preventive with Age contingency
H-M—Health Care Reform Preventive (RX or Medical)

BH—Medication used to treat a behavioral health condition available at no cost to you
BH*—Medication may be available at no cost to you when prescribed to treat a behavioral health condition
\$0 Copay—Medication available at no cost to you



| Drug name | Generic name | Tier value | Prior auth | Quantity limit | Step therapy | Requirements & limits |
|---------------------------|---|------------|------------|----------------|--------------|-----------------------|
| NEFAZODONE TAB 150MG | NEFAZODONE HCL TAB 150 MG | Tier 1 | | | | BH |
| NEFAZODONE TAB 200MG | NEFAZODONE HCL TAB 200 MG | Tier 1 | | | | BH |
| NEFAZODONE TAB 250MG | NEFAZODONE HCL TAB 250 MG | Tier 1 | | | | BH |
| NEFAZODONE TAB 50MG | NEFAZODONE HCL TAB 50 MG | Tier 1 | | | | BH |
| NORTRIPTYLIN CAP 10MG | NORTRIPTYLINE HCL CAP 10 MG | Tier 1 | | | | BH |
| NORTRIPTYLIN CAP 25MG | NORTRIPTYLINE HCL CAP 25 MG | Tier 1 | | | | BH |
| NORTRIPTYLIN CAP 50MG | NORTRIPTYLINE HCL CAP 50 MG | Tier 1 | | | | BH |
| NORTRIPTYLIN CAP 75MG | NORTRIPTYLINE HCL CAP 75 MG | Tier 1 | | | | BH |
| NORTRIPTYLIN SOL 10MG/5ML | NORTRIPTYLINE HCL SOLN 10 MG/5ML | Tier 1 | | | | BH |
| OLANZA/FLUOX CAP 12-25MG | OLANZAPINE-FLUOXETINE HCL CAP 12-25 MG | Tier 1 | | X | | BH |
| OLANZA/FLUOX CAP 12-50MG | OLANZAPINE-FLUOXETINE HCL CAP 12-50 MG | Tier 1 | | X | | BH |
| OLANZA/FLUOX CAP 3-25MG | OLANZAPINE-FLUOXETINE HCL CAP 3-25 MG | Tier 1 | | X | | BH |
| OLANZA/FLUOX CAP 6-25MG | OLANZAPINE-FLUOXETINE HCL CAP 6-25 MG | Tier 1 | | X | | BH |
| OLANZA/FLUOX CAP 6-50MG | OLANZAPINE-FLUOXETINE HCL CAP 6-50 MG | Tier 1 | | X | | BH |
| PAROXETIN ER TAB 12.5MG | PAROXETINE HCL TAB ER 24HR 12.5 MG | Tier 1 | | X | | BH |
| PAROXETIN ER TAB 37.5MG | PAROXETINE HCL TAB ER 24HR 37.5 MG | Tier 1 | | X | | BH |
| PAROXETINE SUS 10MG/5ML | PAROXETINE HCL ORAL SUSP 10 MG/5ML (BASE EQUIV) | Tier 1 | | | | BH |
| PAROXETINE TAB 10MG | PAROXETINE HCL TAB 10 MG | Tier 1 | | | | BH |
| PAROXETINE TAB 20MG | PAROXETINE HCL TAB 20 MG | Tier 1 | | | | BH |
| PAROXETINE TAB 25MG ER | PAROXETINE HCL TAB ER 24HR 25 MG | Tier 1 | | X | | BH |
| PAROXETINE TAB 30MG | PAROXETINE HCL TAB 30 MG | Tier 1 | | | | BH |
| PAROXETINE TAB 40MG | PAROXETINE HCL TAB 40 MG | Tier 1 | | | | BH |
| PERPHEN/AMIT TAB 2-10MG | PERPHENAZINE-AMITRIPTYLINE TAB 2-10 MG | Tier 1 | | | | BH |
| PERPHEN/AMIT TAB 2-25MG | PERPHENAZINE-AMITRIPTYLINE TAB 2-25 MG | Tier 1 | | | | BH |
| PERPHEN/AMIT TAB 4-10MG | PERPHENAZINE-AMITRIPTYLINE TAB 4-10 MG | Tier 1 | | | | BH |
| PERPHEN/AMIT TAB 4-25MG | PERPHENAZINE-AMITRIPTYLINE TAB 4-25 MG | Tier 1 | | | | BH |
| PERPHEN/AMIT TAB 4-50MG | PERPHENAZINE-AMITRIPTYLINE TAB 4-50 MG | Tier 1 | | | | BH |
| PHENELZINE TAB 15MG | PHENELZINE SULFATE TAB 15 MG | Tier 1 | | | | BH |
| PROTRIPTYLIN TAB 10MG | PROTRIPTYLINE HCL TAB 10 MG | Tier 1 | | | | BH |
| PROTRIPTYLIN TAB 5MG | PROTRIPTYLINE HCL TAB 5 MG | Tier 1 | | | | BH |
| SERTRALINE CON 20MG/ML | SERTRALINE HCL ORAL CONCENTRATE FOR SOLUTION 20 MG/ML | Tier 1 | | | | BH |
| SERTRALINE TAB 100MG | SERTRALINE HCL TAB 100 MG | Tier 1 | | | | BH |
| SERTRALINE TAB 25MG | SERTRALINE HCL TAB 25 MG | Tier 1 | | | | BH |
| SERTRALINE TAB 50MG | SERTRALINE HCL TAB 50 MG | Tier 1 | | | | BH |
| TRANLYCYPROM TAB 10MG | TRANLYCYPROMINE SULFATE TAB 10 MG | Tier 1 | | | | BH |
| TRAZODONE TAB 100MG | TRAZODONE HCL TAB 100 MG | Tier 1 | | | | BH |
| TRAZODONE TAB 150MG | TRAZODONE HCL TAB 150 MG | Tier 1 | | | | BH |
| TRAZODONE TAB 300MG | TRAZODONE HCL TAB 300 MG | Tier 1 | | | | BH |
| TRAZODONE TAB 50MG | TRAZODONE HCL TAB 50 MG | Tier 1 | | | | BH |
| TRIMIPRAMINE CAP 100MG | TRIMIPRAMINE MALEATE CAP 100 MG | Tier 1 | | | | BH |
| TRIMIPRAMINE CAP 25MG | TRIMIPRAMINE MALEATE CAP 25 MG | Tier 1 | | | | BH |
| TRIMIPRAMINE CAP 50MG | TRIMIPRAMINE MALEATE CAP 50 MG | Tier 1 | | | | BH |

KEY: **H**—Health Care Reform Preventive
H*—Health Care Reform Preventive
H-A—Health Care Reform Preventive with Age contingency
H-M—Health Care Reform Preventive (RX or Medical)

BH—Medication used to treat a behavioral health condition available at no cost to you
BH*—Medication may be available at no cost to you when prescribed to treat a behavioral health condition
\$0 Copay—Medication available at no cost to you



| Drug name | Generic name | Tier value | Prior auth | Quantity limit | Step therapy | Requirements & limits |
|--------------------------|--|------------|------------|----------------|--------------|-----------------------|
| VENLAFAXINE CAP 150MG ER | VENLAFAXINE HCL CAP ER 24HR 150 MG (BASE EQUIVALENT) | Tier 1 | | | | BH |
| VENLAFAXINE CAP 37.5 ER | VENLAFAXINE HCL CAP ER 24HR 37.5 MG (BASE EQUIVALENT) | Tier 1 | | | | BH |
| VENLAFAXINE CAP 75MG ER | VENLAFAXINE HCL CAP ER 24HR 75 MG (BASE EQUIVALENT) | Tier 1 | | | | BH |
| VENLAFAXINE TAB 100MG | VENLAFAXINE HCL TAB 100 MG (BASE EQUIVALENT) | Tier 1 | | | | BH |
| VENLAFAXINE TAB 25MG | VENLAFAXINE HCL TAB 25 MG (BASE EQUIVALENT) | Tier 1 | | | | BH |
| VENLAFAXINE TAB 37.5MG | VENLAFAXINE HCL TAB 37.5 MG (BASE EQUIVALENT) | Tier 1 | | | | BH |
| VENLAFAXINE TAB 50MG | VENLAFAXINE HCL TAB 50 MG (BASE EQUIVALENT) | Tier 1 | | | | BH |
| VENLAFAXINE TAB 75MG | VENLAFAXINE HCL TAB 75 MG (BASE EQUIVALENT) | Tier 1 | | | | BH |
| VILAZODONE TAB 10MG | VILAZODONE HCL TAB 10 MG | Tier 1 | | X | | BH |
| VILAZODONE TAB 20MG | VILAZODONE HCL TAB 20 MG | Tier 1 | | X | | BH |
| VILAZODONE TAB 40MG | VILAZODONE HCL TAB 40 MG | Tier 1 | | X | | BH |
| Antiemetics | | | | | | |
| APREPITANT CAP 125MG | APREPITANT CAPSULE 125 MG | Tier 3 | | X | | |
| APREPITANT CAP 40MG | APREPITANT CAPSULE 40 MG | Tier 3 | | X | | |
| APREPITANT CAP 80MG | APREPITANT CAPSULE 80 MG | Tier 3 | | X | | |
| APREPITANT PAK 80 & 125 | APREPITANT CAPSULE THERAPY PACK 80 & 125 MG | Tier 3 | | X | | |
| DOXYL/PYRID TAB 10-10MG | DOXYLAMINE-PYRIDOXINE TAB DELAYED RELEASE 10-10 MG | Tier 3 | | | | |
| DRONABINOL CAP 10MG | DRONABINOL CAP 10 MG | Tier 3 | | | | |
| DRONABINOL CAP 2.5MG | DRONABINOL CAP 2.5 MG | Tier 3 | | | | |
| DRONABINOL CAP 5MG | DRONABINOL CAP 5 MG | Tier 3 | | | | |
| EMEND SUS 125MG | APREPITANT FOR ORAL SUSP 125 MG (125 MG/5ML) | Tier 3 | | X | | |
| GRANISETRON TAB 1MG | GRANISETRON HCL TAB 1 MG | Tier 3 | | X | | |
| MECLIZINE TAB 25MG | MECLIZINE HCL TAB 25 MG | Tier 2 | | | | |
| METOCLOPRAM SOL 10/10ML | METOCLOPRAMIDE HCL SOLN 5 MG/5ML (10 MG/10ML) (BASE EQUIV) | Tier 2 | | | | |
| METOCLOPRAM SOL 5MG/5ML | METOCLOPRAMIDE HCL SOLN 5 MG/5ML (10 MG/10ML) (BASE EQUIV) | Tier 2 | | | | |
| METOCLOPRAM TAB 10MG | METOCLOPRAMIDE HCL TAB 10 MG (BASE EQUIVALENT) | Tier 2 | | | | |
| METOCLOPRAM TAB 5MG | METOCLOPRAMIDE HCL TAB 5 MG (BASE EQUIVALENT) | Tier 2 | | | | |
| ONDANSETRON SOL 4MG/5ML | ONDANSETRON HCL ORAL SOLN 4 MG/5ML | Tier 2 | | | | |
| ONDANSETRON TAB 24MG | ONDANSETRON HCL TAB 24 MG | Tier 2 | | | | |
| ONDANSETRON TAB 4MG | ONDANSETRON HCL TAB 4 MG | Tier 2 | | | | |
| ONDANSETRON TAB 4MG ODT | ONDANSETRON ORALLY DISINTEGRATING TAB 4 MG | Tier 2 | | | | |
| ONDANSETRON TAB 8MG | ONDANSETRON HCL TAB 8 MG | Tier 2 | | | | |
| ONDANSETRON TAB 8MG ODT | ONDANSETRON ORALLY DISINTEGRATING TAB 8 MG | Tier 2 | | | | |
| PERPHENAZINE TAB 16MG | PERPHENAZINE TAB 16 MG | Tier 1 | | | | BH |
| PERPHENAZINE TAB 2MG | PERPHENAZINE TAB 2 MG | Tier 1 | | | | BH |
| PERPHENAZINE TAB 4MG | PERPHENAZINE TAB 4 MG | Tier 1 | | | | BH |
| PERPHENAZINE TAB 8MG | PERPHENAZINE TAB 8 MG | Tier 1 | | | | BH |
| PROCHLORPER TAB 10MG | PROCHLORPERAZINE MALEATE TAB 10 MG (BASE EQUIVALENT) | Tier 1 | | | | BH |
| PROCHLORPER TAB 5MG | PROCHLORPERAZINE MALEATE TAB 5 MG (BASE EQUIVALENT) | Tier 1 | | | | BH |
| SCOPOLAMINE DIS 1MG/3DAY | SCOPOLAMINE TD PATCH 72HR 1 MG/3DAYS | Tier 3 | | | | |

KEY: **H**—Health Care Reform Preventive
H*—Health Care Reform Preventive
H-A—Health Care Reform Preventive with Age contingency
H-M—Health Care Reform Preventive (RX or Medical)

BH—Medication used to treat a behavioral health condition available at no cost to you
BH*—Medication may be available at no cost to you when prescribed to treat a behavioral health condition
\$0 Copay—Medication available at no cost to you



| Drug name | Generic name | Tier value | Prior auth | Quantity limit | Step therapy | Requirements & limits |
|---------------------------|--|------------|------------|----------------|--------------|-----------------------|
| TRIMETHOBENZ CAP 300MG | TRIMETHOBENZAMIDE HCL CAP 300 MG | Tier 2 | | | | |
| VARUBI TAB 90MG | ROLAPITANT HCL TAB THERAPY PACK 2 X 90 MG (BASE EQUIV) | Tier 3 | | X | | |
| Antifungals | | | | | | |
| CICLODAN SOL 8% | CICLOPIROX SOLUTION 8% | Tier 2 | | | | |
| CICLOPIROX CRE 0.77% | CICLOPIROX OLAMINE CREAM 0.77% (BASE EQUIV) | Tier 2 | | | | |
| CICLOPIROX GEL 0.77% | CICLOPIROX GEL 0.77% | Tier 2 | | | | |
| CICLOPIROX SHA 1% | CICLOPIROX SHAMPOO 1% | Tier 2 | | | | |
| CICLOPIROX SOL 8% | CICLOPIROX SOLUTION 8% | Tier 2 | | | | |
| CICLOPIROX SUS 0.77% | CICLOPIROX OLAMINE SUSP 0.77% (BASE EQUIV) | Tier 2 | | | | |
| CLOTRIM/BETA CRE DIPROP | CLOTRIMAZOLE W/ BETAMETHASONE CREAM 1-0.05% | Tier 2 | | X | | |
| CLOTRIM/BETA LOT DIPROP | CLOTRIMAZOLE W/ BETAMETHASONE LOTION 1-0.05% | Tier 3 | | | | |
| CLOTRIMAZOLE TRO 10MG | CLOTRIMAZOLE TROCHE 10 MG | Tier 2 | | | | |
| ECONAZOLE CRE 1% | ECONAZOLE NITRATE CREAM 1% | Tier 3 | | X | | |
| EXELDERM CRE 1% | SULCONAZOLE NITRATE CREAM 1% | Tier 5 | | | | |
| EXELDERM SOL 1% | SULCONAZOLE NITRATE SOLUTION 1% | Tier 5 | | | | |
| FLUCONAZOLE SUS 10MG/ML | FLUCONAZOLE FOR SUSP 10 MG/ML | Tier 2 | | | | |
| FLUCONAZOLE SUS 40MG/ML | FLUCONAZOLE FOR SUSP 40 MG/ML | Tier 2 | | | | |
| FLUCONAZOLE TAB 100MG | FLUCONAZOLE TAB 100 MG | Tier 2 | | | | |
| FLUCONAZOLE TAB 150MG | FLUCONAZOLE TAB 150 MG | Tier 2 | | | | |
| FLUCONAZOLE TAB 200MG | FLUCONAZOLE TAB 200 MG | Tier 2 | | | | |
| FLUCONAZOLE TAB 50MG | FLUCONAZOLE TAB 50 MG | Tier 2 | | | | |
| FLUCYTOSINE CAP 250MG | FLUCYTOSINE CAP 250 MG | Tier 3 | | | | |
| FLUCYTOSINE CAP 500MG | FLUCYTOSINE CAP 500 MG | Tier 3 | | | | |
| GRISEOFULVIN SUS 125/5ML | GRISEOFULVIN MICROSIZED SUSP 125 MG/5ML | Tier 3 | | | | |
| GRISEOFULVIN TAB MICR 500 | GRISEOFULVIN MICROSIZED TAB 500 MG | Tier 3 | | | | |
| GRISEOFULVIN TAB ULTR 125 | GRISEOFULVIN ULTRAMICROSIZED TAB 125 MG | Tier 3 | | | | |
| GRISEOFULVIN TAB ULTR 250 | GRISEOFULVIN ULTRAMICROSIZED TAB 250 MG | Tier 3 | | | | |
| GYNAZOLE-1 CRE 2% | BUTOCONAZOLE NITRATE (ONE DOSE) VAGINAL CREAM 2% | Tier 5 | | | | |
| ITRACONAZOLE CAP 100MG | ITRACONAZOLE CAP 100 MG | Tier 3 | | X | | |
| ITRACONAZOLE SOL 100/10ML | ITRACONAZOLE ORAL SOLN 10 MG/ML | Tier 3 | | X | | |
| ITRACONAZOLE SOL 10MG/ML | ITRACONAZOLE ORAL SOLN 10 MG/ML | Tier 3 | | X | | |
| KETOCONAZOLE CRE 2% | KETOCONAZOLE CREAM 2% | Tier 2 | | X | | |
| KETOCONAZOLE SHA 2% | KETOCONAZOLE SHAMPOO 2% | Tier 2 | | | | |
| KETOCONAZOLE TAB 200MG | KETOCONAZOLE TAB 200 MG | Tier 2 | | | | |
| LULICONAZOLE CRE 1% | LULICONAZOLE CREAM 1% | Tier 5 | | X | | |
| MENTAX CRE 1% | BUTENAFINE HCL CREAM 1% | Tier 5 | | | | |
| MICONAZOLE 3 SUP 200MG | MICONAZOLE NITRATE VAGINAL SUPPOS 200 MG | Tier 2 | | | | |
| NAFTIFINE CRE HCL 1% | NAFTIFINE HCL CREAM 1% | Tier 3 | | | | |
| NAFTIFINE CRE HCL 2% | NAFTIFINE HCL CREAM 2% | Tier 3 | | | | |
| NAFTIFINE GEL 1% | NAFTIFINE HCL GEL 1% | Tier 3 | | | | |
| NYAMYC POW 100000 | NYSTATIN TOPICAL POWDER 100000 UNIT/GM | Tier 2 | | X | | |
| NYSTAT/TRIAM CRE | NYSTATIN-TRIAMCINOLONE CREAM 100000-0.1 UNIT/GM-% | Tier 3 | | | | |

KEY: **H**—Health Care Reform Preventive
H*—Health Care Reform Preventive
H-A—Health Care Reform Preventive with Age contingency
H-M—Health Care Reform Preventive (RX or Medical)

BH—Medication used to treat a behavioral health condition available at no cost to you
BH*—Medication may be available at no cost to you when prescribed to treat a behavioral health condition
\$0 Copay—Medication available at no cost to you



| Drug name | Generic name | Tier value | Prior auth | Quantity limit | Step therapy | Requirements & limits |
|----------------------------|---|------------|------------|----------------|--------------|-----------------------|
| NYSTAT/TRIAM OIN | NYSTATIN-TRIAMCINOLONE OINT 100000-0.1 UNIT/GM-% | Tier 3 | | | | |
| NYSTATIN CRE 100000 | NYSTATIN CREAM 100000 UNIT/GM | Tier 2 | | | | |
| NYSTATIN OIN 100000 | NYSTATIN OINT 100000 UNIT/GM | Tier 2 | | | | |
| NYSTATIN OIN 100000U | NYSTATIN OINT 100000 UNIT/GM | Tier 2 | | | | |
| NYSTATIN POW 100000 | NYSTATIN TOPICAL POWDER 100000 UNIT/GM | Tier 2 | | X | | |
| NYSTATIN SUS 100000 | NYSTATIN SUSP 100000 UNIT/ML | Tier 2 | | | | |
| NYSTATIN TAB 500000 | NYSTATIN TAB 500000 UNIT | Tier 2 | | | | |
| NYSTOP POW 100000 | NYSTATIN TOPICAL POWDER 100000 UNIT/GM | Tier 2 | | X | | |
| OXICONAZOLE CRE NITRATE | OXICONAZOLE NITRATE CREAM 1% | Tier 3 | | X | | |
| POSACONAZOLE TAB 100MG DR | POSACONAZOLE TAB DELAYED RELEASE 100 MG | Tier 3 | | X | | |
| SULCONAZOLE CRE 1% | SULCONAZOLE NITRATE CREAM 1% | Tier 5 | | | | |
| SULCONAZOLE SOL 1% | SULCONAZOLE NITRATE SOLUTION 1% | Tier 5 | | | | |
| TERBINAFINE TAB 250MG | TERBINAFINE HCL TAB 250 MG | Tier 2 | | X | | |
| TERCONAZOLE CRE 0.4% | TERCONAZOLE VAGINAL CREAM 0.4% | Tier 2 | | | | |
| TERCONAZOLE CRE 0.8% | TERCONAZOLE VAGINAL CREAM 0.8% | Tier 2 | | | | |
| TERCONAZOLE SUP 80MG | TERCONAZOLE VAGINAL SUPPOS 80 MG | Tier 3 | | | | |
| VORICONAZOLE SUS 40MG/ML | VORICONAZOLE FOR SUSP 40 MG/ML | Tier 3 | | | | |
| VORICONAZOLE TAB 200MG | VORICONAZOLE TAB 200 MG | Tier 3 | | X | | |
| VORICONAZOLE TAB 50MG | VORICONAZOLE TAB 50 MG | Tier 3 | | X | | |
| Antigout Agents | | | | | | |
| ALLOPURINOL TAB 100MG | ALLOPURINOL TAB 100 MG | Tier 2 | | | | |
| ALLOPURINOL TAB 300MG | ALLOPURINOL TAB 300 MG | Tier 2 | | | | |
| COLCHICINE CAP 0.6MG | COLCHICINE CAP 0.6 MG | Tier 2 | | X | | |
| FEBUXOSTAT TAB 40MG | FEBUXOSTAT TAB 40 MG | Tier 3 | | X | X | |
| FEBUXOSTAT TAB 80MG | FEBUXOSTAT TAB 80 MG | Tier 3 | | X | X | |
| MITIGARE CAP 0.6MG | COLCHICINE CAP 0.6 MG | Tier 3 | | X | | |
| PROBEN/COLCH TAB 500-0.5 | COLCHICINE W/ PROBENECID TAB 0.5-500 MG | Tier 2 | | | | |
| PROBENECID TAB 500MG | PROBENECID TAB 500 MG | Tier 2 | | | | |
| Antimigraine Agents | | | | | | |
| AIMOVIG INJ 140MG/ML | ERENUMAB-AOOE SUBCUTANEOUS SOLN AUTO-INJECTOR 140 MG/ML | Tier 3 | | X | | |
| AIMOVIG INJ 70MG/ML | ERENUMAB-AOOE SUBCUTANEOUS SOLN AUTO-INJECTOR 70 MG/ML | Tier 3 | | X | | |
| ALMOTRIP MAL TAB 12.5MG | ALMOTRIPTAN MALATE TAB 12.5 MG | Tier 3 | | X | | |
| ALMOTRIP MAL TAB 6.25MG | ALMOTRIPTAN MALATE TAB 6.25 MG | Tier 3 | | X | | |
| ALMOTRIPTAN TAB 12.5MG | ALMOTRIPTAN MALATE TAB 12.5 MG | Tier 3 | | X | | |
| ALMOTRIPTAN TAB 6.25MG | ALMOTRIPTAN MALATE TAB 6.25 MG | Tier 3 | | X | | |
| DIHYDROERGOT INJ 1MG/ML | DIHYDROERGOTAMINE MESYLATE INJ 1 MG/ML | Tier 3 | | X | | |
| ELETRIPTAN TAB 20MG | ELETRIPTAN HYDROBROMIDE TAB 20 MG (BASE EQUIVALENT) | Tier 3 | | X | | |
| ELETRIPTAN TAB 40MG | ELETRIPTAN HYDROBROMIDE TAB 40 MG (BASE EQUIVALENT) | Tier 3 | | X | | |
| ERGOT/CAFFEN TAB 1-100MG | ERGOTAMINE W/ CAFFEINE TAB 1-100 MG | Tier 3 | | | | |
| FROVATRIPTAN TAB 2.5MG | FROVATRIPTAN SUCCINATE TAB 2.5 MG (BASE EQUIVALENT) | Tier 3 | | X | | |
| MIGERGOT SUP 2/100 | ERGOTAMINE W/ CAFFEINE SUPPOS 2-100 MG | Tier 5 | | | | |
| NARATRIPTAN TAB 1MG | NARATRIPTAN HCL TAB 1 MG (BASE EQUIV) | Tier 2 | | X | | |
| NARATRIPTAN TAB 2.5MG | NARATRIPTAN HCL TAB 2.5 MG (BASE EQUIV) | Tier 2 | | X | | |

KEY: **H**—Health Care Reform Preventive
H*—Health Care Reform Preventive
H-A—Health Care Reform Preventive with Age contingency
H-M—Health Care Reform Preventive (RX or Medical)

BH—Medication used to treat a behavioral health condition available at no cost to you
BH*—Medication may be available at no cost to you when prescribed to treat a behavioral health condition
\$0 Copay—Medication available at no cost to you



| Drug name | Generic name | Tier value | Prior auth | Quantity limit | Step therapy | Requirements & limits |
|------------------------------|--|------------|------------|----------------|--------------|-----------------------|
| RIZATRIPTAN TAB 10MG | RIZATRIPTAN BENZOATE TAB 10 MG (BASE EQUIVALENT) | Tier 2 | | X | | |
| RIZATRIPTAN TAB 10MG ODT | RIZATRIPTAN BENZOATE ORAL DISINTEGRATING TAB 10 MG (BASE EQ) | Tier 2 | | X | | |
| RIZATRIPTAN TAB 5MG | RIZATRIPTAN BENZOATE TAB 5 MG (BASE EQUIVALENT) | Tier 2 | | X | | |
| RIZATRIPTAN TAB 5MG ODT | RIZATRIPTAN BENZOATE ORAL DISINTEGRATING TAB 5 MG (BASE EQ) | Tier 2 | | X | | |
| SUMAT-APROX TAB 85-500MG | SUMATRIPTAN-NAPROXEN SODIUM TAB 85-500 MG | Tier 3 | | X | | |
| SUMATRIPTAN INJ 4MG/0.5 | SUMATRIPTAN SUCCINATE SOLUTION AUTO-INJECTOR 4 MG/0.5ML | Tier 3 | | X | | |
| SUMATRIPTAN INJ 4MG/0.5 | SUMATRIPTAN SUCCINATE SOLUTION CARTRIDGE 4 MG/0.5ML | Tier 3 | | X | | |
| SUMATRIPTAN INJ 6MG/0.5 | SUMATRIPTAN SUCCINATE INJ 6 MG/0.5ML | Tier 3 | | X | | |
| SUMATRIPTAN INJ 6MG/0.5 | SUMATRIPTAN SUCCINATE SOLUTION AUTO-INJECTOR 6 MG/0.5ML | Tier 3 | | X | | |
| SUMATRIPTAN INJ 6MG/0.5 | SUMATRIPTAN SUCCINATE SOLUTION CARTRIDGE 6 MG/0.5ML | Tier 3 | | X | | |
| SUMATRIPTAN INJ 6MG/0.5 | SUMATRIPTAN SUCCINATE SOLUTION PREFILLED SYRINGE 6 MG/0.5ML | Tier 3 | | X | | |
| SUMATRIPTAN SPR 20MG/ACT | SUMATRIPTAN NASAL SPRAY 20 MG/ACT | Tier 3 | | X | | |
| SUMATRIPTAN SPR 5MG/ACT | SUMATRIPTAN NASAL SPRAY 5 MG/ACT | Tier 3 | | X | | |
| SUMATRIPTAN TAB 100MG | SUMATRIPTAN SUCCINATE TAB 100 MG | Tier 2 | | X | | |
| SUMATRIPTAN TAB 25MG | SUMATRIPTAN SUCCINATE TAB 25 MG | Tier 2 | | X | | |
| SUMATRIPTAN TAB 50MG | SUMATRIPTAN SUCCINATE TAB 50 MG | Tier 2 | | X | | |
| ZOLMITRIPTAN SPR 2.5MG | ZOLMITRIPTAN NASAL SPRAY 2.5 MG/SPRAY UNIT | Tier 5 | | X | X | |
| ZOLMITRIPTAN SPR 5MG | ZOLMITRIPTAN NASAL SPRAY 5 MG/SPRAY UNIT | Tier 3 | | X | X | |
| ZOLMITRIPTAN TAB 2.5 MG | ZOLMITRIPTAN ORALLY DISINTEGRATING TAB 2.5 MG | Tier 3 | | X | | |
| ZOLMITRIPTAN TAB 2.5MG | ZOLMITRIPTAN TAB 2.5 MG | Tier 3 | | X | | |
| ZOLMITRIPTAN TAB 5MG | ZOLMITRIPTAN TAB 5 MG | Tier 3 | | X | | |
| ZOLMITRIPTAN TAB 5MG ODT | ZOLMITRIPTAN ORALLY DISINTEGRATING TAB 5 MG | Tier 3 | | X | | |
| Antimyasthenic Agents | | | | | | |
| GUANIDINE TAB 125MG | GUANIDINE HCL TAB 125 MG | Tier 5 | | | | |
| PYRIDOSTIGM TAB 60MG | PYRIDOSTIGMINE BROMIDE TAB 60 MG | Tier 2 | | | | |
| PYRIDOSTIGMI SOL 60MG/5ML | PYRIDOSTIGMINE BROMIDE ORAL SOLN 60 MG/5ML | Tier 3 | | | | |
| PYRIDOSTIGMI TAB ER 180MG | PYRIDOSTIGMINE BROMIDE TAB ER 180 MG | Tier 3 | | | | |
| Antimycobacterials | | | | | | |
| CYCLOSERINE CAP 250MG | CYCLOSERINE CAP 250 MG | Tier 3 | | | | |
| DAPSONE TAB 100MG | DAPSONE TAB 100 MG | Tier 2 | | | | |
| DAPSONE TAB 25MG | DAPSONE TAB 25 MG | Tier 2 | | | | |
| ETHAMBUTOL TAB 100MG | ETHAMBUTOL HCL TAB 100 MG | Tier 2 | | | | |
| ETHAMBUTOL TAB 400MG | ETHAMBUTOL HCL TAB 400 MG | Tier 2 | | | | |
| ISONIAZID SYP 50MG/5ML | ISONIAZID SYRUP 50 MG/5ML | Tier 3 | | | | |
| ISONIAZID TAB 100MG | ISONIAZID TAB 100 MG | Tier 2 | | | | |
| ISONIAZID TAB 300MG | ISONIAZID TAB 300 MG | Tier 2 | | | | |
| PASER GRA 4GM | AMINOSALICYLIC ACID ER GRANULES PACKET 4 GM | Tier 5 | | | | |
| PRIFTIN TAB 150MG | RIFAPENTINE TAB 150 MG | Tier 3 | | | | |

KEY: **H**—Health Care Reform Preventive
H*—Health Care Reform Preventive
H-A—Health Care Reform Preventive with Age contingency
H-M—Health Care Reform Preventive (RX or Medical)

BH—Medication used to treat a behavioral health condition available at no cost to you
BH*—Medication may be available at no cost to you when prescribed to treat a behavioral health condition
\$0 Copay—Medication available at no cost to you



| Drug name | Generic name | Tier value | Prior auth | Quantity limit | Step therapy | Requirements & limits |
|------------------------|---|------------|------------|----------------|--------------|-----------------------|
| PYRAZINAMIDE TAB 500MG | PYRAZINAMIDE TAB 500 MG | Tier 3 | | | | |
| RIFABUTIN CAP 150MG | RIFABUTIN CAP 150 MG | Tier 3 | | | | |
| RIFAMPIN CAP 150MG | RIFAMPIN CAP 150 MG | Tier 2 | | | | |
| RIFAMPIN CAP 300MG | RIFAMPIN CAP 300 MG | Tier 2 | | | | |
| TRECTOR TAB 250MG | ETHIONAMIDE TAB 250 MG | Tier 3 | | | | |
| Antineoplastics | | | | | | |
| ABIRATERONE TAB 250MG | ABIRATERONE ACETATE TAB 250 MG | Tier 4 | X | X | | |
| ABIRATERONE TAB 500MG | ABIRATERONE ACETATE TAB 500 MG | Tier 4 | X | X | | |
| ALECENSA CAP 150MG | ALECTINIB HCL CAP 150 MG (BASE EQUIVALENT) | Tier 4 | X | X | | |
| ANASTROZOLE TAB 1MG | ANASTROZOLE TAB 1 MG | Tier 2 | | | | H* |
| BEXAROTENE CAP 75MG | BEXAROTENE CAP 75 MG | Tier 6 | | | | |
| BEXAROTENE GEL 1% | BEXAROTENE GEL 1% | Tier 6 | | X | | |
| BICALUTAMIDE TAB 50MG | BICALUTAMIDE TAB 50 MG | Tier 2 | | | | |
| BOSULIF TAB 100MG | BOSUTINIB TAB 100 MG | Tier 6 | X | X | | |
| BOSULIF TAB 400MG | BOSUTINIB TAB 400 MG | Tier 6 | X | X | | |
| BOSULIF TAB 500MG | BOSUTINIB TAB 500 MG | Tier 6 | X | X | | |
| CAPECITABINE TAB 150MG | CAPECITABINE TAB 150 MG | Tier 6 | | | | |
| CAPECITABINE TAB 500MG | CAPECITABINE TAB 500 MG | Tier 6 | | | | |
| CAPRELSA TAB 100MG | VANDETANIB TAB 100 MG | Tier 6 | X | X | | |
| CAPRELSA TAB 300MG | VANDETANIB TAB 300 MG | Tier 6 | X | X | | |
| COMETRIQ KIT 100MG | CABOZANTINIB S-MAL CAP 1 X 80 MG & 1 X 20 MG (100 DOSE) KIT | Tier 6 | X | X | | |
| COMETRIQ KIT 140MG | CABOZANTINIB S-MAL CAP 1 X 80 MG & 3 X 20 MG (140 DOSE) KIT | Tier 6 | X | X | | |
| COMETRIQ KIT 60MG | CABOZANTINIB S-MALATE CAP 3 X 20 MG (60 MG DOSE) KIT | Tier 6 | X | X | | |
| COTELLIC TAB 20MG | COBIMETINIB FUMARATE TAB 20 MG (BASE EQUIVALENT) | Tier 6 | X | X | | |
| CYCLOPHOSPH CAP 25MG | CYCLOPHOSPHAMIDE CAP 25 MG | Tier 3 | | | | |
| CYCLOPHOSPH CAP 50MG | CYCLOPHOSPHAMIDE CAP 50 MG | Tier 3 | | | | |
| CYCLOPHOSPH TAB 25MG | CYCLOPHOSPHAMIDE TAB 25 MG | Tier 5 | | | | |
| CYCLOPHOSPH TAB 50MG | CYCLOPHOSPHAMIDE TAB 50 MG | Tier 5 | | | | |
| DROXIA CAP 200MG | HYDROXYUREA CAP 200 MG | Tier 5 | | | | |
| DROXIA CAP 300MG | HYDROXYUREA CAP 300 MG | Tier 5 | | | | |
| DROXIA CAP 400MG | HYDROXYUREA CAP 400 MG | Tier 5 | | | | |
| EMCYT CAP 140MG | ESTRAMUSTINE PHOSPHATE SODIUM CAP 140 MG | Tier 5 | | | | |
| ERLEADA TAB 240MG | APALUTAMIDE TAB 240 MG | Tier 4 | X | X | | |
| ERLEADA TAB 60MG | APALUTAMIDE TAB 60 MG | Tier 4 | X | X | | |
| ERLOTINIB TAB 100MG | ERLOTINIB HCL TAB 100 MG (BASE EQUIVALENT) | Tier 6 | X | X | | |
| ERLOTINIB TAB 150MG | ERLOTINIB HCL TAB 150 MG (BASE EQUIVALENT) | Tier 6 | X | X | | |
| ERLOTINIB TAB 25MG | ERLOTINIB HCL TAB 25 MG (BASE EQUIVALENT) | Tier 6 | X | X | | |
| ETOPOSIDE CAP 50MG | ETOPOSIDE CAP 50 MG | Tier 6 | | | | |
| EVEROLIMUS TAB 10MG | EVEROLIMUS TAB 10 MG | Tier 6 | X | X | | |
| EVEROLIMUS TAB 2.5MG | EVEROLIMUS TAB 2.5 MG | Tier 6 | X | X | | |
| EVEROLIMUS TAB 5MG | EVEROLIMUS TAB 5 MG | Tier 6 | X | X | | |
| EVEROLIMUS TAB 7.5MG | EVEROLIMUS TAB 7.5 MG | Tier 6 | X | X | | |
| EXEMESTANE TAB 25MG | EXEMESTANE TAB 25 MG | Tier 3 | | | | H* |
| FLUOROURACIL CRE 0.5% | FLUOROURACIL CREAM 0.5% | Tier 5 | | X | | |
| FLUOROURACIL CRE 5% | FLUOROURACIL CREAM 5% | Tier 2 | | X | | |
| FLUOROURACIL SOL 2% | FLUOROURACIL SOLN 2% | Tier 2 | | | | |
| FLUOROURACIL SOL 5% | FLUOROURACIL SOLN 5% | Tier 2 | | | | |
| FLUTAMIDE CAP 125MG | FLUTAMIDE CAP 125 MG | Tier 3 | | | | |

KEY: **H**—Health Care Reform Preventive
H*—Health Care Reform Preventive
H-A—Health Care Reform Preventive with Age contingency
H-M—Health Care Reform Preventive (RX or Medical)

BH—Medication used to treat a behavioral health condition available at no cost to you
BH*—Medication may be available at no cost to you when prescribed to treat a behavioral health condition
\$0 Copay—Medication available at no cost to you



| Drug name | Generic name | Tier value | Prior auth | Quantity limit | Step therapy | Requirements & limits |
|------------------------|--|------------|------------|----------------|--------------|-----------------------|
| GEFITINIB TAB 250MG | GEFITINIB TAB 250 MG | Tier 6 | X | X | | |
| GLEOSTINE CAP 100MG | LOMUSTINE CAP 100 MG | Tier 6 | | | | |
| GLEOSTINE CAP 10MG | LOMUSTINE CAP 10 MG | Tier 6 | | | | |
| GLEOSTINE CAP 40MG | LOMUSTINE CAP 40 MG | Tier 6 | | | | |
| HYCAMTIN CAP 0.25MG | TOPOTECAN HCL CAP 0.25 MG (BASE EQUIV) | Tier 6 | X | X | | |
| HYCAMTIN CAP 1MG | TOPOTECAN HCL CAP 1 MG (BASE EQUIV) | Tier 6 | X | X | | |
| HYDROXYUREA CAP 500MG | HYDROXYUREA CAP 500 MG | Tier 2 | | | | |
| IMATINIB MES TAB 100MG | IMATINIB MESYLATE TAB 100 MG (BASE EQUIVALENT) | Tier 4 | X | X | | |
| IMATINIB MES TAB 400MG | IMATINIB MESYLATE TAB 400 MG (BASE EQUIVALENT) | Tier 4 | X | X | | |
| IMBRUVICA CAP 140MG | IBRUTINIB CAP 140 MG | Tier 4 | X | X | | |
| IMBRUVICA CAP 70MG | IBRUTINIB CAP 70 MG | Tier 4 | X | X | | |
| IMBRUVICA SUS 70MG/ML | IBRUTINIB ORAL SUSP 70 MG/ML | Tier 4 | X | X | | |
| IMBRUVICA TAB 140MG | IBRUTINIB TAB 140 MG | Tier 4 | X | X | | |
| IMBRUVICA TAB 280MG | IBRUTINIB TAB 280 MG | Tier 4 | X | X | | |
| IMBRUVICA TAB 420MG | IBRUTINIB TAB 420 MG | Tier 4 | X | X | | |
| IMBRUVICA TAB 560MG | IBRUTINIB TAB 560 MG | Tier 4 | X | X | | |
| IRESSA TAB 250MG | GEFITINIB TAB 250 MG | Tier 6 | X | X | | |
| JAKAFI TAB 10MG | RUXOLITINIB PHOSPHATE TAB 10 MG (BASE EQUIVALENT) | Tier 6 | X | X | | |
| JAKAFI TAB 15MG | RUXOLITINIB PHOSPHATE TAB 15 MG (BASE EQUIVALENT) | Tier 6 | X | X | | |
| JAKAFI TAB 20MG | RUXOLITINIB PHOSPHATE TAB 20 MG (BASE EQUIVALENT) | Tier 6 | X | X | | |
| JAKAFI TAB 25MG | RUXOLITINIB PHOSPHATE TAB 25 MG (BASE EQUIVALENT) | Tier 6 | X | X | | |
| JAKAFI TAB 5MG | RUXOLITINIB PHOSPHATE TAB 5 MG (BASE EQUIVALENT) | Tier 6 | X | X | | |
| LENALIDOMIDE CAP 10MG | LENALIDOMIDE CAP 10 MG | Tier 6 | X | X | | |
| LENALIDOMIDE CAP 15MG | LENALIDOMIDE CAP 15 MG | Tier 6 | X | X | | |
| LENALIDOMIDE CAP 2.5MG | LENALIDOMIDE CAPS 2.5 MG | Tier 6 | X | X | | |
| LENALIDOMIDE CAP 20MG | LENALIDOMIDE CAP 20 MG | Tier 6 | X | X | | |
| LENALIDOMIDE CAP 25MG | LENALIDOMIDE CAP 25 MG | Tier 6 | X | X | | |
| LENALIDOMIDE CAP 5MG | LENALIDOMIDE CAP 5 MG | Tier 6 | X | X | | |
| LENVIMA CAP 10 MG | LENVATINIB CAP THERAPY PACK 10 MG (10 MG DAILY DOSE) | Tier 6 | X | X | | |
| LENVIMA CAP 12MG | LENVATINIB CAP THERAPY PACK 3 X 4 MG (12 MG DAILY DOSE) | Tier 6 | X | X | | |
| LENVIMA CAP 14 MG | LENVATINIB CAP THERAPY PACK 10 & 4 MG (14 MG DAILY DOSE) | Tier 6 | X | X | | |
| LENVIMA CAP 18 MG | LENVATINIB CAP THER PACK 10 MG & 2 X 4 MG (18 MG DAILY DOSE) | Tier 6 | X | X | | |
| LENVIMA CAP 20 MG | LENVATINIB CAP THERAPY PACK 2 X 10 MG (20 MG DAILY DOSE) | Tier 6 | X | X | | |
| LENVIMA CAP 24 MG | LENVATINIB CAP THER PACK 2 X 10 MG & 4 MG (24 MG DAILY DOSE) | Tier 6 | X | X | | |
| LENVIMA CAP 4MG | LENVATINIB CAP THERAPY PACK 4 MG (4 MG DAILY DOSE) | Tier 6 | X | X | | |
| LENVIMA CAP 8 MG | LENVATINIB CAP THERAPY PACK 2 X 4 MG (8 MG DAILY DOSE) | Tier 6 | X | X | | |
| LETROZOLE TAB 2.5MG | LETROZOLE TAB 2.5 MG | Tier 2 | | | | H* |
| LEUCOVOR CA TAB 10MG | LEUCOVORIN CALCIUM TAB 10 MG | Tier 2 | | | | |
| LEUCOVOR CA TAB 15MG | LEUCOVORIN CALCIUM TAB 15 MG | Tier 2 | | | | |
| LEUCOVOR CA TAB 25MG | LEUCOVORIN CALCIUM TAB 25 MG | Tier 2 | | | | |
| LEUCOVOR CA TAB 5MG | LEUCOVORIN CALCIUM TAB 5 MG | Tier 2 | | | | |
| LEUKERAN TAB 2MG | CHLORAMBUCIL TAB 2 MG | Tier 5 | | | | |
| LORBRENA TAB 100MG | LORLATINIB TAB 100 MG | Tier 6 | X | X | | |

KEY: H—Health Care Reform Preventive

H*—Health Care Reform Preventive

H-A—Health Care Reform Preventive with Age contingency

H-M—Health Care Reform Preventive (RX or Medical)

BH—Medication used to treat a behavioral health condition available at no cost to you

BH*—Medication may be available at no cost to you when prescribed to treat a behavioral health condition

\$0 Copay—Medication available at no cost to you



| Drug name | Generic name | Tier value | Prior auth | Quantity limit | Step therapy | Requirements & limits |
|-----------------------|--|------------|------------|----------------|--------------|-----------------------|
| LORBRENA TAB 25MG | LORLATINIB TAB 25 MG | Tier 6 | X | X | | |
| MATULANE CAP 50MG | PROCARBAZINE HCL CAP 50 MG | Tier 6 | | | | |
| MELPHALAN TAB 2MG | MELPHALAN TAB 2 MG | Tier 3 | | | | |
| MERCAPTOPUR TAB 50MG | MERCAPTOPURINE TAB 50 MG | Tier 2 | | | | |
| MYLERAN TAB 2MG | BUSULFAN TAB 2 MG | Tier 5 | | | | |
| NILUTAMIDE TAB 150MG | NILUTAMIDE TAB 150 MG | Tier 4 | | | | |
| NUBEQA TAB 300MG | DAROLUTAMIDE TAB 300 MG | Tier 4 | X | X | | |
| PICATO GEL 0.015% | INGENOL MEBUTATE GEL 0.015% | Tier 5 | | X | | |
| PICATO GEL 0.05% | INGENOL MEBUTATE GEL 0.05% | Tier 5 | | X | | |
| PIQRAY 200MG TAB DOSE | ALPELISIB TAB THERAPY PACK 200 MG DAILY DOSE | Tier 6 | X | X | | |
| PIQRAY 250MG TAB DOSE | ALPELISIB TAB PACK 250 MG DAILY DOSE (200 MG & 50 MG TABS) | Tier 6 | X | X | | |
| PIQRAY 300MG TAB DOSE | ALPELISIB TAB PACK 300 MG DAILY DOSE (2X150 MG TAB) | Tier 6 | X | X | | |
| POMALYST CAP 1MG | POMALIDOMIDE CAP 1 MG | Tier 6 | X | X | | |
| POMALYST CAP 2MG | POMALIDOMIDE CAP 2 MG | Tier 6 | X | X | | |
| POMALYST CAP 3MG | POMALIDOMIDE CAP 3 MG | Tier 6 | X | X | | |
| POMALYST CAP 4MG | POMALIDOMIDE CAP 4 MG | Tier 6 | X | X | | |
| REVLIMID CAP 10MG | LENALIDOMIDE CAP 10 MG | Tier 6 | X | X | | |
| REVLIMID CAP 15MG | LENALIDOMIDE CAP 15 MG | Tier 6 | X | X | | |
| REVLIMID CAP 2.5MG | LENALIDOMIDE CAPS 2.5 MG | Tier 6 | X | X | | |
| REVLIMID CAP 20MG | LENALIDOMIDE CAP 20 MG | Tier 6 | X | X | | |
| REVLIMID CAP 25MG | LENALIDOMIDE CAP 25 MG | Tier 6 | X | X | | |
| REVLIMID CAP 5MG | LENALIDOMIDE CAP 5 MG | Tier 6 | X | X | | |
| ROZLYTREK CAP 100MG | ENTRECTINIB CAP 100 MG | Tier 4 | X | X | | |
| ROZLYTREK CAP 200MG | ENTRECTINIB CAP 200 MG | Tier 4 | X | X | | |
| SORAFENIB TAB 200MG | SORAFENIB TOSYLATE TAB 200 MG (BASE EQUIVALENT) | Tier 6 | X | X | | |
| SPRYCEL TAB 100MG | DASATINIB TAB 100 MG | Tier 4 | X | X | | |
| SPRYCEL TAB 140MG | DASATINIB TAB 140 MG | Tier 4 | X | X | | |
| SPRYCEL TAB 20MG | DASATINIB TAB 20 MG | Tier 4 | X | X | | |
| SPRYCEL TAB 50MG | DASATINIB TAB 50 MG | Tier 4 | X | X | | |
| SPRYCEL TAB 70MG | DASATINIB TAB 70 MG | Tier 4 | X | X | | |
| SPRYCEL TAB 80MG | DASATINIB TAB 80 MG | Tier 4 | X | X | | |
| STIVARGA TAB 40MG | REGORAFENIB TAB 40 MG | Tier 4 | X | X | | |
| SUNITINIB CAP 12.5MG | SUNITINIB MALATE CAP 12.5 MG (BASE EQUIVALENT) | Tier 6 | X | X | | |
| SUNITINIB CAP 25MG | SUNITINIB MALATE CAP 25 MG (BASE EQUIVALENT) | Tier 6 | X | X | | |
| SUNITINIB CAP 37.5MG | SUNITINIB MALATE CAP 37.5 MG (BASE EQUIVALENT) | Tier 6 | X | X | | |
| SUNITINIB CAP 50MG | SUNITINIB MALATE CAP 50 MG (BASE EQUIVALENT) | Tier 6 | X | X | | |
| SYNRIBO INJ 3.5MG | OMACETAXINE MEPESUCCINATE FOR INJ 3.5 MG | Tier 6 | X | X | | |
| TABLOID TAB 40MG | THIOGUANINE TAB 40 MG | Tier 6 | | | | |
| TALZENNA CAP 0.25MG | TALAZOPARIB TOSYLATE CAP 0.25 MG (BASE EQUIVALENT) | Tier 6 | X | X | | |
| TALZENNA CAP 0.5MG | TALAZOPARIB TOSYLATE CAP 0.5 MG (BASE EQUIVALENT) | Tier 6 | X | X | | |
| TALZENNA CAP 0.75MG | TALAZOPARIB TOSYLATE CAP 0.75 MG (BASE EQUIVALENT) | Tier 6 | X | X | | |
| TALZENNA CAP 1MG | TALAZOPARIB TOSYLATE CAP 1 MG (BASE EQUIVALENT) | Tier 6 | X | X | | |
| TAMOXIFEN TAB 10MG | TAMOXIFEN CITRATE TAB 10 MG (BASE EQUIVALENT) | Tier 2 | | | | |
| TAMOXIFEN TAB 20MG | TAMOXIFEN CITRATE TAB 20 MG (BASE EQUIVALENT) | Tier 2 | | | | H* |

KEY: **H**—Health Care Reform Preventive
H*—Health Care Reform Preventive
H-A—Health Care Reform Preventive with Age contingency
H-M—Health Care Reform Preventive (RX or Medical)

BH—Medication used to treat a behavioral health condition available at no cost to you
BH*—Medication may be available at no cost to you when prescribed to treat a behavioral health condition
\$0 Copay—Medication available at no cost to you



| Drug name | Generic name | Tier value | Prior auth | Quantity limit | Step therapy | Requirements & limits |
|------------------------|--|------------|------------|----------------|--------------|-----------------------|
| TEMOZOLOMIDE CAP 100MG | TEMOZOLOMIDE CAP 100 MG | Tier 6 | X | | | |
| TEMOZOLOMIDE CAP 140MG | TEMOZOLOMIDE CAP 140 MG | Tier 6 | X | | | |
| TEMOZOLOMIDE CAP 180MG | TEMOZOLOMIDE CAP 180 MG | Tier 6 | X | | | |
| TEMOZOLOMIDE CAP 20MG | TEMOZOLOMIDE CAP 20 MG | Tier 6 | X | | | |
| TEMOZOLOMIDE CAP 250MG | TEMOZOLOMIDE CAP 250 MG | Tier 6 | X | | | |
| TEMOZOLOMIDE CAP 5MG | TEMOZOLOMIDE CAP 5 MG | Tier 6 | X | | | |
| THALOMID CAP 100MG | THALIDOMIDE CAP 100 MG | Tier 6 | X | X | | |
| THALOMID CAP 150MG | THALIDOMIDE CAP 150 MG | Tier 6 | X | X | | |
| THALOMID CAP 200MG | THALIDOMIDE CAP 200 MG | Tier 6 | X | X | | |
| THALOMID CAP 50MG | THALIDOMIDE CAP 50 MG | Tier 6 | X | X | | |
| TOREMIFENE TAB 60MG | TOREMIFENE CITRATE TAB 60 MG (BASE EQUIVALENT) | Tier 3 | | | | |
| TRETINOIN CAP 10MG | TRETINOIN CAP 10 MG | Tier 6 | | X | | |
| TURALIO CAP 125MG | PEXIDARTINIB HCL CAP 125 MG (BASE EQUIVALENT) | Tier 6 | X | X | | |
| TURALIO CAP 200MG | PEXIDARTINIB HCL CAP 200 MG (BASE EQUIVALENT) | Tier 6 | X | X | | |
| VALCHLOR GEL 0.016% | MECHLORETHAMINE HCL GEL 0.016% (BASE EQUIVALENT) | Tier 6 | X | X | | |
| VERZENIO TAB 100MG | ABEMACICLIB TAB 100 MG | Tier 4 | X | X | | |
| VERZENIO TAB 150MG | ABEMACICLIB TAB 150 MG | Tier 4 | X | X | | |
| VERZENIO TAB 200MG | ABEMACICLIB TAB 200 MG | Tier 4 | X | X | | |
| VERZENIO TAB 50MG | ABEMACICLIB TAB 50 MG | Tier 4 | X | X | | |
| VITRAKVI CAP 100MG | LAROTRECTINIB SULFATE CAP 100 MG (BASE EQUIVALENT) | Tier 4 | X | X | | |
| VITRAKVI CAP 25MG | LAROTRECTINIB SULFATE CAP 25 MG (BASE EQUIVALENT) | Tier 4 | X | X | | |
| VITRAKVI SOL 20MG/ML | LAROTRECTINIB SULFATE ORAL SOLN 20 MG/ML (BASE EQUIVALENT) | Tier 4 | X | X | | |
| XOSPATA TAB 40MG | GILTERITINIB FUMARATE TABLET 40 MG (BASE EQUIVALENT) | Tier 6 | X | X | | |
| ZELBORAF TAB 240MG | VEMURAFENIB TAB 240 MG | Tier 6 | X | X | | |
| ZOLINZA CAP 100MG | VORINOSTAT CAP 100 MG | Tier 6 | | X | | |
| ZYKADIA TAB 150MG | CERITINIB TAB 150 MG | Tier 6 | X | X | | |

Antiparasitics

| | | | | | | |
|--------------------------|---|--------|---|---|--|--|
| ALBENDAZOLE TAB 200MG | ALBENDAZOLE TAB 200 MG | Tier 3 | X | X | | |
| ALINIA SUS 100/5ML | NITAZOXANIDE FOR SUSP 100 MG/5ML | Tier 3 | | X | | |
| ATOVAQ/PROGU TAB 250-100 | ATOVAQUONE-PROGUANIL HCL TAB 250-100 MG | Tier 3 | | | | |
| ATOVAQ/PROGU TAB 62.5-25 | ATOVAQUONE-PROGUANIL HCL TAB 62.5-25 MG | Tier 3 | | | | |
| ATOVAQUONE SUS 750/5ML | ATOVAQUONE SUSP 750 MG/5ML | Tier 3 | | | | |
| BENZNIDAZOLE TAB 100MG | BENZNIDAZOLE TAB 100 MG | Tier 3 | X | X | | |
| BENZNIDAZOLE TAB 12.5MG | BENZNIDAZOLE TAB 12.5 MG | Tier 3 | X | X | | |
| CHLOROQUINE TAB 250MG | CHLOROQUINE PHOSPHATE TAB 250 MG | Tier 2 | | X | | |
| CHLOROQUINE TAB 500MG | CHLOROQUINE PHOSPHATE TAB 500 MG | Tier 2 | | X | | |
| CROTAN LOT 10% | CROTAMITON LOTION 10% | Tier 5 | | | | |
| EGATEN TAB 250MG | TRICLABENDAZOLE TAB 250 MG | Tier 5 | X | | | |
| HYDROXYCHLOR TAB 200MG | HYDROXYCHLOROQUINE SULFATE TAB 200 MG | Tier 2 | | X | | |
| IVERMECTIN LOT 0.5% | IVERMECTIN LOTION 0.5% | Tier 3 | | X | | |
| IVERMECTIN TAB 3MG | IVERMECTIN TAB 3 MG | Tier 2 | X | X | | |
| LINDANE SHA 1% | LINDANE SHAMPOO 1% | Tier 3 | | X | | |
| MALATHION LOT 0.5% | MALATHION LOTION 0.5% | Tier 3 | | | | |
| MEFLOQUINE TAB 250MG | MEFLOQUINE HCL TAB 250 MG | Tier 2 | | | | |
| NITAZOXANIDE TAB 500MG | NITAZOXANIDE TAB 500 MG | Tier 3 | | X | | |

KEY: H—Health Care Reform Preventive

H*—Health Care Reform Preventive

H-A—Health Care Reform Preventive with Age contingency

H-M—Health Care Reform Preventive (RX or Medical)

BH—Medication used to treat a behavioral health condition available at no cost to you

BH*—Medication may be available at no cost to you when prescribed to treat a behavioral health condition

\$0 Copay—Medication available at no cost to you



| Drug name | Generic name | Tier value | Prior auth | Quantity limit | Step therapy | Requirements & limits |
|-----------------------------|--|------------|------------|----------------|--------------|-----------------------|
| PENTAMIDINE INH 300MG | PENTAMIDINE ISETHIONATE FOR NEBULIZATION SOLN 300 MG | Tier 3 | | X | | |
| PERMETHRIN CRE 5% | PERMETHRIN CREAM 5% | Tier 2 | | | | |
| PRAZQUANTEL TAB 600MG | PRAZQUANTEL TAB 600 MG | Tier 3 | | | | |
| PRIMAQUINE TAB 26.3MG | PRIMAQUINE PHOSPHATE TAB 26.3 MG (15 MG BASE) | Tier 2 | | | | |
| PYRIMETHAMIN TAB 25MG | PYRIMETHAMINE TAB 25 MG | Tier 6 | X | | | |
| QUININE SULF CAP 324MG | QUININE SULFATE CAP 324 MG | Tier 3 | | | | |
| SPINOSAD SUS 0.9% | SPINOSAD SUSP 0.9% | Tier 3 | | | | |
| Antiparkinson Agents | | | | | | |
| AMANTADINE CAP 100MG | AMANTADINE HCL CAP 100 MG | Tier 2 | | | | |
| AMANTADINE SOL 50MG/5ML | AMANTADINE HCL SOLN 50 MG/5ML | Tier 2 | | | | |
| AMANTADINE TAB 100MG | AMANTADINE HCL TAB 100 MG | Tier 2 | | | | |
| APO MORPHINE INJ 30MG/3ML | APO MORPHINE HCL SOLN CARTRIDGE 30 MG/3ML | Tier 6 | | X | | |
| BENZTROPINE TAB 0.5MG | BENZTROPINE MESYLATE TAB 0.5 MG | Tier 2 | | | | BH* |
| BENZTROPINE TAB 1MG | BENZTROPINE MESYLATE TAB 1 MG | Tier 2 | | | | BH* |
| BENZTROPINE TAB 2MG | BENZTROPINE MESYLATE TAB 2 MG | Tier 2 | | | | BH* |
| BROMOCRIPTIN CAP 5MG | BROMOCRIPTINE MESYLATE CAP 5 MG (BASE EQUIVALENT) | Tier 3 | | | | BH* |
| BROMOCRIPTIN TAB 2.5MG | BROMOCRIPTINE MESYLATE TAB 2.5 MG (BASE EQUIVALENT) | Tier 3 | | | | BH* |
| CARB/LEVO TAB 10-100MG | CARBIDOPA & LEVODOPA ORALLY DISINTEGRATING TAB 10-100 MG | Tier 3 | | | | |
| CARB/LEVO TAB 10-100MG | CARBIDOPA & LEVODOPA TAB 10-100 MG | Tier 2 | | | | |
| CARB/LEVO TAB 25-100MG | CARBIDOPA & LEVODOPA ORALLY DISINTEGRATING TAB 25-100 MG | Tier 3 | | | | |
| CARB/LEVO TAB 25-100MG | CARBIDOPA & LEVODOPA TAB 25-100 MG | Tier 2 | | | | |
| CARB/LEVO TAB 25-250MG | CARBIDOPA & LEVODOPA ORALLY DISINTEGRATING TAB 25-250 MG | Tier 3 | | | | |
| CARB/LEVO TAB 25-250MG | CARBIDOPA & LEVODOPA TAB 25-250 MG | Tier 2 | | | | |
| CARB/LEVO 50 TAB /ENTACAP | CARBIDOPA-LEVODOPA-ENTACAPONE TABS 12.5-50-200 MG | Tier 3 | | | | |
| CARB/LEVO 75 TAB /ENTACAP | CARBIDOPA-LEVODOPA-ENTACAPONE TABS 18.75-75-200 MG | Tier 3 | | | | |
| CARB/LEVO ER TAB 25-100MG | CARBIDOPA & LEVODOPA TAB ER 25-100 MG | Tier 2 | | | | |
| CARB/LEVO ER TAB 50-200MG | CARBIDOPA & LEVODOPA TAB ER 50-200 MG | Tier 2 | | | | |
| CARB/LEVO100 TAB /ENTACAP | CARBIDOPA-LEVODOPA-ENTACAPONE TABS 25-100-200 MG | Tier 3 | | | | |
| CARB/LEVO125 TAB /ENTACAP | CARBIDOPA-LEVODOPA-ENTACAPONE TABS 31.25-125-200 MG | Tier 3 | | | | |
| CARB/LEVO150 TAB /ENTACAP | CARBIDOPA-LEVODOPA-ENTACAPONE TABS 37.5-150-200 MG | Tier 3 | | | | |
| CARB/LEVO200 TAB /ENTACAP | CARBIDOPA-LEVODOPA-ENTACAPONE TABS 50-200-200 MG | Tier 3 | | | | |
| CARBIDOPA TAB 25MG | CARBIDOPA TAB 25 MG | Tier 3 | | | | |
| DUOPA SUS 4.63-20 | CARBIDOPA-LEVODOPA ENTERAL SUSP 4.63-20 MG/ML | Tier 5 | X | | | |
| ENTACAPONE TAB 200MG | ENTACAPONE TAB 200 MG | Tier 3 | | | | |
| PRAMIPEXOLE TAB 0.125MG | PRAMIPEXOLE DIHYDROCHLORIDE TAB 0.125 MG | Tier 2 | | | | BH* |
| PRAMIPEXOLE TAB 0.25MG | PRAMIPEXOLE DIHYDROCHLORIDE TAB 0.25 MG | Tier 2 | | | | BH* |
| PRAMIPEXOLE TAB 0.5MG | PRAMIPEXOLE DIHYDROCHLORIDE TAB 0.5 MG | Tier 2 | | | | BH* |

KEY: **H**—Health Care Reform Preventive
H*—Health Care Reform Preventive
H-A—Health Care Reform Preventive with Age contingency
H-M—Health Care Reform Preventive (RX or Medical)

BH—Medication used to treat a behavioral health condition available at no cost to you
BH*—Medication may be available at no cost to you when prescribed to treat a behavioral health condition
\$0 Copay—Medication available at no cost to you



| Drug name | Generic name | Tier value | Prior auth | Quantity limit | Step therapy | Requirements & limits |
|--------------------------|--|------------|------------|----------------|--------------|-----------------------|
| PRAMIPEXOLE TAB 0.75MG | PRAMIPEXOLE DIHYDROCHLORIDE TAB 0.75 MG | Tier 2 | | | | BH* |
| PRAMIPEXOLE TAB 1.5MG | PRAMIPEXOLE DIHYDROCHLORIDE TAB 1.5 MG | Tier 2 | | | | BH* |
| PRAMIPEXOLE TAB 1MG | PRAMIPEXOLE DIHYDROCHLORIDE TAB 1 MG | Tier 2 | | | | BH* |
| RASAGILINE TAB 0.5MG | RASAGILINE MESYLATE TAB 0.5 MG (BASE EQUIV) | Tier 3 | | | X | |
| RASAGILINE TAB 1MG | RASAGILINE MESYLATE TAB 1 MG (BASE EQUIV) | Tier 3 | | | X | |
| ROPINIROLE TAB 0.25MG | ROPINIROLE HYDROCHLORIDE TAB 0.25 MG | Tier 2 | | | | |
| ROPINIROLE TAB 0.5MG | ROPINIROLE HYDROCHLORIDE TAB 0.5 MG | Tier 2 | | | | |
| ROPINIROLE TAB 1MG | ROPINIROLE HYDROCHLORIDE TAB 1 MG | Tier 2 | | | | |
| ROPINIROLE TAB 2MG | ROPINIROLE HYDROCHLORIDE TAB 2 MG | Tier 2 | | | | |
| ROPINIROLE TAB 3MG | ROPINIROLE HYDROCHLORIDE TAB 3 MG | Tier 2 | | | | |
| ROPINIROLE TAB 4MG | ROPINIROLE HYDROCHLORIDE TAB 4 MG | Tier 2 | | | | |
| ROPINIROLE TAB 5MG | ROPINIROLE HYDROCHLORIDE TAB 5 MG | Tier 2 | | | | |
| SELEGILINE CAP 5MG | SELEGILINE HCL CAP 5 MG | Tier 3 | | | | |
| SELEGILINE TAB 5MG | SELEGILINE HCL TAB 5 MG | Tier 3 | | | | |
| TOLCAPONE TAB 100MG | TOLCAPONE TAB 100 MG | Tier 3 | | X | | |
| TRIHEXYPHEN SOL 0.4MG/ML | TRIHEXYPHENIDYL HCL ORAL SOLN 0.4 MG/ML | Tier 2 | | | | BH* |
| TRIHEXYPHEN TAB 2MG | TRIHEXYPHENIDYL HCL TAB 2 MG | Tier 2 | | | | BH* |
| TRIHEXYPHEN TAB 5MG | TRIHEXYPHENIDYL HCL TAB 5 MG | Tier 2 | | | | BH* |
| Antipsychotics | | | | | | |
| ARIPIRAZOLE SOL 1MG/ML | ARIPIRAZOLE ORAL SOLUTION 1 MG/ML | Tier 1 | | X | | BH |
| ARIPIRAZOLE TAB 10MG | ARIPIRAZOLE TAB 10 MG | Tier 1 | | X | | BH |
| ARIPIRAZOLE TAB 15MG | ARIPIRAZOLE TAB 15 MG | Tier 1 | | X | | BH |
| ARIPIRAZOLE TAB 20MG | ARIPIRAZOLE TAB 20 MG | Tier 1 | | X | | BH |
| ARIPIRAZOLE TAB 2MG | ARIPIRAZOLE TAB 2 MG | Tier 1 | | X | | BH |
| ARIPIRAZOLE TAB 30MG | ARIPIRAZOLE TAB 30 MG | Tier 1 | | X | | BH |
| ARIPIRAZOLE TAB 5MG | ARIPIRAZOLE TAB 5 MG | Tier 1 | | X | | BH |
| ASENAPINE SUB 10MG | ASENAPINE MALEATE SL TAB 10 MG (BASE EQUIV) | Tier 1 | | X | X | BH |
| ASENAPINE SUB 2.5MG | ASENAPINE MALEATE SL TAB 2.5 MG (BASE EQUIV) | Tier 1 | | X | X | BH |
| ASENAPINE SUB 5MG | ASENAPINE MALEATE SL TAB 5 MG (BASE EQUIV) | Tier 1 | | X | X | BH |
| CHLORPROMAZ TAB 100MG | CHLORPROMAZINE HCL TAB 100 MG | Tier 1 | | | | BH |
| CHLORPROMAZ TAB 10MG | CHLORPROMAZINE HCL TAB 10 MG | Tier 1 | | | | BH |
| CHLORPROMAZ TAB 200MG | CHLORPROMAZINE HCL TAB 200 MG | Tier 1 | | | | BH |
| CHLORPROMAZ TAB 25MG | CHLORPROMAZINE HCL TAB 25 MG | Tier 1 | | | | BH |
| CHLORPROMAZ TAB 50MG | CHLORPROMAZINE HCL TAB 50 MG | Tier 1 | | | | BH |
| CLOZAPINE TAB 100/ODT | CLOZAPINE ORALLY DISINTEGRATING TAB 100 MG | Tier 1 | | X | | BH |
| CLOZAPINE TAB 100MG | CLOZAPINE TAB 100 MG | Tier 1 | | | | BH |
| CLOZAPINE TAB 12.5/ODT | CLOZAPINE ORALLY DISINTEGRATING TAB 12.5 MG | Tier 1 | | X | | BH |
| CLOZAPINE TAB 150/ODT | CLOZAPINE ORALLY DISINTEGRATING TAB 150 MG | Tier 1 | | X | | BH |
| CLOZAPINE TAB 200/ODT | CLOZAPINE ORALLY DISINTEGRATING TAB 200 MG | Tier 1 | | X | | BH |
| CLOZAPINE TAB 200MG | CLOZAPINE TAB 200 MG | Tier 1 | | | | BH |

KEY: **H**—Health Care Reform Preventive
H*—Health Care Reform Preventive
H-A—Health Care Reform Preventive with Age contingency
H-M—Health Care Reform Preventive (RX or Medical)

BH—Medication used to treat a behavioral health condition available at no cost to you
BH*—Medication may be available at no cost to you when prescribed to treat a behavioral health condition
\$0 Copay—Medication available at no cost to you



| Drug name | Generic name | Tier value | Prior auth | Quantity limit | Step therapy | Requirements & limits |
|---------------------------|--|------------|------------|----------------|--------------|-----------------------|
| CLOZAPINE TAB 25MG | CLOZAPINE TAB 25 MG | Tier 1 | | | | BH |
| CLOZAPINE TAB 25MG ODT | CLOZAPINE ORALLY DISINTEGRATING TAB 25 MG | Tier 1 | | X | | BH |
| CLOZAPINE TAB 50MG | CLOZAPINE TAB 50 MG | Tier 1 | | | | BH |
| FLUPHENAZINE CON 5MG/ML | FLUPHENAZINE HCL ORAL CONC 5 MG/ML | Tier 1 | | | | BH |
| FLUPHENAZINE ELX 2.5/5ML | FLUPHENAZINE HCL ELIXIR 2.5 MG/5ML | Tier 1 | | | | BH |
| FLUPHENAZINE TAB 10MG | FLUPHENAZINE HCL TAB 10 MG | Tier 1 | | | | BH |
| FLUPHENAZINE TAB 1MG | FLUPHENAZINE HCL TAB 1 MG | Tier 1 | | | | BH |
| FLUPHENAZINE TAB 2.5MG | FLUPHENAZINE HCL TAB 2.5 MG | Tier 1 | | | | BH |
| FLUPHENAZINE TAB 5MG | FLUPHENAZINE HCL TAB 5 MG | Tier 1 | | | | BH |
| HALOPERIDOL CON 2MG/ML | HALOPERIDOL LACTATE ORAL CONC 2 MG/ML | Tier 1 | | | | BH |
| HALOPERIDOL TAB 0.5MG | HALOPERIDOL TAB 0.5 MG | Tier 1 | | | | BH |
| HALOPERIDOL TAB 10MG | HALOPERIDOL TAB 10 MG | Tier 1 | | | | BH |
| HALOPERIDOL TAB 1MG | HALOPERIDOL TAB 1 MG | Tier 1 | | | | BH |
| HALOPERIDOL TAB 20MG | HALOPERIDOL TAB 20 MG | Tier 1 | | | | BH |
| HALOPERIDOL TAB 2MG | HALOPERIDOL TAB 2 MG | Tier 1 | | | | BH |
| HALOPERIDOL TAB 5MG | HALOPERIDOL TAB 5 MG | Tier 1 | | | | BH |
| LOXAPINE CAP 10MG | LOXAPINE SUCCINATE CAP 10 MG | Tier 1 | | | | BH |
| LOXAPINE CAP 25MG | LOXAPINE SUCCINATE CAP 25 MG | Tier 1 | | | | BH |
| LOXAPINE CAP 50MG | LOXAPINE SUCCINATE CAP 50 MG | Tier 1 | | | | BH |
| LOXAPINE CAP 5MG | LOXAPINE SUCCINATE CAP 5 MG | Tier 1 | | | | BH |
| LURASIDONE TAB 120MG | LURASIDONE HCL TAB 120 MG | Tier 1 | | X | | BH |
| LURASIDONE TAB 20MG | LURASIDONE HCL TAB 20 MG | Tier 1 | | X | | BH |
| LURASIDONE TAB 40MG | LURASIDONE HCL TAB 40 MG | Tier 1 | | X | | BH |
| LURASIDONE TAB 60MG | LURASIDONE HCL TAB 60 MG | Tier 1 | | X | | BH |
| LURASIDONE TAB 80MG | LURASIDONE HCL TAB 80 MG | Tier 1 | | X | | BH |
| MOLINDONE TAB HCL 10MG | MOLINDONE HCL TAB 10 MG | Tier 1 | | | | BH |
| MOLINDONE TAB HCL 25MG | MOLINDONE HCL TAB 25 MG | Tier 1 | | | | BH |
| MOLINDONE TAB HCL 5MG | MOLINDONE HCL TAB 5 MG | Tier 1 | | | | BH |
| OLANZAPINE TAB 10MG | OLANZAPINE TAB 10 MG | Tier 1 | | X | | BH |
| OLANZAPINE TAB 10MG ODT | OLANZAPINE ORALLY DISINTEGRATING TAB 10 MG | Tier 1 | | X | | BH |
| OLANZAPINE TAB 15MG | OLANZAPINE TAB 15 MG | Tier 1 | | X | | BH |
| OLANZAPINE TAB 15MG ODT | OLANZAPINE ORALLY DISINTEGRATING TAB 15 MG | Tier 1 | | X | | BH |
| OLANZAPINE TAB 2.5MG | OLANZAPINE TAB 2.5 MG | Tier 1 | | X | | BH |
| OLANZAPINE TAB 20MG | OLANZAPINE TAB 20 MG | Tier 1 | | X | | BH |
| OLANZAPINE TAB 20MG ODT | OLANZAPINE ORALLY DISINTEGRATING TAB 20 MG | Tier 1 | | X | | BH |
| OLANZAPINE TAB 5MG | OLANZAPINE TAB 5 MG | Tier 1 | | X | | BH |
| OLANZAPINE TAB 5MG ODT | OLANZAPINE ORALLY DISINTEGRATING TAB 5 MG | Tier 1 | | X | | BH |
| OLANZAPINE TAB 7.5MG | OLANZAPINE TAB 7.5 MG | Tier 1 | | X | | BH |
| PALIPERIDONE TAB ER 1.5MG | PALIPERIDONE TAB ER 24HR 1.5 MG | Tier 1 | | X | | BH |
| PALIPERIDONE TAB ER 3MG | PALIPERIDONE TAB ER 24HR 3 MG | Tier 1 | | X | | BH |
| PALIPERIDONE TAB ER 6MG | PALIPERIDONE TAB ER 24HR 6 MG | Tier 1 | | X | | BH |
| PALIPERIDONE TAB ER 9MG | PALIPERIDONE TAB ER 24HR 9 MG | Tier 1 | | X | | BH |
| PIMOZIDE TAB 1MG | PIMOZIDE TAB 1 MG | Tier 1 | | | | BH |
| PIMOZIDE TAB 2MG | PIMOZIDE TAB 2 MG | Tier 1 | | | | BH |
| QUETIAPINE TAB 100MG | QUETIAPINE FUMARATE TAB 100 MG | Tier 1 | | X | | BH |
| QUETIAPINE TAB 150MG | QUETIAPINE FUMARATE TAB 150 MG | Tier 1 | | X | | BH |
| QUETIAPINE TAB 150MG ER | QUETIAPINE FUMARATE TAB ER 24HR 150 MG | Tier 1 | | X | | BH |
| QUETIAPINE TAB 200MG | QUETIAPINE FUMARATE TAB 200 MG | Tier 1 | | X | | BH |

KEY: **H**—Health Care Reform Preventive
H*—Health Care Reform Preventive
H-A—Health Care Reform Preventive with Age contingency
H-M—Health Care Reform Preventive (RX or Medical)

BH—Medication used to treat a behavioral health condition available at no cost to you
BH*—Medication may be available at no cost to you when prescribed to treat a behavioral health condition
\$0 Copay—Medication available at no cost to you



| Drug name | Generic name | Tier value | Prior auth | Quantity limit | Step therapy | Requirements & limits |
|--------------------------|--|------------|------------|----------------|--------------|-----------------------|
| QUETIAPINE TAB 200MG ER | QUETIAPINE FUMARATE TAB ER 24HR 200 MG | Tier 1 | | X | | BH |
| QUETIAPINE TAB 25MG | QUETIAPINE FUMARATE TAB 25 MG | Tier 1 | | X | | BH |
| QUETIAPINE TAB 300MG | QUETIAPINE FUMARATE TAB 300 MG | Tier 1 | | X | | BH |
| QUETIAPINE TAB 300MG ER | QUETIAPINE FUMARATE TAB ER 24HR 300 MG | Tier 1 | | X | | BH |
| QUETIAPINE TAB 400MG | QUETIAPINE FUMARATE TAB 400 MG | Tier 1 | | X | | BH |
| QUETIAPINE TAB 400MG ER | QUETIAPINE FUMARATE TAB ER 24HR 400 MG | Tier 1 | | X | | BH |
| QUETIAPINE TAB 50MG | QUETIAPINE FUMARATE TAB 50 MG | Tier 1 | | X | | BH |
| QUETIAPINE TAB 50MG ER | QUETIAPINE FUMARATE TAB ER 24HR 50 MG | Tier 1 | | X | | BH |
| RISPERIDONE SOL 1MG/ML | RISPERIDONE SOLN 1 MG/ML | Tier 1 | | | | BH |
| RISPERIDONE TAB 0.25 ODT | RISPERIDONE ORALLY DISINTEGRATING TAB 0.25 MG | Tier 1 | | | | BH |
| RISPERIDONE TAB 0.25MG | RISPERIDONE TAB 0.25 MG | Tier 1 | | | | BH |
| RISPERIDONE TAB 0.5MG | RISPERIDONE TAB 0.5 MG | Tier 1 | | | | BH |
| RISPERIDONE TAB 0.5MG OD | RISPERIDONE ORALLY DISINTEGRATING TAB 0.5 MG | Tier 1 | | | | BH |
| RISPERIDONE TAB 1MG | RISPERIDONE TAB 1 MG | Tier 1 | | | | BH |
| RISPERIDONE TAB 1MG ODT | RISPERIDONE ORALLY DISINTEGRATING TAB 1 MG | Tier 1 | | | | BH |
| RISPERIDONE TAB 2MG | RISPERIDONE TAB 2 MG | Tier 1 | | | | BH |
| RISPERIDONE TAB 2MG ODT | RISPERIDONE ORALLY DISINTEGRATING TAB 2 MG | Tier 1 | | | | BH |
| RISPERIDONE TAB 3MG | RISPERIDONE TAB 3 MG | Tier 1 | | | | BH |
| RISPERIDONE TAB 3MG ODT | RISPERIDONE ORALLY DISINTEGRATING TAB 3 MG | Tier 1 | | | | BH |
| RISPERIDONE TAB 4MG | RISPERIDONE TAB 4 MG | Tier 1 | | | | BH |
| RISPERIDONE TAB 4MG ODT | RISPERIDONE ORALLY DISINTEGRATING TAB 4 MG | Tier 1 | | | | BH |
| THIORIDAZINE TAB 100MG | THIORIDAZINE HCL TAB 100 MG | Tier 1 | | | | BH |
| THIORIDAZINE TAB 10MG | THIORIDAZINE HCL TAB 10 MG | Tier 1 | | | | BH |
| THIORIDAZINE TAB 25MG | THIORIDAZINE HCL TAB 25 MG | Tier 1 | | | | BH |
| THIORIDAZINE TAB 50MG | THIORIDAZINE HCL TAB 50 MG | Tier 1 | | | | BH |
| THIOTHIXENE CAP 10MG | THIOTHIXENE CAP 10 MG | Tier 1 | | | | BH |
| THIOTHIXENE CAP 1MG | THIOTHIXENE CAP 1 MG | Tier 1 | | | | BH |
| THIOTHIXENE CAP 2MG | THIOTHIXENE CAP 2 MG | Tier 1 | | | | BH |
| THIOTHIXENE CAP 5MG | THIOTHIXENE CAP 5 MG | Tier 1 | | | | BH |
| TRIFLUOPERAZ TAB 10MG | TRIFLUOPERAZINE HCL TAB 10 MG (BASE EQUIVALENT) | Tier 1 | | | | BH |
| TRIFLUOPERAZ TAB 1MG | TRIFLUOPERAZINE HCL TAB 1 MG (BASE EQUIVALENT) | Tier 1 | | | | BH |
| TRIFLUOPERAZ TAB 2MG | TRIFLUOPERAZINE HCL TAB 2 MG (BASE EQUIVALENT) | Tier 1 | | | | BH |
| TRIFLUOPERAZ TAB 5MG | TRIFLUOPERAZINE HCL TAB 5 MG (BASE EQUIVALENT) | Tier 1 | | | | BH |
| VRAYLAR CAP 1.5-3MG | CARIPRAZINE HCL CAP THERAPY PACK 1.5 MG (1) & 3 MG (6) | Tier 1 | | X | | BH |
| VRAYLAR CAP 1.5MG | CARIPRAZINE HCL CAP 1.5 MG (BASE EQUIVALENT) | Tier 1 | | X | | BH |
| VRAYLAR CAP 3MG | CARIPRAZINE HCL CAP 3 MG (BASE EQUIVALENT) | Tier 1 | | X | | BH |
| VRAYLAR CAP 4.5MG | CARIPRAZINE HCL CAP 4.5 MG (BASE EQUIVALENT) | Tier 1 | | X | | BH |
| VRAYLAR CAP 6MG | CARIPRAZINE HCL CAP 6 MG (BASE EQUIVALENT) | Tier 1 | | X | | BH |
| ZIPRASIDONE CAP 20MG | ZIPRASIDONE HCL CAP 20 MG | Tier 1 | | X | | BH |
| ZIPRASIDONE CAP 40MG | ZIPRASIDONE HCL CAP 40 MG | Tier 1 | | X | | BH |
| ZIPRASIDONE CAP 60MG | ZIPRASIDONE HCL CAP 60 MG | Tier 1 | | X | | BH |

KEY: **H**—Health Care Reform Preventive
H*—Health Care Reform Preventive
H-A—Health Care Reform Preventive with Age contingency
H-M—Health Care Reform Preventive (RX or Medical)

BH—Medication used to treat a behavioral health condition available at no cost to you
BH*—Medication may be available at no cost to you when prescribed to treat a behavioral health condition
\$0 Copay—Medication available at no cost to you



| Drug name | Generic name | Tier value | Prior auth | Quantity limit | Step therapy | Requirements & limits |
|---------------------------|--|------------|------------|----------------|--------------|-----------------------|
| ZIPRASIDONE CAP 80MG | ZIPRASIDONE HCL CAP 80 MG | Tier 1 | | X | | BH |
| Antivirals | | | | | | |
| ABACA/LAMIVU TAB 600-300M | ABACAVIR SULFATE-LAMIVUDINE TAB 600-300 MG | Tier 1 | | X | | |
| ABACAV/LAMIV TAB /ZIDOVUD | ABACAVIR SULFATE-LAMIVUDINE-ZIDOVUDINE TAB 300-150-300 MG | Tier 1 | | X | | |
| ABACAVIR SOL 20MG/ML | ABACAVIR SULFATE SOLN 20 MG/ML (BASE EQUIV) | Tier 1 | | X | | |
| ABACAVIR TAB 300MG | ABACAVIR SULFATE TAB 300 MG (BASE EQUIV) | Tier 1 | | X | | |
| ACYCLOVIR CAP 200MG | ACYCLOVIR CAP 200 MG | Tier 2 | | | | |
| ACYCLOVIR OIN 5% | ACYCLOVIR OINT 5% | Tier 3 | | X | | |
| ACYCLOVIR SUS 200/5ML | ACYCLOVIR SUSP 200 MG/5ML | Tier 3 | | | | |
| ACYCLOVIR TAB 400MG | ACYCLOVIR TAB 400 MG | Tier 2 | | | | |
| ACYCLOVIR TAB 800MG | ACYCLOVIR TAB 800 MG | Tier 2 | | | | |
| ADEFOV DIPIV TAB 10MG | ADEFOVIR DIPIVOXIL TAB 10 MG | Tier 6 | | | | |
| APTIVUS CAP 250MG | TIPRANA VIR CAP 250 MG | Tier 1 | | X | | |
| APTIVUS SOL | TIPRANA VIR ORAL SOLN 100 MG/ML | Tier 5 | | X | | |
| ATAZANAVIR CAP 150MG | ATAZANAVIR SULFATE CAP 150 MG (BASE EQUIV) | Tier 1 | | X | | |
| ATAZANAVIR CAP 200MG | ATAZANAVIR SULFATE CAP 200 MG (BASE EQUIV) | Tier 1 | | X | | |
| ATAZANAVIR CAP 300MG | ATAZANAVIR SULFATE CAP 300 MG (BASE EQUIV) | Tier 1 | | X | | |
| BARACLUD SOL | ENTECAVIR ORAL SOLN 0.05 MG/ML | Tier 6 | | | | |
| BIKTARVY TAB | BICTEGRAVIR-EMTRICITABINE-TENOFOVIR AF TAB 30-120-15 MG | Tier 1 | | X | | |
| BIKTARVY TAB | BICTEGRAVIR-EMTRICITABINE-TENOFOVIR AF TAB 50-200-25 MG | Tier 1 | | X | | |
| COMPLERA TAB | EMTRICITABINE-RILPIVIRINE-TENOFOVIR DF TAB 200-25-300 MG | Tier 1 | | X | | |
| CRIXIVAN CAP 400MG | INDINAVIR SULFATE CAP 400 MG | Tier 1 | | X | | |
| DARUNAVIR TAB 600MG | DARUNAVIR TAB 600 MG | Tier 1 | | X | | |
| DARUNAVIR TAB 800MG | DARUNAVIR TAB 800 MG | Tier 1 | | X | | |
| DOVATO TAB 50-300MG | DOLUTEGRAVIR SODIUM-LAMIVUDINE TAB 50-300 MG (BASE EQ) | Tier 1 | | X | | |
| EDURANT TAB 25MG | RILPIVIRINE HCL TAB 25 MG (BASE EQUIVALENT) | Tier 1 | | X | | |
| EFAVIRENZ CAP 200MG | EFAVIRENZ CAP 200 MG | Tier 1 | | X | | |
| EFAVIRENZ CAP 50MG | EFAVIRENZ CAP 50 MG | Tier 1 | | X | | |
| EFAVIRENZ TAB 600MG | EFAVIRENZ TAB 600 MG | Tier 1 | | X | | |
| EMTR/TEN DF TAB 100-150 | EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE TAB 100-150 MG | Tier 1 | | X | | |
| EMTR/TEN DF TAB 133-200 | EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE TAB 133-200 MG | Tier 1 | | X | | |
| EMTR/TEN DF TAB 167-250 | EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE TAB 167-250 MG | Tier 1 | | X | | |
| EMTR/TENOFOV TAB 200-300 | EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE TAB 200-300 MG | Tier 1 | | X | | H* |
| ENTECAVIR TAB 0.5MG | ENTECAVIR TAB 0.5 MG | Tier 3 | | | | |
| ENTECAVIR TAB 1MG | ENTECAVIR TAB 1 MG | Tier 3 | | | | |
| EPCLUSA PAK 150-37.5 | SOFOSBUVIR-VELPATASVIR PELLETT PACK 150-37.5 MG | Tier 4 | X | X | | |
| EPCLUSA PAK 200-50MG | SOFOSBUVIR-VELPATASVIR PELLETT PACK 200-50 MG | Tier 4 | X | X | | |
| EPCLUSA TAB 200-50MG | SOFOSBUVIR-VELPATASVIR TAB 200-50 MG | Tier 4 | X | X | | |

KEY: **H**—Health Care Reform Preventive
H*—Health Care Reform Preventive
H-A—Health Care Reform Preventive with Age contingency
H-M—Health Care Reform Preventive (RX or Medical)

BH—Medication used to treat a behavioral health condition available at no cost to you
BH*—Medication may be available at no cost to you when prescribed to treat a behavioral health condition
\$0 Copay—Medication available at no cost to you



| Drug name | Generic name | Tier value | Prior auth | Quantity limit | Step therapy | Requirements & limits |
|---------------------------|--|------------|------------|----------------|--------------|-----------------------|
| EPCLUSA TAB 400-100 | SOFOSBUVIR-VELPATASVIR TAB 400-100 MG | Tier 4 | X | X | | |
| EPIVIR HBV SOL 5MG/ML | LAMIVUDINE ORAL SOLN 5 MG/ML (HBV) | Tier 5 | | | | |
| ETRAVIRINE TAB 100MG | ETRAVIRINE TAB 100 MG | Tier 1 | | X | | |
| ETRAVIRINE TAB 200MG | ETRAVIRINE TAB 200 MG | Tier 1 | | X | | |
| FAMCICLOVIR TAB 125MG | FAMCICLOVIR TAB 125 MG | Tier 2 | | X | | |
| FAMCICLOVIR TAB 250MG | FAMCICLOVIR TAB 250 MG | Tier 2 | | X | | |
| FAMCICLOVIR TAB 500MG | FAMCICLOVIR TAB 500 MG | Tier 2 | | X | | |
| FOSAMPRENAVI TAB 700MG | FOSAMPRENAVIR CALCIUM TAB 700 MG (BASE EQUIV) | Tier 1 | | X | | |
| FUZEON INJ 90MG | ENFUVIRTIDE FOR INJ 90 MG | Tier 1 | | X | | |
| GENVOYA TAB | ELVITEGRAV-COBIC-EMTRICITAB-TENOFOV AF TAB 150-150-200-10 MG | Tier 1 | | X | | |
| HARVONI PAK | LEDIPASVIR-SOFOSBUVIR PELLETT PACK 33.75-150 MG | Tier 4 | X | X | | |
| HARVONI PAK 45-200MG | LEDIPASVIR-SOFOSBUVIR PELLETT PACK 45-200 MG | Tier 4 | X | X | | |
| HARVONI TAB 45-200MG | LEDIPASVIR-SOFOSBUVIR TAB 45-200 MG | Tier 4 | X | X | | |
| HARVONI TAB 90-400MG | LEDIPASVIR-SOFOSBUVIR TAB 90-400 MG | Tier 4 | X | X | | |
| INTELENCE TAB 25MG | ETRAVIRINE TAB 25 MG | Tier 1 | | X | | |
| INTRON A INJ 10MU | INTERFERON ALFA-2B FOR INJ 10000000 UNIT | Tier 6 | X | | | |
| INTRON A INJ 18MU | INTERFERON ALFA-2B FOR INJ 18000000 UNIT | Tier 6 | X | | | |
| INTRON A INJ 18MU | INTERFERON ALFA-2B INJ 6000000 UNIT/ML | Tier 6 | X | | | |
| INTRON A INJ 25MU | INTERFERON ALFA-2B INJ 10000000 UNIT/ML | Tier 6 | X | | | |
| INTRON A INJ 50MU | INTERFERON ALFA-2B FOR INJ 50000000 UNIT | Tier 6 | X | | | |
| INVIRASE TAB 500MG | SAQUINAVIR MESYLATE TAB 500 MG | Tier 1 | | X | | |
| ISENTRESS POW 100MG | RALTEGRAVIR POTASSIUM PACKET FOR SUSP 100 MG (BASE EQUIV) | Tier 1 | | X | | |
| ISENTRESS TAB 400MG | RALTEGRAVIR POTASSIUM TAB 400 MG (BASE EQUIV) | Tier 1 | | X | | |
| JULUCA TAB 50-25MG | DOLUTEGRAVIR SODIUM-RILPIVIRINE HCL TAB 50-25 MG (BASE EQ) | Tier 1 | | X | | |
| LAMIVUD/ZIDO TAB 150-300 | LAMIVUDINE-ZIDOVUDINE TAB 150-300 MG | Tier 1 | | X | | |
| LAMIVUDINE SOL 10MG/ML | LAMIVUDINE ORAL SOLN 10 MG/ML | Tier 1 | | X | | |
| LAMIVUDINE TAB 100MG | LAMIVUDINE TAB 100 MG (HBV) | Tier 3 | | | | |
| LAMIVUDINE TAB 150MG | LAMIVUDINE TAB 150 MG | Tier 1 | | X | | |
| LAMIVUDINE TAB 300MG | LAMIVUDINE TAB 300 MG | Tier 1 | | X | | |
| LEDIP-SOFOSB TAB 90-400MG | LEDIPASVIR-SOFOSBUVIR TAB 90-400 MG | Tier 4 | X | X | | |
| LEXIVA SUS 50MG/ML | FOSAMPRENAVIR CALCIUM SUSP 50 MG/ML (BASE EQUIV) | Tier 1 | | X | | |
| LOPIN/RITON SOL 80-20/ML | LOPINAVIR-RITONAVIR SOLN 400-100 MG/5ML (80-20 MG/ML) | Tier 1 | | X | | |
| LOPIN/RITON TAB 100-25MG | LOPINAVIR-RITONAVIR TAB 100-25 MG | Tier 1 | | X | | |
| LOPIN/RITON TAB 200-50MG | LOPINAVIR-RITONAVIR TAB 200-50 MG | Tier 1 | | X | | |
| MARAVIROC TAB 150MG | MARAVIROC TAB 150 MG | Tier 1 | | X | | |
| MARAVIROC TAB 300MG | MARAVIROC TAB 300 MG | Tier 1 | | X | | |
| NEVIRAPINE SUS 50MG/5ML | NEVIRAPINE SUSP 50 MG/5ML | Tier 1 | | X | | |
| NEVIRAPINE TAB 200MG | NEVIRAPINE TAB 200 MG | Tier 1 | | X | | |
| NORVIR POW 100MG | RITONAVIR POWDER PACKET 100 MG | Tier 1 | | X | | |
| NORVIR SOL 80MG/ML | RITONAVIR ORAL SOLN 80 MG/ML | Tier 1 | | X | | |

KEY: **H**—Health Care Reform Preventive
H*—Health Care Reform Preventive
H-A—Health Care Reform Preventive with Age contingency
H-M—Health Care Reform Preventive (RX or Medical)

BH—Medication used to treat a behavioral health condition available at no cost to you
BH*—Medication may be available at no cost to you when prescribed to treat a behavioral health condition
\$0 Copay—Medication available at no cost to you



| Drug name | Generic name | Tier value | Prior auth | Quantity limit | Step therapy | Requirements & limits |
|--------------------------|--|------------|------------|----------------|--------------|-----------------------|
| ODEFSEY TAB | EMTRICITABINE-RILPIVIRINE-TENOFOVIR AF TAB 200-25-25 MG | Tier 1 | | X | | |
| OSELTAMIVIR CAP 30MG | OSELTAMIVIR PHOSPHATE CAP 30 MG (BASE EQUIV) | Tier 3 | | X | | |
| OSELTAMIVIR CAP 45MG | OSELTAMIVIR PHOSPHATE CAP 45 MG (BASE EQUIV) | Tier 3 | | X | | |
| OSELTAMIVIR CAP 75MG | OSELTAMIVIR PHOSPHATE CAP 75 MG (BASE EQUIV) | Tier 3 | | X | | |
| OSELTAMIVIR SUS 6MG/ML | OSELTAMIVIR PHOSPHATE FOR SUSP 6 MG/ML (BASE EQUIV) | Tier 3 | | X | | |
| PEGASYS INJ | PEGINTERFERON ALFA-2A SOLN PREFILLED SYR 180 MCG/0.5ML | Tier 6 | X | X | | |
| PEGASYS INJ 180MCG/M | PEGINTERFERON ALFA-2A INJ 180 MCG/ML | Tier 6 | X | X | | |
| PEGINTRON KIT 50MCG | PEGINTERFERON ALFA-2B FOR INJ KIT 50 MCG/0.5ML | Tier 6 | X | X | | |
| PENCICLOVIR CRE 1% | PENCICLOVIR CREAM 1% | Tier 3 | | X | | |
| PREZISTA SUS 100MG/ML | DARUNAVIR ORAL SUSP 100 MG/ML | Tier 1 | | X | | |
| RELENZA MIS DISKHALE | ZANAMIVIR AEROSOL POWDER BREATH ACTIVATED 5 MG/ACT | Tier 5 | | X | | |
| REYATAZ POW 50MG | ATAZANAVIR SULFATE ORAL POWDER PACKET 50 MG (BASE EQUIV) | Tier 1 | | X | | |
| RIBAVIRIN CAP 200MG | RIBAVIRIN CAP 200 MG | Tier 3 | | | | |
| RIBAVIRIN TAB 200MG | RIBAVIRIN TAB 200 MG | Tier 3 | | | | |
| RIMANTADINE TAB 100MG | RIMANTADINE HYDROCHLORIDE TAB 100 MG | Tier 2 | | | | |
| RITONAVIR TAB 100MG | RITONAVIR TAB 100 MG | Tier 1 | | X | | |
| SELZENTRY SOL 20MG/ML | MARAVIROC ORAL SOLN 20 MG/ML | Tier 1 | | X | | |
| SELZENTRY TAB 25MG | MARAVIROC TAB 25 MG | Tier 1 | | X | | |
| SELZENTRY TAB 75MG | MARAVIROC TAB 75 MG | Tier 1 | | X | | |
| SOFOS/VELPAT TAB 400-100 | SOFOSBUVIR-VELPATASVIR TAB 400-100 MG | Tier 4 | X | X | | |
| STAVUDINE CAP 15MG | STAVUDINE CAP 15 MG | Tier 1 | | X | | |
| STAVUDINE CAP 20MG | STAVUDINE CAP 20 MG | Tier 1 | | X | | |
| STAVUDINE CAP 30MG | STAVUDINE CAP 30 MG | Tier 1 | | X | | |
| STAVUDINE CAP 40MG | STAVUDINE CAP 40 MG | Tier 1 | | X | | |
| STRIBILD TAB | ELVITEGRAV-COBIC-EMTRICITAB-TENOFOVDF TAB 150-150-200-300 MG | Tier 1 | | X | | |
| TENOFOVIR TAB 300MG | TENOFOVIR DISOPROXIL FUMARATE TAB 300 MG | Tier 1 | | X | | H* |
| TRIUMEQ TAB | ABACAIVIR-DOLUTEGRAVIR-LAMIVUDINE TAB 600-50-300 MG | Tier 1 | | X | | |
| VALACYCLOVIR TAB 1GM | VALACYCLOVIR HCL TAB 1 GM | Tier 2 | | X | | |
| VALACYCLOVIR TAB 500MG | VALACYCLOVIR HCL TAB 500 MG | Tier 2 | | X | | |
| VALGANCICLOV SOL 50MG/ML | VALGANCICLOVIR HCL FOR SOLN 50 MG/ML (BASE EQUIV) | Tier 3 | | X | | |
| VALGANCICLOV TAB 450MG | VALGANCICLOVIR HCL TAB 450 MG (BASE EQUIVALENT) | Tier 3 | | X | | |
| VIRACEPT TAB 250MG | NELFINAVIR MESYLATE TAB 250 MG | Tier 1 | | X | | |
| VIRACEPT TAB 625MG | NELFINAVIR MESYLATE TAB 625 MG | Tier 1 | | X | | |
| ZIDOVUDINE CAP 100MG | ZIDOVUDINE CAP 100 MG | Tier 1 | | X | | |
| ZIDOVUDINE SYP 50MG/5ML | ZIDOVUDINE SYRUP 10 MG/ML | Tier 1 | | X | | |
| ZIDOVUDINE TAB 300MG | ZIDOVUDINE TAB 300 MG | Tier 1 | | X | | |
| Anxiolytics | | | | | | |
| ALPRAZOLAM CON 1 MG/ML | ALPRAZOLAM CONC 1 MG/ML | Tier 1 | | X | | BH |
| ALPRAZOLAM TAB 0.25 ODT | ALPRAZOLAM ORALLY DISINTEGRATING TAB 0.25 MG | Tier 1 | | X | | BH |
| ALPRAZOLAM TAB 0.25MG | ALPRAZOLAM TAB 0.25 MG | Tier 1 | | X | | BH |
| ALPRAZOLAM TAB 0.5MG | ALPRAZOLAM TAB 0.5 MG | Tier 1 | | X | | BH |
| ALPRAZOLAM TAB 0.5MG ER | ALPRAZOLAM TAB ER 24HR 0.5 MG | Tier 1 | | X | | BH |

KEY: **H**—Health Care Reform Preventive
H*—Health Care Reform Preventive
H-A—Health Care Reform Preventive with Age contingency
H-M—Health Care Reform Preventive (RX or Medical)

BH—Medication used to treat a behavioral health condition available at no cost to you
BH*—Medication may be available at no cost to you when prescribed to treat a behavioral health condition
\$0 Copay—Medication available at no cost to you



| Drug name | Generic name | Tier value | Prior auth | Quantity limit | Step therapy | Requirements & limits |
|---------------------------|---|------------|------------|----------------|--------------|-----------------------|
| ALPRAZOLAM TAB 0.5MG OD | ALPRAZOLAM ORALLY DISINTEGRATING TAB 0.5 MG | Tier 1 | | X | | BH |
| ALPRAZOLAM TAB 1MG | ALPRAZOLAM TAB 1 MG | Tier 1 | | X | | BH |
| ALPRAZOLAM TAB 1MG ER | ALPRAZOLAM TAB ER 24HR 1 MG | Tier 1 | | X | | BH |
| ALPRAZOLAM TAB 1MG ODT | ALPRAZOLAM ORALLY DISINTEGRATING TAB 1 MG | Tier 1 | | X | | BH |
| ALPRAZOLAM TAB 2MG | ALPRAZOLAM TAB 2 MG | Tier 1 | | X | | BH |
| ALPRAZOLAM TAB 2MG ER | ALPRAZOLAM TAB ER 24HR 2 MG | Tier 1 | | X | | BH |
| ALPRAZOLAM TAB 2MG ODT | ALPRAZOLAM ORALLY DISINTEGRATING TAB 2 MG | Tier 1 | | X | | BH |
| ALPRAZOLAM TAB 3MG ER | ALPRAZOLAM TAB ER 24HR 3 MG | Tier 1 | | X | | BH |
| BUSPIRONE TAB 10MG | BUSPIRONE HCL TAB 10 MG | Tier 1 | | | | BH |
| BUSPIRONE TAB 15MG | BUSPIRONE HCL TAB 15 MG | Tier 1 | | | | BH |
| BUSPIRONE TAB 30MG | BUSPIRONE HCL TAB 30 MG | Tier 1 | | | | BH |
| BUSPIRONE TAB 5MG | BUSPIRONE HCL TAB 5 MG | Tier 1 | | | | BH |
| BUSPIRONE TAB 7.5MG | BUSPIRONE HCL TAB 7.5 MG | Tier 1 | | | | BH |
| CHLORDIAZEP CAP 10MG | CHLORDIAZEPOXIDE HCL CAP 10 MG | Tier 1 | | | | BH |
| CHLORDIAZEP CAP 25MG | CHLORDIAZEPOXIDE HCL CAP 25 MG | Tier 1 | | | | BH |
| CHLORDIAZEP CAP 5MG | CHLORDIAZEPOXIDE HCL CAP 5 MG | Tier 1 | | | | BH |
| CLONAZEP ODT TAB 0.125MG | CLONAZEPAM ORALLY DISINTEGRATING TAB 0.125 MG | Tier 1 | | X | | BH |
| CLONAZEP ODT TAB 0.25MG | CLONAZEPAM ORALLY DISINTEGRATING TAB 0.25 MG | Tier 1 | | X | | BH |
| CLONAZEP ODT TAB 0.5MG | CLONAZEPAM ORALLY DISINTEGRATING TAB 0.5 MG | Tier 1 | | X | | BH |
| CLONAZEP ODT TAB 1MG | CLONAZEPAM ORALLY DISINTEGRATING TAB 1 MG | Tier 1 | | X | | BH |
| CLONAZEP ODT TAB 2MG | CLONAZEPAM ORALLY DISINTEGRATING TAB 2 MG | Tier 1 | | X | | BH |
| CLONAZEPAM TAB 0.5MG | CLONAZEPAM TAB 0.5 MG | Tier 1 | | X | | BH |
| CLONAZEPAM TAB 1MG | CLONAZEPAM TAB 1 MG | Tier 1 | | X | | BH |
| CLONAZEPAM TAB 2MG | CLONAZEPAM TAB 2 MG | Tier 1 | | X | | BH |
| CLORAZ DIPOT TAB 15MG | CLORAZEPATE DIPOTASSIUM TAB 15 MG | Tier 1 | | X | | BH |
| CLORAZ DIPOT TAB 3.75MG | CLORAZEPATE DIPOTASSIUM TAB 3.75 MG | Tier 1 | | X | | BH |
| CLORAZ DIPOT TAB 7.5MG | CLORAZEPATE DIPOTASSIUM TAB 7.5 MG | Tier 1 | | X | | BH |
| DIAZEPAM CON 25MG/5ML | DIAZEPAM CONC 5 MG/ML | Tier 1 | | X | | BH |
| DIAZEPAM CON 5MG/ML | DIAZEPAM CONC 5 MG/ML | Tier 1 | | X | | BH |
| DIAZEPAM SOL 5MG/5ML | DIAZEPAM ORAL SOLN 1 MG/ML | Tier 1 | | | | BH |
| DIAZEPAM TAB 10MG | DIAZEPAM TAB 10 MG | Tier 1 | | X | | BH |
| DIAZEPAM TAB 2MG | DIAZEPAM TAB 2 MG | Tier 1 | | X | | BH |
| DIAZEPAM TAB 5MG | DIAZEPAM TAB 5 MG | Tier 1 | | X | | BH |
| ESTAZOLAM TAB 1MG | ESTAZOLAM TAB 1 MG | Tier 2 | | X | | BH* |
| ESTAZOLAM TAB 2MG | ESTAZOLAM TAB 2 MG | Tier 2 | | X | | BH* |
| HYDROXYZ HCL SYP 10MG/5ML | HYDROXYZINE HCL SYRUP 10 MG/5ML | Tier 1 | | | | BH |
| HYDROXYZ HCL TAB 10MG | HYDROXYZINE HCL TAB 10 MG | Tier 1 | | | | BH |
| HYDROXYZ HCL TAB 25MG | HYDROXYZINE HCL TAB 25 MG | Tier 1 | | | | BH |
| HYDROXYZ HCL TAB 50MG | HYDROXYZINE HCL TAB 50 MG | Tier 1 | | | | BH |
| HYDROXYZ PAM CAP 100MG | HYDROXYZINE PAMOATE CAP 100 MG | Tier 1 | | | | BH |
| HYDROXYZ PAM CAP 25MG | HYDROXYZINE PAMOATE CAP 25 MG | Tier 1 | | | | BH |
| HYDROXYZ PAM CAP 50MG | HYDROXYZINE PAMOATE CAP 50 MG | Tier 1 | | | | BH |
| LORAZEPAM CON 2MG/ML | LORAZEPAM CONC 2 MG/ML | Tier 1 | | X | | BH |
| LORAZEPAM TAB 0.5MG | LORAZEPAM TAB 0.5 MG | Tier 1 | | X | | BH |
| LORAZEPAM TAB 1MG | LORAZEPAM TAB 1 MG | Tier 1 | | X | | BH |
| LORAZEPAM TAB 2MG | LORAZEPAM TAB 2 MG | Tier 1 | | X | | BH |
| MEPROBAMATE TAB 200MG | MEPROBAMATE TAB 200 MG | Tier 1 | | | | BH |

KEY: **H**—Health Care Reform Preventive
H*—Health Care Reform Preventive
H-A—Health Care Reform Preventive with Age contingency
H-M—Health Care Reform Preventive (RX or Medical)

BH—Medication used to treat a behavioral health condition available at no cost to you
BH*—Medication may be available at no cost to you when prescribed to treat a behavioral health condition
\$0 Copay—Medication available at no cost to you



| Drug name | Generic name | Tier value | Prior auth | Quantity limit | Step therapy | Requirements & limits |
|---------------------------------|---|------------|------------|----------------|--------------|-----------------------|
| MEPROBAMATE TAB 400MG | MEPROBAMATE TAB 400 MG | Tier 1 | | | | BH |
| OXAZEPAM CAP 10MG | OXAZEPAM CAP 10 MG | Tier 1 | | | | BH |
| OXAZEPAM CAP 15MG | OXAZEPAM CAP 15 MG | Tier 1 | | | | BH |
| OXAZEPAM CAP 30MG | OXAZEPAM CAP 30 MG | Tier 1 | | | | BH |
| QUAZEPAM TAB 15MG | QUAZEPAM TAB 15 MG | Tier 3 | | | | BH* |
| TRIAZOLAM TAB 0.125MG | TRIAZOLAM TAB 0.125 MG | Tier 2 | | X | | BH* |
| TRIAZOLAM TAB 0.25MG | TRIAZOLAM TAB 0.25 MG | Tier 2 | | X | | BH* |
| Bipolar Agents | | | | | | |
| EQUETRO CAP 100MG | CARBAMAZEPINE (MOOD) CAP ER 12HR 100 MG | Tier 1 | | | | BH |
| EQUETRO CAP 200MG | CARBAMAZEPINE (MOOD) CAP ER 12HR 200 MG | Tier 1 | | | | BH |
| EQUETRO CAP 300MG | CARBAMAZEPINE (MOOD) CAP ER 12HR 300 MG | Tier 1 | | | | BH |
| LITHIUM CARB CAP 150MG | LITHIUM CARBONATE CAP 150 MG | Tier 1 | | | | BH |
| LITHIUM CARB CAP 300MG | LITHIUM CARBONATE CAP 300 MG | Tier 1 | | | | BH |
| LITHIUM CARB CAP 600MG | LITHIUM CARBONATE CAP 600 MG | Tier 1 | | | | BH |
| LITHIUM CARB TAB 300MG | LITHIUM CARBONATE TAB 300 MG | Tier 1 | | | | BH |
| LITHIUM CARB TAB 300MG ER | LITHIUM CARBONATE TAB ER 300 MG | Tier 1 | | | | BH |
| LITHIUM CARB TAB 450MG ER | LITHIUM CARBONATE TAB ER 450 MG | Tier 1 | | | | BH |
| Blood Glucose Monitoring | | | | | | |
| ACCU-CHECK KIT GUIDE ME | *Blood Glucose Monitoring Kit w/ Device*** | Tier 3 | | X | | |
| ACCU-CHEK KIT GUIDE | *Blood Glucose Monitoring Kit w/ Device*** | Tier 3 | | X | | |
| ACCU-CHEK KIT SOFTCLIX | *Lancets Kit*** | Tier 3 | | X | | |
| ACCU-CHEK LIQ GUIDE | *Blood Glucose Calibration - Liquid*** | Tier 3 | | X | | |
| ACCU-CHEK LIQ SMART | *Blood Glucose Calibration - Liquid*** | Tier 3 | | X | | |
| ACCU-CHEK SOL | *Blood Glucose Calibration - Liquid*** | Tier 3 | | X | | |
| ACCU-CHEK TES AVIVA PL | Glucose Blood Test Strip | Tier 3 | | X | | |
| ACCU-CHEK TES GUIDE | Glucose Blood Test Strip | Tier 3 | | X | | |
| ACCU-CHEK TES SMART | Glucose Blood Test Strip | Tier 3 | | X | | |
| AUTOPEN MIS 1-21UNIT | INJECTION DEVICE FOR INSULIN | Tier 3 | | | | |
| CONTOUR LOW LIQ CONTROL | *Blood Glucose Calibration - Liquid - Low*** | Tier 3 | | X | | |
| CONTOUR NORM LIQ CONTROL | *Blood Glucose Calibration - Liquid - Normal*** | Tier 3 | | X | | |
| LANCET DEVIC MIS ADJUST | *Lancet Devices*** | Tier 3 | | X | | |
| LANCETS MIS | *Lancets*** | Tier 3 | | | | |
| NOVOPEN ECHO MIS | INJECTION DEVICE FOR INSULIN | Tier 3 | | | | |
| ONE TOUCH KIT VERIO FL | *Blood Glucose Monitoring Kit w/ Device*** | Tier 3 | | X | | |
| ONETOUCH KIT ULTRA 2 | *Blood Glucose Monitoring Kit w/ Device*** | Tier 3 | | X | | |
| ONETOUCH KIT VERIO | *Blood Glucose Monitoring Kit w/ Device*** | Tier 3 | | X | | |
| ONETOUCH KIT VERIO RE | *Blood Glucose Monitoring Kit w/ Device*** | Tier 3 | | X | | |
| ONETOUCH SOL ULT CONT | *Blood Glucose Calibration - Liquid*** | Tier 3 | | X | | |
| ONETOUCH SOL VERIO | *Blood Glucose Calibration - Liquid*** | Tier 3 | | X | | |
| ONETOUCH SOL VERIO-HI | *Blood Glucose Calibration - Liquid - High*** | Tier 3 | | X | | |
| ONETOUCH TES ULTRA | Glucose Blood Test Strip | Tier 3 | | X | | |
| ONETOUCH TES VERIO | Glucose Blood Test Strip | Tier 3 | | X | | |
| PRODIGY KIT NO CODIN | *BLOOD GLUCOSE MONITORING KIT W/ DEVICE*** | Tier 5 | X | X | | |
| PRODIGY AUTO KIT MONITOR | *BLOOD GLUCOSE MONITORING KIT W/ DEVICE*** | Tier 5 | X | X | | |
| PRODIGY AUTO MIS SYSTEM | *Blood Glucose Monitoring Devices*** | Tier 5 | X | X | | |

KEY: **H**—Health Care Reform Preventive

H*—Health Care Reform Preventive

H-A—Health Care Reform Preventive with Age contingency

H-M—Health Care Reform Preventive (RX or Medical)

BH—Medication used to treat a behavioral health condition available at no cost to you

BH*—Medication may be available at no cost to you when prescribed to treat a behavioral health condition

\$0 Copay—Medication available at no cost to you



| Drug name | Generic name | Tier value | Prior auth | Quantity limit | Step therapy | Requirements & limits |
|---------------------------------|---|------------|------------|----------------|--------------|-----------------------|
| PRODIGY NO TES CODING | GLUCOSE BLOOD TEST STRIP | Tier 5 | X | X | | |
| PRODIGY PCKT KIT METER | *BLOOD GLUCOSE MONITORING KIT W/ DEVICE*** | Tier 5 | X | X | | |
| PRODIGY VOIC KIT METER | *BLOOD GLUCOSE MONITORING KIT W/ DEVICE*** | Tier 5 | X | X | | |
| Blood Glucose Regulators | | | | | | |
| ACARBOSE TAB 100MG | ACARBOSE TAB 100 MG | Tier 2 | | X | | |
| ACARBOSE TAB 25MG | ACARBOSE TAB 25 MG | Tier 2 | | X | | |
| ACARBOSE TAB 50MG | ACARBOSE TAB 50 MG | Tier 2 | | X | | |
| BAQSIMI ONE POW 3MG/DOSE | GLUCAGON NASAL POWDER 3 MG/DOSE | Tier 2 | | X | | \$0 Copay |
| BAQSIMI TWO POW 3MG/DOSE | GLUCAGON NASAL POWDER 3 MG/DOSE | Tier 2 | | X | | \$0 Copay |
| BASAGLAR INJ 100UNIT | INSULIN GLARGINE SOLN PEN-INJECTOR 100 UNIT/ML | Tier 3 | | X | | |
| BYDUREON BC INJ 2/0.85ML | EXENATIDE EXTENDED RELEASE SUSP AUTO-INJECTOR 2 MG/0.85ML | Tier 3 | X | X | | |
| DIAZOXIDE SUS 50MG/ML | DIAZOXIDE SUSP 50 MG/ML | Tier 3 | | | | |
| FARXIGA TAB 10MG | DAPAGLIFLOZIN PROPANEDIOL TAB 10 MG (BASE EQUIVALENT) | Tier 3 | | X | | |
| FARXIGA TAB 5MG | DAPAGLIFLOZIN PROPANEDIOL TAB 5 MG (BASE EQUIVALENT) | Tier 3 | | X | | |
| GLIMEPIRIDE TAB 1MG | GLIMEPIRIDE TAB 1 MG | Tier 2 | | X | | |
| GLIMEPIRIDE TAB 2MG | GLIMEPIRIDE TAB 2 MG | Tier 2 | | X | | |
| GLIMEPIRIDE TAB 4MG | GLIMEPIRIDE TAB 4 MG | Tier 2 | | X | | |
| GLIP/METFORM TAB 2.5-250M | GLIPIZIDE-METFORMIN HCL TAB 2.5-250 MG | Tier 2 | | X | | |
| GLIP/METFORM TAB 2.5-500M | GLIPIZIDE-METFORMIN HCL TAB 2.5-500 MG | Tier 2 | | X | | |
| GLIP/METFORM TAB 5-500MG | GLIPIZIDE-METFORMIN HCL TAB 5-500 MG | Tier 2 | | X | | |
| GLIPIZIDE TAB 10MG | GLIPIZIDE TAB 10 MG | Tier 2 | | X | | |
| GLIPIZIDE TAB 5MG | GLIPIZIDE TAB 5 MG | Tier 2 | | X | | |
| GLIPIZIDE ER TAB 10MG | GLIPIZIDE TAB ER 24HR 10 MG | Tier 2 | | X | | |
| GLIPIZIDE ER TAB 2.5MG | GLIPIZIDE TAB ER 24HR 2.5 MG | Tier 2 | | X | | |
| GLIPIZIDE ER TAB 5MG | GLIPIZIDE TAB ER 24HR 5 MG | Tier 2 | | X | | |
| GLUCAGON KIT 1MG | GLUCAGON (RDNA) FOR INJ KIT 1 MG | Tier 2 | | X | | \$0 Copay |
| GLUCAGON EMR SOL 1MG | GLUCAGON HCL FOR INJ 1 MG | Tier 2 | | X | | \$0 Copay |
| GLYB/METFORM TAB 1.25-250 | GLYBURIDE-METFORMIN TAB 1.25-250 MG | Tier 2 | | X | | |
| GLYB/METFORM TAB 2.5-500 | GLYBURIDE-METFORMIN TAB 2.5-500 MG | Tier 2 | | X | | |
| GLYB/METFORM TAB 5-500MG | GLYBURIDE-METFORMIN TAB 5-500 MG | Tier 2 | | X | | |
| GLYBURID MCR TAB 1.5MG | GLYBURIDE MICRONIZED TAB 1.5 MG | Tier 2 | | X | | |
| GLYBURID MCR TAB 3MG | GLYBURIDE MICRONIZED TAB 3 MG | Tier 2 | | X | | |
| GLYBURID MCR TAB 6MG | GLYBURIDE MICRONIZED TAB 6 MG | Tier 2 | | X | | |
| GLYBURIDE TAB 1.25MG | GLYBURIDE TAB 1.25 MG | Tier 2 | | X | | |
| GLYBURIDE TAB 2.5MG | GLYBURIDE TAB 2.5 MG | Tier 2 | | X | | |
| GLYBURIDE TAB 5MG | GLYBURIDE TAB 5 MG | Tier 2 | | X | | |
| GVOKE HYPO 1 INJ .5/1ML | GLUCAGON SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML | Tier 2 | | X | | \$0 Copay |
| GVOKE HYPO 1 INJ 1MG/.2ML | GLUCAGON SUBCUTANEOUS SOLUTION AUTO-INJECTOR 1 MG/0.2ML | Tier 2 | | X | | \$0 Copay |
| GVOKE KIT SOL 1MG/0.2M | GLUCAGON SUBCUTANEOUS SOLN 1 MG/0.2ML | Tier 2 | | X | | \$0 Copay |
| GVOKE PFS INJ | GLUCAGON SUBCUTANEOUS SOLN PREF SYRINGE 0.5 MG/0.1ML | Tier 2 | | X | | \$0 Copay |

KEY: **H**—Health Care Reform Preventive
H*—Health Care Reform Preventive
H-A—Health Care Reform Preventive with Age contingency
H-M—Health Care Reform Preventive (RX or Medical)

BH—Medication used to treat a behavioral health condition available at no cost to you
BH*—Medication may be available at no cost to you when prescribed to treat a behavioral health condition
\$0 Copay—Medication available at no cost to you



| Drug name | Generic name | Tier value | Prior auth | Quantity limit | Step therapy | Requirements & limits |
|---------------------------|--|------------|------------|----------------|--------------|-----------------------|
| GVOKE PFS INJ | GLUCAGON SUBCUTANEOUS SOLN PREF SYRINGE 1 MG/0.2ML | Tier 2 | | X | | \$0 Copay |
| HUMALOG INJ 100/ML | INSULIN LISPRO INJ SOLN 100 UNIT/ML | Tier 3 | | X | | |
| HUMALOG INJ 100/ML | INSULIN LISPRO SOLN CARTRIDGE 100 UNIT/ML | Tier 3 | | X | | |
| HUMALOG JR INJ 100/ML | INSULIN LISPRO SOLN PEN-INJECTOR 100 UNIT/ML (0.5 UNIT DIAL) | Tier 3 | | X | | |
| HUMALOG KWIK INJ 100/ML | INSULIN LISPRO SOLN PEN-INJECTOR 100 UNIT/ML (1 UNIT DIAL) | Tier 3 | | X | | |
| HUMALOG KWIK INJ 200/ML | INSULIN LISPRO SOLN PEN-INJECTOR 200 UNIT/ML | Tier 3 | | X | | |
| HUMALOG MIX INJ 50/50 | INSULIN LISPRO PROTAMINE & LISPRO INJ 100 UNIT/ML (50-50) | Tier 3 | | X | | |
| HUMALOG MIX INJ 50/50KWP | INSULIN LISPRO PROT & LISPRO SUS PEN-INJ 100 UNIT/ML (50-50) | Tier 3 | | X | | |
| HUMALOG MIX INJ 75/25KWP | INSULIN LISPRO PROT & LISPRO SUS PEN-INJ 100 UNIT/ML (75-25) | Tier 3 | | X | | |
| HUMALOG MIX SUS 75/25 | INSULIN LISPRO PROT & LISPRO INJ 100 UNIT/ML (75-25) | Tier 3 | | X | | |
| HUMULIN INJ 70/30 | INSULIN NPH ISOPHANE & REGULAR HUMAN INJ 100 UNIT/ML (70-30) | Tier 3 | | X | | |
| HUMULIN INJ 70/30KWP | INSULIN NPH & REGULAR SUSP PEN-INJ 100 UNIT/ML (70-30) | Tier 3 | | X | | |
| HUMULIN N INJ U-100 | INSULIN NPH (HUMAN) (ISOPHANE) INJ 100 UNIT/ML | Tier 3 | | X | | |
| HUMULIN N INJ U-100KWP | INSULIN NPH (HUMAN) (ISOPHANE) SUSP PEN-INJECTOR 100 UNIT/ML | Tier 3 | | X | | |
| HUMULIN R INJ U-100 | INSULIN REGULAR (HUMAN) INJ 100 UNIT/ML | Tier 3 | | X | | |
| HUMULIN R INJ U-500 | INSULIN REGULAR (HUMAN) INJ 500 UNIT/ML | Tier 3 | | X | | |
| HUMULIN R INJ U-500 | INSULIN REGULAR (HUMAN) SOLN PEN-INJECTOR 500 UNIT/ML | Tier 3 | | X | | |
| INS DEGL FLX INJ 100UNIT | INSULIN DEGLUDEC SOLN PEN-INJECTOR 100 UNIT/ML | Tier 3 | | X | | |
| INS DEGL FLX INJ 200UNIT | INSULIN DEGLUDEC SOLN PEN-INJECTOR 200 UNIT/ML | Tier 3 | | X | | |
| INSULIN ASPA INJ 70/30 | INSULIN ASPART PROT & ASPART (HUMAN) INJ 100 UNIT/ML (70-30) | Tier 3 | | X | | |
| INSULIN DEGL INJ 100UNIT | INSULIN DEGLUDEC INJ 100 UNIT/ML | Tier 3 | | X | | |
| INSULIN LISP INJ 100/ML | INSULIN LISPRO INJ SOLN 100 UNIT/ML | Tier 3 | | X | | |
| INSULIN LISP INJ 100/ML | INSULIN LISPRO SOLN PEN-INJECTOR 100 UNIT/ML (1 UNIT DIAL) | Tier 3 | | X | | |
| INSULIN LISP INJ JUNIOR | INSULIN LISPRO SOLN PEN-INJECTOR 100 UNIT/ML (0.5 UNIT DIAL) | Tier 3 | | X | | |
| INSULIN LISP INJ PROTAMIN | INSULIN LISPRO PROT & LISPRO SUS PEN-INJ 100 UNIT/ML (75-25) | Tier 3 | | X | | |
| JARDIANCE TAB 10MG | EMPAGLIFLOZIN TAB 10 MG | Tier 3 | | X | | |
| JARDIANCE TAB 25MG | EMPAGLIFLOZIN TAB 25 MG | Tier 3 | | X | | |
| JENTADUETO TAB 2.5-1000 | LINAGLIPTIN-METFORMIN HCL TAB 2.5-1000 MG | Tier 3 | | X | | |
| JENTADUETO TAB 2.5-500 | LINAGLIPTIN-METFORMIN HCL TAB 2.5-500 MG | Tier 3 | | X | | |
| JENTADUETO TAB 2.5-850 | LINAGLIPTIN-METFORMIN HCL TAB 2.5-850 MG | Tier 3 | | X | | |
| JENTADUETO TAB XR | LINAGLIPTIN-METFORMIN HCL TAB ER 24HR 2.5-1000 MG | Tier 3 | | X | | |
| JENTADUETO TAB XR | LINAGLIPTIN-METFORMIN HCL TAB ER 24HR 5-1000 MG | Tier 3 | | X | | |
| LEVEMIR INJ | INSULIN DETEMIR INJ 100 UNIT/ML | Tier 3 | | X | | |

KEY: **H**—Health Care Reform Preventive
H*—Health Care Reform Preventive
H-A—Health Care Reform Preventive with Age contingency
H-M—Health Care Reform Preventive (RX or Medical)

BH—Medication used to treat a behavioral health condition available at no cost to you
BH*—Medication may be available at no cost to you when prescribed to treat a behavioral health condition
\$0 Copay—Medication available at no cost to you



| Drug name | Generic name | Tier value | Prior auth | Quantity limit | Step therapy | Requirements & limits |
|---------------------------|---|------------|------------|----------------|--------------|-----------------------|
| LEVEMIR INJ FLEXPEN | INSULIN DETEMIR SOLN PEN-INJECTOR 100 UNIT/ML | Tier 3 | | X | | |
| LEVEMIR INJ FLEXTOUC | INSULIN DETEMIR SOLN PEN-INJECTOR 100 UNIT/ML | Tier 3 | | X | | |
| METFORMIN SOL 500/5ML | METFORMIN HCL ORAL SOLN 500 MG/5ML | Tier 3 | | X | | |
| METFORMIN TAB 1000MG | METFORMIN HCL TAB 1000 MG | Tier 2 | | X | | |
| METFORMIN TAB 500MG | METFORMIN HCL TAB 500 MG | Tier 2 | | X | | |
| METFORMIN TAB 500MG ER | METFORMIN HCL TAB ER 24HR 500 MG | Tier 2 | | X | | |
| METFORMIN TAB 750MG ER | METFORMIN HCL TAB ER 24HR 750 MG | Tier 2 | | X | | |
| METFORMIN TAB 850MG | METFORMIN HCL TAB 850 MG | Tier 2 | | X | | |
| MIGLITOL TAB 100MG | MIGLITOL TAB 100 MG | Tier 3 | | X | | |
| MIGLITOL TAB 25MG | MIGLITOL TAB 25 MG | Tier 3 | | X | | |
| MIGLITOL TAB 50MG | MIGLITOL TAB 50 MG | Tier 3 | | X | | |
| MOUNJARO INJ 10MG/0.5 | TIRZEPATIDE SOLN PEN-INJECTOR 10 MG/0.5ML | Tier 3 | X | X | | |
| MOUNJARO INJ 12.5/0.5 | TIRZEPATIDE SOLN PEN-INJECTOR 12.5 MG/0.5ML | Tier 3 | X | X | | |
| MOUNJARO INJ 15MG/0.5 | TIRZEPATIDE SOLN PEN-INJECTOR 15 MG/0.5ML | Tier 3 | X | X | | |
| MOUNJARO INJ 2.5/0.5 | TIRZEPATIDE SOLN PEN-INJECTOR 2.5 MG/0.5ML | Tier 3 | X | X | | |
| MOUNJARO INJ 5MG/0.5 | TIRZEPATIDE SOLN PEN-INJECTOR 5 MG/0.5ML | Tier 3 | X | X | | |
| MOUNJARO INJ 7.5/0.5 | TIRZEPATIDE SOLN PEN-INJECTOR 7.5 MG/0.5ML | Tier 3 | X | X | | |
| NATEGLINIDE TAB 120MG | NATEGLINIDE TAB 120 MG | Tier 3 | | X | | |
| NATEGLINIDE TAB 60MG | NATEGLINIDE TAB 60 MG | Tier 3 | | X | | |
| OZEMPIC INJ 2/1.5ML | SEMAGLUTIDE SOLN PEN-INJ 0.25 OR 0.5 MG/DOSE (2 MG/1.5ML) | Tier 3 | X | X | | |
| OZEMPIC INJ 2/1.5ML | SEMAGLUTIDE SOLN PEN-INJ 1 MG/DOSE (2 MG/1.5ML) | Tier 3 | X | X | | |
| OZEMPIC INJ 2MG/3ML | SEMAGLUTIDE SOLN PEN-INJ 0.25 OR 0.5 MG/DOSE (2 MG/3ML) | Tier 3 | X | X | | |
| OZEMPIC INJ 4MG/3ML | SEMAGLUTIDE SOLN PEN-INJ 1 MG/DOSE (4 MG/3ML) | Tier 3 | X | X | | |
| OZEMPIC INJ 8MG/3ML | SEMAGLUTIDE SOLN PEN-INJ 2 MG/DOSE (8 MG/3ML) | Tier 3 | X | X | | |
| PIOGLIT/GLIM TAB 30-2MG | PIOGLITAZONE HCL-GLIMEPIRIDE TAB 30-2 MG | Tier 3 | | X | | |
| PIOGLIT/GLIM TAB 30-4MG | PIOGLITAZONE HCL-GLIMEPIRIDE TAB 30-4 MG | Tier 3 | | X | | |
| PIOGLITA/MET TAB 15-500MG | PIOGLITAZONE HCL-METFORMIN HCL TAB 15-500 MG | Tier 3 | | X | | |
| PIOGLITA/MET TAB 15-850MG | PIOGLITAZONE HCL-METFORMIN HCL TAB 15-850 MG | Tier 3 | | X | | |
| PIOGLITAZONE TAB 15MG | PIOGLITAZONE HCL TAB 15 MG (BASE EQUIV) | Tier 2 | | X | | |
| PIOGLITAZONE TAB 30MG | PIOGLITAZONE HCL TAB 30 MG (BASE EQUIV) | Tier 2 | | X | | |
| PIOGLITAZONE TAB 45MG | PIOGLITAZONE HCL TAB 45 MG (BASE EQUIV) | Tier 2 | | X | | |
| REPAGLINIDE TAB 0.5MG | REPAGLINIDE TAB 0.5 MG | Tier 2 | | X | | |
| REPAGLINIDE TAB 1MG | REPAGLINIDE TAB 1 MG | Tier 2 | | X | | |
| REPAGLINIDE TAB 2MG | REPAGLINIDE TAB 2 MG | Tier 2 | | X | | |
| RYBELSUS TAB 14MG | SEMAGLUTIDE TAB 14 MG | Tier 3 | X | X | | |
| RYBELSUS TAB 3MG | SEMAGLUTIDE TAB 3 MG | Tier 3 | X | X | | |
| RYBELSUS TAB 7MG | SEMAGLUTIDE TAB 7 MG | Tier 3 | X | X | | |

KEY: **H**—Health Care Reform Preventive
H*—Health Care Reform Preventive
H-A—Health Care Reform Preventive with Age contingency
H-M—Health Care Reform Preventive (RX or Medical)

BH—Medication used to treat a behavioral health condition available at no cost to you
BH*—Medication may be available at no cost to you when prescribed to treat a behavioral health condition
\$0 Copay—Medication available at no cost to you



| Drug name | Generic name | Tier value | Prior auth | Quantity limit | Step therapy | Requirements & limits |
|--|--|------------|------------|----------------|--------------|-----------------------|
| SOLIQUA INJ 100/33 | INSULIN GLARGINE-LIXISENATIDE SOL PEN-INJ 100-33 UNIT-MCG/ML | Tier 3 | | X | | |
| SYNJARDY TAB | EMPAGLIFLOZIN-METFORMIN HCL TAB 12.5-1000 MG | Tier 3 | | X | | |
| SYNJARDY TAB 12.5-500 | EMPAGLIFLOZIN-METFORMIN HCL TAB 12.5-500 MG | Tier 3 | | X | | |
| SYNJARDY TAB 5-1000MG | EMPAGLIFLOZIN-METFORMIN HCL TAB 5-1000 MG | Tier 3 | | X | | |
| SYNJARDY TAB 5-500MG | EMPAGLIFLOZIN-METFORMIN HCL TAB 5-500 MG | Tier 3 | | X | | |
| SYNJARDY XR TAB | EMPAGLIFLOZIN-METFORMIN HCL TAB ER 24HR 12.5-1000 MG | Tier 3 | | X | | |
| SYNJARDY XR TAB 10-1000 | EMPAGLIFLOZIN-METFORMIN HCL TAB ER 24HR 10-1000 MG | Tier 3 | | X | | |
| SYNJARDY XR TAB 25-1000 | EMPAGLIFLOZIN-METFORMIN HCL TAB ER 24HR 25-1000 MG | Tier 3 | | X | | |
| SYNJARDY XR TAB 5-1000MG | EMPAGLIFLOZIN-METFORMIN HCL TAB ER 24HR 5-1000 MG | Tier 3 | | X | | |
| TOLBUTAMIDE TAB 500MG | TOLBUTAMIDE TAB 500 MG | Tier 2 | | X | | |
| TRADJENTA TAB 5MG | LINAGLIPTIN TAB 5 MG | Tier 3 | | X | | |
| TRESIBA INJ 100UNIT | INSULIN DEGLUDEC INJ 100 UNIT/ML | Tier 3 | | X | | |
| TRESIBA FLEX INJ 100UNIT | INSULIN DEGLUDEC SOLN PEN-INJECTOR 100 UNIT/ML | Tier 3 | | X | | |
| TRESIBA FLEX INJ 200UNIT | INSULIN DEGLUDEC SOLN PEN-INJECTOR 200 UNIT/ML | Tier 3 | | X | | |
| TRULICITY INJ 0.75/0.5 | DULAGLUTIDE SOLN PEN-INJECTOR 0.75 MG/0.5ML | Tier 3 | X | X | | |
| TRULICITY INJ 1.5/0.5 | DULAGLUTIDE SOLN PEN-INJECTOR 1.5 MG/0.5ML | Tier 3 | X | X | | |
| TRULICITY INJ 3/0.5 | DULAGLUTIDE SOLN PEN-INJECTOR 3 MG/0.5ML | Tier 3 | X | X | | |
| TRULICITY INJ 4.5/0.5 | DULAGLUTIDE SOLN PEN-INJECTOR 4.5 MG/0.5ML | Tier 3 | X | X | | |
| VICTOZA INJ 18MG/3ML | LIRAGLUTIDE SOLN PEN-INJECTOR 18 MG/3ML (6 MG/ML) | Tier 3 | X | X | | |
| XIGDUO XR TAB 10-1000 | DAPAGLIFLOZIN-METFORMIN HCL TAB ER 24HR 10-1000 MG | Tier 3 | | X | | |
| XIGDUO XR TAB 10-500MG | DAPAGLIFLOZIN-METFORMIN HCL TAB ER 24HR 10-500 MG | Tier 3 | | X | | |
| XIGDUO XR TAB 2.5-1000 | DAPAGLIFLOZIN-METFORMIN HCL TAB ER 24HR 2.5-1000 MG | Tier 3 | | X | | |
| XIGDUO XR TAB 5-1000MG | DAPAGLIFLOZIN-METFORMIN HCL TAB ER 24HR 5-1000 MG | Tier 3 | | X | | |
| XIGDUO XR TAB 5-500MG | DAPAGLIFLOZIN-METFORMIN HCL TAB ER 24HR 5-500 MG | Tier 3 | | X | | |
| ZEGALOGUE INJ 0.6/0.6 | DASIGLUCAGON HCL SUBCUTANEOUS SOLN AUTO-INJ 0.6 MG/0.6ML | Tier 2 | | X | | \$0 Copay |
| ZEGALOGUE INJ 0.6/0.6 | DASIGLUCAGON HCL SUBCUTANEOUS SOLN PREF SYRINGE 0.6 MG/0.6ML | Tier 2 | | X | | \$0 Copay |
| Blood Products/Modifiers/Volume Expanders | | | | | | |
| AMINOCAPR AC TAB 1000MG | AMINOCAPROIC ACID TAB 1000 MG | Tier 3 | | | | |
| AMINOCAPR AC TAB 500MG | AMINOCAPROIC ACID TAB 500 MG | Tier 3 | | | | |
| AMINOCAPROIC SOL 0.25/ML | AMINOCAPROIC ACID ORAL SOLN 0.25 GM/ML | Tier 3 | | | | |
| ANAGRELIDE CAP 0.5MG | ANAGRELIDE HCL CAP 0.5 MG | Tier 3 | | | | |
| ANAGRELIDE CAP 1MG | ANAGRELIDE HCL CAP 1 MG | Tier 3 | | | | |
| ARANESP INJ 100MCG | DARBEPOETIN ALFA SOLN INJ 100 MCG/ML | Tier 4 | | X | | |
| ARANESP INJ 100MCG | DARBEPOETIN ALFA SOLN PREFILLED SYRINGE 100 MCG/0.5ML | Tier 4 | | X | | |

KEY: **H**—Health Care Reform Preventive
H*—Health Care Reform Preventive
H-A—Health Care Reform Preventive with Age contingency
H-M—Health Care Reform Preventive (RX or Medical)

BH—Medication used to treat a behavioral health condition available at no cost to you
BH*—Medication may be available at no cost to you when prescribed to treat a behavioral health condition
\$0 Copay—Medication available at no cost to you



| Drug name | Generic name | Tier value | Prior auth | Quantity limit | Step therapy | Requirements & limits |
|---------------------------|---|------------|------------|----------------|--------------|-----------------------|
| ARANESP INJ 10MCG | DARBEPOETIN ALFA SOLN PREFILLED SYRINGE 10 MCG/0.4ML | Tier 4 | | X | | |
| ARANESP INJ 150MCG | DARBEPOETIN ALFA SOLN PREFILLED SYRINGE 150 MCG/0.3ML | Tier 4 | | X | | |
| ARANESP INJ 200MCG | DARBEPOETIN ALFA SOLN INJ 200 MCG/ML | Tier 4 | | X | | |
| ARANESP INJ 200MCG | DARBEPOETIN ALFA SOLN PREFILLED SYRINGE 200 MCG/0.4ML | Tier 4 | | X | | |
| ARANESP INJ 25MCG | DARBEPOETIN ALFA SOLN INJ 25 MCG/ML | Tier 4 | | X | | |
| ARANESP INJ 25MCG | DARBEPOETIN ALFA SOLN PREFILLED SYRINGE 25 MCG/0.42ML | Tier 4 | | X | | |
| ARANESP INJ 300MCG | DARBEPOETIN ALFA SOLN PREFILLED SYRINGE 300 MCG/0.6ML | Tier 4 | | X | | |
| ARANESP INJ 40MCG | DARBEPOETIN ALFA SOLN INJ 40 MCG/ML | Tier 4 | | X | | |
| ARANESP INJ 40MCG | DARBEPOETIN ALFA SOLN PREFILLED SYRINGE 40 MCG/0.4ML | Tier 4 | | X | | |
| ARANESP INJ 500MCG | DARBEPOETIN ALFA SOLN PREFILLED SYRINGE 500 MCG/ML | Tier 4 | | X | | |
| ARANESP INJ 60MCG | DARBEPOETIN ALFA SOLN INJ 60 MCG/ML | Tier 4 | | X | | |
| ARANESP INJ 60MCG | DARBEPOETIN ALFA SOLN PREFILLED SYRINGE 60 MCG/0.3ML | Tier 4 | | X | | |
| ASA/DIPYRIDA CAP 25-200MG | ASPIRIN-DIPYRIDAMOLE CAP ER 12HR 25-200 MG | Tier 3 | | X | | |
| ASA/OMEPRAZO TAB 81-40MG | ASPIRIN-OMEPRAZOLE TAB DELAYED RELEASE 81-40 MG | Tier 3 | | X | | |
| ASP/OMEPRAZO TAB 325-40MG | ASPIRIN-OMEPRAZOLE TAB DELAYED RELEASE 325-40 MG | Tier 3 | | X | | |
| BRILINTA TAB 60MG | TICAGRELOR TAB 60 MG | Tier 5 | | X | | |
| BRILINTA TAB 90MG | TICAGRELOR TAB 90 MG | Tier 5 | | X | | |
| CILOSTAZOL TAB 100MG | CILOSTAZOL TAB 100 MG | Tier 2 | | | | |
| CILOSTAZOL TAB 50MG | CILOSTAZOL TAB 50 MG | Tier 2 | | | | |
| CLOPIDOGREL TAB 300MG | CLOPIDOGREL BISULFATE TAB 300 MG (BASE EQUIV) | Tier 2 | | X | | |
| CLOPIDOGREL TAB 75MG | CLOPIDOGREL BISULFATE TAB 75 MG (BASE EQUIV) | Tier 2 | | X | | |
| DIPYRIDAMOLE TAB 25MG | DIPYRIDAMOLE TAB 25 MG | Tier 2 | | | | |
| DIPYRIDAMOLE TAB 50MG | DIPYRIDAMOLE TAB 50 MG | Tier 2 | | | | |
| DIPYRIDAMOLE TAB 75MG | DIPYRIDAMOLE TAB 75 MG | Tier 2 | | | | |
| ELIQUIS TAB 2.5MG | APIXABAN TAB 2.5 MG | Tier 3 | | X | | |
| ELIQUIS TAB 5MG | APIXABAN TAB 5 MG | Tier 3 | | X | | |
| ELIQUIS ST P TAB 5MG | APIXABAN TAB STARTER PACK 5 MG | Tier 3 | | X | | |
| ENOXAPARIN INJ 100MG/ML | ENOXAPARIN SODIUM INJ SOLN PREF SYR 100 MG/ML | Tier 3 | | X | | |
| ENOXAPARIN INJ 120/0.8 | ENOXAPARIN SODIUM INJ SOLN PREF SYR 120 MG/0.8ML | Tier 3 | | X | | |
| ENOXAPARIN INJ 150MG/ML | ENOXAPARIN SODIUM INJ SOLN PREF SYR 150 MG/ML | Tier 3 | | X | | |
| ENOXAPARIN INJ 30/0.3ML | ENOXAPARIN SODIUM INJ SOLN PREF SYR 30 MG/0.3ML | Tier 3 | | X | | |
| ENOXAPARIN INJ 300/3ML | ENOXAPARIN SODIUM INJ 300 MG/3ML | Tier 3 | | X | | |
| ENOXAPARIN INJ 40/0.4ML | ENOXAPARIN SODIUM INJ SOLN PREF SYR 40 MG/0.4ML | Tier 3 | | X | | |
| ENOXAPARIN INJ 60/0.6ML | ENOXAPARIN SODIUM INJ SOLN PREF SYR 60 MG/0.6ML | Tier 3 | | X | | |
| ENOXAPARIN INJ 80/0.8ML | ENOXAPARIN SODIUM INJ SOLN PREF SYR 80 MG/0.8ML | Tier 3 | | X | | |
| ENOXAPARIN INJ 80MG/0.8 | ENOXAPARIN SODIUM INJ SOLN PREF SYR 80 MG/0.8ML | Tier 3 | | X | | |

KEY: **H**—Health Care Reform Preventive
H*—Health Care Reform Preventive
H-A—Health Care Reform Preventive with Age contingency
H-M—Health Care Reform Preventive (RX or Medical)

BH—Medication used to treat a behavioral health condition available at no cost to you
BH*—Medication may be available at no cost to you when prescribed to treat a behavioral health condition
\$0 Copay—Medication available at no cost to you



| Drug name | Generic name | Tier value | Prior auth | Quantity limit | Step therapy | Requirements & limits |
|---------------------------|---|------------|------------|----------------|--------------|-----------------------|
| FONDAPARINUX INJ 10/0.8ML | FONDAPARINUX SODIUM SUBCUTANEOUS INJ 10 MG/0.8ML | Tier 3 | | X | | |
| FONDAPARINUX INJ 2.5/0.5 | FONDAPARINUX SODIUM SUBCUTANEOUS INJ 2.5 MG/0.5ML | Tier 3 | | X | | |
| FONDAPARINUX INJ 5/0.4ML | FONDAPARINUX SODIUM SUBCUTANEOUS INJ 5 MG/0.4ML | Tier 3 | | X | | |
| FONDAPARINUX INJ 7.5/0.6 | FONDAPARINUX SODIUM SUBCUTANEOUS INJ 7.5 MG/0.6ML | Tier 3 | | X | | |
| HEPARIN SOD INJ 1000/ML | HEPARIN SODIUM (PORCINE) INJ 1000 UNIT/ML | Tier 2 | | | | |
| HEPARIN SOD INJ 10000/ML | HEPARIN SODIUM (PORCINE) INJ 10000 UNIT/ML | Tier 2 | | | | |
| HEPARIN SOD INJ 20000/ML | HEPARIN SODIUM (PORCINE) INJ 20000 UNIT/ML | Tier 2 | | | | |
| HEPARIN SOD INJ 5000/0.5 | HEPARIN SODIUM (PORCINE) INJ SOLN PREF SYR 5000 UNIT/0.5ML | Tier 2 | | | | |
| HEPARIN SOD INJ 5000/0.5 | HEPARIN SODIUM (PORCINE) PF INJ 5000 UNIT/0.5ML | Tier 2 | | | | |
| HEPARIN SOD INJ 5000/ML | HEPARIN SODIUM (PORCINE) INJ 5000 UNIT/ML | Tier 2 | | | | |
| HEPARIN SOD INJ 5000/ML | HEPARIN SODIUM (PORCINE) PF INJ 5000 UNIT/ML | Tier 2 | | | | |
| JANTOVEN TAB 10MG | WARFARIN SODIUM TAB 10 MG | Tier 2 | | | | |
| JANTOVEN TAB 1MG | WARFARIN SODIUM TAB 1 MG | Tier 2 | | | | |
| JANTOVEN TAB 2.5MG | WARFARIN SODIUM TAB 2.5 MG | Tier 2 | | | | |
| JANTOVEN TAB 2MG | WARFARIN SODIUM TAB 2 MG | Tier 2 | | | | |
| JANTOVEN TAB 3MG | WARFARIN SODIUM TAB 3 MG | Tier 2 | | | | |
| JANTOVEN TAB 4MG | WARFARIN SODIUM TAB 4 MG | Tier 2 | | | | |
| JANTOVEN TAB 5MG | WARFARIN SODIUM TAB 5 MG | Tier 2 | | | | |
| JANTOVEN TAB 6MG | WARFARIN SODIUM TAB 6 MG | Tier 2 | | | | |
| JANTOVEN TAB 7.5MG | WARFARIN SODIUM TAB 7.5 MG | Tier 2 | | | | |
| LEUKINE INJ 250MCG | SARGRAMOSTIM LYOPHILIZED FOR INJ 250 MCG | Tier 6 | | | | |
| NEULASTA INJ 6MG/0.6M | PEGFILGRASTIM SOLN PREFILLED SYRINGE 6 MG/0.6ML | Tier 4 | | | | |
| NEULASTA KIT 6MG/0.6M | PEGFILGRASTIM SOLN PREFILLED SYRINGE KIT 6 MG/0.6ML | Tier 4 | | | | |
| PRASUGREL TAB 10MG | PRASUGREL HCL TAB 10 MG (BASE EQUIV) | Tier 2 | | X | | |
| PRASUGREL TAB 5MG | PRASUGREL HCL TAB 5 MG (BASE EQUIV) | Tier 2 | | X | | |
| PROMACTA PAK 25MG | ELTROMBOPAG OLAMINE POWDER PACK FOR SUSP 25 MG (BASE EQUIV) | Tier 6 | X | X | | |
| PROMACTA POW 12.5MG | ELTROMBOPAG OLAMINE POWDER PACK FOR SUSP 12.5 MG (BASE EQ) | Tier 6 | X | X | | |
| PROMACTA TAB 12.5MG | ELTROMBOPAG OLAMINE TAB 12.5 MG (BASE EQUIV) | Tier 6 | X | X | | |
| PROMACTA TAB 25MG | ELTROMBOPAG OLAMINE TAB 25 MG (BASE EQUIV) | Tier 6 | X | X | | |
| PROMACTA TAB 50MG | ELTROMBOPAG OLAMINE TAB 50 MG (BASE EQUIV) | Tier 6 | X | X | | |
| PROMACTA TAB 75MG | ELTROMBOPAG OLAMINE TAB 75 MG (BASE EQUIV) | Tier 6 | X | X | | |
| RECOTHROM SOL 20000UNT | THROMBIN (RECOMBINANT) FOR SOLN 20000 UNIT | Tier 5 | | | | |
| RECOTHROM SOL 5000UNIT | THROMBIN (RECOMBINANT) FOR SOLN 5000 UNIT | Tier 5 | | | | |
| RETACRIT INJ 10000UNT | EPOETIN ALFA-EPBX INJ 10000 UNIT/ML | Tier 4 | | X | | |
| RETACRIT INJ 20000UNI | EPOETIN ALFA-EPBX INJ 20000 UNIT/ML | Tier 4 | | X | | |
| RETACRIT INJ 2000UNIT | EPOETIN ALFA-EPBX INJ 2000 UNIT/ML | Tier 4 | | X | | |

KEY: **H**—Health Care Reform Preventive
H*—Health Care Reform Preventive
H-A—Health Care Reform Preventive with Age contingency
H-M—Health Care Reform Preventive (RX or Medical)

BH—Medication used to treat a behavioral health condition available at no cost to you
BH*—Medication may be available at no cost to you when prescribed to treat a behavioral health condition
\$0 Copay—Medication available at no cost to you



| Drug name | Generic name | Tier value | Prior auth | Quantity limit | Step therapy | Requirements & limits |
|------------------------------|--|------------|------------|----------------|--------------|-----------------------|
| RETACRIT INJ 3000UNIT | EPOETIN ALFA-EPBX INJ 3000 UNIT/ML | Tier 4 | | X | | |
| RETACRIT INJ 40000UNT | EPOETIN ALFA-EPBX INJ 40000 UNIT/ML | Tier 4 | | X | | |
| RETACRIT INJ 4000UNIT | EPOETIN ALFA-EPBX INJ 4000 UNIT/ML | Tier 4 | | X | | |
| THROMBIN KIT 5000UNIT | THROMBIN FOR SOLN KIT 5000 UNIT | Tier 5 | | | | |
| THROMBIN-JMI KIT 20000UNT | THROMBIN FOR SOLN KIT 20000 UNIT | Tier 5 | | | | |
| THROMBIN-JMI KIT 5000UNIT | THROMBIN FOR SOLN KIT 5000 UNIT | Tier 5 | | | | |
| THROMBIN-JMI SOL 20000UNT | THROMBIN FOR SOLN 20000 UNIT | Tier 5 | | | | |
| THROMBIN-JMI SOL 5000UNIT | THROMBIN FOR SOLN 5000 UNIT | Tier 5 | | | | |
| TRANEX ACID TAB 650MG | TRANEXAMIC ACID TAB 650 MG | Tier 3 | | X | | |
| WARFARIN TAB 10MG | WARFARIN SODIUM TAB 10 MG | Tier 2 | | | | |
| WARFARIN TAB 1MG | WARFARIN SODIUM TAB 1 MG | Tier 2 | | | | |
| WARFARIN TAB 2.5MG | WARFARIN SODIUM TAB 2.5 MG | Tier 2 | | | | |
| WARFARIN TAB 2MG | WARFARIN SODIUM TAB 2 MG | Tier 2 | | | | |
| WARFARIN TAB 3MG | WARFARIN SODIUM TAB 3 MG | Tier 2 | | | | |
| WARFARIN TAB 4MG | WARFARIN SODIUM TAB 4 MG | Tier 2 | | | | |
| WARFARIN TAB 5MG | WARFARIN SODIUM TAB 5 MG | Tier 2 | | | | |
| WARFARIN TAB 6MG | WARFARIN SODIUM TAB 6 MG | Tier 2 | | | | |
| WARFARIN TAB 7.5MG | WARFARIN SODIUM TAB 7.5 MG | Tier 2 | | | | |
| XARELTO SUS 1MG/ML | RIVAROXABAN FOR SUSP 1 MG/ML | Tier 3 | | X | | |
| XARELTO TAB 10MG | RIVAROXABAN TAB 10 MG | Tier 3 | | X | | |
| XARELTO TAB 15MG | RIVAROXABAN TAB 15 MG | Tier 3 | | X | | |
| XARELTO TAB 2.5MG | RIVAROXABAN TAB 2.5 MG | Tier 3 | | X | | |
| XARELTO TAB 20MG | RIVAROXABAN TAB 20 MG | Tier 3 | | X | | |
| XARELTO STAR TAB 15/20MG | RIVAROXABAN TAB STARTER THERAPY PACK 15 MG & 20 MG | Tier 3 | | X | | |
| YOSPRALA TAB 325-40MG | ASPIRIN-OMEPRAZOLE TAB DELAYED RELEASE 325-40 MG | Tier 3 | | X | | |
| YOSPRALA TAB 81-40MG | ASPIRIN-OMEPRAZOLE TAB DELAYED RELEASE 81-40 MG | Tier 3 | | X | | |
| ZARXIO INJ 300/0.5 | FILGRASTIM-SNDZ SOLN PREFILLED SYRINGE 300 MCG/0.5ML | Tier 4 | | | | |
| ZARXIO INJ 480/0.8 | FILGRASTIM-SNDZ SOLN PREFILLED SYRINGE 480 MCG/0.8ML | Tier 4 | | | | |
| Cardiovascular Agents | | | | | | |
| ACEBUTOLOL CAP 200MG | ACEBUTOLOL HCL CAP 200 MG | Tier 2 | | | | |
| ACEBUTOLOL CAP 400MG | ACEBUTOLOL HCL CAP 400 MG | Tier 2 | | | | |
| ACETAZOLAMID CAP 500MG ER | ACETAZOLAMIDE CAP ER 12HR 500 MG | Tier 3 | | | | |
| ACETAZOLAMID TAB 125MG | ACETAZOLAMIDE TAB 125 MG | Tier 3 | | | | |
| ACETAZOLAMID TAB 250MG | ACETAZOLAMIDE TAB 250 MG | Tier 3 | | | | |
| AMILOR/HCTZ TAB 5-50 | AMILORIDE & HYDROCHLOROTHIAZIDE TAB 5-50 MG | Tier 2 | | | | |
| AMILORIDE TAB 5MG | AMILORIDE HCL TAB 5 MG | Tier 2 | | | | |
| AMIODARONE TAB 100MG | AMIODARONE HCL TAB 100 MG | Tier 2 | | | | |
| AMIODARONE TAB 200MG | AMIODARONE HCL TAB 200 MG | Tier 2 | | | | |
| AMIODARONE TAB 400MG | AMIODARONE HCL TAB 400 MG | Tier 2 | | | | |
| AMLOD/BENAZP CAP 10-20MG | AMLODIPINE BESYLATE-BENAZEPRIL HCL CAP 10-20 MG | Tier 2 | | X | | |
| AMLOD/BENAZP CAP 10-40MG | AMLODIPINE BESYLATE-BENAZEPRIL HCL CAP 10-40 MG | Tier 2 | | X | | |
| AMLOD/BENAZP CAP 2.5-10MG | AMLODIPINE BESYLATE-BENAZEPRIL HCL CAP 2.5-10 MG | Tier 2 | | X | | |
| AMLOD/BENAZP CAP 5-10MG | AMLODIPINE BESYLATE-BENAZEPRIL HCL CAP 5-10 MG | Tier 2 | | X | | |
| AMLOD/BENAZP CAP 5-20MG | AMLODIPINE BESYLATE-BENAZEPRIL HCL CAP 5-20 MG | Tier 2 | | X | | |
| AMLOD/BENAZP CAP 5-40MG | AMLODIPINE BESYLATE-BENAZEPRIL HCL CAP 5-40 MG | Tier 2 | | X | | |

KEY: **H**—Health Care Reform Preventive
H*—Health Care Reform Preventive
H-A—Health Care Reform Preventive with Age contingency
H-M—Health Care Reform Preventive (RX or Medical)

BH—Medication used to treat a behavioral health condition available at no cost to you
BH*—Medication may be available at no cost to you when prescribed to treat a behavioral health condition
\$0 Copay—Medication available at no cost to you



| Drug name | Generic name | Tier value | Prior auth | Quantity limit | Step therapy | Requirements & limits |
|----------------------------|--|------------|------------|----------------|--------------|-----------------------|
| AMLOD/VALSAR TAB 10-160MG | AMLODIPINE BESYLATE-VALSARTAN TAB 10-160 MG | Tier 2 | | X | | |
| AMLOD/VALSAR TAB 10-320MG | AMLODIPINE BESYLATE-VALSARTAN TAB 10-320 MG | Tier 2 | | X | | |
| AMLOD/VALSAR TAB 5-160MG | AMLODIPINE BESYLATE-VALSARTAN TAB 5-160 MG | Tier 2 | | X | | |
| AMLOD/VALSAR TAB 5-320MG | AMLODIPINE BESYLATE-VALSARTAN TAB 5-320 MG | Tier 2 | | X | | |
| AMLODIPINE TAB 10MG | AMLODIPINE BESYLATE TAB 10 MG (BASE EQUIVALENT) | Tier 2 | | | | |
| AMLODIPINE TAB 2.5MG | AMLODIPINE BESYLATE TAB 2.5 MG (BASE EQUIVALENT) | Tier 2 | | | | |
| AMLODIPINE TAB 5MG | AMLODIPINE BESYLATE TAB 5 MG (BASE EQUIVALENT) | Tier 2 | | | | |
| ATENOL/CHLOR TAB 100-25MG | ATENOLOL & CHLORTHALIDONE TAB 100-25 MG | Tier 2 | | | | |
| ATENOL/CHLOR TAB 50-25MG | ATENOLOL & CHLORTHALIDONE TAB 50-25 MG | Tier 2 | | | | |
| ATENOLOL TAB 100MG | ATENOLOL TAB 100 MG | Tier 2 | | | | |
| ATENOLOL TAB 25MG | ATENOLOL TAB 25 MG | Tier 2 | | | | |
| ATENOLOL TAB 50MG | ATENOLOL TAB 50 MG | Tier 2 | | | | |
| ATORVASTATIN TAB 10MG | ATORVASTATIN CALCIUM TAB 10 MG (BASE EQUIVALENT) | Tier 2 | | X | | H-A |
| ATORVASTATIN TAB 20MG | ATORVASTATIN CALCIUM TAB 20 MG (BASE EQUIVALENT) | Tier 2 | | X | | H-A |
| ATORVASTATIN TAB 40MG | ATORVASTATIN CALCIUM TAB 40 MG (BASE EQUIVALENT) | Tier 2 | | X | | |
| ATORVASTATIN TAB 80MG | ATORVASTATIN CALCIUM TAB 80 MG (BASE EQUIVALENT) | Tier 2 | | X | | |
| BENAZEPR/HCTZ TAB 10-12.5 | BENAZEPRIL & HYDROCHLOROTHIAZIDE TAB 10-12.5 MG | Tier 2 | | X | | |
| BENAZEPR/HCTZ TAB 20-12.5 | BENAZEPRIL & HYDROCHLOROTHIAZIDE TAB 20-12.5 MG | Tier 2 | | X | | |
| BENAZEPR/HCTZ TAB 20-25MG | BENAZEPRIL & HYDROCHLOROTHIAZIDE TAB 20-25 MG | Tier 2 | | X | | |
| BENAZEPR/HCTZ TAB 5-6.25 | BENAZEPRIL & HYDROCHLOROTHIAZIDE TAB 5-6.25 MG | Tier 2 | | X | | |
| BENAZEPR/HCTZ TAB 5-6.25MG | BENAZEPRIL & HYDROCHLOROTHIAZIDE TAB 5-6.25 MG | Tier 2 | | X | | |
| BENAZEPRIL TAB 10MG | BENAZEPRIL HCL TAB 10 MG | Tier 2 | | X | | |
| BENAZEPRIL TAB 20MG | BENAZEPRIL HCL TAB 20 MG | Tier 2 | | X | | |
| BENAZEPRIL TAB 40MG | BENAZEPRIL HCL TAB 40 MG | Tier 2 | | X | | |
| BENAZEPRIL TAB 5MG | BENAZEPRIL HCL TAB 5 MG | Tier 2 | | X | | |
| BETAXOLOL TAB 10MG | BETAXOLOL HCL TAB 10 MG | Tier 2 | | | | |
| BETAXOLOL TAB 20MG | BETAXOLOL HCL TAB 20 MG | Tier 2 | | | | |
| BISOPRL/HCTZ TAB 10/6.25 | BISOPROLOL & HYDROCHLOROTHIAZIDE TAB 10-6.25 MG | Tier 2 | | X | | |
| BISOPRL/HCTZ TAB 2.5/6.25 | BISOPROLOL & HYDROCHLOROTHIAZIDE TAB 2.5-6.25 MG | Tier 2 | | X | | |
| BISOPRL/HCTZ TAB 5-6.25MG | BISOPROLOL & HYDROCHLOROTHIAZIDE TAB 5-6.25 MG | Tier 2 | | X | | |
| BISOPROL FUM TAB 10MG | BISOPROLOL FUMARATE TAB 10 MG | Tier 2 | | | | |
| BISOPROL FUM TAB 5MG | BISOPROLOL FUMARATE TAB 5 MG | Tier 2 | | | | |
| BUMETANIDE TAB 0.5MG | BUMETANIDE TAB 0.5 MG | Tier 2 | | | | |
| BUMETANIDE TAB 1MG | BUMETANIDE TAB 1 MG | Tier 2 | | | | |

KEY: **H**—Health Care Reform Preventive
H*—Health Care Reform Preventive
H-A—Health Care Reform Preventive with Age contingency
H-M—Health Care Reform Preventive (RX or Medical)

BH—Medication used to treat a behavioral health condition available at no cost to you
BH*—Medication may be available at no cost to you when prescribed to treat a behavioral health condition
\$0 Copay—Medication available at no cost to you



| Drug name | Generic name | Tier value | Prior auth | Quantity limit | Step therapy | Requirements & limits |
|--------------------------|---|------------|------------|----------------|--------------|-----------------------|
| BUMETANIDE TAB 2MG | BUMETANIDE TAB 2 MG | Tier 2 | | | | |
| CANDESA/HCTZ TAB 16-12.5 | CANDESARTAN CILEXETIL- HYDROCHLOROTHIAZIDE TAB 16-12.5 MG | Tier 3 | | X | | |
| CANDESA/HCTZ TAB 32-12.5 | CANDESARTAN CILEXETIL- HYDROCHLOROTHIAZIDE TAB 32-12.5 MG | Tier 3 | | X | | |
| CANDESA/HCTZ TAB 32-25MG | CANDESARTAN CILEXETIL- HYDROCHLOROTHIAZIDE TAB 32-25 MG | Tier 3 | | X | | |
| CANDESARTAN TAB 16MG | CANDESARTAN CILEXETIL TAB 16 MG | Tier 2 | | X | | |
| CANDESARTAN TAB 32MG | CANDESARTAN CILEXETIL TAB 32 MG | Tier 2 | | X | | |
| CANDESARTAN TAB 4MG | CANDESARTAN CILEXETIL TAB 4 MG | Tier 2 | | X | | |
| CANDESARTAN TAB 8MG | CANDESARTAN CILEXETIL TAB 8 MG | Tier 2 | | X | | |
| CAPTOPR/HCTZ TAB 25-15MG | CAPTOPRIL & HYDROCHLOROTHIAZIDE TAB 25-15 MG | Tier 3 | | X | | |
| CAPTOPR/HCTZ TAB 25-25MG | CAPTOPRIL & HYDROCHLOROTHIAZIDE TAB 25-25 MG | Tier 3 | | X | | |
| CAPTOPR/HCTZ TAB 50-15MG | CAPTOPRIL & HYDROCHLOROTHIAZIDE TAB 50-15 MG | Tier 3 | | X | | |
| CAPTOPR/HCTZ TAB 50-25MG | CAPTOPRIL & HYDROCHLOROTHIAZIDE TAB 50-25 MG | Tier 3 | | X | | |
| CAPTOPRIL TAB 100MG | CAPTOPRIL TAB 100 MG | Tier 2 | | X | | |
| CAPTOPRIL TAB 12.5MG | CAPTOPRIL TAB 12.5 MG | Tier 2 | | X | | |
| CAPTOPRIL TAB 25MG | CAPTOPRIL TAB 25 MG | Tier 2 | | X | | |
| CAPTOPRIL TAB 50MG | CAPTOPRIL TAB 50 MG | Tier 2 | | X | | |
| CARTIA XT CAP 120/24HR | DILTIAZEM HCL COATED BEADS CAP ER 24HR 120 MG | Tier 2 | | | | |
| CARTIA XT CAP 180/24HR | DILTIAZEM HCL COATED BEADS CAP ER 24HR 180 MG | Tier 2 | | | | |
| CARTIA XT CAP 240/24HR | DILTIAZEM HCL COATED BEADS CAP ER 24HR 240 MG | Tier 2 | | | | |
| CARTIA XT CAP 300/24HR | DILTIAZEM HCL COATED BEADS CAP ER 24HR 300 MG | Tier 2 | | | | |
| CARVEDILOL TAB 12.5MG | CARVEDILOL TAB 12.5 MG | Tier 2 | | | | |
| CARVEDILOL TAB 25MG | CARVEDILOL TAB 25 MG | Tier 2 | | | | |
| CARVEDILOL TAB 3.125MG | CARVEDILOL TAB 3.125 MG | Tier 2 | | | | |
| CARVEDILOL TAB 6.25MG | CARVEDILOL TAB 6.25 MG | Tier 2 | | | | |
| CHLORTHALID TAB 25MG | CHLORTHALIDONE TAB 25 MG | Tier 2 | | | | |
| CHLORTHALID TAB 50MG | CHLORTHALIDONE TAB 50 MG | Tier 2 | | | | |
| CHOLESTYRAM POW 4GM | CHOLESTYRAMINE POWDER 4 GM/ DOSE | Tier 3 | | | | |
| CHOLESTYRAM POW 4GM | CHOLESTYRAMINE POWDER PACKETS 4 GM | Tier 3 | | | | |
| CHOLESTYRAM POW 4GM LITE | CHOLESTYRAMINE LIGHT POWDER 4 GM/DOSE | Tier 3 | | | | |
| CHOLESTYRAM POW 4GM LITE | CHOLESTYRAMINE LIGHT POWDER PACKETS 4 GM | Tier 3 | | | | |
| CLONIDINE DIS 0.1/24HR | CLONIDINE TD PATCH WEEKLY 0.1 MG/24HR | Tier 3 | | | | |
| CLONIDINE DIS 0.2/24HR | CLONIDINE TD PATCH WEEKLY 0.2 MG/24HR | Tier 3 | | | | |
| CLONIDINE DIS 0.3/24HR | CLONIDINE TD PATCH WEEKLY 0.3 MG/24HR | Tier 3 | | | | |
| CLONIDINE TAB 0.1MG | CLONIDINE HCL TAB 0.1 MG | Tier 2 | | | | |
| CLONIDINE TAB 0.2MG | CLONIDINE HCL TAB 0.2 MG | Tier 2 | | | | |
| CLONIDINE TAB 0.3MG | CLONIDINE HCL TAB 0.3 MG | Tier 2 | | | | |

KEY: **H**—Health Care Reform Preventive
H*—Health Care Reform Preventive
H-A—Health Care Reform Preventive with Age contingency
H-M—Health Care Reform Preventive (RX or Medical)

BH—Medication used to treat a behavioral health condition available at no cost to you
BH*—Medication may be available at no cost to you when prescribed to treat a behavioral health condition
\$0 Copay—Medication available at no cost to you



| Drug name | Generic name | Tier value | Prior auth | Quantity limit | Step therapy | Requirements & limits |
|------------------------|---|------------|------------|----------------|--------------|-----------------------|
| COLESEVELAM PAK 3.75GM | COLESEVELAM HCL PACKET FOR SUSP 3.75 GM | Tier 3 | | | | |
| COLESEVELAM TAB 625MG | COLESEVELAM HCL TAB 625 MG | Tier 3 | | | | |
| COLESTIPOL GRA 5GM | COLESTIPOL HCL GRANULE PACKETS 5 GM | Tier 3 | | | | |
| COLESTIPOL GRA 5GM | COLESTIPOL HCL GRANULES 5 GM | Tier 3 | | | | |
| COLESTIPOL TAB 1GM | COLESTIPOL HCL TAB 1 GM | Tier 2 | | | | |
| CONSENSI TAB 10-200MG | AMLODIPINE BESYLATE-CELECOXIB TAB 10-200 MG | Tier 5 | X | X | | |
| CONSENSI TAB 2.5-200 | AMLODIPINE BESYLATE-CELECOXIB TAB 2.5-200 MG | Tier 5 | X | X | | |
| CONSENSI TAB 5-200MG | AMLODIPINE BESYLATE-CELECOXIB TAB 5-200 MG | Tier 5 | X | X | | |
| CORLANOR SOL 5MG/5ML | IVABRADINE HCL ORAL SOLN 5 MG/5ML (BASE EQUIV) | Tier 5 | X | X | | |
| CORLANOR TAB 5MG | IVABRADINE HCL TAB 5 MG (BASE EQUIV) | Tier 5 | X | X | | |
| CORLANOR TAB 7.5MG | IVABRADINE HCL TAB 7.5 MG (BASE EQUIV) | Tier 5 | X | X | | |
| DIGITEK TAB 0.125MG | DIGOXIN TAB 125 MCG (0.125 MG) | Tier 2 | | | | |
| DIGITEK TAB 0.25MG | DIGOXIN TAB 250 MCG (0.25 MG) | Tier 2 | | | | |
| DIGOX TAB 0.125MG | DIGOXIN TAB 125 MCG (0.125 MG) | Tier 2 | | | | |
| DIGOX TAB 0.25MG | DIGOXIN TAB 250 MCG (0.25 MG) | Tier 2 | | | | |
| DIGOXIN SOL 50MCG/ML | DIGOXIN ORAL SOLN 0.05 MG/ML | Tier 3 | | | | |
| DIGOXIN TAB 0.0625MG | DIGOXIN TAB 62.5 MCG (0.0625 MG) | Tier 3 | | | | |
| DIGOXIN TAB 0.125MG | DIGOXIN TAB 125 MCG (0.125 MG) | Tier 2 | | | | |
| DIGOXIN TAB 0.25MG | DIGOXIN TAB 250 MCG (0.25 MG) | Tier 2 | | | | |
| DILT-XR CAP 120MG | DILTIAZEM HCL CAP ER 24HR 120 MG | Tier 2 | | | | |
| DILT-XR CAP 180MG | DILTIAZEM HCL CAP ER 24HR 180 MG | Tier 2 | | | | |
| DILT-XR CAP 240MG | DILTIAZEM HCL CAP ER 24HR 240 MG | Tier 2 | | | | |
| DILTIAZEM CAP 120MG ER | DILTIAZEM HCL CAP ER 12HR 120 MG | Tier 2 | | | | |
| DILTIAZEM CAP 120MG ER | DILTIAZEM HCL CAP ER 24HR 120 MG | Tier 2 | | | | |
| DILTIAZEM CAP 120MG ER | DILTIAZEM HCL COATED BEADS CAP ER 24HR 120 MG | Tier 2 | | | | |
| DILTIAZEM CAP 120MG ER | DILTIAZEM HCL EXTENDED RELEASE BEADS CAP ER 24HR 120 MG | Tier 2 | | | | |
| DILTIAZEM CAP 180MG ER | DILTIAZEM HCL CAP ER 24HR 180 MG | Tier 2 | | | | |
| DILTIAZEM CAP 180MG ER | DILTIAZEM HCL COATED BEADS CAP ER 24HR 180 MG | Tier 2 | | | | |
| DILTIAZEM CAP 180MG/24 | DILTIAZEM HCL EXTENDED RELEASE BEADS CAP ER 24HR 180 MG | Tier 2 | | | | |
| DILTIAZEM CAP 240MG ER | DILTIAZEM HCL CAP ER 24HR 240 MG | Tier 2 | | | | |
| DILTIAZEM CAP 240MG ER | DILTIAZEM HCL COATED BEADS CAP ER 24HR 240 MG | Tier 2 | | | | |
| DILTIAZEM CAP 240MG/24 | DILTIAZEM HCL EXTENDED RELEASE BEADS CAP ER 24HR 240 MG | Tier 2 | | | | |
| DILTIAZEM CAP 300MG ER | DILTIAZEM HCL COATED BEADS CAP ER 24HR 300 MG | Tier 2 | | | | |
| DILTIAZEM CAP 300MG ER | DILTIAZEM HCL EXTENDED RELEASE BEADS CAP ER 24HR 300 MG | Tier 2 | | | | |
| DILTIAZEM CAP 360MG CD | DILTIAZEM HCL COATED BEADS CAP ER 24HR 360 MG | Tier 2 | | | | |
| DILTIAZEM CAP 360MG ER | DILTIAZEM HCL COATED BEADS CAP ER 24HR 360 MG | Tier 2 | | | | |
| DILTIAZEM CAP 360MG ER | DILTIAZEM HCL EXTENDED RELEASE BEADS CAP ER 24HR 360 MG | Tier 2 | | | | |
| DILTIAZEM CAP 420MG/24 | DILTIAZEM HCL EXTENDED RELEASE BEADS CAP ER 24HR 420 MG | Tier 2 | | | | |
| DILTIAZEM CAP 60MG ER | DILTIAZEM HCL CAP ER 12HR 60 MG | Tier 2 | | | | |
| DILTIAZEM CAP 90MG ER | DILTIAZEM HCL CAP ER 12HR 90 MG | Tier 2 | | | | |
| DILTIAZEM TAB 120MG | DILTIAZEM HCL TAB 120 MG | Tier 2 | | | | |

KEY: **H**—Health Care Reform Preventive
H*—Health Care Reform Preventive
H-A—Health Care Reform Preventive with Age contingency
H-M—Health Care Reform Preventive (RX or Medical)

BH—Medication used to treat a behavioral health condition available at no cost to you
BH*—Medication may be available at no cost to you when prescribed to treat a behavioral health condition
\$0 Copay—Medication available at no cost to you



| Drug name | Generic name | Tier value | Prior auth | Quantity limit | Step therapy | Requirements & limits |
|---------------------------|---|------------|------------|----------------|--------------|-----------------------|
| DILTIAZEM TAB 120MG ER | DILTIAZEM HCL TAB ER 24HR 120 MG | Tier 2 | | | | |
| DILTIAZEM TAB 240MG ER | DILTIAZEM HCL TAB ER 24HR 240 MG | Tier 2 | | | | |
| DILTIAZEM TAB 300MG ER | DILTIAZEM HCL TAB ER 24HR 300 MG | Tier 2 | | | | |
| DILTIAZEM TAB 30MG | DILTIAZEM HCL TAB 30 MG | Tier 2 | | | | |
| DILTIAZEM TAB 360MG ER | DILTIAZEM HCL TAB ER 24HR 360 MG | Tier 2 | | | | |
| DILTIAZEM TAB 60MG | DILTIAZEM HCL TAB 60 MG | Tier 2 | | | | |
| DILTIAZEM TAB 90MG | DILTIAZEM HCL TAB 90 MG | Tier 2 | | | | |
| DILTIAZEM ER TAB 180MG | DILTIAZEM HCL TAB ER 24HR 180 MG | Tier 2 | | | | |
| DILTIAZEM ER TAB 240MG | DILTIAZEM HCL TAB ER 24HR 240 MG | Tier 2 | | | | |
| DILTIAZEM ER TAB 300MG | DILTIAZEM HCL TAB ER 24HR 300 MG | Tier 2 | | | | |
| DILTIAZEM ER TAB 360MG | DILTIAZEM HCL TAB ER 24HR 360 MG | Tier 2 | | | | |
| DILTIAZEM ER TAB 420MG | DILTIAZEM HCL TAB ER 24HR 420 MG | Tier 2 | | | | |
| DISOPYRAMIDE CAP 100MG | DISOPYRAMIDE PHOSPHATE CAP 100 MG | Tier 3 | | | | |
| DISOPYRAMIDE CAP 150MG | DISOPYRAMIDE PHOSPHATE CAP 150 MG | Tier 3 | | | | |
| DOFETILIDE CAP 125MCG | DOFETILIDE CAP 125 MCG (0.125 MG) | Tier 3 | | X | | |
| DOFETILIDE CAP 250MCG | DOFETILIDE CAP 250 MCG (0.25 MG) | Tier 3 | | X | | |
| DOFETILIDE CAP 500MCG | DOFETILIDE CAP 500 MCG (0.5 MG) | Tier 3 | | X | | |
| DOXAZOSIN TAB 1MG | DOXAZOSIN MESYLATE TAB 1 MG | Tier 2 | | | | |
| DOXAZOSIN TAB 2MG | DOXAZOSIN MESYLATE TAB 2 MG | Tier 2 | | | | |
| DOXAZOSIN TAB 4MG | DOXAZOSIN MESYLATE TAB 4 MG | Tier 2 | | | | |
| DOXAZOSIN TAB 8MG | DOXAZOSIN MESYLATE TAB 8 MG | Tier 2 | | | | |
| EDARBI TAB 40MG | AZILSARTAN MEDOXOMIL TAB 40 MG | Tier 5 | | X | | |
| EDARBI TAB 80MG | AZILSARTAN MEDOXOMIL TAB 80 MG | Tier 5 | | X | | |
| EDARBYCLOR TAB 40-12.5 | AZILSARTAN MEDOXOMIL-CHLORTHALIDONE TAB 40-12.5 MG | Tier 5 | | X | | |
| EDARBYCLOR TAB 40-25MG | AZILSARTAN MEDOXOMIL-CHLORTHALIDONE TAB 40-25 MG | Tier 5 | | X | | |
| ENALAPR/HCTZ TAB 10-25MG | ENALAPRIL MALEATE & HYDROCHLOROTHIAZIDE TAB 10-25 MG | Tier 2 | | X | | |
| ENALAPR/HCTZ TAB 5-12.5MG | ENALAPRIL MALEATE & HYDROCHLOROTHIAZIDE TAB 5-12.5 MG | Tier 2 | | X | | |
| ENALAPRIL TAB 10MG | ENALAPRIL MALEATE TAB 10 MG | Tier 2 | | X | | |
| ENALAPRIL TAB 2.5MG | ENALAPRIL MALEATE TAB 2.5 MG | Tier 2 | | X | | |
| ENALAPRIL TAB 20MG | ENALAPRIL MALEATE TAB 20 MG | Tier 2 | | X | | |
| ENALAPRIL TAB 5MG | ENALAPRIL MALEATE TAB 5 MG | Tier 2 | | X | | |
| ENTRESTO TAB 24-26MG | SACUBITRIL-VALSARTAN TAB 24-26 MG | Tier 5 | X | X | | |
| ENTRESTO TAB 49-51MG | SACUBITRIL-VALSARTAN TAB 49-51 MG | Tier 5 | X | X | | |
| ENTRESTO TAB 97-103MG | SACUBITRIL-VALSARTAN TAB 97-103 MG | Tier 5 | X | X | | |
| EPLERENONE TAB 25MG | EPLERENONE TAB 25 MG | Tier 3 | | | | |
| EPLERENONE TAB 50MG | EPLERENONE TAB 50 MG | Tier 3 | | | | |
| ETHACRYNIC TAB ACD 25MG | ETHACRYNIC ACID TAB 25 MG | Tier 3 | | | | |
| EZETIM/SIMVA TAB 10-10MG | EZETIMIBE-SIMVASTATIN TAB 10-10 MG | Tier 3 | | X | | |
| EZETIM/SIMVA TAB 10-20MG | EZETIMIBE-SIMVASTATIN TAB 10-20 MG | Tier 3 | | X | | |
| EZETIM/SIMVA TAB 10-40MG | EZETIMIBE-SIMVASTATIN TAB 10-40 MG | Tier 3 | | X | | |
| EZETIM/SIMVA TAB 10-80MG | EZETIMIBE-SIMVASTATIN TAB 10-80 MG | Tier 3 | | X | | |
| EZETIMIBE TAB 10MG | EZETIMIBE TAB 10 MG | Tier 2 | | X | | |
| FELODIPINE TAB 10MG ER | FELODIPINE TAB ER 24HR 10 MG | Tier 2 | | | | |
| FELODIPINE TAB 2.5MG ER | FELODIPINE TAB ER 24HR 2.5 MG | Tier 2 | | | | |
| FELODIPINE TAB 5MG ER | FELODIPINE TAB ER 24HR 5 MG | Tier 2 | | | | |

KEY: **H**—Health Care Reform Preventive
H*—Health Care Reform Preventive
H-A—Health Care Reform Preventive with Age contingency
H-M—Health Care Reform Preventive (RX or Medical)

BH—Medication used to treat a behavioral health condition available at no cost to you
BH*—Medication may be available at no cost to you when prescribed to treat a behavioral health condition
\$0 Copay—Medication available at no cost to you



| Drug name | Generic name | Tier value | Prior auth | Quantity limit | Step therapy | Requirements & limits |
|---------------------------|--|------------|------------|----------------|--------------|-----------------------|
| FENOFIBRATE TAB 160MG | FENOFIBRATE TAB 160 MG | Tier 3 | | | | |
| FENOFIBRATE TAB 54MG | FENOFIBRATE TAB 54 MG | Tier 3 | | | | |
| FLECAINIDE TAB 100MG | FLECAINIDE ACETATE TAB 100 MG | Tier 2 | | | | |
| FLECAINIDE TAB 150MG | FLECAINIDE ACETATE TAB 150 MG | Tier 2 | | | | |
| FLECAINIDE TAB 50MG | FLECAINIDE ACETATE TAB 50 MG | Tier 2 | | | | |
| FLUVASTATIN CAP 20MG | FLUVASTATIN SODIUM CAP 20 MG (BASE EQUIVALENT) | Tier 3 | | X | | H* |
| FLUVASTATIN CAP 40MG | FLUVASTATIN SODIUM CAP 40 MG (BASE EQUIVALENT) | Tier 3 | | X | | H* |
| FOSINOP/HCTZ TAB 10/12.5 | FOSINOPRIL SODIUM & HYDROCHLOROTHIAZIDE TAB 10-12.5 MG | Tier 2 | | X | | |
| FOSINOP/HCTZ TAB 20/12.5 | FOSINOPRIL SODIUM & HYDROCHLOROTHIAZIDE TAB 20-12.5 MG | Tier 2 | | X | | |
| FOSINOPRIL TAB 10MG | FOSINOPRIL SODIUM TAB 10 MG | Tier 2 | | X | | |
| FOSINOPRIL TAB 20MG | FOSINOPRIL SODIUM TAB 20 MG | Tier 2 | | X | | |
| FOSINOPRIL TAB 40MG | FOSINOPRIL SODIUM TAB 40 MG | Tier 2 | | X | | |
| FUROSEMIDE SOL 10MG/ML | FUROSEMIDE ORAL SOLN 10 MG/ML | Tier 2 | | | | |
| FUROSEMIDE SOL 40MG/5ML | FUROSEMIDE ORAL SOLN 8 MG/ML | Tier 2 | | | | |
| FUROSEMIDE TAB 20MG | FUROSEMIDE TAB 20 MG | Tier 2 | | | | |
| FUROSEMIDE TAB 40MG | FUROSEMIDE TAB 40 MG | Tier 2 | | | | |
| FUROSEMIDE TAB 80MG | FUROSEMIDE TAB 80 MG | Tier 2 | | | | |
| GEMFIBROZIL TAB 600MG | GEMFIBROZIL TAB 600 MG | Tier 2 | | | | |
| GUANFACINE TAB 1MG | GUANFACINE HCL TAB 1 MG | Tier 2 | | X | | |
| GUANFACINE TAB 2MG | GUANFACINE HCL TAB 2 MG | Tier 2 | | X | | |
| HYDRALAZINE TAB 100MG | HYDRALAZINE HCL TAB 100 MG | Tier 2 | | | | |
| HYDRALAZINE TAB 10MG | HYDRALAZINE HCL TAB 10 MG | Tier 2 | | | | |
| HYDRALAZINE TAB 25MG | HYDRALAZINE HCL TAB 25 MG | Tier 2 | | | | |
| HYDRALAZINE TAB 50MG | HYDRALAZINE HCL TAB 50 MG | Tier 2 | | | | |
| HYDROCHLOROT CAP 12.5MG | HYDROCHLOROTHIAZIDE CAP 12.5 MG | Tier 2 | | | | |
| HYDROCHLOROT TAB 12.5MG | HYDROCHLOROTHIAZIDE TAB 12.5 MG | Tier 2 | | | | |
| HYDROCHLOROT TAB 25MG | HYDROCHLOROTHIAZIDE TAB 25 MG | Tier 2 | | | | |
| HYDROCHLOROT TAB 50MG | HYDROCHLOROTHIAZIDE TAB 50 MG | Tier 2 | | | | |
| ICOSAPENT CAP 0.5GM | ICOSAPENT ETHYL CAP 0.5 GM | Tier 3 | X | | | |
| ICOSAPENT CAP 1GM | ICOSAPENT ETHYL CAP 1 GM | Tier 3 | X | | | |
| INDAPAMIDE TAB 1.25MG | INDAPAMIDE TAB 1.25 MG | Tier 2 | | | | |
| INDAPAMIDE TAB 2.5MG | INDAPAMIDE TAB 2.5 MG | Tier 2 | | | | |
| IRBESAR/HCTZ TAB 150-12.5 | IRBESARTAN-HYDROCHLOROTHIAZIDE TAB 150-12.5 MG | Tier 2 | | X | | |
| IRBESAR/HCTZ TAB 300-12.5 | IRBESARTAN-HYDROCHLOROTHIAZIDE TAB 300-12.5 MG | Tier 2 | | X | | |
| IRBESARTAN TAB 150MG | IRBESARTAN TAB 150 MG | Tier 2 | | X | | |
| IRBESARTAN TAB 300MG | IRBESARTAN TAB 300 MG | Tier 2 | | X | | |
| IRBESARTAN TAB 75MG | IRBESARTAN TAB 75 MG | Tier 2 | | X | | |
| ISOSO/HYDRAL TAB 20-37.5 | ISOSORBIDE DINITRATE-HYDRALAZINE HCL TAB 20-37.5 MG | Tier 3 | | X | | |
| ISOSORB DIN TAB 10MG | ISOSORBIDE DINITRATE TAB 10 MG | Tier 2 | | | | |
| ISOSORB DIN TAB 20MG | ISOSORBIDE DINITRATE TAB 20 MG | Tier 2 | | | | |
| ISOSORB DIN TAB 30MG | ISOSORBIDE DINITRATE TAB 30 MG | Tier 2 | | | | |
| ISOSORB DIN TAB 40MG | ISOSORBIDE DINITRATE TAB 40 MG | Tier 2 | | | | |
| ISOSORB DIN TAB 5MG | ISOSORBIDE DINITRATE TAB 5 MG | Tier 2 | | | | |
| ISOSORB MONO TAB 10MG | ISOSORBIDE MONONITRATE TAB 10 MG | Tier 2 | | | | |
| ISOSORB MONO TAB 120MG ER | ISOSORBIDE MONONITRATE TAB ER 24HR 120 MG | Tier 2 | | | | |

KEY: **H**—Health Care Reform Preventive
H*—Health Care Reform Preventive
H-A—Health Care Reform Preventive with Age contingency
H-M—Health Care Reform Preventive (RX or Medical)

BH—Medication used to treat a behavioral health condition available at no cost to you
BH*—Medication may be available at no cost to you when prescribed to treat a behavioral health condition
\$0 Copay—Medication available at no cost to you



| Drug name | Generic name | Tier value | Prior auth | Quantity limit | Step therapy | Requirements & limits |
|---------------------------|--|------------|------------|----------------|--------------|-----------------------|
| ISOSORB MONO TAB 20MG | ISOSORBIDE MONONITRATE TAB 20 MG | Tier 2 | | | | |
| ISOSORB MONO TAB 30MG ER | ISOSORBIDE MONONITRATE TAB ER 24HR 30 MG | Tier 2 | | | | |
| ISOSORB MONO TAB 60MG ER | ISOSORBIDE MONONITRATE TAB ER 24HR 60 MG | Tier 2 | | | | |
| ISRADIPINE CAP 2.5MG | ISRADIPINE CAP 2.5 MG | Tier 2 | | | | |
| ISRADIPINE CAP 5MG | ISRADIPINE CAP 5 MG | Tier 2 | | | | |
| LABETALOL TAB 100MG | LABETALOL HCL TAB 100 MG | Tier 2 | | | | |
| LABETALOL TAB 200MG | LABETALOL HCL TAB 200 MG | Tier 2 | | | | |
| LABETALOL TAB 300MG | LABETALOL HCL TAB 300 MG | Tier 2 | | | | |
| LISINOP/HCTZ TAB 10-12.5 | LISINOPRIL & HYDROCHLOROTHIAZIDE TAB 10-12.5 MG | Tier 2 | | X | | |
| LISINOP/HCTZ TAB 20-12.5 | LISINOPRIL & HYDROCHLOROTHIAZIDE TAB 20-12.5 MG | Tier 2 | | X | | |
| LISINOP/HCTZ TAB 20-25MG | LISINOPRIL & HYDROCHLOROTHIAZIDE TAB 20-25 MG | Tier 2 | | X | | |
| LISINOPRIL TAB 10MG | LISINOPRIL TAB 10 MG | Tier 2 | | X | | |
| LISINOPRIL TAB 2.5MG | LISINOPRIL TAB 2.5 MG | Tier 2 | | X | | |
| LISINOPRIL TAB 20MG | LISINOPRIL TAB 20 MG | Tier 2 | | X | | |
| LISINOPRIL TAB 30MG | LISINOPRIL TAB 30 MG | Tier 2 | | X | | |
| LISINOPRIL TAB 40MG | LISINOPRIL TAB 40 MG | Tier 2 | | X | | |
| LISINOPRIL TAB 5MG | LISINOPRIL TAB 5 MG | Tier 2 | | X | | |
| LOSARTAN POT TAB 100MG | LOSARTAN POTASSIUM TAB 100 MG | Tier 2 | | X | | |
| LOSARTAN POT TAB 25MG | LOSARTAN POTASSIUM TAB 25 MG | Tier 2 | | X | | |
| LOSARTAN POT TAB 50MG | LOSARTAN POTASSIUM TAB 50 MG | Tier 2 | | X | | |
| LOSARTAN/HCT TAB 100-12.5 | LOSARTAN POTASSIUM & HYDROCHLOROTHIAZIDE TAB 100-12.5 MG | Tier 2 | | X | | |
| LOSARTAN/HCT TAB 100-25 | LOSARTAN POTASSIUM & HYDROCHLOROTHIAZIDE TAB 100-25 MG | Tier 2 | | X | | |
| LOSARTAN/HCT TAB 50-12.5 | LOSARTAN POTASSIUM & HYDROCHLOROTHIAZIDE TAB 50-12.5 MG | Tier 2 | | X | | |
| LOVASTATIN TAB 10MG | LOVASTATIN TAB 10 MG | Tier 2 | | X | | H-A |
| LOVASTATIN TAB 20MG | LOVASTATIN TAB 20 MG | Tier 2 | | X | | H-A |
| LOVASTATIN TAB 40MG | LOVASTATIN TAB 40 MG | Tier 2 | | X | | H-A |
| MATZIM LA TAB 180MG/24 | DILTIAZEM HCL TAB ER 24HR 180 MG | Tier 2 | | | | |
| MATZIM LA TAB 240MG/24 | DILTIAZEM HCL TAB ER 24HR 240 MG | Tier 2 | | | | |
| MATZIM LA TAB 300MG/24 | DILTIAZEM HCL TAB ER 24HR 300 MG | Tier 2 | | | | |
| MATZIM LA TAB 360MG/24 | DILTIAZEM HCL TAB ER 24HR 360 MG | Tier 2 | | | | |
| MATZIM LA TAB 420MG/24 | DILTIAZEM HCL TAB ER 24HR 420 MG | Tier 2 | | | | |
| METHAZOLAMID TAB 25MG | METHAZOLAMIDE TAB 25 MG | Tier 3 | | | | |
| METHAZOLAMID TAB 50MG | METHAZOLAMIDE TAB 50 MG | Tier 3 | | | | |
| METHYLD/HCTZ TAB 250/15 | METHYLDOPA & HYDROCHLOROTHIAZIDE TAB 250-15 MG | Tier 2 | | | | |
| METHYLD/HCTZ TAB 250/25 | METHYLDOPA & HYDROCHLOROTHIAZIDE TAB 250-25 MG | Tier 2 | | | | |
| METHYLDOPA TAB 250MG | METHYLDOPA TAB 250 MG | Tier 2 | | | | |
| METHYLDOPA TAB 500MG | METHYLDOPA TAB 500 MG | Tier 2 | | | | |
| METOLAZONE TAB 10MG | METOLAZONE TAB 10 MG | Tier 2 | | | | |
| METOLAZONE TAB 2.5MG | METOLAZONE TAB 2.5 MG | Tier 2 | | | | |
| METOLAZONE TAB 5MG | METOLAZONE TAB 5 MG | Tier 2 | | | | |

KEY: **H**—Health Care Reform Preventive
H*—Health Care Reform Preventive
H-A—Health Care Reform Preventive with Age contingency
H-M—Health Care Reform Preventive (RX or Medical)

BH—Medication used to treat a behavioral health condition available at no cost to you
BH*—Medication may be available at no cost to you when prescribed to treat a behavioral health condition
\$0 Copay—Medication available at no cost to you



| Drug name | Generic name | Tier value | Prior auth | Quantity limit | Step therapy | Requirements & limits |
|---------------------------|--|------------|------------|----------------|--------------|-----------------------|
| METOPRL/HCTZ TAB 100-25MG | METOPROLOL & HYDROCHLOROTHIAZIDE TAB 100-25 MG | Tier 2 | | | | |
| METOPRL/HCTZ TAB 100-50MG | METOPROLOL & HYDROCHLOROTHIAZIDE TAB 100-50 MG | Tier 2 | | | | |
| METOPRL/HCTZ TAB 50-25MG | METOPROLOL & HYDROCHLOROTHIAZIDE TAB 50-25 MG | Tier 2 | | | | |
| METOPROL SUC TAB 100MG ER | METOPROLOL SUCCINATE TAB ER 24HR 100 MG (TARTRATE EQUIV) | Tier 2 | | | | |
| METOPROL SUC TAB 200MG ER | METOPROLOL SUCCINATE TAB ER 24HR 200 MG (TARTRATE EQUIV) | Tier 2 | | | | |
| METOPROL SUC TAB 25MG ER | METOPROLOL SUCCINATE TAB ER 24HR 25 MG (TARTRATE EQUIV) | Tier 2 | | | | |
| METOPROL SUC TAB 50MG ER | METOPROLOL SUCCINATE TAB ER 24HR 50 MG (TARTRATE EQUIV) | Tier 2 | | | | |
| METOPROL TAR TAB 100MG | METOPROLOL TARTRATE TAB 100 MG | Tier 2 | | | | |
| METOPROL TAR TAB 25MG | METOPROLOL TARTRATE TAB 25 MG | Tier 2 | | | | |
| METOPROL TAR TAB 50MG | METOPROLOL TARTRATE TAB 50 MG | Tier 2 | | | | |
| MEXILETINE CAP 150MG | MEXILETINE HCL CAP 150 MG | Tier 3 | | | | |
| MEXILETINE CAP 200MG | MEXILETINE HCL CAP 200 MG | Tier 3 | | | | |
| MEXILETINE CAP 250MG | MEXILETINE HCL CAP 250 MG | Tier 3 | | | | |
| MIDODRINE TAB 10MG | MIDODRINE HCL TAB 10 MG | Tier 2 | | | | |
| MIDODRINE TAB 2.5MG | MIDODRINE HCL TAB 2.5 MG | Tier 2 | | | | |
| MIDODRINE TAB 5MG | MIDODRINE HCL TAB 5 MG | Tier 2 | | | | |
| MINITRAN DIS 0.1MG/HR | NITROGLYCERIN TD PATCH 24HR 0.1 MG/HR | Tier 2 | | | | |
| MINITRAN DIS 0.2MG/HR | NITROGLYCERIN TD PATCH 24HR 0.2 MG/HR | Tier 2 | | | | |
| MINITRAN DIS 0.4MG/HR | NITROGLYCERIN TD PATCH 24HR 0.4 MG/HR | Tier 2 | | | | |
| MINITRAN DIS 0.6MG/HR | NITROGLYCERIN TD PATCH 24HR 0.6 MG/HR | Tier 2 | | | | |
| MINOXIDIL TAB 10MG | MINOXIDIL TAB 10 MG | Tier 2 | | | | |
| MINOXIDIL TAB 2.5MG | MINOXIDIL TAB 2.5 MG | Tier 2 | | | | |
| MOEXIPRIL TAB 15MG | MOEXIPRIL HCL TAB 15 MG | Tier 2 | | X | | |
| MOEXIPRIL TAB 7.5MG | MOEXIPRIL HCL TAB 7.5 MG | Tier 2 | | X | | |
| MULTAQ TAB 400MG | DRONEDARONE HCL TAB 400 MG (BASE EQUIVALENT) | Tier 5 | X | X | | |
| NADOLOL TAB 20MG | NADOLOL TAB 20 MG | Tier 2 | | | | |
| NADOLOL TAB 40MG | NADOLOL TAB 40 MG | Tier 2 | | | | |
| NADOLOL TAB 80MG | NADOLOL TAB 80 MG | Tier 2 | | | | |
| NIACIN TAB 500MG | NIACIN (ANTHYPERLIPIDEMIC) TAB 500 MG | Tier 3 | | | | |
| NIACIN TAB 500MG ER | NIACIN TAB ER 500 MG (ANTHYPERLIPIDEMIC) | Tier 3 | | | | |
| NIACIN ER TAB 1000MG | NIACIN TAB ER 1000 MG (ANTHYPERLIPIDEMIC) | Tier 3 | | | | |
| NIACIN ER TAB 500MG | NIACIN TAB ER 500 MG (ANTHYPERLIPIDEMIC) | Tier 3 | | | | |
| NIACIN ER TAB 750MG | NIACIN TAB ER 750 MG (ANTHYPERLIPIDEMIC) | Tier 3 | | | | |
| NIACOR TAB 500MG | NIACIN (ANTHYPERLIPIDEMIC) TAB 500 MG | Tier 3 | | | | |
| NICARDIPINE CAP 20MG | NICARDIPINE HCL CAP 20 MG | Tier 3 | | | | |
| NICARDIPINE CAP 30MG | NICARDIPINE HCL CAP 30 MG | Tier 3 | | | | |
| NIFEDIPIE CAP 10MG | NIFEDIPIE CAP 10 MG | Tier 2 | | | | |
| NIFEDIPIE CAP 20MG | NIFEDIPIE CAP 20 MG | Tier 2 | | | | |
| NIFEDIPIE TAB 30MG ER | NIFEDIPIE TAB ER 24HR 30 MG | Tier 2 | | X | | |

KEY: **H**—Health Care Reform Preventive
H*—Health Care Reform Preventive
H-A—Health Care Reform Preventive with Age contingency
H-M—Health Care Reform Preventive (RX or Medical)

BH—Medication used to treat a behavioral health condition available at no cost to you
BH*—Medication may be available at no cost to you when prescribed to treat a behavioral health condition
\$0 Copay—Medication available at no cost to you



| Drug name | Generic name | Tier value | Prior auth | Quantity limit | Step therapy | Requirements & limits |
|---------------------------|--|------------|------------|----------------|--------------|-----------------------|
| NIFEDIPINE TAB 30MG ER | NIFEDIPINE TAB ER 24HR OSMOTIC RELEASE 30 MG | Tier 2 | | X | | |
| NIFEDIPINE TAB 60MG ER | NIFEDIPINE TAB ER 24HR 60 MG | Tier 2 | | X | | |
| NIFEDIPINE TAB 60MG ER | NIFEDIPINE TAB ER 24HR OSMOTIC RELEASE 60 MG | Tier 2 | | X | | |
| NIFEDIPINE TAB 90MG ER | NIFEDIPINE TAB ER 24HR 90 MG | Tier 2 | | X | | |
| NIFEDIPINE TAB 90MG ER | NIFEDIPINE TAB ER 24HR OSMOTIC RELEASE 90 MG | Tier 2 | | X | | |
| NIMODIPINE CAP 30MG | NIMODIPINE CAP 30 MG | Tier 3 | | | | |
| NISOLDIPINE TAB 17MG ER | NISOLDIPINE TAB ER 24HR 17 MG | Tier 3 | | | | |
| NISOLDIPINE TAB 20MG ER | NISOLDIPINE TAB ER 24HR 20 MG | Tier 3 | | | | |
| NISOLDIPINE TAB 25.5MG | NISOLDIPINE TAB ER 24HR 25.5 MG | Tier 3 | | | | |
| NISOLDIPINE TAB 30MG ER | NISOLDIPINE TAB ER 24HR 30 MG | Tier 3 | | | | |
| NISOLDIPINE TAB 34MG ER | NISOLDIPINE TAB ER 24HR 34 MG | Tier 3 | | | | |
| NISOLDIPINE TAB 40MG ER | NISOLDIPINE TAB ER 24HR 40 MG | Tier 3 | | | | |
| NISOLDIPINE TAB 8.5MG ER | NISOLDIPINE TAB ER 24HR 8.5 MG | Tier 3 | | | | |
| NITRO-BID OIN 2% | NITROGLYCERIN OINT 2% | Tier 3 | | | | |
| NITRO-DUR DIS 0.3MG/HR | NITROGLYCERIN TD PATCH 24HR 0.3 MG/HR | Tier 5 | | | | |
| NITRO-DUR DIS 0.8MG/HR | NITROGLYCERIN TD PATCH 24HR 0.8 MG/HR | Tier 5 | | | | |
| NITROGLYCER DIS 0.1MG/HR | NITROGLYCERIN TD PATCH 24HR 0.1 MG/HR | Tier 2 | | | | |
| NITROGLYCER DIS 0.2MG/HR | NITROGLYCERIN TD PATCH 24HR 0.2 MG/HR | Tier 2 | | | | |
| NITROGLYCER DIS 0.4MG/HR | NITROGLYCERIN TD PATCH 24HR 0.4 MG/HR | Tier 2 | | | | |
| NITROGLYCER DIS 0.6MG/HR | NITROGLYCERIN TD PATCH 24HR 0.6 MG/HR | Tier 2 | | | | |
| NITROGLYCERI SUB 0.6MG | NITROGLYCERIN SL TAB 0.6 MG | Tier 2 | | | | |
| NITROGLYCERN SUB 0.3MG | NITROGLYCERIN SL TAB 0.3 MG | Tier 2 | | | | |
| NITROGLYCERN SUB 0.4MG | NITROGLYCERIN SL TAB 0.4 MG | Tier 2 | | | | |
| NITROMIST AER 400MCG | NITROGLYCERIN LINGUAL AEROSOL 400 MCG/SPRAY | Tier 5 | | X | | |
| NORPACE CAP 100MG CR | DISOPYRAMIDE PHOSPHATE CAP ER 12HR 100 MG | Tier 3 | | | | |
| NORPACE CAP 150MG CR | DISOPYRAMIDE PHOSPHATE CAP ER 12HR 150 MG | Tier 3 | | | | |
| NYMALIZE SOL | NIMODIPINE ORAL SOLN 6 MG/ML | Tier 3 | | | | |
| OLMESA MEDOX TAB 20MG | OLMESARTAN MEDOXOMIL TAB 20 MG | Tier 2 | | X | | |
| OLMESA MEDOX TAB 40MG | OLMESARTAN MEDOXOMIL TAB 40 MG | Tier 2 | | X | | |
| OLMESA MEDOX TAB 5MG | OLMESARTAN MEDOXOMIL TAB 5 MG | Tier 2 | | X | | |
| PENTOXIFYLLI TAB 400MG ER | PENTOXIFYLLINE TAB ER 400 MG | Tier 2 | | | | |
| PERINDOPRIL TAB 2MG | PERINDOPRIL ERBUMINE TAB 2 MG | Tier 2 | | X | | |
| PERINDOPRIL TAB 4MG | PERINDOPRIL ERBUMINE TAB 4 MG | Tier 2 | | X | | |
| PERINDOPRIL TAB 8MG | PERINDOPRIL ERBUMINE TAB 8 MG | Tier 2 | | X | | |
| PHENOXYBENZA CAP 10MG | PHENOXYBENZAMINE HCL CAP 10 MG | Tier 3 | | | | |
| PINDOLOL TAB 10MG | PINDOLOL TAB 10 MG | Tier 2 | | | | |
| PINDOLOL TAB 5MG | PINDOLOL TAB 5 MG | Tier 2 | | | | |
| PRAVASTATIN TAB 10MG | PRAVASTATIN SODIUM TAB 10 MG | Tier 2 | | X | | H* |
| PRAVASTATIN TAB 20MG | PRAVASTATIN SODIUM TAB 20 MG | Tier 2 | | X | | H* |
| PRAVASTATIN TAB 40MG | PRAVASTATIN SODIUM TAB 40 MG | Tier 2 | | X | | H* |
| PRAVASTATIN TAB 80MG | PRAVASTATIN SODIUM TAB 80 MG | Tier 2 | | X | | H* |
| PRAZOSIN HCL CAP 1MG | PRAZOSIN HCL CAP 1 MG | Tier 2 | | | | BH* |
| PRAZOSIN HCL CAP 2MG | PRAZOSIN HCL CAP 2 MG | Tier 2 | | | | BH* |
| PRAZOSIN HCL CAP 5MG | PRAZOSIN HCL CAP 5 MG | Tier 2 | | | | BH* |
| PREVALITE POW 4GM | CHOLESTYRAMINE LIGHT POWDER 4 GM/DOSE | Tier 3 | | | | |

KEY: **H**—Health Care Reform Preventive
H*—Health Care Reform Preventive
H-A—Health Care Reform Preventive with Age contingency
H-M—Health Care Reform Preventive (RX or Medical)

BH—Medication used to treat a behavioral health condition available at no cost to you
BH*—Medication may be available at no cost to you when prescribed to treat a behavioral health condition
\$0 Copay—Medication available at no cost to you



| Drug name | Generic name | Tier value | Prior auth | Quantity limit | Step therapy | Requirements & limits |
|---------------------------|---|------------|------------|----------------|--------------|-----------------------|
| PREVALITE POW 4GM PK | CHOLESTYRAMINE LIGHT POWDER PACKETS 4 GM | Tier 3 | | | | |
| PROPAFENONE CAP 225MG ER | PROPAFENONE HCL CAP ER 12HR 225 MG | Tier 3 | | | | |
| PROPAFENONE CAP 325MG ER | PROPAFENONE HCL CAP ER 12HR 325 MG | Tier 3 | | | | |
| PROPAFENONE CAP 425MG ER | PROPAFENONE HCL CAP ER 12HR 425 MG | Tier 3 | | | | |
| PROPAFENONE TAB 150MG | PROPAFENONE HCL TAB 150 MG | Tier 2 | | | | |
| PROPAFENONE TAB 225MG | PROPAFENONE HCL TAB 225 MG | Tier 2 | | | | |
| PROPAFENONE TAB 300MG | PROPAFENONE HCL TAB 300 MG | Tier 2 | | | | |
| PROPRAN/HCTZ TAB 40/25 | PROPRANOLOL & HYDROCHLOROTHIAZIDE TAB 40-25 MG | Tier 2 | | | | |
| PROPRAN/HCTZ TAB 80/25 | PROPRANOLOL & HYDROCHLOROTHIAZIDE TAB 80-25 MG | Tier 2 | | | | |
| PROPRANOLOL CAP 120MG ER | PROPRANOLOL HCL CAP ER 24HR 120 MG | Tier 2 | | | | |
| PROPRANOLOL CAP 160MG ER | PROPRANOLOL HCL CAP ER 24HR 160 MG | Tier 2 | | | | |
| PROPRANOLOL CAP 60MG ER | PROPRANOLOL HCL CAP ER 24HR 60 MG | Tier 2 | | | | |
| PROPRANOLOL CAP 80MG ER | PROPRANOLOL HCL CAP ER 24HR 80 MG | Tier 2 | | | | |
| PROPRANOLOL SOL 20MG/5ML | PROPRANOLOL HCL ORAL SOLN 20 MG/5ML | Tier 2 | | | | |
| PROPRANOLOL SOL 40MG/5ML | PROPRANOLOL HCL ORAL SOLN 40 MG/5ML | Tier 2 | | | | |
| PROPRANOLOL TAB 10MG | PROPRANOLOL HCL TAB 10 MG | Tier 2 | | | | |
| PROPRANOLOL TAB 20MG | PROPRANOLOL HCL TAB 20 MG | Tier 2 | | | | |
| PROPRANOLOL TAB 40MG | PROPRANOLOL HCL TAB 40 MG | Tier 2 | | | | |
| PROPRANOLOL TAB 60MG | PROPRANOLOL HCL TAB 60 MG | Tier 2 | | | | |
| PROPRANOLOL TAB 80MG | PROPRANOLOL HCL TAB 80 MG | Tier 2 | | | | |
| QNAPRIL/HCTZ TAB 10-12.5 | QUINAPRIL-HYDROCHLOROTHIAZIDE TAB 10-12.5 MG | Tier 2 | | X | | |
| QNAPRIL/HCTZ TAB 20-12.5 | QUINAPRIL-HYDROCHLOROTHIAZIDE TAB 20-12.5 MG | Tier 2 | | X | | |
| QNAPRIL/HCTZ TAB 20-25MG | QUINAPRIL-HYDROCHLOROTHIAZIDE TAB 20-25 MG | Tier 2 | | X | | |
| QUINAPRIL TAB 10MG | QUINAPRIL HCL TAB 10 MG | Tier 2 | | X | | |
| QUINAPRIL TAB 20MG | QUINAPRIL HCL TAB 20 MG | Tier 2 | | X | | |
| QUINAPRIL TAB 40MG | QUINAPRIL HCL TAB 40 MG | Tier 2 | | X | | |
| QUINAPRIL TAB 5MG | QUINAPRIL HCL TAB 5 MG | Tier 2 | | X | | |
| QUINIDINE GL TAB 324MG CR | QUINIDINE GLUCONATE TAB ER 324 MG | Tier 2 | | | | |
| QUINIDINE GL TAB 324MG ER | QUINIDINE GLUCONATE TAB ER 324 MG | Tier 2 | | | | |
| QUINIDINE SU TAB 200MG | QUINIDINE SULFATE TAB 200 MG | Tier 2 | | | | |
| QUINIDINE SU TAB 300MG | QUINIDINE SULFATE TAB 300 MG | Tier 2 | | | | |
| RAMIPRIL CAP 1.25MG | RAMIPRIL CAP 1.25 MG | Tier 2 | | X | | |
| RAMIPRIL CAP 10MG | RAMIPRIL CAP 10 MG | Tier 2 | | X | | |
| RAMIPRIL CAP 2.5MG | RAMIPRIL CAP 2.5 MG | Tier 2 | | X | | |
| RAMIPRIL CAP 5MG | RAMIPRIL CAP 5 MG | Tier 2 | | X | | |
| RANOLAZINE TAB 1000MG | RANOLAZINE TAB ER 12HR 1000 MG | Tier 3 | | X | | |
| RANOLAZINE TAB 500MG ER | RANOLAZINE TAB ER 12HR 500 MG | Tier 3 | | X | | |
| RECTIV OIN 0.4% | NITROGLYCERIN OINT 0.4% | Tier 5 | | X | | |
| REPATHA INJ 140MG/ML | EVOLOCUMAB SUBCUTANEOUS SOLN PREFILLED SYRINGE 140 MG/ML | Tier 5 | X | X | | |
| REPATHA PUSH INJ 420/3.5 | EVOLOCUMAB SUBCUTANEOUS SOLN CARTRIDGE/INFUSOR 420 MG/3.5ML | Tier 5 | X | X | | |

KEY: **H**—Health Care Reform Preventive
H*—Health Care Reform Preventive
H-A—Health Care Reform Preventive with Age contingency
H-M—Health Care Reform Preventive (RX or Medical)

BH—Medication used to treat a behavioral health condition available at no cost to you
BH*—Medication may be available at no cost to you when prescribed to treat a behavioral health condition
\$0 Copay—Medication available at no cost to you



| Drug name | Generic name | Tier value | Prior auth | Quantity limit | Step therapy | Requirements & limits |
|---------------------------|---|------------|------------|----------------|--------------|-----------------------|
| REPATHA SURE INJ 140MG/ML | EVOLOCUMAB SUBCUTANEOUS SOLN AUTO-INJECTOR 140 MG/ML | Tier 5 | X | X | | |
| ROSUVASTATIN TAB 10MG | ROSUVASTATIN CALCIUM TAB 10 MG | Tier 2 | | X | | H* |
| ROSUVASTATIN TAB 20MG | ROSUVASTATIN CALCIUM TAB 20 MG | Tier 2 | | X | | |
| ROSUVASTATIN TAB 40MG | ROSUVASTATIN CALCIUM TAB 40 MG | Tier 2 | | X | | |
| ROSUVASTATIN TAB 5MG | ROSUVASTATIN CALCIUM TAB 5 MG | Tier 2 | | X | | H* |
| SIMVASTATIN TAB 10MG | SIMVASTATIN TAB 10 MG | Tier 2 | | X | | H-A |
| SIMVASTATIN TAB 20MG | SIMVASTATIN TAB 20 MG | Tier 2 | | X | | H-A |
| SIMVASTATIN TAB 40MG | SIMVASTATIN TAB 40 MG | Tier 2 | | X | | H-A |
| SIMVASTATIN TAB 5MG | SIMVASTATIN TAB 5 MG | Tier 2 | | X | | H-A |
| SIMVASTATIN TAB 80MG | SIMVASTATIN TAB 80 MG | Tier 2 | | X | | |
| SORINE TAB 120MG | SOTALOL HCL TAB 120 MG | Tier 2 | | | | |
| SORINE TAB 160MG | SOTALOL HCL TAB 160 MG | Tier 2 | | | | |
| SORINE TAB 240MG | SOTALOL HCL TAB 240 MG | Tier 2 | | | | |
| SORINE TAB 80MG | SOTALOL HCL TAB 80 MG | Tier 2 | | | | |
| SOTALOL AF TAB 120MG | SOTALOL HCL (AFIB/AFL) TAB 120 MG | Tier 2 | | | | |
| SOTALOL AF TAB 160MG | SOTALOL HCL (AFIB/AFL) TAB 160 MG | Tier 2 | | | | |
| SOTALOL AF TAB 80MG | SOTALOL HCL (AFIB/AFL) TAB 80 MG | Tier 2 | | | | |
| SOTALOL HCL TAB 120MG | SOTALOL HCL TAB 120 MG | Tier 2 | | | | |
| SOTALOL HCL TAB 160MG | SOTALOL HCL TAB 160 MG | Tier 2 | | | | |
| SOTALOL HCL TAB 240MG | SOTALOL HCL TAB 240 MG | Tier 2 | | | | |
| SOTALOL HCL TAB 80MG | SOTALOL HCL TAB 80 MG | Tier 2 | | | | |
| SOTYLIZE SOL 5MG/ML | SOTALOL HCL ORAL SOLUTION 5 MG/ML | Tier 5 | X | | | |
| SPIRONO/HCTZ TAB 25/25 | SPIRONOLACTONE & HYDROCHLOROTHIAZIDE TAB 25-25 MG | Tier 2 | | | | |
| SPIRONOLACT TAB 100MG | SPIRONOLACTONE TAB 100 MG | Tier 2 | | | | |
| SPIRONOLACT TAB 25MG | SPIRONOLACTONE TAB 25 MG | Tier 2 | | | | |
| SPIRONOLACT TAB 50MG | SPIRONOLACTONE TAB 50 MG | Tier 2 | | | | |
| TAZTIA XT CAP 120MG/24 | DILTIAZEM HCL EXTENDED RELEASE BEADS CAP ER 24HR 120 MG | Tier 2 | | | | |
| TAZTIA XT CAP 180MG/24 | DILTIAZEM HCL EXTENDED RELEASE BEADS CAP ER 24HR 180 MG | Tier 2 | | | | |
| TAZTIA XT CAP 240MG/24 | DILTIAZEM HCL EXTENDED RELEASE BEADS CAP ER 24HR 240 MG | Tier 2 | | | | |
| TAZTIA XT CAP 300MG ER | DILTIAZEM HCL EXTENDED RELEASE BEADS CAP ER 24HR 300 MG | Tier 2 | | | | |
| TAZTIA XT CAP 360MG/24 | DILTIAZEM HCL EXTENDED RELEASE BEADS CAP ER 24HR 360 MG | Tier 2 | | | | |
| TELMISA/HCTZ TAB 40-12.5 | TELMISARTAN-HYDROCHLOROTHIAZIDE TAB 40-12.5 MG | Tier 3 | | X | | |
| TELMISA/HCTZ TAB 80-12.5 | TELMISARTAN-HYDROCHLOROTHIAZIDE TAB 80-12.5 MG | Tier 3 | | X | | |
| TELMISA/HCTZ TAB 80-25MG | TELMISARTAN-HYDROCHLOROTHIAZIDE TAB 80-25 MG | Tier 3 | | X | | |
| TELMISARTAN TAB 20MG | TELMISARTAN TAB 20 MG | Tier 2 | | X | | |
| TELMISARTAN TAB 40MG | TELMISARTAN TAB 40 MG | Tier 2 | | X | | |
| TELMISARTAN TAB 80MG | TELMISARTAN TAB 80 MG | Tier 2 | | X | | |
| TIADYLT CAP 120MG/24 | DILTIAZEM HCL EXTENDED RELEASE BEADS CAP ER 24HR 120 MG | Tier 2 | | | | |
| TIADYLT CAP 180MG/24 | DILTIAZEM HCL EXTENDED RELEASE BEADS CAP ER 24HR 180 MG | Tier 2 | | | | |
| TIADYLT CAP 240MG/24 | DILTIAZEM HCL EXTENDED RELEASE BEADS CAP ER 24HR 240 MG | Tier 2 | | | | |
| TIADYLT CAP 300MG/24 | DILTIAZEM HCL EXTENDED RELEASE BEADS CAP ER 24HR 300 MG | Tier 2 | | | | |

KEY: **H**—Health Care Reform Preventive
H*—Health Care Reform Preventive
H-A—Health Care Reform Preventive with Age contingency
H-M—Health Care Reform Preventive (RX or Medical)

BH—Medication used to treat a behavioral health condition available at no cost to you
BH*—Medication may be available at no cost to you when prescribed to treat a behavioral health condition
\$0 Copay—Medication available at no cost to you



| Drug name | Generic name | Tier value | Prior auth | Quantity limit | Step therapy | Requirements & limits |
|---------------------------|---|------------|------------|----------------|--------------|-----------------------|
| TIADYLT CAP 360MG/24 | DILTIAZEM HCL EXTENDED RELEASE BEADS CAP ER 24HR 360 MG | Tier 2 | | | | |
| TIADYLT CAP 420MG/24 | DILTIAZEM HCL EXTENDED RELEASE BEADS CAP ER 24HR 420 MG | Tier 2 | | | | |
| TIMOLOL MAL TAB 10MG | TIMOLOL MALEATE TAB 10 MG | Tier 2 | | | | |
| TIMOLOL MAL TAB 20MG | TIMOLOL MALEATE TAB 20 MG | Tier 2 | | | | |
| TIMOLOL MAL TAB 5MG | TIMOLOL MALEATE TAB 5 MG | Tier 2 | | | | |
| TORSEMIDE TAB 100MG | TORSEMIDE TAB 100 MG | Tier 2 | | | | |
| TORSEMIDE TAB 10MG | TORSEMIDE TAB 10 MG | Tier 2 | | | | |
| TORSEMIDE TAB 20MG | TORSEMIDE TAB 20 MG | Tier 2 | | | | |
| TORSEMIDE TAB 5MG | TORSEMIDE TAB 5 MG | Tier 2 | | | | |
| TRANDOLAPRIL TAB 1MG | TRANDOLAPRIL TAB 1 MG | Tier 2 | | X | | |
| TRANDOLAPRIL TAB 2MG | TRANDOLAPRIL TAB 2 MG | Tier 2 | | X | | |
| TRANDOLAPRIL TAB 4MG | TRANDOLAPRIL TAB 4 MG | Tier 2 | | X | | |
| TRIAMT/HCTZ CAP 37.5-25 | TRIAMTERENE & HYDROCHLOROTHIAZIDE CAP 37.5-25 MG | Tier 2 | | | | |
| TRIAMT/HCTZ TAB 37.5-25 | TRIAMTERENE & HYDROCHLOROTHIAZIDE TAB 37.5-25 MG | Tier 2 | | | | |
| TRIAMT/HCTZ TAB 75-50MG | TRIAMTERENE & HYDROCHLOROTHIAZIDE TAB 75-50 MG | Tier 2 | | | | |
| TRIAMTERENE CAP 100MG | TRIAMTERENE CAP 100 MG | Tier 3 | | | | |
| TRIAMTERENE CAP 50MG | TRIAMTERENE CAP 50 MG | Tier 3 | | | | |
| VALSART/HCTZ TAB 160-12.5 | VALSARTAN-HYDROCHLOROTHIAZIDE TAB 160-12.5 MG | Tier 2 | | X | | |
| VALSART/HCTZ TAB 160-25MG | VALSARTAN-HYDROCHLOROTHIAZIDE TAB 160-25 MG | Tier 2 | | X | | |
| VALSART/HCTZ TAB 320-12.5 | VALSARTAN-HYDROCHLOROTHIAZIDE TAB 320-12.5 MG | Tier 2 | | X | | |
| VALSART/HCTZ TAB 320-25MG | VALSARTAN-HYDROCHLOROTHIAZIDE TAB 320-25 MG | Tier 2 | | X | | |
| VALSART/HCTZ TAB 80-12.5 | VALSARTAN-HYDROCHLOROTHIAZIDE TAB 80-12.5 MG | Tier 2 | | X | | |
| VALSARTAN TAB 160MG | VALSARTAN TAB 160 MG | Tier 2 | | X | | |
| VALSARTAN TAB 320MG | VALSARTAN TAB 320 MG | Tier 2 | | X | | |
| VALSARTAN TAB 40MG | VALSARTAN TAB 40 MG | Tier 2 | | X | | |
| VALSARTAN TAB 80MG | VALSARTAN TAB 80 MG | Tier 2 | | X | | |
| VASCEPA CAP 0.5GM | ICOSAPENT ETHYL CAP 0.5 GM | Tier 5 | X | | | |
| VASCEPA CAP 1GM | ICOSAPENT ETHYL CAP 1 GM | Tier 5 | X | | | |
| VECAMYL TAB 2.5MG | MECAMYLAMINE HCL TAB 2.5 MG | Tier 5 | X | | | |
| VERAPAMIL CAP 100MG ER | VERAPAMIL HCL CAP ER 24HR 100 MG | Tier 3 | | | | |
| VERAPAMIL CAP 120MG ER | VERAPAMIL HCL CAP ER 24HR 120 MG | Tier 3 | | | | |
| VERAPAMIL CAP 120MG SR | VERAPAMIL HCL CAP ER 24HR 120 MG | Tier 3 | | | | |
| VERAPAMIL CAP 180MG ER | VERAPAMIL HCL CAP ER 24HR 180 MG | Tier 3 | | | | |
| VERAPAMIL CAP 180MG SR | VERAPAMIL HCL CAP ER 24HR 180 MG | Tier 3 | | | | |
| VERAPAMIL CAP 200MG ER | VERAPAMIL HCL CAP ER 24HR 200 MG | Tier 3 | | | | |
| VERAPAMIL CAP 240MG ER | VERAPAMIL HCL CAP ER 24HR 240 MG | Tier 3 | | | | |
| VERAPAMIL CAP 240MG SR | VERAPAMIL HCL CAP ER 24HR 240 MG | Tier 3 | | | | |
| VERAPAMIL CAP 300MG ER | VERAPAMIL HCL CAP ER 24HR 300 MG | Tier 3 | | | | |
| VERAPAMIL CAP 360MG SR | VERAPAMIL HCL CAP ER 24HR 360 MG | Tier 3 | | | | |
| VERAPAMIL TAB 120MG | VERAPAMIL HCL TAB 120 MG | Tier 2 | | | | |
| VERAPAMIL TAB 120MG ER | VERAPAMIL HCL TAB ER 120 MG | Tier 2 | | | | |
| VERAPAMIL TAB 180MG ER | VERAPAMIL HCL TAB ER 180 MG | Tier 2 | | | | |
| VERAPAMIL TAB 240MG ER | VERAPAMIL HCL TAB ER 240 MG | Tier 2 | | | | |
| VERAPAMIL TAB 40MG | VERAPAMIL HCL TAB 40 MG | Tier 2 | | | | |
| VERAPAMIL TAB 80MG | VERAPAMIL HCL TAB 80 MG | Tier 2 | | | | |

KEY: **H**—Health Care Reform Preventive
H*—Health Care Reform Preventive
H-A—Health Care Reform Preventive with Age contingency
H-M—Health Care Reform Preventive (RX or Medical)

BH—Medication used to treat a behavioral health condition available at no cost to you
BH*—Medication may be available at no cost to you when prescribed to treat a behavioral health condition
\$0 Copay—Medication available at no cost to you



| Drug name | Generic name | Tier value | Prior auth | Quantity limit | Step therapy | Requirements & limits |
|--------------------------------------|--|------------|------------|----------------|--------------|-----------------------|
| Central Nervous System Agents | | | | | | |
| AMPHET/DEXTR CAP 10MG ER | AMPHETAMINE-DEXTROAMPHETAMINE CAP ER 24HR 10 MG | Tier 1 | X | X | | BH |
| AMPHET/DEXTR CAP 15MG ER | AMPHETAMINE-DEXTROAMPHETAMINE CAP ER 24HR 15 MG | Tier 1 | X | X | | BH |
| AMPHET/DEXTR CAP 20MG ER | AMPHETAMINE-DEXTROAMPHETAMINE CAP ER 24HR 20 MG | Tier 1 | X | X | | BH |
| AMPHET/DEXTR CAP 25MG ER | AMPHETAMINE-DEXTROAMPHETAMINE CAP ER 24HR 25 MG | Tier 1 | X | X | | BH |
| AMPHET/DEXTR CAP 30MG ER | AMPHETAMINE-DEXTROAMPHETAMINE CAP ER 24HR 30 MG | Tier 1 | X | X | | BH |
| AMPHET/DEXTR CAP 5MG ER | AMPHETAMINE-DEXTROAMPHETAMINE CAP ER 24HR 5 MG | Tier 1 | X | X | | BH |
| AMPHET/DEXTR TAB 10MG | AMPHETAMINE-DEXTROAMPHETAMINE TAB 10 MG | Tier 1 | X | X | | BH |
| AMPHET/DEXTR TAB 12.5MG | AMPHETAMINE-DEXTROAMPHETAMINE TAB 12.5 MG | Tier 1 | X | X | | BH |
| AMPHET/DEXTR TAB 15MG | AMPHETAMINE-DEXTROAMPHETAMINE TAB 15 MG | Tier 1 | X | X | | BH |
| AMPHET/DEXTR TAB 20MG | AMPHETAMINE-DEXTROAMPHETAMINE TAB 20 MG | Tier 1 | X | X | | BH |
| AMPHET/DEXTR TAB 30MG | AMPHETAMINE-DEXTROAMPHETAMINE TAB 30 MG | Tier 1 | X | X | | BH |
| AMPHET/DEXTR TAB 5MG | AMPHETAMINE-DEXTROAMPHETAMINE TAB 5 MG | Tier 1 | X | X | | BH |
| AMPHET/DEXTR TAB 7.5MG | AMPHETAMINE-DEXTROAMPHETAMINE TAB 7.5 MG | Tier 1 | X | X | | BH |
| AMPHETAMINE TAB 10MG | AMPHETAMINE SULFATE TAB 10 MG | Tier 1 | X | | | BH |
| AMPHETAMINE TAB 5MG | AMPHETAMINE SULFATE TAB 5 MG | Tier 1 | X | | | BH |
| AUSTEDO TAB 12MG | DEUTETRABENAZINE TAB 12 MG | Tier 4 | X | X | | BH* |
| AUSTEDO TAB 6MG | DEUTETRABENAZINE TAB 6 MG | Tier 4 | X | X | | BH* |
| AUSTEDO TAB 9MG | DEUTETRABENAZINE TAB 9 MG | Tier 4 | X | X | | BH* |
| AVONEX PEN KIT 30MCG | INTERFERON BETA-1A IM AUTO-INJECTOR KIT 30 MCG/0.5ML | Tier 4 | X | X | | |
| AVONEX PREFL KIT 30MCG | INTERFERON BETA-1A IM PREFILLED SYRINGE KIT 30 MCG/0.5ML | Tier 4 | X | X | | |
| BETASERON INJ 0.3MG | INTERFERON BETA-1B FOR INJ KIT 0.3 MG | Tier 4 | X | X | | |
| CAFFEINE CIT SOL 20MG/ML | CAFFEINE CITRATE ORAL SOLN 60 MG/3ML (10 MG/ML BASE EQUIV) | Tier 2 | | | | |
| CAFFEINE CIT SOL 60MG/3ML | CAFFEINE CITRATE ORAL SOLN 60 MG/3ML (10 MG/ML BASE EQUIV) | Tier 2 | | | | |
| CLONIDINE TAB 0.1MG ER | CLONIDINE HCL TAB ER 12HR 0.1 MG | Tier 1 | | | | BH |
| DALFAMPRIDIN TAB 10MG ER | DALFAMPRIDINE TAB ER 12HR 10 MG | Tier 4 | X | X | | |
| DEXMETHYLPH TAB 10MG | DEXMETHYLPHENIDATE HCL TAB 10 MG | Tier 1 | X | X | | BH |
| DEXMETHYLPH TAB 2.5MG | DEXMETHYLPHENIDATE HCL TAB 2.5 MG | Tier 1 | X | X | | BH |
| DEXMETHYLPH TAB 5MG | DEXMETHYLPHENIDATE HCL TAB 5 MG | Tier 1 | X | X | | BH |
| DEXTROAMPHET SOL 5MG/5ML | DEXTROAMPHETAMINE SULFATE ORAL SOLUTION 5 MG/5ML | Tier 1 | X | | | BH |
| DEXTROAMPHET TAB 10MG | DEXTROAMPHETAMINE SULFATE TAB 10 MG | Tier 1 | X | X | | BH |
| DEXTROAMPHET TAB 5MG | DEXTROAMPHETAMINE SULFATE TAB 5 MG | Tier 1 | X | X | | BH |

KEY: **H**—Health Care Reform Preventive
H*—Health Care Reform Preventive
H-A—Health Care Reform Preventive with Age contingency
H-M—Health Care Reform Preventive (RX or Medical)

BH—Medication used to treat a behavioral health condition available at no cost to you
BH*—Medication may be available at no cost to you when prescribed to treat a behavioral health condition
\$0 Copay—Medication available at no cost to you



| Drug name | Generic name | Tier value | Prior auth | Quantity limit | Step therapy | Requirements & limits |
|---------------------------|--|------------|------------|----------------|--------------|-----------------------|
| DIMETHYL FUM CAP 120MG DR | DIMETHYL FUMARATE CAPSULE DELAYED RELEASE 120 MG | Tier 4 | X | X | | |
| DIMETHYL FUM CAP 240MG DR | DIMETHYL FUMARATE CAPSULE DELAYED RELEASE 240 MG | Tier 4 | X | X | | |
| DIMETHYL FUM MIS STARTER | DIMETHYL FUMARATE CAPSULE DR STARTER PACK 120 MG & 240 MG | Tier 4 | X | X | | |
| DULOXETINE CAP 20MG | DULOXETINE HCL ENTERIC COATED PELLETS CAP 20 MG (BASE EQ) | Tier 1 | | X | | BH |
| DULOXETINE CAP 30MG | DULOXETINE HCL ENTERIC COATED PELLETS CAP 30 MG (BASE EQ) | Tier 1 | | X | | BH |
| DULOXETINE CAP 60MG | DULOXETINE HCL ENTERIC COATED PELLETS CAP 60 MG (BASE EQ) | Tier 1 | | X | | BH |
| FINGOLIMOD CAP 0.5MG | FINGOLIMOD HCL CAP 0.5 MG (BASE EQUIV) | Tier 6 | X | X | | |
| GLATIRAMER INJ 20MG/ML | GLATIRAMER ACETATE SOLN PREFILLED SYRINGE 20 MG/ML | Tier 4 | X | X | | |
| GLATIRAMER INJ 40MG/ML | GLATIRAMER ACETATE SOLN PREFILLED SYRINGE 40 MG/ML | Tier 4 | X | X | | |
| GLATOPA INJ 20MG/ML | GLATIRAMER ACETATE SOLN PREFILLED SYRINGE 20 MG/ML | Tier 4 | X | X | | |
| GLATOPA INJ 40MG/ML | GLATIRAMER ACETATE SOLN PREFILLED SYRINGE 40 MG/ML | Tier 4 | X | X | | |
| GUANFACINE TAB 1MG ER | GUANFACINE HCL TAB ER 24HR 1 MG (BASE EQUIV) | Tier 1 | | X | | BH |
| GUANFACINE TAB 2MG ER | GUANFACINE HCL TAB ER 24HR 2 MG (BASE EQUIV) | Tier 1 | | X | | BH |
| GUANFACINE TAB 3MG ER | GUANFACINE HCL TAB ER 24HR 3 MG (BASE EQUIV) | Tier 1 | | X | | BH |
| GUANFACINE TAB 4MG ER | GUANFACINE HCL TAB ER 24HR 4 MG (BASE EQUIV) | Tier 1 | | X | | BH |
| INGREZZA CAP 40-80MG | VALBENAZINE TOSYLATE CAP THERAPY PACK 40 MG (7) & 80 MG (21) | Tier 6 | X | X | | BH* |
| INGREZZA CAP 40MG | VALBENAZINE TOSYLATE CAP 40 MG (BASE EQUIV) | Tier 6 | X | X | | BH* |
| INGREZZA CAP 60MG | VALBENAZINE TOSYLATE CAP 60 MG (BASE EQUIV) | Tier 6 | X | X | | BH* |
| INGREZZA CAP 80MG | VALBENAZINE TOSYLATE CAP 80 MG (BASE EQUIV) | Tier 6 | X | X | | BH* |
| METHAMPHETAM TAB 5MG | METHAMPHETAMINE HCL TAB 5 MG | Tier 1 | X | | | BH |
| METHYLPHENID SOL 10MG/5ML | METHYLPHENIDATE HCL SOLN 10 MG/5ML | Tier 1 | X | X | | BH |
| METHYLPHENID SOL 5MG/5ML | METHYLPHENIDATE HCL SOLN 5 MG/5ML | Tier 1 | X | X | | BH |
| METHYLPHENID TAB 10MG | METHYLPHENIDATE HCL TAB 10 MG | Tier 1 | X | X | | BH |
| METHYLPHENID TAB 18MG ER | METHYLPHENIDATE HCL TAB ER OSMOTIC RELEASE (OSM) 18 MG | Tier 1 | X | X | | BH |
| METHYLPHENID TAB 20MG | METHYLPHENIDATE HCL TAB 20 MG | Tier 1 | X | X | | BH |
| METHYLPHENID TAB 27MG ER | METHYLPHENIDATE HCL TAB ER OSMOTIC RELEASE (OSM) 27 MG | Tier 1 | X | X | | BH |
| METHYLPHENID TAB 36MG ER | METHYLPHENIDATE HCL TAB ER OSMOTIC RELEASE (OSM) 36 MG | Tier 1 | X | X | | BH |
| METHYLPHENID TAB 54MG ER | METHYLPHENIDATE HCL TAB ER OSMOTIC RELEASE (OSM) 54 MG | Tier 1 | X | X | | BH |
| METHYLPHENID TAB 5MG | METHYLPHENIDATE HCL TAB 5 MG | Tier 1 | X | X | | BH |
| PHENTERMINE CAP 15MG | PHENTERMINE HCL CAP 15 MG | Tier 2 | X | | | |
| PHENTERMINE CAP 30MG | PHENTERMINE HCL CAP 30 MG | Tier 2 | X | | | |
| PHENTERMINE CAP 37.5MG | PHENTERMINE HCL CAP 37.5 MG | Tier 2 | X | | | |
| PHENTERMINE TAB 37.5MG | PHENTERMINE HCL TAB 37.5 MG | Tier 2 | X | | | |
| PREGABALIN CAP 100MG | PREGABALIN CAP 100 MG | Tier 2 | | X | | BH* |
| PREGABALIN CAP 150MG | PREGABALIN CAP 150 MG | Tier 2 | | X | | BH* |
| PREGABALIN CAP 200MG | PREGABALIN CAP 200 MG | Tier 2 | | X | | BH* |
| PREGABALIN CAP 225MG | PREGABALIN CAP 225 MG | Tier 2 | | X | | BH* |

KEY: **H**—Health Care Reform Preventive

H*—Health Care Reform Preventive

H-A—Health Care Reform Preventive with Age contingency

H-M—Health Care Reform Preventive (RX or Medical)

BH—Medication used to treat a behavioral health condition available at no cost to you

BH*—Medication may be available at no cost to you when prescribed to treat a behavioral health condition

\$0 Copay—Medication available at no cost to you



| Drug name | Generic name | Tier value | Prior auth | Quantity limit | Step therapy | Requirements & limits |
|-------------------------------|--|------------|------------|----------------|--------------|-----------------------|
| PREGABALIN CAP 25MG | PREGABALIN CAP 25 MG | Tier 2 | | X | | BH* |
| PREGABALIN CAP 300MG | PREGABALIN CAP 300 MG | Tier 2 | | X | | BH* |
| PREGABALIN CAP 50MG | PREGABALIN CAP 50 MG | Tier 2 | | X | | BH* |
| PREGABALIN CAP 75MG | PREGABALIN CAP 75 MG | Tier 2 | | X | | BH* |
| RILUZOLE TAB 50MG | RILUZOLE TAB 50 MG | Tier 4 | | | | BH* |
| SAVELLA MIS TITR PAK | MILNACIPRAN HCL TAB 12.5 MG (5) & 25 MG (8) & 50 MG (42) PAK | Tier 5 | | X | | |
| SAVELLA TAB 100MG | MILNACIPRAN HCL TAB 100 MG | Tier 5 | | X | | |
| SAVELLA TAB 12.5MG | MILNACIPRAN HCL TAB 12.5 MG | Tier 5 | | X | | |
| SAVELLA TAB 25MG | MILNACIPRAN HCL TAB 25 MG | Tier 5 | | X | | |
| SAVELLA TAB 50MG | MILNACIPRAN HCL TAB 50 MG | Tier 5 | | X | | |
| TETRABENAZIN TAB 12.5MG | TETRABENAZINE TAB 12.5 MG | Tier 4 | X | X | | |
| TETRABENAZIN TAB 25MG | TETRABENAZINE TAB 25 MG | Tier 4 | X | X | | |
| TIGLUTIK SUS 50/10ML | RILUZOLE SUSP 50 MG/10ML | Tier 6 | X | | | BH* |
| Dental and Oral Agents | | | | | | |
| CEVIMELINE CAP 30MG | CEVIMELINE HCL CAP 30 MG | Tier 3 | | | | |
| CHLORHEX GLU SOL 0.12% | CHLORHEXIDINE GLUCONATE SOLN 0.12% | Tier 2 | | | | |
| ORALONE DENT PST 0.1% | TRIAMCINOLONE ACETONIDE DENTAL PASTE 0.1% | Tier 2 | | | | |
| PERIOGARD SOL 0.12% | CHLORHEXIDINE GLUCONATE SOLN 0.12% | Tier 2 | | | | |
| PILOCARPINE TAB 5MG | PILOCARPINE HCL TAB 5 MG | Tier 3 | | | | |
| PILOCARPINE TAB 7.5MG | PILOCARPINE HCL TAB 7.5 MG | Tier 3 | | | | |
| TRIAMCINOLON PST DEN 0.1% | TRIAMCINOLONE ACETONIDE DENTAL PASTE 0.1% | Tier 2 | | | | |
| Dermatological Agents | | | | | | |
| ACUTANE CAP 10MG | ISOTRETINOIN CAP 10 MG | Tier 3 | | | | |
| ACUTANE CAP 20MG | ISOTRETINOIN CAP 20 MG | Tier 3 | | | | |
| ACUTANE CAP 30MG | ISOTRETINOIN CAP 30 MG | Tier 3 | | | | |
| ACUTANE CAP 40MG | ISOTRETINOIN CAP 40 MG | Tier 3 | | | | |
| ACITRETIN CAP 10MG | ACITRETIN CAP 10 MG | Tier 3 | | | | |
| ACITRETIN CAP 17.5MG | ACITRETIN CAP 17.5 MG | Tier 3 | | | | |
| ACITRETIN CAP 25MG | ACITRETIN CAP 25 MG | Tier 3 | | | | |
| ADAPALENE CRE 0.1% | ADAPALENE CREAM 0.1% | Tier 3 | X | X | | |
| ADAPALENE GEL 0.1% | ADAPALENE GEL 0.1% | Tier 3 | X | X | | |
| ADAPALENE GEL 0.3% | ADAPALENE GEL 0.3% | Tier 3 | X | X | | |
| ADAPALENE GEL PMP 0.3% | ADAPALENE GEL 0.3% | Tier 3 | X | X | | |
| AMMONIUM LAC CRE 12% | LACTIC ACID (AMMONIUM LACTATE) CREAM 12% | Tier 2 | | | | |
| AMNESTEEM CAP 10MG | ISOTRETINOIN CAP 10 MG | Tier 3 | | | | |
| AMNESTEEM CAP 20MG | ISOTRETINOIN CAP 20 MG | Tier 3 | | | | |
| AMNESTEEM CAP 40MG | ISOTRETINOIN CAP 40 MG | Tier 3 | | | | |
| AZELAIC ACID GEL 15% | AZELAIC ACID GEL 15% | Tier 3 | | X | | |
| CALCIP/BETAM SUS | CALCIPOTRIENE-BETAMETHASONE DIPROPIONATE SUSP 0.005-0.064% | Tier 3 | | X | | |
| CALCIPOTRIEN CRE 0.005% | CALCIPOTRIENE CREAM 0.005% | Tier 3 | | X | | |
| CALCIPOTRIEN OIN 0.005% | CALCIPOTRIENE OINT 0.005% | Tier 3 | | X | | |
| CALCIPOTRIEN OIN BETAMETH | CALCIPOTRIENE-BETAMETHASONE DIPROPIONATE OINT 0.005-0.064% | Tier 3 | | X | | |
| CALCIPOTRIEN SOL 0.005% | CALCIPOTRIENE SOLN 0.005% (50 MCG/ML) | Tier 3 | | X | | |
| CALCITRIOL OIN 3MCG/GM | CALCITRIOL OINT 3 MCG/GM | Tier 3 | | X | | |
| CLARAVIS CAP 10MG | ISOTRETINOIN CAP 10 MG | Tier 3 | | | | |
| CLARAVIS CAP 20MG | ISOTRETINOIN CAP 20 MG | Tier 3 | | | | |
| CLARAVIS CAP 30MG | ISOTRETINOIN CAP 30 MG | Tier 3 | | | | |
| CLARAVIS CAP 40MG | ISOTRETINOIN CAP 40 MG | Tier 3 | | | | |

KEY: **H**—Health Care Reform Preventive
H*—Health Care Reform Preventive
H-A—Health Care Reform Preventive with Age contingency
H-M—Health Care Reform Preventive (RX or Medical)

BH—Medication used to treat a behavioral health condition available at no cost to you
BH*—Medication may be available at no cost to you when prescribed to treat a behavioral health condition
\$0 Copay—Medication available at no cost to you



| Drug name | Generic name | Tier value | Prior auth | Quantity limit | Step therapy | Requirements & limits |
|-------------------------|---|------------|------------|----------------|--------------|-----------------------|
| CLINDAMY/BEN GEL 1.2-5% | CLINDAMYCIN PHOSPH-BENZOYL PEROXIDE (REFRIG) GEL 1.2 (1)-5% | Tier 3 | | X | | |
| CLINDAMYCIN LOT 1% | CLINDAMYCIN PHOSPHATE LOTION 1% | Tier 3 | | X | | |
| CLINDAMYCIN LOT 10MG/ML | CLINDAMYCIN PHOSPHATE LOTION 1% | Tier 3 | | X | | |
| CLINDAMYCIN MIS 1% | CLINDAMYCIN PHOSPHATE SWAB 1% | Tier 2 | | X | | |
| CLINDAMYCIN SOL 1% | CLINDAMYCIN PHOSPHATE SOLN 1% | Tier 2 | | X | | |
| CONDYLOX GEL 0.5% | PODOFILOX GEL 0.5% | Tier 5 | | | | |
| DOXEPIN HCL CRE 5% | DOXEPIN HCL CREAM 5% | Tier 3 | X | X | | |
| DUOBRII LOT | HALOBETASOL PROPIONATE-TAZAROTENE LOTION 0.01-0.045% | Tier 5 | | X | | |
| DUPIXENT INJ 100/0.67 | DUPILUMAB SUBCUTANEOUS SOLN PREFILLED SYRINGE 100 MG/0.67ML | Tier 4 | X | X | | |
| DUPIXENT INJ 200/1.14 | DUPILUMAB SUBCUTANEOUS SOLN PREFILLED SYRINGE 200 MG/1.14ML | Tier 4 | X | X | | |
| DUPIXENT INJ 200MG | DUPILUMAB SUBCUTANEOUS SOLN PEN-INJECTOR 200 MG/1.14ML | Tier 4 | X | X | | |
| DUPIXENT INJ 300/2ML | DUPILUMAB SUBCUTANEOUS SOLN PEN-INJECTOR 300 MG/2ML | Tier 4 | X | X | | |
| DUPIXENT INJ 300/2ML | DUPILUMAB SUBCUTANEOUS SOLN PREFILLED SYRINGE 300 MG/2ML | Tier 4 | X | X | | |
| EPIFOAM AER 1% | PRAMOXINE-HC AEROSOL FOAM 1-1% | Tier 3 | | | | |
| ERY PAD 2% | ERYTHROMYCIN PADS 2% | Tier 2 | | | | |
| ERY/BENZOYL GEL 3-5% | BENZOYL PEROXIDE-ERYTHROMYCIN GEL 5-3% | Tier 3 | | X | | |
| ERYTHROMYCIN GEL 2% | ERYTHROMYCIN GEL 2% | Tier 3 | | | | |
| ERYTHROMYCIN SOL 2% | ERYTHROMYCIN SOLN 2% | Tier 3 | | | | |
| ESKATA SOL 40% | HYDROGEN PEROXIDE SOLN 40% | Tier 5 | | | | |
| IMIQUIMOD CRE 5% | IMIQUIMOD CREAM 5% | Tier 2 | | X | | |
| ISOTRETINOIN CAP 10MG | ISOTRETINOIN CAP 10 MG | Tier 3 | | | | |
| ISOTRETINOIN CAP 20MG | ISOTRETINOIN CAP 20 MG | Tier 3 | | | | |
| ISOTRETINOIN CAP 30MG | ISOTRETINOIN CAP 30 MG | Tier 3 | | | | |
| ISOTRETINOIN CAP 40MG | ISOTRETINOIN CAP 40 MG | Tier 3 | | | | |
| METHOXSALEN CAP 10MG | METHOXSALEN RAPID CAP 10 MG | Tier 3 | | | | |
| METRONIDAZOL CRE 0.75% | METRONIDAZOLE CREAM 0.75% | Tier 3 | | | | |
| METRONIDAZOL GEL 0.75% | METRONIDAZOLE GEL 0.75% | Tier 3 | | | | |
| METRONIDAZOL LOT 0.75% | METRONIDAZOLE LOTION 0.75% | Tier 3 | | | | |
| MYORISAN CAP 10MG | ISOTRETINOIN CAP 10 MG | Tier 3 | | | | |
| MYORISAN CAP 20MG | ISOTRETINOIN CAP 20 MG | Tier 3 | | | | |
| MYORISAN CAP 30MG | ISOTRETINOIN CAP 30 MG | Tier 3 | | | | |
| MYORISAN CAP 40MG | ISOTRETINOIN CAP 40 MG | Tier 3 | | | | |
| PIMECROLIMUS CRE 1% | PIMECROLIMUS CREAM 1% | Tier 3 | | X | X | |
| PODOFILOX SOL 0.5% | PODOFILOX SOLN 0.5% | Tier 2 | | | | |
| PRAMOSONE LOT 1% | PRAMOXINE-HC LOTION 1-1% | Tier 3 | | | | |
| PRAMOSONE LOT 2.5% | PRAMOXINE-HC LOTION 1-2.5% | Tier 3 | | | | |
| REGRANEX GEL 0.01% | BECAPLERMIN GEL 0.01% | Tier 3 | X | X | | |
| RHOFADE CRE 1% | OXYMETAZOLINE HCL CREAM 1% | Tier 5 | X | X | | |
| SANTYL OIN 250/GM | COLLAGENASE OINT 250 UNIT/GM | Tier 5 | | X | | |
| SELENIUM SUL LOT 2.5% | SELENIUM SULFIDE LOTION 2.5% | Tier 2 | | | | |
| STELARA INJ 45MG/0.5 | USTEKINUMAB INJ 45 MG/0.5ML | Tier 4 | X | X | | |
| STELARA INJ 45MG/0.5 | USTEKINUMAB SOLN PREFILLED SYRINGE 45 MG/0.5ML | Tier 4 | X | X | | |
| STELARA INJ 90MG/ML | USTEKINUMAB SOLN PREFILLED SYRINGE 90 MG/ML | Tier 4 | X | X | | |
| SULFACETAMID LOT 10% | SULFACETAMIDE SODIUM LOTION 10% (ACNE) | Tier 2 | | | | |
| TACROLIMUS OIN 0.03% | TACROLIMUS OINT 0.03% | Tier 3 | | X | X | |
| TACROLIMUS OIN 0.1% | TACROLIMUS OINT 0.1% | Tier 3 | | X | X | |

KEY: H—Health Care Reform Preventive

H*—Health Care Reform Preventive

H-A—Health Care Reform Preventive with Age contingency

H-M—Health Care Reform Preventive (RX or Medical)

BH—Medication used to treat a behavioral health condition available at no cost to you

BH*—Medication may be available at no cost to you when prescribed to treat a behavioral health condition

\$0 Copay—Medication available at no cost to you



| Drug name | Generic name | Tier value | Prior auth | Quantity limit | Step therapy | Requirements & limits |
|----------------------|------------------------|------------|------------|----------------|--------------|-----------------------|
| TAZAROTENE CRE 0.1% | TAZAROTENE CREAM 0.1% | Tier 3 | X | X | | |
| TAZAROTENE GEL 0.05% | TAZAROTENE GEL 0.05% | Tier 3 | X | X | | |
| TAZAROTENE GEL 0.1% | TAZAROTENE GEL 0.1% | Tier 3 | X | X | | |
| TAZORAC CRE 0.05% | TAZAROTENE CREAM 0.05% | Tier 5 | X | X | | |
| TRETINOIN CRE 0.025% | TRETINOIN CREAM 0.025% | Tier 3 | X | X | | |
| TRETINOIN CRE 0.05% | TRETINOIN CREAM 0.05% | Tier 3 | X | X | | |
| TRETINOIN CRE 0.1% | TRETINOIN CREAM 0.1% | Tier 3 | X | X | | |
| VEREGEN OIN 15% | SINECATECHINS OINT 15% | Tier 5 | | X | | |
| ZENATANE CAP 10MG | ISOTRETINOIN CAP 10 MG | Tier 3 | | | | |
| ZENATANE CAP 20MG | ISOTRETINOIN CAP 20 MG | Tier 3 | | | | |
| ZENATANE CAP 30MG | ISOTRETINOIN CAP 30 MG | Tier 3 | | | | |
| ZENATANE CAP 40MG | ISOTRETINOIN CAP 40 MG | Tier 3 | | | | |

Electrolytes/ Minerals/ Metals/ Vitamins

| | | | | | | |
|--------------------------|--|--------|---|---|--|--|
| CITRANATAL CAP MEDLEY | *PRENAT W/O A W/FE FUM-FE CBN-FA-DHA CAP 27-1-200 MG*** | Tier 3 | | | | |
| ATABEX EC TAB 29-1MG | *PRENATAL VIT W/ DSS-IRON CARBONYL-FA TAB DR 29-1 MG*** | Tier 3 | | | | |
| ATABEX OB TAB 29-1MG | *PRENATAL VIT W/ FE BISGLYCINATE CHELATE-FA TAB 29-1 MG*** | Tier 3 | | | | |
| AURYXIA TAB 210MG | FERRIC CITRATE TAB 1 GM (210 MG FERRIC IRON) | Tier 5 | | | | |
| C-NATE DHA CAP 28-1-200 | *PRENATAL VIT W/ FE FUM-FA-OMEGA 3 CAP 28-1-200 MG*** | Tier 3 | | | | |
| CALC ACETATE CAP 667MG | CALCIUM ACETATE (PHOSPHATE BINDER) CAP 667 MG (169 MG CA) | Tier 2 | | | | |
| CALC ACETATE TAB 667MG | CALCIUM ACETATE (PHOSPHATE BINDER) TAB 667 MG | Tier 2 | | | | |
| CARGLUMIC TAB 200MG | CARGLUMIC ACID SOLUBLE TAB 200 MG | Tier 6 | X | | | |
| CHEMET CAP 100MG | SUCCIMER CAP 100 MG | Tier 3 | | | | |
| CITRANATAL CAP HARMONY | *PRENAT W/O A W/FE FUM-FE CBN-DSS-FA-DHA CAP 27-1-260 MG*** | Tier 3 | | | | |
| CITRANATAL MIS | *PRENAT W/O A W/FECBN-FEGL-DSS-FA TAB 90 &DHA CAP 300MG PAK* | Tier 5 | | | | |
| CITRANATAL MIS 90 DHA | *PRENAT W/O A W/FECBN-FEGL-DSS-FA TAB 90 &DHA CAP 300MG PAK* | Tier 5 | | | | |
| CITRANATAL MIS B-CALM | *PRENAT W/O A W/FECBN-FEGLU-FA TAB 20-1 MG & VIT B6 TAB PAK* | Tier 3 | | | | |
| CITRANATAL PAK ASSURE | *PRENAT W/O A W/FECBN-FEGL-DSS-FA TAB & DHA CAP 300 MG PACK* | Tier 5 | | | | |
| CITRANATAL PAK DHA | *PRENAT W/O A W/FECBN-FEGL-DSS-FA TAB & DHA CAP 250 MG PACK* | Tier 5 | | | | |
| CITRANATAL PAK ESSENCE | *PRENAT W/O A W/FECBN-FEGL-FA TAB 35-1 & DHA CAP 300 MG PAK* | Tier 5 | | | | |
| CITRANATAL TAB BLOOM | *PRENATAL VIT W/ DSS-FE CBN-FE GLUC-FA TAB 90-1 MG*** | Tier 3 | | | | |
| CITRANATAL TAB RX | *PRENATAL W/O A W/ FE CARBONYL-FE GLUC-DSS-FA TAB 27-1MG*** | Tier 5 | | | | |
| CLOVIQUE CAP 250MG | TRIENTINE HCL CAP 250 MG | Tier 6 | X | X | | |
| CO-NATAL FA TAB 29-1MG | *PRENATAL VIT W/ FE FUMARATE-FA TAB 29-1 MG*** | Tier 3 | | | | |
| COMPLETE NAT PAK DHA | *PRENAT-FE BIS-FE PROT SUCC-FA-CA TAB & OMEGA 3 CAP 200 PK** | Tier 3 | | | | |
| COMPLETENATE CHW | *PRENATAL VIT W/ FE FUMARATE-FA CHEW TAB 29-1 MG*** | Tier 3 | | | | |
| CONCEPT DHA CAP | *PRENATAL W/FE FUM-FE POLY -FA-OMEGA 3 CAP 53.5-38-1 MG*** | Tier 5 | | | | |
| CONCEPT OB CAP | *PRENATAL W/O A W/FE FUM-FE POLY-FA CAP 130-92.4-1 MG*** | Tier 5 | | | | |
| CYANOCOBALAM INJ 1000MCG | CYANOCOBALAMIN INJ 1000 MCG/ML | Tier 2 | | | | |
| CYANOCOBALAM INJ 1000MCG | CYANOCOBALAMIN INJ 1000 MCG/ML | Tier 2 | | | | |

KEY: H—Health Care Reform Preventive

H*—Health Care Reform Preventive

H-A—Health Care Reform Preventive with Age contingency

H-M—Health Care Reform Preventive (RX or Medical)

BH—Medication used to treat a behavioral health condition available at no cost to you

BH*—Medication may be available at no cost to you when prescribed to treat a behavioral health condition

\$0 Copay—Medication available at no cost to you



| Drug name | Generic name | Tier value | Prior auth | Quantity limit | Step therapy | Requirements & limits |
|---------------------------|--|------------|------------|----------------|--------------|-----------------------|
| CYANOCOBALAM INJ 30000MCG | CYANOCOBALAMIN INJ 1000 MCG/ML | Tier 2 | | | | |
| DEFERASIROX GRA 180MG | DEFERASIROX GRANULES PACKET 180 MG | Tier 6 | X | | | |
| DEFERASIROX GRA 360MG | DEFERASIROX GRANULES PACKET 360 MG | Tier 6 | X | | | |
| DEFERASIROX GRA 90MG | DEFERASIROX GRANULES PACKET 90 MG | Tier 6 | X | | | |
| DEFERASIROX TAB 125MG | DEFERASIROX TAB FOR ORAL SUSP 125 MG | Tier 6 | X | | | |
| DEFERASIROX TAB 180MG | DEFERASIROX TAB 180 MG | Tier 6 | X | | | |
| DEFERASIROX TAB 250MG | DEFERASIROX TAB FOR ORAL SUSP 250 MG | Tier 6 | X | | | |
| DEFERASIROX TAB 360MG | DEFERASIROX TAB 360 MG | Tier 6 | X | | | |
| DEFERASIROX TAB 500MG | DEFERASIROX TAB FOR ORAL SUSP 500 MG | Tier 6 | X | | | |
| DEFERASIROX TAB 90MG | DEFERASIROX TAB 90 MG | Tier 6 | X | | | |
| DODEX INJ | CYANOCOBALAMIN INJ 1000 MCG/ML | Tier 3 | | | | |
| DUET DHA MIS BALANCED | *PRENAT W/FE POLY-NA FERED-FA TAB 25-1 & OMEGA CAP 267 MG*** | Tier 3 | | | | |
| DUET DHA 400 MIS 25-1-400 | *PRENAT W/FE POLY-NA FERED-FA TAB 25-1 & OMEGA CAP 400 MG*** | Tier 3 | | | | |
| EFFER-K TAB 10MEQ | POTASSIUM BICARBONATE-CITRIC ACID EFFER TAB 10 MEQ | Tier 3 | | | | |
| EFFER-K TAB 20MEQ | POTASSIUM BICARBONATE-CITRIC ACID EFFER TAB 20 MEQ | Tier 3 | | | | |
| EFFER-K TAB 25MEQ EF | POTASSIUM BICARBONATE EFFER TAB 25 MEQ | Tier 2 | | | | |
| ELITE-OB TAB | *PRENATAL VIT W/ IRON CARBONYL-FA TAB 50-1.25 MG*** | Tier 3 | | | | |
| ENBRACE HR CAP | *PRENATAL VIT W/ FE GLY CYS-FA-OMEGA 3 FATTY ACIDS CAP*** | Tier 3 | | | | |
| FA-8 CAP 800MCG | FOLIC ACID CAP 0.8 MG | Tier 1 | | | | H |
| FLUORIDE CHW 0.25MG F | SODIUM FLUORIDE CHEW TAB 0.25 MG F (FROM 0.55 MG NAF) | Tier 1 | | | | H-A |
| FLUORIDE CHW 1MG F | SODIUM FLUORIDE CHEW TAB 1 MG F (FROM 2.2 MG NAF) | Tier 1 | | | | H-A |
| FLUORITAB DRO 0.125MG | SODIUM FLUORIDE SOLN 0.125 MG/DROP F (0.275 MG/DROP NAF) | Tier 1 | | | | H-A |
| FOLIC ACID TAB 1000MCG | FOLIC ACID TAB 1 MG | Tier 2 | | | | |
| FOLIC ACID TAB 1MG | FOLIC ACID TAB 1 MG | Tier 2 | | | | |
| FOLIC ACID TAB 400MCG | FOLIC ACID TAB 400 MCG | Tier 1 | | | | H |
| FOLIC ACID TAB 800MCG | FOLIC ACID TAB 800 MCG | Tier 1 | | | | H |
| FOLIVANE-OB CAP | *PRENATAL W/O A W/FE FUM-FE POLY-FA CAP 85-1 MG*** | Tier 5 | | | | |
| FOSRENOL POW 1000MG | LANTHANUM CARBONATE ORAL POWDER PACK 1000 MG (ELEMENTAL) | Tier 5 | | | | |
| FOSRENOL POW 750MG | LANTHANUM CARBONATE ORAL POWDER PACK 750 MG (ELEMENTAL) | Tier 5 | | | | |
| GALZIN CAP 25MG | ZINC ACETATE CAP 25 MG (ELEMENTAL ZINC) | Tier 5 | | | | |
| GALZIN CAP 50MG | ZINC ACETATE CAP 50 MG (ELEMENTAL ZINC) | Tier 5 | | | | |
| INATAL GT TAB | *PRENATAL VIT W/ DSS-IRON CARBONYL-FA TAB 90-1 MG*** | Tier 3 | | | | |
| K-PRIME TAB 25MEQ EF | POTASSIUM BICARBONATE EFFER TAB 25 MEQ | Tier 2 | | | | |
| KLOR-CON PAK 20MEQ | POTASSIUM CHLORIDE POWDER PACKET 20 MEQ | Tier 3 | | | | |
| KLOR-CON 10 TAB 10MEQ ER | POTASSIUM CHLORIDE TAB ER 10 MEQ | Tier 2 | | | | |
| KLOR-CON 8 TAB 8MEQ ER | POTASSIUM CHLORIDE TAB ER 8 MEQ (600 MG) | Tier 2 | | | | |

KEY: **H**—Health Care Reform Preventive
H*—Health Care Reform Preventive
H-A—Health Care Reform Preventive with Age contingency
H-M—Health Care Reform Preventive (RX or Medical)

BH—Medication used to treat a behavioral health condition available at no cost to you
BH*—Medication may be available at no cost to you when prescribed to treat a behavioral health condition
\$0 Copay—Medication available at no cost to you



| Drug name | Generic name | Tier value | Prior auth | Quantity limit | Step therapy | Requirements & limits |
|---------------------------|--|------------|------------|----------------|--------------|-----------------------|
| KLOR-CON M10 TAB 10MEQ ER | POTASSIUM CHLORIDE MICROENCAPSULATED CRYSTALS ER TAB 10 MEQ | Tier 2 | | | | |
| KLOR-CON M15 TAB 15MEQ ER | POTASSIUM CHLORIDE MICROENCAPSULATED CRYSTALS ER TAB 15 MEQ | Tier 2 | | | | |
| KLOR-CON M20 TAB 20MEQ ER | POTASSIUM CHLORIDE MICROENCAPSULATED CRYSTALS ER TAB 20 MEQ | Tier 2 | | | | |
| KLOR-CON/EF TAB 25MEQ FR | POTASSIUM BICARBONATE EFFER TAB 25 MEQ | Tier 2 | | | | |
| KOSHR PRENAT TAB 30-1MG | *PRENATAL VIT W/ IRON CARBONYL-FA TAB 30-1 MG*** | Tier 2 | | | | |
| LANTHANUM CHW 1000MG | LANTHANUM CARBONATE CHEW TAB 1000 MG (ELEMENTAL) | Tier 3 | | | | |
| LANTHANUM CHW 500MG | LANTHANUM CARBONATE CHEW TAB 500 MG (ELEMENTAL) | Tier 3 | | | | |
| LANTHANUM CHW 750MG | LANTHANUM CARBONATE CHEW TAB 750 MG (ELEMENTAL) | Tier 3 | | | | |
| LEVOCARNITIN SOL 1GM/10ML | LEVOCARNITINE ORAL SOLN 1 GM/10ML (10%) | Tier 3 | | | | |
| LEVOCARNITIN TAB 330MG | LEVOCARNITINE TAB 330 MG | Tier 2 | | | | |
| LOKELMA PAK 10GM | SODIUM ZIRCONIUM CYCLOSILICATE FOR SUSP PACKET 10 GM | Tier 5 | X | X | | |
| LOKELMA PAK 5GM | SODIUM ZIRCONIUM CYCLOSILICATE FOR SUSP PACKET 5 GM | Tier 5 | X | X | | |
| M-NATAL PLUS TAB | *PRENATAL VIT W/ FE FUMARATE-FA TAB 27-1 MG*** | Tier 3 | | | | |
| NAFRINSE CHW 1MG F | SODIUM FLUORIDE CHEW TAB 1 MG F (FROM 2.2 MG NAF) | Tier 1 | | | | H-A |
| NAFRINSE DRO 0.125MG | SODIUM FLUORIDE SOLN 0.125 MG/DROP F (0.275 MG/DROP NAF) | Tier 1 | | | | H-A |
| NATACHEW CHW | *PRENATAL VIT W/ FE FUM-FE BISGLYCIN-FA CHEW TAB 28-1 MG*** | Tier 3 | | | | |
| NATALVIT TAB 75-1MG | *PRENATAL VIT W/ FE FUMARATE-FA TAB 75-1 MG*** | Tier 3 | | | | |
| NEONATAL TAB COMPLTE | *PRENATAL VIT W/ FE FUMARATE-FA TAB 27-1 MG*** | Tier 3 | | | | |
| NEONATAL TAB PLUS | *PRENATAL VIT W/ FE FUMARATE-FA TAB 27-1 MG*** | Tier 3 | | | | |
| NEONATAL PLS TAB 27-1MG | *PRENATAL VIT W/ FE FUMARATE-FA TAB 27-1 MG*** | Tier 3 | | | | |
| NESTABS TAB | *PRENATAL VIT W/O VIT A W/ FE BISGLYCINATE-FA TAB 32-1 MG*** | Tier 3 | | | | |
| NESTABS DHA PAK | *PRENAT W/O A W/ FE BISGLYC-FA TAB 32-1 MG & OMEGA CAP PACK* | Tier 3 | | | | |
| NIVA-PLUS TAB | *PRENATAL VIT W/ FE FUMARATE-FA TAB 27-1 MG*** | Tier 3 | | | | |
| OB COMPLETE CAP ONE | *PRENATAL W/O A W/FECBN-FE ASP GLYC-FA-FISH CAP 50-1-476 MG* | Tier 3 | | | | |
| OB COMPLETE CAP PETITE | *PRENAT W/O A W/FECBN-FE ASP GLYC-FA-OMEGA CAP 35-5-1-200 MG** | Tier 3 | | | | |
| OB COMPLETE TAB | *PRENATAL VIT W/ IRON CARBONYL-FA TAB 50-1.25 MG*** | Tier 3 | | | | |
| OB COMPLETE TAB PREMIER | *PRENATAL VIT W/ FE CBN-FE ASP GLYC-FA TAB 30-20-1 MG*** | Tier 3 | | | | |
| OB COMPLETE/ CAP DHA | *PRENAT W/ IRON CBN-FE ASP GLYC-FA-OMEGA CAP 30-10-1-200 MG* | Tier 3 | | | | |
| OBSTETRIX MIS DHA | *PRENAT W/FE CARBONYL-FA TAB 29-1 MG & DHA CAP 350 MG PAK* | Tier 3 | | | | |
| OBSTETRIX EC TAB | *PRENATAL VIT W/ DSS-IRON CARBONYL-FA TAB 29-1 MG*** | Tier 3 | | | | |

KEY: **H**—Health Care Reform Preventive
H*—Health Care Reform Preventive
H-A—Health Care Reform Preventive with Age contingency
H-M—Health Care Reform Preventive (RX or Medical)

BH—Medication used to treat a behavioral health condition available at no cost to you
BH*—Medication may be available at no cost to you when prescribed to treat a behavioral health condition
\$0 Copay—Medication available at no cost to you



| Drug name | Generic name | Tier value | Prior auth | Quantity limit | Step therapy | Requirements & limits |
|---------------------------|--|------------|------------|----------------|--------------|-----------------------|
| OBSTETRX ONE CAP 38-1-225 | *PRENAT W/O A W/FECBN-BISG-METHYLF-DSS-DHA CAP 38-1-225 MG** | Tier 3 | | | | |
| ONE VITE TAB 1MG PLUS | *PRENATAL VIT W/ FE FUMARATE-FA TAB 27-1 MG*** | Tier 3 | | | | |
| PHOSLYRA SOL | CALCIUM ACETATE (PHOSPHATE BINDER) ORAL SOLN 667 MG/5ML | Tier 5 | | | | |
| PHYTONADIONE TAB 5MG | PHYTONADIONE TAB 5 MG | Tier 3 | | X | | |
| PNV TABS TAB 29-1MG | *PRENATAL VIT W/ IRON CARBONYL-FA TAB 29-1 MG*** | Tier 2 | | | | |
| PNV-DHA CAP | *PRENAT W/O A W/FEFUM-METHFOL-FA-DHA CAP 27-0.6-0.4-300 MG** | Tier 3 | | | | |
| PNV-DHA CAP DOCUSATE | *PRENATAL W/O VIT A W/ FE FUM-DSS-FA-DHA CAP 27-1.25-300 MG* | Tier 3 | | | | |
| PNV-OMEGA CAP | *PRENAT W/O A W/ FE FUMARATE-METHYLFOLATE-FA-OMEGA 3 CAP*** | Tier 3 | | | | |
| PNV-SELECT TAB | *PRENATAL VIT W/ FE FUM-METHYLFOLATE-FA TAB 27-0.6-0.4 MG*** | Tier 3 | | | | |
| POT CHLORIDE CAP 10MEQ ER | POTASSIUM CHLORIDE CAP ER 10 MEQ | Tier 2 | | | | |
| POT CHLORIDE CAP 8MEQ ER | POTASSIUM CHLORIDE CAP ER 8 MEQ | Tier 2 | | | | |
| POT CHLORIDE POW 20MEQ | POTASSIUM CHLORIDE POWDER PACKET 20 MEQ | Tier 3 | | | | |
| POT CHLORIDE SOL 10% | POTASSIUM CHLORIDE ORAL SOLN 10% (20 MEQ/15ML) | Tier 2 | | | | |
| POT CHLORIDE SOL 20% | POTASSIUM CHLORIDE ORAL SOLN 20% (40 MEQ/15ML) | Tier 2 | | | | |
| POT CHLORIDE TAB 10MEQ ER | POTASSIUM CHLORIDE MICROENCAPSULATED CRYST ER TAB 10 MEQ | Tier 2 | | | | |
| POT CHLORIDE TAB 10MEQ ER | POTASSIUM CHLORIDE TAB ER 10 MEQ | Tier 2 | | | | |
| POT CHLORIDE TAB 20MEQ ER | POTASSIUM CHLORIDE MICROENCAPSULATED CRYST ER TAB 20 MEQ | Tier 2 | | | | |
| POT CHLORIDE TAB 20MEQ ER | POTASSIUM CHLORIDE TAB ER 20 MEQ (1500 MG) | Tier 2 | | | | |
| POT CHLORIDE TAB 8MEQ ER | POTASSIUM CHLORIDE TAB ER 8 MEQ (600 MG) | Tier 2 | | | | |
| POT CITRA ER TAB 1080MG | POTASSIUM CITRATE TAB ER 10 MEQ (1080 MG) | Tier 3 | | | | |
| POT CITRA ER TAB 1620MG | POTASSIUM CITRATE TAB ER 15 MEQ (1620 MG) | Tier 3 | | | | |
| POT CITRA ER TAB 540MG | POTASSIUM CITRATE TAB ER 5 MEQ (540 MG) | Tier 3 | | | | |
| POT CL MICRO TAB 10MEQ CR | POTASSIUM CHLORIDE MICROENCAPSULATED CRYST ER TAB 10 MEQ | Tier 2 | | | | |
| POT CL MICRO TAB 10MEQ ER | POTASSIUM CHLORIDE MICROENCAPSULATED CRYST ER TAB 10 MEQ | Tier 2 | | | | |
| POT CL MICRO TAB 15MEQ ER | POTASSIUM CHLORIDE MICROENCAPSULATED CRYST ER TAB 15 MEQ | Tier 2 | | | | |
| POT CL MICRO TAB 20MEQ ER | POTASSIUM CHLORIDE MICROENCAPSULATED CRYST ER TAB 20 MEQ | Tier 2 | | | | |
| PRENA 1 TRUE MIS | *PRENAT W/O A W/FE CHEL-FA TAB 30-1.4 MG & DHA CAP 300MG PK* | Tier 3 | | | | |
| PRENA1 CHW | *PRENAT W/ B2-B6-B12-D3-FOLIC ACID CHEW TAB 1.4 MG** | Tier 3 | | | | |
| PRENA1 PEARL CAP | *PRENAT W/OA W/FEFUM-NA FERED-FA-DHA CAP ER 30-1.4-200 MG*** | Tier 3 | | | | |

KEY: **H**—Health Care Reform Preventive
H*—Health Care Reform Preventive
H-A—Health Care Reform Preventive with Age contingency
H-M—Health Care Reform Preventive (RX or Medical)

BH—Medication used to treat a behavioral health condition available at no cost to you
BH*—Medication may be available at no cost to you when prescribed to treat a behavioral health condition
\$0 Copay—Medication available at no cost to you



| Drug name | Generic name | Tier value | Prior auth | Quantity limit | Step therapy | Requirements & limits |
|---------------------------|---|------------|------------|----------------|--------------|-----------------------|
| PRENAISSANCE CAP | *PRENATAL W/O VIT A W/ FE FUM-DSS-FA-DHA CAP 29-1.25-325 MG* | Tier 3 | | | | |
| PRENAISSANCE CAP PLUS | *PRENATAL W/O A W/FE CBN-DSS-FA-DHA CAP 28-1-250 MG*** | Tier 3 | | | | |
| PRENATAL TAB 27-1MG | *PRENATAL VIT W/ FE FUMARATE-FA TAB 27-1 MG*** | Tier 2 | | | | |
| PRENATAL TAB PLUS | *PRENATAL VIT W/ FE FUMARATE-FA TAB 27-1 MG*** | Tier 2 | | | | |
| PRENATAL 19 CHW 29-1MG | *PRENATAL VIT W/ FE FUMARATE-FA CHEW TAB 29-1 MG*** | Tier 2 | | | | |
| PRENATAL 19 TAB 29-1MG | *PRENATAL VIT W/ DSS-FE FUMARATE-FA TAB 29-1 MG*** | Tier 2 | | | | |
| PRENATAL PLS MIS MV + DHA | *PRENAT W/ FE FUM-FA TAB 27-1 MG & OMEGA 3 CAP 312 MG PAK* | Tier 2 | | | | |
| PRENATAL VIT TAB LOW IRON | *PRENATAL VIT W/ FE FUMARATE-FA TAB 27-1 MG*** | Tier 2 | | | | |
| PRENATAL-U CAP 106.5-1 | *PRENATAL W/O A VIT W/ FE FUMARATE-FA CAP 106.5-1 MG*** | Tier 3 | | | | |
| PRENATAL+FE TAB 29-1MG | *PRENATAL VIT W/ IRON CARBONYL-FA TAB 29-1 MG*** | Tier 2 | | | | |
| PRENATE CAP ENHANCE | *PRENAT W/O A W/FEFUM-METHFOL-FA-DHA CAP 28-0.6-0.4-400 MG** | Tier 3 | | | | |
| PRENATE CAP ESSENT | *PRENAT W/O A W/FEASPG-METHFOL-FA-DHA CAP 18-0.6-0.4-300 MG* | Tier 3 | | | | |
| PRENATE CAP PIXIE | *PRENAT W/O A W/FEASPG-METHFOL-FA-DHA CAP 10-0.6-0.4-200 MG* | Tier 3 | | | | |
| PRENATE CAP RESTORE | *PRENAT W/O A W/FEFUM-METHFOL-FA-DHA CAP 27-0.6-0.4-400 MG** | Tier 3 | | | | |
| PRENATE CHW 0.6-0.4 | *PRENAT MV & MIN W/ L-METHYLFOLATE-FA CHEW TAB 0.6-0.4 MG*** | Tier 3 | | | | |
| PRENATE TAB ELITE | *PRENATAL W/ FE ASP GLY-L METHYLFOL-FA TAB 20-0.6-0.4 MG*** | Tier 3 | | | | |
| PRENATE AM TAB 1MG | *PRENATAL W/ CALCIUM-VIT B6-VIT B12-FA-GINGER TAB 1 MG*** | Tier 3 | | | | |
| PRENATE DHA CAP | *PRENAT W/O A W/FEASPG-METHFOL-FA-DHA CAP 18-0.6-0.4-300 MG* | Tier 3 | | | | |
| PRENATE MINI CAP | *PRENAT W/OA W/FECEB-FEASP-METH-FA-DHA CAP 18-0.6-0.4-350 MG* | Tier 3 | | | | |
| PREPLUS TAB 27-1MG | *PRENATAL VIT W/ FE FUMARATE-FA TAB 27-1 MG*** | Tier 2 | | | | |
| PRETAB TAB 29-1MG | *PRENATAL VIT W/ FE FUMARATE-FA TAB 29-1 MG*** | Tier 3 | | | | |
| PRIMACARE CAP | *PRENAT W/O A W/FEASP-METHLF-FA-OMEG CAP 30-0.75-0.25-470MG* | Tier 3 | | | | |
| PROVIDA OB CAP | *PRENATAL W/O A W/FE FUM-FE POLY-FA CAP 20-20-1.25 MG*** | Tier 3 | | | | |
| REDICHEW RX CHW | *PRENAT W/ B2-B6-B12-D3-FOLIC ACID CHEW TAB 1.4 MG** | Tier 3 | | | | |
| SE-NATAL 19 CHW | *PRENATAL VIT W/ FE FUMARATE-FA CHEW TAB 29-1 MG*** | Tier 3 | | | | |
| SE-NATAL 19 TAB | *PRENATAL VIT W/ DSS-FE FUMARATE-FA TAB 29-1 MG*** | Tier 3 | | | | |
| SELECT-OB CHW | *PRENAT W/ FEPOLYCMPLX-METHYLFOL-FA CHEW TAB 29-0.6-0.4 MG** | Tier 3 | | | | |
| SELECT-OB CHW | *PRENATAL VIT W/ FE POLYSAC CMPLX-FA CHEW TAB 29-1 MG*** | Tier 3 | | | | |
| SELECT-OB+ PAK DHA | *PRENATAL MV W/FE POLY-FA CHW 29-1 MG & DHA CAP 250 MG PAK * | Tier 3 | | | | |
| SEVELAMER POW 0.8GM | SEVELAMER CARBONATE PACKET 0.8 GM | Tier 3 | | | | |
| SEVELAMER POW 2.4GM | SEVELAMER CARBONATE PACKET 2.4 GM | Tier 3 | | | | |

KEY: **H**—Health Care Reform Preventive
H*—Health Care Reform Preventive
H-A—Health Care Reform Preventive with Age contingency
H-M—Health Care Reform Preventive (RX or Medical)

BH—Medication used to treat a behavioral health condition available at no cost to you
BH*—Medication may be available at no cost to you when prescribed to treat a behavioral health condition
\$0 Copay—Medication available at no cost to you



| Drug name | Generic name | Tier value | Prior auth | Quantity limit | Step therapy | Requirements & limits |
|---------------------------|--|------------|------------|----------------|--------------|-----------------------|
| SEVELAMER TAB 400MG | SEVELAMER HCL TAB 400 MG | Tier 3 | | | | |
| SEVELAMER TAB 800MG | SEVELAMER CARBONATE TAB 800 MG | Tier 3 | | | | |
| SEVELAMER TAB 800MG | SEVELAMER HCL TAB 800 MG | Tier 3 | | | | |
| SOD FLUORIDE CHW 0.25MG F | SODIUM FLUORIDE CHEW TAB 0.25 MG F (FROM 0.55 MG NAF) | Tier 1 | | | | H-A |
| SOD FLUORIDE CHW 0.5MG F | SODIUM FLUORIDE CHEW TAB 0.5 MG F (FROM 1.1 MG NAF) | Tier 1 | | | | H-A |
| SOD FLUORIDE CHW 1.1MG | SODIUM FLUORIDE CHEW TAB 0.5 MG F (FROM 1.1 MG NAF) | Tier 1 | | | | H-A |
| SOD FLUORIDE CHW 2.2MG | SODIUM FLUORIDE CHEW TAB 1 MG F (FROM 2.2 MG NAF) | Tier 1 | | | | H-A |
| SOD FLUORIDE DRO 0.5MG/ML | SODIUM FLUORIDE SOLN 0.5 MG/ML F (FROM 1.1 MG/ML NAF) | Tier 1 | | | | H-A |
| SOD FLUORIDE TAB 0.5MG F | SODIUM FLUORIDE TAB 0.5 MG F (FROM 1.1 MG NAF) | Tier 1 | | | | H-A |
| SOD FLUORIDE TAB 1MG F | SODIUM FLUORIDE TAB 1 MG F (FROM 2.2 MG NAF) | Tier 1 | | | | H-A |
| SOD POLY SUL POW | *SODIUM POLYSTYRENE SULFONATE POWDER** | Tier 2 | | | | |
| SPS SUS 15GM/60 | SODIUM POLYSTYRENE SULFONATE ORAL SUSP 15 GM/60ML | Tier 2 | | | | |
| TARON-C DHA CAP | *PRENATAL W/FE FUM-FE POLY -FA-OMEGA 3 CAP 35-1 MG*** | Tier 5 | | | | |
| TARON-PREX CAP | *PRENATAL W/O VIT A W/ FE FUM-DSS-FA-DHA CAP 30-1.2-265 MG** | Tier 3 | | | | |
| THRIVITE RX TAB 29-1MG | *PRENATAL VIT W/ IRON CARBONYL-FA TAB 29-1 MG*** | Tier 3 | | | | |
| TRICARE TAB PRENATAL | *PRENATAL VIT W/ FE FUMARATE-FA TAB 27-1 MG*** | Tier 3 | | | | |
| TRIENTINE CAP 250MG | TRIENTINE HCL CAP 250 MG | Tier 6 | X | X | | |
| TRINATAL RX TAB 1 | *PRENATAL VIT W/ FE FUMARATE-FA TAB 60-1 MG*** | Tier 3 | | | | |
| TRINATE TAB | *PRENATAL VIT W/ FE FUMARATE-FA TAB 28-1 MG*** | Tier 3 | | | | |
| TRISTART DHA CAP | *PRENAT W/O A W/FECBN-METHYL-FA-DHA CAP 31-0.6-0.4-200 MG** | Tier 3 | | | | |
| TRISTART ONE CAP 35-1-215 | *PRENAT W/O A W/FECBN-METHYL-FA-DHA CAP 35-1-215 MG*** | Tier 3 | | | | |
| TRIVEEN-DUO PAK DHA | *PRENAT-FE BIS-FE PROT SUCC-FA-CA TAB & OMEGA 3 CAP 300 PK** | Tier 3 | | | | |
| VELPHORO CHW 500MG | SUCROFERRIC OXYHYDROXIDE CHEW TAB 500 MG | Tier 3 | | | | |
| VELTASSA POW 16.8GM | PATIROMER SORBITE CALCIUM FOR SUSP PACKET 16.8 GM (BASE EQ) | Tier 5 | X | X | | |
| VELTASSA POW 25.2GM | PATIROMER SORBITE CALCIUM FOR SUSP PACKET 25.2 GM (BASE EQ) | Tier 5 | X | X | | |
| VELTASSA POW 8.4GM | PATIROMER SORBITE CALCIUM FOR SUSP PACKET 8.4 GM (BASE EQ) | Tier 5 | X | X | | |
| VINATE II TAB | *PRENATAL VIT W/ FE BISGLYCINATE CHELATE-FA TAB 29-1 MG*** | Tier 3 | | | | |
| VINATE ONE TAB | *PRENATAL VIT W/ FE FUMARATE-FA TAB 60-1 MG*** | Tier 3 | | | | |
| VIRT-C DHA CAP | *PRENATAL W/FE FUM-FE POLY -FA-OMEGA 3 CAP 53.5-38-1 MG*** | Tier 2 | | | | |
| VIRT-NATE CAP DHA | *PRENATAL VIT W/ FE FUM-FA-OMEGA 3 CAP 28-1-200 MG*** | Tier 3 | | | | |
| VIRT-PN DHA CAP | *PRENAT W/O A W/FEFUM-METHFOL-FA-DHA CAP 27-0.6-0.4-300 MG** | Tier 3 | | | | |
| VIRT-PN PLUS CAP | *PRENAT W/O A W/ FE FUMARATE-METHYLFOLATE-FA-OMEGA 3 CAP*** | Tier 3 | | | | |
| VITAFOL CAP ULTRA | *PRENAT W/FE POLY-METHYLFOL-FA-DHA CAP 29-0.6-0.4-200 MG*** | Tier 3 | | | | |

KEY: **H**—Health Care Reform Preventive
H*—Health Care Reform Preventive
H-A—Health Care Reform Preventive with Age contingency
H-M—Health Care Reform Preventive (RX or Medical)

BH—Medication used to treat a behavioral health condition available at no cost to you
BH*—Medication may be available at no cost to you when prescribed to treat a behavioral health condition
\$0 Copay—Medication available at no cost to you



| Drug name | Generic name | Tier value | Prior auth | Quantity limit | Step therapy | Requirements & limits |
|--------------------------------|--|------------|------------|----------------|--------------|-----------------------|
| VITAFOL CHW GUMMIES | *PRENAT VIT W/ FE PHOS-FA-OMEGA CHEW TAB 3.33-0.333-34.8 MG* | Tier 3 | | | | |
| VITAFOL FE+ CAP | *PRENAT W/FE POLY-METHYLFOL-FA-DHA CAP 90-0.6-0.4-200 MG*** | Tier 3 | | | | |
| VITAFOL STRP MIS 1MG | *PRENATAL W/ B6-B12-CHOLECALCIFEROL-FOLIC ACID FILM 1 MG** | Tier 3 | | | | |
| VITAFOL-NANO TAB | *PRENATAL W/O A W/ FEFUM-L METHYLFOL-FA TAB 18-0.6-0.4 MG*** | Tier 3 | | | | |
| VITAFOL-OB PAK +DHA | *PRENATAL MV W/FE FUM-FA TAB 65-1 MG & DHA CAP 250 MG PACK * | Tier 3 | | | | |
| VITAFOL-OB TAB 65-1MG | *PRENATAL VIT W/ FE FUMARATE-FA TAB 65-1 MG*** | Tier 3 | | | | |
| VITAFOL-ONE CAP | *PRENATAL MV W/ FE POLYSAC CMPLX-FA-DHA CAP 29-1-200 MG*** | Tier 3 | | | | |
| VITAMEDMD CAP ONE RX | *PRENAT W/O A W/FEFUM-METHFOL-FA-DHA CAP 30-0.6-0.4-200 MG** | Tier 3 | | | | |
| VITAMIN D CAP 1.25MG | ERGOCALCIFEROL CAP 1.25 MG (50000 UNIT) | Tier 2 | | | | |
| VITAMIN D CAP 50000UNT | ERGOCALCIFEROL CAP 1.25 MG (50000 UNIT) | Tier 2 | | | | |
| VITAPEARL CAP | *PRENAT W/OA W/FEFUM-NA FERED-FA-DHA CAP ER 30-1.4-200 MG*** | Tier 3 | | | | |
| VITATHELY TAB | *PRENATAL VIT W/ FE FUMARATE-FA TAB 27-1 MG*** | Tier 3 | | | | |
| VITATRUE MIS | *PRENAT W/O A W/FE CHEL-FA TAB 30-1.4 MG & DHA CAP 300MG PK* | Tier 3 | | | | |
| VP-PNV-DHA CAP | *PRENATAL VIT W/ FE FUM-FA-OMEGA 3 CAP 28-1-215.8 MG*** | Tier 2 | | | | |
| WESNATAL DHA PAK COMPLETE | *PRENAT-FE BIS-FE PROT SUCC-FA-CA TAB & OMEGA 3 CAP 200 PK** | Tier 3 | | | | |
| WESTAB PLUS TAB 27-1MG | *PRENATAL VIT W/ FE FUMARATE-FA TAB 27-1 MG*** | Tier 3 | | | | |
| WILZIN CAP 25MG | ZINC ACETATE CAP 25 MG (ELEMENTAL ZINC) | Tier 5 | | | | |
| ZATEAN-PN CAP DHA | *PRENAT W/O A W/FEFUM-METHFOL-FA-DHA CAP 27-0.6-0.4-300 MG** | Tier 5 | | | | |
| ZATEAN-PN CAP PLUS | *PRENAT W/O A W/ FE FUMARATE-METHYLFOLATE-FA-OMEGA 3 CAP*** | Tier 5 | | | | |
| Gastrointestinal Agents | | | | | | |
| ALOSETRON TAB 0.5MG | ALOSETRON HCL TAB 0.5 MG (BASE EQUIV) | Tier 3 | X | X | | |
| ALOSETRON TAB 1MG | ALOSETRON HCL TAB 1 MG (BASE EQUIV) | Tier 3 | X | X | | |
| ALVIMOPAN CAP 12MG | ALVIMOPAN CAP 12 MG | Tier 3 | | | | |
| BISACODYL TAB 5MG EC | BISACODYL TAB DELAYED RELEASE 5 MG | Tier 1 | | X | | H |
| CIMETIDINE SOL 300/5ML | CIMETIDINE HCL SOLN 300 MG/5ML | Tier 2 | | | | |
| CIMETIDINE SOL 400MG | CIMETIDINE HCL SOLN 300 MG/5ML | Tier 2 | | | | |
| CIMETIDINE TAB 200MG | CIMETIDINE TAB 200 MG | Tier 2 | | | | |
| CIMETIDINE TAB 300MG | CIMETIDINE TAB 300 MG | Tier 2 | | | | |
| CIMETIDINE TAB 400MG | CIMETIDINE TAB 400 MG | Tier 2 | | | | |
| CIMETIDINE TAB 800MG | CIMETIDINE TAB 800 MG | Tier 2 | | | | |
| CITROMA SOL LEMONY | MAGNESIUM CITRATE SOLN | Tier 1 | | X | | H |
| CLEARLAX POW | POLYETHYLENE GLYCOL 3350 ORAL POWDER 17 GM/SCOOP | Tier 1 | | X | | H |
| CLENPIQ SOL | SOD PICOSULFATE-MG OX-CITRIC AC SOL 10 MG-3.5 GM-12 GM/160ML | Tier 5 | | | | H* |
| CLENPIQ SOL | SOD PICOSULFATE-MG OX-CITRIC AC SOL 10 MG-3.5 GM-12 GM/175ML | Tier 5 | | | | H* |
| CONSTULOSE SOL 10GM/15 | LACTULOSE SOLUTION 10 GM/15ML | Tier 2 | | | | |

KEY: **H**—Health Care Reform Preventive
H*—Health Care Reform Preventive
H-A—Health Care Reform Preventive with Age contingency
H-M—Health Care Reform Preventive (RX or Medical)

BH—Medication used to treat a behavioral health condition available at no cost to you
BH*—Medication may be available at no cost to you when prescribed to treat a behavioral health condition
\$0 Copay—Medication available at no cost to you



| Drug name | Generic name | Tier value | Prior auth | Quantity limit | Step therapy | Requirements & limits |
|---------------------------|--|------------|------------|----------------|--------------|-----------------------|
| CROMOLYN SOD CON 100/5ML | CROMOLYN SODIUM ORAL CONC 100 MG/5ML | Tier 3 | | | | |
| CVS PURELAX POW | POLYETHYLENE GLYCOL 3350 ORAL POWDER 17 GM/SCOOP | Tier 1 | | X | | H |
| DEXLANSOPRAZ CAP 30MG DR | DEXLANSOPRAZOLE CAP DELAYED RELEASE 30 MG | Tier 3 | | X | | |
| DEXLANSOPRAZ CAP 60MG DR | DEXLANSOPRAZOLE CAP DELAYED RELEASE 60 MG | Tier 3 | | X | | |
| DICYCLOMINE CAP 10MG | DICYCLOMINE HCL CAP 10 MG | Tier 2 | | | | |
| DICYCLOMINE SOL 10MG/5ML | DICYCLOMINE HCL ORAL SOLN 10 MG/5ML | Tier 3 | | | | |
| DICYCLOMINE TAB 20MG | DICYCLOMINE HCL TAB 20 MG | Tier 2 | | | | |
| DIPHEN/ATROP LIQ 2.5/5 | DIPHENOXYLATE W/ ATROPINE LIQ 2.5-0.025 MG/5ML | Tier 3 | | | | |
| DIPHEN/ATROP TAB 2.5MG | DIPHENOXYLATE W/ ATROPINE TAB 2.5-0.025 MG | Tier 2 | | | | |
| ENULOSE SOL 10GM/15 | LACTULOSE (ENCEPHALOPATHY) SOLUTION 10 GM/15ML | Tier 2 | | | | |
| ESOMEPRA MAG CAP 20MG DR | ESOMEPRAZOLE MAGNESIUM CAP DELAYED RELEASE 20 MG (BASE EQ) | Tier 2 | | X | | |
| ESOMEPRA MAG CAP 40MG DR | ESOMEPRAZOLE MAGNESIUM CAP DELAYED RELEASE 40 MG (BASE EQ) | Tier 2 | | X | | |
| FAMOTIDINE SUS 40MG/5ML | FAMOTIDINE FOR SUSP 40 MG/5ML | Tier 3 | | | | |
| FAMOTIDINE TAB 20MG | FAMOTIDINE TAB 20 MG | Tier 2 | | | | |
| FAMOTIDINE TAB 40MG | FAMOTIDINE TAB 40 MG | Tier 2 | | | | |
| GAVILAX POW | POLYETHYLENE GLYCOL 3350 ORAL POWDER 17 GM/SCOOP | Tier 1 | | X | | H |
| GAVILYTE-C SOL | PEG 3350-KCL-NA BICARB-NACL-NA SULFATE FOR SOLN 240 GM | Tier 2 | | X | | H* |
| GAVILYTE-G SOL | PEG 3350-KCL-NA BICARB-NACL-NA SULFATE FOR SOLN 236 GM | Tier 2 | | X | | H* |
| GAVILYTE-N SOL FLAV PK | PEG 3350-KCL-SOD BICARB-NACL FOR SOLN 420 GM | Tier 2 | | X | | H* |
| GENERLAC SOL 10GM/15 | LACTULOSE (ENCEPHALOPATHY) SOLUTION 10 GM/15ML | Tier 2 | | | | |
| GENTLELAX POW | POLYETHYLENE GLYCOL 3350 ORAL POWDER 17 GM/SCOOP | Tier 1 | | X | | H |
| GLYCOLAX POW 3350 NF | POLYETHYLENE GLYCOL 3350 ORAL POWDER 17 GM/SCOOP | Tier 1 | | X | | H |
| GLYCOPYRROL TAB 1MG | GLYCOPYRROLATE TAB 1 MG | Tier 2 | | | | |
| GLYCOPYRROL TAB 2MG | GLYCOPYRROLATE TAB 2 MG | Tier 2 | | | | |
| KRISTALOSE PAK 10GM | LACTULOSE ORAL CRYSTAL PACKET 10 GM | Tier 5 | | | | |
| KRISTALOSE PAK 20GM | LACTULOSE ORAL CRYSTAL PACKET 20 GM | Tier 5 | | | | |
| LACTULOSE PAK 10GM | LACTULOSE ORAL CRYSTAL PACKET 10 GM | Tier 3 | | | | |
| LACTULOSE SOL 10GM/15 | LACTULOSE (ENCEPHALOPATHY) SOLUTION 10 GM/15ML | Tier 2 | | | | |
| LACTULOSE SOL 10GM/15 | LACTULOSE SOLUTION 10 GM/15ML | Tier 2 | | | | |
| LACTULOSE SOL 20/30ML | LACTULOSE SOLUTION 10 GM/15ML | Tier 2 | | | | |
| LANSOPR/AMOX PAK /CLARITH | AMOXICIL CAP & CLARITHRO TAB & LANSOPRAZ CAP DR 500 & 500 & 30MG | Tier 3 | | X | | |
| LANSOPRAZOLE CAP 15MG DR | LANSOPRAZOLE CAP DELAYED RELEASE 15 MG | Tier 3 | | X | | |
| LANSOPRAZOLE CAP 30MG DR | LANSOPRAZOLE CAP DELAYED RELEASE 30 MG | Tier 3 | | X | | |
| LINZESS CAP 145MCG | LINACLOTIDE CAP 145 MCG | Tier 3 | X | X | | |
| LINZESS CAP 290MCG | LINACLOTIDE CAP 290 MCG | Tier 3 | X | X | | |
| LINZESS CAP 72MCG | LINACLOTIDE CAP 72 MCG | Tier 3 | X | X | | |
| LOPERAMIDE CAP 2MG | LOPERAMIDE HCL CAP 2 MG | Tier 2 | | | | |

KEY: **H**—Health Care Reform Preventive
H*—Health Care Reform Preventive
H-A—Health Care Reform Preventive with Age contingency
H-M—Health Care Reform Preventive (RX or Medical)

BH—Medication used to treat a behavioral health condition available at no cost to you
BH*—Medication may be available at no cost to you when prescribed to treat a behavioral health condition
\$0 Copay—Medication available at no cost to you



| Drug name | Generic name | Tier value | Prior auth | Quantity limit | Step therapy | Requirements & limits |
|--|--|------------|------------|----------------|--------------|-----------------------|
| LUBIPROSTONE CAP 24MCG | LUBIPROSTONE CAP 24 MCG | Tier 3 | | X | | |
| LUBIPROSTONE CAP 8MCG | LUBIPROSTONE CAP 8 MCG | Tier 3 | | X | | |
| MAG CITRATE SOL LEMON | MAGNESIUM CITRATE SOLN | Tier 1 | | X | | H |
| METHSCOPOLAM TAB 2.5MG | METHSCOPOLAMINE BROMIDE TAB 2.5 MG | Tier 3 | | | | |
| METHSCOPOLAM TAB 5MG | METHSCOPOLAMINE BROMIDE TAB 5 MG | Tier 3 | | | | |
| MIRALAX POW 3350 NF | POLYETHYLENE GLYCOL 3350 ORAL POWDER 17 GM/SCOOP | Tier 1 | | X | | H |
| MISOPROSTOL TAB 100MCG | MISOPROSTOL TAB 100 MCG | Tier 2 | | | | |
| MISOPROSTOL TAB 200MCG | MISOPROSTOL TAB 200 MCG | Tier 2 | | | | |
| NIZATIDINE SOL 15MG/ML | NIZATIDINE ORAL SOLN 15 MG/ML | Tier 3 | | | | |
| OMEPRAZOLE CAP 10MG | OMEPRAZOLE CAP DELAYED RELEASE 10 MG | Tier 2 | | X | | |
| OMEPRAZOLE CAP 20MG | OMEPRAZOLE CAP DELAYED RELEASE 20 MG | Tier 2 | | | | |
| OMEPRAZOLE CAP 40MG | OMEPRAZOLE CAP DELAYED RELEASE 40 MG | Tier 2 | | | | |
| OPIUM TIN 10MG/ML | OPIUM TINCTURE 1% (10 MG/ML) (MORPHINE EQUIV) | Tier 3 | | X | | |
| OSMOPREP TAB 1.5GM | SOD PHOS MONO-SOD PHOS DI TABS 1.102-0.398 GM(1.5GM NA PHOS) | Tier 5 | | | | H* |
| PANTOPRAZOLE TAB 20MG | PANTOPRAZOLE SODIUM EC TAB 20 MG (BASE EQUIV) | Tier 2 | | X | | |
| PANTOPRAZOLE TAB 20MG DR | PANTOPRAZOLE SODIUM EC TAB 20 MG (BASE EQUIV) | Tier 2 | | X | | |
| PANTOPRAZOLE TAB 40MG | PANTOPRAZOLE SODIUM EC TAB 40 MG (BASE EQUIV) | Tier 2 | | X | | |
| PANTOPRAZOLE TAB 40MG DR | PANTOPRAZOLE SODIUM EC TAB 40 MG (BASE EQUIV) | Tier 2 | | X | | |
| PEG-3350 SOL ELECTROL | PEG 3350-KCL-NA BICARB-NACL-NA SULFATE FOR SOLN 236 GM | Tier 2 | | X | | H* |
| PEG-3350/KCL SOL /SODIUM | PEG 3350-KCL-SOD BICARB-NACL FOR SOLN 420 GM | Tier 2 | | X | | H* |
| PEG/NASUL/C/ SOL NACL/POT | PEG 3350-KCL-NACL-NA SULFATE-NA ASCORBATE-C FOR SOLN 100 GM | Tier 3 | | X | | H* |
| PLENVU SOL | PEG 3350-KCL-NACL-NA SULFATE-NA ASCORBATE-C FOR SOLN 140 GM | Tier 5 | | X | | H* |
| POLYETH GLYC POW 3350 NF | POLYETHYLENE GLYCOL 3350 ORAL POWDER 17 GM/SCOOP | Tier 1 | | X | | H |
| RABEPRAZOLE TAB 20MG | RABEPRAZOLE SODIUM EC TAB 20 MG | Tier 2 | | X | | |
| RELISTOR INJ 12/0.6ML | METHYLNALTREXONE BROMIDE INJ 12 MG/0.6ML (20 MG/ML) | Tier 5 | X | X | | |
| RELISTOR INJ 8/0.4ML | METHYLNALTREXONE BROMIDE INJ 8 MG/0.4ML (20 MG/ML) | Tier 5 | X | X | | |
| SODIUM/POTAS SOL MAGNESIU | SOD SULFATE-POT SULF-MG SULF ORAL SOL 17.5-3.13-1.6 GM/177ML | Tier 3 | | X | | H* |
| SUCRALFATE SUS 1GM/10ML | SUCRALFATE SUSP 1 GM/10ML | Tier 3 | X | | | |
| SUCRALFATE TAB 1GM | SUCRALFATE TAB 1 GM | Tier 2 | | | | |
| SYMPROIC TAB 0.2MG | NALDEMEDINE TOSYLATE TAB 0.2 MG (BASE EQUIVALENT) | Tier 3 | X | X | | |
| URSODIOL CAP 300MG | URSODIOL CAP 300 MG | Tier 3 | | | | |
| URSODIOL TAB 250MG | URSODIOL TAB 250 MG | Tier 3 | | | | |
| URSODIOL TAB 500MG | URSODIOL TAB 500 MG | Tier 3 | | | | |
| XERMELO TAB 250MG | TELOTRISTAT ETHYL TAB 250 MG (AS TELOTRISTAT ETIPRATE) | Tier 6 | X | X | | |
| ZELNORM TAB 6MG | TEGASEROD MALEATE TAB 6 MG (BASE EQUIVALENT) | Tier 5 | X | X | | |
| Genetic or Enzyme Disorder: Replacement, Modifiers, Treatment | | | | | | |
| CREON CAP 12000UNT | PANCRELIPASE (LIP-PROT-AMYL) DR CAP 12000-38000-60000 UNIT | Tier 3 | | | | |

KEY: **H**—Health Care Reform Preventive
H*—Health Care Reform Preventive
H-A—Health Care Reform Preventive with Age contingency
H-M—Health Care Reform Preventive (RX or Medical)

BH—Medication used to treat a behavioral health condition available at no cost to you
BH*—Medication may be available at no cost to you when prescribed to treat a behavioral health condition
\$0 Copay—Medication available at no cost to you



| Drug name | Generic name | Tier value | Prior auth | Quantity limit | Step therapy | Requirements & limits |
|-----------------------------|--|------------|------------|----------------|--------------|-----------------------|
| CREON CAP 24000UNT | PANCRELIPASE (LIP-PROT-AMYL) DR CAP 24000-76000-120000 UNIT | Tier 3 | | | | |
| CREON CAP 3000UNIT | PANCRELIPASE (LIP-PROT-AMYL) DR CAP 3000-9500-15000 UNIT | Tier 3 | | | | |
| CREON CAP 36000UNT | PANCRELIPASE (LIP-PROT-AMYL) DR CAP 36000-114000-180000 UNIT | Tier 3 | | | | |
| CREON CAP 6000UNIT | PANCRELIPASE (LIP-PROT-AMYL) DR CAP 6000-19000-30000 UNIT | Tier 3 | | | | |
| CYSTAGON CAP 150MG | CYSTEAMINE BITARTRATE CAP 150 MG | Tier 6 | | | | |
| CYSTAGON CAP 50MG | CYSTEAMINE BITARTRATE CAP 50 MG | Tier 6 | | | | |
| MYALEPT INJ 11.3MG | METRELEPTIN FOR SUBCUTANEOUS INJ 11.3 MG | Tier 6 | X | X | | |
| ZENPEP CAP 10000UNT | PANCRELIPASE (LIP-PROT-AMYL) DR CAP 10000-32000-42000 UNIT | Tier 3 | | | | |
| ZENPEP CAP 15000UNT | PANCRELIPASE (LIP-PROT-AMYL) DR CAP 15000-47000-63000 UNIT | Tier 3 | | | | |
| ZENPEP CAP 20000UNT | PANCRELIPASE (LIP-PROT-AMYL) DR CAP 20000-63000-84000 UNIT | Tier 3 | | | | |
| ZENPEP CAP 25000UNT | PANCRELIPASE (LIP-PROT-AMYL) DR CAP 25000-79000-105000 UNIT | Tier 3 | | | | |
| ZENPEP CAP 3000UNIT | PANCRELIPASE (LIP-PROT-AMYL) DR CAP 3000-10000-14000 UNIT | Tier 3 | | | | |
| ZENPEP CAP 40000UNT | PANCRELIPASE (LIP-PROT-AMYL) DR CAP 40000-126000-168000 UNIT | Tier 3 | | | | |
| ZENPEP CAP 5000UNIT | PANCRELIPASE (LIP-PROT-AMYL) DR CAP 5000-17000-24000 UNIT | Tier 3 | | | | |
| Genitourinary Agents | | | | | | |
| ALFUZOSIN TAB 10MG ER | ALFUZOSIN HCL TAB ER 24HR 10 MG | Tier 2 | | | | |
| BETHANECHOL TAB 10MG | BETHANECHOL CHLORIDE TAB 10 MG | Tier 2 | | | | |
| BETHANECHOL TAB 25MG | BETHANECHOL CHLORIDE TAB 25 MG | Tier 2 | | | | |
| BETHANECHOL TAB 50MG | BETHANECHOL CHLORIDE TAB 50 MG | Tier 2 | | | | |
| BETHANECHOL TAB 5MG | BETHANECHOL CHLORIDE TAB 5 MG | Tier 2 | | | | |
| CARDURA XL TAB 4MG | DOXAZOSIN MESYLATE TAB ER 24 HR 4 MG (BASE EQUIV) | Tier 5 | | X | | |
| CARDURA XL TAB 8MG | DOXAZOSIN MESYLATE TAB ER 24 HR 8 MG (BASE EQUIV) | Tier 5 | | X | | |
| DARIFENACIN TAB 15MG | DARIFENACIN HYDROBROMIDE TAB ER 24HR 15 MG (BASE EQUIV) | Tier 3 | | X | X | |
| DARIFENACIN TAB 7.5MG | DARIFENACIN HYDROBROMIDE TAB ER 24HR 7.5 MG (BASE EQUIV) | Tier 3 | | X | X | |
| DUTAST/TAMSU CAP 0.5-0.4 | DUTASTERIDE-TAMSULOSIN HCL CAP 0.5-0.4 MG | Tier 3 | | | | |
| DUTASTERIDE CAP 0.5MG | DUTASTERIDE CAP 0.5 MG | Tier 2 | | X | | |
| ELMIRON CAP 100MG | PENTOSAN POLYSULFATE SODIUM CAPS 100 MG | Tier 3 | | | | |
| ENCARE SUP 100MG | Nonoxynol-9 Vaginal Suppos 100 MG | Tier 1 | | X | | H |
| FESOTERODINE TAB 4MG ER | FESOTERODINE FUMARATE TAB ER 24HR 4 MG | Tier 3 | | X | | |
| FESOTERODINE TAB 8MG ER | FESOTERODINE FUMARATE TAB ER 24HR 8 MG | Tier 3 | | X | | |
| FINASTERIDE TAB 5MG | FINASTERIDE TAB 5 MG | Tier 2 | | | | |
| FLAVOXATE TAB 100MG | FLAVOXATE HCL TAB 100 MG | Tier 2 | | | | |
| GYNOL II GEL 3% | NONOXYNOL-9 GEL 3% | Tier 1 | | | | H |
| LITHOSTAT TAB 250MG | ACETOHYDROXAMIC ACID TAB 250 MG | Tier 5 | | | | |
| MYRBETRIQ SUS 8MG/ML | MIRABEGRON GRANULES FOR ORAL EXTENDED RELEASE SUSP 8 MG/ML | Tier 5 | | | | |
| MYRBETRIQ TAB 25MG | MIRABEGRON TAB ER 24 HR 25 MG | Tier 5 | | | | |
| MYRBETRIQ TAB 50MG | MIRABEGRON TAB ER 24 HR 50 MG | Tier 5 | | | | |
| OXYBUTYNIN SOL 5MG/5ML | OXYBUTYNIN CHLORIDE SOLUTION 5 MG/5ML | Tier 2 | | | | |

KEY: **H**—Health Care Reform Preventive
H*—Health Care Reform Preventive
H-A—Health Care Reform Preventive with Age contingency
H-M—Health Care Reform Preventive (RX or Medical)

BH—Medication used to treat a behavioral health condition available at no cost to you
BH*—Medication may be available at no cost to you when prescribed to treat a behavioral health condition
\$0 Copay—Medication available at no cost to you



| Drug name | Generic name | Tier value | Prior auth | Quantity limit | Step therapy | Requirements & limits |
|---|---|------------|------------|----------------|--------------|-----------------------|
| OXYBUTYNIN SYP 5MG/5ML | OXYBUTYNIN CHLORIDE SYRUP 5 MG/5ML | Tier 2 | | | | |
| OXYBUTYNIN TAB 10MG ER | OXYBUTYNIN CHLORIDE TAB ER 24HR 10 MG | Tier 2 | | X | | |
| OXYBUTYNIN TAB 15MG ER | OXYBUTYNIN CHLORIDE TAB ER 24HR 15 MG | Tier 2 | | X | | |
| OXYBUTYNIN TAB 5MG | OXYBUTYNIN CHLORIDE TAB 5 MG | Tier 2 | | | | |
| OXYBUTYNIN TAB 5MG ER | OXYBUTYNIN CHLORIDE TAB ER 24HR 5 MG | Tier 2 | | X | | |
| PENICILLAMIN CAP 250MG | PENICILLAMINE CAP 250 MG | Tier 6 | | | | |
| PENICILLAMIN TAB 250MG | PENICILLAMINE TAB 250 MG | Tier 6 | | | | |
| PHENAZO TAB 200MG | PHENAZOPYRIDINE HCL TAB 200 MG | Tier 2 | | | | |
| PHENAZOPYRID TAB 100MG | PHENAZOPYRIDINE HCL TAB 100 MG | Tier 2 | | | | |
| PHENAZOPYRID TAB 200MG | PHENAZOPYRIDINE HCL TAB 200 MG | Tier 2 | | | | |
| PYRIDIDIUM TAB 100MG | PHENAZOPYRIDINE HCL TAB 100 MG | Tier 5 | | | | |
| PYRIDIDIUM TAB 200MG | PHENAZOPYRIDINE HCL TAB 200 MG | Tier 5 | | | | |
| SHUR-SEAL GEL 2% | NONOXYNOL-9 GEL 2% | Tier 1 | | | | H |
| SILODOSIN CAP 4MG | SILODOSIN CAP 4 MG | Tier 3 | | X | | |
| SILODOSIN CAP 8MG | SILODOSIN CAP 8 MG | Tier 3 | | X | | |
| SOLIFENACIN TAB 10MG | SOLIFENACIN SUCCINATE TAB 10 MG | Tier 3 | | X | X | |
| SOLIFENACIN TAB 5MG | SOLIFENACIN SUCCINATE TAB 5 MG | Tier 3 | | X | X | |
| TADALAFIL TAB 2.5MG | TADALAFIL TAB 2.5 MG | Tier 3 | | X | | |
| TADALAFIL TAB 5MG | TADALAFIL TAB 5 MG | Tier 3 | | X | | |
| TAMSULOSIN CAP 0.4MG | TAMSULOSIN HCL CAP 0.4 MG | Tier 2 | | | | |
| TERAZOSIN CAP 10MG | TERAZOSIN HCL CAP 10 MG (BASE EQUIVALENT) | Tier 2 | | | | |
| TERAZOSIN CAP 1MG | TERAZOSIN HCL CAP 1 MG (BASE EQUIVALENT) | Tier 2 | | | | |
| TERAZOSIN CAP 2MG | TERAZOSIN HCL CAP 2 MG (BASE EQUIVALENT) | Tier 2 | | | | |
| TERAZOSIN CAP 5MG | TERAZOSIN HCL CAP 5 MG (BASE EQUIVALENT) | Tier 2 | | | | |
| TODAY SPONGE MIS | NONOXYNOL-9 VAGINAL SPONGE 1000 MG | Tier 1 | | | | H |
| TOLTERODINE TAB 1MG | TOLTERODINE TARTRATE TAB 1 MG | Tier 2 | | | X | |
| TOLTERODINE TAB 2MG | TOLTERODINE TARTRATE TAB 2 MG | Tier 2 | | | X | |
| TROSPIUM CHL CAP 60MG ER | TROSPIUM CHLORIDE CAP ER 24HR 60 MG | Tier 3 | | | | |
| TROSPIUM CL TAB 20MG | TROSPIUM CHLORIDE TAB 20 MG | Tier 2 | | | | |
| VCF VAGINAL AER CONTRACP | NONOXYNOL-9 FOAM 12.5% | Tier 1 | | | | H |
| VCF VAGINAL GEL CONTRACE | NONOXYNOL-9 GEL 4% | Tier 1 | | | | H |
| VCF VAGINAL MIS CONTRACP | NONOXYNOL-9 FILM 28% | Tier 1 | | | | H |
| Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal) | | | | | | |
| ALA-CORT CRE 2.5% | HYDROCORTISONE CREAM 2.5% | Tier 2 | | | | |
| ALA-SCALP LOT 2% | HYDROCORTISONE LOTION 2% | Tier 5 | | | | |
| ALCLOMETASON CRE 0.05% | ALCLOMETASON DIPROPIONATE CREAM 0.05% | Tier 2 | | | | |
| ALCLOMETASON OIN 0.05% | ALCLOMETASON DIPROPIONATE OINT 0.05% | Tier 2 | | | | |
| AMCINONIDE CRE 0.1% | AMCINONIDE CREAM 0.1% | Tier 3 | | | | |
| AMCINONIDE LOT 0.1% | AMCINONIDE LOTION 0.1% | Tier 3 | | | | |
| AMCINONIDE OIN 0.1% | AMCINONIDE OINT 0.1% | Tier 3 | | | | |
| APEXICON E CRE 0.05% | DIFLORASONE DIACETATE EMOLLIENT BASE CREAM 0.05% | Tier 3 | | X | | |
| BETA DIPROP CRE 0.05% | BETAMETHASONE DIPROPIONATE AUGMENTED CREAM 0.05% | Tier 3 | | | | |
| BETA DIPROP GEL 0.05% | BETAMETHASONE DIPROPIONATE AUGMENTED GEL 0.05% | Tier 3 | | | | |
| BETA DIPROP LOT 0.05% | BETAMETHASONE DIPROPIONATE AUGMENTED LOTION 0.05% | Tier 3 | | | | |

KEY: **H**—Health Care Reform Preventive
H*—Health Care Reform Preventive
H-A—Health Care Reform Preventive with Age contingency
H-M—Health Care Reform Preventive (RX or Medical)

BH—Medication used to treat a behavioral health condition available at no cost to you
BH*—Medication may be available at no cost to you when prescribed to treat a behavioral health condition
\$0 Copay—Medication available at no cost to you



| Drug name | Generic name | Tier value | Prior auth | Quantity limit | Step therapy | Requirements & limits |
|--------------------------|--|------------|------------|----------------|--------------|-----------------------|
| BETA DIPROP OIN 0.05% | BETAMETHASONE DIPROPIONATE AUGMENTED OINT 0.05% | Tier 3 | | | | |
| BETAMETH DIP CRE 0.05% | BETAMETHASONE DIPROPIONATE CREAM 0.05% | Tier 3 | | | | |
| BETAMETH DIP LOT 0.05% | BETAMETHASONE DIPROPIONATE LOTION 0.05% | Tier 3 | | | | |
| BETAMETH DIP OIN 0.05% | BETAMETHASONE DIPROPIONATE OINT 0.05% | Tier 3 | | | | |
| BETAMETH VAL CRE 0.1% | BETAMETHASONE VALERATE CREAM 0.1% (BASE EQUIVALENT) | Tier 2 | | | | |
| BETAMETH VAL LOT 0.1% | BETAMETHASONE VALERATE LOTION 0.1% (BASE EQUIVALENT) | Tier 2 | | | | |
| BETAMETH VAL OIN 0.1% | BETAMETHASONE VALERATE OINT 0.1% (BASE EQUIVALENT) | Tier 2 | | | | |
| CAPEX SHA 0.01% | FLUOCINOLONE ACETONIDE SHAMPOO 0.01% | Tier 3 | | | | |
| CLOBETASOL CRE 0.05% | CLOBETASOL PROPIONATE CREAM 0.05% | Tier 3 | | X | | |
| CLOBETASOL GEL 0.05% | CLOBETASOL PROPIONATE GEL 0.05% | Tier 3 | | X | | |
| CLOBETASOL OIN 0.05% | CLOBETASOL PROPIONATE OINT 0.05% | Tier 3 | | X | | |
| CLOBETASOL SOL 0.05% | CLOBETASOL PROPIONATE SOLN 0.05% | Tier 2 | | X | | |
| CLOBETASOL E CRE 0.05% | CLOBETASOL PROPIONATE EMOLLIENT BASE CREAM 0.05% | Tier 3 | | X | | |
| CLOCORTOLONE CRE 0.1% | CLOCORTOLONE PIVALATE CREAM 0.1% | Tier 3 | | X | X | |
| CORDRAN 80X3 TAP 4MCG/CM | FLURANDRENOLIDE TAPE 4 MCG/SQCM | Tier 5 | | X | | |
| DESONIDE CRE 0.05% | DESONIDE CREAM 0.05% | Tier 2 | | X | | |
| DESONIDE LOT 0.05% | DESONIDE LOTION 0.05% | Tier 3 | | X | | |
| DESONIDE OIN 0.05% | DESONIDE OINT 0.05% | Tier 2 | | X | | |
| DESOXIMETAS CRE 0.05% | DESOXIMETASONE CREAM 0.05% | Tier 3 | | X | | |
| DESOXIMETAS CRE 0.25% | DESOXIMETASONE CREAM 0.25% | Tier 3 | | X | | |
| DESOXIMETAS GEL 0.05% | DESOXIMETASONE GEL 0.05% | Tier 3 | | X | | |
| DESOXIMETAS OIN 0.05% | DESOXIMETASONE OINT 0.05% | Tier 3 | | X | | |
| DESOXIMETAS OIN 0.25% | DESOXIMETASONE OINT 0.25% | Tier 3 | | X | | |
| DESOXIMETASO SPR 0.25% | DESOXIMETASONE SPRAY 0.25% | Tier 3 | | X | | |
| DEXAMETHASON CON 1MG/ML | DEXAMETHASONE CONC 1 MG/ML | Tier 2 | | | | |
| DEXAMETHASON ELX 0.5/5ML | DEXAMETHASONE ELIXIR 0.5 MG/5ML | Tier 2 | | | | |
| DEXAMETHASON SOL 0.5/5ML | DEXAMETHASONE SOLN 0.5 MG/5ML | Tier 2 | | | | |
| DEXAMETHASON TAB 0.5MG | DEXAMETHASONE TAB 0.5 MG | Tier 2 | | | | |
| DEXAMETHASON TAB 0.75MG | DEXAMETHASONE TAB 0.75 MG | Tier 2 | | | | |
| DEXAMETHASON TAB 1.5MG | DEXAMETHASONE TAB 1.5 MG | Tier 2 | | | | |
| DEXAMETHASON TAB 10-DAY | DEXAMETHASONE TAB THERAPY PACK 1.5 MG (35) | Tier 2 | | | | |
| DEXAMETHASON TAB 13-DAY | DEXAMETHASONE TAB THERAPY PACK 1.5 MG (51) | Tier 2 | | | | |
| DEXAMETHASON TAB 1MG | DEXAMETHASONE TAB 1 MG | Tier 2 | | | | |
| DEXAMETHASON TAB 2MG | DEXAMETHASONE TAB 2 MG | Tier 2 | | | | |
| DEXAMETHASON TAB 4MG | DEXAMETHASONE TAB 4 MG | Tier 2 | | | | |
| DEXAMETHASON TAB 6-DAY | DEXAMETHASONE TAB THERAPY PACK 1.5 MG (21) | Tier 2 | | | | |
| DEXAMETHASON TAB 6MG | DEXAMETHASONE TAB 6 MG | Tier 2 | | | | |
| DIFLORASONE CRE 0.05% | DIFLORASONE DIACETATE CREAM 0.05% | Tier 3 | | X | | |
| EMFLAZA SUS 22.75/ML | DEFLAZACORT SUSP 22.75 MG/ML | Tier 6 | X | | | |
| EMFLAZA TAB 18MG | DEFLAZACORT TAB 18 MG | Tier 6 | X | | | |
| EMFLAZA TAB 30MG | DEFLAZACORT TAB 30 MG | Tier 6 | X | | | |
| EMFLAZA TAB 36MG | DEFLAZACORT TAB 36 MG | Tier 6 | X | | | |

KEY: **H**—Health Care Reform Preventive
H*—Health Care Reform Preventive
H-A—Health Care Reform Preventive with Age contingency
H-M—Health Care Reform Preventive (RX or Medical)

BH—Medication used to treat a behavioral health condition available at no cost to you
BH*—Medication may be available at no cost to you when prescribed to treat a behavioral health condition
\$0 Copay—Medication available at no cost to you



| Drug name | Generic name | Tier value | Prior auth | Quantity limit | Step therapy | Requirements & limits |
|--------------------------|---|------------|------------|----------------|--------------|-----------------------|
| EMFLAZA TAB 6MG | DEFLAZACORT TAB 6 MG | Tier 6 | X | | | |
| FLUDROCORT TAB 0.1MG | FLUDROCORTISONE ACETATE TAB 0.1 MG | Tier 2 | | | | |
| FLUOCIN ACET CRE 0.01% | FLUOCINOLONE ACETONIDE CREAM 0.01% | Tier 2 | | X | | |
| FLUOCIN ACET CRE 0.025% | FLUOCINOLONE ACETONIDE CREAM 0.025% | Tier 2 | | X | | |
| FLUOCIN ACET OIL BODY | FLUOCINOLONE ACETONIDE OIL 0.01% (BODY OIL) | Tier 3 | | X | | |
| FLUOCIN ACET OIL SCALP | FLUOCINOLONE ACETONIDE OIL 0.01% (SCALP OIL) | Tier 3 | | X | | |
| FLUOCIN ACET OIN 0.025% | FLUOCINOLONE ACETONIDE OINT 0.025% | Tier 2 | | X | | |
| FLUOCIN ACET SOL 0.01% | FLUOCINOLONE ACETONIDE SOLN 0.01% | Tier 3 | | X | | |
| FLUOCINONIDE CRE 0.05% | FLUOCINONIDE CREAM 0.05% | Tier 3 | | X | | |
| FLUOCINONIDE CRE E 0.05% | FLUOCINONIDE EMULSIFIED BASE CREAM 0.05% | Tier 3 | | X | | |
| FLUOCINONIDE GEL 0.05% | FLUOCINONIDE GEL 0.05% | Tier 3 | | X | | |
| FLUOCINONIDE OIN 0.05% | FLUOCINONIDE OINT 0.05% | Tier 3 | | X | | |
| FLUOCINONIDE SOL 0.05% | FLUOCINONIDE SOLN 0.05% | Tier 3 | | X | | |
| FLURANDRENOL LOT 0.05% | FLURANDRENOLIDE LOTION 0.05% | Tier 3 | | X | X | |
| FLURANDRENOL OIN 0.05% | FLURANDRENOLIDE OINT 0.05% | Tier 3 | | | X | |
| FLUTICASONE CRE 0.05% | FLUTICASONE PROPIONATE CREAM 0.05% | Tier 2 | | | | |
| FLUTICASONE OIN 0.005% | FLUTICASONE PROPIONATE OINT 0.005% | Tier 2 | | | | |
| HALOBETASOL CRE 0.05% | HALOBETASOL PROPIONATE CREAM 0.05% | Tier 3 | | X | | |
| HALOBETASOL OIN 0.05% | HALOBETASOL PROPIONATE OINT 0.05% | Tier 3 | | X | | |
| HC BUTYRATE CRE 0.1% | HYDROCORTISONE BUTYRATE CREAM 0.1% | Tier 3 | | X | | |
| HC BUTYRATE OIN 0.1% | HYDROCORTISONE BUTYRATE OINT 0.1% | Tier 3 | | | | |
| HC BUTYRATE SOL 0.1% | HYDROCORTISONE BUTYRATE SOLN 0.1% | Tier 3 | | | | |
| HC VALERATE CRE 0.2% | HYDROCORTISONE VALERATE CREAM 0.2% | Tier 3 | | X | | |
| HC VALERATE OIN 0.2% | HYDROCORTISONE VALERATE OINT 0.2% | Tier 3 | | X | | |
| HYDROCORT CRE 2.5% | HYDROCORTISONE CREAM 2.5% | Tier 2 | | | | |
| HYDROCORT LOT 2.5% | HYDROCORTISONE LOTION 2.5% | Tier 2 | | | | |
| HYDROCORT OIN 1% | HYDROCORTISONE OINT 1% | Tier 2 | | | | |
| HYDROCORT OIN 2.5% | HYDROCORTISONE OINT 2.5% | Tier 2 | | | | |
| HYDROCORT TAB 10MG | HYDROCORTISONE TAB 10 MG | Tier 2 | | | | |
| HYDROCORT TAB 20MG | HYDROCORTISONE TAB 20 MG | Tier 2 | | | | |
| HYDROCORT TAB 5MG | HYDROCORTISONE TAB 5 MG | Tier 2 | | | | |
| METHYLPRED TAB 16MG | METHYLPREDNISOLONE TAB 16 MG | Tier 2 | | | | |
| METHYLPRED TAB 32MG | METHYLPREDNISOLONE TAB 32 MG | Tier 2 | | | | |
| METHYLPRED TAB 4MG | METHYLPREDNISOLONE TAB 4 MG | Tier 2 | | | | |
| METHYLPRED TAB 4MG | METHYLPREDNISOLONE TAB THERAPY PACK 4 MG (21) | Tier 2 | | | | |
| METHYLPRED TAB 8MG | METHYLPREDNISOLONE TAB 8 MG | Tier 2 | | | | |
| MOMETASONE CRE 0.1% | MOMETASONE FUROATE CREAM 0.1% | Tier 2 | | | | |
| MOMETASONE OIN 0.1% | MOMETASONE FUROATE OINT 0.1% | Tier 2 | | | | |
| MOMETASONE SOL 0.1% | MOMETASONE FUROATE SOLUTION 0.1% (LOTION) | Tier 2 | | | | |
| NOLIX LOT 0.05% | FLURANDRENOLIDE LOTION 0.05% | Tier 3 | | X | X | |
| PANDEL CRE 0.1% | HYDROCORTISONE PROBUTATE CREAM 0.1% | Tier 5 | | | | |

KEY: **H**—Health Care Reform Preventive
H*—Health Care Reform Preventive
H-A—Health Care Reform Preventive with Age contingency
H-M—Health Care Reform Preventive (RX or Medical)

BH—Medication used to treat a behavioral health condition available at no cost to you
BH*—Medication may be available at no cost to you when prescribed to treat a behavioral health condition
\$0 Copay—Medication available at no cost to you



| Drug name | Generic name | Tier value | Prior auth | Quantity limit | Step therapy | Requirements & limits |
|---|--|------------|------------|----------------|--------------|-----------------------|
| PRED SOD PHO SOL 5MG/5ML | PREDNISOLONE SOD PHOSPH ORAL SOLN 6.7 MG/5ML (5 MG/5ML BASE) | Tier 2 | | | | |
| PREDNICARBAT CRE 0.1% | PREDNICARBATE CREAM 0.1% | Tier 3 | | | | |
| PREDNICARBAT OIN 0.1% | PREDNICARBATE OINT 0.1% | Tier 3 | | | | |
| PREDNISOLONE SOL 10MG/5ML | PREDNISOLONE SOD PHOSPHATE ORAL SOLN 10 MG/5ML (BASE EQUIV) | Tier 2 | | | | |
| PREDNISOLONE SOL 15MG/5ML | PREDNISOLONE SOD PHOSPHATE ORAL SOLN 15 MG/5ML (BASE EQUIV) | Tier 2 | | | | |
| PREDNISOLONE SOL 15MG/5ML | PREDNISOLONE SOLN 15 MG/5ML | Tier 2 | | | | |
| PREDNISOLONE SOL 20MG/5ML | PREDNISOLONE SOD PHOSPHATE ORAL SOLN 20 MG/5ML (BASE EQUIV) | Tier 2 | | | | |
| PREDNISOLONE SOL 25MG/5ML | PREDNISOLONE SODIUM PHOSPHATE ORAL SOLN 25 MG/5ML (BASE EQ) | Tier 2 | | | | |
| PREDNISOLONE TAB 10MG ODT | PREDNISOLONE SOD PHOS ORALLY DISINTEGR TAB 10 MG (BASE EQ) | Tier 3 | | | | |
| PREDNISOLONE TAB 15MG ODT | PREDNISOLONE SOD PHOS ORALLY DISINTEGR TAB 15 MG (BASE EQ) | Tier 3 | | | | |
| PREDNISOLONE TAB 30MG ODT | PREDNISOLONE SOD PHOS ORALLY DISINTEGR TAB 30 MG (BASE EQ) | Tier 3 | | | | |
| PREDNISOLONE TAB 5MG | PREDNISOLONE TAB 5 MG | Tier 3 | | | | |
| PREDNISONE CON 5MG/ML | PREDNISONE CONC 5 MG/ML | Tier 3 | | | | |
| PREDNISONE PAK 10MG | PREDNISONE TAB THERAPY PACK 10 MG (21) | Tier 2 | | | | |
| PREDNISONE PAK 10MG | PREDNISONE TAB THERAPY PACK 10 MG (48) | Tier 2 | | | | |
| PREDNISONE PAK 5MG | PREDNISONE TAB THERAPY PACK 5 MG (21) | Tier 2 | | | | |
| PREDNISONE PAK 5MG | PREDNISONE TAB THERAPY PACK 5 MG (48) | Tier 2 | | | | |
| PREDNISONE SOL 5MG/5ML | PREDNISONE ORAL SOLN 5 MG/5ML | Tier 3 | | | | |
| PREDNISONE TAB 10MG | PREDNISONE TAB 10 MG | Tier 2 | | | | |
| PREDNISONE TAB 1MG | PREDNISONE TAB 1 MG | Tier 2 | | | | |
| PREDNISONE TAB 2.5MG | PREDNISONE TAB 2.5 MG | Tier 2 | | | | |
| PREDNISONE TAB 20MG | PREDNISONE TAB 20 MG | Tier 2 | | | | |
| PREDNISONE TAB 50MG | PREDNISONE TAB 50 MG | Tier 2 | | | | |
| PREDNISONE TAB 5MG | PREDNISONE TAB 5 MG | Tier 2 | | | | |
| TEXACORT SOL 2.5% | HYDROCORTISONE SOLN 2.5% | Tier 3 | | | | |
| TRIAMCINOLON CRE 0.025% | TRIAMCINOLONE ACETONIDE CREAM 0.025% | Tier 2 | | X | | |
| TRIAMCINOLON CRE 0.1% | TRIAMCINOLONE ACETONIDE CREAM 0.1% | Tier 2 | | X | | |
| TRIAMCINOLON CRE 0.5% | TRIAMCINOLONE ACETONIDE CREAM 0.5% | Tier 2 | | X | | |
| TRIAMCINOLON LOT 0.025% | TRIAMCINOLONE ACETONIDE LOTION 0.025% | Tier 2 | | | | |
| TRIAMCINOLON LOT 0.1% | TRIAMCINOLONE ACETONIDE LOTION 0.1% | Tier 2 | | | | |
| TRIAMCINOLON OIN 0.025% | TRIAMCINOLONE ACETONIDE OINT 0.025% | Tier 2 | | | | |
| TRIAMCINOLON OIN 0.1% | TRIAMCINOLONE ACETONIDE OINT 0.1% | Tier 2 | | | | |
| TRIAMCINOLON OIN 0.5% | TRIAMCINOLONE ACETONIDE OINT 0.5% | Tier 2 | | | | |
| TRIDERM CRE 0.1% | TRIAMCINOLONE ACETONIDE CREAM 0.1% | Tier 2 | | X | | |
| TRIDERM CRE 0.5% | TRIAMCINOLONE ACETONIDE CREAM 0.5% | Tier 2 | | X | | |
| Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary) | | | | | | |
| CABERGOLINE TAB 0.5MG | CABERGOLINE TAB 0.5 MG | Tier 3 | | | | |
| CLOMID TAB 50MG | CLOMIPHENE CITRATE TAB 50 MG | Tier 3 | X | | | |
| CLOMIPHENE TAB 50MG | CLOMIPHENE CITRATE TAB 50 MG | Tier 3 | X | | | |

KEY: **H**—Health Care Reform Preventive
H*—Health Care Reform Preventive
H-A—Health Care Reform Preventive with Age contingency
H-M—Health Care Reform Preventive (RX or Medical)

BH—Medication used to treat a behavioral health condition available at no cost to you
BH*—Medication may be available at no cost to you when prescribed to treat a behavioral health condition
\$0 Copay—Medication available at no cost to you



| Drug name | Generic name | Tier value | Prior auth | Quantity limit | Step therapy | Requirements & limits |
|--|--|------------|------------|----------------|--------------|-----------------------|
| DDAVP SOL 0.01% | DESMOPRESSIN ACETATE NASAL SOLN 0.01% (REFRIGERATED) | Tier 5 | | | | |
| DESMOPRESSIN INJ 40/10ML | DESMOPRESSIN ACETATE INJ 4 MCG/ML | Tier 3 | | | | |
| DESMOPRESSIN INJ 4MCG/ML | DESMOPRESSIN ACETATE INJ 4 MCG/ML | Tier 3 | | | | |
| DESMOPRESSIN INJ 4MCG/ML | DESMOPRESSIN ACETATE PRESERVATIVE FREE (PF) INJ 4 MCG/ML | Tier 3 | | | | |
| DESMOPRESSIN SPR 0.01% | DESMOPRESSIN ACETATE NASAL SPRAY SOLN 0.01% | Tier 3 | | | | |
| DESMOPRESSIN SPR 0.01% | DESMOPRESSIN ACETATE NASAL SPRAY SOLN 0.01% (REFRIGERATED) | Tier 3 | | | | |
| DESMOPRESSIN TAB 0.1MG | DESMOPRESSIN ACETATE TAB 0.1 MG | Tier 2 | | | | |
| DESMOPRESSIN TAB 0.2MG | DESMOPRESSIN ACETATE TAB 0.2 MG | Tier 2 | | | | |
| INCRELEX INJ 40MG/4ML | MECASERMIN INJ 40 MG/4ML (10 MG/ML) | Tier 6 | X | X | | |
| NOCDURNA SUB 27.7MCG | DESMOPRESSIN ACETATE SUBLINGUAL TAB 27.7 MCG | Tier 5 | X | X | | |
| NOCDURNA SUB 55.3MCG | DESMOPRESSIN ACETATE SUBLINGUAL TAB 55.3 MCG | Tier 5 | X | X | | |
| NUTROPIN AQ INJ 10MG/2ML | SOMATROPIN SOLUTION PEN-INJECTOR 10 MG/2ML | Tier 4 | X | X | | |
| NUTROPIN AQ INJ 20MG/2ML | SOMATROPIN SOLUTION PEN-INJECTOR 20 MG/2ML | Tier 4 | X | X | | |
| NUTROPIN AQ INJ NUSPIN 5 | SOMATROPIN SOLUTION PEN-INJECTOR 5 MG/2ML | Tier 4 | X | X | | |
| Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins) | | | | | | |
| MIFEPREX TAB 200MG | MIFEPRISTONE TAB 200 MG | Tier 3 | | | | |
| MIFEPRISTONE TAB 200MG | MIFEPRISTONE TAB 200 MG | Tier 2 | | | | |
| PREPIDIL GEL 0.5MG/3G | DINOPROSTONE CERVICAL GEL 0.5 MG/3GM | Tier 5 | | | | |
| PROSTIN E2 SUP 20MG | DINOPROSTONE VAGINAL SUPPOS 20 MG | Tier 5 | | | | |
| Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers) | | | | | | |
| AFIRMELLE TAB 0.1-0.02 | LEVONORGESTREL & ETHINYL ESTRADIOL TAB 0.1 MG-20 MCG | Tier 1 | | | | H |
| AFTERA TAB 1.5MG | LEVONORGESTREL TAB 1.5 MG | Tier 1 | | | | H |
| AFTERPILL TAB 1.5MG | LEVONORGESTREL TAB 1.5 MG | Tier 1 | | | | H |
| ALTAVERA TAB | LEVONORGESTREL & ETHINYL ESTRADIOL TAB 0.15 MG-30 MCG | Tier 1 | | | | H |
| ALYACEN TAB 1/35 | NORETHINDRONE & ETHINYL ESTRADIOL TAB 1 MG-35 MCG | Tier 1 | | | | H |
| ALYACEN TAB 7/7/7 | NORETHINDRONE-ETH ESTRADIOL TAB 0.5-35/0.75-35/1-35 MG-MCG | Tier 1 | | | | H |
| AMABELZ TAB 0.5-0.1 | ESTRADIOL & NORETHINDRONE ACETATE TAB 0.5-0.1 MG | Tier 3 | | | | |
| AMABELZ TAB 1-0.5MG | ESTRADIOL & NORETHINDRONE ACETATE TAB 1-0.5 MG | Tier 3 | | | | |
| AMETHIA TAB | LEVONORG-ETH EST TAB 0.15-0.03MG(84) & ETH EST TAB 0.01MG(7) | Tier 1 | | | | H |
| AMETHYST TAB 90-20MCG | LEVONORGESTREL-ETHINYL ESTRADIOL (CONTINUOUS) TAB 90-20 MCG | Tier 1 | | | | H |
| ANDRODERM DIS 2MG/24HR | TESTOSTERONE TD PATCH 24HR 2 MG/24HR | Tier 3 | X | X | | |
| ANDRODERM DIS 4MG/24HR | TESTOSTERONE TD PATCH 24HR 4 MG/24HR | Tier 3 | X | X | | |
| ANGELIQ TAB 0.25-0.5 | DROSPIRENONE-ESTRADIOL TAB 0.25-0.5 MG | Tier 5 | | | | |
| ANGELIQ TAB 0.5-1MG | DROSPIRENONE-ESTRADIOL TAB 0.5-1 MG | Tier 5 | | | | |

KEY: **H**—Health Care Reform Preventive
H*—Health Care Reform Preventive
H-A—Health Care Reform Preventive with Age contingency
H-M—Health Care Reform Preventive (RX or Medical)

BH—Medication used to treat a behavioral health condition available at no cost to you
BH*—Medication may be available at no cost to you when prescribed to treat a behavioral health condition
\$0 Copay—Medication available at no cost to you



| Drug name | Generic name | Tier value | Prior auth | Quantity limit | Step therapy | Requirements & limits |
|--------------------------|--|------------|------------|----------------|--------------|-----------------------|
| APRI TAB | DESOGESTREL & ETHINYL ESTRADIOL TAB 0.15 MG-30 MCG | Tier 1 | | | | H |
| ARANELLE TAB | NORETHINDRONE-ETH ESTRADIOL TAB 0.5-35/1-35/0.5-35 MG-MCG | Tier 1 | | | | H |
| ASHLYNA TAB | LEVONORG-ETH EST TAB 0.15-0.03MG(84) & ETH EST TAB 0.01MG(7) | Tier 1 | | | | H |
| AUBRA TAB 0.1-0.02 | LEVONORGESTREL & ETHINYL ESTRADIOL TAB 0.1 MG-20 MCG | Tier 1 | | | | H |
| AUBRA EQ TAB 0.1-0.02 | LEVONORGESTREL & ETHINYL ESTRADIOL TAB 0.1 MG-20 MCG | Tier 1 | | | | H |
| AUROVELA TAB 1.5/30 | NORETHINDRONE ACE & ETHINYL ESTRADIOL TAB 1.5 MG-30 MCG | Tier 1 | | | | H |
| AUROVELA TAB 1/20 | NORETHINDRONE ACE & ETHINYL ESTRADIOL TAB 1 MG-20 MCG | Tier 1 | | | | H |
| AUROVELA 24 TAB FE 1/20 | NORETHINDRONE ACE-ETHINYL ESTRADIOL-FE TAB 1 MG-20 MCG (24) | Tier 1 | | | | H |
| AUROVELA FE TAB 1.5/30 | NORETHINDRONE ACE & ETHINYL ESTRADIOL-FE TAB 1.5 MG-30 MCG | Tier 1 | | | | H |
| AUROVELA FE TAB 1/20 | NORETHINDRONE ACE & ETHINYL ESTRADIOL-FE TAB 1 MG-20 MCG | Tier 1 | | | | H |
| AVIANE TAB | LEVONORGESTREL & ETHINYL ESTRADIOL TAB 0.1 MG-20 MCG | Tier 1 | | | | H |
| AYUNA TAB | LEVONORGESTREL & ETHINYL ESTRADIOL TAB 0.15 MG-30 MCG | Tier 1 | | | | H |
| AZURETTE TAB | DESOGEST-ETH ESTRAD & ETH ESTRAD TAB 0.15-0.02/0.01 MG(21/5) | Tier 1 | | | | H |
| AZURETTE TAB 28 DAY | DESOGEST-ETH ESTRAD & ETH ESTRAD TAB 0.15-0.02/0.01 MG(21/5) | Tier 1 | | | | H |
| BALCOLTRA TAB 0.1-20 | LEVONORGESTREL-ETHINYL ESTRADIOL-FE TAB 0.1 MG-20 MCG (21) | Tier 1 | | | | H |
| BALZIVA TAB | NORETHINDRONE & ETHINYL ESTRADIOL TAB 0.4 MG-35 MCG | Tier 1 | | | | H |
| BLISOVI 24 TAB FE 1/20 | NORETHINDRONE ACE-ETHINYL ESTRADIOL-FE TAB 1 MG-20 MCG (24) | Tier 1 | | | | H |
| BLISOVI FE TAB 1.5/30 | NORETHINDRONE ACE & ETHINYL ESTRADIOL-FE TAB 1.5 MG-30 MCG | Tier 1 | | | | H |
| BLISOVI FE TAB 1/20 | NORETHINDRONE ACE & ETHINYL ESTRADIOL-FE TAB 1 MG-20 MCG | Tier 1 | | | | H |
| BRIELLYN TAB | NORETHINDRONE & ETHINYL ESTRADIOL TAB 0.4 MG-35 MCG | Tier 1 | | | | H |
| CAMILA TAB 0.35MG | NORETHINDRONE TAB 0.35 MG | Tier 1 | | | | H |
| CAMRESE TAB | LEVONORG-ETH EST TAB 0.15-0.03MG(84) & ETH EST TAB 0.01MG(7) | Tier 1 | | | | H |
| CAMRESE LO TAB | LEVONORG-ETH EST TAB 0.1-0.02MG(84) & ETH EST TAB 0.01MG(7) | Tier 1 | | | | H |
| CAZIANP PAK | DESOGEST-ETHIN EST TAB 0.1-0.025/0.125-0.025/0.15-0.025MG-MG | Tier 1 | | | | H |
| CHARLOTTE 24 CHW FE 1/20 | NORETHINDRONE ACE-ETH ESTRADIOL-FE CHEW TAB 1 MG-20 MCG (24) | Tier 1 | | | | H |
| CHATEAL TAB 0.15/30 | LEVONORGESTREL & ETHINYL ESTRADIOL TAB 0.15 MG-30 MCG | Tier 1 | | | | H |
| CHATEAL EQ TAB 0.15/30 | LEVONORGESTREL & ETHINYL ESTRADIOL TAB 0.15 MG-30 MCG | Tier 1 | | | | H |
| CLIMARA PRO DIS WEEKLY | ESTRADIOL-LEVONORGESTREL TD PATCH WEEKLY 0.045-0.015 MG/DAY | Tier 5 | | X | | |
| COMBIPATCH DIS | ESTRADIOL-NORETHINDRONE ACE TD PTTW 0.05-0.14 MG/DAY | Tier 5 | | X | | |
| COMBIPATCH DIS | ESTRADIOL-NORETHINDRONE ACE TD PTTW 0.05-0.25 MG/DAY | Tier 5 | | X | | |
| CRYSSELLE-28 TAB 28 TABS | NORGESTREL & ETHINYL ESTRADIOL TAB 0.3 MG-30 MCG | Tier 1 | | | | H |
| CYCLAFEM TAB 1/35 | NORETHINDRONE & ETHINYL ESTRADIOL TAB 1 MG-35 MCG | Tier 1 | | | | H |

KEY: **H**—Health Care Reform Preventive
H*—Health Care Reform Preventive
H-A—Health Care Reform Preventive with Age contingency
H-M—Health Care Reform Preventive (RX or Medical)

BH—Medication used to treat a behavioral health condition available at no cost to you
BH*—Medication may be available at no cost to you when prescribed to treat a behavioral health condition
\$0 Copay—Medication available at no cost to you



| Drug name | Generic name | Tier value | Prior auth | Quantity limit | Step therapy | Requirements & limits |
|---------------------------|--|------------|------------|----------------|--------------|-----------------------|
| CYCLAFEM TAB 7/7/7 | NORETHINDRONE-ETH ESTRADIOL TAB 0.5-35/0.75-35/1-35 MG-MCG | Tier 1 | | | | H |
| CYRED TAB | DESOGESTREL & ETHINYL ESTRADIOL TAB 0.15 MG-30 MCG | Tier 1 | | | | H |
| CYRED EQ TAB | DESOGESTREL & ETHINYL ESTRADIOL TAB 0.15 MG-30 MCG | Tier 1 | | | | H |
| DANAZOL CAP 100MG | DANAZOL CAP 100 MG | Tier 3 | | | | |
| DANAZOL CAP 200MG | DANAZOL CAP 200 MG | Tier 3 | | | | |
| DANAZOL CAP 50MG | DANAZOL CAP 50 MG | Tier 3 | | | | |
| DASETTA TAB 1/35 | NORETHINDRONE & ETHINYL ESTRADIOL TAB 1 MG-35 MCG | Tier 1 | | | | H |
| DASETTA TAB 7/7/7 | NORETHINDRONE-ETH ESTRADIOL TAB 0.5-35/0.75-35/1-35 MG-MCG | Tier 1 | | | | H |
| DAYSEE TAB | LEVONORG-ETH EST TAB 0.15-0.03MG(84) & ETH EST TAB 0.01MG(7) | Tier 1 | | | | H |
| DEBLITANE TAB 0.35MG | NORETHINDRONE TAB 0.35 MG | Tier 1 | | | | H |
| DELESTROGEN INJ 10MG/ML | ESTRADIOL VALERATE IM IN OIL 10 MG/ML | Tier 5 | | | | |
| DELYLA TAB 0.1-0.02 | LEVONORGESTREL & ETHINYL ESTRADIOL TAB 0.1 MG-20 MCG | Tier 1 | | | | H |
| DEPO-ESTRADI INJ 5MG/ML | ESTRADIOL CYPIONATE IM IN OIL 5 MG/ML | Tier 5 | | | | |
| DEPO-SQ PROV INJ 104 | MEDROXYPROGESTERONE ACETATE SUSP PREF SYR 104 MG/0.65ML | Tier 1 | | X | | H |
| DESO/ETHINYL TAB ESTRADIO | DESOGEST-ETH ESTRAD & ETH ESTRAD TAB 0.15-0.02/0.01 MG(21/5) | Tier 1 | | | | H |
| DESO/ETHINYL TAB ESTRADIO | DESOGESTREL & ETHINYL ESTRADIOL TAB 0.15 MG-30 MCG | Tier 1 | | | | H |
| DOLISHALE TAB 90-20MCG | LEVONORGESTREL-ETHINYL ESTRADIOL (CONTINUOUS) TAB 90-20 MCG | Tier 1 | | | | H |
| DOTTI DIS 0.025MG | ESTRADIOL TD PATCH TWICE WEEKLY 0.025 MG/24HR | Tier 3 | | X | | |
| DOTTI DIS 0.0375MG | ESTRADIOL TD PATCH TWICE WEEKLY 0.0375 MG/24HR | Tier 3 | | X | | |
| DOTTI DIS 0.05MG | ESTRADIOL TD PATCH TWICE WEEKLY 0.05 MG/24HR | Tier 3 | | X | | |
| DOTTI DIS 0.075MG | ESTRADIOL TD PATCH TWICE WEEKLY 0.075 MG/24HR | Tier 3 | | X | | |
| DOTTI DIS 0.1MG | ESTRADIOL TD PATCH TWICE WEEKLY 0.1 MG/24HR | Tier 3 | | X | | |
| DROS/ETH EST TAB LEVOMEFO | DROSPIRENONE-ETHINYL ESTRAD-LEVOMEFOLATE TAB 3-0.03-0.451 MG | Tier 1 | | | | H |
| DROSPIR/ETHI TAB 3-0.02MG | DROSPIRENONE-ETHINYL ESTRADIOL TAB 3-0.02 MG | Tier 1 | | | | H |
| DROSPIR/ETHI TAB 3-0.03MG | DROSPIRENONE-ETHINYL ESTRADIOL TAB 3-0.03 MG | Tier 1 | | | | H |
| DROSPIRE/ETH TAB ESTR/LEV | DROSPIRENONE-ETHINYL ESTRAD-LEVOMEFOLATE TAB 3-0.02-0.451 MG | Tier 1 | | | | H |
| DUAVEE TAB 0.45-20 | CONJUGATED ESTROGENS-BAZEDOXIFENE TAB 0.45-20 MG | Tier 5 | | X | | |
| ECONTRA EZ TAB 1.5MG | LEVONORGESTREL TAB 1.5 MG | Tier 1 | | | | H |
| ECONTRA OS TAB 1.5MG | LEVONORGESTREL TAB 1.5 MG | Tier 1 | | | | H |
| ELINEST TAB | NORGESTREL & ETHINYL ESTRADIOL TAB 0.3 MG-30 MCG | Tier 1 | | | | H |
| ELLA TAB 30MG | ULIPRISTAL ACETATE TAB 30 MG | Tier 1 | | X | | H |
| ELURYNG MIS | ETONOGESTREL-ETHINYL ESTRADIOL VA RING 0.120-0.015 MG/24HR | Tier 1 | | | | H |
| EMOQUETTE TAB | DESOGESTREL & ETHINYL ESTRADIOL TAB 0.15 MG-30 MCG | Tier 1 | | | | H |
| ENPRESSE-28 TAB | LEVONORGESTREL-ETH ESTRA TAB 0.05-30/0.075-40/0.125-30MG-MCG | Tier 1 | | | | H |

KEY: **H**—Health Care Reform Preventive
H*—Health Care Reform Preventive
H-A—Health Care Reform Preventive with Age contingency
H-M—Health Care Reform Preventive (RX or Medical)

BH—Medication used to treat a behavioral health condition available at no cost to you
BH*—Medication may be available at no cost to you when prescribed to treat a behavioral health condition
\$0 Copay—Medication available at no cost to you



| Drug name | Generic name | Tier value | Prior auth | Quantity limit | Step therapy | Requirements & limits |
|---------------------------|---|------------|------------|----------------|--------------|-----------------------|
| ENSKYCE TAB | DESOGESTREL & ETHINYL ESTRADIOL TAB 0.15 MG-30 MCG | Tier 1 | | | | H |
| ERRIN TAB 0.35MG | NORETHINDRONE TAB 0.35 MG | Tier 1 | | | | H |
| ESTARYLLA TAB 0.25-35 | NORGESTIMATE & ETHINYL ESTRADIOL TAB 0.25 MG-35 MCG | Tier 1 | | | | H |
| ESTRA/NORETH TAB 0.5-0.1 | ESTRADIOL & NORETHINDRONE ACETATE TAB 0.5-0.1 MG | Tier 3 | | | | |
| ESTRA/NORETH TAB 1-0.5MG | ESTRADIOL & NORETHINDRONE ACETATE TAB 1-0.5 MG | Tier 3 | | | | |
| ESTRAD VAL INJ 10MG/ML | ESTRADIOL VALERATE IM IN OIL 10 MG/ML | Tier 3 | | | | |
| ESTRAD VAL INJ 200MG/5 | ESTRADIOL VALERATE IM IN OIL 40 MG/ML | Tier 2 | | | | |
| ESTRAD VAL INJ 20MG/ML | ESTRADIOL VALERATE IM IN OIL 20 MG/ML | Tier 2 | | | | |
| ESTRAD VAL INJ 40MG/ML | ESTRADIOL VALERATE IM IN OIL 40 MG/ML | Tier 2 | | | | |
| ESTRADIOL CRE 0.01% | ESTRADIOL VAGINAL CREAM 0.1 MG/GM | Tier 3 | | | | |
| ESTRADIOL DIS 0.025MG | ESTRADIOL TD PATCH TWICE WEEKLY 0.025 MG/24HR | Tier 3 | | X | | |
| ESTRADIOL DIS 0.025MG | ESTRADIOL TD PATCH WEEKLY 0.025 MG/24HR | Tier 2 | | X | | |
| ESTRADIOL DIS 0.0375MG | ESTRADIOL TD PATCH TWICE WEEKLY 0.0375 MG/24HR | Tier 3 | | X | | |
| ESTRADIOL DIS 0.0375MG | ESTRADIOL TD PATCH WEEKLY 0.0375 MG/24HR (37.5 MCG/24HR) | Tier 2 | | X | | |
| ESTRADIOL DIS 0.05MG | ESTRADIOL TD PATCH TWICE WEEKLY 0.05 MG/24HR | Tier 3 | | X | | |
| ESTRADIOL DIS 0.05MG | ESTRADIOL TD PATCH WEEKLY 0.05 MG/24HR | Tier 2 | | X | | |
| ESTRADIOL DIS 0.06MG | ESTRADIOL TD PATCH WEEKLY 0.06 MG/24HR | Tier 2 | | X | | |
| ESTRADIOL DIS 0.075MG | ESTRADIOL TD PATCH TWICE WEEKLY 0.075 MG/24HR | Tier 3 | | X | | |
| ESTRADIOL DIS 0.075MG | ESTRADIOL TD PATCH WEEKLY 0.075 MG/24HR | Tier 2 | | X | | |
| ESTRADIOL DIS 0.1MG | ESTRADIOL TD PATCH TWICE WEEKLY 0.1 MG/24HR | Tier 3 | | X | | |
| ESTRADIOL DIS 0.1MG | ESTRADIOL TD PATCH WEEKLY 0.1 MG/24HR | Tier 2 | | X | | |
| ESTRADIOL TAB 0.5MG | ESTRADIOL TAB 0.5 MG | Tier 2 | | | | |
| ESTRADIOL TAB 10MCG | ESTRADIOL VAGINAL TAB 10 MCG | Tier 3 | | X | | |
| ESTRADIOL TAB 1MG | ESTRADIOL TAB 1 MG | Tier 2 | | | | |
| ESTRADIOL TAB 2MG | ESTRADIOL TAB 2 MG | Tier 2 | | | | |
| ESTRING MIS 2MG | ESTRADIOL VAGINAL RING 2 MG (7.5 MCG/24HRS) | Tier 3 | | X | | |
| ESTRING MIS 7.5/24HR | ESTRADIOL VAGINAL RING 2 MG (7.5 MCG/24HRS) | Tier 3 | | X | | |
| ETHY ETH EST TAB 1-35 | ETHYNODIOL DIACETATE & ETHINYL ESTRADIOL TAB 1 MG-35 MCG | Tier 1 | | | | H |
| ETHYNODIOL TAB 1-50 | ETHYNODIOL DIACETATE & ETHINYL ESTRADIOL TAB 1 MG-50 MCG | Tier 1 | | | | H |
| ETONOGESTREL MIS ETHY EST | ETONOGESTREL-ETHINYL ESTRADIOL VA RING 0.120-0.015 MG/24HR | Tier 1 | | | | H |
| FALMINA TAB | LEVONORGESTREL & ETHINYL ESTRADIOL TAB 0.1 MG-20 MCG | Tier 1 | | | | H |
| FAYOSIM TAB | LEVONOR-ETH EST TAB 0.15-0.02/0.025/0.03 MG & ETH EST 0.01 MG | Tier 1 | | | | H |
| FEMRING MIS 0.05/24H | ESTRADIOL ACETATE VAGINAL RING 0.05 MG/24HR | Tier 5 | | X | | |
| FEMRING MIS 0.1MG/24 | ESTRADIOL ACETATE VAGINAL RING 0.1 MG/24HR | Tier 5 | | X | | |

KEY: **H**—Health Care Reform Preventive
H*—Health Care Reform Preventive
H-A—Health Care Reform Preventive with Age contingency
H-M—Health Care Reform Preventive (RX or Medical)

BH—Medication used to treat a behavioral health condition available at no cost to you
BH*—Medication may be available at no cost to you when prescribed to treat a behavioral health condition
\$0 Copay—Medication available at no cost to you



| Drug name | Generic name | Tier value | Prior auth | Quantity limit | Step therapy | Requirements & limits |
|----------------------|--|------------|------------|----------------|--------------|-----------------------|
| FEMYNOR TAB 0.25-35 | NORGESTIMATE & ETHINYL ESTRADIOL TAB 0.25 MG-35 MCG | Tier 1 | | | | H |
| FINZALA CHW FE 1/20 | NORETHINDRONE ACE-ETH ESTRADIOL-FE CHEW TAB 1 MG-20 MCG (24) | Tier 1 | | | | H |
| FYAVOLV TAB 0.5-2.5 | NORETHINDRONE ACETATE-ETHINYL ESTRADIOL TAB 0.5 MG-2.5 MCG | Tier 3 | | | | |
| FYAVOLV TAB 1-5 | NORETHINDRONE ACETATE-ETHINYL ESTRADIOL TAB 1 MG-5 MCG | Tier 3 | | | | |
| GEMMILY CAP 1/20 | NORETHINDRONE ACE-ETHINYL ESTRADIOL-FE CAP 1 MG-20 MCG (24) | Tier 1 | | | | H |
| HAILEY TAB 1.5/30 | NORETHINDRONE ACE & ETHINYL ESTRADIOL TAB 1.5 MG-30 MCG | Tier 1 | | | | H |
| HAILEY 24 TAB FE | NORETHINDRONE ACE-ETHINYL ESTRADIOL-FE TAB 1 MG-20 MCG (24) | Tier 1 | | | | H |
| HAILEY FE TAB 1.5/30 | NORETHINDRONE ACE & ETHINYL ESTRADIOL-FE TAB 1.5 MG-30 MCG | Tier 1 | | | | H |
| HAILEY FE TAB 1/20 | NORETHINDRONE ACE & ETHINYL ESTRADIOL-FE TAB 1 MG-20 MCG | Tier 1 | | | | H |
| HALOETTE MIS | ETONOGESTREL-ETHINYL ESTRADIOL VA RING 0.120-0.015 MG/24HR | Tier 1 | | | | H |
| HEATHER TAB 0.35MG | NORETHINDRONE TAB 0.35 MG | Tier 1 | | | | H |
| ICLEVIA TAB | LEVONORGESTREL & ETHINYL ESTRADIOL (91-DAY) TAB 0.15-0.03 MG | Tier 1 | | | | H |
| INCASSIA TAB 0.35MG | NORETHINDRONE TAB 0.35 MG | Tier 1 | | | | H |
| INTROVALE TAB | LEVONORGESTREL & ETHINYL ESTRADIOL (91-DAY) TAB 0.15-0.03 MG | Tier 1 | | | | H |
| ISIBLOOM TAB | DESOGESTREL & ETHINYL ESTRADIOL TAB 0.15 MG-30 MCG | Tier 1 | | | | H |
| JAIMIESS TAB | LEVONORG-ETH EST TAB 0.15-0.03MG(84) & ETH EST TAB 0.01MG(7) | Tier 1 | | | | H |
| JASMIEL TAB 3-0.02MG | DROSPIRENONE-ETHINYL ESTRADIOL TAB 3-0.02 MG | Tier 1 | | | | H |
| JENCYCLA TAB 0.35MG | NORETHINDRONE TAB 0.35 MG | Tier 1 | | | | H |
| JINTELI TAB 1MG-5MCG | NORETHINDRONE ACETATE-ETHINYL ESTRADIOL TAB 1 MG-5 MCG | Tier 3 | | | | |
| JOLESSA TAB | LEVONORGESTREL & ETHINYL ESTRADIOL (91-DAY) TAB 0.15-0.03 MG | Tier 1 | | | | H |
| JULEBER TAB | DESOGESTREL & ETHINYL ESTRADIOL TAB 0.15 MG-30 MCG | Tier 1 | | | | H |
| JUNEL 1.5/30 TAB | NORETHINDRONE ACE & ETHINYL ESTRADIOL TAB 1.5 MG-30 MCG | Tier 1 | | | | H |
| JUNEL 1/20 TAB | NORETHINDRONE ACE & ETHINYL ESTRADIOL TAB 1 MG-20 MCG | Tier 1 | | | | H |
| JUNEL FE TAB 1.5/30 | NORETHINDRONE ACE & ETHINYL ESTRADIOL-FE TAB 1.5 MG-30 MCG | Tier 1 | | | | H |
| JUNEL FE TAB 1/20 | NORETHINDRONE ACE & ETHINYL ESTRADIOL-FE TAB 1 MG-20 MCG | Tier 1 | | | | H |
| JUNEL FE 24 TAB 1/20 | NORETHINDRONE ACE-ETHINYL ESTRADIOL-FE TAB 1 MG-20 MCG (24) | Tier 1 | | | | H |
| KAITLIB FE CHW | NORETHINDRONE & ETHINYL ESTRADIOL-FE CHEW TAB 0.8 MG-25 MCG | Tier 1 | | | | H |
| KALLIGA TAB | DESOGESTREL & ETHINYL ESTRADIOL TAB 0.15 MG-30 MCG | Tier 1 | | | | H |
| KARIVA TAB 28 DAY | DESOGEST-ETH ESTRAD & ETH ESTRAD TAB 0.15-0.02/0.01 MG(21/5) | Tier 1 | | | | H |
| KELNOR TAB 1/35 | ETHYNODIOL DIACETATE & ETHINYL ESTRADIOL TAB 1 MG-35 MCG | Tier 1 | | | | H |
| KELNOR 1/50 TAB | ETHYNODIOL DIACETATE & ETHINYL ESTRADIOL TAB 1 MG-50 MCG | Tier 1 | | | | H |
| KURVELO TAB 0.15/30 | LEVONORGESTREL & ETHINYL ESTRADIOL TAB 0.15 MG-30 MCG | Tier 1 | | | | H |

KEY: **H**—Health Care Reform Preventive
H*—Health Care Reform Preventive
H-A—Health Care Reform Preventive with Age contingency
H-M—Health Care Reform Preventive (RX or Medical)

BH—Medication used to treat a behavioral health condition available at no cost to you
BH*—Medication may be available at no cost to you when prescribed to treat a behavioral health condition
\$0 Copay—Medication available at no cost to you



| Drug name | Generic name | Tier value | Prior auth | Quantity limit | Step therapy | Requirements & limits |
|---------------------------|---|------------|------------|----------------|--------------|-----------------------|
| KYLEENA IUD 19.5MG | LEVONORGESTREL RELEASING IUD 17.5 MCG/DAY (19.5 MG TOTAL) | Tier 1 | | | | H-M |
| LARIN TAB 1.5/30 | NORETHINDRONE ACE & ETHINYL ESTRADIOL TAB 1.5 MG-30 MCG | Tier 1 | | | | H |
| LARIN TAB 1/20 | NORETHINDRONE ACE & ETHINYL ESTRADIOL TAB 1 MG-20 MCG | Tier 1 | | | | H |
| LARIN 24 TAB FE 1/20 | NORETHINDRONE ACE-ETHINYL ESTRADIOL-FE TAB 1 MG-20 MCG (24) | Tier 1 | | | | H |
| LARIN FE TAB 1.5/30 | NORETHINDRONE ACE & ETHINYL ESTRADIOL-FE TAB 1.5 MG-30 MCG | Tier 1 | | | | H |
| LARIN FE TAB 1/20 | NORETHINDRONE ACE & ETHINYL ESTRADIOL-FE TAB 1 MG-20 MCG | Tier 1 | | | | H |
| LARISSIA TAB | LEVONORGESTREL & ETHINYL ESTRADIOL TAB 0.1 MG-20 MCG | Tier 1 | | | | H |
| LAYOLIS FE CHW | NORETHINDRONE & ETHINYL ESTRADIOL-FE CHEW TAB 0.8 MG-25 MCG | Tier 1 | | | | H |
| LEENA TAB | NORETHINDRONE-ETH ESTRADIOL TAB 0.5-35/1-35/0.5-35 MG-MCG | Tier 1 | | | | H |
| LESSINA TAB | LEVONORGESTREL & ETHINYL ESTRADIOL TAB 0.1 MG-20 MCG | Tier 1 | | | | H |
| LEVO-ETH EST TAB 90-20MCG | LEVONORGESTREL-ETHINYL ESTRADIOL (CONTINUOUS) TAB 90-20 MCG | Tier 1 | | | | H |
| LEVONEST TAB | LEVONORGESTREL-ETH ESTRA TAB 0.05-30/0.075-40/0.125-30MG-MCG | Tier 1 | | | | H |
| LEVONOR/ETHI TAB | LEVONORGESTREL-ETH ESTRA TAB 0.05-30/0.075-40/0.125-30MG-MCG | Tier 1 | | | | H |
| LEVONOR/ETHI TAB 0.1-0.02 | LEVONORGESTREL & ETHINYL ESTRADIOL TAB 0.1 MG-20 MCG | Tier 1 | | | | H |
| LEVONOR/ETHI TAB ESTRADIO | LEVONOR-ETH EST TAB 0.15-0.02/0.025/0.03 MG & ETH EST 0.01 MG | Tier 1 | | | | H |
| LEVONOR/ETHI TAB ESTRADIO | LEVONORG-ETH EST TAB 0.1-0.02MG(84) & ETH EST TAB 0.01MG(7) | Tier 1 | | | | H |
| LEVONOR/ETHI TAB ESTRADIO | LEVONORG-ETH EST TAB 0.15-0.03MG(84) & ETH EST TAB 0.01MG(7) | Tier 1 | | | | H |
| LEVONOR/ETHI TAB ESTRADIO | LEVONORGESTREL & ETHINYL ESTRADIOL (91-DAY) TAB 0.15-0.03 MG | Tier 1 | | | | H |
| LEVONOR/ETHI TAB ESTRADIO | LEVONORGESTREL & ETHINYL ESTRADIOL TAB 0.15 MG-30 MCG | Tier 1 | | | | H |
| LEVONORGESTR TAB 1.5MG | LEVONORGESTREL TAB 1.5 MG | Tier 1 | | | | H |
| LEVORA-28 TAB 0.15/30 | LEVONORGESTREL & ETHINYL ESTRADIOL TAB 0.15 MG-30 MCG | Tier 1 | | | | H |
| LILETTA IUD 52MG | LEVONORGESTREL IUD 20.1 MCG/DAY (INITIAL) (52 MG TOTAL) | Tier 1 | | | | H-M |
| LILLOW TAB 0.15/30 | LEVONORGESTREL & ETHINYL ESTRADIOL TAB 0.15 MG-30 MCG | Tier 1 | | | | H |
| LO LOESTRIN TAB 1-10-10 | NORETHIN-ETH ESTRADIOL-FE TAB 1 MG-10 MCG (24)/10 MCG (2) | Tier 1 | | | | H |
| LO-ZUMANDIMI TAB 3-0.02MG | DROSPIRENONE-ETHINYL ESTRADIOL TAB 3-0.02 MG | Tier 1 | | | | H |
| LOJAIMIESS TAB | LEVONORG-ETH EST TAB 0.1-0.02MG(84) & ETH EST TAB 0.01MG(7) | Tier 1 | | | | H |
| LORYNA TAB 3-0.02MG | DROSPIRENONE-ETHINYL ESTRADIOL TAB 3-0.02 MG | Tier 1 | | | | H |
| LOW-OGESTREL TAB | NORGESTREL & ETHINYL ESTRADIOL TAB 0.3 MG-30 MCG | Tier 1 | | | | H |
| LUTERA TAB | LEVONORGESTREL & ETHINYL ESTRADIOL TAB 0.1 MG-20 MCG | Tier 1 | | | | H |
| LYLEQ TAB 0.35MG | NORETHINDRONE TAB 0.35 MG | Tier 1 | | | | H |
| LYLLANA DIS 0.025MG | ESTRADIOL TD PATCH TWICE WEEKLY 0.025 MG/24HR | Tier 3 | | X | | |
| LYLLANA DIS 0.0375MG | ESTRADIOL TD PATCH TWICE WEEKLY 0.0375 MG/24HR | Tier 3 | | X | | |

KEY: **H**—Health Care Reform Preventive
H*—Health Care Reform Preventive
H-A—Health Care Reform Preventive with Age contingency
H-M—Health Care Reform Preventive (RX or Medical)

BH—Medication used to treat a behavioral health condition available at no cost to you
BH*—Medication may be available at no cost to you when prescribed to treat a behavioral health condition
\$0 Copay—Medication available at no cost to you



| Drug name | Generic name | Tier value | Prior auth | Quantity limit | Step therapy | Requirements & limits |
|---------------------------|--|------------|------------|----------------|--------------|-----------------------|
| LYLLANA DIS 0.05MG | ESTRADIOL TD PATCH TWICE WEEKLY 0.05 MG/24HR | Tier 3 | | X | | |
| LYLLANA DIS 0.075MG | ESTRADIOL TD PATCH TWICE WEEKLY 0.075 MG/24HR | Tier 3 | | X | | |
| LYLLANA DIS 0.1MG | ESTRADIOL TD PATCH TWICE WEEKLY 0.1 MG/24HR | Tier 3 | | X | | |
| LYZA TAB 0.35MG | NORETHINDRONE TAB 0.35 MG | Tier 1 | | | | H |
| MARLISSA TAB 0.15/30 | LEVONORGESTREL & ETHINYL ESTRADIOL TAB 0.15 MG-30 MCG | Tier 1 | | | | H |
| MEDROXYPR AC INJ 150MG/ML | MEDROXYPROGESTERONE ACETATE IM SUSP 150 MG/ML | Tier 1 | | X | | H |
| MEDROXYPR AC INJ 150MG/ML | MEDROXYPROGESTERONE ACETATE IM SUSP PREFILLED SYR 150 MG/ML | Tier 1 | | | | H |
| MEDROXYPR AC TAB 10MG | MEDROXYPROGESTERONE ACETATE TAB 10 MG | Tier 2 | | | | |
| MEDROXYPR AC TAB 2.5MG | MEDROXYPROGESTERONE ACETATE TAB 2.5 MG | Tier 2 | | | | |
| MEDROXYPR AC TAB 5MG | MEDROXYPROGESTERONE ACETATE TAB 5 MG | Tier 2 | | | | |
| MEGESTROL SUS 625MG/5M | MEGESTROL ACETATE SUSP 625 MG/5ML | Tier 3 | | | | |
| MEGESTROL AC SUS 400MG/10 | MEGESTROL ACETATE SUSP 40 MG/ML | Tier 2 | | | | |
| MEGESTROL AC SUS 40MG/ML | MEGESTROL ACETATE SUSP 40 MG/ML | Tier 2 | | | | |
| MEGESTROL AC SUS 800MG/20 | MEGESTROL ACETATE SUSP 40 MG/ML | Tier 2 | | | | |
| MEGESTROL AC TAB 20MG | MEGESTROL ACETATE TAB 20 MG | Tier 2 | | | | |
| MEGESTROL AC TAB 40MG | MEGESTROL ACETATE TAB 40 MG | Tier 2 | | | | |
| MERZEE CAP 1/20 | NORETHINDRONE ACE-ETHINYL ESTRADIOL-FE CAP 1 MG-20 MCG (24) | Tier 1 | | | | H |
| METHITEST TAB 10MG | METHYLTESTOSTERONE ORAL TAB 10 MG | Tier 3 | | | | |
| METHYLTESTOS CAP 10MG | METHYLTESTOSTERONE CAP 10 MG | Tier 3 | | | | |
| MIBELAS 24 CHW FE | NORETHINDRONE ACE-ETH ESTRADIOL-FE CHEW TAB 1 MG-20 MCG (24) | Tier 1 | | | | H |
| MICRGSTIN 24 TAB FE 1/20 | NORETHINDRONE ACE-ETHINYL ESTRADIOL-FE TAB 1 MG-20 MCG (24) | Tier 1 | | | | H |
| MICROGESTIN TAB 1.5/30 | NORETHINDRONE ACE & ETHINYL ESTRADIOL TAB 1.5 MG-30 MCG | Tier 1 | | | | H |
| MICROGESTIN TAB 1/20 | NORETHINDRONE ACE & ETHINYL ESTRADIOL TAB 1 MG-20 MCG | Tier 1 | | | | H |
| MICROGESTIN TAB FE 1/20 | NORETHINDRONE ACE & ETHINYL ESTRADIOL-FE TAB 1 MG-20 MCG | Tier 1 | | | | H |
| MICROGESTIN TAB FE1.5/30 | NORETHINDRONE ACE & ETHINYL ESTRADIOL-FE TAB 1.5 MG-30 MCG | Tier 1 | | | | H |
| MILI TAB 0.25/35 | NORGESTIMATE & ETHINYL ESTRADIOL TAB 0.25 MG-35 MCG | Tier 1 | | | | H |
| MIMVEY TAB 1-0.5MG | ESTRADIOL & NORETHINDRONE ACETATE TAB 1-0.5 MG | Tier 3 | | | | |
| MIRENA IUD SYSTEM | LEVONORGESTREL IUD 20 MCG/DAY (INITIAL) (52 MG TOTAL) | Tier 1 | | | | H-M |
| MONO-LINYAH TAB 0.25-35 | NORGESTIMATE & ETHINYL ESTRADIOL TAB 0.25 MG-35 MCG | Tier 1 | | | | H |
| MY CHOICE TAB 1.5MG | LEVONORGESTREL TAB 1.5 MG | Tier 1 | | | | H |
| MY WAY TAB 1.5MG | LEVONORGESTREL TAB 1.5 MG | Tier 1 | | | | H |
| NATAZIA TAB | ESTRADIOL VALERATE-DIENOGEST TAB 3 MG /2-2 MG/2-3 MG/1 MG | Tier 1 | | | | H |
| NECON TAB 0.5/35 | NORETHINDRONE & ETHINYL ESTRADIOL TAB 0.5 MG-35 MCG | Tier 1 | | | | H |
| NEW DAY TAB 1.5MG | LEVONORGESTREL TAB 1.5 MG | Tier 1 | | | | H |

KEY: **H**—Health Care Reform Preventive
H*—Health Care Reform Preventive
H-A—Health Care Reform Preventive with Age contingency
H-M—Health Care Reform Preventive (RX or Medical)

BH—Medication used to treat a behavioral health condition available at no cost to you
BH*—Medication may be available at no cost to you when prescribed to treat a behavioral health condition
\$0 Copay—Medication available at no cost to you



| Drug name | Generic name | Tier value | Prior auth | Quantity limit | Step therapy | Requirements & limits |
|---------------------------|--|------------|------------|----------------|--------------|-----------------------|
| NEXPLANON IMP 68MG | ETONOGESTREL SUBDERMAL IMPLANT 68 MG | Tier 1 | | X | | H-M |
| NEXTSTELLIS TAB 3-14.2MG | DROSPIRENONE-ESTETROL TAB 3-14.2 MG | Tier 1 | | | | H |
| NIKKI TAB 3-0.02MG | DROSPIRENONE-ETHINYL ESTRADIOL TAB 3-0.02 MG | Tier 1 | | | | H |
| NOR/EST/FF TAB 1.5/30 | NORETHINDRONE ACE & ETHINYL ESTRADIOL-FE TAB 1.5 MG-30 MCG | Tier 1 | | | | H |
| NORA-BE TAB 0.35MG | NORETHINDRONE TAB 0.35 MG | Tier 1 | | | | H |
| NORE/ETH/FER CAP 1/20 | NORETHINDRONE ACE-ETHINYL ESTRADIOL-FE CAP 1 MG-20 MCG (24) | Tier 1 | | | | H |
| NORE/ETH/FER CHW 0.4MG-35 | NORETHINDRONE & ETHINYL ESTRADIOL-FE CHEW TAB 0.4 MG-35 MCG | Tier 1 | | | | H |
| NORETH/ETHIN CHW FE | NORETHINDRONE & ETHINYL ESTRADIOL-FE CHEW TAB 0.8 MG-25 MCG | Tier 1 | | | | H |
| NORETH/ETHIN CHW FE 1/20 | NORETHINDRONE ACE-ETH ESTRADIOL-FE CHEW TAB 1 MG-20 MCG (24) | Tier 1 | | | | H |
| NORETH/ETHIN TAB 0.5-2.5 | NORETHINDRONE ACETATE-ETHINYL ESTRADIOL TAB 0.5 MG-2.5 MCG | Tier 3 | | | | |
| NORETH/ETHIN TAB 1.5/30 | NORETHINDRONE ACE & ETHINYL ESTRADIOL TAB 1.5 MG-30 MCG | Tier 1 | | | | H |
| NORETH/ETHIN TAB 1/20 | NORETHINDRONE ACE & ETHINYL ESTRADIOL TAB 1 MG-20 MCG | Tier 1 | | | | H |
| NORETH/ETHIN TAB 1MG-5MCG | NORETHINDRONE ACETATE-ETHINYL ESTRADIOL TAB 1 MG-5 MCG | Tier 3 | | | | |
| NORETH/ETHIN TAB FE | NORETHINDRONE AC-ETHINYL ESTRAD-FE TAB 1-20/1-30/1-35 MG-MCG | Tier 1 | | | | H |
| NORETH/ETHIN TAB FE 1/20 | NORETHINDRONE ACE & ETHINYL ESTRADIOL-FE TAB 1 MG-20 MCG | Tier 1 | | | | H |
| NORETHIN ACE TAB 5MG | NORETHINDRONE ACETATE TAB 5 MG | Tier 2 | | | | |
| NORETHINDRON TAB 0.35MG | NORETHINDRONE TAB 0.35 MG | Tier 1 | | | | H |
| NORGEST/ETHI TAB 0.25/35 | NORGESTIMATE & ETHINYL ESTRADIOL TAB 0.25 MG-35 MCG | Tier 1 | | | | H |
| NORGEST/ETHI TAB ESTRADIO | NORGESTIMATE-ETH ESTRAD TAB 0.18-25/0.215-25/0.25-25 MG-MCG | Tier 1 | | | | H |
| NORGEST/ETHI TAB ESTRADIO | NORGESTIMATE-ETH ESTRAD TAB 0.18-35/0.215-35/0.25-35 MG-MCG | Tier 1 | | | | H |
| NORLYDA TAB 0.35MG | NORETHINDRONE TAB 0.35 MG | Tier 1 | | | | H |
| NORLYROC TAB 0.35MG | NORETHINDRONE TAB 0.35 MG | Tier 1 | | | | H |
| NORTREL TAB 0.5/35 | NORETHINDRONE & ETHINYL ESTRADIOL TAB 0.5 MG-35 MCG | Tier 1 | | | | H |
| NORTREL TAB 1/35 | NORETHINDRONE & ETHINYL ESTRADIOL TAB 1 MG-35 MCG | Tier 1 | | | | H |
| NORTREL TAB 7/7/7 | NORETHINDRONE-ETH ESTRADIOL TAB 0.5-35/0.75-35/1-35 MG-MCG | Tier 1 | | | | H |
| NYLIA TAB 1/35 | NORETHINDRONE & ETHINYL ESTRADIOL TAB 1 MG-35 MCG | Tier 1 | | | | H |
| NYLIA TAB 7/7/7 | NORETHINDRONE-ETH ESTRADIOL TAB 0.5-35/0.75-35/1-35 MG-MCG | Tier 1 | | | | H |
| NYMYO TAB 0.25-35 | NORGESTIMATE & ETHINYL ESTRADIOL TAB 0.25 MG-35 MCG | Tier 1 | | | | H |
| OCELLA TAB 3-0.03MG | DROSPIRENONE-ETHINYL ESTRADIOL TAB 3-0.03 MG | Tier 1 | | | | H |
| OPCICON TAB 1.5MG | LEVONORGESTREL TAB 1.5 MG | Tier 1 | | | | H |
| OPTION 2 TAB 1.5MG | LEVONORGESTREL TAB 1.5 MG | Tier 1 | | | | H |
| ORSYTHIA TAB | LEVONORGESTREL & ETHINYL ESTRADIOL TAB 0.1 MG-20 MCG | Tier 1 | | | | H |
| OSPHENA TAB 60MG | OSPEMIFENE TAB 60 MG | Tier 5 | X | X | | |
| OXANDROLONE TAB 10MG | OXANDROLONE TAB 10 MG | Tier 3 | | X | | |

KEY: **H**—Health Care Reform Preventive
H*—Health Care Reform Preventive
H-A—Health Care Reform Preventive with Age contingency
H-M—Health Care Reform Preventive (RX or Medical)

BH—Medication used to treat a behavioral health condition available at no cost to you
BH*—Medication may be available at no cost to you when prescribed to treat a behavioral health condition
\$0 Copay—Medication available at no cost to you



| Drug name | Generic name | Tier value | Prior auth | Quantity limit | Step therapy | Requirements & limits |
|---------------------------|---|------------|------------|----------------|--------------|-----------------------|
| OXANDROLONE TAB 2.5MG | OXANDROLONE TAB 2.5 MG | Tier 3 | | X | | |
| PHILITH TAB 0.4-35 | NORETHINDRONE & ETHINYL ESTRADIOL TAB 0.4 MG-35 MCG | Tier 1 | | | | H |
| PIMTREA TAB | DESOGEST-ETH ESTRAD & ETH ESTRAD TAB 0.15-0.02/0.01 MG(21/5) | Tier 1 | | | | H |
| PIRMELLA TAB 1/35 | NORETHINDRONE & ETHINYL ESTRADIOL TAB 1 MG-35 MCG | Tier 1 | | | | H |
| PIRMELLA TAB 7/7/7 | NORETHINDRONE-ETH ESTRADIOL TAB 0.5-35/0.75-35/1-35 MG-MCG | Tier 1 | | | | H |
| PLAN B TAB 1.5MG | LEVONORGESTREL TAB 1.5 MG | Tier 1 | | | | H |
| PORTIA-28 TAB | LEVONORGESTREL & ETHINYL ESTRADIOL TAB 0.15 MG-30 MCG | Tier 1 | | | | H |
| PREFEST TAB | ESTRADIOL TAB 1 MG(15)/ESTRAD-NORGESTIMATE TAB 1-0.09MG(15) | Tier 3 | | | | |
| PREMARIN VAG CRE 0.625MG | ESTROGENS, CONJUGATED VAGINAL CREAM 0.625 MG/GM | Tier 5 | | | | |
| PREMPHASE TAB | CONJ EST 0.625(14)/CONJ EST-MEDROXYPRO AC TAB 0.625-5MG(14) | Tier 5 | | X | | |
| PREVIFEM TAB | NORGESTIMATE & ETHINYL ESTRADIOL TAB 0.25 MG-35 MCG | Tier 1 | | | | H |
| PROGESTERONE CAP 100MG | PROGESTERONE CAP 100 MG | Tier 2 | | | | |
| PROGESTERONE CAP 200MG | PROGESTERONE CAP 200 MG | Tier 2 | | | | |
| PROGESTERONE INJ 50MG/ML | PROGESTERONE IM IN OIL 50 MG/ML | Tier 2 | | | | |
| RALOXIFENE TAB 60MG | RALOXIFENE HCL TAB 60 MG | Tier 2 | | X | | H* |
| REACT TAB 1.5MG | LEVONORGESTREL TAB 1.5 MG | Tier 1 | | | | H |
| RECLIPSEN TAB | DESOGESTREL & ETHINYL ESTRADIOL TAB 0.15 MG-30 MCG | Tier 1 | | | | H |
| RIVELSA TAB | LEVONOR-ETH EST TAB 0.15-0.02/0.025/0.03 MG & ETH EST 0.01 MG | Tier 1 | | | | H |
| SETLAKIN TAB | LEVONORGESTREL & ETHINYL ESTRADIOL (91-DAY) TAB 0.15-0.03 MG | Tier 1 | | | | H |
| SHAROBEL TAB 0.35MG | NORETHINDRONE TAB 0.35 MG | Tier 1 | | | | H |
| SIMLIYA TAB 28 DAY | DESOGEST-ETH ESTRAD & ETH ESTRAD TAB 0.15-0.02/0.01 MG(21/5) | Tier 1 | | | | H |
| SIMPESSE TAB | LEVONORG-ETH EST TAB 0.15-0.03MG(84) & ETH EST TAB 0.01MG(7) | Tier 1 | | | | H |
| SKYLA IUD 13.5MG | LEVONORGESTREL RELEASING IUD 14 MCG/DAY (13.5 MG TOTAL) | Tier 1 | | | | H-M |
| SLYND TAB 4MG | DROSPIRENONE TAB 4 MG | Tier 1 | | | | H |
| SPRINTEC 28 TAB 28 DAY | NORGESTIMATE & ETHINYL ESTRADIOL TAB 0.25 MG-35 MCG | Tier 1 | | | | H |
| SRONYX TAB | LEVONORGESTREL & ETHINYL ESTRADIOL TAB 0.1 MG-20 MCG | Tier 1 | | | | H |
| SYEDA TAB 3-0.03MG | DROSPIRENONE-ETHINYL ESTRADIOL TAB 3-0.03 MG | Tier 1 | | | | H |
| TAKE ACTION TAB 1.5MG | LEVONORGESTREL TAB 1.5 MG | Tier 1 | | | | H |
| TARINA 24 FE TAB | NORETHINDRONE ACE-ETHINYL ESTRADIOL-FE TAB 1 MG-20 MCG (24) | Tier 1 | | | | H |
| TARINA FE TAB 1/20 | NORETHINDRONE ACE & ETHINYL ESTRADIOL-FE TAB 1 MG-20 MCG | Tier 1 | | | | H |
| TARINA FE TAB 1/20 EQ | NORETHINDRONE ACE & ETHINYL ESTRADIOL-FE TAB 1 MG-20 MCG | Tier 1 | | | | H |
| TAYSOFY CAP 1/20 | NORETHINDRONE ACE-ETHINYL ESTRADIOL-FE CAP 1 MG-20 MCG (24) | Tier 1 | | | | H |
| TESTOST CYP INJ 100MG/ML | TESTOSTERONE CYPIONATE IM INJ IN OIL 100 MG/ML | Tier 2 | | | | |
| TESTOST CYP INJ 200MG/ML | TESTOSTERONE CYPIONATE IM INJ IN OIL 200 MG/ML | Tier 2 | | | | |
| TESTOST ENAN INJ 200MG/ML | TESTOSTERONE ENANTHATE IM INJ IN OIL 200 MG/ML | Tier 2 | | | | |
| TESTOSTERONE GEL 1%(50MG) | TESTOSTERONE TD GEL 50 MG/5GM (1%) | Tier 3 | X | X | | |

KEY: **H**—Health Care Reform Preventive
H*—Health Care Reform Preventive
H-A—Health Care Reform Preventive with Age contingency
H-M—Health Care Reform Preventive (RX or Medical)

BH—Medication used to treat a behavioral health condition available at no cost to you
BH*—Medication may be available at no cost to you when prescribed to treat a behavioral health condition
\$0 Copay—Medication available at no cost to you



| Drug name | Generic name | Tier value | Prior auth | Quantity limit | Step therapy | Requirements & limits |
|------------------------|---|------------|------------|----------------|--------------|-----------------------|
| TILIA FE TAB | NORETHINDRONE AC-ETHINYL ESTRAD-FE TAB 1-20/1-30/1-35 MG- MCG | Tier 1 | | | | H |
| TRI FEMYNOR TAB | NORGESTIMATE-ETH ESTRAD TAB 0.18-35/0.215-35/0.25-35 MG-MCG | Tier 1 | | | | H |
| TRI-ESTARYLL TAB | NORGESTIMATE-ETH ESTRAD TAB 0.18-35/0.215-35/0.25-35 MG-MCG | Tier 1 | | | | H |
| TRI-LEGEST TAB FE | NORETHINDRONE AC-ETHINYL ESTRAD-FE TAB 1-20/1-30/1-35 MG- MCG | Tier 1 | | | | H |
| TRI-LINYAH TAB | NORGESTIMATE-ETH ESTRAD TAB 0.18-35/0.215-35/0.25-35 MG-MCG | Tier 1 | | | | H |
| TRI-LO TAB ESTARYLL | NORGESTIMATE-ETH ESTRAD TAB 0.18-25/0.215-25/0.25-25 MG-MCG | Tier 1 | | | | H |
| TRI-LO- TAB MARZIA | NORGESTIMATE-ETH ESTRAD TAB 0.18-25/0.215-25/0.25-25 MG-MCG | Tier 1 | | | | H |
| TRI-LO- TAB SPRINTEC | NORGESTIMATE-ETH ESTRAD TAB 0.18-25/0.215-25/0.25-25 MG-MCG | Tier 1 | | | | H |
| TRI-LO-MILI TAB | NORGESTIMATE-ETH ESTRAD TAB 0.18-25/0.215-25/0.25-25 MG-MCG | Tier 1 | | | | H |
| TRI-MILI TAB | NORGESTIMATE-ETH ESTRAD TAB 0.18-35/0.215-35/0.25-35 MG-MCG | Tier 1 | | | | H |
| TRI-NYMYO TAB | NORGESTIMATE-ETH ESTRAD TAB 0.18-35/0.215-35/0.25-35 MG-MCG | Tier 1 | | | | H |
| TRI-PREVIFEM TAB | NORGESTIMATE-ETH ESTRAD TAB 0.18-35/0.215-35/0.25-35 MG-MCG | Tier 1 | | | | H |
| TRI-SPRINTEC TAB | NORGESTIMATE-ETH ESTRAD TAB 0.18-35/0.215-35/0.25-35 MG-MCG | Tier 1 | | | | H |
| TRI-VYLIBRA TAB | NORGESTIMATE-ETH ESTRAD TAB 0.18-35/0.215-35/0.25-35 MG-MCG | Tier 1 | | | | H |
| TRI-VYLIBRA TAB LO | NORGESTIMATE-ETH ESTRAD TAB 0.18-25/0.215-25/0.25-25 MG-MCG | Tier 1 | | | | H |
| TRIVORA-28 TAB | LEVONORGESTREL-ETH ESTRA TAB 0.05-30/0.075-40/0.125-30MG-MCG | Tier 1 | | | | H |
| TULANA TAB 0.35MG | NORETHINDRONE TAB 0.35 MG | Tier 1 | | | | H |
| TWIRLA DIS 120-30 | LEVONORGESTREL-ETHINYL ESTRADIOL TD PTWK 120-30 MCG/24HR | Tier 1 | | | | H |
| TYBLUME CHW 0.1-0.02 | LEVONORGESTREL & ETHINYL ESTRADIOL CHEW TAB 0.1 MG-20 MCG | Tier 1 | | | | H |
| TYDEMY TAB | DROSPIRENONE-ETHINYL ESTRAD- LEVOMEFOLATE TAB 3-0.03-0.451 MG | Tier 1 | | | | H |
| VELIVET PAK | DESOGEST-ETHIN EST TAB 0.1-0.025/0.125-0.025/0.15-0.025MG-MG | Tier 1 | | | | H |
| VESTURA TAB 3-0.02MG | DROSPIRENONE-ETHINYL ESTRADIOL TAB 3-0.02 MG | Tier 1 | | | | H |
| VIENVA TAB 0.1-20 | LEVONORGESTREL & ETHINYL ESTRADIOL TAB 0.1 MG-20 MCG | Tier 1 | | | | H |
| VIORELE TAB | DESOGEST-ETH ESTRAD & ETH ESTRAD TAB 0.15-0.02/0.01 MG(21/5) | Tier 1 | | | | H |
| VOLNEA TAB | DESOGEST-ETH ESTRAD & ETH ESTRAD TAB 0.15-0.02/0.01 MG(21/5) | Tier 1 | | | | H |
| VYFEMLA TAB 0.4-35 | NORETHINDRONE & ETHINYL ESTRADIOL TAB 0.4 MG-35 MCG | Tier 1 | | | | H |
| VYLIBRA TAB 0.25-35 | NORGESTIMATE & ETHINYL ESTRADIOL TAB 0.25 MG-35 MCG | Tier 1 | | | | H |
| WERA TAB 0.5/35 | NORETHINDRONE & ETHINYL ESTRADIOL TAB 0.5 MG-35 MCG | Tier 1 | | | | H |
| WYMZYA FE CHW 0.4MG-35 | NORETHINDRONE & ETHINYL ESTRADIOL-FE CHEW TAB 0.4 MG-35 MCG | Tier 1 | | | | H |
| XULANE DIS 150-35 | NORELGESTROMIN-ETHINYL ESTRADIOL TD PTWK 150-35 MCG/24HR | Tier 1 | | | | H |

KEY: **H**—Health Care Reform Preventive
H*—Health Care Reform Preventive
H-A—Health Care Reform Preventive with Age contingency
H-M—Health Care Reform Preventive (RX or Medical)

BH—Medication used to treat a behavioral health condition available at no cost to you
BH*—Medication may be available at no cost to you when prescribed to treat a behavioral health condition
\$0 Copay—Medication available at no cost to you



| Drug name | Generic name | Tier value | Prior auth | Quantity limit | Step therapy | Requirements & limits |
|---|--|------------|------------|----------------|--------------|-----------------------|
| YUVAFEM TAB 10MCG | ESTRADIOL VAGINAL TAB 10 MCG | Tier 3 | | X | | |
| ZAFEMY DIS 150/35 | NORELGESTROMIN-ETHINYL ESTRADIOL TD PTWK 150-35 MCG/24HR | Tier 1 | | | | H |
| ZARAH TAB 3-0.03MG | DROSPIRENONE-ETHINYL ESTRADIOL TAB 3-0.03 MG | Tier 1 | | | | H |
| ZOVIA 1/35 TAB | ETHYNODIOL DIACETATE & ETHINYL ESTRADIOL TAB 1 MG-35 MCG | Tier 1 | | | | H |
| ZOVIA 1/35E TAB | ETHYNODIOL DIACETATE & ETHINYL ESTRADIOL TAB 1 MG-35 MCG | Tier 1 | | | | H |
| ZUMANDIMINE TAB 3-0.03MG | DROSPIRENONE-ETHINYL ESTRADIOL TAB 3-0.03 MG | Tier 1 | | | | H |
| Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid) | | | | | | |
| ARMOUR THYRO TAB 120MG | THYROID TAB 120 MG (2 GRAIN) | Tier 5 | | | | |
| ARMOUR THYRO TAB 15MG | THYROID TAB 15 MG (1/4 GRAIN) | Tier 5 | | | | |
| ARMOUR THYRO TAB 180MG | THYROID TAB 180 MG (3 GRAIN) | Tier 5 | | | | |
| ARMOUR THYRO TAB 240MG | THYROID TAB 240 MG (4 GRAIN) | Tier 5 | | | | |
| ARMOUR THYRO TAB 300MG | THYROID TAB 300 MG (5 GRAIN) | Tier 5 | | | | |
| ARMOUR THYRO TAB 30MG | THYROID TAB 30 MG (1/2 GRAIN) | Tier 5 | | | | |
| ARMOUR THYRO TAB 60MG | THYROID TAB 60 MG (1 GRAIN) | Tier 5 | | | | |
| ARMOUR THYRO TAB 90MG | THYROID TAB 90 MG (1 1/2 GRAIN) | Tier 5 | | | | |
| EUTHYROX TAB 100MCG | LEVOTHYROXINE SODIUM TAB 100 MCG | Tier 2 | | | | |
| EUTHYROX TAB 112MCG | LEVOTHYROXINE SODIUM TAB 112 MCG | Tier 2 | | | | |
| EUTHYROX TAB 125MCG | LEVOTHYROXINE SODIUM TAB 125 MCG | Tier 2 | | | | |
| EUTHYROX TAB 137MCG | LEVOTHYROXINE SODIUM TAB 137 MCG | Tier 2 | | | | |
| EUTHYROX TAB 150MCG | LEVOTHYROXINE SODIUM TAB 150 MCG | Tier 2 | | | | |
| EUTHYROX TAB 175MCG | LEVOTHYROXINE SODIUM TAB 175 MCG | Tier 2 | | | | |
| EUTHYROX TAB 200MCG | LEVOTHYROXINE SODIUM TAB 200 MCG | Tier 2 | | | | |
| EUTHYROX TAB 25MCG | LEVOTHYROXINE SODIUM TAB 25 MCG | Tier 2 | | | | |
| EUTHYROX TAB 50MCG | LEVOTHYROXINE SODIUM TAB 50 MCG | Tier 2 | | | | |
| EUTHYROX TAB 75MCG | LEVOTHYROXINE SODIUM TAB 75 MCG | Tier 2 | | | | |
| EUTHYROX TAB 88MCG | LEVOTHYROXINE SODIUM TAB 88 MCG | Tier 2 | | | | |
| LEVO-T TAB 100MCG | LEVOTHYROXINE SODIUM TAB 100 MCG | Tier 2 | | | | |
| LEVO-T TAB 112MCG | LEVOTHYROXINE SODIUM TAB 112 MCG | Tier 2 | | | | |
| LEVO-T TAB 125MCG | LEVOTHYROXINE SODIUM TAB 125 MCG | Tier 2 | | | | |
| LEVO-T TAB 137MCG | LEVOTHYROXINE SODIUM TAB 137 MCG | Tier 2 | | | | |
| LEVO-T TAB 150MCG | LEVOTHYROXINE SODIUM TAB 150 MCG | Tier 2 | | | | |
| LEVO-T TAB 175MCG | LEVOTHYROXINE SODIUM TAB 175 MCG | Tier 2 | | | | |
| LEVO-T TAB 200 MCG | LEVOTHYROXINE SODIUM TAB 200 MCG | Tier 2 | | | | |
| LEVO-T TAB 25MCG | LEVOTHYROXINE SODIUM TAB 25 MCG | Tier 2 | | | | |
| LEVO-T TAB 300 MCG | LEVOTHYROXINE SODIUM TAB 300 MCG | Tier 2 | | | | |

KEY: **H**—Health Care Reform Preventive
H*—Health Care Reform Preventive
H-A—Health Care Reform Preventive with Age contingency
H-M—Health Care Reform Preventive (RX or Medical)

BH—Medication used to treat a behavioral health condition available at no cost to you
BH*—Medication may be available at no cost to you when prescribed to treat a behavioral health condition
\$0 Copay—Medication available at no cost to you



| Drug name | Generic name | Tier value | Prior auth | Quantity limit | Step therapy | Requirements & limits |
|-------------------------|----------------------------------|------------|------------|----------------|--------------|-----------------------|
| LEVO-T TAB 50MCG | LEVOTHYROXINE SODIUM TAB 50 MCG | Tier 2 | | | | |
| LEVO-T TAB 75MCG | LEVOTHYROXINE SODIUM TAB 75 MCG | Tier 2 | | | | |
| LEVO-T TAB 88MCG | LEVOTHYROXINE SODIUM TAB 88 MCG | Tier 2 | | | | |
| LEVOTHYROXIN TAB 100MCG | LEVOTHYROXINE SODIUM TAB 100 MCG | Tier 2 | | | | |
| LEVOTHYROXIN TAB 112MCG | LEVOTHYROXINE SODIUM TAB 112 MCG | Tier 2 | | | | |
| LEVOTHYROXIN TAB 125MCG | LEVOTHYROXINE SODIUM TAB 125 MCG | Tier 2 | | | | |
| LEVOTHYROXIN TAB 137MCG | LEVOTHYROXINE SODIUM TAB 137 MCG | Tier 2 | | | | |
| LEVOTHYROXIN TAB 150MCG | LEVOTHYROXINE SODIUM TAB 150 MCG | Tier 2 | | | | |
| LEVOTHYROXIN TAB 175MCG | LEVOTHYROXINE SODIUM TAB 175 MCG | Tier 2 | | | | |
| LEVOTHYROXIN TAB 200MCG | LEVOTHYROXINE SODIUM TAB 200 MCG | Tier 2 | | | | |
| LEVOTHYROXIN TAB 25MCG | LEVOTHYROXINE SODIUM TAB 25 MCG | Tier 2 | | | | |
| LEVOTHYROXIN TAB 300MCG | LEVOTHYROXINE SODIUM TAB 300 MCG | Tier 2 | | | | |
| LEVOTHYROXIN TAB 50MCG | LEVOTHYROXINE SODIUM TAB 50 MCG | Tier 2 | | | | |
| LEVOTHYROXIN TAB 75MCG | LEVOTHYROXINE SODIUM TAB 75 MCG | Tier 2 | | | | |
| LEVOTHYROXIN TAB 88MCG | LEVOTHYROXINE SODIUM TAB 88 MCG | Tier 2 | | | | |
| LEVOXYL TAB 100MCG | LEVOTHYROXINE SODIUM TAB 100 MCG | Tier 2 | | | | |
| LEVOXYL TAB 112MCG | LEVOTHYROXINE SODIUM TAB 112 MCG | Tier 2 | | | | |
| LEVOXYL TAB 125MCG | LEVOTHYROXINE SODIUM TAB 125 MCG | Tier 2 | | | | |
| LEVOXYL TAB 137MCG | LEVOTHYROXINE SODIUM TAB 137 MCG | Tier 2 | | | | |
| LEVOXYL TAB 150MCG | LEVOTHYROXINE SODIUM TAB 150 MCG | Tier 2 | | | | |
| LEVOXYL TAB 175MCG | LEVOTHYROXINE SODIUM TAB 175 MCG | Tier 2 | | | | |
| LEVOXYL TAB 200MCG | LEVOTHYROXINE SODIUM TAB 200 MCG | Tier 2 | | | | |
| LEVOXYL TAB 25MCG | LEVOTHYROXINE SODIUM TAB 25 MCG | Tier 2 | | | | |
| LEVOXYL TAB 50MCG | LEVOTHYROXINE SODIUM TAB 50 MCG | Tier 2 | | | | |
| LEVOXYL TAB 75MCG | LEVOTHYROXINE SODIUM TAB 75 MCG | Tier 2 | | | | |
| LEVOXYL TAB 88MCG | LEVOTHYROXINE SODIUM TAB 88 MCG | Tier 2 | | | | |
| LIOTHYRONINE TAB 25MCG | LIOTHYRONINE SODIUM TAB 25 MCG | Tier 2 | | | | BH* |
| LIOTHYRONINE TAB 50MCG | LIOTHYRONINE SODIUM TAB 50 MCG | Tier 2 | | | | BH* |
| LIOTHYRONINE TAB 5MCG | LIOTHYRONINE SODIUM TAB 5 MCG | Tier 2 | | | | BH* |
| NP THYROID TAB 120MG | THYROID TAB 120 MG (2 GRAIN) | Tier 3 | | | | |
| NP THYROID TAB 15MG | THYROID TAB 15 MG (1/4 GRAIN) | Tier 3 | | | | |
| NP THYROID TAB 30MG | THYROID TAB 30 MG (1/2 GRAIN) | Tier 3 | | | | |
| NP THYROID TAB 60MG | THYROID TAB 60 MG (1 GRAIN) | Tier 3 | | | | |
| NP THYROID TAB 90MG | THYROID TAB 90 MG (1 1/2 GRAIN) | Tier 3 | | | | |
| SYNTHROID TAB 100MCG | LEVOTHYROXINE SODIUM TAB 100 MCG | Tier 3 | | | | |

KEY: **H**—Health Care Reform Preventive
H*—Health Care Reform Preventive
H-A—Health Care Reform Preventive with Age contingency
H-M—Health Care Reform Preventive (RX or Medical)

BH—Medication used to treat a behavioral health condition available at no cost to you
BH*—Medication may be available at no cost to you when prescribed to treat a behavioral health condition
\$0 Copay—Medication available at no cost to you



| Drug name | Generic name | Tier value | Prior auth | Quantity limit | Step therapy | Requirements & limits |
|---------------------------|--|------------|------------|----------------|--------------|-----------------------|
| SYNTHROID TAB 112MCG | LEVOTHYROXINE SODIUM TAB 112 MCG | Tier 3 | | | | |
| SYNTHROID TAB 125MCG | LEVOTHYROXINE SODIUM TAB 125 MCG | Tier 3 | | | | |
| SYNTHROID TAB 137MCG | LEVOTHYROXINE SODIUM TAB 137 MCG | Tier 3 | | | | |
| SYNTHROID TAB 150MCG | LEVOTHYROXINE SODIUM TAB 150 MCG | Tier 3 | | | | |
| SYNTHROID TAB 175MCG | LEVOTHYROXINE SODIUM TAB 175 MCG | Tier 3 | | | | |
| SYNTHROID TAB 200MCG | LEVOTHYROXINE SODIUM TAB 200 MCG | Tier 3 | | | | |
| SYNTHROID TAB 25MCG | LEVOTHYROXINE SODIUM TAB 25 MCG | Tier 3 | | | | |
| SYNTHROID TAB 300MCG | LEVOTHYROXINE SODIUM TAB 300 MCG | Tier 3 | | | | |
| SYNTHROID TAB 50MCG | LEVOTHYROXINE SODIUM TAB 50 MCG | Tier 3 | | | | |
| SYNTHROID TAB 75MCG | LEVOTHYROXINE SODIUM TAB 75 MCG | Tier 3 | | | | |
| SYNTHROID TAB 88MCG | LEVOTHYROXINE SODIUM TAB 88 MCG | Tier 3 | | | | |
| THYQUIDITY SOL 100MCG | LEVOTHYROXINE SODIUM ORAL SOLUTION 100 MCG/5ML | Tier 5 | X | | | |
| TIROSINT-SOL SOL 100MCG | LEVOTHYROXINE SODIUM ORAL SOLUTION 100 MCG/ML | Tier 5 | X | | | |
| TIROSINT-SOL SOL 112MCG | LEVOTHYROXINE SODIUM ORAL SOLUTION 112 MCG/ML | Tier 5 | X | | | |
| TIROSINT-SOL SOL 125MCG | LEVOTHYROXINE SODIUM ORAL SOLUTION 125 MCG/ML | Tier 5 | X | | | |
| TIROSINT-SOL SOL 137MCG | LEVOTHYROXINE SODIUM ORAL SOLUTION 137 MCG/ML | Tier 5 | X | | | |
| TIROSINT-SOL SOL 13MCG/ML | LEVOTHYROXINE SODIUM ORAL SOLUTION 13 MCG/ML | Tier 5 | X | | | |
| TIROSINT-SOL SOL 150MCG | LEVOTHYROXINE SODIUM ORAL SOLUTION 150 MCG/ML | Tier 5 | X | | | |
| TIROSINT-SOL SOL 175MCG | LEVOTHYROXINE SODIUM ORAL SOLUTION 175 MCG/ML | Tier 5 | X | | | |
| TIROSINT-SOL SOL 200MCG | LEVOTHYROXINE SODIUM ORAL SOLUTION 200 MCG/ML | Tier 5 | X | | | |
| TIROSINT-SOL SOL 25MCG/ML | LEVOTHYROXINE SODIUM ORAL SOLUTION 25 MCG/ML | Tier 5 | X | | | |
| TIROSINT-SOL SOL 37.5/ML | LEVOTHYROXINE SODIUM ORAL SOLUTION 37.5 MCG/ML | Tier 5 | X | | | |
| TIROSINT-SOL SOL 44MCG/ML | LEVOTHYROXINE SODIUM ORAL SOLUTION 44 MCG/ML | Tier 5 | X | | | |
| TIROSINT-SOL SOL 50MCG/ML | LEVOTHYROXINE SODIUM ORAL SOLUTION 50 MCG/ML | Tier 5 | X | | | |
| TIROSINT-SOL SOL 62.5/ML | LEVOTHYROXINE SODIUM ORAL SOLUTION 62.5 MCG/ML | Tier 5 | X | | | |
| TIROSINT-SOL SOL 75MCG/ML | LEVOTHYROXINE SODIUM ORAL SOLUTION 75 MCG/ML | Tier 5 | X | | | |
| TIROSINT-SOL SOL 88MCG/ML | LEVOTHYROXINE SODIUM ORAL SOLUTION 88 MCG/ML | Tier 5 | X | | | |
| UNITHROID TAB 100MCG | LEVOTHYROXINE SODIUM TAB 100 MCG | Tier 2 | | | | |
| UNITHROID TAB 112MCG | LEVOTHYROXINE SODIUM TAB 112 MCG | Tier 2 | | | | |
| UNITHROID TAB 125MCG | LEVOTHYROXINE SODIUM TAB 125 MCG | Tier 2 | | | | |
| UNITHROID TAB 137MCG | LEVOTHYROXINE SODIUM TAB 137 MCG | Tier 2 | | | | |
| UNITHROID TAB 150MCG | LEVOTHYROXINE SODIUM TAB 150 MCG | Tier 2 | | | | |

KEY: **H**—Health Care Reform Preventive
H*—Health Care Reform Preventive
H-A—Health Care Reform Preventive with Age contingency
H-M—Health Care Reform Preventive (RX or Medical)

BH—Medication used to treat a behavioral health condition available at no cost to you
BH*—Medication may be available at no cost to you when prescribed to treat a behavioral health condition
\$0 Copay—Medication available at no cost to you



| Drug name | Generic name | Tier value | Prior auth | Quantity limit | Step therapy | Requirements & limits |
|---|--|------------|------------|----------------|--------------|-----------------------|
| UNITHROID TAB 175MCG | LEVOTHYROXINE SODIUM TAB 175 MCG | Tier 2 | | | | |
| UNITHROID TAB 200MCG | LEVOTHYROXINE SODIUM TAB 200 MCG | Tier 2 | | | | |
| UNITHROID TAB 25MCG | LEVOTHYROXINE SODIUM TAB 25 MCG | Tier 2 | | | | |
| UNITHROID TAB 300MCG | LEVOTHYROXINE SODIUM TAB 300 MCG | Tier 2 | | | | |
| UNITHROID TAB 50MCG | LEVOTHYROXINE SODIUM TAB 50 MCG | Tier 2 | | | | |
| UNITHROID TAB 75MCG | LEVOTHYROXINE SODIUM TAB 75 MCG | Tier 2 | | | | |
| UNITHROID TAB 88MCG | LEVOTHYROXINE SODIUM TAB 88 MCG | Tier 2 | | | | |
| Hormonal Agents, Suppressant (Adrenal) | | | | | | |
| LYSODREN TAB 500MG | MITOTANE TAB 500 MG | Tier 5 | | | | |
| Hormonal Agents, Suppressant (Pituitary) | | | | | | |
| CETRORELIX INJ 0.25MG | CETRORELIX ACETATE FOR INJ KIT 0.25 MG | Tier 6 | X | | | |
| ELIGARD INJ 22.5MG | LEUPROLIDE ACETATE (3 MONTH) FOR SUBCUTANEOUS INJ KIT 22.5MG | Tier 6 | X | | | |
| ELIGARD INJ 30MG | LEUPROLIDE ACETATE (4 MONTH) FOR SUBCUTANEOUS INJ KIT 30 MG | Tier 6 | X | | | |
| ELIGARD INJ 45MG | LEUPROLIDE ACETATE (6 MONTH) FOR SUBCUTANEOUS INJ KIT 45 MG | Tier 6 | X | | | |
| ELIGARD INJ 7.5MG | LEUPROLIDE ACETATE FOR SUBCUTANEOUS INJ KIT 7.5 MG | Tier 6 | X | | | |
| LEUPROLIDE INJ 14 DAY | LEUPROLIDE ACETATE INJ KIT 5 MG/ML | Tier 6 | X | | | |
| LEUPROLIDE INJ 1MG/0.2 | LEUPROLIDE ACETATE INJ KIT 5 MG/ML | Tier 6 | X | | | |
| LEUPROLIDE KIT 14 DAY | LEUPROLIDE ACETATE INJ KIT 5 MG/ML | Tier 6 | X | | | |
| LEUPROLIDE KIT 1MG/0.2 | LEUPROLIDE ACETATE INJ KIT 5 MG/ML | Tier 6 | X | | | |
| OCTREOTIDE INJ 1000MCG | OCTREOTIDE ACETATE INJ 1000 MCG/ML (1 MG/ML) | Tier 4 | X | | | |
| OCTREOTIDE INJ 100MCG | OCTREOTIDE ACETATE INJ 100 MCG/ML (0.1 MG/ML) | Tier 4 | X | | | |
| OCTREOTIDE INJ 100MCG | OCTREOTIDE ACETATE SUBCUTANEOUS SOLN PREF SYR 100 MCG/ML | Tier 4 | X | | | |
| OCTREOTIDE INJ 200MCG | OCTREOTIDE ACETATE INJ 200 MCG/ML (0.2 MG/ML) | Tier 4 | X | | | |
| OCTREOTIDE INJ 500MCG | OCTREOTIDE ACETATE INJ 500 MCG/ML (0.5 MG/ML) | Tier 4 | X | | | |
| OCTREOTIDE INJ 500MCG | OCTREOTIDE ACETATE SUBCUTANEOUS SOLN PREF SYR 500 MCG/ML | Tier 4 | X | | | |
| OCTREOTIDE INJ 50MCG/ML | OCTREOTIDE ACETATE INJ 50 MCG/ML (0.05 MG/ML) | Tier 4 | X | | | |
| OCTREOTIDE INJ 50MCG/ML | OCTREOTIDE ACETATE SUBCUTANEOUS SOLN PREF SYR 50 MCG/ML | Tier 4 | X | | | |
| ORILISSA TAB 150MG | ELAGOLIX SODIUM TAB 150 MG (BASE EQUIV) | Tier 5 | X | X | | |
| ORILISSA TAB 200MG | ELAGOLIX SODIUM TAB 200 MG (BASE EQUIV) | Tier 5 | X | X | | |
| SIGNIFOR INJ 0.3MG/ML | PASIREOTIDE DIASPARTATE INJ 0.3 MG/ML (BASE EQUIV) | Tier 6 | X | X | | |
| SIGNIFOR INJ 0.6MG/ML | PASIREOTIDE DIASPARTATE INJ 0.6 MG/ML (BASE EQUIV) | Tier 6 | X | X | | |

KEY: **H**—Health Care Reform Preventive
H*—Health Care Reform Preventive
H-A—Health Care Reform Preventive with Age contingency
H-M—Health Care Reform Preventive (RX or Medical)

BH—Medication used to treat a behavioral health condition available at no cost to you
BH*—Medication may be available at no cost to you when prescribed to treat a behavioral health condition
\$0 Copay—Medication available at no cost to you



| Drug name | Generic name | Tier value | Prior auth | Quantity limit | Step therapy | Requirements & limits |
|---|--|------------|------------|----------------|--------------|-----------------------|
| SIGNIFOR INJ 0.9MG/ML | PASIREOTIDE DIASPARTATE INJ 0.9 MG/ML (BASE EQUIV) | Tier 6 | X | X | | |
| SOMAVERT INJ 10MG | PEGVISOMANT FOR INJ 10 MG (AS PROTEIN) | Tier 6 | X | X | | |
| SOMAVERT INJ 15MG | PEGVISOMANT FOR INJ 15 MG (AS PROTEIN) | Tier 6 | X | X | | |
| SOMAVERT INJ 20MG | PEGVISOMANT FOR INJ 20 MG (AS PROTEIN) | Tier 6 | X | X | | |
| SOMAVERT INJ 25MG | PEGVISOMANT FOR INJ 25 MG (AS PROTEIN) | Tier 6 | X | X | | |
| SOMAVERT INJ 30MG | PEGVISOMANT FOR INJ 30 MG (AS PROTEIN) | Tier 6 | X | X | | |
| SYNAREL SOL 2MG/ML | NAFARELIN ACETATE NASAL SOLN 2 MG/ML (200 MCG/ACT) (BASE EQ) | Tier 3 | | | | |
| Hormonal Agents, Suppressant (Thyroid) | | | | | | |
| METHIMAZOLE TAB 10MG | METHIMAZOLE TAB 10 MG | Tier 2 | | | | |
| METHIMAZOLE TAB 5MG | METHIMAZOLE TAB 5 MG | Tier 2 | | | | |
| PROPYLTHIOUR TAB 50MG | PROPYLTHIOURACIL TAB 50 MG | Tier 2 | | | | |
| Immunological Agents | | | | | | |
| ACTEMRA INJ 162/0.9 | TOCILIZUMAB SUBCUTANEOUS SOLN PREFILLED SYRINGE 162 MG/0.9ML | Tier 4 | X | X | | |
| ACTEMRA INJ ACTPEN | TOCILIZUMAB SUBCUTANEOUS SOLN AUTO-INJECTOR 162 MG/0.9ML | Tier 4 | X | X | | |
| ACTHIB INJ | HAEMOPHILUS B POLYSACCHARIDE CONJUGATE VACCINE FOR INJ | Tier 1 | | X | | H |
| ACTIMMUNE INJ 2MU/0.5 | INTERFERON GAMMA-1B INJ 100 MCG/0.5ML (2000000 UNIT/0.5ML) | Tier 6 | X | X | | |
| ADACEL INJ | TET TOX-DIPH-ACELL PERTUSS AD INJ 5-2-15.5 LF-LF-MCG/0.5ML | Tier 1 | | X | | H |
| AFLURIA QUAD INJ 2022-23 | INFLUENZA VIRUS VAC SPLIT QUADRIVALENT SUSP PREF SYR 0.5ML | Tier 1 | | X | | H |
| AFLURIA QUAD INJ 2022-23 | INFLUENZA VIRUS VACCINE SPLIT QUADRIVALENT IM INJ | Tier 1 | | X | | H |
| ALFERON N INJ 5MU/ML | INTERFERON ALFA-N3 INJ 5000000 UNIT/ML | Tier 6 | | | | |
| AMJEVITA INJ 10/0.2ML | ADALIMUMAB-ATTO SOLN PREFILLED SYRINGE 10 MG/0.2ML | Tier 4 | X | X | | |
| AMJEVITA INJ 20/0.4ML | ADALIMUMAB-ATTO SOLN PREFILLED SYRINGE 20 MG/0.4ML | Tier 4 | X | X | | |
| AMJEVITA INJ 40/0.8ML | ADALIMUMAB-ATTO SOLN AUTO-INJECTOR 40 MG/0.8ML | Tier 4 | X | X | | |
| AMJEVITA INJ 40/0.8ML | ADALIMUMAB-ATTO SOLN PREFILLED SYRINGE 40 MG/0.8ML | Tier 4 | X | X | | |
| AZATHIOPRINE TAB 50MG | AZATHIOPRINE TAB 50 MG | Tier 2 | | | | |
| BEXSERO INJ | MENINGOCOCCAL VAC B (RECOMB OMV ADJUV) INJ PREFILLED SYRINGE | Tier 1 | | X | | H-A |
| BOOSTRIX INJ | TET TOX-DIPH-ACELL PERTUSS AD INJ 5-2.5-18.5 LF-LF-MCG/0.5ML | Tier 1 | | X | | H |
| BOOSTRIX INJ | TET-DIPH-ACELL PERTUSS AD PREF SYR 5-2.5-18.5 LF-MCG/0.5ML | Tier 1 | | X | | H |
| CIMZIA KIT 200MG | CERTOLIZUMAB PEGOL FOR INJ KIT 2 X 200 MG | Tier 4 | X | X | | |
| CIMZIA PREFL KIT 200MG/ML | CERTOLIZUMAB PEGOL PREFILLED SYRINGE KIT 2 X 200 MG/ML | Tier 4 | X | X | | |
| CIMZIA START KIT 200MG/ML | CERTOLIZUMAB PEGOL PREFILLED SYRINGE KIT 6 X 200 MG/ML | Tier 4 | X | X | | |
| CYCLOSPORINE CAP 100MG | CYCLOSPORINE CAP 100 MG | Tier 3 | | | | |
| CYCLOSPORINE CAP 100MG MD | CYCLOSPORINE MODIFIED CAP 100 MG | Tier 3 | | | | |
| CYCLOSPORINE CAP 25MG | CYCLOSPORINE CAP 25 MG | Tier 3 | | | | |
| CYCLOSPORINE CAP 25MG MOD | CYCLOSPORINE MODIFIED CAP 25 MG | Tier 3 | | | | |

KEY: **H**—Health Care Reform Preventive
H*—Health Care Reform Preventive
H-A—Health Care Reform Preventive with Age contingency
H-M—Health Care Reform Preventive (RX or Medical)

BH—Medication used to treat a behavioral health condition available at no cost to you
BH*—Medication may be available at no cost to you when prescribed to treat a behavioral health condition
\$0 Copay—Medication available at no cost to you



| Drug name | Generic name | Tier value | Prior auth | Quantity limit | Step therapy | Requirements & limits |
|---------------------------|--|------------|------------|----------------|--------------|-----------------------|
| CYCLOSPORINE CAP 50MG MOD | CYCLOSPORINE MODIFIED CAP 50 MG | Tier 3 | | | | |
| CYCLOSPORINE SOL MODIFIED | CYCLOSPORINE MODIFIED ORAL SOLN 100 MG/ML | Tier 3 | | | | |
| DAPTACEL INJ | DIPH, ACELLULAR PERT & TET TOX INJ 15 LF-23 MCG-5 LF/0.5ML | Tier 1 | | X | | H |
| DENGVAIXIA SUS | DENGUE VIRUS VACCINE LIVE TETRAVALENT FOR SUBCUTANEOUS SUSP | Tier 1 | | X | | H-A |
| ENGERIX-B INJ 10/0.5ML | HEPATITIS B VACCINE (RECOMBINANT) SUSP PREF SYR 10 MCG/0.5ML | Tier 1 | | X | | H |
| ENGERIX-B INJ 20MCG/ML | HEPATITIS B VACCINE (RECOMBINANT) SUSP 20 MCG/ML | Tier 1 | | X | | H |
| ENGERIX-B INJ 20MCG/ML | HEPATITIS B VACCINE (RECOMBINANT) SUSP PREF SYR 20 MCG/ML | Tier 1 | | X | | H |
| FLUAD QUADRI INJ 2022-23 | Influenza Vac Type A&B Surface Ant Adj Quad Pref Syr 0.5 ML | Tier 1 | | X | | H-A |
| FLUARIX QUAD INJ 2022-23 | INFLUENZA VIRUS VAC SPLIT QUADRIVALENT SUSP PREF SYR 0.5ML | Tier 1 | | X | | H |
| FLUBLOK QUAD INJ 2022-23 | Influenza Vac Recomb HA Quad PF Soln Pref Syr 0.5 ML | Tier 1 | | X | | H-A |
| FLUCLVX QUAD INJ 2022-23 | INFLUENZA VAC TISS-CULT SUBUNT QUAD SUSP PREF SYR 0.5 ML | Tier 1 | | X | | H |
| FLUCLVX QUAD INJ 2022-23 | INFLUENZA VAC TISSUE-CULTURED SUBUNIT QUADRIVALENT IM SUSP | Tier 1 | | X | | H |
| FLULAVAL QUA INJ 2022-23 | INFLUENZA VIRUS VAC SPLIT QUADRIVALENT SUSP PREF SYR 0.5ML | Tier 1 | | X | | H |
| FLUMIST QUAD SUS 2022-23 | INFLUENZA VIRUS VACCINE LIVE QUADRIVALENT INTRANASAL SUSP | Tier 1 | | X | | H-A |
| FLUZONE HD INJ 2022-23 | Influenza Vac Split High-Dose Quad PF Susp Pref Syr 0.7 ML | Tier 1 | | X | | H-A |
| FLUZONE QUAD INJ 2022-23 | INFLUENZA VIRUS VAC SPLIT QUADRIVALENT SUSP PREF SYR 0.5ML | Tier 1 | | X | | H |
| FLUZONE QUAD INJ 2022-23 | INFLUENZA VIRUS VACCINE SPLIT QUADRIVALENT IM INJ | Tier 1 | | X | | H |
| FLUZONE QUAD INJ 2022-23 | INFLUENZA VIRUS VACCINE SPLIT QUADRIVALENT INJ 0.5 ML | Tier 1 | | X | | H |
| GARDASIL 9 INJ | HUMAN PAPILLOMAVIRUS (HPV) 9-VALENT RECOMB VAC IM SUSP | Tier 1 | | X | | H-A |
| GARDASIL 9 INJ | HUMAN PAPILLOMAVIRUS (HPV) 9-VALENT RECOMB VAC SUSP PREF SYR | Tier 1 | | X | | H-A |
| GENGRAF CAP 100MG | CYCLOSPORINE MODIFIED CAP 100 MG | Tier 3 | | | | |
| GENGRAF CAP 25MG | CYCLOSPORINE MODIFIED CAP 25 MG | Tier 3 | | | | |
| GENGRAF SOL 100MG/ML | CYCLOSPORINE MODIFIED ORAL SOLN 100 MG/ML | Tier 3 | | | | |
| HAEGARDA INJ 2000UNIT | C1 ESTERASE INHIBITOR (HUMAN) FOR SUBCUTANEOUS INJ 2000 UNIT | Tier 6 | X | X | | |
| HAEGARDA INJ 3000UNIT | C1 ESTERASE INHIBITOR (HUMAN) FOR SUBCUTANEOUS INJ 3000 UNIT | Tier 6 | X | X | | |
| HAVRIX INJ 1440UNIT | HEPATITIS A VACCINE INJ SUSP 1440 EL UNIT/ML | Tier 1 | | X | | H |
| HAVRIX INJ 720UNIT | HEPATITIS A VACCINE INJ SUSP 720 EL UNIT/0.5ML | Tier 1 | | X | | H |
| HEPLISAV-B INJ 20/0.5ML | HEPATITIS B VACCINE RECOMB ADJUVANTED PREF SYR 20 MCG/0.5ML | Tier 1 | | X | | H-A |
| HIBERIX SOL 10MCG | HAEMOPHILUS B POLYSACCHARIDE CONJUGATE VAC FOR INJ 10 MCG | Tier 1 | | X | | H |

KEY: **H**—Health Care Reform Preventive
H*—Health Care Reform Preventive
H-A—Health Care Reform Preventive with Age contingency
H-M—Health Care Reform Preventive (RX or Medical)

BH—Medication used to treat a behavioral health condition available at no cost to you
BH*—Medication may be available at no cost to you when prescribed to treat a behavioral health condition
\$0 Copay—Medication available at no cost to you



| Drug name | Generic name | Tier value | Prior auth | Quantity limit | Step therapy | Requirements & limits |
|---------------------------|--|------------|------------|----------------|--------------|-----------------------|
| HUMIRA INJ 10/0.1ML | ADALIMUMAB PREFILLED SYRINGE KIT 10 MG/0.1ML | Tier 4 | X | X | | |
| HUMIRA INJ 20/0.2ML | ADALIMUMAB PREFILLED SYRINGE KIT 20 MG/0.2ML | Tier 4 | X | X | | |
| HUMIRA INJ 40/0.4ML | ADALIMUMAB PREFILLED SYRINGE KIT 40 MG/0.4ML | Tier 4 | X | X | | |
| HUMIRA KIT 40MG/0.8 | ADALIMUMAB PREFILLED SYRINGE KIT 40 MG/0.8ML | Tier 4 | X | X | | |
| HUMIRA PEDIA INJ CROHNS | ADALIMUMAB PREFILLED SYRINGE KIT 80 MG/0.8ML | Tier 4 | X | X | | |
| HUMIRA PEDIA INJ CROHNS | ADALIMUMAB PREFILLED SYRINGE KIT 80 MG/0.8ML & 40 MG/0.4ML | Tier 4 | X | X | | |
| HUMIRA PEN INJ 40/0.4ML | ADALIMUMAB PEN-INJECTOR KIT 40 MG/0.4ML | Tier 4 | X | X | | |
| HUMIRA PEN INJ 40MG/0.8 | ADALIMUMAB PEN-INJECTOR KIT 40 MG/0.8ML | Tier 4 | X | X | | |
| HUMIRA PEN INJ CD/UC/HS | ADALIMUMAB PEN-INJECTOR KIT 40 MG/0.8ML | Tier 4 | X | X | | |
| HUMIRA PEN INJ PS/UV | ADALIMUMAB PEN-INJECTOR KIT 40 MG/0.8ML | Tier 4 | X | X | | |
| HUMIRA PEN KIT CD/UC/HS | ADALIMUMAB PEN-INJECTOR KIT 80 MG/0.8ML | Tier 4 | X | X | | |
| HUMIRA PEN KIT PED UC | ADALIMUMAB PEN-INJECTOR KIT 80 MG/0.8ML | Tier 4 | X | X | | |
| HUMIRA PEN KIT PS/UV | ADALIMUMAB PEN-INJECTOR KIT 80 MG/0.8ML & 40 MG/0.4ML | Tier 4 | X | X | | |
| ICATIBANT INJ 30MG/3ML | ICATIBANT ACETATE SUBCUTANEOUS SOLN PREF SYR 30 MG/3ML | Tier 4 | X | X | | |
| INFANRIX INJ | DIPH, ACELLULAR PERT & TET TOX INJ 25 LF-58 MCG-10 LF/0.5ML | Tier 1 | | X | | H |
| IPOL INJ INACTIVE | POLIOVIRUS VACCINE, IPV INJECTION | Tier 1 | | X | | H |
| KINRIX INJ | DIPH-TETANUS-ACELL PERT-POLIO, IPV VACC SUSP PREF SYR 0.5 ML | Tier 1 | | X | | H |
| LEFLUNOMIDE TAB 10MG | LEFLUNOMIDE TAB 10 MG | Tier 3 | | | | |
| LEFLUNOMIDE TAB 20MG | LEFLUNOMIDE TAB 20 MG | Tier 3 | | | | |
| M-M-R II INJ | MEASLES-MUMPS-RUBELLA VIRUS VACCINES FOR INJ SOLN | Tier 1 | | X | | H |
| MENACTRA INJ | MENINGOCOCCAL (A, C, Y, AND W-135) DIPHTH CONJUGATE VACCINE | Tier 1 | | X | | H |
| MENQUADFI INJ | MENINGOCOCCAL (A, C, Y, AND W-135) TETANUS CONJUGATE VACCINE | Tier 1 | | X | | H |
| MENVEO INJ | MENINGOCOCCAL (A, C, Y, AND W-135) OLIGO CONJ VAC FOR INJ | Tier 1 | | X | | H |
| MENVEO SOL | MENINGOCOCCAL (A, C, Y, AND W-135) OLIGO CONJ VAC IM SOLN | Tier 1 | | X | | H |
| METHOTREXATE INJ 1GM | METHOTREXATE SODIUM FOR INJ 1 GM | Tier 2 | | | | |
| METHOTREXATE INJ 1GM/40ML | METHOTREXATE SODIUM INJ PF 1000 MG/40ML (25 MG/ML) | Tier 2 | | | | |
| METHOTREXATE INJ 250/10ML | METHOTREXATE SODIUM INJ PF 250 MG/10ML (25 MG/ML) | Tier 2 | | | | |
| METHOTREXATE INJ 25MG/ML | METHOTREXATE SODIUM INJ 250 MG/10ML (25 MG/ML) | Tier 2 | | | | |
| METHOTREXATE INJ 25MG/ML | METHOTREXATE SODIUM INJ 50 MG/2ML (25 MG/ML) | Tier 2 | | | | |
| METHOTREXATE INJ 50MG/2ML | METHOTREXATE SODIUM INJ PF 50 MG/2ML (25 MG/ML) | Tier 2 | | | | |
| METHOTREXATE TAB 2.5MG | METHOTREXATE SODIUM TAB 2.5 MG (BASE EQUIV) | Tier 2 | | | | |
| MODERNA INJ BIVALENT | COVID-19 MRNA BIVALENT VACCINE-MODERNA IM SUSP 50 MCG/0.5ML | Tier 1 | | X | | H |
| MODERNA BIV INJ 6M-5Y | COVID-19 MRNA BIVAL VACC 6MO-5Y-MODERNA IM SUSP 10 MCG/0.2ML | Tier 1 | | X | | H |

KEY: **H**—Health Care Reform Preventive
H*—Health Care Reform Preventive
H-A—Health Care Reform Preventive with Age contingency
H-M—Health Care Reform Preventive (RX or Medical)

BH—Medication used to treat a behavioral health condition available at no cost to you
BH*—Medication may be available at no cost to you when prescribed to treat a behavioral health condition
\$0 Copay—Medication available at no cost to you



| Drug name | Generic name | Tier value | Prior auth | Quantity limit | Step therapy | Requirements & limits |
|---------------------------|--|------------|------------|----------------|--------------|-----------------------|
| MYCOPHENOLAT CAP 250MG | MYCOPHENOLATE MOFETIL CAP 250 MG | Tier 3 | | | | |
| MYCOPHENOLAT SUS 200MG/ML | MYCOPHENOLATE MOFETIL FOR ORAL SUSP 200 MG/ML | Tier 3 | | | | |
| MYCOPHENOLAT TAB 500MG | MYCOPHENOLATE MOFETIL TAB 500 MG | Tier 3 | | | | |
| MYCOPHENOLIC TAB 180MG DR | MYCOPHENOLATE SODIUM TAB DR 180 MG (MYCOPHENOLIC ACID EQUIV) | Tier 3 | | | | |
| MYCOPHENOLIC TAB 360MG DR | MYCOPHENOLATE SODIUM TAB DR 360 MG (MYCOPHENOLIC ACID EQUIV) | Tier 3 | | | | |
| NOVAVAX VAC INJ COVID-19 | COVID-19 SUBUNIT PROT RECOM ADJUV VAC-NOVAVAX IM 5 MCG/0.5ML | Tier 1 | | X | | H |
| OLUMIANT TAB 1MG | BARICITINIB TAB 1 MG | Tier 4 | X | X | | |
| OLUMIANT TAB 2MG | BARICITINIB TAB 2 MG | Tier 4 | X | X | | |
| OLUMIANT TAB 4MG | BARICITINIB TAB 4 MG | Tier 4 | X | X | | |
| OTEZLA TAB 10/20/30 | APREMILAST TAB STARTER THERAPY PACK 10 MG & 20 MG & 30 MG | Tier 4 | X | X | | |
| OTEZLA TAB 30MG | APREMILAST TAB 30 MG | Tier 4 | X | X | | |
| PEDIARIX INJ 0.5ML | DIPH-TET TOX-ACELL PERT-HEP B-POLIO IPV VAC SUSP PREF SYR | Tier 1 | | X | | H-A |
| PEDVAX HIB INJ | HAEMOPHILUS B POLYSACCHARIDE CONJ VAC IM SUSP 7.5 MCG/0.5 ML | Tier 1 | | X | | H |
| PENTACEL INJ | DIPH-AC PER-TET TOX AD-POLIOV-HAEMOPH B POLY VAC FOR IM SUSP | Tier 1 | | X | | H-A |
| PFIZER BIVAL INJ 5-11Y | COVID-19 MRNA BIVALENT VAC 5-11Y-PFIZER IM SUSP 10 MCG/0.2ML | Tier 1 | | X | | H |
| PFIZER BIVAL INJ 6M-4Y | COVID-19 MRNA BIVAL VACC 6MO-4YR-PFIZER IM SUSP 3 MCG/0.2ML | Tier 1 | | X | | H |
| PFIZER BIVAL INJ BA4/BA5 | COVID-19 MRNA BIVALENT VACCINE-PFIZER IM SUSP 30 MCG/0.3ML | Tier 1 | | X | | H |
| PNEUMOVAX 23 INJ 25/0.5 | PNEUMOCOCCAL VACCINE POLYVALENT INJ 25 MCG/0.5ML | Tier 1 | | X | | H |
| PREHEVBRIO SUS 10MCG/ML | HEPATITIS B VACCINE 3-ANTIGEN (RECOMBINANT) SUSP 10 MCG/ML | Tier 1 | | X | | H-A |
| PREVNAR 13 INJ | PNEUMOCOCCAL 13-VALENT CONJUGATE VACCINE INJ | Tier 1 | | X | | H |
| PREVNAR 20 INJ | PNEUMOCOCCAL 20-VALENT CONJUGATE VACCINE SUS PREF SYR 0.5 ML | Tier 1 | | X | | H-A |
| PRIORIX INJ | MEASLES-MUMPS-RUBELLA VIRUS VACCINES FOR SUBCUTANEOUS SUSP | Tier 1 | | X | | H |
| PROQUAD INJ | MEASLES-MUMPS-RUBELLA-VARICELLA VIRUS VACCINES FOR SUSP | Tier 1 | | X | | H-A |
| QUADRACEL INJ 0.5ML | DIPH-TETANUS TOX AD-ACELL PERT & POLIO VIRUS, IPV VAC INJ | Tier 1 | | X | | H |
| QUADRACEL INJ 0.5ML | DIPH-TETANUS-ACELL PERT-POLIO, IPV VACC SUSP PREF SYR 0.5 ML | Tier 1 | | X | | H |
| RECOMBIVA HB INJ 10MCG/ML | HEPATITIS B VACCINE (RECOMBINANT) SUSP 10 MCG/ML | Tier 1 | | X | | H |
| RECOMBIVA HB INJ 10MCG/ML | HEPATITIS B VACCINE (RECOMBINANT) SUSP PREF SYR 10 MCG/ML | Tier 1 | | X | | H |
| RECOMBIVA HB INJ 5MCG/0.5 | HEPATITIS B VACCINE (RECOMBINANT) SUSP 5 MCG/0.5ML | Tier 1 | | X | | H |
| RECOMBIVA HB INJ 5MCG/0.5 | HEPATITIS B VACCINE (RECOMBINANT) SUSP PREF SYR 5 MCG/0.5ML | Tier 1 | | X | | H |
| RECOMBIVA-HB INJ 40MCG/ML | HEPATITIS B VACCINE (RECOMBINANT) SUSP 40 MCG/ML | Tier 1 | | X | | H |
| RINVOQ TAB 15MG ER | UPADACITINIB TAB ER 24HR 15 MG | Tier 4 | X | X | | |
| RINVOQ TAB 30MG ER | UPADACITINIB TAB ER 24HR 30 MG | Tier 4 | X | X | | |

KEY: **H**—Health Care Reform Preventive
H*—Health Care Reform Preventive
H-A—Health Care Reform Preventive with Age contingency
H-M—Health Care Reform Preventive (RX or Medical)

BH—Medication used to treat a behavioral health condition available at no cost to you
BH*—Medication may be available at no cost to you when prescribed to treat a behavioral health condition
\$0 Copay—Medication available at no cost to you



| Drug name | Generic name | Tier value | Prior auth | Quantity limit | Step therapy | Requirements & limits |
|--------------------------|--|------------|------------|----------------|--------------|-----------------------|
| RINVOQ TAB 45MG ER | UPADACITINIB TAB ER 24HR 45 MG | Tier 4 | X | X | | |
| ROTARIX SUS | ROTAVIRUS VACCINE, LIVE FOR ORAL SUSP | Tier 1 | | X | | H |
| ROTARIX SUS | ROTAVIRUS VACCINE, LIVE ORAL SUSP | Tier 1 | | X | | H |
| ROTATEQ SOL | ROTAVIRUS VACCINE, LIVE ORAL PENTAVALENT SOLN | Tier 1 | | X | | H |
| SAJAZIR INJ 30MG/3ML | ICATIBANT ACETATE SUBCUTANEOUS SOLN PREF SYR 30 MG/3ML | Tier 4 | X | X | | |
| SANDIMMUNE SOL 100MG/ML | CYCLOSPORINE ORAL SOLN 100 MG/ML | Tier 5 | | | | |
| SHINGRIX INJ 50/0.5ML | ZOSTER VAC RECOMBINANT ADJUVANTED FOR IM INJ 50 MCG/0.5ML | Tier 1 | | X | | H-A |
| SIMPONI INJ 100MG/ML | GOLIMUMAB SUBCUTANEOUS SOLN AUTO-INJECTOR 100 MG/ML | Tier 4 | X | X | | |
| SIMPONI INJ 100MG/ML | GOLIMUMAB SUBCUTANEOUS SOLN PREFILLED SYRINGE 100 MG/ML | Tier 4 | X | X | | |
| SIMPONI INJ 50/0.5ML | GOLIMUMAB SUBCUTANEOUS SOLN AUTO-INJECTOR 50 MG/0.5ML | Tier 4 | X | X | | |
| SIMPONI INJ 50/0.5ML | GOLIMUMAB SUBCUTANEOUS SOLN PREFILLED SYRINGE 50 MG/0.5ML | Tier 4 | X | X | | |
| SIROLIMUS TAB 0.5MG | SIROLIMUS TAB 0.5 MG | Tier 3 | | | | |
| SIROLIMUS TAB 1MG | SIROLIMUS TAB 1 MG | Tier 3 | | | | |
| SIROLIMUS TAB 2MG | SIROLIMUS TAB 2 MG | Tier 3 | | | | |
| SKYRIZI INJ 150DOSE | RISANKIZUMAB-RZAA SOL PREFILLED SYRINGE 2 X 75 MG/0.83ML KIT | Tier 4 | X | X | | |
| SKYRIZI INJ 150MG/ML | RISANKIZUMAB-RZAA SOLN PREFILLED SYRINGE 150 MG/ML | Tier 4 | X | X | | |
| SKYRIZI INJ 180/1.2 | RISANKIZUMAB-RZAA SUBCUTANEOUS SOLN CARTRIDGE 180 MG/1.2ML | Tier 4 | X | X | | |
| SKYRIZI INJ 360/2.4 | RISANKIZUMAB-RZAA SUBCUTANEOUS SOLN CARTRIDGE 360 MG/2.4ML | Tier 4 | X | X | | |
| SKYRIZI PEN INJ 150MG/ML | RISANKIZUMAB-RZAA SOLN AUTO-INJECTOR 150 MG/ML | Tier 4 | X | X | | |
| TACROLIMUS CAP 0.5MG | TACROLIMUS CAP 0.5 MG | Tier 2 | | | | |
| TACROLIMUS CAP 1MG | TACROLIMUS CAP 1 MG | Tier 2 | | | | |
| TACROLIMUS CAP 5MG | TACROLIMUS CAP 5 MG | Tier 2 | | | | |
| TENIVAC INJ 5-2LF | TETANUS-DIPHThERIA TOXOIDS (TD) INJ 5-2 LFU | Tier 1 | | X | | H |
| TRUMENBA INJ | MENINGOCOCCAL GROUP B VAC (RECOMB) IM SUSP PREFILLED SYR | Tier 1 | | X | | H-A |
| TWINRIX INJ | HEP A-HEP B VACCINE SUSP PREF SYR 720-20 ELU-MCG/ML | Tier 1 | | X | | H |
| VAQTA INJ 25/0.5ML | HEPATITIS A VACCINE INJ SUSP 25 UNIT/0.5ML | Tier 1 | | X | | H |
| VAQTA INJ 50UNT/ML | HEPATITIS A VACCINE INJ SUSP 50 UNIT/ML | Tier 1 | | X | | H |
| VARIVAX INJ | VARICELLA VIRUS VAC LIVE FOR SUBCUTANEOUS INJ 1350 PFU/0.5ML | Tier 1 | | X | | H |
| VAXELIS INJ | DIPH-TET TOX-AC PERT AD-POLIO IPV-HIB-HEP B REC SUSP PRE SYR | Tier 1 | | X | | H-A |
| VAXELIS INJ | DIPH-TET TOX-AC PERT AD-POLIO IPV-HIB-HEPATITIS B RECMB SUSP | Tier 1 | | X | | H-A |
| VAXNEUVANCE INJ | PNEUMOCOCCAL 15-VALENT CONJUGATE VACCINE SUS PREF SYR 0.5 ML | Tier 1 | | X | | H |
| XELJANZ SOL 1MG/ML | TOFACITINIB CITRATE ORAL SOLN 1 MG/ML (BASE EQUIVALENT) | Tier 4 | X | X | | |
| XELJANZ TAB 10MG | TOFACITINIB CITRATE TAB 10 MG (BASE EQUIVALENT) | Tier 4 | X | X | | |

KEY: **H**—Health Care Reform Preventive
H*—Health Care Reform Preventive
H-A—Health Care Reform Preventive with Age contingency
H-M—Health Care Reform Preventive (RX or Medical)

BH—Medication used to treat a behavioral health condition available at no cost to you
BH*—Medication may be available at no cost to you when prescribed to treat a behavioral health condition
\$0 Copay—Medication available at no cost to you



| Drug name | Generic name | Tier value | Prior auth | Quantity limit | Step therapy | Requirements & limits |
|--|--|------------|------------|----------------|--------------|-----------------------|
| XELJANZ TAB 5MG | TOFACITINIB CITRATE TAB 5 MG (BASE EQUIVALENT) | Tier 4 | X | X | | |
| XELJANZ XR TAB 11MG | TOFACITINIB CITRATE TAB ER 24HR 11 MG (BASE EQUIVALENT) | Tier 4 | X | X | | |
| XELJANZ XR TAB 22MG | TOFACITINIB CITRATE TAB ER 24HR 22 MG (BASE EQUIVALENT) | Tier 4 | X | X | | |
| Inflammatory Bowel Disease Agents | | | | | | |
| ANALPRAM-HC LOT 2.5% | HYDROCORTISONE ACETATE W/ PRAMOXINE PERIANAL LOTN 2.5-1% | Tier 5 | | | | |
| BALSALAZIDE CAP 750MG | BALSALAZIDE DISODIUM CAP 750 MG | Tier 3 | | | | |
| BUDESONIDE AER 2MG/ACT | BUDESONIDE RECTAL FOAM 2 MG/ACT | Tier 3 | | | | |
| BUDESONIDE CAP 3MG DR | BUDESONIDE DELAYED RELEASE PARTICLES CAP 3 MG | Tier 3 | | | | |
| CORTIFOAM AER 90MG | HYDROCORTISONE ACETATE PERIANAL FOAM 10% (90 MG/DOSE) | Tier 3 | | | | |
| DIPENTUM CAP 250MG | OLSALAZINE SODIUM CAP 250 MG | Tier 5 | | | | |
| HC PRAMOXINE CRE 1-1% | HYDROCORTISONE ACETATE W/ PRAMOXINE PERIANAL CREAM 1-1% | Tier 3 | | | | |
| HYDROCORT ENE 100MG | HYDROCORTISONE ENEMA 100 MG/60ML | Tier 3 | | | | |
| HYDROCORTISO CRE 2.5% | HYDROCORTISONE PERIANAL CREAM 2.5% | Tier 2 | | | | |
| MESALAMINE CAP 0.375GM | MESALAMINE CAP ER 24HR 0.375 GM | Tier 3 | | X | | |
| MESALAMINE SUP 1000MG | MESALAMINE SUPPOS 1000 MG | Tier 3 | | X | | |
| PROCTO-MED CRE HC 2.5% | HYDROCORTISONE PERIANAL CREAM 2.5% | Tier 2 | | | | |
| PROCTOFOAM AER HC 1% | HYDROCORTISONE ACETATE W/ PRAMOXINE PERIANAL FOAM 1-1% | Tier 3 | | | | |
| PROCTOSOL HC CRE 2.5% | HYDROCORTISONE PERIANAL CREAM 2.5% | Tier 2 | | | | |
| PROCTOZONE CRE -HC 2.5% | HYDROCORTISONE PERIANAL CREAM 2.5% | Tier 2 | | | | |
| SULFASALAZIN TAB 500MG | SULFASALAZINE TAB 500 MG | Tier 2 | | | | |
| SULFASALAZIN TAB 500MG DR | SULFASALAZINE TAB DELAYED RELEASE 500 MG | Tier 2 | | | | |
| UCERIS AER 2MG/ACT | BUDESONIDE RECTAL FOAM 2 MG/ACT | Tier 3 | | | | |
| Metabolic Bone Disease Agents | | | | | | |
| ALENDRONATE SOL 70/75ML | ALENDRONATE SODIUM ORAL SOLN 70 MG/75ML | Tier 3 | | | | |
| ALENDRONATE TAB 10MG | ALENDRONATE SODIUM TAB 10 MG | Tier 2 | | X | | |
| ALENDRONATE TAB 35MG | ALENDRONATE SODIUM TAB 35 MG | Tier 2 | | X | | |
| ALENDRONATE TAB 70MG | ALENDRONATE SODIUM TAB 70 MG | Tier 2 | | X | | |
| CALCITONIN INJ 200/ML | CALCITONIN (SALMON) INJ 200 UNIT/ML | Tier 3 | | | | |
| CALCITONIN SPR 200/ACT | CALCITONIN (SALMON) NASAL SOLN 200 UNIT/ACT | Tier 2 | | X | | |
| CALCITRIOL CAP 0.25MCG | CALCITRIOL CAP 0.25 MCG | Tier 2 | | | | |
| CALCITRIOL CAP 0.5MCG | CALCITRIOL CAP 0.5 MCG | Tier 2 | | | | |
| CALCITRIOL SOL 1MCG/ML | CALCITRIOL ORAL SOLN 1 MCG/ML | Tier 3 | | | | |
| CINACALCET TAB 30MG | CINACALCET HCL TAB 30 MG (BASE EQUIV) | Tier 3 | X | X | | |
| CINACALCET TAB 60MG | CINACALCET HCL TAB 60 MG (BASE EQUIV) | Tier 3 | X | X | | |
| CINACALCET TAB 90MG | CINACALCET HCL TAB 90 MG (BASE EQUIV) | Tier 3 | X | X | | |
| DOXERCALCIF CAP 0.5MCG | DOXERCALCIFEROL CAP 0.5 MCG | Tier 3 | | | | |
| DOXERCALCIF CAP 1MCG | DOXERCALCIFEROL CAP 1 MCG | Tier 3 | | | | |
| DOXERCALCIF CAP 2.5MCG | DOXERCALCIFEROL CAP 2.5 MCG | Tier 3 | | | | |

KEY: **H**—Health Care Reform Preventive
H*—Health Care Reform Preventive
H-A—Health Care Reform Preventive with Age contingency
H-M—Health Care Reform Preventive (RX or Medical)

BH—Medication used to treat a behavioral health condition available at no cost to you
BH*—Medication may be available at no cost to you when prescribed to treat a behavioral health condition
\$0 Copay—Medication available at no cost to you



| Drug name | Generic name | Tier value | Prior auth | Quantity limit | Step therapy | Requirements & limits |
|---|---|------------|------------|----------------|--------------|-----------------------|
| IBANDRONATE TAB 150MG | IBANDRONATE SODIUM TAB 150 MG (BASE EQUIVALENT) | Tier 2 | | X | | |
| NATPARA INJ 100MCG | PARATHYROID HORMONE (RECOMBINANT) FOR INJ CARTRIDGE 100 MCG | Tier 6 | X | X | | |
| NATPARA INJ 25MCG | PARATHYROID HORMONE (RECOMBINANT) FOR INJ CARTRIDGE 25 MCG | Tier 6 | X | X | | |
| NATPARA INJ 50MCG | PARATHYROID HORMONE (RECOMBINANT) FOR INJ CARTRIDGE 50 MCG | Tier 6 | X | X | | |
| NATPARA INJ 75MCG | PARATHYROID HORMONE (RECOMBINANT) FOR INJ CARTRIDGE 75 MCG | Tier 6 | X | X | | |
| PARICALCITOL CAP 1 MCG | PARICALCITOL CAP 1 MCG | Tier 3 | | | | |
| PARICALCITOL CAP 2 MCG | PARICALCITOL CAP 2 MCG | Tier 3 | | | | |
| PARICALCITOL CAP 4 MCG | PARICALCITOL CAP 4 MCG | Tier 3 | | | | |
| RISEDRONATE TAB 150MG | RISEDRONATE SODIUM TAB 150 MG | Tier 2 | | X | | |
| RISEDRONATE TAB 30MG | RISEDRONATE SODIUM TAB 30 MG | Tier 2 | | X | | |
| RISEDRONATE TAB 35MG | RISEDRONATE SODIUM TAB 35 MG | Tier 2 | | X | | |
| RISEDRONATE TAB 5MG | RISEDRONATE SODIUM TAB 5 MG | Tier 2 | | X | | |
| Miscellaneous Therapeutic Agents | | | | | | |
| ALCOHOL PREP PAD | *ALCOHOL SWABS*** | Tier 3 | | | | |
| ARTISS SOL 10ML | *FIBRIN SEALANT COMPONENT SOLUTION*** | Tier 5 | | | | |
| ARTISS SOL 2ML | *FIBRIN SEALANT COMPONENT SOLUTION*** | Tier 5 | | | | |
| ARTISS SOL 4ML | *FIBRIN SEALANT COMPONENT SOLUTION*** | Tier 5 | | | | |
| ASSURE ID MIS 1ML/31G | INSULIN SYRINGE/NEEDLE U-100 1 ML 31 X 15/64" | Tier 3 | | | | |
| BD GLUCOSE CHW 5GM | GLUCOSE CHEW TAB 5 GM | Tier 3 | | | | |
| CAYA DPR | *DIAPHRAGM ARC-SPRING*** | Tier 1 | | | | H |
| CHEMSTRIP TES MICRAL | ALBUMIN (URINE) TEST STRIP | Tier 3 | | | | |
| CHEMSTRIP K TES | ACETONE (URINE) TEST STRIP | Tier 3 | | | | |
| COMFORT TOUC MIS 31GX4MM | INSULIN PEN NEEDLE 31 G X 4 MM (1/6" OR 5/32") | Tier 3 | | | | |
| COMFORT TOUC MIS 32GX8MM | INSULIN PEN NEEDLE 32 G X 8 MM (1/3" OR 5/16") | Tier 3 | | | | |
| COMFORT TOUC MIS 33GX1/4" | INSULIN PEN NEEDLE 33 G X 6 MM (1/4" OR 15/64") | Tier 3 | | | | |
| COMFORT TOUC MIS 33GX3/16 | INSULIN PEN NEEDLE 33 G X 5 MM (1/5" OR 3/16") | Tier 3 | | | | |
| COMFORT TOUC MIS 33GX5/32 | INSULIN PEN NEEDLE 33 G X 4 MM (1/6" OR 5/32") | Tier 3 | | | | |
| CONDOMS MIS | *Condoms - Male*** | Tier 1 | | X | | H |
| CONDOMS MIS LUBRICAT | Condoms Latex Lubricated | Tier 1 | | X | | H |
| COUNT-A-DOSE MIS | *INSULIN ADMINISTRATION SUPPLIES - MISC*** | Tier 3 | | | | |
| DIASCREEN MIS 1G | *URINE GLUCOSE MONITORING SUPPLIES*** | Tier 3 | | | | |
| DIASTIX TES STRIPS | GLUCOSE URINE TEST-(GLUCOSE OXIDASE) STRIP | Tier 3 | | | | |
| DUREX MIS REALFEEL | Condoms Non-Latex Lubricated | Tier 1 | | X | | H |
| EASY TOUCH MIS 30G | INSULIN PEN NEEDLE 30 G X 6 MM (1/4" OR 15/64") | Tier 3 | | | | |
| ERGOLOID MES TAB 1MG ORAL | ERGOLOID MESYLATES TAB 1 MG | Tier 3 | | | | |
| FC2 FEMALE MIS CONDOM | *Condoms - Female*** | Tier 1 | | X | | H |
| FEMCAP MIS 22MM | CERVICAL CAP 22 MM | Tier 1 | | | | H |
| FEMCAP MIS 26MM | CERVICAL CAP 26 MM | Tier 1 | | | | H |
| FEMCAP MIS 30MM | CERVICAL CAP 30 MM | Tier 1 | | | | H |

KEY: H—Health Care Reform Preventive

H*—Health Care Reform Preventive

H-A—Health Care Reform Preventive with Age contingency

H-M—Health Care Reform Preventive (RX or Medical)

BH—Medication used to treat a behavioral health condition available at no cost to you

BH*—Medication may be available at no cost to you when prescribed to treat a behavioral health condition

\$0 Copay—Medication available at no cost to you



| Drug name | Generic name | Tier value | Prior auth | Quantity limit | Step therapy | Requirements & limits |
|--------------------------|---|------------|------------|----------------|--------------|-----------------------|
| FLEXICHAMBER MIS MASK SM | *SPACER/AEROSOL-HOLDING CHAMBER SUPPLIES - MASKS*** | Tier 3 | | | | |
| GAUZE PAD 2"X2" | *GAUZE PADS & DRESSINGS - PADS 2" X 2"*** | Tier 3 | | | | |
| GLUCOSE BITS CHW 1GM | GLUCOSE CHEW TAB 1 GM | Tier 3 | | | | |
| GNP GLUCOSE CHW 2GM | GLUCOSE CHEW TAB 2 GM (CARB EQUIV) | Tier 3 | | | | |
| INSPIREASE MIS DD SYST | *SPACER/AEROSOL-HOLDING CHAMBERS - DEVICE*** | Tier 3 | | | | |
| INSPIREASE MIS RES BAG | *SPACER/AEROSOL-HOLDING CHAMBER SUPPLIES - BAGS*** | Tier 3 | | | | |
| INSULIN SRYG MIS 1ML/32G | INSULIN SYRINGE/NEEDLE U-100 1 ML 32 X 5/16" | Tier 3 | | | | |
| INSULIN SYRG MIS 0.3/29G | INSULIN SYRINGE/NEEDLE U-100 0.3 ML 29 X 1/2" | Tier 3 | | | | |
| INSULIN SYRG MIS 0.3/30G | INSULIN SYRINGE/NEEDLE U-100 0.3 ML 30 X 1/2" | Tier 3 | | | | |
| INSULIN SYRG MIS 0.3/30G | INSULIN SYRINGE/NEEDLE U-100 0.3 ML 30 X 5/16" | Tier 3 | | | | |
| INSULIN SYRG MIS 0.3/31G | INSULIN SYRINGE/NEEDLE U-100 0.3 ML 31 X 15/64" | Tier 3 | | | | |
| INSULIN SYRG MIS 0.3/31G | INSULIN SYRINGE/NEEDLE U-100 0.3 ML 31 X 5/16" | Tier 3 | | | | |
| INSULIN SYRG MIS 0.5/28G | INSULIN SYRINGE/NEEDLE U-100 1/2 ML 28 X 1/2" | Tier 3 | | | | |
| INSULIN SYRG MIS 0.5/29G | INSULIN SYRINGE/NEEDLE U-100 1/2 ML 29 X 1/2" | Tier 3 | | | | |
| INSULIN SYRG MIS 0.5/30G | INSULIN SYRINGE/NEEDLE U-100 1/2 ML 30 X 1/2" | Tier 3 | | | | |
| INSULIN SYRG MIS 0.5/30G | INSULIN SYRINGE/NEEDLE U-100 1/2 ML 30 X 3/8" | Tier 3 | | | | |
| INSULIN SYRG MIS 0.5/30G | INSULIN SYRINGE/NEEDLE U-100 1/2 ML 30 X 5/16" | Tier 3 | | | | |
| INSULIN SYRG MIS 0.5/31G | INSULIN SYRINGE/NEEDLE U-100 1/2 ML 31 X 15/64" | Tier 3 | | | | |
| INSULIN SYRG MIS 0.5/31G | INSULIN SYRINGE/NEEDLE U-100 1/2 ML 31 X 5/16" | Tier 3 | | | | |
| INSULIN SYRG MIS 0.5/32G | INSULIN SYRINGE/NEEDLE U-100 0.5 ML 32 X 5/16" | Tier 3 | | | | |
| INSULIN SYRG MIS 1ML/27G | INSULIN SYRINGE/NEEDLE U-100 1 ML 27 X 5/8" | Tier 3 | | | | |
| INSULIN SYRG MIS 1ML/28G | INSULIN SYRINGE/NEEDLE U-100 1 ML 28 X 1/2" | Tier 3 | | | | |
| INSULIN SYRG MIS 1ML/28G | INSULIN SYRINGE/NEEDLE U-100 1 ML 28 X 5/16" | Tier 3 | | | | |
| INSULIN SYRG MIS 1ML/29G | INSULIN SYRINGE/NEEDLE U-100 1 ML 29 X 1/2" | Tier 3 | | | | |
| INSULIN SYRG MIS 1ML/29G | INSULIN SYRINGE/NEEDLE U-100 1 ML 29 X 5/16" | Tier 3 | | | | |
| INSULIN SYRG MIS 1ML/30G | INSULIN SYRINGE/NEEDLE U-100 1 ML 30 X 1/2" | Tier 3 | | | | |
| INSULIN SYRG MIS 1ML/30G | INSULIN SYRINGE/NEEDLE U-100 1 ML 30 X 5/16" | Tier 3 | | | | |
| INSULIN SYRG MIS 1ML/31G | INSULIN SYRINGE/NEEDLE U-100 1 ML 31 X 5/16" | Tier 3 | | | | |
| KETO-DIASTIX TES | *URINE GLUCOSE-KETONES TEST STRIPS*** | Tier 3 | | | | |
| MASK VORTEX/ MIS FROG | *SPACER/AEROSOL-HOLDING CHAMBER SUPPLIES - MASKS*** | Tier 3 | | | | |
| MAXICOMFORT MIS 27GX1/2 | INSULIN SYRINGE/NEEDLE U-100 1/2 ML 27 X 1/2" | Tier 3 | | | | |
| MAXICOMFORT MIS 27GX1/2" | INSULIN SYRINGE/NEEDLE U-100 1 ML 27 X 1/2" | Tier 3 | | | | |

KEY: **H**—Health Care Reform Preventive
H*—Health Care Reform Preventive
H-A—Health Care Reform Preventive with Age contingency
H-M—Health Care Reform Preventive (RX or Medical)

BH—Medication used to treat a behavioral health condition available at no cost to you
BH*—Medication may be available at no cost to you when prescribed to treat a behavioral health condition
\$0 Copay—Medication available at no cost to you



| Drug name | Generic name | Tier value | Prior auth | Quantity limit | Step therapy | Requirements & limits |
|---------------------------|---|------------|------------|----------------|--------------|-----------------------|
| METHERGINE TAB 0.2MG | METHYLERGONOVINE MALEATE TAB 0.2 MG | Tier 3 | | X | | |
| METHYLERGON TAB 0.2MG | METHYLERGONOVINE MALEATE TAB 0.2 MG | Tier 3 | | X | | |
| NEEDLE COLLE MIS DISPOSAL | *SHARPS CONTAINER - MISC*** | Tier 3 | | | | |
| NOVOFINE MIS 32GX6MM | INSULIN PEN NEEDLE 32 G X 6 MM (1/4" OR 15/64") | Tier 3 | | | | |
| NOVOFINE AUT MIS 30GX8MM | INSULIN PEN NEEDLE 30 G X 8 MM (1/3" OR 5/16") | Tier 3 | | | | |
| NOVOFINE PLS MIS 32GX4MM | INSULIN PEN NEEDLE 32 G X 4 MM (1/6" OR 5/32") | Tier 3 | | | | |
| NOVOTWIST MIS 32GX5MM | INSULIN PEN NEEDLE 32 G X 5 MM (1/5" OR 3/16") | Tier 3 | | | | |
| OMNIFLEX DPR | *DIAPHRAGMS*** | Tier 1 | | | | H |
| PARAGARD IUD T380A | *COPPER IUD** | Tier 1 | | | | H-M |
| PEN NEEDLE MIS 29GX1/2" | INSULIN PEN NEEDLE 29 G X 12.7 MM (1/2") | Tier 3 | | | | |
| PEN NEEDLE MIS 29GX3/16 | INSULIN PEN NEEDLE 29 G X 5 MM (1/5" OR 3/16") | Tier 3 | | | | |
| PEN NEEDLE MIS 29GX5/16 | INSULIN PEN NEEDLE 29 G X 8 MM (1/3" OR 5/16") | Tier 3 | | | | |
| PEN NEEDLES MIS 29GX1/2" | INSULIN PEN NEEDLE 29 G X 12 MM (1/2") | Tier 3 | | | | |
| PEN NEEDLES MIS 31GX1/4" | INSULIN PEN NEEDLE 31 G X 6 MM (1/4" OR 15/64") | Tier 3 | | | | |
| PEN NEEDLES MIS 31GX3/16 | INSULIN PEN NEEDLE 31 G X 5 MM (1/5" OR 3/16") | Tier 3 | | | | |
| PEN NEEDLES MIS 31GX5/16 | INSULIN PEN NEEDLE 31 G X 8 MM (1/3" OR 5/16") | Tier 3 | | | | |
| PENTIPS MIS 29GX12MM | INSULIN PEN NEEDLE 29 G X 12 MM (1/2") | Tier 3 | | | | |
| PENTIPS MIS 31GX5MM | INSULIN PEN NEEDLE 31 G X 5 MM (1/5" OR 3/16") | Tier 3 | | | | |
| PENTIPS MIS 31GX8MM | INSULIN PEN NEEDLE 31 G X 8 MM (1/3" OR 5/16") | Tier 3 | | | | |
| PENTIPS MIS 32GX4MM | INSULIN PEN NEEDLE 32 G X 4 MM (1/6" OR 5/32") | Tier 3 | | | | |
| PHEXXI GEL | Lactic Acid-Citric Acid-Potassium Bitartrate Gel 1.8-1-0.4% | Tier 1 | | X | | H |
| PRECISN XTRA TES KETONE | KETONE BLOOD TEST STRIP | Tier 3 | | | | |
| PRENATAL TAB | *PRENATAL VIT W/ FE FUMARATE-FA TAB 27-0.8 MG*** | Tier 2 | | | | |
| RA URINARY TES TRACT IN | *URINARY TRACT INFECTION (UTI) TEST STRIP*** | Tier 3 | | | | |
| RADIOGARDASE CAP 0.5GM | PRUSSIAN BLUE INSOLUBLE CAP 0.5 GM | Tier 5 | | | | |
| SM GLUCOSE CHW SOUR APP | GLUCOSE CHEW TAB 4 GM (ROUNDED) | Tier 3 | | | | |
| TISSEEL KIT 10ML | *FIBRIN SEALANT COMPONENT KIT 10 ML*** | Tier 5 | | | | |
| TISSEEL KIT 2ML | *FIBRIN SEALANT COMPONENT KIT 2 ML*** | Tier 5 | | | | |
| TISSEEL KIT 4ML | *FIBRIN SEALANT COMPONENT KIT 4 ML*** | Tier 5 | | | | |
| TISSEEL SOL 10ML | *FIBRIN SEALANT COMPONENT SOLUTION*** | Tier 5 | | | | |
| TISSEEL SOL 2ML | *FIBRIN SEALANT COMPONENT SOLUTION*** | Tier 5 | | | | |
| TISSEEL SOL 4ML | *FIBRIN SEALANT COMPONENT SOLUTION*** | Tier 5 | | | | |
| TRUEPLUS CHW GLUCOSE | GLUCOSE CHEW TAB 4 GM (ROUNDED) | Tier 3 | | | | |

KEY: **H**—Health Care Reform Preventive
H*—Health Care Reform Preventive
H-A—Health Care Reform Preventive with Age contingency
H-M—Health Care Reform Preventive (RX or Medical)

BH—Medication used to treat a behavioral health condition available at no cost to you
BH*—Medication may be available at no cost to you when prescribed to treat a behavioral health condition
\$0 Copay—Medication available at no cost to you



| Drug name | Generic name | Tier value | Prior auth | Quantity limit | Step therapy | Requirements & limits |
|---------------------------|--|------------|------------|----------------|--------------|-----------------------|
| ULTICARE MIS 30GX3/16 | INSULIN PEN NEEDLE 30 G X 5 MM (1/5" OR 3/16") | Tier 3 | | | | |
| UTI HOME TES TEST | *URINARY TRACT INFECTION (UTI) TEST*** | Tier 3 | | | | |
| WIDE-SEAL DPR KIT 60 | DIAPHRAGM WIDE SEAL 60 MM | Tier 1 | | | | H |
| WIDE-SEAL DPR KIT 65 | DIAPHRAGM WIDE SEAL 65 MM | Tier 1 | | | | H |
| WIDE-SEAL DPR KIT 70 | DIAPHRAGM WIDE SEAL 70 MM | Tier 1 | | | | H |
| WIDE-SEAL DPR KIT 75 | DIAPHRAGM WIDE SEAL 75 MM | Tier 1 | | | | H |
| WIDE-SEAL DPR KIT 80 | DIAPHRAGM WIDE SEAL 80 MM | Tier 1 | | | | H |
| WIDE-SEAL DPR KIT 85 | DIAPHRAGM WIDE SEAL 85 MM | Tier 1 | | | | H |
| WIDE-SEAL DPR KIT 90 | DIAPHRAGM WIDE SEAL 90 MM | Tier 1 | | | | H |
| WIDE-SEAL DPR KIT 95 | DIAPHRAGM WIDE SEAL 95 MM | Tier 1 | | | | H |
| LAGEVRIO CAP 200MG | MOLNUPIRAVIR CAP 200 MG | Tier 1 | | X | | |
| PAXLOVID TAB 150-100 | NIRMATRELVIR TAB 10 X 150 MG & RITONAVIR TAB 10 X 100 MG PAK | Tier 1 | | X | | |
| PAXLOVID TAB 300-100 | NIRMATRELVIR TAB 20 X 150 MG & RITONAVIR TAB 10 X 100 MG PAK | Tier 1 | | X | | |
| Ophthalmic Agents | | | | | | |
| AK-POLY-BAC OIN OP | BACITRACIN-POLYMYXIN B OPHTH OINT | Tier 2 | | | | |
| AKTEN GEL 3.5% | LIDOCAINE HCL OPHTH GEL 3.5% | Tier 5 | | | | |
| ALOCRI SOL 2% | NEDOCROMIL SODIUM OPHTH SOLN 2% | Tier 5 | | | | |
| ALOMIDE SOL 0.1% OP | LODOXAMIDE TROMETHAMINE OPHTH SOLN 0.1% | Tier 5 | | | | |
| ALREX SUS 0.2% | LOTEPREDNOL ETABONATE OPHTH SUSP 0.2% | Tier 5 | | X | | |
| ALTACAINE SOL 0.5% OP | TETRACAINE HCL OPHTH SOLN 0.5% | Tier 2 | | | | |
| ALTAFRIN SOL 10% OP | PHENYLEPHRINE HCL OPHTH SOLN 10% | Tier 2 | | | | |
| ALTAFRIN SOL 2.5% OP | PHENYLEPHRINE HCL OPHTH SOLN 2.5% | Tier 2 | | | | |
| APRACLONIDIN SOL 0.5% OP | APRACLONIDINE HCL OPHTH SOLN 0.5% (BASE EQUIVALENT) | Tier 2 | | | | |
| ATROPINE SUL SOL 1% | ATROPINE SULFATE OPHTH SOLN 1% | Tier 2 | | | | |
| ATROPINE SUL SOL 1% OP | ATROPINE SULFATE OPHTH SOLN 1% | Tier 2 | | | | |
| AZASITE SOL 1% | AZITHROMYCIN OPHTH SOLN 1% | Tier 5 | | | | |
| AZELASTINE DRO 0.05% | AZELASTINE HCL OPHTH SOLN 0.05% | Tier 2 | | | | |
| BACIT/POLYMY OIN OP | BACITRACIN-POLYMYXIN B OPHTH OINT | Tier 2 | | | | |
| BACITRACIN OIN OP | BACITRACIN OPHTH OINT 500 UNIT/GM | Tier 3 | | | | |
| BEPOTASTINE DRO 1.5% | BEPOTASTINE BESILATE OPHTH SOLN 1.5% | Tier 3 | | X | | |
| BEPOTASTINE DRO 1.5% OP | BEPOTASTINE BESILATE OPHTH SOLN 1.5% | Tier 3 | | X | | |
| BESIVANCE SUS 0.6% | BESIFLOXACIN HCL OPHTH SUSP 0.6% (BASE EQUIV) | Tier 5 | | | | |
| BETADINE SOL 5% OP | POVIDONE-IODINE OPHTH SOLN 5% | Tier 5 | | | | |
| BETAXOLOL SOL 0.5% OP | BETAXOLOL HCL OPHTH SOLN 0.5% | Tier 2 | | | | |
| BETIMOL SOL 0.25% | TIMOLOL OPHTH SOLN 0.25% | Tier 3 | | X | | |
| BETIMOL SOL 0.5% | TIMOLOL OPHTH SOLN 0.5% | Tier 3 | | X | | |
| BETOPTIC-S SUS 0.25% OP | BETAXOLOL HCL OPHTH SUSP 0.25% | Tier 5 | | | | |
| BLEPHAMIDE OIN S.O.P. | SULFACETAMIDE SODIUM-PREDNISOLONE OPHTH OINT 10-0.2% | Tier 3 | | | | |
| BLEPHAMIDE SUS OP | SULFACETAMIDE SODIUM-PREDNISOLONE OPHTH SUSP 10-0.2% | Tier 5 | | | | |
| BRIMO/TIMOLO SOL 0.2/0.5% | BRIMONIDINE TARTRATE-TIMOLOL MALEATE OPHTH SOLN 0.2-0.5% | Tier 3 | | X | | |
| BRIMONIDINE SOL 0.15% | BRIMONIDINE TARTRATE OPHTH SOLN 0.15% | Tier 3 | | X | | |

KEY: **H**—Health Care Reform Preventive
H*—Health Care Reform Preventive
H-A—Health Care Reform Preventive with Age contingency
H-M—Health Care Reform Preventive (RX or Medical)

BH—Medication used to treat a behavioral health condition available at no cost to you
BH*—Medication may be available at no cost to you when prescribed to treat a behavioral health condition
\$0 Copay—Medication available at no cost to you



| Drug name | Generic name | Tier value | Prior auth | Quantity limit | Step therapy | Requirements & limits |
|---------------------------|--|------------|------------|----------------|--------------|-----------------------|
| BRIMONIDINE SOL 0.2% OP | BRIMONIDINE TARTRATE OPHTH SOLN 0.2% | Tier 3 | | X | | |
| BRINZOLAMIDE SUS 1% | BRINZOLAMIDE OPHTH SUSP 1% | Tier 3 | | X | | |
| BROMFENAC SOL 0.09% OP | BROMFENAC SODIUM OPHTH SOLN 0.09% (BASE EQUIV) (ONCE-DAILY) | Tier 3 | | X | | |
| CARTEOLOL SOL 1% OP | CARTEOLOL HCL OPHTH SOLN 1% | Tier 2 | | | | |
| CILOXAN OIN 0.3% OP | CIPROFLOXACIN HCL OPHTH OINT 0.3% | Tier 5 | | | | |
| CIPROFLOXACN SOL 0.3% OP | CIPROFLOXACIN HCL OPHTH SOLN 0.3% (BASE EQUIVALENT) | Tier 2 | | | | |
| CROMOLYN SOD SOL 4% OP | CROMOLYN SODIUM OPHTH SOLN 4% | Tier 2 | | | | |
| CYCLOMYDRIL SOL OP | CYCLOPENTOLATE W/ PHENYLEPHRINE OPHTH SOLN 0.2-1% | Tier 5 | | | | |
| CYCLOPENTOL SOL 1% OP | CYCLOPENTOLATE HCL OPHTH SOLN 1% | Tier 2 | | | | |
| CYCLOPENTOL SOL 2% OP | CYCLOPENTOLATE HCL OPHTH SOLN 2% | Tier 2 | | | | |
| CYCLOPENTOLA SOL 0.5% | CYCLOPENTOLATE HCL OPHTH SOLN 0.5% | Tier 2 | | | | |
| CYCLOSPORINE EMU 0.05% OP | CYCLOSPORINE (OPHTH) EMULSION 0.05% | Tier 3 | X | X | | |
| CYSTARAN SOL 0.44% | CYSTEAMINE HCL OPHTH SOLN 0.44% (BASE EQUIVALENT) | Tier 6 | X | X | | |
| DEXAMETH PHO SOL 0.1% OP | DEXAMETHASONE SODIUM PHOSPHATE OPHTH SOLN 0.1% | Tier 2 | | | | |
| DEXTENZA MIS 0.4MG | DEXAMETHASONE (OPHTH) INSERT 0.4 MG | Tier 6 | | | | |
| DICLOFENAC SOL 0.1% OP | DICLOFENAC SODIUM OPHTH SOLN 0.1% | Tier 2 | | | | |
| DIFLUPREDNAT EMU 0.05% | DIFLUPREDNATE OPHTH EMULSION 0.05% | Tier 3 | | | | |
| DORZOL/TIMOL SOL 2-0.5%OP | DORZOLAMIDE HCL-TIMOLOL MALEATE OPHTH SOLN 22.3-6.8 MG/ ML | Tier 2 | | X | | |
| DORZOL/TIMOL SOL 2%-0.5% | DORZOLAMIDE HCL-TIMOLOL MALEATE OPHTH SOL 22.3-6.8 MG/ ML PF | Tier 3 | | X | | |
| DORZOL/TIMOL SOL 22.3-6.8 | DORZOLAMIDE HCL-TIMOLOL MALEATE OPHTH SOLN 22.3-6.8 MG/ ML | Tier 2 | | X | | |
| DORZOLAMIDE SOL 2% OP | DORZOLAMIDE HCL OPHTH SOLN 2% | Tier 2 | | | | |
| EPINASTINE DRO 0.05% | EPINASTINE HCL OPHTH SOLN 0.05% | Tier 2 | | X | X | |
| ERYTHROMYCIN OIN 5MG/GM | ERYTHROMYCIN OPHTH OINT 5 MG/ GM | Tier 2 | | | | H* |
| FLAREX SUS 0.1% OP | FLUOROMETHOLONE ACETATE OPHTH SUSP 0.1% | Tier 3 | | | | |
| FLUOROMETHOL SUS 0.1% OP | FLUOROMETHOLONE OPHTH SUSP 0.1% | Tier 2 | | | | |
| FLURBIPROFEN SOL 0.03% OP | FLURBIPROFEN SODIUM OPHTH SOLN 0.03% | Tier 2 | | | | |
| FML FORTE SUS 0.25% OP | FLUOROMETHOLONE OPHTH SUSP 0.25% | Tier 5 | | | | |
| GATIFLOXACIN SOL 0.5% | GATIFLOXACIN OPHTH SOLN 0.5% | Tier 3 | | | | |
| GENTAK OIN 0.3% OP | GENTAMICIN SULFATE OPHTH OINT 0.3% | Tier 2 | | | | |
| GENTAMICIN SOL 0.3% OP | GENTAMICIN SULFATE OPHTH SOLN 0.3% | Tier 2 | | | | |
| INVELTYS SUS 1% | LOTEPREDNOL ETABONATE OPHTH SUSP 1% | Tier 5 | | X | | |
| IOPIDINE SOL 1% OP | APRACLONIDINE HCL OPHTH SOLN 1% (BASE EQUIVALENT) | Tier 5 | | | | |
| ISOPTO ATROP SOL 1% OP | ATROPINE SULFATE OPHTH SOLN 1% | Tier 5 | | | | |

KEY: **H**—Health Care Reform Preventive
H*—Health Care Reform Preventive
H-A—Health Care Reform Preventive with Age contingency
H-M—Health Care Reform Preventive (RX or Medical)

BH—Medication used to treat a behavioral health condition available at no cost to you
BH*—Medication may be available at no cost to you when prescribed to treat a behavioral health condition
\$0 Copay—Medication available at no cost to you



| Drug name | Generic name | Tier value | Prior auth | Quantity limit | Step therapy | Requirements & limits |
|---------------------------|--|------------|------------|----------------|--------------|-----------------------|
| KETOROLAC SOL 0.4% | KETOROLAC TROMETHAMINE OPHTH SOLN 0.4% | Tier 2 | | | | |
| KETOROLAC SOL 0.5% | KETOROLAC TROMETHAMINE OPHTH SOLN 0.5% | Tier 2 | | | | |
| LASTACRAFT SOL 0.25% | ALCAFTADINE OPHTH SOLN 0.25% | Tier 5 | | X | | |
| LATANOPROST SOL 0.005% | LATANOPROST OPHTH SOLN 0.005% | Tier 2 | | | | |
| LEVOBUNOLOL SOL 0.5% OP | LEVOBUNOLOL HCL OPHTH SOLN 0.5% | Tier 2 | | | | |
| LEVOFLOXACIN SOL 0.5% | LEVOFLOXACIN OPHTH SOLN 0.5% | Tier 2 | | | | |
| LEVOFLOXACIN SOL 1.5% | LEVOFLOXACIN OPHTH SOLN 1.5% | Tier 2 | | | | |
| LOTEMAX OIN 0.5% | LOTEPREDNOL ETABONATE OPHTH OINT 0.5% | Tier 5 | | | | |
| LOTEMAX SM GEL 0.38% | LOTEPREDNOL ETABONATE OPHTH GEL 0.38% | Tier 5 | | X | | |
| LOTEPREDNOL SUS 0.5% | LOTEPREDNOL ETABONATE OPHTH SUSP 0.5% | Tier 3 | | X | | |
| LUMIGAN SOL 0.01% | BIMATOPROST OPHTH SOLN 0.01% | Tier 3 | | X | | |
| MAXIDEX SUS 0.1% OP | DEXAMETHASONE OPHTH SUSP 0.1% | Tier 3 | | | | |
| MITOSOL KIT 0.2MG | MITOMYCIN FOR OPHTH SOLN KIT 0.2 MG | Tier 5 | | | | |
| MOXIFLOXACIN SOL 0.5% | MOXIFLOXACIN HCL OPHTH SOLN 0.5% (BASE EQ) (2 TIMES DAILY) | Tier 2 | | | | |
| MOXIFLOXACIN SOL 0.5% | MOXIFLOXACIN HCL OPHTH SOLN 0.5% (BASE EQUIV) | Tier 2 | | | | |
| MOXIFLOXACIN SOL HCL 0.5% | MOXIFLOXACIN HCL OPHTH SOLN 0.5% (BASE EQUIV) | Tier 2 | | | | |
| NATACYN SUS 5% OP | NATAMYCIN OPHTH SUSP 5% | Tier 5 | | | | |
| NEO-POLYCIN OIN HC 1%OP | BACITRACIN-POLYMYXIN-NEOMYCIN-HC OPHTH OINT 1% | Tier 3 | | | | |
| NEO-POLYCIN OIN OP | NEOMYCIN-BACITRAC ZN-POLYMYX 5(3.5)MG-400UNT-10000UNT OP OIN | Tier 2 | | | | |
| NEO/BAC/POLY OIN OP | NEOMYCIN-BACITRAC ZN-POLYMYX 5(3.5)MG-400UNT-10000UNT OP OIN | Tier 2 | | | | |
| NEO/POLY/BAC OIN /HC 1%OP | BACITRACIN-POLYMYXIN-NEOMYCIN-HC OPHTH OINT 1% | Tier 3 | | | | |
| NEO/POLY/BAC OIN OP | NEOMYCIN-BACITRAC ZN-POLYMYX 5(3.5)MG-400UNT-10000UNT OP OIN | Tier 2 | | | | |
| NEO/POLY/DEX OIN 0.1% OP | NEOMYCIN-POLYMYXIN-DEXAMETHASONE OPHTH OINT 0.1% | Tier 2 | | | | |
| NEO/POLY/DEX SUS 0.1% OP | NEOMYCIN-POLYMYXIN-DEXAMETHASONE OPHTH SUSP 0.1% | Tier 2 | | | | |
| NEO/POLY/GRA SOL OP | NEOMYCIN-POLYMY-GRAMICID OP SOL 1.75-10000-0.025MG-UNT-MG/ML | Tier 2 | | | | |
| NEO/POLY/HC SUS OP | NEOMYCIN-POLYMYXIN-HC OPHTH SUSP | Tier 3 | | | | |
| NEVANAC SUS 0.1% | NEPAFENAC OPHTH SUSP 0.1% | Tier 5 | | | | |
| NEVANAC SUS 0.1% OP | NEPAFENAC OPHTH SUSP 0.1% | Tier 5 | | | | |
| OFLOXACIN DRO 0.3% OP | OFLOXACIN OPHTH SOLN 0.3% | Tier 2 | | | | |
| OLOPATADINE DRO 0.1% | OLOPATADINE HCL OPHTH SOLN 0.1% (BASE EQUIVALENT) | Tier 2 | | X | | |
| PHENYLEPHRIN SOL 10% OP | PHENYLEPHRINE HCL OPHTH SOLN 10% | Tier 2 | | | | |
| PHENYLEPHRIN SOL 2.5% OP | PHENYLEPHRINE HCL OPHTH SOLN 2.5% | Tier 2 | | | | |
| PHOSPHOLINE SOL 0.125%OP | ECHOTHIOPHATE IODIDE OPHTH FOR SOLN 0.125% | Tier 3 | | | | |
| PILOCARPINE SOL 1% OP | PILOCARPINE HCL OPHTH SOLN 1% | Tier 2 | | | | |
| PILOCARPINE SOL 2% OP | PILOCARPINE HCL OPHTH SOLN 2% | Tier 2 | | | | |
| PILOCARPINE SOL 4% OP | PILOCARPINE HCL OPHTH SOLN 4% | Tier 2 | | | | |
| POLYCIN OIN OP | BACITRACIN-POLYMYXIN B OPHTH OINT | Tier 2 | | | | |

KEY: **H**—Health Care Reform Preventive
H*—Health Care Reform Preventive
H-A—Health Care Reform Preventive with Age contingency
H-M—Health Care Reform Preventive (RX or Medical)

BH—Medication used to treat a behavioral health condition available at no cost to you
BH*—Medication may be available at no cost to you when prescribed to treat a behavioral health condition
\$0 Copay—Medication available at no cost to you



| Drug name | Generic name | Tier value | Prior auth | Quantity limit | Step therapy | Requirements & limits |
|---------------------------|---|------------|------------|----------------|--------------|-----------------------|
| POLYMYXIN B/ SOL TRIMETHP | POLYMYXIN B-TRIMETHOPRIM OPHTH SOLN 10000 UNIT/ML-0.1% | Tier 2 | | | | |
| PRED MILD SUS 0.12% OP | PREDNISOLONE ACETATE OPHTH SUSP 0.12% | Tier 5 | | | | |
| PRED SOD PHO SOL 1% OP | PREDNISOLONE SODIUM PHOSPHATE OPHTH SOLN 1% | Tier 2 | | | | |
| PRED-G SUS OP | GENTAMICIN-PREDNISOLONE ACE OPHTH SUSP 0.3-1% | Tier 5 | | | | |
| PREDNISOLONE SUS 1% OP | PREDNISOLONE ACETATE OPHTH SUSP 1% | Tier 2 | | | | |
| PROPARACAINE SOL 0.5% OP | PROPARACAINE HCL OPHTH SOLN 0.5% | Tier 2 | | | | |
| SIMBRINZA SUS 1-0.2% | BRINZOLAMIDE-BRIMONIDINE TARTRATE OPHTH SUSP 1-0.2% | Tier 5 | | X | | |
| SULF/PRED NA SOL OP | SULFACETAMIDE SODIUM-PREDNISOLONE OPHTH SOLN 10-0.23(0.25)% | Tier 2 | | | | |
| SULFACET SOD OIN 10% OP | SULFACETAMIDE SODIUM OPHTH OINT 10% | Tier 2 | | | | |
| SULFACET SOD SOL 10% OP | SULFACETAMIDE SODIUM OPHTH SOLN 10% | Tier 2 | | | | |
| TAFLUPROST SOL 0.0015% | TAFLUPROST PRESERVATIVE FREE (PF) OPHTH SOLN 0.0015% | Tier 3 | | X | X | |
| TETRACAINE SOL 0.5% OP | TETRACAINE HCL OPHTH SOLN 0.5% | Tier 2 | | | | |
| TIMOLOL GEL SOL 0.25% OP | TIMOLOL MALEATE OPHTH GEL FORMING SOLN 0.25% | Tier 3 | | | | |
| TIMOLOL GEL SOL 0.5% OP | TIMOLOL MALEATE OPHTH GEL FORMING SOLN 0.5% | Tier 3 | | | | |
| TIMOLOL MAL SOL 0.25% OP | TIMOLOL MALEATE OPHTH SOLN 0.25% | Tier 2 | | | | |
| TIMOLOL MAL SOL 0.25% OP | TIMOLOL MALEATE PRESERVATIVE FREE OPHTH SOLN 0.25% | Tier 3 | | | | |
| TIMOLOL MAL SOL 0.5% OP | TIMOLOL MALEATE OPHTH SOLN 0.5% | Tier 2 | | | | |
| TIMOLOL MAL SOL 0.5% OP | TIMOLOL MALEATE PRESERVATIVE FREE OPHTH SOLN 0.5% | Tier 3 | | | | |
| TIMOLOL MALE SOL 0.5% | TIMOLOL MALEATE OPHTH SOLN 0.5% (ONCE-DAILY) | Tier 2 | | | | |
| TOBRA/DEXAME SUS 0.3-0.1% | TOBRAMYCIN-DEXAMETHASONE OPHTH SUSP 0.3-0.1% | Tier 3 | | | | |
| TOBRADEX OIN 0.3-0.1% | TOBRAMYCIN-DEXAMETHASONE OPHTH OINT 0.3-0.1% | Tier 5 | | | | |
| TOBRAMYCIN SOL 0.3% OP | TOBRAMYCIN OPHTH SOLN 0.3% | Tier 2 | | | | |
| TOBEX OIN 0.3% OP | TOBRAMYCIN OPHTH OINT 0.3% | Tier 5 | | | | |
| TRAVOPROST DRO 0.004% | TRAVOPROST OPHTH SOLN 0.004% (BENZALKONIUM FREE) (BAK FREE) | Tier 3 | | X | | |
| TRIFLURIDINE SOL 1% OP | TRIFLURIDINE OPHTH SOLN 1% | Tier 3 | | | | |
| TRIMETHOPRIM SOL POLYMYXN | POLYMYXIN B-TRIMETHOPRIM OPHTH SOLN 10000 UNIT/ML-0.1% | Tier 2 | | | | |
| XELPROS EMU 0.005% | LATANOPROST OPHTH EMULSION 0.005% | Tier 5 | | X | | |
| ZIRGAN GEL 0.15% | GANCICLOVIR OPHTH GEL 0.15% | Tier 5 | | | | |
| ZYLET SUS 0.5-0.3% | LOTEPREDNOL ETABONATE-TOBRAMYCIN OPHTH SUSP 0.5-0.3% | Tier 5 | | | | |
| Otic Agents | | | | | | |
| ACETIC ACID SOL 2% OTIC | ACETIC ACID OTIC SOLN 2% | Tier 2 | | | | |
| CIPRO/DEXA SUS 0.3-0.1% | CIPROFLOXACIN-DEXAMETHASONE OTIC SUSP 0.3-0.1% | Tier 3 | | | X | |
| CIPRO/FLUOC DRO PF | CIPROFLOXACIN-FLUOCINOLONE ACETON (PF) OTIC SOLN 0.3-0.025% | Tier 5 | | | | |

KEY: **H**—Health Care Reform Preventive
H*—Health Care Reform Preventive
H-A—Health Care Reform Preventive with Age contingency
H-M—Health Care Reform Preventive (RX or Medical)

BH—Medication used to treat a behavioral health condition available at no cost to you
BH*—Medication may be available at no cost to you when prescribed to treat a behavioral health condition
\$0 Copay—Medication available at no cost to you



| Drug name | Generic name | Tier value | Prior auth | Quantity limit | Step therapy | Requirements & limits |
|---|--|------------|------------|----------------|--------------|-----------------------|
| CIPROFLOXACN SOL 0.2% | CIPROFLOXACIN HCL OTIC SOLN 0.2% (BASE EQUIVALENT) | Tier 3 | | | | |
| CORTISPORIN SUS -TC OTIC | NEOMYCIN-COLISTIN-HC-THONZONIUM OTIC SUSP 3.3-3-10-0.5 MG/ML | Tier 5 | | | | |
| FLAC OIL 0.01% | FLUOCINOLONE ACETONIDE (OTIC) OIL 0.01% | Tier 3 | | | | |
| FLUOCIN ACET OIL 0.01% | FLUOCINOLONE ACETONIDE (OTIC) OIL 0.01% | Tier 3 | | | | |
| HC/ACET ACID SOL OTIC | HYDROCORTISONE W/ ACETIC ACID OTIC SOLN 1-2% | Tier 3 | | | | |
| NEO/POLY/HC SOL 1% OTIC | NEOMYCIN-POLYMYXIN-HC OTIC SOLN 1% | Tier 2 | | | | |
| NEO/POLY/HC SUS 1% OTIC | NEOMYCIN-POLYMYXIN-HC OTIC SUSP 3.5 MG/ML-10000 UNIT/ML-1% | Tier 2 | | | | |
| OFLOXACIN DRO 0.3%OTIC | OFLOXACIN OTIC SOLN 0.3% | Tier 2 | | | | |
| OTOVEL DRO | CIPROFLOXACIN-FLUOCINOLONE ACETON (PF) OTIC SOLN 0.3-0.025% | Tier 5 | | | | |
| Respiratory Tract/Pulmonary Agents | | | | | | |
| ACETYLCYST SOL 10% | ACETYLCYSTEINE INHAL SOLN 10% | Tier 2 | | | | |
| ACETYLCYST SOL 20% | ACETYLCYSTEINE INHAL SOLN 20% | Tier 2 | | | | |
| ADEMPAS TAB 0.5MG | RIOCIGUAT TAB 0.5 MG | Tier 4 | X | X | | |
| ADEMPAS TAB 1.5MG | RIOCIGUAT TAB 1.5 MG | Tier 4 | X | X | | |
| ADEMPAS TAB 1MG | RIOCIGUAT TAB 1 MG | Tier 4 | X | X | | |
| ADEMPAS TAB 2.5MG | RIOCIGUAT TAB 2.5 MG | Tier 4 | X | X | | |
| ADEMPAS TAB 2MG | RIOCIGUAT TAB 2 MG | Tier 4 | X | X | | |
| ALBUTEROL AER HFA | ALBUTEROL SULFATE INHAL AERO 108 MCG/ACT (90MCG BASE EQUIV) | Tier 2 | | X | | \$0 Copay |
| ALBUTEROL NEB 0.083% | ALBUTEROL SULFATE SOLN NEBU 0.083% (2.5 MG/3ML) | Tier 2 | | | | \$0 Copay |
| ALBUTEROL NEB 0.5% | ALBUTEROL SULFATE SOLN NEBU 0.5% (5 MG/ML) | Tier 2 | | | | \$0 Copay |
| ALBUTEROL NEB 0.63MG/3 | ALBUTEROL SULFATE SOLN NEBU 0.63 MG/3ML (BASE EQUIV) | Tier 2 | | | | \$0 Copay |
| ALBUTEROL NEB 1.25MG/3 | ALBUTEROL SULFATE SOLN NEBU 1.25 MG/3ML (BASE EQUIV) | Tier 2 | | | | \$0 Copay |
| ALBUTEROL SYP 2MG/5ML | ALBUTEROL SULFATE SYRUP 2 MG/5ML | Tier 3 | | | | |
| ALBUTEROL TAB 2MG | ALBUTEROL SULFATE TAB 2 MG | Tier 3 | | | | |
| ALBUTEROL TAB 4MG | ALBUTEROL SULFATE TAB 4 MG | Tier 3 | | | | |
| ALBUTEROL TAB 4MG ER | ALBUTEROL SULFATE TAB ER 12HR 4 MG | Tier 2 | | | | |
| ALBUTEROL TAB 8MG ER | ALBUTEROL SULFATE TAB ER 12HR 8 MG | Tier 2 | | | | |
| ALVESCO AER 160MCG | CICLESONIDE INHAL AEROSOL 160 MCG/ACT | Tier 5 | | X | | |
| ALVESCO AER 80MCG | CICLESONIDE INHAL AEROSOL 80 MCG/ACT | Tier 5 | | X | | |
| ALYQ TAB 20MG | TADALAFIL TAB 20 MG (PAH) | Tier 4 | X | X | | |
| AMBRISANTAN TAB 10MG | AMBRISANTAN TAB 10 MG | Tier 4 | X | X | | |
| AMBRISANTAN TAB 5MG | AMBRISANTAN TAB 5 MG | Tier 4 | X | X | | |
| ARFORMOTEROL NEB 15/2ML | ARFORMOTEROL TARTRATE SOLN NEBU 15 MCG/2ML (BASE EQUIV) | Tier 3 | | X | | |
| ARNUITY ELPT INH 100MCG | FLUTICASONE FUROATE AEROSOL POWDER BREATH ACTIV 100 MCG/ACT | Tier 3 | | X | | |
| ARNUITY ELPT INH 200MCG | FLUTICASONE FUROATE AEROSOL POWDER BREATH ACTIV 200 MCG/ACT | Tier 3 | | X | | |
| ARNUITY ELPT INH 50MCG | FLUTICASONE FUROATE AEROSOL POWDER BREATH ACTIV 50 MCG/ACT | Tier 3 | | X | | |

KEY: **H**—Health Care Reform Preventive
H*—Health Care Reform Preventive
H-A—Health Care Reform Preventive with Age contingency
H-M—Health Care Reform Preventive (RX or Medical)

BH—Medication used to treat a behavioral health condition available at no cost to you
BH*—Medication may be available at no cost to you when prescribed to treat a behavioral health condition
\$0 Copay—Medication available at no cost to you



| Drug name | Generic name | Tier value | Prior auth | Quantity limit | Step therapy | Requirements & limits |
|---------------------------|--|------------|------------|----------------|--------------|-----------------------|
| ASMANEX 120 AER 220MCG | MOMETASONE FUROATE INHAL POWD 220 MCG/ACT (BREATH ACTIVATED) | Tier 3 | | X | | |
| ASMANEX 14 AER 220MCG | MOMETASONE FUROATE INHAL POWD 220 MCG/ACT (BREATH ACTIVATED) | Tier 3 | | X | | |
| ASMANEX 30 AER 110MCG | MOMETASONE FUROATE INHAL POWD 110 MCG/ACT (BREATH ACTIVATED) | Tier 3 | | X | | |
| ASMANEX 30 AER 220MCG | MOMETASONE FUROATE INHAL POWD 220 MCG/ACT (BREATH ACTIVATED) | Tier 3 | | X | | |
| ASMANEX 60 AER 220MCG | MOMETASONE FUROATE INHAL POWD 220 MCG/ACT (BREATH ACTIVATED) | Tier 3 | | X | | |
| ASMANEX 7 AER 110MCG | MOMETASONE FUROATE INHAL POWD 110 MCG/ACT (BREATH ACTIVATED) | Tier 3 | | X | | |
| ASMANEX HFA AER 100 MCG | MOMETASONE FUROATE INHAL AEROSOL SUSPENSION 100 MCG/ACT | Tier 3 | | X | | |
| ASMANEX HFA AER 200 MCG | MOMETASONE FUROATE INHAL AEROSOL SUSPENSION 200 MCG/ACT | Tier 3 | | X | | |
| ASMANEX HFA AER 50MCG | MOMETASONE FUROATE INHAL AEROSOL SUSPENSION 50 MCG/ACT | Tier 3 | | X | | |
| ATROVENT HFA AER 17MCG | IPRATROPIUM BROMIDE HFA INHAL AEROSOL 17 MCG/ACT | Tier 5 | | X | | |
| AZEL/FLUTIC SPR 137-50 | AZELASTINE HCL-FLUTICASONE PROP NASAL SPRAY 137-50 MCG/ACT | Tier 3 | | X | | |
| AZELASTINE SPR 0.1% | AZELASTINE HCL NASAL SPRAY 0.1% (137 MCG/SPRAY) | Tier 2 | | X | | |
| BENZONATATE CAP 100MG | BENZONATATE CAP 100 MG | Tier 2 | | | | |
| BENZONATATE CAP 200MG | BENZONATATE CAP 200 MG | Tier 2 | | | | |
| BEVESPI AER 9-4.8MCG | GLYCOPYRROLATE-FORMOTEROL FUMARATE AEROSOL 9-4.8 MCG/ACT | Tier 3 | | X | | |
| BOSENTAN TAB 125MG | BOSENTAN TAB 125 MG | Tier 4 | X | X | | |
| BOSENTAN TAB 62.5MG | BOSENTAN TAB 62.5 MG | Tier 4 | X | X | | |
| BPM-PSE-DM SYP 2-30-10 | PSEUDOEPHED-BROMPHEN-DM SYRUP 30-2-10 MG/5ML | Tier 2 | | | | |
| BREO ELLIPTA INH 100-25 | FLUTICASONE FUROATE-VILANTEROL AERO POWD BA 100-25 MCG/ACT | Tier 5 | | X | | |
| BREO ELLIPTA INH 200-25 | FLUTICASONE FUROATE-VILANTEROL AERO POWD BA 200-25 MCG/ACT | Tier 5 | | X | | |
| BROM/PSE/DM SYP | PSEUDOEPHED-BROMPHEN-DM SYRUP 30-2-10 MG/5ML | Tier 2 | | | | |
| BROM/PSE/DM SYP 2-30-10 | PSEUDOEPHED-BROMPHEN-DM SYRUP 30-2-10 MG/5ML | Tier 2 | | | | |
| BROM/PSE/DM SYP 2/30/10 | PSEUDOEPHED-BROMPHEN-DM SYRUP 30-2-10 MG/5ML | Tier 2 | | | | |
| BUDES/FORMOT AER 160-4.5 | BUDESONIDE-FORMOTEROL FUMARATE DIHYD AEROSOL 160-4.5 MCG/ACT | Tier 5 | | X | | |
| BUDES/FORMOT AER 80-4.5 | BUDESONIDE-FORMOTEROL FUMARATE DIHYD AEROSOL 80-4.5 MCG/ACT | Tier 5 | | X | | |
| BUDESONIDE SUS 0.25MG/2 | BUDESONIDE INHALATION SUSP 0.25 MG/2ML | Tier 3 | | X | | |
| BUDESONIDE SUS 0.5MG/2 | BUDESONIDE INHALATION SUSP 0.5 MG/2ML | Tier 3 | | X | | |
| BUDESONIDE SUS 1MG/2ML | BUDESONIDE INHALATION SUSP 1 MG/2ML | Tier 3 | | X | | |
| CARBINOXAMIN SOL 4MG/5ML | CARBINOXAMINE MALEATE SOLN 4 MG/5ML | Tier 2 | | | | |
| CARBINOXAMIN TAB 4MG | CARBINOXAMINE MALEATE TAB 4 MG | Tier 2 | | | | |
| CLEMASTINE TAB 2.68MG | CLEMASTINE FUMARATE TAB 2.68 MG | Tier 2 | | | | |
| CROMOLYN SOD NEB 20MG/2ML | CROMOLYN SODIUM SOLN NEBU 20 MG/2ML | Tier 3 | | | | |
| CYPROHEPTAD SYP 2MG/5ML | CYPROHEPTADINE HCL SYRUP 2 MG/5ML | Tier 2 | | | | |
| CYPROHEPTAD TAB 4MG | CYPROHEPTADINE HCL TAB 4 MG | Tier 2 | | | | |

KEY: **H**—Health Care Reform Preventive
H*—Health Care Reform Preventive
H-A—Health Care Reform Preventive with Age contingency
H-M—Health Care Reform Preventive (RX or Medical)

BH—Medication used to treat a behavioral health condition available at no cost to you
BH*—Medication may be available at no cost to you when prescribed to treat a behavioral health condition
\$0 Copay—Medication available at no cost to you



| Drug name | Generic name | Tier value | Prior auth | Quantity limit | Step therapy | Requirements & limits |
|----------------------------|---|------------|------------|----------------|--------------|-----------------------|
| DES Loratadin Tab 5mg | DES Loratadine Tab 5 mg | Tier 2 | | | | |
| DEX Chlorphen Sol 2mg/5ml | DEX Chlorpheniramine Maleate Oral Soln 2 mg/5ml | Tier 3 | | | | |
| DIPhen ELX 12.5/5ml | DIPhenhydramine HCL ELIXIR 12.5 MG/5ML | Tier 2 | | | | BH* |
| DIPhenhydram ELX 12.5/5ml | DIPhenhydramine HCL ELIXIR 12.5 MG/5ML | Tier 2 | | | | BH* |
| ELIXOPHYLLIN ELX 80/15ml | THEOPHYLLINE ELIXIR 80 MG/15ML | Tier 3 | | | | |
| EPINEPHRINE INJ 0.15MG | EPINEPHRINE SOLUTION AUTO-INJECTOR 0.15 MG/0.15ML (1:1000) | Tier 2 | | X | | \$0 Copay |
| EPINEPHRINE INJ 0.15MG | EPINEPHRINE SOLUTION AUTO-INJECTOR 0.15 MG/0.3ML (1:2000) | Tier 2 | | X | | \$0 Copay |
| EPINEPHRINE INJ 0.3MG | EPINEPHRINE SOLUTION AUTO-INJECTOR 0.3 MG/0.3ML (1:1000) | Tier 2 | | X | | \$0 Copay |
| FLUNISOLIDE SPR 0.025% | FLUNISOLIDE NASAL SOLN 25 MCG/ACT (0.025%) | Tier 2 | | | | |
| FLUTIC/SALME AER 100/50 | FLUTICASONE-SALMETEROL AER POWDER BA 100-50 MCG/ACT | Tier 3 | | X | | |
| FLUTIC/SALME AER 250/50 | FLUTICASONE-SALMETEROL AER POWDER BA 250-50 MCG/ACT | Tier 3 | | X | | |
| FLUTIC/SALME AER 500/50 | FLUTICASONE-SALMETEROL AER POWDER BA 500-50 MCG/ACT | Tier 3 | | X | | |
| FLUTIC/SALME INH 113/14 | FLUTICASONE-SALMETEROL AER POWDER BA 113-14 MCG/ACT | Tier 3 | | X | | |
| FLUTIC/SALME INH 232/14 | FLUTICASONE-SALMETEROL AER POWDER BA 232-14 MCG/ACT | Tier 3 | | X | | |
| FLUTIC/SALME INH 55/14 | FLUTICASONE-SALMETEROL AER POWDER BA 55-14 MCG/ACT | Tier 3 | | X | | |
| FLUTIC/VILAN INH 100-25 | FLUTICASONE FUROATE-VILANTEROL AERO POWD BA 100-25 MCG/ACT | Tier 5 | | X | | |
| FLUTIC/VILAN INH 200-25 | FLUTICASONE FUROATE-VILANTEROL AERO POWD BA 200-25 MCG/ACT | Tier 5 | | X | | |
| FLUTICASONE SPR 50MCG | FLUTICASONE PROPIONATE NASAL SUSP 50 MCG/ACT | Tier 2 | | X | | |
| FORMOTEROL NEB 20/2ml | FORMOTEROL FUMARATE SOLN NEBU 20 MCG/2ML | Tier 3 | | X | | |
| GILPHEX TR TAB 10-388MG | PHENYLEPHRINE-GUAIFENESIN TAB 10-388 MG | Tier 5 | | | | |
| GUAIA TUSS AC SYP 100-10/5 | GUAIFENESIN-CODEINE SOLN 100-10 MG/5ML | Tier 2 | X | X | | |
| HYD POL/CPM SUS 10-8/5ml | HYDROCOD POLST-CHLORPHEN POLST ER SUSP 10-8 MG/5ML | Tier 3 | X | X | | |
| HYDROC/HOMAT TAB 5-1.5MG | HYDROCODONE BITART-HOMATROPINE METHYLBROMIDE TAB 5-1.5 MG | Tier 2 | X | X | | |
| HYDROCOD/HOM SYP 5-1.5/5 | HYDROCODONE BITART-HOMATROPINE METHYLBROM SOLN 5-1.5 MG/5ML | Tier 2 | X | X | | |
| HYDROMET SYP 5-1.5/5 | HYDROCODONE BITART-HOMATROPINE METHYLBROM SOLN 5-1.5 MG/5ML | Tier 2 | X | X | | |
| HYPERSAL NEB 3.5% | SODIUM CHLORIDE SOLN NEBU 3.5% | Tier 3 | | | | |
| HYPERSAL NEB 7% | SODIUM CHLORIDE SOLN NEBU 7% | Tier 3 | | | | |
| INCRUSE ELPT INH 62.5MCG | UMECLIDINIUM BR AERO POWD BREATH ACT 62.5 MCG/ACT (BASE EQ) | Tier 3 | | X | | |
| IPRATROPIUM SOL 0.02%INH | IPRATROPIUM BROMIDE INHAL SOLN 0.02% | Tier 2 | | | | |
| IPRATROPIUM SPR 0.03% | IPRATROPIUM BROMIDE NASAL SOLN 0.03% (21 MCG/SPRAY) | Tier 2 | | | | |
| IPRATROPIUM SPR 0.06% | IPRATROPIUM BROMIDE NASAL SOLN 0.06% (42 MCG/SPRAY) | Tier 2 | | | | |
| IPRATROPIUM/ SOL ALBUTER | IPRATROPIUM-ALBUTEROL NEBU SOLN 0.5-2.5(3) MG/3ML | Tier 2 | | | | |

KEY: **H**—Health Care Reform Preventive
H*—Health Care Reform Preventive
H-A—Health Care Reform Preventive with Age contingency
H-M—Health Care Reform Preventive (RX or Medical)

BH—Medication used to treat a behavioral health condition available at no cost to you
BH*—Medication may be available at no cost to you when prescribed to treat a behavioral health condition
\$0 Copay—Medication available at no cost to you



| Drug name | Generic name | Tier value | Prior auth | Quantity limit | Step therapy | Requirements & limits |
|---------------------------|---|------------|------------|----------------|--------------|-----------------------|
| LEVALBUTEROL NEB 0.31MG | LEVALBUTEROL HCL SOLN NEBU 0.31 MG/3ML (BASE EQUIV) | Tier 3 | | X | | |
| LEVALBUTEROL NEB 0.63MG | LEVALBUTEROL HCL SOLN NEBU 0.63 MG/3ML (BASE EQUIV) | Tier 3 | | X | | |
| LEVALBUTEROL NEB 1.25/0.5 | LEVALBUTEROL HCL SOLN NEBU CONC 1.25 MG/0.5ML (BASE EQUIV) | Tier 3 | | X | | |
| LEVALBUTEROL NEB 1.25MG | LEVALBUTEROL HCL SOLN NEBU 1.25 MG/3ML (BASE EQUIV) | Tier 3 | | X | | |
| LEVOCETIRIZI SOL 2.5/5ML | LEVOCETIRIZINE DIHYDROCHLORIDE SOLN 2.5 MG/5ML (0.5 MG/ML) | Tier 3 | | | | |
| LEVOCETIRIZI TAB 5MG | LEVOCETIRIZINE DIHYDROCHLORIDE TAB 5 MG | Tier 2 | | X | | |
| MOMETASONE SPR 50MCG | MOMETASONE FUROATE NASAL SUSP 50 MCG/ACT | Tier 3 | | X | | |
| MONTELUKAST CHW 4MG | MONTELUKAST SODIUM CHEW TAB 4 MG (BASE EQUIV) | Tier 2 | | X | | |
| MONTELUKAST CHW 5MG | MONTELUKAST SODIUM CHEW TAB 5 MG (BASE EQUIV) | Tier 2 | | X | | |
| MONTELUKAST GRA 4MG | MONTELUKAST SODIUM ORAL GRANULES PACKET 4 MG (BASE EQUIV) | Tier 2 | | X | | |
| MONTELUKAST TAB 10MG | MONTELUKAST SODIUM TAB 10 MG (BASE EQUIV) | Tier 2 | | X | | |
| OLOPATADINE SPR 0.6% | OLOPATADINE HCL NASAL SOLN 0.6% | Tier 3 | | X | | |
| OPSUMIT TAB 10MG | MACITENTAN TAB 10 MG | Tier 4 | X | X | | |
| ORENITRAM TAB 0.125MG | TREPROSTINIL DIOLAMINE TAB ER 0.125 MG (BASE EQUIV) | Tier 6 | X | X | | |
| ORENITRAM TAB 0.25MG | TREPROSTINIL DIOLAMINE TAB ER 0.25 MG (BASE EQUIV) | Tier 6 | X | X | | |
| ORENITRAM TAB 1MG | TREPROSTINIL DIOLAMINE TAB ER 1 MG (BASE EQUIV) | Tier 6 | X | X | | |
| ORENITRAM TAB 2.5MG | TREPROSTINIL DIOLAMINE TAB ER 2.5 MG (BASE EQUIV) | Tier 6 | X | X | | |
| ORENITRAM TAB 5MG | TREPROSTINIL DIOLAMINE TAB ER 5 MG (BASE EQUIV) | Tier 6 | X | X | | |
| ORENITRAM TAB MONTH 1 | TREPROSTINIL TAB ER TITR PK (MO1) 126 X0.125MG & 42 X0.25MG | Tier 6 | X | X | | |
| ORENITRAM TAB MONTH 2 | TREPROSTINIL TAB ER TITR PK (MO2) 126 X0.125MG & 210 X0.25MG | Tier 6 | X | X | | |
| ORENITRAM TAB MONTH 3 | TREPROSTINIL TAB ER TITR PK(MO3)1 26X0.125MG&42X0.25MG&84X1MG | Tier 6 | X | X | | |
| ORKAMBI GRA 100-125 | LUMACAFITOR-IVACAFITOR GRANULES PACKET 100-125 MG | Tier 6 | X | X | | |
| ORKAMBI GRA 150-188 | LUMACAFITOR-IVACAFITOR GRANULES PACKET 150-188 MG | Tier 6 | X | X | | |
| ORKAMBI GRA 75-94MG | LUMACAFITOR-IVACAFITOR GRANULES PACKET 75-94 MG | Tier 6 | X | X | | |
| ORKAMBI TAB 100-125 | LUMACAFITOR-IVACAFITOR TAB 100-125 MG | Tier 6 | X | X | | |
| ORKAMBI TAB 200-125 | LUMACAFITOR-IVACAFITOR TAB 200-125 MG | Tier 6 | X | X | | |
| PIRFENIDONE CAP 267MG | PIRFENIDONE CAP 267 MG | Tier 4 | X | X | | |
| PIRFENIDONE TAB 267MG | PIRFENIDONE TAB 267 MG | Tier 4 | X | X | | |
| PIRFENIDONE TAB 534MG | PIRFENIDONE TAB 534 MG | Tier 4 | X | X | | |
| PIRFENIDONE TAB 801MG | PIRFENIDONE TAB 801 MG | Tier 4 | X | X | | |
| PROMETH VC SYP 6.25-5/5 | PROMETHAZINE & PHENYLEPHRINE SYRUP 6.25-5 MG/5ML | Tier 2 | | | | |
| PROMETH VC/ SYP CODEINE | PROMETHAZINE-PHENYLEPHRINE-CODEINE SYRUP 6.25-5-10 MG/5ML | Tier 2 | X | X | | |
| PROMETH/COD SOL 6.25-10 | PROMETHAZINE W/ CODEINE SYRUP 6.25-10 MG/5ML | Tier 2 | X | X | | |
| PROMETH/PE SYP 6.25-5/5 | PROMETHAZINE & PHENYLEPHRINE SYRUP 6.25-5 MG/5ML | Tier 2 | | | | |

KEY: **H**—Health Care Reform Preventive
H*—Health Care Reform Preventive
H-A—Health Care Reform Preventive with Age contingency
H-M—Health Care Reform Preventive (RX or Medical)

BH—Medication used to treat a behavioral health condition available at no cost to you
BH*—Medication may be available at no cost to you when prescribed to treat a behavioral health condition
\$0 Copay—Medication available at no cost to you



| Drug name | Generic name | Tier value | Prior auth | Quantity limit | Step therapy | Requirements & limits |
|---------------------------|--|------------|------------|----------------|--------------|-----------------------|
| PROMETH/PE/ SYP CODEINE | PROMETHAZINE-PHENYLEPHRINE-CODEINE SYRUP 6.25-5-10 MG/5ML | Tier 2 | X | X | | |
| PROMETHAZINE SOL 6.25/5ML | PROMETHAZINE HCL SYRUP 6.25 MG/5ML | Tier 2 | | | | |
| PROMETHAZINE SOL DM | PROMETHAZINE-DM SYRUP 6.25-15 MG/5ML | Tier 2 | | | | |
| PROMETHAZINE SUP 12.5MG | PROMETHAZINE HCL SUPPOS 12.5 MG | Tier 3 | | X | | |
| PROMETHAZINE SUP 25MG | PROMETHAZINE HCL SUPPOS 25 MG | Tier 3 | | X | | |
| PROMETHAZINE SYP 6.25/5ML | PROMETHAZINE HCL SYRUP 6.25 MG/5ML | Tier 2 | | | | |
| PROMETHAZINE SYP DM | PROMETHAZINE-DM SYRUP 6.25-15 MG/5ML | Tier 2 | | | | |
| PROMETHAZINE TAB 12.5MG | PROMETHAZINE HCL TAB 12.5 MG | Tier 2 | | | | |
| PROMETHAZINE TAB 25MG | PROMETHAZINE HCL TAB 25 MG | Tier 2 | | | | |
| PROMETHAZINE TAB 50MG | PROMETHAZINE HCL TAB 50 MG | Tier 2 | | | | |
| PROMETHEGAN SUP 12.5MG | PROMETHAZINE HCL SUPPOS 12.5 MG | Tier 3 | | X | | |
| PROMETHEGAN SUP 25MG | PROMETHAZINE HCL SUPPOS 25 MG | Tier 3 | | X | | |
| PROMETHEGAN SUP 50MG | PROMETHAZINE HCL SUPPOS 50 MG | Tier 3 | | X | | |
| PULMICORT INH 180MCG | BUDESONIDE INHAL AERO POWD 180 MCG/ACT (BREATH ACTIVATED) | Tier 3 | | X | | |
| PULMICORT INH 90MCG | BUDESONIDE INHAL AERO POWD 90 MCG/ACT (BREATH ACTIVATED) | Tier 3 | | X | | |
| PULMOZYME SOL 1MG/ML | DORNASE ALFA INHAL SOLN 2.5 MG/2.5ML | Tier 6 | X | X | | |
| QVAR REDIIHA AER 80MCG | BECLOMETHASONE DIPROP HFA BREATH ACT INH AER 80 MCG/ACT | Tier 3 | | X | | |
| QVAR REDIIHAL AER 40MCG | BECLOMETHASONE DIPROP HFA BREATH ACT INH AER 40 MCG/ACT | Tier 3 | | X | | |
| ROFLUMILAST TAB 250MCG | ROFLUMILAST TAB 250 MCG | Tier 3 | X | X | | |
| ROFLUMILAST TAB 500MCG | ROFLUMILAST TAB 500 MCG | Tier 3 | X | X | | |
| SEREVENT DIS AER 50MCG | SALMETEROL XINAFOATE AER POW BA 50 MCG/ACT (BASE EQUIV) | Tier 5 | | X | | |
| SILDENAFIL SUS 10MG/ML | SILDENAFIL CITRATE FOR SUSPENSION 10 MG/ML | Tier 3 | X | X | | |
| SILDENAFIL TAB 20MG | SILDENAFIL CITRATE TAB 20 MG | Tier 3 | X | X | | |
| SOD CHLORIDE NEB 0.9% | SODIUM CHLORIDE SOLN NEBU 0.9% | Tier 2 | | | | |
| SODIUM CHLOR NEB 10% | SODIUM CHLORIDE SOLN NEBU 10% | Tier 2 | | | | |
| SODIUM CHLOR NEB 3% | SODIUM CHLORIDE SOLN NEBU 3% | Tier 2 | | | | |
| SODIUM CHLOR NEB 7% | SODIUM CHLORIDE SOLN NEBU 7% | Tier 2 | | | | |
| SPIRIVA AER 1.25MCG | TIOTROPIUM BROMIDE MONOHYDRATE INHAL AEROSOL 1.25 MCG/ACT | Tier 3 | | X | | |
| SPIRIVA CAP HANDIHLR | TIOTROPIUM BROMIDE MONOHYDRATE INHAL CAP 18 MCG (BASE EQUIV) | Tier 3 | | X | | |
| SPIRIVA SPR 2.5MCG | TIOTROPIUM BROMIDE MONOHYDRATE INHAL AEROSOL 2.5 MCG/ACT | Tier 3 | | X | | |
| STRIVERDI AER 2.5MCG | OLODATEROL HCL INHAL AEROSOL SOLN 2.5 MCG/ACT (BASE EQUIV) | Tier 3 | | X | | |
| SYMJEPI INJ 0.15MG | EPINEPHRINE SOLN PREFILLED SYRINGE 0.15 MG/0.3ML (1:2000) | Tier 2 | | X | | \$0 Copay |
| SYMJEPI INJ 0.3MG | EPINEPHRINE SOLUTION PREFILLED SYRINGE 0.3 MG/0.3ML (1:1000) | Tier 2 | | X | | \$0 Copay |
| TADALAFIL TAB 20MG | TADALAFIL TAB 20 MG (PAH) | Tier 4 | X | X | | |
| TERBUTALINE TAB 2.5MG | TERBUTALINE SULFATE TAB 2.5 MG | Tier 3 | | | | |
| TERBUTALINE TAB 5MG | TERBUTALINE SULFATE TAB 5 MG | Tier 3 | | | | |
| THEO-24 CAP 100MG CR | THEOPHYLLINE CAP ER 24HR 100 MG | Tier 5 | | | | |
| THEO-24 CAP 200MG CR | THEOPHYLLINE CAP ER 24HR 200 MG | Tier 5 | | | | |
| THEO-24 CAP 300MG CR | THEOPHYLLINE CAP ER 24HR 300 MG | Tier 5 | | | | |
| THEO-24 CAP 400MG ER | THEOPHYLLINE CAP ER 24HR 400 MG | Tier 5 | | | | |

KEY: **H**—Health Care Reform Preventive
H*—Health Care Reform Preventive
H-A—Health Care Reform Preventive with Age contingency
H-M—Health Care Reform Preventive (RX or Medical)

BH—Medication used to treat a behavioral health condition available at no cost to you
BH*—Medication may be available at no cost to you when prescribed to treat a behavioral health condition
\$0 Copay—Medication available at no cost to you



| Drug name | Generic name | Tier value | Prior auth | Quantity limit | Step therapy | Requirements & limits |
|---------------------------|--|------------|------------|----------------|--------------|-----------------------|
| THEOPHYLLINE SOL 80/15ML | THEOPHYLLINE SOLN 80 MG/15ML | Tier 3 | | | | |
| THEOPHYLLINE TAB 300MG ER | THEOPHYLLINE TAB ER 12HR 300 MG | Tier 2 | | | | |
| THEOPHYLLINE TAB 400MG ER | THEOPHYLLINE TAB ER 24HR 400 MG | Tier 2 | | | | |
| THEOPHYLLINE TAB 450MG ER | THEOPHYLLINE TAB ER 12HR 450 MG | Tier 2 | | | | |
| THEOPHYLLINE TAB 600MG ER | THEOPHYLLINE TAB ER 24HR 600 MG | Tier 2 | | | | |
| TOBRAMYCIN NEB 300/5ML | TOBRAMYCIN NEBU SOLN 300 MG/5ML | Tier 6 | X | X | | |
| TRELEGY AER 100MCG | FLUTICASONE-UMECLIDINIUM-VILANTEROL AEPB 100-62.5-25 MCG/ACT | Tier 5 | | X | | |
| TRELEGY AER 200MCG | FLUTICASONE-UMECLIDINIUM-VILANTEROL AEPB 200-62.5-25 MCG/ACT | Tier 5 | | X | | |
| TUSSICAPS CAP 10-8MG | HYDROCOD POLST-CHLORPHEN POLST CAP ER 12HR 10-8 MG | Tier 5 | X | X | | |
| TUXARIN ER TAB 54.3-8MG | CODEINE PHOS-CHLORPHENIRAMINE MALEATE TAB ER 12HR 54.3-8 MG | Tier 5 | X | X | | |
| TUZISTRA XR SUS | CODEINE POLIST-CHLORPHEN POLIST ER SUSP 14.7-2.8 MG/5ML | Tier 5 | X | X | | |
| TYVASO SOL 0.6MG/ML | TREPROSTINIL INHALATION SOLUTION 0.6 MG/ML | Tier 4 | X | X | | |
| TYVASO DPI POW 16-32-48 | TREPROSTINIL INH POWD 112 X 16MCG & 112 X 32MCG & 28 X 48MCG | Tier 4 | X | X | | |
| TYVASO DPI POW 16-32MCG | TREPROSTINIL INH POWDER 112 X 16MCG & 84 X 32MCG | Tier 4 | X | X | | |
| TYVASO DPI POW 16MCG | TREPROSTINIL INH POWDER 16 MCG/ CARTRIDGE | Tier 4 | X | X | | |
| TYVASO DPI POW 32-48MCG | TREPROSTINIL INH POWDER 112 X 32MCG & 112 X 48MCG | Tier 4 | X | X | | |
| TYVASO DPI POW 32MCG | TREPROSTINIL INH POWDER 32 MCG/ CARTRIDGE | Tier 4 | X | X | | |
| TYVASO DPI POW 48MCG | TREPROSTINIL INH POWDER 48 MCG/ CARTRIDGE | Tier 4 | X | X | | |
| TYVASO DPI POW 64MCG | TREPROSTINIL INH POWDER 64 MCG/ CARTRIDGE | Tier 4 | X | X | | |
| TYVASO REFIL SOL 0.6MG/ML | TREPROSTINIL INHALATION SOLUTION 0.6 MG/ML | Tier 4 | X | X | | |
| TYVASO START SOL 0.6MG/ML | TREPROSTINIL INHALATION SOLUTION 0.6 MG/ML | Tier 4 | X | X | | |
| VENTAVIS SOL 10MCG/ML | ILOPROST INHALATION SOLUTION 10 MCG/ML | Tier 6 | X | X | | |
| VENTAVIS SOL 20MCG/ML | ILOPROST INHALATION SOLUTION 20 MCG/ML | Tier 6 | X | X | | |
| VENTOLIN HFA AER | ALBUTEROL SULFATE INHAL AERO 108 MCG/ACT (90MCG BASE EQUIV) | Tier 2 | | X | | \$0 Copay |
| WIXELA INHUB AER 100/50 | FLUTICASONE-SALMETEROL AER POWDER BA 100-50 MCG/ACT | Tier 3 | | X | | |
| WIXELA INHUB AER 250/50 | FLUTICASONE-SALMETEROL AER POWDER BA 250-50 MCG/ACT | Tier 3 | | X | | |
| WIXELA INHUB AER 500/50 | FLUTICASONE-SALMETEROL AER POWDER BA 500-50 MCG/ACT | Tier 3 | | X | | |
| XOLAIR INJ 150MG/ML | OMALIZUMAB SUBCUTANEOUS SOLN PREFILLED SYRINGE 150 MG/ML | Tier 4 | X | X | | |
| XOLAIR INJ 75/0.5 | OMALIZUMAB SUBCUTANEOUS SOLN PREFILLED SYRINGE 75 MG/0.5ML | Tier 4 | X | X | | |
| YUPELRI SOL | REVEFENACIN INHALATION SOLUTION 175 MCG/3ML | Tier 5 | X | X | | |
| ZAFIRLUKAST TAB 10MG | ZAFIRLUKAST TAB 10 MG | Tier 3 | | X | | |
| ZAFIRLUKAST TAB 20MG | ZAFIRLUKAST TAB 20 MG | Tier 3 | | X | | |
| ZILEUTON ER TAB 600MG | ZILEUTON TAB ER 12HR 600 MG | Tier 3 | | | X | |

Respiratory Tract/Pulmonary Agents - Drugs to Treat Allergies, Cough, Cold and Lung Conditions

| | | | | | | |
|----------------------|--|--------|--|--|--|-----|
| DI-PHEN ELX 12.5/5ML | DIPHENHYDRAMINE HCL ELIXIR 12.5 MG/5ML | Tier 2 | | | | BH* |
|----------------------|--|--------|--|--|--|-----|

KEY: H—Health Care Reform Preventive

H*—Health Care Reform Preventive

H-A—Health Care Reform Preventive with Age contingency

H-M—Health Care Reform Preventive (RX or Medical)

BH—Medication used to treat a behavioral health condition available at no cost to you

BH*—Medication may be available at no cost to you when prescribed to treat a behavioral health condition

\$0 Copay—Medication available at no cost to you



| Drug name | Generic name | Tier value | Prior auth | Quantity limit | Step therapy | Requirements & limits |
|----------------------------------|---|------------|------------|----------------|--------------|-----------------------|
| Skeletal Muscle Relaxants | | | | | | |
| BACLOFEN TAB 10MG | BACLOFEN TAB 10 MG | Tier 2 | | | | |
| BACLOFEN TAB 20MG | BACLOFEN TAB 20 MG | Tier 2 | | | | |
| BACLOFEN TAB 5MG | BACLOFEN TAB 5 MG | Tier 2 | | | | |
| CARISOPRODOL TAB 350MG | CARISOPRODOL TAB 350 MG | Tier 2 | | X | | |
| CHLORZOXAZON TAB 500MG | CHLORZOXAZONE TAB 500 MG | Tier 3 | | | | |
| CYCLOBENZAPR TAB 10MG | CYCLOBENZAPRINE HCL TAB 10 MG | Tier 2 | | | | |
| CYCLOBENZAPR TAB 5MG | CYCLOBENZAPRINE HCL TAB 5 MG | Tier 2 | | | | |
| CYCLOBENZAPR TAB 7.5MG | CYCLOBENZAPRINE HCL TAB 7.5 MG | Tier 2 | | | | |
| DANTROLENE CAP 100MG | DANTROLENE SODIUM CAP 100 MG | Tier 3 | | | | |
| DANTROLENE CAP 25MG | DANTROLENE SODIUM CAP 25 MG | Tier 3 | | | | |
| DANTROLENE CAP 50MG | DANTROLENE SODIUM CAP 50 MG | Tier 3 | | | | |
| METAXALONE TAB 400MG | METAXALONE TAB 400 MG | Tier 3 | | | | |
| METAXALONE TAB 800MG | METAXALONE TAB 800 MG | Tier 3 | | | | |
| METHOCARBAM TAB 500MG | METHOCARBAMOL TAB 500 MG | Tier 2 | | | | |
| METHOCARBAM TAB 750MG | METHOCARBAMOL TAB 750 MG | Tier 2 | | | | |
| ORPHENADRINE TAB 100MG ER | ORPHENADRINE CITRATE TAB ER 12HR 100 MG | Tier 2 | | | | |
| TIZANIDINE CAP 2MG | TIZANIDINE HCL CAP 2 MG (BASE EQUIVALENT) | Tier 3 | | | | |
| TIZANIDINE CAP 4MG | TIZANIDINE HCL CAP 4 MG (BASE EQUIVALENT) | Tier 3 | | | | |
| TIZANIDINE CAP 6MG | TIZANIDINE HCL CAP 6 MG (BASE EQUIVALENT) | Tier 3 | | | | |
| TIZANIDINE TAB 2MG | TIZANIDINE HCL TAB 2 MG (BASE EQUIVALENT) | Tier 2 | | | | |
| TIZANIDINE TAB 4MG | TIZANIDINE HCL TAB 4 MG (BASE EQUIVALENT) | Tier 2 | | | | |
| Sleep Disorder Agents | | | | | | |
| ARMODAFINIL TAB 150MG | ARMODAFINIL TAB 150 MG | Tier 1 | X | X | | BH |
| ARMODAFINIL TAB 200MG | ARMODAFINIL TAB 200 MG | Tier 1 | X | X | | BH |
| ARMODAFINIL TAB 250MG | ARMODAFINIL TAB 250 MG | Tier 1 | X | X | | BH |
| ARMODAFINIL TAB 50MG | ARMODAFINIL TAB 50 MG | Tier 1 | X | X | | BH |
| BELSOMRA TAB 10MG | SUVOREXANT TAB 10 MG | Tier 5 | | X | X | BH* |
| BELSOMRA TAB 15MG | SUVOREXANT TAB 15 MG | Tier 5 | | X | X | BH* |
| BELSOMRA TAB 20MG | SUVOREXANT TAB 20 MG | Tier 5 | | X | X | BH* |
| BELSOMRA TAB 5MG | SUVOREXANT TAB 5 MG | Tier 5 | | X | X | BH* |
| DOXEPIN TAB 3MG | DOXEPIN HCL (SLEEP) TAB 3 MG (BASE EQUIV) | Tier 2 | | X | | BH* |
| DOXEPIN TAB 6MG | DOXEPIN HCL (SLEEP) TAB 6 MG (BASE EQUIV) | Tier 2 | | X | | BH* |
| ESZOPICLONE TAB 1MG | ESZOPICLONE TAB 1 MG | Tier 2 | | X | | BH* |
| ESZOPICLONE TAB 2MG | ESZOPICLONE TAB 2 MG | Tier 2 | | X | | BH* |
| ESZOPICLONE TAB 3MG | ESZOPICLONE TAB 3 MG | Tier 2 | | X | | BH* |
| FLURAZEPAM CAP 15MG | FLURAZEPAM HCL CAP 15 MG | Tier 2 | | X | | BH* |
| FLURAZEPAM CAP 30MG | FLURAZEPAM HCL CAP 30 MG | Tier 2 | | X | | BH* |
| MODAFINIL TAB 100MG | MODAFINIL TAB 100 MG | Tier 1 | X | X | | BH |
| MODAFINIL TAB 200MG | MODAFINIL TAB 200 MG | Tier 1 | X | X | | BH |
| RAMELTEON TAB 8MG | RAMELTEON TAB 8 MG | Tier 3 | | X | X | BH* |
| SUNOSI TAB 150MG | SOLRIAMFETOL HCL TAB 150 MG (BASE EQUIV) | Tier 1 | X | X | | BH |
| SUNOSI TAB 75MG | SOLRIAMFETOL HCL TAB 75 MG (BASE EQUIV) | Tier 1 | X | X | | BH |
| TASIMELTEON CAP 20MG | TASIMELTEON CAPSULE 20 MG | Tier 6 | X | X | | BH* |
| TEMAZEPAM CAP 15MG | TEMAZEPAM CAP 15 MG | Tier 2 | | X | | BH* |
| TEMAZEPAM CAP 22.5MG | TEMAZEPAM CAP 22.5 MG | Tier 2 | | X | | BH* |
| TEMAZEPAM CAP 30MG | TEMAZEPAM CAP 30 MG | Tier 2 | | X | | BH* |
| TEMAZEPAM CAP 7.5MG | TEMAZEPAM CAP 7.5 MG | Tier 2 | | X | | BH* |

KEY: H—Health Care Reform Preventive

H*—Health Care Reform Preventive

H-A—Health Care Reform Preventive with Age contingency

H-M—Health Care Reform Preventive (RX or Medical)

BH—Medication used to treat a behavioral health condition available at no cost to you

BH*—Medication may be available at no cost to you when prescribed to treat a behavioral health condition

\$0 Copay—Medication available at no cost to you



| Drug name | Generic name | Tier value | Prior auth | Quantity limit | Step therapy | Requirements & limits |
|-------------------|-----------------------------|------------|------------|----------------|--------------|-----------------------|
| ZALEPLON CAP 10MG | ZALEPLON CAP 10 MG | Tier 2 | | X | | BH* |
| ZALEPLON CAP 5MG | ZALEPLON CAP 5 MG | Tier 2 | | X | | BH* |
| ZOLPIDEM TAB 10MG | ZOLPIDEM TARTRATE TAB 10 MG | Tier 2 | | X | | BH* |
| ZOLPIDEM TAB 5MG | ZOLPIDEM TARTRATE TAB 5 MG | Tier 2 | | X | | BH* |

KEY: **H**—Health Care Reform Preventive
H*—Health Care Reform Preventive
H-A—Health Care Reform Preventive with Age contingency
H-M—Health Care Reform Preventive (RX or Medical)

BH—Medication used to treat a behavioral health condition available at no cost to you
BH*—Medication may be available at no cost to you when prescribed to treat a behavioral health condition
\$0 Copay—Medication available at no cost to you



Medical Product Drug List

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

| Drug name | Generic name | Drug name | Generic name |
|--------------------------|---|-------------------------|--|
| A-HYDROCORT INJ 100MG | HYDROCORTISONE SODIUM SUCCINATE FOR INJ 100 MG | ADRIAMYCIN INJ 10MG | DOXORUBICIN HCL FOR INJ 10 MG |
| A-METHAPRED INJ 125MG | METHYLPREDNISOLONE SOD SUCC FOR INJ 125 MG (BASE EQUIV) | ADRIAMYCIN INJ 10MG | DOXORUBICIN HCL INJ 2 MG/ML |
| A-METHAPRED INJ 40MG | METHYLPREDNISOLONE SOD SUCC FOR INJ 40 MG (BASE EQUIV) | ADRIAMYCIN INJ 200MG | DOXORUBICIN HCL INJ 2 MG/ML |
| ABECMA INJ | IDECABTAGENE VICLEUCEL IV SUSP 460,000,000 CELLS | ADRIAMYCIN INJ 20MG | DOXORUBICIN HCL INJ 2 MG/ML |
| ABELCET INJ 5MG/ML | AMPHOTERICIN B LIPID INJ SUSP (FOR IV INFUSION) 5 MG/ML | ADRIAMYCIN INJ 50MG | DOXORUBICIN HCL FOR INJ 50 MG |
| ABILIFY MAIN INJ 300MG | ARIPIPRAZOLE IM FOR ER SUSP PREFILLED SYRINGE 300 MG | ADRIAMYCIN INJ 50MG | DOXORUBICIN HCL INJ 2 MG/ML |
| ABILIFY MAIN INJ 300MG | ARIPIPRAZOLE IM FOR EXTENDED RELEASE SUSP 300 MG | ADRUCIL INJ 5/100ML | FLUOROURACIL IV SOLN 5 GM/100ML (50 MG/ML) |
| ABILIFY MAIN INJ 400MG | ARIPIPRAZOLE IM FOR ER SUSP PREFILLED SYRINGE 400 MG | ADRUCIL INJ 500/10ML | FLUOROURACIL IV SOLN 500 MG/10ML (50 MG/ML) |
| ABILIFY MAIN INJ 400MG | ARIPIPRAZOLE IM FOR EXTENDED RELEASE SUSP 400 MG | ADUHELM INJ 170MG | ADUCANUMAB-AVWA IV SOLN 170 MG/1.7ML (100 MG/ML) |
| ACETAZOLAMID INJ 500MG | ACETAZOLAMIDE SODIUM FOR INJ 500 MG | ADUHELM INJ 300MG | ADUCANUMAB-AVWA IV SOLN 300 MG/3ML (100 MG/ML) |
| ACTEMRA INJ 200/10ML | TOCILIZUMAB IV INJ 200 MG/10ML | AGGRASTAT INJ 3.75/15 | TIROFIBAN HCL IV CONC 3.75 MG/15ML (250 MCG/ML) (BASE EQUIV) |
| ACTEMRA INJ 400/20ML | TOCILIZUMAB IV INJ 400 MG/20ML | AKYNZEO INJ | FOSNETUPITANT-PALONOSETRON IV SOLN 235-0.25 MG/20ML |
| ACTEMRA INJ 80MG/4ML | TOCILIZUMAB IV INJ 80 MG/4ML | AKYNZEO INJ 235-0.25 | FOSNETUPITANT-PALONOSETRON FOR IV SOLN 235-0.25 MG |
| ACYCLOVIR NA INJ 1000MG | ACYCLOVIR SODIUM FOR INJ 1000 MG | ALBUMIN HUM INJ 25% | ALBUMIN, HUMAN INJ 25% |
| ACYCLOVIR NA INJ 500MG | ACYCLOVIR SODIUM FOR INJ 500 MG | ALBUMINEX SOL 25% | ALBUMIN, HUMAN-KJDA INJ 25% |
| ACYCLOVIR NA INJ 50MG/ML | ACYCLOVIR SODIUM IV SOLN 50 MG/ML | ALBUMINEX SOL 5% | ALBUMIN, HUMAN-KJDA INJ 5% |
| ADAGEN INJ 250/ML | PEGADEMASE BOVINE INJ 250 UNIT/ML | ALDURAZYME INJ 2.9MG/5M | LARONIDASE SOLN FOR IV INFUSION 2.9 MG/5ML (500 UNIT/5ML) |
| ADAKVEO INJ 100/10ML | CRIZANLIZUMAB-TMCA IV SOLN 100 MG/10ML | ALFENTANIL INJ 1000/2ML | ALFENTANIL HCL IV SOLN 1000 MCG/2ML (500 MCG/ML) (BASE EQ) |
| ADENOSCAN INJ 3MG/ML | ADENOSINE IV SOLN 3 MG/ML (DIAGNOSTIC) | ALFENTANIL INJ 2500/5ML | ALFENTANIL HCL IV SOLN 2500 MCG/5ML (500 MCG/ML) (BASE EQ) |
| ADENOSINE INJ 12MG/4ML | ADENOSINE IV SOLN 12 MG/4ML | ALIQOPA INJ 60MG | COPANLISIB HCL FOR IV SOLN 60 MG (BASE EQUIVALENT) |
| ADENOSINE INJ 6MG/2ML | ADENOSINE IV SOLN 3 MG/ML (DIAGNOSTIC) | ALKERAN INJ 50MG | MELPHALAN HCL FOR INJ 50 MG (BASE EQUIV) |
| ADENOSINE INJ 6MG/2ML | ADENOSINE IV SOLN 6 MG/2ML | ALLOPURINOL INJ 500MG | ALLOPURINOL SODIUM FOR INJ 500 MG |
| ADENOSINE INJ 90/30ML | ADENOSINE IV SOLN 3 MG/ML (DIAGNOSTIC) | ALOPRIM INJ 500MG | ALLOPURINOL SODIUM FOR INJ 500 MG |
| ADRENALIN INJ 1MG/ML | EPINEPHRINE INJ 1 MG/ML (1:1000) | ALOXI INJ 0.25MG/5 | PALONOSETRON HCL IV SOLN 0.25 MG/5ML (BASE EQUIVALENT) |
| ADRENALIN INJ 30/30ML | EPINEPHRINE INJ 30 MG/30ML (1 MG/ML) (1:1000) | AMBISOME INJ 50MG | AMPHOTERICIN B LIPOSOME IV FOR SUSP 50 MG |



| Drug name | Generic name |
|---------------------------|--|
| AMIDATE INJ 2MG/ML | ETOMIDATE IV SOLN 2 MG/ML |
| AMIKACIN INJ 1GM/4ML | AMIKACIN SULFATE INJ 1 GM/4ML (250 MG/ML) |
| AMIKACIN INJ 500/2ML | AMIKACIN SULFATE INJ 500 MG/2ML (250 MG/ML) |
| AMINOCAPR AC INJ 250MG/ML | AMINOCAPROIC ACID INJ 250 MG/ML |
| AMINOPHYLLIN INJ 25MG/ML | AMINOPHYLLINE INJ 25 MG/ML |
| AMIODARONE INJ 50MG/ML | AMIODARONE HCL INJ 450 MG/9ML (50 MG/ML) |
| AMIODARONE INJ 50MG/ML | AMIODARONE HCL INJ 900 MG/18ML (50 MG/ML) |
| AMIODARONE INJ 900MG/18 | AMIODARONE HCL INJ 900 MG/18ML (50 MG/ML) |
| AMONDYS 45 INJ 50MG/ML | CASIMERSEN IV SOLN 100 MG/2ML (50 MG/ML) |
| AMP-SULBACTA INJ 1.5GM | AMPICILLIN & SULBACTAM SODIUM FOR IV SOLN 1.5 (1-0.5) GM |
| AMP-SULBACTA INJ 15GM | AMPICILLIN & SULBACTAM SODIUM FOR IV SOLN 15 (10-5) GM |
| AMP-SULBACTA INJ 3GM | AMPICILLIN & SULBACTAM SODIUM FOR IV SOLN 3 (2-1) GM |
| AMPHOTERICIN INJ 50MG | AMPHOTERICIN B FOR IV SOLN 50 MG |
| AMPICILLIN INJ 10GM | AMPICILLIN SODIUM FOR IV SOLN 10 GM |
| AMPICILLIN INJ 125MG | AMPICILLIN SODIUM FOR INJ 125 MG |
| AMPICILLIN INJ 1GM | AMPICILLIN SODIUM FOR INJ 1 GM |
| AMPICILLIN INJ 250MG | AMPICILLIN SODIUM FOR INJ 250 MG |
| AMPICILLIN INJ 2GM | AMPICILLIN SODIUM FOR INJ 2 GM |
| AMPICILLIN INJ 500MG | AMPICILLIN SODIUM FOR INJ 500 MG |
| ANDEXXA SOL 100MG | COAGULATION FACT XA (RECOMB) INACT-ZHZO FOR IV SOLN 100 MG |
| ANDEXXA SOL 200MG | COAGULATION FACT XA (RECOMB) INACT-ZHZO FOR IV SOLN 200 MG |
| ANGIOMAX INJ 250MG | BIVALIRUDIN TRIFLUOROACETATE FOR IV SOLN 250 MG (BASE EQUIV) |
| ANJESO INJ 30MG/ML | MELOXICAM IV INJ 30 MG/ML |
| ARALAST NP INJ 1000MG | ALPHA1-PROTEINASE INHIBITOR (HUMAN) FOR IV SOLN 1000 MG |
| ARISTADA INJ 1064MG | ARIPIPRAZOLE LAUROXIL IM ER SUSP PREFILLED SYR 1064 MG/3.9ML |
| ARISTADA INJ 441MG/1. | ARIPIPRAZOLE LAUROXIL IM ER SUSP PREFILLED SYR 441 MG/1.6ML |
| ARISTADA INJ 662MG/2 | ARIPIPRAZOLE LAUROXIL IM ER SUSP PREFILLED SYR 662 MG/2.4ML |
| ARISTADA INJ 882MG/3 | ARIPIPRAZOLE LAUROXIL IM ER SUSP PREFILLED SYR 882 MG/3.2ML |

| Drug name | Generic name |
|---------------------------|--|
| ARISTADA INJ INITIO | ARIPIPRAZOLE LAUROXIL IM ER SUSP PREFILLED SYR 675 MG/2.4ML |
| ARSENIC TRIO INJ 12MG/6ML | ARSENIC TRIOXIDE IV SOLN 12 MG/6ML (2 MG/ML) |
| ARTESUNATE SOL 110MG | ARTESUNATE FOR IV SOLN 110 MG |
| ARZERRA CON 100/5ML | OFATUMUMAB CONC FOR IV INFUSION 100 MG/5ML |
| ARZERRA CON 100/5ML | OFATUMUMAB CONC FOR IV INFUSION 1000 MG/50ML |
| ASCENIV INJ 10% | IMMUNE GLOBULIN (HUMAN)-SLRA IV SOLN 5 GM/50ML |
| ASCOR SOL 25000MG | ASCORBIC ACID IV SOLN 25000 MG/50ML (500 MG/ML) |
| ASCORBIC ACD INJ 500MG/ML | ASCORBIC ACID INJ 500 MG/ML |
| ASPARLAS INJ 3750/5ML | CALASPARGASE PEGOL-MKNL IV SOLN 3750 UNIT/5ML (750 UNIT/ML) |
| ASTRAMORPH INJ 0.5MG/ML | MORPHINE SULFATE INJ PF 0.5 MG/ML |
| ASTRAMORPH INJ 10/10ML | MORPHINE SULFATE INJ PF 1 MG/ML |
| ASTRAMORPH INJ 1MG/2ML | MORPHINE SULFATE INJ PF 0.5 MG/ML |
| ASTRAMORPH INJ 2MG/2ML | MORPHINE SULFATE INJ PF 1 MG/ML |
| ATGAM INJ 250MG | LYMPHOCYTE IMMUNE GLOBULIN ANTI-THYMOCYTE G INJ 50 MG/ML(EQ) |
| ATIVAN INJ 2MG/ML | LORAZEPAM INJ 2 MG/ML |
| ATIVAN INJ 4MG/ML | LORAZEPAM INJ 4 MG/ML |
| ATRACURIUM INJ 50MG/5ML | ATRACURIUM BESYLATE PRESERVATIVE FREE (PF) IV SOLN 50 MG/5ML |
| ATROPINE SUL INJ 0.05MG/1 | ATROPINE SULFATE SOLN PREFILL SYR 0.25 MG/5ML (0.05 MG/ML) |
| ATROPINE SUL INJ 0.1MG/ML | ATROPINE SULFATE SOLN PREFILL SYR 0.5 MG/5ML (0.1 MG/ML) |
| ATROPINE SUL INJ 0.1MG/ML | ATROPINE SULFATE SOLN PREFILL SYR 1 MG/10ML (0.1 MG/ML) |
| ATROPINE SUL INJ 0.4MG/ML | ATROPINE SULFATE INJ 0.4 MG/ML |
| ATROPINE SUL INJ 1MG/ML | ATROPINE SULFATE INJ 1 MG/ML |
| ATROPINE SUL INJ 8MG/20ML | ATROPINE SULFATE INJ 8 MG/20ML (0.4 MG/ML) |
| ATRYN INJ 1750 | ANTITHROMBIN (RECOMBINANT) FOR INJ 1750 UNIT |
| AVASTIN INJ | BEVACIZUMAB IV SOLN 100 MG/4ML (FOR INFUSION) |
| AVEED INJ 750/3ML | TESTOSTERONE UNDECANOATE IM INJ IN OIL 750 MG/3ML (250MG/ML) |
| AVELOX INJ | MOXIFLOXACIN HCL 400 MG/250ML IN SODIUM CHLORIDE 0.8% INJ |
| AVSOLA INJ 100MG | INFILIXIMAB-AXXQ FOR IV INJ 100 MG |

| Drug name | Generic name |
|---------------------------|--|
| AVYCAZ INJ 2-0.5GM | CEFTAZIDIME-AVIBACTAM SODIUM FOR IV SOLN 2.5 GM (2-0.5 GM) |
| AZACTAM INJ 1GM | AZTREONAM FOR INJ 1 GM |
| AZACTAM INJ 2GM | AZTREONAM FOR INJ 2 GM |
| AZATHIOPRINE INJ 100MG | AZATHIOPRINE SODIUM FOR INJ 100 MG |
| AZEDRA DOSIM INJ 15MCI/ML | IOBENGUANE I 131 IV SOLN 15 MCI/ML (555 MBQ/ML) |
| AZEDRA THERA INJ 15MCI/ML | IOBENGUANE I 131 IV SOLN 15 MCI/ML (555 MBQ/ML) |
| AZITHROMYCIN INJ 500MG | AZITHROMYCIN IV FOR SOLN 500 MG |
| AZTREONAM INJ 1GM | AZTREONAM FOR INJ 1 GM |
| AZTREONAM INJ 2GM | AZTREONAM FOR INJ 2 GM |
| BACIIM INJ 50000UNT | BACITRACIN INTRAMUSCULAR FOR SOLN 50000 UNIT |
| BACITRACIN INJ 50000UNT | BACITRACIN INTRAMUSCULAR FOR SOLN 50000 UNIT |
| BACLOFEN INJ 40MG/20 | BACLOFEN INTRATHECAL INJ 40 MG/20ML (2000 MCG/ML) |
| BARHEMSYS INJ 10MG/4ML | AMISULPRIDE (ANTIEMETIC) IV SOLN 10 MG/4ML |
| BARHEMSYS INJ 5MG/2ML | AMISULPRIDE (ANTIEMETIC) IV SOLN 5 MG/2ML |
| BAVENCIO INJ 20MG/ML | AVELUMAB SOLN FOR IV INFUSION 200 MG/10ML (20 MG/ML) |
| BAXDELA INJ 300MG | DELAFLOXACIN MEGLUMINE FOR IV SOLN 300 MG (BASE EQUIV) |
| BELEODAQ INJ 500MG | BELINOSTAT FOR IV INJ 500 MG |
| BELRAPZO SOL 100/4ML | BENDAMUSTINE HCL IV SOLN 100 MG/4ML (25 MG/ML) |
| BENDAMUSTINE SOL 100/4ML | BENDAMUSTINE HCL IV SOLN 100 MG/4ML (25 MG/ML) |
| BENDEKA INJ 100/4ML | BENDAMUSTINE HCL IV SOLN 100 MG/4ML (25 MG/ML) |
| BENLYSTA INJ 120MG | BELIMUMAB FOR IV SOLN 120 MG |
| BENLYSTA INJ 400MG | BELIMUMAB FOR IV SOLN 400 MG |
| BENTYL INJ 10MG/ML | DICYCLOMINE HCL INJ 10 MG/ML |
| BENZTROPINE INJ 1MG/ML | BENZTROPINE MESYLATE INJ 1 MG/ML |
| BEOVU INJ 6/0.05ML | BROLUCIZUMAB-DBLL INTRAVITREAL SOLN 6 MG/0.05ML |
| BESPONSA INJ 0.9MG | INOTUZUMAB OZOGAMICIN FOR IV SOLN 0.9 MG |
| BETA-PHOS/AC INJ 3-3MG/ML | BETAMETHASONE SOD PHOSPHATE & ACETATE INJ SUSP 6 (3-3) MG/ML |
| BICILLIN C-R INJ 1200000 | PENICILLIN G BENZATHINE & PROCAINE INJ SUSP 1200000 UNIT/2ML |
| BICILLIN C-R INJ 900/300 | PENICILLIN G BENZATHINE & PROCAINE INJ 900000-300000 UNT/2ML |

| Drug name | Generic name |
|---------------------------|--|
| BICILLIN L-A INJ 1200000 | PENICILLIN G BENZATHINE IM SUSP PREF SYR 1200000 UNIT/2ML |
| BICILLIN L-A INJ 2400000 | PENICILLIN G BENZATHINE INTRAMUSCULAR SUSP 2400000 UNIT/4ML |
| BICILLIN L-A INJ 600000 | PENICILLIN G BENZATHINE IM SUSP PREF SYR 600000 UNIT/ML |
| BIORPHEN INJ | PHENYLEPHRINE HCL (PF) IV SOLN 0.5 MG/5ML (100 MCG/ML) |
| BIVALIR/NACL INJ 500/100 | BIVALIRUDIN TRIFLUOROACETATE-NACL IV SOLN 500 MG/100ML-0.9% |
| BIVALIRUDIN INJ 250MG | BIVALIRUDIN TRIFLUOROACETATE FOR IV SOLN 250 MG (BASE EQUIV) |
| BIVALIRUDIN SOL RTU | BIVALIRUDIN TRIFLUOROACETATE IV SOLN 250 MG/50ML (BASE EQ) |
| BIVIGAM INJ 10% | IMMUNE GLOBULIN (HUMAN) IV SOLN 10 GM/100ML |
| BIVIGAM INJ 10% | IMMUNE GLOBULIN (HUMAN) IV SOLN 5 GM/50ML |
| BLENREP INJ 100MG | BELANTAMAB MAFODOTIN-BLMF FOR IV SOLN 100 MG |
| BLINCYTO INJ 35MCG | BLINATUMOMAB FOR IV INFUSION 35 MCG |
| BOTOX INJ 100UNIT | ONABOTULINUMTOXINA FOR INJ 100 UNIT |
| BOTOX INJ 200UNIT | ONABOTULINUMTOXINA FOR INJ 200 UNIT |
| BREYANZI INJ | LISOCABTAGENE MARALEUCEL IV SUSP 70,000,000 CELLS |
| BRIDION INJ 200/2ML | SUGAMMADEX SODIUM IV 200 MG/2ML (BASE EQUIVALENT) |
| BRIDION INJ 500/5ML | SUGAMMADEX SODIUM IV 500 MG/5ML (BASE EQUIVALENT) |
| BRINEURA KIT 150/5ML | CERLIPONASE ALFA INTRAVENTRICULAR 2 X 150 MG/5ML KIT |
| BRIVIACT INJ 50MG/5ML | BRIVARACETAM IV SOLN 50 MG/5ML |
| BUMETANIDE INJ 0.25/ML | BUMETANIDE INJ 0.25 MG/ML |
| BUPIVACAINE INJ 0.25% | BUPIVACAINE HCL PRESERVATIVE FREE (PF) INJ 0.25% |
| BUPIVACAINE INJ 0.5% | BUPIVACAINE HCL PRESERVATIVE FREE (PF) INJ 0.5% |
| BUPIVACAINE INJ 0.75% | BUPIVACAINE HCL PRESERVATIVE FREE (PF) INJ 0.75% |
| BUPIVACAINE INJ 5MG/ML | BUPIVACAINE HCL PRESERVATIVE FREE (PF) INJ 0.5% |
| BUPIVACAINE/ INJ EPI 0.25 | BUPIVACAINE INJ 0.25% W/ EPINEPHRINE 1:200000 (PF) |
| BUPIVACAINE/ INJ EPI 0.5% | BUPIVACAINE INJ 0.5% W/ EPINEPHRINE 1:200000 (PF) |
| BUPRENEX INJ 0.3MG/ML | BUPRENORPHINE HCL INJ 0.3 MG/ML (BASE EQUIV) |

| Drug name | Generic name |
|----------------------------|--|
| BUPRENORPHIN INJ 0.3MG/ML | BUPRENORPHINE HCL INJ 0.3 MG/ML (BASE EQUIV) |
| BUSULFAN INJ 6MG/ML | BUSULFAN INJ 6 MG/ML |
| BUSULFEX INJ 6MG/ML | BUSULFAN INJ 6 MG/ML |
| BUTORPHANOL INJ 1MG/ML | BUTORPHANOL TARTRATE INJ 1 MG/ML |
| BUTORPHANOL INJ 2MG/ML | BUTORPHANOL TARTRATE INJ 2 MG/ML |
| BYDUREON INJ | EXENATIDE FOR INJ EXTENDED RELEASE SUSP 2 MG |
| BYFAVO INJ 20MG | REMIMAZOLAM BESYLATE FOR IV SOLN 20 MG |
| CABENUVA SUS 400-600 | CABOTEGRAVIR 400 MG/2ML & RILPIVIRINE 600 MG/2ML IM SUSP ER |
| CABENUVA SUS 600-900 | CABOTEGRAVIR 600 MG/3ML & RILPIVIRINE 900 MG/3ML IM SUSP ER |
| CAL GLU/NAACL INJ 1/100ML | CALCIUM GLUCONATE-SODIUM CHLORIDE IV SOLN 1 GM/100ML-0.8% |
| CAL GLU/NAACL INJ 1GM/50ML | CALCIUM GLUCONATE-NAACL IV SOLN 1 GM/50ML-0.675% (20 MG/ML) |
| CAL GLU/NAACL INJ 2/100ML | CALCIUM GLUCONATE-NAACL IV SOLN 2 GM/100ML-0.675% (20 MG/ML) |
| CALCITRIOL INJ 1MCG/ML | CALCITRIOL INJ 1 MCG/ML |
| CALDOLOR INJ 4MG/ML | IBUPROFEN SOLN FOR IV INFUSION 800 MG/200ML |
| CAMPTOSAR INJ 40MG/2ML | IRINOTECAN HCL INJ 40 MG/2ML (20 MG/ML) |
| CANCIDAS INJ 50MG | CASPOFUNGIN ACETATE FOR IV SOLN 50 MG |
| CANCIDAS INJ 70MG | CASPOFUNGIN ACETATE FOR IV SOLN 70 MG |
| CARBOCAINE INJ 1% PF | MEPIVACAINE HCL PRESERVATIVE FREE (PF) INJ 1% |
| CARBOCAINE INJ 2% PF | MEPIVACAINE HCL PRESERVATIVE FREE (PF) INJ 2% |
| CARBOPLATIN INJ 600/60ML | CARBOPLATIN IV SOLN 600 MG/60ML |
| CARDENE I.V. INJ 2.5MG/ML | NICARDIPINE HCL IV SOLN 2.5 MG/ML |
| CARDENE IV INJ 40/200ML | NICARDIPINE HCL IV SOLN 40 MG/200ML IN SODIUM CHLORIDE 0.83% |
| CARDENE IV SOL 20/200ML | NICARDIPINE HCL IV SOLN 20 MG/200ML IN SODIUM CHLORIDE 0.86% |
| CARIMUNE NF INJ 12GM | IMMUNE GLOBULIN (HUMAN) IV FOR SOLN 12 GM |
| CARIMUNE NF INJ 6GM | IMMUNE GLOBULIN (HUMAN) IV FOR SOLN 6 GM |
| CASPOFUNGIN INJ 50MG | CASPOFUNGIN ACETATE FOR IV SOLN 50 MG |
| CASPOFUNGIN INJ 70MG | CASPOFUNGIN ACETATE FOR IV SOLN 70 MG |
| CEFAZOLIN INJ 1GM | CEFAZOLIN SODIUM FOR INJ 1 GM |
| CEFAZOLIN INJ 300GM | CEFAZOLIN SODIUM (BULK) FOR INJ 300 GM |

| Drug name | Generic name |
|--------------------------|---|
| CEFAZOLIN INJ 500MG | CEFAZOLIN SODIUM FOR INJ 500 MG |
| CEFAZOLIN SOL | CEFAZOLIN SODIUM-DEXTROSE IV SOLUTION 2 GM/100ML-4% |
| CEFEPIME INJ 1GM | CEFEPIME HCL FOR INJ 1 GM |
| CEFEPIME INJ 2GM | CEFEPIME HCL FOR INJ 2 GM |
| CEFEPIME SOL 100GM | CEFEPIME HCL (BULK) FOR IV SOLN 100 GM |
| CEFOTAN INJ 1GM/10ML | CEFOTETAN DISODIUM FOR INJ 1 GM |
| CEFOTAN INJ 2GM | CEFOTETAN DISODIUM FOR INJ 2 GM |
| CEFOTAXIME INJ 10GM | CEFOTAXIME SODIUM FOR INJ 10 GM |
| CEFOTAXIME INJ 1GM | CEFOTAXIME SODIUM FOR INJ 1 GM |
| CEFOTAXIME INJ 2GM | CEFOTAXIME SODIUM FOR INJ 2 GM |
| CEFOTAXIME INJ 500MG | CEFOTAXIME SODIUM FOR INJ 500 MG |
| CEFOTETAN INJ 10G | CEFOTETAN DISODIUM FOR INJ 10 GM |
| CEFOTETAN INJ 1GM/10ML | CEFOTETAN DISODIUM FOR INJ 1 GM |
| CEFOTETAN INJ 2GM/20ML | CEFOTETAN DISODIUM FOR INJ 2 GM |
| CEFOXITIN INJ 100GM | CEFOXITIN SODIUM (BULK) FOR INJ 100 GM |
| CEFOXITIN INJ 10GM | CEFOXITIN SODIUM FOR IV SOLN 10 GM |
| CEFOXITIN INJ 1GM | CEFOXITIN SODIUM FOR IV SOLN 1 GM |
| CEFOXITIN INJ 2GM | CEFOXITIN SODIUM FOR IV SOLN 2 GM |
| CEFTAZIDIME INJ 6GM | CEFTAZIDIME FOR INJ 6 GM |
| CEFTAZIDIME/ SOL D5W 1GM | CEFTAZIDIME FOR IV SOLN 1 GM AND DEXTROSE 5% (50ML) |
| CEFTAZIDIME/ SOL D5W 2GM | CEFTAZIDIME FOR IV SOLN 2 GM AND DEXTROSE 5% (50ML) |
| CEFTRIAZONE INJ 10GM | CEFTRIAZONE SODIUM FOR INJ 10 GM |
| CEFTRIAZONE INJ 1GM | CEFTRIAZONE SODIUM FOR INJ 1 GM |
| CEFTRIAZONE INJ 250MG | CEFTRIAZONE SODIUM FOR INJ 250 MG |
| CEFTRIAZONE INJ 2GM | CEFTRIAZONE SODIUM FOR INJ 2 GM |
| CEFTRIAZONE INJ 500MG | CEFTRIAZONE SODIUM FOR INJ 500 MG |
| CEFUROXIME INJ 1.5GM | CEFUROXIME SODIUM FOR IV SOLN 1.5 GM |
| CEFUROXIME INJ 7.5GM | CEFUROXIME SODIUM FOR INJ 7.5 GM |
| CEFUROXIME INJ 750MG | CEFUROXIME SODIUM FOR INJ 750 MG |
| CELLCEPT IV INJ 500MG | MYCOPHENOLATE MOFETIL HCL FOR IV SOLN 500 MG (BASE EQUIV) |
| CEREBYX INJ 100/2ML | FOSPHENYTOIN SODIUM INJ 100 MG/2ML (PHENYTOIN EQUIV) |

| Drug name | Generic name |
|---------------------------|---|
| CEREBYX INJ 500/10ML | FOSPHENYTOIN SODIUM INJ 500 MG/10ML (PHENYTOIN EQUIV) |
| CEREZYME INJ 400UNIT | IMIGLUCERASE FOR INJ 400 UNIT |
| CHLORAMPHEN INJ 1GM | CHLORAMPHENICOL SODIUM SUCCINATE FOR IV INJ 1 GM |
| CHLOROPROCAI INJ 2%-400MG | CHLOROPROCAINE HCL PRESERVATIVE FREE (PF) INJ 2% |
| CHLOROTHIAZ INJ 500MG | CHLOROTHIAZIDE SODIUM FOR INJ 500 MG |
| CHLORPROMAZ INJ 25MG/ML | CHLORPROMAZINE HCL INJ 25 MG/ML |
| CHLORPROMAZ INJ 50MG/2ML | CHLORPROMAZINE HCL INJ 50 MG/2ML |
| CIDOFOVIR INJ 75MG/ML | CIDOFOVIR IV INJ 75 MG/ML |
| CINQAIR INJ | RESLIZUMAB IV INFUSION SOLN 100 MG/10ML (10 MG/ML) |
| CINVANTI INJ 130/18ML | APREPITANT IV EMULSION 130 MG/18ML |
| CIPRO I.V. INJ 400MG | CIPROFLOXACIN 400 MG/200ML IN D5W |
| CIPROFLOXACN INJ 200MG | CIPROFLOXACIN 200 MG/100ML IN D5W |
| CIPROFLOXACN INJ 400MG | CIPROFLOXACIN 400 MG/200ML IN D5W |
| CIPROFLOXACN INJ 400MG | CIPROFLOXACIN IV SOLN 400 MG/40ML (1%) |
| CISATRACURIU INJ 10MG/5ML | CISATRACURIUM BESYLATE (PF) IV SOLN 10 MG/5ML (2 MG/ML) |
| CISPLATIN INJ 50MG | CISPLATIN IV FOR INJ 50 MG |
| CLADRIBINE INJ 1MG/ML | CLADRIBINE IV SOLN 10 MG/10ML (1 MG/ML) |
| CLAFORAN INJ 10GM | CEFOTAXIME SODIUM FOR INJ 10 GM |
| CLAFORAN INJ 1GM | CEFOTAXIME SODIUM FOR IV SOLN 1 GM |
| CLAFORAN INJ 2GM | CEFOTAXIME SODIUM FOR IV SOLN 2 GM |
| CLEOCIN PHOS INJ 300/2ML | CLINDAMYCIN PHOSPHATE INJ 300 MG/2ML |
| CLEOCIN PHOS INJ 600/4ML | CLINDAMYCIN PHOSPHATE INJ 600 MG/4ML |
| CLEOCIN PHOS INJ 900/6ML | CLINDAMYCIN PHOSPHATE INJ 900 MG/6ML |
| CLEOCIN PHOS INJ 9GM/60ML | CLINDAMYCIN PHOSPHATE INJ 9 GM/60ML |
| CLEOCIN/D5W INJ 300MG | CLINDAMYCIN PHOSPHATE IN D5W IV SOLN 300 MG/50ML |
| CLEOCIN/D5W INJ 600MG | CLINDAMYCIN PHOSPHATE IN D5W IV SOLN 600 MG/50ML |
| CLEOCIN/D5W INJ 900MG | CLINDAMYCIN PHOSPHATE IN D5W IV SOLN 900 MG/50ML |
| CLINDAMY/D5W INJ 600/50ML | CLINDAMYCIN PHOSPHATE IN D5W IV SOLN 600 MG/50ML |
| CLINDAMY/D5W INJ 900/50ML | CLINDAMYCIN PHOSPHATE IN D5W IV SOLN 900 MG/50ML |
| CLINDAMYCIN INJ 300/2ML | CLINDAMYCIN PHOSPHATE INJ 300 MG/2ML |
| CLINDAMYCIN INJ 300MG | CLINDAMYCIN PHOSPHATE IN D5W IV SOLN 300 MG/50ML |

| Drug name | Generic name |
|--------------------------|---|
| CLINDAMYCIN INJ 600/4ML | CLINDAMYCIN PHOSPHATE INJ 600 MG/4ML |
| CLINDAMYCIN INJ 900/6ML | CLINDAMYCIN PHOSPHATE INJ 900 MG/6ML |
| CLINDAMYCIN INJ 9GM/60ML | CLINDAMYCIN PHOSPHATE INJ 9 GM/60ML |
| CLOROTEKAL INJ 50MG/5ML | CHLOROPROCAINE HCL INTRATHECAL INJ 50 MG/5ML (1%) |
| CNJ-016 INJ | VACCINIA IMMUNE GLOBULIN (HUMAN) IV SOLN 50,000 UNIT/VIAL |
| COCAINE HCL SOL 40MG/ML | COCAINE HCL NASAL SOLN 40 MG/ML (4%) |
| COGENTIN INJ 1MG/ML | BENZTROPINE MESYLATE INJ 1 MG/ML |
| CORLOPAM INJ 10MG/ML | FENOLDOPAM MESYLATE IV INJ 10 MG/ML (BASE EQUIV) |
| CORLOPAM INJ 10MG/ML | FENOLDOPAM MESYLATE IV INJ 20 MG/2ML (BASE EQUIV) |
| COSELA INJ 300MG | TRILACICLIB DIHYDROCHLORIDE FOR IV SOLN 300 MG |
| CRYSVITA INJ 10MG/ML | BUROSUMAB-TWZA INJ 10 MG/ML |
| CRYSVITA INJ 20MG/ML | BUROSUMAB-TWZA INJ 20 MG/ML |
| CRYSVITA INJ 30MG/ML | BUROSUMAB-TWZA INJ 30 MG/ML |
| CUBICIN RF SOL 500MG | DAPTOMYCIN FOR IV SOLN 500 MG |
| CUTAQUIG SOL 1.65GM | IMMUNE GLOBULIN (HUMAN)-HIP SUBCUTANEOUS INJ 1.65 GM/10ML |
| CUTAQUIG SOL 1GM | IMMUNE GLOBULIN (HUMAN)-HIP SUBCUTANEOUS INJ 1 GM/6ML |
| CUTAQUIG SOL 2GM | IMMUNE GLOBULIN (HUMAN)-HIP SUBCUTANEOUS INJ 2 GM/12ML |
| CUTAQUIG SOL 3.3GM | IMMUNE GLOBULIN (HUMAN)-HIP SUBCUTANEOUS INJ 3.3 GM/20ML |
| CUTAQUIG SOL 4GM | IMMUNE GLOBULIN (HUMAN)-HIP SUBCUTANEOUS INJ 4 GM/24ML |
| CUTAQUIG SOL 8GM | IMMUNE GLOBULIN (HUMAN)-HIP SUBCUTANEOUS INJ 8 GM/48ML |
| CUVITRU INJ 2GM/10ML | IMMUNE GLOBULIN (HUMAN) SUBCUTANEOUS INJ 2 GM/10ML |
| CUVITRU INJ 4GM/20ML | IMMUNE GLOBULIN (HUMAN) SUBCUTANEOUS INJ 4 GM/20ML |
| CUVITRU INJ 8GM/40ML | IMMUNE GLOBULIN (HUMAN) SUBCUTANEOUS INJ 8 GM/40ML |
| CUVITRU SOL 10GM/50ML | IMMUNE GLOBULIN (HUMAN) SUBCUTANEOUS INJ 10 GM/50ML |
| CUVITRU SOL 1GM/5ML | IMMUNE GLOBULIN (HUMAN) SUBCUTANEOUS INJ 1 GM/5ML |
| CYCLOPHOSPH INJ 1GM | CYCLOPHOSPHAMIDE FOR INJ 1 GM |

| Drug name | Generic name |
|---------------------------|--|
| CYCLOPHOSPH INJ 1GM | CYCLOPHOSPHAMIDE IV SOLN 1 GM/5ML (200 MG/ML) |
| CYCLOPHOSPH INJ 2GM | CYCLOPHOSPHAMIDE FOR INJ 2 GM |
| CYCLOPHOSPH INJ 500MG | CYCLOPHOSPHAMIDE FOR INJ 500 MG |
| CYCLOPHOSPHA INJ 2GM/10ML | CYCLOPHOSPHAMIDE IV SOLN 2 GM/10ML (200 MG/ML) |
| CYCLOPHOSPHA INJ 500MG | CYCLOPHOSPHAMIDE IV SOLN 500 MG/2.5ML (200 MG/ML) |
| CYCLOSPORINE INJ 50MG/ML | CYCLOSPORINE IV SOLN 50 MG/ML |
| CYKLOKAPRON INJ 100MG/ML | TRANEXAMIC ACID IV SOLN 1000 MG/10ML (100 MG/ML) |
| CYRAMZA INJ 100/10ML | RAMUCIRUMAB IV SOLN 100 MG/10ML (FOR INFUSION) |
| CYRAMZA INJ 500/50ML | RAMUCIRUMAB IV SOLN 500 MG/50ML (FOR INFUSION) |
| CYTARABINE INJ 20MG/ML | CYTARABINE INJ PF 20 MG/ML |
| DALVANCE SOL 500MG | DALBAVANCIN HCL FOR IV SOLN 500 MG (BASE EQUIVALENT) |
| DANYELZA INJ 40/10ML | NAXITAMAB-GQGK IV SOLN 40 MG/10ML (4 MG/ML) |
| DAPTOMYCIN INJ 500MG | DAPTOMYCIN FOR IV SOLN 500 MG |
| DAPTOMYCIN SOL 350MG | DAPTOMYCIN FOR IV SOLN 350 MG |
| DARZALEX SOL 100MG/5M | DARATUMUMAB IV SOLN 100 MG/5ML |
| DARZALEX SOL 400MG/20 | DARATUMUMAB IV SOLN 400 MG/20ML |
| DARZALEX SOL FASPRO | DARATUMUMAB-HYALURONIDASE-FIHJ INJ 1800-30000 MG-UNIT/15ML |
| DAUNORUBICIN INJ 20MG/4ML | DAUNORUBICIN HCL IV SOLN 20 MG/4ML (BASE EQUIV) |
| DAUNORUBICIN INJ 50MG | DAUNORUBICIN HCL IV SOLN 50 MG/10ML (BASE EQUIV) |
| DEFITELIO INJ 200/2.5 | DEFIBROTIDE SODIUM IV SOLN 200 MG/2.5ML (80 MG/ML) |
| DEMEROL INJ 100/2ML | MEPERIDINE HCL INJ 100 MG/2ML (50 MG/ML) |
| DEMEROL INJ 100MG/ML | MEPERIDINE HCL INJ 100 MG/ML |
| DEMEROL INJ 25MG/0.5 | MEPERIDINE HCL INJ 25 MG/0.5ML (50 MG/ML) |
| DEMEROL INJ 25MG/ML | MEPERIDINE HCL INJ 25 MG/ML |
| DEMEROL INJ 50MG/ML | MEPERIDINE HCL INJ 50 MG/ML |
| DEMEROL INJ 75MG/1.5 | MEPERIDINE HCL INJ 75 MG/1.5ML (50 MG/ML) |
| DEMEROL INJ 75MG/ML | MEPERIDINE HCL INJ 75 MG/ML |
| DEPACON INJ 100MG/ML | VALPROATE SODIUM INJ 100 MG/ML |
| DEPO-MEDROL INJ 20MG/ML | METHYLPREDNISOLONE ACETATE INJ SUSP 20 MG/ML |
| DEPO-MEDROL INJ 40MG/ML | METHYLPREDNISOLONE ACETATE INJ SUSP 40 MG/ML |

| Drug name | Generic name |
|--------------------------|---|
| DEPO-MEDROL INJ 80MG/ML | METHYLPREDNISOLONE ACETATE INJ SUSP 80 MG/ML |
| DEPO-PROVERA INJ 400/ML | MEDROXYPROGESTERONE ACETATE IM SUSP 400 MG/ML |
| DEXAMETH PHO INJ 10MG/ML | DEXAMETHASONE SODIUM PHOSPHATE PRESERVATIVE FREE INJ 10 MG/ML |
| DEXAMETH PHO INJ 10MG/ML | DEXAMETHASONE SODIUM PHOSPHATE INJ 10 MG/ML |
| DEXAMETH PHO INJ 4MG/ML | DEXAMETHASONE SODIUM PHOSPHATE INJ 4 MG/ML |
| DEXRAZOXANE INJ 500MG | DEXRAZOXANE HCL FOR INJ 500 MG (BASE EQUIVALENT) |
| DEXYCU SUS 9% | DEXAMETHASONE INTRAOCCULAR SUSP 9% |
| DIAZEPAM INJ 10MG/2ML | DIAZEPAM IM SOLUTION AUTO-INJ 10 MG/2ML |
| DIAZEPAM INJ 50/10ML | DIAZEPAM INJ 5 MG/ML |
| DIAZEPAM INJ 5MG/ML | DIAZEPAM INJ 5 MG/ML |
| DICYCLOMINE INJ 10MG/ML | DICYCLOMINE HCL INJ 10 MG/ML |
| DIGOXIN INJ 0.25/ML | DIGOXIN INJ 0.25 MG/ML |
| DILAUDID INJ 0.2MG/ML | HYDROMORPHONE HCL INJ 0.2 MG/ML |
| DILAUDID INJ 1MG/ML | HYDROMORPHONE HCL INJ 1 MG/ML |
| DILAUDID INJ 2MG/ML | HYDROMORPHONE HCL INJ 2 MG/ML |
| DILTIAZEM INJ 100MG | DILTIAZEM HCL IV FOR SOLN 100 MG |
| DILTIAZEM INJ 125/25ML | DILTIAZEM HCL IV SOLN 125 MG/25ML (5 MG/ML) |
| DILTIAZEM INJ 25MG/5ML | DILTIAZEM HCL IV SOLN 25 MG/5ML (5 MG/ML) |
| DILTIAZEM INJ 50/10ML | DILTIAZEM HCL IV SOLN 50 MG/10ML (5 MG/ML) |
| DIPHENHYDRAM INJ 50MG/ML | DIPHENHYDRAMINE HCL INJ 50 MG/ML |
| DIPRIVAN INJ 200/20ML | PROPOFOL IV EMUL 200 MG/20ML (10 MG/ML) |
| DOCETAXEL INJ 160/8ML | DOCETAXEL FOR INJ CONC 160 MG/8ML (20 MG/ML) |
| DOCETAXEL INJ 200/10 | DOCETAXEL FOR INJ CONC 200 MG/10ML (20 MG/ML) |
| DOCETAXEL INJ 20MG/2ML | DOCETAXEL SOLN FOR IV INFUSION 20 MG/2ML |
| DOCETAXEL INJ 20MG/ML | DOCETAXEL FOR INJ CONC 20 MG/ML |
| DOCETAXEL INJ 80MG/4ML | DOCETAXEL FOR INJ CONC 80 MG/4ML (20 MG/ML) |
| DOXERCALCIF INJ 4MCG/2ML | DOXERCALCIFEROL INJ 4 MCG/2ML (2 MCG/ML) |
| DOXORUBICIN INJ 10MG | DOXORUBICIN HCL FOR INJ 10 MG |
| DOXORUBICIN INJ 2MG/ML | DOXORUBICIN HCL INJ 2 MG/ML |
| DOXORUBICIN INJ 50MG | DOXORUBICIN HCL FOR INJ 50 MG |
| DOXY 100 INJ 100MG | DOXYCYCLINE HYCLATE FOR INJ 100 MG |
| DOXYCYCL HYC INJ 100MG | DOXYCYCLINE HYCLATE FOR INJ 100 MG |
| DURAMORPH INJ 0.5MG/ML | MORPHINE SULFATE INJ PF 0.5 MG/ML |

| Drug name | Generic name |
|-------------------------|---|
| DURAMORPH INJ 1MG/ML | MORPHINE SULFATE INJ PF 1 MG/ML |
| DURYSTA IMP 10MCG | BIMATOPROST INTRACAMERAL IMPLANT 10 MCG |
| DYLOJECT INJ 37.5MG/M | DICLOFENAC SODIUM IV SOLN 37.5 MG/ML |
| EGRIFTA SOL 1MG | TESAMORELIN ACETATE FOR INJ 1 MG (BASE EQUIV) |
| ELAPRASE INJ 6MG/3ML | IDURSULFASE SOLN FOR IV INFUSION 6 MG/3ML (2 MG/ML) |
| ELCYS INJ 50MG/ML | CYSTEINE HCL INJ 50 MG/ML |
| ELELYSO INJ 200UNIT | TALIGLUCERASE ALFA FOR INJ 200 UNIT |
| ELZONRIS SOL 1000MCG | TAGRAXOFUSP-ERZS IV SOLN 1000 MCG/ML |
| EMERPHED SOL 5MG/ML | EPHEDRINE SULFATE IV SOLN 5 MG/ML |
| EMPLICITI INJ 300MG | ELOTUZUMAB FOR IV SOLN 300 MG |
| EMPLICITI INJ 400MG | ELOTUZUMAB FOR IV SOLN 400 MG |
| ENHERTU INJ 100MG | FAM-TRASTUZUMAB DERUXTECAN-NXKI FOR IV SOLN 100 MG |
| ENTYVIO INJ 300MG | VEDOLIZUMAB FOR IV SOLUTION 300 MG |
| EPHEDRINE SU SOL 5MG/ML | EPHEDRINE SULFATE IV SOLN 5 MG/ML |
| EPINEPHRINE INJ 30/30ML | EPINEPHRINE INJ 30 MG/30ML (1 MG/ML) (1:1000) |
| EPINPHEPHRIN KIT SNAP-V | *EPINEPHRINE INJ KIT 1 MG/ML (1:1000)** |
| EPTIFIBATIDE INJ 200MG | EPTIFIBATIDE IV SOLN 200 MG/100ML (2 MG/ML) |
| ERAXIS INJ 100MG | ANIDULAFUNGIN FOR IV SOLN 100 MG |
| ERAXIS INJ 50MG | ANIDULAFUNGIN FOR IV SOLN 50 MG |
| ERBITUX INJ 100MG | CETUXIMAB IV SOLN 100 MG/50ML (2 MG/ML) |
| ERTAPENEM INJ 1GM | ERTAPENEM SODIUM FOR INJ 1 GM (BASE EQUIVALENT) |
| ERYTHROCIN INJ 500MG | ERYTHROMYCIN LACTOBIONATE FOR INJ 500 MG |
| ESOMEPRAZOLE INJ 20MG | ESOMEPRAZOLE SODIUM FOR INTRAVENOUS SOLN 20 MG (BASE EQUIV) |
| ESOMEPRAZOLE INJ 40MG | ESOMEPRAZOLE SODIUM FOR INTRAVENOUS SOLN 40 MG (BASE EQUIV) |
| ETHACRYNATE INJ 50MG | ETHACRYNATE SODIUM FOR INJ 50 MG |
| ETHYOL INJ 500MG | AMIFOSTINE FOR INJ 500 MG |
| ETOMIDATE INJ 20/10ML | ETOMIDATE IV SOLN 2 MG/ML |
| ETOMIDATE INJ 40/20ML | ETOMIDATE IV SOLN 2 MG/ML |
| ETOPOPHOS INJ 100MG | ETOPOSIDE PHOSPHATE IV FOR INJ 100 MG (BASE EQUIVALENT) |
| ETOPOSIDE INJ 1GM/50ML | ETOPOSIDE INJ 1 GM/50ML (20 MG/ML) |

| Drug name | Generic name |
|---------------------------|---|
| EVENITY INJ 105MG | ROMOSOZUMAB-AQQG INJ SOLN PREFILLED SYRINGE 105 MG/1.17ML |
| EVKEEZA INJ 1200/8 | EVINACUMAB-DGNB IV SOLN 1200 MG/8ML (150 MG/ML) |
| EVKEEZA INJ 345/2.3 | EVINACUMAB-DGNB IV SOLN 345 MG/2.3ML (150 MG/ML) |
| EVOMELA INJ 50MG | MELPHALAN HCL FOR INJ 50 MG (PROPYLENE GLYCOL (PG) FREE) |
| EXONDYS 51 SOL 100/2ML | ETEPLIRSEN IV SOLN 100 MG/2ML (50 MG/ML) |
| EXONDYS 51 SOL 500/10ML | ETEPLIRSEN IV SOLN 500 MG/10ML (50 MG/ML) |
| EXPAREL INJ 1.3% | BUPIVACAINE LIPOSOME INJ 1.3% (13.3 MG/ML) |
| FABRAZYME INJ 35MG | AGALSIDASE BETA FOR IV SOLN 35 MG |
| FABRAZYME INJ 5MG | AGALSIDASE BETA FOR IV SOLN 5 MG |
| FAMOTIDINE INJ 200/20ML | FAMOTIDINE INJ 200 MG/20ML |
| FAMOTIDINE INJ 20MG/2ML | FAMOTIDINE INJ 20 MG/2ML |
| FAMOTIDINE INJ 20MG/50M | FAMOTIDINE IN NAACL 0.9% IV SOLN 20 MG/50ML |
| FASENRA INJ 30MG/ML | BENRALIZUMAB SUBCUTANEOUS SOLN PREFILLED SYRINGE 30 MG/ML |
| FENSOLVI INJ 45MG | LEUPROLIDE ACET (6 MONTH) FOR INJ PEDIATRIC KIT 45 MG |
| FENTANYL CIT INJ 0.05MG/1 | FENTANYL CITRATE PF SOLN CARTRIDGE 100 MCG/2ML |
| FENTANYL CIT INJ 100/2ML | FENTANYL CITRATE PRESERVATIVE FREE (PF) INJ 100 MCG/2ML |
| FENTANYL CIT INJ 100/2ML | FENTANYL CITRATE SOLN PREFILLED SYRINGE 100 MCG/2ML |
| FENTANYL CIT INJ 1000/20 | FENTANYL CITRATE PRESERVATIVE FREE (PF) INJ 1000 MCG/20ML |
| FENTANYL CIT INJ 250/5ML | FENTANYL CITRATE PRESERVATIVE FREE (PF) INJ 250 MCG/5ML |
| FENTANYL CIT INJ 2500MCG | FENTANYL CITRATE PRESERVATIVE FREE (PF) INJ 2500 MCG/50ML |
| FENTANYL CIT INJ 500MCG | FENTANYL CITRATE PRESERVATIVE FREE (PF) INJ 500 MCG/10ML |
| FENTANYL CIT INJ 50MCG/ML | FENTANYL CITRATE PF SOLN PREFILLED SYRINGE 50 MCG/ML |
| FENTANYL CIT INJ 50MCG/ML | FENTANYL CITRATE PRESERVATIVE FREE (PF) INJ 50 MCG/ML |
| FETROJA INJ 1GM | CEFIDEROCOL SULFATE TOSYLATE FOR IV SOLN 1 GM |
| FIRMAGON INJ 120MG | DEGARELIX ACETATE FOR INJ 120 MG/VIAL (240 MG DOSE) |
| FIRMAGON INJ 80MG | DEGARELIX ACETATE FOR INJ 80 MG (BASE EQUIV) |
| FLEBOGAMMA INJ 10/100ML | IMMUNE GLOBULIN (HUMAN) IV SOLN 10 GM/100ML |

| Drug name | Generic name | Drug name | Generic name |
|---------------------------|--|--------------------------|---|
| FLEBOGAMMA INJ 10/200ML | IMMUNE GLOBULIN (HUMAN) IV SOLN 10 GM/200ML | GAMMAGARD INJ 10GM/100 | IMMUNE GLOBULIN (HUMAN) IV OR SUBCUTANEOUS SOLN 10 GM/100ML |
| FLEBOGAMMA INJ 20/200ML | IMMUNE GLOBULIN (HUMAN) IV SOLN 20 GM/200ML | GAMMAGARD INJ 2.5GM/25 | IMMUNE GLOBULIN (HUMAN) IV OR SUBCUTANEOUS SOLN 2.5 GM/25ML |
| FLEBOGAMMA INJ 20/400ML | IMMUNE GLOBULIN (HUMAN) IV SOLN 20 GM/400ML | GAMMAGARD INJ 20GM/200 | IMMUNE GLOBULIN (HUMAN) IV OR SUBCUTANEOUS SOLN 20 GM/200ML |
| FLEBOGAMMA INJ 5GM/50ML | IMMUNE GLOBULIN (HUMAN) IV SOLN 5 GM/50ML | GAMMAGARD INJ 30GM/300 | IMMUNE GLOBULIN (HUMAN) IV OR SUBCUTANEOUS SOLN 30 GM/300ML |
| FLEBOGAMMA INJ DIF 5% | IMMUNE GLOBULIN (HUMAN) IV SOLN 0.5 GM/10ML | GAMMAGARD INJ 5GM/50ML | IMMUNE GLOBULIN (HUMAN) IV OR SUBCUTANEOUS SOLN 5 GM/50ML |
| FLEBOGAMMA INJ DIF 5% | IMMUNE GLOBULIN (HUMAN) IV SOLN 2.5 GM/50ML | GAMMAGARD SD INJ 10GM HU | IMMUNE GLOBULIN (HUMAN) IV FOR SOLN 10 GM |
| FLEBOGAMMA INJ DIF 5% | IMMUNE GLOBULIN (HUMAN) IV SOLN 5 GM/100ML | GAMMAGARD SD INJ 5GM HU | IMMUNE GLOBULIN (HUMAN) IV FOR SOLN 5 GM |
| FLEXBUMIN INJ 25% | ALBUMIN, HUMAN INJ 25% | GAMMAKED INJ 10GM/100 | IMMUNE GLOBULIN (HUMAN) IV OR SUBCUTANEOUS SOLN 10 GM/100ML |
| FLUCONAZOLE SOL /NACL | FLUCONAZOLE IN NACL 0.9% INJ 100 MG/50ML | GAMMAKED INJ 2.5GM/25 | IMMUNE GLOBULIN (HUMAN) IV OR SUBCUTANEOUS SOLN 2.5 GM/25ML |
| FLUCONAZOLE/ INJ NACL 200 | FLUCONAZOLE IN NACL 0.9% INJ 200 MG/100ML | GAMMAKED INJ 20GM/200 | IMMUNE GLOBULIN (HUMAN) IV OR SUBCUTANEOUS SOLN 20 GM/200ML |
| FLUCONAZOLE/ INJ NACL 400 | FLUCONAZOLE IN NACL 0.9% INJ 400 MG/200ML | GAMMAKED INJ 5GM/50ML | IMMUNE GLOBULIN (HUMAN) IV OR SUBCUTANEOUS SOLN 5 GM/50ML |
| FLUDARABINE INJ 50MG | FLUDARABINE PHOSPHATE FOR INJ 50 MG | GAMMAPLEX INJ 10% | IMMUNE GLOBULIN (HUMAN) IV SOLN 10 GM/100ML |
| FLUDARABINE INJ 50MG/2ML | FLUDARABINE PHOSPHATE INJ 25 MG/ML | GAMMAPLEX INJ 10% | IMMUNE GLOBULIN (HUMAN) IV SOLN 20 GM/200ML |
| FLUOROURACIL INJ 1GM/20ML | FLUOROURACIL IV SOLN 1 GM/20ML (50 MG/ML) | GAMMAPLEX INJ 10% | IMMUNE GLOBULIN (HUMAN) IV SOLN 5 GM/50ML |
| FLUOROURACIL INJ 500/10ML | FLUOROURACIL IV SOLN 500 MG/10ML (50 MG/ML) | GAMMAPLEX INJ 5% | IMMUNE GLOBULIN (HUMAN) IV SOLN 10 GM/200ML |
| FLUOROURACIL INJ 5GM/100M | FLUOROURACIL IV SOLN 5 GM/100ML (50 MG/ML) | GAMMAPLEX INJ 5% | IMMUNE GLOBULIN (HUMAN) IV SOLN 20 GM/400ML |
| FLUPHENAZ DE INJ 25MG/ML | FLUPHENAZINE DECANOATE INJ 25 MG/ML | GAMMAPLEX INJ 5% | IMMUNE GLOBULIN (HUMAN) IV SOLN 5 GM/100ML |
| FLUPHENAZINE INJ 2.5MG/ML | FLUPHENAZINE HCL INJ 2.5 MG/ML | GAMUNEX-C INJ 10GM/100 | IMMUNE GLOBULIN (HUMAN) IV OR SUBCUTANEOUS SOLN 10 GM/100ML |
| FOSCARNET INJ 24MG/ML | FOSCARNET SODIUM INJ 6000 MG/250ML (24 MG/ML) | GAMUNEX-C INJ 2.5GM/25 | IMMUNE GLOBULIN (HUMAN) IV OR SUBCUTANEOUS SOLN 2.5 GM/25ML |
| FOSCAVIR INJ 24MG/ML | FOSCARNET SODIUM INJ 6000 MG/250ML (24 MG/ML) | GAMUNEX-C INJ 20GM/200 | IMMUNE GLOBULIN (HUMAN) IV OR SUBCUTANEOUS SOLN 20 GM/200ML |
| FOSPHENYTOIN INJ 100/2ML | FOSPHENYTOIN SODIUM INJ 100 MG/2ML (PHENYTOIN EQUIV) | GAMUNEX-C INJ 40/400ML | IMMUNE GLOBULIN (HUMAN) IV OR SUBCUTANEOUS SOLN 40 GM/400ML |
| FOSPHENYTOIN INJ 500/10ML | FOSPHENYTOIN SODIUM INJ 500 MG/10ML (PHENYTOIN EQUIV) | GAMUNEX-C INJ 5GM/50ML | IMMUNE GLOBULIN (HUMAN) IV OR SUBCUTANEOUS SOLN 5 GM/50ML |
| FUROSEMIDE INJ 10MG/ML | FUROSEMIDE INJ 10 MG/ML | GANCICLOVIR INJ 500/25 | GANCICLOVIR IV SOLN 500 MG/250ML |
| GABLOFEN INJ 10000/20 | BACLOFEN INTRATHECAL SOLN PREFILLED SYRINGE 10000 MCG/20ML | GANCICLOVIR INJ 500MG | GANCICLOVIR SODIUM IV SOLN 500 MG/10ML (50 MG/ML) (BASE EQ) |
| GABLOFEN INJ 20000/20 | BACLOFEN INTRATHECAL SOLN PREFILLED SYRINGE 20000 MCG/20ML | GAZYVA INJ 25MG/ML | OBINUTUZUMAB SOLN FOR IV INFUSION 1000 MG/40ML (25 MG/ML) |
| GABLOFEN INJ 40000/20 | BACLOFEN INTRATHECAL INJ 40 MG/20ML (2000 MCG/ML) | | |
| GABLOFEN INJ 40000/20 | BACLOFEN INTRATHECAL SOLN PREFILLED SYRINGE 40000 MCG/20ML | | |
| GAMASTAN INJ | IMMUNE GLOBULIN (HUMAN) IM INJ | | |
| GAMIFANT INJ 100/20ML | EMAPALUMAB-LZSG IV SOLN 100 MG/20ML | | |
| GAMIFANT INJ 10MG/2ML | EMAPALUMAB-LZSG IV SOLN 10 MG/2ML | | |
| GAMIFANT INJ 50/10ML | EMAPALUMAB-LZSG IV SOLN 50 MG/10ML | | |

| Drug name | Generic name |
|---------------------------|--|
| GEMCITABINE INJ 2GM/20ML | GEMCITABINE HCL INJ 2 GM/20ML (100 MG/ML) (BASE EQUIV) |
| GENTAM/NAACL INJ 0.9MG/ML | GENTAMICIN IN SALINE INJ 0.9 MG/ML |
| GENTAM/NAACL INJ 1.4MG/ML | GENTAMICIN IN SALINE INJ 1.4 MG/ML |
| GENTAM/NAACL INJ 100MG | GENTAMICIN IN SALINE INJ 1 MG/ML |
| GENTAM/NAACL INJ 100MG | GENTAMICIN IN SALINE INJ 2 MG/ML |
| GENTAM/NAACL INJ 120MG | GENTAMICIN IN SALINE INJ 1.2 MG/ML |
| GENTAM/NAACL INJ 60MG | GENTAMICIN IN SALINE INJ 1.2 MG/ML |
| GENTAM/NAACL INJ 80MG | GENTAMICIN IN SALINE INJ 0.8 MG/ML |
| GENTAM/NAACL INJ 80MG | GENTAMICIN IN SALINE INJ 1.6 MG/ML |
| GENTAMICIN INJ 10MG/ML | GENTAMICIN SULFATE INJ 10 MG/ML |
| GENTAMICIN INJ 10MG/ML | GENTAMICIN SULFATE IV SOLN 10 MG/ML |
| GENTAMICIN INJ 40MG/ML | GENTAMICIN SULFATE INJ 40 MG/ML |
| GEODON INJ 20MG | ZIPRASIDONE MESYLATE FOR INJ 20 MG (BASE EQUIVALENT) |
| GIAPREZA INJ 2.5MG | ANGIOTENSIN II ACETATE IV SOLN 2.5 MG/ML (BASE EQUIVALENT) |
| GIVLAARI INJ 189MG/ML | GIVOSIRAN SODIUM SUBCUTANEOUS SOLN 189 MG/ML |
| GLASSIA INJ | ALPHA1-PROTEINASE INHIBITOR (HUMAN) INJ 1000 MG/50ML |
| GLYCOPYRROL INJ 0.2MG/ML | GLYCOPYRROLATE INJ 0.2 MG/ML |
| GLYCOPYRROL INJ 0.2MG/ML | GLYCOPYRROLATE INJ PF SOLN PREFILLED SYRINGE 0.2 MG/ML |
| GLYCOPYRROL INJ 0.4/2ML | GLYCOPYRROLATE INJ 0.4 MG/2ML (0.2 MG/ML) |
| GLYCOPYRROL INJ 0.4/2ML | GLYCOPYRROLATE INJ PF SOLN PREF SYR 0.4 MG/2ML (0.2 MG/ML) |
| GLYCOPYRROL INJ 4MG/20ML | GLYCOPYRROLATE INJ 4 MG/20ML (0.2 MG/ML) |
| GLYRX-PF INJ .6MG/3ML | GLYCOPYRROLATE INJ PF SOLN PREF SYR 0.6 MG/3ML (0.2 MG/ML) |
| GLYRX-PF INJ 1MG/5ML | GLYCOPYRROLATE INJ PF SOLN PREF SYR 1 MG/5ML (0.2 MG/ML) |
| GLYRX-PF SOL 0.2MG/ML | GLYCOPYRROLATE INJ PF 0.2 MG/ML |
| GLYRX-PF SOL 0.4/2 | GLYCOPYRROLATE INJ PF 0.4 MG/2ML (0.2 MG/ML) |
| GOPRELTO SOL 40MG/ML | COCAINE HCL NASAL SOLN 40 MG/ML (4%) |
| GRANISETRON INJ 0.1MG/ML | GRANISETRON HCL INJ 0.1 MG/ML |
| GRANISETRON INJ 1MG/ML | GRANISETRON HCL INJ 1 MG/ML |

| Drug name | Generic name |
|----------------------------|---|
| GRANISETRON INJ 4MG/4ML | GRANISETRON HCL INJ 4 MG/4ML (1 MG/ML) |
| HALDOL INJ 5MG/ML | HALOPERIDOL LACTATE INJ 5 MG/ML |
| HALDOL DECAN INJ 100MG/ML | HALOPERIDOL DECANOATE IM SOLN 100 MG/ML |
| HALDOL DECAN INJ 50MG/ML | HALOPERIDOL DECANOATE IM SOLN 50 MG/ML |
| HALOPER DEC INJ 100MG/ML | HALOPERIDOL DECANOATE IM SOLN 100 MG/ML |
| HALOPER DEC INJ 500/5ML | HALOPERIDOL DECANOATE IM SOLN 100 MG/ML |
| HALOPER DEC INJ 50MG/ML | HALOPERIDOL DECANOATE IM SOLN 50 MG/ML |
| HALOPER LAC INJ 5MG/ML | HALOPERIDOL LACTATE INJ 5 MG/ML |
| HALOPERIDOL INJ 5MG/ML | HALOPERIDOL LACTATE INJ 5 MG/ML |
| HECTOROL INJ 2MCG/ML | DOXERCALCIFEROL INJ 2 MCG/ML |
| HECTOROL INJ 4MCG/2ML | DOXERCALCIFEROL INJ 4 MCG/2ML (2 MCG/ML) |
| HEP SOD/D5W INJ 20000UNT | HEPARIN SODIUM (PORCINE)-DEXTROSE IV SOL 20000 UNIT/500ML-5% |
| HEP SOD/DEXT INJ 25000UNT | HEPARIN SODIUM (PORCINE) 100 UNIT/ML IN D5W |
| HEP SOD/DEXT INJ 25000UNT | HEPARIN SODIUM (PORCINE)-DEXTROSE IV SOL 25000 UNIT/500ML-5% |
| HEP SOD/NAACL INJ 1000UNIT | HEPARIN SOD (PORCINE)-NAACL IV SOLN 1000 UNIT/500ML-0.9% |
| HEP SOD/NAACL INJ 12500UNT | HEPARIN SOD (PORCINE) IN NAACL IV SOLN 12500 UNIT/250ML-0.45% |
| HEP SOD/NAACL INJ 2000UNIT | HEPARIN SOD (PORCINE)-NAACL IV SOLN 2000 UNIT/L-0.9% |
| HEPARIN SOD INJ 1000/ML | HEPARIN SODIUM (PORCINE) INJ 1000 UNIT/ML |
| HEPARIN SOD INJ 5000/ML | HEPARIN SODIUM (PORCINE) INJ 5000 UNIT/ML |
| HERCEP HYLEC SOL 60-10000 | TRASTUZUMAB-HYALURONIDASE-OYSK INJ 600-10000 MG-UNIT/5ML |
| HERCEPTIN INJ 150MG | TRASTUZUMAB FOR IV SOLN 150 MG |
| HERCEPTIN INJ 440MG | TRASTUZUMAB FOR IV SOLN 440 MG |
| HERZUMA INJ 150MG | TRASTUZUMAB-PKRB FOR IV SOLN 150 MG |
| HERZUMA INJ 420MG | TRASTUZUMAB-PKRB FOR IV SOLN 420 MG |
| HIZENTRA INJ 1GM/5ML | IMMUNE GLOBULIN (HUMAN) SUBCUTANEOUS INJ 1 GM/5ML |
| HIZENTRA INJ 1GM/5ML | IMMUNE GLOBULIN (HUMAN) SUBCUTANEOUS SOLN PREF SYR 1 GM/5ML |
| HIZENTRA INJ 2GM/10ML | IMMUNE GLOBULIN (HUMAN) SUBCUTANEOUS SOLN PREF SYR 2 GM/10ML |

| Drug name | Generic name |
|--------------------------|--|
| HIZENTRA INJ 4GM/20ML | IMMUNE GLOBULIN (HUMAN) SUBCUTANEOUS INJ 4 GM/20ML |
| HIZENTRA SOL 20% | IMMUNE GLOBULIN (HUMAN) SUBCUTANEOUS SOLN PREF SYR 4 GM/20ML |
| HYCANTIN INJ 4MG | TOPOTECAN HCL FOR INJ 4 MG (BASE EQUIV) |
| HYDRALAZINE INJ 20MG/ML | HYDRALAZINE HCL INJ 20 MG/ML |
| HYDROMORPHON INJ 10MG/ML | HYDROMORPHONE HCL PRESERVATIVE FREE (PF) INJ 10 MG/ML |
| HYDROMORPHON INJ 1MG/ML | HYDROMORPHONE HCL INJ 1 MG/ML |
| HYDROMORPHON INJ 1MG/ML | HYDROMORPHONE HCL PRESERVATIVE FREE (PF) INJ 1 MG/ML |
| HYDROMORPHON INJ 2MG/ML | HYDROMORPHONE HCL INJ 2 MG/ML |
| HYDROMORPHON INJ 2MG/ML | HYDROMORPHONE HCL PRESERVATIVE FREE (PF) INJ 2 MG/ML |
| HYDROMORPHON INJ 4MG/ML | HYDROMORPHONE HCL PRESERVATIVE FREE (PF) INJ 4 MG/ML |
| HYDROXYPROG INJ 250MG/ML | HYDROXYPROGESTERONE CAPROATE IM IN OIL 250 MG/ML |
| HYDROXYZ HCL INJ 25MG/ML | HYDROXYZINE HCL IM SOLN 25 MG/ML |
| HYDROXYZ HCL INJ 50MG/ML | HYDROXYZINE HCL IM SOLN 50 MG/ML |
| HYPERRAB INJ 900UNIT | RABIES IMMUNE GLOBULIN (HUMAN) INJ 900 UNT/3ML (300 UNT/ML) |
| HYQVIA INJ 10-800 | IMMUN GLOB INJ 10 GM/100ML-HYALURON INJ 800 UNT/5 ML KIT |
| HYQVIA INJ 2.5-200 | IMMUN GLOB INJ 2.5 GM/25ML-HYALURON INJ 200 UNT/1.25 ML KIT |
| HYQVIA INJ 20-1600 | IMMUN GLOB INJ 20 GM/200ML-HYALURON INJ 1600 UNT/10 ML KIT |
| HYQVIA INJ 30-2400 | IMMUN GLOB INJ 30 GM/300ML-HYALURON INJ 2400 UNT/15 ML KIT |
| HYQVIA INJ 5-400 | IMMUN GLOB INJ 5 GM/50ML-HYALURON INJ 400 UNT/2.5 ML KIT |
| IBANDRONATE INJ 3MG/3ML | IBANDRONATE SODIUM IV SOLN 3 MG/3ML (BASE EQUIVALENT) |
| ILARIS INJ 150MG/ML | CANAKINUMAB SUBCUTANEOUS INJ 150 MG/ML |
| ILUVIEN IMP 0.19MG | FLUOCINOLONE ACETONIDE INTRAVITREAL IMPLANT 0.19 MG |
| IMFINZI INJ 120/2.4 | DURVALUMAB SOLN FOR IV INFUSION 120 MG/2.4ML (50 MG/ML) |
| IMFINZI INJ 500/10 | DURVALUMAB SOLN FOR IV INFUSION 500 MG/10ML (50 MG/ML) |

| Drug name | Generic name |
|--------------------------|--|
| IMIPENEM/CIL INJ 250MG | IMIPENEM-CILASTATIN INTRAVENOUS FOR SOLN 250 MG |
| IMIPENEM/CIL INJ 500MG | IMIPENEM-CILASTATIN INTRAVENOUS FOR SOLN 500 MG |
| IMLYGIC INJ | TALIMOGENE LAHERPAREPVEC INTRALESIONAL INJ 1000000 UNIT/ML |
| IMLYGIC INJ | TALIMOGENE LAHERPAREPVEC INTRALESIONAL INJ 10000000 UNIT/ML |
| INFLECTRA INJ 100MG | INFLIXIMAB-DYYB FOR IV INJ 100 MG |
| INFLIXIMAB INJ 100MG | INFLIXIMAB FOR IV INJ 100 MG |
| INFUGEM SOL 1200MG | GEMCITABINE HCL-NACL IV SOLN 1200 MG/120ML-0.9% |
| INFUGEM SOL 1300MG | GEMCITABINE HCL-NACL IV SOLN 1300 MG/130ML-0.9% |
| INFUGEM SOL 1400MG | GEMCITABINE HCL-NACL IV SOLN 1400 MG/140ML-0.9% |
| INFUGEM SOL 1500MG | GEMCITABINE HCL-NACL IV SOLN 1500 MG/150ML-0.9% |
| INFUGEM SOL 1600MG | GEMCITABINE HCL-NACL IV SOLN 1600 MG/160ML-0.9% |
| INFUGEM SOL 1700MG | GEMCITABINE HCL-NACL IV SOLN 1700 MG/170ML-0.9% |
| INFUGEM SOL 1800MG | GEMCITABINE HCL-NACL IV SOLN 1800 MG/180ML-0.9% |
| INFUGEM SOL 1900MG | GEMCITABINE HCL-NACL IV SOLN 1900 MG/190ML-0.9% |
| INFUGEM SOL 2000MG | GEMCITABINE HCL-NACL IV SOLN 2000 MG/200ML-0.9% |
| INFUGEM SOL 2200MG | GEMCITABINE HCL-NACL IV SOLN 2200 MG/220ML-0.9% |
| INFUMORPH INJ 10MG/ML | MORPHINE SULF FOR MICROINFUSION PF INJ 200 MG/20ML (10MG/ML) |
| INFUMORPH INJ 25MG/ML | MORPHINE SULF FOR MICROINFUSION PF INJ 500 MG/20ML (25MG/ML) |
| INTEGRILIN INJ | EPTIFIBATIDE IV SOLN 200 MG/100ML (2 MG/ML) |
| INTRAROSA SUP 6.5MG | PRASTERONE VAGINAL INSERT 6.5 MG |
| INVANZ INJ 1GM | ERTAPENEM SODIUM FOR INJ 1 GM (BASE EQUIVALENT) |
| INVEGA HAFYE INJ 1092MG | PALIPERIDONE PALMITATE ER SUSP PREF SYR 1,092 MG/3.5ML |
| INVEGA HAFYE INJ 1560MG | PALIPERIDONE PALMITATE ER SUSP PREF SYR 1,560 MG/5ML |
| INVEGA SUST INJ 117/0.75 | PALIPERIDONE PALMITATE ER SUSP PREF SYR 117 MG/0.75ML |
| INVEGA SUST INJ 156MG/ML | PALIPERIDONE PALMITATE ER SUSP PREF SYR 156 MG/ML |
| INVEGA SUST INJ 234/1.5 | PALIPERIDONE PALMITATE ER SUSP PREF SYR 234 MG/1.5ML |
| INVEGA SUST INJ 39/0.25 | PALIPERIDONE PALMITATE ER SUSP PREF SYR 39 MG/0.25ML |

| Drug name | Generic name |
|--------------------------|---|
| INVEGA SUST INJ 78/0.5ML | PALIPERIDONE PALMITATE ER SUSP PREF SYR 78 MG/0.5ML |
| INVEGA TRINZ INJ 273MG | PALIPERIDONE PALMITATE ER SUSP PREF SYR 273 MG/0.88ML |
| INVEGA TRINZ INJ 410MG | PALIPERIDONE PALMITATE ER SUSP PREF SYR 410 MG/1.32ML |
| INVEGA TRINZ INJ 546MG | PALIPERIDONE PALMITATE ER SUSP PREF SYR 546 MG/1.75ML |
| INVEGA TRINZ INJ 819MG | PALIPERIDONE PALMITATE ER SUSP PREF SYR 819 MG/2.63ML |
| IRINOTECAN INJ 40MG/2ML | IRINOTECAN HCL INJ 40 MG/2ML (20 MG/ML) |
| ISOLYTE-S INJ | *ELECTROLYTE-S SOLUTION*** |
| ISONIAZID INJ 100MG/ML | ISONIAZID INJ 100 MG/ML |
| JELMYTO INJ 40MG X 2 | MITOMYCIN FOR PYELOALYCEAL SOLN 40 MG |
| JEMPERLI SOL 500/10ML | DOSTARLIMAB-GXLY IV SOLN 500 MG/10ML (50 MG/ML) |
| KADCYLA INJ 100MG | ADO-TRASTUZUMAB EMTANSINE FOR IV SOLN 100 MG |
| KADCYLA INJ 160MG | ADO-TRASTUZUMAB EMTANSINE FOR IV SOLN 160 MG |
| KANJINTI INJ 420MG | TRASTUZUMAB-ANNS FOR IV SOLN 420 MG |
| KANJINTI SOL 150MG | TRASTUZUMAB-ANNS FOR IV SOLN 150 MG |
| KANUMA INJ 20/10ML | SEBELIPASE ALFA IV SOLN 20 MG/10ML (2 MG/ML) |
| KCENTRA KIT 1000UNIT | PROTHROMBIN COMPLEX CONC HUMAN FOR INJ KIT 1000 UNIT |
| KEDBUMIN INJ 25% | ALBUMIN, HUMAN INJ 25% |
| KENALOG-40 INJ 40MG/ML | TRIAMCINOLONE ACETONIDE INJ SUSP 40 MG/ML |
| KENALOG-80 INJ | TRIAMCINOLONE ACETONIDE INJ SUSP 80 MG/ML |
| KENGREAL SOL 50MG | CANGRELOR TETRASODIUM FOR IV SOLN 50 MG |
| KEPIVANCE INJ 6.25MG | PALIFERMIN FOR IV INJ 6.25 MG |
| KEPPRA INJ 500/5ML | LEVETIRACETAM INJ 500 MG/5ML (100 MG/ML) |
| KETOROLAC INJ 15MG/ML | KETOROLAC TROMETHAMINE INJ 15 MG/ML |
| KETOROLAC INJ 30MG/ML | KETOROLAC TROMETHAMINE INJ 30 MG/ML |
| KETOROLAC INJ 30MG/ML | KETOROLAC TROMETHAMINE INJ 300 MG/10ML (30 MG/ML) |
| KETOROLAC INJ 60MG/2ML | KETOROLAC TROMETHAMINE IM INJ 60 MG/2ML (30 MG/ML) |
| KEYTRUDA INJ 100MG/4M | PEMBROLIZUMAB IV SOLN 100 MG/4ML (25 MG/ML) |
| KEYTRUDA SOL 50MG | PEMBROLIZUMAB FOR IV SOLN 50 MG |
| KHAPZORY SOL 175MG | LEVOLEUCOVORIN FOR IV SOLN 175 MG |
| KHAPZORY SOL 300MG | LEVOLEUCOVORIN FOR IV SOLN 300 MG |

| Drug name | Generic name |
|---------------------------|--|
| KIMYRSA INJ 1200MG | ORITAVANCIN DIPHOSPHATE FOR IV SOLN 1200 MG |
| KYMRIAH SUS | TISAGENLECLEUCEL IV SUSP 250,000,000 CELLS |
| KYMRIAH SUS | TISAGENLECLEUCEL IV SUSP 600,000,000 CELLS |
| KYPROLIS SOL 10MG | CARFILZOMIB FOR INJ 10 MG |
| LABETALOL INJ 100/20ML | LABETALOL HCL IV SOLN 5 MG/ML |
| LABETALOL INJ 20/4ML | LABETALOL HCL IV SOLN 5 MG/ML |
| LABETALOL INJ 200/200 | LABETALOL HCL-DEXTROSE IV SOLN 200 MG/200ML-5% |
| LABETALOL INJ NACL | LABETALOL HCL-SODIUM CHLORIDE IV SOLN 100 MG/100ML-0.72% |
| LABETALOL INJ NACL | LABETALOL HCL-SODIUM CHLORIDE IV SOLN 300 MG/300ML-0.72% |
| LANOXIN INJ 0.5/2ML | DIGOXIN INJ 0.25 MG/ML |
| LANOXIN PED INJ 0.1MG/ML | DIGOXIN INJ 0.1 MG/ML |
| LARTRUVO INJ 10MG/ML | OLARATUMAB SOLN FOR IV INFUSION 500 MG/50ML (10 MG/ML) |
| LARTRUVO INJ 190/19ML | OLARATUMAB SOLN FOR IV INFUSION 190 MG/19ML (10 MG/ML) |
| LEMTRADA INJ 12/1.2ML | ALEMTUZUMAB IV INJ 12 MG/1.2ML (10 MG/ML) |
| LEUCOVOR CA INJ 100MG | LEUCOVORIN CALCIUM FOR INJ 100 MG |
| LEUCOVOR CA INJ 200MG | LEUCOVORIN CALCIUM FOR INJ 200 MG |
| LEUCOVOR CA INJ 350MG | LEUCOVORIN CALCIUM FOR INJ 350 MG |
| LEUCOVOR CA INJ 50MG | LEUCOVORIN CALCIUM FOR INJ 50 MG |
| LEUCOVORIN INJ 100/10ML | LEUCOVORIN CALCIUM INJ 100 MG/10ML (10 MG/ML) |
| LEUCOVORIN INJ 500/50ML | LEUCOVORIN CALCIUM INJ 500 MG/50ML (10 MG/ML) |
| LEUCOVORIN INJ CALCIUM | LEUCOVORIN CALCIUM FOR INJ 500 MG |
| LEUKINE INJ 500 MCG | SARGRAMOSTIM INJ 500 MCG/ML |
| LEVETIRACETA INJ 10MG/ML | LEVETIRACETAM IN SODIUM CHLORIDE IV SOLN 1000 MG/100ML |
| LEVETIRACETA INJ 15MG/ML | LEVETIRACETAM IN SODIUM CHLORIDE IV SOLN 1500 MG/100ML |
| LEVETIRACETA INJ 5MG/ML | LEVETIRACETAM IN SODIUM CHLORIDE IV SOLN 500 MG/100ML |
| LEVETIRACETM INJ 500/5ML | LEVETIRACETAM INJ 500 MG/5ML (100 MG/ML) |
| LEVOFLOX/D5W INJ 250/50ML | LEVOFLOXACIN IN D5W IV SOLN 250 MG/50ML |
| LEVOFLOX/D5W INJ 500/100M | LEVOFLOXACIN IN D5W IV SOLN 500 MG/100ML |
| LEVOFLOX/D5W INJ 750/150 | LEVOFLOXACIN IN D5W IV SOLN 750 MG/150ML |
| LEVOFLOXACIN INJ 25MG/ML | LEVOFLOXACIN IV SOLN 25 MG/ML |

| Drug name | Generic name |
|---------------------------|--|
| LEVOLEUCOVOR INJ 175/17.5 | LEVOLEUCOVORIN CALCIUM INJ 175 MG/17.5ML (BASE EQUIV) |
| LEVOLEUCOVOR INJ 175MG | LEVOLEUCOVORIN CALCIUM FOR IV INJ 175 MG (BASE EQUIV) |
| LEVOLEUCOVOR SOL 250MG/25 | LEVOLEUCOVORIN CALCIUM IV SOLN PF 250 MG/25ML (BASE EQUIV) |
| LEVOTHYROXIN INJ 100/5ML | LEVOTHYROXINE SODIUM IV SOLN 100 MCG/5ML (20 MCG/ML) |
| LEVOTHYROXIN INJ 200/5ML | LEVOTHYROXINE SODIUM IV SOLN 200 MCG/5ML (40 MCG/ML) |
| LEVOTHYROXIN INJ 500/5ML | LEVOTHYROXINE SODIUM IV SOLN 500 MCG/5ML (100 MCG/ML) |
| LIBTAYO INJ 350/7ML | CEMPIIMAB-RWLC IV SOLN 350 MG/7ML (50 MG/ML) |
| LIDO/DEXTROS INJ 5-7.5% | LIDOCAINE 5% IN 7.5% DEXTROSE INTRASPINAL SOLN |
| LIDO/EPI INJ 1.5% | LIDOCAINE INJ 1.5% W/ EPINEPHRINE-1:200000 |
| LIDOCAIN/D5W INJ 4MG/ML | LIDOCAINE IV INFUSION IN D5W INJ 4 MG/ML |
| LIDOCAIN/D5W INJ 8MG/ML | LIDOCAINE IV INFUSION IN D5W INJ 8 MG/ML |
| LIDOCAINE INJ 0.5% | LIDOCAINE HCL LOCAL INJ 0.5% |
| LIDOCAINE INJ 0.5% | LIDOCAINE HCL LOCAL PRESERVATIVE FREE (PF) INJ 0.5% |
| LIDOCAINE INJ 1.5% | LIDOCAINE HCL LOCAL PRESERVATIVE FREE (PF) INJ 1.5% |
| LIDOCAINE INJ 1% | LIDOCAINE HCL LOCAL INJ 1% |
| LIDOCAINE INJ 1% | LIDOCAINE HCL LOCAL PRESERVATIVE FREE (PF) INJ 1% |
| LIDOCAINE INJ 2% | LIDOCAINE HCL LOCAL INJ 2% |
| LIDOCAINE INJ 2% | LIDOCAINE HCL LOCAL PRESERVATIVE FREE (PF) INJ 2% |
| LIDOCAINE INJ 4% | LIDOCAINE HCL LOCAL PRESERVATIVE FREE (PF) INJ 4% |
| LINCOCIN INJ 300MG/ML | LINCOMYCIN HCL INJ 300 MG/ML |
| LINCOMYCIN INJ 300MG/ML | LINCOMYCIN HCL INJ 300 MG/ML |
| LINEZOLID INJ 2MG/ML | LINEZOLID IV SOLN 600 MG/300ML (2 MG/ML) |
| LIORESAL INT INJ 40MG/20 | BACLOFEN INTRATHECAL INJ 40 MG/20ML (2000 MCG/ML) |
| LIOthyRONINE INJ 10MCG/ML | LIOthyRONINE SODIUM IV SOLN 10 MCG/ML |
| LOPRESSOR INJ 5MG/5ML | METOPROLOL TARTRATE IV SOLN 5 MG/5ML |
| LORAZEPAM INJ 2MG/ML | LORAZEPAM INJ 2 MG/ML |
| LORAZEPAM INJ 4MG/ML | LORAZEPAM INJ 4 MG/ML |
| LUCENTIS INJ 0.3MG | RANIBIZUMAB INTRAVITREAL SOLN PREF SYR 0.3 MG/0.05ML |

| Drug name | Generic name |
|--------------------------|--|
| LUCENTIS INJ 0.5MG | RANIBIZUMAB INTRAVITREAL SOLN PREF SYR 0.5 MG/0.05ML |
| LUMIZYME INJ 50MG | ALGLUCOSIDASE ALFA FOR IV SOLN 50 MG |
| LUMOXITI SOL 1MG | MOXETUMOMAB PASUDOTOX-TDFK FOR IV SOLN 1 MG |
| LUPR DEP-PED INJ 11.25MG | LEUPROLIDE ACETATE FOR INJ PEDIATRIC KIT 11.25 MG |
| LUPR DEP-PED INJ 15MG | LEUPROLIDE ACETATE FOR INJ PEDIATRIC KIT 15 MG |
| LUPR DEP-PED INJ 3M 30MG | LEUPROLIDE ACETATE (3 MONTH) FOR INJ PEDIATRIC KIT 30 MG |
| LUPRON DEPOT INJ 11.25MG | LEUPROLIDE ACETATE (3 MONTH) FOR INJ KIT 11.25 MG |
| LUPRON DEPOT INJ 22.5MG | LEUPROLIDE ACETATE (3 MONTH) FOR INJ KIT 22.5 MG |
| LUPRON DEPOT INJ 3.75MG | LEUPROLIDE ACETATE FOR INJ KIT 3.75 MG |
| LUPRON DEPOT INJ 30MG | LEUPROLIDE ACETATE (4 MONTH) FOR INJ KIT 30 MG |
| LUPRON DEPOT INJ 45MG | LEUPROLIDE ACETATE (6 MONTH) FOR INJ KIT 45 MG |
| LUPRON DEPOT INJ 7.5MG | LEUPROLIDE ACETATE FOR INJ KIT 7.5 MG |
| LUTATHERA SOL 370MBQ | LUTETIUM LU 177 DOTATATE IV SOLN 370 MBQ/ML (10 MCI/ML) |
| LUXTURNA SUS | VORETIGENE NEPARVOVEC-RZYL 50000000000000 VG/ML INTRAOC SUSP |
| MAGNESIUM SU INJ 50% | MAGNESIUM SULFATE INJ 50% |
| MAGNESIUM SU INJ 80MG/ML | MAGNESIUM SULFATE IV SOLN 4 GM/50ML (80 MG/ML) |
| MAKENA INJ 250MG/ML | HYDROXYPROGESTERONE CAPROATE IM IN OIL 250 MG/ML |
| MAKENA INJ 275MG | HYDROXYPROGESTERONE CAPROATE SOLN AUTO-INJECTOR 275 MG/1.1ML |
| MARCAINE INJ 0.25% | BUPIVACAINE HCL PRESERVATIVE FREE (PF) INJ 0.25% |
| MARCAINE INJ 0.5% | BUPIVACAINE HCL PRESERVATIVE FREE (PF) INJ 0.5% |
| MARCAINE INJ 0.75% | BUPIVACAINE HCL PRESERVATIVE FREE (PF) INJ 0.75% |
| MARCAINE/EPI INJ 0.25% | BUPIVACAINE INJ 0.25% W/ EPINEPHRINE 1:200000 (PF) |
| MARCAINE/EPI INJ 0.5% | BUPIVACAINE INJ 0.5% W/ EPINEPHRINE 1:200000 (PF) |
| MARGENZA INJ 250/10ML | MARGETUXIMAB-CMKB IV SOLN 250 MG/10ML (25 MG/ML) |
| MAXIPIME INJ 1GM | CEFEPIME HCL FOR INJ 1 GM |
| MAXIPIME INJ 2GM | CEFEPIME HCL FOR INJ 2 GM |
| MEFOXIN INJ 1GM/50ML | CEFOXITIN SODIUM IV SOLN 1 GM/50ML IN DEXTROSE 2 GM/50ML |
| MEFOXIN INJ 2GM/50ML | CEFOXITIN SODIUM IV SOLN 2 GM/50ML IN DEXTROSE 1.1 GM/50ML |



| Drug name | Generic name |
|--------------------------|--|
| MELPHALAN INJ 50MG | MELPHALAN HCL FOR INJ 50 MG (BASE EQUIV) |
| MEPERIDINE INJ 100MG/ML | MEPERIDINE HCL INJ 100 MG/ML |
| MEPERIDINE INJ 10MG/ML | MEPERIDINE HCL INJ 10 MG/ML |
| MEPERIDINE INJ 25MG/ML | MEPERIDINE HCL INJ 25 MG/ML |
| MEPERIDINE INJ 50MG/ML | MEPERIDINE HCL INJ 50 MG/ML |
| MEPSEVII INJ 10MG/5ML | VESTRONIDASE ALFA-VJBK IV SOLN 10 MG/5ML (2 MG/ML) |
| MEROPENEM INJ 1GM | MEROPENEM IV FOR SOLN 1 GM |
| MEROPENEM INJ 500MG | MEROPENEM IV FOR SOLN 500 MG |
| MERREM INJ 1GM | MEROPENEM IV FOR SOLN 1 GM |
| MERREM INJ 500MG | MEROPENEM IV FOR SOLN 500 MG |
| METHADONE INJ 10MG/ML | METHADONE HCL INJ 10 MG/ML |
| METHOCARBAM INJ 1000MG | METHOCARBAMOL INJ 1000 MG/10ML |
| METHOTREXATE INJ 100/4ML | METHOTREXATE SODIUM INJ PF 100 MG/4ML (25 MG/ML) |
| METHOTREXATE INJ 200/8ML | METHOTREXATE SODIUM INJ PF 200 MG/8ML (25 MG/ML) |
| METHYLPR ACE INJ 40MG/ML | METHYLPREDNISOLONE ACETATE INJ SUSP 40 MG/ML |
| METHYLPR ACE INJ 80MG/ML | METHYLPREDNISOLONE ACETATE INJ SUSP 80 MG/ML |
| METHYLPR SS INJ 1000MG | METHYLPREDNISOLONE SOD SUCC FOR INJ 1000 MG (BASE EQUIV) |
| METHYLPR SS INJ 125MG | METHYLPREDNISOLONE SOD SUCC FOR INJ 125 MG (BASE EQUIV) |
| METHYLPR SS INJ 40MG | METHYLPREDNISOLONE SOD SUCC FOR INJ 40 MG (BASE EQUIV) |
| METHYLPR SS INJ 500MG | METHYLPREDNISOLONE SOD SUCC FOR INJ 500 MG (BASE EQUIV) |
| METOCLOPRAM INJ 5MG/ML | METOCLOPRAMIDE HCL INJ 5 MG/ML (BASE EQUIVALENT) |
| METOPROLOL INJ 5MG/5ML | METOPROLOL TARTRATE IV SOLN 5 MG/5ML |
| METRONIDAZOL INJ 500/100 | METRONIDAZOLE IN NAACL 0.74% IV SOLN 500 MG/100ML |
| MG SO4/D5W INJ 10MG/ML | MAGNESIUM SULFATE IN DEXTROSE 5% IV SOLN 1 GM/100ML |
| MICAFUNGIN INJ 100MG | MICAFUNGIN SODIUM FOR IV SOLN 100 MG |
| MICAFUNGIN INJ 50MG | MICAFUNGIN SODIUM FOR IV SOLN 50 MG |
| MIDAZOLAM INJ 10MG/2ML | MIDAZOLAM HCL INJ PF 10 MG/2ML (BASE EQUIVALENT) |
| MIDAZOLAM INJ 2MG/2ML | MIDAZOLAM HCL INJ 2 MG/2ML (BASE EQUIVALENT) |
| MIDAZOLAM INJ 2MG/2ML | MIDAZOLAM HCL INJ PF 2 MG/2ML (BASE EQUIVALENT) |
| MIDAZOLAM INJ 5MG/5ML | MIDAZOLAM HCL INJ 5 MG/5ML (BASE EQUIVALENT) |

| Drug name | Generic name |
|---------------------------|--|
| MIDAZOLAM INJ 5MG/ML | MIDAZOLAM HCL INJ PF 5 MG/ML (BASE EQUIVALENT) |
| MIDAZOLAM INJ NAACL | MIDAZOLAM 50 MG/50ML-SODIUM CHLORIDE 0.9% IV SOLN |
| MIDAZOLAM SOL NAACL | MIDAZOLAM 100 MG/100ML-SODIUM CHLORIDE 0.9% IV SOLN |
| MIRCERA INJ 100MCG | METHOXY PEG-EPOETIN BETA SOLN PREFILLED SYR 100 MCG/0.3ML |
| MIRCERA INJ 150MCG | METHOXY PEG-EPOETIN BETA SOLN PREFILLED SYR 150 MCG/0.3ML |
| MIRCERA INJ 200MCG | METHOXY PEG-EPOETIN BETA SOLN PREFILLED SYR 200 MCG/0.3ML |
| MIRCERA INJ 50MCG | METHOXY PEG-EPOETIN BETA SOLN PREFILLED SYR 50 MCG/0.3ML |
| MIRCERA INJ 75MCG | METHOXY PEG-EPOETIN BETA SOLN PREFILLED SYR 75 MCG/0.3ML |
| MITIGO INJ 10MG/ML | MORPHINE SULF FOR MICROINFUSION PF INJ 200 MG/20ML (10MG/ML) |
| MITIGO INJ 25MG/ML | MORPHINE SULF FOR MICROINFUSION PF INJ 500 MG/20ML (25MG/ML) |
| MITOMYCIN INJ 20MG | MITOMYCIN FOR IV SOLN 20 MG |
| MITOMYCIN INJ 40MG | MITOMYCIN FOR IV SOLN 40 MG |
| MITOMYCIN INJ 5MG | MITOMYCIN FOR IV SOLN 5 MG |
| MITOXANTRON INJ 2MG/ML | MITOXANTRONE HCL INJ CONC 30 MG/15ML (2 MG/ML) |
| MONJUVI INJ 200MG | TAFASITAMAB-CXIX FOR IV SOLN 200 MG |
| MONOFERRIC INJ 1000/10 | FERRIC DERISOMALTOSE (ONE DOSE) IV SOL 1000 MG/10ML (FE EQ) |
| MORPHIN/NAACL INJ 30/30ML | MORPHINE SULFATE IV SOLN PF 1 MG/ML |
| MORPHINE SUL INJ 0.5MG/ML | MORPHINE SULFATE INJ PF 0.5 MG/ML |
| MORPHINE SUL INJ 150/30ML | MORPHINE SULFATE IV SOLN 5 MG/ML |
| MORPHINE SUL INJ 1MG/ML | MORPHINE SULFATE INJ PF 1 MG/ML |
| MORPHINE SUL INJ 2MG/ML | MORPHINE SULFATE INJ PF 2 MG/ML |
| MORPHINE SUL INJ 2MG/ML | MORPHINE SULFATE IV SOLN PF 2 MG/ML |
| MORPHINE SUL INJ 4MG/ML | MORPHINE SULFATE IV SOLN 4 MG/ML |
| MORPHINE SUL INJ 4MG/ML | MORPHINE SULFATE IV SOLN PF 4 MG/ML |
| MORPHINE SUL INJ 5MG/ML | MORPHINE SULFATE INJ PF 5 MG/ML |
| MORPHINE SUL INJ 8MG/ML | MORPHINE SULFATE INJ PF 8 MG/ML |
| MOXIFLOXACIN INJ 400/250 | MOXIFLOXACIN HCL 400 MG/250ML IN SODIUM CHLORIDE 0.8% INJ |

| Drug name | Generic name |
|--------------------------|---|
| MUTAMYCIN INJ 20MG | MITOMYCIN FOR IV SOLN 20 MG |
| MUTAMYCIN INJ 40MG | MITOMYCIN FOR IV SOLN 40 MG |
| MUTAMYCIN INJ 5MG | MITOMYCIN FOR IV SOLN 5 MG |
| MVASI INJ 100MG | BEVACIZUMAB-AWWB IV SOLN 100 MG/4ML (FOR INFUSION) |
| MVASI INJ 400MG | BEVACIZUMAB-AWWB IV SOLN 400 MG/16ML (FOR INFUSION) |
| MYCOPHENOLAT INJ 500MG | MYCOPHENOLATE MOFETIL HCL FOR IV SOLN 500 MG (BASE EQUIV) |
| MYLOTARG INJ 4.5MG | GEMTUZUMAB OZOGAMICIN FOR IV SOLN 4.5 MG |
| NAFCILLIN INJ 10GM | NAFCILLIN SODIUM FOR IV SOLN 10 GM |
| NAFCILLIN INJ 1GM | NAFCILLIN SODIUM FOR INJ 1 GM |
| NAFCILLIN INJ 2GM | NAFCILLIN SODIUM FOR INJ 2 GM |
| NAGLAZYME INJ 1MG/ML | GALSULFASE SOLN FOR IV INFUSION 1 MG/ML |
| NALBUPHINE INJ 10MG/ML | NALBUPHINE HCL INJ 10 MG/ML |
| NALBUPHINE INJ 20MG/ML | NALBUPHINE HCL INJ 20 MG/ML |
| NAROPIN INJ 10MG/ML | ROPIVACAINE HCL INJ 10 MG/ML |
| NAROPIN INJ 2MG/ML | ROPIVACAINE HCL INJ 2 MG/ML |
| NAROPIN INJ 5MG/ML | ROPIVACAINE HCL INJ 5 MG/ML |
| NAROPIN INJ 7.5MG/ML | ROPIVACAINE HCL INJ 7.5 MG/ML |
| NEOSTIG METH INJ 3MG/3ML | NEOSTIGMINE METHYLSULFATE SOLN PREF SYR 3 MG/3ML (1 MG/ML) |
| NESACAINE INJ -MPF 2% | CHLOROPROCAINE HCL PRESERVATIVE FREE (PF) INJ 2% |
| NEXIUM I.V. INJ 40MG | ESOMEPRAZOLE SODIUM FOR INTRAVENOUS SOLN 40 MG (BASE EQUIV) |
| NEXTERONE INJ | AMIODARONE HCL IN DEXTROSE 4.14% IV SOLN 360 MG/200ML |
| NEXTERONE INJ | AMIODARONE HCL IN DEXTROSE 4.21% IV SOLN 150 MG/100ML |
| NEXVIAZYME INJ 100MG | AVALGLUCOSIDASE ALFA-NGPT FOR IV SOLN 100 MG |
| NICARDIPINE INJ 25/10ML | NICARDIPINE HCL IV SOLN 2.5 MG/ML |
| NIMBEX INJ 2MG/ML | CISATRACURIUM BESYLATE (PF) IV SOLN 10 MG/5ML (2 MG/ML) |
| NIPRIDE RTU INJ 20/100ML | NITROPRUSSIDE SODIUM IN NACL 0.9% IV SOLN 20 MG/100ML |
| NIPRIDE RTU INJ 50/100ML | NITROPRUSSIDE SODIUM IN NACL 0.9% IV SOLN 50 MG/100ML |

| Drug name | Generic name |
|------------------------|--|
| NITROGLY/D5W INJ 100MG | NITROGLYCERIN IV SOLN 400 MCG/ML IN D5W |
| NITROGLY/D5W INJ 200MG | NITROGLYCERIN IV SOLN 400 MCG/ML IN D5W |
| NITROGLY/D5W INJ 25MG | NITROGLYCERIN IV SOLN 100 MCG/ML IN D5W |
| NITROGLY/D5W INJ 50MG | NITROGLYCERIN IV SOLN 200 MCG/ML IN D5W |
| NITROGLYCER INJ 5MG/ML | NITROGLYCERIN IV SOLN 5 MG/ML |
| NORMOSOL-R INJ PH 7.4 | *ELECTROLYTE-R (PH 7.4) SOLUTION*** |
| NOXAFIL INJ 300/16.7 | POSACONAZOLE IV SOLN 300 MG/16.7ML (18 MG/ML) |
| NPLATE INJ 125MCG | ROMIPLOSTIM FOR INJ 125 MCG |
| NUCALA INJ 100MG | MEPOLIZUMAB FOR INJ 100 MG |
| NULIBRY INJ 9.5MG | FOSDENOPTERIN HYDROBROMIDE FOR IV SOLN 9.5 MG |
| NULOJIX INJ 250MG | BELATACEPT FOR IV INFUSION 250 MG |
| NUMBRINO SOL 40MG/ML | COCAINE HCL NASAL SOLN 40 MG/ML (4%) |
| NUZYRA INJ 100MG | OMADACYCLINE TOSYLATE IV FOR SOLN 100 MG (BASE EQUIVALENT) |
| OCREVUS INJ 300/10ML | OCRELIZUMAB SOLN FOR IV INFUSION 300 MG/10ML |
| OCTAGAM INJ 10/100ML | IMMUNE GLOBULIN (HUMAN) IV SOLN 10 GM/100ML |
| OCTAGAM INJ 10GM | IMMUNE GLOBULIN (HUMAN) IV SOLN 10 GM/200ML |
| OCTAGAM INJ 1GM | IMMUNE GLOBULIN (HUMAN) IV SOLN 1 GM/20ML |
| OCTAGAM INJ 2.5GM | IMMUNE GLOBULIN (HUMAN) IV SOLN 2.5 GM/50ML |
| OCTAGAM INJ 20/200ML | IMMUNE GLOBULIN (HUMAN) IV SOLN 20 GM/200ML |
| OCTAGAM INJ 25GM | IMMUNE GLOBULIN (HUMAN) IV SOLN 25 GM/500ML |
| OCTAGAM INJ 2GM/20ML | IMMUNE GLOBULIN (HUMAN) IV SOLN 2 GM/20ML |
| OCTAGAM INJ 30/300ML | IMMUNE GLOBULIN (HUMAN) IV SOLN 30 GM/300ML |
| OCTAGAM INJ 5GM | IMMUNE GLOBULIN (HUMAN) IV SOLN 5 GM/100ML |
| OCTAGAM INJ 5GM/50ML | IMMUNE GLOBULIN (HUMAN) IV SOLN 5 GM/50ML |
| OGIVRI INJ 150MG | TRASTUZUMAB-DKST FOR IV SOLN 150 MG |
| OGIVRI INJ 420MG | TRASTUZUMAB-DKST FOR IV SOLN 420 MG |
| OLANZAPINE INJ 10MG | OLANZAPINE FOR IM INJ 10 MG |
| OLINVYK SOL 1MG/ML | OLICERIDINE FUMARATE IV SOLN 1 MG/ML |
| OLINVYK SOL 2MG/2ML | OLICERIDINE FUMARATE IV SOLN 2 MG/2ML (1 MG/ML) |
| OLINVYK SOL 30MG/30 | OLICERIDINE FUMARATE IV SOLN 30 MG/30ML (1 MG/ML) |

| Drug name | Generic name |
|---------------------------|--|
| OMEGAIVEN INJ 5GM/50ML | FAT EMULSION FISH OIL TRIGLYCERIDE BASED IV EMUL 5 GM/50ML |
| OMIDRIA INJ 1-0.3% | PHENYLEPHRINE-KETOROLAC INTRAOCULAR SOLN 1-0.3% |
| ONDANSETRON INJ 40/20ML | ONDANSETRON HCL INJ 40 MG/20ML (2 MG/ML) |
| ONDANSETRON INJ 4MG/2ML | ONDANSETRON HCL INJ 4 MG/2ML (2 MG/ML) |
| ONIVYDE INJ 4.3MG/ML | IRINOTECAN HCL LIPOSOME IV INJ 43 MG/10ML (4.3 MG/ML) |
| ONPATTRO SOL 10MG/5ML | PATISIRAN SODIUM IV SOLN 10 MG/5ML (2 MG/ML) (BASE EQUIV) |
| ONTRUZANT INJ 150MG | TRASTUZUMAB-DTTB FOR IV SOLN 150 MG |
| ONTRUZANT INJ 420MG | TRASTUZUMAB-DTTB FOR IV SOLN 420 MG |
| OPDIVO INJ 100MG/10 | NIVOLUMAB IV SOLN 100 MG/10ML |
| OPDIVO INJ 120MG/12 | NIVOLUMAB IV SOLN 120 MG/12ML |
| OPDIVO INJ 240/24 | NIVOLUMAB IV SOLN 240 MG/24ML |
| OPDIVO INJ 40MG/4ML | NIVOLUMAB IV SOLN 40 MG/4ML |
| ORBACTIV SOL 400MG | ORITAVANCIN DIPHOSPHATE FOR IV SOLN 400 MG (BASE EQUIVALENT) |
| ORENCIA INJ 250MG | ABATACEPT FOR IV SOLN 250 MG |
| ORPHENADRINE INJ 30MG/ML | ORPHENADRINE CITRATE INJ 30 MG/ML |
| OXACILLIN INJ 10GM | OXACILLIN SODIUM FOR IV SOLN 10 GM (BASE EQUIVALENT) |
| OXACILLIN INJ 1GM | OXACILLIN SODIUM FOR INJ 1 GM (BASE EQUIVALENT) |
| OXACILLIN INJ 1GM | OXACILLIN SODIUM IN DEXTROSE INJ 1 GM/50ML |
| OXACILLIN INJ 2GM | OXACILLIN SODIUM FOR INJ 2 GM (BASE EQUIVALENT) |
| OXACILLIN INJ 2GM | OXACILLIN SODIUM IN DEXTROSE INJ 2 GM/50ML |
| OXALIPLATIN INJ 200MG | OXALIPLATIN IV SOLN 200 MG/40ML |
| OXLUMO INJ 94.5/0.5 | LUMASIRAN SODIUM SUBCUTANEOUS SOLN 94.5 MG/0.5ML |
| OXYTOCIN INJ 10UNT/ML | OXYTOCIN INJ 10 UNIT/ML |
| PACLITAXEL INJ 300/50ML | PACLITAXEL IV CONC 300 MG/50ML (6 MG/ML) |
| PADCEV INJ 20MG | ENFORTUMAB VEDOTIN-EJFV FOR IV SOLN 20 MG |
| PADCEV INJ 30MG | ENFORTUMAB VEDOTIN-EJFV FOR IV SOLN 30 MG |
| PALONOSETRON INJ 0.25/2ML | PALONOSETRON HCL IV SOLN 0.25 MG/2ML (BASE EQUIVALENT) |
| PALONOSETRON INJ 0.25MG/5 | PALONOSETRON HCL IV SOLN 0.25 MG/5ML (BASE EQUIVALENT) |

| Drug name | Generic name |
|---------------------------|--|
| PALONOSETRON SOL 0.25/5ML | PALONOSETRON HCL IV SOLN PREF SYR 0.25 MG/5ML (BASE EQUIV) |
| PAMIDRONATE INJ 30/10ML | PAMIDRONATE DISODIUM IV SOLN 3 MG/ML |
| PAMIDRONATE INJ 30MG | PAMIDRONATE DISODIUM FOR INJ 30 MG |
| PAMIDRONATE INJ 6MG/ML | PAMIDRONATE DISODIUM IV SOLN 6 MG/ML |
| PAMIDRONATE INJ 90/10ML | PAMIDRONATE DISODIUM IV SOLN 9 MG/ML |
| PAMIDRONATE INJ 90MG | PAMIDRONATE DISODIUM FOR INJ 90 MG |
| PANHEMATIN INJ 350MG | HEMIN FOR INJ 350 MG |
| PANTOPRAZOLE INJ SOD 40MG | PANTOPRAZOLE SODIUM FOR IV SOLN 40 MG (BASE EQUIV) |
| PANZYGA SOL 10/100ML | IMMUNE GLOBULIN (HUMAN)-IFAS IV SOLN 10 GM/100ML |
| PANZYGA SOL 1GM/10ML | IMMUNE GLOBULIN (HUMAN)-IFAS IV SOLN 1 GM/10ML |
| PANZYGA SOL 2.5/25ML | IMMUNE GLOBULIN (HUMAN)-IFAS IV SOLN 2.5 GM/25ML |
| PANZYGA SOL 20/200ML | IMMUNE GLOBULIN (HUMAN)-IFAS IV SOLN 20 GM/200ML |
| PANZYGA SOL 30/300ML | IMMUNE GLOBULIN (HUMAN)-IFAS IV SOLN 30 GM/300ML |
| PANZYGA SOL 5GM/50ML | IMMUNE GLOBULIN (HUMAN)-IFAS IV SOLN 5 GM/50ML |
| PARAPLATIN INJ 1000MG | CARBOPLATIN IV SOLN 1000 MG/100ML |
| PARICALCITOL INJ 2MCG/ML | PARICALCITOL IV SOLN 2 MCG/ML |
| PARICALCITOL INJ 5MCG/ML | PARICALCITOL IV SOLN 5 MCG/ML |
| PARSABIV INJ 10MG/2ML | ETELCALCETIDE HCL IV SOLUTION 10 MG/2ML (BASE EQUIV) |
| PARSABIV INJ 2.5-0.5 | ETELCALCETIDE HCL IV SOLUTION 2.5 MG/0.5ML (BASE EQUIV) |
| PARSABIV INJ 5MG/ML | ETELCALCETIDE HCL IV SOLUTION 5 MG/ML (BASE EQUIV) |
| PEN G PROC INJ 600000 | PENICILLIN G PROCAINE INTRAMUSCULAR SUSP 600000 UNIT/ML |
| PEN G SODIUM INJ 5000000 | PENICILLIN G SODIUM FOR INJ 5000000 UNIT |
| PEN GK/DEXTR INJ 20000/ML | PENICILLIN G POTASSIUM INJ 20000 UNIT/ML IN DEXTROSE |
| PEN GK/DEXTR INJ 40000/ML | PENICILLIN G POTASSIUM INJ 40000 UNIT/ML IN DEXTROSE |
| PEN GK/DEXTR INJ 60000/ML | PENICILLIN G POTASSIUM INJ 60000 UNIT/ML IN DEXTROSE |
| PENICILLN GK INJ 20MU | PENICILLIN G POTASSIUM FOR INJ 20000000 UNIT |
| PENTAM 300 INJ 300MG | PENTAMIDINE ISETHIONATE FOR SOLN 300 MG |
| PENTAMIDINE INJ 300MG | PENTAMIDINE ISETHIONATE FOR SOLN 300 MG |
| PERSERIS INJ 120MG | RISPERIDONE SUBCUTANEOUS FOR ER SUSP PREFILLED SYR 120 MG |

| Drug name | Generic name |
|---------------------------|--|
| PERSERIS INJ 90MG | RISPERIDONE SUBCUTANEOUS FOR ER SUSP PREFILLED SYR 90 MG |
| PFIZERPEN INJ 20000000 | PENICILLIN G POTASSIUM FOR INJ 20000000 UNIT |
| PHENERGAN INJ 25MG/ML | PROMETHAZINE HCL INJ 25 MG/ML |
| PHENERGAN INJ 50MG/ML | PROMETHAZINE HCL INJ 50 MG/ML |
| PHENYLEPHRIN INJ 100/10ML | PHENYLEPHRINE HCL IV SOLN 10 MG/ML |
| PHENYLEPHRIN INJ 10MG/ML | PHENYLEPHRINE HCL IV SOLN 10 MG/ML |
| PHENYTOIN INJ 50MG/ML | PHENYTOIN SODIUM INJ 50 MG/ML |
| PHESGO SOL | PERTUZUMAB-TRASTUZ-HYALURON-ZZXF INJ 60 MG-60 MG-2000 UNT/ML |
| PHESGO SOL | PERTUZUMAB-TRASTUZ-HYALURON-ZZXF INJ 80 MG-40 MG-2000 UNT/ML |
| PIPER/TAZOBA INJ 12-1.5GM | PIPERACILLIN SOD-TAZOBACTAM SOD FOR INJ 13.5 GM (12-1.5 GM) |
| PIPER/TAZOBA INJ 2-0.25GM | PIPERACILLIN SOD-TAZOBACTAM SOD FOR INJ 2.25 GM (2-0.25 GM) |
| PIPER/TAZOBA INJ 3-0.375G | PIPERACILLIN SOD-TAZOBACTAM NA FOR INJ 3.375 GM (3-0.375 GM) |
| PIPER/TAZOBA INJ 4-0.5GM | PIPERACILLIN SOD-TAZOBACTAM SOD FOR INJ 4.5 GM (4-0.5 GM) |
| PITOCIN INJ 10UNT/ML | OXYTOCIN INJ 10 UNIT/ML |
| PLASMA-LYTE INJ -148 | *ELECTROLYTE-148 SOLUTION*** |
| PLASMA-LYTE INJ -A | *ELECTROLYTE-A SOLUTION*** |
| PLASMANATE INJ 5% | PLASMA PROTEIN FRACTION INJ 5% |
| POLIVY INJ 140MG | POLATUZUMAB VEDOTIN-PIIQ FOR IV SOLUTION 140 MG |
| POLIVY INJ 30MG | POLATUZUMAB VEDOTIN-PIIQ FOR IV SOLUTION 30 MG |
| POLOCAINE INJ -MPF 1% | MEPIVACAINE HCL PRESERVATIVE FREE (PF) INJ 1% |
| POLOCAINE INJ -MPF 2% | MEPIVACAINE HCL PRESERVATIVE FREE (PF) INJ 2% |
| POLYMYXIN B INJ 500000 | POLYMYXIN B SULFATE FOR INJ 500000 UNIT |
| PORTRAZZA INJ 800/50ML | NECITUMUMAB IV SOLN 800 MG/50ML (16 MG/ML) |
| POT ACETATE INJ 2MEQ/ML | POTASSIUM ACETATE INJ 2 MEQ/ML |
| POT CHL/NACL INJ 20MEQ/L | KCL 20 MEQ/L (0.15%) IN NACL 0.45% INJ |
| POT CHL/NACL INJ 20MEQ/L | KCL 20 MEQ/L (0.15%) IN NACL 0.9% INJ |
| POT CHL/NACL INJ 40MEQ/L | KCL 40 MEQ/L (0.3%) IN NACL 0.9% INJ |
| POT CHLORIDE INJ 10MEQ | POTASSIUM CHLORIDE INJ 10 MEQ/100ML |

| Drug name | Generic name |
|---------------------------|--|
| POT CHLORIDE INJ 2MEQ/ML | POTASSIUM CHLORIDE INJ 2 MEQ/ML |
| POT CHLORIDE INJ 30MEQ | POTASSIUM CHLORIDE INJ 30 MEQ/100ML |
| POT PHOSPHAT INJ 3MM/ML | POTASSIUM PHOSPHATES INJ 45 MM/15ML (PHOS) 71 MEQ/15ML (K) |
| POTELIGEO INJ 20MG/5ML | MOGAMULIZUMAB-KPKC IV SOLN 20 MG/5ML (4 MG/ML) |
| PRAXBIND INJ 2.5/50 | IDARUCIZUMAB IV SOLN 2.5 GM/50ML |
| PREMARIN INJ 25MG | ESTROGENS, CONJUGATED FOR INJ 25 MG |
| PREVYMIS INJ 240/12 | LETERMOVIR IV SOLN 240 MG/12ML |
| PREVYMIS INJ 480/24 | LETERMOVIR IV SOLN 480 MG/24ML |
| PRIMAXIN IV INJ 250MG | IMIPENEM-CILASTATIN INTRAVENOUS FOR SOLN 250 MG |
| PRIMAXIN IV INJ 500MG | IMIPENEM-CILASTATIN INTRAVENOUS FOR SOLN 500 MG |
| PRIVIGEN INJ 10GRAMS | IMMUNE GLOBULIN (HUMAN) IV SOLN 10 GM/100ML |
| PRIVIGEN INJ 20GRAMS | IMMUNE GLOBULIN (HUMAN) IV SOLN 20 GM/200ML |
| PRIVIGEN INJ 40GRAMS | IMMUNE GLOBULIN (HUMAN) IV SOLN 40 GM/400ML |
| PRIVIGEN INJ 5 GRAMS | IMMUNE GLOBULIN (HUMAN) IV SOLN 5 GM/50ML |
| PROCAINAMIDE INJ 100MG/ML | PROCAINAMIDE HCL INJ 100 MG/ML |
| PROCAINAMIDE INJ 500MG/ML | PROCAINAMIDE HCL INJ 500 MG/ML |
| PROCHLORPER INJ 10MG/2ML | PROCHLORPERAZINE EDISYLATE INJ 10 MG/2ML |
| PROCHLORPER INJ 5MG/ML | PROCHLORPERAZINE EDISYLATE INJ 50 MG/10ML |
| PROGRAF INJ 5MG/ML | TACROLIMUS INJ 5 MG/ML |
| PROLASTIN-C INJ 1000MG | ALPHA1-PROTEINASE INHIBITOR (HUMAN) INJ 1000 MG/20ML |
| PROLEUKIN INJ 22MU | ALDESLEUKIN FOR IV SOLN 22000000 UNIT |
| PROLIA SOL 60MG/ML | DENOSUMAB INJ SOLN PREFILLED SYRINGE 60 MG/ML |
| PROMETHAZINE INJ 25MG/ML | PROMETHAZINE HCL INJ 25 MG/ML |
| PROMETHAZINE INJ 50MG/ML | PROMETHAZINE HCL INJ 50 MG/ML |
| PROPOFOL INJ 200/20ML | PROPOFOL IV EMUL 200 MG/20ML (10 MG/ML) |
| PROPRANOLOL INJ 1MG/ML | PROPRANOLOL HCL INJ 1 MG/ML |
| PROTONIX INJ 40MG | PANTOPRAZOLE SODIUM FOR IV SOLN 40 MG (BASE EQUIV) |
| PROVAYBLUE INJ | METHYLENE BLUE IV SOLN 50 MG/10ML (5 MG/ML) |
| QUINIDINE GL INJ 80MG/ML | QUINIDINE GLUCONATE INJ 80 MG/ML |
| QUZYTIR INJ 10MG/ML | CETIRIZINE HCL IV SOLN 10 MG/ML |



| Drug name | Generic name |
|------------------------|--|
| RADICAVA INJ 30MG | EDARAVONE INJ 30 MG/100ML (0.3 MG/ML) |
| REBLOZYL INJ 25MG | LUSPATERCEPT-AAMT FOR SUBCUTANEOUS INJ 25 MG |
| REBLOZYL INJ 75MG | LUSPATERCEPT-AAMT FOR SUBCUTANEOUS INJ 75 MG |
| RECARBRIO INJ 1.25GM | IMIPEN-CILASTAT-RELEBACT FOR IV SOLN 1.25 GM (500-500-250MG) |
| RECLAST INJ 5/100ML | ZOLEDRONIC ACID IV SOLN 5 MG/100ML |
| REGONOL INJ 5MG/ML | PYRIDOSTIGMINE BROMIDE IV SOLN 10 MG/2ML (5 MG/ML) |
| REMICADE INJ 100MG | INFLIXIMAB FOR IV INJ 100 MG |
| REMODULIN INJ 10MG/ML | TREPROSTINIL INJ SOLN 200 MG/20ML (10 MG/ML) |
| REMODULIN INJ 1MG/ML | TREPROSTINIL INJ SOLN 20 MG/20ML (1 MG/ML) |
| REMODULIN INJ 2.5MG/ML | TREPROSTINIL INJ SOLN 50 MG/20ML (2.5 MG/ML) |
| REMODULIN INJ 5MG/ML | TREPROSTINIL INJ SOLN 100 MG/20ML (5 MG/ML) |
| RENACIDIN SOL | *CITRIC ACID-GLUCONOLACTONE-MAGNESIUM CARBONATE SOLN** |
| RENFLEXIS INJ 100MG | INFLIXIMAB-ABDA FOR IV INJ 100 MG |
| RETACRIT INJ 10000UNT | EPOETIN ALFA-EPBX INJ 10000 UNIT/ML |
| RETROVIR INJ 10MG/ML | ZIDOVUDINE IV SOLN 10 MG/ML |
| REVATIO INJ | SILDENAFIL CITRATE IV SOLN 10 MG/12.5ML (BASE EQUIVALENT) |
| REVCovi INJ 1.6MG/ML | ELAPEGADEMASE-LVLR IM SOLN 2.4 MG/1.5ML (1.6 MG/ML) |
| RIABNI SOL 100/10ML | RITUXIMAB-ARRX IV SOLN 100 MG/10ML (10 MG/ML) |
| RIABNI SOL 500/50ML | RITUXIMAB-ARRX IV SOLN 500 MG/50ML (10 MG/ML) |
| RIFADIN INJ 600 MG | RIFAMPIN FOR INJ 600 MG |
| RIFAMPIN INJ 600 MG | RIFAMPIN FOR INJ 600 MG |
| RISPERDAL INJ 12.5MG | RISPERIDONE MICROSPHERES FOR IM EXTENDED REL SUSP 12.5 MG |
| RISPERDAL INJ 25MG | RISPERIDONE MICROSPHERES FOR IM EXTENDED REL SUSP 25 MG |
| RISPERDAL INJ 37.5MG | RISPERIDONE MICROSPHERES FOR IM EXTENDED REL SUSP 37.5 MG |
| RISPERDAL INJ 50MG | RISPERIDONE MICROSPHERES FOR IM EXTENDED REL SUSP 50 MG |
| RITUXAN INJ 100MG | RITUXIMAB IV SOLN 100 MG/10ML |
| RITUXAN INJ 500MG | RITUXIMAB IV SOLN 500 MG/50ML |
| RITUXAN INJ HYCELA | RITUXIMAB-HYALURONIDASE HUMAN INJ 1400-23400 MG-UNIT/11.7ML |

| Drug name | Generic name |
|--------------------------|--|
| RITUXAN INJ HYCELA | RITUXIMAB-HYALURONIDASE HUMAN INJ 1600-26800 MG-UNIT/13.4ML |
| ROBAXIN INJ 100MG/ML | METHOCARBAMOL INJ 1000 MG/10ML |
| ROMIDEPSIN INJ 27.5MG | ROMIDEPSIN IV SOLN 27.5 MG/5.5ML (5 MG/ML) |
| ROPIVACAINE INJ 10MG/ML | ROPIVACAINE HCL INJ 10 MG/ML |
| ROPIVACAINE INJ 2MG/ML | ROPIVACAINE HCL INJ 2 MG/ML |
| ROPIVACAINE INJ 5MG/ML | ROPIVACAINE HCL INJ 5 MG/ML |
| ROPIVACAINE INJ 7.5MG/ML | ROPIVACAINE HCL INJ 7.5 MG/ML |
| RUXIENCE INJ 100/10ML | RITUXIMAB-PVVR IV SOLN 100 MG/10ML (10 MG/ML) |
| RUXIENCE INJ 500/50ML | RITUXIMAB-PVVR IV SOLN 500 MG/50ML (10 MG/ML) |
| RYANODEX INJ 250MG | DANTROLENE SODIUM FOR IV SUSP 250 MG |
| RYBREVANT SOL 350/7ML | AMIVANTAMAB-VMJW IV SOLN 350 MG/7ML |
| RYLAZE INJ 10/0.5ML | ASPARAGINASE ERWINIA CHRYS (RECOMB)-RYWN IM SOLN 10 MG/0.5ML |
| SANDIMMUNE INJ 50MG/ML | CYCLOSPORINE IV SOLN 50 MG/ML |
| SANDOSTATIN KIT LAR 10MG | OCTREOTIDE ACETATE FOR IM INJ KIT 10 MG |
| SANDOSTATIN KIT LAR 20MG | OCTREOTIDE ACETATE FOR IM INJ KIT 20 MG |
| SANDOSTATIN KIT LAR 30MG | OCTREOTIDE ACETATE FOR IM INJ KIT 30 MG |
| SAPHNELO SOL 300/2ML | ANIFROLUMAB-FNIA IV SOLN 300 MG/2ML |
| SARCLISA SOL 100/5ML | ISATUXIMAB-IRFC IV SOLN 100 MG/5ML |
| SARCLISA SOL 500/25ML | ISATUXIMAB-IRFC IV SOLN 500 MG/25ML |
| SCENESSE IMP 16MG | AFAMELANOTIDE ACETATE IMPLANT 16 MG |
| SELENIOS AC INJ 60MCG/ML | SELENIOS ACID INJ 60 MCG/ML (SELENIUM EQUIV) |
| SENSORCAINE INJ -MPF/EPI | BUPIVACAINE INJ 0.25% W/ EPINEPHRINE 1:200000 (PF) |
| SENSORCAINE INJ -MPF/EPI | BUPIVACAINE INJ 0.5% W/ EPINEPHRINE 1:200000 (PF) |
| SENSORCAINE INJ MPF 0.5% | BUPIVACAINE HCL PRESERVATIVE FREE (PF) INJ 0.5% |
| SENSORCAINE INJ MPF0.25% | BUPIVACAINE HCL PRESERVATIVE FREE (PF) INJ 0.25% |
| SENSORCAINE INJ MPF0.75% | BUPIVACAINE HCL PRESERVATIVE FREE (PF) INJ 0.75% |
| SEVENFACT INJ 1MG | COAGULATION FACTOR VIIA (RECOM)-JNCW FOR INJ 1 MG (1000 MCG) |
| SEVENFACT INJ 5MG | COAGULATION FACTOR VIIA (RECOM)-JNCW FOR INJ 5 MG (5000 MCG) |
| SIGNIFOR LAR INJ 10MG | PASIREOTIDE PAMOATE FOR IM ER SUSP 10 MG (BASE EQUIV) |

| Drug name | Generic name |
|---------------------------|---|
| SIGNIFOR LAR INJ 20MG | PASIREOTIDE PAMOATE FOR IM ER SUSP 20 MG (BASE EQUIV) |
| SIGNIFOR LAR INJ 30MG | PASIREOTIDE PAMOATE FOR IM ER SUSP 30 MG (BASE EQUIV) |
| SIGNIFOR LAR INJ 40MG | PASIREOTIDE PAMOATE FOR IM ER SUSP 40 MG (BASE EQUIV) |
| SIGNIFOR LAR INJ 60MG | PASIREOTIDE PAMOATE FOR IM ER SUSP 60 MG (BASE EQUIV) |
| SILDENAFIL INJ | SILDENAFIL CITRATE IV SOLN 10 MG/12.5ML (BASE EQUIVALENT) |
| SIMPONI ARIA SOL 50MG/4ML | GOLIMUMAB IV SOLN 50 MG/4ML |
| SIMULECT INJ 10MG | BASILIXIMAB FOR IV SOLN 10 MG |
| SIMULECT INJ 20MG | BASILIXIMAB FOR IV SOLN 20 MG |
| SINUVA IMP 1350MCG | MOMETASONE FUROATE SINUS IMPLANT 1350 MCG |
| SIVEXTRO INJ 200MG | TEDIZOLID PHOSPHATE FOR IV SOLN 200 MG |
| SMZ-TMP INJ 400-80/5 | SULFAMETHOXAZOLE-TRIMETHOPRIM IV SOLN 400-80 MG/5ML |
| SOD ACETATE INJ 2MEQ/ML | SODIUM ACETATE INJ 2 MEQ/ML |
| SOD BICARB INJ 4.2% | SODIUM BICARBONATE IV SOLN 4.2% |
| SOD CHLORIDE INJ 0.9%BACT | *BACTERIOSTATIC SODIUM CHLORIDE INJ SOLN 0.9%*** |
| SOD CHLORIDE INJ 3% | SODIUM CHLORIDE IV SOLN 3% |
| SOD CHLORIDE INJ 5% | SODIUM CHLORIDE IV SOLN 5% |
| SOD DIURIL INJ 500MG | CHLOROTHIAZIDE SODIUM FOR INJ 500 MG |
| SOD EDECRIN INJ 50MG | ETHACRYNATE SODIUM FOR INJ 50 MG |
| SOLU-CORTEF INJ 1000MG | HYDROCORTISONE SODIUM SUCCINATE PF FOR INJ 1000 MG |
| SOLU-CORTEF INJ 100MG | HYDROCORTISONE SODIUM SUCCINATE PF FOR INJ 100 MG |
| SOLU-CORTEF INJ 250MG | HYDROCORTISONE SODIUM SUCCINATE PF FOR INJ 250 MG |
| SOLU-CORTEF INJ 500MG | HYDROCORTISONE SODIUM SUCCINATE PF FOR INJ 500 MG |
| SOLU-MEDROL INJ 1000MG | METHYLPREDNISOLONE SOD SUCC FOR INJ 1000 MG (BASE EQUIV) |
| SOLU-MEDROL INJ 125MG | METHYLPREDNISOLONE SOD SUCC FOR INJ 125 MG (BASE EQUIV) |
| SOLU-MEDROL INJ 2GM | METHYLPREDNISOLONE SOD SUCC FOR INJ 2000 MG (BASE EQUIV) |
| SOLU-MEDROL INJ 40MG | METHYLPREDNISOLONE SOD SUCC FOR INJ 40 MG (BASE EQUIV) |

| Drug name | Generic name |
|--------------------------|---|
| SOLU-MEDROL INJ 500MG | METHYLPREDNISOLONE SOD SUCC FOR INJ 500 MG (BASE EQUIV) |
| SOTALOL HCL INJ 150/10ML | SOTALOL HCL INJ 150 MG/10ML (15 MG/ML) |
| SPINRAZA INJ 12MG/5ML | NUSINERSEN INTRATHECAL SOLN 12 MG/5ML (2.4 MG/ML) |
| STELARA INJ 5MG/ML | USTEKINUMAB IV SOLN 130 MG/26ML (5 MG/ML) (FOR IV INFUSION) |
| STREPTOMYCIN INJ 1GM | STREPTOMYCIN SULFATE FOR INJ 1 GM |
| SUBLOCADE INJ 100/0.5 | BUPRENORPHINE EXTENDED RELEASE SOLN PREF SYR 100 MG/0.5ML |
| SUBLOCADE INJ 300/1.5 | BUPRENORPHINE EXTENDED RELEASE SOLN PREF SYR 300 MG/1.5ML |
| SUSTOL INJ 10/0.4ML | GRANISETRON EXTENDED RELEASE INJ PREFILLED SYR 10 MG/0.4ML |
| SUSVIMO INJ 10/0.1ML | RANIBIZUMAB INTRAVITREAL (IMPLANT REFILL) INJ 10 MG/0.1ML |
| SYLVANT SOL 100MG | SILTUXIMAB FOR IV INFUSION 100 MG |
| SYLVANT SOL 400MG | SILTUXIMAB FOR IV INFUSION 400 MG |
| SYNAGIS INJ 100MG/ML | PALIVIZUMAB IM SOLN 100 MG/ML |
| SYNAGIS INJ 50MG | PALIVIZUMAB IM SOLN 50 MG/0.5ML |
| TAXOTERE INJ 20MG/ML | DOCETAXEL FOR INJ CONC 20 MG/ML |
| TAXOTERE INJ 80MG/4ML | DOCETAXEL FOR INJ CONC 80 MG/4ML (20 MG/ML) |
| TAZICEF INJ 1GM | CEFTAZIDIME FOR IV SOLN 1 GM |
| TAZICEF INJ 2GM | CEFTAZIDIME FOR IV SOLN 2 GM |
| TAZICEF INJ 6GM | CEFTAZIDIME FOR IV SOLN 6 GM |
| TECARTUS SUS | BREXUCABTAGENE AUTOLEUCEL IV SUSP 100,000,000 CELLS |
| TECARTUS SUS | BREXUCABTAGENE AUTOLEUCEL IV SUSP 200,000,000 CELLS |
| TECENTRIQ INJ 1200/20 | ATEZOLIZUMAB IV SOLN 1200 MG/20ML |
| TECENTRIQ INJ 840/14 | ATEZOLIZUMAB IV SOLN 840 MG/14ML |
| TEFLARO INJ 400MG | CEFTAROLINE FOSAMIL FOR IV SOLN 400 MG |
| TEFLARO INJ 600MG | CEFTAROLINE FOSAMIL FOR IV SOLN 600 MG |
| TEMSIROLIMUS INJ 25MG/ML | TEMSIROLIMUS SOLN FOR IV INFUSION 25 MG/ML |
| TEPADINA INJ 100MG | THIOTEPA FOR INJ 100 MG |
| TEPADINA INJ 15MG | THIOTEPA FOR INJ 15 MG |
| TEPEZZA INJ 500MG | TEPROTUMUMAB-TRBW FOR IV SOLN 500 MG |
| TERBUTALINE INJ 1MG/ML | TERBUTALINE SULFATE INJ 1 MG/ML |
| THIOTEPA INJ 100MG | THIOTEPA FOR INJ 100 MG |



| Drug name | Generic name |
|---------------------------|--|
| THIOTEPA INJ 15MG | THIOTEPA FOR INJ 15 MG |
| THYROGEN INJ 1.1MG | THYROTROPIN ALFA FOR INJ 1.1 MG |
| TIGAN INJ 100MG/ML | TRIMETHOBENZAMIDE HCL INJ 100 MG/ML |
| TIGECYCLINE INJ 50MG | TIGECYCLINE FOR IV SOLN 50 MG |
| TIVDAK INJ 40MG | TISOTUMAB VEDOTIN-TFTV FOR IV SOLUTION 40 MG |
| TOBRA/NACL INJ 60/0.9 | TOBRAMYCIN SULFATE INJ 1.2 MG/ML IN SALINE |
| TOBRAMYCIN INJ 1.2GM | TOBRAMYCIN SULFATE FOR INJ 1.2 GM |
| TOBRAMYCIN INJ 10MG/ML | TOBRAMYCIN SULFATE INJ 10 MG/ML (BASE EQUIVALENT) |
| TOPOSAR INJ 1GM/50ML | ETOPOSIDE INJ 1 GM/50ML (20 MG/ML) |
| TOPOTECAN INJ 4MG | TOPOTECAN HCL FOR INJ 4 MG (BASE EQUIV) |
| TOPOTECAN INJ 4MG/4ML | TOPOTECAN HCL INJ 4 MG/4ML (BASE EQUIV) (FOR INFUSION) |
| TORISEL INJ 25MG/ML | TEMSIROLIMUS SOLN FOR IV INFUSION 25 MG/ML |
| TOTECT INJ 500MG | DEXRAZOXANE HCL FOR INJ 500 MG (BASE EQUIVALENT) |
| TRANEX ACID INJ 1000MG | TRANEXAMIC ACID IV SOLN 1000 MG/10ML (100 MG/ML) |
| TRAZIMERA INJ 150MG | TRASTUZUMAB-QYYP FOR IV SOLN 150 MG |
| TRAZIMERA INJ 420MG | TRASTUZUMAB-QYYP FOR IV SOLN 420 MG |
| TREANDA INJ 100MG | BENDAMUSTINE HCL FOR IV SOLN 100 MG |
| TREANDA INJ 25MG | BENDAMUSTINE HCL FOR IV SOLN 25 MG |
| TRELSTAR MIX INJ 11.25MG | TRIPTORELIN PAMOATE FOR IM SUSP 11.25 MG |
| TRELSTAR MIX INJ 22.5MG | TRIPTORELIN PAMOATE FOR IM SUSP 22.5 MG |
| TRELSTAR MIX INJ 3.75MG | TRIPTORELIN PAMOATE FOR IM SUSP 3.75 MG |
| TREPROSTINIL INJ 10MG/ML | TREPROSTINIL INJ SOLN 200 MG/20ML (10 MG/ML) |
| TREPROSTINIL INJ 1MG/ML | TREPROSTINIL INJ SOLN 20 MG/20ML (1 MG/ML) |
| TREPROSTINIL INJ 2.5MG/ML | TREPROSTINIL INJ SOLN 50 MG/20ML (2.5 MG/ML) |
| TREPROSTINIL INJ 5MG/ML | TREPROSTINIL INJ SOLN 100 MG/20ML (5 MG/ML) |
| TRIFERIC INJ AVNU | FERRIC PYROPHOSPHATE CITRATE IV SOLN 6.75 MG/4.5ML (FE EQ) |
| TRIFERIC POW 272MG | FERRIC PYROPHOSPHATE CITRATE PACK 272 MG (FE EQUIV) |
| TRIFERIC SOL | FERRIC PYROPHOSPHATE CITRATE SOLN 27.2 MG/5ML (FE EQUIV) |
| TRIFERIC SOL 27.2/5ML | FERRIC PYROPHOSPHATE CITRATE SOLN 27.2 MG/5ML (FE EQUIV) |
| TRIMETHOBENZ INJ 100MG/ML | TRIMETHOBENZAMIDE HCL INJ 100 MG/ML |

| Drug name | Generic name |
|-------------------------|---|
| TRIOSTAT INJ 10MCG/ML | LIOTHYRONINE SODIUM IV SOLN 10 MCG/ML |
| TRIPTODUR SUS 22.5MG | TRIPTORELIN PAMOATE FOR IM ER SUSP 22.5 MG (BASE EQUIV) |
| TRISENOX INJ 12MG/6ML | ARSENIC TRIOXIDE IV SOLN 12 MG/6ML (2 MG/ML) |
| TRODELVY SOL 180MG | SACITUZUMAB GOVITECAN-HZIY FOR IV SOLN 180 MG |
| TROGARZO INJ 150MG/ML | IBALIZUMAB-UIYK IV SOLN 200 MG/1.33ML (150 MG/ML) |
| TRUXIMA INJ 100/10ML | RITUXIMAB-ABBS IV SOLN 100 MG/10ML (10 MG/ML) |
| TRUXIMA INJ 500/50ML | RITUXIMAB-ABBS IV SOLN 500 MG/50ML (10 MG/ML) |
| TYGACIL INJ 50MG | TIGECYCLINE FOR IV SOLN 50 MG |
| TYSABRI INJ 300/15ML | NATALIZUMAB FOR IV INJ CONC 300 MG/15ML |
| ULTOMIRIS INJ 100MG/ML | RAVULIZUMAB-CWVZ IV SOLN 1100 MG/11ML (100 MG/ML) |
| ULTOMIRIS INJ 100MG/ML | RAVULIZUMAB-CWVZ IV SOLN 300 MG/3ML (100 MG/ML) |
| ULTOMIRIS INJ 300/30ML | RAVULIZUMAB-CWVZ IV SOLN 300 MG/30ML (10 MG/ML) |
| UNASYN INJ 1.5GM | AMPICILLIN & SULBACTAM SODIUM FOR INJ 1.5 (1-0.5) GM |
| UNASYN INJ 15GM | AMPICILLIN & SULBACTAM SODIUM FOR IV SOLN 15 (10-5) GM |
| UNASYN INJ 3GM | AMPICILLIN & SULBACTAM SODIUM FOR INJ 3 (2-1) GM |
| UNITUXIN INJ | DINUTUXIMAB IV SOLN 17.5 MG/5ML (3.5 MG/ML) |
| UPLIZNA SOL 100MG | INEBILIZUMAB-CDON IV SOLN 100 MG/10ML (10 MG/ML) |
| UPTRAVI INJ 1800MCG | SELEXIPAG FOR IV SOLN 1800 MCG |
| UVADEX INJ 20MCG/ML | METHOXSALEN (PHOTOPHERESIS) SOLN 20 MCG/ML |
| VABOMERE INJ 2GM(1-1) | MEROPENEM-VABORBACTAM FOR IV SOLN 2 GM (1-1 GM) |
| VALPROATE INJ 100MG/ML | VALPROATE SODIUM INJ 100 MG/ML |
| VANCOMYCIN INJ 1 GM | VANCOMYCIN HCL FOR IV SOLN 1 GM (BASE EQUIVALENT) |
| VANCOMYCIN INJ 1.25GM | VANCOMYCIN HCL IV SOLN 1250 MG/250ML (BASE EQUIVALENT) |
| VANCOMYCIN INJ 1.5/300 | VANCOMYCIN HCL IV SOLN 1500 MG/300ML (BASE EQUIVALENT) |
| VANCOMYCIN INJ 10GM | VANCOMYCIN HCL FOR IV SOLN 10 GM (BASE EQUIVALENT) |
| VANCOMYCIN INJ 1GM/200M | VANCOMYCIN HCL IV SOLN 1000 MG/200ML (BASE EQUIVALENT) |
| VANCOMYCIN INJ 250MG | VANCOMYCIN HCL FOR IV SOLN 250 MG (BASE EQUIVALENT) |

| Drug name | Generic name |
|--------------------------|--|
| VANCOMYCIN INJ 500MG | VANCOMYCIN HCL FOR IV SOLN 500 MG (BASE EQUIVALENT) |
| VANCOMYCIN INJ 500MG | VANCOMYCIN HCL IV SOLN 500 MG/100ML (BASE EQUIVALENT) |
| VANCOMYCIN INJ 5GM | VANCOMYCIN HCL FOR IV SOLN 5 GM (BASE EQUIVALENT) |
| VANCOMYCIN INJ 750MG | VANCOMYCIN HCL FOR IV SOLN 750 MG (BASE EQUIVALENT) |
| VANCOMYCIN INJ 750MG | VANCOMYCIN HCL IV SOLN 750 MG/150ML (BASE EQUIVALENT) |
| VANCOMYCIN SOL 1.25GM | VANCOMYCIN HCL FOR IV SOLN 1.25 GM (BASE EQUIVALENT) |
| VANCOMYCIN SOL 1.5GM | VANCOMYCIN HCL FOR IV SOLN 1.5 GM (BASE EQUIVALENT) |
| VANCOMYCIN SOL 1.75GM | VANCOMYCIN HCL IV SOLN 1750 MG/350ML (BASE EQUIVALENT) |
| VANCOMYCIN SOL 2G/400ML | VANCOMYCIN HCL IV SOLN 2000 MG/400ML (BASE EQUIVALENT) |
| VARUBI INJ | ROLAPITANT HCL IV EMUL 166.5 MG/92.5ML (1.8 MG/ML) (BASE EQ) |
| VASOPRESSIN INJ 20UNT/ML | VASOPRESSIN IV SOLN 20 UNIT/ML (FOR IV INFUSION) |
| VASOSTRICT INJ 20UNT/ML | VASOPRESSIN IV SOLN 20 UNIT/ML (FOR IV INFUSION) |
| VAZCULEP INJ 10MG/ML | PHENYLEPHRINE HCL IV SOLN 10 MG/ML |
| VERAPAMIL INJ 10MG/4ML | VERAPAMIL HCL IV SOLN 2.5 MG/ML |
| VERAPAMIL INJ 5MG/2ML | VERAPAMIL HCL IV SOLN 2.5 MG/ML |
| VFEND IV INJ 200MG | VORICONAZOLE FOR INJ 200 MG |
| VIBATIV INJ 750MG | TELAVANCIN HCL FOR IV SOLN 750 MG (BASE EQUIVALENT) |
| VILTEPSO SOL | VILTOLARSEN IV SOLN 250 MG/5ML (50 MG/ML) |
| VIMIZIM INJ 5MG/5ML | ELOSULFASE ALFA SOLN FOR IV INFUSION 5 MG/5ML (1 MG/ML) |
| VIMPAT INJ 200MG/20 | LACOSAMIDE IV INJ 200 MG/20ML (10 MG/ML) |
| VITAMIN K1 INJ 10MG/ML | PHYTONADIONE INJ 10 MG/ML |
| VITAMIN K1 INJ 1MG/0.5 | PHYTONADIONE INJ 1 MG/0.5ML (2 MG/ML) |
| VIVITROL INJ 380MG | NALTREXONE FOR IM EXTENDED RELEASE SUSP 380 MG |
| VORAXAZE INJ 1000UNIT | GLUCARPIDASE FOR IV INJ 1000 UNIT |
| VORICONAZOLE INJ 200MG | VORICONAZOLE FOR INJ 200 MG |
| VPRIV INJ 400UNIT | VELAGLUCERASE ALFA FOR INJ 400 UNIT |

| Drug name | Generic name |
|------------------------|--|
| VYEPTI INJ 100MG/ML | EPTINEZUMAB-JJMR IV SOLN 100 MG/ML |
| VYONDYS 53 INJ 100/2ML | GOLODIRSEN IV SOLN 100 MG/2ML (50 MG/ML) |
| VYXEOS INJ 44-100MG | DAUNORUBICIN-CYTARABINE LIPOSOME FOR IV INJ 44-100 MG |
| XARACOLL IMP 100MG | BUPIVACAINE HCL IMPLANT 3 X 100 MG (300 MG DOSE) |
| XEMBIFY INJ 10G/50ML | IMMUNE GLOBULIN (HUMAN)-KLHW SUBCUTANEOUS INJ 10 GM/50ML |
| XEMBIFY INJ 1GM/5ML | IMMUNE GLOBULIN (HUMAN)-KLHW SUBCUTANEOUS INJ 1 GM/5ML |
| XEMBIFY INJ 2GM/10ML | IMMUNE GLOBULIN (HUMAN)-KLHW SUBCUTANEOUS INJ 2 GM/10ML |
| XEMBIFY INJ 4GM/20ML | IMMUNE GLOBULIN (HUMAN)-KLHW SUBCUTANEOUS INJ 4 GM/20ML |
| XENLETA INJ 150/15ML | LEFAMULIN ACETATE IV SOLN 150 MG/15ML |
| XEOMIN INJ 100UNIT | INCOTULINUMTOXINA FOR IM INJ 100 UNIT |
| XEOMIN INJ 200UNIT | INCOTULINUMTOXINA FOR IM INJ 200 UNIT |
| XEOMIN INJ 50 UNIT | INCOTULINUMTOXINA FOR IM INJ 50 UNIT |
| XERAVA INJ 100MG | ERAVACYCLINE DIHYDROCHLORIDE IV FOR SOLN 100 MG (BASE EQUIV) |
| XERAVA INJ 50MG | ERAVACYCLINE DIHYDROCHLORIDE IV FOR SOLN 50 MG (BASE EQUIV) |
| XGEVA INJ | DENOSUMAB INJ 120 MG/1.7ML |
| XOLAIR SOL 150MG | OMALIZUMAB FOR INJ 150 MG |
| XYLO-MPF/EPI INJ 1.5% | LIDOCAINE INJ 1.5% W/ EPINEPHRINE-1:200000 |
| XYLO-MPF/EPI INJ 1% | LIDOCAINE INJ 1% W/ EPINEPHRINE-1:200000 |
| XYLO-MPF/EPI INJ 2% | LIDOCAINE INJ 2% W/ EPINEPHRINE-1:200000 |
| XYLOCAINE INJ -MPF 1% | LIDOCAINE HCL LOCAL PRESERVATIVE FREE (PF) INJ 1% |
| XYLOCAINE INJ -MPF 2% | LIDOCAINE HCL LOCAL PRESERVATIVE FREE (PF) INJ 2% |
| XYLOCAINE INJ -MPF 4% | LIDOCAINE HCL LOCAL PRESERVATIVE FREE (PF) INJ 4% |
| XYLOCAINE INJ 0.5% | LIDOCAINE HCL LOCAL INJ 0.5% |
| XYLOCAINE INJ 1% | LIDOCAINE HCL LOCAL INJ 1% |
| XYLOCAINE INJ 2% | LIDOCAINE HCL LOCAL INJ 2% |
| XYLOCAINE INJ MPF 0.5% | LIDOCAINE HCL LOCAL PRESERVATIVE FREE (PF) INJ 0.5% |
| XYLOCAINE INJ MPF 1.5% | LIDOCAINE HCL LOCAL PRESERVATIVE FREE (PF) INJ 1.5% |

| Drug name | Generic name |
|-------------------------|---|
| YERVOY INJ 200MG | IPILIMUMAB SOLN FOR IV INFUSION 200 MG/40ML (5 MG/ML) |
| YERVOY INJ 50MG | IPILIMUMAB SOLN FOR IV INFUSION 50 MG/10ML (5 MG/ML) |
| YESCARTA INJ | AXICABTAGENE CILOLEUCEL IV SUSP 200,000,000 CELLS |
| YONDELIS INJ 1MG | TRABECTEDIN FOR INJ 1 MG |
| YUTIQ IMP 0.18MG | FLUOCINOLONE ACETONIDE INTRAVITREAL IMPLANT 0.18 MG |
| ZALTRAP INJ 100/4ML | ZIV-AFLIBERCEPT IV SOLN 100 MG/4ML (FOR INFUSION) |
| ZALTRAP INJ 200/8ML | ZIV-AFLIBERCEPT IV SOLN 200 MG/8ML (FOR INFUSION) |
| ZANOSAR INJ 1GM | STREPTOZOCIN FOR INJ 1 GM |
| ZEMAIRA INJ 1000MG | ALPHA1-PROTEINASE INHIBITOR (HUMAN) FOR IV SOLN 1000 MG |
| ZEMDRI INJ 500MG/10 | PLAZOMICIN SULFATE IV SOLN 500 MG/10ML (50 MG/ML) (BASE EQ) |
| ZEMPLAR INJ 2MCG/ML | PARICALCITOL IV SOLN 2 MCG/ML |
| ZEMPLAR INJ 5MCG/ML | PARICALCITOL IV SOLN 5 MCG/ML |
| ZEPZELCA SOL 4MG | LURBINECTEDIN FOR IV SOLN 4 MG |
| ZERBAXA INJ 1.5GM | CEFTOLOZANE-TAZOBACTAM FOR INJ 1.5 GM (1-0.5 GM) |
| ZILRETTA INJ 32MG | TRIAMCINOLONE ACETONIDE INTRA-ARTICULAR INJ ER SUSP 32 MG |
| ZINC SULFATE INJ 1MG/ML | ZINC SULFATE INJ 1 MG/ML |
| ZINPLAVA SOL 25MG/ML | BEZLOTOXUMAB IV SOLN 1000 MG/40ML (25 MG/ML) |
| ZIPRASIDONE INJ 20MG | ZIPRASIDONE MESYLATE FOR INJ 20 MG (BASE EQUIVALENT) |
| ZIRABEV INJ 100/4ML | BEVACIZUMAB-BVZR IV SOLN 100 MG/4ML (FOR INFUSION) |
| ZIRABEV INJ 400/16ML | BEVACIZUMAB-BVZR IV SOLN 400 MG/16ML (FOR INFUSION) |
| ZITHROMAX INJ 500MG | AZITHROMYCIN IV FOR SOLN 500 MG |
| ZOLEDRONIC INJ 4/100ML | ZOLEDRONIC ACID IV SOLN 4 MG/100ML |
| ZOLEDRONIC INJ 4MG/5ML | ZOLEDRONIC ACID INJ CONC FOR IV INFUSION 4 MG/5ML |
| ZOLEDRONIC INJ 5/100ML | ZOLEDRONIC ACID IV SOLN 5 MG/100ML |
| ZOLGENSMA INJ | ONASEMNOGENE ABEPARVOVEC-XIOI 1X5.5 ML & 2X8.3 ML SUSP KIT |
| ZOLGENSMA INJ | ONASEMNOGENE ABEPARVOVEC-XIOI 1X5.5 ML & 3X8.3 ML SUSP KIT |
| ZOLGENSMA INJ | ONASEMNOGENE ABEPARVOVEC-XIOI 1X5.5 ML & 4X8.3 ML SUSP KIT |
| ZOLGENSMA INJ | ONASEMNOGENE ABEPARVOVEC-XIOI 1X5.5 ML & 5X8.3 ML SUSP KIT |

| Drug name | Generic name |
|--------------------|--|
| ZOLGENSMA INJ | ONASEMNOGENE ABEPARVOVEC-XIOI 1X5.5 ML & 6X8.3 ML SUSP KIT |
| ZOLGENSMA INJ | ONASEMNOGENE ABEPARVOVEC-XIOI 1X5.5 ML & 7X8.3 ML SUSP KIT |
| ZOLGENSMA INJ | ONASEMNOGENE ABEPARVOVEC-XIOI 1X5.5 ML & 8X8.3 ML SUSP KIT |
| ZOLGENSMA INJ | ONASEMNOGENE ABEPARVOVEC-XIOI 2X5.5 ML & 1X8.3 ML SUSP KIT |
| ZOLGENSMA INJ | ONASEMNOGENE ABEPARVOVEC-XIOI 2X5.5 ML & 2X8.3 ML SUSP KIT |
| ZOLGENSMA INJ | ONASEMNOGENE ABEPARVOVEC-XIOI 2X5.5 ML & 3X8.3 ML SUSP KIT |
| ZOLGENSMA INJ | ONASEMNOGENE ABEPARVOVEC-XIOI 2X5.5 ML & 4X8.3 ML SUSP KIT |
| ZOLGENSMA INJ | ONASEMNOGENE ABEPARVOVEC-XIOI 2X5.5 ML & 5X8.3 ML SUSP KIT |
| ZOLGENSMA INJ | ONASEMNOGENE ABEPARVOVEC-XIOI 2X5.5 ML & 6X8.3 ML SUSP KIT |
| ZOLGENSMA INJ | ONASEMNOGENE ABEPARVOVEC-XIOI 2X5.5 ML & 7X8.3 ML SUSP KIT |
| ZOLGENSMA INJ | ONASEMNOGENE ABEPARVOVEC-XIOI 2X8.3 ML SUSP KIT |
| ZOLGENSMA INJ | ONASEMNOGENE ABEPARVOVEC-XIOI 3X8.3 ML SUSP KIT |
| ZOLGENSMA INJ | ONASEMNOGENE ABEPARVOVEC-XIOI 4X8.3 ML SUSP KIT |
| ZOLGENSMA INJ | ONASEMNOGENE ABEPARVOVEC-XIOI 5X8.3 ML SUSP KIT |
| ZOLGENSMA INJ | ONASEMNOGENE ABEPARVOVEC-XIOI 6X8.3 ML SUSP KIT |
| ZOLGENSMA INJ | ONASEMNOGENE ABEPARVOVEC-XIOI 7X8.3 ML SUSP KIT |
| ZOLGENSMA INJ | ONASEMNOGENE ABEPARVOVEC-XIOI 8X8.3 ML SUSP KIT |
| ZOLGENSMA INJ | ONASEMNOGENE ABEPARVOVEC-XIOI 9X8.3 ML SUSP KIT |
| ZOSYN INJ 36-4.5GM | PIPERACILLIN SOD-TAZOBACTAM SOD FOR INJ 40.5 GM (36-4.5 GM) |
| ZOSYN SOL 2-0.25GM | PIPERACILLIN SOD-TAZOBACTAM SOD IN DEX IV SOLN 2-0.25GM/50ML |
| ZOSYN SOL 3-0.375G | PIPERACILLIN SOD-TAZOBACTAM SOD IN DEX IV SOL 3-0.375GM/50ML |
| ZOSYN SOL 4-0.50GM | PIPERACILLIN SOD-TAZOBACTAM SOD IN DEX IV SOLN 4-0.5GM/100ML |

| Drug name | Generic name |
|------------------------|--|
| ZULRESSO INJ 100/20ML | BREXANOLONE IV SOLN 100 MG/20ML (5 MG/ML) |
| ZYNLONTA SOL 10MG | LONCASTUXIMAB TESIRINE-LPYL FOR IV SOLN 10 MG |
| ZYNRELEF INJ 200-6MG | BUPIVACAINE-MELOXICAM INJECTION ER SOLN 200-6 MG/7ML |
| ZYNRELEF INJ 400-12MG | BUPIVACAINE-MELOXICAM INJECTION ER SOLN 400-12 MG/14ML |
| ZYPREXA INJ 10MG | OLANZAPINE FOR IM INJ 10 MG |
| ZYPREXA RELP INJ 210MG | OLANZAPINE PAMOATE FOR EXTENDED REL IM SUSP 210 MG (BASE EQ) |
| ZYPREXA RELP INJ 300MG | OLANZAPINE PAMOATE FOR EXTENDED REL IM SUSP 300 MG (BASE EQ) |
| ZYPREXA RELP INJ 405MG | OLANZAPINE PAMOATE FOR EXTENDED REL IM SUSP 405 MG (BASE EQ) |
| ZYVOX SOL 2MG/ML | LINEZOLID IV SOLN 200 MG/100ML (2 MG/ML) |
| ZYVOX SOL 2MG/ML | LINEZOLID IV SOLN 600 MG/300ML (2 MG/ML) |

Index

| | | | | | |
|-------------------------------------|-----|------------------------------------|-----|-----------------------------------|-----|
| A-HYDROCORT INJ 100MG | 113 | ACTEMRA INJ ACTPEN | 92 | AKTEN GEL 3.5% | 101 |
| A-METHAPRED INJ 125MG | 113 | ACTHIB INJ | 92 | AKYNZEO INJ 235-0.25 | 113 |
| A-METHAPRED INJ 40MG | 113 | ACTIMMUNE INJ 2MU/0.5 | 92 | AKYNZEO INJ | 113 |
| ABACA/LAMIVU TAB 600-300M. | 37 | ACYCLOVIR CAP 200MG | 37 | ALA-CORT CRE 2.5% | 74 |
| ABACAV/LAMIV TAB /ZIDOVUD | 37 | ACYCLOVIR NA INJ 1000MG | 113 | ALA-SCALP LOT 2% | 74 |
| ABACAVIR SOL 20MG/ML | 37 | ACYCLOVIR NA INJ 500MG | 113 | ALBENDAZOLE TAB 200MG | 32 |
| ABACAVIR TAB 300MG | 37 | ACYCLOVIR NA INJ 50MG/ML | 113 | ALBUMIN HUM INJ 25% | 113 |
| ABECMA INJ | 113 | ACYCLOVIR OIN 5% | 37 | ALBUMINEX SOL 25% | 113 |
| ABELCET INJ 5MG/ML | 113 | ACYCLOVIR SUS 200/5ML | 37 | ALBUMINEX SOL 5% | 113 |
| ABILIFY MAIN INJ 300MG | 113 | ACYCLOVIR TAB 400MG | 37 | ALBUTEROL AER HFA | 105 |
| ABILIFY MAIN INJ 400MG | 113 | ACYCLOVIR TAB 800MG | 37 | ALBUTEROL NEB 0.083% | 105 |
| ABIRATERONE TAB 250MG | 29 | ADACEL INJ | 92 | ALBUTEROL NEB 0.5% | 105 |
| ABIRATERONE TAB 500MG | 29 | ADAGEN INJ 250/ML | 113 | ALBUTEROL NEB 0.63MG/3 | 105 |
| ACAMPRO CAL TAB 333MG | 13 | ADAKVEO INJ 100/10ML | 113 | ALBUTEROL NEB 1.25MG/3 | 105 |
| ACARBOSE TAB 100MG | 42 | ADAPALENE CRE 0.1% | 62 | ALBUTEROL SYP 2MG/5ML | 105 |
| ACARBOSE TAB 25MG | 42 | ADAPALENE GEL 0.1% | 62 | ALBUTEROL TAB 2MG | 105 |
| ACARBOSE TAB 50MG | 42 | ADAPALENE GEL 0.3% | 62 | ALBUTEROL TAB 4MG ER | 105 |
| ACCU-CHECK KIT GUIDE ME | 41 | ADAPALENE GEL PMP 0.3% | 62 | ALBUTEROL TAB 4MG | 105 |
| ACCU-CHEK KIT GUIDE | 41 | ADEFOV DIPIV TAB 10MG | 37 | ALBUTEROL TAB 8MG ER | 105 |
| ACCU-CHEK KIT SOFTCLIX | 41 | ADEMPAS TAB 0.5MG | 105 | ALCLOMETASON CRE 0.05% | 74 |
| ACCU-CHEK LIQ GUIDE | 41 | ADEMPAS TAB 1.5MG | 105 | ALCLOMETASON OIN 0.05% | 74 |
| ACCU-CHEK LIQ SMART | 41 | ADEMPAS TAB 1MG | 105 | ALCOHOL PREP PAD | 98 |
| ACCU-CHEK SOL | 41 | ADEMPAS TAB 2.5MG | 105 | ALDURAZYME INJ 2.9MG/5M | 113 |
| ACCU-CHEK TES AVIVA PL | 41 | ADEMPAS TAB 2MG | 105 | ALECENSA CAP 150MG | 29 |
| ACCU-CHEK TES GUIDE | 41 | ADENOSCAN INJ 3MG/ML | 113 | ALENDRONATE SOL 70/75ML | 97 |
| ACCU-CHEK TES SMART | 41 | ADENOSINE INJ 12MG/4ML | 113 | ALENDRONATE TAB 10MG | 97 |
| AC CUTANE CAP 10MG | 62 | ADENOSINE INJ 6MG/2ML | 113 | ALENDRONATE TAB 35MG | 97 |
| AC CUTANE CAP 20MG | 62 | ADENOSINE INJ 90/30ML | 113 | ALENDRONATE TAB 70MG | 97 |
| AC CUTANE CAP 30MG | 62 | ADRENALIN INJ 1MG/ML | 113 | ALFENTANIL INJ 1000/2ML | 113 |
| AC CUTANE CAP 40MG | 62 | ADRENALIN INJ 30/30ML | 113 | ALFENTANIL INJ 2500/5ML | 113 |
| ACEBUTOLOL CAP 200MG | 48 | ADRIAMYCIN INJ 10MG | 113 | ALFERON N INJ 5MU/ML | 92 |
| ACEBUTOLOL CAP 400MG | 48 | ADRIAMYCIN INJ 200MG | 113 | ALFUZOSIN TAB 10MG ER | 73 |
| ACETAZOLAMID CAP 500MG ER | 48 | ADRIAMYCIN INJ 20MG | 113 | ALINIA SUS 100/5ML | 32 |
| ACETAZOLAMID INJ 500MG | 113 | ADRIAMYCIN INJ 50MG | 113 | ALIQOPA INJ 60MG | 113 |
| ACETAZOLAMID TAB 125MG | 48 | ADRUCIL INJ 5/100ML | 113 | ALKERAN INJ 50MG | 113 |
| ACETAZOLAMID TAB 250MG | 48 | ADRUCIL INJ 500/10ML | 113 | ALLOPURINOL INJ 500MG | 113 |
| ACETIC ACID SOL 2% OTIC | 104 | ADUHELM INJ 170MG | 113 | ALLOPURINOL TAB 100MG | 27 |
| ACETYLCYST SOL 10% | 105 | ADUHELM INJ 300MG | 113 | ALLOPURINOL TAB 300MG | 27 |
| ACETYLCYST SOL 20% | 105 | AFIRMELLE TAB 0.1-0.02 | 78 | ALMOTRIP MAL TAB 12.5MG | 27 |
| ACITRETIN CAP 10MG | 62 | AFLURIA QUAD INJ 2022-23 | 92 | ALMOTRIP MAL TAB 6.25MG | 27 |
| ACITRETIN CAP 17.5MG | 62 | AFTERA TAB 1.5MG | 78 | ALMOTRIPTAN TAB 12.5MG | 27 |
| ACITRETIN CAP 25MG | 62 | AFTERPILL TAB 1.5MG | 78 | ALMOTRIPTAN TAB 6.25MG | 27 |
| ACTEMRA INJ 162/0.9 | 92 | AGGRASTAT INJ 3.75/15 | 113 | ALOCRILOL SOL 2% | 101 |
| ACTEMRA INJ 200/10ML | 113 | AIMOVIG INJ 140MG/ML | 27 | ALOMIDE SOL 0.1% OP | 101 |
| ACTEMRA INJ 400/20ML | 113 | AIMOVIG INJ 70MG/ML | 27 | ALOPRIM INJ 500MG | 113 |
| ACTEMRA INJ 80MG/4ML | 113 | AK-POLY-BAC OIN OP | 101 | ALOSETRON TAB 0.5MG | 70 |



| | | | | | |
|-------------------------------------|-----|-------------------------------------|-----|------------------------------------|-----|
| ALOSETRON TAB 1MG | 70 | AMINOCAPROIC SOL 0.25/ML. | 45 | AMOXICILLIN CAP 500MG | 14 |
| ALOXI INJ 0.25MG/5. | 113 | AMINOPHYLLIN INJ 25MG/ML. | 114 | AMOXICILLIN CHW 125MG. | 14 |
| ALPRAZOLAM CON 1 MG/ML | 39 | AMIODARONE INJ 50MG/ML. | 114 | AMOXICILLIN CHW 250MG. | 14 |
| ALPRAZOLAM TAB 0.25 ODT | 39 | AMIODARONE INJ 900MG/18. | 114 | AMOXICILLIN SUS 125/5ML | 14 |
| ALPRAZOLAM TAB 0.25MG | 39 | AMIODARONE TAB 100MG. | 48 | AMOXICILLIN SUS 200/5ML | 14 |
| ALPRAZOLAM TAB 0.5MG ER | 39 | AMIODARONE TAB 200MG. | 48 | AMOXICILLIN SUS 250/5ML | 14 |
| ALPRAZOLAM TAB 0.5MG OD | 40 | AMIODARONE TAB 400MG. | 48 | AMOXICILLIN SUS 250MG/5M | 14 |
| ALPRAZOLAM TAB 0.5MG | 39 | AMITRIPTYLIN TAB 100MG. | 22 | AMOXICILLIN SUS 400/5ML | 14 |
| ALPRAZOLAM TAB 1MG ER. | 40 | AMITRIPTYLIN TAB 10MG. | 22 | AMOXICILLIN TAB 500MG. | 14 |
| ALPRAZOLAM TAB 1MG ODT | 40 | AMITRIPTYLIN TAB 150MG. | 22 | AMOXICILLIN TAB 875MG. | 15 |
| ALPRAZOLAM TAB 1MG. | 40 | AMITRIPTYLIN TAB 25MG. | 22 | AMP-SULBACTA INJ 1.5GM | 114 |
| ALPRAZOLAM TAB 2MG ER. | 40 | AMITRIPTYLIN TAB 50MG. | 22 | AMP-SULBACTA INJ 15GM. | 114 |
| ALPRAZOLAM TAB 2MG ODT | 40 | AMITRIPTYLIN TAB 75MG. | 22 | AMP-SULBACTA INJ 3GM. | 114 |
| ALPRAZOLAM TAB 2MG. | 40 | AMJEVITA INJ 10/0.2ML | 92 | AMPHET/DEXTR CAP 10MG ER. | 60 |
| ALPRAZOLAM TAB 3MG ER. | 40 | AMJEVITA INJ 20/0.4ML | 92 | AMPHET/DEXTR CAP 15MG ER. | 60 |
| ALREX SUS 0.2% | 101 | AMJEVITA INJ 40/0.8ML | 92 | AMPHET/DEXTR CAP 20MG ER. | 60 |
| ALTABAX OIN 1% | 14 | AMLOD/BENAZP CAP 10-20MG. | 48 | AMPHET/DEXTR CAP 25MG ER. | 60 |
| ALTACAINE SOL 0.5% OP | 101 | AMLOD/BENAZP CAP 10-40MG | 48 | AMPHET/DEXTR CAP 30MG ER. | 60 |
| ALTAFRIN SOL 10% OP | 101 | AMLOD/BENAZP CAP 2.5-10MG | 48 | AMPHET/DEXTR CAP 5MG ER. | 60 |
| ALTAFRIN SOL 2.5% OP. | 101 | AMLOD/BENAZP CAP 5-10MG. | 48 | AMPHET/DEXTR TAB 10MG | 60 |
| ALTAVERA TAB | 78 | AMLOD/BENAZP CAP 5-20MG. | 48 | AMPHET/DEXTR TAB 12.5MG | 60 |
| ALVESCO AER 160MCG | 105 | AMLOD/BENAZP CAP 5-40MG. | 48 | AMPHET/DEXTR TAB 15MG | 60 |
| ALVESCO AER 80MCG | 105 | AMLOD/VALSAR TAB 10-160MG | 49 | AMPHET/DEXTR TAB 20MG | 60 |
| ALVIMOPAN CAP 12MG. | 70 | AMLOD/VALSAR TAB 10-320MG | 49 | AMPHET/DEXTR TAB 30MG | 60 |
| ALYACEN TAB 1/35. | 78 | AMLOD/VALSAR TAB 5-160MG | 49 | AMPHET/DEXTR TAB 5MG | 60 |
| ALYACEN TAB 7/7/7 | 78 | AMLOD/VALSAR TAB 5-320MG | 49 | AMPHET/DEXTR TAB 7.5MG. | 60 |
| ALYQ TAB 20MG | 105 | AMLODIPINE TAB 10MG | 49 | AMPHETAMINE TAB 10MG | 60 |
| AMABELZ TAB 0.5-0.1 | 78 | AMLODIPINE TAB 2.5MG. | 49 | AMPHETAMINE TAB 5MG | 60 |
| AMABELZ TAB 1-0.5MG. | 78 | AMLODIPINE TAB 5MG | 49 | AMPHOTERICIN INJ 50MG | 114 |
| AMANTADINE CAP 100MG | 33 | AMMONIUM LAC CRE 12%. | 62 | AMPICILLIN CAP 500MG. | 15 |
| AMANTADINE SOL 50MG/5ML. | 33 | AMNESTEEM CAP 10MG. | 62 | AMPICILLIN INJ 10GM | 114 |
| AMANTADINE TAB 100MG | 33 | AMNESTEEM CAP 20MG. | 62 | AMPICILLIN INJ 125MG | 114 |
| AMBISOME INJ 50MG | 113 | AMNESTEEM CAP 40MG. | 62 | AMPICILLIN INJ 1GM | 114 |
| AMBRISENTAN TAB 10MG | 105 | AMONDYS 45 INJ 50MG/ML. | 114 | AMPICILLIN INJ 250MG. | 114 |
| AMBRISENTAN TAB 5MG | 105 | AMOX/K CLAV CHW 200MG. | 14 | AMPICILLIN INJ 2GM | 114 |
| AMCINONIDE CRE 0.1%. | 74 | AMOX/K CLAV CHW 400MG. | 14 | AMPICILLIN INJ 500MG. | 114 |
| AMCINONIDE LOT 0.1%. | 74 | AMOX/K CLAV SUS 200/5ML. | 14 | ANAGRELIDE CAP 0.5MG. | 45 |
| AMCINONIDE OIN 0.1% | 74 | AMOX/K CLAV SUS 250/5ML. | 14 | ANAGRELIDE CAP 1MG. | 45 |
| AMETHIA TAB. | 78 | AMOX/K CLAV SUS 400/5ML. | 14 | ANALPRAM-HC LOT 2.5%. | 97 |
| AMETHYST TAB 90-20MCG | 78 | AMOX/K CLAV SUS 600/5ML. | 14 | ANASTROZOLE TAB 1MG. | 29 |
| AMIDATE INJ 2MG/ML | 114 | AMOX/K CLAV TAB 250-125 | 14 | ANDEXXA SOL 100MG | 114 |
| AMIKACIN INJ 1GM/4ML. | 114 | AMOX/K CLAV TAB 500-125 | 14 | ANDEXXA SOL 200MG | 114 |
| AMIKACIN INJ 500/2ML. | 114 | AMOX/K CLAV TAB 875-125 | 14 | ANDRODERM DIS 2MG/24HR | 78 |
| AMILOR/HCTZ TAB 5-50. | 48 | AMOXAPINE TAB 100MG | 22 | ANDRODERM DIS 4MG/24HR | 78 |
| AMILORIDE TAB 5MG | 48 | AMOXAPINE TAB 150MG | 22 | ANGELIQ TAB 0.25-0.5. | 78 |
| AMINOCAPR AC INJ 250MG/ML | 114 | AMOXAPINE TAB 25MG. | 22 | ANGELIQ TAB 0.5-1MG | 78 |
| AMINOCAPR AC TAB 1000MG. | 45 | AMOXAPINE TAB 50MG | 22 | ANGIOMAX INJ 250MG | 114 |
| AMINOCAPR AC TAB 500MG | 45 | AMOXICILLIN CAP 250MG | 14 | ANJESO INJ 30MG/ML | 114 |



| | | | | | |
|-------------------------------------|-----|-------------------------------------|-----|-------------------------------------|-----|
| ANNOVERA MIS | 78 | ARMODAFINIL TAB 50MG | 111 | ATAZANAVIR CAP 150MG | 37 |
| APAP-CAFFEIN CAP DIHYDROC | 8 | ARMOUR THYRO TAB 120MG | 88 | ATAZANAVIR CAP 200MG | 37 |
| APAP/CODEINE SOL 120-12/5 | 8 | ARMOUR THYRO TAB 15MG | 88 | ATAZANAVIR CAP 300MG | 37 |
| APAP/CODEINE SOL 300-30MG | 8 | ARMOUR THYRO TAB 180MG | 88 | ATENOL/CHLOR TAB 100-25MG | 49 |
| APAP/CODEINE TAB 300-15MG | 8 | ARMOUR THYRO TAB 240MG | 88 | ATENOL/CHLOR TAB 50-25MG | 49 |
| APAP/CODEINE TAB 300-30MG | 8 | ARMOUR THYRO TAB 300MG | 88 | ATENOLOL TAB 100MG | 49 |
| APAP/CODEINE TAB 300-60MG | 8 | ARMOUR THYRO TAB 30MG | 88 | ATENOLOL TAB 25MG | 49 |
| APEXICON E CRE 0.05% | 74 | ARMOUR THYRO TAB 60MG | 88 | ATENOLOL TAB 50MG | 49 |
| A POMORPHINE INJ 30MG/3ML | 33 | ARMOUR THYRO TAB 90MG | 88 | ATGAM INJ 250MG | 114 |
| APRACLONIDIN SOL 0.5% OP | 101 | ARNUITY ELPT INH 100MCG | 105 | ATIVAN INJ 2MG/ML | 114 |
| APREPITANT CAP 125MG | 25 | ARNUITY ELPT INH 200MCG | 105 | ATIVAN INJ 4MG/ML | 114 |
| APREPITANT CAP 40MG | 25 | ARNUITY ELPT INH 50MCG | 105 | ATORVASTATIN TAB 10MG | 49 |
| APREPITANT CAP 80MG | 25 | ARSENIC TRIO INJ 12MG/6ML | 114 | ATORVASTATIN TAB 20MG | 49 |
| APREPITANT PAK 80 & 125 | 25 | ARTESUNATE SOL 110MG | 114 | ATORVASTATIN TAB 40MG | 49 |
| APRI TAB | 79 | ARTISS SOL 10ML | 98 | ATORVASTATIN TAB 80MG | 49 |
| APTIOM TAB 200MG | 18 | ARTISS SOL 2ML | 98 | ATOVAQ/PROGU TAB 250-100 | 32 |
| APTIOM TAB 400MG | 18 | ARTISS SOL 4ML | 98 | ATOVAQ/PROGU TAB 62.5-25 | 32 |
| APTIOM TAB 600MG | 18 | ARZERRA CON 100/5ML | 114 | ATOVAQUONE SUS 750/5ML | 32 |
| APTIOM TAB 800MG | 18 | ASA/DIPYRIDA CAP 25-200MG | 46 | ATRACURIUM INJ 50MG/5ML | 114 |
| APTIVUS CAP 250MG | 37 | ASA/OMEPRAZO TAB 81-40MG | 46 | ATROPINE SUL INJ 0.05MG/1 | 114 |
| APTIVUS SOL | 37 | ASCENIV INJ 10% | 114 | ATROPINE SUL INJ 0.1MG/ML | 114 |
| ARALAST NP INJ 1000MG | 114 | ASCOMP/COD CAP 30MG | 8 | ATROPINE SUL INJ 0.4MG/ML | 114 |
| ARANELLE TAB | 79 | ASCOR SOL 25000MG | 114 | ATROPINE SUL INJ 1MG/ML | 114 |
| ARANESP INJ 100MCG | 45 | ASCORBIC ACD INJ 500MG/ML | 114 | ATROPINE SUL INJ 8MG/20ML | 114 |
| ARANESP INJ 10MCG | 46 | A SENAPINE SUB 10MG | 34 | ATROPINE SUL SOL 1% OP | 101 |
| ARANESP INJ 150MCG | 46 | A SENAPINE SUB 2.5MG | 34 | ATROPINE SUL SOL 1% | 101 |
| ARANESP INJ 200MCG | 46 | A SENAPINE SUB 5MG | 34 | ATROVENT HFA AER 17MCG | 106 |
| ARANESP INJ 25MCG | 46 | ASHLYNA TAB | 79 | ATRYN INJ 1750 | 114 |
| ARANESP INJ 300MCG | 46 | ASMANEX 120 AER 220MCG | 106 | AUBRA EQ TAB 0.1-0.02 | 79 |
| ARANESP INJ 40MCG | 46 | ASMANEX 14 AER 220MCG | 106 | AUBRA TAB 0.1-0.02 | 79 |
| ARANESP INJ 500MCG | 46 | ASMANEX 30 AER 110MCG | 106 | AUROVELA 24 TAB FE 1/20 | 79 |
| ARANESP INJ 60MCG | 46 | ASMANEX 30 AER 220MCG | 106 | AUROVELA FE TAB 1.5/30 | 79 |
| ARFORMOTEROL NEB 15/2ML | 105 | ASMANEX 60 AER 220MCG | 106 | AUROVELA FE TAB 1/20 | 79 |
| ARIPIPRAZOLE SOL 1MG/ML | 34 | ASMANEX 7 AER 110MCG | 106 | AUROVELA TAB 1.5/30 | 79 |
| ARIPIPRAZOLE TAB 10MG | 34 | ASMANEX HFA AER 100 MCG | 106 | AUROVELA TAB 1/20 | 79 |
| ARIPIPRAZOLE TAB 15MG | 34 | ASMANEX HFA AER 200 MCG | 106 | AURYXIA TAB 210MG | 64 |
| ARIPIPRAZOLE TAB 20MG | 34 | ASMANEX HFA AER 50MCG | 106 | AUSTEDO TAB 12MG | 60 |
| ARIPIPRAZOLE TAB 2MG | 34 | ASP/OMEPRAZO TAB 325-40MG | 46 | AUSTEDO TAB 6MG | 60 |
| ARIPIPRAZOLE TAB 30MG | 34 | ASPARLAS INJ 3750/5ML | 114 | AUSTEDO TAB 9MG | 60 |
| ARIPIPRAZOLE TAB 5MG | 34 | ASPIRIN LOW CHW 81MG | 8 | AUTOPEN MIS 1-21UNIT | 41 |
| ARISTADA INJ 1064MG | 114 | ASPIRIN LOW TAB 81MG EC | 8 | AVASTIN INJ | 114 |
| ARISTADA INJ 441MG/1 | 114 | ASSURE ID MIS 1ML/31G | 98 | AVEED INJ 750/3ML | 114 |
| ARISTADA INJ 662MG/2 | 114 | ASTRAMORPH INJ 0.5MG/ML | 114 | AVELOX INJ | 114 |
| ARISTADA INJ 882MG/3 | 114 | ASTRAMORPH INJ 10/10ML | 114 | AVIANE TAB | 79 |
| ARISTADA INJ INITIO | 114 | ASTRAMORPH INJ 1MG/2ML | 114 | AVIDOXY TAB 100MG | 15 |
| ARMODAFINIL TAB 150MG | 111 | ASTRAMORPH INJ 2MG/2ML | 114 | AVONEX PEN KIT 30MCG | 60 |
| ARMODAFINIL TAB 200MG | 111 | ATABEX EC TAB 29-1MG | 64 | AVONEX PREFL KIT 30MCG | 60 |
| ARMODAFINIL TAB 250MG | 111 | ATABEX OB TAB 29-1MG | 64 | AVSOLA INJ 100MG | 114 |



| | | | | | |
|-------------------------------------|-----|-------------------------------------|-----|-------------------------------------|-----|
| AVYCAZ INJ 2-0.5GM | 115 | BELSOMRA TAB 15MG | 111 | BETHANECHOL TAB 50MG | 73 |
| AYUNA TAB | 79 | BELSOMRA TAB 20MG | 111 | BETHANECHOL TAB 5MG. | 73 |
| AZACTAM INJ 1GM | 115 | BELSOMRA TAB 5MG | 111 | BETIMOL SOL 0.25% | 101 |
| AZACTAM INJ 2GM | 115 | BENAZEP/HCTZ TAB 10-12.5 | 49 | BETIMOL SOL 0.5% | 101 |
| AZASITE SOL 1% | 101 | BENAZEP/HCTZ TAB 20-12.5 | 49 | BETOPTIC-S SUS 0.25% OP | 101 |
| AZATHIOPRINE INJ 100MG. | 115 | BENAZEP/HCTZ TAB 20-25MG | 49 | BEVESPI AER 9-4.8MCG | 106 |
| AZATHIOPRINE TAB 50MG. | 92 | BENAZEP/HCTZ TAB 5-6.25 | 49 | BEXAROTENE CAP 75MG. | 29 |
| AZEDRA DOSIM INJ 15MCI/ML | 115 | BENAZEP/HCTZ TAB 5-6.25MG | 49 | BEXAROTENE GEL 1%. | 29 |
| AZEDRA THERA INJ 15MCI/ML | 115 | BENAZEPRIL TAB 10MG | 49 | BEXSERO INJ | 92 |
| AZEL/FLUTIC SPR 137-50 | 106 | BENAZEPRIL TAB 20MG | 49 | BICALUTAMIDE TAB 50MG. | 29 |
| AZELAIC ACID GEL 15% | 62 | BENAZEPRIL TAB 40MG | 49 | BICILLIN C-R INJ 1200000. | 115 |
| AZELASTINE DRO 0.05%. | 101 | BENAZEPRIL TAB 5MG | 49 | BICILLIN C-R INJ 900/300 | 115 |
| AZELASTINE SPR 0.1% | 106 | BENDAMUSTINE SOL 100/4ML | 115 | BICILLIN L-A INJ 1200000 | 115 |
| AZITHROMYCIN INJ 500MG | 115 | BENDEKA INJ 100/4ML | 115 | BICILLIN L-A INJ 2400000 | 115 |
| AZITHROMYCIN POW 1GM PAK | 15 | BENLYSTA INJ 120MG | 115 | BICILLIN L-A INJ 600000 | 115 |
| AZITHROMYCIN SUS 100/5ML. | 15 | BENLYSTA INJ 400MG. | 115 | BIKTARVY TAB | 37 |
| AZITHROMYCIN SUS 200/5ML. | 15 | BENTYL INJ 10MG/ML. | 115 | BIORPHEN INJ | 115 |
| AZITHROMYCIN TAB 250MG | 15 | BENZNIDAZOLE TAB 100MG | 32 | BISACODYL TAB 5MG EC | 70 |
| AZITHROMYCIN TAB 500MG | 15 | BENZNIDAZOLE TAB 12.5MG. | 32 | BISOPRL/HCTZ TAB 10/6.25 | 49 |
| AZITHROMYCIN TAB 600MG | 15 | BENZONATATE CAP 100MG | 106 | BISOPRL/HCTZ TAB 2.5/6.25 | 49 |
| AZTREONAM INJ 1GM. | 115 | BENZONATATE CAP 200MG | 106 | BISOPRL/HCTZ TAB 5-6.25MG | 49 |
| AZTREONAM INJ 2GM | 115 | BENZTROPINE INJ 1MG/ML. | 115 | BISOPROL FUM TAB 10MG. | 49 |
| AZURETTE TAB 28 DAY. | 79 | BENZTROPINE TAB 0.5MG | 33 | BISOPROL FUM TAB 5MG. | 49 |
| AZURETTE TAB | 79 | BENZTROPINE TAB 1MG. | 33 | BIVALIR/NACL INJ 500/100 | 115 |
| BACIIM INJ 50000UNT | 115 | BENZTROPINE TAB 2MG | 33 | BIVALIRUDIN INJ 250MG. | 115 |
| BACIT/POLYMY OIN OP. | 101 | BEOVU INJ 6/0.05ML | 115 | BIVALIRUDIN SOL RTU | 115 |
| BACITRACIN INJ 50000UNT | 115 | BEPOTASTINE DRO 1.5% OP | 101 | BIVIGAM INJ 10% | 115 |
| BACITRACIN OIN OP | 101 | BEPOTASTINE DRO 1.5% | 101 | BLNREP INJ 100MG. | 115 |
| BACLOFEN INJ 40MG/20 | 115 | BESIVANCE SUS 0.6%. | 101 | BLEPHAMIDE OIN S.O.P. | 101 |
| BACLOFEN TAB 10MG. | 111 | BESPONSA INJ 0.9MG. | 115 | BLEPHAMIDE SUS OP | 101 |
| BACLOFEN TAB 20MG. | 111 | BETA DIPROP CRE 0.05% | 74 | BLINCYTO INJ 35MCG. | 115 |
| BACLOFEN TAB 5MG. | 111 | BETA DIPROP GEL 0.05% | 74 | BLISOVI 24 TAB FE 1/20 | 79 |
| BALCOLTRA TAB 0.1-20. | 79 | BETA DIPROP LOT 0.05% | 74 | BLISOVI FE TAB 1.5/30 | 79 |
| BALSALAZIDE CAP 750MG | 97 | BETA DIPROP OIN 0.05%. | 75 | BLISOVI FE TAB 1/20 | 79 |
| BALZIVA TAB. | 79 | BETA-PHOS/AC INJ 3-3MG/ML | 115 | BOOSTRIX INJ. | 92 |
| BAQSIMI ONE POW 3MG/DOSE | 42 | BETADINE SOL 5% OP. | 101 | BOSENTAN TAB 125MG | 106 |
| BAQSIMI TWO POW 3MG/DOSE | 42 | BETAMETH DIP CRE 0.05%. | 75 | BOSENTAN TAB 62.5MG. | 106 |
| BARACLUDGE SOL. | 37 | BETAMETH DIP LOT 0.05% | 75 | BOSULIF TAB 100MG. | 29 |
| BARHEMSYS INJ 10MG/4ML | 115 | BETAMETH DIP OIN 0.05% | 75 | BOSULIF TAB 400MG. | 29 |
| BARHEMSYS INJ 5MG/2ML | 115 | BETAMETH VAL CRE 0.1%. | 75 | BOSULIF TAB 500MG. | 29 |
| BASAGLAR INJ 100UNIT. | 42 | BETAMETH VAL LOT 0.1%. | 75 | BOTOX INJ 100UNIT. | 115 |
| BAVENCIO INJ 20MG/ML | 115 | BETAMETH VAL OIN 0.1% | 75 | BOTOX INJ 200UNIT. | 115 |
| BAXDELA INJ 300MG | 115 | BETASERON INJ 0.3MG. | 60 | BPM-PSE-DM SYP 2-30-10. | 106 |
| BAXDELA TAB 450MG | 15 | BETAXOLOL SOL 0.5% OP | 101 | BREO ELLIPTA INH 100-25 | 106 |
| BD GLUCOSE CHW 5GM. | 98 | BETAXOLOL TAB 10MG. | 49 | BREO ELLIPTA INH 200-25 | 106 |
| BELEODAQ INJ 500MG | 115 | BETAXOLOL TAB 20MG. | 49 | BREYANZI INJ | 115 |
| BELRAPZO SOL 100/4ML | 115 | BETHANECHOL TAB 10MG. | 73 | BRIDION INJ 200/2ML | 115 |
| BELSOMRA TAB 10MG | 111 | BETHANECHOL TAB 25MG | 73 | BRIDION INJ 500/5ML | 115 |



| | | | | | |
|---------------------------------|-----|-------------------------------|-----|-------------------------------|-----|
| BRIELLYN TAB. | 79 | BUPROPN HCL TAB 150MG XL ... | 22 | CANCIDAS INJ 50MG..... | 116 |
| BRILINTA TAB 60MG | 46 | BUPROPN HCL TAB 300MG XL ... | 22 | CANCIDAS INJ 70MG..... | 116 |
| BRILINTA TAB 90MG | 46 | BUSPIRONE TAB 10MG..... | 40 | CANDESA/HCTZ TAB 16-12.5.... | 50 |
| BRIMO/TIMOLO SOL 0.2/0.5%... | 101 | BUSPIRONE TAB 15MG..... | 40 | CANDESA/HCTZ TAB 32-12.5.... | 50 |
| BRIMONIDINE SOL 0.15% | 101 | BUSPIRONE TAB 30MG..... | 40 | CANDESA/HCTZ TAB 32-25MG ... | 50 |
| BRIMONIDINE SOL 0.2% OP..... | 102 | BUSPIRONE TAB 5MG..... | 40 | CANDESARTAN TAB 16MG..... | 50 |
| BRINEURA KIT 150/5ML | 115 | BUSPIRONE TAB 7.5MG | 40 | CANDESARTAN TAB 32MG..... | 50 |
| BRINZOLAMIDE SUS 1%..... | 102 | BUSULFAN INJ 6MG/ML..... | 116 | CANDESARTAN TAB 4MG..... | 50 |
| BRIVIACT INJ 50MG/5ML | 115 | BUSULFEX INJ 6MG/ML | 116 | CANDESARTAN TAB 8MG..... | 50 |
| BROM/PSE/DM SYP 2-30-10.... | 106 | BUT/APAP/CAF TAB | 8 | CAPECITABINE TAB 150MG | 29 |
| BROM/PSE/DM SYP 2/30/10 ... | 106 | BUT/ASA/CAF/ CAP CODEINE.... | 8 | CAPECITABINE TAB 500MG | 29 |
| BROM/PSE/DM SYP | 106 | BUT/ASA/CAFF CAP | 8 | CAPEX SHA 0.01% | 75 |
| BROMFENAC SOL 0.09% OP ... | 102 | BUTAL/APAP TAB 50-325MG | 8 | CAPRELSA TAB 100MG..... | 29 |
| BROMOCRIPTIN CAP 5MG..... | 33 | BUTALB/ACETA TAB 50-300MG.... | 8 | CAPRELSA TAB 300MG..... | 29 |
| BROMOCRIPTIN TAB 2.5MG | 33 | BUTORPHANOL INJ 1MG/ML.... | 116 | CAPTOPR/HCTZ TAB 25-15MG ... | 50 |
| BUDES/FORMOT AER 160-4.5 ... | 106 | BUTORPHANOL INJ 2MG/ML.... | 116 | CAPTOPR/HCTZ TAB 25-25MG ... | 50 |
| BUDES/FORMOT AER 80-4.5 ... | 106 | BUTORPHANOL SOL 10MG/ML.... | 8 | CAPTOPR/HCTZ TAB 50-15MG ... | 50 |
| BUDESONIDE AER 2MG/ACT..... | 97 | BYDUREON BC INJ 2/0.85ML.... | 42 | CAPTOPR/HCTZ TAB 50-25MG ... | 50 |
| BUDESONIDE CAP 3MG DR..... | 97 | BYDUREON INJ..... | 116 | CAPTOPRIL TAB 100MG | 50 |
| BUDESONIDE SUS 0.25MG/2.... | 106 | BYFAVO INJ 20MG | 116 | CAPTOPRIL TAB 12.5MG..... | 50 |
| BUDESONIDE SUS 0.5MG/2.... | 106 | C-NATE DHA CAP 28-1-200 | 64 | CAPTOPRIL TAB 25MG | 50 |
| BUDESONIDE SUS 1MG/2ML.... | 106 | CABENUVA SUS 400-600 | 116 | CAPTOPRIL TAB 50MG | 50 |
| BUMETANIDE INJ 0.25/ML | 115 | CABENUVA SUS 600-900 | 116 | CARB/LEVO 50 TAB /ENTACAP... | 33 |
| BUMETANIDE TAB 0.5MG..... | 49 | CABERGOLINE TAB 0.5MG..... | 77 | CARB/LEVO 75 TAB /ENTACAP... | 33 |
| BUMETANIDE TAB 1MG..... | 49 | CAFFEINE CIT SOL 20MG/ML | 60 | CARB/LEVO ER TAB 25-100MG ... | 33 |
| BUMETANIDE TAB 2MG | 50 | CAFFEINE CIT SOL 60MG/3ML ... | 60 | CARB/LEVO ER TAB 50-200MG... | 33 |
| BUPIVACAINE INJ 0.25% | 115 | CAL GLU/NACL INJ 1/100ML | 116 | CARB/LEVO TAB 10-100MG | 33 |
| BUPIVACAINE INJ 0.5% | 115 | CAL GLU/NACL INJ 1GM/50ML .. | 116 | CARB/LEVO TAB 25-100MG | 33 |
| BUPIVACAINE INJ 0.75% | 115 | CAL GLU/NACL INJ 2/100ML | 116 | CARB/LEVO TAB 25-250MG | 33 |
| BUPIVACAINE INJ 5MG/ML..... | 115 | CALC ACETATE CAP 667MG..... | 64 | CARB/LEVO100 TAB /ENTACAP .. | 33 |
| BUPIVACAINE/ INJ EPI 0.25 | 115 | CALC ACETATE TAB 667MG..... | 64 | CARB/LEVO125 TAB /ENTACAP .. | 33 |
| BUPIVACAINE/ INJ EPI 0.5%..... | 115 | CALCIP/BETAM SUS | 62 | CARB/LEVO150 TAB /ENTACAP .. | 33 |
| BUPREN/NALOX MIS 12-3MG ... | 13 | CALCIPOTRIEN CRE 0.005%..... | 62 | CARB/LEVO200 TAB /ENTACAP .. | 33 |
| BUPREN/NALOX MIS 2-0.5MG ... | 13 | CALCIPOTRIEN OIN 0.005% | 62 | CARBAMAZEPIN CAP 100MG ER . | 18 |
| BUPREN/NALOX MIS 4-1MG..... | 13 | CALCIPOTRIEN OIN BETAMETH .. | 62 | CARBAMAZEPIN CAP 200MG ER . | 18 |
| BUPREN/NALOX MIS 8-2MG | 13 | CALCIPOTRIEN SOL 0.005%..... | 62 | CARBAMAZEPIN CAP 300MG ER . | 18 |
| BUPREN/NALOX SUB 2-0.5MG ... | 13 | CALCITONIN INJ 200/ML..... | 97 | CARBAMAZEPIN CHW 100MG.... | 18 |
| BUPREN/NALOX SUB 8-2MG | 13 | CALCITONIN SPR 200/ACT..... | 97 | CARBAMAZEPIN SUS 100/5ML ... | 18 |
| BUPRENEX INJ 0.3MG/ML | 115 | CALCITRIOL CAP 0.25MCG | 97 | CARBAMAZEPIN TAB 100MGER .. | 18 |
| BUPRENORPHIN INJ 0.3MG/ML . | 116 | CALCITRIOL CAP 0.5MCG | 97 | CARBAMAZEPIN TAB 200MG ER.. | 18 |
| BUPRENORPHIN SUB 2MG | 13 | CALCITRIOL INJ 1MCG/ML..... | 116 | CARBAMAZEPIN TAB 200MG..... | 18 |
| BUPRENORPHIN SUB 8MG | 13 | CALCITRIOL OIN 3MCG/GM..... | 62 | CARBAMAZEPIN TAB 400MG ER.. | 18 |
| BUPROPION TAB 100MG SR | 22 | CALCITRIOL SOL 1MCG/ML..... | 97 | CARBIDOPA TAB 25MG..... | 33 |
| BUPROPION TAB 100MG | 22 | CALDOLOR INJ 4MG/ML..... | 116 | CARBINOXAMIN SOL 4MG/5ML . | 106 |
| BUPROPION TAB 150MG SR | 13 | CAMILA TAB 0.35MG | 79 | CARBINOXAMIN TAB 4MG | 106 |
| BUPROPION TAB 150MG SR | 22 | CAMPTOSAR INJ 40MG/2ML.... | 116 | CARBOCAINE INJ 1% PF..... | 116 |
| BUPROPION TAB 200MG SR | 22 | CAMRESE LO TAB | 79 | CARBOCAINE INJ 2% PF..... | 116 |
| BUPROPION TAB 75MG | 22 | CAMRESE TAB | 79 | CARBOPLATIN INJ 600/60ML ... | 116 |

| | | | | | |
|------------------------------------|-----|-------------------------------------|-----|------------------------------------|-----|
| CARDENE I.V. INJ 2.5MG/ML | 116 | CEFOTAXIME INJ 1GM. | 116 | CHATEAL EQ TAB 0.15/30 | 79 |
| CARDENE IV INJ 40/200ML. | 116 | CEFOTAXIME INJ 2GM. | 116 | CHATEAL TAB 0.15/30 | 79 |
| CARDENE IV SOL 20/200ML. | 116 | CEFOTAXIME INJ 500MG | 116 | CHEMET CAP 100MG | 64 |
| CARDURA XL TAB 4MG. | 73 | CEFOTETAN INJ 10G | 116 | CHEMSTRIP K TES. | 98 |
| CARDURA XL TAB 8MG. | 73 | CEFOTETAN INJ 1GM/10ML | 116 | CHEMSTRIP TES MICRAL. | 98 |
| CARGLUMIC TAB 200MG | 64 | CEFOTETAN INJ 2GM/20ML. | 116 | CHLORAMPHEN INJ 1GM. | 117 |
| CARIMUNE NF INJ 12GM | 116 | CEFOXITIN INJ 100GM. | 116 | CHLORDIAZEP CAP 10MG | 40 |
| CARIMUNE NF INJ 6GM | 116 | CEFOXITIN INJ 10GM. | 116 | CHLORDIAZEP CAP 25MG | 40 |
| CARISOPRODOL TAB 350MG | 111 | CEFOXITIN INJ 1GM. | 116 | CHLORDIAZEP CAP 5MG | 40 |
| CARISOPRODOL TAB ASA/COD | 8 | CEFOXITIN INJ 2GM. | 116 | CHLORHEX GLU SOL 0.12% | 62 |
| CARTEOLOL SOL 1% OP. | 102 | CEFPODO PROX SUS 100/5ML | 15 | CHLOROPROCAI INJ 2%-400MG. | 117 |
| CARTIA XT CAP 120/24HR | 50 | CEFPODO PROX SUS 50MG/5ML | 15 | CHLOROQUINE TAB 250MG. | 32 |
| CARTIA XT CAP 180/24HR | 50 | CEFPODOXIME TAB 100MG | 15 | CHLOROQUINE TAB 500MG. | 32 |
| CARTIA XT CAP 240/24HR | 50 | CEFPODOXIME TAB 200MG | 15 | CHLOROTHIAZ INJ 500MG. | 117 |
| CARTIA XT CAP 300/24HR | 50 | CEFPROZIL SUS 125/5ML | 15 | CHLORPROMAZ INJ 25MG/ML | 117 |
| CARVEDILOL TAB 12.5MG | 50 | CEFPROZIL SUS 250/5ML. | 15 | CHLORPROMAZ INJ 50MG/2ML | 117 |
| CARVEDILOL TAB 25MG | 50 | CEFPROZIL TAB 250MG | 15 | CHLORPROMAZ TAB 100MG | 34 |
| CARVEDILOL TAB 3.125MG. | 50 | CEFPROZIL TAB 500MG | 15 | CHLORPROMAZ TAB 10MG | 34 |
| CARVEDILOL TAB 6.25MG | 50 | CEFTAZIDIME INJ 6GM | 116 | CHLORPROMAZ TAB 200MG | 34 |
| CASPOFUNGIN INJ 50MG. | 116 | CEFTAZIDIME/ SOL D5W 1GM. | 116 | CHLORPROMAZ TAB 25MG | 34 |
| CASPOFUNGIN INJ 70MG. | 116 | CEFTAZIDIME/ SOL D5W 2GM. | 116 | CHLORPROMAZ TAB 50MG | 34 |
| CAYA DPR | 98 | CEFTRIAXONE INJ 10GM | 116 | CHLORTHALID TAB 25MG | 50 |
| CAZIANP PAK | 79 | CEFTRIAXONE INJ 1GM | 116 | CHLORTHALID TAB 50MG | 50 |
| CDP/AMITRIP TAB 10-25MG | 22 | CEFTRIAXONE INJ 250MG | 116 | CHLORZOAZON TAB 500MG | 111 |
| CDP/AMITRIP TAB 5-12.5MG. | 22 | CEFTRIAXONE INJ 2GM | 116 | CHOLESTYRAM POW 4GM LITE | 50 |
| CEFACLOR CAP 250MG | 15 | CEFTRIAXONE INJ 500MG | 116 | CHOLESTYRAM POW 4GM | 50 |
| CEFACLOR CAP 500MG | 15 | CEFUROXIME INJ 1.5GM. | 116 | CICLODAN SOL 8% | 26 |
| CEFACLOR ER TAB 500MG. | 15 | CEFUROXIME INJ 7.5GM. | 116 | CICLOPIROX CRE 0.77% | 26 |
| CEFADROXIL CAP 500MG. | 15 | CEFUROXIME INJ 750MG | 116 | CICLOPIROX GEL 0.77% | 26 |
| CEFADROXIL SUS 250/5ML | 15 | CEFUROXIME TAB 250MG | 15 | CICLOPIROX SHA 1%. | 26 |
| CEFADROXIL SUS 500/5ML | 15 | CEFUROXIME TAB 500MG | 15 | CICLOPIROX SOL 8%. | 26 |
| CEFADROXIL TAB 1GM | 15 | CELECOXIB CAP 100MG. | 8 | CICLOPIROX SUS 0.77% | 26 |
| CEFAZOLIN INJ 1GM | 116 | CELECOXIB CAP 200MG. | 8 | CIDOFIVIR INJ 75MG/ML. | 117 |
| CEFAZOLIN INJ 300GM | 116 | CELECOXIB CAP 400MG. | 8 | CILOSTAZOL TAB 100MG | 46 |
| CEFAZOLIN INJ 500MG | 116 | CELECOXIB CAP 50MG. | 8 | CILOSTAZOL TAB 50MG | 46 |
| CEFAZOLIN SOL | 116 | CELLCEPT IV INJ 500MG. | 116 | CILOXAN OIN 0.3% OP. | 102 |
| CEFDINIR CAP 300MG. | 15 | CELONTIN CAP 300MG. | 18 | CIMETIDINE SOL 300/5ML | 70 |
| CEFDINIR SUS 125/5ML | 15 | CEPHALEXIN CAP 250MG. | 15 | CIMETIDINE SOL 400MG. | 70 |
| CEFDINIR SUS 250/5ML | 15 | CEPHALEXIN CAP 500MG | 15 | CIMETIDINE TAB 200MG. | 70 |
| CEFEPIME INJ 1GM | 116 | CEPHALEXIN CAP 750MG. | 15 | CIMETIDINE TAB 300MG. | 70 |
| CEFEPIME INJ 2GM | 116 | CEPHALEXIN SUS 125/5ML | 15 | CIMETIDINE TAB 400MG. | 70 |
| CEFEPIME SOL 100GM | 116 | CEPHALEXIN SUS 250/5ML | 15 | CIMETIDINE TAB 800MG. | 70 |
| CEFIXIME CAP 400MG. | 15 | CEREBYX INJ 100/2ML | 116 | CIMZIA KIT 200MG. | 92 |
| CEFIXIME SUS 100/5ML | 15 | CEREBYX INJ 500/10ML | 117 | CIMZIA PREFL KIT 200MG/ML. | 92 |
| CEFIXIME SUS 200/5ML | 15 | CEREZYME INJ 400UNIT. | 117 | CIMZIA START KIT 200MG/ML. | 92 |
| CEFOTAN INJ 1GM/10ML | 116 | CETRORELIX INJ 0.25MG | 91 | CINACALCET TAB 30MG. | 97 |
| CEFOTAN INJ 2GM. | 116 | CEVIMELINE CAP 30MG | 62 | CINACALCET TAB 60MG. | 97 |
| CEFOTAXIME INJ 10GM. | 116 | CHARLOTTE 24 CHW FE 1/20 | 79 | CINACALCET TAB 90MG. | 97 |



| | | | | | |
|-------------------------------------|-----|-------------------------------------|-----|-------------------------------------|-----|
| CINQAIR INJ | 117 | CLEOCIN PHOS INJ 600/4ML | 117 | CLONIDINE DIS 0.3/24HR | 50 |
| CINVANTI INJ 130/18ML | 117 | CLEOCIN PHOS INJ 900/6ML | 117 | CLONIDINE TAB 0.1MG ER | 60 |
| CIPRO I.V. INJ 400MG | 117 | CLEOCIN PHOS INJ 9GM/60ML | 117 | CLONIDINE TAB 0.1MG | 50 |
| CIPRO/DEXA SUS 0.3-0.1% | 104 | CLEOCIN/D5W INJ 300MG | 117 | CLONIDINE TAB 0.2MG | 50 |
| CIPRO/FLUOC DRO PF | 104 | CLEOCIN/D5W INJ 600MG | 117 | CLONIDINE TAB 0.3MG | 50 |
| CIPROFLOXACN INJ 200MG | 117 | CLEOCIN/D5W INJ 900MG | 117 | CLOPIDOGREL TAB 300MG | 46 |
| CIPROFLOXACN INJ 400MG | 117 | CLIMARA PRO DIS WEEKLY | 79 | CLOPIDOGREL TAB 75MG | 46 |
| CIPROFLOXACN SOL 0.2% | 105 | CLINDAMY/BEN GEL 1.2-5% | 63 | CLORAZ DIPOT TAB 15MG | 40 |
| CIPROFLOXACN SOL 0.3% OP | 102 | CLINDAMY/D5W INJ 600/50ML | 117 | CLORAZ DIPOT TAB 3.75MG | 40 |
| CIPROFLOXACN SUS 250/5ML | 15 | CLINDAMY/D5W INJ 900/50ML | 117 | CLORAZ DIPOT TAB 7.5MG | 40 |
| CIPROFLOXACN TAB 100MG | 15 | CLINDAMYCIN CAP 150MG | 16 | CLOROTEKAL INJ 50MG/5ML | 117 |
| CIPROFLOXACN TAB 250MG | 15 | CLINDAMYCIN CAP 300MG | 16 | CLOTRIM/BETA CRE DIPROP | 26 |
| CIPROFLOXACN TAB 500MG | 15 | CLINDAMYCIN CAP 75MG | 16 | CLOTRIM/BETA LOT DIPROP | 26 |
| CIPROFLOXACN TAB 750MG | 15 | CLINDAMYCIN CRE 2% VAG | 16 | CLOTRIMAZOLE TRO 10MG | 26 |
| CISATRACURIU INJ 10MG/5ML | 117 | CLINDAMYCIN INJ 300/2ML | 117 | CLOVIQUE CAP 250MG | 64 |
| CISPLATIN INJ 50MG | 117 | CLINDAMYCIN INJ 300MG | 117 | CLOZAPINE TAB 100/ODT | 34 |
| CITALOPRAM SOL 10MG/5ML | 22 | CLINDAMYCIN INJ 600/4ML | 117 | CLOZAPINE TAB 100MG | 34 |
| CITALOPRAM TAB 10MG | 22 | CLINDAMYCIN INJ 900/6ML | 117 | CLOZAPINE TAB 12.5/ODT | 34 |
| CITALOPRAM TAB 20MG | 22 | CLINDAMYCIN INJ 9GM/60ML | 117 | CLOZAPINE TAB 150/ODT | 34 |
| CITALOPRAM TAB 40MG | 22 | CLINDAMYCIN LOT 1% | 63 | CLOZAPINE TAB 200/ODT | 34 |
| CITRANATAL CAP HARMONY | 64 | CLINDAMYCIN LOT 10MG/ML | 63 | CLOZAPINE TAB 200MG | 34 |
| CITRANATAL CAP MEDLEY | 64 | CLINDAMYCIN MIS 1% | 63 | CLOZAPINE TAB 25MG ODT | 35 |
| CITRANATAL MIS 90 DHA | 64 | CLINDAMYCIN SOL 1% | 63 | CLOZAPINE TAB 25MG | 35 |
| CITRANATAL MIS B-CALM | 64 | CLINDAMYCIN SOL 75MG/5ML | 16 | CLOZAPINE TAB 50MG | 35 |
| CITRANATAL MIS | 64 | CLOBAZAM SUS 2.5MG/ML | 18 | CNJ-016 INJ | 117 |
| CITRANATAL PAK ASSURE | 64 | CLOBAZAM TAB 10MG | 18 | CO-NATAL FA TAB 29-1MG | 64 |
| CITRANATAL PAK DHA | 64 | CLOBAZAM TAB 20MG | 18 | COCAINE HCL SOL 40MG/ML | 117 |
| CITRANATAL PAK ESSENCE | 64 | CLOBETASOL CRE 0.05% | 75 | CODEINE SULF TAB 15MG | 8 |
| CITRANATAL TAB BLOOM | 64 | CLOBETASOL E CRE 0.05% | 75 | CODEINE SULF TAB 30MG | 8 |
| CITRANATAL TAB RX | 64 | CLOBETASOL GEL 0.05% | 75 | CODEINE SULF TAB 60MG | 8 |
| CITROMA SOL LEMONY | 70 | CLOBETASOL OIN 0.05% | 75 | COGENTIN INJ 1MG/ML | 117 |
| CLADRIBINE INJ 1MG/ML | 117 | CLOBETASOL SOL 0.05% | 75 | COLCHICINE CAP 0.6MG | 27 |
| CLAFORAN INJ 10GM | 117 | CLOCORTOLONE CRE 0.1% | 75 | COLESEVELAM PAK 3.75GM | 51 |
| CLAFORAN INJ 1GM | 117 | CLOMID TAB 50MG | 77 | COLESEVELAM TAB 625MG | 51 |
| CLAFORAN INJ 2GM | 117 | CLOMIPHENE TAB 50MG | 77 | COLESTIPOL GRA 5GM | 51 |
| CLARAVIS CAP 10MG | 62 | CLOMIPRAMINE CAP 25MG | 22 | COLESTIPOL TAB 1GM | 51 |
| CLARAVIS CAP 20MG | 62 | CLOMIPRAMINE CAP 50MG | 22 | COMBIPATCH DIS | 79 |
| CLARAVIS CAP 30MG | 62 | CLOMIPRAMINE CAP 75MG | 22 | COMETRIQ KIT 100MG | 29 |
| CLARAVIS CAP 40MG | 62 | CLONAZEP ODT TAB 0.125MG | 40 | COMETRIQ KIT 140MG | 29 |
| CLARITHROMYC SUS 125/5ML | 15 | CLONAZEP ODT TAB 0.25MG | 40 | COMETRIQ KIT 60MG | 29 |
| CLARITHROMYC SUS 250/5ML | 16 | CLONAZEP ODT TAB 0.5MG | 40 | COMFORT TOUC MIS 31GX4MM | 98 |
| CLARITHROMYC TAB 250MG | 16 | CLONAZEP ODT TAB 1MG | 40 | COMFORT TOUC MIS 32GX8MM | 98 |
| CLARITHROMYC TAB 500MG ER | 16 | CLONAZEP ODT TAB 2MG | 40 | COMFORT TOUC MIS 33GX1/4" | 98 |
| CLARITHROMYC TAB 500MG | 16 | CLONAZEPAM TAB 0.5MG | 40 | COMFORT TOUC MIS 33GX3/16 | 98 |
| CLEARLAX POW | 70 | CLONAZEPAM TAB 1MG | 40 | COMFORT TOUC MIS 33GX5/32 | 98 |
| CLEMASTINE TAB 2.68MG | 106 | CLONAZEPAM TAB 2MG | 40 | COMPLERA TAB | 37 |
| CLENPIQ SOL | 70 | CLONAZEPAM TAB 2MG | 40 | COMPLETE NAT PAK DHA | 64 |
| CLEOCIN PHOS INJ 300/2ML | 117 | CLONIDINE DIS 0.1/24HR | 50 | COMPLETENATE CHW | 64 |
| | | CLONIDINE DIS 0.2/24HR | 50 | | |



| | | | | | |
|--------------------------------------|-----|------------------------------------|-----|------------------------------------|-----|
| CONCEPT DHA CAP | 64 | CVS PURELAX POW. | 71 | DANAZOL CAP 50MG | 80 |
| CONCEPT OB CAP. | 64 | CYANOCOBALAM INJ 10000MCG. 64 | | DANTROLENE CAP 100MG. | 111 |
| CONDOMS MIS LUBRICAT | 98 | CYANOCOBALAM INJ 1000MCG . 64 | | DANTROLENE CAP 25MG. | 111 |
| CONDOMS MIS. | 98 | CYANOCOBALAM INJ 30000MCG. 65 | | DANTROLENE CAP 50MG. | 111 |
| CONDYLOX GEL 0.5% | 63 | CYCLAFEM TAB 1/35 | 79 | DANYELZA INJ 40/10ML | 118 |
| CONSENSI TAB 10-200MG | 51 | CYCLAFEM TAB 7/7/7 | 80 | DAPSONE TAB 100MG. | 28 |
| CONSENSI TAB 2.5-200. | 51 | CYCLOBENZAPR TAB 10MG | 111 | DAPSONE TAB 25MG. | 28 |
| CONSENSI TAB 5-200MG | 51 | CYCLOBENZAPR TAB 5MG | 111 | DAPTACEL INJ | 93 |
| CONSTULOSE SOL 10GM/15 | 70 | CYCLOBENZAPR TAB 7.5MG | 111 | DAPTOMYCIN INJ 500MG. | 118 |
| CONTOUR LOW LIQ CONTROL | 41 | CYCLOMYDRIL SOL OP. | 102 | DAPTOMYCIN SOL 350MG. | 118 |
| CONTOUR NORM LIQ CONTROL . 41 | | CYCLOPENTOL SOL 1% OP | 102 | DARIFENACIN TAB 15MG | 73 |
| CORDRAN 80X3 TAP 4MCG/CM . . 75 | | CYCLOPENTOL SOL 2% OP | 102 | DARIFENACIN TAB 7.5MG. | 73 |
| CORLANOR SOL 5MG/5ML | 51 | CYCLOPENTOLA SOL 0.5% | 102 | DARUNAVIR TAB 600MG. | 37 |
| CORLANOR TAB 5MG | 51 | CYCLOPHOSPH CAP 25MG | 29 | DARUNAVIR TAB 800MG. | 37 |
| CORLANOR TAB 7.5MG. | 51 | CYCLOPHOSPH CAP 50MG | 29 | DARZALEX SOL 100MG/5M | 118 |
| CORLOPAM INJ 10MG/ML | 117 | CYCLOPHOSPH INJ 1GM | 117 | DARZALEX SOL 400MG/20 | 118 |
| CORTIFOAM AER 90MG | 97 | CYCLOPHOSPH INJ 1GM | 118 | DARZALEX SOL FASPRO | 118 |
| CORTISPORIN SUS -TC OTIC 105 | | CYCLOPHOSPH INJ 2GM | 118 | DASETTA TAB 1/35. | 80 |
| COSELA INJ 300MG. | 117 | CYCLOPHOSPH INJ 500MG | 118 | DASETTA TAB 7/7/7 | 80 |
| COTELLIC TAB 20MG. | 29 | CYCLOPHOSPH TAB 25MG | 29 | DAUNORUBICIN INJ 20MG/4ML . 118 | |
| COUNT-A-DOSE MIS | 98 | CYCLOPHOSPH TAB 50MG | 29 | DAUNORUBICIN INJ 50MG. | 118 |
| CREON CAP 12000UNT. | 72 | CYCLOPHOSPHA INJ | | DAYSEE TAB | 80 |
| CREON CAP 24000UNT. | 73 | 2GM/10ML. | 118 | DDAVP SOL 0.01% | 78 |
| CREON CAP 3000UNIT | 73 | CYCLOPHOSPHA INJ 500MG. . . . 118 | | DEBLITANE TAB 0.35MG. | 80 |
| CREON CAP 36000UNT. | 73 | CYCLOSERINE CAP 250MG | 28 | DEFERASIROX GRA 180MG | 65 |
| CREON CAP 6000UNIT | 73 | CYCLOSPORINE CAP 100MG MD . 92 | | DEFERASIROX GRA 360MG | 65 |
| CRIXIVAN CAP 400MG. | 37 | CYCLOSPORINE CAP 100MG. | 92 | DEFERASIROX GRA 90MG | 65 |
| CROMOLYN SOD CON 100/5ML . . 71 | | CYCLOSPORINE CAP 25MG MOD. 92 | | DEFERASIROX TAB 125MG. | 65 |
| CROMOLYN SOD NEB | | CYCLOSPORINE CAP 25MG. | 92 | DEFERASIROX TAB 180MG. | 65 |
| 20MG/2ML. | 106 | CYCLOSPORINE CAP 50MG MOD. 93 | | DEFERASIROX TAB 250MG. | 65 |
| CROMOLYN SOD SOL 4% OP. | 102 | CYCLOSPORINE EMU 0.05% OP . 102 | | DEFERASIROX TAB 360MG | 65 |
| CROTAN LOT 10% | 32 | CYCLOSPORINE INJ 50MG/ML . . 118 | | DEFERASIROX TAB 500MG | 65 |
| CRYSSELLE-28 TAB 28 TABS | 79 | CYCLOSPORINE SOL MODIFIED . . 93 | | DEFERASIROX TAB 90MG. | 65 |
| CRYSVITA INJ 10MG/ML | 117 | CYKLOKAPRON INJ 100MG/ML . 118 | | DEFITELIO INJ 200/2.5. | 118 |
| CRYSVITA INJ 20MG/ML | 117 | CYPROHEPTAD SYP 2MG/5ML . . 106 | | DELESTROGEN INJ 10MG/ML . . . 80 | |
| CRYSVITA INJ 30MG/ML | 117 | CYPROHEPTAD TAB 4MG | 106 | DELYLA TAB 0.1-0.02 | 80 |
| CUBICIN RF SOL 500MG. | 117 | CYRAMZA INJ 100/10ML. | 118 | DEMECLOCYCL TAB 150MG. | 16 |
| CUTAQUIG SOL 1.65GM | 117 | CYRAMZA INJ 500/50ML | 118 | DEMECLOCYCL TAB 300MG | 16 |
| CUTAQUIG SOL 1GM. | 117 | CYRED EQ TAB | 80 | DEMEROL INJ 100/2ML. | 118 |
| CUTAQUIG SOL 2GM. | 117 | CYRED TAB | 80 | DEMEROL INJ 100MG/ML. | 118 |
| CUTAQUIG SOL 3.3GM | 117 | CYSTAGON CAP 150MG | 73 | DEMEROL INJ 25MG/0.5. | 118 |
| CUTAQUIG SOL 4GM. | 117 | CYSTAGON CAP 50MG | 73 | DEMEROL INJ 25MG/ML. | 118 |
| CUTAQUIG SOL 8GM. | 117 | CYSTARAN SOL 0.44% | 102 | DEMEROL INJ 50MG/ML. | 118 |
| CUVITRU INJ 2GM/10ML. | 117 | CYTARABINE INJ 20MG/ML 118 | | DEMEROL INJ 75MG/1.5 | 118 |
| CUVITRU INJ 4GM/20ML. | 117 | DALFAMPRIDIN TAB 10MG ER. . . . 60 | | DEMEROL INJ 75MG/ML. | 118 |
| CUVITRU INJ 8GM/40ML. | 117 | DALVANCE SOL 500MG | 118 | DENGXAXIA SUS | 93 |
| CUVITRU SOL 10GM/50M. | 117 | DANAZOL CAP 100MG | 80 | DEPACON INJ 100MG/ML. | 118 |
| CUVITRU SOL 1GM/5ML. | 117 | DANAZOL CAP 200MG | 80 | DEPO-ESTRADI INJ 5MG/ML 80 | |



| | | | | | |
|-----------------------------------|-----|-----------------------------------|-----|-----------------------------------|-----|
| DEPO-MEDROL INJ 20MG/ML . . . | 118 | DEXLANSOPRAZ CAP 60MG DR . . | 71 | DIFLUNISAL TAB 500MG | 8 |
| DEPO-MEDROL INJ 40MG/ML . . . | 118 | DEXMETHYLPH TAB 10MG | 60 | DIFLUPREDNAT EMU 0.05% | 102 |
| DEPO-MEDROL INJ 80MG/ML . . . | 118 | DEXMETHYLPH TAB 2.5MG | 60 | DIGITEK TAB 0.125MG | 51 |
| DEPO-PROVERA INJ 400/ML | 118 | DEXMETHYLPH TAB 5MG | 60 | DIGITEK TAB 0.25MG | 51 |
| DEPO-SQ PROV INJ 104 | 80 | DEXRAZOXANE INJ 500MG | 118 | DIGOX TAB 0.125MG | 51 |
| DESIPRAMINE TAB 100MG | 22 | DEXTENZA MIS 0.4MG | 102 | DIGOX TAB 0.25MG | 51 |
| DESIPRAMINE TAB 10MG | 22 | DEXTROAMPHET SOL 5MG/5ML . . | 60 | DIGOXIN INJ 0.25/ML | 118 |
| DESIPRAMINE TAB 150MG | 22 | DEXTROAMPHET TAB 10MG | 60 | DIGOXIN SOL 50MCG/ML | 51 |
| DESIPRAMINE TAB 25MG | 22 | DEXTROAMPHET TAB 5MG | 60 | DIGOXIN TAB 0.0625MG | 51 |
| DESIPRAMINE TAB 50MG | 22 | DEXYCU SUS 9% | 118 | DIGOXIN TAB 0.125MG | 51 |
| DESIPRAMINE TAB 75MG | 22 | DI-PHEN ELX 12.5/5ML | 110 | DIGOXIN TAB 0.25MG | 51 |
| DESLORATADIN TAB 5MG | 107 | DIACOMIT CAP 250MG | 18 | DIHYDROERGOT INJ 1MG/ML | 27 |
| DESMOPRESSIN INJ 40/10ML | 78 | DIACOMIT CAP 500MG | 18 | DILANTIN CAP 30MG | 19 |
| DESMOPRESSIN INJ 4MCG/ML | 78 | DIACOMIT PAK 250MG | 18 | DILAUDID INJ 0.2MG/ML | 118 |
| DESMOPRESSIN SPR 0.01% | 78 | DIACOMIT PAK 500MG | 19 | DILAUDID INJ 1MG/ML | 118 |
| DESMOPRESSIN TAB 0.1MG | 78 | DIASCREEN MIS 1G | 98 | DILAUDID INJ 2MG/ML | 118 |
| DESMOPRESSIN TAB 0.2MG | 78 | DIASTIX TES STRIPS | 98 | DILT-XR CAP 120MG | 51 |
| DESO/ETHINYL TAB ESTRADIO | 80 | DIAZEPAM CON 25MG/5ML | 40 | DILT-XR CAP 180MG | 51 |
| DESONIDE CRE 0.05% | 75 | DIAZEPAM CON 5MG/ML | 40 | DILT-XR CAP 240MG | 51 |
| DESONIDE LOT 0.05% | 75 | DIAZEPAM GEL 10MG | 19 | DILTIAZEM CAP 120MG ER | 51 |
| DESONIDE OIN 0.05% | 75 | DIAZEPAM GEL 2.5MG | 19 | DILTIAZEM CAP 180MG ER | 51 |
| DESOXIMETAS CRE 0.05% | 75 | DIAZEPAM GEL 20MG | 19 | DILTIAZEM CAP 180MG/24 | 51 |
| DESOXIMETAS CRE 0.25% | 75 | DIAZEPAM INJ 10MG/2ML | 118 | DILTIAZEM CAP 240MG ER | 51 |
| DESOXIMETAS GEL 0.05% | 75 | DIAZEPAM INJ 50/10ML | 118 | DILTIAZEM CAP 240MG/24 | 51 |
| DESOXIMETAS OIN 0.05% | 75 | DIAZEPAM INJ 5MG/ML | 118 | DILTIAZEM CAP 300MG ER | 51 |
| DESOXIMETAS OIN 0.25% | 75 | DIAZEPAM SOL 5MG/5ML | 40 | DILTIAZEM CAP 360MG CD | 51 |
| DESOXIMETASO SPR 0.25% | 75 | DIAZEPAM TAB 10MG | 40 | DILTIAZEM CAP 360MG ER | 51 |
| DESVENLAFAX TAB 100MG ER | 22 | DIAZEPAM TAB 2MG | 40 | DILTIAZEM CAP 420MG/24 | 51 |
| DESVENLAFAX TAB 25MG ER | 23 | DIAZEPAM TAB 5MG | 40 | DILTIAZEM CAP 60MG ER | 51 |
| DESVENLAFAX TAB 50MG ER | 23 | DIAZOXIDE SUS 50MG/ML | 42 | DILTIAZEM CAP 90MG ER | 51 |
| DEXAMETH PHO INJ 10MG/ML | 118 | DICLO/MISOPR TAB 50-0.2MG | 8 | DILTIAZEM ER TAB 180MG | 52 |
| DEXAMETH PHO INJ 4MG/ML | 118 | DICLO/MISOPR TAB 75-0.2MG | 8 | DILTIAZEM ER TAB 240MG | 52 |
| DEXAMETH PHO SOL 0.1% OP | 102 | DICLOFEN POT TAB 50MG | 8 | DILTIAZEM ER TAB 300MG | 52 |
| DEXAMETHASON CON 1MG/ML | 75 | DICLOFENAC GEL 1% | 8 | DILTIAZEM ER TAB 360MG | 52 |
| DEXAMETHASON ELX 0.5/5ML | 75 | DICLOFENAC SOL 0.1% OP | 102 | DILTIAZEM ER TAB 420MG | 52 |
| DEXAMETHASON SOL 0.5/5ML | 75 | DICLOFENAC TAB 100MG ER | 8 | DILTIAZEM INJ 100MG | 118 |
| DEXAMETHASON TAB 0.5MG | 75 | DICLOFENAC TAB 25MG DR | 8 | DILTIAZEM INJ 125/25ML | 118 |
| DEXAMETHASON TAB 0.75MG | 75 | DICLOFENAC TAB 50MG DR | 8 | DILTIAZEM INJ 25MG/5ML | 118 |
| DEXAMETHASON TAB 1.5MG | 75 | DICLOFENAC TAB 75MG DR | 8 | DILTIAZEM INJ 50/10ML | 118 |
| DEXAMETHASON TAB 10-DAY | 75 | DICLOXACILL CAP 250MG | 16 | DILTIAZEM TAB 120MG ER | 52 |
| DEXAMETHASON TAB 13-DAY | 75 | DICLOXACILL CAP 500MG | 16 | DILTIAZEM TAB 120MG | 51 |
| DEXAMETHASON TAB 1MG | 75 | DICYCLOMINE CAP 10MG | 71 | DILTIAZEM TAB 240MG ER | 52 |
| DEXAMETHASON TAB 2MG | 75 | DICYCLOMINE INJ 10MG/ML | 118 | DILTIAZEM TAB 300MG ER | 52 |
| DEXAMETHASON TAB 4MG | 75 | DICYCLOMINE SOL 10MG/5ML | 71 | DILTIAZEM TAB 30MG | 52 |
| DEXAMETHASON TAB 6-DAY | 75 | DICYCLOMINE TAB 20MG | 71 | DILTIAZEM TAB 360MG ER | 52 |
| DEXAMETHASON TAB 6MG | 75 | DIFICID SUS | 16 | DILTIAZEM TAB 60MG | 52 |
| DEXCHLORPHEN SOL 2MG/5ML | 107 | DIFICID TAB 200MG | 16 | DILTIAZEM TAB 90MG | 52 |
| DEXLANSOPRAZ CAP 30MG DR | 71 | DIFLORASONE CRE 0.05% | 75 | DIMETHYL FUM CAP 120MG DR | 61 |

| | | | | | |
|----------------------------------|-----|---------------------------------|-----|----------------------------------|-----|
| DIMETHYL FUM CAP 240MG DR . . . | 61 | DOXAZOSIN TAB 4MG | 52 | DULOXETINE CAP 60MG | 61 |
| DIMETHYL FUM MIS STARTER . . . | 61 | DOXAZOSIN TAB 8MG | 52 | DUOBRII LOT | 63 |
| DIPENTUM CAP 250MG | 97 | DOXEPIN HCL CAP 100MG | 23 | DUOPA SUS 4.63-20 | 33 |
| DIPHEN ELX 12.5/5ML | 107 | DOXEPIN HCL CAP 10MG | 23 | DUPIXENT INJ 100/0.67 | 63 |
| DIPHEN/ATROP LIQ 2.5/5 | 71 | DOXEPIN HCL CAP 150MG | 23 | DUPIXENT INJ 200/1.14 | 63 |
| DIPHEN/ATROP TAB 2.5MG | 71 | DOXEPIN HCL CAP 25MG | 23 | DUPIXENT INJ 200MG | 63 |
| DIPHENHYDRAM ELX 12.5/5ML . . | 107 | DOXEPIN HCL CAP 50MG | 23 | DUPIXENT INJ 300/2ML | 63 |
| DIPHENHYDRAM INJ 50MG/ML . . | 118 | DOXEPIN HCL CAP 75MG | 23 | DURAMORPH INJ 0.5MG/ML | 118 |
| DIPRIVAN INJ 200/20ML | 118 | DOXEPIN HCL CON 10MG/ML . . . | 23 | DURAMORPH INJ 1MG/ML | 119 |
| DIPYRIDAMOLE TAB 25MG | 46 | DOXEPIN HCL CRE 5% | 63 | DUREX MIS REALFEEL | 98 |
| DIPYRIDAMOLE TAB 50MG | 46 | DOXEPIN TAB 3MG | 111 | DURYSTA IMP 10MCG | 119 |
| DIPYRIDAMOLE TAB 75MG | 46 | DOXEPIN TAB 6MG | 111 | DUTAST/TAMSU CAP 0.5-0.4 | 73 |
| DISOPYRAMIDE CAP 100MG | 52 | DOXERCALCIF CAP 0.5MCG | 97 | DUTASTERIDE CAP 0.5MG | 73 |
| DISOPYRAMIDE CAP 150MG | 52 | DOXERCALCIF CAP 1MCG | 97 | DYLOJECT INJ 37.5MG/M | 119 |
| DISULFIRAM TAB 250MG | 13 | DOXERCALCIF CAP 2.5MCG | 97 | EASY TOUCH MIS 30G | 98 |
| DISULFIRAM TAB 500MG | 13 | DOXERCALCIF INJ 4MCG/2ML . . | 118 | EC-NAPROXEN TAB 375MG | 8 |
| DIVALPROEX CAP 125MG | 19 | DOXORUBICIN INJ 10MG | 118 | EC-NAPROXEN TAB 500MG | 8 |
| DIVALPROEX TAB 125MG DR | 19 | DOXORUBICIN INJ 2MG/ML | 118 | ECONAZOLE CRE 1% | 26 |
| DIVALPROEX TAB 250MG DR | 19 | DOXORUBICIN INJ 50MG | 118 | ECONTRA EZ TAB 1.5MG | 80 |
| DIVALPROEX TAB 250MG ER | 19 | DOXY 100 INJ 100MG | 118 | ECONTRA OS TAB 1.5MG | 80 |
| DIVALPROEX TAB 500MG DR | 19 | DOXYCYC MONO CAP 100MG | 16 | EDARBI TAB 40MG | 52 |
| DIVALPROEX TAB 500MG ER | 19 | DOXYCYC MONO CAP 50MG | 16 | EDARBI TAB 80MG | 52 |
| DOCETAXEL INJ 160/8ML | 118 | DOXYCYC MONO TAB 100MG | 16 | EDARBYCLOR TAB 40-12.5 | 52 |
| DOCETAXEL INJ 200/10 | 118 | DOXYCYC MONO TAB 150MG | 16 | EDARBYCLOR TAB 40-25MG | 52 |
| DOCETAXEL INJ 20MG/2ML | 118 | DOXYCYC MONO TAB 50MG | 16 | EDURANT TAB 25MG | 37 |
| DOCETAXEL INJ 20MG/ML | 118 | DOXYCYC MONO TAB 75MG | 16 | EFAVIRENZ CAP 200MG | 37 |
| DOCETAXEL INJ 80MG/4ML | 118 | DOXYCYCL HYC CAP 100MG | 16 | EFAVIRENZ CAP 50MG | 37 |
| DODEX INJ | 65 | DOXYCYCL HYC CAP 50MG | 16 | EFAVIRENZ TAB 600MG | 37 |
| DOFETILIDE CAP 125MCG | 52 | DOXYCYCL HYC INJ 100MG | 118 | EFFER-K TAB 10MEQ | 65 |
| DOFETILIDE CAP 250MCG | 52 | DOXYCYCL HYC TAB 100MG | 16 | EFFER-K TAB 20MEQ | 65 |
| DOFETILIDE CAP 500MCG | 52 | DOXYCYCLINE SUS 25MG/5ML . . | 16 | EFFER-K TAB 25MEQ EF | 65 |
| DOLISHALE TAB 90-20MCG | 80 | DOXYCYCLINE TAB 20MG | 16 | EGATEN TAB 250MG | 32 |
| DONEPEZIL TAB 10MG ODT | 21 | DOXYL/PYRID TAB 10-10MG | 25 | EGRIFTA SOL 1MG | 119 |
| DONEPEZIL TAB 10MG | 21 | DRONABINOL CAP 10MG | 25 | ELAPRASE INJ 6MG/3ML | 119 |
| DONEPEZIL TAB 5MG ODT | 21 | DRONABINOL CAP 2.5MG | 25 | ELCYS INJ 50MG/ML | 119 |
| DONEPEZIL TAB 5MG | 21 | DRONABINOL CAP 5MG | 25 | ELELYSO INJ 200UNIT | 119 |
| DORZOL/TIMOL SOL 2-0.5%OP . . | 102 | DROS/ETH EST TAB LEVOMEFO . . | 80 | ELETRIPTAN TAB 20MG | 27 |
| DORZOL/TIMOL SOL 2%-0.5% . . | 102 | DROSPIR/ETHI TAB 3-0.02MG . . . | 80 | ELETRIPTAN TAB 40MG | 27 |
| DORZOL/TIMOL SOL 22.3-6.8 . . | 102 | DROSPIR/ETHI TAB 3-0.03MG . . . | 80 | ELIGARD INJ 22.5MG | 91 |
| DORZOLAMIDE SOL 2% OP | 102 | DROSPIRE/ETH TAB ESTR/LEV . . | 80 | ELIGARD INJ 30MG | 91 |
| DOTTI DIS 0.025MG | 80 | DROXIA CAP 200MG | 29 | ELIGARD INJ 45MG | 91 |
| DOTTI DIS 0.0375MG | 80 | DROXIA CAP 300MG | 29 | ELIGARD INJ 7.5MG | 91 |
| DOTTI DIS 0.05MG | 80 | DROXIA CAP 400MG | 29 | ELINEST TAB | 80 |
| DOTTI DIS 0.075MG | 80 | DUAVEE TAB 0.45-20 | 80 | ELIQUIS ST P TAB 5MG | 46 |
| DOTTI DIS 0.1MG | 80 | DUET DHA 400 MIS 25-1-400 . . . | 65 | ELIQUIS TAB 2.5MG | 46 |
| DOVATO TAB 50-300MG | 37 | DUET DHA MIS BALANCED | 65 | ELIQUIS TAB 5MG | 46 |
| DOXAZOSIN TAB 1MG | 52 | DULOXETINE CAP 20MG | 61 | ELITE-OB TAB | 65 |
| DOXAZOSIN TAB 2MG | 52 | DULOXETINE CAP 30MG | 61 | ELIXOPHYLLIN ELX 80/15ML . . . | 107 |



| | | | | | |
|-------------------------------------|-----|-------------------------------------|-----|-------------------------------------|-----|
| ELLA TAB 30MG | 80 | ENTRESTO TAB 24-26MG | 52 | ERYTHROMYCIN TAB 250MG BS | 16 |
| ELMIRON CAP 100MG | 73 | ENTRESTO TAB 49-51MG | 52 | ERYTHROMYCIN TAB 250MG EC | 16 |
| ELURYNG MIS. | 80 | ENTRESTO TAB 97-103MG | 52 | ERYTHROMYCIN TAB 250MG | 16 |
| ELZONRIS SOL 1000MCG. | 119 | ENTYVIO INJ 300MG | 119 | ERYTHROMYCIN TAB 333MG EC | 16 |
| EMCYT CAP 140MG. | 29 | ENULOSE SOL 10GM/15 | 71 | ERYTHROMYCIN TAB 500MG BS | 16 |
| EMEND SUS 125MG. | 25 | EPCLUSA PAK 150-37.5 | 37 | ERYTHROMYCIN TAB 500MG EC | 16 |
| EMERPHED SOL 5MG/ML. | 119 | EPCLUSA PAK 200-50MG | 37 | ERYTHROMYCIN TAB 500MG | 16 |
| EMFLAZA SUS 22.75/ML. | 75 | EPCLUSA TAB 200-50MG | 37 | ESCITALOPRAM SOL 5MG/5ML | 23 |
| EMFLAZA TAB 18MG. | 75 | EPCLUSA TAB 400-100 | 38 | ESCITALOPRAM TAB 10MG | 23 |
| EMFLAZA TAB 30MG. | 75 | EPHEDRINE SU SOL 5MG/ML | 119 | ESCITALOPRAM TAB 20MG | 23 |
| EMFLAZA TAB 36MG. | 75 | EPIFOAM AER 1%. | 63 | ESCITALOPRAM TAB 5MG | 23 |
| EMFLAZA TAB 6MG. | 76 | EPINASTINE DRO 0.05% | 102 | ESKATA SOL 40%. | 63 |
| EMOQUETTE TAB. | 80 | EPINEPHRINE INJ 0.15MG | 107 | ESOMEPRA MAG CAP 20MG DR. | 71 |
| EMPLICITI INJ 300MG | 119 | EPINEPHRINE INJ 0.3MG | 107 | ESOMEPRA MAG CAP 40MG DR. | 71 |
| EMPLICITI INJ 400MG | 119 | EPINEPHRINE INJ 30/30ML | 119 | ESOMEPRAZOLE INJ 20MG | 119 |
| EMTR/TEN DF TAB 100-150 | 37 | EPINPHEPHRIN KIT SNAP-V | 119 | ESOMEPRAZOLE INJ 40MG | 119 |
| EMTR/TEN DF TAB 133-200 | 37 | EPITOL TAB 200MG | 19 | ESTARYLLA TAB 0.25-35. | 81 |
| EMTR/TEN DF TAB 167-250 | 37 | EPIVIR HBV SOL 5MG/ML | 38 | ESTAZOLAM TAB 1MG | 40 |
| EMTR/TENOFOV TAB 200-300. | 37 | EPLERENONE TAB 25MG | 52 | ESTAZOLAM TAB 2MG | 40 |
| ENALAPR/HCTZ TAB 10-25MG | 52 | EPLERENONE TAB 50MG | 52 | ESTRA/NORETH TAB 0.5-0.1 | 81 |
| ENALAPR/HCTZ TAB 5-12.5MG | 52 | EPTIFIBATIDE INJ 200MG | 119 | ESTRA/NORETH TAB 1-0.5MG. | 81 |
| ENALAPRIL TAB 10MG | 52 | EQUETRO CAP 100MG | 41 | ESTRAD VAL INJ 10MG/ML | 81 |
| ENALAPRIL TAB 2.5MG. | 52 | EQUETRO CAP 200MG | 41 | ESTRAD VAL INJ 200MG/5. | 81 |
| ENALAPRIL TAB 20MG | 52 | EQUETRO CAP 300MG | 41 | ESTRAD VAL INJ 20MG/ML | 81 |
| ENALAPRIL TAB 5MG | 52 | ERAXIS INJ 100MG. | 119 | ESTRAD VAL INJ 40MG/ML | 81 |
| ENBRACE HR CAP | 65 | ERAXIS INJ 50MG. | 119 | ESTRADIOL CRE 0.01%. | 81 |
| ENCARE SUP 100MG. | 73 | ERBITUX INJ 100MG | 119 | ESTRADIOL DIS 0.025MG. | 81 |
| ENDOCET TAB 10-325MG. | 8 | ERGOLOID MES TAB 1MG ORAL | 98 | ESTRADIOL DIS 0.0375MG. | 81 |
| ENDOCET TAB 2.5-325 | 8 | ERGOT/CAFFEN TAB 1-100MG. | 27 | ESTRADIOL DIS 0.05MG | 81 |
| ENDOCET TAB 5-325MG. | 9 | ERLEADA TAB 240MG | 29 | ESTRADIOL DIS 0.06MG | 81 |
| ENDOCET TAB 7.5-325. | 9 | ERLEADA TAB 60MG | 29 | ESTRADIOL DIS 0.075MG | 81 |
| ENGERIX-B INJ 10/0.5ML | 93 | ERLOTINIB TAB 100MG. | 29 | ESTRADIOL DIS 0.1MG | 81 |
| ENGERIX-B INJ 20MCG/ML | 93 | ERLOTINIB TAB 150MG. | 29 | ESTRADIOL TAB 0.5MG. | 81 |
| ENHERTU INJ 100MG | 119 | ERLOTINIB TAB 25MG. | 29 | ESTRADIOL TAB 10MCG. | 81 |
| ENOXAPARIN INJ 100MG/ML. | 46 | ERRIN TAB 0.35MG | 81 | ESTRADIOL TAB 1MG | 81 |
| ENOXAPARIN INJ 120/0.8 | 46 | ERTAPENEM INJ 1GM | 119 | ESTRADIOL TAB 2MG | 81 |
| ENOXAPARIN INJ 150MG/ML. | 46 | ERY PAD 2% | 63 | ESTRING MIS 2MG. | 81 |
| ENOXAPARIN INJ 30/0.3ML | 46 | ERY/BENZOYL GEL 3-5%. | 63 | ESTRING MIS 7.5/24HR | 81 |
| ENOXAPARIN INJ 300/3ML. | 46 | ERYTHROCIN INJ 500MG | 119 | ESZOPICLONE TAB 1MG. | 111 |
| ENOXAPARIN INJ 40/0.4ML | 46 | ERYTHROCIN TAB 250MG | 16 | ESZOPICLONE TAB 2MG. | 111 |
| ENOXAPARIN INJ 60/0.6ML | 46 | ERYTHROM ETH SUS 200/5ML | 16 | ESZOPICLONE TAB 3MG. | 111 |
| ENOXAPARIN INJ 80/0.8ML | 46 | ERYTHROM ETH SUS 400/5ML | 16 | ETHACRYNATE INJ 50MG. | 119 |
| ENOXAPARIN INJ 80MG/0.8. | 46 | ERYTHROM ETH TAB 400MG. | 16 | ETHACRYNIC TAB ACD 25MG | 52 |
| ENPRESSE-28 TAB | 80 | ERYTHROM ST TAB 250MG | 16 | ETHAMBUTOL TAB 100MG. | 28 |
| ENSKYCE TAB. | 81 | ERYTHROMYCIN CAP 250MG EC | 16 | ETHAMBUTOL TAB 400MG. | 28 |
| ENTACAPONE TAB 200MG. | 33 | ERYTHROMYCIN GEL 2% | 63 | ETHOSUXIMIDE CAP 250MG | 19 |
| ENTECAVIR TAB 0.5MG. | 37 | ERYTHROMYCIN OIN 5MG/GM | 102 | ETHOSUXIMIDE SOL 250/5ML. | 19 |
| ENTECAVIR TAB 1MG | 37 | ERYTHROMYCIN SOL 2%. | 63 | ETHY ETH EST TAB 1-35 | 81 |



| | | | | | |
|-------------------------------------|-----|-------------------------------------|-----|-------------------------------------|-----|
| ETHYNODIOL TAB 1-50 | 81 | FABRAZYME INJ 35MG | 119 | FENTANYL OT LOZ 1600MCG | 9 |
| ETHYOL INJ 500MG | 119 | FABRAZYME INJ 5MG | 119 | FENTANYL OT LOZ 200MCG | 9 |
| ETODOLAC CAP 200MG | 9 | FALMINA TAB | 81 | FENTANYL OT LOZ 400MCG | 9 |
| ETODOLAC CAP 300MG | 9 | FAMCICLOVIR TAB 125MG | 38 | FENTANYL OT LOZ 600MCG | 9 |
| ETODOLAC ER TAB 400MG | 9 | FAMCICLOVIR TAB 250MG | 38 | FENTANYL OT LOZ 800MCG | 9 |
| ETODOLAC ER TAB 500MG | 9 | FAMCICLOVIR TAB 500MG | 38 | FESOTERODINE TAB 4MG ER | 73 |
| ETODOLAC ER TAB 600MG | 9 | FAMOTIDINE INJ 200/20ML | 119 | FESOTERODINE TAB 8MG ER | 73 |
| ETODOLAC TAB 400MG | 9 | FAMOTIDINE INJ 20MG/2ML | 119 | FETROJA INJ 1GM | 119 |
| ETODOLAC TAB 500MG | 9 | FAMOTIDINE INJ 20MG/50M | 119 | FINASTERIDE TAB 5MG | 73 |
| ETOMIDATE INJ 20/10ML | 119 | FAMOTIDINE SUS 40MG/5ML | 71 | FINGOLIMOD CAP 0.5MG | 61 |
| ETOMIDATE INJ 40/20ML | 119 | FAMOTIDINE TAB 20MG | 71 | FINZALA CHW FE 1/20 | 82 |
| ETONOGESTREL MIS ETHY EST | 81 | FAMOTIDINE TAB 40MG | 71 | FIRMAGON INJ 120MG | 119 |
| ETOPOPHOS INJ 100MG | 119 | FARXIGA TAB 10MG | 42 | FIRMAGON INJ 80MG | 119 |
| ETOPOSIDE CAP 50MG | 29 | FARXIGA TAB 5MG | 42 | FIRVANQ SOL 25MG/ML | 16 |
| ETOPOSIDE INJ 1GM/50ML | 119 | FASENRA INJ 30MG/ML | 119 | FIRVANQ SOL 50MG/ML | 17 |
| ETRAVIRINE TAB 100MG | 38 | FAYOSIM TAB | 81 | FLAC OIL 0.01% | 105 |
| ETRAVIRINE TAB 200MG | 38 | FC2 FEMALE MIS CONDOM | 98 | FLAREX SUS 0.1% OP | 102 |
| EUTHYROX TAB 100MCG | 88 | FEBUXOSTAT TAB 40MG | 27 | FLAVOXATE TAB 100MG | 73 |
| EUTHYROX TAB 112MCG | 88 | FEBUXOSTAT TAB 80MG | 27 | FLEBOGAMMA INJ 10/100ML | 119 |
| EUTHYROX TAB 125MCG | 88 | FELBAMATE SUS 600/5ML | 19 | FLEBOGAMMA INJ 10/200ML | 120 |
| EUTHYROX TAB 137MCG | 88 | FELBAMATE TAB 400MG | 19 | FLEBOGAMMA INJ 20/200ML | 120 |
| EUTHYROX TAB 150MCG | 88 | FELBAMATE TAB 600MG | 19 | FLEBOGAMMA INJ 20/400ML | 120 |
| EUTHYROX TAB 175MCG | 88 | FELODIPINE TAB 10MG ER | 52 | FLEBOGAMMA INJ 5GM/50ML | 120 |
| EUTHYROX TAB 200MCG | 88 | FELODIPINE TAB 2.5MG ER | 52 | FLEBOGAMMA INJ DIF 5% | 120 |
| EUTHYROX TAB 25MCG | 88 | FELODIPINE TAB 5MG ER | 52 | FLECAINIDE TAB 100MG | 53 |
| EUTHYROX TAB 50MCG | 88 | FEMCAP MIS 22MM | 98 | FLECAINIDE TAB 150MG | 53 |
| EUTHYROX TAB 75MCG | 88 | FEMCAP MIS 26MM | 98 | FLECAINIDE TAB 50MG | 53 |
| EUTHYROX TAB 88MCG | 88 | FEMCAP MIS 30MM | 98 | FLEXBUMIN INJ 25% | 120 |
| EVENITY INJ 105MG | 119 | FEMRING MIS 0.05/24H | 81 | FLEXICHAMBER MIS MASK SM | 99 |
| EVEROLIMUS TAB 10MG | 29 | FEMRING MIS 0.1MG/24 | 81 | FLUAD QUADRI INJ 2022-23 | 93 |
| EVEROLIMUS TAB 2.5MG | 29 | FEMYNOR TAB 0.25-35 | 82 | FLUARIX QUAD INJ 2022-23 | 93 |
| EVEROLIMUS TAB 5MG | 29 | FENOFIBRATE TAB 160MG | 53 | FLUBLOK QUAD INJ 2022-23 | 93 |
| EVEROLIMUS TAB 7.5MG | 29 | FENOFIBRATE TAB 54MG | 53 | FLUCLVX QUAD INJ 2022-23 | 93 |
| EVKEEZA INJ 1200/8 | 119 | FENOPROFEN TAB 600MG | 9 | FLUCONAZOLE SOL /NACL | 120 |
| EVKEEZA INJ 345/2.3 | 119 | FENSOLVI INJ 45MG | 119 | FLUCONAZOLE SUS 10MG/ML | 26 |
| EVOMELA INJ 50MG | 119 | FENTANYL CIT INJ 0.05MG/1 | 119 | FLUCONAZOLE SUS 40MG/ML | 26 |
| EXELDERM CRE 1% | 26 | FENTANYL CIT INJ 100/2ML | 119 | FLUCONAZOLE TAB 100MG | 26 |
| EXELDERM SOL 1% | 26 | FENTANYL CIT INJ 1000/20 | 119 | FLUCONAZOLE TAB 150MG | 26 |
| EXEMESTANE TAB 25MG | 29 | FENTANYL CIT INJ 250/5ML | 119 | FLUCONAZOLE TAB 200MG | 26 |
| EXONDYS 51 SOL 100/2ML | 119 | FENTANYL CIT INJ 2500MCG | 119 | FLUCONAZOLE TAB 50MG | 26 |
| EXONDYS 51 SOL 500/10ML | 119 | FENTANYL CIT INJ 500MCG | 119 | FLUCONAZOLE/ INJ NACL 200 | 120 |
| EXPAREL INJ 1.3% | 119 | FENTANYL CIT INJ 50MCG/ML | 119 | FLUCONAZOLE/ INJ NACL 400 | 120 |
| EZETIM/SIMVA TAB 10-10MG | 52 | FENTANYL DIS 100MCG/H | 9 | FLUCYDOSINE CAP 250MG | 26 |
| EZETIM/SIMVA TAB 10-20MG | 52 | FENTANYL DIS 12MCG/HR | 9 | FLUCYDOSINE CAP 500MG | 26 |
| EZETIM/SIMVA TAB 10-40MG | 52 | FENTANYL DIS 25MCG/HR | 9 | FLUDARABINE INJ 50MG/2ML | 120 |
| EZETIM/SIMVA TAB 10-80MG | 52 | FENTANYL DIS 50MCG/HR | 9 | FLUDARABINE INJ 50MG | 120 |
| EZETIMIBE TAB 10MG | 52 | FENTANYL DIS 75MCG/HR | 9 | FLUDROCORT TAB 0.1MG | 76 |
| FA-8 CAP 800MCG | 65 | FENTANYL OT LOZ 1200MCG | 9 | FLULAVAL QUA INJ 2022-23 | 93 |



| | | | | | |
|--------------------------------------|-----|-------------------------------------|-----|------------------------------------|-----|
| FLUMIST QUAD SUS 2022-23 | 93 | FLUTIC/SALME AER 250/50 | 107 | FUROSEMIDE TAB 40MG | 53 |
| FLUNISOLIDE SPR 0.025% | 107 | FLUTIC/SALME AER 500/50 | 107 | FUROSEMIDE TAB 80MG | 53 |
| FLUOCIN ACET CRE 0.01% | 76 | FLUTIC/SALME INH 113/14 | 107 | FUZEON INJ 90MG | 38 |
| FLUOCIN ACET CRE 0.025% | 76 | FLUTIC/SALME INH 232/14 | 107 | FYAVOLV TAB 0.5-2.5 | 82 |
| FLUOCIN ACET OIL 0.01% | 105 | FLUTIC/SALME INH 55/14 | 107 | FYAVOLV TAB 1-5 | 82 |
| FLUOCIN ACET OIL BODY | 76 | FLUTIC/VILAN INH 100-25 | 107 | FYCOMPA SUS 0.5MG/ML | 19 |
| FLUOCIN ACET OIL SCALP | 76 | FLUTIC/VILAN INH 200-25 | 107 | GABAPENTIN CAP 100MG | 19 |
| FLUOCIN ACET OIN 0.025% | 76 | FLUTICASONE CRE 0.05% | 76 | GABAPENTIN CAP 300MG | 19 |
| FLUOCIN ACET SOL 0.01% | 76 | FLUTICASONE OIN 0.005% | 76 | GABAPENTIN CAP 400MG | 19 |
| FLUOCINONIDE CRE 0.05% | 76 | FLUTICASONE SPR 50MCG | 107 | GABAPENTIN SOL 250/5ML | 19 |
| FLUOCINONIDE CRE E 0.05% | 76 | FLUVASTATIN CAP 20MG | 53 | GABAPENTIN TAB 600MG | 19 |
| FLUOCINONIDE GEL 0.05% | 76 | FLUVASTATIN CAP 40MG | 53 | GABAPENTIN TAB 800MG | 19 |
| FLUOCINONIDE OIN 0.05% | 76 | FLUVOXAMINE CAP 100MG ER | 23 | GABLOFEN INJ 10000/20 | 120 |
| FLUOCINONIDE SOL 0.05% | 76 | FLUVOXAMINE CAP 150MG ER | 23 | GABLOFEN INJ 20000/20 | 120 |
| FLUORIDE CHW 0.25MG F | 65 | FLUVOXAMINE TAB 100MG | 23 | GABLOFEN INJ 40000/20 | 120 |
| FLUORIDE CHW 1MG F | 65 | FLUVOXAMINE TAB 25MG | 23 | GALANTAMINE CAP 16MG ER | 21 |
| FLUORITAB DRO 0.125MG | 65 | FLUVOXAMINE TAB 50MG | 23 | GALANTAMINE CAP 24MG ER | 21 |
| FLUOROMETHOL SUS 0.1% OP | 102 | FLUZONE HD INJ 2022-23 | 93 | GALANTAMINE CAP 8MG ER | 21 |
| FLUOROURACIL CRE 0.5% | 29 | FLUZONE QUAD INJ 2022-23 | 93 | GALANTAMINE SOL 4MG/ML | 21 |
| FLUOROURACIL CRE 5% | 29 | FML FORTE SUS 0.25% OP | 102 | GALANTAMINE TAB 12MG | 21 |
| FLUOROURACIL INJ 1GM/20ML | 120 | FOLIC ACID TAB 1000MCG | 65 | GALANTAMINE TAB 4MG | 21 |
| FLUOROURACIL INJ 500/10ML | 120 | FOLIC ACID TAB 1MG | 65 | GALANTAMINE TAB 8MG | 21 |
| FLUOROURACIL INJ 5GM/100ML | 120 | FOLIC ACID TAB 400MCG | 65 | GALZIN CAP 25MG | 65 |
| FLUOROURACIL SOL 2% | 29 | FOLIC ACID TAB 800MCG | 65 | GALZIN CAP 50MG | 65 |
| FLUOROURACIL SOL 5% | 29 | FOLIVANE-OB CAP | 65 | GAMASTAN INJ | 120 |
| FLUOXETINE CAP 10MG | 23 | FONDAPARINUX INJ 10/0.8ML | 47 | GAMIFANT INJ 100/20ML | 120 |
| FLUOXETINE CAP 20MG | 23 | FONDAPARINUX INJ 2.5/0.5 | 47 | GAMIFANT INJ 10MG/2ML | 120 |
| FLUOXETINE CAP 40MG | 23 | FONDAPARINUX INJ 5/0.4ML | 47 | GAMIFANT INJ 50/10ML | 120 |
| FLUOXETINE CAP 90MG DR | 23 | FONDAPARINUX INJ 7.5/0.6 | 47 | GAMMAGARD INJ 10GM/100 | 120 |
| FLUOXETINE SOL 20MG/5ML | 23 | FORMOTEROL NEB 20/2ML | 107 | GAMMAGARD INJ 2.5GM/25 | 120 |
| FLUOXETINE TAB 10MG | 23 | FOSAMPRENAVI TAB 700MG | 38 | GAMMAGARD INJ 20GM/200 | 120 |
| FLUOXETINE TAB 20MG | 23 | FOSCARNET INJ 24MG/ML | 120 | GAMMAGARD INJ 30GM/300 | 120 |
| FLUPHENAZ DE INJ 25MG/ML | 120 | FOSCAVIR INJ 24MG/ML | 120 | GAMMAGARD INJ 5GM/50ML | 120 |
| FLUPHENAZINE CON 5MG/ML | 35 | FOSFOMYCIN POW 3GM | 17 | GAMMAGARD SD INJ 10GM HU | 120 |
| FLUPHENAZINE ELX 2.5/5ML | 35 | FOSINOP/HCTZ TAB 10/12.5 | 53 | GAMMAGARD SD INJ 5GM HU | 120 |
| FLUPHENAZINE INJ 2.5MG/ML | 120 | FOSINOP/HCTZ TAB 20/12.5 | 53 | GAMMAKED INJ 10GM/100 | 120 |
| FLUPHENAZINE TAB 10MG | 35 | FOSINOPRIL TAB 10MG | 53 | GAMMAKED INJ 2.5GM/25 | 120 |
| FLUPHENAZINE TAB 1MG | 35 | FOSINOPRIL TAB 20MG | 53 | GAMMAKED INJ 20GM/200 | 120 |
| FLUPHENAZINE TAB 2.5MG | 35 | FOSINOPRIL TAB 40MG | 53 | GAMMAKED INJ 5GM/50ML | 120 |
| FLUPHENAZINE TAB 5MG | 35 | FOSPHENYTOIN INJ 100/2ML | 120 | GAMMAPLEX INJ 10% | 120 |
| FLURANDRENOL LOT 0.05% | 76 | FOSPHENYTOIN INJ 500/10ML | 120 | GAMMAPLEX INJ 5% | 120 |
| FLURANDRENOL OIN 0.05% | 76 | FOSRENOL POW 1000MG | 65 | GAMUNEX-C INJ 10GM/100 | 120 |
| FLURAZEPAM CAP 15MG | 111 | FOSRENOL POW 750MG | 65 | GAMUNEX-C INJ 2.5GM/25 | 120 |
| FLURAZEPAM CAP 30MG | 111 | FROVATRIPTAN TAB 2.5MG | 27 | GAMUNEX-C INJ 20GM/200 | 120 |
| FLURBIPROFEN SOL 0.03% OP | 102 | FUROSEMIDE INJ 10MG/ML | 120 | GAMUNEX-C INJ 40/400ML | 120 |
| FLURBIPROFEN TAB 100MG | 9 | FUROSEMIDE SOL 10MG/ML | 53 | GAMUNEX-C INJ 5GM/50ML | 120 |
| FLUTAMIDE CAP 125MG | 29 | FUROSEMIDE SOL 40MG/5ML | 53 | GANCICLOVIR INJ 500/25 | 120 |
| FLUTIC/SALME AER 100/50 | 107 | FUROSEMIDE TAB 20MG | 53 | GANCICLOVIR INJ 500MG | 120 |



| | | | | | |
|-------------------------------------|-----|-------------------------------------|-----|-------------------------------------|-----|
| GARDASIL 9 INJ | 93 | GLIPIZIDE ER TAB 10MG | 42 | GVOKE KIT SOL 1MG/0.2M. | 42 |
| GATIFLOXACIN SOL 0.5% | 102 | GLIPIZIDE ER TAB 2.5MG | 42 | GVOKE PFS INJ | 42 |
| GAUZE PAD 2"X2" | 99 | GLIPIZIDE ER TAB 5MG | 42 | GVOKE PFS INJ | 43 |
| GAVILAX POW. | 71 | GLIPIZIDE TAB 10MG | 42 | GYNAZOLE-1 CRE 2% | 26 |
| GAVILYTE-C SOL | 71 | GLIPIZIDE TAB 5MG | 42 | GYNOL II GEL 3% | 73 |
| GAVILYTE-G SOL | 71 | GLUCAGON EMR SOL 1MG | 42 | HAEGARDA INJ 2000UNIT | 93 |
| GAVILYTE-N SOL FLAV PK | 71 | GLUCAGON KIT 1MG | 42 | HAEGARDA INJ 3000UNIT | 93 |
| GAZYVA INJ 25MG/ML | 120 | GLUCOSE BITS CHW 1GM | 99 | HAILEY 24 TAB FE | 82 |
| GEFITINIB TAB 250MG | 30 | GLYB/METFORM TAB 1.25-250 | 42 | HAILEY FE TAB 1.5/30 | 82 |
| GEMCITABINE INJ 2GM/20ML | 121 | GLYB/METFORM TAB 2.5-500 | 42 | HAILEY FE TAB 1/20 | 82 |
| GEMFIBROZIL TAB 600MG | 53 | GLYB/METFORM TAB 5-500MG | 42 | HAILEY TAB 1.5/30 | 82 |
| GEMMILY CAP 1/20 | 82 | GLYBURID MCR TAB 1.5MG | 42 | HALDOL DECAN INJ 100MG/ML | 121 |
| GENERLAC SOL 10GM/15 | 71 | GLYBURID MCR TAB 3MG | 42 | HALDOL DECAN INJ 50MG/ML | 121 |
| GENGRAF CAP 100MG | 93 | GLYBURID MCR TAB 6MG | 42 | HALDOL INJ 5MG/ML | 121 |
| GENGRAF CAP 25MG | 93 | GLYBURIDE TAB 1.25MG | 42 | HALOBETASOL CRE 0.05% | 76 |
| GENGRAF SOL 100MG/ML | 93 | GLYBURIDE TAB 2.5MG | 42 | HALOBETASOL OIN 0.05% | 76 |
| GENTAK OIN 0.3% OP | 102 | GLYBURIDE TAB 5MG | 42 | HALOETTE MIS | 82 |
| GENTAM/NACL INJ 0.9MG/ML | 121 | GLYCOLAX POW 3350 NF | 71 | HALOPER DEC INJ 100MG/ML | 121 |
| GENTAM/NACL INJ 1.4MG/ML | 121 | GLYCOPYRROL INJ 0.2MG/ML | 121 | HALOPER DEC INJ 500/5ML | 121 |
| GENTAM/NACL INJ 100MG | 121 | GLYCOPYRROL INJ 0.4/2ML | 121 | HALOPER DEC INJ 50MG/ML | 121 |
| GENTAM/NACL INJ 120MG | 121 | GLYCOPYRROL INJ 4MG/20ML | 121 | HALOPER LAC INJ 5MG/ML | 121 |
| GENTAM/NACL INJ 60MG | 121 | GLYCOPYRROL TAB 1MG | 71 | HALOPERIDOL CON 2MG/ML | 35 |
| GENTAM/NACL INJ 80MG | 121 | GLYCOPYRROL TAB 2MG | 71 | HALOPERIDOL INJ 5MG/ML | 121 |
| GENTAMICIN CRE 0.1% | 17 | GLYDO GEL 2% | 12 | HALOPERIDOL TAB 0.5MG | 35 |
| GENTAMICIN INJ 10MG/ML | 121 | GLYRX-PF INJ .6MG/3ML | 121 | HALOPERIDOL TAB 10MG | 35 |
| GENTAMICIN INJ 40MG/ML | 121 | GLYRX-PF INJ 1MG/5ML | 121 | HALOPERIDOL TAB 1MG | 35 |
| GENTAMICIN OIN 0.1% | 17 | GLYRX-PF SOL 0.2MG/ML | 121 | HALOPERIDOL TAB 20MG | 35 |
| GENTAMICIN SOL 0.3% OP | 102 | GLYRX-PF SOL 0.4/2 | 121 | HALOPERIDOL TAB 2MG | 35 |
| GENTLELAX POW | 71 | GNP GLUCOSE CHW 2GM | 99 | HALOPERIDOL TAB 5MG | 35 |
| GENVOYA TAB | 38 | GOPRELTO SOL 40MG/ML | 121 | HARVONI PAK 45-200MG | 38 |
| GEODON INJ 20MG | 121 | GRANISETRON INJ 0.1MG/ML | 121 | HARVONI PAK | 38 |
| GIAPREZA INJ 2.5MG | 121 | GRANISETRON INJ 1MG/ML | 121 | HARVONI TAB 45-200MG | 38 |
| GILPHEX TR TAB 10-388MG | 107 | GRANISETRON INJ 4MG/4ML | 121 | HARVONI TAB 90-400MG | 38 |
| GIVLAARI INJ 189MG/ML | 121 | GRANISETRON TAB 1MG | 25 | HAVRIX INJ 1440UNIT | 93 |
| GLASSIA INJ | 121 | GRISEOFULVIN SUS 125/5ML | 26 | HAVRIX INJ 720UNIT | 93 |
| GLATIRAMER INJ 20MG/ML | 61 | GRISEOFULVIN TAB MICR 500 | 26 | HC BUTYRATE CRE 0.1% | 76 |
| GLATIRAMER INJ 40MG/ML | 61 | GRISEOFULVIN TAB ULTR 125 | 26 | HC BUTYRATE OIN 0.1% | 76 |
| GLATOPA INJ 20MG/ML | 61 | GRISEOFULVIN TAB ULTR 250 | 26 | HC BUTYRATE SOL 0.1% | 76 |
| GLATOPA INJ 40MG/ML | 61 | GUAIAUSS AC SYP 100-10/5 | 107 | HC PRAMOXINE CRE 1-1% | 97 |
| GLEOSTINE CAP 100MG | 30 | GUANFACINE TAB 1MG ER | 61 | HC VALERATE CRE 0.2% | 76 |
| GLEOSTINE CAP 10MG | 30 | GUANFACINE TAB 1MG | 53 | HC VALERATE OIN 0.2% | 76 |
| GLEOSTINE CAP 40MG | 30 | GUANFACINE TAB 2MG ER | 61 | HC/ACET ACID SOL OTIC | 105 |
| GLIMEPIRIDE TAB 1MG | 42 | GUANFACINE TAB 2MG | 53 | HEATHER TAB 0.35MG | 82 |
| GLIMEPIRIDE TAB 2MG | 42 | GUANFACINE TAB 3MG ER | 61 | HECTOROL INJ 2MCG/ML | 121 |
| GLIMEPIRIDE TAB 4MG | 42 | GUANFACINE TAB 4MG ER | 61 | HECTOROL INJ 4MCG/2ML | 121 |
| GLIP/METFORM TAB 2.5-250M | 42 | GUANIDINE TAB 125MG | 28 | HEP SOD/D5W INJ 20000UNT | 121 |
| GLIP/METFORM TAB 2.5-500M | 42 | GVOKE HYPO 1 INJ .5/1ML | 42 | HEP SOD/DEXT INJ 25000UNT | 121 |
| GLIP/METFORM TAB 5-500MG | 42 | GVOKE HYPO 1 INJ 1MG/.2ML | 42 | HEP SOD/NACL INJ 1000UNIT | 121 |



| | | | | | |
|------------------------------------|-----|-------------------------------------|-----|-----------------------------------|-----|
| HEP SOD/NACL INJ 12500UNT . . . | 121 | HYCANTIN INJ 4MG | 122 | HYDROMORPHON TAB 8MG | 10 |
| HEP SOD/NACL INJ 2000UNIT . . . | 121 | HYD POL/CPM SUS 10-8/5ML . . . | 107 | HYDROXYCHLOR TAB 200MG | 32 |
| HEPARIN SOD INJ 1000/ML | 121 | HYDRALAZINE INJ 20MG/ML . . . | 122 | HYDROXYPROG INJ 250MG/ML . . . | 122 |
| HEPARIN SOD INJ 1000/ML | 47 | HYDRALAZINE TAB 100MG | 53 | HYDROXYUREA CAP 500MG | 30 |
| HEPARIN SOD INJ 10000/ML | 47 | HYDRALAZINE TAB 10MG | 53 | HYDROXYZ HCL INJ 25MG/ML . . . | 122 |
| HEPARIN SOD INJ 20000/ML | 47 | HYDRALAZINE TAB 25MG | 53 | HYDROXYZ HCL INJ 50MG/ML . . . | 122 |
| HEPARIN SOD INJ 5000/0.5 | 47 | HYDRALAZINE TAB 50MG | 53 | HYDROXYZ HCL SYP 10MG/5ML . . . | 40 |
| HEPARIN SOD INJ 5000/ML | 121 | HYDRO/ACETA SOL 10-325MG | 9 | HYDROXYZ HCL TAB 10MG | 40 |
| HEPARIN SOD INJ 5000/ML | 47 | HYDROC/HOMAT TAB 5-1.5MG . . . | 107 | HYDROXYZ HCL TAB 25MG | 40 |
| HEPLISAV-B INJ 20/0.5ML | 93 | HYDROCHLOROT CAP 12.5MG | 53 | HYDROXYZ HCL TAB 50MG | 40 |
| HERCEP HYLEC SOL 60-10000 . . . | 121 | HYDROCHLOROT TAB 12.5MG | 53 | HYDROXYZ PAM CAP 100MG | 40 |
| HERCEPTIN INJ 150MG | 121 | HYDROCHLOROT TAB 25MG | 53 | HYDROXYZ PAM CAP 25MG | 40 |
| HERCEPTIN INJ 440MG | 121 | HYDROCHLOROT TAB 50MG | 53 | HYDROXYZ PAM CAP 50MG | 40 |
| HERZUMA INJ 150MG | 121 | HYDROCO/APAP SOL 7.5-325 | 9 | HYPERRAB INJ 900UNIT | 122 |
| HERZUMA INJ 420MG | 121 | HYDROCO/APAP TAB 10-325MG | 9 | HYPERSAL NEB 3.5% | 107 |
| HIBERIX SOL 10MCG | 93 | HYDROCO/APAP TAB 5-325MG | 9 | HYPERSAL NEB 7% | 107 |
| HIZENTRA INJ 1GM/5ML | 121 | HYDROCO/APAP TAB 7.5-325 | 9 | HYQVIA INJ 10-800 | 122 |
| HIZENTRA INJ 2GM/10ML | 121 | HYDROCOD/HOM SYP 5-1.5/5 . . . | 107 | HYQVIA INJ 2.5-200 | 122 |
| HIZENTRA INJ 4GM/20ML | 122 | HYDROCOD/IBU TAB 10-200MG | 9 | HYQVIA INJ 20-1600 | 122 |
| HIZENTRA SOL 20% | 122 | HYDROCOD/IBU TAB 5-200MG | 9 | HYQVIA INJ 30-2400 | 122 |
| HUMALOG INJ 100/ML | 43 | HYDROCOD/IBU TAB 7.5-200 | 9 | HYQVIA INJ 5-400 | 122 |
| HUMALOG JR INJ 100/ML | 43 | HYDROCODONE CAP 10MG ER | 9 | IBANDRONATE INJ 3MG/3ML | 122 |
| HUMALOG KWIK INJ 100/ML | 43 | HYDROCODONE CAP 15MG ER | 9 | IBANDRONATE TAB 150MG | 98 |
| HUMALOG KWIK INJ 200/ML | 43 | HYDROCODONE CAP 20MG ER | 9 | IBU TAB 400MG | 10 |
| HUMALOG MIX INJ 50/50 | 43 | HYDROCODONE CAP 30MG ER | 9 | IBU TAB 600MG | 10 |
| HUMALOG MIX INJ 50/50KWP | 43 | HYDROCODONE CAP 40MG ER | 9 | IBU TAB 800MG | 10 |
| HUMALOG MIX INJ 75/25KWP | 43 | HYDROCODONE CAP 50MG ER | 10 | IBUPROFEN TAB 400MG | 10 |
| HUMALOG MIX SUS 75/25 | 43 | HYDROCORT CRE 2.5% | 76 | IBUPROFEN TAB 600MG | 10 |
| HUMIRA INJ 10/0.1ML | 94 | HYDROCORT ENE 100MG | 97 | IBUPROFEN TAB 800MG | 10 |
| HUMIRA INJ 20/0.2ML | 94 | HYDROCORT LOT 2.5% | 76 | ICATIBANT INJ 30MG/3ML | 94 |
| HUMIRA INJ 40/0.4ML | 94 | HYDROCORT OIN 1% | 76 | ICLEVIA TAB | 82 |
| HUMIRA KIT 40MG/0.8 | 94 | HYDROCORT OIN 2.5% | 76 | ICOSAPENT CAP 0.5GM | 53 |
| HUMIRA PEDIA INJ CROHNS | 94 | HYDROCORT TAB 10MG | 76 | ICOSAPENT CAP 1GM | 53 |
| HUMIRA PEN INJ 40/0.4ML | 94 | HYDROCORT TAB 20MG | 76 | ILARIS INJ 150MG/ML | 122 |
| HUMIRA PEN INJ 40MG/0.8 | 94 | HYDROCORT TAB 5MG | 76 | ILUVIEN IMP 0.19MG | 122 |
| HUMIRA PEN INJ CD/UC/HS | 94 | HYDROCORTISO CRE 2.5% | 97 | IMATINIB MES TAB 100MG | 30 |
| HUMIRA PEN INJ PS/UV | 94 | HYDROMET SYP 5-1.5/5 | 107 | IMATINIB MES TAB 400MG | 30 |
| HUMIRA PEN KIT CD/UC/HS | 94 | HYDROMORPHON INJ 10MG/ML . . . | 122 | IMBRUVICA CAP 140MG | 30 |
| HUMIRA PEN KIT PED UC | 94 | HYDROMORPHON INJ 1MG/ML . . . | 122 | IMBRUVICA CAP 70MG | 30 |
| HUMIRA PEN KIT PS/UV | 94 | HYDROMORPHON INJ 2MG/ML . . . | 122 | IMBRUVICA SUS 70MG/ML | 30 |
| HUMULIN INJ 70/30 | 43 | HYDROMORPHON INJ 4MG/ML . . . | 122 | IMBRUVICA TAB 140MG | 30 |
| HUMULIN INJ 70/30KWP | 43 | HYDROMORPHON LIQ 1MG/ML . . . | 10 | IMBRUVICA TAB 280MG | 30 |
| HUMULIN N INJ U-100 | 43 | HYDROMORPHON TAB 12MG ER . . . | 10 | IMBRUVICA TAB 420MG | 30 |
| HUMULIN N INJ U-100KWP | 43 | HYDROMORPHON TAB 16MG ER . . . | 10 | IMBRUVICA TAB 560MG | 30 |
| HUMULIN R INJ U-100 | 43 | HYDROMORPHON TAB 2MG | 10 | IMFINZI INJ 120/2.4 | 122 |
| HUMULIN R INJ U-500 | 43 | HYDROMORPHON TAB 32MG ER . . . | 10 | IMFINZI INJ 500/10 | 122 |
| HYCANTIN CAP 0.25MG | 30 | HYDROMORPHON TAB 4MG | 10 | IMIPENEM/CIL INJ 250MG | 122 |
| HYCANTIN CAP 1MG | 30 | HYDROMORPHON TAB 8MG ER . . . | 10 | IMIPENEM/CIL INJ 500MG | 122 |



| | | | | | |
|-------------------------------------|-----|------------------------------------|-----|-------------------------------------|-----|
| IMIPRAM HCL TAB 10MG | 23 | INSULIN SYRG MIS 0.3/30G | 99 | ISENTRESS TAB 400MG | 38 |
| IMIPRAM HCL TAB 25MG | 23 | INSULIN SYRG MIS 0.3/31G | 99 | ISIBLOOM TAB | 82 |
| IMIPRAM HCL TAB 50MG | 23 | INSULIN SYRG MIS 0.5/28G | 99 | ISOLYTE-S INJ. | 123 |
| IMIPRAM PAM CAP 100MG. | 23 | INSULIN SYRG MIS 0.5/29G | 99 | ISONIAZID INJ 100MG/ML | 123 |
| IMIPRAM PAM CAP 125MG. | 23 | INSULIN SYRG MIS 0.5/30G | 99 | ISONIAZID SYP 50MG/5ML. | 28 |
| IMIPRAM PAM CAP 150MG. | 23 | INSULIN SYRG MIS 0.5/31G | 99 | ISONIAZID TAB 100MG | 28 |
| IMIPRAM PAM CAP 75MG. | 23 | INSULIN SYRG MIS 0.5/32G | 99 | ISONIAZID TAB 300MG | 28 |
| IMIQUIMOD CRE 5%. | 63 | INSULIN SYRG MIS 1ML/27G | 99 | ISOPTO ATROP SOL 1% OP | 102 |
| IMLYGIC INJ. | 122 | INSULIN SYRG MIS 1ML/28G | 99 | ISOSO/HYDRAL TAB 20-37.5 | 53 |
| INATAL GT TAB | 65 | INSULIN SYRG MIS 1ML/29G. | 99 | ISOSORB DIN TAB 10MG | 53 |
| INCASSIA TAB 0.35MG | 82 | INSULIN SYRG MIS 1ML/30G. | 99 | ISOSORB DIN TAB 20MG | 53 |
| INCRELEX INJ 40MG/4ML. | 78 | INSULIN SYRG MIS 1ML/31G | 99 | ISOSORB DIN TAB 30MG | 53 |
| INCRUSE ELPT INH 62.5MCG. | 107 | INTEGRILIN INJ. | 122 | ISOSORB DIN TAB 40MG | 53 |
| INDAPAMIDE TAB 1.25MG. | 53 | INTELENCE TAB 25MG | 38 | ISOSORB DIN TAB 5MG | 53 |
| INDAPAMIDE TAB 2.5MG. | 53 | INTRAROSA SUP 6.5MG | 122 | ISOSORB MONO TAB 10MG. | 53 |
| INDOMETHACIN CAP 25MG. | 10 | INTRON A INJ 10MU. | 38 | ISOSORB MONO TAB 120MG ER. | 53 |
| INDOMETHACIN CAP 50MG. | 10 | INTRON A INJ 18MU. | 38 | ISOSORB MONO TAB 20MG. | 54 |
| INDOMETHACIN CAP 75MG ER. | 10 | INTRON A INJ 25MU. | 38 | ISOSORB MONO TAB 30MG ER. | 54 |
| INFANRIX INJ. | 94 | INTRON A INJ 50MU. | 38 | ISOSORB MONO TAB 60MG ER. | 54 |
| INFLECTRA INJ 100MG | 122 | INTROVALE TAB | 82 | ISOTRETINOIN CAP 10MG | 63 |
| INFLIXIMAB INJ 100MG | 122 | INVANZ INJ 1GM. | 122 | ISOTRETINOIN CAP 20MG | 63 |
| INFUGEM SOL 1200MG | 122 | INVEGA HAFYE INJ 1092MG. | 122 | ISOTRETINOIN CAP 30MG | 63 |
| INFUGEM SOL 1300MG. | 122 | INVEGA HAFYE INJ 1560MG. | 122 | ISOTRETINOIN CAP 40MG | 63 |
| INFUGEM SOL 1400MG | 122 | INVEGA SUST INJ 117/0.75 | 122 | ISRADIPINE CAP 2.5MG | 54 |
| INFUGEM SOL 1500MG. | 122 | INVEGA SUST INJ 156MG/ML | 122 | ISRADIPINE CAP 5MG | 54 |
| INFUGEM SOL 1600MG. | 122 | INVEGA SUST INJ 234/1.5 | 122 | ITRACONAZOLE CAP 100MG. | 26 |
| INFUGEM SOL 1700MG | 122 | INVEGA SUST INJ 39/0.25. | 122 | ITRACONAZOLE SOL 100/10ML | 26 |
| INFUGEM SOL 1800MG. | 122 | INVEGA SUST INJ 78/0.5ML | 123 | ITRACONAZOLE SOL 10MG/ML | 26 |
| INFUGEM SOL 1900MG. | 122 | INVEGA TRINZ INJ 273MG | 123 | IVERMECTIN LOT 0.5% | 32 |
| INFUGEM SOL 2000MG. | 122 | INVEGA TRINZ INJ 410MG. | 123 | IVERMECTIN TAB 3MG | 32 |
| INFUGEM SOL 2200MG. | 122 | INVEGA TRINZ INJ 546MG | 123 | JAIMIESS TAB | 82 |
| INFUMORPH INJ 10MG/ML. | 122 | INVEGA TRINZ INJ 819MG | 123 | JAKAFI TAB 10MG | 30 |
| INFUMORPH INJ 25MG/ML | 122 | INVELTYS SUS 1% | 102 | JAKAFI TAB 15MG | 30 |
| INGREZZA CAP 40-80MG. | 61 | INVIRASE TAB 500MG. | 38 | JAKAFI TAB 20MG | 30 |
| INGREZZA CAP 40MG. | 61 | IOPIDINE SOL 1% OP | 102 | JAKAFI TAB 25MG | 30 |
| INGREZZA CAP 60MG. | 61 | IPOL INJ INACTIVE | 94 | JAKAFI TAB 5MG | 30 |
| INGREZZA CAP 80MG. | 61 | IPRATROPIUM SOL 0.02%INH | 107 | JANTOVEN TAB 10MG | 47 |
| INS DEGL FLX INJ 100UNIT | 43 | IPRATROPIUM SPR 0.03%. | 107 | JANTOVEN TAB 1MG | 47 |
| INS DEGL FLX INJ 200UNIT | 43 | IPRATROPIUM SPR 0.06%. | 107 | JANTOVEN TAB 2.5MG | 47 |
| INSPIREASE MIS DD SYST | 99 | IPRATROPIUM/ SOL ALBUTER | 107 | JANTOVEN TAB 2MG. | 47 |
| INSPIREASE MIS RES BAG. | 99 | IRBESAR/HCTZ TAB 150-12.5. | 53 | JANTOVEN TAB 3MG. | 47 |
| INSULIN ASPA INJ 70/30. | 43 | IRBESAR/HCTZ TAB 300-12.5. | 53 | JANTOVEN TAB 4MG | 47 |
| INSULIN DEGL INJ 100UNIT | 43 | IRBESARTAN TAB 150MG | 53 | JANTOVEN TAB 5MG | 47 |
| INSULIN LISP INJ 100/ML | 43 | IRBESARTAN TAB 300MG. | 53 | JANTOVEN TAB 6MG | 47 |
| INSULIN LISP INJ JUNIOR. | 43 | IRBESARTAN TAB 75MG | 53 | JANTOVEN TAB 7.5MG. | 47 |
| INSULIN LISP INJ PROTAMIN | 43 | IRESSA TAB 250MG | 30 | JARDIANCE TAB 10MG | 43 |
| INSULIN SRYG MIS 1ML/32G | 99 | IRINOTECAN INJ 40MG/2ML | 123 | JARDIANCE TAB 25MG | 43 |
| INSULIN SYRG MIS 0.3/29G | 99 | ISENTRESS POW 100MG | 38 | JASMIEL TAB 3-0.02MG. | 82 |



| | | | | | |
|-----------------------------------|-----|-------------------------------------|-----|-------------------------------------|-----|
| JELMYTO INJ 40MG X 2 | 123 | KEYTRUDA INJ 100MG/4M. | 123 | LAMOTRIGINE CHW 25MG. | 19 |
| JEMPERLI SOL 500/10ML | 123 | KEYTRUDA SOL 50MG | 123 | LAMOTRIGINE CHW 5MG. | 19 |
| JENCYCLA TAB 0.35MG | 82 | KHAPZORY SOL 175MG | 123 | LAMOTRIGINE KIT ODT. | 19 |
| JENTADUETO TAB 2.5-1000 | 43 | KHAPZORY SOL 300MG | 123 | LAMOTRIGINE KIT START 35 | 20 |
| JENTADUETO TAB 2.5-500 | 43 | KIMYRSA INJ 1200MG. | 123 | LAMOTRIGINE KIT START 49 | 20 |
| JENTADUETO TAB 2.5-850 | 43 | KINRIX INJ | 94 | LAMOTRIGINE KIT START 98 | 20 |
| JENTADUETO TAB XR | 43 | KLOR-CON 10 TAB 10MEQ ER | 65 | LAMOTRIGINE TAB 100MG. | 20 |
| JINTELI TAB 1MG-5MCG | 82 | KLOR-CON 8 TAB 8MEQ ER | 65 | LAMOTRIGINE TAB 150MG. | 20 |
| JOLESSA TAB | 82 | KLOR-CON M10 TAB 10MEQ ER | 66 | LAMOTRIGINE TAB 200MG | 20 |
| JULEBER TAB | 82 | KLOR-CON M15 TAB 15MEQ ER. | 66 | LAMOTRIGINE TAB 25MG ODT | 20 |
| JULUCA TAB 50-25MG. | 38 | KLOR-CON M20 TAB 20MEQ ER | 66 | LAMOTRIGINE TAB 25MG. | 20 |
| JUNEL 1.5/30 TAB | 82 | KLOR-CON PAK 20MEQ | 65 | LAMOTRIGINE TAB 50MG ODT | 20 |
| JUNEL 1/20 TAB | 82 | KLOR-CON/EF TAB 25MEQ FR. | 66 | LANCET DEVIC MIS ADJUST | 41 |
| JUNEL FE 24 TAB 1/20. | 82 | KOSHR PRENAT TAB 30-1MG. | 66 | LANCETS MIS. | 41 |
| JUNEL FE TAB 1.5/30. | 82 | KRISTALOSE PAK 10GM | 71 | LANOXIN INJ 0.5/2ML | 123 |
| JUNEL FE TAB 1/20 | 82 | KRISTALOSE PAK 20GM | 71 | LANOXIN PED INJ 0.1MG/ML | 123 |
| K-PRIME TAB 25MEQ EF | 65 | KURVELO TAB 0.15/30. | 82 | LANSOPR/AMOX PAK /CLARITH. | 71 |
| KADCYLA INJ 100MG | 123 | KYLEENA IUD 19.5MG | 83 | LANSOPRAZOLE CAP 15MG DR. | 71 |
| KADCYLA INJ 160MG | 123 | KYMRIAH SUS | 123 | LANSOPRAZOLE CAP 30MG DR. | 71 |
| KAITLIB FE CHW. | 82 | KYPROLIS SOL 10MG | 123 | LANTHANUM CHW 1000MG. | 66 |
| KALLIGA TAB | 82 | LABETALOL INJ 100/20ML | 123 | LANTHANUM CHW 500MG. | 66 |
| KANJINTI INJ 420MG. | 123 | LABETALOL INJ 20/4ML | 123 | LANTHANUM CHW 750MG. | 66 |
| KANJINTI SOL 150MG | 123 | LABETALOL INJ 200/200. | 123 | LARIN 24 TAB FE 1/20 | 83 |
| KANUMA INJ 20/10ML. | 123 | LABETALOL INJ NACL. | 123 | LARIN FE TAB 1.5/30 | 83 |
| KARIVA TAB 28 DAY. | 82 | LABETALOL TAB 100MG. | 54 | LARIN FE TAB 1/20. | 83 |
| KCENTRA KIT 1000UNIT | 123 | LABETALOL TAB 200MG. | 54 | LARIN TAB 1.5/30 | 83 |
| KEDBUMIN INJ 25%. | 123 | LABETALOL TAB 300MG. | 54 | LARIN TAB 1/20 | 83 |
| KELNOR 1/50 TAB | 82 | LACOSAMIDE SOL 100/10ML. | 19 | LARISSIA TAB | 83 |
| KELNOR TAB 1/35 | 82 | LACOSAMIDE SOL 10MG/ML. | 19 | LARTRUVO INJ 10MG/ML. | 123 |
| KENALOG-40 INJ 40MG/ML | 123 | LACOSAMIDE SOL 150/15ML. | 19 | LARTRUVO INJ 190/19ML. | 123 |
| KENALOG-80 INJ | 123 | LACOSAMIDE SOL 200/20ML | 19 | LASTACAFT SOL 0.25%. | 103 |
| KENGREAL SOL 50MG | 123 | LACOSAMIDE SOL 50/5ML. | 19 | LATANOPROST SOL 0.005%. | 103 |
| KEPIVANCE INJ 6.25MG | 123 | LACOSAMIDE TAB 100MG | 19 | LAYOLIS FE CHW | 83 |
| KEPPRA INJ 500/5ML | 123 | LACOSAMIDE TAB 150MG | 19 | LEDIP-SOFOSB TAB 90-400MG | 38 |
| KETO-DIASTIX TES. | 99 | LACOSAMIDE TAB 200MG | 19 | LEENA TAB | 83 |
| KETOCONAZOLE CRE 2% | 26 | LACOSAMIDE TAB 50MG | 19 | LEFLUNOMIDE TAB 10MG | 94 |
| KETOCONAZOLE SHA 2% | 26 | LACTULOSE PAK 10GM | 71 | LEFLUNOMIDE TAB 20MG | 94 |
| KETOCONAZOLE TAB 200MG | 26 | LACTULOSE SOL 10GM/15. | 71 | LEMTRADA INJ 12/1.2ML | 123 |
| KETOPROFEN CAP 200MG ER. | 10 | LACTULOSE SOL 20/30ML. | 71 | LENALIDOMIDE CAP 10MG | 30 |
| KETOPROFEN CAP 25MG. | 10 | LAGEVRIO CAP 200MG. | 101 | LENALIDOMIDE CAP 15MG | 30 |
| KETOPROFEN CAP 50MG. | 10 | LAMIVUD/ZIDO TAB 150-300 | 38 | LENALIDOMIDE CAP 2.5MG | 30 |
| KETOPROFEN CAP 75MG. | 10 | LAMIVUDINE SOL 10MG/ML | 38 | LENALIDOMIDE CAP 20MG | 30 |
| KETOROLAC INJ 15MG/ML | 123 | LAMIVUDINE TAB 100MG | 38 | LENALIDOMIDE CAP 25MG | 30 |
| KETOROLAC INJ 30MG/ML | 123 | LAMIVUDINE TAB 150MG | 38 | LENALIDOMIDE CAP 5MG | 30 |
| KETOROLAC INJ 60MG/2ML | 123 | LAMIVUDINE TAB 300MG | 38 | LENVIMA CAP 10 MG. | 30 |
| KETOROLAC SOL 0.4% | 103 | LAMOTRIG ODT KIT 25/50MG | 19 | LENVIMA CAP 12MG | 30 |
| KETOROLAC SOL 0.5% | 103 | LAMOTRIG ODT KIT 50/100MG | 19 | LENVIMA CAP 14 MG. | 30 |
| KETOROLAC TAB 10MG | 10 | LAMOTRIG ODT TAB 100MG | 19 | LENVIMA CAP 18 MG. | 30 |



| | | | | | |
|--------------------------------|-----|--------------------------------|-----|---------------------------------|-----|
| LENVIMA CAP 20 MG. | 30 | LEVO-T TAB 150MCG. | 88 | LEVOTHYROXIN TAB 88MCG. | 89 |
| LENVIMA CAP 24 MG. | 30 | LEVO-T TAB 175MCG. | 88 | LEVOXYL TAB 100MCG. | 89 |
| LENVIMA CAP 4MG. | 30 | LEVO-T TAB 200 MCG. | 88 | LEVOXYL TAB 112MCG. | 89 |
| LENVIMA CAP 8 MG. | 30 | LEVO-T TAB 25MCG. | 88 | LEVOXYL TAB 125MCG. | 89 |
| LESSINA TAB. | 83 | LEVO-T TAB 300 MCG. | 88 | LEVOXYL TAB 137MCG. | 89 |
| LETROZOLE TAB 2.5MG. | 30 | LEVO-T TAB 50MCG. | 89 | LEVOXYL TAB 150MCG. | 89 |
| LEUCOVOR CA INJ 100MG. | 123 | LEVO-T TAB 75MCG. | 89 | LEVOXYL TAB 175MCG. | 89 |
| LEUCOVOR CA INJ 200MG. | 123 | LEVO-T TAB 88MCG. | 89 | LEVOXYL TAB 200MCG. | 89 |
| LEUCOVOR CA INJ 350MG. | 123 | LEVOBUNOLOL SOL 0.5% OP. ... | 103 | LEVOXYL TAB 25MCG. | 89 |
| LEUCOVOR CA INJ 50MG. | 123 | LEVOCARNITIN SOL 1GM/10ML. . | 66 | LEVOXYL TAB 50MCG. | 89 |
| LEUCOVOR CA TAB 10MG. | 30 | LEVOCARNITIN TAB 330MG. | 66 | LEVOXYL TAB 75MCG. | 89 |
| LEUCOVOR CA TAB 15MG. | 30 | LEVOCETIRIZI SOL 2.5/5ML. | 108 | LEVOXYL TAB 88MCG. | 89 |
| LEUCOVOR CA TAB 25MG. | 30 | LEVOCETIRIZI TAB 5MG. | 108 | LEXIVA SUS 50MG/ML. | 38 |
| LEUCOVOR CA TAB 5MG. | 30 | LEVOFLOX/D5W INJ 250/50ML. . | 123 | LIBTAYO INJ 350/7ML. | 124 |
| LEUCOVORIN INJ 100/10ML. | 123 | LEVOFLOX/D5W INJ 500/100M. . | 123 | LIDO/DEXTROS INJ 5-7.5%. | 124 |
| LEUCOVORIN INJ 500/50ML. | 123 | LEVOFLOX/D5W INJ 750/150. . . | 123 | LIDO/EPI INJ 1.5%. | 124 |
| LEUCOVORIN INJ CALCIUM. | 123 | LEVOFLOXACIN INJ 25MG/ML. ... | 123 | LIDO/PRILOCN CRE 2.5-2.5%. | 12 |
| LEUKERAN TAB 2MG. | 30 | LEVOFLOXACIN SOL 0.5%. | 103 | LIDOCA/TETRA CRE 7/7%. | 12 |
| LEUKINE INJ 250MCG. | 47 | LEVOFLOXACIN SOL 1.5%. | 103 | LIDOCAIN/D5W INJ 4MG/ML. | 124 |
| LEUKINE INJ 500 MCG. | 123 | LEVOFLOXACIN SOL 25MG/ML. ... | 17 | LIDOCAIN/D5W INJ 8MG/ML. | 124 |
| LEUPROLIDE INJ 14 DAY. | 91 | LEVOFLOXACIN TAB 250MG. | 17 | LIDOCAINE CRE TETRACAI. | 12 |
| LEUPROLIDE INJ 1MG/0.2. | 91 | LEVOFLOXACIN TAB 500MG. | 17 | LIDOCAINE GEL 2% JELLY. | 12 |
| LEUPROLIDE KIT 14 DAY. | 91 | LEVOFLOXACIN TAB 750MG. | 17 | LIDOCAINE INJ 0.5%. | 124 |
| LEUPROLIDE KIT 1MG/0.2. | 91 | LEVOLEUCOVOR INJ 175/17.5. . . | 124 | LIDOCAINE INJ 1.5%. | 124 |
| LEVALBUTEROL NEB 0.31MG. . . | 108 | LEVOLEUCOVOR INJ 175MG. | 124 | LIDOCAINE INJ 1%. | 124 |
| LEVALBUTEROL NEB 0.63MG. . . | 108 | LEVOLEUCOVOR SOL 250MG/25. . | 124 | LIDOCAINE INJ 2%. | 124 |
| LEVALBUTEROL NEB 1.25/0.5. . | 108 | LEVONEST TAB. | 83 | LIDOCAINE INJ 4%. | 124 |
| LEVALBUTEROL NEB 1.25MG. . . | 108 | LEVONOR/ETHI TAB 0.1-0.02. . . | 83 | LIDOCAINE OIN 5%. | 12 |
| LEVEMIR INJ FLEXPEN. | 44 | LEVONOR/ETHI TAB ESTRADIO. . | 83 | LIDOCAINE PAD 5%. | 12 |
| LEVEMIR INJ FLEXTOUN. | 44 | LEVONOR/ETHI TAB. | 83 | LIDOCAINE SOL 2% ORAL. | 12 |
| LEVEMIR INJ. | 43 | LEVONORGESTR TAB 1.5MG. | 83 | LIDOCAINE SOL 2% VISC. | 12 |
| LEVETIRACETA INJ 10MG/ML. . . | 123 | LEVORA-28 TAB 0.15/30. | 83 | LIDOCAINE SOL 4%. | 12 |
| LEVETIRACETA INJ 15MG/ML. . . | 123 | LEVORPHANOL TAB 2MG. | 10 | LILETTA IUD 52MG. | 83 |
| LEVETIRACETA INJ 5MG/ML. | 123 | LEVORPHANOL TAB 3MG. | 10 | LILLOW TAB 0.15/30. | 83 |
| LEVETIRACETA SOL 100MG/ML. . | 20 | LEVOTHYROXIN INJ 100/5ML. ... | 124 | LINCOCIN INJ 300MG/ML. | 124 |
| LEVETIRACETA SOL 500/5ML. | 20 | LEVOTHYROXIN INJ 200/5ML. ... | 124 | LINCOMYCIN INJ 300MG/ML. | 124 |
| LEVETIRACETA TAB 1000MG. | 20 | LEVOTHYROXIN INJ 500/5ML. ... | 124 | LINDANE SHA 1%. | 32 |
| LEVETIRACETA TAB 250MG. | 20 | LEVOTHYROXIN TAB 100MCG. | 89 | LINEZOLID INJ 2MG/ML. | 124 |
| LEVETIRACETA TAB 500MG ER. . . | 20 | LEVOTHYROXIN TAB 112MCG. | 89 | LINEZOLID SUS 100/5ML. | 17 |
| LEVETIRACETA TAB 500MG. | 20 | LEVOTHYROXIN TAB 125MCG. | 89 | LINEZOLID TAB 600MG. | 17 |
| LEVETIRACETA TAB 750MG ER. . . | 20 | LEVOTHYROXIN TAB 137MCG. | 89 | LINZESS CAP 145MCG. | 71 |
| LEVETIRACETA TAB 750MG. | 20 | LEVOTHYROXIN TAB 150MCG. | 89 | LINZESS CAP 290MCG. | 71 |
| LEVETIRACETM INJ 500/5ML. ... | 123 | LEVOTHYROXIN TAB 175MCG. | 89 | LINZESS CAP 72MCG. | 71 |
| LEVO-ETH EST TAB 90-20MCG. . . | 83 | LEVOTHYROXIN TAB 200MCG. | 89 | LIORESAL INT INJ 40MG/20. | 124 |
| LEVO-T TAB 100MCG. | 88 | LEVOTHYROXIN TAB 25MCG. | 89 | LIOthyRONINE INJ 10MCG/ML. . | 124 |
| LEVO-T TAB 112MCG. | 88 | LEVOTHYROXIN TAB 300MCG. | 89 | LIOthyRONINE TAB 25MCG. | 89 |
| LEVO-T TAB 125MCG. | 88 | LEVOTHYROXIN TAB 50MCG. | 89 | LIOthyRONINE TAB 50MCG. | 89 |
| LEVO-T TAB 137MCG. | 88 | LEVOTHYROXIN TAB 75MCG. | 89 | LIOthyRONINE TAB 5MCG. | 89 |

| | | | | | |
|-------------------------------------|-----|------------------------------------|-----|------------------------------------|-----|
| LISINOP/HCTZ TAB 10-12.5 | 54 | LOW-OGESTREL TAB. | 83 | MAPROTILINE TAB 50MG | 23 |
| LISINOP/HCTZ TAB 20-12.5 | 54 | LOXAPINE CAP 10MG | 35 | MAPROTILINE TAB 75MG | 23 |
| LISINOP/HCTZ TAB 20-25MG | 54 | LOXAPINE CAP 25MG | 35 | MARAVIROC TAB 150MG | 38 |
| LISINOPRIL TAB 10MG | 54 | LOXAPINE CAP 50MG | 35 | MARAVIROC TAB 300MG | 38 |
| LISINOPRIL TAB 2.5MG | 54 | LOXAPINE CAP 5MG | 35 | MARCAINE INJ 0.25% | 124 |
| LISINOPRIL TAB 20MG | 54 | LUBIPROSTONE CAP 24MCG. | 72 | MARCAINE INJ 0.5%. | 124 |
| LISINOPRIL TAB 30MG | 54 | LUBIPROSTONE CAP 8MCG. | 72 | MARCAINE INJ 0.75%. | 124 |
| LISINOPRIL TAB 40MG | 54 | LUCENTIS INJ 0.3MG. | 124 | MARCAINE/EPI INJ 0.25%. | 124 |
| LISINOPRIL TAB 5MG | 54 | LUCENTIS INJ 0.5MG. | 124 | MARCAINE/EPI INJ 0.5%. | 124 |
| LITHIUM CARB CAP 150MG | 41 | LULICONAZOLE CRE 1%. | 26 | MARGENZA INJ 250/10ML | 124 |
| LITHIUM CARB CAP 300MG | 41 | LUMIGAN SOL 0.01%. | 103 | MARLISSA TAB 0.15/30 | 84 |
| LITHIUM CARB CAP 600MG | 41 | LUMIZYME INJ 50MG. | 124 | MARPLAN TAB 10MG | 23 |
| LITHIUM CARB TAB 300MG ER | 41 | LUMOXITI SOL 1MG | 124 | MASK VORTEX/ MIS FROG. | 99 |
| LITHIUM CARB TAB 300MG | 41 | LUPR DEP-PED INJ 11.25MG. | 124 | MATULANE CAP 50MG | 31 |
| LITHIUM CARB TAB 450MG ER | 41 | LUPR DEP-PED INJ 15MG | 124 | MATZIM LA TAB 180MG/24. | 54 |
| LITHOSTAT TAB 250MG. | 73 | LUPR DEP-PED INJ 3M 30MG. | 124 | MATZIM LA TAB 240MG/24. | 54 |
| LO LOESTRIN TAB 1-10-10. | 83 | LUPRON DEPOT INJ 11.25MG | 124 | MATZIM LA TAB 300MG/24 | 54 |
| LO-ZUMANDIMI TAB 3-0.02MG | 83 | LUPRON DEPOT INJ 22.5MG | 124 | MATZIM LA TAB 360MG/24 | 54 |
| LOJAIMIESS TAB | 83 | LUPRON DEPOT INJ 3.75MG | 124 | MATZIM LA TAB 420MG/24. | 54 |
| LOKELMA PAK 10GM. | 66 | LUPRON DEPOT INJ 30MG | 124 | MAXICOMFORT MIS 27GX1/2” | 99 |
| LOKELMA PAK 5GM. | 66 | LUPRON DEPOT INJ 45MG. | 124 | MAXICOMFORT MIS 27GX1/2. | 99 |
| LOPERAMIDE CAP 2MG | 71 | LUPRON DEPOT INJ 7.5MG | 124 | MAXIDEX SUS 0.1% OP | 103 |
| LOPIN/RITON SOL 80-20/ML | 38 | LURASIDONE TAB 120MG | 35 | MAXIPIME INJ 1GM | 124 |
| LOPIN/RITON TAB 100-25MG | 38 | LURASIDONE TAB 20MG | 35 | MAXIPIME INJ 2GM | 124 |
| LOPIN/RITON TAB 200-50MG. | 38 | LURASIDONE TAB 40MG | 35 | MECLIZINE TAB 25MG. | 25 |
| LOPRESSOR INJ 5MG/5ML | 124 | LURASIDONE TAB 60MG | 35 | MECLOFEN SOD CAP 100MG | 10 |
| LORAZEPAM CON 2MG/ML | 40 | LURASIDONE TAB 80MG | 35 | MECLOFEN SOD CAP 50MG. | 10 |
| LORAZEPAM INJ 2MG/ML | 124 | LUTATHERA SOL 370MBQ | 124 | MEDROXYPR AC INJ 150MG/ML. | 84 |
| LORAZEPAM INJ 4MG/ML | 124 | LUTERA TAB | 83 | MEDROXYPR AC TAB 10MG. | 84 |
| LORAZEPAM TAB 0.5MG. | 40 | LUXTURNA SUS | 124 | MEDROXYPR AC TAB 2.5MG | 84 |
| LORAZEPAM TAB 1MG | 40 | LYLEQ TAB 0.35MG | 83 | MEDROXYPR AC TAB 5MG. | 84 |
| LORAZEPAM TAB 2MG | 40 | LYLLANA DIS 0.025MG | 83 | MEFENAM ACID CAP 250MG | 10 |
| LORBRENA TAB 100MG | 30 | LYLLANA DIS 0.0375MG | 83 | MEFLOQUINE TAB 250MG | 32 |
| LORBRENA TAB 25MG | 31 | LYLLANA DIS 0.05MG | 84 | MEFOXIN INJ 1GM/50ML. | 124 |
| LORTAB ELX 10-300MG | 10 | LYLLANA DIS 0.075MG | 84 | MEFOXIN INJ 2GM/50ML | 124 |
| LORYNA TAB 3-0.02MG. | 83 | LYLLANA DIS 0.1MG. | 84 | MEGESTROL AC SUS 400MG/10. | 84 |
| LOSARTAN POT TAB 100MG | 54 | LYSODREN TAB 500MG. | 91 | MEGESTROL AC SUS 40MG/ML | 84 |
| LOSARTAN POT TAB 25MG | 54 | LYZA TAB 0.35MG | 84 | MEGESTROL AC SUS 800MG/20. | 84 |
| LOSARTAN POT TAB 50MG | 54 | M-M-R II INJ | 94 | MEGESTROL AC TAB 20MG | 84 |
| LOSARTAN/HCT TAB 100-12.5 | 54 | M-NATAL PLUS TAB | 66 | MEGESTROL AC TAB 40MG | 84 |
| LOSARTAN/HCT TAB 100-25 | 54 | MAFENIDE ACE PAK 5% | 17 | MEGESTROL SUS 625MG/5M | 84 |
| LOSARTAN/HCT TAB 50-12.5 | 54 | MAG CITRATE SOL LEMON | 72 | MELOXICAM TAB 15MG. | 10 |
| LOTEMAX OIN 0.5%. | 103 | MAGNESIUM SU INJ 50% | 124 | MELOXICAM TAB 7.5MG | 10 |
| LOTEMAX SM GEL 0.38% | 103 | MAGNESIUM SU INJ 80MG/ML | 124 | MELPHALAN INJ 50MG. | 125 |
| LOTEPREDNOL SUS 0.5%. | 103 | MAKENA INJ 250MG/ML. | 124 | MELPHALAN TAB 2MG | 31 |
| LOVASTATIN TAB 10MG. | 54 | MAKENA INJ 275MG | 124 | MEMANT TITRA PAK 5-10MG | 21 |
| LOVASTATIN TAB 20MG | 54 | MALATHION LOT 0.5%. | 32 | MEMANTINE HC SOL 2MG/ML | 22 |
| LOVASTATIN TAB 40MG | 54 | MAPROTILINE TAB 25MG | 23 | MEMANTINE SOL 2MG/ML. | 21 |



| | | | | |
|--------------------------------------|-----|-------------------------------------|--------------------------------------|----|
| MEMANTINE TAB HCL 10MG | 21 | METHOTREXATE INJ 1GM/40ML . . 94 | METOPROL SUC TAB 200MG ER. . 55 | |
| MEMANTINE TAB HCL 5MG | 22 | METHOTREXATE INJ 1GM | METOPROL SUC TAB 25MG ER. . 55 | |
| MENACTRA INJ | 94 | METHOTREXATE INJ 200/8ML. . 125 | METOPROL SUC TAB 50MG ER. . 55 | |
| MENQUADFI INJ | 94 | METHOTREXATE INJ 250/10ML. . 94 | METOPROL TAR TAB 100MG 55 | |
| MENTAX CRE 1% | 26 | METHOTREXATE INJ 25MG/ML. . 94 | METOPROL TAR TAB 25MG 55 | |
| MENVEO INJ | 94 | METHOTREXATE INJ 50MG/2ML. . 94 | METOPROL TAR TAB 50MG 55 | |
| MENVEO SOL | 94 | METHOTREXATE TAB 2.5MG 95 | METOPROLOL INJ 5MG/5ML 125 | |
| MEPERIDINE INJ 100MG/ML 125 | | METHOXSALEN CAP 10MG 63 | METRONIDAZOL CRE 0.75% 63 | |
| MEPERIDINE INJ 10MG/ML 125 | | METHSCOPOLAM TAB 2.5MG 72 | METRONIDAZOL GEL 0.75%. 63 | |
| MEPERIDINE INJ 25MG/ML 125 | | METHSCOPOLAM TAB 5MG 72 | METRONIDAZOL GEL 0.75%VAG. . 17 | |
| MEPERIDINE INJ 50MG/ML 125 | | METHSUXIMIDE CAP 300MG 20 | METRONIDAZOL INJ 500/100 . . . 125 | |
| MEPROMAMATE TAB 200MG 40 | | METHYLD/HCTZ TAB 250/15 54 | METRONIDAZOL LOT 0.75%. 63 | |
| MEPROMAMATE TAB 400MG 41 | | METHYLD/HCTZ TAB 250/25 54 | METRONIDAZOL TAB 250MG. 17 | |
| MEPSEVII INJ 10MG/5ML 125 | | METHYLDOPA TAB 250MG. 54 | METRONIDAZOL TAB 500MG 17 | |
| MERCAPTOPYR TAB 50MG 31 | | METHYLDOPA TAB 500MG. 54 | MEXILETINE CAP 150MG 55 | |
| MEROPENEM INJ 1GM | 125 | METHYLERGON TAB 0.2MG. 100 | MEXILETINE CAP 200MG 55 | |
| MEROPENEM INJ 500MG | 125 | METHYLPHENID SOL 10MG/5ML . 61 | MEXILETINE CAP 250MG 55 | |
| MERREM INJ 1GM | 125 | METHYLPHENID SOL 5MG/5ML . . 61 | MG SO4/D5W INJ 10MG/ML. . . . 125 | |
| MERREM INJ 500MG | 125 | METHYLPHENID TAB 10MG 61 | MIBELAS 24 CHW FE | 84 |
| MERZEE CAP 1/20 | 84 | METHYLPHENID TAB 18MG ER . . . 61 | MICAFUNGIN INJ 100MG 125 | |
| MESALAMINE CAP 0.375GM 97 | | METHYLPHENID TAB 20MG 61 | MICAFUNGIN INJ 50MG 125 | |
| MESALAMINE SUP 1000MG. 97 | | METHYLPHENID TAB 27MG ER . . . 61 | MICONAZOLE 3 SUP 200MG 26 | |
| METAXALONE TAB 400MG. | 111 | METHYLPHENID TAB 36MG ER . . . 61 | MICRGSTIN 24 TAB FE 1/20 84 | |
| METAXALONE TAB 800MG. | 111 | METHYLPHENID TAB 54MG ER . . . 61 | MICROGESTIN TAB 1.5/30 84 | |
| METFORMIN SOL 500/5ML. 44 | | METHYLPHENID TAB 5MG 61 | MICROGESTIN TAB 1/20. 84 | |
| METFORMIN TAB 1000MG 44 | | METHYLPR ACE INJ 40MG/ML . . 125 | MICROGESTIN TAB FE 1/20 84 | |
| METFORMIN TAB 500MG ER 44 | | METHYLPR ACE INJ 80MG/ML . . 125 | MICROGESTIN TAB FE1.5/30 84 | |
| METFORMIN TAB 500MG 44 | | METHYLPR SS INJ 1000MG 125 | MIDAZOLAM INJ 10MG/2ML 125 | |
| METFORMIN TAB 750MG ER 44 | | METHYLPR SS INJ 125MG 125 | MIDAZOLAM INJ 2MG/2ML 125 | |
| METFORMIN TAB 850MG 44 | | METHYLPR SS INJ 40MG 125 | MIDAZOLAM INJ 5MG/5ML 125 | |
| METHADONE CON 10MG/ML 10 | | METHYLPR SS INJ 500MG 125 | MIDAZOLAM INJ 5MG/ML 125 | |
| METHADONE INJ 10MG/ML. 125 | | METHYLPRED TAB 16MG 76 | MIDAZOLAM INJ NACL 125 | |
| METHADONE SOL 10MG/5ML. . . . 10 | | METHYLPRED TAB 32MG 76 | MIDAZOLAM SOL NACL 125 | |
| METHADONE SOL 5MG/5ML 10 | | METHYLPRED TAB 4MG 76 | MIDODRINE TAB 10MG 55 | |
| METHADONE TAB 10MG. | 10 | METHYLPRED TAB 8MG 76 | MIDODRINE TAB 2.5MG 55 | |
| METHADONE TAB 5MG. | 10 | METHYLTESTOS CAP 10MG. 84 | MIDODRINE TAB 5MG 55 | |
| METHAMPHETAM TAB 5MG. 61 | | METOCLOPRAM INJ 5MG/ML . . 125 | MIFEPREX TAB 200MG 78 | |
| METHAZOLAMID TAB 25MG 54 | | METOCLOPRAM SOL 10/10ML . . . 25 | MIFEPRISTONE TAB 200MG. 78 | |
| METHAZOLAMID TAB 50MG 54 | | METOCLOPRAM SOL 5MG/5ML . . 25 | MIGERGOT SUP 2/100. 27 | |
| METHENAM HIP TAB 1GM 17 | | METOCLOPRAM TAB 10MG. 25 | MIGLITOL TAB 100MG. 44 | |
| METHERGINE TAB 0.2MG. 100 | | METOCLOPRAM TAB 5MG 25 | MIGLITOL TAB 25MG. 44 | |
| METHIMAZOLE TAB 10MG 92 | | METOLAZONE TAB 10MG. 54 | MIGLITOL TAB 50MG. 44 | |
| METHIMAZOLE TAB 5MG 92 | | METOLAZONE TAB 2.5MG 54 | MILI TAB 0.25/35. 84 | |
| METHITEST TAB 10MG 84 | | METOLAZONE TAB 5MG. 54 | MIMVEY TAB 1-0.5MG 84 | |
| METHOCARBAM INJ 1000MG . . . 125 | | METOPRL/HCTZ TAB 100-25MG . . 55 | MINITRAN DIS 0.1MG/HR 55 | |
| METHOCARBAM TAB 500MG . . . 111 | | METOPRL/HCTZ TAB 100-50MG . . 55 | MINITRAN DIS 0.2MG/HR. 55 | |
| METHOCARBAM TAB 750MG. . . 111 | | METOPRL/HCTZ TAB 50-25MG . . 55 | MINITRAN DIS 0.4MG/HR. 55 | |
| METHOTREXATE INJ 100/4ML. . 125 | | METOPROL SUC TAB 100MG ER. . 55 | MINITRAN DIS 0.6MG/HR 55 | |



| | | | | | |
|---------------------------------|-----|----------------------------------|-----|---------------------------------|-----|
| MINOCYCLINE CAP 100MG | 17 | MONTELUKAST GRA 4MG | 108 | MYCOPHENOLIC TAB 360MG DR . | 95 |
| MINOCYCLINE CAP 50MG | 17 | MONTELUKAST TAB 10MG | 108 | MYLERAN TAB 2MG. | 31 |
| MINOCYCLINE CAP 75MG | 17 | MORPHIN/NACL INJ 30/30ML . . . | 125 | MYLOTARG INJ 4.5MG. | 126 |
| MINOXIDIL TAB 10MG | 55 | MORPHINE SUL INJ 0.5MG/ML . . | 125 | MYORISAN CAP 10MG | 63 |
| MINOXIDIL TAB 2.5MG. | 55 | MORPHINE SUL INJ 150/30ML . . | 125 | MYORISAN CAP 20MG | 63 |
| MIRALAX POW 3350 NF | 72 | MORPHINE SUL INJ 1MG/ML . . . | 125 | MYORISAN CAP 30MG | 63 |
| MIRCERA INJ 100MCG | 125 | MORPHINE SUL INJ 2MG/ML . . . | 125 | MYORISAN CAP 40MG | 63 |
| MIRCERA INJ 150MCG | 125 | MORPHINE SUL INJ 4MG/ML . . . | 125 | MYRBETRIQ SUS 8MG/ML. | 73 |
| MIRCERA INJ 200MCG | 125 | MORPHINE SUL INJ 5MG/ML . . . | 125 | MYRBETRIQ TAB 25MG. | 73 |
| MIRCERA INJ 50MCG | 125 | MORPHINE SUL INJ 8MG/ML . . . | 125 | MYRBETRIQ TAB 50MG | 73 |
| MIRCERA INJ 75MCG | 125 | MORPHINE SUL SOL 10/0.5ML . . | 10 | NABUMETONE TAB 500MG | 11 |
| MIRENA IUD SYSTEM | 84 | MORPHINE SUL SOL 100/5ML . . . | 10 | NABUMETONE TAB 750MG | 11 |
| MIRTAZAPINE TAB 15MG ODT. . . . | 23 | MORPHINE SUL SOL 10MG/5ML . . | 10 | NADOLOL TAB 20MG. | 55 |
| MIRTAZAPINE TAB 15MG | 23 | MORPHINE SUL SOL 20MG/5ML . . | 10 | NADOLOL TAB 40MG. | 55 |
| MIRTAZAPINE TAB 30MG ODT. . . . | 23 | MORPHINE SUL SOL 20MG/ML . . . | 10 | NADOLOL TAB 80MG. | 55 |
| MIRTAZAPINE TAB 30MG | 23 | MORPHINE SUL TAB 100MG ER . . | 10 | NAFCILLIN INJ 10GM. | 126 |
| MIRTAZAPINE TAB 45MG ODT. . . . | 23 | MORPHINE SUL TAB 15MG ER . . . | 10 | NAFCILLIN INJ 1GM. | 126 |
| MIRTAZAPINE TAB 45MG | 23 | MORPHINE SUL TAB 15MG | 10 | NAFCILLIN INJ 2GM. | 126 |
| MIRTAZAPINE TAB 7.5MG. | 23 | MORPHINE SUL TAB 200MG ER . . | 11 | NAFRINSE CHW 1MG F. | 66 |
| MISOPROSTOL TAB 100MCG | 72 | MORPHINE SUL TAB 30MG ER . . . | 11 | NAFRINSE DRO 0.125MG | 66 |
| MISOPROSTOL TAB 200MCG | 72 | MORPHINE SUL TAB 30MG | 11 | NAFTIFINE CRE HCL 1% | 26 |
| MITIGARE CAP 0.6MG | 27 | MORPHINE SUL TAB 60MG ER . . . | 11 | NAFTIFINE CRE HCL 2% | 26 |
| MITIGO INJ 10MG/ML | 125 | MOUNJARO INJ 10MG/0.5 | 44 | NAFTIFINE GEL 1%. | 26 |
| MITIGO INJ 25MG/ML | 125 | MOUNJARO INJ 12.5/0.5 | 44 | NAGLAZYME INJ 1MG/ML | 126 |
| MITOMYCIN INJ 20MG. | 125 | MOUNJARO INJ 15MG/0.5 | 44 | NALBUPHINE INJ 10MG/ML | 126 |
| MITOMYCIN INJ 40MG. | 125 | MOUNJARO INJ 2.5/0.5 | 44 | NALBUPHINE INJ 20MG/ML. . . . | 126 |
| MITOMYCIN INJ 5MG. | 125 | MOUNJARO INJ 5MG/0.5 | 44 | NALOXONE HCL SPR 4MG | 13 |
| MITOSOL KIT 0.2MG | 103 | MOUNJARO INJ 7.5/0.5 | 44 | NALOXONE INJ 0.4MG/ML | 13 |
| MITOXANTRON INJ 2MG/ML | 125 | MOXIFLOXACIN INJ 400/250 | 125 | NALOXONE INJ 1MG/ML. | 13 |
| MODAFINIL TAB 100MG | 111 | MOXIFLOXACIN SOL 0.5%. | 103 | NALOXONE INJ 2MG/2ML. | 13 |
| MODAFINIL TAB 200MG | 111 | MOXIFLOXACIN SOL HCL 0.5% . . | 103 | NALOXONE INJ 4MG/10ML. | 13 |
| MODERNA BIV INJ 6M-5Y. | 94 | MOXIFLOXACIN TAB 400MG | 17 | NALTREXONE TAB 50MG | 13 |
| MODERNA INJ BIVALENT | 94 | MULTAQ TAB 400MG | 55 | NAPROX-ESOM TAB 375-20MG . . . | 11 |
| MOEXIPRIL TAB 15MG. | 55 | MUPIROCIN CRE 2% | 17 | NAPROX-ESOM TAB 500-20MG . . . | 11 |
| MOEXIPRIL TAB 7.5MG | 55 | MUPIROCIN OIN 2%. | 17 | NAPROXEN DR TAB 375MG | 11 |
| MOLINDONE TAB HCL 10MG | 35 | MUTAMYCIN INJ 20MG | 126 | NAPROXEN DR TAB 500MG | 11 |
| MOLINDONE TAB HCL 25MG | 35 | MUTAMYCIN INJ 40MG | 126 | NAPROXEN SOD TAB 275MG. | 11 |
| MOLINDONE TAB HCL 5MG | 35 | MUTAMYCIN INJ 5MG | 126 | NAPROXEN SOD TAB 550MG. | 11 |
| MOMETASONE CRE 0.1% | 76 | MVASI INJ 100MG. | 126 | NAPROXEN SUS 125/5ML. | 11 |
| MOMETASONE OIN 0.1%. | 76 | MVASI INJ 400MG. | 126 | NAPROXEN TAB 250MG | 11 |
| MOMETASONE SOL 0.1% | 76 | MY CHOICE TAB 1.5MG. | 84 | NAPROXEN TAB 375MG | 11 |
| MOMETASONE SPR 50MCG. | 108 | MY WAY TAB 1.5MG | 84 | NAPROXEN TAB 500MG | 11 |
| MONDOXYNE NL CAP 100MG | 17 | MYALEPT INJ 11.3MG | 73 | NARATRIPTAN TAB 1MG. | 27 |
| MONJUVI INJ 200MG. | 125 | MYCOPHENOLAT CAP 250MG. . . . | 95 | NARATRIPTAN TAB 2.5MG | 27 |
| MONO-LINYAH TAB 0.25-35 | 84 | MYCOPHENOLAT INJ 500MG. . . . | 126 | NARCAN SPR 4MG. | 13 |
| MONOFERRIC INJ 1000/10. | 125 | MYCOPHENOLAT SUS 200MG/ML | 95 | NAROPIN INJ 10MG/ML | 126 |
| MONTELUKAST CHW 4MG. | 108 | MYCOPHENOLAT TAB 500MG. . . . | 95 | NAROPIN INJ 2MG/ML | 126 |
| MONTELUKAST CHW 5MG. | 108 | MYCOPHENOLIC TAB 180MG DR . | 95 | NAROPIN INJ 5MG/ML | 126 |

| | | | | | |
|-------------------------------------|-----|-------------------------------------|-----|-------------------------------------|-----|
| NAROPIN INJ 7.5MG/ML | 126 | NEXTERONE INJ | 126 | NITAZOXANIDE TAB 500MG | 32 |
| NATACHEW CHW | 66 | NEXTSTELLIS TAB 3-14.2MG | 85 | NITRO-BID OIN 2% | 56 |
| NATACYN SUS 5% OP | 103 | NEXVIAZYME INJ 100MG | 126 | NITRO-DUR DIS 0.3MG/HR. | 56 |
| NATALVIT TAB 75-1MG | 66 | NIACIN ER TAB 1000MG | 55 | NITRO-DUR DIS 0.8MG/HR. | 56 |
| NATAZIA TAB | 84 | NIACIN ER TAB 500MG | 55 | NITROFUR MAC CAP 100MG | 17 |
| NATEGLINIDE TAB 120MG | 44 | NIACIN ER TAB 750MG | 55 | NITROFUR MAC CAP 25MG | 17 |
| NATEGLINIDE TAB 60MG | 44 | NIACIN TAB 500MG ER | 55 | NITROFUR MAC CAP 50MG | 17 |
| NATPARA INJ 100MCG | 98 | NIACIN TAB 500MG | 55 | NITROFURANTN CAP 100MG | 17 |
| NATPARA INJ 25MCG | 98 | NIACOR TAB 500MG | 55 | NITROFURANTN SUS 25MG/5ML | 17 |
| NATPARA INJ 50MCG | 98 | NICARDIPINE CAP 20MG | 55 | NITROGLY/D5W INJ 100MG | 126 |
| NATPARA INJ 75MCG | 98 | NICARDIPINE CAP 30MG | 55 | NITROGLY/D5W INJ 200MG | 126 |
| NECON TAB 0.5/35 | 84 | NICARDIPINE INJ 25/10ML | 126 | NITROGLY/D5W INJ 25MG | 126 |
| NEEDLE COLLE MIS DISPOSAL | 100 | NICODERM CQ DIS 14MG/24H. | 13 | NITROGLY/D5W INJ 50MG | 126 |
| NEFAZODONE TAB 100MG | 23 | NICODERM CQ DIS 21MG/24H. | 13 | NITROGLYCER DIS 0.1MG/HR | 56 |
| NEFAZODONE TAB 150MG | 24 | NICODERM CQ DIS 7MG/24HR | 13 | NITROGLYCER DIS 0.2MG/HR | 56 |
| NEFAZODONE TAB 200MG | 24 | NICORETTE GUM 2MG | 13 | NITROGLYCER DIS 0.4MG/HR | 56 |
| NEFAZODONE TAB 250MG | 24 | NICORETTE GUM 4MG | 13 | NITROGLYCER DIS 0.6MG/HR | 56 |
| NEFAZODONE TAB 50MG | 24 | NICORETTE LOZ 2MG MINT | 13 | NITROGLYCER INJ 5MG/ML | 126 |
| NEO-POLYCIN OIN HC 1%OP | 103 | NICORETTE LOZ 4MG MINT | 13 | NITROGLYCERI SUB 0.6MG | 56 |
| NEO-POLYCIN OIN OP | 103 | NICOTINE DIS 7MG/24HR | 13 | NITROGLYCERN SUB 0.3MG | 56 |
| NEO-SYNALAR CRE | 17 | NICOTINE GUM 2MG | 13 | NITROGLYCERN SUB 0.4MG | 56 |
| NEO-SYNALAR KIT | 17 | NICOTINE GUM 4MG | 13 | NITROMIST AER 400MCG | 56 |
| NEO/BAC/POLY OIN OP | 103 | NICOTINE LOZ 2MG MINT | 13 | NIVA-PLUS TAB | 66 |
| NEO/POLY/BAC OIN /HC 1%OP | 103 | NICOTINE LOZ 4MG MINT | 13 | NIZATIDINE SOL 15MG/ML | 72 |
| NEO/POLY/BAC OIN OP | 103 | NICOTINE SYS KIT TRANSDER | 13 | NOCDURNA SUB 27.7MCG | 78 |
| NEO/POLY/DEX OIN 0.1% OP | 103 | NICOTINE TD DIS 14MG/24H | 13 | NOCDURNA SUB 55.3MCG | 78 |
| NEO/POLY/DEX SUS 0.1% OP | 103 | NICOTINE TD DIS 21MG/24H | 13 | NOLIX LOT 0.05% | 76 |
| NEO/POLY/GRA SOL OP | 103 | NICOTROL INH | 14 | NOR/EST/FF TAB 1.5/30 | 85 |
| NEO/POLY/HC SOL 1% OTIC | 105 | NICOTROL NS SPR 10MG/ML | 14 | NORA-BE TAB 0.35MG | 85 |
| NEO/POLY/HC SUS 1% OTIC | 105 | NIFEDIPINE CAP 10MG | 55 | NORE/ETH/FER CAP 1/20 | 85 |
| NEO/POLY/HC SUS OP | 103 | NIFEDIPINE CAP 20MG | 55 | NORE/ETH/FER CHW 0.4MG-35 | 85 |
| NEOMYCIN TAB 500MG | 17 | NIFEDIPINE TAB 30MG ER | 55 | NORETH/ETHIN CHW FE 1/20 | 85 |
| NEONATAL PLS TAB 27-1MG | 66 | NIFEDIPINE TAB 30MG ER | 56 | NORETH/ETHIN CHW FE | 85 |
| NEONATAL TAB COMPLTE | 66 | NIFEDIPINE TAB 60MG ER | 56 | NORETH/ETHIN TAB 0.5-2.5 | 85 |
| NEONATAL TAB PLUS | 66 | NIFEDIPINE TAB 90MG ER | 56 | NORETH/ETHIN TAB 1.5/30 | 85 |
| NEOSTIG METH INJ 3MG/3ML | 126 | NIKKI TAB 3-0.02MG | 85 | NORETH/ETHIN TAB 1/20 | 85 |
| NESACAINE INJ -MPF 2% | 126 | NILUTAMIDE TAB 150MG | 31 | NORETH/ETHIN TAB 1MG-5MCG | 85 |
| NESTABS DHA PAK | 66 | NIMBEX INJ 2MG/ML | 126 | NORETH/ETHIN TAB FE 1/20 | 85 |
| NESTABS TAB | 66 | NIMODIPINE CAP 30MG | 56 | NORETH/ETHIN TAB FE | 85 |
| NEULASTA INJ 6MG/0.6M | 47 | NIPRIDE RTU INJ 20/100ML | 126 | NORETHIN ACE TAB 5MG | 85 |
| NEULASTA KIT 6MG/0.6M | 47 | NIPRIDE RTU INJ 50/100ML | 126 | NORETHINDRON TAB 0.35MG | 85 |
| NEVANAC SUS 0.1% OP | 103 | NISOLDIPINE TAB 17MG ER | 56 | NORGEST/ETHI TAB 0.25/35 | 85 |
| NEVANAC SUS 0.1% | 103 | NISOLDIPINE TAB 20MG ER | 56 | NORGEST/ETHI TAB ESTRADIO | 85 |
| NEVIRAPINE SUS 50MG/5ML | 38 | NISOLDIPINE TAB 25.5MG | 56 | NORLYDA TAB 0.35MG | 85 |
| NEVIRAPINE TAB 200MG | 38 | NISOLDIPINE TAB 30MG ER | 56 | NORLYROC TAB 0.35MG | 85 |
| NEW DAY TAB 1.5MG | 84 | NISOLDIPINE TAB 34MG ER | 56 | NORMOSOL-R INJ PH 7.4 | 126 |
| NEXIUM I.V. INJ 40MG | 126 | NISOLDIPINE TAB 40MG ER | 56 | NORPACE CAP 100MG CR | 56 |
| NEXPLANON IMP 68MG | 85 | NISOLDIPINE TAB 8.5MG ER | 56 | NORPACE CAP 150MG CR | 56 |



| | | | | | |
|---------------------------|-----|---------------------------|-----|-------------------------|-----|
| NORTREL TAB 0.5/35 | 85 | NYSTATIN POW 100000 | 27 | OLANZAPINE TAB 20MG | 35 |
| NORTREL TAB 1/35 | 85 | NYSTATIN SUS 100000 | 27 | OLANZAPINE TAB 5MG ODT | 35 |
| NORTREL TAB 7/7/7 | 85 | NYSTATIN TAB 500000 | 27 | OLANZAPINE TAB 5MG | 35 |
| NORTRIPTYLIN CAP 10MG | 24 | NYSTOP POW 100000 | 27 | OLANZAPINE TAB 7.5MG | 35 |
| NORTRIPTYLIN CAP 25MG | 24 | OB COMPLETE CAP ONE | 66 | OLINVYK SOL 1MG/ML | 126 |
| NORTRIPTYLIN CAP 50MG | 24 | OB COMPLETE CAP PETITE | 66 | OLINVYK SOL 2MG/2ML | 126 |
| NORTRIPTYLIN CAP 75MG | 24 | OB COMPLETE TAB PREMIER | 66 | OLINVYK SOL 30MG/30 | 126 |
| NORTRIPTYLIN SOL 10MG/5ML | 24 | OB COMPLETE TAB | 66 | OLMESA MEDOX TAB 20MG | 56 |
| NORVIR POW 100MG | 38 | OB COMPLETE/ CAP DHA | 66 | OLMESA MEDOX TAB 40MG | 56 |
| NORVIR SOL 80MG/ML | 38 | OBSTETRIX EC TAB | 66 | OLMESA MEDOX TAB 5MG | 56 |
| NOVAVAX VAC INJ COVID-19 | 95 | OBSTETRIX MIS DHA | 66 | OLOPATADINE DRO 0.1% | 103 |
| NOVOFINE AUT MIS 30GX8MM | 100 | OBSTETRX ONE CAP 38-1-225 | 67 | OLOPATADINE SPR 0.6% | 108 |
| NOVOFINE MIS 32GX6MM | 100 | OCELLA TAB 3-0.03MG | 85 | OLUMIANT TAB 1MG | 95 |
| NOVOFINE PLS MIS 32GX4MM | 100 | OCREVUS INJ 300/10ML | 126 | OLUMIANT TAB 2MG | 95 |
| NOVOPEN ECHO MIS | 41 | OCTAGAM INJ 10/100ML | 126 | OLUMIANT TAB 4MG | 95 |
| NOVOTWIST MIS 32GX5MM | 100 | OCTAGAM INJ 10GM | 126 | OMEGAVEN INJ 5GM/50ML | 127 |
| NOXAFIL INJ 300/16.7 | 126 | OCTAGAM INJ 1GM | 126 | OMEPRAZOLE CAP 10MG | 72 |
| NP THYROID TAB 120MG | 89 | OCTAGAM INJ 2.5GM | 126 | OMEPRAZOLE CAP 20MG | 72 |
| NP THYROID TAB 15MG | 89 | OCTAGAM INJ 20/200ML | 126 | OMEPRAZOLE CAP 40MG | 72 |
| NP THYROID TAB 30MG | 89 | OCTAGAM INJ 25GM | 126 | OMIDRIA INJ 1-0.3% | 127 |
| NP THYROID TAB 60MG | 89 | OCTAGAM INJ 2GM/20ML | 126 | OMNIFLEX DPR | 100 |
| NP THYROID TAB 90MG | 89 | OCTAGAM INJ 30/300ML | 126 | ONDANSETRON INJ 40/20ML | 127 |
| NPLATE INJ 125MCG | 126 | OCTAGAM INJ 5GM/50ML | 126 | ONDANSETRON INJ 4MG/2ML | 127 |
| NUBEQA TAB 300MG | 31 | OCTAGAM INJ 5GM | 126 | ONDANSETRON SOL 4MG/5ML | 25 |
| NUCALA INJ 100MG | 126 | OCTREOTIDE INJ 1000MCG | 91 | ONDANSETRON TAB 24MG | 25 |
| NUCYNTA ER TAB 100MG | 11 | OCTREOTIDE INJ 100MCG | 91 | ONDANSETRON TAB 4MG ODT | 25 |
| NUCYNTA ER TAB 150MG | 11 | OCTREOTIDE INJ 200MCG | 91 | ONDANSETRON TAB 4MG | 25 |
| NUCYNTA ER TAB 200MG | 11 | OCTREOTIDE INJ 500MCG | 91 | ONDANSETRON TAB 8MG ODT | 25 |
| NUCYNTA ER TAB 250MG | 11 | OCTREOTIDE INJ 50MCG/ML | 91 | ONDANSETRON TAB 8MG | 25 |
| NUCYNTA ER TAB 50MG | 11 | ODEFSEY TAB | 39 | ONE TOUCH KIT VERIO FL | 41 |
| NULIBRY INJ 9.5MG | 126 | OFLOXACIN DRO 0.3% OP | 103 | ONE VITE TAB 1MG PLUS | 67 |
| NULOJIX INJ 250MG | 126 | OFLOXACIN DRO 0.3%OTIC | 105 | ONETOUCH KIT ULTRA 2 | 41 |
| NUMBRINO SOL 40MG/ML | 126 | OFLOXACIN TAB 300MG | 17 | ONETOUCH KIT VERIO RE | 41 |
| NUTROPIN AQ INJ 10MG/2ML | 78 | OFLOXACIN TAB 400MG | 17 | ONETOUCH KIT VERIO | 41 |
| NUTROPIN AQ INJ 20MG/2ML | 78 | OGIVRI INJ 150MG | 126 | ONETOUCH SOL ULT CONT | 41 |
| NUTROPIN AQ INJ NUSPIN 5 | 78 | OGIVRI INJ 420MG | 126 | ONETOUCH SOL VERIO-HI | 41 |
| NUZYRA INJ 100MG | 126 | OLANZA/FLUOX CAP 12-25MG | 24 | ONETOUCH SOL VERIO | 41 |
| NUZYRA TAB 150MG | 17 | OLANZA/FLUOX CAP 12-50MG | 24 | ONETOUCH TES ULTRA | 41 |
| NYAMYC POW 100000 | 26 | OLANZA/FLUOX CAP 3-25MG | 24 | ONETOUCH TES VERIO | 41 |
| NYLIA TAB 1/35 | 85 | OLANZA/FLUOX CAP 6-25MG | 24 | ONIVYDE INJ 4.3MG/ML | 127 |
| NYLIA TAB 7/7/7 | 85 | OLANZA/FLUOX CAP 6-50MG | 24 | ONPATTRO SOL 10MG/5ML | 127 |
| NYMALIZE SOL | 56 | OLANZAPINE INJ 10MG | 126 | ONTRUZANT INJ 150MG | 127 |
| NYMYO TAB 0.25-35 | 85 | OLANZAPINE TAB 10MG ODT | 35 | ONTRUZANT INJ 420MG | 127 |
| NYSTAT/TRIAM CRE | 26 | OLANZAPINE TAB 10MG | 35 | OPCICON TAB 1.5MG | 85 |
| NYSTAT/TRIAM OIN | 27 | OLANZAPINE TAB 15MG ODT | 35 | OPDIVO INJ 100MG/10 | 127 |
| NYSTATIN CRE 100000 | 27 | OLANZAPINE TAB 15MG | 35 | OPDIVO INJ 120MG/12 | 127 |
| NYSTATIN OIN 100000 | 27 | OLANZAPINE TAB 2.5MG | 35 | OPDIVO INJ 240/24 | 127 |
| NYSTATIN OIN 100000U | 27 | OLANZAPINE TAB 20MG ODT | 35 | OPDIVO INJ 40MG/4ML | 127 |



| | | | | | |
|--------------------------------|-----|---------------------------------|-----|--------------------------------|-----|
| OPIUM TIN 10MG/ML. | 72 | OXLUMO INJ 94.5/0.5 | 127 | PAMIDRONATE INJ 90/10ML | 127 |
| OPSUMIT TAB 10MG | 108 | OXYBUTYNIN SOL 5MG/5ML. | 73 | PAMIDRONATE INJ 90MG. | 127 |
| OPTION 2 TAB 1.5MG | 85 | OXYBUTYNIN SYP 5MG/5ML. | 74 | PANDEL CRE 0.1% | 76 |
| ORALONE DENT PST 0.1% | 62 | OXYBUTYNIN TAB 10MG ER | 74 | PANHEMATIN INJ 350MG | 127 |
| ORBACTIV SOL 400MG | 127 | OXYBUTYNIN TAB 15MG ER | 74 | PANTOPRAZOLE INJ SOD 40MG. 127 | |
| ORENCIA INJ 250MG. | 127 | OXYBUTYNIN TAB 5MG ER | 74 | PANTOPRAZOLE TAB 20MG DR .. | 72 |
| ORENITRAM TAB 0.125MG | 108 | OXYBUTYNIN TAB 5MG | 74 | PANTOPRAZOLE TAB 20MG | 72 |
| ORENITRAM TAB 0.25MG. | 108 | OXYCOD/APAP TAB 10-325MG ... | 11 | PANTOPRAZOLE TAB 40MG DR .. | 72 |
| ORENITRAM TAB 1MG. | 108 | OXYCOD/APAP TAB 2.5-325 | 11 | PANTOPRAZOLE TAB 40MG | 72 |
| ORENITRAM TAB 2.5MG | 108 | OXYCOD/APAP TAB 5-325MG | 11 | PANZYGA SOL 10/100ML | 127 |
| ORENITRAM TAB 5MG | 108 | OXYCOD/APAP TAB 7.5-325 | 11 | PANZYGA SOL 1GM/10ML | 127 |
| ORENITRAM TAB MONTH 1 | 108 | OXYCOD/ASA TAB | 11 | PANZYGA SOL 2.5/25ML. | 127 |
| ORENITRAM TAB MONTH 2 | 108 | OXYCODONE CAP 5MG | 11 | PANZYGA SOL 20/200ML | 127 |
| ORENITRAM TAB MONTH 3 | 108 | OXYCODONE CAP HCL 5MG | 11 | PANZYGA SOL 30/300ML | 127 |
| ORILISSA TAB 150MG | 91 | OXYCODONE CON 100/5ML. | 11 | PANZYGA SOL 5GM/50ML | 127 |
| ORILISSA TAB 200MG | 91 | OXYCODONE SOL 5MG/5ML. | 11 | PARAGARD IUD T380A | 100 |
| ORKAMBI GRA 100-125. | 108 | OXYCODONE TAB 10MG. | 11 | PARAPLATIN INJ 1000MG. | 127 |
| ORKAMBI GRA 150-188. | 108 | OXYCODONE TAB 15MG. | 11 | PARICALCITOL CAP 1 MCG | 98 |
| ORKAMBI GRA 75-94MG | 108 | OXYCODONE TAB 20MG. | 11 | PARICALCITOL CAP 2 MCG | 98 |
| ORKAMBI TAB 100-125 | 108 | OXYCODONE TAB 30MG. | 11 | PARICALCITOL CAP 4 MCG | 98 |
| ORKAMBI TAB 200-125 | 108 | OXYCODONE TAB 5MG. | 11 | PARICALCITOL INJ 2MCG/ML ... | 127 |
| ORPHENADRINE INJ 30MG/ML. . | 127 | OXYMORPHONE TAB 10MG ER. . . | 11 | PARICALCITOL INJ 5MCG/ML ... | 127 |
| ORPHENADRINE TAB 100MG ER. 111 | | OXYMORPHONE TAB 15MG ER. . . | 11 | PAROMOMYCIN CAP 250MG | 17 |
| ORSYTHIA TAB | 85 | OXYMORPHONE TAB 20MG ER. . . | 11 | PAROXETIN ER TAB 12.5MG. | 24 |
| OSELTAMIVIR CAP 30MG | 39 | OXYMORPHONE TAB 30MG ER. . . | 11 | PAROXETIN ER TAB 37.5MG. | 24 |
| OSELTAMIVIR CAP 45MG | 39 | OXYMORPHONE TAB 40MG ER. . . | 11 | PAROXETINE SUS 10MG/5ML | 24 |
| OSELTAMIVIR CAP 75MG | 39 | OXYMORPHONE TAB 5MG ER. | 11 | PAROXETINE TAB 10MG | 24 |
| OSELTAMIVIR SUS 6MG/ML. | 39 | OXYMORPHONE TAB 7.5MG ER .. | 12 | PAROXETINE TAB 20MG | 24 |
| OSMOPREP TAB 1.5GM | 72 | OXYMORPHONE TAB HCL 10MG . 12 | | PAROXETINE TAB 25MG ER | 24 |
| OSPHENA TAB 60MG. | 85 | OXYMORPHONE TAB HCL 5MG .. 12 | | PAROXETINE TAB 30MG | 24 |
| OTEZLA TAB 10/20/30. | 95 | OXYTOCIN INJ 10UNT/ML. | 127 | PAROXETINE TAB 40MG | 24 |
| OTEZLA TAB 30MG | 95 | OZEMPIC INJ 2/1.5ML | 44 | PARSABIV INJ 10MG/2ML. | 127 |
| OTOVEL DRO | 105 | OZEMPIC INJ 2MG/3ML | 44 | PARSABIV INJ 2.5-0.5 | 127 |
| OXACILLIN INJ 10GM. | 127 | OZEMPIC INJ 4MG/3ML | 44 | PARSABIV INJ 5MG/ML. | 127 |
| OXACILLIN INJ 1GM. | 127 | OZEMPIC INJ 8MG/3ML | 44 | PASER GRA 4GM | 28 |
| OXACILLIN INJ 2GM. | 127 | PACLITAXEL INJ 300/50ML. | 127 | PAXLOVID TAB 150-100 | 101 |
| OXALIPLATIN INJ 200MG | 127 | PADCEV INJ 20MG | 127 | PAXLOVID TAB 300-100 | 101 |
| OXANDROLONE TAB 10MG | 85 | PADCEV INJ 30MG | 127 | PEDIARIX INJ 0.5ML. | 95 |
| OXANDROLONE TAB 2.5MG. | 86 | PALIPERIDONE TAB ER 1.5MG. | 35 | PEDVAX HIB INJ | 95 |
| OXAPROZIN TAB 600MG. | 11 | PALIPERIDONE TAB ER 3MG | 35 | PEG-3350 SOL ELECTROL | 72 |
| OXAZEPAM CAP 10MG | 41 | PALIPERIDONE TAB ER 6MG | 35 | PEG-3350/KCL SOL /SODIUM | 72 |
| OXAZEPAM CAP 15MG | 41 | PALIPERIDONE TAB ER 9MG | 35 | PEG/NASUL/C/ SOL NAACL/POT .. | 72 |
| OXAZEPAM CAP 30MG | 41 | PALONOSETRON INJ 0.25/2ML .. | 127 | PEGASYS INJ 180MCG/M | 39 |
| OXCARBAZEPIN SUS 300MG/5M . 20 | | PALONOSETRON INJ 0.25MG/5 . 127 | | PEGASYS INJ. | 39 |
| OXCARBAZEPIN TAB 150MG | 20 | PALONOSETRON SOL 0.25/5ML . 127 | | PEGINTRON KIT 50MCG | 39 |
| OXCARBAZEPIN TAB 300MG | 20 | PAMIDRONATE INJ 30/10ML | 127 | PEN G PROC INJ 600000 | 127 |
| OXCARBAZEPIN TAB 600MG | 20 | PAMIDRONATE INJ 30MG | 127 | PEN G SODIUM INJ 5000000 | 127 |
| OXICONAZOLE CRE NITRATE | 27 | PAMIDRONATE INJ 6MG/ML | 127 | PEN GK/DEXTR INJ 20000/ML. . | 127 |

| | | | | | |
|-------------------------------------|-----|-------------------------------------|-----|-------------------------------------|-----|
| PEN GK/DEXTR INJ 40000/ML. | 127 | PHENAZOPYRID TAB 100MG | 74 | PINDOLOL TAB 10MG | 56 |
| PEN GK/DEXTR INJ 60000/ML. | 127 | PHENAZOPYRID TAB 200MG | 74 | PINDOLOL TAB 5MG | 56 |
| PEN NEEDLE MIS 29GX1/2" | 100 | PHENELZINE TAB 15MG | 24 | PIOGLIT/GLIM TAB 30-2MG | 44 |
| PEN NEEDLE MIS 29GX3/16 | 100 | PHENERGAN INJ 25MG/ML | 128 | PIOGLIT/GLIM TAB 30-4MG | 44 |
| PEN NEEDLE MIS 29GX5/16 | 100 | PHENERGAN INJ 50MG/ML | 128 | PIOGLITA/MET TAB 15-500MG | 44 |
| PEN NEEDLES MIS 29GX1/2" | 100 | PHENOBARB ELX 20MG/5ML | 20 | PIOGLITA/MET TAB 15-850MG | 44 |
| PEN NEEDLES MIS 31GX1/4" | 100 | PHENOBARB SOL 20MG/5ML | 20 | PIOGLITAZONE TAB 15MG | 44 |
| PEN NEEDLES MIS 31GX3/16 | 100 | PHENOBARB TAB 100MG | 20 | PIOGLITAZONE TAB 30MG | 44 |
| PEN NEEDLES MIS 31GX5/16 | 100 | PHENOBARB TAB 15MG | 20 | PIOGLITAZONE TAB 45MG | 44 |
| PENCICLOVIR CRE 1% | 39 | PHENOBARB TAB 16.2MG | 20 | PIPER/TAZOBA INJ 12-1.5GM | 128 |
| PENICILLAMIN CAP 250MG | 74 | PHENOBARB TAB 30MG | 20 | PIPER/TAZOBA INJ 2-0.25GM | 128 |
| PENICILLAMIN TAB 250MG | 74 | PHENOBARB TAB 32.4MG | 20 | PIPER/TAZOBA INJ 3-0.375G | 128 |
| PENICILLN GK INJ 20MU. | 127 | PHENOBARB TAB 60MG | 20 | PIPER/TAZOBA INJ 4-0.5GM | 128 |
| PENICILLN VK SOL 125/5ML | 17 | PHENOBARB TAB 64.8MG | 20 | PIQRAY 200MG TAB DOSE | 31 |
| PENICILLN VK SOL 250/5ML | 17 | PHENOBARB TAB 97.2MG | 20 | PIQRAY 250MG TAB DOSE | 31 |
| PENICILLN VK TAB 250MG | 17 | PHENOXYBENZA CAP 10MG | 56 | PIQRAY 300MG TAB DOSE | 31 |
| PENICILLN VK TAB 500MG | 17 | PHENTERMINE CAP 15MG | 61 | PIRFENIDONE CAP 267MG | 108 |
| PENTACEL INJ. | 95 | PHENTERMINE CAP 30MG | 61 | PIRFENIDONE TAB 267MG | 108 |
| PENTAM 300 INJ 300MG | 127 | PHENTERMINE CAP 37.5MG | 61 | PIRFENIDONE TAB 534MG | 108 |
| PENTAMIDINE INH 300MG | 33 | PHENTERMINE TAB 37.5MG | 61 | PIRFENIDONE TAB 801MG | 108 |
| PENTAMIDINE INJ 300MG | 127 | PHENYLEPHRIN INJ 100/10ML | 128 | PIRMELLA TAB 1/35 | 86 |
| PENTAZ/NALOX TAB 50-0.5MG | 12 | PHENYLEPHRIN INJ 10MG/ML | 128 | PIRMELLA TAB 7/7/7 | 86 |
| PENTIPS MIS 29GX12MM | 100 | PHENYLEPHRIN SOL 10% OP | 103 | PIROXICAM CAP 10MG | 12 |
| PENTIPS MIS 31GX5MM | 100 | PHENYLEPHRIN SOL 2.5% OP | 103 | PIROXICAM CAP 20MG | 12 |
| PENTIPS MIS 31GX8MM | 100 | PHENYTOIN CHW 50MG | 20 | PITOCIN INJ 10UNT/ML | 128 |
| PENTIPS MIS 32GX4MM | 100 | PHENYTOIN EX CAP 100MG | 20 | PLAN B TAB 1.5MG | 86 |
| PENTOXIFYLLI TAB 400MG ER. | 56 | PHENYTOIN EX CAP 200MG | 20 | PLASMA-LYTE INJ -148 | 128 |
| PERINDOPRIL TAB 2MG | 56 | PHENYTOIN EX CAP 300MG | 20 | PLASMA-LYTE INJ -A | 128 |
| PERINDOPRIL TAB 4MG | 56 | PHENYTOIN INJ 50MG/ML | 128 | PLASMANATE INJ 5% | 128 |
| PERINDOPRIL TAB 8MG | 56 | PHENYTOIN SUS 100/4ML | 20 | PLENVU SOL | 72 |
| PERIOGARD SOL 0.12% | 62 | PHENYTOIN SUS 125/5ML | 20 | PNEUMOVAX 23 INJ 25/0.5 | 95 |
| PERMETHRIN CRE 5% | 33 | PHESGO SOL | 128 | PNV TABS TAB 29-1MG | 67 |
| PERPHEN/AMIT TAB 2-10MG | 24 | PHEXXI GEL | 100 | PNV-DHA CAP DOCUSATE | 67 |
| PERPHEN/AMIT TAB 2-25MG | 24 | PHILITH TAB 0.4-35 | 86 | PNV-DHA CAP | 67 |
| PERPHEN/AMIT TAB 4-10MG | 24 | PHOSLYRA SOL | 67 | PNV-OMEGA CAP | 67 |
| PERPHEN/AMIT TAB 4-25MG | 24 | PHOSPHOLINE SOL 0.125%OP | 103 | PNV-SELECT TAB | 67 |
| PERPHEN/AMIT TAB 4-50MG | 24 | PHYTONADIONE TAB 5MG | 67 | PODOFILOX SOL 0.5% | 63 |
| PERPHENAZINE TAB 16MG | 25 | PICATO GEL 0.015% | 31 | POLIVY INJ 140MG | 128 |
| PERPHENAZINE TAB 2MG | 25 | PICATO GEL 0.05% | 31 | POLIVY INJ 30MG | 128 |
| PERPHENAZINE TAB 4MG | 25 | PILOCARPINE SOL 1% OP | 103 | POLOCAINE INJ -MPF 1% | 128 |
| PERPHENAZINE TAB 8MG | 25 | PILOCARPINE SOL 2% OP | 103 | POLOCAINE INJ -MPF 2% | 128 |
| PERSERIS INJ 120MG | 127 | PILOCARPINE SOL 4% OP | 103 | POLYGIN OIN OP | 103 |
| PERSERIS INJ 90MG | 128 | PILOCARPINE TAB 5MG | 62 | POLYETH GLYC POW 3350 NF | 72 |
| PFIZER BIVAL INJ 5-11Y | 95 | PILOCARPINE TAB 7.5MG | 62 | POLYMYXIN B INJ 500000 | 128 |
| PFIZER BIVAL INJ 6M-4Y | 95 | PIMECROLIMUS CRE 1% | 63 | POLYMYXIN B/ SOL TRIMETHP. | 104 |
| PFIZER BIVAL INJ BA4/BA5 | 95 | PIMOZIDE TAB 1MG | 35 | POLYMYXN | 104 |
| PFIZERPEN INJ 20000000 | 128 | PIMOZIDE TAB 2MG | 35 | POMALYST CAP 1MG | 31 |
| PHENAZO TAB 200MG | 74 | PIMTREA TAB | 86 | POMALYST CAP 2MG | 31 |



| | | | | | |
|-------------------------------------|-----|-------------------------------------|-----|-------------------------------------|-----|
| POMALYST CAP 3MG | 31 | PRED MILD SUS 0.12% OP | 104 | PRENATAL TAB | 100 |
| POMALYST CAP 4MG | 31 | PRED SOD PHO SOL 1% OP | 104 | PRENATAL VIT TAB LOW IRON. | 68 |
| PORTIA-28 TAB | 86 | PRED SOD PHO SOL 5MG/5ML | 77 | PRENATAL-U CAP 106.5-1 | 68 |
| PORTRAZZA INJ 800/50ML | 128 | PRED-G SUS OP | 104 | PRENATAL+FE TAB 29-1MG. | 68 |
| POSACONAZOLE TAB 100MG DR. | 27 | PREDNICARBAT CRE 0.1% | 77 | PRENATE AM TAB 1MG | 68 |
| POT ACETATE INJ 2MEQ/ML | 128 | PREDNICARBAT OIN 0.1% | 77 | PRENATE CAP ENHANCE | 68 |
| POT CHL/NACL INJ 20MEQ/L | 128 | PREDNISOLONE SOL 10MG/5ML | 77 | PRENATE CAP ESSENT | 68 |
| POT CHL/NACL INJ 40MEQ/L | 128 | PREDNISOLONE SOL 15MG/5ML | 77 | PRENATE CAP PIXIE | 68 |
| POT CHLORIDE CAP 10MEQ ER | 67 | PREDNISOLONE SOL 20MG/5ML | 77 | PRENATE CAP RESTORE | 68 |
| POT CHLORIDE CAP 8MEQ ER | 67 | PREDNISOLONE SOL 25MG/5ML | 77 | PRENATE CHW 0.6-0.4 | 68 |
| POT CHLORIDE INJ 10MEQ | 128 | PREDNISOLONE SUS 1% OP | 104 | PRENATE DHA CAP | 68 |
| POT CHLORIDE INJ 2MEQ/ML | 128 | PREDNISOLONE TAB 10MG ODT | 77 | PRENATE MINI CAP | 68 |
| POT CHLORIDE INJ 30MEQ | 128 | PREDNISOLONE TAB 15MG ODT | 77 | PRENATE TAB ELITE | 68 |
| POT CHLORIDE POW 20MEQ | 67 | PREDNISOLONE TAB 30MG ODT | 77 | PREPIDIL GEL 0.5MG/3G | 78 |
| POT CHLORIDE SOL 10% | 67 | PREDNISOLONE TAB 5MG | 77 | PREPLUS TAB 27-1MG | 68 |
| POT CHLORIDE SOL 20% | 67 | PREDNISONE CON 5MG/ML | 77 | PRETAB TAB 29-1MG | 68 |
| POT CHLORIDE TAB 10MEQ ER | 67 | PREDNISONE PAK 10MG | 77 | PREVALITE POW 4GM PK | 57 |
| POT CHLORIDE TAB 20MEQ ER | 67 | PREDNISONE PAK 5MG | 77 | PREVALITE POW 4GM | 56 |
| POT CHLORIDE TAB 8MEQ ER | 67 | PREDNISONE SOL 5MG/5ML | 77 | PREVIFEM TAB | 86 |
| POT CITRA ER TAB 1080MG | 67 | PREDNISONE TAB 10MG | 77 | PREVNAR 13 INJ | 95 |
| POT CITRA ER TAB 1620MG | 67 | PREDNISONE TAB 1MG | 77 | PREVNAR 20 INJ | 95 |
| POT CITRA ER TAB 540MG | 67 | PREDNISONE TAB 2.5MG | 77 | PREVYMIS INJ 240/12 | 128 |
| POT CL MICRO TAB 10MEQ CR | 67 | PREDNISONE TAB 20MG | 77 | PREVYMIS INJ 480/24 | 128 |
| POT CL MICRO TAB 10MEQ ER | 67 | PREDNISONE TAB 50MG | 77 | PREZISTA SUS 100MG/ML | 39 |
| POT CL MICRO TAB 15MEQ ER | 67 | PREDNISONE TAB 5MG | 77 | PRIFTIN TAB 150MG | 28 |
| POT CL MICRO TAB 20MEQ ER | 67 | PREFEST TAB | 86 | PRIMACARE CAP | 68 |
| POT PHOSPHAT INJ 3MM/ML | 128 | PREGABALIN CAP 100MG | 61 | PRIMAQUINE TAB 26.3MG | 33 |
| POTELIGEO INJ 20MG/5ML | 128 | PREGABALIN CAP 150MG | 61 | PRIMAXIN IV INJ 250MG | 128 |
| PRAMIPEXOLE TAB 0.125MG | 33 | PREGABALIN CAP 200MG | 61 | PRIMAXIN IV INJ 500MG | 128 |
| PRAMIPEXOLE TAB 0.25MG | 33 | PREGABALIN CAP 225MG | 61 | PRIMIDONE TAB 125MG | 20 |
| PRAMIPEXOLE TAB 0.5MG | 33 | PREGABALIN CAP 25MG | 62 | PRIMIDONE TAB 250MG | 20 |
| PRAMIPEXOLE TAB 0.75MG | 34 | PREGABALIN CAP 300MG | 62 | PRIMIDONE TAB 50MG | 20 |
| PRAMIPEXOLE TAB 1.5MG | 34 | PREGABALIN CAP 50MG | 62 | PRIMSOL SOL 50MG/5ML | 17 |
| PRAMIPEXOLE TAB 1MG | 34 | PREGABALIN CAP 75MG | 62 | PRIORIX INJ | 95 |
| PRAMOSONE LOT 1% | 63 | PREHEVBRIO SUS 10MCG/ML | 95 | PRIVIGEN INJ 10GRAMS | 128 |
| PRAMOSONE LOT 2.5% | 63 | PREMARIN INJ 25MG | 128 | PRIVIGEN INJ 20GRAMS | 128 |
| PRASUGREL TAB 10MG | 47 | PREMARIN VAG CRE 0.625MG | 86 | PRIVIGEN INJ 40GRAMS | 128 |
| PRASUGREL TAB 5MG | 47 | PREMPHASE TAB | 86 | PRIVIGEN INJ 5 GRAMS | 128 |
| PRAVASTATIN TAB 10MG | 56 | PRENA 1 TRUE MIS | 67 | PROBEN/COLCH TAB 500-0.5 | 27 |
| PRAVASTATIN TAB 20MG | 56 | PRENA1 CHW | 67 | PROBENECID TAB 500MG | 27 |
| PRAVASTATIN TAB 40MG | 56 | PRENA1 PEARL CAP | 67 | PROCAINAMIDE INJ 100MG/ML | 128 |
| PRAVASTATIN TAB 80MG | 56 | PRENAISSANCE CAP PLUS | 68 | PROCAINAMIDE INJ 500MG/ML | 128 |
| PRAXBIND INJ 2.5/50 | 128 | PRENAISSANCE CAP | 68 | PROCHLORPER INJ 10MG/2ML | 128 |
| PRAZQUANTEL TAB 600MG | 33 | PRENATAL 19 CHW 29-1MG | 68 | PROCHLORPER INJ 5MG/ML | 128 |
| PRAZOSIN HCL CAP 1MG | 56 | PRENATAL 19 TAB 29-1MG | 68 | PROCHLORPER TAB 10MG | 25 |
| PRAZOSIN HCL CAP 2MG | 56 | PRENATAL PLS MIS MV + DHA | 68 | PROCHLORPER TAB 5MG | 25 |
| PRAZOSIN HCL CAP 5MG | 56 | PRENATAL TAB 27-1MG | 68 | PROCTO-MED CRE HC 2.5% | 97 |
| PRECISN XTRA TES KETONE | 100 | PRENATAL TAB PLUS | 68 | PROCTOFOAM AER HC 1% | 97 |



| | | | | | |
|-------------------------------------|-----|-------------------------------------|-----|-------------------------------------|-----|
| PROCTOSOL HC CRE 2.5% | 97 | PROPRAN/HCTZ TAB 40/25 | 57 | QUETIAPINE TAB 50MG | 36 |
| PROCTOZONE CRE -HC 2.5%. | 97 | PROPRAN/HCTZ TAB 80/25 | 57 | QUINAPRIL TAB 10MG. | 57 |
| PRODIGY AUTO KIT MONITOR. | 41 | PROPRANOLOL CAP 120MG ER | 57 | QUINAPRIL TAB 20MG. | 57 |
| PRODIGY AUTO MIS SYSTEM. | 41 | PROPRANOLOL CAP 160MG ER | 57 | QUINAPRIL TAB 40MG. | 57 |
| PRODIGY KIT NO CODIN. | 41 | PROPRANOLOL CAP 60MG ER | 57 | QUINAPRIL TAB 5MG. | 57 |
| PRODIGY NO TES CODING. | 42 | PROPRANOLOL CAP 80MG ER | 57 | QUINIDINE GL INJ 80MG/ML | 128 |
| PRODIGY PCKT KIT METER | 42 | PROPRANOLOL INJ 1MG/ML | 128 | QUINIDINE GL TAB 324MG CR | 57 |
| PRODIGY VOIC KIT METER. | 42 | PROPRANOLOL SOL 20MG/5ML | 57 | QUINIDINE GL TAB 324MG ER | 57 |
| PROGESTERONE CAP 100MG | 86 | PROPRANOLOL SOL 40MG/5ML | 57 | QUINIDINE SU TAB 200MG. | 57 |
| PROGESTERONE CAP 200MG | 86 | PROPRANOLOL TAB 10MG | 57 | QUINIDINE SU TAB 300MG. | 57 |
| PROGESTERONE INJ 50MG/ML | 86 | PROPRANOLOL TAB 20MG | 57 | QUININE SULF CAP 324MG | 33 |
| PROGRAF INJ 5MG/ML | 128 | PROPRANOLOL TAB 40MG | 57 | QUZYTIR INJ 10MG/ML | 128 |
| PROLASTIN-C INJ 1000MG. | 128 | PROPRANOLOL TAB 60MG | 57 | QVAR REDIIA AER 80MCG | 109 |
| PROLEUKIN INJ 22MU | 128 | PROPRANOLOL TAB 80MG | 57 | QVAR REDIIHAL AER 40MCG | 109 |
| PROLIA SOL 60MG/ML | 128 | PROPYLTHIOUR TAB 50MG | 92 | RA URINARY TES TRACT IN | 100 |
| PROMACTA PAK 25MG | 47 | PROQUAD INJ | 95 | RABEPRAZOLE TAB 20MG. | 72 |
| PROMACTA POW 12.5MG. | 47 | PROSTIN E2 SUP 20MG | 78 | RADICAVA INJ 30MG | 129 |
| PROMACTA TAB 12.5MG. | 47 | PROTONIX INJ 40MG. | 128 | RADIOGARDASE CAP 0.5GM | 100 |
| PROMACTA TAB 25MG | 47 | PROTRIPTYLIN TAB 10MG | 24 | RALOXIFENE TAB 60MG | 86 |
| PROMACTA TAB 50MG | 47 | PROTRIPTYLIN TAB 5MG | 24 | RAMELTEON TAB 8MG | 111 |
| PROMACTA TAB 75MG | 47 | PROVAYBLUE INJ | 128 | RAMIPRIL CAP 1.25MG | 57 |
| PROMETH VC SYP 6.25-5/5 | 108 | PROVIDA OB CAP. | 68 | RAMIPRIL CAP 10MG. | 57 |
| PROMETH VC/ SYP CODEINE | 108 | PULMICORT INH 180MCG | 109 | RAMIPRIL CAP 2.5MG | 57 |
| PROMETH/COD SOL 6.25-10 | 108 | PULMICORT INH 90MCG | 109 | RAMIPRIL CAP 5MG. | 57 |
| PROMETH/PE SYP 6.25-5/5 | 108 | PULMOZYME SOL 1MG/ML | 109 | RANOLAZINE TAB 1000MG | 57 |
| PROMETH/PE/ SYP CODEINE | 109 | PYRAZINAMIDE TAB 500MG | 29 | RANOLAZINE TAB 500MG ER | 57 |
| PROMETHAZINE INJ 25MG/ML | 128 | PYRIDIDIUM TAB 100MG | 74 | RASAGILINE TAB 0.5MG | 34 |
| PROMETHAZINE INJ 50MG/ML | 128 | PYRIDIDIUM TAB 200MG | 74 | RASAGILINE TAB 1MG. | 34 |
| PROMETHAZINE SOL 6.25/5ML | 109 | PYRIDOSTIGM TAB 60MG. | 28 | REACT TAB 1.5MG | 86 |
| PROMETHAZINE SOL DM | 109 | PYRIDOSTIGMI SOL 60MG/5ML | 28 | REBLOZYL INJ 25MG. | 129 |
| PROMETHAZINE SUP 12.5MG | 109 | PYRIDOSTIGMI TAB ER 180MG | 28 | REBLOZYL INJ 75MG. | 129 |
| PROMETHAZINE SUP 25MG | 109 | PYRIMETHAMIN TAB 25MG | 33 | RECARBRIO INJ 1.25GM | 129 |
| PROMETHAZINE SYP 6.25/5ML | 109 | QNAPRIL/HCTZ TAB 10-12.5. | 57 | RECLAST INJ 5/100ML | 129 |
| PROMETHAZINE SYP DM | 109 | QNAPRIL/HCTZ TAB 20-12.5. | 57 | RECLIPSEN TAB | 86 |
| PROMETHAZINE TAB 12.5MG | 109 | QNAPRIL/HCTZ TAB 20-25MG. | 57 | RECOMBIVA HB INJ 10MCG/ML | 95 |
| PROMETHAZINE TAB 25MG. | 109 | QUADRACEL INJ 0.5ML. | 95 | RECOMBIVA HB INJ 5MCG/0.5 | 95 |
| PROMETHAZINE TAB 50MG. | 109 | QUAZEPAM TAB 15MG | 41 | RECOMBIVA-HB INJ 40MCG/ML | 95 |
| PROMETHEGAN SUP 12.5MG | 109 | QUETIAPINE TAB 100MG | 35 | RECOTHROM SOL 20000UNT | 47 |
| PROMETHEGAN SUP 25MG. | 109 | QUETIAPINE TAB 150MG ER | 35 | RECOTHROM SOL 5000UNIT. | 47 |
| PROMETHEGAN SUP 50MG. | 109 | QUETIAPINE TAB 150MG | 35 | RECTIV OIN 0.4% | 57 |
| PROPAFENONE CAP 225MG ER | 57 | QUETIAPINE TAB 200MG ER | 36 | REDICHEW RX CHW | 68 |
| PROPAFENONE CAP 325MG ER | 57 | QUETIAPINE TAB 200MG | 35 | REGONOL INJ 5MG/ML. | 129 |
| PROPAFENONE CAP 425MG ER | 57 | QUETIAPINE TAB 25MG | 36 | REGRANEX GEL 0.01% | 63 |
| PROPAFENONE TAB 150MG. | 57 | QUETIAPINE TAB 300MG ER | 36 | RELENZA MIS DISKHALE | 39 |
| PROPAFENONE TAB 225MG. | 57 | QUETIAPINE TAB 300MG | 36 | RELISTOR INJ 12/0.6ML | 72 |
| PROPAFENONE TAB 300MG | 57 | QUETIAPINE TAB 400MG ER | 36 | RELISTOR INJ 8/0.4ML | 72 |
| PROPARACAINE SOL 0.5% OP. | 104 | QUETIAPINE TAB 400MG | 36 | REMICADE INJ 100MG. | 129 |
| PROPOFOL INJ 200/20ML | 128 | QUETIAPINE TAB 50MG ER | 36 | REMODULIN INJ 10MG/ML. | 129 |



| | | | | | |
|-------------------------------|-----|--------------------------------|-----|-----------------------------|-----|
| REMODULIN INJ 1MG/ML..... | 129 | RISPERDAL INJ 25MG..... | 129 | ROSUVASTATIN TAB 20MG..... | 58 |
| REMODULIN INJ 2.5MG/ML..... | 129 | RISPERDAL INJ 37.5MG..... | 129 | ROSUVASTATIN TAB 40MG..... | 58 |
| REMODULIN INJ 5MG/ML..... | 129 | RISPERDAL INJ 50MG..... | 129 | ROSUVASTATIN TAB 5MG..... | 58 |
| RENACIDIN SOL..... | 129 | RISPERIDONE SOL 1MG/ML..... | 36 | ROTARIX SUS..... | 96 |
| RENFLEXIS INJ 100MG..... | 129 | RISPERIDONE TAB 0.25 ODT..... | 36 | ROTATEQ SOL..... | 96 |
| REPAGLINIDE TAB 0.5MG..... | 44 | RISPERIDONE TAB 0.25MG..... | 36 | ROWEEPRA TAB 500MG..... | 20 |
| REPAGLINIDE TAB 1MG..... | 44 | RISPERIDONE TAB 0.5MG OD..... | 36 | ROZLYTREK CAP 100MG..... | 31 |
| REPAGLINIDE TAB 2MG..... | 44 | RISPERIDONE TAB 0.5MG..... | 36 | ROZLYTREK CAP 200MG..... | 31 |
| REPATHA INJ 140MG/ML..... | 57 | RISPERIDONE TAB 1MG ODT..... | 36 | RUFINAMIDE SUS 40MG/ML..... | 20 |
| REPATHA PUSH INJ 420/3.5..... | 57 | RISPERIDONE TAB 1MG..... | 36 | RUFINAMIDE TAB 200MG..... | 20 |
| REPATHA SURE INJ 140MG/ML... | 58 | RISPERIDONE TAB 2MG ODT..... | 36 | RUFINAMIDE TAB 400MG..... | 21 |
| RETACRIT INJ 10000UNT..... | 129 | RISPERIDONE TAB 2MG..... | 36 | RUXIENCE INJ 100/10ML..... | 129 |
| RETACRIT INJ 10000UNT..... | 47 | RISPERIDONE TAB 3MG ODT..... | 36 | RUXIENCE INJ 500/50ML..... | 129 |
| RETACRIT INJ 20000UNI..... | 47 | RISPERIDONE TAB 3MG..... | 36 | RYANODEX INJ 250MG..... | 129 |
| RETACRIT INJ 2000UNIT..... | 47 | RISPERIDONE TAB 4MG ODT..... | 36 | RYBELSUS TAB 14MG..... | 44 |
| RETACRIT INJ 3000UNIT..... | 48 | RISPERIDONE TAB 4MG..... | 36 | RYBELSUS TAB 3MG..... | 44 |
| RETACRIT INJ 40000UNT..... | 48 | RITONAVIR TAB 100MG..... | 39 | RYBELSUS TAB 7MG..... | 44 |
| RETACRIT INJ 4000UNIT..... | 48 | RITUXAN INJ 100MG..... | 129 | RYBREVANT SOL 350/7ML..... | 129 |
| RETROVIR INJ 10MG/ML..... | 129 | RITUXAN INJ 500MG..... | 129 | RYLAZE INJ 10/0.5ML..... | 129 |
| REVATIO INJ..... | 129 | RITUXAN INJ HYCELA..... | 129 | SAJAZIR INJ 30MG/3ML..... | 96 |
| REVCovi INJ 1.6MG/ML..... | 129 | RIVASTIGMINE CAP 1.5MG..... | 22 | SALSALATE TAB 500MG..... | 12 |
| REVLIMID CAP 10MG..... | 31 | RIVASTIGMINE CAP 3MG..... | 22 | SALSALATE TAB 750MG..... | 12 |
| REVLIMID CAP 15MG..... | 31 | RIVASTIGMINE CAP 4.5MG..... | 22 | SANDIMMUNE INJ 50MG/ML... | 129 |
| REVLIMID CAP 2.5MG..... | 31 | RIVASTIGMINE CAP 6MG..... | 22 | SANDIMMUNE SOL 100MG/ML... | 96 |
| REVLIMID CAP 20MG..... | 31 | RIVASTIGMINE DIS 13.3/24..... | 22 | SANDOSTATIN KIT LAR 10MG... | 129 |
| REVLIMID CAP 25MG..... | 31 | RIVASTIGMINE DIS 4.6MG/24..... | 22 | SANDOSTATIN KIT LAR 20MG... | 129 |
| REVLIMID CAP 5MG..... | 31 | RIVASTIGMINE DIS 9.5MG/24..... | 22 | SANDOSTATIN KIT LAR 30MG... | 129 |
| REYATAZ POW 50MG..... | 39 | RIVELSA TAB..... | 86 | SANTYL OIN 250/GM..... | 63 |
| RHOFADE CRE 1%..... | 63 | RIZATRIPTAN TAB 10MG ODT..... | 28 | SAPHNELO SOL 300/2ML..... | 129 |
| RIABNI SOL 100/10ML..... | 129 | RIZATRIPTAN TAB 10MG..... | 28 | SARCLISA SOL 100/5ML..... | 129 |
| RIABNI SOL 500/50ML..... | 129 | RIZATRIPTAN TAB 5MG ODT..... | 28 | SARCLISA SOL 500/25ML..... | 129 |
| RIBAVIRIN CAP 200MG..... | 39 | RIZATRIPTAN TAB 5MG..... | 28 | SAVELLA MIS TITR PAK..... | 62 |
| RIBAVIRIN TAB 200MG..... | 39 | ROBAXIN INJ 100MG/ML..... | 129 | SAVELLA TAB 100MG..... | 62 |
| RIFABUTIN CAP 150MG..... | 29 | ROFLUMILAST TAB 250MCG... | 109 | SAVELLA TAB 12.5MG..... | 62 |
| RIFADIN INJ 600 MG..... | 129 | ROFLUMILAST TAB 500MCG... | 109 | SAVELLA TAB 25MG..... | 62 |
| RIFAMPIN CAP 150MG..... | 29 | ROMIDEPSIN INJ 27.5MG..... | 129 | SAVELLA TAB 50MG..... | 62 |
| RIFAMPIN CAP 300MG..... | 29 | ROPINIROLE TAB 0.25MG..... | 34 | SCENESSE IMP 16MG..... | 129 |
| RIFAMPIN INJ 600 MG..... | 129 | ROPINIROLE TAB 0.5MG..... | 34 | SCOPOLAMINE DIS 1MG/3DAY... | 25 |
| RILUZOLE TAB 50MG..... | 62 | ROPINIROLE TAB 1MG..... | 34 | SE-NATAL 19 CHW..... | 68 |
| RIMANTADINE TAB 100MG..... | 39 | ROPINIROLE TAB 2MG..... | 34 | SE-NATAL 19 TAB..... | 68 |
| RINVOQ TAB 15MG ER..... | 95 | ROPINIROLE TAB 3MG..... | 34 | SELECT-OB CHW..... | 68 |
| RINVOQ TAB 30MG ER..... | 95 | ROPINIROLE TAB 4MG..... | 34 | SELECT-OB+ PAK DHA..... | 68 |
| RINVOQ TAB 45MG ER..... | 96 | ROPINIROLE TAB 5MG..... | 34 | SELEGILINE CAP 5MG..... | 34 |
| RISEDRONATE TAB 150MG..... | 98 | ROPIVACAINE INJ 10MG/ML... | 129 | SELEGILINE TAB 5MG..... | 34 |
| RISEDRONATE TAB 30MG..... | 98 | ROPIVACAINE INJ 2MG/ML... | 129 | SELENIUM AC INJ 60MCG/ML... | 129 |
| RISEDRONATE TAB 35MG..... | 98 | ROPIVACAINE INJ 5MG/ML... | 129 | SELENIUM SUL LOT 2.5%..... | 63 |
| RISEDRONATE TAB 5MG..... | 98 | ROPIVACAINE INJ 7.5MG/ML... | 129 | SELZENTRY SOL 20MG/ML..... | 39 |
| RISPERDAL INJ 12.5MG..... | 129 | ROSUVASTATIN TAB 10MG..... | 58 | SELZENTRY TAB 25MG..... | 39 |

| | | | | | |
|-------------------------------------|-----|-------------------------------------|-----|------------------------------------|-----|
| SELZENTRY TAB 75MG | 39 | SIROLIMUS TAB 0.5MG | 96 | SOLU-MEDROL INJ 40MG | 130 |
| SENSORCAINE INJ -MPF/EPI | 129 | SIROLIMUS TAB 1MG | 96 | SOLU-MEDROL INJ 500MG | 130 |
| SENSORCAINE INJ MPF 0.5% | 129 | SIROLIMUS TAB 2MG | 96 | SOMAVERT INJ 10MG | 92 |
| SENSORCAINE INJ MPF0.25% | 129 | SIVEXTRO INJ 200MG | 130 | SOMAVERT INJ 15MG | 92 |
| SENSORCAINE INJ MPF0.75% | 129 | SKYLA IUD 13.5MG | 86 | SOMAVERT INJ 20MG | 92 |
| SEREVENT DIS AER 50MCG | 109 | SKYRIZI INJ 150DOSE | 96 | SOMAVERT INJ 25MG | 92 |
| SERTRALINE CON 20MG/ML | 24 | SKYRIZI INJ 150MG/ML | 96 | SOMAVERT INJ 30MG | 92 |
| SERTRALINE TAB 100MG | 24 | SKYRIZI INJ 180/1.2 | 96 | SORAFENIB TAB 200MG | 31 |
| SERTRALINE TAB 25MG | 24 | SKYRIZI INJ 360/2.4 | 96 | SORINE TAB 120MG | 58 |
| SERTRALINE TAB 50MG | 24 | SKYRIZI PEN INJ 150MG/ML | 96 | SORINE TAB 160MG | 58 |
| SETLAKIN TAB | 86 | SLYND TAB 4MG | 86 | SORINE TAB 240MG | 58 |
| SEVELAMER POW 0.8GM | 68 | SM GLUCOSE CHW SOUR APP | 100 | SORINE TAB 80MG | 58 |
| SEVELAMER POW 2.4GM | 68 | SMZ-TMP DS TAB 800-160 | 18 | SOTALOL AF TAB 120MG | 58 |
| SEVELAMER TAB 400MG | 69 | SMZ-TMP INJ 400-80/5 | 130 | SOTALOL AF TAB 160MG | 58 |
| SEVELAMER TAB 800MG | 69 | SMZ-TMP SUS 200-40/5 | 17 | SOTALOL AF TAB 80MG | 58 |
| SEVENFACT INJ 1MG | 129 | SMZ-TMP TAB 400-80MG | 17 | SOTALOL HCL INJ 150/10ML | 130 |
| SEVENFACT INJ 5MG | 129 | SMZ/TMP DS TAB 800-160 | 18 | SOTALOL HCL TAB 120MG | 58 |
| SHAROBEL TAB 0.35MG | 86 | SOD ACETATE INJ 2MEQ/ML | 130 | SOTALOL HCL TAB 160MG | 58 |
| SHINGRIX INJ 50/0.5ML | 96 | SOD BICARB INJ 4.2% | 130 | SOTALOL HCL TAB 240MG | 58 |
| SHUR-SEAL GEL 2% | 74 | SOD CHLORIDE INJ 0.9%BACT | 130 | SOTALOL HCL TAB 80MG | 58 |
| SIGNIFOR INJ 0.3MG/ML | 91 | SOD CHLORIDE INJ 3% | 130 | SOTYLIZE SOL 5MG/ML | 58 |
| SIGNIFOR INJ 0.6MG/ML | 91 | SOD CHLORIDE INJ 5% | 130 | SPINOSAD SUS 0.9% | 33 |
| SIGNIFOR INJ 0.9MG/ML | 92 | SOD CHLORIDE NEB 0.9% | 109 | SPINRAZA INJ 12MG/5ML | 130 |
| SIGNIFOR LAR INJ 10MG | 129 | SOD DIURIL INJ 500MG | 130 | SPIRIVA AER 1.25MCG | 109 |
| SIGNIFOR LAR INJ 20MG | 130 | SOD EDECIN INJ 50MG | 130 | SPIRIVA CAP HANDIHLR | 109 |
| SIGNIFOR LAR INJ 30MG | 130 | SOD FLUORIDE CHW 0.25MG F | 69 | SPIRIVA SPR 2.5MCG | 109 |
| SIGNIFOR LAR INJ 40MG | 130 | SOD FLUORIDE CHW 0.5MG F | 69 | SPIRONO/HCTZ TAB 25/25 | 58 |
| SIGNIFOR LAR INJ 60MG | 130 | SOD FLUORIDE CHW 1.1MG | 69 | SPIRONOLACT TAB 100MG | 58 |
| SILDENAFIL INJ | 130 | SOD FLUORIDE CHW 2.2MG | 69 | SPIRONOLACT TAB 25MG | 58 |
| SILDENAFIL SUS 10MG/ML | 109 | SOD FLUORIDE DRO 0.5MG/ML | 69 | SPIRONOLACT TAB 50MG | 58 |
| SILDENAFIL TAB 20MG | 109 | SOD FLUORIDE TAB 0.5MG F | 69 | SPRINTEC 28 TAB 28 DAY | 86 |
| SILODOSIN CAP 4MG | 74 | SOD FLUORIDE TAB 1MG F | 69 | SPRYCEL TAB 100MG | 31 |
| SILODOSIN CAP 8MG | 74 | SOD POLY SUL POW | 69 | SPRYCEL TAB 140MG | 31 |
| SILVER SULFA CRE 1% | 17 | SODIUM CHLOR NEB 10% | 109 | SPRYCEL TAB 20MG | 31 |
| SIMBRINZA SUS 1-0.2% | 104 | SODIUM CHLOR NEB 3% | 109 | SPRYCEL TAB 50MG | 31 |
| SIMLIYA TAB 28 DAY | 86 | SODIUM CHLOR NEB 7% | 109 | SPRYCEL TAB 70MG | 31 |
| SIMPESSE TAB | 86 | SODIUM/POTAS SOL MAGNESIU | 72 | SPRYCEL TAB 80MG | 31 |
| SIMPONI ARIA SOL 50MG/4ML | 130 | SOFOS/VELPAT TAB 400-100 | 39 | SPS SUS 15GM/60 | 69 |
| SIMPONI INJ 100MG/ML | 96 | SOLIFENACIN TAB 10MG | 74 | SRONYX TAB | 86 |
| SIMPONI INJ 50/0.5ML | 96 | SOLIFENACIN TAB 5MG | 74 | SSD CRE 1% | 18 |
| SIMULECT INJ 10MG | 130 | SOLIQUA INJ 100/33 | 45 | ST JOSEPH CHW LOW 81MG | 12 |
| SIMULECT INJ 20MG | 130 | SOLU-CORTEF INJ 1000MG | 130 | STAVUDINE CAP 15MG | 39 |
| SIMVASTATIN TAB 10MG | 58 | SOLU-CORTEF INJ 100MG | 130 | STAVUDINE CAP 20MG | 39 |
| SIMVASTATIN TAB 20MG | 58 | SOLU-CORTEF INJ 250MG | 130 | STAVUDINE CAP 30MG | 39 |
| SIMVASTATIN TAB 40MG | 58 | SOLU-CORTEF INJ 500MG | 130 | STAVUDINE CAP 40MG | 39 |
| SIMVASTATIN TAB 5MG | 58 | SOLU-MEDROL INJ 1000MG | 130 | STELARA INJ 45MG/0.5 | 63 |
| SIMVASTATIN TAB 80MG | 58 | SOLU-MEDROL INJ 125MG | 130 | STELARA INJ 5MG/ML | 130 |
| SINUVA IMP 1350MCG | 130 | SOLU-MEDROL INJ 2GM | 130 | STELARA INJ 90MG/ML | 63 |



| | | | | | |
|-------------------------------------|-----|------------------------------------|-----|------------------------------------|-----|
| STIVARGA TAB 40MG | 31 | SYMJEPI INJ 0.3MG | 109 | TARON-PREX CAP | 69 |
| STREPTOMYCIN INJ 1GM | 130 | SYMPROIC TAB 0.2MG | 72 | TASIMELTEON CAP 20MG | 111 |
| STRIBILD TAB | 39 | SYNAGIS INJ 100MG/ML | 130 | TAXOTERE INJ 20MG/ML | 130 |
| STRIVERDI AER 2.5MCG | 109 | SYNAGIS INJ 50MG | 130 | TAXOTERE INJ 80MG/4ML | 130 |
| SUBLOCADE INJ 100/0.5 | 130 | SYNAREL SOL 2MG/ML | 92 | TAYSOFY CAP 1/20 | 86 |
| SUBLOCADE INJ 300/1.5 | 130 | SYNJARDY TAB 12.5-500 | 45 | TAZAROTENE CRE 0.1% | 64 |
| SUBVENITE KIT START 35 | 21 | SYNJARDY TAB 5-1000MG | 45 | TAZAROTENE GEL 0.05% | 64 |
| SUBVENITE KIT START 49 | 21 | SYNJARDY TAB 5-500MG | 45 | TAZAROTENE GEL 0.1% | 64 |
| SUBVENITE KIT START 98 | 21 | SYNJARDY TAB | 45 | TAZICEF INJ 1GM | 130 |
| SUBVENITE TAB 100MG | 21 | SYNJARDY XR TAB 10-1000 | 45 | TAZICEF INJ 2GM | 130 |
| SUBVENITE TAB 150MG | 21 | SYNJARDY XR TAB 25-1000 | 45 | TAZICEF INJ 6GM | 130 |
| SUBVENITE TAB 200MG | 21 | SYNJARDY XR TAB 5-1000MG | 45 | TAZORAC CRE 0.05% | 64 |
| SUBVENITE TAB 25MG | 21 | SYNJARDY XR TAB | 45 | TAZTIA XT CAP 120MG/24 | 58 |
| SUCRALFATE SUS 1GM/10ML | 72 | SYNRIBO INJ 3.5MG | 31 | TAZTIA XT CAP 180MG/24 | 58 |
| SUCRALFATE TAB 1GM | 72 | SYNTHROID TAB 100MCG | 89 | TAZTIA XT CAP 240MG/24 | 58 |
| SULCONAZOLE CRE 1% | 27 | SYNTHROID TAB 112MCG | 90 | TAZTIA XT CAP 300MG ER | 58 |
| SULCONAZOLE SOL 1% | 27 | SYNTHROID TAB 125MCG | 90 | TAZTIA XT CAP 360MG/24 | 58 |
| SULF/PRED NA SOL OP | 104 | SYNTHROID TAB 137MCG | 90 | TECARTUS SUS | 130 |
| SULFACET SOD OIN 10% OP | 104 | SYNTHROID TAB 150MCG | 90 | TECENTRIQ INJ 1200/20 | 130 |
| SULFACET SOD SOL 10% OP | 104 | SYNTHROID TAB 175MCG | 90 | TECENTRIQ INJ 840/14 | 130 |
| SULFACETAMID LOT 10% | 63 | SYNTHROID TAB 200MCG | 90 | TEFLARO INJ 400MG | 130 |
| SULFADIAZINE TAB 500MG | 18 | SYNTHROID TAB 25MCG | 90 | TEFLARO INJ 600MG | 130 |
| SULFAMYLON CRE 85MG/GM | 18 | SYNTHROID TAB 300MCG | 90 | TELMISA/HCTZ TAB 40-12.5 | 58 |
| SULFASALAZIN TAB 500MG DR | 97 | SYNTHROID TAB 50MCG | 90 | TELMISA/HCTZ TAB 80-12.5 | 58 |
| SULFASALAZIN TAB 500MG | 97 | SYNTHROID TAB 75MCG | 90 | TELMISA/HCTZ TAB 80-25MG | 58 |
| SULFATRIM PD SUS 200-40/5 | 18 | SYNTHROID TAB 88MCG | 90 | TELMISARTAN TAB 20MG | 58 |
| SULINDAC TAB 150MG | 12 | TABLOID TAB 40MG | 31 | TELMISARTAN TAB 40MG | 58 |
| SULINDAC TAB 200MG | 12 | TACROLIMUS CAP 0.5MG | 96 | TELMISARTAN TAB 80MG | 58 |
| SUMAT-NAPROX TAB 85-500MG | 28 | TACROLIMUS CAP 1MG | 96 | TEMAZEPAM CAP 15MG | 111 |
| SUMATRIPTAN INJ 4MG/0.5 | 28 | TACROLIMUS CAP 5MG | 96 | TEMAZEPAM CAP 22.5MG | 111 |
| SUMATRIPTAN INJ 6MG/0.5 | 28 | TACROLIMUS OIN 0.03% | 63 | TEMAZEPAM CAP 30MG | 111 |
| SUMATRIPTAN SPR 20MG/ACT | 28 | TACROLIMUS OIN 0.1% | 63 | TEMAZEPAM CAP 7.5MG | 111 |
| SUMATRIPTAN SPR 5MG/ACT | 28 | TADALAFIL TAB 2.5MG | 74 | TEMOZOLOMIDE CAP 100MG | 32 |
| SUMATRIPTAN TAB 100MG | 28 | TADALAFIL TAB 20MG | 109 | TEMOZOLOMIDE CAP 140MG | 32 |
| SUMATRIPTAN TAB 25MG | 28 | TADALAFIL TAB 5MG | 74 | TEMOZOLOMIDE CAP 180MG | 32 |
| SUMATRIPTAN TAB 50MG | 28 | TAFLUPROST SOL 0.0015% | 104 | TEMOZOLOMIDE CAP 20MG | 32 |
| SUNITINIB CAP 12.5MG | 31 | TAKE ACTION TAB 1.5MG | 86 | TEMOZOLOMIDE CAP 250MG | 32 |
| SUNITINIB CAP 25MG | 31 | TALZENNA CAP 0.25MG | 31 | TEMOZOLOMIDE CAP 5MG | 32 |
| SUNITINIB CAP 37.5MG | 31 | TALZENNA CAP 0.5MG | 31 | TEMSIROLIMUS INJ 25MG/ML | 130 |
| SUNITINIB CAP 50MG | 31 | TALZENNA CAP 0.75MG | 31 | TENCON TAB 50-325MG | 12 |
| SUNOSI TAB 150MG | 111 | TALZENNA CAP 1MG | 31 | TENIVAC INJ 5-2LF | 96 |
| SUNOSI TAB 75MG | 111 | TAMOXIFEN TAB 10MG | 31 | TENOFOVIR TAB 300MG | 39 |
| SUSTOL INJ 10/0.4ML | 130 | TAMOXIFEN TAB 20MG | 31 | TEPADINA INJ 100MG | 130 |
| SUSVIMO INJ 10/0.1ML | 130 | TAMSULOSIN CAP 0.4MG | 74 | TEPADINA INJ 15MG | 130 |
| SYEDA TAB 3-0.03MG | 86 | TARINA 24 FE TAB | 86 | TEPEZZA INJ 500MG | 130 |
| SYLVANT SOL 100MG | 130 | TARINA FE TAB 1/20 EQ | 86 | TERAZOSIN CAP 10MG | 74 |
| SYLVANT SOL 400MG | 130 | TARINA FE TAB 1/20 | 86 | TERAZOSIN CAP 1MG | 74 |
| SYMJEPI INJ 0.15MG | 109 | TARON-C DHA CAP | 69 | TERAZOSIN CAP 2MG | 74 |



| | | | | | |
|-------------------------------------|-----|-------------------------------------|-----|-------------------------------------|-----|
| TERAZOSIN CAP 5MG | 74 | THYQUIDITY SOL 100MCG | 90 | TIZANIDINE CAP 2MG | 111 |
| TERBINAFINE TAB 250MG | 27 | THYROGEN INJ 1.1MG | 131 | TIZANIDINE CAP 4MG | 111 |
| TERBUTALINE INJ 1MG/ML | 130 | TIADYLT CAP 120MG/24 | 58 | TIZANIDINE CAP 6MG | 111 |
| TERBUTALINE TAB 2.5MG | 109 | TIADYLT CAP 180MG/24 | 58 | TIZANIDINE TAB 2MG | 111 |
| TERBUTALINE TAB 5MG | 109 | TIADYLT CAP 240MG/24 | 58 | TIZANIDINE TAB 4MG | 111 |
| TERCONAZOLE CRE 0.4% | 27 | TIADYLT CAP 300MG/24 | 58 | TOBRA/DEXAME SUS 0.3-0.1% . . | 104 |
| TERCONAZOLE CRE 0.8% | 27 | TIADYLT CAP 360MG/24 | 59 | TOBRA/NACL INJ 60/0.9 | 131 |
| TERCONAZOLE SUP 80MG | 27 | TIADYLT CAP 420MG/24 | 59 | TOBRADEX OIN 0.3-0.1% | 104 |
| TESTOST CYP INJ 100MG/ML | 86 | TIAGABINE TAB 12MG | 21 | TOBRAMYCIN INJ 1.2GM | 131 |
| TESTOST CYP INJ 200MG/ML | 86 | TIAGABINE TAB 16MG | 21 | TOBRAMYCIN INJ 10MG/ML | 131 |
| TESTOST ENAN INJ 200MG/ML | 86 | TIAGABINE TAB 2MG | 21 | TOBRAMYCIN NEB 300/5ML | 110 |
| TESTOSTERONE GEL 1%(50MG) | 86 | TIAGABINE TAB 4MG | 21 | TOBRAMYCIN SOL 0.3% OP | 104 |
| TETRABENAZIN TAB 12.5MG | 62 | TIGAN INJ 100MG/ML | 131 | TOBEX OIN 0.3% OP | 104 |
| TETRABENAZIN TAB 25MG | 62 | TIGECYCLINE INJ 50MG | 131 | TODAY SPONGE MIS | 74 |
| TETRACAINE SOL 0.5% OP | 104 | TIGLUTIK SUS 50/10ML | 62 | TOLBUTAMIDE TAB 500MG | 45 |
| TETRACYCLINE CAP 250MG | 18 | TILIA FE TAB | 87 | TOLCAPONE TAB 100MG | 34 |
| TETRACYCLINE CAP 500MG | 18 | TIMOLOL GEL SOL 0.25% OP | 104 | TOLMETIN SOD CAP 400MG | 12 |
| TEXACORT SOL 2.5% | 77 | TIMOLOL GEL SOL 0.5% OP | 104 | TOLMETIN SOD TAB 600MG | 12 |
| THALOMID CAP 100MG | 32 | TIMOLOL MAL SOL 0.25% OP | 104 | TOLTERODINE TAB 1MG | 74 |
| THALOMID CAP 150MG | 32 | TIMOLOL MAL SOL 0.5% OP | 104 | TOLTERODINE TAB 2MG | 74 |
| THALOMID CAP 200MG | 32 | TIMOLOL MAL TAB 10MG | 59 | TOPIRAMATE CAP 15MG | 21 |
| THALOMID CAP 50MG | 32 | TIMOLOL MAL TAB 20MG | 59 | TOPIRAMATE CAP 25MG | 21 |
| THEO-24 CAP 100MG CR | 109 | TIMOLOL MAL TAB 5MG | 59 | TOPIRAMATE TAB 100MG | 21 |
| THEO-24 CAP 200MG CR | 109 | TIMOLOL MALE SOL 0.5% | 104 | TOPIRAMATE TAB 200MG | 21 |
| THEO-24 CAP 300MG CR | 109 | TINIDAZOLE TAB 250MG | 18 | TOPIRAMATE TAB 25MG | 21 |
| THEO-24 CAP 400MG ER | 109 | TINIDAZOLE TAB 500MG | 18 | TOPIRAMATE TAB 50MG | 21 |
| THEOPHYLLINE SOL 80/15ML | 110 | TIROSINT-SOL SOL 100MCG | 90 | TOPOSAR INJ 1GM/50ML | 131 |
| THEOPHYLLINE TAB 300MG ER | 110 | TIROSINT-SOL SOL 112MCG | 90 | TOPOTECAN INJ 4MG/4ML | 131 |
| THEOPHYLLINE TAB 400MG ER | 110 | TIROSINT-SOL SOL 125MCG | 90 | TOPOTECAN INJ 4MG | 131 |
| THEOPHYLLINE TAB 450MG ER | 110 | TIROSINT-SOL SOL 137MCG | 90 | TOREMIFENE TAB 60MG | 32 |
| THEOPHYLLINE TAB 600MG ER | 110 | TIROSINT-SOL SOL 13MCG/ML | 90 | TORISEL INJ 25MG/ML | 131 |
| THIORIDAZINE TAB 100MG | 36 | TIROSINT-SOL SOL 150MCG | 90 | TORSEMIDE TAB 100MG | 59 |
| THIORIDAZINE TAB 10MG | 36 | TIROSINT-SOL SOL 175MCG | 90 | TORSEMIDE TAB 10MG | 59 |
| THIORIDAZINE TAB 25MG | 36 | TIROSINT-SOL SOL 200MCG | 90 | TORSEMIDE TAB 20MG | 59 |
| THIORIDAZINE TAB 50MG | 36 | TIROSINT-SOL SOL 25MCG/ML | 90 | TORSEMIDE TAB 5MG | 59 |
| THIOTEPA INJ 100MG | 130 | TIROSINT-SOL SOL 37.5/ML | 90 | TOTECT INJ 500MG | 131 |
| THIOTEPA INJ 15MG | 131 | TIROSINT-SOL SOL 44MCG/ML | 90 | TRADJENTA TAB 5MG | 45 |
| THIOTHIXENE CAP 10MG | 36 | TIROSINT-SOL SOL 50MCG/ML | 90 | TRAMADL/APAP TAB 37.5-325 | 12 |
| THIOTHIXENE CAP 1MG | 36 | TIROSINT-SOL SOL 62.5/ML | 90 | TRAMADOL HCL TAB 100MG ER | 12 |
| THIOTHIXENE CAP 2MG | 36 | TIROSINT-SOL SOL 75MCG/ML | 90 | TRAMADOL HCL TAB 200MG ER | 12 |
| THIOTHIXENE CAP 5MG | 36 | TIROSINT-SOL SOL 88MCG/ML | 90 | TRAMADOL HCL TAB 300MG ER | 12 |
| THRIVE GUM 2MG MINT | 14 | TISSEEL KIT 10ML | 100 | TRAMADOL HCL TAB 50MG | 12 |
| THRIVITE RX TAB 29-1MG | 69 | TISSEEL KIT 2ML | 100 | TRANDOLAPRIL TAB 1MG | 59 |
| THROMBIN KIT 5000UNIT | 48 | TISSEEL KIT 4ML | 100 | TRANDOLAPRIL TAB 2MG | 59 |
| THROMBIN-JMI KIT 20000UNT | 48 | TISSEEL SOL 10ML | 100 | TRANDOLAPRIL TAB 4MG | 59 |
| THROMBIN-JMI KIT 5000UNIT | 48 | TISSEEL SOL 2ML | 100 | TRANEX ACID INJ 1000MG | 131 |
| THROMBIN-JMI SOL 20000UNT | 48 | TISSEEL SOL 4ML | 100 | TRANEX ACID TAB 650MG | 48 |
| THROMBIN-JMI SOL 5000UNIT | 48 | TIVDAK INJ 40MG | 131 | TRANLYCYPROM TAB 10MG | 24 |



| | | | | | |
|-------------------------------------|-----|-------------------------------------|-----|-------------------------------------|-----|
| TRAVOPROST DRO 0.004% | 104 | TRIAMCINOLON PST DEN 0.1% | 62 | TRULICITY INJ 3/0.5. | 45 |
| TRAZIMERA INJ 150MG | 131 | TRIAMT/HCTZ CAP 37.5-25. | 59 | TRULICITY INJ 4.5/0.5 | 45 |
| TRAZIMERA INJ 420MG | 131 | TRIAMT/HCTZ TAB 37.5-25 | 59 | TRUMENBA INJ. | 96 |
| TRAZODONE TAB 100MG. | 24 | TRIAMT/HCTZ TAB 75-50MG | 59 | TRUXIMA INJ 100/10ML | 131 |
| TRAZODONE TAB 150MG. | 24 | TRIAMTERENE CAP 100MG | 59 | TRUXIMA INJ 500/50ML | 131 |
| TRAZODONE TAB 300MG. | 24 | TRIAMTERENE CAP 50MG | 59 | TULANA TAB 0.35MG | 87 |
| TRAZODONE TAB 50MG. | 24 | TRIAZOLAM TAB 0.125MG | 41 | TURALIO CAP 125MG | 32 |
| TREANDA INJ 100MG | 131 | TRIAZOLAM TAB 0.25MG | 41 | TURALIO CAP 200MG | 32 |
| TREANDA INJ 25MG | 131 | TRICARE TAB PRENATAL | 69 | TUSSICAPS CAP 10-8MG | 110 |
| TRECTOR TAB 250MG. | 29 | TRIDERM CRE 0.1% | 77 | TUXARIN ER TAB 54.3-8MG | 110 |
| TRELEGY AER 100MCG. | 110 | TRIDERM CRE 0.5% | 77 | TUZISTRA XR SUS | 110 |
| TRELEGY AER 200MCG | 110 | TRIENTINE CAP 250MG. | 69 | TWINRIX INJ | 96 |
| TRELSTAR MIX INJ 11.25MG. | 131 | TRIFERIC INJ AVNU | 131 | TWIRLA DIS 120-30 | 87 |
| TRELSTAR MIX INJ 22.5MG | 131 | TRIFERIC POW 272MG | 131 | TYBLUME CHW 0.1-0.02 | 87 |
| TRELSTAR MIX INJ 3.75MG. | 131 | TRIFERIC SOL 27.2/5ML | 131 | TYDEMY TAB. | 87 |
| TREPROSTINIL INJ 10MG/ML | 131 | TRIFERIC SOL | 131 | TYGACIL INJ 50MG | 131 |
| TREPROSTINIL INJ 1MG/ML. | 131 | TRIFLUOPERAZ TAB 10MG | 36 | TYSABRI INJ 300/15ML. | 131 |
| TREPROSTINIL INJ 2.5MG/ML | 131 | TRIFLUOPERAZ TAB 1MG. | 36 | TYVASO DPI POW 16-32-48 | 110 |
| TREPROSTINIL INJ 5MG/ML | 131 | TRIFLUOPERAZ TAB 2MG. | 36 | TYVASO DPI POW 16-32MCG. | 110 |
| TRESIBA FLEX INJ 100UNIT | 45 | TRIFLUOPERAZ TAB 5MG. | 36 | TYVASO DPI POW 16MCG | 110 |
| TRESIBA FLEX INJ 200UNIT | 45 | TRIFLURIDINE SOL 1% OP | 104 | TYVASO DPI POW 32-48MCG. | 110 |
| TRESIBA INJ 100UNIT | 45 | TRIHXYPHEN SOL 0.4MG/ML | 34 | TYVASO DPI POW 32MCG | 110 |
| TRETINOIN CAP 10MG | 32 | TRIHXYPHEN TAB 2MG. | 34 | TYVASO DPI POW 48MCG | 110 |
| TRETINOIN CRE 0.025% | 64 | TRIHXYPHEN TAB 5MG. | 34 | TYVASO DPI POW 64MCG | 110 |
| TRETINOIN CRE 0.05% | 64 | TRIMETHOBENZ CAP 300MG | 26 | TYVASO REFIL SOL 0.6MG/ML | 110 |
| TRETINOIN CRE 0.1%. | 64 | TRIMETHOBENZ INJ 100MG/ML | 131 | TYVASO SOL 0.6MG/ML | 110 |
| TRI FEMYNOR TAB. | 87 | TRIMETHOPRIM SOL | | TYVASO START SOL 0.6MG/ML | 110 |
| TRI-ESTARYLL TAB | 87 | TRIMETHOPRIM TAB 100MG | 18 | UCERIS AER 2MG/ACT | 97 |
| TRI-LEGEST TAB FE. | 87 | TRIMIPRAMINE CAP 100MG. | 24 | ULTICARE MIS 30GX3/16 | 101 |
| TRI-LINYAH TAB | 87 | TRIMIPRAMINE CAP 25MG. | 24 | ULTOMIRIS INJ 100MG/ML. | 131 |
| TRI-LO TAB ESTARYLL | 87 | TRIMIPRAMINE CAP 50MG. | 24 | ULTOMIRIS INJ 300/30ML. | 131 |
| TRI-LO- TAB MARZIA | 87 | TRINATAL RX TAB 1 | 69 | UNASYN INJ 1.5GM | 131 |
| TRI-LO- TAB SPRINTEC | 87 | TRINATE TAB. | 69 | UNASYN INJ 15GM. | 131 |
| TRI-LO-MILI TAB | 87 | TRIOSTAT INJ 10MCG/ML. | 131 | UNASYN INJ 3GM. | 131 |
| TRI-MILI TAB | 87 | TRIPTODUR SUS 22.5MG | 131 | UNITHROID TAB 100MCG. | 90 |
| TRI-NYMYO TAB | 87 | TRISENOX INJ 12MG/6ML. | 131 | UNITHROID TAB 112MCG | 90 |
| TRI-PREVIFEM TAB | 87 | TRISTART DHA CAP. | 69 | UNITHROID TAB 125MCG. | 90 |
| TRI-SPRINTEC TAB. | 87 | TRISTART ONE CAP 35-1-215 | 69 | UNITHROID TAB 137MCG. | 90 |
| TRI-VYLIBRA TAB LO. | 87 | TRIUMEQ TAB. | 39 | UNITHROID TAB 150MCG. | 90 |
| TRI-VYLIBRA TAB | 87 | TRIVEEN-DUO PAK DHA | 69 | UNITHROID TAB 175MCG | 91 |
| TRIAMCINOLON CRE 0.025%. | 77 | TRIVORA-28 TAB. | 87 | UNITHROID TAB 200MCG. | 91 |
| TRIAMCINOLON CRE 0.1% | 77 | TRODELVY SOL 180MG. | 131 | UNITHROID TAB 25MCG | 91 |
| TRIAMCINOLON CRE 0.5% | 77 | TROGARZO INJ 150MG/ML | 131 | UNITHROID TAB 300MCG. | 91 |
| TRIAMCINOLON LOT 0.025% | 77 | TROSPPIUM CHL CAP 60MG ER | 74 | UNITHROID TAB 50MCG. | 91 |
| TRIAMCINOLON LOT 0.1% | 77 | TROSPPIUM CL TAB 20MG | 74 | UNITHROID TAB 75MCG | 91 |
| TRIAMCINOLON OIN 0.025% | 77 | TRUEPLUS CHW GLUCOSE | 100 | UNITHROID TAB 88MCG. | 91 |
| TRIAMCINOLON OIN 0.1%. | 77 | TRULICITY INJ 0.75/0.5 | 45 | UNITUXIN INJ | 131 |
| TRIAMCINOLON OIN 0.5% | 77 | TRULICITY INJ 1.5/0.5 | 45 | UPLIZNA SOL 100MG | 131 |



| | | | | | |
|-------------------------------------|-----|------------------------------------|-----|----------------------------------|-----|
| UPTRAVI INJ 1800MCG | 131 | VARIVAX INJ | 96 | VEREGEN OIN 15%. | 64 |
| URSODIOL CAP 300MG | 72 | VARUBI INJ | 132 | VERZENIO TAB 100MG | 32 |
| URSODIOL TAB 250MG | 72 | VARUBI TAB 90MG | 26 | VERZENIO TAB 150MG | 32 |
| URSODIOL TAB 500MG | 72 | VASCEPA CAP 0.5GM | 59 | VERZENIO TAB 200MG | 32 |
| UTI HOME TES TEST | 101 | VASCEPA CAP 1GM | 59 | VERZENIO TAB 50MG | 32 |
| UVADEX INJ 20MCG/ML | 131 | VASOPRESSIN INJ 20UNT/ML | 132 | VESTURA TAB 3-0.02MG. | 87 |
| VABOMERE INJ 2GM(1-1). | 131 | VASOSTRICT INJ 20UNT/ML | 132 | VFEND IV INJ 200MG | 132 |
| VALACYCLOVIR TAB 1GM. | 39 | VAXELIS INJ | 96 | VIBATIV INJ 750MG | 132 |
| VALACYCLOVIR TAB 500MG | 39 | VAXNEUVANCE INJ | 96 | VICTOZA INJ 18MG/3ML | 45 |
| VALCHLOR GEL 0.016%. | 32 | VAZCULEP INJ 10MG/ML | 132 | VIENVA TAB 0.1-20 | 87 |
| VALGANCICLOV SOL 50MG/ML | 39 | VCF VAGINAL AER CONTRACP | 74 | VIGABATRIN PAK 500MG | 21 |
| VALGANCICLOV TAB 450MG | 39 | VCF VAGINAL GEL CONTRACE | 74 | VIGABATRIN TAB 500MG | 21 |
| VALPROATE INJ 100MG/ML | 131 | VCF VAGINAL MIS CONTRACP | 74 | VIGADRONE POW 500MG. | 21 |
| VALPROIC ACD CAP 250MG. | 21 | VECAMYL TAB 2.5MG | 59 | VILAZODONE TAB 10MG. | 25 |
| VALPROIC ACD SOL 250/5ML | 21 | VELIVET PAK | 87 | VILAZODONE TAB 20MG | 25 |
| VALSART/HCTZ TAB 160-12.5 | 59 | VELPHORO CHW 500MG | 69 | VILAZODONE TAB 40MG | 25 |
| VALSART/HCTZ TAB 160-25MG. | 59 | VELTASSA POW 16.8GM | 69 | VILTEPSO SOL | 132 |
| VALSART/HCTZ TAB 320-12.5 | 59 | VELTASSA POW 25.2GM | 69 | VIMIZIM INJ 5MG/5ML | 132 |
| VALSART/HCTZ TAB 320-25MG. | 59 | VELTASSA POW 8.4GM | 69 | VIMPAT INJ 200MG/20. | 132 |
| VALSART/HCTZ TAB 80-12.5. | 59 | VENLAFAXINE CAP 150MG ER. | 25 | VINATE II TAB | 69 |
| VALSARTAN TAB 160MG. | 59 | VENLAFAXINE CAP 37.5 ER | 25 | VINATE ONE TAB | 69 |
| VALSARTAN TAB 320MG. | 59 | VENLAFAXINE CAP 75MG ER. | 25 | VIORELE TAB | 87 |
| VALSARTAN TAB 40MG. | 59 | VENLAFAXINE TAB 100MG. | 25 | VIRACEPT TAB 250MG | 39 |
| VALSARTAN TAB 80MG. | 59 | VENLAFAXINE TAB 25MG | 25 | VIRACEPT TAB 625MG | 39 |
| VANCOMYCIN CAP 125MG. | 18 | VENLAFAXINE TAB 37.5MG. | 25 | VIRT-C DHA CAP. | 69 |
| VANCOMYCIN CAP 250MG. | 18 | VENLAFAXINE TAB 50MG | 25 | VIRT-NATE CAP DHA | 69 |
| VANCOMYCIN INJ 1 GM | 131 | VENLAFAXINE TAB 75MG | 25 | VIRT-PN DHA CAP | 69 |
| VANCOMYCIN INJ 1.25GM | 131 | VENTAVIS SOL 10MCG/ML. | 110 | VIRT-PN PLUS CAP. | 69 |
| VANCOMYCIN INJ 1.5/300 | 131 | VENTAVIS SOL 20MCG/ML. | 110 | VITAFOL CAP ULTRA | 69 |
| VANCOMYCIN INJ 10GM. | 131 | VENTOLIN HFA AER | 110 | VITAFOL CHW GUMMIES | 70 |
| VANCOMYCIN INJ 1GM/200M | 131 | VERAPAMIL CAP 100MG ER. | 59 | VITAFOL FE+ CAP. | 70 |
| VANCOMYCIN INJ 250MG. | 131 | VERAPAMIL CAP 120MG ER. | 59 | VITAFOL STRP MIS 1MG | 70 |
| VANCOMYCIN INJ 500MG. | 132 | VERAPAMIL CAP 120MG SR. | 59 | VITAFOL-NANO TAB. | 70 |
| VANCOMYCIN INJ 5GM | 132 | VERAPAMIL CAP 180MG ER. | 59 | VITAFOL-OB PAK +DHA | 70 |
| VANCOMYCIN INJ 750MG. | 132 | VERAPAMIL CAP 180MG SR. | 59 | VITAFOL-OB TAB 65-1MG | 70 |
| VANCOMYCIN SOL 1.25GM | 132 | VERAPAMIL CAP 200MG ER. | 59 | VITAFOL-ONE CAP | 70 |
| VANCOMYCIN SOL 1.5GM | 132 | VERAPAMIL CAP 240MG ER. | 59 | VITAMEDMD CAP ONE RX | 70 |
| VANCOMYCIN SOL 1.75GM | 132 | VERAPAMIL CAP 240MG SR. | 59 | VITAMIN D CAP 1.25MG. | 70 |
| VANCOMYCIN SOL 250/5ML | 18 | VERAPAMIL CAP 300MG ER. | 59 | VITAMIN D CAP 50000UNT | 70 |
| VANCOMYCIN SOL 25MG/ML | 18 | VERAPAMIL CAP 360MG SR. | 59 | VITAMIN K1 INJ 10MG/ML. | 132 |
| VANCOMYCIN SOL 2G/400ML. | 132 | VERAPAMIL INJ 10MG/4ML | 132 | VITAMIN K1 INJ 1MG/0.5 | 132 |
| VANCOMYCIN SOL 50MG/ML | 18 | VERAPAMIL INJ 5MG/2ML | 132 | VITAPEARL CAP | 70 |
| VANDAZOLE GEL 0.75% | 18 | VERAPAMIL TAB 120MG ER | 59 | VITATHELY TAB | 70 |
| VAQTA INJ 25/0.5ML | 96 | VERAPAMIL TAB 120MG | 59 | VITATRUE MIS. | 70 |
| VAQTA INJ 50UNT/ML | 96 | VERAPAMIL TAB 180MG ER | 59 | VITRAKVI CAP 100MG | 32 |
| VARENICLINE TAB 0.5& 1MG | 14 | VERAPAMIL TAB 240MG ER. | 59 | VITRAKVI CAP 25MG | 32 |
| VARENICLINE TAB 0.5MG. | 14 | VERAPAMIL TAB 40MG | 59 | VITRAKVI SOL 20MG/ML | 32 |
| VARENICLINE TAB 1MG. | 14 | VERAPAMIL TAB 80MG. | 59 | VIVITROL INJ 380MG | 132 |



| | | | | | |
|-------------------------------------|-----|----------------------------------|-----|----------------------------------|-----|
| VOLNEA TAB | 87 | XARELTO TAB 2.5MG | 48 | XYLOCAINE INJ MPF 1.5% | 132 |
| VORAXAZE INJ 1000UNIT | 132 | XARELTO TAB 20MG | 48 | YERVOY INJ 200MG | 133 |
| VORICONAZOLE INJ 200MG | 132 | XELJANZ SOL 1MG/ML | 96 | YERVOY INJ 50MG | 133 |
| VORICONAZOLE SUS 40MG/ML | 27 | XELJANZ TAB 10MG | 96 | YESCARTA INJ | 133 |
| VORICONAZOLE TAB 200MG | 27 | XELJANZ TAB 5MG | 97 | YONDELIS INJ 1MG | 133 |
| VORICONAZOLE TAB 50MG | 27 | XELJANZ XR TAB 11MG | 97 | YOSPRALA TAB 325-40MG | 48 |
| VP-PNV-DHA CAP | 70 | XELJANZ XR TAB 22MG | 97 | YOSPRALA TAB 81-40MG | 48 |
| VPRIV INJ 400UNIT | 132 | XELPROS EMU 0.005% | 104 | YUPELRI SOL | 110 |
| VRAYLAR CAP 1.5-3MG | 36 | XEMBIFY INJ 10G/50ML | 132 | YUTIQ IMP 0.18MG | 133 |
| VRAYLAR CAP 1.5MG | 36 | XEMBIFY INJ 1GM/5ML | 132 | YUVAFEM TAB 10MCG | 88 |
| VRAYLAR CAP 3MG | 36 | XEMBIFY INJ 2GM/10ML | 132 | ZAFEMY DIS 150/35 | 88 |
| VRAYLAR CAP 4.5MG | 36 | XEMBIFY INJ 4GM/20ML | 132 | ZAFIRLUKAST TAB 10MG | 110 |
| VRAYLAR CAP 6MG | 36 | XENLETA INJ 150/15ML | 132 | ZAFIRLUKAST TAB 20MG | 110 |
| VYEPTI INJ 100MG/ML | 132 | XEOMIN INJ 100UNIT | 132 | ZALEPLON CAP 10MG | 112 |
| VYFEMLA TAB 0.4-35 | 87 | XEOMIN INJ 200UNIT | 132 | ZALEPLON CAP 5MG | 112 |
| VYLIBRA TAB 0.25-35 | 87 | XEOMIN INJ 50 UNIT | 132 | ZALTRAP INJ 100/4ML | 133 |
| VYONDYS 53 INJ 100/2ML | 132 | XEPI CRE 1% | 18 | ZALTRAP INJ 200/8ML | 133 |
| VYXEOS INJ 44-100MG | 132 | XERAVA INJ 100MG | 132 | ZANOSAR INJ 1GM | 133 |
| WARFARIN TAB 10MG | 48 | XERAVA INJ 50MG | 132 | ZARAH TAB 3-0.03MG | 88 |
| WARFARIN TAB 1MG | 48 | XERMELO TAB 250MG | 72 | ZARXIO INJ 300/0.5 | 48 |
| WARFARIN TAB 2.5MG | 48 | XGEVA INJ | 132 | ZARXIO INJ 480/0.8 | 48 |
| WARFARIN TAB 2MG | 48 | XIFAXAN TAB 200MG | 18 | ZATEAN-PN CAP DHA | 70 |
| WARFARIN TAB 3MG | 48 | XIFAXAN TAB 550MG | 18 | ZATEAN-PN CAP PLUS | 70 |
| WARFARIN TAB 4MG | 48 | XIGDUO XR TAB 10-1000 | 45 | ZEGALOGUE INJ 0.6/0.6 | 45 |
| WARFARIN TAB 5MG | 48 | XIGDUO XR TAB 10-500MG | 45 | ZELBORAF TAB 240MG | 32 |
| WARFARIN TAB 6MG | 48 | XIGDUO XR TAB 2.5-1000 | 45 | ZELNORM TAB 6MG | 72 |
| WARFARIN TAB 7.5MG | 48 | XIGDUO XR TAB 5-1000MG | 45 | ZEMAIRA INJ 1000MG | 133 |
| WERA TAB 0.5/35 | 87 | XIGDUO XR TAB 5-500MG | 45 | ZEMDRI INJ 500MG/10 | 133 |
| WESNATAL DHA PAK COMPLETE | 70 | XOLAIR INJ 150MG/ML | 110 | ZEMPLAR INJ 2MCG/ML | 133 |
| WESTAB PLUS TAB 27-1MG | 70 | XOLAIR INJ 75/0.5 | 110 | ZEMPLAR INJ 5MCG/ML | 133 |
| WIDE-SEAL DPR KIT 60 | 101 | XOLAIR SOL 150MG | 132 | ZENATANE CAP 10MG | 64 |
| WIDE-SEAL DPR KIT 65 | 101 | XOSPATA TAB 40MG | 32 | ZENATANE CAP 20MG | 64 |
| WIDE-SEAL DPR KIT 70 | 101 | XTAMPZA ER CAP 13.5MG | 12 | ZENATANE CAP 30MG | 64 |
| WIDE-SEAL DPR KIT 75 | 101 | XTAMPZA ER CAP 18MG | 12 | ZENATANE CAP 40MG | 64 |
| WIDE-SEAL DPR KIT 80 | 101 | XTAMPZA ER CAP 27MG | 12 | ZENPEP CAP 10000UNT | 73 |
| WIDE-SEAL DPR KIT 85 | 101 | XTAMPZA ER CAP 36MG | 12 | ZENPEP CAP 15000UNT | 73 |
| WIDE-SEAL DPR KIT 90 | 101 | XTAMPZA ER CAP 9MG | 12 | ZENPEP CAP 20000UNT | 73 |
| WIDE-SEAL DPR KIT 95 | 101 | XULANE DIS 150-35 | 87 | ZENPEP CAP 25000UNT | 73 |
| WILZIN CAP 25MG | 70 | XYLO-MPF/EPI INJ 1.5% | 132 | ZENPEP CAP 3000UNIT | 73 |
| WIXELA INHUB AER 100/50 | 110 | XYLO-MPF/EPI INJ 1% | 132 | ZENPEP CAP 40000UNT | 73 |
| WIXELA INHUB AER 250/50 | 110 | XYLO-MPF/EPI INJ 2% | 132 | ZENPEP CAP 5000UNIT | 73 |
| WIXELA INHUB AER 500/50 | 110 | XYLOCAINE INJ -MPF 1% | 132 | ZEPZELCA SOL 4MG | 133 |
| WYMZYA FE CHW 0.4MG-35 | 87 | XYLOCAINE INJ -MPF 2% | 132 | ZERBAXA INJ 1.5GM | 133 |
| XARACOLL IMP 100MG | 132 | XYLOCAINE INJ -MPF 4% | 132 | ZIDOVDINE CAP 100MG | 39 |
| XARELTO STAR TAB 15/20MG | 48 | XYLOCAINE INJ 0.5% | 132 | ZIDOVDINE SYP 50MG/5ML | 39 |
| XARELTO SUS 1MG/ML | 48 | XYLOCAINE INJ 1% | 132 | ZIDOVDINE TAB 300MG | 39 |
| XARELTO TAB 10MG | 48 | XYLOCAINE INJ 2% | 132 | ZILEUTON ER TAB 600MG | 110 |
| XARELTO TAB 15MG | 48 | XYLOCAINE INJ MPF 0.5% | 132 | ZILRETTA INJ 32MG | 133 |

| | | | |
|------------------------------------|-----|----------------------------------|-----|
| ZINC SULFATE INJ 1MG/ML | 133 | ZYPREXA RELP INJ 300MG | 134 |
| ZINPLAVA SOL 25MG/ML | 133 | ZYPREXA RELP INJ 405MG | 134 |
| ZIPRASIDONE CAP 20MG | 36 | ZYVOX SOL 2MG/ML | 134 |
| ZIPRASIDONE CAP 40MG | 36 | | |
| ZIPRASIDONE CAP 60MG | 36 | | |
| ZIPRASIDONE CAP 80MG | 37 | | |
| ZIPRASIDONE INJ 20MG | 133 | | |
| ZIRABEV INJ 100/4ML | 133 | | |
| ZIRABEV INJ 400/16ML | 133 | | |
| ZIRGAN GEL 0.15% | 104 | | |
| ZITHROMAX INJ 500MG | 133 | | |
| ZOLEDRONIC INJ 4/100ML | 133 | | |
| ZOLEDRONIC INJ 4MG/5ML | 133 | | |
| ZOLEDRONIC INJ 5/100ML | 133 | | |
| ZOLGENSMA INJ | 133 | | |
| ZOLINZA CAP 100MG | 32 | | |
| ZOLMITRIPTAN SPR 2.5MG | 28 | | |
| ZOLMITRIPTAN SPR 5MG | 28 | | |
| ZOLMITRIPTAN TAB 2.5 MG | 28 | | |
| ZOLMITRIPTAN TAB 2.5MG | 28 | | |
| ZOLMITRIPTAN TAB 5MG ODT | 28 | | |
| ZOLMITRIPTAN TAB 5MG | 28 | | |
| ZOLPIDEM TAB 10MG | 112 | | |
| ZOLPIDEM TAB 5MG | 112 | | |
| ZONISAMIDE CAP 100MG | 21 | | |
| ZONISAMIDE CAP 25MG | 21 | | |
| ZONISAMIDE CAP 50MG | 21 | | |
| ZOSYN INJ 36-4.5GM | 133 | | |
| ZOSYN SOL 2-0.25GM | 133 | | |
| ZOSYN SOL 3-0.375G | 133 | | |
| ZOSYN SOL 4-0.50GM | 133 | | |
| ZOVIA 1/35 TAB | 88 | | |
| ZOVIA 1/35E TAB | 88 | | |
| ZUBSOLV SUB 0.7-0.18 | 14 | | |
| ZUBSOLV SUB 1.4-0.36 | 14 | | |
| ZUBSOLV SUB 11.4-2.9 | 14 | | |
| ZUBSOLV SUB 2.9-0.71 | 14 | | |
| ZUBSOLV SUB 5.7-1.4 | 14 | | |
| ZUBSOLV SUB 8.6-2.1 | 14 | | |
| ZULRESSO INJ 100/20ML | 134 | | |
| ZUMANDIMINE TAB 3-0.03MG | 88 | | |
| ZYKADIA TAB 150MG | 32 | | |
| ZYLET SUS 0.5-0.3% | 104 | | |
| ZYNLONTA SOL 10MG | 134 | | |
| ZYNRELEF INJ 200-6MG | 134 | | |
| ZYNRELEF INJ 400-12MG | 134 | | |
| ZYPREXA INJ 10MG | 134 | | |
| ZYPREXA RELP INJ 210MG | 134 | | |



Language Assistance Services

We¹ provide free language services to help communicate with us. We offer interpreters, letters in other languages, and letters in other formats like large print. To get help, 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.

| |
|--|
| English |
| If you need help in another language or you need another format, like large print, please call 1-877-265-9199 or the member number on your health plan ID card, TTY / RTT 711. Translation services and interpreters are available at no cost to you. |
| Español |
| Si necesita ayuda en otro idioma o en otro formato, como letra grande, llame al 1-877-265-9199 o al número para miembros en su tarjeta de ID del plan de salud, TTY/RTT 711. Los servicios de traducción y de interpretación están disponibles sin costo para usted. |
| 中文 |
| 如果您需要以其他語言提供的協助，或您需要其他形式版本，例如大字體，請致電 1-877-265-9199 或撥打健保計劃會員卡上的會員電話，聽力語言殘障服務專線 / 即時訊息 (TTY / RTT) 711。可免費向您提供翻譯服務和口譯員服務。 |
| Tiếng Việt |
| Nếu quý vị cần trợ giúp bằng ngôn ngữ khác hoặc quý vị cần định dạng khác, như bản in cỡ lớn, vui lòng gọi đến số 1-877-265-9199 hoặc số điện thoại dành cho hội viên trên thẻ ID chương trình hiểm y tế của quý vị, TTY/RTT 711. Có sẵn các dịch vụ dịch thuật và thông dịch viên miễn phí cho quý vị. |
| 한국어 |
| 귀하가 다른 언어로 도움이 필요하거나 큰 활자와 같은 다른 형식으로 필요한 경우, 1-877-265-9199 또는 귀하의 건강보험 ID 카드에 기재된 회원 번호, TTY / RTT 711 번으로 전화하십시오. 귀하는 번역 서비스 및 통역사를 무료로 이용하실 수 있습니다. |
| Tagalog |
| Kung kailangan ninyo ng tulong sa ibang wika o kailangan ninyo ng ibang format, tulad ng malalaking titik, pakitawagan ang 1-877-265-9199 o ang numero para sa miyembro na makikita sa inyong ID card sa planong pangkalusugan, para sa gumagamit ng TTY / RTT, tumawag sa 711. Available para sa inyo ang mga serbisyo sa pagsasalin at interpreter nang wala kayong babayaran. |
| Русский |
| Если Вам нужна помощь на другом языке или Вы хотели бы получить этот документ в другом формате (например, крупным шрифтом), позвоните по телефону 1-877-265-9199 или по телефону, указанному на Вашей идентификационной карте участника плана медицинского страхования, линия TTY/RTT: 711. Услуги устного и письменного перевода предоставляются бесплатно. |
| اللغة العربية |
| إذا كنت بحاجة إلى مساعدة بلغة أخرى أو تحتاج إلى تنسيق آخر مثل الطباعة بأحرف كبيرة، فيرجى الاتصال على رقم 1-877-265-9199 أو رقم هاتف الأعضاء المدرج على بطاقة معرف العضوية الخاص بخطتك الصحية، أو 711 TTY/RTT. تتوفر خدمات الترجمة التحريرية والمترجمين الفوريين دون أن تتحمل أي تكلفة. |

| |
|---|
| Français |
| Si vous avez besoin d'aide dans une autre langue ou souhaitez un autre format, par exemple en gros caractères, veuillez appeler le 1-877-265-9199 ou le numéro d'assuré figurant sur votre carte d'assurance, ATS / RTT (texte en temps réel) 711. Des services de traduction et des interprètes sont disponibles gratuitement. |
| አማርኛ |
| በሌላ ቋንቋ እርዳታ የሚፈልጉ ከሆነ ወይም በሌላ ፎርማት የተዘጋጀ ካስፈለግዎት፣ ለምሳሌ በትልቅ የተጻፈ፣ እባክዎን በ 1-877-265-9199 ወይም በኢንፎርሬሽን ካርድዎ ላይ ባለው የአባል አገልግሎት መስጫ ስልክ ቁጥር ይደውሉ፣ መስማት ለተሳናቸው (TTY/RTT) በ 711። የጽሑፍ ትርጉም አገልግሎት እንዲሁም የቃል አስተርጓሚዎች ምንም ሳይከፍሉ መጠቀም ይችላሉ። |
| Diné |
| łá' nááná saad bee shika'a'doowoł nínízingo doodago t'áá łahgo át'éego anályaago, nitsaago bee bik'e'ashchíigo da, t'áá shoꝑdí kohj8' 1-877-265-9199 hod7ilnih doodago nits'íís nánel'íjh naaltsoos bee ha'dít'éhígíí bił ninaaltsoos nit'ízi bee nééhizinígíí béésh bee hane'í biká'ígíí bee hodíilnih, TTY / RTT 711. T'áá ni nizaad bee ha'dilyaago dóó atah hane'ígíí t'áá jiik'eh bee ná'agot'i. |
| فارسی |
| اگر به زبان دیگری به کمک نیاز دارید یا به فرمت متفاوتی از قبیل چاپ درشت نیاز دارید، لطفاً با شماره 1-877-265-9199 یا شماره مرفوع شده بر روی کارت شناسایی برنامه درمانی خود، RTT / TTY 711 تماس بگیرید. خدمات ترجمه و مترجمین شفاهی بدون اخذ هزینه در اختیار شما می باشند. |
| اردو |
| اگر آپ کو کسی دوسری زبان میں معاونت کی ضرورت ہے یا آپ کو کسی اور فارمیٹ کی ضرورت ہے جیسے بڑے پرنٹ کی، تو براہ کرم 1-877-265-9199 پر یا اپنے پلان ID کارڈ پر دئے گئے ممبر نمبر پر کال کریں، RTT / TTY 711 - آپ کے لئے ترجمہ خدمات اور ترجمان بغیر کسی معاوضہ کے دستیاب ہیں۔ |
| Deutsch |
| Wenn Sie Hilfe in einer anderen Sprache oder ein anderes Format benötigen, z. B. Großdruck, rufen Sie bitte 1-877-265-9199 oder die Telefonnummer für Mitglieder an, die auf Ihrer Versicherungskarte angegeben ist, TTY / RTT 711. Übersetzer- und Dolmetscherdienste stehen Ihnen kostenlos zur Verfügung. |
| 日本語 |
| 他の言語でのお手伝いや他の形式(大きな文字など)が必要な場合は、1-877-265-9199 または医療保険プラン ID カードに記載されている電話番号 (TTY/RTT は 711) にお電話ください。翻訳サービスと通訳は無料でご利用いただけます。 |
| ភាសាខ្មែរ |
| ប្រសិនបើអ្នកត្រូវការជំនួយជាភាសាផ្សេង ឬអ្នកត្រូវការជាទ្រង់ទ្រាយផ្សេង ដូចជាអក្សរពុម្ពធំៗ សូមហៅទូរស័ព្ទទៅលេខ 1-877-265-9199 ឬលេខសមាជិកនៅលើប័ណ្ណ ID គម្រោងសុខភាពរបស់អ្នក, TTY / RTT 711។ សេវាកម្មប្រែភាសា និងអ្នកបកប្រែផ្ទាល់មាត់ គឺអាចរកបានសម្រាប់អ្នកដោយឥតគិតថ្លៃ។ |





Notice of non-discrimination

We¹ do not treat members differently because of sex, age, race, color, disability or national origin. If you think you were treated unfairly because of your sex, age, race, color, disability or national origin, you can send a complaint to:

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

¹For purposes of the Language Assistance Services and this Non-Discrimination Notice (“Notice”), “we” refers to the entities listed in Footnote 2 of the Notice of Privacy Practices and Footnote 3 of the Financial Information Privacy Notice. Please note that not all entities listed are covered by this Notice.

* Medical plan coverage offered by: UnitedHealthcare of Arizona, Inc.; UHC of California; UnitedHealthcare of Florida, Inc.; UnitedHealthcare of Georgia, Inc.; UnitedHealthcare of Illinois, Inc.; UnitedHealthcare Insurance Company in KS, LA, MO, TN and AL; Optimum Choice, Inc. in VA and MD; Rocky Mountain Health Maintenance Organization, Incorporated; UnitedHealthcare Community Plan, Inc. in MI; UnitedHealthcare of Mississippi, Inc.; UnitedHealthcare of North Carolina, Inc.; UnitedHealthcare of Ohio, Inc.; UnitedHealthcare of Oklahoma, Inc.; UnitedHealthcare of South Carolina, Inc.; UnitedHealthcare of Texas, Inc.; and UnitedHealthcare of Oregon, Inc. in WA. Administrative Services provided by United HealthCare Services, Inc. or their affiliates.



Medical plan coverage offered by: UnitedHealthcare of Arizona, Inc.; UnitedHealthcare of Florida, Inc.; UnitedHealthcare of Georgia, Inc.; UnitedHealthcare of Illinois, Inc.; UnitedHealthcare Insurance Company in AL, KS, LA, MO, and TN; Optimum Choice, Inc. in MD and VA; Rocky Mountain Health Maintenance Organization, Incorporated in CO; UnitedHealthcare Community Plan, Inc. in MI; UnitedHealthcare of Mississippi, Inc.; UnitedHealthcare of North Carolina, Inc.; UnitedHealthcare of Ohio, Inc.; UnitedHealthcare of Oklahoma, Inc.; UnitedHealthcare of Texas, Inc.; and UnitedHealthcare of Oregon, Inc. in WA. Administrative Services provided by United HealthCare Services, Inc. or their affiliates.

7/23 © 2023 United HealthCare Services, Inc. All Rights Reserved. WF10981458-A
ORX_EHB Base Formulary Booklet_NM

CST34804-A