New Mexico
Individual & Family plans

2027 Prescription Drug List

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United Healthcare®

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Table of contents

Analgesics 10
Anesthetics 16
Anti-Addiction/Substance Abuse Treatment Agents 16
Antibacterials 18
Anticonvulsants 24
Antidementia Agents 28
Antidepressants 30
Antiemetics 34
Antifungals 35
Antigout Agents 37
Antimigraine Agents 37
Antimyasthenic Agents 39
Antimycobacterials 39
Antineoplastics 39
Antiparasitics 45
Antiparkinson Agents 46
Antipsychotics 48
Antispasticity Agents 51
Antivirals 52
Anxiolytics 55
Bipolar Agents 57
Blood Glucose Regulators 57
Blood Products and Modifiers 62
Cardiovascular Agents 66
Central Nervous System Agents 81
Dental and Oral Agents 85
Dermatological Agents 86
Electrolytes/Minerals/Metals/Vitamins 91
Gastrointestinal Agents 96
Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment 101
Genitourinary Agents 102
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal) 104
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary) 105
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers) 106
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid) 117
Hormonal Agents, Suppressant (Adrenal or Pituitary) 122

Hormonal Agents, Suppressant (Thyroid) 123
Immunological Agents 123
Inflammatory Bowel Disease Agents 132
Metabolic Bone Disease Agents 133
Miscellaneous Therapeutic Agents 133
Ophthalmic Agents 139
Otic Agents 143
Respiratory Tract/Pulmonary Agents 143
Skeletal Muscle Relaxants 151
Sleep Disorder Agents 152

Understanding your prescription drug list

What is a prescription drug list (PDL)?

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

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

About this PDL

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

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

Please review your benefit plan for full details.

How do I use my PDL?

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

What are tiers?

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

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

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

Can the PDL change?

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

Why are some medications not covered?

Non-formulary medications

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

Excluded medications

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

Coverage details

What are coverage rules or limits?

Some medications on your PDL have extra rules before they can be covered. A few of the most common coverage rules or limits are prior authorization (PA), step therapy (ST) and quantity limits (QL). We use programs like these to help make sure the medication you take is safe and effective. Check your plan documents for more information. In this drug list, some medications are noted with letters next to them to help you see which ones may have coverage rules or limits. Your benefit plan sets how these medications may be covered for you. To get a medication that has a coverage rule or limit, see the **Prior authorization and exception requests** section. For more information about quantity limits, please visit: **https://welcome.optumrx.com/rxexternal/external-prescription-drug-list?type=ClientFormulary&var=GPX626NM&infoid=GPX626NM&page=insert&par=**

PA	**Prior authorization required**
	Requires your health care provider to provide information about why you are taking a medication before your plan can decide how it may be covered.
QL	**Quantity limit**
	The largest quantity of medication covered per copayment or in a defined period of time. Prescriptions that exceed the quantity limit may be denied as an exclusion for exceeding the benefit maximum. Quantity limits are maintained to align with current clinical evidence.
ST	**Step therapy**
	Requires you to try one or more medications before the medication you are requesting may be covered.
SP	**Specialty medication**
	Specialty medications treat complex or rare conditions and may require special storage and handling. Your plan limits specialty medications to a 1-month supply. Specialty medications may not be available at a retail pharmacy. You may have to get these medications from a specialty pharmacy.

MME	**Morphine milligram equivalent**
	Additional quantity limits may apply across all drugs in the opioid class used for the treatment of pain. This additional limit is called a cumulative morphine milligram equivalent (MME) and is designed to monitor safe dosing levels of opioids for individuals who may be taking more than 1 opioid drug for pain management. If your health care provider prescribes more than this amount, or thinks the limit is not right for your situation, you or your health care provider can ask the plan to cover the additional quantity.
7D	**7-day limit if you have not filled an opioid prescription recently**
	If you have not filled an opioid prescription recently, you may be limited to a 7-day supply. This limit is intended to minimize initial duration if you do not have recent history of opioid use. For members who are new to the plan and have a recent history of using opioids, the limit may be overridden by the pharmacy. For members who have filled an opioid recently, prescriptions are limited to a 1 month supply.
PRV*	**Preventive**
	Preventive medication may be available at no cost to you only when certain requirements are met
PRV-A	**Preventive for certain ages**
	Preventive medication may be available at no cost to you if within a certain age range
BH*	**Behavioral health condition**
	Medication may be available at no cost to you when prescribed to treat a behavioral health condition.
STI*	**Sexually transmitted infection**
	Medication may be available at no cost to you when prescribed for preventive care or treatment of a sexually transmitted infection.
GLP-1	**Glucagon-Like Peptide-1 (GLP-1) medications**
	Your plan covers a 3-month supply of a GLP-1 medication after you fill 2 separate 1-month supplies. Exception: New members can receive a 3-month supply of GLP-1 medication after filling at least a 2-month supply within the first 90 days of coverage.

Which preventive medications are covered?

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

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

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

We follow recommendations by the U .S . Preventive Services Task Force and the Health Resources and Services Administration.

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

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

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

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

Which behavioral health medications are covered at no cost?

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

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

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

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

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

What medications are covered under my medical benefit?

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

Prior authorization and exception requests

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

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

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

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

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

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

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

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

Medication tips

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

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

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

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

Reading your PDL

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

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

Questions?

Review your policy for more information about your pharmacy benefit

Call the Member Services number on your health plan ID card

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

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

Drug name	Generic name	Tier value	Prior auth	Quantity limit	Step therapy	Notes
Analgesics						
APAP-CAFFEIN CAP DIHY-DROC	ACETAMINOPHEN-CAFFEINE-DIHY-DROCODEINE CAP 320.5-30-16 MG	**Tier 3**		X		MME/7D
APAP/CODEINE SOL 120-12/5	ACETAMINOPHEN W/ CODEINE SOLN 120-12 MG/5ML	**Tier 2**		X		MME/7D
APAP/CODEINE SOL 300-30MG	ACETAMINOPHEN W/ CODEINE SOLN 120-12 MG/5ML	**Tier 2**		X		MME/7D
APAP/CODEINE TAB 300-15MG	ACETAMINOPHEN W/ CODEINE TAB 300-15 MG	**Tier 2**		X		MME/7D
APAP/CODEINE TAB 300-15MG	ACETAMINOPHEN W/ CODEINE TAB 300-15 MG	**Tier 2**		X		MME/7D
APAP/CODEINE TAB 300-30MG	ACETAMINOPHEN W/ CODEINE TAB 300-30 MG	**Tier 2**		X		MME/7D
APAP/CODEINE TAB 300-30MG	ACETAMINOPHEN W/ CODEINE TAB 300-30 MG	**Tier 2**		X		MME/7D
APAP/CODEINE TAB 300-60MG	ACETAMINOPHEN W/ CODEINE TAB 300-60 MG	**Tier 2**		X		MME/7D
APAP/CODEINE TAB 300-60MG	ACETAMINOPHEN W/ CODEINE TAB 300-60 MG	**Tier 2**		X		MME/7D
ASCOMP/COD CAP 30MG	BUTALBITAL-ASPIRIN-CAFF W/ CODEINE CAP 50-325-40-30 MG	**Tier 3**		X		MME/7D
ASPIRIN LOW CHW 81MG	ASPIRIN CHEW TAB 81 MG	**Tier 1**				PRV
ASPIRIN LOW TAB 81MG EC	ASPIRIN TAB DELAYED RELEASE 81 MG	**Tier 1**				PRV
ASPIRIN LOW TAB 81MG EC	ASPIRIN TAB DELAYED RELEASE 81 MG	**Tier 1**				PRV
BUT/APAP/CAF CAP CODEINE	BUTALBITAL-ACETAMINOPHEN-CAFF W/ COD CAP 50-300-40-30 MG	**Tier 3**		X		MME/7D
BUT/APAP/CAF CAP CODEINE	BUTALBITAL-ACETAMINOPHEN-CAFF W/ COD CAP 50-325-40-30 MG	**Tier 3**		X		MME/7D
BUT/ASA/CAF/ CAP CODEINE	BUTALBITAL-ASPIRIN-CAFF W/ CODEINE CAP 50-325-40-30 MG	**Tier 3**		X		MME/7D
BUTORPHANOL SOL 10MG/ML	BUTORPHANOL TARTRATE NASAL SOLN 10 MG/ML	**Tier 3**		X		MME/7D
CELECOXIB CAP 100MG	CELECOXIB CAP 100 MG	**Tier 2**		X		
CELECOXIB CAP 200MG	CELECOXIB CAP 200 MG	**Tier 2**		X		
CELECOXIB CAP 400MG	CELECOXIB CAP 400 MG	**Tier 2**		X		
CELECOXIB CAP 50MG	CELECOXIB CAP 50 MG	**Tier 2**		X		
CODEINE SULF TAB 15MG	CODEINE SULFATE TAB 15 MG	**Tier 2**		X		MME/7D
CODEINE SULF TAB 30MG	CODEINE SULFATE TAB 30 MG	**Tier 2**		X		MME/7D
CODEINE SULF TAB 60MG	CODEINE SULFATE TAB 60 MG	**Tier 2**		X		MME/7D
DICLO/MISOPR TAB 50-0.2MG	DICLOFENAC W/ MISOPROSTOL TAB DELAYED RELEASE 50-0.2 MG	**Tier 3**				
DICLO/MISOPR TAB 75-0.2MG	DICLOFENAC W/ MISOPROSTOL TAB DELAYED RELEASE 75-0.2 MG	**Tier 3**				
DICLOFEN POT TAB 50MG	DICLOFENAC POTASSIUM TAB 50 MG	**Tier 2**				
DICLOFENAC GEL 1%	DICLOFENAC SODIUM GEL 1% (1.16% DIETHYLAMINE EQUIV)	**Tier 3**		X		
DICLOFENAC TAB 100MG ER	DICLOFENAC SODIUM TAB ER 24HR 100 MG	**Tier 3**				

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

Drug name	Generic name	Tier value	Prior auth	Quantity limit	Step therapy	Notes
DICLOFENAC TAB 25MG DR	DICLOFENAC SODIUM TAB DELAYED RELEASE 25 MG	Tier 2				
DICLOFENAC TAB 50MG DR	DICLOFENAC SODIUM TAB DELAYED RELEASE 50 MG	Tier 2				
DICLOFENAC TAB 75MG DR	DICLOFENAC SODIUM TAB DELAYED RELEASE 75 MG	Tier 2				
DIFLUNISAL TAB 500MG	DIFLUNISAL TAB 500 MG	Tier 2				
EC-NAPROXEN TAB 375MG	NAPROXEN TAB EC 375 MG	Tier 2				
EC-NAPROXEN TAB 500MG	NAPROXEN TAB EC 500 MG	Tier 2				
ENDOCET TAB 10-325MG	OXYCODONE W/ ACETAMINOPHEN TAB 10-325 MG	Tier 2		X		MME/7D
ENDOCET TAB 2.5-325	OXYCODONE W/ ACETAMINOPHEN TAB 2.5-325 MG	Tier 2		X		MME/7D
ENDOCET TAB 5-325MG	OXYCODONE W/ ACETAMINOPHEN TAB 5-325 MG	Tier 2		X		MME/7D
ENDOCET TAB 7.5-325	OXYCODONE W/ ACETAMINOPHEN TAB 7.5-325 MG	Tier 2		X		MME/7D
ETODOLAC CAP 200MG	ETODOLAC CAP 200 MG	Tier 2				
ETODOLAC CAP 300MG	ETODOLAC CAP 300 MG	Tier 2				
ETODOLAC 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		MME/7D
FENTANYL DIS 12MCG/HR	FENTANYL TD PATCH 72HR 12 MCG/HR	Tier 3	X	X		MME/7D
FENTANYL DIS 25MCG/HR	FENTANYL TD PATCH 72HR 25 MCG/HR	Tier 3	X	X		MME/7D
FENTANYL DIS 50MCG/HR	FENTANYL TD PATCH 72HR 50 MCG/HR	Tier 3	X	X		MME/7D
FENTANYL DIS 75MCG/HR	FENTANYL TD PATCH 72HR 75 MCG/HR	Tier 3	X	X		MME/7D
FENTANYL OT LOZ 1200MCG	FENTANYL CITRATE LOZENGE ON A HANDLE 1200 MCG	Tier 3	X	X		
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		

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

Drug name	Generic name	Tier value	Prior auth	Quantity limit	Step therapy	Notes
FENTANYL OT LOZ 600MCG	FENTANYL CITRATE LOZENGE ON A HANDLE 600 MCG	Tier 3	X	X		
FENTANYL OT LOZ 800MCG	FENTANYL CITRATE LOZENGE ON A HANDLE 800 MCG	Tier 3	X	X		
FLURBIPROFEN TAB 100MG	FLURBIPROFEN TAB 100 MG	Tier 2				
HYDRO/ACETA SOL 10-325MG	HYDROCODONE-ACETAMINOPHEN SOLN 10-325 MG/15ML	Tier 2		X		MME/7D
HYDRO/APAP SOL	HYDROCODONE-ACETAMINOPHEN SOLN 10-300 MG/15ML	Tier 2		X		MME/7D
HYDROCO/APAP SOL 7.5-325	HYDROCODONE-ACETAMINOPHEN SOLN 7.5-325 MG/15ML	Tier 2		X		MME/7D
HYDROCO/APAP TAB 10-325MG	HYDROCODONE-ACETAMINOPHEN TAB 10-325 MG	Tier 2		X		MME/7D
HYDROCO/APAP TAB 2.5-325	HYDROCODONE-ACETAMINOPHEN TAB 2.5-325 MG	Tier 2		X		MME/7D
HYDROCO/APAP TAB 5-325MG	HYDROCODONE-ACETAMINOPHEN TAB 5-325 MG	Tier 2		X		MME/7D
HYDROCO/APAP TAB 7.5-325	HYDROCODONE-ACETAMINOPHEN TAB 7.5-325 MG	Tier 2		X		MME/7D
HYDROCOD/IBU TAB 10-200MG	HYDROCODONE-IBUPROFEN TAB 10-200 MG	Tier 3		X		MME/7D
HYDROCOD/IBU TAB 5-200MG	HYDROCODONE-IBUPROFEN TAB 5-200 MG	Tier 3		X		MME/7D
HYDROCOD/IBU TAB 7.5-200	HYDROCODONE-IBUPROFEN TAB 7.5-200 MG	Tier 3		X		MME/7D
HYDROCODONE CAP 10MG ER	HYDROCODONE BITARTRATE CAP ER 12HR 10 MG	Tier 3	X	X		MME/7D
HYDROCODONE CAP 15MG ER	HYDROCODONE BITARTRATE CAP ER 12HR 15 MG	Tier 3	X	X		MME/7D
HYDROCODONE CAP 20MG ER	HYDROCODONE BITARTRATE CAP ER 12HR 20 MG	Tier 3	X	X		MME/7D
HYDROCODONE CAP 30MG ER	HYDROCODONE BITARTRATE CAP ER 12HR 30 MG	Tier 3	X	X		MME/7D
HYDROCODONE CAP 40MG ER	HYDROCODONE BITARTRATE CAP ER 12HR 40 MG	Tier 3	X	X		MME/7D
HYDROCODONE CAP 50MG ER	HYDROCODONE BITARTRATE CAP ER 12HR 50 MG	Tier 3	X	X		MME/7D
HYDROMORPHON LIQ 1MG/ML	HYDROMORPHONE HCL LIQD 1 MG/ML	Tier 3		X		MME/7D
HYDROMORPHON TAB 12MG ER	HYDROMORPHONE HCL TAB ER 24HR 12 MG	Tier 3	X	X		MME/7D
HYDROMORPHON TAB 16MG ER	HYDROMORPHONE HCL TAB ER 24HR 16 MG	Tier 3	X	X		MME/7D
HYDROMORPHON TAB 2MG	HYDROMORPHONE HCL TAB 2 MG	Tier 2		X		MME/7D
HYDROMORPHON TAB 32MG ER	HYDROMORPHONE HCL TAB ER 24HR 32 MG	Tier 3	X	X		MME/7D
HYDROMORPHON TAB 4MG	HYDROMORPHONE HCL TAB 4 MG	Tier 2		X		MME/7D

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HYDROMORPHON TAB 8MG	HYDROMORPHONE HCL TAB 8 MG	Tier 2		X		MME/7D
HYDROMORPHON TAB 8MG ER	HYDROMORPHONE HCL TAB ER 24HR 8 MG	Tier 3	X	X		MME/7D
IBU TAB 400MG	IBUPROFEN TAB 400 MG	Tier 2				
IBU TAB 600MG	IBUPROFEN TAB 600 MG	Tier 2				
IBU TAB 800MG	IBUPROFEN TAB 800 MG	Tier 2				
IBUPROFEN TAB 400MG	IBUPROFEN TAB 400 MG	Tier 2				
IBUPROFEN TAB 600MG	IBUPROFEN TAB 600 MG	Tier 2				
IBUPROFEN TAB 800MG	IBUPROFEN TAB 800 MG	Tier 2				
INDOMETHACIN CAP 25MG	INDOMETHACIN CAP 25 MG	Tier 2		X		
INDOMETHACIN CAP 50MG	INDOMETHACIN CAP 50 MG	Tier 2		X		
INDOMETHACIN CAP 75MG ER	INDOMETHACIN CAP ER 75 MG	Tier 2				
KETOPROFEN CAP 200MG ER	KETOPROFEN CAP ER 24HR 200 MG	Tier 3			X	
KETOPROFEN CAP 25MG	KETOPROFEN CAP 25 MG	Tier 3			X	
KETOPROFEN CAP 50MG	KETOPROFEN CAP 50 MG	Tier 3			X	
KETOROLAC TAB 10MG	KETOROLAC TROMETHAMINE TAB 10 MG	Tier 2				
LEVORPHANOL TAB 2MG	LEVORPHANOL TARTRATE TAB 2 MG	Tier 3	X	X		MME/7D
LEVORPHANOL TAB 3MG	LEVORPHANOL TARTRATE TAB 3 MG	Tier 3	X	X		MME/7D
MECLOFEN SOD CAP 100MG	MECLOFENAMATE SODIUM CAP 100 MG	Tier 3				
MECLOFEN SOD CAP 50MG	MECLOFENAMATE SODIUM CAP 50 MG	Tier 3				
MEFENAM ACID CAP 250MG	MEFENAMIC ACID CAP 250 MG	Tier 3				
MELOXICAM TAB 15MG	MELOXICAM TAB 15 MG	Tier 2				
MELOXICAM TAB 7.5MG	MELOXICAM TAB 7.5 MG	Tier 2				
METHADONE SOL 10MG/5ML	METHADONE HCL SOLN 10 MG/5ML	Tier 2	X	X		MME/7D
METHADONE SOL 5MG/5ML	METHADONE HCL SOLN 5 MG/5ML	Tier 2	X	X		MME/7D
METHADONE TAB 10MG	METHADONE HCL TAB 10 MG	Tier 2	X	X		MME/7D
METHADONE TAB 5MG	METHADONE HCL TAB 5 MG	Tier 2	X	X		MME/7D
MORPHINE SUL SOL 10/0.5ML	MORPHINE SULFATE ORAL SOLN 100 MG/5ML (20 MG/ML)	Tier 3		X		MME/7D
MORPHINE SUL SOL 100/5ML	MORPHINE SULFATE ORAL SOLN 100 MG/5ML (20 MG/ML)	Tier 3		X		MME/7D
MORPHINE SUL SOL 10MG/5ML	MORPHINE SULFATE ORAL SOLN 10 MG/5ML	Tier 3		X		MME/7D
MORPHINE SUL SOL 20MG/5ML	MORPHINE SULFATE ORAL SOLN 20 MG/5ML	Tier 3		X		MME/7D
MORPHINE SUL SOL 20MG/ML	MORPHINE SULFATE ORAL SOLN 100 MG/5ML (20 MG/ML)	Tier 3		X		MME/7D

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

Drug name	Generic name	Tier value	Prior auth	Quantity limit	Step therapy	Notes
MORPHINE SUL TAB 100MG ER	MORPHINE SULFATE TAB ER 100 MG	Tier 2	X	X		MME/7D
MORPHINE SUL TAB 15MG	MORPHINE SULFATE TAB 15 MG	Tier 2		X		MME/7D
MORPHINE SUL TAB 15MG ER	MORPHINE SULFATE TAB ER 15 MG	Tier 2	X	X		MME/7D
MORPHINE SUL TAB 200MG ER	MORPHINE SULFATE TAB ER 200 MG	Tier 2	X	X		MME/7D
MORPHINE SUL TAB 30MG	MORPHINE SULFATE TAB 30 MG	Tier 2		X		MME/7D
MORPHINE SUL TAB 30MG ER	MORPHINE SULFATE TAB ER 30 MG	Tier 2	X	X		MME/7D
MORPHINE SUL TAB 60MG ER	MORPHINE SULFATE TAB ER 60 MG	Tier 2	X	X		MME/7D
NABUMETONE TAB 500MG	NABUMETONE TAB 500 MG	Tier 2				
NABUMETONE TAB 750MG	NABUMETONE TAB 750 MG	Tier 2				
NAPROXEN 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		MME/7D
NUCYNTA ER TAB 150MG	TAPENTADOL HCL TAB ER 12HR 150 MG	Tier 5	X	X		MME/7D
NUCYNTA ER TAB 200MG	TAPENTADOL HCL TAB ER 12HR 200 MG	Tier 5	X	X		MME/7D
NUCYNTA ER TAB 250MG	TAPENTADOL HCL TAB ER 12HR 250 MG	Tier 5	X	X		MME/7D
NUCYNTA ER TAB 50MG	TAPENTADOL HCL TAB ER 12HR 50 MG	Tier 5	X	X		MME/7D
OXAPROZIN TAB 600MG	OXAPROZIN TAB 600 MG	Tier 3				
OXYCOD/APAP TAB 10-325MG	OXYCODONE W/ ACETAMINOPHEN TAB 10-325 MG	Tier 2		X		MME/7D
OXYCOD/APAP TAB 2.5-325	OXYCODONE W/ ACETAMINOPHEN TAB 2.5-325 MG	Tier 2		X		MME/7D
OXYCOD/APAP TAB 5-325MG	OXYCODONE W/ ACETAMINOPHEN TAB 5-325 MG	Tier 2		X		MME/7D
OXYCOD/APAP TAB 7.5-325	OXYCODONE W/ ACETAMINOPHEN TAB 7.5-325 MG	Tier 2		X		MME/7D
OXYCODONE CAP 5MG	OXYCODONE HCL CAP 5 MG	Tier 2		X		MME/7D
OXYCODONE CAP 5MG	OXYCODONE HCL CAP 5 MG	Tier 2		X		MME/7D

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Drug name	Generic name	Tier value	Prior auth	Quantity limit	Step therapy	Notes
OXYCODONE CON 100/5ML	OXYCODONE HCL CONC 100 MG/5ML (20 MG/ML)	Tier 3		X		MME/7D
OXYCODONE SOL 5MG/5ML	OXYCODONE HCL SOLN 5 MG/5ML	Tier 2		X		MME/7D
OXYCODONE TAB 10MG	OXYCODONE HCL TAB 10 MG	Tier 2		X		MME/7D
OXYCODONE TAB 15MG	OXYCODONE HCL TAB 15 MG	Tier 2		X		MME/7D
OXYCODONE TAB 20MG	OXYCODONE HCL TAB 20 MG	Tier 2		X		MME/7D
OXYCODONE TAB 30MG	OXYCODONE HCL TAB 30 MG	Tier 2		X		MME/7D
OXYCODONE TAB 5MG	OXYCODONE HCL TAB 5 MG	Tier 2		X		MME/7D
OXYMORPHONE TAB 10MG ER	OXYMORPHONE HCL TAB ER 12HR 10 MG	Tier 3	X	X		MME/7D
OXYMORPHONE TAB 15MG ER	OXYMORPHONE HCL TAB ER 12HR 15 MG	Tier 3	X	X		MME/7D
OXYMORPHONE TAB 20MG ER	OXYMORPHONE HCL TAB ER 12HR 20 MG	Tier 3	X	X		MME/7D
OXYMORPHONE TAB 30MG ER	OXYMORPHONE HCL TAB ER 12HR 30 MG	Tier 3	X	X		MME/7D
OXYMORPHONE TAB 40MG ER	OXYMORPHONE HCL TAB ER 12HR 40 MG	Tier 3	X	X		MME/7D
OXYMORPHONE TAB 5MG ER	OXYMORPHONE HCL TAB ER 12HR 5 MG	Tier 3	X	X		MME/7D
OXYMORPHONE TAB 7.5MG ER	OXYMORPHONE HCL TAB ER 12HR 7.5 MG	Tier 3	X	X		MME/7D
OXYMORPHONE TAB HCL 10MG	OXYMORPHONE HCL TAB 10 MG	Tier 3		X		MME/7D
OXYMORPHONE TAB HCL 5MG	OXYMORPHONE HCL TAB 5 MG	Tier 3		X		MME/7D
PENTAZ/NALOX TAB 50-0.5MG	PENTAZOCINE W/ NALOXONE HCL TAB 50-0.5 MG	Tier 3		X		MME/7D
PIROXICAM CAP 10MG	PIROXICAM CAP 10 MG	Tier 2				
PIROXICAM CAP 20MG	PIROXICAM CAP 20 MG	Tier 2				
SALSALATE TAB 500MG	SALSALATE TAB 500 MG	Tier 2				
SALSALATE TAB 750MG	SALSALATE TAB 750 MG	Tier 2				
ST JOSEPH CHW LOW 81MG	ASPIRIN CHEW TAB 81 MG	Tier 1				PRV
SULINDAC TAB 150MG	SULINDAC TAB 150 MG	Tier 2				
SULINDAC TAB 200MG	SULINDAC TAB 200 MG	Tier 2				
TRAMADL/APAP TAB 37.5-325	TRAMADOL-ACETAMINOPHEN TAB 37.5-325 MG	Tier 2		X		MME/7D
TRAMADOL HCL TAB 100MG ER	TRAMADOL HCL TAB ER 24HR 100 MG	Tier 3	X	X		MME/7D
TRAMADOL HCL TAB 100MG ER	TRAMADOL HCL TAB ER 24HR BIPHASIC RELEASE 100 MG	Tier 3	X	X		MME/7D
TRAMADOL HCL TAB 200MG ER	TRAMADOL HCL TAB ER 24HR 200 MG	Tier 3	X	X		MME/7D
TRAMADOL HCL TAB 200MG ER	TRAMADOL HCL TAB ER 24HR BIPHASIC RELEASE 200 MG	Tier 3	X	X		MME/7D
TRAMADOL HCL TAB 300MG ER	TRAMADOL HCL TAB ER 24HR 300 MG	Tier 3	X	X		MME/7D

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Drug name	Generic name	Tier value	Prior auth	Quantity limit	Step therapy	Notes
TRAMADOL HCL TAB 300MG ER	TRAMADOL HCL TAB ER 24HR BIPHASIC RELEASE 300 MG	Tier 3	X	X		MME/7D
TRAMADOL HCL TAB 50MG	TRAMADOL HCL TAB 50 MG	Tier 2		X		MME/7D
XTAMPZA ER CAP 13.5MG	OXYCODONE CAP ER 12HR ABUSE-DETERRENT 13.5 MG	Tier 5	X	X		MME/7D
XTAMPZA ER CAP 18MG	OXYCODONE CAP ER 12HR ABUSE-DETERRENT 18 MG	Tier 5	X	X		MME/7D
XTAMPZA ER CAP 27MG	OXYCODONE CAP ER 12HR ABUSE-DETERRENT 27 MG	Tier 5	X	X		MME/7D
XTAMPZA ER CAP 36MG	OXYCODONE CAP ER 12HR ABUSE-DETERRENT 36 MG	Tier 5	X	X		MME/7D
XTAMPZA ER CAP 9MG	OXYCODONE CAP ER 12HR ABUSE-DETERRENT 9 MG	Tier 5	X	X		MME/7D
XYVONA TAB 2MG	LEVORPHANOL TARTRATE TAB 2 MG	Tier 3	X	X		MME/7D
XYVONA TAB 3MG	LEVORPHANOL TARTRATE TAB 3 MG	Tier 3	X	X		MME/7D
Anesthetics						
ETHY ALCOHOL SOL 70% RUB	ALCOHOL, RUBBING 70%	Tier 1				
GLYDO GEL 2%	LIDOCAINE HCL URETHRAL/MUCOSAL GEL PREFILLED SYRINGE 2%	Tier 2				
ISOP ALCOHOL SOL 70% RUB	ISOPROPYL ALCOHOL 70%	Tier 1				
LIDO/PRILOCN CRE 2.5-2.5%	LIDOCAINE-PRILOCAINE CREAM 2.5-2.5%	Tier 2				
LIDOCAINE DIS 5% PATCH	LIDOCAINE PATCH 5%	Tier 3	X	X		
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 SOL 4%	LIDOCAINE HCL SOLN 4%	Tier 3				
Anti-Addiction/Substance Abuse Treatment Agents						
ACAMPRO CAL TAB 333MG	ACAMPROSATE CALCIUM TAB DELAYED RELEASE 333 MG	Tier 1				
BUPREN/NALOX MIS 12-3MG	BUPRENORPHINE HCL-NALOXONE HCL SL FILM 12-3 MG (BASE EQUIV)	Tier 1				
BUPREN/NALOX MIS 2-0.5MG	BUPRENORPHINE HCL-NALOXONE HCL SL FILM 2-0.5 MG (BASE EQUIV)	Tier 1				
BUPREN/NALOX MIS 4-1MG	BUPRENORPHINE HCL-NALOXONE HCL SL FILM 4-1 MG (BASE EQUIV)	Tier 1				
BUPREN/NALOX MIS 8-2MG	BUPRENORPHINE HCL-NALOXONE HCL SL FILM 8-2 MG (BASE EQUIV)	Tier 1				
BUPREN/NALOX SUB 2-0.5MG	BUPRENORPHINE HCL-NALOXONE HCL SL TAB 2-0.5 MG (BASE EQUIV)	Tier 1				
BUPREN/NALOX SUB 8-2MG	BUPRENORPHINE HCL-NALOXONE HCL SL TAB 8-2 MG (BASE EQUIV)	Tier 1				
BUPRENORPHIN SUB 2MG	BUPRENORPHINE HCL SL TAB 2 MG (BASE EQUIV)	Tier 1				
BUPRENORPHIN SUB 8MG	BUPRENORPHINE HCL SL TAB 8 MG (BASE EQUIV)	Tier 1				

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Drug name	Generic name	Tier value	Prior auth	Quantity limit	Step therapy	Notes
BUPROPION TAB 150MG SR	BUPROPION HCL (SMOKING DETER-RENT) TAB ER 12HR 150 MG	Tier 1				PRV & BH
DISULFIRAM TAB 250MG	DISULFIRAM TAB 250 MG	Tier 1				
DISULFIRAM TAB 500MG	DISULFIRAM TAB 500 MG	Tier 1				
NALOXONE INJ 0.4MG/ML	NALOXONE HCL INJ 0.4 MG/ML	Tier 1				
NALOXONE INJ 0.4MG/ML	NALOXONE HCL INJ 4 MG/10ML	Tier 1				
NALOXONE INJ 0.4MG/ML	NALOXONE HCL SOLN CARTRIDGE 0.4 MG/ML	Tier 1				
NALOXONE INJ 4MG/10ML	NALOXONE HCL INJ 4 MG/10ML	Tier 1				
NALOXONE SPR 4MG	NALOXONE HCL NASAL SPRAY 4 MG/0.1ML	Tier 1				
NALOXONE HCL INJ 0.4MG/ML	NALOXONE HCL SOLN PREFILLED SYRINGE 0.4 MG/ML	Tier 1				
NALOXONE HCL INJ 1MG/ML	NALOXONE HCL SOLN PREFILLED SYRINGE 2 MG/2ML	Tier 1				
NALOXONE HCL INJ 2MG/2ML	NALOXONE HCL SOLN PREFILLED SYRINGE 2 MG/2ML	Tier 1				
NALOXONE HCL SPR 4MG	NALOXONE HCL NASAL SPRAY 4 MG/0.1ML	Tier 1				
NALOXONE HCL SPR 4MG	NALOXONE HCL NASAL SPRAY 4 MG/0.1ML	Tier 1				
NALTREXONE TAB 50MG	NALTREXONE HCL TAB 50 MG	Tier 1				
NARCAN SPR 4MG	NALOXONE HCL NASAL SPRAY 4 MG/0.1ML	Tier 1				
NICODERM CQ DIS 14MG/24H	NICOTINE TD PATCH 24HR 14 MG/24HR	Tier 1				PRV & BH
NICODERM CQ DIS 21MG/24H	NICOTINE TD PATCH 24HR 21 MG/24HR	Tier 1				PRV & BH
NICODERM CQ DIS 7MG/24HR	NICOTINE TD PATCH 24HR 7 MG/24HR	Tier 1				PRV & BH
NICORETTE GUM 2MG	NICOTINE POLACRILEX GUM 2 MG	Tier 1				PRV & BH
NICORETTE GUM 4MG	NICOTINE POLACRILEX GUM 4 MG	Tier 1				PRV & BH
NICORETTE LOZ 2MG MINT	NICOTINE POLACRILEX LOZENGE 2 MG	Tier 1				PRV & BH
NICORETTE LOZ 4MG MINT	NICOTINE POLACRILEX LOZENGE 4 MG	Tier 1				PRV & BH
NICOTINE DIS 7MG/24HR	NICOTINE TD PATCH 24HR 7 MG/24HR	Tier 1				PRV & BH
NICOTINE GUM 2MG	NICOTINE POLACRILEX GUM 2 MG	Tier 1				PRV & BH
NICOTINE GUM 4MG	NICOTINE POLACRILEX GUM 4 MG	Tier 1				PRV & BH
NICOTINE LOZ 2MG MINT	NICOTINE POLACRILEX LOZENGE 2 MG	Tier 1				PRV & BH
NICOTINE LOZ 4MG MINT	NICOTINE POLACRILEX LOZENGE 4 MG	Tier 1				PRV & BH
NICOTINE SYS KIT TRANSDER	NICOTINE TD PATCH 24 HR KIT 21-14-7 MG/24HR	Tier 1				PRV & BH

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Drug name	Generic name	Tier value	Prior auth	Quantity limit	Step therapy	Notes
NICOTINE TD DIS 14MG/24H	NICOTINE TD PATCH 24HR 14 MG/24HR	Tier 1				PRV & BH
NICOTINE TD DIS 21MG/24H	NICOTINE TD PATCH 24HR 21 MG/24HR	Tier 1				PRV & BH
NICOTROL NS SPR 10MG/ML	NICOTINE NASAL SPRAY 10 MG/ML (0.5 MG/SPRAY)	Tier 1				PRV & BH
OPVEE SPR 2.7/0.1	NALMEFENE HCL NASAL SPRAY 2.7 MG/0.1ML (BASE EQUIV)	Tier 5				BH*
REXTOVY SPR 4/0.25ML	NALOXONE HCL NASAL SPRAY 4 MG/0.25ML	Tier 1				
THRIVE GUM 2MG MINT	NICOTINE POLACRILEX GUM 2 MG	Tier 1				PRV & BH
VARENICLINE TAB 0.5& 1MG	VARENICLINE TARTRATE TAB 11 X 0.5 MG & 42 X 1 MG START PACK	Tier 1				PRV & BH
VARENICLINE TAB 0.5MG	VARENICLINE TARTRATE TAB 0.5 MG (BASE EQUIV)	Tier 1				PRV & BH
VARENICLINE TAB 1MG	VARENICLINE TARTRATE TAB 1 MG (BASE EQUIV)	Tier 1				PRV & BH
ZUBSOLV SUB 0.7-0.18	BUPRENORPHINE HCL-NALOXONE HCL SL TAB 0.7-0.18 MG (BASE EQ)	Tier 1				
ZUBSOLV SUB 1.4-0.36	BUPRENORPHINE HCL-NALOXONE HCL SL TAB 1.4-0.36 MG (BASE EQ)	Tier 1				
ZUBSOLV SUB 11.4-2.9	BUPRENORPHINE HCL-NALOXONE HCL SL TAB 11.4-2.9 MG (BASE EQ)	Tier 1				
ZUBSOLV SUB 2.9-0.71	BUPRENORPHINE HCL-NALOXONE HCL SL TAB 2.9-0.71 MG (BASE EQ)	Tier 1				
ZUBSOLV SUB 5.7-1.4	BUPRENORPHINE HCL-NALOXONE HCL SL TAB 5.7-1.4 MG (BASE EQ)	Tier 1				
ZUBSOLV SUB 8.6-2.1	BUPRENORPHINE HCL-NALOXONE HCL SL TAB 8.6-2.1 MG (BASE EQ)	Tier 1				
Antibacterials						
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 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				

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Drug name	Generic name	Tier value	Prior auth	Quantity limit	Step therapy	Notes
AMOXICILLIN CAP 250MG	AMOXICILLIN (TRIHYDRATE) CAP 250 MG	Tier 2				STI*
AMOXICILLIN CAP 500MG	AMOXICILLIN (TRIHYDRATE) CAP 500 MG	Tier 2				STI*
AMOXICILLIN CHW 125MG	AMOXICILLIN (TRIHYDRATE) CHEW TAB 125 MG	Tier 2				STI*
AMOXICILLIN CHW 250MG	AMOXICILLIN (TRIHYDRATE) CHEW TAB 250 MG	Tier 2				STI*
AMOXICILLIN SUS 125/5ML	AMOXICILLIN (TRIHYDRATE) FOR SUSP 125 MG/5ML	Tier 2				STI*
AMOXICILLIN SUS 200/5ML	AMOXICILLIN (TRIHYDRATE) FOR SUSP 200 MG/5ML	Tier 2				STI*
AMOXICILLIN SUS 250/5ML	AMOXICILLIN (TRIHYDRATE) FOR SUSP 250 MG/5ML	Tier 2				STI*
AMOXICILLIN SUS 250/5ML	AMOXICILLIN (TRIHYDRATE) FOR SUSP 250 MG/5ML	Tier 2				STI*
AMOXICILLIN SUS 400/5ML	AMOXICILLIN (TRIHYDRATE) FOR SUSP 400 MG/5ML	Tier 2				STI*
AMOXICILLIN TAB 500MG	AMOXICILLIN (TRIHYDRATE) TAB 500 MG	Tier 2				STI*
AMOXICILLIN TAB 875MG	AMOXICILLIN (TRIHYDRATE) TAB 875 MG	Tier 2				STI*
AMPICILLIN CAP 500MG	AMPICILLIN CAP 500 MG	Tier 2				
AZITHROMYCIN POW 1GM PAK	AZITHROMYCIN POWD PACK FOR SUSP 1 GM	Tier 2				STI*
AZITHROMYCIN SUS 100/5ML	AZITHROMYCIN FOR SUSP 100 MG/5ML	Tier 2				STI*
AZITHROMYCIN SUS 200/5ML	AZITHROMYCIN FOR SUSP 200 MG/5ML	Tier 2				STI*
AZITHROMYCIN TAB 250MG	AZITHROMYCIN TAB 250 MG	Tier 2				STI*
AZITHROMYCIN TAB 250MG	AZITHROMYCIN TAB 250 MG	Tier 2				STI*
AZITHROMYCIN TAB 500MG	AZITHROMYCIN TAB 500 MG	Tier 2				STI*
AZITHROMYCIN TAB 500MG	AZITHROMYCIN TAB 500 MG	Tier 2				STI*
AZITHROMYCIN TAB 600MG	AZITHROMYCIN TAB 600 MG	Tier 2				STI*
BAXDELA TAB 450MG	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				

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

Drug name	Generic name	Tier value	Prior auth	Quantity limit	Step therapy	Notes
CEFADROXIL TAB 1GM	CEFADROXIL TAB 1 GM	Tier 3				
CEFDINIR CAP 300MG	CEFDINIR CAP 300 MG	Tier 2				
CEFDINIR SUS 125/5ML	CEFDINIR FOR SUSP 125 MG/5ML	Tier 2				
CEFDINIR SUS 250/5ML	CEFDINIR FOR SUSP 250 MG/5ML	Tier 2				
CEFIXIME CAP 400MG	CEFIXIME CAP 400 MG	Tier 3				STI*
CEFIXIME SUS 100/5ML	CEFIXIME FOR SUSP 100 MG/5ML	Tier 3				STI*
CEFIXIME SUS 200/5ML	CEFIXIME FOR SUSP 200 MG/5ML	Tier 3				STI*
CEFPODO PROX SUS 100/5ML	CEFPODOXIME PROXETIL FOR SUSP 100 MG/5ML	Tier 3				
CEFPODO PROX SUS 50MG/5ML	CEFPODOXIME PROXETIL FOR SUSP 50 MG/5ML	Tier 3				
CEFPODOXIME TAB 100MG	CEFPODOXIME PROXETIL TAB 100 MG	Tier 3				
CEFPODOXIME TAB 200MG	CEFPODOXIME PROXETIL TAB 200 MG	Tier 3				
CEFPODOXIME TAB 200MG	CEFPODOXIME PROXETIL TAB 200 MG	Tier 3				
CEFPROZIL SUS 125/5ML	CEFPROZIL FOR SUSP 125 MG/5ML	Tier 2				
CEFPROZIL SUS 250/5ML	CEFPROZIL FOR SUSP 250 MG/5ML	Tier 2				
CEFPROZIL TAB 250MG	CEFPROZIL TAB 250 MG	Tier 2				
CEFPROZIL TAB 500MG	CEFPROZIL TAB 500 MG	Tier 2				
CEFUROXIME TAB 250MG	CEFUROXIME AXETIL TAB 250 MG	Tier 2				
CEFUROXIME TAB 500MG	CEFUROXIME AXETIL TAB 500 MG	Tier 2				
CEPHALEXIN CAP 250MG	CEPHALEXIN CAP 250 MG	Tier 2				
CEPHALEXIN CAP 500MG	CEPHALEXIN CAP 500 MG	Tier 2				
CEPHALEXIN SUS 125/5ML	CEPHALEXIN FOR SUSP 125 MG/5ML	Tier 2				
CEPHALEXIN SUS 250/5ML	CEPHALEXIN FOR SUSP 250 MG/5ML	Tier 2				
CIPROFLOXACN TAB 250MG	CIPROFLOXACIN HCL TAB 250 MG (BASE EQUIV)	Tier 2				STI*
CIPROFLOXACN TAB 500MG	CIPROFLOXACIN HCL TAB 500 MG (BASE EQUIV)	Tier 2				STI*
CIPROFLOXACN TAB 750MG	CIPROFLOXACIN HCL TAB 750 MG (BASE EQUIV)	Tier 2				STI*
CLARITHROMYC SUS 125/5ML	CLARITHROMYCIN FOR SUSP 125 MG/5ML	Tier 3				
CLARITHROMYC SUS 250/5ML	CLARITHROMYCIN FOR SUSP 250 MG/5ML	Tier 3				
CLARITHROMYC TAB 250MG	CLARITHROMYCIN TAB 250 MG	Tier 2				
CLARITHROMYC TAB 500MG	CLARITHROMYCIN TAB 500 MG	Tier 2				
CLARITHROMYC TAB 500MG ER	CLARITHROMYCIN TAB ER 24HR 500 MG	Tier 3				
CLINDACIN-P PAD 1%	CLINDAMYCIN PHOSPHATE SWAB 1%	Tier 2		X		
CLINDAMYCIN CAP 150MG	CLINDAMYCIN HCL CAP 150 MG	Tier 2				STI*

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Drug name	Generic name	Tier value	Prior auth	Quantity limit	Step therapy	Notes
CLINDAMYCIN CAP 300MG	CLINDAMYCIN HCL CAP 300 MG	Tier 2				STI*
CLINDAMYCIN CAP 75MG	CLINDAMYCIN HCL CAP 75 MG	Tier 2				STI*
CLINDAMYCIN CRE 2% VAG	CLINDAMYCIN PHOSPHATE VAGINAL CREAM 2%	Tier 2				STI*
CLINDAMYCIN MIS 1%	CLINDAMYCIN PHOSPHATE SWAB 1%	Tier 2		X		
CLINDAMYCIN SOL 75MG/5ML	CLINDAMYCIN PALMITATE HCL FOR SOLN 75 MG/5ML (BASE EQUIV)	Tier 3				STI*
DEMECLOCYCL TAB 150MG	DEMECLOCYCLINE HCL TAB 150 MG	Tier 3				
DEMECLOCYCL TAB 300MG	DEMECLOCYCLINE HCL TAB 300 MG	Tier 3				
DICLOXACILL CAP 250MG	DICLOXACILLIN SODIUM CAP 250 MG	Tier 2				
DICLOXACILL CAP 500MG	DICLOXACILLIN SODIUM CAP 500 MG	Tier 2				
DOXYCYC MONO CAP 100MG	DOXYCYCLINE MONOHYDRATE CAP 100 MG	Tier 2				STI*
DOXYCYC MONO CAP 50MG	DOXYCYCLINE MONOHYDRATE CAP 50 MG	Tier 2				STI*
DOXYCYC MONO TAB 100MG	DOXYCYCLINE MONOHYDRATE TAB 100 MG	Tier 2				STI*
DOXYCYC MONO TAB 150MG	DOXYCYCLINE MONOHYDRATE TAB 150 MG	Tier 2				STI*
DOXYCYC MONO TAB 150MG	DOXYCYCLINE MONOHYDRATE TAB 150 MG	Tier 2				STI*
DOXYCYC MONO TAB 50MG	DOXYCYCLINE MONOHYDRATE TAB 50 MG	Tier 2				STI*
DOXYCYC MONO TAB 50MG	DOXYCYCLINE MONOHYDRATE TAB 50 MG	Tier 2				STI*
DOXYCYC MONO TAB 75MG	DOXYCYCLINE MONOHYDRATE TAB 75 MG	Tier 2				STI*
DOXYCYC MONO TAB 75MG	DOXYCYCLINE MONOHYDRATE TAB 75 MG	Tier 2				STI*
DOXYCYCL HYC CAP 100MG	DOXYCYCLINE HYCLATE CAP 100 MG	Tier 2				STI*
DOXYCYCL HYC CAP 50MG	DOXYCYCLINE HYCLATE CAP 50 MG	Tier 2				STI*
DOXYCYCL HYC TAB 100MG	DOXYCYCLINE HYCLATE TAB 100 MG	Tier 2				STI*
DOXYCYCLINE SUS 25MG/5ML	DOXYCYCLINE MONOHYDRATE FOR SUSP 25 MG/5ML	Tier 3				STI*
ERYTHROCIN TAB 250MG	ERYTHROMYCIN STEARATE TAB 250 MG	Tier 5				STI*
ERYTHROM ETH SUS 200/5ML	ERYTHROMYCIN ETHYLSUCCINATE FOR SUSP 200 MG/5ML	Tier 3				STI*
ERYTHROM ETH SUS 400/5ML	ERYTHROMYCIN ETHYLSUCCINATE FOR SUSP 400 MG/5ML	Tier 3				STI*
ERYTHROM ETH TAB 400MG	ERYTHROMYCIN ETHYLSUCCINATE TAB 400 MG	Tier 3				STI*

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Drug name	Generic name	Tier value	Prior auth	Quantity limit	Step therapy	Notes
ERYTHROMYCIN CAP 250MG DR	ERYTHROMYCIN W/ DELAYED RELEASE PARTICLES CAP 250 MG	Tier 3				STI*
ERYTHROMYCIN TAB 250MG BS	ERYTHROMYCIN TAB 250 MG	Tier 3				STI*
ERYTHROMYCIN TAB 250MG BS	ERYTHROMYCIN TAB 250 MG	Tier 3				STI*
ERYTHROMYCIN TAB 250MG EC	ERYTHROMYCIN TAB DELAYED RELEASE 250 MG	Tier 3				STI*
ERYTHROMYCIN TAB 333MG EC	ERYTHROMYCIN TAB DELAYED RELEASE 333 MG	Tier 3				STI*
ERYTHROMYCIN TAB 500MG BS	ERYTHROMYCIN TAB 500 MG	Tier 3				STI*
ERYTHROMYCIN TAB 500MG BS	ERYTHROMYCIN TAB 500 MG	Tier 3				STI*
ERYTHROMYCIN TAB 500MG EC	ERYTHROMYCIN TAB DELAYED RELEASE 500 MG	Tier 3				STI*
FOSFOMYCIN POW 3GM	FOSFOMYCIN TROMETHAMINE POWD PACK 3 GM (BASE EQUIVALENT)	Tier 3				
GENTAMICIN CRE 0.1%	GENTAMICIN SULFATE CREAM 0.1%	Tier 3				
GENTAMICIN OIN 0.1%	GENTAMICIN SULFATE OINT 0.1%	Tier 3				
HUMATIN CAP 250MG	PAROMOMYCIN SULFATE CAP 250 MG	Tier 5				
HYDROGEN PER SOL 3%	HYDROGEN PEROXIDE SOLN 3%	Tier 1				
LEVOFLOXACIN SOL 25MG/ML	LEVOFLOXACIN ORAL SOLN 25 MG/ML	Tier 3				STI*
LEVOFLOXACIN TAB 250MG	LEVOFLOXACIN TAB 250 MG	Tier 2				STI*
LEVOFLOXACIN TAB 500MG	LEVOFLOXACIN TAB 500 MG	Tier 2				STI*
LEVOFLOXACIN TAB 750MG	LEVOFLOXACIN TAB 750 MG	Tier 2				STI*
LINEZOLID SUS 100/5ML	LINEZOLID FOR SUSP 100 MG/5ML	Tier 3		X		
LINEZOLID TAB 600MG	LINEZOLID TAB 600 MG	Tier 3		X		
METHENAM HIP TAB 1GM	METHENAMINE HIPPURATE TAB 1 GM	Tier 3				
METRONIDAZOL GEL 0.75%VAG	METRONIDAZOLE VAGINAL GEL 0.75%	Tier 2				STI*
METRONIDAZOL TAB 250MG	METRONIDAZOLE TAB 250 MG	Tier 2				STI*
METRONIDAZOL TAB 500MG	METRONIDAZOLE TAB 500 MG	Tier 2				STI*
MINOCYCLINE CAP 100MG	MINOCYCLINE HCL CAP 100 MG	Tier 2				
MINOCYCLINE CAP 50MG	MINOCYCLINE HCL CAP 50 MG	Tier 2				
MINOCYCLINE CAP 75MG	MINOCYCLINE HCL CAP 75 MG	Tier 2				
MOXIFLOXACIN TAB 400MG	MOXIFLOXACIN HCL TAB 400 MG (BASE EQUIV)	Tier 2				STI*
NEOMYCIN TAB 500MG	NEOMYCIN SULFATE TAB 500 MG	Tier 2				
NITROFUR MAC CAP 100MG	NITROFURANTOIN MACROCRYSTALLINE CAP 100 MG	Tier 3				

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Drug name	Generic name	Tier value	Prior auth	Quantity limit	Step therapy	Notes
NITROFUR MAC CAP 25MG	NITROFURANTOIN MACROCRYSTALLINE CAP 25 MG	Tier 3		X		
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	X			
NITROFURANTN SUS 50/10ML	NITROFURANTOIN SUSP 25 MG/5ML	Tier 3	X			
OFLOXACIN TAB 300MG	OFLOXACIN TAB 300 MG	Tier 3				
OFLOXACIN TAB 400MG	OFLOXACIN TAB 400 MG	Tier 3				
PENICILLN VK SOL 125/5ML	PENICILLIN V POTASSIUM FOR SOLN 125 MG/5ML	Tier 2				
PENICILLN VK SOL 250/5ML	PENICILLIN V POTASSIUM FOR SOLN 250 MG/5ML	Tier 2				
PENICILLN VK TAB 250MG	PENICILLIN V POTASSIUM TAB 250 MG	Tier 2				
PENICILLN VK TAB 500MG	PENICILLIN V POTASSIUM TAB 500 MG	Tier 2				
SMZ-TMP SUS 200-40/5	SULFAMETHOXAZOLE-TRIMETHOPRIM SUSP 200-40 MG/5ML	Tier 2				STI*
SMZ-TMP TAB 400-80MG	SULFAMETHOXAZOLE-TRIMETHOPRIM TAB 400-80 MG	Tier 2				STI*
SMZ/TMP DS TAB 800-160	SULFAMETHOXAZOLE-TRIMETHOPRIM TAB 800-160 MG	Tier 2				STI*
SMZ/TMP DS TAB 800-160	SULFAMETHOXAZOLE-TRIMETHOPRIM TAB 800-160 MG	Tier 2				STI*
SULFACETAMID LOT 10%	SULFACETAMIDE SODIUM LOTION 10% (ACNE)	Tier 3				
SULFADIAZINE TAB 500MG	SULFADIAZINE TAB 500 MG	Tier 3				
SULFATRIM PD SUS 200-40/5	SULFAMETHOXAZOLE-TRIMETHOPRIM SUSP 200-40 MG/5ML	Tier 2				STI*
TETRACYCLINE CAP 250MG	TETRACYCLINE HCL CAP 250 MG	Tier 2				
TETRACYCLINE CAP 500MG	TETRACYCLINE HCL CAP 500 MG	Tier 2				
TINIDAZOLE TAB 250MG	TINIDAZOLE TAB 250 MG	Tier 2				STI*
TINIDAZOLE TAB 500MG	TINIDAZOLE TAB 500 MG	Tier 2				STI*
TRIMETHOPRIM TAB 100MG	TRIMETHOPRIM TAB 100 MG	Tier 2				
VANCOMYCIN CAP 125MG	VANCOMYCIN HCL CAP 125 MG (BASE EQUIVALENT)	Tier 2		X		
VANCOMYCIN CAP 250MG	VANCOMYCIN HCL CAP 250 MG (BASE EQUIVALENT)	Tier 2		X		
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				

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Drug name	Generic name	Tier value	Prior auth	Quantity limit	Step therapy	Notes
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				
VANDAZOLE GEL 0.75%	METRONIDAZOLE VAGINAL GEL 0.75%	Tier 3				STI*
Anticonvulsants						
CARBAMAZEPIN CAP 100MG ER	CARBAMAZEPINE CAP ER 12HR 100 MG	Tier 3				BH*
CARBAMAZEPIN CAP 200MG ER	CARBAMAZEPINE CAP ER 12HR 200 MG	Tier 3				BH*
CARBAMAZEPIN CAP 300MG ER	CARBAMAZEPINE CAP ER 12HR 300 MG	Tier 3				BH*
CARBAMAZEPIN CHW 100MG	CARBAMAZEPINE CHEW TAB 100 MG	Tier 2				BH*
CARBAMAZEPIN SUS 100/5ML	CARBAMAZEPINE SUSP 100 MG/5ML	Tier 3				BH*
CARBAMAZEPIN SUS 200/10ML	CARBAMAZEPINE SUSP 100 MG/5ML	Tier 3				BH*
CARBAMAZEPIN TAB 100MG ER	CARBAMAZEPINE TAB ER 12HR 100 MG	Tier 3				BH*
CARBAMAZEPIN TAB 100MG ER	CARBAMAZEPINE TAB ER 12HR 100 MG	Tier 3				BH*
CARBAMAZEPIN TAB 200MG	CARBAMAZEPINE TAB 200 MG	Tier 2				BH*
CARBAMAZEPIN TAB 200MG ER	CARBAMAZEPINE TAB ER 12HR 200 MG	Tier 3				BH*
CARBAMAZEPIN TAB 400MG ER	CARBAMAZEPINE TAB ER 12HR 400 MG	Tier 3				BH*
CLOBAZAM SUS 2.5MG/ML	CLOBAZAM SUSPENSION 2.5 MG/ML	Tier 3	X	X		BH*
CLOBAZAM TAB 10MG	CLOBAZAM TAB 10 MG	Tier 3	X	X		BH*
CLOBAZAM TAB 20MG	CLOBAZAM TAB 20 MG	Tier 3	X	X		BH*
CLONAZEP ODT TAB 0.125MG	CLONAZEPAM ORALLY DISINTEGRATING TAB 0.125 MG	Tier 1		X		
CLONAZEP ODT TAB 0.25MG	CLONAZEPAM ORALLY DISINTEGRATING TAB 0.25 MG	Tier 1		X		
CLONAZEP ODT TAB 0.5MG	CLONAZEPAM ORALLY DISINTEGRATING TAB 0.5 MG	Tier 1		X		
CLONAZEP ODT TAB 1MG	CLONAZEPAM ORALLY DISINTEGRATING TAB 1 MG	Tier 1		X		
CLONAZEP ODT TAB 2MG	CLONAZEPAM ORALLY DISINTEGRATING TAB 2 MG	Tier 1		X		
CLONAZEPAM TAB 0.5MG	CLONAZEPAM TAB 0.5 MG	Tier 1		X		
CLONAZEPAM TAB 1MG	CLONAZEPAM TAB 1 MG	Tier 1		X		
CLONAZEPAM TAB 2MG	CLONAZEPAM TAB 2 MG	Tier 1		X		
DIACOMIT CAP 250MG	STIRIPENTOL CAP 250 MG	Tier 6	X	X		

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Drug name	Generic name	Tier value	Prior auth	Quantity limit	Step therapy	Notes
DIACOMIT CAP 500MG	STIRIPENTOL CAP 500 MG	Tier 6	X	X		
DIACOMIT PAK 250MG	STIRIPENTOL PACKET 250 MG	Tier 6	X	X		
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 DR	DIVALPROEX SODIUM CAP DELAYED RELEASE SPRINKLE 125 MG	Tier 2				BH*
DIVALPROEX CAP 125MG DR	DIVALPROEX SODIUM CAP DELAYED RELEASE SPRINKLE 125 MG	Tier 2				BH*
DIVALPROEX TAB 125MG DR	DIVALPROEX SODIUM TAB DELAYED RELEASE 125 MG	Tier 2				BH*
DIVALPROEX TAB 250MG DR	DIVALPROEX SODIUM TAB DELAYED RELEASE 250 MG	Tier 2				BH*
DIVALPROEX TAB 250MG ER	DIVALPROEX SODIUM TAB ER 24 HR 250 MG	Tier 2				BH*
DIVALPROEX TAB 500MG DR	DIVALPROEX SODIUM TAB DELAYED RELEASE 500 MG	Tier 2				BH*
DIVALPROEX TAB 500MG ER	DIVALPROEX SODIUM TAB ER 24 HR 500 MG	Tier 2				BH*
EPIDIOLEX SOL 100MG/ML	CANNABIDIOL SOLN 100 MG/ML	Tier 4	X			
EPITOL TAB 200MG	CARBAMAZEPINE TAB 200 MG	Tier 2				BH*
ESLICARBAZEP TAB 200MG	ESLICARBAZEPINE ACETATE TAB 200 MG	Tier 3	X	X		
ESLICARBAZEP TAB 400MG	ESLICARBAZEPINE ACETATE TAB 400 MG	Tier 3	X	X		
ESLICARBAZEP TAB 600MG	ESLICARBAZEPINE ACETATE TAB 600 MG	Tier 3	X	X		
ESLICARBAZEP TAB 800MG	ESLICARBAZEPINE ACETATE TAB 800 MG	Tier 3	X	X		
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				
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*

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GABAPENTIN SOL 300/6ML	GABAPENTIN ORAL SOLN 250 MG/5ML	Tier 2				BH*
GABAPENTIN TAB 600MG	GABAPENTIN TAB 600 MG	Tier 2				BH*
GABAPENTIN TAB 800MG	GABAPENTIN TAB 800 MG	Tier 2				BH*
LACOSAMIDE SOL 100/10ML	LACOSAMIDE ORAL SOLUTION 10 MG/ML	Tier 3	X	X		
LACOSAMIDE SOL 10MG/ML	LACOSAMIDE ORAL SOLUTION 10 MG/ML	Tier 3	X	X		
LACOSAMIDE SOL 150/15ML	LACOSAMIDE ORAL SOLUTION 10 MG/ML	Tier 3	X	X		
LACOSAMIDE SOL 200/20ML	LACOSAMIDE ORAL SOLUTION 10 MG/ML	Tier 3	X	X		
LACOSAMIDE SOL 50/5ML	LACOSAMIDE ORAL SOLUTION 10 MG/ML	Tier 3	X	X		
LACOSAMIDE SOL 50MG/5ML	LACOSAMIDE ORAL SOLUTION 10 MG/ML	Tier 3	X	X		
LACOSAMIDE TAB 100MG	LACOSAMIDE TAB 100 MG	Tier 2		X		
LACOSAMIDE TAB 150MG	LACOSAMIDE TAB 150 MG	Tier 2		X		
LACOSAMIDE TAB 200MG	LACOSAMIDE TAB 200 MG	Tier 2		X		
LACOSAMIDE TAB 50MG	LACOSAMIDE TAB 50 MG	Tier 2		X		
LAMOTRIGINE CHW 25MG	LAMOTRIGINE TAB CHEWABLE DISPERSIBLE 25 MG	Tier 2				BH*
LAMOTRIGINE CHW 5MG	LAMOTRIGINE TAB CHEWABLE DISPERSIBLE 5 MG	Tier 2				BH*
LAMOTRIGINE TAB 100MG	LAMOTRIGINE TAB 100 MG	Tier 2				BH*
LAMOTRIGINE TAB 150MG	LAMOTRIGINE TAB 150 MG	Tier 2				BH*
LAMOTRIGINE TAB 200MG	LAMOTRIGINE TAB 200 MG	Tier 2				BH*
LAMOTRIGINE TAB 25MG	LAMOTRIGINE TAB 25 MG	Tier 2				BH*
LEVETIRACETA SOL 100MG/ML	LEVETIRACETAM ORAL SOLN 100 MG/ML	Tier 2				BH*
LEVETIRACETA SOL 100MG/ML	LEVETIRACETAM ORAL SOLN 100 MG/ML	Tier 2				BH*
LEVETIRACETA SOL 500/5ML	LEVETIRACETAM ORAL SOLN 100 MG/ML	Tier 2				BH*
LEVETIRACETA TAB 1000MG	LEVETIRACETAM TAB 1000 MG	Tier 2				BH*
LEVETIRACETA TAB 250MG	LEVETIRACETAM TAB 250 MG	Tier 2				BH*
LEVETIRACETA TAB 500MG	LEVETIRACETAM TAB 500 MG	Tier 2				BH*
LEVETIRACETA TAB 500MG ER	LEVETIRACETAM TAB ER 24HR 500 MG	Tier 2				BH*
LEVETIRACETA TAB 750MG	LEVETIRACETAM TAB 750 MG	Tier 2				BH*
LEVETIRACETA TAB 750MG ER	LEVETIRACETAM TAB ER 24HR 750 MG	Tier 2				BH*

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

Drug name	Generic name	Tier value	Prior auth	Quantity limit	Step therapy	Notes
METHSUXIMIDE CAP 300MG	METHSUXIMIDE CAP 300 MG	Tier 3				
NAYZILAM SPR 5MG	MIDAZOLAM NASAL SPRAY SOLN 5 MG/0.1 ML	Tier 5	X	X		BH*
OXCARBAZEPIN SUS 300/5ML	OXCARBAZEPINE SUSP 300 MG/5ML (60 MG/ML)	Tier 3				BH*
OXCARBAZEPIN SUS 300/5ML	OXCARBAZEPINE SUSP 300 MG/5ML (60 MG/ML)	Tier 3				BH*
OXCARBAZEPIN TAB 150MG	OXCARBAZEPINE TAB 150 MG	Tier 2				BH*
OXCARBAZEPIN TAB 300MG	OXCARBAZEPINE TAB 300 MG	Tier 2				BH*
OXCARBAZEPIN TAB 600MG	OXCARBAZEPINE TAB 600 MG	Tier 2				BH*
PERAMPANEL SUS 0.5MG/ML	PERAMPANEL SUSP 0.5 MG/ML	Tier 3	X	X		
PHENOBARB ELX 20MG/5ML	PHENOBARBITAL ELIXIR 20 MG/5ML	Tier 2				BH*
PHENOBARB ELX 20MG/5ML	PHENOBARBITAL ELIXIR 20 MG/5ML	Tier 2				BH*
PHENOBARB ELX 30/7.5ML	PHENOBARBITAL ELIXIR 20 MG/5ML	Tier 2				BH*
PHENOBARB ELX 60/15ML	PHENOBARBITAL ELIXIR 20 MG/5ML	Tier 2				BH*
PHENOBARB SOL 20MG/5ML	PHENOBARBITAL ELIXIR 20 MG/5ML	Tier 2				BH*
PHENOBARB TAB 100MG	PHENOBARBITAL TAB 100 MG	Tier 2				BH*
PHENOBARB TAB 15MG	PHENOBARBITAL TAB 15 MG	Tier 2				BH*
PHENOBARB TAB 16.2MG	PHENOBARBITAL TAB 16.2 MG	Tier 2				BH*
PHENOBARB TAB 30MG	PHENOBARBITAL TAB 30 MG	Tier 2				BH*
PHENOBARB TAB 32.4MG	PHENOBARBITAL TAB 32.4 MG	Tier 2				BH*
PHENOBARB TAB 60MG	PHENOBARBITAL TAB 60 MG	Tier 2				BH*
PHENOBARB TAB 64.8MG	PHENOBARBITAL TAB 64.8 MG	Tier 2				BH*
PHENOBARB TAB 97.2MG	PHENOBARBITAL TAB 97.2 MG	Tier 2				BH*
PHENYTEK CAP 200MG	PHENYTOIN SODIUM EXTENDED CAP 200 MG	Tier 2				BH*
PHENYTEK CAP 300MG	PHENYTOIN SODIUM EXTENDED CAP 300 MG	Tier 2				BH*
PHENYTOIN CHW 50MG	PHENYTOIN CHEW TAB 50 MG	Tier 2				BH*
PHENYTOIN SUS 125/5ML	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*
PREGABALIN CAP 100MG	PREGABALIN CAP 100 MG	Tier 2		X		BH*
PREGABALIN CAP 150MG	PREGABALIN CAP 150 MG	Tier 2		X		BH*

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Drug name	Generic name	Tier value	Prior auth	Quantity limit	Step therapy	Notes
PREGABALIN CAP 200MG	PREGABALIN CAP 200 MG	Tier 2		X		BH*
PREGABALIN CAP 225MG	PREGABALIN CAP 225 MG	Tier 2		X		BH*
PREGABALIN CAP 25MG	PREGABALIN CAP 25 MG	Tier 2		X		BH*
PREGABALIN CAP 300MG	PREGABALIN CAP 300 MG	Tier 2		X		BH*
PREGABALIN CAP 50MG	PREGABALIN CAP 50 MG	Tier 2		X		BH*
PREGABALIN CAP 75MG	PREGABALIN CAP 75 MG	Tier 2		X		BH*
PRIMIDONE TAB 125MG	PRIMIDONE TAB 125 MG	Tier 2				
PRIMIDONE TAB 250MG	PRIMIDONE TAB 250 MG	Tier 2				
PRIMIDONE TAB 50MG	PRIMIDONE TAB 50 MG	Tier 2				
ROWEEPRA TAB 500MG	LEVETIRACETAM TAB 500 MG	Tier 2				BH*
RUFINAMIDE SUS 40MG/ML	RUFINAMIDE SUSP 40 MG/ML	Tier 3	X			
RUFINAMIDE TAB 200MG	RUFINAMIDE TAB 200 MG	Tier 3	X			
RUFINAMIDE TAB 400MG	RUFINAMIDE TAB 400 MG	Tier 3	X			
SUBVENITE TAB 100MG	LAMOTRIGINE TAB 100 MG	Tier 2				BH*
SUBVENITE TAB 150MG	LAMOTRIGINE TAB 150 MG	Tier 2				BH*
SUBVENITE TAB 200MG	LAMOTRIGINE TAB 200 MG	Tier 2				BH*
SUBVENITE TAB 25MG	LAMOTRIGINE TAB 25 MG	Tier 2				BH*
TIAGABINE TAB 12MG	TIAGABINE HCL TAB 12 MG	Tier 3				
TIAGABINE TAB 16MG	TIAGABINE HCL TAB 16 MG	Tier 3				
TIAGABINE TAB 2MG	TIAGABINE HCL TAB 2 MG	Tier 3				
TIAGABINE TAB 4MG	TIAGABINE HCL TAB 4 MG	Tier 3				
TOPIRAMATE CAP 15MG	TOPIRAMATE SPRINKLE CAP 15 MG	Tier 3				BH*
TOPIRAMATE CAP 25MG	TOPIRAMATE SPRINKLE CAP 25 MG	Tier 3				BH*
TOPIRAMATE CAP 50MG	TOPIRAMATE SPRINKLE CAP 50 MG	Tier 3				BH*
TOPIRAMATE TAB 100MG	TOPIRAMATE TAB 100 MG	Tier 2				BH*
TOPIRAMATE TAB 200MG	TOPIRAMATE TAB 200 MG	Tier 2				BH*
TOPIRAMATE TAB 25MG	TOPIRAMATE TAB 25 MG	Tier 2				BH*
TOPIRAMATE TAB 50MG	TOPIRAMATE TAB 50 MG	Tier 2				BH*
VALPROIC ACD CAP 250MG	VALPROIC ACID CAP 250 MG	Tier 2				BH*
VALPROIC ACD SOL 250/5ML	VALPROATE SODIUM ORAL SOLN 250 MG/5ML (BASE EQUIV)	Tier 2				BH*
VALPROIC ACD SOL 500/10ML	VALPROATE SODIUM ORAL SOLN 250 MG/5ML (BASE EQUIV)	Tier 2				BH*
VIGABATRIN PAK 500MG	VIGABATRIN POWD PACK 500 MG	Tier 6	X	X		
VIGABATRIN TAB 500MG	VIGABATRIN TAB 500 MG	Tier 6	X	X		
VIGPODER POW 500MG	VIGABATRIN POWD PACK 500 MG	Tier 6	X	X		
ZONISAMIDE CAP 100MG	ZONISAMIDE CAP 100 MG	Tier 2				
ZONISAMIDE CAP 25MG	ZONISAMIDE CAP 25 MG	Tier 2				
ZONISAMIDE CAP 50MG	ZONISAMIDE CAP 50 MG	Tier 2				
Antidementia Agents						
DONEPEZIL TAB 10MG	DONEPEZIL HYDROCHLORIDE TAB 10 MG	Tier 2		X		
DONEPEZIL TAB 10MG ODT	DONEPEZIL HYDROCHLORIDE ORALLY DISINTEGRATING TAB 10 MG	Tier 2		X		

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Drug name	Generic name	Tier value	Prior auth	Quantity limit	Step therapy	Notes
DONEPEZIL TAB 5MG	DONEPEZIL HYDROCHLORIDE TAB 5 MG	Tier 2		X		
DONEPEZIL TAB 5MG ODT	DONEPEZIL HYDROCHLORIDE ORALLY DISINTEGRATING TAB 5 MG	Tier 2		X		
DONEPEZIL TAB ODT 10MG	DONEPEZIL HYDROCHLORIDE ORALLY DISINTEGRATING TAB 10 MG	Tier 2		X		
DONEPEZIL TAB ODT 5MG	DONEPEZIL HYDROCHLORIDE ORALLY DISINTEGRATING TAB 5 MG	Tier 2		X		
ERGOLOID MES TAB 1MG ORAL	ERGOLOID MESYLATES TAB 1 MG	Tier 3				
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 10MG/5ML	MEMANTINE HCL ORAL SOLUTION 2 MG/ML	Tier 3		X		
MEMANTINE SOL 2MG/ML	MEMANTINE HCL ORAL SOLUTION 2 MG/ML	Tier 3		X		
MEMANTINE TAB HCL 10MG	MEMANTINE HCL TAB 10 MG	Tier 2		X		
MEMANTINE TAB HCL 10MG	MEMANTINE HCL TAB 10 MG	Tier 2		X		
MEMANTINE TAB HCL 5MG	MEMANTINE HCL TAB 5 MG	Tier 2		X		
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		

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

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Drug name	Generic name	Tier value	Prior auth	Quantity limit	Step therapy	Notes
CLOMIPRAMINE CAP 75MG	CLOMIPRAMINE HCL CAP 75 MG	Tier 1				
DESIPRAMINE TAB 100MG	DESIPRAMINE HCL TAB 100 MG	Tier 1				
DESIPRAMINE TAB 10MG	DESIPRAMINE HCL TAB 10 MG	Tier 1				
DESIPRAMINE TAB 150MG	DESIPRAMINE HCL TAB 150 MG	Tier 1				
DESIPRAMINE TAB 25MG	DESIPRAMINE HCL TAB 25 MG	Tier 1				
DESIPRAMINE TAB 50MG	DESIPRAMINE HCL TAB 50 MG	Tier 1				
DESIPRAMINE TAB 75MG	DESIPRAMINE HCL TAB 75 MG	Tier 1				
DESVENLAFAX TAB 100MG ER	DESVENLAFAXINE SUCCINATE TAB ER 24HR 100 MG (BASE EQUIV)	Tier 1		X		
DESVENLAFAX TAB 25MG ER	DESVENLAFAXINE SUCCINATE TAB ER 24HR 25 MG (BASE EQUIV)	Tier 1		X		
DESVENLAFAX TAB 50MG ER	DESVENLAFAXINE SUCCINATE TAB ER 24HR 50 MG (BASE EQUIV)	Tier 1		X		
DOXEPIN HCL CAP 100MG	DOXEPIN HCL CAP 100 MG	Tier 1				
DOXEPIN HCL CAP 10MG	DOXEPIN HCL CAP 10 MG	Tier 1				
DOXEPIN HCL CAP 150MG	DOXEPIN HCL CAP 150 MG	Tier 1				
DOXEPIN HCL CAP 25MG	DOXEPIN HCL CAP 25 MG	Tier 1				
DOXEPIN HCL CAP 50MG	DOXEPIN HCL CAP 50 MG	Tier 1				
DOXEPIN HCL CAP 75MG	DOXEPIN HCL CAP 75 MG	Tier 1				
DOXEPIN HCL CON 10MG/ML	DOXEPIN HCL CONC 10 MG/ML	Tier 1				
DULOXETINE CAP 20MG DR	DULOXETINE HCL ENTERIC COATED PELLETS CAP 20 MG (BASE EQ)	Tier 1		X		
DULOXETINE CAP 30MG DR	DULOXETINE HCL ENTERIC COATED PELLETS CAP 30 MG (BASE EQ)	Tier 1		X		
DULOXETINE CAP 60MG DR	DULOXETINE HCL ENTERIC COATED PELLETS CAP 60 MG (BASE EQ)	Tier 1		X		
EMSAM DIS 12MG/24H	SELEGILINE TD PATCH 24HR 12 MG/24HR	Tier 1	X	X		
EMSAM DIS 6MG/24HR	SELEGILINE TD PATCH 24HR 6 MG/24HR	Tier 1	X	X		
EMSAM DIS 9MG/24HR	SELEGILINE TD PATCH 24HR 9 MG/24HR	Tier 1	X	X		
ESCITALOPRAM SOL 10/10ML	ESCITALOPRAM OXALATE SOLN 5 MG/5ML (BASE EQUIV)	Tier 1				
ESCITALOPRAM SOL 5MG/5ML	ESCITALOPRAM OXALATE SOLN 5 MG/5ML (BASE EQUIV)	Tier 1				
ESCITALOPRAM TAB 10MG	ESCITALOPRAM OXALATE TAB 10 MG (BASE EQUIV)	Tier 1				
ESCITALOPRAM TAB 20MG	ESCITALOPRAM OXALATE TAB 20 MG (BASE EQUIV)	Tier 1				
ESCITALOPRAM TAB 5MG	ESCITALOPRAM OXALATE TAB 5 MG (BASE EQUIV)	Tier 1				
FLUOXETINE CAP 10MG	FLUOXETINE HCL CAP 10 MG	Tier 1				
FLUOXETINE CAP 20MG	FLUOXETINE HCL CAP 20 MG	Tier 1				
FLUOXETINE CAP 40MG	FLUOXETINE HCL CAP 40 MG	Tier 1				

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Drug name	Generic name	Tier value	Prior auth	Quantity limit	Step therapy	Notes
FLUOXETINE CAP 90MG DR	FLUOXETINE HCL CAP DELAYED RELEASE 90 MG	Tier 1		X		
FLUOXETINE SOL 20MG/5ML	FLUOXETINE HCL SOLUTION 20 MG/5ML	Tier 1				
FLUOXETINE TAB 10MG	FLUOXETINE HCL TAB 10 MG	Tier 1		X		
FLUOXETINE TAB 20MG	FLUOXETINE HCL TAB 20 MG	Tier 1		X		
FLUVOXAMINE CAP 100MG ER	FLUVOXAMINE MALEATE CAP ER 24HR 100 MG	Tier 1		X		
FLUVOXAMINE CAP 150MG ER	FLUVOXAMINE MALEATE CAP ER 24HR 150 MG	Tier 1		X		
FLUVOXAMINE TAB 100MG	FLUVOXAMINE MALEATE TAB 100 MG	Tier 1				
FLUVOXAMINE TAB 25MG	FLUVOXAMINE MALEATE TAB 25 MG	Tier 1				
FLUVOXAMINE TAB 50MG	FLUVOXAMINE MALEATE TAB 50 MG	Tier 1				
IMIPRAM HCL TAB 10MG	IMIPRAMINE HCL TAB 10 MG	Tier 1				
IMIPRAM HCL TAB 25MG	IMIPRAMINE HCL TAB 25 MG	Tier 1				
IMIPRAM HCL TAB 50MG	IMIPRAMINE HCL TAB 50 MG	Tier 1				
IMIPRAM PAM CAP 100MG	IMIPRAMINE PAMOATE CAP 100 MG	Tier 1				
IMIPRAM PAM CAP 125MG	IMIPRAMINE PAMOATE CAP 125 MG	Tier 1				
IMIPRAM PAM CAP 150MG	IMIPRAMINE PAMOATE CAP 150 MG	Tier 1				
IMIPRAM PAM CAP 75MG	IMIPRAMINE PAMOATE CAP 75 MG	Tier 1				
MARPLAN TAB 10MG	ISOCARBOXAZID TAB 10 MG	Tier 1				
MIRTAZAPINE TAB 15MG	MIRTAZAPINE TAB 15 MG	Tier 1				
MIRTAZAPINE TAB 15MG ODT	MIRTAZAPINE ORALLY DISINTEGRATING TAB 15 MG	Tier 1				
MIRTAZAPINE TAB 30MG	MIRTAZAPINE TAB 30 MG	Tier 1				
MIRTAZAPINE TAB 30MG ODT	MIRTAZAPINE ORALLY DISINTEGRATING TAB 30 MG	Tier 1				
MIRTAZAPINE TAB 45MG	MIRTAZAPINE TAB 45 MG	Tier 1				
MIRTAZAPINE TAB 45MG ODT	MIRTAZAPINE ORALLY DISINTEGRATING TAB 45 MG	Tier 1				
MIRTAZAPINE TAB 7.5MG	MIRTAZAPINE TAB 7.5 MG	Tier 1				
NEFAZODONE TAB 100MG	NEFAZODONE HCL TAB 100 MG	Tier 1				
NEFAZODONE TAB 150MG	NEFAZODONE HCL TAB 150 MG	Tier 1				
NEFAZODONE TAB 200MG	NEFAZODONE HCL TAB 200 MG	Tier 1				
NEFAZODONE TAB 250MG	NEFAZODONE HCL TAB 250 MG	Tier 1				
NEFAZODONE TAB 50MG	NEFAZODONE HCL TAB 50 MG	Tier 1				
NORTRIPTYLIN CAP 10MG	NORTRIPTYLINE HCL CAP 10 MG	Tier 1				
NORTRIPTYLIN CAP 25MG	NORTRIPTYLINE HCL CAP 25 MG	Tier 1				
NORTRIPTYLIN CAP 50MG	NORTRIPTYLINE HCL CAP 50 MG	Tier 1				
NORTRIPTYLIN CAP 75MG	NORTRIPTYLINE HCL CAP 75 MG	Tier 1				
NORTRIPTYLIN SOL 10MG/5ML	NORTRIPTYLINE HCL SOLN 10 MG/5ML	Tier 1				

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Drug name	Generic name	Tier value	Prior auth	Quantity limit	Step therapy	Notes
OLANZA/FLUOX CAP 12-25MG	OLANZAPINE-FLUOXETINE HCL CAP 12-25 MG	Tier 1		X		
OLANZA/FLUOX CAP 12-50MG	OLANZAPINE-FLUOXETINE HCL CAP 12-50 MG	Tier 1		X		
OLANZA/FLUOX CAP 3-25MG	OLANZAPINE-FLUOXETINE HCL CAP 3-25 MG	Tier 1		X		
OLANZA/FLUOX CAP 6-25MG	OLANZAPINE-FLUOXETINE HCL CAP 6-25 MG	Tier 1		X		
OLANZA/FLUOX CAP 6-50MG	OLANZAPINE-FLUOXETINE HCL CAP 6-50 MG	Tier 1		X		
PAROXETIN ER TAB 12.5MG	PAROXETINE HCL TAB ER 24HR 12.5 MG	Tier 1		X		
PAROXETIN ER TAB 12.5MG	PAROXETINE HCL TAB ER 24HR 12.5 MG	Tier 1		X		
PAROXETIN ER TAB 37.5MG	PAROXETINE HCL TAB ER 24HR 37.5 MG	Tier 1		X		
PAROXETINE SUS 10MG/5ML	PAROXETINE HCL ORAL SUSP 10 MG/5ML (BASE EQUIV)	Tier 1				
PAROXETINE TAB 10MG	PAROXETINE HCL TAB 10 MG	Tier 1				
PAROXETINE TAB 20MG	PAROXETINE HCL TAB 20 MG	Tier 1				
PAROXETINE TAB 25MG ER	PAROXETINE HCL TAB ER 24HR 25 MG	Tier 1		X		
PAROXETINE TAB 25MG ER	PAROXETINE HCL TAB ER 24HR 25 MG	Tier 1		X		
PAROXETINE TAB 30MG	PAROXETINE HCL TAB 30 MG	Tier 1				
PAROXETINE TAB 40MG	PAROXETINE HCL TAB 40 MG	Tier 1				
PERPHEN/AMIT TAB 2-10MG	PERPHENAZINE-AMITRIPTYLINE TAB 2-10 MG	Tier 1				
PERPHEN/AMIT TAB 2-25MG	PERPHENAZINE-AMITRIPTYLINE TAB 2-25 MG	Tier 1				
PERPHEN/AMIT TAB 4-10MG	PERPHENAZINE-AMITRIPTYLINE TAB 4-10 MG	Tier 1				
PERPHEN/AMIT TAB 4-25MG	PERPHENAZINE-AMITRIPTYLINE TAB 4-25 MG	Tier 1				
PERPHEN/AMIT TAB 4-50MG	PERPHENAZINE-AMITRIPTYLINE TAB 4-50 MG	Tier 1				
PHENELZINE TAB 15MG	PHENELZINE SULFATE TAB 15 MG	Tier 1				
PROTRIPTYLIN TAB 10MG	PROTRIPTYLINE HCL TAB 10 MG	Tier 1				
PROTRIPTYLIN TAB 5MG	PROTRIPTYLINE HCL TAB 5 MG	Tier 1				
QUETIAPINE TAB 150MG	QUETIAPINE FUMARATE TAB 150 MG	Tier 1		X		
SERTRALINE CON 20MG/ML	SERTRALINE HCL ORAL CONCENTRATE FOR SOLUTION 20 MG/ML	Tier 1				
SERTRALINE TAB 100MG	SERTRALINE HCL TAB 100 MG	Tier 1				
SERTRALINE TAB 25MG	SERTRALINE HCL TAB 25 MG	Tier 1				
SERTRALINE TAB 50MG	SERTRALINE HCL TAB 50 MG	Tier 1				
TRANYLCYPROM TAB 10MG	TRANYLCYPROMINE SULFATE TAB 10 MG	Tier 1				
TRAZODONE TAB 100MG	TRAZODONE HCL TAB 100 MG	Tier 1				
TRAZODONE TAB 150MG	TRAZODONE HCL TAB 150 MG	Tier 1				

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

Drug name	Generic name	Tier value	Prior auth	Quantity limit	Step therapy	Notes
TRAZODONE TAB 300MG	TRAZODONE HCL TAB 300 MG	**Tier 1**				
TRAZODONE TAB 50MG	TRAZODONE HCL TAB 50 MG	**Tier 1**				
TRIMIPRAMINE CAP 100MG	TRIMIPRAMINE MALEATE CAP 100 MG	**Tier 1**				
TRIMIPRAMINE CAP 25MG	TRIMIPRAMINE MALEATE CAP 25 MG	**Tier 1**				
TRIMIPRAMINE CAP 50MG	TRIMIPRAMINE MALEATE CAP 50 MG	**Tier 1**				
VENLAFAXINE CAP 150MG ER	VENLAFAXINE HCL CAP ER 24HR 150 MG (BASE EQUIVALENT)	**Tier 1**				
VENLAFAXINE CAP 37.5 ER	VENLAFAXINE HCL CAP ER 24HR 37.5 MG (BASE EQUIVALENT)	**Tier 1**				
VENLAFAXINE CAP 75MG ER	VENLAFAXINE HCL CAP ER 24HR 75 MG (BASE EQUIVALENT)	**Tier 1**				
VENLAFAXINE TAB 100MG	VENLAFAXINE HCL TAB 100 MG (BASE EQUIVALENT)	**Tier 1**				
VENLAFAXINE TAB 25MG	VENLAFAXINE HCL TAB 25 MG (BASE EQUIVALENT)	**Tier 1**				
VENLAFAXINE TAB 37.5MG	VENLAFAXINE HCL TAB 37.5 MG (BASE EQUIVALENT)	**Tier 1**				
VENLAFAXINE TAB 50MG	VENLAFAXINE HCL TAB 50 MG (BASE EQUIVALENT)	**Tier 1**				
VENLAFAXINE TAB 75MG	VENLAFAXINE HCL TAB 75 MG (BASE EQUIVALENT)	**Tier 1**				
VILAZODONE TAB 10MG	VILAZODONE HCL TAB 10 MG	**Tier 1**		X		
VILAZODONE TAB 20MG	VILAZODONE HCL TAB 20 MG	**Tier 1**		X		
VILAZODONE TAB 40MG	VILAZODONE HCL TAB 40 MG	**Tier 1**		X		
Antiemetics						
APREPITANT CAP 125 & 80	APREPITANT CAPSULE THERAPY PACK 80 & 125 MG	**Tier 3**		X		
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		
DRONABINOL CAP 10MG	DRONABINOL CAP 10 MG	**Tier 3**				
DRONABINOL CAP 2.5MG	DRONABINOL CAP 2.5 MG	**Tier 3**				
DRONABINOL CAP 5MG	DRONABINOL CAP 5 MG	**Tier 3**				
GRANISETRON TAB 1MG	GRANISETRON HCL TAB 1 MG	**Tier 3**		X		
MECLIZINE TAB 25MG	MECLIZINE HCL TAB 25 MG	**Tier 2**				
MECLIZINE TAB 50MG	MECLIZINE HCL TAB 50 MG	**Tier 3**				
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 DISINTE-GRATING TAB 4 MG	**Tier 2**				
ONDANSETRON TAB 8MG	ONDANSETRON HCL TAB 8 MG	**Tier 2**				

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Drug name	Generic name	Tier value	Prior auth	Quantity limit	Step therapy	Notes
ONDANSETRON TAB 8MG ODT	ONDANSETRON ORALLY DISINTEGRATING TAB 8 MG	Tier 2				
PROCHLORPER TAB 10MG	PROCHLORPERAZINE MALEATE TAB 10 MG (BASE EQUIVALENT)	Tier 1				
PROCHLORPER TAB 5MG	PROCHLORPERAZINE MALEATE TAB 5 MG (BASE EQUIVALENT)	Tier 1				
PROMETHAZINE SOL 12.5/10	PROMETHAZINE HCL ORAL SOLN 6.25 MG/5ML	Tier 2				
PROMETHAZINE SOL 6.25/5ML	PROMETHAZINE HCL ORAL SOLN 6.25 MG/5ML	Tier 2				
PROMETHAZINE SOL 6.25/5ML	PROMETHAZINE HCL ORAL SOLN 6.25 MG/5ML	Tier 2				
PROMETHAZINE SOL 6.25/5ML	PROMETHAZINE HCL ORAL SOLN 6.25 MG/5ML	Tier 2				
PROMETHAZINE SUP 12.5MG	PROMETHAZINE HCL SUPPOS 12.5 MG	Tier 3		X		
PROMETHAZINE SUP 25MG	PROMETHAZINE HCL SUPPOS 25 MG	Tier 3		X		
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				
SCOPOLAMINE DIS 1MG/3DAY	SCOPOLAMINE TD PATCH 72HR 1 MG/3DAYS	Tier 3				
TRIMETHOBENZ CAP 300MG	TRIMETHOBENZAMIDE HCL CAP 300 MG	Tier 2				
VARUBI TAB 90MG	ROLAPITANT HCL TAB THERAPY PACK 2 X 90 MG (BASE EQUIV)	Tier 5		X		
Antifungals						
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				STI*
FLUCONAZOLE SUS 40MG/ML	FLUCONAZOLE FOR SUSP 40 MG/ML	Tier 2				STI*
FLUCONAZOLE TAB 100MG	FLUCONAZOLE TAB 100 MG	Tier 2				STI*
FLUCONAZOLE TAB 150MG	FLUCONAZOLE TAB 150 MG	Tier 2				STI*
FLUCONAZOLE TAB 200MG	FLUCONAZOLE TAB 200 MG	Tier 2				STI*
FLUCONAZOLE TAB 50MG	FLUCONAZOLE TAB 50 MG	Tier 2				STI*
FLUCYTOSINE CAP 250MG	FLUCYTOSINE CAP 250 MG	Tier 3				

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

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Drug name	Generic name	Tier value	Prior auth	Quantity limit	Step therapy	Notes
TERCONAZOLE SUP 80MG	TERCONAZOLE VAGINAL SUPPOS 80 MG	Tier 3				STI*
VORICONAZOLE SUS 40MG/ML	VORICONAZOLE FOR SUSP 40 MG/ ML	Tier 3				
VORICONAZOLE TAB 200MG	VORICONAZOLE TAB 200 MG	Tier 3		X		
VORICONAZOLE TAB 50MG	VORICONAZOLE TAB 50 MG	Tier 3		X		
Antigout Agents						
ALLOPURINOL TAB 100MG	ALLOPURINOL TAB 100 MG	Tier 2				
ALLOPURINOL TAB 300MG	ALLOPURINOL TAB 300 MG	Tier 2				
COLCHICINE TAB 0.6MG	COLCHICINE TAB 0.6 MG	Tier 2		X		
FEBUXOSTAT TAB 40MG	FEBUXOSTAT TAB 40 MG	Tier 2		X		
FEBUXOSTAT TAB 80MG	FEBUXOSTAT TAB 80 MG	Tier 2		X		
PROBEN/COLCH TAB 500-0.5	COLCHICINE W/ PROBENECID TAB 0.5-500 MG	Tier 2				
PROBENECID TAB 500MG	PROBENECID TAB 500 MG	Tier 2				
Antimigraine Agents						
AIMOVIG INJ 140MG/ML	ERENUMAB-AOOE SUBCUTANEOUS SOLN AUTO-INJECTOR 140 MG/ML	Tier 3	X	X		
AIMOVIG INJ 70MG/ML	ERENUMAB-AOOE SUBCUTANEOUS SOLN AUTO-INJECTOR 70 MG/ML	Tier 3	X	X		
ALMOTRIP MAL TAB 12.5MG	ALMOTRIPTAN MALATE TAB 12.5 MG	Tier 3		X	X	
ALMOTRIP MAL TAB 6.25MG	ALMOTRIPTAN MALATE TAB 6.25 MG	Tier 3		X	X	
ALMOTRIPTAN TAB 12.5MG	ALMOTRIPTAN MALATE TAB 12.5 MG	Tier 3		X	X	
ALMOTRIPTAN TAB 6.25MG	ALMOTRIPTAN MALATE TAB 6.25 MG	Tier 3		X	X	
DIHYDROERGOT INJ 1MG/ML	DIHYDROERGOTAMINE MESYLATE INJ 1 MG/ML	Tier 3		X		
ELETRIPTAN TAB 20MG	ELETRIPTAN HYDROBROMIDE TAB 20 MG (BASE EQUIVALENT)	Tier 3		X	X	
ELETRIPTAN TAB 40MG	ELETRIPTAN HYDROBROMIDE TAB 40 MG (BASE EQUIVALENT)	Tier 3		X	X	
EMGALITY INJ 100MG/ ML	GALCANEZUMAB-GNLM SUBCUTANEOUS SOLN PREFILLED SYR 100 MG/ ML	Tier 3	X	X		
EMGALITY INJ 120MG/ML	GALCANEZUMAB-GNLM SUBCUTANEOUS SOLN AUTO-INJECTOR 120 MG/ ML	Tier 3	X	X		
EMGALITY INJ 120MG/ML	GALCANEZUMAB-GNLM SUBCUTANEOUS SOLN PREFILLED SYR 120 MG/ ML	Tier 3	X	X		
ERGOMAR SUB 2MG	ERGOTAMINE TARTRATE SL TAB 2 MG	Tier 5		X		
ERGOT/CAFFEN TAB 1-100MG	ERGOTAMINE W/ CAFFEINE TAB 1-100 MG	Tier 3				

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Drug name	Generic name	Tier value	Prior auth	Quantity limit	Step therapy	Notes
FROVATRIPTAN TAB 2.5MG	FROVATRIPTAN SUCCINATE TAB 2.5 MG (BASE EQUIVALENT)	Tier 3		X	X	
MIGERGOT SUP 2/100	ERGOTAMINE W/ CAFFEINE SUPPOS 2-100 MG	Tier 5				
NARATRIPTAN TAB 1MG	NARATRIPTAN HCL TAB 1 MG (BASE EQUIV)	Tier 2		X		
NARATRIPTAN TAB 2.5MG	NARATRIPTAN HCL TAB 2.5 MG (BASE EQUIV)	Tier 2		X		
QULIPTA TAB 10MG	ATOGEPANT TAB 10 MG	Tier 5	X	X		
QULIPTA TAB 30MG	ATOGEPANT TAB 30 MG	Tier 5	X	X		
QULIPTA TAB 60MG	ATOGEPANT TAB 60 MG	Tier 5	X	X		
RIZATRIPTAN TAB 10MG	RIZATRIPTAN BENZOATE TAB 10 MG (BASE EQUIVALENT)	Tier 2		X		
RIZATRIPTAN TAB 10MG ODT	RIZATRIPTAN BENZOATE ORAL DISINTEGRATING TAB 10 MG (BASE EQ)	Tier 2		X		
RIZATRIPTAN TAB 5MG	RIZATRIPTAN BENZOATE TAB 5 MG (BASE EQUIVALENT)	Tier 2		X		
RIZATRIPTAN TAB 5MG ODT	RIZATRIPTAN BENZOATE ORAL DISINTEGRATING TAB 5 MG (BASE EQ)	Tier 2		X		
SUMAT-NAPROX TAB 85-500MG	SUMATRIPTAN-NAPROXEN SODIUM TAB 85-500 MG	Tier 3		X	X	
SUMATRIPTAN INJ 4MG/0.5	SUMATRIPTAN SUCCINATE SOLUTION 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 6/0.5ML	SUMATRIPTAN SUCCINATE INJ 6 MG/0.5ML	Tier 3		X		
SUMATRIPTAN INJ 6/0.5ML	SUMATRIPTAN SUCCINATE SOLUTION AUTO-INJECTOR 6 MG/0.5ML	Tier 3		X		
SUMATRIPTAN INJ 6MG/.5ML	SUMATRIPTAN SUCCINATE INJ 6 MG/0.5ML	Tier 3		X		
SUMATRIPTAN INJ 6MG/.5ML	SUMATRIPTAN SUCCINATE SOLUTION AUTO-INJECTOR 6 MG/0.5ML	Tier 3		X		
SUMATRIPTAN INJ 6MG/0.5	SUMATRIPTAN SUCCINATE INJ 6 MG/0.5ML	Tier 3		X		
SUMATRIPTAN INJ 6MG/0.5	SUMATRIPTAN SUCCINATE SOLUTION AUTO-INJECTOR 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 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		
TIMOLOL MAL TAB 10MG	TIMOLOL MALEATE TAB 10 MG	Tier 2				

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Drug name	Generic name	Tier value	Prior auth	Quantity limit	Step therapy	Notes
TIMOLOL MAL TAB 20MG	TIMOLOL MALEATE TAB 20 MG	Tier 2				
TIMOLOL MAL TAB 5MG	TIMOLOL MALEATE TAB 5 MG	Tier 2				
UBRELVY TAB 100MG	UBROGEPANT TAB 100 MG	Tier 5	X	X		
UBRELVY TAB 50MG	UBROGEPANT TAB 50 MG	Tier 5	X	X		
ZOLMITRIPTAN SPR 2.5MG	ZOLMITRIPTAN NASAL SPRAY 2.5 MG/ SPRAY UNIT	Tier 5		X	X	
ZOLMITRIPTAN SPR 5MG	ZOLMITRIPTAN NASAL SPRAY 5 MG/ SPRAY UNIT	Tier 3		X	X	
ZOLMITRIPTAN TAB 2.5 MG	ZOLMITRIPTAN ORALLY DISINTE-GRATING TAB 2.5 MG	Tier 3		X	X	
ZOLMITRIPTAN TAB 2.5MG	ZOLMITRIPTAN TAB 2.5 MG	Tier 3		X	X	
ZOLMITRIPTAN TAB 5MG	ZOLMITRIPTAN TAB 5 MG	Tier 3		X	X	
ZOLMITRIPTAN TAB 5MG ODT	ZOLMITRIPTAN ORALLY DISINTE-GRATING TAB 5 MG	Tier 3		X	X	
Antimyasthenic Agents						
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				
PRIFTIN TAB 150MG	RIFAPENTINE TAB 150 MG	Tier 3				
PYRAZINAMIDE TAB 500MG	PYRAZINAMIDE TAB 500 MG	Tier 3				
RIFABUTIN CAP 150MG	RIFABUTIN CAP 150 MG	Tier 3				
RIFAMPIN CAP 150MG	RIFAMPIN CAP 150 MG	Tier 2				
RIFAMPIN CAP 300MG	RIFAMPIN CAP 300 MG	Tier 2				
TRECATOR 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		

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Drug name	Generic name	Tier value	Prior auth	Quantity limit	Step therapy	Notes	
ANASTROZOLE TAB 1MG	ANASTROZOLE TAB 1 MG	Tier 2				PRV*	$0 Copay for members 35 years and older once your health-care provider confirms use is for breast cancer pre-vention.
BEXAROTENE CAP 75MG	BEXAROTENE CAP 75 MG	Tier 6					
BEXAROTENE GEL 1%	BEXAROTENE GEL 1%	Tier 6		X			
BICALUTAMIDE TAB 50MG	BICALUTAMIDE TAB 50 MG	Tier 2					
BOSULIF CAP 100MG	BOSUTINIB CAP 100 MG	Tier 6	X	X			
BOSULIF CAP 50MG	BOSUTINIB CAP 50 MG	Tier 6	X	X			
BRUKINSA CAP 80MG	ZANUBRUTINIB CAP 80 MG	Tier 4	X	X			
BRUKINSA TAB 160MG	ZANUBRUTINIB TAB 160 MG	Tier 4	X	X			
CALQUENCE TAB 100MG	ACALABRUTINIB MALEATE TAB 100 MG	Tier 4	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			
COTELLIC TAB 20MG	COBIMETINIB FUMARATE TAB 20 MG (BASE EQUIVALENT)	Tier 6	X	X			
CYCLOPHOSPH CAP 25MG	CYCLOPHOSPHAMIDE CAP 25 MG	Tier 3					
CYCLOPHOSPH CAP 50MG	CYCLOPHOSPHAMIDE CAP 50 MG	Tier 3					
CYCLOPHOSPH TAB 25MG	CYCLOPHOSPHAMIDE TAB 25 MG	Tier 5					
CYCLOPHOSPH TAB 50MG	CYCLOPHOSPHAMIDE TAB 50 MG	Tier 5					
DASATINIB TAB 100MG	DASATINIB TAB 100 MG	Tier 4	X	X			
DASATINIB TAB 140MG	DASATINIB TAB 140 MG	Tier 4	X	X			
DASATINIB TAB 20MG	DASATINIB TAB 20 MG	Tier 4	X	X			
DASATINIB TAB 50MG	DASATINIB TAB 50 MG	Tier 4	X	X			
DASATINIB TAB 70MG	DASATINIB TAB 70 MG	Tier 4	X	X			
DASATINIB TAB 80MG	DASATINIB TAB 80 MG	Tier 4	X	X			
DROXIA CAP 200MG	HYDROXYUREA CAP 200 MG	Tier 5					
DROXIA CAP 300MG	HYDROXYUREA CAP 300 MG	Tier 5					
DROXIA CAP 400MG	HYDROXYUREA CAP 400 MG	Tier 5					
EMCYT CAP 140MG	ESTRAMUSTINE PHOSPHATE SODIUM CAP 140 MG	Tier 5					
ERLEADA TAB 240MG	APALUTAMIDE TAB 240 MG	Tier 4	X	X			
ERLEADA TAB 60MG	APALUTAMIDE TAB 60 MG	Tier 4	X	X			
ERLOTINIB TAB 100MG	ERLOTINIB HCL TAB 100 MG (BASE EQUIVALENT)	Tier 4		X			

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

Drug name	Generic name	Tier value	Prior auth	Quantity limit	Step therapy	Notes	
ERLOTINIB TAB 150MG	ERLOTINIB HCL TAB 150 MG (BASE EQUIVALENT)	Tier 4		X			
ERLOTINIB TAB 25MG	ERLOTINIB HCL TAB 25 MG (BASE EQUIVALENT)	Tier 4		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				PRV*	$0 Copay for members 35 years and older once your health-care provider confirms use is for breast cancer pre-vention.
GEFITINIB TAB 250MG	GEFITINIB TAB 250 MG	Tier 4	X	X			
GILOTRIF TAB 20MG	AFATINIB DIMALEATE TAB 20 MG (BASE EQUIVALENT)	Tier 4	X	X			
GILOTRIF TAB 30MG	AFATINIB DIMALEATE TAB 30 MG (BASE EQUIVALENT)	Tier 4	X	X			
GILOTRIF TAB 40MG	AFATINIB DIMALEATE TAB 40 MG (BASE EQUIVALENT)	Tier 4	X	X			
HYCAMTIN CAP 0.25MG	TOPOTECAN HCL CAP 0.25 MG (BASE EQUIV)	Tier 6	X	X			
HYCAMTIN CAP 1MG	TOPOTECAN HCL CAP 1 MG (BASE EQUIV)	Tier 6	X	X			
HYDROXYUREA CAP 500MG	HYDROXYUREA CAP 500 MG	Tier 2					
IMATINIB MES TAB 100MG	IMATINIB MESYLATE TAB 100 MG (BASE EQUIVALENT)	Tier 4		X			
IMATINIB MES TAB 400MG	IMATINIB MESYLATE TAB 400 MG (BASE EQUIVALENT)	Tier 4		X			
IMBRUVICA CAP 140MG	IBRUTINIB CAP 140 MG	Tier 4	X	X			
IMBRUVICA CAP 70MG	IBRUTINIB CAP 70 MG	Tier 4	X	X			
IMBRUVICA SUS 70MG/ML	IBRUTINIB ORAL SUSP 70 MG/ML	Tier 4	X	X			
IMBRUVICA TAB 140MG	IBRUTINIB TAB 140 MG	Tier 4	X	X			
IMBRUVICA TAB 280MG	IBRUTINIB TAB 280 MG	Tier 4	X	X			
IMBRUVICA TAB 420MG	IBRUTINIB TAB 420 MG	Tier 4	X	X			
INLYTA TAB 1MG	AXITINIB TAB 1 MG	Tier 6	X	X			
INLYTA TAB 5MG	AXITINIB TAB 5 MG	Tier 6	X	X			
JAKAFI TAB 10MG	RUXOLITINIB PHOSPHATE TAB 10 MG (BASE EQUIVALENT)	Tier 6	X	X			
JAKAFI TAB 15MG	RUXOLITINIB PHOSPHATE TAB 15 MG (BASE EQUIVALENT)	Tier 6	X	X			

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Drug name	Generic name	Tier value	Prior auth	Quantity limit	Step therapy	Notes
JAKAFI TAB 20MG	RUXOLITINIB PHOSPHATE TAB 20 MG (BASE EQUIVALENT)	Tier 6	X	X		
JAKAFI TAB 25MG	RUXOLITINIB PHOSPHATE TAB 25 MG (BASE EQUIVALENT)	Tier 6	X	X		
JAKAFI TAB 5MG	RUXOLITINIB PHOSPHATE TAB 5 MG (BASE EQUIVALENT)	Tier 6	X	X		
KISQALI TAB 200DOSE	RIBOCICLIB SUCCINATE TAB PACK 200 MG DAILY DOSE	Tier 4	X	X		
KISQALI TAB 400DOSE	RIBOCICLIB SUCCINATE TAB PACK 400 MG DAILY DOSE (200 MG TAB)	Tier 4	X	X		
KISQALI TAB 600DOSE	RIBOCICLIB SUCCINATE TAB PACK 600 MG DAILY DOSE (200 MG TAB)	Tier 4	X	X		
KISQALI 200 PAK FEMARA	RIBOCICLIB 200 MG DOSE (200 MG TAB) & LETROZOLE 2.5 MG TBPK	Tier 4	X	X		
KISQALI 400 PAK FEMARA	RIBOCICLIB 400 MG DOSE (200 MG TAB) & LETROZOLE 2.5 MG TBPK	Tier 4	X	X		
KISQALI 600 PAK FEMARA	RIBOCICLIB 600 MG DOSE (200 MG TAB) & LETROZOLE 2.5 MG TBPK	Tier 4	X	X		
LENALIDOMIDE CAP 10MG	LENALIDOMIDE CAP 10 MG	Tier 6	X	X		
LENALIDOMIDE CAP 15MG	LENALIDOMIDE CAP 15 MG	Tier 6	X	X		
LENALIDOMIDE CAP 2.5MG	LENALIDOMIDE CAPS 2.5 MG	Tier 6	X	X		
LENALIDOMIDE CAP 20MG	LENALIDOMIDE CAP 20 MG	Tier 6	X	X		
LENALIDOMIDE CAP 25MG	LENALIDOMIDE CAP 25 MG	Tier 6	X	X		
LENALIDOMIDE CAP 5MG	LENALIDOMIDE CAP 5 MG	Tier 6	X	X		
LENVIMA CAP 10 MG	LENVATINIB CAP THERAPY PACK 10 MG (10 MG DAILY DOSE)	Tier 6	X	X		
LENVIMA CAP 12MG	LENVATINIB CAP THERAPY PACK 3 X 4 MG (12 MG DAILY DOSE)	Tier 6	X	X		
LENVIMA CAP 14 MG	LENVATINIB CAP THERAPY PACK 10 & 4 MG (14 MG DAILY DOSE)	Tier 6	X	X		
LENVIMA CAP 18 MG	LENVATINIB CAP THER PACK 10 MG & 2 X 4 MG (18 MG DAILY DOSE)	Tier 6	X	X		
LENVIMA CAP 20 MG	LENVATINIB CAP THERAPY PACK 2 X 10 MG (20 MG DAILY DOSE)	Tier 6	X	X		
LENVIMA CAP 24 MG	LENVATINIB CAP THER PACK 2 X 10 MG & 4 MG (24 MG DAILY DOSE)	Tier 6	X	X		
LENVIMA CAP 4MG	LENVATINIB CAP THERAPY PACK 4 MG (4 MG DAILY DOSE)	Tier 6	X	X		
LENVIMA CAP 8 MG	LENVATINIB CAP THERAPY PACK 2 X 4 MG (8 MG DAILY DOSE)	Tier 6	X	X		

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Drug name	Generic name	Tier value	Prior auth	Quantity limit	Step therapy	Notes	
LETROZOLE TAB 2.5MG	LETROZOLE TAB 2.5 MG	Tier 2				PRV*	$0 Copay for members 35 years and older once your health-care provider confirms use is for breast cancer pre-vention.
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					
LOMUSTINE CAP 100MG	LOMUSTINE CAP 100 MG	Tier 6					
LOMUSTINE CAP 10MG	LOMUSTINE CAP 10 MG	Tier 6					
LOMUSTINE CAP 40MG	LOMUSTINE CAP 40 MG	Tier 6					
LORBRENA TAB 100MG	LORLATINIB TAB 100 MG	Tier 6	X	X			
LORBRENA TAB 25MG	LORLATINIB TAB 25 MG	Tier 6	X	X			
LYNPARZA TAB 100MG	OLAPARIB TAB 100 MG	Tier 4	X	X			
LYNPARZA TAB 150MG	OLAPARIB TAB 150 MG	Tier 4	X	X			
LYSODREN TAB 500MG	MITOTANE TAB 500 MG	Tier 5					
MATULANE CAP 50MG	PROCARBAZINE HCL CAP 50 MG	Tier 6					
MELPHALAN TAB 2MG	MELPHALAN TAB 2 MG	Tier 3					
MERCAPTOPUR TAB 50MG	MERCAPTOPURINE TAB 50 MG	Tier 2					
MESNA TAB 400MG	MESNA TAB 400 MG	Tier 4					
MYLERAN TAB 2MG	BUSULFAN TAB 2 MG	Tier 5					
NILUTAMIDE TAB 150MG	NILUTAMIDE TAB 150 MG	Tier 4					
NUBEQA TAB 300MG	DAROLUTAMIDE TAB 300 MG	Tier 4	X	X			
PIQRAY 200MG TAB DOSE	ALPELISIB TAB THERAPY PACK 200 MG DAILY DOSE	Tier 6	X	X			
PIQRAY 250MG TAB DOSE	ALPELISIB TAB PACK 250 MG DAILY DOSE (200 MG & 50 MG TABS)	Tier 6	X	X			
PIQRAY 300MG TAB DOSE	ALPELISIB TAB PACK 300 MG DAILY DOSE (2X150 MG TAB)	Tier 6	X	X			
POMALIDOMIDE CAP 1MG	POMALIDOMIDE CAP 1 MG	Tier 6	X	X			
POMALIDOMIDE CAP 2MG	POMALIDOMIDE CAP 2 MG	Tier 6	X	X			
POMALIDOMIDE CAP 3MG	POMALIDOMIDE CAP 3 MG	Tier 6	X	X			
POMALIDOMIDE CAP 4MG	POMALIDOMIDE CAP 4 MG	Tier 6	X	X			
ROZLYTREK CAP 100MG	ENTRECTINIB CAP 100 MG	Tier 4	X	X			
ROZLYTREK CAP 200MG	ENTRECTINIB CAP 200 MG	Tier 4	X	X			
ROZLYTREK PAK 50MG	ENTRECTINIB PELLET PACK 50 MG	Tier 4	X	X			

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Drug name	Generic name	Tier value	Prior auth	Quantity limit	Step therapy	Notes	
SORAFENIB TAB 200MG	SORAFENIB TOSYLATE TAB 200 MG (BASE EQUIVALENT)	Tier 6	X	X			
SORAFENIB TAB 200MG	SORAFENIB TOSYLATE TAB 200 MG (BASE EQUIVALENT)	Tier 6	X	X			
STIVARGA TAB 40MG	REGORAFENIB TAB 40 MG	Tier 4	X	X			
SUNITINIB CAP 12.5MG	SUNITINIB MALATE CAP 12.5 MG (BASE EQUIVALENT)	Tier 6	X	X			
SUNITINIB CAP 25MG	SUNITINIB MALATE CAP 25 MG (BASE EQUIVALENT)	Tier 6	X	X			
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			
TABLOID TAB 40MG	THIOGUANINE TAB 40 MG	Tier 6					
TAGRISSO TAB 40MG	OSIMERTINIB MESYLATE TAB 40 MG (BASE EQUIVALENT)	Tier 4	X	X			
TAGRISSO TAB 80MG	OSIMERTINIB MESYLATE TAB 80 MG (BASE EQUIVALENT)	Tier 4	X	X			
TALZENNA CAP 0.1MG	TALAZOPARIB TOSYLATE CAP 0.1 MG (BASE EQUIVALENT)	Tier 6	X	X			
TALZENNA CAP 0.25MG	TALAZOPARIB TOSYLATE CAP 0.25 MG (BASE EQUIVALENT)	Tier 6	X	X			
TALZENNA CAP 0.35MG	TALAZOPARIB TOSYLATE CAP 0.35 MG (BASE EQUIVALENT)	Tier 6	X	X			
TALZENNA CAP 0.5MG	TALAZOPARIB TOSYLATE CAP 0.5 MG (BASE EQUIVALENT)	Tier 6	X	X			
TALZENNA CAP 0.75MG	TALAZOPARIB TOSYLATE CAP 0.75 MG (BASE EQUIVALENT)	Tier 6	X	X			
TALZENNA CAP 1MG	TALAZOPARIB TOSYLATE CAP 1 MG (BASE EQUIVALENT)	Tier 6	X	X			
TAMOXIFEN TAB 10MG	TAMOXIFEN CITRATE TAB 10 MG (BASE EQUIVALENT)	Tier 2					
TAMOXIFEN TAB 20MG	TAMOXIFEN CITRATE TAB 20 MG (BASE EQUIVALENT)	Tier 2				PRV*	$0 Copay for members 35 years and older once your health-care provider confirms use is for breast cancer pre-vention.
TEMOZOLOMIDE CAP 100MG	TEMOZOLOMIDE CAP 100 MG	Tier 6					
TEMOZOLOMIDE CAP 140MG	TEMOZOLOMIDE CAP 140 MG	Tier 6					
TEMOZOLOMIDE CAP 180MG	TEMOZOLOMIDE CAP 180 MG	Tier 6					
TEMOZOLOMIDE CAP 20MG	TEMOZOLOMIDE CAP 20 MG	Tier 6					

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

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Drug name	Generic name	Tier value	Prior auth	Quantity limit	Step therapy	Notes
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		
BENZNIDAZOLE TAB 12.5MG	BENZNIDAZOLE TAB 12.5 MG	Tier 3		X		
CHLOROQUINE TAB 250MG	CHLOROQUINE PHOSPHATE TAB 250 MG	Tier 2		X		
CHLOROQUINE TAB 500MG	CHLOROQUINE PHOSPHATE TAB 500 MG	Tier 2		X		
HYDROXYCHLOR TAB 100MG	HYDROXYCHLOROQUINE SULFATE TAB 100 MG	Tier 2		X		
HYDROXYCHLOR TAB 200MG	HYDROXYCHLOROQUINE SULFATE TAB 200 MG	Tier 2		X		
IVERMECTIN TAB 3MG	IVERMECTIN TAB 3 MG	Tier 2	X	X		STI*
MEFLOQUINE TAB 250MG	MEFLOQUINE HCL TAB 250 MG	Tier 2				
NITAZOXANIDE TAB 500MG	NITAZOXANIDE TAB 500 MG	Tier 3		X		
PENTAMIDINE INH 300MG	PENTAMIDINE ISETHIONATE FOR NEBULIZATION SOLN 300 MG	Tier 3		X		
PRAZIQUANTEL TAB 600MG	PRAZIQUANTEL TAB 600 MG	Tier 3				
PRIMAQUINE TAB 26.3MG	PRIMAQUINE PHOSPHATE TAB 26.3 MG (15 MG BASE)	Tier 2				
PYRIMETHAMIN TAB 25MG	PYRIMETHAMINE TAB 25 MG	Tier 6	X			
QUININE SULF CAP 324MG	QUININE SULFATE CAP 324 MG	Tier 3				
Antiparkinson Agents						
APOMORPHINE INJ 30MG/3ML	APOMORPHINE HCL SOLN CARTRIDGE 30 MG/3ML	Tier 6		X		
BENZTROPINE TAB 0.5MG	BENZTROPINE MESYLATE TAB 0.5 MG	Tier 2				BH*
BENZTROPINE TAB 1MG	BENZTROPINE MESYLATE TAB 1 MG	Tier 2				BH*
BENZTROPINE TAB 2MG	BENZTROPINE MESYLATE TAB 2 MG	Tier 2				BH*
BROMOCRIPTIN CAP 5MG	BROMOCRIPTINE MESYLATE CAP 5 MG (BASE EQUIVALENT)	Tier 3				BH*
BROMOCRIPTIN TAB 2.5MG	BROMOCRIPTINE MESYLATE TAB 2.5 MG (BASE EQUIVALENT)	Tier 3				BH*
CARB/LEVO 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				

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Drug name	Generic name	Tier value	Prior auth	Quantity limit	Step therapy	Notes
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 6	X			
ENTACAPONE TAB 200MG	ENTACAPONE TAB 200 MG	Tier 3				
PRAMIPEXOLE TAB 0.125MG	PRAMIPEXOLE DIHYDROCHLORIDE TAB 0.125 MG	Tier 2				BH*
PRAMIPEXOLE TAB 0.25MG	PRAMIPEXOLE DIHYDROCHLORIDE TAB 0.25 MG	Tier 2				BH*
PRAMIPEXOLE TAB 0.5MG	PRAMIPEXOLE DIHYDROCHLORIDE TAB 0.5 MG	Tier 2				BH*
PRAMIPEXOLE TAB 0.75MG	PRAMIPEXOLE DIHYDROCHLORIDE TAB 0.75 MG	Tier 2				BH*
PRAMIPEXOLE TAB 1.5MG	PRAMIPEXOLE DIHYDROCHLORIDE TAB 1.5 MG	Tier 2				BH*
PRAMIPEXOLE TAB 1MG	PRAMIPEXOLE DIHYDROCHLORIDE TAB 1 MG	Tier 2				BH*
RASAGILINE TAB 0.5MG	RASAGILINE MESYLATE TAB 0.5 MG (BASE EQUIV)	Tier 3			X	
RASAGILINE TAB 1MG	RASAGILINE MESYLATE TAB 1 MG (BASE EQUIV)	Tier 3			X	
ROPINIROLE TAB 0.25MG	ROPINIROLE HYDROCHLORIDE TAB 0.25 MG	Tier 2				
ROPINIROLE TAB 0.5MG	ROPINIROLE HYDROCHLORIDE TAB 0.5 MG	Tier 2				
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				

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

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

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Drug name	Generic name	Tier value	Prior auth	Quantity limit	Step therapy	Notes
FLUPHENAZINE CON 5MG/ML	FLUPHENAZINE HCL ORAL CONC 5 MG/ML	Tier 1				
FLUPHENAZINE ELX 2.5/5ML	FLUPHENAZINE HCL ELIXIR 2.5 MG/5ML	Tier 1				
FLUPHENAZINE TAB 10MG	FLUPHENAZINE HCL TAB 10 MG	Tier 1				
FLUPHENAZINE TAB 1MG	FLUPHENAZINE HCL TAB 1 MG	Tier 1				
FLUPHENAZINE TAB 2.5MG	FLUPHENAZINE HCL TAB 2.5 MG	Tier 1				
FLUPHENAZINE TAB 5MG	FLUPHENAZINE HCL TAB 5 MG	Tier 1				
HALOPERIDOL CON 2MG/ML	HALOPERIDOL LACTATE ORAL CONC 2 MG/ML	Tier 1				
HALOPERIDOL TAB 0.5MG	HALOPERIDOL TAB 0.5 MG	Tier 1				
HALOPERIDOL TAB 10MG	HALOPERIDOL TAB 10 MG	Tier 1				
HALOPERIDOL TAB 1MG	HALOPERIDOL TAB 1 MG	Tier 1				
HALOPERIDOL TAB 20MG	HALOPERIDOL TAB 20 MG	Tier 1				
HALOPERIDOL TAB 2MG	HALOPERIDOL TAB 2 MG	Tier 1				
HALOPERIDOL TAB 5MG	HALOPERIDOL TAB 5 MG	Tier 1				
LOXAPINE CAP 10MG	LOXAPINE SUCCINATE CAP 10 MG	Tier 1				
LOXAPINE CAP 25MG	LOXAPINE SUCCINATE CAP 25 MG	Tier 1				
LOXAPINE CAP 50MG	LOXAPINE SUCCINATE CAP 50 MG	Tier 1				
LOXAPINE CAP 5MG	LOXAPINE SUCCINATE CAP 5 MG	Tier 1				
LURASIDONE TAB 120MG	LURASIDONE HCL TAB 120 MG	Tier 1		X		
LURASIDONE TAB 20MG	LURASIDONE HCL TAB 20 MG	Tier 1		X		
LURASIDONE TAB 40MG	LURASIDONE HCL TAB 40 MG	Tier 1		X		
LURASIDONE TAB 60MG	LURASIDONE HCL TAB 60 MG	Tier 1		X		
LURASIDONE TAB 80MG	LURASIDONE HCL TAB 80 MG	Tier 1		X		
OLANZAPINE TAB 10MG	OLANZAPINE TAB 10 MG	Tier 1		X		
OLANZAPINE TAB 10MG ODT	OLANZAPINE ORALLY DISINTEGRATING TAB 10 MG	Tier 1		X		
OLANZAPINE TAB 15MG	OLANZAPINE TAB 15 MG	Tier 1		X		
OLANZAPINE TAB 15MG ODT	OLANZAPINE ORALLY DISINTEGRATING TAB 15 MG	Tier 1		X		
OLANZAPINE TAB 2.5MG	OLANZAPINE TAB 2.5 MG	Tier 1		X		
OLANZAPINE TAB 20MG	OLANZAPINE TAB 20 MG	Tier 1		X		
OLANZAPINE TAB 20MG ODT	OLANZAPINE ORALLY DISINTEGRATING TAB 20 MG	Tier 1		X		
OLANZAPINE TAB 5MG	OLANZAPINE TAB 5 MG	Tier 1		X		
OLANZAPINE TAB 5MG ODT	OLANZAPINE ORALLY DISINTEGRATING TAB 5 MG	Tier 1		X		
OLANZAPINE TAB 7.5MG	OLANZAPINE TAB 7.5 MG	Tier 1		X		
PALIPERIDONE TAB ER 1.5MG	PALIPERIDONE TAB ER 24HR 1.5 MG	Tier 1		X		
PALIPERIDONE TAB ER 3MG	PALIPERIDONE TAB ER 24HR 3 MG	Tier 1		X		
PALIPERIDONE TAB ER 6MG	PALIPERIDONE TAB ER 24HR 6 MG	Tier 1		X		

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Drug name	Generic name	Tier value	Prior auth	Quantity limit	Step therapy	Notes
PALIPERIDONE TAB ER 9MG	PALIPERIDONE TAB ER 24HR 9 MG	Tier 1		X		
PERPHENAZINE TAB 16MG	PERPHENAZINE TAB 16 MG	Tier 1				
PERPHENAZINE TAB 2MG	PERPHENAZINE TAB 2 MG	Tier 1				
PERPHENAZINE TAB 4MG	PERPHENAZINE TAB 4 MG	Tier 1				
PERPHENAZINE TAB 8MG	PERPHENAZINE TAB 8 MG	Tier 1				
PIMOZIDE TAB 1MG	PIMOZIDE TAB 1 MG	Tier 1				
PIMOZIDE TAB 2MG	PIMOZIDE TAB 2 MG	Tier 1				
QUETIAPINE TAB 100MG	QUETIAPINE FUMARATE TAB 100 MG	Tier 1		X		
QUETIAPINE TAB 150MG ER	QUETIAPINE FUMARATE TAB ER 24HR 150 MG	Tier 1		X		
QUETIAPINE TAB 200MG	QUETIAPINE FUMARATE TAB 200 MG	Tier 1		X		
QUETIAPINE TAB 200MG ER	QUETIAPINE FUMARATE TAB ER 24HR 200 MG	Tier 1		X		
QUETIAPINE TAB 25MG	QUETIAPINE FUMARATE TAB 25 MG	Tier 1		X		
QUETIAPINE TAB 300MG	QUETIAPINE FUMARATE TAB 300 MG	Tier 1		X		
QUETIAPINE TAB 300MG ER	QUETIAPINE FUMARATE TAB ER 24HR 300 MG	Tier 1		X		
QUETIAPINE TAB 400MG	QUETIAPINE FUMARATE TAB 400 MG	Tier 1		X		
QUETIAPINE TAB 400MG ER	QUETIAPINE FUMARATE TAB ER 24HR 400 MG	Tier 1		X		
QUETIAPINE TAB 50MG	QUETIAPINE FUMARATE TAB 50 MG	Tier 1		X		
QUETIAPINE TAB 50MG ER	QUETIAPINE FUMARATE TAB ER 24HR 50 MG	Tier 1		X		
RISPERIDONE SOL 1MG/ML	RISPERIDONE SOLN 1 MG/ML	Tier 1				
RISPERIDONE TAB 0.25 ODT	RISPERIDONE ORALLY DISINTEGRATING TAB 0.25 MG	Tier 1				
RISPERIDONE TAB 0.25MG	RISPERIDONE TAB 0.25 MG	Tier 1				
RISPERIDONE TAB 0.5MG	RISPERIDONE TAB 0.5 MG	Tier 1				
RISPERIDONE TAB 0.5MG OD	RISPERIDONE ORALLY DISINTEGRATING TAB 0.5 MG	Tier 1				
RISPERIDONE TAB 1MG	RISPERIDONE TAB 1 MG	Tier 1				
RISPERIDONE TAB 1MG ODT	RISPERIDONE ORALLY DISINTEGRATING TAB 1 MG	Tier 1				
RISPERIDONE TAB 2MG	RISPERIDONE TAB 2 MG	Tier 1				
RISPERIDONE TAB 2MG ODT	RISPERIDONE ORALLY DISINTEGRATING TAB 2 MG	Tier 1				
RISPERIDONE TAB 3MG	RISPERIDONE TAB 3 MG	Tier 1				
RISPERIDONE TAB 3MG ODT	RISPERIDONE ORALLY DISINTEGRATING TAB 3 MG	Tier 1				
RISPERIDONE TAB 4MG	RISPERIDONE TAB 4 MG	Tier 1				
RISPERIDONE TAB 4MG ODT	RISPERIDONE ORALLY DISINTEGRATING TAB 4 MG	Tier 1				
THIORIDAZINE TAB 100MG	THIORIDAZINE HCL TAB 100 MG	Tier 1				

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Drug name	Generic name	Tier value	Prior auth	Quantity limit	Step therapy	Notes
THIORIDAZINE TAB 10MG	THIORIDAZINE HCL TAB 10 MG	Tier 1				
THIORIDAZINE TAB 25MG	THIORIDAZINE HCL TAB 25 MG	Tier 1				
THIORIDAZINE TAB 50MG	THIORIDAZINE HCL TAB 50 MG	Tier 1				
THIOTHIXENE CAP 10MG	THIOTHIXENE CAP 10 MG	Tier 1				
THIOTHIXENE CAP 1MG	THIOTHIXENE CAP 1 MG	Tier 1				
THIOTHIXENE CAP 2MG	THIOTHIXENE CAP 2 MG	Tier 1				
THIOTHIXENE CAP 5MG	THIOTHIXENE CAP 5 MG	Tier 1				
TRIFLUOPERAZ TAB 10MG	TRIFLUOPERAZINE HCL TAB 10 MG (BASE EQUIVALENT)	Tier 1				
TRIFLUOPERAZ TAB 1MG	TRIFLUOPERAZINE HCL TAB 1 MG (BASE EQUIVALENT)	Tier 1				
TRIFLUOPERAZ TAB 2MG	TRIFLUOPERAZINE HCL TAB 2 MG (BASE EQUIVALENT)	Tier 1				
TRIFLUOPERAZ TAB 5MG	TRIFLUOPERAZINE HCL TAB 5 MG (BASE EQUIVALENT)	Tier 1				
VRAYLAR CAP 0.5MG	CARIPRAZINE HCL CAP 0.5 MG (BASE EQUIVALENT)	Tier 1		X		
VRAYLAR CAP 0.75MG	CARIPRAZINE HCL CAP 0.75 MG (BASE EQUIVALENT)	Tier 1		X		
VRAYLAR CAP 1.5MG	CARIPRAZINE HCL CAP 1.5 MG (BASE EQUIVALENT)	Tier 1		X		
VRAYLAR CAP 3MG	CARIPRAZINE HCL CAP 3 MG (BASE EQUIVALENT)	Tier 1		X		
VRAYLAR CAP 4.5MG	CARIPRAZINE HCL CAP 4.5 MG (BASE EQUIVALENT)	Tier 1		X		
VRAYLAR CAP 6MG	CARIPRAZINE HCL CAP 6 MG (BASE EQUIVALENT)	Tier 1		X		
ZIPRASIDONE CAP 20MG	ZIPRASIDONE HCL CAP 20 MG	Tier 1		X		
ZIPRASIDONE CAP 40MG	ZIPRASIDONE HCL CAP 40 MG	Tier 1		X		
ZIPRASIDONE CAP 60MG	ZIPRASIDONE HCL CAP 60 MG	Tier 1		X		
ZIPRASIDONE CAP 80MG	ZIPRASIDONE HCL CAP 80 MG	Tier 1		X		
Antispasticity Agents						
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				
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				
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				

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Drug name	Generic name	Tier value	Prior auth	Quantity limit	Step therapy	Notes
TIZANIDINE TAB 4MG	TIZANIDINE HCL TAB 4 MG (BASE EQUIVALENT)	Tier 2				
Antivirals						
ABACA/LAMIVU TAB 600-300	ABACAVIR SULFATE-LAMIVUDINE TAB 600-300 MG	Tier 1		X	STI*	
ABACAVIR SOL 20MG/ML	ABACAVIR SULFATE SOLN 20 MG/ML (BASE EQUIV)	Tier 1		X	STI*	
ABACAVIR TAB 300MG	ABACAVIR SULFATE TAB 300 MG (BASE EQUIV)	Tier 1		X	STI*	
ACYCLOVIR CAP 200MG	ACYCLOVIR CAP 200 MG	Tier 2			STI*	
ACYCLOVIR SUS 200/5ML	ACYCLOVIR SUSP 200 MG/5ML	Tier 2			STI*	
ACYCLOVIR SUS 800/20ML	ACYCLOVIR SUSP 200 MG/5ML	Tier 2			STI*	
ACYCLOVIR TAB 400MG	ACYCLOVIR TAB 400 MG	Tier 2			STI*	
ACYCLOVIR TAB 800MG	ACYCLOVIR TAB 800 MG	Tier 2			STI*	
ADEFOV DIPIV TAB 10MG	ADEFOVIR DIPIVOXIL TAB 10 MG	Tier 1				
AMANTADINE CAP 100MG	AMANTADINE HCL CAP 100 MG	Tier 2				
AMANTADINE SOL 100/10ML	AMANTADINE HCL SOLN 50 MG/5ML	Tier 2				
AMANTADINE SOL 50MG/5ML	AMANTADINE HCL SOLN 50 MG/5ML	Tier 2				
AMANTADINE TAB 100MG	AMANTADINE HCL TAB 100 MG	Tier 2				
APTIVUS CAP 250MG	TIPRANAVIR CAP 250 MG	Tier 1		X	STI*	
ATAZANAVIR CAP 150MG	ATAZANAVIR SULFATE CAP 150 MG (BASE EQUIV)	Tier 1		X	STI*	
ATAZANAVIR CAP 200MG	ATAZANAVIR SULFATE CAP 200 MG (BASE EQUIV)	Tier 1		X	STI*	
ATAZANAVIR CAP 300MG	ATAZANAVIR SULFATE CAP 300 MG (BASE EQUIV)	Tier 1		X	STI*	
BARACLUDE SOL	ENTECAVIR ORAL SOLN 0.05 MG/ML	Tier 1				
BIKTARVY TAB	BICTEGRAVIR-EMTRICITABINE-TENOFOVIR AF TAB 30-120-15 MG	Tier 1		X	STI*	
BIKTARVY TAB	BICTEGRAVIR-EMTRICITABINE-TENOFOVIR AF TAB 50-200-25 MG	Tier 1		X	STI*	
DARUNAVIR TAB 600MG	DARUNAVIR TAB 600 MG	Tier 1		X	STI*	
DARUNAVIR TAB 800MG	DARUNAVIR TAB 800 MG	Tier 1		X	STI*	
DESCOVY TAB 200/25MG	EMTRICITABINE-TENOFOVIR ALAFENAMIDE FUMARATE TAB 200-25 MG	Tier 1		X	PRV & STI*	$0 Copay once your healthcare provider confirms use is to prevent HIV as preexposure prophylaxis (PrEP) in individuals at increased risk of HIV infection.

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Drug name	Generic name	Tier value	Prior auth	Quantity limit	Step therapy	Notes	
DOVATO TAB 50-300MG	DOLUTEGRAVIR SODIUM-LAMIVUDINE TAB 50-300 MG (BASE EQ)	Tier 1		X		STI*	
EDURANT PED TAB 2.5MG	RILPIVIRINE HCL TAB FOR ORAL SUSP 2.5 MG (BASE EQUIVALENT)	Tier 1		X		STI*	
EFAVIR/EMTRI TAB TENOFOVI	EFAVIRENZ-EMTRICITABINE-TENOFOVIR DF TAB 600-200-300 MG	Tier 1		X		STI*	
EFAVIR/LAMIV TAB TENOFOVI	EFAVIRENZ-LAMIVUDINE-TENOFOVIR DF TAB 400-300-300 MG	Tier 1		X		STI*	
EFAVIR/LAMIV TAB TENOFOVI	EFAVIRENZ-LAMIVUDINE-TENOFOVIR DF TAB 600-300-300 MG	Tier 1		X		STI*	
EFAVIRENZ CAP 200MG	EFAVIRENZ CAP 200 MG	Tier 1		X		STI*	
EFAVIRENZ CAP 50MG	EFAVIRENZ CAP 50 MG	Tier 1		X		STI*	
EFAVIRENZ TAB 600MG	EFAVIRENZ TAB 600 MG	Tier 1		X		STI*	
EMTR/TEN DF TAB 100-150	EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE TAB 100-150 MG	Tier 1		X		STI*	
EMTR/TEN DF TAB 133-200	EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE TAB 133-200 MG	Tier 1		X		STI*	
EMTR/TEN DF TAB 167-250	EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE TAB 167-250 MG	Tier 1		X		STI*	
EMTR/TENOFOV TAB 200-300	EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE TAB 200-300 MG	Tier 1		X		PRV & STI*	$0 Copay once your healthcare provider confirms use is to prevent HIV as preexposure prophylaxis (PrEP) in individuals at increased risk of HIV infection.
EMTRIC/RILPI TAB TENOF DF	EMTRICITABINE-RILPIVIRINE-TENOFOVIR DF TAB 200-25-300 MG	Tier 1		X		STI*	
EMTRICITABIN CAP 200MG	EMTRICITABINE CAPS 200 MG	Tier 1		X		STI*	
ENTECAVIR TAB 0.5MG	ENTECAVIR TAB 0.5 MG	Tier 1					
ENTECAVIR TAB 1MG	ENTECAVIR TAB 1 MG	Tier 1					
ETRAVIRINE TAB 100MG	ETRAVIRINE TAB 100 MG	Tier 1		X		STI*	
ETRAVIRINE TAB 200MG	ETRAVIRINE TAB 200 MG	Tier 1		X		STI*	
EVOTAZ TAB 300-150	ATAZANAVIR SULFATE-COBICISTAT TAB 300-150 MG (BASE EQUIV)	Tier 1		X		STI*	
FAMCICLOVIR TAB 125MG	FAMCICLOVIR TAB 125 MG	Tier 2		X		STI*	
FAMCICLOVIR TAB 250MG	FAMCICLOVIR TAB 250 MG	Tier 2		X		STI*	
FAMCICLOVIR TAB 500MG	FAMCICLOVIR TAB 500 MG	Tier 2		X		STI*	
FOSAMPRENAVI TAB 700MG	FOSAMPRENAVIR CALCIUM TAB 700 MG (BASE EQUIV)	Tier 1		X		STI*	
FUZEON INJ 90MG	ENFUVIRTIDE FOR INJ 90 MG	Tier 1		X		STI*	

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GENVOYA TAB	ELVITEGRAV-COBIC-EMTRICITAB-TENOFOV AF TAB 150-150-200-10 MG	Tier 1		X		STI*
INTELENCE TAB 25MG	ETRAVIRINE TAB 25 MG	Tier 1		X		STI*
ISENTRESS POW 100MG	RALTEGRAVIR POTASSIUM PACKET FOR SUSP 100 MG (BASE EQUIV)	Tier 1		X		STI*
JULUCA TAB 50-25MG	DOLUTEGRAVIR SODIUM-RILPIVIRINE HCL TAB 50-25 MG (BASE EQ)	Tier 1		X		STI*
LAGEVRIO CAP 200MG	MOLNUPIRAVIR CAP 200 MG	Tier 1		X		
LAMIVUD/ZIDO TAB 150-300	LAMIVUDINE-ZIDOVUDINE TAB 150-300 MG	Tier 1		X		STI*
LAMIVUDINE SOL 10MG/ML	LAMIVUDINE ORAL SOLN 10 MG/ML	Tier 1		X		STI*
LAMIVUDINE SOL 300/30ML	LAMIVUDINE ORAL SOLN 10 MG/ML	Tier 1		X		STI*
LAMIVUDINE TAB 100MG	LAMIVUDINE TAB 100 MG (HBV)	Tier 1				
LAMIVUDINE TAB 150MG	LAMIVUDINE TAB 150 MG	Tier 1		X		STI*
LAMIVUDINE TAB 300MG	LAMIVUDINE TAB 300 MG	Tier 1		X		STI*
LEDIP-SOFOSB TAB 90-400MG	LEDIPASVIR-SOFOSBUVIR TAB 90-400 MG	Tier 1	X	X		
LOPIN/RITON TAB 100-25MG	LOPINAVIR-RITONAVIR TAB 100-25 MG	Tier 1		X		STI*
LOPIN/RITON TAB 200-50MG	LOPINAVIR-RITONAVIR TAB 200-50 MG	Tier 1		X		STI*
MARAVIROC TAB 150MG	MARAVIROC TAB 150 MG	Tier 1		X		STI*
MARAVIROC TAB 300MG	MARAVIROC TAB 300 MG	Tier 1		X		STI*
NEVIRAPINE SUS 50MG/5ML	NEVIRAPINE SUSP 50 MG/5ML	Tier 1		X		STI*
NEVIRAPINE TAB 200MG	NEVIRAPINE TAB 200 MG	Tier 1		X		STI*
NEVIRAPINE TAB 400MG ER	NEVIRAPINE TAB ER 24HR 400 MG	Tier 1		X		STI*
NORVIR POW 100MG	RITONAVIR POWDER PACKET 100 MG	Tier 1		X		STI*
ODEFSEY TAB	EMTRICITABINE-RILPIVIRINE-TENOFOVIR AF TAB 200-25-25 MG	Tier 1		X		STI*
OSELTAMIVIR CAP 30MG	OSELTAMIVIR PHOSPHATE CAP 30 MG (BASE EQUIV)	Tier 2		X		
OSELTAMIVIR CAP 45MG	OSELTAMIVIR PHOSPHATE CAP 45 MG (BASE EQUIV)	Tier 2		X		
OSELTAMIVIR CAP 75MG	OSELTAMIVIR PHOSPHATE CAP 75 MG (BASE EQUIV)	Tier 2		X		
OSELTAMIVIR SUS 6MG/ML	OSELTAMIVIR PHOSPHATE FOR SUSP 6 MG/ML (BASE EQUIV)	Tier 2		X		
PAXLOVID PAK	NIRMATRELVIR TAB 6 X 150 MG & RITONAVIR TAB 5 X 100 MG PAK	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		
PREZISTA SUS 100MG/ML	DARUNAVIR ORAL SUSP 100 MG/ML	Tier 1		X		STI*

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Drug name	Generic name	Tier value	Prior auth	Quantity limit	Step therapy	Notes	
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		STI*	
RIBAVIRIN CAP 200MG	RIBAVIRIN CAP 200 MG	Tier 1					
RIBAVIRIN TAB 200MG	RIBAVIRIN TAB 200 MG	Tier 1					
RILPIVIRINE TAB 25MG	RILPIVIRINE HCL TAB 25 MG (BASE EQUIVALENT)	Tier 1		X		STI*	
RIMANTADINE TAB 100MG	RIMANTADINE HYDROCHLORIDE TAB 100 MG	Tier 3					
RITONAVIR TAB 100MG	RITONAVIR TAB 100 MG	Tier 1		X		STI*	
SELZENTRY SOL 20MG/ML	MARAVIROC ORAL SOLN 20 MG/ML	Tier 1		X		STI*	
SOFOS/VELPAT TAB 400-100	SOFOSBUVIR-VELPATASVIR TAB 400-100 MG	Tier 1	X	X			
TENOFOVIR TAB 300MG	TENOFOVIR DISOPROXIL FUMARATE TAB 300 MG	Tier 1		X		PRV & STI*	$0 Copay once your healthcare provider confirms use is to prevent HIV as preexposure prophylaxis (PrEP) in individuals at increased risk of HIV infection.
TIVICAY TAB 50MG	DOLUTEGRAVIR SODIUM TAB 50 MG (BASE EQUIV)	Tier 1		X		STI*	
TRIUMEQ TAB	ABACAVIR-DOLUTEGRAVIR-LAMIVUDINE TAB 600-50-300 MG	Tier 1		X		STI*	
VALACYCLOVIR TAB 1GM	VALACYCLOVIR HCL TAB 1 GM	Tier 2		X		STI*	
VALACYCLOVIR TAB 500MG	VALACYCLOVIR HCL TAB 500 MG	Tier 2		X		STI*	
VALGANCICLOV SOL 50MG/ML	VALGANCICLOVIR HCL FOR SOLN 50 MG/ML (BASE EQUIV)	Tier 3		X			
VALGANCICLOV TAB 450MG	VALGANCICLOVIR HCL TAB 450 MG (BASE EQUIVALENT)	Tier 2		X			
VIRACEPT TAB 250MG	NELFINAVIR MESYLATE TAB 250 MG	Tier 1		X		STI*	
VIRACEPT TAB 625MG	NELFINAVIR MESYLATE TAB 625 MG	Tier 1		X		STI*	
YEZTUGO TAB 300MG	LENACAPAVIR SODIUM TAB 300 MG (PROPHYLAXIS)	Tier 5		X		STI*	
ZIDOVUDINE CAP 100MG	ZIDOVUDINE CAP 100 MG	Tier 1		X		STI*	
ZIDOVUDINE SYP 50MG/5ML	ZIDOVUDINE SYRUP 10 MG/ML	Tier 1		X		STI*	
ZIDOVUDINE TAB 300MG	ZIDOVUDINE TAB 300 MG	Tier 1		X		STI*	
Anxiolytics							
ALPRAZOLAM CON 1 MG/ML	ALPRAZOLAM CONC 1 MG/ML	Tier 1		X			

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

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Drug name	Generic name	Tier value	Prior auth	Quantity limit	Step therapy	Notes
HYDROXYZINE SOL 10MG/5ML	HYDROXYZINE HCL SYRUP 10 MG/5ML	Tier 1				
LORAZEPAM CON 2MG/ML	LORAZEPAM CONC 2 MG/ML	Tier 1		X		
LORAZEPAM TAB 0.5MG	LORAZEPAM TAB 0.5 MG	Tier 1		X		
LORAZEPAM TAB 1MG	LORAZEPAM TAB 1 MG	Tier 1		X		
LORAZEPAM TAB 2MG	LORAZEPAM TAB 2 MG	Tier 1		X		
MEPROBAMATE TAB 200MG	MEPROBAMATE TAB 200 MG	Tier 1				
MEPROBAMATE TAB 400MG	MEPROBAMATE TAB 400 MG	Tier 1				
OXAZEPAM CAP 10MG	OXAZEPAM CAP 10 MG	Tier 1				
OXAZEPAM CAP 15MG	OXAZEPAM CAP 15 MG	Tier 1				
OXAZEPAM CAP 30MG	OXAZEPAM CAP 30 MG	Tier 1				
Bipolar Agents						
LITHIUM SOL 8MEQ/5ML	LITHIUM ORAL SOLUTION 8 MEQ/5ML	Tier 1				
LITHIUM CARB CAP 150MG	LITHIUM CARBONATE CAP 150 MG	Tier 1				
LITHIUM CARB CAP 300MG	LITHIUM CARBONATE CAP 300 MG	Tier 1				
LITHIUM CARB CAP 600MG	LITHIUM CARBONATE CAP 600 MG	Tier 1				
LITHIUM CARB TAB 300MG	LITHIUM CARBONATE TAB 300 MG	Tier 1				
LITHIUM CARB TAB 300MG ER	LITHIUM CARBONATE TAB ER 300 MG	Tier 1				
LITHIUM CARB TAB 450MG ER	LITHIUM CARBONATE TAB ER 450 MG	Tier 1				
Blood Glucose Regulators						
ACARBOSE TAB 100MG	ACARBOSE TAB 100 MG	Tier 2		X		
ACARBOSE TAB 25MG	ACARBOSE TAB 25 MG	Tier 2		X		
ACARBOSE TAB 50MG	ACARBOSE TAB 50 MG	Tier 2		X		
BAQSIMI ONE POW 3MG/DOSE	GLUCAGON NASAL POWDER 3 MG/DOSE	Tier 1		X		
BAQSIMI TWO POW 3MG/DOSE	GLUCAGON NASAL POWDER 3 MG/DOSE	Tier 1		X		
BASAGLAR KWP INJ 100/ML	INSULIN GLARGINE SOLN PEN-INJECTOR 100 UNIT/ML	Tier 1		X		
BD GLUCOSE CHW 5GM	GLUCOSE CHEW TAB 5 GM	Tier 3				
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				
GLIMEPIRIDE TAB 1MG	GLIMEPIRIDE TAB 1 MG	Tier 1		X		
GLIMEPIRIDE TAB 2MG	GLIMEPIRIDE TAB 2 MG	Tier 1		X		
GLIMEPIRIDE TAB 4MG	GLIMEPIRIDE TAB 4 MG	Tier 1		X		
GLIP/METFORM TAB 2.5-250	GLIPIZIDE-METFORMIN HCL TAB 2.5-250 MG	Tier 3		X		

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Drug name	Generic name	Tier value	Prior auth	Quantity limit	Step therapy	Notes
GLIP/METFORM TAB 2.5-250M	GLIPIZIDE-METFORMIN HCL TAB 2.5-250 MG	Tier 3		X		
GLIP/METFORM TAB 2.5-500	GLIPIZIDE-METFORMIN HCL TAB 2.5-500 MG	Tier 3		X		
GLIP/METFORM TAB 2.5-500M	GLIPIZIDE-METFORMIN HCL TAB 2.5-500 MG	Tier 3		X		
GLIP/METFORM TAB 5-500MG	GLIPIZIDE-METFORMIN HCL TAB 5-500 MG	Tier 3		X		
GLIPIZIDE TAB 10MG	GLIPIZIDE TAB 10 MG	Tier 1		X		
GLIPIZIDE TAB 2.5MG	GLIPIZIDE TAB 2.5 MG	Tier 1		X		
GLIPIZIDE TAB 5MG	GLIPIZIDE TAB 5 MG	Tier 1		X		
GLIPIZIDE ER TAB 10MG	GLIPIZIDE TAB ER 24HR 10 MG	Tier 1		X		
GLIPIZIDE ER TAB 2.5MG	GLIPIZIDE TAB ER 24HR 2.5 MG	Tier 1		X		
GLIPIZIDE ER TAB 5MG	GLIPIZIDE TAB ER 24HR 5 MG	Tier 1		X		
GLUCAGON INJ 1MG	GLUCAGON FOR INJ 1 MG	Tier 1		X		
GLUCAGON INJ 1MG	GLUCAGON FOR INJ 1 MG	Tier 1		X		
GLUCAGON EMR SOL 1MG	GLUCAGON HCL FOR INJ 1 MG	Tier 1		X		
GLUCOSE CHW RASPBERY	GLUCOSE CHEW TAB 4 GM (ROUNDED)	Tier 3				
GLUCOSE GEL 15GM/33G	GLUCOSE GEL 15 GM/33GM	Tier 3				
GLUCOSE GEL 40%	GLUCOSE GEL 40%	Tier 3				
GLUCOSE BITS CHW 1GM	GLUCOSE CHEW TAB 1 GM	Tier 3				
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		
GNP GLUCOSE CHW 2GM	GLUCOSE CHEW TAB 2 GM (CARB EQUIV)	Tier 3				
GVOKE HYPO 1 INJ 0.5/.1ML	GLUCAGON SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML	Tier 1		X		
GVOKE HYPO 1 INJ 1/0.2ML	GLUCAGON SUBCUTANEOUS SOLUTION AUTO-INJECTOR 1 MG/0.2ML	Tier 1		X		
GVOKE HYPO 2 INJ 0.5/.1ML	GLUCAGON SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML	Tier 1		X		
GVOKE HYPO 2 INJ 1/0.2ML	GLUCAGON SUBCUTANEOUS SOLUTION AUTO-INJECTOR 1 MG/0.2ML	Tier 1		X		
GVOKE KIT SOL 1/0.2ML	GLUCAGON SUBCUTANEOUS SOLN 1 MG/0.2ML	Tier 1		X		

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Drug name	Generic name	Tier value	Prior auth	Quantity limit	Step therapy	Notes
GVOKE PFS INJ 1/0.2ML	GLUCAGON SUBCUTANEOUS SOLN PREF SYRINGE 1 MG/0.2ML	Tier 1		X		
HUMALOG INJ 100/ML	INSULIN LISPRO SOLN CARTRIDGE 100 UNIT/ML	Tier 1		X		
HUMALOG JR INJ 100/ML	INSULIN LISPRO SOLN PEN-INJECTOR 100 UNIT/ML (0.5 UNIT DIAL)	Tier 1		X		
HUMALOG KWPN INJ 100/ML	INSULIN LISPRO SOLN PEN-INJECTOR 100 UNIT/ML (1 UNIT DIAL)	Tier 1		X		
HUMALOG KWPN INJ 200/ML	INSULIN LISPRO SOLN PEN-INJECTOR 200 UNIT/ML	Tier 1		X		
HUMALOG MIX INJ 50/50	INSULIN LISPRO PROTAMINE & LISPRO INJ 100 UNIT/ML (50-50)	Tier 1		X		
HUMALOG MIX INJ 50/50KWP	INSULIN LISPRO PROT & LISPRO SUS PEN-INJ 100 UNIT/ML (50-50)	Tier 1		X		
HUMALOG MIX INJ 75/25KWP	INSULIN LISPRO PROT & LISPRO SUS PEN-INJ 100 UNIT/ML (75-25)	Tier 1		X		
HUMALOG MIX SUS 75/25	INSULIN LISPRO PROT & LISPRO INJ 100 UNIT/ML (75-25)	Tier 1		X		
HUMULIN INJ 70/30	INSULIN NPH ISOPHANE & REGULAR HUMAN INJ 100 UNIT/ML (70-30)	Tier 1		X		
HUMULIN INJ 70/30KWP	INSULIN NPH & REGULAR SUSP PEN-INJ 100 UNIT/ML (70-30)	Tier 1		X		
HUMULIN N INJ U-100	INSULIN NPH (HUMAN) (ISOPHANE) INJ 100 UNIT/ML	Tier 1		X		
HUMULIN N INJ U-100KWP	INSULIN NPH (HUMAN) (ISOPHANE) SUSP PEN-INJECTOR 100 UNIT/ML	Tier 1		X		
HUMULIN R INJ U-100	INSULIN REGULAR (HUMAN) INJ 100 UNIT/ML	Tier 1		X		
HUMULIN R INJ U-500	INSULIN REGULAR (HUMAN) INJ 500 UNIT/ML	Tier 1		X		
HUMULIN R INJ U-500KWP	INSULIN REGULAR (HUMAN) SOLN PEN-INJECTOR 500 UNIT/ML	Tier 1		X		
INS DEGL FLX INJ 100UNIT	INSULIN DEGLUDEC SOLN PEN-INJECTOR 100 UNIT/ML	Tier 1		X		
INS DEGL FLX INJ 200UNIT	INSULIN DEGLUDEC SOLN PEN-INJECTOR 200 UNIT/ML	Tier 1		X		
INSTA-GLUCOS GEL 77.4%	GLUCOSE GEL 77.4%	Tier 3				
INSULIN ASPA INJ 70/30	INSULIN ASPART PROT & ASPART (HUMAN) INJ 100 UNIT/ML (70-30)	Tier 1		X		
INSULIN DEGL INJ 100UNIT	INSULIN DEGLUDEC INJ 100 UNIT/ML	Tier 1		X		
INSULIN LISP INJ 100/ML	INSULIN LISPRO INJ SOLN 100 UNIT/ML	Tier 1		X		
INSULIN LISP INJ 100/ML	INSULIN LISPRO SOLN PEN-INJECTOR 100 UNIT/ML (1 UNIT DIAL)	Tier 1		X		
INSULIN LISP INJ JR KWPN	INSULIN LISPRO SOLN PEN-INJECTOR 100 UNIT/ML (0.5 UNIT DIAL)	Tier 1		X		
INSULIN LISP INJ PROT KWP	INSULIN LISPRO PROT & LISPRO SUS PEN-INJ 100 UNIT/ML (75-25)	Tier 1		X		
LEVEMIR INJ	INSULIN DETEMIR INJ 100 UNIT/ML	Tier 1		X		

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Drug name	Generic name	Tier value	Prior auth	Quantity limit	Step therapy	Notes
LEVEMIR INJ FLEXPEN	INSULIN DETEMIR SOLN PEN-INJECTOR 100 UNIT/ML	Tier 1		X		
METFORMIN SOL 500/5ML	METFORMIN HCL ORAL SOLN 500 MG/5ML	Tier 3		X		
METFORMIN TAB 1000MG	METFORMIN HCL TAB 1000 MG	Tier 1		X		
METFORMIN TAB 500MG	METFORMIN HCL TAB 500 MG	Tier 1		X		
METFORMIN TAB 500MG ER	METFORMIN HCL TAB ER 24HR 500 MG	Tier 1		X		
METFORMIN TAB 750MG ER	METFORMIN HCL TAB ER 24HR 750 MG	Tier 1		X		
METFORMIN TAB 850MG	METFORMIN HCL TAB 850 MG	Tier 1		X		
MIGLITOL TAB 100MG	MIGLITOL TAB 100 MG	Tier 3		X		
MIGLITOL TAB 25MG	MIGLITOL TAB 25 MG	Tier 3		X		
MIGLITOL TAB 50MG	MIGLITOL TAB 50 MG	Tier 3		X		
MOUNJARO INJ 10MG/0.5	TIRZEPATIDE SOLN AUTO-INJECTOR 10 MG/0.5ML	Tier 3	X	X		
MOUNJARO INJ 12.5/0.5	TIRZEPATIDE SOLN AUTO-INJECTOR 12.5 MG/0.5ML	Tier 3	X	X		
MOUNJARO INJ 15MG/0.5	TIRZEPATIDE SOLN AUTO-INJECTOR 15 MG/0.5ML	Tier 3	X	X		
MOUNJARO INJ 2.5/0.5	TIRZEPATIDE SOLN AUTO-INJECTOR 2.5 MG/0.5ML	Tier 3	X	X		
MOUNJARO INJ 5MG/0.5	TIRZEPATIDE SOLN AUTO-INJECTOR 5 MG/0.5ML	Tier 3	X	X		
MOUNJARO INJ 7.5/0.5	TIRZEPATIDE SOLN AUTO-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		
NOVOLOG INJ FLEX REL	INSULIN ASPART SOLN PEN-INJECTOR 100 UNIT/ML	Tier 1		X		
NOVOLOG INJ FLEXPEN	INSULIN ASPART SOLN PEN-INJECTOR 100 UNIT/ML	Tier 1		X		
NOVOLOG INJ PENFILL	INSULIN ASPART SOLN CARTRIDGE 100 UNIT/ML	Tier 1		X		
NOVOLOG MIX INJ 70/30	INSULIN ASPART PROT & ASPART (HUMAN) INJ 100 UNIT/ML (70-30)	Tier 1		X		
NOVOLOG MIX INJ FLEX REL	INSULIN ASPART PROT & ASPART SUS PEN-INJ 100 UNIT/ML (70-30)	Tier 1		X		
NOVOLOG MIX INJ FLEXPEN	INSULIN ASPART PROT & ASPART SUS PEN-INJ 100 UNIT/ML (70-30)	Tier 1		X		
NOVOLOG RELI INJ 70/30	INSULIN ASPART PROT & ASPART (HUMAN) INJ 100 UNIT/ML (70-30)	Tier 1		X		
OZEMPIC INJ 2MG/3ML	SEMAGLUTIDE SOLN PEN-INJ 0.25 OR 0.5 MG/DOSE (2 MG/3ML)	Tier 3	X	X		
OZEMPIC INJ 4MG/3ML	SEMAGLUTIDE SOLN PEN-INJ 1 MG/DOSE (4 MG/3ML)	Tier 3	X	X		
OZEMPIC INJ 8MG/3ML	SEMAGLUTIDE SOLN PEN-INJ 2 MG/DOSE (8 MG/3ML)	Tier 3	X	X		
PIOGLITA/MET TAB 15-500MG	PIOGLITAZONE HCL-METFORMIN HCL TAB 15-500 MG	Tier 3		X		

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Drug name	Generic name	Tier value	Prior auth	Quantity limit	Step therapy	Notes
PIOGLITA/MET TAB 15-850MG	PIOGLITAZONE HCL-METFORMIN HCL TAB 15-850 MG	Tier 3		X		
PIOGLITAZONE TAB 15MG	PIOGLITAZONE HCL TAB 15 MG (BASE EQUIV)	Tier 1		X		
PIOGLITAZONE TAB 30MG	PIOGLITAZONE HCL TAB 30 MG (BASE EQUIV)	Tier 1		X		
PIOGLITAZONE TAB 45MG	PIOGLITAZONE HCL TAB 45 MG (BASE EQUIV)	Tier 1		X		
REPAGLINIDE TAB 0.5MG	REPAGLINIDE TAB 0.5 MG	Tier 2		X		
REPAGLINIDE TAB 1MG	REPAGLINIDE TAB 1 MG	Tier 2		X		
REPAGLINIDE TAB 2MG	REPAGLINIDE TAB 2 MG	Tier 2		X		
REZVOGLAR KP INJ 100UT/ML	INSULIN GLARGINE-AGLR SOLN PEN-INJECTOR 100 UNIT/ML	Tier 1		X		
RYBELSUS TAB 14MG	SEMAGLUTIDE TAB 14 MG	Tier 3	X	X		
RYBELSUS TAB 3MG	SEMAGLUTIDE TAB 3 MG	Tier 3	X	X		
RYBELSUS TAB 7MG	SEMAGLUTIDE TAB 7 MG	Tier 3	X	X		
SAXAGLIPTIN TAB 2.5MG	SAXAGLIPTIN HCL TAB 2.5 MG (BASE EQUIV)	Tier 3		X		
SAXAGLIPTIN TAB 5MG	SAXAGLIPTIN HCL TAB 5 MG (BASE EQUIV)	Tier 3		X		
SOLIQUA INJ 100/33	INSULIN GLARGINE-LIXISENATIDE SOL PEN-INJ 100-33 UNIT-MCG/ML	Tier 3		X		
SYNJARDY TAB	EMPAGLIFLOZIN-METFORMIN HCL TAB 12.5-1000 MG	Tier 3		X		
SYNJARDY TAB 12.5-500	EMPAGLIFLOZIN-METFORMIN HCL TAB 12.5-500 MG	Tier 3		X		
SYNJARDY TAB 5-1000MG	EMPAGLIFLOZIN-METFORMIN HCL TAB 5-1000 MG	Tier 3		X		
SYNJARDY TAB 5-500MG	EMPAGLIFLOZIN-METFORMIN HCL TAB 5-500 MG	Tier 3		X		
SYNJARDY XR TAB	EMPAGLIFLOZIN-METFORMIN HCL TAB ER 24HR 12.5-1000 MG	Tier 3		X		
SYNJARDY XR TAB 10-1000	EMPAGLIFLOZIN-METFORMIN HCL TAB ER 24HR 10-1000 MG	Tier 3		X		
SYNJARDY XR TAB 25-1000	EMPAGLIFLOZIN-METFORMIN HCL TAB ER 24HR 25-1000 MG	Tier 3		X		
SYNJARDY XR TAB 5-1000MG	EMPAGLIFLOZIN-METFORMIN HCL TAB ER 24HR 5-1000 MG	Tier 3		X		
TRESIBA INJ 100UNIT	INSULIN DEGLUDEC INJ 100 UNIT/ML	Tier 1		X		
TRESIBA FLEX INJ 100UNIT	INSULIN DEGLUDEC SOLN PEN-INJECTOR 100 UNIT/ML	Tier 1		X		
TRESIBA FLEX INJ 200UNIT	INSULIN DEGLUDEC SOLN PEN-INJECTOR 200 UNIT/ML	Tier 1		X		
TRUEPLS GLUC GEL 15/32ML	GLUCOSE GEL 15 GM/32ML	Tier 3				
TRUEPLUS CHW GLUCOSE	GLUCOSE CHEW TAB 4 GM (ROUNDED)	Tier 3				
TRULICITY INJ 0.75/0.5	DULAGLUTIDE SOLN AUTO-INJECTOR 0.75 MG/0.5ML	Tier 3	X	X		

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Drug name	Generic name	Tier value	Prior auth	Quantity limit	Step therapy	Notes
TRULICITY INJ 1.5/0.5	DULAGLUTIDE SOLN AUTO-INJECTOR 1.5 MG/0.5ML	Tier 3	X	X		
TRULICITY INJ 3/0.5	DULAGLUTIDE SOLN AUTO-INJECTOR 3 MG/0.5ML	Tier 3	X	X		
TRULICITY INJ 4.5/0.5	DULAGLUTIDE SOLN AUTO-INJECTOR 4.5 MG/0.5ML	Tier 3	X	X		
Blood Products and Modifiers						
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		
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		
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		

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Drug name	Generic name	Tier value	Prior auth	Quantity limit	Step therapy	Notes
CLOPIDOGREL TAB 75MG	CLOPIDOGREL BISULFATE TAB 75 MG (BASE EQUIV)	Tier 2		X		
DABIGATRAN CAP 110MG	DABIGATRAN ETEXILATE MESYLATE CAP 110 MG (ETEXILATE BASE EQ)	Tier 3		X		
DABIGATRAN CAP 150MG	DABIGATRAN ETEXILATE MESYLATE CAP 150 MG (ETEXILATE BASE EQ)	Tier 3		X		
DABIGATRAN CAP 75MG	DABIGATRAN ETEXILATE MESYLATE CAP 75 MG (ETEXILATE BASE EQ)	Tier 3		X		
DIPYRIDAMOLE TAB 25MG	DIPYRIDAMOLE TAB 25 MG	Tier 2				
DIPYRIDAMOLE TAB 50MG	DIPYRIDAMOLE TAB 50 MG	Tier 2				
DIPYRIDAMOLE TAB 75MG	DIPYRIDAMOLE TAB 75 MG	Tier 2				
ELIQUIS CAP 0.15MG	APIXABAN CAP SPRINKLE 0.15 MG	Tier 3		X		
ELIQUIS TAB 0.5MG	APIXABAN TAB FOR ORAL SUSP 0.5 MG	Tier 3		X		
ELIQUIS TAB 1.5MG	APIXABAN TAB FOR ORAL SUSP PACK 3 X 0.5 MG (1.5 MG)	Tier 3		X		
ELIQUIS TAB 2.5MG	APIXABAN TAB 2.5 MG	Tier 3		X		
ELIQUIS TAB 2MG	APIXABAN TAB FOR ORAL SUSP PACK 4 X 0.5 MG (2 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		
ELTROMBOPAG POW 12.5MG	ELTROMBOPAG OLAMINE POWDER PACK FOR SUSP 12.5 MG (BASE EQ)	Tier 6	X	X		
ELTROMBOPAG POW 25MG	ELTROMBOPAG OLAMINE POWDER PACK FOR SUSP 25 MG (BASE EQUIV)	Tier 6	X	X		
ELTROMBOPAG TAB 12.5MG	ELTROMBOPAG OLAMINE TAB 12.5 MG (BASE EQUIV)	Tier 6	X	X		
ELTROMBOPAG TAB 25MG	ELTROMBOPAG OLAMINE TAB 25 MG (BASE EQUIV)	Tier 6	X	X		
ELTROMBOPAG TAB 50MG	ELTROMBOPAG OLAMINE TAB 50 MG (BASE EQUIV)	Tier 6	X	X		
ELTROMBOPAG TAB 75MG	ELTROMBOPAG OLAMINE TAB 75 MG (BASE EQUIV)	Tier 6	X	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		

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

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Drug name	Generic name	Tier value	Prior auth	Quantity limit	Step therapy	Notes
JANTOVEN TAB 7.5MG	WARFARIN SODIUM TAB 7.5 MG	Tier 2				
NEULASTA INJ 4/0.4ML	PEGFILGRASTIM INJ 4 MG/0.4ML	Tier 4				
NEULASTA INJ 6/0.6ML	PEGFILGRASTIM SOLN PREFILLED SYRINGE 6 MG/0.6ML	Tier 4				
PLERIXAFOR INJ 24/1.2ML	PLERIXAFOR SUBCUTANEOUS INJ 24 MG/1.2ML (20 MG/ML)	Tier 6				
PRASUGREL TAB 10MG	PRASUGREL HCL TAB 10 MG (BASE EQUIV)	Tier 2		X		
PRASUGREL TAB 5MG	PRASUGREL HCL TAB 5 MG (BASE EQUIV)	Tier 2		X		
RECOTHROM SOL 20000UNT	THROMBIN (RECOMBINANT) FOR SOLN 20000 UNIT	Tier 5				
RECOTHROM SOL 20000UNT	THROMBIN (RECOMBINANT) FOR SOLN 20000 UNIT	Tier 5				
RECOTHROM SOL 5000UNIT	THROMBIN (RECOMBINANT) FOR SOLN 5000 UNIT	Tier 5				
RETACRIT INJ 10000UNT	EPOETIN ALFA-EPBX INJ 10000 UNIT/ML	Tier 4		X		
RETACRIT INJ 20000UNI	EPOETIN ALFA-EPBX INJ 20000 UNIT/ML	Tier 4		X		
RETACRIT INJ 2000UNIT	EPOETIN ALFA-EPBX INJ 2000 UNIT/ML	Tier 4		X		
RETACRIT INJ 3000UNIT	EPOETIN ALFA-EPBX INJ 3000 UNIT/ML	Tier 4		X		
RETACRIT INJ 40000UNT	EPOETIN ALFA-EPBX INJ 40000 UNIT/ML	Tier 4		X		
RETACRIT INJ 4000UNIT	EPOETIN ALFA-EPBX INJ 4000 UNIT/ML	Tier 4		X		
RIVAROXABAN SUS 1MG/ML	RIVAROXABAN FOR SUSP 1 MG/ML	Tier 3		X		
RIVAROXABAN TAB 2.5MG	RIVAROXABAN TAB 2.5 MG	Tier 3		X		
TICAGRELOR TAB 60MG	TICAGRELOR TAB 60 MG	Tier 3		X		
TICAGRELOR TAB 90MG	TICAGRELOR TAB 90 MG	Tier 3		X		
TRANEX ACID TAB 650MG	TRANEXAMIC ACID TAB 650 MG	Tier 3		X		
WARFARIN TAB 10MG	WARFARIN SODIUM TAB 10 MG	Tier 2				
WARFARIN TAB 1MG	WARFARIN SODIUM TAB 1 MG	Tier 2				
WARFARIN TAB 2.5MG	WARFARIN SODIUM TAB 2.5 MG	Tier 2				
WARFARIN TAB 2MG	WARFARIN SODIUM TAB 2 MG	Tier 2				
WARFARIN TAB 3MG	WARFARIN SODIUM TAB 3 MG	Tier 2				
WARFARIN TAB 4MG	WARFARIN SODIUM TAB 4 MG	Tier 2				
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		

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Drug name	Generic name	Tier value	Prior auth	Quantity limit	Step therapy	Notes
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				
AMILOR/HCTZ TAB 5-50	AMILORIDE & HYDROCHLOROTHIAZIDE TAB 5-50 MG	Tier 2				
AMILORIDE TAB 5MG	AMILORIDE HCL TAB 5 MG	Tier 2				
AMIODARONE TAB 100MG	AMIODARONE HCL TAB 100 MG	Tier 2				
AMIODARONE TAB 200MG	AMIODARONE HCL TAB 200 MG	Tier 2				
AMIODARONE TAB 400MG	AMIODARONE HCL TAB 400 MG	Tier 2				
AMLOD/BENAZP CAP 10-20MG	AMLODIPINE BESYLATE-BENAZEPRIL HCL CAP 10-20 MG	Tier 2		X		
AMLOD/BENAZP CAP 10-40MG	AMLODIPINE BESYLATE-BENAZEPRIL HCL CAP 10-40 MG	Tier 2		X		
AMLOD/BENAZP CAP 2.5-10MG	AMLODIPINE BESYLATE-BENAZEPRIL HCL CAP 2.5-10 MG	Tier 2		X		
AMLOD/BENAZP CAP 5-10MG	AMLODIPINE BESYLATE-BENAZEPRIL HCL CAP 5-10 MG	Tier 2		X		
AMLOD/BENAZP CAP 5-20MG	AMLODIPINE BESYLATE-BENAZEPRIL HCL CAP 5-20 MG	Tier 2		X		
AMLOD/BENAZP CAP 5-40MG	AMLODIPINE BESYLATE-BENAZEPRIL HCL CAP 5-40 MG	Tier 2		X		
AMLOD/VALSAR TAB 10-160MG	AMLODIPINE BESYLATE-VALSARTAN TAB 10-160 MG	Tier 3		X		
AMLOD/VALSAR TAB 10-320MG	AMLODIPINE BESYLATE-VALSARTAN TAB 10-320 MG	Tier 3		X		
AMLOD/VALSAR TAB 5-160MG	AMLODIPINE BESYLATE-VALSARTAN TAB 5-160 MG	Tier 3		X		
AMLOD/VALSAR TAB 5-320MG	AMLODIPINE BESYLATE-VALSARTAN TAB 5-320 MG	Tier 3		X		
AMLODIPINE TAB 10MG	AMLODIPINE BESYLATE TAB 10 MG (BASE EQUIVALENT)	Tier 1				
AMLODIPINE TAB 2.5MG	AMLODIPINE BESYLATE TAB 2.5 MG (BASE EQUIVALENT)	Tier 1				
AMLODIPINE TAB 5MG	AMLODIPINE BESYLATE TAB 5 MG (BASE EQUIVALENT)	Tier 1				

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

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

Drug name	Generic name	Tier value	Prior auth	Quantity limit	Step therapy	Notes
CANDESA/HCTZ TAB 32-25MG	CANDESARTAN CILEXETIL-HYDRO-CHLOROTHIAZIDE TAB 32-25 MG	Tier 3		X		
CANDESARTAN TAB 16MG	CANDESARTAN CILEXETIL TAB 16 MG	Tier 3		X		
CANDESARTAN TAB 32MG	CANDESARTAN CILEXETIL TAB 32 MG	Tier 3		X		
CANDESARTAN TAB 4MG	CANDESARTAN CILEXETIL TAB 4 MG	Tier 3		X		
CANDESARTAN TAB 8MG	CANDESARTAN CILEXETIL TAB 8 MG	Tier 3		X		
CAPTOPR/HCTZ TAB 25-15MG	CAPTOPRIL & HYDROCHLOROTHIA-ZIDE TAB 25-15 MG	Tier 3		X		
CAPTOPR/HCTZ TAB 25-25MG	CAPTOPRIL & HYDROCHLOROTHIA-ZIDE TAB 25-25 MG	Tier 3		X		
CAPTOPR/HCTZ TAB 50-15MG	CAPTOPRIL & HYDROCHLOROTHIA-ZIDE TAB 50-15 MG	Tier 3		X		
CAPTOPR/HCTZ TAB 50-25MG	CAPTOPRIL & HYDROCHLOROTHIA-ZIDE TAB 50-25 MG	Tier 3		X		
CAPTOPRIL TAB 100MG	CAPTOPRIL TAB 100 MG	Tier 2		X		
CAPTOPRIL TAB 12.5MG	CAPTOPRIL TAB 12.5 MG	Tier 2		X		
CAPTOPRIL TAB 25MG	CAPTOPRIL TAB 25 MG	Tier 2		X		
CAPTOPRIL TAB 50MG	CAPTOPRIL TAB 50 MG	Tier 2		X		
CARTIA XT CAP 120/24HR	DILTIAZEM HCL COATED BEADS CAP ER 24HR 120 MG	Tier 2				
CARTIA XT CAP 180/24HR	DILTIAZEM HCL COATED BEADS CAP ER 24HR 180 MG	Tier 2				
CARTIA XT CAP 240/24HR	DILTIAZEM HCL COATED BEADS CAP ER 24HR 240 MG	Tier 2				
CARTIA XT CAP 300/24HR	DILTIAZEM HCL COATED BEADS CAP ER 24HR 300 MG	Tier 2				
CARVEDILOL TAB 12.5MG	CARVEDILOL TAB 12.5 MG	Tier 1				
CARVEDILOL TAB 25MG	CARVEDILOL TAB 25 MG	Tier 1				
CARVEDILOL TAB 3.125MG	CARVEDILOL TAB 3.125 MG	Tier 1				
CARVEDILOL TAB 6.25MG	CARVEDILOL TAB 6.25 MG	Tier 1				
CHLORTHALID TAB 25MG	CHLORTHALIDONE TAB 25 MG	Tier 2				
CHLORTHALID TAB 50MG	CHLORTHALIDONE TAB 50 MG	Tier 2				
CHOLESTYRAM POW 4GM	CHOLESTYRAMINE POWDER 4 GM/DOSE	Tier 3				
CHOLESTYRAM POW 4GM	CHOLESTYRAMINE POWDER PACK-ETS 4 GM	Tier 3				
CHOLESTYRAM POW 4GM LITE	CHOLESTYRAMINE LIGHT POWDER 4 GM/DOSE	Tier 3				
CHOLESTYRAM POW 4GM LITE	CHOLESTYRAMINE LIGHT POWDER PACKETS 4 GM	Tier 3				
CLONIDINE DIS 0.1/24HR	CLONIDINE TD PATCH WEEKLY 0.1 MG/24HR	Tier 3				BH*
CLONIDINE DIS 0.2/24HR	CLONIDINE TD PATCH WEEKLY 0.2 MG/24HR	Tier 3				BH*
CLONIDINE DIS 0.3/24HR	CLONIDINE TD PATCH WEEKLY 0.3 MG/24HR	Tier 3				BH*
CLONIDINE TAB 0.1MG	CLONIDINE HCL TAB 0.1 MG	Tier 2				BH*
CLONIDINE TAB 0.2MG	CLONIDINE HCL TAB 0.2 MG	Tier 2				BH*

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Drug name	Generic name	Tier value	Prior auth	Quantity limit	Step therapy	Notes
CLONIDINE TAB 0.3MG	CLONIDINE HCL TAB 0.3 MG	Tier 2				BH*
COLESEVELAM PAK 3.75GM	COLESEVELAM HCL PACKET FOR SUSP 3.75 GM	Tier 3				
COLESEVELAM TAB 625MG	COLESEVELAM HCL TAB 625 MG	Tier 3				
COLESTIPOL GRA 5GM	COLESTIPOL HCL 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				
CORLANOR SOL 5MG/5ML	IVABRADINE HCL ORAL SOLN 5 MG/5ML (BASE EQUIV)	Tier 5	X	X		
DAPAG/MET ER TAB 10-1000	DAPAGLIFLOZIN FREE BASE-MET-FORMIN HCL TAB ER 24HR 10-1000 MG	Tier 3		X		
DAPAG/MET ER TAB 10-500MG	DAPAGLIFLOZIN FREE BASE-MET-FORMIN HCL TAB ER 24HR 10-500 MG	Tier 3		X		
DAPAG/MET ER TAB 5-1000MG	DAPAGLIFLOZIN FREE BASE-MET-FORMIN HCL TAB ER 24HR 5-1000 MG	Tier 3		X		
DAPAG/MET ER TAB 5-500MG	DAPAGLIFLOZIN FREE BASE-MET-FORMIN HCL TAB ER 24HR 5-500 MG	Tier 3		X		
DAPAGLIFLOZI TAB 10MG	DAPAGLIFLOZIN TAB 10 MG	Tier 3		X		
DAPAGLIFLOZI TAB 5MG	DAPAGLIFLOZIN TAB 5 MG	Tier 3		X		
DIGOXIN SOL 50MCG/ML	DIGOXIN ORAL SOLN 0.05 MG/ML	Tier 3				
DIGOXIN TAB 0.0625MG	DIGOXIN TAB 62.5 MCG (0.0625 MG)	Tier 3				
DIGOXIN TAB 0.125MG	DIGOXIN TAB 125 MCG (0.125 MG)	Tier 2				
DIGOXIN TAB 0.25MG	DIGOXIN TAB 250 MCG (0.25 MG)	Tier 2				
DILT-XR CAP 120MG	DILTIAZEM HCL CAP ER 24HR 120 MG	Tier 2				
DILT-XR CAP 180MG	DILTIAZEM HCL CAP ER 24HR 180 MG	Tier 2				
DILT-XR CAP 240MG	DILTIAZEM HCL CAP ER 24HR 240 MG	Tier 2				
DILTIAZEM CAP 120MG ER	DILTIAZEM HCL CAP ER 12HR 120 MG	Tier 3				
DILTIAZEM CAP 120MG ER	DILTIAZEM HCL CAP ER 24HR 120 MG	Tier 2				
DILTIAZEM CAP 120MG ER	DILTIAZEM HCL 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				

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

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

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

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

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

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

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

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

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Drug name	Generic name	Tier value	Prior auth	Quantity limit	Step therapy	Notes
NIFEDIPINE CAP 10MG	NIFEDIPINE CAP 10 MG	Tier 2				
NIFEDIPINE CAP 20MG	NIFEDIPINE CAP 20 MG	Tier 2				
NIFEDIPINE TAB 30MG ER	NIFEDIPINE TAB ER 24HR 30 MG	Tier 2		X		
NIFEDIPINE TAB 30MG ER	NIFEDIPINE TAB ER 24HR OSMOTIC RELEASE 30 MG	Tier 2		X		
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				
NITROGLYCER OIN 2%	NITROGLYCERIN OINT 2%	Tier 3				
NITROGLYCERI SUB 0.6MG	NITROGLYCERIN SL TAB 0.6 MG	Tier 2				
NITROGLYCERN SUB 0.3MG	NITROGLYCERIN SL TAB 0.3 MG	Tier 2				
NITROGLYCERN SUB 0.4MG	NITROGLYCERIN SL TAB 0.4 MG	Tier 2				
NORPACE CAP 100MG CR	DISOPYRAMIDE PHOSPHATE CAP ER 12HR 100 MG	Tier 3				
NORPACE CAP 150MG CR	DISOPYRAMIDE PHOSPHATE CAP ER 12HR 150 MG	Tier 3				

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Drug name	Generic name	Tier value	Prior auth	Quantity limit	Step therapy	Notes	
NYMALIZE SOL	NIMODIPINE ORAL SOLN 6 MG/ML	Tier 3					
OLM MED/HCTZ TAB 20-12.5	OLMESARTAN MEDOXOMIL-HYDROCHLOROTHIAZIDE TAB 20-12.5 MG	Tier 2		X			
OLM MED/HCTZ TAB 40-12.5	OLMESARTAN MEDOXOMIL-HYDROCHLOROTHIAZIDE TAB 40-12.5 MG	Tier 2		X			
OLM MED/HCTZ TAB 40-25MG	OLMESARTAN MEDOXOMIL-HYDROCHLOROTHIAZIDE TAB 40-25 MG	Tier 2		X			
OLMESA MEDOX TAB 20MG	OLMESARTAN MEDOXOMIL TAB 20 MG	Tier 2		X			
OLMESA MEDOX TAB 40MG	OLMESARTAN MEDOXOMIL TAB 40 MG	Tier 2		X			
OLMESA MEDOX TAB 5MG	OLMESARTAN MEDOXOMIL TAB 5 MG	Tier 2		X			
OMEGA-3-ACID CAP 1GM	OMEGA-3-ACID ETHYL ESTERS CAP 1 GM	Tier 2	X	X			
OMEGA-3-ACID CAP 1GM	OMEGA-3-ACID ETHYL ESTERS CAP 1 GM	Tier 2	X	X			
PENTOXIFYLLI TAB 400MG ER	PENTOXIFYLLINE TAB ER 400 MG	Tier 2					
PERINDOPRIL TAB 2MG	PERINDOPRIL ERBUMINE TAB 2 MG	Tier 2		X			
PERINDOPRIL TAB 4MG	PERINDOPRIL ERBUMINE TAB 4 MG	Tier 2		X			
PERINDOPRIL TAB 8MG	PERINDOPRIL ERBUMINE TAB 8 MG	Tier 2		X			
PHENOXYBENZA CAP 10MG	PHENOXYBENZAMINE HCL CAP 10 MG	Tier 3					
PINDOLOL TAB 10MG	PINDOLOL TAB 10 MG	Tier 2					
PINDOLOL TAB 5MG	PINDOLOL TAB 5 MG	Tier 2					
PRAVASTATIN TAB 10MG	PRAVASTATIN SODIUM TAB 10 MG	Tier 2		X		PRV-A	$0 Copay for members between ages 40 to 75 years.
PRAVASTATIN TAB 20MG	PRAVASTATIN SODIUM TAB 20 MG	Tier 2		X		PRV-A	$0 Copay for members between ages 40 to 75 years.
PRAVASTATIN TAB 40MG	PRAVASTATIN SODIUM TAB 40 MG	Tier 2		X		PRV-A	$0 Copay for members between ages 40 to 75 years.
PRAVASTATIN TAB 80MG	PRAVASTATIN SODIUM TAB 80 MG	Tier 2		X		PRV-A	$0 Copay for members between ages 40 to 75 years.
PRAZOSIN HCL CAP 1MG	PRAZOSIN HCL CAP 1 MG	Tier 2				BH*	
PRAZOSIN HCL CAP 2MG	PRAZOSIN HCL CAP 2 MG	Tier 2				BH*	
PRAZOSIN HCL CAP 5MG	PRAZOSIN HCL CAP 5 MG	Tier 2				BH*	
PREVALITE POW 4GM	CHOLESTYRAMINE LIGHT POWDER 4 GM/DOSE	Tier 3					

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

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Drug name	Generic name	Tier value	Prior auth	Quantity limit	Step therapy	Notes	
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			
REPATHA INJ 140MG/ML	EVOLOCUMAB SUBCUTANEOUS SOLN PREFILLED SYRINGE 140 MG/ML	Tier 3	X	X			
REPATHA PUSH INJ 420/3.5	EVOLOCUMAB SUBCUTANEOUS SOLN CARTRIDGE/INFUSOR 420 MG/3.5ML	Tier 3	X	X			
REPATHA SURE INJ 140MG/ML	EVOLOCUMAB SUBCUTANEOUS SOLN AUTO-INJECTOR 140 MG/ML	Tier 3	X	X			
ROSUVASTATIN TAB 10MG	ROSUVASTATIN CALCIUM TAB 10 MG	Tier 2		X		PRV-A	$0 Copay for members between ages 40 to 75 years.
ROSUVASTATIN TAB 20MG	ROSUVASTATIN CALCIUM TAB 20 MG	Tier 2		X			
ROSUVASTATIN TAB 40MG	ROSUVASTATIN CALCIUM TAB 40 MG	Tier 2		X			
ROSUVASTATIN TAB 5MG	ROSUVASTATIN CALCIUM TAB 5 MG	Tier 2		X		PRV-A	$0 Copay for members between ages 40 to 75 years.
SACUB/VALSAR TAB 24-26MG	SACUBITRIL-VALSARTAN TAB 24-26 MG	Tier 3	X	X			
SACUB/VALSAR TAB 49-51MG	SACUBITRIL-VALSARTAN TAB 49-51 MG	Tier 3	X	X			
SACUB/VALSAR TAB 97-103MG	SACUBITRIL-VALSARTAN TAB 97-103 MG	Tier 3	X	X			
SIMVASTATIN TAB 10MG	SIMVASTATIN TAB 10 MG	Tier 1		X		PRV	
SIMVASTATIN TAB 20MG	SIMVASTATIN TAB 20 MG	Tier 1		X		PRV	
SIMVASTATIN TAB 40MG	SIMVASTATIN TAB 40 MG	Tier 1		X		PRV	
SIMVASTATIN TAB 5MG	SIMVASTATIN TAB 5 MG	Tier 1		X		PRV	
SIMVASTATIN TAB 80MG	SIMVASTATIN TAB 80 MG	Tier 1		X			
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					

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Drug name	Generic name	Tier value	Prior auth	Quantity limit	Step therapy	Notes
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 3		X		
TELMISARTAN TAB 40MG	TELMISARTAN TAB 40 MG	Tier 3		X		
TELMISARTAN TAB 80MG	TELMISARTAN TAB 80 MG	Tier 3		X		
TIADYLT CAP 120MG/24	DILTIAZEM HCL EXTENDED RELEASE BEADS CAP ER 24HR 120 MG	Tier 2				
TIADYLT CAP 180MG/24	DILTIAZEM HCL EXTENDED RELEASE BEADS CAP ER 24HR 180 MG	Tier 2				
TIADYLT CAP 240MG/24	DILTIAZEM HCL EXTENDED RELEASE BEADS CAP ER 24HR 240 MG	Tier 2				
TIADYLT CAP 300MG/24	DILTIAZEM HCL EXTENDED RELEASE BEADS CAP ER 24HR 300 MG	Tier 2				
TIADYLT CAP 360MG/24	DILTIAZEM HCL EXTENDED RELEASE BEADS CAP ER 24HR 360 MG	Tier 2				
TIADYLT CAP 420MG/24	DILTIAZEM HCL EXTENDED RELEASE BEADS CAP ER 24HR 420 MG	Tier 2				
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				

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PRV-A ..... Preventive medication may be available at no cost to you if within a certain age range
PRV* ..... Preventive medication may be available at no cost to you only when certain requirements are met
QL ..... Quantity limit
SP ..... Specialty medication
ST ..... Step therapy
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Drug name	Generic name	Tier value	Prior auth	Quantity limit	Step therapy	Notes
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				
VALSART/HCTZ TAB 160-12.5	VALSARTAN-HYDROCHLOROTHIAZIDE TAB 160-12.5 MG	Tier 2		X		
VALSART/HCTZ TAB 160-25MG	VALSARTAN-HYDROCHLOROTHIAZIDE TAB 160-25 MG	Tier 2		X		
VALSART/HCTZ TAB 320-12.5	VALSARTAN-HYDROCHLOROTHIAZIDE TAB 320-12.5 MG	Tier 2		X		
VALSART/HCTZ TAB 320-25MG	VALSARTAN-HYDROCHLOROTHIAZIDE TAB 320-25 MG	Tier 2		X		
VALSART/HCTZ TAB 80-12.5	VALSARTAN-HYDROCHLOROTHIAZIDE TAB 80-12.5 MG	Tier 2		X		
VALSARTAN TAB 160MG	VALSARTAN TAB 160 MG	Tier 2		X		
VALSARTAN TAB 320MG	VALSARTAN TAB 320 MG	Tier 2		X		
VALSARTAN TAB 40MG	VALSARTAN TAB 40 MG	Tier 2		X		
VALSARTAN TAB 80MG	VALSARTAN TAB 80 MG	Tier 2		X		
VERAPAMIL CAP 100MG ER	VERAPAMIL HCL CAP ER 24HR 100 MG	Tier 3				
VERAPAMIL CAP 120MG ER	VERAPAMIL HCL CAP ER 24HR 120 MG	Tier 3				
VERAPAMIL CAP 120MG SR	VERAPAMIL HCL CAP ER 24HR 120 MG	Tier 3				
VERAPAMIL CAP 180MG ER	VERAPAMIL HCL CAP ER 24HR 180 MG	Tier 3				
VERAPAMIL CAP 180MG SR	VERAPAMIL HCL CAP ER 24HR 180 MG	Tier 3				
VERAPAMIL CAP 200MG ER	VERAPAMIL HCL CAP ER 24HR 200 MG	Tier 3				
VERAPAMIL CAP 240MG ER	VERAPAMIL HCL CAP ER 24HR 240 MG	Tier 3				
VERAPAMIL CAP 240MG SR	VERAPAMIL HCL CAP ER 24HR 240 MG	Tier 3				
VERAPAMIL CAP 300MG ER	VERAPAMIL HCL CAP ER 24HR 300 MG	Tier 3				
VERAPAMIL CAP 360MG SR	VERAPAMIL HCL CAP ER 24HR 360 MG	Tier 3				
VERAPAMIL TAB 120MG	VERAPAMIL HCL TAB 120 MG	Tier 2				
VERAPAMIL TAB 120MG ER	VERAPAMIL HCL TAB ER 120 MG	Tier 2				
VERAPAMIL TAB 180MG ER	VERAPAMIL HCL TAB ER 180 MG	Tier 2				
VERAPAMIL TAB 240MG ER	VERAPAMIL HCL TAB ER 240 MG	Tier 2				
VERAPAMIL TAB 40MG	VERAPAMIL HCL TAB 40 MG	Tier 2				
VERAPAMIL TAB 80MG	VERAPAMIL HCL TAB 80 MG	Tier 2				
Central Nervous System Agents						

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Drug name	Generic name	Tier value	Prior auth	Quantity limit	Step therapy	Notes
AMPHET/DEXTR CAP 10MG ER	AMPHETAMINE-DEXTROAMPHETAMINE CAP ER 24HR 10 MG	Tier 1	X	X		
AMPHET/DEXTR CAP 15MG ER	AMPHETAMINE-DEXTROAMPHETAMINE CAP ER 24HR 15 MG	Tier 1	X	X		
AMPHET/DEXTR CAP 20MG ER	AMPHETAMINE-DEXTROAMPHETAMINE CAP ER 24HR 20 MG	Tier 1	X	X		
AMPHET/DEXTR CAP 25MG ER	AMPHETAMINE-DEXTROAMPHETAMINE CAP ER 24HR 25 MG	Tier 1	X	X		
AMPHET/DEXTR CAP 30MG ER	AMPHETAMINE-DEXTROAMPHETAMINE CAP ER 24HR 30 MG	Tier 1	X	X		
AMPHET/DEXTR CAP 5MG ER	AMPHETAMINE-DEXTROAMPHETAMINE CAP ER 24HR 5 MG	Tier 1	X	X		
AMPHET/DEXTR TAB 10MG	AMPHETAMINE-DEXTROAMPHETAMINE TAB 10 MG	Tier 1	X	X		
AMPHET/DEXTR TAB 12.5MG	AMPHETAMINE-DEXTROAMPHETAMINE TAB 12.5 MG	Tier 1	X	X		
AMPHET/DEXTR TAB 15MG	AMPHETAMINE-DEXTROAMPHETAMINE TAB 15 MG	Tier 1	X	X		
AMPHET/DEXTR TAB 20MG	AMPHETAMINE-DEXTROAMPHETAMINE TAB 20 MG	Tier 1	X	X		
AMPHET/DEXTR TAB 30MG	AMPHETAMINE-DEXTROAMPHETAMINE TAB 30 MG	Tier 1	X	X		
AMPHET/DEXTR TAB 5MG	AMPHETAMINE-DEXTROAMPHETAMINE TAB 5 MG	Tier 1	X	X		
AMPHET/DEXTR TAB 7.5MG	AMPHETAMINE-DEXTROAMPHETAMINE TAB 7.5 MG	Tier 1	X	X		
AMPHETAMINE TAB 10MG	AMPHETAMINE SULFATE TAB 10 MG	Tier 1	X			
AMPHETAMINE TAB 5MG	AMPHETAMINE SULFATE TAB 5 MG	Tier 1	X			
AUSTEDO TAB 12MG	DEUTETRABENAZINE TAB 12 MG	Tier 4	X	X		BH*
AUSTEDO TAB 6MG	DEUTETRABENAZINE TAB 6 MG	Tier 4	X	X		BH*
AUSTEDO TAB 9MG	DEUTETRABENAZINE TAB 9 MG	Tier 4	X	X		BH*
AUSTEDO XR TAB 12MG	DEUTETRABENAZINE TAB ER 24HR 12 MG	Tier 4	X	X		BH*
AUSTEDO XR TAB 18MG	DEUTETRABENAZINE TAB ER 24HR 18 MG	Tier 4	X	X		BH*
AUSTEDO XR TAB 24MG	DEUTETRABENAZINE TAB ER 24HR 24 MG	Tier 4	X	X		BH*
AUSTEDO XR TAB 30MG	DEUTETRABENAZINE TAB ER 24HR 30 MG	Tier 4	X	X		BH*
AUSTEDO XR TAB 36MG	DEUTETRABENAZINE TAB ER 24HR 36 MG	Tier 4	X	X		BH*
AUSTEDO XR TAB 42MG	DEUTETRABENAZINE TAB ER 24HR 42 MG	Tier 4	X	X		BH*
AUSTEDO XR TAB 48MG	DEUTETRABENAZINE TAB ER 24HR 48 MG	Tier 4	X	X		BH*
AUSTEDO XR TAB 6MG	DEUTETRABENAZINE TAB ER 24HR 6 MG	Tier 4	X	X		BH*
AUSTEDO XR TAB TITR KIT	DEUTETRABENAZINE TAB ER TITRATION PACK 12 & 18 & 24 & 30 MG	Tier 4	X	X		BH*

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Drug name	Generic name	Tier value	Prior auth	Quantity limit	Step therapy	Notes
AUSTEDO XR TAB TITR KIT	DEUTETRABENAZINE TAB ER TITRATION PACK 6 MG & 12 MG & 24 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		
BAC TAB	BUTALBITAL-ACETAMINOPHEN-CAFFEINE TAB 50-325-40 MG	Tier 2		X		
BETASERON INJ 0.3MG	INTERFERON BETA-1B FOR INJ KIT 0.3 MG	Tier 4	X	X		
BUT/APAP/CAF CAP	BUTALBITAL-ACETAMINOPHEN-CAFFEINE CAP 50-300-40 MG	Tier 3		X		
BUT/APAP/CAF CAP	BUTALBITAL-ACETAMINOPHEN-CAFFEINE CAP 50-325-40 MG	Tier 3		X		
BUT/APAP/CAF TAB	BUTALBITAL-ACETAMINOPHEN-CAFFEINE TAB 50-325-40 MG	Tier 2		X		
BUT/ASA/CAFF CAP	BUTALBITAL-ASPIRIN-CAFFEINE CAP 50-325-40 MG	Tier 3		X		
BUTAL/APAP TAB 50-325MG	BUTALBITAL-ACETAMINOPHEN TAB 50-325 MG	Tier 3		X		
BUTALB/ACETA TAB 50-300MG	BUTALBITAL-ACETAMINOPHEN TAB 50-300 MG	Tier 3		X		
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				
CLONIDINE TAB 0.1MG ER	CLONIDINE HCL TAB ER 12HR 0.1 MG	Tier 1				
CLONIDINE TAB 0.1MG ER	CLONIDINE HCL TAB ER 12HR 0.1 MG	Tier 1				
DALFAMPRIDIN TAB 10MG ER	DALFAMPRIDINE TAB ER 12HR 10 MG	Tier 4	X	X		
DEXMETHYLPH TAB 10MG	DEXMETHYLPHENIDATE HCL TAB 10 MG	Tier 1	X	X		
DEXMETHYLPH TAB 2.5MG	DEXMETHYLPHENIDATE HCL TAB 2.5 MG	Tier 1	X	X		
DEXMETHYLPH TAB 5MG	DEXMETHYLPHENIDATE HCL TAB 5 MG	Tier 1	X	X		
DEXTROAMPHET SOL 5MG/5ML	DEXTROAMPHETAMINE SULFATE ORAL SOLUTION 5 MG/5ML	Tier 1	X			
DEXTROAMPHET TAB 10MG	DEXTROAMPHETAMINE SULFATE TAB 10 MG	Tier 1	X	X		
DEXTROAMPHET TAB 5MG	DEXTROAMPHETAMINE SULFATE TAB 5 MG	Tier 1	X	X		
DIMETHYL FUM CAP 120MG DR	DIMETHYL FUMARATE CAPSULE DELAYED RELEASE 120 MG	Tier 4	X	X		
DIMETHYL FUM CAP 240MG DR	DIMETHYL FUMARATE CAPSULE DELAYED RELEASE 240 MG	Tier 4	X	X		
DIMETHYL FUM CAP STARTER	DIMETHYL FUMARATE CAPSULE DR STARTER PACK 120 MG & 240 MG	Tier 4	X	X		

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Drug name	Generic name	Tier value	Prior auth	Quantity limit	Step therapy	Notes
FINGOLIMOD CAP 0.5MG	FINGOLIMOD HCL CAP 0.5 MG (BASE EQUIV)	Tier 6	X	X		
GLATIRAMER INJ 20MG/ML	GLATIRAMER ACETATE SOLN PRE-FILLED SYRINGE 20 MG/ML	Tier 4	X	X		
GLATIRAMER INJ 40MG/ML	GLATIRAMER ACETATE SOLN PRE-FILLED SYRINGE 40 MG/ML	Tier 4	X	X		
GLATOPA INJ 20MG/ML	GLATIRAMER ACETATE SOLN PRE-FILLED SYRINGE 20 MG/ML	Tier 4	X	X		
GLATOPA INJ 40MG/ML	GLATIRAMER ACETATE SOLN PRE-FILLED SYRINGE 40 MG/ML	Tier 4	X	X		
GUANFACINE TAB 1MG ER	GUANFACINE HCL TAB ER 24HR 1 MG (BASE EQUIV)	Tier 1		X		
GUANFACINE TAB 2MG ER	GUANFACINE HCL TAB ER 24HR 2 MG (BASE EQUIV)	Tier 1		X		
GUANFACINE TAB 3MG ER	GUANFACINE HCL TAB ER 24HR 3 MG (BASE EQUIV)	Tier 1		X		
GUANFACINE TAB 4MG ER	GUANFACINE HCL TAB ER 24HR 4 MG (BASE EQUIV)	Tier 1		X		
INGREZZA CAP 40-80MG	VALBENAZINE TOSYLATE CAP THERAPY PACK 40 MG (7) & 80 MG (21)	Tier 4	X	X		BH*
INGREZZA CAP 40MG	VALBENAZINE TOSYLATE CAP 40 MG (BASE EQUIV)	Tier 4	X	X		BH*
INGREZZA CAP 40MG	VALBENAZINE TOSYLATE CAPSULE SPRINKLE 40 MG (BASE EQUIV)	Tier 4	X	X		BH*
INGREZZA CAP 60MG	VALBENAZINE TOSYLATE CAP 60 MG (BASE EQUIV)	Tier 4	X	X		BH*
INGREZZA CAP 60MG	VALBENAZINE TOSYLATE CAPSULE SPRINKLE 60 MG (BASE EQUIV)	Tier 4	X	X		BH*
INGREZZA CAP 80MG	VALBENAZINE TOSYLATE CAP 80 MG (BASE EQUIV)	Tier 4	X	X		BH*
INGREZZA CAP 80MG	VALBENAZINE TOSYLATE CAPSULE SPRINKLE 80 MG (BASE EQUIV)	Tier 4	X	X		BH*
METHAMPHETAM TAB 5MG	METHAMPHETAMINE HCL TAB 5 MG	Tier 1	X			
METHYLPHENID SOL 10MG/5ML	METHYLPHENIDATE HCL SOLN 10 MG/5ML	Tier 1	X	X		
METHYLPHENID SOL 5MG/5ML	METHYLPHENIDATE HCL SOLN 5 MG/5ML	Tier 1	X	X		
METHYLPHENID TAB 10MG	METHYLPHENIDATE HCL TAB 10 MG	Tier 1	X	X		
METHYLPHENID TAB 10MG ER	METHYLPHENIDATE HCL TAB ER 10 MG	Tier 1	X	X		
METHYLPHENID TAB 18MG OSM	METHYLPHENIDATE HCL TAB ER OSMOTIC RELEASE (OSM) 18 MG	Tier 1	X	X		
METHYLPHENID TAB 20MG	METHYLPHENIDATE HCL TAB 20 MG	Tier 1	X	X		
METHYLPHENID TAB 20MG ER	METHYLPHENIDATE HCL TAB ER 20 MG	Tier 1	X	X		
METHYLPHENID TAB 27MG OSM	METHYLPHENIDATE HCL TAB ER OSMOTIC RELEASE (OSM) 27 MG	Tier 1	X	X		

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Drug name	Generic name	Tier value	Prior auth	Quantity limit	Step therapy	Notes
METHYLPHENID TAB 36MG OSM	METHYLPHENIDATE HCL TAB ER OSMOTIC RELEASE (OSM) 36 MG	Tier 1	X	X		
METHYLPHENID TAB 54MG OSM	METHYLPHENIDATE HCL TAB ER OSMOTIC RELEASE (OSM) 54 MG	Tier 1	X	X		
METHYLPHENID TAB 5MG	METHYLPHENIDATE HCL TAB 5 MG	Tier 1	X	X		
MILNACIPRAN MIS TITR PAK	MILNACIPRAN HCL TAB 12.5 MG (5) & 25 MG (8) & 50 MG (42) PAK	Tier 3		X	X	BH*
MILNACIPRAN TAB 100MG	MILNACIPRAN HCL TAB 100 MG	Tier 3		X	X	BH*
MILNACIPRAN TAB 12.5MG	MILNACIPRAN HCL TAB 12.5 MG	Tier 3		X	X	BH*
MILNACIPRAN TAB 25MG	MILNACIPRAN HCL TAB 25 MG	Tier 3		X	X	BH*
MILNACIPRAN TAB 50MG	MILNACIPRAN HCL TAB 50 MG	Tier 3		X	X	BH*
PHENT/TOPIRA CAP 11.25-69	PHENTERMINE HCL-TOPIRAMATE CAP ER 24HR 11.25-69 MG	Tier 3	X			
PHENT/TOPIRA CAP 15-92MG	PHENTERMINE HCL-TOPIRAMATE CAP ER 24HR 15-92 MG	Tier 3	X			
PHENT/TOPIRA CAP 3.75-23	PHENTERMINE HCL-TOPIRAMATE CAP ER 24HR 3.75-23 MG	Tier 3	X			
PHENT/TOPIRA CAP 7.5-46MG	PHENTERMINE HCL-TOPIRAMATE CAP ER 24HR 7.5-46 MG	Tier 3	X			
PHENTERMINE CAP 15MG	PHENTERMINE HCL CAP 15 MG	Tier 2	X			
PHENTERMINE CAP 30MG	PHENTERMINE HCL CAP 30 MG	Tier 2	X			
PHENTERMINE CAP 37.5MG	PHENTERMINE HCL CAP 37.5 MG	Tier 2	X			
PHENTERMINE TAB 37.5MG	PHENTERMINE HCL TAB 37.5 MG	Tier 2	X			
RILUZOLE TAB 50MG	RILUZOLE TAB 50 MG	Tier 4				BH*
TENCON TAB 50-325MG	BUTALBITAL-ACETAMINOPHEN TAB 50-325 MG	Tier 3		X		
TERIFLUNOMID TAB 14MG	TERIFLUNOMIDE TAB 14 MG	Tier 4	X	X		
TERIFLUNOMID TAB 7MG	TERIFLUNOMIDE TAB 7 MG	Tier 4	X	X		
TETRABENAZIN TAB 12.5MG	TETRABENAZINE TAB 12.5 MG	Tier 4	X	X		
TETRABENAZIN TAB 25MG	TETRABENAZINE TAB 25 MG	Tier 4	X	X		
ZEPOSIA CAP 0.92MG	OZANIMOD HCL CAP 0.92 MG	Tier 4	X	X		
ZEPOSIA CAP STR KIT	OZANIMOD CAP PACK 4 X 0.23 MG & 3 X 0.46 MG & 21 X 0.92 MG	Tier 4	X	X		
ZEPOSIA 7DAY CAP STR PACK	OZANIMOD CAP PACK 4 X 0.23 MG & 3 X 0.46 MG	Tier 4	X	X		
Dental and Oral Agents						
CEVIMELINE CAP 30MG	CEVIMELINE HCL CAP 30 MG	Tier 3				
CHLORHEX GLU SOL 0.12%	CHLORHEXIDINE GLUCONATE SOLN 0.12%	Tier 2				
DOXYCYCL HYC TAB 20MG	DOXYCYCLINE HYCLATE TAB 20 MG	Tier 2				STI*
LIDOCAINE SOL 2% ORAL	LIDOCAINE HCL VISCOUS SOLN 2%	Tier 2				
LIDOCAINE SOL 2% VISC	LIDOCAINE HCL VISCOUS SOLN 2%	Tier 2				

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Drug name	Generic name	Tier value	Prior auth	Quantity limit	Step therapy	Notes
LIDOCAINE SOL 4%	LIDOCAINE HCL LARYNGOTRACHEAL SOLN 4%	Tier 3				
PERIOGARD SOL 0.12%	CHLORHEXIDINE GLUCONATE SOLN 0.12%	Tier 2				
PILOCARPINE TAB 5MG	PILOCARPINE HCL TAB 5 MG	Tier 3				
PILOCARPINE TAB 7.5MG	PILOCARPINE HCL TAB 7.5 MG	Tier 3				
TRIAMCINOLON PST 0.1%	TRIAMCINOLONE ACETONIDE DENTAL PASTE 0.1%	Tier 2				
TRIAMCINOLON PST DEN 0.1%	TRIAMCINOLONE ACETONIDE DENTAL PASTE 0.1%	Tier 2				
Dermatological Agents						
ACCUTANE CAP 10MG	ISOTRETINOIN CAP 10 MG	Tier 3				
ACCUTANE CAP 20MG	ISOTRETINOIN CAP 20 MG	Tier 3				
ACCUTANE CAP 30MG	ISOTRETINOIN CAP 30 MG	Tier 3				
ACCUTANE CAP 40MG	ISOTRETINOIN CAP 40 MG	Tier 3				
ACITRETIN CAP 10MG	ACITRETIN CAP 10 MG	Tier 3				
ACITRETIN CAP 17.5MG	ACITRETIN CAP 17.5 MG	Tier 3				
ACITRETIN CAP 25MG	ACITRETIN CAP 25 MG	Tier 3				
ACYCLOVIR OIN 5%	ACYCLOVIR OINT 5%	Tier 3		X		STI*
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 0.3% PMP	ADAPALENE GEL 0.3%	Tier 3	X	X		
ALCLOMETASON CRE 0.05%	ALCLOMETASONE DIPROPIONATE CREAM 0.05%	Tier 2				
ALCLOMETASON OIN 0.05%	ALCLOMETASONE DIPROPIONATE OINT 0.05%	Tier 2				
AMCINONIDE CRE 0.1%	AMCINONIDE CREAM 0.1%	Tier 3			X	
AMCINONIDE OIN 0.1%	AMCINONIDE OINT 0.1%	Tier 3			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 30MG	ISOTRETINOIN CAP 30 MG	Tier 3				
AMNESTEEM CAP 40MG	ISOTRETINOIN CAP 40 MG	Tier 3				
ANALPRAM-HC LOT 2.5%	HYDROCORTISONE ACETATE W/ PRAMOXINE PERIANAL LOTN 2.5-1%	Tier 5				
AZELAIC ACID GEL 15%	AZELAIC ACID GEL 15%	Tier 3		X		
BETA DIPROP CRE 0.05%	BETAMETHASONE DIPROPIONATE AUGMENTED CREAM 0.05%	Tier 3				
BETA DIPROP GEL 0.05%	BETAMETHASONE DIPROPIONATE AUGMENTED GEL 0.05%	Tier 3				
BETA DIPROP LOT 0.05%	BETAMETHASONE DIPROPIONATE AUGMENTED LOTION 0.05%	Tier 3				
BETA DIPROP OIN 0.05%	BETAMETHASONE DIPROPIONATE AUGMENTED OINT 0.05%	Tier 3				

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Drug name	Generic name	Tier value	Prior auth	Quantity limit	Step therapy	Notes
BETAMETH DIP CRE 0.05%	BETAMETHASONE DIPROPIONATE CREAM 0.05%	Tier 3				
BETAMETH DIP LOT 0.05%	BETAMETHASONE DIPROPIONATE LOTION 0.05%	Tier 3				
BETAMETH DIP OIN 0.05%	BETAMETHASONE DIPROPIONATE OINT 0.05%	Tier 3				
BETAMETH VAL CRE 0.1%	BETAMETHASONE VALERATE CREAM 0.1% (BASE EQUIVALENT)	Tier 3				
BETAMETH VAL LOT 0.1%	BETAMETHASONE VALERATE LOTION 0.1% (BASE EQUIVALENT)	Tier 3				
BETAMETH VAL OIN 0.1%	BETAMETHASONE VALERATE OINT 0.1% (BASE EQUIVALENT)	Tier 3				
BRIMONIDINE GEL 0.33%	BRIMONIDINE TARTRATE GEL 0.33% (BASE EQUIVALENT)	Tier 3		X		
CALCIP/BETAM SUS	CALCIPOTRIENE-BETAMETHASONE DIPROPIONATE SUSP 0.005-0.064%	Tier 3		X		
CALCIPOTRIEN CRE 0.005%	CALCIPOTRIENE CREAM 0.005%	Tier 3		X		
CALCIPOTRIEN OIN 0.005%	CALCIPOTRIENE OINT 0.005%	Tier 3		X		
CALCIPOTRIEN OIN BE-TAMETH	CALCIPOTRIENE-BETAMETHASONE DIPROPIONATE OINT 0.005-0.064%	Tier 3		X		
CALCIPOTRIEN SOL 0.005%	CALCIPOTRIENE SOLN 0.005% (50 MCG/ML)	Tier 3		X		
CALCITRIOL OIN 3MCG/GM	CALCITRIOL OINT 3 MCG/GM	Tier 3		X		
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				
CLARAVIS CAP 10MG	ISOTRETINOIN CAP 10 MG	Tier 3				
CLARAVIS CAP 20MG	ISOTRETINOIN CAP 20 MG	Tier 3				
CLARAVIS CAP 30MG	ISOTRETINOIN CAP 30 MG	Tier 3				
CLARAVIS CAP 40MG	ISOTRETINOIN CAP 40 MG	Tier 3				
CLINDACIN KIT ETZ 1%	*CLINDAMYCIN PHOSPHATE SWAB 1% & CLEANSER KIT***	Tier 2		X		
CLINDAMY/BEN GEL 1.2-5%	CLINDAMYCIN PHOSPH-BENZOYL PEROXIDE (REFRIG) GEL 1.2 (1)-5%	Tier 3		X		
CLINDAMYCIN GEL 1% 1XDLY	CLINDAMYCIN PHOSPHATE GEL 1% (ONCE-DAILY)	Tier 3		X		
CLINDAMYCIN GEL 1% 2XDLY	CLINDAMYCIN PHOSPHATE GEL 1% (TWICE-DAILY)	Tier 3		X		
CLINDAMYCIN LOT 1%	CLINDAMYCIN PHOSPHATE LOTION 1%	Tier 3		X		
CLINDAMYCIN LOT 1%	CLINDAMYCIN PHOSPHATE LOTION 1%	Tier 3		X		

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Drug name	Generic name	Tier value	Prior auth	Quantity limit	Step therapy	Notes
CLINDAMYCIN SOL 1%	CLINDAMYCIN PHOSPHATE SOLN 1%	Tier 2		X		
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 3		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	
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				
CROTAN LOT 10%	CROTAMITON LOTION 10%	Tier 5				
DESONIDE CRE 0.05%	DESONIDE CREAM 0.05%	Tier 3		X		
DESONIDE LOT 0.05%	DESONIDE LOTION 0.05%	Tier 3		X		
DESONIDE OIN 0.05%	DESONIDE OINT 0.05%	Tier 3		X		
DESOXIMETAS CRE 0.05%	DESOXIMETASONE CREAM 0.05%	Tier 3		X		
DESOXIMETAS CRE 0.25%	DESOXIMETASONE CREAM 0.25%	Tier 3		X		
DESOXIMETAS GEL 0.05%	DESOXIMETASONE GEL 0.05%	Tier 3		X		
DESOXIMETAS OIN 0.05%	DESOXIMETASONE OINT 0.05%	Tier 3		X		
DESOXIMETAS OIN 0.25%	DESOXIMETASONE OINT 0.25%	Tier 3		X		
DESOXIMETASO SPR 0.25%	DESOXIMETASONE SPRAY 0.25%	Tier 3		X		
DICLOFENAC GEL 3%	DICLOFENAC SODIUM (ACTINIC KERATOSES) GEL 3%	Tier 3		X		
DIFLORASONE CRE 0.05%	DIFLORASONE DIACETATE CREAM 0.05%	Tier 3		X	X	
DOXEPIN HCL CRE 5%	DOXEPIN HCL CREAM 5%	Tier 3	X	X		
DUOBRII LOT	HALOBETASOL PROPIONATE-TAZAROTENE LOTION 0.01-0.045%	Tier 5		X	X	
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				
FLUOCINOLONE CRE 0.01%	FLUOCINOLONE ACETONIDE CREAM 0.01%	Tier 3		X		
FLUOCINOLONE CRE 0.025%	FLUOCINOLONE ACETONIDE CREAM 0.025%	Tier 3		X		
FLUOCINOLONE OIL 0.01% SC	FLUOCINOLONE ACETONIDE OIL 0.01% (SCALP OIL)	Tier 3		X		
FLUOCINOLONE OIL 0.01% SC	FLUOCINOLONE ACETONIDE OIL 0.01% (SCALP OIL)	Tier 3		X		

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Drug name	Generic name	Tier value	Prior auth	Quantity limit	Step therapy	Notes
FLUOCINOLONE OIL 0.01%BDY	FLUOCINOLONE ACETONIDE OIL 0.01% (BODY OIL)	Tier 3		X		
FLUOCINOLONE OIL 0.01%BDY	FLUOCINOLONE ACETONIDE OIL 0.01% (BODY OIL)	Tier 3		X		
FLUOCINOLONE OIL 0.01%TOP	FLUOCINOLONE ACETONIDE OIL 0.01% (BODY OIL)	Tier 3		X		
FLUOCINOLONE OIN 0.025%	FLUOCINOLONE ACETONIDE OINT 0.025%	Tier 3		X		
FLUOCINOLONE 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 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		
FLUOROURACIL CRE 0.5%	FLUOROURACIL CREAM 0.5%	Tier 5		X		
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				
FLURANDRENOL LOT 0.05%	FLURANDRENOLIDE LOTION 0.05%	Tier 3		X	X	
FLUTICASONE CRE 0.05%	FLUTICASONE PROPIONATE CREAM 0.05%	Tier 2				
FLUTICASONE OIN 0.005%	FLUTICASONE PROPIONATE OINT 0.005%	Tier 2				
HALOBETASOL CRE 0.05%	HALOBETASOL PROPIONATE CREAM 0.05%	Tier 3		X		
HALOBETASOL OIN 0.05%	HALOBETASOL PROPIONATE OINT 0.05%	Tier 3		X		
HC BUTYRATE CRE 0.1%	HYDROCORTISONE BUTYRATE CREAM 0.1%	Tier 3		X		
HC BUTYRATE OIN 0.1%	HYDROCORTISONE BUTYRATE OINT 0.1%	Tier 3				
HC BUTYRATE SOL 0.1%	HYDROCORTISONE BUTYRATE SOLN 0.1%	Tier 3				
HC PRAMOXINE CRE 1-1%	HYDROCORTISONE ACETATE W/ PRAMOXINE PERIANAL CREAM 1-1%	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				

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Drug name	Generic name	Tier value	Prior auth	Quantity limit	Step therapy	Notes
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				
IMIQUIMOD CRE 5%	IMIQUIMOD CREAM 5%	Tier 2		X		STI*
ISOTRETINOIN CAP 10MG	ISOTRETINOIN CAP 10 MG	Tier 3				
ISOTRETINOIN CAP 20MG	ISOTRETINOIN CAP 20 MG	Tier 3				
ISOTRETINOIN CAP 30MG	ISOTRETINOIN CAP 30 MG	Tier 3				
ISOTRETINOIN CAP 40MG	ISOTRETINOIN CAP 40 MG	Tier 3				
IVERMECTIN CRE 1%	IVERMECTIN CREAM 1%	Tier 3		X		
IVERMECTIN LOT 0.5%	IVERMECTIN LOTION 0.5%	Tier 3		X		
MAFENIDE ACE PAK 5%	MAFENIDE ACETATE PACKET FOR TOPICAL SOLN 5% (50 GM)	Tier 3				
MALATHION LOT 0.5%	MALATHION LOTION 0.5%	Tier 3				STI*
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				
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				
MUPIROCIN CRE 2%	MUPIROCIN CALCIUM CREAM 2%	Tier 3		X		
MUPIROCIN OIN 2%	MUPIROCIN OINT 2%	Tier 2		X		
NYSTAT/TRIAM CRE	NYSTATIN-TRIAMCINOLONE CREAM 100000-0.1 UNIT/GM-%	Tier 2				
NYSTAT/TRIAM OIN	NYSTATIN-TRIAMCINOLONE OINT 100000-0.1 UNIT/GM-%	Tier 2				
OTEZLA TAB 20MG	APREMILAST TAB 20 MG	Tier 4	X	X		
OTEZLA TAB 30MG	APREMILAST TAB 30 MG	Tier 4	X	X		
OTEZLA XR TAB 75MG	APREMILAST TAB ER 24HR 75 MG	Tier 4	X	X		
OTEZLA/XR TAB 28 DAY	APREMILAST TAB START PACK 10 MG & 20 MG & 30 MG & (ER) 75 MG	Tier 4	X	X		
PERMETHRIN CRE 5%	PERMETHRIN CREAM 5%	Tier 2				STI*
PIMECROLIMUS CRE 1%	PIMECROLIMUS CREAM 1%	Tier 3		X		
PODOFILOX GEL 0.5%	PODOFILOX GEL 0.5%	Tier 3				STI*
PODOFILOX SOL 0.5%	PODOFILOX SOLN 0.5%	Tier 2				STI*
PRURADIK LOT 10%	CROTAMITON LOTION 10%	Tier 5				
REGRANEX GEL 0.01%	BECAPLERMIN GEL 0.01%	Tier 3	X	X		
SANTYL OIN 250/GM	COLLAGENASE OINT 250 UNIT/GM	Tier 5		X		
SELENIUM SUL LOT 2.5%	SELENIUM SULFIDE LOTION 2.5%	Tier 2				
SILVER SULFA CRE 1%	SILVER SULFADIAZINE CREAM 1%	Tier 2				
SPINOSAD SUS 0.9%	SPINOSAD SUSP 0.9%	Tier 3				
SSD CRE 1%	SILVER SULFADIAZINE CREAM 1%	Tier 2				

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Drug name	Generic name	Tier value	Prior auth	Quantity limit	Step therapy	Notes
SULFAMYLON CRE 85MG/GM	MAFENIDE ACETATE CREAM 85 MG/GM	Tier 5				
TACROLIMUS OIN 0.03%	TACROLIMUS OINT 0.03%	Tier 3		X		
TACROLIMUS OIN 0.1%	TACROLIMUS OINT 0.1%	Tier 3		X		
TAZAROTENE CRE 0.1%	TAZAROTENE CREAM 0.1%	Tier 3	X	X		
TAZAROTENE GEL 0.05%	TAZAROTENE GEL 0.05%	Tier 3	X	X		
TAZAROTENE GEL 0.1%	TAZAROTENE GEL 0.1%	Tier 3	X	X		
TRETINOIN CRE 0.025%	TRETINOIN CREAM 0.025%	Tier 3	X	X		
TRETINOIN CRE 0.05%	TRETINOIN CREAM 0.05%	Tier 3	X	X		
TRETINOIN CRE 0.1%	TRETINOIN CREAM 0.1%	Tier 3	X	X		
TRIAMCINOLON CRE 0.025%	TRIAMCINOLONE ACETONIDE CREAM 0.025%	Tier 2		X		
TRIAMCINOLON CRE 0.1%	TRIAMCINOLONE ACETONIDE CREAM 0.1%	Tier 2		X		
TRIAMCINOLON CRE 0.5%	TRIAMCINOLONE ACETONIDE CREAM 0.5%	Tier 2		X		
TRIAMCINOLON LOT 0.025%	TRIAMCINOLONE ACETONIDE LOTION 0.025%	Tier 2				
TRIAMCINOLON LOT 0.1%	TRIAMCINOLONE ACETONIDE LOTION 0.1%	Tier 2				
TRIAMCINOLON OIN 0.025%	TRIAMCINOLONE ACETONIDE OINT 0.025%	Tier 2				
TRIAMCINOLON OIN 0.1%	TRIAMCINOLONE ACETONIDE OINT 0.1%	Tier 2				
TRIAMCINOLON OIN 0.5%	TRIAMCINOLONE ACETONIDE OINT 0.5%	Tier 2				
TRIDERM CRE 0.5%	TRIAMCINOLONE ACETONIDE CREAM 0.5%	Tier 2		X		
VEREGEN OIN 15%	SINECATECHINS OINT 15%	Tier 5		X		STI*
XEPI CRE 1%	OZENOXACIN CREAM 1%	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						
ATABEX EC TAB 29-1MG	*PRENATAL VIT W/ DSS-IRON CARBONYL-FA TAB DR 29-1 MG***	Tier 2				
ATABEX OB TAB 29-1MG	*PRENATAL VIT W/ FE BISGLYCINATE CHELATE-FA TAB 29-1 MG***	Tier 2				
CALC ACETATE CAP 667MG	CALCIUM ACETATE (PHOSPHATE BINDER) CAP 667 MG (169 MG CA)	Tier 2				
CALC ACETATE TAB 667MG	CALCIUM ACETATE (PHOSPHATE BINDER) TAB 667 MG	Tier 2				
CARGLUMIC TAB 200MG	CARGLUMIC ACID SOLUBLE TAB 200 MG	Tier 6	X			
CHEMET CAP 100MG	SUCCIMER CAP 100 MG	Tier 3				
CO-NATAL FA TAB 29-1MG	*PRENATAL VIT W/ FE FUMARATE-FA TAB 29-1 MG***	Tier 2				

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Drug name	Generic name	Tier value	Prior auth	Quantity limit	Step therapy	Notes	
COMPLETE NAT PAK DHA	*PRENAT-FE BIS-FE PROT SUCC-FA-CA TAB & OMEGA 3 CAP 200 PK**	Tier 2					
COMPLETENATE CHW	*PRENATAL VIT W/ FE FUMARATE-FA CHEW TAB 29-1 MG***	Tier 2					
CYANOCOBALAM INJ 10000MCG	CYANOCOBALAMIN INJ 1000 MCG/ML	Tier 2					
CYANOCOBALAM INJ 1000MCG	CYANOCOBALAMIN INJ 1000 MCG/ML	Tier 2					
CYANOCOBALAM INJ 30000MCG	CYANOCOBALAMIN INJ 1000 MCG/ML	Tier 2					
CYANOCOBALAM SOL 2000MCG	CYANOCOBALAMIN INJ 2000 MCG/ML	Tier 2					
DEFERASIROX GRA 180MG	DEFERASIROX GRANULES PACKET 180 MG	Tier 6	X				
DEFERASIROX GRA 360MG	DEFERASIROX GRANULES PACKET 360 MG	Tier 6	X				
DEFERASIROX GRA 90MG	DEFERASIROX GRANULES PACKET 90 MG	Tier 6	X				
DEFERASIROX TAB 125MG	DEFERASIROX TAB FOR ORAL SUSP 125 MG	Tier 6	X				
DEFERASIROX TAB 180MG	DEFERASIROX TAB 180 MG	Tier 4	X				
DEFERASIROX TAB 250MG	DEFERASIROX TAB FOR ORAL SUSP 250 MG	Tier 6	X				
DEFERASIROX TAB 360MG	DEFERASIROX TAB 360 MG	Tier 4	X				
DEFERASIROX TAB 500MG	DEFERASIROX TAB FOR ORAL SUSP 500 MG	Tier 6	X				
DEFERASIROX TAB 90MG	DEFERASIROX TAB 90 MG	Tier 4	X				
DODEX INJ	CYANOCOBALAMIN INJ 1000 MCG/ML	Tier 3					
EFFER-K TAB 10MEQ	POTASSIUM BICARBONATE-CITRIC ACID EFFER TAB 10 MEQ	Tier 3					
EFFER-K TAB 20MEQ	POTASSIUM BICARBONATE-CITRIC ACID EFFER TAB 20 MEQ	Tier 3					
EFFER-K TAB 25MEQ EF	POTASSIUM BICARBONATE EFFER TAB 25 MEQ	Tier 2					
ERGOCALCIFER CAP 1.25MG	ERGOCALCIFEROL CAP 1.25 MG (50000 UNIT)	Tier 2					
FA-8 CAP 800MCG	FOLIC ACID CAP 0.8 MG	Tier 1				PRV	
FERRIC CITRA TAB 210MG	FERRIC CITRATE TAB 1 GM (210 MG FERRIC IRON)	Tier 4					
FLUORIDE CHW 0.25MG	SODIUM FLUORIDE CHEW TAB 0.25 MG F (FROM 0.55 MG NAF)	Tier 1				PRV-A	$0 Copay for members ages 0 to 16 years.
FLUORIDE CHW 0.5MG	SODIUM FLUORIDE CHEW TAB 0.5 MG F (FROM 1.1 MG NAF)	Tier 1				PRV-A	$0 Copay for members ages 0 to 16 years.

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Drug name	Generic name	Tier value	Prior auth	Quantity limit	Step therapy	Notes	
FLUORIDE CHW 1MG	SODIUM FLUORIDE CHEW TAB 1 MG F (FROM 2.2 MG NAF)	Tier 1				PRV-A	$0 Copay for members ages 0 to 16 years.
FOLIC ACID TAB 1000MCG	FOLIC ACID TAB 1 MG	Tier 2					
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				PRV	
FOLIC ACID TAB 400MCG	FOLIC ACID TAB 400 MCG	Tier 1				PRV	
FOLIC ACID TAB 800MCG	FOLIC ACID TAB 800 MCG	Tier 1				PRV	
FOLIVANE-OB CAP	*PRENATAL W/O A W/FE FUM-FE POLY-FA CAP 85-1 MG***	Tier 2					
FOSRENOL POW 1000MG	LANTHANUM CARBONATE ORAL POWDER PACK 1000 MG (ELEMENTAL)	Tier 5					
FOSRENOL POW 750MG	LANTHANUM CARBONATE ORAL POWDER PACK 750 MG (ELEMENTAL)	Tier 5					
GALZIN CAP 25MG	ZINC ACETATE CAP 25 MG (ELEMENTAL ZINC)	Tier 5					
GALZIN CAP 50MG	ZINC ACETATE CAP 50 MG (ELEMENTAL ZINC)	Tier 5					
INATAL GT TAB	*PRENATAL VIT W/ DSS-IRON CARBONYL-FA TAB 90-1 MG***	Tier 2					
KLOR-CON 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					
KLOR-CON M10 TAB 10MEQ ER	POTASSIUM CHLORIDE MICROENCAPSULATED CRYS ER TAB 10 MEQ	Tier 2					
KLOR-CON M15 TAB 15MEQ ER	POTASSIUM CHLORIDE MICROENCAPSULATED CRYS ER TAB 15 MEQ	Tier 2					
KLOR-CON M20 TAB 20MEQ ER	POTASSIUM CHLORIDE MICROENCAPSULATED CRYS ER TAB 20 MEQ	Tier 2					
KLOR-CON/EF TAB 25MEQ	POTASSIUM BICARBONATE EFFER TAB 25 MEQ	Tier 2					
LANTHANUM CHW 1000MG	LANTHANUM CARBONATE CHEW TAB 1000 MG (ELEMENTAL)	Tier 3					
LANTHANUM CHW 500MG	LANTHANUM CARBONATE CHEW TAB 500 MG (ELEMENTAL)	Tier 3					
LANTHANUM CHW 750MG	LANTHANUM CARBONATE CHEW TAB 750 MG (ELEMENTAL)	Tier 3					
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			

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Drug name	Generic name	Tier value	Prior auth	Quantity limit	Step therapy	Notes
M-NATAL PLUS TAB	*PRENATAL VIT W/ FE FUMARATE-FA TAB 27-1 MG***	Tier 2				
NEONATAL TAB PLUS	*PRENATAL VIT W/ FE FUMARATE-FA TAB 27-1 MG***	Tier 2				
NIVA-PLUS TAB	*PRENATAL VIT W/ FE FUMARATE-FA TAB 27-1 MG***	Tier 2				
ONE VITE TAB 1MG PLUS	*PRENATAL VIT W/ FE FUMARATE-FA TAB 27-1 MG***	Tier 2				
PENICILLAMIN CAP 250MG	PENICILLAMINE CAP 250 MG	Tier 6				
PENICILLAMIN TAB 250MG	PENICILLAMINE TAB 250 MG	Tier 6				
PHYTONADIONE TAB 5MG	PHYTONADIONE TAB 5 MG	Tier 3		X		
PNV 27-CA/FE TAB /FA	*PRENATAL VIT W/ FE FUMARATE-FA TAB 60-1 MG***	Tier 2				
POT CHLORIDE CAP 10MEQ ER	POTASSIUM CHLORIDE CAP ER 10 MEQ	Tier 2				
POT CHLORIDE CAP 8MEQ ER	POTASSIUM CHLORIDE CAP ER 8 MEQ	Tier 2				
POT CHLORIDE POW 20MEQ	POTASSIUM CHLORIDE POWDER PACKET 20 MEQ	Tier 3				
POT CHLORIDE SOL 10%	POTASSIUM CHLORIDE ORAL SOLN 10% (20 MEQ/15ML)	Tier 2				
POT CHLORIDE SOL 20%	POTASSIUM CHLORIDE ORAL SOLN 20% (40 MEQ/15ML)	Tier 2				
POT CHLORIDE TAB 10MEQ ER	POTASSIUM CHLORIDE TAB ER 10 MEQ	Tier 2				
POT CHLORIDE TAB 15MEQ ER	POTASSIUM CHLORIDE TAB ER 15 MEQ	Tier 2				
POT CHLORIDE TAB 20MEQ ER	POTASSIUM CHLORIDE TAB ER 20 MEQ (1500 MG)	Tier 2				
POT CHLORIDE TAB 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 1080MG	POTASSIUM CITRATE TAB ER 10 MEQ (1080 MG)	Tier 3				
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 1620MG	POTASSIUM CITRATE TAB ER 15 MEQ (1620 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 CITRA ER TAB 540MG	POTASSIUM CITRATE TAB ER 5 MEQ (540 MG)	Tier 3				

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Drug name	Generic name	Tier value	Prior auth	Quantity limit	Step therapy	Notes	
POT CITRA ER TAB 540MG	POTASSIUM CITRATE TAB ER 5 MEQ (540 MG)	Tier 3					
POT CL MICRO TAB 10MEQ CR	POTASSIUM CHLORIDE MICROENCAPSULATED CRYS ER TAB 10 MEQ	Tier 2					
POT CL MICRO TAB 10MEQ ER	POTASSIUM CHLORIDE MICROENCAPSULATED CRYS ER TAB 10 MEQ	Tier 2					
POT CL MICRO TAB 10MEQ ER	POTASSIUM CHLORIDE MICROENCAPSULATED CRYS ER TAB 10 MEQ	Tier 2					
POT CL MICRO TAB 15MEQ ER	POTASSIUM CHLORIDE MICROENCAPSULATED CRYS ER TAB 15 MEQ	Tier 2					
POT CL MICRO TAB 15MEQ ER	POTASSIUM CHLORIDE MICROENCAPSULATED CRYS ER TAB 15 MEQ	Tier 2					
POT CL MICRO TAB 20MEQ ER	POTASSIUM CHLORIDE MICROENCAPSULATED CRYS ER TAB 20 MEQ	Tier 2					
POT CL MICRO TAB 20MEQ ER	POTASSIUM CHLORIDE MICROENCAPSULATED CRYS ER TAB 20 MEQ	Tier 2					
PRENATABS FA TAB 29-1MG	*PRENATAL VIT W/ FE FUMARATE-FA TAB 29-1 MG***	Tier 2					
PRENATAL TAB PLUS	*PRENATAL VIT W/ FE FUMARATE-FA TAB 27-1 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-U CAP 106.5-1	*PRENATAL W/O A VIT W/ FE FUMARATE-FA CAP 106.5-1 MG***	Tier 2					
PROVIDA OB CAP	*PRENATAL W/O A W/FE FUM-FE POLY-FA CAP 20-20-1.25 MG***	Tier 2					
SE-NATAL 19 CHW	*PRENATAL VIT W/ FE FUMARATE-FA CHEW TAB 29-1 MG***	Tier 2					
SE-NATAL 19 TAB	*PRENATAL VIT W/ DSS-FE FUMARATE-FA TAB 29-1 MG***	Tier 2					
SEVELAM CARB POW 0.8GM	SEVELAMER CARBONATE PACKET 0.8 GM	Tier 3					
SEVELAM CARB POW 2.4GM	SEVELAMER CARBONATE PACKET 2.4 GM	Tier 3					
SEVELAM CARB TAB 800MG	SEVELAMER CARBONATE TAB 800 MG	Tier 3					
SOD FLUORIDE DRO 0.5MG/ML	SODIUM FLUORIDE SOLN 0.5 MG/ML F (FROM 1.1 MG/ML NAF)	Tier 1				PRV-A	$0 Copay for members ages 0 to 16 years.
SOD POLY SUL POW	*SODIUM POLYSTYRENE SULFONATE POWDER**	Tier 2					
SODIUM FLUOR CHW 0.25MG	SODIUM FLUORIDE CHEW TAB 0.25 MG F (FROM 0.55 MG NAF)	Tier 1				PRV-A	$0 Copay for members ages 0 to 16 years.

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Drug name	Generic name	Tier value	Prior auth	Quantity limit	Step therapy	Notes	
SODIUM FLUOR CHW 0.5MG	SODIUM FLUORIDE CHEW TAB 0.5 MG F (FROM 1.1 MG NAF)	Tier 1				PRV-A	$0 Copay for members ages 0 to 16 years.
SODIUM FLUOR CHW 1MG	SODIUM FLUORIDE CHEW TAB 1 MG F (FROM 2.2 MG NAF)	Tier 1				PRV-A	$0 Copay for members ages 0 to 16 years.
SODIUM FLUOR TAB 0.5MG	SODIUM FLUORIDE TAB 0.5 MG F (FROM 1.1 MG NAF)	Tier 1				PRV-A	$0 Copay for members ages 0 to 16 years.
SODIUM FLUOR TAB 1MG	SODIUM FLUORIDE TAB 1 MG F (FROM 2.2 MG NAF)	Tier 1				PRV-A	$0 Copay for members ages 0 to 16 years.
TARON-C DHA CAP	*PRENATAL W/FE FUM-FE POLY -FA-OMEGA 3 CAP 35-1 MG***	Tier 2					
THRIVITE RX TAB 29-1MG	*PRENATAL VIT W/ IRON CARBONYL-FA TAB 29-1 MG***	Tier 2					
TOLVAPTAN TAB 15MG	TOLVAPTAN (HYPONATREMIA) TAB 15 MG	Tier 4	X	X			
TOLVAPTAN TAB 30MG	TOLVAPTAN (HYPONATREMIA) TAB 30 MG	Tier 4	X	X			
TRICARE TAB PRENATAL	*PRENATAL VIT W/ FE FUMARATE-FA TAB 27-1 MG***	Tier 2					
TRIENTINE CAP 250MG	TRIENTINE HCL CAP 250 MG	Tier 6	X	X			
TRINATAL RX TAB 1	*PRENATAL VIT W/ FE FUMARATE-FA TAB 60-1 MG***	Tier 2					
TRINATE TAB	*PRENATAL VIT W/ FE FUMARATE-FA TAB 28-1 MG***	Tier 2					
VELPHORO CHW 500MG	SUCROFERRIC OXYHYDROXIDE CHEW TAB 500 MG	Tier 4					
VITAMIN D CAP 1.25MG	ERGOCALCIFEROL CAP 1.25 MG (50000 UNIT)	Tier 2					
VITAMIN D CAP 50000	ERGOCALCIFEROL CAP 1.25 MG (50000 UNIT)	Tier 2					
VITAMIN D CAP 50000UNT	ERGOCALCIFEROL CAP 1.25 MG (50000 UNIT)	Tier 2					
WESNATAL DHA PAK COMPLETE	*PRENAT-FE BIS-FE PROT SUCC-FA-CA TAB & OMEGA 3 CAP 200 PK**	Tier 2					
WESTAB PLUS TAB 27-1MG	*PRENATAL VIT W/ FE FUMARATE-FA TAB 27-1 MG***	Tier 2					
Gastrointestinal Agents							
ALOSETRON TAB 0.5MG	ALOSETRON HCL TAB 0.5 MG (BASE EQUIV)	Tier 3	X	X			
ALOSETRON TAB 1MG	ALOSETRON HCL TAB 1 MG (BASE EQUIV)	Tier 3	X	X			
ALVIMOPAN CAP 12MG	ALVIMOPAN CAP 12 MG	Tier 3					
BISACODYL TAB 5MG EC	BISACODYL TAB DELAYED RELEASE 5 MG	Tier 1		X		PRV	

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Drug name	Generic name	Tier value	Prior auth	Quantity limit	Step therapy	Notes	
CIMETIDINE SOL 300/5ML	CIMETIDINE HCL SOLN 300 MG/5ML	Tier 2					
CIMETIDINE SOL 300/5ML	CIMETIDINE HCL SOLN 300 MG/5ML	Tier 2					
CIMETIDINE TAB 200MG	CIMETIDINE TAB 200 MG	Tier 2					
CIMETIDINE TAB 300MG	CIMETIDINE TAB 300 MG	Tier 2					
CIMETIDINE TAB 400MG	CIMETIDINE TAB 400 MG	Tier 2					
CIMETIDINE TAB 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		PRV	
CLEARLAX POW	POLYETHYLENE GLYCOL 3350 ORAL POWDER 17 GM/SCOOP	Tier 1		X		PRV	
CLENPIQ SOL	SOD PICOSULFATE-MG OX-CITRIC AC SOL 10 MG-3.5 GM-12 GM/175ML	Tier 5				PRV*	$0 Copay once your healthcare provider confirms use is to prepare for a preventive colonoscopy.
CONSTULOSE SOL 10/15ML	LACTULOSE SOLUTION 10 GM/15ML	Tier 2					
CVS PURELAX POW	POLYETHYLENE GLYCOL 3350 ORAL POWDER 17 GM/SCOOP	Tier 1		X		PRV	
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					
DIPHEN/ATROP TAB 2.5MG	DIPHENOXYLATE W/ ATROPINE TAB 2.5-0.025 MG	Tier 2					
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		PRV	

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

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Drug name	Generic name	Tier value	Prior auth	Quantity limit	Step therapy	Notes
LINZESS CAP 72MCG	LINACLOTIDE CAP 72 MCG	Tier 3	X	X		
LOPERAMIDE CAP 2MG	LOPERAMIDE HCL CAP 2 MG	Tier 2				
LUBIPROSTONE CAP 24MCG	LUBIPROSTONE CAP 24 MCG	Tier 3		X		
LUBIPROSTONE CAP 8MCG	LUBIPROSTONE CAP 8 MCG	Tier 3		X		
MAG CITRATE SOL LEMON	MAGNESIUM CITRATE SOLN	Tier 1		X		PRV
MAG CITRATE SOL LEMON	MAGNESIUM CITRATE SOLN	Tier 1		X		PRV
METHSCOPOLAM TAB 2.5MG	METHSCOPOLAMINE BROMIDE TAB 2.5 MG	Tier 3				
METHSCOPOLAM TAB 5MG	METHSCOPOLAMINE BROMIDE TAB 5 MG	Tier 3				
METOCLOPRAM SOL 10/10ML	METOCLOPRAMIDE HCL SOLN 5 MG/5ML (10 MG/10ML) (BASE EQUIV)	Tier 2				
METOCLOPRAM SOL 5MG/5ML	METOCLOPRAMIDE HCL SOLN 5 MG/5ML (10 MG/10ML) (BASE EQUIV)	Tier 2				
METOCLOPRAM TAB 10MG	METOCLOPRAMIDE HCL TAB 10 MG (BASE EQUIVALENT)	Tier 2				
METOCLOPRAM TAB 5MG	METOCLOPRAMIDE HCL TAB 5 MG (BASE EQUIVALENT)	Tier 2				
MIRALAX POW 3350 NF	POLYETHYLENE GLYCOL 3350 ORAL POWDER 17 GM/SCOOP	Tier 1		X		PRV
MISOPROSTOL TAB 100MCG	MISOPROSTOL TAB 100 MCG	Tier 2				
MISOPROSTOL TAB 200MCG	MISOPROSTOL TAB 200 MCG	Tier 2				
MYALEPT INJ 11.3MG	METRELEPTIN FOR SUBCUTANEOUS INJ 11.3 MG	Tier 6	X	X		
NITROGLYCERI OIN 0.4%	NITROGLYCERIN OINT 0.4%	Tier 3		X		
NIZATIDINE CAP 150MG	NIZATIDINE CAP 150 MG	Tier 3				
NIZATIDINE CAP 300MG	NIZATIDINE CAP 300 MG	Tier 3				
OMEPRAZOLE CAP 10MG	OMEPRAZOLE CAP DELAYED RELEASE 10 MG	Tier 2		X		
OMEPRAZOLE CAP 20MG	OMEPRAZOLE CAP DELAYED RELEASE 20 MG	Tier 2				
OMEPRAZOLE CAP 40MG	OMEPRAZOLE CAP DELAYED RELEASE 40 MG	Tier 2				
OPIUM TIN 10MG/ML	OPIUM TINCTURE 1% (10 MG/ML) (MORPHINE EQUIV)	Tier 3		X		
OPIUM TIN 10MG/ML	OPIUM TINCTURE 1% (10 MG/ML) (MORPHINE EQUIV)	Tier 3		X		
PANTOPRAZOLE TAB 20MG	PANTOPRAZOLE SODIUM EC TAB 20 MG (BASE EQUIV)	Tier 2		X		
PANTOPRAZOLE TAB 20MG	PANTOPRAZOLE SODIUM EC TAB 20 MG (BASE EQUIV)	Tier 2		X		
PANTOPRAZOLE TAB 40MG	PANTOPRAZOLE SODIUM EC TAB 40 MG (BASE EQUIV)	Tier 2		X		

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Drug name	Generic name	Tier value	Prior auth	Quantity limit	Step therapy	Notes	
PANTOPRAZOLE TAB 40MG	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		PRV*	$0 Copay once your healthcare provider confirms use is to prepare for a preventive colonoscopy.
PEG-3350/KCL SOL / SODIUM	PEG 3350-KCL-SOD BICARB-NACL FOR SOLN 420 GM	**Tier 2**		X		PRV*	$0 Copay once your healthcare provider confirms use is to prepare for a preventive colonoscopy.
PEG/NASUL/C/ SOL NACL/POT	PEG 3350-KCL-NACL-NA SULFATE-NA ASCORBATE-C FOR SOLN 100 GM	**Tier 3**		X		PRV*	$0 Copay once your healthcare provider confirms use is to prepare for a preventive colonoscopy.
PLENVU SOL	PEG 3350-KCL-NACL-NA SULFATE-NA ASCORBATE-C FOR SOLN 140 GM	**Tier 5**		X		PRV*	$0 Copay once your healthcare provider confirms use is to prepare for a preventive colonoscopy.
POLYETH GLYC POW 3350 NF	POLYETHYLENE GLYCOL 3350 ORAL POWDER 17 GM/SCOOP	**Tier 1**		X		PRV	
RABEPRAZOLE TAB 20MG	RABEPRAZOLE SODIUM EC TAB 20 MG	**Tier 3**		X			
RELISTOR INJ 12/0.6ML	METHYLNALTREXONE BROMIDE INJ 12 MG/0.6ML (20 MG/ML)	**Tier 5**	X	X			
RELISTOR INJ 12/0.6ML	METHYLNALTREXONE BROMIDE SOLN PREF SYR 12 MG/0.6ML	**Tier 5**	X	X			
RELISTOR INJ 8/0.4ML	METHYLNALTREXONE BROMIDE SOLN PREF SYR 8 MG/0.4ML	**Tier 5**	X	X			

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Drug name	Generic name	Tier value	Prior auth	Quantity limit	Step therapy	Notes	
SODIUM/POTAS SOL MAGNESIU	SOD SULFATE-POT SULF-MG SULF ORAL SOL 17.5-3.13-1.6 GM/177ML	Tier 3		X		PRV*	$0 Copay once your healthcare provider confirms use is to prepare for a preventive colonoscopy.
SUCRALFATE SUS 1GM/10ML	SUCRALFATE SUSP 1 GM/10ML	Tier 3	X				
SUCRALFATE TAB 1GM	SUCRALFATE TAB 1 GM	Tier 2					
SYMPROIC TAB 0.2MG	NALDEMEDINE TOSYLATE TAB 0.2 MG (BASE EQUIVALENT)	Tier 3	X	X			
URSODIOL CAP 300MG	URSODIOL CAP 300 MG	Tier 2					
URSODIOL TAB 250MG	URSODIOL TAB 250 MG	Tier 2					
URSODIOL TAB 500MG	URSODIOL TAB 500 MG	Tier 2					
XERMELO TAB 250MG	TELOTRISTAT ETHYL TAB 250 MG (AS TELOTRISTAT ETIPRATE)	Tier 6	X	X			
XIFAXAN TAB 200MG	RIFAXIMIN TAB 200 MG	Tier 5	X	X			
XIFAXAN TAB 550MG	RIFAXIMIN TAB 550 MG	Tier 5	X	X			
Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment							
BETAINE ANHY POW	*BETAINE POWDER FOR ORAL SOLUTION***	Tier 4					
CREON CAP 12000UNT	PANCRELIPASE (LIP-PROT-AMYL) DR CAP 12000-38000-60000 UNIT	Tier 3					
CREON CAP 24000UNT	PANCRELIPASE (LIP-PROT-AMYL) DR CAP 24000-76000-120000 UNIT	Tier 3					
CREON CAP 3000UNIT	PANCRELIPASE (LIP-PROT-AMYL) DR CAP 3000-9500-15000 UNIT	Tier 3					
CREON CAP 36000UNT	PANCRELIPASE (LIP-PROT-AMYL) DR CAP 36000-114000-180000 UNIT	Tier 3					
CREON CAP 6000UNIT	PANCRELIPASE (LIP-PROT-AMYL) DR CAP 6000-19000-30000 UNIT	Tier 3					
CROMOLYN SOD CON 100/5ML	CROMOLYN SODIUM ORAL CONC 100 MG/5ML	Tier 3					
CYSTAGON CAP 150MG	CYSTEAMINE BITARTRATE CAP 150 MG	Tier 6					
CYSTAGON CAP 50MG	CYSTEAMINE BITARTRATE CAP 50 MG	Tier 6					
DAYBUE SOL 200MG/ML	TROFINETIDE ORAL SOLN 200 MG/ML	Tier 1	X	X			
NITISINONE CAP 10MG	NITISINONE CAP 10 MG	Tier 4	X				
NITISINONE CAP 20MG	NITISINONE CAP 20 MG	Tier 4	X				
NITISINONE CAP 2MG	NITISINONE CAP 2 MG	Tier 4	X				
NITISINONE CAP 5MG	NITISINONE CAP 5 MG	Tier 4	X				
SAPROPTERIN POW 100MG	SAPROPTERIN DIHYDROCHLORIDE POWDER PACKET 100 MG	Tier 6	X	X			
SAPROPTERIN POW 500MG	SAPROPTERIN DIHYDROCHLORIDE POWDER PACKET 500 MG	Tier 6	X	X			

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Drug name	Generic name	Tier value	Prior auth	Quantity limit	Step therapy	Notes
SAPROPTERIN TAB 100MG	SAPROPTERIN DIHYDROCHLORIDE TAB 100 MG	Tier 6	X	X		
ZELVYSIA POW 100MG	SAPROPTERIN DIHYDROCHLORIDE POWDER PACKET 100 MG	Tier 6	X	X		
ZELVYSIA POW 500MG	SAPROPTERIN DIHYDROCHLORIDE POWDER PACKET 500 MG	Tier 6	X	X		
ZENPEP CAP 10000UNT	PANCRELIPASE (LIP-PROT-AMYL) DR CAP 10000-32000-42000 UNIT	Tier 3				
ZENPEP CAP 15000UNT	PANCRELIPASE (LIP-PROT-AMYL) DR CAP 15000-47000-63000 UNIT	Tier 3				
ZENPEP CAP 20000UNT	PANCRELIPASE (LIP-PROT-AMYL) DR CAP 20000-63000-84000 UNIT	Tier 3				
ZENPEP CAP 25000UNT	PANCRELIPASE (LIP-PROT-AMYL) DR CAP 25000-79000-105000 UNIT	Tier 3				
ZENPEP CAP 3000UNIT	PANCRELIPASE (LIP-PROT-AMYL) DR CAP 3000-10000-14000 UNIT	Tier 3				
ZENPEP CAP 40000UNT	PANCRELIPASE (LIP-PROT-AMYL) DR CAP 40000-126000-168000 UNIT	Tier 3				
ZENPEP CAP 5000UNIT	PANCRELIPASE (LIP-PROT-AMYL) DR CAP 5000-17000-24000 UNIT	Tier 3				
ZENPEP CAP 60000UNT	PANCRELIPASE (LIP-PROT-AMYL) DR CAP 60000-189600-252600 UNIT	Tier 3				
Genitourinary Agents						
ALFUZOSIN TAB 10MG ER	ALFUZOSIN HCL TAB ER 24HR 10 MG	Tier 2				
BETHANECHOL TAB 10MG	BETHANECHOL CHLORIDE TAB 10 MG	Tier 2				
BETHANECHOL TAB 25MG	BETHANECHOL CHLORIDE TAB 25 MG	Tier 2				
BETHANECHOL TAB 50MG	BETHANECHOL CHLORIDE TAB 50 MG	Tier 2				
BETHANECHOL TAB 5MG	BETHANECHOL CHLORIDE TAB 5 MG	Tier 2				
DARIFENACIN TAB 15MG ER	DARIFENACIN HYDROBROMIDE TAB ER 24HR 15 MG (BASE EQUIV)	Tier 3		X	X	
DARIFENACIN TAB 7.5MG ER	DARIFENACIN HYDROBROMIDE TAB ER 24HR 7.5 MG (BASE EQUIV)	Tier 3		X	X	
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				
DUTAST/TAMSU CAP 0.5-0.4	DUTASTERIDE-TAMSULOSIN HCL CAP 0.5-0.4 MG	Tier 3				
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		PRV
FESOTERODINE TAB 4MG ER	FESOTERODINE FUMARATE TAB ER 24HR 4 MG	Tier 3		X	X	
FESOTERODINE TAB 8MG ER	FESOTERODINE FUMARATE TAB ER 24HR 8 MG	Tier 3		X	X	

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Drug name	Generic name	Tier value	Prior auth	Quantity limit	Step therapy	Notes
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				PRV
OXYBUTYNIN SOL 5MG/5ML	OXYBUTYNIN CHLORIDE SOLUTION 5 MG/5ML	Tier 2				
OXYBUTYNIN SOL 5MG/5ML	OXYBUTYNIN CHLORIDE SOLUTION 5 MG/5ML	Tier 2				
OXYBUTYNIN TAB 10MG ER	OXYBUTYNIN CHLORIDE TAB ER 24HR 10 MG	Tier 2		X		
OXYBUTYNIN TAB 15MG ER	OXYBUTYNIN CHLORIDE TAB ER 24HR 15 MG	Tier 2		X		
OXYBUTYNIN TAB 5MG	OXYBUTYNIN CHLORIDE TAB 5 MG	Tier 2				
OXYBUTYNIN TAB 5MG ER	OXYBUTYNIN CHLORIDE TAB ER 24HR 5 MG	Tier 2		X		
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				
PHENAZOPYRID TAB 200MG	PHENAZOPYRIDINE HCL TAB 200 MG	Tier 2				
PHENAZOPYRID TAB 200MG	PHENAZOPYRIDINE HCL TAB 200 MG	Tier 2				
PHEXX GEL	LACTIC ACID-CITRIC ACID-POTASSIUM BITARTRATE GEL 1.8-1-0.4%	Tier 1		X		PRV
PHEXXI GEL	Lactic Acid-Citric Acid-Potassium Bitartrate Gel 1.8-1-0.4%	Tier 1		X		PRV
SILODOSIN CAP 4MG	SILODOSIN CAP 4 MG	Tier 3		X		
SILODOSIN CAP 8MG	SILODOSIN CAP 8 MG	Tier 3		X		
SOLIFENACIN TAB 10MG	SOLIFENACIN SUCCINATE TAB 10 MG	Tier 2		X		
SOLIFENACIN TAB 5MG	SOLIFENACIN SUCCINATE TAB 5 MG	Tier 2		X		
TADALAFIL TAB 2.5MG	TADALAFIL TAB 2.5 MG	Tier 3		X		
TADALAFIL TAB 5MG	TADALAFIL TAB 5 MG	Tier 3		X		
TAMSULOSIN CAP 0.4MG	TAMSULOSIN HCL CAP 0.4 MG	Tier 2				
TERAZOSIN CAP 10MG	TERAZOSIN HCL CAP 10 MG (BASE EQUIVALENT)	Tier 2				
TERAZOSIN CAP 1MG	TERAZOSIN HCL CAP 1 MG (BASE EQUIVALENT)	Tier 2				
TERAZOSIN CAP 2MG	TERAZOSIN HCL CAP 2 MG (BASE EQUIVALENT)	Tier 2				
TERAZOSIN CAP 5MG	TERAZOSIN HCL CAP 5 MG (BASE EQUIVALENT)	Tier 2				
TODAY SPONGE MIS	NONOXYNOL-9 VAGINAL SPONGE 1000 MG	Tier 1				PRV
TOLTERODINE CAP 2MG ER	TOLTERODINE TARTRATE CAP ER 24HR 2 MG	Tier 3				
TOLTERODINE CAP 4MG ER	TOLTERODINE TARTRATE CAP ER 24HR 4 MG	Tier 3				
TOLTERODINE TAB 1MG	TOLTERODINE TARTRATE TAB 1 MG	Tier 3				

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Drug name	Generic name	Tier value	Prior auth	Quantity limit	Step therapy	Notes
TOLTERODINE TAB 2MG	TOLTERODINE TARTRATE TAB 2 MG	Tier 3				
TROSPIUM CHL CAP 60MG ER	TROSPIUM CHLORIDE CAP ER 24HR 60 MG	Tier 3			X	
TROSPIUM CL TAB 20MG	TROSPIUM CHLORIDE TAB 20 MG	Tier 3				
VCF VAGINAL GEL CON-TRACE	NONOXYNOL-9 GEL 4%	Tier 1				PRV
VCF VAGINAL MIS CON-TRACP	NONOXYNOL-9 FILM 28%	Tier 1				PRV
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)						
DEXAMETHASON CON 1MG/ML	DEXAMETHASONE CONC 1 MG/ML	Tier 2				
DEXAMETHASON ELX 0.5/5ML	DEXAMETHASONE ELIXIR 0.5 MG/5ML	Tier 2				
DEXAMETHASON SOL 0.5/5ML	DEXAMETHASONE SOLN 0.5 MG/5ML	Tier 2				
DEXAMETHASON TAB 0.5MG	DEXAMETHASONE TAB 0.5 MG	Tier 2				
DEXAMETHASON TAB 0.75MG	DEXAMETHASONE TAB 0.75 MG	Tier 2				
DEXAMETHASON TAB 1.5MG	DEXAMETHASONE TAB 1.5 MG	Tier 2				
DEXAMETHASON TAB 1MG	DEXAMETHASONE TAB 1 MG	Tier 2				
DEXAMETHASON TAB 2MG	DEXAMETHASONE TAB 2 MG	Tier 2				
DEXAMETHASON TAB 4MG	DEXAMETHASONE TAB 4 MG	Tier 2				
DEXAMETHASON TAB 6MG	DEXAMETHASONE TAB 6 MG	Tier 2				
FLUDROCORT TAB 0.1MG	FLUDROCORTISONE ACETATE TAB 0.1 MG	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 THERA-PY PACK 4 MG (21)	Tier 2				
METHYLPRED TAB 8MG	METHYLPREDNISOLONE TAB 8 MG	Tier 2				
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				

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Drug name	Generic name	Tier value	Prior auth	Quantity limit	Step therapy	Notes
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 SOL 5MG/5ML	PREDNISOLONE SOD PHOSPHATE ORAL SOLN 5 MG/5ML (BASE EQUIV)	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				
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)						
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 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				

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Drug name	Generic name	Tier value	Prior auth	Quantity limit	Step therapy	Notes
INCRELEX INJ 40MG/4ML	MECASERMIN INJ 40 MG/4ML (10 MG/ML)	Tier 6	X	X		
NORDITROPIN INJ 10/1.5ML	SOMATROPIN SOLUTION PEN-INJECTOR 10 MG/1.5ML	Tier 4	X	X		
NORDITROPIN INJ 15/1.5ML	SOMATROPIN SOLUTION PEN-INJECTOR 15 MG/1.5ML	Tier 4	X	X		
NORDITROPIN INJ 30/3ML	SOMATROPIN SOLUTION PEN-INJECTOR 30 MG/3ML	Tier 4	X	X		
NORDITROPIN INJ 5/1.5ML	SOMATROPIN SOLUTION PEN-INJECTOR 5 MG/1.5ML	Tier 4	X	X		
OMNITROPE INJ 10/1.5ML	SOMATROPIN SOLUTION CARTRIDGE 10 MG/1.5ML	Tier 4	X	X		
OMNITROPE INJ 5.8MG	SOMATROPIN FOR INJ 5.8 MG	Tier 4	X	X		
OMNITROPE INJ 5/1.5ML	SOMATROPIN SOLUTION CARTRIDGE 5 MG/1.5ML	Tier 4	X	X		
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)						
ABIGALE TAB 1-0.5MG	ESTRADIOL & NORETHINDRONE ACETATE TAB 1-0.5 MG	Tier 3				
ABIGALE LO TAB 0.5-0.1	ESTRADIOL & NORETHINDRONE ACETATE TAB 0.5-0.1 MG	Tier 3				
AFIRMELLE TAB 0.1-0.02	LEVONORGESTREL & ETHINYL ESTRADIOL TAB 0.1 MG-20 MCG	Tier 1				PRV
AFTERA TAB 1.5MG	LEVONORGESTREL TAB 1.5 MG	Tier 1				PRV
AFTERPILL TAB 1.5MG	LEVONORGESTREL TAB 1.5 MG	Tier 1				PRV
ALTAVERA TAB	LEVONORGESTREL & ETHINYL ESTRADIOL TAB 0.15 MG-30 MCG	Tier 1				PRV
ALYACEN TAB 1/35	NORETHINDRONE & ETHINYL ESTRADIOL TAB 1 MG-35 MCG	Tier 1				PRV
ALYACEN TAB 7/7/7	NORETHINDRONE-ETH ESTRADIOL TAB 0.5-35/0.75-35/1-35 MG-MCG	Tier 1				PRV
AMABELZ TAB 0.5-0.1	ESTRADIOL & NORETHINDRONE ACETATE TAB 0.5-0.1 MG	Tier 3				
AMETHYST TAB 90-20MCG	LEVONORGESTREL-ETHINYL ESTRADIOL (CONTINUOUS) TAB 90-20 MCG	Tier 1				PRV
ANNOVERA MIS	SEGESTERONE ACE-ETHINYL ESTRADIOL VA RING 0.15-0.013 MG/24HR	Tier 1		X		PRV
APRI TAB	DESOGESTREL & ETHINYL ESTRADIOL TAB 0.15 MG-30 MCG	Tier 1				PRV
ARANELLE TAB	NORETHINDRONE-ETH ESTRADIOL TAB 0.5-35/1-35/0.5-35 MG-MCG	Tier 1				PRV
ASHLYNA TAB	LEVONORG-ETH EST TAB 0.15-0.03MG(84) & ETH EST TAB 0.01MG(7)	Tier 1				PRV
AUBRA EQ TAB 0.1-0.02	LEVONORGESTREL & ETHINYL ESTRADIOL TAB 0.1 MG-20 MCG	Tier 1				PRV
AUROVELA TAB 1.5/30	NORETHINDRONE ACE & ETHINYL ESTRADIOL TAB 1.5 MG-30 MCG	Tier 1				PRV
AUROVELA TAB 1/20	NORETHINDRONE ACE & ETHINYL ESTRADIOL TAB 1 MG-20 MCG	Tier 1				PRV
AUROVELA 24 TAB FE 1/20	NORETHINDRONE ACE-ETHINYL ESTRADIOL-FE TAB 1 MG-20 MCG (24)	Tier 1				PRV

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Drug name	Generic name	Tier value	Prior auth	Quantity limit	Step therapy	Notes
AUROVELA FE TAB 1.5/30	NORETHINDRONE ACE & ETHINYL ESTRADIOL-FE TAB 1.5 MG-30 MCG	Tier 1				PRV
AUROVELA FE TAB 1/20	NORETHINDRONE ACE & ETHINYL ESTRADIOL-FE TAB 1 MG-20 MCG	Tier 1				PRV
AVIANE TAB	LEVONORGESTREL & ETHINYL ESTRADIOL TAB 0.1 MG-20 MCG	Tier 1				PRV
AYUNA TAB	LEVONORGESTREL & ETHINYL ESTRADIOL TAB 0.15 MG-30 MCG	Tier 1				PRV
AZURETTE TAB	DESOGEST-ETH ESTRAD & ETH ESTRAD TAB 0.15-0.02/0.01 MG(21/5)	Tier 1				PRV
BALZIVA TAB	NORETHINDRONE & ETHINYL ESTRADIOL TAB 0.4 MG-35 MCG	Tier 1				PRV
BIJUVA CAP 0.5-100	ESTRADIOL-PROGESTERONE CAP 0.5-100 MG	Tier 5				
BLISOVI 24 TAB FE 1/20	NORETHINDRONE ACE-ETHINYL ESTRADIOL-FE TAB 1 MG-20 MCG (24)	Tier 1				PRV
BLISOVI FE TAB 1.5/30	NORETHINDRONE ACE & ETHINYL ESTRADIOL-FE TAB 1.5 MG-30 MCG	Tier 1				PRV
BLISOVI FE TAB 1/20	NORETHINDRONE ACE & ETHINYL ESTRADIOL-FE TAB 1 MG-20 MCG	Tier 1				PRV
BRIELLYN TAB	NORETHINDRONE & ETHINYL ESTRADIOL TAB 0.4 MG-35 MCG	Tier 1				PRV
CAMILA TAB 0.35MG	NORETHINDRONE TAB 0.35 MG	Tier 1				PRV
CAMRESE TAB	LEVONORG-ETH EST TAB 0.15-0.03MG(84) & ETH EST TAB 0.01MG(7)	Tier 1				PRV
CAMRESE LO TAB	LEVONORG-ETH EST TAB 0.1-0.02MG(84) & ETH EST TAB 0.01MG(7)	Tier 1				PRV
CHARLOTTE 24 CHW FE 1/20	NORETHINDRONE ACE-ETH ESTRADIOL-FE CHEW TAB 1 MG-20 MCG (24)	Tier 1				PRV
CHATEAL EQ TAB 0.15/30	LEVONORGESTREL & ETHINYL ESTRADIOL TAB 0.15 MG-30 MCG	Tier 1				PRV
CLIMARA PRO DIS WEEKLY	ESTRADIOL-LEVONORGESTREL TD PATCH WEEKLY 0.045-0.015 MG/DAY	Tier 5		X		
CRYSELLE TAB	NORGESTREL & ETHINYL ESTRADIOL TAB 0.3 MG-30 MCG	Tier 1				PRV
CRYSELLE-28 TAB 28 TABS	NORGESTREL & ETHINYL ESTRADIOL TAB 0.3 MG-30 MCG	Tier 1				PRV
CURAE TAB 1.5MG	LEVONORGESTREL TAB 1.5 MG	Tier 1				PRV
CYRED EQ TAB	DESOGESTREL & ETHINYL ESTRADIOL TAB 0.15 MG-30 MCG	Tier 1				PRV
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				PRV
DASETTA TAB 7/7/7	NORETHINDRONE-ETH ESTRADIOL TAB 0.5-35/0.75-35/1-35 MG-MCG	Tier 1				PRV
DAYSEE TAB	LEVONORG-ETH EST TAB 0.15-0.03MG(84) & ETH EST TAB 0.01MG(7)	Tier 1				PRV
DEBLITANE TAB 0.35MG	NORETHINDRONE TAB 0.35 MG	Tier 1				PRV

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Drug name	Generic name	Tier value	Prior auth	Quantity limit	Step therapy	Notes
DELYLA TAB 0.1-0.02	LEVONORGESTREL & ETHINYL ESTRADIOL TAB 0.1 MG-20 MCG	Tier 1				PRV
DEPO-SQ PROV INJ 104	MEDROXYPROGESTERONE ACETATE SUSP PREF SYR 104 MG/0.65ML	Tier 1		X		PRV
DESO/ETHINYL TAB ESTRADIO	DESOGEST-ETH ESTRAD & ETH ESTRAD TAB 0.15-0.02/0.01 MG(21/5)	Tier 1				PRV
DOLISHALE TAB 90-20MCG	LEVONORGESTREL-ETHINYL ESTRADIOL (CONTINUOUS) TAB 90-20 MCG	Tier 1				PRV
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				PRV
DROSPIR/ETHI TAB 3-0.02MG	DROSPIRENONE-ETHINYL ESTRADIOL TAB 3-0.02 MG	Tier 1				PRV
DROSPIR/ETHI TAB 3-0.03MG	DROSPIRENONE-ETHINYL ESTRADIOL TAB 3-0.03 MG	Tier 1				PRV
DROSPIRENONE TAB ETHY EST	DROSPIRENONE-ETHINYL ESTRADIOL TAB 3-0.02 MG	Tier 1				PRV
DUAVEE TAB 0.45-20	CONJUGATED ESTROGENS-BAZEDOXIFENE TAB 0.45-20 MG	Tier 5		X		
ECONTRA OS TAB 1.5MG	LEVONORGESTREL TAB 1.5 MG	Tier 1				PRV
ELINEST TAB	NORGESTREL & ETHINYL ESTRADIOL TAB 0.3 MG-30 MCG	Tier 1				PRV
ELURYNG MIS	ETONOGESTREL-ETHINYL ESTRADIOL VA RING 0.12-0.015 MG/24HR	Tier 1				PRV
EMZAHH TAB 0.35MG	NORETHINDRONE TAB 0.35 MG	Tier 1				PRV
ENILLORING MIS	ETONOGESTREL-ETHINYL ESTRADIOL VA RING 0.12-0.015 MG/24HR	Tier 1				PRV
ENPRESSE-28 TAB	LEVONORGESTREL-ETH ESTRA TAB 0.05-30/0.075-40/0.125-30MG-MCG	Tier 1				PRV
ENSKYCE TAB	DESOGESTREL & ETHINYL ESTRADIOL TAB 0.15 MG-30 MCG	Tier 1				PRV
ERRIN TAB 0.35MG	NORETHINDRONE TAB 0.35 MG	Tier 1				PRV
ESTARYLLA TAB 0.25-35	NORGESTIMATE & ETHINYL ESTRADIOL TAB 0.25 MG-35 MCG	Tier 1				PRV
ESTRA/NORETH TAB 0.5-0.1	ESTRADIOL & NORETHINDRONE ACETATE TAB 0.5-0.1 MG	Tier 3				
ESTRA/NORETH TAB 1-0.5MG	ESTRADIOL & NORETHINDRONE ACETATE TAB 1-0.5 MG	Tier 3				
ESTRAD VAL INJ 10MG/ML	ESTRADIOL VALERATE IM IN OIL 10 MG/ML	Tier 2				

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Drug name	Generic name	Tier value	Prior auth	Quantity limit	Step therapy	Notes
ESTRAD VAL INJ 20MG/ML	ESTRADIOL VALERATE IM IN OIL 20 MG/ML	Tier 2				
ESTRAD VAL INJ 40MG/ML	ESTRADIOL VALERATE IM IN OIL 40 MG/ML	Tier 2				
ESTRAD VAL INJ 40MG/ML	ESTRADIOL VALERATE IM IN OIL 40 MG/ML	Tier 2				
ESTRADIOL CRE 0.01%	ESTRADIOL VAGINAL CREAM 0.01%	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 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 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 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 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 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 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				PRV
ETHYNODIOL TAB 1-50	ETHYNODIOL DIACETATE & ETHINYL ESTRADIOL TAB 1 MG-50 MCG	Tier 1				PRV

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ETONOGESTREL MIS ETHY EST	ETONOGESTREL-ETHINYL ESTRADIOL VA RING 0.12-0.015 MG/24HR	Tier 1				PRV
FALMINA TAB	LEVONORGESTREL & ETHINYL ESTRADIOL TAB 0.1 MG-20 MCG	Tier 1				PRV
FEIRZA TAB 1.5/30	NORETHINDRONE ACE & ETHINYL ESTRADIOL-FE TAB 1.5 MG-30 MCG	Tier 1				PRV
FEIRZA TAB 1/20	NORETHINDRONE ACE & ETHINYL ESTRADIOL-FE TAB 1 MG-20 MCG	Tier 1				PRV
FINZALA CHW FE 1/20	NORETHINDRONE ACE-ETH ESTRADIOL-FE CHEW TAB 1 MG-20 MCG (24)	Tier 1				PRV
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				
GALBRIELA CHW	NORETHINDRONE & ETHINYL ESTRADIOL-FE CHEW TAB 0.8 MG-25 MCG	Tier 1				PRV
GALLIFREY TAB 5MG	NORETHINDRONE ACETATE TAB 5 MG	Tier 2				
HAILEY TAB 1.5/30	NORETHINDRONE ACE & ETHINYL ESTRADIOL TAB 1.5 MG-30 MCG	Tier 1				PRV
HAILEY 24 TAB FE	NORETHINDRONE ACE-ETHINYL ESTRADIOL-FE TAB 1 MG-20 MCG (24)	Tier 1				PRV
HAILEY FE TAB 1.5/30	NORETHINDRONE ACE & ETHINYL ESTRADIOL-FE TAB 1.5 MG-30 MCG	Tier 1				PRV
HAILEY FE TAB 1/20	NORETHINDRONE ACE & ETHINYL ESTRADIOL-FE TAB 1 MG-20 MCG	Tier 1				PRV
HALOETTE MIS	ETONOGESTREL-ETHINYL ESTRADIOL VA RING 0.12-0.015 MG/24HR	Tier 1				PRV
HEATHER TAB 0.35MG	NORETHINDRONE TAB 0.35 MG	Tier 1				PRV
HER STYLE TAB 1.5MG	LEVONORGESTREL TAB 1.5 MG	Tier 1				PRV
ICLEVIA TAB	LEVONORGESTREL & ETHINYL ESTRADIOL (91-DAY) TAB 0.15-0.03 MG	Tier 1				PRV
INCASSIA TAB 0.35MG	NORETHINDRONE TAB 0.35 MG	Tier 1				PRV
INTROVALE TAB	LEVONORGESTREL & ETHINYL ESTRADIOL (91-DAY) TAB 0.15-0.03 MG	Tier 1				PRV
ISIBLOOM TAB	DESOGESTREL & ETHINYL ESTRADIOL TAB 0.15 MG-30 MCG	Tier 1				PRV
JAIMIESS TAB	LEVONORG-ETH EST TAB 0.15-0.03MG(84) & ETH EST TAB 0.01MG(7)	Tier 1				PRV
JASMIEL TAB 3-0.02MG	DROSPIRENONE-ETHINYL ESTRADIOL TAB 3-0.02 MG	Tier 1				PRV
JENCYCLA TAB 0.35MG	NORETHINDRONE TAB 0.35 MG	Tier 1				PRV
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				PRV
JOYEAUX TAB 0.1-20	LEVONORGESTREL-ETHINYL ESTRADIOL-FE TAB 0.1 MG-20 MCG (21)	Tier 1				PRV
JULEBER TAB	DESOGESTREL & ETHINYL ESTRADIOL TAB 0.15 MG-30 MCG	Tier 1				PRV

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JUNEL 1.5/30 TAB	NORETHINDRONE ACE & ETHINYL ESTRADIOL TAB 1.5 MG-30 MCG	Tier 1				PRV
JUNEL 1/20 TAB	NORETHINDRONE ACE & ETHINYL ESTRADIOL TAB 1 MG-20 MCG	Tier 1				PRV
JUNEL FE TAB 1.5/30	NORETHINDRONE ACE & ETHINYL ESTRADIOL-FE TAB 1.5 MG-30 MCG	Tier 1				PRV
JUNEL FE TAB 1/20	NORETHINDRONE ACE & ETHINYL ESTRADIOL-FE TAB 1 MG-20 MCG	Tier 1				PRV
JUNEL FE 24 TAB 1/20	NORETHINDRONE ACE-ETHINYL ESTRADIOL-FE TAB 1 MG-20 MCG (24)	Tier 1				PRV
KAITLIB FE CHW	NORETHINDRONE & ETHINYL ESTRADIOL-FE CHEW TAB 0.8 MG-25 MCG	Tier 1				PRV
KALLIGA TAB	DESOGESTREL & ETHINYL ESTRADIOL TAB 0.15 MG-30 MCG	Tier 1				PRV
KARIVA TAB 28 DAY	DESOGEST-ETH ESTRAD & ETH ESTRAD TAB 0.15-0.02/0.01 MG(21/5)	Tier 1				PRV
KELNOR TAB 1/35	ETHYNODIOL DIACETATE & ETHINYL ESTRADIOL TAB 1 MG-35 MCG	Tier 1				PRV
KELNOR 1/50 TAB	ETHYNODIOL DIACETATE & ETHINYL ESTRADIOL TAB 1 MG-50 MCG	Tier 1				PRV
KURVELO TAB 0.15/30	LEVONORGESTREL & ETHINYL ESTRADIOL TAB 0.15 MG-30 MCG	Tier 1				PRV
LARIN TAB 1.5/30	NORETHINDRONE ACE & ETHINYL ESTRADIOL TAB 1.5 MG-30 MCG	Tier 1				PRV
LARIN TAB 1/20	NORETHINDRONE ACE & ETHINYL ESTRADIOL TAB 1 MG-20 MCG	Tier 1				PRV
LARIN 24 TAB FE 1/20	NORETHINDRONE ACE-ETHINYL ESTRADIOL-FE TAB 1 MG-20 MCG (24)	Tier 1				PRV
LARIN FE TAB 1.5/30	NORETHINDRONE ACE & ETHINYL ESTRADIOL-FE TAB 1.5 MG-30 MCG	Tier 1				PRV
LARIN FE TAB 1/20	NORETHINDRONE ACE & ETHINYL ESTRADIOL-FE TAB 1 MG-20 MCG	Tier 1				PRV
LAYOLIS FE CHW	NORETHINDRONE & ETHINYL ESTRADIOL-FE CHEW TAB 0.8 MG-25 MCG	Tier 1				PRV
LEENA TAB	NORETHINDRONE-ETH ESTRADIOL TAB 0.5-35/1-35/0.5-35 MG-MCG	Tier 1				PRV
LESSINA TAB	LEVONORGESTREL & ETHINYL ESTRADIOL TAB 0.1 MG-20 MCG	Tier 1				PRV
LEVO-ETH EST TAB 90-20MCG	LEVONORGESTREL-ETHINYL ESTRADIOL (CONTINUOUS) TAB 90-20 MCG	Tier 1				PRV
LEVONEST TAB	LEVONORGESTREL-ETH ESTRA TAB 0.05-30/0.075-40/0.125-30MG-MCG	Tier 1				PRV
LEVONOR/ETHI TAB	LEVONORGESTREL-ETH ESTRA TAB 0.05-30/0.075-40/0.125-30MG-MCG	Tier 1				PRV
LEVONOR/ETHI TAB 0.1-0.02	LEVONORGESTREL & ETHINYL ESTRADIOL TAB 0.1 MG-20 MCG	Tier 1				PRV
LEVONOR/ETHI TAB 0.1-20	LEVONORGESTREL-ETHINYL ESTRADIOL-FE TAB 0.1 MG-20 MCG (21)	Tier 1				PRV
LEVONOR/ETHI TAB ESTRADIO	LEVONOR-ETH EST TAB 0.15-0.02/0.025/0.03 MG &ETH EST 0.01 MG	Tier 1				PRV

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Drug name	Generic name	Tier value	Prior auth	Quantity limit	Step therapy	Notes
LEVONOR/ETHI TAB ESTRADIO	LEVONORG-ETH EST TAB 0.1-0.02MG(84) & ETH EST TAB 0.01MG(7)	Tier 1				PRV
LEVONOR/ETHI TAB ESTRADIO	LEVONORG-ETH EST TAB 0.15-0.03MG(84) & ETH EST TAB 0.01MG(7)	Tier 1				PRV
LEVONOR/ETHI TAB ESTRADIO	LEVONORGESTREL & ETHINYL ESTRADIOL (91-DAY) TAB 0.15-0.03 MG	Tier 1				PRV
LEVONOR/ETHI TAB ESTRADIO	LEVONORGESTREL & ETHINYL ESTRADIOL TAB 0.15 MG-30 MCG	Tier 1				PRV
LEVONORGESTR TAB 1.5MG	LEVONORGESTREL TAB 1.5 MG	Tier 1				PRV
LEVORA-28 TAB 0.15/30	LEVONORGESTREL & ETHINYL ESTRADIOL TAB 0.15 MG-30 MCG	Tier 1				PRV
LO LOESTRIN TAB 1-10-10	NORETHIN-ETH ESTRADIOL-FE TAB 1 MG-10 MCG (24)/10 MCG (2)	Tier 1				PRV
LO-ZUMANDIMI TAB 3-0.02MG	DROSPIRENONE-ETHINYL ESTRADIOL TAB 3-0.02 MG	Tier 1				PRV
LOJAIMIESS TAB	LEVONORG-ETH EST TAB 0.1-0.02MG(84) & ETH EST TAB 0.01MG(7)	Tier 1				PRV
LORYNA TAB 3-0.02MG	DROSPIRENONE-ETHINYL ESTRADIOL TAB 3-0.02 MG	Tier 1				PRV
LOW-OGESTREL TAB	NORGESTREL & ETHINYL ESTRADIOL TAB 0.3 MG-30 MCG	Tier 1				PRV
LUIZZA TAB 1.5/30	NORETHINDRONE ACE & ETHINYL ESTRADIOL TAB 1.5 MG-30 MCG	Tier 1				PRV
LUIZZA 1/20 TAB	NORETHINDRONE ACE & ETHINYL ESTRADIOL TAB 1 MG-20 MCG	Tier 1				PRV
LUTERA TAB	LEVONORGESTREL & ETHINYL ESTRADIOL TAB 0.1 MG-20 MCG	Tier 1				PRV
LYLEQ TAB 0.35MG	NORETHINDRONE TAB 0.35 MG	Tier 1				PRV
LYLLANA DIS 0.025MG	ESTRADIOL TD PATCH TWICE WEEKLY 0.025 MG/24HR	Tier 3		X		
LYLLANA DIS 0.0375MG	ESTRADIOL TD PATCH TWICE WEEKLY 0.0375 MG/24HR	Tier 3		X		
LYLLANA DIS 0.05MG	ESTRADIOL TD PATCH TWICE WEEKLY 0.05 MG/24HR	Tier 3		X		
LYLLANA DIS 0.075MG	ESTRADIOL TD PATCH TWICE WEEKLY 0.075 MG/24HR	Tier 3		X		
LYLLANA DIS 0.1MG	ESTRADIOL TD PATCH TWICE WEEKLY 0.1 MG/24HR	Tier 3		X		
LYZA TAB 0.35MG	NORETHINDRONE TAB 0.35 MG	Tier 1				PRV
MARLISSA TAB 0.15/30	LEVONORGESTREL & ETHINYL ESTRADIOL TAB 0.15 MG-30 MCG	Tier 1				PRV
MEDROXYPR AC INJ 150MG/ML	MEDROXYPROGESTERONE ACETATE IM SUSP 150 MG/ML	Tier 1		X		PRV
MEDROXYPR AC INJ 150MG/ML	MEDROXYPROGESTERONE ACETATE IM SUSP PREFILLED SYR 150 MG/ML	Tier 1				PRV
MEDROXYPR AC TAB 10MG	MEDROXYPROGESTERONE ACETATE TAB 10 MG	Tier 2				
MEDROXYPR AC TAB 2.5MG	MEDROXYPROGESTERONE ACETATE TAB 2.5 MG	Tier 2				

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Drug name	Generic name	Tier value	Prior auth	Quantity limit	Step therapy	Notes
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 400/10ML	MEGESTROL ACETATE SUSP 40 MG/ML	Tier 2				
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				
MELEYA TAB 0.35MG	NORETHINDRONE TAB 0.35 MG	Tier 1				PRV
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				PRV
MICROGESTIN TAB 1.5/30	NORETHINDRONE ACE & ETHINYL ESTRADIOL TAB 1.5 MG-30 MCG	Tier 1				PRV
MICROGESTIN TAB 1/20	NORETHINDRONE ACE & ETHINYL ESTRADIOL TAB 1 MG-20 MCG	Tier 1				PRV
MICROGESTIN TAB FE 1/20	NORETHINDRONE ACE & ETHINYL ESTRADIOL-FE TAB 1 MG-20 MCG	Tier 1				PRV
MICROGESTIN TAB FE1.5/30	NORETHINDRONE ACE & ETHINYL ESTRADIOL-FE TAB 1.5 MG-30 MCG	Tier 1				PRV
MILI TAB 0.25/35	NORGESTIMATE & ETHINYL ESTRADIOL TAB 0.25 MG-35 MCG	Tier 1				PRV
MIMVEY TAB 1-0.5MG	ESTRADIOL & NORETHINDRONE ACETATE TAB 1-0.5 MG	Tier 3				
MINZOYA TAB 0.1-20	LEVONORGESTREL-ETHINYL ESTRADIOL-FE TAB 0.1 MG-20 MCG (21)	Tier 1				PRV
MONO-LINYAH TAB 0.25-35	NORGESTIMATE & ETHINYL ESTRADIOL TAB 0.25 MG-35 MCG	Tier 1				PRV
MY CHOICE TAB 1.5MG	LEVONORGESTREL TAB 1.5 MG	Tier 1				PRV
MY WAY TAB 1.5MG	LEVONORGESTREL TAB 1.5 MG	Tier 1				PRV
NECON TAB 0.5/35	NORETHINDRONE & ETHINYL ESTRADIOL TAB 0.5 MG-35 MCG	Tier 1				PRV
NEW DAY TAB 1.5MG	LEVONORGESTREL TAB 1.5 MG	Tier 1				PRV
NIKKI TAB 3-0.02MG	DROSPIRENONE-ETHINYL ESTRADIOL TAB 3-0.02 MG	Tier 1				PRV
NOR/EST/FF TAB 1.5/30	NORETHINDRONE ACE & ETHINYL ESTRADIOL-FE TAB 1.5 MG-30 MCG	Tier 1				PRV
NORA-BE TAB 0.35MG	NORETHINDRONE TAB 0.35 MG	Tier 1				PRV
NORE/ETH/FER CHW 0.4MG-35	NORETHINDRONE & ETHINYL ESTRADIOL-FE CHEW TAB 0.4 MG-35 MCG	Tier 1				PRV

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NORELGE/ETHI DIS 150/35	NORELGESTROMIN-ETHINYL ESTRADIOL TD PTWK 150-35 MCG/24HR	Tier 1				PRV
NORETH/ETHIN CHW FE	NORETHINDRONE & ETHINYL ESTRADIOL-FE CHEW TAB 0.8 MG-25 MCG	Tier 1				PRV
NORETH/ETHIN CHW FE 1/20	NORETHINDRONE ACE-ETH ESTRADIOL-FE CHEW TAB 1 MG-20 MCG (24)	Tier 1				PRV
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				PRV
NORETH/ETHIN TAB 1/20	NORETHINDRONE ACE & ETHINYL ESTRADIOL TAB 1 MG-20 MCG	Tier 1				PRV
NORETH/ETHIN TAB 1MG-5MCG	NORETHINDRONE ACETATE-ETHINYL ESTRADIOL TAB 1 MG-5 MCG	Tier 3				
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				PRV
NORETH/ETHIN TAB FE 1/20	NORETHINDRONE ACE & ETHINYL ESTRADIOL-FE TAB 1 MG-20 MCG	Tier 1				PRV
NORETHIN ACE TAB 5MG	NORETHINDRONE ACETATE TAB 5 MG	Tier 2				
NORETHINDRON TAB 0.35MG	NORETHINDRONE TAB 0.35 MG	Tier 1				PRV
NORGEST/ETHI TAB 0.25/35	NORGESTIMATE & ETHINYL ESTRADIOL TAB 0.25 MG-35 MCG	Tier 1				PRV
NORGEST/ETHI TAB ESTRADIO	NORGESTIMATE-ETH ESTRAD TAB 0.18-25/0.215-25/0.25-25 MG-MCG	Tier 1				PRV
NORGEST/ETHI TAB ESTRADIO	NORGESTIMATE-ETH ESTRAD TAB 0.18-35/0.215-35/0.25-35 MG-MCG	Tier 1				PRV
NORLYROC TAB 0.35MG	NORETHINDRONE TAB 0.35 MG	Tier 1				PRV
NORTREL TAB 0.5/35	NORETHINDRONE & ETHINYL ESTRADIOL TAB 0.5 MG-35 MCG	Tier 1				PRV
NORTREL TAB 1/35	NORETHINDRONE & ETHINYL ESTRADIOL TAB 1 MG-35 MCG	Tier 1				PRV
NORTREL TAB 1/35	NORETHINDRONE & ETHINYL ESTRADIOL TAB 1 MG-35 MCG	Tier 1				PRV
NORTREL TAB 7/7/7	NORETHINDRONE-ETH ESTRADIOL TAB 0.5-35/0.75-35/1-35 MG-MCG	Tier 1				PRV
NYLIA TAB 1/35	NORETHINDRONE & ETHINYL ESTRADIOL TAB 1 MG-35 MCG	Tier 1				PRV
NYLIA TAB 7/7/7	NORETHINDRONE-ETH ESTRADIOL TAB 0.5-35/0.75-35/1-35 MG-MCG	Tier 1				PRV
OCELLA TAB 3-0.03MG	DROSPIRENONE-ETHINYL ESTRADIOL TAB 3-0.03 MG	Tier 1				PRV
OPCICON TAB 1.5MG	LEVONORGESTREL TAB 1.5 MG	Tier 1				PRV
OPILL TAB 0.075MG	NORGESTREL TAB 0.075 MG	Tier 1				PRV
OPTION 2 TAB 1.5MG	LEVONORGESTREL TAB 1.5 MG	Tier 1				PRV
ORQUIDEA TAB 0.35MG	NORETHINDRONE TAB 0.35 MG	Tier 1				PRV
OSPHENA TAB 60MG	OSPEMIFENE TAB 60 MG	Tier 5	X	X		

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

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Drug name	Generic name	Tier value	Prior auth	Quantity limit	Step therapy	Notes
TARINA 24 FE TAB	NORETHINDRONE ACE-ETHINYL ESTRADIOL-FE TAB 1 MG-20 MCG (24)	Tier 1				PRV
TARINA FE TAB 1/20 EQ	NORETHINDRONE ACE & ETHINYL ESTRADIOL-FE TAB 1 MG-20 MCG	Tier 1				PRV
TESTOST CYP INJ 100MG/ML	TESTOSTERONE CYPIONATE IM INJ IN OIL 100 MG/ML	Tier 2	X			
TESTOST CYP INJ 200MG/ML	TESTOSTERONE CYPIONATE IM INJ IN OIL 200 MG/ML	Tier 2	X			
TESTOST CYP INJ 200MG/ML	TESTOSTERONE CYPIONATE IM INJ IN OIL 200 MG/ML	Tier 2	X			
TESTOST ENAN INJ 200MG/ML	TESTOSTERONE ENANTHATE IM INJ IN OIL 200 MG/ML	Tier 2	X			
TESTOSTERONE GEL 1.62%	TESTOSTERONE TD GEL 20.25 MG/ACT (1.62%)	Tier 3	X	X		
TESTOSTERONE GEL 1.62%	TESTOSTERONE TD GEL 20.25 MG/ACT (1.62%)	Tier 3	X	X		
TESTOSTERONE GEL 1%(50MG)	TESTOSTERONE TD GEL 50 MG/5GM (1%)	Tier 3	X	X		
TILIA FE TAB	NORETHINDRONE AC-ETHINYL ESTRAD-FE TAB 1-20/1-30/1-35 MG-MCG	Tier 1				PRV
TRI-ESTARYLL TAB	NORGESTIMATE-ETH ESTRAD TAB 0.18-35/0.215-35/0.25-35 MG-MCG	Tier 1				PRV
TRI-LEGEST TAB FE	NORETHINDRONE AC-ETHINYL ESTRAD-FE TAB 1-20/1-30/1-35 MG-MCG	Tier 1				PRV
TRI-LINYAH TAB	NORGESTIMATE-ETH ESTRAD TAB 0.18-35/0.215-35/0.25-35 MG-MCG	Tier 1				PRV
TRI-LO TAB ESTARYLL	NORGESTIMATE-ETH ESTRAD TAB 0.18-25/0.215-25/0.25-25 MG-MCG	Tier 1				PRV
TRI-LO- TAB MARZIA	NORGESTIMATE-ETH ESTRAD TAB 0.18-25/0.215-25/0.25-25 MG-MCG	Tier 1				PRV
TRI-LO- TAB SPRINTEC	NORGESTIMATE-ETH ESTRAD TAB 0.18-25/0.215-25/0.25-25 MG-MCG	Tier 1				PRV
TRI-LO-MILI TAB	NORGESTIMATE-ETH ESTRAD TAB 0.18-25/0.215-25/0.25-25 MG-MCG	Tier 1				PRV
TRI-MILI TAB	NORGESTIMATE-ETH ESTRAD TAB 0.18-35/0.215-35/0.25-35 MG-MCG	Tier 1				PRV
TRI-SPRINTEC TAB	NORGESTIMATE-ETH ESTRAD TAB 0.18-35/0.215-35/0.25-35 MG-MCG	Tier 1				PRV
TRI-VYLIBRA TAB	NORGESTIMATE-ETH ESTRAD TAB 0.18-35/0.215-35/0.25-35 MG-MCG	Tier 1				PRV
TRI-VYLIBRA TAB LO	NORGESTIMATE-ETH ESTRAD TAB 0.18-25/0.215-25/0.25-25 MG-MCG	Tier 1				PRV
TRIVORA-28 TAB	LEVONORGESTREL-ETH ESTRA TAB 0.05-30/0.075-40/0.125-30MG-MCG	Tier 1				PRV
TURQOZ TAB	NORGESTREL & ETHINYL ESTRADIOL TAB 0.3 MG-30 MCG	Tier 1				PRV
TYBLUME CHW 0.1-0.02	LEVONORGESTREL & ETHINYL ESTRADIOL CHEW TAB 0.1 MG-20 MCG	Tier 1				PRV

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Drug name	Generic name	Tier value	Prior auth	Quantity limit	Step therapy	Notes
TYDEMY TAB	DROSPIRENONE-ETHINYL ESTRAD-LEVOMEFOLATE TAB 3-0.03-0.451 MG	Tier 1				PRV
VALTYA 1/35 TAB	ETHYNODIOL DIACETATE & ETHINYL ESTRADIOL TAB 1 MG-35 MCG	Tier 1				PRV
VALTYA 1/50 TAB	ETHYNODIOL DIACETATE & ETHINYL ESTRADIOL TAB 1 MG-50 MCG	Tier 1				PRV
VELIVET PAK	DESOGEST-ETHIN EST TAB 0.1-0.025/0.125-0.025/0.15-0.025MG-MG	Tier 1				PRV
VESTURA TAB 3-0.02MG	DROSPIRENONE-ETHINYL ESTRADIOL TAB 3-0.02 MG	Tier 1				PRV
VIENVA TAB 0.1-20	LEVONORGESTREL & ETHINYL ESTRADIOL TAB 0.1 MG-20 MCG	Tier 1				PRV
VIORELE TAB	DESOGEST-ETH ESTRAD & ETH ESTRAD TAB 0.15-0.02/0.01 MG(21/5)	Tier 1				PRV
VOLNEA TAB	DESOGEST-ETH ESTRAD & ETH ESTRAD TAB 0.15-0.02/0.01 MG(21/5)	Tier 1				PRV
VYFEMLA TAB 0.4-35	NORETHINDRONE & ETHINYL ESTRADIOL TAB 0.4 MG-35 MCG	Tier 1				PRV
VYLIBRA TAB 0.25-35	NORGESTIMATE & ETHINYL ESTRADIOL TAB 0.25 MG-35 MCG	Tier 1				PRV
WERA TAB 0.5/35	NORETHINDRONE & ETHINYL ESTRADIOL TAB 0.5 MG-35 MCG	Tier 1				PRV
WYMZYA FE CHW 0.4MG-35	NORETHINDRONE & ETHINYL ESTRADIOL-FE CHEW TAB 0.4 MG-35 MCG	Tier 1				PRV
XARAH FE TAB	NORETHINDRONE AC-ETHINYL ESTRAD-FE TAB 1-20/1-30/1-35 MG-MCG	Tier 1				PRV
XELRIA FE CHW 0.4MG-35	NORETHINDRONE & ETHINYL ESTRADIOL-FE CHEW TAB 0.4 MG-35 MCG	Tier 1				PRV
XULANE DIS 150-35	NORELGESTROMIN-ETHINYL ESTRADIOL TD PTWK 150-35 MCG/24HR	Tier 1				PRV
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				PRV
ZOVIA 1/35 TAB	ETHYNODIOL DIACETATE & ETHINYL ESTRADIOL TAB 1 MG-35 MCG	Tier 1				PRV
ZUMANDIMINE TAB 3-0.03MG	DROSPIRENONE-ETHINYL ESTRADIOL TAB 3-0.03 MG	Tier 1				PRV
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				

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

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Drug name	Generic name	Tier value	Prior auth	Quantity limit	Step therapy	Notes
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				
LIOMNY TAB 25MCG	LIOTHYRONINE SODIUM TAB 25 MCG	Tier 2				BH*
LIOMNY TAB 50MCG	LIOTHYRONINE SODIUM TAB 50 MCG	Tier 2				BH*

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

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Drug name	Generic name	Tier value	Prior auth	Quantity limit	Step therapy	Notes
THYROID TAB 60MG	THYROID TAB 60 MG (1 GRAIN)	Tier 3				
THYROID TAB 90MG	THYROID TAB 90 MG (1 1/2 GRAIN)	Tier 3				
TIROSINT-SOL SOL 100MCG	LEVOTHYROXINE SODIUM ORAL SOLUTION 100 MCG/ML	Tier 5	X			
TIROSINT-SOL SOL 112MCG	LEVOTHYROXINE SODIUM ORAL SOLUTION 112 MCG/ML	Tier 5	X			
TIROSINT-SOL SOL 125MCG	LEVOTHYROXINE SODIUM ORAL SOLUTION 125 MCG/ML	Tier 5	X			
TIROSINT-SOL SOL 137MCG	LEVOTHYROXINE SODIUM ORAL SOLUTION 137 MCG/ML	Tier 5	X			
TIROSINT-SOL SOL 13MCG/ML	LEVOTHYROXINE SODIUM ORAL SOLUTION 13 MCG/ML	Tier 5	X			
TIROSINT-SOL SOL 150MCG	LEVOTHYROXINE SODIUM ORAL SOLUTION 150 MCG/ML	Tier 5	X			
TIROSINT-SOL SOL 175MCG	LEVOTHYROXINE SODIUM ORAL SOLUTION 175 MCG/ML	Tier 5	X			
TIROSINT-SOL SOL 200MCG	LEVOTHYROXINE SODIUM ORAL SOLUTION 200 MCG/ML	Tier 5	X			
TIROSINT-SOL SOL 25MCG/ML	LEVOTHYROXINE SODIUM ORAL SOLUTION 25 MCG/ML	Tier 5	X			
TIROSINT-SOL SOL 37.5/ML	LEVOTHYROXINE SODIUM ORAL SOLUTION 37.5 MCG/ML	Tier 5	X			
TIROSINT-SOL SOL 44MCG/ML	LEVOTHYROXINE SODIUM ORAL SOLUTION 44 MCG/ML	Tier 5	X			
TIROSINT-SOL SOL 50MCG/ML	LEVOTHYROXINE SODIUM ORAL SOLUTION 50 MCG/ML	Tier 5	X			
TIROSINT-SOL SOL 62.5/ML	LEVOTHYROXINE SODIUM ORAL SOLUTION 62.5 MCG/ML	Tier 5	X			
TIROSINT-SOL SOL 75MCG/ML	LEVOTHYROXINE SODIUM ORAL SOLUTION 75 MCG/ML	Tier 5	X			
TIROSINT-SOL SOL 88MCG/ML	LEVOTHYROXINE SODIUM ORAL SOLUTION 88 MCG/ML	Tier 5	X			
UNITHROID TAB 100MCG	LEVOTHYROXINE SODIUM TAB 100 MCG	Tier 2				
UNITHROID TAB 112MCG	LEVOTHYROXINE SODIUM TAB 112 MCG	Tier 2				
UNITHROID TAB 125MCG	LEVOTHYROXINE SODIUM TAB 125 MCG	Tier 2				
UNITHROID TAB 137MCG	LEVOTHYROXINE SODIUM TAB 137 MCG	Tier 2				
UNITHROID TAB 150MCG	LEVOTHYROXINE SODIUM TAB 150 MCG	Tier 2				
UNITHROID TAB 175MCG	LEVOTHYROXINE SODIUM TAB 175 MCG	Tier 2				
UNITHROID TAB 200MCG	LEVOTHYROXINE SODIUM TAB 200 MCG	Tier 2				
UNITHROID TAB 25MCG	LEVOTHYROXINE SODIUM TAB 25 MCG	Tier 2				
UNITHROID TAB 300MCG	LEVOTHYROXINE SODIUM TAB 300 MCG	Tier 2				

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

Drug name	Generic name	Tier value	Prior auth	Quantity limit	Step therapy	Notes
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 or Pituitary)						
CABERGOLINE TAB 0.5MG	CABERGOLINE TAB 0.5 MG	Tier 2				
LEUPROLIDE INJ 14 DAY	LEUPROLIDE ACETATE INJ KIT 1 MG/0.2ML (5 MG/ML)	Tier 6	X			
LEUPROLIDE INJ 1MG/0.2	LEUPROLIDE ACETATE INJ KIT 1 MG/0.2ML (5 MG/ML)	Tier 6	X			
LEUPROLIDE KIT 14 DAY	LEUPROLIDE ACETATE INJ KIT 1 MG/0.2ML (5 MG/ML)	Tier 6	X			
LEUPROLIDE KIT 1MG/0.2	LEUPROLIDE ACETATE INJ KIT 1 MG/0.2ML (5 MG/ML)	Tier 6	X			
MIFEPREX TAB 200MG	MIFEPRISTONE TAB 200 MG	Tier 3				
MIFEPRISTONE TAB 200MG	MIFEPRISTONE TAB 200 MG	Tier 2				
OCTREOTIDE INJ 1000MCG	OCTREOTIDE ACETATE INJ 1000 MCG/ML (1 MG/ML)	Tier 4	X			
OCTREOTIDE INJ 100MCG	OCTREOTIDE ACETATE INJ 100 MCG/ML (0.1 MG/ML)	Tier 4	X			
OCTREOTIDE INJ 100MCG	OCTREOTIDE ACETATE SUBCUTANEOUS SOLN PREF SYR 100 MCG/ML	Tier 4	X			
OCTREOTIDE INJ 200MCG	OCTREOTIDE ACETATE INJ 200 MCG/ML (0.2 MG/ML)	Tier 4	X			
OCTREOTIDE INJ 500MCG	OCTREOTIDE ACETATE INJ 500 MCG/ML (0.5 MG/ML)	Tier 4	X			
OCTREOTIDE INJ 500MCG	OCTREOTIDE ACETATE SUBCUTANEOUS SOLN PREF SYR 500 MCG/ML	Tier 4	X			
OCTREOTIDE INJ 50MCG/ML	OCTREOTIDE ACETATE INJ 50 MCG/ML (0.05 MG/ML)	Tier 4	X			
OCTREOTIDE INJ 50MCG/ML	OCTREOTIDE ACETATE SUBCUTANEOUS SOLN PREF SYR 50 MCG/ML	Tier 4	X			
ORILISSA TAB 150MG	ELAGOLIX SODIUM TAB 150 MG (BASE EQUIV)	Tier 5	X	X		
ORILISSA TAB 200MG	ELAGOLIX SODIUM TAB 200 MG (BASE EQUIV)	Tier 5	X	X		
SIGNIFOR INJ 0.3MG/ML	PASIREOTIDE DIASPARTATE INJ 0.3 MG/ML (BASE EQUIV)	Tier 6	X	X		
SIGNIFOR INJ 0.6MG/ML	PASIREOTIDE DIASPARTATE INJ 0.6 MG/ML (BASE EQUIV)	Tier 6	X	X		
SIGNIFOR INJ 0.9MG/ML	PASIREOTIDE DIASPARTATE INJ 0.9 MG/ML (BASE EQUIV)	Tier 6	X	X		
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		

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Drug name	Generic name	Tier value	Prior auth	Quantity limit	Step therapy	Notes
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						
ABRYSVO INJ	RSV PRE-FUSION F A&B VAC RECOMB FOR IM SOLN 120 MCG/0.5ML	Tier 1		X		PRV
ABRYSVO INJ 120MCG	RSV PRE-FUSION F A&B VAC RECOMB FOR IM SOLN 120 MCG/0.5ML	Tier 1		X		PRV
ACTHIB INJ	HAEMOPHILUS B POLYSACCHARIDE CONJUGATE VACCINE FOR INJ	Tier 1		X		PRV
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		PRV
ADACEL INJ	TET-DIPH-ACELL PERTUSS AD PREF SYR 5-2-15.5 LF-MCG/0.5ML	Tier 1		X		PRV
ADALIMU-ADAZ INJ 10/0.1ML	ADALIMUMAB-ADAZ SOLN PRE-FILLED SYRINGE 10 MG/0.1ML	Tier 4	X	X		
ADALIMU-ADAZ INJ 20/0.2ML	ADALIMUMAB-ADAZ SOLN PRE-FILLED SYRINGE 20 MG/0.2ML	Tier 4	X	X		
ADALIMU-ADAZ INJ 20/0.2ML	ADALIMUMAB-ADAZ SOLN PRE-FILLED SYRINGE 20 MG/0.2ML	Tier 4	X	X		
ADALIMU-ADAZ INJ 40/0.4ML	ADALIMUMAB-ADAZ SOLN AUTO-INJECTOR 40 MG/0.4ML	Tier 4	X	X		
ADALIMU-ADAZ INJ 40/0.4ML	ADALIMUMAB-ADAZ SOLN PRE-FILLED SYRINGE 40 MG/0.4ML	Tier 4	X	X		
ADALIMU-ADAZ INJ 80/0.8ML	ADALIMUMAB-ADAZ SOLN AUTO-INJECTOR 80 MG/0.8ML	Tier 4	X	X		
ADALIMU-ADBM KIT 10/0.2ML	ADALIMUMAB-ADBM PREFILLED SYRINGE KIT 10 MG/0.2ML	Tier 4	X	X		
ADALIMU-ADBM KIT 20/0.4ML	ADALIMUMAB-ADBM PREFILLED SYRINGE KIT 20 MG/0.4ML	Tier 4	X	X		
ADALIMU-ADBM KIT 40/0.4ML	ADALIMUMAB-ADBM AUTO-INJECTOR KIT 40 MG/0.4ML	Tier 4	X	X		
ADALIMU-ADBM KIT 40/0.4ML	ADALIMUMAB-ADBM AUTO-INJECTOR KIT 40 MG/0.4ML	Tier 4	X			
ADALIMU-ADBM KIT 40/0.4ML	ADALIMUMAB-ADBM AUTO-INJECTOR KIT 40 MG/0.4ML	Tier 4	X			
ADALIMU-ADBM KIT 40/0.4ML	ADALIMUMAB-ADBM PREFILLED SYRINGE KIT 40 MG/0.4ML	Tier 4	X	X		

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Drug name	Generic name	Tier value	Prior auth	Quantity limit	Step therapy	Notes	
ADALIMU-ADBM KIT 40/0.8ML	ADALIMUMAB-ADBM AUTO-INJECTOR KIT 40 MG/0.8ML	Tier 4	X	X			
ADALIMU-ADBM KIT 40/0.8ML	ADALIMUMAB-ADBM AUTO-INJECTOR KIT 40 MG/0.8ML	Tier 4	X				
ADALIMU-ADBM KIT 40/0.8ML	ADALIMUMAB-ADBM AUTO-INJECTOR KIT 40 MG/0.8ML	Tier 4	X				
ADALIMU-ADBM KIT 40/0.8ML	ADALIMUMAB-ADBM PREFILLED SYRINGE KIT 40 MG/0.8ML	Tier 4	X	X			
AFLURIA INJ 2025-26	INFLUENZA VIRUS VACCINE SPLIT IM SUSP	Tier 1		X		PRV-A	$0 copay for members 6 months of age or older.
AFLURIA INJ 2025-26	INFLUENZA VIRUS VACCINE SPLIT PF SUSP PREF SYRINGE 0.5 ML	Tier 1		X		PRV-A	$0 copay for members 6 months of age or older.
AMJEVITA INJ 20/0.2ML	ADALIMUMAB-ATTO SOLN PREFILLED SYRINGE 20 MG/0.2ML	Tier 4	X	X			
AMJEVITA INJ 40/0.4ML	ADALIMUMAB-ATTO SOLN AUTO-INJECTOR 40 MG/0.4ML	Tier 4	X	X			
AMJEVITA INJ 40/0.4ML	ADALIMUMAB-ATTO SOLN PREFILLED SYRINGE 40 MG/0.4ML	Tier 4	X	X			
AMJEVITA INJ 80/0.8ML	ADALIMUMAB-ATTO SOLN AUTO-INJECTOR 80 MG/0.8ML	Tier 4	X	X			
AREXVY INJ 120MCG	RSVPREF3 VACCINE RECOMB ADJUVANTED FOR IM SUSP 120 MCG/0.5ML	Tier 1		X		PRV-A	$0 Copay for members 50 years of age or older.
AVTOZMA INJ 162/0.9	TOCILIZUMAB-ANOH SUBCUTANEOUS SOLN AUTO-INJ 162 MG/0.9ML	Tier 4	X	X			
AVTOZMA INJ 162/0.9	TOCILIZUMAB-ANOH SUBCUTANEOUS SOLN PREF SYR 162 MG/0.9ML	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		PRV-A	$0 Copay for members 10 years of age or older.
BEYFORTUS INJ 100MG/ML	NIRSEVIMAB-ALIP IM SOLN PREFILLED SYRINGE 100 MG/ML	Tier 1		X		PRV-A	$0 copay for members 19 months of age or younger.
BEYFORTUS INJ 50/0.5ML	NIRSEVIMAB-ALIP IM SOLN PREFILLED SYRINGE 50 MG/0.5ML	Tier 1		X		PRV-A	$0 copay for members 19 months of age or younger.
BOOSTRIX INJ	TET TOX-DIPH-ACELL PERTUSS AD INJ 5-2.5-18.5 LF-LF-MCG/0.5ML	Tier 1		X		PRV	
BOOSTRIX INJ	TET-DIPH-ACELL PERTUSS AD PREF SYR 5-2.5-18.5 LF-MCG/0.5ML	Tier 1		X		PRV	

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Drug name	Generic name	Tier value	Prior auth	Quantity limit	Step therapy	Notes	
CAPVAXIVE INJ 0.5ML	PNEUMOCOCCAL 21-VALENT CONJUGATE VACCINE SOLN PREF SYR 0.5ML	Tier 1		X		PRV-A	$0 copay for members 19 years of age or older.
CIMZIA INJ 200MG/ML	CERTOLIZUMAB PEGOL PREFILLED SYRINGE KIT 200 MG/ML	Tier 6	X	X			
CIMZIA PREFL KIT 200MG/ML	CERTOLIZUMAB PEGOL PREFILLED SYRINGE KIT 200 MG/ML	Tier 6	X	X			
CIMZIA START KIT 200MG/ML	CERTOLIZUMAB PEGOL PREFILLED SYRINGE KIT 200 MG/ML	Tier 6	X				
COMIRNATY INJ 30/.3ML	COVID-19 MRNA VAC TRIS-PFIZER IM SUSP PREF SYR 30 MCG/0.3ML	Tier 1		X		PRV-A	$0 copay for members 12 years of age or older.
COMIRNATY 5- INJ 11/25-26	COVID-19 MRNA VAC TRIS-S 5-11Y-PFIZER IM SUSP 10 MCG/0.3ML	Tier 1		X		PRV-A	$0 copay for members between ages of 5 to 11 years.
CYCLOSPORINE CAP 100MG	CYCLOSPORINE CAP 100 MG	Tier 3					
CYCLOSPORINE CAP 100MG MD	CYCLOSPORINE MODIFIED CAP 100 MG	Tier 2					
CYCLOSPORINE CAP 25MG	CYCLOSPORINE CAP 25 MG	Tier 3					
CYCLOSPORINE CAP 25MG MOD	CYCLOSPORINE MODIFIED CAP 25 MG	Tier 2					
CYCLOSPORINE CAP 50MG MOD	CYCLOSPORINE MODIFIED CAP 50 MG	Tier 2					
CYCLOSPORINE SOL MODIFIED	CYCLOSPORINE MODIFIED ORAL SOLN 100 MG/ML	Tier 3					
DAPTACEL INJ	DIPH, ACELLULAR PERT & TET TOX INJ 15 LF-23 MCG-5 LF/0.5ML	Tier 1		X		PRV	
DENGVAXIA SUS	DENGUE VIRUS VACCINE LIVE TETRAVALENT FOR SUBCUTANEOUS SUSP	Tier 1		X		PRV-A	$0 copay for members between ages of 9 to 16 years.
DUPIXENT INJ 200/1.14	DUPILUMAB SUBCUTANEOUS SOLN PREFILLED SYRINGE 200 MG/1.14ML	Tier 4	X	X			
DUPIXENT INJ 200MG	DUPILUMAB SUBCUTANEOUS SOLN AUTO-INJECTOR 200 MG/1.14ML	Tier 4	X	X			
DUPIXENT INJ 300/2ML	DUPILUMAB SUBCUTANEOUS SOLN AUTO-INJECTOR 300 MG/2ML	Tier 4	X	X			
DUPIXENT INJ 300/2ML	DUPILUMAB SUBCUTANEOUS SOLN PREFILLED SYRINGE 300 MG/2ML	Tier 4	X	X			
ENFLONSIA INJ 105MG	CLESROVIMAB-CFOR IM SOLN PREFILLED SYRINGE 105 MG/0.7ML	Tier 1		X		PRV-A	$0 copay for members between ages of 0 to 7 months.

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Drug name	Generic name	Tier value	Prior auth	Quantity limit	Step therapy	Notes	
ENGERIX-B INJ 10/0.5ML	HEPATITIS B VACCINE (RECOMBINANT) SUSP PREF SYR 10 MCG/0.5ML	Tier 1		X		PRV	
ENGERIX-B INJ 20MCG/ML	HEPATITIS B VACCINE (RECOMBINANT) SUSP 20 MCG/ML	Tier 1		X		PRV	
ENGERIX-B INJ 20MCG/ML	HEPATITIS B VACCINE (RECOMBINANT) SUSP PREF SYR 20 MCG/ML	Tier 1		X		PRV	
FLUAD INJ 2025-26	INFLUENZA VAC TYPE A&B SURFACE ANT ADJ SUSP PREF SYR 0.5 ML	Tier 1		X		PRV-A	$0 copay for members 18 years of age or older.
FLUARIX INJ 2025-26	INFLUENZA VIRUS VACCINE SPLIT PF SUSP PREF SYRINGE 0.5 ML	Tier 1		X		PRV-A	$0 copay for members 6 months of age or older.
FLUBLOK INJ 2025-26	INFLUENZA VIRUS VACC RECOMBINANT HA PF SOLN PREF SYR 0.5 ML	Tier 1		X		PRV-A	$0 copay for members 9 years of age or older.
FLUCELVAX INJ 2025-26	INFLUENZA VIRUS VAC TISS-CULT SUBUNIT IM SUSP	Tier 1		X		PRV-A	$0 copay for members 6 months of age or older.
FLUCELVAX INJ 2025-26	INFLUENZA VIRUS VAC TISS-CULT SUBUNIT SUSP PREF SYR 0.5 ML	Tier 1		X		PRV-A	$0 copay for members 6 months of age or older.
FLULAVAL INJ 2025-26	INFLUENZA VIRUS VACCINE SPLIT PF SUSP PREF SYRINGE 0.5 ML	Tier 1		X		PRV-A	$0 copay for members 6 months of age or older.
FLUMIST NASA LIQ 2025-26	INFLUENZA VIRUS VACCINE LIVE INTRANASAL LIQUID	Tier 1		X		PRV-A	$0 copay for members between ages of 2 to 49 years.
FLUZONE INJ 2025-26	INFLUENZA VIRUS VACCINE SPLIT IM SUSP	Tier 1		X		PRV-A	$0 copay for members 6 months of age or older.
FLUZONE INJ 2025-26	INFLUENZA VIRUS VACCINE SPLIT PF SUSP PREF SYRINGE 0.5 ML	Tier 1		X		PRV-A	$0 copay for members 6 months of age or older.
FLUZONE HD INJ 2025-26	INFLUENZA VIRUS VAC SPLIT HIGH-DOSE PF SUSP PREF SYR 0.5ML	Tier 1		X		PRV-A	$0 copay for members 18 years of age or older.
GARDASIL 9 INJ	HUMAN PAPILLOMAVIRUS (HPV) 9-VALENT RECOMB VAC IM SUSP	Tier 1		X		PRV-A	$0 copay for members between ages of 9 to 45 years.

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GARDASIL 9 INJ	HUMAN PAPILLOMAVIRUS (HPV) 9-VALENT RECOMB VAC SUSP PREF SYR	Tier 1		X		PRV-A	$0 copay for members between ages of 9 to 45 years.
GENGRAF CAP 100MG	CYCLOSPORINE MODIFIED CAP 100 MG	Tier 2					
GENGRAF CAP 25MG	CYCLOSPORINE MODIFIED CAP 25 MG	Tier 2					
GENGRAF SOL 100MG/ML	CYCLOSPORINE MODIFIED ORAL SOLN 100 MG/ML	Tier 3					
HADLIMA INJ 40/0.4ML	ADALIMUMAB-BWWD SOLN PRE-FILLED SYRINGE 40 MG/0.4ML	Tier 4	X	X			
HADLIMA INJ 40/0.8ML	ADALIMUMAB-BWWD SOLN PRE-FILLED SYRINGE 40 MG/0.8ML	Tier 4	X	X			
HADLIMA PUSH INJ 40/0.4ML	ADALIMUMAB-BWWD SOLN AUTO-INJECTOR 40 MG/0.4ML	Tier 4	X	X			
HADLIMA PUSH INJ 40/0.8ML	ADALIMUMAB-BWWD SOLN AUTO-INJECTOR 40 MG/0.8ML	Tier 4	X	X			
HAEGARDA INJ 2000UNIT	C1 ESTERASE INHIBITOR (HUMAN) FOR SUBCUTANEOUS INJ 2000 UNIT	Tier 6	X	X			
HAEGARDA INJ 3000UNIT	C1 ESTERASE INHIBITOR (HUMAN) FOR SUBCUTANEOUS INJ 3000 UNIT	Tier 6	X	X			
HAVRIX INJ 1440UNIT	HEPATITIS A VACCINE SUSP PRE-FILLED SYR 1440 EL UNIT/ML	Tier 1		X		PRV	
HAVRIX INJ 720UNIT	HEPATITIS A VACCINE SUSP PRE-FILLED SYR 720 EL UNIT/0.5ML	Tier 1		X		PRV	
HEPLISAV-B INJ 20/0.5ML	HEPATITIS B VACCINE RECOMB AD-JUVANTED PREF SYR 20 MCG/0.5ML	Tier 1		X		PRV-A	$0 copay for members 18 years of age or older.
HIBERIX SOL 10MCG	HAEMOPHILUS B POLYSACCHARIDE CONJUGATE VAC FOR INJ 10 MCG	Tier 1		X		PRV	
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		PRV	
IPOL INJ INACTIVE	POLIOVIRUS VACCINE, IPV INJ SUSP	Tier 1		X		PRV	
JYNNEOS INJ	SMALLPOX & MONKEYPOX VAC, LIVE, NON-REPLICATING INJ 0.5 ML	Tier 1		X		PRV-A	$0 copay for members 18 years of age or older.
KINRIX INJ	DIPH-TETANUS-ACELL PERT-POLIO, IPV VACC SUSP PREF SYR 0.5 ML	Tier 1		X		PRV	
LEFLUNOMIDE TAB 10MG	LEFLUNOMIDE TAB 10 MG	Tier 2					
LEFLUNOMIDE TAB 20MG	LEFLUNOMIDE TAB 20 MG	Tier 2					
M-M-R II INJ	MEASLES-MUMPS-RUBELLA VIRUS VACCINES FOR INJ SOLN	Tier 1		X		PRV	

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Drug name	Generic name	Tier value	Prior auth	Quantity limit	Step therapy	Notes	
MENQUADFI INJ	MENINGOCOCCAL (A, C, Y, AND W-135) TETANUS CONJUGATE VACCINE	Tier 1		X		PRV-A	$0 Copay for members 2 months of age or older.
MENVEO INJ	MENINGOCOCCAL (A, C, Y, AND W-135) OLIGO CONJ VAC FOR INJ	Tier 1		X		PRV-A	$0 Copay for members 2 months of age or older.
MENVEO SOL	MENINGOCOCCAL (A, C, Y, AND W-135) OLIGO CONJ VAC IM SOLN	Tier 1		X		PRV-A	$0 Copay for members 2 months of age or older.
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 25MG/ML	METHOTREXATE SODIUM INJ PF 1000 MG/40ML (25 MG/ML)	Tier 2					
METHOTREXATE INJ 50MG/2ML	METHOTREXATE SODIUM INJ 50 MG/2ML (25 MG/ML)	Tier 2					
METHOTREXATE INJ 50MG/2ML	METHOTREXATE SODIUM INJ PF 50 MG/2ML (25 MG/ML)	Tier 2					
METHOTREXATE TAB 2.5MG	METHOTREXATE SODIUM TAB 2.5 MG (BASE EQUIV)	Tier 2					
MNEXSPIKE INJ 2025-26	COVID-19 MRNA VACCINE-MODERNA IM SUSP PREF SYR 10 MCG/0.2ML	Tier 1		X		PRV-A	$0 copay for members 12 years of age or older.
MRESVIA INJ 50MCG	RSV MRNA PRE-F VACCINE IM SUSP PREF SYR 50 MCG/0.5ML	Tier 1		X		PRV-A	$0 Copay for members 50 years of age or older.
MYCOPHENOLAT CAP 250MG	MYCOPHENOLATE MOFETIL CAP 250 MG	Tier 2					
MYCOPHENOLAT SUS 200MG/ML	MYCOPHENOLATE MOFETIL FOR ORAL SUSP 200 MG/ML	Tier 3					
MYCOPHENOLAT TAB 500MG	MYCOPHENOLATE MOFETIL TAB 500 MG	Tier 2					
MYCOPHENOLIC TAB 180MG DR	MYCOPHENOLATE SODIUM TAB DR 180 MG (MYCOPHENOLIC ACID EQUIV)	Tier 3					
MYCOPHENOLIC TAB 360MG DR	MYCOPHENOLATE SODIUM TAB DR 360 MG (MYCOPHENOLIC ACID EQUIV)	Tier 3					

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Drug name	Generic name	Tier value	Prior auth	Quantity limit	Step therapy	Notes	
NUVAXOVID INJ 2025-26	COVID-19 SUBUNIT VACC-NOVAVAX IM SUSP PREF SYR 5 MCG/0.5ML	Tier 1		X		PRV-A	$0 copay for members 12 years of age or older.
OLUMIANT TAB 1MG	BARICITINIB TAB 1 MG	Tier 4	X	X			
OLUMIANT TAB 2MG	BARICITINIB TAB 2 MG	Tier 4	X	X			
OLUMIANT TAB 4MG	BARICITINIB TAB 4 MG	Tier 4	X	X			
OTEZLA TAB 10/20	APREMILAST TAB STARTER THERAPY PACK 4 X 10 MG & 51 X 20 MG	Tier 4	X	X			
OTEZLA TAB 10/20/30	APREMILAST TAB STARTER THERAPY PACK 10 MG & 20 MG & 30 MG	Tier 4	X	X			
PEDIARIX INJ 0.5ML	DIPH-TET TOX-ACELL PERT-HEP B-POLIO IPV VAC SUSP PREF SYR	Tier 1		X		PRV-A	$0 copay for members 6 years of age or younger.
PEDVAX HIB INJ	HAEMOPHILUS B POLYSACCHARIDE CONJ VAC IM SUSP 7.5 MCG/0.5 ML	Tier 1		X		PRV	
PEGASYS INJ	PEGINTERFERON ALFA-2A SOLN PRE-FILLED SYR 180 MCG/0.5ML	Tier 1	X	X			
PEGASYS INJ 180MCG/M	PEGINTERFERON ALFA-2A INJ 180 MCG/ML	Tier 1	X	X			
PENBRAYA INJ	MENINGOCOCCAL ACYW (TET CONJ)-MENING B (RCMB) VACC FOR INJ	Tier 1		X		PRV-A	$0 Copay for members 10 years of age or older.
PENMENVY INJ	MENINGOCOCCAL ACWY (OLIGO CONJ)-MENING B (RCMB) VACC FOR INJ	Tier 1		X		PRV-A	$0 Copay for members 10 years of age or older.
PENTACEL INJ	DIPH-AC PER-TET TOX AD-POLIOV-HAEMOPH B POLY VAC FOR IM SUSP	Tier 1		X		PRV-A	$0 copay for members 4 years of age or younger.
PNEUMOVAX 23 INJ 25/0.5	PNEUMOCOCCAL VACCINE POLYVALENT INJ SOLN 25 MCG/0.5ML	Tier 1		X		PRV	
PNEUMOVAX 23 INJ 25/0.5	PNEUMOCOCCAL VACCINE POLYVALENT SOLN PREF SYR 25 MCG/0.5ML	Tier 1		X		PRV	
PREHEVBRIO SUS 10MCG/ML	HEPATITIS B VACCINE 3-ANTIGEN (RECOMBINANT) SUSP 10 MCG/ML	Tier 1		X		PRV-A	$0 copay for members 18 years of age or older.
PREVNAR 13 INJ	PNEUMOCOCCAL 13-VALENT CONJUGATE VACCINE INJ	Tier 1		X		PRV	
PREVNAR 20 INJ	PNEUMOCOCCAL 20-VALENT CONJUGATE VACCINE SUS PREF SYR 0.5 ML	Tier 1		X		PRV-A	$0 copay for members 1 month of age or older.
PRIORIX INJ	MEASLES-MUMPS-RUBELLA VIRUS VACCINES FOR SUBCUTANEOUS SUSP	Tier 1		X		PRV	

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PROQUAD INJ	MEASLES-MUMPS-RUBELLA-VARICELLA VIRUS VACCINES FOR SUSP	Tier 1		X		PRV-A	$0 copay for members between ages of 1 to 12 years.
QUADRACEL INJ 0.5ML	DIPH-TETANUS TOX AD-ACELL PERT & POLIO VIRUS, IPV VAC INJ	Tier 1		X		PRV	
QUADRACEL INJ 0.5ML	DIPH-TETANUS-ACELL PERT-POLIO, IPV VACC SUSP PREF SYR 0.5 ML	Tier 1		X		PRV	
RECOMBIVA HB INJ 10MCG/ML	HEPATITIS B VACCINE (RECOMBINANT) SUSP 10 MCG/ML	Tier 1		X		PRV	
RECOMBIVA HB INJ 10MCG/ML	HEPATITIS B VACCINE (RECOMBINANT) SUSP PREF SYR 10 MCG/ML	Tier 1		X		PRV	
RECOMBIVA HB INJ 5MCG/0.5	HEPATITIS B VACCINE (RECOMBINANT) SUSP 5 MCG/0.5ML	Tier 1		X		PRV	
RECOMBIVA HB INJ 5MCG/0.5	HEPATITIS B VACCINE (RECOMBINANT) SUSP PREF SYR 5 MCG/0.5ML	Tier 1		X		PRV	
RECOMBIVA-HB INJ 40MCG/ML	HEPATITIS B VACCINE (RECOMBINANT) SUSP 40 MCG/ML	Tier 1		X		PRV	
RINVOQ TAB 15MG ER	UPADACITINIB TAB ER 24HR 15 MG	Tier 4	X	X			
RINVOQ TAB 30MG ER	UPADACITINIB TAB ER 24HR 30 MG	Tier 4	X	X			
RINVOQ TAB 45MG ER	UPADACITINIB TAB ER 24HR 45 MG	Tier 4	X	X			
RINVOQ LQ SOL 1MG/ML	UPADACITINIB ORAL SOLN 1 MG/ML	Tier 4	X	X			
ROTARIX SUS	ROTAVIRUS VACCINE, LIVE ORAL SUSP	Tier 1		X		PRV-A	$0 copay for members 8 months of age or younger.
ROTATEQ SOL	ROTAVIRUS VACCINE, LIVE ORAL PENTAVALENT SOLN	Tier 1		X		PRV-A	$0 copay for members 8 months of age or younger.
SANDIMMUNE SOL 100MG/ML	CYCLOSPORINE ORAL SOLN 100 MG/ML	Tier 5					
SHINGRIX INJ 50/0.5ML	ZOSTER VAC RECOMB ADJUVANTED IM SUSP PREF SYR 50 MCG/0.5ML	Tier 1		X		PRV-A	$0 Copay for members 19 years of age or older.
SHINGRIX INJ 50/0.5ML	ZOSTER VAC RECOMBINANT ADJUVANTED FOR IM INJ 50 MCG/0.5ML	Tier 1		X		PRV-A	$0 Copay for members 19 years of age or older.
SIROLIMUS TAB 0.5MG	SIROLIMUS TAB 0.5 MG	Tier 3					
SIROLIMUS TAB 1MG	SIROLIMUS TAB 1 MG	Tier 3					
SIROLIMUS TAB 2MG	SIROLIMUS TAB 2 MG	Tier 3					
SKYRIZI INJ 150MG/ML	RISANKIZUMAB-RZAA SOLN 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			

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SKYRIZI INJ 360/2.4	RISANKIZUMAB-RZAA SUBCUTANEOUS SOLN CARTRIDGE 360 MG/2.4ML	Tier 4	X	X			
SKYRIZI PEN INJ 150MG/ML	RISANKIZUMAB-RZAA SOLN AUTO-INJECTOR 150 MG/ML	Tier 4	X	X			
SPIKEVAX INJ 2025-26	COVID-19 MRNA VAC 6MO-11YR-MODERNA IM SUSP PFS 25 MCG/0.25ML	Tier 1		X		PRV-A	$0 copay for members between ages of 6 months to 11 years.
SPIKEVAX INJ 2025-26	COVID-19 MRNA VACCINE-MODERNA IM SUSP PREF SYR 50 MCG/0.5ML	Tier 1		X		PRV-A	$0 copay for members 12 years of age or older.
STEQEYMA INJ 45/0.5ML	USTEKINUMAB-STBA SOLN PRE-FILLED SYRINGE 45 MG/0.5ML	Tier 4	X	X			
STEQEYMA INJ 45/0.5ML	USTEKINUMAB-STBA SUBCUTANEOUS SOLN 45 MG/0.5ML	Tier 4	X	X			
STEQEYMA INJ 90MG/ML	USTEKINUMAB-STBA SOLN PRE-FILLED SYRINGE 90 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					
TALTZ INJ 20/0.25	IXEKIZUMAB SUBCUTANEOUS SOLN PREFILLED SYRINGE 20 MG/0.25ML	Tier 4	X	X			
TALTZ INJ 40/0.5ML	IXEKIZUMAB SUBCUTANEOUS SOLN PREFILLED SYRINGE 40 MG/0.5ML	Tier 4	X	X			
TALTZ INJ 80MG/ML	IXEKIZUMAB SUBCUTANEOUS SOLN AUTO-INJECTOR 80 MG/ML	Tier 4	X	X			
TALTZ INJ 80MG/ML	IXEKIZUMAB SUBCUTANEOUS SOLN PREFILLED SYRINGE 80 MG/ML	Tier 4	X	X			
TDVAX INJ 2-2 LF	TETANUS-DIPHTHERIA TOXOIDS (TD) INJ 2-2 LF/0.5ML	Tier 1		X		PRV	
TENIVAC INJ 5-2LF	TETANUS-DIPHTHERIA TOXOIDS (TD) INJ 5-2 LF/0.5ML	Tier 1		X		PRV	
TRUMENBA INJ	MENINGOCOCCAL GROUP B VAC (RECOMB) IM SUSP PREFILLED SYR	Tier 1		X		PRV-A	$0 Copay for members 10 years of age or older.
TWINRIX INJ	HEP A-HEP B VACCINE SUSP PREF SYR 720-20 ELU-MCG/ML	Tier 1		X		PRV	
VAQTA INJ 25/0.5ML	HEPATITIS A VACCINE INJ SUSP 25 UNIT/0.5ML	Tier 1		X		PRV	
VAQTA INJ 25/0.5ML	HEPATITIS A VACCINE SUSP PRE-FILLED SYR 25 UNIT/0.5ML	Tier 1		X		PRV	
VAQTA INJ 50UNT/ML	HEPATITIS A VACCINE INJ SUSP 50 UNIT/ML	Tier 1		X		PRV	
VAQTA INJ 50UNT/ML	HEPATITIS A VACCINE SUSP PRE-FILLED SYR 50 UNIT/ML	Tier 1		X		PRV	
VARIVAX INJ	VARICELLA VIRUS VAC LIVE FOR INJ 1350 PFU/0.5ML	Tier 1		X		PRV	

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VAXELIS INJ	DIPH-TET TOX-AC PERT AD-POLIO IPV-HIB-HEP B REC SUSP PRE SYR	Tier 1		X		PRV-A	$0 copay for members 4 years of age or younger.
VAXELIS INJ	DIPH-TET TOX-AC PERT AD-POLIO IPV-HIB-HEPATITIS B RECMB SUSP	Tier 1		X		PRV-A	$0 copay for members 4 years of age or younger.
VAXNEUVANCE INJ	PNEUMOCOCCAL 15-VALENT CONJUGATE VACCINE SUS PREF SYR 0.5 ML	Tier 1		X		PRV-A	$0 copay for members 1 month of age or older.
WEZLANA INJ 45/0.5ML	USTEKINUMAB-AUUB INJ 45 MG/0.5ML	Tier 4	X	X			
WEZLANA INJ 45/0.5ML	USTEKINUMAB-AUUB SOLN PRE-FILLED SYRINGE 45 MG/0.5ML	Tier 4	X	X			
WEZLANA INJ 90MG/ML	USTEKINUMAB-AUUB SOLN PRE-FILLED SYRINGE 90 MG/ML	Tier 4	X	X			
YESINTEK INJ 45/0.5ML	USTEKINUMAB-KFCE SOLN PRE-FILLED SYRINGE 45 MG/0.5ML	Tier 4	X	X			
YESINTEK INJ 45/0.5ML	USTEKINUMAB-KFCE SUBCUTANEOUS SOLN 45 MG/0.5ML	Tier 4	X	X			
YESINTEK INJ 90MG/ML	USTEKINUMAB-KFCE SOLN PRE-FILLED SYRINGE 90 MG/ML	Tier 4	X	X			
Inflammatory Bowel Disease Agents							
BALSALAZIDE CAP 750MG	BALSALAZIDE DISODIUM CAP 750 MG	Tier 3					
BUDESONIDE CAP 3MG DR	BUDESONIDE DELAYED RELEASE PARTICLES CAP 3 MG	Tier 3					
BUDESONIDE CAP 3MG DR	BUDESONIDE DELAYED RELEASE PARTICLES CAP 3 MG	Tier 3					
CORTIFOAM AER 90MG	HYDROCORTISONE ACETATE PERI-ANAL FOAM 10% (90 MG/DOSE)	Tier 3					
DIPENTUM CAP 250MG	OLSALAZINE SODIUM CAP 250 MG	Tier 5					
HYDROCORT ENE 100MG	HYDROCORTISONE ENEMA 100 MG/60ML	Tier 3					
HYDROCORTISO CRE 2.5%	HYDROCORTISONE PERIANAL CREAM 2.5%	Tier 2					
MESALAMINE CAP 0.375GM	MESALAMINE CAP ER 24HR 0.375 GM	Tier 3		X			
MESALAMINE ENE 4GM	MESALAMINE ENEMA 4 GM	Tier 3		X			
MESALAMINE KIT 4GM	*MESALAMINE RECTAL ENEMA 4 GM & CLEANSER WIPE KIT**	Tier 3		X			
MESALAMINE SUP 1000MG	MESALAMINE SUPPOS 1000 MG	Tier 3		X			
MESALAMINE TAB 1.2GM	MESALAMINE TAB DELAYED RELEASE 1.2 GM	Tier 3		X			
PROCTO-MED CRE HC 2.5%	HYDROCORTISONE PERIANAL CREAM 2.5%	Tier 2					
SULFASALAZIN TAB 500MG	SULFASALAZINE TAB 500 MG	Tier 2					

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SULFASALAZIN TAB 500MG DR	SULFASALAZINE TAB DELAYED RELEASE 500 MG	Tier 2				
Metabolic Bone Disease Agents						
ALENDRONATE SOL 70/75ML	ALENDRONATE SODIUM ORAL SOLN 70 MG/75ML	Tier 3				
ALENDRONATE TAB 10MG	ALENDRONATE SODIUM TAB 10 MG	Tier 2		X		
ALENDRONATE TAB 35MG	ALENDRONATE SODIUM TAB 35 MG	Tier 2		X		
ALENDRONATE TAB 70MG	ALENDRONATE SODIUM TAB 70 MG	Tier 2		X		
CALCITONIN SPR 200/ACT	CALCITONIN (SALMON) NASAL SOLN 200 UNIT/ACT	Tier 2		X		
CALCITRIOL CAP 0.25MCG	CALCITRIOL CAP 0.25 MCG	Tier 2				
CALCITRIOL CAP 0.5MCG	CALCITRIOL CAP 0.5 MCG	Tier 2				
CALCITRIOL SOL 1MCG/ML	CALCITRIOL ORAL SOLN 1 MCG/ML	Tier 3				
CINACALCET TAB 30MG	CINACALCET HCL TAB 30 MG (BASE EQUIV)	Tier 3	X	X		
CINACALCET TAB 60MG	CINACALCET HCL TAB 60 MG (BASE EQUIV)	Tier 3	X	X		
CINACALCET TAB 90MG	CINACALCET HCL TAB 90 MG (BASE EQUIV)	Tier 3	X	X		
IBANDRONATE TAB 150MG	IBANDRONATE SODIUM TAB 150 MG (BASE EQUIVALENT)	Tier 2		X		
PARICALCITOL CAP 1 MCG	PARICALCITOL CAP 1 MCG	Tier 3				
PARICALCITOL CAP 2 MCG	PARICALCITOL CAP 2 MCG	Tier 3				
PARICALCITOL CAP 4 MCG	PARICALCITOL CAP 4 MCG	Tier 3				
RISEDRONATE TAB 150MG	RISEDRONATE SODIUM TAB 150 MG	Tier 3		X		
RISEDRONATE TAB 30MG	RISEDRONATE SODIUM TAB 30 MG	Tier 3		X		
RISEDRONATE TAB 35MG	RISEDRONATE SODIUM TAB 35 MG	Tier 3		X		
RISEDRONATE TAB 35MG	RISEDRONATE SODIUM TAB 35 MG	Tier 3		X		
RISEDRONATE TAB 35MG	RISEDRONATE SODIUM TAB 35 MG	Tier 3		X		
RISEDRONATE TAB 5MG	RISEDRONATE SODIUM TAB 5 MG	Tier 3		X		
TYMLOS INJ	ABALOPARATIDE SUBCUTANEOUS SOLN PEN-INJECTOR 3120 MCG/1.56ML	Tier 4	X	X		
Miscellaneous Therapeutic Agents						
ACCU-CHEK KIT GUIDE	*Blood Glucose Monitoring Kit w/ Device***	Tier 3		X		
ACCU-CHEK KIT GUIDE ME	*Blood Glucose Monitoring Kit w/ Device***	Tier 3		X		
ACCU-CHEK TES GUIDE	Glucose Blood Test Strip	Tier 3		X		
ACCU-CHEK TES GUIDE	Glucose Blood Test Strip	Tier 3		X		
ALCOHOL PREP PAD	*ALCOHOL SWABS***	Tier 1				
AUTOPEN MIS 1-21UNIT	INJECTION DEVICE FOR INSULIN	Tier 1				
CAYA DPR	*DIAPHRAGM ARC-SPRING***	Tier 1				PRV

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CHEMSTRIP TES MICRAL	ALBUMIN (URINE) TEST STRIP	Tier 1				
CHEMSTRIP K TES	ACETONE (URINE) TEST STRIP	Tier 1				
COMFORT TOUC MIS 31GX4MM	INSULIN PEN NEEDLE 31 G X 4 MM (1/6" OR 5/32")	Tier 1				
COMFORT TOUC MIS 32GX8MM	INSULIN PEN NEEDLE 32 G X 8 MM (1/3" OR 5/16")	Tier 1				
COMFORT TOUC MIS 33GX1/4"	INSULIN PEN NEEDLE 33 G X 6 MM (1/4" OR 15/64")	Tier 1				
COMFORT TOUC MIS 33GX3/16	INSULIN PEN NEEDLE 33 G X 5 MM (1/5" OR 3/16")	Tier 1				
COMFORT TOUC MIS 33GX5/32	INSULIN PEN NEEDLE 33 G X 4 MM (1/6" OR 5/32")	Tier 1				
CONDOMS MIS	*Condoms - Male***	Tier 1		X		PRV
CONTOUR KIT NEXT	*BLOOD GLUCOSE MONITORING KIT W/ DEVICE***	Tier 1		X		
CONTOUR KIT NEXT EZ	*BLOOD GLUCOSE MONITORING KIT W/ DEVICE***	Tier 1		X		
CONTOUR TES NEXT	GLUCOSE BLOOD TEST STRIP	Tier 1		X		
CONTOUR TES NEXT	GLUCOSE BLOOD TEST STRIP	Tier 1		X		
CONTOUR TES NEXT	GLUCOSE BLOOD TEST STRIP	Tier 1		X		
CONTOUR NEXT KIT GEN	*BLOOD GLUCOSE MONITORING KIT W/ DEVICE***	Tier 1		X		
CONTOUR NEXT KIT GEN	*BLOOD GLUCOSE MONITORING KIT W/ DEVICE***	Tier 1		X		
CONTOUR NEXT KIT ONE	*BLOOD GLUCOSE MONITORING KIT W/ DEVICE***	Tier 1		X		
CONTOUR NEXT KIT ONE	*Blood Glucose Monitoring Kit***	Tier 1		X		
CONTOUR PLUS KIT BLUE	*BLOOD GLUCOSE MONITORING KIT W/ DEVICE***	Tier 1		X		
CONTOUR PLUS TES BLD GLUC	GLUCOSE BLOOD TEST STRIP	Tier 1		X		
COUNT-A-DOSE MIS	*INSULIN ADMINISTRATION SUPPLIES - MISC***	Tier 1				
DEXCOM G6 MIS RECEIVER	*CONTINUOUS GLUCOSE SYSTEM RECEIVER***	Tier 5	X	X		
DEXCOM G6 MIS SENSOR	*CONTINUOUS GLUCOSE SYSTEM SENSOR***	Tier 5	X	X		
DEXCOM G6 MIS TRANSMIT	*CONTINUOUS GLUCOSE SYSTEM TRANSMITTER***	Tier 5	X	X		
DEXCOM G7 MIS RECEIVER	*CONTINUOUS GLUCOSE SYSTEM RECEIVER***	Tier 5	X	X		
DEXCOM G7 MIS SENSOR	*CONTINUOUS GLUCOSE SYSTEM SENSOR***	Tier 5	X	X		
DEXCOM G7 MIS SNSR 15D	*CONTINUOUS GLUCOSE SYSTEM SENSOR***	Tier 5	X	X		
DIASCREEN MIS 1G	*URINE GLUCOSE MONITORING SUPPLIES***	Tier 1				
DIASTIX TES STRIPS	GLUCOSE URINE TEST-(GLUCOSE OXIDASE) STRIP	Tier 1				

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DROPLET MICR MIS 34GX9/64	INSULIN PEN NEEDLE 34 G X 3.5 MM (9/64")	Tier 1				
DUREX MIS REALFEEL	Condoms Non-Latex Lubricated	Tier 1		X		PRV
DUREX MIS TROPICAL	Condoms Latex Lubricated	Tier 1		X		PRV
EASY COMFORT MIS 29GX4MM	INSULIN PEN NEEDLE 29 G X 4 MM (1/6" OR 5/32")	Tier 1				
EASY TOUCH MIS 30G	INSULIN PEN NEEDLE 30 G X 6 MM (1/4" OR 15/64")	Tier 1				
ESKATA SOL 40%	HYDROGEN PEROXIDE SOLN 40%	Tier 5				
FC2 FEMALE MIS CONDOM	*Condoms - Female***	Tier 1		X		PRV
FEMCAP MIS 22MM	CERVICAL CAP 22 MM	Tier 1				PRV
FEMCAP MIS 26MM	CERVICAL CAP 26 MM	Tier 1				PRV
FEMCAP MIS 30MM	CERVICAL CAP 30 MM	Tier 1				PRV
FLEXICHAMBER MIS MASK SM	*SPACER/AEROSOL-HOLDING CHAMBER SUPPLIES - MASKS***	Tier 2		X		
FREESTYLE MIS READER	*CONTINUOUS GLUCOSE SYSTEM RECEIVER***	Tier 5	X	X		
FREESTYLE LB KIT 14D/SEN	*CONTINUOUS GLUCOSE SYSTEM SENSOR***	Tier 5	X	X		
FREESTYLE LB KIT 2/SENSOR	*CONTINUOUS GLUCOSE SYSTEM SENSOR***	Tier 5	X	X		
FREESTYLE LB KIT 2PLS/SEN	*CONTINUOUS GLUCOSE SYSTEM SENSOR***	Tier 5	X	X		
FREESTYLE LB KIT 3/SENSOR	*CONTINUOUS GLUCOSE SYSTEM SENSOR***	Tier 5	X	X		
FREESTYLE LB KIT 3PLS/SEN	*CONTINUOUS GLUCOSE SYSTEM SENSOR***	Tier 5	X	X		
FREESTYLE LB MIS 14D/RDR	*CONTINUOUS GLUCOSE SYSTEM RECEIVER***	Tier 5	X	X		
FREESTYLE LB MIS 2/READER	*CONTINUOUS GLUCOSE SYSTEM RECEIVER***	Tier 5	X	X		
FREESTYLE LB MIS 3/READER	*CONTINUOUS GLUCOSE SYSTEM RECEIVER***	Tier 5	X	X		
FREESTYLE LB MIS 3/READER	*CONTINUOUS GLUCOSE SYSTEM RECEIVER***	Tier 5	X	X		
GAUZE PAD 2"X2"	*GAUZE PADS & DRESSINGS - PADS 2" X 2"***	Tier 3				
IHEALTH LIQ CONTROL	*Blood Glucose Calibration - Liquid***	Tier 1		X		
INS SYR U500 MIS 0.5/31G	INSULIN SYRINGE/NEEDLE U-500 0.5 ML 31G X 6MM (15/64")	Tier 1				
INSPIREASE MIS DD SYST	*SPACER/AEROSOL-HOLDING CHAMBERS - DEVICE***	Tier 2		X		
INSPIREASE MIS RES BAG	*SPACER/AEROSOL-HOLDING CHAMBER SUPPLIES - BAGS***	Tier 2		X		
INSULIN SRYG MIS 1ML/32G	INSULIN SYRINGE/NEEDLE U-100 1 ML 32 X 5/16"	Tier 1				
INSULIN SYRG MIS 0.3/29G	INSULIN SYRINGE/NEEDLE U-100 0.3 ML 29 X 1/2"	Tier 1				

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Drug name	Generic name	Tier value	Prior auth	Quantity limit	Step therapy	Notes
INSULIN SYRG MIS 0.3/30G	INSULIN SYRINGE/NEEDLE U-100 0.3 ML 30 X 1/2"	Tier 1				
INSULIN SYRG MIS 0.3/30G	INSULIN SYRINGE/NEEDLE U-100 0.3 ML 30 X 5/16"	Tier 1				
INSULIN SYRG MIS 0.3/31G	INSULIN SYRINGE/NEEDLE U-100 0.3 ML 31 X 15/64"	Tier 1				
INSULIN SYRG MIS 0.3/31G	INSULIN SYRINGE/NEEDLE U-100 0.3 ML 31 X 5/16"	Tier 1				
INSULIN SYRG MIS 0.5/28G	INSULIN SYRINGE/NEEDLE U-100 1/2 ML 28 X 1/2"	Tier 1				
INSULIN SYRG MIS 0.5/29G	INSULIN SYRINGE/NEEDLE U-100 1/2 ML 29 X 1/2"	Tier 1				
INSULIN SYRG MIS 0.5/30G	INSULIN SYRINGE/NEEDLE U-100 1/2 ML 30 X 1/2"	Tier 1				
INSULIN SYRG MIS 0.5/30G	INSULIN SYRINGE/NEEDLE U-100 1/2 ML 30 X 5/16"	Tier 1				
INSULIN SYRG MIS 0.5/31G	INSULIN SYRINGE/NEEDLE U-100 1/2 ML 31 X 15/64"	Tier 1				
INSULIN SYRG MIS 0.5/31G	INSULIN SYRINGE/NEEDLE U-100 1/2 ML 31 X 5/16"	Tier 1				
INSULIN SYRG MIS 0.5/32G	INSULIN SYRINGE/NEEDLE U-100 0.5 ML 32 X 5/16"	Tier 1				
INSULIN SYRG MIS 1ML/27G	INSULIN SYRINGE/NEEDLE U-100 1 ML 27 X 5/8"	Tier 1				
INSULIN SYRG MIS 1ML/28G	INSULIN SYRINGE/NEEDLE U-100 1 ML 28 X 1/2"	Tier 1				
INSULIN SYRG MIS 1ML/28G	INSULIN SYRINGE/NEEDLE U-100 1 ML 28 X 5/16"	Tier 1				
INSULIN SYRG MIS 1ML/29G	INSULIN SYRINGE/NEEDLE U-100 1 ML 29 X 1/2"	Tier 1				
INSULIN SYRG MIS 1ML/29G	INSULIN SYRINGE/NEEDLE U-100 1 ML 29 X 5/16"	Tier 1				
INSULIN SYRG MIS 1ML/30G	INSULIN SYRINGE/NEEDLE U-100 1 ML 30 X 1/2"	Tier 1				
INSULIN SYRG MIS 1ML/30G	INSULIN SYRINGE/NEEDLE U-100 1 ML 30 X 5/16"	Tier 1				
INSULIN SYRG MIS 1ML/31G	INSULIN SYRINGE/NEEDLE U-100 1 ML 31 X 15/64"	Tier 1				
INSULIN SYRG MIS 1ML/31G	INSULIN SYRINGE/NEEDLE U-100 1 ML 31 X 5/16"	Tier 1				
KETO-DIASTIX TES	*URINE GLUCOSE-KETONES TEST STRIPS***	Tier 1				
LANCET DEVIC MIS AD-JUST	*Lancet Devices***	Tier 1				
LANCETS MIS	*Lancets***	Tier 1				
LEVOCARNITIN SOL 1GM/10ML	LEVOCARNITINE ORAL SOLN 1 GM/10ML (10%)	Tier 3				
LEVOCARNITIN SOL 1GM/10ML	LEVOCARNITINE ORAL SOLN 1 GM/10ML (10%)	Tier 3				

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Drug name	Generic name	Tier value	Prior auth	Quantity limit	Step therapy	Notes
LEVOCARNITIN TAB 330MG	LEVOCARNITINE TAB 330 MG	Tier 2				
MASK VORTEX/ MIS FROG	*SPACER/AEROSOL-HOLDING CHAMBER SUPPLIES - MASKS***	Tier 2		X		
MAXICOMFORT MIS 27GX1/2	INSULIN SYRINGE/NEEDLE U-100 1/2 ML 27 X 1/2"	Tier 1				
MAXICOMFORT MIS 27GX1/2"	INSULIN SYRINGE/NEEDLE U-100 1 ML 27 X 1/2"	Tier 1				
METHYLERGON TAB 0.2MG	METHYLERGONOVINE MALEATE TAB 0.2 MG	Tier 3		X		
NEEDLE COLLE MIS DISPOSAL	*SHARPS CONTAINER - MISC***	Tier 1				
NOVOFINE MIS 32GX6MM	INSULIN PEN NEEDLE 32 G X 6 MM (1/4" OR 15/64")	Tier 1				
NOVOFINE AUT MIS 30GX8MM	INSULIN PEN NEEDLE 30 G X 8 MM (1/3" OR 5/16")	Tier 1				
NOVOFINE PLS MIS 32GX4MM	INSULIN PEN NEEDLE 32 G X 4 MM (1/6" OR 5/32")	Tier 1				
NOVOPEN ECHO MIS	INJECTION DEVICE FOR INSULIN	Tier 1				
OMNIFLEX DPR	*DIAPHRAGMS***	Tier 1				PRV
OMNIPOD 5 DX KIT INT G7G6	*INSULIN INFUSION DISPOSABLE PUMP KIT***	Tier 5	X	X		
OMNIPOD 5 DX MIS POD G7G6	*INSULIN INFUSION DISPOSABLE PUMP RESERVOIR***	Tier 5	X	X		
OMNIPOD 5 DX MIS POD G7G6	*INSULIN INFUSION DISPOSABLE PUMP RESERVOIR***	Tier 5	X	X		
OMNIPOD 5 G7 KIT INTRO	*INSULIN INFUSION DISPOSABLE PUMP KIT***	Tier 5	X	X		
OMNIPOD 5 G7 MIS PODS	*INSULIN INFUSION DISPOSABLE PUMP RESERVOIR***	Tier 5	X	X		
OMNIPOD 5 L2 KIT INTRO G6	*INSULIN INFUSION DISPOSABLE PUMP KIT***	Tier 5	X	X		
OMNIPOD 5 L2 MIS PODS G6	*INSULIN INFUSION DISPOSABLE PUMP RESERVOIR***	Tier 5	X	X		
PEN NEEDLE MIS 29GX1/2"	INSULIN PEN NEEDLE 29 G X 12.7 MM (1/2")	Tier 1				
PEN NEEDLE MIS 29GX3/16	INSULIN PEN NEEDLE 29 G X 5 MM (1/5" OR 3/16")	Tier 1				
PEN NEEDLE MIS 29GX5/16	INSULIN PEN NEEDLE 29 G X 8 MM (1/3" OR 5/16")	Tier 1				
PEN NEEDLES MIS 29GX1/2"	INSULIN PEN NEEDLE 29 G X 12 MM (1/2")	Tier 1				
PEN NEEDLES MIS 31GX1/4"	INSULIN PEN NEEDLE 31 G X 6 MM (1/4" OR 15/64")	Tier 1				
PEN NEEDLES MIS 31GX3/16	INSULIN PEN NEEDLE 31 G X 5 MM (1/5" OR 3/16")	Tier 1				
PEN NEEDLES MIS 31GX5/16	INSULIN PEN NEEDLE 31 G X 8 MM (1/3" OR 5/16")	Tier 1				
PENTIPS MIS 29GX12MM	INSULIN PEN NEEDLE 29 G X 12 MM (1/2")	Tier 1				

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Drug name	Generic name	Tier value	Prior auth	Quantity limit	Step therapy	Notes
PENTIPS MIS 31GX5MM	INSULIN PEN NEEDLE 31 G X 5 MM (1/5" OR 3/16")	Tier 1				
PENTIPS MIS 31GX8MM	INSULIN PEN NEEDLE 31 G X 8 MM (1/3" OR 5/16")	Tier 1				
PENTIPS MIS 32GX4MM	INSULIN PEN NEEDLE 32 G X 4 MM (1/6" OR 5/32")	Tier 1				
PRECISN XTRA TES KETONE	KETONE BLOOD TEST STRIP	Tier 1				
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 KIT MONITOR	*BLOOD GLUCOSE MONITORING KIT W/ DEVICE***	Tier 5	X	X		
PRODIGY AUTO MIS SYSTEM	*Blood Glucose Monitoring Devices***	Tier 5	X	X		
PRODIGY AUTO MIS SYSTEM	*BLOOD GLUCOSE MONITORING DEVICES***	Tier 5	X	X		
PRODIGY NO TES CODING	GLUCOSE BLOOD TEST STRIP	Tier 5	X	X		
PRODIGY NO TES CODING	GLUCOSE BLOOD TEST STRIP	Tier 5	X	X		
PRODIGY NO TES CODING	GLUCOSE BLOOD TEST STRIP	Tier 5	X	X		
PRODIGY NO TES CODING	GLUCOSE BLOOD TEST STRIP	Tier 5	X	X		
PRODIGY PCKT KIT METER	*BLOOD GLUCOSE MONITORING KIT W/ DEVICE***	Tier 5	X	X		
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		
QUICK TOUCH MIS 32GX5MM	INSULIN PEN NEEDLE 32 G X 5 MM (1/5" OR 3/16")	Tier 1				
QUICK TOUCH MIS 33GX8MM	INSULIN PEN NEEDLE 33 G X 8 MM (1/3" OR 5/16")	Tier 1				
RA URINARY TES TRACT IN	*URINARY TRACT INFECTION (UTI) TEST STRIP***	Tier 3				
RADIOGARDASE CAP 0.5GM	PRUSSIAN BLUE INSOLUBLE CAP 0.5 GM	Tier 5				
SELECT-LITE KIT DEV/ LANC	*Lancets Kit***	Tier 1		X		
TRUE METRIX SOL LEVEL 1	*Blood Glucose Calibration - Liquid - Low***	Tier 1		X		
TRUE METRIX SOL LEVEL 2	*Blood Glucose Calibration - Liquid - Normal***	Tier 1		X		
TRUE METRIX SOL LEVEL 3	*Blood Glucose Calibration - Liquid - High***	Tier 1		X		
ULTICARE MIS 30GX3/16	INSULIN PEN NEEDLE 30 G X 5 MM (1/5" OR 3/16")	Tier 1				

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Drug name	Generic name	Tier value	Prior auth	Quantity limit	Step therapy	Notes
UTI HOME TES TEST	*URINARY TRACT INFECTION (UTI) TEST***	Tier 3				
WIDE-SEAL DPR KIT 60	DIAPHRAGM WIDE SEAL 60 MM	Tier 1				PRV
WIDE-SEAL DPR KIT 65	DIAPHRAGM WIDE SEAL 65 MM	Tier 1				PRV
WIDE-SEAL DPR KIT 70	DIAPHRAGM WIDE SEAL 70 MM	Tier 1				PRV
WIDE-SEAL DPR KIT 75	DIAPHRAGM WIDE SEAL 75 MM	Tier 1				PRV
WIDE-SEAL DPR KIT 80	DIAPHRAGM WIDE SEAL 80 MM	Tier 1				PRV
WIDE-SEAL DPR KIT 85	DIAPHRAGM WIDE SEAL 85 MM	Tier 1				PRV
WIDE-SEAL DPR KIT 90	DIAPHRAGM WIDE SEAL 90 MM	Tier 1				PRV
WIDE-SEAL DPR KIT 95	DIAPHRAGM WIDE SEAL 95 MM	Tier 1				PRV
Ophthalmic Agents						
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				
AKTEN GEL 3.5% OP	LIDOCAINE HCL OPHTH GEL 3.5%	Tier 5				
ALOCRIL SOL 2%	NEDOCROMIL SODIUM OPHTH SOLN 2%	Tier 5				
ALOMIDE SOL 0.1% OP	LODOXAMIDE TROMETHAMINE OPHTH SOLN 0.1%	Tier 5				
ALTACAINE SOL 0.5% OP	TETRACAINE HCL OPHTH SOLN 0.5%	Tier 2				
ALTAFRIN SOL 10% OP	PHENYLEPHRINE HCL OPHTH SOLN 10%	Tier 2				
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% OP	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% OP	BEPOTASTINE BESILATE OPHTH SOLN 1.5%	Tier 3		X		
BEPOTASTINE DRO 1.5% OP	BEPOTASTINE BESILATE OPHTH SOLN 1.5%	Tier 3		X		
BETADINE SOL 5% OP	POVIDONE-IODINE OPHTH SOLN 5%	Tier 5				
BETAXOLOL SOL 0.5% OP	BETAXOLOL HCL OPHTH SOLN 0.5%	Tier 2				
BIMATOPROST SOL 0.01% OP	BIMATOPROST OPHTH SOLN 0.01%	Tier 3		X		
BIMATOPROST SOL 0.01% OP	BIMATOPROST OPHTH SOLN 0.01%	Tier 3		X		

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Drug name	Generic name	Tier value	Prior auth	Quantity limit	Step therapy	Notes
BRIMO/TIMOLO SOL 0.2/0.5%	BRIMONIDINE TARTRATE-TIMOLOL MALEATE OPHTH SOLN 0.2-0.5%	Tier 3		X		
BRIMONIDINE SOL 0.15% OP	BRIMONIDINE TARTRATE OPHTH SOLN 0.15%	Tier 2		X		
BRIMONIDINE SOL 0.2% OP	BRIMONIDINE TARTRATE OPHTH SOLN 0.2%	Tier 2		X		
BRINZOLAMIDE SUS 1%	BRINZOLAMIDE OPHTH SUSP 1%	Tier 3		X		
BRINZOLAMIDE SUS 1% OP	BRINZOLAMIDE OPHTH SUSP 1%	Tier 3		X		
BROMFENAC DRO 0.09% OP	BROMFENAC SODIUM OPHTH SOLN 0.09% (BASE EQUIV) (ONCE-DAILY)	Tier 3		X		
BROMFENAC DRO 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				
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 1% OP	CYCLOPENTOLATE HCL OPHTH SOLN 1%	Tier 2				
CYCLOSPORINE EMU 0.05% OP	CYCLOSPORINE (OPHTH) EMULSION 0.05% (PF)	Tier 3	X	X		
CYCLOSPORINE EMU 0.05% OP	CYCLOSPORINE (OPHTH) EMULSION 0.05% (PF)	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				
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 2-0.5%	Tier 2		X		
DORZOL/TIMOL SOL 2-0.5%OP	DORZOLAMIDE HCL-TIMOLOL MALEATE OPHTH SOLN 2-0.5%	Tier 2		X		
DORZOL/TIMOL SOL 2%-0.5%	DORZOLAMIDE HCL-TIMOLOL MALEATE PF OPHTH SOLN 2-0.5%	Tier 3		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	

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Drug name	Generic name	Tier value	Prior auth	Quantity limit	Step therapy	Notes	
ERYTHROMYCIN OIN 0.5% OP	ERYTHROMYCIN OPHTH OINT 5 MG/GM	Tier 2				PRV*	$0 Copay once your healthcare provider confirms use is to prevent gonococcal ophthalmia neonatorum in newborns.
FLUOROMETHOL SUS 0.1% OP	FLUOROMETHOLONE OPHTH SUSP 0.1%	Tier 2					
FLURBIPROFEN SOL 0.03% OP	FLURBIPROFEN SODIUM OPHTH SOLN 0.03%	Tier 2					
GATIFLOXACIN SOL 0.5%	GATIFLOXACIN OPHTH SOLN 0.5%	Tier 3					
GENTAMICIN SOL 0.3% OP	GENTAMICIN SULFATE OPHTH SOLN 0.3%	Tier 2					
INVELTYS SUS 1%	LOTEPREDNOL ETABONATE OPHTH SUSP 1%	Tier 5		X			
IOPIDINE SOL 1% OP	APRACLONIDINE HCL OPHTH SOLN 1% (BASE EQUIVALENT)	Tier 5					
KETOROLAC SOL 0.4% OP	KETOROLAC TROMETHAMINE OPHTH SOLN 0.4%	Tier 2					
KETOROLAC SOL 0.5% OP	KETOROLAC TROMETHAMINE OPHTH SOLN 0.5%	Tier 2					
KETOROLAC SOL 0.5% OP	KETOROLAC TROMETHAMINE OPHTH SOLN 0.5%	Tier 2					
LASTACAFT 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			
LOTEPR/TOBRA SUS 0.5-0.3%	LOTEPREDNOL ETABONATE-TOBRAMYCIN OPHTH SUSP 0.5-0.3%	Tier 3					
LOTEPREDNOL SUS 0.5%	LOTEPREDNOL ETABONATE OPHTH SUSP 0.5%	Tier 3		X			
LUMIGAN SOL 0.01% OP	BIMATOPROST OPHTH SOLN 0.01%	Tier 3		X			
METHAZOLAMID TAB 25MG	METHAZOLAMIDE TAB 25 MG	Tier 3					
METHAZOLAMID TAB 50MG	METHAZOLAMIDE TAB 50 MG	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					

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Drug name	Generic name	Tier value	Prior auth	Quantity limit	Step therapy	Notes
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/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-NEOMY-CIN-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-DEXAMETH-ASONE OPHTH OINT 0.1%	Tier 2				
NEO/POLY/DEX SUS 0.1% OP	NEOMYCIN-POLYMYXIN-DEXAMETH-ASONE OPHTH SUSP 0.1%	Tier 2				
NEO/POLY/GRA SOL OP	NEOMYCIN-POLYMY-GRAMICID OP SOL 1.75-10000-0.025MG-UNT-MG/ML	Tier 2				
NEO/POLY/HC SUS OP	NEOMYCIN-POLYMYXIN-HC OPHTH SUSP	Tier 3				
OFLOXACIN DRO 0.3% OP	OFLOXACIN OPHTH SOLN 0.3%	Tier 2				
PHENYLEPHRIN SOL 10% OP	PHENYLEPHRINE HCL OPHTH SOLN 10%	Tier 2				
PHENYLEPHRIN SOL 2.5% OP	PHENYLEPHRINE HCL OPHTH SOLN 2.5%	Tier 2				
PHOSPHOLINE SOL 0.125%OP	ECHOTHIOPHATE IODIDE OPHTH FOR SOLN 0.125%	Tier 3				
PILOCARPINE SOL 1% OP	PILOCARPINE HCL OPHTH SOLN 1%	Tier 2				
PILOCARPINE SOL 2% OP	PILOCARPINE HCL OPHTH SOLN 2%	Tier 2				
PILOCARPINE SOL 4% OP	PILOCARPINE HCL OPHTH SOLN 4%	Tier 2				
POLYMYXIN B/ SOL TRI-METHP	POLYMYXIN B-TRIMETHOPRIM OPHTH SOLN 10000 UNIT/ML-0.1%	Tier 2				
POLYMYXIN B/ SOL TRI-METHP	POLYMYXIN B-TRIMETHOPRIM OPHTH SOLN 10000 UNIT/ML-0.1%	Tier 2				
PRED SOD PHO SOL 1% OP	PREDNISOLONE SODIUM PHOS-PHATE OPHTH SOLN 1%	Tier 2				
PREDNISOLONE SUS 1% OP	PREDNISOLONE ACETATE OPHTH SUSP 1%	Tier 2				
PROPARACAINE SOL 0.5% OP	PROPARACAINE HCL OPHTH SOLN 0.5%	Tier 2				
SULF/PRED NA SOL OP	SULFACETAMIDE SODIUM-PREDNIS-OLONE 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	
TAFLUPROST SOL 0.0015%	TAFLUPROST PRESERVATIVE FREE (PF) OPHTH SOLN 0.0015%	Tier 3		X	X	

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Drug name	Generic name	Tier value	Prior auth	Quantity limit	Step therapy	Notes
TETRACAINE SOL 0.5% OP	TETRACAINE HCL OPHTH SOLN 0.5%	Tier 2				
TIMOLOL HEMI SOL 0.5% OP	TIMOLOL OPHTH SOLN 0.5%	Tier 3		X		
TIMOLOL MAL SOL 0.25% OP	TIMOLOL MALEATE OPHTH SOLN 0.25%	Tier 2				
TIMOLOL MAL SOL 0.5% OP	TIMOLOL MALEATE OPHTH SOLN 0.5%	Tier 2				
TIMOLOL MALE SOL 0.5%	TIMOLOL MALEATE OPHTH SOLN 0.5% (ONCE-DAILY)	Tier 3				
TIMOLOL MALE SOL 0.5% OP	TIMOLOL MALEATE OPHTH SOLN 0.5% (ONCE-DAILY)	Tier 3				
TOBRA/DEXAME SUS 0.3-0.1%	TOBRAMYCIN-DEXAMETHASONE OPHTH SUSP 0.3-0.1%	Tier 3				
TOBRAMYCIN SOL 0.3% OP	TOBRAMYCIN OPHTH SOLN 0.3%	Tier 2				
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				
ZIRGAN GEL 0.15%	GANCICLOVIR OPHTH GEL 0.15%	Tier 5				
Otic Agents						
ACETIC ACID SOL 2% OTIC	ACETIC ACID OTIC SOLN 2%	Tier 2				
CIPRO/DEXA SUS 0.3-0.1%	CIPROFLOXACIN-DEXAMETHASONE OTIC SUSP 0.3-0.1%	Tier 3			X	
CIPRO/FLUOC DRO PF	CIPROFLOXACIN-FLUOCINOLONE ACETON (PF) OTIC SOLN 0.3-0.025%	Tier 5				
CIPROFLOXACN SOL 0.2%	CIPROFLOXACIN HCL OTIC SOLN 0.2% (BASE EQUIVALENT)	Tier 3				
CORTISPORIN SUS -TC OTIC	NEOMYCIN-COLISTIN-HC-THONZONIUM OTIC SUSP 3.3-3-10-0.5 MG/ML	Tier 5				
FLAC OIL 0.01% OT	FLUOCINOLONE ACETONIDE (OTIC) OIL 0.01%	Tier 3				
FLUOCINOLONE OIL 0.01% OT	FLUOCINOLONE ACETONIDE (OTIC) OIL 0.01%	Tier 3				
FLUOCINOLONE OIL 0.01% OT	FLUOCINOLONE ACETONIDE (OTIC) OIL 0.01%	Tier 3				
HC/ACET ACID SOL 1-2%OTIC	HYDROCORTISONE W/ ACETIC ACID OTIC SOLN 1-2%	Tier 3				
NEO/POLY/HC SOL 1% OTIC	NEOMYCIN-POLYMYXIN-HC OTIC SOLN 1%	Tier 2				
NEO/POLY/HC SUS 1% OTIC	NEOMYCIN-POLYMYXIN-HC OTIC SUSP 3.5 MG/ML-10000 UNIT/ML-1%	Tier 2				
OFLOXACIN DRO 0.3%OTIC	OFLOXACIN OTIC SOLN 0.3%	Tier 2				
OTOVEL DRO	CIPROFLOXACIN-FLUOCINOLONE ACETON (PF) OTIC SOLN 0.3-0.025%	Tier 5				
Respiratory Tract/Pulmonary Agents						
ACETYLCYST SOL 10%	ACETYLCYSTEINE INHAL SOLN 10%	Tier 2				
ACETYLCYST SOL 20%	ACETYLCYSTEINE INHAL SOLN 20%	Tier 2				

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Drug name	Generic name	Tier value	Prior auth	Quantity limit	Step therapy	Notes
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		
AIRSUPRA AER 90-80MCG	ALBUTEROL-BUDESONIDE INHALATION AEROSOL 90-80 MCG/ACT	**Tier 5**				
ALBUTEROL AER HFA	ALBUTEROL SULFATE INHAL AERO 108 MCG/ACT (90MCG BASE EQUIV)	**Tier 1**				
ALBUTEROL AER HFA	ALBUTEROL SULFATE INHAL AERO 108 MCG/ACT (90MCG BASE EQUIV)	**Tier 1**				
ALBUTEROL AER HFA	ALBUTEROL SULFATE INHAL AERO 108 MCG/ACT (90MCG BASE EQUIV)	**Tier 1**				
ALBUTEROL AER HFA	ALBUTEROL SULFATE INHAL AERO 108 MCG/ACT (90MCG BASE EQUIV)	**Tier 1**				
ALBUTEROL AER HFA	ALBUTEROL SULFATE INHAL AERO 108 MCG/ACT (90MCG BASE EQUIV)	**Tier 1**				
ALBUTEROL AER HFA	ALBUTEROL SULFATE INHAL AERO 108 MCG/ACT (90MCG BASE EQUIV)	**Tier 1**				
ALBUTEROL AER HFA	ALBUTEROL SULFATE INHAL AERO 108 MCG/ACT (90MCG BASE EQUIV)	**Tier 1**				
ALBUTEROL AER HFA	ALBUTEROL SULFATE INHAL AERO 108 MCG/ACT (90MCG BASE EQUIV)	**Tier 1**				
ALBUTEROL AER HFA	ALBUTEROL SULFATE INHAL AERO 108 MCG/ACT (90MCG BASE EQUIV)	**Tier 1**				
ALBUTEROL NEB 0.083%	ALBUTEROL SULFATE SOLN NEBU 0.083% (2.5 MG/3ML)	**Tier 1**				
ALBUTEROL NEB 0.5%	ALBUTEROL SULFATE SOLN NEBU 0.5% (5 MG/ML)	**Tier 1**				
ALBUTEROL NEB 0.63MG/3	ALBUTEROL SULFATE SOLN NEBU 0.63 MG/3ML (BASE EQUIV)	**Tier 1**				
ALBUTEROL NEB 1.25MG/3	ALBUTEROL SULFATE SOLN NEBU 1.25 MG/3ML (BASE EQUIV)	**Tier 1**				
ALBUTEROL SYP 2MG/5ML	ALBUTEROL SULFATE SYRUP 2 MG/5ML	**Tier 3**				
ALBUTEROL SYP 8MG/20ML	ALBUTEROL SULFATE SYRUP 2 MG/5ML	**Tier 3**				
ALBUTEROL TAB 2MG	ALBUTEROL SULFATE TAB 2 MG	**Tier 3**				
ALBUTEROL TAB 4MG	ALBUTEROL SULFATE TAB 4 MG	**Tier 3**				
ALVESCO AER 160MCG	CICLESONIDE INHAL AEROSOL 160 MCG/ACT	**Tier 5**		X	X	
ALVESCO AER 80MCG	CICLESONIDE INHAL AEROSOL 80 MCG/ACT	**Tier 5**		X	X	
ALYQ TAB 20MG	TADALAFIL TAB 20 MG (PAH)	**Tier 4**	X	X		
AMBRISENTAN TAB 10MG	AMBRISENTAN TAB 10 MG	**Tier 4**	X	X		
AMBRISENTAN TAB 5MG	AMBRISENTAN TAB 5 MG	**Tier 4**	X	X		
ARFORMOTEROL NEB 15/2ML	ARFORMOTEROL TARTRATE SOLN NEBU 15 MCG/2ML (BASE EQUIV)	**Tier 3**		X		

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

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Drug name	Generic name	Tier value	Prior auth	Quantity limit	Step therapy	Notes
BUDES/FORMOT AER 80-4.5	BUDESONIDE-FORMOTEROL FUMARATE DIHYD AEROSOL 80-4.5 MCG/ACT	Tier 3		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				
DESLORATADIN TAB 5MG	DESLORATADINE TAB 5 MG	Tier 3				
DIPHENHYDRAM ELX 12.5/5ML	DIPHENHYDRAMINE HCL ELIXIR 12.5 MG/5ML	Tier 2				BH*
ELIXOPHYLLIN ELX 80/15ML	THEOPHYLLINE ELIXIR 80 MG/15ML	Tier 3				
EPINEPHRINE INJ 0.15MG	EPINEPHRINE SOLUTION AUTO-INJECTOR 0.15 MG/0.15ML (1:1000)	Tier 1		X		
EPINEPHRINE INJ 0.15MG	EPINEPHRINE SOLUTION AUTO-INJECTOR 0.15 MG/0.3ML (1:2000)	Tier 1		X		
EPINEPHRINE INJ 0.15MG	EPINEPHRINE SOLUTION AUTO-INJECTOR 0.15 MG/0.3ML (1:2000)	Tier 1		X		
EPINEPHRINE INJ 0.3MG	EPINEPHRINE SOLUTION AUTO-INJECTOR 0.3 MG/0.3ML (1:1000)	Tier 1		X		
EPINEPHRINE INJ 0.3MG	EPINEPHRINE SOLUTION AUTO-INJECTOR 0.3 MG/0.3ML (1:1000)	Tier 1		X		
EPINEPHRINE INJ 0.3MG	EPINEPHRINE SOLUTION AUTO-INJECTOR 0.3 MG/0.3ML (1:1000)	Tier 1		X		
FLUNISOLIDE SPR 0.025%	FLUNISOLIDE NASAL SOLN 25 MCG/ACT (0.025%)	Tier 3				
FLUTIC/SALME AER 100/50	FLUTICASONE-SALMETEROL AER POWDER BA 100-50 MCG/ACT	Tier 3		X		
FLUTIC/SALME AER 250/50	FLUTICASONE-SALMETEROL AER POWDER BA 250-50 MCG/ACT	Tier 3		X		
FLUTIC/SALME AER 500/50	FLUTICASONE-SALMETEROL AER POWDER BA 500-50 MCG/ACT	Tier 3		X		
FLUTIC/SALME INH 113/14	FLUTICASONE-SALMETEROL AER POWDER BA 113-14 MCG/ACT	Tier 3		X		
FLUTIC/SALME INH 232/14	FLUTICASONE-SALMETEROL AER POWDER BA 232-14 MCG/ACT	Tier 3		X		
FLUTIC/SALME INH 55/14	FLUTICASONE-SALMETEROL AER POWDER BA 55-14 MCG/ACT	Tier 3		X		

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Drug name	Generic name	Tier value	Prior auth	Quantity limit	Step therapy	Notes
FLUTICASONE SPR 50MCG	FLUTICASONE PROPIONATE NASAL SUSP 50 MCG/ACT	Tier 2		X		
FORMOTEROL NEB 20/2ML	FORMOTEROL FUMARATE SOLN NEBU 20 MCG/2ML	Tier 3		X		
GG/CODEINE SOL 100-10/5	GUAIFENESIN-CODEINE SOLN 100-10 MG/5ML	Tier 2	X	X		
GILTUSS TAB 10-388MG	PHENYLEPHRINE-GUAIFENESIN TAB 10-388 MG	Tier 5				
HYD POL/CPM SUS 10-8/5ML	HYDROCOD POLST-CHLORPHEN POLST ER SUSP 10-8 MG/5ML	Tier 3	X	X		
HYDROC/HOMAT TAB 5-1.5MG	HYDROCODONE BITART-HOMATROPINE METHYLBROMIDE TAB 5-1.5 MG	Tier 2	X	X		
HYDROCOD/HOM SOL 5-1.5/5	HYDROCODONE BITART-HOMATROPINE METHYLBROM SOLN 5-1.5 MG/5ML	Tier 2	X	X		
HYDROCOD/HOM SYP 5-1.5/5	HYDROCODONE BITART-HOMATROPINE METHYLBROM SOLN 5-1.5 MG/5ML	Tier 2	X	X		
HYDROMET SYP 5-1.5/5	HYDROCODONE BITART-HOMATROPINE METHYLBROM SOLN 5-1.5 MG/5ML	Tier 2	X	X		
HYDROXYZ HCL SYP 10MG/5ML	HYDROXYZINE HCL SYRUP 10 MG/5ML	Tier 1				
HYDROXYZ HCL TAB 10MG	HYDROXYZINE HCL TAB 10 MG	Tier 1				
HYDROXYZ HCL TAB 25MG	HYDROXYZINE HCL TAB 25 MG	Tier 1				
HYDROXYZ HCL TAB 50MG	HYDROXYZINE HCL TAB 50 MG	Tier 1				
HYDROXYZ PAM CAP 100MG	HYDROXYZINE PAMOATE CAP 100 MG	Tier 1				
HYDROXYZ PAM CAP 25MG	HYDROXYZINE PAMOATE CAP 25 MG	Tier 1				
HYDROXYZ PAM CAP 50MG	HYDROXYZINE PAMOATE CAP 50 MG	Tier 1				
HYDROXYZINE SOL 50/25ML	HYDROXYZINE HCL SYRUP 10 MG/5ML	Tier 1				
HYDROXYZINE SYP 10MG/5ML	HYDROXYZINE HCL SYRUP 10 MG/5ML	Tier 1				
HYPERSAL NEB 3.5%	SODIUM CHLORIDE SOLN NEBU 3.5%	Tier 3				
HYPERSAL NEB 7%	SODIUM CHLORIDE SOLN NEBU 7%	Tier 3				
IPRATROPIUM AER 17MCG	IPRATROPIUM BROMIDE HFA INHAL AEROSOL 17 MCG/ACT	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				

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Drug name	Generic name	Tier value	Prior auth	Quantity limit	Step therapy	Notes
LEVALBUTEROL NEB 0.31MG	LEVALBUTEROL HCL SOLN NEBU 0.31 MG/3ML (BASE EQUIV)	Tier 3		X		
LEVALBUTEROL NEB 0.63MG	LEVALBUTEROL HCL SOLN NEBU 0.63 MG/3ML (BASE EQUIV)	Tier 3		X		
LEVALBUTEROL NEB 1.25/0.5	LEVALBUTEROL HCL SOLN NEBU CONC 1.25 MG/0.5ML (BASE EQUIV)	Tier 3		X		
LEVALBUTEROL NEB 1.25MG	LEVALBUTEROL HCL SOLN NEBU 1.25 MG/3ML (BASE EQUIV)	Tier 3		X		
LEVOCETIRIZI SOL 2.5/5ML	LEVOCETIRIZINE DIHYDROCHLORIDE SOLN 2.5 MG/5ML (0.5 MG/ML)	Tier 3				
LEVOCETIRIZI TAB 5MG	LEVOCETIRIZINE DIHYDROCHLORIDE TAB 5 MG	Tier 2		X		
MOMETASONE SPR 50MCG	MOMETASONE FUROATE NASAL SUSP 50 MCG/ACT	Tier 3		X		
MONTELUKAST CHW 4MG	MONTELUKAST SODIUM CHEW TAB 4 MG (BASE EQUIV)	Tier 2		X		
MONTELUKAST CHW 5MG	MONTELUKAST SODIUM CHEW TAB 5 MG (BASE EQUIV)	Tier 2		X		
MONTELUKAST GRA 4MG	MONTELUKAST SODIUM ORAL GRANULES PACKET 4 MG (BASE EQUIV)	Tier 2		X		
MONTELUKAST TAB 10MG	MONTELUKAST SODIUM TAB 10 MG (BASE EQUIV)	Tier 2		X		
NEBUSAL NEB 3%	SODIUM CHLORIDE SOLN NEBU 3%	Tier 3				
NEBUSAL NEB 6%	SODIUM CHLORIDE SOLN NEBU 6%	Tier 3				
OLOPATADINE SPR 0.6%	OLOPATADINE HCL NASAL SOLN 0.6%	Tier 3		X		
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)126X0.125MG&42X0.25MG&84X1MG	Tier 6	X	X		
ORKAMBI GRA 100-125	LUMACAFTOR-IVACAFTOR GRANULES PACKET 100-125 MG	Tier 6	X	X		
ORKAMBI GRA 150-188	LUMACAFTOR-IVACAFTOR GRANULES PACKET 150-188 MG	Tier 6	X	X		
ORKAMBI GRA 75-94MG	LUMACAFTOR-IVACAFTOR GRANULES PACKET 75-94 MG	Tier 6	X	X		
ORKAMBI TAB 100-125	LUMACAFTOR-IVACAFTOR TAB 100-125 MG	Tier 6	X	X		

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Drug name	Generic name	Tier value	Prior auth	Quantity limit	Step therapy	Notes
ORKAMBI TAB 200-125	LUMACAFTOR-IVACAFTOR TAB 200-125 MG	Tier 6	X	X		
PIRFENIDONE CAP 267MG	PIRFENIDONE CAP 267 MG	Tier 4	X	X		
PIRFENIDONE TAB 267MG	PIRFENIDONE TAB 267 MG	Tier 4	X	X		
PIRFENIDONE TAB 534MG	PIRFENIDONE TAB 534 MG	Tier 4	X	X		
PIRFENIDONE TAB 801MG	PIRFENIDONE TAB 801 MG	Tier 4	X	X		
PROMETH VC SYP 6.25-5/5	PROMETHAZINE & PHENYLEPHRINE SYRUP 6.25-5 MG/5ML	Tier 2				
PROMETH VC/ SYP CO-DEINE	PROMETHAZINE-PHENYLEPHRINE-CODEINE SYRUP 6.25-5-10 MG/5ML	Tier 2	X	X		
PROMETH/COD SOL 6.25-10	PROMETHAZINE W/ CODEINE SYRUP 6.25-10 MG/5ML	Tier 2	X	X		
PROMETH/PE SOL 6.25-5/5	PROMETHAZINE & PHENYLEPHRINE SYRUP 6.25-5 MG/5ML	Tier 2				
PROMETHAZINE SOL DM	PROMETHAZINE-DM SYRUP 6.25-15 MG/5ML	Tier 2				
PROMETHAZINE SYP DM	PROMETHAZINE-DM SYRUP 6.25-15 MG/5ML	Tier 2				
PULMOSAL NEB 7%	SODIUM CHLORIDE SOLN NEBU 7%	Tier 3				
PULMOZYME SOL 1MG/ML	DORNASE ALFA INHAL SOLN 2.5 MG/2.5ML	Tier 6	X	X		
QVAR REDIHA AER 80MCG	BECLOMETHASONE DIPROP HFA BREATH ACT INH AER 80 MCG/ACT	Tier 3		X		
QVAR REDIHAL AER 40MCG	BECLOMETHASONE DIPROP HFA BREATH ACT INH AER 40 MCG/ACT	Tier 3		X		
ROFLUMILAST TAB 250MCG	ROFLUMILAST TAB 250 MCG	Tier 3		X		
ROFLUMILAST TAB 500MCG	ROFLUMILAST TAB 500 MCG	Tier 3		X		
SILDENAFIL SUS 10MG/ML	SILDENAFIL CITRATE FOR SUSPENSION 10 MG/ML	Tier 6	X	X		
SILDENAFIL TAB 20MG	SILDENAFIL CITRATE TAB 20 MG	Tier 4	X	X		
SOD CHLORIDE NEB 0.9%	SODIUM CHLORIDE SOLN NEBU 0.9%	Tier 2				
SOD CHLORIDE NEB 10%	SODIUM CHLORIDE SOLN NEBU 10%	Tier 2				
SOD CHLORIDE NEB 3%	SODIUM CHLORIDE SOLN NEBU 3%	Tier 2				
SOD CHLORIDE NEB 7%	SODIUM CHLORIDE SOLN NEBU 7%	Tier 2				
SPIRIVA RESP AER 1.25MCG	TIOTROPIUM BROMIDE INHAL AEROSOL 1.25 MCG/ACT	Tier 3		X		
SPIRIVA RESP AER 2.5MCG	TIOTROPIUM BROMIDE INHAL AEROSOL 2.5 MCG/ACT	Tier 3		X		
SPIRIVA RESP AER 2.5MCG	TIOTROPIUM BROMIDE INHAL AEROSOL 2.5 MCG/ACT	Tier 3		X		
STIOLTO AER 2.5-2.5	TIOTROPIUM BR-OLODATEROL INHAL AERO SOLN 2.5-2.5 MCG/ACT	Tier 3		X		
STIOLTO AER 2.5-2.5	TIOTROPIUM BR-OLODATEROL INHAL AERO SOLN 2.5-2.5 MCG/ACT	Tier 3		X		
STRIVERDI AER 2.5MCG	OLODATEROL HCL INHAL AEROSOL SOLN 2.5 MCG/ACT (BASE EQUIV)	Tier 3		X		

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Drug name	Generic name	Tier value	Prior auth	Quantity limit	Step therapy	Notes
TADALAFIL TAB 20MG	TADALAFIL TAB 20 MG (PAH)	Tier 4	X	X		
TERBUTALINE TAB 2.5MG	TERBUTALINE SULFATE TAB 2.5 MG	Tier 3				
TERBUTALINE TAB 5MG	TERBUTALINE SULFATE TAB 5 MG	Tier 3				
THEO-24 CAP 100MG CR	THEOPHYLLINE CAP ER 24HR 100 MG	Tier 5				
THEO-24 CAP 200MG CR	THEOPHYLLINE CAP ER 24HR 200 MG	Tier 5				
THEO-24 CAP 300MG CR	THEOPHYLLINE CAP ER 24HR 300 MG	Tier 5				
THEO-24 CAP 400MG ER	THEOPHYLLINE CAP ER 24HR 400 MG	Tier 5				
THEOPHYLLINE ELX 80/15ML	THEOPHYLLINE ELIXIR 80 MG/15ML	Tier 3				
THEOPHYLLINE SOL 80/15ML	THEOPHYLLINE SOLN 80 MG/15ML	Tier 3				
THEOPHYLLINE TAB 100MG ER	THEOPHYLLINE TAB ER 12HR 100 MG	Tier 2				
THEOPHYLLINE TAB 200MG ER	THEOPHYLLINE TAB ER 12HR 200 MG	Tier 2				
THEOPHYLLINE TAB 300MG ER	THEOPHYLLINE TAB ER 12HR 300 MG	Tier 2				
THEOPHYLLINE TAB 400MG ER	THEOPHYLLINE TAB ER 24HR 400 MG	Tier 2				
THEOPHYLLINE TAB 450MG ER	THEOPHYLLINE TAB ER 12HR 450 MG	Tier 2				
THEOPHYLLINE TAB 600MG ER	THEOPHYLLINE TAB ER 24HR 600 MG	Tier 2				
TIOTROP BROM CAP 18MCG	TIOTROPIUM BROMIDE INHAL CAP 18 MCG (BASE EQUIV)	Tier 3		X		
TOBRAMYCIN NEB 300/5ML	TOBRAMYCIN NEBU SOLN 300 MG/5ML	Tier 6	X	X		
TOBRAMYCIN NEB 300/5ML	TOBRAMYCIN NEBU SOLN 300 MG/5ML	Tier 6	X	X		
TRELEGY AER 100MCG	FLUTICASONE-UMECLIDINIUM-VILANTEROL AEPB 100-62.5-25 MCG/ACT	Tier 3		X		
TRELEGY AER 100MCG	FLUTICASONE-UMECLIDINIUM-VILANTEROL AEPB 100-62.5-25 MCG/ACT	Tier 3		X		
TRELEGY AER 200MCG	FLUTICASONE-UMECLIDINIUM-VILANTEROL AEPB 200-62.5-25 MCG/ACT	Tier 3		X		
TRELEGY AER 200MCG	FLUTICASONE-UMECLIDINIUM-VILANTEROL AEPB 200-62.5-25 MCG/ACT	Tier 3		X		
TRIKAFTA PAK 59.5MG	ELEXACAF-TEZACAF-IVACAF 80-40-60 MG& IVACAF 59.5MG THPK GRAN	Tier 6	X	X		
TRIKAFTA PAK 75MG	ELEXACAF-TEZACAF-IVACAF 100-50-75 MG& IVACAF 75MG THPK GRAN	Tier 6	X	X		
TRIKAFTA TAB	ELEXACAF-TEZACAF-IVACAF 100-50-75 MG &IVACAFTOR 150 MG TBPK	Tier 6	X	X		
TRIKAFTA TAB	ELEXACAF-TEZACAF-IVACAF 50-25-37.5 MG & IVACAFTOR 75 MG TBPK	Tier 6	X	X		

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Drug name	Generic name	Tier value	Prior auth	Quantity limit	Step therapy	Notes
TUXARIN ER TAB 54.3-8MG	CODEINE PHOS-CHLORPHENIRAMINE MALEATE TAB ER 12HR 54.3-8 MG	Tier 5	X	X		
TYVASO DPI POW 16-32-48	TREPROSTINIL INH POWD 112 X 16MCG & 112 X 32MCG & 28 X 48MCG	Tier 4	X	X		
TYVASO DPI POW 16MCG	TREPROSTINIL INH POWDER 16 MCG/CARTRIDGE	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 DPI POW 80MCG	TREPROSTINIL INH POWDER 80 MCG/CARTRIDGE	Tier 4	X	X		
TYVASO DPI POW MAIN KIT	TREPROSTINIL INH POWDER 112 X 32MCG & 112 X 64MCG	Tier 4	X	X		
TYVASO DPI POW MAIN KIT	TREPROSTINIL INH POWDER 112 X 48MCG & 112 X 64MCG	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 1				
VENTOLIN HFA AER	ALBUTEROL SULFATE INHAL AERO 108 MCG/ACT (90MCG BASE EQUIV)	Tier 1				
WIXELA INHUB AER 100/50	FLUTICASONE-SALMETEROL AER POWDER BA 100-50 MCG/ACT	Tier 3		X		
WIXELA INHUB AER 250/50	FLUTICASONE-SALMETEROL AER POWDER BA 250-50 MCG/ACT	Tier 3		X		
WIXELA INHUB AER 500/50	FLUTICASONE-SALMETEROL AER POWDER BA 500-50 MCG/ACT	Tier 3		X		
ZAFIRLUKAST TAB 10MG	ZAFIRLUKAST TAB 10 MG	Tier 3		X		
ZAFIRLUKAST TAB 20MG	ZAFIRLUKAST TAB 20 MG	Tier 3		X		
ZILEUTON ER TAB 600MG	ZILEUTON TAB ER 12HR 600 MG	Tier 3			X	
Skeletal Muscle Relaxants						
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				
METAXALONE TAB 800MG	METAXALONE TAB 800 MG	Tier 3				
METHOCARBAM TAB 500MG	METHOCARBAMOL TAB 500 MG	Tier 2				

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Drug name	Generic name	Tier value	Prior auth	Quantity limit	Step therapy	Notes	
METHOCARBAM TAB 750MG	METHOCARBAMOL TAB 750 MG	Tier 2					
ORPHENADRINE TAB 100MG ER	ORPHENADRINE CITRATE TAB ER 12HR 100 MG	Tier 2					
Sleep Disorder Agents							
ARMODAFINIL TAB 150MG	ARMODAFINIL TAB 150 MG	Tier 1		X			
ARMODAFINIL TAB 200MG	ARMODAFINIL TAB 200 MG	Tier 1		X			
ARMODAFINIL TAB 250MG	ARMODAFINIL TAB 250 MG	Tier 1		X			
ARMODAFINIL TAB 50MG	ARMODAFINIL TAB 50 MG	Tier 1		X			
BELSOMRA TAB 10MG	SUVOREXANT TAB 10 MG	Tier 5		X	X	BH*	
BELSOMRA TAB 15MG	SUVOREXANT TAB 15 MG	Tier 5		X	X	BH*	
BELSOMRA TAB 20MG	SUVOREXANT TAB 20 MG	Tier 5		X	X	BH*	
BELSOMRA TAB 5MG	SUVOREXANT TAB 5 MG	Tier 5		X	X	BH*	
DOXEPIN TAB 3MG	DOXEPIN HCL (SLEEP) TAB 3 MG (BASE EQUIV)	Tier 3		X		BH*	
DOXEPIN TAB 6MG	DOXEPIN HCL (SLEEP) TAB 6 MG (BASE EQUIV)	Tier 3		X		BH*	
ESTAZOLAM TAB 1MG	ESTAZOLAM TAB 1 MG	Tier 2		X		BH*	
ESTAZOLAM TAB 2MG	ESTAZOLAM TAB 2 MG	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			
MODAFINIL TAB 200MG	MODAFINIL TAB 200 MG	Tier 1		X			
QUAZEPAM TAB 15MG	QUAZEPAM TAB 15 MG	Tier 3				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			
SUNOSI TAB 75MG	SOLRIAMFETOL HCL TAB 75 MG (BASE EQUIV)	Tier 1	X	X			
TASIMELTEON CAP 20MG	TASIMELTEON CAPSULE 20 MG	Tier 6	X	X		BH*	
TEMAZEPAM CAP 15MG	TEMAZEPAM CAP 15 MG	Tier 2		X		BH*	
TEMAZEPAM CAP 22.5MG	TEMAZEPAM CAP 22.5 MG	Tier 2		X		BH*	
TEMAZEPAM CAP 30MG	TEMAZEPAM CAP 30 MG	Tier 2		X		BH*	
TEMAZEPAM CAP 7.5MG	TEMAZEPAM CAP 7.5 MG	Tier 2		X		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*	
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*	
ZOLPIDEM ER TAB 12.5MG	ZOLPIDEM TARTRATE TAB ER 12.5 MG	Tier 3		X		BH*	

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Drug name	Generic name	Tier value	Prior auth	Quantity limit	Step therapy	Notes
ZOLPIDEM ER TAB 6.25MG	ZOLPIDEM TARTRATE TAB ER 6.25 MG	**Tier 3**		X		BH*

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Medical product drug list

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

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

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

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

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

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

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

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

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

Drug name	Generic name
Daptacel	Diphtheria, tetanus toxoids, and acellular pertussis vaccine (DTaP), when administered to individuals younger than seven years, for intramuscular use
daptomycin, generic (Baxter)	daptomycin (Baxter), not therapeutically equivalent to J0878, 1 mg
daptomycin, generic (Hospira)	daptomycin (Hospira), not therapeutically equivalent to J0878, 1 mg
daptomycin, generic (Xelia)	daptomycin (Xellia), unrefrigerated, not therapeutically equivalent to J0878 or J0873, 1 mg
daptomycin, generic (Xellia)	daptomycin (xellia),not therapeutically equivalent to j0878 or j0872, 1 mg
Darzalex	daratumumab, 10 mg
Darzalex Faspro	daratumumab, 10 mg and hyaluronidase-fihj
daunorubicin	daunorubicin, 10 mg
Daxxify	daxibotulinumtoxina-lanm, 1 unit
Decavac	Diphtheria and tetanus toxoids adsorbed (DT) when administered to individuals younger than 7 years, for intramuscular use
delestrogen injection	estradiol valerate, up to 10 mg
Demerol	meperidine HCl, per 100 mg
Depo-Estradiol	depo-estradiol cypionate, up to 5 mg
Depo-Medrol	methylprednisolone acetate, 1 mg
Depo-Provera	medroxyprogesterone acetate, 1 mg
Depo-Testosterone	testosterone cypionate, 1 mg
Desferal	deferoxamine mesylate, 500 mg
desmopressin injection	desmopressin acetate, per 1 mcg
dexamethasone injection	dexamethasone sodium phosphate, 1 mg
Dextenza	Dexamethasone, lacrimal ophthalmic insert, 0.1 mg
dextrose 5% in lactated ringers infusion	5% dextrose in lactated ringers infusion, up to 1000 cc
dextrose 5%/normal saline infusion	5% dextrose/normal saline (500 ml = 1 unit)
dextrose 5%/water	5% dextrose/water (500 ml = 1 unit)
dextrose 5%/water	Infusion, D-5-W, 1,000 cc
Dexycu	dexamethasone 9%, intraocular, 1 mcg
DHE injection	dihydroergotamine mesylate, per 1 mg
diazepam injection	diazepam, up to 5 mg
dicyclomine injection	dicyclomine HCl, up to 20 mg
DIGIfab	digoxin immune fab (ovine), per vial
digoxin injection	digoxin, up to 0.5 mg
dimenhydrinate injection	dimenhydrinate, up to 50 mg
diphenhydramine injection	diphenhydramine HCl, up to 50 mg
Diprivan injection	propofol, 10 mg
dipyridamole injection	dipyridamole, per 10 mg
dobutamine injection	dobutamine HCl, per 250 mg
docetaxel	docetaxel, 1 mg
docetaxel, generic (Ingenus)	docetaxel (Ingenus), not therapeutically equivalent to J9171, 1 mg
dopamine injection	dopamine HCl, 40 mg
Doxil	doxorubicin HCl, liposomal, not otherwise specified, 10 mg
doxorubicin Hydrochloride	doxorubicin HCl, 10 mg
Doxycyline Injection	doxycycline hyclate, 1 mg
droperidol injection	droperidol, up to 5 mg
Duopa	Carbidopa 5 mg/levodopa 20 mg enteral suspension, 100 ml
Durolane	Hyaluronan or derivative, Durolane, for intra-articular 1 mg
Durysta	bimatoprost, intracameral implant, 1 mcg
Dysport	abobotulinumtoxinA, 5 units
Edetate calcium disodium	edetate calcium disodium, up to 1,000 mg
Elahere	mirvetuximab soravtansine-gynx, 1 mg
Elaprase	idursulfase, 1 mg
Elelyso	taliglucerase alfa, 10 units
Elevidys	delandistrogene moxeparvovec-rokl, per therapeutic dose
Elfabrio	pegunigalsidase alfa-iwxj, 1 mg
Elitek	rasburicase, 0.5 mg
Elliott's B Solution	Elliotts' B solution, 1 ml
Eloctate	Factor VIII Fc fusion protein (recombinant), per IU
Eloxatin	oxaliplatin, 0.5 mg
Elrexfio	elranatamab-bcmm, 1 mg
Eluryng	Ethinyl estradiol and etonogestrel 0.015 mg, 0.12 mg per 24 hours; monthly vaginal ring, ea
Elzonris	tagraxofusp-erzs, 10 mcg
Emend injection	fosaprepitant, 1 mg
Emend, generic (Teva)	fosaprepitant (Teva), not therapeutically equivalent to J1453, 1 mg
Empliciti	elotuzumab, 1 mg
Engerix-B	Hepatitis B vaccine (HepB), pediatric/adolescent dosage, 3 dose schedule, for intramuscular use
Engerix-B	Hepatitis B vaccine (HepB), adult dosage, 3 dose schedule, for intramuscular use
Engerix-B	Hepatitis B vaccine (HepB), dialysis or immunosuppressed patient dosage, 4 dose schedule, for intramuscular use
Enhertu	fam-trastuzumab deruxtecan-nxki, 1 mg

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

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

Drug name	Generic name
Fluzone High-Dose	Influenza virus vaccine (IIV), split virus, preservative free, enhanced immunogenicity via increased antigen content, for intramuscular use
Fluzone Quad	Influenza virus vaccine, quadrivalent (IIV4), split virus, 0.25 mL dosage, for intramuscular use
Fluzone Quad	Influenza virus vaccine, quadrivalent (IIV4), split virus, 0.5 mL dosage, for intramuscular use
Focinvez	fosaprepitant (Focinvez), 1 mg
Folotyn	pralatrexate, 1 mg
fomepizole injection	fomepizole, 15 mg
Foscavir	foscarnet sodium, per 1,000 mg
Fulphila	pegfilgrastim-jmdb (Fulphila), biosimilar, 0.5 mg
Fusilev	levoleucovorin, not otherwise specified, 0.5 mg
Fyarro	sirolimus protein-bound particles, 1 mg
Fylnetra	pegfilgrastim-pbbk (Fylnetra), biosimilar, 0.5 mg
Gablofen	baclofen, 10 mg
Gablofen trial dose	baclofen, 50 mcg for intrathecal trial
Gamastan	gamma globulin, intramuscular, over 10 cc
Gamastan 1 cc	gamma globulin, intramuscular, 1 cc
Gamifant	emapalumab-lzsg, 1 mg
Gammagard	immune globulin, intravenous, lyophilized (e.g., powder), not otherwise specified, 500 mg
Gammagard Liquid	immune globulin, (Gammagard liquid), nonlyophilized, (e.g., liquid), 500 mg
Gammaplex	immune globulin, (Gammaplex), intravenous, nonlyophilized (e.g., liquid), 500 mg
Gamunex-C, Gammaked	immune globulin, (Gamunex/ Gamunex-C/Gammaked), nonlyophilized (e.g., liquid), 500 mg
Ganciclovir injection	ganciclovir sodium, 500 mg
ganciclovir, generic (Exela)	ganciclovir sodium (Exela) not therapeutically equivalent to J1570, 500 mg
Gardasil 9	Human Papillomavirus vaccine types 6, 11, 16, 18, 31, 33, 45, 52, 58, nonavalent (9vHPV), 2 or 3 dose schedule, for intramuscular us
Gazyva	obinutuzumab, 10 mg
Gel-One	Hyaluronan or derivative, Gel-One, for intra-articular per dose
Gelsyn-3	Hyaluronan or derivative, GELSYN-3, for intra-articular 0.1 mg
gemcitabine	gemcitabine HCl, not otherwise specified, 200 mg
gemcitabine, generic (Accord)	gemcitabine hydrochloride (Accord), not therapeutically equivalent to J9201, 200 mg
gentamicin injection	garamycin, gentamicin, up to 80 mg
Genvisc 850	Hyaluronan or derivative, GenVisc 850, for intra-articular 1 mg
Geodon injection	ziprasidone mesylate, 10 mg
Givlaari	givosiran, 0.5 mg
Glassia	alpha 1 proteinase inhibitor (human), (GLASSIA), 10 mg
glucagon	glucagon HCl, per 1 mg
glucagon, generic (Fresenius Kabi)	glucagon HCl (Fresenius Kabi), not therapeutically equivalent to J1610, per 1 mg
glycopyrrolate Injection	glycopyrrolate, 0.1 mg
glycopyrrolate, generic (Fresenius Kab)	glycopyrrolate (Fresenius Kabi), not therapeutically equivalent to J1596, 0.1 mg
Glyrx-PF	glycopyrrolate (Glyrx-PF), 0.1 mg
granisetron injection	granisetron HCl, 100 mcg
Granix	tbo-filgrastim, 1 mcg
Halaven	eribulin mesylate, 0.1 mg
haloperidol decanoate injection	haloperidol decanoate, per 50 mg
haloperidol lactate injection	haloperidol, up to 5 mg
Havrix	Hepatitis A vaccine (Hep A), adult dosage, for intramuscular use
Havrix	Hepatitis A vaccine (Hep A), pediatric/adolescent dosage - 2-dose schedule, for intramuscular use
Hectorol	doxercalciferol, 1 mcg
Hemgenix	etranacogene dezaparvovec-drlb, per therapeutic dose
Hemlibra	emicizumab-kxwh, 0.5 mg
Hemofil M	Factor VIII (antihemophilic factor, human) per IU
Hemophilia Clotting Factor Not Otherwise Classified	Hemophilia clotting factor, not otherwise classified
Hepagam B	hepatitis B immune globulin (Hepagam B), intramuscular, 0.5 ml
Hepagam B	hepatitis B immune globulin (Hepagam B), intravenous, 0.5 ml
heparin injection	Heparin sodium, per 1000 units
heparin lock flush	heparin sodium, (heparin lock flush), per 10 units
heparin, generic (Pfizer)	heparin sodium (Pfizer), not therapeutically equivalent to J1644, per 1000 units
Heplisav-B	Hepatitis B vaccine (HepB), CpG-adjuvanted, adult dosage, 2 dose or 4 dose schedule, for intramuscular use
Hepzato	melphalan (Hepzato), 1 mg
Herceptin	trastuzumab, excludes biosimilar, 10 mg
Herceptin Hylecta	trastuzumab, 10 mg and hyaluronidase-oysk
Hercessi	Injection Trastuzumab-Strf Hercessi Bs 10 Mg

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

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

Drug name	Generic name
Jynneos	Smallpox and monkeypox vaccine, attenuated vaccinia virus, live, non-replicating, preservative free, 0.5 mL dosage, suspension, for subcutaneous use
Kadcyla	ado-trastuzumab emtansine, 1 mg
Kalbitor	ecallantide, 1 mg
Kanjinti	trastuzumab-anns, biosimilar, (Kanjinti), 10 mg
Kanuma	sebelipase alfa, 1 mg
Kcentra	Prothrombin complex concentrate (human), Kcentra, per IU of Factor IX activity
Kedrab	Rabies immune globulin, heat- and solvent/detergent-treated (RIg-HT S/D), human, for intramuscular and/or subcutaneous use
Kenalog	triamcinolone acetonide, not otherwise specified, 10 mg
Kepivance	palifermin, 50 mcg
ketorolac injection	ketorolac tromethamine, per 15 mg
Keytruda	pembrolizumab, 1 mg
Khapzory	levoleucovorin (Khapzory), 0.5 mg
Kimmtrak	tebentafusp-tebn, 1 mcg
Kimyrsa	oritavancin (Kimyrsa), 10 mg
Kinevac	sincalide, 5 mcg
Kinrix	Diphtheria, tetanus toxoids, acellular pertussis vaccine and inactivated poliovirus vaccine, (DTaP-IPV), when administered to children 4 years through 6 years of age, for intramuscular
Kisunla	donanemab-azbt, 2 mg
Korsuva	difelikefalin, 0.1 mcg, (for ESRD on dialysis)
Kovaltry	Factor VIII, (antihemophilic factor, recombinant), (Kovaltry), 1 IU
Krystexxa	pegloticase, 1 mg
Kybella	deoxycholic acid, 1 mg
Kyleena	Levonorgestrel-releasing intrauterine contraceptive system, (Kyleena), 19.5 mg
Kymriah	Tisagenlecleucel, up to 600 million CAR-positive viable T cells, including leukapheresis and dose preparation procedures, per therapeutic dose
Kyprolis	carfilzomib, 1 mg
labetalol	labetalol HCl, 5 mg
labetalol, generic (Hikma)	labetalol HCl (Hikma) not therapeutically equivalent to J1820, 5 mg
lactated ringers infusion	Ringers lactate infusion, up to 1,000 cc
Lamzede	velmanase alfa-tycv, 1 mg
lanreotide (cipla)	lanreotide, (Cipla), 1 mg
Lartruvo	olaratumab, 10 mg
Lemtrada	alemtuzumab, 1 mg
Leqembi	lecanemab-irmb, 1 mg
Leqvio	inclisiran, 1 mg
leucovorin calcium	leucovorin calcium, per 50 mg
Leukine	sargramostim (GM-CSF), 50 mcg
leuprolide acetate	Leuprolide acetate, per 1 mg
levetiracetam injection	levetiracetam, 10 mg
Levofloxacin injection	levofloxacin, 250 mg
levothyroxine injection	levothyroxine sodium, not otherwise specified, 10 mcg
levothyroxine generic (Fresenius Kabi)	levothyroxine sodium (Fresenius Kabi) not therapeutically equivalent to J0650, 10 mcg
levothyroxine generic (Hikma)	levothyroxine sodium (Hikma) not therapeutically equivalent to J0650, 10 mcg
Levsin injection	hyoscyamine sulfate, up to 0.25 mg
Levulan	Aminolevulinic acid HCl for topical administration, 20%, single unit dosage form (354 mg)
Lexiscan	regadenoson, 0.1 mg
Libtayo	cemiplimab-rwlc, 1 mg
lidocaine/dextrose injection	lidocaine HCl in 5% dextrose, 1 mg
Liletta	Levonorgestrel-releasing intrauterine contraceptive system (Liletta), 52 mg
Lincocin	lincomycin HCl, up to 300 mg
linezolid, generic (Pfizer)	linezolid (Hospira) not therapeutically equivalent to J2020, 200 mg
LMD in D5W infusion	Infusion, dextran 40, 500 ml
Loqtorzi	toripalimab-tpzi, 1 mg
lorazepam injection	lorazepam, 2 mg
Lucentis	ranibizumab, 0.1 mg
Lumizyme	alglucosidase alfa, (Lumizyme), 10 mg
Lumoxiti	moxetumomab pasudotox-tdfk, 0.01 mg
Lunsumio	mosunetuzumab-axgb, 1 mg
Lupron Depot, Eligard	Leuprolide acetate (for depot suspension), 7.5 mg
Lupron Depot-Ped	leuprolide acetate (for depot suspension), per 3.75 mg
Lurbinectedin	lurbinectedin, 0.1 mg
Lutrate	leuprolide acetate for depot suspension (Cipla), 7.5 mg
Luxturna	voretigene neparvovec-rzyl, 1 billion vector genomes
Lyfgenia	lovotibeglogene autotemcel, per treatment
Lymphir	denileukin diftitox-cxdl, 1 mcg
MACI	Autologous cultured chondrocytes, implant
magnesium sulfate injection	magnesium sulfate, per 500 mg
mannitol injection	mannitol, 25% in 50 ml
Margenza	margetuximab-cmkb, 5 mg
Mavenclad	cladribine, per 1 mg

Drug name	Generic name
Melphalan HCL	melphalan HCl, not otherwise specified, 50 mg
melphalan, generic (Apotex)	melphalan (Apotex), 1 mg
Menactra	Meningococcal conjugate vaccine, serogroups A, C, W, Y, quadrivalent, diptheria toxoid carrier (MenACWY-D) or CRM197 carrier (MenACWY-CRM), for intramuscular use
MenQuadfi	Meningococcal conjugate vaccine, serogroups A, C, W, Y, quadrivalent, tetanus toxoid carrier (MenACWY-TT), for intramuscular use
Mepsevii	vestronidase alfa-vjbk, 1 mg
meropenem	meropenem, 100 mg
meropenem, generic (B. Braun)	meropenem (B. Braun) not therapeutically equivalent to J2185, 100 mg
meropenem, generic (WG Critical Care)	meropenem (WG Critical Care), not therapeutically equivalent to J2185, 100 mg
Mesna	mesna, 200 mg
Methadone injection	methadone HCl, up to 10 mg
methotrexate	Methotrexate sodium, 50 mg
methotrexate, generic (Accord)	methotrexate (Accord), not therapeutically equivalent to J9250 and J9260, 50 mg
methylergonovine maleate	methylergonovine maleate, up to 0.2 mg
metoclopramide injection	metoclopramide HCl, up to 10 mg
metronidazole injection	metronidazole, 10 mg
micafungin injection	micafungin sodium, 1 mg
micafungin, generic (Baxter)	micafungin in sodium (baxter), not therapeutically equivalent to j2248, 1 mg
micafungin, generic (Par pharmaceutical)	micafungin sodium (Par Pharm) not therapeutically equivalent to J2248, 1 mg
midazolam injection	midazolam HCl, per 1 mg
midazolam, generic (WG Critical Care)	midazolam HCl (WG Critical Care) not therapeutically equivalent to J2250, per 1 mg
milrinone injection	milrinone lactate, 5 mg
minocycline injection	minocycline HCl, 1 mg
Mircera (for ESRD on dialysis)	epoetin beta, 1 mcg, (for ESRD on dialysis)
Mircera (for non-ESRD)	epoetin beta, 1 mcg, (for non-ESRD use)
Mirena	Levonorgestrel-releasing intrauterine contraceptive system (Mirena), 52 mg
mitomycin	Mitomycin, 5 mg
mitomycin pyelocalyceal instillation	Mitomycin pyelocalyceal instillation, 1 mg
Mitosol	Mitomycin, opthalmic, 0.2 mg
mitoxantrone	mitoxantrone HCl, per 5 mg
Moderna COVID-19 vaccine	Severe acute respiratory syndrome coronavirus 2 (SARSCoV-2) (coronavirus disease [COVID-19]) vaccine, mRNALNP, 25 mcg/0.25 mL dosage, for intramuscular use
Moderna COVID-19 vaccine	Severe acute respiratory syndrome coronavirus 2 (SARSCoV-2) (coronavirus disease [COVID-19]) vaccine, mRNALNP, 50 mcg/0.5 mL dosage, for intramuscular use
Monjuvi	tafasitamab-cxix, 2 mg
Monoferric	ferric derisomaltose, 10 mg
Monovisc	Hyaluronan or derivative, Monovisc, for intra-articular per dose
morphine injection	morphine sulfate, up to 10 mg
morphine preservative-free injection	morphine sulfate, preservative free for epidural or intrathecal use, 10 mg
morphine, generic (Fresenius Kabi)	morphine sulfate (Fresenius Kabi) not therapeutically equivalent to J2270, up to 10 mg
moxifloxacin injection	moxifloxacin, 100 mg
moxifloxacin, generic (Fresenius Kabi)	moxifloxacin (Fresenius Kabi) not therapeutically equivalent to J2280, 100 mg
Mozobil	plerixafor, 1 mg
Muse	Alprostadil urethral suppository (code may be used for Medicare when drug administered under the direct supervision of a physician, not for use when drug is self-administered)
Mvasi	bevacizumab-awwb, biosimilar, (Mvasi), 10 mg
Mycophenolate (IV)	Immunosuppressive drug, not otherwise classified
Mycophenolate Mofetil	mycophenolate mofetil, 10 mg
Mylotarg	gemtuzumab ozogamicin, 0.1 mg
Myobloc	rimabotulinumtoxinB, 100 units
Nafcillin	NAFCILLIN SODIUM, 20 MG
Naglazyme	galsulfase, 1 mg
nalbuphine injection	nalbuphine HCl, per 10 mg
naloxone injection	naloxone HCl, per 1 mg
Naropin	ropivacaine HCl, 1 mg
nelarabine	nelarabine, 50 mg
Nembutal	pentobarbital sodium, per 50 mg
neostigmine injection	neostigmine methylsulfate, up to 0.5 mg
Neulasta	pegfilgrastim, excludes biosimilar, 0.5 mg
Neupogen	filgrastim (G-CSF), excludes biosimilars, 1 mcg
Nexplanon	Etonogestrel (contraceptive) implant system, including implant and supplies
Nexterone	amiodarone HCl (Nexterone), 30 mg

Drug name	Generic name
Nexviazyme	avalglucosidase alfa-ngpt, 4 mg
nicardipine Injection	nicardipine, 0.1 mg
Niktimvo	axatilimab-csfr, 0.1 mg
Nithiodote	sodium nitrite 3 mg and sodium thiosulfate 125 mg (Nithiodote)
nitroglycerin	nitroglycerin, 5 mg
Nivestym	filgrastim-aafi, biosimilar, (Nivestym), 1 mcg
normal saline infusion	Infusion, normal saline solution, 1,000 cc
normal saline infusion	Infusion, normal saline solution, sterile (500 ml=1 unit)
normal saline infusion	Infusion, normal saline solution, 250 cc
Not Otherwise Classified drugs, other than inhalation drugs, administered through DME	NOC drugs, other than inhalation drugs, administered through DME
Not otherwise classified, antineoplastic drug	Not otherwise classified, antineoplastic drugs
Novavax COVID-19 vaccine	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, recombinant spike protein nanoparticle, saponin-based adjuvant, preservative free, 5 mcg/0.5mL dosage, for intramuscular use
Novoeight	Factor VIII, (antihemophilic factor, recombinant), (NovoEight), per IU
NovoSeven RT	Factor VIIa (antihemophilic factor, recombinant), (NovoSeven RT), 1 mcg
Nplate	Injection Romiplostim 1 Mcg
Nucala	mepolizumab, 1 mg
Nulojix	belatacept, 1 mg
Nuwiq	Factor VIII, (antihemophilic factor, recombinant), (Nuwiq), 1 IU
Nuzyra	omadacycline, 1 mg
Nypozi	filgrastim-txid (Nypozi), biosimilar, 1 mcg
Nyvepria	pegfilgrastim-apgf (Nyvepria), biosimilar, 0.5 mg
Obizur	Factor VIII (antihemophilic factor, recombinant) (Obizur), per IU
Ocrevus	ocrelizumab, 1 mg
Ocrevus Zunovo	ocrelizumab, 1 mg and hyaluronidase-ocsq
Octagam	immune globulin, (Octagam), intravenous, nonlyophilized (e.g., liquid), 500 mg
Ofirmev	acetaminophen, not otherwise specified, 10 mg
Ofirmev, generic (B.Braun)	acetaminophen (B. Braun) not therapeutically equivalent to J0131, 10 mg
Ofirmev, generic (Fresenius Kabi)	acetaminophen (Fresenius Kabi) not therapeutically equivalent to J0131, 10 mg
Ogivri	Trastuzumab-dkst, biosimilar, (Ogivri), 10 mg
Olanzapine	olanzapine, 0.5 mg
omacetaxine	omacetaxine mepesuccinate, 0.01 mg
Omidria	Phenylephrine 10.16 mg/ml and ketorolac 2.88 mg/ml ophthalmic irrigation solution, 1 ml
Omvoh	mirikizumab-mrkz, 1 mg
Oncaspar	pegaspargase, per single dose vial
ondansetron injection	ondansetron HCl, per 1 mg
Onivyde	irinotecan liposome, 1 mg
Onpattro	patisiran, 0.1 mg
Ontruzant	trastuzumab-dttb, biosimilar, (Ontruzant), 10 mg
Opdivo	nivolumab, 1 mg
Opdualag	nivolumab and relatlimab-rmbw, 3 mg/1 mg
Orbactiv	oritavancin (Orbactiv), 10 mg
Orencia	abatacept, 10 mg (code may be used for Medicare when drug administered under the direct supervision of a physician, not for use when drug is self-administered)
orphenadrine injection	orphenadrine citrate, up to 60 mg
Orthovisc	Hyaluronan or derivative, Orthovisc, for intra-articular per dose
Otiprio	Instillation, ciprofloxacin otic suspension, 6 mg
Otulfi	ustekinumab-aauz (Otulfi), biosimilar, 1 mg
oxacillin injection	oxacillin sodium, up to 250 mg
Oxlumo	lumasiran, 0.5 mg
Oxytocin	oxytocin, up to 10 units
Ozurdex	dexamethasone, intravitreal implant, 0.1 mg
paclitaxel	paclitaxel, 1 mg
Padcev	enfortumab vedotin-ejfv, 0.25 mg
palonestron, generic (Avyxa)	palonosetron hydrochloride (avyxa), not therapeutically equivalent to J2469, 25 mcg
pamidronate injection	pamidronate disodium, per 30 mg
Panhematin	hemin, 1 mg
Pantoprazole	Injection Pantoprazole Sodium In Naci 40 Mg
pantoprazole	pantoprazole sodium, 40 mg
pantoprazole, generic (Hikma)	pantoprazole (Hikma), not therapeutically equivalent to J2470, 40 mg
Panzyga	immune globulin (Panzyga), intravenous, non-lyophilized (e.g., liquid), 500 mg
papaverine injection	papaverine HCl, up to 60 mg
Paragard	Intrauterine copper contraceptive

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

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

Drug name	Generic name
prochlorperazine injection	prochlorperazine, up to 10 mg
progesterone oil injection	progesterone, per 50 mg
Proleukin	aldesleukin, per single use vial
Prolia, Xgeva	denosumab, 1 mg
promethazine injection	promethazine HCl, up to 50 mg
propranolol injection	propranolol HCl, up to 1 mg
ProQuad	Measles, mumps, rubella, and varicella vaccine (MMRV), live, for subcutaneous use
protamine injection	protamine sulfate, per 10 mg
Protopam	pralidoxime chloride, up to 1 g
Provenge	Sipuleucel-T, minimum of 50 million autologous CD54+ cells activated with PAP-GM-CSF, including leukapheresis and all other preparatory procedures, per infusion
Provocholine	Methacholine chloride administered as inhalation solution through a nebulizer, per 1 mg
Pulmicort Respules	Budesonide, inhalation solution, FDA-approved final product, noncompounded, administered through DME, unit dose form, up to 0.5 mg
Pulmicort Respules	Budesonide, inhalation solution, compounded product, administered through DME, unit dose form, up to 0.5 mg
pyridoxine injection	pyridoxine HCl, 100 mg
Pyzchiva (IV)	Injection Ustekinumab-Ttwe Pyzchiva Iv 1 Mg
Pyzchiva (SC)	Injection Ustekinumab-Ttwe Pyzchiva Sc 1 Mg
Qalsody	tofersen, 1 mg
Qutenza	Capsaicin 8% patch, per sq cm
Quzyttir	cetirizine HCl, 0.5 mg
Rabavert	Rabies vaccine, for intramuscular use
Radicava	edaravone, 1 mg
Rapivab	peramivir, 1 mg
Rebinyn	Injection Factor IX, (antihemophilic factor, recombinant), glycoPEGylated, (Rebinyn), 1 IU
Reblozyl	luspatercept-aamt, 0.25 mg
Rebyota	Fecal microbiota, live - jslm, 1 ml
Recarbrio	imipenem 4 mg, cilastatin 4 mg and relebactam 2 mg
Reclast	zoledronic acid, 1 mg
Recombivax HB	Hepatitis B vaccine (HepB), dialysis or immunosuppressed patient dosage, 3 dose schedule, for intramuscular use
Recombivax HB	Hepatitis B vaccine (HepB), adolescent, 2 dose schedule, for intramuscular use
Releuko	filgrastim-ayow, biosimilar, (Releuko), 1 mcg
Remicade	infliximab, excludes biosimilar, 10 mg
Remodulin	treprostinil, 1 mg
Renacidin	Irrigation solution for treatment of bladder calculi, for example renacidin, per 500 ml
Renflexis	infliximab-abda, biosimilar, (Renflexis), 10 mg
Retacrit (for ESRD on dialysis)	epoetin alfa-epbx, biosimilar, (Retacrit) (for ESRD on dialysis), 100 units
Retacrit (for Non-ESRD)	epoetin alfa-epbx, biosimilar, (Retacrit) (for non-ESRD use), 1000 units
Reteplase	reteplase, 18.1 mg
Retisert	fluocinolone acetonide, intravitreal implant (Retisert), 0.01 mg
Retrovir injection	zidovudine, 10 mg
Rezzayo	rezafungin, 1 mg
Rhophylac	Rho D immune globulin (human), (Rhophylac), intramuscular or intravenous, 100 IU
Riabni	rituximab-arrx, biosimilar, (Riabni), 10 mg
RiaSTAP	human fibrinogen concentrate, not otherwise specified, 1 mg
Rifadin	rifampin, 1 mg
RIMSO-50	DMSO, dimethyl sulfoxide, 50%, 50 ml
Risperdal Consta	risperidone (RISPERDAL CONSTA), 0.5 mg
Rituxan	rituximab, 10 mg
Rituxan Hycela	rituximab 10 mg and hyaluronidase
Rixubis	Factor IX, (antihemophilic factor, recombinant), Rixubis, per IU
Robaxin	methocarbamol, up to 10 ml
Roctavian	valoctocogene roxaparvovec-rvox, per ml, containing nominal 2 x 10¹³ vector genomes
Rolvedon	eflapegrastim-xnst, 0.1 mg
romidepsin, lyophilized	romidepsin, lyophilized, 0.1 mg
romidepsin, nonlyophilized	romidepsin, nonlyophilized, 0.1 mg
Rotarix	Rotavirus vaccine, human, attenuated (RV1), 2 dose schedule, live, for oral use
Rotateq	Rotavirus vaccine, pentavalent (RV5), 3 dose schedule, live, for oral use
RSV Vaccine	Respiratory syncytial virus vaccine, mRNA lipid nanoparticles, for intramuscular use
Ruconest	C1 esterase inhibitor (recombinant), Ruconest, 10 units
Ruxience	rituximab-pvvr, biosimilar, (RUXIENCE), 10 mg
Rybrevant	amivantamab-vmjw, 2 mg
Rykindo	risperidone (Rykindo), 0.5 mg

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

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

Drug name	Generic name
Thrombate III	Antithrombin III (human), per IU
Thymoglobulin	Lymphocyte immune globulin, antithymocyte globulin, rabbit, parenteral, 25 mg
Thyrogen	thyrotropin alpha, 0.9 mg, provided in 1.1 mg vial
TICE BCG	Bacillus Calmette-Guerin vaccine (BCG) for bladder cancer, live, for intravesical use
TICE BCG	BCG live intravesical instillation, 1 mg
Ticovac	Tick-borne encephalitis virus vaccine, inactivated; 0.25 mL dosage, for intramuscular use
Tigan	trimethobenzamide HCl, up to 200 mg
tigecycline, generic (Accord)	tigecycline (Accord) not therapeutically equivalent to J3243, 1 mg
Tivdak	tisotumab vedotin-tftv, 1 mg
TNKase	tenecteplase, 1 mg
tobramycin sulfate	tobramycin sulfate, up to 80 mg
Tofidence	tocilizumab-bavi (Tofidence), biosimilar, 1 mg
Torisel	temsirolimus, 1 mg
Totect	dexrazoxane HCl, per 250 mg
Trazimera	trastuzumab-qyyp, biosimilar, (Trazimera), 10 mg
Treanda	bendamustine HCl (Treanda), 1 mg
Trelstar	triptorelin pamoate, 3.75 mg
Tremfya	guselkumab, 1 mg
Tretten	Factor XIII A-subunit, (recombinant), per IU
Triesence	triamcinolone acetonide, preservative free, 1 mg
Triferic AVNU	ferric pyrophosphate citrate solution (Triferic AVNU), 0.1 mg of iron
Triferic Packet	ferric pyrophosphate citrate powder, 0.1 mg of iron
Triferic Solution	ferric pyrophosphate citrate solution (Triferic), 0.1 mg of iron
Triluron	Hyaluronan or derivative, Triluron, for intra-articular 1 mg
Triptodur	triptorelin, extended-release, 3.75 mg
Trisenox	arsenic trioxide, 1 mg
TriVisc	Hyaluronan or derivative, Trivisc, for intra-articular 1 mg
Trodelvy	sacituzumab govitecan-hziy, 2.5 mg
Trogarzo	ibalizumab-uiyk, 10 mg
Trumenba	Meningococcal recombinant lipoprotein vaccine, serogroup B (MenB-FHbp), 2 or 3 dose schedule, for intramuscular use
Truxima	rituximab-abbs, biosimilar, (Truxima), 10 mg
Twinrix	Hepatitis A & Hepatitis B vaccine (HepA-HepB) adult dosage, for intramuscular use
Twirla	Contraceptive supply, hormone containing patch, each
Tyenne	tocilizumab-aazg (Tyenne), biosimilar, 1 mg
Tygacil	tigecycline, 1 mg
Typhim Vi	Typhoid vaccine, Vi capsular polysaccharide (ViCPs), for intramuscular use
Tyruko	natalizumab-sztn (Tyruko), biosimilar, 1 mg
Tysabri	natalizumab, 1 mg
Tzield	teplizumab-mzwv, 5 mcg
Udenyca	pegfilgrastim-cbqv (Udenyca), biosimilar, 0.5 mg
Ultomiris	ravulizumab-cwvz, 10 mg
Unasyn	ampicillin sodium/sulbactam sodium, per 1.5 g
Unclassified biologics	Unclassified biologics
Unclassified drugs	Unclassified drugs
Uplizna	inebilizumab-cdon, 1 mg
Uzedy	risperidone (Uzedy), 1 mg
Vabomere	meropenem, vaborbactam, 10 mg/10 mg, (20 mg)
Vabysmo	faricimab-svoa, 0.1 mg
Valstar	valrubicin, intravesical, 200 mg
vancomycin injection	vancomycin HCl, 500 mg
vancomycin, generic (Mylan)	vancomycin HCl (Mylan) not therapeutically equivalent to J3370, 500 mg
vancomycin, generic (Xelia)	vancomycin HCl (Xellia) not therapeutically equivalent to J3370, 500 mg
Varivax	Varicella virus vaccine (VAR), live, for subcutaneous use
Varizig	Varicella-zoster immune globulin, human, for intramuscular use
vasopressin	vasopressin, 1 unit
vasopressin, generic (American Regent)	vasopressin (American Regent) not therapeutically equivalent to J2598, 1 unit
Vaxchora	Cholera vaccine, live, adult dosage, 1 dose schedule, for oral use
Vaxelis	Diphtheria, tetanus toxoids, acellular pertussis vaccine, inactivated poliovirus vaccine,Haemophilus influenzae type b PRP-OMP conjugate vaccine, and hepatitis B vaccine (DTaP-IPV-Hib-HepB), for intramuscular use
Vaxnuevance	Pneumococcal conjugate vaccine, 15 valent (PCV15), for intramuscular use
Vectibix	panitumumab, 10 mg
Vegzelma	bevacizumab-adcd (Vegzelma), biosimilar, 10 mg
Veklury	remdesivir, 1 mg
Velcade	bortezomib, 0.1 mg
Venofer	iron sucrose, 1 mg
Veopoz	pozelimab-bbfg, 1 mg

Drug name	Generic name
Vibativ	telavancin, 10 mg
Vidaza	azacitidine, 1 mg
Viltepso	viltolarsen, 10 mg
Vimizim	elosulfase alfa, 1 mg
vinblastine	vinblastine sulfate, 1 mg
vincristine	Vincristine sulfate, 1 mg
vinorelbine	vinorelbine tartrate, 10 mg
Visudyne	verteporfin, 0.1 mg
Vitrase	hyaluronidase, ovine, preservative free, per 1 USP unit (up to 999 USP units)
Vivitrol	naltrexone, depot form, 1 mg
Vivotif	Typhoid vaccine, live, oral
Vizamyl	Flutemetamol F18, diagnostic, per study dose, up to 5 mCi
Vonvendi	von Willebrand factor (recombinant), (Vonvendi), 1 IU VWF:RCo
voriconazole injection	voriconazole, 10 mg
Vpriv	velaglucerase alfa, 100 units
Vyepti	eptinezumab-jjmr, 1 mg
Vyjuvek	Beremagene geperpavec-svdt for topical administration, containing nominal 5 x 10⁹ PFU/ml vector genomes, per 0.1 ml
Vyondys 53	golodirsen, 10 mg
Vyvgart	efgartigimod alfa-fcab, 2 mg
Vyvgart Hytrulo	efgartigimod alfa, 2 mg and hyaluronidase-qvfc
Vyxeos	liposomal, 1 mg daunorubicin and 2.27 mg cytarabine
Wezlana (IV)	ustekinumab-auub (wezlana), biosimilar, intravenous, 1 mg
Wezlana (SC)	ustekinumab-auub (Wezlana), biosimilar, SC, 1 mg
Wilate	von Willebrand factor complex (human), Wilate, 1 IU VWF:RCO
WinRho SDF	Rho(D) immune globulin (RhIg), human, full-dose, for intramuscular use
WinRho SDF	Rho(D) immune globulin (RhIgIV), human, for intravenous use
WinRho SDF	Rho D immune globulin, intravenous, human, solvent detergent, 100 IU
Xembify	immune globulin (xembify), 100 mg
Xenleta	lefamulin, 1 mg
Xenpozyme	olipudase alfa-rpcp, 1 mg
Xeomin	incobotulinumtoxinA, 1 unit
Xerava	eravacycline, 1 mg
Xiaflex	collagenase, clostridium histolyticum, 0.01 mg
Xipere	triamcinolone acetonide (Xipere), 1 mg
Xolair	omalizumab, 5 mg
Xopenex nebulizer solution	Levalbuterol, inhalation solution, FDA-approved final product, noncompounded, administered through DME, concentrated form, 0.5 mg
Xopenex nebulizer solution	Levalbuterol, inhalation solution, FDA-approved final product, noncompounded, administered through DME, unit dose, 0.5 mg
Xyntha	Factor VIII (antihemophilic factor, recombinant) (Xyntha), per IU
Yervoy	ipilimumab, 1 mg
Yescarta	Axicabtagene ciloleucel, up to 200 million autologous anti-CD19 CAR positive T cells, including leukapheresis and dose preparation procedures, per therapeutic dose
YF-Vax	Yellow fever vaccine, live, for subcutaneous use
Yondelis	trabectedin, 0.1 mg
Yutiq	fluocinolone acetonide, intravitreal implant (Yutiq), 0.01 mg
Zaltrap	ziv-aflibercept, 1 mg
Zanosar	streptozocin, 1 g
Zarxio	filgrastim-sndz, biosimilar, (Zarxio), 1 mcg
Zemdri	plazomicin, 5 mg
Zemplar	paricalcitol, 1 mcg
Zerbaxa	ceftolozane 50 mg and tazobactam 25 mg
Ziextenzo	pegfilgrastim-bmez (ZIEXTENZO), biosimilar, 0.5 mg
Zilretta	triamcinolone acetonide, preservative-free, extended-release, microsphere formulation, 1 mg
Zimhi	naloxone HCl (Zimhi), 1 mg
Zinplava	bezlotoxumab, 10 mg
Zirabev	bevacizumab-bvzr, biosimilar, (Zirabev), 10 mg
Zoladex	Goserelin acetate implant, per 3.6 mg
Zolgensma	onasemnogene abeparvovec-xioi, per treatment, up to 5x10^15 vector genomes
Zosyn	piperacillin sodium/tazobactam sodium, 1 g/0.125 g (1.125 g)
Zulresso	brexanolone, 1 mg
Zymfentra	infliximab-dyyb (zymfentra), 10 mg
Zynlonta	loncastuximab tesirine-lpyl, 0.075 mg
Zynteglo	betibeglogene autotemcel, per treatment
Zynyz	retifanlimab-dlwr, 1 mg
Zyprexa Relprevv	olanzapine, long-acting, 1 mg
Zyvox	linezolid, 200 mg

Index

ABACA/LAMIVU TAB 600-300 52
ABACAVIR SOL 20MG/ML 52
ABACAVIR TAB 300MG 52
ABIGALE LO TAB 0.5-0.1 106
ABIGALE TAB 1-0.5MG 106
ABIRATERONE TAB 250MG 39
ABIRATERONE TAB 500MG 39
ABRYSVO INJ 123
ABRYSVO INJ 120MCG 123
ACAMPRO CAL TAB 333MG 16
ACARBOSE TAB 25MG 57
ACARBOSE TAB 50MG 57
ACARBOSE TAB 100MG 57
ACCU-CHEK KIT GUIDE 133
ACCU-CHEK KIT GUIDE ME 133
ACCU-CHEK TES GUIDE 133
ACCU-CHEK TES GUIDE 133
ACCUTANE CAP 10MG 86
ACCUTANE CAP 20MG 86
ACCUTANE CAP 30MG 86
ACCUTANE CAP 40MG 86
ACEBUTOLOL CAP 200MG 66
ACEBUTOLOL CAP 400MG 66
ACETAZOLAMID CAP 500MG ER 139
ACETAZOLAMID TAB 125MG 139
ACETAZOLAMID TAB 250MG 139
ACETIC ACID SOL 2% OTIC 143
ACETYLCYST SOL 10% 143
ACETYLCYST SOL 20% 143
ACITRETIN CAP 10MG 86
ACITRETIN CAP 17.5MG 86
ACITRETIN CAP 25MG 86
ACTHIB INJ 123
ACTIMMUNE INJ 2MU/0.5 123
ACYCLOVIR CAP 200MG 52
ACYCLOVIR OIN 5% 86
ACYCLOVIR SUS 200/5ML 52
ACYCLOVIR SUS 800/20ML 52
ACYCLOVIR TAB 400MG 52
ACYCLOVIR TAB 800MG 52
ADACEL INJ 123
ADACEL INJ 123
ADALIMU-ADAZ INJ 10/0.1ML 123
ADALIMU-ADAZ INJ 20/0.2ML 123
ADALIMU-ADAZ INJ 20/0.2ML 123
ADALIMU-ADAZ INJ 40/0.4ML 123
ADALIMU-ADAZ INJ 40/0.4ML 123
ADALIMU-ADAZ INJ 80/0.8ML 123
ADALIMU-ADBM KIT 10/0.2ML 123
ADALIMU-ADBM KIT 20/0.4ML 123
ADALIMU-ADBM KIT 40/0.4ML 123
ADALIMU-ADBM KIT 40/0.4ML 123
ADALIMU-ADBM KIT 40/0.4ML 123
ADALIMU-ADBM KIT 40/0.4ML 123
ADALIMU-ADBM KIT 40/0.8ML 124
ADALIMU-ADBM KIT 40/0.8ML 124
ADALIMU-ADBM KIT 40/0.8ML 124
ADALIMU-ADBM KIT 40/0.8ML 124
ADAPALENE CRE 0.1% 86
ADAPALENE GEL 0.1% 86
ADAPALENE GEL 0.3% 86
ADAPALENE GEL 0.3% PMP 86
ADEFOV DIPIV TAB 10MG 52
ADEMPAS TAB 0.5MG 144
ADEMPAS TAB 1.5MG 144
ADEMPAS TAB 1MG 144
ADEMPAS TAB 2.5MG 144
ADEMPAS TAB 2MG 144
AFIRMELLE TAB 0.1-0.02 106
AFLURIA INJ 2025-26 124
AFLURIA INJ 2025-26 124
AFTERA TAB 1.5MG 106
AFTERPILL TAB 1.5MG 106
AIMOVIG INJ 70MG/ML 37
AIMOVIG INJ 140MG/ML 37
AIRSUPRA AER 90-80MCG 144
AKTEN GEL 3.5% OP 139
ALBENDAZOLE TAB 200MG 45
ALBUTEROL AER HFA 144
ALBUTEROL AER HFA 144
ALBUTEROL AER HFA 144
ALBUTEROL AER HFA 144
ALBUTEROL AER HFA 144
ALBUTEROL AER HFA 144
ALBUTEROL AER HFA 144
ALBUTEROL AER HFA 144
ALBUTEROL AER HFA 144
ALBUTEROL NEB 0.5% 144
ALBUTEROL NEB 0.63MG/3 144
ALBUTEROL NEB 0.083% 144
ALBUTEROL NEB 1.25MG/3 144
ALBUTEROL SYP 2MG/5ML 144
ALBUTEROL SYP 8MG/20ML 144
ALBUTEROL TAB 2MG 144
ALBUTEROL TAB 4MG 144
ALCLOMETASON CRE 0.05% 86
ALCLOMETASON OIN 0.05% 86
ALCOHOL PREP PAD 133
ALECENSA CAP 150MG 39
ALENDRONATE SOL 70/75ML 133
ALENDRONATE TAB 10MG 133
ALENDRONATE TAB 35MG 133
ALENDRONATE TAB 70MG 133
ALFUZOSIN TAB 10MG ER 102
ALINIA SUS 100/5ML 45
ALLOPURINOL TAB 100MG 37
ALLOPURINOL TAB 300MG 37
ALMOTRIP MAL TAB 6.25MG 37
ALMOTRIP MAL TAB 12.5MG 37
ALMOTRIPTAN TAB 6.25MG 37
ALMOTRIPTAN TAB 12.5MG 37
ALOCRIL SOL 2% 139
ALOMIDE SOL 0.1% OP 139
ALOSETRON TAB 0.5MG 96
ALOSETRON TAB 1MG 96
ALPRAZOLAM CON 1 MG/ML 55
ALPRAZOLAM TAB 0.5MG 56
ALPRAZOLAM TAB 0.5MG ER 56
ALPRAZOLAM TAB 0.5MG OD 56
ALPRAZOLAM TAB 0.5MG XR 56
ALPRAZOLAM TAB 0.25MG 56
ALPRAZOLAM TAB 0.25 ODT 56
ALPRAZOLAM TAB 1MG 56
ALPRAZOLAM TAB 1MG ER 56
ALPRAZOLAM TAB 1MG ODT 56
ALPRAZOLAM TAB 1MG XR 56
ALPRAZOLAM TAB 2MG 56
ALPRAZOLAM TAB 2MG ER 56
ALPRAZOLAM TAB 2MG ODT 56
ALPRAZOLAM TAB 2MG XR 56
ALPRAZOLAM TAB 3MG ER 56
ALPRAZOLAM TAB 3MG XR 56
ALTACAINE SOL 0.5% OP 139
ALTAFRIN SOL 2.5% OP 139
ALTAFRIN SOL 10% OP 139
ALTAVERA TAB 106
ALVESCO AER 80MCG 144
ALVESCO AER 160MCG 144
ALVIMOPAN CAP 12MG 96
ALYACEN TAB 1/35 106
ALYACEN TAB 7/7/7 106
ALYQ TAB 20MG 144
AMABELZ TAB 0.5-0.1 106
AMANTADINE CAP 100MG 52
AMANTADINE SOL 50MG/5ML 52
AMANTADINE SOL 100/10ML 52
AMANTADINE TAB 100MG 52
AMBRISENTAN TAB 5MG 144
AMBRISENTAN TAB 10MG 144
AMCINONIDE CRE 0.1% 86
AMCINONIDE OIN 0.1% 86
AMETHYST TAB 90-20MCG 106
AMILOR/HCTZ TAB 5-50 66
AMILORIDE TAB 5MG 66
AMINOCAPR AC TAB 500MG 62
AMINOCAPR AC TAB 1000MG 62

AMINOCAPROIC SOL 0.25/ML 62
AMIODARONE TAB 100MG 66
AMIODARONE TAB 200MG 66
AMIODARONE TAB 400MG 66
AMITRIPTYLIN TAB 10MG 30
AMITRIPTYLIN TAB 25MG 30
AMITRIPTYLIN TAB 50MG 30
AMITRIPTYLIN TAB 75MG 30
AMITRIPTYLIN TAB 100MG 30
AMITRIPTYLIN TAB 150MG 30
AMJEVITA INJ 20/0.2ML 124
AMJEVITA INJ 40/0.4ML 124
AMJEVITA INJ 40/0.4ML 124
AMJEVITA INJ 80/0.8ML 124
AMLOD/BENAZP CAP 2.5-10MG 66
AMLOD/BENAZP CAP 5-10MG 66
AMLOD/BENAZP CAP 5-20MG 66
AMLOD/BENAZP CAP 5-40MG 66
AMLOD/BENAZP CAP 10-20MG 66
AMLOD/BENAZP CAP 10-40MG 66
AMLODIPINE TAB 2.5MG 66
AMLODIPINE TAB 5MG 66
AMLODIPINE TAB 10MG 66
AMLOD/VALSAR TAB 5-160MG 66
AMLOD/VALSAR TAB 5-320MG 66
AMLOD/VALSAR TAB 10-160MG 66
AMLOD/VALSAR TAB 10-320MG 66
AMMONIUM LAC CRE 12% 86
AMNESTEEM CAP 10MG 86
AMNESTEEM CAP 20MG 86
AMNESTEEM CAP 30MG 86
AMNESTEEM CAP 40MG 86
AMOXAPINE TAB 25MG 30
AMOXAPINE TAB 50MG 30
AMOXAPINE TAB 100MG 30
AMOXAPINE TAB 150MG 30
AMOXICILLIN CAP 250MG 19
AMOXICILLIN CAP 500MG 19
AMOXICILLIN CHW 125MG 19
AMOXICILLIN CHW 250MG 19
AMOXICILLIN SUS 125/5ML 19
AMOXICILLIN SUS 200/5ML 19
AMOXICILLIN SUS 250/5ML 19
AMOXICILLIN SUS 250/5ML 19
AMOXICILLIN SUS 400/5ML 19
AMOXICILLIN TAB 500MG 19
AMOXICILLIN TAB 875MG 19
AMOX/K CLAV CHW 200MG 18
AMOX/K CLAV CHW 400MG 18
AMOX/K CLAV SUS 200/5ML 18
AMOX/K CLAV SUS 250/5ML 18
AMOX/K CLAV SUS 400/5ML 18
AMOX/K CLAV SUS 600/5ML 18
AMOX/K CLAV SUS 600/5ML 18
AMOX/K CLAV TAB 250-125 18
AMOX/K CLAV TAB 500-125 18
AMOX/K CLAV TAB 875-125 18
AMPHETAMINE TAB 5MG 82
AMPHETAMINE TAB 10MG 82
AMPHET/DEXTR CAP 5MG ER 82
AMPHET/DEXTR CAP 10MG ER 82
AMPHET/DEXTR CAP 15MG ER 82
AMPHET/DEXTR CAP 20MG ER 82
AMPHET/DEXTR CAP 25MG ER 82
AMPHET/DEXTR CAP 30MG ER 82
AMPHET/DEXTR TAB 5MG 82
AMPHET/DEXTR TAB 7.5MG 82
AMPHET/DEXTR TAB 10MG 82
AMPHET/DEXTR TAB 12.5MG 82
AMPHET/DEXTR TAB 15MG 82
AMPHET/DEXTR TAB 20MG 82
AMPHET/DEXTR TAB 30MG 82
AMPICILLIN CAP 500MG 19
ANAGRELIDE CAP 0.5MG 62
ANAGRELIDE CAP 1MG 62
ANALPRAM-HC LOT 2.5% 86
ANASTROZOLE TAB 1MG 40
ANNOVERA MIS 106
APAP-CAFFEIN CAP DIHYDROC 10
APAP/CODEINE SOL 120-12/5 10
APAP/CODEINE SOL 300-30MG 10
APAP/CODEINE TAB 300-15MG 10
APAP/CODEINE TAB 300-15MG 10
APAP/CODEINE TAB 300-30MG 10
APAP/CODEINE TAB 300-30MG 10
APAP/CODEINE TAB 300-60MG 10
APAP/CODEINE TAB 300-60MG 10
APOMORPHINE INJ 30MG/3ML 46
APRACLONIDIN SOL 0.5% OP 139
APREPITANT CAP 40MG 34
APREPITANT CAP 80MG 34
APREPITANT CAP 125 & 80 34
APREPITANT CAP 125MG 34
APRI TAB 106
APTIVUS CAP 250MG 52
ARANELLE TAB 106
ARANESP INJ 10MCG 62
ARANESP INJ 25MCG 62
ARANESP INJ 25MCG 62
ARANESP INJ 40MCG 62
ARANESP INJ 40MCG 62
ARANESP INJ 60MCG 62
ARANESP INJ 60MCG 62
ARANESP INJ 100MCG 62
ARANESP INJ 100MCG 62
ARANESP INJ 150MCG 62
ARANESP INJ 200MCG 62
ARANESP INJ 200MCG 62
ARANESP INJ 300MCG 62
ARANESP INJ 500MCG 62
AREXVY INJ 120MCG 124
ARFORMOTEROL NEB 15/2ML 144
ARIPIPRAZOLE SOL 1MG/ML 48
ARIPIPRAZOLE TAB 2MG 48
ARIPIPRAZOLE TAB 5MG 48
ARIPIPRAZOLE TAB 10MG 48
ARIPIPRAZOLE TAB 15MG 48
ARIPIPRAZOLE TAB 20MG 48
ARIPIPRAZOLE TAB 30MG 48
ARMODAFINIL TAB 50MG 152
ARMODAFINIL TAB 150MG 152
ARMODAFINIL TAB 200MG 152
ARMODAFINIL TAB 250MG 152
ARMOUR THYRO TAB 15MG 117
ARMOUR THYRO TAB 30MG 118
ARMOUR THYRO TAB 60MG 118
ARMOUR THYRO TAB 90MG 118
ARMOUR THYRO TAB 120MG 117
ARMOUR THYRO TAB 180MG 117
ARMOUR THYRO TAB 240MG 117
ARMOUR THYRO TAB 300MG 117
ARNUITY ELPT INH 50MCG 145
ARNUITY ELPT INH 100MCG 145
ARNUITY ELPT INH 100MCG 145
ARNUITY ELPT INH 200MCG 145
ARNUITY ELPT INH 200MCG 145
ASA/DIPYRIDA CAP 25-200MG 62
ASCOMP/COD CAP 30MG 10
ASENAPINE SUB 2.5MG 48
ASENAPINE SUB 5MG 48
ASENAPINE SUB 10MG 48
ASHLYNA TAB 106
ASPIRIN LOW CHW 81MG 10
ASPIRIN LOW TAB 81MG EC 10
ASPIRIN LOW TAB 81MG EC 10
ATABEX EC TAB 29-1MG 91
ATABEX OB TAB 29-1MG 91
ATAZANAVIR CAP 150MG 52
ATAZANAVIR CAP 200MG 52
ATAZANAVIR CAP 300MG 52
ATENOL/CHLOR TAB 50-25MG 67
ATENOL/CHLOR TAB 100-25MG 67
ATENOLOL TAB 25MG 67
ATENOLOL TAB 50MG 67
ATENOLOL TAB 100MG 67
ATORVASTATIN TAB 10MG 67
ATORVASTATIN TAB 20MG 67
ATORVASTATIN TAB 40MG 67
ATORVASTATIN TAB 80MG 67
ATOVAQ/PROGU TAB 62.5-25 46
ATOVAQ/PROGU TAB 250-100 45
ATOVAQUONE SUS 750/5ML 46

ATROPINE SUL SOL 1% OP 139
ATROPINE SUL SOL 1% OP 139
ATROVENT HFA AER 17MCG..... 145
AUBRA EQ TAB 0.1-0.02..... 106
AUROVELA 24 TAB FE 1/20 106
AUROVELA FE TAB 1.5/30 107
AUROVELA FE TAB 1/20 107
AUROVELA TAB 1.5/30..... 106
AUROVELA TAB 1/20..... 106
AUSTEDO TAB 6MG..... 82
AUSTEDO TAB 9MG..... 82
AUSTEDO TAB 12MG..... 82
AUSTEDO XR TAB 6MG 82
AUSTEDO XR TAB 12MG 82
AUSTEDO XR TAB 18MG 82
AUSTEDO XR TAB 24MG 82
AUSTEDO XR TAB 30MG..... 82
AUSTEDO XR TAB 36MG..... 82
AUSTEDO XR TAB 42MG 82
AUSTEDO XR TAB 48MG..... 82
AUSTEDO XR TAB TITR KIT 82
AUSTEDO XR TAB TITR KIT 83
AUTOPEN MIS 1-21UNIT..... 133
AVIANE TAB 107
AVONEX PEN KIT 30MCG..... 83
AVONEX PREFL KIT 30MCG..... 83
AVTOZMA INJ 162/0.9 124
AVTOZMA INJ 162/0.9 124
AYUNA TAB..... 107
AZASITE SOL 1% 139
AZATHIOPRINE TAB 50MG 124
AZELAIC ACID GEL 15% 86
AZELASTINE DRO 0.05% 139
AZELASTINE SPR 0.1%..... 145
AZITHROMYCIN POW 1GM PAK 19
AZITHROMYCIN SUS 100/5ML.....19
AZITHROMYCIN SUS 200/5ML.....19
AZITHROMYCIN TAB 250MG 19
AZITHROMYCIN TAB 250MG 19
AZITHROMYCIN TAB 500MG.....19
AZITHROMYCIN TAB 500MG.....19
AZITHROMYCIN TAB 600MG.....19
AZURETTE TAB..... 107
BACIT/POLYMY OIN OP 139
BACITRACIN OIN OP 139
BACLOFEN TAB 5MG 51
BACLOFEN TAB 10MG 51
BACLOFEN TAB 20MG 51
BAC TAB 83
BALSALAZIDE CAP 750MG..... 132
BALZIVA TAB 107
BAQSIMI ONE POW 3MG/DOSE..... 57
BAQSIMI TWO POW 3MG/DOSE 57
BARACLUDE SOL 52
BASAGLAR KWP INJ 100/ML 57
BAXDELA TAB 450MG 19
BD GLUCOSE CHW 5GM..... 57
BELSOMRA TAB 5MG 152
BELSOMRA TAB 10MG 152
BELSOMRA TAB 15MG 152
BELSOMRA TAB 20MG..... 152
BENAZEP/HCTZ TAB 5-6.25MG..... 67
BENAZEP/HCTZ TAB 5-6.25MG..... 67
BENAZEP/HCTZ TAB 10-12.5..... 67
BENAZEP/HCTZ TAB 20-12.5..... 67
BENAZEP/HCTZ TAB 20-25MG 67
BENAZEPRIL TAB 5MG..... 67
BENAZEPRIL TAB 10MG 67
BENAZEPRIL TAB 20MG 67
BENAZEPRIL TAB 40MG..... 67
BENZNIDAZOLE TAB 12.5MG 46
BENZNIDAZOLE TAB 100MG 46
BENZONATATE CAP 100MG 145
BENZONATATE CAP 200MG 145
BENZTROPINE TAB 0.5MG..... 46
BENZTROPINE TAB 1MG..... 46
BENZTROPINE TAB 2MG..... 46
BEPOTASTINE DRO 1.5% OP 139
BEPOTASTINE DRO 1.5% OP 139
BETADINE SOL 5% OP 139
BETA DIPROP CRE 0.05% 86
BETA DIPROP GEL 0.05% 86
BETA DIPROP LOT 0.05% 86
BETA DIPROP OIN 0.05% 86
BETAINE ANHY POW..... 101
BETAMETH DIP CRE 0.05% 87
BETAMETH DIP LOT 0.05%..... 87
BETAMETH DIP OIN 0.05% 87
BETAMETH VAL CRE 0.1%..... 87
BETAMETH VAL LOT 0.1% 87
BETAMETH VAL OIN 0.1% 87
BETASERON INJ 0.3MG..... 83
BETAXOLOL SOL 0.5% OP 139
BETAXOLOL TAB 10MG 67
BETAXOLOL TAB 20MG..... 67
BETHANECHOL TAB 5MG 102
BETHANECHOL TAB 10MG 102
BETHANECHOL TAB 25MG 102
BETHANECHOL TAB 50MG..... 102
BEVESPI AER 9-4.8MCG..... 145
BEXAROTENE CAP 75MG..... 40
BEXAROTENE GEL 1%..... 40
BEXSERO INJ 124
BEYFORTUS INJ 50/0.5ML 124
BEYFORTUS INJ 100MG/ML 124
BICALUTAMIDE TAB 50MG..... 40
BIJUVA CAP 0.5-100 107
BIKTARVY TAB..... 52
BIKTARVY TAB..... 52
BIMATOPROST SOL 0.01% OP 139
BIMATOPROST SOL 0.01% OP 139
BISACODYL TAB 5MG EC 96
BISOPRL/HCTZ TAB 2.5/6.25 67
BISOPRL/HCTZ TAB 5-6.25MG 67
BISOPRL/HCTZ TAB 10/6.25..... 67
BISOPROL FUM TAB 2.5MG..... 67
BISOPROL FUM TAB 5MG 67
BISOPROL FUM TAB 10MG 67
BLISOVI 24 TAB FE 1/20 107
BLISOVI FE TAB 1.5/30..... 107
BLISOVI FE TAB 1/20 107
BOOSTRIX INJ 124
BOOSTRIX INJ 124
BOSENTAN TAB 62.5MG 145
BOSENTAN TAB 125MG 145
BOSULIF CAP 50MG..... 40
BOSULIF CAP 100MG..... 40
BREYNA AER 80/4.5..... 145
BREYNA AER 160/4.5..... 145
BREZTRI AERO AER SPHERE..... 145
BREZTRI AERO AER SPHERE..... 145
BRIELLYN TAB..... 107
BRIMONIDINE GEL 0.33% 87
BRIMONIDINE SOL 0.2% OP..... 140
BRIMONIDINE SOL 0.15% OP 140
BRIMO/TIMOLO SOL 0.2/0.5% 140
BRINZOLAMIDE SUS 1% 140
BRINZOLAMIDE SUS 1% OP 140
BROMFENAC DRO 0.09% OP 140
BROMFENAC DRO 0.09% OP 140
BROMOCRIPTIN CAP 5MG 46
BROMOCRIPTIN TAB 2.5MG..... 46
BROM/PSE/DM SYP 2-30-10 145
BROM/PSE/DM SYP 2-30-10 145
BROM/PSE/DM SYP 2-30-10 145
BROM/PSE/DM SYP 2-30-10 145
BRUKINSA CAP 80MG 40
BRUKINSA TAB 160MG..... 40
BUDES/FORMOT AER 80-4.5 146
BUDES/FORMOT AER 160-4.5 145
BUDESONIDE CAP 3MG DR 132
BUDESONIDE CAP 3MG DR 132
BUDESONIDE SUS 0.5MG/2 146
BUDESONIDE SUS 0.25MG/2..... 146
BUDESONIDE SUS 1MG/2ML..... 146
BUMETANIDE TAB 0.5MG..... 67
BUMETANIDE TAB 1MG..... 67
BUMETANIDE TAB 2MG..... 67
BUPREN/NALOX MIS 2-0.5MG 16
BUPREN/NALOX MIS 4-1MG.....16
BUPREN/NALOX MIS 8-2MG 16
BUPREN/NALOX MIS 12-3MG 16

BUPREN/NALOX SUB 2-0.5MG 16
BUPREN/NALOX SUB 8-2MG 16
BUPRENORPHIN SUB 2MG 16
BUPRENORPHIN SUB 8MG 16
BUPROPION TAB 75MG 30
BUPROPION TAB 100MG 30
BUPROPION TAB 100MG SR 30
BUPROPION TAB 150MG SR 17
BUPROPION TAB 150MG SR 30
BUPROPION TAB 150MG SR 30
BUPROPION TAB 150MG XL 30
BUPROPION TAB 200MG SR 30
BUPROPION TAB 300MG XL 30
BUSPIRONE TAB 5MG 56
BUSPIRONE TAB 7.5MG 56
BUSPIRONE TAB 10MG 56
BUSPIRONE TAB 15MG 56
BUSPIRONE TAB 30MG 56
BUTAL/APAP TAB 50-325MG 83
BUTALB/ACETA TAB 50-300MG 83
BUT/APAP/CAF CAP 83
BUT/APAP/CAF CAP 83
BUT/APAP/CAF CAP CODEINE 10
BUT/APAP/CAF CAP CODEINE 10
BUT/APAP/CAF TAB 83
BUT/ASA/CAF/ CAP CODEINE 10
BUT/ASA/CAFF CAP 83
BUTORPHANOL SOL 10MG/ML 10
BYDUREON BC INJ 2/0.85ML 57
CABERGOLINE TAB 0.5MG 122
CAFFEINE CIT SOL 20MG/ML 83
CAFFEINE CIT SOL 60MG/3ML 83
CALC ACETATE CAP 667MG 91
CALC ACETATE TAB 667MG 91
CALCIP/BETAM SUS 87
CALCIPOTRIEN CRE 0.005% 87
CALCIPOTRIEN OIN 0.005% 87
CALCIPOTRIEN OIN BETAMETH 87
CALCIPOTRIEN SOL 0.005% 87
CALCITONIN SPR 200/ACT 133
CALCITRIOL CAP 0.5MCG 133
CALCITRIOL CAP 0.25MCG 133
CALCITRIOL OIN 3MCG/GM 87
CALCITRIOL SOL 1MCG/ML 133
CALQUENCE TAB 100MG 40
CAMILA TAB 0.35MG 107
CAMRESE LO TAB 107
CAMRESE TAB 107
CANDESA/HCTZ TAB 16-12.5 67
CANDESA/HCTZ TAB 32-12.5 67
CANDESA/HCTZ TAB 32-25MG 68
CANDESARTAN TAB 4MG 68
CANDESARTAN TAB 8MG 68
CANDESARTAN TAB 16MG 68
CANDESARTAN TAB 32MG 68
CAPECITABINE TAB 150MG 40
CAPECITABINE TAB 500MG 40
CAPRELSA TAB 100MG 40
CAPRELSA TAB 300MG 40
CAPTOPR/HCTZ TAB 25-15MG 68
CAPTOPR/HCTZ TAB 25-25MG 68
CAPTOPR/HCTZ TAB 50-15MG 68
CAPTOPR/HCTZ TAB 50-25MG 68
CAPTOPRIL TAB 12.5MG 68
CAPTOPRIL TAB 25MG 68
CAPTOPRIL TAB 50MG 68
CAPTOPRIL TAB 100MG 68
CAPVAXIVE INJ 0.5ML 125
CARBAMAZEPIN CAP 100MG ER 24
CARBAMAZEPIN CAP 200MG ER 24
CARBAMAZEPIN CAP 300MG ER 24
CARBAMAZEPIN CHW 100MG 24
CARBAMAZEPIN SUS 100/5ML 24
CARBAMAZEPIN SUS 200/10ML 24
CARBAMAZEPIN TAB 100MG ER 24
CARBAMAZEPIN TAB 100MG ER 24
CARBAMAZEPIN TAB 200MG 24
CARBAMAZEPIN TAB 200MG ER 24
CARBAMAZEPIN TAB 400MG ER 24
CARBIDOPA TAB 25MG 47
CARBINOXAMIN SOL 4MG/5ML 146
CARBINOXAMIN TAB 4MG 146
CARB/LEVO 50 TAB /ENTACAP 47
CARB/LEVO 75 TAB /ENTACAP 47
CARB/LEVO100 TAB /ENTACAP 47
CARB/LEVO125 TAB /ENTACAP 47
CARB/LEVO150 TAB /ENTACAP 47
CARB/LEVO200 TAB /ENTACAP 47
CARB/LEVO ER TAB 25-100MG 47
CARB/LEVO ER TAB 50-200MG 47
CARB/LEVO TAB 10-100MG 46
CARB/LEVO TAB 10-100MG 46
CARB/LEVO TAB 25-100MG 46
CARB/LEVO TAB 25-100MG 46
CARB/LEVO TAB 25-250MG 46
CARB/LEVO TAB 25-250MG 47
CARGLUMIC TAB 200MG 91
CARISOPRODOL TAB 350MG 151
CARTEOLOL SOL 1% OP 140
CARTIA XT CAP 120/24HR 68
CARTIA XT CAP 180/24HR 68
CARTIA XT CAP 240/24HR 68
CARTIA XT CAP 300/24HR 68
CARVEDILOL TAB 3.125MG 68
CARVEDILOL TAB 6.25MG 68
CARVEDILOL TAB 12.5MG 68
CARVEDILOL TAB 25MG 68
CAYA DPR 133
CDP/AMITRIP TAB 5-12.5MG 30
CDP/AMITRIP TAB 10-25MG 30
CEFACLOR CAP 250MG 19
CEFACLOR CAP 500MG 19
CEFACLOR ER TAB 500MG 19
CEFADROXIL CAP 500MG 19
CEFADROXIL SUS 250/5ML 19
CEFADROXIL SUS 500/5ML 19
CEFADROXIL TAB 1GM 20
CEFDINIR CAP 300MG 20
CEFDINIR SUS 125/5ML 20
CEFDINIR SUS 250/5ML 20
CEFIXIME CAP 400MG 20
CEFIXIME SUS 100/5ML 20
CEFIXIME SUS 200/5ML 20
CEFPODO PROX SUS 50MG/5ML 20
CEFPODO PROX SUS 100/5ML 20
CEFPODOXIME TAB 100MG 20
CEFPODOXIME TAB 200MG 20
CEFPODOXIME TAB 200MG 20
CEFPROZIL SUS 125/5ML 20
CEFPROZIL SUS 250/5ML 20
CEFPROZIL TAB 250MG 20
CEFPROZIL TAB 500MG 20
CEFUROXIME TAB 250MG 20
CEFUROXIME TAB 500MG 20
CELECOXIB CAP 50MG 10
CELECOXIB CAP 100MG 10
CELECOXIB CAP 200MG 10
CELECOXIB CAP 400MG 10
CEPHALEXIN CAP 250MG 20
CEPHALEXIN CAP 500MG 20
CEPHALEXIN SUS 125/5ML 20
CEPHALEXIN SUS 250/5ML 20
CEVIMELINE CAP 30MG 85
CHARLOTTE 24 CHW FE 1/20 107
CHATEAL EQ TAB 0.15/30 107
CHEMET CAP 100MG 91
CHEMSTRIP K TES 134
CHEMSTRIP TES MICRAL 134
CHLORDIAZEP CAP 5MG 56
CHLORDIAZEP CAP 10MG 56
CHLORDIAZEP CAP 25MG 56
CHLORHEX GLU SOL 0.12% 85
CHLOROQUINE TAB 250MG 46
CHLOROQUINE TAB 500MG 46
CHLORPROMAZ TAB 10MG 48
CHLORPROMAZ TAB 25MG 48
CHLORPROMAZ TAB 50MG 48
CHLORPROMAZ TAB 100MG 48
CHLORPROMAZ TAB 200MG 48
CHLORTHALID TAB 25MG 68
CHLORTHALID TAB 50MG 68
CHLORZOXAZON TAB 500MG 151

CHOLESTYRAM POW 4GM 68
CHOLESTYRAM POW 4GM 68
CHOLESTYRAM POW 4GM LITE..... 68
CHOLESTYRAM POW 4GM LITE..... 68
CICLODAN SOL 8% 87
CICLOPIROX CRE 0.77%..... 87
CICLOPIROX GEL 0.77%..... 87
CICLOPIROX SHA 1%..... 87
CICLOPIROX SOL 8% 87
CICLOPIROX SUS 0.77% 87
CILOSTAZOL TAB 50MG 62
CILOSTAZOL TAB 100MG..... 62
CIMETIDINE SOL 300/5ML 97
CIMETIDINE SOL 300/5ML 97
CIMETIDINE TAB 200MG..... 97
CIMETIDINE TAB 300MG..... 97
CIMETIDINE TAB 400MG..... 97
CIMETIDINE TAB 400MG..... 97
CIMETIDINE TAB 800MG..... 97
CIMZIA INJ 200MG/ML 125
CIMZIA PREFL KIT 200MG/ML..... 125
CIMZIA START KIT 200MG/ML 125
CINACALCET TAB 30MG..... 133
CINACALCET TAB 60MG 133
CINACALCET TAB 90MG 133
CIPRO/DEXA SUS 0.3-0.1% 143
CIPROFLOXACN SOL 0.2% 143
CIPROFLOXACN SOL 0.3% OP 140
CIPROFLOXACN TAB 250MG..... 20
CIPROFLOXACN TAB 500MG..... 20
CIPROFLOXACN TAB 750MG..... 20
CIPRO/FLUOC DRO PF 143
CITALOPRAM SOL 10MG/5ML 30
CITALOPRAM SOL 20/10ML..... 30
CITALOPRAM TAB 10MG..... 30
CITALOPRAM TAB 20MG 30
CITALOPRAM TAB 40MG 30
CITROMA SOL LEMONY..... 97
CLARAVIS CAP 10MG 87
CLARAVIS CAP 20MG..... 87
CLARAVIS CAP 30MG..... 87
CLARAVIS CAP 40MG..... 87
CLARITHROMYC SUS 125/5ML..... 20
CLARITHROMYC SUS 250/5ML 20
CLARITHROMYC TAB 250MG 20
CLARITHROMYC TAB 500MG 20
CLARITHROMYC TAB 500MG ER..... 20
CLEARLAX POW 97
CLEMASTINE TAB 2.68MG..... 146
CLENPIQ SOL..... 97
CLIMARA PRO DIS WEEKLY..... 107
CLINDACIN KIT ETZ 1%..... 87
CLINDACIN-P PAD 1% 20
CLINDAMY/BEN GEL 1.2-5%..... 87
CLINDAMYCIN CAP 75MG 21
CLINDAMYCIN CAP 150MG 20
CLINDAMYCIN CAP 300MG.....21
CLINDAMYCIN CRE 2% VAG.....21
CLINDAMYCIN GEL 1% 1XDLY..... 87
CLINDAMYCIN GEL 1% 2XDLY..... 87
CLINDAMYCIN LOT 1% 87
CLINDAMYCIN LOT 1% 87
CLINDAMYCIN MIS 1%.....21
CLINDAMYCIN SOL 1% 88
CLINDAMYCIN SOL 75MG/5ML.....21
CLOBAZAM SUS 2.5MG/ML..... 24
CLOBAZAM TAB 10MG..... 24
CLOBAZAM TAB 20MG..... 24
CLOBETASOL CRE 0.05%..... 88
CLOBETASOL E CRE 0.05%..... 88
CLOBETASOL GEL 0.05%..... 88
CLOBETASOL OIN 0.05%..... 88
CLOBETASOL SOL 0.05%..... 88
CLOCORTOLONE CRE 0.1%..... 88
CLOMIPRAMINE CAP 25MG..... 30
CLOMIPRAMINE CAP 50MG..... 30
CLOMIPRAMINE CAP 75MG.....31
CLONAZEPAM TAB 0.5MG 24
CLONAZEPAM TAB 1MG 24
CLONAZEPAM TAB 2MG 24
CLONAZEP ODT TAB 0.5MG 24
CLONAZEP ODT TAB 0.25MG..... 24
CLONAZEP ODT TAB 0.125MG..... 24
CLONAZEP ODT TAB 1MG 24
CLONAZEP ODT TAB 2MG 24
CLONIDINE DIS 0.1/24HR 68
CLONIDINE DIS 0.2/24HR..... 68
CLONIDINE DIS 0.3/24HR..... 68
CLONIDINE TAB 0.1MG..... 68
CLONIDINE TAB 0.1MG ER..... 83
CLONIDINE TAB 0.1MG ER..... 83
CLONIDINE TAB 0.1MG ER..... 83
CLONIDINE TAB 0.2MG..... 68
CLONIDINE TAB 0.3MG..... 69
CLOPIDOGREL TAB 75MG..... 63
CLOPIDOGREL TAB 300MG..... 62
CLORAZ DIPOT TAB 3.75MG..... 56
CLORAZ DIPOT TAB 7.5MG 56
CLORAZ DIPOT TAB 15MG..... 56
CLOTRIMAZOLE TRO 10MG..... 35
CLOTRIM/BETA CRE DIPROP..... 88
CLOTRIM/BETA LOT DIPROP..... 88
CLOZAPINE TAB 12.5/ODT..... 48
CLOZAPINE TAB 25MG 48
CLOZAPINE TAB 25MG ODT..... 48
CLOZAPINE TAB 50MG 48
CLOZAPINE TAB 100MG..... 48
CLOZAPINE TAB 100/ODT..... 48
CLOZAPINE TAB 150/ODT..... 48
CLOZAPINE TAB 200MG..... 48
CLOZAPINE TAB 200/ODT..... 48
CODEINE SULF TAB 15MG.....10
CODEINE SULF TAB 30MG 10
CODEINE SULF TAB 60MG 10
COLCHICINE TAB 0.6MG 37
COLESEVELAM PAK 3.75GM..... 69
COLESEVELAM TAB 625MG..... 69
COLESTIPOL GRA 5GM..... 69
COLESTIPOL GRA 5GM..... 69
COLESTIPOL TAB 1GM 69
COMFORT TOUC MIS 31GX4MM 134
COMFORT TOUC MIS 32GX8MM.... 134
COMFORT TOUC MIS 33GX1/4" 134
COMFORT TOUC MIS 33GX3/16 134
COMFORT TOUC MIS 33GX5/32 134
COMIRNATY 5- INJ 11/25-26..... 125
COMIRNATY INJ 30/.3ML 125
COMPLETENATE CHW..... 92
COMPLETE NAT PAK DHA 92
CO-NATAL FA TAB 29-1MG 91
CONDOMS MIS 134
CONSTULOSE SOL 10/15ML..... 97
CONTOUR KIT NEXT.....134
CONTOUR KIT NEXT EZ 134
CONTOUR NEXT KIT GEN 134
CONTOUR NEXT KIT GEN 134
CONTOUR NEXT KIT ONE 134
CONTOUR NEXT KIT ONE 134
CONTOUR PLUS KIT BLUE.....134
CONTOUR PLUS TES BLD GLUC 134
CONTOUR TES NEXT 134
CONTOUR TES NEXT 134
CONTOUR TES NEXT 134
CORLANOR SOL 5MG/5ML 69
CORTIFOAM AER 90MG 132
CORTISPORIN SUS -TC OTIC..... 143
COTELLIC TAB 20MG..... 40
COUNT-A-DOSE MIS..... 134
CREON CAP 3000UNIT..... 101
CREON CAP 6000UNIT..... 101
CREON CAP 12000UNT..... 101
CREON CAP 24000UNT 101
CREON CAP 36000UNT 101
CROMOLYN SOD CON 100/5ML 101
CROMOLYN SOD NEB 20MG/2ML .. 146
CROMOLYN SOD SOL 4% OP..... 140
CROTAN LOT 10% 88
CRYSELLE-28 TAB 28 TABS..... 107
CRYSELLE TAB 107
CURAE TAB 1.5MG..... 107
CVS PURELAX POW..... 97
CYANOCOBALAM INJ 1000MCG 92

CYANOCOBALAM INJ 10000MCG ... 92
CYANOCOBALAM INJ 30000MCG ... 92
CYANOCOBALAM SOL 2000MCG ... 92
CYCLOBENZAPR TAB 5MG ... 151
CYCLOBENZAPR TAB 7.5MG ... 151
CYCLOBENZAPR TAB 10MG ... 151
CYCLOMYDRIL SOL OP ... 140
CYCLOPENTOL SOL 1% OP ... 140
CYCLOPENTOL SOL 1% OP ... 140
CYCLOPHOSPH CAP 25MG ... 40
CYCLOPHOSPH CAP 50MG ... 40
CYCLOPHOSPH TAB 25MG ... 40
CYCLOPHOSPH TAB 50MG ... 40
CYCLOSERINE CAP 250MG ... 39
CYCLOSPORINE CAP 25MG ... 125
CYCLOSPORINE CAP 25MG MOD ... 125
CYCLOSPORINE CAP 50MG MOD ... 125
CYCLOSPORINE CAP 100MG ... 125
CYCLOSPORINE CAP 100MG MD ... 125
CYCLOSPORINE EMU 0.05% OP ... 140
CYCLOSPORINE EMU 0.05% OP ... 140
CYCLOSPORINE SOL MODIFIED ... 125
CYPROHEPTAD SYP 2MG/5ML ... 146
CYPROHEPTAD TAB 4MG ... 146
CYRED EQ TAB ... 107
CYSTAGON CAP 50MG ... 101
CYSTAGON CAP 150MG ... 101
CYSTARAN SOL 0.44% ... 140
DABIGATRAN CAP 75MG ... 63
DABIGATRAN CAP 110MG ... 63
DABIGATRAN CAP 150MG ... 63
DALFAMPRIDIN TAB 10MG ER ... 83
DANAZOL CAP 50MG ... 107
DANAZOL CAP 100MG ... 107
DANAZOL CAP 200MG ... 107
DANTROLENE CAP 25MG ... 51
DANTROLENE CAP 50MG ... 51
DANTROLENE CAP 100MG ... 51
DAPAGLIFLOZI TAB 5MG ... 69
DAPAGLIFLOZI TAB 10MG ... 69
DAPAG/MET ER TAB 5-500MG ... 69
DAPAG/MET ER TAB 5-1000MG ... 69
DAPAG/MET ER TAB 10-500MG ... 69
DAPAG/MET ER TAB 10-1000 ... 69
DAPSONE TAB 25MG ... 39
DAPSONE TAB 100MG ... 39
DAPTACEL INJ ... 125
DARIFENACIN TAB 7.5MG ER ... 102
DARIFENACIN TAB 15MG ER ... 102
DARUNAVIR TAB 600MG ... 52
DARUNAVIR TAB 800MG ... 52
DASATINIB TAB 20MG ... 40
DASATINIB TAB 50MG ... 40
DASATINIB TAB 70MG ... 40
DASATINIB TAB 80MG ... 40
DASATINIB TAB 100MG ... 40
DASATINIB TAB 140MG ... 40
DASETTA TAB 1/35 ... 107
DASETTA TAB 7/7/7 ... 107
DAYBUE SOL 200MG/ML ... 101
DAYSEE TAB ... 107
DEBLITANE TAB 0.35MG ... 107
DEFERASIROX GRA 90MG ... 92
DEFERASIROX GRA 180MG ... 92
DEFERASIROX GRA 360MG ... 92
DEFERASIROX TAB 90MG ... 92
DEFERASIROX TAB 125MG ... 92
DEFERASIROX TAB 180MG ... 92
DEFERASIROX TAB 250MG ... 92
DEFERASIROX TAB 360MG ... 92
DEFERASIROX TAB 500MG ... 92
DELYLA TAB 0.1-0.02 ... 108
DEMECLOCYCL TAB 150MG ... 21
DEMECLOCYCL TAB 300MG ... 21
DENGVAXIA SUS ... 125
DEPO-SQ PROV INJ 104 ... 108
DESCOVY TAB 200/25MG ... 52
DESIPRAMINE TAB 10MG ... 31
DESIPRAMINE TAB 25MG ... 31
DESIPRAMINE TAB 50MG ... 31
DESIPRAMINE TAB 75MG ... 31
DESIPRAMINE TAB 100MG ... 31
DESIPRAMINE TAB 150MG ... 31
DESLORATADIN TAB 5MG ... 146
DESMOPRESSIN INJ 4MCG/ML ... 105
DESMOPRESSIN INJ 4MCG/ML ... 105
DESMOPRESSIN INJ 4MCG/ML ... 105
DESMOPRESSIN INJ 40/10ML ... 105
DESMOPRESSIN SPR 0.01% ... 105
DESMOPRESSIN SPR 0.01% ... 105
DESMOPRESSIN TAB 0.1MG ... 105
DESMOPRESSIN TAB 0.2MG ... 105
DESO/ETHINYL TAB ESTRADIO ... 108
DESONIDE CRE 0.05% ... 88
DESONIDE LOT 0.05% ... 88
DESONIDE OIN 0.05% ... 88
DESOXIMETAS CRE 0.05% ... 88
DESOXIMETAS CRE 0.25% ... 88
DESOXIMETAS GEL 0.05% ... 88
DESOXIMETAS OIN 0.05% ... 88
DESOXIMETAS OIN 0.25% ... 88
DESOXIMETASO SPR 0.25% ... 88
DESVENLAFAX TAB 25MG ER ... 31
DESVENLAFAX TAB 50MG ER ... 31
DESVENLAFAX TAB 100MG ER ... 31
DEXAMETHASON CON 1MG/ML ... 104
DEXAMETHASON ELX 0.5/5ML ... 104
DEXAMETHASON SOL 0.5/5ML ... 104
DEXAMETHASON TAB 0.5MG ... 104
DEXAMETHASON TAB 0.75MG ... 104
DEXAMETHASON TAB 1.5MG ... 104
DEXAMETHASON TAB 1MG ... 104
DEXAMETHASON TAB 2MG ... 104
DEXAMETHASON TAB 4MG ... 104
DEXAMETHASON TAB 6MG ... 104
DEXAMETH PHO SOL 0.1% OP ... 140
DEXCOM G6 MIS RECEIVER ... 134
DEXCOM G6 MIS SENSOR ... 134
DEXCOM G6 MIS TRANSMIT ... 134
DEXCOM G7 MIS RECEIVER ... 134
DEXCOM G7 MIS SENSOR ... 134
DEXCOM G7 MIS SNSR 15D ... 134
DEXMETHYLPH TAB 2.5MG ... 83
DEXMETHYLPH TAB 5MG ... 83
DEXMETHYLPH TAB 10MG ... 83
DEXTROAMPHET SOL 5MG/5ML ... 83
DEXTROAMPHET TAB 5MG ... 83
DEXTROAMPHET TAB 10MG ... 83
DIACOMIT CAP 250MG ... 24
DIACOMIT CAP 500MG ... 25
DIACOMIT PAK 250MG ... 25
DIACOMIT PAK 500MG ... 25
DIASCREEN MIS 1G ... 134
DIASTIX TES STRIPS ... 134
DIAZEPAM CON 5MG/ML ... 56
DIAZEPAM CON 25MG/5ML ... 56
DIAZEPAM GEL 2.5MG ... 25
DIAZEPAM GEL 10MG ... 25
DIAZEPAM GEL 20MG ... 25
DIAZEPAM SOL 5MG/5ML ... 56
DIAZEPAM TAB 2MG ... 56
DIAZEPAM TAB 5MG ... 56
DIAZEPAM TAB 10MG ... 56
DIAZOXIDE SUS 50MG/ML ... 57
DICLOFENAC GEL 1% ... 10
DICLOFENAC GEL 3% ... 88
DICLOFENAC SOL 0.1% OP ... 140
DICLOFENAC TAB 25MG DR ... 11
DICLOFENAC TAB 50MG DR ... 11
DICLOFENAC TAB 75MG DR ... 11
DICLOFENAC TAB 100MG ER ... 10
DICLOFEN POT TAB 50MG ... 10
DICLO/MISOPR TAB 50-0.2MG ... 10
DICLO/MISOPR TAB 75-0.2MG ... 10
DICLOXACILL CAP 250MG ... 21
DICLOXACILL CAP 500MG ... 21
DICYCLOMINE CAP 10MG ... 97
DICYCLOMINE SOL 10MG/5ML ... 97
DICYCLOMINE TAB 20MG ... 97
DIFLORASONE CRE 0.05% ... 88
DIFLUNISAL TAB 500MG ... 11
DIFLUPREDNAT EMU 0.05% ... 140

DIGOXIN SOL 50MCG/ML 69
DIGOXIN TAB 0.25MG 69
DIGOXIN TAB 0.125MG 69
DIGOXIN TAB 0.0625MG 69
DIHYDROERGOT INJ 1MG/ML 37
DILANTIN CAP 30MG..... 25
DILTIAZEM CAP 60MG ER..... 70
DILTIAZEM CAP 90MG ER..... 70
DILTIAZEM CAP 120MG ER..... 69
DILTIAZEM CAP 120MG ER..... 69
DILTIAZEM CAP 120MG ER..... 69
DILTIAZEM CAP 120MG ER..... 69
DILTIAZEM CAP 180MG/24..... 69
DILTIAZEM CAP 180MG ER..... 69
DILTIAZEM CAP 180MG ER..... 69
DILTIAZEM CAP 240MG/24 69
DILTIAZEM CAP 240MG ER..... 69
DILTIAZEM CAP 240MG ER..... 69
DILTIAZEM CAP 300MG ER..... 69
DILTIAZEM CAP 300MG ER..... 70
DILTIAZEM CAP 360MG CD 70
DILTIAZEM CAP 360MG ER..... 70
DILTIAZEM CAP 360MG ER..... 70
DILTIAZEM CAP 420MG/24 70
DILTIAZEM ER TAB 180MG 70
DILTIAZEM ER TAB 180MG 70
DILTIAZEM ER TAB 240MG 70
DILTIAZEM ER TAB 300MG..... 70
DILTIAZEM ER TAB 360MG..... 70
DILTIAZEM ER TAB 420MG 70
DILTIAZEM ER TAB 420MG 70
DILTIAZEM TAB 30MG..... 70
DILTIAZEM TAB 60MG..... 70
DILTIAZEM TAB 90MG..... 70
DILTIAZEM TAB 120MG..... 70
DILTIAZEM TAB 120MG ER 70
DILTIAZEM TAB 240MG ER 70
DILTIAZEM TAB 300MG ER..... 70
DILTIAZEM TAB 360MG ER..... 70
DILT-XR CAP 120MG 69
DILT-XR CAP 180MG 69
DILT-XR CAP 240MG..... 69
DIMETHYL FUM CAP 120MG DR..... 83
DIMETHYL FUM CAP 240MG DR 83
DIMETHYL FUM CAP STARTER 83
DIPENTUM CAP 250MG 132
DIPHEN/ATROP LIQ 2.5/5 97
DIPHEN/ATROP TAB 2.5MG..... 97
DIPHEN/ATROP TAB 2.5MG..... 97
DIPHEN/ATROP TAB 2.5MG..... 97
DIPHENHYDRAM ELX 12.5/5ML..... 146
DIPYRIDAMOLE TAB 25MG..... 63
DIPYRIDAMOLE TAB 50MG..... 63
DIPYRIDAMOLE TAB 75MG..... 63
DISOPYRAMIDE CAP 100MG..... 70
DISOPYRAMIDE CAP 150MG..... 70
DISULFIRAM TAB 250MG..... 17
DISULFIRAM TAB 500MG 17
DIURIL SUS 250/5ML..... 70
DIVALPROEX CAP 125MG DR..... 25
DIVALPROEX CAP 125MG DR..... 25
DIVALPROEX TAB 125MG DR 25
DIVALPROEX TAB 250MG DR..... 25
DIVALPROEX TAB 250MG ER 25
DIVALPROEX TAB 500MG DR 25
DIVALPROEX TAB 500MG ER..... 25
DODEX INJ..... 92
DOFETILIDE CAP 125MCG 70
DOFETILIDE CAP 250MCG..... 70
DOFETILIDE CAP 500MCG 70
DOLISHALE TAB 90-20MCG 108
DONEPEZIL TAB 5MG 29
DONEPEZIL TAB 5MG ODT 29
DONEPEZIL TAB 10MG 28
DONEPEZIL TAB 10MG ODT..... 28
DONEPEZIL TAB ODT 5MG..... 29
DONEPEZIL TAB ODT 10MG..... 29
DORZOLAMIDE SOL 2% OP 140
DORZOL/TIMOL SOL 2%-0.5% 140
DORZOL/TIMOL SOL 2-0.5%OP..... 140
DORZOL/TIMOL SOL 2-0.5%OP..... 140
DOTTI DIS 0.1MG 108
DOTTI DIS 0.05MG 108
DOTTI DIS 0.025MG 108
DOTTI DIS 0.075MG 108
DOTTI DIS 0.0375MG..... 108
DOVATO TAB 50-300MG..... 53
DOXAZOSIN TAB 1MG 102
DOXAZOSIN TAB 2MG 102
DOXAZOSIN TAB 4MG 102
DOXAZOSIN TAB 8MG 102
DOXEPIN HCL CAP 10MG 31
DOXEPIN HCL CAP 25MG 31
DOXEPIN HCL CAP 50MG 31
DOXEPIN HCL CAP 75MG 31
DOXEPIN HCL CAP 100MG..... 31
DOXEPIN HCL CAP 150MG..... 31
DOXEPIN HCL CON 10MG/ML 31
DOXEPIN HCL CRE 5%..... 88
DOXEPIN TAB 3MG 152
DOXEPIN TAB 6MG 152
DOXYCYCL HYC CAP 50MG 21
DOXYCYCL HYC CAP 100MG 21
DOXYCYCL HYC TAB 20MG..... 85
DOXYCYCL HYC TAB 100MG..... 21
DOXYCYCLINE SUS 25MG/5ML..... 21
DOXYCYC MONO CAP 50MG..... 21
DOXYCYC MONO CAP 100MG..... 21
DOXYCYC MONO TAB 50MG 21
DOXYCYC MONO TAB 50MG 21
DOXYCYC MONO TAB 75MG 21
DOXYCYC MONO TAB 75MG 21
DOXYCYC MONO TAB 100MG..... 21
DOXYCYC MONO TAB 150MG 21
DOXYCYC MONO TAB 150MG 21
DRONABINOL CAP 2.5MG..... 34
DRONABINOL CAP 5MG..... 34
DRONABINOL CAP 10MG 34
DROPLET MICR MIS 34GX9/64 135
DROS/ETH EST TAB LEVOMEFO 108
DROSPIRENONE TAB ETHY EST..... 108
DROSPIR/ETHI TAB 3-0.02MG 108
DROSPIR/ETHI TAB 3-0.03MG 108
DROXIA CAP 200MG..... 40
DROXIA CAP 300MG..... 40
DROXIA CAP 400MG..... 40
DUAVEE TAB 0.45-20..... 108
DULOXETINE CAP 20MG DR 31
DULOXETINE CAP 30MG DR 31
DULOXETINE CAP 60MG DR 31
DUOBRII LOT..... 88
DUOPA SUS 4.63-20 47
DUPIXENT INJ 200/1.14 125
DUPIXENT INJ 200MG 125
DUPIXENT INJ 300/2ML 125
DUPIXENT INJ 300/2ML 125
DUREX MIS REALFEEL..... 135
DUREX MIS TROPICAL..... 135
DUTASTERIDE CAP 0.5MG..... 102
DUTAST/TAMSU CAP 0.5-0.4..... 102
DUTAST/TAMSU CAP 0.5-0.4..... 102
EASY COMFORT MIS 29GX4MM..... 135
EASY TOUCH MIS 30G..... 135
EC-NAPROXEN TAB 375MG..... 11
EC-NAPROXEN TAB 500MG 11
ECONAZOLE CRE 1%..... 35
ECONTRA OS TAB 1.5MG 108
EDURANT PED TAB 2.5MG..... 53
EFAVIR/EMTRI TAB TENOFOVI..... 53
EFAVIRENZ CAP 50MG 53
EFAVIRENZ CAP 200MG..... 53
EFAVIRENZ TAB 600MG 53
EFAVIR/LAMIV TAB TENOFOVI..... 53
EFAVIR/LAMIV TAB TENOFOVI..... 53
EFFER-K TAB 10MEQ..... 92
EFFER-K TAB 20MEQ 92
EFFER-K TAB 25MEQ EF 92
ELETRIPTAN TAB 20MG 37
ELETRIPTAN TAB 40MG 37
ELINEST TAB 108
ELIQUIS CAP 0.15MG..... 63
ELIQUIS ST P TAB 5MG 63

ELIQUIS TAB 0.5MG. 63
ELIQUIS TAB 1.5MG 63
ELIQUIS TAB 2.5MG. 63
ELIQUIS TAB 2MG. 63
ELIQUIS TAB 5MG 63
ELIXOPHYLLIN ELX 80/15ML 146
ELMIRON CAP 100MG 102
ELTROMBOPAG POW 12.5MG. 63
ELTROMBOPAG POW 25MG 63
ELTROMBOPAG TAB 12.5MG. 63
ELTROMBOPAG TAB 25MG 63
ELTROMBOPAG TAB 50MG 63
ELTROMBOPAG TAB 75MG 63
ELURYNG MIS 108
EMCYT CAP 140MG 40
EMGALITY INJ 100MG/ML 37
EMGALITY INJ 120MG/ML 37
EMGALITY INJ 120MG/ML 37
EMSAM DIS 6MG/24HR. 31
EMSAM DIS 9MG/24HR. 31
EMSAM DIS 12MG/24H 31
EMTRICITABIN CAP 200MG 53
EMTRIC/RILPI TAB TENOF DF. 53
EMTR/TEN DF TAB 100-150 53
EMTR/TEN DF TAB 133-200 53
EMTR/TEN DF TAB 167-250 53
EMTR/TENOFOV TAB 200-300. 53
EMZAHH TAB 0.35MG. 108
ENALAPR/HCTZ TAB 5-12.5MG. 70
ENALAPR/HCTZ TAB 10-25MG 70
ENALAPRIL TAB 2.5MG 70
ENALAPRIL TAB 5MG 70
ENALAPRIL TAB 10MG. 70
ENALAPRIL TAB 20MG. 70
ENCARE SUP 100MG. 102
ENDOCET TAB 2.5-325. 11
ENDOCET TAB 5-325MG. 11
ENDOCET TAB 7.5-325 11
ENDOCET TAB 10-325MG 11
ENFLONSIA INJ 105MG 125
ENGERIX-B INJ 10/0.5ML 126
ENGERIX-B INJ 20MCG/ML. 126
ENGERIX-B INJ 20MCG/ML. 126
ENILLORING MIS 108
ENOXAPARIN INJ 30/0.3ML. 63
ENOXAPARIN INJ 40/0.4ML. 63
ENOXAPARIN INJ 60/0.6ML 63
ENOXAPARIN INJ 80/0.8ML. 64
ENOXAPARIN INJ 80MG/0.8 64
ENOXAPARIN INJ 100MG/ML. 63
ENOXAPARIN INJ 120/0.8 63
ENOXAPARIN INJ 150MG/ML 63
ENOXAPARIN INJ 300/3ML 63
ENPRESSE-28 TAB 108
ENSKYCE TAB 108
ENTACAPONE TAB 200MG 47
ENTECAVIR TAB 0.5MG 53
ENTECAVIR TAB 1MG 53
ENTRESTO CAP 6-6MG 71
ENTRESTO CAP 15-16MG 70
ENULOSE SOL 10GM/15 97
EPIDIOLEX SOL 100MG/ML. 25
EPINASTINE DRO 0.05%. 140
EPINEPHRINE INJ 0.3MG 146
EPINEPHRINE INJ 0.3MG 146
EPINEPHRINE INJ 0.3MG 146
EPINEPHRINE INJ 0.15MG 146
EPINEPHRINE INJ 0.15MG 146
EPINEPHRINE INJ 0.15MG 146
EPITOL TAB 200MG. 25
EPLERENONE TAB 25MG 71
EPLERENONE TAB 50MG. 71
ERGOCALCIFER CAP 1.25MG. 92
ERGOLOID MES TAB 1MG ORAL. 29
ERGOMAR SUB 2MG 37
ERGOT/CAFFEN TAB 1-100MG 37
ERLEADA TAB 60MG. 40
ERLEADA TAB 240MG. 40
ERLOTINIB TAB 25MG 41
ERLOTINIB TAB 100MG. 40
ERLOTINIB TAB 150MG 41
ERRIN TAB 0.35MG. 108
ERY/BENZOYL GEL 3-5% 88
ERY PAD 2% 88
ERYTHROCIN TAB 250MG 21
ERYTHROM ETH SUS 200/5ML. 21
ERYTHROM ETH SUS 400/5ML. 21
ERYTHROM ETH TAB 400MG. 21
ERYTHROMYCIN CAP 250MG DR 22
ERYTHROMYCIN GEL 2% 88
ERYTHROMYCIN OIN 0.5% OP 141
ERYTHROMYCIN SOL 2% 88
ERYTHROMYCIN TAB 250MG BS 22
ERYTHROMYCIN TAB 250MG BS 22
ERYTHROMYCIN TAB 250MG EC 22
ERYTHROMYCIN TAB 333MG EC 22
ERYTHROMYCIN TAB 500MG BS 22
ERYTHROMYCIN TAB 500MG BS 22
ERYTHROMYCIN TAB 500MG EC. 22
ESCITALOPRAM SOL 5MG/5ML. 31
ESCITALOPRAM SOL 10/10ML 31
ESCITALOPRAM TAB 5MG 31
ESCITALOPRAM TAB 10MG. 31
ESCITALOPRAM TAB 20MG. 31
ESKATA SOL 40%. 135
ESLICARBAZEP TAB 200MG. 25
ESLICARBAZEP TAB 400MG. 25
ESLICARBAZEP TAB 600MG. 25
ESLICARBAZEP TAB 800MG. 25
ESOMEPRA MAG CAP 20MG DR. 97
ESOMEPRA MAG CAP 40MG DR. 97
ESTARYLLA TAB 0.25-35 108
ESTAZOLAM TAB 1MG 152
ESTAZOLAM TAB 2MG 152
ESTRADIOL CRE 0.01% 109
ESTRADIOL DIS 0.1MG 109
ESTRADIOL DIS 0.1MG 109
ESTRADIOL DIS 0.1MG 109
ESTRADIOL DIS 0.05MG. 109
ESTRADIOL DIS 0.05MG. 109
ESTRADIOL DIS 0.05MG. 109
ESTRADIOL DIS 0.06MG. 109
ESTRADIOL DIS 0.025MG 109
ESTRADIOL DIS 0.025MG 109
ESTRADIOL DIS 0.025MG 109
ESTRADIOL DIS 0.075MG. 109
ESTRADIOL DIS 0.075MG. 109
ESTRADIOL DIS 0.075MG. 109
ESTRADIOL DIS 0.0375MG 109
ESTRADIOL DIS 0.0375MG 109
ESTRADIOL DIS 0.0375MG 109
ESTRADIOL TAB 0.5MG 109
ESTRADIOL TAB 1MG 109
ESTRADIOL TAB 2MG 109
ESTRADIOL TAB 10MCG 109
ESTRAD VAL INJ 10MG/ML. 108
ESTRAD VAL INJ 20MG/ML 109
ESTRAD VAL INJ 40MG/ML 109
ESTRAD VAL INJ 40MG/ML 109
ESTRA/NORETH TAB 0.5-0.1. 108
ESTRA/NORETH TAB 1-0.5MG 108
ESTRING MIS 7.5/24HR 109
ESZOPICLONE TAB 1MG. 152
ESZOPICLONE TAB 2MG. 152
ESZOPICLONE TAB 3MG. 152
ETHACRYNIC TAB ACD 25MG 71
ETHAMBUTOL TAB 100MG 39
ETHAMBUTOL TAB 400MG. 39
ETHOSUXIMIDE CAP 250MG. 25
ETHOSUXIMIDE SOL 250/5ML. 25
ETHY ALCOHOL SOL 70% RUB 16
ETHY ETH EST TAB 1-35. 109
ETHYNODIOL TAB 1-50. 109
ETODOLAC CAP 200MG. 11
ETODOLAC CAP 300MG. 11
ETODOLAC ER TAB 400MG 11
ETODOLAC ER TAB 500MG 11
ETODOLAC ER TAB 600MG 11
ETODOLAC TAB 400MG. 11
ETODOLAC TAB 500MG. 11
ETONOGESTREL MIS ETHY EST. 110
ETOPOSIDE CAP 50MG. 41

ETRAVIRINE TAB 100MG..... 53
ETRAVIRINE TAB 200MG..... 53
EUTHYROX TAB 25MCG..... 118
EUTHYROX TAB 50MCG..... 118
EUTHYROX TAB 75MCG..... 118
EUTHYROX TAB 88MCG..... 118
EUTHYROX TAB 100MCG..... 118
EUTHYROX TAB 112MCG..... 118
EUTHYROX TAB 125MCG..... 118
EUTHYROX TAB 137MCG..... 118
EUTHYROX TAB 150MCG..... 118
EUTHYROX TAB 175MCG..... 118
EUTHYROX TAB 200MCG..... 118
EVEROLIMUS TAB 2.5MG.....41
EVEROLIMUS TAB 5MG.....41
EVEROLIMUS TAB 7.5MG.....41
EVEROLIMUS TAB 10MG.....41
EVOTAZ TAB 300-150..... 53
EXELDERM CRE 1%..... 35
EXELDERM SOL 1%..... 35
EXEMESTANE TAB 25MG.....41
EZETIMIBE TAB 10MG.....71
EZETIM/SIMVA TAB 10-10MG.....71
EZETIM/SIMVA TAB 10-20MG.....71
EZETIM/SIMVA TAB 10-40MG.....71
EZETIM/SIMVA TAB 10-80MG.....71
FA-8 CAP 800MCG..... 92
FALMINA TAB..... 110
FAMCICLOVIR TAB 125MG..... 53
FAMCICLOVIR TAB 250MG..... 53
FAMCICLOVIR TAB 500MG..... 53
FAMOTIDINE SUS 40MG/5ML..... 97
FAMOTIDINE TAB 20MG..... 97
FAMOTIDINE TAB 40MG..... 97
FC2 FEMALE MIS CONDOM..... 135
FEBUXOSTAT TAB 40MG..... 37
FEBUXOSTAT TAB 80MG..... 37
FEIRZA TAB 1.5/30..... 110
FEIRZA TAB 1/20..... 110
FELBAMATE SUS 600/5ML..... 25
FELBAMATE TAB 400MG..... 25
FELBAMATE TAB 600MG..... 25
FELODIPINE TAB 2.5MG ER.....71
FELODIPINE TAB 5MG ER.....71
FELODIPINE TAB 10MG ER.....71
FEMCAP MIS 22MM..... 135
FEMCAP MIS 26MM..... 135
FEMCAP MIS 30MM..... 135
FENOFIBRATE CAP 67MG.....71
FENOFIBRATE CAP 134MG.....71
FENOFIBRATE CAP 200MG.....71
FENOFIBRATE TAB 48MG.....71
FENOFIBRATE TAB 54MG.....71
FENOFIBRATE TAB 145MG.....71
FENOFIBRATE TAB 160MG.....71
FENOPROFEN TAB 600MG.....11
FENTANYL DIS 12MCG/HR.....11
FENTANYL DIS 25MCG/HR.....11
FENTANYL DIS 50MCG/HR.....11
FENTANYL DIS 75MCG/HR.....11
FENTANYL DIS 100MCG/H.....11
FENTANYL OT LOZ 200MCG.....11
FENTANYL OT LOZ 400MCG.....11
FENTANYL OT LOZ 600MCG.....12
FENTANYL OT LOZ 800MCG.....12
FENTANYL OT LOZ 1200MCG.....11
FENTANYL OT LOZ 1600MCG.....11
FERRIC CITRA TAB 210MG..... 92
FESOTERODINE TAB 4MG ER..... 102
FESOTERODINE TAB 8MG ER..... 102
FINASTERIDE TAB 5MG..... 103
FINGOLIMOD CAP 0.5MG..... 84
FINZALA CHW FE 1/20..... 110
FLAC OIL 0.01% OT..... 143
FLAVOXATE TAB 100MG..... 103
FLECAINIDE TAB 50MG.....71
FLECAINIDE TAB 100MG.....71
FLECAINIDE TAB 150MG.....71
FLEXICHAMBER MIS MASK SM..... 135
FLUAD INJ 2025-26..... 126
FLUARIX INJ 2025-26..... 126
FLUBLOK INJ 2025-26..... 126
FLUCELVAX INJ 2025-26..... 126
FLUCELVAX INJ 2025-26..... 126
FLUCONAZOLE SUS 10MG/ML..... 35
FLUCONAZOLE SUS 40MG/ML..... 35
FLUCONAZOLE TAB 50MG..... 35
FLUCONAZOLE TAB 100MG..... 35
FLUCONAZOLE TAB 150MG..... 35
FLUCONAZOLE TAB 200MG..... 35
FLUCYTOSINE CAP 250MG..... 35
FLUCYTOSINE CAP 500MG..... 36
FLUDROCORT TAB 0.1MG..... 104
FLULAVAL INJ 2025-26..... 126
FLUMIST NASA LIQ 2025-26..... 126
FLUNISOLIDE SPR 0.025%..... 146
FLUOCINOLONE CRE 0.01%..... 88
FLUOCINOLONE CRE 0.025%..... 88
FLUOCINOLONE OIL 0.01%BDY..... 89
FLUOCINOLONE OIL 0.01%BDY..... 89
FLUOCINOLONE OIL 0.01% OT..... 143
FLUOCINOLONE OIL 0.01% OT..... 143
FLUOCINOLONE OIL 0.01% SC..... 88
FLUOCINOLONE OIL 0.01% SC..... 88
FLUOCINOLONE OIL 0.01%TOP..... 89
FLUOCINOLONE OIN 0.025%..... 89
FLUOCINOLONE SOL 0.01%..... 89
FLUOCINONIDE CRE 0.05%..... 89
FLUOCINONIDE CRE E 0.05%..... 89
FLUOCINONIDE CRE E 0.05%..... 89
FLUOCINONIDE GEL 0.05%..... 89
FLUOCINONIDE OIN 0.05%..... 89
FLUOCINONIDE SOL 0.05%..... 89
FLUORIDE CHW 0.5MG..... 92
FLUORIDE CHW 0.25MG..... 92
FLUORIDE CHW 1MG..... 93
FLUOROMETHOL SUS 0.1% OP.....141
FLUOROURACIL CRE 0.5%..... 89
FLUOROURACIL CRE 0.5%..... 89
FLUOROURACIL CRE 5%..... 89
FLUOROURACIL SOL 2%..... 89
FLUOROURACIL SOL 5%..... 89
FLUOXETINE CAP 10MG.....31
FLUOXETINE CAP 20MG.....31
FLUOXETINE CAP 40MG.....31
FLUOXETINE CAP 90MG DR..... 32
FLUOXETINE SOL 20MG/5ML..... 32
FLUOXETINE TAB 10MG..... 32
FLUOXETINE TAB 20MG..... 32
FLUPHENAZINE CON 5MG/ML..... 49
FLUPHENAZINE ELX 2.5/5ML..... 49
FLUPHENAZINE TAB 1MG..... 49
FLUPHENAZINE TAB 2.5MG..... 49
FLUPHENAZINE TAB 5MG..... 49
FLUPHENAZINE TAB 10MG..... 49
FLURANDRENOL LOT 0.05%..... 89
FLURAZEPAM CAP 15MG..... 152
FLURAZEPAM CAP 30MG..... 152
FLURBIPROFEN SOL 0.03% OP.....141
FLURBIPROFEN TAB 100MG.....12
FLUTICASONE CRE 0.05%..... 89
FLUTICASONE OIN 0.005%..... 89
FLUTICASONE SPR 50MCG..... 147
FLUTIC/SALME AER 100/50.....146
FLUTIC/SALME AER 250/50.....146
FLUTIC/SALME AER 500/50.....146
FLUTIC/SALME INH 55/14.....146
FLUTIC/SALME INH 113/14.....146
FLUTIC/SALME INH 232/14.....146
FLUVASTATIN CAP 20MG.....71
FLUVASTATIN CAP 40MG..... 72
FLUVOXAMINE CAP 100MG ER..... 32
FLUVOXAMINE CAP 150MG ER..... 32
FLUVOXAMINE TAB 25MG..... 32
FLUVOXAMINE TAB 50MG..... 32
FLUVOXAMINE TAB 100MG..... 32
FLUZONE HD INJ 2025-26..... 126
FLUZONE INJ 2025-26..... 126
FLUZONE INJ 2025-26..... 126
FOLIC ACID TAB 1MG..... 93
FOLIC ACID TAB 400MCG..... 93
FOLIC ACID TAB 400MCG..... 93

FOLIC ACID TAB 800MCG..... 93
FOLIC ACID TAB 1000MCG..... 93
FOLIC ACID TAB 1000MCG..... 93
FOLIVANE-OB CAP 93
FONDAPARINUX INJ 2.5/0.5..... 64
FONDAPARINUX INJ 5/0.4ML..... 64
FONDAPARINUX INJ 7.5/0.6..... 64
FONDAPARINUX INJ 10/0.8ML..... 64
FORMOTEROL NEB 20/2ML..... 147
FOSAMPRENAVI TAB 700MG..... 53
FOSFOMYCIN POW 3GM 22
FOSINOP/HCTZ TAB 10/12.5..... 72
FOSINOP/HCTZ TAB 20/12.5 72
FOSINOPRIL TAB 10MG 72
FOSINOPRIL TAB 20MG 72
FOSINOPRIL TAB 40MG..... 72
FOSRENOL POW 750MG 93
FOSRENOL POW 1000MG..... 93
FREESTYLE LB KIT 2PLS/SEN 135
FREESTYLE LB KIT 2/SENSOR..... 135
FREESTYLE LB KIT 3PLS/SEN 135
FREESTYLE LB KIT 3/SENSOR..... 135
FREESTYLE LB KIT 14D/SEN..... 135
FREESTYLE LB MIS 2/READER 135
FREESTYLE LB MIS 3/READER 135
FREESTYLE LB MIS 3/READER 135
FREESTYLE LB MIS 14D/RDR..... 135
FREESTYLE MIS READER 135
FROVATRIPTAN TAB 2.5MG 38
FUROSEMIDE SOL 10MG/ML 72
FUROSEMIDE SOL 40MG/5ML..... 72
FUROSEMIDE TAB 20MG 72
FUROSEMIDE TAB 40MG 72
FUROSEMIDE TAB 80MG 72
FUZEON INJ 90MG 53
FYAVOLV TAB 0.5-2.5..... 110
FYAVOLV TAB 1-5..... 110
GABAPENTIN CAP 100MG..... 25
GABAPENTIN CAP 300MG 25
GABAPENTIN CAP 400MG 25
GABAPENTIN SOL 250/5ML..... 25
GABAPENTIN SOL 300/6ML 26
GABAPENTIN TAB 600MG..... 26
GABAPENTIN TAB 800MG..... 26
GALANTAMINE CAP 8MG ER..... 29
GALANTAMINE CAP 16MG ER..... 29
GALANTAMINE CAP 24MG ER..... 29
GALANTAMINE SOL 4MG/ML..... 29
GALANTAMINE TAB 4MG..... 29
GALANTAMINE TAB 8MG..... 29
GALANTAMINE TAB 12MG..... 29
GALBRIELA CHW 110
GALLIFREY TAB 5MG 110
GALZIN CAP 25MG 93
GALZIN CAP 50MG 93
GARDASIL 9 INJ 126
GARDASIL 9 INJ 127
GATIFLOXACIN SOL 0.5% 141
GAUZE PAD 2"X2" 135
GAVILAX POW 97
GAVILYTE-C SOL..... 98
GAVILYTE-G SOL..... 98
GEFITINIB TAB 250MG 41
GEMFIBROZIL TAB 600MG..... 72
GENERLAC SOL 10/15ML..... 98
GENERLAC SOL 10GM/15 98
GENGRAF CAP 25MG..... 127
GENGRAF CAP 100MG 127
GENGRAF SOL 100MG/ML..... 127
GENTAMICIN CRE 0.1%..... 22
GENTAMICIN OIN 0.1% 22
GENTAMICIN SOL 0.3% OP.....141
GENTLELAX POW..... 98
GENVOYA TAB..... 54
GG/CODEINE SOL 100-10/5 147
GILOTRIF TAB 20MG.....41
GILOTRIF TAB 30MG.....41
GILOTRIF TAB 40MG 41
GILTUSS TAB 10-388MG 147
GLATIRAMER INJ 20MG/ML 84
GLATIRAMER INJ 40MG/ML 84
GLATOPA INJ 20MG/ML 84
GLATOPA INJ 40MG/ML 84
GLIMEPIRIDE TAB 1MG..... 57
GLIMEPIRIDE TAB 2MG..... 57
GLIMEPIRIDE TAB 4MG 57
GLIPIZIDE ER TAB 2.5MG..... 58
GLIPIZIDE ER TAB 5MG..... 58
GLIPIZIDE ER TAB 10MG 58
GLIPIZIDE TAB 2.5MG 58
GLIPIZIDE TAB 5MG 58
GLIPIZIDE TAB 10MG..... 58
GLIP/METFORM TAB 2.5-250..... 57
GLIP/METFORM TAB 2.5-250M..... 58
GLIP/METFORM TAB 2.5-500..... 58
GLIP/METFORM TAB 2.5-500M..... 58
GLIP/METFORM TAB 5-500MG 58
GLUCAGON EMR SOL 1MG..... 58
GLUCAGON INJ 1MG..... 58
GLUCAGON INJ 1MG..... 58
GLUCOSE BITS CHW 1GM 58
GLUCOSE CHW RASPBERY..... 58
GLUCOSE GEL 15GM/33G..... 58
GLUCOSE GEL 40%..... 58
GLYB/METFORM TAB 1.25-250 58
GLYB/METFORM TAB 2.5-500 58
GLYB/METFORM TAB 5-500MG..... 58
GLYBURIDE TAB 1.25MG..... 58
GLYBURIDE TAB 2.5MG 58
GLYBURIDE TAB 5MG..... 58
GLYBURID MCR TAB 1.5MG..... 58
GLYBURID MCR TAB 3MG..... 58
GLYBURID MCR TAB 6MG 58
GLYCOLAX POW 3350 NF 98
GLYCOPYRROL TAB 1MG 98
GLYCOPYRROL TAB 2MG 98
GLYDO GEL 2%.....16
GNP GLUCOSE CHW 2GM..... 58
GRANISETRON TAB 1MG 34
GRISEOFULVIN SUS 125/5ML 36
GRISEOFULVIN TAB MICR 500..... 36
GRISEOFULVIN TAB ULTR 125 36
GRISEOFULVIN TAB ULTR 250..... 36
GUANFACINE TAB 1MG..... 72
GUANFACINE TAB 1MG ER 84
GUANFACINE TAB 2MG..... 72
GUANFACINE TAB 2MG ER 84
GUANFACINE TAB 3MG ER 84
GUANFACINE TAB 4MG ER 84
GVOKE HYPO 1 INJ 0.5/.1ML 58
GVOKE HYPO 1 INJ 1/0.2ML..... 58
GVOKE HYPO 2 INJ 0.5/.1ML 58
GVOKE HYPO 2 INJ 1/0.2ML..... 58
GVOKE KIT SOL 1/0.2ML 58
GVOKE PFS INJ 1/0.2ML..... 59
GYNAZOLE-1 CRE 2% 36
GYNOL II GEL 3% 103
HADLIMA INJ 40/0.4ML..... 127
HADLIMA INJ 40/0.8ML..... 127
HADLIMA PUSH INJ 40/0.4ML 127
HADLIMA PUSH INJ 40/0.8ML 127
HAEGARDA INJ 2000UNIT 127
HAEGARDA INJ 3000UNIT 127
HAILEY 24 TAB FE..... 110
HAILEY FE TAB 1.5/30..... 110
HAILEY FE TAB 1/20 110
HAILEY TAB 1.5/30 110
HALOBETASOL CRE 0.05% 89
HALOBETASOL OIN 0.05%..... 89
HALOETTE MIS..... 110
HALOPERIDOL CON 2MG/ML..... 49
HALOPERIDOL TAB 0.5MG 49
HALOPERIDOL TAB 1MG..... 49
HALOPERIDOL TAB 2MG 49
HALOPERIDOL TAB 5MG 49
HALOPERIDOL TAB 10MG 49
HALOPERIDOL TAB 20MG..... 49
HAVRIX INJ 720UNIT 127
HAVRIX INJ 1440UNIT 127
HC/ACET ACID SOL 1-2%OTIC 143
HC BUTYRATE CRE 0.1% 89
HC BUTYRATE OIN 0.1% 89

HC BUTYRATE SOL 0.1% 89
HC PRAMOXINE CRE 1-1% 89
HC VALERATE CRE 0.2% 89
HC VALERATE OIN 0.2%..... 89
HEATHER TAB 0.35MG 110
HEPARIN SOD INJ 1000/ML..... 64
HEPARIN SOD INJ 1000/ML..... 64
HEPARIN SOD INJ 2000/2ML..... 64
HEPARIN SOD INJ 5000/0.5 64
HEPARIN SOD INJ 5000/0.5 64
HEPARIN SOD INJ 5000/0.5 64
HEPARIN SOD INJ 5000/ML 64
HEPARIN SOD INJ 5000/ML 64
HEPARIN SOD INJ 5000/ML 64
HEPARIN SOD INJ 10000/10 64
HEPARIN SOD INJ 10000/ML 64
HEPARIN SOD INJ 10000/ML 64
HEPARIN SOD INJ 20000/ML..... 64
HEPARIN SOD INJ 30000/30 64
HEPARIN SOD INJ 50000/10..... 64
HEPLISAV-B INJ 20/0.5ML 127
HER STYLE TAB 1.5MG 110
HIBERIX SOL 10MCG 127
HUMALOG INJ 100/ML..... 59
HUMALOG JR INJ 100/ML 59
HUMALOG KWPN INJ 100/ML..... 59
HUMALOG KWPN INJ 200/ML 59
HUMALOG MIX INJ 50/50..... 59
HUMALOG MIX INJ 50/50KWP..... 59
HUMALOG MIX INJ 75/25KWP 59
HUMALOG MIX SUS 75/25..... 59
HUMATIN CAP 250MG..... 22
HUMULIN INJ 70/30..... 59
HUMULIN INJ 70/30KWP 59
HUMULIN N INJ U-100 59
HUMULIN N INJ U-100KWP 59
HUMULIN R INJ U-100..... 59
HUMULIN R INJ U-500 59
HUMULIN R INJ U-500KWP 59
HYCAMTIN CAP 0.25MG.....41
HYCAMTIN CAP 1MG 41
HYD POL/CPM SUS 10-8/5ML..... 147
HYDRALAZINE TAB 10MG 72
HYDRALAZINE TAB 25MG 72
HYDRALAZINE TAB 50MG..... 72
HYDRALAZINE TAB 100MG..... 72
HYDRO/ACETA SOL 10-325MG.....12
HYDRO/APAP SOL 12
HYDROCHLOROT CAP 12.5MG 72
HYDROCHLOROT TAB 12.5MG..... 72
HYDROCHLOROT TAB 25MG 72
HYDROCHLOROT TAB 50MG..... 72
HYDROC/HOMAT TAB 5-1.5MG..... 147
HYDROCO/APAP SOL 7.5-325 12
HYDROCO/APAP TAB 2.5-325.....12
HYDROCO/APAP TAB 5-325MG 12
HYDROCO/APAP TAB 7.5-325.....12
HYDROCO/APAP TAB 10-325MG 12
HYDROCOD/HOM SOL 5-1.5/5..... 147
HYDROCOD/HOM SYP 5-1.5/5 147
HYDROCOD/IBU TAB 5-200MG.....12
HYDROCOD/IBU TAB 7.5-200 12
HYDROCOD/IBU TAB 10-200MG.....12
HYDROCODONE CAP 10MG ER 12
HYDROCODONE CAP 15MG ER 12
HYDROCODONE CAP 20MG ER.....12
HYDROCODONE CAP 30MG ER.....12
HYDROCODONE CAP 40MG ER.....12
HYDROCODONE CAP 50MG ER.....12
HYDROCORT CRE 2.5% 89
HYDROCORT ENE 100MG 132
HYDROCORTISO CRE 2.5% 132
HYDROCORT LOT 2.5% 90
HYDROCORT OIN 1% 90
HYDROCORT OIN 2.5% 90
HYDROCORT TAB 5MG 104
HYDROCORT TAB 10MG 104
HYDROCORT TAB 20MG.....104
HYDROGEN PER SOL 3% 22
HYDROMET SYP 5-1.5/5 147
HYDROMORPHON LIQ 1MG/ML 12
HYDROMORPHON TAB 2MG 12
HYDROMORPHON TAB 4MG 12
HYDROMORPHON TAB 8MG 13
HYDROMORPHON TAB 8MG ER.....13
HYDROMORPHON TAB 12MG ER.....12
HYDROMORPHON TAB 16MG ER.....12
HYDROMORPHON TAB 32MG ER.....12
HYDROXYCHLOR TAB 100MG 46
HYDROXYCHLOR TAB 200MG..... 46
HYDROXYUREA CAP 500MG 41
HYDROXYZ HCL SYP 10MG/5ML.... 147
HYDROXYZ HCL TAB 10MG..... 147
HYDROXYZ HCL TAB 25MG..... 147
HYDROXYZ HCL TAB 50MG..... 147
HYDROXYZINE SOL 10MG/5ML..... 57
HYDROXYZINE SOL 50/25ML 147
HYDROXYZINE SYP 10MG/5ML 147
HYDROXYZ PAM CAP 25MG 147
HYDROXYZ PAM CAP 50MG 147
HYDROXYZ PAM CAP 100MG..... 147
HYPERSAL NEB 3.5%..... 147
HYPERSAL NEB 7%..... 147
IBANDRONATE TAB 150MG..... 133
IBUPROFEN TAB 400MG 13
IBUPROFEN TAB 600MG 13
IBUPROFEN TAB 800MG 13
IBU TAB 400MG.....13
IBU TAB 600MG.....13
IBU TAB 800MG.....13
ICATIBANT INJ 30MG/3ML 127
ICLEVIA TAB 110
ICOSAPENT CAP 0.5GM 72
ICOSAPENT CAP 1GM 72
IHEALTH LIQ CONTROL 135
IMATINIB MES TAB 100MG 41
IMATINIB MES TAB 400MG.....41
IMBRUVICA CAP 70MG.....41
IMBRUVICA CAP 140MG.....41
IMBRUVICA SUS 70MG/ML.....41
IMBRUVICA TAB 140MG 41
IMBRUVICA TAB 280MG.....41
IMBRUVICA TAB 420MG.....41
IMIPRAM HCL TAB 10MG 32
IMIPRAM HCL TAB 25MG..... 32
IMIPRAM HCL TAB 50MG..... 32
IMIPRAM PAM CAP 75MG 32
IMIPRAM PAM CAP 100MG..... 32
IMIPRAM PAM CAP 125MG 32
IMIPRAM PAM CAP 150MG 32
IMIQUIMOD CRE 5%..... 90
INATAL GT TAB..... 93
INCASSIA TAB 0.35MG..... 110
INCRELEX INJ 40MG/4ML 106
INDAPAMIDE TAB 1.25MG 72
INDAPAMIDE TAB 2.5MG 72
INDOMETHACIN CAP 25MG 13
INDOMETHACIN CAP 50MG 13
INDOMETHACIN CAP 75MG ER.....13
INFANRIX INJ..... 127
INGREZZA CAP 40-80MG 84
INGREZZA CAP 40MG 84
INGREZZA CAP 40MG 84
INGREZZA CAP 60MG 84
INGREZZA CAP 60MG 84
INGREZZA CAP 80MG 84
INGREZZA CAP 80MG 84
INLYTA TAB 1MG 41
INLYTA TAB 5MG 41
INS DEGL FLX INJ 100UNIT..... 59
INS DEGL FLX INJ 200UNIT..... 59
INSPIREASE MIS DD SYST 135
INSPIREASE MIS RES BAG..... 135
INS SYR U500 MIS 0.5/31G 135
INSTA-GLUCOS GEL 77.4% 59
INSULIN ASPA INJ 70/30..... 59
INSULIN DEGL INJ 100UNIT..... 59
INSULIN LISP INJ 100/ML 59
INSULIN LISP INJ 100/ML 59
INSULIN LISP INJ JR KWPN..... 59
INSULIN LISP INJ PROT KWP 59
INSULIN SRYG MIS 1ML/32G..... 135

INSULIN SYRG MIS 0.3/29G 135
INSULIN SYRG MIS 0.3/30G 136
INSULIN SYRG MIS 0.3/30G 136
INSULIN SYRG MIS 0.3/31G 136
INSULIN SYRG MIS 0.3/31G 136
INSULIN SYRG MIS 0.5/28G 136
INSULIN SYRG MIS 0.5/29G 136
INSULIN SYRG MIS 0.5/30G 136
INSULIN SYRG MIS 0.5/30G 136
INSULIN SYRG MIS 0.5/31G 136
INSULIN SYRG MIS 0.5/31G 136
INSULIN SYRG MIS 0.5/32G 136
INSULIN SYRG MIS 1ML/27G 136
INSULIN SYRG MIS 1ML/28G 136
INSULIN SYRG MIS 1ML/28G 136
INSULIN SYRG MIS 1ML/29G 136
INSULIN SYRG MIS 1ML/29G 136
INSULIN SYRG MIS 1ML/30G 136
INSULIN SYRG MIS 1ML/30G 136
INSULIN SYRG MIS 1ML/31G 136
INSULIN SYRG MIS 1ML/31G 136
INTELENCE TAB 25MG 54
INTROVALE TAB 110
INVELTYS SUS 1% 141
IOPIDINE SOL 1% OP 141
IPOL INJ INACTIVE 127
IPRATROPIUM AER 17MCG 147
IPRATROPIUM SOL 0.02%INH 147
IPRATROPIUM/ SOL ALBUTER 147
IPRATROPIUM SPR 0.03% 147
IPRATROPIUM SPR 0.06% 147
IRBESAR/HCTZ TAB 150-12.5 72
IRBESAR/HCTZ TAB 300-12.5 72
IRBESARTAN TAB 75MG 73
IRBESARTAN TAB 150MG 72
IRBESARTAN TAB 300MG 73
ISENTRESS POW 100MG 54
ISIBLOOM TAB 110
ISONIAZID SYP 50MG/5ML 39
ISONIAZID TAB 100MG 39
ISONIAZID TAB 300MG 39
ISOP ALCOHOL SOL 70% RUB 16
ISOSO/HYDRAL TAB 20-37.5 73
ISOSORB DIN TAB 5MG 73
ISOSORB DIN TAB 10MG 73
ISOSORB DIN TAB 20MG 73
ISOSORB DIN TAB 30MG 73
ISOSORB MONO TAB 10MG 73
ISOSORB MONO TAB 20MG 73
ISOSORB MONO TAB 30MG ER 73
ISOSORB MONO TAB 60MG ER 73
ISOSORB MONO TAB 120MG ER 73
ISOTRETINOIN CAP 10MG 90
ISOTRETINOIN CAP 20MG 90
ISOTRETINOIN CAP 30MG 90
ISOTRETINOIN CAP 40MG 90
ISRADIPINE CAP 2.5MG 73
ISRADIPINE CAP 5MG 73
ITRACONAZOLE CAP 100MG 36
ITRACONAZOLE SOL 10MG/ML 36
ITRACONAZOLE SOL 100/10ML 36
IVABRADINE TAB 5MG 73
IVABRADINE TAB 7.5MG 73
IVERMECTIN CRE 1% 90
IVERMECTIN LOT 0.5% 90
IVERMECTIN TAB 3MG 46
JAIMIESS TAB 110
JAKAFI TAB 5MG 42
JAKAFI TAB 10MG 41
JAKAFI TAB 15MG 41
JAKAFI TAB 20MG 42
JAKAFI TAB 25MG 42
JANTOVEN TAB 1MG 64
JANTOVEN TAB 2.5MG 64
JANTOVEN TAB 2MG 64
JANTOVEN TAB 3MG 64
JANTOVEN TAB 4MG 64
JANTOVEN TAB 5MG 64
JANTOVEN TAB 6MG 64
JANTOVEN TAB 7.5MG 65
JANTOVEN TAB 10MG 64
JARDIANCE TAB 10MG 73
JARDIANCE TAB 25MG 73
JASMIEL TAB 3-0.02MG 110
JENCYCLA TAB 0.35MG 110
JINTELI TAB 1MG-5MCG 110
JOLESSA TAB 110
JOYEAUX TAB 0.1-20 110
JULEBER TAB 110
JULUCA TAB 50-25MG 54
JUNEL 1.5/30 TAB 111
JUNEL 1/20 TAB 111
JUNEL FE 24 TAB 1/20 111
JUNEL FE TAB 1.5/30 111
JUNEL FE TAB 1/20 111
JYNNEOS INJ 127
KAITLIB FE CHW 111
KALLIGA TAB 111
KARIVA TAB 28 DAY 111
KELNOR 1/50 TAB 111
KELNOR TAB 1/35 111
KETOCONAZOLE CRE 2% 36
KETOCONAZOLE SHA 2% 36
KETOCONAZOLE TAB 200MG 36
KETO-DIASTIX TES 136
KETOPROFEN CAP 25MG 13
KETOPROFEN CAP 50MG 13
KETOPROFEN CAP 200MG ER 13
KETOROLAC SOL 0.4% OP 141
KETOROLAC SOL 0.5% OP 141
KETOROLAC SOL 0.5% OP 141
KETOROLAC TAB 10MG 13
KINRIX INJ 127
KISQALI 200 PAK FEMARA 42
KISQALI 400 PAK FEMARA 42
KISQALI 600 PAK FEMARA 42
KISQALI TAB 200DOSE 42
KISQALI TAB 400DOSE 42
KISQALI TAB 600DOSE 42
KLAYESTA POW 100000 36
KLOR-CON 8 TAB 8MEQ ER 93
KLOR-CON 10 TAB 10MEQ ER 93
KLOR-CON/EF TAB 25MEQ 93
KLOR-CON M10 TAB 10MEQ ER 93
KLOR-CON M15 TAB 15MEQ ER 93
KLOR-CON M20 TAB 20MEQ ER 93
KLOR-CON PAK 20MEQ 93
KRISTALOSE PAK 10GM 98
KRISTALOSE PAK 20GM 98
KURVELO TAB 0.15/30 111
LABETALOL TAB 100MG 73
LABETALOL TAB 200MG 73
LABETALOL TAB 300MG 73
LABETALOL TAB 400MG 73
LACOSAMIDE SOL 10MG/ML 26
LACOSAMIDE SOL 50/5ML 26
LACOSAMIDE SOL 50MG/5ML 26
LACOSAMIDE SOL 100/10ML 26
LACOSAMIDE SOL 150/15ML 26
LACOSAMIDE SOL 200/20ML 26
LACOSAMIDE TAB 50MG 26
LACOSAMIDE TAB 100MG 26
LACOSAMIDE TAB 150MG 26
LACOSAMIDE TAB 200MG 26
LACTULOSE PAK 10GM 98
LACTULOSE PAK 20GM 98
LACTULOSE SOL 10/15ML 98
LACTULOSE SOL 10/15ML 98
LACTULOSE SOL 10GM/15 98
LACTULOSE SOL 20/30ML 98
LAGEVRIO CAP 200MG 54
LAMIVUDINE SOL 10MG/ML 54
LAMIVUDINE SOL 300/30ML 54
LAMIVUDINE TAB 100MG 54
LAMIVUDINE TAB 150MG 54
LAMIVUDINE TAB 300MG 54
LAMIVUD/ZIDO TAB 150-300 54
LAMOTRIGINE CHW 5MG 26
LAMOTRIGINE CHW 25MG 26
LAMOTRIGINE TAB 25MG 26
LAMOTRIGINE TAB 100MG 26
LAMOTRIGINE TAB 150MG 26

LAMOTRIGINE TAB 200MG 26
LANCET DEVIC MIS ADJUST 136
LANCETS MIS 136
LANSOPR/AMOX PAK /CLARITH 98
LANSOPRAZOLE CAP 15MG DR 98
LANSOPRAZOLE CAP 30MG DR 98
LANTHANUM CHW 500MG 93
LANTHANUM CHW 750MG 93
LANTHANUM CHW 1000MG 93
LARIN 24 TAB FE 1/20 111
LARIN FE TAB 1.5/30 111
LARIN FE TAB 1/20 111
LARIN TAB 1.5/30 111
LARIN TAB 1/20 111
LASTACAFT SOL 0.25% 141
LATANOPROST SOL 0.005% 141
LAYOLIS FE CHW 111
LEDIP-SOFOSB TAB 90-400MG 54
LEENA TAB 111
LEFLUNOMIDE TAB 10MG 127
LEFLUNOMIDE TAB 20MG 127
LENALIDOMIDE CAP 2.5MG 42
LENALIDOMIDE CAP 5MG 42
LENALIDOMIDE CAP 10MG 42
LENALIDOMIDE CAP 15MG 42
LENALIDOMIDE CAP 20MG 42
LENALIDOMIDE CAP 25MG 42
LENVIMA CAP 4MG 42
LENVIMA CAP 8 MG 42
LENVIMA CAP 10 MG 42
LENVIMA CAP 12MG 42
LENVIMA CAP 14 MG 42
LENVIMA CAP 18 MG 42
LENVIMA CAP 20 MG 42
LENVIMA CAP 24 MG 42
LESSINA TAB 111
LETROZOLE TAB 2.5MG 43
LEUCOVOR CA TAB 5MG 43
LEUCOVOR CA TAB 10MG 43
LEUCOVOR CA TAB 15MG 43
LEUCOVOR CA TAB 25MG 43
LEUKERAN TAB 2MG 43
LEUPROLIDE INJ 1MG/0.2 122
LEUPROLIDE INJ 14 DAY 122
LEUPROLIDE KIT 1MG/0.2 122
LEUPROLIDE KIT 14 DAY 122
LEVALBUTEROL NEB 0.31MG 148
LEVALBUTEROL NEB 0.63MG 148
LEVALBUTEROL NEB 1.25/0.5 148
LEVALBUTEROL NEB 1.25MG 148
LEVEMIR INJ 59
LEVEMIR INJ FLEXPEN 60
LEVETIRACETA SOL 100MG/ML 26
LEVETIRACETA SOL 100MG/ML 26
LEVETIRACETA SOL 500/5ML 26
LEVETIRACETA TAB 250MG 26
LEVETIRACETA TAB 500MG 26
LEVETIRACETA TAB 500MG ER 26
LEVETIRACETA TAB 750MG 26
LEVETIRACETA TAB 750MG ER 26
LEVETIRACETA TAB 1000MG 26
LEVOBUNOLOL SOL 0.5% OP 141
LEVOCARNITIN SOL 1GM/10ML 136
LEVOCARNITIN SOL 1GM/10ML 136
LEVOCARNITIN TAB 330MG 137
LEVOCETIRIZI SOL 2.5/5ML 148
LEVOCETIRIZI TAB 5MG 148
LEVO-ETH EST TAB 90-20MCG 111
LEVOFLOXACIN SOL 0.5% 141
LEVOFLOXACIN SOL 1.5% 141
LEVOFLOXACIN SOL 25MG/ML 22
LEVOFLOXACIN TAB 250MG 22
LEVOFLOXACIN TAB 500MG 22
LEVOFLOXACIN TAB 750MG 22
LEVONEST TAB 111
LEVONOR/ETHI TAB 111
LEVONOR/ETHI TAB 0.1-0.02 111
LEVONOR/ETHI TAB 0.1-20 111
LEVONOR/ETHI TAB ESTRADIO 111
LEVONOR/ETHI TAB ESTRADIO 112
LEVONOR/ETHI TAB ESTRADIO 112
LEVONOR/ETHI TAB ESTRADIO 112
LEVONOR/ETHI TAB ESTRADIO 112
LEVONORGESTR TAB 1.5MG 112
LEVORA-28 TAB 0.15/30 112
LEVORPHANOL TAB 2MG 13
LEVORPHANOL TAB 3MG 13
LEVOTHYROXIN TAB 25MCG 119
LEVOTHYROXIN TAB 50MCG 119
LEVOTHYROXIN TAB 75MCG 119
LEVOTHYROXIN TAB 88MCG 119
LEVOTHYROXIN TAB 100MCG 119
LEVOTHYROXIN TAB 112MCG 119
LEVOTHYROXIN TAB 125MCG 119
LEVOTHYROXIN TAB 137MCG 119
LEVOTHYROXIN TAB 150MCG 119
LEVOTHYROXIN TAB 175MCG 119
LEVOTHYROXIN TAB 200MCG 119
LEVOTHYROXIN TAB 300MCG 119
LEVO-T TAB 25MCG 118
LEVO-T TAB 50MCG 118
LEVO-T TAB 75MCG 118
LEVO-T TAB 88MCG 119
LEVO-T TAB 100MCG 118
LEVO-T TAB 112MCG 118
LEVO-T TAB 125MCG 118
LEVO-T TAB 137MCG 118
LEVO-T TAB 150MCG 118
LEVO-T TAB 175MCG 118
LEVO-T TAB 200MCG 118
LEVO-T TAB 300 MCG 118
LEVOXYL TAB 25MCG 119
LEVOXYL TAB 50MCG 119
LEVOXYL TAB 75MCG 119
LEVOXYL TAB 88MCG 119
LEVOXYL TAB 100MCG 119
LEVOXYL TAB 112MCG 119
LEVOXYL TAB 125MCG 119
LEVOXYL TAB 137MCG 119
LEVOXYL TAB 150MCG 119
LEVOXYL TAB 175MCG 119
LEVOXYL TAB 200MCG 119
LIDOCAINE DIS 5% PATCH 16
LIDOCAINE GEL 2% JELLY 16
LIDOCAINE GEL 2% JELLY 16
LIDOCAINE SOL 2% ORAL 85
LIDOCAINE SOL 2% VISC 85
LIDOCAINE SOL 4% 16
LIDOCAINE SOL 4% 86
LIDO/PRILOCN CRE 2.5-2.5% 16
LINEZOLID SUS 100/5ML 22
LINEZOLID TAB 600MG 22
LINZESS CAP 72MCG 99
LINZESS CAP 145MCG 98
LINZESS CAP 290MCG 98
LIOMNY TAB 5MCG 120
LIOMNY TAB 25MCG 119
LIOMNY TAB 50MCG 119
LIOTHYRONINE TAB 5MCG 120
LIOTHYRONINE TAB 25MCG 120
LIOTHYRONINE TAB 50MCG 120
LISINOP/HCTZ TAB 10-12.5 73
LISINOP/HCTZ TAB 20-12.5 73
LISINOP/HCTZ TAB 20-25MG 73
LISINOPRIL TAB 2.5MG 73
LISINOPRIL TAB 5MG 73
LISINOPRIL TAB 10MG 73
LISINOPRIL TAB 20MG 73
LISINOPRIL TAB 30MG 73
LISINOPRIL TAB 40MG 73
LITHIUM CARB CAP 150MG 57
LITHIUM CARB CAP 300MG 57
LITHIUM CARB CAP 600MG 57
LITHIUM CARB TAB 300MG 57
LITHIUM CARB TAB 300MG ER 57
LITHIUM CARB TAB 450MG ER 57
LITHIUM SOL 8MEQ/5ML 57
LOJAIMIESS TAB 112
LOKELMA PAK 5GM 93
LOKELMA PAK 10GM 93
LO LOESTRIN TAB 1-10-10 112
LOMUSTINE CAP 10MG 43

LOMUSTINE CAP 40MG 43
LOMUSTINE CAP 100MG 43
LOPERAMIDE CAP 2MG 99
LOPIN/RITON TAB 100-25MG 54
LOPIN/RITON TAB 200-50MG 54
LORAZEPAM CON 2MG/ML 57
LORAZEPAM TAB 0.5MG 57
LORAZEPAM TAB 1MG 57
LORAZEPAM TAB 2MG 57
LORBRENA TAB 25MG 43
LORBRENA TAB 100MG 43
LORYNA TAB 3-0.02MG 112
LOSARTAN/HCT TAB 50-12.5 74
LOSARTAN/HCT TAB 100-12.5 73
LOSARTAN/HCT TAB 100-25 74
LOSARTAN POT TAB 25MG 73
LOSARTAN POT TAB 50MG 73
LOSARTAN POT TAB 100MG 73
LOTEMAX OIN 0.5% 141
LOTEMAX SM GEL 0.38% 141
LOTEPREDNOL SUS 0.5% 141
LOTEPR/TOBRA SUS 0.5-0.3% 141
LOVASTATIN TAB 10MG 74
LOVASTATIN TAB 20MG 74
LOVASTATIN TAB 40MG 74
LOW-OGESTREL TAB 112
LOXAPINE CAP 5MG 49
LOXAPINE CAP 10MG 49
LOXAPINE CAP 25MG 49
LOXAPINE CAP 50MG 49
LO-ZUMANDIMI TAB 3-0.02MG 112
LUBIPROSTONE CAP 8MCG 99
LUBIPROSTONE CAP 24MCG 99
LUIZZA 1/20 TAB 112
LUIZZA TAB 1.5/30 112
LULICONAZOLE CRE 1% 36
LUMIGAN SOL 0.01% OP 141
LURASIDONE TAB 20MG 49
LURASIDONE TAB 40MG 49
LURASIDONE TAB 60MG 49
LURASIDONE TAB 80MG 49
LURASIDONE TAB 120MG 49
LUTERA TAB 112
LYLEQ TAB 0.35MG 112
LYLLANA DIS 0.1MG 112
LYLLANA DIS 0.05MG 112
LYLLANA DIS 0.025MG 112
LYLLANA DIS 0.075MG 112
LYLLANA DIS 0.0375MG 112
LYNPARZA TAB 100MG 43
LYNPARZA TAB 150MG 43
LYSODREN TAB 500MG 43
LYZA TAB 0.35MG 112
MAFENIDE ACE PAK 5% 90
MAG CITRATE SOL LEMON 99
MAG CITRATE SOL LEMON 99
MALATHION LOT 0.5% 90
MARAVIROC TAB 150MG 54
MARAVIROC TAB 300MG 54
MARLISSA TAB 0.15/30 112
MARPLAN TAB 10MG 32
MASK VORTEX/ MIS FROG 137
MATULANE CAP 50MG 43
MATZIM LA TAB 180MG/24 74
MATZIM LA TAB 240MG/24 74
MATZIM LA TAB 300MG/24 74
MATZIM LA TAB 360MG/24 74
MATZIM LA TAB 420MG/24 74
MAXICOMFORT MIS 27GX1/2 137
MAXICOMFORT MIS 27GX1/2" 137
MECLIZINE TAB 25MG 34
MECLIZINE TAB 50MG 34
MECLOFEN SOD CAP 50MG 13
MECLOFEN SOD CAP 100MG 13
MEDROXYPR AC INJ 150MG/ML 112
MEDROXYPR AC INJ 150MG/ML 112
MEDROXYPR AC TAB 2.5MG 112
MEDROXYPR AC TAB 5MG 113
MEDROXYPR AC TAB 10MG 112
MEFENAM ACID CAP 250MG 13
MEFLOQUINE TAB 250MG 46
MEGESTROL AC SUS 40MG/ML 113
MEGESTROL AC SUS 400/10ML 113
MEGESTROL AC SUS 400MG/10 113
MEGESTROL AC SUS 800MG/20 113
MEGESTROL AC TAB 20MG 113
MEGESTROL AC TAB 40MG 113
MEGESTROL SUS 625MG/5M 113
MELEYA TAB 0.35MG 113
MELOXICAM TAB 7.5MG 13
MELOXICAM TAB 15MG 13
MELPHALAN TAB 2MG 43
MEMANTINE HC SOL 2MG/ML 29
MEMANTINE SOL 2MG/ML 29
MEMANTINE SOL 10MG/5ML 29
MEMANTINE TAB HCL 5MG 29
MEMANTINE TAB HCL 5MG 29
MEMANTINE TAB HCL 10MG 29
MEMANTINE TAB HCL 10MG 29
MEMANT TITRA PAK 5-10MG 29
MENQUADFI INJ 128
MENVEO INJ 128
MENVEO SOL 128
MEPROBAMATE TAB 200MG 57
MEPROBAMATE TAB 400MG 57
MERCAPTOPUR TAB 50MG 43
MESALAMINE CAP 0.375GM 132
MESALAMINE ENE 4GM 132
MESALAMINE KIT 4GM 132
MESALAMINE SUP 1000MG 132
MESALAMINE TAB 1.2GM 132
MESNA TAB 400MG 43
METAXALONE TAB 800MG 151
METFORMIN SOL 500/5ML 60
METFORMIN TAB 500MG 60
METFORMIN TAB 500MG ER 60
METFORMIN TAB 750MG ER 60
METFORMIN TAB 850MG 60
METFORMIN TAB 1000MG 60
METHADONE SOL 5MG/5ML 13
METHADONE SOL 10MG/5ML 13
METHADONE TAB 5MG 13
METHADONE TAB 10MG 13
METHAMPHETAM TAB 5MG 84
METHAZOLAMID TAB 25MG 141
METHAZOLAMID TAB 50MG 141
METHENAM HIP TAB 1GM 22
METHIMAZOLE TAB 5MG 123
METHIMAZOLE TAB 10MG 123
METHOCARBAM TAB 500MG 151
METHOCARBAM TAB 750MG 152
METHOTREXATE INJ 1GM 128
METHOTREXATE INJ 1GM/40ML 128
METHOTREXATE INJ 25MG/ML 128
METHOTREXATE INJ 25MG/ML 128
METHOTREXATE INJ 25MG/ML 128
METHOTREXATE INJ 50MG/2ML 128
METHOTREXATE INJ 50MG/2ML 128
METHOTREXATE INJ 250/10ML 128
METHOTREXATE TAB 2.5MG 128
METHOXSALEN CAP 10MG 90
METHSCOPOLAM TAB 2.5MG 99
METHSCOPOLAM TAB 5MG 99
METHSUXIMIDE CAP 300MG 27
METHYLDOPA TAB 250MG 74
METHYLDOPA TAB 500MG 74
METHYLERGON TAB 0.2MG 137
METHYLPHENID SOL 5MG/5ML 84
METHYLPHENID SOL 10MG/5ML 84
METHYLPHENID TAB 5MG 85
METHYLPHENID TAB 10MG 84
METHYLPHENID TAB 10MG ER 84
METHYLPHENID TAB 18MG OSM 84
METHYLPHENID TAB 20MG 84
METHYLPHENID TAB 20MG ER 84
METHYLPHENID TAB 27MG OSM 84
METHYLPHENID TAB 36MG OSM 85
METHYLPHENID TAB 54MG OSM 85
METHYLPRED TAB 4MG 104
METHYLPRED TAB 4MG 104
METHYLPRED TAB 8MG 104
METHYLPRED TAB 16MG 104

METHYLPRED TAB 32MG 104
METHYLTESTOS CAP 10MG 113
METOCLOPRAM SOL 5MG/5ML 99
METOCLOPRAM SOL 10/10ML 99
METOCLOPRAM TAB 5MG 99
METOCLOPRAM TAB 10MG 99
METOLAZONE TAB 2.5MG 74
METOLAZONE TAB 5MG 74
METOLAZONE TAB 10MG 74
METOPRL/HCTZ TAB 50-25MG 74
METOPRL/HCTZ TAB 100-25MG 74
METOPRL/HCTZ TAB 100-50MG 74
METOPROL SUC TAB 25MG ER 74
METOPROL SUC TAB 25MG ER 75
METOPROL SUC TAB 50MG ER 75
METOPROL SUC TAB 50MG ER 75
METOPROL SUC TAB 100MG ER 74
METOPROL SUC TAB 100MG ER 74
METOPROL SUC TAB 200MG ER 74
METOPROL SUC TAB 200MG ER 74
METOPROL TAR TAB 25MG 75
METOPROL TAR TAB 50MG 75
METOPROL TAR TAB 100MG 75
METRONIDAZOL CRE 0.75% 90
METRONIDAZOL GEL 0.75% 90
METRONIDAZOL GEL 0.75%VAG 22
METRONIDAZOL LOT 0.75% 90
METRONIDAZOL TAB 250MG 22
METRONIDAZOL TAB 500MG 22
MEXILETINE CAP 150MG 75
MEXILETINE CAP 200MG 75
MEXILETINE CAP 250MG 75
MIBELAS 24 CHW FE 113
MICONAZOLE 3 SUP 200MG 36
MICROGESTIN TAB 1.5/30 113
MICROGESTIN TAB 1/20 113
MICROGESTIN TAB FE1.5/30 113
MICROGESTIN TAB FE 1/20 113
MIDODRINE TAB 2.5MG 75
MIDODRINE TAB 5MG 75
MIDODRINE TAB 10MG 75
MIFEPREX TAB 200MG 122
MIFEPRISTONE TAB 200MG 122
MIGERGOT SUP 2/100 38
MIGLITOL TAB 25MG 60
MIGLITOL TAB 50MG 60
MIGLITOL TAB 100MG 60
MILI TAB 0.25/35 113
MILNACIPRAN MIS TITR PAK 85
MILNACIPRAN TAB 12.5MG 85
MILNACIPRAN TAB 25MG 85
MILNACIPRAN TAB 50MG 85
MILNACIPRAN TAB 100MG 85
MIMVEY TAB 1-0.5MG 113
MINOCYCLINE CAP 50MG 22
MINOCYCLINE CAP 75MG 22
MINOCYCLINE CAP 100MG 22
MINOXIDIL TAB 2.5MG 75
MINOXIDIL TAB 10MG 75
MINZOYA TAB 0.1-20 113
MIRALAX POW 3350 NF 99
MIRTAZAPINE TAB 7.5MG 32
MIRTAZAPINE TAB 15MG 32
MIRTAZAPINE TAB 15MG ODT 32
MIRTAZAPINE TAB 30MG 32
MIRTAZAPINE TAB 30MG ODT 32
MIRTAZAPINE TAB 45MG 32
MIRTAZAPINE TAB 45MG ODT 32
MISOPROSTOL TAB 100MCG 99
MISOPROSTOL TAB 200MCG 99
MITOSOL KIT 0.2MG 141
M-M-R II INJ 127
M-NATAL PLUS TAB 94
MNEXSPIKE INJ 2025-26 128
MODAFINIL TAB 100MG 152
MODAFINIL TAB 200MG 152
MOEXIPRIL TAB 7.5MG 75
MOEXIPRIL TAB 15MG 75
MOMETASONE CRE 0.1% 90
MOMETASONE OIN 0.1% 90
MOMETASONE SOL 0.1% 90
MOMETASONE SPR 50MCG 148
MONO-LINYAH TAB 0.25-35 113
MONTELUKAST CHW 4MG 148
MONTELUKAST CHW 5MG 148
MONTELUKAST GRA 4MG 148
MONTELUKAST TAB 10MG 148
MORPHINE SUL SOL 10/0.5ML 13
MORPHINE SUL SOL 10MG/5ML 13
MORPHINE SUL SOL 20MG/5ML 13
MORPHINE SUL SOL 20MG/ML 13
MORPHINE SUL SOL 100/5ML 13
MORPHINE SUL TAB 15MG 14
MORPHINE SUL TAB 15MG ER 14
MORPHINE SUL TAB 30MG 14
MORPHINE SUL TAB 30MG ER 14
MORPHINE SUL TAB 60MG ER 14
MORPHINE SUL TAB 100MG ER 14
MORPHINE SUL TAB 200MG ER 14
MOUNJARO INJ 2.5/0.5 60
MOUNJARO INJ 5MG/0.5 60
MOUNJARO INJ 7.5/0.5 60
MOUNJARO INJ 10MG/0.5 60
MOUNJARO INJ 12.5/0.5 60
MOUNJARO INJ 15MG/0.5 60
MOXIFLOXACIN SOL 0.5% 141
MOXIFLOXACIN SOL 0.5% 142
MOXIFLOXACIN SOL HCL 0.5% 142
MOXIFLOXACIN TAB 400MG 22
MRESVIA INJ 50MCG 128
MULTAQ TAB 400MG 75
MUPIROCIN CRE 2% 90
MUPIROCIN OIN 2% 90
MYALEPT INJ 11.3MG 99
MY CHOICE TAB 1.5MG 113
MYCOPHENOLAT CAP 250MG 128
MYCOPHENOLAT SUS 200MG/ML 128
MYCOPHENOLAT TAB 500MG 128
MYCOPHENOLIC TAB 180MG DR 128
MYCOPHENOLIC TAB 360MG DR 128
MYLERAN TAB 2MG 43
MY WAY TAB 1.5MG 113
NABUMETONE TAB 500MG 14
NABUMETONE TAB 750MG 14
NADOLOL TAB 20MG 75
NADOLOL TAB 40MG 75
NADOLOL TAB 80MG 75
NAFTIFINE CRE HCL 1% 36
NAFTIFINE CRE HCL 2% 36
NALOXONE HCL INJ 0.4MG/ML 17
NALOXONE HCL INJ 1MG/ML 17
NALOXONE HCL INJ 2MG/2ML 17
NALOXONE HCL SPR 4MG 17
NALOXONE HCL SPR 4MG 17
NALOXONE INJ 0.4MG/ML 17
NALOXONE INJ 0.4MG/ML 17
NALOXONE INJ 0.4MG/ML 17
NALOXONE INJ 4MG/10ML 17
NALOXONE SPR 4MG 17
NALTREXONE TAB 50MG 17
NAPROXEN DR TAB 375MG 14
NAPROXEN DR TAB 500MG 14
NAPROXEN SOD TAB 275MG 14
NAPROXEN SOD TAB 550MG 14
NAPROXEN SUS 125/5ML 14
NAPROXEN TAB 250MG 14
NAPROXEN TAB 375MG 14
NAPROXEN TAB 500MG 14
NARATRIPTAN TAB 1MG 38
NARATRIPTAN TAB 2.5MG 38
NARCAN SPR 4MG 17
NATACYN SUS 5% OP 142
NATEGLINIDE TAB 60MG 60
NATEGLINIDE TAB 120MG 60
NAYZILAM SPR 5MG 27
NEBIVOLOL TAB 2.5MG 75
NEBIVOLOL TAB 5MG 75
NEBIVOLOL TAB 10MG 75
NEBIVOLOL TAB 20MG 75
NEBUSAL NEB 3% 148
NEBUSAL NEB 6% 148
NECON TAB 0.5/35 113

NEEDLE COLLE MIS DISPOSAL..... 137
NEFAZODONE TAB 50MG 32
NEFAZODONE TAB 100MG 32
NEFAZODONE TAB 150MG 32
NEFAZODONE TAB 200MG..... 32
NEFAZODONE TAB 250MG..... 32
NEO/BAC/POLY OIN OP..... 142
NEOMYCIN TAB 500MG 22
NEONATAL TAB PLUS..... 94
NEO/POLY/BAC OIN /HC 1%OP 142
NEO/POLY/BAC OIN OP 142
NEO/POLY/DEX OIN 0.1% OP..... 142
NEO/POLY/DEX SUS 0.1% OP..... 142
NEO/POLY/GRA SOL OP..... 142
NEO/POLY/HC SOL 1% OTIC 143
NEO/POLY/HC SUS 1% OTIC..... 143
NEO/POLY/HC SUS OP 142
NEULASTA INJ 4/0.4ML 65
NEULASTA INJ 6/0.6ML 65
NEVIRAPINE SUS 50MG/5ML..... 54
NEVIRAPINE TAB 200MG..... 54
NEVIRAPINE TAB 400MG ER 54
NEW DAY TAB 1.5MG 113
NIACIN ER TAB 500MG..... 75
NIACIN ER TAB 750MG 75
NIACIN ER TAB 1000MG..... 75
NIACIN TAB 500MG 75
NIACIN TAB 500MG ER..... 75
NIACOR TAB 500MG..... 75
NICARDIPINE CAP 20MG..... 75
NICARDIPINE CAP 30MG..... 75
NICODERM CQ DIS 7MG/24HR 17
NICODERM CQ DIS 14MG/24H.....17
NICODERM CQ DIS 21MG/24H.....17
NICORETTE GUM 2MG 17
NICORETTE GUM 4MG 17
NICORETTE LOZ 2MG MINT.....17
NICORETTE LOZ 4MG MINT.....17
NICOTINE DIS 7MG/24HR.....17
NICOTINE GUM 2MG 17
NICOTINE GUM 4MG 17
NICOTINE LOZ 2MG MINT.....17
NICOTINE LOZ 4MG MINT 17
NICOTINE SYS KIT TRANSDER 17
NICOTINE TD DIS 14MG/24H 18
NICOTINE TD DIS 21MG/24H 18
NICOTROL NS SPR 10MG/ML 18
NIFEDIPINE CAP 10MG..... 76
NIFEDIPINE CAP 20MG 76
NIFEDIPINE TAB 30MG ER 76
NIFEDIPINE TAB 30MG ER 76
NIFEDIPINE TAB 60MG ER 76
NIFEDIPINE TAB 60MG ER 76
NIFEDIPINE TAB 90MG ER 76
NIFEDIPINE TAB 90MG ER 76
NIKKI TAB 3-0.02MG.....113
NILUTAMIDE TAB 150MG..... 43
NIMODIPINE CAP 30MG 76
NISOLDIPINE TAB 8.5MG ER 76
NISOLDIPINE TAB 17MG ER..... 76
NISOLDIPINE TAB 20MG ER..... 76
NISOLDIPINE TAB 25.5MG 76
NISOLDIPINE TAB 30MG ER..... 76
NISOLDIPINE TAB 34MG ER..... 76
NISOLDIPINE TAB 40MG ER 76
NITAZOXANIDE TAB 500MG 46
NITISINONE CAP 2MG..... 101
NITISINONE CAP 5MG 101
NITISINONE CAP 10MG 101
NITISINONE CAP 20MG..... 101
NITRO-BID OIN 2% 76
NITRO-DUR DIS 0.3MG/HR..... 76
NITRO-DUR DIS 0.8MG/HR..... 76
NITROFURANTN CAP 100MG 23
NITROFURANTN SUS 25MG/5ML 23
NITROFURANTN SUS 50/10ML..... 23
NITROFUR MAC CAP 25MG 23
NITROFUR MAC CAP 50MG 23
NITROFUR MAC CAP 100MG 22
NITROGLYCER DIS 0.1MG/HR..... 76
NITROGLYCER DIS 0.2MG/HR..... 76
NITROGLYCER DIS 0.4MG/HR..... 76
NITROGLYCER DIS 0.6MG/HR..... 76
NITROGLYCERI OIN 0.4%..... 99
NITROGLYCERI SUB 0.6MG 76
NITROGLYCERN SUB 0.3MG..... 76
NITROGLYCERN SUB 0.4MG..... 76
NITROGLYCER OIN 2%..... 76
NIVA-PLUS TAB 94
NIVA THYROID TAB 15MG 120
NIVA THYROID TAB 30MG 120
NIVA THYROID TAB 60MG 120
NIVA THYROID TAB 90MG 120
NIVA THYROID TAB 120MG 120
NIZATIDINE CAP 150MG 99
NIZATIDINE CAP 300MG..... 99
NORA-BE TAB 0.35MG 113
NORDITROPIN INJ 5/1.5ML 106
NORDITROPIN INJ 10/1.5ML.....106
NORDITROPIN INJ 15/1.5ML 106
NORDITROPIN INJ 30/3ML 106
NORE/ETH/FER CHW 0.4MG-35 113
NORELGE/ETHI DIS 150/35 114
NOR/EST/FF TAB 1.5/30 113
NORETH/ETHIN CHW FE 114
NORETH/ETHIN CHW FE 1/20.....114
NORETH/ETHIN TAB 0.5-2.5.....114
NORETH/ETHIN TAB 1.5/30 114
NORETH/ETHIN TAB 1/20 114
NORETH/ETHIN TAB 1MG-5MCG 114
NORETH/ETHIN TAB 1MG-5MCG 114
NORETH/ETHIN TAB FE 114
NORETH/ETHIN TAB FE 1/20.....114
NORETHIN ACE TAB 5MG 114
NORETHINDRON TAB 0.35MG 114
NORGEST/ETHI TAB 0.25/35 114
NORGEST/ETHI TAB ESTRADIO 114
NORGEST/ETHI TAB ESTRADIO 114
NORLYROC TAB 0.35MG.....114
NORPACE CAP 100MG CR..... 76
NORPACE CAP 150MG CR 76
NORTREL TAB 0.5/35 114
NORTREL TAB 1/35 114
NORTREL TAB 1/35 114
NORTREL TAB 7/7/7 114
NORTRIPTYLIN CAP 10MG 32
NORTRIPTYLIN CAP 25MG..... 32
NORTRIPTYLIN CAP 50MG..... 32
NORTRIPTYLIN CAP 75MG..... 32
NORTRIPTYLIN SOL 10MG/5ML 32
NORVIR POW 100MG..... 54
NOVOFINE AUT MIS 30GX8MM..... 137
NOVOFINE MIS 32GX6MM 137
NOVOFINE PLS MIS 32GX4MM 137
NOVOLOG INJ FLEXPEN..... 60
NOVOLOG INJ FLEX REL..... 60
NOVOLOG INJ PENFILL..... 60
NOVOLOG MIX INJ 70/30..... 60
NOVOLOG MIX INJ FLEXPEN..... 60
NOVOLOG MIX INJ FLEX REL..... 60
NOVOLOG RELI INJ 70/30 60
NOVOPEN ECHO MIS..... 137
NP THYROID TAB 15MG..... 120
NP THYROID TAB 30MG 120
NP THYROID TAB 60MG 120
NP THYROID TAB 90MG 120
NP THYROID TAB 120MG 120
NUBEQA TAB 300MG 43
NUCYNTA ER TAB 50MG.....14
NUCYNTA ER TAB 100MG.....14
NUCYNTA ER TAB 150MG.....14
NUCYNTA ER TAB 200MG 14
NUCYNTA ER TAB 250MG.....14
NUVAXOVID INJ 2025-26..... 129
NYAMYC POW 100000..... 36
NYLIA TAB 1/35 114
NYLIA TAB 7/7/7 114
NYMALIZE SOL 77
NYSTATIN CRE 100000..... 36
NYSTATIN OIN 100000 36
NYSTATIN OIN 100000U 36
NYSTATIN POW 100000 36

NYSTATIN SUS 100000 36
NYSTATIN TAB 500000 36
NYSTAT/TRIAM CRE 90
NYSTAT/TRIAM OIN 90
NYSTOP POW 100000 36
OCELLA TAB 3-0.03MG 114
OCTREOTIDE INJ 50MCG/ML 122
OCTREOTIDE INJ 50MCG/ML 122
OCTREOTIDE INJ 100MCG 122
OCTREOTIDE INJ 100MCG 122
OCTREOTIDE INJ 200MCG 122
OCTREOTIDE INJ 500MCG 122
OCTREOTIDE INJ 500MCG 122
OCTREOTIDE INJ 1000MCG 122
ODEFSEY TAB 54
OFLOXACIN DRO 0.3% OP 142
OFLOXACIN DRO 0.3%OTIC 143
OFLOXACIN TAB 300MG 23
OFLOXACIN TAB 400MG 23
OLANZA/FLUOX CAP 3-25MG 33
OLANZA/FLUOX CAP 6-25MG 33
OLANZA/FLUOX CAP 6-50MG 33
OLANZA/FLUOX CAP 12-25MG 33
OLANZA/FLUOX CAP 12-50MG 33
OLANZAPINE TAB 2.5MG 49
OLANZAPINE TAB 5MG 49
OLANZAPINE TAB 5MG ODT 49
OLANZAPINE TAB 7.5MG 49
OLANZAPINE TAB 10MG 49
OLANZAPINE TAB 10MG ODT 49
OLANZAPINE TAB 15MG 49
OLANZAPINE TAB 15MG ODT 49
OLANZAPINE TAB 20MG 49
OLANZAPINE TAB 20MG ODT 49
OLMESA MEDOX TAB 5MG 77
OLMESA MEDOX TAB 20MG 77
OLMESA MEDOX TAB 40MG 77
OLM MED/HCTZ TAB 20-12.5 77
OLM MED/HCTZ TAB 40-12.5 77
OLM MED/HCTZ TAB 40-25MG 77
OLOPATADINE SPR 0.6% 148
OLUMIANT TAB 1MG 129
OLUMIANT TAB 2MG 129
OLUMIANT TAB 4MG 129
OMEGA-3-ACID CAP 1GM 77
OMEGA-3-ACID CAP 1GM 77
OMEPRAZOLE CAP 10MG 99
OMEPRAZOLE CAP 20MG 99
OMEPRAZOLE CAP 40MG 99
OMNIFLEX DPR 137
OMNIPOD 5 DX KIT INT G7G6 137
OMNIPOD 5 DX MIS POD G7G6 137
OMNIPOD 5 DX MIS POD G7G6 137
OMNIPOD 5 G7 KIT INTRO 137
OMNIPOD 5 G7 MIS PODS 137
OMNIPOD 5 L2 KIT INTRO G6 137
OMNIPOD 5 L2 MIS PODS G6 137
OMNITROPE INJ 5/1.5ML 106
OMNITROPE INJ 5.8MG 106
OMNITROPE INJ 10/1.5ML 106
ONDANSETRON SOL 4MG/5ML 34
ONDANSETRON TAB 4MG 34
ONDANSETRON TAB 4MG ODT 34
ONDANSETRON TAB 8MG 34
ONDANSETRON TAB 8MG ODT 35
ONDANSETRON TAB 24MG 34
ONE VITE TAB 1MG PLUS 94
OPCICON TAB 1.5MG 114
OPILL TAB 0.075MG 114
OPIUM TIN 10MG/ML 99
OPIUM TIN 10MG/ML 99
OPTION 2 TAB 1.5MG 114
OPVEE SPR 2.7/0.1 18
ORENITRAM TAB 0.25MG 148
ORENITRAM TAB 0.125MG 148
ORENITRAM TAB 1MG 148
ORENITRAM TAB 2.5MG 148
ORENITRAM TAB 5MG 148
ORENITRAM TAB MONTH 1 148
ORENITRAM TAB MONTH 2 148
ORENITRAM TAB MONTH 3 148
ORILISSA TAB 150MG 122
ORILISSA TAB 200MG 122
ORKAMBI GRA 75-94MG 148
ORKAMBI GRA 100-125 148
ORKAMBI GRA 150-188 148
ORKAMBI TAB 100-125 148
ORKAMBI TAB 200-125 149
ORPHENADRINE TAB 100MG ER 152
ORQUIDEA TAB 0.35MG 114
OSELTAMIVIR CAP 30MG 54
OSELTAMIVIR CAP 45MG 54
OSELTAMIVIR CAP 75MG 54
OSELTAMIVIR SUS 6MG/ML 54
OSPHENA TAB 60MG 114
OTEZLA TAB 10/20 129
OTEZLA TAB 10/20/30 129
OTEZLA TAB 20MG 90
OTEZLA TAB 30MG 90
OTEZLA/XR TAB 28 DAY 90
OTEZLA XR TAB 75MG 90
OTOVEL DRO 143
OXAPROZIN TAB 600MG 14
OXAZEPAM CAP 10MG 57
OXAZEPAM CAP 15MG 57
OXAZEPAM CAP 30MG 57
OXCARBAZEPIN SUS 300/5ML 27
OXCARBAZEPIN SUS 300/5ML 27
OXCARBAZEPIN TAB 150MG 27
OXCARBAZEPIN TAB 300MG 27
OXCARBAZEPIN TAB 600MG 27
OXYBUTYNIN SOL 5MG/5ML 103
OXYBUTYNIN SOL 5MG/5ML 103
OXYBUTYNIN TAB 5MG 103
OXYBUTYNIN TAB 5MG ER 103
OXYBUTYNIN TAB 10MG ER 103
OXYBUTYNIN TAB 15MG ER 103
OXYCOD/APAP TAB 2.5-325 14
OXYCOD/APAP TAB 5-325MG 14
OXYCOD/APAP TAB 7.5-325 14
OXYCOD/APAP TAB 10-325MG 14
OXYCODONE CAP 5MG 14
OXYCODONE CAP 5MG 14
OXYCODONE CON 100/5ML 15
OXYCODONE SOL 5MG/5ML 15
OXYCODONE TAB 5MG 15
OXYCODONE TAB 10MG 15
OXYCODONE TAB 15MG 15
OXYCODONE TAB 20MG 15
OXYCODONE TAB 30MG 15
OXYMORPHONE TAB 5MG ER 15
OXYMORPHONE TAB 7.5MG ER 15
OXYMORPHONE TAB 10MG ER 15
OXYMORPHONE TAB 15MG ER 15
OXYMORPHONE TAB 20MG ER 15
OXYMORPHONE TAB 30MG ER 15
OXYMORPHONE TAB 40MG ER 15
OXYMORPHONE TAB HCL 5MG 15
OXYMORPHONE TAB HCL 10MG 15
OZEMPIC INJ 2MG/3ML 60
OZEMPIC INJ 4MG/3ML 60
OZEMPIC INJ 8MG/3ML 60
PALIPERIDONE TAB ER 1.5MG 49
PALIPERIDONE TAB ER 3MG 49
PALIPERIDONE TAB ER 6MG 49
PALIPERIDONE TAB ER 9MG 50
PANTOPRAZOLE TAB 20MG 99
PANTOPRAZOLE TAB 20MG 99
PANTOPRAZOLE TAB 40MG 99
PANTOPRAZOLE TAB 40MG 100
PARICALCITOL CAP 1 MCG 133
PARICALCITOL CAP 2 MCG 133
PARICALCITOL CAP 4 MCG 133
PAROXETIN ER TAB 12.5MG 33
PAROXETIN ER TAB 12.5MG 33
PAROXETIN ER TAB 37.5MG 33
PAROXETINE SUS 10MG/5ML 33
PAROXETINE TAB 10MG 33
PAROXETINE TAB 20MG 33
PAROXETINE TAB 25MG ER 33
PAROXETINE TAB 25MG ER 33
PAROXETINE TAB 30MG 33

PAROXETINE TAB 40MG 33
PAXLOVID PAK 54
PAXLOVID TAB 150-100 54
PAXLOVID TAB 300-100 54
PEDIARIX INJ 0.5ML 129
PEDVAX HIB INJ 129
PEG-3350/KCL SOL /SODIUM 100
PEG-3350 SOL ELECTROL 100
PEGASYS INJ 129
PEGASYS INJ 180MCG/M 129
PEG/NASUL/C/ SOL NACL/POT 100
PENBRAYA INJ 129
PENICILLAMIN CAP 250MG 94
PENICILLAMIN TAB 250MG 94
PENICILLN VK SOL 125/5ML 23
PENICILLN VK SOL 250/5ML 23
PENICILLN VK TAB 250MG 23
PENICILLN VK TAB 500MG 23
PENMENVY INJ 129
PEN NEEDLE MIS 29GX1/2" 137
PEN NEEDLE MIS 29GX3/16 137
PEN NEEDLE MIS 29GX5/16 137
PEN NEEDLES MIS 29GX1/2" 137
PEN NEEDLES MIS 31GX1/4" 137
PEN NEEDLES MIS 31GX3/16 137
PEN NEEDLES MIS 31GX5/16 137
PENTACEL INJ 129
PENTAMIDINE INH 300MG 46
PENTAZ/NALOX TAB 50-0.5MG 115
PENTIPS MIS 29GX12MM 137
PENTIPS MIS 31GX5MM 138
PENTIPS MIS 31GX8MM 138
PENTIPS MIS 32GX4MM 138
PENTOXIFYLLI TAB 400MG ER 77
PERAMPANEL SUS 0.5MG/ML 27
PERINDOPRIL TAB 2MG 77
PERINDOPRIL TAB 4MG 77
PERINDOPRIL TAB 8MG 77
PERIOGARD SOL 0.12% 86
PERMETHRIN CRE 5% 90
PERPHEN/AMIT TAB 2-10MG 33
PERPHEN/AMIT TAB 2-25MG 33
PERPHEN/AMIT TAB 4-10MG 33
PERPHEN/AMIT TAB 4-25MG 33
PERPHEN/AMIT TAB 4-50MG 33
PERPHENAZINE TAB 2MG 50
PERPHENAZINE TAB 4MG 50
PERPHENAZINE TAB 8MG 50
PERPHENAZINE TAB 16MG 50
PHENAZOPYRID TAB 100MG 103
PHENAZOPYRID TAB 200MG 103
PHENAZOPYRID TAB 200MG 103
PHENAZOPYRID TAB 200MG 103
PHENAZO TAB 200MG 103
PHENELZINE TAB 15MG 33
PHENOBARB ELX 20MG/5ML 27
PHENOBARB ELX 20MG/5ML 27
PHENOBARB ELX 30/7.5ML 27
PHENOBARB ELX 60/15ML 27
PHENOBARB SOL 20MG/5ML 27
PHENOBARB TAB 15MG 27
PHENOBARB TAB 16.2MG 27
PHENOBARB TAB 30MG 27
PHENOBARB TAB 32.4MG 27
PHENOBARB TAB 60MG 27
PHENOBARB TAB 64.8MG 27
PHENOBARB TAB 97.2MG 27
PHENOBARB TAB 100MG 27
PHENOXYBENZA CAP 10MG 77
PHENTERMINE CAP 15MG 85
PHENTERMINE CAP 30MG 85
PHENTERMINE CAP 37.5MG 85
PHENTERMINE TAB 37.5MG 85
PHENT/TOPIRA CAP 3.75-23 85
PHENT/TOPIRA CAP 7.5-46MG 85
PHENT/TOPIRA CAP 11.25-69 85
PHENT/TOPIRA CAP 15-92MG 85
PHENYLEPHRIN SOL 2.5% OP 142
PHENYLEPHRIN SOL 10% OP 142
PHENYTEK CAP 200MG 27
PHENYTEK CAP 300MG 27
PHENYTOIN CHW 50MG 27
PHENYTOIN EX CAP 100MG 27
PHENYTOIN EX CAP 200MG 27
PHENYTOIN EX CAP 300MG 27
PHENYTOIN SUS 125/5ML 27
PHENYTOIN SUS 125/5ML 27
PHEXX GEL 103
PHEXXI GEL 103
PHILITH TAB 0.4-35 115
PHOSPHOLINE SOL 0.125%OP 142
PHYTONADIONE TAB 5MG 94
PILOCARPINE SOL 1% OP 142
PILOCARPINE SOL 2% OP 142
PILOCARPINE SOL 4% OP 142
PILOCARPINE TAB 5MG 86
PILOCARPINE TAB 7.5MG 86
PIMECROLIMUS CRE 1% 90
PIMOZIDE TAB 1MG 50
PIMOZIDE TAB 2MG 50
PIMTREA TAB 115
PINDOLOL TAB 5MG 77
PINDOLOL TAB 10MG 77
PIOGLITA/MET TAB 15-500MG 60
PIOGLITA/MET TAB 15-850MG 61
PIOGLITAZONE TAB 15MG 61
PIOGLITAZONE TAB 30MG 61
PIOGLITAZONE TAB 45MG 61
PIQRAY 200MG TAB DOSE 43
PIQRAY 250MG TAB DOSE 43
PIQRAY 300MG TAB DOSE 43
PIRFENIDONE CAP 267MG 149
PIRFENIDONE TAB 267MG 149
PIRFENIDONE TAB 534MG 149
PIRFENIDONE TAB 801MG 149
PIROXICAM CAP 10MG 115
PIROXICAM CAP 20MG 115
PLAN B TAB 1.5MG 115
PLENVU SOL 100
PLERIXAFOR INJ 24/1.2ML 65
PNEUMOVAX 23 INJ 25/0.5 129
PNEUMOVAX 23 INJ 25/0.5 129
PNV 27-CA/FE TAB /FA 94
PODOFILOX GEL 0.5% 90
PODOFILOX SOL 0.5% 90
POLYETH GLYC POW 3350 NF 100
POLYMYXIN B/ SOL TRIMETHP 142
POLYMYXIN B/ SOL TRIMETHP 142
POMALIDOMIDE CAP 1MG 43
POMALIDOMIDE CAP 2MG 43
POMALIDOMIDE CAP 3MG 43
POMALIDOMIDE CAP 4MG 43
PORTIA-28 TAB 115
POSACONAZOLE TAB 100MG DR 36
POT CHLORIDE CAP 8MEQ ER 94
POT CHLORIDE CAP 10MEQ ER 94
POT CHLORIDE POW 20MEQ 94
POT CHLORIDE SOL 10% 94
POT CHLORIDE SOL 20% 94
POT CHLORIDE TAB 8MEQ ER 94
POT CHLORIDE TAB 10MEQ ER 94
POT CHLORIDE TAB 15MEQ ER 94
POT CHLORIDE TAB 20MEQ ER 94
POT CITRA ER TAB 540MG 94
POT CITRA ER TAB 540MG 94
POT CITRA ER TAB 540MG 95
POT CITRA ER TAB 1080MG 94
POT CITRA ER TAB 1080MG 94
POT CITRA ER TAB 1080MG 94
POT CITRA ER TAB 1620MG 94
POT CITRA ER TAB 1620MG 94
POT CITRA ER TAB 1620MG 94
POT CL MICRO TAB 10MEQ CR 95
POT CL MICRO TAB 10MEQ ER 95
POT CL MICRO TAB 10MEQ ER 95
POT CL MICRO TAB 15MEQ ER 95
POT CL MICRO TAB 15MEQ ER 95
POT CL MICRO TAB 20MEQ ER 95
POT CL MICRO TAB 20MEQ ER 95
PRAMIPEXOLE TAB 0.5MG 47
PRAMIPEXOLE TAB 0.25MG 47
PRAMIPEXOLE TAB 0.75MG 47

PRAMIPEXOLE TAB 0.125MG 47
PRAMIPEXOLE TAB 1.5MG 47
PRAMIPEXOLE TAB 1MG 47
PRASUGREL TAB 5MG 65
PRASUGREL TAB 10MG 65
PRAVASTATIN TAB 10MG 77
PRAVASTATIN TAB 20MG 77
PRAVASTATIN TAB 40MG 77
PRAVASTATIN TAB 80MG 77
PRAZIQUANTEL TAB 600MG 46
PRAZOSIN HCL CAP 1MG 77
PRAZOSIN HCL CAP 2MG 77
PRAZOSIN HCL CAP 5MG 77
PRECISN XTRA TES KETONE 138
PREDNISOLONE SOL 5MG/5ML 105
PREDNISOLONE SOL 10MG/5ML 104
PREDNISOLONE SOL 15MG/5ML 104
PREDNISOLONE SOL 15MG/5ML 104
PREDNISOLONE SOL 20MG/5ML 105
PREDNISOLONE SOL 25MG/5ML 105
PREDNISOLONE SUS 1% OP 142
PREDNISOLONE TAB 5MG 105
PREDNISOLONE TAB 10MG ODT 105
PREDNISOLONE TAB 15MG ODT 105
PREDNISOLONE TAB 30MG ODT 105
PREDNISONE CON 5MG/ML 105
PREDNISONE PAK 5MG 105
PREDNISONE PAK 5MG 105
PREDNISONE PAK 10MG 105
PREDNISONE PAK 10MG 105
PREDNISONE SOL 5MG/5ML 105
PREDNISONE TAB 1MG 105
PREDNISONE TAB 2.5MG 105
PREDNISONE TAB 5MG 105
PREDNISONE TAB 10MG 105
PREDNISONE TAB 20MG 105
PREDNISONE TAB 50MG 105
PRED SOD PHO SOL 1% OP 142
PREGABALIN CAP 25MG 28
PREGABALIN CAP 50MG 28
PREGABALIN CAP 75MG 28
PREGABALIN CAP 100MG 27
PREGABALIN CAP 150MG 27
PREGABALIN CAP 200MG 28
PREGABALIN CAP 225MG 28
PREGABALIN CAP 300MG 28
PREHEVBRIO SUS 10MCG/ML 129
PREMARIN VAG CRE 0.625MG 115
PRENATABS FA TAB 29-1MG 95
PRENATAL 19 TAB 29-1MG 95
PRENATAL PLS MIS MV + DHA 95
PRENATAL TAB PLUS 95
PRENATAL-U CAP 106.5-1 95
PREVALITE POW 4GM 77
PREVALITE POW 4GM PK 78
PREVNAR 13 INJ 129
PREVNAR 20 INJ 129
PREZISTA SUS 100MG/ML 54
PRIFTIN TAB 150MG 39
PRIMAQUINE TAB 26.3MG 46
PRIMIDONE TAB 50MG 28
PRIMIDONE TAB 125MG 28
PRIMIDONE TAB 250MG 28
PRIORIX INJ 129
PROBEN/COLCH TAB 500-0.5 37
PROBENECID TAB 500MG 37
PROCHLORPER TAB 5MG 35
PROCHLORPER TAB 10MG 35
PROCTO-MED CRE HC 2.5% 132
PRODIGY AUTO KIT MONITOR 138
PRODIGY AUTO KIT MONITOR 138
PRODIGY AUTO MIS SYSTEM 138
PRODIGY AUTO MIS SYSTEM 138
PRODIGY KIT NO CODIN 138
PRODIGY NO TES CODING 138
PRODIGY NO TES CODING 138
PRODIGY NO TES CODING 138
PRODIGY NO TES CODING 138
PRODIGY PCKT KIT METER 138
PRODIGY PCKT KIT METER 138
PRODIGY VOIC KIT METER 138
PROGESTERONE CAP 100MG 115
PROGESTERONE CAP 200MG 115
PROGESTERONE INJ 50MG/ML 115
PROMETHAZINE SOL 6.25/5ML 35
PROMETHAZINE SOL 6.25/5ML 35
PROMETHAZINE SOL 6.25/5ML 35
PROMETHAZINE SOL 12.5/10 35
PROMETHAZINE SOL DM 149
PROMETHAZINE SUP 12.5MG 35
PROMETHAZINE SUP 25MG 35
PROMETHAZINE SYP DM 149
PROMETHAZINE TAB 12.5MG 35
PROMETHAZINE TAB 25MG 35
PROMETHAZINE TAB 50MG 35
PROMETH/COD SOL 6.25-10 149
PROMETH/PE SOL 6.25-5/5 149
PROMETH VC SYP 6.25-5/5 149
PROMETH VC/ SYP CODEINE 149
PROPAFENONE CAP 225MG ER 78
PROPAFENONE CAP 325MG ER 78
PROPAFENONE CAP 425MG ER 78
PROPAFENONE TAB 150MG 78
PROPAFENONE TAB 225MG 78
PROPAFENONE TAB 300MG 78
PROPARACAINE SOL 0.5% OP 142
PROPRANOLOL CAP 60MG ER 78
PROPRANOLOL CAP 80MG ER 78
PROPRANOLOL CAP 120MG ER 78
PROPRANOLOL CAP 160MG ER 78
PROPRANOLOL SOL 20MG/5ML 78
PROPRANOLOL SOL 40MG/5ML 78
PROPRANOLOL TAB 10MG 78
PROPRANOLOL TAB 20MG 78
PROPRANOLOL TAB 40MG 78
PROPRANOLOL TAB 60MG 78
PROPRANOLOL TAB 80MG 78
PROPYLTHIOUR TAB 50MG 123
PROQUAD INJ 130
PROTRIPTYLIN TAB 5MG 33
PROTRIPTYLIN TAB 10MG 33
PROVIDA OB CAP 95
PRURADIK LOT 10% 90
PULMOSAL NEB 7% 149
PULMOZYME SOL 1MG/ML 149
PYRAZINAMIDE TAB 500MG 39
PYRIDOSTIGMI SOL 60MG/5ML 39
PYRIDOSTIGMI TAB ER 180MG 39
PYRIDOSTIGM TAB 60MG 39
PYRIMETHAMIN TAB 25MG 46
QNAPRIL/HCTZ TAB 10-12.5 78
QNAPRIL/HCTZ TAB 20-12.5 78
QNAPRIL/HCTZ TAB 20-25MG 78
QUADRACEL INJ 0.5ML 130
QUADRACEL INJ 0.5ML 130
QUAZEPAM TAB 15MG 152
QUETIAPINE TAB 25MG 50
QUETIAPINE TAB 50MG 50
QUETIAPINE TAB 50MG ER 50
QUETIAPINE TAB 100MG 50
QUETIAPINE TAB 150MG 33
QUETIAPINE TAB 150MG ER 50
QUETIAPINE TAB 200MG 50
QUETIAPINE TAB 200MG ER 50
QUETIAPINE TAB 300MG 50
QUETIAPINE TAB 300MG ER 50
QUETIAPINE TAB 400MG 50
QUETIAPINE TAB 400MG ER 50
QUICK TOUCH MIS 32GX5MM 138
QUICK TOUCH MIS 33GX8MM 138
QUINAPRIL TAB 5MG 78
QUINAPRIL TAB 10MG 78
QUINAPRIL TAB 20MG 78
QUINAPRIL TAB 40MG 78
QUINIDINE GL TAB 324MG CR 78
QUINIDINE GL TAB 324MG ER 78
QUINIDINE SU TAB 200MG 79
QUINIDINE SU TAB 300MG 79
QUININE SULF CAP 324MG 46
QULIPTA TAB 10MG 38
QULIPTA TAB 30MG 38
QULIPTA TAB 60MG 38

QVAR REDIHA AER 80MCG 149
QVAR REDIHAL AER 40MCG..... 149
RABEPRAZOLE TAB 20MG..... 100
RADIOGARDASE CAP 0.5GM 138
RALOXIFENE TAB 60MG..... 115
RAMELTEON TAB 8MG..... 152
RAMIPRIL CAP 1.25MG 79
RAMIPRIL CAP 2.5MG..... 79
RAMIPRIL CAP 5MG 79
RAMIPRIL CAP 10MG 79
RANOLAZINE TAB 500MG ER 79
RANOLAZINE TAB 1000MG 79
RASAGILINE TAB 0.5MG..... 47
RASAGILINE TAB 1MG 47
RA URINARY TES TRACT IN..... 138
REACT TAB 1.5MG..... 115
RECLIPSEN TAB..... 115
RECOMBIVA HB INJ 5MCG/0.5..... 130
RECOMBIVA HB INJ 5MCG/0.5..... 130
RECOMBIVA HB INJ 10MCG/ML 130
RECOMBIVA HB INJ 10MCG/ML 130
RECOMBIVA-HB INJ 40MCG/ML ... 130
RECOTHROM SOL 5000UNIT 65
RECOTHROM SOL 20000UNT..... 65
RECOTHROM SOL 20000UNT..... 65
REGRANEX GEL 0.01% 90
RELENZA MIS DISKHALE 55
RELISTOR INJ 8/0.4ML..... 100
RELISTOR INJ 12/0.6ML..... 100
RELISTOR INJ 12/0.6ML..... 100
REPAGLINIDE TAB 0.5MG 61
REPAGLINIDE TAB 1MG 61
REPAGLINIDE TAB 2MG 61
REPATHA INJ 140MG/ML..... 79
REPATHA PUSH INJ 420/3.5 79
REPATHA SURE INJ 140MG/ML 79
RETACRIT INJ 2000UNIT..... 65
RETACRIT INJ 3000UNIT..... 65
RETACRIT INJ 4000UNIT..... 65
RETACRIT INJ 10000UNT 65
RETACRIT INJ 20000UNI..... 65
RETACRIT INJ 40000UNT..... 65
REXTOVY SPR 4/0.25ML..... 18
REYATAZ POW 50MG 55
REZVOGLAR KP INJ 100UT/ML 61
RIBAVIRIN CAP 200MG..... 55
RIBAVIRIN TAB 200MG 55
RIFABUTIN CAP 150MG..... 39
RIFAMPIN CAP 150MG..... 39
RIFAMPIN CAP 300MG 39
RILPIVIRINE TAB 25MG..... 55
RILUZOLE TAB 50MG 85
RIMANTADINE TAB 100MG..... 55
RINVOQ LQ SOL 1MG/ML 130
RINVOQ TAB 15MG ER 130
RINVOQ TAB 30MG ER..... 130
RINVOQ TAB 45MG ER..... 130
RISEDRONATE TAB 5MG..... 133
RISEDRONATE TAB 30MG 133
RISEDRONATE TAB 35MG 133
RISEDRONATE TAB 35MG 133
RISEDRONATE TAB 35MG 133
RISEDRONATE TAB 150MG 133
RISPERIDONE SOL 1MG/ML 50
RISPERIDONE TAB 0.5MG 50
RISPERIDONE TAB 0.5MG OD 50
RISPERIDONE TAB 0.25MG..... 50
RISPERIDONE TAB 0.25 ODT 50
RISPERIDONE TAB 1MG 50
RISPERIDONE TAB 1MG ODT..... 50
RISPERIDONE TAB 2MG 50
RISPERIDONE TAB 2MG ODT..... 50
RISPERIDONE TAB 3MG 50
RISPERIDONE TAB 3MG ODT..... 50
RISPERIDONE TAB 4MG 50
RISPERIDONE TAB 4MG ODT..... 50
RITONAVIR TAB 100MG..... 55
RIVAROXABAN SUS 1MG/ML 65
RIVAROXABAN TAB 2.5MG..... 65
RIVASTIGMINE CAP 1.5MG 29
RIVASTIGMINE CAP 3MG..... 29
RIVASTIGMINE CAP 4.5MG..... 29
RIVASTIGMINE CAP 6MG..... 29
RIVASTIGMINE DIS 4.6MG/24..... 30
RIVASTIGMINE DIS 9.5MG/24..... 30
RIVASTIGMINE DIS 13.3/24..... 29
RIVELSA TAB 115
RIZATRIPTAN TAB 5MG 38
RIZATRIPTAN TAB 5MG ODT..... 38
RIZATRIPTAN TAB 10MG..... 38
RIZATRIPTAN TAB 10MG ODT 38
ROFLUMILAST TAB 250MCG 149
ROFLUMILAST TAB 500MCG..... 149
ROPINIROLE TAB 0.5MG 47
ROPINIROLE TAB 0.25MG 47
ROPINIROLE TAB 1MG..... 47
ROPINIROLE TAB 2MG 47
ROPINIROLE TAB 3MG 47
ROPINIROLE TAB 4MG 47
ROPINIROLE TAB 5MG 48
ROSUVASTATIN TAB 5MG..... 79
ROSUVASTATIN TAB 10MG..... 79
ROSUVASTATIN TAB 20MG 79
ROSUVASTATIN TAB 40MG 79
ROSYRAH TAB..... 115
ROTARIX SUS..... 130
ROTATEQ SOL..... 130
ROWEEPRA TAB 500MG 28
ROZLYTREK CAP 100MG..... 43
ROZLYTREK CAP 200MG 43
ROZLYTREK PAK 50MG 43
RUFINAMIDE SUS 40MG/ML..... 28
RUFINAMIDE TAB 200MG 28
RUFINAMIDE TAB 400MG..... 28
RYBELSUS TAB 3MG 61
RYBELSUS TAB 7MG 61
RYBELSUS TAB 14MG 61
SACUB/VALSAR TAB 24-26MG 79
SACUB/VALSAR TAB 49-51MG 79
SACUB/VALSAR TAB 97-103MG 79
SALSALATE TAB 500MG..... 15
SALSALATE TAB 750MG..... 15
SANDIMMUNE SOL 100MG/ML..... 130
SANTYL OIN 250/GM..... 90
SAPROPTERIN POW 100MG..... 101
SAPROPTERIN POW 500MG..... 101
SAPROPTERIN TAB 100MG 102
SAXAGLIPTIN TAB 2.5MG..... 61
SAXAGLIPTIN TAB 5MG 61
SCOPOLAMINE DIS 1MG/3DAY 35
SELECT-LITE KIT DEV/LANC..... 138
SELEGILINE CAP 5MG..... 48
SELEGILINE TAB 5MG 48
SELENIUM SUL LOT 2.5%..... 90
SELZENTRY SOL 20MG/ML 55
SE-NATAL 19 CHW 95
SE-NATAL 19 TAB..... 95
SERTRALINE CON 20MG/ML..... 33
SERTRALINE TAB 25MG 33
SERTRALINE TAB 50MG 33
SERTRALINE TAB 100MG 33
SETLAKIN TAB 115
SEVELAM CARB POW 0.8GM 95
SEVELAM CARB POW 2.4GM 95
SEVELAM CARB TAB 800MG 95
SHAROBEL TAB 0.35MG 115
SHEWISE TAB 1.5MG..... 115
SHINGRIX INJ 50/0.5ML 130
SHINGRIX INJ 50/0.5ML 130
SIGNIFOR INJ 0.3MG/ML 122
SIGNIFOR INJ 0.6MG/ML 122
SIGNIFOR INJ 0.9MG/ML 122
SILDENAFIL SUS 10MG/ML 149
SILDENAFIL TAB 20MG..... 149
SILODOSIN CAP 4MG 103
SILODOSIN CAP 8MG 103
SILVER SULFA CRE 1% 90
SIMLIYA TAB 28 DAY 115
SIMPESSE TAB 115
SIMVASTATIN TAB 5MG..... 79
SIMVASTATIN TAB 10MG..... 79
SIMVASTATIN TAB 20MG 79

SIMVASTATIN TAB 40MG 79
SIMVASTATIN TAB 80MG 79
SIROLIMUS TAB 0.5MG 130
SIROLIMUS TAB 1MG 130
SIROLIMUS TAB 2MG 130
SKYRIZI INJ 150MG/ML 130
SKYRIZI INJ 180/1.2 130
SKYRIZI INJ 360/2.4 131
SKYRIZI PEN INJ 150MG/ML 131
SLYND TAB 4MG 115
SMZ/TMP DS TAB 800-160 23
SMZ/TMP DS TAB 800-160 23
SMZ-TMP SUS 200-40/5 23
SMZ-TMP TAB 400-80MG 23
SOD CHLORIDE NEB 0.9% 149
SOD CHLORIDE NEB 3% 149
SOD CHLORIDE NEB 7% 149
SOD CHLORIDE NEB 10% 149
SOD FLUORIDE DRO 0.5MG/ML 95
SODIUM FLUOR CHW 0.5MG 96
SODIUM FLUOR CHW 0.25MG 95
SODIUM FLUOR CHW 1MG 96
SODIUM FLUOR TAB 0.5MG 96
SODIUM FLUOR TAB 1MG 96
SODIUM/POTAS SOL MAGNESIU ... 101
SOD POLY SUL POW 95
SOFOS/VELPAT TAB 400-100 55
SOLIFENACIN TAB 5MG 103
SOLIFENACIN TAB 10MG 103
SOLIQUA INJ 100/33 61
SOMAVERT INJ 10MG 122
SOMAVERT INJ 15MG 122
SOMAVERT INJ 20MG 123
SOMAVERT INJ 25MG 123
SOMAVERT INJ 30MG 123
SORAFENIB TAB 200MG 44
SORAFENIB TAB 200MG 44
SOTALOL AF TAB 80MG 79
SOTALOL AF TAB 120MG 79
SOTALOL AF TAB 160MG 79
SOTALOL HCL TAB 80MG 80
SOTALOL HCL TAB 120MG 79
SOTALOL HCL TAB 160MG 79
SOTALOL HCL TAB 240MG 79
SOTYLIZE SOL 5MG/ML 80
SPIKEVAX INJ 2025-26 131
SPIKEVAX INJ 2025-26 131
SPINOSAD SUS 0.9% 90
SPIRIVA RESP AER 1.25MCG 149
SPIRIVA RESP AER 2.5MCG 149
SPIRIVA RESP AER 2.5MCG 149
SPIRONO/HCTZ TAB 25/25 80
SPIRONOLACT TAB 25MG 80
SPIRONOLACT TAB 50MG 80
SPIRONOLACT TAB 100MG 80
SPRINTEC 28 TAB 28 DAY 115
SRONYX TAB 115
SSD CRE 1% 90
STEQEYMA INJ 45/0.5ML 131
STEQEYMA INJ 45/0.5ML 131
STEQEYMA INJ 90MG/ML 131
STIOLTO AER 2.5-2.5 149
STIOLTO AER 2.5-2.5 149
STIVARGA TAB 40MG 44
ST JOSEPH CHW LOW 81MG 15
STRIVERDI AER 2.5MCG 149
SUBVENITE TAB 25MG 28
SUBVENITE TAB 100MG 28
SUBVENITE TAB 150MG 28
SUBVENITE TAB 200MG 28
SUCRALFATE SUS 1GM/10ML 101
SUCRALFATE TAB 1GM 101
SULCONAZOLE CRE 1% 36
SULCONAZOLE SOL 1% 36
SULFACETAMID LOT 10% 23
SULFACET SOD OIN 10% OP 142
SULFACET SOD SOL 10% OP 142
SULFADIAZINE TAB 500MG 23
SULFAMYLON CRE 85MG/GM 91
SULFASALAZIN TAB 500MG 132
SULFASALAZIN TAB 500MG DR 133
SULFATRIM PD SUS 200-40/5 23
SULF/PRED NA SOL OP 142
SULINDAC TAB 150MG 15
SULINDAC TAB 200MG 15
SUMAT-NAPROX TAB 85-500MG 38
SUMATRIPTAN INJ 4MG/0.5 38
SUMATRIPTAN INJ 4MG/0.5 38
SUMATRIPTAN INJ 6/0.5ML 38
SUMATRIPTAN INJ 6/0.5ML 38
SUMATRIPTAN INJ 6MG/0.5 38
SUMATRIPTAN INJ 6MG/0.5 38
SUMATRIPTAN INJ 6MG/0.5 38
SUMATRIPTAN INJ 6MG/0.5 38
SUMATRIPTAN INJ 6MG/.5ML 38
SUMATRIPTAN INJ 6MG/.5ML 38
SUMATRIPTAN SPR 5MG/ACT 38
SUMATRIPTAN SPR 20MG/ACT 38
SUMATRIPTAN TAB 25MG 38
SUMATRIPTAN TAB 50MG 38
SUMATRIPTAN TAB 100MG 38
SUNITINIB CAP 12.5MG 44
SUNITINIB CAP 25MG 44
SUNITINIB CAP 37.5MG 44
SUNITINIB CAP 50MG 44
SUNOSI TAB 75MG 152
SUNOSI TAB 150MG 152
SYEDA TAB 3-0.03MG 115
SYMPROIC TAB 0.2MG 101
SYNAREL SOL 2MG/ML 123
SYNJARDY TAB 61
SYNJARDY TAB 5-500MG 61
SYNJARDY TAB 5-1000MG 61
SYNJARDY TAB 12.5-500 61
SYNJARDY XR TAB 61
SYNJARDY XR TAB 5-1000MG 61
SYNJARDY XR TAB 10-1000 61
SYNJARDY XR TAB 25-1000 61
SYNTHROID TAB 25MCG 120
SYNTHROID TAB 50MCG 120
SYNTHROID TAB 75MCG 120
SYNTHROID TAB 88MCG 120
SYNTHROID TAB 100MCG 120
SYNTHROID TAB 112MCG 120
SYNTHROID TAB 125MCG 120
SYNTHROID TAB 137MCG 120
SYNTHROID TAB 150MCG 120
SYNTHROID TAB 175MCG 120
SYNTHROID TAB 200MCG 120
SYNTHROID TAB 300MCG 120
TABLOID TAB 40MG 44
TACROLIMUS CAP 0.5MG 131
TACROLIMUS CAP 1MG 131
TACROLIMUS CAP 5MG 131
TACROLIMUS OIN 0.1% 91
TACROLIMUS OIN 0.03% 91
TADALAFIL TAB 2.5MG 103
TADALAFIL TAB 5MG 103
TADALAFIL TAB 20MG 150
TAFLUPROST SOL 0.0015% 142
TAFLUPROST SOL 0.0015% 142
TAGRISSO TAB 40MG 44
TAGRISSO TAB 80MG 44
TAKE ACTION TAB 1.5MG 115
TALTZ INJ 20/0.25 131
TALTZ INJ 40/0.5ML 131
TALTZ INJ 80MG/ML 131
TALTZ INJ 80MG/ML 131
TALZENNA CAP 0.1MG 44
TALZENNA CAP 0.5MG 44
TALZENNA CAP 0.25MG 44
TALZENNA CAP 0.35MG 44
TALZENNA CAP 0.75MG 44
TALZENNA CAP 1MG 44
TAMOXIFEN TAB 10MG 44
TAMOXIFEN TAB 20MG 44
TAMSULOSIN CAP 0.4MG 103
TARINA 24 FE TAB 116
TARINA FE TAB 1/20 EQ 116
TARON-C DHA CAP 96
TASIMELTEON CAP 20MG 152
TAZAROTENE CRE 0.1% 91

TAZAROTENE GEL 0.1%....91
TAZAROTENE GEL 0.05%....91
TAZTIA XT CAP 120MG/24....80
TAZTIA XT CAP 180MG/24....80
TAZTIA XT CAP 240MG/24....80
TAZTIA XT CAP 300MG ER....80
TAZTIA XT CAP 360MG/24....80
TDVAX INJ 2-2 LF....131
TELMISA/HCTZ TAB 40-12.5....80
TELMISA/HCTZ TAB 80-12.5....80
TELMISA/HCTZ TAB 80-25MG....80
TELMISARTAN TAB 20MG....80
TELMISARTAN TAB 40MG....80
TELMISARTAN TAB 80MG....80
TEMAZEPAM CAP 7.5MG....152
TEMAZEPAM CAP 15MG....152
TEMAZEPAM CAP 22.5MG....152
TEMAZEPAM CAP 30MG....152
TEMOZOLOMIDE CAP 5MG....45
TEMOZOLOMIDE CAP 20MG....44
TEMOZOLOMIDE CAP 100MG....44
TEMOZOLOMIDE CAP 140MG....44
TEMOZOLOMIDE CAP 180MG....44
TEMOZOLOMIDE CAP 250MG....45
TENCON TAB 50-325MG....85
TENIVAC INJ 5-2LF....131
TENOFOVIR TAB 300MG....55
TERAZOSIN CAP 1MG....103
TERAZOSIN CAP 2MG....103
TERAZOSIN CAP 5MG....103
TERAZOSIN CAP 10MG....103
TERBINAFINE TAB 250MG....36
TERBUTALINE TAB 2.5MG....150
TERBUTALINE TAB 5MG....150
TERCONAZOLE CRE 0.4%....36
TERCONAZOLE CRE 0.8%....36
TERCONAZOLE SUP 80MG....37
TERIFLUNOMID TAB 7MG....85
TERIFLUNOMID TAB 14MG....85
TESTOST CYP INJ 100MG/ML....116
TESTOST CYP INJ 200MG/ML....116
TESTOST CYP INJ 200MG/ML....116
TESTOST ENAN INJ 200MG/ML....116
TESTOSTERONE GEL 1%(50MG)....116
TESTOSTERONE GEL 1.62%....116
TESTOSTERONE GEL 1.62%....116
TETRABENAZIN TAB 12.5MG....85
TETRABENAZIN TAB 25MG....85
TETRACAINE SOL 0.5% OP....143
TETRACYCLINE CAP 250MG....23
TETRACYCLINE CAP 500MG....23
THALOMID CAP 50MG....45
THALOMID CAP 100MG....45
THEO-24 CAP 100MG CR....150
THEO-24 CAP 200MG CR....150
THEO-24 CAP 300MG CR....150
THEO-24 CAP 400MG ER....150
THEOPHYLLINE ELX 80/15ML....150
THEOPHYLLINE SOL 80/15ML....150
THEOPHYLLINE TAB 100MG ER....150
THEOPHYLLINE TAB 200MG ER....150
THEOPHYLLINE TAB 300MG ER....150
THEOPHYLLINE TAB 400MG ER....150
THEOPHYLLINE TAB 450MG ER....150
THEOPHYLLINE TAB 600MG ER....150
THIORIDAZINE TAB 10MG....51
THIORIDAZINE TAB 25MG....51
THIORIDAZINE TAB 50MG....51
THIORIDAZINE TAB 100MG....50
THIOTHIXENE CAP 1MG....51
THIOTHIXENE CAP 2MG....51
THIOTHIXENE CAP 5MG....51
THIOTHIXENE CAP 10MG....51
THRIVE GUM 2MG MINT....18
THRIVITE RX TAB 29-1MG....96
THYQUIDITY SOL 100/5ML....120
THYQUIDITY SOL 100MCG....120
THYROID TAB 15MG....120
THYROID TAB 30MG....120
THYROID TAB 60MG....121
THYROID TAB 90MG....121
THYROID TAB 120MG....120
TIADYLT CAP 120MG/24....80
TIADYLT CAP 180MG/24....80
TIADYLT CAP 240MG/24....80
TIADYLT CAP 300MG/24....80
TIADYLT CAP 360MG/24....80
TIADYLT CAP 420MG/24....80
TIAGABINE TAB 2MG....28
TIAGABINE TAB 4MG....28
TIAGABINE TAB 12MG....28
TIAGABINE TAB 16MG....28
TICAGRELOR TAB 60MG....65
TICAGRELOR TAB 90MG....65
TILIA FE TAB....116
TIMOLOL HEMI SOL 0.5% OP....143
TIMOLOL MALE SOL 0.5%....143
TIMOLOL MALE SOL 0.5% OP....143
TIMOLOL MAL SOL 0.5% OP....143
TIMOLOL MAL SOL 0.25% OP....143
TIMOLOL MAL TAB 5MG....39
TIMOLOL MAL TAB 10MG....38
TIMOLOL MAL TAB 20MG....39
TINIDAZOLE TAB 250MG....23
TINIDAZOLE TAB 500MG....23
TIOTROP BROM CAP 18MCG....150
TIROSINT-SOL SOL 13MCG/ML....121
TIROSINT-SOL SOL 25MCG/ML....121
TIROSINT-SOL SOL 37.5/ML....121
TIROSINT-SOL SOL 44MCG/ML....121
TIROSINT-SOL SOL 50MCG/ML....121
TIROSINT-SOL SOL 62.5/ML....121
TIROSINT-SOL SOL 75MCG/ML....121
TIROSINT-SOL SOL 88MCG/ML....121
TIROSINT-SOL SOL 100MCG....121
TIROSINT-SOL SOL 112MCG....121
TIROSINT-SOL SOL 125MCG....121
TIROSINT-SOL SOL 137MCG....121
TIROSINT-SOL SOL 150MCG....121
TIROSINT-SOL SOL 175MCG....121
TIROSINT-SOL SOL 200MCG....121
TIVICAY TAB 50MG....55
TIZANIDINE CAP 2MG....51
TIZANIDINE CAP 4MG....51
TIZANIDINE CAP 6MG....51
TIZANIDINE TAB 2MG....51
TIZANIDINE TAB 4MG....52
TOBRA/DEXAME SUS 0.3-0.1%....143
TOBRAMYCIN NEB 300/5ML....150
TOBRAMYCIN NEB 300/5ML....150
TOBRAMYCIN SOL 0.3% OP....143
TODAY SPONGE MIS....103
TOLCAPONE TAB 100MG....48
TOLTERODINE CAP 2MG ER....103
TOLTERODINE CAP 4MG ER....103
TOLTERODINE TAB 1MG....103
TOLTERODINE TAB 2MG....104
TOLVAPTAN TAB 15MG....96
TOLVAPTAN TAB 30MG....96
TOPIRAMATE CAP 15MG....28
TOPIRAMATE CAP 25MG....28
TOPIRAMATE CAP 50MG....28
TOPIRAMATE TAB 25MG....28
TOPIRAMATE TAB 50MG....28
TOPIRAMATE TAB 100MG....28
TOPIRAMATE TAB 200MG....28
TOREMIFENE TAB 60MG....45
TORSEMIDE TAB 5MG....80
TORSEMIDE TAB 10MG....80
TORSEMIDE TAB 20MG....80
TORSEMIDE TAB 100MG....80
TRAMADL/APAP TAB 37.5-325....15
TRAMADOL HCL TAB 50MG....16
TRAMADOL HCL TAB 100MG ER....15
TRAMADOL HCL TAB 100MG ER....15
TRAMADOL HCL TAB 200MG ER....15
TRAMADOL HCL TAB 200MG ER....15
TRAMADOL HCL TAB 300MG ER....15
TRAMADOL HCL TAB 300MG ER....16
TRANDOLAPRIL TAB 1MG....80
TRANDOLAPRIL TAB 2MG....80
TRANDOLAPRIL TAB 4MG....80

TRANEX ACID TAB 650MG 65
TRANYLCYPROM TAB 10MG 33
TRAVOPROST DRO 0.004% 143
TRAZODONE TAB 50MG 34
TRAZODONE TAB 100MG 33
TRAZODONE TAB 150MG 33
TRAZODONE TAB 300MG 34
TRECATOR TAB 250MG 39
TRELEGY AER 100MCG 150
TRELEGY AER 100MCG 150
TRELEGY AER 200MCG 150
TRELEGY AER 200MCG 150
TRESIBA FLEX INJ 100UNIT 61
TRESIBA FLEX INJ 200UNIT 61
TRESIBA INJ 100UNIT 61
TRETINOIN CAP 10MG 45
TRETINOIN CRE 0.1% 91
TRETINOIN CRE 0.05% 91
TRETINOIN CRE 0.025% 91
TRIAMCINOLON CRE 0.1% 91
TRIAMCINOLON CRE 0.5% 91
TRIAMCINOLON CRE 0.025% 91
TRIAMCINOLON LOT 0.1% 91
TRIAMCINOLON LOT 0.025% 91
TRIAMCINOLON OIN 0.1% 91
TRIAMCINOLON OIN 0.5% 91
TRIAMCINOLON OIN 0.025% 91
TRIAMCINOLON PST 0.1% 86
TRIAMCINOLON PST DEN 0.1% 86
TRIAMT/HCTZ CAP 37.5-25 80
TRIAMT/HCTZ TAB 37.5-25 81
TRIAMT/HCTZ TAB 75-50MG 81
TRIAZOLAM TAB 0.25MG 152
TRIAZOLAM TAB 0.125MG 152
TRICARE TAB PRENATAL 96
TRIDERM CRE 0.5% 91
TRIENTINE CAP 250MG 96
TRI-ESTARYLL TAB 116
TRIFLUOPERAZ TAB 1MG 51
TRIFLUOPERAZ TAB 2MG 51
TRIFLUOPERAZ TAB 5MG 51
TRIFLUOPERAZ TAB 10MG 51
TRIFLURIDINE SOL 1% OP 143
TRIHEXYPHEN SOL 0.4MG/ML 48
TRIHEXYPHEN TAB 2MG 48
TRIHEXYPHEN TAB 5MG 48
TRIKAFTA PAK 59.5MG 150
TRIKAFTA PAK 75MG 150
TRIKAFTA TAB 150
TRIKAFTA TAB 150
TRI-LEGEST TAB FE 116
TRI-LINYAH TAB 116
TRI-LO-MILI TAB 116
TRI-LO TAB ESTARYLL 116
TRI-LO- TAB MARZIA 116
TRI-LO- TAB SPRINTEC 116
TRIMETHOBENZ CAP 300MG 35
TRIMETHOPRIM TAB 100MG 23
TRI-MILI TAB 116
TRIMIPRAMINE CAP 25MG 34
TRIMIPRAMINE CAP 50MG 34
TRIMIPRAMINE CAP 100MG 34
TRINATAL RX TAB 1 96
TRINATE TAB 96
TRI-SPRINTEC TAB 116
TRIUMEQ TAB 55
TRIVORA-28 TAB 116
TRI-VYLIBRA TAB 116
TRI-VYLIBRA TAB LO 116
TROSPIUM CHL CAP 60MG ER 104
TROSPIUM CL TAB 20MG 104
TRUE METRIX SOL LEVEL 1 138
TRUE METRIX SOL LEVEL 2 138
TRUE METRIX SOL LEVEL 3 138
TRUEPLS GLUC GEL 15/32ML 61
TRUEPLUS CHW GLUCOSE 61
TRULICITY INJ 0.75/0.5 61
TRULICITY INJ 1.5/0.5 62
TRULICITY INJ 3/0.5 62
TRULICITY INJ 4.5/0.5 62
TRUMENBA INJ 131
TRUQAP PAK 160MG 45
TRUQAP PAK 200MG 45
TRUQAP TAB 160MG 45
TRUQAP TAB 200MG 45
TURALIO CAP 125MG 45
TURQOZ TAB 116
TUXARIN ER TAB 54.3-8MG 151
TWINRIX INJ 131
TYBLUME CHW 0.1-0.02 116
TYDEMY TAB 117
TYMLOS INJ 133
TYVASO DPI POW 16-32-48 151
TYVASO DPI POW 16MCG 151
TYVASO DPI POW 32MCG 151
TYVASO DPI POW 48MCG 151
TYVASO DPI POW 64MCG 151
TYVASO DPI POW 80MCG 151
TYVASO DPI POW MAIN KIT 151
TYVASO DPI POW MAIN KIT 151
UBRELVY TAB 50MG 39
UBRELVY TAB 100MG 39
ULTICARE MIS 30GX3/16 138
UNITHROID TAB 25MCG 121
UNITHROID TAB 50MCG 122
UNITHROID TAB 75MCG 122
UNITHROID TAB 88MCG 122
UNITHROID TAB 100MCG 121
UNITHROID TAB 112MCG 121
UNITHROID TAB 125MCG 121
UNITHROID TAB 137MCG 121
UNITHROID TAB 150MCG 121
UNITHROID TAB 175MCG 121
UNITHROID TAB 200MCG 121
UNITHROID TAB 300MCG 121
URSODIOL CAP 300MG 101
URSODIOL TAB 250MG 101
URSODIOL TAB 500MG 101
UTI HOME TES TEST 139
VALACYCLOVIR TAB 1GM 55
VALACYCLOVIR TAB 500MG 55
VALGANCICLOV SOL 50MG/ML 55
VALGANCICLOV TAB 450MG 55
VALPROIC ACD CAP 250MG 28
VALPROIC ACD SOL 250/5ML 28
VALPROIC ACD SOL 500/10ML 28
VALSARTAN TAB 40MG 81
VALSARTAN TAB 80MG 81
VALSARTAN TAB 160MG 81
VALSARTAN TAB 320MG 81
VALSART/HCTZ TAB 80-12.5 81
VALSART/HCTZ TAB 160-12.5 81
VALSART/HCTZ TAB 160-25MG 81
VALSART/HCTZ TAB 320-12.5 81
VALSART/HCTZ TAB 320-25MG 81
VALTYA 1/35 TAB 117
VALTYA 1/50 TAB 117
VANCOMYCIN CAP 125MG 23
VANCOMYCIN CAP 250MG 23
VANCOMYCIN SOL 25MG/ML 23
VANCOMYCIN SOL 25MG/ML 24
VANCOMYCIN SOL 50MG/ML 24
VANCOMYCIN SOL 50MG/ML 24
VANCOMYCIN SOL 250/5ML 23
VANDAZOLE GEL 0.75% 24
VAQTA INJ 25/0.5ML 131
VAQTA INJ 25/0.5ML 131
VAQTA INJ 50UNT/ML 131
VAQTA INJ 50UNT/ML 131
VARENICLINE TAB 0.5& 1MG 18
VARENICLINE TAB 0.5MG 18
VARENICLINE TAB 1MG 18
VARIVAX INJ 131
VARUBI TAB 90MG 35
VAXELIS INJ 132
VAXELIS INJ 132
VAXNEUVANCE INJ 132
VCF VAGINAL GEL CONTRACE 104
VCF VAGINAL MIS CONTRACP 104
VELIVET PAK 117
VELPHORO CHW 500MG 96
VENCLEXTA TAB 10MG 45

VENCLEXTA TAB 50MG 45
VENCLEXTA TAB 100MG 45
VENCLEXTA TAB START PK 45
VENLAFAXINE CAP 37.5 ER 34
VENLAFAXINE CAP 75MG ER 34
VENLAFAXINE CAP 150MG ER 34
VENLAFAXINE TAB 25MG 34
VENLAFAXINE TAB 37.5MG 34
VENLAFAXINE TAB 50MG 34
VENLAFAXINE TAB 75MG 34
VENLAFAXINE TAB 100MG 34
VENTAVIS SOL 10MCG/ML 151
VENTAVIS SOL 20MCG/ML 151
VENTOLIN HFA AER 151
VENTOLIN HFA AER 151
VERAPAMIL CAP 100MG ER 81
VERAPAMIL CAP 120MG ER 81
VERAPAMIL CAP 120MG SR 81
VERAPAMIL CAP 180MG ER 81
VERAPAMIL CAP 180MG SR 81
VERAPAMIL CAP 200MG ER 81
VERAPAMIL CAP 240MG ER 81
VERAPAMIL CAP 240MG SR 81
VERAPAMIL CAP 300MG ER 81
VERAPAMIL CAP 360MG SR 81
VERAPAMIL TAB 40MG 81
VERAPAMIL TAB 80MG 81
VERAPAMIL TAB 120MG 81
VERAPAMIL TAB 120MG ER 81
VERAPAMIL TAB 180MG ER 81
VERAPAMIL TAB 240MG ER 81
VEREGEN OIN 15% 91
VERZENIO TAB 50MG 45
VERZENIO TAB 100MG 45
VERZENIO TAB 150MG 45
VERZENIO TAB 200MG 45
VESTURA TAB 3-0.02MG 117
VIENVA TAB 0.1-20 117
VIGABATRIN PAK 500MG 28
VIGABATRIN TAB 500MG 28
VIGPODER POW 500MG 28
VILAZODONE TAB 10MG 34
VILAZODONE TAB 20MG 34
VILAZODONE TAB 40MG 34
VIORELE TAB 117
VIRACEPT TAB 250MG 55
VIRACEPT TAB 625MG 55
VITAMIN D CAP 1.25MG 96
VITAMIN D CAP 50000 96
VITAMIN D CAP 50000UNT 96
VITRAKVI CAP 25MG 45
VITRAKVI CAP 100MG 45
VITRAKVI SOL 20MG/ML 45
VOLNEA TAB 117
VORICONAZOLE SUS 40MG/ML 37
VORICONAZOLE TAB 50MG 37
VORICONAZOLE TAB 200MG 37
VRAYLAR CAP 0.5MG 51
VRAYLAR CAP 0.75MG 51
VRAYLAR CAP 1.5MG 51
VRAYLAR CAP 3MG 51
VRAYLAR CAP 4.5MG 51
VRAYLAR CAP 6MG 51
VYFEMLA TAB 0.4-35 117
VYLIBRA TAB 0.25-35 117
WARFARIN TAB 1MG 65
WARFARIN TAB 2.5MG 65
WARFARIN TAB 2MG 65
WARFARIN TAB 3MG 65
WARFARIN TAB 4MG 65
WARFARIN TAB 5MG 65
WARFARIN TAB 6MG 65
WARFARIN TAB 7.5MG 65
WARFARIN TAB 10MG 65
WERA TAB 0.5/35 117
WESNATAL DHA PAK COMPLETE 96
WESTAB PLUS TAB 27-1MG 96
WEZLANA INJ 45/0.5ML 132
WEZLANA INJ 45/0.5ML 132
WEZLANA INJ 90MG/ML 132
WIDE-SEAL DPR KIT 60 139
WIDE-SEAL DPR KIT 65 139
WIDE-SEAL DPR KIT 70 139
WIDE-SEAL DPR KIT 75 139
WIDE-SEAL DPR KIT 80 139
WIDE-SEAL DPR KIT 85 139
WIDE-SEAL DPR KIT 90 139
WIDE-SEAL DPR KIT 95 139
WIXELA INHUB AER 100/50 151
WIXELA INHUB AER 250/50 151
WIXELA INHUB AER 500/50 151
WYMZYA FE CHW 0.4MG-35 117
XARAH FE TAB 117
XARELTO STAR TAB 15/20MG 66
XARELTO SUS 1MG/ML 65
XARELTO TAB 2.5MG 65
XARELTO TAB 10MG 65
XARELTO TAB 15MG 65
XARELTO TAB 20MG 65
XELRIA FE CHW 0.4MG-35 117
XEPI CRE 1% 91
XERMELO TAB 250MG 101
XIFAXAN TAB 200MG 101
XIFAXAN TAB 550MG 101
XOSPATA TAB 40MG 45
XTAMPZA ER CAP 9MG 16
XTAMPZA ER CAP 13.5MG 16
XTAMPZA ER CAP 18MG 16
XTAMPZA ER CAP 27MG 16
XTAMPZA ER CAP 36MG 16
XTANDI CAP 40MG 45
XTANDI TAB 40MG 45
XTANDI TAB 80MG 45
XULANE DIS 150-35 117
XYVONA TAB 2MG 16
XYVONA TAB 3MG 16
YESINTEK INJ 45/0.5ML 132
YESINTEK INJ 45/0.5ML 132
YESINTEK INJ 90MG/ML 132
YEZTUGO TAB 300MG 55
YOSPRALA TAB 81-40MG 66
YOSPRALA TAB 325-40MG 66
YUVAFEM TAB 10MCG 117
ZAFEMY DIS 150/35 117
ZAFIRLUKAST TAB 10MG 151
ZAFIRLUKAST TAB 20MG 151
ZALEPLON CAP 5MG 152
ZALEPLON CAP 10MG 152
ZARXIO INJ 300/0.5 66
ZARXIO INJ 480/0.8 66
ZELBORAF TAB 240MG 45
ZELVYSIA POW 100MG 102
ZELVYSIA POW 500MG 102
ZENATANE CAP 10MG 91
ZENATANE CAP 20MG 91
ZENATANE CAP 30MG 91
ZENATANE CAP 40MG 91
ZENPEP CAP 3000UNIT 102
ZENPEP CAP 5000UNIT 102
ZENPEP CAP 10000UNT 102
ZENPEP CAP 15000UNT 102
ZENPEP CAP 20000UNT 102
ZENPEP CAP 25000UNT 102
ZENPEP CAP 40000UNT 102
ZENPEP CAP 60000UNT 102
ZEPOSIA 7DAY CAP STR PACK 85
ZEPOSIA CAP 0.92MG 85
ZEPOSIA CAP STR KIT 85
ZIDOVUDINE CAP 100MG 55
ZIDOVUDINE SYP 50MG/5ML 55
ZIDOVUDINE TAB 300MG 55
ZILEUTON ER TAB 600MG 151
ZIPRASIDONE CAP 20MG 51
ZIPRASIDONE CAP 40MG 51
ZIPRASIDONE CAP 60MG 51
ZIPRASIDONE CAP 80MG 51
ZIRGAN GEL 0.15% 143
ZOLINZA CAP 100MG 45
ZOLMITRIPTAN SPR 2.5MG 39
ZOLMITRIPTAN SPR 5MG 39
ZOLMITRIPTAN TAB 2.5 MG 39
ZOLMITRIPTAN TAB 2.5MG 39

ZOLMITRIPTAN TAB 5MG..... 39
ZOLMITRIPTAN TAB 5MG ODT 39
ZOLPIDEM ER TAB 6.25MG 153
ZOLPIDEM ER TAB 12.5MG 152
ZOLPIDEM TAB 5MG..... 152
ZOLPIDEM TAB 10MG..... 152
ZONISAMIDE CAP 25MG 28
ZONISAMIDE CAP 50MG 28
ZONISAMIDE CAP 100MG..... 28
ZOVIA 1/35 TAB 117
ZUBSOLV SUB 0.7-0.18.....18
ZUBSOLV SUB 1.4-0.36.....18
ZUBSOLV SUB 2.9-0.71.....18
ZUBSOLV SUB 5.7-1.4 18
ZUBSOLV SUB 8.6-2.1 18
ZUBSOLV SUB 11.4-2.9 18
ZUMANDIMINE TAB 3-0.03MG 117
ZYKADIA TAB 150MG 45

Language Assistance Services

1-877-265-9199, TTY 711

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Navajo: Naaltsoos hazaad bee hadilnééh bee áka'anída'awo'í dóó ata' dahalne'í t'áá jiik'eh ná hóló. Shika'adoowoł nínízingo, t'áá shǫǫdí hódahdi námboo bikí'ágíí doodago Bił Ha'dít'éhí Bika'aná'awo' nits'íís bee ha'dít'éhí ID ninaaltsoos nitł'izí bąąh námboo bikí'ágíí bee hodíilnih.

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

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