# 2027 Colorado Large Group Essential 4-Tier Prescription Drug List

**Effective January 1, 2027**

This PDL is applicable to the following health insurance products offered by UnitedHealthcare:

- Choice
- Choice Plus
- Healthcare providers Plan
- Navigate
- Navigate Balanced
- Navigate Plus
- Nexus ACO OA
- Nexus ACO OAP
- Nexus ACO R
- Nexus ACO RP
- Non-Differential PPO
- Options PPO
- Select



United Healthcare®

Please note: This Prescription Drug List (PDL) is accurate as of January 1, 2027 and is subject to change after this date. Your estimated coverage and copayment/coinsurance may vary based on the benefit plan you choose and the effective date of the plan.

# Understanding your Prescription Drug List (PDL)

## What is a PDL?

This document includes both brand-name and generic prescription medications approved by the Food and Drug Administration (FDA). Medications are listed by common categories or classes and placed in tiers that represent the cost you pay out-of-pocket. Then, they are listed in alphabetical order.

### About this PDL

Where differences exist between this PDL and your benefit plan documents, the benefit plan documents rule.

## How do I use my PDL?

You and your healthcare provider can check the PDL to help you select the most cost-effective prescription medications. This guide tells you if a medication is generic or a brand-name, and if there are coverage requirements or limits that apply. Bring this list with you when you see your healthcare provider. If your medication is not listed here, please visit your plan's member website or call the toll-free phone number on your member ID card.

## What are tiers?

Tiers are the different cost levels you pay for a medication. Your plan sets a cost for each tier. This is how much you will pay when you fill a prescription. See page 4 for more information.

## When does the PDL change?

PDL changes typically occur 2-3 times per year. However, changes that have a positive impact for you – such as coverage for new medications or cost savings – may occur at any time. You can log in to your plan's member website listed on your member ID card at any time to check your medication coverage and lower-cost options.

## Why are some medications excluded from coverage?

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 or be subject to prior authorization (sometimes referred to as precertification) if your plan covers other lower-cost medications. For example, there may be a lower-cost covered option or an over-the-counter medication that works the same way. In some cases, the same product can be made by 2 or more drug companies, but greatly vary in cost. In these instances, only the lower-cost product may be covered.

You should review your benefit plan documents to confirm if any medications are excluded from your plan. You can log in to your plan's member website listed on your member ID card at any time to check your medication coverage. Talk to your healthcare provider to see if there are lower-cost options or over-the-counter medications available.

## Who decides which medications are covered?

The UnitedHealthcare® Pharmacy and Therapeutics Committee, which includes both internal and external healthcare providers and pharmacists, meets regularly to provide clinical reviews of all medications. Using this information, senior UnitedHealth Group® healthcare providers and business leaders meet to evaluate overall health care value. They also set coverage and tier status for all medications.

# 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. Once the patent for a brand-name medication ends, the FDA can approve a generic version with the same active ingredients. These types of medications are known as generic medications. Sometimes, the same company that makes a brand-name medication also makes the generic version.

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

If your healthcare provider gives you a prescription for a brand-name medication, ask if a generic or lower-cost option is available and could be right for you. Generic medications are usually your lowest-cost option, but not always. For some plans, if a brand-name drug is filled, and a generic is available, your cost-share may be the copayment PLUS the cost difference between the brand-name drug and the generic.

### Over-the-counter (OTC) medications

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

## What if I am taking a specialty medication?

Specialty medications are high-cost and are used to treat rare or complex conditions that require extra care and support. For most plans, these medications are managed through a specialty pharmacy. Take advantage of personalized support designed to help you get the most out of your treatment plan. To learn more, visit your plan's website or call the toll-free number on your member ID card.

## Requesting a prior authorization

Before certain Prescription Drug Products are dispensed to you, your prescribing provider or your pharmacist is required to obtain prior authorization from us. Your prescribing provider can submit a request by phone to Optum Rx® or electronically by contacting us at **uhcprovider.com**. Your licensed physician may need to provide information on diagnosis and medication history and/or evidence in the form of documents, records or lab tests which establish that the use of the requested Prescription Drug Product meets plan criteria. You may determine whether a particular Prescription Drug Product is subject to prior authorization or step therapy requirements by visiting your plan's website or by calling at the toll-free phone number on the back of your member ID card.

If you disagree with a determination, you can request an appeal. The complaint and appeals process, including independent medical review, is described in the Certificate of Coverage under the Appeals and Complaints section. You may also call at the telephone number on your member ID card.

# Reading your PDL

The PDL gives you choices. This allows you and your healthcare provider to decide your best course of treatment.

## Tier information

Using lower-tier medications may lower your out-of-pocket cost. Your plan may have multiple or no tiers. Please note: If you have a high deductible plan, the tier cost levels may apply once you hit your deductible.

| Drug tier | Includes | Helpful tips |
|---|---|---|
| **Tier 1** | $ **Lower-cost** Medications that provide the highest overall value. Mostly generic drugs. Some brand-name drugs may also be included. | Use Tier 1 drugs for the lowest out-of-pocket costs. |
| **Tiers 2 and 3** | $$ **Mid-range cost** Medications that provide good overall value. A mix of brand-name and generic drugs. | Use Tier 2 or Tier 3 drugs, instead of Tier 4, to help your out-of-pocket costs. |
| **Tier 4** | $$$ **Highest-cost** Medications that provide the lowest overall value. Mostly brand-name drugs, as well as some generics. | Many Tier 4 drugs have lower-cost options in Tiers 1, 2 or 3. Ask your healthcare provider if they could work for you. |

## Drug list information

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

**Health Care Reform Preventive** – This medication is part of a health care reform preventive benefit and is generally covered at no cost to you.

**Health Care Reform Preventive with prior authorization** – May be part of health care reform preventive benefit and available at no cost to you if prior authorization criteria are met.

**Prior authorization** – Requires your healthcare provider to provide information about why you are taking a medication before your plan can decide how it may be covered.

**Quantity limits** – The largest quantity of medication covered per copayment or in a defined period of time.

**Specialty medication** – Specialty medications treat complex or rare conditions and may require special storage and handling. You may have to get these medications from a specialty pharmacy.

**Step therapy** – Requires prior authorization and may require you to try one or more other medications before the medication you are requesting may be covered.

# Questions

**For the most current list of covered medications or if you have questions:**



Call the toll-free phone number on your member ID card



Visit your plan's member website listed on your member ID card to:

- View your pharmacy benefit and coverage information, including prescription history
- View medication interactions and side effects
- Locate a participating retail pharmacy by ZIP code
- Look up possible lower-cost medication alternatives
- Compare medication pricing and options

And, if home delivery services are included in your pharmacy benefit, you can also:

- Refill prescriptions
- Check the status of your order
- Set up reminders for refills
- Manage your account

| Medication name | Generic medication name | Drug Tier | Prior authorization | Quantity limit | Step Therapy | Specialty |
|---|---|---|---|---|---|---|
| **1st Generation/Typical - Mood Disorder Drugs** | | | | | | |
| ADASUVE INH 10MG | LOXAPINE AEROSOL POWDER BREATH ACTIVATED 10 MG | Tier 3 | | | | |
| CHLORPROMAZ POW HCL | CHLORPROMAZINE HCL (BULK) POWDER | Tier 3 | | | | |
| CHLORPROMAZ TAB 100MG | CHLORPROMAZINE HCL TAB 100 MG | Tier 1 | | X | | |
| 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 | | X | | |
| 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 | X | | | |
| FLUPHENAZINE TAB 2.5MG | FLUPHENAZINE HCL TAB 2.5 MG | Tier 1 | | X | | |
| FLUPHENAZINE TAB 5MG | FLUPHENAZINE HCL TAB 5 MG | Tier 1 | | X | | |
| HALOPERIDOL CON 2MG/ML | HALOPERIDOL LACTATE ORAL CONC 2 MG/ML | Tier 1 | | | | |
| HALOPERIDOL TAB 0.5MG | HALOPERIDOL TAB 0.5 MG | Tier 1 | | X | | |
| 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 | | X | | |
| HALOPERIDOL TAB 2MG | HALOPERIDOL TAB 2 MG | Tier 1 | | | | |
| HALOPERIDOL TAB 5MG | HALOPERIDOL TAB 5 MG | Tier 1 | | X | | |
| LOXAPINE CAP 10MG | LOXAPINE SUCCINATE CAP 10 MG | Tier 1 | | X | | |
| LOXAPINE CAP 25MG | LOXAPINE SUCCINATE CAP 25 MG | Tier 1 | | | | |
| LOXAPINE CAP 50MG | LOXAPINE SUCCINATE CAP 50 MG | Tier 1 | | X | | |
| LOXAPINE CAP 5MG | LOXAPINE SUCCINATE CAP 5 MG | Tier 1 | | | | |
| MOLINDONE TAB HCL 10MG | MOLINDONE HCL TAB 10 MG | Tier 3 | | | | |
| MOLINDONE TAB HCL 25MG | MOLINDONE HCL TAB 25 MG | Tier 3 | | X | | |
| MOLINDONE TAB HCL 5MG | MOLINDONE HCL TAB 5 MG | Tier 3 | | | | |
| PIMOZIDE TAB 1MG | PIMOZIDE TAB 1 MG | Tier 2 | | | | |
| PIMOZIDE TAB 2MG | PIMOZIDE TAB 2 MG | Tier 2 | | | | |
| THIORIDAZINE TAB 100MG | THIORIDAZINE HCL TAB 100 MG | Tier 1 | | | | X |
| THIORIDAZINE TAB 10MG | THIORIDAZINE HCL TAB 10 MG | Tier 1 | X | X | | X |
| THIORIDAZINE TAB 25MG | THIORIDAZINE HCL TAB 25 MG | Tier 1 | X | X | | |
| THIORIDAZINE TAB 50MG | THIORIDAZINE HCL TAB 50 MG | Tier 1 | | | | |
| THIOTHIXENE CAP 10MG | THIOTHIXENE CAP 10 MG | Tier 1 | | X | | |
| 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 | | X | | X |

HCR - Health Care Reform Preventive Care

^ May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met

| Medication name | Generic medication name | Drug Tier | Prior authorization | Quantity limit | Step Therapy | Specialty |
|---|---|---|---|---|---|---|
| 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 | X | X | | |
| TRIFLUOPERAZ TAB 5MG | TRIFLUOPERAZINE HCL TAB 5 MG (BASE EQUIVALENT) | Tier 1 | | | | |
| **2nd Generation/Atypical - Mood Disorder Drugs** | | | | | | |
| ARIPIPRAZOLE SOL 1MG/ML | ARIPIPRAZOLE ORAL SOLUTION 1 MG/ML | Tier 2 | | | | |
| ARIPIPRAZOLE TAB 10MG | ARIPIPRAZOLE TAB 10 MG | Tier 2 | | | | |
| ARIPIPRAZOLE TAB 15MG | ARIPIPRAZOLE TAB 15 MG | Tier 2 | | | | |
| ARIPIPRAZOLE TAB 20MG | ARIPIPRAZOLE TAB 20 MG | Tier 2 | | | | |
| ARIPIPRAZOLE TAB 2MG | ARIPIPRAZOLE TAB 2 MG | Tier 2 | | | | |
| ARIPIPRAZOLE TAB 30MG | ARIPIPRAZOLE TAB 30 MG | Tier 2 | | | | |
| ARIPIPRAZOLE TAB 5MG | ARIPIPRAZOLE TAB 5 MG | Tier 2 | | | | |
| ASENAPINE SUB 10MG | ASENAPINE MALEATE SL TAB 10 MG (BASE EQUIV) | Tier 3 | | X | | X |
| ASENAPINE SUB 2.5MG | ASENAPINE MALEATE SL TAB 2.5 MG (BASE EQUIV) | Tier 3 | | X | | X |
| ASENAPINE SUB 5MG | ASENAPINE MALEATE SL TAB 5 MG (BASE EQUIV) | Tier 3 | | X | | |
| CAPLYTA CAP 10.5MG | LUMATEPERONE TOSYLATE CAP 10.5 MG | Tier 4 | X | | | |
| CAPLYTA CAP 21MG | LUMATEPERONE TOSYLATE CAP 21 MG | Tier 4 | X | | | |
| CAPLYTA CAP 42MG | LUMATEPERONE TOSYLATE CAP 42 MG | Tier 4 | X | | | |
| CLOZAPINE TAB 100/ODT | CLOZAPINE ORALLY DISINTEGRATING TAB 100 MG | Tier 1 | | | | |
| CLOZAPINE TAB 12.5/ODT | CLOZAPINE ORALLY DISINTEGRATING TAB 12.5 MG | Tier 1 | | | | |
| CLOZAPINE TAB 150/ODT | CLOZAPINE ORALLY DISINTEGRATING TAB 150 MG | Tier 1 | | | | |
| CLOZAPINE TAB 200/ODT | CLOZAPINE ORALLY DISINTEGRATING TAB 200 MG | Tier 1 | | | | |
| CLOZAPINE TAB 25MG ODT | CLOZAPINE ORALLY DISINTEGRATING TAB 25 MG | Tier 1 | | | | |
| LURASIDONE TAB 120MG | LURASIDONE HCL TAB 120 MG | Tier 2 | | X | | X |
| LURASIDONE TAB 20MG | LURASIDONE HCL TAB 20 MG | Tier 2 | | X | | X |
| LURASIDONE TAB 40MG | LURASIDONE HCL TAB 40 MG | Tier 2 | | | | |
| LURASIDONE TAB 60MG | LURASIDONE HCL TAB 60 MG | Tier 2 | | | | |
| LURASIDONE TAB 80MG | LURASIDONE HCL TAB 80 MG | Tier 2 | | | | |
| NUPLAZID CAP 34MG | PIMAVANSERIN TARTRATE CAP 34 MG (BASE EQUIVALENT) | Tier 4 | X | | | |
| NUPLAZID TAB 10MG | PIMAVANSERIN TARTRATE TAB 10 MG (BASE EQUIVALENT) | Tier 4 | | | | |

HCR – Health Care Reform Preventive Care

^ May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met

| Medication name | Generic medication name | Drug Tier | Prior authorization | Quantity limit | Step Therapy | Specialty |
|---|---|---|---|---|---|---|
| OLANZAPINE TAB 10MG | OLANZAPINE TAB 10 MG | Tier 1 | | | | |
| OLANZAPINE TAB 10MG ODT | OLANZAPINE ORALLY DISINTEGRATING TAB 10 MG | Tier 2 | | | | |
| OLANZAPINE TAB 15MG | OLANZAPINE TAB 15 MG | Tier 1 | | | | |
| OLANZAPINE TAB 15MG ODT | OLANZAPINE ORALLY DISINTEGRATING TAB 15 MG | Tier 2 | | | | |
| OLANZAPINE TAB 2.5MG | OLANZAPINE TAB 2.5 MG | Tier 1 | | | | |
| OLANZAPINE TAB 20MG | OLANZAPINE TAB 20 MG | Tier 1 | | | | |
| OLANZAPINE TAB 20MG ODT | OLANZAPINE ORALLY DISINTEGRATING TAB 20 MG | Tier 2 | | | | |
| OLANZAPINE TAB 5MG | OLANZAPINE TAB 5 MG | Tier 1 | | | | |
| OLANZAPINE TAB 5MG ODT | OLANZAPINE ORALLY DISINTEGRATING TAB 5 MG | Tier 2 | | | | |
| OLANZAPINE TAB 7.5MG | OLANZAPINE TAB 7.5 MG | Tier 1 | | | | |
| QUETIAPINE TAB 100MG | QUETIAPINE FUMARATE TAB 100 MG | Tier 1 | | | | |
| QUETIAPINE TAB 150MG | QUETIAPINE FUMARATE TAB 150 MG | Tier 1 | | | | |
| QUETIAPINE TAB 150MG ER | QUETIAPINE FUMARATE TAB ER 24HR 150 MG | Tier 2 | | | | |
| QUETIAPINE TAB 200MG | QUETIAPINE FUMARATE TAB 200 MG | Tier 1 | | | | |
| QUETIAPINE TAB 200MG ER | QUETIAPINE FUMARATE TAB ER 24HR 200 MG | Tier 2 | | | | |
| QUETIAPINE TAB 25MG | QUETIAPINE FUMARATE TAB 25 MG | Tier 1 | | | | |
| QUETIAPINE TAB 300MG | QUETIAPINE FUMARATE TAB 300 MG | Tier 1 | | | | |
| QUETIAPINE TAB 300MG ER | QUETIAPINE FUMARATE TAB ER 24HR 300 MG | Tier 2 | | | | |
| QUETIAPINE TAB 400MG | QUETIAPINE FUMARATE TAB 400 MG | Tier 1 | | | | |
| QUETIAPINE TAB 400MG ER | QUETIAPINE FUMARATE TAB ER 24HR 400 MG | Tier 2 | | | | |
| QUETIAPINE TAB 50MG | QUETIAPINE FUMARATE TAB 50 MG | Tier 1 | | | | |
| QUETIAPINE TAB 50MG ER | QUETIAPINE FUMARATE TAB ER 24HR 50 MG | Tier 2 | | | | |
| REXULTI TAB 0.25MG | BREXPIPRAZOLE TAB 0.25 MG | Tier 4 | | | | |
| REXULTI TAB 0.5MG | BREXPIPRAZOLE TAB 0.5 MG | Tier 4 | | | | |
| REXULTI TAB 1MG | BREXPIPRAZOLE TAB 1 MG | Tier 4 | | | | |
| REXULTI TAB 2MG | BREXPIPRAZOLE TAB 2 MG | Tier 4 | | | | |
| REXULTI TAB 3MG | BREXPIPRAZOLE TAB 3 MG | Tier 4 | | | | |
| REXULTI TAB 4MG | BREXPIPRAZOLE TAB 4 MG | Tier 4 | | | | |
| 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 | | | X | |
| 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 | | | | |

HCR - Health Care Reform Preventive Care
^ May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met

| Medication name | Generic medication name | Drug Tier | Prior authorization | Quantity limit | Step Therapy | Specialty |
|---|---|---|---|---|---|---|
| RISPERIDONE TAB 1MG | RISPERIDONE TAB 1 MG | Tier 1 | | | | |
| RISPERIDONE TAB 1MG ODT | RISPERIDONE ORALLY DISINTEGRATING TAB 1 MG | Tier 1 | | | | X |
| 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 | | | | |
| VRAYLAR CAP 0.5MG | CARIPRAZINE HCL CAP 0.5 MG (BASE EQUIVALENT) | Tier 4 | | | | |
| VRAYLAR CAP 0.75MG | CARIPRAZINE HCL CAP 0.75 MG (BASE EQUIVALENT) | Tier 4 | | X | | |
| VRAYLAR CAP 1.5MG | CARIPRAZINE HCL CAP 1.5 MG (BASE EQUIVALENT) | Tier 4 | | X | | |
| VRAYLAR CAP 3MG | CARIPRAZINE HCL CAP 3 MG (BASE EQUIVALENT) | Tier 4 | | | X | |
| VRAYLAR CAP 4.5MG | CARIPRAZINE HCL CAP 4.5 MG (BASE EQUIVALENT) | Tier 4 | | X | | |
| VRAYLAR CAP 6MG | CARIPRAZINE HCL CAP 6 MG (BASE EQUIVALENT) | Tier 4 | | X | | |
| ZIPRASIDONE CAP 20MG | ZIPRASIDONE HCL CAP 20 MG | Tier 2 | | | | |
| ZIPRASIDONE CAP 40MG | ZIPRASIDONE HCL CAP 40 MG | Tier 2 | | | | |
| ZIPRASIDONE CAP 60MG | ZIPRASIDONE HCL CAP 60 MG | Tier 2 | | | | |
| ZIPRASIDONE CAP 80MG | ZIPRASIDONE HCL CAP 80 MG | Tier 2 | | | | |
| **Alcohol Deterrents/Anti-craving - Antidotes/Deterrents/Protectants** | | | | | | |
| ACAMPRO CAL TAB 333MG | ACAMPROSATE CALCIUM TAB DELAYED RELEASE 333 MG | Tier 1 | | | | |
| DISULFIRAM TAB 250MG | DISULFIRAM TAB 250 MG | Tier 1 | | | | |
| DISULFIRAM TAB 500MG | DISULFIRAM TAB 500 MG | Tier 1 | | | | |
| LOFEXIDINE TAB 0.18MG | LOFEXIDINE HCL TAB 0.18 MG (BASE EQUIVALENT) | Tier 4 | | | | |
| **Alkylating Agents - Chemotherapy Agents** | | | | | | |
| 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 3 | | | | |
| CYCLOPHOSPH TAB 50MG | CYCLOPHOSPHAMIDE TAB 50 MG | Tier 3 | | | | |
| GLEOSTINE CAP 100MG | LOMUSTINE CAP 100 MG | Tier 3 | | | | |
| GLEOSTINE CAP 10MG | LOMUSTINE CAP 10 MG | Tier 3 | | | | |
| GLEOSTINE CAP 40MG | LOMUSTINE CAP 40 MG | Tier 3 | | | | |

HCR – Health Care Reform Preventive Care
^ May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met

| Medication name | Generic medication name | Drug Tier | Prior authorization | Quantity limit | Step Therapy | Specialty |
|---|---|---|---|---|---|---|
| HEPZATO/50MM INJ 50MG | MELPHALAN HCL FOR INTRA-ARTERIAL SOLN 50 MG (BASE EQUIV) | Tier 3 | | | | |
| HEPZATO/62MM INJ 50MG | MELPHALAN HCL FOR INTRA-ARTERIAL SOLN 50 MG (BASE EQUIV) | Tier 3 | | | | |
| LEUKERAN TAB 2MG | CHLORAMBUCIL TAB 2 MG | Tier 3 | | | | |
| LOMUSTINE CAP 100MG | LOMUSTINE CAP 100 MG | Tier 3 | | | | |
| LOMUSTINE CAP 10MG | LOMUSTINE CAP 10 MG | Tier 3 | | | | |
| LOMUSTINE CAP 40MG | LOMUSTINE CAP 40 MG | Tier 3 | | | | |
| MATULANE CAP 50MG | PROCARBAZINE HCL CAP 50 MG | Tier 3 | | | | |
| MYLERAN TAB 2MG | BUSULFAN TAB 2 MG | Tier 3 | | | | |
| TEMOZOLOMIDE CAP 100MG | TEMOZOLOMIDE CAP 100 MG | Tier 1 | | | | |
| TEMOZOLOMIDE CAP 140MG | TEMOZOLOMIDE CAP 140 MG | Tier 1 | | | | |
| TEMOZOLOMIDE CAP 180MG | TEMOZOLOMIDE CAP 180 MG | Tier 1 | | | | |
| TEMOZOLOMIDE CAP 20MG | TEMOZOLOMIDE CAP 20 MG | Tier 1 | | | | |
| TEMOZOLOMIDE CAP 250MG | TEMOZOLOMIDE CAP 250 MG | Tier 1 | | | | |
| TEMOZOLOMIDE CAP 5MG | TEMOZOLOMIDE CAP 5 MG | Tier 1 | | | | |
| VALCHLOR GEL 0.016% | MECHLORETHAMINE HCL GEL 0.016% (BASE EQUIVALENT) | Tier 3 | X | X | | |
| **Alpha-adrenergic Agonists - Blood Pressure Drugs** | | | | | | |
| CLONIDINE DIS 0.1/24HR | CLONIDINE TD PATCH WEEKLY 0.1 MG/24HR | Tier 3 | | | | |
| CLONIDINE DIS 0.2/24HR | CLONIDINE TD PATCH WEEKLY 0.2 MG/24HR | Tier 3 | | | | |
| CLONIDINE DIS 0.3/24HR | CLONIDINE TD PATCH WEEKLY 0.3 MG/24HR | Tier 3 | | | | |
| CLONIDINE TAB 0.1MG | CLONIDINE HCL TAB 0.1 MG | Tier 1 | | | | |
| CLONIDINE TAB 0.2MG | CLONIDINE HCL TAB 0.2 MG | Tier 1 | | | | |
| CLONIDINE TAB 0.3MG | CLONIDINE HCL TAB 0.3 MG | Tier 1 | | | | |
| GUANFACINE TAB 1MG | GUANFACINE HCL TAB 1 MG | Tier 1 | | | | |
| GUANFACINE TAB 2MG | GUANFACINE HCL TAB 2 MG | Tier 1 | | | | |
| METHYLDOPA TAB 250MG | METHYLDOPA TAB 250 MG | Tier 4 | X | | | |
| METHYLDOPA TAB 500MG | METHYLDOPA TAB 500 MG | Tier 4 | X | | | |
| MIDODRINE TAB 10MG | MIDODRINE HCL TAB 10 MG | Tier 1 | | | | |
| MIDODRINE TAB 2.5MG | MIDODRINE HCL TAB 2.5 MG | Tier 1 | | | | |
| MIDODRINE TAB 5MG | MIDODRINE HCL TAB 5 MG | Tier 1 | | | | |
| **Alpha-adrenergic Blocking Agents - Blood Pressure Drugs** | | | | | | |
| CARDURA TAB 1MG | DOXAZOSIN MESYLATE TAB 1 MG | Tier 4 | | | | |
| CARDURA TAB 2MG | DOXAZOSIN MESYLATE TAB 2 MG | Tier 4 | | | | |
| CARDURA TAB 4MG | DOXAZOSIN MESYLATE TAB 4 MG | Tier 4 | | | | |
| CARDURA TAB 8MG | DOXAZOSIN MESYLATE TAB 8 MG | Tier 4 | | | | |
| DOXAZOSIN TAB 1MG | DOXAZOSIN MESYLATE TAB 1 MG | Tier 1 | | | | |
| DOXAZOSIN TAB 2MG | DOXAZOSIN MESYLATE TAB 2 MG | Tier 1 | | | | |
| DOXAZOSIN TAB 4MG | DOXAZOSIN MESYLATE TAB 4 MG | Tier 1 | | | | |
| DOXAZOSIN TAB 8MG | DOXAZOSIN MESYLATE TAB 8 MG | Tier 1 | | | | |

HCR – Health Care Reform Preventive Care

^ May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met

| Medication name | Generic medication name | Drug Tier | Prior authorization | Quantity limit | Step Therapy | Specialty |
|---|---|---|---|---|---|---|
| PHENOXYBENZA CAP 10MG | PHENOXYBENZAMINE HCL CAP 10 MG | Tier 2 | | | | |
| PRAZOSIN HCL CAP 1MG | PRAZOSIN HCL CAP 1 MG | Tier 1 | | | | |
| PRAZOSIN HCL CAP 2MG | PRAZOSIN HCL CAP 2 MG | Tier 1 | | | | |
| PRAZOSIN HCL CAP 5MG | PRAZOSIN HCL CAP 5 MG | Tier 1 | | | | |
| **Aminoglycosides - Antibiotics** | | | | | | |
| ARIKAYCE SUS | AMIKACIN SULFATE LIPOSOME INHAL SUSP 590 MG/8.4ML (BASE EQ) | Tier 4 | X | X | | X |
| GENTAMICIN CRE 0.1% | GENTAMICIN SULFATE CREAM 0.1% | Tier 1 | | X | | |
| GENTAMICIN OIN 0.1% | GENTAMICIN SULFATE OINT 0.1% | Tier 1 | | X | | |
| HUMATIN CAP 250MG | PAROMOMYCIN SULFATE CAP 250 MG | Tier 2 | | | | |
| NEOMYCIN TAB 500MG | NEOMYCIN SULFATE TAB 500 MG | Tier 1 | | | | |
| TOBRADEX OIN 0.3-0.1% | TOBRAMYCIN-DEXAMETHASONE OPHTH OINT 0.3-0.1% | Tier 3 | | | | |
| **Aminosalicylates - Inflammatory Bowel Disease Drugs** | | | | | | |
| APRISO CAP 0.375GM | MESALAMINE CAP ER 24HR 0.375 GM | Tier 1 | | | | |
| BALSALAZIDE CAP 750MG | BALSALAZIDE DISODIUM CAP 750 MG | Tier 1 | | | | |
| MESALAMINE CAP 400MG DR | MESALAMINE CAP DR 400 MG | Tier 2 | | | | |
| MESALAMINE ENE 4GM | MESALAMINE ENEMA 4 GM | Tier 1 | | X | | |
| MESALAMINE KIT 4GM | MESALAMINE RECTAL ENEMA 4 GM & CLEANSER WIPE KIT | Tier 1 | | X | | |
| MESALAMINE SUP 1000MG | MESALAMINE SUPPOS 1000 MG | Tier 2 | | X | | |
| MESALAMINE TAB 1.2GM | MESALAMINE TAB DELAYED RELEASE 1.2 GM | Tier 2 | | | | |
| **Analgesics - Miscellaneous Analgesics** | | | | | | |
| BAC TAB | BUTALBITAL-ACETAMINOPHEN-CAFFEINE TAB 50-325-40 MG | Tier 1 | | | | |
| BUT/APAP/CAF CAP | BUTALBITAL-ACETAMINOPHEN-CAFFEINE CAP 50-300-40 MG | Tier 3 | | | | |
| BUT/APAP/CAF CAP | BUTALBITAL-ACETAMINOPHEN-CAFFEINE CAP 50-325-40 MG | Tier 1 | | | | |
| BUT/APAP/CAF SOL | BUTALBITAL-ACETAMINOPHEN-CAFFEINE SOLN 50-325-40 MG/15ML | Tier 2 | | | | |
| BUT/APAP/CAF TAB | BUTALBITAL-ACETAMINOPHEN-CAFFEINE TAB 50-325-40 MG | Tier 1 | | | | |
| BUT/ASA/CAFF CAP | BUTALBITAL-ASPIRIN-CAFFEINE CAP 50-325-40 MG | Tier 1 | | | | |
| BUTAL/APAP TAB 50-325MG | BUTALBITAL-ACETAMINOPHEN TAB 50-325 MG | Tier 1 | | | | |
| DYCLOPRO SOL 0.5% | DYCLONINE HCL SOLN 0.5% | Tier 4 | | X | | |
| EQ PAIN RELI TAB 500MG | ACETAMINOPHEN TAB 500 MG | Tier 1 | | | | |
| ESGIC CAP | BUTALBITAL-ACETAMINOPHEN-CAFFEINE CAP 50-325-40 MG | Tier 4 | | | | |

HCR – Health Care Reform Preventive Care

^ May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met

| Medication name | Generic medication name | Drug Tier | Prior authorization | Quantity limit | Step Therapy | Specialty |
|---|---|---|---|---|---|---|
| ESGIC TAB | BUTALBITAL-ACETAMINOPHEN-CAFFEINE TAB 50-325-40 MG | Tier 4 | | | | |
| FIORICET CAP | BUTALBITAL-ACETAMINOPHEN-CAFFEINE CAP 50-300-40 MG | Tier 4 | X | | | |
| TENCON TAB 50-325MG | BUTALBITAL-ACETAMINOPHEN TAB 50-325 MG | Tier 3 | | | | |
| TURPENTINE SOL SPIRITS | TURPENTINE SPIRIT | Tier 1 | | | | |
| **Androgens - Hormone Replacement/Modifying Drugs** | | | | | | |
| ANDRELA INJ | TESTOSTERONE CYP SUBCUTANEOUS PREF SYR IN OIL 1.25 MG/0.05ML | Tier 3 | | | | |
| ANDRELA INJ | TESTOSTERONE CYP SUBCUTANEOUS PREF SYR IN OIL 12.5 MG/0.05ML | Tier 3 | | | | |
| ANDRELA INJ | TESTOSTERONE CYP SUBCUTANEOUS PREF SYR IN OIL 12.5 MG/0.25ML | Tier 3 | | | | |
| ANDRELA INJ 10/0.4ML | TESTOSTERONE CYP SUBCUTANEOUS PREF SYR IN OIL 10 MG/0.4ML | Tier 3 | | X | | |
| ANDRELA INJ 15/0.3ML | TESTOSTERONE CYP SUBCUTANEOUS PREF SYR IN OIL 15 MG/0.3ML | Tier 3 | | | | X |
| ANDRELA INJ 2.5/0.1 | TESTOSTERONE CYP SUBCUTANEOUS PREF SYR IN OIL 2.5 MG/0.1ML | Tier 3 | X | | | |
| ANDRELA INJ 20/0.4ML | TESTOSTERONE CYP SUBCUTANEOUS PREF SYR IN OIL 20 MG/0.4ML | Tier 3 | | X | | |
| ANDRELA INJ 5/0.2ML | TESTOSTERONE CYP SUBCUTANEOUS PREF SYR IN OIL 5 MG/0.2ML | Tier 3 | | | | |
| ANDRELA INJ 7.5/0.3 | TESTOSTERONE CYP SUBCUTANEOUS PREF SYR IN OIL 7.5 MG/0.3ML | Tier 3 | | | | |
| ANDRENYX INJ 100/0.4 | TESTOSTERONE CYP SUBCUTANEOUS PREF SYR IN OIL 100 MG/0.4ML | Tier 3 | | | | |
| ANDRENYX INJ 150/0.6 | TESTOSTERONE CYP SUBCUTANEOUS PREF SYR IN OIL 150 MG/0.6ML | Tier 3 | | | | |
| ANDRENYX INJ 200/0.8 | TESTOSTERONE CYP SUBCUTANEOUS PREF SYR IN OIL 200 MG/0.8ML | Tier 3 | | | | X |
| ANDRENYX INJ 25/0.1ML | TESTOSTERONE CYP SUBCUTANEOUS PREF SYR IN OIL 25 MG/0.1ML | Tier 3 | | | | |
| ANDRENYX INJ 50/0.2ML | TESTOSTERONE CYP SUBCUTANEOUS PREF SYR IN OIL 50 MG/0.2ML | Tier 3 | | | | X |
| ANDRENYX INJ 75/0.3ML | TESTOSTERONE CYP SUBCUTANEOUS PREF SYR IN OIL 75 MG/0.3ML | Tier 3 | | | | |
| AVEED INJ 750/3ML | TESTOSTERONE UNDECANOATE IM INJ IN OIL 750 MG/3ML (250MG/ML) | Tier 3 | | | | X |
| AZMIRO INJ 200MG/ML | TESTOSTERONE CYPIONATE IM SOLN PREF SYRINGE IN OIL 200 MG/ML | Tier 3 | | | | |
| DANAZOL CAP 100MG | DANAZOL CAP 100 MG | Tier 1 | | | | |
| DANAZOL CAP 200MG | DANAZOL CAP 200 MG | Tier 1 | | | | X |
| DANAZOL CAP 50MG | DANAZOL CAP 50 MG | Tier 1 | | | | X |

HCR - Health Care Reform Preventive Care
^ May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met

| Medication name | Generic medication name | Drug Tier | Prior authorization | Quantity limit | Step Therapy | Specialty |
|---|---|---|---|---|---|---|
| DEPO-TESTOST INJ 100MG/ML | TESTOSTERONE CYPIONATE IM INJ IN OIL 100 MG/ML | Tier 3 | | | | X |
| DEPO-TESTOST INJ 200MG/ML | TESTOSTERONE CYPIONATE IM INJ IN OIL 200 MG/ML | Tier 4 | | | | X |
| KYZATREX CAP 100MG | TESTOSTERONE UNDECANOATE CAP 100 MG | Tier 4 | X | X | X | X |
| KYZATREX CAP 150MG | TESTOSTERONE UNDECANOATE CAP 150 MG | Tier 4 | X | X | | |
| KYZATREX CAP 200MG | TESTOSTERONE UNDECANOATE CAP 200 MG | Tier 4 | X | X | | |
| METHITEST TAB 10MG | METHYLTESTOSTERONE ORAL TAB 10 MG | Tier 2 | | | | |
| METHYLTESTOS CAP 10MG | METHYLTESTOSTERONE CAP 10 MG | Tier 2 | | | | |
| TESTIM GEL 1%(50MG) | TESTOSTERONE TD GEL 50 MG/5GM (1%) | Tier 2 | X | X | | |
| TESTONE CIK KIT 200MG/ML | TESTOSTERONE CYPIONATE IM INJ IN OIL 200 MG/ML KIT | Tier 3 | | | | |
| TESTOST CYP INJ 100MG/ML | TESTOSTERONE CYPIONATE IM INJ IN OIL 100 MG/ML | Tier 1 | | | | |
| TESTOST CYP INJ 200MG/ML | TESTOSTERONE CYP IM OR SUBCUTANEOUS INJ IN OIL 200 MG/ML | Tier 4 | | | | |
| TESTOST CYP INJ 200MG/ML | TESTOSTERONE CYPIONATE IM INJ IN OIL 200 MG/ML | Tier 1 | | | | |
| TESTOST CYP INJ 200MG/ML | TESTOSTERONE CYPIONATE IM INJ IN OIL 200 MG/ML | Tier 4 | | | | |
| TESTOST ENAN INJ 200MG/ML | TESTOSTERONE ENANTHATE IM INJ IN OIL 200 MG/ML | Tier 1 | | | | |
| TESTOSTERONE GEL 1.62% | TESTOSTERONE TD GEL 20.25 MG/ACT (1.62%) | Tier 2 | X | X | | |
| **Angioedema Agents** | | | | | | |
| FABHALTA CAP 200MG | IPTACOPAN HCL CAP 200 MG | Tier 3 | X | X | | X |
| VOYDEYA TAB 100MG | DANICOPAN TAB 100 MG | Tier 3 | X | X | | X |
| VOYDEYA TAB 50-100MG | DANICOPAN TAB THERAPY PACK 50 MG & 100 MG | Tier 3 | | | | |
| ZILBRYSQ INJ 16.6MG | ZILUCOPLAN SODIUM SUBCUTANEOUS SOLN PREF SYR 16.6 MG/0.416ML | Tier 4 | | | | |
| ZILBRYSQ INJ 23MG | ZILUCOPLAN SODIUM SUBCUTANEOUS SOLN PREF SYR 23 MG/0.574ML | Tier 4 | | | | |
| ZILBRYSQ INJ 32.4MG | ZILUCOPLAN SODIUM SUBCUTANEOUS SOLN PREF SYR 32.4 MG/0.81ML | Tier 4 | X | X | | |
| **Angioedema Agents - Drugs to Treat Swelling Underneath the Skin** | | | | | | |
| BERINERT INJ 500UNIT | C1 ESTERASE INHIBITOR (HUMAN) FOR IV INJ KIT 500 UNIT | Tier 4 | X | X | X | |
| HAEGARDA INJ 2000UNIT | C1 ESTERASE INHIBITOR (HUMAN) FOR SUBCUTANEOUS INJ 2000 UNIT | Tier 3 | X | X | | |
| HAEGARDA INJ 3000UNIT | C1 ESTERASE INHIBITOR (HUMAN) FOR SUBCUTANEOUS INJ 3000 UNIT | Tier 3 | | | | |

HCR - Health Care Reform Preventive Care
^ May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met

| Medication name | Generic medication name | Drug Tier | Prior authorization | Quantity limit | Step Therapy | Specialty |
|---|---|---|---|---|---|---|
| ICATIBANT INJ 30MG/3ML | ICATIBANT ACETATE SUBCUTANEOUS SOLN PREF SYR 30 MG/3ML | Tier 3 | | | | |
| RUCONEST INJ 2100UNIT | C1 ESTERASE INHIBITOR (RECOMBINANT) FOR IV INJ 2100 UNIT | Tier 4 | | | | |
| **Angiotensin II Receptor Antagonists - Blood Pressure Drugs** | | | | | | |
| CANDESARTAN TAB 16MG | CANDESARTAN CILEXETIL TAB 16 MG | Tier 3 | | | | |
| CANDESARTAN TAB 32MG | CANDESARTAN CILEXETIL TAB 32 MG | Tier 3 | | | | |
| CANDESARTAN TAB 4MG | CANDESARTAN CILEXETIL TAB 4 MG | Tier 3 | | | | |
| CANDESARTAN TAB 8MG | CANDESARTAN CILEXETIL TAB 8 MG | Tier 3 | | | | |
| IRBESARTAN TAB 150MG | IRBESARTAN TAB 150 MG | Tier 1 | | | | |
| IRBESARTAN TAB 300MG | IRBESARTAN TAB 300 MG | Tier 1 | | | | |
| IRBESARTAN TAB 75MG | IRBESARTAN TAB 75 MG | Tier 1 | | | | |
| LOSARTAN POT TAB 100MG | LOSARTAN POTASSIUM TAB 100 MG | Tier 1 | | | | |
| LOSARTAN POT TAB 25MG | LOSARTAN POTASSIUM TAB 25 MG | Tier 1 | | | | |
| LOSARTAN POT TAB 50MG | LOSARTAN POTASSIUM TAB 50 MG | Tier 1 | | | | |
| OLMESA MEDOX TAB 20MG | OLMESARTAN MEDOXOMIL TAB 20 MG | Tier 2 | | | | |
| OLMESA MEDOX TAB 40MG | OLMESARTAN MEDOXOMIL TAB 40 MG | Tier 2 | | | | |
| OLMESA MEDOX TAB 5MG | OLMESARTAN MEDOXOMIL TAB 5 MG | Tier 2 | | X | | |
| TELMISARTAN TAB 20MG | TELMISARTAN TAB 20 MG | Tier 2 | | X | | |
| TELMISARTAN TAB 40MG | TELMISARTAN TAB 40 MG | Tier 2 | | X | | |
| TELMISARTAN TAB 80MG | TELMISARTAN TAB 80 MG | Tier 2 | | X | | |
| VALSARTAN SOL 20MG/5ML | VALSARTAN ORAL SOLN 4 MG/ML | Tier 4 | X | 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 | | | | |
| **Angiotensin-Converting Enzyme (ACE) Inhibitors - Blood Pressure Drugs** | | | | | | |
| BENAZEPRIL TAB 10MG | BENAZEPRIL HCL TAB 10 MG | Tier 1 | | X | | |
| BENAZEPRIL TAB 20MG | BENAZEPRIL HCL TAB 20 MG | Tier 1 | | | | |
| BENAZEPRIL TAB 40MG | BENAZEPRIL HCL TAB 40 MG | Tier 1 | | X | | |
| BENAZEPRIL TAB 5MG | BENAZEPRIL HCL TAB 5 MG | Tier 1 | | | | |
| CAPTOPRIL TAB 100MG | CAPTOPRIL TAB 100 MG | Tier 1 | | X | X | |
| CAPTOPRIL TAB 12.5MG | CAPTOPRIL TAB 12.5 MG | Tier 1 | | | | |
| CAPTOPRIL TAB 25MG | CAPTOPRIL TAB 25 MG | Tier 1 | | X | | |
| CAPTOPRIL TAB 50MG | CAPTOPRIL TAB 50 MG | Tier 1 | | X | | |
| ENALAPRIL SOL 1MG/ML | ENALAPRIL MALEATE ORAL SOLN 1 MG/ML | Tier 3 | X | X | | |
| ENALAPRIL TAB 10MG | ENALAPRIL MALEATE TAB 10 MG | Tier 1 | | | | |
| ENALAPRIL TAB 2.5MG | ENALAPRIL MALEATE TAB 2.5 MG | Tier 1 | | X | | |
| ENALAPRIL TAB 20MG | ENALAPRIL MALEATE TAB 20 MG | Tier 1 | | | | |
| ENALAPRIL TAB 5MG | ENALAPRIL MALEATE TAB 5 MG | Tier 1 | | | | |
| FOSINOPRIL TAB 10MG | FOSINOPRIL SODIUM TAB 10 MG | Tier 1 | | X | | |

HCR – Health Care Reform Preventive Care

^ May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met

| Medication name | Generic medication name | Drug Tier | Prior authorization | Quantity limit | Step Therapy | Specialty |
|---|---|---|---|---|---|---|
| FOSINOPRIL TAB 20MG | FOSINOPRIL SODIUM TAB 20 MG | Tier 1 | | X | | |
| FOSINOPRIL TAB 40MG | FOSINOPRIL SODIUM TAB 40 MG | Tier 1 | | | | |
| LISINOPRIL TAB 10MG | LISINOPRIL TAB 10 MG | Tier 1 | | | | |
| LISINOPRIL TAB 2.5MG | LISINOPRIL TAB 2.5 MG | Tier 1 | | | | |
| LISINOPRIL TAB 20MG | LISINOPRIL TAB 20 MG | Tier 1 | | | | |
| LISINOPRIL TAB 30MG | LISINOPRIL TAB 30 MG | Tier 1 | | | | |
| LISINOPRIL TAB 40MG | LISINOPRIL TAB 40 MG | Tier 1 | | | | |
| LISINOPRIL TAB 5MG | LISINOPRIL TAB 5 MG | Tier 1 | | | | |
| LOTENSIN TAB 10MG | BENAZEPRIL HCL TAB 10 MG | Tier 4 | | | | |
| LOTENSIN TAB 20MG | BENAZEPRIL HCL TAB 20 MG | Tier 4 | | | | |
| LOTENSIN TAB 40MG | BENAZEPRIL HCL TAB 40 MG | Tier 4 | | | | |
| MOEXIPRIL TAB 15MG | MOEXIPRIL HCL TAB 15 MG | Tier 1 | | | | |
| MOEXIPRIL TAB 7.5MG | MOEXIPRIL HCL TAB 7.5 MG | Tier 1 | | | | |
| PERINDOPRIL TAB 2MG | PERINDOPRIL ERBUMINE TAB 2 MG | Tier 2 | | | | |
| PERINDOPRIL TAB 4MG | PERINDOPRIL ERBUMINE TAB 4 MG | Tier 2 | | | | |
| PERINDOPRIL TAB 8MG | PERINDOPRIL ERBUMINE TAB 8 MG | Tier 2 | | | | |
| QBRELIS SOL 1MG/ML | LISINOPRIL ORAL SOLN 1 MG/ML | Tier 4 | | | | |
| QUINAPRIL TAB 10MG | QUINAPRIL HCL TAB 10 MG | Tier 1 | | | | |
| QUINAPRIL TAB 20MG | QUINAPRIL HCL TAB 20 MG | Tier 1 | | | | |
| QUINAPRIL TAB 40MG | QUINAPRIL HCL TAB 40 MG | Tier 1 | | | | |
| QUINAPRIL TAB 5MG | QUINAPRIL HCL TAB 5 MG | Tier 1 | | | | |
| RAMIPRIL CAP 1.25MG | RAMIPRIL CAP 1.25 MG | Tier 1 | | | | |
| RAMIPRIL CAP 10MG | RAMIPRIL CAP 10 MG | Tier 1 | | | | |
| RAMIPRIL CAP 2.5MG | RAMIPRIL CAP 2.5 MG | Tier 1 | | | | |
| RAMIPRIL CAP 5MG | RAMIPRIL CAP 5 MG | Tier 1 | | | | |
| TRANDOLAPRIL TAB 1MG | TRANDOLAPRIL TAB 1 MG | Tier 1 | | | | |
| TRANDOLAPRIL TAB 2MG | TRANDOLAPRIL TAB 2 MG | Tier 1 | | | | |
| TRANDOLAPRIL TAB 4MG | TRANDOLAPRIL TAB 4 MG | Tier 1 | | | | |
| **Anthelmintics - Worm Infection Drugs** | | | | | | |
| ALBENDAZOLE TAB 200MG | ALBENDAZOLE TAB 200 MG | Tier 3 | | | | |
| BENZNIDAZOLE TAB 100MG | BENZNIDAZOLE TAB 100 MG | Tier 2 | | | | |
| BENZNIDAZOLE TAB 12.5MG | BENZNIDAZOLE TAB 12.5 MG | Tier 2 | | | | |
| BILTRICIDE TAB 600MG | PRAZIQUANTEL TAB 600 MG | Tier 4 | | | | |
| EGATEN TAB 250MG | TRICLABENDAZOLE TAB 250 MG | Tier 3 | | | | |
| EMVERM CHW 100MG | MEBENDAZOLE CHEW TAB 100 MG | Tier 4 | | | | |
| IVERMECTIN TAB 3MG | IVERMECTIN TAB 3 MG | Tier 1 | | | | |
| IVERMECTIN TAB 6MG | IVERMECTIN TAB 6 MG | Tier 1 | | | | |
| PRAZIQUANTEL TAB 600MG | PRAZIQUANTEL TAB 600 MG | Tier 2 | | | | X |
| STROMECTOL TAB 3MG | IVERMECTIN TAB 3 MG | Tier 4 | X | X | | X |

HCR – Health Care Reform Preventive Care
^ May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met

| Medication name | Generic medication name | Drug Tier | Prior authorization | Quantity limit | Step Therapy | Specialty |
|---|---|---|---|---|---|---|
| **Anti-Cytomegalovirus (CMV) Agents - Miscellaneous Antiviral Drugs** | | | | | | |
| LIVTENCITY TAB 200MG | MARIBAVIR TAB 200 MG | Tier 4 | X | | | |
| PREVYMIS PAK 120MG | LETERMOVIR PELLET PACK 120 MG | Tier 3 | X | | | |
| PREVYMIS PAK 20MG | LETERMOVIR PELLET PACK 20 MG | Tier 3 | X | | | |
| PREVYMIS TAB 240MG | LETERMOVIR TAB 240 MG | Tier 3 | X | | | |
| PREVYMIS TAB 480MG | LETERMOVIR TAB 480 MG | Tier 3 | X | | | |
| VALGANCICLOV SOL 50MG/ML | VALGANCICLOVIR HCL FOR SOLN 50 MG/ML (BASE EQUIV) | Tier 1 | | | | |
| VALGANCICLOV TAB 450MG | VALGANCICLOVIR HCL TAB 450 MG (BASE EQUIVALENT) | Tier 1 | | | | |
| **Anti-hepatitis B (HBV) Agents - Hepatitis B Drugs** | | | | | | |
| ADEFOV DIPIV TAB 10MG | ADEFOVIR DIPIVOXIL TAB 10 MG | Tier 3 | | | | |
| BARACLUDE SOL | ENTECAVIR ORAL SOLN 0.05 MG/ML | Tier 2 | | | | |
| ENTECAVIR TAB 0.5MG | ENTECAVIR TAB 0.5 MG | Tier 1 | | | | |
| ENTECAVIR TAB 1MG | ENTECAVIR TAB 1 MG | Tier 1 | | | | |
| LAMIVUDINE TAB 100MG | LAMIVUDINE TAB 100 MG (HBV) | Tier 1 | | | | |
| **Anti-hepatitis C (HCV) Agents, Direct Acting Agents - Hepatitis C Drugs** | | | | | | |
| LEDIP-SOFOSB TAB 90-400MG | LEDIPASVIR-SOFOSBUVIR TAB 90-400 MG | Tier 3 | X | X | X | X |
| MAVYRET PAK 50-20MG | GLECAPREVIR-PIBRENTASVIR PELLET PACK 50-20 MG | Tier 3 | X | X | | X |
| MAVYRET TAB 100-40MG | GLECAPREVIR-PIBRENTASVIR TAB 100-40 MG | Tier 3 | X | X | | X |
| SOFOS/VELPAT TAB 400-100 | SOFOSBUVIR-VELPATASVIR TAB 400-100 MG | Tier 3 | X | X | | X |
| SOVALDI PAK 150MG | SOFOSBUVIR PELLET PACK 150 MG | Tier 4 | X | X | X | X |
| SOVALDI PAK 200MG | SOFOSBUVIR PELLET PACK 200 MG | Tier 4 | X | X | X | X |
| VOSEVI TAB | SOFOSBUVIR-VELPATASVIR-VOXILAPREVIR TAB 400-100-100 MG | Tier 3 | X | X | | X |
| ZEPATIER TAB 50-100MG | ELBASVIR-GRAZOPREVIR TAB 50-100 MG | Tier 3 | X | X | | X |
| **Anti-hepatitis C (HCV) Agents, Other - Hepatitis C Drugs** | | | | | | |
| PEGASYS INJ | PEGINTERFERON ALFA-2A SOLN PRE-FILLED SYR 180 MCG/0.5ML | Tier 3 | | | | X |
| PEGASYS INJ 180MCG/M | PEGINTERFERON ALFA-2A INJ 180 MCG/ML | Tier 3 | | | | X |
| RIBAVIRIN CAP 200MG | RIBAVIRIN CAP 200 MG | Tier 1 | | | | |
| **Anti-HIV Agents, Integrase Inhibitors (INSTI)** | | | | | | |
| DOVATO TAB 50-300MG | DOLUTEGRAVIR SODIUM-LAMIVUDINE TAB 50-300 MG (BASE EQ) | Tier 2 | | | | |
| **Anti-HIV Agents, Integrase Inhibitors (INSTI) - HIV Drugs** | | | | | | |
| BIKTARVY TAB | BICTEGRAVIR-EMTRICITABINE-TENOFOVIR AF TAB 30-120-15 MG | Tier 2 | | | | |
| BIKTARVY TAB | BICTEGRAVIR-EMTRICITABINE-TENOFOVIR AF TAB 50-200-25 MG | Tier 2 | | | | |

HCR – Health Care Reform Preventive Care

^ May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met

| Medication name | Generic medication name | Drug Tier | Prior authorization | Quantity limit | Step Therapy | Specialty |
|---|---|---|---|---|---|---|
| CABENUVA SUS 400-600 | CABOTEGRAVIR 400 MG/2ML & RILPIVIRINE 600 MG/2ML IM SUSP ER | Tier 2 | | | | |
| CABENUVA SUS 600-900 | CABOTEGRAVIR 600 MG/3ML & RILPIVIRINE 900 MG/3ML IM SUSP ER | Tier 2 | | | | |
| GENVOYA TAB | ELVITEGRAV-COBIC-EMTRICITAB-TENOFOVAF TAB 150-150-200-10 MG | Tier 4 | | X | | |
| ISENTRESS CHW 100MG | RALTEGRAVIR POTASSIUM CHEW TAB 100 MG (BASE EQUIV) | Tier 2 | | | | |
| ISENTRESS CHW 25MG | RALTEGRAVIR POTASSIUM CHEW TAB 25 MG (BASE EQUIV) | Tier 2 | | | | |
| ISENTRESS HD TAB 600MG | RALTEGRAVIR POTASSIUM TAB 600 MG (BASE EQUIV) | Tier 2 | | | | |
| ISENTRESS POW 100MG | RALTEGRAVIR POTASSIUM PACKET FOR SUSP 100 MG (BASE EQUIV) | Tier 2 | | | | |
| ISENTRESS TAB 400MG | RALTEGRAVIR POTASSIUM TAB 400 MG (BASE EQUIV) | Tier 2 | | | | |
| STRIBILD TAB | ELVITEGRAV-COBIC-EMTRICITAB-TENOFOVDF TAB 150-150-200-300 MG | Tier 4 | | X | | |
| TIVICAY PD TAB 5MG | DOLUTEGRAVIR SODIUM TAB FOR ORAL SUSP 5 MG (BASE EQUIV) | Tier 3 | | | | |
| TIVICAY TAB 50MG | DOLUTEGRAVIR SODIUM TAB 50 MG (BASE EQUIV) | Tier 3 | | | | |
| TRIUMEQ PD TAB | ABACAVIR-DOLUTEGRAVIR-LAMIVUDINE TAB FOR ORAL SUS 60-5-30 MG | Tier 2 | | X | | |
| TRIUMEQ TAB | ABACAVIR-DOLUTEGRAVIR-LAMIVUDINE TAB 600-50-300 MG | Tier 2 | | X | | |
| **Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI) - HIV Drugs** | | | | | | |
| COMPLERA TAB | EMTRICITABINE-RILPIVIRINE-TENOFOVIR DF TAB 200-25-300 MG | Tier 4 | | X | | |
| DELSTRIGO TAB | DORAVIRINE-LAMIVUDINE-TENOFOVIR DF TAB 100-300-300 MG | Tier 2 | | X | | |
| EDURANT PED TAB 2.5MG | RILPIVIRINE HCL TAB FOR ORAL SUSP 2.5 MG (BASE EQUIVALENT) | Tier 2 | | | | |
| EFAVIR/EMTRI TAB TENOFOVI | EFAVIRENZ-EMTRICITABINE-TENOFOVIR DF TAB 600-200-300 MG | Tier 2 | | X | | |
| EFAVIR/LAMIV TAB TENOFOVI | EFAVIRENZ-LAMIVUDINE-TENOFOVIR DF TAB 400-300-300 MG | Tier 2 | | X | | |
| EFAVIR/LAMIV TAB TENOFOVI | EFAVIRENZ-LAMIVUDINE-TENOFOVIR DF TAB 600-300-300 MG | Tier 2 | | X | | |
| EFAVIRENZ CAP 200MG | EFAVIRENZ CAP 200 MG | Tier 2 | | | | |
| EFAVIRENZ CAP 50MG | EFAVIRENZ CAP 50 MG | Tier 2 | | | | |
| EFAVIRENZ TAB 600MG | EFAVIRENZ TAB 600 MG | Tier 1 | | | | |
| EMTRIC/RILPI TAB TENOF DF | EMTRICITABINE-RILPIVIRINE-TENOFOVIR DF TAB 200-25-300 MG | Tier 3 | | X | | X |
| ETRAVIRINE TAB 100MG | ETRAVIRINE TAB 100 MG | Tier 2 | | | | |

HCR - Health Care Reform Preventive Care

^ May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met

| Medication name | Generic medication name | Drug Tier | Prior authorization | Quantity limit | Step Therapy | Specialty |
|---|---|---|---|---|---|---|
| ETRAVIRINE TAB 200MG | ETRAVIRINE TAB 200 MG | Tier 2 | | | | |
| INTELENCE TAB 100MG | ETRAVIRINE TAB 100 MG | Tier 4 | | | | X |
| INTELENCE TAB 200MG | ETRAVIRINE TAB 200 MG | Tier 4 | | | | |
| INTELENCE TAB 25MG | ETRAVIRINE TAB 25 MG | Tier 2 | | | | |
| JULUCA TAB 50-25MG | DOLUTEGRAVIR SODIUM-RILPIVIRINE HCL TAB 50-25 MG (BASE EQ) | Tier 2 | | X | | |
| NEVIRAPINE SUS 50MG/5ML | NEVIRAPINE SUSP 50 MG/5ML | Tier 1 | | | | |
| NEVIRAPINE TAB 200MG | NEVIRAPINE TAB 200 MG | Tier 1 | | | | |
| NEVIRAPINE TAB 400MG ER | NEVIRAPINE TAB ER 24HR 400 MG | Tier 2 | | | | X |
| ODEFSEY TAB | EMTRICITABINE-RILPIVIRINE-TENOFOVIR AF TAB 200-25-25 MG | Tier 4 | | X | | |
| PIFELTRO TAB 100MG | DORAVIRINE TAB 100 MG | Tier 3 | | | | X |
| RILPIVIRINE TAB 25MG | RILPIVIRINE HCL TAB 25 MG (BASE EQUIVALENT) | Tier 2 | | | | |
| SYMFI LO TAB | EFAVIRENZ-LAMIVUDINE-TENOFOVIR DF TAB 400-300-300 MG | Tier 2 | | X | | |
| SYMFI TAB | EFAVIRENZ-LAMIVUDINE-TENOFOVIR DF TAB 600-300-300 MG | Tier 2 | | X | | |
| **Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)** | | | | | | |
| SUNLENCA TAB 300MG | LENACAPAVIR SODIUM TAB 300 MG | Tier 2 | | X | | |
| SUNLENCA TAB 300MG | LENACAPAVIR SODIUM TAB THERAPY PACK 4 X 300 MG | Tier 2 | | X | X | |
| SUNLENCA TAB 300MG | LENACAPAVIR SODIUM TAB THERAPY PACK 5 X 300 MG | Tier 2 | | X | | |
| YEZTUGO TAB 300MG | LENACAPAVIR SODIUM TAB 300 MG (PROPHYLAXIS) | Tier 4 | | X | | |
| **Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI) - HIV Drugs** | | | | | | |
| ABACA/LAMIVU TAB 600-300 | ABACAVIR SULFATE-LAMIVUDINE TAB 600-300 MG | Tier 1 | | | | |
| ABACAVIR SOL 20MG/ML | ABACAVIR SULFATE SOLN 20 MG/ML (BASE EQUIV) | Tier 1 | | | | |
| ABACAVIR TAB 300MG | ABACAVIR SULFATE TAB 300 MG (BASE EQUIV) | Tier 1 | | | | |
| CIMDUO TAB 300-300 | LAMIVUDINE-TENOFOVIR DISOPROXIL FUMARATE TAB 300-300 MG | Tier 2 | | X | | |
| DESCOVY TAB 120-15MG | EMTRICITABINE-TENOFOVIR ALAFENAMIDE FUMARATE TAB 120-15 MG | Tier 4 | | X | | |
| DESCOVY TAB 200/25MG | EMTRICITABINE-TENOFOVIR ALAFENAMIDE FUMARATE TAB 200-25 MG | HCR | | X | | X |
| EMTR/TEN DF TAB 100-150 | EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE TAB 100-150 MG | Tier 1 | | X | | X |
| EMTR/TEN DF TAB 133-200 | EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE TAB 133-200 MG | Tier 1 | | X | | X |

HCR - Health Care Reform Preventive Care
^ May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met

| Medication name | Generic medication name | Drug Tier | Prior authorization | Quantity limit | Step Therapy | Specialty |
|---|---|---|---|---|---|---|
| EMTR/TEN DF TAB 167-250 | EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE TAB 167-250 MG | Tier 1 | | X | | X |
| EMTR/TENOFOV TAB 200-300 | EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE TAB 200-300 MG | HCR | | X | | |
| EMTRICITABIN CAP 200MG | EMTRICITABINE CAPS 200 MG | Tier 2 | | | | |
| EMTRIVA SOL 10MG/ML | EMTRICITABINE SOLN 10 MG/ML | Tier 2 | | | | |
| LAMIVUD/ZIDO TAB 150-300 | LAMIVUDINE-ZIDOVUDINE TAB 150-300 MG | Tier 1 | | | | |
| LAMIVUDINE SOL 10MG/ML | LAMIVUDINE ORAL SOLN 10 MG/ML | Tier 1 | | | | |
| LAMIVUDINE TAB 150MG | LAMIVUDINE TAB 150 MG | Tier 1 | | | | |
| LAMIVUDINE TAB 300MG | LAMIVUDINE TAB 300 MG | Tier 1 | | | | |
| RETROVIR CAP 100MG | ZIDOVUDINE CAP 100 MG | Tier 4 | | | | |
| RETROVIR SYP 50MG/5ML | ZIDOVUDINE SYRUP 10 MG/ML | Tier 3 | | | | |
| TENOFOVIR TAB 300MG | TENOFOVIR DISOPROXIL FUMARATE TAB 300 MG | Tier 2^ | | | | |
| TRUVADA TAB 100-150 | EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE TAB 100-150 MG | Tier 4 | | | | |
| TRUVADA TAB 133-200 | EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE TAB 133-200 MG | Tier 4 | | | | |
| TRUVADA TAB 167-250 | EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE TAB 167-250 MG | Tier 4 | | | | |
| VIREAD POW 40MG/GM | TENOFOVIR DISOPROXIL FUMARATE ORAL POWDER 40 MG/GM | Tier 3 | | | | |
| VIREAD TAB 150MG | TENOFOVIR DISOPROXIL FUMARATE TAB 150 MG | Tier 2 | | | | |
| VIREAD TAB 200MG | TENOFOVIR DISOPROXIL FUMARATE TAB 200 MG | Tier 2 | | | | |
| VIREAD TAB 250MG | TENOFOVIR DISOPROXIL FUMARATE TAB 250 MG | Tier 2 | | | | |
| ZIDOVUDINE CAP 100MG | ZIDOVUDINE CAP 100 MG | Tier 1 | | | | |
| ZIDOVUDINE SYP 50MG/5ML | ZIDOVUDINE SYRUP 10 MG/ML | Tier 1 | | | | |
| ZIDOVUDINE TAB 300MG | ZIDOVUDINE TAB 300 MG | Tier 1 | | | | |
| **Anti-HIV Agents, Other - HIV Drugs** | | | | | | |
| APRETUDE SUS 600MG ER | CABOTEGRAVIR IM EXTENDED RELEASE SUSP 600 MG/3ML | Tier 2 | | | | |
| FUZEON INJ 90MG | ENFUVIRTIDE FOR INJ 90 MG | Tier 4 | | | | X |
| MARAVIROC TAB 150MG | MARAVIROC TAB 150 MG | Tier 2 | | | | X |
| MARAVIROC TAB 300MG | MARAVIROC TAB 300 MG | Tier 2 | X | X | | X |
| RUKOBIA TAB 600MG ER | FOSTEMSAVIR TROMETHAMINE TAB ER 12HR 600 MG | Tier 4 | X | X | | X |
| SELZENTRY SOL 20MG/ML | MARAVIROC ORAL SOLN 20 MG/ML | Tier 2 | | X | | |
| SELZENTRY TAB 150MG | MARAVIROC TAB 150 MG | Tier 4 | | | | |
| SELZENTRY TAB 300MG | MARAVIROC TAB 300 MG | Tier 4 | | | | |

HCR - Health Care Reform Preventive Care
^ May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met

| Medication name | Generic medication name | Drug Tier | Prior authorization | Quantity limit | Step Therapy | Specialty |
|---|---|---|---|---|---|---|
| TYBOST TAB 150MG | COBICISTAT TAB 150 MG | Tier 2 | X | | | |
| **Anti-HIV Agents, Protease Inhibitors - HIV Drugs** | | | | | | |
| APTIVUS CAP 250MG | TIPRANAVIR CAP 250 MG | Tier 2 | | X | | |
| ATAZANAVIR CAP 150MG | ATAZANAVIR SULFATE CAP 150 MG (BASE EQUIV) | Tier 2 | | | | X |
| ATAZANAVIR CAP 200MG | ATAZANAVIR SULFATE CAP 200 MG (BASE EQUIV) | Tier 2 | | | X | |
| ATAZANAVIR CAP 300MG | ATAZANAVIR SULFATE CAP 300 MG (BASE EQUIV) | Tier 2 | | | | |
| DARUNAVIR TAB 600MG | DARUNAVIR TAB 600 MG | Tier 1 | | X | | |
| DARUNAVIR TAB 800MG | DARUNAVIR TAB 800 MG | Tier 1 | | X | | |
| EVOTAZ TAB 300-150 | ATAZANAVIR SULFATE-COBICISTAT TAB 300-150 MG (BASE EQUIV) | Tier 2 | | X | X | |
| FOSAMPRENAVI TAB 700MG | FOSAMPRENAVIR CALCIUM TAB 700 MG (BASE EQUIV) | Tier 2 | | | | |
| KALETRA SOL | LOPINAVIR-RITONAVIR SOLN 400-100 MG/5ML (80-20 MG/ML) | Tier 3 | X | X | | |
| KALETRA TAB 100-25MG | LOPINAVIR-RITONAVIR TAB 100-25 MG | Tier 4 | | | | |
| KALETRA TAB 200-50MG | LOPINAVIR-RITONAVIR TAB 200-50 MG | Tier 4 | | | | |
| LOPIN/RITON TAB 100-25MG | LOPINAVIR-RITONAVIR TAB 100-25 MG | Tier 2 | | X | | |
| LOPIN/RITON TAB 200-50MG | LOPINAVIR-RITONAVIR TAB 200-50 MG | Tier 2 | | X | | |
| NORVIR POW 100MG | RITONAVIR POWDER PACKET 100 MG | Tier 2 | | | | |
| PREZCOBIX TAB 675/150 | DARUNAVIR-COBICISTAT TAB 675-150 MG | Tier 2 | | X | | |
| PREZCOBIX TAB 800-150 | DARUNAVIR-COBICISTAT TAB 800-150 MG | Tier 2 | | | | |
| PREZISTA SUS 100MG/ML | DARUNAVIR ORAL SUSP 100 MG/ML | Tier 2 | | X | | |
| PREZISTA TAB 150MG | DARUNAVIR TAB 150 MG | Tier 2 | | | | |
| PREZISTA TAB 75MG | DARUNAVIR TAB 75 MG | Tier 2 | | X | | |
| REYATAZ POW 50MG | ATAZANAVIR SULFATE ORAL POWDER PACKET 50 MG (BASE EQUIV) | Tier 2 | | X | | X |
| RITONAVIR TAB 100MG | RITONAVIR TAB 100 MG | Tier 1 | X | | | |
| VIRACEPT TAB 250MG | NELFINAVIR MESYLATE TAB 250 MG | Tier 2 | | | | |
| VIRACEPT TAB 625MG | NELFINAVIR MESYLATE TAB 625 MG | Tier 2 | | | | |
| **Anti-Inflammatories, Inhaled Corticosteroids - Asthma/Lung Drugs** | | | | | | |
| ARNUITY ELPT INH 100MCG | FLUTICASONE FUROATE AEROSOL POWDER BREATH ACTIV 100 MCG/ACT | Tier 2 | | X | | |
| ARNUITY ELPT INH 200MCG | FLUTICASONE FUROATE AEROSOL POWDER BREATH ACTIV 200 MCG/ACT | Tier 2 | | X | | |
| ARNUITY ELPT INH 50MCG | FLUTICASONE FUROATE AEROSOL POWDER BREATH ACTIV 50 MCG/ACT | Tier 2 | | X | | |
| BUDESONIDE SUS 0.25MG/2 | BUDESONIDE INHALATION SUSP 0.25 MG/2ML | Tier 2 | | X | | |
| BUDESONIDE SUS 0.5MG/2 | BUDESONIDE INHALATION SUSP 0.5 MG/2ML | Tier 2 | | X | | |

HCR – Health Care Reform Preventive Care
^ May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met

| Medication name | Generic medication name | Drug Tier | Prior authorization | Quantity limit | Step Therapy | Specialty |
|---|---|---|---|---|---|---|
| BUDESONIDE SUS 1MG/2ML | BUDESONIDE INHALATION SUSP 1 MG/2ML | Tier 2 | | X | | |
| FLUNISOLIDE SPR 0.025% | FLUNISOLIDE NASAL SOLN 25 MCG/ACT (0.025%) | Tier 3 | | | | |
| FLUTICASONE SPR 50MCG | FLUTICASONE PROPIONATE NASAL SUSP 50 MCG/ACT | Tier 2 | | | | |
| MOMETASONE SPR 50MCG | MOMETASONE FUROATE NASAL SUSP 50 MCG/ACT | Tier 3 | | X | | |
| NUCALA INJ 100MG/ML | MEPOLIZUMAB SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML | Tier 4 | X | X | | |
| NUCALA INJ 100MG/ML | MEPOLIZUMAB SUBCUTANEOUS SOLUTION PREF SYRINGE 100 MG/ML | Tier 4 | X | X | | |
| NUCALA INJ 40MG/0.4 | MEPOLIZUMAB SUBCUTANEOUS SOLUTION PREF SYRINGE 40 MG/0.4ML | Tier 4 | X | X | | |
| QVAR REDIHA AER 80MCG | BECLOMETHASONE DIPROP HFA BREATH ACT INH AER 80 MCG/ACT | Tier 2 | | X | | |
| QVAR REDIHAL AER 40MCG | BECLOMETHASONE DIPROP HFA BREATH ACT INH AER 40 MCG/ACT | Tier 2 | | X | | |
| **Anti-Influenza Agents - Flu Drugs** | | | | | | |
| OSELTAMIVIR CAP 30MG | OSELTAMIVIR PHOSPHATE CAP 30 MG (BASE EQUIV) | Tier 2 | | | | |
| OSELTAMIVIR CAP 45MG | OSELTAMIVIR PHOSPHATE CAP 45 MG (BASE EQUIV) | Tier 2 | | | | |
| OSELTAMIVIR CAP 75MG | OSELTAMIVIR PHOSPHATE CAP 75 MG (BASE EQUIV) | Tier 2 | | | | |
| OSELTAMIVIR SUS 6MG/ML | OSELTAMIVIR PHOSPHATE FOR SUSP 6 MG/ML (BASE EQUIV) | Tier 2 | | | | |
| RELENZA MIS DISKHALE | ZANAMIVIR AEROSOL POWDER BREATH ACTIVATED 5 MG/ACT | Tier 3 | | | | |
| RIMANTADINE TAB 100MG | RIMANTADINE HYDROCHLORIDE TAB 100 MG | Tier 1 | | | | |
| XOFLUZA TAB 40MG | BALOXAVIR MARBOXIL TAB THERAPY PACK 1 X 40 MG (40 MG DOSE) | Tier 3 | | X | | |
| XOFLUZA TAB 80MG | BALOXAVIR MARBOXIL TAB THERAPY PACK 1 X 80 MG (80 MG DOSE) | Tier 3 | | X | | |
| **Anti-Obesity Agents - Drugs for Weight Loss** | | | | | | |
| IMCIVREE INJ 10MG/ML | SETMELANOTIDE ACETATE SUBCUTANEOUS SOLN 10 MG/ML | Tier 3 | X | X | | X |
| **Antiandrogens - Hormone Suppressants** | | | | | | |
| ABIRATERONE TAB 250MG | ABIRATERONE ACETATE TAB 250 MG | Tier 3 | | X | | X |
| ABIRTEGA TAB 250MG | ABIRATERONE ACETATE TAB 250 MG | Tier 3 | | X | | X |
| BICALUTAMIDE TAB 50MG | BICALUTAMIDE TAB 50 MG | Tier 1 | | | | |
| ERLEADA TAB 240MG | APALUTAMIDE TAB 240 MG | Tier 3 | X | X | | |
| ERLEADA TAB 60MG | APALUTAMIDE TAB 60 MG | Tier 3 | X | X | | X |
| NUBEQA TAB 300MG | DAROLUTAMIDE TAB 300 MG | Tier 3 | X | X | | X |

HCR – Health Care Reform Preventive Care

^ May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met

| Medication name | Generic medication name | Drug Tier | Prior authorization | Quantity limit | Step Therapy | Specialty |
|---|---|---|---|---|---|---|
| ORGOVYX TAB 120MG | RELUGOLIX TAB 120 MG | Tier 4 | X | X | | X |
| XTANDI CAP 40MG | ENZALUTAMIDE CAP 40 MG | Tier 3 | X | X | | X |
| **Antiangiogenic Agents - Chemotherapy Agents** | | | | | | |
| LENALIDOMIDE CAP 10MG | LENALIDOMIDE CAP 10 MG | Tier 3 | X | X | | X |
| LENALIDOMIDE CAP 15MG | LENALIDOMIDE CAP 15 MG | Tier 3 | X | X | | X |
| LENALIDOMIDE CAP 2.5MG | LENALIDOMIDE CAPS 2.5 MG | Tier 3 | X | X | | X |
| LENALIDOMIDE CAP 20MG | LENALIDOMIDE CAP 20 MG | Tier 3 | X | X | | |
| LENALIDOMIDE CAP 25MG | LENALIDOMIDE CAP 25 MG | Tier 3 | X | X | | |
| LENALIDOMIDE CAP 5MG | LENALIDOMIDE CAP 5 MG | Tier 3 | X | X | | |
| POMALIDOMIDE CAP 1MG | POMALIDOMIDE CAP 1 MG | Tier 4 | X | X | | |
| POMALIDOMIDE CAP 2MG | POMALIDOMIDE CAP 2 MG | Tier 4 | X | X | | |
| POMALIDOMIDE CAP 3MG | POMALIDOMIDE CAP 3 MG | Tier 4 | X | X | | |
| POMALIDOMIDE CAP 4MG | POMALIDOMIDE CAP 4 MG | Tier 4 | X | X | | |
| THALOMID CAP 100MG | THALIDOMIDE CAP 100 MG | Tier 3 | X | X | | |
| THALOMID CAP 50MG | THALIDOMIDE CAP 50 MG | Tier 3 | X | X | | |
| **Antiarrhythmics - Heart Regulation Drugs** | | | | | | |
| AMIODARONE TAB 100MG | AMIODARONE HCL TAB 100 MG | Tier 1 | | | | |
| AMIODARONE TAB 200MG | AMIODARONE HCL TAB 200 MG | Tier 1 | | | | |
| AMIODARONE TAB 400MG | AMIODARONE HCL TAB 400 MG | Tier 1 | | | | |
| BETAPACE AF TAB 120MG | SOTALOL HCL (AFIB/AFL) TAB 120 MG | Tier 4 | | | | |
| BETAPACE AF TAB 160MG | SOTALOL HCL (AFIB/AFL) TAB 160 MG | Tier 4 | | | | |
| BETAPACE AF TAB 80MG | SOTALOL HCL (AFIB/AFL) TAB 80 MG | Tier 4 | | | | |
| DISOPYRAMIDE CAP 100MG | DISOPYRAMIDE PHOSPHATE CAP 100 MG | Tier 1 | | | | |
| DISOPYRAMIDE CAP 150MG | DISOPYRAMIDE PHOSPHATE CAP 150 MG | Tier 1 | | | | |
| DOFETILIDE CAP 125MCG | DOFETILIDE CAP 125 MCG (0.125 MG) | Tier 2 | | | | |
| DOFETILIDE CAP 250MCG | DOFETILIDE CAP 250 MCG (0.25 MG) | Tier 2 | | | | |
| DOFETILIDE CAP 500MCG | DOFETILIDE CAP 500 MCG (0.5 MG) | Tier 2 | | | | |
| FLECAINIDE TAB 100MG | FLECAINIDE ACETATE TAB 100 MG | Tier 1 | | | | |
| FLECAINIDE TAB 150MG | FLECAINIDE ACETATE TAB 150 MG | Tier 1 | | | | |
| FLECAINIDE TAB 50MG | FLECAINIDE ACETATE TAB 50 MG | Tier 1 | | | | |
| MEXILETINE CAP 150MG | MEXILETINE HCL CAP 150 MG | Tier 1 | | | | |
| MEXILETINE CAP 200MG | MEXILETINE HCL CAP 200 MG | Tier 1 | | | | |
| MEXILETINE CAP 250MG | MEXILETINE HCL CAP 250 MG | Tier 1 | | | | |
| NORPACE CAP 100MG | DISOPYRAMIDE PHOSPHATE CAP 100 MG | Tier 4 | | | | |
| NORPACE CAP 100MG CR | DISOPYRAMIDE PHOSPHATE CAP ER 12HR 100 MG | Tier 2 | | | | |
| NORPACE CAP 150MG | DISOPYRAMIDE PHOSPHATE CAP 150 MG | Tier 4 | | | | |
| NORPACE CAP 150MG CR | DISOPYRAMIDE PHOSPHATE CAP ER 12HR 150 MG | Tier 2 | | | | |
| PACERONE TAB 100MG | AMIODARONE HCL TAB 100 MG | Tier 3 | | | | |
| PACERONE TAB 200MG | AMIODARONE HCL TAB 200 MG | Tier 4 | | | | |

HCR – Health Care Reform Preventive Care
^ May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met

| Medication name | Generic medication name | Drug Tier | Prior authorization | Quantity limit | Step Therapy | Specialty |
|---|---|---|---|---|---|---|
| PACERONE TAB 400MG | AMIODARONE HCL TAB 400 MG | Tier 3 | X | | | |
| PROPAFENONE CAP 225MG ER | PROPAFENONE HCL CAP ER 12HR 225 MG | Tier 4 | X | | | |
| PROPAFENONE CAP 325MG ER | PROPAFENONE HCL CAP ER 12HR 325 MG | Tier 4 | | X | | X |
| PROPAFENONE CAP 425MG ER | PROPAFENONE HCL CAP ER 12HR 425 MG | Tier 4 | X | X | | |
| PROPAFENONE TAB 150MG | PROPAFENONE HCL TAB 150 MG | Tier 1 | | | | |
| PROPAFENONE TAB 225MG | PROPAFENONE HCL TAB 225 MG | Tier 1 | | | | |
| PROPAFENONE TAB 300MG | PROPAFENONE HCL TAB 300 MG | Tier 1 | | | | |
| QUINIDINE GL TAB 324MG CR | QUINIDINE GLUCONATE TAB ER 324 MG | Tier 1 | | | | |
| QUINIDINE GL TAB 324MG ER | QUINIDINE GLUCONATE TAB ER 324 MG | Tier 1 | | | | |
| QUINIDINE SU TAB 200MG | QUINIDINE SULFATE TAB 200 MG | Tier 1 | | | | |
| QUINIDINE SU TAB 300MG | QUINIDINE SULFATE TAB 300 MG | Tier 1 | | | | |
| SOTALOL AF TAB 120MG | SOTALOL HCL (AFIB/AFL) TAB 120 MG | Tier 1 | | | | |
| SOTALOL AF TAB 160MG | SOTALOL HCL (AFIB/AFL) TAB 160 MG | Tier 1 | | | | |
| SOTALOL AF TAB 80MG | SOTALOL HCL (AFIB/AFL) TAB 80 MG | Tier 1 | | X | | X |
| SOTALOL HCL TAB 120MG | SOTALOL HCL TAB 120 MG | Tier 1 | X | X | | |
| SOTALOL HCL TAB 160MG | SOTALOL HCL TAB 160 MG | Tier 1 | | | | |
| SOTALOL HCL TAB 240MG | SOTALOL HCL TAB 240 MG | Tier 1 | X | X | | |
| SOTALOL HCL TAB 80MG | SOTALOL HCL TAB 80 MG | Tier 1 | | | | |
| SOTALOL TAB 120MG | SOTALOL HCL TAB 120 MG | Tier 1 | | | | |
| SOTALOL TAB 160MG | SOTALOL HCL TAB 160 MG | Tier 1 | X | | | |
| SOTALOL TAB 80MG | SOTALOL HCL TAB 80 MG | Tier 1 | | | | |
| SOTYLIZE SOL 5MG/ML | SOTALOL HCL ORAL SOLUTION 5 MG/ML | Tier 4 | X | | | |
| TIKOSYN CAP 125MCG | DOFETILIDE CAP 125 MCG (0.125 MG) | Tier 4 | | | | |
| TIKOSYN CAP 250MCG | DOFETILIDE CAP 250 MCG (0.25 MG) | Tier 4 | | | | |
| TIKOSYN CAP 500MCG | DOFETILIDE CAP 500 MCG (0.5 MG) | Tier 4 | | | | |
| **Antibacterials, Other** | | | | | | |
| VOWST CAP | FECAL MICROBIOTA SPORES, LIVE-BRPK CAPS | Tier 4 | X | X | | |
| **Antibacterials, Other - Antibiotics** | | | | | | |
| ARZOL SILVER MIS NITR APP | SILVER NITRATE-POTASSIUM NITRATE APPLICATOR 75-25% | Tier 3 | | | | |
| BENZALKONIUM SOL 50% | BENZALKONIUM CHLORIDE SOLN 50% | Tier 1 | | | | |
| BENZALKONIUM SOL NF | BENZALKONIUM CHLORIDE SOLN | Tier 2 | | | | |
| CLEOCIN CAP 150MG | CLINDAMYCIN HCL CAP 150 MG | Tier 4 | | | | |
| CLEOCIN CAP 300MG | CLINDAMYCIN HCL CAP 300 MG | Tier 4 | | | | |
| CLEOCIN CAP 75MG | CLINDAMYCIN HCL CAP 75 MG | Tier 2 | | | | |
| CLEOCIN CRE 2% VAG | CLINDAMYCIN PHOSPHATE VAGINAL CREAM 2% | Tier 4 | | | | |
| CLEOCIN PED SOL 75MG/5ML | CLINDAMYCIN PALMITATE HCL FOR SOLN 75 MG/5ML (BASE EQUIV) | Tier 4 | | | | |
| CLINDAMYCIN CAP 150MG | CLINDAMYCIN HCL CAP 150 MG | Tier 1 | | | | |

HCR – Health Care Reform Preventive Care

^ May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met

| Medication name | Generic medication name | Drug Tier | Prior authorization | Quantity limit | Step Therapy | Specialty |
|---|---|---|---|---|---|---|
| CLINDAMYCIN CAP 300MG | CLINDAMYCIN HCL CAP 300 MG | Tier 1 | | | | |
| CLINDAMYCIN CAP 75MG | CLINDAMYCIN HCL CAP 75 MG | Tier 1 | | | | |
| CLINDAMYCIN CRE 2% VAG | CLINDAMYCIN PHOSPHATE VAGINAL CREAM 2% | Tier 2 | | | | |
| CLINDAMYCIN SOL 75MG/5ML | CLINDAMYCIN PALMITATE HCL FOR SOLN 75 MG/5ML (BASE EQUIV) | Tier 2 | | | | |
| CLINDESSE CRE 2% | CLINDAMYCIN PHOSPHATE (ONE DOSE) VAGINAL CREAM 2% | Tier 2 | X | | | |
| COLISTIMETH INJ 150MG | COLISTIMETHATE SOD FOR INJ 150 MG (COLISTIN BASE ACTIVITY) | Tier 1 | | | | |
| COLY-MYCIN M INJ 150MG | COLISTIMETHATE SOD FOR INJ 150 MG (COLISTIN BASE ACTIVITY) | Tier 4 | | | | |
| FEM PH GEL | ACETIC ACID-OXYQUINOLINE VAGINAL GEL 0.9-0.025% | Tier 4 | X | | | X |
| FIRVANQ SOL 25MG/ML | VANCOMYCIN HCL FOR ORAL SOLN 25 MG/ML (BASE EQUIVALENT) | Tier 4 | X | X | | X |
| FIRVANQ SOL 50MG/ML | VANCOMYCIN HCL FOR ORAL SOLN 50 MG/ML (BASE EQUIVALENT) | Tier 4 | X | | | X |
| FOSFOMYCIN POW 3GM | FOSFOMYCIN TROMETHAMINE POWD PACK 3 GM (BASE EQUIVALENT) | Tier 3 | | X | | X |
| HIPREX TAB 1GM | METHENAMINE HIPPURATE TAB 1 GM | Tier 4 | | X | | X |
| IODINE TIN 2% | IODINE TINCTURE | Tier 1 | | X | | X |
| LIKMEZ SUS 500/5ML | METRONIDAZOLE SUSP 500 MG/5ML | Tier 4 | | | | X |
| LINEZOLID SUS 100/5ML | LINEZOLID FOR SUSP 100 MG/5ML | Tier 2 | | | | |
| LINEZOLID TAB 600MG | LINEZOLID TAB 600 MG | Tier 2 | | | | |
| LUGOLS SOL IODINE | IODINE SOLUTION | Tier 3 | | | | |
| MACROBID CAP 100MG | NITROFURANTOIN MONOHYDRATE MACRO-CRYSTALLINE CAP 100 MG | Tier 4 | | | | |
| MACRODANTIN CAP 100MG | NITROFURANTOIN MACROCRYSTALLINE CAP 100 MG | Tier 4 | | | | |
| MACRODANTIN CAP 25MG | NITROFURANTOIN MACROCRYSTALLINE CAP 25 MG | Tier 4 | | | | |
| MACRODANTIN CAP 50MG | NITROFURANTOIN MACROCRYSTALLINE CAP 50 MG | Tier 4 | | | | |
| MAFENIDE ACE PAK 5% | MAFENIDE ACETATE PACKET FOR TOPICAL SOLN 5% (50 GM) | Tier 3 | | | | |
| METHENAM HIP TAB 1GM | METHENAMINE HIPPURATE TAB 1 GM | Tier 1 | | | | |
| METHENAM MAN TAB 1000MG | METHENAMINE MANDELATE TAB 1 GM | Tier 1 | | X | | |
| METHENAM MAN TAB 500MG | METHENAMINE MANDELATE TAB 0.5 GM | Tier 1 | | | | |
| METROCREAM CRE 0.75% | METRONIDAZOLE CREAM 0.75% | Tier 4 | X | X | | X |
| METROLOTION LOT 0.75% | METRONIDAZOLE LOTION 0.75% | Tier 4 | | | | |
| METRONIDAZOL CAP 375MG | METRONIDAZOLE CAP 375 MG | Tier 1 | | | | |
| METRONIDAZOL CRE 0.75% | METRONIDAZOLE CREAM 0.75% | Tier 1 | | | | |
| METRONIDAZOL GEL 0.75% | METRONIDAZOLE GEL 0.75% | Tier 1 | | | | |

HCR - Health Care Reform Preventive Care

^ May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met

| Medication name | Generic medication name | Drug Tier | Prior authorization | Quantity limit | Step Therapy | Specialty |
|---|---|---|---|---|---|---|
| METRONIDAZOL GEL 0.75%VAG | METRONIDAZOLE VAGINAL GEL 0.75% | Tier 2 | | | | |
| METRONIDAZOL LOT 0.75% | METRONIDAZOLE LOTION 0.75% | Tier 1 | | | | |
| METRONIDAZOL TAB 250MG | METRONIDAZOLE TAB 250 MG | Tier 1 | | | | |
| METRONIDAZOL TAB 500MG | METRONIDAZOLE TAB 500 MG | Tier 1 | X | X | | |
| MUPIROCIN CRE 2% | MUPIROCIN CALCIUM CREAM 2% | Tier 3 | | X | | |
| MUPIROCIN OIN 2% | MUPIROCIN OINT 2% | Tier 1 | | X | | |
| NITROFUR MAC CAP 100MG | NITROFURANTOIN MACROCRYSTALLINE CAP 100 MG | Tier 1 | | | | |
| NITROFUR MAC CAP 25MG | NITROFURANTOIN MACROCRYSTALLINE CAP 25 MG | Tier 1 | | | | X |
| NITROFUR MAC CAP 50MG | NITROFURANTOIN MACROCRYSTALLINE CAP 50 MG | Tier 1 | | | | X |
| NITROFURANTN CAP 100MG | NITROFURANTOIN MONOHYDRATE MACRO-CRYSTALLINE CAP 100 MG | Tier 1 | | | | X |
| PHENOL LIQ | PHENOL LIQUID (BULK) | Tier 3 | | | | X |
| PHENOL LIQ 89% | PHENOL LIQUID (BULK) | Tier 3 | | | | X |
| PHENOL LIQ 89% | PHENOL LIQUID (BULK) | Tier 2 | | | | X |
| SILVADENE CRE 1% | SILVER SULFADIAZINE CREAM 1% | Tier 4 | | | | X |
| SILVER NITRA SOL 0.5% | SILVER NITRATE SOLN 0.5% | Tier 1 | | | X | X |
| SILVER SULFA CRE 1% | SILVER SULFADIAZINE CREAM 1% | Tier 1 | | | | |
| SSD CRE 1% | SILVER SULFADIAZINE CREAM 1% | Tier 1 | | | | |
| SULFAMYLON CRE 85MG/GM | MAFENIDE ACETATE CREAM 85 MG/GM | Tier 3 | | | | |
| TINIDAZOLE TAB 250MG | TINIDAZOLE TAB 250 MG | Tier 3 | | | | |
| TINIDAZOLE TAB 500MG | TINIDAZOLE TAB 500 MG | Tier 3 | | | | |
| TRIMETHOPRIM TAB 100MG | TRIMETHOPRIM TAB 100 MG | Tier 1 | | | | |
| VANCOCIN CAP 125MG | VANCOMYCIN HCL CAP 125 MG (BASE EQUIVALENT) | Tier 4 | | | | |
| VANCOCIN CAP 250MG | VANCOMYCIN HCL CAP 250 MG (BASE EQUIVALENT) | Tier 4 | | | | |
| VANCOMYCIN CAP 125MG | VANCOMYCIN HCL CAP 125 MG (BASE EQUIVALENT) | Tier 1 | | | | |
| VANCOMYCIN CAP 250MG | VANCOMYCIN HCL CAP 250 MG (BASE EQUIVALENT) | Tier 1 | | | | X |
| VANCOMYCIN SOL 250/5ML | VANCOMYCIN HCL FOR ORAL SOLN 50 MG/ML (BASE EQUIVALENT) | Tier 1 | | | | |
| VANCOMYCIN SOL 25MG/ML | VANCOMYCIN HCL FOR ORAL SOLN 25 MG/ML (BASE EQUIVALENT) | Tier 1 | | | | |
| VANCOMYCIN SOL 50MG/ML | VANCOMYCIN HCL FOR ORAL SOLN 50 MG/ML (BASE EQUIVALENT) | Tier 1 | | | | |
| VANDAZOLE GEL 0.75% | METRONIDAZOLE VAGINAL GEL 0.75% | Tier 4 | | | | X |
| XACIATO GEL 2% | CLINDAMYCIN PHOSPHATE VAGINAL GEL 2% | Tier 2 | | X | | |

HCR - Health Care Reform Preventive Care

^ May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met

| Medication name | Generic medication name | Drug Tier | Prior authorization | Quantity limit | Step Therapy | Specialty |
|---|---|---|---|---|---|---|
| ZYVOX SUS 100MG/5M | LINEZOLID FOR SUSP 100 MG/5ML | Tier 4 | | | | |
| **Anticholinergics - Parkinson's Disease Drugs** | | | | | | |
| BENZTROPINE TAB 0.5MG | BENZTROPINE MESYLATE TAB 0.5 MG | Tier 1 | | | | |
| BENZTROPINE TAB 1MG | BENZTROPINE MESYLATE TAB 1 MG | Tier 1 | | | | X |
| BENZTROPINE TAB 2MG | BENZTROPINE MESYLATE TAB 2 MG | Tier 1 | | | | |
| TRIHEXYPHEN SOL 2MG/5ML | TRIHEXYPHENIDYL HCL ORAL SOLN 0.4 MG/ML | Tier 1 | | | | |
| TRIHEXYPHEN TAB 2MG | TRIHEXYPHENIDYL HCL TAB 2 MG | Tier 1 | | | X | X |
| TRIHEXYPHEN TAB 5MG | TRIHEXYPHENIDYL HCL TAB 5 MG | Tier 1 | | | | |
| **Anticoagulants - Blood Thinners** | | | | | | |
| ANTICOAGULNT SOL SOD CITR | ANTICOAGULANT SODIUM CITRATE SOLN 4% | Tier 3 | | | | X |
| DABIGATRAN CAP 110MG | DABIGATRAN ETEXILATE MESYLATE CAP 110 MG (ETEXILATE BASE EQ) | Tier 2 | | X | | X |
| DABIGATRAN CAP 150MG | DABIGATRAN ETEXILATE MESYLATE CAP 150 MG (ETEXILATE BASE EQ) | Tier 2 | | X | | |
| DABIGATRAN CAP 75MG | DABIGATRAN ETEXILATE MESYLATE CAP 75 MG (ETEXILATE BASE EQ) | Tier 2 | | X | | |
| ELIQUIS CAP 0.15MG | APIXABAN CAP SPRINKLE 0.15 MG | Tier 2 | | X | | |
| ELIQUIS ST P TAB 5MG | APIXABAN TAB STARTER PACK 5 MG | Tier 2 | | X | | |
| ELIQUIS TAB 0.5MG | APIXABAN TAB FOR ORAL SUSP 0.5 MG | Tier 2 | | X | | |
| ELIQUIS TAB 1.5MG | APIXABAN TAB FOR ORAL SUSP PACK 3 X 0.5 MG (1.5 MG) | Tier 2 | | X | | |
| ELIQUIS TAB 2.5MG | APIXABAN TAB 2.5 MG | Tier 2 | | X | | |
| ELIQUIS TAB 2MG | APIXABAN TAB FOR ORAL SUSP PACK 4 X 0.5 MG (2 MG) | Tier 2 | | X | | |
| ELIQUIS TAB 5MG | APIXABAN TAB 5 MG | Tier 2 | | X | | |
| ENOXAPARIN INJ 100MG/ML | ENOXAPARIN SODIUM INJ SOLN PREF SYR 100 MG/ML | Tier 2 | | X | | |
| ENOXAPARIN INJ 120/0.8 | ENOXAPARIN SODIUM INJ SOLN PREF SYR 120 MG/0.8ML | Tier 2 | | X | | |
| ENOXAPARIN INJ 150MG/ML | ENOXAPARIN SODIUM INJ SOLN PREF SYR 150 MG/ML | Tier 2 | | X | | |
| ENOXAPARIN INJ 30/0.3ML | ENOXAPARIN SODIUM INJ SOLN PREF SYR 30 MG/0.3ML | Tier 2 | | X | | |
| ENOXAPARIN INJ 300/3ML | ENOXAPARIN SODIUM INJ 300 MG/3ML | Tier 2 | | X | | |
| ENOXAPARIN INJ 40/0.4ML | ENOXAPARIN SODIUM INJ SOLN PREF SYR 40 MG/0.4ML | Tier 2 | | X | | |
| ENOXAPARIN INJ 60/0.6ML | ENOXAPARIN SODIUM INJ SOLN PREF SYR 60 MG/0.6ML | Tier 2 | | X | | |
| ENOXAPARIN INJ 80/0.8ML | ENOXAPARIN SODIUM INJ SOLN PREF SYR 80 MG/0.8ML | Tier 2 | | X | | |
| ENOXAPARIN INJ 80MG/0.8 | ENOXAPARIN SODIUM INJ SOLN PREF SYR 80 MG/0.8ML | Tier 2 | | X | | |

HCR - Health Care Reform Preventive Care

^ May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met

| Medication name | Generic medication name | Drug Tier | Prior authorization | Quantity limit | Step Therapy | Specialty |
|---|---|---|---|---|---|---|
| FONDAPARINUX INJ 10/0.8ML | FONDAPARINUX SODIUM SUBCUTANEOUS INJ 10 MG/0.8ML | Tier 2 | | X | | |
| FONDAPARINUX INJ 2.5/0.5 | FONDAPARINUX SODIUM SUBCUTANEOUS INJ 2.5 MG/0.5ML | Tier 2 | | X | | |
| FONDAPARINUX INJ 5/0.4ML | FONDAPARINUX SODIUM SUBCUTANEOUS INJ 5 MG/0.4ML | Tier 2 | | X | | |
| FONDAPARINUX INJ 7.5/0.6 | FONDAPARINUX SODIUM SUBCUTANEOUS INJ 7.5 MG/0.6ML | Tier 2 | | X | | |
| HEPARIN SOD INJ 1000/ML | HEPARIN SODIUM (PORCINE) INJ 1000 UNIT/ML | Tier 1 | | | | |
| HEPARIN SOD INJ 1000/ML | HEPARIN SODIUM (PORCINE) PF INJ 1000 UNIT/ML | Tier 1 | | | | |
| HEPARIN SOD INJ 10000/10 | HEPARIN SODIUM (PORCINE) INJ 1000 UNIT/ML | Tier 1 | | | | |
| HEPARIN SOD INJ 10000/ML | HEPARIN SODIUM (PORCINE) INJ 10000 UNIT/ML | Tier 1 | | | | |
| HEPARIN SOD INJ 2000/2ML | HEPARIN SODIUM (PORCINE) PF INJ 1000 UNIT/ML | Tier 1 | | | | |
| HEPARIN SOD INJ 20000/ML | HEPARIN SODIUM (PORCINE) INJ 20000 UNIT/ML | Tier 1 | | | | |
| HEPARIN SOD INJ 30000/30 | HEPARIN SODIUM (PORCINE) INJ 1000 UNIT/ML | Tier 1 | | | | |
| HEPARIN SOD INJ 5000/0.5 | HEPARIN SODIUM (PORCINE) INJ SOLN PREF SYR 5000 UNIT/0.5ML | Tier 1 | | | | |
| HEPARIN SOD INJ 5000/0.5 | HEPARIN SODIUM (PORCINE) PF INJ 5000 UNIT/0.5ML | Tier 1 | | | | |
| HEPARIN SOD INJ 5000/ML | HEPARIN SODIUM (PORCINE) INJ 5000 UNIT/ML | Tier 1 | | | | |
| HEPARIN SOD INJ 5000/ML | HEPARIN SODIUM (PORCINE) PF INJ 5000 UNIT/ML | Tier 1 | | | | |
| HEPARIN SOD INJ 50000/10 | HEPARIN SODIUM (PORCINE) INJ 5000 UNIT/ML | Tier 1 | | | | |
| JANTOVEN TAB 10MG | WARFARIN SODIUM TAB 10 MG | Tier 1 | | | | |
| JANTOVEN TAB 1MG | WARFARIN SODIUM TAB 1 MG | Tier 1 | | | | |
| JANTOVEN TAB 2.5MG | WARFARIN SODIUM TAB 2.5 MG | Tier 1 | | | | |
| JANTOVEN TAB 2MG | WARFARIN SODIUM TAB 2 MG | Tier 1 | | | | |
| JANTOVEN TAB 3MG | WARFARIN SODIUM TAB 3 MG | Tier 1 | | | | |
| JANTOVEN TAB 4MG | WARFARIN SODIUM TAB 4 MG | Tier 1 | | | | |
| JANTOVEN TAB 5MG | WARFARIN SODIUM TAB 5 MG | Tier 1 | | | | |
| JANTOVEN TAB 6MG | WARFARIN SODIUM TAB 6 MG | Tier 1 | | | | |
| JANTOVEN TAB 7.5MG | WARFARIN SODIUM TAB 7.5 MG | Tier 1 | | | | |
| NOCLOT-50 SOL ACD-A | ANTICOAGULANT CITRATE DEXTROSE SOLUTION A | Tier 3 | | | | |
| RIVAROXABAN SUS 1MG/ML | RIVAROXABAN FOR SUSP 1 MG/ML | Tier 2 | | X | | |

HCR - Health Care Reform Preventive Care
^ May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met

| Medication name | Generic medication name | Drug Tier | Prior authorization | Quantity limit | Step Therapy | Specialty |
|---|---|---|---|---|---|---|
| RIVAROXABAN TAB 2.5MG | RIVAROXABAN TAB 2.5 MG | Tier 2 | | | | |
| TRICITRASOL CON | ANTICOAGULANT SODIUM CITRATE CONCENTRATE 46.7% | Tier 3 | | | | |
| WARFARIN TAB 10MG | WARFARIN SODIUM TAB 10 MG | Tier 1 | | | | |
| WARFARIN TAB 1MG | WARFARIN SODIUM TAB 1 MG | Tier 1 | | | | |
| WARFARIN TAB 2.5MG | WARFARIN SODIUM TAB 2.5 MG | Tier 1 | | | | |
| WARFARIN TAB 2MG | WARFARIN SODIUM TAB 2 MG | Tier 1 | | | | |
| WARFARIN TAB 3MG | WARFARIN SODIUM TAB 3 MG | Tier 1 | | | | |
| WARFARIN TAB 4MG | WARFARIN SODIUM TAB 4 MG | Tier 1 | | | | |
| WARFARIN TAB 5MG | WARFARIN SODIUM TAB 5 MG | Tier 1 | | | | |
| WARFARIN TAB 6MG | WARFARIN SODIUM TAB 6 MG | Tier 1 | | | | |
| WARFARIN TAB 7.5MG | WARFARIN SODIUM TAB 7.5 MG | Tier 1 | | | | |
| XARELTO STAR TAB 15/20MG | RIVAROXABAN TAB STARTER THERAPY PACK 15 MG & 20 MG | Tier 2 | | | | |
| XARELTO SUS 1MG/ML | RIVAROXABAN FOR SUSP 1 MG/ML | Tier 2 | | X | | |
| XARELTO TAB 10MG | RIVAROXABAN TAB 10 MG | Tier 2 | | X | | |
| XARELTO TAB 15MG | RIVAROXABAN TAB 15 MG | Tier 2 | | X | X | |
| XARELTO TAB 2.5MG | RIVAROXABAN TAB 2.5 MG | Tier 2 | | | | |
| XARELTO TAB 20MG | RIVAROXABAN TAB 20 MG | Tier 2 | | | | |
| **Anticonvulsants, Other** | | | | | | |
| ZTALMY SUS 50MG/ML | GANAXOLONE SUSP 50 MG/ML | Tier 4 | X | | | |
| **Anticonvulsants, Other - Seizure Control Drugs** | | | | | | |
| EPIDIOLEX SOL 100MG/ML | CANNABIDIOL SOLN 100 MG/ML | Tier 4 | X | | | X |
| LEVETIRACETA SOL 100MG/ML | LEVETIRACETAM ORAL SOLN 100 MG/ML | Tier 1 | | | | |
| LEVETIRACETA SOL 500/5ML | LEVETIRACETAM ORAL SOLN 100 MG/ML | Tier 1 | | | | |
| LEVETIRACETA TAB 1000MG | LEVETIRACETAM TAB 1000 MG | Tier 1 | | | | |
| LEVETIRACETA TAB 250MG | LEVETIRACETAM TAB 250 MG | Tier 1 | | | | |
| LEVETIRACETA TAB 500MG | LEVETIRACETAM TAB 500 MG | Tier 1 | | | | |
| LEVETIRACETA TAB 500MG ER | LEVETIRACETAM TAB ER 24HR 500 MG | Tier 2 | | | | |
| LEVETIRACETA TAB 750MG | LEVETIRACETAM TAB 750 MG | Tier 1 | | | | |
| LEVETIRACETA TAB 750MG ER | LEVETIRACETAM TAB ER 24HR 750 MG | Tier 2 | | | | |
| NAYZILAM SPR 5MG | MIDAZOLAM NASAL SPRAY SOLN 5 MG/0.1 ML | Tier 3 | X | | | |
| PHENOBARB ELX 20MG/5ML | PHENOBARBITAL ELIXIR 20 MG/5ML | Tier 1 | | | | |
| PHENOBARB SOL 20MG/5ML | PHENOBARBITAL ELIXIR 20 MG/5ML | Tier 1 | | | | |
| PHENOBARB TAB 100MG | PHENOBARBITAL TAB 100 MG | Tier 1 | | | | |
| PHENOBARB TAB 15MG | PHENOBARBITAL TAB 15 MG | Tier 1 | | | | |
| PHENOBARB TAB 16.2MG | PHENOBARBITAL TAB 16.2 MG | Tier 1 | | | | |
| PHENOBARB TAB 30MG | PHENOBARBITAL TAB 30 MG | Tier 1 | | | | |
| PHENOBARB TAB 32.4MG | PHENOBARBITAL TAB 32.4 MG | Tier 1 | | | | |

HCR – Health Care Reform Preventive Care
^ May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met

| Medication name | Generic medication name | Drug Tier | Prior authorization | Quantity limit | Step Therapy | Specialty |
|---|---|---|---|---|---|---|
| PHENOBARB TAB 60MG | PHENOBARBITAL TAB 60 MG | Tier 1 | | | | |
| PHENOBARB TAB 64.8MG | PHENOBARBITAL TAB 64.8 MG | Tier 1 | | | | |
| PHENOBARB TAB 97.2MG | PHENOBARBITAL TAB 97.2 MG | Tier 1 | | | | |
| ROWEEPRA TAB 500MG | LEVETIRACETAM TAB 500 MG | Tier 1 | | | | |
| **Antidepressants, Other** | | | | | | |
| ZURZUVAE CAP 20MG | ZURANOLONE CAP 20 MG | Tier 3 | X | | | |
| ZURZUVAE CAP 25MG | ZURANOLONE CAP 25 MG | Tier 3 | X | | | |
| ZURZUVAE CAP 30MG | ZURANOLONE CAP 30 MG | Tier 3 | X | | | |
| **Antidepressants, Other - Antidepressants** | | | | | | |
| 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 XL | BUPROPION HCL TAB ER 24HR 150 MG | Tier 1 | | | | |
| 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 | | | | |
| BUPROPION TAB 75MG | BUPROPION HCL TAB 75 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 | | | | |
| SPRAVATO SOL 56MG DOS | ESKETAMINE HCL NASAL SOLN 28 MG/DEVICE X 2 (56 MG DOSE PACK) | Tier 4 | X | X | | |
| SPRAVATO SOL 84MG DOS | ESKETAMINE HCL NASAL SOLN 28 MG/DEVICE X 3 (84 MG DOSE PACK) | Tier 4 | X | X | | |
| **Antidiabetic Agents** | | | | | | |
| BRENZAVVY TAB 20MG | BEXAGLIFLOZIN TAB 20 MG | Tier 3 | | X | X | |
| **Antidiabetic Agents - Diabetic Drugs** | | | | | | |
| ACARBOSE TAB 100MG | ACARBOSE TAB 100 MG | Tier 1 | | | | |
| ACARBOSE TAB 25MG | ACARBOSE TAB 25 MG | Tier 1 | | | | |
| ACARBOSE TAB 50MG | ACARBOSE TAB 50 MG | Tier 1 | | | | |
| ALOG/PIOGLIT TAB 12.5-30 | ALOGLIPTIN-PIOGLITAZONE TAB 12.5-30 MG | Tier 2 | | | | |
| ALOG/PIOGLIT TAB 25-15MG | ALOGLIPTIN-PIOGLITAZONE TAB 25-15 MG | Tier 2 | | X | | |
| ALOG/PIOGLIT TAB 25-30MG | ALOGLIPTIN-PIOGLITAZONE TAB 25-30 MG | Tier 2 | | X | | |
| ALOG/PIOGLIT TAB 25-45MG | ALOGLIPTIN-PIOGLITAZONE TAB 25-45 MG | Tier 2 | | X | | |

HCR – Health Care Reform Preventive Care
^ May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met

| Medication name | Generic medication name | Drug Tier | Prior authorization | Quantity limit | Step Therapy | Specialty |
|---|---|---|---|---|---|---|
| ALOGLIPTIN TAB 12.5MG | ALOGLIPTIN BENZOATE TAB 12.5 MG (BASE EQUIV) | Tier 2 | | X | | |
| ALOGLIPTIN TAB 25MG | ALOGLIPTIN BENZOATE TAB 25 MG (BASE EQUIV) | Tier 2 | | X | | |
| ALOGLIPTIN TAB 6.25MG | ALOGLIPTIN BENZOATE TAB 6.25 MG (BASE EQUIV) | Tier 2 | | X | | |
| ALOGLIPTIN/ TAB METFORM | ALOGLIPTIN-METFORMIN HCL TAB 12.5-1000 MG | Tier 2 | | X | | |
| ALOGLIPTIN/ TAB METFORM | ALOGLIPTIN-METFORMIN HCL TAB 12.5-500 MG | Tier 2 | | X | | |
| BYDUREON BC INJ 2/0.85ML | EXENATIDE EXTENDED RELEASE SUSP AUTO-INJECTOR 2 MG/0.85ML | Tier 3 | | | | |
| BYETTA INJ 10MCG | EXENATIDE SOLN PEN-INJECTOR 10 MC-G/0.04ML | Tier 3 | | | | |
| BYETTA INJ 5MCG | EXENATIDE SOLN PEN-INJECTOR 5 MC-G/0.02ML | Tier 3 | | | | |
| DAPAGLIFLOZI TAB 10MG | DAPAGLIFLOZIN TAB 10 MG | Tier 2 | | | | |
| DAPAGLIFLOZI TAB 5MG | DAPAGLIFLOZIN TAB 5 MG | Tier 2 | X | | | |
| DUETACT TAB 30-2MG | PIOGLITAZONE HCL-GLIMEPIRIDE TAB 30-2 MG | Tier 3 | | | | |
| DUETACT TAB 30-4MG | PIOGLITAZONE HCL-GLIMEPIRIDE TAB 30-4 MG | Tier 3 | | | | |
| EXENATIDE INJ 10MCG | EXENATIDE SOLN PEN-INJECTOR 10 MC-G/0.04ML | Tier 3 | | | | |
| EXENATIDE INJ 5MCG | EXENATIDE SOLN PEN-INJECTOR 5 MC-G/0.02ML | Tier 3 | | | | |
| GLIMEPIRIDE TAB 1MG | GLIMEPIRIDE TAB 1 MG | Tier 1 | | | | |
| GLIMEPIRIDE TAB 2MG | GLIMEPIRIDE TAB 2 MG | Tier 1 | | | | |
| GLIMEPIRIDE TAB 4MG | GLIMEPIRIDE TAB 4 MG | Tier 1 | | | | |
| GLIP/METFORM TAB 2.5-250 | GLIPIZIDE-METFORMIN HCL TAB 2.5-250 MG | Tier 2 | | | | |
| GLIP/METFORM TAB 2.5-250M | GLIPIZIDE-METFORMIN HCL TAB 2.5-250 MG | Tier 2 | | | | |
| GLIP/METFORM TAB 2.5-500 | GLIPIZIDE-METFORMIN HCL TAB 2.5-500 MG | Tier 2 | | | | |
| GLIP/METFORM TAB 2.5-500M | GLIPIZIDE-METFORMIN HCL TAB 2.5-500 MG | Tier 2 | | | | |
| GLIP/METFORM TAB 5-500MG | GLIPIZIDE-METFORMIN HCL TAB 5-500 MG | Tier 2 | | | | |
| 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 | X | | |
| GLIPIZIDE ER TAB 5MG | GLIPIZIDE TAB ER 24HR 5 MG | Tier 1 | X | | | |
| GLIPIZIDE TAB 10MG | GLIPIZIDE TAB 10 MG | Tier 1 | | | | |
| GLIPIZIDE TAB 5MG | GLIPIZIDE TAB 5 MG | Tier 1 | | | | |
| GLIPIZIDE XL TAB 10MG | GLIPIZIDE TAB ER 24HR 10 MG | Tier 1 | | X | | |

HCR - Health Care Reform Preventive Care
^ May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met

| Medication name | Generic medication name | Drug Tier | Prior authorization | Quantity limit | Step Therapy | Specialty |
|---|---|---|---|---|---|---|
| GLIPIZIDE XL TAB 2.5MG | GLIPIZIDE TAB ER 24HR 2.5 MG | Tier 1 | | | | |
| GLIPIZIDE XL TAB 5MG | GLIPIZIDE TAB ER 24HR 5 MG | Tier 1 | | | | |
| GLUCOTROL XL TAB 10MG | GLIPIZIDE TAB ER 24HR 10 MG | Tier 4 | | | | |
| GLUCOTROL XL TAB 5MG | GLIPIZIDE TAB ER 24HR 5 MG | Tier 4 | | | | |
| GLYB/METFORM TAB 1.25-250 | GLYBURIDE-METFORMIN TAB 1.25-250 MG | Tier 1 | | | | |
| GLYB/METFORM TAB 2.5-500 | GLYBURIDE-METFORMIN TAB 2.5-500 MG | Tier 1 | | | | |
| GLYB/METFORM TAB 5-500MG | GLYBURIDE-METFORMIN TAB 5-500 MG | Tier 1 | | | | |
| GLYBURID MCR TAB 1.5MG | GLYBURIDE MICRONIZED TAB 1.5 MG | Tier 1 | | | | |
| GLYBURID MCR TAB 3MG | GLYBURIDE MICRONIZED TAB 3 MG | Tier 1 | | | | |
| GLYBURID MCR TAB 6MG | GLYBURIDE MICRONIZED TAB 6 MG | Tier 1 | | | | |
| GLYBURIDE TAB 1.25MG | GLYBURIDE TAB 1.25 MG | Tier 1 | | | | |
| GLYBURIDE TAB 2.5MG | GLYBURIDE TAB 2.5 MG | Tier 1 | | | | |
| GLYBURIDE TAB 5MG | GLYBURIDE TAB 5 MG | Tier 1 | | | | |
| GLYXAMBI TAB 10-5 MG | EMPAGLIFLOZIN-LINAGLIPTIN TAB 10-5 MG | Tier 2 | | | | |
| GLYXAMBI TAB 25-5 MG | EMPAGLIFLOZIN-LINAGLIPTIN TAB 25-5 MG | Tier 2 | | | | |
| JARDIANCE TAB 10MG | EMPAGLIFLOZIN TAB 10 MG | Tier 2 | | X | | |
| JARDIANCE TAB 25MG | EMPAGLIFLOZIN TAB 25 MG | Tier 2 | | X | | |
| JENTADUETO TAB 2.5-1000 | LINAGLIPTIN-METFORMIN HCL TAB 2.5-1000 MG | Tier 2 | | X | | |
| JENTADUETO TAB 2.5-500 | LINAGLIPTIN-METFORMIN HCL TAB 2.5-500 MG | Tier 2 | | X | | |
| JENTADUETO TAB 2.5-850 | LINAGLIPTIN-METFORMIN HCL TAB 2.5-850 MG | Tier 2 | | X | | |
| JENTADUETO TAB XR | LINAGLIPTIN-METFORMIN HCL TAB ER 24HR 2.5-1000 MG | Tier 2 | | X | | |
| JENTADUETO TAB XR | LINAGLIPTIN-METFORMIN HCL TAB ER 24HR 5-1000 MG | Tier 2 | | X | | |
| LIRAGLUTIDE INJ 18MG/3ML | LIRAGLUTIDE SOLN PEN-INJECTOR 18 MG/3ML (6 MG/ML) | Tier 2 | X | X | | |
| LIRAGLUTIDE INJ 18MG/3ML | LIRAGLUTIDE SOLN PEN-INJECTOR 18 MG/3ML (6 MG/ML) | Tier 2 | X | X | | |
| METFORMIN SOL 500/5ML | METFORMIN HCL ORAL SOLN 500 MG/5ML | Tier 3 | | | | |
| METFORMIN TAB 1000MG | METFORMIN HCL TAB 1000 MG | Tier 1 | | | | |
| METFORMIN TAB 500MG | METFORMIN HCL TAB 500 MG | Tier 1 | | | | |
| METFORMIN TAB 500MG ER | METFORMIN HCL TAB ER 24HR 500 MG | Tier 1 | | | | |
| METFORMIN TAB 750MG ER | METFORMIN HCL TAB ER 24HR 750 MG | Tier 1 | | | | |
| METFORMIN TAB 850MG | METFORMIN HCL TAB 850 MG | Tier 1 | | | | |
| MIGLITOL TAB 100MG | MIGLITOL TAB 100 MG | Tier 2 | | | | |
| MIGLITOL TAB 25MG | MIGLITOL TAB 25 MG | Tier 2 | | | | |
| MIGLITOL TAB 50MG | MIGLITOL TAB 50 MG | Tier 2 | | | | |

HCR – Health Care Reform Preventive Care
^ May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met

| Medication name | Generic medication name | Drug Tier | Prior authorization | Quantity limit | Step Therapy | Specialty |
|---|---|---|---|---|---|---|
| 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 | | 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 | | 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 2 | | | | |
| NATEGLINIDE TAB 60MG | NATEGLINIDE TAB 60 MG | Tier 2 | | | | 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 | X | |
| OZEMPIC TAB 1.5MG | SEMAGLUTIDE TAB 1.5 MG | Tier 3 | X | X | | |
| OZEMPIC TAB 4MG | SEMAGLUTIDE TAB 4 MG | Tier 3 | X | X | | X |
| OZEMPIC TAB 9MG | SEMAGLUTIDE TAB 9 MG | Tier 3 | X | X | | X |
| PIOGLIT/GLIM TAB 30-2MG | PIOGLITAZONE HCL-GLIMEPIRIDE TAB 30-2 MG | Tier 1 | | | | X |
| PIOGLIT/GLIM TAB 30-4MG | PIOGLITAZONE HCL-GLIMEPIRIDE TAB 30-4 MG | Tier 1 | | | | X |
| PIOGLITA/MET TAB 15-500MG | PIOGLITAZONE HCL-METFORMIN HCL TAB 15-500 MG | Tier 2 | | X | | X |
| PIOGLITA/MET TAB 15-850MG | PIOGLITAZONE HCL-METFORMIN HCL TAB 15-850 MG | Tier 2 | | X | | X |
| PIOGLITAZONE TAB 15MG | PIOGLITAZONE HCL TAB 15 MG (BASE EQUIV) | Tier 1 | | | | |
| PIOGLITAZONE TAB 30MG | PIOGLITAZONE HCL TAB 30 MG (BASE EQUIV) | Tier 1 | | | | |
| 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 | | X |
| REPAGLINIDE TAB 1MG | REPAGLINIDE TAB 1 MG | Tier 2 | | X | X | |
| REPAGLINIDE TAB 2MG | REPAGLINIDE TAB 2 MG | Tier 2 | | X | | |
| RYBELSUS TAB 14MG | SEMAGLUTIDE TAB 14 MG | Tier 3 | X | X | | |
| RYBELSUS TAB 3MG | SEMAGLUTIDE TAB 3 MG | Tier 3 | X | X | | X |
| RYBELSUS TAB 7MG | SEMAGLUTIDE TAB 7 MG | Tier 3 | X | X | | |

HCR – Health Care Reform Preventive Care

^ May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met

| Medication name | Generic medication name | Drug Tier | Prior authorization | Quantity limit | Step Therapy | Specialty |
|---|---|---|---|---|---|---|
| SAXA/METFOR TAB 2.5-1000 | SAXAGLIPTIN-METFORMIN HCL TAB ER 24HR 2.5-1000 MG | Tier 2 | | X | | |
| SAXA/METFOR TAB 5-1000MG | SAXAGLIPTIN-METFORMIN HCL TAB ER 24HR 5-1000 MG | Tier 2 | | X | | |
| SAXA/METFOR TAB 5-500MG | SAXAGLIPTIN-METFORMIN HCL TAB ER 24HR 5-500 MG | Tier 2 | | X | | |
| SAXAGLIPTIN TAB 2.5MG | SAXAGLIPTIN HCL TAB 2.5 MG (BASE EQUIV) | Tier 2 | | X | | |
| SAXAGLIPTIN TAB 5MG | SAXAGLIPTIN HCL TAB 5 MG (BASE EQUIV) | Tier 2 | | X | | X |
| SYNJARDY TAB | EMPAGLIFLOZIN-METFORMIN HCL TAB 12.5-1000 MG | Tier 2 | | X | | |
| SYNJARDY TAB 12.5-500 | EMPAGLIFLOZIN-METFORMIN HCL TAB 12.5-500 MG | Tier 2 | | X | | |
| SYNJARDY TAB 5-1000MG | EMPAGLIFLOZIN-METFORMIN HCL TAB 5-1000 MG | Tier 2 | | X | | |
| SYNJARDY TAB 5-500MG | EMPAGLIFLOZIN-METFORMIN HCL TAB 5-500 MG | Tier 2 | | X | | |
| SYNJARDY XR TAB | EMPAGLIFLOZIN-METFORMIN HCL TAB ER 24HR 12.5-1000 MG | Tier 2 | | X | | |
| SYNJARDY XR TAB 10-1000 | EMPAGLIFLOZIN-METFORMIN HCL TAB ER 24HR 10-1000 MG | Tier 2 | | X | | |
| SYNJARDY XR TAB 25-1000 | EMPAGLIFLOZIN-METFORMIN HCL TAB ER 24HR 25-1000 MG | Tier 2 | | X | | |
| SYNJARDY XR TAB 5-1000MG | EMPAGLIFLOZIN-METFORMIN HCL TAB ER 24HR 5-1000 MG | Tier 2 | | X | | |
| TRADJENTA TAB 5MG | LINAGLIPTIN TAB 5 MG | Tier 2 | | X | | |
| TRIJARDY XR TAB | EMPAGLIFLOZIN-LINAGLIP-METFORMIN TAB ER 24HR 12.5-2.5-1000MG | Tier 2 | | | | |
| TRIJARDY XR TAB | EMPAGLIFLOZIN-LINAGLIPTIN-MET-FORMIN TAB ER 24HR 10-5-1000 MG | Tier 2 | | X | | X |
| TRIJARDY XR TAB | EMPAGLIFLOZIN-LINAGLIPTIN-MET-FORMIN TAB ER 24HR 25-5-1000 MG | Tier 2 | | | | |
| TRIJARDY XR TAB | EMPAGLIFLOZIN-LINAGLIPTIN-MET-FORMIN TAB ER 24HR 5-2.5-1000MG | Tier 2 | | | | |
| TRULICITY INJ 0.75/0.5 | DULAGLUTIDE SOLN AUTO-INJECTOR 0.75 MG/0.5ML | Tier 3 | X | | | |
| TRULICITY INJ 1.5/0.5 | DULAGLUTIDE SOLN AUTO-INJECTOR 1.5 MG/0.5ML | Tier 3 | | | | |
| TRULICITY INJ 3/0.5 | DULAGLUTIDE SOLN AUTO-INJECTOR 3 MG/0.5ML | Tier 3 | | | | |
| TRULICITY INJ 4.5/0.5 | DULAGLUTIDE SOLN AUTO-INJECTOR 4.5 MG/0.5ML | Tier 3 | | | | |
| **Antiemetics, Other - Nausea and Vomiting Drugs** | | | | | | |
| AKYNZEO CAP 300-0.5 | NETUPITANT-PALONOSETRON CAP 300-0.5 MG | Tier 4 | | | | |

HCR – Health Care Reform Preventive Care
^ May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met

| Medication name | Generic medication name | Drug Tier | Prior authorization | Quantity limit | Step Therapy | Specialty |
|---|---|---|---|---|---|---|
| COMPRO SUP 25MG | PROCHLORPERAZINE SUPPOS 25 MG | Tier 3 | | | | |
| 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 | | | | |
| METOCLOPRAM SOL 5MG/5ML | METOCLOPRAMIDE HCL SOLN 5 MG/5ML (10 MG/10ML) (BASE EQUIV) | Tier 1 | | | | |
| METOCLOPRAM TAB 10MG | METOCLOPRAMIDE HCL TAB 10 MG (BASE EQUIVALENT) | Tier 1 | | | | |
| METOCLOPRAM TAB 5MG | METOCLOPRAMIDE HCL TAB 5 MG (BASE EQUIVALENT) | Tier 1 | | | | |
| PERPHENAZINE TAB 16MG | PERPHENAZINE TAB 16 MG | Tier 1 | | | | |
| PERPHENAZINE TAB 2MG | PERPHENAZINE TAB 2 MG | Tier 1 | | | | |
| PERPHENAZINE TAB 4MG | PERPHENAZINE TAB 4 MG | Tier 1 | | | | |
| PERPHENAZINE TAB 8MG | PERPHENAZINE TAB 8 MG | Tier 1 | | | | |
| PROCHLORPER SUP 25MG | PROCHLORPERAZINE SUPPOS 25 MG | Tier 1 | | | | |
| PROCHLORPER TAB 10MG | PROCHLORPERAZINE MALEATE TAB 10 MG (BASE EQUIVALENT) | Tier 1 | | | | |
| PROCHLORPER TAB 5MG | PROCHLORPERAZINE MALEATE TAB 5 MG (BASE EQUIVALENT) | Tier 1 | | | | |
| REGLAN TAB 10MG | METOCLOPRAMIDE HCL TAB 10 MG (BASE EQUIVALENT) | Tier 4 | | | | |
| REGLAN TAB 5MG | METOCLOPRAMIDE HCL TAB 5 MG (BASE EQUIVALENT) | Tier 4 | | | | |
| SCOPOLAMINE DIS 1MG/3DAY | SCOPOLAMINE TD PATCH 72HR 1 MG/3DAYS | Tier 3 | | | | |
| TRIMETHOBENZ CAP 300MG | TRIMETHOBENZAMIDE HCL CAP 300 MG | Tier 1 | | | | |
| **Antiestrogens/Modifiers** | | | | | | |
| ORSERDU TAB 345MG | ELACESTRANT HYDROCHLORIDE TAB 345 MG | Tier 3 | X | X | | X |
| ORSERDU TAB 86MG | ELACESTRANT HYDROCHLORIDE TAB 86 MG | Tier 3 | X | X | | X |
| **Antiestrogens/Modifiers - Chemotherapy Agents** | | | | | | |
| TAMOXIFEN TAB 10MG | TAMOXIFEN CITRATE TAB 10 MG (BASE EQUIVALENT) | Tier 1 | | | | |
| TAMOXIFEN TAB 20MG | TAMOXIFEN CITRATE TAB 20 MG (BASE EQUIVALENT) | Tier 1^ | | | | |
| TOREMIFENE TAB 60MG | TOREMIFENE CITRATE TAB 60 MG (BASE EQUIVALENT) | Tier 3 | | | | |
| **Antifungals - Fungal Infection Drugs** | | | | | | |
| ANCOBON CAP 250MG | FLUCYTOSINE CAP 250 MG | Tier 4 | | | | |
| ANCOBON CAP 500MG | FLUCYTOSINE CAP 500 MG | Tier 3 | | X | | X |
| CICLODAN SOL 8% | CICLOPIROX SOLUTION 8% | Tier 1 | X | X | | X |
| CICLOPIROX CRE 0.77% | CICLOPIROX OLAMINE CREAM 0.77% (BASE EQUIV) | Tier 1 | X | X | | X |

HCR – Health Care Reform Preventive Care
^ May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met

| Medication name | Generic medication name | Drug Tier | Prior authorization | Quantity limit | Step Therapy | Specialty |
|---|---|---|---|---|---|---|
| CICLOPIROX GEL 0.77% | CICLOPIROX GEL 0.77% | Tier 1 | X | X | | X |
| CICLOPIROX SHA 1% | CICLOPIROX SHAMPOO 1% | Tier 2 | X | X | | X |
| CICLOPIROX SOL 8% | CICLOPIROX SOLUTION 8% | Tier 1 | | | | |
| CICLOPIROX SUS 0.77% | CICLOPIROX OLAMINE SUSP 0.77% (BASE EQUIV) | Tier 1 | X | | X | X |
| CLOTRIMAZOLE TRO 10MG | CLOTRIMAZOLE TROCHE 10 MG | Tier 1 | | | | X |
| CRESEMBA CAP 186MG | ISAVUCONAZONIUM SULFATE CAP 186 MG | Tier 3 | | | | X |
| CRESEMBA CAP 74.5MG | ISAVUCONAZONIUM SULFATE CAP 74.5 MG | Tier 3 | | | | X |
| ECONAZOLE CRE 1% | ECONAZOLE NITRATE CREAM 1% | Tier 2 | | | | X |
| EXELDERM CRE 1% | SULCONAZOLE NITRATE CREAM 1% | Tier 3 | | | | X |
| EXELDERM SOL 1% | SULCONAZOLE NITRATE SOLUTION 1% | Tier 3 | | | | X |
| EXODERM LOT 25-1% | SODIUM THIOSULFATE-SALICYLIC ACID LOTION 25-1% | Tier 3 | | | | |
| FLUCONAZOLE SUS 10MG/ML | FLUCONAZOLE FOR SUSP 10 MG/ML | Tier 1 | | | | X |
| FLUCONAZOLE SUS 40MG/ML | FLUCONAZOLE FOR SUSP 40 MG/ML | Tier 1 | | X | X | X |
| FLUCONAZOLE TAB 100MG | FLUCONAZOLE TAB 100 MG | Tier 1 | | | | X |
| FLUCONAZOLE TAB 150MG | FLUCONAZOLE TAB 150 MG | Tier 1 | | | | |
| FLUCONAZOLE TAB 200MG | FLUCONAZOLE TAB 200 MG | Tier 1 | | | | X |
| FLUCONAZOLE TAB 50MG | FLUCONAZOLE TAB 50 MG | Tier 1 | | | | |
| FLUCYTOSINE CAP 250MG | FLUCYTOSINE CAP 250 MG | Tier 1 | | | | |
| FLUCYTOSINE CAP 500MG | FLUCYTOSINE CAP 500 MG | Tier 1 | | | | |
| GRISEOFULVIN SUS 125/5ML | GRISEOFULVIN MICROSIZE SUSP 125 MG/5ML | Tier 1 | | | | |
| GRISEOFULVIN TAB MICR 500 | GRISEOFULVIN MICROSIZE TAB 500 MG | Tier 1 | | | | |
| GRISEOFULVIN TAB ULTR 125 | GRISEOFULVIN ULTRAMICROSIZE TAB 125 MG | Tier 1 | | | | |
| GRISEOFULVIN TAB ULTR 250 | GRISEOFULVIN ULTRAMICROSIZE TAB 250 MG | Tier 1 | | | | X |
| GYNAZOLE-1 CRE 2% | BUTOCONAZOLE NITRATE (ONE DOSE) VAGINAL CREAM 2% | Tier 3 | | | | |
| HC/IODOQUIN CRE 1-1% | IODOQUINOL-HC CREAM 1-1% | Tier 1 | | | | |
| ITRACONAZOLE CAP 100MG | ITRACONAZOLE CAP 100 MG | Tier 1 | | | | |
| ITRACONAZOLE SOL 10MG/ML | ITRACONAZOLE ORAL SOLN 10 MG/ML | Tier 2 | | | | |
| KETOCONAZOLE AER 2% | KETOCONAZOLE FOAM 2% | Tier 3 | | | | |
| KETOCONAZOLE CRE 2% | KETOCONAZOLE CREAM 2% | Tier 1 | | | | |
| KETOCONAZOLE SHA 2% | KETOCONAZOLE SHAMPOO 2% | Tier 1 | | | | |
| KETOCONAZOLE TAB 200MG | KETOCONAZOLE TAB 200 MG | Tier 1 | | | | |
| KETODAN AER 2% | KETOCONAZOLE FOAM 2% | Tier 3 | | | | |
| KLAYESTA POW 100000 | NYSTATIN TOPICAL POWDER 100000 UNIT/GM | Tier 1 | | | | |
| MICONAZOLE 3 SUP 200MG | MICONAZOLE NITRATE VAGINAL SUPPOS 200 MG | Tier 1 | | | | |

HCR - Health Care Reform Preventive Care
^ May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met

| Medication name | Generic medication name | Drug Tier | Prior authorization | Quantity limit | Step Therapy | Specialty |
|---|---|---|---|---|---|---|
| NOXAFIL PAK 300MG | POSACONAZOLE FOR DELAYED RELEASE SUSP PACKET 300 MG | Tier 2 | | | | |
| NOXAFIL SUS 40MG/ML | POSACONAZOLE SUSP 40 MG/ML | Tier 4 | | | | |
| NYAMYC POW 100000 | NYSTATIN TOPICAL POWDER 100000 UNIT/GM | Tier 1 | | | | |
| NYSTAT/TRIAM CRE | NYSTATIN-TRIAMCINOLONE CREAM 100000-0.1 UNIT/GM-% | Tier 2 | | | | |
| NYSTAT/TRIAM OIN | NYSTATIN-TRIAMCINOLONE OINT 100000-0.1 UNIT/GM-% | Tier 2 | | | | |
| NYSTATIN CRE 100000 | NYSTATIN CREAM 100000 UNIT/GM | Tier 1 | | | | |
| NYSTATIN OIN 100000 | NYSTATIN OINT 100000 UNIT/GM | Tier 1 | | | | |
| NYSTATIN OIN 100000U | NYSTATIN OINT 100000 UNIT/GM | Tier 1 | | | | |
| NYSTATIN POW | NYSTATIN (BULK) POWDER | Tier 3 | | | | |
| NYSTATIN POW 100000 | NYSTATIN TOPICAL POWDER 100000 UNIT/GM | Tier 1 | | X | | |
| NYSTATIN POW 100MU | NYSTATIN (BULK) POWDER | Tier 3 | | | | X |
| NYSTATIN POW 10BU | NYSTATIN (BULK) POWDER | Tier 3 | | | | |
| NYSTATIN POW 150MU | NYSTATIN (BULK) POWDER | Tier 3 | | | X | X |
| NYSTATIN POW 1BU | NYSTATIN (BULK) POWDER | Tier 3 | | | | |
| NYSTATIN POW 2BU | NYSTATIN (BULK) POWDER | Tier 3 | | | | |
| NYSTATIN POW 500MU | NYSTATIN (BULK) POWDER | Tier 3 | | | | X |
| NYSTATIN POW 50MU | NYSTATIN (BULK) POWDER | Tier 3 | | | X | X |
| NYSTATIN POW 5BU | NYSTATIN (BULK) POWDER | Tier 3 | | | | |
| NYSTATIN SUS 100000 | NYSTATIN SUSP 100000 UNIT/ML | Tier 1 | | | | X |
| NYSTATIN TAB 500000 | NYSTATIN TAB 500000 UNIT | Tier 1 | | | | X |
| NYSTOP POW 100000 | NYSTATIN TOPICAL POWDER 100000 UNIT/GM | Tier 1 | | X | | X |
| ORAVIG TAB 50MG | MICONAZOLE BUCCAL TAB 50 MG (MOUTH-THROAT) | Tier 4 | | | | X |
| POSACONAZOLE SUS 200/5ML | POSACONAZOLE SUSP 40 MG/ML | Tier 2 | | | | |
| POSACONAZOLE SUS 40MG/ML | POSACONAZOLE SUSP 40 MG/ML | Tier 2 | | | | |
| POSACONAZOLE TAB 100MG DR | POSACONAZOLE TAB DELAYED RELEASE 100 MG | Tier 2 | | | | |
| SPORANOX CAP 100MG | ITRACONAZOLE CAP 100 MG | Tier 4 | | | | |
| SPORANOX SOL 10MG/ML | ITRACONAZOLE ORAL SOLN 10 MG/ML | Tier 4 | | | | |
| SULCONAZOLE CRE 1% | SULCONAZOLE NITRATE CREAM 1% | Tier 3 | | | | |
| SULCONAZOLE SOL 1% | SULCONAZOLE NITRATE SOLUTION 1% | Tier 3 | | | | |
| TERBINAFINE TAB 250MG | TERBINAFINE HCL TAB 250 MG | Tier 1 | | | | |
| TERCONAZOLE CRE 0.4% | TERCONAZOLE VAGINAL CREAM 0.4% | Tier 1 | | | | |
| TERCONAZOLE CRE 0.8% | TERCONAZOLE VAGINAL CREAM 0.8% | Tier 1 | | | | |
| TERCONAZOLE SUP 80MG | TERCONAZOLE VAGINAL SUPPOS 80 MG | Tier 1 | | | | |

HCR – Health Care Reform Preventive Care
^ May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met

| Medication name | Generic medication name | Drug Tier | Prior authorization | Quantity limit | Step Therapy | Specialty |
|---|---|---|---|---|---|---|
| VFEND SUS 40MG/ML | VORICONAZOLE FOR SUSP 40 MG/ML | Tier 4 | | | | |
| VFEND TAB 50MG | VORICONAZOLE TAB 50 MG | Tier 3 | | | | |
| VIVJOA CAP 150MG | OTESECONAZOLE CAP THERAPY PACK 150 MG (12 WEEKS) | Tier 3 | | | | |
| VORICONAZOLE SUS 40MG/ML | VORICONAZOLE FOR SUSP 40 MG/ML | Tier 1 | | | | |
| VORICONAZOLE TAB 200MG | VORICONAZOLE TAB 200 MG | Tier 1 | | | | |
| VORICONAZOLE TAB 50MG | VORICONAZOLE TAB 50 MG | Tier 1 | | | | |
| **Antigout Agents - Gout Drugs** | | | | | | |
| ALLOPURINOL TAB 100MG | ALLOPURINOL TAB 100 MG | Tier 1 | | | | |
| ALLOPURINOL TAB 300MG | ALLOPURINOL TAB 300 MG | Tier 1 | | | | |
| COLCHICINE CAP 0.6MG | COLCHICINE CAP 0.6 MG | Tier 2 | | | | |
| COLCHICINE TAB 0.6MG | COLCHICINE TAB 0.6 MG | Tier 2 | | | | |
| FEBUXOSTAT TAB 40MG | FEBUXOSTAT TAB 40 MG | Tier 3 | | | | |
| FEBUXOSTAT TAB 80MG | FEBUXOSTAT TAB 80 MG | Tier 3 | | | | |
| GLOPERBA SOL 0.6/5ML | COLCHICINE ORAL SOLN 0.6 MG/5ML | Tier 4 | X | | | |
| MITIGARE CAP 0.6MG | COLCHICINE CAP 0.6 MG | Tier 2 | | | | |
| PROBEN/COLCH TAB 500-0.5 | COLCHICINE W/ PROBENECID TAB 0.5-500 MG | Tier 1 | | | | |
| PROBENECID TAB 500MG | PROBENECID TAB 500 MG | Tier 1 | | | | |
| **Antiherpetic Agents - Herpes Drugs** | | | | | | |
| ACYCLOVIR CAP 200MG | ACYCLOVIR CAP 200 MG | Tier 1 | | | | |
| ACYCLOVIR OIN 5% | ACYCLOVIR OINT 5% | Tier 3 | | | | |
| ACYCLOVIR SUS 200/5ML | ACYCLOVIR SUSP 200 MG/5ML | Tier 1 | | | | |
| ACYCLOVIR TAB 400MG | ACYCLOVIR TAB 400 MG | Tier 1 | | | | |
| ACYCLOVIR TAB 800MG | ACYCLOVIR TAB 800 MG | Tier 1 | | | | |
| FAMCICLOVIR TAB 125MG | FAMCICLOVIR TAB 125 MG | Tier 2 | | | | |
| FAMCICLOVIR TAB 250MG | FAMCICLOVIR TAB 250 MG | Tier 2 | | | | |
| FAMCICLOVIR TAB 500MG | FAMCICLOVIR TAB 500 MG | Tier 2 | | | | |
| VALACYCLOVIR TAB 1GM | VALACYCLOVIR HCL TAB 1 GM | Tier 1 | | X | | |
| VALACYCLOVIR TAB 500MG | VALACYCLOVIR HCL TAB 500 MG | Tier 1 | | | | |
| **Antihistamines - Drugs to Treat Allergies** | | | | | | |
| ALLERGY RELF TAB 25MG | DIPHENHYDRAMINE HCL TAB 25 MG | Tier 1 | X | X | X | X |
| AZELASTINE SPR 0.1% | AZELASTINE HCL NASAL SPRAY 0.1% (137 MCG/SPRAY) | Tier 2 | X | X | | X |
| CARBINOXAMIN SOL 4MG/5ML | CARBINOXAMINE MALEATE SOLN 4 MG/5ML | Tier 1 | X | X | X | X |
| CARBINOXAMIN TAB 4MG | CARBINOXAMINE MALEATE TAB 4 MG | Tier 1 | X | X | | X |
| CARBZAH SOL 4MG/5ML | CARBINOXAMINE MALEATE SOLN 4 MG/5ML | Tier 2 | | | | |
| CLEMASTINE TAB 2.68MG | CLEMASTINE FUMARATE TAB 2.68 MG | Tier 1 | | | | |
| CLEMASZ TAB 2.68MG | CLEMASTINE FUMARATE TAB 2.68 MG | Tier 3 | X | | X | X |

HCR – Health Care Reform Preventive Care

^ May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met

| Medication name | Generic medication name | Drug Tier | Prior authorization | Quantity limit | Step Therapy | Specialty |
|---|---|---|---|---|---|---|
| CLEMSZA TAB 2.68MG | CLEMASTINE FUMARATE TAB 2.68 MG | Tier 3 | | | | |
| CYPROHEPTAD SYP 2MG/5ML | CYPROHEPTADINE HCL SYRUP 2 MG/5ML | Tier 1 | | | | |
| CYPROHEPTAD TAB 4MG | CYPROHEPTADINE HCL TAB 4 MG | Tier 1 | | | | |
| DIPHENHYDRAM ELX 12.5/5ML | DIPHENHYDRAMINE HCL ELIXIR 12.5 MG/5ML | Tier 1 | | | | |
| 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 1 | | | | |
| OLOPATADINE SPR 0.6% | OLOPATADINE HCL NASAL SOLN 0.6% | Tier 3 | | | | |
| PROMETHAZINE SOL 12.5/10 | PROMETHAZINE HCL ORAL SOLN 6.25 MG/5ML | Tier 1 | X | | | |
| PROMETHAZINE SOL 6.25/5ML | PROMETHAZINE HCL ORAL SOLN 6.25 MG/5ML | Tier 1 | | X | | |
| PROMETHAZINE SUP 12.5MG | PROMETHAZINE HCL SUPPOS 12.5 MG | Tier 1 | | | | |
| PROMETHAZINE SUP 25MG | PROMETHAZINE HCL SUPPOS 25 MG | Tier 1 | | | | |
| PROMETHAZINE TAB 12.5MG | PROMETHAZINE HCL TAB 12.5 MG | Tier 1 | | | | |
| PROMETHAZINE TAB 25MG | PROMETHAZINE HCL TAB 25 MG | Tier 1 | | | | |
| PROMETHAZINE TAB 50MG | PROMETHAZINE HCL TAB 50 MG | Tier 1 | | | | |
| PROMETHEGAN SUP 12.5MG | PROMETHAZINE HCL SUPPOS 12.5 MG | Tier 3 | | | | |
| PROMETHEGAN SUP 25MG | PROMETHAZINE HCL SUPPOS 25 MG | Tier 3 | | | | |
| PROMETHEGAN SUP 50MG | PROMETHAZINE HCL SUPPOS 50 MG | Tier 3 | | | | |
| **Antileukotrienes - Asthma/Lung Drugs** | | | | | | |
| ACCOLATE TAB 10MG | ZAFIRLUKAST TAB 10 MG | Tier 4 | | | | |
| ACCOLATE TAB 20MG | ZAFIRLUKAST TAB 20 MG | Tier 4 | | | | |
| MONTELUKAST CHW 4MG | MONTELUKAST SODIUM CHEW TAB 4 MG (BASE EQUIV) | Tier 1 | | | | |
| MONTELUKAST CHW 5MG | MONTELUKAST SODIUM CHEW TAB 5 MG (BASE EQUIV) | Tier 1 | | | | |
| MONTELUKAST GRA 4MG | MONTELUKAST SODIUM ORAL GRANULES PACKET 4 MG (BASE EQUIV) | Tier 2 | | | | |
| MONTELUKAST TAB 10MG | MONTELUKAST SODIUM TAB 10 MG (BASE EQUIV) | Tier 1 | | | | |
| SINGULAIR GRA 4MG | MONTELUKAST SODIUM ORAL GRANULES PACKET 4 MG (BASE EQUIV) | Tier 3 | | | | |
| ZAFIRLUKAST TAB 10MG | ZAFIRLUKAST TAB 10 MG | Tier 1 | | | | |
| ZAFIRLUKAST TAB 20MG | ZAFIRLUKAST TAB 20 MG | Tier 1 | | | | |
| **Antimetabolites - Chemotherapy Agents** | | | | | | |
| CAPECITABINE TAB 150MG | CAPECITABINE TAB 150 MG | Tier 1 | | | | X |
| CAPECITABINE TAB 500MG | CAPECITABINE TAB 500 MG | Tier 1 | | | | X |
| DROXIA CAP 200MG | HYDROXYUREA CAP 200 MG | Tier 1 | | | | |
| DROXIA CAP 300MG | HYDROXYUREA CAP 300 MG | Tier 1 | | | | |
| DROXIA CAP 400MG | HYDROXYUREA CAP 400 MG | Tier 1 | | | | |

HCR – Health Care Reform Preventive Care
^ May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met

| Medication name | Generic medication name | Drug Tier | Prior authorization | Quantity limit | Step Therapy | Specialty |
|---|---|---|---|---|---|---|
| HYDROXYUREA CAP 500MG | HYDROXYUREA CAP 500 MG | Tier 1 | | | | |
| MERCAPTOPUR TAB 50MG | MERCAPTOPURINE TAB 50 MG | Tier 1 | | | | |
| MERCAPTOPURI SUS 20MG/ML | MERCAPTOPURINE SUSP 2000 MG/100ML (20 MG/ML) | Tier 3 | | | | X |
| PURIXAN SUS 20MG/ML | MERCAPTOPURINE SUSP 2000 MG/100ML (20 MG/ML) | Tier 4 | | | | X |
| TABLOID TAB 40MG | THIOGUANINE TAB 40 MG | Tier 3 | | | | X |
| **Antimycobacterials, Other - Miscellaneous Anti-Infectives** | | | | | | |
| DAPSONE TAB 100MG | DAPSONE TAB 100 MG | Tier 2 | | | | |
| DAPSONE TAB 25MG | DAPSONE TAB 25 MG | Tier 2 | | | | |
| PRETOMANID TAB 200MG | PRETOMANID TAB 200 MG | Tier 4 | | | | |
| RIFABUTIN CAP 150MG | RIFABUTIN CAP 150 MG | Tier 1 | | | | |
| **Antineoplastic - Hormonal and Related Agents** | | | | | | |
| INLURIYO TAB 200MG | IMLUNESTRANT TOSYLATE TAB 200 MG | Tier 3 | X | X | | X |
| LIFYORLI CAP 125MG DS | RELACORILANT CAP PAK 1 X 25 MG & 1 X 100 MG (125 MG DOSE) | Tier 4 | X | X | | X |
| LIFYORLI CAP 150MG DS | RELACORILANT CAP PAK 2 X 25 MG & 1 X 100 MG (150 MG DOSE) | Tier 4 | X | X | | |
| **Antineoplastics - Drugs to Treat Cancer** | | | | | | |
| JAYPIRCA TAB 100MG | PIRTOBRUTINIB TAB 100 MG | Tier 4 | X | X | | |
| JAYPIRCA TAB 50MG | PIRTOBRUTINIB TAB 50 MG | Tier 4 | X | X | | |
| **Antineoplastics, Other** | | | | | | |
| AKEEGA TAB 100/500 | NIRAPARIB TOSYLATE-ABIRATERONE ACETATE TAB 100-500 MG | Tier 4 | X | X | X | X |
| AKEEGA TAB 50/500MG | NIRAPARIB TOSYLATE-ABIRATERONE ACETATE TAB 50-500 MG | Tier 4 | X | X | X | X |
| REVUFORJ TAB 110MG | REVUMENIB CITRATE TAB 110 MG | Tier 4 | X | X | | X |
| REVUFORJ TAB 160MG | REVUMENIB CITRATE TAB 160 MG | Tier 4 | X | X | | X |
| REVUFORJ TAB 25MG | REVUMENIB CITRATE TAB 25 MG | Tier 4 | X | X | | X |
| **Antineoplastics, Other - Chemotherapy Agents** | | | | | | |
| AUGTYRO CAP 160MG | REPOTRECTINIB CAP 160 MG | Tier 3 | X | X | | X |
| AUGTYRO CAP 40MG | REPOTRECTINIB CAP 40 MG | Tier 3 | X | X | | X |
| AVMAPKI PAK FAKZYNJA | AVUTOMETINIB CAP 0.8 MG & DEFACTINIB TAB 200 MG THERAPY PACK | Tier 4 | X | X | | |
| COPIKTRA CAP 15MG | DUVELISIB CAP 15 MG | Tier 4 | X | X | | |
| COPIKTRA CAP 25MG | DUVELISIB CAP 25 MG | Tier 4 | X | X | | |
| ENSACOVE CAP 100MG | ENSARTINIB HCL CAP 100 MG (BASE EQUIVALENT) | Tier 3 | X | X | | |
| ENSACOVE CAP 25MG | ENSARTINIB HCL CAP 25 MG (BASE EQUIVALENT) | Tier 3 | X | X | | |
| FRUZAQLA CAP 1MG | FRUQUINTINIB CAP 1 MG | Tier 4 | X | X | X | X |
| FRUZAQLA CAP 5MG | FRUQUINTINIB CAP 5 MG | Tier 4 | X | X | X | X |

HCR – Health Care Reform Preventive Care
^ May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met

| Medication name | Generic medication name | Drug Tier | Prior authorization | Quantity limit | Step Therapy | Specialty |
|---|---|---|---|---|---|---|
| GOMEKLI CAP 1MG | MIRDAMETINIB CAP 1 MG | Tier 4 | X | X | | X |
| GOMEKLI CAP 2MG | MIRDAMETINIB CAP 2 MG | Tier 4 | X | X | | X |
| GOMEKLI TAB 1MG | MIRDAMETINIB TAB FOR ORAL SUSP 1 MG | Tier 4 | X | X | | X |
| HYRNUO TAB 10MG | SEVABERTINIB TAB 10 MG | Tier 3 | X | X | | X |
| IBTROZI CAP 200MG | TALETRECTINIB ADIPATE CAP 200 MG | Tier 3 | X | X | X | X |
| INQOVI TAB 35-100MG | DECITABINE-CEDAZURIDINE TAB 35-100 MG | Tier 4 | X | X | | X |
| ITOVEBI TAB 3MG | INAVOLISIB TAB 3 MG | Tier 3 | X | X | | X |
| ITOVEBI TAB 9MG | INAVOLISIB TAB 9 MG | Tier 3 | X | X | | X |
| IWILFIN TAB 192MG | EFLORNITHINE HCL TAB 192 MG | Tier 3 | X | X | | X |
| KISQALI TAB 200DOSE | RIBOCICLIB SUCCINATE TAB PACK 200 MG DAILY DOSE | Tier 3 | X | X | | X |
| KISQALI TAB 400DOSE | RIBOCICLIB SUCCINATE TAB PACK 400 MG DAILY DOSE (200 MG TAB) | Tier 3 | X | X | | X |
| KISQALI TAB 600DOSE | RIBOCICLIB SUCCINATE TAB PACK 600 MG DAILY DOSE (200 MG TAB) | Tier 3 | X | X | | X |
| KOSELUGO CAP 10MG | SELUMETINIB SULFATE CAP 10 MG | Tier 3 | X | X | | X |
| KOSELUGO CAP 25MG | SELUMETINIB SULFATE CAP 25 MG | Tier 3 | X | X | | X |
| KOSELUGO CAP 5MG | SELUMETINIB SULFATE CAP SPRINKLE 5 MG | Tier 3 | X | X | | |
| KOSELUGO CAP 7.5MG | SELUMETINIB SULFATE CAP SPRINKLE 7.5 MG | Tier 3 | X | X | | |
| KRAZATI TAB 200MG | ADAGRASIB TAB 200 MG | Tier 4 | X | X | | X |
| LEUCOVOR CA TAB 10MG | LEUCOVORIN CALCIUM TAB 10 MG | Tier 1 | | | | |
| LEUCOVOR CA TAB 15MG | LEUCOVORIN CALCIUM TAB 15 MG | Tier 1 | | | | |
| LEUCOVOR CA TAB 25MG | LEUCOVORIN CALCIUM TAB 25 MG | Tier 1 | | | | |
| LEUCOVOR CA TAB 5MG | LEUCOVORIN CALCIUM TAB 5 MG | Tier 1 | | | | |
| LEUCOVORIN TAB 5MG | LEUCOVORIN CALCIUM TAB 5 MG | Tier 1 | | | | |
| LORBRENA TAB 100MG | LORLATINIB TAB 100 MG | Tier 4 | X | X | X | X |
| LORBRENA TAB 25MG | LORLATINIB TAB 25 MG | Tier 4 | X | X | X | X |
| LUMAKRAS TAB 120MG | SOTORASIB TAB 120 MG | Tier 4 | X | X | | X |
| LUMAKRAS TAB 240MG | SOTORASIB TAB 240 MG | Tier 4 | X | X | | X |
| LUMAKRAS TAB 320MG | SOTORASIB TAB 320 MG | Tier 4 | X | X | | X |
| NINLARO CAP 2.3MG | IXAZOMIB CITRATE CAP 2.3 MG (BASE EQUIVALENT) | Tier 3 | X | X | | X |
| NINLARO CAP 3MG | IXAZOMIB CITRATE CAP 3 MG (BASE EQUIVALENT) | Tier 3 | X | X | | X |
| NINLARO CAP 4MG | IXAZOMIB CITRATE CAP 4 MG (BASE EQUIVALENT) | Tier 3 | X | X | | X |
| OGSIVEO TAB 100MG | NIROGACESTAT HYDROBROMIDE TAB 100 MG | Tier 3 | X | X | | X |
| OGSIVEO TAB 150MG | NIROGACESTAT HYDROBROMIDE TAB 150 MG | Tier 3 | X | X | | X |

HCR - Health Care Reform Preventive Care
^ May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met

| Medication name | Generic medication name | Drug Tier | Prior authorization | Quantity limit | Step Therapy | Specialty |
|---|---|---|---|---|---|---|
| OGSIVEO TAB 50MG | NIROGACESTAT HYDROBROMIDE TAB 50 MG | Tier 3 | X | X | | X |
| OJJAARA TAB 100MG | MOMELOTINIB DIHYDROCHLORIDE TAB 100 MG | Tier 4 | X | X | X | X |
| OJJAARA TAB 150MG | MOMELOTINIB DIHYDROCHLORIDE TAB 150 MG | Tier 4 | X | X | X | X |
| OJJAARA TAB 200MG | MOMELOTINIB DIHYDROCHLORIDE TAB 200 MG | Tier 4 | X | X | X | X |
| ONUREG TAB 200MG | AZACITIDINE TAB 200 MG | Tier 3 | X | X | | X |
| ONUREG TAB 300MG | AZACITIDINE TAB 300 MG | Tier 3 | X | X | | X |
| PIQRAY 200MG TAB DOSE | ALPELISIB TAB THERAPY PACK 200 MG DAILY DOSE | Tier 3 | X | X | | X |
| PIQRAY 250MG TAB DOSE | ALPELISIB TAB PACK 250 MG DAILY DOSE (200 MG & 50 MG TABS) | Tier 3 | X | X | | X |
| PIQRAY 300MG TAB DOSE | ALPELISIB TAB PACK 300 MG DAILY DOSE (2X150 MG TAB) | Tier 3 | | | | |
| ROMVIMZA CAP 14MG | VIMSELTINIB CAP 14 MG | Tier 3 | | | | |
| ROMVIMZA CAP 20MG | VIMSELTINIB CAP 20 MG | Tier 3 | X | X | | X |
| ROMVIMZA CAP 30MG | VIMSELTINIB CAP 30 MG | Tier 3 | X | X | | X |
| ROZLYTREK CAP 100MG | ENTRECTINIB CAP 100 MG | Tier 3 | X | X | | X |
| ROZLYTREK CAP 200MG | ENTRECTINIB CAP 200 MG | Tier 3 | X | X | | X |
| ROZLYTREK PAK 50MG | ENTRECTINIB PELLET PACK 50 MG | Tier 3 | X | X | | X |
| SCEMBLIX TAB 100MG | ASCIMINIB HCL TAB 100 MG | Tier 4 | X | X | | X |
| SCEMBLIX TAB 20MG | ASCIMINIB HCL TAB 20 MG | Tier 4 | X | X | | X |
| SCEMBLIX TAB 40MG | ASCIMINIB HCL TAB 40 MG | Tier 4 | X | X | | X |
| TAZVERIK TAB 200MG | TAZEMETOSTAT HBR TAB 200 MG | Tier 4 | | | | |
| TRUQAP PAK 160MG | CAPIVASERTIB TAB THERAPY PACK 160 MG | Tier 3 | | | | |
| TRUQAP PAK 200MG | CAPIVASERTIB TAB THERAPY PACK 200 MG | Tier 3 | | | | |
| TRUQAP TAB 160MG | CAPIVASERTIB TAB 160 MG | Tier 3 | X | X | | |
| TRUQAP TAB 200MG | CAPIVASERTIB TAB 200 MG | Tier 3 | X | X | | |
| VANFLYTA TAB 17.7MG | QUIZARTINIB DIHYDROCHLORIDE TAB 17.7 MG | Tier 4 | X | X | | |
| VANFLYTA TAB 26.5MG | QUIZARTINIB DIHYDROCHLORIDE TAB 26.5 MG | Tier 4 | | | | |
| VERZENIO TAB 100MG | ABEMACICLIB TAB 100 MG | Tier 3 | | | | |
| VERZENIO TAB 150MG | ABEMACICLIB TAB 150 MG | Tier 3 | | | | |
| VERZENIO TAB 200MG | ABEMACICLIB TAB 200 MG | Tier 3 | | | | |
| VERZENIO TAB 50MG | ABEMACICLIB TAB 50 MG | Tier 3 | | | | |
| VORANIGO TAB 10MG | VORASIDENIB TAB 10 MG | Tier 3 | | | | |
| VORANIGO TAB 40MG | VORASIDENIB TAB 40 MG | Tier 3 | X | | | |
| WELIREG TAB 40MG | BELZUTIFAN TAB 40 MG | Tier 4 | X | | | |
| XPOVIO PAK 40MG | SELINEXOR TAB THERAPY PACK 10 MG (40 MG ONCE WEEKLY) | Tier 4 | | | | |

HCR – Health Care Reform Preventive Care
^ May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met

| Medication name | Generic medication name | Drug Tier | Prior authorization | Quantity limit | Step Therapy | Specialty |
|---|---|---|---|---|---|---|
| XPOVIO PAK 40MG | SELINEXOR TAB THERAPY PACK 40 MG (40 MG ONCE WEEKLY) | Tier 4 | | | | |
| XPOVIO PAK 40MG | SELINEXOR TAB THERAPY PACK 40 MG (40 MG TWICE WEEKLY) | Tier 4 | | | | |
| XPOVIO PAK 40MG | SELINEXOR TAB THERAPY PACK 40 MG (80 MG ONCE WEEKLY) | Tier 4 | | | | |
| XPOVIO PAK 50MG | SELINEXOR TAB THERAPY PACK 50 MG (100 MG ONCE WEEKLY) | Tier 4 | | | | |
| XPOVIO PAK 60MG | SELINEXOR TAB THERAPY PACK 20 MG (60 MG TWICE WEEKLY) | Tier 4 | X | X | | |
| XPOVIO PAK 60MG | SELINEXOR TAB THERAPY PACK 60 MG (60 MG ONCE WEEKLY) | Tier 4 | X | X | | |
| XPOVIO PAK 80MG | SELINEXOR TAB THERAPY PACK 20 MG (80 MG TWICE WEEKLY) | Tier 4 | X | X | | X |
| XPOVIO PAK 80MG | SELINEXOR TAB THERAPY PACK 80 MG (80 MG ONCE WEEKLY) | Tier 4 | X | X | | X |
| ZOLINZA CAP 100MG | VORINOSTAT CAP 100 MG | Tier 3 | X | X | | X |
| **Antiparkinson Agents, Other - Parkinson's Disease Drugs** | | | | | | |
| AMANTADINE CAP 100MG | AMANTADINE HCL CAP 100 MG | Tier 1 | | | | |
| AMANTADINE SOL 50MG/5ML | AMANTADINE HCL SOLN 50 MG/5ML | Tier 1 | | | | |
| AMANTADINE TAB 100MG | AMANTADINE HCL TAB 100 MG | Tier 1 | | | | |
| ENTACAPONE TAB 200MG | ENTACAPONE TAB 200 MG | Tier 1 | | | | |
| **Antiprotozoals - Protozoal Infection Drugs** | | | | | | |
| ARAKODA TAB 100MG | TAFENOQUINE SUCCINATE TAB 100 MG (BASE EQUIVALENT) | Tier 4 | | X | | |
| ATOVAQ/PROGU TAB 250-100 | ATOVAQUONE-PROGUANIL HCL TAB 250-100 MG | Tier 2 | | | | |
| ATOVAQ/PROGU TAB 62.5-25 | ATOVAQUONE-PROGUANIL HCL TAB 62.5-25 MG | Tier 2 | | | | |
| ATOVAQUONE SUS 750/5ML | ATOVAQUONE SUSP 750 MG/5ML | Tier 2 | | | | |
| CHLOROQUINE TAB 250MG | CHLOROQUINE PHOSPHATE TAB 250 MG | Tier 1 | | | | |
| CHLOROQUINE TAB 500MG | CHLOROQUINE PHOSPHATE TAB 500 MG | Tier 1 | | | | |
| COARTEM TAB 20-120MG | ARTEMETHER-LUMEFANTRINE TAB 20-120 MG | Tier 2 | | | | |
| DARAPRIM TAB 25MG | PYRIMETHAMINE TAB 25 MG | Tier 4 | | | | |
| HYDROXYCHLOR TAB 100MG | HYDROXYCHLOROQUINE SULFATE TAB 100 MG | Tier 1 | | | | |
| HYDROXYCHLOR TAB 200MG | HYDROXYCHLOROQUINE SULFATE TAB 200 MG | Tier 1 | | | | |
| HYDROXYCHLOR TAB 300MG | HYDROXYCHLOROQUINE SULFATE TAB 300 MG | Tier 1 | | | | |
| HYDROXYCHLOR TAB 400MG | HYDROXYCHLOROQUINE SULFATE TAB 400 MG | Tier 1 | | | | |
| IMPAVIDO CAP 50MG | MILTEFOSINE CAP 50 MG | Tier 2 | | | | |

HCR – Health Care Reform Preventive Care
^ May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met

| Medication name | Generic medication name | Drug Tier | Prior authorization | Quantity limit | Step Therapy | Specialty |
|---|---|---|---|---|---|---|
| KRINTAFEL TAB 150MG | TAFENOQUINE SUCCINATE TAB 150 MG (BASE EQUIVALENT) | Tier 1 | | | | |
| LAMPIT TAB 120MG | NIFURTIMOX TAB 120 MG | Tier 4 | | | | |
| LAMPIT TAB 30MG | NIFURTIMOX TAB 30 MG | Tier 4 | | | | |
| MALARONE TAB 250-100 | ATOVAQUONE-PROGUANIL HCL TAB 250-100 MG | Tier 4 | | | | |
| MALARONE TAB 62.5-25 | ATOVAQUONE-PROGUANIL HCL TAB 62.5-25 MG | Tier 4 | | | | |
| MEFLOQUINE TAB 250MG | MEFLOQUINE HCL TAB 250 MG | Tier 1 | | | | |
| NITAZOXANIDE TAB 500MG | NITAZOXANIDE TAB 500 MG | Tier 2 | | | | |
| PENTAMIDINE INH 300MG | PENTAMIDINE ISETHIONATE FOR NEBULIZATION SOLN 300 MG | Tier 2 | | | | |
| PRIMAQUINE TAB 26.3MG | PRIMAQUINE PHOSPHATE TAB 26.3 MG (15 MG BASE) | Tier 1 | | | | |
| PYRIMETHAMIN TAB 25MG | PYRIMETHAMINE TAB 25 MG | Tier 3 | X | | | |
| QUALAQUIN CAP 324MG | QUININE SULFATE CAP 324 MG | Tier 4 | | | | |
| QUININE SULF CAP 324MG | QUININE SULFATE CAP 324 MG | Tier 1 | | | | |
| **Antispasmodics, Gastrointestinal - Bowel Treatment Drugs** | | | | | | |
| BELLA/OPIUM SUP 16.2-60 | BELLADONNA ALKALOIDS & OPIUM SUPPOS 16.2-60 MG | Tier 1 | | | | |
| **Antispasmodics, Gastrointestinal - Stomach and Intestine Drugs** | | | | | | |
| ANASPAZ TAB 0.125MG | HYOSCYAMINE SULFATE TAB DISINT 0.125 MG | Tier 2 | | | | |
| CUVPOSA SOL 1MG/5ML | GLYCOPYRROLATE ORAL SOLN 1 MG/5ML | Tier 4 | | | | |
| DICYCLOMINE CAP 10MG | DICYCLOMINE HCL CAP 10 MG | Tier 1 | | | | |
| DICYCLOMINE SOL 10MG/5ML | DICYCLOMINE HCL ORAL SOLN 10 MG/5ML | Tier 1 | | | | |
| DICYCLOMINE TAB 20MG | DICYCLOMINE HCL TAB 20 MG | Tier 1 | | X | | |
| GLYCOPYRROL TAB 1MG | GLYCOPYRROLATE TAB 1 MG | Tier 1 | | X | | |
| GLYCOPYRROL TAB 2MG | GLYCOPYRROLATE TAB 2 MG | Tier 1 | | | | |
| GLYCOPYRROLA SOL 1MG/5ML | GLYCOPYRROLATE ORAL SOLN 1 MG/5ML | Tier 3 | | | | |
| HYOSCYAMINE DRO 0.125/ML | HYOSCYAMINE SULFATE SOLN 0.125 MG/ML | Tier 1 | | | | |
| HYOSCYAMINE ELX 0.125/5 | HYOSCYAMINE SULFATE ELIXIR 0.125 MG/5ML | Tier 1 | X | | | |
| HYOSCYAMINE SUB 0.125MG | HYOSCYAMINE SULFATE SL TAB 0.125 MG | Tier 1 | | | | |
| HYOSCYAMINE TAB 0.125MG | HYOSCYAMINE SULFATE TAB 0.125 MG | Tier 1 | | | | |
| HYOSCYAMINE TAB 0.125MG | HYOSCYAMINE SULFATE TAB DISINT 0.125 MG | Tier 1 | | X | | |
| HYOSCYAMINE TAB 0.375 ER | HYOSCYAMINE SULFATE TAB ER 12HR 0.375 MG | Tier 1 | | X | | |
| HYOSCYAMINE TAB 0.375 SR | HYOSCYAMINE SULFATE TAB ER 12HR 0.375 MG | Tier 1 | | X | | |

HCR – Health Care Reform Preventive Care
^ May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met

| Medication name | Generic medication name | Drug Tier | Prior authorization | Quantity limit | Step Therapy | Specialty |
|---|---|---|---|---|---|---|
| HYOSYNE DRO 0.125/ML | HYOSCYAMINE SULFATE SOLN 0.125 MG/ML | Tier 1 | | X | | |
| HYOSYNE ELX 0.125/5 | HYOSCYAMINE SULFATE ELIXIR 0.125 MG/5ML | Tier 1 | X | X | | |
| LEVBID TAB 0.375 ER | HYOSCYAMINE SULFATE TAB ER 12HR 0.375 MG | Tier 4 | | X | | |
| LEVSIN TAB 0.125MG | HYOSCYAMINE SULFATE TAB 0.125 MG | Tier 4 | | | | |
| LEVSIN/SL SUB 0.125MG | HYOSCYAMINE SULFATE SL TAB 0.125 MG | Tier 4 | | | | |
| METHSCOPOLAM TAB 2.5MG | METHSCOPOLAMINE BROMIDE TAB 2.5 MG | Tier 1 | | | | |
| METHSCOPOLAM TAB 5MG | METHSCOPOLAMINE BROMIDE TAB 5 MG | Tier 1 | | | | |
| NULEV TAB 0.125MG | HYOSCYAMINE SULFATE TAB DISINT 0.125 MG | Tier 4 | | | | |
| OSCIMIN SUB 0.125MG | HYOSCYAMINE SULFATE SL TAB 0.125 MG | Tier 4 | | | | |
| OSCIMIN TAB 0.125MG | HYOSCYAMINE SULFATE TAB 0.125 MG | Tier 4 | | | | |
| **Antispasmodics, Urinary - Bladder Control Drugs** | | | | | | |
| FLAVOXATE TAB 100MG | FLAVOXATE HCL TAB 100 MG | Tier 1 | | | | |
| MIRABEGRON TAB 25MG ER | MIRABEGRON TAB ER 24 HR 25 MG | Tier 3 | | | | |
| MIRABEGRON TAB 50MG ER | MIRABEGRON TAB ER 24 HR 50 MG | Tier 3 | | | | |
| OXYBUTYNIN SOL 5MG/5ML | OXYBUTYNIN CHLORIDE SOLUTION 5 MG/5ML | Tier 1 | | | | |
| OXYBUTYNIN TAB 10MG ER | OXYBUTYNIN CHLORIDE TAB ER 24HR 10 MG | Tier 2 | | | | |
| OXYBUTYNIN TAB 15MG ER | OXYBUTYNIN CHLORIDE TAB ER 24HR 15 MG | Tier 2 | | | | |
| OXYBUTYNIN TAB 2.5MG | OXYBUTYNIN CHLORIDE TAB 2.5 MG | Tier 4 | | | | |
| OXYBUTYNIN TAB 5MG | OXYBUTYNIN CHLORIDE TAB 5 MG | Tier 1 | | | | |
| OXYBUTYNIN TAB 5MG ER | OXYBUTYNIN CHLORIDE TAB ER 24HR 5 MG | Tier 2 | | | | |
| SOLIFENACIN TAB 10MG | SOLIFENACIN SUCCINATE TAB 10 MG | Tier 2 | | | | |
| SOLIFENACIN TAB 5MG | SOLIFENACIN SUCCINATE TAB 5 MG | Tier 2 | | | | |
| TOLTERODINE TAB 1MG | TOLTERODINE TARTRATE TAB 1 MG | Tier 3 | | | X | |
| TOLTERODINE TAB 2MG | TOLTERODINE TARTRATE TAB 2 MG | Tier 3 | | | X | |
| TROSPIUM CL TAB 20MG | TROSPIUM CHLORIDE TAB 20 MG | Tier 3 | | | | |
| URIBEL TAB | METHENAMINE-HYOSC-METH BLUE-BENZ ACID-PHENYL SAL TAB 81.6MG | Tier 3 | | | | |
| **Antithyroid Agents - Thyroid Suppressing Drugs** | | | | | | |
| METHIMAZOLE TAB 10MG | METHIMAZOLE TAB 10 MG | Tier 1 | | | | |
| METHIMAZOLE TAB 5MG | METHIMAZOLE TAB 5 MG | Tier 1 | | | | |
| PROPYLTHIOUR TAB 50MG | PROPYLTHIOURACIL TAB 50 MG | Tier 1 | | | | |
| **Antituberculars - Tuberculosis Drugs** | | | | | | |
| CYCLOSERINE CAP 250MG | CYCLOSERINE CAP 250 MG | Tier 1 | | | | |
| ETHAMBUTOL TAB 100MG | ETHAMBUTOL HCL TAB 100 MG | Tier 1 | | | | |
| ETHAMBUTOL TAB 400MG | ETHAMBUTOL HCL TAB 400 MG | Tier 1 | | | | |
| ISONIAZID SYP 50MG/5ML | ISONIAZID SYRUP 50 MG/5ML | Tier 1 | | | | |

HCR – Health Care Reform Preventive Care
^ May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met

| Medication name | Generic medication name | Drug Tier | Prior authorization | Quantity limit | Step Therapy | Specialty |
|---|---|---|---|---|---|---|
| ISONIAZID TAB 100MG | ISONIAZID TAB 100 MG | Tier 1 | | | | |
| ISONIAZID TAB 300MG | ISONIAZID TAB 300 MG | Tier 1 | | | | |
| PRIFTIN TAB 150MG | RIFAPENTINE TAB 150 MG | Tier 2 | | | | |
| PYRAZINAMIDE TAB 500MG | PYRAZINAMIDE TAB 500 MG | Tier 1 | | | | |
| RIFAMPIN CAP 150MG | RIFAMPIN CAP 150 MG | Tier 1 | | | | |
| RIFAMPIN CAP 300MG | RIFAMPIN CAP 300 MG | Tier 1 | | | | |
| RIFAPENTINE TAB 150MG | RIFAPENTINE TAB 150 MG | Tier 2 | | | | |
| SIRTURO TAB 100MG | BEDAQUILINE FUMARATE TAB 100 MG (BASE EQUIV) | Tier 2 | | | | |
| SIRTURO TAB 20MG | BEDAQUILINE FUMARATE TAB 20 MG (BASE EQUIV) | Tier 2 | | | | |
| TRECATOR TAB 250MG | ETHIONAMIDE TAB 250 MG | Tier 2 | | | | |
| **Antivirals** | | | | | | |
| TEMBEXA SUS 10MG/ML | BRINCIDOFOVIR ORAL SUSP 10 MG/ML | Tier 4 | | | | |
| TEMBEXA TAB 100MG | BRINCIDOFOVIR TAB 100 MG | Tier 4 | | | | X |
| **Antivirals - Drugs to Treat Viral Infections** | | | | | | |
| LAGEVRIO CAP 200MG | MOLNUPIRAVIR CAP 200 MG | Tier 3 | | X | | X |
| PAXLOVID PAK | NIRMATRELVIR TAB 6 X 150 MG & RITONAVIR TAB 5 X 100 MG PAK | Tier 3 | | X | | X |
| PAXLOVID TAB 150-100 | NIRMATRELVIR TAB 10 X 150 MG & RITONAVIR TAB 10 X 100 MG PAK | Tier 3 | | X | | X |
| PAXLOVID TAB 300-100 | NIRMATRELVIR TAB 20 X 150 MG & RITONAVIR TAB 10 X 100 MG PAK | Tier 3 | | X | | |
| RIBAVIRIN INH 6GM | RIBAVIRIN FOR INHAL SOLN 6 GM | Tier 3 | | | | X |
| VIRAZOLE INH 6GM | RIBAVIRIN FOR INHAL SOLN 6 GM | Tier 4 | | | | |
| XOCOVA TAB 125MG | ENSITRELVIR FUMARATE TAB 125 MG | Tier 2 | | | | |
| **Anxiolytics, Other - Anxiety Drugs** | | | | | | |
| 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 | | | | X |
| BUSPIRONE TAB 5MG | BUSPIRONE HCL TAB 5 MG | Tier 1 | | | X | X |
| BUSPIRONE TAB 7.5MG | BUSPIRONE HCL TAB 7.5 MG | Tier 1 | | | | |
| 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 | | | | |
| HYDROXYZINE SOL 10MG/5ML | HYDROXYZINE HCL SYRUP 10 MG/5ML | Tier 1 | | | | |
| HYDROXYZINE SYP 10MG/5ML | HYDROXYZINE HCL SYRUP 10 MG/5ML | Tier 1 | | | | |
| MEPROBAMATE TAB 200MG | MEPROBAMATE TAB 200 MG | Tier 1 | | | | |
| MEPROBAMATE TAB 400MG | MEPROBAMATE TAB 400 MG | Tier 1 | | | | |

HCR – Health Care Reform Preventive Care
^ May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met

| Medication name | Generic medication name | Drug Tier | Prior authorization | Quantity limit | Step Therapy | Specialty |
|---|---|---|---|---|---|---|
| **Aromatase Inhibitors, 3rd Generation - Chemotherapy Agents** | | | | | | |
| ANASTROZOLE TAB 1MG | ANASTROZOLE TAB 1 MG | Tier 1^ | | | | |
| EXEMESTANE TAB 25MG | EXEMESTANE TAB 25 MG | Tier 2^ | | | | |
| LETROZOLE TAB 2.5MG | LETROZOLE TAB 2.5 MG | Tier 1^ | | | | |
| **Attention Deficit Hyperactivity Disorder Agents, Amphetamines - ADHD Drugs** | | | | | | |
| AMPHET/DEXTR CAP 10MG ER | AMPHETAMINE-DEXTROAMPHETAMINE CAP ER 24HR 10 MG | Tier 2 | | X | | |
| AMPHET/DEXTR CAP 12.5 ER | AMPHETAMINE-DEXTROAMPHETAMINE 3-BEAD CAP ER 24HR 12.5 MG | Tier 3 | | X | | |
| AMPHET/DEXTR CAP 15MG ER | AMPHETAMINE-DEXTROAMPHETAMINE CAP ER 24HR 15 MG | Tier 2 | | X | | |
| AMPHET/DEXTR CAP 20MG ER | AMPHETAMINE-DEXTROAMPHETAMINE CAP ER 24HR 20 MG | Tier 2 | | X | | X |
| AMPHET/DEXTR CAP 25MG ER | AMPHETAMINE-DEXTROAMPHETAMINE 3-BEAD CAP ER 24HR 25 MG | Tier 3 | | X | | |
| AMPHET/DEXTR CAP 25MG ER | AMPHETAMINE-DEXTROAMPHETAMINE CAP ER 24HR 25 MG | Tier 2 | | X | | |
| AMPHET/DEXTR CAP 30MG ER | AMPHETAMINE-DEXTROAMPHETAMINE CAP ER 24HR 30 MG | Tier 2 | | X | | |
| AMPHET/DEXTR CAP 37.5 ER | AMPHETAMINE-DEXTROAMPHETAMINE 3-BEAD CAP ER 24HR 37.5 MG | Tier 3 | | X | | |
| AMPHET/DEXTR CAP 50MG ER | AMPHETAMINE-DEXTROAMPHETAMINE 3-BEAD CAP ER 24HR 50 MG | Tier 3 | | X | | |
| AMPHET/DEXTR CAP 5MG ER | AMPHETAMINE-DEXTROAMPHETAMINE CAP ER 24HR 5 MG | Tier 2 | | X | | |
| AMPHET/DEXTR TAB 10MG | AMPHETAMINE-DEXTROAMPHETAMINE TAB 10 MG | Tier 1 | | | | |
| AMPHET/DEXTR TAB 12.5MG | AMPHETAMINE-DEXTROAMPHETAMINE TAB 12.5 MG | Tier 1 | | | | |
| AMPHET/DEXTR TAB 15MG | AMPHETAMINE-DEXTROAMPHETAMINE TAB 15 MG | Tier 1 | | | | |
| AMPHET/DEXTR TAB 20MG | AMPHETAMINE-DEXTROAMPHETAMINE TAB 20 MG | Tier 1 | | | | |
| AMPHET/DEXTR TAB 30MG | AMPHETAMINE-DEXTROAMPHETAMINE TAB 30 MG | Tier 1 | | | | |
| AMPHET/DEXTR TAB 5MG | AMPHETAMINE-DEXTROAMPHETAMINE TAB 5 MG | Tier 1 | | | | |
| AMPHET/DEXTR TAB 7.5MG | AMPHETAMINE-DEXTROAMPHETAMINE TAB 7.5 MG | Tier 1 | | | | |
| AMPHETAMINE TAB 10MG | AMPHETAMINE SULFATE TAB 10 MG | Tier 2 | | | | |
| AMPHETAMINE TAB 5MG | AMPHETAMINE SULFATE TAB 5 MG | Tier 2 | | | | X |
| DEXTROAMPHET CAP 10MG ER | DEXTROAMPHETAMINE SULFATE CAP ER 24HR 10 MG | Tier 3 | | X | | X |
| DEXTROAMPHET CAP 15MG ER | DEXTROAMPHETAMINE SULFATE CAP ER 24HR 15 MG | Tier 3 | | X | | X |

HCR - Health Care Reform Preventive Care
^ May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met

| Medication name | Generic medication name | Drug Tier | Prior authorization | Quantity limit | Step Therapy | Specialty |
|---|---|---|---|---|---|---|
| DEXTROAMPHET CAP 5MG ER | DEXTROAMPHETAMINE SULFATE CAP ER 24HR 5 MG | Tier 2 | | X | | X |
| DEXTROAMPHET SOL 5MG/5ML | DEXTROAMPHETAMINE SULFATE ORAL SOLUTION 5 MG/5ML | Tier 1 | | | | |
| DEXTROAMPHET TAB 10MG | DEXTROAMPHETAMINE SULFATE TAB 10 MG | Tier 2 | | | | |
| DEXTROAMPHET TAB 5MG | DEXTROAMPHETAMINE SULFATE TAB 5 MG | Tier 2 | | | | |
| LISDEXAMFETA CAP 10MG | LISDEXAMFETAMINE DIMESYLATE CAP 10 MG | Tier 3 | | | | |
| LISDEXAMFETA CAP 20MG | LISDEXAMFETAMINE DIMESYLATE CAP 20 MG | Tier 3 | | | | |
| LISDEXAMFETA CAP 30MG | LISDEXAMFETAMINE DIMESYLATE CAP 30 MG | Tier 3 | | | | |
| LISDEXAMFETA CAP 40MG | LISDEXAMFETAMINE DIMESYLATE CAP 40 MG | Tier 3 | | | | |
| LISDEXAMFETA CAP 50MG | LISDEXAMFETAMINE DIMESYLATE CAP 50 MG | Tier 3 | | | | |
| LISDEXAMFETA CAP 60MG | LISDEXAMFETAMINE DIMESYLATE CAP 60 MG | Tier 3 | | | | |
| LISDEXAMFETA CAP 70MG | LISDEXAMFETAMINE DIMESYLATE CAP 70 MG | Tier 3 | | | | |
| LISDEXAMFETA CHW 10MG | LISDEXAMFETAMINE DIMESYLATE CHEW TAB 10 MG | Tier 3 | | | | |
| LISDEXAMFETA CHW 20MG | LISDEXAMFETAMINE DIMESYLATE CHEW TAB 20 MG | Tier 3 | | | | |
| LISDEXAMFETA CHW 30MG | LISDEXAMFETAMINE DIMESYLATE CHEW TAB 30 MG | Tier 3 | | | | |
| LISDEXAMFETA CHW 40MG | LISDEXAMFETAMINE DIMESYLATE CHEW TAB 40 MG | Tier 3 | | | | |
| LISDEXAMFETA CHW 50MG | LISDEXAMFETAMINE DIMESYLATE CHEW TAB 50 MG | Tier 3 | | | | |
| LISDEXAMFETA CHW 60MG | LISDEXAMFETAMINE DIMESYLATE CHEW TAB 60 MG | Tier 3 | | | | |
| METHAMPHETAM TAB 5MG | METHAMPHETAMINE HCL TAB 5 MG | Tier 1 | | | | |
| XELSTRYM PAD 13.5/9HR | DEXTROAMPHETAMINE TD PATCH 13.5 MG/9HR | Tier 4 | X | | | |
| XELSTRYM PAD 18MG/9HR | DEXTROAMPHETAMINE TD PATCH 18 MG/9HR | Tier 4 | X | | | |
| XELSTRYM PAD 4.5MG/9H | DEXTROAMPHETAMINE TD PATCH 4.5 MG/9HR | Tier 4 | X | | | |
| XELSTRYM PAD 9MG/9HR | DEXTROAMPHETAMINE TD PATCH 9 MG/9HR | Tier 4 | X | | | |
| **Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines - ADHD Drugs** | | | | | | |
| ATOMOXETINE CAP 100MG | ATOMOXETINE HCL CAP 100 MG (BASE EQUIV) | Tier 4 | | | | |

HCR - Health Care Reform Preventive Care
^ May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met

| Medication name | Generic medication name | Drug Tier | Prior authorization | Quantity limit | Step Therapy | Specialty |
|---|---|---|---|---|---|---|
| ATOMOXETINE CAP 10MG | ATOMOXETINE HCL CAP 10 MG (BASE EQUIV) | Tier 4 | | | | |
| ATOMOXETINE CAP 18MG | ATOMOXETINE HCL CAP 18 MG (BASE EQUIV) | Tier 4 | | | | |
| ATOMOXETINE CAP 25MG | ATOMOXETINE HCL CAP 25 MG (BASE EQUIV) | Tier 4 | | | | |
| ATOMOXETINE CAP 40MG | ATOMOXETINE HCL CAP 40 MG (BASE EQUIV) | Tier 4 | | | | |
| ATOMOXETINE CAP 60MG | ATOMOXETINE HCL CAP 60 MG (BASE EQUIV) | Tier 4 | | X | | |
| ATOMOXETINE CAP 80MG | ATOMOXETINE HCL CAP 80 MG (BASE EQUIV) | Tier 4 | | X | | |
| AZSTARYS CAP 26.1-5.2 | SERDEXMETHYLPHENIDATE-DEXMETHYL-PHENIDATE CAP 26.1-5.2 MG | Tier 3 | | X | X | |
| AZSTARYS CAP 39.2-7.8 | SERDEXMETHYLPHENIDATE-DEXMETHYL-PHENIDATE CAP 39.2-7.8 MG | Tier 3 | | X | X | |
| AZSTARYS CAP 52.3-10. | SERDEXMETHYLPHENIDATE-DEXMETHYL-PHENIDATE CAP 52.3-10.4 MG | Tier 3 | | X | X | |
| CLONIDINE TAB 0.1MG ER | CLONIDINE HCL TAB ER 12HR 0.1 MG | Tier 2 | | | | |
| DEXMETHYLPH TAB 10MG | DEXMETHYLPHENIDATE HCL TAB 10 MG | Tier 1 | | | | |
| DEXMETHYLPH TAB 2.5MG | DEXMETHYLPHENIDATE HCL TAB 2.5 MG | Tier 1 | | | | |
| DEXMETHYLPH TAB 5MG | DEXMETHYLPHENIDATE HCL TAB 5 MG | Tier 1 | | | | |
| DEXMETHYLPHE CAP 10MG ER | DEXMETHYLPHENIDATE HCL CAP ER 24 HR 10 MG | Tier 2 | | X | | |
| DEXMETHYLPHE CAP 15MG ER | DEXMETHYLPHENIDATE HCL CAP ER 24 HR 15 MG | Tier 2 | | X | | |
| DEXMETHYLPHE CAP 20MG ER | DEXMETHYLPHENIDATE HCL CAP ER 24 HR 20 MG | Tier 2 | | X | | |
| DEXMETHYLPHE CAP 25MG ER | DEXMETHYLPHENIDATE HCL CAP ER 24 HR 25 MG | Tier 2 | | | | |
| DEXMETHYLPHE CAP 30MG ER | DEXMETHYLPHENIDATE HCL CAP ER 24 HR 30 MG | Tier 2 | | | | |
| DEXMETHYLPHE CAP 35MG ER | DEXMETHYLPHENIDATE HCL CAP ER 24 HR 35 MG | Tier 2 | | | | |
| DEXMETHYLPHE CAP 40MG ER | DEXMETHYLPHENIDATE HCL CAP ER 24 HR 40 MG | Tier 2 | | | | |
| DEXMETHYLPHE CAP 5MG ER | DEXMETHYLPHENIDATE HCL CAP ER 24 HR 5 MG | Tier 2 | | | | |
| GUANFACINE TAB 1MG ER | GUANFACINE HCL TAB ER 24HR 1 MG (BASE EQUIV) | Tier 2 | | | | |
| GUANFACINE TAB 2MG ER | GUANFACINE HCL TAB ER 24HR 2 MG (BASE EQUIV) | Tier 2 | | | | |
| GUANFACINE TAB 3MG ER | GUANFACINE HCL TAB ER 24HR 3 MG (BASE EQUIV) | Tier 2 | | | | |

HCR – Health Care Reform Preventive Care
^ May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met

| Medication name | Generic medication name | Drug Tier | Prior authorization | Quantity limit | Step Therapy | Specialty |
|---|---|---|---|---|---|---|
| GUANFACINE TAB 4MG ER | GUANFACINE HCL TAB ER 24HR 4 MG (BASE EQUIV) | Tier 2 | | | | |
| JORNAY PM CAP 100MG ER | METHYLPHENIDATE HCL CAP DELAYED ER 24HR 100 MG (PM) | Tier 3 | | | | |
| JORNAY PM CAP 20MG ER | METHYLPHENIDATE HCL CAP DELAYED ER 24HR 20 MG (PM) | Tier 3 | | | | |
| JORNAY PM CAP 40MG ER | METHYLPHENIDATE HCL CAP DELAYED ER 24HR 40 MG (PM) | Tier 3 | | | | |
| JORNAY PM CAP 60MG ER | METHYLPHENIDATE HCL CAP DELAYED ER 24HR 60 MG (PM) | Tier 3 | | | | |
| JORNAY PM CAP 80MG ER | METHYLPHENIDATE HCL CAP DELAYED ER 24HR 80 MG (PM) | Tier 3 | | | | |
| METHYLPHENID CAP 10MG CD | METHYLPHENIDATE HCL CAP ER 10 MG (CD) | Tier 2 | | | | |
| METHYLPHENID CAP 10MG LA | METHYLPHENIDATE HCL CAP ER 24HR 10 MG (LA) | Tier 2 | | | | |
| METHYLPHENID CAP 20MG CD | METHYLPHENIDATE HCL CAP ER 20 MG (CD) | Tier 2 | | | | |
| METHYLPHENID CAP 20MG LA | METHYLPHENIDATE HCL CAP ER 24HR 20 MG (LA) | Tier 2 | | | | |
| METHYLPHENID CAP 30MG CD | METHYLPHENIDATE HCL CAP ER 30 MG (CD) | Tier 2 | | | | |
| METHYLPHENID CAP 30MG LA | METHYLPHENIDATE HCL CAP ER 24HR 30 MG (LA) | Tier 2 | | | | |
| METHYLPHENID CAP 40MG CD | METHYLPHENIDATE HCL CAP ER 40 MG (CD) | Tier 2 | | | | |
| METHYLPHENID CAP 40MG LA | METHYLPHENIDATE HCL CAP ER 24HR 40 MG (LA) | Tier 2 | | | | |
| METHYLPHENID CAP 50MG CD | METHYLPHENIDATE HCL CAP ER 50 MG (CD) | Tier 2 | | | | |
| METHYLPHENID CAP 60MG CD | METHYLPHENIDATE HCL CAP ER 60 MG (CD) | Tier 2 | | | | |
| METHYLPHENID CAP 60MG LA | METHYLPHENIDATE HCL CAP ER 24HR 60 MG (LA) | Tier 2 | | | | |
| METHYLPHENID CHW 10MG | METHYLPHENIDATE HCL CHEW TAB 10 MG | Tier 3 | | | | |
| METHYLPHENID CHW 2.5MG | METHYLPHENIDATE HCL CHEW TAB 2.5 MG | Tier 3 | | | | |
| METHYLPHENID CHW 5MG | METHYLPHENIDATE HCL CHEW TAB 5 MG | Tier 3 | | | | |
| METHYLPHENID SOL 10MG/5ML | METHYLPHENIDATE HCL SOLN 10 MG/5ML | Tier 1 | | | | |
| METHYLPHENID SOL 5MG/5ML | METHYLPHENIDATE HCL SOLN 5 MG/5ML | Tier 1 | | | | |
| METHYLPHENID TAB 10MG | METHYLPHENIDATE HCL TAB 10 MG | Tier 1 | | | | |
| METHYLPHENID TAB 10MG ER | METHYLPHENIDATE HCL TAB ER 10 MG | Tier 2 | | X | | |
| METHYLPHENID TAB 18MG OSM | METHYLPHENIDATE HCL TAB ER OSMOTIC RELEASE (OSM) 18 MG | Tier 2 | | X | | |

HCR – Health Care Reform Preventive Care
^ May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met

| Medication name | Generic medication name | Drug Tier | Prior authorization | Quantity limit | Step Therapy | Specialty |
|---|---|---|---|---|---|---|
| METHYLPHENID TAB 20MG | METHYLPHENIDATE HCL TAB 20 MG | Tier 1 | | | | |
| METHYLPHENID TAB 20MG ER | METHYLPHENIDATE HCL TAB ER 20 MG | Tier 2 | | X | | |
| METHYLPHENID TAB 27MG DIF | METHYLPHENIDATE HCL TAB ER DIFFUSION 27 MG | Tier 2 | | X | | |
| METHYLPHENID TAB 27MG OSM | METHYLPHENIDATE HCL TAB ER OSMOTIC RELEASE (OSM) 27 MG | Tier 2 | | | | |
| METHYLPHENID TAB 36MG DIF | METHYLPHENIDATE HCL TAB ER DIFFUSION 36 MG | Tier 2 | | | | |
| METHYLPHENID TAB 36MG OSM | METHYLPHENIDATE HCL TAB ER OSMOTIC RELEASE (OSM) 36 MG | Tier 2 | | | | |
| METHYLPHENID TAB 54MG DIF | METHYLPHENIDATE HCL TAB ER DIFFUSION 54 MG | Tier 2 | | | | |
| METHYLPHENID TAB 54MG OSM | METHYLPHENIDATE HCL TAB ER OSMOTIC RELEASE (OSM) 54 MG | Tier 2 | | | | |
| METHYLPHENID TAB 5MG | METHYLPHENIDATE HCL TAB 5 MG | Tier 1 | | | | |
| ONYDA XR SUS 0.1MG/ML | CLONIDINE HCL EXTENDED RELEASE SUSP 0.1 MG/ML | Tier 3 | | | | |
| **Benign Prostatic Hypertrophy Agents - Prostate Drugs** | | | | | | |
| ALFUZOSIN TAB 10MG ER | ALFUZOSIN HCL TAB ER 24HR 10 MG | Tier 1 | | | | |
| CARDURA XL TAB 4MG | DOXAZOSIN MESYLATE TAB ER 24 HR 4 MG (BASE EQUIV) | Tier 3 | | | | |
| CARDURA XL TAB 8MG | DOXAZOSIN MESYLATE TAB ER 24 HR 8 MG (BASE EQUIV) | Tier 3 | | | | |
| DUTASTERIDE CAP 0.5MG | DUTASTERIDE CAP 0.5 MG | Tier 2 | | | | |
| FINASTERIDE TAB 5MG | FINASTERIDE TAB 5 MG | Tier 1 | | | | |
| SILODOSIN CAP 4MG | SILODOSIN CAP 4 MG | Tier 3 | | | | |
| SILODOSIN CAP 8MG | SILODOSIN CAP 8 MG | Tier 3 | | | | |
| TADALAFIL TAB 2.5MG | TADALAFIL TAB 2.5 MG | Tier 2 | | | | |
| TADALAFIL TAB 5MG | TADALAFIL TAB 5 MG | Tier 2 | | | | |
| TAMSULOSIN CAP 0.4MG | TAMSULOSIN HCL CAP 0.4 MG | Tier 1 | | | | |
| TERAZOSIN CAP 10MG | TERAZOSIN HCL CAP 10 MG (BASE EQUIVALENT) | Tier 1 | | | | |
| TERAZOSIN CAP 1MG | TERAZOSIN HCL CAP 1 MG (BASE EQUIVALENT) | Tier 1 | | | | |
| TERAZOSIN CAP 2MG | TERAZOSIN HCL CAP 2 MG (BASE EQUIVALENT) | Tier 1 | | | | |
| TERAZOSIN CAP 5MG | TERAZOSIN HCL CAP 5 MG (BASE EQUIVALENT) | Tier 1 | X | | | |
| **Benzodiazepines - Anxiety Drugs** | | | | | | |
| ALPRAZOLAM CON 1 MG/ML | ALPRAZOLAM CONC 1 MG/ML | Tier 1 | | | | |
| ALPRAZOLAM TAB 0.25 ODT | ALPRAZOLAM ORALLY DISINTEGRATING TAB 0.25 MG | Tier 1 | | | | |
| ALPRAZOLAM TAB 0.25MG | ALPRAZOLAM TAB 0.25 MG | Tier 1 | | | | |
| ALPRAZOLAM TAB 0.5MG | ALPRAZOLAM TAB 0.5 MG | Tier 1 | | | | |

HCR – Health Care Reform Preventive Care

^ May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met

| Medication name | Generic medication name | Drug Tier | Prior authorization | Quantity limit | Step Therapy | Specialty |
|---|---|---|---|---|---|---|
| ALPRAZOLAM TAB 0.5MG ER | ALPRAZOLAM TAB ER 24HR 0.5 MG | Tier 1 | | | | |
| ALPRAZOLAM TAB 0.5MG OD | ALPRAZOLAM ORALLY DISINTEGRATING TAB 0.5 MG | Tier 1 | | | | |
| ALPRAZOLAM TAB 0.5MG XR | ALPRAZOLAM TAB ER 24HR 0.5 MG | Tier 1 | X | | | |
| ALPRAZOLAM TAB 1MG | ALPRAZOLAM TAB 1 MG | Tier 1 | | | | |
| ALPRAZOLAM TAB 1MG ER | ALPRAZOLAM TAB ER 24HR 1 MG | Tier 1 | | | | |
| 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 | | | | |
| ALPRAZOLAM TAB 2MG | ALPRAZOLAM TAB 2 MG | Tier 1 | | | | |
| ALPRAZOLAM TAB 2MG ER | ALPRAZOLAM TAB ER 24HR 2 MG | Tier 1 | | | | |
| ALPRAZOLAM TAB 2MG ODT | ALPRAZOLAM ORALLY DISINTEGRATING TAB 2 MG | Tier 1 | | | | |
| ALPRAZOLAM TAB 2MG XR | ALPRAZOLAM TAB ER 24HR 2 MG | Tier 1 | | | | |
| ALPRAZOLAM TAB 3MG ER | ALPRAZOLAM TAB ER 24HR 3 MG | Tier 1 | | | | |
| ALPRAZOLAM TAB 3MG XR | ALPRAZOLAM TAB ER 24HR 3 MG | Tier 1 | | | | |
| CHLORDIAZEP CAP 10MG | CHLORDIAZEPOXIDE HCL CAP 10 MG | Tier 1 | | X | | |
| CHLORDIAZEP CAP 25MG | CHLORDIAZEPOXIDE HCL CAP 25 MG | Tier 1 | X | X | | |
| CHLORDIAZEP CAP 5MG | CHLORDIAZEPOXIDE HCL CAP 5 MG | Tier 1 | | X | X | |
| CLONAZEP ODT TAB 0.125MG | CLONAZEPAM ORALLY DISINTEGRATING TAB 0.125 MG | Tier 1 | | | | |
| CLONAZEP ODT TAB 0.25MG | CLONAZEPAM ORALLY DISINTEGRATING TAB 0.25 MG | Tier 1 | X | 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 | X | | |
| CLONAZEP ODT TAB 2MG | CLONAZEPAM ORALLY DISINTEGRATING TAB 2 MG | Tier 1 | | | | |
| CLONAZEPAM TAB 0.5MG | CLONAZEPAM TAB 0.5 MG | Tier 1 | | | | |
| CLONAZEPAM TAB 1MG | CLONAZEPAM TAB 1 MG | Tier 1 | | X | | |
| CLONAZEPAM TAB 2MG | CLONAZEPAM TAB 2 MG | Tier 1 | | | | |
| CLORAZ DIPOT TAB 15MG | CLORAZEPATE DIPOTASSIUM TAB 15 MG | Tier 1 | | | | |
| CLORAZ DIPOT TAB 3.75MG | CLORAZEPATE DIPOTASSIUM TAB 3.75 MG | Tier 1 | | | | |
| 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 | | | | |
| DIAZEPAM CON 5MG/ML | DIAZEPAM CONC 5 MG/ML | Tier 1 | | | | |
| DIAZEPAM SOL 5MG/5ML | DIAZEPAM ORAL SOLN 1 MG/ML | Tier 1 | | X | | |
| DIAZEPAM TAB 10MG | DIAZEPAM TAB 10 MG | Tier 1 | | | | |
| DIAZEPAM TAB 2MG | DIAZEPAM TAB 2 MG | Tier 1 | | X | | |
| DIAZEPAM TAB 5MG | DIAZEPAM TAB 5 MG | Tier 1 | X | | | |
| ESTAZOLAM TAB 1MG | ESTAZOLAM TAB 1 MG | Tier 1 | | | | X |

HCR – Health Care Reform Preventive Care

^ May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met

| Medication name | Generic medication name | Drug Tier | Prior authorization | Quantity limit | Step Therapy | Specialty |
|---|---|---|---|---|---|---|
| ESTAZOLAM TAB 2MG | ESTAZOLAM TAB 2 MG | Tier 1 | | | | X |
| HALCION TAB 0.25MG | TRIAZOLAM TAB 0.25 MG | Tier 4 | | X | | X |
| LORAZEPAM CON 2MG/ML | LORAZEPAM CONC 2 MG/ML | Tier 1 | | X | | X |
| LORAZEPAM TAB 0.5MG | LORAZEPAM TAB 0.5 MG | Tier 1 | | | | |
| LORAZEPAM TAB 1MG | LORAZEPAM TAB 1 MG | Tier 1 | | | | |
| LORAZEPAM TAB 2MG | LORAZEPAM TAB 2 MG | Tier 1 | X | | | |
| MIDAZOLAM SYP 2MG/ML | MIDAZOLAM HCL SYRUP 2 MG/ML (BASE EQUIVALENT) | 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 | X | | | |
| TRIAZOLAM TAB 0.125MG | TRIAZOLAM TAB 0.125 MG | Tier 1 | | | | |
| TRIAZOLAM TAB 0.25MG | TRIAZOLAM TAB 0.25 MG | Tier 1 | | | | |
| **Beta-adrenergic Blocking Agents - Blood Pressure Drugs** | | | | | | |
| ACEBUTOLOL CAP 200MG | ACEBUTOLOL HCL CAP 200 MG | Tier 1 | | | | |
| ACEBUTOLOL CAP 400MG | ACEBUTOLOL HCL CAP 400 MG | Tier 1 | X | X | | |
| ATENOLOL TAB 100MG | ATENOLOL TAB 100 MG | Tier 1 | X | X | | |
| ATENOLOL TAB 25MG | ATENOLOL TAB 25 MG | Tier 1 | | X | | X |
| ATENOLOL TAB 50MG | ATENOLOL TAB 50 MG | Tier 1 | | | | |
| BETAXOLOL TAB 10MG | BETAXOLOL HCL TAB 10 MG | Tier 1 | | X | | X |
| BETAXOLOL TAB 20MG | BETAXOLOL HCL TAB 20 MG | Tier 1 | X | X | | X |
| BISOPROL FUM TAB 10MG | BISOPROLOL FUMARATE TAB 10 MG | Tier 1 | X | | | |
| BISOPROL FUM TAB 2.5MG | BISOPROLOL FUMARATE TAB 2.5 MG | Tier 1 | | | | |
| BISOPROL FUM TAB 5MG | BISOPROLOL FUMARATE TAB 5 MG | Tier 1 | | | | |
| 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 | | | | |
| KAPSPARGO CAP 100MG | METOPROLOL SUCC CAP ER 24HR SPRINKLE 100 MG (TARTRATE EQUIV) | Tier 4 | | | | |
| KAPSPARGO CAP 200MG | METOPROLOL SUCC CAP ER 24HR SPRINKLE 200 MG (TARTRATE EQUIV) | Tier 4 | | | | |
| KAPSPARGO CAP 25MG | METOPROLOL SUCC CAP ER 24HR SPRINKLE 25 MG (TARTRATE EQUIV) | Tier 4 | | | | |
| KAPSPARGO CAP 50MG | METOPROLOL SUCC CAP ER 24HR SPRINKLE 50 MG (TARTRATE EQUIV) | Tier 4 | | X | | X |
| LABETALOL TAB 100MG | LABETALOL HCL TAB 100 MG | Tier 1 | | X | | |
| LABETALOL TAB 200MG | LABETALOL HCL TAB 200 MG | Tier 1 | | X | | X |
| LABETALOL TAB 300MG | LABETALOL HCL TAB 300 MG | Tier 1 | | | | X |
| LABETALOL TAB 400MG | LABETALOL HCL TAB 400 MG | Tier 1 | | | | |
| METOPROL SUC TAB 100MG ER | METOPROLOL SUCCINATE TAB ER 24HR 100 MG (TARTRATE EQUIV) | Tier 2 | | | | |

HCR – Health Care Reform Preventive Care

^ May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met

| Medication name | Generic medication name | Drug Tier | Prior authorization | Quantity limit | Step Therapy | Specialty |
|---|---|---|---|---|---|---|
| METOPROL SUC TAB 200MG ER | METOPROLOL SUCCINATE TAB ER 24HR 200 MG (TARTRATE EQUIV) | Tier 2 | X | | | |
| 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 2 | | | | |
| 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 | X | | | |
| NADOLOL TAB 20MG | NADOLOL TAB 20 MG | Tier 1 | | | | |
| NADOLOL TAB 40MG | NADOLOL TAB 40 MG | Tier 1 | | | | |
| NADOLOL TAB 80MG | NADOLOL TAB 80 MG | Tier 1 | | | | |
| NEBIVOLOL TAB 10MG | NEBIVOLOL HCL TAB 10 MG (BASE EQUIVALENT) | Tier 3 | | | | |
| NEBIVOLOL TAB 2.5MG | NEBIVOLOL HCL TAB 2.5 MG (BASE EQUIVALENT) | Tier 3 | | | | |
| NEBIVOLOL TAB 20MG | NEBIVOLOL HCL TAB 20 MG (BASE EQUIVALENT) | Tier 3 | | | | |
| NEBIVOLOL TAB 5MG | NEBIVOLOL HCL TAB 5 MG (BASE EQUIVALENT) | Tier 3 | | | | |
| PINDOLOL TAB 10MG | PINDOLOL TAB 10 MG | Tier 1 | | | | |
| PINDOLOL TAB 5MG | PINDOLOL TAB 5 MG | Tier 1 | | | | |
| 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 | X | X | | |
| PROPRANOLOL CAP 60MG ER | PROPRANOLOL HCL CAP ER 24HR 60 MG | Tier 2 | | | X | |
| 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 1 | | | | |
| PROPRANOLOL SOL 40MG/5ML | PROPRANOLOL HCL ORAL SOLN 40 MG/5ML | Tier 1 | X | | | |
| PROPRANOLOL TAB 10MG | PROPRANOLOL HCL TAB 10 MG | Tier 1 | | | | |
| PROPRANOLOL TAB 20MG | PROPRANOLOL HCL TAB 20 MG | Tier 1 | | | | |
| PROPRANOLOL TAB 40MG | PROPRANOLOL HCL TAB 40 MG | Tier 1 | | | | |
| PROPRANOLOL TAB 60MG | PROPRANOLOL HCL TAB 60 MG | Tier 1 | | | | |
| PROPRANOLOL TAB 80MG | PROPRANOLOL HCL TAB 80 MG | Tier 1 | X | | | |
| TIMOLOL MAL TAB 10MG | TIMOLOL MALEATE TAB 10 MG | Tier 1 | X | | | |
| TIMOLOL MAL TAB 20MG | TIMOLOL MALEATE TAB 20 MG | Tier 1 | | X | | |
| TIMOLOL MAL TAB 5MG | TIMOLOL MALEATE TAB 5 MG | Tier 1 | | | | |
| **Beta-Lactam, Cephalosporins - Antibiotics** | | | | | | |
| CEFACLOR CAP 250MG | CEFACLOR CAP 250 MG | Tier 1 | | | | |
| CEFACLOR CAP 500MG | CEFACLOR CAP 500 MG | Tier 1 | X | X | | |
| CEFACLOR ER TAB 500MG | CEFACLOR MONOHYDRATE TAB ER 12HR 500 MG | Tier 1 | X | | | |

HCR – Health Care Reform Preventive Care
^ May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met

| Medication name | Generic medication name | Drug Tier | Prior authorization | Quantity limit | Step Therapy | Specialty |
|---|---|---|---|---|---|---|
| CEFADROXIL CAP 500MG | CEFADROXIL CAP 500 MG | Tier 1 | X | X | | |
| CEFADROXIL SUS 250/5ML | CEFADROXIL FOR SUSP 250 MG/5ML | Tier 1 | | | | |
| CEFADROXIL SUS 500/5ML | CEFADROXIL FOR SUSP 500 MG/5ML | Tier 1 | | | | |
| CEFADROXIL TAB 1GM | CEFADROXIL TAB 1 GM | Tier 1 | | | | |
| CEFDINIR CAP 300MG | CEFDINIR CAP 300 MG | Tier 1 | X | | | X |
| CEFDINIR SUS 125/5ML | CEFDINIR FOR SUSP 125 MG/5ML | Tier 1 | X | X | | |
| CEFDINIR SUS 250/5ML | CEFDINIR FOR SUSP 250 MG/5ML | Tier 1 | | | | |
| CEFIXIME CAP 400MG | CEFIXIME CAP 400 MG | Tier 3 | | | | |
| CEFIXIME SUS 100/5ML | CEFIXIME FOR SUSP 100 MG/5ML | Tier 3 | | X | X | |
| CEFIXIME SUS 200/5ML | CEFIXIME FOR SUSP 200 MG/5ML | Tier 3 | | X | | |
| CEFIXIME TAB 400MG | CEFIXIME TAB 400 MG | Tier 4 | | | | |
| CEFPODO PROX SUS 100/5ML | CEFPODOXIME PROXETIL FOR SUSP 100 MG/5ML | Tier 1 | | | | |
| CEFPODO PROX SUS 50MG/5ML | CEFPODOXIME PROXETIL FOR SUSP 50 MG/5ML | Tier 1 | | | | |
| CEFPODOXIME TAB 100MG | CEFPODOXIME PROXETIL TAB 100 MG | Tier 1 | | | | |
| CEFPODOXIME TAB 200MG | CEFPODOXIME PROXETIL TAB 200 MG | Tier 1 | | | | |
| CEFPROZIL SUS 125/5ML | CEFPROZIL FOR SUSP 125 MG/5ML | Tier 1 | | | | |
| CEFPROZIL SUS 250/5ML | CEFPROZIL FOR SUSP 250 MG/5ML | Tier 1 | X | | | |
| CEFPROZIL TAB 250MG | CEFPROZIL TAB 250 MG | Tier 1 | | X | X | |
| CEFPROZIL TAB 500MG | CEFPROZIL TAB 500 MG | Tier 1 | | | | |
| CEFUROXIME TAB 250MG | CEFUROXIME AXETIL TAB 250 MG | Tier 1 | | | | |
| CEFUROXIME TAB 500MG | CEFUROXIME AXETIL TAB 500 MG | Tier 1 | | X | | |
| CEPHALEXIN CAP 250MG | CEPHALEXIN CAP 250 MG | Tier 1 | | | | |
| CEPHALEXIN CAP 500MG | CEPHALEXIN CAP 500 MG | Tier 1 | | X | | |
| CEPHALEXIN CAP 750MG | CEPHALEXIN CAP 750 MG | Tier 1 | | X | | |
| CEPHALEXIN SUS 125/5ML | CEPHALEXIN FOR SUSP 125 MG/5ML | Tier 1 | | | | |
| CEPHALEXIN SUS 250/5ML | CEPHALEXIN FOR SUSP 250 MG/5ML | Tier 1 | | | | |
| CEPHALEXIN TAB 250MG | CEPHALEXIN TAB 250 MG | Tier 1 | | | | |
| CEPHALEXIN TAB 500MG | CEPHALEXIN TAB 500 MG | Tier 1 | | | | |
| **Beta-Lactam, Penicillins - Antibiotics** | | | | | | |
| AMOX/K CLAV CHW 200/28.5 | AMOXICILLIN & K CLAVULANATE CHEW TAB 200-28.5 MG | Tier 1 | | | | |
| AMOX/K CLAV CHW 400/57 | AMOXICILLIN & K CLAVULANATE CHEW TAB 400-57 MG | Tier 1 | | | | |
| AMOX/K CLAV CHW 400MG | AMOXICILLIN & K CLAVULANATE CHEW TAB 400-57 MG | Tier 1 | | | | |
| AMOX/K CLAV SUS 200/5ML | AMOXICILLIN & K CLAVULANATE FOR SUSP 200-28.5 MG/5ML | Tier 1 | | | | |
| AMOX/K CLAV SUS 250/5ML | AMOXICILLIN & K CLAVULANATE FOR SUSP 250-62.5 MG/5ML | Tier 1 | | | | |

HCR - Health Care Reform Preventive Care

^ May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met

| Medication name | Generic medication name | Drug Tier | Prior authorization | Quantity limit | Step Therapy | Specialty |
|---|---|---|---|---|---|---|
| AMOX/K CLAV SUS 400/5ML | AMOXICILLIN & K CLAVULANATE FOR SUSP 400-57 MG/5ML | Tier 1 | | X | | |
| AMOX/K CLAV SUS 600/5ML | AMOXICILLIN & K CLAVULANATE FOR SUSP 600-42.9 MG/5ML | Tier 1 | | | | |
| AMOX/K CLAV TAB 250-125 | AMOXICILLIN & K CLAVULANATE TAB 250-125 MG | Tier 1 | | | | |
| AMOX/K CLAV TAB 500-125 | AMOXICILLIN & K CLAVULANATE TAB 500-125 MG | Tier 1 | X | X | | |
| AMOX/K CLAV TAB 875-125 | AMOXICILLIN & K CLAVULANATE TAB 875-125 MG | Tier 1 | | X | | |
| AMOXICILLIN CAP 250MG | AMOXICILLIN (TRIHYDRATE) CAP 250 MG | Tier 1 | | | | |
| AMOXICILLIN CAP 500MG | AMOXICILLIN (TRIHYDRATE) CAP 500 MG | Tier 1 | | | | |
| AMOXICILLIN CHW 125MG | AMOXICILLIN (TRIHYDRATE) CHEW TAB 125 MG | Tier 1 | X | X | | |
| AMOXICILLIN CHW 250MG | AMOXICILLIN (TRIHYDRATE) CHEW TAB 250 MG | Tier 1 | | | | |
| AMOXICILLIN SUS 125/5ML | AMOXICILLIN (TRIHYDRATE) FOR SUSP 125 MG/5ML | Tier 1 | | | | |
| AMOXICILLIN SUS 200/5ML | AMOXICILLIN (TRIHYDRATE) FOR SUSP 200 MG/5ML | Tier 1 | | | | |
| AMOXICILLIN SUS 250/5ML | AMOXICILLIN (TRIHYDRATE) FOR SUSP 250 MG/5ML | Tier 1 | | | | |
| AMOXICILLIN SUS 400/5ML | AMOXICILLIN (TRIHYDRATE) FOR SUSP 400 MG/5ML | Tier 1 | X | X | | |
| AMOXICILLIN TAB 500MG | AMOXICILLIN (TRIHYDRATE) TAB 500 MG | Tier 1 | | | | |
| AMOXICILLIN TAB 875MG | AMOXICILLIN (TRIHYDRATE) TAB 875 MG | Tier 1 | | X | | |
| AMPICILLIN CAP 500MG | AMPICILLIN CAP 500 MG | Tier 1 | | X | | X |
| DICLOXACILL CAP 250MG | DICLOXACILLIN SODIUM CAP 250 MG | Tier 1 | | X | | |
| DICLOXACILL CAP 500MG | DICLOXACILLIN SODIUM CAP 500 MG | Tier 1 | X | X | | X |
| PENICILLN VK SOL 125/5ML | PENICILLIN V POTASSIUM FOR SOLN 125 MG/5ML | Tier 1 | | | | |
| PENICILLN VK SOL 250/5ML | PENICILLIN V POTASSIUM FOR SOLN 250 MG/5ML | Tier 1 | | | | |
| PENICILLN VK TAB 250MG | PENICILLIN V POTASSIUM TAB 250 MG | Tier 1 | | | | |
| PENICILLN VK TAB 500MG | PENICILLIN V POTASSIUM TAB 500 MG | Tier 1 | | | | |
| **Blood Formation Modifiers - Blood Formation Drugs** | | | | | | |
| ALVAIZ TAB 18MG | ELTROMBOPAG CHOLINE TAB 18 MG (BASE EQUIV) | Tier 4 | X | | | |
| ALVAIZ TAB 36MG | ELTROMBOPAG CHOLINE TAB 36 MG (BASE EQUIV) | Tier 4 | X | | | |
| ALVAIZ TAB 54MG | ELTROMBOPAG CHOLINE TAB 54 MG (BASE EQUIV) | Tier 4 | X | | | |
| ALVAIZ TAB 9MG | ELTROMBOPAG CHOLINE TAB 9 MG (BASE EQUIV) | Tier 4 | X | | | |

HCR - Health Care Reform Preventive Care
^ May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met

| Medication name | Generic medication name | Drug Tier | Prior authorization | Quantity limit | Step Therapy | Specialty |
|---|---|---|---|---|---|---|
| ANAGRELIDE CAP 0.5MG | ANAGRELIDE HCL CAP 0.5 MG | Tier 1 | | | | |
| ANAGRELIDE CAP 1MG | ANAGRELIDE HCL CAP 1 MG | Tier 1 | | | | |
| ARANESP INJ 100MCG | DARBEPOETIN ALFA SOLN INJ 100 MCG/ML | Tier 3 | | X | | |
| ARANESP INJ 100MCG | DARBEPOETIN ALFA SOLN PREFILLED SYRINGE 100 MCG/0.5ML | Tier 3 | | X | | |
| ARANESP INJ 10MCG | DARBEPOETIN ALFA SOLN PREFILLED SYRINGE 10 MCG/0.4ML | Tier 3 | | X | | |
| ARANESP INJ 150MCG | DARBEPOETIN ALFA SOLN PREFILLED SYRINGE 150 MCG/0.3ML | Tier 3 | | X | | |
| ARANESP INJ 200MCG | DARBEPOETIN ALFA SOLN INJ 200 MCG/ ML | Tier 3 | | X | | |
| ARANESP INJ 200MCG | DARBEPOETIN ALFA SOLN PREFILLED SYRINGE 200 MCG/0.4ML | Tier 3 | | X | | |
| ARANESP INJ 25MCG | DARBEPOETIN ALFA SOLN INJ 25 MCG/ML | Tier 3 | | X | | X |
| ARANESP INJ 25MCG | DARBEPOETIN ALFA SOLN PREFILLED SYRINGE 25 MCG/0.42ML | Tier 3 | | X | | X |
| ARANESP INJ 300MCG | DARBEPOETIN ALFA SOLN PREFILLED SYRINGE 300 MCG/0.6ML | Tier 3 | | X | | X |
| ARANESP INJ 40MCG | DARBEPOETIN ALFA SOLN INJ 40 MCG/ML | Tier 3 | | X | | X |
| ARANESP INJ 40MCG | DARBEPOETIN ALFA SOLN PREFILLED SYRINGE 40 MCG/0.4ML | Tier 3 | | X | | X |
| ARANESP INJ 500MCG | DARBEPOETIN ALFA SOLN PREFILLED SYRINGE 500 MCG/ML | Tier 3 | | X | | X |
| ARANESP INJ 60MCG | DARBEPOETIN ALFA SOLN INJ 60 MCG/ML | Tier 3 | | | | |
| ARANESP INJ 60MCG | DARBEPOETIN ALFA SOLN PREFILLED SYRINGE 60 MCG/0.3ML | Tier 3 | | | | |
| DOPTELET SPR CAP 10MG | AVATROMBOPAG MALEATE CAP SPRINKLE 10 MG (BASE EQUIV) | Tier 4 | X | X | | |
| DOPTELET TAB 20MG | AVATROMBOPAG MALEATE TAB 20 MG (BASE EQUIV) | Tier 4 | | | | |
| ELTROMBOPAG POW 12.5MG | ELTROMBOPAG OLAMINE POWDER PACK FOR SUSP 12.5 MG (BASE EQ) | Tier 4 | X | X | | |
| ELTROMBOPAG POW 25MG | ELTROMBOPAG OLAMINE POWDER PACK FOR SUSP 25 MG (BASE EQUIV) | Tier 4 | X | X | | |
| ELTROMBOPAG TAB 12.5MG | ELTROMBOPAG OLAMINE TAB 12.5 MG (BASE EQUIV) | Tier 4 | X | | | |
| ELTROMBOPAG TAB 25MG | ELTROMBOPAG OLAMINE TAB 25 MG (BASE EQUIV) | Tier 4 | X | | | |
| ELTROMBOPAG TAB 50MG | ELTROMBOPAG OLAMINE TAB 50 MG (BASE EQUIV) | Tier 4 | X | | | |
| ELTROMBOPAG TAB 75MG | ELTROMBOPAG OLAMINE TAB 75 MG (BASE EQUIV) | Tier 4 | X | | | |
| EMPAVELI INJ 1080MG | PEGCETACOPLAN SUBCUTANEOUS SOLN 1080 MG/20ML (54 MG/ML) | Tier 3 | X | X | | |
| JESDUVROQ TAB 1MG | DAPRODUSTAT TAB 1 MG | Tier 4 | X | | | |

HCR - Health Care Reform Preventive Care

^ May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met

| Medication name | Generic medication name | Drug Tier | Prior authorization | Quantity limit | Step Therapy | Specialty |
|---|---|---|---|---|---|---|
| JESDUVROQ TAB 2MG | DAPRODUSTAT TAB 2 MG | Tier 4 | X | | | |
| JESDUVROQ TAB 4MG | DAPRODUSTAT TAB 4 MG | Tier 4 | X | | | |
| JESDUVROQ TAB 6MG | DAPRODUSTAT TAB 6 MG | Tier 4 | X | | | |
| JESDUVROQ TAB 8MG | DAPRODUSTAT TAB 8 MG | Tier 4 | X | | | |
| LEUKINE INJ 250MCG | SARGRAMOSTIM LYOPHILIZED FOR INJ 250 MCG | Tier 3 | | | | |
| MOZOBIL INJ | PLERIXAFOR SUBCUTANEOUS INJ 24 MG/1.2ML (20 MG/ML) | Tier 4 | | | | |
| MULPLETA TAB 3MG | LUSUTROMBOPAG TAB 3 MG | Tier 4 | | | | |
| NEULASTA INJ 6/0.6ML | PEGFILGRASTIM SOLN PREFILLED SYRINGE 6 MG/0.6ML | Tier 3 | | | | |
| NIVESTYM INJ 300/0.5 | FILGRASTIM-AAFI SOLN PREFILLED SYRINGE 300 MCG/0.5ML | Tier 3 | | | | |
| NIVESTYM INJ 300MCG | FILGRASTIM-AAFI INJ 300 MCG/ML | Tier 3 | | | | |
| NIVESTYM INJ 480/0.8 | FILGRASTIM-AAFI SOLN PREFILLED SYRINGE 480 MCG/0.8ML | Tier 3 | | | | |
| NIVESTYM INJ 480MCG | FILGRASTIM-AAFI INJ 480 MCG/1.6ML (300 MCG/ML) | Tier 3 | | | | |
| PLERIXAFOR INJ 24/1.2ML | PLERIXAFOR SUBCUTANEOUS INJ 24 MG/1.2ML (20 MG/ML) | Tier 3 | | | | |
| PROMACTA POW 12.5MG | ELTROMBOPAG OLAMINE POWDER PACK FOR SUSP 12.5 MG (BASE EQ) | Tier 4 | X | X | | X |
| PROMACTA POW 25MG | ELTROMBOPAG OLAMINE POWDER PACK FOR SUSP 25 MG (BASE EQUIV) | Tier 4 | X | X | | |
| RETACRIT INJ 10000UNT | EPOETIN ALFA-EPBX INJ 10000 UNIT/ML | Tier 3 | | X | | X |
| RETACRIT INJ 20000UNI | EPOETIN ALFA-EPBX INJ 20000 UNIT/ML | Tier 3 | | | | X |
| RETACRIT INJ 2000UNIT | EPOETIN ALFA-EPBX INJ 2000 UNIT/ML | Tier 3 | | X | | X |
| RETACRIT INJ 3000UNIT | EPOETIN ALFA-EPBX INJ 3000 UNIT/ML | Tier 3 | | X | | X |
| RETACRIT INJ 40000UNT | EPOETIN ALFA-EPBX INJ 40000 UNIT/ML | Tier 3 | | X | | X |
| RETACRIT INJ 4000UNIT | EPOETIN ALFA-EPBX INJ 4000 UNIT/ML | Tier 3 | | X | | X |
| UDENYCA INJ 6MG/.6ML | PEGFILGRASTIM-CBQV SOLN PREFILLED SYRINGE 6 MG/0.6ML | Tier 3 | | | | |
| UDENYCA INJ 6MG/0.6 | PEGFILGRASTIM-CBQV SOLN AUTO-INJECTOR 6 MG/0.6ML | Tier 3 | | | | |
| XOLREMDI CAP 100MG | MAVORIXAFOR CAP 100 MG | Tier 3 | X | X | | X |
| ZARXIO INJ 300/0.5 | FILGRASTIM-SNDZ SOLN PREFILLED SYRINGE 300 MCG/0.5ML | Tier 3 | | | | |
| ZARXIO INJ 480/0.8 | FILGRASTIM-SNDZ SOLN PREFILLED SYRINGE 480 MCG/0.8ML | Tier 3 | | | | |
| **Bronchodilators, Anticholinergic - Asthma/Lung Drugs** | | | | | | |
| 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 1 | | | | |

HCR - Health Care Reform Preventive Care
^ May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met

| Medication name | Generic medication name | Drug Tier | Prior authorization | Quantity limit | Step Therapy | Specialty |
|---|---|---|---|---|---|---|
| IPRATROPIUM SPR 0.03% | IPRATROPIUM BROMIDE NASAL SOLN 0.03% (21 MCG/SPRAY) | Tier 1 | | | | |
| IPRATROPIUM SPR 0.06% | IPRATROPIUM BROMIDE NASAL SOLN 0.06% (42 MCG/SPRAY) | Tier 1 | | | | |
| SPIRIVA CAP HANDIHLR | TIOTROPIUM BROMIDE INHAL CAP 18 MCG (BASE EQUIV) | Tier 2 | | X | | |
| SPIRIVA RESP AER 1.25MCG | TIOTROPIUM BROMIDE INHAL AEROSOL 1.25 MCG/ACT | Tier 2 | | X | | X |
| SPIRIVA RESP AER 2.5MCG | TIOTROPIUM BROMIDE INHAL AEROSOL 2.5 MCG/ACT | Tier 2 | | X | | X |
| YUPELRI NEB 175/3ML | REVEFENACIN NEBULIZING SOLUTION 175 MCG/3ML | Tier 4 | X | X | X | X |
| **Bronchodilators, Sympathomimetic - Asthma/Lung Drugs** | | | | | | |
| ALBUTEROL AER HFA | ALBUTEROL SULFATE INHAL AERO 108 MCG/ACT (90MCG BASE EQUIV) | Tier 2 | | X | | X |
| ALBUTEROL NEB 0.083% | ALBUTEROL SULFATE SOLN NEBU 0.083% (2.5 MG/3ML) | Tier 1 | | | | X |
| ALBUTEROL NEB 0.5% | ALBUTEROL SULFATE SOLN NEBU 0.5% (5 MG/ML) | Tier 1 | | | | X |
| ALBUTEROL NEB 0.5% | ALBUTEROL SULFATE SOLN NEBU 0.5% (5 MG/ML) | Tier 3 | | | | X |
| 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 1 | | | | |
| ALBUTEROL TAB 2MG | ALBUTEROL SULFATE TAB 2 MG | Tier 3 | X | | | |
| ALBUTEROL TAB 4MG | ALBUTEROL SULFATE TAB 4 MG | Tier 3 | X | | | |
| ARFORMOTEROL NEB 15/2ML | ARFORMOTEROL TARTRATE SOLN NEBU 15 MCG/2ML (BASE EQUIV) | Tier 4 | | X | | |
| AUVI-Q INJ 0.15MG | EPINEPHRINE SOLUTION AUTO-INJECTOR 0.15 MG/0.15ML (1:1000) | Tier 2 | | X | | |
| AUVI-Q INJ 0.1MG | EPINEPHRINE SOLUTION AUTO-INJECTOR 0.1 MG/0.1ML | Tier 2 | | X | | |
| AUVI-Q INJ 0.3MG | EPINEPHRINE SOLUTION AUTO-INJECTOR 0.3 MG/0.3ML (1:1000) | Tier 2 | | X | | |
| EPINEPHRINE INJ 0.15MG | EPINEPHRINE SOLUTION AUTO-INJECTOR 0.15 MG/0.15ML (1:1000) | Tier 1 | | | | |
| EPINEPHRINE INJ 0.15MG | EPINEPHRINE SOLUTION AUTO-INJECTOR 0.15 MG/0.3ML (1:2000) | Tier 1 | | | | |
| EPINEPHRINE INJ 0.3MG | EPINEPHRINE SOLUTION AUTO-INJECTOR 0.3 MG/0.3ML (1:1000) | Tier 1 | | X | | |
| EPINEPHRINE INJ 0.3MG | EPINEPHRINE SOLUTION PREFILLED SYRINGE 0.3 MG/0.3ML (1:1000) | Tier 2 | | | | |

HCR - Health Care Reform Preventive Care

^ May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met

| Medication name | Generic medication name | Drug Tier | Prior authorization | Quantity limit | Step Therapy | Specialty |
|---|---|---|---|---|---|---|
| LEVALBUTEROL AER 45/ACT | LEVALBUTEROL TARTRATE INHAL AEROSOL 45 MCG/ACT (BASE EQUIV) | Tier 3 | | X | | |
| LEVALBUTEROL NEB 0.31MG | LEVALBUTEROL HCL SOLN NEBU 0.31 MG/3ML (BASE EQUIV) | Tier 3 | | | | |
| LEVALBUTEROL NEB 0.63MG | LEVALBUTEROL HCL SOLN NEBU 0.63 MG/3ML (BASE EQUIV) | Tier 3 | | | | |
| LEVALBUTEROL NEB 1.25/0.5 | LEVALBUTEROL HCL SOLN NEBU CONC 1.25 MG/0.5ML (BASE EQUIV) | Tier 3 | | | | |
| LEVALBUTEROL NEB 1.25MG | LEVALBUTEROL HCL SOLN NEBU 1.25 MG/3ML (BASE EQUIV) | Tier 3 | | X | | |
| NEFFY SPR 1MG | EPINEPHRINE NASAL SPRAY 1 MG/0.1ML | Tier 4 | | X | | |
| NEFFY SPR 2MG | EPINEPHRINE NASAL SPRAY 2 MG/0.1ML | Tier 4 | | X | | |
| SEREVENT DIS AER 50MCG | SALMETEROL XINAFOATE AER POW BA 50 MCG/ACT (BASE EQUIV) | Tier 2 | | X | | |
| STRIVERDI AER 2.5MCG | OLODATEROL HCL INHAL AEROSOL SOLN 2.5 MCG/ACT (BASE EQUIV) | Tier 2 | | X | | |
| TERBUTALINE TAB 2.5MG | TERBUTALINE SULFATE TAB 2.5 MG | Tier 1 | | | | |
| TERBUTALINE TAB 5MG | TERBUTALINE SULFATE TAB 5 MG | Tier 1 | | | | |
| XOPENEX HFA AER | LEVALBUTEROL TARTRATE INHAL AEROSOL 45 MCG/ACT (BASE EQUIV) | Tier 3 | | X | | |
| **Calcitonin Gene-Related Peptide (CGRP) Receptor Antagonist - Migraine Drugs** | | | | | | |
| 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 | | |
| 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 | | |
| NURTEC TAB 75MG ODT | RIMEGEPANT SULFATE TAB DISINT 75 MG | Tier 3 | X | X | | |
| QULIPTA TAB 10MG | ATOGEPANT TAB 10 MG | Tier 3 | X | X | | |
| QULIPTA TAB 30MG | ATOGEPANT TAB 30 MG | Tier 3 | X | X | X | |
| QULIPTA TAB 60MG | ATOGEPANT TAB 60 MG | Tier 3 | X | X | X | |
| UBRELVY TAB 100MG | UBROGEPANT TAB 100 MG | Tier 3 | X | X | X | |
| UBRELVY TAB 50MG | UBROGEPANT TAB 50 MG | Tier 3 | X | X | X | |
| ZAVZPRET SPR 10MG | ZAVEGEPANT HCL NASAL SPRAY 10 MG/ACT | Tier 4 | X | X | X | |
| **Calcium Channel Blocking Agents - Blood Pressure Drugs** | | | | | | |
| 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 | | | | |

HCR – Health Care Reform Preventive Care
^ May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met

| Medication name | Generic medication name | Drug Tier | Prior authorization | Quantity limit | Step Therapy | Specialty |
|---|---|---|---|---|---|---|
| AMLODIPINE TAB 5MG | AMLODIPINE BESYLATE TAB 5 MG (BASE EQUIVALENT) | Tier 1 | | | | |
| 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 | | | | |
| DILT-XR CAP 120MG | DILTIAZEM HCL CAP ER 24HR 120 MG | Tier 1 | | | | |
| DILT-XR CAP 180MG | DILTIAZEM HCL CAP ER 24HR 180 MG | Tier 1 | | X | | X |
| DILT-XR CAP 240MG | DILTIAZEM HCL CAP ER 24HR 240 MG | Tier 1 | | | | |
| DILTIAZEM CAP 120MG ER | DILTIAZEM HCL CAP ER 12HR 120 MG | Tier 1 | | | | |
| DILTIAZEM CAP 120MG ER | DILTIAZEM HCL CAP ER 24HR 120 MG | Tier 1 | | | | |
| 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 120MG/24 | DILTIAZEM HCL EXTENDED RELEASE BEADS CAP ER 24HR 120 MG | Tier 2 | | | | |
| DILTIAZEM CAP 180MG ER | DILTIAZEM HCL CAP ER 24HR 180 MG | Tier 1 | | | | |
| DILTIAZEM CAP 180MG ER | DILTIAZEM HCL COATED BEADS CAP ER 24HR 180 MG | Tier 2 | | | | |
| DILTIAZEM CAP 180MG ER | DILTIAZEM HCL EXTENDED RELEASE 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 1 | | | | |
| DILTIAZEM CAP 240MG ER | DILTIAZEM HCL COATED BEADS CAP ER 24HR 240 MG | Tier 2 | | | | |
| DILTIAZEM CAP 240MG ER | DILTIAZEM HCL EXTENDED RELEASE BEADS CAP ER 24HR 240 MG | Tier 2 | | | | |
| DILTIAZEM CAP 240MG/24 | DILTIAZEM HCL EXTENDED RELEASE BEADS CAP ER 24HR 240 MG | Tier 2 | | | | |
| DILTIAZEM CAP 300MG ER | DILTIAZEM HCL COATED BEADS CAP ER 24HR 300 MG | Tier 2 | | | | |
| DILTIAZEM CAP 300MG ER | DILTIAZEM HCL EXTENDED RELEASE BEADS CAP ER 24HR 300 MG | Tier 2 | | | | |
| DILTIAZEM CAP 360MG 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 | | | | |

HCR - Health Care Reform Preventive Care
^ May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met

| Medication name | Generic medication name | Drug Tier | Prior authorization | Quantity limit | Step Therapy | Specialty |
|---|---|---|---|---|---|---|
| DILTIAZEM CAP 60MG ER | DILTIAZEM HCL CAP ER 12HR 60 MG | Tier 1 | | | | |
| DILTIAZEM CAP 90MG ER | DILTIAZEM HCL CAP ER 12HR 90 MG | Tier 1 | | | | |
| DILTIAZEM ER TAB 180MG | DILTIAZEM HCL TAB ER 24HR 180 MG | Tier 2 | | | | |
| DILTIAZEM ER TAB 240MG | DILTIAZEM HCL TAB ER 24HR 240 MG | Tier 2 | | | | |
| DILTIAZEM ER TAB 300MG | DILTIAZEM HCL TAB ER 24HR 300 MG | Tier 2 | | X | | |
| DILTIAZEM ER TAB 360MG | DILTIAZEM HCL TAB ER 24HR 360 MG | Tier 2 | | | | |
| DILTIAZEM ER TAB 420MG | DILTIAZEM HCL TAB ER 24HR 420 MG | Tier 2 | X | | | X |
| DILTIAZEM TAB 120MG | DILTIAZEM HCL TAB 120 MG | Tier 1 | | | | |
| DILTIAZEM TAB 120MG ER | DILTIAZEM HCL TAB ER 24HR 120 MG | Tier 2 | | | | |
| DILTIAZEM TAB 240MG ER | DILTIAZEM HCL TAB ER 24HR 240 MG | Tier 2 | | | | |
| DILTIAZEM TAB 300MG ER | DILTIAZEM HCL TAB ER 24HR 300 MG | Tier 2 | | | | |
| DILTIAZEM TAB 30MG | DILTIAZEM HCL TAB 30 MG | Tier 1 | | | | |
| DILTIAZEM TAB 360MG ER | DILTIAZEM HCL TAB ER 24HR 360 MG | Tier 2 | | | | |
| DILTIAZEM TAB 60MG | DILTIAZEM HCL TAB 60 MG | Tier 1 | | | | |
| DILTIAZEM TAB 90MG | DILTIAZEM HCL TAB 90 MG | Tier 1 | | | | |
| FELODIPINE TAB 10MG ER | FELODIPINE TAB ER 24HR 10 MG | Tier 1 | X | X | | X |
| FELODIPINE TAB 2.5MG ER | FELODIPINE TAB ER 24HR 2.5 MG | Tier 1 | X | X | | X |
| FELODIPINE TAB 5MG ER | FELODIPINE TAB ER 24HR 5 MG | Tier 1 | | | | |
| ISRADIPINE CAP 2.5MG | ISRADIPINE CAP 2.5 MG | Tier 1 | | | | X |
| ISRADIPINE CAP 5MG | ISRADIPINE CAP 5 MG | Tier 1 | | | | |
| MATZIM LA TAB 180MG/24 | DILTIAZEM HCL TAB ER 24HR 180 MG | Tier 2 | | | | |
| MATZIM LA TAB 240MG/24 | DILTIAZEM HCL TAB ER 24HR 240 MG | Tier 2 | | X | X | X |
| MATZIM LA TAB 300MG/24 | DILTIAZEM HCL TAB ER 24HR 300 MG | Tier 2 | | | | |
| MATZIM LA TAB 360MG/24 | DILTIAZEM HCL TAB ER 24HR 360 MG | Tier 2 | X | X | | X |
| MATZIM LA TAB 420MG/24 | DILTIAZEM HCL TAB ER 24HR 420 MG | Tier 2 | X | X | | |
| NICARDIPINE CAP 20MG | NICARDIPINE HCL CAP 20 MG | Tier 1 | | | | |
| NICARDIPINE CAP 30MG | NICARDIPINE HCL CAP 30 MG | Tier 1 | | X | | |
| NIFEDIPINE CAP 10MG | NIFEDIPINE CAP 10 MG | Tier 1 | | | | |
| NIFEDIPINE CAP 20MG | NIFEDIPINE CAP 20 MG | Tier 1 | | X | | |
| NIFEDIPINE TAB 30MG ER | NIFEDIPINE TAB ER 24HR 30 MG | Tier 1 | | | | |
| NIFEDIPINE TAB 30MG ER | NIFEDIPINE TAB ER 24HR OSMOTIC RELEASE 30 MG | Tier 1 | X | | | |
| NIFEDIPINE TAB 60MG ER | NIFEDIPINE TAB ER 24HR 60 MG | Tier 1 | | X | | |
| NIFEDIPINE TAB 60MG ER | NIFEDIPINE TAB ER 24HR OSMOTIC RELEASE 60 MG | Tier 1 | | | | |
| NIFEDIPINE TAB 90MG ER | NIFEDIPINE TAB ER 24HR 90 MG | Tier 1 | | | | |
| NIFEDIPINE TAB 90MG ER | NIFEDIPINE TAB ER 24HR OSMOTIC RELEASE 90 MG | Tier 1 | | | | |
| NIMODIPINE CAP 30MG | NIMODIPINE CAP 30 MG | Tier 1 | | | | |
| NIMODIPINE SOL 60/20ML | NIMODIPINE ORAL SOLN 60 MG/20ML (3 MG/ML) | Tier 2 | | | | |

HCR – Health Care Reform Preventive Care
^ May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met

| Medication name | Generic medication name | Drug Tier | Prior authorization | Quantity limit | Step Therapy | Specialty |
|---|---|---|---|---|---|---|
| NISOLDIPINE TAB 17MG ER | NISOLDIPINE TAB ER 24HR 17 MG | Tier 2 | | | | |
| NISOLDIPINE TAB 20MG ER | NISOLDIPINE TAB ER 24HR 20 MG | Tier 2 | | | | |
| NISOLDIPINE TAB 25.5MG | NISOLDIPINE TAB ER 24HR 25.5 MG | Tier 2 | | | | |
| NISOLDIPINE TAB 30MG ER | NISOLDIPINE TAB ER 24HR 30 MG | Tier 2 | | | | |
| NISOLDIPINE TAB 34MG ER | NISOLDIPINE TAB ER 24HR 34 MG | Tier 2 | | | | |
| NISOLDIPINE TAB 40MG ER | NISOLDIPINE TAB ER 24HR 40 MG | Tier 2 | | | | |
| NISOLDIPINE TAB 8.5MG ER | NISOLDIPINE TAB ER 24HR 8.5 MG | Tier 2 | | | | |
| NORLIQVA SOL 1MG/ML | AMLODIPINE BESYLATE ORAL SOLN 1 MG/ML (BASE EQUIVALENT) | Tier 4 | | | | |
| NYMALIZE SOL | NIMODIPINE ORAL SOLN 6 MG/ML | Tier 2 | | | | |
| SULAR TAB 17MG ER | NISOLDIPINE TAB ER 24HR 17 MG | Tier 4 | | | | |
| SULAR TAB 34MG ER | NISOLDIPINE TAB ER 24HR 34 MG | Tier 4 | | | | |
| SULAR TAB 8.5MG ER | NISOLDIPINE TAB ER 24HR 8.5 MG | Tier 4 | | | | |
| 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 | | | | |
| TIAZAC CAP 120MG/24 | DILTIAZEM HCL EXTENDED RELEASE BEADS CAP ER 24HR 120 MG | Tier 4 | | | X | X |
| TIAZAC CAP 180MG/24 | DILTIAZEM HCL EXTENDED RELEASE BEADS CAP ER 24HR 180 MG | Tier 4 | | | | X |
| TIAZAC CAP 240MG/24 | DILTIAZEM HCL EXTENDED RELEASE BEADS CAP ER 24HR 240 MG | Tier 4 | X | X | | |
| TIAZAC CAP 300MG/24 | DILTIAZEM HCL EXTENDED RELEASE BEADS CAP ER 24HR 300 MG | Tier 4 | | | | |
| TIAZAC CAP 360MG/24 | DILTIAZEM HCL EXTENDED RELEASE BEADS CAP ER 24HR 360 MG | Tier 4 | X | X | | |
| TIAZAC CAP 420MG/24 | DILTIAZEM HCL EXTENDED RELEASE BEADS CAP ER 24HR 420 MG | Tier 4 | | | | |
| 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 1 | | | | |
| VERAPAMIL CAP 120MG SR | VERAPAMIL HCL CAP ER 24HR 120 MG | Tier 1 | | | | |
| VERAPAMIL CAP 180MG ER | VERAPAMIL HCL CAP ER 24HR 180 MG | Tier 1 | X | | | |
| VERAPAMIL CAP 180MG SR | VERAPAMIL HCL CAP ER 24HR 180 MG | Tier 1 | | X | | |
| VERAPAMIL CAP 200MG ER | VERAPAMIL HCL CAP ER 24HR 200 MG | Tier 3 | | | | |

HCR - Health Care Reform Preventive Care
^ May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met

| Medication name | Generic medication name | Drug Tier | Prior authorization | Quantity limit | Step Therapy | Specialty |
|---|---|---|---|---|---|---|
| VERAPAMIL CAP 240MG ER | VERAPAMIL HCL CAP ER 24HR 240 MG | Tier 1 | | | | X |
| VERAPAMIL CAP 240MG SR | VERAPAMIL HCL CAP ER 24HR 240 MG | Tier 1 | X | | | |
| 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 1 | X | X | | |
| VERAPAMIL TAB 120MG | VERAPAMIL HCL TAB 120 MG | Tier 1 | | | | |
| VERAPAMIL TAB 120MG ER | VERAPAMIL HCL TAB ER 120 MG | Tier 1 | | | | |
| VERAPAMIL TAB 180MG ER | VERAPAMIL HCL TAB ER 180 MG | Tier 1 | | | | |
| VERAPAMIL TAB 240MG ER | VERAPAMIL HCL TAB ER 240 MG | Tier 1 | | | | |
| VERAPAMIL TAB 40MG | VERAPAMIL HCL TAB 40 MG | Tier 1 | | X | | |
| VERAPAMIL TAB 80MG | VERAPAMIL HCL TAB 80 MG | Tier 1 | | | | |
| VERELAN CAP 120MG SR | VERAPAMIL HCL CAP ER 24HR 120 MG | Tier 4 | | X | | |
| VERELAN CAP 180MG SR | VERAPAMIL HCL CAP ER 24HR 180 MG | Tier 4 | | | | |
| VERELAN CAP 240MG SR | VERAPAMIL HCL CAP ER 24HR 240 MG | Tier 4 | X | X | | |
| VERELAN CAP 360MG SR | VERAPAMIL HCL CAP ER 24HR 360 MG | Tier 4 | | | X | |
| VERELAN PM CAP 100MG ER | VERAPAMIL HCL CAP ER 24HR 100 MG | Tier 4 | | | | |
| VERELAN PM CAP 200MG ER | VERAPAMIL HCL CAP ER 24HR 200 MG | Tier 4 | | | | X |
| VERELAN PM CAP 300MG ER | VERAPAMIL HCL CAP ER 24HR 300 MG | Tier 4 | | X | | X |
| **Calcium Channel Modifying Agents - Seizure Control Drugs** | | | | | | |
| CELONTIN CAP 300MG | METHSUXIMIDE CAP 300 MG | Tier 4 | | | | |
| ETHOSUXIMIDE CAP 250MG | ETHOSUXIMIDE CAP 250 MG | Tier 1 | | | | X |
| ETHOSUXIMIDE SOL 250/5ML | ETHOSUXIMIDE SOLN 250 MG/5ML | Tier 1 | | X | | |
| METHSUXIMIDE CAP 300MG | METHSUXIMIDE CAP 300 MG | Tier 2 | X | | | X |
| ZARONTIN CAP 250MG | ETHOSUXIMIDE CAP 250 MG | Tier 4 | | | | |
| ZARONTIN SOL 250/5ML | ETHOSUXIMIDE SOLN 250 MG/5ML | Tier 4 | | | | |
| ZONISADE SUS 100MG/5 | ZONISAMIDE ORAL SUSP 100 MG/5ML (20 MG/ML) | Tier 4 | X | | | |
| ZONISAMIDE CAP 100MG | ZONISAMIDE CAP 100 MG | Tier 1 | | | | |
| ZONISAMIDE CAP 25MG | ZONISAMIDE CAP 25 MG | Tier 1 | | | | |
| ZONISAMIDE CAP 50MG | ZONISAMIDE CAP 50 MG | Tier 1 | | | | |
| **Cardiovascular Agents, Other** | | | | | | |
| CAMZYOS CAP 10MG | MAVACAMTEN CAP 10 MG | Tier 4 | X | X | | X |
| CAMZYOS CAP 15MG | MAVACAMTEN CAP 15 MG | Tier 4 | X | X | | X |
| CAMZYOS CAP 2.5MG | MAVACAMTEN CAP 2.5 MG | Tier 4 | X | X | | X |
| CAMZYOS CAP 5MG | MAVACAMTEN CAP 5 MG | Tier 4 | X | X | | X |
| LODOCO TAB 0.5MG | COLCHICINE (CARDIOVASCULAR) TAB 0.5 MG | Tier 4 | | | | |
| **Cardiovascular Agents, Other - Miscellaneous Cardiac Drugs** | | | | | | |
| ACCURETIC TAB 10-12.5 | QUINAPRIL-HYDROCHLOROTHIAZIDE TAB 10-12.5 MG | Tier 4 | | | | |
| ACCURETIC TAB 20-12.5 | QUINAPRIL-HYDROCHLOROTHIAZIDE TAB 20-12.5 MG | Tier 4 | | | | |

HCR – Health Care Reform Preventive Care
^ May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met

| Medication name | Generic medication name | Drug Tier | Prior authorization | Quantity limit | Step Therapy | Specialty |
|---|---|---|---|---|---|---|
| AMILOR/HCTZ TAB 5-50 | AMILORIDE & HYDROCHLOROTHIAZIDE TAB 5-50 MG | Tier 1 | | | | |
| AMLOD/BENAZP CAP 10-20MG | AMLODIPINE BESYLATE-BENAZEPRIL HCL CAP 10-20 MG | Tier 1 | | | | |
| AMLOD/BENAZP CAP 10-40MG | AMLODIPINE BESYLATE-BENAZEPRIL HCL CAP 10-40 MG | Tier 1 | | | | |
| AMLOD/BENAZP CAP 2.5-10MG | AMLODIPINE BESYLATE-BENAZEPRIL HCL CAP 2.5-10 MG | Tier 1 | | | | |
| AMLOD/BENAZP CAP 5-10MG | AMLODIPINE BESYLATE-BENAZEPRIL HCL CAP 5-10 MG | Tier 1 | | | | |
| AMLOD/BENAZP CAP 5-20MG | AMLODIPINE BESYLATE-BENAZEPRIL HCL CAP 5-20 MG | Tier 1 | | X | | |
| AMLOD/BENAZP CAP 5-40MG | AMLODIPINE BESYLATE-BENAZEPRIL HCL CAP 5-40 MG | Tier 1 | | | | |
| AMLOD/OLMESA TAB 10-20MG | AMLODIPINE BESYLATE-OLMESARTAN MEDOXOMIL TAB 10-20 MG | Tier 3 | | | | |
| AMLOD/OLMESA TAB 10-40MG | AMLODIPINE BESYLATE-OLMESARTAN MEDOXOMIL TAB 10-40 MG | Tier 3 | | | | |
| AMLOD/OLMESA TAB 5-20MG | AMLODIPINE BESYLATE-OLMESARTAN MEDOXOMIL TAB 5-20 MG | Tier 3 | | | | |
| AMLOD/OLMESA TAB 5-40MG | AMLODIPINE BESYLATE-OLMESARTAN MEDOXOMIL TAB 5-40 MG | Tier 3 | | | | X |
| AMLOD/VALSAR TAB 10-160MG | AMLODIPINE BESYLATE-VALSARTAN TAB 10-160 MG | Tier 2 | | | | X |
| AMLOD/VALSAR TAB 10-320MG | AMLODIPINE BESYLATE-VALSARTAN TAB 10-320 MG | Tier 2 | | X | | |
| AMLOD/VALSAR TAB 5-160MG | AMLODIPINE BESYLATE-VALSARTAN TAB 5-160 MG | Tier 2 | | | | X |
| AMLOD/VALSAR TAB 5-320MG | AMLODIPINE BESYLATE-VALSARTAN TAB 5-320 MG | Tier 2 | | X | | X |
| ASPRUZYO SPR GRA 1000MG | RANOLAZINE ER GRANULES PACKET 1000 MG | Tier 4 | X | X | X | X |
| ASPRUZYO SPR GRA 500MG | RANOLAZINE ER GRANULES PACKET 500 MG | Tier 4 | X | X | | |
| ATENOL/CHLOR TAB 100-25MG | ATENOLOL & CHLORTHALIDONE TAB 100-25 MG | Tier 1 | | X | | |
| ATENOL/CHLOR TAB 50-25MG | ATENOLOL & CHLORTHALIDONE TAB 50-25 MG | Tier 1 | | | | |
| BENAZEP/HCTZ TAB 10-12.5 | BENAZEPRIL & HYDROCHLOROTHIAZIDE TAB 10-12.5 MG | Tier 1 | | | | |
| BENAZEP/HCTZ TAB 20-12.5 | BENAZEPRIL & HYDROCHLOROTHIAZIDE TAB 20-12.5 MG | Tier 1 | | | | |
| BENAZEP/HCTZ TAB 20-25MG | BENAZEPRIL & HYDROCHLOROTHIAZIDE TAB 20-25 MG | Tier 1 | | | | |
| BENAZEP/HCTZ TAB 5-6.25MG | BENAZEPRIL & HYDROCHLOROTHIAZIDE TAB 5-6.25 MG | Tier 1 | | | | |

HCR – Health Care Reform Preventive Care
^ May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met

| Medication name | Generic medication name | Drug Tier | Prior authorization | Quantity limit | Step Therapy | Specialty |
|---|---|---|---|---|---|---|
| BISOPRL/HCTZ TAB 10/6.25 | BISOPROLOL & HYDROCHLOROTHIAZIDE TAB 10-6.25 MG | Tier 1 | | | | |
| BISOPRL/HCTZ TAB 2.5/6.25 | BISOPROLOL & HYDROCHLOROTHIAZIDE TAB 2.5-6.25 MG | Tier 1 | | | | X |
| BISOPRL/HCTZ TAB 5-6.25MG | BISOPROLOL & HYDROCHLOROTHIAZIDE TAB 5-6.25 MG | Tier 1 | | | | X |
| CANDESA/HCTZ TAB 16-12.5 | CANDESARTAN CILEXETIL-HYDROCHLOROTHIAZIDE TAB 16-12.5 MG | Tier 3 | | | | |
| CANDESA/HCTZ TAB 32-12.5 | CANDESARTAN CILEXETIL-HYDROCHLOROTHIAZIDE TAB 32-12.5 MG | Tier 3 | | | | |
| CANDESA/HCTZ TAB 32-25MG | CANDESARTAN CILEXETIL-HYDROCHLOROTHIAZIDE TAB 32-25 MG | Tier 3 | | | | |
| CAPTOPR/HCTZ TAB 25-15MG | CAPTOPRIL & HYDROCHLOROTHIAZIDE TAB 25-15 MG | Tier 1 | | | X | X |
| CAPTOPR/HCTZ TAB 25-25MG | CAPTOPRIL & HYDROCHLOROTHIAZIDE TAB 25-25 MG | Tier 1 | | | | X |
| CAPTOPR/HCTZ TAB 50-15MG | CAPTOPRIL & HYDROCHLOROTHIAZIDE TAB 50-15 MG | Tier 1 | | | | |
| CAPTOPR/HCTZ TAB 50-25MG | CAPTOPRIL & HYDROCHLOROTHIAZIDE TAB 50-25 MG | Tier 1 | | | | X |
| CORLANOR SOL 5MG/5ML | IVABRADINE HCL ORAL SOLN 5 MG/5ML (BASE EQUIV) | Tier 3 | X | X | | |
| CORLANOR TAB 5MG | IVABRADINE HCL TAB 5 MG (BASE EQUIV) | Tier 3 | X | X | X | |
| CORLANOR TAB 7.5MG | IVABRADINE HCL TAB 7.5 MG (BASE EQUIV) | Tier 3 | X | X | | |
| DIGOXIN SOL 50MCG/ML | DIGOXIN ORAL SOLN 0.05 MG/ML | Tier 1 | | | | |
| DIGOXIN TAB 0.0625MG | DIGOXIN TAB 62.5 MCG (0.0625 MG) | Tier 1 | | | | |
| DIGOXIN TAB 0.125MG | DIGOXIN TAB 125 MCG (0.125 MG) | Tier 1 | | | | |
| DIGOXIN TAB 0.25MG | DIGOXIN TAB 250 MCG (0.25 MG) | Tier 1 | | | | |
| DROXIDOPA CAP 100MG | DROXIDOPA CAP 100 MG | Tier 3 | X | X | | |
| DROXIDOPA CAP 200MG | DROXIDOPA CAP 200 MG | Tier 3 | X | X | | |
| DROXIDOPA CAP 300MG | DROXIDOPA CAP 300 MG | Tier 3 | X | X | | |
| ENALAPR/HCTZ TAB 10-25MG | ENALAPRIL MALEATE & HYDROCHLOROTHIAZIDE TAB 10-25 MG | Tier 1 | | | | |
| ENALAPR/HCTZ TAB 5-12.5MG | ENALAPRIL MALEATE & HYDROCHLOROTHIAZIDE TAB 5-12.5 MG | Tier 1 | | | | |
| ENTRESTO CAP 15-16MG | SACUBITRIL-VALSARTAN SPRINKLE CAP 15-16 MG | Tier 4 | | X | | |
| ENTRESTO CAP 6-6MG | SACUBITRIL-VALSARTAN SPRINKLE CAP 6-6 MG | Tier 4 | | X | | |
| FOSINOP/HCTZ TAB 10/12.5 | FOSINOPRIL SODIUM & HYDROCHLOROTHIAZIDE TAB 10-12.5 MG | Tier 1 | | | | |
| FOSINOP/HCTZ TAB 20/12.5 | FOSINOPRIL SODIUM & HYDROCHLOROTHIAZIDE TAB 20-12.5 MG | Tier 1 | | | | |
| IRBESAR/HCTZ TAB 150-12.5 | IRBESARTAN-HYDROCHLOROTHIAZIDE TAB 150-12.5 MG | Tier 1 | | | | |

HCR – Health Care Reform Preventive Care
^ May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met

| Medication name | Generic medication name | Drug Tier | Prior authorization | Quantity limit | Step Therapy | Specialty |
|---|---|---|---|---|---|---|
| IRBESAR/HCTZ TAB 300-12.5 | IRBESARTAN-HYDROCHLOROTHIAZIDE TAB 300-12.5 MG | Tier 1 | | | | |
| ISOSO/HYDRAL TAB 20-37.5 | ISOSORBIDE DINITRATE-HYDRALAZINE HCL TAB 20-37.5 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 | | |
| LANOXIN TAB 0.0625MG | DIGOXIN TAB 62.5 MCG (0.0625 MG) | Tier 4 | | | | |
| LANOXIN TAB 0.125MG | DIGOXIN TAB 125 MCG (0.125 MG) | Tier 3 | | | | |
| LANOXIN TAB 0.25MG | DIGOXIN TAB 250 MCG (0.25 MG) | Tier 3 | | | | |
| LISINOP/HCTZ TAB 10-12.5 | LISINOPRIL & HYDROCHLOROTHIAZIDE TAB 10-12.5 MG | Tier 1 | | | | |
| LISINOP/HCTZ TAB 20-12.5 | LISINOPRIL & HYDROCHLOROTHIAZIDE TAB 20-12.5 MG | Tier 1 | | | | |
| LISINOP/HCTZ TAB 20-25MG | LISINOPRIL & HYDROCHLOROTHIAZIDE TAB 20-25 MG | Tier 1 | | | | |
| LOSARTAN/HCT TAB 100-12.5 | LOSARTAN POTASSIUM & HYDROCHLORO-THIAZIDE TAB 100-12.5 MG | Tier 1 | | | | |
| LOSARTAN/HCT TAB 100-25 | LOSARTAN POTASSIUM & HYDROCHLORO-THIAZIDE TAB 100-25 MG | Tier 1 | | | | |
| LOSARTAN/HCT TAB 50-12.5 | LOSARTAN POTASSIUM & HYDROCHLORO-THIAZIDE TAB 50-12.5 MG | Tier 1 | | | | |
| LOTENSIN HCT TAB 10-12.5 | BENAZEPRIL & HYDROCHLOROTHIAZIDE TAB 10-12.5 MG | Tier 4 | | | | |
| LOTENSIN HCT TAB 20-12.5 | BENAZEPRIL & HYDROCHLOROTHIAZIDE TAB 20-12.5 MG | Tier 4 | | | | |
| LOTENSIN HCT TAB 20-25MG | BENAZEPRIL & HYDROCHLOROTHIAZIDE TAB 20-25 MG | Tier 4 | | | | |
| METOPRL/HCTZ TAB 100-25MG | METOPROLOL & HYDROCHLOROTHIAZIDE TAB 100-25 MG | Tier 1 | | | | |
| METOPRL/HCTZ TAB 100-50MG | METOPROLOL & HYDROCHLOROTHIAZIDE TAB 100-50 MG | Tier 1 | | | | |
| METOPRL/HCTZ TAB 50-25MG | METOPROLOL & HYDROCHLOROTHIAZIDE TAB 50-25 MG | Tier 1 | | | | |
| METYROSINE CAP 250MG | METYROSINE CAP 250 MG | Tier 3 | X | | | |
| OLM MED/HCTZ TAB 20-12.5 | OLMESARTAN MEDOXOMIL-HYDROCHLO-ROTHIAZIDE TAB 20-12.5 MG | Tier 2 | | | | |
| OLM MED/HCTZ TAB 40-12.5 | OLMESARTAN MEDOXOMIL-HYDROCHLO-ROTHIAZIDE TAB 40-12.5 MG | Tier 2 | | | | |
| OLM MED/HCTZ TAB 40-25MG | OLMESARTAN MEDOXOMIL-HYDROCHLO-ROTHIAZIDE TAB 40-25 MG | Tier 2 | | | | |
| PENTOXIFYLLI TAB 400MG ER | PENTOXIFYLLINE TAB ER 400 MG | Tier 1 | | | | |
| QNAPRIL/HCTZ TAB 10-12.5 | QUINAPRIL-HYDROCHLOROTHIAZIDE TAB 10-12.5 MG | Tier 2 | | | | |
| QNAPRIL/HCTZ TAB 20-12.5 | QUINAPRIL-HYDROCHLOROTHIAZIDE TAB 20-12.5 MG | Tier 2 | | | | |

HCR – Health Care Reform Preventive Care

^ May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met

| Medication name | Generic medication name | Drug Tier | Prior authorization | Quantity limit | Step Therapy | Specialty |
|---|---|---|---|---|---|---|
| QNAPRIL/HCTZ TAB 20-25MG | QUINAPRIL-HYDROCHLOROTHIAZIDE TAB 20-25 MG | Tier 2 | | | | |
| RANOLAZINE TAB 1000MG | RANOLAZINE TAB ER 12HR 1000 MG | Tier 2 | | | | |
| RANOLAZINE TAB 500MG ER | RANOLAZINE TAB ER 12HR 500 MG | Tier 2 | | | | |
| SACUB/VALSAR TAB 24-26MG | SACUBITRIL-VALSARTAN TAB 24-26 MG | Tier 2 | | | | |
| SACUB/VALSAR TAB 49-51MG | SACUBITRIL-VALSARTAN TAB 49-51 MG | Tier 2 | | | | |
| SACUB/VALSAR TAB 97-103MG | SACUBITRIL-VALSARTAN TAB 97-103 MG | Tier 2 | | | | |
| SPIRONO/HCTZ TAB 25/25 | SPIRONOLACTONE & HYDROCHLOROTHIAZIDE TAB 25-25 MG | Tier 1 | | | | |
| TELMISA/HCTZ TAB 40-12.5 | TELMISARTAN-HYDROCHLOROTHIAZIDE TAB 40-12.5 MG | Tier 2 | | | | |
| TELMISA/HCTZ TAB 80-12.5 | TELMISARTAN-HYDROCHLOROTHIAZIDE TAB 80-12.5 MG | Tier 2 | | | | |
| TELMISA/HCTZ TAB 80-25MG | TELMISARTAN-HYDROCHLOROTHIAZIDE TAB 80-25 MG | Tier 2 | | | | |
| TRANDO/VERAP TAB 1-240 ER | TRANDOLAPRIL-VERAPAMIL HCL TAB ER 1-240 MG | Tier 3 | | | | |
| TRANDO/VERAP TAB 2-180 ER | TRANDOLAPRIL-VERAPAMIL HCL TAB ER 2-180 MG | Tier 3 | | | | |
| TRANDO/VERAP TAB 2-240 ER | TRANDOLAPRIL-VERAPAMIL HCL TAB ER 2-240 MG | Tier 3 | | | | |
| TRANDO/VERAP TAB 4-240 ER | TRANDOLAPRIL-VERAPAMIL HCL TAB ER 4-240 MG | Tier 3 | | X | | |
| TRIAMT/HCTZ CAP 37.5-25 | TRIAMTERENE & HYDROCHLOROTHIAZIDE CAP 37.5-25 MG | Tier 1 | | | | |
| TRIAMT/HCTZ TAB 37.5-25 | TRIAMTERENE & HYDROCHLOROTHIAZIDE TAB 37.5-25 MG | Tier 1 | | X | | |
| TRIAMT/HCTZ TAB 75-50MG | TRIAMTERENE & HYDROCHLOROTHIAZIDE TAB 75-50 MG | Tier 1 | | | | |
| VALSART/HCTZ TAB 160-12.5 | VALSARTAN-HYDROCHLOROTHIAZIDE TAB 160-12.5 MG | Tier 1 | | | | |
| VALSART/HCTZ TAB 160-25MG | VALSARTAN-HYDROCHLOROTHIAZIDE TAB 160-25 MG | Tier 1 | | | | |
| VALSART/HCTZ TAB 320-12.5 | VALSARTAN-HYDROCHLOROTHIAZIDE TAB 320-12.5 MG | Tier 1 | | | | |
| VALSART/HCTZ TAB 320-25MG | VALSARTAN-HYDROCHLOROTHIAZIDE TAB 320-25 MG | Tier 1 | | | | |
| VALSART/HCTZ TAB 80-12.5 | VALSARTAN-HYDROCHLOROTHIAZIDE TAB 80-12.5 MG | Tier 1 | | | | |
| VECAMYL TAB 2.5MG | MECAMYLAMINE HCL TAB 2.5 MG | Tier 4 | | | | |
| VYNDAMAX CAP 61MG | TAFAMIDIS CAP 61 MG | Tier 3 | X | X | | X |
| VYNDAQEL CAP 20MG | TAFAMIDIS MEGLUMINE (CARDIAC) CAP 20 MG | Tier 3 | X | X | | X |
| **Central Nervous System, Other** | | | | | | |
| DAYBUE SOL 200MG/ML | TROFINETIDE ORAL SOLN 200 MG/ML | Tier 3 | X | X | | |

HCR – Health Care Reform Preventive Care
^ May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met

| Medication name | Generic medication name | Drug Tier | Prior authorization | Quantity limit | Step Therapy | Specialty |
|---|---|---|---|---|---|---|
| DAYBUE STIX POW 5000MG | TROFINETIDE ORAL POWDER PACKET 5000 MG | Tier 3 | X | X | | |
| DAYBUE STIX POW 6000MG | TROFINETIDE ORAL POWDER PACKET 6000 MG | Tier 3 | X | X | | |
| DAYBUE STIX POW 8000MG | TROFINETIDE ORAL POWDER PACKET 8000 MG | Tier 3 | X | X | | |
| RELYVRIO PAK 3-1GM | SODIUM PHENYLBUTYRATE-TAURURSODIOL POWD PACK 3-1 GM | Tier 4 | | | | X |
| SKYCLARYS CAP 50MG | OMAVELOXOLONE CAP 50 MG | Tier 3 | X | X | | X |
| VYLEESI INJ 1.75/0.3 | BREMELANOTIDE ACET SUBCUTANEOUS SOLN AUTO-INJ 1.75 MG/0.3ML | Tier 4 | X | X | | |
| **Central Nervous System, Other - Miscellaneous Central Nervous System Drugs** | | | | | | |
| ADDYI TAB 100MG | FLIBANSERIN TAB 100 MG | Tier 4 | X | X | | |
| AUSTEDO TAB 12MG | DEUTETRABENAZINE TAB 12 MG | Tier 3 | X | X | | X |
| AUSTEDO TAB 6MG | DEUTETRABENAZINE TAB 6 MG | Tier 3 | X | X | | X |
| AUSTEDO TAB 9MG | DEUTETRABENAZINE TAB 9 MG | Tier 3 | X | X | | |
| AUSTEDO XR TAB 12MG | DEUTETRABENAZINE TAB ER 24HR 12 MG | Tier 3 | X | X | | |
| AUSTEDO XR TAB 18MG | DEUTETRABENAZINE TAB ER 24HR 18 MG | Tier 3 | X | X | | |
| AUSTEDO XR TAB 24MG | DEUTETRABENAZINE TAB ER 24HR 24 MG | Tier 3 | X | | | |
| AUSTEDO XR TAB 30MG | DEUTETRABENAZINE TAB ER 24HR 30 MG | Tier 3 | X | | | |
| AUSTEDO XR TAB 36MG | DEUTETRABENAZINE TAB ER 24HR 36 MG | Tier 3 | X | | | |
| AUSTEDO XR TAB 42MG | DEUTETRABENAZINE TAB ER 24HR 42 MG | Tier 3 | X | | | |
| AUSTEDO XR TAB 48MG | DEUTETRABENAZINE TAB ER 24HR 48 MG | Tier 3 | X | | | |
| AUSTEDO XR TAB 6MG | DEUTETRABENAZINE TAB ER 24HR 6 MG | Tier 3 | X | | | |
| AUSTEDO XR TAB TITR KIT | DEUTETRABENAZINE TAB ER TITRATION PACK 12 & 18 & 24 & 30 MG | Tier 3 | X | | | |
| CAFFEINE CIT SOL 20MG/ML | CAFFEINE CITRATE ORAL SOLN 60 MG/3ML (10 MG/ML BASE EQUIV) | Tier 1 | | | | |
| CAFFEINE CIT SOL 60MG/3ML | CAFFEINE CITRATE ORAL SOLN 60 MG/3ML (10 MG/ML BASE EQUIV) | Tier 1 | | | | |
| DM/QUINIDINE CAP 20-10MG | DEXTROMETHORPHAN HBR-QUINIDINE SULFATE CAP 20-10 MG | Tier 2 | X | | | |
| INGREZZA CAP 40-80MG | VALBENAZINE TOSYLATE CAP THERAPY PACK 40 MG (7) & 80 MG (21) | Tier 3 | X | X | | |
| INGREZZA CAP 40MG | VALBENAZINE TOSYLATE CAP 40 MG (BASE EQUIV) | Tier 3 | X | X | | |
| INGREZZA CAP 40MG | VALBENAZINE TOSYLATE CAPSULE SPRINKLE 40 MG (BASE EQUIV) | Tier 3 | X | X | | |
| INGREZZA CAP 60MG | VALBENAZINE TOSYLATE CAP 60 MG (BASE EQUIV) | Tier 3 | X | | | |
| INGREZZA CAP 60MG | VALBENAZINE TOSYLATE CAPSULE SPRINKLE 60 MG (BASE EQUIV) | Tier 3 | X | | | |
| INGREZZA CAP 80MG | VALBENAZINE TOSYLATE CAP 80 MG (BASE EQUIV) | Tier 3 | X | | | |

HCR - Health Care Reform Preventive Care
^ May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met

| Medication name | Generic medication name | Drug Tier | Prior authorization | Quantity limit | Step Therapy | Specialty |
|---|---|---|---|---|---|---|
| INGREZZA CAP 80MG | VALBENAZINE TOSYLATE CAPSULE SPRINKLE 80 MG (BASE EQUIV) | Tier 3 | X | | | |
| NUEDEXTA CAP 20-10MG | DEXTROMETHORPHAN HBR-QUINIDINE SULFATE CAP 20-10 MG | Tier 2 | X | | | |
| RADICAVA ORS SUS 105/5ML | EDARAVONE ORAL SUSP 105 MG/5ML | Tier 4 | X | | | |
| RADICAVA ORS SUS STARTER | EDARAVONE ORAL SUSP 105 MG/5ML | Tier 4 | X | | | |
| RILUZOLE TAB 50MG | RILUZOLE TAB 50 MG | Tier 1 | | | | |
| TEGLUTIK SUS 50/10ML | RILUZOLE SUSP 50 MG/10ML | Tier 4 | | | | |
| TETRABENAZIN TAB 12.5MG | TETRABENAZINE TAB 12.5 MG | Tier 3 | | | | |
| TETRABENAZIN TAB 25MG | TETRABENAZINE TAB 25 MG | Tier 3 | X | | | |
| TIGLUTIK SUS 50/10ML | RILUZOLE SUSP 50 MG/10ML | Tier 4 | X | | | |
| **Cholinesterase Inhibitors - Alzheimer's Disease and Dementia Drugs** | | | | | | |
| DONEPEZIL TAB 10MG | DONEPEZIL HYDROCHLORIDE TAB 10 MG | Tier 1 | | | | |
| DONEPEZIL TAB 10MG ODT | DONEPEZIL HYDROCHLORIDE ORALLY DISINTEGRATING TAB 10 MG | Tier 1 | | | | |
| DONEPEZIL TAB 23MG | DONEPEZIL HYDROCHLORIDE TAB 23 MG | Tier 1 | | | | |
| DONEPEZIL TAB 5MG | DONEPEZIL HYDROCHLORIDE TAB 5 MG | Tier 1 | | | | |
| DONEPEZIL TAB 5MG ODT | DONEPEZIL HYDROCHLORIDE ORALLY DISINTEGRATING TAB 5 MG | Tier 1 | | | | |
| DONEPEZIL TAB ODT 10MG | DONEPEZIL HYDROCHLORIDE ORALLY DISINTEGRATING TAB 10 MG | Tier 1 | | | | |
| DONEPEZIL TAB ODT 5MG | DONEPEZIL HYDROCHLORIDE ORALLY DISINTEGRATING TAB 5 MG | Tier 1 | | | | |
| GALANTAMINE CAP 16MG ER | GALANTAMINE HYDROBROMIDE CAP ER 24HR 16 MG | Tier 1 | | | | |
| GALANTAMINE CAP 24MG ER | GALANTAMINE HYDROBROMIDE CAP ER 24HR 24 MG | Tier 1 | | | | |
| GALANTAMINE CAP 8MG ER | GALANTAMINE HYDROBROMIDE CAP ER 24HR 8 MG | Tier 1 | | | | |
| GALANTAMINE SOL 4MG/ML | GALANTAMINE HYDROBROMIDE ORAL SOLN 4 MG/ML | Tier 1 | | | | |
| GALANTAMINE TAB 12MG | GALANTAMINE HYDROBROMIDE TAB 12 MG | Tier 1 | | | | |
| GALANTAMINE TAB 4MG | GALANTAMINE HYDROBROMIDE TAB 4 MG | Tier 1 | | | | |
| GALANTAMINE TAB 8MG | GALANTAMINE HYDROBROMIDE TAB 8 MG | Tier 1 | | | | |
| RIVASTIGMINE CAP 1.5MG | RIVASTIGMINE TARTRATE CAP 1.5 MG (BASE EQUIVALENT) | Tier 1 | | | | |
| RIVASTIGMINE CAP 3MG | RIVASTIGMINE TARTRATE CAP 3 MG (BASE EQUIVALENT) | Tier 1 | | | | |
| RIVASTIGMINE CAP 4.5MG | RIVASTIGMINE TARTRATE CAP 4.5 MG (BASE EQUIVALENT) | Tier 1 | | | | |
| RIVASTIGMINE CAP 6MG | RIVASTIGMINE TARTRATE CAP 6 MG (BASE EQUIVALENT) | Tier 1 | | | | |
| RIVASTIGMINE DIS 13.3/24 | RIVASTIGMINE TD PATCH 24HR 13.3 MG/24HR | Tier 3 | | | | |

HCR - Health Care Reform Preventive Care
^ May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met

| Medication name | Generic medication name | Drug Tier | Prior authorization | Quantity limit | Step Therapy | Specialty |
|---|---|---|---|---|---|---|
| RIVASTIGMINE DIS 4.6MG/24 | RIVASTIGMINE TD PATCH 24HR 4.6 MG/24HR | Tier 3 | | | | |
| RIVASTIGMINE DIS 9.5MG/24 | RIVASTIGMINE TD PATCH 24HR 9.5 MG/24HR | Tier 3 | | | | |
| **Cystic Fibrosis Agents - Drugs to treat Cystic Fibrosis** | | | | | | |
| KALYDECO GRA 13.4MG | IVACAFTOR PACKET 13.4 MG | Tier 3 | X | X | | |
| KALYDECO GRA 5.8MG | IVACAFTOR PACKET 5.8 MG | Tier 3 | X | X | | |
| KALYDECO PAK 25MG | IVACAFTOR PACKET 25 MG | Tier 3 | X | X | | |
| KALYDECO PAK 50MG | IVACAFTOR PACKET 50 MG | Tier 3 | X | X | | |
| KALYDECO PAK 75MG | IVACAFTOR PACKET 75 MG | Tier 3 | X | X | | |
| ORKAMBI GRA 100-125 | LUMACAFTOR-IVACAFTOR GRANULES PACKET 100-125 MG | Tier 2 | X | X | | |
| ORKAMBI GRA 150-188 | LUMACAFTOR-IVACAFTOR GRANULES PACKET 150-188 MG | Tier 2 | X | X | | |
| ORKAMBI GRA 75-94MG | LUMACAFTOR-IVACAFTOR GRANULES PACKET 75-94 MG | Tier 2 | X | X | | |
| ORKAMBI TAB 100-125 | LUMACAFTOR-IVACAFTOR TAB 100-125 MG | Tier 3 | X | X | | |
| ORKAMBI TAB 200-125 | LUMACAFTOR-IVACAFTOR TAB 200-125 MG | Tier 3 | X | X | | |
| SYMDEKO TAB 100-150 | TEZACAFTOR-IVACAFTOR 100-150 MG & IVACAFTOR 150 MG TAB TBPK | Tier 3 | X | X | | |
| SYMDEKO TAB 50-75MG | TEZACAFTOR-IVACAFTOR 50-75 MG & IVACAFTOR 75 MG TAB TBPK | Tier 3 | X | X | | |
| TOBRAMYCIN NEB 300/4ML | TOBRAMYCIN NEBU SOLN 300 MG/4ML | Tier 3 | X | X | | |
| TRIKAFTA PAK 59.5MG | ELEXACAF-TEZACAF-IVACAF 80-40-60 MG& IVACAF 59.5MG THPK GRAN | Tier 3 | X | X | | |
| TRIKAFTA PAK 75MG | ELEXACAF-TEZACAF-IVACAF 100-50-75 MG& IVACAF 75MG THPK GRAN | Tier 3 | X | X | | |
| TRIKAFTA TAB | ELEXACAF-TEZACAF-IVACAF 100-50-75 MG &IVACAFTOR 150 MG TBPK | Tier 3 | X | X | | |
| TRIKAFTA TAB | ELEXACAF-TEZACAF-IVACAF 50-25-37.5 MG & IVACAFTOR 75 MG TBPK | Tier 3 | X | X | | |
| **Dental and Oral Agents** | | | | | | |
| DEBACTEROL SOL 30-50% | SULFURIC ACID-SULFONATED PHENOLICS SOLN 30-50% | Tier 2 | | | | |
| **Dental and Oral Agents - Drugs to Treat Mouth and Throat Conditions** | | | | | | |
| AQUORAL SPR | ARTIFICIAL SALIVA - SOLUTION | Tier 3 | X | | | |
| AQUORAL SPR | ARTIFICIAL SALIVA - SOLUTION | Tier 3 | | | | |
| CAPHOSOL SOL | ARTIFICIAL SALIVA - SOLUTION | Tier 3 | | | | |
| CEVIMELINE CAP 30MG | CEVIMELINE HCL CAP 30 MG | Tier 1 | | | | |
| CHLORHEX GLU SOL 0.12% | CHLORHEXIDINE GLUCONATE SOLN 0.12% | Tier 1 | | X | | |
| CLINPRO 5000 PST 1.1% | SODIUM FLUORIDE PASTE 1.1% | Tier 3 | | | | |
| DENTA 5000 CRE PLUS | SODIUM FLUORIDE CREAM 1.1% | Tier 4 | | | | |
| DENTA 5000 CRE PLUS 2PK | SODIUM FLUORIDE CREAM 1.1% | Tier 4 | X | X | | |

HCR – Health Care Reform Preventive Care
^ May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met

| Medication name | Generic medication name | Drug Tier | Prior authorization | Quantity limit | Step Therapy | Specialty |
|---|---|---|---|---|---|---|
| DENTA 5000 GEL PLUS SEN | SODIUM FLUORIDE-POTASSIUM NITRATE GEL 1.1-5% | Tier 3 | | | | |
| DENTAGEL GEL 1.1% | SODIUM FLUORIDE GEL 1.1% (0.5% F) | Tier 4 | X | X | | |
| EASYGEL GEL 0.4% | STANNOUS FLUORIDE GEL 0.4% | Tier 3 | X | X | | |
| EASYGEL GEL 0.4%CHRY | STANNOUS FLUORIDE GEL 0.4% | Tier 3 | | | | |
| EASYGEL GEL 0.4%CITR | STANNOUS FLUORIDE GEL 0.4% | Tier 3 | | | | |
| EASYGEL GEL 0.4%MINT | STANNOUS FLUORIDE GEL 0.4% | Tier 3 | | | | |
| FLUORID SENS GEL 1.1-5% | SODIUM FLUORIDE-POTASSIUM NITRATE GEL 1.1-5% | Tier 3 | | | | |
| FLUORIDEX CON DLY REN | STANNOUS FLUORIDE CONC 0.63% | Tier 3 | | | | |
| FLUORIDEX PST 1.1% | SODIUM FLUORIDE PASTE 1.1% | Tier 3 | | | | |
| FLUORMX 5000 GEL SENSITIV | SODIUM FLUORIDE-POTASSIUM NITRATE GEL 1.1-5% | Tier 3 | | X | | |
| FLUORMX 5000 PST 1.1% | SODIUM FLUORIDE PASTE 1.1% | Tier 3 | | | | |
| FRAICHE 5000 GEL 1.1% | SODIUM FLUORIDE GEL 1.1% (0.5% F) | Tier 4 | X | X | | |
| JUST RIGHT PST 5000 | SODIUM FLUORIDE PASTE 1.1% | Tier 3 | | | | |
| KOURZEQ PST 0.1% | TRIAMCINOLONE ACETONIDE DENTAL PASTE 0.1% | Tier 2 | | | | |
| MUCOSITISRX POW | ARTIFICIAL SALIVA - PACKET | Tier 3 | | | | |
| NA FL/K NITR GEL 1.1-5% | SODIUM FLUORIDE-POTASSIUM NITRATE GEL 1.1-5% | Tier 1 | | X | | |
| ORALONE DENT PST 0.1% | TRIAMCINOLONE ACETONIDE DENTAL PASTE 0.1% | Tier 2 | | | | |
| PERIDEX SOL 0.12% | CHLORHEXIDINE GLUCONATE SOLN 0.12% | Tier 4 | | | | |
| PERIOGARD SOL 0.12% | CHLORHEXIDINE GLUCONATE SOLN 0.12% | Tier 1 | | | | |
| PILOCARPINE TAB 5MG | PILOCARPINE HCL TAB 5 MG | Tier 1 | | | | |
| PILOCARPINE TAB 7.5MG | PILOCARPINE HCL TAB 7.5 MG | Tier 1 | | | | |
| PREVDNT 5000 CRE 1.1% PLS | SODIUM FLUORIDE CREAM 1.1% | Tier 4 | | | | |
| PREVDNT 5000 GEL 1.1-5% | SODIUM FLUORIDE-POTASSIUM NITRATE GEL 1.1-5% | Tier 3 | | | | |
| PREVDNT 5000 GEL 1.1% DRY | SODIUM FLUORIDE GEL 1.1% (0.5% F) | Tier 4 | | | | |
| PREVDNT 5000 PST 1.1% | SODIUM FLUORIDE PASTE 1.1% | Tier 3 | | | | |
| PREVDNT 5000 PST 1.1% KID | SODIUM FLUORIDE PASTE 1.1% | Tier 3 | | | | |
| PREVIDENT GEL 1.1% BER | SODIUM FLUORIDE GEL 1.1% (0.5% F) | Tier 4 | | | | |
| PREVIDENT GEL 1.1% MIN | SODIUM FLUORIDE GEL 1.1% (0.5% F) | Tier 4 | | | | |
| PREVIDENT SOL 0.2% | SODIUM FLUORIDE RINSE 0.2% | Tier 3 | | | | |
| SALAGEN TAB 5MG | PILOCARPINE HCL TAB 5 MG | Tier 4 | X | | | |
| SALAGEN TAB 7.5MG | PILOCARPINE HCL TAB 7.5 MG | Tier 4 | | | | |
| SF 5000 PLUS CRE 1.1% | SODIUM FLUORIDE CREAM 1.1% | Tier 1 | | | | |
| SF GEL 1.1% | SODIUM FLUORIDE GEL 1.1% (0.5% F) | Tier 1 | | | | |
| SOD FLUORIDE GEL 1.1-5% | SODIUM FLUORIDE-POTASSIUM NITRATE GEL 1.1-5% | Tier 1 | | X | | |

HCR - Health Care Reform Preventive Care
^ May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met

| Medication name | Generic medication name | Drug Tier | Prior authorization | Quantity limit | Step Therapy | Specialty |
|---|---|---|---|---|---|---|
| SOD FLUORIDE SOL 0.2%MINT | SODIUM FLUORIDE RINSE 0.2% | Tier 1 | | | | |
| SODIUM FLUOR CRE 1.1% | SODIUM FLUORIDE CREAM 1.1% | Tier 1 | | | | |
| SODIUM FLUOR CRE 5000 PPM | SODIUM FLUORIDE CREAM 1.1% | Tier 1 | | | | |
| SODIUM FLUOR GEL 1.1% | SODIUM FLUORIDE GEL 1.1% (0.5% F) | Tier 1 | | | | |
| SODIUM FLUOR GEL 5000 PPM | SODIUM FLUORIDE GEL 1.1% (0.5% F) | Tier 1 | X | | | |
| SODIUM FLUOR PST 5000 PPM | SODIUM FLUORIDE PASTE 1.1% | Tier 1 | | | | |
| TRIAMCINOLON PST 0.1% | TRIAMCINOLONE ACETONIDE DENTAL PASTE 0.1% | Tier 1 | | | | |
| TRIAMCINOLON PST DEN 0.1% | TRIAMCINOLONE ACETONIDE DENTAL PASTE 0.1% | Tier 1 | | | | |
| **Dermatitis and Pruitus Agents** | | | | | | |
| HYFTOR GEL 0.2% | SIROLIMUS GEL 0.2% | Tier 4 | X | X | | |
| **Dermatological Agents - Drugs to Treat Skin Conditions** | | | | | | |
| ACCUTANE CAP 10MG | ISOTRETINOIN CAP 10 MG | Tier 2 | | | | |
| ACCUTANE CAP 20MG | ISOTRETINOIN CAP 20 MG | Tier 2 | | | | |
| ACCUTANE CAP 30MG | ISOTRETINOIN CAP 30 MG | Tier 2 | | | | |
| ACCUTANE CAP 40MG | ISOTRETINOIN CAP 40 MG | Tier 2 | | | | |
| ACITRETIN CAP 10MG | ACITRETIN CAP 10 MG | Tier 1 | | | | |
| ACITRETIN CAP 17.5MG | ACITRETIN CAP 17.5 MG | Tier 1 | | | | |
| ACITRETIN CAP 25MG | ACITRETIN CAP 25 MG | Tier 1 | | | | |
| ADAPAL/BEN P GEL 0.1-2.5% | ADAPALENE-BENZOYL PEROXIDE GEL 0.1-2.5% | Tier 3 | | X | | |
| ADBRY INJ 150MG/ML | TRALOKINUMAB-LDRM SUBCUTANEOUS SOLN PREFILLED SYR 150 MG/ML | Tier 3 | X | X | | X |
| ADBRY INJ 300/2ML | TRALOKINUMAB-LDRM SUBCUTANEOUS SOLN AUTO-INJECTOR 300 MG/2ML | Tier 3 | X | X | | X |
| AKLIEF CRE 0.005% | TRIFAROTENE CREAM 0.005% | Tier 4 | X | X | | |
| AMELUZ GEL 10% | AMINOLEVULINIC ACID HCL GEL 10% | Tier 3 | | | | |
| AMNESTEEM CAP 10MG | ISOTRETINOIN CAP 10 MG | Tier 2 | | | | |
| AMNESTEEM CAP 20MG | ISOTRETINOIN CAP 20 MG | Tier 2 | | | | |
| AMNESTEEM CAP 30MG | ISOTRETINOIN CAP 30 MG | Tier 2 | | | | X |
| AMNESTEEM CAP 40MG | ISOTRETINOIN CAP 40 MG | Tier 2 | | | | X |
| ANALPRAM HC CRE 2.5-1% | HYDROCORTISONE ACETATE W/ PRAMOXINE PERIANAL CREAM 2.5-1% | Tier 4 | | | | |
| ANTISEPTIC SOL 4% | CHLORHEXIDINE GLUCONATE SOLN 4% | Tier 1 | | | | X |
| ARTISS KIT 10ML | FIBRIN SEALANT COMPONENT KIT 10 ML | Tier 3 | | | | |
| ARTISS KIT 2ML | FIBRIN SEALANT COMPONENT KIT 2 ML | Tier 3 | | | | |
| ARTISS KIT 4ML | FIBRIN SEALANT COMPONENT KIT 4 ML | Tier 3 | | | | X |
| ARTISS SOL 10ML | FIBRIN SEALANT COMPONENT SOLUTION | Tier 3 | | | | X |
| ARTISS SOL 2ML | FIBRIN SEALANT COMPONENT SOLUTION | Tier 3 | | | | X |

HCR - Health Care Reform Preventive Care
^ May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met

| Medication name | Generic medication name | Drug Tier | Prior authorization | Quantity limit | Step Therapy | Specialty |
|---|---|---|---|---|---|---|
| ARTISS SOL 4ML | FIBRIN SEALANT COMPONENT SOLUTION | Tier 3 | | | | X |
| ATTERO SUS | CALCIPOTRIENE-BETAMETHASONE DIPROPIONATE SUSP 0.005-0.064% | Tier 3 | | X | | X |
| AVAR CLEANSE LIQ 10-5% | SULFACETAMIDE SODIUM W/ SULFUR CLEANSER 10-5% | Tier 4 | | | | X |
| AZELAIC ACID GEL 15% | AZELAIC ACID GEL 15% | Tier 3 | | | | X |
| BENZOIN TIN NF | BENZOIN TINCTURE | Tier 1 | | | | |
| BORIC ACID GRA | BORIC ACID GRANULES | Tier 1 | | | | |
| BRIMONIDINE GEL 0.33% | BRIMONIDINE TARTRATE GEL 0.33% (BASE EQUIVALENT) | Tier 3 | X | X | | X |
| CALCIP/BETAM SUS | CALCIPOTRIENE-BETAMETHASONE DIPROPIONATE SUSP 0.005-0.064% | Tier 3 | | X | | |
| CALCIPOTRIEN CRE 0.005% | CALCIPOTRIENE CREAM 0.005% | Tier 2 | | X | | X |
| CALCIPOTRIEN OIN 0.005% | CALCIPOTRIENE OINT 0.005% | Tier 2 | | | | X |
| CALCIPOTRIEN SOL 0.005% | CALCIPOTRIENE SOLN 0.005% (50 MCG/ML) | Tier 1 | | X | | X |
| CALCITRENE OIN 0.005% | CALCIPOTRIENE OINT 0.005% | Tier 3 | | | | |
| CALCITRIOL OIN 3MCG/GM | CALCITRIOL OINT 3 MCG/GM | Tier 1 | | X | | |
| CLARAVIS CAP 10MG | ISOTRETINOIN CAP 10 MG | Tier 2 | | | | |
| CLARAVIS CAP 20MG | ISOTRETINOIN CAP 20 MG | Tier 2 | | | | |
| CLARAVIS CAP 30MG | ISOTRETINOIN CAP 30 MG | Tier 2 | | | | |
| CLARAVIS CAP 40MG | ISOTRETINOIN CAP 40 MG | Tier 2 | | | | |
| CLINDACIN AER 1% | CLINDAMYCIN PHOSPHATE FOAM 1% | Tier 3 | | | | |
| CLINDACIN MIS ETZ 1% | CLINDAMYCIN PHOSPHATE SWAB 1% | Tier 1 | | | | |
| CLINDACIN-P PAD 1% | CLINDAMYCIN PHOSPHATE SWAB 1% | Tier 1 | | | | X |
| CLINDAMY/BEN GEL 1.2-5% | CLINDAMYCIN PHOSPH-BENZOYL PEROXIDE (REFRIG) GEL 1.2 (1)-5% | Tier 3 | | | | |
| CLINDAMYCIN AER 1% | CLINDAMYCIN PHOSPHATE FOAM 1% | Tier 3 | | | | |
| CLINDAMYCIN GEL 1% 2XDLY | CLINDAMYCIN PHOSPHATE GEL 1% (TWICE-DAILY) | Tier 2 | | | | |
| CLINDAMYCIN LOT 1% | CLINDAMYCIN PHOSPHATE LOTION 1% | Tier 3 | | | | |
| CLINDAMYCIN MIS 1% | CLINDAMYCIN PHOSPHATE SWAB 1% | Tier 1 | | | | |
| CLINDAMYCIN SOL 1% | CLINDAMYCIN PHOSPHATE SOLN 1% | Tier 1 | | | | |
| CLOTRIM/BETA CRE 1-0.05% | CLOTRIMAZOLE W/ BETAMETHASONE CREAM 1-0.05% | Tier 1 | | | | |
| CLOTRIM/BETA CRE DIPROP | CLOTRIMAZOLE W/ BETAMETHASONE CREAM 1-0.05% | Tier 1 | | | | |
| CLOTRIM/BETA LOT DIPROP | CLOTRIMAZOLE W/ BETAMETHASONE LOTION 1-0.05% | Tier 1 | | | | |
| COAL TAR SOL 20% | COAL TAR SOLN 20% | Tier 1 | | | | |
| CONDYLOX GEL 0.5% | PODOFILOX GEL 0.5% | Tier 4 | | | | |
| CORTANE-B LOT | HYDROCORTISONE-PRAMOXINE-CHLOROXYLENOL LOT 10-10-1MG/ML | Tier 4 | | | | |

HCR - Health Care Reform Preventive Care
^ May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met

| Medication name | Generic medication name | Drug Tier | Prior authorization | Quantity limit | Step Therapy | Specialty |
|---|---|---|---|---|---|---|
| COSENTYX INJ 150MG/ML | SECUKINUMAB SUBCUTANEOUS SOLN PREFILLED SYRINGE 150 MG/ML | Tier 3 | X | X | | |
| COSENTYX INJ 300DOSE | SECUKINUMAB SUBCUTANEOUS PREF SYR 150 MG/ML (300 MG DOSE) | Tier 3 | X | X | | |
| COSENTYX INJ 75MG/0.5 | SECUKINUMAB SUBCUTANEOUS SOLN PREFILLED SYRINGE 75 MG/0.5ML | Tier 3 | X | X | | |
| COSENTYX PEN INJ 150MG/ML | SECUKINUMAB SUBCUTANEOUS SOLN AUTO-INJECTOR 150 MG/ML | Tier 3 | X | X | | X |
| COSENTYX PEN INJ 300DOSE | SECUKINUMAB SUBCUTANEOUS AUTO-INJ 150 MG/ML (300 MG DOSE) | Tier 3 | X | X | | X |
| COSENTYX UNO INJ 300/2ML | SECUKINUMAB SUBCUTANEOUS SOLN AUTO-INJECTOR 300 MG/2ML | Tier 3 | X | X | | X |
| DICLOFENAC GEL 3% | DICLOFENAC SODIUM (ACTINIC KERATOSES) GEL 3% | Tier 2 | X | X | | |
| DRYSOL SOL 20% | ALUMINUM CHLORIDE SOLN 20% | Tier 4 | | | | |
| DUPIXENT INJ 200/1.14 | DUPILUMAB SUBCUTANEOUS SOLN PREFILLED SYRINGE 200 MG/1.14ML | Tier 3 | X | X | | X |
| DUPIXENT INJ 200MG | DUPILUMAB SUBCUTANEOUS SOLN AUTO-INJECTOR 200 MG/1.14ML | Tier 3 | X | X | | X |
| DUPIXENT INJ 300/2ML | DUPILUMAB SUBCUTANEOUS SOLN AUTO-INJECTOR 300 MG/2ML | Tier 3 | X | X | | X |
| DUPIXENT INJ 300/2ML | DUPILUMAB SUBCUTANEOUS SOLN PREFILLED SYRINGE 300 MG/2ML | Tier 3 | X | X | | X |
| EBGLYSS INJ 250/2ML | LEBRIKIZUMAB-LBKZ SOLUTION PREFILLED SYRINGE 250 MG/2ML | Tier 3 | X | X | | X |
| EBGLYSS INJ 250/2ML | LEBRIKIZUMAB-LBKZ SUBCUTANEOUS SOLN AUTO-INJECT 250 MG/2ML | Tier 3 | X | X | | X |
| EFUDEX CRE 5% | FLUOROURACIL CREAM 5% | Tier 4 | | | | |
| ENSTILAR AER | CALCIPOTRIENE-BETAMETHASONE DIPROPIONATE FOAM 0.005-0.064% | Tier 4 | | X | | |
| EPIFOAM AER 1% | PRAMOXINE-HC AEROSOL FOAM 1-1% | Tier 2 | | | | |
| ERY PAD 2% | ERYTHROMYCIN PADS 2% | Tier 3 | | | | |
| ERY/BENZOYL GEL 3-5% | BENZOYL PEROXIDE-ERYTHROMYCIN GEL 5-3% | Tier 1 | | X | | |
| ERYGEL GEL 2% | ERYTHROMYCIN GEL 2% | Tier 3 | | | | |
| ERYTHROMYCIN GEL 2% | ERYTHROMYCIN GEL 2% | Tier 1 | | | | |
| ERYTHROMYCIN SOL 2% | ERYTHROMYCIN SOLN 2% | Tier 1 | | | | |
| EUCRISA OIN 2% | CRISABOROLE OINT 2% | Tier 3 | | X | X | |
| FINACEA AER 15% | AZELAIC ACID FOAM 15% | Tier 4 | | | | |
| FLUOROURACIL CRE 5% | FLUOROURACIL CREAM 5% | Tier 1 | | | | |
| FLUOROURACIL SOL 2% | FLUOROURACIL SOLN 2% | Tier 1 | | | | |
| FLUOROURACIL SOL 5% | FLUOROURACIL SOLN 5% | Tier 1 | | | | |
| HALUCORT GEL | DERMATOLOGICAL PRODUCTS MISC - GEL | Tier 3 | X | | | |

HCR - Health Care Reform Preventive Care
^ May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met

| Medication name | Generic medication name | Drug Tier | Prior authorization | Quantity limit | Step Therapy | Specialty |
|---|---|---|---|---|---|---|
| HC PRAMOXINE CRE 2.5-1% | HYDROCORTISONE ACETATE W/ PRAMOXINE PERIANAL CREAM 2.5-1% | Tier 1 | | | | |
| ICOTYDE TAB 200MG | ICOTROKINRA HCL TAB 200 MG | Tier 3 | X | X | | X |
| IMIQUIMOD CRE 5% | IMIQUIMOD CREAM 5% | Tier 1 | | | | |
| ISOTRETINOIN CAP 10MG | ISOTRETINOIN CAP 10 MG | Tier 2 | | | | |
| ISOTRETINOIN CAP 20MG | ISOTRETINOIN CAP 20 MG | Tier 2 | | | | |
| ISOTRETINOIN CAP 30MG | ISOTRETINOIN CAP 30 MG | Tier 2 | | | | |
| ISOTRETINOIN CAP 40MG | ISOTRETINOIN CAP 40 MG | Tier 2 | | | | |
| KLARON LOT 10% | SULFACETAMIDE SODIUM LOTION 10% (ACNE) | Tier 4 | | | | |
| LITFULO CAP 50MG | RITLECITINIB TOSYLATE CAP 50 MG (BASE EQUIV) | Tier 4 | X | X | | |
| METHOXSALEN CAP 10MG | METHOXSALEN RAPID CAP 10 MG | Tier 1 | | | | |
| METHYL SALIC LIQ | METHYL SALICYLATE LIQUID | Tier 1 | | | | |
| MIRVASO GEL 0.33% | BRIMONIDINE TARTRATE GEL 0.33% (BASE EQUIVALENT) | Tier 3 | X | X | | |
| NEMLUVIO INJ 30MG | NEMOLIZUMAB-ILTO FOR SUBCUTANEOUS AUTO-INJECTOR 30 MG | Tier 3 | X | X | | X |
| NEUAC GEL 1.2-5% | CLINDAMYCIN PHOSPH-BENZOYL PEROXIDE (REFRIG) GEL 1.2 (1)-5% | Tier 3 | | X | | |
| OVACE PLUS CRE 10% | SULFACETAMIDE SODIUM CREAM 10% | Tier 3 | | | | |
| OVACE PLUS GEL 10% WASH | SULFACETAMIDE SODIUM CLEANSING GEL 10% | Tier 3 | | | | |
| OVACE PLUS LIQ 10% WASH | SULFACETAMIDE SODIUM LIQUID 10% | Tier 4 | | | | |
| OVACE PLUS SHA 10% | SULFACETAMIDE SODIUM SHAMPOO 10% | Tier 3 | | | | |
| OVACE WASH LIQ 10% | SULFACETAMIDE SODIUM LIQUID 10% | Tier 4 | | | | |
| PIMECROLIMUS CRE 1% | PIMECROLIMUS CREAM 1% | Tier 3 | | X | | |
| PODOCON-25 SOL | PODOPHYLLUM RESIN SOLN 25% | Tier 3 | | | | |
| PODOFILOX GEL 0.5% | PODOFILOX GEL 0.5% | Tier 3 | | | | |
| PODOFILOX SOL 0.5% | PODOFILOX SOLN 0.5% | Tier 1 | | | | |
| PRAMOSONE CRE 1-1% | PRAMOXINE-HC CREAM 1-1% | Tier 2 | | | | |
| PRAMOSONE LOT 1-1% | PRAMOXINE-HC LOTION 1-1% | Tier 2 | | | | |
| PRAMOSONE LOT 1% | PRAMOXINE-HC LOTION 1-1% | Tier 2 | | | | |
| PRAMOSONE LOT 2.5% | PRAMOXINE-HC LOTION 1-2.5% | Tier 2 | | | | |
| PYROGALL ACD OIN | PYROGALLOL-CHLOROBUTANOL OINT 25-2% | Tier 2 | | | | |
| REGRANEX GEL 0.01% | BECAPLERMIN GEL 0.01% | Tier 2 | X | | | |
| SANTYL OIN 250/GM | COLLAGENASE OINT 250 UNIT/GM | Tier 4 | | X | X | X |
| SELENIUM SUL LOT 2.5% | SELENIUM SULFIDE LOTION 2.5% | Tier 1 | | | | |
| SOD SUL/SULF CRE 10-2% | SULFACETAMIDE SODIUM W/ SULFUR CREAM 10-2% | Tier 1 | | | | X |
| SOD SUL/SULF CRE 10-5% | SULFACETAMIDE SODIUM W/ SULFUR CREAM 10-5% | Tier 1 | | | X | X |

HCR - Health Care Reform Preventive Care
^ May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met

| Medication name | Generic medication name | Drug Tier | Prior authorization | Quantity limit | Step Therapy | Specialty |
|---|---|---|---|---|---|---|
| SOD SUL/SULF EMU 10-5% | SULFACETAMIDE SODIUM-SULFUR IN UREA EMULSION 10-5% | Tier 1 | | | | X |
| SOD SUL/SULF LIQ 10-5% | SULFACETAMIDE SODIUM W/ SULFUR CLEANSER 10-5% | Tier 1 | | | | X |
| SOD SUL/SULF LIQ 9-4% | SULFACETAMIDE SODIUM W/ SULFUR CLEANSER 9-4% | Tier 1 | | | | X |
| SOD SUL/SULF LIQ WASH | SULFACETAMIDE SODIUM W/ SULFUR CLEANSER 9-4% | Tier 1 | | | | X |
| SOD SUL/SULF LOT 10-5% | SULFACETAMIDE SODIUM W/ SULFUR LOTION 10-5% | Tier 1 | | | | |
| SOD SUL/SULF SUS 10-5% | SULFACETAMIDE SODIUM W/ SULFUR SUSP 10-5% | Tier 1 | | | | |
| SOD SULFACET GEL 10% | SULFACETAMIDE SODIUM CLEANSING GEL 10% | Tier 1 | | | | |
| SOD SULFACET SHA 10% | SULFACETAMIDE SODIUM SHAMPOO 10% | Tier 1 | | | | |
| SODIUM SULFA LIQ 10% WASH | SULFACETAMIDE SODIUM LIQUID 10% | Tier 1 | | | | |
| SOOLANTRA CRE 1% | IVERMECTIN CREAM 1% | Tier 4 | | | | |
| SPEVIGO INJ 150/1ML | SPESOLIMAB-SBZO SUBCUTANEOUS SOLN PREF SYR 150 MG/ML | Tier 4 | | | | |
| SPEVIGO INJ 300/2ML | SPESOLIMAB-SBZO SUBCUTANEOUS SOLN PREF SYR 300 MG/2ML | Tier 4 | | | | |
| SSS 10-5 AER 10-5% | SULFACETAMIDE SODIUM W/ SULFUR FOAM 10-5% | Tier 4 | | | | |
| SSS CRE 10%-5% | SULFACETAMIDE SODIUM W/ SULFUR CREAM 10-5% | Tier 1 | | | | |
| STARJEMZA INJ 45/0.5ML | USTEKINUMAB-HMNY SOLN PREFILLED SYRINGE 45 MG/0.5ML | Tier 3 | | | | |
| STARJEMZA INJ 45/0.5ML | USTEKINUMAB-HMNY SUBCUTANEOUS SOLN 45 MG/0.5ML | Tier 3 | | | | |
| STARJEMZA INJ 90MG/ML | USTEKINUMAB-HMNY SOLN PREFILLED SYRINGE 90 MG/ML | Tier 3 | | | | |
| STEQEYMA INJ 45/0.5ML | USTEKINUMAB-STBA SOLN PREFILLED SYRINGE 45 MG/0.5ML | Tier 3 | X | | | |
| STEQEYMA INJ 45/0.5ML | USTEKINUMAB-STBA SUBCUTANEOUS SOLN 45 MG/0.5ML | Tier 2 | | | | |
| STEQEYMA INJ 90MG/ML | USTEKINUMAB-STBA SOLN PREFILLED SYRINGE 90 MG/ML | Tier 3 | X | | | |
| SULFACETAMID LOT 10% | SULFACETAMIDE SODIUM LOTION 10% (ACNE) | Tier 1 | | | | |
| TACROLIMUS OIN 0.03% | TACROLIMUS OINT 0.03% | Tier 2 | | X | | |
| TACROLIMUS OIN 0.1% | TACROLIMUS OINT 0.1% | Tier 2 | | X | | |
| TAZAROTENE CRE 0.05% | TAZAROTENE CREAM 0.05% | Tier 3 | X | X | | |
| TAZAROTENE CRE 0.1% | TAZAROTENE CREAM 0.1% | Tier 3 | X | X | | |
| TAZAROTENE GEL 0.05% | TAZAROTENE GEL 0.05% | Tier 3 | X | X | | |
| TAZAROTENE GEL 0.1% | TAZAROTENE GEL 0.1% | Tier 3 | X | X | | |

HCR - Health Care Reform Preventive Care
^ May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met

| Medication name | Generic medication name | Drug Tier | Prior authorization | Quantity limit | Step Therapy | Specialty |
|---|---|---|---|---|---|---|
| TISSEEL KIT 10ML | FIBRIN SEALANT COMPONENT KIT 10 ML | Tier 3 | | | | |
| TISSEEL KIT 2ML | FIBRIN SEALANT COMPONENT KIT 2 ML | Tier 3 | | | | |
| TISSEEL KIT 4ML | FIBRIN SEALANT COMPONENT KIT 4 ML | Tier 3 | | | | |
| TREMFYA INJ 100MG/ML | GUSELKUMAB SOLN AUTO-INJECTOR 100 MG/ML | Tier 3 | X | X | | X |
| TREMFYA INJ 100MG/ML | GUSELKUMAB SOLN PEN-INJECTOR 100 MG/ML | Tier 3 | X | X | | X |
| TREMFYA INJ 100MG/ML | GUSELKUMAB SOLN PREFILLED SYRINGE 100 MG/ML | Tier 3 | X | X | | X |
| TREMFYA INJ 200/2ML | GUSELKUMAB SOLN AUTO-INJECTOR 200 MG/2ML | Tier 3 | X | X | | |
| TREMFYA INJ 200/2ML | GUSELKUMAB SOLN PREFILLED SYRINGE 200 MG/2ML | Tier 3 | X | X | | |
| TRETINOIN CRE 0.025% | TRETINOIN CREAM 0.025% | Tier 3 | | X | | |
| TRETINOIN CRE 0.05% | TRETINOIN CREAM 0.05% | Tier 3 | | X | | |
| TRETINOIN CRE 0.1% | TRETINOIN CREAM 0.1% | Tier 3 | | X | | |
| VIT C BRIGHT DRO 10% | EMOLLIENT - LIQUID | Tier 3 | | | | |
| VIT C BRIGHT DRO 15% | EMOLLIENT - LIQUID | Tier 3 | | | | |
| VTAMA CRE 1% | TAPINAROF CREAM 1% | Tier 4 | X | X | | |
| WEZLANA INJ 45/0.5ML | USTEKINUMAB-AUUB INJ 45 MG/0.5ML | Tier 3 | X | X | | X |
| WEZLANA INJ 45/0.5ML | USTEKINUMAB-AUUB SOLN PREFILLED SYRINGE 45 MG/0.5ML | Tier 3 | X | X | | X |
| WEZLANA INJ 90MG/ML | USTEKINUMAB-AUUB SOLN PREFILLED SYRINGE 90 MG/ML | Tier 3 | X | X | | X |
| YESINTEK INJ 45/0.5ML | USTEKINUMAB-KFCE SOLN PREFILLED SYRINGE 45 MG/0.5ML | Tier 3 | X | X | | X |
| YESINTEK INJ 45/0.5ML | USTEKINUMAB-KFCE SUBCUTANEOUS SOLN 45 MG/0.5ML | Tier 3 | X | X | | X |
| YESINTEK INJ 90MG/ML | USTEKINUMAB-KFCE SOLN PREFILLED SYRINGE 90 MG/ML | Tier 3 | X | X | | X |
| ZACLIR LOT 8% | BENZOYL PEROXIDE LOTION 8% | Tier 3 | | | | |
| ZENATANE CAP 10MG | ISOTRETINOIN CAP 10 MG | Tier 2 | | | | |
| ZENATANE CAP 20MG | ISOTRETINOIN CAP 20 MG | Tier 2 | | | | |
| ZENATANE CAP 30MG | ISOTRETINOIN CAP 30 MG | Tier 2 | | | | |
| ZENATANE CAP 40MG | ISOTRETINOIN CAP 40 MG | Tier 2 | | | | |
| ZORYVE CRE 0.05% | ROFLUMILAST CREAM 0.05% | Tier 4 | X | X | | |
| ZORYVE CRE 0.15% | ROFLUMILAST CREAM 0.15% | Tier 4 | X | X | | |
| ZORYVE CRE 0.3% | ROFLUMILAST CREAM 0.3% | Tier 4 | X | X | | |
| **Dermatological Agents - Skin Agents** | | | | | | |
| ANZUPGO CRE 2% | DELGOCITINIB CREAM 20 MG/GM (2%) | Tier 4 | X | X | | |
| B & C OIN | BALSAM PERU-CASTOR OIL OINT | Tier 3 | | | | |
| BALSAM PERU/ OIN CASTOR | BALSAM PERU-CASTOR OIL OINT | Tier 1 | | | | |
| CIBINQO TAB 100MG | ABROCITINIB TAB 100 MG | Tier 3 | X | X | | |

HCR - Health Care Reform Preventive Care
^ May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met

| Medication name | Generic medication name | Drug Tier | Prior authorization | Quantity limit | Step Therapy | Specialty |
|---|---|---|---|---|---|---|
| CIBINQO TAB 200MG | ABROCITINIB TAB 200 MG | Tier 3 | X | X | | |
| CIBINQO TAB 50MG | ABROCITINIB TAB 50 MG | Tier 3 | | | | |
| CVS 360 PURE LIQ GLYCERIN | GLYCERIN TOPICAL LIQUID | Tier 1 | | | | |
| FILSUVEZ GEL 10% | BIRCH TRITERPENES GEL 10% | Tier 4 | X | X | | |
| GORDOFILM SOL | SALICYLIC & LACTIC ACIDS SOLN 16.7-16.7% | Tier 2 | | | | |
| HYDRO 40 AER FOAM | UREA FOAM 40% | Tier 3 | | | | |
| INOVA 4/1 KIT ACNE CON | BENZOYL PEROX PAD 4% & SALICYLIC AC PAD 1% & VIT E 5% KIT | Tier 3 | | | | |
| INOVA 8/2 KIT ACNE CON | BENZOYL PEROX PAD 8% & SALICYLIC AC PAD 2% & VIT E 5% KIT | Tier 3 | | | | |
| INOVA KIT 4% | BENZOYL PEROXIDE PAD 4% & VITAMIN E TOPICAL 5% KIT | Tier 4 | | | | |
| INOVA KIT 8% | BENZOYL PEROXIDE PAD 8% & VITAMIN E TOPICAL 5% KIT | Tier 4 | | | | |
| KLISYRI OIN 1% (250) | TIRBANIBULIN OINTMENT 1% | Tier 4 | | X | | |
| KLISYRI OIN 1% (350) | TIRBANIBULIN OINTMENT 1% | Tier 4 | | X | | |
| PRONAL GEL 40-10% | UREA-LACTIC ACID GEL 40-10% | Tier 3 | | | | |
| SALVAX DUO KIT PLUS | SALICYLIC ACID FOAM 6% & UREA IN LACTIC ACID FOAM 35% KIT | Tier 3 | | | | |
| SCALACORT DK KIT | HC LOT 2% & SAL ACID-SULFUR SHAMPOO 2-2% & SHAMPOO KIT | Tier 3 | | | | |
| UREA CRE 20% | UREA CREAM 20% | Tier 1 | | | | |
| UREA CRE 40% | UREA CREAM 40% | Tier 1 | | | | |
| UREA CRE 45% | UREA CREAM 45% | Tier 1 | | | | |
| UREA LOT 40% | UREA LOTION 40% | Tier 1 | | | | |
| UREA NAIL GEL 45% | UREA GEL 45% | Tier 1 | | | | |
| UREMEZ-40 CRE 40% | UREA CREAM 40% | Tier 3 | | | | |
| VENELEX OIN | BALSAM PERU-CASTOR OIL OINT | Tier 3 | | | | |
| XIRUN GEL 40-10% | UREA-LACTIC ACID GEL 40-10% | Tier 3 | | | | |
| ZACARE KIT KIT 4% | BENZOYL PEROXIDE LOTION 4% & HYALURONATE SODIUM GEL 0.2% KIT | Tier 3 | | | | |
| ZACARE KIT KIT 8% | BENZOYL PEROXIDE LOTION 8% & HYALURONATE SODIUM GEL 0.2% KIT | Tier 3 | | | | |
| ZORYVE MIS 0.3% | ROFLUMILAST FOAM 0.3% | Tier 4 | X | X | | |
| **Diabetes - Glucose Monitoring** | | | | | | |
| ACCU-CHEK KIT FASTCLIX | LANCETS KIT | Tier 1 | | | | |
| ACCU-CHEK KIT GUIDE | BLOOD GLUCOSE MONITORING KIT W/ DEVICE | Tier 2 | | X | | |
| ACCU-CHEK KIT GUIDE ME | BLOOD GLUCOSE MONITORING KIT W/ DEVICE | Tier 2 | | X | | |
| ACCU-CHEK KIT SOFTCLIX | LANCETS KIT | Tier 1 | | | | |
| ACCU-CHEK LIQ GUIDE | BLOOD GLUCOSE CALIBRATION - LIQUID | Tier 3 | | | | |

HCR – Health Care Reform Preventive Care
^ May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met

| Medication name | Generic medication name | Drug Tier | Prior authorization | Quantity limit | Step Therapy | Specialty |
|---|---|---|---|---|---|---|
| ACCU-CHEK LIQ SMART | BLOOD GLUCOSE CALIBRATION - LIQUID | Tier 1 | | | | |
| ACCU-CHEK SOL | BLOOD GLUCOSE CALIBRATION - LIQUID | Tier 1 | | | | |
| ACCU-CHEK TES GUIDE | GLUCOSE BLOOD TEST STRIP | Tier 2 | | X | | X |
| ACCUTREND SOL GLUCOSE | BLOOD GLUCOSE CALIBRATION - LIQUID | Tier 1 | | | | |
| ADVANTAGE MIS LANC 28G | LANCETS | Tier 3 | | | | |
| ADVCATE SAFE MIS LANC 21G | LANCETS | Tier 3 | | | X | |
| ADVCATE SAFE MIS LANC 23G | LANCETS | Tier 3 | | | | |
| ADVCATE SAFE MIS LANC 28G | LANCETS | Tier 3 | | | | X |
| AIMSCO TWIST MIS 32G | LANCETS | Tier 3 | | | | |
| AIMSCO TWIST MIS 33G | LANCETS | Tier 3 | | | | |
| AQINJECT PEN MIS 32GX5/32 | INSULIN PEN NEEDLE 32 G X 4 MM (1/6" OR 5/32") | Tier 2 | | X | | |
| AQUALANCE MIS 30G | LANCETS | Tier 3 | | | | |
| ASSURE CMFRT MIS 28G | LANCETS | Tier 3 | | | | |
| AUM MINI PEN MIS 32GX4MM | INSULIN PEN NEEDLE 32 G X 4 MM (1/6" OR 5/32") | Tier 2 | | X | | |
| AUM MINI PEN MIS 32GX5MM | INSULIN PEN NEEDLE 32 G X 5 MM (1/5" OR 3/16") | Tier 2 | | X | | |
| AUM MINI PEN MIS 32GX6MM | INSULIN PEN NEEDLE 32 G X 6 MM (1/4" OR 15/64") | Tier 2 | | X | | |
| AUM READYGRD MIS 32GX4MM | INSULIN PEN NEEDLE 32 G X 4 MM (1/6" OR 5/32") | Tier 2 | | X | | |
| AUTOKEEPER MIS 30GX8MM | INSULIN PEN NEEDLE 30 G X 8 MM (1/3" OR 5/16") | Tier 2 | | X | | |
| BD PEN NEEDL MIS 32GX4MM | INSULIN PEN NEEDLE 32 G X 4 MM (1/6" OR 5/32") | Tier 2 | | X | | |
| BD PEN NEEDL MIS 32GX6MM | INSULIN PEN NEEDLE 32 G X 6 MM (1/4" OR 15/64") | Tier 2 | | X | | |
| CAREFINE MIS 32GX4MM | INSULIN PEN NEEDLE 32 G X 4 MM (1/6" OR 5/32") | Tier 2 | | X | | |
| CAREFINE MIS 32GX5MM | INSULIN PEN NEEDLE 32 G X 5 MM (1/5" OR 3/16") | Tier 2 | | X | | X |
| CAREFINE MIS 32GX6MM | INSULIN PEN NEEDLE 32 G X 6 MM (1/4" OR 15/64") | Tier 2 | | X | | X |
| CARESENS 30G MIS LANCETS | LANCETS | Tier 3 | | | | |
| CARESENS S LIQ CON A/B | BLOOD GLUCOSE CALIBRATION - LIQUID | Tier 3 | | | | |
| CARESENS SOL CONTROL | BLOOD GLUCOSE CALIBRATION - LIQUID | Tier 2 | | | | X |
| CARETOUCH MIS 32GX4MM | INSULIN PEN NEEDLE 32 G X 4 MM (1/6" OR 5/32") | Tier 2 | | X | | |
| CARETOUCH MIS 32GX5MM | INSULIN PEN NEEDLE 32 G X 5 MM (1/5" OR 3/16") | Tier 2 | | X | | |
| CARETOUCH MIS LANC 26G | LANCETS | Tier 3 | | | | |
| CARETOUCH MIS LANC 28G | LANCETS | Tier 3 | | | | |

HCR - Health Care Reform Preventive Care
^ May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met

| Medication name | Generic medication name | Drug Tier | Prior authorization | Quantity limit | Step Therapy | Specialty |
|---|---|---|---|---|---|---|
| CARETOUCH MIS LANC 30G | LANCETS | Tier 3 | | | | |
| CARETOUCH MIS TWIST 28 | LANCETS | Tier 3 | | | | |
| CARETOUCH MIS TWIST 30 | LANCETS | Tier 3 | | | | |
| CARETOUCH MIS TWIST 33 | LANCETS | Tier 3 | | | | |
| CHEMSTRIP K TES | ACETONE (URINE) TEST STRIP | Tier 2 | | | | |
| CHEMSTRIP TES UGK | URINE GLUCOSE-KETONES TEST STRIPS | Tier 3 | | | | |
| CHOSEN MIS 30G | LANCETS | Tier 3 | | | | |
| CHOSEN MIS SAFE 28G | LANCETS | Tier 3 | | | | |
| COAGUCHEK MIS LANCETS | LANCETS | Tier 3 | | | | |
| COMFORT EZ MIS 23G | LANCETS | Tier 3 | | | | |
| COMFORT EZ MIS 28G | LANCETS | Tier 3 | | | | |
| COMFORT EZ MIS 30GX8MM | INSULIN PEN NEEDLE 30 G X 8 MM (1/3" OR 5/16") | Tier 2 | | X | | |
| COMFORT EZ P MIS 32GX4MM | INSULIN PEN NEEDLE 32 G X 4 MM (1/6" OR 5/32") | Tier 2 | | X | X | |
| COMFORT TCH MIS LANC 28G | LANCETS | Tier 3 | | | | |
| COMFORT TCH MIS LANC 30G | LANCETS | Tier 3 | | | | X |
| COMFORT TCH MIS LANC 31G | LANCETS | Tier 3 | | | | |
| COMFORT TOUC MIS 32GX4MM | INSULIN PEN NEEDLE 32 G X 4 MM (1/6" OR 5/32") | Tier 2 | | X | | X |
| COMFORT TOUC MIS 32GX5MM | INSULIN PEN NEEDLE 32 G X 5 MM (1/5" OR 3/16") | Tier 2 | | X | | |
| COMFORT TOUC MIS 32GX6MM | INSULIN PEN NEEDLE 32 G X 6 MM (1/4" OR 15/64") | Tier 2 | | | | |
| CONTOUR KIT NEXT | BLOOD GLUCOSE MONITORING KIT W/ DEVICE | Tier 1 | | | | |
| CONTOUR KIT NEXT EZ | BLOOD GLUCOSE MONITORING KIT W/ DEVICE | Tier 1 | | | | |
| CONTOUR NEXT KIT GEN | BLOOD GLUCOSE MONITORING KIT W/ DEVICE | Tier 1 | | X | | |
| CONTOUR NEXT KIT ONE | BLOOD GLUCOSE MONITORING KIT | Tier 1 | | X | | |
| CONTOUR NEXT KIT ONE | BLOOD GLUCOSE MONITORING KIT W/ DEVICE | Tier 1 | | X | | |
| CONTOUR PLUS KIT BLUE | BLOOD GLUCOSE MONITORING KIT W/ DEVICE | Tier 1 | | X | | X |
| CONTOUR PLUS LIQ LEVEL 1 | BLOOD GLUCOSE CALIBRATION - LIQUID | Tier 2 | | | | |
| CONTOUR PLUS LIQ LEVEL 2 | BLOOD GLUCOSE CALIBRATION - LIQUID | Tier 2 | | | | |
| CONTOUR PLUS TES BLD GLUC | GLUCOSE BLOOD TEST STRIP | Tier 1 | | X | | |
| CONTOUR TES NEXT | GLUCOSE BLOOD TEST STRIP | Tier 1 | | X | | |
| CONTROL SOL LIQ LEVEL 2 | BLOOD GLUCOSE CALIBRATION - LIQUID | Tier 3 | | | | |
| CONTROL SOL LIQ LVL 2/3 | BLOOD GLUCOSE CALIBRATION - LIQUID | Tier 2 | | | X | |
| CVS KETONE TES CARE | URINE GLUCOSE-KETONES TEST STRIPS | Tier 2 | | | | |
| CVS LANCETS MIS ORIGINAL | LANCETS | Tier 3 | | | | |

HCR - Health Care Reform Preventive Care
^ May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met

| Medication name | Generic medication name | Drug Tier | Prior authorization | Quantity limit | Step Therapy | Specialty |
|---|---|---|---|---|---|---|
| CVS LANCETS MIS THIN 26G | LANCETS | Tier 3 | | | | |
| CVS LANCETS MIS THIN 33G | LANCETS | Tier 3 | | | | |
| DEXCOM G6 MIS RECEIVER | CONTINUOUS GLUCOSE SYSTEM RECEIVER | Tier 3 | X | X | | |
| DEXCOM G6 MIS SENSOR | CONTINUOUS GLUCOSE SYSTEM SENSOR | Tier 3 | X | X | | |
| DEXCOM G7 MIS RECEIVER | CONTINUOUS GLUCOSE SYSTEM RECEIVER | Tier 3 | X | X | | |
| DEXCOM G7 MIS SENSOR | CONTINUOUS GLUCOSE SYSTEM SENSOR | Tier 3 | X | X | | |
| DEXCOM G7 MIS SNSR 15D | CONTINUOUS GLUCOSE SYSTEM SENSOR | Tier 3 | X | X | | |
| DIASTIX TES REAGENT | GLUCOSE URINE TEST-(GLUCOSE OXI-DASE) STRIP | Tier 3 | | | | |
| DIASTIX TES STRIPS | GLUCOSE URINE TEST-(GLUCOSE OXI-DASE) STRIP | Tier 3 | | | | |
| DROPLET MEDL MIS LANC 30G | LANCETS | Tier 3 | | | | X |
| DROPSAFE ACT MIS LANC 17G | LANCETS | Tier 3 | | | | |
| DROPSAFE ACT MIS LANC 23G | LANCETS | Tier 3 | | | | X |
| DROPSAFE ACT MIS LANC 28G | LANCETS | Tier 3 | | | | |
| DROPSAFE ERG MIS LANC 21G | LANCETS | Tier 3 | | | | |
| DROPSAFE ERG MIS LANC 25G | LANCETS | Tier 3 | | | | |
| DROPSAFE ERG MIS LANC 30G | LANCETS | Tier 3 | | | | |
| DROPSAFE HEM MIS LAN 1.5M | LANCETS | Tier 3 | | | | |
| DROPSAFE HEM MIS LANC 18G | LANCETS | Tier 3 | | | | |
| DROPSAFE HEM MIS LANC 21G | LANCETS | Tier 3 | | | | |
| DROPSAFE HEM MIS LANC 25G | LANCETS | Tier 3 | | | | |
| DROPSAFE HEM MIS LANC 28G | LANCETS | Tier 3 | | | | |
| DROPSAFE MDL MIS LANC 0.8 | LANCETS | Tier 3 | | | | |
| DROPSAFE MDL MIS LANC 21G | LANCETS | Tier 3 | | | | |
| DROPSAFE MDL MIS LANC 25G | LANCETS | Tier 3 | | | | |
| DROPSAFE MDL MIS LANC 30G | LANCETS | Tier 3 | | | | |
| DROPSAFE MED MIS LANC 23G | LANCETS | Tier 3 | | | | |
| DROPSAFE MED MIS LANC 29G | LANCETS | Tier 3 | | | | X |
| EASY COMFORT MIS 32GX4MM | INSULIN PEN NEEDLE 32 G X 4 MM (1/6" OR 5/32") | Tier 2 | | X | | |
| EASY COMFORT MIS LANC 30G | LANCETS | Tier 3 | | | | |
| EASY COMFORT MIS TWIST | LANCETS | Tier 3 | | | | |
| EASY TOUCH LIQ HEALTHPR | BLOOD GLUCOSE CALIBRATION - LIQUID | Tier 3 | | | | |
| EASYMAX 15 LIQ LEVEL2-3 | BLOOD GLUCOSE CALIBRATION - LIQUID | Tier 3 | | | | |
| EASYMAX 15 SOL LEVEL 2 | BLOOD GLUCOSE CALIBRATION - LIQUID | Tier 3 | | | | |
| EASYMAX LIQ NORM/HIG | BLOOD GLUCOSE CALIBRATION - LIQUID | Tier 3 | | | | |
| EMBECTA NANO MIS 32GX4MM | INSULIN PEN NEEDLE 32 G X 4 MM (1/6" OR 5/32") | Tier 2 | | X | | |

HCR - Health Care Reform Preventive Care
^ May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met

| Medication name | Generic medication name | Drug Tier | Prior authorization | Quantity limit | Step Therapy | Specialty |
|---|---|---|---|---|---|---|
| EMBECTA UF MIS 32GX6MM | INSULIN PEN NEEDLE 32 G X 6 MM (1/4" OR 15/64") | Tier 2 | | X | | |
| ENLITE GLUCO MIS SENSOR | CONTINUOUS GLUCOSE SYSTEM SENSOR | Tier 3 | X | | | |
| FASTCLIX MIS LANCETS | LANCETS | Tier 1 | | | | |
| FINGERSTIX MIS LANCETS | LANCETS | Tier 3 | | | | |
| FORA TEST GO TES ADV VOIC | KETONE BLOOD TEST STRIP | Tier 3 | | | | |
| FREESTYLE LB KIT 14D/SEN | CONTINUOUS GLUCOSE SYSTEM SENSOR | Tier 3 | | | | |
| FREESTYLE LB KIT 2/SENSOR | CONTINUOUS GLUCOSE SYSTEM SENSOR | Tier 3 | | | | |
| FREESTYLE LB KIT 2PLS/SEN | CONTINUOUS GLUCOSE SYSTEM SENSOR | Tier 3 | X | X | | |
| FREESTYLE LB KIT 3/SENSOR | CONTINUOUS GLUCOSE SYSTEM SENSOR | Tier 3 | X | X | | |
| FREESTYLE LB KIT 3PLS/SEN | CONTINUOUS GLUCOSE SYSTEM SENSOR | Tier 3 | X | X | | |
| FREESTYLE LB MIS 14D/RDR | CONTINUOUS GLUCOSE SYSTEM RECEIVER | Tier 3 | X | X | | |
| FREESTYLE LB MIS 2/READER | CONTINUOUS GLUCOSE SYSTEM RECEIVER | Tier 3 | X | X | | |
| FREESTYLE LB MIS 3/READER | CONTINUOUS GLUCOSE SYSTEM RECEIVER | Tier 3 | X | X | | |
| GNP PEN NEED MIS 32GX4MM | INSULIN PEN NEEDLE 32 G X 4 MM (1/6" OR 5/32") | Tier 2 | | X | | |
| GNP PEN NEED MIS 32GX6MM | INSULIN PEN NEEDLE 32 G X 6 MM (1/4" OR 15/64") | Tier 2 | | X | | |
| GUARDIAN 4 MIS SENSOR | CONTINUOUS GLUCOSE SYSTEM SENSOR | Tier 3 | X | X | | |
| GUARDIAN MIS SENSOR 3 | CONTINUOUS GLUCOSE SYSTEM SENSOR | Tier 3 | X | X | | |
| IHEALTH LIQ CONTROL | BLOOD GLUCOSE CALIBRATION - LIQUID | Tier 3 | | | | |
| INSUPEN MIS 32GX4MM | INSULIN PEN NEEDLE 32 G X 4 MM (1/6" OR 5/32") | Tier 2 | | X | | |
| INSUPEN32G MIS 32GX6MM | INSULIN PEN NEEDLE 32 G X 6 MM (1/4" OR 15/64") | Tier 2 | | X | | |
| KETO-DIASTIX TES | URINE GLUCOSE-KETONES TEST STRIPS | Tier 3 | | | | |
| KETONE TES | ACETONE (URINE) TEST STRIP | Tier 2 | | | | |
| KETOSTIX TES STRIP | ACETONE (URINE) TEST STRIP | Tier 2 | | | | |
| LANCET ULTRA MIS THIN 30G | LANCETS | Tier 3 | | | | X |
| LANCETS MICR MIS THIN 33G | LANCETS | Tier 3 | | | | |
| LANCETS MIS 28G THIN | LANCETS | Tier 3 | | | | |
| LANCETS MIS 30G | LANCETS | Tier 3 | | | | X |
| LANCETS SUPR MIS THIN 28G | LANCETS | Tier 3 | | | | |
| MEDISENSE LIQ GLUC-KET | BLOOD GLUCOSE CALIBRATION - LIQUID | Tier 3 | | | | |
| MICROLET MIS LANCETS | LANCETS | Tier 3 | | | | X |
| MICROLET NXT MIS LANC 28G | LANCETS | Tier 3 | | | | |
| MINIMED INST MIS SENSOR | CONTINUOUS GLUCOSE SYSTEM SENSOR | Tier 3 | X | X | | |
| MM TWIST MIS LANCETS | LANCETS | Tier 3 | | | | |
| MOBI CONNECT MIS LANCETS | LANCETS | Tier 3 | | | | |
| MOBILE LANCE MIS 30G | LANCETS | Tier 3 | | | | |
| NEUTEK 2TEK SOL CONTROL | BLOOD GLUCOSE CALIBRATION - LIQUID | Tier 3 | | | | |

HCR – Health Care Reform Preventive Care
^ May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met

| Medication name | Generic medication name | Drug Tier | Prior authorization | Quantity limit | Step Therapy | Specialty |
|---|---|---|---|---|---|---|
| NOVOFINE MIS 32GX6MM | INSULIN PEN NEEDLE 32 G X 6 MM (1/4" OR 15/64") | Tier 2 | | X | | |
| NOVOFINE PLS MIS 32GX4MM | INSULIN PEN NEEDLE 32 G X 4 MM (1/6" OR 5/32") | Tier 2 | | X | | |
| ONETOUCH DEL MIS LANC DEV | LANCETS | Tier 1 | | | | |
| ONETOUCH DEL MIS PLUS 30G | LANCETS | Tier 1 | | | | |
| ONETOUCH DEL MIS PLUS 33G | LANCETS | Tier 1 | | | | |
| ONETOUCH LIQ ULT CONT | BLOOD GLUCOSE CALIBRATION - LIQUID | Tier 1 | | | | |
| ONETOUCH LIQ ULTRA | BLOOD GLUCOSE CALIBRATION - LIQUID | Tier 1 | | | | |
| ONETOUCH LIQ VERIO | BLOOD GLUCOSE CALIBRATION - LIQUID | Tier 1 | | | | |
| ONETOUCH US MIS 2 30G | LANCETS | Tier 1 | | | | |
| PEN NEEDLE MIS 32G/4MM | INSULIN PEN NEEDLE 32 G X 4 MM (1/6" OR 5/32") | Tier 2 | | X | | |
| PEN NEEDLE MIS 32GX4MM | INSULIN PEN NEEDLE 32 G X 4 MM (1/6" OR 5/32") | Tier 2 | | X | | |
| PEN NEEDLE MIS 32GX5MM | INSULIN PEN NEEDLE 32 G X 5 MM (1/5" OR 3/16") | Tier 2 | | X | | |
| PEN NEEDLE MIS 32GX6MM | INSULIN PEN NEEDLE 32 G X 6 MM (1/4" OR 15/64") | Tier 2 | | X | | X |
| PEN NEEDLES MIS 30GX5/16 | INSULIN PEN NEEDLE 30 G X 8 MM (1/3" OR 5/16") | Tier 2 | | X | | |
| PEN NEEDLES MIS 30GX8MM | INSULIN PEN NEEDLE 30 G X 8 MM (1/3" OR 5/16") | Tier 2 | | X | | |
| PEN NEEDLES MIS 32GX4MM | INSULIN PEN NEEDLE 32 G X 4 MM (1/6" OR 5/32") | Tier 2 | | X | | |
| PEN NEEDLES MIS 32GX5/32 | INSULIN PEN NEEDLE 32 G X 4 MM (1/6" OR 5/32") | Tier 2 | | X | | |
| PEN NEEDLES MIS 32GX5MM | INSULIN PEN NEEDLE 32 G X 5 MM (1/5" OR 3/16") | Tier 2 | | X | | X |
| PEN NEEDLES MIS 32GX6MM | INSULIN PEN NEEDLE 32 G X 6 MM (1/4" OR 15/64") | Tier 2 | | X | | X |
| PENTIPS MIS 32GX4MM | INSULIN PEN NEEDLE 32 G X 4 MM (1/6" OR 5/32") | Tier 2 | | X | | X |
| PENTIPS MIS 32GX6MM | INSULIN PEN NEEDLE 32 G X 6 MM (1/4" OR 15/64") | Tier 2 | | X | X | X |
| PERFECT POIN MIS LANC 28G | LANCETS | Tier 3 | | | X | X |
| PERFECT POIN MIS LANC 30G | LANCETS | Tier 3 | | | | X |
| PIP CONTROL LIQ | BLOOD GLUCOSE CALIBRATION - LIQUID | Tier 3 | | | | X |
| PRECISION LIQ GLUC/KET | BLOOD GLUCOSE CALIBRATION - LIQUID | Tier 2 | | | | |
| PRECISN XTRA TES KETONE | KETONE BLOOD TEST STRIP | Tier 3 | | | | |
| PRO COMFORT MIS LANC 30G | LANCETS | Tier 3 | | | | X |
| PURE COMFORT MIS 30G LAN | LANCETS | Tier 3 | | | | X |

HCR – Health Care Reform Preventive Care
^ May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met

| Medication name | Generic medication name | Drug Tier | Prior authorization | Quantity limit | Step Therapy | Specialty |
|---|---|---|---|---|---|---|
| PURE COMFORT MIS 32GX4MM | INSULIN PEN NEEDLE 32 G X 4 MM (1/6" OR 5/32") | Tier 2 | | X | | X |
| QUICK TOUCH MIS 32GX4MM | INSULIN PEN NEEDLE 32 G X 4 MM (1/6" OR 5/32") | Tier 2 | | X | | X |
| QUICK TOUCH MIS 32GX5MM | INSULIN PEN NEEDLE 32 G X 5 MM (1/5" OR 3/16") | Tier 2 | | X | | X |
| QUICK TOUCH MIS 32GX6MM | INSULIN PEN NEEDLE 32 G X 6 MM (1/4" OR 15/64") | Tier 2 | | X | | X |
| QUINTET CONT SOL HGH/ NORM | BLOOD GLUCOSE CALIBRATION - LIQUID | Tier 3 | | | | |
| RELION PLATN TES GLUCOSE | GLUCOSE BLOOD TEST STRIP | Tier 4 | | X | | X |
| RELION ULTRA MIS THIN 30G | LANCETS | Tier 3 | | | | X |
| SAFE-T-PRO MIS LANCETS | LANCETS | Tier 1 | | | | X |
| SAFE-T-PRO MIS PLUS | LANCETS | Tier 1 | | | | X |
| SAFETY 21G MIS LANCETS | LANCETS | Tier 3 | | | | X |
| SAFETY 23G MIS LANCETS | LANCETS | Tier 3 | | | X | X |
| SAFETY 28G MIS LANCETS | LANCETS | Tier 3 | | | | X |
| SENSILANCE MIS 21G | LANCETS | Tier 3 | | | | X |
| SENSILANCE MIS 26G | LANCETS | Tier 3 | | | | |
| SENSILANCE MIS 28G | LANCETS | Tier 3 | | | | |
| SIMPLERA MIS SYNC SEN | CONTINUOUS GLUCOSE SYSTEM SENSOR | Tier 3 | X | | | X |
| SINGLE-LET MIS 23G | LANCETS | Tier 3 | | | | |
| SOFTCLIX MIS LANCETS | LANCETS | Tier 1 | | | | X |
| SURE COMFORT MIS 32GX5/32 | INSULIN PEN NEEDLE 32 G X 4 MM (1/6" OR 5/32") | Tier 2 | | X | | X |
| TECHLITE MIS LANC 26G | LANCETS | Tier 3 | | | | |
| TOPFINE MIS 32GX4MM | INSULIN PEN NEEDLE 32 G X 4 MM (1/6" OR 5/32") | Tier 2 | | | | |
| TRUE COM LAN MIS SAFE 30G | LANCETS | Tier 3 | | | | |
| TRUE COMFORT MIS 32GX4MM | INSULIN PEN NEEDLE 32 G X 4 MM (1/6" OR 5/32") | Tier 2 | | | | |
| TRUPLUS LANC MIS 26G | LANCETS | Tier 3 | | | | |
| TRUPLUS LANC MIS 28G | LANCETS | Tier 3 | | | X | X |
| TRUPLUS LANC MIS 30G | LANCETS | Tier 3 | | | | X |
| TRUPLUS LANC MIS 33G | LANCETS | Tier 3 | | | | X |
| TWIST LANCET MIS 30G | LANCETS | Tier 3 | | | | X |
| TWIST LANCET MIS 30G MULT | LANCETS | Tier 3 | | | | X |
| ULTIGUARD MIS 32GX4MM | INSULIN PEN NEEDLE 32 G X 4 MM (1/6" OR 5/32") | Tier 2 | | X | | X |
| ULTIGUARD MIS 32GX6MM | INSULIN PEN NEEDLE 32 G X 6 MM (1/4" OR 15/64") | Tier 2 | | X | | X |
| ULTRA THIN MIS LANC 28G | LANCETS | Tier 3 | | | | |
| ULTRA THIN MIS LANC 30G | LANCETS | Tier 3 | | | | |

HCR - Health Care Reform Preventive Care
^ May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met

| Medication name | Generic medication name | Drug Tier | Prior authorization | Quantity limit | Step Therapy | Specialty |
|---|---|---|---|---|---|---|
| ULTRA THIN MIS LANCETS | LANCETS | Tier 3 | | | | |
| ULTRA-CARE MIS LANC 30G | LANCETS | Tier 3 | | | | |
| UNIFINE PNTP MIS 32GX4MM | INSULIN PEN NEEDLE 32 G X 4 MM (1/6" OR 5/32") | Tier 2 | | | | |
| UNIFINE PROT MIS 30GX8MM | INSULIN PEN NEEDLE 30 G X 8 MM (1/3" OR 5/16") | Tier 2 | | | | |
| UNIFINE PROT MIS 32GX4MM | INSULIN PEN NEEDLE 32 G X 4 MM (1/6" OR 5/32") | Tier 2 | | | | |
| UNIFINE ULTR MIS 32G/6MM | INSULIN PEN NEEDLE 32 G X 6 MM (1/4" OR 15/64") | Tier 2 | | | | |
| UNIFINE ULTR MIS 32GX4MM | INSULIN PEN NEEDLE 32 G X 4 MM (1/6" OR 5/32") | Tier 2 | | | | |
| UNILET LANCT MIS 30G | LANCETS | Tier 3 | | | | |
| UNILET LANCT MIS 33G | LANCETS | Tier 3 | | | | |
| VERIFINE LAN MIS MINI 21G | LANCETS | Tier 3 | | | | |
| VERIFINE LAN MIS MINI 23G | LANCETS | Tier 3 | | | | |
| VERIFINE LAN MIS MINI 28G | LANCETS | Tier 3 | | | | |
| VERIFINE LAN MIS MINI 30G | LANCETS | Tier 3 | | | | |
| VERIFINE MIS UNIV 28G | LANCETS | Tier 3 | | | | |
| VERIFINE MIS UNIV 30G | LANCETS | Tier 3 | | | | |
| VERIFINE MIS UNIV 33G | LANCETS | Tier 3 | | | | |
| VERIFINE PEN MIS 32GX4MM | INSULIN PEN NEEDLE 32 G X 4 MM (1/6" OR 5/32") | Tier 2 | | X | | |
| VERIFINE PEN MIS 32GX6MM | INSULIN PEN NEEDLE 32 G X 6 MM (1/4" OR 15/64") | Tier 2 | | X | | |
| VIVAGUARD LIQ CONTROL | BLOOD GLUCOSE CALIBRATION - LIQUID | Tier 3 | | | | |
| VIVAGUARD MIS 28G | LANCETS | Tier 3 | | | | |
| VIVAGUARD MIS 30G | LANCETS | Tier 3 | | | | X |
| **Diabetic/Endocrine Blood: Glucose Monitoring** | | | | | | |
| AUTOLET LANC MIS DEVICE | LANCET DEVICES | Tier 3 | | X | | X |
| AUTOLET LITE MIS LANCING | LANCET DEVICES | Tier 3 | | X | | |
| CARETOUCH MIS EJECTOR | LANCET DEVICES | Tier 3 | | X | | |
| CHOSEN MIS LANCING | LANCET DEVICES | Tier 3 | | X | | |
| CVS LANCING MIS DEVICE | LANCET DEVICES | Tier 3 | | X | | |
| FLOW-EZE MIS VENTED | HYPODERMIC NEEDLES (DISPOSABLE) | Tier 3 | | | | |
| IHEALTH LANC MIS DEVICE | LANCET DEVICES | Tier 3 | | X | | |
| LANCING MIS DEVICE | LANCET DEVICES | Tier 3 | | X | | |
| MICROLET MIS NEXT | LANCET DEVICES | Tier 3 | | X | | |
| MINI LANCING MIS DEVICE | LANCET DEVICES | Tier 3 | | X | | |
| MM LANCING MIS DEVICE | LANCET DEVICES | Tier 3 | | X | | |
| MOBI CONNECT MIS LANCING | LANCET DEVICES | Tier 3 | | X | | |

HCR - Health Care Reform Preventive Care

^ May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met

| Medication name | Generic medication name | Drug Tier | Prior authorization | Quantity limit | Step Therapy | Specialty |
|---|---|---|---|---|---|---|
| ONETOUCH DEL MIS LANC DEV | LANCET DEVICES | Tier 1 | | X | | |
| TRUEDRAW MIS LANC DEV | LANCET DEVICES | Tier 3 | | X | | |
| VIVAGUARD MIS LANCING | LANCET DEVICES | Tier 3 | | X | | |
| **Diuretics, Carbonic Anhydrase Inhibitors - Cardiac Drugs** | | | | | | |
| DICHLORPHENA TAB 50MG | DICHLORPHENAMIDE TAB 50 MG | Tier 3 | X | X | | |
| **Diuretics, Loop - Cardiac Drugs** | | | | | | |
| BUMETANIDE TAB 0.5MG | BUMETANIDE TAB 0.5 MG | Tier 1 | | | | |
| BUMETANIDE TAB 1MG | BUMETANIDE TAB 1 MG | Tier 1 | | | | |
| BUMETANIDE TAB 2MG | BUMETANIDE TAB 2 MG | Tier 1 | | | | |
| BUMEX TAB 0.5MG | BUMETANIDE TAB 0.5 MG | Tier 3 | | | | |
| ENBUMYST SOL 0.5/0.1 | BUMETANIDE NASAL SPRAY 0.5 MG/0.1ML | Tier 4 | X | X | | |
| ETHACRYNIC TAB ACD 25MG | ETHACRYNIC ACID TAB 25 MG | Tier 4 | | | | |
| FUROSEMIDE SOL 10MG/ML | FUROSEMIDE ORAL SOLN 10 MG/ML | Tier 1 | | | | |
| FUROSEMIDE SOL 40MG/5ML | FUROSEMIDE ORAL SOLN 8 MG/ML | Tier 1 | | | | |
| FUROSEMIDE TAB 20MG | FUROSEMIDE TAB 20 MG | Tier 1 | | X | | |
| FUROSEMIDE TAB 40MG | FUROSEMIDE TAB 40 MG | Tier 1 | | | X | |
| FUROSEMIDE TAB 80MG | FUROSEMIDE TAB 80 MG | Tier 1 | | X | | |
| LASIX TAB 20MG | FUROSEMIDE TAB 20 MG | Tier 4 | | | | |
| LASIX TAB 40MG | FUROSEMIDE TAB 40 MG | Tier 4 | | | | |
| LASIX TAB 80MG | FUROSEMIDE TAB 80 MG | Tier 4 | | | | |
| TORSEMIDE TAB 100MG | TORSEMIDE TAB 100 MG | Tier 1 | | X | | |
| TORSEMIDE TAB 10MG | TORSEMIDE TAB 10 MG | Tier 1 | | | | |
| TORSEMIDE TAB 20MG | TORSEMIDE TAB 20 MG | Tier 1 | | X | | |
| TORSEMIDE TAB 5MG | TORSEMIDE TAB 5 MG | Tier 1 | | | | |
| **Diuretics, Potassium-sparing - Cardiac Drugs** | | | | | | |
| AMILORIDE TAB 5MG | AMILORIDE HCL TAB 5 MG | Tier 1 | | X | | |
| CAROSPIR SUS 25MG/5ML | SPIRONOLACTONE SUSP 25 MG/5ML | Tier 4 | X | | | |
| EPLERENONE TAB 25MG | EPLERENONE TAB 25 MG | Tier 2 | | | | |
| EPLERENONE TAB 50MG | EPLERENONE TAB 50 MG | Tier 2 | | | | |
| SPIRONOLACT TAB 100MG | SPIRONOLACTONE TAB 100 MG | Tier 1 | | X | | |
| SPIRONOLACT TAB 25MG | SPIRONOLACTONE TAB 25 MG | Tier 1 | | | | |
| SPIRONOLACT TAB 50MG | SPIRONOLACTONE TAB 50 MG | Tier 1 | | | | |
| SPIRONOLACTO SUS 25MG/5ML | SPIRONOLACTONE SUSP 25 MG/5ML | Tier 3 | X | X | | |
| TRIAMTERENE CAP 100MG | TRIAMTERENE CAP 100 MG | Tier 3 | | X | | |
| TRIAMTERENE CAP 50MG | TRIAMTERENE CAP 50 MG | Tier 3 | | | | |
| **Diuretics, Thiazide - Cardiac Drugs** | | | | | | |
| CHLOROTHIAZI POW | CHLOROTHIAZIDE (BULK) POWDER | Tier 3 | | | | |
| CHLORTHALID TAB 25MG | CHLORTHALIDONE TAB 25 MG | Tier 1 | | | | |
| CHLORTHALID TAB 50MG | CHLORTHALIDONE TAB 50 MG | Tier 1 | | X | | |

HCR – Health Care Reform Preventive Care
^ May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met

| Medication name | Generic medication name | Drug Tier | Prior authorization | Quantity limit | Step Therapy | Specialty |
|---|---|---|---|---|---|---|
| DIURIL SUS 250/5ML | CHLOROTHIAZIDE SUSP 250 MG/5ML | 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 | | X | | |
| HYDROCHLOROT TAB 50MG | HYDROCHLOROTHIAZIDE TAB 50 MG | Tier 1 | | | | |
| INDAPAMIDE TAB 1.25MG | INDAPAMIDE TAB 1.25 MG | Tier 1 | | X | | |
| INDAPAMIDE TAB 2.5MG | INDAPAMIDE TAB 2.5 MG | Tier 1 | | X | | |
| METOLAZONE TAB 10MG | METOLAZONE TAB 10 MG | Tier 1 | | | | |
| METOLAZONE TAB 2.5MG | METOLAZONE TAB 2.5 MG | Tier 1 | | | | |
| METOLAZONE TAB 5MG | METOLAZONE TAB 5 MG | Tier 1 | | | | |
| **Dopamine Agonists - Parkinson's Disease Drugs** | | | | | | |
| BROMOCRIPTIN CAP 5MG | BROMOCRIPTINE MESYLATE CAP 5 MG (BASE EQUIVALENT) | Tier 1 | | | | |
| BROMOCRIPTIN TAB 2.5MG | BROMOCRIPTINE MESYLATE TAB 2.5 MG (BASE EQUIVALENT) | Tier 1 | | | | |
| PRAMIPEXOLE TAB 0.125MG | PRAMIPEXOLE DIHYDROCHLORIDE TAB 0.125 MG | Tier 1 | | | | |
| PRAMIPEXOLE TAB 0.25MG | PRAMIPEXOLE DIHYDROCHLORIDE TAB 0.25 MG | Tier 1 | X | | | |
| PRAMIPEXOLE TAB 0.5MG | PRAMIPEXOLE DIHYDROCHLORIDE TAB 0.5 MG | Tier 1 | X | | X | |
| PRAMIPEXOLE TAB 0.75MG | PRAMIPEXOLE DIHYDROCHLORIDE TAB 0.75 MG | Tier 1 | | | | |
| PRAMIPEXOLE TAB 1.5MG | PRAMIPEXOLE DIHYDROCHLORIDE TAB 1.5 MG | Tier 1 | | | | |
| PRAMIPEXOLE TAB 1MG | PRAMIPEXOLE DIHYDROCHLORIDE TAB 1 MG | Tier 1 | | | | X |
| ROPINIROLE TAB 0.25MG | ROPINIROLE HYDROCHLORIDE TAB 0.25 MG | Tier 1 | | | | |
| ROPINIROLE TAB 0.5MG | ROPINIROLE HYDROCHLORIDE TAB 0.5 MG | Tier 1 | | | | |
| ROPINIROLE TAB 12MG ER | ROPINIROLE HYDROCHLORIDE TAB ER 24HR 12 MG (BASE EQUIVALENT) | Tier 2 | | | | |
| ROPINIROLE TAB 1MG | ROPINIROLE HYDROCHLORIDE TAB 1 MG | Tier 1 | | | | |
| ROPINIROLE TAB 2MG | ROPINIROLE HYDROCHLORIDE TAB 2 MG | Tier 1 | | | | |
| ROPINIROLE TAB 2MG ER | ROPINIROLE HYDROCHLORIDE TAB ER 24HR 2 MG (BASE EQUIVALENT) | Tier 2 | | | | |
| ROPINIROLE TAB 3MG | ROPINIROLE HYDROCHLORIDE TAB 3 MG | Tier 1 | | X | | |
| ROPINIROLE TAB 4MG | ROPINIROLE HYDROCHLORIDE TAB 4 MG | Tier 1 | | X | | |
| ROPINIROLE TAB 4MG ER | ROPINIROLE HYDROCHLORIDE TAB ER 24HR 4 MG (BASE EQUIVALENT) | Tier 2 | | | | |
| ROPINIROLE TAB 5MG | ROPINIROLE HYDROCHLORIDE TAB 5 MG | Tier 1 | | | | |
| ROPINIROLE TAB 6MG ER | ROPINIROLE HYDROCHLORIDE TAB ER 24HR 6 MG (BASE EQUIVALENT) | Tier 2 | | | | |

HCR – Health Care Reform Preventive Care
^ May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met

| Medication name | Generic medication name | Drug Tier | Prior authorization | Quantity limit | Step Therapy | Specialty |
|---|---|---|---|---|---|---|
| ROPINIROLE TAB 8MG ER | ROPINIROLE HYDROCHLORIDE TAB ER 24HR 8 MG (BASE EQUIVALENT) | Tier 2 | | X | | |
| **Dopamine Precursors/L-Amino Acid Decarboxylase Inhibitors - Parkinson's Disease Drugs** | | | | | | |
| CARB/LEVO 50 TAB /ENTACAP | CARBIDOPA-LEVODOPA-ENTACAPONE TABS 12.5-50-200 MG | Tier 1 | X | | | X |
| CARB/LEVO 75 TAB /ENTACAP | CARBIDOPA-LEVODOPA-ENTACAPONE TABS 18.75-75-200 MG | Tier 1 | X | | | X |
| CARB/LEVO ER TAB 25-100MG | CARBIDOPA & LEVODOPA TAB ER 25-100 MG | Tier 1 | | | | X |
| CARB/LEVO ER TAB 50-200MG | CARBIDOPA & LEVODOPA TAB ER 50-200 MG | Tier 1 | | | | X |
| CARB/LEVO TAB 10-100MG | CARBIDOPA & LEVODOPA ORALLY DISINTE-GRATING TAB 10-100 MG | Tier 1 | X | | | |
| CARB/LEVO TAB 10-100MG | CARBIDOPA & LEVODOPA TAB 10-100 MG | Tier 1 | | | | |
| CARB/LEVO TAB 25-100MG | CARBIDOPA & LEVODOPA ORALLY DISINTE-GRATING TAB 25-100 MG | Tier 1 | | | | |
| CARB/LEVO TAB 25-100MG | CARBIDOPA & LEVODOPA TAB 25-100 MG | Tier 1 | | | X | |
| CARB/LEVO TAB 25-250MG | CARBIDOPA & LEVODOPA ORALLY DISINTE-GRATING TAB 25-250 MG | Tier 1 | | X | | |
| CARB/LEVO TAB 25-250MG | CARBIDOPA & LEVODOPA TAB 25-250 MG | Tier 1 | | | | |
| CARB/LEVO100 TAB /ENTACAP | CARBIDOPA-LEVODOPA-ENTACAPONE TABS 25-100-200 MG | Tier 1 | | X | | |
| CARB/LEVO125 TAB /ENTACAP | CARBIDOPA-LEVODOPA-ENTACAPONE TABS 31.25-125-200 MG | Tier 1 | | | | X |
| CARB/LEVO150 TAB /ENTACAP | CARBIDOPA-LEVODOPA-ENTACAPONE TABS 37.5-150-200 MG | Tier 1 | | | | |
| CARB/LEVO200 TAB /ENTACAP | CARBIDOPA-LEVODOPA-ENTACAPONE TABS 50-200-200 MG | Tier 1 | | | | X |
| CARBIDOPA TAB 25MG | CARBIDOPA TAB 25 MG | Tier 1 | | | | |
| CREXONT CAP 35-140MG | CARBIDOPA & LEVODOPA CAP ER 35-140 MG | Tier 4 | | | X | |
| CREXONT CAP 52.5-210 | CARBIDOPA & LEVODOPA CAP ER 52.5-210 MG | Tier 4 | | | X | X |
| CREXONT CAP 70-280MG | CARBIDOPA & LEVODOPA CAP ER 70-280 MG | Tier 4 | | | X | X |
| CREXONT CAP 87.5-350 | CARBIDOPA & LEVODOPA CAP ER 87.5-350 MG | Tier 4 | | | | |
| DUOPA SUS 4.63-20 | CARBIDOPA-LEVODOPA ENTERAL SUSP 4.63-20 MG/ML | Tier 4 | | | | |
| SINEMET TAB 10-100MG | CARBIDOPA & LEVODOPA TAB 10-100 MG | Tier 4 | | | | |
| SINEMET TAB 25-100MG | CARBIDOPA & LEVODOPA TAB 25-100 MG | Tier 4 | | | | |
| **Dyslipidemics, Fibric Acid Derivatives - Cholesterol Control Drugs** | | | | | | |
| FENOFIBRATE CAP 130MG | FENOFIBRATE MICRONIZED CAP 130 MG | Tier 2 | | | | |
| FENOFIBRATE CAP 134MG | FENOFIBRATE MICRONIZED CAP 134 MG | Tier 2 | | | | |

HCR - Health Care Reform Preventive Care

^ May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met

| Medication name | Generic medication name | Drug Tier | Prior authorization | Quantity limit | Step Therapy | Specialty |
|---|---|---|---|---|---|---|
| FENOFIBRATE CAP 200MG | FENOFIBRATE MICRONIZED CAP 200 MG | Tier 2 | | | | |
| FENOFIBRATE CAP 43MG | FENOFIBRATE MICRONIZED CAP 43 MG | Tier 2 | | | | |
| FENOFIBRATE CAP 67MG | FENOFIBRATE MICRONIZED CAP 67 MG | Tier 2 | | | | X |
| FENOFIBRATE TAB 145MG | FENOFIBRATE TAB 145 MG | Tier 2 | | X | | X |
| FENOFIBRATE TAB 160MG | FENOFIBRATE TAB 160 MG | Tier 2 | | | | X |
| FENOFIBRATE TAB 48MG | FENOFIBRATE TAB 48 MG | Tier 2 | | X | | |
| FENOFIBRATE TAB 54MG | FENOFIBRATE TAB 54 MG | Tier 2 | | X | | |
| FENOFIBRIC CAP 135MG DR | CHOLINE FENOFIBRATE CAP DR 135 MG (FENOFIBRIC ACID EQUIV) | Tier 2 | | X | | X |
| FENOFIBRIC CAP 45MG DR | CHOLINE FENOFIBRATE CAP DR 45 MG (FENOFIBRIC ACID EQUIV) | Tier 2 | | | | |
| GEMFIBROZIL TAB 600MG | GEMFIBROZIL TAB 600 MG | Tier 1 | | X | | |
| LOPID TAB 600MG | GEMFIBROZIL TAB 600 MG | Tier 4 | | | | |
| **Dyslipidemics, HMG CoA Reductase Inhibitors - Cholesterol Control Drugs** | | | | | | |
| ATORVALIQ SUS 20MG/5ML | ATORVASTATIN CALCIUM SUSP 20 MG/5ML (4MG/ML) (BASE EQUIV) | Tier 4 | X | X | | |
| ATORVASTATIN TAB 10MG | ATORVASTATIN CALCIUM TAB 10 MG (BASE EQUIVALENT) | Tier 1^ | | | | |
| ATORVASTATIN TAB 20MG | ATORVASTATIN CALCIUM TAB 20 MG (BASE EQUIVALENT) | Tier 1^ | | X | | |
| ATORVASTATIN TAB 40MG | ATORVASTATIN CALCIUM TAB 40 MG (BASE EQUIVALENT) | Tier 1 | | | | |
| ATORVASTATIN TAB 80MG | ATORVASTATIN CALCIUM TAB 80 MG (BASE EQUIVALENT) | Tier 1 | | | | |
| EZALLOR SPR CAP 10MG | ROSUVASTATIN CALCIUM SPRINKLE CAP 10 MG (BASE EQUIVALENT) | Tier 3 | X | | | |
| EZALLOR SPR CAP 20MG | ROSUVASTATIN CALCIUM SPRINKLE CAP 20 MG (BASE EQUIVALENT) | Tier 3 | X | | | |
| EZALLOR SPR CAP 40MG | ROSUVASTATIN CALCIUM SPRINKLE CAP 40 MG (BASE EQUIVALENT) | Tier 3 | X | | | X |
| EZALLOR SPR CAP 5MG | ROSUVASTATIN CALCIUM SPRINKLE CAP 5 MG (BASE EQUIVALENT) | Tier 3 | X | | | X |
| FLOLIPID SUS 20MG/5ML | SIMVASTATIN SUSP 20 MG/5ML (4 MG/ML) | Tier 4 | X | | | |
| FLOLIPID SUS 40MG/5ML | SIMVASTATIN SUSP 40 MG/5ML (8 MG/ML) | Tier 4 | X | | | X |
| FLUVASTATIN CAP 20MG | FLUVASTATIN SODIUM CAP 20 MG (BASE EQUIVALENT) | Tier 1 | | | | X |
| FLUVASTATIN CAP 40MG | FLUVASTATIN SODIUM CAP 40 MG (BASE EQUIVALENT) | Tier 1 | | | | |
| FLUVASTATIN TAB 80MG ER | FLUVASTATIN SODIUM TAB ER 24 HR 80 MG (BASE EQUIVALENT) | Tier 3 | | | | |
| LOVASTATIN TAB 10MG | LOVASTATIN TAB 10 MG | HCR | | | | |
| LOVASTATIN TAB 20MG | LOVASTATIN TAB 20 MG | HCR | | | | |
| LOVASTATIN TAB 40MG | LOVASTATIN TAB 40 MG | HCR | | | | |
| PRAVASTATIN TAB 10MG | PRAVASTATIN SODIUM TAB 10 MG | Tier 1 | | | | |

HCR - Health Care Reform Preventive Care

^ May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met

| Medication name | Generic medication name | Drug Tier | Prior authorization | Quantity limit | Step Therapy | Specialty |
|---|---|---|---|---|---|---|
| PRAVASTATIN TAB 20MG | PRAVASTATIN SODIUM TAB 20 MG | Tier 1 | | | | |
| PRAVASTATIN TAB 40MG | PRAVASTATIN SODIUM TAB 40 MG | Tier 1 | | | | |
| PRAVASTATIN TAB 80MG | PRAVASTATIN SODIUM TAB 80 MG | Tier 1 | | | | |
| ROSUVASTATIN TAB 10MG | ROSUVASTATIN CALCIUM TAB 10 MG | Tier 2 | | | | |
| ROSUVASTATIN TAB 20MG | ROSUVASTATIN CALCIUM TAB 20 MG | Tier 2 | | | | |
| ROSUVASTATIN TAB 40MG | ROSUVASTATIN CALCIUM TAB 40 MG | Tier 2 | | | | |
| ROSUVASTATIN TAB 5MG | ROSUVASTATIN CALCIUM TAB 5 MG | Tier 2 | | | | |
| SIMVASTATIN TAB 10MG | SIMVASTATIN TAB 10 MG | Tier 1^ | | | | |
| SIMVASTATIN TAB 20MG | SIMVASTATIN TAB 20 MG | Tier 1^ | | | | |
| SIMVASTATIN TAB 40MG | SIMVASTATIN TAB 40 MG | Tier 1^ | | | | |
| SIMVASTATIN TAB 5MG | SIMVASTATIN TAB 5 MG | Tier 1^ | | | | |
| SIMVASTATIN TAB 80MG | SIMVASTATIN TAB 80 MG | Tier 1 | | | | |
| **Dyslipidemics, Other - Miscellaneous Cholesterol Control Drugs** | | | | | | |
| CHOLESTYRAM POW 4GM | CHOLESTYRAMINE POWDER 4 GM/DOSE | Tier 1 | | | | |
| CHOLESTYRAM POW 4GM | CHOLESTYRAMINE POWDER PACKETS 4 GM | Tier 1 | | | | |
| CHOLESTYRAM POW 4GM LITE | CHOLESTYRAMINE LIGHT POWDER 4 GM/DOSE | Tier 1 | | | | |
| CHOLESTYRAM POW 4GM LITE | CHOLESTYRAMINE LIGHT POWDER PACKETS 4 GM | Tier 1 | | | | |
| COLESEVELAM PAK 3.75GM | COLESEVELAM HCL PACKET FOR SUSP 3.75 GM | Tier 2 | X | | | |
| COLESEVELAM TAB 625MG | COLESEVELAM HCL TAB 625 MG | Tier 2 | | | | |
| COLESTID GRA 5GM | COLESTIPOL HCL GRANULES 5 GM | Tier 3 | | | | |
| COLESTID TAB 1GM | COLESTIPOL HCL TAB 1 GM | Tier 4 | | | | |
| COLESTIPOL GRA 5GM | COLESTIPOL HCL GRANULE PACKETS 5 GM | Tier 1 | | | | |
| COLESTIPOL GRA 5GM | COLESTIPOL HCL GRANULES 5 GM | Tier 1 | | | | |
| COLESTIPOL TAB 1GM | COLESTIPOL HCL TAB 1 GM | Tier 1 | | | | |
| EZETIM/SIMVA TAB 10-10MG | EZETIMIBE-SIMVASTATIN TAB 10-10 MG | Tier 3 | | | | |
| EZETIM/SIMVA TAB 10-20MG | EZETIMIBE-SIMVASTATIN TAB 10-20 MG | Tier 3 | | | | |
| EZETIM/SIMVA TAB 10-40MG | EZETIMIBE-SIMVASTATIN TAB 10-40 MG | Tier 3 | | | | |
| EZETIM/SIMVA TAB 10-80MG | EZETIMIBE-SIMVASTATIN TAB 10-80 MG | Tier 3 | | | | |
| EZETIMIBE TAB 10MG | EZETIMIBE TAB 10 MG | Tier 2 | | | | |
| NEXLETOL TAB 180MG | BEMPEDOIC ACID TAB 180 MG | Tier 2 | X | X | X | |
| NEXLIZET TAB 180/10MG | BEMPEDOIC ACID-EZETIMIBE TAB 180-10 MG | Tier 2 | X | X | | |
| NIACIN ER TAB 1000MG | NIACIN TAB ER 1000 MG (ANTIHYPERLIPIDEMIC) | Tier 2 | | | | |
| NIACIN ER TAB 500MG | NIACIN TAB ER 500 MG (ANTIHYPERLIPIDEMIC) | Tier 2 | | | | |
| NIACIN ER TAB 500MG ER | NIACIN TAB ER 500 MG (ANTIHYPERLIPIDEMIC) | Tier 2 | | | | |

HCR - Health Care Reform Preventive Care
^ May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met

| Medication name | Generic medication name | Drug Tier | Prior authorization | Quantity limit | Step Therapy | Specialty |
|---|---|---|---|---|---|---|
| NIACIN ER TAB 750MG | NIACIN TAB ER 750 MG (ANTIHYPERLIPIDEMIC) | Tier 2 | | | | |
| NIACIN TAB 500MG ER | NIACIN TAB ER 500 MG (ANTIHYPERLIPIDEMIC) | Tier 2 | | | | |
| OMEGA-3-ACID CAP 1GM | OMEGA-3-ACID ETHYL ESTERS CAP 1 GM | Tier 2 | | | | |
| PREVALITE POW 4GM | CHOLESTYRAMINE LIGHT POWDER 4 GM/DOSE | Tier 1 | | | | |
| PREVALITE POW 4GM PK | CHOLESTYRAMINE LIGHT POWDER PACKETS 4 GM | Tier 1 | | | | |
| QUESTRAN POW 4GM | CHOLESTYRAMINE POWDER 4 GM/DOSE | Tier 4 | | | | |
| QUESTRAN POW 4GM | CHOLESTYRAMINE POWDER PACKETS 4 GM | Tier 4 | | | | |
| QUESTRAN POW 4GM LITE | CHOLESTYRAMINE LIGHT POWDER 4 GM/DOSE | Tier 4 | | | | |
| REPATHA INJ 140MG/ML | EVOLOCUMAB SUBCUTANEOUS SOLN PREFILLED SYRINGE 140 MG/ML | Tier 2 | | | | |
| REPATHA PUSH INJ 420/3.5 | EVOLOCUMAB SUBCUTANEOUS SOLN CARTRIDGE/INFUSOR 420 MG/3.5ML | Tier 2 | | | | |
| REPATHA SURE INJ 140MG/ML | EVOLOCUMAB SUBCUTANEOUS SOLN AUTO-INJECTOR 140 MG/ML | Tier 2 | | X | | |
| **Electrolyte/Mineral Replacement - Vitamin, Mineral and Body Fluid Deficiency Drugs** | | | | | | |
| ADVERA LIQ CHOCOLAT | NUTRITIONAL SUPPLEMENT LIQUID | Tier 2 | | | | |
| ADVERA LIQ VANILLA | NUTRITIONAL SUPPLEMENT LIQUID | Tier 2 | | | | |
| ARGINAID PAK CHERRY | NUTRITIONAL SUPPLEMENT PACK | Tier 3 | | | | |
| ARGINAID PAK ORANGE | NUTRITIONAL SUPPLEMENT PACK | Tier 3 | | | | |
| ATABEX EC TAB 29-1MG | PRENATAL VIT W/ DSS-IRON CARBONYL-FA TAB DR 29-1 MG | Tier 3 | | | | |
| BOOST BREEZE LIQ 2-FLAVOR | NUTRITIONAL SUPPLEMENT LIQUID | Tier 3 | | | | |
| BOOST HI-PRO LIQ CHOCOLAT | NUTRITIONAL SUPPLEMENT LIQUID | Tier 3 | | | | |
| BOOST HI-PRO LIQ STRAWBER | NUTRITIONAL SUPPLEMENT LIQUID | Tier 3 | | | | |
| BOOST LIQ ORIGINAL | NUTRITIONAL SUPPLEMENT LIQUID | Tier 3 | | | | |
| BOOST PLUS LIQ VANILLA | NUTRITIONAL SUPPLEMENT LIQUID | Tier 3 | | | | |
| BRAINSUSTAIN PAK | NUTRITIONAL SUPPLEMENT PACK | Tier 3 | | | | |
| CALCIFOL WAF | CA CARB-FOLIC ACID-VIT D-B6-B12-BORON-MAG WAFER 1342-1.6 MG | Tier 3 | | | | |
| CARGLUMIC TAB 200MG | CARGLUMIC ACID SOLUBLE TAB 200 MG | Tier 3 | | | | |
| COMPLEAT LIQ PEPTIDE | NUTRITIONAL SUPPLEMENT LIQUID | Tier 3 | | | | |
| COMPLEAT LIQ STND 1.4 | NUTRITIONAL SUPPLEMENT LIQUID | Tier 3 | | | | |
| COMPLEAT ORG LIQ BLND 1.2 | NUTRITIONAL SUPPLEMENT LIQUID | Tier 3 | | | | |
| COMPLEAT PED LIQ BLND 1.2 | NUTRITIONAL SUPPLEMENT LIQUID | Tier 3 | | | | |
| CVS NUTRITIO LIQ CHOCOLAT | NUTRITIONAL SUPPLEMENT LIQUID | Tier 2 | | | | |
| CVS NUTRITIO LIQ CHOCOLAT | NUTRITIONAL SUPPLEMENT LIQUID | Tier 2 | | | | |
| CVS NUTRITIO LIQ STRABERY | NUTRITIONAL SUPPLEMENT LIQUID | Tier 2 | | | | |
| CVS NUTRITIO LIQ STRABERY | NUTRITIONAL SUPPLEMENT LIQUID | Tier 2 | | | | |

HCR – Health Care Reform Preventive Care

^ May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met

| Medication name | Generic medication name | Drug Tier | Prior authorization | Quantity limit | Step Therapy | Specialty |
|---|---|---|---|---|---|---|
| CVS NUTRITIO LIQ VANILLA | NUTRITIONAL SUPPLEMENT LIQUID | Tier 1 | | | | |
| CVS NUTRITIO LIQ VANILLA | NUTRITIONAL SUPPLEMENT LIQUID | Tier 2 | | | | |
| CYTRA K GRA CRYSTALS | POTASSIUM CITRATE & CITRIC ACID POWDER PACK 3300-1002 MG | Tier 1 | | | | |
| DOJOLVI LIQ 100% | TRIHEPTANOIN ORAL LIQUID 100% | Tier 4 | | | | |
| EAA SUPPLEME POW | NUTRITIONAL SUPPLEMENT PACK | Tier 3 | | | | |
| EAA SUPPLEME POW TROPICAL | NUTRITIONAL SUPPLEMENT PACK | Tier 2 | | | | |
| EFFER-K TAB 10MEQ | POTASSIUM BICARBONATE-CITRIC ACID EFFER TAB 10 MEQ | Tier 2 | | | | |
| EFFER-K TAB 20MEQ | POTASSIUM BICARBONATE-CITRIC ACID EFFER TAB 20 MEQ | Tier 2 | | | | |
| EFFER-K TAB 25MEQ EF | POTASSIUM BICARBONATE EFFER TAB 25 MEQ | Tier 1 | | | | |
| ENDARI POW 5GM | GLUTAMINE (SICKLE CELL) POWD PACK 5 GM | Tier 4 | X | X | | |
| ENSURE COMPL LIQ VANILLA | NUTRITIONAL SUPPLEMENT LIQUID | Tier 3 | | | | |
| ENSURE ENLIV LIQ STRAWBER | NUTRITIONAL SUPPLEMENT LIQUID | Tier 3 | X | | | |
| ENSURE ENLIV LIQ VANILLA | NUTRITIONAL SUPPLEMENT LIQUID | Tier 3 | X | | | |
| ENSURE HP LIQ VANILLA | NUTRITIONAL SUPPLEMENT LIQUID | Tier 3 | | | | |
| ENSURE LIQ CHOCOLAT | NUTRITIONAL SUPPLEMENT LIQUID | Tier 3 | X | | | |
| ENSURE MAX LIQ MLK CHOC | NUTRITIONAL SUPPLEMENT LIQUID | Tier 3 | | | | |
| ENSURE ORIGI LIQ FIBER | NUTRITIONAL SUPPLEMENT LIQUID | Tier 3 | X | | | |
| ENSURE ORIGN LIQ CHOCOLAT | NUTRITIONAL SUPPLEMENT LIQUID | Tier 3 | | | | |
| ENSURE ORIGN LIQ CHOCOLAT | NUTRITIONAL SUPPLEMENT LIQUID | Tier 3 | X | | | |
| ENSURE ORIGN LIQ STRAWBER | NUTRITIONAL SUPPLEMENT LIQUID | Tier 3 | | | | |
| ENSURE PLUS LIQ BUT PECN | NUTRITIONAL SUPPLEMENT LIQUID | Tier 3 | | | | |
| ENSURE PLUS LIQ CHOCOLAT | NUTRITIONAL SUPPLEMENT LIQUID | Tier 3 | | | | |
| ENSURE PLUS LIQ DRK CHOC | NUTRITIONAL SUPPLEMENT LIQUID | Tier 3 | | | | |
| ENSURE PLUS LIQ HIGH PRO | NUTRITIONAL SUPPLEMENT LIQUID | Tier 3 | | | | |
| ENSURE PLUS LIQ STRAWBER | NUTRITIONAL SUPPLEMENT LIQUID | Tier 3 | | | | |
| ENSURE PLUS LIQ STRWBERY | NUTRITIONAL SUPPLEMENT LIQUID | Tier 3 | X | | | |
| ENSURE PLUS LIQ VANILLA | NUTRITIONAL SUPPLEMENT LIQUID | Tier 3 | | | | |
| ENSURE PLUS LIQ VANILLA | NUTRITIONAL SUPPLEMENT LIQUID | Tier 3 | X | | | |
| ENSURE SURGE LIQ IMMUNO | NUTRITIONAL SUPPLEMENT LIQUID | Tier 3 | | | | |
| ENU NUTRITIO LIQ CHOCOLAT | NUTRITIONAL SUPPLEMENT LIQUID | Tier 3 | X | | | |
| ENU NUTRITIO LIQ VANILLA | NUTRITIONAL SUPPLEMENT LIQUID | Tier 3 | X | | | |
| FLORIVA DRO 0.25MG | SODIUM FLUORIDE-VITAMIN D LIQD DROPS 0.25 MG/ML-400 UNIT/ML | Tier 3 | | X | | |

HCR – Health Care Reform Preventive Care
^ May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met

| Medication name | Generic medication name | Drug Tier | Prior authorization | Quantity limit | Step Therapy | Specialty |
|---|---|---|---|---|---|---|
| FLUORIDE CHW 0.25MG | SODIUM FLUORIDE CHEW TAB 0.25 MG F (FROM 0.55 MG NAF) | HCR | | | | |
| FLUORIDE CHW 0.5MG | SODIUM FLUORIDE CHEW TAB 0.5 MG F (FROM 1.1 MG NAF) | HCR | | | | |
| FLUORIDE CHW 1MG | SODIUM FLUORIDE CHEW TAB 1 MG F (FROM 2.2 MG NAF) | HCR | | | | |
| FT IMMUNE CHW SUPPORT | MULTIPLE VITAMINS W/ MINERALS CHEW TAB | Tier 1 | | | | |
| GA GEL PAK | NUTRITIONAL SUPPLEMENT PACK | Tier 2 | | | | |
| GALZIN CAP 25MG | ZINC ACETATE CAP 25 MG (ELEMENTAL ZINC) | Tier 3 | | | | |
| GALZIN CAP 50MG | ZINC ACETATE CAP 50 MG (ELEMENTAL ZINC) | Tier 3 | | | | |
| GLUCERNA LIQ BUT PECA | NUTRITIONAL SUPPLEMENT LIQUID | Tier 3 | | | | |
| GLUCERNA LIQ CHOCOLAT | NUTRITIONAL SUPPLEMENT LIQUID | Tier 3 | | | | |
| GLUCERNA LIQ STRAWBER | NUTRITIONAL SUPPLEMENT LIQUID | Tier 3 | | | | |
| GLUCOSE CTRL LIQ MAX PROT | NUTRITIONAL SUPPLEMENT LIQUID | Tier 3 | | | | |
| GLYCOSADE PAK | NUTRITIONAL SUPPLEMENT PACK | Tier 3 | X | | | |
| GLYTACTIN 15 LIQ RTD LITE | NUTRITIONAL SUPPLEMENT LIQUID | Tier 3 | | X | | |
| GLYTACTIN LIQ RES/LITE | NUTRITIONAL SUPPLEMENT LIQUID | Tier 2 | X | | | |
| GLYTACTIN LIQ RESTOR10 | NUTRITIONAL SUPPLEMENT LIQUID | Tier 2 | X | | | |
| GLYTACTIN LIQ RTD 10 | NUTRITIONAL SUPPLEMENT LIQUID | Tier 2 | X | | | |
| GLYTACTIN LIQ RTD 15 | NUTRITIONAL SUPPLEMENT LIQUID | Tier 2 | X | | | |
| GLYTACTIN PAK BTMK/DLT | NUTRITIONAL SUPPLEMENT PACK | Tier 2 | X | | | |
| GLYTACTIN PAK SWIRL 15 | NUTRITIONAL SUPPLEMENT PACK | Tier 3 | | X | | |
| GLYTACTIN PAK SWIRL 15 | NUTRITIONAL SUPPLEMENT PACK | Tier 2 | | X | | |
| GLYTACTIN POW APPLE | NUTRITIONAL SUPPLEMENT PACK | Tier 3 | | | | |
| GLYTACTIN POW BD 20/20 | NUTRITIONAL SUPPLEMENT PACK | Tier 3 | | | | |
| GLYTACTIN POW BETMLK15 | NUTRITIONAL SUPPLEMENT PACK | Tier 2 | | | | |
| GLYTACTIN POW BETMLK15 | NUTRITIONAL SUPPLEMENT PACK | Tier 2 | | | | |
| GLYTACTIN POW BLD 10PE | NUTRITIONAL SUPPLEMENT PACK | Tier 3 | | | | |
| GLYTACTIN POW BLD PKU | NUTRITIONAL SUPPLEMENT PACK | Tier 3 | | | | |
| GLYTACTIN POW PUNCH | NUTRITIONAL SUPPLEMENT PACK | Tier 3 | | | | |
| GLYTACTIN POW RESTOR 5 | NUTRITIONAL SUPPLEMENT PACK | Tier 2 | | X | | |
| GLYTACTIN POW RST LT10 | NUTRITIONAL SUPPLEMENT PACK | Tier 3 | | X | X | |
| GLYTACTIN POW TROPICAL | NUTRITIONAL SUPPLEMENT PACK | Tier 3 | | | | |
| GNP ELECTROL SOL UNFLAVOR | ORAL ELECTROLYTE SOLUTION | Tier 1 | | | | |
| HCU GEL PAK | NUTRITIONAL SUPPLEMENT PACK | Tier 3 | X | | | |
| HEMATINIC/FA TAB | FERROUS FUMARATE-FOLIC ACID TAB 324-1 MG | Tier 4 | | | | |
| HOMACTIN AA POW PLUS | NUTRITIONAL SUPPLEMENT PACK | Tier 3 | X | | | |

HCR - Health Care Reform Preventive Care
^ May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met

| Medication name | Generic medication name | Drug Tier | Prior authorization | Quantity limit | Step Therapy | Specialty |
|---|---|---|---|---|---|---|
| INATAL GT TAB | PRENATAL VIT W/ DSS-IRON CARBONYL-FA TAB 90-1 MG | Tier 2 | | X | | |
| ISOLEUCINE PAK 50MG | ISOLEUCINE ORAL POWDER PACKET 50 MG | Tier 2 | | X | | |
| ISOLEUCINE POW 1000 | ISOLEUCINE ORAL POWDER PACKET 1 GM | Tier 2 | | X | | |
| JUVEN POW | NUTRITIONAL SUPPLEMENT PACK | Tier 3 | | | | |
| K CITRATE SOL CITR ACD | POTASSIUM CITRATE & CITRIC ACID SOLN 1100-334 MG/5ML | Tier 1 | | | | |
| K-PHOS TAB | POTASSIUM PHOSPHATE MONOBASIC TAB 500 MG | Tier 2 | | | | |
| K-PHOS TAB NEUTRAL | POT PHOS MONOBASIC W/SOD PHOS DI & MONOBAS TAB 155-852-130MG | Tier 2 | | | | |
| K-PHOS TAB NO 2 | POTASSIUM & SODIUM ACID PHOSPHATES TAB 305-700 MG | Tier 2 | | | | |
| K-PRIME TAB 25MEQ EF | POTASSIUM BICARBONATE EFFER TAB 25 MEQ | Tier 3 | | | | X |
| K-TAB TAB 20MEQ | POTASSIUM CHLORIDE TAB ER 20 MEQ (1500 MG) | Tier 3 | | | | X |
| KATE FARMS LIQ 1.0 | NUTRITIONAL SUPPLEMENT LIQUID | Tier 3 | | | | |
| KATE FARMS LIQ 1.4 | NUTRITIONAL SUPPLEMENT LIQUID | Tier 3 | | | | |
| KATE FARMS LIQ 1.4 | NUTRITIONAL SUPPLEMENT LIQUID | Tier 3 | X | | | |
| KATE FARMS LIQ 1.5 | NUTRITIONAL SUPPLEMENT LIQUID | Tier 3 | | | | X |
| KATE FARMS LIQ CHOCOLAT | NUTRITIONAL SUPPLEMENT LIQUID | Tier 3 | | | | X |
| KATE FARMS LIQ STRAWBER | NUTRITIONAL SUPPLEMENT LIQUID | Tier 3 | | X | | X |
| KATE FARMS LIQ VANILLA | NUTRITIONAL SUPPLEMENT LIQUID | Tier 3 | | | | X |
| KETO LIQ | NUTRITIONAL SUPPLEMENT LIQUID | Tier 3 | | X | | X |
| KETOVIE 3:1 LIQ UNFLAVOR | NUTRITIONAL SUPPLEMENT LIQUID | Tier 3 | X | X | | |
| KETOVIE 4:1 LIQ VANILLA | NUTRITIONAL SUPPLEMENT LIQUID | Tier 3 | X | | | |
| KETOVIE LIQ PEPTIDE | NUTRITIONAL SUPPLEMENT LIQUID | Tier 3 | X | X | X | |
| KETOVIE LIQ UNFLAVOR | NUTRITIONAL SUPPLEMENT LIQUID | Tier 3 | X | | | |
| KLOR-CON 10 TAB 10MEQ ER | POTASSIUM CHLORIDE TAB ER 10 MEQ | Tier 1 | | | | |
| KLOR-CON 8 TAB 8MEQ ER | POTASSIUM CHLORIDE TAB ER 8 MEQ (600 MG) | Tier 1 | | | | |
| KLOR-CON M10 TAB 10MEQ ER | POTASSIUM CHLORIDE MICROENCAPSULATED CRYS ER TAB 10 MEQ | Tier 1 | | | | |
| KLOR-CON M15 TAB 15MEQ ER | POTASSIUM CHLORIDE MICROENCAPSULATED CRYS ER TAB 15 MEQ | Tier 1 | | | | |
| KLOR-CON M20 TAB 20MEQ ER | POTASSIUM CHLORIDE MICROENCAPSULATED CRYS ER TAB 20 MEQ | Tier 1 | | | | |
| KLOR-CON PAK 20MEQ | POTASSIUM CHLORIDE POWDER PACKET 20 MEQ | Tier 1 | | X | | |
| KLOR-CON/EF TAB 25MEQ | POTASSIUM BICARBONATE EFFER TAB 25 MEQ | Tier 1 | | | | |
| L-CARNITINE CAP 500MG | LEVOCARNITINE L-TARTRATE CAP 500 MG | Tier 1 | | | | |

HCR - Health Care Reform Preventive Care

^ May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met

| Medication name | Generic medication name | Drug Tier | Prior authorization | Quantity limit | Step Therapy | Specialty |
|---|---|---|---|---|---|---|
| L-GLUTAMINE POW 5GM | GLUTAMINE (SICKLE CELL) POWD PACK 5 GM | Tier 3 | X | X | | |
| L-LYSINE TAB 500MG | LYSINE TAB 500 MG | Tier 2 | X | | | |
| L-TYROSINE CAP 500MG | TYROSINE CAP 500 MG | Tier 2 | X | | | |
| L-TYROSINE CAP 500MG | TYROSINE CAP 500 MG | Tier 2 | | | | |
| LEVOCARNITIN SOL 1GM/10ML | LEVOCARNITINE ORAL SOLN 1 GM/10ML (10%) | Tier 1 | | | | X |
| LEVOCARNITIN TAB 330MG | LEVOCARNITINE TAB 330 MG | Tier 1 | | | | |
| LIQ HOPE PEP LIQ BERRY | NUTRITIONAL SUPPLEMENT LIQUID | Tier 3 | | | | |
| MAGNESIUM PL CAP 200MG | MAGNESIUM CAP 100 MG | Tier 1 | | | | |
| MIFEPREX TAB 200MG | MIFEPRISTONE TAB 200 MG | Tier 3 | | | | |
| MIFEPRISTONE TAB 200MG | MIFEPRISTONE TAB 200 MG | Tier 1 | | | | |
| MMA/PA GEL PAK | NUTRITIONAL SUPPLEMENT PACK | Tier 2 | X | | | |
| MSUD COOLER LIQ | NUTRITIONAL SUPPLEMENT LIQUID | Tier 2 | X | | | |
| MSUD COOLER LIQ | NUTRITIONAL SUPPLEMENT LIQUID | Tier 2 | | | | |
| MSUD COOLER LIQ 15 ORANG | NUTRITIONAL SUPPLEMENT LIQUID | Tier 3 | X | | | |
| MSUD COOLER LIQ 15 RED | NUTRITIONAL SUPPLEMENT LIQUID | Tier 3 | X | X | | |
| MSUD GEL PAK UNFLAVOR | NUTRITIONAL SUPPLEMENT PACK | Tier 3 | X | | | |
| NEPRO/CARB LIQ VANILLA | NUTRITIONAL SUPPLEMENT LIQUID | Tier 3 | X | | | X |
| NUTREN LIQ JR/FIBER | NUTRITIONAL SUPPLEMENT LIQUID | Tier 2 | | | | |
| OPTICLEANSE PAK GHI | NUTRITIONAL SUPPLEMENT PACK | Tier 3 | X | X | | X |
| OPTICLEANSE PAK PLUS | NUTRITIONAL SUPPLEMENT PACK | Tier 3 | X | | | X |
| ORACIT SOL | SODIUM CITRATE & CITRIC ACID SOLN 490-640 MG/5ML | Tier 2 | | X | | |
| ORAL CITRATE SOL | SODIUM CITRATE & CITRIC ACID SOLN 490-640 MG/5ML | Tier 2 | | | | |
| ORGAIN KIDS LIQ SHAKE | NUTRITIONAL SUPPLEMENT LIQUID | Tier 3 | | | | |
| OSMOLITE LIQ 1.0 CAL | NUTRITIONAL SUPPLEMENT LIQUID | Tier 3 | | | | |
| PEDI PEPTIDE LIQ 1.0 | NUTRITIONAL SUPPLEMENT LIQUID | Tier 3 | | | | |
| PEDI PEPTIDE LIQ 1.5 | NUTRITIONAL SUPPLEMENT LIQUID | Tier 3 | | | | |
| PEDI STANDAR LIQ 1.2 CHOC | NUTRITIONAL SUPPLEMENT LIQUID | Tier 3 | | | | |
| PEDIALYTE SOL ADV CARE | ORAL ELECTROLYTE SOLUTION | Tier 3 | | | | |
| PEDIALYTE SOL FRUIT PU | ORAL ELECTROLYTE SOLUTION | Tier 3 | | | | |
| PEDIASUR 1.0 LIQ PEPTIDE | NUTRITIONAL SUPPLEMENT LIQUID | Tier 3 | X | X | | |
| PEDIASUR G&G LIQ CHOCOLAT | NUTRITIONAL SUPPLEMENT LIQUID | Tier 3 | | | | |
| PERATIVE LIQ 1.3 CAL | NUTRITIONAL SUPPLEMENT LIQUID | Tier 3 | | X | | X |
| PHENYLADE POW GMP ULTR | NUTRITIONAL SUPPLEMENT PACK | Tier 3 | | | | |
| PHENYLALANIN PAK 50MG | PHENYLALANINE PACKET 50 MG | Tier 2 | | | | |
| PHOSPHA 250 TAB NEUTRAL | POT PHOS MONOBASIC W/SOD PHOS DI & MONOBAS TAB 155-852-130MG | Tier 2 | | | | |

HCR - Health Care Reform Preventive Care
^ May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met

| Medication name | Generic medication name | Drug Tier | Prior authorization | Quantity limit | Step Therapy | Specialty |
|---|---|---|---|---|---|---|
| PHOSPHO-TRIN TAB 250 NEUT | POT PHOS MONOBASIC W/SOD PHOS DI & MONOBAS TAB 155-852-130MG | Tier 1 | | | | |
| PHOSPHOROUS TAB | POT PHOS MONOBASIC W/SOD PHOS DI & MONOBAS TAB 155-852-130MG | Tier 1 | | | | |
| PHOXILLUM SOL B22K/40 | BICARB-K 22-4 MEQ/L WITH PHOS 1 MMOL/L SOLN (CRRT) | Tier 3 | | | | |
| PHOXILLUM SOL BK4/2.5 | BICARB-K-CA 32-4-2.5 MEQ/L WITH PHOS 1 MMOL/L SOLN (CRRT) | Tier 3 | | X | | |
| PIVOT LIQ 1.5 CAL | NUTRITIONAL SUPPLEMENT LIQUID | Tier 3 | | X | | |
| PKU COOLR 10 LIQ RED | NUTRITIONAL SUPPLEMENT LIQUID | Tier 3 | | | | |
| PKU COOLR 15 LIQ ORANGE | NUTRITIONAL SUPPLEMENT LIQUID | Tier 3 | | | | |
| PKU COOLR 15 LIQ ORANGE | NUTRITIONAL SUPPLEMENT LIQUID | Tier 2 | X | | | |
| PKU COOLR 15 LIQ PURPLE | NUTRITIONAL SUPPLEMENT LIQUID | Tier 3 | | | | |
| PKU COOLR 15 LIQ PURPLE | NUTRITIONAL SUPPLEMENT LIQUID | Tier 2 | X | X | | |
| PKU COOLR 15 LIQ RED | NUTRITIONAL SUPPLEMENT LIQUID | Tier 3 | | | | |
| PKU COOLR 15 LIQ RED | NUTRITIONAL SUPPLEMENT LIQUID | Tier 2 | X | X | | |
| PKU COOLR 20 LIQ ORANGE | NUTRITIONAL SUPPLEMENT LIQUID | Tier 3 | | | | |
| PKU COOLR 20 LIQ ORANGE | NUTRITIONAL SUPPLEMENT LIQUID | Tier 2 | X | | | |
| PKU COOLR 20 LIQ PURPLE | NUTRITIONAL SUPPLEMENT LIQUID | Tier 3 | | | | |
| PKU COOLR 20 LIQ PURPLE | NUTRITIONAL SUPPLEMENT LIQUID | Tier 2 | X | | | |
| PKU COOLR 20 LIQ RED | NUTRITIONAL SUPPLEMENT LIQUID | Tier 3 | | X | | |
| PKU COOLR 20 LIQ RED | NUTRITIONAL SUPPLEMENT LIQUID | Tier 2 | X | X | | |
| PKU GEL PAK | NUTRITIONAL SUPPLEMENT PACK | Tier 2 | X | X | | |
| PKU LOPHLEX LIQ LQ 20 | NUTRITIONAL SUPPLEMENT LIQUID | Tier 3 | | X | | |
| POT CHLORIDE CAP 10MEQ ER | POTASSIUM CHLORIDE CAP ER 10 MEQ | Tier 1 | | | | |
| POT CHLORIDE CAP 8MEQ ER | POTASSIUM CHLORIDE CAP ER 8 MEQ | Tier 1 | | | | |
| POT CHLORIDE POW 20MEQ | POTASSIUM CHLORIDE POWDER PACKET 20 MEQ | Tier 1 | | | | |
| POT CHLORIDE SOL 10% | POTASSIUM CHLORIDE ORAL SOLN 10% (20 MEQ/15ML) | Tier 1 | | | | X |
| POT CHLORIDE SOL 20% | POTASSIUM CHLORIDE ORAL SOLN 20% (40 MEQ/15ML) | Tier 1 | | | | |
| POT CHLORIDE TAB 10MEQ ER | POTASSIUM CHLORIDE TAB ER 10 MEQ | Tier 1 | | | | |
| POT CHLORIDE TAB 15MEQ ER | POTASSIUM CHLORIDE TAB ER 15 MEQ | Tier 1 | | | | |
| POT CHLORIDE TAB 20MEQ ER | POTASSIUM CHLORIDE TAB ER 20 MEQ (1500 MG) | Tier 1 | | | | |
| POT CHLORIDE TAB 8MEQ ER | POTASSIUM CHLORIDE TAB ER 8 MEQ (600 MG) | Tier 1 | | X | | X |
| POT CITRA ER TAB 1080MG | POTASSIUM CITRATE TAB ER 10 MEQ (1080 MG) | Tier 1 | | | | |
| POT CITRA ER TAB 1620MG | POTASSIUM CITRATE TAB ER 15 MEQ (1620 MG) | Tier 1 | | | | X |

HCR - Health Care Reform Preventive Care
^ May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met

| Medication name | Generic medication name | Drug Tier | Prior authorization | Quantity limit | Step Therapy | Specialty |
|---|---|---|---|---|---|---|
| POT CITRA ER TAB 540MG | POTASSIUM CITRATE TAB ER 5 MEQ (540 MG) | Tier 1 | | | | |
| POT CL MICRO TAB 10MEQ CR | POTASSIUM CHLORIDE MICROENCAPSULATED CRYS ER TAB 10 MEQ | Tier 1 | | | | |
| POT CL MICRO TAB 10MEQ ER | POTASSIUM CHLORIDE MICROENCAPSULATED CRYS ER TAB 10 MEQ | Tier 1 | | X | | |
| POT CL MICRO TAB 15MEQ ER | POTASSIUM CHLORIDE MICROENCAPSULATED CRYS ER TAB 15 MEQ | Tier 1 | | | | |
| POT CL MICRO TAB 20MEQ ER | POTASSIUM CHLORIDE MICROENCAPSULATED CRYS ER TAB 20 MEQ | Tier 1 | | | | |
| PRENA 1 TRUE MIS | PRENAT W/O A W/FE CHEL-FA TAB 30-1.4 MG & DHA CAP 300MG PK | Tier 3 | | | | |
| PRENA1 CHW | PRENAT W/ B2-B6-B12-D3-FOLIC ACID CHEW TAB 1.4 MG | Tier 3 | | | | |
| PRISMASOL SOL 0/0/1.2 | BICARB 32 MEQ/L SOLN WITH MG 1.2 MEQ/L (CRRT) | Tier 3 | | | | |
| PRISMASOL SOL 0/2.5 | BICARB 32 MEQ/L-DEXT SOLN WITH CA 2.5 MEQ/L (CRRT) | Tier 3 | | | | |
| PRISMASOL SOL 2/0 | BICARB 32 MEQ/L-DEXT SOLN WITH K 2 MEQ/L (CRRT) | Tier 3 | | | | |
| PRISMASOL SOL 2/3.5 | BICARB 32 MEQ/L-DEXT SOLN WITH K-CA 2-3.5 MEQ/L (CRRT) | Tier 3 | | X | | |
| PRISMASOL SOL 4/0/1.2 | BICARB 32 MEQ/L-DEXT SOLN WITH K-MG 4-1.2 MEQ/L (CRRT) | Tier 3 | | | | |
| PRISMASOL SOL 4/2.5 | BICARB 32 MEQ/L-DEXT SOLN WITH K-CA 4-2.5 MEQ/L (CRRT) | Tier 3 | | X | | |
| PRISMASOL SOL B22GK4/0 | BICARB 22 MEQ/L-DEXT SOLN WITH K 4 MEQ/L (CRRT) | Tier 3 | | | | |
| PRO-STAT LIQ FIBER | AMINO ACIDS-PROTEIN HYDROLYSATE LIQUID | Tier 3 | | | | |
| PROMOTE 1.0 LIQ VANILLA | NUTRITIONAL SUPPLEMENT LIQUID | Tier 3 | | | | |
| PROMOTE 1.0 LIQ W/ FIBER | NUTRITIONAL SUPPLEMENT LIQUID | Tier 3 | | | | |
| PROSOURCE LIQ PLUS | NUTRITIONAL SUPPLEMENT LIQUID | Tier 3 | X | | | |
| PROSOURCE LIQ PLUS | NUTRITIONAL SUPPLEMENT LIQUID | Tier 3 | | X | | |
| PROSOURCE LIQ ZAC | NUTRITIONAL SUPPLEMENT LIQUID | Tier 3 | | | | |
| PROTALITY LIQ CHOCOLAT | NUTRITIONAL SUPPLEMENT LIQUID | Tier 3 | X | | | |
| PROTALITY LIQ VANILLA | NUTRITIONAL SUPPLEMENT LIQUID | Tier 3 | X | X | | |
| PROTEINEX LIQ | AMINO ACIDS-PROTEIN HYDROLYSATE LIQUID | Tier 2 | | | | |
| PROTEINEX LIQ COC PINE | AMINO ACIDS-PROTEIN HYDROLYSATE LIQUID | Tier 3 | | X | | |
| PROTEINEX LIQ P18 | AMINO ACIDS-PROTEIN HYDROLYSATE LIQUID | Tier 2 | | | | |
| PROTEINEX-18 LIQ LEM/LIME | AMINO ACIDS-PROTEIN HYDROLYSATE LIQUID | Tier 2 | | | | |

HCR – Health Care Reform Preventive Care
^ May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met

| Medication name | Generic medication name | Drug Tier | Prior authorization | Quantity limit | Step Therapy | Specialty |
|---|---|---|---|---|---|---|
| PULMOCARE LIQ 1.5 VAN | NUTRITIONAL SUPPLEMENT LIQUID | Tier 3 | | | | |
| PUSH 20+ ADV LIQ APPLE | NUTRITIONAL SUPPLEMENT LIQUID | Tier 3 | | X | | X |
| PUSH 20+ ADV LIQ BLK CHRY | NUTRITIONAL SUPPLEMENT LIQUID | Tier 3 | | X | | X |
| PUSH 20+ ADV LIQ ORANGE | NUTRITIONAL SUPPLEMENT LIQUID | Tier 3 | | | | |
| RENAL SUPPRT LIQ 1.8 | NUTRITIONAL SUPPLEMENT LIQUID | Tier 3 | | | | |
| S.O.S. 25 POW | NUTRITIONAL SUPPLEMENT PACK | Tier 2 | | | | |
| SERACAL POW | NUTRITIONAL SUPPLEMENT PACK | Tier 3 | X | | X | |
| SOD CHLORIDE GRA | SODIUM CHLORIDE GRANULES | Tier 3 | | X | | |
| SOD CITRATE SOL CITR ACD | SODIUM CITRATE & CITRIC ACID SOLN 500-334 MG/5ML | Tier 1 | | | | |
| SOD FLUORIDE DRO 0.5MG/ML | SODIUM FLUORIDE SOLN 0.5 MG/ML F (FROM 1.1 MG/ML NAF) | HCR | | X | | |
| SODIUM FLUOR CHW 0.25MG | SODIUM FLUORIDE CHEW TAB 0.25 MG F (FROM 0.55 MG NAF) | HCR | | | | |
| SODIUM FLUOR CHW 0.5MG | SODIUM FLUORIDE CHEW TAB 0.5 MG F (FROM 1.1 MG NAF) | HCR | | | | |
| SODIUM FLUOR CHW 1MG | SODIUM FLUORIDE CHEW TAB 1 MG F (FROM 2.2 MG NAF) | HCR | | | | |
| SODIUM FLUOR TAB 0.5MG | SODIUM FLUORIDE TAB 0.5 MG F (FROM 1.1 MG NAF) | HCR | | | | |
| SODIUM FLUOR TAB 1MG | SODIUM FLUORIDE TAB 1 MG F (FROM 2.2 MG NAF) | HCR | | X | | |
| TAURINE CAP 500MG | TAURINE CAP 500 MG | Tier 2 | | | | |
| TRI-VIT/FLUO DRO 0.25MG | PEDIATRIC VITAMINS ACD W/ FLUORIDE SOLN 0.25 MG/ML | Tier 1 | | X | | |
| TRI-VIT/FLUO DRO 0.5MG | PEDIATRIC VITAMINS ACD W/ FLUORIDE SOLN 0.5 MG/ML | Tier 1 | | | | |
| TRICITRATES SOL | POT & SOD CITRATES W/ CIT AC SOLN 550-500-334 MG/5ML | Tier 1 | | | | |
| TYLACTIN POW RESTOR5 | NUTRITIONAL SUPPLEMENT PACK | Tier 3 | | | | |
| TYLACTIN RTD LIQ 15 CHOC | NUTRITIONAL SUPPLEMENT LIQUID | Tier 3 | X | | | X |
| TYR COOLER LIQ RED | NUTRITIONAL SUPPLEMENT LIQUID | Tier 2 | | X | | |
| TYR GEL PAK UNFLAVOR | NUTRITIONAL SUPPLEMENT PACK | Tier 2 | X | | | X |
| TYROSINE PAK 1000MG | TYROSINE ORAL POWDER PACKET 1000 MG | Tier 2 | X | | | |
| UROCIT-K 10 TAB | POTASSIUM CITRATE TAB ER 10 MEQ (1080 MG) | Tier 4 | | | | |
| UROCIT-K 15 TAB | POTASSIUM CITRATE TAB ER 15 MEQ (1620 MG) | Tier 4 | | | | |
| VITAL 1.0 LIQ VANILLA | NUTRITIONAL SUPPLEMENT LIQUID | Tier 3 | | | | |
| VITAL 1.5 CA LIQ VANILLA | NUTRITIONAL SUPPLEMENT LIQUID | Tier 3 | | | | |
| VITAL AF 1.2 LIQ VANILLA | NUTRITIONAL SUPPLEMENT LIQUID | Tier 3 | | | | |
| VITAL HP LIQ 1.0 CAL | NUTRITIONAL SUPPLEMENT LIQUID | Tier 3 | | | | |
| VITAL PEPTID LIQ 1.5 VAN | NUTRITIONAL SUPPLEMENT LIQUID | Tier 3 | X | | | |

HCR - Health Care Reform Preventive Care

^ May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met

| Medication name | Generic medication name | Drug Tier | Prior authorization | Quantity limit | Step Therapy | Specialty |
|---|---|---|---|---|---|---|
| VITAMIN C TAB 500MG | ASCORBIC ACID TAB 500 MG | Tier 1 | | | | |
| VITAMIN D CAP 125MCG | CHOLECALCIFEROL CAP 125 MCG (5000 UNIT) | Tier 1 | | | | |
| VITATRUE MIS | PRENAT W/O A W/FE CHEL-FA TAB 30-1.4 MG & DHA CAP 300MG PK | Tier 3 | | | | |
| VIVONEX PLUS POW | NUTRITIONAL SUPPLEMENT PACK | Tier 3 | | | | |
| **Electrolyte/Mineral/Metal Modifiers** | | | | | | |
| CHEMET CAP 100MG | SUCCIMER CAP 100 MG | Tier 2 | | | | |
| DEFERASIROX GRA 180MG | DEFERASIROX GRANULES PACKET 180 MG | Tier 3 | X | | | |
| DEFERASIROX GRA 360MG | DEFERASIROX GRANULES PACKET 360 MG | Tier 3 | X | | | |
| DEFERASIROX GRA 90MG | DEFERASIROX GRANULES PACKET 90 MG | Tier 3 | X | | | |
| DEFERASIROX TAB 125MG | DEFERASIROX TAB FOR ORAL SUSP 125 MG | Tier 3 | X | | | |
| DEFERASIROX TAB 180MG | DEFERASIROX TAB 180 MG | Tier 3 | X | | | |
| DEFERASIROX TAB 250MG | DEFERASIROX TAB FOR ORAL SUSP 250 MG | Tier 3 | X | | | |
| DEFERASIROX TAB 360MG | DEFERASIROX TAB 360 MG | Tier 3 | X | | | |
| DEFERASIROX TAB 500MG | DEFERASIROX TAB FOR ORAL SUSP 500 MG | Tier 3 | X | | | |
| DEFERASIROX TAB 90MG | DEFERASIROX TAB 90 MG | Tier 3 | X | | | |
| DEFERIPRONE TAB 1000MG | DEFERIPRONE TAB 1000 MG | Tier 4 | | | | |
| LOKELMA PAK 10GM | SODIUM ZIRCONIUM CYCLOSILICATE FOR SUSP PACKET 10 GM | Tier 3 | X | X | | |
| LOKELMA PAK 5GM | SODIUM ZIRCONIUM CYCLOSILICATE FOR SUSP PACKET 5 GM | Tier 3 | X | X | | |
| SOD POLY SUL POW | SODIUM POLYSTYRENE SULFONATE POWDER | Tier 1 | | | | |
| SOD POLY SUL SUS 15GM/60 | SODIUM POLYSTYRENE SULFONATE SUSP 15 GM/60ML | Tier 1 | | | | |
| SPS SUS 15GM/60 | SODIUM POLYSTYRENE SULFONATE SUSP 15 GM/60ML | Tier 3 | | | | |
| SPS SUS 30GM/120 | SODIUM POLYSTYRENE SULFONATE RECTAL SUSP 30 GM/120ML | Tier 3 | | | | |
| TOLVAPTAN PAK 15MG | TOLVAPTAN TAB THERAPY PACK 15 MG | Tier 3 | X | X | | X |
| TOLVAPTAN PAK 30-15MG | TOLVAPTAN TAB THERAPY PACK 30 & 15 MG | Tier 3 | X | X | | |
| TOLVAPTAN PAK 45-15MG | TOLVAPTAN TAB THERAPY PACK 45 & 15 MG | Tier 3 | X | X | | X |
| TOLVAPTAN PAK 60-30MG | TOLVAPTAN TAB THERAPY PACK 60 & 30 MG | Tier 3 | X | X | | X |
| TOLVAPTAN PAK 90-30MG | TOLVAPTAN TAB THERAPY PACK 90 & 30 MG | Tier 3 | X | X | | X |
| TOLVAPTAN TAB 15MG | TOLVAPTAN (HYPONATREMIA) TAB 15 MG | Tier 3 | X | X | | X |
| TOLVAPTAN TAB 15MG | TOLVAPTAN TAB 15 MG | Tier 3 | X | | | X |
| TOLVAPTAN TAB 30MG | TOLVAPTAN (HYPONATREMIA) TAB 30 MG | Tier 3 | X | X | | X |
| TOLVAPTAN TAB 30MG | TOLVAPTAN TAB 30 MG | Tier 3 | X | | | X |
| TRIENTINE CAP 500MG | TRIENTINE HCL CAP 500 MG | Tier 4 | X | | | |
| VELTASSA POW 16.8GM | PATIROMER SORBITEX CALCIUM FOR SUSP PACKET 16.8 GM (BASE EQ) | Tier 3 | X | X | | |

HCR - Health Care Reform Preventive Care

^ May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met

| Medication name | Generic medication name | Drug Tier | Prior authorization | Quantity limit | Step Therapy | Specialty |
|---|---|---|---|---|---|---|
| VELTASSA POW 1GM | PATIROMER SORBITEX CALCIUM FOR SUSP PACKET 1 GM (BASE EQ) | Tier 3 | X | X | | |
| VELTASSA POW 25.2GM | PATIROMER SORBITEX CALCIUM FOR SUSP PACKET 25.2 GM (BASE EQ) | Tier 3 | X | X | | |
| VELTASSA POW 8.4GM | PATIROMER SORBITEX CALCIUM FOR SUSP PACKET 8.4 GM (BASE EQ) | Tier 3 | X | X | | |
| **Emetogenic Therapy Adjuncts - Nausea and Vomiting Drugs** | | | | | | |
| ANZEMET TAB 50MG | DOLASETRON MESYLATE TAB 50 MG | Tier 4 | | X | | |
| APREPITANT CAP 125 & 80 | APREPITANT CAPSULE THERAPY PACK 80 & 125 MG | Tier 2 | | X | | |
| APREPITANT CAP 125MG | APREPITANT CAPSULE 125 MG | Tier 2 | | X | | |
| APREPITANT CAP 40MG | APREPITANT CAPSULE 40 MG | Tier 2 | | X | | |
| APREPITANT CAP 80MG | APREPITANT CAPSULE 80 MG | Tier 2 | | X | | |
| DRONABINOL CAP 10MG | DRONABINOL CAP 10 MG | Tier 1 | | | | |
| DRONABINOL CAP 2.5MG | DRONABINOL CAP 2.5 MG | Tier 1 | | | | |
| DRONABINOL CAP 5MG | DRONABINOL CAP 5 MG | Tier 1 | | | | |
| EMEND SUS 125MG | APREPITANT FOR ORAL SUSP 125 MG (125 MG/5ML) | Tier 2 | | X | | |
| GRANISETRON TAB 1MG | GRANISETRON HCL TAB 1 MG | Tier 2 | | | | |
| GRANISOL SOL 2MG/10ML | GRANISETRON HCL ORAL SOLN 2 MG/10ML (BASE EQUIVALENT) | Tier 3 | | X | | |
| ONDANSETRON SOL 4MG/5ML | ONDANSETRON HCL ORAL SOLN 4 MG/5ML | Tier 1 | | | | |
| ONDANSETRON TAB 24MG | ONDANSETRON HCL TAB 24 MG | Tier 1 | | | | |
| ONDANSETRON TAB 4MG | ONDANSETRON HCL TAB 4 MG | Tier 1 | | | | |
| ONDANSETRON TAB 4MG ODT | ONDANSETRON ORALLY DISINTEGRATING TAB 4 MG | Tier 1 | | | | |
| ONDANSETRON TAB 8MG | ONDANSETRON HCL TAB 8 MG | Tier 1 | | | | |
| ONDANSETRON TAB 8MG ODT | ONDANSETRON ORALLY DISINTEGRATING TAB 8 MG | Tier 1 | | | | |
| SYNDROS SOL 5MG/ML | DRONABINOL SOLN 5 MG/ML | Tier 4 | X | X | | |
| **Enzyme Inhibitors - Chemotherapy Agents** | | | | | | |
| ETOPOSIDE CAP 50MG | ETOPOSIDE CAP 50 MG | Tier 1 | | | | |
| HYCAMTIN CAP 0.25MG | TOPOTECAN HCL CAP 0.25 MG (BASE EQUIV) | Tier 3 | X | X | | |
| HYCAMTIN CAP 1MG | TOPOTECAN HCL CAP 1 MG (BASE EQUIV) | Tier 3 | X | X | | |
| LYTGOBI TAB 4MG | FUTIBATINIB TAB THERAPY PACK 4 MG (12 MG DAILY DOSE) | Tier 4 | X | X | | |
| LYTGOBI TAB 4MG | FUTIBATINIB TAB THERAPY PACK 4 MG (16 MG DAILY DOSE) | Tier 4 | X | X | | |
| LYTGOBI TAB 4MG | FUTIBATINIB TAB THERAPY PACK 4 MG (20 MG DAILY DOSE) | Tier 4 | X | X | | |
| PEMAZYRE TAB 13.5MG | PEMIGATINIB TAB 13.5 MG | Tier 4 | X | X | | |
| PEMAZYRE TAB 4.5MG | PEMIGATINIB TAB 4.5 MG | Tier 4 | X | X | | |

HCR – Health Care Reform Preventive Care
^ May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met

| Medication name | Generic medication name | Drug Tier | Prior authorization | Quantity limit | Step Therapy | Specialty |
|---|---|---|---|---|---|---|
| PEMAZYRE TAB 9MG | PEMIGATINIB TAB 9 MG | Tier 4 | X | X | | |
| VEPESID CAP 50MG | ETOPOSIDE CAP 50 MG | Tier 3 | | | | |
| ZYDELIG TAB 150MG | IDELALISIB TAB 150 MG | Tier 4 | X | X | | |
| **Enzyme Replacements/Modifiers - Enzyme Replacements/Modifying Drugs** | | | | | | |
| EVRYSDI SOL | RISDIPLAM FOR SOLN 0.75 MG/ML | Tier 3 | X | X | | |
| EVRYSDI TAB 5MG | RISDIPLAM TAB 5 MG | Tier 3 | X | X | | |
| **Ergot Alkaloids - Migraine Drugs** | | | | | | |
| CAFERGOT TAB 1-100MG | ERGOTAMINE W/ CAFFEINE TAB 1-100 MG | Tier 4 | | | | |
| DIHYDROERGOT CRY MESYLATE | DIHYDROERGOTAMINE MESYLATE CRYSTALS | Tier 3 | | | | |
| DIHYDROERGOT INJ 1MG/ML | DIHYDROERGOTAMINE MESYLATE INJ 1 MG/ML | Tier 1 | | | | |
| ERGOT/CAFFEN TAB 1-100MG | ERGOTAMINE W/ CAFFEINE TAB 1-100 MG | Tier 3 | | | | |
| MIGERGOT SUP 2/100 | ERGOTAMINE W/ CAFFEINE SUPPOS 2-100 MG | Tier 3 | | | | |
| **Estrogens - Hormone Replacement/Modifying Drugs** | | | | | | |
| ABIGALE LO TAB 0.5-0.1 | ESTRADIOL & NORETHINDRONE ACETATE TAB 0.5-0.1 MG | Tier 2 | | | | |
| ABIGALE TAB 1-0.5MG | ESTRADIOL & NORETHINDRONE ACETATE TAB 1-0.5 MG | Tier 1 | | | | |
| ACTIVELLA TAB 1-0.5MG | ESTRADIOL & NORETHINDRONE ACETATE TAB 1-0.5 MG | Tier 4 | | | | |
| AFIRMELLE TAB 0.1-0.02 | LEVONORGESTREL & ETHINYL ESTRADIOL TAB 0.1 MG-20 MCG | HCR | | | | |
| ALORA DIS 0.025MG | ESTRADIOL TD PATCH TWICE WEEKLY 0.025 MG/24HR | Tier 3 | | X | | |
| ALORA DIS 0.075MG | ESTRADIOL TD PATCH TWICE WEEKLY 0.075 MG/24HR | Tier 3 | | X | | |
| ALORA DIS 0.1MG | ESTRADIOL TD PATCH TWICE WEEKLY 0.1 MG/24HR | Tier 3 | | X | | |
| ALTAVERA TAB | LEVONORGESTREL & ETHINYL ESTRADIOL TAB 0.15 MG-30 MCG | HCR | | | | |
| ALYACEN TAB 1/35 | NORETHINDRONE & ETHINYL ESTRADIOL TAB 1 MG-35 MCG | HCR | | | | |
| ALYACEN TAB 7/7/7 | NORETHINDRONE-ETH ESTRADIOL TAB 0.5-35/0.75-35/1-35 MG-MCG | HCR | | | | |
| AMETHYST TAB 90-20MCG | LEVONORGESTREL-ETHINYL ESTRADIOL (CONTINUOUS) TAB 90-20 MCG | HCR | | | | |
| ANGELIQ TAB 0.25-0.5 | DROSPIRENONE-ESTRADIOL TAB 0.25-0.5 MG | Tier 3 | | | | |
| ANGELIQ TAB 0.5-1MG | DROSPIRENONE-ESTRADIOL TAB 0.5-1 MG | Tier 3 | | | | |
| ANNOVERA MIS | SEGESTERONE ACE-ETHINYL ESTRADIOL VA RING 0.15-0.013 MG/24HR | Tier 3 | | | | |

HCR - Health Care Reform Preventive Care
^ May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met

| Medication name | Generic medication name | Drug Tier | Prior authorization | Quantity limit | Step Therapy | Specialty |
|---|---|---|---|---|---|---|
| APRI TAB | DESOGESTREL & ETHINYL ESTRADIOL TAB 0.15 MG-30 MCG | HCR | | | | |
| ARANELLE TAB | NORETHINDRONE-ETH ESTRADIOL TAB 0.5-35/1-35/0.5-35 MG-MCG | HCR | | | | |
| ASHLYNA TAB | LEVONORG-ETH EST TAB 0.15-0.03MG(84) & ETH EST TAB 0.01MG(7) | HCR | | | | |
| AUBRA EQ TAB 0.1-0.02 | LEVONORGESTREL & ETHINYL ESTRADIOL TAB 0.1 MG-20 MCG | HCR | | | | |
| AUROVELA 24 TAB FE 1/20 | NORETHINDRONE ACE-ETHINYL ESTRADIOL-FE TAB 1 MG-20 MCG (24) | HCR | | | | |
| AUROVELA FE TAB 1.5/30 | NORETHINDRONE ACE & ETHINYL ESTRADIOL-FE TAB 1.5 MG-30 MCG | HCR | | | | |
| AUROVELA FE TAB 1/20 | NORETHINDRONE ACE & ETHINYL ESTRADIOL-FE TAB 1 MG-20 MCG | HCR | | | | |
| AUROVELA TAB 1.5/30 | NORETHINDRONE ACE & ETHINYL ESTRADIOL TAB 1.5 MG-30 MCG | HCR | | | | |
| AUROVELA TAB 1/20 | NORETHINDRONE ACE & ETHINYL ESTRADIOL TAB 1 MG-20 MCG | HCR | | | | |
| AVIANE TAB | LEVONORGESTREL & ETHINYL ESTRADIOL TAB 0.1 MG-20 MCG | HCR | | | | |
| AYUNA TAB | LEVONORGESTREL & ETHINYL ESTRADIOL TAB 0.15 MG-30 MCG | HCR | | | | |
| AZURETTE TAB | DESOGEST-ETH ESTRAD & ETH ESTRAD TAB 0.15-0.02/0.01 MG(21/5) | HCR | | | | |
| BALZIVA TAB | NORETHINDRONE & ETHINYL ESTRADIOL TAB 0.4 MG-35 MCG | HCR | | | | |
| BIJUVA CAP 0.5-100 | ESTRADIOL-PROGESTERONE CAP 0.5-100 MG | Tier 3 | | | | |
| BIJUVA CAP 1-100MG | ESTRADIOL-PROGESTERONE CAP 1-100 MG | Tier 3 | | | | |
| BLISOVI 24 TAB FE 1/20 | NORETHINDRONE ACE-ETHINYL ESTRADIOL-FE TAB 1 MG-20 MCG (24) | HCR | | | | |
| BLISOVI FE TAB 1.5/30 | NORETHINDRONE ACE & ETHINYL ESTRADIOL-FE TAB 1.5 MG-30 MCG | HCR | | | | |
| BLISOVI FE TAB 1/20 | NORETHINDRONE ACE & ETHINYL ESTRADIOL-FE TAB 1 MG-20 MCG | HCR | | | | |
| BRIELLYN TAB | NORETHINDRONE & ETHINYL ESTRADIOL TAB 0.4 MG-35 MCG | HCR | | | | |
| CAMRESE LO TAB | LEVONORG-ETH EST TAB 0.1-0.02MG(84) & ETH EST TAB 0.01MG(7) | HCR | | | | |
| CAMRESE TAB | LEVONORG-ETH EST TAB 0.15-0.03MG(84) & ETH EST TAB 0.01MG(7) | HCR | | | | |
| CHARLOTTE 24 CHW FE 1/20 | NORETHINDRONE ACE-ETH ESTRADIOL-FE CHEW TAB 1 MG-20 MCG (24) | HCR | | | | |
| CHATEAL EQ TAB 0.15/30 | LEVONORGESTREL & ETHINYL ESTRADIOL TAB 0.15 MG-30 MCG | HCR | | | | |

HCR - Health Care Reform Preventive Care
^ May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met

| Medication name | Generic medication name | Drug Tier | Prior authorization | Quantity limit | Step Therapy | Specialty |
|---|---|---|---|---|---|---|
| CLIMARA PRO DIS WEEKLY | ESTRADIOL-LEVONORGESTREL TD PATCH WEEKLY 0.045-0.015 MG/DAY | Tier 3 | | | | |
| COMBIPATCH DIS | ESTRADIOL-NORETHINDRONE ACE TD PTTW 0.05-0.14 MG/DAY | Tier 3 | | | | |
| COMBIPATCH DIS | ESTRADIOL-NORETHINDRONE ACE TD PTTW 0.05-0.25 MG/DAY | Tier 3 | | | | |
| CONJ ESTROGN TAB 0.3MG | ESTROGENS, CONJUGATED TAB 0.3 MG | Tier 4 | | | | |
| CONJ ESTROGN TAB 0.45MG | ESTROGENS, CONJUGATED TAB 0.45 MG | Tier 4 | | | | |
| CONJ ESTROGN TAB 0.625MG | ESTROGENS, CONJUGATED TAB 0.625 MG | Tier 4 | | | | X |
| CONJ ESTROGN TAB 0.9MG | ESTROGENS, CONJUGATED TAB 0.9 MG | Tier 4 | | | | |
| CONJ ESTROGN TAB 1.25MG | ESTROGENS, CONJUGATED TAB 1.25 MG | Tier 4 | | | | X |
| COVARYX HS TAB | ESTERIFIED ESTROGENS & METHYLTESTOS-TERONE TAB 0.625-1.25 MG | Tier 3 | | | | |
| COVARYX TAB 1.25-2.5 | ESTERIFIED ESTROGENS & METHYLTESTOS-TERONE TAB 1.25-2.5 MG | Tier 2 | | | | X |
| CRYSELLE TAB | NORGESTREL & ETHINYL ESTRADIOL TAB 0.3 MG-30 MCG | HCR | | | | |
| CRYSELLE-28 TAB 28 TABS | NORGESTREL & ETHINYL ESTRADIOL TAB 0.3 MG-30 MCG | HCR | | | | |
| CYRED EQ TAB | DESOGESTREL & ETHINYL ESTRADIOL TAB 0.15 MG-30 MCG | HCR | | | | |
| DASETTA TAB 1/35 | NORETHINDRONE & ETHINYL ESTRADIOL TAB 1 MG-35 MCG | HCR | | | | |
| DASETTA TAB 7/7/7 | NORETHINDRONE-ETH ESTRADIOL TAB 0.5-35/0.75-35/1-35 MG-MCG | HCR | | | | |
| DAYSEE TAB | LEVONORG-ETH EST TAB 0.15-0.03MG(84) & ETH EST TAB 0.01MG(7) | HCR | | | X | X |
| DELESTROGEN INJ 10MG/ML | ESTRADIOL VALERATE IM IN OIL 10 MG/ML | Tier 4 | | | | |
| DELESTROGEN INJ 20MG/ML | ESTRADIOL VALERATE IM IN OIL 20 MG/ML | Tier 4 | | | | |
| DELYLA TAB 0.1-0.02 | LEVONORGESTREL & ETHINYL ESTRADIOL TAB 0.1 MG-20 MCG | HCR | | | | |
| DEPO-ESTRADI INJ 5MG/ML | ESTRADIOL CYPIONATE IM IN OIL 5 MG/ML | Tier 3 | | | | |
| DESO/ETHINYL TAB ESTRADIO | DESOGEST-ETH ESTRAD & ETH ESTRAD TAB 0.15-0.02/0.01 MG(21/5) | HCR | | | | |
| DESO/ETHINYL TAB ESTRADIO | DESOGESTREL & ETHINYL ESTRADIOL TAB 0.15 MG-30 MCG | HCR | | | | |
| DIVIGEL GEL 0.25MG | ESTRADIOL TD GEL 0.25 MG/0.25GM (0.1%) | Tier 3 | | | X | |
| DIVIGEL GEL 0.5MG | ESTRADIOL TD GEL 0.5 MG/0.5GM (0.1%) | Tier 3 | | | X | |
| DIVIGEL GEL 0.75MG | ESTRADIOL TD GEL 0.75 MG/0.75GM (0.1%) | Tier 3 | | | | |
| DIVIGEL GEL 1.25MG | ESTRADIOL TD GEL 1.25 MG/1.25GM (0.1%) | Tier 3 | | | | |
| DIVIGEL GEL 1MG/GM | ESTRADIOL TD GEL 1 MG/GM (0.1%) | Tier 3 | | | | |
| DOLISHALE TAB 90-20MCG | LEVONORGESTREL-ETHINYL ESTRADIOL (CONTINUOUS) TAB 90-20 MCG | HCR | | | | |

HCR – Health Care Reform Preventive Care
^ May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met

| Medication name | Generic medication name | Drug Tier | Prior authorization | Quantity limit | Step Therapy | Specialty |
|---|---|---|---|---|---|---|
| DOTTI DIS 0.025MG | ESTRADIOL TD PATCH TWICE WEEKLY 0.025 MG/24HR | Tier 2 | | | | |
| DOTTI DIS 0.0375MG | ESTRADIOL TD PATCH TWICE WEEKLY 0.0375 MG/24HR | Tier 2 | | | | |
| DOTTI DIS 0.05MG | ESTRADIOL TD PATCH TWICE WEEKLY 0.05 MG/24HR | Tier 2 | | | | |
| DOTTI DIS 0.075MG | ESTRADIOL TD PATCH TWICE WEEKLY 0.075 MG/24HR | Tier 2 | | | | |
| DOTTI DIS 0.1MG | ESTRADIOL TD PATCH TWICE WEEKLY 0.1 MG/24HR | Tier 2 | | | | |
| DROS/ETH EST TAB LEVOMEFO | DROSPIRENONE-ETHINYL ES-TRAD-LEVOMEFOLATE TAB 3-0.03-0.451 MG | HCR | | | | |
| DUAVEE TAB 0.45-20 | CONJUGATED ESTROGENS-BAZEDOXIFENE TAB 0.45-20 MG | Tier 4 | | | | |
| EEMT HS TAB | ESTERIFIED ESTROGENS & METHYLTESTOS-TERONE TAB 0.625-1.25 MG | Tier 3 | | | | |
| EEMT TAB 1.25-2.5 | ESTERIFIED ESTROGENS & METHYLTESTOS-TERONE TAB 1.25-2.5 MG | Tier 2 | | | | |
| ELESTRIN GEL 0.06% | ESTRADIOL GEL 0.06% (0.52 MG/0.87 GM METERED-DOSE PUMP) | Tier 3 | | | | |
| ELINEST TAB | NORGESTREL & ETHINYL ESTRADIOL TAB 0.3 MG-30 MCG | HCR | | | | |
| ELURYNG MIS | ETONOGESTREL-ETHINYL ESTRADIOL VA RING 0.12-0.015 MG/24HR | HCR | | | | |
| ENILLORING MIS | ETONOGESTREL-ETHINYL ESTRADIOL VA RING 0.12-0.015 MG/24HR | HCR | | | | |
| ENPRESSE-28 TAB | LEVONORGESTREL-ETH ESTRA TAB 0.05-30/0.075-40/0.125-30MG-MCG | HCR | | | | |
| ENSKYCE TAB | DESOGESTREL & ETHINYL ESTRADIOL TAB 0.15 MG-30 MCG | HCR | | | | |
| EST ESTROGEN TAB MTEST HS | ESTERIFIED ESTROGENS & METHYLTESTOS-TERONE TAB 0.625-1.25 MG | Tier 1 | | | | |
| ESTARYLLA TAB 0.25-35 | NORGESTIMATE & ETHINYL ESTRADIOL TAB 0.25 MG-35 MCG | HCR | | | | |
| ESTRA/NORETH TAB 0.5-0.1 | ESTRADIOL & NORETHINDRONE ACETATE TAB 0.5-0.1 MG | Tier 2 | | | | |
| ESTRA/NORETH TAB 1-0.5MG | ESTRADIOL & NORETHINDRONE ACETATE TAB 1-0.5 MG | Tier 1 | | | | X |
| ESTRAD VAL INJ 10MG/ML | ESTRADIOL VALERATE IM IN OIL 10 MG/ML | Tier 1 | | | | |
| ESTRAD VAL INJ 20MG/ML | ESTRADIOL VALERATE IM IN OIL 20 MG/ML | Tier 1 | | | | |
| ESTRAD VAL INJ 40MG/ML | ESTRADIOL VALERATE IM IN OIL 40 MG/ML | Tier 1 | | | | |
| ESTRADIOL CRE 0.01% | ESTRADIOL VAGINAL CREAM 0.01% | Tier 4 | | | | |
| ESTRADIOL DIS 0.025MG | ESTRADIOL TD PATCH TWICE WEEKLY 0.025 MG/24HR | Tier 2 | | X | | |

HCR - Health Care Reform Preventive Care
^ May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met

| Medication name | Generic medication name | Drug Tier | Prior authorization | Quantity limit | Step Therapy | Specialty |
|---|---|---|---|---|---|---|
| ESTRADIOL DIS 0.025MG | ESTRADIOL TD PATCH WEEKLY 0.025 MG/24HR | Tier 1 | | X | | |
| ESTRADIOL DIS 0.0375MG | ESTRADIOL TD PATCH TWICE WEEKLY 0.0375 MG/24HR | Tier 2 | | X | | |
| ESTRADIOL DIS 0.0375MG | ESTRADIOL TD PATCH WEEKLY 0.0375 MG/24HR (37.5 MCG/24HR) | Tier 1 | | X | | |
| ESTRADIOL DIS 0.05MG | ESTRADIOL TD PATCH TWICE WEEKLY 0.05 MG/24HR | Tier 2 | | X | | |
| ESTRADIOL DIS 0.05MG | ESTRADIOL TD PATCH WEEKLY 0.05 MG/24HR | Tier 1 | | X | | X |
| ESTRADIOL DIS 0.06MG | ESTRADIOL TD PATCH WEEKLY 0.06 MG/24HR | Tier 1 | | X | | |
| ESTRADIOL DIS 0.075MG | ESTRADIOL TD PATCH TWICE WEEKLY 0.075 MG/24HR | Tier 2 | | X | | |
| ESTRADIOL DIS 0.075MG | ESTRADIOL TD PATCH WEEKLY 0.075 MG/24HR | Tier 1 | | X | | |
| ESTRADIOL DIS 0.1MG | ESTRADIOL TD PATCH TWICE WEEKLY 0.1 MG/24HR | Tier 2 | | X | | |
| ESTRADIOL DIS 0.1MG | ESTRADIOL TD PATCH WEEKLY 0.1 MG/24HR | Tier 1 | | X | | |
| ESTRADIOL GEL 0.06% | ESTRADIOL GEL 0.06% (0.75 MG/1.25 GM METERED-DOSE PUMP) | Tier 3 | | X | | |
| ESTRADIOL GEL 0.25MG | ESTRADIOL TD GEL 0.25 MG/0.25GM (0.1%) | Tier 3 | | | | |
| ESTRADIOL GEL 0.5MG | ESTRADIOL TD GEL 0.5 MG/0.5GM (0.1%) | Tier 3 | | | | |
| ESTRADIOL GEL 0.75MG | ESTRADIOL TD GEL 0.75 MG/0.75GM (0.1%) | Tier 3 | | | | |
| ESTRADIOL GEL 1.25MG | ESTRADIOL TD GEL 1.25 MG/1.25GM (0.1%) | Tier 3 | | | | |
| ESTRADIOL GEL 1MG/GM | ESTRADIOL TD GEL 1 MG/GM (0.1%) | Tier 3 | | | | |
| ESTRADIOL TAB 0.5MG | ESTRADIOL TAB 0.5 MG | Tier 1 | | | | |
| ESTRADIOL TAB 10MCG | ESTRADIOL VAGINAL TAB 10 MCG | Tier 2 | | | | |
| ESTRADIOL TAB 1MG | ESTRADIOL TAB 1 MG | Tier 1 | | | | X |
| ESTRADIOL TAB 2MG | ESTRADIOL TAB 2 MG | Tier 1 | | | | X |
| ESTRATEST FS TAB 1.25-2.5 | ESTERIFIED ESTROGENS & METHYLTESTOSTERONE TAB 1.25-2.5 MG | Tier 1 | | | | X |
| ESTRATEST HS TAB | ESTERIFIED ESTROGENS & METHYLTESTOSTERONE TAB 0.625-1.25 MG | Tier 3 | | | | X |
| ESTRING MIS 7.5/24HR | ESTRADIOL VAGINAL RING 2 MG (7.5 MCG/24HRS) | Tier 2 | | X | | |
| ESTROG/MTEST TAB 1.25-2.5 | ESTERIFIED ESTROGENS & METHYLTESTOSTERONE TAB 1.25-2.5 MG | Tier 1 | | | | |
| ETHY ETH EST TAB 1-35 | ETHYNODIOL DIACETATE & ETHINYL ESTRADIOL TAB 1 MG-35 MCG | HCR | | | | |
| ETHYNODIOL TAB 1-50 | ETHYNODIOL DIACETATE & ETHINYL ESTRADIOL TAB 1 MG-50 MCG | HCR | | | | |
| ETONOGESTREL MIS ETHY EST | ETONOGESTREL-ETHINYL ESTRADIOL VA RING 0.12-0.015 MG/24HR | HCR | | | | |

HCR – Health Care Reform Preventive Care
^ May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met

| Medication name | Generic medication name | Drug Tier | Prior authorization | Quantity limit | Step Therapy | Specialty |
|---|---|---|---|---|---|---|
| EVAMIST SPR 1.53MG | ESTRADIOL TRANSDERMAL SPRAY 1.53 MG/ SPRAY | Tier 2 | | | | |
| FALMINA TAB | LEVONORGESTREL & ETHINYL ESTRADIOL TAB 0.1 MG-20 MCG | HCR | | | | X |
| FEIRZA TAB 1.5/30 | NORETHINDRONE ACE & ETHINYL ESTRADIOL-FE TAB 1.5 MG-30 MCG | HCR | | | | X |
| FEIRZA TAB 1/20 | NORETHINDRONE ACE & ETHINYL ESTRADIOL-FE TAB 1 MG-20 MCG | HCR | | | | X |
| FEMRING MIS 0.05/24H | ESTRADIOL ACETATE VAGINAL RING 0.05 MG/24HR | Tier 4 | | | | |
| FEMRING MIS 0.1MG/24 | ESTRADIOL ACETATE VAGINAL RING 0.1 MG/24HR | Tier 4 | | | | |
| FINZALA CHW FE 1/20 | NORETHINDRONE ACE-ETH ESTRADIOL-FE CHEW TAB 1 MG-20 MCG (24) | HCR | | | | |
| FYAVOLV TAB 0.5-2.5 | NORETHINDRONE ACETATE-ETHINYL ESTRADIOL TAB 0.5 MG-2.5 MCG | Tier 1 | | | | |
| FYAVOLV TAB 1-5 | NORETHINDRONE ACETATE-ETHINYL ESTRADIOL TAB 1 MG-5 MCG | Tier 1 | | | | |
| GALBRIELA CHW | NORETHINDRONE & ETHINYL ESTRADIOL-FE CHEW TAB 0.8 MG-25 MCG | HCR | | | | |
| HAILEY 24 TAB FE | NORETHINDRONE ACE-ETHINYL ESTRADIOL-FE TAB 1 MG-20 MCG (24) | HCR | | | | |
| HAILEY FE TAB 1.5/30 | NORETHINDRONE ACE & ETHINYL ESTRADIOL-FE TAB 1.5 MG-30 MCG | HCR | | | | |
| HAILEY FE TAB 1/20 | NORETHINDRONE ACE & ETHINYL ESTRADIOL-FE TAB 1 MG-20 MCG | HCR | | | | |
| HAILEY TAB 1.5/30 | NORETHINDRONE ACE & ETHINYL ESTRADIOL TAB 1.5 MG-30 MCG | HCR | | | | |
| HALOETTE MIS | ETONOGESTREL-ETHINYL ESTRADIOL VA RING 0.12-0.015 MG/24HR | HCR | | | | |
| ICLEVIA TAB | LEVONORGESTREL & ETHINYL ESTRADIOL (91-DAY) TAB 0.15-0.03 MG | HCR | | | | |
| IMVEXXY MAIN SUP 10MCG | ESTRADIOL VAGINAL INSERT 10 MCG | Tier 2 | | X | | |
| IMVEXXY MAIN SUP 4MCG | ESTRADIOL VAGINAL INSERT 4 MCG | Tier 2 | | X | | |
| IMVEXXY STRT SUP 10MCG | ESTRADIOL VAGINAL INSERT STARTER PACK 10 MCG | Tier 2 | | X | | |
| IMVEXXY STRT SUP 4MCG | ESTRADIOL VAGINAL INSERT STARTER PACK 4 MCG | Tier 2 | | X | | |
| INTROVALE TAB | LEVONORGESTREL & ETHINYL ESTRADIOL (91-DAY) TAB 0.15-0.03 MG | HCR | | | | |
| ISIBLOOM TAB | DESOGESTREL & ETHINYL ESTRADIOL TAB 0.15 MG-30 MCG | HCR | | | | |
| JAIMIESS TAB | LEVONORG-ETH EST TAB 0.15-0.03MG(84) & ETH EST TAB 0.01MG(7) | HCR | | | | |

HCR - Health Care Reform Preventive Care
^ May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met

| Medication name | Generic medication name | Drug Tier | Prior authorization | Quantity limit | Step Therapy | Specialty |
|---|---|---|---|---|---|---|
| JINTELI TAB 1MG-5MCG | NORETHINDRONE ACETATE-ETHINYL ESTRADIOL TAB 1 MG-5 MCG | Tier 1 | | | | |
| JOLESSA TAB | LEVONORGESTREL & ETHINYL ESTRADIOL (91-DAY) TAB 0.15-0.03 MG | HCR | | | | |
| JOYEAUX TAB 0.1-20 | LEVONORGESTREL-ETHINYL ESTRADIOL-FE TAB 0.1 MG-20 MCG (21) | HCR | | | | X |
| JULEBER TAB | DESOGESTREL & ETHINYL ESTRADIOL TAB 0.15 MG-30 MCG | HCR | | | | X |
| JUNEL 1.5/30 TAB | NORETHINDRONE ACE & ETHINYL ESTRADIOL TAB 1.5 MG-30 MCG | HCR | | | | X |
| JUNEL 1/20 TAB | NORETHINDRONE ACE & ETHINYL ESTRADIOL TAB 1 MG-20 MCG | HCR | | | | |
| JUNEL FE 24 TAB 1/20 | NORETHINDRONE ACE-ETHINYL ESTRADIOL-FE TAB 1 MG-20 MCG (24) | HCR | | | | |
| JUNEL FE TAB 1.5/30 | NORETHINDRONE ACE & ETHINYL ESTRADIOL-FE TAB 1.5 MG-30 MCG | HCR | | | X | X |
| JUNEL FE TAB 1/20 | NORETHINDRONE ACE & ETHINYL ESTRADIOL-FE TAB 1 MG-20 MCG | HCR | | | | X |
| KAITLIB FE CHW | NORETHINDRONE & ETHINYL ESTRADIOL-FE CHEW TAB 0.8 MG-25 MCG | HCR | | X | X | |
| KALLIGA TAB | DESOGESTREL & ETHINYL ESTRADIOL TAB 0.15 MG-30 MCG | HCR | | | | |
| KARIVA TAB 28 DAY | DESOGEST-ETH ESTRAD & ETH ESTRAD TAB 0.15-0.02/0.01 MG(21/5) | HCR | | | | |
| KELNOR 1/50 TAB | ETHYNODIOL DIACETATE & ETHINYL ESTRADIOL TAB 1 MG-50 MCG | HCR | X | X | | |
| KELNOR TAB 1/35 | ETHYNODIOL DIACETATE & ETHINYL ESTRADIOL TAB 1 MG-35 MCG | HCR | | | | |
| KURVELO TAB 0.15/30 | LEVONORGESTREL & ETHINYL ESTRADIOL TAB 0.15 MG-30 MCG | HCR | | X | | |
| LARIN 24 TAB FE 1/20 | NORETHINDRONE ACE-ETHINYL ESTRADIOL-FE TAB 1 MG-20 MCG (24) | HCR | | | | X |
| LARIN FE TAB 1.5/30 | NORETHINDRONE ACE & ETHINYL ESTRADIOL-FE TAB 1.5 MG-30 MCG | HCR | | | | |
| LARIN FE TAB 1/20 | NORETHINDRONE ACE & ETHINYL ESTRADIOL-FE TAB 1 MG-20 MCG | HCR | | | X | X |
| LARIN TAB 1.5/30 | NORETHINDRONE ACE & ETHINYL ESTRADIOL TAB 1.5 MG-30 MCG | HCR | | | | |
| LARIN TAB 1/20 | NORETHINDRONE ACE & ETHINYL ESTRADIOL TAB 1 MG-20 MCG | HCR | | | | |
| LAYOLIS FE CHW | NORETHINDRONE & ETHINYL ESTRADIOL-FE CHEW TAB 0.8 MG-25 MCG | HCR | | | | |
| LEENA TAB | NORETHINDRONE-ETH ESTRADIOL TAB 0.5-35/1-35/0.5-35 MG-MCG | HCR | | | | X |
| LESSINA TAB | LEVONORGESTREL & ETHINYL ESTRADIOL TAB 0.1 MG-20 MCG | HCR | X | X | | X |

HCR - Health Care Reform Preventive Care
^ May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met

| Medication name | Generic medication name | Drug Tier | Prior authorization | Quantity limit | Step Therapy | Specialty |
|---|---|---|---|---|---|---|
| LEVO-ETH EST TAB 90-20MCG | LEVONORGESTREL-ETHINYL ESTRADIOL (CONTINUOUS) TAB 90-20 MCG | HCR | | | | X |
| LEVONEST TAB | LEVONORGESTREL-ETH ESTRA TAB 0.05-30/0.075-40/0.125-30MG-MCG | HCR | | X | | |
| LEVONOR/ETHI TAB | LEVONORGESTREL-ETH ESTRA TAB 0.05-30/0.075-40/0.125-30MG-MCG | HCR | | X | | X |
| LEVONOR/ETHI TAB 0.1-0.02 | LEVONORGESTREL & ETHINYL ESTRADIOL TAB 0.1 MG-20 MCG | HCR | | X | | |
| LEVONOR/ETHI TAB 0.1-20 | LEVONORGESTREL-ETHINYL ESTRADI-OL-FE TAB 0.1 MG-20 MCG (21) | HCR | X | X | | |
| LEVONOR/ETHI TAB ESTRADIO | LEVONOR-ETH EST TAB 0.15-0.02/0.025/0.03 MG &ETH EST 0.01 MG | HCR | | | | |
| LEVONOR/ETHI TAB ESTRADIO | LEVONORG-ETH EST TAB 0.1-0.02MG(84) & ETH EST TAB 0.01MG(7) | HCR | | | | |
| LEVONOR/ETHI TAB ESTRADIO | LEVONORG-ETH EST TAB 0.15-0.03MG(84) & ETH EST TAB 0.01MG(7) | HCR | X | | | |
| LEVONOR/ETHI TAB ESTRADIO | LEVONORGESTREL & ETHINYL ESTRADIOL (91-DAY) TAB 0.15-0.03 MG | HCR | | | | |
| LEVONOR/ETHI TAB ESTRADIO | LEVONORGESTREL & ETHINYL ESTRADIOL TAB 0.15 MG-30 MCG | HCR | | | | |
| LEVORA-28 TAB 0.15/30 | LEVONORGESTREL & ETHINYL ESTRADIOL TAB 0.15 MG-30 MCG | HCR | | | | |
| LO LOESTRIN TAB 1-10-10 | NORETHIN-ETH ESTRADIOL-FE TAB 1 MG-10 MCG (24)/10 MCG (2) | HCR | | | | |
| LOJAIMIESS TAB | LEVONORG-ETH EST TAB 0.1-0.02MG(84) & ETH EST TAB 0.01MG(7) | HCR | | | | |
| LOW-OGESTREL TAB | NORGESTREL & ETHINYL ESTRADIOL TAB 0.3 MG-30 MCG | HCR | | | | |
| LUIZZA 1/20 TAB | NORETHINDRONE ACE & ETHINYL ESTRA-DIOL TAB 1 MG-20 MCG | HCR | | | | |
| LUIZZA TAB 1.5/30 | NORETHINDRONE ACE & ETHINYL ESTRA-DIOL TAB 1.5 MG-30 MCG | HCR | X | | | |
| LUTERA TAB | LEVONORGESTREL & ETHINYL ESTRADIOL TAB 0.1 MG-20 MCG | HCR | | X | | |
| LYLLANA DIS 0.025MG | ESTRADIOL TD PATCH TWICE WEEKLY 0.025 MG/24HR | Tier 2 | | X | | |
| LYLLANA DIS 0.0375MG | ESTRADIOL TD PATCH TWICE WEEKLY 0.0375 MG/24HR | Tier 2 | | X | | |
| LYLLANA DIS 0.05MG | ESTRADIOL TD PATCH TWICE WEEKLY 0.05 MG/24HR | Tier 2 | | X | | |
| LYLLANA DIS 0.075MG | ESTRADIOL TD PATCH TWICE WEEKLY 0.075 MG/24HR | Tier 2 | | X | | |
| LYLLANA DIS 0.1MG | ESTRADIOL TD PATCH TWICE WEEKLY 0.1 MG/24HR | Tier 2 | | X | | |
| MARLISSA TAB 0.15/30 | LEVONORGESTREL & ETHINYL ESTRADIOL TAB 0.15 MG-30 MCG | HCR | | | | |

HCR - Health Care Reform Preventive Care
^ May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met

| Medication name | Generic medication name | Drug Tier | Prior authorization | Quantity limit | Step Therapy | Specialty |
|---|---|---|---|---|---|---|
| MENEST TAB 0.3MG | ESTERIFIED ESTROGENS TAB 0.3 MG | Tier 3 | | | | |
| MENEST TAB 0.625MG | ESTERIFIED ESTROGENS TAB 0.625 MG | Tier 3 | | | | |
| MENEST TAB 1.25MG | ESTERIFIED ESTROGENS TAB 1.25 MG | Tier 3 | | | | |
| MENEST TAB 2.5MG | ESTERIFIED ESTROGENS TAB 2.5 MG | Tier 3 | | | | |
| MENOSTAR DIS 14MCG | ESTRADIOL TD PATCH WEEKLY 14 MCG/24HR | Tier 3 | | X | | |
| MIBELAS 24 CHW FE | NORETHINDRONE ACE-ETH ESTRADIOL-FE CHEW TAB 1 MG-20 MCG (24) | HCR | | | | |
| MICROGESTIN TAB 1.5/30 | NORETHINDRONE ACE & ETHINYL ESTRADIOL TAB 1.5 MG-30 MCG | HCR | | | | |
| MICROGESTIN TAB 1/20 | NORETHINDRONE ACE & ETHINYL ESTRADIOL TAB 1 MG-20 MCG | HCR | | | | |
| MICROGESTIN TAB FE 1/20 | NORETHINDRONE ACE & ETHINYL ESTRADIOL-FE TAB 1 MG-20 MCG | HCR | | | | |
| MICROGESTIN TAB FE1.5/30 | NORETHINDRONE ACE & ETHINYL ESTRADIOL-FE TAB 1.5 MG-30 MCG | HCR | | | | |
| MILI TAB 0.25/35 | NORGESTIMATE & ETHINYL ESTRADIOL TAB 0.25 MG-35 MCG | HCR | | | | |
| MIMVEY TAB 1-0.5MG | ESTRADIOL & NORETHINDRONE ACETATE TAB 1-0.5 MG | Tier 1 | | | | |
| MINZOYA TAB 0.1-20 | LEVONORGESTREL-ETHINYL ESTRADIOL-FE TAB 0.1 MG-20 MCG (21) | HCR | | | | |
| MONO-LINYAH TAB 0.25-35 | NORGESTIMATE & ETHINYL ESTRADIOL TAB 0.25 MG-35 MCG | HCR | | | | |
| MYFEMBREE TAB | RELUGOLIX-ESTRADIOL-NORETHINDRONE ACETATE TAB 40-1-0.5 MG | Tier 2 | X | X | | |
| NATAZIA TAB | ESTRADIOL VALERATE-DIENOGEST TAB 3 MG /2-2 MG/2-3 MG/1 MG | Tier 1 | | | | |
| NECON TAB 0.5/35 | NORETHINDRONE & ETHINYL ESTRADIOL TAB 0.5 MG-35 MCG | HCR | | | | |
| NOR/EST/FF TAB 1.5/30 | NORETHINDRONE ACE & ETHINYL ESTRADIOL-FE TAB 1.5 MG-30 MCG | HCR | | | | |
| NORE/ETH/FER CHW 0.4MG-35 | NORETHINDRONE & ETHINYL ESTRADIOL-FE CHEW TAB 0.4 MG-35 MCG | HCR | | | | |
| NORELGE/ETHI DIS 150/35 | NORELGESTROMIN-ETHINYL ESTRADIOL TD PTWK 150-35 MCG/24HR | HCR | | | | |
| NORETH/ETHIN CHW FE | NORETHINDRONE & ETHINYL ESTRADIOL-FE CHEW TAB 0.8 MG-25 MCG | HCR | | | | |
| NORETH/ETHIN CHW FE 1/20 | NORETHINDRONE ACE-ETH ESTRADIOL-FE CHEW TAB 1 MG-20 MCG (24) | HCR | | | | |
| NORETH/ETHIN TAB 0.5-2.5 | NORETHINDRONE ACETATE-ETHINYL ESTRADIOL TAB 0.5 MG-2.5 MCG | Tier 1 | | | | |
| NORETH/ETHIN TAB 1.5/30 | NORETHINDRONE ACE & ETHINYL ESTRADIOL TAB 1.5 MG-30 MCG | HCR | | | | |

HCR - Health Care Reform Preventive Care
^ May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met

| Medication name | Generic medication name | Drug Tier | Prior authorization | Quantity limit | Step Therapy | Specialty |
|---|---|---|---|---|---|---|
| NORETH/ETHIN TAB 1/20 | NORETHINDRONE ACE & ETHINYL ESTRADIOL TAB 1 MG-20 MCG | HCR | | | | |
| NORETH/ETHIN TAB 1MG-5MCG | NORETHINDRONE ACETATE-ETHINYL ESTRADIOL TAB 1 MG-5 MCG | Tier 1 | | | | |
| NORETH/ETHIN TAB FE | NORETHINDRONE AC-ETHINYL ESTRAD-FE TAB 1-20/1-30/1-35 MG-MCG | HCR | | X | | |
| NORETH/ETHIN TAB FE 1/20 | NORETHINDRONE ACE & ETHINYL ESTRADIOL-FE TAB 1 MG-20 MCG | HCR | | | | |
| NORGEST/ETHI TAB 0.25/35 | NORGESTIMATE & ETHINYL ESTRADIOL TAB 0.25 MG-35 MCG | HCR | | | | |
| NORGEST/ETHI TAB ESTRADIO | NORGESTIMATE-ETH ESTRAD TAB 0.18-25/0.215-25/0.25-25 MG-MCG | Tier 2 | | | | |
| NORGEST/ETHI TAB ESTRADIO | NORGESTIMATE-ETH ESTRAD TAB 0.18-35/0.215-35/0.25-35 MG-MCG | HCR | | | | |
| NORTREL TAB 0.5/35 | NORETHINDRONE & ETHINYL ESTRADIOL TAB 0.5 MG-35 MCG | HCR | | | | |
| NORTREL TAB 1/35 | NORETHINDRONE & ETHINYL ESTRADIOL TAB 1 MG-35 MCG | HCR | | | | |
| NORTREL TAB 7/7/7 | NORETHINDRONE-ETH ESTRADIOL TAB 0.5-35/0.75-35/1-35 MG-MCG | HCR | X | | | |
| NYLIA TAB 1/35 | NORETHINDRONE & ETHINYL ESTRADIOL TAB 1 MG-35 MCG | HCR | | | | |
| NYLIA TAB 7/7/7 | NORETHINDRONE-ETH ESTRADIOL TAB 0.5-35/0.75-35/1-35 MG-MCG | HCR | | | | |
| PHILITH TAB 0.4-35 | NORETHINDRONE & ETHINYL ESTRADIOL TAB 0.4 MG-35 MCG | HCR | | | | |
| PIMTREA TAB | DESOGEST-ETH ESTRAD & ETH ESTRAD TAB 0.15-0.02/0.01 MG(21/5) | HCR | | | | |
| PORTIA-28 TAB | LEVONORGESTREL & ETHINYL ESTRADIOL TAB 0.15 MG-30 MCG | HCR | | | | |
| PREMARIN TAB 0.3MG | ESTROGENS, CONJUGATED TAB 0.3 MG | Tier 4 | | | | |
| PREMARIN TAB 0.45MG | ESTROGENS, CONJUGATED TAB 0.45 MG | Tier 4 | | | | |
| PREMARIN TAB 0.625MG | ESTROGENS, CONJUGATED TAB 0.625 MG | Tier 4 | | | | |
| PREMARIN TAB 0.9MG | ESTROGENS, CONJUGATED TAB 0.9 MG | Tier 4 | | | X | |
| PREMARIN TAB 1.25MG | ESTROGENS, CONJUGATED TAB 1.25 MG | Tier 4 | | | | |
| PREMARIN VAG CRE 0.625MG | ESTROGENS, CONJUGATED VAGINAL CREAM 0.625 MG/GM | Tier 3 | | | | |
| PREMPHASE TAB | CONJ EST 0.625(14)/CONJ EST-MEDROXYPRO AC TAB 0.625-5MG(14) | Tier 3 | X | | | |
| PREMPRO TAB | CONJUGATED ESTROGEN-MEDROXYPROGEST ACETATE TAB 0.625-2.5 MG | Tier 4 | | | | |
| PREMPRO TAB 0.3-1.5 | CONJUGATED ESTROGEN-MEDROXYPROGEST ACETATE TAB 0.3-1.5 MG | Tier 4 | | | X | |
| PREMPRO TAB 0.45-1.5 | CONJUGATED ESTROGEN-MEDROXYPROGEST ACETATE TAB 0.45-1.5 MG | Tier 4 | | | X | |

HCR - Health Care Reform Preventive Care
^ May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met

| Medication name | Generic medication name | Drug Tier | Prior authorization | Quantity limit | Step Therapy | Specialty |
|---|---|---|---|---|---|---|
| PREMPRO TAB 0.625-5 | CONJUGATED ESTROGEN-MEDROXYPROGEST ACETATE TAB 0.625-5 MG | Tier 4 | | | | |
| RECLIPSEN TAB | DESOGESTREL & ETHINYL ESTRADIOL TAB 0.15 MG-30 MCG | HCR | | | | |
| RIVELSA TAB | LEVONOR-ETH EST TAB 0.15-0.02/0.025/0.03 MG &ETH EST 0.01 MG | HCR | | | | |
| ROSYRAH TAB | LEVONOR-ETH EST TAB 0.15-0.02/0.025/0.03 MG &ETH EST 0.01 MG | HCR | | | | |
| SETLAKIN TAB | LEVONORGESTREL & ETHINYL ESTRADIOL (91-DAY) TAB 0.15-0.03 MG | HCR | | | | |
| SIMLIYA TAB 28 DAY | DESOGEST-ETH ESTRAD & ETH ESTRAD TAB 0.15-0.02/0.01 MG(21/5) | HCR | | | | |
| SIMPESSE TAB | LEVONORG-ETH EST TAB 0.15-0.03MG(84) & ETH EST TAB 0.01MG(7) | HCR | | | | |
| SPRINTEC 28 TAB 28 DAY | NORGESTIMATE & ETHINYL ESTRADIOL TAB 0.25 MG-35 MCG | HCR | | | | |
| SRONYX TAB | LEVONORGESTREL & ETHINYL ESTRADIOL TAB 0.1 MG-20 MCG | HCR | | X | | |
| TARINA 24 FE TAB | NORETHINDRONE ACE-ETHINYL ESTRADIOL-FE TAB 1 MG-20 MCG (24) | HCR | X | | | |
| TARINA FE TAB 1/20 EQ | NORETHINDRONE ACE & ETHINYL ESTRADIOL-FE TAB 1 MG-20 MCG | HCR | | | | |
| TILIA FE TAB | NORETHINDRONE AC-ETHINYL ESTRAD-FE TAB 1-20/1-30/1-35 MG-MCG | HCR | | | | |
| TRI-ESTARYLL TAB | NORGESTIMATE-ETH ESTRAD TAB 0.18-35/0.215-35/0.25-35 MG-MCG | HCR | X | | | X |
| TRI-LEGEST TAB FE | NORETHINDRONE AC-ETHINYL ESTRAD-FE TAB 1-20/1-30/1-35 MG-MCG | HCR | X | | | |
| TRI-LINYAH TAB | NORGESTIMATE-ETH ESTRAD TAB 0.18-35/0.215-35/0.25-35 MG-MCG | HCR | | | | |
| TRI-LO TAB ESTARYLL | NORGESTIMATE-ETH ESTRAD TAB 0.18-25/0.215-25/0.25-25 MG-MCG | Tier 2 | | | | |
| TRI-LO- TAB MARZIA | NORGESTIMATE-ETH ESTRAD TAB 0.18-25/0.215-25/0.25-25 MG-MCG | Tier 2 | | | | |
| TRI-LO- TAB SPRINTEC | NORGESTIMATE-ETH ESTRAD TAB 0.18-25/0.215-25/0.25-25 MG-MCG | Tier 2 | | | | |
| TRI-LO-MILI TAB | NORGESTIMATE-ETH ESTRAD TAB 0.18-25/0.215-25/0.25-25 MG-MCG | Tier 2 | | | | |
| TRI-MILI TAB | NORGESTIMATE-ETH ESTRAD TAB 0.18-35/0.215-35/0.25-35 MG-MCG | HCR | | | | |
| TRI-SPRINTEC TAB | NORGESTIMATE-ETH ESTRAD TAB 0.18-35/0.215-35/0.25-35 MG-MCG | HCR | X | | | |
| TRI-VYLIBRA TAB | NORGESTIMATE-ETH ESTRAD TAB 0.18-35/0.215-35/0.25-35 MG-MCG | HCR | | | | |
| TRI-VYLIBRA TAB LO | NORGESTIMATE-ETH ESTRAD TAB 0.18-25/0.215-25/0.25-25 MG-MCG | Tier 2 | X | | | |

HCR – Health Care Reform Preventive Care
^ May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met

| Medication name | Generic medication name | Drug Tier | Prior authorization | Quantity limit | Step Therapy | Specialty |
|---|---|---|---|---|---|---|
| TRIVORA-28 TAB | LEVONORGESTREL-ETH ESTRA TAB 0.05-30/0.075-40/0.125-30MG-MCG | HCR | | | | |
| TURQOZ TAB | NORGESTREL & ETHINYL ESTRADIOL TAB 0.3 MG-30 MCG | HCR | | | | |
| TYBLUME CHW 0.1-0.02 | LEVONORGESTREL & ETHINYL ESTRADIOL CHEW TAB 0.1 MG-20 MCG | HCR | X | | | |
| TYDEMY TAB | DROSPIRENONE-ETHINYL ES-TRAD-LEVOMEFOLATE TAB 3-0.03-0.451 MG | HCR | | | | |
| VALTYA 1/35 TAB | ETHYNODIOL DIACETATE & ETHINYL ES-TRADIOL TAB 1 MG-35 MCG | HCR | | | | |
| VALTYA 1/50 TAB | ETHYNODIOL DIACETATE & ETHINYL ES-TRADIOL TAB 1 MG-50 MCG | HCR | | | | |
| VELIVET PAK | DESOGEST-ETHIN EST TAB 0.1-0.025/0.125-0.025/0.15-0.025MG-MG | HCR | | | | |
| VIENVA TAB 0.1-20 | LEVONORGESTREL & ETHINYL ESTRADIOL TAB 0.1 MG-20 MCG | HCR | | | | |
| VIORELE TAB | DESOGEST-ETH ESTRAD & ETH ESTRAD TAB 0.15-0.02/0.01 MG(21/5) | HCR | | | | |
| VOLNEA TAB | DESOGEST-ETH ESTRAD & ETH ESTRAD TAB 0.15-0.02/0.01 MG(21/5) | HCR | X | | | |
| VYFEMLA TAB 0.4-35 | NORETHINDRONE & ETHINYL ESTRADIOL TAB 0.4 MG-35 MCG | HCR | | | | |
| VYLIBRA TAB 0.25-35 | NORGESTIMATE & ETHINYL ESTRADIOL TAB 0.25 MG-35 MCG | HCR | | | | |
| WERA TAB 0.5/35 | NORETHINDRONE & ETHINYL ESTRADIOL TAB 0.5 MG-35 MCG | HCR | | | | |
| WYMZYA FE CHW 0.4MG-35 | NORETHINDRONE & ETHINYL ESTRADI-OL-FE CHEW TAB 0.4 MG-35 MCG | HCR | | | | |
| XARAH FE TAB | NORETHINDRONE AC-ETHINYL ESTRAD-FE TAB 1-20/1-30/1-35 MG-MCG | HCR | | | | |
| XELRIA FE CHW 0.4MG-35 | NORETHINDRONE & ETHINYL ESTRADI-OL-FE CHEW TAB 0.4 MG-35 MCG | HCR | | | | |
| XULANE DIS 150-35 | NORELGESTROMIN-ETHINYL ESTRADIOL TD PTWK 150-35 MCG/24HR | HCR | | | | |
| YASMIN 28 TAB 3-0.03MG | DROSPIRENONE-ETHINYL ESTRADIOL TAB 3-0.03 MG | Tier 2 | X | | | |
| YAZ TAB 3-0.02MG | DROSPIRENONE-ETHINYL ESTRADIOL TAB 3-0.02 MG | Tier 2 | | | | |
| YUVAFEM TAB 10MCG | ESTRADIOL VAGINAL TAB 10 MCG | Tier 2 | | | | |
| ZAFEMY DIS 150/35 | NORELGESTROMIN-ETHINYL ESTRADIOL TD PTWK 150-35 MCG/24HR | HCR | | | | |
| ZOVIA 1/35 TAB | ETHYNODIOL DIACETATE & ETHINYL ES-TRADIOL TAB 1 MG-35 MCG | HCR | | | | |

HCR – Health Care Reform Preventive Care
^ May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met

| Medication name | Generic medication name | Drug Tier | Prior authorization | Quantity limit | Step Therapy | Specialty |
|---|---|---|---|---|---|---|
| **Fibromyalgia Agents - Drugs to Treat Muscle and Soft Tissue Pain** | | | | | | |
| DULOXETINE CAP 20MG DR | DULOXETINE HCL ENTERIC COATED PELLETS CAP 20 MG (BASE EQ) | Tier 2 | | | | |
| DULOXETINE CAP 30MG DR | DULOXETINE HCL ENTERIC COATED PELLETS CAP 30 MG (BASE EQ) | Tier 2 | | | | |
| DULOXETINE CAP 60MG DR | DULOXETINE HCL ENTERIC COATED PELLETS CAP 60 MG (BASE EQ) | Tier 2 | | | | |
| LYRICA SOL 20MG/ML | PREGABALIN SOLN 20 MG/ML | Tier 3 | X | | | X |
| MILNACIPRAN MIS TITR PAK | MILNACIPRAN HCL TAB 12.5 MG (5) & 25 MG (8) & 50 MG (42) PAK | Tier 3 | | X | | |
| MILNACIPRAN TAB 100MG | MILNACIPRAN HCL TAB 100 MG | Tier 3 | | X | | X |
| MILNACIPRAN TAB 12.5MG | MILNACIPRAN HCL TAB 12.5 MG | Tier 3 | | X | X | X |
| MILNACIPRAN TAB 25MG | MILNACIPRAN HCL TAB 25 MG | Tier 3 | | X | | |
| MILNACIPRAN TAB 50MG | MILNACIPRAN HCL TAB 50 MG | Tier 3 | | X | | X |
| PREGABALIN CAP 100MG | PREGABALIN CAP 100 MG | Tier 2 | | | | |
| PREGABALIN CAP 150MG | PREGABALIN CAP 150 MG | Tier 2 | | | | |
| PREGABALIN CAP 200MG | PREGABALIN CAP 200 MG | Tier 2 | | | | X |
| PREGABALIN CAP 225MG | PREGABALIN CAP 225 MG | Tier 2 | | X | | X |
| PREGABALIN CAP 25MG | PREGABALIN CAP 25 MG | Tier 2 | X | X | | X |
| PREGABALIN CAP 300MG | PREGABALIN CAP 300 MG | Tier 2 | | X | | |
| PREGABALIN CAP 50MG | PREGABALIN CAP 50 MG | Tier 2 | | X | | |
| PREGABALIN CAP 75MG | PREGABALIN CAP 75 MG | Tier 2 | X | X | | |
| PREGABALIN SOL 20MG/ML | PREGABALIN SOLN 20 MG/ML | Tier 2 | | | | |
| **GABA Receptor Modulators - Drugs for Sleeping** | | | | | | |
| ESZOPICLONE TAB 1MG | ESZOPICLONE TAB 1 MG | Tier 2 | | | | |
| ESZOPICLONE TAB 2MG | ESZOPICLONE TAB 2 MG | Tier 2 | | X | | |
| ESZOPICLONE TAB 3MG | ESZOPICLONE TAB 3 MG | Tier 2 | | | | |
| FLURAZEPAM CAP 15MG | FLURAZEPAM HCL CAP 15 MG | Tier 1 | | X | | |
| FLURAZEPAM CAP 30MG | FLURAZEPAM HCL CAP 30 MG | Tier 1 | X | X | | |
| RESTORIL CAP 15MG | TEMAZEPAM CAP 15 MG | Tier 4 | X | X | | |
| RESTORIL CAP 22.5MG | TEMAZEPAM CAP 22.5 MG | Tier 4 | | X | | |
| RESTORIL CAP 30MG | TEMAZEPAM CAP 30 MG | Tier 4 | | | | |
| RESTORIL CAP 7.5MG | TEMAZEPAM CAP 7.5 MG | Tier 4 | | | | |
| TEMAZEPAM CAP 15MG | TEMAZEPAM CAP 15 MG | Tier 1 | | | | |
| TEMAZEPAM CAP 22.5MG | TEMAZEPAM CAP 22.5 MG | Tier 1 | | | | |
| TEMAZEPAM CAP 30MG | TEMAZEPAM CAP 30 MG | Tier 1 | | | | |
| TEMAZEPAM CAP 7.5MG | TEMAZEPAM CAP 7.5 MG | Tier 1 | | | | |
| ZALEPLON CAP 10MG | ZALEPLON CAP 10 MG | Tier 1 | | | | |
| ZALEPLON CAP 5MG | ZALEPLON CAP 5 MG | Tier 1 | | | | |
| ZOLPIDEM ER TAB 12.5MG | ZOLPIDEM TARTRATE TAB ER 12.5 MG | Tier 2 | | | | |
| ZOLPIDEM ER TAB 6.25MG | ZOLPIDEM TARTRATE TAB ER 6.25 MG | Tier 2 | | | | |

HCR – Health Care Reform Preventive Care
^ May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met

| Medication name | Generic medication name | Drug Tier | Prior authorization | Quantity limit | Step Therapy | Specialty |
|---|---|---|---|---|---|---|
| ZOLPIDEM TAB 10MG | ZOLPIDEM TARTRATE TAB 10 MG | Tier 1 | | | | |
| ZOLPIDEM TAB 5MG | ZOLPIDEM TARTRATE TAB 5 MG | Tier 1 | | | | |
| **Gamma-Aminobutyric Acid (GABA) Augmenting Agents - Seizure Control Drugs** | | | | | | |
| CLOBAZAM SUS 2.5MG/ML | CLOBAZAM SUSPENSION 2.5 MG/ML | Tier 3 | X | | | |
| CLOBAZAM TAB 10MG | CLOBAZAM TAB 10 MG | Tier 2 | X | | | |
| CLOBAZAM TAB 20MG | CLOBAZAM TAB 20 MG | Tier 2 | X | | | |
| DIAZEPAM GEL 10MG | DIAZEPAM RECTAL GEL DELIVERY SYSTEM 10 MG | Tier 1 | | | | |
| DIAZEPAM GEL 2.5MG | DIAZEPAM RECTAL GEL DELIVERY SYSTEM 2.5 MG | Tier 1 | | | | |
| DIAZEPAM GEL 20MG | DIAZEPAM RECTAL GEL DELIVERY SYSTEM 20 MG | Tier 1 | | | | |
| GABAPENTIN CAP 100MG | GABAPENTIN CAP 100 MG | Tier 1 | | | | |
| GABAPENTIN CAP 300MG | GABAPENTIN CAP 300 MG | Tier 1 | | | | |
| GABAPENTIN CAP 400MG | GABAPENTIN CAP 400 MG | Tier 1 | | | | |
| GABAPENTIN SOL 250/5ML | GABAPENTIN ORAL SOLN 250 MG/5ML | Tier 1 | | | | |
| GABAPENTIN TAB 600MG | GABAPENTIN TAB 600 MG | Tier 1 | | | | |
| GABAPENTIN TAB 800MG | GABAPENTIN TAB 800 MG | Tier 1 | | | | |
| LIBERVANT MIS 10MG | DIAZEPAM BUCCAL FILM 10 MG | Tier 3 | X | X | | |
| LIBERVANT MIS 12.5MG | DIAZEPAM BUCCAL FILM 12.5 MG | Tier 3 | X | X | | |
| LIBERVANT MIS 15MG | DIAZEPAM BUCCAL FILM 15 MG | Tier 3 | X | X | | |
| LIBERVANT MIS 5MG | DIAZEPAM BUCCAL FILM 5 MG | Tier 3 | | | | |
| LIBERVANT MIS 7.5MG | DIAZEPAM BUCCAL FILM 7.5 MG | Tier 3 | | | | |
| ONFI SUS 2.5MG/ML | CLOBAZAM SUSPENSION 2.5 MG/ML | Tier 4 | | | | |
| ONFI TAB 10MG | CLOBAZAM TAB 10 MG | Tier 4 | | | | |
| ONFI TAB 20MG | CLOBAZAM TAB 20 MG | Tier 4 | | | | |
| PRIMIDONE TAB 125MG | PRIMIDONE TAB 125 MG | Tier 1 | | | | |
| PRIMIDONE TAB 250MG | PRIMIDONE TAB 250 MG | Tier 1 | | | | |
| PRIMIDONE TAB 50MG | PRIMIDONE TAB 50 MG | Tier 1 | | | | |
| SYMPAZAN MIS 10MG | CLOBAZAM ORAL FILM 10 MG | Tier 4 | X | | | |
| SYMPAZAN MIS 20MG | CLOBAZAM ORAL FILM 20 MG | Tier 4 | X | | | |
| SYMPAZAN MIS 5MG | CLOBAZAM ORAL FILM 5 MG | Tier 4 | X | | | |
| TIAGABINE TAB 12MG | TIAGABINE HCL TAB 12 MG | Tier 1 | | | | |
| TIAGABINE TAB 16MG | TIAGABINE HCL TAB 16 MG | Tier 1 | | | | |
| TIAGABINE TAB 2MG | TIAGABINE HCL TAB 2 MG | Tier 1 | | | | |
| TIAGABINE TAB 4MG | TIAGABINE HCL TAB 4 MG | Tier 1 | | | | |
| VALPROIC ACD CAP 250MG | VALPROIC ACID CAP 250 MG | Tier 1 | | | | |
| VALPROIC ACD SOL 250/5ML | VALPROATE SODIUM ORAL SOLN 250 MG/5ML (BASE EQUIV) | Tier 1 | | | | |
| VALTOCO SPR 10MG | DIAZEPAM NASAL SPRAY 10 MG/0.1 ML | Tier 3 | X | X | | |
| VALTOCO SPR 15MG | DIAZEPAM NASAL SPRAY THER PACK 2 X 7.5 MG/0.1ML (15 MG DOSE) | Tier 3 | X | X | | |

HCR - Health Care Reform Preventive Care
^ May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met

| Medication name | Generic medication name | Drug Tier | Prior authorization | Quantity limit | Step Therapy | Specialty |
|---|---|---|---|---|---|---|
| VALTOCO SPR 20MG | DIAZEPAM NASAL SPRAY THER PACK 2 X 10 MG/0.1ML (20 MG DOSE) | Tier 3 | X | X | | |
| VALTOCO SPR 5MG | DIAZEPAM NASAL SPRAY 5 MG/0.1 ML | Tier 3 | X | X | | |
| VIGABATRIN PAK 500MG | VIGABATRIN POWD PACK 500 MG | Tier 3 | X | X | | X |
| VIGABATRIN TAB 500MG | VIGABATRIN TAB 500 MG | Tier 3 | X | X | | X |
| VIGADRONE POW 500MG | VIGABATRIN POWD PACK 500 MG | Tier 3 | X | X | | X |
| VIGADRONE TAB 500MG | VIGABATRIN TAB 500 MG | Tier 3 | X | X | | X |
| VIGAFYDE SOL 100MG/ML | VIGABATRIN ORAL SOLN 100 MG/ML | Tier 3 | X | X | | X |
| VIGPODER POW 500MG | VIGABATRIN POWD PACK 500 MG | Tier 3 | X | X | | X |
| **Gastrointestinal Agents, Other** | | | | | | |
| SUFLAVE SOL | PEG 3350-KCL-NACL-NA SULFATE-MAG SULFATE FOR SOLN 178.7 GM | Tier 3 | | X | | |
| **Gastrointestinal Agents, Other - Miscellaneous Gastrointestinal Drugs** | | | | | | |
| ALVIMOPAN CAP 12MG | ALVIMOPAN CAP 12 MG | Tier 3 | | | | |
| CROMOLYN SOD CON 100/5ML | CROMOLYN SODIUM ORAL CONC 100 MG/5ML | Tier 1 | | | | |
| CTEXLI TAB 250MG | CHENODIOL (BASDS) TAB 250 MG | Tier 4 | X | X | X | X |
| DIPHEN/ATROP LIQ 2.5/5 | DIPHENOXYLATE W/ ATROPINE LIQ 2.5-0.025 MG/5ML | Tier 1 | | | | |
| DIPHEN/ATROP TAB 2.5MG | DIPHENOXYLATE W/ ATROPINE TAB 2.5-0.025 MG | Tier 1 | | | | |
| GATTEX KIT 5MG | TEDUGLUTIDE (RDNA) FOR INJ KIT 5 MG | Tier 3 | X | X | | X |
| IQIRVO TAB 80MG | ELAFIBRANOR TAB 80 MG | Tier 4 | X | X | X | X |
| LIVDELZI CAP 10MG | SELADELPAR LYSINE CAP 10 MG | Tier 4 | X | X | X | X |
| LIVMARLI TAB 10MG | MARALIXIBAT CHLORIDE TAB 10 MG | Tier 4 | X | X | | X |
| LIVMARLI TAB 15MG | MARALIXIBAT CHLORIDE TAB 15 MG | Tier 4 | X | X | | X |
| LIVMARLI TAB 20MG | MARALIXIBAT CHLORIDE TAB 20 MG | Tier 4 | X | X | | X |
| LIVMARLI TAB 30MG | MARALIXIBAT CHLORIDE TAB 30 MG | Tier 4 | X | X | | X |
| LOMOTIL TAB 2.5MG | DIPHENOXYLATE W/ ATROPINE TAB 2.5-0.025 MG | Tier 4 | | | | |
| MILK OF MAGN SUS 1200/15 | MAGNESIUM HYDROXIDE SUSP 400 MG/5ML | Tier 1 | | | | |
| MYALEPT INJ 11.3MG | METRELEPTIN FOR SUBCUTANEOUS INJ 11.3 MG | Tier 4 | X | X | | X |
| OPIUM TIN 10MG/ML | OPIUM TINCTURE 1% (10 MG/ML) (MORPHINE EQUIV) | Tier 1 | | | | |
| PROBIOTIC AD CAP FORMULA | PROBIOTIC PRODUCT - CAP | Tier 1 | | | | |
| PROBIOTIC CAP ACIDOPHI | LACTOBACILLUS CAP | Tier 1 | | | | |
| PRUCALOPRIDE TAB 1MG | PRUCALOPRIDE SUCCINATE TAB 1 MG (BASE EQUIVALENT) | Tier 3 | X | X | | |
| PRUCALOPRIDE TAB 2MG | PRUCALOPRIDE SUCCINATE TAB 2 MG (BASE EQUIVALENT) | Tier 3 | X | X | | |

HCR – Health Care Reform Preventive Care
^ May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met

| Medication name | Generic medication name | Drug Tier | Prior authorization | Quantity limit | Step Therapy | Specialty |
|---|---|---|---|---|---|---|
| RELISTOR INJ 12/0.6ML | METHYLNALTREXONE BROMIDE INJ 12 MG/0.6ML (20 MG/ML) | Tier 4 | X | X | | |
| RELISTOR INJ 12/0.6ML | METHYLNALTREXONE BROMIDE SOLN PREF SYR 12 MG/0.6ML | Tier 4 | X | X | | |
| RELISTOR INJ 8/0.4ML | METHYLNALTREXONE BROMIDE SOLN PREF SYR 8 MG/0.4ML | Tier 4 | X | X | | |
| REZDIFFRA TAB 100MG | RESMETIROM 100 MG TAB | Tier 4 | | | | |
| REZDIFFRA TAB 60MG | RESMETIROM 60 MG TAB | Tier 4 | | | | |
| REZDIFFRA TAB 80MG | RESMETIROM 80 MG TAB | Tier 4 | X | | | |
| SYMPROIC TAB 0.2MG | NALDEMEDINE TOSYLATE TAB 0.2 MG (BASE EQUIVALENT) | Tier 2 | X | | | |
| URSODIOL CAP 300MG | URSODIOL CAP 300 MG | Tier 1 | | | | |
| URSODIOL TAB 250MG | URSODIOL TAB 250 MG | Tier 1 | | | | |
| URSODIOL TAB 500MG | URSODIOL TAB 500 MG | Tier 1 | | | | |
| VOQUEZNA PAK DUAL PAK | AMOXICILLIN CAP 500 MG & VONOPRAZAN TAB 20 MG THERAPY PACK | Tier 4 | | X | X | |
| VOQUEZNA PAK TRIP PK | AMOXICILLIN CAP & CLARITHROMYCIN TAB & VONOPRAZAN TAB PACK | Tier 4 | | X | X | |
| XERMELO TAB 250MG | TELOTRISTAT ETHYL TAB 250 MG (AS TELOTRISTAT ETIPRATE) | Tier 4 | X | X | | X |
| **Genetic or Enzyme Disorder: Replacement, Modifiers, Treatment** | | | | | | |
| BETAINE ANHY POW | BETAINE POWDER FOR ORAL SOLUTION | Tier 3 | | | | X |
| CERDELGA CAP 84MG | ELIGLUSTAT TARTRATE CAP 84 MG (BASE EQUIVALENT) | Tier 3 | X | | | X |
| CHOLBAM CAP 250MG | CHOLIC ACID CAP 250 MG | Tier 3 | X | X | | X |
| CHOLBAM CAP 50MG | CHOLIC ACID CAP 50 MG | Tier 3 | X | X | | X |
| CREON CAP 12000UNT | PANCRELIPASE (LIP-PROT-AMYL) DR CAP 12000-38000-60000 UNIT | Tier 2 | | | | |
| CREON CAP 24000UNT | PANCRELIPASE (LIP-PROT-AMYL) DR CAP 24000-76000-120000 UNIT | Tier 2 | | | | |
| CREON CAP 3000UNIT | PANCRELIPASE (LIP-PROT-AMYL) DR CAP 3000-9500-15000 UNIT | Tier 2 | | | | |
| CREON CAP 36000UNT | PANCRELIPASE (LIP-PROT-AMYL) DR CAP 36000-114000-180000 UNIT | Tier 2 | | | | |
| CREON CAP 6000UNIT | PANCRELIPASE (LIP-PROT-AMYL) DR CAP 6000-19000-30000 UNIT | Tier 2 | | | | |
| CYSTADANE POW | BETAINE POWDER FOR ORAL SOLUTION | Tier 4 | | | | X |
| CYSTAGON CAP 150MG | CYSTEAMINE BITARTRATE CAP 150 MG | Tier 3 | | | | X |
| CYSTAGON CAP 50MG | CYSTEAMINE BITARTRATE CAP 50 MG | Tier 3 | | | | X |
| GALAFOLD CAP 123MG | MIGALASTAT HCL CAP 123 MG (BASE EQUIVALENT) | Tier 4 | X | X | | X |
| GLYCEROL PHE LIQ 1.1GM/ML | GLYCEROL PHENYLBUTYRATE LIQUID 1.1 GM/ML | Tier 4 | X | X | | X |
| MIGLUSTAT CAP 100MG | MIGLUSTAT CAP 100 MG | Tier 3 | | | | X |

HCR - Health Care Reform Preventive Care
^ May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met

| Medication name | Generic medication name | Drug Tier | Prior authorization | Quantity limit | Step Therapy | Specialty |
|---|---|---|---|---|---|---|
| OCALIVA TAB 10MG | OBETICHOLIC ACID TAB 10 MG | Tier 4 | | | | X |
| OCALIVA TAB 5MG | OBETICHOLIC ACID TAB 5 MG | Tier 4 | | | | X |
| OPFOLDA CAP 65MG | MIGLUSTAT (GAA DEFICIENCY) CAP 65 MG | Tier 3 | X | X | | X |
| ORFADIN CAP 10MG | NITISINONE CAP 10 MG | Tier 3 | X | | | X |
| ORFADIN CAP 20MG | NITISINONE CAP 20 MG | Tier 3 | X | | | X |
| ORFADIN CAP 2MG | NITISINONE CAP 2 MG | Tier 3 | X | | | X |
| ORFADIN CAP 5MG | NITISINONE CAP 5 MG | Tier 3 | X | | | X |
| ORFADIN SUS 4MG/ML | NITISINONE SUSP 4 MG/ML | Tier 3 | X | | | X |
| PERTZYE CAP 16000U | PANCRELIPASE (LIP-PROT-AMYL) DR CAP 16000-57500-60500 UNIT | Tier 4 | | | X | |
| PERTZYE CAP 24000U | PANCRELIPASE (LIP-PROT-AMYL) DR CAP 24000-86250-90750 UNIT | Tier 4 | | | X | |
| PERTZYE CAP 4000UNIT | PANCRELIPASE (LIP-PROT-AMYL) DR CAP 4000-14375-15125 UNIT | Tier 4 | | | X | |
| PERTZYE CAP 8000UNIT | PANCRELIPASE (LIP-PROT-AMYL) DR CAP 8000-28750-30250 UNIT | Tier 4 | | | X | |
| PHENYLBUTYRA POW SODIUM | SODIUM PHENYLBUTYRATE ORAL POWDER 3 GM/TEASPOONFUL | Tier 1 | X | | | |
| PROCYSBI GRA 300MG | CYSTEAMINE BITARTRATE DELAYED RELEASE GRANULES PACKET 300 MG | Tier 4 | | | | |
| PROCYSBI GRA 75MG | CYSTEAMINE BITARTRATE DELAYED RELEASE GRANULES PACKET 75 MG | Tier 4 | | | | |
| SAPROPTERIN POW 100MG | SAPROPTERIN DIHYDROCHLORIDE POWDER PACKET 100 MG | Tier 3 | X | X | | |
| SAPROPTERIN POW 500MG | SAPROPTERIN DIHYDROCHLORIDE POWDER PACKET 500 MG | Tier 3 | X | X | | |
| SAPROPTERIN TAB 100MG | SAPROPTERIN DIHYDROCHLORIDE TAB 100 MG | Tier 3 | X | X | | |
| SODIUM PHENY TAB 500MG | SODIUM PHENYLBUTYRATE TAB 500 MG | Tier 4 | X | | | |
| STRENSIQ INJ 18/0.45 | ASFOTASE ALFA SUBCUTANEOUS INJ 18 MG/0.45ML | Tier 3 | X | X | | |
| STRENSIQ INJ 28/0.7ML | ASFOTASE ALFA SUBCUTANEOUS INJ 28 MG/0.7ML | Tier 3 | X | X | | |
| STRENSIQ INJ 40MG/ML | ASFOTASE ALFA SUBCUTANEOUS INJ 40 MG/ML | Tier 3 | X | X | | |
| STRENSIQ INJ 80/0.8ML | ASFOTASE ALFA SUBCUTANEOUS INJ 80 MG/0.8ML | Tier 3 | X | X | | |
| SUCRAID SOL 8500/ML | SACROSIDASE SOLN 8500 UNIT/ML | Tier 3 | | | | |
| VIOKACE TAB 10440 | PANCRELIPASE (LIP-PROT-AMYL) TAB 10440-39150-39150 UNIT | Tier 4 | | | | |
| VIOKACE TAB 20880 | PANCRELIPASE (LIP-PROT-AMYL) TAB 20880-78300-78300 UNIT | Tier 4 | | | | |
| VOXZOGO INJ 0.4MG | VOSORITIDE FOR SUBCUTANEOUS INJ 0.4 MG | Tier 4 | | | | |

HCR - Health Care Reform Preventive Care
^ May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met

| Medication name | Generic medication name | Drug Tier | Prior authorization | Quantity limit | Step Therapy | Specialty |
|---|---|---|---|---|---|---|
| VOXZOGO INJ 0.56MG | VOSORITIDE FOR SUBCUTANEOUS INJ 0.56 MG | Tier 4 | | | | |
| VOXZOGO INJ 1.2MG | VOSORITIDE FOR SUBCUTANEOUS INJ 1.2 MG | Tier 4 | | | | |
| WAINUA INJ 45/0.8ML | EPLONTERSEN SODIUM SUBCUTANEOUS SOLN AUTO-INJ 45 MG/0.8ML | Tier 3 | | | | |
| XPHOZAH TAB 20MG | TENAPANOR HCL TAB 20 MG | Tier 4 | X | X | | |
| XPHOZAH TAB 30MG | TENAPANOR HCL TAB 30 MG | Tier 4 | X | X | | |
| XURIDEN POW 2GM | URIDINE TRIACETATE ORAL GRANULES PACKET 2 GM | Tier 3 | X | X | | |
| YORVIPATH INJ 168/0.56 | PALOPEGTERIPARATIDE PEN-INJ 168 MC-G/0.56ML (TERIPARATIDE EQ) | Tier 4 | X | X | | X |
| YORVIPATH INJ 294/0.98 | PALOPEGTERIPARATIDE PEN-INJ 294 MC-G/0.98ML (TERIPARATIDE EQ) | Tier 4 | X | X | | X |
| YORVIPATH INJ 420/1.4 | PALOPEGTERIPARATIDE PEN-INJ 420 MC-G/1.4ML (TERIPARATIDE EQ) | Tier 4 | X | X | | X |
| YUVIWEL INJ 1.3MG | NAVEPEGRITIDE FOR SUBCUTANEOUS INJ 1.3 MG | Tier 4 | X | X | | X |
| YUVIWEL INJ 2.8MG | NAVEPEGRITIDE FOR SUBCUTANEOUS INJ 2.8 MG | Tier 4 | X | X | | X |
| YUVIWEL INJ 5.5MG | NAVEPEGRITIDE FOR SUBCUTANEOUS INJ 5.5 MG | Tier 4 | X | X | | X |
| ZELVYSIA POW 100MG | SAPROPTERIN DIHYDROCHLORIDE POWDER PACKET 100 MG | Tier 3 | X | X | | X |
| ZELVYSIA POW 500MG | SAPROPTERIN DIHYDROCHLORIDE POWDER PACKET 500 MG | Tier 3 | X | X | | X |
| ZENPEP CAP 10000UNT | PANCRELIPASE (LIP-PROT-AMYL) DR CAP 10000-32000-42000 UNIT | Tier 2 | | | | |
| ZENPEP CAP 15000UNT | PANCRELIPASE (LIP-PROT-AMYL) DR CAP 15000-47000-63000 UNIT | Tier 2 | | | | |
| ZENPEP CAP 20000UNT | PANCRELIPASE (LIP-PROT-AMYL) DR CAP 20000-63000-84000 UNIT | Tier 2 | | | | |
| ZENPEP CAP 25000UNT | PANCRELIPASE (LIP-PROT-AMYL) DR CAP 25000-79000-105000 UNIT | Tier 2 | | | | |
| ZENPEP CAP 3000UNIT | PANCRELIPASE (LIP-PROT-AMYL) DR CAP 3000-10000-14000 UNIT | Tier 2 | | | | |
| ZENPEP CAP 40000UNT | PANCRELIPASE (LIP-PROT-AMYL) DR CAP 40000-126000-168000 UNIT | Tier 2 | | | | |
| ZENPEP CAP 5000UNIT | PANCRELIPASE (LIP-PROT-AMYL) DR CAP 5000-17000-24000 UNIT | Tier 2 | | | | |
| ZENPEP CAP 60000UNT | PANCRELIPASE (LIP-PROT-AMYL) DR CAP 60000-189600-252600 UNIT | Tier 2 | | | | |
| **Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment** | | | | | | |
| ATTRUBY PAK 356MG | ACORAMIDIS HCL TAB PACK 356 MG (712 MG TWICE DAILY) | Tier 3 | | | | |

HCR - Health Care Reform Preventive Care
^ May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met

| Medication name | Generic medication name | Drug Tier | Prior authorization | Quantity limit | Step Therapy | Specialty |
|---|---|---|---|---|---|---|
| **Genitourinary Agents, Other - Miscellaneous Bladder, Genital, and Kidney Conditions Drugs** | | | | | | |
| AVANAFIL TAB 100MG | AVANAFIL TAB 100 MG | Tier 3 | | | | |
| AVANAFIL TAB 200MG | AVANAFIL TAB 200 MG | Tier 3 | | | | |
| AVANAFIL TAB 50MG | AVANAFIL TAB 50 MG | Tier 3 | | | | |
| BETHANECHOL TAB 10MG | BETHANECHOL CHLORIDE TAB 10 MG | Tier 1 | | | | |
| BETHANECHOL TAB 25MG | BETHANECHOL CHLORIDE TAB 25 MG | Tier 1 | | | | |
| BETHANECHOL TAB 50MG | BETHANECHOL CHLORIDE TAB 50 MG | Tier 1 | | | | |
| BETHANECHOL TAB 5MG | BETHANECHOL CHLORIDE TAB 5 MG | Tier 1 | | | | |
| CAVERJECT IM KIT 10MCG | ALPROSTADIL FOR INJ CARTRIDGE KIT 10 MCG | Tier 3 | | | | |
| CAVERJECT IM KIT 20MCG | ALPROSTADIL FOR INJ CARTRIDGE KIT 20 MCG | Tier 3 | | | | |
| CAVERJECT INJ 20MCG | ALPROSTADIL FOR INJ 20 MCG | Tier 3 | | | | |
| CAVERJECT INJ 40MCG | ALPROSTADIL FOR INJ 40 MCG | Tier 3 | | | | |
| CERVIDIL VAG MIS 10MG INS | DINOPROSTONE VAGINAL INSERTS 10 MG | Tier 3 | | | | |
| DEPEN TITRA TAB 250MG | PENICILLAMINE TAB 250 MG | Tier 3 | | | | |
| EDEX 2-CRTDG KIT 10MCG | ALPROSTADIL FOR INJ CARTRIDGE KIT 10 MCG | Tier 3 | | X | | |
| EDEX 2-CRTDG KIT 20MCG | ALPROSTADIL FOR INJ CARTRIDGE KIT 20 MCG | Tier 3 | | X | | |
| EDEX 2-CRTDG KIT 40MCG | ALPROSTADIL FOR INJ CARTRIDGE KIT 40 MCG | Tier 3 | | X | | |
| EDEX 6-CRTDG KIT 10MCG | ALPROSTADIL FOR INJ CARTRIDGE KIT 10 MCG | Tier 3 | | X | | |
| EDEX 6-CRTDG KIT 20MCG | ALPROSTADIL FOR INJ CARTRIDGE KIT 20 MCG | Tier 3 | | X | | |
| EDEX 6-CRTDG KIT 40MCG | ALPROSTADIL FOR INJ CARTRIDGE KIT 40 MCG | Tier 3 | | X | | |
| ENCARE SUP 100MG | NONOXYNOL-9 VAGINAL SUPPOS 100 MG | HCR | | | | |
| FILSPARI TAB 200MG | SPARSENTAN TAB 200 MG | Tier 4 | X | X | | X |
| FILSPARI TAB 400MG | SPARSENTAN TAB 400 MG | Tier 4 | X | X | | X |
| GYNOL II GEL 3% | NONOXYNOL-9 GEL 3% | HCR | | | | |
| LITHOSTAT TAB 250MG | ACETOHYDROXAMIC ACID TAB 250 MG | Tier 3 | | | | |
| ME/NAPHOS/MB TAB HYO 1 | METHENAMINE-HYOSCAMINE-METH BLUE-SOD PHOS TAB 81.6 MG | Tier 1 | | | | |
| PENICILLAMIN TAB 250MG | PENICILLAMINE TAB 250 MG | Tier 3 | | | | X |
| PHENAZO TAB 200MG | PHENAZOPYRIDINE HCL TAB 200 MG | Tier 1 | | | | |
| PHENAZOPYRID TAB 100MG | PHENAZOPYRIDINE HCL TAB 100 MG | Tier 1 | | | | |
| PHENAZOPYRID TAB 200MG | PHENAZOPYRIDINE HCL TAB 200 MG | Tier 1 | | | | |
| PREPIDIL GEL 0.5MG/3G | DINOPROSTONE CERVICAL GEL 0.5 MG/3GM | Tier 3 | | | | |
| PYRIDIUM TAB 100MG | PHENAZOPYRIDINE HCL TAB 100 MG | Tier 3 | | | | |
| PYRIDIUM TAB 200MG | PHENAZOPYRIDINE HCL TAB 200 MG | Tier 3 | | | | |

HCR - Health Care Reform Preventive Care
^ May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met

| Medication name | Generic medication name | Drug Tier | Prior authorization | Quantity limit | Step Therapy | Specialty |
|---|---|---|---|---|---|---|
| RIVFLOZA INJ 128/0.8 | NEDOSIRAN SODIUM SUBCUTANEOUS SOLN PREF SYR 128 MG/0.8ML | Tier 4 | X | X | | X |
| RIVFLOZA INJ 160MG/ML | NEDOSIRAN SODIUM SUBCUTANEOUS SOLN PREF SYR 160 MG/ML | Tier 4 | X | X | | X |
| RIVFLOZA INJ 80/0.5ML | NEDOSIRAN SODIUM SUBCUTANEOUS SOLN 80 MG/0.5ML | Tier 4 | X | X | | X |
| SILDENAFIL TAB 100MG | SILDENAFIL CITRATE TAB 100 MG | Tier 2 | | X | | |
| SILDENAFIL TAB 25MG | SILDENAFIL CITRATE TAB 25 MG | Tier 2 | | X | | |
| SILDENAFIL TAB 50MG | SILDENAFIL CITRATE TAB 50 MG | Tier 2 | | X | | |
| STENDRA TAB 100MG | AVANAFIL TAB 100 MG | Tier 4 | X | X | | |
| STENDRA TAB 200MG | AVANAFIL TAB 200 MG | Tier 4 | X | X | | |
| STENDRA TAB 50MG | AVANAFIL TAB 50 MG | Tier 4 | X | X | | |
| TADALAFIL TAB 10MG | TADALAFIL TAB 10 MG | Tier 2 | | X | | |
| TADALAFIL TAB 20MG | TADALAFIL TAB 20 MG | Tier 2 | | X | | |
| TIOPRONIN TAB 100MG | TIOPRONIN TAB 100 MG | Tier 3 | | | | X |
| TIOPRONIN TAB 100MG DR | TIOPRONIN TAB DELAYED RELEASE 100 MG | Tier 3 | | | | X |
| TIOPRONIN TAB 300MG DR | TIOPRONIN TAB DELAYED RELEASE 300 MG | Tier 3 | | | | X |
| TODAY SPONGE MIS | NONOXYNOL-9 VAGINAL SPONGE 1000 MG | HCR | | | | |
| URELLE TAB | METHENAMINE-HYOSC-METH BLUE-SOD PHOS-PHEN SAL TAB 81 MG | Tier 4 | | | | |
| URETRON D/S TAB | METHENAMINE-HYOS-METH BLUE-SOD PHOS-PHEN SAL TAB 81.6 MG | Tier 4 | | | | |
| UROGESIC- TAB BLUE | METHENAMINE-HYOSCAMINE-METH BLUE-SOD PHOS TAB 81.6 MG | Tier 2 | | | | |
| VARDENAFIL TAB 10MG | VARDENAFIL HCL TAB 10 MG | Tier 3 | | X | | |
| VARDENAFIL TAB 10MG ODT | VARDENAFIL HCL ORALLY DISINTEGRATING TAB 10 MG | Tier 3 | | X | | |
| VARDENAFIL TAB 2.5MG | VARDENAFIL HCL TAB 2.5 MG | Tier 3 | | X | | |
| VARDENAFIL TAB 20MG | VARDENAFIL HCL TAB 20 MG | Tier 3 | | X | | |
| VARDENAFIL TAB 5MG | VARDENAFIL HCL TAB 5 MG | Tier 3 | | X | | |
| VCF VAGINAL GEL CONTRACE | NONOXYNOL-9 GEL 4% | HCR | | | | |
| VCF VAGINAL MIS CONTRACP | NONOXYNOL-9 FILM 28% | HCR | | | | |
| VILEVEV MB TAB 81MG | METHENAMINE-HYOSC-METH BLUE-SOD PHOS-PHEN SAL TAB 81 MG | Tier 4 | | | | |
| VYBRIQUE MIS 100MG | SILDENAFIL CITRATE ORAL FILM 100 MG (BASE EQUIVALENT) | Tier 3 | | X | | |
| VYBRIQUE MIS 25MG | SILDENAFIL CITRATE ORAL FILM 25 MG (BASE EQUIVALENT) | Tier 3 | | X | | |
| VYBRIQUE MIS 50MG | SILDENAFIL CITRATE ORAL FILM 50 MG (BASE EQUIVALENT) | Tier 3 | | X | | |
| VYBRIQUE MIS 75MG | SILDENAFIL CITRATE ORAL FILM 75 MG (BASE EQUIVALENT) | Tier 3 | | X | | |

HCR – Health Care Reform Preventive Care
^ May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met

| Medication name | Generic medication name | Drug Tier | Prior authorization | Quantity limit | Step Therapy | Specialty |
|---|---|---|---|---|---|---|
| **Glucocorticoids - Drugs to Treat Inflammation** | | | | | | |
| ANALPRAM HC CRE 1-1% | HYDROCORTISONE ACETATE W/ PRAMOXINE PERIANAL CREAM 1-1% | Tier 4 | | | | |
| ANALPRAM HC LOT 2.5% | HYDROCORTISONE ACETATE W/ PRAMOXINE PERIANAL LOTN 2.5-1% | Tier 3 | | | | |
| ANALPRAM-HC CRE 1-1% | HYDROCORTISONE ACETATE W/ PRAMOXINE PERIANAL CREAM 1-1% | Tier 4 | | | | |
| ANALPRAM-HC LOT 2.5% | HYDROCORTISONE ACETATE W/ PRAMOXINE PERIANAL LOTN 2.5-1% | Tier 3 | | | | |
| ANUCORT-HC SUP 25MG | HYDROCORTISONE ACETATE SUPPOS 25 MG | Tier 2 | | | | |
| ANUSOL-HC CRE 2.5% | HYDROCORTISONE PERIANAL CREAM 2.5% | Tier 4 | | | | |
| BUDESONIDE AER 2MG/ACT | BUDESONIDE RECTAL FOAM 2 MG/ACT | Tier 2 | | | | |
| BUDESONIDE CAP 3MG DR | BUDESONIDE DELAYED RELEASE PARTICLES CAP 3 MG | Tier 2 | | | | |
| CORTENEMA ENE 100MG | HYDROCORTISONE ENEMA 100 MG/60ML | Tier 4 | | | | |
| CORTIFOAM AER 90MG | HYDROCORTISONE ACETATE PERIANAL FOAM 10% (90 MG/DOSE) | Tier 2 | | | | |
| EOHILIA SUS 2MG/10ML | BUDESONIDE ORAL SUSPENSION 2 MG/10ML | Tier 4 | X | X | | |
| HC PRAMOXINE CRE 1-1% | HYDROCORTISONE ACETATE W/ PRAMOXINE PERIANAL CREAM 1-1% | Tier 1 | | | | |
| HC PRAMOXINE CRE 2.5-1% | PRAMOXINE-HC CREAM 1-2.5% | Tier 1 | | | | |
| HEMMOREX-HC SUP 25MG | HYDROCORTISONE ACETATE SUPPOS 25 MG | Tier 3 | | | | |
| HYDROCORT AC SUP 25MG | HYDROCORTISONE ACETATE SUPPOS 25 MG | Tier 2 | | X | | |
| HYDROCORT AC SUP 30MG | HYDROCORTISONE ACETATE SUPPOS 30 MG | Tier 2 | X | X | | |
| HYDROCORT ENE 100MG | HYDROCORTISONE ENEMA 100 MG/60ML | Tier 1 | | X | | |
| HYDROCORTISO CRE 2.5% | HYDROCORTISONE PERIANAL CREAM 2.5% | Tier 1 | | X | | |
| PRAMOSONE OIN 1-1% | PRAMOXINE-HC OINT 1-1% | Tier 2 | | | | |
| PRAMOSONE OIN 1% | PRAMOXINE-HC OINT 1-1% | Tier 2 | | | | |
| PRAMOSONE OIN 2.5% | PRAMOXINE-HC OINT 1-2.5% | Tier 4 | | X | | |
| PROCTO-MED CRE HC 2.5% | HYDROCORTISONE PERIANAL CREAM 2.5% | Tier 1 | | | | |
| PROCTOFOAM AER HC 1% | HYDROCORTISONE ACETATE W/ PRAMOXINE PERIANAL FOAM 1-1% | Tier 2 | | | | |
| PROCTOSOL HC CRE 2.5% | HYDROCORTISONE PERIANAL CREAM 2.5% | Tier 4 | | | | |
| PROCTOZONE CRE -HC 2.5% | HYDROCORTISONE PERIANAL CREAM 2.5% | Tier 4 | | | | |
| **Glutamate Reducing Agents - Seizure Control Drugs** | | | | | | |
| FELBAMATE SUS 600/5ML | FELBAMATE SUSP 600 MG/5ML | Tier 1 | | | | |
| FELBAMATE TAB 400MG | FELBAMATE TAB 400 MG | Tier 1 | | | | |
| FELBAMATE TAB 600MG | FELBAMATE TAB 600 MG | Tier 1 | | | | |

HCR – Health Care Reform Preventive Care
^ May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met

| Medication name | Generic medication name | Drug Tier | Prior authorization | Quantity limit | Step Therapy | Specialty |
|---|---|---|---|---|---|---|
| FELBATOL TAB 400MG | FELBAMATE TAB 400 MG | Tier 4 | X | | | |
| FELBATOL TAB 600MG | FELBAMATE TAB 600 MG | Tier 4 | X | | | |
| FYCOMPA SUS 0.5MG/ML | PERAMPANEL SUSP 0.5 MG/ML | Tier 4 | X | | | |
| LAMOTRIGINE CHW 25MG | LAMOTRIGINE TAB CHEWABLE DISPERSIBLE 25 MG | Tier 1 | | X | | |
| LAMOTRIGINE CHW 5MG | LAMOTRIGINE TAB CHEWABLE DISPERSIBLE 5 MG | Tier 1 | | X | | |
| LAMOTRIGINE KIT START 35 | LAMOTRIGINE TAB 35 X 25 MG STARTER KIT | Tier 1 | | | | |
| LAMOTRIGINE KIT START 49 | LAMOTRIGINE TAB 25 MG (42) & 100 MG (7) STARTER KIT | Tier 1 | | | | |
| LAMOTRIGINE KIT START 98 | LAMOTRIGINE TAB 84 X 25 MG & 14 X 100 MG STARTER KIT | Tier 1 | | | | |
| LAMOTRIGINE TAB 100MG | LAMOTRIGINE TAB 100 MG | Tier 1 | | | | |
| LAMOTRIGINE TAB 150MG | LAMOTRIGINE TAB 150 MG | Tier 1 | | | | |
| LAMOTRIGINE TAB 200MG | LAMOTRIGINE TAB 200 MG | Tier 1 | | | | |
| LAMOTRIGINE TAB 25MG | LAMOTRIGINE TAB 25 MG | Tier 1 | | | | |
| PERAMPANEL SUS 0.5MG/ML | PERAMPANEL SUSP 0.5 MG/ML | Tier 3 | X | | | |
| PERAMPANEL TAB 10MG | PERAMPANEL TAB 10 MG | Tier 3 | X | | | |
| PERAMPANEL TAB 12MG | PERAMPANEL TAB 12 MG | Tier 3 | X | | | |
| PERAMPANEL TAB 2MG | PERAMPANEL TAB 2 MG | Tier 3 | | | | |
| PERAMPANEL TAB 4MG | PERAMPANEL TAB 4 MG | Tier 3 | | | | |
| PERAMPANEL TAB 6MG | PERAMPANEL TAB 6 MG | Tier 3 | | | | |
| PERAMPANEL TAB 8MG | PERAMPANEL TAB 8 MG | Tier 3 | X | | | |
| SUBVENITE KIT START 35 | LAMOTRIGINE TAB 35 X 25 MG STARTER KIT | Tier 1 | | | | |
| SUBVENITE KIT START 49 | LAMOTRIGINE TAB 25 MG (42) & 100 MG (7) STARTER KIT | Tier 1 | | | | |
| SUBVENITE KIT START 98 | LAMOTRIGINE TAB 84 X 25 MG & 14 X 100 MG STARTER KIT | Tier 1 | | | | X |
| SUBVENITE TAB 100MG | LAMOTRIGINE TAB 100 MG | Tier 1 | | X | | |
| SUBVENITE TAB 150MG | LAMOTRIGINE TAB 150 MG | Tier 1 | | | | |
| SUBVENITE TAB 200MG | LAMOTRIGINE TAB 200 MG | Tier 1 | | | | |
| SUBVENITE TAB 25MG | LAMOTRIGINE TAB 25 MG | Tier 1 | | | | |
| TOPIRAMATE CAP 15MG | TOPIRAMATE SPRINKLE CAP 15 MG | Tier 1 | | | | |
| TOPIRAMATE CAP 25MG | TOPIRAMATE SPRINKLE CAP 25 MG | Tier 1 | | | | X |
| TOPIRAMATE CAP 50MG | TOPIRAMATE SPRINKLE CAP 50 MG | Tier 1 | | | | |
| TOPIRAMATE TAB 100MG | TOPIRAMATE TAB 100 MG | Tier 1 | | X | | |
| TOPIRAMATE TAB 200MG | TOPIRAMATE TAB 200 MG | Tier 1 | | | | |
| TOPIRAMATE TAB 25MG | TOPIRAMATE TAB 25 MG | Tier 1 | | | X | |
| TOPIRAMATE TAB 50MG | TOPIRAMATE TAB 50 MG | Tier 1 | | | | |
| **Glycemic Agents - Diabetic Drugs** | | | | | | |
| BAQSIMI ONE POW 3MG/DOSE | GLUCAGON NASAL POWDER 3 MG/DOSE | Tier 2 | | X | | |

HCR – Health Care Reform Preventive Care
^ May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met

| Medication name | Generic medication name | Drug Tier | Prior authorization | Quantity limit | Step Therapy | Specialty |
|---|---|---|---|---|---|---|
| BAQSIMI TWO POW 3MG/ DOSE | GLUCAGON NASAL POWDER 3 MG/DOSE | Tier 2 | | X | | |
| DIAZOXIDE SUS 50MG/ML | DIAZOXIDE SUSP 50 MG/ML | Tier 3 | | | | |
| GLUCAGON EMR SOL 1MG | GLUCAGON HCL FOR INJ 1 MG | Tier 2 | | | | |
| GLUCAGON INJ 1MG | GLUCAGON FOR INJ 1 MG | Tier 2 | | | | |
| GVOKE HYPO 1 INJ 0.5/.1ML | GLUCAGON SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML | Tier 2 | | X | | |
| GVOKE HYPO 1 INJ 1/0.2ML | GLUCAGON SUBCUTANEOUS SOLUTION AUTO-INJECTOR 1 MG/0.2ML | Tier 2 | | X | | |
| GVOKE HYPO 2 INJ 0.5/.1ML | GLUCAGON SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML | Tier 2 | | X | | |
| GVOKE HYPO 2 INJ 1/0.2ML | GLUCAGON SUBCUTANEOUS SOLUTION AUTO-INJECTOR 1 MG/0.2ML | Tier 2 | | X | | |
| GVOKE KIT SOL 1/0.2ML | GLUCAGON SUBCUTANEOUS SOLN 1 MG/0.2ML | Tier 2 | | X | | |
| GVOKE PFS INJ 1/0.2ML | GLUCAGON SUBCUTANEOUS SOLN PREF SYRINGE 1 MG/0.2ML | Tier 2 | | X | | |
| PROGLYCEM SUS 50MG/ML | DIAZOXIDE SUSP 50 MG/ML | Tier 4 | | | | |
| **Hemostasis Agents - Drugs to Stop Bleeding** | | | | | | |
| ADVATE INJ 1000UNIT | ANTIHEMOPHILIC FACTOR RECOMB (RAHF-PFM) FOR INJ 1000 UNIT | Tier 3 | | | | |
| ADVATE INJ 1500UNIT | ANTIHEMOPHILIC FACTOR RECOMB (RAHF-PFM) FOR INJ 1500 UNIT | Tier 3 | | | | |
| ADVATE INJ 2000UNIT | ANTIHEMOPHILIC FACTOR RECOMB (RAHF-PFM) FOR INJ 2000 UNIT | Tier 3 | | | | |
| ADVATE INJ 250UNIT | ANTIHEMOPHILIC FACTOR RECOMB (RAHF-PFM) FOR INJ 250 UNIT | Tier 3 | | | | |
| ADVATE INJ 3000UNIT | ANTIHEMOPHILIC FACTOR RECOMB (RAHF-PFM) FOR INJ 3000 UNIT | Tier 3 | | | | |
| ADVATE INJ 4000UNIT | ANTIHEMOPHILIC FACTOR RECOMB (RAHF-PFM) FOR INJ 4000 UNIT | Tier 3 | | | | |
| ADVATE INJ 500UNIT | ANTIHEMOPHILIC FACTOR RECOMB (RAHF-PFM) FOR INJ 500 UNIT | Tier 3 | | | | |
| ADYNOVATE INJ 1000UNIT | ANTIHEMOPHILIC FACTOR RECOMB PEGYLATED FOR INJ 1000 UNIT | Tier 3 | | | | |
| ADYNOVATE INJ 1500UNIT | ANTIHEMOPHILIC FACTOR RECOMB PEGYLATED FOR INJ 1500 UNIT | Tier 3 | | | | |
| ADYNOVATE INJ 2000UNIT | ANTIHEMOPHILIC FACTOR RECOMB PEGYLATED FOR INJ 2000 UNIT | Tier 3 | | | | |
| ADYNOVATE INJ 250UNIT | ANTIHEMOPHILIC FACTOR RECOMB PEGYLATED FOR INJ 250 UNIT | Tier 3 | | | | X |
| ADYNOVATE INJ 3000UNIT | ANTIHEMOPHILIC FACTOR RECOMB PEGYLATED FOR INJ 3000 UNIT | Tier 3 | | | | X |
| ADYNOVATE INJ 500UNIT | ANTIHEMOPHILIC FACTOR RECOMB PEGYLATED FOR INJ 500 UNIT | Tier 3 | | | | X |

HCR - Health Care Reform Preventive Care
^ May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met

| Medication name | Generic medication name | Drug Tier | Prior authorization | Quantity limit | Step Therapy | Specialty |
|---|---|---|---|---|---|---|
| ADYNOVATE INJ 750UNIT | ANTIHEMOPHILIC FACTOR RECOMB PEGYLATED FOR INJ 750 UNIT | Tier 3 | | | | |
| AFSTYLA KIT 1000UNIT | ANTIHEMOPHILIC FACT RCMB SINGLE CHAIN FOR INJ KIT 1000 UNIT | Tier 3 | | | | |
| AFSTYLA KIT 1500UNIT | ANTIHEMOPHILIC FACT RCMB SINGLE CHAIN FOR INJ KIT 1500 UNIT | Tier 3 | | | | |
| AFSTYLA KIT 2000UNIT | ANTIHEMOPHILIC FACT RCMB SINGLE CHAIN FOR INJ KIT 2000 UNIT | Tier 3 | | | | |
| AFSTYLA KIT 2500UNIT | ANTIHEMOPHILIC FACT RCMB SINGLE CHAIN FOR INJ KIT 2500 UNIT | Tier 3 | | | | |
| AFSTYLA KIT 250UNIT | ANTIHEMOPHILIC FACT RCMB SINGLE CHAIN FOR INJ KIT 250 UNIT | Tier 3 | | | | |
| AFSTYLA KIT 3000UNIT | ANTIHEMOPHILIC FACT RCMB SINGLE CHAIN FOR INJ KIT 3000 UNIT | Tier 3 | | | | |
| AFSTYLA KIT 500UNIT | ANTIHEMOPHILIC FACT RCMB SINGLE CHAIN FOR INJ KIT 500 UNIT | Tier 3 | | | | |
| ALPHANATE INJ 1000UNIT | ANTIHEMOPHILIC FACTOR/VWF (HUMAN) FOR INJ 1000 UNIT | Tier 3 | | | | |
| ALPHANATE INJ 1500UNIT | ANTIHEMOPHILIC FACTOR/VWF (HUMAN) FOR INJ 1500 UNIT | Tier 3 | | | | |
| ALPHANATE INJ 2000UNIT | ANTIHEMOPHILIC FACTOR/VWF (HUMAN) FOR INJ 2000 UNIT | Tier 3 | | | | |
| ALPHANATE INJ 250 UNIT | ANTIHEMOPHILIC FACTOR/VWF (HUMAN) FOR INJ 250 UNIT | Tier 3 | | | | |
| ALPHANATE INJ 500 UNIT | ANTIHEMOPHILIC FACTOR/VWF (HUMAN) FOR INJ 500 UNIT | Tier 3 | | | | |
| ALPHANINE SD INJ 1000UNIT | COAGULATION FACTOR IX FOR INJ 1000 UNIT | Tier 3 | | | | |
| ALPHANINE SD INJ 1500UNIT | COAGULATION FACTOR IX FOR INJ 1500 UNIT | Tier 3 | | | | |
| ALPHANINE SD INJ 500UNIT | COAGULATION FACTOR IX FOR INJ 500 UNIT | Tier 3 | | | | |
| ALPROLIX INJ 1000UNIT | COAGULATION FACTOR IX (RECOMB) (RFIXFC) FOR INJ 1000 UNIT | Tier 4 | | | | |
| ALPROLIX INJ 2000UNIT | COAGULATION FACTOR IX (RECOMB) (RFIXFC) FOR INJ 2000 UNIT | Tier 4 | | | | |
| ALPROLIX INJ 250UNIT | COAGULATION FACTOR IX (RECOMB) (RFIXFC) FOR INJ 250 UNIT | Tier 3 | | | | |
| ALPROLIX INJ 3000UNIT | COAGULATION FACTOR IX (RECOMB) (RFIXFC) FOR INJ 3000 UNIT | Tier 4 | | | | |
| ALPROLIX INJ 4000UNIT | COAGULATION FACTOR IX (RECOMB) (RFIXFC) FOR INJ 4000 UNIT | Tier 4 | | | | |
| ALPROLIX INJ 500UNIT | COAGULATION FACTOR IX (RECOMB) (RFIXFC) FOR INJ 500 UNIT | Tier 4 | | | | |
| ALTUVIIIO INJ 1000UNIT | ANTIHEMOPHILIC FACT RCMB FC-VWF-XTEN-EHTL FOR INJ 1000 UNIT | Tier 3 | | | | |

HCR - Health Care Reform Preventive Care
^ May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met

| Medication name | Generic medication name | Drug Tier | Prior authorization | Quantity limit | Step Therapy | Specialty |
|---|---|---|---|---|---|---|
| ALTUVIIIO INJ 2000UNIT | ANTIHEMOPHILIC FACT RCMB FC-VWF-XTEN-EHTL FOR INJ 2000 UNIT | Tier 3 | | | | |
| ALTUVIIIO INJ 250 UNIT | ANTIHEMOPHILIC FACT RCMB FC-VWF-XTEN-EHTL FOR INJ 250 UNIT | Tier 3 | | | | |
| ALTUVIIIO INJ 250UNIT | ANTIHEMOPHILIC FACT RCMB FC-VWF-XTEN-EHTL FOR INJ 250 UNIT | Tier 3 | | | | |
| ALTUVIIIO INJ 3000UNIT | ANTIHEMOPHILIC FACT RCMB FC-VWF-XTEN-EHTL FOR INJ 3000 UNIT | Tier 3 | | | | |
| ALTUVIIIO INJ 4000UNIT | ANTIHEMOPHILIC FACT RCMB FC-VWF-XTEN-EHTL FOR INJ 4000 UNIT | Tier 3 | | | | |
| ALTUVIIIO INJ 500UNIT | ANTIHEMOPHILIC FACT RCMB FC-VWF-XTEN-EHTL FOR INJ 500 UNIT | Tier 3 | | | | |
| 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 | | | | |
| ASTRINGYN SOL 259MG/GM | FERRIC SUBSULFATE SOLN 259 MG/GM | Tier 3 | | | | |
| BENEFIX INJ 1000UNIT | COAGULATION FACTOR IX (RECOMBINANT) FOR INJ KIT 1000 UNIT | Tier 3 | | | | X |
| BENEFIX INJ 2000UNIT | COAGULATION FACTOR IX (RECOMBINANT) FOR INJ KIT 2000 UNIT | Tier 3 | | | | X |
| BENEFIX INJ 250UNIT | COAGULATION FACTOR IX (RECOMBINANT) FOR INJ KIT 250 UNIT | Tier 3 | | | | |
| BENEFIX INJ 3000UNIT | COAGULATION FACTOR IX (RECOMBINANT) FOR INJ KIT 3000 UNIT | Tier 3 | | | | |
| BENEFIX INJ 500UNIT | COAGULATION FACTOR IX (RECOMBINANT) FOR INJ KIT 500 UNIT | Tier 3 | | | | |
| COAGADEX INJ 250UNIT | COAGULATION FACTOR X (HUMAN) FOR INJ 250 UNIT | Tier 3 | | | | |
| COAGADEX INJ 500UNIT | COAGULATION FACTOR X (HUMAN) FOR INJ 500 UNIT | Tier 3 | | | | |
| CORIFACT KIT | FACTOR XIII CONCENTRATE (HUMAN) FOR INJ KIT 1000-1600 UNIT | Tier 3 | | | | |
| ELOCTATE INJ 1000UNIT | ANTIHEMOPHILIC FACTOR RCMB (BDD-RFVIIIFC) FOR INJ 1000 UNIT | Tier 3 | | | | X |
| ELOCTATE INJ 1500UNIT | ANTIHEMOPHILIC FACTOR RCMB (BDD-RFVIIIFC) FOR INJ 1500 UNIT | Tier 3 | | | | X |
| ELOCTATE INJ 2000UNIT | ANTIHEMOPHILIC FACTOR RCMB (BDD-RFVIIIFC) FOR INJ 2000 UNIT | Tier 3 | | | | X |
| ELOCTATE INJ 250UNIT | ANTIHEMOPHILIC FACTOR RCMB (BDD-RFVIIIFC) FOR INJ 250 UNIT | Tier 3 | | | | X |
| ELOCTATE INJ 3000UNIT | ANTIHEMOPHILIC FACTOR RCMB (BDD-RFVIIIFC) FOR INJ 3000 UNIT | Tier 3 | | | | X |
| ELOCTATE INJ 4000UNIT | ANTIHEMOPHILIC FACTOR RCMB (BDD-RFVIIIFC) FOR INJ 4000 UNIT | Tier 3 | | | | X |

HCR - Health Care Reform Preventive Care
^ May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met

| Medication name | Generic medication name | Drug Tier | Prior authorization | Quantity limit | Step Therapy | Specialty |
|---|---|---|---|---|---|---|
| ELOCTATE INJ 5000UNIT | ANTIHEMOPHILIC FACTOR RCMB (BDD-RFVIIIFC) FOR INJ 5000 UNIT | Tier 3 | | | | X |
| ELOCTATE INJ 500UNIT | ANTIHEMOPHILIC FACTOR RCMB (BDD-RFVIIIFC) FOR INJ 500 UNIT | Tier 3 | | | | |
| ELOCTATE INJ 6000UNIT | ANTIHEMOPHILIC FACTOR RCMB (BDD-RFVIIIFC) FOR INJ 6000 UNIT | Tier 3 | | | | |
| ELOCTATE INJ 750UNIT | ANTIHEMOPHILIC FACTOR RCMB (BDD-RFVIIIFC) FOR INJ 750 UNIT | Tier 3 | | | | |
| FEIBA INJ | ANTIINHIBITOR COAGULANT COMPLEX FOR IV SOLN 1000 UNIT | Tier 3 | | | | |
| FEIBA INJ | ANTIINHIBITOR COAGULANT COMPLEX FOR IV SOLN 2500 UNIT | Tier 3 | | | | |
| FEIBA INJ | ANTIINHIBITOR COAGULANT COMPLEX FOR IV SOLN 500 UNIT | Tier 3 | | | | |
| HEMLIBRA INJ 105/0.7 | EMICIZUMAB-KXWH SUBCUTANEOUS SOLN 105 MG/0.7ML (150 MG/ML) | Tier 3 | X | | | X |
| HEMLIBRA INJ 150/ML | EMICIZUMAB-KXWH SUBCUTANEOUS SOLN 150 MG/ML | Tier 3 | X | | | X |
| HEMLIBRA INJ 300/2ML | EMICIZUMAB-KXWH SUBCUTANEOUS SOLN 300 MG/2ML (150 MG/ML) | Tier 3 | X | | | |
| HEMLIBRA INJ 30MG/ML | EMICIZUMAB-KXWH SUBCUTANEOUS SOLN 30 MG/ML | Tier 3 | X | | | |
| HEMLIBRA INJ 60/0.4 | EMICIZUMAB-KXWH SUBCUTANEOUS SOLN 60 MG/0.4ML (150 MG/ML) | Tier 3 | X | | | |
| HEMLIBRA SOL 12/0.4ML | EMICIZUMAB-KXWH SUBCUTANEOUS SOLN 12 MG/0.4ML (30 MG/ML) | Tier 3 | X | | | X |
| HEMOFIL M INJ 1000UNIT | ANTIHEMOPHILIC FACTOR (HUMAN) FOR INJ 1000 UNIT | Tier 3 | | | | X |
| HEMOFIL M INJ 1700UNIT | ANTIHEMOPHILIC FACTOR (HUMAN) FOR INJ 1700 UNIT | Tier 3 | | | | X |
| HEMOFIL M INJ 250UNIT | ANTIHEMOPHILIC FACTOR (HUMAN) FOR INJ 250 UNIT | Tier 3 | | | | X |
| HEMOFIL M INJ 500UNIT | ANTIHEMOPHILIC FACTOR (HUMAN) FOR INJ 500 UNIT | Tier 3 | | | | X |
| HUMATE-P SOL 2400UNIT | ANTIHEMOPHILIC FACTOR/VWF (HUMAN) FOR INJ 1000-2400 UNIT | Tier 3 | | | | X |
| HUMATE-P SOL 250-600 | ANTIHEMOPHILIC FACTOR/VWF (HUMAN) FOR INJ 250-600 UNIT | Tier 3 | | | | X |
| HUMATE-P SOL 500-1200 | ANTIHEMOPHILIC FACTOR/VWF (HUMAN) FOR INJ 500-1200 UNIT | Tier 3 | | | | X |
| HYMPAVZI INJ 150MG/ML | MARSTACIMAB-HNCQ SUBCUTANEOUS SOLN AUTO-INJ 150 MG/ML | Tier 3 | X | X | | X |
| HYMPAVZI INJ 75/0.5ML | MARSTACIMAB-HNCQ SUBCUTANEOUS SOLN AUTO-INJ 75 MG/0.5ML | Tier 3 | X | X | | X |
| IDELVION SOL 1000UNIT | COAGULATION FACTOR IX (RECOMB) (RIX-FP) FOR INJ 1000 UNIT | Tier 4 | | | | X |

HCR - Health Care Reform Preventive Care
^ May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met

| Medication name | Generic medication name | Drug Tier | Prior authorization | Quantity limit | Step Therapy | Specialty |
|---|---|---|---|---|---|---|
| IDELVION SOL 2000UNIT | COAGULATION FACTOR IX (RECOMB) (RIX-FP) FOR INJ 2000 UNIT | Tier 4 | | | | X |
| IDELVION SOL 250UNIT | COAGULATION FACTOR IX (RECOMB) (RIX-FP) FOR INJ 250 UNIT | Tier 4 | | | | X |
| IDELVION SOL 3500UNIT | COAGULATION FACTOR IX (RECOMB) (RIX-FP) FOR INJ 3500 UNIT | Tier 4 | | | | X |
| IDELVION SOL 500UNIT | COAGULATION FACTOR IX (RECOMB) (RIX-FP) FOR INJ 500 UNIT | Tier 4 | | | | X |
| KOATE INJ 1000UNIT | ANTIHEMOPHILIC FACTOR (HUMAN) FOR INJ 1000 UNIT | Tier 3 | | | | X |
| KOATE INJ 250UNIT | ANTIHEMOPHILIC FACTOR (HUMAN) FOR INJ 250 UNIT | Tier 3 | | | | X |
| KOATE INJ 500 UNIT | ANTIHEMOPHILIC FACTOR (HUMAN) FOR INJ 500 UNIT | Tier 3 | | | | X |
| KOATE-DVI INJ 1000UNIT | ANTIHEMOPHILIC FACTOR (HUMAN) FOR INJ 1000 UNIT | Tier 3 | | | | X |
| KOGENATE FS INJ 1000UNIT | ANTIHEMOPHILIC FACTOR RECOMB (RFVIII) FOR INJ KIT 1000 UNIT | Tier 3 | | | | X |
| KOGENATE FS INJ 2000UNIT | ANTIHEMOPHILIC FACTOR RECOMB (RFVIII) FOR INJ KIT 2000 UNIT | Tier 3 | | | | X |
| KOGENATE FS INJ 250UNIT | ANTIHEMOPHILIC FACTOR RECOMB (RFVIII) FOR INJ KIT 250 UNIT | Tier 3 | | | | X |
| KOGENATE FS INJ 3000UNIT | ANTIHEMOPHILIC FACTOR RECOMB (RFVIII) FOR INJ KIT 3000 UNIT | Tier 3 | | | | X |
| KOGENATE FS INJ 500UNIT | ANTIHEMOPHILIC FACTOR RECOMB (RFVIII) FOR INJ KIT 500 UNIT | Tier 3 | | | | X |
| KOVALTRY INJ 1000UNIT | ANTIHEMOPHILIC FACTOR RECOMB (RAHF-PFM) FOR INJ 1000 UNIT | Tier 3 | | | | X |
| KOVALTRY INJ 2000UNIT | ANTIHEMOPHILIC FACTOR RECOMB (RAHF-PFM) FOR INJ 2000 UNIT | Tier 3 | | | | X |
| KOVALTRY INJ 250UNIT | ANTIHEMOPHILIC FACTOR RECOMB (RAHF-PFM) FOR INJ 250 UNIT | Tier 3 | | | | X |
| KOVALTRY INJ 3000UNIT | ANTIHEMOPHILIC FACTOR RECOMB (RAHF-PFM) FOR INJ 3000 UNIT | Tier 3 | | | | X |
| KOVALTRY INJ 500UNIT | ANTIHEMOPHILIC FACTOR RECOMB (RAHF-PFM) FOR INJ 500 UNIT | Tier 3 | | | | X |
| MONSELS FERR SOL SUBSULF | FERRIC SUBSULFATE SOLN | Tier 3 | | | | |
| NOVOEIGHT INJ 1000UNIT | ANTIHEMOPHILIC FACT RCMB (BD TRUNC-RFVIII) FOR INJ 1000 UNIT | Tier 3 | | | | X |
| NOVOEIGHT INJ 1500UNIT | ANTIHEMOPHILIC FACT RCMB (BD TRUNC-RFVIII) FOR INJ 1500 UNIT | Tier 3 | | | | X |
| NOVOEIGHT INJ 2000UNIT | ANTIHEMOPHILIC FACT RCMB (BD TRUNC-RFVIII) FOR INJ 2000 UNIT | Tier 3 | | | | X |
| NOVOEIGHT INJ 250UNIT | ANTIHEMOPHILIC FACT RCMB (BD TRUNC-RFVIII) FOR INJ 250 UNIT | Tier 3 | | | | X |

HCR - Health Care Reform Preventive Care
^ May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met

| Medication name | Generic medication name | Drug Tier | Prior authorization | Quantity limit | Step Therapy | Specialty |
|---|---|---|---|---|---|---|
| NOVOEIGHT INJ 3000UNIT | ANTIHEMOPHILIC FACT RCMB (BD TRUNC-RFVIII) FOR INJ 3000 UNIT | Tier 3 | | | | X |
| NOVOEIGHT INJ 500UNIT | ANTIHEMOPHILIC FACT RCMB (BD TRUNC-RFVIII) FOR INJ 500 UNIT | Tier 3 | | | | X |
| NOVOSEVEN RT INJ 1MG | COAGULATION FACTOR VIIA (RECOMB) FOR INJ 1 MG (1000 MCG) | Tier 3 | | | | X |
| NOVOSEVEN RT INJ 2MG | COAGULATION FACTOR VIIA (RECOMB) FOR INJ 2 MG (2000 MCG) | Tier 3 | | | | X |
| NOVOSEVEN RT INJ 5MG | COAGULATION FACTOR VIIA (RECOMB) FOR INJ 5 MG (5000 MCG) | Tier 3 | | | | X |
| NOVOSEVEN RT INJ 8MG | COAGULATION FACTOR VIIA (RECOMB) FOR INJ 8 MG (8000 MCG) | Tier 3 | | | | X |
| NUWIQ INJ 1000UNIT | ANTIHEMOPHILIC FACT RCMB (BDD-RFVIII,SIM) FOR INJ 1000 UNIT | Tier 3 | | | | X |
| NUWIQ INJ 1500UNIT | ANTIHEMOPHILIC FACT RCMB (BDD-RFVIII,SIM) FOR INJ 1500 UNIT | Tier 3 | | | | X |
| NUWIQ INJ 2000UNIT | ANTIHEMOPHILIC FACT RCMB (BDD-RFVIII,SIM) FOR INJ 2000 UNIT | Tier 3 | | | | X |
| NUWIQ INJ 2500UNIT | ANTIHEMOPHILIC FACT RCMB (BDD-RFVIII,SIM) FOR INJ 2500 UNIT | Tier 3 | | | | X |
| NUWIQ INJ 250UNIT | ANTIHEMOPHILIC FACTOR RCMB (BDD-RFVIII,SIM) FOR INJ 250 UNIT | Tier 3 | | | | X |
| NUWIQ INJ 3000UNIT | ANTIHEMOPHILIC FACT RCMB (BDD-RFVIII,SIM) FOR INJ 3000 UNIT | Tier 3 | | | | X |
| NUWIQ INJ 4000UNIT | ANTIHEMOPHILIC FACT RCMB (BDD-RFVIII,SIM) FOR INJ 4000 UNIT | Tier 3 | | | | X |
| NUWIQ INJ 500UNIT | ANTIHEMOPHILIC FACTOR RCMB (BDD-RFVIII,SIM) FOR INJ 500 UNIT | Tier 3 | | | | X |
| NUWIQ KIT 1000UNIT | ANTIHEMOPHIL FACT RCMB(BDD-RFVIII,-SIM) FOR INJ KIT 1000 UNIT | Tier 3 | | | | X |
| NUWIQ KIT 1500UNIT | ANTIHEMOPHIL FACT RCMB(BDD-RFVIII,-SIM) FOR INJ KIT 1500 UNIT | Tier 3 | | | | X |
| NUWIQ KIT 2000UNIT | ANTIHEMOPHIL FACT RCMB(BDD-RFVIII,-SIM) FOR INJ KIT 2000 UNIT | Tier 3 | | | | X |
| NUWIQ KIT 2500UNIT | ANTIHEMOPHIL FACT RCMB(BDD-RFVIII,-SIM) FOR INJ KIT 2500 UNIT | Tier 3 | | | | X |
| NUWIQ KIT 250UNIT | ANTIHEMOPHIL FACT RCMB (BDD-RFVIII,-SIM) FOR INJ KIT 250 UNIT | Tier 3 | | | | X |
| NUWIQ KIT 3000UNIT | ANTIHEMOPHIL FACT RCMB(BDD-RFVIII,-SIM) FOR INJ KIT 3000 UNIT | Tier 3 | | | | X |
| NUWIQ KIT 4000UNIT | ANTIHEMOPHIL FACT RCMB(BDD-RFVIII,-SIM) FOR INJ KIT 4000 UNIT | Tier 3 | | | | |
| NUWIQ KIT 500UNIT | ANTIHEMOPHIL FACT RCMB (BDD-RFVIII,-SIM) FOR INJ KIT 500 UNIT | Tier 3 | | | | |
| OBIZUR INJ 500 UNIT | ANTIHEMOPHILIC FACTOR (RECOMB PORC) RPFVIII FOR INJ 500 UNIT | Tier 4 | | | | |

HCR – Health Care Reform Preventive Care
^ May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met

| Medication name | Generic medication name | Drug Tier | Prior authorization | Quantity limit | Step Therapy | Specialty |
|---|---|---|---|---|---|---|
| PROFILNINE INJ 1000UNIT | FACTOR IX COMPLEX FOR INJ 1000 UNIT | Tier 3 | | | | |
| PROFILNINE INJ 1500UNIT | FACTOR IX COMPLEX FOR INJ 1500 UNIT | Tier 3 | | | | |
| PROFILNINE INJ 500UNIT | FACTOR IX COMPLEX FOR INJ 500 UNIT | Tier 3 | | | | |
| PYRUKYND TAB 20MG | MITAPIVAT SULFATE TAB 20 MG | Tier 4 | | | | |
| PYRUKYND TAB 20MGX5MG | MITAPIVAT SULFATE TAB THERAPY PACK 7 X 20 MG & 7 X 5 MG | Tier 4 | | | | |
| PYRUKYND TAB 50MG | MITAPIVAT SULFATE TAB 50 MG | Tier 4 | | | | |
| PYRUKYND TAB 50MGX20M | MITAPIVAT SULFATE TAB THERAPY PACK 7 X 50 MG & 7 X 20 MG | Tier 4 | X | | | |
| PYRUKYND TAB 5MG | MITAPIVAT SULFATE TAB 5 MG | Tier 4 | X | | | |
| PYRUKYND TAB 5MG TP | MITAPIVAT SULFATE TAB THERAPY PACK 5 MG | Tier 4 | X | | | |
| RECOMBINATE INJ | ANTIHEMOPHILIC FACTOR RECOMB (RFVIII) FOR INJ 1241-1800 UNIT | Tier 3 | | | | |
| RECOMBINATE INJ | ANTIHEMOPHILIC FACTOR RECOMB (RFVIII) FOR INJ 1801-2400 UNIT | Tier 3 | | | | |
| RECOMBINATE INJ 220-400 | ANTIHEMOPHILIC FACTOR RECOMB (RFVIII) FOR INJ 220-400 UNIT | Tier 3 | | | | |
| RECOMBINATE INJ 401-800 | ANTIHEMOPHILIC FACTOR RECOMB (RFVIII) FOR INJ 401-800 UNIT | Tier 3 | | | | |
| RECOMBINATE INJ 801-1240 | ANTIHEMOPHILIC FACTOR RECOMB (RFVIII) FOR INJ 801-1240 UNIT | Tier 3 | | | | |
| RECOTHROM SOL 20000UNT | THROMBIN (RECOMBINANT) FOR SOLN 20000 UNIT | Tier 3 | | | | |
| RECOTHROM SOL 5000UNIT | THROMBIN (RECOMBINANT) FOR SOLN 5000 UNIT | Tier 3 | | | | |
| RIXUBIS INJ 1000UNIT | COAGULATION FACTOR IX (RECOMBINANT) FOR INJ 1000 UNIT | Tier 3 | | | | X |
| RIXUBIS INJ 2000UNIT | COAGULATION FACTOR IX (RECOMBINANT) FOR INJ 2000 UNIT | Tier 3 | | | | X |
| RIXUBIS INJ 250 UNIT | COAGULATION FACTOR IX (RECOMBINANT) FOR INJ 250 UNIT | Tier 3 | | | | |
| RIXUBIS INJ 3000UNIT | COAGULATION FACTOR IX (RECOMBINANT) FOR INJ 3000 UNIT | Tier 3 | | | | |
| RIXUBIS INJ 500UNIT | COAGULATION FACTOR IX (RECOMBINANT) FOR INJ 500 UNIT | Tier 3 | | | | |
| TAVALISSE TAB 100MG | FOSTAMATINIB DISODIUM TAB 100 MG (BASE EQUIVALENT) | Tier 4 | X | X | | |
| TAVALISSE TAB 150MG | FOSTAMATINIB DISODIUM TAB 150 MG (BASE EQUIVALENT) | Tier 4 | X | X | | |
| THROMBIN KIT 5000UNIT | THROMBIN FOR SOLN KIT 5000 UNIT | Tier 3 | | | | |
| THROMBIN-JMI KIT 20000UNT | THROMBIN FOR SOLN KIT 20000 UNIT | Tier 3 | | | | |
| THROMBIN-JMI KIT 5000UNIT | THROMBIN FOR SOLN KIT 5000 UNIT | Tier 3 | | | | |
| THROMBOGEN KIT 10000UNT | THROMBIN FOR SOLN KIT 10000 UNIT | Tier 3 | | | | |

HCR - Health Care Reform Preventive Care
^ May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met

| Medication name | Generic medication name | Drug Tier | Prior authorization | Quantity limit | Step Therapy | Specialty |
|---|---|---|---|---|---|---|
| THROMBOGEN SOL 10000UNT | THROMBIN FOR SOLN 10000 UNIT | Tier 3 | | | | |
| THROMBOGEN SOL 1000UNIT | THROMBIN FOR SOLN 1000 UNIT | Tier 3 | | | | |
| TRANEX ACID TAB 650MG | TRANEXAMIC ACID TAB 650 MG | Tier 2 | | X | | |
| TRETTEN INJ | COAGULATION FACTOR XIII A-SUBUNIT FOR INJ 2500 UNIT | Tier 4 | | | | |
| VONVENDI INJ 1300UNIT | VON WILLEBRAND FACTOR (RECOMBINANT) FOR INJ 1300 UNIT | Tier 3 | | | | |
| VONVENDI INJ 650UNIT | VON WILLEBRAND FACTOR (RECOMBINANT) FOR INJ 650 UNIT | Tier 3 | | | | |
| WILATE INJ | ANTIHEMOPHILIC FACTOR/VWF (HUMAN) FOR INJ 1000-1000 UNIT KIT | Tier 3 | | | | |
| WILATE INJ | ANTIHEMOPHILIC FACTOR/VWF (HUMAN) FOR INJ 500-500 UNIT KIT | Tier 3 | | | | |
| **Histamine2 (H2) Receptor Antagonists - Ulcer and Stomach Acid Drugs** | | | | | | |
| CIMETIDINE SOL 300/5ML | CIMETIDINE HCL SOLN 300 MG/5ML | Tier 1 | | | | |
| CIMETIDINE TAB 200MG | CIMETIDINE TAB 200 MG | Tier 1 | | | | |
| CIMETIDINE TAB 300MG | CIMETIDINE TAB 300 MG | Tier 1 | | | | |
| CIMETIDINE TAB 400MG | CIMETIDINE TAB 400 MG | Tier 1 | | | | |
| CIMETIDINE TAB 800MG | CIMETIDINE TAB 800 MG | Tier 1 | | | | |
| FAMOTIDINE SUS 40MG/5ML | FAMOTIDINE FOR SUSP 40 MG/5ML | Tier 1 | | | | |
| **Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal) - Hormone Replacement/Modifying Drugs** | | | | | | |
| ALCLOMETASON CRE 0.05% | ALCLOMETASONE DIPROPIONATE CREAM 0.05% | Tier 1 | | | | |
| ALCLOMETASON OIN 0.05% | ALCLOMETASONE DIPROPIONATE OINT 0.05% | Tier 1 | | | | |
| AMCINONIDE CRE 0.1% | AMCINONIDE CREAM 0.1% | Tier 3 | | | | |
| AMCINONIDE OIN 0.1% | AMCINONIDE OINT 0.1% | Tier 1 | | | | |
| APEXICON E CRE 0.05% | DIFLORASONE DIACETATE EMOLLIENT BASE CREAM 0.05% | Tier 2 | | | | |
| BETA DIPROP CRE 0.05% | BETAMETHASONE DIPROPIONATE AUGMENTED CREAM 0.05% | Tier 1 | | | | |
| BETA DIPROP GEL 0.05% | BETAMETHASONE DIPROPIONATE AUGMENTED GEL 0.05% | Tier 1 | | | | |
| BETA DIPROP LOT 0.05% | BETAMETHASONE DIPROPIONATE AUGMENTED LOTION 0.05% | Tier 3 | | | | |
| BETA DIPROP OIN 0.05% | BETAMETHASONE DIPROPIONATE AUGMENTED OINT 0.05% | Tier 3 | | | | |
| BETAMETH DIP CRE 0.05% | BETAMETHASONE DIPROPIONATE CREAM 0.05% | Tier 2 | | | | |
| BETAMETH DIP LOT 0.05% | BETAMETHASONE DIPROPIONATE LOTION 0.05% | Tier 1 | | | | |
| BETAMETH DIP OIN 0.05% | BETAMETHASONE DIPROPIONATE OINT 0.05% | Tier 2 | | | | |

HCR - Health Care Reform Preventive Care
^ May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met

| Medication name | Generic medication name | Drug Tier | Prior authorization | Quantity limit | Step Therapy | Specialty |
|---|---|---|---|---|---|---|
| BETAMETH VAL CRE 0.1% | BETAMETHASONE VALERATE CREAM 0.1% (BASE EQUIVALENT) | Tier 1 | | | | |
| BETAMETH VAL LOT 0.1% | BETAMETHASONE VALERATE LOTION 0.1% (BASE EQUIVALENT) | Tier 1 | | | | |
| BETAMETH VAL OIN 0.1% | BETAMETHASONE VALERATE OINT 0.1% (BASE EQUIVALENT) | Tier 1 | | | | |
| CLOBETASOL CRE 0.05% | CLOBETASOL PROPIONATE CREAM 0.05% | Tier 2 | | | | |
| CLOBETASOL E CRE 0.05% | CLOBETASOL PROPIONATE EMOLLIENT BASE CREAM 0.05% | Tier 2 | | | | |
| CLOBETASOL GEL 0.05% | CLOBETASOL PROPIONATE GEL 0.05% | Tier 2 | | | | |
| CLOBETASOL OIN 0.05% | CLOBETASOL PROPIONATE OINT 0.05% | Tier 2 | | X | | |
| CLOBETASOL SOL 0.05% | CLOBETASOL PROPIONATE SOLN 0.05% | Tier 1 | | X | | |
| CLOBETASOL SPR 0.05% | CLOBETASOL PROPIONATE SPRAY 0.05% | Tier 1 | | X | | X |
| CLOCORTOLONE CRE 0.1% | CLOCORTOLONE PIVALATE CREAM 0.1% | Tier 3 | | | | |
| CORDRAN 80X3 TAP 4MCG/CM | FLURANDRENOLIDE TAPE 4 MCG/SQCM | Tier 3 | | | | |
| CORTEF TAB 10MG | HYDROCORTISONE TAB 10 MG | Tier 4 | | | | |
| CORTEF TAB 20MG | HYDROCORTISONE TAB 20 MG | Tier 4 | | | | |
| CORTEF TAB 5MG | HYDROCORTISONE TAB 5 MG | Tier 4 | | | | |
| DERMA-SMOOTH OIL /FS BODY | FLUOCINOLONE ACETONIDE OIL 0.01% (BODY OIL) | Tier 4 | | | | |
| DERMA-SMOOTH OIL /FS SCLP | FLUOCINOLONE ACETONIDE OIL 0.01% (SCALP OIL) | Tier 4 | | | | |
| DESONIDE CRE 0.05% | DESONIDE CREAM 0.05% | Tier 2 | | | | |
| DESONIDE LOT 0.05% | DESONIDE LOTION 0.05% | Tier 3 | | X | | |
| DESONIDE OIN 0.05% | DESONIDE OINT 0.05% | Tier 2 | | X | | |
| DESOWEN CRE 0.05% | DESONIDE CREAM 0.05% | Tier 3 | | X | | |
| DESOXIMETAS CRE 0.05% | DESOXIMETASONE CREAM 0.05% | Tier 1 | | X | | |
| DESOXIMETAS CRE 0.25% | DESOXIMETASONE CREAM 0.25% | Tier 1 | | 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 | | |
| DEXAMETHASON CON 1MG/ML | DEXAMETHASONE CONC 1 MG/ML | Tier 1 | | | X | |
| DEXAMETHASON ELX 0.5/5ML | DEXAMETHASONE ELIXIR 0.5 MG/5ML | Tier 1 | | | | |
| DEXAMETHASON SOL 0.5/5ML | DEXAMETHASONE SOLN 0.5 MG/5ML | Tier 1 | | | | |
| DEXAMETHASON TAB 0.5MG | DEXAMETHASONE TAB 0.5 MG | Tier 1 | | | | |
| DEXAMETHASON TAB 0.75MG | DEXAMETHASONE TAB 0.75 MG | Tier 1 | | | | |
| DEXAMETHASON TAB 1.5MG | DEXAMETHASONE TAB 1.5 MG | Tier 1 | | | | |
| DEXAMETHASON TAB 10-DAY | DEXAMETHASONE TAB THERAPY PACK 1.5 MG (35) | Tier 3 | | | | |
| DEXAMETHASON TAB 13-DAY | DEXAMETHASONE TAB THERAPY PACK 1.5 MG (51) | Tier 3 | | | | |

HCR - Health Care Reform Preventive Care

^ May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met

| Medication name | Generic medication name | Drug Tier | Prior authorization | Quantity limit | Step Therapy | Specialty |
|---|---|---|---|---|---|---|
| DEXAMETHASON TAB 1MG | DEXAMETHASONE TAB 1 MG | Tier 1 | | | | |
| DEXAMETHASON TAB 2MG | DEXAMETHASONE TAB 2 MG | Tier 1 | | | | |
| DEXAMETHASON TAB 4MG | DEXAMETHASONE TAB 4 MG | Tier 1 | | | X | |
| DEXAMETHASON TAB 6-DAY | DEXAMETHASONE TAB THERAPY PACK 1.5 MG (21) | Tier 3 | | | | |
| DEXAMETHASON TAB 6MG | DEXAMETHASONE TAB 6 MG | Tier 1 | | | X | |
| DIFLORASONE CRE 0.05% | DIFLORASONE DIACETATE CREAM 0.05% | Tier 3 | | X | | |
| DIPROLENE OIN 0.05% | BETAMETHASONE DIPROPIONATE AUGMENTED OINT 0.05% | Tier 4 | | | | |
| FLUDROCORT TAB 0.1MG | FLUDROCORTISONE ACETATE TAB 0.1 MG | Tier 1 | | | | X |
| FLUOCINOLONE CRE 0.01% | FLUOCINOLONE ACETONIDE CREAM 0.01% | Tier 3 | | X | | X |
| FLUOCINOLONE CRE 0.025% | FLUOCINOLONE ACETONIDE CREAM 0.025% | Tier 3 | | X | | X |
| FLUOCINOLONE OIL 0.01% SC | FLUOCINOLONE ACETONIDE OIL 0.01% (SCALP OIL) | Tier 3 | | | | X |
| FLUOCINOLONE OIL 0.01%BDY | FLUOCINOLONE ACETONIDE OIL 0.01% (BODY OIL) | Tier 3 | | | | |
| 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 2 | | X | | X |
| FLUOCINOLONE SOL 0.01% | FLUOCINOLONE ACETONIDE SOLN 0.01% | Tier 1 | | | | |
| FLUOCINONIDE CRE 0.05% | FLUOCINONIDE CREAM 0.05% | Tier 1 | | | | X |
| FLUOCINONIDE CRE E 0.05% | FLUOCINONIDE EMULSIFIED BASE CREAM 0.05% | Tier 1 | | | | |
| FLUOCINONIDE GEL 0.05% | FLUOCINONIDE GEL 0.05% | Tier 1 | | | | X |
| FLUOCINONIDE OIN 0.05% | FLUOCINONIDE OINT 0.05% | Tier 1 | | | | X |
| FLUOCINONIDE SOL 0.05% | FLUOCINONIDE SOLN 0.05% | Tier 1 | | | | |
| FLURANDRENOL CRE 0.05% | FLURANDRENOLIDE CREAM 0.05% | Tier 3 | | | | |
| FLURANDRENOL LOT 0.05% | FLURANDRENOLIDE LOTION 0.05% | Tier 3 | | X | | |
| FLUTICASONE CRE 0.05% | FLUTICASONE PROPIONATE CREAM 0.05% | Tier 1 | | | | |
| FLUTICASONE OIN 0.005% | FLUTICASONE PROPIONATE OINT 0.005% | Tier 1 | | | | |
| HALOBETASOL CRE 0.05% | HALOBETASOL PROPIONATE CREAM 0.05% | Tier 2 | | X | | X |
| HALOBETASOL OIN 0.05% | HALOBETASOL PROPIONATE OINT 0.05% | Tier 2 | | X | | |
| HALOG OIN 0.1% | HALCINONIDE OINT 0.1% | Tier 3 | | X | | X |
| HC BUTYRATE CRE 0.1% | HYDROCORTISONE BUTYRATE CREAM 0.1% | Tier 1 | | | | X |
| HC BUTYRATE OIN 0.1% | HYDROCORTISONE BUTYRATE OINT 0.1% | Tier 1 | | | | |
| HC BUTYRATE SOL 0.1% | HYDROCORTISONE BUTYRATE SOLN 0.1% | Tier 1 | | | | |
| HC VALERATE CRE 0.2% | HYDROCORTISONE VALERATE CREAM 0.2% | Tier 2 | | X | | |
| HC VALERATE OIN 0.2% | HYDROCORTISONE VALERATE OINT 0.2% | Tier 3 | | X | | |
| HYDROCORT CRE 2.5% | HYDROCORTISONE CREAM 2.5% | Tier 1 | | | | X |
| HYDROCORT LOT 2.5% | HYDROCORTISONE LOTION 2.5% | Tier 1 | | | | X |
| HYDROCORT OIN 1% | HYDROCORTISONE OINT 1% | Tier 1 | | | | |

HCR – Health Care Reform Preventive Care
^ May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met

| Medication name | Generic medication name | Drug Tier | Prior authorization | Quantity limit | Step Therapy | Specialty |
|---|---|---|---|---|---|---|
| HYDROCORT OIN 2.5% | HYDROCORTISONE OINT 2.5% | Tier 1 | | | | X |
| HYDROCORT TAB 10MG | HYDROCORTISONE TAB 10 MG | Tier 1 | | | | |
| HYDROCORT TAB 20MG | HYDROCORTISONE TAB 20 MG | Tier 1 | | | | |
| HYDROCORT TAB 5MG | HYDROCORTISONE TAB 5 MG | Tier 1 | | | | |
| MEDROL TAB 16MG | METHYLPREDNISOLONE TAB 16 MG | Tier 4 | | | | |
| MEDROL TAB 2MG | METHYLPREDNISOLONE TAB 2 MG | Tier 2 | | | | |
| MEDROL TAB 4MG | METHYLPREDNISOLONE TAB 4 MG | Tier 4 | | | | |
| MEDROL TAB 4MG | METHYLPREDNISOLONE TAB THERAPY PACK 4 MG (21) | Tier 4 | | | | |
| MEDROL TAB 8MG | METHYLPREDNISOLONE TAB 8 MG | Tier 4 | | | | X |
| METHYLPRED TAB 16MG | METHYLPREDNISOLONE TAB 16 MG | Tier 1 | | X | | X |
| METHYLPRED TAB 32MG | METHYLPREDNISOLONE TAB 32 MG | Tier 1 | X | X | | X |
| METHYLPRED TAB 4MG | METHYLPREDNISOLONE TAB 4 MG | Tier 1 | | | | |
| METHYLPRED TAB 4MG | METHYLPREDNISOLONE TAB THERAPY PACK 4 MG (21) | Tier 1 | | | | |
| METHYLPRED TAB 8MG | METHYLPREDNISOLONE TAB 8 MG | Tier 1 | | | | |
| MOMETASONE CRE 0.1% | MOMETASONE FUROATE CREAM 0.1% | Tier 1 | | | | |
| MOMETASONE OIN 0.1% | MOMETASONE FUROATE OINT 0.1% | Tier 1 | | | | |
| MOMETASONE SOL 0.1% | MOMETASONE FUROATE SOLUTION 0.1% (LOTION) | Tier 1 | | | | |
| NUCORT LOT 2% | HYDROCORTISONE ACETATE LOTION 2% | Tier 3 | | | | |
| ORAPRED ODT TAB 10MG | PREDNISOLONE SOD PHOS ORALLY DISINTEGR TAB 10 MG (BASE EQ) | Tier 4 | | | | |
| ORAPRED ODT TAB 15MG | PREDNISOLONE SOD PHOS ORALLY DISINTEGR TAB 15 MG (BASE EQ) | Tier 4 | | | | |
| ORAPRED ODT TAB 30MG | PREDNISOLONE SOD PHOS ORALLY DISINTEGR TAB 30 MG (BASE EQ) | Tier 4 | | | | |
| PANDEL CRE 0.1% | HYDROCORTISONE PROBUTATE CREAM 0.1% | Tier 3 | | | | |
| PEDIAPRED SOL 5MG/5ML | PREDNISOLONE SOD PHOSPHATE ORAL SOLN 5 MG/5ML (BASE EQUIV) | Tier 2 | | | | |
| PREDNISOLONE SOL 15MG/5ML | PREDNISOLONE SOD PHOSPHATE ORAL SOLN 15 MG/5ML (BASE EQUIV) | Tier 1 | | | | |
| PREDNISOLONE SOL 15MG/5ML | PREDNISOLONE SOLN 15 MG/5ML | Tier 1 | | | | |
| 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 1 | | | | |

HCR - Health Care Reform Preventive Care
^ May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met

| Medication name | Generic medication name | Drug Tier | Prior authorization | Quantity limit | Step Therapy | Specialty |
|---|---|---|---|---|---|---|
| PREDNISONE PAK 10MG | PREDNISONE TAB THERAPY PACK 10 MG (21) | Tier 1 | | | | |
| PREDNISONE PAK 10MG | PREDNISONE TAB THERAPY PACK 10 MG (48) | Tier 1 | | | | |
| PREDNISONE PAK 5MG | PREDNISONE TAB THERAPY PACK 5 MG (21) | Tier 1 | | | | |
| PREDNISONE PAK 5MG | PREDNISONE TAB THERAPY PACK 5 MG (48) | Tier 1 | | | | |
| PREDNISONE SOL 5MG/5ML | PREDNISONE ORAL SOLN 5 MG/5ML | Tier 1 | | | | |
| PREDNISONE TAB 10MG | PREDNISONE TAB 10 MG | Tier 1 | | | | |
| PREDNISONE TAB 1MG | PREDNISONE TAB 1 MG | Tier 1 | | | | |
| PREDNISONE TAB 2.5MG | PREDNISONE TAB 2.5 MG | Tier 1 | | | | |
| PREDNISONE TAB 20MG | PREDNISONE TAB 20 MG | Tier 1 | | | | |
| PREDNISONE TAB 50MG | PREDNISONE TAB 50 MG | Tier 1 | | | | |
| PREDNISONE TAB 5MG | PREDNISONE TAB 5 MG | Tier 1 | | | | |
| TAPERDEX PAK 12-DAY | DEXAMETHASONE TAB THERAPY PACK 1.5 MG (49) | Tier 3 | | | | |
| TAPERDEX PAK 6 DAY | DEXAMETHASONE TAB THERAPY PACK 1.5 MG (21) | Tier 4 | | | | |
| TAPERDEX PAK 7-DAY | DEXAMETHASONE TAB THERAPY PACK 1.5 MG (27) | Tier 3 | | | | |
| TEXACORT SOL 2.5% | HYDROCORTISONE SOLN 2.5% | Tier 2 | | | | |
| TOPICORT CRE 0.05% | DESOXIMETASONE CREAM 0.05% | Tier 4 | | X | | |
| TOPICORT CRE 0.25% | DESOXIMETASONE CREAM 0.25% | Tier 4 | | X | | |
| TOPICORT GEL 0.05% | DESOXIMETASONE GEL 0.05% | Tier 4 | | X | | |
| TOPICORT OIN 0.05% | DESOXIMETASONE OINT 0.05% | Tier 4 | | X | | |
| TOPICORT OIN 0.25% | DESOXIMETASONE OINT 0.25% | Tier 4 | | X | | |
| TRIAMCINOLON AER SPRAY | TRIAMCINOLONE ACETONIDE AEROSOL SOLN 0.147 MG/GM | Tier 2 | | X | | |
| TRIAMCINOLON CRE 0.025% | TRIAMCINOLONE ACETONIDE CREAM 0.025% | Tier 1 | | | | |
| TRIAMCINOLON CRE 0.1% | TRIAMCINOLONE ACETONIDE CREAM 0.1% | Tier 1 | | | | |
| TRIAMCINOLON CRE 0.5% | TRIAMCINOLONE ACETONIDE CREAM 0.5% | Tier 1 | | X | | |
| TRIAMCINOLON LOT 0.025% | TRIAMCINOLONE ACETONIDE LOTION 0.025% | Tier 1 | | | | |
| TRIAMCINOLON LOT 0.1% | TRIAMCINOLONE ACETONIDE LOTION 0.1% | Tier 1 | | | | |
| TRIAMCINOLON OIN 0.025% | TRIAMCINOLONE ACETONIDE OINT 0.025% | Tier 1 | | | | |
| TRIAMCINOLON OIN 0.1% | TRIAMCINOLONE ACETONIDE OINT 0.1% | Tier 1 | | | | |
| TRIAMCINOLON OIN 0.5% | TRIAMCINOLONE ACETONIDE OINT 0.5% | Tier 1 | | | | |
| TRIDERM CRE 0.5% | TRIAMCINOLONE ACETONIDE CREAM 0.5% | Tier 1 | | | | |
| **Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)** | | | | | | |
| NGENLA INJ 24/1.2ML | SOMATROGON-GHLA SOLUTION PEN-IN-JECTOR 24 MG/1.2ML (20 MG/ML) | Tier 4 | | | | |
| NGENLA INJ 60/1.2ML | SOMATROGON-GHLA SOLUTION PEN-IN-JECTOR 60 MG/1.2ML (50 MG/ML) | Tier 4 | | | | |

HCR - Health Care Reform Preventive Care
^ May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met

| Medication name | Generic medication name | Drug Tier | Prior authorization | Quantity limit | Step Therapy | Specialty |
|---|---|---|---|---|---|---|
| SOGROYA INJ 10MG/1.5 | SOMAPACITAN-BECO SOLUTION PEN-INJECTOR 10 MG/1.5ML | Tier 4 | X | X | | |
| SOGROYA INJ 15MG/1.5 | SOMAPACITAN-BECO SOLUTION PEN-INJECTOR 15 MG/1.5ML | Tier 4 | X | X | | |
| SOGROYA INJ 5MG/1.5 | SOMAPACITAN-BECO SOLUTION PEN-INJECTOR 5 MG/1.5ML | Tier 4 | X | X | | |
| VEOZAH TAB 45MG | FEZOLINETANT TAB 45 MG | Tier 4 | | | | |
| **Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary) - Hormone Replacement/Modifying Drugs** | | | | | | |
| CHOR GONADOT INJ 10000UNT | CHORIONIC GONADOTROPIN FOR IM INJ 10000 UNIT | Tier 3 | | | | |
| DESMOPRESSIN INJ 40/10ML | DESMOPRESSIN ACETATE INJ 4 MCG/ML | Tier 1 | | | | |
| DESMOPRESSIN INJ 4MCG/ML | DESMOPRESSIN ACETATE INJ 4 MCG/ML | Tier 1 | | | | |
| DESMOPRESSIN INJ 4MCG/ML | DESMOPRESSIN ACETATE PRESERVATIVE FREE (PF) INJ 4 MCG/ML | Tier 1 | | | | |
| DESMOPRESSIN SPR 0.01% | DESMOPRESSIN ACETATE NASAL SPRAY SOLN 0.01% | Tier 1 | | | | |
| DESMOPRESSIN SPR 0.01% | DESMOPRESSIN ACETATE NASAL SPRAY SOLN 0.01% (REFRIGERATED) | Tier 1 | | | | |
| DESMOPRESSIN TAB 0.1MG | DESMOPRESSIN ACETATE TAB 0.1 MG | Tier 1 | | | | |
| DESMOPRESSIN TAB 0.2MG | DESMOPRESSIN ACETATE TAB 0.2 MG | Tier 1 | | | | |
| FOLLISTIM AQ INJ 300UNIT | FOLLITROPIN BETA INJ 300 UNIT/0.36ML | Tier 2 | | | | |
| FOLLISTIM AQ INJ 600UNIT | FOLLITROPIN BETA INJ 600 UNIT/0.72ML | Tier 2 | | | | |
| FOLLISTIM AQ INJ 900UNIT | FOLLITROPIN BETA INJ 900 UNIT/1.08ML | Tier 2 | | | | |
| GONAL-F INJ 1050UNIT | FOLLITROPIN ALFA FOR INJ 1050 UNIT | Tier 4 | | | | |
| GONAL-F INJ 450UNIT | FOLLITROPIN ALFA FOR INJ 450 UNIT | Tier 4 | | | | |
| GONAL-F RFF INJ 300/0.48 | FOLLITROPIN ALFA SUBCUTANEOUS SOLN PEN-INJ 300 UNIT/0.48ML | Tier 4 | | | | |
| GONAL-F RFF INJ 450/0.72 | FOLLITROPIN ALFA SUBCUTANEOUS SOLN PEN-INJ 450 UNIT/0.72ML | Tier 4 | | | | |
| GONAL-F RFF INJ 75UNIT | FOLLITROPIN ALFA FOR SUBCUTANEOUS INJ 75 UNIT | Tier 4 | | | | |
| GONAL-F RFF INJ 900/1.44 | FOLLITROPIN ALFA SUBCUTANEOUS SOLN PEN-INJ 900 UNIT/1.44ML | Tier 4 | | | | |
| INCRELEX INJ 40MG/4ML | MECASERMIN INJ 40 MG/4ML (10 MG/ML) | Tier 3 | | | | |
| MENOPUR INJ 75UNIT | MENOTROPINS FOR SUBCUTANEOUS INJ 75 UNIT | Tier 4 | | | | |
| NOCDURNA SUB 27.7MCG | DESMOPRESSIN ACETATE SUBLINGUAL TAB 27.7 MCG | Tier 3 | | | | |
| NOCDURNA SUB 55.3MCG | DESMOPRESSIN ACETATE SUBLINGUAL TAB 55.3 MCG | Tier 3 | | | | |
| NORDITROPIN INJ 10/1.5ML | SOMATROPIN SOLUTION PEN-INJECTOR 10 MG/1.5ML | Tier 3 | | | | |

HCR - Health Care Reform Preventive Care
^ May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met

| Medication name | Generic medication name | Drug Tier | Prior authorization | Quantity limit | Step Therapy | Specialty |
|---|---|---|---|---|---|---|
| NORDITROPIN INJ 15/1.5ML | SOMATROPIN SOLUTION PEN-INJECTOR 15 MG/1.5ML | Tier 3 | | | | |
| NORDITROPIN INJ 30/3ML | SOMATROPIN SOLUTION PEN-INJECTOR 30 MG/3ML | Tier 3 | | | | |
| NORDITROPIN INJ 5/1.5ML | SOMATROPIN SOLUTION PEN-INJECTOR 5 MG/1.5ML | Tier 3 | | | | |
| NOVAREL INJ 5000UNIT | CHORIONIC GONADOTROPIN FOR IM INJ 5000 UNIT | Tier 3 | | | | |
| OMNITROPE INJ 10/1.5ML | SOMATROPIN SOLUTION CARTRIDGE 10 MG/1.5ML | Tier 3 | X | X | | |
| OMNITROPE INJ 5.8MG | SOMATROPIN FOR INJ 5.8 MG | Tier 3 | X | X | | |
| OMNITROPE INJ 5/1.5ML | SOMATROPIN SOLUTION CARTRIDGE 5 MG/1.5ML | Tier 3 | X | X | | |
| OVIDREL INJ | CHORIOGONADOTROPIN ALFA SOLN PRE-FILLED SYR 250 MCG/0.5ML | Tier 4 | | | | |
| PREGNYL INJ 10000UNT | CHORIONIC GONADOTROPIN FOR IM INJ 10000 UNIT | Tier 3 | | | | |
| SKYTROFA INJ 0.7MG | LONAPEGSOMATROPIN-TCGD FOR SUBCUTANEOUS INJ CARTRIDGE 0.7 MG | Tier 4 | X | | | |
| SKYTROFA INJ 1.4MG | LONAPEGSOMATROPIN-TCGD FOR SUBCUTANEOUS INJ CARTRIDGE 1.4 MG | Tier 4 | X | | | |
| SKYTROFA INJ 1.8MG | LONAPEGSOMATROPIN-TCGD FOR SUBCUTANEOUS INJ CARTRIDGE 1.8 MG | Tier 4 | X | | | |
| SKYTROFA INJ 11MG | LONAPEGSOMATROPIN-TCGD FOR SUBCUTANEOUS INJ CARTRIDGE 11 MG | Tier 4 | X | | | |
| SKYTROFA INJ 13.3MG | LONAPEGSOMATROPIN-TCGD FOR SUBCUTANEOUS INJ CART 13.3 MG | Tier 4 | X | | | |
| SKYTROFA INJ 2.1MG | LONAPEGSOMATROPIN-TCGD FOR SUBCUTANEOUS INJ CARTRIDGE 2.1 MG | Tier 4 | X | | | |
| SKYTROFA INJ 2.5MG | LONAPEGSOMATROPIN-TCGD FOR SUBCUTANEOUS INJ CARTRIDGE 2.5 MG | Tier 4 | X | | | |
| SKYTROFA INJ 3.6MG | LONAPEGSOMATROPIN-TCGD FOR SUBCUTANEOUS INJ CARTRIDGE 3.6 MG | Tier 4 | X | | | |
| SKYTROFA INJ 3MG | LONAPEGSOMATROPIN-TCGD FOR SUBCUTANEOUS INJ CARTRIDGE 3 MG | Tier 4 | X | | | |
| SKYTROFA INJ 4.3MG | LONAPEGSOMATROPIN-TCGD FOR SUBCUTANEOUS INJ CARTRIDGE 4.3 MG | Tier 4 | X | | | |
| SKYTROFA INJ 5.2MG | LONAPEGSOMATROPIN-TCGD FOR SUBCUTANEOUS INJ CARTRIDGE 5.2 MG | Tier 4 | X | | | |
| SKYTROFA INJ 6.3MG | LONAPEGSOMATROPIN-TCGD FOR SUBCUTANEOUS INJ CARTRIDGE 6.3 MG | Tier 4 | X | | | |
| SKYTROFA INJ 7.6MG | LONAPEGSOMATROPIN-TCGD FOR SUBCUTANEOUS INJ CARTRIDGE 7.6 MG | Tier 4 | X | | | |
| SKYTROFA INJ 9.1MG | LONAPEGSOMATROPIN-TCGD FOR SUBCUTANEOUS INJ CARTRIDGE 9.1 MG | Tier 4 | X | | | |

HCR – Health Care Reform Preventive Care
^ May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met

| Medication name | Generic medication name | Drug Tier | Prior authorization | Quantity limit | Step Therapy | Specialty |
|---|---|---|---|---|---|---|
| **Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins) - Hormone Replacement/Modifying Drugs** | | | | | | |
| MIFEPRISTONE TAB 300MG | MIFEPRISTONE TAB 300 MG | Tier 4 | X | | | |
| **Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid) - Thyroid Replacement Drugs** | | | | | | |
| ARMOUR THYRO TAB 120MG | THYROID TAB 120 MG (2 GRAIN) | Tier 3 | | | | |
| ARMOUR THYRO TAB 15MG | THYROID TAB 15 MG (1/4 GRAIN) | Tier 3 | | | | |
| ARMOUR THYRO TAB 180MG | THYROID TAB 180 MG (3 GRAIN) | Tier 3 | | | | |
| ARMOUR THYRO TAB 240MG | THYROID TAB 240 MG (4 GRAIN) | Tier 3 | | | | |
| ARMOUR THYRO TAB 300MG | THYROID TAB 300 MG (5 GRAIN) | Tier 3 | | | | |
| ARMOUR THYRO TAB 30MG | THYROID TAB 30 MG (1/2 GRAIN) | Tier 3 | | | | |
| ARMOUR THYRO TAB 60MG | THYROID TAB 60 MG (1 GRAIN) | Tier 3 | | | | |
| ARMOUR THYRO TAB 90MG | THYROID TAB 90 MG (1 1/2 GRAIN) | Tier 3 | | | | |
| ERMEZA SOL 150/5ML | LEVOTHYROXINE SODIUM ORAL SOLUTION 150 MCG/5ML | Tier 3 | X | | | |
| EUTHYROX TAB 100MCG | LEVOTHYROXINE SODIUM TAB 100 MCG | Tier 1 | | | | |
| EUTHYROX TAB 112MCG | LEVOTHYROXINE SODIUM TAB 112 MCG | Tier 1 | | | | |
| EUTHYROX TAB 125MCG | LEVOTHYROXINE SODIUM TAB 125 MCG | Tier 1 | | | | |
| EUTHYROX TAB 137MCG | LEVOTHYROXINE SODIUM TAB 137 MCG | Tier 1 | | | | |
| EUTHYROX TAB 150MCG | LEVOTHYROXINE SODIUM TAB 150 MCG | Tier 1 | | | | |
| EUTHYROX TAB 175MCG | LEVOTHYROXINE SODIUM TAB 175 MCG | Tier 1 | X | | | |
| EUTHYROX TAB 200MCG | LEVOTHYROXINE SODIUM TAB 200 MCG | Tier 1 | | | | |
| EUTHYROX TAB 25MCG | LEVOTHYROXINE SODIUM TAB 25 MCG | Tier 1 | | | | |
| EUTHYROX TAB 50MCG | LEVOTHYROXINE SODIUM TAB 50 MCG | Tier 1 | X | | | |
| EUTHYROX TAB 75MCG | LEVOTHYROXINE SODIUM TAB 75 MCG | Tier 1 | | | | |
| EUTHYROX TAB 88MCG | LEVOTHYROXINE SODIUM TAB 88 MCG | Tier 1 | | | | |
| EVEXITHROID TAB 120MG | THYROID TAB 120 MG (2 GRAIN) | Tier 3 | | X | | |
| EVEXITHROID TAB 15MG | THYROID TAB 15 MG (1/4 GRAIN) | Tier 3 | | X | | |
| EVEXITHROID TAB 180MG | THYROID TAB 180 MG (3 GRAIN) | Tier 3 | | | | |
| EVEXITHROID TAB 30MG | THYROID TAB 30 MG (1/2 GRAIN) | Tier 3 | | | | |
| EVEXITHROID TAB 60MG | THYROID TAB 60 MG (1 GRAIN) | Tier 3 | | | | |
| EVEXITHROID TAB 90MG | THYROID TAB 90 MG (1 1/2 GRAIN) | Tier 3 | | | | |
| LEVO-T TAB 100MCG | LEVOTHYROXINE SODIUM TAB 100 MCG | Tier 1 | | | | |
| LEVO-T TAB 112MCG | LEVOTHYROXINE SODIUM TAB 112 MCG | Tier 1 | | | | |
| LEVO-T TAB 125MCG | LEVOTHYROXINE SODIUM TAB 125 MCG | Tier 1 | | | | |
| LEVO-T TAB 137MCG | LEVOTHYROXINE SODIUM TAB 137 MCG | Tier 1 | X | X | | |
| LEVO-T TAB 150MCG | LEVOTHYROXINE SODIUM TAB 150 MCG | Tier 1 | | X | | |
| LEVO-T TAB 175MCG | LEVOTHYROXINE SODIUM TAB 175 MCG | Tier 1 | | | | |
| LEVO-T TAB 200MCG | LEVOTHYROXINE SODIUM TAB 200 MCG | Tier 1 | | | | |
| LEVO-T TAB 25MCG | LEVOTHYROXINE SODIUM TAB 25 MCG | Tier 1 | X | X | | |
| LEVO-T TAB 300 MCG | LEVOTHYROXINE SODIUM TAB 300 MCG | Tier 1 | | | | |
| LEVO-T TAB 50MCG | LEVOTHYROXINE SODIUM TAB 50 MCG | Tier 1 | | | | |
| LEVO-T TAB 75MCG | LEVOTHYROXINE SODIUM TAB 75 MCG | Tier 1 | | | | |

HCR - Health Care Reform Preventive Care

^ May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met

| Medication name | Generic medication name | Drug Tier | Prior authorization | Quantity limit | Step Therapy | Specialty |
|---|---|---|---|---|---|---|
| LEVO-T TAB 88MCG | LEVOTHYROXINE SODIUM TAB 88 MCG | Tier 1 | | | | |
| LEVOTHYROXIN TAB 100MCG | LEVOTHYROXINE SODIUM TAB 100 MCG | Tier 1 | | | | |
| LEVOTHYROXIN TAB 112MCG | LEVOTHYROXINE SODIUM TAB 112 MCG | Tier 1 | | | | |
| LEVOTHYROXIN TAB 125MCG | LEVOTHYROXINE SODIUM TAB 125 MCG | Tier 1 | | | | |
| LEVOTHYROXIN TAB 137MCG | LEVOTHYROXINE SODIUM TAB 137 MCG | Tier 1 | | | | |
| LEVOTHYROXIN TAB 150MCG | LEVOTHYROXINE SODIUM TAB 150 MCG | Tier 1 | | | | X |
| LEVOTHYROXIN TAB 175MCG | LEVOTHYROXINE SODIUM TAB 175 MCG | Tier 1 | | X | | X |
| LEVOTHYROXIN TAB 200MCG | LEVOTHYROXINE SODIUM TAB 200 MCG | Tier 1 | | | | X |
| LEVOTHYROXIN TAB 25MCG | LEVOTHYROXINE SODIUM TAB 25 MCG | Tier 1 | | | | |
| LEVOTHYROXIN TAB 300MCG | LEVOTHYROXINE SODIUM TAB 300 MCG | Tier 1 | | | | |
| LEVOTHYROXIN TAB 50MCG | LEVOTHYROXINE SODIUM TAB 50 MCG | Tier 1 | X | X | | |
| LEVOTHYROXIN TAB 75MCG | LEVOTHYROXINE SODIUM TAB 75 MCG | Tier 1 | | | | |
| LEVOTHYROXIN TAB 88MCG | LEVOTHYROXINE SODIUM TAB 88 MCG | Tier 1 | X | | | |
| 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 | | X | | |
| 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 | | | | |
| LIOMNY TAB 50MCG | LIOTHYRONINE SODIUM TAB 50 MCG | Tier 2 | X | X | | X |
| LIOMNY TAB 5MCG | LIOTHYRONINE SODIUM TAB 5 MCG | Tier 2 | X | X | | X |
| LIOTHYRONINE TAB 25MCG | LIOTHYRONINE SODIUM TAB 25 MCG | Tier 2 | | | | |
| LIOTHYRONINE TAB 50MCG | LIOTHYRONINE SODIUM TAB 50 MCG | Tier 2 | | | | |
| LIOTHYRONINE TAB 5MCG | LIOTHYRONINE SODIUM TAB 5 MCG | Tier 2 | | | | |
| NIVA THYROID TAB 120MG | THYROID TAB 120 MG (2 GRAIN) | Tier 3 | | | | |
| NIVA THYROID TAB 15MG | THYROID TAB 15 MG (1/4 GRAIN) | Tier 3 | | | | |
| NIVA THYROID TAB 30MG | THYROID TAB 30 MG (1/2 GRAIN) | Tier 3 | | | | |
| NIVA THYROID TAB 60MG | THYROID TAB 60 MG (1 GRAIN) | Tier 3 | | | | |
| NIVA THYROID TAB 90MG | THYROID TAB 90 MG (1 1/2 GRAIN) | Tier 3 | | | | |
| NP THYROID TAB 120MG | THYROID TAB 120 MG (2 GRAIN) | Tier 1 | | | | |
| NP THYROID TAB 15MG | THYROID TAB 15 MG (1/4 GRAIN) | Tier 1 | | | | |
| NP THYROID TAB 30MG | THYROID TAB 30 MG (1/2 GRAIN) | Tier 1 | | | | |
| NP THYROID TAB 60MG | THYROID TAB 60 MG (1 GRAIN) | Tier 1 | | | | |
| NP THYROID TAB 90MG | THYROID TAB 90 MG (1 1/2 GRAIN) | Tier 1 | | | | |

HCR - Health Care Reform Preventive Care

^ May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met

| Medication name | Generic medication name | Drug Tier | Prior authorization | Quantity limit | Step Therapy | Specialty |
|---|---|---|---|---|---|---|
| RENTHYROID TAB 120MG | THYROID TAB 120 MG (2 GRAIN) | Tier 3 | | | | |
| RENTHYROID TAB 15MG | THYROID TAB 15 MG (1/4 GRAIN) | Tier 3 | | | X | X |
| RENTHYROID TAB 30MG | THYROID TAB 30 MG (1/2 GRAIN) | Tier 3 | | | | X |
| RENTHYROID TAB 60MG | THYROID TAB 60 MG (1 GRAIN) | Tier 3 | | | | |
| RENTHYROID TAB 90MG | THYROID TAB 90 MG (1 1/2 GRAIN) | Tier 3 | | | | X |
| THYROID TAB 120MG | THYROID TAB 120 MG (2 GRAIN) | Tier 1 | | | | |
| THYROID TAB 15MG | THYROID TAB 15 MG (1/4 GRAIN) | Tier 1 | | | | |
| THYROID TAB 30MG | THYROID TAB 30 MG (1/2 GRAIN) | Tier 1 | | | | |
| THYROID TAB 60MG | THYROID TAB 60 MG (1 GRAIN) | Tier 1 | | | | |
| THYROID TAB 90MG | THYROID TAB 90 MG (1 1/2 GRAIN) | Tier 1 | | | | |
| UNITHROID TAB 100MCG | LEVOTHYROXINE SODIUM TAB 100 MCG | Tier 1 | | | | |
| UNITHROID TAB 112MCG | LEVOTHYROXINE SODIUM TAB 112 MCG | Tier 1 | X | X | | |
| UNITHROID TAB 125MCG | LEVOTHYROXINE SODIUM TAB 125 MCG | Tier 1 | | | | |
| UNITHROID TAB 137MCG | LEVOTHYROXINE SODIUM TAB 137 MCG | Tier 1 | | | | |
| UNITHROID TAB 150MCG | LEVOTHYROXINE SODIUM TAB 150 MCG | Tier 1 | | | | |
| UNITHROID TAB 175MCG | LEVOTHYROXINE SODIUM TAB 175 MCG | Tier 1 | | | | |
| UNITHROID TAB 200MCG | LEVOTHYROXINE SODIUM TAB 200 MCG | Tier 1 | | | | |
| UNITHROID TAB 25MCG | LEVOTHYROXINE SODIUM TAB 25 MCG | Tier 1 | | | | |
| UNITHROID TAB 300MCG | LEVOTHYROXINE SODIUM TAB 300 MCG | Tier 1 | | | | |
| UNITHROID TAB 50MCG | LEVOTHYROXINE SODIUM TAB 50 MCG | Tier 1 | | | | |
| UNITHROID TAB 75MCG | LEVOTHYROXINE SODIUM TAB 75 MCG | Tier 1 | | | | |
| UNITHROID TAB 88MCG | LEVOTHYROXINE SODIUM TAB 88 MCG | Tier 1 | | | | |
| **Hormonal Agents, Suppressant (Adrenal) - Drugs to Regulate Hormones** | | | | | | |
| LYSODREN TAB 500MG | MITOTANE TAB 500 MG | Tier 3 | | | | |
| **Hormonal Agents, Suppressant (Pituitary) - Hormone Suppressants** | | | | | | |
| CABERGOLINE TAB 0.5MG | CABERGOLINE TAB 0.5 MG | Tier 2 | | | | |
| CETROTIDE KIT 0.25MG | CETRORELIX ACETATE FOR INJ KIT 0.25 MG | Tier 4 | X | X | X | X |
| FIRMAGON INJ 120MG | DEGARELIX ACETATE FOR INJ 120 MG/VIAL (240 MG DOSE) | Tier 4 | | | | |
| FIRMAGON INJ 80MG | DEGARELIX ACETATE FOR INJ 80 MG (BASE EQUIV) | Tier 4 | | | | |
| FYREMADEL SOL 250/0.5 | GANIRELIX ACETATE SOLN PREFILLED SYRINGE 250 MCG/0.5ML | Tier 3 | | X | | |
| GANIRELIX AC INJ 250/0.5 | GANIRELIX ACETATE SOLN PREFILLED SYRINGE 250 MCG/0.5ML | Tier 4 | | X | | |
| GANIRELIX AC INJ 250/0.5 | GANIRELIX ACETATE SOLN PREFILLED SYRINGE 250 MCG/0.5ML | Tier 1 | | X | | |
| LEUPROLIDE INJ 14 DAY | LEUPROLIDE ACETATE INJ KIT 1 MG/0.2ML (5 MG/ML) | Tier 1 | X | | | |
| LEUPROLIDE INJ 1MG/0.2 | LEUPROLIDE ACETATE INJ KIT 1 MG/0.2ML (5 MG/ML) | Tier 1 | X | | | |

HCR – Health Care Reform Preventive Care
^ May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met

| Medication name | Generic medication name | Drug Tier | Prior authorization | Quantity limit | Step Therapy | Specialty |
|---|---|---|---|---|---|---|
| LEUPROLIDE KIT 14 DAY | LEUPROLIDE ACETATE INJ KIT 1 MG/0.2ML (5 MG/ML) | Tier 1 | X | | | |
| LEUPROLIDE KIT 1MG/0.2 | LEUPROLIDE ACETATE INJ KIT 1 MG/0.2ML (5 MG/ML) | Tier 1 | X | | | |
| OCTREOTIDE INJ 1000/5ML | OCTREOTIDE ACETATE INJ 200 MCG/ML (0.2 MG/ML) | Tier 1 | X | | | |
| OCTREOTIDE INJ 1000MCG | OCTREOTIDE ACETATE INJ 1000 MCG/ML (1 MG/ML) | Tier 1 | X | | | |
| OCTREOTIDE INJ 100MCG | OCTREOTIDE ACETATE INJ 100 MCG/ML (0.1 MG/ML) | Tier 1 | X | | | X |
| OCTREOTIDE INJ 100MCG | OCTREOTIDE ACETATE SUBCUTANEOUS SOLN PREF SYR 100 MCG/ML | Tier 1 | X | | | X |
| OCTREOTIDE INJ 200MCG | OCTREOTIDE ACETATE INJ 200 MCG/ML (0.2 MG/ML) | Tier 1 | X | | | X |
| OCTREOTIDE INJ 5000/5ML | OCTREOTIDE ACETATE INJ 1000 MCG/ML (1 MG/ML) | Tier 1 | | | | |
| OCTREOTIDE INJ 500MCG | OCTREOTIDE ACETATE INJ 500 MCG/ML (0.5 MG/ML) | Tier 1 | | | | |
| OCTREOTIDE INJ 500MCG | OCTREOTIDE ACETATE SUBCUTANEOUS SOLN PREF SYR 500 MCG/ML | Tier 1 | | | | |
| OCTREOTIDE INJ 50MCG/ML | OCTREOTIDE ACETATE INJ 50 MCG/ML (0.05 MG/ML) | Tier 1 | X | | | |
| OCTREOTIDE INJ 50MCG/ML | OCTREOTIDE ACETATE SUBCUTANEOUS SOLN PREF SYR 50 MCG/ML | Tier 1 | X | | | |
| ORIAHNN CAP | ELAGOLIX-ESTRAD-NORETH 300-1-0.5MG & ELAGOLIX 300MG CAP PACK | Tier 2 | X | X | | |
| ORILISSA TAB 150MG | ELAGOLIX SODIUM TAB 150 MG (BASE EQUIV) | Tier 2 | X | X | | |
| ORILISSA TAB 200MG | ELAGOLIX SODIUM TAB 200 MG (BASE EQUIV) | Tier 2 | X | X | | |
| SYNAREL SOL 2MG/ML | NAFARELIN ACETATE NASAL SOLN 2 MG/ML (200 MCG/ACT) (BASE EQ) | Tier 2 | | | | |
| **Immune Suppressants** | | | | | | |
| SKYRIZI INJ 150MG/ML | RISANKIZUMAB-RZAA SOLN PREFILLED SYRINGE 150 MG/ML | Tier 3 | X | X | | |
| SKYRIZI INJ 55/0.37 | RISANKIZUMAB-RZAA SOLN PREFILLED SYRINGE 55 MG/0.37ML | Tier 3 | X | X | | |
| SKYRIZI PEN INJ 150MG/ML | RISANKIZUMAB-RZAA SOLN AUTO-INJECTOR 150 MG/ML | Tier 3 | X | X | | |
| **Immune Suppressants - Immune System Drugs** | | | | | | |
| ADALIMU-AATY KIT 20/0.2ML | ADALIMUMAB-AATY PREFILLED SYRINGE KIT 20 MG/0.2ML | Tier 3 | X | X | | |
| ADALIMU-AATY KIT 40/0.4ML | ADALIMUMAB-AATY AUTO-INJECTOR KIT 40 MG/0.4ML | Tier 3 | X | X | | |

HCR - Health Care Reform Preventive Care
^ May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met

| Medication name | Generic medication name | Drug Tier | Prior authorization | Quantity limit | Step Therapy | Specialty |
|---|---|---|---|---|---|---|
| ADALIMU-AATY KIT 40/0.4ML | ADALIMUMAB-AATY PREFILLED SYRINGE KIT 40 MG/0.4ML | Tier 3 | X | X | | |
| ADALIMU-AATY KIT 80/0.8ML | ADALIMUMAB-AATY AUTO-INJECTOR KIT 80 MG/0.8ML | Tier 3 | X | | | |
| ADALIMU-ADAZ INJ 10/0.1ML | ADALIMUMAB-ADAZ SOLN PREFILLED SYRINGE 10 MG/0.1ML | Tier 3 | X | X | | X |
| ADALIMU-ADAZ INJ 20/0.2ML | ADALIMUMAB-ADAZ SOLN PREFILLED SYRINGE 20 MG/0.2ML | Tier 3 | X | X | | X |
| ADALIMU-ADAZ INJ 40/0.4ML | ADALIMUMAB-ADAZ SOLN AUTO-INJECTOR 40 MG/0.4ML | Tier 3 | X | X | | X |
| ADALIMU-ADAZ INJ 40/0.4ML | ADALIMUMAB-ADAZ SOLN PREFILLED SYRINGE 40 MG/0.4ML | Tier 3 | X | X | | X |
| ADALIMU-ADAZ INJ 80/0.8ML | ADALIMUMAB-ADAZ SOLN AUTO-INJECTOR 80 MG/0.8ML | Tier 3 | | | | |
| AMJEVITA INJ 20/0.2ML | ADALIMUMAB-ATTO SOLN PREFILLED SYRINGE 20 MG/0.2ML | Tier 3 | X | | | |
| AMJEVITA INJ 40/0.4ML | ADALIMUMAB-ATTO SOLN AUTO-INJECTOR 40 MG/0.4ML | Tier 3 | X | X | | |
| AMJEVITA INJ 40/0.4ML | ADALIMUMAB-ATTO SOLN PREFILLED SYRINGE 40 MG/0.4ML | Tier 3 | X | X | | |
| AMJEVITA INJ 80/0.8ML | ADALIMUMAB-ATTO SOLN AUTO-INJECTOR 80 MG/0.8ML | Tier 3 | X | X | | |
| AZASAN TAB 100MG | AZATHIOPRINE TAB 100 MG | Tier 4 | | | | |
| AZASAN TAB 75 MG | AZATHIOPRINE TAB 75 MG | Tier 4 | | | | |
| AZATHIOPRINE TAB 100MG | AZATHIOPRINE TAB 100 MG | Tier 3 | | | | |
| AZATHIOPRINE TAB 50MG | AZATHIOPRINE TAB 50 MG | Tier 1 | | | | |
| AZATHIOPRINE TAB 75MG | AZATHIOPRINE TAB 75 MG | Tier 3 | | | | |
| CIMZIA 1-SYR INJ 200MG/ML | CERTOLIZUMAB PEGOL PREFILLED SYRINGE KIT 200 MG/ML | Tier 3 | X | X | | X |
| CIMZIA 2-SYR KIT 200MG/ML | CERTOLIZUMAB PEGOL PREFILLED SYRINGE KIT 200 MG/ML | Tier 3 | X | X | | X |
| CIMZIA START KIT 200MG/ML | CERTOLIZUMAB PEGOL PREFILLED SYRINGE KIT 200 MG/ML | Tier 3 | X | X | | X |
| CYCLOSPORINE CAP 100MG | CYCLOSPORINE CAP 100 MG | Tier 1 | | | | |
| CYCLOSPORINE CAP 100MG MD | CYCLOSPORINE MODIFIED CAP 100 MG | Tier 1 | | | | |
| CYCLOSPORINE CAP 25MG | CYCLOSPORINE CAP 25 MG | Tier 1 | | | | |
| CYCLOSPORINE CAP 25MG MOD | CYCLOSPORINE MODIFIED CAP 25 MG | Tier 1 | | | | |
| CYCLOSPORINE CAP 50MG MOD | CYCLOSPORINE MODIFIED CAP 50 MG | Tier 1 | | | | |
| CYCLOSPORINE SOL MODIFIED | CYCLOSPORINE MODIFIED ORAL SOLN 100 MG/ML | Tier 1 | | | | |
| ENBREL INJ 25/0.5ML | ETANERCEPT SUBCUTANEOUS SOLN PREFILLED SYRINGE 25 MG/0.5ML | Tier 3 | X | X | | |

HCR - Health Care Reform Preventive Care
^ May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met

| Medication name | Generic medication name | Drug Tier | Prior authorization | Quantity limit | Step Therapy | Specialty |
|---|---|---|---|---|---|---|
| ENBREL INJ 25MG | ETANERCEPT SUBCUTANEOUS INJ 25 MG/0.5ML | Tier 3 | X | X | | |
| ENBREL INJ 50MG/ML | ETANERCEPT SUBCUTANEOUS SOLN PRE-FILLED SYRINGE 50 MG/ML | Tier 3 | X | X | | |
| ENBREL MINI INJ 50MG/ML | ETANERCEPT SUBCUTANEOUS SOLUTION CARTRIDGE 50 MG/ML | Tier 3 | X | X | | |
| ENBREL SRCLK INJ 50MG/ML | ETANERCEPT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/ML | Tier 3 | X | X | | |
| GENGRAF CAP 100MG | CYCLOSPORINE MODIFIED CAP 100 MG | Tier 1 | | | | |
| GENGRAF CAP 25MG | CYCLOSPORINE MODIFIED CAP 25 MG | Tier 1 | | | | |
| GENGRAF SOL 100MG/ML | CYCLOSPORINE MODIFIED ORAL SOLN 100 MG/ML | Tier 1 | | | | |
| JYLAMVO SOL 2MG/ML | METHOTREXATE ORAL SOLN 2 MG/ML | Tier 4 | | | | |
| KINERET INJ | ANAKINRA SUBCUTANEOUS SOLN PRE-FILLED SYRINGE 100 MG/0.67ML | Tier 4 | | | | |
| METHOTREXATE INJ 1GM | METHOTREXATE SODIUM FOR INJ 1 GM | Tier 1 | | | | |
| METHOTREXATE INJ 1GM/40ML | METHOTREXATE SODIUM INJ PF 1000 MG/40ML (25 MG/ML) | Tier 1 | | | | |
| METHOTREXATE INJ 250/10ML | METHOTREXATE SODIUM INJ PF 250 MG/10ML (25 MG/ML) | Tier 1 | | | | |
| METHOTREXATE INJ 25MG/ML | METHOTREXATE SODIUM INJ 250 MG/10ML (25 MG/ML) | Tier 1 | | | | |
| METHOTREXATE INJ 25MG/ML | METHOTREXATE SODIUM INJ 50 MG/2ML (25 MG/ML) | Tier 1 | | | | |
| METHOTREXATE INJ 25MG/ML | METHOTREXATE SODIUM INJ PF 1000 MG/40ML (25 MG/ML) | Tier 1 | | | | |
| METHOTREXATE INJ 50MG/2ML | METHOTREXATE SODIUM INJ 50 MG/2ML (25 MG/ML) | Tier 1 | | | | |
| METHOTREXATE INJ 50MG/2ML | METHOTREXATE SODIUM INJ PF 50 MG/2ML (25 MG/ML) | Tier 1 | | | | |
| METHOTREXATE TAB 2.5MG | METHOTREXATE SODIUM TAB 2.5 MG (BASE EQUIV) | Tier 1 | | | | |
| MYCOPHENOLAT CAP 250MG | MYCOPHENOLATE MOFETIL CAP 250 MG | Tier 1 | | | | |
| MYCOPHENOLAT SUS 200MG/ML | MYCOPHENOLATE MOFETIL FOR ORAL SUSP 200 MG/ML | Tier 1 | | | | |
| MYCOPHENOLAT TAB 500MG | MYCOPHENOLATE MOFETIL TAB 500 MG | Tier 1 | | | | |
| 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 | | | | |
| MYHIBBIN SUS 200MG/ML | MYCOPHENOLATE MOFETIL ORAL SUSP 200 MG/ML | Tier 1 | | | | |
| OLUMIANT TAB 1MG | BARICITINIB TAB 1 MG | Tier 4 | X | X | X | X |
| OLUMIANT TAB 2MG | BARICITINIB TAB 2 MG | Tier 4 | X | X | X | X |
| OLUMIANT TAB 4MG | BARICITINIB TAB 4 MG | Tier 4 | X | X | X | X |

HCR - Health Care Reform Preventive Care

^ May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met

| Medication name | Generic medication name | Drug Tier | Prior authorization | Quantity limit | Step Therapy | Specialty |
|---|---|---|---|---|---|---|
| OMVOH INJ 100/200 | MIRIKIZUMAB-MRKZ SUBCUTANEOUS AUTO-INJ 100 MG/ML & 200MG/2ML | Tier 3 | X | X | | X |
| OMVOH INJ 100/200 | MIRIKIZUMAB-MRKZ SUBCUTANEOUS PREF SYR 100 MG/ML & 200MG/2ML | Tier 3 | X | X | | X |
| OMVOH INJ 100MG/ML | MIRIKIZUMAB-MRKZ SUBCUTANEOUS SOL PREFILL SYRINGE 100 MG/ML | Tier 3 | X | X | | X |
| OMVOH INJ 100MG/ML | MIRIKIZUMAB-MRKZ SUBCUTANEOUS SOLN AUTO-INJECTOR 100 MG/ML | Tier 3 | X | X | | X |
| OMVOH INJ 200/2ML | MIRIKIZUMAB-MRKZ SUBCUTANEOUS SOL PREFILL SYRINGE 200 MG/2ML | Tier 3 | X | X | | X |
| OMVOH INJ 200/2ML | MIRIKIZUMAB-MRKZ SUBCUTANEOUS SOLN AUTO-INJECTOR 200 MG/2ML | Tier 3 | X | X | | X |
| ORENCIA CLCK INJ 125MG/ML | ABATACEPT SUBCUTANEOUS SOLN AUTO-INJECTOR 125 MG/ML | Tier 4 | X | X | X | X |
| ORENCIA INJ 125MG/ML | ABATACEPT SUBCUTANEOUS SOLN PREFILLED SYRINGE 125 MG/ML | Tier 4 | X | X | X | X |
| ORENCIA INJ 50/0.4ML | ABATACEPT SUBCUTANEOUS SOLN PREFILLED SYRINGE 50 MG/0.4ML | Tier 4 | X | X | X | X |
| ORENCIA INJ 87.5/0.7 | ABATACEPT SUBCUTANEOUS SOLN PREFILLED SYRINGE 87.5 MG/0.7ML | Tier 4 | X | X | X | X |
| PROGRAF CAP 0.5MG | TACROLIMUS CAP 0.5 MG | Tier 4 | | | | |
| PROGRAF CAP 1MG | TACROLIMUS CAP 1 MG | Tier 4 | | | | |
| PROGRAF CAP 5MG | TACROLIMUS CAP 5 MG | Tier 4 | | | | |
| PROGRAF GRA 0.2MG | TACROLIMUS PACKET FOR SUSP 0.2 MG | Tier 4 | X | | | |
| PROGRAF GRA 1MG | TACROLIMUS PACKET FOR SUSP 1 MG | Tier 4 | X | | | |
| RASUVO INJ 10MG | METHOTREXATE SOLN PF AUTO-INJECTOR 10 MG/0.2ML | Tier 2 | | X | | |
| RASUVO INJ 12.5MG | METHOTREXATE SOLN PF AUTO-INJECTOR 12.5 MG/0.25ML | Tier 2 | | | | |
| RASUVO INJ 15MG | METHOTREXATE SOLN PF AUTO-INJECTOR 15 MG/0.3ML | Tier 2 | | | | |
| RASUVO INJ 17.5MG | METHOTREXATE SOLN PF AUTO-INJECTOR 17.5 MG/0.35ML | Tier 2 | | | | |
| RASUVO INJ 20MG | METHOTREXATE SOLN PF AUTO-INJECTOR 20 MG/0.4ML | Tier 2 | | X | | |
| RASUVO INJ 22.5MG | METHOTREXATE SOLN PF AUTO-INJECTOR 22.5 MG/0.45ML | Tier 2 | | X | | |
| RASUVO INJ 25MG | METHOTREXATE SOLN PF AUTO-INJECTOR 25 MG/0.5ML | Tier 2 | | X | | |
| RASUVO INJ 30MG | METHOTREXATE SOLN PF AUTO-INJECTOR 30 MG/0.6ML | Tier 2 | | | | |
| RASUVO INJ 7.5MG | METHOTREXATE SOLN PF AUTO-INJECTOR 7.5 MG/0.15ML | Tier 2 | | | | |
| SAPHNELO INJ 120/0.8 | ANIFROLUMAB-FNIA SOLN PREFILLED SYRINGE 120 MG/0.8ML | Tier 2 | | | | |

HCR - Health Care Reform Preventive Care
^ May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met

| Medication name | Generic medication name | Drug Tier | Prior authorization | Quantity limit | Step Therapy | Specialty |
|---|---|---|---|---|---|---|
| SAPHNELO PEN INJ 120/0.8 | ANIFROLUMAB-FNIA SOLN AUTO-INJECTOR 120 MG/0.8ML | Tier 3 | X | | | |
| SIMPONI INJ 100MG/ML | GOLIMUMAB SUBCUTANEOUS SOLN AUTO-INJECTOR 100 MG/ML | Tier 3 | X | X | | |
| SIMPONI INJ 100MG/ML | GOLIMUMAB SUBCUTANEOUS SOLN PREFILLED SYRINGE 100 MG/ML | Tier 3 | X | X | | |
| SIMPONI INJ 50/0.5ML | GOLIMUMAB SUBCUTANEOUS SOLN AUTO-INJECTOR 50 MG/0.5ML | Tier 3 | X | X | | |
| SIMPONI INJ 50/0.5ML | GOLIMUMAB SUBCUTANEOUS SOLN PREFILLED SYRINGE 50 MG/0.5ML | Tier 3 | X | X | | |
| SIROLIMUS SOL 1MG/ML | SIROLIMUS ORAL SOLN 1 MG/ML | Tier 3 | | | | |
| SIROLIMUS TAB 0.5MG | SIROLIMUS TAB 0.5 MG | Tier 1 | | | | |
| SIROLIMUS TAB 1MG | SIROLIMUS TAB 1 MG | Tier 1 | | | | |
| SIROLIMUS TAB 2MG | SIROLIMUS TAB 2 MG | Tier 1 | | | | |
| SKYRIZI INJ 180/1.2 | RISANKIZUMAB-RZAA SUBCUTANEOUS SOLN CARTRIDGE 180 MG/1.2ML | Tier 3 | X | X | | |
| SKYRIZI INJ 360/2.4 | RISANKIZUMAB-RZAA SUBCUTANEOUS SOLN CARTRIDGE 360 MG/2.4ML | Tier 3 | X | X | | |
| TACROLIMUS CAP 0.5MG | TACROLIMUS CAP 0.5 MG | Tier 1 | | | | |
| TACROLIMUS CAP 1MG | TACROLIMUS CAP 1 MG | Tier 1 | | | | |
| TACROLIMUS CAP 5MG | TACROLIMUS CAP 5 MG | Tier 1 | | | | |
| TOFACITINIB SOL 1MG/ML | TOFACITINIB CITRATE ORAL SOLN 1 MG/ML (BASE EQUIVALENT) | Tier 3 | X | X | | |
| TOFACITINIB TAB 10MG | TOFACITINIB CITRATE TAB 10 MG (BASE EQUIVALENT) | Tier 3 | X | X | | |
| TOFACITINIB TAB 11MG ER | TOFACITINIB CITRATE TAB ER 24HR 11 MG (BASE EQUIVALENT) | Tier 3 | X | X | | |
| TOFACITINIB TAB 22MG ER | TOFACITINIB CITRATE TAB ER 24HR 22 MG (BASE EQUIVALENT) | Tier 3 | X | X | | |
| TOFACITINIB TAB 5MG | TOFACITINIB CITRATE TAB 5 MG (BASE EQUIVALENT) | Tier 3 | X | X | | |
| TREXALL TAB 10MG | METHOTREXATE SODIUM TAB 10 MG (BASE EQUIV) | Tier 2 | | | | |
| TREXALL TAB 15MG | METHOTREXATE SODIUM TAB 15 MG (BASE EQUIV) | Tier 2 | | | | |
| TREXALL TAB 5MG | METHOTREXATE SODIUM TAB 5 MG (BASE EQUIV) | Tier 2 | | | | |
| TREXALL TAB 7.5MG | METHOTREXATE SODIUM TAB 7.5 MG (BASE EQUIV) | Tier 2 | | | | |
| XATMEP SOL 2.5MG/ML | METHOTREXATE ORAL SOLN 2.5 MG/ML | Tier 4 | X | | | |
| **Immunological Agents, Other** | | | | | | |
| BIMZELX INJ 160MG/ML | BIMEKIZUMAB-BKZX SUBCUTANEOUS SOLN AUTO-INJECTOR 160 MG/ML | Tier 3 | | | | |
| BIMZELX INJ 160MG/ML | BIMEKIZUMAB-BKZX SUBCUTANEOUS SOLN PREFILLED SYR 160 MG/ML | Tier 3 | | | | |

HCR - Health Care Reform Preventive Care
^ May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met

| Medication name | Generic medication name | Drug Tier | Prior authorization | Quantity limit | Step Therapy | Specialty |
|---|---|---|---|---|---|---|
| BIMZELX INJ 320MG/2 | BIMEKIZUMAB-BKZX SUBCUTANEOUS SOLN AUTO-INJECTOR 320 MG/2ML | Tier 3 | | | | |
| BIMZELX INJ 320MG/2 | BIMEKIZUMAB-BKZX SUBCUTANEOUS SOLN PREFILLED SYR 320 MG/2ML | Tier 3 | | | | |
| JOENJA TAB 40MG | LENIOLISIB PHOSPHATE TAB 40 MG | Tier 3 | | | | |
| JOENJA TAB 50MG | LENIOLISIB PHOSPHATE TAB 50 MG | Tier 3 | | | | |
| JOENJA TAB 70MG | LENIOLISIB PHOSPHATE TAB 70 MG | Tier 3 | | | | |
| VIJOICE GRA 50MG | ALPELISIB (PROS) ORAL GRANULES PACKET 50 MG | Tier 4 | | | | |
| VIJOICE TAB 125MG | ALPELISIB (PROS) TAB THERAPY PACK 125 MG DAILY DOSE | Tier 4 | | | | |
| VIJOICE TAB 250MG | ALPELISIB (PROS) PAK 250 MG DAILY DOSE (200 MG & 50 MG TABS) | Tier 4 | | | | |
| VIJOICE TAB 50MG | ALPELISIB (PROS) TAB THERAPY PACK 50 MG DAILY DOSE | Tier 4 | | | | |
| VYVGART INJ HYTRULO | EFGARTIGIMOD ALF-HYALUR-QVFC PREF SYR 1000-10000 MG-UNIT/5ML | Tier 4 | | | | |
| **Immunomodulators - Immune System Drugs** | | | | | | |
| ACTEMRA INJ 162/0.9 | TOCILIZUMAB SUBCUTANEOUS SOLN PREFILLED SYRINGE 162 MG/0.9ML | Tier 4 | | | | |
| ACTEMRA INJ ACTPEN | TOCILIZUMAB SUBCUTANEOUS SOLN AUTO-INJECTOR 162 MG/0.9ML | Tier 4 | | | | |
| ACTIMMUNE INJ 2MU/0.5 | INTERFERON GAMMA-1B INJ 100 MCG/0.5ML (2000000 UNIT/0.5ML) | Tier 3 | | | | |
| ARCALYST INJ 220MG | RILONACEPT FOR INJ 220 MG | Tier 3 | | | | |
| BENLYSTA INJ 200MG/ML | BELIMUMAB SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/ML | Tier 3 | | | | |
| BENLYSTA INJ 200MG/ML | BELIMUMAB SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/ML | Tier 3 | | | | |
| BEYFORTUS INJ 100MG/ML | NIRSEVIMAB-ALIP IM SOLN PREFILLED SYRINGE 100 MG/ML | HCR | | | | |
| BEYFORTUS INJ 50/0.5ML | NIRSEVIMAB-ALIP IM SOLN PREFILLED SYRINGE 50 MG/0.5ML | HCR | | | | |
| ENFLONSIA INJ 105MG | CLESROVIMAB-CFOR IM SOLN PREFILLED SYRINGE 105 MG/0.7ML | HCR | | | | |
| ENTYVIO PEN INJ 108/0.68 | VEDOLIZUMAB SOLN AUTO-INJECTOR 108 MG/0.68ML | Tier 3 | | | | |
| LEFLUNOMIDE TAB 10MG | LEFLUNOMIDE TAB 10 MG | Tier 1 | | | | |
| LEFLUNOMIDE TAB 20MG | LEFLUNOMIDE TAB 20 MG | Tier 1 | | | | |
| OTEZLA TAB 10/20 | APREMILAST TAB STARTER THERAPY PACK 4 X 10 MG & 51 X 20 MG | Tier 3 | | | | |
| OTEZLA TAB 10/20/30 | APREMILAST TAB STARTER THERAPY PACK 10 MG & 20 MG & 30 MG | Tier 3 | | | | |
| OTEZLA TAB 20MG | APREMILAST TAB 20 MG | Tier 3 | | | | |
| OTEZLA TAB 30MG | APREMILAST TAB 30 MG | Tier 3 | X | X | | X |

HCR - Health Care Reform Preventive Care
^ May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met

| Medication name | Generic medication name | Drug Tier | Prior authorization | Quantity limit | Step Therapy | Specialty |
|---|---|---|---|---|---|---|
| OTEZLA XR TAB 75MG | APREMILAST TAB ER 24HR 75 MG | Tier 3 | X | X | | X |
| OTEZLA/XR TAB 28 DAY | APREMILAST TAB START PACK 10 MG & 20 MG & 30 MG & (ER) 75 MG | Tier 3 | X | X | | |
| RINVOQ LQ SOL 1MG/ML | UPADACITINIB ORAL SOLN 1 MG/ML | Tier 3 | X | X | | X |
| RINVOQ TAB 15MG ER | UPADACITINIB TAB ER 24HR 15 MG | Tier 3 | X | X | | X |
| RINVOQ TAB 30MG ER | UPADACITINIB TAB ER 24HR 30 MG | Tier 3 | X | X | | X |
| RINVOQ TAB 45MG ER | UPADACITINIB TAB ER 24HR 45 MG | Tier 3 | X | X | | X |
| TAKHZYRO INJ 150MG/ML | LANADELUMAB-FLYO SOLN PREF SYRINGE 150 MG/ML | Tier 3 | X | X | | X |
| TAKHZYRO INJ 300/2ML | LANADELUMAB-FLYO SOLN PREF SYRINGE 300 MG/2ML (150 MG/ML) | Tier 3 | X | X | | X |
| **Insulins - Diabetic Drugs** | | | | | | |
| ADMIX NEEDLE MIS 18GX1.5" | NEEDLE (DISP) 18 X 1-1/2" | Tier 2 | | | | |
| BD BLNT FILL MIS 18GX1.5 | NEEDLE (DISP) 18 X 1-1/2" | Tier 2 | | | | |
| BD BLUNT FIL MIS 18GX1" | NEEDLE (DISP) 18 X 1" | Tier 2 | | | | |
| BD ECLIPSE MIS 18GX1.5" | NEEDLE (DISP) 18 X 1-1/2" | Tier 2 | | | | |
| HUMALOG INJ 100/ML | INSULIN LISPRO SOLN CARTRIDGE 100 UNIT/ML | Tier 2 | | X | | |
| HUMALOG JR INJ 100/ML | INSULIN LISPRO SOLN PEN-INJECTOR 100 UNIT/ML (0.5 UNIT DIAL) | Tier 2 | | X | | |
| HUMALOG KWPN INJ 100/ML | INSULIN LISPRO SOLN PEN-INJECTOR 100 UNIT/ML (1 UNIT DIAL) | Tier 2 | | X | | |
| HUMALOG KWPN INJ 200/ML | INSULIN LISPRO SOLN PEN-INJECTOR 200 UNIT/ML | Tier 2 | | X | | |
| HUMALOG MIX INJ 50/50 | INSULIN LISPRO PROTAMINE & LISPRO INJ 100 UNIT/ML (50-50) | Tier 2 | | | | |
| HUMALOG MIX INJ 50/50KWP | INSULIN LISPRO PROT & LISPRO SUS PEN-INJ 100 UNIT/ML (50-50) | Tier 2 | | | | |
| HUMALOG MIX INJ 75/25KWP | INSULIN LISPRO PROT & LISPRO SUS PEN-INJ 100 UNIT/ML (75-25) | Tier 2 | | | | |
| HUMALOG MIX SUS 75/25 | INSULIN LISPRO PROT & LISPRO INJ 100 UNIT/ML (75-25) | Tier 2 | | | | |
| HUMULIN INJ 70/30 | INSULIN NPH ISOPHANE & REGULAR HUMAN INJ 100 UNIT/ML (70-30) | Tier 2 | | | | |
| HUMULIN INJ 70/30KWP | INSULIN NPH & REGULAR SUSP PEN-INJ 100 UNIT/ML (70-30) | Tier 2 | | | | |
| HUMULIN N INJ U-100 | INSULIN NPH (HUMAN) (ISOPHANE) INJ 100 UNIT/ML | Tier 2 | | | | |
| HUMULIN N INJ U-100KWP | INSULIN NPH (HUMAN) (ISOPHANE) SUSP PEN-INJECTOR 100 UNIT/ML | Tier 2 | | | | |
| HUMULIN R INJ U-100 | INSULIN REGULAR (HUMAN) INJ 100 UNIT/ML | Tier 2 | | | | |
| HUMULIN R INJ U-500 | INSULIN REGULAR (HUMAN) INJ 500 UNIT/ML | Tier 2 | | | | |

HCR - Health Care Reform Preventive Care
^ May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met

| Medication name | Generic medication name | Drug Tier | Prior authorization | Quantity limit | Step Therapy | Specialty |
|---|---|---|---|---|---|---|
| HUMULIN R INJ U-500KWP | INSULIN REGULAR (HUMAN) SOLN PEN-INJECTOR 500 UNIT/ML | Tier 2 | | | | |
| HYPO NEEDLE MIS 18GX1.5" | NEEDLE (DISP) 18 X 1-1/2" | Tier 2 | | | | |
| HYPO NEEDLE MIS 18GX1" | NEEDLE (DISP) 18 X 1" | Tier 2 | | | | |
| INSULIN LISP INJ 100/ML | INSULIN LISPRO INJ SOLN 100 UNIT/ML | Tier 2 | | | | |
| INSULIN LISP INJ 100/ML | INSULIN LISPRO SOLN PEN-INJECTOR 100 UNIT/ML (1 UNIT DIAL) | Tier 2 | | | | |
| INSULIN LISP INJ JR KWPN | INSULIN LISPRO SOLN PEN-INJECTOR 100 UNIT/ML (0.5 UNIT DIAL) | Tier 2 | | | | |
| INSULIN LISP INJ PROT KWP | INSULIN LISPRO PROT & LISPRO SUS PEN-INJ 100 UNIT/ML (75-25) | Tier 2 | | | | |
| LANTUS INJ 100/ML | INSULIN GLARGINE INJ 100 UNIT/ML | Tier 2 | | | | |
| LANTUS SOLOS INJ 100/ML | INSULIN GLARGINE SOLN PEN-INJECTOR 100 UNIT/ML | Tier 2 | | | | |
| LYUMJEV INJ 100UT/ML | INSULIN LISPRO-AABC INJ 100 UNIT/ML | Tier 2 | | | | |
| LYUMJEV KWPN INJ 100UT/ML | INSULIN LISPRO-AABC SOLN PEN-INJ 100 UNIT/ML (1 UNIT DIAL) | Tier 2 | | | | |
| LYUMJEV KWPN INJ 200UT/ML | INSULIN LISPRO-AABC SOLN PEN-INJECTOR 200 UNIT/ML | Tier 2 | | X | | X |
| MYXREDLIN SOL 1UNIT/ML | INSULIN REGULAR (HUMAN) IN NACL 0.9% IV SOLN 100 UNIT/100ML | Tier 3 | | | | |
| POLY HUB MIS 18GX1.5" | NEEDLE (DISP) 18 X 1-1/2" | Tier 2 | | | | |
| POLY HUB MIS 18GX1" | NEEDLE (DISP) 18 X 1" | Tier 2 | | | | |
| SAFTY NEEDLE MIS 18GX1.5" | NEEDLE (DISP) 18 X 1-1/2" | Tier 2 | | | | |
| SAFTY NEEDLE MIS 18GX1" | NEEDLE (DISP) 18 X 1" | Tier 2 | | | | |
| SOLIQUA INJ 100/33 | INSULIN GLARGINE-LIXISENATIDE SOL PEN-INJ 100-33 UNIT-MCG/ML | Tier 2 | | X | | |
| TOUJEO MAX INJ 300/ML | INSULIN GLARGINE SOLN PEN-INJECTOR 300 UNIT/ML (2 UNIT DIAL) | Tier 3 | | X | | |
| TOUJEO SOLO INJ 300/ML | INSULIN GLARGINE SOLN PEN-INJECTOR 300 UNIT/ML (1 UNIT DIAL) | Tier 3 | | X | | |
| VENT NEEDLE MIS 18GX1" | NEEDLE (DISP) 18 X 1" | Tier 2 | | | | |
| **Irritable Bowel Syndrome Agents - Bowel Treatment Drugs** | | | | | | |
| ALOSETRON TAB 0.5MG | ALOSETRON HCL TAB 0.5 MG (BASE EQUIV) | Tier 2 | X | X | | |
| ALOSETRON TAB 1MG | ALOSETRON HCL TAB 1 MG (BASE EQUIV) | Tier 2 | X | X | | |
| LINZESS CAP 145MCG | LINACLOTIDE CAP 145 MCG | Tier 2 | X | X | | |
| LINZESS CAP 290MCG | LINACLOTIDE CAP 290 MCG | Tier 2 | X | X | | |
| LINZESS CAP 72MCG | LINACLOTIDE CAP 72 MCG | Tier 2 | X | X | | |
| LUBIPROSTONE CAP 24MCG | LUBIPROSTONE CAP 24 MCG | Tier 2 | X | X | | |
| LUBIPROSTONE CAP 8MCG | LUBIPROSTONE CAP 8 MCG | Tier 2 | X | X | | X |
| VIBERZI TAB 100MG | ELUXADOLINE TAB 100 MG | Tier 4 | X | X | | X |
| VIBERZI TAB 75MG | ELUXADOLINE TAB 75 MG | Tier 4 | X | X | | X |

HCR – Health Care Reform Preventive Care
^ May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met

| Medication name | Generic medication name | Drug Tier | Prior authorization | Quantity limit | Step Therapy | Specialty |
|---|---|---|---|---|---|---|
| **Laxatives - Bowel Treatment Drugs** | | | | | | |
| CLEARLAX POW | POLYETHYLENE GLYCOL 3350 ORAL POWDER 17 GM/SCOOP | HCR | | | | |
| CVS PURELAX POW | POLYETHYLENE GLYCOL 3350 ORAL POWDER 17 GM/SCOOP | HCR | | | | X |
| DAILY FIBER POW 43% | PSYLLIUM POWDER 43% | Tier 1 | | | | X |
| EQ CLEARLAX POW | POLYETHYLENE GLYCOL 3350 ORAL POWDER 17 GM/SCOOP | HCR | | | | |
| EQL CLEARLAX POW | POLYETHYLENE GLYCOL 3350 ORAL POWDER 17 GM/SCOOP | HCR | | | | X |
| FT CLEARLAX POW | POLYETHYLENE GLYCOL 3350 ORAL POWDER 17 GM/SCOOP | HCR | | | | X |
| GAVILAX POW | POLYETHYLENE GLYCOL 3350 ORAL POWDER 17 GM/SCOOP | HCR | | | | X |
| GENTLELAX POW | POLYETHYLENE GLYCOL 3350 ORAL POWDER 17 GM/SCOOP | HCR | | | | X |
| GLYCOLAX POW 3350 NF | POLYETHYLENE GLYCOL 3350 ORAL POWDER 17 GM/SCOOP | HCR | | | | |
| GNP CLEARLAX POW | POLYETHYLENE GLYCOL 3350 ORAL POWDER 17 GM/SCOOP | HCR | | | | X |
| LAXACLEAR POW | POLYETHYLENE GLYCOL 3350 ORAL POWDER 17 GM/SCOOP | HCR | | | | |
| LAXATIVE POW OSMOTIC | POLYETHYLENE GLYCOL 3350 ORAL POWDER 17 GM/SCOOP | HCR | | | | |
| MINERAL OIL HEAVY | MINERAL OIL (BULK) | Tier 3 | | | | |
| MINERAL OIL MED VISC | MINERAL OIL (BULK) | Tier 3 | | | | |
| MM CLEARLAX POW | POLYETHYLENE GLYCOL 3350 ORAL POWDER 17 GM/SCOOP | HCR | | | | |
| NATURA-LAX POW 3350 NF | POLYETHYLENE GLYCOL 3350 ORAL POWDER 17 GM/SCOOP | HCR | | | | |
| PEG 3350 POW | POLYETHYLENE GLYCOL 3350 ORAL POWDER 17 GM/SCOOP | HCR | | | | |
| POLYETH GLYC POW 3350 | POLYETHYLENE GLYCOL 3350 ORAL POWDER 17 GM/SCOOP | HCR | | | | |
| POLYETH GLYC POW 3350 NF | POLYETHYLENE GLYCOL 3350 ORAL POWDER 17 GM/SCOOP | HCR | | | | |
| QC LAXATIVE POW | POLYETHYLENE GLYCOL 3350 ORAL POWDER 17 GM/SCOOP | HCR | | | | |
| RA LAXATIVE POW | POLYETHYLENE GLYCOL 3350 ORAL POWDER 17 GM/SCOOP | HCR | | | | |
| SMOOTH LAX POW | POLYETHYLENE GLYCOL 3350 ORAL POWDER 17 GM/SCOOP | HCR | | | | |
| SMOOTH LAX POW 3350 | POLYETHYLENE GLYCOL 3350 ORAL POWDER 17 GM/SCOOP | HCR | | | | X |

HCR - Health Care Reform Preventive Care
^ May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met

| Medication name | Generic medication name | Drug Tier | Prior authorization | Quantity limit | Step Therapy | Specialty |
|---|---|---|---|---|---|---|
| SUTAB TAB | SOD SULFATE-MG SULFATE-POT CHLORIDE TAB 1479-225-188 MG | Tier 3 | | X | | X |
| TRUE LAXATIV POW 3350 | POLYETHYLENE GLYCOL 3350 ORAL POWDER 17 GM/SCOOP | HCR | | | | |
| WAL-MUCIL POW 43% | PSYLLIUM POWDER 43% | Tier 1 | | | | |
| **Laxatives - Drugs to treat Constipation** | | | | | | |
| BASE A PEG POW 1450 | POLYETHYLENE GLYCOL 1450 POWDER | Tier 3 | | | | |
| BISACODYL TAB 5MG DR | BISACODYL TAB DELAYED RELEASE 5 MG | HCR | | | | |
| BISACODYL TAB 5MG EC | BISACODYL TAB DELAYED RELEASE 5 MG | HCR | | | | |
| CONSTULOSE SOL 10/15ML | LACTULOSE SOLUTION 10 GM/15ML | Tier 1 | | | | |
| CVS C-LAX TAB 5MG | BISACODYL TAB DELAYED RELEASE 5 MG | HCR | | | | |
| ENULOSE SOL 10GM/15 | LACTULOSE (ENCEPHALOPATHY) SOLUTION 10 GM/15ML | Tier 1 | | | | |
| EQ LAXATIVE CHW 15MG | SENNOSIDES CHEW TAB 15 MG | Tier 1 | | | | |
| EQL GENTLE TAB LAXATIVE | BISACODYL TAB DELAYED RELEASE 5 MG | HCR | | | | X |
| FT LAXATIVE TAB 5MG EC | BISACODYL TAB DELAYED RELEASE 5 MG | HCR | | | | X |
| FT MAG CITRA SOL CHERRY | MAGNESIUM CITRATE SOLN | HCR | | | X | X |
| FT MAG CITRA SOL LEMON | MAGNESIUM CITRATE SOLN | HCR | | | | |
| GAVILYTE-C SOL | PEG 3350-KCL-NA BICARB-NACL-NA SULFATE FOR SOLN 240 GM | HCR | | | | X |
| GAVILYTE-G SOL | PEG 3350-KCL-NA BICARB-NACL-NA SULFATE FOR SOLN 236 GM | HCR | | X | X | X |
| GAVILYTE-N SOL FLAV PK | PEG 3350-KCL-SOD BICARB-NACL FOR SOLN 420 GM | HCR | | X | | |
| GENERLAC SOL 10/15ML | LACTULOSE (ENCEPHALOPATHY) SOLUTION 10 GM/15ML | Tier 1 | | | | |
| GENERLAC SOL 10GM/15 | LACTULOSE (ENCEPHALOPATHY) SOLUTION 10 GM/15ML | Tier 1 | | | | |
| GENTLE LAXAT SUP 10MG | BISACODYL SUPPOS 10 MG | Tier 1 | | | | |
| GENTLE LAXAT TAB 5MG EC | BISACODYL TAB DELAYED RELEASE 5 MG | HCR | | | | |
| GNP GNTL LAX TAB 5MG EC | BISACODYL TAB DELAYED RELEASE 5 MG | HCR | | | | |
| GNP LAXATIVE TAB 5MG EC | BISACODYL TAB DELAYED RELEASE 5 MG | HCR | | | | |
| GNP MAG CITR SOL CHERRY | MAGNESIUM CITRATE SOLN | HCR | | | | |
| GOLYTELY SOL | PEG 3350-KCL-NA BICARB-NACL-NA SULFATE FOR SOLN 236 GM | HCR | | X | | X |
| KP BISACODYL TAB 5MG EC | BISACODYL TAB DELAYED RELEASE 5 MG | HCR | | | | |
| KRISTALOSE PAK 10GM | LACTULOSE ORAL CRYSTAL PACKET 10 GM | Tier 4 | | | | X |
| KRISTALOSE PAK 20GM | LACTULOSE ORAL CRYSTAL PACKET 20 GM | Tier 3 | | | | X |
| LACTULOSE PAK 20GM | LACTULOSE ORAL CRYSTAL PACKET 20 GM | Tier 3 | | | | |
| LACTULOSE SOL 10/15ML | LACTULOSE SOLUTION 10 GM/15ML | Tier 1 | | | | X |
| LACTULOSE SOL 10GM/15 | LACTULOSE (ENCEPHALOPATHY) SOLUTION 10 GM/15ML | Tier 1 | | | | X |
| LACTULOSE SOL 20/30ML | LACTULOSE SOLUTION 10 GM/15ML | Tier 1 | | | | |

HCR – Health Care Reform Preventive Care

^ May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met

| Medication name | Generic medication name | Drug Tier | Prior authorization | Quantity limit | Step Therapy | Specialty |
|---|---|---|---|---|---|---|
| LAXATIVE TAB 5MG EC | BISACODYL TAB DELAYED RELEASE 5 MG | HCR | | | | X |
| MAG CITRATE SOL CHERRY | MAGNESIUM CITRATE SOLN | HCR | | | | X |
| MAG CITRATE SOL GRAPE | MAGNESIUM CITRATE SOLN | HCR | | | | |
| MAG CITRATE SOL LEMON | MAGNESIUM CITRATE SOLN | HCR | | | X | |
| MOVIPREP SOL | PEG 3350-KCL-NACL-NA SULFATE-NA ASCORBATE-C FOR SOLN 100 GM | Tier 4 | | X | | |
| PEG 3350 POW | POLYETHYLENE GLYCOL 3350 POWDER | Tier 3 | | | | |
| PEG-3350 SOL ELECTROL | PEG 3350-KCL-NA BICARB-NACL-NA SULFATE FOR SOLN 236 GM | HCR | | X | | |
| PEG-3350/KCL SOL /SODIUM | PEG 3350-KCL-SOD BICARB-NACL FOR SOLN 420 GM | HCR | | X | | |
| PEG-PREP KIT | BISACODYL TAB & PEG 3350-KCL-SOD BICARB-NACL FOR SOLN KIT | Tier 4 | | | | |
| PEG/NASUL/C/ SOL NACL/ POT | PEG 3350-KCL-NACL-NA SULFATE-NA ASCORBATE-C FOR SOLN 100 GM | Tier 3 | | X | | |
| POLY GLYCOL LIQ 1450 | POLYETHYLENE GLYCOL 1450 LIQUID | Tier 3 | | | | |
| POLYETH GLYC POW 1450 | POLYETHYLENE GLYCOL 1450 POWDER | Tier 3 | | | | |
| QC LAXATIVE TAB 5MG EC | BISACODYL TAB DELAYED RELEASE 5 MG | HCR | | | | |
| RA LAXATIVE TAB 5MG EC | BISACODYL TAB DELAYED RELEASE 5 MG | HCR | | | | |
| SODIUM/POTAS SOL MAGNESIU | SOD SULFATE-POT SULF-MG SULF ORAL SOL 17.5-3.13-1.6 GM/177ML | Tier 3 | | X | | |
| SUPREP BOWEL SOL PREP KIT | SOD SULFATE-POT SULF-MG SULF ORAL SOL 17.5-3.13-1.6 GM/177ML | Tier 3 | | X | | |
| WOMANS LAXAT TAB 5MG EC | BISACODYL TAB DELAYED RELEASE 5 MG | HCR | | | | |
| WOMENS LAXAT TAB 5MG EC | BISACODYL TAB DELAYED RELEASE 5 MG | HCR | | | | |
| **Local Anesthetics** | | | | | | |
| GLYDO GEL 2% | LIDOCAINE HCL URETHRAL/MUCOSAL GEL PREFILLED SYRINGE 2% | Tier 1 | | | | |
| LIDO/PRILOCN CRE 2.5-2.5% | LIDOCAINE-PRILOCAINE CREAM 2.5-2.5% | Tier 1 | | | | |
| LIDOCAINE DIS 5% PATCH | LIDOCAINE PATCH 5% | Tier 3 | X | | | |
| LIDOCAINE GEL 2% | LIDOCAINE HCL URETHRAL/MUCOSAL GEL PREFILLED SYRINGE 2% | Tier 1 | | | | |
| LIDOCAINE GEL 2% JELLY | LIDOCAINE HCL URETHRAL/MUCOSAL GEL 2% | Tier 1 | | | | |
| LIDOCAINE GEL 2% JELLY | LIDOCAINE HCL URETHRAL/MUCOSAL GEL PREFILLED SYRINGE 2% | Tier 1 | | | | |
| LIDOCAINE OIN 5% | LIDOCAINE OINT 5% | Tier 2 | | X | | |
| LIDOCAINE SOL 2% ORAL | LIDOCAINE HCL VISCOUS SOLN 2% | Tier 1 | | | | |
| LIDOCAINE SOL 2% VISC | LIDOCAINE HCL VISCOUS SOLN 2% | Tier 1 | | | | |
| LIDOCAINE SOL 4% | LIDOCAINE HCL LARYNGOTRACHEAL SOLN 4% | Tier 1 | | | | |
| LIDOCAINE SOL 4% | LIDOCAINE HCL SOLN 4% | Tier 1 | | | | |
| ZTLIDO PAD 1.8% | LIDOCAINE PATCH 1.8% (36 MG) | Tier 3 | X | X | | |

HCR - Health Care Reform Preventive Care
^ May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met

| Medication name | Generic medication name | Drug Tier | Prior authorization | Quantity limit | Step Therapy | Specialty |
|---|---|---|---|---|---|---|
| **Macrolides - Antibiotics** | | | | | | |
| AZITHROMYCIN POW 1GM PAK | AZITHROMYCIN POWD PACK FOR SUSP 1 GM | Tier 1 | | | | |
| AZITHROMYCIN SUS 100/5ML | AZITHROMYCIN FOR SUSP 100 MG/5ML | Tier 1 | | | | |
| AZITHROMYCIN SUS 200/5ML | AZITHROMYCIN FOR SUSP 200 MG/5ML | Tier 1 | | | | |
| AZITHROMYCIN TAB 250MG | AZITHROMYCIN TAB 250 MG | Tier 1 | | | | |
| AZITHROMYCIN TAB 500MG | AZITHROMYCIN TAB 500 MG | Tier 1 | | | | |
| AZITHROMYCIN TAB 600MG | AZITHROMYCIN TAB 600 MG | Tier 1 | | | | |
| CLARITHROMYC SUS 125/5ML | CLARITHROMYCIN FOR SUSP 125 MG/5ML | Tier 2 | | | | |
| CLARITHROMYC SUS 250/5ML | CLARITHROMYCIN FOR SUSP 250 MG/5ML | Tier 2 | | | | |
| CLARITHROMYC TAB 250MG | CLARITHROMYCIN TAB 250 MG | Tier 1 | | | | |
| CLARITHROMYC TAB 500MG | CLARITHROMYCIN TAB 500 MG | Tier 1 | | | | |
| CLARITHROMYC TAB 500MG ER | CLARITHROMYCIN TAB ER 24HR 500 MG | Tier 2 | | | | |
| DIFICID SUS | FIDAXOMICIN FOR SUSP 40 MG/ML | Tier 4 | | X | | |
| E.E.S. GRAN SUS 200/5ML | ERYTHROMYCIN ETHYLSUCCINATE FOR SUSP 200 MG/5ML | Tier 3 | | | | |
| ERY-TAB TAB 250MG EC | ERYTHROMYCIN TAB DELAYED RELEASE 250 MG | Tier 4 | | | | |
| ERY-TAB TAB 333MG EC | ERYTHROMYCIN TAB DELAYED RELEASE 333 MG | Tier 4 | | | | |
| ERY-TAB TAB 500MG EC | ERYTHROMYCIN TAB DELAYED RELEASE 500 MG | Tier 4 | | | | |
| ERYPED SUS 200/5ML | ERYTHROMYCIN ETHYLSUCCINATE FOR SUSP 200 MG/5ML | Tier 3 | | | | |
| ERYPED SUS 400/5ML | ERYTHROMYCIN ETHYLSUCCINATE FOR SUSP 400 MG/5ML | Tier 4 | | | | |
| ERYTHROM ETH SUS 200/5ML | ERYTHROMYCIN ETHYLSUCCINATE FOR SUSP 200 MG/5ML | Tier 1 | | | | |
| ERYTHROM ETH SUS 400/5ML | ERYTHROMYCIN ETHYLSUCCINATE FOR SUSP 400 MG/5ML | Tier 3 | | | | |
| ERYTHROM ETH TAB 400MG | ERYTHROMYCIN ETHYLSUCCINATE TAB 400 MG | Tier 1 | | | | |
| ERYTHROMYCIN CAP 250MG DR | ERYTHROMYCIN W/ DELAYED RELEASE PARTICLES CAP 250 MG | Tier 1 | | | | |
| ERYTHROMYCIN TAB 250MG BS | ERYTHROMYCIN TAB 250 MG | Tier 1 | | | | |
| ERYTHROMYCIN TAB 250MG EC | ERYTHROMYCIN TAB DELAYED RELEASE 250 MG | Tier 3 | | | | |
| ERYTHROMYCIN TAB 333MG EC | ERYTHROMYCIN TAB DELAYED RELEASE 333 MG | Tier 3 | | | | |
| ERYTHROMYCIN TAB 500MG BS | ERYTHROMYCIN TAB 500 MG | Tier 1 | | | | |

HCR - Health Care Reform Preventive Care
^ May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met

| Medication name | Generic medication name | Drug Tier | Prior authorization | Quantity limit | Step Therapy | Specialty |
|---|---|---|---|---|---|---|
| ERYTHROMYCIN TAB 500MG EC | ERYTHROMYCIN TAB DELAYED RELEASE 500 MG | Tier 3 | | | | |
| FIDAXOMICIN TAB 200MG | FIDAXOMICIN TAB 200 MG | Tier 4 | | | | |
| ZITHROMAX POW 1GM PAK | AZITHROMYCIN POWD PACK FOR SUSP 1 GM | Tier 4 | | | | |
| ZITHROMAX SUS 200/5ML | AZITHROMYCIN FOR SUSP 200 MG/5ML | Tier 4 | | | | |
| ZITHROMAX TAB 250MG | AZITHROMYCIN TAB 250 MG | Tier 4 | | | | |
| ZITHROMAX TAB 500MG | AZITHROMYCIN TAB 500 MG | Tier 4 | | | | |
| ZITHROMAX TAB TRI-PAK | AZITHROMYCIN TAB 500 MG | Tier 4 | | | | |
| ZITHROMAX TAB Z-PAK | AZITHROMYCIN TAB 250 MG | Tier 4 | | | | |
| **Mast Cell Stabilizers - Drugs for the Lungs** | | | | | | |
| CROMOLYN SOD NEB 20MG/2ML | CROMOLYN SODIUM SOLN NEBU 20 MG/2ML | Tier 1 | | | | |
| **Metabolic Bone Disease Agents - Osteoporosis (Bone Loss) Drugs** | | | | | | |
| ALENDRONATE SOL 70/75ML | ALENDRONATE SODIUM ORAL SOLN 70 MG/75ML | Tier 1 | | | | |
| ALENDRONATE TAB 10MG | ALENDRONATE SODIUM TAB 10 MG | Tier 1 | | | | |
| ALENDRONATE TAB 35MG | ALENDRONATE SODIUM TAB 35 MG | Tier 1 | | | | |
| ALENDRONATE TAB 70MG | ALENDRONATE SODIUM TAB 70 MG | Tier 1 | | | | |
| BONSITY INJ 560/2.24 | TERIPARATIDE SOLN PEN-INJ 560 MC-G/2.24ML | Tier 4 | X | | | |
| CALCITONIN INJ 200/ML | CALCITONIN (SALMON) INJ 200 UNIT/ML | Tier 3 | | | | |
| CALCITONIN INJ 400/2ML | CALCITONIN (SALMON) INJ 200 UNIT/ML | Tier 3 | | | | |
| CALCITONIN SPR 200/ACT | CALCITONIN (SALMON) NASAL SOLN 200 UNIT/ACT | Tier 2 | X | X | | |
| CINACALCET TAB 30MG | CINACALCET HCL TAB 30 MG (BASE EQUIV) | Tier 1 | | X | | |
| CINACALCET TAB 60MG | CINACALCET HCL TAB 60 MG (BASE EQUIV) | Tier 1 | | | | |
| CINACALCET TAB 90MG | CINACALCET HCL TAB 90 MG (BASE EQUIV) | Tier 1 | | | | |
| FOSAMAX + D TAB 70-2800 | ALENDRONATE SODIUM-CHOLECALCIF-EROL TAB 70-2800 MG-UNIT | Tier 3 | | | | |
| FOSAMAX + D TAB 70-5600 | ALENDRONATE SODIUM-CHOLECALCIF-EROL TAB 70-5600 MG-UNIT | Tier 3 | | | | |
| FOSAMAX TAB 70MG | ALENDRONATE SODIUM TAB 70 MG | Tier 4 | | | | |
| IBANDRONATE TAB 150MG | IBANDRONATE SODIUM TAB 150 MG (BASE EQUIVALENT) | Tier 2 | | | | |
| MIACALCIN INJ 200/ML | CALCITONIN (SALMON) INJ 200 UNIT/ML | Tier 3 | | | | |
| MIACALCIN INJ 400/2ML | CALCITONIN (SALMON) INJ 200 UNIT/ML | Tier 3 | | X | | |
| RISEDRONATE TAB 150MG | RISEDRONATE SODIUM TAB 150 MG | Tier 3 | | | | |
| RISEDRONATE TAB 30MG | RISEDRONATE SODIUM TAB 30 MG | Tier 3 | | | | |
| RISEDRONATE TAB 35MG | RISEDRONATE SODIUM TAB 35 MG | Tier 3 | | | | |
| RISEDRONATE TAB 5MG | RISEDRONATE SODIUM TAB 5 MG | Tier 3 | | | | |
| TERIPARATIDE INJ 560/2.24 | TERIPARATIDE SOLN PEN-INJ 560 MC-G/2.24ML | Tier 4 | X | | | X |

HCR – Health Care Reform Preventive Care

^ May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met

| Medication name | Generic medication name | Drug Tier | Prior authorization | Quantity limit | Step Therapy | Specialty |
|---|---|---|---|---|---|---|
| TYMLOS INJ | ABALOPARATIDE SUBCUTANEOUS SOLN PEN-INJECTOR 3120 MCG/1.56ML | Tier 4 | X | | | X |
| **Metabolic Bone Disease Agents - Other** | | | | | | |
| CALCITRIOL CAP 0.25MCG | CALCITRIOL CAP 0.25 MCG | Tier 1 | | | | |
| CALCITRIOL CAP 0.5MCG | CALCITRIOL CAP 0.5 MCG | Tier 1 | | | | |
| CALCITRIOL SOL 1MCG/ML | CALCITRIOL ORAL SOLN 1 MCG/ML | Tier 1 | | | | |
| DOXERCALCIF CAP 0.5MCG | DOXERCALCIFEROL CAP 0.5 MCG | Tier 1 | | | | |
| DOXERCALCIF CAP 1MCG | DOXERCALCIFEROL CAP 1 MCG | Tier 1 | | | | |
| DOXERCALCIF CAP 2.5MCG | DOXERCALCIFEROL CAP 2.5 MCG | Tier 1 | | | | |
| PARICALCITOL CAP 1 MCG | PARICALCITOL CAP 1 MCG | Tier 1 | | | | |
| PARICALCITOL CAP 2 MCG | PARICALCITOL CAP 2 MCG | Tier 1 | | | | |
| PARICALCITOL CAP 4 MCG | PARICALCITOL CAP 4 MCG | Tier 1 | | | | |
| ZEMPLAR CAP 1MCG | PARICALCITOL CAP 1 MCG | Tier 4 | | | | |
| ZEMPLAR CAP 2MCG | PARICALCITOL CAP 2 MCG | Tier 4 | | | | |
| **Miscellaneous Therapeutic Agents** | | | | | | |
| 2-DEOXY-D POW -GLUCOSE | 2-DEOXY-D-GLUCOSE POWDER | Tier 4 | | | | |
| ADAPTADERM GEL | GEL BASE - GEL | Tier 3 | | | | |
| AERCHMBR PLS MIS INTERMED | SPACER/AEROSOL-HOLDING CHAMBERS - DEVICE | Tier 3 | | | | |
| AERCHMBR PLS MIS LRG MASK | SPACER/AEROSOL-HOLDING CHAMBERS - DEVICE | Tier 3 | | | | |
| AERCHMBR PLS MIS MED MASK | SPACER/AEROSOL-HOLDING CHAMBERS - DEVICE | Tier 3 | | | | |
| AERCHMBR PLS MIS SM MASK | SPACER/AEROSOL-HOLDING CHAMBERS - DEVICE | Tier 3 | | | | |
| AEROCHAMBER MIS 2GO | SPACER/AEROSOL-HOLDING CHAMBERS - DEVICE | Tier 3 | | | | |
| AEROCHAMBER MIS HOLDING | SPACER/AEROSOL-HOLDING CHAMBERS - DEVICE | Tier 3 | | | | |
| AEROCHAMBER MIS MTHPIECE | SPACER/AEROSOL-HOLDING CHAMBERS - DEVICE | Tier 3 | | | | |
| ALCOH-WIPE MIS 12"X12" | ALCOHOL SHEETS | Tier 3 | | | | |
| ALPAWASH OIN | POLYETHYLENE GLYCOL OINTMENT | Tier 3 | | | | |
| ALYFTREK TAB | VANZACAFTOR-TEZACAFTOR-DEUTIVA-CAFTOR TAB 10-50-125 MG | Tier 4 | X | | | |
| ALYFTREK TAB 4-20-50 | VANZACAFTOR-TEZACAFTOR-DEUTIVA-CAFTOR TAB 4-20-50 MG | Tier 4 | X | | | |
| ANASTROZOLE POW | ANASTROZOLE (BULK) POWDER | Tier 3 | | | | |
| ANDEMBRY INJ 200/1.2 | GARADACIMAB-GXII SOLN AUTO-INJECTOR 200 MG/1.2ML | Tier 3 | X | | | |
| ANHYDROUS GEL BASE | GEL BASE - GEL | Tier 3 | | | | |
| AQINJECT PEN MIS 31GX3/16 | INSULIN PEN NEEDLE 31 G X 5 MM (1/5" OR 3/16") | Tier 2 | | | | |

HCR - Health Care Reform Preventive Care
^ May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met

| Medication name | Generic medication name | Drug Tier | Prior authorization | Quantity limit | Step Therapy | Specialty |
|---|---|---|---|---|---|---|
| AQNEURSA POW 1GM | LEVACETYLLEUCINE FOR SUSP PACKET 1 GM | Tier 4 | | | | |
| ARGININE PAK 500MG | ARGININE POWDER PACKET 500 MG | Tier 2 | | | | |
| ARGININE TAB 500MG | ARGININE TAB 500 MG | Tier 2 | X | | | |
| ASSURE ID MIS 30GX5MM | INSULIN PEN NEEDLE 30 G X 5 MM (1/5" OR 3/16") | Tier 2 | | | | |
| ASSURE ID MIS 31GX5MM | INSULIN PEN NEEDLE 31 G X 5 MM (1/5" OR 3/16") | Tier 2 | | | | |
| ATROPINE POW SULFATE | ATROPINE SULFATE POWDER | Tier 3 | | | | |
| AUM MINI PEN MIS 32GX8MM | INSULIN PEN NEEDLE 32 G X 8 MM (1/3" OR 5/16") | Tier 2 | | | | |
| AUM MINI PEN MIS 33GX4MM | INSULIN PEN NEEDLE 33 G X 4 MM (1/6" OR 5/32") | Tier 2 | | | | |
| AUM MINI PEN MIS 33GX5MM | INSULIN PEN NEEDLE 33 G X 5 MM (1/5" OR 3/16") | Tier 2 | | | | |
| AUM MINI PEN MIS 33GX6MM | INSULIN PEN NEEDLE 33 G X 6 MM (1/4" OR 15/64") | Tier 2 | | X | | |
| AUM SAFETY MIS 31GX4MM | INSULIN PEN NEEDLE 31 G X 4 MM (1/6" OR 5/32") | Tier 2 | | X | | |
| AUM SAFETY MIS 31GX5MM | INSULIN PEN NEEDLE 31 G X 5 MM (1/5" OR 3/16") | Tier 2 | | X | | |
| AUTOKEEPER MIS 30GX5MM | INSULIN PEN NEEDLE 30 G X 5 MM (1/5" OR 3/16") | Tier 2 | | X | | |
| AUTOSHIELD MIS 30GX5MM | INSULIN PEN NEEDLE 30 G X 5 MM (1/5" OR 3/16") | Tier 2 | | X | | |
| AVTOZMA INJ 162/0.9 | TOCILIZUMAB-ANOH SUBCUTANEOUS SOLN AUTO-INJ 162 MG/0.9ML | Tier 4 | X | X | X | X |
| AVTOZMA INJ 162/0.9 | TOCILIZUMAB-ANOH SUBCUTANEOUS SOLN PREF SYR 162 MG/0.9ML | Tier 4 | X | X | X | X |
| AXONA POW | DIETARY MANAGEMENT PRODUCT - PACKET | Tier 2 | | | | |
| BACOCALMINE LIQ | PHARMACEUTICAL EXCIPIENTS (BULK) LIQUID | Tier 3 | | | | |
| BASE CRE LIPOSOME | CREAM BASE LIPOSOMIC | Tier 3 | | | | |
| BD ECLIPSE MIS 23GX1" | NEEDLE (DISP) 23 X 1" | Tier 2 | | | | |
| BD ECLIPSE MIS 25GX5/8" | NEEDLE (DISP) 25 X 5/8" | Tier 2 | | | | |
| BD NEEDLE MIS 30G X 1" | NEEDLE (DISP) 30 X 1" | Tier 3 | | | | |
| BD NEEDLE MIS 30GX1/2" | NEEDLE (DISP) 30 X 1/2" | Tier 2 | | | | |
| BD NEEDLES MIS 27GX1/2" | NEEDLE (DISP) 27 X 1/2" | Tier 2 | | | | |
| BD PEN NEEDL MIS 29GX12.7 | INSULIN PEN NEEDLE 29 G X 12.7 MM (1/2") | Tier 2 | | X | | |
| BD PEN NEEDL MIS 31GX5MM | INSULIN PEN NEEDLE 31 G X 5 MM (1/5" OR 3/16") | Tier 2 | | X | | |
| BD PEN NEEDL MIS 31GX8MM | INSULIN PEN NEEDLE 31 G X 8 MM (1/3" OR 5/16") | Tier 2 | | X | | |
| BD SAFETY MIS 23GX1.5" | NEEDLE (DISP) 23 X 1-1/2" | Tier 2 | | | | |

HCR - Health Care Reform Preventive Care
^ May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met

| Medication name | Generic medication name | Drug Tier | Prior authorization | Quantity limit | Step Therapy | Specialty |
|---|---|---|---|---|---|---|
| BD SHARPS MIS 1.4QT | SHARPS CONTAINER - MISC | Tier 3 | | | | |
| BD SHARPS MIS 3.3QT | SHARPS CONTAINER - MISC | Tier 3 | | | | |
| BD SHARPS MIS 5.1L | SHARPS CONTAINER - MISC | Tier 3 | | | | |
| BENEPROTEIN POW UNFLAVOR | PROTEIN ORAL POWDER | Tier 3 | | | | |
| BIGFOOT UNIT KIT PROGRAM | BLOOD GLUCOSE MONITOR KIT W/ MONITOR DEVICE & DIGITAL APP | Tier 3 | | | | |
| BISMUTH SUBC POW | BISMUTH SUBCARBONATE POWDER | Tier 3 | | | | |
| BISOPROL FUM POW | BISOPROLOL FUMARATE (BULK) POWDER | Tier 3 | | | | |
| BIXLE/SUNLEN PAK STARTER | BICTEGRAVIR-LENACAP 75-50 MG & LENACAP 4 X 300 MG TAB PACK | Tier 2 | | X | | |
| BIXLENVO TAB 75/50MG | BICTEGRAVIR SODIUM-LENACAPAVIR SODIUM TAB 75-50 MG | Tier 2 | | X | | |
| BLUJEPA TAB 750MG | GEPOTIDACIN MESYLATE TAB 750 MG | Tier 4 | | X | | |
| BOOST SOOTHE LIQ STR/KIWI | PROTEIN ORAL LIQUID | Tier 3 | | | | |
| BOOST SOOTHE LIQ STR/KIWI | PROTEIN ORAL LIQUID | Tier 3 | X | | | |
| BRINSUPRI TAB 10MG | BRENSOCATIB TAB 10 MG | Tier 4 | X | X | | |
| BRINSUPRI TAB 25MG | BRENSOCATIB TAB 25 MG | Tier 4 | X | X | | |
| BUPIVACAINE POW HCL | BUPIVACAINE HCL POWDER | Tier 3 | | | | |
| CALCIUM POW FOLINATE | LEUCOVORIN CALCIUM POWDER | Tier 4 | | | | |
| CAM PRO COMP BAR GLYTACTI | NUTRITIONAL SUPPLEMENT BAR | Tier 3 | | | | |
| CAM PRO COMP BAR GLYTACTI | NUTRITIONAL SUPPLEMENT BAR | Tier 2 | | | | |
| CARBOGEL GEL 940 | CARBOMER GEL BASE | Tier 3 | | | | |
| CARBOHOL GEL 940 | CARBOMER GEL BASE | Tier 2 | | | | |
| CARBOMER GEL AQUEOUS | CARBOMER GEL BASE | Tier 3 | | | | |
| CARBOMER GEL HYDROALC | CARBOMER GEL BASE | Tier 3 | | | | |
| CARDAMYST SPR | ETRIPAMIL NASAL SOLN 2 X 70 MG/DOSE | Tier 4 | | | | |
| CAREFINE MIS 31GX8MM | INSULIN PEN NEEDLE 31 G X 8 MM (1/3" OR 5/16") | Tier 2 | | | | |
| CAREPOINT SA MIS 23GX1" | NEEDLE (DISP) 23 X 1" | Tier 2 | | | | |
| CAREPOINT SA MIS 23GX11/2 | NEEDLE (DISP) 23 X 1-1/2" | Tier 2 | | | | |
| CAREPOINT SA MIS 25GX1" | NEEDLE (DISP) 25 X 1" | Tier 2 | | | | |
| CAREPOINT SA MIS 25GX11/2 | NEEDLE (DISP) 25 X 1-1/2" | Tier 2 | | | | |
| CAREPOINT SA MIS 25GX5/8" | NEEDLE (DISP) 25 X 5/8" | Tier 2 | | | | |
| CARETOUCH MIS 27GX1.5" | NEEDLE (DISP) 27 X 1-1/2" | Tier 2 | | | | |
| CARETOUCH MIS 31GX5MM | INSULIN PEN NEEDLE 31 G X 5 MM (1/5" OR 3/16") | Tier 2 | | X | | |
| CARETOUCH MIS 31GX6MM | INSULIN PEN NEEDLE 31 G X 6 MM (1/4" OR 15/64") | Tier 2 | | X | | |
| CARETOUCH MIS 31GX8MM | INSULIN PEN NEEDLE 31 G X 8 MM (1/3" OR 5/16") | Tier 2 | | X | | |
| CAYA DPR | DIAPHRAGM ARC-SPRING | HCR | | | | |

HCR - Health Care Reform Preventive Care
^ May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met

| Medication name | Generic medication name | Drug Tier | Prior authorization | Quantity limit | Step Therapy | Specialty |
|---|---|---|---|---|---|---|
| CEQUR SIMPL KIT 1U EXTND | INJECTION DEVICE FOR INSULIN | Tier 3 | | | | |
| CEQUR SIMPL KIT 2U EXTND | INJECTION DEVICE FOR INSULIN | Tier 3 | | | | |
| CEQUR SIMPL KIT PATCH 2U | INJECTION DEVICE FOR INSULIN | Tier 3 | | | | |
| CHEMSIL K-51 GEL | GEL BASE - GEL | Tier 3 | | | | |
| CHEMSTRIP BG MIS LOG | BLOOD GLUCOSE MONITORING MISC. | Tier 1 | | | | |
| CHERRY SYP | CHERRY SYRUP | Tier 3 | | | | |
| CHOLESTYRAMI POW | CHOLESTYRAMINE (BULK) POWDER | Tier 3 | | | | |
| CHOLESTYRAMI POW RESIN | CHOLESTYRAMINE (BULK) POWDER | Tier 3 | | | | |
| CISPLATIN POW | CISPLATIN (BULK) POWDER | Tier 3 | | | | |
| CITRULLINE POW (L) | CITRULLINE (BULK) POWDER | Tier 3 | | | | |
| CITRULLINE POW 1000 | CITRULLINE ORAL PACKET 1 GM | Tier 2 | | | | |
| CLOPIDOGREL POW BISULFAT | CLOPIDOGREL BISULFATE (BULK) POWDER | Tier 3 | | | | |
| CLOVAGEL GEL | GEL BASE - GEL | Tier 3 | | | | |
| CO Q 10 CAP 100MG | COENZYME Q10 CAP 100 MG | Tier 1 | | | | |
| CO Q-10 CAP 100MG | COENZYME Q10 CAP 100 MG | Tier 1 | | | | |
| CO Q-10 CAP 200MG | COENZYME Q10 CAP 200 MG | Tier 1 | X | | | |
| CO Q-10 CAP 50MG | COENZYME Q10 CAP 50 MG | Tier 2 | X | | | |
| COENZYME Q10 CAP 100MG | COENZYME Q10 CAP 100 MG | Tier 1 | X | X | | |
| COENZYME Q10 CAP 100MG | COENZYME Q10 CAP 100 MG | Tier 2 | | | | |
| COENZYME Q10 CAP 200MG | COENZYME Q10 CAP 200 MG | Tier 1 | | | | |
| COENZYME Q10 CAP 200MG | COENZYME Q10 CAP 200 MG | Tier 2 | | | | |
| COENZYME Q10 CAP 30MG | COENZYME Q10 CAP 30 MG | Tier 1 | | | | |
| COENZYME Q10 CAP 50MG | COENZYME Q10 CAP 50 MG | Tier 1 | | | | |
| COENZYME Q10 CAP 50MG | COENZYME Q10 CAP 50 MG | Tier 2 | | | | |
| COLLODION LIQ FLEXIBLE | COLLODION FLEXIBLE | Tier 3 | | | | |
| COMFORT EZ MIS 31GX4MM | INSULIN PEN NEEDLE 31 G X 4 MM (1/6" OR 5/32") | Tier 2 | | X | | |
| COMFORT EZ MIS 31GX5MM | INSULIN PEN NEEDLE 31 G X 5 MM (1/5" OR 3/16") | Tier 2 | | X | | |
| COMFORT TOUC MIS 31GX4MM | INSULIN PEN NEEDLE 31 G X 4 MM (1/6" OR 5/32") | Tier 2 | | X | | |
| COMFORT TOUC MIS 31GX5MM | INSULIN PEN NEEDLE 31 G X 5 MM (1/5" OR 3/16") | Tier 2 | | X | | |
| COMFORT TOUC MIS 31GX6MM | INSULIN PEN NEEDLE 31 G X 6 MM (1/4" OR 15/64") | Tier 2 | | X | | |
| COMFORT TOUC MIS 31GX8MM | INSULIN PEN NEEDLE 31 G X 8 MM (1/3" OR 5/16") | Tier 2 | | X | | X |
| COMFORT TOUC MIS 32GX8MM | INSULIN PEN NEEDLE 32 G X 8 MM (1/3" OR 5/16") | Tier 2 | | X | | X |
| COMFORT TOUC MIS 33GX1/4" | INSULIN PEN NEEDLE 33 G X 6 MM (1/4" OR 15/64") | Tier 2 | | X | | X |

HCR - Health Care Reform Preventive Care
^ May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met

| Medication name | Generic medication name | Drug Tier | Prior authorization | Quantity limit | Step Therapy | Specialty |
|---|---|---|---|---|---|---|
| COMFORT TOUC MIS 33GX3/16 | INSULIN PEN NEEDLE 33 G X 5 MM (1/5" OR 3/16") | Tier 2 | | X | | X |
| COMFORT TOUC MIS 33GX5/32 | INSULIN PEN NEEDLE 33 G X 4 MM (1/6" OR 5/32") | Tier 2 | | X | | |
| COMPLEAT ORG LIQ PLNT BAS | NUTRITIONAL SUPPLEMENT LIQUID (ENTERAL) | Tier 3 | X | | | |
| COMPLEAT PED LIQ PLNT BAS | NUTRITIONAL SUPPLEMENT LIQUID (ENTERAL) | Tier 3 | X | | | |
| CONDOMS MIS | CONDOMS - MALE | HCR | | X | | |
| CONTOUR HIGH LIQ CONTROL | BLOOD GLUCOSE CALIBRATION - LIQUID - HIGH | Tier 3 | | | | X |
| CONTOUR LOW LIQ CONTROL | BLOOD GLUCOSE CALIBRATION - LIQUID - LOW | Tier 2 | | | | X |
| CONTOUR NEXT SOL LEVEL 1 | BLOOD GLUCOSE CALIBRATION - LIQUID - LOW | Tier 2 | | | | |
| CONTOUR NEXT SOL LEVEL 2 | BLOOD GLUCOSE CALIBRATION - LIQUID - NORMAL | Tier 2 | | | | X |
| CONTOUR NORM LIQ CONTROL | BLOOD GLUCOSE CALIBRATION - LIQUID - NORMAL | Tier 2 | | | | |
| CONTROL HIGH SOL UNISTRIP | BLOOD GLUCOSE CALIBRATION - LIQUID - HIGH | Tier 3 | | | | X |
| CONTROL LOW SOL UNISTRIP | BLOOD GLUCOSE CALIBRATION - LIQUID - LOW | Tier 3 | | | | X |
| CONTROL MIS SOLUTION | BLOOD GLUCOSE CALIBRATION - LIQUID - NORMAL | Tier 2 | | | | X |
| COQ-10 CAP 100MG | COENZYME Q10 CAP 100 MG | Tier 1 | X | | | X |
| COQ10 CAP 100MG | COENZYME Q10 CAP 100 MG | Tier 1 | | | | X |
| COQ10 CAP 200MG | COENZYME Q10 CAP 200 MG | Tier 1 | X | | X | X |
| CORN OIL | CORN OIL (BULK) | Tier 3 | | | | |
| CORN SYP | CORN SYRUP | Tier 3 | | | | |
| CORTROSYN INJ 0.25MG | COSYNTROPIN FOR INJ 0.25 MG | Tier 4 | | | | |
| COSYNTROPIN INJ 0.25MG | COSYNTROPIN FOR INJ 0.25 MG | Tier 1 | | | | |
| CREAM BASE CRE NIOSOMES | CREAM BASE NIOSOMES | Tier 3 | | | | |
| CREAM-HEAVY CRE BASE | CREAM BASE NIOSOMES | Tier 3 | | | | |
| CRENESSITY CAP 100MG | CRINECERFONT CAP 100 MG | Tier 4 | X | X | | X |
| CRENESSITY CAP 25MG | CRINECERFONT CAP 25 MG | Tier 4 | X | X | | X |
| CRENESSITY CAP 50MG | CRINECERFONT CAP 50 MG | Tier 4 | X | X | | X |
| CRENESSITY SOL 50MG/ML | CRINECERFONT ORAL SOLN 50 MG/ML | Tier 4 | X | X | | X |
| CRYOSERV SOL | DIMETHYL SULFOXIDE - SOLUTION | Tier 3 | | | | |
| CVS ADVANTAG POW /IRON | INFANT FOODS POWDER | Tier 2 | | | | |
| CVS COQ-10 CAP 100MG | COENZYME Q10 CAP 100 MG | Tier 1 | | | | |
| CVS COQ-10 CAP 200MG | COENZYME Q10 CAP 200 MG | Tier 1 | X | | | |
| CVS COQ-10 CAP 50MG | COENZYME Q10 CAP 50 MG | Tier 1 | | | | |

HCR - Health Care Reform Preventive Care
^ May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met

| Medication name | Generic medication name | Drug Tier | Prior authorization | Quantity limit | Step Therapy | Specialty |
|---|---|---|---|---|---|---|
| CVS COQ-10 CAP 50MG | COENZYME Q10 CAP 50 MG | Tier 1 | X | | | |
| CVS SENSITIV POW /IRON | INFANT FOODS POWDER | Tier 2 | | | | |
| CVS TENDER POW /IRON | INFANT FOODS POWDER | Tier 2 | | | | |
| CVS TODDLER POW INFANT | INFANT FOODS POWDER | Tier 2 | | | | |
| CYCLOPHOSPHA POW | CYCLOPHOSPHAMIDE (BULK) POWDER | Tier 4 | | | | |
| CYCLOSPORINE POW | CYCLOSPORINE (BULK) POWDER | Tier 4 | | | | |
| CYCLOSPORINE POW A | CYCLOSPORINE (BULK) POWDER | Tier 4 | | | | |
| CYSTINE PAK 500MG | CYSTINE PACKET 500 MG | Tier 2 | X | | | |
| DERMASHIELD GEL HYDROGEL | GEL BASE - GEL | Tier 3 | | | | |
| DEXCOM G6 MIS TRANSMIT | CONTINUOUS GLUCOSE SYSTEM TRANSMITTER | Tier 3 | X | | | |
| DHEA MICRONI TAB 10MG | PRASTERONE (DHEA) TAB 10 MG | Tier 1 | | | | |
| DHEA MICRONI TAB 25MG | PRASTERONE (DHEA) TAB 25 MG | Tier 1 | | | | |
| DHEA TAB 25MG | PRASTERONE (DHEA) TAB 25 MG | Tier 1 | | | | |
| DIABECIN HR CRE | LIDOCAINE-BENZALKONIUM (PODIATRIC) CREAM 4.12-0.13% | Tier 3 | | | | X |
| DIABETES KIT ADD-ON | BLOOD GLUCOSE MONITOR KIT W/ MONITOR DEVICE & DIGITAL APP | Tier 3 | | X | | X |
| DIABETES KIT SOLUTION | BLOOD GLUCOSE MONITOR KIT W/ MONITOR DEVICE & DIGITAL APP | Tier 3 | | X | | |
| DIHYDROERGOT POW MESYLATE | DIHYDROERGOTAMINE MESYLATE POWDER | Tier 3 | | | | X |
| DIMETHYL SOL SULFOXID | DIMETHYL SULFOXIDE - SOLUTION | Tier 3 | | | | X |
| DOXYCYCLINE POW HYCLATE | DOXYCYCLINE HYCLATE POWDER | Tier 3 | | | | X |
| DR BROWNS POW GOOD ST | INFANT FOODS POWDER | Tier 2 | | | | X |
| DROPLET MICR MIS 34GX9/64 | INSULIN PEN NEEDLE 34 G X 3.5 MM (9/64") | Tier 2 | | X | | X |
| DROPSAFE MIS 31GX4MM | INSULIN PEN NEEDLE 31 G X 4 MM (1/6" OR 5/32") | Tier 2 | | X | | |
| DROPSAFE MIS 31GX5MM | INSULIN PEN NEEDLE 31 G X 5 MM (1/5" OR 3/16") | Tier 2 | | X | | X |
| DROPSAFE MIS 31GX8MM | INSULIN PEN NEEDLE 31 G X 8 MM (1/3" OR 5/16") | Tier 2 | | X | | X |
| DROPSAFE SIC MIS 25GX1" | NEEDLE (DISP) 25 X 1" | Tier 2 | | | | X |
| DROPSAFE SIC MIS 25GX5/8" | NEEDLE (DISP) 25 X 5/8" | Tier 2 | | | | X |
| DUREX EXTRA MIS SENSITIV | CONDOMS LATEX LUBRICATED | HCR | | X | | X |
| DUREX MIS TROPICAL | CONDOMS LATEX LUBRICATED | HCR | | X | | |
| EASIVENT MIS | SPACER/AEROSOL-HOLDING CHAMBERS - DEVICE | Tier 3 | | | | X |
| EASIVENT MIS MASK LG | SPACER/AEROSOL-HOLDING CHAMBERS - DEVICE | Tier 3 | | | | X |
| EASIVENT MIS MASK MED | SPACER/AEROSOL-HOLDING CHAMBERS - DEVICE | Tier 3 | | | | X |

HCR - Health Care Reform Preventive Care
^ May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met

| Medication name | Generic medication name | Drug Tier | Prior authorization | Quantity limit | Step Therapy | Specialty |
|---|---|---|---|---|---|---|
| EASIVENT MIS MASK SM | SPACER/AEROSOL-HOLDING CHAMBERS - DEVICE | Tier 3 | | | | |
| EASY COMFORT MIS 29GX4MM | INSULIN PEN NEEDLE 29 G X 4 MM (1/6" OR 5/32") | Tier 2 | | X | | X |
| EASY COMFORT MIS 29GX5MM | INSULIN PEN NEEDLE 29 G X 5 MM (1/5" OR 3/16") | Tier 2 | | X | | X |
| EASY COMFORT MIS 31GX5MM | INSULIN PEN NEEDLE 31 G X 5 MM (1/5" OR 3/16") | Tier 2 | | X | | |
| EASY COMFORT MIS 31GX6MM | INSULIN PEN NEEDLE 31 G X 6 MM (1/4" OR 15/64") | Tier 2 | | X | | |
| EASY COMFORT MIS SHARPS | SHARPS CONTAINER - MISC | Tier 3 | | | | X |
| EASYMAX SOL NORMAL | BLOOD GLUCOSE CALIBRATION - LIQUID - NORMAL | Tier 3 | | | X | X |
| EC-RX DHEA CRE 10% | PRASTERONE (DHEA) CREAM 10% (COMPOUND KIT) | Tier 3 | | | | X |
| EC-RX DHEA CRE 4% | PRASTERONE (DHEA) CREAM 4% (COMPOUND KIT) | Tier 3 | | | | X |
| ECLIPSE NDL MIS 21GX1" | NEEDLE (DISP) 21 X 1" | Tier 2 | | | | X |
| ECLIPSE NDLE MIS 21GX1.5" | NEEDLE (DISP) 21 X 1-1/2" | Tier 2 | | | | X |
| ECLIPSE NDLE MIS 25GX1.5" | NEEDLE (DISP) 25 X 1-1/2" | Tier 2 | | | | X |
| EMBECTA AUTO MIS DUO | INSULIN PEN NEEDLE 30 G X 5 MM (1/5" OR 3/16") | Tier 2 | | X | | |
| EMBECTA UF MIS 29GX12.7 | INSULIN PEN NEEDLE 29 G X 12.7 MM (1/2") | Tier 2 | | X | | |
| EMBECTA UF MIS 31GX5MM | INSULIN PEN NEEDLE 31 G X 5 MM (1/5" OR 3/16") | Tier 2 | | X | | X |
| EMBECTA UF MIS 31GX8MM | INSULIN PEN NEEDLE 31 G X 8 MM (1/3" OR 5/16") | Tier 2 | | X | | |
| EMBRACE HIGH LIQ CONTROL | BLOOD GLUCOSE CALIBRATION - LIQUID - HIGH | Tier 2 | | | | |
| EMBRACE SOL LOW | BLOOD GLUCOSE CALIBRATION - LIQUID - LOW | Tier 3 | | | | |
| EN GENTLEASE POW FUSS/GAS | INFANT FOODS POWDER | Tier 2 | | | | |
| ENFA NUTRAMI CON LIPIL | INFANT FOODS CONC | Tier 2 | | | | |
| ENFA NUTRAMI LIQ | INFANT FOODS LIQUID | Tier 2 | | | | |
| ENFA NUTRAMI LIQ DHA/ARA | INFANT FOODS LIQUID | Tier 2 | X | | | |
| ENFA NUTRAMI LIQ DHA/ARA | INFANT FOODS LIQUID | Tier 3 | | | | |
| ENFA NUTRAMI POW PROB/LGG | INFANT FOODS POWDER | Tier 2 | | | | |
| ENFA NUTRAMI POW TOD/ENFL | INFANT FOODS POWDER | Tier 2 | | | | |
| ENFA PREGEST LIQ LIPIL | INFANT FOODS LIQUID | Tier 2 | | X | | |
| ENFA PROSOBE CON LIPIL | INFANT FOODS CONC | Tier 2 | X | | | |
| ENFA PROSOBE LIQ LIPIL | INFANT FOODS LIQUID | Tier 2 | | X | | |

HCR – Health Care Reform Preventive Care
^ May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met

| Medication name | Generic medication name | Drug Tier | Prior authorization | Quantity limit | Step Therapy | Specialty |
|---|---|---|---|---|---|---|
| ENFA PROSOBE LIQ SENSITIV | INFANT FOODS LIQUID | Tier 3 | | X | | |
| ENFAGROW POW PREMIUM | INFANT FOODS POWDER | Tier 2 | | | | |
| ENFAGROW POW PREMIUM | INFANT FOODS POWDER | Tier 2 | X | X | | |
| ENFAGROW PRM POW TODDLER | INFANT FOODS POWDER | Tier 2 | | | | |
| ENFAMIL AR LIQ LIPIL | INFANT FOODS LIQUID | Tier 2 | | | | |
| ENFAMIL AR POW SPIT-UP | INFANT FOODS POWDER | Tier 2 | | | | |
| ENFAMIL HUMA CON HIGH PRO | INFANT FOODS CONC | Tier 3 | | X | | |
| ENFAMIL HUMA CON STD PROT | INFANT FOODS CONC | Tier 3 | | | | |
| ENFAMIL HUMA LIQ FORTIFIE | INFANT FOODS LIQUID | Tier 2 | | | | |
| ENFAMIL HUMA POW FORTIFIE | INFANT FOODS PACKET | Tier 2 | X | X | | |
| ENFAMIL INFA LIQ FORMULA | INFANT FOODS LIQUID | Tier 3 | X | X | | X |
| ENFAMIL INFA POW FORMULA | INFANT FOODS POWDER | Tier 2 | X | X | | |
| ENFAMIL LIPI LIQ GENTLEAS | INFANT FOODS LIQUID | Tier 2 | | | | |
| ENFAMIL LIQ DHA/ARA | INFANT FOODS LIQUID | Tier 3 | X | X | | |
| ENFAMIL LIQ GENTLEAS | INFANT FOODS LIQUID | Tier 2 | | | | |
| ENFAMIL LIQ GENTLEAS | INFANT FOODS LIQUID | Tier 3 | | | | |
| ENFAMIL LIQ PREMATUR | INFANT FOODS LIQUID | Tier 2 | | | | |
| ENFAMIL NEUR LIQ ENFACARE | INFANT FOODS LIQUID | Tier 3 | | X | | |
| ENFAMIL NEUR LIQ INFANT | INFANT FOODS LIQUID | Tier 3 | X | X | | X |
| ENFAMIL NEUR POW ENFACARE | INFANT FOODS POWDER | Tier 2 | | X | | X |
| ENFAMIL NEUR POW GENTLEAS | INFANT FOODS POWDER | Tier 2 | | X | | X |
| ENFAMIL NEUR POW SENSITIV | INFANT FOODS POWDER | Tier 2 | | X | | X |
| ENFAMIL POW ENSPIRE | INFANT FOODS POWDER | Tier 2 | | | | |
| ENFAMIL POW REGULINE | INFANT FOODS POWDER | Tier 2 | | | | |
| ENFAMIL PREM CON LIPIL | INFANT FOODS CONC | Tier 2 | | | | |
| ENFAMIL PREM LIQ INFANT | INFANT FOODS LIQUID | Tier 2 | X | | | |
| ENFAMIL PREM POW INFANT | INFANT FOODS POWDER | Tier 2 | | | | |
| ENFAMIL PREM POW NEWBORN | INFANT FOODS POWDER | Tier 2 | | | | |
| ENFAMIL SOY POW PROSOBEE | INFANT FOODS POWDER | Tier 2 | | | | |
| ENFAROW LIQ NEUROPRO | INFANT FOODS LIQUID | Tier 3 | | | | |
| ENFAROW NEXT LIQ VANILLA | INFANT FOODS LIQUID | Tier 3 | | | | |
| ENTERAGAM POW 5GM | SERUM-DERIVED BOVINE IMMUNOGLOB/ PROTEIN ISOLATE 5 GM PACKET | Tier 2 | | | | |
| ERGOLOID MES TAB 1MG ORAL | ERGOLOID MESYLATES TAB 1 MG | Tier 1 | | | | |
| ESSENTRA MIS 9X9" | ALCOHOL SHEETS | Tier 3 | | | | |
| ETHOSUXIMIDE POW | ETHOSUXIMIDE (BULK) POWDER | Tier 3 | | | | |

HCR - Health Care Reform Preventive Care
^ May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met

| Medication name | Generic medication name | Drug Tier | Prior authorization | Quantity limit | Step Therapy | Specialty |
|---|---|---|---|---|---|---|
| ETHYLPARABEN POW | BULK CHEMICALS - POWDER | Tier 4 | | | | |
| ETOPOSIDE POW | ETOPOSIDE (BULK) POWDER | Tier 4 | | | | |
| FC2 FEMALE MIS CONDOM | CONDOMS - FEMALE | HCR | | | | |
| FE PYROPHOSP POW | BULK CHEMICALS - POWDER | Tier 4 | | | | |
| FEMCAP MIS 22MM | CERVICAL CAP 22 MM | HCR | | | | |
| FEMCAP MIS 26MM | CERVICAL CAP 26 MM | HCR | | | | |
| FEMCAP MIS 30MM | CERVICAL CAP 30 MM | HCR | | | | |
| FIRDAPSE TAB 10MG | AMIFAMPRIDINE PHOSPHATE TAB 10 MG (BASE EQUIVALENT) | Tier 3 | X | X | | X |
| FISH OIL CAP 300MG | OMEGA-3 FATTY ACIDS CAP 300 MG | Tier 1 | | | | |
| FLAVOR BLEND SUS | ORAL VEHICLES - SUSP | Tier 3 | | | | |
| FLAVOR PLUS LIQ | ORAL VEHICLES | Tier 3 | | | | |
| FLAVOR SWEET SOL DYE FREE | ORAL VEHICLES - SYRUP | Tier 3 | | | | |
| FLAVOR SWEET SOL SF DYE | ORAL VEHICLES - SYRUP | Tier 3 | | | | |
| FLAVOR SWEET SYP | ORAL VEHICLES - SYRUP | Tier 3 | | | | |
| FLEXICHAMBER MIS | SPACER/AEROSOL-HOLDING CHAMBERS - DEVICE | Tier 3 | | | | |
| FLEXICHAMBER MIS MASK LRG | SPACER/AEROSOL-HOLDING CHAMBER SUPPLIES - MASKS | Tier 2 | | | | |
| FLEXICHAMBER MIS MASK SM | SPACER/AEROSOL-HOLDING CHAMBER SUPPLIES - MASKS | Tier 2 | | | | |
| FLUOROURACIL POW | FLUOROURACIL (BULK) POWDER | Tier 4 | | | | |
| FOLIC ACID POW | FOLIC ACID POWDER | Tier 3 | | | | |
| FOOD COLOR LIQ BLUE | DYE FDC BLUE 1 (BRILLIANT BLUE FCF) - LIQUID | Tier 3 | | | | |
| FORA TEST GO MIS ADV MOBL | BLOOD GLUCOSE/KETONE MONITORING DEVICES | Tier 3 | | | | |
| FORANE SOL | ISOFLURANE INHAL SOLN | Tier 2 | | | | |
| FORMALDEHYDE SOL 10% | FORMALDEHYDE SOLUTION 10% | Tier 1 | | | | |
| FORMALDEHYDE SOL 37% | FORMALDEHYDE SOLUTION 37% | Tier 1 | | X | | X |
| FREEDOM GEL CEPAPRO | GEL BASE - GEL | Tier 3 | | X | | |
| FREEDOM GEL SILOMAC | GEL BASE - GEL | Tier 3 | | | | |
| FT CO Q-10 CAP 100MG | COENZYME Q10 CAP 100 MG | Tier 1 | | X | | X |
| FT CO Q-10 CAP 200MG | COENZYME Q10 CAP 200 MG | Tier 1 | | X | | |
| G-PREPROTEIN LIQ | AMINO ACIDS ORAL LIQUID | Tier 2 | X | | | |
| GERBER GOOD CON SOY/IRON | INFANT FOODS CONC | Tier 2 | X | X | | |
| GERBER GOOD CON W/IRON | INFANT FOODS CONC | Tier 2 | X | | | X |
| GERBER GOOD LIQ SOY/IRON | INFANT FOODS LIQUID | Tier 2 | X | | | |
| GERBER GOOD LIQ W/IRON | INFANT FOODS LIQUID | Tier 2 | X | X | | X |
| GERBER GOOD POW SOY/IRON | INFANT FOODS POWDER | Tier 2 | X | X | | X |
| GERBER GOOD POW W/IRON | INFANT FOODS POWDER | Tier 2 | X | X | X | X |
| GLIPIZIDE POW | GLIPIZIDE POWDER | Tier 3 | | X | | X |

HCR – Health Care Reform Preventive Care
^ May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met

| Medication name | Generic medication name | Drug Tier | Prior authorization | Quantity limit | Step Therapy | Specialty |
|---|---|---|---|---|---|---|
| GLUCOSE SUP LIQ 1.2 | NUTRITIONAL SUPPLEMENT LIQUID (ENTERAL) | Tier 3 | X | | | |
| GLUTARALDEHY SOL 25% | GLUTARAL SOLN 25% | Tier 1 | | | | |
| GLYBURIDE POW | GLYBURIDE POWDER | Tier 3 | | | | X |
| GLYCERIN LIQ | GLYCERIN LIQUID | Tier 2 | | | | |
| GLYCERIN LIQ | GLYCERIN LIQUID | Tier 3 | | | | |
| GLYCEROL LIQ FORMAL | GLYCERIN LIQUID | Tier 3 | | | | |
| GLYTAC COMPL BAR 10PE | NUTRITIONAL SUPPLEMENT BAR | Tier 3 | | | | |
| GNP PEN NEED MIS 31GX5MM | INSULIN PEN NEEDLE 31 G X 5 MM (1/5" OR 3/16") | Tier 2 | | X | | |
| GNP PEN NEED MIS 31GX8MM | INSULIN PEN NEEDLE 31 G X 8 MM (1/3" OR 5/16") | Tier 2 | | X | | |
| GNP ULTICARE MIS 31GX5/16 | INSULIN PEN NEEDLE 31 G X 8 MM (1/3" OR 5/16") | Tier 2 | | X | X | |
| GOOD START 2 CON W/IRON | INFANT FOODS CONC | Tier 2 | | | | |
| GOOD START 2 LIQ W/IRON | INFANT FOODS LIQUID | Tier 2 | | | | |
| GOOD START 2 POW SOY/IRON | INFANT FOODS POWDER | Tier 2 | X | | | |
| GOOD START CON SOY/IRON | INFANT FOODS CONC | Tier 2 | X | | | |
| GOOD START CON W/IRON | INFANT FOODS CONC | Tier 2 | X | | | |
| GOOD START LIQ SOY/IRON | INFANT FOODS LIQUID | Tier 2 | X | | | |
| GOOD START LIQ W/IRON | INFANT FOODS LIQUID | Tier 2 | X | | | |
| GOOD START POW NATURAL | INFANT FOODS POWDER | Tier 2 | | | | |
| GOOD START POW SOY PLS2 | INFANT FOODS POWDER | Tier 2 | X | | | |
| GOOD START POW SOY/IRON | INFANT FOODS POWDER | Tier 2 | X | | | |
| GOOD START POW W/IRON | INFANT FOODS POWDER | Tier 2 | X | | | |
| GUARDIAN 4 MIS TRANSMIT | CONTINUOUS GLUCOSE SYSTEM TRANSMITTER | Tier 3 | X | X | | |
| GUARDIAN CON MIS TRANSMIT | CONTINUOUS GLUCOSE SYSTEM TRANSMITTER | Tier 3 | X | X | | |
| GUARDIAN MIS LINK 3 | CONTINUOUS GLUCOSE SYSTEM TRANSMITTER | Tier 3 | X | X | | |
| GUARDIAN RT MIS CHARGER | CONTINUOUS GLUCOSE MONITOR SUPPLIES | Tier 3 | X | | | |
| GUARDIAN RT MIS TST PLUG | CONTINUOUS GLUCOSE MONITOR SUPPLIES | Tier 3 | X | | | |
| HAN-EASE MIS | INJECTION DEVICE - MISC | Tier 3 | | | | |
| HARLIKU TAB 2MG | NITISINONE (AKU) TAB 2 MG | Tier 4 | X | X | | |
| HCU EASY TAB PLUS | NUTRITIONAL SUPPLEMENT TABS DELAYED RELEASE | Tier 3 | | | | |
| HEPARIN LOCK INJ 100/ML | HEPARIN SODIUM (PORCINE) LOCK FLUSH IV SOLN 100 UNIT/ML | Tier 1 | | | | |
| HEPARIN LOCK INJ 100/ML | HEPARIN SODIUM (PORCINE) LOCK FLUSH PF IV SOLN 100 UNIT/ML | Tier 1 | | | | |

HCR – Health Care Reform Preventive Care
^ May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met

| Medication name | Generic medication name | Drug Tier | Prior authorization | Quantity limit | Step Therapy | Specialty |
|---|---|---|---|---|---|---|
| HEPARIN LOCK INJ 10UNT/ML | HEPARIN SODIUM (PORCINE) LOCK FLUSH IV SOLN 10 UNIT/ML | Tier 1 | | | | |
| HEPARIN LOCK INJ 10UNT/ML | HEPARIN SODIUM (PORCINE) LOCK FLUSH PF IV SOLN 10 UNIT/ML | Tier 1 | | | | |
| HERNEXEOS TAB 60MG | ZONGERTINIB TAB 60 MG | Tier 4 | X | X | | |
| HOLDING CHAM MIS ADULT | SPACER/AEROSOL-HOLDING CHAMBERS - DEVICE | Tier 3 | | | | |
| HOLDING CHAM MIS CHILD | SPACER/AEROSOL-HOLDING CHAMBERS - DEVICE | Tier 3 | | | | |
| HORMONE BASE CRE NIOSOMES | HORMONE CREAM BASE NIOSOMES | Tier 3 | | | | |
| HORMONE HEAV CRE NIOSOMES | HORMONE CREAM BASE NIOSOMES | Tier 3 | | | | |
| HYDROGEL GEL | CARBOMER GEL BASE | Tier 3 | | | | |
| HYDROXYUREA POW | HYDROXYUREA (BULK) POWDER | Tier 4 | | | | X |
| HYPO NEEDLE MIS 20GX1" | NEEDLE (DISP) 20 X 1" | Tier 2 | | | | |
| HYPO NEEDLE MIS 22GX1" | NEEDLE (DISP) 22 X 1" | Tier 2 | | | | |
| HYPO NEEDLE MIS 23GX1.5" | NEEDLE (DISP) 23 X 1-1/2" | Tier 2 | | | | |
| HYPO NEEDLE MIS 23GX1" | NEEDLE (DISP) 23 X 1" | Tier 2 | | | | |
| HYPO NEEDLE MIS 25GX1.5" | NEEDLE (DISP) 25 X 1-1/2" | Tier 2 | | | | |
| HYPO NEEDLE MIS 25GX1" | NEEDLE (DISP) 25 X 1" | Tier 2 | | | | X |
| HYPO NEEDLE MIS 25GX5/8" | NEEDLE (DISP) 25 X 5/8" | Tier 2 | | | | |
| IDVYNSO TAB 100-0.25 | DORAVIRINE-ISLATRAVIR TAB 100-0.25 MG | Tier 2 | | X | | |
| IGG 2000 CWP CAP | PROTEIN CAP | Tier 3 | | | | X |
| IGG 2000 CWP POW | PROTEIN ORAL POWDER | Tier 3 | | | | |
| IGG PURE POW | PROTEIN ORAL POWDER | Tier 3 | | | | |
| IMPACT PEPT LIQ 1.5 | NUTRITIONAL SUPPLEMENT LIQUID (ENTERAL) | Tier 3 | X | | | |
| INBRIJA CAP 42MG | LEVODOPA INHAL POWDER CAP 42 MG | Tier 3 | X | X | | X |
| INFANT FORM POW /IRON | INFANT FOODS POWDER | Tier 2 | | | | |
| INFINITY SOL HIGH CON | BLOOD GLUCOSE CALIBRATION - LIQUID - HIGH | Tier 2 | | | | |
| INFINITY SOL LOW CON | BLOOD GLUCOSE CALIBRATION - LIQUID - LOW | Tier 2 | | | | |
| INPEN BLUE MIS HUMALOG | INJECTION DEVICE FOR INSULIN | Tier 3 | | | | |
| INPEN BLUE MIS NOVO/FIA | INJECTION DEVICE FOR INSULIN | Tier 3 | | | | |
| INPEN GREY MIS HUMALOG | INJECTION DEVICE FOR INSULIN | Tier 3 | | | X | |
| INPEN GREY MIS NOVO/FIA | INJECTION DEVICE FOR INSULIN | Tier 3 | | | X | |
| INPEN PINK MIS HUMALOG | INJECTION DEVICE FOR INSULIN | Tier 3 | | | X | |
| INPEN PINK MIS NOVO/FIA | INJECTION DEVICE FOR INSULIN | Tier 3 | | | | |
| INS SYR U500 MIS 0.5/31G | INSULIN SYRINGE/NEEDLE U-500 0.5 ML 31G X 6MM (15/64") | Tier 2 | | X | | |

HCR – Health Care Reform Preventive Care
^ May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met

| Medication name | Generic medication name | Drug Tier | Prior authorization | Quantity limit | Step Therapy | Specialty |
|---|---|---|---|---|---|---|
| INS SYR U500 MIS 31GX6MM | INSULIN SYRINGE/NEEDLE U-500 0.5 ML 31G X 6MM (15/64") | Tier 2 | | X | | |
| INSPIREASE MIS DD SYST | SPACER/AEROSOL-HOLDING CHAMBERS - DEVICE | Tier 3 | | | | |
| INSPIREASE MIS RES BAG | SPACER/AEROSOL-HOLDING CHAMBER SUPPLIES - BAGS | Tier 2 | | | | |
| INSUL-TOTE MIS ULTIMATE | BLOOD GLUCOSE MONITORING MISC. | Tier 3 | | | | |
| INSULIN SYRG MIS 0.3/29G | INSULIN SYRINGE/NEEDLE U-100 0.3 ML 29 X 1/2" | Tier 2 | | X | | |
| INSULIN SYRG MIS 0.3/30G | INSULIN SYRINGE/NEEDLE U-100 0.3 ML 30 X 1/2" | Tier 2 | | X | | |
| INSULIN SYRG MIS 0.3/30G | INSULIN SYRINGE/NEEDLE U-100 0.3 ML 30 X 5/16" | Tier 2 | | X | | |
| INSULIN SYRG MIS 0.3/31G | INSULIN SYRINGE/NEEDLE U-100 0.3 ML 31 X 1/2" | Tier 2 | | X | | |
| INSULIN SYRG MIS 0.3/31G | INSULIN SYRINGE/NEEDLE U-100 0.3 ML 31 X 15/64" | Tier 2 | | X | | |
| INSULIN SYRG MIS 0.3/31G | INSULIN SYRINGE/NEEDLE U-100 0.3 ML 31 X 5/16" | Tier 2 | | X | | |
| INSULIN SYRG MIS 0.3ML/31 | INSULIN SYRINGE/NEEDLE U-100 0.3 ML 31 X 5/16" | Tier 2 | | X | | |
| INSULIN SYRG MIS 0.5/28G | INSULIN SYRINGE/NEEDLE U-100 1/2 ML 28 X 1/2" | Tier 2 | | X | | |
| INSULIN SYRG MIS 0.5/29G | INSULIN SYRINGE/NEEDLE U-100 1/2 ML 29 X 1/2" | Tier 2 | | X | | |
| INSULIN SYRG MIS 0.5/29G | INSULIN SYRINGE/NEEDLE U-100 1/2 ML 29 X 5/16" | Tier 2 | | X | | |
| INSULIN SYRG MIS 0.5/30G | INSULIN SYRINGE/NEEDLE U-100 1/2 ML 30 X 1/2" | Tier 2 | | X | | |
| INSULIN SYRG MIS 0.5/30G | INSULIN SYRINGE/NEEDLE U-100 1/2 ML 30 X 5/16" | Tier 2 | | X | | |
| INSULIN SYRG MIS 0.5/31G | INSULIN SYRINGE/NEEDLE U-100 1/2 ML 31 X 15/64" | Tier 2 | | X | | |
| INSULIN SYRG MIS 0.5/31G | INSULIN SYRINGE/NEEDLE U-100 1/2 ML 31 X 5/16" | Tier 2 | | X | | |
| INSULIN SYRG MIS 1/2ML/30 | INSULIN SYRINGE/NEEDLE U-100 1/2 ML 30 X 5/16" | Tier 2 | | | | |
| INSULIN SYRG MIS 1/2ML/31 | INSULIN SYRINGE/NEEDLE U-100 1/2 ML 31 X 5/16" | Tier 2 | | | | |
| INSULIN SYRG MIS 1ML/27G | INSULIN SYRINGE/NEEDLE U-100 1 ML 27 X 1/2" | Tier 2 | | | | |
| INSULIN SYRG MIS 1ML/27G | INSULIN SYRINGE/NEEDLE U-100 1 ML 27 X 5/8" | Tier 2 | | | | |
| INSULIN SYRG MIS 1ML/28G | INSULIN SYRINGE/NEEDLE U-100 1 ML 28 X 1/2" | Tier 2 | | | | |

HCR – Health Care Reform Preventive Care
^ May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met

| Medication name | Generic medication name | Drug Tier | Prior authorization | Quantity limit | Step Therapy | Specialty |
|---|---|---|---|---|---|---|
| INSULIN SYRG MIS 1ML/28G | INSULIN SYRINGE/NEEDLE U-100 1 ML 28 X 5/16" | Tier 2 | | | | |
| INSULIN SYRG MIS 1ML/29G | INSULIN SYRINGE/NEEDLE U-100 1 ML 29 X 1/2" | Tier 2 | | | | |
| INSULIN SYRG MIS 1ML/29G | INSULIN SYRINGE/NEEDLE U-100 1 ML 29 X 5/16" | Tier 2 | | | | |
| INSULIN SYRG MIS 1ML/30G | INSULIN SYRINGE/NEEDLE U-100 1 ML 30 X 1/2" | Tier 2 | | | | |
| INSULIN SYRG MIS 1ML/30G | INSULIN SYRINGE/NEEDLE U-100 1 ML 30 X 5/16" | Tier 2 | | | | |
| INSULIN SYRG MIS 1ML/31G | INSULIN SYRINGE/NEEDLE U-100 1 ML 31 X 15/64" | Tier 2 | | X | | X |
| INSULIN SYRG MIS 1ML/31G | INSULIN SYRINGE/NEEDLE U-100 1 ML 31 X 5/16" | Tier 2 | | X | | X |
| INSULIN SYRG MIS 1ML/32G | INSULIN SYRINGE/NEEDLE U-100 1 ML 32 X 5/16" | Tier 2 | | X | | |
| INSULIN SYRG MIS 27GX1/2" | INSULIN SYRINGE/NEEDLE U-100 1 ML 27 X 1/2" | Tier 2 | | | | |
| INSULIN SYRG MIS 27GX1/2" | INSULIN SYRINGE/NEEDLE U-100 1/2 ML 27 X 1/2" | Tier 2 | | | | |
| INSULIN SYRG MIS 28GX1/2" | INSULIN SYRINGE/NEEDLE U-100 1 ML 28 X 1/2" | Tier 2 | | | | |
| INSULIN SYRG MIS 28GX1/2" | INSULIN SYRINGE/NEEDLE U-100 1/2 ML 28 X 1/2" | Tier 2 | | | | |
| INSULIN SYRG MIS 28GX12MM | INSULIN SYRINGE/NEEDLE U-100 1 ML 28 X 1/2" | Tier 2 | | X | | |
| INSULIN SYRG MIS 29GX1/2" | INSULIN SYRINGE/NEEDLE U-100 1 ML 29 X 1/2" | Tier 2 | | X | | |
| INSULIN SYRG MIS 29GX1/2" | INSULIN SYRINGE/NEEDLE U-100 1/2 ML 29 X 1/2" | Tier 2 | | X | | |
| INSULIN SYRG MIS 29GX12MM | INSULIN SYRINGE/NEEDLE U-100 1 ML 29 X 1/2" | Tier 2 | | X | | |
| INSULIN SYRG MIS 29GX12MM | INSULIN SYRINGE/NEEDLE U-100 1/2 ML 29 X 1/2" | Tier 2 | | X | | |
| INSULIN SYRG MIS 30GX1/2" | INSULIN SYRINGE/NEEDLE U-100 0.3 ML 30 X 1/2" | Tier 2 | | X | | |
| INSULIN SYRG MIS 30GX1/2" | INSULIN SYRINGE/NEEDLE U-100 1 ML 30 X 1/2" | Tier 2 | | X | | |
| INSULIN SYRG MIS 30GX12MM | INSULIN SYRINGE/NEEDLE U-100 1 ML 30 X 1/2" | Tier 2 | | X | | |
| INSULIN SYRG MIS 30GX5/16 | INSULIN SYRINGE/NEEDLE U-100 1 ML 30 X 5/16" | Tier 2 | | X | | |
| INSULIN SYRG MIS 30GX5/16 | INSULIN SYRINGE/NEEDLE U-100 1/2 ML 30 X 5/16" | Tier 2 | | X | | X |
| INSULIN SYRG MIS 30GX8MM | INSULIN SYRINGE/NEEDLE U-100 1 ML 30 X 5/16" | Tier 2 | | X | X | |

HCR - Health Care Reform Preventive Care
^ May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met

| Medication name | Generic medication name | Drug Tier | Prior authorization | Quantity limit | Step Therapy | Specialty |
|---|---|---|---|---|---|---|
| INSULIN SYRG MIS 30GX8MM | INSULIN SYRINGE/NEEDLE U-100 1/2 ML 30 X 5/16" | Tier 2 | | X | | |
| INSULIN SYRG MIS 31GX5/16 | INSULIN SYRINGE/NEEDLE U-100 0.3 ML 31 X 5/16" | Tier 2 | | X | | |
| INSULIN SYRG MIS 31GX5/16 | INSULIN SYRINGE/NEEDLE U-100 1 ML 31 X 5/16" | Tier 2 | | X | | |
| INSULIN SYRG MIS 31GX5/16 | INSULIN SYRINGE/NEEDLE U-100 1/2 ML 31 X 5/16" | Tier 2 | | X | | |
| INSULIN SYRG MIS 31GX8MM | INSULIN SYRINGE/NEEDLE U-100 0.3 ML 31 X 5/16" | Tier 2 | | X | | |
| INSULIN SYRG MIS 31GX8MM | INSULIN SYRINGE/NEEDLE U-100 1 ML 31 X 5/16" | Tier 2 | | X | | |
| INSULIN SYRG MIS 31GX8MM | INSULIN SYRINGE/NEEDLE U-100 1/2 ML 31 X 5/16" | Tier 2 | | X | | |
| INSUPEN MIS 31GX5MM | INSULIN PEN NEEDLE 31 G X 5 MM (1/5" OR 3/16") | Tier 2 | | X | | |
| INSUPEN MIS 31GX8MM | INSULIN PEN NEEDLE 31 G X 8 MM (1/3" OR 5/16") | Tier 2 | | X | | |
| IODINE SOL STRONG | IODINE SOLUTION STRONG (LUGOL'S) (BULK) | Tier 3 | | | | |
| IODINE SOL STRONG | IODINE SOLUTION STRONG 5% (LUGOL'S) | Tier 1 | | | | |
| ISOFLURANE SOL | ISOFLURANE INHAL SOLN | Tier 1 | | | | |
| JOURNAVX TAB 50MG | SUZETRIGINE TAB 50 MG | Tier 4 | | | | |
| KOMZIFTI CAP 200MG | ZIFTOMENIB CAP 200 MG | Tier 4 | X | | | |
| KRISGEL 100 GEL | KRISGEL 100 GEL | Tier 3 | | | | |
| KT TAPE MIS CGM PTCH | CONTINUOUS GLUCOSE MONITOR SUPPLIES | Tier 3 | X | | | |
| KYGEVVI POW 2GM/2GM | DOXECITINE-DOXRIBTIMINE POWDER PACK 2-2 GM | Tier 4 | X | | | |
| L-ARGININE CAP 500MG | ARGININE CAP 500 MG | Tier 2 | | | | |
| L-ASPARAGINE POW MONOHYDR | BULK CHEMICALS - POWDER | Tier 4 | | | | |
| L-CITRULLINE CAP 600MG | CITRULLINE CAP 600 MG | Tier 2 | X | | | |
| L-CITRULLINE POW | CITRULLINE (BULK) POWDER | Tier 3 | | | | |
| L-LYSINE HCL TAB 500MG | LYSINE HCL TAB 500 MG | Tier 2 | X | | | |
| LAMPRENE CAP 50MG | CLOFAZIMINE CAP 50 MG | Tier 3 | | | | |
| LANOLIN ANHY OIN | LANOLIN ANHYDROUS OINTMENT | Tier 3 | | | | |
| LECITHIN GEL | PREMIUM LECITHIN ORGANOGEL BASE GEL | Tier 3 | | | | |
| LECITHIN GRA | LECITHIN GRANULES | Tier 1 | | X | | |
| LEUCINE PAK 100MG | LEUCINE ORAL POWDER PACKET 100 MG | Tier 2 | | X | | |
| LEUCOVORIN POW CALCIUM | LEUCOVORIN CALCIUM POWDER | Tier 4 | | | | |
| LIMBREL CAP 250MG | FLAVOCOXID CAP 250 MG | Tier 2 | | | | |
| LIMBREL CAP 500MG | FLAVOCOXID CAP 500 MG | Tier 2 | | X | | |

HCR - Health Care Reform Preventive Care
^ May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met

| Medication name | Generic medication name | Drug Tier | Prior authorization | Quantity limit | Step Therapy | Specialty |
|---|---|---|---|---|---|---|
| LIMBREL250 CAP 250-50MG | FLAVOCOXID-CITRATED ZINC BISGLYCINATE CAP 250-50 MG | Tier 2 | | X | | |
| LIMBREL500 CAP 500-50MG | FLAVOCOXID-CITRATED ZINC BISGLYCINATE CAP 500-50 MG | Tier 2 | | X | | |
| LIPODERM HMW GEL PCCA | GEL BASE - GEL | Tier 3 | | | | |
| LIPOLAYER CRE | CREAM BASE LIPOSOMIC | Tier 3 | | | | |
| LIPOZYME CRE | CREAM BASE LIPOSOMIC | Tier 3 | | | | |
| LIQ PROTEIN LIQ FORTIFIE | INFANT FOODS LIQUID | Tier 1 | | X | | |
| LIQUACEL LIQ | AMINO ACIDS ORAL LIQUID | Tier 3 | | X | | |
| LIQUACEL LIQ | AMINO ACIDS ORAL LIQUID | Tier 3 | X | | | |
| LIQUACEL LIQ APPLE | AMINO ACIDS ORAL LIQUID | Tier 3 | | | | |
| LIQUACEL LIQ GING ALE | AMINO ACIDS ORAL LIQUID | Tier 3 | | | | |
| LIQUACEL LIQ PUMP+GO | AMINO ACIDS ORAL LIQUID | Tier 3 | | | | |
| LOVASTATIN POW | LOVASTATIN (BULK) POWDER | Tier 3 | | | | |
| LOVO-ODF LIQ CUSTOM | PHARMACEUTICAL EXCIPIENTS (BULK) LIQUID | Tier 3 | | | | |
| LUBRAJEL NP GEL | GEL BASE - GEL | Tier 3 | | | | |
| LUGOLS SOL | IODINE SOLUTION STRONG (LUGOL'S) (BULK) | Tier 2 | | | | |
| LYSINE TAB 1000MG | LYSINE HCL TAB 1000 MG | Tier 2 | | | | |
| MAGNESIUM POW BISGLYCI | MAGNESIUM GLYCINATE (BULK) POWDER | Tier 3 | | | | |
| MAGNESIUM POW GLYCINAT | MAGNESIUM GLYCINATE (BULK) POWDER | Tier 3 | | | | |
| MASK VORTEX/ MIS FROG | SPACER/AEROSOL-HOLDING CHAMBER SUPPLIES - MASKS | Tier 2 | | | | |
| MASK VORTEX/ MIS LADY BUG | SPACER/AEROSOL-HOLDING CHAMBER SUPPLIES - MASKS | Tier 2 | | | | |
| MAXICOMFORT MIS 27GX1/2 | INSULIN SYRINGE/NEEDLE U-100 1/2 ML 27 X 1/2" | Tier 2 | | X | | |
| MAXICOMFORT MIS 27GX1/2" | INSULIN SYRINGE/NEEDLE U-100 1 ML 27 X 1/2" | Tier 2 | | X | | |
| MAXICOMFORT MIS 31GX1/4" | INSULIN PEN NEEDLE 31 G X 6 MM (1/4" OR 15/64") | Tier 2 | | X | | |
| MAXPRO-18G LIQ | PROTEIN ORAL LIQUID | Tier 3 | | | | |
| MELATOL PEDI LIQ 1MG/ML | MELATONIN LIQUID 1 MG/ML | Tier 3 | | | | |
| MERCAPTOPURI POW | MERCAPTOPURINE (BULK) POWDER | Tier 4 | | | | |
| MERCAPTOPURI POW | MERCAPTOPURINE MONOHYDRATE (BULK) POWDER | Tier 4 | | | | |
| MERCAPTOPURI POW MONOHYDR | MERCAPTOPURINE MONOHYDRATE (BULK) POWDER | Tier 4 | | | | |
| METHERGINE TAB 0.2MG | METHYLERGONOVINE MALEATE TAB 0.2 MG | Tier 4 | | X | | |
| METHIONINE POW | METHIONINE ORAL PACKET 100 MG | Tier 2 | X | | | X |
| METHOTREXATE POW | METHOTREXATE POWDER | Tier 3 | | | | |
| METHYLERGON TAB 0.2MG | METHYLERGONOVINE MALEATE TAB 0.2 MG | Tier 1 | | X | | |

HCR – Health Care Reform Preventive Care
^ May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met

| Medication name | Generic medication name | Drug Tier | Prior authorization | Quantity limit | Step Therapy | Specialty |
|---|---|---|---|---|---|---|
| METHYLPRED POW ACETATE | METHYLPREDNISOLONE ACETATE POWDER | Tier 3 | | | | |
| METOPIRONE CAP 250MG | METYRAPONE CAP 250 MG | Tier 3 | | | | |
| MICONAZOLE POW NITRATE | MICONAZOLE NITRATE POWDER | Tier 3 | | | | |
| MICROCHAMBER MIS | SPACER/AEROSOL-HOLDING CHAMBERS - DEVICE | Tier 3 | | | | |
| MIDAZOLAM POW | MIDAZOLAM (BULK) POWDER | Tier 3 | | | | |
| MINIMED 630G MIS TRANSMIT | CONTINUOUS GLUCOSE SYSTEM TRANS-MITTER | Tier 3 | | | | |
| MIPLYFFA CAP 124MG | ARIMOCLOMOL CITRATE CAP 124 MG | Tier 4 | X | X | | X |
| MIPLYFFA CAP 47MG | ARIMOCLOMOL CITRATE CAP 47 MG | Tier 4 | X | X | | X |
| MIPLYFFA CAP 62MG | ARIMOCLOMOL CITRATE CAP 62 MG | Tier 4 | X | X | | X |
| MIPLYFFA CAP 93MG | ARIMOCLOMOL CITRATE CAP 93 MG | Tier 4 | X | X | | |
| MITOMYCIN POW | MITOMYCIN (BULK) POWDER | Tier 4 | | | | |
| MODEYSO CAP 125MG | DORDAVIPRONE HCL CAP 125 MG | Tier 4 | X | X | | |
| MUCOLOX LIQ | PHARMACEUTICAL EXCIPIENTS (BULK) LIQUID | Tier 3 | | | | |
| NEEDL COLLEC MIS DISPOSAL | SHARPS CONTAINER - MISC | Tier 3 | | | | |
| NEEDLE COLLE MIS DISPOSAL | SHARPS CONTAINER - MISC | Tier 3 | | | | |
| NEOCATE POW INFANT | INFANT FOODS POWDER | Tier 2 | | | | |
| NITROFURANTN SUS 25MG/5ML | NITROFURANTOIN SUSP 25 MG/5ML | Tier 3 | | | | |
| NORDIPEN 5 MIS DEVICE | INJECTION DEVICE - MISC | Tier 3 | | | | |
| NORDIPEN DEL MIS SYSTEM | INJECTION DEVICE - MISC | Tier 3 | | | | |
| NOVAFILM GEL | GEL BASE - GEL | Tier 3 | | | | |
| NOVOPEN ECHO MIS | INJECTION DEVICE FOR INSULIN | Tier 3 | | | | |
| NUTREN LIQ JR/FIBER | NUTRITIONAL SUPPLEMENT LIQUID (EN-TERAL) | Tier 2 | | | | |
| NUTREN LIQ JUNIOR | NUTRITIONAL SUPPLEMENT LIQUID (EN-TERAL) | Tier 2 | | | | |
| NZ WHEY PROT POW ISOLATE | PROTEIN ORAL POWDER | Tier 3 | | | | |
| OCCLUSADERM GEL PCCA | GEL BASE - GEL | Tier 3 | | | | |
| OMLYCLO INJ 150MG/ML | OMALIZUMAB-IGEC SUBCUTANEOUS SOLN PREFILLED SYR 150 MG/ML | Tier 3 | X | | | X |
| OMLYCLO INJ 300/2ML | OMALIZUMAB-IGEC SUBCUTANEOUS SOLN PREFILLED SYR 300 MG/2ML | Tier 3 | X | | | X |
| OMLYCLO INJ 75/0.5ML | OMALIZUMAB-IGEC SUBCUTANEOUS SOLN PREFILLED SYR 75 MG/0.5ML | Tier 3 | X | | | X |
| OMNIFLEX DPR | DIAPHRAGMS | HCR | | | | |
| OMNIPOD 5 DX KIT INT G7G6 | INSULIN INFUSION DISPOSABLE PUMP KIT | Tier 2 | X | X | | |
| OMNIPOD 5 DX MIS POD G7G6 | INSULIN INFUSION DISPOSABLE PUMP RESERVOIR | Tier 2 | X | X | | |
| OMNIPOD5 LIB KIT INTRO | INSULIN INFUSION DISPOSABLE PUMP KIT | Tier 2 | X | X | | X |

HCR – Health Care Reform Preventive Care
^ May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met

| Medication name | Generic medication name | Drug Tier | Prior authorization | Quantity limit | Step Therapy | Specialty |
|---|---|---|---|---|---|---|
| OMNIPOD5 LIB MIS PODS | INSULIN INFUSION DISPOSABLE PUMP RESERVOIR | Tier 2 | X | X | | X |
| ONETOUCH LIQ VERIO 4 | BLOOD GLUCOSE CALIBRATION - LIQUID - HIGH | Tier 1 | | | | X |
| ORA-BLEND SF SUS | ORAL VEHICLES - SUSP | Tier 3 | | | | X |
| ORA-BLEND SUS | ORAL VEHICLES - SUSP | Tier 3 | | | X | X |
| ORA-PLUS LIQ | ORAL VEHICLES | Tier 3 | | | | X |
| ORA-SWEET SF SYP | ORAL VEHICLES - SYRUP | Tier 3 | | | | |
| ORA-SWEET SYP | ORAL VEHICLES - SYRUP | Tier 2 | | | | |
| ORAPENN SD LIQ SWEET | ORAL VEHICLES | Tier 3 | | | | |
| ORLYNVAH TAB 500-500 | SULOPENEM ETZADROXIL-PROBENECID TAB 500-500 MG | Tier 4 | | X | | X |
| OSELTAMIVIR POW | OSELTAMIVIR PHOSPHATE (BULK) POWDER | Tier 3 | | | | |
| PALFORZIA CAP 1-3YRS | PEANUT POWDER-DNFP STARTER PACK 0.5 & 1 & 1.5 & 3 MG | Tier 4 | X | X | | X |
| PALFORZIA CAP 4-17YRS | PEANUT POWDER-DNFP STARTER PACK 0.5 & 1 & 1.5 & 3 & 6 MG | Tier 4 | X | X | | X |
| PALFORZIA CAP ESCALAT | PEANUT POWDER-DNFP STARTER PACK 0.5 & 1 & 1.5 & 3 & 6 MG | Tier 4 | X | X | | X |
| PALFORZIA CAP LEVEL 0 | PEANUT POWDER-DNFP CAP SPRINKLE PACK 1 X 1 MG (1 MG DOSE) | Tier 4 | X | | | X |
| PALFORZIA CAP LEVEL 1 | PEANUT POWDER-DNFP CAP SPRINKLE PACK 3 X 1 MG (3 MG DOSE) | Tier 4 | X | X | | X |
| PALFORZIA CAP LEVEL 10 | PEANUT POWDER-DNFP PACK 2 X 20 MG & 2 X 100 MG (240 MG DOSE) | Tier 4 | X | X | | X |
| PALFORZIA CAP LEVEL 2 | PEANUT POWDER-DNFP CAP SPRINKLE PACK 6 X 1 MG (6 MG DOSE) | Tier 4 | X | X | | X |
| PALFORZIA CAP LEVEL 3 | PEANUT POWDER-DNFP PACK 2 X 1 MG & 10 MG (12 MG DOSE) | Tier 4 | X | X | X | X |
| PALFORZIA CAP LEVEL 4 | PEANUT POWDER-DNFP CAP SPRINKLE PACK 20 MG (20 MG DOSE) | Tier 4 | X | X | | X |
| PALFORZIA CAP LEVEL 5 | PEANUT POWDER-DNFP CAP SPRINKLE PACK 2 X 20 MG (40 MG DOSE) | Tier 4 | X | X | | X |
| PALFORZIA CAP LEVEL 6 | PEANUT POWDER-DNFP CAP SPRINKLE PACK 4 X 20 MG (80 MG DOSE) | Tier 4 | X | X | | X |
| PALFORZIA CAP LEVEL 7 | PEANUT POWDER-DNFP PACK 20 MG & 100 MG (120 MG DOSE) | Tier 4 | X | X | | X |
| PALFORZIA CAP LEVEL 8 | PEANUT POWDER-DNFP PACK 3 X 20 MG & 100 MG (160 MG DOSE) | Tier 4 | X | X | X | X |
| PALFORZIA CAP LEVEL 9 | PEANUT POWDER-DNFP PACK 2 X 100 MG (200 MG DOSE) | Tier 4 | X | X | | X |
| PALFORZIA POW LEVEL 11 | PEANUT ALLERGEN POWDER-DNFP MAINTENANCE PACKET 300 MG | Tier 4 | X | X | | X |
| PALFORZIA POW LEVEL 11 | PEANUT ALLERGEN POWDER-DNFP TITRATION PACKET 300 MG | Tier 4 | X | X | | X |

HCR – Health Care Reform Preventive Care
^ May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met

| Medication name | Generic medication name | Drug Tier | Prior authorization | Quantity limit | Step Therapy | Specialty |
|---|---|---|---|---|---|---|
| PARI VORTEX MIS ADL MASK | SPACER/AEROSOL-HOLDING CHAMBER SUPPLIES - MASKS | Tier 2 | | | | X |
| PCCA ACACIA SYP BASE | ACACIA SYRUP | Tier 3 | | | | X |
| PCCA COBASE OIN #1 | COBASE #1 OINTMENT BASE | Tier 3 | | | | X |
| PCCA CUSTOM CRE LIPO-MAX | CREAM BASE LIPOSOMIC | Tier 3 | | | | |
| PCCA LIPOSOM CRE DRY | CREAM BASE LIPOSOMIC | Tier 3 | | | | |
| PCCA LIPOSOM CRE NORMAL | CREAM BASE LIPOSOMIC | Tier 3 | | | | |
| PCCA LIPOSOM CRE OILY | CREAM BASE LIPOSOMIC | Tier 3 | | | | |
| PCCA LIPOSOM CRE SENSITIV | CREAM BASE LIPOSOMIC | Tier 3 | | | | |
| PCCA SWEET SYP -SF | ORAL VEHICLES - SYRUP | Tier 3 | | | X | X |
| PCCA SYRUP SYP VEHICLE | ORAL VEHICLES - SYRUP | Tier 3 | | | | X |
| PCCA-PLUS SUS | ORAL VEHICLES - SUSP | Tier 3 | | | | X |
| PEG BASE OIN | POLYETHYLENE GLYCOL OINTMENT | Tier 3 | | | | X |
| PEN NEEDLE MIS 29GX3/16 | INSULIN PEN NEEDLE 29 G X 5 MM (1/5" OR 3/16") | Tier 2 | | X | | X |
| PEN NEEDLE MIS 29GX5/16 | INSULIN PEN NEEDLE 29 G X 8 MM (1/3" OR 5/16") | Tier 2 | | X | | X |
| PEN NEEDLE MIS 31GX3/16 | INSULIN PEN NEEDLE 31 G X 5 MM (1/5" OR 3/16") | Tier 2 | | X | | X |
| PEN NEEDLE MIS 31GX4MM | INSULIN PEN NEEDLE 31 G X 4 MM (1/6" OR 5/32") | Tier 2 | | X | X | X |
| PEN NEEDLE MIS 31GX5MM | INSULIN PEN NEEDLE 31 G X 5 MM (1/5" OR 3/16") | Tier 2 | | X | | |
| PEN NEEDLE MIS 31GX6MM | INSULIN PEN NEEDLE 31 G X 6 MM (1/4" OR 15/64") | Tier 2 | | X | | |
| PEN NEEDLE MIS 33GX4MM | INSULIN PEN NEEDLE 33 G X 4 MM (1/6" OR 5/32") | Tier 2 | | | | |
| PEN NEEDLE MIS 33GX5/32 | INSULIN PEN NEEDLE 33 G X 4 MM (1/6" OR 5/32") | Tier 2 | | | | |
| PEN NEEDLE MIS 33GX5MM | INSULIN PEN NEEDLE 33 G X 5 MM (1/5" OR 3/16") | Tier 2 | | | | |
| PEN NEEDLE MIS 33GX6MM | INSULIN PEN NEEDLE 33 G X 6 MM (1/4" OR 15/64") | Tier 2 | | | | |
| PEN NEEDLES MIS 29GX1/2" | INSULIN PEN NEEDLE 29 G X 12 MM (1/2") | Tier 2 | | | | |
| PEN NEEDLES MIS 29GX10MM | INSULIN PEN NEEDLE 29 G X 10 MM | Tier 2 | | | | |
| PEN NEEDLES MIS 29GX12.7 | INSULIN PEN NEEDLE 29 G X 12.7 MM (1/2") | Tier 2 | | | | |
| PEN NEEDLES MIS 29GX12MM | INSULIN PEN NEEDLE 29 G X 12 MM (1/2") | Tier 2 | | | | |
| PEN NEEDLES MIS 30GX3/16 | INSULIN PEN NEEDLE 30 G X 5 MM (1/5" OR 3/16") | Tier 2 | | | | |
| PEN NEEDLES MIS 30GX5MM | INSULIN PEN NEEDLE 30 G X 5 MM (1/5" OR 3/16") | Tier 2 | | | | |
| PEN NEEDLES MIS 31GX1/4" | INSULIN PEN NEEDLE 31 G X 6 MM (1/4" OR 15/64") | Tier 2 | | | | |

HCR - Health Care Reform Preventive Care
^ May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met

| Medication name | Generic medication name | Drug Tier | Prior authorization | Quantity limit | Step Therapy | Specialty |
|---|---|---|---|---|---|---|
| PEN NEEDLES MIS 31GX3/16 | INSULIN PEN NEEDLE 31 G X 5 MM (1/5" OR 3/16") | Tier 2 | | | | |
| PEN NEEDLES MIS 31GX5/16 | INSULIN PEN NEEDLE 31 G X 8 MM (1/3" OR 5/16") | Tier 2 | | | | |
| PEN NEEDLES MIS 31GX5MM | INSULIN PEN NEEDLE 31 G X 5 MM (1/5" OR 3/16") | Tier 2 | | | | |
| PEN NEEDLES MIS 31GX6MM | INSULIN PEN NEEDLE 31 G X 6 MM (1/4" OR 15/64") | Tier 2 | | | | |
| PEN NEEDLES MIS 31GX8MM | INSULIN PEN NEEDLE 31 G X 8 MM (1/3" OR 5/16") | Tier 2 | | | | |
| PEN NEEDLES MIS 32GX8MM | INSULIN PEN NEEDLE 32 G X 8 MM (1/3" OR 5/16") | Tier 2 | | | | |
| PEN NEEDLES MIS 33GX5/32 | INSULIN PEN NEEDLE 33 G X 4 MM (1/6" OR 5/32") | Tier 2 | | | | |
| PENTIPS MIS 29GX12MM | INSULIN PEN NEEDLE 29 G X 12 MM (1/2") | Tier 2 | | | | |
| PENTIPS MIS 31GX5MM | INSULIN PEN NEEDLE 31 G X 5 MM (1/5" OR 3/16") | Tier 2 | | X | | |
| PENTIPS MIS 31GX8MM | INSULIN PEN NEEDLE 31 G X 8 MM (1/3" OR 5/16") | Tier 2 | | X | | |
| PEPTAMEN AF LIQ UNFLAVOR | NUTRITIONAL SUPPLEMENT LIQUID (ENTERAL) | Tier 3 | X | | | |
| PEPTICATE POW | INFANT FOODS POWDER | Tier 2 | | | | |
| PERFECT POIN MIS 25GX1" | NEEDLE (DISP) 25 X 1" | Tier 2 | | | | |
| PETROLATUM GEL WHITE | WHITE PETROLATUM TOPICAL GEL | Tier 1 | | | | |
| PETROLATUM OIN WHITE | WHITE PETROLATUM OINTMENT | Tier 3 | | | | |
| PETROLATUM OIN YELLOW | PETROLATUM OINTMENT | Tier 3 | | | | |
| PHENYL-FREE POW 1 | INFANT FOODS POWDER | Tier 2 | X | | | |
| PIVOT SUPPLY KIT | INSULIN INFUSION DISPOSABLE PUMP RESERVOIR KIT | Tier 2 | X | X | | |
| PIVYA TAB 185MG | PIVMECILLINAM HCL TABS 185 MG | Tier 4 | | X | | |
| PKU EASY TAB MICROTAB | NUTRITIONAL SUPPLEMENT TABS DELAYED RELEASE | Tier 3 | | | | |
| PKU EASY TAB PLUS | NUTRITIONAL SUPPLEMENT TABS DELAYED RELEASE | Tier 3 | | | | |
| PKU GOLIKE BAR 10G PE | AMINO ACIDS BAR | Tier 3 | | | | |
| PKU GOLIKE POW PL 4-16 | AMINO ACIDS PACK | Tier 3 | | | | |
| PKU GOLIKE POW PLUS 16+ | AMINO ACIDS PACK | Tier 3 | | | | |
| PLO GEL MEDIFLO | PREMIUM LECITHIN ORGANOGEL BASE GEL | Tier 3 | | | | |
| PLO MEDIFLO GEL 30 | PREMIUM LECITHIN ORGANOGEL BASE GEL | Tier 3 | | | | |
| PLO MEDIFLO KIT 30 KIT | PREMIUM LECITHIN ORGANOGEL BASE KIT | Tier 3 | | | | |
| PLO MEDIFLO KIT KIT | PREMIUM LECITHIN ORGANOGEL BASE KIT | Tier 3 | | | | |
| PLO TRANSDER CRE | TRANSDERMAL BASE CREAM | Tier 4 | | | | |

HCR – Health Care Reform Preventive Care
^ May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met

| Medication name | Generic medication name | Drug Tier | Prior authorization | Quantity limit | Step Therapy | Specialty |
|---|---|---|---|---|---|---|
| PLO20 GEL FLOWABLE | PREMIUM LECITHIN ORGANOGEL BASE GEL | Tier 3 | | | | |
| PLO20 GEL NON-FLOW | PREMIUM LECITHIN ORGANOGEL BASE GEL | Tier 3 | | | | |
| POLY HUB MIS 20GX1" | NEEDLE (DISP) 20 X 1" | Tier 2 | | | | |
| POLY HUB MIS 21GX1.5" | NEEDLE (DISP) 21 X 1-1/2" | Tier 2 | | | | |
| POLY HUB MIS 21GX1" | NEEDLE (DISP) 21 X 1" | Tier 2 | | | | |
| POLY HUB MIS 22GX1.5" | NEEDLE (DISP) 22 X 1-1/2" | Tier 2 | | | | |
| POLY HUB MIS 22GX1" | NEEDLE (DISP) 22 X 1" | Tier 2 | | | | |
| POLY HUB MIS 23GX1.5" | NEEDLE (DISP) 23 X 1-1/2" | Tier 2 | | X | | |
| POLY HUB MIS 23GX1" | NEEDLE (DISP) 23 X 1" | Tier 2 | X | X | | |
| POLY HUB MIS 25GX1.5" | NEEDLE (DISP) 25 X 1-1/2" | Tier 2 | X | | | |
| POLY HUB MIS 25GX1" | NEEDLE (DISP) 25 X 1" | Tier 2 | | | | |
| POLY HUB MIS 25GX5/8" | NEEDLE (DISP) 25 X 5/8" | Tier 2 | | | | |
| POLY HUB MIS 27GX1/2" | NEEDLE (DISP) 27 X 1/2" | Tier 2 | X | X | | |
| POLY HUB MIS 30GX1/2" | NEEDLE (DISP) 30 X 1/2" | Tier 2 | | | | |
| POLYETH GLYC OIN 8000 | POLYETHYLENE GLYCOL 8000 OINT | Tier 3 | X | X | | |
| POLYMAC GEL PROGEL | GEL BASE - GEL | Tier 3 | | X | | |
| POLYOX POW WSR-301 | BULK CHEMICALS - POWDER | Tier 4 | X | | | |
| POLYOX WSR POW -301 | BULK CHEMICALS - POWDER | Tier 4 | | | | |
| POLYPEG OIN BASE | POLYETHYLENE GLYCOL OINTMENT | Tier 3 | | X | | |
| POLYSORBATE LIQ 80 | POLYSORBATE 80 LIQ | Tier 3 | | | | |
| POLYSORBATE LIQ 80 | POLYSORBATE 80 LIQ | Tier 2 | | | | |
| POT IODIDE SOL 1GM/ML | POTASSIUM IODIDE ORAL SOLN 1 GM/ML | Tier 1 | | | | |
| POT PHOSPHAT GRA DIBASIC | POTASSIUM PHOSPHATE DIBASIC GRANULES | Tier 3 | | | | |
| PRE PROTEIN POW | PROTEIN ORAL POWDER | Tier 2 | | | | |
| PRE PROTEIN TAB | AMINO ACIDS TAB | Tier 2 | X | | | |
| PREGESTIMIL POW | INFANT FOODS POWDER | Tier 2 | | | | |
| PREPROTEIN LIQ | AMINO ACIDS ORAL LIQUID | Tier 2 | | | | |
| PREPROTEIN LIQ 20 | AMINO ACIDS ORAL LIQUID | Tier 2 | | | | |
| PREVENT DROP MIS 31GX1/4" | INSULIN PEN NEEDLE 31 G X 6 MM (1/4" OR 15/64") | Tier 2 | | X | | |
| PREVENT DROP MIS 31GX5/16 | INSULIN PEN NEEDLE 31 G X 8 MM (1/3" OR 5/16") | Tier 2 | | X | | |
| PREVENT SAFE MIS 31GX1/4" | INSULIN PEN NEEDLE 31 G X 6 MM (1/4" OR 15/64") | Tier 2 | | | | |
| PREVENT SAFE MIS 31GX5/16 | INSULIN PEN NEEDLE 31 G X 8 MM (1/3" OR 5/16") | Tier 2 | | | | |
| PRO COMFORT MIS 0.5/30G | INSULIN SYRINGE/NEEDLE U-100 1/2 ML 30 X 5/16" | Tier 2 | | | | |

HCR - Health Care Reform Preventive Care
^ May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met

| Medication name | Generic medication name | Drug Tier | Prior authorization | Quantity limit | Step Therapy | Specialty |
|---|---|---|---|---|---|---|
| PRO COMFORT MIS 0.5/31G | INSULIN SYRINGE/NEEDLE U-100 1/2 ML 31 X 5/16" | Tier 2 | | | | |
| PRO COMFORT MIS 1ML/30G | INSULIN SYRINGE/NEEDLE U-100 1 ML 30 X 5/16" | Tier 2 | | | | |
| PRO COMFORT MIS 1ML/31G | INSULIN SYRINGE/NEEDLE U-100 1 ML 31 X 5/16" | Tier 2 | | | | |
| PROCEL POW | PROTEIN ORAL POWDER | Tier 3 | X | | | |
| PROCHAMBER MIS VHC | SPACER/AEROSOL-HOLDING CHAMBERS - DEVICE | Tier 3 | | | | X |
| PROGESTERONE POW MICRONIZ | PROGESTERONE MICRONIZED (BULK) POWDER | Tier 3 | | | | |
| PROSOURCE LIQ NO CARB | PROTEIN ORAL LIQUID | Tier 3 | | | | |
| PROSOURCE LIQ TF FREE | PROTEIN LIQUID (ENTERAL) | Tier 3 | | | | |
| PROSOURCE LIQ TF20 | PROTEIN LIQUID (ENTERAL) | Tier 3 | | | | |
| PROSYNMINIC POW | PROTEIN ORAL POWDER | Tier 3 | | | | |
| PROTEIN CHW 500MG | PROTEIN CHEW TAB 500 MG | Tier 1 | | | | |
| PROTEIN CHW 500MG | PROTEIN CHEW TAB 500 MG | Tier 2 | | | | |
| PROTEIN POW 90% | PROTEIN ORAL POWDER | Tier 1 | | | | |
| PURAMINO POW DHA/ARA | INFANT FOODS POWDER | Tier 2 | | | | |
| PURE BLISS LIQ ORG/IRON | INFANT FOODS LIQUID | Tier 3 | | | | |
| PURE COMFORT MIS 31GX5MM | INSULIN PEN NEEDLE 31 G X 5 MM (1/5" OR 3/16") | Tier 2 | | | | |
| PURE COMFORT MIS 31GX6MM | INSULIN PEN NEEDLE 31 G X 6 MM (1/4" OR 15/64") | Tier 2 | | X | | |
| PURIFIED LIQ WATER | DISTILLED WATER | Tier 3 | | | | |
| PYRIDOSTIGMI TAB ER 105MG | PYRIDOSTIGMINE BROMIDE TAB ER 24HR 105 MG (PROTECTIVE) | Tier 3 | | | X | |
| QFITLIA INJ 20/0.2ML | FITUSIRAN SODIUM SUBCUTANEOUS SOLN 20 MG/0.2ML | Tier 4 | X | X | X | |
| QFITLIA INJ 50/0.5ML | FITUSIRAN SODIUM SUBCUTANEOUS SOLN AUTO-INJ 50 MG/0.5ML | Tier 4 | X | X | X | |
| QUICK TOUCH MIS 29GX12.7 | INSULIN PEN NEEDLE 29 G X 12.7 MM (1/2") | Tier 2 | | X | | |
| QUICK TOUCH MIS 31GX4MM | INSULIN PEN NEEDLE 31 G X 4 MM (1/6" OR 5/32") | Tier 2 | | X | | |
| QUICK TOUCH MIS 31GX5MM | INSULIN PEN NEEDLE 31 G X 5 MM (1/5" OR 3/16") | Tier 2 | | X | | |
| QUICK TOUCH MIS 31GX6MM | INSULIN PEN NEEDLE 31 G X 6 MM (1/4" OR 15/64") | Tier 2 | | X | | |
| QUICK TOUCH MIS 31GX8MM | INSULIN PEN NEEDLE 31 G X 8 MM (1/3" OR 5/16") | Tier 2 | | X | | |
| QUICK TOUCH MIS 32GX8MM | INSULIN PEN NEEDLE 32 G X 8 MM (1/3" OR 5/16") | Tier 2 | | X | | |
| QUICK TOUCH MIS 33GX4MM | INSULIN PEN NEEDLE 33 G X 4 MM (1/6" OR 5/32") | Tier 2 | | X | | |

HCR - Health Care Reform Preventive Care
^ May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met

| Medication name | Generic medication name | Drug Tier | Prior authorization | Quantity limit | Step Therapy | Specialty |
|---|---|---|---|---|---|---|
| QUICK TOUCH MIS 33GX5MM | INSULIN PEN NEEDLE 33 G X 5 MM (1/5" OR 3/16") | Tier 2 | | X | | |
| QUICK TOUCH MIS 33GX6MM | INSULIN PEN NEEDLE 33 G X 6 MM (1/4" OR 15/64") | Tier 2 | | X | | |
| QUICK TOUCH MIS 33GX8MM | INSULIN PEN NEEDLE 33 G X 8 MM (1/3" OR 5/16") | Tier 2 | | X | | |
| RA L-LYSINE TAB 1000MG | LYSINE HCL TAB 1000 MG | Tier 2 | | | | |
| RA L-LYSINE TAB 500MG | LYSINE HCL TAB 500 MG | Tier 2 | | | | |
| RA PEN NEEDL MIS 31GX3/16 | INSULIN PEN NEEDLE 31 G X 5 MM (1/5" OR 3/16") | Tier 2 | | | | |
| RADIOGARDASE CAP 0.5GM | PRUSSIAN BLUE INSOLUBLE CAP 0.5 GM | Tier 3 | | | | |
| RASPBERRY SYP | RASPBERRY SYRUP | Tier 3 | | | | |
| RAYA SURE MIS 29GX12MM | INSULIN PEN NEEDLE 29 G X 12 MM (1/2") | Tier 2 | | X | | |
| RAYA SURE MIS 31GX4MM | INSULIN PEN NEEDLE 31 G X 4 MM (1/6" OR 5/32") | Tier 2 | | X | | |
| RAYA SURE MIS 31GX5MM | INSULIN PEN NEEDLE 31 G X 5 MM (1/5" OR 3/16") | Tier 2 | | X | | |
| RAYA SURE MIS 31GX6MM | INSULIN PEN NEEDLE 31 G X 6 MM (1/4" OR 15/64") | Tier 2 | | X | | |
| RAYA SURE MIS 31GX8MM | INSULIN PEN NEEDLE 31 G X 8 MM (1/3" OR 5/16") | Tier 2 | | X | | |
| RAYASAL CRE 5.9% | SALICYLIC ACID CREAM 5.9% | Tier 3 | | | | |
| REAL FOOD LIQ BLENDS | NUTRITIONAL SUPPLEMENT LIQUID (ENTERAL) | Tier 3 | | | | |
| REFRESH AA15 LIQ PKU LEMO | AMINO ACIDS ORAL LIQUID | Tier 2 | X | | | |
| REFRESH AA15 LIQ PKU ORG | AMINO ACIDS ORAL LIQUID | Tier 2 | X | | | |
| REFRESH AA15 LIQ TYR ORG | AMINO ACIDS ORAL LIQUID | Tier 3 | X | | | |
| RENAL SUPPRT LIQ 1.8 | NUTRITIONAL SUPPLEMENT LIQUID (ENTERAL) | Tier 3 | X | | | |
| RHAPSIDO TAB 25MG | REMIBRUTINIB TAB 25 MG | Tier 3 | X | X | | X |
| RIBAVIRIN POW | RIBAVIRIN (BULK) POWDER | Tier 4 | | | | |
| SAFETYGLIDE MIS 21GX1.5" | NEEDLE (DISP) 21 X 1-1/2" | Tier 2 | | | | |
| SAFETYGLIDE MIS 21GX1" | NEEDLE (DISP) 21 X 1" | Tier 2 | | | | |
| SAFTY NEEDLE MIS 19GX1.5" | NEEDLE (DISP) 19 X 1-1/2" | Tier 2 | | | X | X |
| SAFTY NEEDLE MIS 19GX1" | NEEDLE (DISP) 19 X 1" | Tier 2 | | | | X |
| SAFTY NEEDLE MIS 20GX1.5" | NEEDLE (DISP) 20 X 1-1/2" | Tier 2 | | | | |
| SAFTY NEEDLE MIS 20GX1" | NEEDLE (DISP) 20 X 1" | Tier 2 | | | | X |
| SAFTY NEEDLE MIS 21GX1.5" | NEEDLE (DISP) 21 X 1-1/2" | Tier 2 | | | | |
| SAFTY NEEDLE MIS 21GX1" | NEEDLE (DISP) 21 X 1" | Tier 2 | | | | X |
| SAFTY NEEDLE MIS 22GX1.5" | NEEDLE (DISP) 22 X 1-1/2" | Tier 2 | | | | |
| SAFTY NEEDLE MIS 22GX1" | NEEDLE (DISP) 22 X 1" | Tier 2 | | | | |
| SAFTY NEEDLE MIS 23GX1" | NEEDLE (DISP) 23 X 1" | Tier 2 | | | | |
| SAFTY NEEDLE MIS 25GX1" | NEEDLE (DISP) 25 X 1" | Tier 2 | | | | |

HCR - Health Care Reform Preventive Care

^ May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met

| Medication name | Generic medication name | Drug Tier | Prior authorization | Quantity limit | Step Therapy | Specialty |
|---|---|---|---|---|---|---|
| SAFTY NEEDLE MIS 25GX5/8" | NEEDLE (DISP) 25 X 5/8" | Tier 2 | | | | |
| SALICATE LIQ 10% | SALICYLIC ACID LIQUID 10% | Tier 3 | | | | |
| SALICYLIC AC SOL 26% | SALICYLIC ACID SOLN 26% | Tier 1 | | | | |
| SECURESAFE MIS 29GX1/2" | INSULIN SYRINGE/NEEDLE U-100 1 ML 29 X 1/2" | Tier 2 | | X | | |
| SECURESAFE MIS 29GX1/2" | INSULIN SYRINGE/NEEDLE U-100 1/2 ML 29 X 1/2" | Tier 2 | | X | | X |
| SEVOFLURANE SOL | SEVOFLURANE INHAL SOLN | Tier 1 | | | | |
| SHARP CONTAI MIS | SHARPS CONTAINER - MISC | Tier 3 | | X | | |
| SHARPS COLL MIS 0.05GAL | SHARPS CONTAINER - MISC | Tier 3 | | | | |
| SHARPS COLL MIS 5.4QT | SHARPS CONTAINER - MISC | Tier 3 | X | X | | X |
| SHARPS COLL MIS 6.9QT | SHARPS CONTAINER - MISC | Tier 3 | | | | |
| SHARPS COLL MIS 8.2QT | SHARPS CONTAINER - MISC | Tier 3 | | | | X |
| SHARPS CONT MIS 1 QT | SHARPS CONTAINER - MISC | Tier 3 | X | X | | X |
| SHARPS CONTA MIS 0.05L | SHARPS CONTAINER - MISC | Tier 3 | | X | | |
| SHARPS UNIV MIS CONTAINE | SHARPS CONTAINER - MISC | Tier 3 | | | | |
| SIMILAC 360 LIQ 5 HMO | INFANT FOODS LIQUID | Tier 3 | | X | | |
| SIMILAC 360 LIQ SENS HMO | INFANT FOODS LIQUID | Tier 3 | | | | |
| SIMILAC 360 POW 5 HMO | INFANT FOODS POWDER | Tier 2 | | | | |
| SIMILAC 360 POW GENTLE C | INFANT FOODS POWDER | Tier 2 | | | | |
| SIMILAC 360 POW SENSITIV | INFANT FOODS POWDER | Tier 2 | | | | |
| SIMILAC ADV LIQ KOSHER | INFANT FOODS LIQUID | Tier 3 | | | | |
| SIMILAC ADVA CON /IRON | INFANT FOODS CONC | Tier 3 | | | | |
| SIMILAC ALIM LIQ IMMUNE | INFANT FOODS LIQUID | Tier 3 | | | | |
| SIMILAC ALIM POW TODDLER | INFANT FOODS POWDER | Tier 2 | | | | |
| SIMILAC LIQ ALIMENTM | INFANT FOODS LIQUID | Tier 3 | X | | | |
| SIMILAC LIQ SENSITIV | INFANT FOODS LIQUID | Tier 3 | | X | | |
| SIMILAC POW NEOSURE | INFANT FOODS POWDER | Tier 2 | | X | | |
| SIMILAC SOY CON ISOMIL | INFANT FOODS CONC | Tier 3 | | | | |
| SIMILAC SOY LIQ ISOMIL | INFANT FOODS LIQUID | Tier 3 | | | | |
| SIMILAC SOY POW ISOMIL | INFANT FOODS POWDER | Tier 2 | | | | |
| SIMILAC SPEC LIQ PREMATUR | INFANT FOODS LIQUID | Tier 3 | | | | |
| SIMILAC TOTL POW CMFT/IRO | INFANT FOODS POWDER | Tier 2 | | | | |
| SIMPLE SYP | SIMPLE - SYRUP | Tier 3 | | | | |
| SIMPLGEL 30 GEL | GEL BASE - GEL | Tier 3 | | | | |
| SIROLIMUS POW | SIROLIMUS (BULK) POWDER | Tier 4 | | | | |
| SOD PYROPHOS POW ANHYDROU | BULK CHEMICALS - POWDER | Tier 4 | | | | |
| SODIUM POW CHLORIDE | SODIUM CHLORIDE POWDER | Tier 3 | | | | |
| SOHONOS CAP 1.5MG | PALOVAROTENE CAP 1.5 MG | Tier 4 | | | | |
| SOHONOS CAP 10MG | PALOVAROTENE CAP 10 MG | Tier 4 | | | | |

HCR – Health Care Reform Preventive Care
^ May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met

| Medication name | Generic medication name | Drug Tier | Prior authorization | Quantity limit | Step Therapy | Specialty |
|---|---|---|---|---|---|---|
| SOHONOS CAP 1MG | PALOVAROTENE CAP 1 MG | Tier 4 | | | | |
| SOHONOS CAP 2.5MG | PALOVAROTENE CAP 2.5 MG | Tier 4 | | | | |
| SOHONOS CAP 5MG | PALOVAROTENE CAP 5 MG | Tier 4 | | | | |
| SSKI SOL 1GM/ML | POTASSIUM IODIDE ORAL SOLN 1 GM/ML | Tier 3 | | | | |
| SURE COMFORT MIS 31GX1/4 | INSULIN PEN NEEDLE 31 G X 6 MM (1/4" OR 15/64") | Tier 2 | | | | |
| SURE COMFORT MIS 31GX3/16 | INSULIN PEN NEEDLE 31 G X 5 MM (1/5" OR 3/16") | Tier 2 | | | | |
| SURE COMFORT MIS 31GX5/16 | INSULIN PEN NEEDLE 31 G X 8 MM (1/3" OR 5/16") | Tier 2 | | | | |
| SUSPENDRX SUS SWEET | ORAL VEHICLES - SUSP | Tier 3 | | | | |
| SUSPENDRX SUS UNSWEET | ORAL VEHICLES - SUSP | Tier 3 | | | | |
| SUSPENSION SUS VEHICLE | ORAL VEHICLES - SUSP | Tier 3 | | | | |
| SYRG/NEEDLE MIS 29GX12.5 | INSULIN SYRINGE/NEEDLE U-100 1 ML 29 X 1/2" | Tier 2 | | | | |
| SYRG/NEEDLE MIS 31GX8MM | INSULIN SYRINGE/NEEDLE U-100 0.3 ML 31 X 5/16" | Tier 2 | | | | |
| SYRG/NEEDLE MIS 31GX8MM | INSULIN SYRINGE/NEEDLE U-100 1 ML 31 X 5/16" | Tier 2 | | | | |
| SYRG/NEEDLE MIS 31GX8MM | INSULIN SYRINGE/NEEDLE U-100 1/2 ML 31 X 5/16" | Tier 2 | | | | |
| SYRPALTA SYP | ORAL VEHICLES - SYRUP | Tier 3 | | | | |
| SYRPALTA SYP | SIMPLE - SYRUP | Tier 3 | | | | |
| SYRSPEND SF LIQ | ORAL VEHICLES | Tier 3 | | | | |
| SYRSPEND SF SUS PH4 | ORAL VEHICLES FOR SUSP | Tier 3 | | | | |
| SYRUP SF SYP VEHICLE | ORAL VEHICLES - SYRUP | Tier 3 | | | | |
| SYRUP SYP VEHICLE | ORAL VEHICLES - SYRUP | Tier 3 | X | | | |
| TACROLIMUS POW | TACROLIMUS (BULK) POWDER | Tier 4 | | | | |
| TACROLIMUS POW MONOHYD | TACROLIMUS (BULK) POWDER | Tier 4 | | | | |
| TDC MAX CRE | TRANSDERMAL BASE CREAM | Tier 4 | | | | |
| TERBUTALINE POW SULFATE | TERBUTALINE SULFATE POWDER | Tier 3 | X | | | |
| TERRELL SOL | ISOFLURANE INHAL SOLN | Tier 1 | | X | | |
| TESTOSTERONE CRY YAM | TESTOSTERONE MICRONIZED (BULK) CRYSTALS | Tier 3 | | | | |
| TESTOSTERONE POW | TESTOSTERONE (BULK) POWDER | Tier 3 | | X | | |
| TESTOSTERONE POW CYPIONAT | TESTOSTERONE CYPIONATE (BULK) POWDER | Tier 3 | | | | |
| TESTOSTERONE POW ENANTHAT | TESTOSTERONE ENANTHATE (BULK) POWDER | Tier 3 | | | | |
| TESTOSTERONE POW MICRONIZ | TESTOSTERONE MICRONIZED (BULK) POWDER | Tier 3 | X | X | | |
| TESTOSTERONE POW SOY | TESTOSTERONE (BULK) POWDER | Tier 3 | | | | |

HCR - Health Care Reform Preventive Care
^ May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met

| Medication name | Generic medication name | Drug Tier | Prior authorization | Quantity limit | Step Therapy | Specialty |
|---|---|---|---|---|---|---|
| TESTOSTERONE POW SOY | TESTOSTERONE MICRONIZED (BULK) POWDER | Tier 3 | | | | |
| THIOGUANINE POW | THIOGUANINE (BULK) POWDER | Tier 4 | | | | |
| THIOTEPA POW | THIOTEPA (BULK) POWDER | Tier 4 | | | | |
| TODDLER BEGI POW IRON | INFANT FOODS POWDER | Tier 2 | | | | |
| TOMMY GEL GEL | GEL BASE - GEL | Tier 3 | | | | |
| TRANSDERMAL CRE PAIN BAS | TRANSDERMAL BASE CREAM | Tier 4 | | | | |
| TRICHLOROACE CRY ACID | TRICHLOROACETIC ACID (BULK) CRYSTALS | Tier 3 | | | | |
| TRICHOSOL SOL | EXTERNAL VEHICLES - SOLUTION | Tier 3 | | | | |
| TROJAN MAGN MIS | CONDOMS LATEX LUBRICATED | HCR | | | | |
| TROJAN MIS BARESKIN | CONDOMS LATEX LUBRICATED | HCR | | | | |
| TROJAN ULTRA MIS RIBBED | CONDOMS LATEX LUBRICATED | HCR | | | | |
| TROJAN ULTRA MIS THIN | CONDOMS LATEX LUBRICATED | HCR | | X | | |
| TROJAN-ENZ MIS LUBRICAT | CONDOMS LATEX LUBRICATED | HCR | | X | | |
| TROJAN-ENZ MIS W/SPERMI | CONDOMS LATEX LUBRICATED | HCR | | X | | |
| TRUE COVER MIS CONDOM | CONDOMS LATEX LUBRICATED | HCR | | | | |
| TRUE METRIX SOL LEVEL 1 | BLOOD GLUCOSE CALIBRATION - LIQUID - LOW | Tier 2 | | | | |
| TRUE METRIX SOL LEVEL 2 | BLOOD GLUCOSE CALIBRATION - LIQUID - NORMAL | Tier 2 | | | | |
| TRUE METRIX SOL LEVEL 3 | BLOOD GLUCOSE CALIBRATION - LIQUID - HIGH | Tier 2 | | | | |
| TRYNGOLZA INJ 50MG/0.8 | OLEZARSEN SOD SUBCUT SOLN AUTO-IN-JECT 50 MG/0.8ML (BASE EQ) | Tier 4 | | | | |
| TRYNGOLZA INJ 80MG/0.8 | OLEZARSEN SOD SUBCUT SOLN AUTO-IN-JECT 80 MG/0.8ML (BASE EQ) | Tier 4 | | | | |
| TRYPTYR SOL 0.003% | ACOLTREMON OPHTH SOLN 0.003% | Tier 4 | | | | |
| TWIIST KIT REFILL | INSULIN INFUSION DISPOSABLE PUMP RESERVOIR KIT | Tier 2 | | | | |
| TWIIST KIT STARTER | INSULIN INFUSION DISPOSABLE PUMP KIT | Tier 2 | | | | |
| TWIIST REFIL KIT INFUSION | INSULIN INFUSION DISPOSABLE PUMP RESERVOIR/INFUS SET KIT | Tier 2 | | | | |
| TYR EASY TAB PLUS | NUTRITIONAL SUPPLEMENT TABS DELAYED RELEASE | Tier 3 | | | | |
| ULTANE SOL | SEVOFLURANE INHAL SOLN | Tier 3 | | | | |
| UNIFINE PNTP MIS 29GX12MM | INSULIN PEN NEEDLE 29 G X 12 MM (1/2") | Tier 2 | | | | |
| UNIFINE PNTP MIS 31GX3/16 | INSULIN PEN NEEDLE 31 G X 5 MM (1/5" OR 3/16") | Tier 2 | | | | |
| UNIFINE PNTP MIS 31GX5/16 | INSULIN PEN NEEDLE 31 G X 8 MM (1/3" OR 5/16") | Tier 2 | | | | |
| UNIFINE PNTP MIS 31GX5MM | INSULIN PEN NEEDLE 31 G X 5 MM (1/5" OR 3/16") | Tier 2 | | | | |

HCR – Health Care Reform Preventive Care
^ May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met

| Medication name | Generic medication name | Drug Tier | Prior authorization | Quantity limit | Step Therapy | Specialty |
|---|---|---|---|---|---|---|
| UNIFINE PNTP MIS 31GX6MM | INSULIN PEN NEEDLE 31 G X 6 MM (1/4" OR 15/64") | Tier 2 | | | | |
| UNIFINE PNTP MIS 31GX8MM | INSULIN PEN NEEDLE 31 G X 8 MM (1/3" OR 5/16") | Tier 2 | | | | |
| UNIFINE PROT MIS 30GX5MM | INSULIN PEN NEEDLE 30 G X 5 MM (1/5" OR 3/16") | Tier 2 | | | | |
| UNIFINE SAFE MIS 31GX5MM | INSULIN PEN NEEDLE 31 G X 5 MM (1/5" OR 3/16") | Tier 2 | | | | |
| UNIFINE SAFE MIS 31GX6MM | INSULIN PEN NEEDLE 31 G X 6 MM (1/4" OR 15/64") | Tier 2 | | | | |
| UNIFINE SAFE MIS 31GX8MM | INSULIN PEN NEEDLE 31 G X 8 MM (1/3" OR 5/16") | Tier 2 | | | | |
| UNIFINE ULTR MIS 29GX12MM | INSULIN PEN NEEDLE 29 G X 12 MM (1/2") | Tier 2 | | | | |
| UNIFINE ULTR MIS 31GX5MM | INSULIN PEN NEEDLE 31 G X 5 MM (1/5" OR 3/16") | Tier 2 | | | | |
| UNIFINE ULTR MIS 31GX6MM | INSULIN PEN NEEDLE 31 G X 6 MM (1/4" OR 15/64") | Tier 2 | | | | |
| UNIFINE ULTR MIS 31GX8MM | INSULIN PEN NEEDLE 31 G X 8 MM (1/3" OR 5/16") | Tier 2 | | | | |
| UNIFINE ULTR MIS 34G/3.5 | INSULIN PEN NEEDLE 34 G X 3.5 MM (9/64") | Tier 2 | | | | |
| UNISPEND ANH SUS SWEETENE | ORAL VEHICLES - SUSP | Tier 3 | | | | |
| UNJURY POW CHICKEN | PROTEIN ORAL POWDER | Tier 3 | | | | |
| UNJURY POW CHOCOLAT | PROTEIN ORAL POWDER | Tier 3 | | | | |
| UNJURY POW STRAWBRY | PROTEIN ORAL POWDER | Tier 3 | | | | |
| UNJURY POW UNFLAVOR | PROTEIN ORAL POWDER | Tier 3 | | | | |
| UNJURY POW VANILLA | PROTEIN ORAL POWDER | Tier 3 | | | | |
| UREA POW | UREA POWDER | Tier 3 | | | | |
| UREA PRILLED BEA | UREA BEADS | Tier 3 | | | | |
| VALINE 1000 POW | VALINE ORAL POWDER PACKET 1 GM | Tier 2 | | | | |
| VALINE PAK 50MG | VALINE ORAL POWDER PACKET 50 MG | Tier 2 | | | | |
| VANRAFIA TAB 0.75MG | ATRASENTAN HCL TAB 0.75 MG | Tier 4 | X | | | |
| VEGAPRO POW | PROTEIN ORAL POWDER | Tier 3 | | | | |
| VERIFINE PEN MIS 29GX12MM | INSULIN PEN NEEDLE 29 G X 12 MM (1/2") | Tier 2 | | | | |
| VERIFINE PEN MIS 31GX5MM | INSULIN PEN NEEDLE 31 G X 5 MM (1/5" OR 3/16") | Tier 2 | | | | |
| VERIFINE PEN MIS 31GX8MM | INSULIN PEN NEEDLE 31 G X 8 MM (1/3" OR 5/16") | Tier 2 | | | | |
| VERISAFE MIS 23GX1.5" | NEEDLE (DISP) 23 X 1-1/2" | Tier 2 | | | | |
| VERISAFE MIS 25GX1" | NEEDLE (DISP) 25 X 1" | Tier 2 | | | | |
| VERSABASE GEL | VERSABASE GEL | Tier 3 | | | | |
| VERSAFREE SYP | ORAL VEHICLES - SYRUP | Tier 3 | | | | |

HCR – Health Care Reform Preventive Care
^ May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met

| Medication name | Generic medication name | Drug Tier | Prior authorization | Quantity limit | Step Therapy | Specialty |
|---|---|---|---|---|---|---|
| VERSAPENN AG GEL ANHYDROU | TRANSDERMAL BASE GEL | Tier 3 | | | | |
| VERSAPENN AL GEL ANHYDROU | TRANSDERMAL BASE GEL | Tier 3 | | | | |
| VERSAPLUS SYP | ORAL VEHICLES - SYRUP | Tier 3 | | | | |
| VERSAPRO GEL ANHYDROU | GEL BASE - GEL | Tier 3 | | | | |
| VISTOGARD PAK 10GM | URIDINE TRIACETATE ORAL GRANULES PACKET 10 GM | Tier 3 | | | | |
| VITATROCHE GRA BASE SF | TROCHE BASE GRANULES | Tier 3 | | | | |
| VORTEX CHAMB MIS PEDI MAS | SPACER/AEROSOL-HOLDING CHAMBERS - DEVICE | Tier 3 | | | | |
| VORTEX MASK MIS PEDS MED | SPACER/AEROSOL-HOLDING CHAMBER SUPPLIES - MASKS | Tier 2 | | | | |
| VORTEX MASK MIS PEDS SML | SPACER/AEROSOL-HOLDING CHAMBER SUPPLIES - MASKS | Tier 2 | | | | |
| VORTEX VALVD MIS CHAMBER | SPACER/AEROSOL-HOLDING CHAMBERS - DEVICE | Tier 3 | | | | |
| VORTEX VALVD MIS CHAMBER | SPACER/AEROSOL-HOLDING CHAMBERS - DEVICE | Tier 2 | | | | |
| VORTEX VALVE MIS CHAMBER | SPACER/AEROSOL-HOLDING CHAMBERS - DEVICE | Tier 2 | | | | |
| VORTEX/MASK MIS CHILDS | SPACER/AEROSOL-HOLDING CHAMBERS - DEVICE | Tier 2 | | | | |
| VORTEX/MASK MIS TODDLER | SPACER/AEROSOL-HOLDING CHAMBERS - DEVICE | Tier 2 | | | | |
| VYKAT XR TAB 150MG | DIAZOXIDE CHOLINE TAB ER 24HR 150 MG | Tier 3 | X | | | |
| VYKAT XR TAB 25MG | DIAZOXIDE CHOLINE TAB ER 24HR 25 MG | Tier 3 | X | | | |
| VYKAT XR TAB 75MG | DIAZOXIDE CHOLINE TAB ER 24HR 75 MG | Tier 3 | X | | | |
| WA-001 EXPER OIL SOIL SUR | ETHOXYLATED MACADAMIA NUT OIL | Tier 3 | | | | |
| WHEY PROTEIN POW CON | PROTEIN ORAL POWDER | Tier 1 | X | | | |
| WHEY PROTEIN POW CON | PROTEIN ORAL POWDER | Tier 1 | | | | |
| WHEY PROTEIN POW COOKIES | PROTEIN ORAL PACK | Tier 2 | X | | | |
| WHEY PROTEIN POW STRAWBER | PROTEIN ORAL POWDER | Tier 2 | | | | |
| WIDE-SEAL DPR KIT 60 | DIAPHRAGM WIDE SEAL 60 MM | HCR | | | | |
| WIDE-SEAL DPR KIT 65 | DIAPHRAGM WIDE SEAL 65 MM | HCR | | | | |
| WIDE-SEAL DPR KIT 70 | DIAPHRAGM WIDE SEAL 70 MM | HCR | | | | |
| WIDE-SEAL DPR KIT 75 | DIAPHRAGM WIDE SEAL 75 MM | HCR | | | | |
| WIDE-SEAL DPR KIT 80 | DIAPHRAGM WIDE SEAL 80 MM | HCR | | | | |
| WIDE-SEAL DPR KIT 85 | DIAPHRAGM WIDE SEAL 85 MM | HCR | | | | |
| WIDE-SEAL DPR KIT 90 | DIAPHRAGM WIDE SEAL 90 MM | HCR | | | | |
| WIDE-SEAL DPR KIT 95 | DIAPHRAGM WIDE SEAL 95 MM | HCR | | | | |
| XPHE MAXAMUM PAK ORANGE | AMINO ACIDS PACK | Tier 3 | | | | |

HCR – Health Care Reform Preventive Care
^ May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met

| Medication name | Generic medication name | Drug Tier | Prior authorization | Quantity limit | Step Therapy | Specialty |
|---|---|---|---|---|---|---|
| XPHE MAXAMUM PAK UNFLAVOR | AMINO ACIDS PACK | Tier 3 | | | | |
| ZELSUVMI GEL 10.3% | BERDAZIMER SODIUM GEL 10.3% | Tier 4 | | X | | |
| ZOKINVY CAP 50MG | LONAFARNIB CAP 50 MG | Tier 3 | X | X | | |
| ZOKINVY CAP 75MG | LONAFARNIB CAP 75 MG | Tier 3 | X | X | | |
| ZYCUBO INJ 2.9MG | COPPER HISTIDINATE FOR SUBCUTANEOUS SOLN 2.9 MG | Tier 4 | X | X | | |
| **Molecular Target Inhibitors - Chemotherapy Agents** | | | | | | |
| ALECENSA CAP 150MG | ALECTINIB HCL CAP 150 MG (BASE EQUIVALENT) | Tier 3 | X | X | | |
| ALUNBRIG PAK | BRIGATINIB TAB INITIATION THERAPY PACK 90 MG & 180 MG | Tier 3 | X | X | | |
| ALUNBRIG TAB 180MG | BRIGATINIB TAB 180 MG | Tier 3 | X | X | | |
| ALUNBRIG TAB 30MG | BRIGATINIB TAB 30 MG | Tier 3 | X | X | | |
| ALUNBRIG TAB 90MG | BRIGATINIB TAB 90 MG | Tier 3 | X | X | | |
| AYVAKIT TAB 100MG | AVAPRITINIB TAB 100 MG | Tier 4 | X | X | | |
| AYVAKIT TAB 200MG | AVAPRITINIB TAB 200 MG | Tier 4 | X | X | | |
| AYVAKIT TAB 25MG | AVAPRITINIB TAB 25 MG | Tier 4 | X | X | | |
| AYVAKIT TAB 300MG | AVAPRITINIB TAB 300 MG | Tier 4 | X | X | | |
| AYVAKIT TAB 50MG | AVAPRITINIB TAB 50 MG | Tier 4 | X | X | | |
| BOSULIF CAP 100MG | BOSUTINIB CAP 100 MG | Tier 3 | X | X | | |
| BOSULIF CAP 50MG | BOSUTINIB CAP 50 MG | Tier 3 | X | X | | |
| BOSUTINIB TAB 100MG | BOSUTINIB TAB 100 MG | Tier 3 | X | X | | |
| BOSUTINIB TAB 400MG | BOSUTINIB TAB 400 MG | Tier 3 | X | X | | |
| BOSUTINIB TAB 500MG | BOSUTINIB TAB 500 MG | Tier 3 | X | X | | |
| BRUKINSA CAP 80MG | ZANUBRUTINIB CAP 80 MG | Tier 4 | X | X | | |
| BRUKINSA TAB 160MG | ZANUBRUTINIB TAB 160 MG | Tier 4 | X | X | | |
| CABOMETYX TAB 20MG | CABOZANTINIB S-MALATE TAB 20 MG (BASE EQUIVALENT) | Tier 3 | X | X | | |
| CABOMETYX TAB 40MG | CABOZANTINIB S-MALATE TAB 40 MG (BASE EQUIVALENT) | Tier 3 | X | X | | |
| CABOMETYX TAB 60MG | CABOZANTINIB S-MALATE TAB 60 MG (BASE EQUIVALENT) | Tier 3 | | | | |
| CALQUENCE TAB 100MG | ACALABRUTINIB MALEATE TAB 100 MG | Tier 3 | | | | |
| CAPRELSA TAB 100MG | VANDETANIB TAB 100 MG | Tier 3 | | | | |
| CAPRELSA TAB 300MG | VANDETANIB TAB 300 MG | Tier 3 | X | X | | X |
| COMETRIQ KIT 100MG | CABOZANTINIB S-MAL CAP 1 X 80 MG & 1 X 20 MG (100 DOSE) KIT | Tier 3 | X | X | | X |
| COMETRIQ KIT 140MG | CABOZANTINIB S-MAL CAP 1 X 80 MG & 3 X 20 MG (140 DOSE) KIT | Tier 3 | X | X | | X |
| COMETRIQ KIT 60MG | CABOZANTINIB S-MALATE CAP 3 X 20 MG (60 MG DOSE) KIT | Tier 3 | X | X | | X |

HCR - Health Care Reform Preventive Care
^ May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met

| Medication name | Generic medication name | Drug Tier | Prior authorization | Quantity limit | Step Therapy | Specialty |
|---|---|---|---|---|---|---|
| COTELLIC TAB 20MG | COBIMETINIB FUMARATE TAB 20 MG (BASE EQUIVALENT) | Tier 4 | X | X | | X |
| DASATINIB TAB 100MG | DASATINIB TAB 100 MG | Tier 3 | X | X | | X |
| DASATINIB TAB 140MG | DASATINIB TAB 140 MG | Tier 3 | | | | |
| DASATINIB TAB 20MG | DASATINIB TAB 20 MG | Tier 3 | | | | |
| DASATINIB TAB 50MG | DASATINIB TAB 50 MG | Tier 3 | | | | |
| DASATINIB TAB 70MG | DASATINIB TAB 70 MG | Tier 3 | X | X | | X |
| DASATINIB TAB 80MG | DASATINIB TAB 80 MG | Tier 3 | X | X | | X |
| DAURISMO TAB 100MG | GLASDEGIB MALEATE TAB 100 MG (BASE EQUIVALENT) | Tier 3 | X | X | | X |
| DAURISMO TAB 25MG | GLASDEGIB MALEATE TAB 25 MG (BASE EQUIVALENT) | Tier 3 | X | X | | X |
| ERIVEDGE CAP 150MG | VISMODEGIB CAP 150 MG | Tier 3 | X | X | | |
| ERLOTINIB TAB 100MG | ERLOTINIB HCL TAB 100 MG (BASE EQUIVALENT) | Tier 1 | X | X | | |
| ERLOTINIB TAB 150MG | ERLOTINIB HCL TAB 150 MG (BASE EQUIVALENT) | Tier 1 | X | X | | |
| ERLOTINIB TAB 25MG | ERLOTINIB HCL TAB 25 MG (BASE EQUIVALENT) | Tier 1 | X | X | | X |
| EVEROLIMUS TAB 10MG | EVEROLIMUS TAB 10 MG | Tier 3 | X | X | | X |
| EVEROLIMUS TAB 2.5MG | EVEROLIMUS TAB 2.5 MG | Tier 3 | X | X | | X |
| EVEROLIMUS TAB 2MG | EVEROLIMUS TAB FOR ORAL SUSP 2 MG | Tier 3 | | | | |
| EVEROLIMUS TAB 3MG | EVEROLIMUS TAB FOR ORAL SUSP 3 MG | Tier 3 | | | | |
| EVEROLIMUS TAB 5MG | EVEROLIMUS TAB 5 MG | Tier 3 | | | | |
| EVEROLIMUS TAB 5MG | EVEROLIMUS TAB FOR ORAL SUSP 5 MG | Tier 3 | | | | |
| EVEROLIMUS TAB 7.5MG | EVEROLIMUS TAB 7.5 MG | Tier 3 | X | X | | |
| GAVRETO CAP 100MG | PRALSETINIB CAP 100 MG | Tier 4 | X | X | | |
| 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 | | X |
| GILOTRIF TAB 40MG | AFATINIB DIMALEATE TAB 40 MG (BASE EQUIVALENT) | Tier 4 | X | X | | X |
| ICLUSIG TAB 15MG | PONATINIB HCL TAB 15 MG (BASE EQUIV) | Tier 4 | X | X | | X |
| ICLUSIG TAB 45MG | PONATINIB HCL TAB 45 MG (BASE EQUIV) | Tier 4 | | | | |
| IDHIFA TAB 100MG | ENASIDENIB MESYLATE TAB 100 MG (BASE EQUIVALENT) | Tier 3 | | | | |
| IDHIFA TAB 50MG | ENASIDENIB MESYLATE TAB 50 MG (BASE EQUIVALENT) | Tier 3 | | | | |
| IMATINIB MES TAB 100MG | IMATINIB MESYLATE TAB 100 MG (BASE EQUIVALENT) | Tier 1 | | | | |

HCR – Health Care Reform Preventive Care
^ May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met

| Medication name | Generic medication name | Drug Tier | Prior authorization | Quantity limit | Step Therapy | Specialty |
|---|---|---|---|---|---|---|
| IMATINIB MES TAB 400MG | IMATINIB MESYLATE TAB 400 MG (BASE EQUIVALENT) | Tier 1 | | | | |
| IMBRUVICA CAP 140MG | IBRUTINIB CAP 140 MG | Tier 3 | | | | |
| IMBRUVICA CAP 70MG | IBRUTINIB CAP 70 MG | Tier 3 | | | | |
| IMBRUVICA SUS 70MG/ML | IBRUTINIB ORAL SUSP 70 MG/ML | Tier 3 | | | | |
| IMBRUVICA TAB 420MG | IBRUTINIB TAB 420 MG | Tier 3 | | | | |
| IMKELDI SOL 80MG/ML | IMATINIB MESYLATE ORAL SOLN 80 MG/ML (BASE EQUIVALENT) | Tier 4 | | | | |
| INLYTA TAB 1MG | AXITINIB TAB 1 MG | Tier 4 | | | | |
| INLYTA TAB 5MG | AXITINIB TAB 5 MG | Tier 4 | | | | |
| IRESSA TAB 250MG | GEFITINIB TAB 250 MG | Tier 4 | | | | |
| JAKAFI TAB 10MG | RUXOLITINIB PHOSPHATE TAB 10 MG (BASE EQUIVALENT) | Tier 3 | | | | |
| JAKAFI TAB 15MG | RUXOLITINIB PHOSPHATE TAB 15 MG (BASE EQUIVALENT) | Tier 3 | | | | |
| JAKAFI TAB 20MG | RUXOLITINIB PHOSPHATE TAB 20 MG (BASE EQUIVALENT) | Tier 3 | | | | |
| JAKAFI TAB 25MG | RUXOLITINIB PHOSPHATE TAB 25 MG (BASE EQUIVALENT) | Tier 3 | | | | |
| JAKAFI TAB 5MG | RUXOLITINIB PHOSPHATE TAB 5 MG (BASE EQUIVALENT) | Tier 3 | | | | |
| JAKAFI XR TAB 11MG | RUXOLITINIB PHOSPHATE TAB ER 24HR 11 MG (BASE EQUIVALENT) | Tier 3 | | | | |
| JAKAFI XR TAB 22MG | RUXOLITINIB PHOSPHATE TAB ER 24HR 22 MG (BASE EQUIVALENT) | Tier 3 | X | X | | X |
| JAKAFI XR TAB 33MG | RUXOLITINIB PHOSPHATE TAB ER 24HR 33 MG (BASE EQUIVALENT) | Tier 3 | X | X | | X |
| JAKAFI XR TAB 44MG | RUXOLITINIB PHOSPHATE TAB ER 24HR 44 MG (BASE EQUIVALENT) | Tier 3 | X | X | | X |
| JAKAFI XR TAB 55MG | RUXOLITINIB PHOSPHATE TAB ER 24HR 55 MG (BASE EQUIVALENT) | Tier 3 | X | X | | X |
| LAPATINIB TAB 250MG | LAPATINIB DITOSYLATE TAB 250 MG (BASE EQUIV) | Tier 3 | X | X | | X |
| LAZCLUZE TAB 240MG | LAZERTINIB MESYLATE TAB 240 MG | Tier 4 | X | X | | X |
| LAZCLUZE TAB 80MG | LAZERTINIB MESYLATE TAB 80 MG | Tier 4 | X | X | | X |
| LENVIMA CAP 10 MG | LENVATINIB CAP THERAPY PACK 10 MG (10 MG DAILY DOSE) | Tier 3 | | | | |
| LENVIMA CAP 12MG | LENVATINIB CAP THERAPY PACK 3 X 4 MG (12 MG DAILY DOSE) | Tier 3 | | | | |
| LENVIMA CAP 14 MG | LENVATINIB CAP THERAPY PACK 10 & 4 MG (14 MG DAILY DOSE) | Tier 3 | | | | |
| LENVIMA CAP 18 MG | LENVATINIB CAP THER PACK 10 MG & 2 X 4 MG (18 MG DAILY DOSE) | Tier 3 | X | | | |
| LENVIMA CAP 20 MG | LENVATINIB CAP THERAPY PACK 2 X 10 MG (20 MG DAILY DOSE) | Tier 3 | X | | | |

HCR - Health Care Reform Preventive Care
^ May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met

| Medication name | Generic medication name | Drug Tier | Prior authorization | Quantity limit | Step Therapy | Specialty |
|---|---|---|---|---|---|---|
| LENVIMA CAP 24 MG | LENVATINIB CAP THER PACK 2 X 10 MG & 4 MG (24 MG DAILY DOSE) | Tier 3 | X | | | |
| LENVIMA CAP 4MG | LENVATINIB CAP THERAPY PACK 4 MG (4 MG DAILY DOSE) | Tier 3 | | | | |
| LENVIMA CAP 8 MG | LENVATINIB CAP THERAPY PACK 2 X 4 MG (8 MG DAILY DOSE) | Tier 3 | | | | |
| LYNPARZA TAB 100MG | OLAPARIB TAB 100 MG | Tier 3 | | | | |
| LYNPARZA TAB 150MG | OLAPARIB TAB 150 MG | Tier 3 | X | X | | X |
| MEKINIST SOL 0.05/ML | TRAMETINIB DIMETHYL SULFOXIDE FOR SOLN 0.05 MG/ML (BASE EQ) | Tier 4 | | X | X | X |
| MEKINIST TAB 0.5MG | TRAMETINIB DIMETHYL SULFOXIDE TAB 0.5 MG (BASE EQUIVALENT) | Tier 4 | X | X | X | X |
| MEKINIST TAB 2MG | TRAMETINIB DIMETHYL SULFOXIDE TAB 2 MG (BASE EQUIVALENT) | Tier 4 | X | X | X | X |
| NERLYNX TAB 40MG | NERATINIB MALEATE TAB 40 MG (BASE EQUIVALENT) | Tier 3 | | | | |
| NILOTINB HCL CAP 150MG | NILOTINIB HCL CAP 150 MG (BASE EQUIVALENT) | Tier 3 | | | | |
| NILOTINB HCL CAP 200MG | NILOTINIB HCL CAP 200 MG (BASE EQUIVALENT) | Tier 3 | | | | |
| NILOTINB HCL CAP 50MG | NILOTINIB HCL CAP 50 MG (BASE EQUIVALENT) | Tier 3 | | | | |
| ODOMZO CAP 200MG | SONIDEGIB PHOSPHATE CAP 200 MG (BASE EQUIVALENT) | Tier 3 | | | | |
| OJEMDA SUS 25MG/ML | TOVORAFENIB FOR ORAL SUSP 25 MG/ML | Tier 4 | X | X | | |
| OJEMDA TAB 100MG | TOVORAFENIB TAB 100 MG | Tier 4 | X | X | | |
| PAZOPANIB TAB 400MG | PAZOPANIB HCL TAB 400 MG (BASE EQUIV) | Tier 4 | X | | | |
| RETEVMO CAP 40MG | SELPERCATINIB CAP 40 MG | Tier 4 | X | X | | |
| RETEVMO CAP 80MG | SELPERCATINIB CAP 80 MG | Tier 4 | X | X | | |
| RETEVMO TAB 120MG | SELPERCATINIB TAB 120 MG | Tier 4 | X | X | | |
| RETEVMO TAB 160MG | SELPERCATINIB TAB 160 MG | Tier 4 | X | X | | |
| RETEVMO TAB 40MG | SELPERCATINIB TAB 40 MG | Tier 4 | X | X | | |
| RETEVMO TAB 80MG | SELPERCATINIB TAB 80 MG | Tier 4 | X | X | | |
| REZLIDHIA CAP 150MG | OLUTASIDENIB CAP 150 MG | Tier 3 | X | X | | |
| RYDAPT CAP 25MG | MIDOSTAURIN CAP 25 MG | Tier 3 | X | X | | |
| SORAFENIB TAB 200MG | SORAFENIB TOSYLATE TAB 200 MG (BASE EQUIVALENT) | Tier 3 | X | X | | |
| STIVARGA TAB 40MG | REGORAFENIB TAB 40 MG | Tier 3 | | | | |
| SUNITINIB CAP 12.5MG | SUNITINIB MALATE CAP 12.5 MG (BASE EQUIVALENT) | Tier 3 | | | | |
| SUNITINIB CAP 25MG | SUNITINIB MALATE CAP 25 MG (BASE EQUIVALENT) | Tier 3 | | | | |
| SUNITINIB CAP 37.5MG | SUNITINIB MALATE CAP 37.5 MG (BASE EQUIVALENT) | Tier 3 | X | X | | |

HCR - Health Care Reform Preventive Care
^ May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met

| Medication name | Generic medication name | Drug Tier | Prior authorization | Quantity limit | Step Therapy | Specialty |
|---|---|---|---|---|---|---|
| SUNITINIB CAP 50MG | SUNITINIB MALATE CAP 50 MG (BASE EQUIVALENT) | Tier 3 | X | X | | |
| TABRECTA TAB 150MG | CAPMATINIB HCL TAB 150 MG | Tier 4 | X | X | | |
| TABRECTA TAB 200MG | CAPMATINIB HCL TAB 200 MG | Tier 4 | X | X | | |
| TAFINLAR CAP 50MG | DABRAFENIB MESYLATE CAP 50 MG (BASE EQUIVALENT) | Tier 4 | X | X | | |
| TAFINLAR CAP 75MG | DABRAFENIB MESYLATE CAP 75 MG (BASE EQUIVALENT) | Tier 4 | X | X | | |
| TAFINLAR TAB 10MG | DABRAFENIB MESYLATE TAB FOR ORAL SUSP 10 MG (BASE EQUIV) | Tier 4 | | X | | |
| TAGRISSO TAB 40MG | OSIMERTINIB MESYLATE TAB 40 MG (BASE EQUIVALENT) | Tier 4 | X | X | | X |
| TAGRISSO TAB 80MG | OSIMERTINIB MESYLATE TAB 80 MG (BASE EQUIVALENT) | Tier 4 | X | X | | X |
| TEPMETKO TAB 225MG | TEPOTINIB HCL TAB 225 MG | Tier 4 | X | X | | X |
| TIBSOVO TAB 250MG | IVOSIDENIB TAB 250 MG | Tier 3 | X | X | | X |
| TORPENZ TAB 10MG | EVEROLIMUS TAB 10 MG | Tier 3 | X | X | | X |
| TORPENZ TAB 2.5MG | EVEROLIMUS TAB 2.5 MG | Tier 3 | X | X | | X |
| TORPENZ TAB 5MG | EVEROLIMUS TAB 5 MG | Tier 3 | | | | |
| TORPENZ TAB 7.5MG | EVEROLIMUS TAB 7.5 MG | Tier 3 | | | | |
| TUKYSA TAB 150MG | TUCATINIB TAB 150 MG | Tier 3 | | | | |
| TUKYSA TAB 50MG | TUCATINIB TAB 50 MG | Tier 3 | X | X | | |
| TURALIO CAP 125MG | PEXIDARTINIB HCL CAP 125 MG (BASE EQUIVALENT) | Tier 3 | X | X | | |
| VENCLEXTA TAB 100MG | VENETOCLAX TAB 100 MG | Tier 3 | X | X | | |
| VENCLEXTA TAB 10MG | VENETOCLAX TAB 10 MG | Tier 3 | X | X | | |
| VENCLEXTA TAB 50MG | VENETOCLAX TAB 50 MG | Tier 3 | X | X | | X |
| VENCLEXTA TAB START PK | VENETOCLAX TAB THERAPY STARTER PACK 10 & 50 & 100 MG | Tier 3 | X | X | | X |
| VITRAKVI CAP 100MG | LAROTRECTINIB SULFATE CAP 100 MG (BASE EQUIVALENT) | Tier 3 | X | X | | X |
| VITRAKVI CAP 25MG | LAROTRECTINIB SULFATE CAP 25 MG (BASE EQUIVALENT) | Tier 3 | X | X | | X |
| VITRAKVI SOL 20MG/ML | LAROTRECTINIB SULFATE ORAL SOLN 20 MG/ML (BASE EQUIVALENT) | Tier 3 | X | X | | X |
| VIZIMPRO TAB 15MG | DACOMITINIB TAB 15 MG | Tier 4 | X | X | | X |
| VIZIMPRO TAB 30MG | DACOMITINIB TAB 30 MG | Tier 4 | X | X | | |
| VIZIMPRO TAB 45MG | DACOMITINIB TAB 45 MG | Tier 4 | X | X | | |
| XOSPATA TAB 40MG | GILTERITINIB FUMARATE TABLET 40 MG (BASE EQUIVALENT) | Tier 4 | X | X | | |
| YULITHIRA TAB 10MG | EVEROLIMUS TAB 10 MG | Tier 3 | X | X | | |
| YULITHIRA TAB 2.5MG | EVEROLIMUS TAB 2.5 MG | Tier 3 | X | X | | |
| YULITHIRA TAB 5MG | EVEROLIMUS TAB 5 MG | Tier 3 | X | X | | |

HCR – Health Care Reform Preventive Care
^ May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met

| Medication name | Generic medication name | Drug Tier | Prior authorization | Quantity limit | Step Therapy | Specialty |
|---|---|---|---|---|---|---|
| YULITHIRA TAB 7.5MG | EVEROLIMUS TAB 7.5 MG | Tier 3 | X | X | | |
| ZELBORAF TAB 240MG | VEMURAFENIB TAB 240 MG | Tier 3 | X | X | | |
| ZYDELIG TAB 100MG | IDELALISIB TAB 100 MG | Tier 4 | X | X | | |
| **Monoamine Oxidase B (MAO-B) Inhibitors - Parkinson's Disease Drugs** | | | | | | |
| RASAGILINE TAB 0.5MG | RASAGILINE MESYLATE TAB 0.5 MG (BASE EQUIV) | Tier 2 | | | | |
| RASAGILINE TAB 1MG | RASAGILINE MESYLATE TAB 1 MG (BASE EQUIV) | Tier 2 | | | | |
| SELEGILINE CAP 5MG | SELEGILINE HCL CAP 5 MG | Tier 1 | | | | |
| SELEGILINE TAB 5MG | SELEGILINE HCL TAB 5 MG | Tier 1 | | | | |
| **Monoamine Oxidase Inhibitors - Antidepressants** | | | | | | |
| NARDIL TAB 15MG | PHENELZINE SULFATE TAB 15 MG | Tier 4 | | | | |
| PARNATE TAB 10MG | TRANYLCYPROMINE SULFATE TAB 10 MG | Tier 4 | | | | |
| PHENELZINE TAB 15MG | PHENELZINE SULFATE TAB 15 MG | Tier 1 | | | | |
| TRANYLCYPROM TAB 10MG | TRANYLCYPROMINE SULFATE TAB 10 MG | Tier 1 | | | | |
| **Mood Stabilizers - Mood Disorder Drugs** | | | | | | |
| DEPAKOTE ER TAB 250MG | DIVALPROEX SODIUM TAB ER 24 HR 250 MG | Tier 4 | X | | | |
| DEPAKOTE ER TAB 500MG | DIVALPROEX SODIUM TAB ER 24 HR 500 MG | Tier 4 | X | | | |
| DEPAKOTE SPR CAP 125MG | DIVALPROEX SODIUM CAP DELAYED RELEASE SPRINKLE 125 MG | Tier 4 | X | | | |
| DEPAKOTE TAB 125MG DR | DIVALPROEX SODIUM TAB DELAYED RELEASE 125 MG | Tier 4 | X | | | |
| DEPAKOTE TAB 250MG DR | DIVALPROEX SODIUM TAB DELAYED RELEASE 250 MG | Tier 4 | X | | | |
| DEPAKOTE TAB 500MG DR | DIVALPROEX SODIUM TAB DELAYED RELEASE 500 MG | Tier 4 | X | | | |
| DIVALPROEX CAP 125MG DR | DIVALPROEX SODIUM CAP DELAYED RELEASE SPRINKLE 125 MG | Tier 2 | | | | |
| DIVALPROEX TAB 125MG DR | DIVALPROEX SODIUM TAB DELAYED RELEASE 125 MG | Tier 1 | | | | |
| DIVALPROEX TAB 250MG DR | DIVALPROEX SODIUM TAB DELAYED RELEASE 250 MG | Tier 1 | | | | |
| DIVALPROEX TAB 250MG ER | DIVALPROEX SODIUM TAB ER 24 HR 250 MG | Tier 2 | | | | |
| DIVALPROEX TAB 500MG DR | DIVALPROEX SODIUM TAB DELAYED RELEASE 500 MG | Tier 1 | | | | |
| DIVALPROEX TAB 500MG ER | DIVALPROEX SODIUM TAB ER 24 HR 500 MG | Tier 2 | | | | |
| 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 | | | | |
| LITHIUM SOL 8MEQ/5ML | LITHIUM ORAL SOLUTION 8 MEQ/5ML | Tier 1 | | | | |

HCR – Health Care Reform Preventive Care
^ May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met

| Medication name | Generic medication name | Drug Tier | Prior authorization | Quantity limit | Step Therapy | Specialty |
|---|---|---|---|---|---|---|
| LITHOBID TAB 300MG | LITHIUM CARBONATE TAB ER 300 MG | Tier 4 | X | | | |
| **Multiple Sclerosis Agents** | | | | | | |
| CLADRIBINE PAK 10MG(10) | CLADRIBINE TAB THERAPY PACK 10 MG (10 TABS) | Tier 4 | X | X | | |
| CLADRIBINE PAK 10MG(4) | CLADRIBINE TAB THERAPY PACK 10 MG (4 TABS) | Tier 4 | X | X | | |
| CLADRIBINE PAK 10MG(5) | CLADRIBINE TAB THERAPY PACK 10 MG (5 TABS) | Tier 4 | X | X | | |
| CLADRIBINE PAK 10MG(6) | CLADRIBINE TAB THERAPY PACK 10 MG (6 TABS) | Tier 4 | X | X | | |
| CLADRIBINE PAK 10MG(7) | CLADRIBINE TAB THERAPY PACK 10 MG (7 TABS) | Tier 4 | X | X | X | X |
| CLADRIBINE PAK 10MG(8) | CLADRIBINE TAB THERAPY PACK 10 MG (8 TABS) | Tier 4 | X | X | X | X |
| CLADRIBINE PAK 10MG(9) | CLADRIBINE TAB THERAPY PACK 10 MG (9 TABS) | Tier 4 | X | X | X | X |
| **Multiple Sclerosis Agents - Multiple Sclerosis Drugs** | | | | | | |
| AVONEX PEN KIT 30MCG | INTERFERON BETA-1A IM AUTO-INJECTOR KIT 30 MCG/0.5ML | Tier 3 | | | | |
| AVONEX PREFL KIT 30MCG | INTERFERON BETA-1A IM PREFILLED SYRINGE KIT 30 MCG/0.5ML | Tier 3 | | | | |
| BAFIERTAM CAP 95MG | MONOMETHYL FUMARATE CAPSULE DELAYED RELEASE 95 MG | Tier 3 | | | | |
| BETASERON INJ 0.3MG | INTERFERON BETA-1B FOR INJ KIT 0.3 MG | Tier 3 | | | | |
| DALFAMPRIDIN TAB 10MG ER | DALFAMPRIDINE TAB ER 12HR 10 MG | Tier 3 | | | | |
| DIMETHYL FUM CAP 120MG DR | DIMETHYL FUMARATE CAPSULE DELAYED RELEASE 120 MG | Tier 1 | | | | |
| DIMETHYL FUM CAP 240MG DR | DIMETHYL FUMARATE CAPSULE DELAYED RELEASE 240 MG | Tier 1 | X | X | | |
| DIMETHYL FUM CAP STARTER | DIMETHYL FUMARATE CAPSULE DR STARTER PACK 120 MG & 240 MG | Tier 1 | X | X | | |
| FINGOLIMOD CAP 0.5MG | FINGOLIMOD HCL CAP 0.5 MG (BASE EQUIV) | Tier 1 | X | X | | |
| GLATIRAMER INJ 20MG/ML | GLATIRAMER ACETATE SOLN PREFILLED SYRINGE 20 MG/ML | Tier 3 | X | X | | |
| GLATIRAMER INJ 40MG/ML | GLATIRAMER ACETATE SOLN PREFILLED SYRINGE 40 MG/ML | Tier 3 | X | X | | |
| GLATOPA INJ 20MG/ML | GLATIRAMER ACETATE SOLN PREFILLED SYRINGE 20 MG/ML | Tier 3 | X | X | | |
| GLATOPA INJ 40MG/ML | GLATIRAMER ACETATE SOLN PREFILLED SYRINGE 40 MG/ML | Tier 3 | X | X | | |
| KESIMPTA INJ 20/.4ML | OFATUMUMAB SOLN AUTO-INJECTOR 20 MG/0.4ML | Tier 3 | X | X | | |
| MAYZENT PAK STARTER | SIPONIMOD FUMARATE TAB 0.25 MG (12) STARTER PACK | Tier 4 | X | X | | |

HCR - Health Care Reform Preventive Care
^ May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met

| Medication name | Generic medication name | Drug Tier | Prior authorization | Quantity limit | Step Therapy | Specialty |
|---|---|---|---|---|---|---|
| MAYZENT PAK STARTER | SIPONIMOD FUMARATE TAB 0.25 MG (7) STARTER PACK | Tier 4 | X | X | | |
| MAYZENT TAB 0.25MG | SIPONIMOD FUMARATE TAB 0.25 MG (BASE EQUIV) | Tier 4 | X | X | | |
| MAYZENT TAB 1MG | SIPONIMOD FUMARATE TAB 1 MG (BASE EQUIV) | Tier 4 | X | X | | |
| MAYZENT TAB 2MG | SIPONIMOD FUMARATE TAB 2 MG (BASE EQUIV) | Tier 4 | X | X | | |
| PLEGRIDY INJ | PEGINTERFERON BETA-1A IM SOLN PRE-FILLED SYR 125 MCG/0.5ML | Tier 4 | X | X | | |
| PLEGRIDY INJ | PEGINTERFERON BETA-1A SOLN PREFILLED SYRINGE 125 MCG/0.5ML | Tier 4 | X | X | | |
| PLEGRIDY INJ PEN | PEGINTERFERON BETA-1A SOLN AUTO-IN-JECTOR 125 MCG/0.5ML | Tier 4 | X | X | | X |
| PLEGRIDY INJ STARTER | PEGINTERFERON BETA-1A SOLN PREF SYR 63 & 94 MCG/0.5ML PACK | Tier 4 | X | X | | X |
| PLEGRIDY PEN INJ STARTER | PEGINTERFERON BETA-1A SOLN AUTO-INJ 63 & 94 MCG/0.5ML PACK | Tier 4 | X | X | | X |
| TERIFLUNOMID TAB 14MG | TERIFLUNOMIDE TAB 14 MG | Tier 3 | X | X | | X |
| TERIFLUNOMID TAB 7MG | TERIFLUNOMIDE TAB 7 MG | Tier 3 | X | X | | |
| ZEPOSIA 7DAY CAP STR PACK | OZANIMOD CAP PACK 4 X 0.23 MG & 3 X 0.46 MG | Tier 4 | | | | |
| 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 | | | |
| **N-methyl-D-aspartate (NMDA) Receptor Antagonist - Alzheimer's Disease and Dementia Drugs** | | | | | | |
| MEMANT TITRA PAK 5-10MG | MEMANTINE HCL TAB 28 X 5 MG & 21 X 10 MG TITRATION PACK | Tier 1 | | | | |
| MEMANTINE HC CAP 14MG ER | MEMANTINE HCL CAP ER 24HR 14 MG | Tier 1 | | | | |
| MEMANTINE HC CAP 21MG ER | MEMANTINE HCL CAP ER 24HR 21 MG | Tier 1 | | | | |
| MEMANTINE HC CAP 28MG ER | MEMANTINE HCL CAP ER 24HR 28 MG | Tier 1 | | | | |
| MEMANTINE HC CAP 7MG ER | MEMANTINE HCL CAP ER 24HR 7 MG | Tier 1 | | | | |
| MEMANTINE HC SOL 2MG/ML | MEMANTINE HCL ORAL SOLUTION 2 MG/ML | Tier 4 | | | | |
| MEMANTINE SOL 2MG/ML | MEMANTINE HCL ORAL SOLUTION 2 MG/ML | Tier 4 | | | | |
| MEMANTINE TAB HCL 10MG | MEMANTINE HCL TAB 10 MG | Tier 1 | | | | |
| MEMANTINE TAB HCL 5MG | MEMANTINE HCL TAB 5 MG | Tier 1 | | | | |
| **Nonsteroidal Anti-Inflammatory Drugs - Pain/Anti-Inflammatory Drugs** | | | | | | |
| ASPIRIN 81 TAB 81MG EC | ASPIRIN TAB DELAYED RELEASE 81 MG | HCR | | | | |
| ASPIRIN ADLT TAB 81MG | ASPIRIN TAB DELAYED RELEASE 81 MG | HCR | | | | |
| ASPIRIN ADLT TAB 81MG EC | ASPIRIN TAB DELAYED RELEASE 81 MG | HCR | | | | |
| ASPIRIN CHLD CHW 81MG | ASPIRIN CHEW TAB 81 MG | HCR | | X | | |
| ASPIRIN CHW 81MG | ASPIRIN CHEW TAB 81 MG | HCR | | | | |

HCR – Health Care Reform Preventive Care
^ May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met

| Medication name | Generic medication name | Drug Tier | Prior authorization | Quantity limit | Step Therapy | Specialty |
|---|---|---|---|---|---|---|
| ASPIRIN EC TAB 81MG | ASPIRIN TAB DELAYED RELEASE 81 MG | HCR | | | | |
| ASPIRIN LOW CHW 81MG | ASPIRIN CHEW TAB 81 MG | HCR | | | | |
| ASPIRIN LOW TAB 81MG | ASPIRIN TAB DELAYED RELEASE 81 MG | HCR | | | | |
| ASPIRIN LOW TAB 81MG EC | ASPIRIN TAB DELAYED RELEASE 81 MG | HCR | | | | |
| ASPIRIN REGI TAB 81MG | ASPIRIN TAB DELAYED RELEASE 81 MG | HCR | | | | |
| ASPIRIN TAB 81MG | ASPIRIN TAB DELAYED RELEASE 81 MG | HCR | | | | |
| ASPIRIN TAB 81MG EC | ASPIRIN TAB DELAYED RELEASE 81 MG | HCR | | | | |
| BAYER LOW CHW 81MG | ASPIRIN CHEW TAB 81 MG | HCR | | | | |
| CELECOXIB CAP 100MG | CELECOXIB CAP 100 MG | Tier 2 | | | | |
| CELECOXIB CAP 200MG | CELECOXIB CAP 200 MG | Tier 2 | | | | |
| CELECOXIB CAP 400MG | CELECOXIB CAP 400 MG | Tier 2 | | X | | |
| CELECOXIB CAP 50MG | CELECOXIB CAP 50 MG | Tier 2 | X | X | | |
| CVS ASPIRIN TAB 81MG EC | ASPIRIN TAB DELAYED RELEASE 81 MG | HCR | | | | |
| DAYPRO TAB 600MG | OXAPROZIN TAB 600 MG | Tier 4 | | X | | |
| DICLO/MISOPR TAB 50-0.2MG | DICLOFENAC W/ MISOPROSTOL TAB DELAYED RELEASE 50-0.2 MG | Tier 3 | | X | | |
| DICLO/MISOPR TAB 75-0.2MG | DICLOFENAC W/ MISOPROSTOL TAB DELAYED RELEASE 75-0.2 MG | Tier 3 | X | X | | X |
| DICLOFEN POT TAB 50MG | DICLOFENAC POTASSIUM TAB 50 MG | Tier 2 | | | | |
| DICLOFENAC TAB 100MG ER | DICLOFENAC SODIUM TAB ER 24HR 100 MG | Tier 3 | | X | | |
| DICLOFENAC TAB 25MG DR | DICLOFENAC SODIUM TAB DELAYED RELEASE 25 MG | Tier 1 | | X | | |
| DICLOFENAC TAB 50MG DR | DICLOFENAC SODIUM TAB DELAYED RELEASE 50 MG | Tier 1 | | | | |
| DICLOFENAC TAB 75MG DR | DICLOFENAC SODIUM TAB DELAYED RELEASE 75 MG | Tier 1 | | | | |
| DIFLUNISAL TAB 500MG | DIFLUNISAL TAB 500 MG | Tier 3 | X | | | |
| EC-NAPROSYN TAB 375MG | NAPROXEN TAB EC 375 MG | Tier 3 | | | | |
| EC-NAPROSYN TAB 500MG | NAPROXEN TAB EC 500 MG | Tier 4 | X | X | | |
| EC-NAPROXEN TAB 375MG | NAPROXEN TAB EC 375 MG | Tier 1 | | | | |
| EC-NAPROXEN TAB 500MG | NAPROXEN TAB EC 500 MG | Tier 1 | X | X | | X |
| EQ ASPIRIN CHW 81MG | ASPIRIN CHEW TAB 81 MG | HCR | X | X | | |
| EQL ASPIRIN CHW 81MG | ASPIRIN CHEW TAB 81 MG | HCR | X | | | X |
| ETODOLAC CAP 200MG | ETODOLAC CAP 200 MG | Tier 2 | | | | X |
| ETODOLAC CAP 300MG | ETODOLAC CAP 300 MG | Tier 2 | | | | |
| ETODOLAC ER TAB 400MG | ETODOLAC TAB ER 24HR 400 MG | Tier 3 | | | | |
| ETODOLAC ER TAB 500MG | ETODOLAC TAB ER 24HR 500 MG | Tier 3 | X | X | | X |
| ETODOLAC ER TAB 600MG | ETODOLAC TAB ER 24HR 600 MG | Tier 3 | X | X | | X |
| ETODOLAC TAB 400MG | ETODOLAC TAB 400 MG | Tier 2 | | X | | X |
| ETODOLAC TAB 500MG | ETODOLAC TAB 500 MG | Tier 2 | | | X | X |
| FLURBIPROFEN TAB 100MG | FLURBIPROFEN TAB 100 MG | Tier 1 | | X | X | X |
| FLURBIPROFEN TAB 50MG | FLURBIPROFEN TAB 50 MG | Tier 1 | | | | X |

HCR - Health Care Reform Preventive Care

^ May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met

| Medication name | Generic medication name | Drug Tier | Prior authorization | Quantity limit | Step Therapy | Specialty |
|---|---|---|---|---|---|---|
| FT ASPIRIN CHW 81MG | ASPIRIN CHEW TAB 81 MG | HCR | X | | | X |
| FT ASPIRIN TAB 81MG | ASPIRIN TAB DELAYED RELEASE 81 MG | HCR | | | | |
| GNP ASPIRIN CHW 81MG | ASPIRIN CHEW TAB 81 MG | HCR | X | X | | X |
| GNP ASPIRIN TAB 81MG | ASPIRIN TAB DELAYED RELEASE 81 MG | HCR | X | X | | X |
| GNP ASPIRIN TAB 81MG EC | ASPIRIN TAB DELAYED RELEASE 81 MG | HCR | X | X | | X |
| GOODSENSE TAB 81MG EC | ASPIRIN TAB DELAYED RELEASE 81 MG | HCR | X | X | | X |
| IBU TAB 400MG | IBUPROFEN TAB 400 MG | Tier 1 | X | X | | X |
| IBU TAB 600MG | IBUPROFEN TAB 600 MG | Tier 1 | | | | X |
| IBU TAB 800MG | IBUPROFEN TAB 800 MG | Tier 1 | | X | | |
| IBUPROFEN TAB 200MG | IBUPROFEN TAB 200 MG | Tier 1 | | | | |
| IBUPROFEN TAB 400MG | IBUPROFEN TAB 400 MG | Tier 1 | | | | |
| IBUPROFEN TAB 600MG | IBUPROFEN TAB 600 MG | Tier 1 | | | | |
| IBUPROFEN TAB 800MG | IBUPROFEN TAB 800 MG | Tier 1 | | | | |
| INDOMETHACIN CAP 25MG | INDOMETHACIN CAP 25 MG | Tier 1 | | | | |
| INDOMETHACIN CAP 50MG | INDOMETHACIN CAP 50 MG | Tier 1 | | | | |
| INDOMETHACIN CAP 75MG ER | INDOMETHACIN CAP ER 75 MG | Tier 2 | | X | | |
| INDOMETHACIN SUP 50MG | INDOMETHACIN SUPPOS 50 MG | Tier 3 | X | | | |
| KETOROLAC TAB 10MG | KETOROLAC TROMETHAMINE TAB 10 MG | Tier 1 | | | | |
| KLS ASPIRIN TAB 81MG EC | ASPIRIN TAB DELAYED RELEASE 81 MG | HCR | | | | |
| KP ASPIRIN TAB 81MG EC | ASPIRIN TAB DELAYED RELEASE 81 MG | HCR | | | | |
| LURBIPR TAB 100MG | FLURBIPROFEN TAB 100 MG | Tier 3 | | | | |
| LURBIRO TAB 100MG | FLURBIPROFEN TAB 100 MG | Tier 3 | | | | |
| 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 SUS 7.5/5ML | MELOXICAM SUSP 7.5 MG/5ML | Tier 4 | | | | |
| MELOXICAM TAB 15MG | MELOXICAM TAB 15 MG | Tier 1 | | | | |
| MELOXICAM TAB 7.5MG | MELOXICAM TAB 7.5 MG | Tier 1 | | | | |
| MM ASPIRIN TAB LOW DOSE | ASPIRIN TAB DELAYED RELEASE 81 MG | HCR | | | | |
| NABUMETONE TAB 500MG | NABUMETONE TAB 500 MG | Tier 1 | | | | |
| NABUMETONE TAB 750MG | NABUMETONE TAB 750 MG | Tier 1 | | | | |
| NAPROXEN DR TAB 375MG | NAPROXEN TAB EC 375 MG | Tier 1 | | | | |
| NAPROXEN DR TAB 500MG | NAPROXEN TAB EC 500 MG | Tier 1 | | | | |
| NAPROXEN SOD TAB 275MG | NAPROXEN SODIUM TAB 275 MG | Tier 2 | | | | |
| NAPROXEN SOD TAB 550MG | NAPROXEN SODIUM TAB 550 MG | Tier 2 | X | X | | |
| NAPROXEN TAB 250MG | NAPROXEN TAB 250 MG | Tier 1 | | | | |
| NAPROXEN TAB 375MG | NAPROXEN TAB 375 MG | Tier 1 | X | X | | |
| NAPROXEN TAB 500MG | NAPROXEN TAB 500 MG | Tier 1 | | X | | |
| OXAPROZIN TAB 600MG | OXAPROZIN TAB 600 MG | Tier 2 | | | | |
| PIROXICAM CAP 10MG | PIROXICAM CAP 10 MG | Tier 2 | | | | |

HCR - Health Care Reform Preventive Care

^ May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met

| Medication name | Generic medication name | Drug Tier | Prior authorization | Quantity limit | Step Therapy | Specialty |
|---|---|---|---|---|---|---|
| PIROXICAM CAP 20MG | PIROXICAM CAP 20 MG | Tier 2 | X | | | |
| QC ASPIRIN CHW 81MG | ASPIRIN CHEW TAB 81 MG | HCR | X | X | | |
| RA ASPIRIN CHW 81MG | ASPIRIN CHEW TAB 81 MG | HCR | | | | |
| RA ASPIRIN TAB 81MG EC | ASPIRIN TAB DELAYED RELEASE 81 MG | HCR | | | | |
| SALSALATE TAB 500MG | SALSALATE TAB 500 MG | Tier 1 | | | | |
| SALSALATE TAB 750MG | SALSALATE TAB 750 MG | Tier 1 | | | | |
| SM CHILD ASA CHW 81MG | ASPIRIN CHEW TAB 81 MG | HCR | | X | | |
| ST JOSEPH CHW LOW 81MG | ASPIRIN CHEW TAB 81 MG | HCR | | X | | |
| ST JOSEPH TAB LOW 81MG | ASPIRIN TAB DELAYED RELEASE 81 MG | HCR | | X | | |
| SULINDAC TAB 150MG | SULINDAC TAB 150 MG | Tier 1 | | X | | |
| SULINDAC TAB 200MG | SULINDAC TAB 200 MG | Tier 1 | | X | | |
| **Ophthalmic Agents, Other - Miscellaneous Eye Drugs** | | | | | | |
| AKTEN GEL 3.5% OP | LIDOCAINE HCL OPHTH GEL 3.5% | Tier 3 | | X | | |
| ALCAINE SOL 0.5% OP | PROPARACAINE HCL OPHTH SOLN 0.5% | Tier 3 | | | | |
| ALTACAINE SOL 0.5% OP | TETRACAINE HCL OPHTH SOLN 0.5% | Tier 3 | X | X | | |
| ATROPINE SUL OIN 1% OP | ATROPINE SULFATE OPHTH OINT 1% | Tier 1 | | X | | |
| ATROPINE SUL SOL 1% OP | ATROPINE SULFATE OPHTH SOLN 1% | Tier 1 | | X | | |
| BACIT/POLYMY OIN OP | BACITRACIN-POLYMYXIN B OPHTH OINT | Tier 1 | | X | | |
| CYCLOGYL SOL 0.5% OP | CYCLOPENTOLATE HCL OPHTH SOLN 0.5% | Tier 4 | X | X | | |
| CYCLOGYL SOL 1% OP | CYCLOPENTOLATE HCL OPHTH SOLN 1% | Tier 4 | | | | |
| CYCLOGYL SOL 2% OP | CYCLOPENTOLATE HCL OPHTH SOLN 2% | Tier 4 | | | | |
| CYCLOPENTOL SOL 1% OP | CYCLOPENTOLATE HCL OPHTH SOLN 1% | Tier 1 | | | | |
| CYSTADROPS SOL 0.37% | CYSTEAMINE HCL OPHTH SOLN 0.37% (BASE EQUIVALENT) | Tier 4 | X | X | | |
| CYSTARAN SOL 0.44% | CYSTEAMINE HCL OPHTH SOLN 0.44% (BASE EQUIVALENT) | Tier 3 | X | X | | |
| GELFILM MIS OP | GELATIN ADSORBABLE OPHTH FILM | Tier 2 | | | | |
| MIEBO DRO 1.3GM/ML | PERFLUOROHEXYLOCTANE OPHTH SOLN 1.338 GM/ML | Tier 4 | X | X | | |
| NEO-POLYCIN OIN OP | NEOMYCIN-BACITRAC ZN-POLYMYX 5(3.5) MG-400UNT-10000UNT OP OIN | Tier 3 | | | | |
| NEO/BAC/POLY OIN OP | NEOMYCIN-BACITRAC ZN-POLYMYX 5(3.5) MG-400UNT-10000UNT OP OIN | Tier 1 | | | | |
| NEO/POLY/BAC OIN OP | NEOMYCIN-BACITRAC ZN-POLYMYX 5(3.5) MG-400UNT-10000UNT OP OIN | Tier 1 | | | | |
| NEO/POLY/GRA SOL OP | NEOMYCIN-POLYMY-GRAMICID OP SOL 1.75-10000-0.025MG-UNT-MG/ML | Tier 1 | | | | |
| OXERVATE SOL 20MCG/ML | CENEGERMIN-BKBJ OPHTH SOLN 0.002% (20 MCG/ML) | Tier 4 | X | X | | |
| PHENYLEPHRIN SOL 10% OP | PHENYLEPHRINE HCL OPHTH SOLN 10% | Tier 1 | | | | |
| PHENYLEPHRIN SOL 2.5% OP | PHENYLEPHRINE HCL OPHTH SOLN 2.5% | Tier 1 | | | | |
| POLYCIN OIN OP | BACITRACIN-POLYMYXIN B OPHTH OINT | Tier 3 | | | | |

HCR - Health Care Reform Preventive Care
^ May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met

| Medication name | Generic medication name | Drug Tier | Prior authorization | Quantity limit | Step Therapy | Specialty |
|---|---|---|---|---|---|---|
| POLYMYXIN B/ SOL TRIMETHP | POLYMYXIN B-TRIMETHOPRIM OPHTH SOLN 10000 UNIT/ML-0.1% | Tier 1 | | | | |
| PROPARACAINE SOL 0.5% OP | PROPARACAINE HCL OPHTH SOLN 0.5% | Tier 1 | | | | |
| RESTASIS EMU 0.05% OP | CYCLOSPORINE (OPHTH) EMULSION 0.05% (PF) | Tier 4 | X | X | | |
| RHOPRESSA SOL 0.02% | NETARSUDIL DIMESYLATE OPHTH SOLN 0.02% | Tier 3 | | X | | |
| ROCKLATAN DRO | NETARSUDIL DIMESYLATE-LATANOPROST OPHTH SOLN 0.02-0.005% | Tier 3 | | X | | |
| TETRACAINE SOL 0.5% OP | TETRACAINE HCL OPHTH SOLN 0.5% | Tier 1 | | | | |
| TOBRA/DEXAME SUS 0.3-0.1% | TOBRAMYCIN-DEXAMETHASONE OPHTH SUSP 0.3-0.1% | Tier 2 | | | | |
| VERKAZIA EMU 0.1% OP | CYCLOSPORINE (OPHTH) EMULSION 0.1% | Tier 4 | X | X | | |
| VEVYE DRO 0.1% | CYCLOSPORINE (OPHTH) SOLN 0.1% | Tier 4 | X | X | | |
| XIIDRA DRO 5% | LIFITEGRAST OPHTH SOLN 5% | Tier 4 | X | X | | |
| **Ophthalmic Anti-allergy Agents - Allergy, Infection and Inflammation Drugs** | | | | | | |
| ALOCRIL SOL 2% | NEDOCROMIL SODIUM OPHTH SOLN 2% | Tier 3 | | | | |
| AZELASTINE DRO 0.05% | AZELASTINE HCL OPHTH SOLN 0.05% | Tier 1 | | | | |
| CROMOLYN SOD SOL 4% OP | CROMOLYN SODIUM OPHTH SOLN 4% | Tier 1 | | | | |
| CYCLOMYDRIL SOL OP | CYCLOPENTOLATE W/ PHENYLEPHRINE OPHTH SOLN 0.2-1% | Tier 3 | | | | |
| EPINASTINE DRO 0.05% | EPINASTINE HCL OPHTH SOLN 0.05% | Tier 4 | | | | |
| **Ophthalmic Anti-Inflammatories - Allergy, Infection and Inflammation Drugs** | | | | | | |
| ACULAR LS SOL 0.4% OP | KETOROLAC TROMETHAMINE OPHTH SOLN 0.4% | Tier 4 | | | | |
| ACULAR SOL 0.5% OP | KETOROLAC TROMETHAMINE OPHTH SOLN 0.5% | Tier 4 | | | | |
| ALOMIDE SOL 0.1% OP | LODOXAMIDE TROMETHAMINE OPHTH SOLN 0.1% | Tier 3 | | | | |
| ALREX SUS 0.2% | LOTEPREDNOL ETABONATE OPHTH SUSP 0.2% | Tier 4 | | X | | |
| BROMFENAC DRO 0.09% OP | BROMFENAC SODIUM OPHTH SOLN 0.09% (BASE EQUIV) (ONCE-DAILY) | Tier 3 | | | | |
| DEXAMETH PHO SOL 0.1% OP | DEXAMETHASONE SODIUM PHOSPHATE OPHTH SOLN 0.1% | Tier 1 | | | | |
| DICLOFENAC SOL 0.1% OP | DICLOFENAC SODIUM OPHTH SOLN 0.1% | Tier 1 | | | | |
| DIFLUPREDNAT EMU 0.05% | DIFLUPREDNATE OPHTH EMULSION 0.05% | Tier 3 | | | | |
| EYSUVIS DRO 0.25% | LOTEPREDNOL ETABONATE OPHTH SUSP 0.25% | Tier 4 | | | | |
| FLAREX SUS | FLUOROMETHOLONE ACETATE OPHTH SUSP 0.1% | Tier 2 | | | | |
| FLAREX SUS 0.1% OP | FLUOROMETHOLONE ACETATE OPHTH SUSP 0.1% | Tier 2 | | | | |
| FLUOROMETHOL SUS 0.1% OP | FLUOROMETHOLONE OPHTH SUSP 0.1% | Tier 1 | | | | |

HCR - Health Care Reform Preventive Care
^ May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met

| Medication name | Generic medication name | Drug Tier | Prior authorization | Quantity limit | Step Therapy | Specialty |
|---|---|---|---|---|---|---|
| FLURBIPROFEN SOL 0.03% OP | FLURBIPROFEN SODIUM OPHTH SOLN 0.03% | Tier 1 | | | | |
| FML FORTE SUS 0.25% OP | FLUOROMETHOLONE OPHTH SUSP 0.25% | Tier 3 | | | | |
| FML LIQUIFLM SUS 0.1% OP | FLUOROMETHOLONE OPHTH SUSP 0.1% | Tier 4 | | | | |
| INVELTYS SUS 1% | LOTEPREDNOL ETABONATE OPHTH SUSP 1% | Tier 3 | | | | |
| KETOROLAC SOL 0.4% OP | KETOROLAC TROMETHAMINE OPHTH SOLN 0.4% | Tier 1 | | | | |
| KETOROLAC SOL 0.5% OP | KETOROLAC TROMETHAMINE OPHTH SOLN 0.5% | Tier 1 | | | | |
| LOTEMAX OIN 0.5% | LOTEPREDNOL ETABONATE OPHTH OINT 0.5% | Tier 3 | | | | |
| LOTEMAX SM GEL 0.38% | LOTEPREDNOL ETABONATE OPHTH GEL 0.38% | Tier 3 | | | | |
| LOTEPR/TOBRA SUS 0.5-0.3% | LOTEPREDNOL ETABONATE-TOBRAMYCIN OPHTH SUSP 0.5-0.3% | Tier 3 | | | | |
| LOTEPREDNOL SUS 0.2% | LOTEPREDNOL ETABONATE OPHTH SUSP 0.2% | Tier 3 | | | | |
| LOTEPREDNOL SUS 0.5% | LOTEPREDNOL ETABONATE OPHTH SUSP 0.5% | Tier 3 | | | | |
| MAXIDEX SUS 0.1% OP | DEXAMETHASONE OPHTH SUSP 0.1% | Tier 2 | | | | |
| MAXITROL OIN 0.1% OP | NEOMYCIN-POLYMYXIN-DEXAMETHASONE OPHTH OINT 0.1% | Tier 4 | | | | |
| MAXITROL SUS 0.1% OP | NEOMYCIN-POLYMYXIN-DEXAMETHASONE OPHTH SUSP 0.1% | Tier 4 | | | | |
| MITOSOL KIT 0.2MG | MITOMYCIN FOR OPHTH SOLN KIT 0.2 MG | Tier 3 | | | | |
| NEO-POLYCIN OIN HC 1%OP | BACITRACIN-POLYMYXIN-NEOMYCIN-HC OPHTH OINT 1% | Tier 3 | | | | |
| NEO/POLY/BAC OIN /HC 1%OP | BACITRACIN-POLYMYXIN-NEOMYCIN-HC OPHTH OINT 1% | Tier 1 | | | | |
| NEO/POLY/DEX OIN 0.1% OP | NEOMYCIN-POLYMYXIN-DEXAMETHASONE OPHTH OINT 0.1% | Tier 1 | | | | |
| NEO/POLY/DEX SUS 0.1% OP | NEOMYCIN-POLYMYXIN-DEXAMETHASONE OPHTH SUSP 0.1% | Tier 1 | | | | |
| NEO/POLY/HC SUS OP | NEOMYCIN-POLYMYXIN-HC OPHTH SUSP | Tier 1 | | | | X |
| NEVANAC SUS 0.1% OP | NEPAFENAC OPHTH SUSP 0.1% | Tier 4 | | | | X |
| PRED MILD SUS 0.12% OP | PREDNISOLONE ACETATE OPHTH SUSP 0.12% | Tier 3 | | | | |
| PRED SOD PHO SOL 1% OP | PREDNISOLONE SODIUM PHOSPHATE OPHTH SOLN 1% | Tier 1 | | | | |
| PREDNISOLONE SUS 1% OP | PREDNISOLONE ACETATE OPHTH SUSP 1% | Tier 1 | | | | |
| SULF/PRED NA SOL OP | SULFACETAMIDE SODIUM-PREDNISOLONE OPHTH SOLN 10-0.23(0.25)% | Tier 1 | | | | |
| ZYLET SUS 0.5-0.3% | LOTEPREDNOL ETABONATE-TOBRAMYCIN OPHTH SUSP 0.5-0.3% | Tier 3 | | | | |

HCR - Health Care Reform Preventive Care
^ May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met

| Medication name | Generic medication name | Drug Tier | Prior authorization | Quantity limit | Step Therapy | Specialty |
|---|---|---|---|---|---|---|
| **Ophthalmic Antibiotics - Drugs to treat Eye Infections** | | | | | | |
| AZASITE SOL 1% | AZITHROMYCIN OPHTH SOLN 1% | Tier 3 | | | | |
| BACITRACIN OIN OP | BACITRACIN OPHTH OINT 500 UNIT/GM | Tier 1 | | | | |
| BESIFLOXACIN SUS 0.6% | BESIFLOXACIN HCL OPHTH SUSP 0.6% (BASE EQUIV) | Tier 3 | | | | |
| BESIVANCE SUS 0.6% | BESIFLOXACIN HCL OPHTH SUSP 0.6% (BASE EQUIV) | Tier 3 | | | | |
| BETADINE SOL 5% OP | POVIDONE-IODINE OPHTH SOLN 5% | Tier 3 | | | | |
| CILOXAN OIN 0.3% OP | CIPROFLOXACIN HCL OPHTH OINT 0.3% | Tier 3 | | | | |
| CIPROFLOXACN SOL 0.3% OP | CIPROFLOXACIN HCL OPHTH SOLN 0.3% (BASE EQUIVALENT) | Tier 1 | | | | |
| ERYTHROMYCIN OIN 0.5% OP | ERYTHROMYCIN OPHTH OINT 5 MG/GM | Tier 1^ | | | | |
| ERYTHROMYCIN OIN 5MG/GM | ERYTHROMYCIN OPHTH OINT 5 MG/GM | Tier 1^ | | | | |
| GATIFLOXACIN SOL 0.5% | GATIFLOXACIN OPHTH SOLN 0.5% | Tier 3 | | | | |
| GENTAMICIN SOL 0.3% OP | GENTAMICIN SULFATE OPHTH SOLN 0.3% | Tier 1 | | | | |
| LEVOFLOXACIN SOL 0.5% | LEVOFLOXACIN OPHTH SOLN 0.5% | Tier 1 | | | | |
| LEVOFLOXACIN SOL 1.5% | LEVOFLOXACIN OPHTH SOLN 1.5% | Tier 1 | | | | |
| MOXIFLOXACIN SOL 0.5% | MOXIFLOXACIN HCL OPHTH SOLN 0.5% (BASE EQ) (2 TIMES DAILY) | Tier 3 | | | | |
| MOXIFLOXACIN SOL 0.5% | MOXIFLOXACIN HCL OPHTH SOLN 0.5% (BASE EQUIV) | Tier 3 | | | | |
| MOXIFLOXACIN SOL HCL 0.5% | MOXIFLOXACIN HCL OPHTH SOLN 0.5% (BASE EQUIV) | Tier 3 | | | | |
| OCUFLOX DRO 0.3% OP | OFLOXACIN OPHTH SOLN 0.3% | Tier 4 | | | | |
| OFLOXACIN DRO 0.3% OP | OFLOXACIN OPHTH SOLN 0.3% | Tier 1 | | | | |
| SULFACET SOD OIN 10% OP | SULFACETAMIDE SODIUM OPHTH OINT 10% | Tier 1 | | | | |
| SULFACET SOD SOL 10% OP | SULFACETAMIDE SODIUM OPHTH SOLN 10% | Tier 1 | | | | |
| TOBRAMYCIN SOL 0.3% OP | TOBRAMYCIN OPHTH SOLN 0.3% | Tier 1 | | | | |
| TOBREX OIN 0.3% OP | TOBRAMYCIN OPHTH OINT 0.3% | Tier 3 | | | | |
| XDEMVY DRO 0.25% | LOTILANER OPHTH SOLN 0.25% | Tier 4 | | | | |
| **Ophthalmic Antiglaucoma Agents - Glaucoma Drugs** | | | | | | |
| ACETAZOLAMID CAP 500MG ER | ACETAZOLAMIDE CAP ER 12HR 500 MG | Tier 1 | | | | |
| ACETAZOLAMID TAB 125MG | ACETAZOLAMIDE TAB 125 MG | Tier 1 | | | | |
| ACETAZOLAMID TAB 250MG | ACETAZOLAMIDE TAB 250 MG | Tier 1 | | | | |
| ALPHAGAN P SOL 0.1% OP | BRIMONIDINE TARTRATE OPHTH SOLN 0.1% | Tier 2 | | | | |
| ALPHAGAN P SOL 0.15% OP | BRIMONIDINE TARTRATE OPHTH SOLN 0.15% | Tier 4 | | | | |
| APRACLONIDIN SOL 0.5% OP | APRACLONIDINE HCL OPHTH SOLN 0.5% (BASE EQUIVALENT) | Tier 1 | | | | |
| BETAXOLOL SOL 0.5% OP | BETAXOLOL HCL OPHTH SOLN 0.5% | Tier 1 | | | | |
| BETIMOL SOL 0.25% OP | TIMOLOL OPHTH SOLN 0.25% | Tier 2 | | | | |

HCR - Health Care Reform Preventive Care

^ May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met

| Medication name | Generic medication name | Drug Tier | Prior authorization | Quantity limit | Step Therapy | Specialty |
|---|---|---|---|---|---|---|
| BETIMOL SOL 0.5% OP | TIMOLOL OPHTH SOLN 0.5% | Tier 4 | | | | |
| BETOPTIC-S SUS 0.25% OP | BETAXOLOL HCL OPHTH SUSP 0.25% | Tier 3 | | | | |
| BRIMONIDINE SOL 0.15% OP | BRIMONIDINE TARTRATE OPHTH SOLN 0.15% | Tier 2 | | | | |
| BRIMONIDINE SOL 0.2% OP | BRIMONIDINE TARTRATE OPHTH SOLN 0.2% | Tier 1 | | | | |
| BRINZOLAMIDE SUS 1% | BRINZOLAMIDE OPHTH SUSP 1% | Tier 2 | | | | |
| BRINZOLAMIDE SUS 1% OP | BRINZOLAMIDE OPHTH SUSP 1% | Tier 2 | | | | |
| CARTEOLOL SOL 1% OP | CARTEOLOL HCL OPHTH SOLN 1% | Tier 1 | | | | |
| COMBIGAN SOL 0.2/0.5% | BRIMONIDINE TARTRATE-TIMOLOL MALEATE OPHTH SOLN 0.2-0.5% | Tier 2 | | X | | |
| COSOPT SOL 2-0.5%OP | DORZOLAMIDE HCL-TIMOLOL MALEATE OPHTH SOLN 2-0.5% | Tier 4 | | | X | X |
| DORZOL/TIMOL SOL 2-0.5%OP | DORZOLAMIDE HCL-TIMOLOL MALEATE OPHTH SOLN 2-0.5% | Tier 2 | | | | X |
| DORZOLAMIDE SOL 2% OP | DORZOLAMIDE HCL OPHTH SOLN 2% | Tier 1 | | | | X |
| DORZOLAMIDE SOL 2% OP | DORZOLAMIDE HCL OPHTH SOLN 2% | Tier 4 | | | | |
| IOPIDINE SOL 1% OP | APRACLONIDINE HCL OPHTH SOLN 1% (BASE EQUIVALENT) | Tier 3 | | | | |
| ISTALOL SOL 0.5% OP | TIMOLOL MALEATE OPHTH SOLN 0.5% (ONCE-DAILY) | Tier 4 | | | | X |
| LEVOBUNOLOL SOL 0.5% OP | LEVOBUNOLOL HCL OPHTH SOLN 0.5% | Tier 1 | | | | X |
| METHAZOLAMID TAB 25MG | METHAZOLAMIDE TAB 25 MG | Tier 1 | | | | |
| METHAZOLAMID TAB 50MG | METHAZOLAMIDE TAB 50 MG | Tier 1 | | | | |
| PHOSPHOLINE SOL 0.125%OP | ECHOTHIOPHATE IODIDE OPHTH FOR SOLN 0.125% | Tier 2 | | | | |
| PILOCARPINE SOL 1% OP | PILOCARPINE HCL OPHTH SOLN 1% | Tier 1 | | | | |
| PILOCARPINE SOL 2% OP | PILOCARPINE HCL OPHTH SOLN 2% | Tier 1 | | | | X |
| PILOCARPINE SOL 4% OP | PILOCARPINE HCL OPHTH SOLN 4% | Tier 1 | | | | |
| TIMOLOL GEL SOL 0.25% OP | TIMOLOL MALEATE OPHTH GEL FORMING SOLN 0.25% | Tier 1 | | | | |
| TIMOLOL GEL SOL 0.5% OP | TIMOLOL MALEATE OPHTH GEL FORMING SOLN 0.5% | Tier 1 | | | | X |
| TIMOLOL HEMI SOL 0.5% OP | TIMOLOL OPHTH SOLN 0.5% | Tier 2 | | X | | X |
| TIMOLOL MAL SOL 0.25% OP | TIMOLOL MALEATE OPHTH SOLN 0.25% | Tier 1 | | | | |
| TIMOLOL MAL SOL 0.25% OP | TIMOLOL MALEATE PRESERVATIVE FREE OPHTH SOLN 0.25% | Tier 2 | | | | |
| TIMOLOL MAL SOL 0.5% OP | TIMOLOL MALEATE OPHTH SOLN 0.5% | Tier 1 | | | | |
| TIMOLOL MAL SOL 0.5% OP | TIMOLOL MALEATE PRESERVATIVE FREE 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 | | | | |

HCR - Health Care Reform Preventive Care
^ May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met

| Medication name | Generic medication name | Drug Tier | Prior authorization | Quantity limit | Step Therapy | Specialty |
|---|---|---|---|---|---|---|
| TIMOPTIC OCU SOL 0.25% OP | TIMOLOL MALEATE PRESERVATIVE FREE OPHTH SOLN 0.25% | Tier 4 | | | | |
| TIMOPTIC OCU SOL 0.5% OP | TIMOLOL MALEATE PRESERVATIVE FREE OPHTH SOLN 0.5% | Tier 4 | | | | |
| **Ophthalmic Antivirals - Drugs to treat Eye Infections** | | | | | | |
| NATACYN SUS 5% OP | NATAMYCIN OPHTH SUSP 5% | Tier 4 | | | | |
| TRIFLURIDINE SOL 1% OP | TRIFLURIDINE OPHTH SOLN 1% | Tier 1 | | | | |
| ZIRGAN GEL 0.15% | GANCICLOVIR OPHTH GEL 0.15% | Tier 4 | | | | |
| **Ophthalmic Prostaglandin and Prostamide Analogs - Glaucoma Drugs** | | | | | | |
| BIMATOPROST SOL 0.01% OP | BIMATOPROST OPHTH SOLN 0.01% | Tier 2 | | | | |
| BIMATOPROST SOL 0.03% OP | BIMATOPROST OPHTH SOLN 0.03% | Tier 2 | | X | | |
| LATANOPROST SOL 0.005% | LATANOPROST OPHTH SOLN 0.005% | Tier 1 | | | | |
| TAFLUPROST SOL 0.0015% | TAFLUPROST PRESERVATIVE FREE (PF) OPHTH SOLN 0.0015% | Tier 3 | | X | X | |
| TRAVOPROST DRO 0.004% | TRAVOPROST OPHTH SOLN 0.004% (BENZALKONIUM FREE) (BAK FREE) | Tier 3 | | X | | |
| XELPROS EMU 0.005% | LATANOPROST OPHTH EMULSION 0.005% | Tier 3 | | X | | |
| ZIOPTAN DRO 0.0015% | TAFLUPROST PRESERVATIVE FREE (PF) OPHTH SOLN 0.0015% | Tier 3 | | X | | |
| **Opioid Analgesics, Long-acting - Opioid Pain Relievers** | | | | | | |
| BELBUCA MIS 150MCG | BUPRENORPHINE HCL BUCCAL FILM 150 MCG (BASE EQUIVALENT) | Tier 3 | X | X | | |
| BELBUCA MIS 300MCG | BUPRENORPHINE HCL BUCCAL FILM 300 MCG (BASE EQUIVALENT) | Tier 3 | X | X | | |
| BELBUCA MIS 450MCG | BUPRENORPHINE HCL BUCCAL FILM 450 MCG (BASE EQUIVALENT) | Tier 3 | | | | |
| BELBUCA MIS 600MCG | BUPRENORPHINE HCL BUCCAL FILM 600 MCG (BASE EQUIVALENT) | Tier 3 | | | | |
| BELBUCA MIS 750MCG | BUPRENORPHINE HCL BUCCAL FILM 750 MCG (BASE EQUIVALENT) | Tier 3 | | | | |
| BELBUCA MIS 75MCG | BUPRENORPHINE HCL BUCCAL FILM 75 MCG (BASE EQUIVALENT) | Tier 3 | X | X | | |
| BELBUCA MIS 900MCG | BUPRENORPHINE HCL BUCCAL FILM 900 MCG (BASE EQUIVALENT) | Tier 3 | X | X | | X |
| BUPRENORPHIN DIS 10MCG/HR | BUPRENORPHINE TD PATCH WEEKLY 10 MCG/HR | Tier 3 | X | X | | |
| BUPRENORPHIN DIS 15MCG/HR | BUPRENORPHINE TD PATCH WEEKLY 15 MCG/HR | Tier 3 | X | X | | X |
| BUPRENORPHIN DIS 20MCG/HR | BUPRENORPHINE TD PATCH WEEKLY 20 MCG/HR | Tier 3 | X | X | | |
| BUPRENORPHIN DIS 5MCG/HR | BUPRENORPHINE TD PATCH WEEKLY 5 MCG/HR | Tier 3 | X | X | | |
| BUPRENORPHIN DIS 7.5/HR | BUPRENORPHINE TD PATCH WEEKLY 7.5 MCG/HR | Tier 3 | X | X | | |

HCR – Health Care Reform Preventive Care
^ May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met

| Medication name | Generic medication name | Drug Tier | Prior authorization | Quantity limit | Step Therapy | Specialty |
|---|---|---|---|---|---|---|
| DISKETS TAB 40MG | METHADONE HCL TAB FOR ORAL SUSP 40 MG | Tier 1 | | | | |
| FENTANYL DIS 100MCG/H | FENTANYL TD PATCH 72HR 100 MCG/HR | Tier 2 | X | X | | |
| FENTANYL DIS 12MCG/HR | FENTANYL TD PATCH 72HR 12 MCG/HR | Tier 2 | X | X | | |
| FENTANYL DIS 25MCG/HR | FENTANYL TD PATCH 72HR 25 MCG/HR | Tier 2 | X | X | | |
| FENTANYL DIS 50MCG/HR | FENTANYL TD PATCH 72HR 50 MCG/HR | Tier 2 | X | X | | |
| FENTANYL DIS 75MCG/HR | FENTANYL TD PATCH 72HR 75 MCG/HR | Tier 2 | X | X | | X |
| HYDROCODONE CAP 10MG ER | HYDROCODONE BITARTRATE CAP ER 12HR 10 MG | Tier 3 | X | X | | X |
| HYDROCODONE CAP 15MG ER | HYDROCODONE BITARTRATE CAP ER 12HR 15 MG | Tier 3 | X | X | | |
| HYDROCODONE CAP 20MG ER | HYDROCODONE BITARTRATE CAP ER 12HR 20 MG | Tier 3 | X | X | | |
| HYDROCODONE CAP 30MG ER | HYDROCODONE BITARTRATE CAP ER 12HR 30 MG | Tier 3 | X | X | | |
| HYDROCODONE CAP 40MG ER | HYDROCODONE BITARTRATE CAP ER 12HR 40 MG | Tier 3 | X | X | | X |
| HYDROCODONE CAP 50MG ER | HYDROCODONE BITARTRATE CAP ER 12HR 50 MG | Tier 3 | X | X | | X |
| HYDROCODONE TAB 100MG ER | HYDROCODONE BITARTRATE TAB ER 24HR DETER 100 MG | Tier 3 | X | X | | |
| HYDROCODONE TAB 120MG ER | HYDROCODONE BITARTRATE TAB ER 24HR DETER 120 MG | Tier 3 | X | X | | X |
| HYDROCODONE TAB 20MG ER | HYDROCODONE BITARTRATE TAB ER 24HR DETER 20 MG | Tier 3 | X | X | | |
| HYDROCODONE TAB 30MG ER | HYDROCODONE BITARTRATE TAB ER 24HR DETER 30 MG | Tier 3 | | | | |
| HYDROCODONE TAB 40MG ER | HYDROCODONE BITARTRATE TAB ER 24HR DETER 40 MG | Tier 3 | | | | |
| HYDROCODONE TAB 60MG ER | HYDROCODONE BITARTRATE TAB ER 24HR DETER 60 MG | Tier 3 | | | | |
| HYDROCODONE TAB 80MG ER | HYDROCODONE BITARTRATE TAB ER 24HR DETER 80 MG | Tier 3 | | | | |
| HYDROMORPHON TAB 12MG ER | HYDROMORPHONE HCL TAB ER 24HR 12 MG | Tier 3 | X | X | X | X |
| HYDROMORPHON TAB 16MG ER | HYDROMORPHONE HCL TAB ER 24HR 16 MG | Tier 3 | X | X | | X |
| HYDROMORPHON TAB 32MG ER | HYDROMORPHONE HCL TAB ER 24HR 32 MG | Tier 3 | X | X | X | |
| HYDROMORPHON TAB 8MG ER | HYDROMORPHONE HCL TAB ER 24HR 8 MG | Tier 3 | X | X | | X |
| METHADONE CON 10MG/ML | METHADONE HCL CONC 10 MG/ML | Tier 1 | | X | | |
| METHADONE SOL 10MG/5ML | METHADONE HCL SOLN 10 MG/5ML | Tier 1 | X | X | | |
| METHADONE SOL 5MG/5ML | METHADONE HCL SOLN 5 MG/5ML | Tier 1 | X | X | | |
| METHADONE TAB 10MG | METHADONE HCL TAB 10 MG | Tier 1 | | | | |

HCR – Health Care Reform Preventive Care
^ May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met

| Medication name | Generic medication name | Drug Tier | Prior authorization | Quantity limit | Step Therapy | Specialty |
|---|---|---|---|---|---|---|
| METHADONE TAB 40MG | METHADONE HCL TAB FOR ORAL SUSP 40 MG | Tier 1 | | | | |
| METHADONE TAB 5MG | METHADONE HCL TAB 5 MG | Tier 1 | | | | |
| METHADOSE CON 10MG/ML | METHADONE HCL CONC 10 MG/ML | Tier 3 | | | | |
| METHADOSE SF CON 10MG/ML | METHADONE HCL CONC 10 MG/ML | Tier 3 | | | | |
| METHADOSE TAB 40MG | METHADONE HCL TAB FOR ORAL SUSP 40 MG | Tier 1 | | | | |
| MORPHINE SUL CAP 100MG ER | MORPHINE SULFATE CAP ER 24HR 100 MG | Tier 3 | X | X | | |
| MORPHINE SUL CAP 10MG ER | MORPHINE SULFATE CAP ER 24HR 10 MG | Tier 3 | X | X | | |
| MORPHINE SUL CAP 120MG ER | MORPHINE SULFATE BEADS CAP ER 24HR 120 MG | Tier 3 | X | X | | |
| MORPHINE SUL CAP 20MG ER | MORPHINE SULFATE CAP ER 24HR 20 MG | Tier 3 | X | X | | |
| MORPHINE SUL CAP 30MG ER | MORPHINE SULFATE BEADS CAP ER 24HR 30 MG | Tier 3 | X | X | | X |
| MORPHINE SUL CAP 30MG ER | MORPHINE SULFATE CAP ER 24HR 30 MG | Tier 3 | X | X | | X |
| MORPHINE SUL CAP 45MG ER | MORPHINE SULFATE BEADS CAP ER 24HR 45 MG | Tier 3 | X | X | | |
| MORPHINE SUL CAP 50MG ER | MORPHINE SULFATE CAP ER 24HR 50 MG | Tier 3 | X | X | | |
| MORPHINE SUL CAP 60MG ER | MORPHINE SULFATE BEADS CAP ER 24HR 60 MG | Tier 3 | X | X | | |
| MORPHINE SUL CAP 60MG ER | MORPHINE SULFATE CAP ER 24HR 60 MG | Tier 3 | X | X | | |
| MORPHINE SUL CAP 75MG ER | MORPHINE SULFATE BEADS CAP ER 24HR 75 MG | Tier 3 | X | X | | |
| MORPHINE SUL CAP 80MG ER | MORPHINE SULFATE CAP ER 24HR 80 MG | Tier 3 | X | X | | |
| MORPHINE SUL CAP 90MG ER | MORPHINE SULFATE BEADS CAP ER 24HR 90 MG | Tier 3 | X | X | | |
| MORPHINE SUL TAB 100MG ER | MORPHINE SULFATE TAB ER 100 MG | Tier 1 | X | X | | |
| MORPHINE SUL TAB 15MG ER | MORPHINE SULFATE TAB ER 15 MG | Tier 1 | X | X | | |
| MORPHINE SUL TAB 200MG ER | MORPHINE SULFATE TAB ER 200 MG | Tier 1 | X | X | | |
| MORPHINE SUL TAB 30MG ER | MORPHINE SULFATE TAB ER 30 MG | Tier 1 | X | X | | |
| MORPHINE SUL TAB 60MG ER | MORPHINE SULFATE TAB ER 60 MG | Tier 1 | X | X | | |
| NUCYNTA ER TAB 100MG | TAPENTADOL HCL TAB ER 12HR 100 MG | Tier 4 | X | X | | X |
| NUCYNTA ER TAB 150MG | TAPENTADOL HCL TAB ER 12HR 150 MG | Tier 4 | X | X | | X |
| NUCYNTA ER TAB 200MG | TAPENTADOL HCL TAB ER 12HR 200 MG | Tier 4 | X | X | | X |
| NUCYNTA ER TAB 250MG | TAPENTADOL HCL TAB ER 12HR 250 MG | Tier 4 | X | X | | X |
| NUCYNTA ER TAB 50MG | TAPENTADOL HCL TAB ER 12HR 50 MG | Tier 4 | X | X | | X |
| OXYMORPHONE TAB 10MG ER | OXYMORPHONE HCL TAB ER 12HR 10 MG | Tier 3 | X | X | | |
| OXYMORPHONE TAB 15MG ER | OXYMORPHONE HCL TAB ER 12HR 15 MG | Tier 3 | X | X | | |
| OXYMORPHONE TAB 20MG ER | OXYMORPHONE HCL TAB ER 12HR 20 MG | Tier 3 | X | X | | |
| OXYMORPHONE TAB 30MG ER | OXYMORPHONE HCL TAB ER 12HR 30 MG | Tier 3 | X | X | X | X |
| OXYMORPHONE TAB 40MG ER | OXYMORPHONE HCL TAB ER 12HR 40 MG | Tier 3 | X | X | | |

HCR – Health Care Reform Preventive Care

^ May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met

| Medication name | Generic medication name | Drug Tier | Prior authorization | Quantity limit | Step Therapy | Specialty |
|---|---|---|---|---|---|---|
| OXYMORPHONE TAB 5MG ER | OXYMORPHONE HCL TAB ER 12HR 5 MG | Tier 3 | X | X | | |
| OXYMORPHONE TAB 7.5MG ER | OXYMORPHONE HCL TAB ER 12HR 7.5 MG | Tier 3 | X | X | | |
| TRAMADOL HCL TAB 100MG ER | TRAMADOL HCL TAB ER 24HR 100 MG | Tier 2 | | X | | |
| TRAMADOL HCL TAB 100MG ER | TRAMADOL HCL TAB ER 24HR BIPHASIC RELEASE 100 MG | Tier 2 | | X | | |
| TRAMADOL HCL TAB 200MG ER | TRAMADOL HCL TAB ER 24HR 200 MG | Tier 2 | | X | | |
| TRAMADOL HCL TAB 200MG ER | TRAMADOL HCL TAB ER 24HR BIPHASIC RELEASE 200 MG | Tier 2 | | X | | |
| TRAMADOL HCL TAB 300MG ER | TRAMADOL HCL TAB ER 24HR 300 MG | Tier 2 | | X | | X |
| TRAMADOL HCL TAB 300MG ER | TRAMADOL HCL TAB ER 24HR BIPHASIC RELEASE 300 MG | Tier 2 | | X | X | X |
| XTAMPZA ER CAP 13.5MG | OXYCODONE CAP ER 12HR ABUSE-DETER-RENT 13.5 MG | Tier 4 | X | X | X | X |
| XTAMPZA ER CAP 18MG | OXYCODONE CAP ER 12HR ABUSE-DETER-RENT 18 MG | Tier 4 | X | X | | |
| XTAMPZA ER CAP 27MG | OXYCODONE CAP ER 12HR ABUSE-DETER-RENT 27 MG | Tier 4 | X | X | | |
| XTAMPZA ER CAP 36MG | OXYCODONE CAP ER 12HR ABUSE-DETER-RENT 36 MG | Tier 4 | X | X | | |
| XTAMPZA ER CAP 9MG | OXYCODONE CAP ER 12HR ABUSE-DETER-RENT 9 MG | Tier 4 | X | X | | X |
| **Opioid Analgesics, Short-acting - Opioid Pain Relievers** | | | | | | |
| APAP/CODEINE SOL 120-12/5 | ACETAMINOPHEN W/ CODEINE SOLN 120-12 MG/5ML | Tier 1 | | | | |
| APAP/CODEINE TAB 300-15MG | ACETAMINOPHEN W/ CODEINE TAB 300-15 MG | Tier 1 | | | | |
| APAP/CODEINE TAB 300-30MG | ACETAMINOPHEN W/ CODEINE TAB 300-30 MG | Tier 1 | | | X | X |
| APAP/CODEINE TAB 300-60MG | ACETAMINOPHEN W/ CODEINE TAB 300-60 MG | Tier 1 | | | | |
| ASCOMP/COD CAP 30MG | BUTALBITAL-ASPIRIN-CAFF W/ CODEINE CAP 50-325-40-30 MG | Tier 1 | | | | X |
| BUT/APAP/CAF CAP CODEINE | BUTALBITAL-ACETAMINOPHEN-CAFF W/ COD CAP 50-325-40-30 MG | Tier 1 | | | | X |
| BUT/ASA/CAF/ CAP CODEINE | BUTALBITAL-ASPIRIN-CAFF W/ CODEINE CAP 50-325-40-30 MG | Tier 1 | | | | X |
| BUTORPHANOL SOL 10MG/ML | BUTORPHANOL TARTRATE NASAL SOLN 10 MG/ML | Tier 2 | | X | | |
| CODEINE SULF TAB 15MG | CODEINE SULFATE TAB 15 MG | Tier 1 | | | | |
| CODEINE SULF TAB 30MG | CODEINE SULFATE TAB 30 MG | Tier 1 | | | | X |
| CODEINE SULF TAB 60MG | CODEINE SULFATE TAB 60 MG | Tier 1 | | | | X |
| ENDOCET TAB 10-325MG | OXYCODONE W/ ACETAMINOPHEN TAB 10-325 MG | Tier 1 | | | X | X |

HCR – Health Care Reform Preventive Care
^ May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met

| Medication name | Generic medication name | Drug Tier | Prior authorization | Quantity limit | Step Therapy | Specialty |
|---|---|---|---|---|---|---|
| ENDOCET TAB 2.5-325 | OXYCODONE W/ ACETAMINOPHEN TAB 2.5-325 MG | Tier 1 | | | | |
| ENDOCET TAB 5-325MG | OXYCODONE W/ ACETAMINOPHEN TAB 5-325 MG | Tier 1 | | | | |
| ENDOCET TAB 7.5-325 | OXYCODONE W/ ACETAMINOPHEN TAB 7.5-325 MG | Tier 1 | | | | |
| FENTANYL OT LOZ 1200MCG | FENTANYL CITRATE LOZENGE ON A HANDLE 1200 MCG | Tier 2 | | X | | |
| FENTANYL OT LOZ 1600MCG | FENTANYL CITRATE LOZENGE ON A HANDLE 1600 MCG | Tier 2 | | X | | |
| FENTANYL OT LOZ 200MCG | FENTANYL CITRATE LOZENGE ON A HANDLE 200 MCG | Tier 2 | | X | | |
| FENTANYL OT LOZ 400MCG | FENTANYL CITRATE LOZENGE ON A HANDLE 400 MCG | Tier 2 | | X | | |
| FENTANYL OT LOZ 600MCG | FENTANYL CITRATE LOZENGE ON A HANDLE 600 MCG | Tier 2 | | X | | |
| FENTANYL OT LOZ 800MCG | FENTANYL CITRATE LOZENGE ON A HANDLE 800 MCG | Tier 2 | | X | | |
| HYDRO/ACETA SOL 10-325MG | HYDROCODONE-ACETAMINOPHEN SOLN 10-325 MG/15ML | Tier 2 | | | | |
| HYDRO/APAP SOL | HYDROCODONE-ACETAMINOPHEN SOLN 10-300 MG/15ML | Tier 1 | | | | |
| HYDROCO/APAP SOL 7.5-325 | HYDROCODONE-ACETAMINOPHEN SOLN 7.5-325 MG/15ML | Tier 2 | | | | |
| HYDROCO/APAP TAB 10-325MG | HYDROCODONE-ACETAMINOPHEN TAB 10-325 MG | Tier 1 | | | | |
| HYDROCO/APAP TAB 2.5-325 | HYDROCODONE-ACETAMINOPHEN TAB 2.5-325 MG | Tier 1 | | | | |
| HYDROCO/APAP TAB 5-325MG | HYDROCODONE-ACETAMINOPHEN TAB 5-325 MG | Tier 1 | | | | |
| HYDROCO/APAP TAB 7.5-325 | HYDROCODONE-ACETAMINOPHEN TAB 7.5-325 MG | Tier 1 | | | | |
| HYDROCOD/IBU TAB 10-200MG | HYDROCODONE-IBUPROFEN TAB 10-200 MG | Tier 1 | | | | |
| HYDROCOD/IBU TAB 5-200MG | HYDROCODONE-IBUPROFEN TAB 5-200 MG | Tier 1 | | | | |
| HYDROCOD/IBU TAB 7.5-200 | HYDROCODONE-IBUPROFEN TAB 7.5-200 MG | Tier 1 | | | | |
| HYDROMORPHON LIQ 1MG/ML | HYDROMORPHONE HCL LIQD 1 MG/ML | Tier 1 | | | | |
| HYDROMORPHON SUP 3MG | HYDROMORPHONE HCL SUPPOS 3 MG | Tier 1 | | | | |
| HYDROMORPHON TAB 2MG | HYDROMORPHONE HCL TAB 2 MG | Tier 1 | | | | |
| HYDROMORPHON TAB 4MG | HYDROMORPHONE HCL TAB 4 MG | Tier 1 | | X | | |
| HYDROMORPHON TAB 8MG | HYDROMORPHONE HCL TAB 8 MG | Tier 1 | | X | | |
| MEPERIDINE SOL 50MG/5ML | MEPERIDINE HCL ORAL SOLN 50 MG/5ML | Tier 1 | | X | | |
| MEPERIDINE TAB 50MG | MEPERIDINE HCL TAB 50 MG | Tier 1 | | | | |

HCR – Health Care Reform Preventive Care
^ May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met

| Medication name | Generic medication name | Drug Tier | Prior authorization | Quantity limit | Step Therapy | Specialty |
|---|---|---|---|---|---|---|
| MORPHINE SUL SOL 100/5ML | MORPHINE SULFATE ORAL SOLN 100 MG/5ML (20 MG/ML) | Tier 1 | | | | |
| MORPHINE SUL SOL 10MG/5ML | MORPHINE SULFATE ORAL SOLN 10 MG/5ML | Tier 1 | | | | |
| MORPHINE SUL SOL 20MG/5ML | MORPHINE SULFATE ORAL SOLN 20 MG/5ML | Tier 1 | | | | |
| MORPHINE SUL SOL 20MG/ML | MORPHINE SULFATE ORAL SOLN 100 MG/5ML (20 MG/ML) | Tier 1 | | X | | |
| MORPHINE SUL SUP 10MG | MORPHINE SULFATE SUPPOS 10 MG | Tier 1 | | | | |
| MORPHINE SUL SUP 20MG | MORPHINE SULFATE SUPPOS 20 MG | Tier 1 | | | | |
| MORPHINE SUL SUP 30MG | MORPHINE SULFATE SUPPOS 30 MG | Tier 1 | | | | |
| MORPHINE SUL SUP 5MG | MORPHINE SULFATE SUPPOS 5 MG | Tier 1 | | | | |
| MORPHINE SUL TAB 15MG | MORPHINE SULFATE TAB 15 MG | Tier 1 | | | | |
| MORPHINE SUL TAB 30MG | MORPHINE SULFATE TAB 30 MG | Tier 1 | X | X | | |
| OXYCOD/APAP TAB 10-325MG | OXYCODONE W/ ACETAMINOPHEN TAB 10-325 MG | Tier 1 | | X | | |
| OXYCOD/APAP TAB 2.5-325 | OXYCODONE W/ ACETAMINOPHEN TAB 2.5-325 MG | Tier 1 | | | | |
| OXYCOD/APAP TAB 5-325MG | OXYCODONE W/ ACETAMINOPHEN TAB 5-325 MG | Tier 1 | | | | |
| OXYCOD/APAP TAB 7.5-325 | OXYCODONE W/ ACETAMINOPHEN TAB 7.5-325 MG | Tier 1 | | | | |
| OXYCODONE CAP 5MG | OXYCODONE HCL CAP 5 MG | Tier 1 | | | | |
| OXYCODONE CON 100/5ML | OXYCODONE HCL CONC 100 MG/5ML (20 MG/ML) | Tier 1 | | | | |
| OXYCODONE SOL 5MG/5ML | OXYCODONE HCL SOLN 5 MG/5ML | Tier 1 | | | | |
| OXYCODONE TAB 10MG | OXYCODONE HCL TAB 10 MG | Tier 1 | | | | |
| OXYCODONE TAB 15MG | OXYCODONE HCL TAB 15 MG | Tier 1 | | | | |
| OXYCODONE TAB 20MG | OXYCODONE HCL TAB 20 MG | Tier 1 | | | | |
| OXYCODONE TAB 30MG | OXYCODONE HCL TAB 30 MG | Tier 1 | | | | |
| OXYCODONE TAB 5MG | OXYCODONE HCL TAB 5 MG | Tier 1 | | | | |
| OXYMORPHONE TAB HCL 10MG | OXYMORPHONE HCL TAB 10 MG | Tier 2 | | X | | |
| OXYMORPHONE TAB HCL 5MG | OXYMORPHONE HCL TAB 5 MG | Tier 2 | | X | | |
| PENTAZ/NALOX TAB 50-0.5MG | PENTAZOCINE W/ NALOXONE HCL TAB 50-0.5 MG | Tier 1 | | | | |
| TAPENTADOL TAB 100MG | TAPENTADOL HCL TAB 100 MG | Tier 4 | | | | |
| TAPENTADOL TAB 50MG | TAPENTADOL HCL TAB 50 MG | Tier 4 | X | X | | |
| TAPENTADOL TAB 75MG | TAPENTADOL HCL TAB 75 MG | Tier 4 | | | | |
| TRAMADL/APAP TAB 37.5-325 | TRAMADOL-ACETAMINOPHEN TAB 37.5-325 MG | Tier 1 | X | X | | |
| TRAMADOL HCL TAB 50MG | TRAMADOL HCL TAB 50 MG | Tier 1 | X | X | | |

HCR - Health Care Reform Preventive Care
^ May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met

| Medication name | Generic medication name | Drug Tier | Prior authorization | Quantity limit | Step Therapy | Specialty |
|---|---|---|---|---|---|---|
| **Opioid Dependence Treatments - Antidotes/Deterrents/Protectants** | | | | | | |
| BUPREN/NALOX MIS 12-3MG | BUPRENORPHINE HCL-NALOXONE HCL SL FILM 12-3 MG (BASE EQUIV) | Tier 2 | | X | | |
| BUPREN/NALOX MIS 2-0.5MG | BUPRENORPHINE HCL-NALOXONE HCL SL FILM 2-0.5 MG (BASE EQUIV) | Tier 2 | | X | | |
| BUPREN/NALOX MIS 4-1MG | BUPRENORPHINE HCL-NALOXONE HCL SL FILM 4-1 MG (BASE EQUIV) | Tier 2 | | X | | |
| BUPREN/NALOX MIS 8-2MG | BUPRENORPHINE HCL-NALOXONE HCL SL FILM 8-2 MG (BASE EQUIV) | Tier 2 | X | X | | |
| BUPREN/NALOX SUB 2-0.5MG | BUPRENORPHINE HCL-NALOXONE HCL SL TAB 2-0.5 MG (BASE EQUIV) | Tier 2 | X | X | | |
| BUPREN/NALOX SUB 8-2MG | BUPRENORPHINE HCL-NALOXONE HCL SL TAB 8-2 MG (BASE EQUIV) | Tier 2 | | X | | |
| 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 | X | | | |
| NALTREXONE TAB 50MG | NALTREXONE HCL TAB 50 MG | Tier 1 | X | X | | |
| ZUBSOLV SUB 0.7-0.18 | BUPRENORPHINE HCL-NALOXONE HCL SL TAB 0.7-0.18 MG (BASE EQ) | Tier 2 | | | | |
| ZUBSOLV SUB 1.4-0.36 | BUPRENORPHINE HCL-NALOXONE HCL SL TAB 1.4-0.36 MG (BASE EQ) | Tier 2 | | | | |
| ZUBSOLV SUB 11.4-2.9 | BUPRENORPHINE HCL-NALOXONE HCL SL TAB 11.4-2.9 MG (BASE EQ) | Tier 2 | | | | |
| ZUBSOLV SUB 2.9-0.71 | BUPRENORPHINE HCL-NALOXONE HCL SL TAB 2.9-0.71 MG (BASE EQ) | Tier 2 | X | | | X |
| ZUBSOLV SUB 5.7-1.4 | BUPRENORPHINE HCL-NALOXONE HCL SL TAB 5.7-1.4 MG (BASE EQ) | Tier 2 | | | | |
| ZUBSOLV SUB 8.6-2.1 | BUPRENORPHINE HCL-NALOXONE HCL SL TAB 8.6-2.1 MG (BASE EQ) | Tier 2 | | X | | |
| **Opioid Reversal Agents - Antidotes/Deterrents/Protectants** | | | | | | |
| FT NALOXONE SPR 4MG | NALOXONE HCL NASAL SPRAY 4 MG/0.1ML | Tier 1 | X | X | | |
| GNP NALOXONE SPR 4MG | NALOXONE HCL NASAL SPRAY 4 MG/0.1ML | Tier 1 | | | | |
| KLOXXADO SPR 8MG | NALOXONE HCL NASAL SPRAY 8 MG/0.1ML | Tier 1 | | X | | |
| NALOXONE HCL INJ 0.4MG/ML | NALOXONE HCL SOLN PREFILLED SYRINGE 0.4 MG/ML | Tier 1 | X | X | | X |
| 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 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 | | X | | |
| NALOXONE INJ 0.4MG/ML | NALOXONE HCL SOLN CARTRIDGE 0.4 MG/ML | Tier 1 | | | | |

HCR – Health Care Reform Preventive Care

^ May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met

| Medication name | Generic medication name | Drug Tier | Prior authorization | Quantity limit | Step Therapy | Specialty |
|---|---|---|---|---|---|---|
| NALOXONE INJ 4MG/10ML | NALOXONE HCL INJ 4 MG/10ML | Tier 1 | | | | |
| NALOXONE SPR | NALOXONE HCL NASAL SPRAY 4 MG/0.1ML | Tier 1 | | | | |
| NALOXONE SPR 4MG | NALOXONE HCL NASAL SPRAY 4 MG/0.1ML | Tier 1 | | X | | |
| NARCAN SPR 4MG | NALOXONE HCL NASAL SPRAY 4 MG/0.1ML | Tier 1 | | | | |
| OPVEE SPR 2.7/0.1 | NALMEFENE HCL NASAL SPRAY 2.7 MG/0.1ML (BASE EQUIV) | Tier 1 | | | | |
| REXTOVY SPR 4/0.25ML | NALOXONE HCL NASAL SPRAY 4 MG/0.25ML | Tier 1 | | | | |
| REZENOPY SPR 10MG | NALOXONE HCL NASAL SPRAY 10 MG/0.11ML | Tier 3 | | | | |
| RIVIVE SPR 3/0.1ML | NALOXONE HCL NASAL SPRAY 3 MG/0.1ML | Tier 2 | | | | |
| ZIMHI SOL | NALOXONE HCL SOLN PREFILLED SYRINGE 5 MG/0.5ML | Tier 2 | | | | |
| ZURNAI INJ 1.5/0.5 | NALMEFENE HCL SOLN AUTO-INJECTOR 1.5 MG/0.5ML (BASE EQUIV) | Tier 3 | | | | |
| **Otic Agents - Drugs for the Ear** | | | | | | |
| ACETIC ACID SOL 2% OTIC | ACETIC ACID OTIC SOLN 2% | Tier 1 | | | | |
| CETRAXAL SOL 0.2% | CIPROFLOXACIN HCL OTIC SOLN 0.2% (BASE EQUIVALENT) | Tier 3 | | | | |
| CIPRO/DEXA SUS 0.3-0.1% | CIPROFLOXACIN-DEXAMETHASONE OTIC SUSP 0.3-0.1% | Tier 4 | | | | |
| CIPROFLOXACN SOL 0.2% | CIPROFLOXACIN HCL OTIC SOLN 0.2% (BASE EQUIVALENT) | Tier 1 | | | | |
| CORTISPORIN SUS -TC OTIC | NEOMYCIN-COLISTIN-HC-THONZONIUM OTIC SUSP 3.3-3-10-0.5 MG/ML | Tier 3 | | | | |
| DERMOTIC OIL 0.01% | FLUOCINOLONE ACETONIDE (OTIC) OIL 0.01% | Tier 4 | | | | |
| FLAC OIL 0.01% OT | FLUOCINOLONE ACETONIDE (OTIC) OIL 0.01% | Tier 1 | | | | |
| FLUOCINOLONE OIL 0.01% OT | FLUOCINOLONE ACETONIDE (OTIC) OIL 0.01% | Tier 1 | | | | |
| HC/ACET ACID SOL 1-2%OTIC | HYDROCORTISONE W/ ACETIC ACID OTIC SOLN 1-2% | Tier 1 | | | | |
| NEO/POLY/HC SOL 1% OTIC | NEOMYCIN-POLYMYXIN-HC OTIC SOLN 1% | Tier 1 | | | | |
| NEO/POLY/HC SUS 1% OTIC | NEOMYCIN-POLYMYXIN-HC OTIC SUSP 3.5 MG/ML-10000 UNIT/ML-1% | Tier 1 | | | | |
| PRAMOTIC DRO 1-0.1% | PRAMOXINE-CHLOROXYLENOL OTIC LIQUID 1-0.1% | Tier 3 | | | | |
| **Otic Agents - Drugs to Treat Ear Conditions** | | | | | | |
| OFLOXACIN DRO 0.3%OTIC | OFLOXACIN OTIC SOLN 0.3% | Tier 2 | | | | |
| **Parasympathomimetics - Myasthenia Gravis Drugs** | | | | | | |
| MESTINON SOL 60MG/5ML | PYRIDOSTIGMINE BROMIDE ORAL SOLN 60 MG/5ML | Tier 4 | | | | |
| PYRIDOSTIGM TAB 60MG | PYRIDOSTIGMINE BROMIDE TAB 60 MG | Tier 1 | | | | |

HCR – Health Care Reform Preventive Care
^ May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met

| Medication name | Generic medication name | Drug Tier | Prior authorization | Quantity limit | Step Therapy | Specialty |
|---|---|---|---|---|---|---|
| PYRIDOSTIGMI SOL 60MG/5ML | PYRIDOSTIGMINE BROMIDE ORAL SOLN 60 MG/5ML | Tier 3 | | | | |
| PYRIDOSTIGMI TAB ER 180MG | PYRIDOSTIGMINE BROMIDE TAB ER 180 MG | Tier 1 | | | | |
| **Pediculicides/Scabicides - Scabies and Lice Drugs** | | | | | | |
| CROTAN LOT 10% | CROTAMITON LOTION 10% | Tier 3 | | | | |
| ELIMITE CRE 5% | PERMETHRIN CREAM 5% | Tier 4 | | | | |
| EURAX CRE 10% | CROTAMITON CREAM 10% | Tier 2 | | | | |
| MALATHION LOT 0.5% | MALATHION LOTION 0.5% | Tier 1 | | | | |
| OVIDE LOT 0.5% | MALATHION LOTION 0.5% | Tier 4 | | | | |
| PERMETHRIN CRE 5% | PERMETHRIN CREAM 5% | Tier 1 | X | X | X | X |
| PRURADIK LOT 10% | CROTAMITON LOTION 10% | Tier 3 | | | | |
| SPINOSAD SUS 0.9% | SPINOSAD SUSP 0.9% | Tier 3 | | X | | |
| SULF LIME SOL | SULFURATED LIME SOLUTION | Tier 1 | | | | |
| **Phosphate Binders - Phosphate-Removing Agents** | | | | | | |
| CALC ACETATE CAP 667MG | CALCIUM ACETATE (PHOSPHATE BINDER) CAP 667 MG (169 MG CA) | Tier 1 | | | | |
| CALC ACETATE TAB 667MG | CALCIUM ACETATE (PHOSPHATE BINDER) TAB 667 MG | Tier 1 | | | | |
| FOSRENOL POW 1000MG | LANTHANUM CARBONATE ORAL POWDER PACK 1000 MG (ELEMENTAL) | Tier 3 | | | | |
| FOSRENOL POW 750MG | LANTHANUM CARBONATE ORAL POWDER PACK 750 MG (ELEMENTAL) | Tier 3 | | | X | |
| LANTHANUM CHW 1000MG | LANTHANUM CARBONATE CHEW TAB 1000 MG (ELEMENTAL) | Tier 3 | | | X | X |
| LANTHANUM CHW 500MG | LANTHANUM CARBONATE CHEW TAB 500 MG (ELEMENTAL) | Tier 3 | | | X | |
| LANTHANUM CHW 750MG | LANTHANUM CARBONATE CHEW TAB 750 MG (ELEMENTAL) | Tier 3 | | | X | |
| SEVELAM CARB POW 0.8GM | SEVELAMER CARBONATE PACKET 0.8 GM | Tier 2 | X | | | |
| SEVELAM CARB POW 2.4GM | SEVELAMER CARBONATE PACKET 2.4 GM | Tier 2 | X | | | |
| SEVELAM CARB TAB 800MG | SEVELAMER CARBONATE TAB 800 MG | Tier 2 | | | | |
| VELPHORO CHW 500MG | SUCROFERRIC OXYHYDROXIDE CHEW TAB 500 MG | Tier 4 | | | | |
| **Phosphodiesterase Inhibitors, Airways Disease - Drugs for the Lungs** | | | | | | |
| ELIXOPHYLLIN ELX 80/15ML | THEOPHYLLINE ELIXIR 80 MG/15ML | Tier 3 | | | | |
| ROFLUMILAST TAB 250MCG | ROFLUMILAST TAB 250 MCG | Tier 2 | | | | |
| ROFLUMILAST TAB 500MCG | ROFLUMILAST TAB 500 MCG | Tier 2 | | | | |
| THEO-24 CAP 100MG CR | THEOPHYLLINE CAP ER 24HR 100 MG | Tier 3 | | | | |
| THEO-24 CAP 200MG CR | THEOPHYLLINE CAP ER 24HR 200 MG | Tier 3 | | | | |
| THEO-24 CAP 300MG CR | THEOPHYLLINE CAP ER 24HR 300 MG | Tier 3 | | | | |
| THEO-24 CAP 400MG ER | THEOPHYLLINE CAP ER 24HR 400 MG | Tier 3 | | | | |
| THEOPHYLLINE ELX 80/15ML | THEOPHYLLINE ELIXIR 80 MG/15ML | Tier 1 | | | | |

HCR – Health Care Reform Preventive Care
^ May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met

| Medication name | Generic medication name | Drug Tier | Prior authorization | Quantity limit | Step Therapy | Specialty |
|---|---|---|---|---|---|---|
| THEOPHYLLINE SOL 80/15ML | THEOPHYLLINE SOLN 80 MG/15ML | Tier 1 | | | | |
| THEOPHYLLINE TAB 100MG ER | THEOPHYLLINE TAB ER 12HR 100 MG | Tier 1 | | | | |
| THEOPHYLLINE TAB 200MG ER | THEOPHYLLINE TAB ER 12HR 200 MG | Tier 1 | | | | |
| THEOPHYLLINE TAB 300MG ER | THEOPHYLLINE TAB ER 12HR 300 MG | Tier 1 | | | | |
| THEOPHYLLINE TAB 400MG ER | THEOPHYLLINE TAB ER 24HR 400 MG | Tier 1 | | | | |
| THEOPHYLLINE TAB 450MG ER | THEOPHYLLINE TAB ER 12HR 450 MG | Tier 1 | | | | |
| THEOPHYLLINE TAB 600MG ER | THEOPHYLLINE TAB ER 24HR 600 MG | Tier 1 | | | | |
| **Platelet Modifying Agents - Platelet Modifying Drugs** | | | | | | |
| ASA/DIPYRIDA CAP 25-200MG | ASPIRIN-DIPYRIDAMOLE CAP ER 12HR 25-200 MG | Tier 3 | | | | |
| CABLIVI KIT 11MG | CAPLACIZUMAB-YHDP FOR INJ KIT 11 MG | Tier 3 | X | X | | |
| CILOSTAZOL TAB 100MG | CILOSTAZOL TAB 100 MG | Tier 1 | | | | |
| CILOSTAZOL TAB 50MG | CILOSTAZOL TAB 50 MG | Tier 1 | | | | |
| CLOPIDOGREL TAB 300MG | CLOPIDOGREL BISULFATE TAB 300 MG (BASE EQUIV) | Tier 1 | | | | |
| CLOPIDOGREL TAB 75MG | CLOPIDOGREL BISULFATE TAB 75 MG (BASE EQUIV) | Tier 1 | | | | |
| DIPYRIDAMOLE TAB 25MG | DIPYRIDAMOLE TAB 25 MG | Tier 1 | | | | |
| DIPYRIDAMOLE TAB 50MG | DIPYRIDAMOLE TAB 50 MG | Tier 1 | | | | |
| DIPYRIDAMOLE TAB 75MG | DIPYRIDAMOLE TAB 75 MG | Tier 1 | | | | |
| PRASUGREL TAB 10MG | PRASUGREL HCL TAB 10 MG (BASE EQUIV) | Tier 3 | | | | |
| PRASUGREL TAB 5MG | PRASUGREL HCL TAB 5 MG (BASE EQUIV) | Tier 3 | | | | |
| TICAGRELOR TAB 60MG | TICAGRELOR TAB 60 MG | Tier 3 | | | | |
| TICAGRELOR TAB 90MG | TICAGRELOR TAB 90 MG | Tier 3 | | | | |
| ZONTIVITY TAB 2.08MG | VORAPAXAR SULFATE TAB 2.08 MG (BASE EQUIVALENT) | Tier 4 | | | | |
| **Progesterone Agonists/Antagonists - Hormone Replacement/Modifying Drugs** | | | | | | |
| ELLA TAB 30MG | ULIPRISTAL ACETATE TAB 30 MG | HCR | | | | |
| **Progestins** | | | | | | |
| OPILL TAB 0.075MG | NORGESTREL TAB 0.075 MG | HCR | | | | |
| **Progestins - Hormone Replacement/Modifying Drugs** | | | | | | |
| AFTERA TAB 1.5MG | LEVONORGESTREL TAB 1.5 MG | HCR | | | | |
| CAMILA TAB 0.35MG | NORETHINDRONE TAB 0.35 MG | HCR | | | | |
| CRINONE GEL 4% VAG | PROGESTERONE VAGINAL GEL 4% | Tier 4 | | | | |
| CRINONE GEL 8% VAG | PROGESTERONE VAGINAL GEL 8% | Tier 4 | | | | |
| CURAE TAB 1.5MG | LEVONORGESTREL TAB 1.5 MG | HCR | | | | |
| DEBLITANE TAB 0.35MG | NORETHINDRONE TAB 0.35 MG | HCR | | | | |
| DEPO-PROVERA INJ 150MG/ML | MEDROXYPROGESTERONE ACETATE IM SUSP 150 MG/ML | Tier 4 | | | | |
| DEPO-PROVERA INJ 150MG/ML | MEDROXYPROGESTERONE ACETATE IM SUSP PREFILLED SYR 150 MG/ML | Tier 4 | | | | |

HCR – Health Care Reform Preventive Care

^ May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met

| Medication name | Generic medication name | Drug Tier | Prior authorization | Quantity limit | Step Therapy | Specialty |
|---|---|---|---|---|---|---|
| DEPO-SQ PROV INJ 104 | MEDROXYPROGESTERONE ACETATE SUSP PREF SYR 104 MG/0.65ML | HCR | | X | | X |
| ECONTRA OS TAB 1.5MG | LEVONORGESTREL TAB 1.5 MG | HCR | | | | X |
| EMZAHH TAB 0.35MG | NORETHINDRONE TAB 0.35 MG | HCR | | | | X |
| ENDOMETRIN SUP 100MG | PROGESTERONE VAGINAL INSERT 100 MG | Tier 2 | | | | X |
| ERRIN TAB 0.35MG | NORETHINDRONE TAB 0.35 MG | HCR | | | | X |
| GALLIFREY TAB 5MG | NORETHINDRONE ACETATE TAB 5 MG | Tier 1 | | | | |
| HEATHER TAB 0.35MG | NORETHINDRONE TAB 0.35 MG | HCR | | | | |
| HER STYLE TAB 1.5MG | LEVONORGESTREL TAB 1.5 MG | HCR | | | | |
| INCASSIA TAB 0.35MG | NORETHINDRONE TAB 0.35 MG | HCR | | | | |
| JENCYCLA TAB 0.35MG | NORETHINDRONE TAB 0.35 MG | HCR | | | | |
| LEVONORGESTR TAB 1.5MG | LEVONORGESTREL TAB 1.5 MG | HCR | | | | |
| LYLEQ TAB 0.35MG | NORETHINDRONE TAB 0.35 MG | HCR | | | | |
| LYZA TAB 0.35MG | NORETHINDRONE TAB 0.35 MG | HCR | | | | |
| MEDROXYPR AC INJ 150MG/ML | MEDROXYPROGESTERONE ACETATE IM SUSP 150 MG/ML | HCR | | X | | |
| MEDROXYPR AC INJ 150MG/ML | MEDROXYPROGESTERONE ACETATE IM SUSP PREFILLED SYR 150 MG/ML | HCR | | X | X | |
| MEDROXYPR AC TAB 10MG | MEDROXYPROGESTERONE ACETATE TAB 10 MG | Tier 1 | | | | X |
| MEDROXYPR AC TAB 2.5MG | MEDROXYPROGESTERONE ACETATE TAB 2.5 MG | Tier 1 | | | | X |
| MEDROXYPR AC TAB 5MG | MEDROXYPROGESTERONE ACETATE TAB 5 MG | Tier 1 | | | | X |
| MEGESTROL AC SUS 40MG/ML | MEGESTROL ACETATE SUSP 40 MG/ML | Tier 1 | | | | |
| MEGESTROL AC TAB 20MG | MEGESTROL ACETATE TAB 20 MG | Tier 1 | | | | |
| MEGESTROL AC TAB 40MG | MEGESTROL ACETATE TAB 40 MG | Tier 1 | | | | |
| MEGESTROL SUS 625MG/5M | MEGESTROL ACETATE SUSP 625 MG/5ML | Tier 3 | | | | |
| MELEYA TAB 0.35MG | NORETHINDRONE TAB 0.35 MG | HCR | | | | |
| MY CHOICE TAB 1.5MG | LEVONORGESTREL TAB 1.5 MG | HCR | | | | |
| MY WAY TAB 1.5MG | LEVONORGESTREL TAB 1.5 MG | HCR | | | | |
| NEW DAY TAB 1.5MG | LEVONORGESTREL TAB 1.5 MG | HCR | | | | |
| NORA-BE TAB 0.35MG | NORETHINDRONE TAB 0.35 MG | HCR | | | | |
| NORETHIN ACE TAB 5MG | NORETHINDRONE ACETATE TAB 5 MG | Tier 1 | | | | |
| NORETHINDRON TAB 0.35MG | NORETHINDRONE TAB 0.35 MG | HCR | | | | |
| NORLYROC TAB 0.35MG | NORETHINDRONE TAB 0.35 MG | HCR | | X | | |
| OPCICON TAB 1.5MG | LEVONORGESTREL TAB 1.5 MG | HCR | | X | | |
| OPTION 2 TAB 1.5MG | LEVONORGESTREL TAB 1.5 MG | HCR | | | | |
| ORQUIDEA TAB 0.35MG | NORETHINDRONE TAB 0.35 MG | HCR | | | | |
| PLAN B TAB 1.5MG | LEVONORGESTREL TAB 1.5 MG | HCR | | | | |
| PROGESTERONE CAP 100MG | PROGESTERONE CAP 100 MG | Tier 2 | | | | |
| PROGESTERONE CAP 200MG | PROGESTERONE CAP 200 MG | Tier 2 | | X | | |

HCR – Health Care Reform Preventive Care

^ May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met

| Medication name | Generic medication name | Drug Tier | Prior authorization | Quantity limit | Step Therapy | Specialty |
|---|---|---|---|---|---|---|
| PROGESTERONE INJ 500/10ML | PROGESTERONE IM IN OIL 50 MG/ML | Tier 1 | | | | |
| PROGESTERONE INJ 50MG/ML | PROGESTERONE IM IN OIL 50 MG/ML | Tier 1 | | | | |
| PROGESTERONE SUP 100MG | PROGESTERONE VAGINAL INSERT 100 MG | Tier 2 | | | | |
| PROVERA TAB 10MG | MEDROXYPROGESTERONE ACETATE TAB 10 MG | Tier 4 | | X | | |
| PROVERA TAB 2.5MG | MEDROXYPROGESTERONE ACETATE TAB 2.5 MG | Tier 4 | | X | | |
| PROVERA TAB 5MG | MEDROXYPROGESTERONE ACETATE TAB 5 MG | Tier 4 | | | | |
| REACT TAB 1.5MG | LEVONORGESTREL TAB 1.5 MG | HCR | | | | |
| SHAROBEL TAB 0.35MG | NORETHINDRONE TAB 0.35 MG | HCR | | | | |
| SHEWISE TAB 1.5MG | LEVONORGESTREL TAB 1.5 MG | HCR | | | | |
| SLYND TAB 4MG | DROSPIRENONE TAB 4 MG | Tier 4 | X | | | |
| TAKE ACTION TAB 1.5MG | LEVONORGESTREL TAB 1.5 MG | HCR | | | | |
| YOUR CHOICE TAB 1.5MG | LEVONORGESTREL TAB 1.5 MG | HCR | | | | |
| **Protectants - Ulcer and Stomach Acid Drugs** | | | | | | |
| CYTOTEC TAB 100MCG | MISOPROSTOL TAB 100 MCG | Tier 4 | | | | |
| CYTOTEC TAB 200MCG | MISOPROSTOL TAB 200 MCG | Tier 4 | | | | |
| MISOPROSTOL TAB 100MCG | MISOPROSTOL TAB 100 MCG | Tier 1 | | | | |
| MISOPROSTOL TAB 200MCG | MISOPROSTOL TAB 200 MCG | Tier 1 | | | | |
| SUCRALFATE SUS 1GM/10ML | SUCRALFATE SUSP 1 GM/10ML | Tier 3 | | | | |
| SUCRALFATE TAB 1GM | SUCRALFATE TAB 1 GM | Tier 1 | | | | |
| **Proton Pump Inhibitors - Ulcer and Stomach Acid Drugs** | | | | | | |
| ESOMEPRAZOLE GRA 10MG DR | ESOMEPRAZOLE MAGNESIUM FOR DELAYED RELEASE SUSP PACKET 10 MG | Tier 4 | | | | |
| ESOMEPRAZOLE GRA 2.5MG DR | ESOMEPRAZOLE MAGNESIUM FOR DELAYED RELEASE SUSP PACK 2.5 MG | Tier 4 | X | X | | |
| ESOMEPRAZOLE GRA 20MG DR | ESOMEPRAZOLE MAGNESIUM FOR DELAYED RELEASE SUSP PACKET 20 MG | Tier 4 | X | X | | |
| ESOMEPRAZOLE GRA 40MG DR | ESOMEPRAZOLE MAGNESIUM FOR DELAYED RELEASE SUSP PACKET 40 MG | Tier 4 | X | X | | |
| ESOMEPRAZOLE GRA 5MG DR | ESOMEPRAZOLE MAGNESIUM FOR DELAYED RELEASE SUSP PACKET 5 MG | Tier 4 | X | X | | |
| FIRST-OMEPRA SUS 2MG/ML | OMEPRAZOLE SUSP 2 MG/ML (COMPOUND KIT) | Tier 3 | X | | | |
| FIRST-PANTPR SUS 4MG/ML | PANTOPRAZOLE SODIUM SUSP 4 MG/ML (COMPOUND KIT) | Tier 3 | | | | |
| LANSOPRAZOLE SUS 3MG/ML | LANSOPRAZOLE SUSP 3 MG/ML (COMPOUND KIT) | Tier 3 | X | | | |
| LANSOPRAZOLE TAB 15MG ODT | LANSOPRAZOLE TAB DELAYED RELEASE ORALLY DISINTEGRATING 15 MG | Tier 3 | X | X | | |

HCR - Health Care Reform Preventive Care
^ May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met

| Medication name | Generic medication name | Drug Tier | Prior authorization | Quantity limit | Step Therapy | Specialty |
|---|---|---|---|---|---|---|
| LANSOPRAZOLE TAB 30MG ODT | LANSOPRAZOLE TAB DELAYED RELEASE ORALLY DISINTEGRATING 30 MG | Tier 3 | X | X | | |
| OMEPRAZOLE CAP 10MG DR | OMEPRAZOLE CAP DELAYED RELEASE 10 MG | Tier 1 | | | | |
| OMEPRAZOLE CAP 20MG | OMEPRAZOLE CAP DELAYED RELEASE 20 MG | Tier 1 | | | | |
| OMEPRAZOLE CAP 40MG | OMEPRAZOLE CAP DELAYED RELEASE 40 MG | Tier 1 | | | | |
| PANTOPRAZOLE TAB 20MG | PANTOPRAZOLE SODIUM EC TAB 20 MG (BASE EQUIV) | Tier 1 | | | | |
| PANTOPRAZOLE TAB 40MG | PANTOPRAZOLE SODIUM EC TAB 40 MG (BASE EQUIV) | Tier 1 | | | | |
| RABEPRAZOLE TAB 20MG | RABEPRAZOLE SODIUM EC TAB 20 MG | Tier 2 | | | | |
| VOQUEZNA TAB 10MG | VONOPRAZAN FUMARATE TAB 10 MG | Tier 4 | | | | |
| VOQUEZNA TAB 20MG | VONOPRAZAN FUMARATE TAB 20 MG | Tier 4 | | | | |
| **Pulmonary Antihypertensives - Asthma/Lung Drugs** | | | | | | |
| ADEMPAS TAB 0.5MG | RIOCIGUAT TAB 0.5 MG | Tier 3 | | | | |
| ADEMPAS TAB 1.5MG | RIOCIGUAT TAB 1.5 MG | Tier 3 | | | | |
| ADEMPAS TAB 1MG | RIOCIGUAT TAB 1 MG | Tier 3 | X | X | | |
| ADEMPAS TAB 2.5MG | RIOCIGUAT TAB 2.5 MG | Tier 3 | X | X | | |
| ADEMPAS TAB 2MG | RIOCIGUAT TAB 2 MG | Tier 3 | X | X | | |
| AMBRISENTAN TAB 10MG | AMBRISENTAN TAB 10 MG | Tier 3 | X | X | | |
| AMBRISENTAN TAB 5MG | AMBRISENTAN TAB 5 MG | Tier 3 | X | X | | |
| BOSENTAN TAB 125MG | BOSENTAN TAB 125 MG | Tier 3 | X | X | | |
| BOSENTAN TAB 32MG | BOSENTAN TAB FOR ORAL SUSP 32 MG | Tier 3 | X | X | | |
| BOSENTAN TAB 62.5MG | BOSENTAN TAB 62.5 MG | Tier 3 | X | X | | |
| MACITENTAN TAB 10MG | MACITENTAN TAB 10 MG | Tier 3 | X | X | | |
| ORENITRAM TAB 0.125MG | TREPROSTINIL DIOLAMINE TAB ER 0.125 MG (BASE EQUIV) | Tier 4 | X | X | | |
| ORENITRAM TAB 0.25MG | TREPROSTINIL DIOLAMINE TAB ER 0.25 MG (BASE EQUIV) | Tier 4 | X | X | | |
| ORENITRAM TAB 1MG | TREPROSTINIL DIOLAMINE TAB ER 1 MG (BASE EQUIV) | Tier 4 | X | X | | |
| ORENITRAM TAB 2.5MG | TREPROSTINIL DIOLAMINE TAB ER 2.5 MG (BASE EQUIV) | Tier 4 | X | X | | |
| ORENITRAM TAB 5MG | TREPROSTINIL DIOLAMINE TAB ER 5 MG (BASE EQUIV) | Tier 4 | X | X | | |
| ORENITRAM TAB MONTH 1 | TREPROSTINIL TAB ER TITR PK (MO1) 126 X0.125MG & 42 X0.25MG | Tier 4 | X | X | | |
| ORENITRAM TAB MONTH 2 | TREPROSTINIL TAB ER TITR PK (MO2) 126 X0.125MG & 210 X0.25MG | Tier 4 | X | X | | |
| ORENITRAM TAB MONTH 3 | TREPROSTINIL TAB ER TITR PK(MO3)126X-0.125MG&42X0.25MG&84X1MG | Tier 4 | X | X | | |
| RIOCIGUAT TAB 0.5MG | RIOCIGUAT TAB 0.5 MG | Tier 1 | X | X | | |

HCR – Health Care Reform Preventive Care
^ May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met

| Medication name | Generic medication name | Drug Tier | Prior authorization | Quantity limit | Step Therapy | Specialty |
|---|---|---|---|---|---|---|
| RIOCIGUAT TAB 1.5MG | RIOCIGUAT TAB 1.5 MG | Tier 1 | X | X | | |
| RIOCIGUAT TAB 1MG | RIOCIGUAT TAB 1 MG | Tier 1 | X | X | | |
| RIOCIGUAT TAB 2.5MG | RIOCIGUAT TAB 2.5 MG | Tier 1 | X | X | | |
| RIOCIGUAT TAB 2MG | RIOCIGUAT TAB 2 MG | Tier 1 | X | X | | X |
| SILDENAFIL SUS 10MG/ML | SILDENAFIL CITRATE FOR SUSPENSION 10 MG/ML | Tier 4 | X | X | | X |
| SILDENAFIL TAB 20MG | SILDENAFIL CITRATE TAB 20 MG | Tier 1 | | X | | X |
| TADALAFIL TAB 20MG | TADALAFIL TAB 20 MG (PAH) | Tier 1 | X | X | | X |
| TADALAFIL TAB 20MG | TADALAFIL TAB 20 MG (PAH) | Tier 2 | X | X | | X |
| TADLIQ SUS 20MG/5ML | TADALAFIL ORAL SUSP 20 MG/5ML (PAH) | Tier 4 | X | X | | X |
| TRACLEER TAB 32MG | BOSENTAN TAB FOR ORAL SUSP 32 MG | Tier 4 | X | X | | X |
| TYVASO DPI POW 16-32-48 | TREPROSTINIL INH POWD 112 X 16MCG & 112 X 32MCG & 28 X 48MCG | Tier 3 | X | X | | X |
| TYVASO DPI POW 16MCG | TREPROSTINIL INH POWDER 16 MCG/CARTRIDGE | Tier 3 | X | X | | X |
| TYVASO DPI POW 32MCG | TREPROSTINIL INH POWDER 32 MCG/CARTRIDGE | Tier 3 | X | X | | X |
| TYVASO DPI POW 48-80MCG | TREPROSTINIL INH POWDER 112 X 48MCG & 112 X 80MCG | Tier 3 | X | | | X |
| TYVASO DPI POW 48MCG | TREPROSTINIL INH POWDER 48 MCG/CARTRIDGE | Tier 3 | X | X | | X |
| TYVASO DPI POW 64MCG | TREPROSTINIL INH POWDER 64 MCG/CARTRIDGE | Tier 3 | X | X | | X |
| TYVASO DPI POW 80MCG | TREPROSTINIL INH POWDER 80 MCG/CARTRIDGE | Tier 3 | X | X | | X |
| TYVASO DPI POW MAIN KIT | TREPROSTINIL INH POWDER 112 X 32MCG & 112 X 64MCG | Tier 3 | X | X | | X |
| TYVASO DPI POW MAIN KIT | TREPROSTINIL INH POWDER 112 X 48MCG & 112 X 64MCG | Tier 3 | X | X | | X |
| TYVASO RF KT SOL 0.6MG/ML | TREPROSTINIL INHALATION SOLUTION 0.6 MG/ML | Tier 3 | X | | | X |
| TYVASO SOL 0.6MG/ML | TREPROSTINIL INHALATION SOLUTION 0.6 MG/ML | Tier 3 | X | | | X |
| TYVASO ST KT SOL 0.6MG/ML | TREPROSTINIL INHALATION SOLUTION 0.6 MG/ML | Tier 3 | X | | | X |
| UPTRAVI PACK TAB 200/800 | SELEXIPAG TAB THERAPY PACK 200 MCG (140) & 800 MCG (60) | Tier 4 | X | X | | |
| UPTRAVI TAB 1000MCG | SELEXIPAG TAB 1000 MCG | Tier 4 | X | X | | |
| UPTRAVI TAB 100MCG | SELEXIPAG TAB 100 MCG | Tier 4 | X | | | |
| UPTRAVI TAB 1200MCG | SELEXIPAG TAB 1200 MCG | Tier 4 | X | X | | |
| UPTRAVI TAB 1400MCG | SELEXIPAG TAB 1400 MCG | Tier 4 | X | X | | |
| UPTRAVI TAB 150MCG | SELEXIPAG TAB 150 MCG | Tier 4 | X | | | |
| UPTRAVI TAB 1600MCG | SELEXIPAG TAB 1600 MCG | Tier 4 | X | X | | |
| UPTRAVI TAB 200MCG | SELEXIPAG TAB 200 MCG | Tier 4 | X | X | | |

HCR - Health Care Reform Preventive Care
^ May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met

| Medication name | Generic medication name | Drug Tier | Prior authorization | Quantity limit | Step Therapy | Specialty |
|---|---|---|---|---|---|---|
| UPTRAVI TAB 400MCG | SELEXIPAG TAB 400 MCG | Tier 4 | X | X | | |
| UPTRAVI TAB 600MCG | SELEXIPAG TAB 600 MCG | Tier 4 | X | X | | |
| UPTRAVI TAB 800MCG | SELEXIPAG TAB 800 MCG | Tier 4 | X | X | | |
| VENTAVIS SOL 10MCG/ML | ILOPROST INHALATION SOLUTION 10 MCG/ML | Tier 3 | X | | | X |
| VENTAVIS SOL 20MCG/ML | ILOPROST INHALATION SOLUTION 20 MCG/ML | Tier 3 | X | | | X |
| YUTREPIA CAP 106MCG | TREPROSTINIL SODIUM INHAL CAP 106 MCG | Tier 3 | X | X | | X |
| YUTREPIA CAP 26.5MCG | TREPROSTINIL SODIUM INHAL CAP 26.5 MCG | Tier 3 | X | X | | X |
| YUTREPIA CAP 53MCG | TREPROSTINIL SODIUM INHAL CAP 53 MCG | Tier 3 | X | X | | X |
| YUTREPIA CAP 79.5MCG | TREPROSTINIL SODIUM INHAL CAP 79.5 MCG | Tier 3 | X | X | | X |
| **Pulmonary Fibrosis Agents - Drugs to treat Pulmonary Fibrosis** | | | | | | |
| PIRFENIDONE TAB 267MG | PIRFENIDONE TAB 267 MG | Tier 3 | X | X | | X |
| PIRFENIDONE TAB 801MG | PIRFENIDONE TAB 801 MG | Tier 3 | X | X | | X |
| **Quinolones - Antibiotics** | | | | | | |
| BAXDELA TAB 450MG | DELAFLOXACIN MEGLUMINE TAB 450 MG (BASE EQUIV) | Tier 4 | | | | |
| CIPRO (10%) SUS 500MG/5 | CIPROFLOXACIN FOR ORAL SUSP 500 MG/5ML (10%) (10 GM/100ML) | Tier 3 | | | | |
| CIPRO (5%) SUS 250MG/5 | CIPROFLOXACIN FOR ORAL SUSP 250 MG/5ML (5%) (5 GM/100ML) | Tier 3 | | | | |
| CIPRO TAB 250MG | CIPROFLOXACIN HCL TAB 250 MG (BASE EQUIV) | Tier 4 | | | | |
| CIPRO TAB 500MG | CIPROFLOXACIN HCL TAB 500 MG (BASE EQUIV) | Tier 4 | | | | |
| CIPROFLOXACN TAB 250MG | CIPROFLOXACIN HCL TAB 250 MG (BASE EQUIV) | Tier 1 | | | | |
| CIPROFLOXACN TAB 500MG | CIPROFLOXACIN HCL TAB 500 MG (BASE EQUIV) | Tier 1 | | | | |
| CIPROFLOXACN TAB 750MG | CIPROFLOXACIN HCL TAB 750 MG (BASE EQUIV) | Tier 1 | | | | |
| LEVOFLOXACIN SOL 25MG/ML | LEVOFLOXACIN ORAL SOLN 25 MG/ML | Tier 1 | | | | |
| LEVOFLOXACIN TAB 250MG | LEVOFLOXACIN TAB 250 MG | Tier 1 | | | | |
| LEVOFLOXACIN TAB 500MG | LEVOFLOXACIN TAB 500 MG | Tier 1 | | | | |
| LEVOFLOXACIN TAB 750MG | LEVOFLOXACIN TAB 750 MG | Tier 1 | | | | |
| MOXIFLOXACIN TAB 400MG | MOXIFLOXACIN HCL TAB 400 MG (BASE EQUIV) | Tier 3 | | | | |
| OFLOXACIN TAB 300MG | OFLOXACIN TAB 300 MG | Tier 1 | | | | X |
| OFLOXACIN TAB 400MG | OFLOXACIN TAB 400 MG | Tier 1 | | | | |
| XEPI CRE 1% | OZENOXACIN CREAM 1% | Tier 3 | | | | |

HCR - Health Care Reform Preventive Care
^ May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met

| Medication name | Generic medication name | Drug Tier | Prior authorization | Quantity limit | Step Therapy | Specialty |
|---|---|---|---|---|---|---|
| **Respiratory Tract Agents, Other - Asthma/Lung Drugs** | | | | | | |
| ACETYLCYST SOL 10% | ACETYLCYSTEINE INHAL SOLN 10% | Tier 1 | | | | |
| ACETYLCYST SOL 20% | ACETYLCYSTEINE INHAL SOLN 20% | Tier 1 | | | | |
| ADVAIR HFA AER 115/21 | FLUTICASONE-SALMETEROL INHAL AERO-SOL 115-21 MCG/ACT | Tier 3 | | | | |
| ADVAIR HFA AER 230/21 | FLUTICASONE-SALMETEROL INHAL AERO-SOL 230-21 MCG/ACT | Tier 3 | | | | |
| ADVAIR HFA AER 45/21 | FLUTICASONE-SALMETEROL INHAL AERO-SOL 45-21 MCG/ACT | Tier 3 | | | | |
| AIRSUPRA AER 90-80MCG | ALBUTEROL-BUDESONIDE INHALATION AEROSOL 90-80 MCG/ACT | Tier 3 | | | | |
| ANORO ELLIPT AER 62.5-25 | UMECLIDINIUM-VILANTEROL AERO POWD BA 62.5-25 MCG/ACT | Tier 3 | | | | |
| BEVESPI AER 9-4.8MCG | GLYCOPYRROLATE-FORMOTEROL FUMARATE AEROSOL 9-4.8 MCG/ACT | Tier 2 | | | | |
| BREO ELLIPTA INH 100-25 | FLUTICASONE FUROATE-VILANTEROL AERO POWD BA 100-25 MCG/ACT | Tier 3 | | | | |
| BREO ELLIPTA INH 200-25 | FLUTICASONE FUROATE-VILANTEROL AERO POWD BA 200-25 MCG/ACT | Tier 3 | | | | |
| BREO ELLIPTA INH 50-25MCG | FLUTICASONE FUROATE-VILANTEROL AERO POWD BA 50-25 MCG/ACT | Tier 3 | | | | |
| BREZTRI AERO AER 18MCG | BUDESONIDE-GLYCOPYRROLATE-FORMOTEROL AERS 160-18-4.8 MCG/ACT | Tier 3 | | | | |
| BREZTRI AERO AER 9MCG | BUDESONIDE-GLYCOPYRROLATE-FORMOTEROL AERS 160-9-4.8 MCG/ACT | Tier 3 | | | | |
| CODEINE/GG SOL 10-100/5 | GUAIFENESIN-CODEINE SOLN 100-10 MG/5ML | Tier 1 | | | | |
| COMBIVENT AER 20-100 | IPRATROPIUM-ALBUTEROL INHAL AERO-SOL SOLN 20-100 MCG/ACT | Tier 4 | | | | |
| FASENRA PEN INJ 30MG/ML | BENRALIZUMAB SUBCUTANEOUS SOLN AUTO-INJECTOR 30 MG/ML | Tier 4 | X | X | | |
| 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 | | 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 | | | | |
| FLUTIC/SALME INH 55/14 | FLUTICASONE-SALMETEROL AER POWDER BA 55-14 MCG/ACT | Tier 3 | | | | |
| G TUSSIN AC LIQ 100-10/5 | GUAIFENESIN-CODEINE SOLN 100-10 MG/5ML | Tier 1 | | | | |

HCR - Health Care Reform Preventive Care
^ May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met

| Medication name | Generic medication name | Drug Tier | Prior authorization | Quantity limit | Step Therapy | Specialty |
|---|---|---|---|---|---|---|
| GG/CODEINE SOL 100-10/5 | GUAIFENESIN-CODEINE SOLN 100-10 MG/5ML | Tier 1 | | | | X |
| GG/CODEINE SOL 200-20MG | GUAIFENESIN-CODEINE SOLN 100-10 MG/5ML | Tier 1 | | | | |
| GRASTEK SUB 2800BAU | TIMOTHY GRASS POLLEN ALLERGEN EXT SL TAB 2800 BAU | Tier 4 | X | X | | |
| HYD POL/CPM SUS 10-8/5ML | HYDROCOD POLST-CHLORPHEN POLST ER SUSP 10-8 MG/5ML | Tier 3 | | | | |
| HYDROC/HOMAT TAB 5-1.5MG | HYDROCODONE BITART-HOMATROPINE METHYLBROMIDE TAB 5-1.5 MG | Tier 1 | | | | |
| HYDROCOD/HOM SYP 5-1.5/5 | HYDROCODONE BITART-HOMATROPINE METHYLBROM SOLN 5-1.5 MG/5ML | Tier 1 | | | | |
| HYDROMET SYP 5-1.5/5 | HYDROCODONE BITART-HOMATROPINE METHYLBROM SOLN 5-1.5 MG/5ML | Tier 1 | X | X | | |
| HYPERSAL NEB 3.5% | SODIUM CHLORIDE SOLN NEBU 3.5% | Tier 2 | | | | |
| HYPERSAL NEB 7% | SODIUM CHLORIDE SOLN NEBU 7% | Tier 2 | | | | |
| IPRATROPIUM/ SOL ALBUTER | IPRATROPIUM-ALBUTEROL NEBU SOLN 0.5-2.5(3) MG/3ML | Tier 2 | | | | |
| KALYDECO TAB 150MG | IVACAFTOR TAB 150 MG | Tier 3 | X | X | | X |
| MAXI-TUSS AC SOL | GUAIFENESIN-CODEINE SOLN 100-10 MG/5ML | Tier 1 | | | | |
| NEBUSAL NEB 3% | SODIUM CHLORIDE SOLN NEBU 3% | Tier 3 | | | | |
| NEOTUSS PLUS LIQ | PHENYLEPHRINE-CHLORPHEN-DM LIQUID 7.5-4-30 MG/5ML | Tier 3 | | | | |
| ODACTRA SUB | DUST MITE MIXED EXT SL TAB 12 SQ-HDM | Tier 4 | X | X | | |
| ORALAIR ADLT SUB 300 IR | GRASS MIXED POLLEN EXT SL TAB 300 IR (INDEX OF REACTIVITY) | Tier 4 | X | X | | |
| ORALAIR CHLD SUB 100 IR | GRASS MIXED POLLEN EXT SL TAB 100 IR (INDEX OF REACTIVITY) | Tier 4 | X | X | | |
| ORALAIR SUB 300 IR | GRASS MIXED POLLEN EXT SL TAB 300 IR (INDEX OF REACTIVITY) | Tier 4 | X | X | | |
| PIRFENIDONE CAP 267MG | PIRFENIDONE CAP 267 MG | Tier 2 | X | X | | X |
| PIRFENIDONE TAB 534MG | PIRFENIDONE TAB 534 MG | Tier 3 | X | X | | |
| PROMETH VC SYP 6.25-5/5 | PROMETHAZINE & PHENYLEPHRINE SYRUP 6.25-5 MG/5ML | Tier 1 | | | | |
| PROMETH/COD SOL 6.25-10 | PROMETHAZINE W/ CODEINE SYRUP 6.25-10 MG/5ML | Tier 1 | X | X | | |
| PROMETH/PE SOL 6.25-5/5 | PROMETHAZINE & PHENYLEPHRINE SYRUP 6.25-5 MG/5ML | Tier 1 | | | | |
| PULMOSAL NEB 7% | SODIUM CHLORIDE SOLN NEBU 7% | Tier 2 | | | | |
| PULMOZYME SOL 1MG/ML | DORNASE ALFA INHAL SOLN 2.5 MG/2.5ML | Tier 3 | X | X | | X |
| RAGWITEK SUB | SHORT RAGWEED POLLEN ALLERGEN EXTRACT SL TAB 12 AMB A 1-U | Tier 4 | X | X | | |
| SOD CHLORIDE NEB 0.9% | SODIUM CHLORIDE SOLN NEBU 0.9% | Tier 1 | | | | |

HCR - Health Care Reform Preventive Care
^ May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met

| Medication name | Generic medication name | Drug Tier | Prior authorization | Quantity limit | Step Therapy | Specialty |
|---|---|---|---|---|---|---|
| SOD CHLORIDE NEB 10% | SODIUM CHLORIDE SOLN NEBU 10% | Tier 1 | | | | |
| SOD CHLORIDE NEB 3% | SODIUM CHLORIDE SOLN NEBU 3% | Tier 1 | | | | |
| SOD CHLORIDE NEB 7% | SODIUM CHLORIDE SOLN NEBU 7% | Tier 1 | | | | |
| STIOLTO AER 2.5-2.5 | TIOTROPIUM BR-OLODATEROL INHAL AERO SOLN 2.5-2.5 MCG/ACT | Tier 2 | | X | | |
| SYMBICORT AER 160-4.5 | BUDESONIDE-FORMOTEROL FUMARATE DIHYD AEROSOL 160-4.5 MCG/ACT | Tier 3 | | X | | |
| SYMBICORT AER 80-4.5 | BUDESONIDE-FORMOTEROL FUMARATE DIHYD AEROSOL 80-4.5 MCG/ACT | Tier 3 | | X | | |
| TEZSPIRE INJ 210MG | TEZEPELUMAB-EKKO SUBCUTANEOUS SOLN AUTO-INJ 210 MG/1.91ML | Tier 4 | X | X | | X |
| TRELEGY AER 100MCG | FLUTICASONE-UMECLIDINIUM-VILANTEROL AEPB 100-62.5-25 MCG/ACT | Tier 3 | | X | | |
| TRELEGY AER 200MCG | FLUTICASONE-UMECLIDINIUM-VILANTEROL AEPB 200-62.5-25 MCG/ACT | Tier 3 | | X | | |
| TUXARIN ER TAB 54.3-8MG | CODEINE PHOS-CHLORPHENIRAMINE MALEATE TAB ER 12HR 54.3-8 MG | Tier 3 | X | X | | |
| WIXELA INHUB AER 100/50 | FLUTICASONE-SALMETEROL AER POWDER BA 100-50 MCG/ACT | Tier 3 | | X | | |
| WIXELA INHUB AER 250/50 | FLUTICASONE-SALMETEROL AER POWDER BA 250-50 MCG/ACT | Tier 3 | | X | | |
| WIXELA INHUB AER 500/50 | FLUTICASONE-SALMETEROL AER POWDER BA 500-50 MCG/ACT | Tier 3 | | X | | |
| XOLAIR INJ 150MG/ML | OMALIZUMAB SUBCUTANEOUS SOLN AUTO-INJECTOR 150 MG/ML | Tier 3 | X | X | | X |
| XOLAIR INJ 150MG/ML | OMALIZUMAB SUBCUTANEOUS SOLN PREFILLED SYRINGE 150 MG/ML | Tier 3 | X | X | | |
| XOLAIR INJ 300/2ML | OMALIZUMAB SUBCUTANEOUS SOLN AUTO-INJECTOR 300 MG/2ML | Tier 3 | X | X | | X |
| XOLAIR INJ 300/2ML | OMALIZUMAB SUBCUTANEOUS SOLN PREFILLED SYRINGE 300 MG/2ML | Tier 3 | X | X | | X |
| XOLAIR INJ 75/0.5 | OMALIZUMAB SUBCUTANEOUS SOLN AUTO-INJECTOR 75 MG/0.5ML | Tier 3 | X | X | | |
| XOLAIR INJ 75/0.5 | OMALIZUMAB SUBCUTANEOUS SOLN PREFILLED SYRINGE 75 MG/0.5ML | Tier 3 | X | X | | |
| **Respiratory Tract/Pulmonary Agents - Drugs to Treat Allergies, Cough, Cold and Lung Conditions** | | | | | | |
| ADRENALIN SOL 1:1000 | EPINEPHRINE HCL NASAL SOLN 0.1% | Tier 2 | | | | |
| BENZONATATE CAP 100MG | BENZONATATE CAP 100 MG | Tier 1 | | | | |
| BENZONATATE CAP 200MG | BENZONATATE CAP 200 MG | Tier 1 | | | | |
| BROM/PSE/DM SYP 2-30-10 | PSEUDOEPHED-BROMPHEN-DM SYRUP 30-2-10 MG/5ML | Tier 1 | | | | |
| EPINEPHRINE SOL 30/30ML | EPINEPHRINE HCL NASAL SOLN 0.1% | Tier 1 | | | | |
| PROMETHAZINE SOL DM | PROMETHAZINE-DM SYRUP 6.25-15 MG/5ML | Tier 1 | | | | |

HCR - Health Care Reform Preventive Care
^ May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met

| Medication name | Generic medication name | Drug Tier | Prior authorization | Quantity limit | Step Therapy | Specialty |
|---|---|---|---|---|---|---|
| PROMETHAZINE SYP DM | PROMETHAZINE-DM SYRUP 6.25-15 MG/5ML | Tier 1 | | | | |
| **Retinoids - Chemotherapy Agents** | | | | | | |
| BEXAROTENE CAP 75MG | BEXAROTENE CAP 75 MG | Tier 3 | | | | |
| BEXAROTENE GEL 1% | BEXAROTENE GEL 1% | Tier 4 | | X | | |
| PANRETIN GEL 0.1% | ALITRETINOIN GEL 0.1% | Tier 3 | | | | |
| TRETINOIN CAP 10MG | TRETINOIN CAP 10 MG | Tier 3 | | X | | |
| **Selective Estrogen Receptor Modifying Agents - Hormone Replacement/Modifying Drugs** | | | | | | |
| CLOMID TAB 50MG | CLOMIPHENE CITRATE TAB 50 MG | Tier 2 | | | | |
| CLOMIPHENE TAB 50MG | CLOMIPHENE CITRATE TAB 50 MG | Tier 2 | | | | |
| MILOPHENE TAB 50MG | CLOMIPHENE CITRATE TAB 50 MG | Tier 2 | | | | |
| OSPHENA TAB 60MG | OSPEMIFENE TAB 60 MG | Tier 3 | X | X | | |
| RALOXIFENE TAB 60MG | RALOXIFENE HCL TAB 60 MG | Tier 2^ | | | | |
| **Serotonin (5-HT) Receptor Agonists - Migraine Drugs** | | | | | | |
| ALMOTRIP MAL TAB 12.5MG | ALMOTRIPTAN MALATE TAB 12.5 MG | Tier 4 | | X | | |
| ALMOTRIP MAL TAB 6.25MG | ALMOTRIPTAN MALATE TAB 6.25 MG | Tier 4 | | X | | |
| ALMOTRIPTAN TAB 12.5MG | ALMOTRIPTAN MALATE TAB 12.5 MG | Tier 4 | | | | |
| ALMOTRIPTAN TAB 6.25MG | ALMOTRIPTAN MALATE TAB 6.25 MG | Tier 4 | | | | |
| ELETRIPTAN TAB 20MG | ELETRIPTAN HYDROBROMIDE TAB 20 MG (BASE EQUIVALENT) | Tier 3 | | | | |
| ELETRIPTAN TAB 40MG | ELETRIPTAN HYDROBROMIDE TAB 40 MG (BASE EQUIVALENT) | Tier 3 | | X | | |
| FROVATRIPTAN TAB 2.5MG | FROVATRIPTAN SUCCINATE TAB 2.5 MG (BASE EQUIVALENT) | Tier 3 | | X | | |
| NARATRIPTAN TAB 1MG | NARATRIPTAN HCL TAB 1 MG (BASE EQUIV) | Tier 1 | | X | | |
| NARATRIPTAN TAB 2.5MG | NARATRIPTAN HCL TAB 2.5 MG (BASE EQUIV) | Tier 1 | | X | | |
| RIZATRIPTAN TAB 10MG | RIZATRIPTAN BENZOATE TAB 10 MG (BASE EQUIVALENT) | Tier 1 | | X | | |
| RIZATRIPTAN TAB 10MG ODT | RIZATRIPTAN BENZOATE ORAL DISINTE-GRATING TAB 10 MG (BASE EQ) | Tier 1 | | X | | |
| RIZATRIPTAN TAB 5MG | RIZATRIPTAN BENZOATE TAB 5 MG (BASE EQUIVALENT) | Tier 1 | | X | | |
| RIZATRIPTAN TAB 5MG ODT | RIZATRIPTAN BENZOATE ORAL DISINTE-GRATING TAB 5 MG (BASE EQ) | Tier 1 | | X | | X |
| SUMATRIPTAN INJ 4MG/0.5 | SUMATRIPTAN SUCCINATE SOLUTION AUTO-INJECTOR 4 MG/0.5ML | Tier 1 | | X | | |
| SUMATRIPTAN INJ 4MG/0.5 | SUMATRIPTAN SUCCINATE SOLUTION CARTRIDGE 4 MG/0.5ML | Tier 1 | | X | | X |
| SUMATRIPTAN INJ 6/0.5ML | SUMATRIPTAN SUCCINATE INJ 6 MG/0.5ML | Tier 1 | | X | | |
| SUMATRIPTAN INJ 6/0.5ML | SUMATRIPTAN SUCCINATE SOLUTION AUTO-INJECTOR 6 MG/0.5ML | Tier 1 | | X | | |

HCR - Health Care Reform Preventive Care
^ May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met

| Medication name | Generic medication name | Drug Tier | Prior authorization | Quantity limit | Step Therapy | Specialty |
|---|---|---|---|---|---|---|
| SUMATRIPTAN INJ 6MG/.5ML | SUMATRIPTAN SUCCINATE SOLUTION AUTO-INJECTOR 6 MG/0.5ML | Tier 1 | | X | | X |
| SUMATRIPTAN INJ 6MG/0.5 | SUMATRIPTAN SUCCINATE INJ 6 MG/0.5ML | Tier 1 | | X | | X |
| SUMATRIPTAN INJ 6MG/0.5 | SUMATRIPTAN SUCCINATE SOLUTION AUTO-INJECTOR 6 MG/0.5ML | Tier 1 | | X | | X |
| SUMATRIPTAN INJ 6MG/0.5 | SUMATRIPTAN SUCCINATE SOLUTION CARTRIDGE 6 MG/0.5ML | Tier 1 | | X | | X |
| SUMATRIPTAN SPR 20MG/ACT | SUMATRIPTAN NASAL SPRAY 20 MG/ACT | Tier 2 | | X | | X |
| SUMATRIPTAN SPR 5MG/ACT | SUMATRIPTAN NASAL SPRAY 5 MG/ACT | Tier 2 | | X | | X |
| SUMATRIPTAN TAB 100MG | SUMATRIPTAN SUCCINATE TAB 100 MG | Tier 1 | | X | | X |
| SUMATRIPTAN TAB 25MG | SUMATRIPTAN SUCCINATE TAB 25 MG | Tier 1 | | X | | |
| SUMATRIPTAN TAB 50MG | SUMATRIPTAN SUCCINATE TAB 50 MG | Tier 1 | | X | | |
| ZOLMITRIPTAN TAB 2.5 MG | ZOLMITRIPTAN ORALLY DISINTEGRATING TAB 2.5 MG | Tier 3 | | | | |
| ZOLMITRIPTAN TAB 2.5MG | ZOLMITRIPTAN TAB 2.5 MG | Tier 2 | | | | |
| ZOLMITRIPTAN TAB 5MG | ZOLMITRIPTAN TAB 5 MG | Tier 2 | | | | |
| ZOLMITRIPTAN TAB 5MG ODT | ZOLMITRIPTAN ORALLY DISINTEGRATING TAB 5 MG | Tier 3 | | | | |
| ZOMIG SPR 2.5MG | ZOLMITRIPTAN NASAL SPRAY 2.5 MG/SPRAY UNIT | Tier 3 | | | | |
| ZOMIG SPR 5MG | ZOLMITRIPTAN NASAL SPRAY 5 MG/SPRAY UNIT | Tier 2 | | | | |
| **Skeletal Muscle Relaxants - Drugs for Muscle Pain and Spasm** | | | | | | |
| BACLOFEN TAB 10MG | BACLOFEN TAB 10 MG | Tier 1 | | | | |
| BACLOFEN TAB 20MG | BACLOFEN TAB 20 MG | Tier 1 | | | | |
| CARISOPRODOL TAB 350MG | CARISOPRODOL TAB 350 MG | Tier 1 | | | | |
| CHLORZOXAZON TAB 500MG | CHLORZOXAZONE TAB 500 MG | Tier 2 | | | | |
| CYCLOBENZAPR TAB 10MG | CYCLOBENZAPRINE HCL TAB 10 MG | Tier 1 | | | | |
| CYCLOBENZAPR TAB 5MG | CYCLOBENZAPRINE HCL TAB 5 MG | Tier 1 | | | | |
| DANTRIUM CAP 25MG | DANTROLENE SODIUM CAP 25 MG | Tier 4 | | | | |
| DANTROLENE CAP 100MG | DANTROLENE SODIUM CAP 100 MG | Tier 1 | | | | |
| DANTROLENE CAP 25MG | DANTROLENE SODIUM CAP 25 MG | Tier 1 | | | | |
| DANTROLENE CAP 50MG | DANTROLENE SODIUM CAP 50 MG | Tier 1 | | | | |
| METAXALONE TAB 400MG | METAXALONE TAB 400 MG | Tier 3 | | | | |
| METAXALONE TAB 800MG | METAXALONE TAB 800 MG | Tier 3 | | | | |
| METHOCARBAM TAB 500MG | METHOCARBAMOL TAB 500 MG | Tier 1 | | | | |
| METHOCARBAM TAB 750MG | METHOCARBAMOL TAB 750 MG | Tier 1 | | | | |
| ORPHENADRINE TAB 100MG ER | ORPHENADRINE CITRATE TAB ER 12HR 100 MG | Tier 2 | | | | |
| TIZANIDINE CAP 2MG | TIZANIDINE HCL CAP 2 MG (BASE EQUIVALENT) | Tier 2 | | | | |
| TIZANIDINE CAP 4MG | TIZANIDINE HCL CAP 4 MG (BASE EQUIVALENT) | Tier 2 | | | | |

HCR – Health Care Reform Preventive Care
^ May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met

| Medication name | Generic medication name | Drug Tier | Prior authorization | Quantity limit | Step Therapy | Specialty |
|---|---|---|---|---|---|---|
| TIZANIDINE CAP 6MG | TIZANIDINE HCL CAP 6 MG (BASE EQUIVALENT) | Tier 2 | | X | | |
| TIZANIDINE TAB 2MG | TIZANIDINE HCL TAB 2 MG (BASE EQUIVALENT) | Tier 1 | | | | |
| TIZANIDINE TAB 4MG | TIZANIDINE HCL TAB 4 MG (BASE EQUIVALENT) | Tier 1 | | | | |
| **Skeletal Muscle Relaxants - Pain/Swelling Management Drugs** | | | | | | |
| BACLOFEN SOL 10MG/5ML | BACLOFEN ORAL SOLN 10 MG/5ML | Tier 3 | X | | | |
| BACLOFEN SOL 5MG/5ML | BACLOFEN ORAL SOLN 5 MG/5ML | Tier 3 | | | | |
| BACLOFEN SUS 25MG/5ML | BACLOFEN SUSP 25 MG/5ML | Tier 3 | X | | | |
| BACLOFEN TAB 5MG | BACLOFEN TAB 5 MG | Tier 1 | | | | |
| **Sleep Disorders, Other - Drugs for Sleeping** | | | | | | |
| ARMODAFINIL TAB 150MG | ARMODAFINIL TAB 150 MG | Tier 2 | | X | | |
| ARMODAFINIL TAB 200MG | ARMODAFINIL TAB 200 MG | Tier 2 | | X | | |
| ARMODAFINIL TAB 250MG | ARMODAFINIL TAB 250 MG | Tier 2 | | X | | |
| ARMODAFINIL TAB 50MG | ARMODAFINIL TAB 50 MG | Tier 2 | | X | | |
| BELSOMRA TAB 10MG | SUVOREXANT TAB 10 MG | Tier 4 | | X | | |
| BELSOMRA TAB 15MG | SUVOREXANT TAB 15 MG | Tier 4 | | X | | |
| BELSOMRA TAB 20MG | SUVOREXANT TAB 20 MG | Tier 4 | | X | | |
| BELSOMRA TAB 5MG | SUVOREXANT TAB 5 MG | Tier 4 | | X | | |
| HETLIOZ CAP 20MG | TASIMELTEON CAPSULE 20 MG | Tier 4 | X | X | | X |
| HETLIOZ LQ SUS 4MG/ML | TASIMELTEON ORAL SUSP 4 MG/ML | Tier 4 | X | X | | X |
| LUMRYZ PAK 6GM | SODIUM OXYBATE PACK FOR ORAL ER SUSP 6 GM | Tier 4 | X | X | | X |
| LUMRYZ PAK 7.5GM | SODIUM OXYBATE PACK FOR ORAL ER SUSP 7.5 GM | Tier 4 | X | X | | X |
| LUMRYZ PAK 9GM | SODIUM OXYBATE PACK FOR ORAL ER SUSP 9 GM | Tier 4 | X | X | | X |
| LUMRYZ PAK STARTER | SODIUM OXYBATE PACK FOR ER SUSP 4.5 & 6 & 7.5 GM STARTER PAK | Tier 4 | X | X | | X |
| LUMRYZ PKG 4.5GM | SODIUM OXYBATE PACK FOR ORAL ER SUSP 4.5 GM | Tier 4 | X | X | | X |
| MODAFINIL TAB 100MG | MODAFINIL TAB 100 MG | Tier 2 | | X | | |
| MODAFINIL TAB 200MG | MODAFINIL TAB 200 MG | Tier 2 | | X | | |
| RAMELTEON TAB 8MG | RAMELTEON TAB 8 MG | Tier 4 | | X | | |
| SOD OXYBATE SOL 500MG/ML | SODIUM OXYBATE ORAL SOLUTION 500 MG/ML | Tier 4 | X | X | | X |
| SUNOSI TAB 150MG | SOLRIAMFETOL HCL TAB 150 MG (BASE EQUIV) | Tier 2 | X | X | | |
| SUNOSI TAB 75MG | SOLRIAMFETOL HCL TAB 75 MG (BASE EQUIV) | Tier 2 | X | X | | |
| TASIMELTEON CAP 20MG | TASIMELTEON CAPSULE 20 MG | Tier 4 | | | | |

HCR – Health Care Reform Preventive Care
^ May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met

| Medication name | Generic medication name | Drug Tier | Prior authorization | Quantity limit | Step Therapy | Specialty |
|---|---|---|---|---|---|---|
| WAKIX TAB 17.8MG | PITOLISANT HCL TAB 17.8 MG (BASE EQUIVALENT) | Tier 4 | | | | |
| WAKIX TAB 4.45MG | PITOLISANT HCL TAB 4.45 MG (BASE EQUIVALENT) | Tier 4 | | | | |
| XYWAV SOL 0.5GM/ML | CALCIUM, MAG, POTASSIUM, & SOD OXYBATES ORAL SOLN 500 MG/ML | Tier 4 | X | X | | X |
| **Smoking Cessation Agents - Deterrents** | | | | | | |
| BUPROPION TAB 150MG SR | BUPROPION HCL (SMOKING DETERRENT) TAB ER 12HR 150 MG | HCR | | | | |
| CVS NICOTINE DIS 14MG/24H | NICOTINE TD PATCH 24HR 14 MG/24HR | HCR | | | | |
| CVS NICOTINE DIS 21MG/24H | NICOTINE TD PATCH 24HR 21 MG/24HR | HCR | X | X | | |
| CVS NICOTINE DIS 7MG/24HR | NICOTINE TD PATCH 24HR 7 MG/24HR | HCR | | | | |
| CVS NICOTINE GUM 2MG CINN | NICOTINE POLACRILEX GUM 2 MG | HCR | | X | | |
| CVS NICOTINE GUM 2MG MINT | NICOTINE POLACRILEX GUM 2 MG | HCR | | | | |
| CVS NICOTINE GUM 2MG ORIG | NICOTINE POLACRILEX GUM 2 MG | HCR | | | | |
| CVS NICOTINE GUM 2MGFRUIT | NICOTINE POLACRILEX GUM 2 MG | HCR | | X | | X |
| CVS NICOTINE GUM 4MG | NICOTINE POLACRILEX GUM 4 MG | HCR | X | | | X |
| CVS NICOTINE GUM 4MG CINN | NICOTINE POLACRILEX GUM 4 MG | HCR | X | X | | |
| CVS NICOTINE GUM 4MG MINT | NICOTINE POLACRILEX GUM 4 MG | HCR | | X | | X |
| CVS NICOTINE GUM 4MG ORIG | NICOTINE POLACRILEX GUM 4 MG | HCR | | | X | |
| CVS NICOTINE GUM 4MGFRUIT | NICOTINE POLACRILEX GUM 4 MG | HCR | | X | X | |
| CVS NICOTINE LOZ 2MG | NICOTINE POLACRILEX LOZENGE 2 MG | HCR | | X | | |
| CVS NICOTINE LOZ 2MG MINT | NICOTINE POLACRILEX LOZENGE 2 MG | HCR | | | | X |
| CVS NICOTINE LOZ 4MG MINT | NICOTINE POLACRILEX LOZENGE 4 MG | HCR | | X | | X |
| EQ NICOTINE DIS 14MG/24H | NICOTINE TD PATCH 24HR 14 MG/24HR | HCR | | | | |
| EQ NICOTINE DIS 21MG/24H | NICOTINE TD PATCH 24HR 21 MG/24HR | HCR | X | X | | X |
| EQ NICOTINE DIS 7MG/24HR | NICOTINE TD PATCH 24HR 7 MG/24HR | HCR | X | X | | X |
| EQ NICOTINE GUM 2MG CINN | NICOTINE POLACRILEX GUM 2 MG | HCR | X | X | | X |
| EQ NICOTINE GUM 2MG MINT | NICOTINE POLACRILEX GUM 2 MG | HCR | | | | |
| EQ NICOTINE GUM 2MGFRUIT | NICOTINE POLACRILEX GUM 2 MG | HCR | | | | |
| EQ NICOTINE GUM 4MG CINN | NICOTINE POLACRILEX GUM 4 MG | HCR | X | X | | X |
| EQ NICOTINE GUM 4MG MINT | NICOTINE POLACRILEX GUM 4 MG | HCR | X | X | | |
| EQ NICOTINE GUM 4MG ORIG | NICOTINE POLACRILEX GUM 4 MG | HCR | | | | X |
| EQ NICOTINE GUM 4MGFRUIT | NICOTINE POLACRILEX GUM 4 MG | HCR | | X | | |
| EQ NICOTINE LOZ 2MG CINN | NICOTINE POLACRILEX LOZENGE 2 MG | HCR | X | X | | X |

HCR - Health Care Reform Preventive Care

^ May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met

| Medication name | Generic medication name | Drug Tier | Prior authorization | Quantity limit | Step Therapy | Specialty |
|---|---|---|---|---|---|---|
| EQ NICOTINE LOZ 2MG MINT | NICOTINE POLACRILEX LOZENGE 2 MG | HCR | | X | | |
| EQ NICOTINE LOZ 4MG CINN | NICOTINE POLACRILEX LOZENGE 4 MG | HCR | | | | |
| EQ NICOTINE LOZ 4MG MINT | NICOTINE POLACRILEX LOZENGE 4 MG | HCR | | X | | |
| FT NICOTINE DIS 14MG/24H | NICOTINE TD PATCH 24HR 14 MG/24HR | HCR | | | | |
| FT NICOTINE DIS 21MG/24H | NICOTINE TD PATCH 24HR 21 MG/24HR | HCR | | X | | |
| FT NICOTINE DIS 7MG/24HR | NICOTINE TD PATCH 24HR 7 MG/24HR | HCR | | X | | |
| FT NICOTINE GUM 2MG | NICOTINE POLACRILEX GUM 2 MG | HCR | | X | | |
| FT NICOTINE GUM 4MG | NICOTINE POLACRILEX GUM 4 MG | HCR | X | X | | |
| FT NICOTINE LOZ 2MG | NICOTINE POLACRILEX LOZENGE 2 MG | HCR | | X | | |
| FT NICOTINE LOZ 4MG | NICOTINE POLACRILEX LOZENGE 4 MG | HCR | | X | | |
| GNP NICOTINE DIS 14MG/24H | NICOTINE TD PATCH 24HR 14 MG/24HR | HCR | X | X | | |
| GNP NICOTINE DIS 21MG/24H | NICOTINE TD PATCH 24HR 21 MG/24HR | HCR | | | | |
| GNP NICOTINE DIS 7MG/24HR | NICOTINE TD PATCH 24HR 7 MG/24HR | HCR | X | X | | |
| GNP NICOTINE GUM 2MG MINT | NICOTINE POLACRILEX GUM 2 MG | HCR | X | X | | |
| GNP NICOTINE GUM 2MG ORIG | NICOTINE POLACRILEX GUM 2 MG | HCR | X | X | | |
| GNP NICOTINE GUM 4MG FRT | NICOTINE POLACRILEX GUM 4 MG | HCR | | | | |
| GNP NICOTINE GUM 4MG MINT | NICOTINE POLACRILEX GUM 4 MG | HCR | | | | |
| GNP NICOTINE GUM 4MG ORIG | NICOTINE POLACRILEX GUM 4 MG | HCR | X | X | | |
| GNP NICOTINE LOZ 2MG MINT | NICOTINE POLACRILEX LOZENGE 2 MG | HCR | | X | | |
| GNP NICOTINE LOZ 4MG CHER | NICOTINE POLACRILEX LOZENGE 4 MG | HCR | X | | | |
| GNP NICOTINE LOZ 4MG MINT | NICOTINE POLACRILEX LOZENGE 4 MG | HCR | | X | | |
| GNP NICOTINE LOZ MINI 2MG | NICOTINE POLACRILEX LOZENGE 2 MG | HCR | | | | |
| HABITROL DIS 21MG/24H | NICOTINE TD PATCH 24HR 21 MG/24HR | HCR | | | | |
| HM NICOTINE GUM 2MG | NICOTINE POLACRILEX GUM 2 MG | HCR | | | | |
| HM NICOTINE GUM 4MG FRT | NICOTINE POLACRILEX GUM 4 MG | HCR | | | | |
| KLS QUIT2 GUM 2MG | NICOTINE POLACRILEX GUM 2 MG | HCR | | X | | |
| KLS QUIT2 LOZ 2MG | NICOTINE POLACRILEX LOZENGE 2 MG | HCR | | X | | |
| KLS QUIT4 GUM 4MG | NICOTINE POLACRILEX GUM 4 MG | HCR | | | | |
| KLS QUIT4 LOZ 4MG | NICOTINE POLACRILEX LOZENGE 4 MG | HCR | | | | |
| NICODERM CQ DIS 14MG/24H | NICOTINE TD PATCH 24HR 14 MG/24HR | HCR | | | | |
| NICODERM CQ DIS 21MG/24H | NICOTINE TD PATCH 24HR 21 MG/24HR | HCR | | X | | |
| NICODERM CQ DIS 7MG/24HR | NICOTINE TD PATCH 24HR 7 MG/24HR | HCR | | | | |
| NICORETTE GUM 2MG | NICOTINE POLACRILEX GUM 2 MG | HCR | X | X | | |
| NICORETTE GUM 2MG CINN | NICOTINE POLACRILEX GUM 2 MG | HCR | | X | | |
| NICORETTE GUM 2MG MINT | NICOTINE POLACRILEX GUM 2 MG | HCR | | | | |
| NICORETTE GUM 2MG ORIG | NICOTINE POLACRILEX GUM 2 MG | HCR | | | | |
| NICORETTE GUM 2MGFRUIT | NICOTINE POLACRILEX GUM 2 MG | HCR | | X | | |

HCR - Health Care Reform Preventive Care
^ May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met

| Medication name | Generic medication name | Drug Tier | Prior authorization | Quantity limit | Step Therapy | Specialty |
|---|---|---|---|---|---|---|
| NICORETTE GUM 4MG | NICOTINE POLACRILEX GUM 4 MG | HCR | | | | |
| NICORETTE GUM 4MG CINN | NICOTINE POLACRILEX GUM 4 MG | HCR | | | | |
| NICORETTE GUM 4MG MINT | NICOTINE POLACRILEX GUM 4 MG | HCR | | X | | |
| NICORETTE GUM 4MG ORIG | NICOTINE POLACRILEX GUM 4 MG | HCR | X | X | | |
| NICORETTE GUM 4MGFRUIT | NICOTINE POLACRILEX GUM 4 MG | HCR | | X | | |
| NICORETTE LOZ 2MG | NICOTINE POLACRILEX LOZENGE 2 MG | HCR | | | | |
| NICORETTE LOZ 2MG MINT | NICOTINE POLACRILEX LOZENGE 2 MG | HCR | | | | |
| NICORETTE LOZ 4MG | NICOTINE POLACRILEX LOZENGE 4 MG | HCR | | | | |
| NICORETTE LOZ 4MG MINT | NICOTINE POLACRILEX LOZENGE 4 MG | HCR | | | | |
| NICORETTE ST GUM 2MG ORIG | NICOTINE POLACRILEX GUM 2 MG | HCR | | | | |
| NICORETTE ST GUM 4MG ORIG | NICOTINE POLACRILEX GUM 4 MG | HCR | X | | | X |
| NICOTINE DIS 14MG/24H | NICOTINE TD PATCH 24HR 14 MG/24HR | HCR | | | | |
| NICOTINE DIS 7MG/24HR | NICOTINE TD PATCH 24HR 7 MG/24HR | HCR | | | | |
| NICOTINE GUM 2MG | NICOTINE POLACRILEX GUM 2 MG | HCR | | | | |
| NICOTINE GUM 2MGFRUIT | NICOTINE POLACRILEX GUM 2 MG | HCR | X | | | |
| NICOTINE GUM 4MG | NICOTINE POLACRILEX GUM 4 MG | HCR | | | | |
| NICOTINE LOZ 2MG MINT | NICOTINE POLACRILEX LOZENGE 2 MG | HCR | | | | |
| NICOTINE LOZ 4MG CINN | NICOTINE POLACRILEX LOZENGE 4 MG | HCR | X | | | |
| NICOTINE LOZ 4MG MINT | NICOTINE POLACRILEX LOZENGE 4 MG | HCR | X | X | | |
| NICOTINE LOZ MINI 2MG | NICOTINE POLACRILEX LOZENGE 2 MG | HCR | | | | |
| NICOTINE POL GUM 2MG | NICOTINE POLACRILEX GUM 2 MG | HCR | | | | |
| NICOTINE POL GUM 2MG CINN | NICOTINE POLACRILEX GUM 2 MG | HCR | | X | | X |
| NICOTINE POL GUM 2MG MINT | NICOTINE POLACRILEX GUM 2 MG | HCR | X | X | | X |
| NICOTINE POL GUM 2MG ORIG | NICOTINE POLACRILEX GUM 2 MG | HCR | | | | |
| NICOTINE POL GUM 2MG REF | NICOTINE POLACRILEX GUM 2 MG | HCR | | | | |
| NICOTINE POL GUM 2MG STRT | NICOTINE POLACRILEX GUM 2 MG | HCR | | X | | X |
| NICOTINE POL GUM 2MGFRUIT | NICOTINE POLACRILEX GUM 2 MG | HCR | | | X | X |
| NICOTINE POL GUM 4MG | NICOTINE POLACRILEX GUM 4 MG | HCR | | X | | |
| NICOTINE POL GUM 4MG CINN | NICOTINE POLACRILEX GUM 4 MG | HCR | | | | |
| NICOTINE POL GUM 4MG MINT | NICOTINE POLACRILEX GUM 4 MG | HCR | X | | | X |
| NICOTINE POL GUM 4MG ORIG | NICOTINE POLACRILEX GUM 4 MG | HCR | | | | |
| NICOTINE POL GUM 4MG REF | NICOTINE POLACRILEX GUM 4 MG | HCR | | | | |
| NICOTINE POL GUM 4MG STRT | NICOTINE POLACRILEX GUM 4 MG | HCR | | | | |
| NICOTINE POL GUM 4MGFRUIT | NICOTINE POLACRILEX GUM 4 MG | HCR | | | | |

HCR - Health Care Reform Preventive Care
^ May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met

| Medication name | Generic medication name | Drug Tier | Prior authorization | Quantity limit | Step Therapy | Specialty |
|---|---|---|---|---|---|---|
| NICOTINE POL LOZ 2MG CHRY | NICOTINE POLACRILEX LOZENGE 2 MG | HCR | | | | |
| NICOTINE POL LOZ 2MG CINN | NICOTINE POLACRILEX LOZENGE 2 MG | HCR | X | X | | |
| NICOTINE POL LOZ 2MG MINI | NICOTINE POLACRILEX LOZENGE 2 MG | HCR | | | | |
| NICOTINE POL LOZ 2MG MINT | NICOTINE POLACRILEX LOZENGE 2 MG | HCR | X | | | |
| NICOTINE POL LOZ 4MG CHRY | NICOTINE POLACRILEX LOZENGE 4 MG | HCR | | | | |
| NICOTINE POL LOZ 4MG CINN | NICOTINE POLACRILEX LOZENGE 4 MG | HCR | | | | |
| NICOTINE POL LOZ 4MG MINT | NICOTINE POLACRILEX LOZENGE 4 MG | HCR | | | | |
| NICOTINE SYS KIT TRANSDER | NICOTINE TD PATCH 24 HR KIT 21-14-7 MG/24HR | HCR | | | | |
| NICOTINE TD DIS 14MG/24H | NICOTINE TD PATCH 24HR 14 MG/24HR | HCR | | X | | |
| NICOTINE TD DIS 21MG/24H | NICOTINE TD PATCH 24HR 21 MG/24HR | HCR | X | | | |
| NICOTINE TD DIS 7MG/24HR | NICOTINE TD PATCH 24HR 7 MG/24HR | HCR | | | | |
| NICOTROL NS SPR 10MG/ML | NICOTINE NASAL SPRAY 10 MG/ML (0.5 MG/SPRAY) | HCR | | | | |
| QC NICOTINE DIS 14MG/24H | NICOTINE TD PATCH 24HR 14 MG/24HR | HCR | | | | |
| QC NICOTINE DIS 21MG/24H | NICOTINE TD PATCH 24HR 21 MG/24HR | HCR | X | X | | X |
| RA NICOTINE DIS 21MG/24H | NICOTINE TD PATCH 24HR 21 MG/24HR | HCR | | | | |
| RA NICOTINE GUM 4MG | NICOTINE POLACRILEX GUM 4 MG | HCR | | | | |
| RA NICOTINE LOZ 2MG MINT | NICOTINE POLACRILEX LOZENGE 2 MG | HCR | | | | |
| RA NICOTINE LOZ 4MG MINT | NICOTINE POLACRILEX LOZENGE 4 MG | HCR | | | | |
| SM NICOTINE DIS 14MG/24H | NICOTINE TD PATCH 24HR 14 MG/24HR | HCR | | | | |
| SM NICOTINE DIS 7MG/24HR | NICOTINE TD PATCH 24HR 7 MG/24HR | HCR | | X | | |
| SM NICOTINE GUM 4MG | NICOTINE POLACRILEX GUM 4 MG | HCR | | | | |
| SM NICOTINE GUM 4MG MINT | NICOTINE POLACRILEX GUM 4 MG | HCR | | X | | |
| THRIVE GUM 2MG MINT | NICOTINE POLACRILEX GUM 2 MG | HCR | X | X | | |
| VARENICLINE TAB 0.5& 1MG | VARENICLINE TARTRATE TAB 11 X 0.5 MG & 42 X 1 MG START PACK | HCR | | | | |
| VARENICLINE TAB 0.5MG | VARENICLINE TARTRATE TAB 0.5 MG (BASE EQUIV) | HCR | | | | |
| VARENICLINE TAB 1MG | VARENICLINE TARTRATE TAB 1 MG (BASE EQUIV) | HCR | | | | |
| **Sodium Channel Agents - Seizure Control Drugs** | | | | | | |
| CARBAMAZEPIN CAP 100MG ER | CARBAMAZEPINE CAP ER 12HR 100 MG | Tier 2 | | | | |
| CARBAMAZEPIN CAP 200MG ER | CARBAMAZEPINE CAP ER 12HR 200 MG | Tier 2 | | | | |
| CARBAMAZEPIN CAP 300MG ER | CARBAMAZEPINE CAP ER 12HR 300 MG | Tier 2 | | | | |
| CARBAMAZEPIN CHW 100MG | CARBAMAZEPINE CHEW TAB 100 MG | Tier 1 | | X | | |
| CARBAMAZEPIN CHW 200MG | CARBAMAZEPINE CHEW TAB 200 MG | Tier 1 | | X | | |
| CARBAMAZEPIN SUS 100/5ML | CARBAMAZEPINE SUSP 100 MG/5ML | Tier 1 | X | X | | |
| CARBAMAZEPIN TAB 100MG ER | CARBAMAZEPINE TAB ER 12HR 100 MG | Tier 2 | | | | X |

HCR - Health Care Reform Preventive Care

^ May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met

| Medication name | Generic medication name | Drug Tier | Prior authorization | Quantity limit | Step Therapy | Specialty |
|---|---|---|---|---|---|---|
| CARBAMAZEPIN TAB 200MG | CARBAMAZEPINE TAB 200 MG | Tier 1 | X | | | |
| CARBAMAZEPIN TAB 200MG ER | CARBAMAZEPINE TAB ER 12HR 200 MG | Tier 2 | | | | X |
| CARBAMAZEPIN TAB 400MG ER | CARBAMAZEPINE TAB ER 12HR 400 MG | Tier 2 | | | | X |
| DILANTIN CAP 100MG | PHENYTOIN SODIUM EXTENDED CAP 100 MG | Tier 3 | | X | | |
| DILANTIN CAP 30MG | PHENYTOIN SODIUM EXTENDED CAP 30 MG | Tier 3 | | | | |
| DILANTIN CHW 50MG | PHENYTOIN CHEW TAB 50 MG | Tier 3 | | | | |
| DILANTIN-125 SUS 125/5ML | PHENYTOIN SUSP 125 MG/5ML | Tier 3 | | X | | |
| EPITOL TAB 200MG | CARBAMAZEPINE TAB 200 MG | Tier 1 | | X | | |
| LACOSAMIDE SOL 100/10ML | LACOSAMIDE ORAL SOLUTION 10 MG/ML | Tier 2 | | | | |
| LACOSAMIDE SOL 10MG/ML | LACOSAMIDE ORAL SOLUTION 10 MG/ML | Tier 2 | | | | |
| LACOSAMIDE SOL 150/15ML | LACOSAMIDE ORAL SOLUTION 10 MG/ML | Tier 2 | X | | | |
| LACOSAMIDE SOL 200/20ML | LACOSAMIDE ORAL SOLUTION 10 MG/ML | Tier 2 | | X | | |
| LACOSAMIDE SOL 50/5ML | LACOSAMIDE ORAL SOLUTION 10 MG/ML | Tier 2 | | | | |
| LACOSAMIDE SOL 50MG/5ML | LACOSAMIDE ORAL SOLUTION 10 MG/ML | Tier 2 | | X | | |
| LACOSAMIDE TAB 100MG | LACOSAMIDE TAB 100 MG | Tier 2 | X | | | |
| LACOSAMIDE TAB 150MG | LACOSAMIDE TAB 150 MG | Tier 2 | | | | |
| LACOSAMIDE TAB 200MG | LACOSAMIDE TAB 200 MG | Tier 2 | | X | | |
| LACOSAMIDE TAB 50MG | LACOSAMIDE TAB 50 MG | Tier 2 | | X | | |
| MOTPOLY XR CAP 100MG | LACOSAMIDE CAP ER 24HR 100 MG | Tier 4 | X | X | | |
| MOTPOLY XR CAP 150MG | LACOSAMIDE CAP ER 24HR 150 MG | Tier 4 | X | | | |
| MOTPOLY XR CAP 200MG | LACOSAMIDE CAP ER 24HR 200 MG | Tier 4 | X | X | | |
| OXCARBAZEPIN SUS 300/5ML | OXCARBAZEPINE SUSP 300 MG/5ML (60 MG/ML) | Tier 1 | | | | |
| OXCARBAZEPIN TAB 150MG | OXCARBAZEPINE TAB 150 MG | Tier 1 | | X | | |
| OXCARBAZEPIN TAB 300MG | OXCARBAZEPINE TAB 300 MG | Tier 1 | | X | | |
| OXCARBAZEPIN TAB 600MG | OXCARBAZEPINE TAB 600 MG | Tier 1 | | X | | X |
| PHENYTEK CAP 200MG | PHENYTOIN SODIUM EXTENDED CAP 200 MG | Tier 1 | | | | |
| PHENYTEK CAP 300MG | PHENYTOIN SODIUM EXTENDED CAP 300 MG | Tier 1 | | | | |
| PHENYTOIN CHW 50MG | PHENYTOIN CHEW TAB 50 MG | Tier 1 | | | | |
| PHENYTOIN EX CAP 100MG | PHENYTOIN SODIUM EXTENDED CAP 100 MG | Tier 1 | | X | | |
| PHENYTOIN EX CAP 200MG | PHENYTOIN SODIUM EXTENDED CAP 200 MG | Tier 1 | | | | |
| PHENYTOIN EX CAP 300MG | PHENYTOIN SODIUM EXTENDED CAP 300 MG | Tier 1 | | | | |
| PHENYTOIN SUS 125/5ML | PHENYTOIN SUSP 125 MG/5ML | Tier 1 | | | | |
| RUFINAMIDE SUS 40MG/ML | RUFINAMIDE SUSP 40 MG/ML | Tier 3 | | | | |

HCR - Health Care Reform Preventive Care
^ May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met

| Medication name | Generic medication name | Drug Tier | Prior authorization | Quantity limit | Step Therapy | Specialty |
|---|---|---|---|---|---|---|
| RUFINAMIDE TAB 200MG | RUFINAMIDE TAB 200 MG | Tier 3 | X | | | |
| RUFINAMIDE TAB 400MG | RUFINAMIDE TAB 400 MG | Tier 3 | X | | | |
| TEGRETOL SUS 100/5ML | CARBAMAZEPINE SUSP 100 MG/5ML | Tier 4 | | | | X |
| TEGRETOL TAB 200MG | CARBAMAZEPINE TAB 200 MG | Tier 4 | | | | X |
| VIMPAT SOL 10MG/ML | LACOSAMIDE ORAL SOLUTION 10 MG/ML | Tier 4 | X | | | |
| **SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitor) - Antidepressants** | | | | | | |
| CITALOPRAM SOL 10MG/5ML | CITALOPRAM HYDROBROMIDE ORAL SOLN 10 MG/5ML | Tier 1 | | | | |
| CITALOPRAM TAB 10MG | CITALOPRAM HYDROBROMIDE TAB 10 MG (BASE EQUIV) | Tier 1 | | | | |
| CITALOPRAM TAB 20MG | CITALOPRAM HYDROBROMIDE TAB 20 MG (BASE EQUIV) | Tier 1 | | | | |
| CITALOPRAM TAB 40MG | CITALOPRAM HYDROBROMIDE TAB 40 MG (BASE EQUIV) | Tier 1 | | | | |
| DESVENLAFAX TAB 100MG ER | DESVENLAFAXINE SUCCINATE TAB ER 24HR 100 MG (BASE EQUIV) | Tier 3 | | | | |
| DESVENLAFAX TAB 25MG ER | DESVENLAFAXINE SUCCINATE TAB ER 24HR 25 MG (BASE EQUIV) | Tier 3 | | | | |
| DESVENLAFAX TAB 50MG ER | DESVENLAFAXINE SUCCINATE TAB ER 24HR 50 MG (BASE EQUIV) | Tier 3 | | | | |
| DRIZALMA CAP 20MG DR | DULOXETINE HCL CAP DELAYED RELEASE SPRINKLE 20 MG (BASE EQ) | Tier 4 | | X | | |
| DRIZALMA CAP 30MG DR | DULOXETINE HCL CAP DELAYED RELEASE SPRINKLE 30 MG (BASE EQ) | Tier 4 | | X | | |
| DRIZALMA CAP 40MG DR | DULOXETINE HCL CAP DELAYED RELEASE SPRINKLE 40 MG (BASE EQ) | Tier 4 | | X | | |
| DRIZALMA CAP 60MG DR | DULOXETINE HCL CAP DELAYED RELEASE SPRINKLE 60 MG (BASE EQ) | Tier 4 | | | | |
| ESCITALOPRAM SOL 5MG/5ML | ESCITALOPRAM OXALATE SOLN 5 MG/5ML (BASE EQUIV) | Tier 2 | | | | |
| ESCITALOPRAM TAB 10MG | ESCITALOPRAM OXALATE TAB 10 MG (BASE EQUIV) | Tier 1 | | | | |
| ESCITALOPRAM TAB 20MG | ESCITALOPRAM OXALATE TAB 20 MG (BASE EQUIV) | Tier 1 | | | | |
| ESCITALOPRAM TAB 5MG | ESCITALOPRAM OXALATE TAB 5 MG (BASE EQUIV) | Tier 1 | | | | |
| FLUOXETINE CAP 10MG | FLUOXETINE HCL CAP 10 MG | Tier 1 | | | | |
| FLUOXETINE CAP 20MG | FLUOXETINE HCL CAP 20 MG | Tier 1 | | | | |
| FLUOXETINE CAP 40MG | FLUOXETINE HCL CAP 40 MG | Tier 1 | | | | |
| FLUOXETINE CAP 90MG DR | FLUOXETINE HCL CAP DELAYED RELEASE 90 MG | Tier 3 | | X | | |
| FLUOXETINE SOL 20MG/5ML | FLUOXETINE HCL SOLUTION 20 MG/5ML | Tier 1 | | | | |
| FLUOXETINE TAB 10MG | FLUOXETINE HCL TAB 10 MG | Tier 3 | | | | |

HCR - Health Care Reform Preventive Care
^ May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met

| Medication name | Generic medication name | Drug Tier | Prior authorization | Quantity limit | Step Therapy | Specialty |
|---|---|---|---|---|---|---|
| FLUOXETINE TAB 20MG | FLUOXETINE HCL TAB 20 MG | Tier 3 | | | | |
| FLUOXETINE TAB 60MG | FLUOXETINE HCL TAB 60 MG | Tier 3 | | | | X |
| FLUVOXAMINE CAP 100MG ER | FLUVOXAMINE MALEATE CAP ER 24HR 100 MG | Tier 4 | | | | |
| FLUVOXAMINE CAP 150MG ER | FLUVOXAMINE MALEATE CAP ER 24HR 150 MG | Tier 4 | | | | |
| 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 | | | | |
| 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 | | | | X |
| NEFAZODONE TAB 250MG | NEFAZODONE HCL TAB 250 MG | Tier 1 | | | | |
| NEFAZODONE TAB 50MG | NEFAZODONE HCL TAB 50 MG | Tier 1 | | | | X |
| OLANZA/FLUOX CAP 12-25MG | OLANZAPINE-FLUOXETINE HCL CAP 12-25 MG | Tier 2 | | X | | |
| OLANZA/FLUOX CAP 12-50MG | OLANZAPINE-FLUOXETINE HCL CAP 12-50 MG | Tier 2 | | X | | |
| OLANZA/FLUOX CAP 3-25MG | OLANZAPINE-FLUOXETINE HCL CAP 3-25 MG | Tier 2 | | X | | |
| OLANZA/FLUOX CAP 6-25MG | OLANZAPINE-FLUOXETINE HCL CAP 6-25 MG | Tier 2 | | X | | |
| OLANZA/FLUOX CAP 6-50MG | OLANZAPINE-FLUOXETINE HCL CAP 6-50 MG | Tier 2 | | X | | |
| PAROXETIN ER TAB 12.5MG | PAROXETINE HCL TAB ER 24HR 12.5 MG | Tier 3 | | | | |
| PAROXETIN ER TAB 37.5MG | PAROXETINE HCL TAB ER 24HR 37.5 MG | Tier 3 | | | | |
| PAROXETINE SUS 10MG/5ML | PAROXETINE HCL ORAL SUSP 10 MG/5ML (BASE EQUIV) | Tier 3 | | | | |
| 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 3 | | | | |
| PAROXETINE TAB 30MG | PAROXETINE HCL TAB 30 MG | Tier 1 | | | | |
| PAROXETINE TAB 40MG | PAROXETINE HCL TAB 40 MG | Tier 1 | | | | |
| PAXIL SUS 10MG/5ML | PAROXETINE HCL ORAL SUSP 10 MG/5ML (BASE EQUIV) | Tier 4 | | | | |
| 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 | | | | X |
| SYMBYAX CAP 3-25MG | OLANZAPINE-FLUOXETINE HCL CAP 3-25 MG | Tier 4 | | X | | |

HCR - Health Care Reform Preventive Care
^ May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met

| Medication name | Generic medication name | Drug Tier | Prior authorization | Quantity limit | Step Therapy | Specialty |
|---|---|---|---|---|---|---|
| SYMBYAX CAP 6-25MG | OLANZAPINE-FLUOXETINE HCL CAP 6-25 MG | Tier 4 | | X | | |
| TRAZODONE TAB 100MG | TRAZODONE HCL TAB 100 MG | Tier 1 | | | | |
| TRAZODONE TAB 150MG | TRAZODONE HCL TAB 150 MG | Tier 1 | | | | |
| TRAZODONE TAB 25MG | TRAZODONE HCL TAB 25 MG | Tier 1 | | | | X |
| TRAZODONE TAB 300MG | TRAZODONE HCL TAB 300 MG | Tier 1 | | | | X |
| TRAZODONE TAB 50MG | TRAZODONE HCL TAB 50 MG | Tier 1 | | | | X |
| TRAZODONE TAB 75MG | TRAZODONE HCL TAB 75 MG | Tier 1 | | | | X |
| TRINTELLIX TAB 10MG | VORTIOXETINE HBR TAB 10 MG (BASE EQUIV) | Tier 4 | | X | X | X |
| TRINTELLIX TAB 20MG | VORTIOXETINE HBR TAB 20 MG (BASE EQUIV) | Tier 4 | | X | X | |
| TRINTELLIX TAB 5MG | VORTIOXETINE HBR TAB 5 MG (BASE EQUIV) | Tier 4 | | X | X | |
| 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 | | | | X |
| VENLAFAXINE CAP 75MG ER | VENLAFAXINE HCL CAP ER 24HR 75 MG (BASE EQUIVALENT) | Tier 1 | | | | X |
| VENLAFAXINE TAB 100MG | VENLAFAXINE HCL TAB 100 MG (BASE EQUIVALENT) | Tier 1 | | | | X |
| 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 | | | | X |
| VENLAFAXINE TAB 50MG | VENLAFAXINE HCL TAB 50 MG (BASE EQUIVALENT) | Tier 1 | | | | X |
| VENLAFAXINE TAB 75MG | VENLAFAXINE HCL TAB 75 MG (BASE EQUIVALENT) | Tier 1 | | | | X |
| VILAZODONE TAB 10MG | VILAZODONE HCL TAB 10 MG | Tier 3 | | | | |
| VILAZODONE TAB 20MG | VILAZODONE HCL TAB 20 MG | Tier 3 | | | | X |
| VILAZODONE TAB 40MG | VILAZODONE HCL TAB 40 MG | Tier 3 | | | | X |
| **Sulfonamides - Antibiotics** | | | | | | |
| BACTRIM DS TAB 800-160 | SULFAMETHOXAZOLE-TRIMETHOPRIM TAB 800-160 MG | Tier 4 | X | | | X |
| BACTRIM TAB 400-80MG | SULFAMETHOXAZOLE-TRIMETHOPRIM TAB 400-80 MG | Tier 4 | | X | | X |
| SMZ-TMP SUS 200-40/5 | SULFAMETHOXAZOLE-TRIMETHOPRIM SUSP 200-40 MG/5ML | Tier 1 | X | X | | X |
| SMZ-TMP TAB 400-80MG | SULFAMETHOXAZOLE-TRIMETHOPRIM TAB 400-80 MG | Tier 1 | X | X | | X |
| SMZ/TMP DS TAB 800-160 | SULFAMETHOXAZOLE-TRIMETHOPRIM TAB 800-160 MG | Tier 1 | | | | X |

HCR - Health Care Reform Preventive Care
^ May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met

| Medication name | Generic medication name | Drug Tier | Prior authorization | Quantity limit | Step Therapy | Specialty |
|---|---|---|---|---|---|---|
| SULFADIAZINE TAB 500MG | SULFADIAZINE TAB 500 MG | Tier 1 | | X | | X |
| SULFASALAZIN TAB 500MG | SULFASALAZINE TAB 500 MG | Tier 1 | | | X | |
| SULFASALAZIN TAB 500MG DR | SULFASALAZINE TAB DELAYED RELEASE 500 MG | Tier 1 | | | | |
| SULFATRIM PD SUS 200-40/5 | SULFAMETHOXAZOLE-TRIMETHOPRIM SUSP 200-40 MG/5ML | Tier 1 | X | | | X |
| **Tetracyclines - Antibiotics** | | | | | | |
| AVIDOXY DK KIT | DOXYCYCLINE TAB 100 MG & SUNCREEN & SAL ACID WASH 2% KIT | Tier 3 | | | | X |
| AVIDOXY TAB 100MG | DOXYCYCLINE MONOHYDRATE TAB 100 MG | Tier 4 | | X | | X |
| DEMECLOCYCL TAB 150MG | DEMECLOCYCLINE HCL TAB 150 MG | Tier 1 | | | | X |
| DEMECLOCYCL TAB 300MG | DEMECLOCYCLINE HCL TAB 300 MG | Tier 1 | | X | | X |
| DOXYCYC MONO CAP 100MG | DOXYCYCLINE MONOHYDRATE CAP 100 MG | Tier 1 | | | | |
| DOXYCYC MONO CAP 50MG | DOXYCYCLINE MONOHYDRATE CAP 50 MG | Tier 1 | | | | |
| DOXYCYC MONO TAB 100MG | DOXYCYCLINE MONOHYDRATE TAB 100 MG | Tier 1 | | | | |
| DOXYCYC MONO TAB 150MG | DOXYCYCLINE MONOHYDRATE TAB 150 MG | Tier 1 | | | | |
| DOXYCYC MONO TAB 50MG | DOXYCYCLINE MONOHYDRATE TAB 50 MG | Tier 1 | | | | |
| DOXYCYC MONO TAB 75MG | DOXYCYCLINE MONOHYDRATE TAB 75 MG | Tier 1 | X | | | |
| DOXYCYCL HYC CAP 100MG | DOXYCYCLINE HYCLATE CAP 100 MG | Tier 2 | X | X | | |
| DOXYCYCL HYC CAP 50MG | DOXYCYCLINE HYCLATE CAP 50 MG | Tier 2 | X | X | | |
| DOXYCYCL HYC TAB 100MG | DOXYCYCLINE HYCLATE TAB 100 MG | Tier 2 | X | X | | X |
| DOXYCYCL HYC TAB 20MG | DOXYCYCLINE HYCLATE TAB 20 MG | Tier 1 | X | X | | X |
| DOXYCYCLINE SUS 25MG/5ML | DOXYCYCLINE MONOHYDRATE FOR SUSP 25 MG/5ML | Tier 3 | | X | | X |
| MINOCYCLINE CAP 100MG | MINOCYCLINE HCL CAP 100 MG | Tier 1 | X | | | X |
| MINOCYCLINE CAP 50MG | MINOCYCLINE HCL CAP 50 MG | Tier 1 | | | | |
| MINOCYCLINE CAP 75MG | MINOCYCLINE HCL CAP 75 MG | Tier 1 | | | | |
| MINOCYCLINE TAB 105MG ER | MINOCYCLINE HCL TAB ER 24HR 105 MG | Tier 2 | | X | | |
| MINOCYCLINE TAB 115MG ER | MINOCYCLINE HCL TAB ER 24HR 115 MG | Tier 2 | X | X | | X |
| MINOCYCLINE TAB 135MG ER | MINOCYCLINE HCL TAB ER 24HR 135 MG | Tier 2 | | | | |
| MINOCYCLINE TAB 45MG ER | MINOCYCLINE HCL TAB ER 24HR 45 MG | Tier 2 | | | | |
| MINOCYCLINE TAB 55MG ER | MINOCYCLINE HCL TAB ER 24HR 55 MG | Tier 2 | | | | |
| MINOCYCLINE TAB 65MG ER | MINOCYCLINE HCL TAB ER 24HR 65 MG | Tier 2 | | | | |
| MINOCYCLINE TAB 80MG ER | MINOCYCLINE HCL TAB ER 24HR 80 MG | Tier 2 | | | | |
| MINOCYCLINE TAB 90MG ER | MINOCYCLINE HCL TAB ER 24HR 90 MG | Tier 2 | | | | |
| NUZYRA TAB 150MG | OMADACYCLINE TOSYLATE TAB 150 MG (BASE EQUIVALENT) | Tier 4 | | X | | |
| TETRACYCLINE CAP 250MG | TETRACYCLINE HCL CAP 250 MG | Tier 3 | | | | |
| TETRACYCLINE CAP 500MG | TETRACYCLINE HCL CAP 500 MG | Tier 3 | | | | |
| **Treatment Adjuncts - Supportive Chemotherapy Drugs** | | | | | | |
| MESNA TAB 400MG | MESNA TAB 400 MG | Tier 2 | | | | |
| MESNEX TAB 400MG | MESNA TAB 400 MG | Tier 4 | | | | |

HCR – Health Care Reform Preventive Care
^ May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met

| Medication name | Generic medication name | Drug Tier | Prior authorization | Quantity limit | Step Therapy | Specialty |
|---|---|---|---|---|---|---|
| **Treatment-Resistant - Mood Disorder Drugs** | | | | | | |
| CLOZAPINE TAB 100MG | CLOZAPINE TAB 100 MG | Tier 1 | | | | |
| CLOZAPINE TAB 200MG | CLOZAPINE TAB 200 MG | Tier 1 | | | | |
| CLOZAPINE TAB 25MG | CLOZAPINE TAB 25 MG | Tier 1 | | | | |
| CLOZAPINE TAB 50MG | CLOZAPINE TAB 50 MG | Tier 1 | | | | |
| CLOZARIL TAB 100MG | CLOZAPINE TAB 100 MG | Tier 4 | | | | |
| CLOZARIL TAB 25MG | CLOZAPINE TAB 25 MG | Tier 4 | | | | |
| **Tricyclics - 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 | | | | |
| CDP/AMITRIP TAB 10-25MG | CHLORDIAZEPOXIDE-AMITRIPTYLINE TAB 10-25 MG | Tier 1 | | X | | |
| CDP/AMITRIP TAB 5-12.5MG | CHLORDIAZEPOXIDE-AMITRIPTYLINE TAB 5-12.5 MG | Tier 1 | | X | | |
| CLOMIPRAMINE CAP 25MG | CLOMIPRAMINE HCL CAP 25 MG | Tier 3 | | X | | |
| CLOMIPRAMINE CAP 50MG | CLOMIPRAMINE HCL CAP 50 MG | Tier 3 | | X | | |
| CLOMIPRAMINE CAP 75MG | CLOMIPRAMINE HCL CAP 75 MG | Tier 3 | | | | |
| DESIPRAMINE TAB 100MG | DESIPRAMINE HCL TAB 100 MG | Tier 1 | | X | | |
| DESIPRAMINE TAB 10MG | DESIPRAMINE HCL TAB 10 MG | Tier 1 | | X | | |
| DESIPRAMINE TAB 150MG | DESIPRAMINE HCL TAB 150 MG | Tier 1 | | X | | |
| DESIPRAMINE TAB 25MG | DESIPRAMINE HCL TAB 25 MG | Tier 1 | X | | | |
| DESIPRAMINE TAB 50MG | DESIPRAMINE HCL TAB 50 MG | Tier 1 | | | | |
| DESIPRAMINE TAB 75MG | DESIPRAMINE HCL TAB 75 MG | 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 | | | | |
| IMIPRAM HCL TAB 10MG | IMIPRAMINE HCL TAB 10 MG | Tier 1 | | | | |
| IMIPRAM HCL TAB 25MG | IMIPRAMINE HCL TAB 25 MG | Tier 1 | X | | | |
| IMIPRAM HCL TAB 50MG | IMIPRAMINE HCL TAB 50 MG | Tier 1 | X | | | |

HCR – Health Care Reform Preventive Care

^ May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met

| Medication name | Generic medication name | Drug Tier | Prior authorization | Quantity limit | Step Therapy | Specialty |
|---|---|---|---|---|---|---|
| IMIPRAM PAM CAP 100MG | IMIPRAMINE PAMOATE CAP 100 MG | Tier 1 | X | X | | |
| IMIPRAM PAM CAP 125MG | IMIPRAMINE PAMOATE CAP 125 MG | Tier 1 | | | | |
| IMIPRAM PAM CAP 150MG | IMIPRAMINE PAMOATE CAP 150 MG | Tier 1 | | X | | |
| IMIPRAM PAM CAP 75MG | IMIPRAMINE PAMOATE CAP 75 MG | Tier 1 | X | | | |
| NORPRAMIN TAB 10MG | DESIPRAMINE HCL TAB 10 MG | Tier 4 | | | | |
| NORPRAMIN TAB 25MG | DESIPRAMINE HCL TAB 25 MG | Tier 4 | | | | |
| 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 | | X | | |
| NORTRIPTYLIN CAP 75MG | NORTRIPTYLINE HCL CAP 75 MG | Tier 1 | | X | | |
| NORTRIPTYLIN SOL 10MG/5ML | NORTRIPTYLINE HCL SOLN 10 MG/5ML | 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 | | X | | |
| PROTRIPTYLIN TAB 10MG | PROTRIPTYLINE HCL TAB 10 MG | Tier 1 | | X | | |
| PROTRIPTYLIN TAB 5MG | PROTRIPTYLINE HCL TAB 5 MG | Tier 1 | | | | |
| TRIMIPRAMINE CAP 100MG | TRIMIPRAMINE MALEATE CAP 100 MG | Tier 4 | | X | | |
| TRIMIPRAMINE CAP 25MG | TRIMIPRAMINE MALEATE CAP 25 MG | Tier 4 | | X | | |
| TRIMIPRAMINE CAP 50MG | TRIMIPRAMINE MALEATE CAP 50 MG | Tier 4 | X | | | |
| **Vaccines** | | | | | | |
| ABRYSVO INJ | RSV PRE-FUSION F A&B VAC RECOMB FOR IM SOLN 120 MCG/0.5ML | HCR | | | | |
| ABRYSVO INJ 120MCG | RSV PRE-FUSION F A&B VAC RECOMB FOR IM SOLN 120 MCG/0.5ML | HCR | | X | | |
| ACTHIB INJ | HAEMOPHILUS B POLYSACCHARIDE CONJUGATE VACCINE FOR INJ | HCR | X | | | |
| ADACEL INJ | TET TOX-DIPH-ACELL PERTUSS AD INJ 5-2-15.5 LF-LF-MCG/0.5ML | HCR | X | | | |
| ADACEL INJ | TET-DIPH-ACELL PERTUSS AD PREF SYR 5-2-15.5 LF-MCG/0.5ML | HCR | | | | |
| AREXVY INJ 120MCG | RSVPREF3 VACCINE RECOMB ADJUVANTED FOR IM SUSP 120 MCG/0.5ML | HCR | | | | |
| BEXSERO INJ | MENINGOCOCCAL VAC B (RECOMB OMV ADJUV) INJ PREFILLED SYRINGE | HCR | | X | | |
| BOOSTRIX INJ | TET-DIPH-ACELL PERTUSS AD PREF SYR 5-2.5-18.5 LF-MCG/0.5ML | HCR | | X | | |

HCR - Health Care Reform Preventive Care
^ May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met

| Medication name | Generic medication name | Drug Tier | Prior authorization | Quantity limit | Step Therapy | Specialty |
|---|---|---|---|---|---|---|
| CAPVAXIVE INJ 0.5ML | PNEUMOCOCCAL 21-VALENT CONJUGATE VACCINE SOLN PREF SYR 0.5ML | HCR | X | X | | |
| COMIRNATY 5- INJ 11/26-27 | COVID-19 MRNA VAC TRIS-S 5-11Y-PFIZER IM SUSP 10 MCG/0.3ML | HCR | | | | |
| COMIRNATY INJ 30/0.3ML | COVID-19 MRNA VAC TRIS-PFIZER IM SUSP PREF SYR 30 MCG/0.3ML | HCR | | | | |
| DAPTACEL INJ | DIPH, ACELLULAR PERT & TET TOX INJ 15 LF-23 MCG-5 LF/0.5ML | HCR | | | | |
| DENGVAXIA SUS | DENGUE VIRUS VACCINE LIVE TETRAVALENT FOR SUBCUTANEOUS SUSP | HCR | | | | |
| ENGERIX-B INJ 10/0.5ML | HEPATITIS B VACCINE (RECOMBINANT) SUSP PREF SYR 10 MCG/0.5ML | HCR | X | | | |
| ENGERIX-B INJ 20MCG/ML | HEPATITIS B VACCINE (RECOMBINANT) SUSP 20 MCG/ML | HCR | X | X | | |
| ENGERIX-B INJ 20MCG/ML | HEPATITIS B VACCINE (RECOMBINANT) SUSP PREF SYR 20 MCG/ML | HCR | | X | | |
| FLUAD INJ 2026-27 | INFLUENZA VAC TYPE A&B SURFACE ANT ADJ SUSP PREF SYR 0.5 ML | HCR | X | | | |
| FLUARIX INJ 2026-27 | INFLUENZA VIRUS VACCINE SPLIT PF SUSP PREF SYRINGE 0.5 ML | HCR | X | X | | |
| FLUCELVAX INJ 2026-27 | INFLUENZA VIRUS VAC TISS-CULT SUBUNIT SUSP PREF SYR 0.5 ML | HCR | | | | |
| FLULAVAL INJ 2026-27 | INFLUENZA VIRUS VACCINE SPLIT PF SUSP PREF SYRINGE 0.5 ML | HCR | X | | | |
| FLUMIST NASA LIQ 2026-27 | INFLUENZA VIRUS VACCINE LIVE INTRANASAL LIQUID | HCR | | | | |
| FLUZONE HD INJ 2026-27 | INFLUENZA VIRUS VAC SPLIT HIGH-DOSE PF SUSP PREF SYR 0.5ML | HCR | X | | | |
| FLUZONE INJ 2026-27 | INFLUENZA VIRUS VACCINE SPLIT IM SUSP | HCR | X | X | | |
| FLUZONE INJ 2026-27 | INFLUENZA VIRUS VACCINE SPLIT PF SUSP PREF SYRINGE 0.5 ML | HCR | X | X | | |
| GARDASIL 9 INJ | HUMAN PAPILLOMAVIRUS (HPV) 9-VALENT RECOMB VAC IM SUSP | HCR | X | | | |
| GARDASIL 9 INJ | HUMAN PAPILLOMAVIRUS (HPV) 9-VALENT RECOMB VAC SUSP PREF SYR | HCR | X | | | |
| HAVRIX INJ 1440UNIT | HEPATITIS A VACCINE SUSP PREFILLED SYR 1440 EL UNIT/ML | HCR | | | | |
| HAVRIX INJ 720UNIT | HEPATITIS A VACCINE SUSP PREFILLED SYR 720 EL UNIT/0.5ML | HCR | | | | |
| HEPLISAV-B INJ 20/0.5ML | HEPATITIS B VACCINE RECOMB ADJUVANTED PREF SYR 20 MCG/0.5ML | HCR | | | | |
| HIBERIX SOL 10MCG | HAEMOPHILUS B POLYSACCHARIDE CONJUGATE VAC FOR INJ 10 MCG | HCR | | | | |
| INFANRIX INJ | DIPH, ACELLULAR PERT & TET TOX INJ 25 LF-58 MCG-10 LF/0.5ML | HCR | | | | |

HCR - Health Care Reform Preventive Care
^ May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met

| Medication name | Generic medication name | Drug Tier | Prior authorization | Quantity limit | Step Therapy | Specialty |
|---|---|---|---|---|---|---|
| IPOL INJ INACTIVE | POLIOVIRUS VACCINE, IPV INJ SUSP | HCR | | | | |
| M-M-R II INJ | MEASLES-MUMPS-RUBELLA VIRUS VACCINES FOR INJ SOLN | HCR | | | | |
| MENQUADFI INJ | MENINGOCOCCAL (A, C, Y, AND W-135) TETANUS CONJUGATE VACCINE | HCR | | | | |
| MENVEO INJ | MENINGOCOCCAL (A, C, Y, AND W-135) OLIGO CONJ VAC FOR INJ | HCR | | | | |
| MENVEO SOL | MENINGOCOCCAL (A, C, Y, AND W-135) OLIGO CONJ VAC IM SOLN | HCR | | | | |
| MFLUSIVA INJ 2026-27 | INFLUENZA VIRUS VAC TYPE A&B MRNA SUSP PREF SYR 0.38 ML | HCR | | | | |
| MNEXSPIKE INJ 2026-27 | COVID-19 MRNA VACCINE-MODERNA IM SUSP PREF SYR 10 MCG/0.2ML | HCR | | | | |
| PEDIARIX INJ 0.5ML | DIPH-TET TOX-ACELL PERT-HEP B-POLIO IPV VAC SUSP PREF SYR | HCR | X | X | | |
| PEDVAXHIB INJ 7.5MCG | HAEMOPHILUS B POLYSACCHARIDE CONJ VAC IM SUSP 7.5 MCG/0.5 ML | HCR | | X | | |
| PENBRAYA INJ | MENINGOCOCCAL ACYW (TET CON-J)-MENING B (RCMB) VACC FOR INJ | HCR | X | X | | |
| PENMENVY INJ | MENINGOCOCCAL ACWY (OLIGO CON-J)-MENING B (RCMB) VACC FOR INJ | HCR | | | | |
| PENTACEL INJ | DIPH-AC PER-TET TOX AD-POLIOV-HAE-MOPH B POLY VAC FOR IM SUSP | HCR | | | | |
| PNEUMOVAX 23 INJ 25/0.5 | PNEUMOCOCCAL VACCINE POLYVALENT SOLN PREF SYR 25 MCG/0.5ML | HCR | | | | |
| PREVNAR 20 INJ | PNEUMOCOCCAL 20-VALENT CONJUGATE VACCINE SUS PREF SYR 0.5 ML | HCR | | | | |
| PRIORIX INJ | MEASLES-MUMPS-RUBELLA VIRUS VACCINES FOR SUBCUTANEOUS SUSP | HCR | | | | |
| PROQUAD INJ | MEASLES-MUMPS-RUBELLA-VARICELLA VIRUS VACCINES FOR SUSP | HCR | | | | |
| QUADRACEL INJ 0.5ML | DIPH-TETANUS TOX AD-ACELL PERT & POLIO VIRUS, IPV VAC INJ | HCR | | | | |
| RECOMBIVA HB INJ 10MCG/ML | HEPATITIS B VACCINE (RECOMBINANT) SUSP 10 MCG/ML | HCR | | | | |
| RECOMBIVA HB INJ 10MCG/ML | HEPATITIS B VACCINE (RECOMBINANT) SUSP PREF SYR 10 MCG/ML | HCR | | | | |
| RECOMBIVA HB INJ 5MCG/0.5 | HEPATITIS B VACCINE (RECOMBINANT) SUSP 5 MCG/0.5ML | HCR | | | | |
| RECOMBIVA HB INJ 5MCG/0.5 | HEPATITIS B VACCINE (RECOMBINANT) SUSP PREF SYR 5 MCG/0.5ML | HCR | | | | |
| RECOMBIVA-HB INJ 40MCG/ML | HEPATITIS B VACCINE (RECOMBINANT) SUSP 40 MCG/ML | HCR | | | | |
| ROTARIX SUS | ROTAVIRUS VACCINE, LIVE ORAL SUSP | HCR | | | | |

HCR – Health Care Reform Preventive Care
^ May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met

| Medication name | Generic medication name | Drug Tier | Prior authorization | Quantity limit | Step Therapy | Specialty |
|---|---|---|---|---|---|---|
| ROTATEQ SOL | ROTAVIRUS VACCINE, LIVE ORAL PENTAVALENT SOLN | HCR | | | | |
| SHINGRIX INJ 50/0.5ML | ZOSTER VAC RECOMBINANT ADJUVANTED FOR IM INJ 50 MCG/0.5ML | HCR | | | | |
| SPIKEVAX INJ 2026-27 | COVID-19 MRNA VAC 6MO-11YR-MODERNA IM SUSP PFS 25 MCG/0.25ML | HCR | | | | |
| SPIKEVAX INJ 2026-27 | COVID-19 MRNA VACCINE-MODERNA IM SUSP PREF SYR 50 MCG/0.5ML | HCR | | | | |
| TDVAX INJ 2-2 LF | TETANUS-DIPHTHERIA TOXOIDS (TD) INJ 2-2 LF/0.5ML | HCR | X | | | |
| TENIVAC INJ 5-2LF | TETANUS-DIPHTHERIA TOXOIDS (TD) INJ 5-2 LF/0.5ML | HCR | | | | |
| TRUMENBA INJ | MENINGOCOCCAL GROUP B VAC (RECOMB) IM SUSP PREFILLED SYR | HCR | | X | | |
| TWINRIX INJ | HEP A-HEP B VACCINE SUSP PREF SYR 720-20 ELU-MCG/ML | HCR | | | | |
| VAQTA INJ 25/0.5ML | HEPATITIS A VACCINE INJ SUSP 25 UNIT/0.5ML | HCR | | | | |
| VAQTA INJ 25/0.5ML | HEPATITIS A VACCINE SUSP PREFILLED SYR 25 UNIT/0.5ML | HCR | | | | |
| VAQTA INJ 50UNT/ML | HEPATITIS A VACCINE INJ SUSP 50 UNIT/ML | HCR | | | | |
| VAQTA INJ 50UNT/ML | HEPATITIS A VACCINE SUSP PREFILLED SYR 50 UNIT/ML | HCR | | | | |
| VARIVAX INJ | VARICELLA VIRUS VAC LIVE FOR INJ 1350 PFU/0.5ML | HCR | | X | | |
| VAXELIS INJ | DIPH-TET TOX-AC PERT AD-POLIO IPV-HIB-HEP B REC SUSP PRE SYR | HCR | | | | |
| VAXELIS INJ | DIPH-TET TOX-AC PERT AD-POLIO IPV-HIB-HEPATITIS B RECMB SUSP | HCR | X | | | |
| VAXNEUVANCE INJ | PNEUMOCOCCAL 15-VALENT CONJUGATE VACCINE SUS PREF SYR 0.5 ML | HCR | X | | | |
| **Vasodilators, Direct-acting Arterial - Chest Pain Drugs** | | | | | | |
| HYDRALAZINE TAB 100MG | HYDRALAZINE HCL TAB 100 MG | Tier 1 | X | X | | |
| HYDRALAZINE TAB 10MG | HYDRALAZINE HCL TAB 10 MG | Tier 1 | | | | |
| HYDRALAZINE TAB 25MG | HYDRALAZINE HCL TAB 25 MG | Tier 1 | | X | | |
| HYDRALAZINE TAB 50MG | HYDRALAZINE HCL TAB 50 MG | Tier 1 | | | | |
| MINOXIDIL TAB 10MG | MINOXIDIL TAB 10 MG | Tier 1 | | | | |
| MINOXIDIL TAB 2.5MG | MINOXIDIL TAB 2.5 MG | Tier 1 | | | | |
| **Vasodilators, Direct-acting Arterial/Venous - Chest Pain Drugs** | | | | | | |
| ISOSORB DIN TAB 10MG | ISOSORBIDE DINITRATE TAB 10 MG | Tier 1 | | | | |
| ISOSORB DIN TAB 20MG | ISOSORBIDE DINITRATE TAB 20 MG | Tier 1 | | | | |
| ISOSORB DIN TAB 30MG | ISOSORBIDE DINITRATE TAB 30 MG | Tier 1 | | | | |
| ISOSORB DIN TAB 5MG | ISOSORBIDE DINITRATE TAB 5 MG | Tier 1 | | | | |

HCR – Health Care Reform Preventive Care
^ May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met

| Medication name | Generic medication name | Drug Tier | Prior authorization | Quantity limit | Step Therapy | Specialty |
|---|---|---|---|---|---|---|
| ISOSORB MONO TAB 10MG | ISOSORBIDE MONONITRATE TAB 10 MG | Tier 1 | | X | | |
| ISOSORB MONO TAB 120MG ER | ISOSORBIDE MONONITRATE TAB ER 24HR 120 MG | Tier 1 | | X | | |
| ISOSORB MONO TAB 20MG | ISOSORBIDE MONONITRATE TAB 20 MG | Tier 1 | | | | |
| ISOSORB MONO TAB 30MG ER | ISOSORBIDE MONONITRATE TAB ER 24HR 30 MG | Tier 1 | | X | | |
| ISOSORB MONO TAB 60MG ER | ISOSORBIDE MONONITRATE TAB ER 24HR 60 MG | Tier 1 | | | | |
| NITRO-BID OIN 2% | NITROGLYCERIN OINT 2% | Tier 2 | | | | |
| NITRO-DUR DIS 0.1MG/HR | NITROGLYCERIN TD PATCH 24HR 0.1 MG/HR | Tier 3 | | X | | |
| NITRO-DUR DIS 0.2MG/HR | NITROGLYCERIN TD PATCH 24HR 0.2 MG/HR | Tier 3 | X | X | | X |
| NITRO-DUR DIS 0.3MG/HR | NITROGLYCERIN TD PATCH 24HR 0.3 MG/HR | Tier 3 | | | | X |
| NITRO-DUR DIS 0.4MG/HR | NITROGLYCERIN TD PATCH 24HR 0.4 MG/HR | Tier 3 | | | | X |
| NITRO-DUR DIS 0.6MG/HR | NITROGLYCERIN TD PATCH 24HR 0.6 MG/HR | Tier 3 | | X | | X |
| NITRO-DUR DIS 0.8MG/HR | NITROGLYCERIN TD PATCH 24HR 0.8 MG/HR | Tier 3 | | | | X |
| NITRO-TIME CAP 2.5MG ER | NITROGLYCERIN CAP ER 2.5 MG | Tier 3 | | | | |
| NITRO-TIME CAP 6.5MG ER | NITROGLYCERIN CAP ER 6.5 MG | Tier 3 | | | | |
| NITRO-TIME CAP 9MG ER | NITROGLYCERIN CAP ER 9 MG | Tier 3 | | | | |
| NITROGLYCER DIS 0.1MG/HR | NITROGLYCERIN TD PATCH 24HR 0.1 MG/HR | Tier 1 | | | | X |
| NITROGLYCER DIS 0.2MG/HR | NITROGLYCERIN TD PATCH 24HR 0.2 MG/HR | Tier 1 | X | X | | X |
| NITROGLYCER DIS 0.4MG/HR | NITROGLYCERIN TD PATCH 24HR 0.4 MG/HR | Tier 1 | | | | X |
| NITROGLYCER DIS 0.6MG/HR | NITROGLYCERIN TD PATCH 24HR 0.6 MG/HR | Tier 1 | | | | |
| NITROGLYCER OIN 2% | NITROGLYCERIN OINT 2% | Tier 2 | | | | |
| NITROGLYCERI OIN 0.4% | NITROGLYCERIN OINT 0.4% | Tier 4 | | X | | X |
| NITROGLYCERI SUB 0.6MG | NITROGLYCERIN SL TAB 0.6 MG | Tier 1 | | | | X |
| NITROGLYCERN SUB 0.3MG | NITROGLYCERIN SL TAB 0.3 MG | Tier 1 | | | | X |
| NITROGLYCERN SUB 0.4MG | NITROGLYCERIN SL TAB 0.4 MG | Tier 1 | | | | X |
| NITROSTAT SUB 0.3MG | NITROGLYCERIN SL TAB 0.3 MG | Tier 4 | | | | |
| NITROSTAT SUB 0.4MG | NITROGLYCERIN SL TAB 0.4 MG | Tier 4 | | | | |
| NITROSTAT SUB 0.6MG | NITROGLYCERIN SL TAB 0.6 MG | Tier 4 | | | | |
| **Vitamins** | | | | | | |
| 3232A INFANT POW FORMULA | NUTRITIONAL SUPPLEMENT POWDER | Tier 2 | | | | |
| 3232A INFANT POW FORMULA | NUTRITIONAL SUPPLEMENT POWDER | Tier 2 | X | | | |
| ATABEX OB TAB 29-1MG | PRENATAL VIT W/ FE BISGLYCINATE CHELATE-FA TAB 29-1 MG | Tier 3 | | | | X |
| AZENTRA TAB | PRENATAL VIT W/ FE GLUCONATE-FA TAB 13-1 MG | Tier 3 | | X | | |
| AZESCO TAB 13-1MG | PRENATAL VIT W/ FE GLUCONATE-FA TAB 13-1 MG | Tier 3 | | X | | |
| BCAD 1 POW | NUTRITIONAL SUPPLEMENT POWDER | Tier 2 | X | X | | |
| BCAD 2 POW | NUTRITIONAL SUPPLEMENT POWDER | Tier 2 | | | | |
| BLENDED MEAL MIS PEDIATRI | NUTRITIONAL SUPPLEMENT MISC | Tier 3 | X | X | | X |

HCR - Health Care Reform Preventive Care
^ May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met

| Medication name | Generic medication name | Drug Tier | Prior authorization | Quantity limit | Step Therapy | Specialty |
|---|---|---|---|---|---|---|
| BLENDED MEAL MIS SQSH/ CRT | NUTRITIONAL SUPPLEMENT MISC | Tier 3 | X | | | X |
| C-NATE DHA CAP 28-1-200 | PRENATAL VIT W/ FE FUM-FA-OMEGA 3 CAP 28-1-200 MG | Tier 3 | | | | |
| CHICKEN/PEAS POW CARROTS | NUTRITIONAL SUPPLEMENT POWDER | Tier 2 | | | | X |
| CHICKEN/PEAS POW PEDIATRI | NUTRITIONAL SUPPLEMENT POWDER | Tier 2 | | X | | |
| CITRANATAL CAP HARMONY | PRENAT W/O A W/FE FUM-FE CBN-DSS-FA-DHA CAP 27-1-260 MG | Tier 3 | | | | X |
| CITRANATAL CAP MEDLEY | PRENAT W/O A W/FE FUM-FE CBN-FA-DHA CAP 27-1-200 MG | Tier 3 | | X | | |
| CITRANATAL MIS 90 DHA | PRENAT W/O A W/FECBN-FEGL-DSS-FA TAB 90 &DHA CAP 300MG PAK | Tier 4 | | X | | X |
| CITRANATAL MIS B-CALM | PRENAT W/O A W/FECBN-FEGLU-FA TAB 20-1 MG & VIT B6 TAB PAK | Tier 3 | | | | |
| CITRANATAL PAK ASSURE | PRENAT W/O A W/FECBN-FEGL-DSS-FA TAB & DHA CAP 300 MG PACK | Tier 4 | | | | |
| CO-NATAL FA TAB 29-1MG | PRENATAL VIT W/ FE FUMARATE-FA TAB 29-1 MG | Tier 2 | | | | |
| COD LIVER CAP OIL | COD LIVER OIL CAP | Tier 1 | | X | | |
| 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 3 | | | | |
| COMPLEX ESSE POW MSD | NUTRITIONAL SUPPLEMENT POWDER | Tier 2 | X | | | |
| CONCEPT DHA CAP | PRENATAL W/FE FUM-FE POLY -FA-OMEGA 3 CAP 53.5-38-1 MG | Tier 4 | | | | |
| CONCEPT OB CAP | PRENATAL W/O A W/FE FUM-FE POLY-FA CAP 130-92.4-1 MG | Tier 4 | | X | | |
| CYANOCOBALAM INJ 1000MCG | CYANOCOBALAMIN INJ 1000 MCG/ML | Tier 1 | | X | | |
| CYANOCOBALAM SPR 500MCG | CYANOCOBALAMIN NASAL SPRAY 500 MCG/0.1ML | Tier 3 | | | | |
| DODEX INJ | CYANOCOBALAMIN INJ 1000 MCG/ML | Tier 4 | | | | |
| DRISDOL CAP 50000UNT | ERGOCALCIFEROL CAP 1.25 MG (50000 UNIT) | Tier 4 | | | | |
| ELECARE JR POW | NUTRITIONAL SUPPLEMENT POWDER | Tier 2 | | | | |
| ELECARE JR POW VANILLA | NUTRITIONAL SUPPLEMENT POWDER | Tier 2 | | | | |
| ELITE-OB TAB | PRENATAL VIT W/ IRON CARBONYL-FA TAB 50-1.25 MG | Tier 3 | | | | |
| EMBRIVA TAB | PRENATAL VIT W/ FE GLUCONATE-FA TAB 13-1 MG | Tier 3 | | | | |
| ENBRACE HR CAP | PRENATAL VIT W/ FE GLY CYS-FA-OMEGA 3 FATTY ACIDS CAP | Tier 3 | | | | |
| ENCALA POW | NUTRITIONAL SUPPLEMENT POWDER | Tier 2 | | | | |
| ENSURE ORIGN POW VANILLA | NUTRITIONAL SUPPLEMENT POWDER | Tier 2 | | | | |

HCR - Health Care Reform Preventive Care
^ May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met

| Medication name | Generic medication name | Drug Tier | Prior authorization | Quantity limit | Step Therapy | Specialty |
|---|---|---|---|---|---|---|
| ENU PRO3 POW PLUS | NUTRITIONAL SUPPLEMENT POWDER | Tier 2 | | | | X |
| EQUACARE JR POW CHOCOLA | NUTRITIONAL SUPPLEMENT POWDER | Tier 2 | | X | | X |
| EQUACARE JR POW UNFLAVO | NUTRITIONAL SUPPLEMENT POWDER | Tier 2 | | X | | X |
| EQUACARE JR POW VANILLA | NUTRITIONAL SUPPLEMENT POWDER | Tier 2 | | | | |
| ERGOCALCIFER CAP 1.25MG | ERGOCALCIFEROL CAP 1.25 MG (50000 UNIT) | Tier 1 | | X | | X |
| ESSENTIAL POW CARE JR | NUTRITIONAL SUPPLEMENT POWDER | Tier 2 | X | X | | |
| FA-8 CAP 800MCG | FOLIC ACID CAP 0.8 MG | HCR | | X | | X |
| FLOTREX CHW | PEDIATRIC MULTIPLE VITAMINS W/ FLUORIDE CHEW TAB 1 MG | Tier 3 | | X | | X |
| FOLIC ACID TAB 1000MCG | FOLIC ACID TAB 1 MG | Tier 1 | | | | |
| FOLIC ACID TAB 1MG | FOLIC ACID TAB 1 MG | Tier 1 | | | | |
| FOLIC ACID TAB 400MCG | FOLIC ACID TAB 400 MCG | HCR | | | | |
| FOLIC ACID TAB 800MCG | FOLIC ACID TAB 800 MCG | HCR | | | | |
| FOLIVANE-OB CAP | PRENATAL W/O A W/FE FUM-FE POLY-FA CAP 85-1 MG | Tier 4 | | | | |
| FT FOLIC ACI TAB 400MCG | FOLIC ACID TAB 400 MCG | HCR | | | | |
| GA POW | NUTRITIONAL SUPPLEMENT POWDER | Tier 2 | | | | |
| GA-1 ANAMIX POW EARLY YR | NUTRITIONAL SUPPLEMENT POWDER | Tier 2 | | | | |
| GESTYRA TAB 13-1MG | PRENATAL VIT W/ FE GLUCONATE-FA TAB 13-1 MG | Tier 3 | | | | |
| GLYTACTIN POW BETTRMLK | NUTRITIONAL SUPPLEMENT POWDER | Tier 2 | | | | |
| HCU ANAMIX POW EARLY YR | NUTRITIONAL SUPPLEMENT POWDER | Tier 2 | | | | |
| HCY 1 POW | NUTRITIONAL SUPPLEMENT POWDER | Tier 2 | | | | |
| HCY 2 POW | NUTRITIONAL SUPPLEMENT POWDER | Tier 2 | | | | |
| IVA ANAMIX POW EARLY YR | NUTRITIONAL SUPPLEMENT POWDER | Tier 2 | | | | |
| KALE/QUINOA POW BERRIES | NUTRITIONAL SUPPLEMENT POWDER | Tier 2 | | | | |
| KALE/QUINOA POW PEDIATRI | NUTRITIONAL SUPPLEMENT POWDER | Tier 2 | | | | |
| KOSHR PRENAT TAB 30-1MG | PRENATAL VIT W/ IRON CARBONYL-FA TAB 30-1 MG | Tier 1 | | | | |
| LIPISTART POW | NUTRITIONAL SUPPLEMENT POWDER | Tier 2 | | | | |
| LMD POW | NUTRITIONAL SUPPLEMENT POWDER | Tier 2 | | | | |
| M-NATAL PLUS TAB | PRENATAL VIT W/ FE FUMARATE-FA TAB 27-1 MG | Tier 3 | | | | |
| MALTOCARB POW | NUTRITIONAL SUPPLEMENT POWDER | Tier 2 | | | | |
| METHIONINE CAP 200MG | NUTRITIONAL SUPPLEMENT CAPS | Tier 2 | | | | |
| MMA/PA ANAMI POW EARLY YR | NUTRITIONAL SUPPLEMENT POWDER | Tier 2 | | | | |
| MSUD ANAMIX POW EARLY YR | NUTRITIONAL SUPPLEMENT POWDER | Tier 2 | | | | |
| MULTI VIT/FL CHW 0.25MG | PEDIATRIC MULTIPLE VITAMINS W/ FLUORIDE CHEW TAB 0.25 MG | Tier 1 | | | | |
| MULTI-VIT/FL DRO /FE 0.25 | PEDIATRIC MULTIPLE VITAMINS W/ FL-FE DROPS 0.25-10 MG/ML | Tier 1 | | | | |

HCR - Health Care Reform Preventive Care
^ May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met

| Medication name | Generic medication name | Drug Tier | Prior authorization | Quantity limit | Step Therapy | Specialty |
|---|---|---|---|---|---|---|
| MULTIVIT/FL CHW 0.25MG | PEDIATRIC MULTIPLE VITAMINS W/ FLUORIDE CHEW TAB 0.25 MG | Tier 1 | | | | |
| MULTIVIT/FL CHW 0.5MG | PEDIATRIC MULTIPLE VITAMINS W/ FLUORIDE CHEW TAB 0.5 MG | Tier 1 | | | | |
| MULTIVIT/FL CHW 1MG | PEDIATRIC MULTIPLE VITAMINS W/ FLUORIDE CHEW TAB 1 MG | Tier 1 | | | | |
| NAC CAP 600MG | ACETYLCYSTEINE CAP 600 MG | Tier 1 | | | | |
| NASCOBAL SPR 500MCG | CYANOCOBALAMIN NASAL SPRAY 500 MCG/0.1ML | Tier 4 | | | | |
| NEOCATE SYNE POW JUNIOR | NUTRITIONAL SUPPLEMENT POWDER | Tier 2 | X | | | |
| NEONATAL PLS TAB 27-1MG | PRENATAL VIT W/ FE FUMARATE-FA TAB 27-1 MG | Tier 3 | | | | |
| NEONATAL TAB COMPLTE | PRENATAL VIT W/ FE FUMARATE-FA TAB 27-1 MG | Tier 3 | | | | |
| NEONATAL TAB PLUS | PRENATAL VIT W/ FE FUMARATE-FA TAB 27-1 MG | Tier 3 | | | | |
| NESTABS DHA PAK | PRENAT W/O A W/ FE BISGLYC-FA TAB 32-1 MG & OMEGA CAP PACK | Tier 3 | | X | | |
| NESTABS ONE CAP | PRENAT W/O A W/FECBN-BISG-METHYLF-DHA CAP 38-1-225 MG | Tier 3 | | | | |
| NESTABS TAB | PRENATAL VIT W/O VIT A W/ FE BISGLYCINATE-FA TAB 32-1 MG | Tier 3 | | | | |
| NIVA-PLUS TAB | PRENATAL VIT W/ FE FUMARATE-FA TAB 27-1 MG | Tier 3 | | | | |
| NUTRICHEW CHW | PRENATAL VIT W/ FE FUMARATE-FA CHEW TAB 29-1 MG | Tier 3 | | | | |
| NUTRIVEX CHW | PRENATAL VIT W/ FE FUMARATE-FA CHEW TAB 29-1 MG | Tier 3 | | X | | |
| OA 1 POW | NUTRITIONAL SUPPLEMENT POWDER | Tier 2 | X | | | |
| OA 2 POW | NUTRITIONAL SUPPLEMENT POWDER | Tier 2 | | | | |
| OB COMPLETE CAP ONE | PRENATAL W/O A W/FECBN-FE ASP GLYC-FA-FISH CAP 50-1-476 MG | Tier 3 | | X | | |
| OB COMPLETE CAP PETITE | PRENAT W/O A W/FECBN-FEASP-GLYC-FA-OMEGA CAP 35-5-1-200 MG | Tier 3 | | X | | |
| OB COMPLETE TAB | PRENATAL VIT W/ IRON CARBONYL-FA TAB 50-1.25 MG | Tier 3 | | X | | |
| OB COMPLETE TAB PREMIER | PRENATAL VIT W/ FE CBN-FE ASP GLYC-FA TAB 30-20-1 MG | Tier 3 | | | | |
| OB COMPLETE/ CAP DHA | PRENAT W/ IRON CBN-FE ASP GLYC-FA-OMEGA CAP 30-10-1-200 MG | Tier 3 | | X | | |
| ONE VITE TAB 1MG PLUS | PRENATAL VIT W/ FE FUMARATE-FA TAB 27-1 MG | Tier 3 | | | | |
| ONENATAL RX TAB | PRENATAL MULTIVITAMINS & MINERALS W/ IRON & FA TAB 1 MG | Tier 3 | | | | |
| PFD 2 POW | NUTRITIONAL SUPPLEMENT POWDER | Tier 2 | | | | |

HCR - Health Care Reform Preventive Care
^ May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met

| Medication name | Generic medication name | Drug Tier | Prior authorization | Quantity limit | Step Therapy | Specialty |
|---|---|---|---|---|---|---|
| PFD TODDLER POW | NUTRITIONAL SUPPLEMENT POWDER | Tier 2 | X | X | | |
| PFD TODDLER POW | NUTRITIONAL SUPPLEMENT POWDER | Tier 2 | | | | |
| PHENYL-FREE POW 2 | NUTRITIONAL SUPPLEMENT POWDER | Tier 2 | | | | |
| PHENYL-FREE POW 2HP | NUTRITIONAL SUPPLEMENT POWDER | Tier 2 | | | | |
| PHENYLADE POW ESSNTL | NUTRITIONAL SUPPLEMENT POWDER | Tier 2 | | | | |
| PHENYLADE POW GMP | NUTRITIONAL SUPPLEMENT POWDER | Tier 2 | | X | | |
| PHENYLADE60 POW | NUTRITIONAL SUPPLEMENT POWDER | Tier 2 | | | | |
| PHENYLADE60 POW DRNK MIX | NUTRITIONAL SUPPLEMENT POWDER | Tier 2 | | | | |
| PHENYLD GMP POW DHA/FIBR | NUTRITIONAL SUPPLEMENT POWDER | Tier 2 | | | | |
| PHYTONADIONE TAB 5MG | PHYTONADIONE TAB 5 MG | Tier 3 | | | | |
| PKU EASY POW SHAKE&GO | NUTRITIONAL SUPPLEMENT POWDER | Tier 2 | | | | |
| PKU PERIFLEX POW EARLY YR | NUTRITIONAL SUPPLEMENT POWDER | Tier 2 | | | | |
| PKU START POW | NUTRITIONAL SUPPLEMENT POWDER | Tier 2 | | | | |
| PKU TRIO POW UNFLAVOR | NUTRITIONAL SUPPLEMENT POWDER | Tier 2 | | | | |
| PKU TRIO POW UNFLAVOR | NUTRITIONAL SUPPLEMENT POWDER | Tier 2 | | | | |
| PKU TRIO POW VANILLA | NUTRITIONAL SUPPLEMENT POWDER | Tier 2 | | | | |
| PNV 27-CA/FE TAB /FA | PRENATAL VIT W/ FE FUMARATE-FA TAB 60-1 MG | Tier 1 | | | | |
| PNV-DHA CAP | PRENAT W/O A W/FEFUM-METHFOL-FA-DHA CAP 27-0.6-0.4-300 MG | Tier 4 | | | | |
| PNV-DHA CAP DOCUSATE | PRENATAL W/O VIT A W/ FE FUM-DSS-FA-DHA CAP 27-1.25-300 MG | Tier 3 | | | | |
| PNV-OMEGA CAP | PRENAT W/O A W/ FE FUMARATE-METHYL-FOLATE-FA-OMEGA 3 CAP | Tier 3 | | | | |
| PNV-SELECT TAB | PRENATAL VIT W/ FE FUM-METHYLFO-LATE-FA TAB 27-0.6-0.4 MG | Tier 3 | | | | |
| POLY-VI-FLOR CHW W/IRON | PEDIATRIC MULTIPLE VITAMINS W/ FL-FE CHEW TAB 0.5-10 MG | Tier 3 | | | | |
| POLY-VI-FLOR SUS /IRON | PEDIATRIC MULTIPLE VITAMIN W/ FL-FE SUSP 0.25-7 MG/ML | Tier 3 | | | | |
| PORTAGEN POW | NUTRITIONAL SUPPLEMENT POWDER | Tier 2 | | | | |
| PREKUNIL TAB | NUTRITIONAL SUPPLEMENT TABS | Tier 3 | | | | |
| PREMESISRX TAB | PRENATAL W/ CALCIUM-VIT B6-VIT B12-FA-GINGER TAB 1 MG | Tier 3 | | | | |
| PRENA1 PEARL CAP | PRENAT W/OA W/FEFUM-NA FERED-FA-DHA CAP ER 30-1.4-200 MG | Tier 3 | | | | |
| PRENACHEW CHW | PRENATAL VIT W/ FE FUMARATE-FA CHEW TAB 29-1 MG | Tier 3 | | | | |
| PRENACORE CHW | PRENATAL VIT W/ FE FUMARATE-FA CHEW TAB 29-1 MG | Tier 3 | | | | |
| PRENAISSANCE CAP | PRENATAL W/O VIT A W/ FE FUM-DSS-FA-DHA CAP 29-1.25-325 MG | Tier 2 | | | | |

HCR - Health Care Reform Preventive Care
^ May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met

| Medication name | Generic medication name | Drug Tier | Prior authorization | Quantity limit | Step Therapy | Specialty |
|---|---|---|---|---|---|---|
| PRENAISSANCE CAP PLUS | PRENATAL W/O A W/FE CBN-DSS-FA-DHA CAP 28-1-250 MG | Tier 2 | | | | |
| PRENATAL 19 CHW 29-1MG | PRENATAL VIT W/ FE FUMARATE-FA CHEW TAB 29-1 MG | Tier 1 | | | | |
| PRENATAL 19 CHW TAB | PRENATAL VIT W/ FE FUMARATE-FA CHEW TAB 29-1 MG | Tier 1 | | | | |
| PRENATAL 19 TAB 29-1MG | PRENATAL VIT W/ DSS-FE FUMARATE-FA TAB 29-1 MG | Tier 1 | | | | |
| PRENATAL TAB 27-1MG | PRENATAL VIT W/ FE FUMARATE-FA TAB 27-1 MG | Tier 1 | | | | |
| PRENATAL TAB PLUS | PRENATAL VIT W/ FE FUMARATE-FA TAB 27-1 MG | Tier 1 | | | | |
| PRENATAL-U CAP 106.5-1 | PRENATAL W/O A VIT W/ FE FUMARATE-FA CAP 106.5-1 MG | Tier 2 | | | | |
| PRENATE AM TAB 1MG | PRENATAL W/ CALCIUM-VIT B6-VIT B12-FA-GINGER TAB 1 MG | Tier 3 | | | | |
| PRENATE CAP ENHANCE | PRENAT W/O A W/FEFUM-METHFOL-FA-DHA CAP 28-0.6-0.4-400 MG | Tier 3 | | | | |
| PRIMACARE CAP | PRENAT W/O A W/FEASP-METHLF-FA-OMEG CAP 30-0.75-0.25-470MG | Tier 3 | | | | |
| PROT COOKIE MIS OATRAISN | NUTRITIONAL SUPPLEMENT MISC | Tier 2 | | | | |
| PROVIDA OB CAP | PRENATAL W/O A W/FE FUM-FE POLY-FA CAP 20-20-1.25 MG | Tier 3 | | | | |
| QUFLORA PED CHW 0.25MG | PEDIATRIC MULTIPLE VITAMINS W/ FLUORIDE CHEW TAB 0.25 MG | Tier 3 | | | | |
| QUFLORA PED CHW 0.5MG | PEDIATRIC MULTIPLE VITAMINS W/ FLUORIDE CHEW TAB 0.5 MG | Tier 3 | | | | |
| QUFLORA PED CHW 1MG | PEDIATRIC MULTIPLE VITAMINS W/ FLUORIDE CHEW TAB 1 MG | Tier 3 | | | | |
| RELNATE DHA CAP | PRENATAL VIT W/ FE FUM-FA-OMEGA 3 CAP 28-1-200 MG | Tier 3 | | | | |
| RENASTART POW | NUTRITIONAL SUPPLEMENT POWDER | Tier 2 | | | | |
| RENASTART POW | NUTRITIONAL SUPPLEMENT POWDER | Tier 2 | | | | |
| SCANDICAL POW | NUTRITIONAL SUPPLEMENT POWDER | Tier 2 | X | | | |
| SCANDISHAKE POW VANILLA | NUTRITIONAL SUPPLEMENT POWDER | Tier 2 | X | X | | |
| SE-NATAL 19 CHW | PRENATAL VIT W/ FE FUMARATE-FA CHEW TAB 29-1 MG | Tier 3 | | | | |
| SE-NATAL 19 TAB | PRENATAL VIT W/ DSS-FE FUMARATE-FA TAB 29-1 MG | Tier 3 | | | | |
| SELECT-OB CHW | PRENAT W/ FEPOLYCMPLX-METHYLFOL-FA CHEW TAB 29-0.6-0.4 MG | Tier 3 | | | | |
| SELECT-OB CHW | PRENATAL VIT W/ FE POLYSAC CMPLX-FA CHEW TAB 29-1 MG | Tier 4 | | | | |
| SELECT-OB+ PAK DHA | PRENATAL MV W/FE POLY-FA CHW 29-1 MG & DHA CAP 250 MG PAK | Tier 3 | | | | |

HCR – Health Care Reform Preventive Care
^ May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met

| Medication name | Generic medication name | Drug Tier | Prior authorization | Quantity limit | Step Therapy | Specialty |
|---|---|---|---|---|---|---|
| SERACAL POW | NUTRITIONAL SUPPLEMENT POWDER | Tier 2 | X | | | |
| SOD ANAMIX POW EARLY YR | NUTRITIONAL SUPPLEMENT POWDER | Tier 2 | | | | |
| TARON-C DHA CAP | PRENATAL W/FE FUM-FE POLY -FA-OMEGA 3 CAP 35-1 MG | Tier 4 | | | | |
| THRIVITE RX TAB 29-1MG | PRENATAL VIT W/ IRON CARBONYL-FA TAB 29-1 MG | Tier 3 | | | | |
| TRI-VI-FLORO SUS 0.25/ML | PED VIT ACD & L-METHYLFOLATE W/ FLUORIDE SUSP 0.25 MG/ML | Tier 3 | | | | |
| TRI-VI-FLORO SUS 0.5MG/ML | PED VIT ACD & L-METHYLFOLATE W/ FLUORIDE SUSP 0.5 MG/ML | Tier 3 | | | | |
| TRICARE TAB PRENATAL | PRENATAL VIT W/ FE FUMARATE-FA TAB 27-1 MG | Tier 3 | | | | |
| TRINATAL RX TAB 1 | PRENATAL VIT W/ FE FUMARATE-FA TAB 60-1 MG | Tier 3 | | | | |
| TRINATE TAB | PRENATAL VIT W/ FE FUMARATE-FA TAB 28-1 MG | Tier 3 | | | | |
| TRISTART DHA CAP | PRENAT W/O A W/FECBN-METHYLF-FA-DHA CAP 31-0.6-0.4-200 MG | Tier 3 | | | | |
| TYR ANAMIX POW EARLY YR | NUTRITIONAL SUPPLEMENT POWDER | Tier 2 | | | | |
| TYROS 1 POW | NUTRITIONAL SUPPLEMENT POWDER | Tier 2 | | | | |
| TYROS 2 POW | NUTRITIONAL SUPPLEMENT POWDER | Tier 2 | | | | |
| UCD TRIO POW | NUTRITIONAL SUPPLEMENT POWDER | Tier 2 | | | | |
| VITAFOL CAP ULTRA | PRENAT W/FE POLY-METHYLFOL-FA-DHA CAP 29-0.6-0.4-200 MG | Tier 3 | | | | |
| VITAFOL CHW GUMMIES | PRENAT VIT W/ FE PHOS-FA-OMEGA CHEW TAB 3.33-0.333-34.8 MG | Tier 3 | | | | |
| VITAFOL FE+ CAP | PRENAT W/FE POLY-METHYLFOL-FA-DHA CAP 90-0.6-0.4-200 MG | Tier 3 | | | | |
| VITAFOL STRP MIS 1MG | PRENATAL W/ B6-B12-CHOLECALCIFEROL-FOLIC ACID FILM 1 MG | Tier 3 | | | | |
| VITAFOL-OB PAK +DHA | PRENATAL MV W/FE FUM-FA TAB 65-1 MG & DHA CAP 250 MG PACK | Tier 3 | | | | |
| VITAFOL-OB TAB 65-1MG | PRENATAL VIT W/ FE FUMARATE-FA TAB 65-1 MG | Tier 3 | | | | |
| VITAFOL-ONE CAP | PRENATAL MV W/ FE POLYSAC CMPLX-FA-DHA CAP 29-1-200 MG | Tier 3 | | | | |
| VITAMED MD CAP ONE RX | PRENAT W/O A W/FEFUM-METHFOL-FA-DHA CAP 30-0.6-0.4-200 MG | Tier 3 | | | | |
| VITAMIN B-12 TAB 1000MCG | CYANOCOBALAMIN TAB 1000 MCG | Tier 1 | | | | |
| VITAMIN B12 TAB 100MCG | CYANOCOBALAMIN TAB 100 MCG | Tier 1 | | | | |
| VITAMIN D CAP 1.25MG | ERGOCALCIFEROL CAP 1.25 MG (50000 UNIT) | Tier 1 | | | | |
| VITAMIN D CAP 50000UNT | ERGOCALCIFEROL CAP 1.25 MG (50000 UNIT) | Tier 1 | | | | |

HCR - Health Care Reform Preventive Care
^ May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met

| Medication name | Generic medication name | Drug Tier | Prior authorization | Quantity limit | Step Therapy | Specialty |
|---|---|---|---|---|---|---|
| VITAPEARL CAP | PRENAT W/OA W/FEFUM-NA FERED-FA-DHA CAP ER 30-1.4-200 MG | Tier 3 | | | | |
| VITATHELY TAB | PRENATAL VIT W/ FE FUMARATE-FA TAB 27-1 MG | Tier 3 | | | | |
| VIVONEX POW PEDIATRI | NUTRITIONAL SUPPLEMENT POWDER | Tier 2 | | | | |
| WESCAP-C DHA CAP | PRENATAL W/FE FUM-FE POLY -FA-OMEGA 3 CAP 53.5-38-1 MG | Tier 4 | | | | |
| WESCAP-PN CAP DHA | PRENAT W/O A W/FEFUM-METHFOL-FA-DHA CAP 27-0.6-0.4-300 MG | Tier 4 | | | | |
| WESNATAL DHA PAK COMPLETE | PRENAT-FE BIS-FE PROT SUCC-FA-CA TAB & OMEGA 3 CAP 200 PK | Tier 2 | | | | |
| WESNATE DHA CAP | PRENATAL VIT W/ FE FUM-FA-OMEGA 3 CAP 28-1-200 MG | Tier 3 | | | | |
| WESTGEL DHA CAP | PRENAT W/O A W/FECBN-METHYLF-FA-DHA CAP 31-0.6-0.4-200 MG | Tier 3 | | | | |
| WHEAT GERM OIL | WHEAT GERM - OIL | Tier 1 | | | | |
| WND 1 POW | NUTRITIONAL SUPPLEMENT POWDER | Tier 2 | X | | | |
| WND 2 POW | NUTRITIONAL SUPPLEMENT POWDER | Tier 2 | | | | |
| ZALVIT TAB 13-1MG | PRENATAL VIT W/ FE GLUCONATE-FA TAB 13-1 MG | Tier 3 | | | | |
| ZIPHEX TAB 13-1MG | PRENATAL VIT W/ FE GLUCONATE-FA TAB 13-1 MG | Tier 3 | | | | |
| **Vitamins - Vitamin, Mineral and Body Fluid Deficiency Drugs** | | | | | | |
| CYANOCOBAL POW | CYANOCOBALAMIN (BULK) POWDER | Tier 3 | | | | |
| CYANOCOBALAM CRY | CYANOCOBALAMIN (BULK) CRYSTALS | Tier 3 | | | | |
| CYANOCOBALAM SOL 2000MCG | CYANOCOBALAMIN INJ 2000 MCG/ML | Tier 3 | | | | |

HCR – Health Care Reform Preventive Care
^ May be part of health care reform preventive and available at no additional cost to you if prior authorization criteria is met

# Index


2-DEOXY-D-GLUCOSE POWDER.....153
ABACAVIR-DOLUTEGRAVIR-LAMIVUDINE TAB 600-50-300 MG.....17
ABACAVIR-DOLUTEGRAVIR-LAMIVUDINE TAB FOR ORAL SUS 60-5-30 MG.....17
ABACAVIR SULFATE-LAMIVUDINE TAB 600-300 MG.....18
ABACAVIR SULFATE SOLN 20 MG/ML (BASE EQUIV).....18
ABACAVIR SULFATE TAB 300 MG (BASE EQUIV).....18
ABALOPARATIDE SUBCUTANEOUS SOLN PEN-INJECTOR 3120 MCG/1.56ML.....153
ABATACEPT SUBCUTANEOUS SOLN AUTO-INJECTOR 125 MG/ML .....143
ABATACEPT SUBCUTANEOUS SOLN PREFILLED SYRINGE 50 MG/0.4ML....143
ABATACEPT SUBCUTANEOUS SOLN PREFILLED SYRINGE 87.5 MG/0.7ML...143
ABATACEPT SUBCUTANEOUS SOLN PREFILLED SYRINGE 125 MG/ML .....143
ABEMACICLIB TAB 50 MG.....41
ABEMACICLIB TAB 100 MG.....41
ABEMACICLIB TAB 150 MG.....41
ABEMACICLIB TAB 200 MG .....41
ABIRATERONE ACETATE TAB 250 MG....21
ABIRATERONE ACETATE TAB 250 MG....21
ABROCITINIB TAB 50 MG .....78
ABROCITINIB TAB 100 MG .....77
ABROCITINIB TAB 200 MG.....78
ACACIA SYRUP.....170
ACALABRUTINIB MALEATE TAB 100 MG ..... 180
ACAMPROSATE CALCIUM TAB DELAYED RELEASE 333 MG .....9
ACARBOSE TAB 25 MG .....29
ACARBOSE TAB 50 MG .....29
ACARBOSE TAB 100 MG .....29
ACEBUTOLOL HCL CAP 200 MG.....52
ACEBUTOLOL HCL CAP 400 MG.....52
ACETAMINOPHEN TAB 500 MG .....11
ACETAMINOPHEN W/ CODEINE SOLN 120-12 MG/5ML ..... 198
ACETAMINOPHEN W/ CODEINE TAB 300-15 MG ..... 198
ACETAMINOPHEN W/ CODEINE TAB 300-30 MG..... 198
ACETAMINOPHEN W/ CODEINE TAB 300-60 MG..... 198
ACETAZOLAMIDE CAP ER 12HR 500 MG..... 193
ACETAZOLAMIDE TAB 125 MG ..... 193
ACETAZOLAMIDE TAB 250 MG ..... 193
ACETIC ACID OTIC SOLN 2%..... 202
ACETIC ACID-OXYQUINOLINE VAGINAL GEL 0.9-0.025%.....24
ACETOHYDROXAMIC ACID TAB 250 MG.....119
ACETONE (URINE) TEST STRIP ..... 80
ACETONE (URINE) TEST STRIP .....82
ACETONE (URINE) TEST STRIP .....82
ACETYLCYSTEINE CAP 600 MG..... 233
ACETYLCYSTEINE INHAL SOLN 10%...210
ACETYLCYSTEINE INHAL SOLN 20%...210
ACITRETIN CAP 10 MG.....72
ACITRETIN CAP 17.5 MG .....72
ACITRETIN CAP 25 MG.....72
ACOLTREMON OPHTH SOLN 0.003%...177
ACORAMIDIS HCL TAB PACK 356 MG (712 MG TWICE DAILY).....118
ACYCLOVIR CAP 200 MG.....37
ACYCLOVIR OINT 5%.....37
ACYCLOVIR SUSP 200 MG/5ML.....37
ACYCLOVIR TAB 400 MG.....37
ACYCLOVIR TAB 800 MG.....37
ADAGRASIB TAB 200 MG..... 40
ADALIMUMAB-AATY AUTO-INJECTOR KIT 40 MG/0.4ML ..... 140
ADALIMUMAB-AATY AUTO-INJECTOR KIT 80 MG/0.8ML .....141
ADALIMUMAB-AATY PREFILLED SYRINGE KIT 20 MG/0.2ML ..... 140
ADALIMUMAB-AATY PREFILLED SYRINGE KIT 40 MG/0.4ML.....141
ADALIMUMAB-ADAZ SOLN AUTO-INJECTOR 40 MG/0.4ML.....141
ADALIMUMAB-ADAZ SOLN AUTO-INJECTOR 80 MG/0.8ML.....141
ADALIMUMAB-ADAZ SOLN PREFILLED SYRINGE 10 MG/0.1ML ....141
ADALIMUMAB-ADAZ SOLN PREFILLED SYRINGE 20 MG/0.2ML ....141
ADALIMUMAB-ADAZ SOLN PREFILLED SYRINGE 40 MG/0.4ML....141
ADALIMUMAB-ATTO SOLN AUTO-INJECTOR 40 MG/0.4ML.....141
ADALIMUMAB-ATTO SOLN AUTO-INJECTOR 80 MG/0.8ML.....141
ADALIMUMAB-ATTO SOLN PREFILLED SYRINGE 20 MG/0.2ML ....141
ADALIMUMAB-ATTO SOLN PREFILLED SYRINGE 40 MG/0.4ML....141
ADAPALENE-BENZOYL PEROXIDE GEL 0.1-2.5% .....72
ADEFOVIR DIPIVOXIL TAB 10 MG .....16
AFATINIB DIMALEATE TAB 20 MG (BASE EQUIVALENT).....181
AFATINIB DIMALEATE TAB 30 MG (BASE EQUIVALENT).....181
AFATINIB DIMALEATE TAB 40 MG (BASE EQUIVALENT).....181
ALBENDAZOLE TAB 200 MG.....15
ALBUTEROL-BUDESONIDE INHALATION AEROSOL 90-80 MCG/ACT .....210
ALBUTEROL SULFATE INHAL AERO 108 MCG/ACT (90MCG BASE EQUIV) ...58
ALBUTEROL SULFATE SOLN NEBU 0.5% (5 MG/ML) .....58
ALBUTEROL SULFATE SOLN NEBU 0.5% (5 MG/ML) .....58
ALBUTEROL SULFATE SOLN NEBU 0.63 MG/3ML (BASE EQUIV) .....58
ALBUTEROL SULFATE SOLN NEBU 0.083% (2.5 MG/3ML) .....58
ALBUTEROL SULFATE SOLN NEBU 1.25 MG/3ML (BASE EQUIV) .....58
ALBUTEROL SULFATE SYRUP 2 MG/5ML 58
ALBUTEROL SULFATE TAB 2 MG.....58
ALBUTEROL SULFATE TAB 4 MG.....58
ALCLOMETASONE DIPROPIONATE CREAM 0.05%..... 130
ALCLOMETASONE DIPROPIONATE OINT 0.05% ..... 130
ALCOHOL SHEETS .....153
ALCOHOL SHEETS ..... 160
ALECTINIB HCL CAP 150 MG (BASE EQUIVALENT)..... 180
ALENDRONATE SODIUM-CHOLECALCIFEROL TAB 70-2800 MG-UNIT.....152
ALENDRONATE SODIUM-CHOLECALCIFEROL TAB 70-5600 MG-UNIT.....152
ALENDRONATE SODIUM ORAL SOLN 70 MG/75ML .....152
ALENDRONATE SODIUM TAB 10 MG....152
ALENDRONATE SODIUM TAB 35 MG....152
ALENDRONATE SODIUM TAB 70 MG....152
ALENDRONATE SODIUM TAB 70 MG....152
ALFUZOSIN HCL TAB ER 24HR 10 MG... 50
ALITRETINOIN GEL 0.1%.....213
ALLOPURINOL TAB 100 MG .....37
ALLOPURINOL TAB 300 MG.....37
ALMOTRIPTAN MALATE TAB 6.25 MG ..213
ALMOTRIPTAN MALATE TAB 6.25 MG ..213
ALMOTRIPTAN MALATE TAB 12.5 MG...213
ALMOTRIPTAN MALATE TAB 12.5 MG...213

ALOGLIPTIN BENZOATE TAB 6.25 MG (BASE EQUIV)..... 30
ALOGLIPTIN BENZOATE TAB 12.5 MG (BASE EQUIV)..... 30
ALOGLIPTIN BENZOATE TAB 25 MG (BASE EQUIV)..... 30
ALOGLIPTIN-METFORMIN HCL TAB 12.5-500 MG ..... 30
ALOGLIPTIN-METFORMIN HCL TAB 12.5-1000 MG ..... 30
ALOGLIPTIN-PIOGLITAZONE TAB 12.5-30 MG.....29
ALOGLIPTIN-PIOGLITAZONE TAB 25-15 MG.....29
ALOGLIPTIN-PIOGLITAZONE TAB 25-30 MG .....29
ALOGLIPTIN-PIOGLITAZONE TAB 25-45 MG .....29
ALOSETRON HCL TAB 0.5 MG (BASE EQUIV).....147
ALOSETRON HCL TAB 1 MG (BASE EQUIV).....147
ALPELISIB (PROS) ORAL GRANULES PACKET 50 MG.....145
ALPELISIB (PROS) PAK 250 MG DAILY DOSE (200 MG & 50 MG TABS) .....145
ALPELISIB (PROS) TAB THERAPY PACK 50 MG DAILY DOSE .....145
ALPELISIB (PROS) TAB THERAPY PACK 125 MG DAILY DOSE .....145
ALPELISIB TAB PACK 250 MG DAILY DOSE (200 MG & 50 MG TABS) .....41
ALPELISIB TAB PACK 300 MG DAILY DOSE (2X150 MG TAB) .....41
ALPELISIB TAB THERAPY PACK 200 MG DAILY DOSE.....41
ALPRAZOLAM CONC 1 MG/ML..... 50
ALPRAZOLAM ORALLY DISINTEGRATING TAB 0.5 MG .....51
ALPRAZOLAM ORALLY DISINTEGRATING TAB 0.25 MG ..... 50
ALPRAZOLAM ORALLY DISINTEGRATING TAB 1 MG.....51
ALPRAZOLAM ORALLY DISINTEGRATING TAB 2 MG .....51
ALPRAZOLAM TAB 0.5 MG..... 50
ALPRAZOLAM TAB 0.25 MG ..... 50
ALPRAZOLAM TAB 1 MG.....51
ALPRAZOLAM TAB 2 MG.....51
ALPRAZOLAM TAB ER 24HR 0.5 MG.....51
ALPRAZOLAM TAB ER 24HR 0.5 MG.....51
ALPRAZOLAM TAB ER 24HR 1 MG.....51
ALPRAZOLAM TAB ER 24HR 1 MG.....51
ALPRAZOLAM TAB ER 24HR 2 MG.....51
ALPRAZOLAM TAB ER 24HR 2 MG.....51
ALPRAZOLAM TAB ER 24HR 3 MG.....51
ALPRAZOLAM TAB ER 24HR 3 MG.....51
ALPROSTADIL FOR INJ 20 MCG.....119
ALPROSTADIL FOR INJ 40 MCG.....119
ALPROSTADIL FOR INJ CARTRIDGE KIT 10 MCG .....119
ALPROSTADIL FOR INJ CARTRIDGE KIT 10 MCG .....119
ALPROSTADIL FOR INJ CARTRIDGE KIT 10 MCG .....119
ALPROSTADIL FOR INJ CARTRIDGE KIT 20 MCG .....119
ALPROSTADIL FOR INJ CARTRIDGE KIT 20 MCG .....119
ALPROSTADIL FOR INJ CARTRIDGE KIT 20 MCG .....119
ALPROSTADIL FOR INJ CARTRIDGE KIT 40 MCG .....119
ALPROSTADIL FOR INJ CARTRIDGE KIT 40 MCG .....119
ALUMINUM CHLORIDE SOLN 20% .....74
ALVIMOPAN CAP 12 MG.....115
AMANTADINE HCL CAP 100 MG.....42
AMANTADINE HCL SOLN 50 MG/5ML...42
AMANTADINE HCL TAB 100 MG .....42
AMBRISENTAN TAB 5 MG..... 207
AMBRISENTAN TAB 10 MG ..... 207
AMCINONIDE CREAM 0.1%..... 130
AMCINONIDE OINT 0.1%..... 130
AMIFAMPRIDINE PHOSPHATE TAB 10 MG (BASE EQUIVALENT).....161
AMIKACIN SULFATE LIPOSOME INHAL SUSP 590 MG/8.4ML (BASE EQ) . 11
AMILORIDE HCL TAB 5 MG..... 86
AMILORIDE & HYDROCHLOROTHIAZIDE TAB 5-50 MG 64
AMINO ACIDS BAR .....171
AMINO ACIDS ORAL LIQUID.....161
AMINO ACIDS ORAL LIQUID.....167
AMINO ACIDS ORAL LIQUID.....167
AMINO ACIDS ORAL LIQUID.....167
AMINO ACIDS ORAL LIQUID.....167
AMINO ACIDS ORAL LIQUID.....167
AMINO ACIDS ORAL LIQUID.....172
AMINO ACIDS ORAL LIQUID.....172
AMINO ACIDS ORAL LIQUID.....174
AMINO ACIDS ORAL LIQUID.....174
AMINO ACIDS ORAL LIQUID.....174
AMINO ACIDS PACK.....171
AMINO ACIDS PACK.....171
AMINO ACIDS PACK.....179
AMINO ACIDS PACK..... 180
AMINO ACIDS-PROTEIN HYDROLYSATE LIQUID.....97
AMINO ACIDS-PROTEIN HYDROLYSATE LIQUID.....97
AMINO ACIDS-PROTEIN HYDROLYSATE LIQUID.....97
AMINO ACIDS-PROTEIN HYDROLYSATE LIQUID.....97
AMINO ACIDS-PROTEIN HYDROLYSATE LIQUID.....97
AMINO ACIDS TAB .....172
AMINOCAPROIC ACID ORAL SOLN 0.25 GM/ML.....125
AMINOCAPROIC ACID TAB 500 MG ....125
AMINOCAPROIC ACID TAB 1000 MG...125
AMINOLEVULINIC ACID HCL GEL 10%..72
AMIODARONE HCL TAB 100 MG.....22
AMIODARONE HCL TAB 100 MG.....22
AMIODARONE HCL TAB 200 MG.....22
AMIODARONE HCL TAB 200 MG.....22
AMIODARONE HCL TAB 400 MG .....22
AMIODARONE HCL TAB 400 MG .....23
AMITRIPTYLINE HCL TAB 10 MG..... 225
AMITRIPTYLINE HCL TAB 25 MG..... 225
AMITRIPTYLINE HCL TAB 50 MG..... 225
AMITRIPTYLINE HCL TAB 75 MG..... 225
AMITRIPTYLINE HCL TAB 100 MG .... 225
AMITRIPTYLINE HCL TAB 150 MG..... 225
AMLODIPINE BESYLATE-BENAZEPRIL HCL CAP 2.5-10 MG ..... 64
AMLODIPINE BESYLATE-BENAZEPRIL HCL CAP 5-10 MG ..... 64
AMLODIPINE BESYLATE-BENAZEPRIL HCL CAP 5-20 MG..... 64
AMLODIPINE BESYLATE-BENAZEPRIL HCL CAP 5-40 MG..... 64
AMLODIPINE BESYLATE-BENAZEPRIL HCL CAP 10-20 MG..... 64
AMLODIPINE BESYLATE-BENAZEPRIL HCL CAP 10-40 MG..... 64
AMLODIPINE BESYLATE-OLMESARTAN MEDOXOMIL TAB 5-20 MG..... 64
AMLODIPINE BESYLATE-OLMESARTAN MEDOXOMIL TAB 5-40 MG..... 64
AMLODIPINE BESYLATE-OLMESARTAN MEDOXOMIL TAB 10-20 MG..... 64
AMLODIPINE BESYLATE-OLMESARTAN MEDOXOMIL TAB 10-40 MG ..... 64
AMLODIPINE BESYLATE ORAL SOLN 1 MG/ML (BASE EQUIVALENT).....62
AMLODIPINE BESYLATE TAB 2.5 MG (BASE EQUIVALENT).....59
AMLODIPINE BESYLATE TAB 5 MG (BASE EQUIVALENT)..... 60
AMLODIPINE BESYLATE TAB 10 MG (BASE EQUIVALENT).....59

AMLODIPINE BESYLATE-VALSARTAN TAB 5-160 MG ..... 64
AMLODIPINE BESYLATE-VALSARTAN TAB 5-320 MG ..... 64
AMLODIPINE BESYLATE-VALSARTAN TAB 10-160 MG ..... 64
AMLODIPINE BESYLATE-VALSARTAN TAB 10-320 MG ..... 64
AMOXAPINE TAB 25 MG ..... 225
AMOXAPINE TAB 50 MG ..... 225
AMOXAPINE TAB 100 MG ..... 225
AMOXAPINE TAB 150 MG ..... 225
AMOXICILLIN CAP 500 MG & VONOPRAZAN TAB 20 MG THERAPY PACK ..... 116
AMOXICILLIN CAP & CLARITHROMYCIN TAB & VONOPRAZAN TAB PACK ..... 116
AMOXICILLIN & K CLAVULANATE CHEW TAB 200-28.5 MG ..... 54
AMOXICILLIN & K CLAVULANATE CHEW TAB 400-57 MG ..... 54
AMOXICILLIN & K CLAVULANATE CHEW TAB 400-57 MG ..... 54
AMOXICILLIN & K CLAVULANATE FOR SUSP 200-28.5 MG/5ML ..... 54
AMOXICILLIN & K CLAVULANATE FOR SUSP 250-62.5 MG/5ML ..... 54
AMOXICILLIN & K CLAVULANATE FOR SUSP 400-57 MG/5ML ..... 55
AMOXICILLIN & K CLAVULANATE FOR SUSP 600-42.9 MG/5ML ..... 55
AMOXICILLIN & K CLAVULANATE TAB 250-125 MG ..... 55
AMOXICILLIN & K CLAVULANATE TAB 500-125 MG ..... 55
AMOXICILLIN & K CLAVULANATE TAB 875-125 MG ..... 55
AMOXICILLIN (TRIHYDRATE) CAP 250 MG ..... 55
AMOXICILLIN (TRIHYDRATE) CAP 500 MG ..... 55
AMOXICILLIN (TRIHYDRATE) CHEW TAB 125 MG ..... 55
AMOXICILLIN (TRIHYDRATE) CHEW TAB 250 MG ..... 55
AMOXICILLIN (TRIHYDRATE) FOR SUSP 125 MG/5ML ..... 55
AMOXICILLIN (TRIHYDRATE) FOR SUSP 200 MG/5ML ..... 55
AMOXICILLIN (TRIHYDRATE) FOR SUSP 250 MG/5ML ..... 55
AMOXICILLIN (TRIHYDRATE) FOR SUSP 400 MG/5ML ..... 55
AMOXICILLIN (TRIHYDRATE) TAB 500 MG ..... 55
AMOXICILLIN (TRIHYDRATE) TAB 875 MG ..... 55
AMPHETAMINE-DEXTROAMPHETAMINE 3-BEAD CAP ER 24HR 12.5 MG ..... 46
AMPHETAMINE-DEXTROAMPHETAMINE 3-BEAD CAP ER 24HR 25 MG ..... 46
AMPHETAMINE-DEXTROAMPHETAMINE 3-BEAD CAP ER 24HR 37.5 MG ..... 46
AMPHETAMINE-DEXTROAMPHETAMINE 3-BEAD CAP ER 24HR 50 MG ..... 46
AMPHETAMINE-DEXTROAMPHETAMINE CAP ER 24HR 5 MG ..... 46
AMPHETAMINE-DEXTROAMPHETAMINE CAP ER 24HR 10 MG ..... 46
AMPHETAMINE-DEXTROAMPHETAMINE CAP ER 24HR 15 MG ..... 46
AMPHETAMINE-DEXTROAMPHETAMINE CAP ER 24HR 20 MG ..... 46
AMPHETAMINE-DEXTROAMPHETAMINE CAP ER 24HR 25 MG ..... 46
AMPHETAMINE-DEXTROAMPHETAMINE CAP ER 24HR 30 MG ..... 46
AMPHETAMINE-DEXTROAMPHETAMINE TAB 5 MG ..... 46
AMPHETAMINE-DEXTROAMPHETAMINE TAB 7.5 MG ..... 46
AMPHETAMINE-DEXTROAMPHETAMINE TAB 10 MG ..... 46
AMPHETAMINE-DEXTROAMPHETAMINE TAB 12.5 MG ..... 46
AMPHETAMINE-DEXTROAMPHETAMINE TAB 15 MG ..... 46
AMPHETAMINE-DEXTROAMPHETAMINE TAB 20 MG ..... 46
AMPHETAMINE-DEXTROAMPHETAMINE TAB 30 MG ..... 46
AMPHETAMINE SULFATE TAB 5 MG ..... 46
AMPHETAMINE SULFATE TAB 10 MG ..... 46
AMPICILLIN CAP 500 MG ..... 55
ANAGRELIDE HCL CAP 0.5 MG ..... 56
ANAGRELIDE HCL CAP 1 MG ..... 56
ANAKINRA SUBCUTANEOUS SOLN PREFILLED SYRINGE 100 MG/0.67ML ..... 142
ANASTROZOLE (BULK) POWDER ..... 153
ANASTROZOLE TAB 1 MG ..... 46
ANIFROLUMAB-FNIA SOLN AUTO-INJECTOR 120 MG/0.8ML ..... 144
ANIFROLUMAB-FNIA SOLN PREFILLED SYRINGE 120 MG/0.8ML ..... 143
ANTICOAGULANT CITRATE DEXTROSE SOLUTION A ..... 27
ANTICOAGULANT SODIUM CITRATE CONCENTRATE 46.7% ..... 28
ANTICOAGULANT SODIUM CITRATE SOLN 4% ..... 26
ANTIHEMOPHIL FACT RCMB (BDD-RFVIII,SIM) FOR INJ KIT 250 UNIT ..... 128
ANTIHEMOPHIL FACT RCMB (BDD-RFVIII,SIM) FOR INJ KIT 500 UNIT ..... 128
ANTIHEMOPHIL FACT RCMB(BDD-RFVIII,SIM) FOR INJ KIT 1000 UNIT ..... 128
ANTIHEMOPHIL FACT RCMB(BDD-RFVIII,SIM) FOR INJ KIT 1500 UNIT ..... 128
ANTIHEMOPHIL FACT RCMB(BDD-RFVIII,SIM) FOR INJ KIT 2000 UNIT ..... 128
ANTIHEMOPHIL FACT RCMB(BDD-RFVIII,SIM) FOR INJ KIT 2500 UNIT ..... 128
ANTIHEMOPHIL FACT RCMB(BDD-RFVIII,SIM) FOR INJ KIT 3000 UNIT ..... 128
ANTIHEMOPHIL FACT RCMB(BDD-RFVIII,SIM) FOR INJ KIT 4000 UNIT ..... 128
ANTIHEMOPHILIC FACTOR (HUMAN) FOR INJ 250 UNIT ..... 126
ANTIHEMOPHILIC FACTOR (HUMAN) FOR INJ 250 UNIT ..... 127
ANTIHEMOPHILIC FACTOR (HUMAN) FOR INJ 500 UNIT ..... 126
ANTIHEMOPHILIC FACTOR (HUMAN) FOR INJ 500 UNIT ..... 127
ANTIHEMOPHILIC FACTOR (HUMAN) FOR INJ 1000 UNIT ..... 126
ANTIHEMOPHILIC FACTOR (HUMAN) FOR INJ 1000 UNIT ..... 127
ANTIHEMOPHILIC FACTOR (HUMAN) FOR INJ 1000 UNIT ..... 127
ANTIHEMOPHILIC FACTOR (HUMAN) FOR INJ 1700 UNIT ..... 126
ANTIHEMOPHILIC FACTOR RCMB (BDD-RFVIIIFC) FOR INJ 250 UNIT ..... 125
ANTIHEMOPHILIC FACTOR RCMB (BDD-RFVIIIFC) FOR INJ 500 UNIT ..... 126
ANTIHEMOPHILIC FACTOR RCMB (BDD-RFVIIIFC) FOR INJ 750 UNIT ..... 126
ANTIHEMOPHILIC FACTOR RCMB (BDD-RFVIIIFC) FOR INJ 1000 UNIT ..... 125
ANTIHEMOPHILIC FACTOR RCMB (BDD-RFVIIIFC) FOR INJ 1500 UNIT ..... 125
ANTIHEMOPHILIC FACTOR RCMB (BDD-RFVIIIFC) FOR INJ 2000 UNIT ..... 125
ANTIHEMOPHILIC FACTOR RCMB (BDD-RFVIIIFC) FOR INJ 3000 UNIT ..... 125
ANTIHEMOPHILIC FACTOR RCMB (BDD-RFVIIIFC) FOR INJ 4000 UNIT ..... 125

ANTIHEMOPHILIC FACTOR RCMB (BDD-RFVIIIFC) FOR INJ 5000 UNIT . 126
ANTIHEMOPHILIC FACTOR RCMB (BDD-RFVIIIFC) FOR INJ 6000 UNIT . 126
ANTIHEMOPHILIC FACTOR RCMB (BDD-RFVIII,SIM) FOR INJ 250 UNIT . .128
ANTIHEMOPHILIC FACTOR RCMB (BDD-RFVIII,SIM) FOR INJ 500 UNIT . .128
ANTIHEMOPHILIC FACTOR RECOMB PEGYLATED FOR INJ 250 UNIT.....123
ANTIHEMOPHILIC FACTOR RECOMB PEGYLATED FOR INJ 500 UNIT .....123
ANTIHEMOPHILIC FACTOR RECOMB PEGYLATED FOR INJ 750 UNIT.....124
ANTIHEMOPHILIC FACTOR RECOMB PEGYLATED FOR INJ 1000 UNIT .....123
ANTIHEMOPHILIC FACTOR RECOMB PEGYLATED FOR INJ 1500 UNIT .....123
ANTIHEMOPHILIC FACTOR RECOMB PEGYLATED FOR INJ 2000 UNIT .....123
ANTIHEMOPHILIC FACTOR RECOMB PEGYLATED FOR INJ 3000 UNIT .....123
ANTIHEMOPHILIC FACTOR (RECOMB PORC) RPFVIII FOR INJ 500 UNIT .....128
ANTIHEMOPHILIC FACTOR RECOMB (RAHF-PFM) FOR INJ 250 UNIT .....123
ANTIHEMOPHILIC FACTOR RECOMB (RAHF-PFM) FOR INJ 250 UNIT .....127
ANTIHEMOPHILIC FACTOR RECOMB (RAHF-PFM) FOR INJ 500 UNIT.....123
ANTIHEMOPHILIC FACTOR RECOMB (RAHF-PFM) FOR INJ 500 UNIT.....127
ANTIHEMOPHILIC FACTOR RECOMB (RAHF-PFM) FOR INJ 1000 UNIT.....123
ANTIHEMOPHILIC FACTOR RECOMB (RAHF-PFM) FOR INJ 1000 UNIT.....127
ANTIHEMOPHILIC FACTOR RECOMB (RAHF-PFM) FOR INJ 1500 UNIT.....123
ANTIHEMOPHILIC FACTOR RECOMB (RAHF-PFM) FOR INJ 2000 UNIT.....123
ANTIHEMOPHILIC FACTOR RECOMB (RAHF-PFM) FOR INJ 2000 UNIT.....127
ANTIHEMOPHILIC FACTOR RECOMB (RAHF-PFM) FOR INJ 3000 UNIT .....123
ANTIHEMOPHILIC FACTOR RECOMB (RAHF-PFM) FOR INJ 3000 UNIT .....127
ANTIHEMOPHILIC FACTOR RECOMB (RAHF-PFM) FOR INJ 4000 UNIT .....123
ANTIHEMOPHILIC FACTOR RECOMB (RFVIII) FOR INJ 220-400 UNIT ..... 129
ANTIHEMOPHILIC FACTOR RECOMB (RFVIII) FOR INJ 401-800 UNIT ..... 129
ANTIHEMOPHILIC FACTOR RECOMB (RFVIII) FOR INJ 801-1240 UNIT..... 129
ANTIHEMOPHILIC FACTOR RECOMB (RFVIII) FOR INJ 1241-1800 UNIT..... 129
ANTIHEMOPHILIC FACTOR RECOMB (RFVIII) FOR INJ 1801-2400 UNIT .... 129
ANTIHEMOPHILIC FACTOR RECOMB (RFVIII) FOR INJ KIT 250 UNIT.....127
ANTIHEMOPHILIC FACTOR RECOMB (RFVIII) FOR INJ KIT 500 UNIT.....127
ANTIHEMOPHILIC FACTOR RECOMB (RFVIII) FOR INJ KIT 1000 UNIT.....127
ANTIHEMOPHILIC FACTOR RECOMB (RFVIII) FOR INJ KIT 2000 UNIT .....127
ANTIHEMOPHILIC FACTOR RECOMB (RFVIII) FOR INJ KIT 3000 UNIT .....127
ANTIHEMOPHILIC FACTOR/VWF (HUMAN) FOR INJ 250-600 UNIT ..... 126
ANTIHEMOPHILIC FACTOR/VWF (HUMAN) FOR INJ 250 UNIT .....124
ANTIHEMOPHILIC FACTOR/VWF (HUMAN) FOR INJ 500-500 UNIT KIT. 130
ANTIHEMOPHILIC FACTOR/VWF (HUMAN) FOR INJ 500-1200 UNIT .... 126
ANTIHEMOPHILIC FACTOR/VWF (HUMAN) FOR INJ 500 UNIT .....124
ANTIHEMOPHILIC FACTOR/VWF (HUMAN) FOR INJ 1000-1000 UNIT KIT..... 130
ANTIHEMOPHILIC FACTOR/VWF (HUMAN) FOR INJ 1000-2400 UNIT... 126
ANTIHEMOPHILIC FACTOR/VWF (HUMAN) FOR INJ 1000 UNIT.....124
ANTIHEMOPHILIC FACTOR/VWF (HUMAN) FOR INJ 1500 UNIT.....124
ANTIHEMOPHILIC FACTOR/VWF (HUMAN) FOR INJ 2000 UNIT.....124
ANTIHEMOPHILIC FACT RCMB (BDD-RFVIII,SIM) FOR INJ 1000 UNIT .....128
ANTIHEMOPHILIC FACT RCMB (BDD-RFVIII,SIM) FOR INJ 1500 UNIT .....128
ANTIHEMOPHILIC FACT RCMB (BDD-RFVIII,SIM) FOR INJ 2000 UNIT.....128
ANTIHEMOPHILIC FACT RCMB (BDD-RFVIII,SIM) FOR INJ 2500 UNIT .....128
ANTIHEMOPHILIC FACT RCMB (BDD-RFVIII,SIM) FOR INJ 3000 UNIT.....128
ANTIHEMOPHILIC FACT RCMB (BDD-RFVIII,SIM) FOR INJ 4000 UNIT.....128
ANTIHEMOPHILIC FACT RCMB (BD TRUNC-RFVIII) FOR INJ 250 UNIT.....127
ANTIHEMOPHILIC FACT RCMB (BD TRUNC-RFVIII) FOR INJ 500 UNIT.....128
ANTIHEMOPHILIC FACT RCMB (BD TRUNC-RFVIII) FOR INJ 1000 UNIT....127
ANTIHEMOPHILIC FACT RCMB (BD TRUNC-RFVIII) FOR INJ 1500 UNIT....127
ANTIHEMOPHILIC FACT RCMB (BD TRUNC-RFVIII) FOR INJ 2000 UNIT ...127
ANTIHEMOPHILIC FACT RCMB (BD TRUNC-RFVIII) FOR INJ 3000 UNIT ...128
ANTIHEMOPHILIC FACT RCMB FC-VWF-XTEN-EHTL FOR INJ 250 UNIT....125
ANTIHEMOPHILIC FACT RCMB FC-VWF-XTEN-EHTL FOR INJ 250 UNIT....125
ANTIHEMOPHILIC FACT RCMB FC-VWF-XTEN-EHTL FOR INJ 500 UNIT ...125
ANTIHEMOPHILIC FACT RCMB FC-VWF-XTEN-EHTL FOR INJ 1000 UNIT ..124
ANTIHEMOPHILIC FACT RCMB FC-VWF-XTEN-EHTL FOR INJ 2000 UNIT ..125
ANTIHEMOPHILIC FACT RCMB FC-VWF-XTEN-EHTL FOR INJ 3000 UNIT ..125
ANTIHEMOPHILIC FACT RCMB FC-VWF-XTEN-EHTL FOR INJ 4000 UNIT ..125
ANTIHEMOPHILIC FACT RCMB SINGLE CHAIN FOR INJ KIT 250 UNIT .124
ANTIHEMOPHILIC FACT RCMB SINGLE CHAIN FOR INJ KIT 500 UNIT .124
ANTIHEMOPHILIC FACT RCMB SINGLE CHAIN FOR INJ KIT 1000 UNIT .....124
ANTIHEMOPHILIC FACT RCMB SINGLE CHAIN FOR INJ KIT 1500 UNIT124
ANTIHEMOPHILIC FACT RCMB SINGLE CHAIN FOR INJ KIT 2000 UNIT .....124
ANTIHEMOPHILIC FACT RCMB SINGLE CHAIN FOR INJ KIT 2500 UNIT .....124
ANTIHEMOPHILIC FACT RCMB SINGLE CHAIN FOR INJ KIT 3000 UNIT .....124
ANTIINHIBITOR COAGULANT COMPLEX FOR IV SOLN 500 UNIT .... 126
ANTIINHIBITOR COAGULANT COMPLEX FOR IV SOLN 1000 UNIT ... 126
ANTIINHIBITOR COAGULANT COMPLEX FOR IV SOLN 2500 UNIT ... 126
APALUTAMIDE TAB 60 MG .....21
APALUTAMIDE TAB 240 MG .....21
APIXABAN CAP SPRINKLE 0.15 MG .....26
APIXABAN TAB 2.5 MG .....26
APIXABAN TAB 5 MG .....26
APIXABAN TAB FOR ORAL SUSP 0.5 MG.26
APIXABAN TAB FOR ORAL SUSP PACK 3 X 0.5 MG (1.5 MG) .....26
APIXABAN TAB FOR ORAL SUSP PACK 4 X 0.5 MG (2 MG) .....26
APIXABAN TAB STARTER PACK 5 MG ....26
APRACLONIDINE HCL OPHTH SOLN 0.5% (BASE EQUIVALENT) ..... 193
APRACLONIDINE HCL OPHTH SOLN 1% (BASE EQUIVALENT)..... 194
APREMILAST TAB 20 MG .....145
APREMILAST TAB 30 MG .....145
APREMILAST TAB ER 24HR 75 MG ..... 146

APREMILAST TAB STARTER THERAPY PACK 4 X 10 MG & 51 X 20 MG.....145
APREMILAST TAB STARTER THERAPY PACK 10 MG & 20 MG & 30 MG.....145
APREMILAST TAB START PACK 10 MG & 20 MG & 30 MG & (ER) 75 MG..... 146
APREPITANT CAPSULE 40 MG ..... 100
APREPITANT CAPSULE 80 MG ..... 100
APREPITANT CAPSULE 125 MG..... 100
APREPITANT CAPSULE THERAPY PACK 80 & 125 MG..... 100
APREPITANT FOR ORAL SUSP 125 MG (125 MG/5ML)..... 100
ARFORMOTEROL TARTRATE SOLN NEBU 15 MCG/2ML (BASE EQUIV) .....58
ARGININE CAP 500 MG ..... 166
ARGININE POWDER PACKET 500 MG . 154
ARGININE TAB 500 MG..... 154
ARIMOCLOMOL CITRATE CAP 47 MG . 168
ARIMOCLOMOL CITRATE CAP 62 MG . 168
ARIMOCLOMOL CITRATE CAP 93 MG . 168
ARIMOCLOMOL CITRATE CAP 124 MG 168
ARIPIPRAZOLE ORAL SOLUTION 1 MG/ML.....7
ARIPIPRAZOLE TAB 2 MG .....7
ARIPIPRAZOLE TAB 5 MG .....7
ARIPIPRAZOLE TAB 10 MG .....7
ARIPIPRAZOLE TAB 15 MG .....7
ARIPIPRAZOLE TAB 20 MG.....7
ARIPIPRAZOLE TAB 30 MG.....7
ARMODAFINIL TAB 50 MG .....215
ARMODAFINIL TAB 150 MG .....215
ARMODAFINIL TAB 200 MG .....215
ARMODAFINIL TAB 250 MG .....215
ARTEMETHER-LUMEFANTRINE TAB 20-120 MG .....42
ARTIFICIAL SALIVA - PACKET .....71
ARTIFICIAL SALIVA - SOLUTION .....70
ARTIFICIAL SALIVA - SOLUTION .....70
ARTIFICIAL SALIVA - SOLUTION .....70
ASCIMINIB HCL TAB 20 MG .....41
ASCIMINIB HCL TAB 40 MG .....41
ASCIMINIB HCL TAB 100 MG.....41
ASCORBIC ACID TAB 500 MG ..... 99
ASENAPINE MALEATE SL TAB 2.5 MG (BASE EQUIV).....7
ASENAPINE MALEATE SL TAB 5 MG (BASE EQUIV).....7
ASENAPINE MALEATE SL TAB 10 MG (BASE EQUIV).....7
ASFOTASE ALFA SUBCUTANEOUS INJ 18 MG/0.45ML .....117
ASFOTASE ALFA SUBCUTANEOUS INJ 28 MG/0.7ML.....117
ASFOTASE ALFA SUBCUTANEOUS INJ 40 MG/ML.....117
ASFOTASE ALFA SUBCUTANEOUS INJ 80 MG/0.8ML .....117
ASPIRIN CHEW TAB 81 MG .....187
ASPIRIN CHEW TAB 81 MG .....187
ASPIRIN CHEW TAB 81 MG ..... 188
ASPIRIN CHEW TAB 81 MG ..... 188
ASPIRIN CHEW TAB 81 MG ..... 188
ASPIRIN CHEW TAB 81 MG ..... 188
ASPIRIN CHEW TAB 81 MG ..... 189
ASPIRIN CHEW TAB 81 MG ..... 189
ASPIRIN CHEW TAB 81 MG ..... 190
ASPIRIN CHEW TAB 81 MG ..... 190
ASPIRIN CHEW TAB 81 MG ..... 190
ASPIRIN CHEW TAB 81 MG ..... 190
ASPIRIN-DIPYRIDAMOLE CAP ER 12HR 25-200 MG ..... 204
ASPIRIN TAB DELAYED RELEASE 81 MG.....187
ASPIRIN TAB DELAYED RELEASE 81 MG.....187
ASPIRIN TAB DELAYED RELEASE 81 MG.....187
ASPIRIN TAB DELAYED RELEASE 81 MG ..... 188
ASPIRIN TAB DELAYED RELEASE 81 MG ..... 188
ASPIRIN TAB DELAYED RELEASE 81 MG ..... 188
ASPIRIN TAB DELAYED RELEASE 81 MG ..... 188
ASPIRIN TAB DELAYED RELEASE 81 MG ..... 188
ASPIRIN TAB DELAYED RELEASE 81 MG ..... 188
ASPIRIN TAB DELAYED RELEASE 81 MG ..... 188
ASPIRIN TAB DELAYED RELEASE 81 MG ..... 189
ASPIRIN TAB DELAYED RELEASE 81 MG ..... 189
ASPIRIN TAB DELAYED RELEASE 81 MG ..... 189
ASPIRIN TAB DELAYED RELEASE 81 MG ..... 189
ASPIRIN TAB DELAYED RELEASE 81 MG ..... 189
ASPIRIN TAB DELAYED RELEASE 81 MG ..... 189
ASPIRIN TAB DELAYED RELEASE 81 MG ..... 189
ASPIRIN TAB DELAYED RELEASE 81 MG ..... 190
ASPIRIN TAB DELAYED RELEASE 81 MG ..... 190
ATAZANAVIR SULFATE CAP 150 MG (BASE EQUIV).....20
ATAZANAVIR SULFATE CAP 200 MG (BASE EQUIV).....20
ATAZANAVIR SULFATE CAP 300 MG (BASE EQUIV).....20
ATAZANAVIR SULFATE-COBICISTAT TAB 300-150 MG (BASE EQUIV) .....20
ATAZANAVIR SULFATE ORAL POWDER PACKET 50 MG (BASE EQUIV).....20
ATENOLOL & CHLORTHALIDONE TAB 50-25 MG ..... 64
ATENOLOL & CHLORTHALIDONE TAB 100-25 MG ..... 64
ATENOLOL TAB 25 MG.....52
ATENOLOL TAB 50 MG .....52
ATENOLOL TAB 100 MG .....52
ATOGEPANT TAB 10 MG .....59
ATOGEPANT TAB 30 MG.....59
ATOGEPANT TAB 60 MG.....59
ATOMOXETINE HCL CAP 10 MG (BASE EQUIV)..... 48
ATOMOXETINE HCL CAP 18 MG (BASE EQUIV)..... 48
ATOMOXETINE HCL CAP 25 MG (BASE EQUIV)..... 48
ATOMOXETINE HCL CAP 40 MG (BASE EQUIV)..... 48
ATOMOXETINE HCL CAP 60 MG (BASE EQUIV)..... 48
ATOMOXETINE HCL CAP 80 MG (BASE EQUIV)..... 48
ATOMOXETINE HCL CAP 100 MG (BASE EQUIV).....47
ATORVASTATIN CALCIUM SUSP 20 MG/5ML (4MG/ML) (BASE EQUIV)..... 89
ATORVASTATIN CALCIUM TAB 10 MG (BASE EQUIVALENT)..... 89
ATORVASTATIN CALCIUM TAB 20 MG (BASE EQUIVALENT)..... 89
ATORVASTATIN CALCIUM TAB 40 MG (BASE EQUIVALENT)..... 89
ATORVASTATIN CALCIUM TAB 80 MG (BASE EQUIVALENT)..... 89
ATOVAQUONE-PROGUANIL HCL TAB 62.5-25 MG.....42
ATOVAQUONE-PROGUANIL HCL TAB 62.5-25 MG.....43
ATOVAQUONE-PROGUANIL HCL TAB 250-100 MG.....42
ATOVAQUONE-PROGUANIL HCL TAB 250-100 MG.....43
ATOVAQUONE SUSP 750 MG/5ML.....42
ATRASENTAN HCL TAB 0.75 MG .....178
ATROPINE SULFATE OPHTH OINT 1%.. 190
ATROPINE SULFATE OPHTH SOLN 1% . 190
ATROPINE SULFATE POWDER ..... 154
AVANAFIL TAB 50 MG .....119

AVANAFIL TAB 50 MG ..... 120
AVANAFIL TAB 100 MG .....119
AVANAFIL TAB 100 MG ..... 120
AVANAFIL TAB 200 MG .....119
AVANAFIL TAB 200 MG ..... 120
AVAPRITINIB TAB 25 MG ..... 180
AVAPRITINIB TAB 50 MG ..... 180
AVAPRITINIB TAB 100 MG ..... 180
AVAPRITINIB TAB 200 MG ..... 180
AVAPRITINIB TAB 300 MG ..... 180
AVATROMBOPAG MALEATE CAP SPRINKLE 10 MG (BASE EQUIV).....56
AVATROMBOPAG MALEATE TAB 20 MG (BASE EQUIV).....56
AVUTOMETINIB CAP 0.8 MG & DEFACTINIB TAB 200 MG THERAPY PACK.....39
AXITINIB TAB 1 MG .....182
AXITINIB TAB 5 MG .....182
AZACITIDINE TAB 200 MG .....41
AZACITIDINE TAB 300 MG .....41
AZATHIOPRINE TAB 50 MG.....141
AZATHIOPRINE TAB 75 MG.....141
AZATHIOPRINE TAB 75 MG.....141
AZATHIOPRINE TAB 100 MG .....141
AZATHIOPRINE TAB 100 MG .....141
AZELAIC ACID FOAM 15%.....74
AZELAIC ACID GEL 15%.....73
AZELASTINE HCL NASAL SPRAY 0.1% (137 MCG/SPRAY).....37
AZELASTINE HCL OPHTH SOLN 0.05% .191
AZITHROMYCIN FOR SUSP 100 MG/5ML .....151
AZITHROMYCIN FOR SUSP 200 MG/5ML .....151
AZITHROMYCIN FOR SUSP 200 MG/5ML .....152
AZITHROMYCIN OPHTH SOLN 1% ..... 193
AZITHROMYCIN POWD PACK FOR SUSP 1 GM .....151
AZITHROMYCIN POWD PACK FOR SUSP 1 GM .....152
AZITHROMYCIN TAB 250 MG.....151
AZITHROMYCIN TAB 250 MG.....152
AZITHROMYCIN TAB 250 MG.....152
AZITHROMYCIN TAB 500 MG .....151
AZITHROMYCIN TAB 500 MG .....152
AZITHROMYCIN TAB 500 MG .....152
AZITHROMYCIN TAB 600 MG .....151
BACITRACIN OPHTH OINT 500 UNIT/GM ..... 193
BACITRACIN-POLYMYXIN B OPHTH OINT ..... 190
BACITRACIN-POLYMYXIN B OPHTH OINT ..... 190
BACITRACIN-POLYMYXIN-NEOMYCIN-HC OPHTH OINT 1%.....192
BACITRACIN-POLYMYXIN-NEOMYCIN-HC OPHTH OINT 1%.....192
BACLOFEN ORAL SOLN 5 MG/5ML.....215
BACLOFEN ORAL SOLN 10 MG/5ML....215
BACLOFEN SUSP 25 MG/5ML .....215
BACLOFEN TAB 5 MG.....215
BACLOFEN TAB 10 MG.....214
BACLOFEN TAB 20 MG .....214
BALOXAVIR MARBOXIL TAB THERAPY PACK 1 X 40 MG (40 MG DOSE).....21
BALOXAVIR MARBOXIL TAB THERAPY PACK 1 X 80 MG (80 MG DOSE).....21
BALSALAZIDE DISODIUM CAP 750 MG . 11
BALSAM PERU-CASTOR OIL OINT.....77
BALSAM PERU-CASTOR OIL OINT.....77
BALSAM PERU-CASTOR OIL OINT.....78
BARICITINIB TAB 1 MG.....142
BARICITINIB TAB 2 MG.....142
BARICITINIB TAB 4 MG .....142
BECAPLERMIN GEL 0.01%.....75
BECLOMETHASONE DIPROP HFA BREATH ACT INH AER 40 MCG/ACT .....21
BECLOMETHASONE DIPROP HFA BREATH ACT INH AER 80 MCG/ACT .....21
BEDAQUILINE FUMARATE TAB 20 MG (BASE EQUIV).....45
BEDAQUILINE FUMARATE TAB 100 MG (BASE EQUIV).....45
BELIMUMAB SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/ML .....145
BELIMUMAB SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/ML.....145
BELLADONNA ALKALOIDS & OPIUM SUPPOS 16.2-60 MG .....43
BELZUTIFAN TAB 40 MG .....41
BEMPEDOIC ACID-EZETIMIBE TAB 180-10 MG ..... 90
BEMPEDOIC ACID TAB 180 MG..... 90
BENAZEPRIL HCL TAB 5 MG.....14
BENAZEPRIL HCL TAB 10 MG.....14
BENAZEPRIL HCL TAB 10 MG.....15
BENAZEPRIL HCL TAB 20 MG.....14
BENAZEPRIL HCL TAB 20 MG.....15
BENAZEPRIL HCL TAB 40 MG .....14
BENAZEPRIL HCL TAB 40 MG .....15
BENAZEPRIL & HYDROCHLOROTHIAZIDE TAB 5-6.25 MG ..... 64
BENAZEPRIL & HYDROCHLOROTHIAZIDE TAB 10-12.5 MG ..... 64
BENAZEPRIL & HYDROCHLOROTHIAZIDE TAB 10-12.5 MG ..... 66
BENAZEPRIL & HYDROCHLOROTHIAZIDE TAB 20-12.5 MG ..... 64
BENAZEPRIL & HYDROCHLOROTHIAZIDE TAB 20-12.5 MG ..... 66
BENAZEPRIL & HYDROCHLOROTHIAZIDE TAB 20-25 MG ..... 64
BENAZEPRIL & HYDROCHLOROTHIAZIDE TAB 20-25 MG ..... 66
BENRALIZUMAB SUBCUTANEOUS SOLN AUTO-INJECTOR 30 MG/ML.....210
BENZALKONIUM CHLORIDE SOLN.....23
BENZALKONIUM CHLORIDE SOLN 50% .23
BENZNIDAZOLE TAB 12.5 MG.....15
BENZNIDAZOLE TAB 100 MG.....15
BENZOIN TINCTURE .....73
BENZONATATE CAP 100 MG .....212
BENZONATATE CAP 200 MG.....212
BENZOYL PEROXIDE-ERYTHROMYCIN GEL 5-3%.....74
BENZOYL PEROXIDE LOTION 4% & HYALURONATE SODIUM GEL 0.2% KIT ..78
BENZOYL PEROXIDE LOTION 8%.....77
BENZOYL PEROXIDE LOTION 8% & HYALURONATE SODIUM GEL 0.2% KIT ..78
BENZOYL PEROXIDE PAD 4% & VITAMIN E TOPICAL 5% KIT.....78
BENZOYL PEROXIDE PAD 8% & VITAMIN E TOPICAL 5% KIT.....78
BENZOYL PEROX PAD 4% & SALICYLIC AC PAD 1% & VIT E 5% KIT ...78
BENZOYL PEROX PAD 8% & SALICYLIC AC PAD 2% & VIT E 5% KIT...78
BENZTROPINE MESYLATE TAB 0.5 MG ..26
BENZTROPINE MESYLATE TAB 1 MG ....26
BENZTROPINE MESYLATE TAB 2 MG ....26
BERDAZIMER SODIUM GEL 10.3% ..... 180
BESIFLOXACIN HCL OPHTH SUSP 0.6% (BASE EQUIV) ..... 193
BESIFLOXACIN HCL OPHTH SUSP 0.6% (BASE EQUIV) ..... 193
BETAINE POWDER FOR ORAL SOLUTION .....116
BETAINE POWDER FOR ORAL SOLUTION .....116
BETAMETHASONE DIPROPIONATE AUGMENTED CREAM 0.05%..... 130
BETAMETHASONE DIPROPIONATE AUGMENTED GEL 0.05% ..... 130

BETAMETHASONE DIPROPIONATE AUGMENTED LOTION 0.05% ..... 130
BETAMETHASONE DIPROPIONATE AUGMENTED OINT 0.05% ..... 130
BETAMETHASONE DIPROPIONATE AUGMENTED OINT 0.05% ..... 132
BETAMETHASONE DIPROPIONATE CREAM 0.05% ..... 130
BETAMETHASONE DIPROPIONATE LOTION 0.05% ..... 130
BETAMETHASONE DIPROPIONATE OINT 0.05% ..... 130
BETAMETHASONE VALERATE CREAM 0.1% (BASE EQUIVALENT) ..... 131
BETAMETHASONE VALERATE LOTION 0.1% (BASE EQUIVALENT) ..... 131
BETAMETHASONE VALERATE OINT 0.1% (BASE EQUIVALENT) ..... 131
BETAXOLOL HCL OPHTH SOLN 0.5% .. 193
BETAXOLOL HCL OPHTH SUSP 0.25% . 194
BETAXOLOL HCL TAB 10 MG ..... 52
BETAXOLOL HCL TAB 20 MG ..... 52
BETHANECHOL CHLORIDE TAB 5 MG .. 119
BETHANECHOL CHLORIDE TAB 10 MG . 119
BETHANECHOL CHLORIDE TAB 25 MG . 119
BETHANECHOL CHLORIDE TAB 50 MG . 119
BEXAGLIFLOZIN TAB 20 MG ..... 29
BEXAROTENE CAP 75 MG ..... 213
BEXAROTENE GEL 1% ..... 213
BICALUTAMIDE TAB 50 MG ..... 21
BICARB 22 MEQ/L-DEXT SOLN WITH K 4 MEQ/L (CRRT) ..... 97
BICARB 32 MEQ/L-DEXT SOLN WITH CA 2.5 MEQ/L (CRRT) ..... 97
BICARB 32 MEQ/L-DEXT SOLN WITH K 2 MEQ/L (CRRT) ..... 97
BICARB 32 MEQ/L-DEXT SOLN WITH K-CA 2-3.5 MEQ/L (CRRT) ..... 97
BICARB 32 MEQ/L-DEXT SOLN WITH K-CA 4-2.5 MEQ/L (CRRT) ..... 97
BICARB 32 MEQ/L-DEXT SOLN WITH K-MG 4-1.2 MEQ/L (CRRT) ..... 97
BICARB 32 MEQ/L SOLN WITH MG 1.2 MEQ/L (CRRT) ..... 97
BICARB-K 22-4 MEQ/L WITH PHOS 1 MMOL/L SOLN (CRRT) ..... 96
BICARB-K-CA 32-4-2.5 MEQ/L WITH PHOS 1 MMOL/L SOLN (CRRT) ..... 96
BICTEGRAVIR-EMTRICITABINE-TENOFOVIR AF TAB 30-120-15 MG ..... 16
BICTEGRAVIR-EMTRICITABINE-TENOFOVIR AF TAB 50-200-25 MG ..... 16
BICTEGRAVIR-LENACAP 75-50 MG & LENACAP 4 X 300 MG TAB PACK ..... 155
BICTEGRAVIR SODIUM-LENACAPAVIR SODIUM TAB 75-50 MG . 155
BIMATOPROST OPHTH SOLN 0.01% ... 195
BIMATOPROST OPHTH SOLN 0.03% ... 195
BIMEKIZUMAB-BKZX SUBCUTANEOUS SOLN AUTO-INJECTOR 160 MG/ML ..... 144
BIMEKIZUMAB-BKZX SUBCUTANEOUS SOLN AUTO-INJECTOR 320 MG/2ML ..... 145
BIMEKIZUMAB-BKZX SUBCUTANEOUS SOLN PREFILLED SYR 160 MG/ML ..... 144
BIMEKIZUMAB-BKZX SUBCUTANEOUS SOLN PREFILLED SYR 320 MG/2ML ..... 145
BIRCH TRITERPENES GEL 10% ..... 78
BISACODYL SUPPOS 10 MG ..... 149
BISACODYL TAB DELAYED RELEASE 5 MG ..... 149
BISACODYL TAB DELAYED RELEASE 5 MG ..... 149
BISACODYL TAB DELAYED RELEASE 5 MG ..... 149
BISACODYL TAB DELAYED RELEASE 5 MG ..... 149
BISACODYL TAB DELAYED RELEASE 5 MG ..... 149
BISACODYL TAB DELAYED RELEASE 5 MG ..... 149
BISACODYL TAB DELAYED RELEASE 5 MG ..... 149
BISACODYL TAB DELAYED RELEASE 5 MG ..... 150
BISACODYL TAB DELAYED RELEASE 5 MG ..... 150
BISACODYL TAB DELAYED RELEASE 5 MG ..... 150
BISACODYL TAB DELAYED RELEASE 5 MG ..... 150
BISACODYL TAB & PEG 3350-KCL-SOD BICARB-NACL FOR SOLN KIT .... 150
BISMUTH SUBCARBONATE POWDER ... 155
BISOPROLOL FUMARATE (BULK) POWDER ..... 155
BISOPROLOL FUMARATE TAB 2.5 MG ... 52
BISOPROLOL FUMARATE TAB 5 MG ..... 52
BISOPROLOL FUMARATE TAB 10 MG .... 52
BISOPROLOL & HYDROCHLOROTHIAZIDE TAB 2.5-6.25 MG ..... 65
BISOPROLOL & HYDROCHLOROTHIAZIDE TAB 5-6.25 MG ..... 65
BISOPROLOL & HYDROCHLOROTHIAZIDE TAB 10-6.25 MG ..... 65
BLOOD GLUCOSE CALIBRATION - LIQUID ..... 78
BLOOD GLUCOSE CALIBRATION - LIQUID ..... 79
BLOOD GLUCOSE CALIBRATION - LIQUID ..... 79
BLOOD GLUCOSE CALIBRATION - LIQUID ..... 79
BLOOD GLUCOSE CALIBRATION - LIQUID ..... 79
BLOOD GLUCOSE CALIBRATION - LIQUID ..... 79
BLOOD GLUCOSE CALIBRATION - LIQUID ..... 80
BLOOD GLUCOSE CALIBRATION - LIQUID ..... 80
BLOOD GLUCOSE CALIBRATION - LIQUID ..... 80
BLOOD GLUCOSE CALIBRATION - LIQUID ..... 80
BLOOD GLUCOSE CALIBRATION - LIQUID ..... 81
BLOOD GLUCOSE CALIBRATION - LIQUID ..... 81
BLOOD GLUCOSE CALIBRATION - LIQUID ..... 81
BLOOD GLUCOSE CALIBRATION - LIQUID ..... 81
BLOOD GLUCOSE CALIBRATION - LIQUID ..... 82
BLOOD GLUCOSE CALIBRATION - LIQUID ..... 82
BLOOD GLUCOSE CALIBRATION - LIQUID ..... 82
BLOOD GLUCOSE CALIBRATION - LIQUID ..... 83
BLOOD GLUCOSE CALIBRATION - LIQUID ..... 83
BLOOD GLUCOSE CALIBRATION - LIQUID ..... 83
BLOOD GLUCOSE CALIBRATION - LIQUID ..... 83
BLOOD GLUCOSE CALIBRATION - LIQUID ..... 83
BLOOD GLUCOSE CALIBRATION - LIQUID ..... 84
BLOOD GLUCOSE CALIBRATION - LIQUID ..... 85
BLOOD GLUCOSE CALIBRATION - LIQUID - HIGH ..... 157

BLOOD GLUCOSE CALIBRATION - LIQUID - HIGH .....157
BLOOD GLUCOSE CALIBRATION - LIQUID - HIGH ..... 159
BLOOD GLUCOSE CALIBRATION - LIQUID - HIGH .....163
BLOOD GLUCOSE CALIBRATION - LIQUID - HIGH ..... 169
BLOOD GLUCOSE CALIBRATION - LIQUID - HIGH .....177
BLOOD GLUCOSE CALIBRATION - LIQUID - LOW .....157
BLOOD GLUCOSE CALIBRATION - LIQUID - LOW .....157
BLOOD GLUCOSE CALIBRATION - LIQUID - LOW .....157
BLOOD GLUCOSE CALIBRATION - LIQUID - LOW ..... 159
BLOOD GLUCOSE CALIBRATION - LIQUID - LOW .....163
BLOOD GLUCOSE CALIBRATION - LIQUID - LOW .....177
BLOOD GLUCOSE CALIBRATION - LIQUID - NORMAL .....157
BLOOD GLUCOSE CALIBRATION - LIQUID - NORMAL .....157
BLOOD GLUCOSE CALIBRATION - LIQUID - NORMAL .....157
BLOOD GLUCOSE CALIBRATION - LIQUID - NORMAL ..... 159
BLOOD GLUCOSE CALIBRATION - LIQUID - NORMAL .....177
BLOOD GLUCOSE/KETONE MONITORING DEVICES.....161
BLOOD GLUCOSE MONITORING KIT... 80
BLOOD GLUCOSE MONITORING KIT W/ DEVICE .....78
BLOOD GLUCOSE MONITORING KIT W/ DEVICE .....78
BLOOD GLUCOSE MONITORING KIT W/ DEVICE ..... 80
BLOOD GLUCOSE MONITORING KIT W/ DEVICE ..... 80
BLOOD GLUCOSE MONITORING KIT W/ DEVICE ..... 80
BLOOD GLUCOSE MONITORING KIT W/ DEVICE ..... 80
BLOOD GLUCOSE MONITORING KIT W/ DEVICE ..... 80
BLOOD GLUCOSE MONITORING MISC. ..... 156
BLOOD GLUCOSE MONITORING MISC. ..... 164
BLOOD GLUCOSE MONITOR KIT W/ MONITOR DEVICE & DIGITAL APP .....155
BLOOD GLUCOSE MONITOR KIT W/ MONITOR DEVICE & DIGITAL APP .... 158
BLOOD GLUCOSE MONITOR KIT W/ MONITOR DEVICE & DIGITAL APP .... 158
BORIC ACID GRANULES .....73
BOSENTAN TAB 62.5 MG ..... 207
BOSENTAN TAB 125 MG ..... 207
BOSENTAN TAB FOR ORAL SUSP 32 MG207
BOSENTAN TAB FOR ORAL SUSP 32 MG ..... 208
BOSUTINIB CAP 50 MG ..... 180
BOSUTINIB CAP 100 MG ..... 180
BOSUTINIB TAB 100 MG..... 180
BOSUTINIB TAB 400 MG ..... 180
BOSUTINIB TAB 500 MG ..... 180
BREMELANOTIDE ACET SUBCUTANEOUS SOLN AUTO-INJ 1.75 MG/0.3ML ..... 68
BRENSOCATIB TAB 10 MG.....155
BRENSOCATIB TAB 25 MG.....155
BREXPIPRAZOLE TAB 0.5 MG .....8
BREXPIPRAZOLE TAB 0.25 MG .....8
BREXPIPRAZOLE TAB 1 MG.....8
BREXPIPRAZOLE TAB 2 MG.....8
BREXPIPRAZOLE TAB 3 MG .....8
BREXPIPRAZOLE TAB 4 MG .....8
BRIGATINIB TAB 30 MG ..... 180
BRIGATINIB TAB 90 MG..... 180
BRIGATINIB TAB 180 MG..... 180
BRIGATINIB TAB INITIATION THERAPY PACK 90 MG & 180 MG ..... 180
BRIMONIDINE TARTRATE GEL 0.33% (BASE EQUIVALENT).....73
BRIMONIDINE TARTRATE GEL 0.33% (BASE EQUIVALENT).....75
BRIMONIDINE TARTRATE OPHTH SOLN 0.1% ..... 193
BRIMONIDINE TARTRATE OPHTH SOLN 0.2% ..... 194
BRIMONIDINE TARTRATE OPHTH SOLN 0.15% ..... 193
BRIMONIDINE TARTRATE OPHTH SOLN 0.15% ..... 194
BRIMONIDINE TARTRATE-TIMOLOL MALEATE OPHTH SOLN 0.2-0.5%..... 194
BRINCIDOFOVIR ORAL SUSP 10 MG/ML45
BRINCIDOFOVIR TAB 100 MG.....45
BRINZOLAMIDE OPHTH SUSP 1%..... 194
BRINZOLAMIDE OPHTH SUSP 1%..... 194
BROMFENAC SODIUM OPHTH SOLN 0.09% (BASE EQUIV) (ONCE-DAILY) ...191
BROMOCRIPTINE MESYLATE CAP 5 MG (BASE EQUIVALENT).....87
BROMOCRIPTINE MESYLATE TAB 2.5 MG (BASE EQUIVALENT).....87
BUDESONIDE DELAYED RELEASE PARTICLES CAP 3 MG .....121
BUDESONIDE-FORMOTEROL FUMARATE DIHYD AEROSOL 80-4.5 MCG/ACT .....212
BUDESONIDE-FORMOTEROL FUMARATE DIHYD AEROSOL 160-4.5 MCG/ACT .....212
BUDESONIDE-GLYCOPYRROLATE-FORMOTEROL AERS 160-9-4.8 MCG/ACT .....210
BUDESONIDE-GLYCOPYRROLATE-FORMOTEROL AERS 160-18-4.8 MCG/ACT .....210
BUDESONIDE INHALATION SUSP 0.5 MG/2ML.....20
BUDESONIDE INHALATION SUSP 0.25 MG/2ML.....20
BUDESONIDE INHALATION SUSP 1 MG/2ML.....21
BUDESONIDE ORAL SUSPENSION 2 MG/10ML .....121
BUDESONIDE RECTAL FOAM 2 MG/ACT121
BULK CHEMICALS - POWDER .....161
BULK CHEMICALS - POWDER .....161
BULK CHEMICALS - POWDER ..... 166
BULK CHEMICALS - POWDER .....172
BULK CHEMICALS - POWDER .....172
BULK CHEMICALS - POWDER .....175
BUMETANIDE NASAL SPRAY 0.5 MG/0.1ML..... 86
BUMETANIDE TAB 0.5 MG ..... 86
BUMETANIDE TAB 0.5 MG ..... 86
BUMETANIDE TAB 1 MG ..... 86
BUMETANIDE TAB 2 MG ..... 86
BUPIVACAINE HCL POWDER.....155
BUPRENORPHINE HCL BUCCAL FILM 75 MCG (BASE EQUIVALENT) ..... 195
BUPRENORPHINE HCL BUCCAL FILM 150 MCG (BASE EQUIVALENT)..... 195
BUPRENORPHINE HCL BUCCAL FILM 300 MCG (BASE EQUIVALENT)..... 195
BUPRENORPHINE HCL BUCCAL FILM 450 MCG (BASE EQUIVALENT)..... 195
BUPRENORPHINE HCL BUCCAL FILM 600 MCG (BASE EQUIVALENT) ..... 195
BUPRENORPHINE HCL BUCCAL FILM 750 MCG (BASE EQUIVALENT)..... 195
BUPRENORPHINE HCL BUCCAL FILM 900 MCG (BASE EQUIVALENT) ..... 195
BUPRENORPHINE HCL-NALOXONE HCL SL FILM 2-0.5 MG (BASE EQUIV)..201
BUPRENORPHINE HCL-NALOXONE HCL SL FILM 4-1 MG (BASE EQUIV) ....201
BUPRENORPHINE HCL-NALOXONE HCL SL FILM 8-2 MG (BASE EQUIV)....201
BUPRENORPHINE HCL-NALOXONE HCL SL FILM 12-3 MG (BASE EQUIV)...201

BUPRENORPHINE HCL-NALOXONE HCL SL TAB 0.7-0.18 MG (BASE EQ) ....201
BUPRENORPHINE HCL-NALOXONE HCL SL TAB 1.4-0.36 MG (BASE EQ) ....201
BUPRENORPHINE HCL-NALOXONE HCL SL TAB 2-0.5 MG (BASE EQUIV) ...201
BUPRENORPHINE HCL-NALOXONE HCL SL TAB 2.9-0.71 MG (BASE EQ) ....201
BUPRENORPHINE HCL-NALOXONE HCL SL TAB 5.7-1.4 MG (BASE EQ) .....201
BUPRENORPHINE HCL-NALOXONE HCL SL TAB 8-2 MG (BASE EQUIV) .....201
BUPRENORPHINE HCL-NALOXONE HCL SL TAB 8.6-2.1 MG (BASE EQ).....201
BUPRENORPHINE HCL-NALOXONE HCL SL TAB 11.4-2.9 MG (BASE EQ).....201
BUPRENORPHINE HCL SL TAB 2 MG (BASE EQUIV).....201
BUPRENORPHINE HCL SL TAB 8 MG (BASE EQUIV).....201
BUPRENORPHINE TD PATCH WEEKLY 5 MCG/HR..... 195
BUPRENORPHINE TD PATCH WEEKLY 7.5 MCG/HR ..... 195
BUPRENORPHINE TD PATCH WEEKLY 10 MCG/HR..... 195
BUPRENORPHINE TD PATCH WEEKLY 15 MCG/HR..... 195
BUPRENORPHINE TD PATCH WEEKLY 20 MCG/HR ..... 195
BUPROPION HCL (SMOKING DETERRENT) TAB ER 12HR 150 MG .....216
BUPROPION HCL TAB 75 MG .....29
BUPROPION HCL TAB 100 MG.....29
BUPROPION HCL TAB ER 12HR 100 MG ..29
BUPROPION HCL TAB ER 12HR 150 MG ..29
BUPROPION HCL TAB ER 12HR 200 MG..29
BUPROPION HCL TAB ER 24HR 150 MG ..29
BUPROPION HCL TAB ER 24HR 300 MG..29
BUSPIRONE HCL TAB 5 MG.....45
BUSPIRONE HCL TAB 7.5 MG .....45
BUSPIRONE HCL TAB 10 MG.....45
BUSPIRONE HCL TAB 15 MG.....45
BUSPIRONE HCL TAB 30 MG .....45
BUSULFAN TAB 2 MG.....10
BUTALBITAL-ACETAMINOPHEN-CAFFEINE CAP 50-300-40 MG.....11
BUTALBITAL-ACETAMINOPHEN-CAFFEINE CAP 50-300-40 MG.....12
BUTALBITAL-ACETAMINOPHEN-CAFFEINE CAP 50-325-40 MG .....11
BUTALBITAL-ACETAMINOPHEN-CAFFEINE CAP 50-325-40 MG .....11
BUTALBITAL-ACETAMINOPHEN-CAFFEINE SOLN 50-325-40 MG/15ML ..11
BUTALBITAL-ACETAMINOPHEN-CAFFEINE TAB 50-325-40 MG.....11
BUTALBITAL-ACETAMINOPHEN-CAFFEINE TAB 50-325-40 MG.....11
BUTALBITAL-ACETAMINOPHEN-CAFFEINE TAB 50-325-40 MG.....12
BUTALBITAL-ACETAMINOPHEN-CAFF W/ COD CAP 50-325-40-30 MG ..... 198
BUTALBITAL-ACETAMINOPHEN TAB 50-325 MG .....11
BUTALBITAL-ACETAMINOPHEN TAB 50-325 MG .....12
BUTALBITAL-ASPIRIN-CAFFEINE CAP 50-325-40 MG .....11
BUTALBITAL-ASPIRIN-CAFF W/ CODEINE CAP 50-325-40-30 MG ..... 198
BUTALBITAL-ASPIRIN-CAFF W/ CODEINE CAP 50-325-40-30 MG ..... 198
BUTOCONAZOLE NITRATE (ONE DOSE) VAGINAL CREAM 2%.....35
BUTORPHANOL TARTRATE NASAL SOLN 10 MG/ML ..... 198
C1 ESTERASE INHIBITOR (HUMAN) FOR IV INJ KIT 500 UNIT .....13
C1 ESTERASE INHIBITOR (HUMAN) FOR SUBCUTANEOUS INJ 2000 UNIT ...13
C1 ESTERASE INHIBITOR (HUMAN) FOR SUBCUTANEOUS INJ 3000 UNIT ...13
C1 ESTERASE INHIBITOR (RECOMBINANT) FOR IV INJ 2100 UNIT 14
CABERGOLINE TAB 0.5 MG..... 139
CABOTEGRAVIR 400 MG/2ML & RILPIVIRINE 600 MG/2ML IM SUSP ER .17
CABOTEGRAVIR 600 MG/3ML & RILPIVIRINE 900 MG/3ML IM SUSP ER .17
CABOTEGRAVIR IM EXTENDED RELEASE SUSP 600 MG/3ML.....19
CABOZANTINIB S-MALATE CAP 3 X 20 MG (60 MG DOSE) KIT ..... 180
CABOZANTINIB S-MALATE TAB 20 MG (BASE EQUIVALENT)..... 180
CABOZANTINIB S-MALATE TAB 40 MG (BASE EQUIVALENT)..... 180
CABOZANTINIB S-MALATE TAB 60 MG (BASE EQUIVALENT)..... 180
CABOZANTINIB S-MAL CAP 1 X 80 MG & 1 X 20 MG (100 DOSE) KIT..... 180
CABOZANTINIB S-MAL CAP 1 X 80 MG & 3 X 20 MG (140 DOSE) KIT..... 180
CA CARB-FOLIC ACID-VIT D-B6-B12-BORON-MAG WAFER 1342-1.6 MG.....91
CAFFEINE CITRATE ORAL SOLN 60 MG/3ML (10 MG/ML BASE EQUIV)..... 68
CAFFEINE CITRATE ORAL SOLN 60 MG/3ML (10 MG/ML BASE EQUIV)..... 68
CALCIPOTRIENE-BETAMETHASONE DIPROPIONATE FOAM 0.005-0.064% ...74
CALCIPOTRIENE-BETAMETHASONE DIPROPIONATE SUSP 0.005-0.064%....73
CALCIPOTRIENE-BETAMETHASONE DIPROPIONATE SUSP 0.005-0.064%....73
CALCIPOTRIENE CREAM 0.005% .....73
CALCIPOTRIENE OINT 0.005%.....73
CALCIPOTRIENE OINT 0.005%.....73
CALCIPOTRIENE SOLN 0.005% (50 MCG/ML) .....73
CALCITONIN (SALMON) INJ 200 UNIT/ML .....152
CALCITONIN (SALMON) INJ 200 UNIT/ML .....152
CALCITONIN (SALMON) INJ 200 UNIT/ML .....152
CALCITONIN (SALMON) INJ 200 UNIT/ML .....152
CALCITONIN (SALMON) NASAL SOLN 200 UNIT/ACT .....152
CALCITRIOL CAP 0.5 MCG .....153
CALCITRIOL CAP 0.25 MCG.....153
CALCITRIOL OINT 3 MCG/GM .....73
CALCITRIOL ORAL SOLN 1 MCG/ML ...153
CALCIUM ACETATE (PHOSPHATE BINDER) CAP 667 MG (169 MG CA).... 203
CALCIUM ACETATE (PHOSPHATE BINDER) TAB 667 MG..... 203
CALCIUM, MAG, POTASSIUM, & SOD OXYBATES ORAL SOLN 500 MG/ML....216
CANDESARTAN CILEXETIL-HYDROCHLOROTHIAZIDE TAB 16-12.5 MG..... 65
CANDESARTAN CILEXETIL-HYDROCHLOROTHIAZIDE TAB 32-12.5 MG..... 65
CANDESARTAN CILEXETIL-HYDROCHLOROTHIAZIDE TAB 32-25 MG..... 65
CANDESARTAN CILEXETIL TAB 4 MG ...14
CANDESARTAN CILEXETIL TAB 8 MG ...14
CANDESARTAN CILEXETIL TAB 16 MG ..14
CANDESARTAN CILEXETIL TAB 32 MG ..14
CANNABIDIOL SOLN 100 MG/ML .....28
CAPECITABINE TAB 150 MG.....38
CAPECITABINE TAB 500 MG .....38
CAPIVASERTIB TAB 160 MG.....41
CAPIVASERTIB TAB 200 MG.....41
CAPIVASERTIB TAB THERAPY PACK 160 MG.....41
CAPIVASERTIB TAB THERAPY PACK 200 MG .....41
CAPLACIZUMAB-YHDP FOR INJ KIT 11 MG ..... 204
CAPMATINIB HCL TAB 150 MG ..... 184
CAPMATINIB HCL TAB 200 MG..... 184

CAPTOPRIL & HYDROCHLOROTHIAZIDE TAB 25-15 MG ..... 65
CAPTOPRIL & HYDROCHLOROTHIAZIDE TAB 25-25 MG ..... 65
CAPTOPRIL & HYDROCHLOROTHIAZIDE TAB 50-15 MG ..... 65
CAPTOPRIL & HYDROCHLOROTHIAZIDE TAB 50-25 MG ..... 65
CAPTOPRIL TAB 12.5 MG ..... 14
CAPTOPRIL TAB 25 MG ..... 14
CAPTOPRIL TAB 50 MG ..... 14
CAPTOPRIL TAB 100 MG ..... 14
CARBAMAZEPINE CAP ER 12HR 100 MG ..... 219
CARBAMAZEPINE CAP ER 12HR 200 MG ..... 219
CARBAMAZEPINE CAP ER 12HR 300 MG ..... 219
CARBAMAZEPINE CHEW TAB 100 MG .. 219
CARBAMAZEPINE CHEW TAB 200 MG .. 219
CARBAMAZEPINE SUSP 100 MG/5ML .. 219
CARBAMAZEPINE SUSP 100 MG/5ML .. 221
CARBAMAZEPINE TAB 200 MG ..... 220
CARBAMAZEPINE TAB 200 MG ..... 220
CARBAMAZEPINE TAB 200 MG ..... 221
CARBAMAZEPINE TAB ER 12HR 100 MG 219
CARBAMAZEPINE TAB ER 12HR 200 MG ..... 220
CARBAMAZEPINE TAB ER 12HR 400 MG ..... 220
CARBIDOPA & LEVODOPA CAP ER 35-140 MG ..... 88
CARBIDOPA & LEVODOPA CAP ER 52.5-210 MG ..... 88
CARBIDOPA & LEVODOPA CAP ER 70-280 MG ..... 88
CARBIDOPA & LEVODOPA CAP ER 87.5-350 MG ..... 88
CARBIDOPA-LEVODOPA-ENTACAPONE TABS 12.5-50-200 MG ... 88
CARBIDOPA-LEVODOPA-ENTACAPONE TABS 18.75-75-200 MG .. 88
CARBIDOPA-LEVODOPA-ENTACAPONE TABS 25-100-200 MG ... 88
CARBIDOPA-LEVODOPA-ENTACAPONE TABS 31.25-125-200 MG . 88
CARBIDOPA-LEVODOPA-ENTACAPONE TABS 37.5-150-200 MG .. 88
CARBIDOPA-LEVODOPA-ENTACAPONE TABS 50-200-200 MG ... 88
CARBIDOPA-LEVODOPA ENTERAL SUSP 4.63-20 MG/ML ..... 88
CARBIDOPA & LEVODOPA ORALLY DISINTEGRATING TAB 10-100 MG ..... 88
CARBIDOPA & LEVODOPA ORALLY DISINTEGRATING TAB 25-100 MG ..... 88
CARBIDOPA & LEVODOPA ORALLY DISINTEGRATING TAB 25-250 MG ..... 88
CARBIDOPA & LEVODOPA TAB 10-100 MG ..... 88
CARBIDOPA & LEVODOPA TAB 10-100 MG ..... 88
CARBIDOPA & LEVODOPA TAB 25-100 MG ..... 88
CARBIDOPA & LEVODOPA TAB 25-100 MG ..... 88
CARBIDOPA & LEVODOPA TAB 25-250 MG ..... 88
CARBIDOPA & LEVODOPA TAB ER 25-100 MG ..... 88
CARBIDOPA & LEVODOPA TAB ER 50-200 MG ..... 88
CARBIDOPA TAB 25 MG ..... 88
CARBINOXAMINE MALEATE SOLN 4 MG/5ML ..... 37
CARBINOXAMINE MALEATE SOLN 4 MG/5ML ..... 37
CARBINOXAMINE MALEATE TAB 4 MG .. 37
CARBOMER GEL BASE ..... 155
CARBOMER GEL BASE ..... 155
CARBOMER GEL BASE ..... 155
CARBOMER GEL BASE ..... 155
CARBOMER GEL BASE ..... 163
CARGLUMIC ACID SOLUBLE TAB 200 MG ..... 91
CARIPRAZINE HCL CAP 0.5 MG (BASE EQUIVALENT) ..... 9
CARIPRAZINE HCL CAP 0.75 MG (BASE EQUIVALENT) ..... 9
CARIPRAZINE HCL CAP 1.5 MG (BASE EQUIVALENT) ..... 9
CARIPRAZINE HCL CAP 3 MG (BASE EQUIVALENT) ..... 9
CARIPRAZINE HCL CAP 4.5 MG (BASE EQUIVALENT) ..... 9
CARIPRAZINE HCL CAP 6 MG (BASE EQUIVALENT) ..... 9
CARISOPRODOL TAB 350 MG ..... 214
CARTEOLOL HCL OPHTH SOLN 1% .... 194
CARVEDILOL TAB 3.125 MG ..... 52
CARVEDILOL TAB 6.25 MG ..... 52
CARVEDILOL TAB 12.5 MG ..... 52
CARVEDILOL TAB 25 MG ..... 52
CEFACLOR CAP 250 MG ..... 53
CEFACLOR CAP 500 MG ..... 53
CEFACLOR MONOHYDRATE TAB ER 12HR 500 MG ..... 53
CEFADROXIL CAP 500 MG ..... 54
CEFADROXIL FOR SUSP 250 MG/5ML ... 54
CEFADROXIL FOR SUSP 500 MG/5ML ... 54
CEFADROXIL TAB 1 GM ..... 54
CEFDINIR CAP 300 MG ..... 54
CEFDINIR FOR SUSP 125 MG/5ML ..... 54
CEFDINIR FOR SUSP 250 MG/5ML ..... 54
CEFIXIME CAP 400 MG ..... 54
CEFIXIME FOR SUSP 100 MG/5ML ..... 54
CEFIXIME FOR SUSP 200 MG/5ML ..... 54
CEFIXIME TAB 400 MG ..... 54
CEFPODOXIME PROXETIL FOR SUSP 50 MG/5ML ..... 54
CEFPODOXIME PROXETIL FOR SUSP 100 MG/5ML ..... 54
CEFPODOXIME PROXETIL TAB 100 MG . 54
CEFPODOXIME PROXETIL TAB 200 MG . 54
CEFPROZIL FOR SUSP 125 MG/5ML ..... 54
CEFPROZIL FOR SUSP 250 MG/5ML ..... 54
CEFPROZIL TAB 250 MG ..... 54
CEFPROZIL TAB 500 MG ..... 54
CEFUROXIME AXETIL TAB 250 MG ..... 54
CEFUROXIME AXETIL TAB 500 MG ..... 54
CELECOXIB CAP 50 MG ..... 188
CELECOXIB CAP 100 MG ..... 188
CELECOXIB CAP 200 MG ..... 188
CELECOXIB CAP 400 MG ..... 188
CENEGERMIN-BKBJ OPHTH SOLN 0.002% (20 MCG/ML) ..... 190
CEPHALEXIN CAP 250 MG ..... 54
CEPHALEXIN CAP 500 MG ..... 54
CEPHALEXIN CAP 750 MG ..... 54
CEPHALEXIN FOR SUSP 125 MG/5ML ... 54
CEPHALEXIN FOR SUSP 250 MG/5ML ... 54
CEPHALEXIN TAB 250 MG ..... 54
CEPHALEXIN TAB 500 MG ..... 54
CERTOLIZUMAB PEGOL PREFILLED SYRINGE KIT 200 MG/ML ..... 141
CERTOLIZUMAB PEGOL PREFILLED SYRINGE KIT 200 MG/ML ..... 141
CERTOLIZUMAB PEGOL PREFILLED SYRINGE KIT 200 MG/ML ..... 141
CERVICAL CAP 22 MM ..... 161
CERVICAL CAP 26 MM ..... 161
CERVICAL CAP 30 MM ..... 161
CETRORELIX ACETATE FOR INJ KIT 0.25 MG ..... 139
CEVIMELINE HCL CAP 30 MG ..... 70
CHENODIOL (BASDS) TAB 250 MG ..... 115
CHERRY SYRUP ..... 156
CHLORAMBUCIL TAB 2 MG ..... 10
CHLORDIAZEPOXIDE-AMITRIPTYLINE TAB 5-12.5 MG ..... 225
CHLORDIAZEPOXIDE-AMITRIPTYLINE TAB 10-25 MG ..... 225
CHLORDIAZEPOXIDE HCL CAP 5 MG .... 51
CHLORDIAZEPOXIDE HCL CAP 10 MG .. 51

CHLORDIAZEPOXIDE HCL CAP 25 MG . . 51
CHLORHEXIDINE GLUCONATE SOLN 0.12%. . . . . 70
CHLORHEXIDINE GLUCONATE SOLN 0.12%. . . . . 71
CHLORHEXIDINE GLUCONATE SOLN 0.12%. . . . . 71
CHLORHEXIDINE GLUCONATE SOLN 4%. . . . . 72
CHLOROQUINE PHOSPHATE TAB 250 MG . . . . . 42
CHLOROQUINE PHOSPHATE TAB 500 MG . . . . . 42
CHLOROTHIAZIDE (BULK) POWDER . . . 86
CHLOROTHIAZIDE SUSP 250 MG/5ML . . 87
CHLORPROMAZINE HCL (BULK) POWDER . . . . . 6
CHLORPROMAZINE HCL TAB 10 MG. . . . . 6
CHLORPROMAZINE HCL TAB 25 MG. . . . . 6
CHLORPROMAZINE HCL TAB 50 MG . . . . . 6
CHLORPROMAZINE HCL TAB 100 MG . . . . 6
CHLORPROMAZINE HCL TAB 200 MG . . . . 6
CHLORTHALIDONE TAB 25 MG. . . . . 86
CHLORTHALIDONE TAB 50 MG. . . . . 86
CHLORZOXAZONE TAB 500 MG . . . . . 214
CHOLECALCIFEROL CAP 125 MCG (5000 UNIT) . . . . . 99
CHOLESTYRAMINE (BULK) POWDER . 156
CHOLESTYRAMINE (BULK) POWDER . 156
CHOLESTYRAMINE LIGHT POWDER 4 GM/DOSE . . . . . 90
CHOLESTYRAMINE LIGHT POWDER 4 GM/DOSE . . . . . 91
CHOLESTYRAMINE LIGHT POWDER 4 GM/DOSE . . . . . 91
CHOLESTYRAMINE LIGHT POWDER PACKETS 4 GM . . . . . 90
CHOLESTYRAMINE LIGHT POWDER PACKETS 4 GM . . . . . 91
CHOLESTYRAMINE POWDER 4 GM/DOSE. . . . . 90
CHOLESTYRAMINE POWDER 4 GM/DOSE. . . . . 91
CHOLESTYRAMINE POWDER PACKETS 4 GM . . . . . 90
CHOLESTYRAMINE POWDER PACKETS 4 GM . . . . . 91
CHOLIC ACID CAP 50 MG . . . . . 116
CHOLIC ACID CAP 250 MG. . . . . 116
CHOLINE FENOFIBRATE CAP DR 45 MG (FENOFIBRIC ACID EQUIV). . . . . 89
CHOLINE FENOFIBRATE CAP DR 135 MG (FENOFIBRIC ACID EQUIV) . . . . . 89
CHORIOGONADOTROPIN ALFA SOLN PREFILLED SYR 250 MCG/0.5ML. . . . . 136
CHORIONIC GONADOTROPIN FOR IM INJ 5000 UNIT. . . . . 136
CHORIONIC GONADOTROPIN FOR IM INJ 10000 UNIT. . . . . 135
CHORIONIC GONADOTROPIN FOR IM INJ 10000 UNIT. . . . . 136
CICLOPIROX GEL 0.77%. . . . . 35
CICLOPIROX OLAMINE CREAM 0.77% (BASE EQUIV). . . . . 34
CICLOPIROX OLAMINE SUSP 0.77% (BASE EQUIV). . . . . 35
CICLOPIROX SHAMPOO 1% . . . . . 35
CICLOPIROX SOLUTION 8%. . . . . 34
CICLOPIROX SOLUTION 8%. . . . . 35
CILOSTAZOL TAB 50 MG . . . . . 204
CILOSTAZOL TAB 100 MG . . . . . 204
CIMETIDINE HCL SOLN 300 MG/5ML. 130
CIMETIDINE TAB 200 MG . . . . . 130
CIMETIDINE TAB 300 MG . . . . . 130
CIMETIDINE TAB 400 MG . . . . . 130
CIMETIDINE TAB 800 MG . . . . . 130
CINACALCET HCL TAB 30 MG (BASE EQUIV). . . . . 152
CINACALCET HCL TAB 60 MG (BASE EQUIV). . . . . 152
CINACALCET HCL TAB 90 MG (BASE EQUIV). . . . . 152
CIPROFLOXACIN-DEXAMETHASONE OTIC SUSP 0.3-0.1%. . . . . 202
CIPROFLOXACIN FOR ORAL SUSP 250 MG/5ML (5%) (5 GM/100ML) . . . . . 209
CIPROFLOXACIN FOR ORAL SUSP 500 MG/5ML (10%) (10 GM/100ML). . . 209
CIPROFLOXACIN HCL OPHTH OINT 0.3%. . . . . 193
CIPROFLOXACIN HCL OPHTH SOLN 0.3% (BASE EQUIVALENT) . . . . . 193
CIPROFLOXACIN HCL OTIC SOLN 0.2% (BASE EQUIVALENT) . . . . . 202
CIPROFLOXACIN HCL OTIC SOLN 0.2% (BASE EQUIVALENT) . . . . . 202
CIPROFLOXACIN HCL TAB 250 MG (BASE EQUIV). . . . . 209
CIPROFLOXACIN HCL TAB 250 MG (BASE EQUIV). . . . . 209
CIPROFLOXACIN HCL TAB 500 MG (BASE EQUIV). . . . . 209
CIPROFLOXACIN HCL TAB 500 MG (BASE EQUIV). . . . . 209
CIPROFLOXACIN HCL TAB 750 MG (BASE EQUIV). . . . . 209
CISPLATIN (BULK) POWDER . . . . . 156
CITALOPRAM HYDROBROMIDE ORAL SOLN 10 MG/5ML . . . . . 221
CITALOPRAM HYDROBROMIDE TAB 10 MG (BASE EQUIV). . . . . 221
CITALOPRAM HYDROBROMIDE TAB 20 MG (BASE EQUIV). . . . . 221
CITALOPRAM HYDROBROMIDE TAB 40 MG (BASE EQUIV) . . . . . 221
CITRULLINE (BULK) POWDER . . . . . 156
CITRULLINE (BULK) POWDER . . . . . 166
CITRULLINE CAP 600 MG. . . . . 166
CITRULLINE ORAL PACKET 1 GM . . . . . 156
CLADRIBINE TAB THERAPY PACK 10 MG (4 TABS). . . . . 186
CLADRIBINE TAB THERAPY PACK 10 MG (5 TABS). . . . . 186
CLADRIBINE TAB THERAPY PACK 10 MG (6 TABS). . . . . 186
CLADRIBINE TAB THERAPY PACK 10 MG (7 TABS). . . . . 186
CLADRIBINE TAB THERAPY PACK 10 MG (8 TABS). . . . . 186
CLADRIBINE TAB THERAPY PACK 10 MG (9 TABS) . . . . . 186
CLADRIBINE TAB THERAPY PACK 10 MG (10 TABS) . . . . . 186
CLARITHROMYCIN FOR SUSP 125 MG/5ML . . . . . 151
CLARITHROMYCIN FOR SUSP 250 MG/5ML . . . . . 151
CLARITHROMYCIN TAB 250 MG. . . . . 151
CLARITHROMYCIN TAB 500 MG . . . . . 151
CLARITHROMYCIN TAB ER 24HR 500 MG . . . . . 151
CLEMASTINE FUMARATE TAB 2.68 MG . . 37
CLEMASTINE FUMARATE TAB 2.68 MG . . 37
CLEMASTINE FUMARATE TAB 2.68 MG . . 38
CLESROVIMAB-CFOR IM SOLN PREFILLED SYRINGE 105 MG/0.7ML . . . 145
CLINDAMYCIN HCL CAP 75 MG . . . . . 23
CLINDAMYCIN HCL CAP 75 MG . . . . . 24
CLINDAMYCIN HCL CAP 150 MG. . . . . 23
CLINDAMYCIN HCL CAP 150 MG. . . . . 23
CLINDAMYCIN HCL CAP 300 MG . . . . . 23
CLINDAMYCIN HCL CAP 300 MG . . . . . 24
CLINDAMYCIN PALMITATE HCL FOR SOLN 75 MG/5ML (BASE EQUIV). . . . . 23
CLINDAMYCIN PALMITATE HCL FOR SOLN 75 MG/5ML (BASE EQUIV). . . . . 24
CLINDAMYCIN PHOSPHATE FOAM 1% . . . 73
CLINDAMYCIN PHOSPHATE FOAM 1% . . . 73
CLINDAMYCIN PHOSPHATE GEL 1% (TWICE-DAILY) . . . . . 73
CLINDAMYCIN PHOSPHATE LOTION 1% 73
CLINDAMYCIN PHOSPHATE (ONE DOSE) VAGINAL CREAM 2% . . . . . 24
CLINDAMYCIN PHOSPHATE SOLN 1% . . . 73
CLINDAMYCIN PHOSPHATE SWAB 1% . . . 73
CLINDAMYCIN PHOSPHATE SWAB 1% . . . 73
CLINDAMYCIN PHOSPHATE SWAB 1% . . . 73

CLINDAMYCIN PHOSPHATE VAGINAL CREAM 2% ....23
CLINDAMYCIN PHOSPHATE VAGINAL CREAM 2% ....24
CLINDAMYCIN PHOSPHATE VAGINAL GEL 2% ....25
CLINDAMYCIN PHOSPH-BENZOYL PEROXIDE (REFRIG) GEL 1.2 (1)-5% ....73
CLINDAMYCIN PHOSPH-BENZOYL PEROXIDE (REFRIG) GEL 1.2 (1)-5% ....75
CLOBAZAM ORAL FILM 5 MG ....114
CLOBAZAM ORAL FILM 10 MG ....114
CLOBAZAM ORAL FILM 20 MG ....114
CLOBAZAM SUSPENSION 2.5 MG/ML ..114
CLOBAZAM SUSPENSION 2.5 MG/ML ..114
CLOBAZAM TAB 10 MG ....114
CLOBAZAM TAB 10 MG ....114
CLOBAZAM TAB 20 MG ....114
CLOBAZAM TAB 20 MG ....114
CLOBETASOL PROPIONATE CREAM 0.05% ....131
CLOBETASOL PROPIONATE EMOLLIENT BASE CREAM 0.05% ....131
CLOBETASOL PROPIONATE GEL 0.05% 131
CLOBETASOL PROPIONATE OINT 0.05% ....131
CLOBETASOL PROPIONATE SOLN 0.05% ....131
CLOBETASOL PROPIONATE SPRAY 0.05% ....131
CLOCORTOLONE PIVALATE CREAM 0.1% ....131
CLOFAZIMINE CAP 50 MG .... 166
CLOMIPHENE CITRATE TAB 50 MG ....213
CLOMIPHENE CITRATE TAB 50 MG ....213
CLOMIPHENE CITRATE TAB 50 MG ....213
CLOMIPRAMINE HCL CAP 25 MG .... 225
CLOMIPRAMINE HCL CAP 50 MG .... 225
CLOMIPRAMINE HCL CAP 75 MG .... 225
CLONAZEPAM ORALLY DISINTEGRATING TAB 0.5 MG ....51
CLONAZEPAM ORALLY DISINTEGRATING TAB 0.25 MG ....51
CLONAZEPAM ORALLY DISINTEGRATING TAB 0.125 MG ....51
CLONAZEPAM ORALLY DISINTEGRATING TAB 1 MG ....51
CLONAZEPAM ORALLY DISINTEGRATING TAB 2 MG ....51
CLONAZEPAM TAB 0.5 MG ....51
CLONAZEPAM TAB 1 MG ....51
CLONAZEPAM TAB 2 MG ....51
CLONIDINE HCL EXTENDED RELEASE SUSP 0.1 MG/ML .... 50
CLONIDINE HCL TAB 0.1 MG ....10
CLONIDINE HCL TAB 0.2 MG ....10
CLONIDINE HCL TAB 0.3 MG ....10
CLONIDINE HCL TAB ER 12HR 0.1 MG .. 48
CLONIDINE TD PATCH WEEKLY 0.1 MG/24HR ....10
CLONIDINE TD PATCH WEEKLY 0.2 MG/24HR ....10
CLONIDINE TD PATCH WEEKLY 0.3 MG/24HR ....10
CLOPIDOGREL BISULFATE (BULK) POWDER .... 156
CLOPIDOGREL BISULFATE TAB 75 MG (BASE EQUIV) .... 204
CLOPIDOGREL BISULFATE TAB 300 MG (BASE EQUIV) .... 204
CLORAZEPATE DIPOTASSIUM TAB 3.75 MG ....51
CLORAZEPATE DIPOTASSIUM TAB 7.5 MG ....51
CLORAZEPATE DIPOTASSIUM TAB 15 MG ....51
CLOTRIMAZOLE TROCHE 10 MG ....35
CLOTRIMAZOLE W/ BETAMETHASONE CREAM 1-0.05% ....73
CLOTRIMAZOLE W/ BETAMETHASONE CREAM 1-0.05% ....73
CLOTRIMAZOLE W/ BETAMETHASONE LOTION 1-0.05% ....73
CLOZAPINE ORALLY DISINTEGRATING TAB 12.5 MG ....7
CLOZAPINE ORALLY DISINTEGRATING TAB 25 MG ....7
CLOZAPINE ORALLY DISINTEGRATING TAB 100 MG ....7
CLOZAPINE ORALLY DISINTEGRATING TAB 150 MG ....7
CLOZAPINE ORALLY DISINTEGRATING TAB 200 MG ....7
CLOZAPINE TAB 25 MG .... 225
CLOZAPINE TAB 25 MG .... 225
CLOZAPINE TAB 50 MG .... 225
CLOZAPINE TAB 100 MG .... 225
CLOZAPINE TAB 100 MG .... 225
CLOZAPINE TAB 200 MG .... 225
COAGULATION FACTOR IX FOR INJ 500 UNIT ....124
COAGULATION FACTOR IX FOR INJ 1000 UNIT ....124
COAGULATION FACTOR IX FOR INJ 1500 UNIT ....124
COAGULATION FACTOR IX (RECOMBINANT) FOR INJ 250 UNIT .. 129
COAGULATION FACTOR IX (RECOMBINANT) FOR INJ 500 UNIT .. 129
COAGULATION FACTOR IX (RECOMBINANT) FOR INJ 1000 UNIT. 129
COAGULATION FACTOR IX (RECOMBINANT) FOR INJ 2000 UNIT. 129
COAGULATION FACTOR IX (RECOMBINANT) FOR INJ 3000 UNIT 129
COAGULATION FACTOR IX (RECOMBINANT) FOR INJ KIT 250 UNIT ....125
COAGULATION FACTOR IX (RECOMBINANT) FOR INJ KIT 500 UNIT ....125
COAGULATION FACTOR IX (RECOMBINANT) FOR INJ KIT 1000 UNIT ....125
COAGULATION FACTOR IX (RECOMBINANT) FOR INJ KIT 2000 UNIT ....125
COAGULATION FACTOR IX (RECOMBINANT) FOR INJ KIT 3000 UNIT ....125
COAGULATION FACTOR IX (RECOMB) (RFIXFC) FOR INJ 250 UNIT ....124
COAGULATION FACTOR IX (RECOMB) (RFIXFC) FOR INJ 500 UNIT ....124
COAGULATION FACTOR IX (RECOMB) (RFIXFC) FOR INJ 1000 UNIT ....124
COAGULATION FACTOR IX (RECOMB) (RFIXFC) FOR INJ 2000 UNIT ....124
COAGULATION FACTOR IX (RECOMB) (RFIXFC) FOR INJ 3000 UNIT ....124
COAGULATION FACTOR IX (RECOMB) (RFIXFC) FOR INJ 4000 UNIT ....124
COAGULATION FACTOR IX (RECOMB) (RIX-FP) FOR INJ 250 UNIT ....127
COAGULATION FACTOR IX (RECOMB) (RIX-FP) FOR INJ 500 UNIT ....127
COAGULATION FACTOR IX (RECOMB) (RIX-FP) FOR INJ 1000 UNIT .... 126
COAGULATION FACTOR IX (RECOMB) (RIX-FP) FOR INJ 2000 UNIT ....127
COAGULATION FACTOR IX (RECOMB) (RIX-FP) FOR INJ 3500 UNIT ....127
COAGULATION FACTOR VIIA (RECOMB) FOR INJ 1 MG (1000 MCG) ..128
COAGULATION FACTOR VIIA (RECOMB) FOR INJ 2 MG (2000 MCG) .128
COAGULATION FACTOR VIIA (RECOMB) FOR INJ 5 MG (5000 MCG) .128
COAGULATION FACTOR VIIA (RECOMB) FOR INJ 8 MG (8000 MCG) .128
COAGULATION FACTOR X (HUMAN) FOR INJ 250 UNIT ....125
COAGULATION FACTOR X (HUMAN) FOR INJ 500 UNIT ....125
COAGULATION FACTOR XIII A-SUBUNIT FOR INJ 2500 UNIT .... 130
COAL TAR SOLN 20% ....73
COBASE #1 OINTMENT BASE ....170

COBICISTAT TAB 150 MG.....20
COBIMETINIB FUMARATE TAB 20 MG (BASE EQUIVALENT).....181
CODEINE PHOS-CHLORPHENIRAMINE MALEATE TAB ER 12HR 54.3-8 MG.....212
CODEINE SULFATE TAB 15 MG ..... 198
CODEINE SULFATE TAB 30 MG ..... 198
CODEINE SULFATE TAB 60 MG..... 198
COD LIVER OIL CAP.....231
COENZYME Q10 CAP 30 MG..... 156
COENZYME Q10 CAP 50 MG..... 156
COENZYME Q10 CAP 50 MG..... 156
COENZYME Q10 CAP 50 MG..... 156
COENZYME Q10 CAP 50 MG.....157
COENZYME Q10 CAP 50 MG..... 158
COENZYME Q10 CAP 100 MG..... 156
COENZYME Q10 CAP 100 MG..... 156
COENZYME Q10 CAP 100 MG..... 156
COENZYME Q10 CAP 100 MG..... 156
COENZYME Q10 CAP 100 MG.....157
COENZYME Q10 CAP 100 MG.....157
COENZYME Q10 CAP 100 MG.....157
COENZYME Q10 CAP 100 MG.....161
COENZYME Q10 CAP 200 MG ..... 156
COENZYME Q10 CAP 200 MG ..... 156
COENZYME Q10 CAP 200 MG ..... 156
COENZYME Q10 CAP 200 MG .....157
COENZYME Q10 CAP 200 MG .....157
COENZYME Q10 CAP 200 MG .....161
COLCHICINE CAP 0.6 MG .....37
COLCHICINE CAP 0.6 MG .....37
COLCHICINE (CARDIOVASCULAR) TAB 0.5 MG.....63
COLCHICINE ORAL SOLN 0.6 MG/5ML .37
COLCHICINE TAB 0.6 MG .....37
COLCHICINE W/ PROBENECID TAB 0.5-500 MG .....37
COLESEVELAM HCL PACKET FOR SUSP 3.75 GM ..... 90
COLESEVELAM HCL TAB 625 MG..... 90
COLESTIPOL HCL GRANULE PACKETS 5 GM ..... 90
COLESTIPOL HCL GRANULES 5 GM.... 90
COLESTIPOL HCL GRANULES 5 GM.... 90
COLESTIPOL HCL TAB 1 GM..... 90
COLESTIPOL HCL TAB 1 GM..... 90
COLISTIMETHATE SOD FOR INJ 150 MG (COLISTIN BASE ACTIVITY).....24
COLISTIMETHATE SOD FOR INJ 150 MG (COLISTIN BASE ACTIVITY).....24
COLLAGENASE OINT 250 UNIT/GM.....75
COLLODION FLEXIBLE ..... 156
CONDOMS - FEMALE.....161
CONDOMS LATEX LUBRICATED..... 158
CONDOMS LATEX LUBRICATED..... 158
CONDOMS LATEX LUBRICATED.....177
CONDOMS LATEX LUBRICATED.....177
CONDOMS LATEX LUBRICATED.....177
CONDOMS LATEX LUBRICATED.....177
CONDOMS LATEX LUBRICATED.....177
CONDOMS LATEX LUBRICATED.....177
CONDOMS LATEX LUBRICATED.....177
CONDOMS - MALE .....157
CONJ EST 0.625(14)/CONJ EST-MEDROXYPRO AC TAB 0.625-5MG(14) .110
CONJUGATED ESTROGEN-MEDROXYPROGEST ACETATE TAB 0.3-1.5 MG.....110
CONJUGATED ESTROGEN-MEDROXYPROGEST ACETATE TAB 0.45-1.5 MG .....110
CONJUGATED ESTROGEN-MEDROXYPROGEST ACETATE TAB 0.625-2.5 MG.....110
CONJUGATED ESTROGEN-MEDROXYPROGEST ACETATE TAB 0.625-5 MG.....111
CONJUGATED ESTROGENS-BAZEDOXIFENE TAB 0.45-20 MG..... 104
CONTINUOUS GLUCOSE MONITOR SUPPLIES .....162
CONTINUOUS GLUCOSE MONITOR SUPPLIES .....162
CONTINUOUS GLUCOSE MONITOR SUPPLIES ..... 166
CONTINUOUS GLUCOSE SYSTEM RECEIVER.....81
CONTINUOUS GLUCOSE SYSTEM RECEIVER.....81
CONTINUOUS GLUCOSE SYSTEM RECEIVER.....82
CONTINUOUS GLUCOSE SYSTEM RECEIVER.....82
CONTINUOUS GLUCOSE SYSTEM RECEIVER.....82
CONTINUOUS GLUCOSE SYSTEM SENSOR.....81
CONTINUOUS GLUCOSE SYSTEM SENSOR.....81
CONTINUOUS GLUCOSE SYSTEM SENSOR.....81
CONTINUOUS GLUCOSE SYSTEM SENSOR.....82
CONTINUOUS GLUCOSE SYSTEM SENSOR.....82
CONTINUOUS GLUCOSE SYSTEM SENSOR.....82
CONTINUOUS GLUCOSE SYSTEM SENSOR.....82
CONTINUOUS GLUCOSE SYSTEM SENSOR.....82
CONTINUOUS GLUCOSE SYSTEM SENSOR.....82
CONTINUOUS GLUCOSE SYSTEM SENSOR.....82
CONTINUOUS GLUCOSE SYSTEM SENSOR.....82
CONTINUOUS GLUCOSE SYSTEM SENSOR..... 84
CONTINUOUS GLUCOSE SYSTEM TRANSMITTER ..... 158
CONTINUOUS GLUCOSE SYSTEM TRANSMITTER .....162
CONTINUOUS GLUCOSE SYSTEM TRANSMITTER .....162
CONTINUOUS GLUCOSE SYSTEM TRANSMITTER .....162
CONTINUOUS GLUCOSE SYSTEM TRANSMITTER ..... 168
COPPER HISTIDINATE FOR SUBCUTANEOUS SOLN 2.9 MG..... 180
CORN OIL (BULK).....157
CORN SYRUP.....157
COSYNTROPIN FOR INJ 0.25 MG.....157
COSYNTROPIN FOR INJ 0.25 MG.....157
COVID-19 MRNA VAC 6MO-11YR-MODERNA IM SUSP PFS 25 MCG/0.25ML..... 229
COVID-19 MRNA VACCINE-MODERNA IM SUSP PREF SYR 10 MCG/0.2ML .... 228
COVID-19 MRNA VACCINE-MODERNA IM SUSP PREF SYR 50 MCG/0.5ML .... 229
COVID-19 MRNA VAC TRIS-PFIZER IM SUSP PREF SYR 30 MCG/0.3ML ..... 227
COVID-19 MRNA VAC TRIS-S 5-11Y-PFIZER IM SUSP 10 MCG/0.3ML 227
CREAM BASE LIPOSOMIC..... 154
CREAM BASE LIPOSOMIC.....167
CREAM BASE LIPOSOMIC.....167
CREAM BASE LIPOSOMIC.....170
CREAM BASE LIPOSOMIC.....170
CREAM BASE LIPOSOMIC.....170
CREAM BASE LIPOSOMIC.....170
CREAM BASE LIPOSOMIC.....170
CREAM BASE NIOSOMES .....157
CREAM BASE NIOSOMES .....157
CRINECERFONT CAP 25 MG.....157
CRINECERFONT CAP 50 MG .....157
CRINECERFONT CAP 100 MG .....157
CRINECERFONT ORAL SOLN 50 MG/ML .....157
CRISABOROLE OINT 2%.....74
CROMOLYN SODIUM OPHTH SOLN 4% .191
CROMOLYN SODIUM ORAL CONC 100 MG/5ML .....115

CROMOLYN SODIUM SOLN NEBU 20 MG/2ML....152
CROTAMITON CREAM 10%....203
CROTAMITON LOTION 10%....203
CROTAMITON LOTION 10%....203
CYANOCOBALAMIN (BULK) CRYSTALS237
CYANOCOBALAMIN (BULK) POWDER. 237
CYANOCOBALAMIN INJ 1000 MCG/ML....231
CYANOCOBALAMIN INJ 1000 MCG/ML....231
CYANOCOBALAMIN INJ 2000 MCG/ML....237
CYANOCOBALAMIN NASAL SPRAY 500 MCG/0.1ML....231
CYANOCOBALAMIN NASAL SPRAY 500 MCG/0.1ML....233
CYANOCOBALAMIN TAB 100 MCG....236
CYANOCOBALAMIN TAB 1000 MCG....236
CYCLOBENZAPRINE HCL TAB 5 MG....214
CYCLOBENZAPRINE HCL TAB 10 MG....214
CYCLOPENTOLATE HCL OPHTH SOLN 0.5%....190
CYCLOPENTOLATE HCL OPHTH SOLN 1%....190
CYCLOPENTOLATE HCL OPHTH SOLN 1%....190
CYCLOPENTOLATE HCL OPHTH SOLN 2%....190
CYCLOPENTOLATE W/ PHENYLEPHRINE OPHTH SOLN 0.2-1%.191
CYCLOPHOSPHAMIDE (BULK) POWDER....158
CYCLOPHOSPHAMIDE CAP 25 MG....9
CYCLOPHOSPHAMIDE CAP 50 MG....9
CYCLOPHOSPHAMIDE TAB 25 MG....9
CYCLOPHOSPHAMIDE TAB 50 MG....9
CYCLOSERINE CAP 250 MG....44
CYCLOSPORINE (BULK) POWDER....158
CYCLOSPORINE (BULK) POWDER....158
CYCLOSPORINE CAP 25 MG....141
CYCLOSPORINE CAP 100 MG....141
CYCLOSPORINE MODIFIED CAP 25 MG141
CYCLOSPORINE MODIFIED CAP 25 MG142
CYCLOSPORINE MODIFIED CAP 50 MG141
CYCLOSPORINE MODIFIED CAP 100 MG....141
CYCLOSPORINE MODIFIED CAP 100 MG....142
CYCLOSPORINE MODIFIED ORAL SOLN 100 MG/ML....141
CYCLOSPORINE MODIFIED ORAL SOLN 100 MG/ML....142
CYCLOSPORINE (OPHTH) EMULSION 0.1%....191
CYCLOSPORINE (OPHTH) EMULSION 0.05% (PF)....191
CYCLOSPORINE (OPHTH) SOLN 0.1%..191
CYPROHEPTADINE HCL SYRUP 2 MG/5ML....38
CYPROHEPTADINE HCL TAB 4 MG....38
CYSTEAMINE BITARTRATE CAP 50 MG.116
CYSTEAMINE BITARTRATE CAP 150 MG....116
CYSTEAMINE BITARTRATE DELAYED RELEASE GRANULES PACKET 75 MG...117
CYSTEAMINE BITARTRATE DELAYED RELEASE GRANULES PACKET 300 MG .117
CYSTEAMINE HCL OPHTH SOLN 0.37% (BASE EQUIVALENT)....190
CYSTEAMINE HCL OPHTH SOLN 0.44% (BASE EQUIVALENT)....190
CYSTINE PACKET 500 MG....158
DABIGATRAN ETEXILATE MESYLATE CAP 75 MG (ETEXILATE BASE EQ)....26
DABIGATRAN ETEXILATE MESYLATE CAP 110 MG (ETEXILATE BASE EQ)....26
DABIGATRAN ETEXILATE MESYLATE CAP 150 MG (ETEXILATE BASE EQ)....26
DABRAFENIB MESYLATE CAP 50 MG (BASE EQUIVALENT)....184
DABRAFENIB MESYLATE CAP 75 MG (BASE EQUIVALENT)....184
DABRAFENIB MESYLATE TAB FOR ORAL SUSP 10 MG (BASE EQUIV)....184
DACOMITINIB TAB 15 MG....184
DACOMITINIB TAB 30 MG....184
DACOMITINIB TAB 45 MG....184
DALFAMPRIDINE TAB ER 12HR 10 MG .186
DANAZOL CAP 50 MG....12
DANAZOL CAP 100 MG....12
DANAZOL CAP 200 MG....12
DANICOPAN TAB 100 MG....13
DANICOPAN TAB THERAPY PACK 50 MG & 100 MG....13
DANTROLENE SODIUM CAP 25 MG....214
DANTROLENE SODIUM CAP 25 MG....214
DANTROLENE SODIUM CAP 50 MG....214
DANTROLENE SODIUM CAP 100 MG...214
DAPAGLIFLOZIN TAB 5 MG....30
DAPAGLIFLOZIN TAB 10 MG....30
DAPRODUSTAT TAB 1 MG....56
DAPRODUSTAT TAB 2 MG....57
DAPRODUSTAT TAB 4 MG....57
DAPRODUSTAT TAB 6 MG....57
DAPRODUSTAT TAB 8 MG....57
DAPSONE TAB 25 MG....39
DAPSONE TAB 100 MG....39
DARBEPOETIN ALFA SOLN INJ 25 MCG/ML....56
DARBEPOETIN ALFA SOLN INJ 40 MCG/ML....56
DARBEPOETIN ALFA SOLN INJ 60 MCG/ML....56
DARBEPOETIN ALFA SOLN INJ 100 MCG/ML....56
DARBEPOETIN ALFA SOLN INJ 200 MCG/ML....56
DARBEPOETIN ALFA SOLN PREFILLED SYRINGE 10 MCG/0.4ML....56
DARBEPOETIN ALFA SOLN PREFILLED SYRINGE 25 MCG/0.42ML ..56
DARBEPOETIN ALFA SOLN PREFILLED SYRINGE 40 MCG/0.4ML ...56
DARBEPOETIN ALFA SOLN PREFILLED SYRINGE 60 MCG/0.3ML ...56
DARBEPOETIN ALFA SOLN PREFILLED SYRINGE 100 MCG/0.5ML ..56
DARBEPOETIN ALFA SOLN PREFILLED SYRINGE 150 MCG/0.3ML ..56
DARBEPOETIN ALFA SOLN PREFILLED SYRINGE 200 MCG/0.4ML ..56
DARBEPOETIN ALFA SOLN PREFILLED SYRINGE 300 MCG/0.6ML ..56
DARBEPOETIN ALFA SOLN PREFILLED SYRINGE 500 MCG/ML....56
DAROLUTAMIDE TAB 300 MG....21
DARUNAVIR-COBICISTAT TAB 675-150 MG....20
DARUNAVIR-COBICISTAT TAB 800-150 MG....20
DARUNAVIR ORAL SUSP 100 MG/ML....20
DARUNAVIR TAB 75 MG....20
DARUNAVIR TAB 150 MG....20
DARUNAVIR TAB 600 MG....20
DARUNAVIR TAB 800 MG....20
DASATINIB TAB 20 MG....181
DASATINIB TAB 50 MG....181
DASATINIB TAB 70 MG....181
DASATINIB TAB 80 MG....181
DASATINIB TAB 100 MG....181
DASATINIB TAB 140 MG....181
DECITABINE-CEDAZURIDINE TAB 35-100 MG....40
DEFERASIROX GRANULES PACKET 90 MG....99
DEFERASIROX GRANULES PACKET 180 MG....99
DEFERASIROX GRANULES PACKET 360 MG....99
DEFERASIROX TAB 90 MG....99
DEFERASIROX TAB 180 MG....99
DEFERASIROX TAB 360 MG....99
DEFERASIROX TAB FOR ORAL SUSP 125 MG....99

DEFERASIROX TAB FOR ORAL SUSP 250 MG..... 99
DEFERASIROX TAB FOR ORAL SUSP 500 MG ..... 99
DEFERIPRONE TAB 1000 MG..... 99
DEGARELIX ACETATE FOR INJ 80 MG (BASE EQUIV)..... 139
DEGARELIX ACETATE FOR INJ 120 MG/VIAL (240 MG DOSE)..... 139
DELAFLOXACIN MEGLUMINE TAB 450 MG (BASE EQUIV) ..... 209
DELGOCITINIB CREAM 20 MG/GM (2%) 77
DEMECLOCYCLINE HCL TAB 150 MG.. 224
DEMECLOCYCLINE HCL TAB 300 MG . 224
DENGUE VIRUS VACCINE LIVE TETRAVALENT FOR SUBCUTANEOUS SUSP..... 227
DERMATOLOGICAL PRODUCTS MISC - GEL.....74
DESIPRAMINE HCL TAB 10 MG..... 225
DESIPRAMINE HCL TAB 10 MG..... 226
DESIPRAMINE HCL TAB 25 MG..... 225
DESIPRAMINE HCL TAB 25 MG..... 226
DESIPRAMINE HCL TAB 50 MG..... 225
DESIPRAMINE HCL TAB 75 MG..... 225
DESIPRAMINE HCL TAB 100 MG..... 225
DESIPRAMINE HCL TAB 150 MG..... 225
DESMOPRESSIN ACETATE INJ 4 MCG/ML .....135
DESMOPRESSIN ACETATE INJ 4 MCG/ML .....135
DESMOPRESSIN ACETATE NASAL SPRAY SOLN 0.01%.....135
DESMOPRESSIN ACETATE NASAL SPRAY SOLN 0.01% (REFRIGERATED) ..135
DESMOPRESSIN ACETATE PRESERVATIVE FREE (PF) INJ 4 MCG/ML .....135
DESMOPRESSIN ACETATE SUBLINGUAL TAB 27.7 MCG.....135
DESMOPRESSIN ACETATE SUBLINGUAL TAB 55.3 MCG .....135
DESMOPRESSIN ACETATE TAB 0.1 MG .135
DESMOPRESSIN ACETATE TAB 0.2 MG .135
DESOGEST-ETH ESTRAD & ETH ESTRAD TAB 0.15-0.02/0.01 MG(21/5) .102
DESOGEST-ETH ESTRAD & ETH ESTRAD TAB 0.15-0.02/0.01 MG(21/5) 103
DESOGEST-ETH ESTRAD & ETH ESTRAD TAB 0.15-0.02/0.01 MG(21/5) .107
DESOGEST-ETH ESTRAD & ETH ESTRAD TAB 0.15-0.02/0.01 MG(21/5) .110
DESOGEST-ETH ESTRAD & ETH ESTRAD TAB 0.15-0.02/0.01 MG(21/5) .111
DESOGEST-ETH ESTRAD & ETH ESTRAD TAB 0.15-0.02/0.01 MG(21/5) .112
DESOGEST-ETH ESTRAD & ETH ESTRAD TAB 0.15-0.02/0.01 MG(21/5) .112
DESOGEST-ETHIN EST TAB 0.1-0.025/0.125-0.025/0.15-0.025MG-MG.....112
DESOGESTREL & ETHINYL ESTRADIOL TAB 0.15 MG-30 MCG.....102
DESOGESTREL & ETHINYL ESTRADIOL TAB 0.15 MG-30 MCG..... 103
DESOGESTREL & ETHINYL ESTRADIOL TAB 0.15 MG-30 MCG..... 103
DESOGESTREL & ETHINYL ESTRADIOL TAB 0.15 MG-30 MCG..... 104
DESOGESTREL & ETHINYL ESTRADIOL TAB 0.15 MG-30 MCG..... 106
DESOGESTREL & ETHINYL ESTRADIOL TAB 0.15 MG-30 MCG.....107
DESOGESTREL & ETHINYL ESTRADIOL TAB 0.15 MG-30 MCG.....107
DESOGESTREL & ETHINYL ESTRADIOL TAB 0.15 MG-30 MCG.....111
DESONIDE CREAM 0.05% .....131
DESONIDE CREAM 0.05% .....131
DESONIDE LOTION 0.05% .....131
DESONIDE OINT 0.05% .....131
DESOXIMETASONE CREAM 0.05% .....131
DESOXIMETASONE CREAM 0.05% .... 134
DESOXIMETASONE CREAM 0.25% .....131
DESOXIMETASONE CREAM 0.25% .... 134
DESOXIMETASONE GEL 0.05%.....131
DESOXIMETASONE GEL 0.05%..... 134
DESOXIMETASONE OINT 0.05%.....131
DESOXIMETASONE OINT 0.05%..... 134
DESOXIMETASONE OINT 0.25%.....131
DESOXIMETASONE OINT 0.25%..... 134
DESVENLAFAXINE SUCCINATE TAB ER 24HR 25 MG (BASE EQUIV).....221
DESVENLAFAXINE SUCCINATE TAB ER 24HR 50 MG (BASE EQUIV) .....221
DESVENLAFAXINE SUCCINATE TAB ER 24HR 100 MG (BASE EQUIV) .....221
DEUTETRABENAZINE TAB 6 MG..... 68
DEUTETRABENAZINE TAB 9 MG..... 68
DEUTETRABENAZINE TAB 12 MG..... 68
DEUTETRABENAZINE TAB ER 24HR 6 MG..... 68
DEUTETRABENAZINE TAB ER 24HR 12 MG..... 68
DEUTETRABENAZINE TAB ER 24HR 18 MG..... 68
DEUTETRABENAZINE TAB ER 24HR 24 MG..... 68
DEUTETRABENAZINE TAB ER 24HR 30 MG..... 68
DEUTETRABENAZINE TAB ER 24HR 36 MG..... 68
DEUTETRABENAZINE TAB ER 24HR 42 MG..... 68
DEUTETRABENAZINE TAB ER 24HR 48 MG..... 68
DEUTETRABENAZINE TAB ER TITRATION PACK 12 & 18 & 24 & 30 MG . 68
DEXAMETHASONE CONC 1 MG/ML ....131
DEXAMETHASONE ELIXIR 0.5 MG/5ML131
DEXAMETHASONE OPHTH SUSP 0.1%..192
DEXAMETHASONE SODIUM PHOSPHATE OPHTH SOLN 0.1% .....191
DEXAMETHASONE SOLN 0.5 MG/5ML .131
DEXAMETHASONE TAB 0.5 MG.....131
DEXAMETHASONE TAB 0.75 MG .....131
DEXAMETHASONE TAB 1.5 MG .....131
DEXAMETHASONE TAB 1 MG.....132
DEXAMETHASONE TAB 2 MG.....132
DEXAMETHASONE TAB 4 MG.....132
DEXAMETHASONE TAB 6 MG.....132
DEXAMETHASONE TAB THERAPY PACK 1.5 MG (21) .....132
DEXAMETHASONE TAB THERAPY PACK 1.5 MG (21) ..... 134
DEXAMETHASONE TAB THERAPY PACK 1.5 MG (27)..... 134
DEXAMETHASONE TAB THERAPY PACK 1.5 MG (35).....131
DEXAMETHASONE TAB THERAPY PACK 1.5 MG (49)..... 134
DEXAMETHASONE TAB THERAPY PACK 1.5 MG (51).....131
DEXMETHYLPHENIDATE HCL CAP ER 24 HR 5 MG..... 48
DEXMETHYLPHENIDATE HCL CAP ER 24 HR 10 MG..... 48
DEXMETHYLPHENIDATE HCL CAP ER 24 HR 15 MG..... 48
DEXMETHYLPHENIDATE HCL CAP ER 24 HR 20 MG..... 48
DEXMETHYLPHENIDATE HCL CAP ER 24 HR 25 MG..... 48
DEXMETHYLPHENIDATE HCL CAP ER 24 HR 30 MG ..... 48
DEXMETHYLPHENIDATE HCL CAP ER 24 HR 35 MG..... 48
DEXMETHYLPHENIDATE HCL CAP ER 24 HR 40 MG ..... 48
DEXMETHYLPHENIDATE HCL TAB 2.5 MG..... 48
DEXMETHYLPHENIDATE HCL TAB 5 MG 48
DEXMETHYLPHENIDATE HCL TAB 10 MG..... 48
DEXTROAMPHETAMINE SULFATE CAP ER 24HR 5 MG .....47
DEXTROAMPHETAMINE SULFATE CAP ER 24HR 10 MG ..... 46

DEXTROAMPHETAMINE SULFATE CAP ER 24HR 15 MG ..... 46
DEXTROAMPHETAMINE SULFATE ORAL SOLUTION 5 MG/5ML .....47
DEXTROAMPHETAMINE SULFATE TAB 5 MG .....47
DEXTROAMPHETAMINE SULFATE TAB 10 MG .....47
DEXTROAMPHETAMINE TD PATCH 4.5 MG/9HR.....47
DEXTROAMPHETAMINE TD PATCH 9 MG/9HR.....47
DEXTROAMPHETAMINE TD PATCH 13.5 MG/9HR .....47
DEXTROAMPHETAMINE TD PATCH 18 MG/9HR.....47
DEXTROMETHORPHAN HBR-QUINIDINE SULFATE CAP 20-10 MG ... 68
DEXTROMETHORPHAN HBR-QUINIDINE SULFATE CAP 20-10 MG ... 69
DIAPHRAGM ARC-SPRING .....155
DIAPHRAGMS..... 168
DIAPHRAGM WIDE SEAL 60 MM .....179
DIAPHRAGM WIDE SEAL 65 MM.....179
DIAPHRAGM WIDE SEAL 70 MM.....179
DIAPHRAGM WIDE SEAL 75 MM.....179
DIAPHRAGM WIDE SEAL 80 MM .....179
DIAPHRAGM WIDE SEAL 85 MM.....179
DIAPHRAGM WIDE SEAL 90 MM .....179
DIAPHRAGM WIDE SEAL 95 MM.....179
DIAZEPAM BUCCAL FILM 5 MG .....114
DIAZEPAM BUCCAL FILM 7.5 MG.....114
DIAZEPAM BUCCAL FILM 10 MG .....114
DIAZEPAM BUCCAL FILM 12.5 MG .....114
DIAZEPAM BUCCAL FILM 15 MG .....114
DIAZEPAM CONC 5 MG/ML .....51
DIAZEPAM CONC 5 MG/ML .....51
DIAZEPAM NASAL SPRAY 5 MG/0.1 ML.115
DIAZEPAM NASAL SPRAY 10 MG/0.1 ML .....114
DIAZEPAM NASAL SPRAY THER PACK 2 X 7.5 MG/0.1ML (15 MG DOSE).....114
DIAZEPAM NASAL SPRAY THER PACK 2 X 10 MG/0.1ML (20 MG DOSE).....115
DIAZEPAM ORAL SOLN 1 MG/ML.....51
DIAZEPAM RECTAL GEL DELIVERY SYSTEM 2.5 MG .....114
DIAZEPAM RECTAL GEL DELIVERY SYSTEM 10 MG .....114
DIAZEPAM RECTAL GEL DELIVERY SYSTEM 20 MG.....114
DIAZEPAM TAB 2 MG .....51
DIAZEPAM TAB 5 MG .....51
DIAZEPAM TAB 10 MG.....51
DIAZOXIDE CHOLINE TAB ER 24HR 25 MG.....179
DIAZOXIDE CHOLINE TAB ER 24HR 75 MG.....179
DIAZOXIDE CHOLINE TAB ER 24HR 150 MG.....179
DIAZOXIDE SUSP 50 MG/ML.....123
DIAZOXIDE SUSP 50 MG/ML.....123
DICHLORPHENAMIDE TAB 50 MG..... 86
DICLOFENAC POTASSIUM TAB 50 MG. 188
DICLOFENAC SODIUM (ACTINIC KERATOSES) GEL 3% .....74
DICLOFENAC SODIUM OPHTH SOLN 0.1%.....191
DICLOFENAC SODIUM TAB DELAYED RELEASE 25 MG..... 188
DICLOFENAC SODIUM TAB DELAYED RELEASE 50 MG..... 188
DICLOFENAC SODIUM TAB DELAYED RELEASE 75 MG..... 188
DICLOFENAC SODIUM TAB ER 24HR 100 MG..... 188
DICLOFENAC W/ MISOPROSTOL TAB DELAYED RELEASE 50-0.2 MG ..... 188
DICLOFENAC W/ MISOPROSTOL TAB DELAYED RELEASE 75-0.2 MG ..... 188
DICLOXACILLIN SODIUM CAP 250 MG. .55
DICLOXACILLIN SODIUM CAP 500 MG .55
DICYCLOMINE HCL CAP 10 MG .....43
DICYCLOMINE HCL ORAL SOLN 10 MG/5ML .....43
DICYCLOMINE HCL TAB 20 MG.....43
DIETARY MANAGEMENT PRODUCT - PACKET ..... 154
DIFLORASONE DIACETATE CREAM 0.05% .....132
DIFLORASONE DIACETATE EMOLLIENT BASE CREAM 0.05%..... 130
DIFLUNISAL TAB 500 MG ..... 188
DIFLUPREDNATE OPHTH EMULSION 0.05% .....191
DIGOXIN ORAL SOLN 0.05 MG/ML..... 65
DIGOXIN TAB 62.5 MCG (0.0625 MG) .. 65
DIGOXIN TAB 62.5 MCG (0.0625 MG) .. 66
DIGOXIN TAB 125 MCG (0.125 MG)..... 65
DIGOXIN TAB 125 MCG (0.125 MG)..... 66
DIGOXIN TAB 250 MCG (0.25 MG)..... 65
DIGOXIN TAB 250 MCG (0.25 MG)..... 66
DIHYDROERGOTAMINE MESYLATE CRYSTALS.....101
DIHYDROERGOTAMINE MESYLATE INJ 1 MG/ML.....101
DIHYDROERGOTAMINE MESYLATE POWDER ..... 158
DILTIAZEM HCL CAP ER 12HR 60 MG....61
DILTIAZEM HCL CAP ER 12HR 90 MG....61
DILTIAZEM HCL CAP ER 12HR 120 MG.. 60
DILTIAZEM HCL CAP ER 24HR 120 MG.. 60
DILTIAZEM HCL CAP ER 24HR 120 MG.. 60
DILTIAZEM HCL CAP ER 24HR 180 MG.. 60
DILTIAZEM HCL CAP ER 24HR 180 MG.. 60
DILTIAZEM HCL CAP ER 24HR 240 MG . 60
DILTIAZEM HCL CAP ER 24HR 240 MG . 60
DILTIAZEM HCL COATED BEADS CAP ER 24HR 120 MG..... 60
DILTIAZEM HCL COATED BEADS CAP ER 24HR 120 MG..... 60
DILTIAZEM HCL COATED BEADS CAP ER 24HR 180 MG..... 60
DILTIAZEM HCL COATED BEADS CAP ER 24HR 180 MG..... 60
DILTIAZEM HCL COATED BEADS CAP ER 24HR 240 MG..... 60
DILTIAZEM HCL COATED BEADS CAP ER 24HR 240 MG..... 60
DILTIAZEM HCL COATED BEADS CAP ER 24HR 300 MG ..... 60
DILTIAZEM HCL COATED BEADS CAP ER 24HR 300 MG ..... 60
DILTIAZEM HCL COATED BEADS CAP ER 24HR 360 MG ..... 60
DILTIAZEM HCL EXTENDED RELEASE BEADS CAP ER 24HR 120 MG ..... 60
DILTIAZEM HCL EXTENDED RELEASE BEADS CAP ER 24HR 120 MG ..... 60
DILTIAZEM HCL EXTENDED RELEASE BEADS CAP ER 24HR 120 MG .....62
DILTIAZEM HCL EXTENDED RELEASE BEADS CAP ER 24HR 120 MG .....62
DILTIAZEM HCL EXTENDED RELEASE BEADS CAP ER 24HR 180 MG ..... 60
DILTIAZEM HCL EXTENDED RELEASE BEADS CAP ER 24HR 180 MG ..... 60
DILTIAZEM HCL EXTENDED RELEASE BEADS CAP ER 24HR 180 MG .....62
DILTIAZEM HCL EXTENDED RELEASE BEADS CAP ER 24HR 180 MG .....62
DILTIAZEM HCL EXTENDED RELEASE BEADS CAP ER 24HR 240 MG ..... 60
DILTIAZEM HCL EXTENDED RELEASE BEADS CAP ER 24HR 240 MG ..... 60
DILTIAZEM HCL EXTENDED RELEASE BEADS CAP ER 24HR 240 MG .....62
DILTIAZEM HCL EXTENDED RELEASE BEADS CAP ER 24HR 240 MG .....62
DILTIAZEM HCL EXTENDED RELEASE BEADS CAP ER 24HR 300 MG..... 60
DILTIAZEM HCL EXTENDED RELEASE BEADS CAP ER 24HR 300 MG.....62
DILTIAZEM HCL EXTENDED RELEASE BEADS CAP ER 24HR 300 MG.....62
DILTIAZEM HCL EXTENDED RELEASE BEADS CAP ER 24HR 360 MG..... 60

DILTIAZEM HCL EXTENDED RELEASE BEADS CAP ER 24HR 360 MG....62
DILTIAZEM HCL EXTENDED RELEASE BEADS CAP ER 24HR 360 MG....62
DILTIAZEM HCL EXTENDED RELEASE BEADS CAP ER 24HR 420 MG.... 60
DILTIAZEM HCL EXTENDED RELEASE BEADS CAP ER 24HR 420 MG....62
DILTIAZEM HCL EXTENDED RELEASE BEADS CAP ER 24HR 420 MG....62
DILTIAZEM HCL TAB 30 MG....61
DILTIAZEM HCL TAB 60 MG....61
DILTIAZEM HCL TAB 90 MG....61
DILTIAZEM HCL TAB 120 MG....61
DILTIAZEM HCL TAB ER 24HR 120 MG...61
DILTIAZEM HCL TAB ER 24HR 180 MG...61
DILTIAZEM HCL TAB ER 24HR 180 MG...61
DILTIAZEM HCL TAB ER 24HR 240 MG...61
DILTIAZEM HCL TAB ER 24HR 240 MG...61
DILTIAZEM HCL TAB ER 24HR 240 MG...61
DILTIAZEM HCL TAB ER 24HR 300 MG...61
DILTIAZEM HCL TAB ER 24HR 300 MG...61
DILTIAZEM HCL TAB ER 24HR 300 MG...61
DILTIAZEM HCL TAB ER 24HR 360 MG...61
DILTIAZEM HCL TAB ER 24HR 360 MG...61
DILTIAZEM HCL TAB ER 24HR 360 MG...61
DILTIAZEM HCL TAB ER 24HR 420 MG...61
DILTIAZEM HCL TAB ER 24HR 420 MG...61
DIMETHYL FUMARATE CAPSULE DELAYED RELEASE 120 MG .... 186
DIMETHYL FUMARATE CAPSULE DELAYED RELEASE 240 MG .... 186
DIMETHYL FUMARATE CAPSULE DR STARTER PACK 120 MG & 240 MG..... 186
DIMETHYL SULFOXIDE - SOLUTION ...157
DIMETHYL SULFOXIDE - SOLUTION .. 158
DINOPROSTONE CERVICAL GEL 0.5 MG/3GM....119
DINOPROSTONE VAGINAL INSERTS 10 MG....119
DIPH, ACELLULAR PERT & TET TOX INJ 15 LF-23 MCG-5 LF/0.5ML .... 227
DIPH, ACELLULAR PERT & TET TOX INJ 25 LF-58 MCG-10 LF/0.5ML .... 227
DIPH-AC PER-TET TOX AD-POLIOV-HAEMOPH B POLY VAC FOR IM SUSP.. 228
DIPHENHYDRAMINE HCL ELIXIR 12.5 MG/5ML ....38
DIPHENHYDRAMINE HCL TAB 25 MG....37
DIPHENOXYLATE W/ ATROPINE LIQ 2.5-0.025 MG/5ML ....115
DIPHENOXYLATE W/ ATROPINE TAB 2.5-0.025 MG....115
DIPHENOXYLATE W/ ATROPINE TAB 2.5-0.025 MG....115
DIPH-TETANUS TOX AD-ACELL PERT & POLIO VIRUS, IPV VAC INJ.... 228
DIPH-TET TOX-ACELL PERT-HEP B-POLIO IPV VAC SUSP PREF SYR.... 228
DIPH-TET TOX-AC PERT AD-POLIO IPV-HIB-HEPATITIS B RECMB SUSP... 229
DIPH-TET TOX-AC PERT AD-POLIO IPV-HIB-HEP B REC SUSP PRE SYR .... 229
DIPYRIDAMOLE TAB 25 MG .... 204
DIPYRIDAMOLE TAB 50 MG .... 204
DIPYRIDAMOLE TAB 75 MG .... 204
DISOPYRAMIDE PHOSPHATE CAP 100 MG....22
DISOPYRAMIDE PHOSPHATE CAP 100 MG....22
DISOPYRAMIDE PHOSPHATE CAP 150 MG....22
DISOPYRAMIDE PHOSPHATE CAP 150 MG....22
DISOPYRAMIDE PHOSPHATE CAP ER 12HR 100 MG....22
DISOPYRAMIDE PHOSPHATE CAP ER 12HR 150 MG....22
DISTILLED WATER ....173
DISULFIRAM TAB 250 MG....9
DISULFIRAM TAB 500 MG....9
DIVALPROEX SODIUM CAP DELAYED RELEASE SPRINKLE 125 MG.... 185
DIVALPROEX SODIUM CAP DELAYED RELEASE SPRINKLE 125 MG.... 185
DIVALPROEX SODIUM TAB DELAYED RELEASE 125 MG.... 185
DIVALPROEX SODIUM TAB DELAYED RELEASE 125 MG.... 185
DIVALPROEX SODIUM TAB DELAYED RELEASE 250 MG.... 185
DIVALPROEX SODIUM TAB DELAYED RELEASE 250 MG.... 185
DIVALPROEX SODIUM TAB DELAYED RELEASE 500 MG .... 185
DIVALPROEX SODIUM TAB DELAYED RELEASE 500 MG .... 185
DIVALPROEX SODIUM TAB ER 24 HR 250 MG.... 185
DIVALPROEX SODIUM TAB ER 24 HR 250 MG.... 185
DIVALPROEX SODIUM TAB ER 24 HR 500 MG .... 185
DIVALPROEX SODIUM TAB ER 24 HR 500 MG .... 185
DOFETILIDE CAP 125 MCG (0.125 MG)..22
DOFETILIDE CAP 125 MCG (0.125 MG)..23
DOFETILIDE CAP 250 MCG (0.25 MG)...22
DOFETILIDE CAP 250 MCG (0.25 MG)...23
DOFETILIDE CAP 500 MCG (0.5 MG)....22
DOFETILIDE CAP 500 MCG (0.5 MG)....23
DOLASETRON MESYLATE TAB 50 MG . 100
DOLUTEGRAVIR SODIUM-LAMIVUDINE TAB 50-300 MG (BASE EQ)....16
DOLUTEGRAVIR SODIUM-RILPIVIRINE HCL TAB 50-25 MG (BASE EQ)....18
DOLUTEGRAVIR SODIUM TAB 50 MG (BASE EQUIV)....17
DOLUTEGRAVIR SODIUM TAB FOR ORAL SUSP 5 MG (BASE EQUIV) .....17
DONEPEZIL HYDROCHLORIDE ORALLY DISINTEGRATING TAB 5 MG .. 69
DONEPEZIL HYDROCHLORIDE ORALLY DISINTEGRATING TAB 5 MG .. 69
DONEPEZIL HYDROCHLORIDE ORALLY DISINTEGRATING TAB 10 MG . 69
DONEPEZIL HYDROCHLORIDE ORALLY DISINTEGRATING TAB 10 MG . 69
DONEPEZIL HYDROCHLORIDE TAB 5 MG .... 69
DONEPEZIL HYDROCHLORIDE TAB 10 MG .... 69
DONEPEZIL HYDROCHLORIDE TAB 23 MG .... 69
DORAVIRINE-ISLATRAVIR TAB 100-0.25 MG....163
DORAVIRINE-LAMIVUDINE-TENOFOVIR DF TAB 100-300-300 MG...17
DORAVIRINE TAB 100 MG....18
DORDAVIPRONE HCL CAP 125 MG .... 168
DORNASE ALFA INHAL SOLN 2.5 MG/2.5ML....211
DORZOLAMIDE HCL OPHTH SOLN 2%. 194
DORZOLAMIDE HCL OPHTH SOLN 2%. 194
DORZOLAMIDE HCL-TIMOLOL MALEATE OPHTH SOLN 2-0.5%..... 194
DORZOLAMIDE HCL-TIMOLOL MALEATE OPHTH SOLN 2-0.5%..... 194
DOXAZOSIN MESYLATE TAB 1 MG.....10
DOXAZOSIN MESYLATE TAB 1 MG.....10
DOXAZOSIN MESYLATE TAB 2 MG.....10
DOXAZOSIN MESYLATE TAB 2 MG.....10
DOXAZOSIN MESYLATE TAB 4 MG .....10
DOXAZOSIN MESYLATE TAB 4 MG .....10
DOXAZOSIN MESYLATE TAB 8 MG .....10
DOXAZOSIN MESYLATE TAB 8 MG .....10
DOXAZOSIN MESYLATE TAB ER 24 HR 4 MG (BASE EQUIV)..... 50
DOXAZOSIN MESYLATE TAB ER 24 HR 8 MG (BASE EQUIV)..... 50
DOXECITINE-DOXRIBTIMINE POWDER PACK 2-2 GM ..... 166
DOXEPIN HCL CAP 10 MG..... 225
DOXEPIN HCL CAP 25 MG..... 225
DOXEPIN HCL CAP 50 MG..... 225

DOXEPIN HCL CAP 75 MG ..... 225
DOXEPIN HCL CAP 100 MG..... 225
DOXEPIN HCL CAP 150 MG..... 225
DOXEPIN HCL CONC 10 MG/ML..... 225
DOXERCALCIFEROL CAP 0.5 MCG .....153
DOXERCALCIFEROL CAP 1 MCG .....153
DOXERCALCIFEROL CAP 2.5 MCG .....153
DOXYCYCLINE HYCLATE CAP 50 MG.. 224
DOXYCYCLINE HYCLATE CAP 100 MG 224
DOXYCYCLINE HYCLATE POWDER.... 158
DOXYCYCLINE HYCLATE TAB 20 MG .. 224
DOXYCYCLINE HYCLATE TAB 100 MG. 224
DOXYCYCLINE MONOHYDRATE CAP 50 MG..... 224
DOXYCYCLINE MONOHYDRATE CAP 100 MG..... 224
DOXYCYCLINE MONOHYDRATE FOR SUSP 25 MG/5ML ..... 224
DOXYCYCLINE MONOHYDRATE TAB 50 MG..... 224
DOXYCYCLINE MONOHYDRATE TAB 75 MG ..... 224
DOXYCYCLINE MONOHYDRATE TAB 100 MG..... 224
DOXYCYCLINE MONOHYDRATE TAB 100 MG..... 224
DOXYCYCLINE MONOHYDRATE TAB 150 MG..... 224
DOXYCYCLINE TAB 100 MG & SUNCREEN & SAL ACID WASH 2% KIT . 224
DRONABINOL CAP 2.5 MG ..... 100
DRONABINOL CAP 5 MG ..... 100
DRONABINOL CAP 10 MG ..... 100
DRONABINOL SOLN 5 MG/ML ..... 100
DROSPIRENONE-ESTRADIOL TAB 0.5-1 MG .....101
DROSPIRENONE-ESTRADIOL TAB 0.25-0.5 MG.....101
DROSPIRENONE-ETHINYL ESTRADIOL TAB 3-0.02 MG .....112
DROSPIRENONE-ETHINYL ESTRADIOL TAB 3-0.03 MG .....112
DROSPIRENONE-ETHINYL ESTRAD-LEVOMEFOLATE TAB 3-0.03-0.451 MG 104
DROSPIRENONE-ETHINYL ESTRAD-LEVOMEFOLATE TAB 3-0.03-0.451 MG .112
DROSPIRENONE TAB 4 MG ..... 206
DROXIDOPA CAP 100 MG ..... 65
DROXIDOPA CAP 200 MG ..... 65
DROXIDOPA CAP 300 MG ..... 65
DULAGLUTIDE SOLN AUTO-INJECTOR 0.75 MG/0.5ML .....33
DULAGLUTIDE SOLN AUTO-INJECTOR 1.5 MG/0.5ML.....33
DULAGLUTIDE SOLN AUTO-INJECTOR 3 MG/0.5ML .....33
DULAGLUTIDE SOLN AUTO-INJECTOR 4.5 MG/0.5ML .....33
DULOXETINE HCL CAP DELAYED RELEASE SPRINKLE 20 MG (BASE EQ) .221
DULOXETINE HCL CAP DELAYED RELEASE SPRINKLE 30 MG (BASE EQ) .221
DULOXETINE HCL CAP DELAYED RELEASE SPRINKLE 40 MG (BASE EQ) .221
DULOXETINE HCL CAP DELAYED RELEASE SPRINKLE 60 MG (BASE EQ) .221
DULOXETINE HCL ENTERIC COATED PELLETS CAP 20 MG (BASE EQ) .....113
DULOXETINE HCL ENTERIC COATED PELLETS CAP 30 MG (BASE EQ) .....113
DULOXETINE HCL ENTERIC COATED PELLETS CAP 60 MG (BASE EQ) .....113
DUPILUMAB SUBCUTANEOUS SOLN AUTO-INJECTOR 200 MG/1.14ML .....74
DUPILUMAB SUBCUTANEOUS SOLN AUTO-INJECTOR 300 MG/2ML.....74
DUPILUMAB SUBCUTANEOUS SOLN PREFILLED SYRINGE 200 MG/1.14ML...74
DUPILUMAB SUBCUTANEOUS SOLN PREFILLED SYRINGE 300 MG/2ML .....74
DUST MITE MIXED EXT SL TAB 12 SQ-HDM .....211
DUTASTERIDE CAP 0.5 MG..... 50
DUVELISIB CAP 15 MG .....39
DUVELISIB CAP 25 MG.....39
DYCLONINE HCL SOLN 0.5% .....11
DYE FDC BLUE 1 (BRILLIANT BLUE FCF) - LIQUID.....161
ECHOTHIOPHATE IODIDE OPHTH FOR SOLN 0.125%..... 194
ECONAZOLE NITRATE CREAM 1% .....35
EDARAVONE ORAL SUSP 105 MG/5ML . 69
EDARAVONE ORAL SUSP 105 MG/5ML . 69
EFAVIRENZ CAP 50 MG.....17
EFAVIRENZ CAP 200 MG .....17
EFAVIRENZ-EMTRICITABINE-TENOFOVIR DF TAB 600-200-300 MG ..17
EFAVIRENZ-LAMIVUDINE-TENOFOVIR DF TAB 400-300-300 MG ..17
EFAVIRENZ-LAMIVUDINE-TENOFOVIR DF TAB 400-300-300 MG ..18
EFAVIRENZ-LAMIVUDINE-TENOFOVIR DF TAB 600-300-300 MG ..17
EFAVIRENZ-LAMIVUDINE-TENOFOVIR DF TAB 600-300-300 MG ..18
EFAVIRENZ TAB 600 MG .....17
EFGARTIGIMOD ALF-HYALUR-QVFC PREF SYR 1000-10000 MG-UNIT/5ML..145
EFLORNITHINE HCL TAB 192 MG..... 40
ELACESTRANT HYDROCHLORIDE TAB 86 MG.....34
ELACESTRANT HYDROCHLORIDE TAB 345 MG.....34
ELAFIBRANOR TAB 80 MG .....115
ELAGOLIX-ESTRAD-NORETH 300-1-0.5MG & ELAGOLIX 300MG CAP PACK 140
ELAGOLIX SODIUM TAB 150 MG (BASE EQUIV)..... 140
ELAGOLIX SODIUM TAB 200 MG (BASE EQUIV)..... 140
ELBASVIR-GRAZOPREVIR TAB 50-100 MG .....16
ELETRIPTAN HYDROBROMIDE TAB 20 MG (BASE EQUIVALENT).....213
ELETRIPTAN HYDROBROMIDE TAB 40 MG (BASE EQUIVALENT).....213
ELEXACAF-TEZACAF-IVACAF 50-25-37.5 MG & IVACAFTOR 75 MG TBPK.....70
ELEXACAF-TEZACAF-IVACAF 80-40-60 MG& IVACAF 59.5MG THPK GRAN ...70
ELEXACAF-TEZACAF-IVACAF 100-50-75 MG& IVACAF 75MG THPK GRAN.....70
ELEXACAF-TEZACAF-IVACAF 100-50-75 MG &IVACAFTOR 150 MG TBPK .....70
ELIGLUSTAT TARTRATE CAP 84 MG (BASE EQUIVALENT).....116
ELTROMBOPAG CHOLINE TAB 9 MG (BASE EQUIV).....55
ELTROMBOPAG CHOLINE TAB 18 MG (BASE EQUIV).....55
ELTROMBOPAG CHOLINE TAB 36 MG (BASE EQUIV).....55
ELTROMBOPAG CHOLINE TAB 54 MG (BASE EQUIV).....55
ELTROMBOPAG OLAMINE POWDER PACK FOR SUSP 12.5 MG (BASE EQ) .....56
ELTROMBOPAG OLAMINE POWDER PACK FOR SUSP 12.5 MG (BASE EQ) .....57
ELTROMBOPAG OLAMINE POWDER PACK FOR SUSP 25 MG (BASE EQUIV)...56
ELTROMBOPAG OLAMINE POWDER PACK FOR SUSP 25 MG (BASE EQUIV)...57
ELTROMBOPAG OLAMINE TAB 12.5 MG (BASE EQUIV).....56
ELTROMBOPAG OLAMINE TAB 25 MG (BASE EQUIV).....56
ELTROMBOPAG OLAMINE TAB 50 MG (BASE EQUIV).....56
ELTROMBOPAG OLAMINE TAB 75 MG (BASE EQUIV).....56
ELUXADOLINE TAB 75 MG .....147
ELUXADOLINE TAB 100 MG .....147
ELVITEGRAV-COBIC-EMTRICITAB-TENOFOV AF TAB 150-150-200-10 MG ..17
ELVITEGRAV-COBIC-EMTRICITAB-TENOFOVDF TAB 150-150-200-300 MG .17
EMICIZUMAB-KXWH SUBCUTANEOUS SOLN 12 MG/0.4ML (30 MG/ML) ..... 126

EMICIZUMAB-KXWH SUBCUTANEOUS SOLN 30 MG/ML ..... 126
EMICIZUMAB-KXWH SUBCUTANEOUS SOLN 60 MG/0.4ML (150 MG/ML)..... 126
EMICIZUMAB-KXWH SUBCUTANEOUS SOLN 105 MG/0.7ML (150 MG/ML).... 126
EMICIZUMAB-KXWH SUBCUTANEOUS SOLN 150 MG/ML ..... 126
EMICIZUMAB-KXWH SUBCUTANEOUS SOLN 300 MG/2ML (150 MG/ML) ..... 126
EMOLLIENT - LIQUID .....77
EMOLLIENT - LIQUID .....77
EMPAGLIFLOZIN-LINAGLIP-METFORMIN TAB ER 24HR 12.5-2.5-1000MG.....33
EMPAGLIFLOZIN-LINAGLIPTIN-METFORMIN TAB ER 24HR 5-2.5-1000MG.....33
EMPAGLIFLOZIN-LINAGLIPTIN-METFORMIN TAB ER 24HR 10-5-1000 MG.....33
EMPAGLIFLOZIN-LINAGLIPTIN-METFORMIN TAB ER 24HR 25-5-1000 MG.....33
EMPAGLIFLOZIN-LINAGLIPTIN TAB 10-5 MG.....31
EMPAGLIFLOZIN-LINAGLIPTIN TAB 25-5 MG.....31
EMPAGLIFLOZIN-METFORMIN HCL TAB 5-500 MG.....33
EMPAGLIFLOZIN-METFORMIN HCL TAB 5-1000 MG.....33
EMPAGLIFLOZIN-METFORMIN HCL TAB 12.5-500 MG.....33
EMPAGLIFLOZIN-METFORMIN HCL TAB 12.5-1000 MG.....33
EMPAGLIFLOZIN-METFORMIN HCL TAB ER 24HR 5-1000 MG.....33
EMPAGLIFLOZIN-METFORMIN HCL TAB ER 24HR 10-1000 MG .....33
EMPAGLIFLOZIN-METFORMIN HCL TAB ER 24HR 12.5-1000 MG.....33
EMPAGLIFLOZIN-METFORMIN HCL TAB ER 24HR 25-1000 MG .....33
EMPAGLIFLOZIN TAB 10 MG .....31
EMPAGLIFLOZIN TAB 25 MG .....31
EMTRICITABINE CAPS 200 MG.....19
EMTRICITABINE-RILPIVIRINE-TENOFOVIR AF TAB 200-25-25 MG.....18
EMTRICITABINE-RILPIVIRINE-TENOFOVIR DF TAB 200-25-300 MG ....17
EMTRICITABINE-RILPIVIRINE-TENOFOVIR DF TAB 200-25-300 MG ....17
EMTRICITABINE SOLN 10 MG/ML.....19
EMTRICITABINE-TENOFOVIR ALAFENAMIDE FUMARATE TAB 120-15 MG .....18
EMTRICITABINE-TENOFOVIR ALAFENAMIDE FUMARATE TAB 200-25 MG .....18
EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE TAB 100-150 MG .....18
EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE TAB 100-150 MG .....19
EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE TAB 133-200 MG .....18
EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE TAB 133-200 MG .....19
EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE TAB 167-250 MG .....19
EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE TAB 167-250 MG .....19
EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE TAB 200-300 MG .....19
ENALAPRIL MALEATE & HYDROCHLOROTHIAZIDE TAB 5-12.5 MG ..... 65
ENALAPRIL MALEATE & HYDROCHLOROTHIAZIDE TAB 10-25 MG ..... 65
ENALAPRIL MALEATE ORAL SOLN 1 MG/ML.....14
ENALAPRIL MALEATE TAB 2.5 MG.....14
ENALAPRIL MALEATE TAB 5 MG.....14
ENALAPRIL MALEATE TAB 10 MG .....14
ENALAPRIL MALEATE TAB 20 MG .....14
ENASIDENIB MESYLATE TAB 50 MG (BASE EQUIVALENT).....181
ENASIDENIB MESYLATE TAB 100 MG (BASE EQUIVALENT).....181
ENFUVIRTIDE FOR INJ 90 MG .....19
ENOXAPARIN SODIUM INJ 300 MG/3ML .....26
ENOXAPARIN SODIUM INJ SOLN PREF SYR 30 MG/0.3ML.....26
ENOXAPARIN SODIUM INJ SOLN PREF SYR 40 MG/0.4ML.....26
ENOXAPARIN SODIUM INJ SOLN PREF SYR 60 MG/0.6ML.....26
ENOXAPARIN SODIUM INJ SOLN PREF SYR 80 MG/0.8ML.....26
ENOXAPARIN SODIUM INJ SOLN PREF SYR 80 MG/0.8ML.....26
ENOXAPARIN SODIUM INJ SOLN PREF SYR 100 MG/ML.....26
ENOXAPARIN SODIUM INJ SOLN PREF SYR 120 MG/0.8ML.....26
ENOXAPARIN SODIUM INJ SOLN PREF SYR 150 MG/ML .....26
ENSARTINIB HCL CAP 25 MG (BASE EQUIVALENT).....39
ENSARTINIB HCL CAP 100 MG (BASE EQUIVALENT).....39
ENSITRELVIR FUMARATE TAB 125 MG...45
ENTACAPONE TAB 200 MG.....42
ENTECAVIR ORAL SOLN 0.05 MG/ML ...16
ENTECAVIR TAB 0.5 MG .....16
ENTECAVIR TAB 1 MG .....16
ENTRECTINIB CAP 100 MG.....41
ENTRECTINIB CAP 200 MG .....41
ENTRECTINIB PELLET PACK 50 MG .....41
ENZALUTAMIDE CAP 40 MG.....22
EPINASTINE HCL OPHTH SOLN 0.05% .191
EPINEPHRINE HCL NASAL SOLN 0.1%..212
EPINEPHRINE HCL NASAL SOLN 0.1%..212
EPINEPHRINE NASAL SPRAY 1 MG/0.1ML.....59
EPINEPHRINE NASAL SPRAY 2 MG/0.1ML.....59
EPINEPHRINE SOLUTION AUTO-INJECTOR 0.1 MG/0.1ML.....58
EPINEPHRINE SOLUTION AUTO-INJECTOR 0.3 MG/0.3ML (1:1000) .....58
EPINEPHRINE SOLUTION AUTO-INJECTOR 0.3 MG/0.3ML (1:1000) .....58
EPINEPHRINE SOLUTION AUTO-INJECTOR 0.15 MG/0.3ML (1:2000).....58
EPINEPHRINE SOLUTION AUTO-INJECTOR 0.15 MG/0.15ML (1:1000) ....58
EPINEPHRINE SOLUTION AUTO-INJECTOR 0.15 MG/0.15ML (1:1000) ....58
EPINEPHRINE SOLUTION PREFILLED SYRINGE 0.3 MG/0.3ML (1:1000) .....58
EPLERENONE TAB 25 MG..... 86
EPLERENONE TAB 50 MG..... 86
EPLONTERSEN SODIUM SUBCUTANEOUS SOLN AUTO-INJ 45 MG/0.8ML .....118
EPOETIN ALFA-EPBX INJ 2000 UNIT/ML .....57
EPOETIN ALFA-EPBX INJ 3000 UNIT/ML .....57
EPOETIN ALFA-EPBX INJ 4000 UNIT/ML .....57
EPOETIN ALFA-EPBX INJ 10000 UNIT/ML .....57
EPOETIN ALFA-EPBX INJ 20000 UNIT/ML .....57
EPOETIN ALFA-EPBX INJ 40000 UNIT/ML .....57
ERENUMAB-AOOE SUBCUTANEOUS SOLN AUTO-INJECTOR 70 MG/ML .....59

ERENUMAB-AOOE SUBCUTANEOUS SOLN AUTO-INJECTOR 140 MG/ML....59
ERGOCALCIFEROL CAP 1.25 MG (50000 UNIT)....231
ERGOCALCIFEROL CAP 1.25 MG (50000 UNIT)....232
ERGOCALCIFEROL CAP 1.25 MG (50000 UNIT)....236
ERGOCALCIFEROL CAP 1.25 MG (50000 UNIT)....236
ERGOLOID MESYLATES TAB 1 MG....160
ERGOTAMINE W/ CAFFEINE SUPPOS 2-100 MG....101
ERGOTAMINE W/ CAFFEINE TAB 1-100 MG....101
ERGOTAMINE W/ CAFFEINE TAB 1-100 MG....101
ERLOTINIB HCL TAB 25 MG (BASE EQUIVALENT)....181
ERLOTINIB HCL TAB 100 MG (BASE EQUIVALENT)....181
ERLOTINIB HCL TAB 150 MG (BASE EQUIVALENT)....181
ERYTHROMYCIN ETHYLSUCCINATE FOR SUSP 200 MG/5ML....151
ERYTHROMYCIN ETHYLSUCCINATE FOR SUSP 200 MG/5ML....151
ERYTHROMYCIN ETHYLSUCCINATE FOR SUSP 200 MG/5ML....151
ERYTHROMYCIN ETHYLSUCCINATE FOR SUSP 400 MG/5ML....151
ERYTHROMYCIN ETHYLSUCCINATE FOR SUSP 400 MG/5ML....151
ERYTHROMYCIN ETHYLSUCCINATE TAB 400 MG....151
ERYTHROMYCIN GEL 2%....74
ERYTHROMYCIN GEL 2%....74
ERYTHROMYCIN OPHTH OINT 5 MG/GM....193
ERYTHROMYCIN OPHTH OINT 5 MG/GM....193
ERYTHROMYCIN PADS 2%....74
ERYTHROMYCIN SOLN 2%....74
ERYTHROMYCIN TAB 250 MG....151
ERYTHROMYCIN TAB 500 MG....151
ERYTHROMYCIN TAB DELAYED RELEASE 250 MG....151
ERYTHROMYCIN TAB DELAYED RELEASE 250 MG....151
ERYTHROMYCIN TAB DELAYED RELEASE 333 MG....151
ERYTHROMYCIN TAB DELAYED RELEASE 333 MG....151
ERYTHROMYCIN TAB DELAYED RELEASE 500 MG....151
ERYTHROMYCIN TAB DELAYED RELEASE 500 MG....152
ERYTHROMYCIN W/ DELAYED RELEASE PARTICLES CAP 250 MG....151
ESCITALOPRAM OXALATE SOLN 5 MG/5ML (BASE EQUIV)....221
ESCITALOPRAM OXALATE TAB 5 MG (BASE EQUIV)....221
ESCITALOPRAM OXALATE TAB 10 MG (BASE EQUIV)....221
ESCITALOPRAM OXALATE TAB 20 MG (BASE EQUIV)....221
ESKETAMINE HCL NASAL SOLN 28 MG/DEVICE X 2 (56 MG DOSE PACK)....29
ESKETAMINE HCL NASAL SOLN 28 MG/DEVICE X 3 (84 MG DOSE PACK)....29
ESOMEPRAZOLE MAGNESIUM FOR DELAYED RELEASE SUSP PACK 2.5 MG 206
ESOMEPRAZOLE MAGNESIUM FOR DELAYED RELEASE SUSP PACKET 5 MG....206
ESOMEPRAZOLE MAGNESIUM FOR DELAYED RELEASE SUSP PACKET 10 MG....206
ESOMEPRAZOLE MAGNESIUM FOR DELAYED RELEASE SUSP PACKET 20 MG....206
ESOMEPRAZOLE MAGNESIUM FOR DELAYED RELEASE SUSP PACKET 40 MG....206
ESTAZOLAM TAB 1 MG....51
ESTAZOLAM TAB 2 MG....52
ESTERIFIED ESTROGENS & METHYLTESTOSTERONE TAB 0.625-1.25 MG....103
ESTERIFIED ESTROGENS & METHYLTESTOSTERONE TAB 0.625-1.25 MG....104
ESTERIFIED ESTROGENS & METHYLTESTOSTERONE TAB 0.625-1.25 MG....104
ESTERIFIED ESTROGENS & METHYLTESTOSTERONE TAB 0.625-1.25 MG....105
ESTERIFIED ESTROGENS & METHYLTESTOSTERONE TAB 1.25-2.5 MG....103
ESTERIFIED ESTROGENS & METHYLTESTOSTERONE TAB 1.25-2.5 MG....104
ESTERIFIED ESTROGENS & METHYLTESTOSTERONE TAB 1.25-2.5 MG....105
ESTERIFIED ESTROGENS & METHYLTESTOSTERONE TAB 1.25-2.5 MG....105
ESTERIFIED ESTROGENS TAB 0.3 MG....109
ESTERIFIED ESTROGENS TAB 0.625 MG....109
ESTERIFIED ESTROGENS TAB 1.25 MG....109
ESTERIFIED ESTROGENS TAB 2.5 MG....109
ESTRADIOL ACETATE VAGINAL RING 0.1 MG/24HR....106
ESTRADIOL ACETATE VAGINAL RING 0.05 MG/24HR....106
ESTRADIOL CYPIONATE IM IN OIL 5 MG/ML....103
ESTRADIOL GEL 0.06% (0.52 MG/0.87 GM METERED-DOSE PUMP)....104
ESTRADIOL GEL 0.06% (0.75 MG/1.25 GM METERED-DOSE PUMP)....105
ESTRADIOL-LEVONORGESTREL TD PATCH WEEKLY 0.045-0.015 MG/DAY....103
ESTRADIOL & NORETHINDRONE ACETATE TAB 0.5-0.1 MG....101
ESTRADIOL & NORETHINDRONE ACETATE TAB 0.5-0.1 MG....104
ESTRADIOL & NORETHINDRONE ACETATE TAB 1-0.5 MG....101
ESTRADIOL & NORETHINDRONE ACETATE TAB 1-0.5 MG....101
ESTRADIOL & NORETHINDRONE ACETATE TAB 1-0.5 MG....104
ESTRADIOL & NORETHINDRONE ACETATE TAB 1-0.5 MG....109
ESTRADIOL-NORETHINDRONE ACE TD PTTW 0.05-0.14 MG/DAY....103
ESTRADIOL-NORETHINDRONE ACE TD PTTW 0.05-0.25 MG/DAY....103
ESTRADIOL-PROGESTERONE CAP 0.5-100 MG....102
ESTRADIOL-PROGESTERONE CAP 1-100 MG....102
ESTRADIOL TAB 0.5 MG....105
ESTRADIOL TAB 1 MG....105
ESTRADIOL TAB 2 MG....105
ESTRADIOL TD GEL 0.5 MG/0.5GM (0.1%)....103
ESTRADIOL TD GEL 0.5 MG/0.5GM (0.1%)....105
ESTRADIOL TD GEL 0.25 MG/0.25GM (0.1%)....103
ESTRADIOL TD GEL 0.25 MG/0.25GM (0.1%)....105
ESTRADIOL TD GEL 0.75 MG/0.75GM (0.1%)....103
ESTRADIOL TD GEL 0.75 MG/0.75GM (0.1%)....105
ESTRADIOL TD GEL 1.25 MG/1.25GM (0.1%)....103
ESTRADIOL TD GEL 1.25 MG/1.25GM (0.1%)....105
ESTRADIOL TD GEL 1 MG/GM (0.1%)....103

ESTRADIOL TD GEL 1 MG/GM (0.1%) .. 105
ESTRADIOL TD PATCH TWICE WEEKLY 0.1 MG/24HR .....101
ESTRADIOL TD PATCH TWICE WEEKLY 0.1 MG/24HR ..... 104
ESTRADIOL TD PATCH TWICE WEEKLY 0.1 MG/24HR ..... 105
ESTRADIOL TD PATCH TWICE WEEKLY 0.1 MG/24HR ..... 108
ESTRADIOL TD PATCH TWICE WEEKLY 0.05 MG/24HR ..... 104
ESTRADIOL TD PATCH TWICE WEEKLY 0.05 MG/24HR ..... 105
ESTRADIOL TD PATCH TWICE WEEKLY 0.05 MG/24HR ..... 108
ESTRADIOL TD PATCH TWICE WEEKLY 0.025 MG/24HR .....101
ESTRADIOL TD PATCH TWICE WEEKLY 0.025 MG/24HR ..... 104
ESTRADIOL TD PATCH TWICE WEEKLY 0.025 MG/24HR ..... 104
ESTRADIOL TD PATCH TWICE WEEKLY 0.025 MG/24HR ..... 108
ESTRADIOL TD PATCH TWICE WEEKLY 0.075 MG/24HR .....101
ESTRADIOL TD PATCH TWICE WEEKLY 0.075 MG/24HR ..... 104
ESTRADIOL TD PATCH TWICE WEEKLY 0.075 MG/24HR ..... 105
ESTRADIOL TD PATCH TWICE WEEKLY 0.075 MG/24HR ..... 108
ESTRADIOL TD PATCH TWICE WEEKLY 0.0375 MG/24HR ..... 104
ESTRADIOL TD PATCH TWICE WEEKLY 0.0375 MG/24HR ..... 105
ESTRADIOL TD PATCH TWICE WEEKLY 0.0375 MG/24HR ..... 108
ESTRADIOL TD PATCH WEEKLY 0.1 MG/24HR..... 105
ESTRADIOL TD PATCH WEEKLY 0.05 MG/24HR..... 105
ESTRADIOL TD PATCH WEEKLY 0.06 MG/24HR..... 105
ESTRADIOL TD PATCH WEEKLY 0.025 MG/24HR..... 105
ESTRADIOL TD PATCH WEEKLY 0.075 MG/24HR..... 105
ESTRADIOL TD PATCH WEEKLY 0.0375 MG/24HR (37.5 MCG/24HR).... 105
ESTRADIOL TD PATCH WEEKLY 14 MCG/24HR..... 109
ESTRADIOL TRANSDERMAL SPRAY 1.53 MG/SPRAY ..... 106
ESTRADIOL VAGINAL CREAM 0.01% .. 104
ESTRADIOL VAGINAL INSERT 4 MCG . 106
ESTRADIOL VAGINAL INSERT 10 MCG 106
ESTRADIOL VAGINAL INSERT STARTER PACK 4 MCG..... 106
ESTRADIOL VAGINAL INSERT STARTER PACK 10 MCG..... 106
ESTRADIOL VAGINAL RING 2 MG (7.5 MCG/24HRS)..... 105
ESTRADIOL VAGINAL TAB 10 MCG .... 105
ESTRADIOL VAGINAL TAB 10 MCG .....112
ESTRADIOL VALERATE-DIENOGEST TAB 3 MG /2-2 MG/2-3 MG/1 MG ..... 109
ESTRADIOL VALERATE IM IN OIL 10 MG/ML..... 103
ESTRADIOL VALERATE IM IN OIL 10 MG/ML..... 104
ESTRADIOL VALERATE IM IN OIL 20 MG/ML..... 103
ESTRADIOL VALERATE IM IN OIL 20 MG/ML..... 104
ESTRADIOL VALERATE IM IN OIL 40 MG/ML..... 104
ESTROGENS, CONJUGATED TAB 0.3 MG..... 103
ESTROGENS, CONJUGATED TAB 0.3 MG.....110
ESTROGENS, CONJUGATED TAB 0.9 MG..... 103
ESTROGENS, CONJUGATED TAB 0.9 MG.....110
ESTROGENS, CONJUGATED TAB 0.45 MG..... 103
ESTROGENS, CONJUGATED TAB 0.45 MG.....110
ESTROGENS, CONJUGATED TAB 0.625 MG..... 103
ESTROGENS, CONJUGATED TAB 0.625 MG.....110
ESTROGENS, CONJUGATED TAB 1.25 MG..... 103
ESTROGENS, CONJUGATED TAB 1.25 MG.....110
ESTROGENS, CONJUGATED VAGINAL CREAM 0.625 MG/GM .....110
ESZOPICLONE TAB 1 MG .....113
ESZOPICLONE TAB 2 MG .....113
ESZOPICLONE TAB 3 MG .....113
ETANERCEPT SUBCUTANEOUS INJ 25 MG/0.5ML.....142
ETANERCEPT SUBCUTANEOUS SOLN PREFILLED SYRINGE 25 MG/0.5ML ....141
ETANERCEPT SUBCUTANEOUS SOLN PREFILLED SYRINGE 50 MG/ML .....142
ETANERCEPT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/ML .....142
ETANERCEPT SUBCUTANEOUS SOLUTION CARTRIDGE 50 MG/ML ....142
ETHACRYNIC ACID TAB 25 MG ..... 86
ETHAMBUTOL HCL TAB 100 MG..... 44
ETHAMBUTOL HCL TAB 400 MG..... 44
ETHIONAMIDE TAB 250 MG .....45
ETHOSUXIMIDE (BULK) POWDER..... 160
ETHOSUXIMIDE CAP 250 MG .....63
ETHOSUXIMIDE CAP 250 MG .....63
ETHOSUXIMIDE SOLN 250 MG/5ML ....63
ETHOSUXIMIDE SOLN 250 MG/5ML ....63
ETHOXYLATED MACADAMIA NUT OIL .179
ETHYNODIOL DIACETATE & ETHINYL ESTRADIOL TAB 1 MG-35 MCG ..... 105
ETHYNODIOL DIACETATE & ETHINYL ESTRADIOL TAB 1 MG-35 MCG .....107
ETHYNODIOL DIACETATE & ETHINYL ESTRADIOL TAB 1 MG-35 MCG .....112
ETHYNODIOL DIACETATE & ETHINYL ESTRADIOL TAB 1 MG-35 MCG .....112
ETHYNODIOL DIACETATE & ETHINYL ESTRADIOL TAB 1 MG-50 MCG..... 105
ETHYNODIOL DIACETATE & ETHINYL ESTRADIOL TAB 1 MG-50 MCG .....107
ETHYNODIOL DIACETATE & ETHINYL ESTRADIOL TAB 1 MG-50 MCG .....112
ETODOLAC CAP 200 MG ..... 188
ETODOLAC CAP 300 MG ..... 188
ETODOLAC TAB 400 MG ..... 188
ETODOLAC TAB 500 MG ..... 188
ETODOLAC TAB ER 24HR 400 MG ..... 188
ETODOLAC TAB ER 24HR 500 MG ..... 188
ETODOLAC TAB ER 24HR 600 MG ..... 188
ETONOGESTREL-ETHINYL ESTRADIOL VA RING 0.12-0.015 MG/24HR..... 104
ETONOGESTREL-ETHINYL ESTRADIOL VA RING 0.12-0.015 MG/24HR..... 104
ETONOGESTREL-ETHINYL ESTRADIOL VA RING 0.12-0.015 MG/24HR..... 105
ETONOGESTREL-ETHINYL ESTRADIOL VA RING 0.12-0.015 MG/24HR..... 106
ETOPOSIDE (BULK) POWDER .....161
ETOPOSIDE CAP 50 MG..... 100
ETOPOSIDE CAP 50 MG.....101
ETRAVIRINE TAB 25 MG.....18
ETRAVIRINE TAB 100 MG .....17
ETRAVIRINE TAB 100 MG .....18
ETRAVIRINE TAB 200 MG .....18
ETRAVIRINE TAB 200 MG .....18
ETRIPAMIL NASAL SOLN 2 X 70 MG/DOSE.....155
EVEROLIMUS TAB 2.5 MG .....181
EVEROLIMUS TAB 2.5 MG ..... 184
EVEROLIMUS TAB 2.5 MG ..... 184

EVEROLIMUS TAB 5 MG ..... 181
EVEROLIMUS TAB 5 MG ..... 184
EVEROLIMUS TAB 5 MG ..... 184
EVEROLIMUS TAB 7.5 MG ..... 181
EVEROLIMUS TAB 7.5 MG ..... 184
EVEROLIMUS TAB 7.5 MG ..... 185
EVEROLIMUS TAB 10 MG ..... 181
EVEROLIMUS TAB 10 MG ..... 184
EVEROLIMUS TAB 10 MG ..... 184
EVEROLIMUS TAB FOR ORAL SUSP 2 MG ..... 181
EVEROLIMUS TAB FOR ORAL SUSP 3 MG ..... 181
EVEROLIMUS TAB FOR ORAL SUSP 5 MG ..... 181
EVOLOCUMAB SUBCUTANEOUS SOLN AUTO-INJECTOR 140 MG/ML ..... 91
EVOLOCUMAB SUBCUTANEOUS SOLN CARTRIDGE/INFUSOR 420 MG/3.5ML ..... 91
EVOLOCUMAB SUBCUTANEOUS SOLN PREFILLED SYRINGE 140 MG/ML ..... 91
EXEMESTANE TAB 25 MG ..... 46
EXENATIDE EXTENDED RELEASE SUSP AUTO-INJECTOR 2 MG/0.85ML ..... 30
EXENATIDE SOLN PEN-INJECTOR 5 MCG/0.02ML ..... 30
EXENATIDE SOLN PEN-INJECTOR 5 MCG/0.02ML ..... 30
EXENATIDE SOLN PEN-INJECTOR 10 MCG/0.04ML ..... 30
EXENATIDE SOLN PEN-INJECTOR 10 MCG/0.04ML ..... 30
EXTERNAL VEHICLES - SOLUTION ..... 177
EZETIMIBE-SIMVASTATIN TAB 10-10 MG ..... 90
EZETIMIBE-SIMVASTATIN TAB 10-20 MG ..... 90
EZETIMIBE-SIMVASTATIN TAB 10-40 MG ..... 90
EZETIMIBE-SIMVASTATIN TAB 10-80 MG ..... 90
EZETIMIBE TAB 10 MG ..... 90
FACTOR IX COMPLEX FOR INJ 500 UNIT ..... 129
FACTOR IX COMPLEX FOR INJ 1000 UNIT ..... 129
FACTOR IX COMPLEX FOR INJ 1500 UNIT ..... 129
FACTOR XIII CONCENTRATE (HUMAN) FOR INJ KIT 1000-1600 UNIT ..... 125
FAMCICLOVIR TAB 125 MG ..... 37
FAMCICLOVIR TAB 250 MG ..... 37
FAMCICLOVIR TAB 500 MG ..... 37
FAMOTIDINE FOR SUSP 40 MG/5ML ..... 130
FEBUXOSTAT TAB 40 MG ..... 37
FEBUXOSTAT TAB 80 MG ..... 37
FECAL MICROBIOTA SPORES, LIVE-BRPK CAPS ..... 23
FELBAMATE SUSP 600 MG/5ML ..... 121
FELBAMATE TAB 400 MG ..... 121
FELBAMATE TAB 400 MG ..... 122
FELBAMATE TAB 600 MG ..... 121
FELBAMATE TAB 600 MG ..... 122
FELODIPINE TAB ER 24HR 2.5 MG ..... 61
FELODIPINE TAB ER 24HR 5 MG ..... 61
FELODIPINE TAB ER 24HR 10 MG ..... 61
FENOFIBRATE MICRONIZED CAP 43 MG ..... 89
FENOFIBRATE MICRONIZED CAP 67 MG ..... 89
FENOFIBRATE MICRONIZED CAP 130 MG ..... 88
FENOFIBRATE MICRONIZED CAP 134 MG ..... 88
FENOFIBRATE MICRONIZED CAP 200 MG ..... 89
FENOFIBRATE TAB 48 MG ..... 89
FENOFIBRATE TAB 54 MG ..... 89
FENOFIBRATE TAB 145 MG ..... 89
FENOFIBRATE TAB 160 MG ..... 89
FENTANYL CITRATE LOZENGE ON A HANDLE 200 MCG ..... 199
FENTANYL CITRATE LOZENGE ON A HANDLE 400 MCG ..... 199
FENTANYL CITRATE LOZENGE ON A HANDLE 600 MCG ..... 199
FENTANYL CITRATE LOZENGE ON A HANDLE 800 MCG ..... 199
FENTANYL CITRATE LOZENGE ON A HANDLE 1200 MCG ..... 199
FENTANYL CITRATE LOZENGE ON A HANDLE 1600 MCG ..... 199
FENTANYL TD PATCH 72HR 12 MCG/HR ..... 196
FENTANYL TD PATCH 72HR 25 MCG/HR ..... 196
FENTANYL TD PATCH 72HR 50 MCG/HR ..... 196
FENTANYL TD PATCH 72HR 75 MCG/HR ..... 196
FENTANYL TD PATCH 72HR 100 MCG/HR ..... 196
FERRIC SUBSULFATE SOLN ..... 127
FERRIC SUBSULFATE SOLN 259 MG/GM ..... 125
FERROUS FUMARATE-FOLIC ACID TAB 324-1 MG ..... 93
FEZOLINETANT TAB 45 MG ..... 135
FIBRIN SEALANT COMPONENT KIT 2 ML ..... 72
FIBRIN SEALANT COMPONENT KIT 2 ML ..... 77
FIBRIN SEALANT COMPONENT KIT 4 ML ..... 72
FIBRIN SEALANT COMPONENT KIT 4 ML ..... 77
FIBRIN SEALANT COMPONENT KIT 10 ML ..... 72
FIBRIN SEALANT COMPONENT KIT 10 ML ..... 77
FIBRIN SEALANT COMPONENT SOLUTION ..... 72
FIBRIN SEALANT COMPONENT SOLUTION ..... 72
FIBRIN SEALANT COMPONENT SOLUTION ..... 73
FIDAXOMICIN FOR SUSP 40 MG/ML ..... 151
FIDAXOMICIN TAB 200 MG ..... 152
FILGRASTIM-AAFI INJ 300 MCG/ML ..... 57
FILGRASTIM-AAFI INJ 480 MCG/1.6ML (300 MCG/ML) ..... 57
FILGRASTIM-AAFI SOLN PREFILLED SYRINGE 300 MCG/0.5ML ..... 57
FILGRASTIM-AAFI SOLN PREFILLED SYRINGE 480 MCG/0.8ML ..... 57
FILGRASTIM-SNDZ SOLN PREFILLED SYRINGE 300 MCG/0.5ML ..... 57
FILGRASTIM-SNDZ SOLN PREFILLED SYRINGE 480 MCG/0.8ML ..... 57
FINASTERIDE TAB 5 MG ..... 50
FINGOLIMOD HCL CAP 0.5 MG (BASE EQUIV) ..... 186
FITUSIRAN SODIUM SUBCUTANEOUS SOLN 20 MG/0.2ML ..... 173
FITUSIRAN SODIUM SUBCUTANEOUS SOLN AUTO-INJ 50 MG/0.5ML ..... 173
FLAVOCOXID CAP 250 MG ..... 166
FLAVOCOXID CAP 500 MG ..... 166
FLAVOCOXID-CITRATED ZINC BISGLYCINATE CAP 250-50 MG ..... 167
FLAVOCOXID-CITRATED ZINC BISGLYCINATE CAP 500-50 MG ..... 167
FLAVOXATE HCL TAB 100 MG ..... 44
FLECAINIDE ACETATE TAB 50 MG ..... 22
FLECAINIDE ACETATE TAB 100 MG ..... 22
FLECAINIDE ACETATE TAB 150 MG ..... 22
FLIBANSERIN TAB 100 MG ..... 68
FLUCONAZOLE FOR SUSP 10 MG/ML ..... 35
FLUCONAZOLE FOR SUSP 40 MG/ML ..... 35
FLUCONAZOLE TAB 50 MG ..... 35
FLUCONAZOLE TAB 100 MG ..... 35
FLUCONAZOLE TAB 150 MG ..... 35
FLUCONAZOLE TAB 200 MG ..... 35
FLUCYTOSINE CAP 250 MG ..... 34
FLUCYTOSINE CAP 250 MG ..... 35
FLUCYTOSINE CAP 500 MG ..... 34
FLUCYTOSINE CAP 500 MG ..... 35

FLUDROCORTISONE ACETATE TAB 0.1 MG ....132
FLUNISOLIDE NASAL SOLN 25 MCG/ACT (0.025%)....21
FLUOCINOLONE ACETONIDE CREAM 0.01%....132
FLUOCINOLONE ACETONIDE CREAM 0.025%....132
FLUOCINOLONE ACETONIDE OIL 0.01% (BODY OIL)....131
FLUOCINOLONE ACETONIDE OIL 0.01% (BODY OIL)....132
FLUOCINOLONE ACETONIDE OIL 0.01% (BODY OIL)....132
FLUOCINOLONE ACETONIDE OIL 0.01% (SCALP OIL)....131
FLUOCINOLONE ACETONIDE OIL 0.01% (SCALP OIL)....132
FLUOCINOLONE ACETONIDE OINT 0.025%....132
FLUOCINOLONE ACETONIDE (OTIC) OIL 0.01%.... 202
FLUOCINOLONE ACETONIDE (OTIC) OIL 0.01%.... 202
FLUOCINOLONE ACETONIDE (OTIC) OIL 0.01%.... 202
FLUOCINOLONE ACETONIDE SOLN 0.01%....132
FLUOCINONIDE CREAM 0.05%....132
FLUOCINONIDE EMULSIFIED BASE CREAM 0.05%....132
FLUOCINONIDE GEL 0.05%....132
FLUOCINONIDE OINT 0.05%....132
FLUOCINONIDE SOLN 0.05% ....132
FLUOROMETHOLONE ACETATE OPHTH SUSP 0.1%....191
FLUOROMETHOLONE ACETATE OPHTH SUSP 0.1%....191
FLUOROMETHOLONE OPHTH SUSP 0.1%....191
FLUOROMETHOLONE OPHTH SUSP 0.1%....192
FLUOROMETHOLONE OPHTH SUSP 0.25% ....192
FLUOROURACIL (BULK) POWDER....161
FLUOROURACIL CREAM 5%....74
FLUOROURACIL CREAM 5%....74
FLUOROURACIL SOLN 2%....74
FLUOROURACIL SOLN 5%....74
FLUOXETINE HCL CAP 10 MG....221
FLUOXETINE HCL CAP 20 MG....221
FLUOXETINE HCL CAP 40 MG....221
FLUOXETINE HCL CAP DELAYED RELEASE 90 MG....221
FLUOXETINE HCL SOLUTION 20 MG/5ML ....221
FLUOXETINE HCL TAB 10 MG ....221
FLUOXETINE HCL TAB 20 MG .... 222
FLUOXETINE HCL TAB 60 MG .... 222
FLUPHENAZINE HCL ELIXIR 2.5 MG/5ML 6
FLUPHENAZINE HCL ORAL CONC 5 MG/ML....6
FLUPHENAZINE HCL TAB 1 MG....6
FLUPHENAZINE HCL TAB 2.5 MG....6
FLUPHENAZINE HCL TAB 5 MG....6
FLUPHENAZINE HCL TAB 10 MG....6
FLURANDRENOLIDE CREAM 0.05% ....132
FLURANDRENOLIDE LOTION 0.05% ...132
FLURANDRENOLIDE TAPE 4 MCG/SQCM ....131
FLURAZEPAM HCL CAP 15 MG....113
FLURAZEPAM HCL CAP 30 MG ....113
FLURBIPROFEN SODIUM OPHTH SOLN 0.03%....192
FLURBIPROFEN TAB 50 MG .... 188
FLURBIPROFEN TAB 100 MG .... 188
FLURBIPROFEN TAB 100 MG .... 189
FLURBIPROFEN TAB 100 MG .... 189
FLUTICASONE FUROATE AEROSOL POWDER BREATH ACTIV 50 MCG/ACT ..20
FLUTICASONE FUROATE AEROSOL POWDER BREATH ACTIV 100 MCG/ACT .20
FLUTICASONE FUROATE AEROSOL POWDER BREATH ACTIV 200 MCG/ACT .20
FLUTICASONE FUROATE-VILANTEROL AERO POWD BA 50-25 MCG/ACT ....210
FLUTICASONE FUROATE-VILANTEROL AERO POWD BA 100-25 MCG/ACT ....210
FLUTICASONE FUROATE-VILANTEROL AERO POWD BA 200-25 MCG/ACT ....210
FLUTICASONE PROPIONATE CREAM 0.05% ....132
FLUTICASONE PROPIONATE NASAL SUSP 50 MCG/ACT ....21
FLUTICASONE PROPIONATE OINT 0.005%....132
FLUTICASONE-SALMETEROL AER POWDER BA 55-14 MCG/ACT ....210
FLUTICASONE-SALMETEROL AER POWDER BA 100-50 MCG/ACT ....210
FLUTICASONE-SALMETEROL AER POWDER BA 100-50 MCG/ACT ....212
FLUTICASONE-SALMETEROL AER POWDER BA 113-14 MCG/ACT ....210
FLUTICASONE-SALMETEROL AER POWDER BA 232-14 MCG/ACT ....210
FLUTICASONE-SALMETEROL AER POWDER BA 250-50 MCG/ACT ....210
FLUTICASONE-SALMETEROL AER POWDER BA 250-50 MCG/ACT ....212
FLUTICASONE-SALMETEROL AER POWDER BA 500-50 MCG/ACT ....210
FLUTICASONE-SALMETEROL AER POWDER BA 500-50 MCG/ACT ....212
FLUTICASONE-SALMETEROL INHAL AEROSOL 45-21 MCG/ACT ....210
FLUTICASONE-SALMETEROL INHAL AEROSOL 115-21 MCG/ACT ....210
FLUTICASONE-SALMETEROL INHAL AEROSOL 230-21 MCG/ACT ....210
FLUTICASONE-UMECLIDINIUM-VILANTEROL AEPB 100-62.5-25 MCG/ACT ....212
FLUTICASONE-UMECLIDINIUM-VILANTEROL AEPB 200-62.5-25 MCG/ACT ....212
FLUVASTATIN SODIUM CAP 20 MG (BASE EQUIVALENT).... 89
FLUVASTATIN SODIUM CAP 40 MG (BASE EQUIVALENT).... 89
FLUVASTATIN SODIUM TAB ER 24 HR 80 MG (BASE EQUIVALENT) .... 89
FLUVOXAMINE MALEATE CAP ER 24HR 100 MG.... 222
FLUVOXAMINE MALEATE CAP ER 24HR 150 MG.... 222
FLUVOXAMINE MALEATE TAB 25 MG.. 222
FLUVOXAMINE MALEATE TAB 50 MG . 222
FLUVOXAMINE MALEATE TAB 100 MG 222
FOLIC ACID CAP 0.8 MG ....232
FOLIC ACID POWDER ....161
FOLIC ACID TAB 1 MG....232
FOLIC ACID TAB 1 MG....232
FOLIC ACID TAB 400 MCG ....232
FOLIC ACID TAB 400 MCG ....232
FOLIC ACID TAB 800 MCG ....232
FOLLITROPIN ALFA FOR INJ 450 UNIT 135
FOLLITROPIN ALFA FOR INJ 1050 UNIT ....135
FOLLITROPIN ALFA FOR SUBCUTANEOUS INJ 75 UNIT ....135
FOLLITROPIN ALFA SUBCUTANEOUS SOLN PEN-INJ 300 UNIT/0.48ML ....135
FOLLITROPIN ALFA SUBCUTANEOUS SOLN PEN-INJ 450 UNIT/0.72ML ....135
FOLLITROPIN ALFA SUBCUTANEOUS SOLN PEN-INJ 900 UNIT/1.44ML ....135
FOLLITROPIN BETA INJ 300 UNIT/0.36ML ....135
FOLLITROPIN BETA INJ 600 UNIT/0.72ML....135
FOLLITROPIN BETA INJ 900 UNIT/1.08ML....135

FONDAPARINUX SODIUM SUBCUTANEOUS INJ 2.5 MG/0.5ML.....27
FONDAPARINUX SODIUM SUBCUTANEOUS INJ 5 MG/0.4ML.....27
FONDAPARINUX SODIUM SUBCUTANEOUS INJ 7.5 MG/0.6ML.....27
FONDAPARINUX SODIUM SUBCUTANEOUS INJ 10 MG/0.8ML .....27
FORMALDEHYDE SOLUTION 10% .....161
FORMALDEHYDE SOLUTION 37% .....161
FOSAMPRENAVIR CALCIUM TAB 700 MG (BASE EQUIV).....20
FOSFOMYCIN TROMETHAMINE POWD PACK 3 GM (BASE EQUIVALENT) .24
FOSINOPRIL SODIUM & HYDROCHLOROTHIAZIDE TAB 10-12.5 MG ..... 65
FOSINOPRIL SODIUM & HYDROCHLOROTHIAZIDE TAB 20-12.5 MG ..... 65
FOSINOPRIL SODIUM TAB 10 MG .....14
FOSINOPRIL SODIUM TAB 20 MG .....15
FOSINOPRIL SODIUM TAB 40 MG .....15
FOSTAMATINIB DISODIUM TAB 100 MG (BASE EQUIVALENT)..... 129
FOSTAMATINIB DISODIUM TAB 150 MG (BASE EQUIVALENT)..... 129
FOSTEMSAVIR TROMETHAMINE TAB ER 12HR 600 MG .....19
FROVATRIPTAN SUCCINATE TAB 2.5 MG (BASE EQUIVALENT).....213
FRUQUINTINIB CAP 1 MG .....39
FRUQUINTINIB CAP 5 MG.....39
FUROSEMIDE ORAL SOLN 8 MG/ML ... 86
FUROSEMIDE ORAL SOLN 10 MG/ML .. 86
FUROSEMIDE TAB 20 MG..... 86
FUROSEMIDE TAB 20 MG..... 86
FUROSEMIDE TAB 40 MG..... 86
FUROSEMIDE TAB 40 MG..... 86
FUROSEMIDE TAB 80 MG..... 86
FUROSEMIDE TAB 80 MG..... 86
FUTIBATINIB TAB THERAPY PACK 4 MG (12 MG DAILY DOSE)..... 100
FUTIBATINIB TAB THERAPY PACK 4 MG (16 MG DAILY DOSE)..... 100
FUTIBATINIB TAB THERAPY PACK 4 MG (20 MG DAILY DOSE)..... 100
GABAPENTIN CAP 100 MG .....114
GABAPENTIN CAP 300 MG.....114
GABAPENTIN CAP 400 MG.....114
GABAPENTIN ORAL SOLN 250 MG/5ML .....114
GABAPENTIN TAB 600 MG .....114
GABAPENTIN TAB 800 MG .....114
GALANTAMINE HYDROBROMIDE CAP ER 24HR 8 MG ..... 69
GALANTAMINE HYDROBROMIDE CAP ER 24HR 16 MG ..... 69
GALANTAMINE HYDROBROMIDE CAP ER 24HR 24 MG ..... 69
GALANTAMINE HYDROBROMIDE ORAL SOLN 4 MG/ML ..... 69
GALANTAMINE HYDROBROMIDE TAB 4 MG ..... 69
GALANTAMINE HYDROBROMIDE TAB 8 MG ..... 69
GALANTAMINE HYDROBROMIDE TAB 12 MG ..... 69
GALCANEZUMAB-GNLM SUBCUTANEOUS SOLN AUTO-INJECTOR 120 MG/ML .....59
GALCANEZUMAB-GNLM SUBCUTANEOUS SOLN PREFILLED SYR 100 MG/ML.....59
GALCANEZUMAB-GNLM SUBCUTANEOUS SOLN PREFILLED SYR 120 MG/ML.....59
GANAXOLONE SUSP 50 MG/ML.....28
GANCICLOVIR OPHTH GEL 0.15%..... 195
GANIRELIX ACETATE SOLN PREFILLED SYRINGE 250 MCG/0.5ML 139
GANIRELIX ACETATE SOLN PREFILLED SYRINGE 250 MCG/0.5ML 139
GANIRELIX ACETATE SOLN PREFILLED SYRINGE 250 MCG/0.5ML 139
GARADACIMAB-GXII SOLN AUTO-INJECTOR 200 MG/1.2ML.....153
GATIFLOXACIN OPHTH SOLN 0.5% ... 193
GEFITINIB TAB 250 MG .....181
GEFITINIB TAB 250 MG .....182
GELATIN ADSORBABLE OPHTH FILM . 190
GEL BASE - GEL.....153
GEL BASE - GEL.....153
GEL BASE - GEL..... 156
GEL BASE - GEL..... 156
GEL BASE - GEL..... 158
GEL BASE - GEL.....161
GEL BASE - GEL.....161
GEL BASE - GEL.....167
GEL BASE - GEL.....167
GEL BASE - GEL..... 168
GEL BASE - GEL..... 168
GEL BASE - GEL.....172
GEL BASE - GEL.....175
GEL BASE - GEL.....177
GEL BASE - GEL.....179
GEMFIBROZIL TAB 600 MG ..... 89
GEMFIBROZIL TAB 600 MG ..... 89
GENTAMICIN SULFATE CREAM 0.1% ....11
GENTAMICIN SULFATE OINT 0.1%.....11
GENTAMICIN SULFATE OPHTH SOLN 0.3%..... 193
GEPOTIDACIN MESYLATE TAB 750 MG.155
GILTERITINIB FUMARATE TABLET 40 MG (BASE EQUIVALENT)..... 184
GLASDEGIB MALEATE TAB 25 MG (BASE EQUIVALENT).....181
GLASDEGIB MALEATE TAB 100 MG (BASE EQUIVALENT).....181
GLATIRAMER ACETATE SOLN PREFILLED SYRINGE 20 MG/ML ..... 186
GLATIRAMER ACETATE SOLN PREFILLED SYRINGE 20 MG/ML ..... 186
GLATIRAMER ACETATE SOLN PREFILLED SYRINGE 40 MG/ML ..... 186
GLATIRAMER ACETATE SOLN PREFILLED SYRINGE 40 MG/ML ..... 186
GLECAPREVIR-PIBRENTASVIR PELLET PACK 50-20 MG.....16
GLECAPREVIR-PIBRENTASVIR TAB 100-40 MG.....16
GLIMEPIRIDE TAB 1 MG..... 30
GLIMEPIRIDE TAB 2 MG..... 30
GLIMEPIRIDE TAB 4 MG..... 30
GLIPIZIDE-METFORMIN HCL TAB 2.5-250 MG..... 30
GLIPIZIDE-METFORMIN HCL TAB 2.5-250 MG..... 30
GLIPIZIDE-METFORMIN HCL TAB 2.5-500 MG ..... 30
GLIPIZIDE-METFORMIN HCL TAB 2.5-500 MG ..... 30
GLIPIZIDE-METFORMIN HCL TAB 5-500 MG ..... 30
GLIPIZIDE POWDER .....161
GLIPIZIDE TAB 5 MG..... 30
GLIPIZIDE TAB 10 MG..... 30
GLIPIZIDE TAB ER 24HR 2.5 MG ..... 30
GLIPIZIDE TAB ER 24HR 2.5 MG .....31
GLIPIZIDE TAB ER 24HR 5 MG..... 30
GLIPIZIDE TAB ER 24HR 5 MG.....31
GLIPIZIDE TAB ER 24HR 5 MG.....31
GLIPIZIDE TAB ER 24HR 10 MG..... 30
GLIPIZIDE TAB ER 24HR 10 MG..... 30
GLIPIZIDE TAB ER 24HR 10 MG.....31
GLUCAGON FOR INJ 1 MG .....123
GLUCAGON HCL FOR INJ 1 MG.....123
GLUCAGON NASAL POWDER 3 MG/DOSE.....122
GLUCAGON NASAL POWDER 3 MG/DOSE.....123
GLUCAGON SUBCUTANEOUS SOLN 1 MG/0.2ML.....123
GLUCAGON SUBCUTANEOUS SOLN PREF SYRINGE 1 MG/0.2ML .....123
GLUCAGON SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML.....123

GLUCAGON SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML....123
GLUCAGON SUBCUTANEOUS SOLUTION AUTO-INJECTOR 1 MG/0.2ML....123
GLUCAGON SUBCUTANEOUS SOLUTION AUTO-INJECTOR 1 MG/0.2ML....123
GLUCOSE BLOOD TEST STRIP ....79
GLUCOSE BLOOD TEST STRIP .... 80
GLUCOSE BLOOD TEST STRIP .... 80
GLUCOSE BLOOD TEST STRIP .... 84
GLUCOSE URINE TEST-(GLUCOSE OXIDASE) STRIP....81
GLUCOSE URINE TEST-(GLUCOSE OXIDASE) STRIP....81
GLUTAMINE (SICKLE CELL) POWD PACK 5 GM....92
GLUTAMINE (SICKLE CELL) POWD PACK 5 GM .... 95
GLUTARAL SOLN 25% ....162
GLYBURIDE-METFORMIN TAB 1.25-250 MG....31
GLYBURIDE-METFORMIN TAB 2.5-500 MG ....31
GLYBURIDE-METFORMIN TAB 5-500 MG....31
GLYBURIDE MICRONIZED TAB 1.5 MG...31
GLYBURIDE MICRONIZED TAB 3 MG ....31
GLYBURIDE MICRONIZED TAB 6 MG ....31
GLYBURIDE POWDER ....162
GLYBURIDE TAB 1.25 MG....31
GLYBURIDE TAB 2.5 MG....31
GLYBURIDE TAB 5 MG....31
GLYCERIN LIQUID ....162
GLYCERIN LIQUID ....162
GLYCERIN LIQUID ....162
GLYCERIN TOPICAL LIQUID ....78
GLYCEROL PHENYLBUTYRATE LIQUID 1.1 GM/ML ....116
GLYCOPYRROLATE-FORMOTEROL FUMARATE AEROSOL 9-4.8 MCG/ACT .210
GLYCOPYRROLATE ORAL SOLN 1 MG/5ML ....43
GLYCOPYRROLATE ORAL SOLN 1 MG/5ML ....43
GLYCOPYRROLATE TAB 1 MG....43
GLYCOPYRROLATE TAB 2 MG ....43
GOLIMUMAB SUBCUTANEOUS SOLN AUTO-INJECTOR 50 MG/0.5ML .... 144
GOLIMUMAB SUBCUTANEOUS SOLN AUTO-INJECTOR 100 MG/ML .... 144
GOLIMUMAB SUBCUTANEOUS SOLN PREFILLED SYRINGE 50 MG/0.5ML ... 144
GOLIMUMAB SUBCUTANEOUS SOLN PREFILLED SYRINGE 100 MG/ML .... 144
GRANISETRON HCL ORAL SOLN 2 MG/10ML (BASE EQUIVALENT) .... 100
GRANISETRON HCL TAB 1 MG.... 100
GRASS MIXED POLLEN EXT SL TAB 100 IR (INDEX OF REACTIVITY) ....211
GRASS MIXED POLLEN EXT SL TAB 300 IR (INDEX OF REACTIVITY) ....211
GRASS MIXED POLLEN EXT SL TAB 300 IR (INDEX OF REACTIVITY) ....211
GRISEOFULVIN MICROSIZE SUSP 125 MG/5ML ....35
GRISEOFULVIN MICROSIZE TAB 500 MG....35
GRISEOFULVIN ULTRAMICROSIZE TAB 125 MG ....35
GRISEOFULVIN ULTRAMICROSIZE TAB 250 MG ....35
GUAIFENESIN-CODEINE SOLN 100-10 MG/5ML....210
GUAIFENESIN-CODEINE SOLN 100-10 MG/5ML....210
GUAIFENESIN-CODEINE SOLN 100-10 MG/5ML....211
GUAIFENESIN-CODEINE SOLN 100-10 MG/5ML....211
GUAIFENESIN-CODEINE SOLN 100-10 MG/5ML....211
GUANFACINE HCL TAB 1 MG ....10
GUANFACINE HCL TAB 2 MG ....10
GUANFACINE HCL TAB ER 24HR 1 MG (BASE EQUIV).... 48
GUANFACINE HCL TAB ER 24HR 2 MG (BASE EQUIV).... 48
GUANFACINE HCL TAB ER 24HR 3 MG (BASE EQUIV).... 48
GUANFACINE HCL TAB ER 24HR 4 MG (BASE EQUIV)....49
GUSELKUMAB SOLN AUTO-INJECTOR 100 MG/ML ....77
GUSELKUMAB SOLN AUTO-INJECTOR 200 MG/2ML....77
GUSELKUMAB SOLN PEN-INJECTOR 100 MG/ML ....77
GUSELKUMAB SOLN PREFILLED SYRINGE 100 MG/ML ....77
GUSELKUMAB SOLN PREFILLED SYRINGE 200 MG/2ML....77
HAEMOPHILUS B POLYSACCHARIDE CONJUGATE VACCINE FOR INJ.... 226
HAEMOPHILUS B POLYSACCHARIDE CONJUGATE VAC FOR INJ 10 MCG.... 227
HAEMOPHILUS B POLYSACCHARIDE CONJ VAC IM SUSP 7.5 MCG/0.5 ML .. 228
HALCINONIDE OINT 0.1%....132
HALOBETASOL PROPIONATE CREAM 0.05% ....132
HALOBETASOL PROPIONATE OINT 0.05% ....132
HALOPERIDOL LACTATE ORAL CONC 2 MG/ML ....6
HALOPERIDOL TAB 0.5 MG....6
HALOPERIDOL TAB 1 MG ....6
HALOPERIDOL TAB 2 MG....6
HALOPERIDOL TAB 5 MG....6
HALOPERIDOL TAB 10 MG....6
HALOPERIDOL TAB 20 MG ....6
HC LOT 2% & SAL ACID-SULFUR SHAMPOO 2-2% & SHAMPOO KIT ....78
HEP A-HEP B VACCINE SUSP PREF SYR 720-20 ELU-MCG/ML.... 229
HEPARIN SODIUM (PORCINE) INJ 1000 UNIT/ML ....27
HEPARIN SODIUM (PORCINE) INJ 1000 UNIT/ML ....27
HEPARIN SODIUM (PORCINE) INJ 1000 UNIT/ML ....27
HEPARIN SODIUM (PORCINE) INJ 5000 UNIT/ML ....27
HEPARIN SODIUM (PORCINE) INJ 5000 UNIT/ML ....27
HEPARIN SODIUM (PORCINE) INJ 10000 UNIT/ML ....27
HEPARIN SODIUM (PORCINE) INJ 20000 UNIT/ML....27
HEPARIN SODIUM (PORCINE) INJ SOLN PREF SYR 5000 UNIT/0.5ML ....27
HEPARIN SODIUM (PORCINE) LOCK FLUSH IV SOLN 10 UNIT/ML ....163
HEPARIN SODIUM (PORCINE) LOCK FLUSH IV SOLN 100 UNIT/ML....162
HEPARIN SODIUM (PORCINE) LOCK FLUSH PF IV SOLN 10 UNIT/ML ....163
HEPARIN SODIUM (PORCINE) LOCK FLUSH PF IV SOLN 100 UNIT/ML....162
HEPARIN SODIUM (PORCINE) PF INJ 1000 UNIT/ML ....27
HEPARIN SODIUM (PORCINE) PF INJ 1000 UNIT/ML ....27
HEPARIN SODIUM (PORCINE) PF INJ 5000 UNIT/0.5ML....27
HEPARIN SODIUM (PORCINE) PF INJ 5000 UNIT/ML ....27
HEPATITIS A VACCINE INJ SUSP 25 UNIT/0.5ML.... 229
HEPATITIS A VACCINE INJ SUSP 50 UNIT/ML .... 229
HEPATITIS A VACCINE SUSP PREFILLED SYR 25 UNIT/0.5ML .... 229
HEPATITIS A VACCINE SUSP PREFILLED SYR 50 UNIT/ML .... 229

HEPATITIS A VACCINE SUSP PREFILLED SYR 720 EL UNIT/0.5ML... 227
HEPATITIS A VACCINE SUSP PREFILLED SYR 1440 EL UNIT/ML..... 227
HEPATITIS B VACCINE RECOMB ADJUVANTED PREF SYR 20 MCG/0.5ML..... 227
HEPATITIS B VACCINE (RECOMBINANT) SUSP 5 MCG/0.5ML. 228
HEPATITIS B VACCINE (RECOMBINANT) SUSP 10 MCG/ML... 228
HEPATITIS B VACCINE (RECOMBINANT) SUSP 20 MCG/ML .. 227
HEPATITIS B VACCINE (RECOMBINANT) SUSP 40 MCG/ML .. 228
HEPATITIS B VACCINE (RECOMBINANT) SUSP PREF SYR 5 MCG/0.5ML..... 228
HEPATITIS B VACCINE (RECOMBINANT) SUSP PREF SYR 10 MCG/0.5ML..... 227
HEPATITIS B VACCINE (RECOMBINANT) SUSP PREF SYR 10 MCG/ML ..... 228
HEPATITIS B VACCINE (RECOMBINANT) SUSP PREF SYR 20 MCG/ML ..... 227
HORMONE CREAM BASE NIOSOMES...163
HORMONE CREAM BASE NIOSOMES...163
HUMAN PAPILLOMAVIRUS (HPV) 9-VALENT RECOMB VAC IM SUSP ..... 227
HUMAN PAPILLOMAVIRUS (HPV) 9-VALENT RECOMB VAC SUSP PREF SYR ..... 227
HYDRALAZINE HCL TAB 10 MG..... 229
HYDRALAZINE HCL TAB 25 MG..... 229
HYDRALAZINE HCL TAB 50 MG ..... 229
HYDRALAZINE HCL TAB 100 MG ..... 229
HYDROCHLOROTHIAZIDE CAP 12.5 MG.87
HYDROCHLOROTHIAZIDE TAB 12.5 MG .87
HYDROCHLOROTHIAZIDE TAB 25 MG...87
HYDROCHLOROTHIAZIDE TAB 50 MG...87
HYDROCODONE-ACETAMINOPHEN SOLN 7.5-325 MG/15ML ..... 199
HYDROCODONE-ACETAMINOPHEN SOLN 10-300 MG/15ML ..... 199
HYDROCODONE-ACETAMINOPHEN SOLN 10-325 MG/15ML ..... 199
HYDROCODONE-ACETAMINOPHEN TAB 2.5-325 MG ..... 199
HYDROCODONE-ACETAMINOPHEN TAB 5-325 MG ..... 199
HYDROCODONE-ACETAMINOPHEN TAB 7.5-325 MG..... 199
HYDROCODONE-ACETAMINOPHEN TAB 10-325 MG ..... 199
HYDROCODONE BITART-HOMATROPINE METHYLBROMIDE TAB 5-1.5 MG .....211
HYDROCODONE BITART-HOMATROPINE METHYLBROM SOLN 5-1.5 MG/5ML .....211
HYDROCODONE BITART-HOMATROPINE METHYLBROM SOLN 5-1.5 MG/5ML .....211
HYDROCODONE BITARTRATE CAP ER 12HR 10 MG ..... 196
HYDROCODONE BITARTRATE CAP ER 12HR 15 MG ..... 196
HYDROCODONE BITARTRATE CAP ER 12HR 20 MG ..... 196
HYDROCODONE BITARTRATE CAP ER 12HR 30 MG ..... 196
HYDROCODONE BITARTRATE CAP ER 12HR 40 MG ..... 196
HYDROCODONE BITARTRATE CAP ER 12HR 50 MG ..... 196
HYDROCODONE BITARTRATE TAB ER 24HR DETER 20 MG..... 196
HYDROCODONE BITARTRATE TAB ER 24HR DETER 30 MG..... 196
HYDROCODONE BITARTRATE TAB ER 24HR DETER 40 MG ..... 196
HYDROCODONE BITARTRATE TAB ER 24HR DETER 60 MG ..... 196
HYDROCODONE BITARTRATE TAB ER 24HR DETER 80 MG ..... 196
HYDROCODONE BITARTRATE TAB ER 24HR DETER 100 MG ..... 196
HYDROCODONE BITARTRATE TAB ER 24HR DETER 120 MG ..... 196
HYDROCODONE-IBUPROFEN TAB 5-200 MG ..... 199
HYDROCODONE-IBUPROFEN TAB 7.5-200 MG ..... 199
HYDROCODONE-IBUPROFEN TAB 10-200 MG ..... 199
HYDROCOD POLST-CHLORPHEN POLST ER SUSP 10-8 MG/5ML.....211
HYDROCORTISONE ACETATE LOTION 2%.....133
HYDROCORTISONE ACETATE PERIANAL FOAM 10% (90 MG/DOSE) ..121
HYDROCORTISONE ACETATE SUPPOS 25 MG.....121
HYDROCORTISONE ACETATE SUPPOS 25 MG.....121
HYDROCORTISONE ACETATE SUPPOS 25 MG.....121
HYDROCORTISONE ACETATE SUPPOS 30 MG.....121
HYDROCORTISONE ACETATE W/ PRAMOXINE PERIANAL CREAM 1-1%...121
HYDROCORTISONE ACETATE W/ PRAMOXINE PERIANAL CREAM 1-1%...121
HYDROCORTISONE ACETATE W/ PRAMOXINE PERIANAL CREAM 2.5-1%..72
HYDROCORTISONE ACETATE W/ PRAMOXINE PERIANAL CREAM 2.5-1%..75
HYDROCORTISONE ACETATE W/ PRAMOXINE PERIANAL FOAM 1-1% ....121
HYDROCORTISONE ACETATE W/ PRAMOXINE PERIANAL LOTN 2.5-1%...121
HYDROCORTISONE ACETATE W/ PRAMOXINE PERIANAL LOTN 2.5-1%...121
HYDROCORTISONE BUTYRATE CREAM 0.1%.....132
HYDROCORTISONE BUTYRATE OINT 0.1%.....132
HYDROCORTISONE BUTYRATE SOLN 0.1%.....132
HYDROCORTISONE CREAM 2.5%.....132
HYDROCORTISONE ENEMA 100 MG/60ML .....121
HYDROCORTISONE ENEMA 100 MG/60ML .....121
HYDROCORTISONE LOTION 2.5%.....132
HYDROCORTISONE OINT 1%.....132
HYDROCORTISONE OINT 2.5%.....133
HYDROCORTISONE PERIANAL CREAM 2.5%.....121
HYDROCORTISONE PERIANAL CREAM 2.5%.....121
HYDROCORTISONE PERIANAL CREAM 2.5%.....121
HYDROCORTISONE PERIANAL CREAM 2.5%.....121
HYDROCORTISONE PERIANAL CREAM 2.5%.....121
HYDROCORTISONE-PRAMOXINE-CHLOROXYLENOL LOT 10-10-1MG/ML..73
HYDROCORTISONE PROBUTATE CREAM 0.1%.....133
HYDROCORTISONE SOLN 2.5% ..... 134
HYDROCORTISONE TAB 5 MG.....131
HYDROCORTISONE TAB 5 MG.....133
HYDROCORTISONE TAB 10 MG.....131
HYDROCORTISONE TAB 10 MG.....133
HYDROCORTISONE TAB 20 MG .....131
HYDROCORTISONE TAB 20 MG .....133
HYDROCORTISONE VALERATE CREAM 0.2% .....132
HYDROCORTISONE VALERATE OINT 0.2%.....132
HYDROCORTISONE W/ ACETIC ACID OTIC SOLN 1-2% ..... 202

HYDROMORPHONE HCL LIQD 1 MG/ML ..... 199
HYDROMORPHONE HCL SUPPOS 3 MG 199
HYDROMORPHONE HCL TAB 2 MG .... 199
HYDROMORPHONE HCL TAB 4 MG .... 199
HYDROMORPHONE HCL TAB 8 MG .... 199
HYDROMORPHONE HCL TAB ER 24HR 8 MG ..... 196
HYDROMORPHONE HCL TAB ER 24HR 12 MG ..... 196
HYDROMORPHONE HCL TAB ER 24HR 16 MG ..... 196
HYDROMORPHONE HCL TAB ER 24HR 32 MG ..... 196
HYDROXYCHLOROQUINE SULFATE TAB 100 MG ..... 42
HYDROXYCHLOROQUINE SULFATE TAB 200 MG ..... 42
HYDROXYCHLOROQUINE SULFATE TAB 300 MG ..... 42
HYDROXYCHLOROQUINE SULFATE TAB 400 MG ..... 42
HYDROXYUREA (BULK) POWDER ..... 163
HYDROXYUREA CAP 200 MG ..... 38
HYDROXYUREA CAP 300 MG ..... 38
HYDROXYUREA CAP 400 MG ..... 38
HYDROXYUREA CAP 500 MG ..... 39
HYDROXYZINE HCL SYRUP 10 MG/5ML 45
HYDROXYZINE HCL SYRUP 10 MG/5ML 45
HYDROXYZINE HCL SYRUP 10 MG/5ML 45
HYDROXYZINE HCL TAB 10 MG ..... 45
HYDROXYZINE HCL TAB 25 MG ..... 45
HYDROXYZINE HCL TAB 50 MG ..... 45
HYDROXYZINE PAMOATE CAP 25 MG ... 34
HYDROXYZINE PAMOATE CAP 50 MG ... 34
HYDROXYZINE PAMOATE CAP 100 MG .. 34
HYOSCYAMINE SULFATE ELIXIR 0.125 MG/5ML ..... 43
HYOSCYAMINE SULFATE ELIXIR 0.125 MG/5ML ..... 44
HYOSCYAMINE SULFATE SL TAB 0.125 MG ..... 43
HYOSCYAMINE SULFATE SL TAB 0.125 MG ..... 44
HYOSCYAMINE SULFATE SL TAB 0.125 MG ..... 44
HYOSCYAMINE SULFATE SOLN 0.125 MG/ML ..... 43
HYOSCYAMINE SULFATE SOLN 0.125 MG/ML ..... 44
HYOSCYAMINE SULFATE TAB 0.125 MG 43
HYOSCYAMINE SULFATE TAB 0.125 MG 44
HYOSCYAMINE SULFATE TAB 0.125 MG 44
HYOSCYAMINE SULFATE TAB DISINT 0.125 MG ..... 43
HYOSCYAMINE SULFATE TAB DISINT 0.125 MG ..... 43
HYOSCYAMINE SULFATE TAB DISINT 0.125 MG ..... 44
HYOSCYAMINE SULFATE TAB ER 12HR 0.375 MG ..... 43
HYOSCYAMINE SULFATE TAB ER 12HR 0.375 MG ..... 43
HYOSCYAMINE SULFATE TAB ER 12HR 0.375 MG ..... 44
HYPODERMIC NEEDLES (DISPOSABLE) 85
IBANDRONATE SODIUM TAB 150 MG (BASE EQUIVALENT) ..... 152
IBRUTINIB CAP 70 MG ..... 182
IBRUTINIB CAP 140 MG ..... 182
IBRUTINIB ORAL SUSP 70 MG/ML ..... 182
IBRUTINIB TAB 420 MG ..... 182
IBUPROFEN TAB 200 MG ..... 189
IBUPROFEN TAB 400 MG ..... 189
IBUPROFEN TAB 400 MG ..... 189
IBUPROFEN TAB 600 MG ..... 189
IBUPROFEN TAB 600 MG ..... 189
IBUPROFEN TAB 800 MG ..... 189
IBUPROFEN TAB 800 MG ..... 189
ICATIBANT ACETATE SUBCUTANEOUS SOLN PREF SYR 30 MG/3ML ..... 14
ICOTROKINRA HCL TAB 200 MG ..... 75
IDELALISIB TAB 100 MG ..... 185
IDELALISIB TAB 150 MG ..... 101
ILOPROST INHALATION SOLUTION 10 MCG/ML ..... 209
ILOPROST INHALATION SOLUTION 20 MCG/ML ..... 209
IMATINIB MESYLATE ORAL SOLN 80 MG/ML (BASE EQUIVALENT) ..... 182
IMATINIB MESYLATE TAB 100 MG (BASE EQUIVALENT) ..... 181
IMATINIB MESYLATE TAB 400 MG (BASE EQUIVALENT) ..... 182
IMIPRAMINE HCL TAB 10 MG ..... 225
IMIPRAMINE HCL TAB 25 MG ..... 225
IMIPRAMINE HCL TAB 50 MG ..... 225
IMIPRAMINE PAMOATE CAP 75 MG ... 226
IMIPRAMINE PAMOATE CAP 100 MG .. 226
IMIPRAMINE PAMOATE CAP 125 MG .. 226
IMIPRAMINE PAMOATE CAP 150 MG .. 226
IMIQUIMOD CREAM 5% ..... 75
IMLUNESTRANT TOSYLATE TAB 200 MG ..... 39
INAVOLISIB TAB 3 MG ..... 40
INAVOLISIB TAB 9 MG ..... 40
INDAPAMIDE TAB 1.25 MG ..... 87
INDAPAMIDE TAB 2.5 MG ..... 87
INDOMETHACIN CAP 25 MG ..... 189
INDOMETHACIN CAP 50 MG ..... 189
INDOMETHACIN CAP ER 75 MG ..... 189
INDOMETHACIN SUPPOS 50 MG ..... 189
INFANT FOODS CONC ..... 159
INFANT FOODS CONC ..... 159
INFANT FOODS CONC ..... 160
INFANT FOODS CONC ..... 160
INFANT FOODS CONC ..... 160
INFANT FOODS CONC ..... 161
INFANT FOODS CONC ..... 161
INFANT FOODS CONC ..... 162
INFANT FOODS CONC ..... 162
INFANT FOODS CONC ..... 162
INFANT FOODS CONC ..... 175
INFANT FOODS CONC ..... 175
INFANT FOODS LIQUID ..... 159
INFANT FOODS LIQUID ..... 159
INFANT FOODS LIQUID ..... 159
INFANT FOODS LIQUID ..... 159
INFANT FOODS LIQUID ..... 159
INFANT FOODS LIQUID ..... 160
INFANT FOODS LIQUID ..... 160
INFANT FOODS LIQUID ..... 160
INFANT FOODS LIQUID ..... 160
INFANT FOODS LIQUID ..... 160
INFANT FOODS LIQUID ..... 160
INFANT FOODS LIQUID ..... 160
INFANT FOODS LIQUID ..... 160
INFANT FOODS LIQUID ..... 160
INFANT FOODS LIQUID ..... 160
INFANT FOODS LIQUID ..... 160
INFANT FOODS LIQUID ..... 160
INFANT FOODS LIQUID ..... 160
INFANT FOODS LIQUID ..... 161
INFANT FOODS LIQUID ..... 161
INFANT FOODS LIQUID ..... 162
INFANT FOODS LIQUID ..... 162
INFANT FOODS LIQUID ..... 162
INFANT FOODS LIQUID ..... 167
INFANT FOODS LIQUID ..... 173
INFANT FOODS LIQUID ..... 175
INFANT FOODS LIQUID ..... 175
INFANT FOODS LIQUID ..... 175
INFANT FOODS LIQUID ..... 175
INFANT FOODS LIQUID ..... 175
INFANT FOODS LIQUID ..... 175
INFANT FOODS LIQUID ..... 175
INFANT FOODS LIQUID ..... 175
INFANT FOODS PACKET ..... 160
INFANT FOODS POWDER ..... 157
INFANT FOODS POWDER ..... 158
INFANT FOODS POWDER ..... 158
INFANT FOODS POWDER ..... 158
INFANT FOODS POWDER ..... 158
INFANT FOODS POWDER ..... 159
INFANT FOODS POWDER ..... 159

INFANT FOODS POWDER..... 159
INFANT FOODS POWDER..... 160
INFANT FOODS POWDER..... 160
INFANT FOODS POWDER..... 160
INFANT FOODS POWDER..... 160
INFANT FOODS POWDER..... 160
INFANT FOODS POWDER..... 160
INFANT FOODS POWDER..... 160
INFANT FOODS POWDER..... 160
INFANT FOODS POWDER..... 160
INFANT FOODS POWDER..... 160
INFANT FOODS POWDER..... 160
INFANT FOODS POWDER..... 160
INFANT FOODS POWDER..... 160
INFANT FOODS POWDER..... 160
INFANT FOODS POWDER.....161
INFANT FOODS POWDER.....161
INFANT FOODS POWDER.....162
INFANT FOODS POWDER.....162
INFANT FOODS POWDER.....162
INFANT FOODS POWDER.....162
INFANT FOODS POWDER.....162
INFANT FOODS POWDER.....163
INFANT FOODS POWDER..... 168
INFANT FOODS POWDER.....171
INFANT FOODS POWDER.....171
INFANT FOODS POWDER.....172
INFANT FOODS POWDER.....173
INFANT FOODS POWDER.....175
INFANT FOODS POWDER.....175
INFANT FOODS POWDER.....175
INFANT FOODS POWDER.....175
INFANT FOODS POWDER.....175
INFANT FOODS POWDER.....175
INFANT FOODS POWDER.....175
INFANT FOODS POWDER.....177
INFLUENZA VAC TYPE A&B SURFACE ANT ADJ SUSP PREF SYR 0.5 ML..... 227
INFLUENZA VIRUS VACCINE LIVE INTRANASAL LIQUID ..... 227
INFLUENZA VIRUS VACCINE SPLIT IM SUSP..... 227
INFLUENZA VIRUS VACCINE SPLIT PF SUSP PREF SYRINGE 0.5 ML ..... 227
INFLUENZA VIRUS VACCINE SPLIT PF SUSP PREF SYRINGE 0.5 ML ..... 227
INFLUENZA VIRUS VACCINE SPLIT PF SUSP PREF SYRINGE 0.5 ML ..... 227
INFLUENZA VIRUS VAC SPLIT HIGH-DOSE PF SUSP PREF SYR 0.5ML ..... 227
INFLUENZA VIRUS VAC TISS-CULT SUBUNIT SUSP PREF SYR 0.5 ML..... 227
INFLUENZA VIRUS VAC TYPE A&B MRNA SUSP PREF SYR 0.38 ML..... 228
INJECTION DEVICE FOR INSULIN .... 156
INJECTION DEVICE FOR INSULIN .... 156
INJECTION DEVICE FOR INSULIN .... 156
INJECTION DEVICE FOR INSULIN .....163
INJECTION DEVICE FOR INSULIN .....163
INJECTION DEVICE FOR INSULIN .....163
INJECTION DEVICE FOR INSULIN .....163
INJECTION DEVICE FOR INSULIN .....163
INJECTION DEVICE FOR INSULIN .....163
INJECTION DEVICE FOR INSULIN .... 168
INJECTION DEVICE - MISC .....162
INJECTION DEVICE - MISC ..... 168
INJECTION DEVICE - MISC ..... 168
INSULIN GLARGINE INJ 100 UNIT/ML .147
INSULIN GLARGINE-LIXISENATIDE SOL PEN-INJ 100-33 UNIT-MCG/ML ...147
INSULIN GLARGINE SOLN PEN-INJECTOR 100 UNIT/ML .....147
INSULIN GLARGINE SOLN PEN-INJECTOR 300 UNIT/ML (1 UNIT DIAL) 147
INSULIN GLARGINE SOLN PEN-INJECTOR 300 UNIT/ML (2 UNIT DIAL) 147
INSULIN INFUSION DISPOSABLE PUMP KIT ..... 168
INSULIN INFUSION DISPOSABLE PUMP KIT ..... 168
INSULIN INFUSION DISPOSABLE PUMP KIT .....177
INSULIN INFUSION DISPOSABLE PUMP RESERVOIR..... 168
INSULIN INFUSION DISPOSABLE PUMP RESERVOIR..... 169
INSULIN INFUSION DISPOSABLE PUMP RESERVOIR/INFUS SET KIT .....177
INSULIN INFUSION DISPOSABLE PUMP RESERVOIR KIT.....171
INSULIN INFUSION DISPOSABLE PUMP RESERVOIR KIT.....177
INSULIN LISPRO-AABC INJ 100 UNIT/ML .....147
INSULIN LISPRO-AABC SOLN PEN-INJ 100 UNIT/ML (1 UNIT DIAL).....147
INSULIN LISPRO-AABC SOLN PEN-INJECTOR 200 UNIT/ML .....147
INSULIN LISPRO INJ SOLN 100 UNIT/ML .....147
INSULIN LISPRO PROTAMINE & LISPRO INJ 100 UNIT/ML (50-50) .... 146
INSULIN LISPRO PROT & LISPRO INJ 100 UNIT/ML (75-25) ..... 146
INSULIN LISPRO PROT & LISPRO SUS PEN-INJ 100 UNIT/ML (50-50)..... 146
INSULIN LISPRO PROT & LISPRO SUS PEN-INJ 100 UNIT/ML (75-25) ..... 146
INSULIN LISPRO PROT & LISPRO SUS PEN-INJ 100 UNIT/ML (75-25) .....147
INSULIN LISPRO SOLN CARTRIDGE 100 UNIT/ML..... 146
INSULIN LISPRO SOLN PEN-INJECTOR 100 UNIT/ML (0.5 UNIT DIAL) ..... 146
INSULIN LISPRO SOLN PEN-INJECTOR 100 UNIT/ML (0.5 UNIT DIAL) .....147
INSULIN LISPRO SOLN PEN-INJECTOR 100 UNIT/ML (1 UNIT DIAL) 146
INSULIN LISPRO SOLN PEN-INJECTOR 100 UNIT/ML (1 UNIT DIAL) 147
INSULIN LISPRO SOLN PEN-INJECTOR 200 UNIT/ML ..... 146
INSULIN NPH (HUMAN) (ISOPHANE) INJ 100 UNIT/ML ..... 146
INSULIN NPH (HUMAN) (ISOPHANE) SUSP PEN-INJECTOR 100 UNIT/ML ... 146
INSULIN NPH ISOPHANE & REGULAR HUMAN INJ 100 UNIT/ML (70-30) .... 146
INSULIN NPH & REGULAR SUSP PEN-INJ 100 UNIT/ML (70-30) ..... 146
INSULIN PEN NEEDLE 29 G X 4 MM (1/6" OR 5/32")..... 159
INSULIN PEN NEEDLE 29 G X 5 MM (1/5" OR 3/16") ..... 159
INSULIN PEN NEEDLE 29 G X 5 MM (1/5" OR 3/16") .....170
INSULIN PEN NEEDLE 29 G X 8 MM (1/3" OR 5/16") .....170
INSULIN PEN NEEDLE 29 G X 10 MM ...170
INSULIN PEN NEEDLE 29 G X 12.7 MM (1/2") ..... 154
INSULIN PEN NEEDLE 29 G X 12.7 MM (1/2") ..... 159
INSULIN PEN NEEDLE 29 G X 12.7 MM (1/2") .....170
INSULIN PEN NEEDLE 29 G X 12.7 MM (1/2") .....173
INSULIN PEN NEEDLE 29 G X 12 MM (1/2") .....170
INSULIN PEN NEEDLE 29 G X 12 MM (1/2") .....170
INSULIN PEN NEEDLE 29 G X 12 MM (1/2") .....171
INSULIN PEN NEEDLE 29 G X 12 MM (1/2") .....174
INSULIN PEN NEEDLE 29 G X 12 MM (1/2") .....177
INSULIN PEN NEEDLE 29 G X 12 MM (1/2") .....178
INSULIN PEN NEEDLE 29 G X 12 MM (1/2") .....178
INSULIN PEN NEEDLE 30 G X 5 MM (1/5" OR 3/16") ..... 154
INSULIN PEN NEEDLE 30 G X 5 MM (1/5" OR 3/16") ..... 154
INSULIN PEN NEEDLE 30 G X 5 MM (1/5" OR 3/16") ..... 154

INSULIN PEN NEEDLE 30 G X 5 MM (1/5" OR 3/16") ..... 159
INSULIN PEN NEEDLE 30 G X 5 MM (1/5" OR 3/16") ..... 170
INSULIN PEN NEEDLE 30 G X 5 MM (1/5" OR 3/16") ..... 170
INSULIN PEN NEEDLE 30 G X 5 MM (1/5" OR 3/16") ..... 178
INSULIN PEN NEEDLE 30 G X 8 MM (1/3" OR 5/16") ..... 79
INSULIN PEN NEEDLE 30 G X 8 MM (1/3" OR 5/16") ..... 80
INSULIN PEN NEEDLE 30 G X 8 MM (1/3" OR 5/16") ..... 83
INSULIN PEN NEEDLE 30 G X 8 MM (1/3" OR 5/16") ..... 83
INSULIN PEN NEEDLE 30 G X 8 MM (1/3" OR 5/16") ..... 85
INSULIN PEN NEEDLE 31 G X 4 MM (1/6" OR 5/32") ..... 154
INSULIN PEN NEEDLE 31 G X 4 MM (1/6" OR 5/32") ..... 156
INSULIN PEN NEEDLE 31 G X 4 MM (1/6" OR 5/32") ..... 156
INSULIN PEN NEEDLE 31 G X 4 MM (1/6" OR 5/32") ..... 158
INSULIN PEN NEEDLE 31 G X 4 MM (1/6" OR 5/32") ..... 170
INSULIN PEN NEEDLE 31 G X 4 MM (1/6" OR 5/32") ..... 173
INSULIN PEN NEEDLE 31 G X 4 MM (1/6" OR 5/32") ..... 174
INSULIN PEN NEEDLE 31 G X 5 MM (1/5" OR 3/16") ..... 153
INSULIN PEN NEEDLE 31 G X 5 MM (1/5" OR 3/16") ..... 154
INSULIN PEN NEEDLE 31 G X 5 MM (1/5" OR 3/16") ..... 154
INSULIN PEN NEEDLE 31 G X 5 MM (1/5" OR 3/16") ..... 154
INSULIN PEN NEEDLE 31 G X 5 MM (1/5" OR 3/16") ..... 155
INSULIN PEN NEEDLE 31 G X 5 MM (1/5" OR 3/16") ..... 156
INSULIN PEN NEEDLE 31 G X 5 MM (1/5" OR 3/16") ..... 156
INSULIN PEN NEEDLE 31 G X 5 MM (1/5" OR 3/16") ..... 158
INSULIN PEN NEEDLE 31 G X 5 MM (1/5" OR 3/16") ..... 159
INSULIN PEN NEEDLE 31 G X 5 MM (1/5" OR 3/16") ..... 159
INSULIN PEN NEEDLE 31 G X 5 MM (1/5" OR 3/16") ..... 162
INSULIN PEN NEEDLE 31 G X 5 MM (1/5" OR 3/16") ..... 166
INSULIN PEN NEEDLE 31 G X 5 MM (1/5" OR 3/16") ..... 170
INSULIN PEN NEEDLE 31 G X 5 MM (1/5" OR 3/16") ..... 170
INSULIN PEN NEEDLE 31 G X 5 MM (1/5" OR 3/16") ..... 171
INSULIN PEN NEEDLE 31 G X 5 MM (1/5" OR 3/16") ..... 171
INSULIN PEN NEEDLE 31 G X 5 MM (1/5" OR 3/16") ..... 171
INSULIN PEN NEEDLE 31 G X 5 MM (1/5" OR 3/16") ..... 173
INSULIN PEN NEEDLE 31 G X 5 MM (1/5" OR 3/16") ..... 173
INSULIN PEN NEEDLE 31 G X 5 MM (1/5" OR 3/16") ..... 174
INSULIN PEN NEEDLE 31 G X 5 MM (1/5" OR 3/16") ..... 174
INSULIN PEN NEEDLE 31 G X 5 MM (1/5" OR 3/16") ..... 176
INSULIN PEN NEEDLE 31 G X 5 MM (1/5" OR 3/16") ..... 177
INSULIN PEN NEEDLE 31 G X 5 MM (1/5" OR 3/16") ..... 177
INSULIN PEN NEEDLE 31 G X 5 MM (1/5" OR 3/16") ..... 178
INSULIN PEN NEEDLE 31 G X 5 MM (1/5" OR 3/16") ..... 178
INSULIN PEN NEEDLE 31 G X 5 MM (1/5" OR 3/16") ..... 178
INSULIN PEN NEEDLE 31 G X 6 MM (1/4" OR 15/64") ..... 155
INSULIN PEN NEEDLE 31 G X 6 MM (1/4" OR 15/64") ..... 156
INSULIN PEN NEEDLE 31 G X 6 MM (1/4" OR 15/64") ..... 159
INSULIN PEN NEEDLE 31 G X 6 MM (1/4" OR 15/64") ..... 167
INSULIN PEN NEEDLE 31 G X 6 MM (1/4" OR 15/64") ..... 170
INSULIN PEN NEEDLE 31 G X 6 MM (1/4" OR 15/64") ..... 170
INSULIN PEN NEEDLE 31 G X 6 MM (1/4" OR 15/64") ..... 171
INSULIN PEN NEEDLE 31 G X 6 MM (1/4" OR 15/64") ..... 172
INSULIN PEN NEEDLE 31 G X 6 MM (1/4" OR 15/64") ..... 172
INSULIN PEN NEEDLE 31 G X 6 MM (1/4" OR 15/64") ..... 173
INSULIN PEN NEEDLE 31 G X 6 MM (1/4" OR 15/64") ..... 173
INSULIN PEN NEEDLE 31 G X 6 MM (1/4" OR 15/64") ..... 174
INSULIN PEN NEEDLE 31 G X 6 MM (1/4" OR 15/64") ..... 176
INSULIN PEN NEEDLE 31 G X 6 MM (1/4" OR 15/64") ..... 178
INSULIN PEN NEEDLE 31 G X 6 MM (1/4" OR 15/64") ..... 178
INSULIN PEN NEEDLE 31 G X 6 MM (1/4" OR 15/64") ..... 178
INSULIN PEN NEEDLE 31 G X 8 MM (1/3" OR 5/16") ..... 154
INSULIN PEN NEEDLE 31 G X 8 MM (1/3" OR 5/16") ..... 155
INSULIN PEN NEEDLE 31 G X 8 MM (1/3" OR 5/16") ..... 155
INSULIN PEN NEEDLE 31 G X 8 MM (1/3" OR 5/16") ..... 156
INSULIN PEN NEEDLE 31 G X 8 MM (1/3" OR 5/16") ..... 158
INSULIN PEN NEEDLE 31 G X 8 MM (1/3" OR 5/16") ..... 159
INSULIN PEN NEEDLE 31 G X 8 MM (1/3" OR 5/16") ..... 162
INSULIN PEN NEEDLE 31 G X 8 MM (1/3" OR 5/16") ..... 162
INSULIN PEN NEEDLE 31 G X 8 MM (1/3" OR 5/16") ..... 166
INSULIN PEN NEEDLE 31 G X 8 MM (1/3" OR 5/16") ..... 171
INSULIN PEN NEEDLE 31 G X 8 MM (1/3" OR 5/16") ..... 171
INSULIN PEN NEEDLE 31 G X 8 MM (1/3" OR 5/16") ..... 171
INSULIN PEN NEEDLE 31 G X 8 MM (1/3" OR 5/16") ..... 172
INSULIN PEN NEEDLE 31 G X 8 MM (1/3" OR 5/16") ..... 172
INSULIN PEN NEEDLE 31 G X 8 MM (1/3" OR 5/16") ..... 173
INSULIN PEN NEEDLE 31 G X 8 MM (1/3" OR 5/16") ..... 174
INSULIN PEN NEEDLE 31 G X 8 MM (1/3" OR 5/16") ..... 176
INSULIN PEN NEEDLE 31 G X 8 MM (1/3" OR 5/16") ..... 177
INSULIN PEN NEEDLE 31 G X 8 MM (1/3" OR 5/16") ..... 178
INSULIN PEN NEEDLE 31 G X 8 MM (1/3" OR 5/16") ..... 178
INSULIN PEN NEEDLE 31 G X 8 MM (1/3" OR 5/16") ..... 178
INSULIN PEN NEEDLE 31 G X 8 MM (1/3" OR 5/16") ..... 178
INSULIN PEN NEEDLE 32 G X 4 MM (1/6" OR 5/32") ..... 79
INSULIN PEN NEEDLE 32 G X 4 MM (1/6" OR 5/32") ..... 79
INSULIN PEN NEEDLE 32 G X 4 MM (1/6" OR 5/32") ..... 79

INSULIN PEN NEEDLE 32 G X 4 MM (1/6" OR 5/32").....79
INSULIN PEN NEEDLE 32 G X 4 MM (1/6" OR 5/32").....79
INSULIN PEN NEEDLE 32 G X 4 MM (1/6" OR 5/32").....79
INSULIN PEN NEEDLE 32 G X 4 MM (1/6" OR 5/32")..... 80
INSULIN PEN NEEDLE 32 G X 4 MM (1/6" OR 5/32")..... 80
INSULIN PEN NEEDLE 32 G X 4 MM (1/6" OR 5/32").....81
INSULIN PEN NEEDLE 32 G X 4 MM (1/6" OR 5/32").....81
INSULIN PEN NEEDLE 32 G X 4 MM (1/6" OR 5/32").....82
INSULIN PEN NEEDLE 32 G X 4 MM (1/6" OR 5/32").....82
INSULIN PEN NEEDLE 32 G X 4 MM (1/6" OR 5/32").....83
INSULIN PEN NEEDLE 32 G X 4 MM (1/6" OR 5/32").....83
INSULIN PEN NEEDLE 32 G X 4 MM (1/6" OR 5/32").....83
INSULIN PEN NEEDLE 32 G X 4 MM (1/6" OR 5/32").....83
INSULIN PEN NEEDLE 32 G X 4 MM (1/6" OR 5/32").....83
INSULIN PEN NEEDLE 32 G X 4 MM (1/6" OR 5/32")..... 84
INSULIN PEN NEEDLE 32 G X 4 MM (1/6" OR 5/32")..... 84
INSULIN PEN NEEDLE 32 G X 4 MM (1/6" OR 5/32")..... 84
INSULIN PEN NEEDLE 32 G X 4 MM (1/6" OR 5/32")..... 84
INSULIN PEN NEEDLE 32 G X 4 MM (1/6" OR 5/32")..... 84
INSULIN PEN NEEDLE 32 G X 4 MM (1/6" OR 5/32").....85
INSULIN PEN NEEDLE 32 G X 4 MM (1/6" OR 5/32").....85
INSULIN PEN NEEDLE 32 G X 4 MM (1/6" OR 5/32").....85
INSULIN PEN NEEDLE 32 G X 4 MM (1/6" OR 5/32").....85
INSULIN PEN NEEDLE 32 G X 5 MM (1/5" OR 3/16").....79
INSULIN PEN NEEDLE 32 G X 5 MM (1/5" OR 3/16").....79
INSULIN PEN NEEDLE 32 G X 5 MM (1/5" OR 3/16").....79
INSULIN PEN NEEDLE 32 G X 5 MM (1/5" OR 3/16")..... 80
INSULIN PEN NEEDLE 32 G X 5 MM (1/5" OR 3/16").....83
INSULIN PEN NEEDLE 32 G X 5 MM (1/5" OR 3/16").....83
INSULIN PEN NEEDLE 32 G X 5 MM (1/5" OR 3/16")..... 84
INSULIN PEN NEEDLE 32 G X 6 MM (1/4" OR 15/64").....79
INSULIN PEN NEEDLE 32 G X 6 MM (1/4" OR 15/64").....79
INSULIN PEN NEEDLE 32 G X 6 MM (1/4" OR 15/64").....79
INSULIN PEN NEEDLE 32 G X 6 MM (1/4" OR 15/64")..... 80
INSULIN PEN NEEDLE 32 G X 6 MM (1/4" OR 15/64").....82
INSULIN PEN NEEDLE 32 G X 6 MM (1/4" OR 15/64").....82
INSULIN PEN NEEDLE 32 G X 6 MM (1/4" OR 15/64").....82
INSULIN PEN NEEDLE 32 G X 6 MM (1/4" OR 15/64").....83
INSULIN PEN NEEDLE 32 G X 6 MM (1/4" OR 15/64").....83
INSULIN PEN NEEDLE 32 G X 6 MM (1/4" OR 15/64").....83
INSULIN PEN NEEDLE 32 G X 6 MM (1/4" OR 15/64").....83
INSULIN PEN NEEDLE 32 G X 6 MM (1/4" OR 15/64")..... 84
INSULIN PEN NEEDLE 32 G X 6 MM (1/4" OR 15/64")..... 84
INSULIN PEN NEEDLE 32 G X 6 MM (1/4" OR 15/64").....85
INSULIN PEN NEEDLE 32 G X 6 MM (1/4" OR 15/64").....85
INSULIN PEN NEEDLE 32 G X 8 MM (1/3" OR 5/16")..... 154
INSULIN PEN NEEDLE 32 G X 8 MM (1/3" OR 5/16")..... 156
INSULIN PEN NEEDLE 32 G X 8 MM (1/3" OR 5/16").....171
INSULIN PEN NEEDLE 32 G X 8 MM (1/3" OR 5/16").....173
INSULIN PEN NEEDLE 33 G X 4 MM (1/6" OR 5/32")..... 154
INSULIN PEN NEEDLE 33 G X 4 MM (1/6" OR 5/32").....157
INSULIN PEN NEEDLE 33 G X 4 MM (1/6" OR 5/32").....170
INSULIN PEN NEEDLE 33 G X 4 MM (1/6" OR 5/32").....170
INSULIN PEN NEEDLE 33 G X 4 MM (1/6" OR 5/32").....171
INSULIN PEN NEEDLE 33 G X 4 MM (1/6" OR 5/32").....173
INSULIN PEN NEEDLE 33 G X 5 MM (1/5" OR 3/16")..... 154
INSULIN PEN NEEDLE 33 G X 5 MM (1/5" OR 3/16").....157
INSULIN PEN NEEDLE 33 G X 5 MM (1/5" OR 3/16").....170
INSULIN PEN NEEDLE 33 G X 5 MM (1/5" OR 3/16").....174
INSULIN PEN NEEDLE 33 G X 6 MM (1/4" OR 15/64")..... 154
INSULIN PEN NEEDLE 33 G X 6 MM (1/4" OR 15/64")..... 156
INSULIN PEN NEEDLE 33 G X 6 MM (1/4" OR 15/64").....170
INSULIN PEN NEEDLE 33 G X 6 MM (1/4" OR 15/64").....174
INSULIN PEN NEEDLE 33 G X 8 MM (1/3" OR 5/16").....174
INSULIN PEN NEEDLE 34 G X 3.5 MM (9/64")..... 158
INSULIN PEN NEEDLE 34 G X 3.5 MM (9/64").....178
INSULIN REGULAR (HUMAN) INJ 100 UNIT/ML..... 146
INSULIN REGULAR (HUMAN) INJ 500 UNIT/ML..... 146
INSULIN REGULAR (HUMAN) IN NACL 0.9% IV SOLN 100 UNIT/100ML.....147
INSULIN REGULAR (HUMAN) SOLN PEN-INJECTOR 500 UNIT/ML.....147
INSULIN SYRINGE/NEEDLE U-100 0.3 ML 29 X 1/2"..... 164
INSULIN SYRINGE/NEEDLE U-100 0.3 ML 30 X 1/2"..... 164
INSULIN SYRINGE/NEEDLE U-100 0.3 ML 30 X 1/2"..... 165
INSULIN SYRINGE/NEEDLE U-100 0.3 ML 30 X 5/16" ..... 164
INSULIN SYRINGE/NEEDLE U-100 0.3 ML 31 X 1/2"..... 164
INSULIN SYRINGE/NEEDLE U-100 0.3 ML 31 X 5/16"..... 164
INSULIN SYRINGE/NEEDLE U-100 0.3 ML 31 X 5/16"..... 164
INSULIN SYRINGE/NEEDLE U-100 0.3 ML 31 X 5/16"..... 166
INSULIN SYRINGE/NEEDLE U-100 0.3 ML 31 X 5/16"..... 166
INSULIN SYRINGE/NEEDLE U-100 0.3 ML 31 X 5/16".....176
INSULIN SYRINGE/NEEDLE U-100 0.3 ML 31 X 15/64" ..... 164
INSULIN SYRINGE/NEEDLE U-100 1/2 ML 27 X 1/2"..... 165

INSULIN SYRINGE/NEEDLE U-100 1/2 ML 27 X 1/2" ..... 167
INSULIN SYRINGE/NEEDLE U-100 1/2 ML 28 X 1/2" ..... 164
INSULIN SYRINGE/NEEDLE U-100 1/2 ML 28 X 1/2" ..... 165
INSULIN SYRINGE/NEEDLE U-100 1/2 ML 29 X 1/2" ..... 164
INSULIN SYRINGE/NEEDLE U-100 1/2 ML 29 X 1/2" ..... 165
INSULIN SYRINGE/NEEDLE U-100 1/2 ML 29 X 1/2" ..... 165
INSULIN SYRINGE/NEEDLE U-100 1/2 ML 29 X 1/2" ..... 175
INSULIN SYRINGE/NEEDLE U-100 1/2 ML 29 X 5/16" ..... 164
INSULIN SYRINGE/NEEDLE U-100 1/2 ML 30 X 1/2" ..... 164
INSULIN SYRINGE/NEEDLE U-100 1/2 ML 30 X 5/16" ..... 164
INSULIN SYRINGE/NEEDLE U-100 1/2 ML 30 X 5/16" ..... 164
INSULIN SYRINGE/NEEDLE U-100 1/2 ML 30 X 5/16" ..... 165
INSULIN SYRINGE/NEEDLE U-100 1/2 ML 30 X 5/16" ..... 166
INSULIN SYRINGE/NEEDLE U-100 1/2 ML 30 X 5/16" ..... 172
INSULIN SYRINGE/NEEDLE U-100 1/2 ML 31 X 5/16" ..... 164
INSULIN SYRINGE/NEEDLE U-100 1/2 ML 31 X 5/16" ..... 164
INSULIN SYRINGE/NEEDLE U-100 1/2 ML 31 X 5/16" ..... 166
INSULIN SYRINGE/NEEDLE U-100 1/2 ML 31 X 5/16" ..... 166
INSULIN SYRINGE/NEEDLE U-100 1/2 ML 31 X 5/16" ..... 173
INSULIN SYRINGE/NEEDLE U-100 1/2 ML 31 X 5/16" ..... 176
INSULIN SYRINGE/NEEDLE U-100 1/2 ML 31 X 15/64" ..... 164
INSULIN SYRINGE/NEEDLE U-100 1 ML 27 X 1/2" ..... 164
INSULIN SYRINGE/NEEDLE U-100 1 ML 27 X 1/2" ..... 165
INSULIN SYRINGE/NEEDLE U-100 1 ML 27 X 1/2" ..... 167
INSULIN SYRINGE/NEEDLE U-100 1 ML 27 X 5/8" ..... 164
INSULIN SYRINGE/NEEDLE U-100 1 ML 28 X 1/2" ..... 164
INSULIN SYRINGE/NEEDLE U-100 1 ML 28 X 1/2" ..... 165
INSULIN SYRINGE/NEEDLE U-100 1 ML 28 X 1/2" ..... 165
INSULIN SYRINGE/NEEDLE U-100 1 ML 28 X 5/16" ..... 165
INSULIN SYRINGE/NEEDLE U-100 1 ML 29 X 1/2" ..... 165
INSULIN SYRINGE/NEEDLE U-100 1 ML 29 X 1/2" ..... 165
INSULIN SYRINGE/NEEDLE U-100 1 ML 29 X 1/2" ..... 165
INSULIN SYRINGE/NEEDLE U-100 1 ML 29 X 1/2" ..... 175
INSULIN SYRINGE/NEEDLE U-100 1 ML 29 X 1/2" ..... 176
INSULIN SYRINGE/NEEDLE U-100 1 ML 29 X 5/16" ..... 165
INSULIN SYRINGE/NEEDLE U-100 1 ML 30 X 1/2" ..... 165
INSULIN SYRINGE/NEEDLE U-100 1 ML 30 X 1/2" ..... 165
INSULIN SYRINGE/NEEDLE U-100 1 ML 30 X 1/2" ..... 165
INSULIN SYRINGE/NEEDLE U-100 1 ML 30 X 5/16" ..... 165
INSULIN SYRINGE/NEEDLE U-100 1 ML 30 X 5/16" ..... 165
INSULIN SYRINGE/NEEDLE U-100 1 ML 30 X 5/16" ..... 165
INSULIN SYRINGE/NEEDLE U-100 1 ML 30 X 5/16" ..... 173
INSULIN SYRINGE/NEEDLE U-100 1 ML 31 X 5/16" ..... 165
INSULIN SYRINGE/NEEDLE U-100 1 ML 31 X 5/16" ..... 166
INSULIN SYRINGE/NEEDLE U-100 1 ML 31 X 5/16" ..... 166
INSULIN SYRINGE/NEEDLE U-100 1 ML 31 X 5/16" ..... 173
INSULIN SYRINGE/NEEDLE U-100 1 ML 31 X 5/16" ..... 176
INSULIN SYRINGE/NEEDLE U-100 1 ML 31 X 15/64" ..... 165
INSULIN SYRINGE/NEEDLE U-100 1 ML 32 X 5/16" ..... 165
INSULIN SYRINGE/NEEDLE U-500 0.5 ML 31G X 6MM (15/64") ..... 163
INSULIN SYRINGE/NEEDLE U-500 0.5 ML 31G X 6MM (15/64") ..... 164
INTERFERON BETA-1A IM AUTO-INJECTOR KIT 30 MCG/0.5ML ..... 186
INTERFERON BETA-1A IM PREFILLED SYRINGE KIT 30 MCG/0.5ML ..... 186
INTERFERON BETA-1B FOR INJ KIT 0.3 MG ..... 186
INTERFERON GAMMA-1B INJ 100 MCG/0.5ML (2000000 UNIT/0.5ML) ... 145
IODINE SOLUTION ..... 24
IODINE SOLUTION STRONG 5% (LUGOL'S) ..... 166
IODINE SOLUTION STRONG (LUGOL'S) (BULK) ..... 166
IODINE SOLUTION STRONG (LUGOL'S) (BULK) ..... 167
IODINE TINCTURE ..... 24
IODOQUINOL-HC CREAM 1-1% ..... 35
IPRATROPIUM-ALBUTEROL INHAL AEROSOL SOLN 20-100 MCG/ACT ..... 210
IPRATROPIUM-ALBUTEROL NEBU SOLN 0.5-2.5(3) MG/3ML ..... 211
IPRATROPIUM BROMIDE HFA INHAL AEROSOL 17 MCG/ACT ..... 57
IPRATROPIUM BROMIDE INHAL SOLN 0.02% ..... 57
IPRATROPIUM BROMIDE NASAL SOLN 0.03% (21 MCG/SPRAY) ..... 58
IPRATROPIUM BROMIDE NASAL SOLN 0.06% (42 MCG/SPRAY) ..... 58
IPTACOPAN HCL CAP 200 MG ..... 13
IRBESARTAN-HYDROCHLOROTHIAZIDE TAB 150-12.5 MG ..... 65
IRBESARTAN-HYDROCHLOROTHIAZIDE TAB 300-12.5 MG ..... 66
IRBESARTAN TAB 75 MG ..... 14
IRBESARTAN TAB 150 MG ..... 14
IRBESARTAN TAB 300 MG ..... 14
ISAVUCONAZONIUM SULFATE CAP 74.5 MG ..... 35
ISAVUCONAZONIUM SULFATE CAP 186 MG ..... 35
ISOFLURANE INHAL SOLN ..... 161
ISOFLURANE INHAL SOLN ..... 166
ISOFLURANE INHAL SOLN ..... 176
ISOLEUCINE ORAL POWDER PACKET 1 GM ..... 94
ISOLEUCINE ORAL POWDER PACKET 50 MG ..... 94
ISONIAZID SYRUP 50 MG/5ML ..... 44
ISONIAZID TAB 100 MG ..... 45
ISONIAZID TAB 300 MG ..... 45
ISOSORBIDE DINITRATE-HYDRALAZINE HCL TAB 20-37.5 MG ... 66
ISOSORBIDE DINITRATE TAB 5 MG ... 229
ISOSORBIDE DINITRATE TAB 10 MG .. 229
ISOSORBIDE DINITRATE TAB 20 MG .. 229
ISOSORBIDE DINITRATE TAB 30 MG .. 229
ISOSORBIDE MONONITRATE TAB 10 MG ..... 230
ISOSORBIDE MONONITRATE TAB 20 MG ..... 230
ISOSORBIDE MONONITRATE TAB ER 24HR 30 MG ..... 230
ISOSORBIDE MONONITRATE TAB ER 24HR 60 MG ..... 230

ISOSORBIDE MONONITRATE TAB ER 24HR 120 MG ..... 230
ISOTRETINOIN CAP 10 MG.....72
ISOTRETINOIN CAP 10 MG.....72
ISOTRETINOIN CAP 10 MG.....73
ISOTRETINOIN CAP 10 MG.....75
ISOTRETINOIN CAP 10 MG.....77
ISOTRETINOIN CAP 20 MG .....72
ISOTRETINOIN CAP 20 MG .....72
ISOTRETINOIN CAP 20 MG .....73
ISOTRETINOIN CAP 20 MG .....75
ISOTRETINOIN CAP 20 MG .....77
ISOTRETINOIN CAP 30 MG .....72
ISOTRETINOIN CAP 30 MG .....72
ISOTRETINOIN CAP 30 MG .....73
ISOTRETINOIN CAP 30 MG .....75
ISOTRETINOIN CAP 30 MG .....77
ISOTRETINOIN CAP 40 MG .....72
ISOTRETINOIN CAP 40 MG .....72
ISOTRETINOIN CAP 40 MG .....73
ISOTRETINOIN CAP 40 MG .....75
ISOTRETINOIN CAP 40 MG .....77
ISRADIPINE CAP 2.5 MG .....61
ISRADIPINE CAP 5 MG .....61
ITRACONAZOLE CAP 100 MG .....35
ITRACONAZOLE CAP 100 MG .....36
ITRACONAZOLE ORAL SOLN 10 MG/ML 35
ITRACONAZOLE ORAL SOLN 10 MG/ML 36
IVABRADINE HCL ORAL SOLN 5 MG/5ML (BASE EQUIV) ..... 65
IVABRADINE HCL TAB 5 MG (BASE EQUIV)..... 65
IVABRADINE HCL TAB 5 MG (BASE EQUIV)..... 66
IVABRADINE HCL TAB 7.5 MG (BASE EQUIV)..... 65
IVABRADINE HCL TAB 7.5 MG (BASE EQUIV)..... 66
IVACAFTOR PACKET 5.8 MG.....70
IVACAFTOR PACKET 13.4 MG.....70
IVACAFTOR PACKET 25 MG .....70
IVACAFTOR PACKET 50 MG .....70
IVACAFTOR PACKET 75 MG .....70
IVACAFTOR TAB 150 MG .....211
IVERMECTIN CREAM 1% .....76
IVERMECTIN TAB 3 MG.....15
IVERMECTIN TAB 3 MG.....15
IVERMECTIN TAB 6 MG .....15
IVOSIDENIB TAB 250 MG..... 184
IXAZOMIB CITRATE CAP 2.3 MG (BASE EQUIVALENT)..... 40
IXAZOMIB CITRATE CAP 3 MG (BASE EQUIVALENT)..... 40
IXAZOMIB CITRATE CAP 4 MG (BASE EQUIVALENT)..... 40
KETOCONAZOLE CREAM 2% .....35
KETOCONAZOLE FOAM 2%.....35
KETOCONAZOLE FOAM 2%.....35
KETOCONAZOLE SHAMPOO 2%.....35
KETOCONAZOLE TAB 200 MG.....35
KETONE BLOOD TEST STRIP .....82
KETONE BLOOD TEST STRIP .....83
KETOROLAC TROMETHAMINE OPHTH SOLN 0.4% .....191
KETOROLAC TROMETHAMINE OPHTH SOLN 0.4% .....192
KETOROLAC TROMETHAMINE OPHTH SOLN 0.5% .....191
KETOROLAC TROMETHAMINE OPHTH SOLN 0.5% .....192
KETOROLAC TROMETHAMINE TAB 10 MG..... 189
KRISGEL 100 GEL..... 166
LABETALOL HCL TAB 100 MG .....52
LABETALOL HCL TAB 200 MG .....52
LABETALOL HCL TAB 300 MG .....52
LABETALOL HCL TAB 400 MG .....52
LACOSAMIDE CAP ER 24HR 100 MG... 220
LACOSAMIDE CAP ER 24HR 150 MG... 220
LACOSAMIDE CAP ER 24HR 200 MG... 220
LACOSAMIDE ORAL SOLUTION 10 MG/ML..... 220
LACOSAMIDE ORAL SOLUTION 10 MG/ML..... 220
LACOSAMIDE ORAL SOLUTION 10 MG/ML..... 220
LACOSAMIDE ORAL SOLUTION 10 MG/ML..... 220
LACOSAMIDE ORAL SOLUTION 10 MG/ML..... 220
LACOSAMIDE ORAL SOLUTION 10 MG/ML.....221
LACOSAMIDE TAB 50 MG ..... 220
LACOSAMIDE TAB 100 MG ..... 220
LACOSAMIDE TAB 150 MG ..... 220
LACOSAMIDE TAB 200 MG ..... 220
LACTOBACILLUS CAP.....115
LACTULOSE (ENCEPHALOPATHY) SOLUTION 10 GM/15ML.....149
LACTULOSE (ENCEPHALOPATHY) SOLUTION 10 GM/15ML.....149
LACTULOSE (ENCEPHALOPATHY) SOLUTION 10 GM/15ML.....149
LACTULOSE (ENCEPHALOPATHY) SOLUTION 10 GM/15ML.....149
LACTULOSE ORAL CRYSTAL PACKET 10 GM .....149
LACTULOSE ORAL CRYSTAL PACKET 20 GM .....149
LACTULOSE ORAL CRYSTAL PACKET 20 GM .....149
LACTULOSE SOLUTION 10 GM/15ML ..149
LACTULOSE SOLUTION 10 GM/15ML ..149
LACTULOSE SOLUTION 10 GM/15ML ..149
LAMIVUDINE ORAL SOLN 10 MG/ML ...19
LAMIVUDINE TAB 100 MG (HBV).....16
LAMIVUDINE TAB 150 MG.....19
LAMIVUDINE TAB 300 MG .....19
LAMIVUDINE-TENOFOVIR DISOPROXIL FUMARATE TAB 300-300 MG .....18
LAMIVUDINE-ZIDOVUDINE TAB 150-300 MG .....19
LAMOTRIGINE TAB 25 MG.....122
LAMOTRIGINE TAB 25 MG.....122
LAMOTRIGINE TAB 25 MG (42) & 100 MG (7) STARTER KIT .....122
LAMOTRIGINE TAB 25 MG (42) & 100 MG (7) STARTER KIT .....122
LAMOTRIGINE TAB 35 X 25 MG STARTER KIT .....122
LAMOTRIGINE TAB 35 X 25 MG STARTER KIT .....122
LAMOTRIGINE TAB 84 X 25 MG & 14 X 100 MG STARTER KIT.....122
LAMOTRIGINE TAB 84 X 25 MG & 14 X 100 MG STARTER KIT.....122
LAMOTRIGINE TAB 100 MG .....122
LAMOTRIGINE TAB 100 MG .....122
LAMOTRIGINE TAB 150 MG .....122
LAMOTRIGINE TAB 150 MG .....122
LAMOTRIGINE TAB 200 MG.....122
LAMOTRIGINE TAB 200 MG.....122
LAMOTRIGINE TAB CHEWABLE DISPERSIBLE 5 MG.....122
LAMOTRIGINE TAB CHEWABLE DISPERSIBLE 25 MG .....122
LANADELUMAB-FLYO SOLN PREF SYRINGE 150 MG/ML ..... 146
LANADELUMAB-FLYO SOLN PREF SYRINGE 300 MG/2ML (150 MG/ML) . 146
LANCET DEVICES.....85
LANCET DEVICES.....85
LANCET DEVICES.....85
LANCET DEVICES.....85
LANCET DEVICES.....85
LANCET DEVICES.....85
LANCET DEVICES.....85
LANCET DEVICES.....85
LANCET DEVICES.....85
LANCET DEVICES.....85
LANCET DEVICES..... 86
LANCET DEVICES..... 86
LANCET DEVICES..... 86

LANCETS .....79
LANCETS .....79
LANCETS .....79
LANCETS .....79
LANCETS .....79
LANCETS .....79
LANCETS .....79
LANCETS .....79
LANCETS .....79
LANCETS .....79
LANCETS .....79
LANCETS .....80
LANCETS .....80
LANCETS .....80
LANCETS .....80
LANCETS .....80
LANCETS .....80
LANCETS .....80
LANCETS .....80
LANCETS .....80
LANCETS .....80
LANCETS .....80
LANCETS .....80
LANCETS .....80
LANCETS .....80
LANCETS .....80
LANCETS .....81
LANCETS .....81
LANCETS .....81
LANCETS .....81
LANCETS .....81
LANCETS .....81
LANCETS .....81
LANCETS .....81
LANCETS .....81
LANCETS .....81
LANCETS .....81
LANCETS .....81
LANCETS .....81
LANCETS .....81
LANCETS .....81
LANCETS .....81
LANCETS .....81
LANCETS .....81
LANCETS .....81
LANCETS .....81
LANCETS .....81
LANCETS .....82
LANCETS .....82
LANCETS .....82
LANCETS .....82
LANCETS .....82
LANCETS .....82
LANCETS .....82
LANCETS .....82
LANCETS .....82
LANCETS .....82
LANCETS .....82
LANCETS .....82
LANCETS .....83
LANCETS .....83
LANCETS .....83
LANCETS .....83
LANCETS .....83
LANCETS .....83
LANCETS .....83
LANCETS .....83
LANCETS .....83
LANCETS .....84
LANCETS .....84
LANCETS .....84

LENVATINIB CAP THERAPY PACK 3 X 4 MG (12 MG DAILY DOSE) ..... 182
LENVATINIB CAP THERAPY PACK 4 MG (4 MG DAILY DOSE) ..... 183
LENVATINIB CAP THERAPY PACK 10 & 4 MG (14 MG DAILY DOSE) ..... 182
LENVATINIB CAP THERAPY PACK 10 MG (10 MG DAILY DOSE) ..... 182
LENVATINIB CAP THER PACK 2 X 10 MG & 4 MG (24 MG DAILY DOSE) ..... 183
LENVATINIB CAP THER PACK 10 MG & 2 X 4 MG (18 MG DAILY DOSE) ..... 182
LETERMOVIR PELLET PACK 20 MG ..... 16
LETERMOVIR PELLET PACK 120 MG ..... 16
LETERMOVIR TAB 240 MG ..... 16
LETERMOVIR TAB 480 MG ..... 16
LETROZOLE TAB 2.5 MG ..... 46
LEUCINE ORAL POWDER PACKET 100 MG ..... 166
LEUCOVORIN CALCIUM POWDER ..... 155
LEUCOVORIN CALCIUM POWDER ..... 166
LEUCOVORIN CALCIUM TAB 5 MG ..... 40
LEUCOVORIN CALCIUM TAB 5 MG ..... 40
LEUCOVORIN CALCIUM TAB 10 MG ..... 40
LEUCOVORIN CALCIUM TAB 15 MG ..... 40
LEUCOVORIN CALCIUM TAB 25 MG ..... 40
LEUPROLIDE ACETATE INJ KIT 1 MG/0.2ML (5 MG/ML) ..... 139
LEUPROLIDE ACETATE INJ KIT 1 MG/0.2ML (5 MG/ML) ..... 139
LEUPROLIDE ACETATE INJ KIT 1 MG/0.2ML (5 MG/ML) ..... 140
LEUPROLIDE ACETATE INJ KIT 1 MG/0.2ML (5 MG/ML) ..... 140
LEVACETYLLEUCINE FOR SUSP PACKET 1 GM ..... 154
LEVALBUTEROL HCL SOLN NEBU 0.31 MG/3ML (BASE EQUIV) ..... 59
LEVALBUTEROL HCL SOLN NEBU 0.63 MG/3ML (BASE EQUIV) ..... 59
LEVALBUTEROL HCL SOLN NEBU 1.25 MG/3ML (BASE EQUIV) ..... 59
LEVALBUTEROL HCL SOLN NEBU CONC 1.25 MG/0.5ML (BASE EQUIV) ..... 59
LEVALBUTEROL TARTRATE INHAL AEROSOL 45 MCG/ACT (BASE EQUIV) ..... 59
LEVALBUTEROL TARTRATE INHAL AEROSOL 45 MCG/ACT (BASE EQUIV) ..... 59
LEVETIRACETAM ORAL SOLN 100 MG/ML ..... 28
LEVETIRACETAM ORAL SOLN 100 MG/ML ..... 28
LEVETIRACETAM TAB 250 MG ..... 28
LEVETIRACETAM TAB 500 MG ..... 28
LEVETIRACETAM TAB 500 MG ..... 29
LEVETIRACETAM TAB 750 MG ..... 28
LEVETIRACETAM TAB 1000 MG ..... 28
LEVETIRACETAM TAB ER 24HR 500 MG ..... 28
LEVETIRACETAM TAB ER 24HR 750 MG ..... 28
LEVOBUNOLOL HCL OPHTH SOLN 0.5% ..... 194
LEVOCARNITINE L-TARTRATE CAP 500 MG ..... 94
LEVOCARNITINE ORAL SOLN 1 GM/10ML (10%) ..... 95
LEVOCARNITINE TAB 330 MG ..... 95
LEVOCETIRIZINE DIHYDROCHLORIDE SOLN 2.5 MG/5ML (0.5 MG/ML) ..... 38
LEVOCETIRIZINE DIHYDROCHLORIDE TAB 5 MG ..... 38
LEVODOPA INHAL POWDER CAP 42 MG ..... 163
LEVOFLOXACIN OPHTH SOLN 0.5% ..... 193
LEVOFLOXACIN OPHTH SOLN 1.5% ..... 193
LEVOFLOXACIN ORAL SOLN 25 MG/ML ..... 209
LEVOFLOXACIN TAB 250 MG ..... 209
LEVOFLOXACIN TAB 500 MG ..... 209
LEVOFLOXACIN TAB 750 MG ..... 209
LEVONOR-ETH EST TAB 0.15-0.02/0.025/0.03 MG &ETH EST 0.01 MG ..... 108
LEVONOR-ETH EST TAB 0.15-0.02/0.025/0.03 MG &ETH EST 0.01 MG 111
LEVONOR-ETH EST TAB 0.15-0.02/0.025/0.03 MG &ETH EST 0.01 MG 111
LEVONORGESTREL-ETH ESTRA TAB 0.05-30/0.075-40/0.125-30MG-MCG ..... 104
LEVONORGESTREL-ETH ESTRA TAB 0.05-30/0.075-40/0.125-30MG-MCG ..... 108
LEVONORGESTREL-ETH ESTRA TAB 0.05-30/0.075-40/0.125-30MG-MCG ..... 108
LEVONORGESTREL-ETH ESTRA TAB 0.05-30/0.075-40/0.125-30MG-MCG ..... 112
LEVONORGESTREL & ETHINYL ESTRADIOL (91-DAY) TAB 0.15-0.03 MG ..... 106
LEVONORGESTREL & ETHINYL ESTRADIOL (91-DAY) TAB 0.15-0.03 MG ..... 106
LEVONORGESTREL & ETHINYL ESTRADIOL (91-DAY) TAB 0.15-0.03 MG ..... 107
LEVONORGESTREL & ETHINYL ESTRADIOL (91-DAY) TAB 0.15-0.03 MG ..... 108
LEVONORGESTREL & ETHINYL ESTRADIOL (91-DAY) TAB 0.15-0.03 MG 111
LEVONORGESTREL & ETHINYL ESTRADIOL CHEW TAB 0.1 MG-20 MCG 112
LEVONORGESTREL-ETHINYL ESTRADIOL (CONTINUOUS) TAB 90-20 MCG ..... 101
LEVONORGESTREL-ETHINYL ESTRADIOL (CONTINUOUS) TAB 90-20 MCG ..... 103
LEVONORGESTREL-ETHINYL ESTRADIOL (CONTINUOUS) TAB 90-20 MCG ..... 108
LEVONORGESTREL-ETHINYL ESTRADIOL-FE TAB 0.1 MG-20 MCG (21) ..... 107
LEVONORGESTREL-ETHINYL ESTRADIOL-FE TAB 0.1 MG-20 MCG (21) ..... 108
LEVONORGESTREL-ETHINYL ESTRADIOL-FE TAB 0.1 MG-20 MCG (21) ..... 109
LEVONORGESTREL & ETHINYL ESTRADIOL TAB 0.1 MG-20 MCG ..... 101
LEVONORGESTREL & ETHINYL ESTRADIOL TAB 0.1 MG-20 MCG ..... 102
LEVONORGESTREL & ETHINYL ESTRADIOL TAB 0.1 MG-20 MCG ..... 102
LEVONORGESTREL & ETHINYL ESTRADIOL TAB 0.1 MG-20 MCG ..... 103
LEVONORGESTREL & ETHINYL ESTRADIOL TAB 0.1 MG-20 MCG ..... 106
LEVONORGESTREL & ETHINYL ESTRADIOL TAB 0.1 MG-20 MCG ..... 107
LEVONORGESTREL & ETHINYL ESTRADIOL TAB 0.1 MG-20 MCG ..... 108
LEVONORGESTREL & ETHINYL ESTRADIOL TAB 0.1 MG-20 MCG ..... 108
LEVONORGESTREL & ETHINYL ESTRADIOL TAB 0.1 MG-20 MCG ..... 111
LEVONORGESTREL & ETHINYL ESTRADIOL TAB 0.1 MG-20 MCG ..... 112
LEVONORGESTREL & ETHINYL ESTRADIOL TAB 0.15 MG-30 MCG ..... 101
LEVONORGESTREL & ETHINYL ESTRADIOL TAB 0.15 MG-30 MCG ..... 102
LEVONORGESTREL & ETHINYL ESTRADIOL TAB 0.15 MG-30 MCG ..... 102
LEVONORGESTREL & ETHINYL ESTRADIOL TAB 0.15 MG-30 MCG ..... 107
LEVONORGESTREL & ETHINYL ESTRADIOL TAB 0.15 MG-30 MCG ..... 108
LEVONORGESTREL & ETHINYL ESTRADIOL TAB 0.15 MG-30 MCG ..... 108
LEVONORGESTREL & ETHINYL ESTRADIOL TAB 0.15 MG-30 MCG ..... 108
LEVONORGESTREL & ETHINYL ESTRADIOL TAB 0.15 MG-30 MCG ..... 110
LEVONORGESTREL TAB 1.5 MG ..... 204
LEVONORGESTREL TAB 1.5 MG ..... 204
LEVONORGESTREL TAB 1.5 MG ..... 205

LEVONORGESTREL TAB 1.5 MG ..... 205
LEVONORGESTREL TAB 1.5 MG ..... 205
LEVONORGESTREL TAB 1.5 MG ..... 205
LEVONORGESTREL TAB 1.5 MG ..... 205
LEVONORGESTREL TAB 1.5 MG ..... 205
LEVONORGESTREL TAB 1.5 MG ..... 205
LEVONORGESTREL TAB 1.5 MG ..... 205
LEVONORGESTREL TAB 1.5 MG ..... 205
LEVONORGESTREL TAB 1.5 MG ..... 206
LEVONORGESTREL TAB 1.5 MG ..... 206
LEVONORGESTREL TAB 1.5 MG ..... 206
LEVONORGESTREL TAB 1.5 MG ..... 206
LEVONORG-ETH EST TAB 0.1-0.02MG(84) & ETH EST TAB 0.01MG(7) .102
LEVONORG-ETH EST TAB 0.1-0.02MG(84) & ETH EST TAB 0.01MG(7) 108
LEVONORG-ETH EST TAB 0.1-0.02MG(84) & ETH EST TAB 0.01MG(7) 108
LEVONORG-ETH EST TAB 0.15-0.03MG(84) & ETH EST TAB 0.01MG(7) .102
LEVONORG-ETH EST TAB 0.15-0.03MG(84) & ETH EST TAB 0.01MG(7) .102
LEVONORG-ETH EST TAB 0.15-0.03MG(84) & ETH EST TAB 0.01MG(7) 103
LEVONORG-ETH EST TAB 0.15-0.03MG(84) & ETH EST TAB 0.01MG(7) 106
LEVONORG-ETH EST TAB 0.15-0.03MG(84) & ETH EST TAB 0.01MG(7) 108
LEVONORG-ETH EST TAB 0.15-0.03MG(84) & ETH EST TAB 0.01MG(7) .111
LEVOTHYROXINE SODIUM ORAL SOLUTION 150 MCG/5ML.....137
LEVOTHYROXINE SODIUM TAB 25 MCG .....137
LEVOTHYROXINE SODIUM TAB 25 MCG .....137
LEVOTHYROXINE SODIUM TAB 25 MCG ..... 138
LEVOTHYROXINE SODIUM TAB 25 MCG ..... 138
LEVOTHYROXINE SODIUM TAB 25 MCG ..... 139
LEVOTHYROXINE SODIUM TAB 50 MCG .....137
LEVOTHYROXINE SODIUM TAB 50 MCG .....137
LEVOTHYROXINE SODIUM TAB 50 MCG ..... 138
LEVOTHYROXINE SODIUM TAB 50 MCG ..... 138
LEVOTHYROXINE SODIUM TAB 50 MCG ..... 139
LEVOTHYROXINE SODIUM TAB 75 MCG .....137
LEVOTHYROXINE SODIUM TAB 75 MCG .....137
LEVOTHYROXINE SODIUM TAB 75 MCG ..... 138
LEVOTHYROXINE SODIUM TAB 75 MCG ..... 138
LEVOTHYROXINE SODIUM TAB 75 MCG ..... 139
LEVOTHYROXINE SODIUM TAB 88 MCG .....137
LEVOTHYROXINE SODIUM TAB 88 MCG ..... 138
LEVOTHYROXINE SODIUM TAB 88 MCG ..... 138
LEVOTHYROXINE SODIUM TAB 88 MCG ..... 138
LEVOTHYROXINE SODIUM TAB 88 MCG ..... 139
LEVOTHYROXINE SODIUM TAB 100 MCG .....137
LEVOTHYROXINE SODIUM TAB 100 MCG .....137
LEVOTHYROXINE SODIUM TAB 100 MCG ..... 138
LEVOTHYROXINE SODIUM TAB 100 MCG ..... 138
LEVOTHYROXINE SODIUM TAB 100 MCG ..... 139
LEVOTHYROXINE SODIUM TAB 112 MCG .....137
LEVOTHYROXINE SODIUM TAB 112 MCG .....137
LEVOTHYROXINE SODIUM TAB 112 MCG ..... 138
LEVOTHYROXINE SODIUM TAB 112 MCG ..... 138
LEVOTHYROXINE SODIUM TAB 112 MCG ..... 139
LEVOTHYROXINE SODIUM TAB 125 MCG .....137
LEVOTHYROXINE SODIUM TAB 125 MCG .....137
LEVOTHYROXINE SODIUM TAB 125 MCG ..... 138
LEVOTHYROXINE SODIUM TAB 125 MCG ..... 138
LEVOTHYROXINE SODIUM TAB 125 MCG ..... 139
LEVOTHYROXINE SODIUM TAB 137 MCG .....137
LEVOTHYROXINE SODIUM TAB 137 MCG .....137
LEVOTHYROXINE SODIUM TAB 137 MCG ..... 138
LEVOTHYROXINE SODIUM TAB 137 MCG ..... 138
LEVOTHYROXINE SODIUM TAB 137 MCG ..... 139
LEVOTHYROXINE SODIUM TAB 150 MCG .....137
LEVOTHYROXINE SODIUM TAB 150 MCG .....137
LEVOTHYROXINE SODIUM TAB 150 MCG ..... 138
LEVOTHYROXINE SODIUM TAB 150 MCG ..... 138
LEVOTHYROXINE SODIUM TAB 150 MCG ..... 139
LEVOTHYROXINE SODIUM TAB 175 MCG .....137
LEVOTHYROXINE SODIUM TAB 175 MCG .....137
LEVOTHYROXINE SODIUM TAB 175 MCG ..... 138
LEVOTHYROXINE SODIUM TAB 175 MCG ..... 138
LEVOTHYROXINE SODIUM TAB 175 MCG ..... 139
LEVOTHYROXINE SODIUM TAB 200 MCG .....137
LEVOTHYROXINE SODIUM TAB 200 MCG .....137
LEVOTHYROXINE SODIUM TAB 200 MCG ..... 138
LEVOTHYROXINE SODIUM TAB 200 MCG ..... 138
LEVOTHYROXINE SODIUM TAB 200 MCG ..... 139
LEVOTHYROXINE SODIUM TAB 300 MCG .....137
LEVOTHYROXINE SODIUM TAB 300 MCG ..... 138
LEVOTHYROXINE SODIUM TAB 300 MCG ..... 139
LIDOCAINE-BENZALKONIUM (PODIATRIC) CREAM 4.12-0.13% ..... 158
LIDOCAINE HCL LARYNGOTRACHEAL SOLN 4%..... 150
LIDOCAINE HCL OPHTH GEL 3.5% .... 190
LIDOCAINE HCL SOLN 4% ..... 150
LIDOCAINE HCL URETHRAL/MUCOSAL GEL 2%..... 150
LIDOCAINE HCL URETHRAL/MUCOSAL GEL PREFILLED SYRINGE 2%..... 150
LIDOCAINE HCL URETHRAL/MUCOSAL GEL PREFILLED SYRINGE 2%..... 150
LIDOCAINE HCL URETHRAL/MUCOSAL GEL PREFILLED SYRINGE 2%..... 150
LIDOCAINE HCL VISCOUS SOLN 2%.. 150
LIDOCAINE HCL VISCOUS SOLN 2%.. 150
LIDOCAINE OINT 5%..... 150
LIDOCAINE PATCH 1.8% (36 MG)..... 150

LIDOCAINE PATCH 5% ..... 150
LIDOCAINE-PRILOCAINE CREAM 2.5-2.5% ..... 150
LIFITEGRAST OPHTH SOLN 5% .....191
LINACLOTIDE CAP 72 MCG .....147
LINACLOTIDE CAP 145 MCG .....147
LINACLOTIDE CAP 290 MCG.....147
LINAGLIPTIN-METFORMIN HCL TAB 2.5-500 MG .....31
LINAGLIPTIN-METFORMIN HCL TAB 2.5-850 MG .....31
LINAGLIPTIN-METFORMIN HCL TAB 2.5-1000 MG .....31
LINAGLIPTIN-METFORMIN HCL TAB ER 24HR 2.5-1000 MG .....31
LINAGLIPTIN-METFORMIN HCL TAB ER 24HR 5-1000 MG .....31
LINAGLIPTIN TAB 5 MG.....33
LINEZOLID FOR SUSP 100 MG/5ML.....24
LINEZOLID FOR SUSP 100 MG/5ML.....26
LINEZOLID TAB 600 MG .....24
LIOTHYRONINE SODIUM TAB 5 MCG.. 138
LIOTHYRONINE SODIUM TAB 5 MCG.. 138
LIOTHYRONINE SODIUM TAB 25 MCG 138
LIOTHYRONINE SODIUM TAB 25 MCG 138
LIOTHYRONINE SODIUM TAB 50 MCG 138
LIOTHYRONINE SODIUM TAB 50 MCG 138
LIRAGLUTIDE SOLN PEN-INJECTOR 18 MG/3ML (6 MG/ML).....31
LIRAGLUTIDE SOLN PEN-INJECTOR 18 MG/3ML (6 MG/ML).....31
LISDEXAMFETAMINE DIMESYLATE CAP 10 MG .....47
LISDEXAMFETAMINE DIMESYLATE CAP 20 MG .....47
LISDEXAMFETAMINE DIMESYLATE CAP 30 MG .....47
LISDEXAMFETAMINE DIMESYLATE CAP 40 MG.....47
LISDEXAMFETAMINE DIMESYLATE CAP 50 MG .....47
LISDEXAMFETAMINE DIMESYLATE CAP 60 MG.....47
LISDEXAMFETAMINE DIMESYLATE CAP 70 MG .....47
LISDEXAMFETAMINE DIMESYLATE CHEW TAB 10 MG.....47
LISDEXAMFETAMINE DIMESYLATE CHEW TAB 20 MG.....47
LISDEXAMFETAMINE DIMESYLATE CHEW TAB 30 MG .....47
LISDEXAMFETAMINE DIMESYLATE CHEW TAB 40 MG .....47
LISDEXAMFETAMINE DIMESYLATE CHEW TAB 50 MG .....47
LISDEXAMFETAMINE DIMESYLATE CHEW TAB 60 MG .....47
LISINOPRIL & HYDROCHLOROTHIAZIDE TAB 10-12.5 MG ..... 66
LISINOPRIL & HYDROCHLOROTHIAZIDE TAB 20-12.5 MG ..... 66
LISINOPRIL & HYDROCHLOROTHIAZIDE TAB 20-25 MG ..... 66
LISINOPRIL ORAL SOLN 1 MG/ML .....15
LISINOPRIL TAB 2.5 MG.....15
LISINOPRIL TAB 5 MG .....15
LISINOPRIL TAB 10 MG .....15
LISINOPRIL TAB 20 MG .....15
LISINOPRIL TAB 30 MG .....15
LISINOPRIL TAB 40 MG.....15
LITHIUM CARBONATE CAP 150 MG ... 185
LITHIUM CARBONATE CAP 300 MG... 185
LITHIUM CARBONATE CAP 600 MG... 185
LITHIUM CARBONATE TAB 300 MG ... 185
LITHIUM CARBONATE TAB ER 300 MG 185
LITHIUM CARBONATE TAB ER 300 MG 186
LITHIUM CARBONATE TAB ER 450 MG 185
LITHIUM ORAL SOLUTION 8 MEQ/5ML185
LODOXAMIDE TROMETHAMINE OPHTH SOLN 0.1% .....191
LOFEXIDINE HCL TAB 0.18 MG (BASE EQUIVALENT).....9
LOMUSTINE CAP 10 MG.....9
LOMUSTINE CAP 10 MG.....10
LOMUSTINE CAP 40 MG .....9
LOMUSTINE CAP 40 MG .....10
LOMUSTINE CAP 100 MG .....9
LOMUSTINE CAP 100 MG .....10
LONAFARNIB CAP 50 MG ..... 180
LONAFARNIB CAP 75 MG..... 180
LONAPEGSOMATROPIN-TCGD FOR SUBCUTANEOUS INJ CART 13.3 MG... 136
LONAPEGSOMATROPIN-TCGD FOR SUBCUTANEOUS INJ CARTRIDGE 0.7 MG ..... 136
LONAPEGSOMATROPIN-TCGD FOR SUBCUTANEOUS INJ CARTRIDGE 1.4 MG ..... 136
LONAPEGSOMATROPIN-TCGD FOR SUBCUTANEOUS INJ CARTRIDGE 1.8 MG ..... 136
LONAPEGSOMATROPIN-TCGD FOR SUBCUTANEOUS INJ CARTRIDGE 2.1 MG ..... 136
LONAPEGSOMATROPIN-TCGD FOR SUBCUTANEOUS INJ CARTRIDGE 2.5 MG ..... 136
LONAPEGSOMATROPIN-TCGD FOR SUBCUTANEOUS INJ CARTRIDGE 3.6 MG ..... 136
LONAPEGSOMATROPIN-TCGD FOR SUBCUTANEOUS INJ CARTRIDGE 3 MG ..... 136
LONAPEGSOMATROPIN-TCGD FOR SUBCUTANEOUS INJ CARTRIDGE 4.3 MG ..... 136
LONAPEGSOMATROPIN-TCGD FOR SUBCUTANEOUS INJ CARTRIDGE 5.2 MG ..... 136
LONAPEGSOMATROPIN-TCGD FOR SUBCUTANEOUS INJ CARTRIDGE 6.3 MG ..... 136
LONAPEGSOMATROPIN-TCGD FOR SUBCUTANEOUS INJ CARTRIDGE 7.6 MG ..... 136
LONAPEGSOMATROPIN-TCGD FOR SUBCUTANEOUS INJ CARTRIDGE 9.1 MG ..... 136
LONAPEGSOMATROPIN-TCGD FOR SUBCUTANEOUS INJ CARTRIDGE 11 MG ..... 136
LOPINAVIR-RITONAVIR SOLN 400-100 MG/5ML (80-20 MG/ML) .....20
LOPINAVIR-RITONAVIR TAB 100-25 MG 20
LOPINAVIR-RITONAVIR TAB 100-25 MG 20
LOPINAVIR-RITONAVIR TAB 200-50 MG .....20
LOPINAVIR-RITONAVIR TAB 200-50 MG .....20
LORAZEPAM CONC 2 MG/ML .....52
LORAZEPAM TAB 0.5 MG .....52
LORAZEPAM TAB 1 MG .....52
LORAZEPAM TAB 2 MG .....52
LORLATINIB TAB 25 MG ..... 40
LORLATINIB TAB 100 MG..... 40
LOSARTAN POTASSIUM & HYDROCHLOROTHIAZIDE TAB 50-12.5 MG ..... 66
LOSARTAN POTASSIUM & HYDROCHLOROTHIAZIDE TAB 100-12.5 MG ..... 66
LOSARTAN POTASSIUM & HYDROCHLOROTHIAZIDE TAB 100-25 MG ..... 66
LOSARTAN POTASSIUM TAB 25 MG.....14
LOSARTAN POTASSIUM TAB 50 MG .....14
LOSARTAN POTASSIUM TAB 100 MG ....14
LOTEPREDNOL ETABONATE OPHTH GEL 0.38% .....192
LOTEPREDNOL ETABONATE OPHTH OINT 0.5%.....192
LOTEPREDNOL ETABONATE OPHTH SUSP 0.2%.....191

LOTEPREDNOL ETABONATE OPHTH SUSP 0.2%.....192
LOTEPREDNOL ETABONATE OPHTH SUSP 0.5%.....192
LOTEPREDNOL ETABONATE OPHTH SUSP 0.25% .....191
LOTEPREDNOL ETABONATE OPHTH SUSP 1%.....192
LOTEPREDNOL ETABONATE-TOBRAMYCIN OPHTH SUSP 0.5-0.3% ..192
LOTEPREDNOL ETABONATE-TOBRAMYCIN OPHTH SUSP 0.5-0.3% ..192
LOTILANER OPHTH SOLN 0.25% ..... 193
LOVASTATIN (BULK) POWDER .....167
LOVASTATIN TAB 10 MG..... 89
LOVASTATIN TAB 20 MG..... 89
LOVASTATIN TAB 40 MG ..... 89
LOXAPINE AEROSOL POWDER BREATH ACTIVATED 10 MG.....6
LOXAPINE SUCCINATE CAP 5 MG.....6
LOXAPINE SUCCINATE CAP 10 MG.....6
LOXAPINE SUCCINATE CAP 25 MG.....6
LOXAPINE SUCCINATE CAP 50 MG .....6
LUBIPROSTONE CAP 8 MCG .....147
LUBIPROSTONE CAP 24 MCG .....147
LUMACAFTOR-IVACAFTOR GRANULES PACKET 75-94 MG .....70
LUMACAFTOR-IVACAFTOR GRANULES PACKET 100-125 MG .....70
LUMACAFTOR-IVACAFTOR GRANULES PACKET 150-188 MG .....70
LUMACAFTOR-IVACAFTOR TAB 100-125 MG.....70
LUMACAFTOR-IVACAFTOR TAB 200-125 MG.....70
LUMATEPERONE TOSYLATE CAP 10.5 MG 7
LUMATEPERONE TOSYLATE CAP 21 MG ..7
LUMATEPERONE TOSYLATE CAP 42 MG..7
LURASIDONE HCL TAB 20 MG.....7
LURASIDONE HCL TAB 40 MG.....7
LURASIDONE HCL TAB 60 MG.....7
LURASIDONE HCL TAB 80 MG.....7
LURASIDONE HCL TAB 120 MG.....7
LUSUTROMBOPAG TAB 3 MG.....57
LYSINE HCL TAB 500 MG..... 166
LYSINE HCL TAB 500 MG.....174
LYSINE HCL TAB 1000 MG.....167
LYSINE HCL TAB 1000 MG.....174
LYSINE TAB 500 MG..... 95
MACITENTAN TAB 10 MG..... 207
MAFENIDE ACETATE CREAM 85 MG/GM 25
MAFENIDE ACETATE PACKET FOR TOPICAL SOLN 5% (50 GM) .....24
MAGNESIUM CAP 100 MG..... 95
MAGNESIUM CITRATE SOLN.....149
MAGNESIUM CITRATE SOLN.....149
MAGNESIUM CITRATE SOLN.....149
MAGNESIUM CITRATE SOLN..... 150
MAGNESIUM CITRATE SOLN..... 150
MAGNESIUM CITRATE SOLN..... 150
MAGNESIUM GLYCINATE (BULK) POWDER .....167
MAGNESIUM GLYCINATE (BULK) POWDER .....167
MAGNESIUM HYDROXIDE SUSP 400 MG/5ML .....115
MALATHION LOTION 0.5% ..... 203
MALATHION LOTION 0.5% ..... 203
MARALIXIBAT CHLORIDE TAB 10 MG ..115
MARALIXIBAT CHLORIDE TAB 15 MG ..115
MARALIXIBAT CHLORIDE TAB 20 MG ..115
MARALIXIBAT CHLORIDE TAB 30 MG ..115
MARAVIROC ORAL SOLN 20 MG/ML....19
MARAVIROC TAB 150 MG.....19
MARAVIROC TAB 150 MG.....19
MARAVIROC TAB 300 MG .....19
MARAVIROC TAB 300 MG .....19
MARIBAVIR TAB 200 MG .....16
MARSTACIMAB-HNCQ SUBCUTANEOUS SOLN AUTO-INJ 75 MG/0.5ML..... 126
MARSTACIMAB-HNCQ SUBCUTANEOUS SOLN AUTO-INJ 150 MG/ML..... 126
MAVACAMTEN CAP 2.5 MG.....63
MAVACAMTEN CAP 5 MG.....63
MAVACAMTEN CAP 10 MG.....63
MAVACAMTEN CAP 15 MG.....63
MAVORIXAFOR CAP 100 MG .....57
MEASLES-MUMPS-RUBELLA-VARICELLA VIRUS VACCINES FOR SUSP..... 228
MEASLES-MUMPS-RUBELLA VIRUS VACCINES FOR INJ SOLN..... 228
MEASLES-MUMPS-RUBELLA VIRUS VACCINES FOR SUBCUTANEOUS SUSP 228
MEBENDAZOLE CHEW TAB 100 MG.....15
MECAMYLAMINE HCL TAB 2.5 MG .....67
MECASERMIN INJ 40 MG/4ML (10 MG/ML).....135
MECHLORETHAMINE HCL GEL 0.016% (BASE EQUIVALENT).....10
MECLOFENAMATE SODIUM CAP 50 MG..... 189
MECLOFENAMATE SODIUM CAP 100 MG..... 189
MEDROXYPROGESTERONE ACETATE IM SUSP 150 MG/ML ..... 204
MEDROXYPROGESTERONE ACETATE IM SUSP 150 MG/ML ..... 205
MEDROXYPROGESTERONE ACETATE IM SUSP PREFILLED SYR 150 MG/ML . 204
MEDROXYPROGESTERONE ACETATE IM SUSP PREFILLED SYR 150 MG/ML . 205
MEDROXYPROGESTERONE ACETATE SUSP PREF SYR 104 MG/0.65ML ..... 205
MEDROXYPROGESTERONE ACETATE TAB 2.5 MG..... 205
MEDROXYPROGESTERONE ACETATE TAB 2.5 MG..... 206
MEDROXYPROGESTERONE ACETATE TAB 5 MG..... 205
MEDROXYPROGESTERONE ACETATE TAB 5 MG..... 206
MEDROXYPROGESTERONE ACETATE TAB 10 MG..... 205
MEDROXYPROGESTERONE ACETATE TAB 10 MG..... 206
MEFENAMIC ACID CAP 250 MG ..... 189
MEFLOQUINE HCL TAB 250 MG .....43
MEGESTROL ACETATE SUSP 40 MG/ML ..... 205
MEGESTROL ACETATE SUSP 625 MG/5ML ..... 205
MEGESTROL ACETATE TAB 20 MG..... 205
MEGESTROL ACETATE TAB 40 MG..... 205
MELATONIN LIQUID 1 MG/ML .....167
MELOXICAM SUSP 7.5 MG/5ML ..... 189
MELOXICAM TAB 7.5 MG ..... 189
MELOXICAM TAB 15 MG..... 189
MELPHALAN HCL FOR INTRA-ARTERIAL SOLN 50 MG (BASE EQUIV)..10
MELPHALAN HCL FOR INTRA-ARTERIAL SOLN 50 MG (BASE EQUIV)..10
MEMANTINE HCL CAP ER 24HR 7 MG..187
MEMANTINE HCL CAP ER 24HR 14 MG .187
MEMANTINE HCL CAP ER 24HR 21 MG..187
MEMANTINE HCL CAP ER 24HR 28 MG .187
MEMANTINE HCL ORAL SOLUTION 2 MG/ML.....187
MEMANTINE HCL ORAL SOLUTION 2 MG/ML.....187
MEMANTINE HCL TAB 5 MG.....187
MEMANTINE HCL TAB 10 MG.....187
MEMANTINE HCL TAB 28 X 5 MG & 21 X 10 MG TITRATION PACK.....187
MENINGOCOCCAL ACWY (OLIGO CONJ)-MENING B (RCMB) VACC FOR INJ..... 228
MENINGOCOCCAL (A, C, Y, AND W-135) OLIGO CONJ VAC FOR INJ .... 228
MENINGOCOCCAL (A, C, Y, AND W-135) OLIGO CONJ VAC IM SOLN ... 228
MENINGOCOCCAL (A, C, Y, AND W-135) TETANUS CONJUGATE VACCINE..... 228

MENINGOCOCCAL ACYW (TET CONJ)-MENING B (RCMB) VACC FOR INJ..... 228
MENINGOCOCCAL GROUP B VAC (RECOMB) IM SUSP PREFILLED SYR .. 229
MENINGOCOCCAL VAC B (RECOMB OMV ADJUV) INJ PREFILLED SYRINGE..... 226
MENOTROPINS FOR SUBCUTANEOUS INJ 75 UNIT.....135
MEPERIDINE HCL ORAL SOLN 50 MG/5ML ..... 199
MEPERIDINE HCL TAB 50 MG ..... 199
MEPOLIZUMAB SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML .....21
MEPOLIZUMAB SUBCUTANEOUS SOLUTION PREF SYRINGE 40 MG/0.4ML.....21
MEPOLIZUMAB SUBCUTANEOUS SOLUTION PREF SYRINGE 100 MG/ML .21
MEPROBAMATE TAB 200 MG .....45
MEPROBAMATE TAB 400 MG .....45
MERCAPTOPURINE (BULK) POWDER...167
MERCAPTOPURINE MONOHYDRATE (BULK) POWDER .....167
MERCAPTOPURINE MONOHYDRATE (BULK) POWDER .....167
MERCAPTOPURINE SUSP 2000 MG/100ML (20 MG/ML).....39
MERCAPTOPURINE SUSP 2000 MG/100ML (20 MG/ML).....39
MERCAPTOPURINE TAB 50 MG.....39
MESALAMINE CAP DR 400 MG.....11
MESALAMINE CAP ER 24HR 0.375 GM...11
MESALAMINE ENEMA 4 GM.....11
MESALAMINE RECTAL ENEMA 4 GM & CLEANSER WIPE KIT.....11
MESALAMINE SUPPOS 1000 MG.....11
MESALAMINE TAB DELAYED RELEASE 1.2 GM.....11
MESNA TAB 400 MG..... 224
MESNA TAB 400 MG..... 224
METAXALONE TAB 400 MG .....214
METAXALONE TAB 800 MG .....214
METFORMIN HCL ORAL SOLN 500 MG/5ML .....31
METFORMIN HCL TAB 500 MG .....31
METFORMIN HCL TAB 850 MG .....31
METFORMIN HCL TAB 1000 MG.....31
METFORMIN HCL TAB ER 24HR 500 MG . 31
METFORMIN HCL TAB ER 24HR 750 MG . 31
METHADONE HCL CONC 10 MG/ML... 196
METHADONE HCL CONC 10 MG/ML....197
METHADONE HCL CONC 10 MG/ML....197
METHADONE HCL SOLN 5 MG/5ML... 196
METHADONE HCL SOLN 10 MG/5ML.. 196
METHADONE HCL TAB 5 MG .....197
METHADONE HCL TAB 10 MG ..... 196
METHADONE HCL TAB FOR ORAL SUSP 40 MG..... 196
METHADONE HCL TAB FOR ORAL SUSP 40 MG.....197
METHADONE HCL TAB FOR ORAL SUSP 40 MG.....197
METHAMPHETAMINE HCL TAB 5 MG ....47
METHAZOLAMIDE TAB 25 MG..... 194
METHAZOLAMIDE TAB 50 MG..... 194
METHENAMINE HIPPURATE TAB 1 GM...24
METHENAMINE HIPPURATE TAB 1 GM...24
METHENAMINE-HYOSCAMINE-METH BLUE-SOD PHOS TAB 81.6 MG.....119
METHENAMINE-HYOSCAMINE-METH BLUE-SOD PHOS TAB 81.6 MG..... 120
METHENAMINE-HYOSC-METH BLUE-BENZ ACID-PHENYL SAL TAB 81.6MG .. 44
METHENAMINE-HYOSC-METH BLUE-SOD PHOS-PHEN SAL TAB 81 MG..... 120
METHENAMINE-HYOSC-METH BLUE-SOD PHOS-PHEN SAL TAB 81 MG..... 120
METHENAMINE-HYOS-METH BLUE-SOD PHOS-PHEN SAL TAB 81.6 MG.... 120
METHENAMINE MANDELATE TAB 0.5 GM .....24
METHENAMINE MANDELATE TAB 1 GM .24
METHIMAZOLE TAB 5 MG ..... 44
METHIMAZOLE TAB 10 MG ..... 44
METHIONINE ORAL PACKET 100 MG...167
METHOCARBAMOL TAB 500 MG .....214
METHOCARBAMOL TAB 750 MG.....214
METHOTREXATE ORAL SOLN 2.5 MG/ML ..... 144
METHOTREXATE ORAL SOLN 2 MG/ML 142
METHOTREXATE POWDER .....167
METHOTREXATE SODIUM FOR INJ 1 GM .....142
METHOTREXATE SODIUM INJ 50 MG/2ML (25 MG/ML).....142
METHOTREXATE SODIUM INJ 50 MG/2ML (25 MG/ML).....142
METHOTREXATE SODIUM INJ 250 MG/10ML (25 MG/ML) .....142
METHOTREXATE SODIUM INJ PF 50 MG/2ML (25 MG/ML).....142
METHOTREXATE SODIUM INJ PF 250 MG/10ML (25 MG/ML) .....142
METHOTREXATE SODIUM INJ PF 1000 MG/40ML (25 MG/ML) .....142
METHOTREXATE SODIUM INJ PF 1000 MG/40ML (25 MG/ML) .....142
METHOTREXATE SODIUM TAB 2.5 MG (BASE EQUIV).....142
METHOTREXATE SODIUM TAB 5 MG (BASE EQUIV)..... 144
METHOTREXATE SODIUM TAB 7.5 MG (BASE EQUIV)..... 144
METHOTREXATE SODIUM TAB 10 MG (BASE EQUIV)..... 144
METHOTREXATE SODIUM TAB 15 MG (BASE EQUIV)..... 144
METHOTREXATE SOLN PF AUTO-INJECTOR 7.5 MG/0.15ML.....143
METHOTREXATE SOLN PF AUTO-INJECTOR 10 MG/0.2ML .....143
METHOTREXATE SOLN PF AUTO-INJECTOR 12.5 MG/0.25ML .....143
METHOTREXATE SOLN PF AUTO-INJECTOR 15 MG/0.3ML .....143
METHOTREXATE SOLN PF AUTO-INJECTOR 17.5 MG/0.35ML .....143
METHOTREXATE SOLN PF AUTO-INJECTOR 20 MG/0.4ML .....143
METHOTREXATE SOLN PF AUTO-INJECTOR 22.5 MG/0.45ML .....143
METHOTREXATE SOLN PF AUTO-INJECTOR 25 MG/0.5ML .....143
METHOTREXATE SOLN PF AUTO-INJECTOR 30 MG/0.6ML .....143
METHOXSALEN RAPID CAP 10 MG .....75
METHSCOPOLAMINE BROMIDE TAB 2.5 MG ..... 44
METHSCOPOLAMINE BROMIDE TAB 5 MG ..... 44
METHSUXIMIDE CAP 300 MG .....63
METHSUXIMIDE CAP 300 MG .....63
METHYLDOPA TAB 250 MG.....10
METHYLDOPA TAB 500 MG.....10
METHYLERGONOVINE MALEATE TAB 0.2 MG .....167
METHYLERGONOVINE MALEATE TAB 0.2 MG .....167
METHYLNALTREXONE BROMIDE INJ 12 MG/0.6ML (20 MG/ML).....116
METHYLNALTREXONE BROMIDE SOLN PREF SYR 8 MG/0.4ML .....116
METHYLNALTREXONE BROMIDE SOLN PREF SYR 12 MG/0.6ML.....116
METHYLPHENIDATE HCL CAP DELAYED ER 24HR 20 MG (PM) .....49
METHYLPHENIDATE HCL CAP DELAYED ER 24HR 40 MG (PM).....49
METHYLPHENIDATE HCL CAP DELAYED ER 24HR 60 MG (PM).....49
METHYLPHENIDATE HCL CAP DELAYED ER 24HR 80 MG (PM).....49
METHYLPHENIDATE HCL CAP DELAYED ER 24HR 100 MG (PM).....49

METHYLPHENIDATE HCL CAP ER 10 MG (CD).....49
METHYLPHENIDATE HCL CAP ER 20 MG (CD).....49
METHYLPHENIDATE HCL CAP ER 24HR 10 MG (LA).....49
METHYLPHENIDATE HCL CAP ER 24HR 20 MG (LA).....49
METHYLPHENIDATE HCL CAP ER 24HR 30 MG (LA).....49
METHYLPHENIDATE HCL CAP ER 24HR 40 MG (LA).....49
METHYLPHENIDATE HCL CAP ER 24HR 60 MG (LA).....49
METHYLPHENIDATE HCL CAP ER 30 MG (CD).....49
METHYLPHENIDATE HCL CAP ER 40 MG (CD).....49
METHYLPHENIDATE HCL CAP ER 50 MG (CD).....49
METHYLPHENIDATE HCL CAP ER 60 MG (CD).....49
METHYLPHENIDATE HCL CHEW TAB 2.5 MG .....49
METHYLPHENIDATE HCL CHEW TAB 5 MG.....49
METHYLPHENIDATE HCL CHEW TAB 10 MG.....49
METHYLPHENIDATE HCL SOLN 5 MG/5ML .....49
METHYLPHENIDATE HCL SOLN 10 MG/5ML .....49
METHYLPHENIDATE HCL TAB 5 MG .... 50
METHYLPHENIDATE HCL TAB 10 MG ....49
METHYLPHENIDATE HCL TAB 20 MG... 50
METHYLPHENIDATE HCL TAB ER 10 MG .49
METHYLPHENIDATE HCL TAB ER 20 MG 50
METHYLPHENIDATE HCL TAB ER DIFFUSION 27 MG..... 50
METHYLPHENIDATE HCL TAB ER DIFFUSION 36 MG ..... 50
METHYLPHENIDATE HCL TAB ER DIFFUSION 54 MG ..... 50
METHYLPHENIDATE HCL TAB ER OSMOTIC RELEASE (OSM) 18 MG .....49
METHYLPHENIDATE HCL TAB ER OSMOTIC RELEASE (OSM) 27 MG..... 50
METHYLPHENIDATE HCL TAB ER OSMOTIC RELEASE (OSM) 36 MG..... 50
METHYLPHENIDATE HCL TAB ER OSMOTIC RELEASE (OSM) 54 MG..... 50
METHYLPREDNISOLONE ACETATE POWDER ..... 168
METHYLPREDNISOLONE TAB 2 MG ....133
METHYLPREDNISOLONE TAB 4 MG ....133
METHYLPREDNISOLONE TAB 4 MG ....133
METHYLPREDNISOLONE TAB 8 MG ....133
METHYLPREDNISOLONE TAB 8 MG ....133
METHYLPREDNISOLONE TAB 16 MG ...133
METHYLPREDNISOLONE TAB 16 MG ...133
METHYLPREDNISOLONE TAB 32 MG ...133
METHYLPREDNISOLONE TAB THERAPY PACK 4 MG (21) .....133
METHYLPREDNISOLONE TAB THERAPY PACK 4 MG (21) .....133
METHYL SALICYLATE LIQUID.....75
METHYLTESTOSTERONE CAP 10 MG ....13
METHYLTESTOSTERONE ORAL TAB 10 MG.....13
METOCLOPRAMIDE HCL SOLN 5 MG/5ML (10 MG/10ML) (BASE EQUIV)..34
METOCLOPRAMIDE HCL TAB 5 MG (BASE EQUIVALENT).....34
METOCLOPRAMIDE HCL TAB 5 MG (BASE EQUIVALENT).....34
METOCLOPRAMIDE HCL TAB 10 MG (BASE EQUIVALENT).....34
METOCLOPRAMIDE HCL TAB 10 MG (BASE EQUIVALENT).....34
METOLAZONE TAB 2.5 MG .....87
METOLAZONE TAB 5 MG .....87
METOLAZONE TAB 10 MG .....87
METOPROLOL & HYDROCHLOROTHIAZIDE TAB 50-25 MG..... 66
METOPROLOL & HYDROCHLOROTHIAZIDE TAB 100-25 MG..... 66
METOPROLOL & HYDROCHLOROTHIAZIDE TAB 100-50 MG..... 66
METOPROLOL SUCC CAP ER 24HR SPRINKLE 25 MG (TARTRATE EQUIV) ...52
METOPROLOL SUCC CAP ER 24HR SPRINKLE 50 MG (TARTRATE EQUIV) ...52
METOPROLOL SUCC CAP ER 24HR SPRINKLE 100 MG (TARTRATE EQUIV)..52
METOPROLOL SUCC CAP ER 24HR SPRINKLE 200 MG (TARTRATE EQUIV)..52
METOPROLOL SUCCINATE TAB ER 24HR 25 MG (TARTRATE EQUIV).....53
METOPROLOL SUCCINATE TAB ER 24HR 50 MG (TARTRATE EQUIV) .....53
METOPROLOL SUCCINATE TAB ER 24HR 100 MG (TARTRATE EQUIV) .....52
METOPROLOL SUCCINATE TAB ER 24HR 200 MG (TARTRATE EQUIV) .....53
METOPROLOL TARTRATE TAB 25 MG....53
METOPROLOL TARTRATE TAB 50 MG....53
METOPROLOL TARTRATE TAB 100 MG...53
METRELEPTIN FOR SUBCUTANEOUS INJ 11.3 MG .....115
METRONIDAZOLE CAP 375 MG.....24
METRONIDAZOLE CREAM 0.75%.....24
METRONIDAZOLE CREAM 0.75%.....24
METRONIDAZOLE GEL 0.75% .....24
METRONIDAZOLE LOTION 0.75% .....24
METRONIDAZOLE LOTION 0.75% .....25
METRONIDAZOLE SUSP 500 MG/5ML ..24
METRONIDAZOLE TAB 250 MG.....25
METRONIDAZOLE TAB 500 MG.....25
METRONIDAZOLE VAGINAL GEL 0.75% .25
METRONIDAZOLE VAGINAL GEL 0.75% .25
METYRAPONE CAP 250 MG ..... 168
METYROSINE CAP 250 MG..... 66
MEXILETINE HCL CAP 150 MG.....22
MEXILETINE HCL CAP 200 MG.....22
MEXILETINE HCL CAP 250 MG.....22
MICONAZOLE BUCCAL TAB 50 MG (MOUTH-THROAT) .....36
MICONAZOLE NITRATE POWDER ..... 168
MICONAZOLE NITRATE VAGINAL SUPPOS 200 MG .....35
MIDAZOLAM (BULK) POWDER ..... 168
MIDAZOLAM HCL SYRUP 2 MG/ML (BASE EQUIVALENT).....52
MIDAZOLAM NASAL SPRAY SOLN 5 MG/0.1 ML .....28
MIDODRINE HCL TAB 2.5 MG.....10
MIDODRINE HCL TAB 5 MG .....10
MIDODRINE HCL TAB 10 MG .....10
MIDOSTAURIN CAP 25 MG ..... 183
MIFEPRISTONE TAB 200 MG ..... 95
MIFEPRISTONE TAB 200 MG ..... 95
MIFEPRISTONE TAB 300 MG.....137
MIGALASTAT HCL CAP 123 MG (BASE EQUIVALENT).....116
MIGLITOL TAB 25 MG .....31
MIGLITOL TAB 50 MG.....31
MIGLITOL TAB 100 MG.....31
MIGLUSTAT CAP 100 MG.....116
MIGLUSTAT (GAA DEFICIENCY) CAP 65 MG.....117
MILNACIPRAN HCL TAB 12.5 MG .....113
MILNACIPRAN HCL TAB 12.5 MG (5) & 25 MG (8) & 50 MG (42) PAK .....113
MILNACIPRAN HCL TAB 25 MG.....113
MILNACIPRAN HCL TAB 50 MG .....113
MILNACIPRAN HCL TAB 100 MG .....113
MILTEFOSINE CAP 50 MG.....42
MINERAL OIL (BULK) ..... 148
MINERAL OIL (BULK) ..... 148
MINOCYCLINE HCL CAP 50 MG..... 224
MINOCYCLINE HCL CAP 75 MG ..... 224
MINOCYCLINE HCL CAP 100 MG..... 224
MINOCYCLINE HCL TAB ER 24HR 45 MG..... 224

MINOCYCLINE HCL TAB ER 24HR 55 MG ..... 224
MINOCYCLINE HCL TAB ER 24HR 65 MG ..... 224
MINOCYCLINE HCL TAB ER 24HR 80 MG ..... 224
MINOCYCLINE HCL TAB ER 24HR 90 MG ..... 224
MINOCYCLINE HCL TAB ER 24HR 105 MG ..... 224
MINOCYCLINE HCL TAB ER 24HR 115 MG ..... 224
MINOCYCLINE HCL TAB ER 24HR 135 MG ..... 224
MINOXIDIL TAB 2.5 MG ..... 229
MINOXIDIL TAB 10 MG ..... 229
MIRABEGRON TAB ER 24 HR 25 MG ..... 44
MIRABEGRON TAB ER 24 HR 50 MG ..... 44
MIRDAMETINIB CAP 1 MG ..... 40
MIRDAMETINIB CAP 2 MG ..... 40
MIRDAMETINIB TAB FOR ORAL SUSP 1 MG ..... 40
MIRIKIZUMAB-MRKZ SUBCUTANEOUS AUTO-INJ 100 MG/ML & 200MG/2ML ..... 143
MIRIKIZUMAB-MRKZ SUBCUTANEOUS PREF SYR 100 MG/ML & 200MG/2ML ..... 143
MIRIKIZUMAB-MRKZ SUBCUTANEOUS SOLN AUTO-INJECTOR 100 MG/ML ..... 143
MIRIKIZUMAB-MRKZ SUBCUTANEOUS SOLN AUTO-INJECTOR 200 MG/2ML ..... 143
MIRIKIZUMAB-MRKZ SUBCUTANEOUS SOL PREFILL SYRINGE 100 MG/ML ..... 143
MIRIKIZUMAB-MRKZ SUBCUTANEOUS SOL PREFILL SYRINGE 200 MG/2ML ..... 143
MIRTAZAPINE ORALLY DISINTEGRATING TAB 15 MG ..... 29
MIRTAZAPINE ORALLY DISINTEGRATING TAB 30 MG ..... 29
MIRTAZAPINE ORALLY DISINTEGRATING TAB 45 MG ..... 29
MIRTAZAPINE TAB 7.5 MG ..... 29
MIRTAZAPINE TAB 15 MG ..... 29
MIRTAZAPINE TAB 30 MG ..... 29
MIRTAZAPINE TAB 45 MG ..... 29
MISOPROSTOL TAB 100 MCG ..... 206
MISOPROSTOL TAB 100 MCG ..... 206
MISOPROSTOL TAB 200 MCG ..... 206
MISOPROSTOL TAB 200 MCG ..... 206
MITAPIVAT SULFATE TAB 5 MG ..... 129
MITAPIVAT SULFATE TAB 20 MG ..... 129
MITAPIVAT SULFATE TAB 50 MG ..... 129
MITAPIVAT SULFATE TAB THERAPY PACK 5 MG ..... 129
MITAPIVAT SULFATE TAB THERAPY PACK 7 X 20 MG & 7 X 5 MG ..... 129
MITAPIVAT SULFATE TAB THERAPY PACK 7 X 50 MG & 7 X 20 MG ..... 129
MITOMYCIN (BULK) POWDER ..... 168
MITOMYCIN FOR OPHTH SOLN KIT 0.2 MG ..... 192
MITOTANE TAB 500 MG ..... 139
MODAFINIL TAB 100 MG ..... 215
MODAFINIL TAB 200 MG ..... 215
MOEXIPRIL HCL TAB 7.5 MG ..... 15
MOEXIPRIL HCL TAB 15 MG ..... 15
MOLINDONE HCL TAB 5 MG ..... 6
MOLINDONE HCL TAB 10 MG ..... 6
MOLINDONE HCL TAB 25 MG ..... 6
MOLNUPIRAVIR CAP 200 MG ..... 45
MOMELOTINIB DIHYDROCHLORIDE TAB 100 MG ..... 41
MOMELOTINIB DIHYDROCHLORIDE TAB 150 MG ..... 41
MOMELOTINIB DIHYDROCHLORIDE TAB 200 MG ..... 41
MOMETASONE FUROATE CREAM 0.1% ..... 133
MOMETASONE FUROATE NASAL SUSP 50 MCG/ACT ..... 21
MOMETASONE FUROATE OINT 0.1% ..... 133
MOMETASONE FUROATE SOLUTION 0.1% (LOTION) ..... 133
MONOMETHYL FUMARATE CAPSULE DELAYED RELEASE 95 MG ..... 186
MONTELUKAST SODIUM CHEW TAB 4 MG (BASE EQUIV) ..... 38
MONTELUKAST SODIUM CHEW TAB 5 MG (BASE EQUIV) ..... 38
MONTELUKAST SODIUM ORAL GRANULES PACKET 4 MG (BASE EQUIV) ..... 38
MONTELUKAST SODIUM ORAL GRANULES PACKET 4 MG (BASE EQUIV) ..... 38
MONTELUKAST SODIUM TAB 10 MG (BASE EQUIV) ..... 38
MORPHINE SULFATE BEADS CAP ER 24HR 30 MG ..... 197
MORPHINE SULFATE BEADS CAP ER 24HR 45 MG ..... 197
MORPHINE SULFATE BEADS CAP ER 24HR 60 MG ..... 197
MORPHINE SULFATE BEADS CAP ER 24HR 75 MG ..... 197
MORPHINE SULFATE BEADS CAP ER 24HR 90 MG ..... 197
MORPHINE SULFATE BEADS CAP ER 24HR 120 MG ..... 197
MORPHINE SULFATE CAP ER 24HR 10 MG ..... 197
MORPHINE SULFATE CAP ER 24HR 20 MG ..... 197
MORPHINE SULFATE CAP ER 24HR 30 MG ..... 197
MORPHINE SULFATE CAP ER 24HR 50 MG ..... 197
MORPHINE SULFATE CAP ER 24HR 60 MG ..... 197
MORPHINE SULFATE CAP ER 24HR 80 MG ..... 197
MORPHINE SULFATE CAP ER 24HR 100 MG ..... 197
MORPHINE SULFATE ORAL SOLN 10 MG/5ML ..... 200
MORPHINE SULFATE ORAL SOLN 20 MG/5ML ..... 200
MORPHINE SULFATE ORAL SOLN 100 MG/5ML (20 MG/ML) ..... 200
MORPHINE SULFATE ORAL SOLN 100 MG/5ML (20 MG/ML) ..... 200
MORPHINE SULFATE SUPPOS 5 MG ..... 200
MORPHINE SULFATE SUPPOS 10 MG ..... 200
MORPHINE SULFATE SUPPOS 20 MG ..... 200
MORPHINE SULFATE SUPPOS 30 MG ..... 200
MORPHINE SULFATE TAB 15 MG ..... 200
MORPHINE SULFATE TAB 30 MG ..... 200
MORPHINE SULFATE TAB ER 15 MG ..... 197
MORPHINE SULFATE TAB ER 30 MG ..... 197
MORPHINE SULFATE TAB ER 60 MG ..... 197
MORPHINE SULFATE TAB ER 100 MG ..... 197
MORPHINE SULFATE TAB ER 200 MG ..... 197
MOXIFLOXACIN HCL OPHTH SOLN 0.5% (BASE EQ) (2 TIMES DAILY) ..... 193
MOXIFLOXACIN HCL OPHTH SOLN 0.5% (BASE EQUIV) ..... 193
MOXIFLOXACIN HCL OPHTH SOLN 0.5% (BASE EQUIV) ..... 193
MOXIFLOXACIN HCL TAB 400 MG (BASE EQUIV) ..... 209
MULTIPLE VITAMINS W/ MINERALS CHEW TAB ..... 93
MUPIROCIN CALCIUM CREAM 2% ..... 25
MUPIROCIN OINT 2% ..... 25
MYCOPHENOLATE MOFETIL CAP 250 MG ..... 142
MYCOPHENOLATE MOFETIL FOR ORAL SUSP 200 MG/ML ..... 142
MYCOPHENOLATE MOFETIL ORAL SUSP 200 MG/ML ..... 142
MYCOPHENOLATE MOFETIL TAB 500 MG ..... 142

MYCOPHENOLATE SODIUM TAB DR 180 MG (MYCOPHENOLIC ACID EQUIV).....142
MYCOPHENOLATE SODIUM TAB DR 360 MG (MYCOPHENOLIC ACID EQUIV).....142
NABUMETONE TAB 500 MG ..... 189
NABUMETONE TAB 750 MG ..... 189
NADOLOL TAB 20 MG .....53
NADOLOL TAB 40 MG .....53
NADOLOL TAB 80 MG .....53
NAFARELIN ACETATE NASAL SOLN 2 MG/ML (200 MCG/ACT) (BASE EQ) ... 140
NALDEMEDINE TOSYLATE TAB 0.2 MG (BASE EQUIVALENT).....116
NALMEFENE HCL NASAL SPRAY 2.7 MG/0.1ML (BASE EQUIV) ..... 202
NALMEFENE HCL SOLN AUTO-INJECTOR 1.5 MG/0.5ML (BASE EQUIV)..... 202
NALOXONE HCL INJ 0.4 MG/ML .....201
NALOXONE HCL INJ 4 MG/10ML.....201
NALOXONE HCL INJ 4 MG/10ML..... 202
NALOXONE HCL NASAL SPRAY 3 MG/0.1ML..... 202
NALOXONE HCL NASAL SPRAY 4 MG/0.1ML.....201
NALOXONE HCL NASAL SPRAY 4 MG/0.1ML.....201
NALOXONE HCL NASAL SPRAY 4 MG/0.1ML.....201
NALOXONE HCL NASAL SPRAY 4 MG/0.1ML..... 202
NALOXONE HCL NASAL SPRAY 4 MG/0.1ML..... 202
NALOXONE HCL NASAL SPRAY 4 MG/0.1ML..... 202
NALOXONE HCL NASAL SPRAY 4 MG/0.25ML ..... 202
NALOXONE HCL NASAL SPRAY 8 MG/0.1ML.....201
NALOXONE HCL NASAL SPRAY 10 MG/0.11ML..... 202
NALOXONE HCL SOLN CARTRIDGE 0.4 MG/ML .....201
NALOXONE HCL SOLN PREFILLED SYRINGE 0.4 MG/ML.....201
NALOXONE HCL SOLN PREFILLED SYRINGE 2 MG/2ML.....201
NALOXONE HCL SOLN PREFILLED SYRINGE 2 MG/2ML.....201
NALOXONE HCL SOLN PREFILLED SYRINGE 5 MG/0.5ML..... 202
NALTREXONE HCL TAB 50 MG.....201
NAPROXEN SODIUM TAB 275 MG..... 189
NAPROXEN SODIUM TAB 550 MG ..... 189
NAPROXEN TAB 250 MG..... 189
NAPROXEN TAB 375 MG..... 189
NAPROXEN TAB 500 MG..... 189
NAPROXEN TAB EC 375 MG..... 188
NAPROXEN TAB EC 375 MG..... 188
NAPROXEN TAB EC 375 MG..... 189
NAPROXEN TAB EC 500 MG ..... 188
NAPROXEN TAB EC 500 MG ..... 188
NAPROXEN TAB EC 500 MG ..... 189
NARATRIPTAN HCL TAB 1 MG (BASE EQUIV).....213
NARATRIPTAN HCL TAB 2.5 MG (BASE EQUIV).....213
NATAMYCIN OPHTH SUSP 5% ..... 195
NATEGLINIDE TAB 60 MG.....32
NATEGLINIDE TAB 120 MG.....32
NAVEPEGRITIDE FOR SUBCUTANEOUS INJ 1.3 MG .....118
NAVEPEGRITIDE FOR SUBCUTANEOUS INJ 2.8 MG .....118
NAVEPEGRITIDE FOR SUBCUTANEOUS INJ 5.5 MG .....118
NEBIVOLOL HCL TAB 2.5 MG (BASE EQUIVALENT).....53
NEBIVOLOL HCL TAB 5 MG (BASE EQUIVALENT).....53
NEBIVOLOL HCL TAB 10 MG (BASE EQUIVALENT).....53
NEBIVOLOL HCL TAB 20 MG (BASE EQUIVALENT).....53
NEDOCROMIL SODIUM OPHTH SOLN 2%.....191
NEDOSIRAN SODIUM SUBCUTANEOUS SOLN 80 MG/0.5ML. 120
NEDOSIRAN SODIUM SUBCUTANEOUS SOLN PREF SYR 128 MG/0.8ML ..... 120
NEDOSIRAN SODIUM SUBCUTANEOUS SOLN PREF SYR 160 MG/ML..... 120
NEEDLE (DISP) 18 X 1"..... 146
NEEDLE (DISP) 18 X 1".....147
NEEDLE (DISP) 18 X 1".....147
NEEDLE (DISP) 18 X 1".....147
NEEDLE (DISP) 18 X 1".....147
NEEDLE (DISP) 18 X 1-1/2" ..... 146
NEEDLE (DISP) 18 X 1-1/2" ..... 146
NEEDLE (DISP) 18 X 1-1/2" ..... 146
NEEDLE (DISP) 18 X 1-1/2" .....147
NEEDLE (DISP) 18 X 1-1/2" .....147
NEEDLE (DISP) 18 X 1-1/2" .....147
NEEDLE (DISP) 19 X 1".....174
NEEDLE (DISP) 19 X 1-1/2" .....174
NEEDLE (DISP) 20 X 1" .....163
NEEDLE (DISP) 20 X 1" .....172
NEEDLE (DISP) 20 X 1" .....174
NEEDLE (DISP) 20 X 1-1/2" .....174
NEEDLE (DISP) 21 X 1"..... 159
NEEDLE (DISP) 21 X 1".....172
NEEDLE (DISP) 21 X 1".....174
NEEDLE (DISP) 21 X 1".....174
NEEDLE (DISP) 21 X 1-1/2"..... 159
NEEDLE (DISP) 21 X 1-1/2".....172
NEEDLE (DISP) 21 X 1-1/2".....174
NEEDLE (DISP) 21 X 1-1/2".....174
NEEDLE (DISP) 22 X 1".....163
NEEDLE (DISP) 22 X 1".....172
NEEDLE (DISP) 22 X 1".....174
NEEDLE (DISP) 22 X 1-1/2" .....172
NEEDLE (DISP) 22 X 1-1/2" .....174
NEEDLE (DISP) 23 X 1" ..... 154
NEEDLE (DISP) 23 X 1" .....155
NEEDLE (DISP) 23 X 1" .....163
NEEDLE (DISP) 23 X 1" .....172
NEEDLE (DISP) 23 X 1" .....174
NEEDLE (DISP) 23 X 1-1/2" ..... 154
NEEDLE (DISP) 23 X 1-1/2" .....155
NEEDLE (DISP) 23 X 1-1/2" .....163
NEEDLE (DISP) 23 X 1-1/2" .....172
NEEDLE (DISP) 23 X 1-1/2" .....178
NEEDLE (DISP) 25 X 1" .....155
NEEDLE (DISP) 25 X 1" ..... 158
NEEDLE (DISP) 25 X 1" .....163
NEEDLE (DISP) 25 X 1" .....171
NEEDLE (DISP) 25 X 1" .....172
NEEDLE (DISP) 25 X 1" .....174
NEEDLE (DISP) 25 X 1" .....178
NEEDLE (DISP) 25 X 1-1/2" .....155
NEEDLE (DISP) 25 X 1-1/2" ..... 159
NEEDLE (DISP) 25 X 1-1/2" .....163
NEEDLE (DISP) 25 X 1-1/2" .....172
NEEDLE (DISP) 25 X 5/8" ..... 154
NEEDLE (DISP) 25 X 5/8" .....155
NEEDLE (DISP) 25 X 5/8" ..... 158
NEEDLE (DISP) 25 X 5/8" .....163
NEEDLE (DISP) 25 X 5/8" .....172
NEEDLE (DISP) 25 X 5/8" .....175
NEEDLE (DISP) 27 X 1-1/2" .....155
NEEDLE (DISP) 27 X 1/2" ..... 154
NEEDLE (DISP) 27 X 1/2" .....172
NEEDLE (DISP) 30 X 1" ..... 154
NEEDLE (DISP) 30 X 1/2" ..... 154
NEEDLE (DISP) 30 X 1/2" .....172
NEFAZODONE HCL TAB 50 MG ..... 222
NEFAZODONE HCL TAB 100 MG..... 222
NEFAZODONE HCL TAB 150 MG..... 222
NEFAZODONE HCL TAB 200 MG..... 222
NEFAZODONE HCL TAB 250 MG..... 222
NELFINAVIR MESYLATE TAB 250 MG....20
NELFINAVIR MESYLATE TAB 625 MG....20

NEMOLIZUMAB-ILTO FOR SUBCUTANEOUS AUTO-INJECTOR 30 MG ..... 75
NEOMYCIN-BACITRAC ZN-POLYMYX 5(3.5)MG-400UNT-10000UNT OP OIN 190
NEOMYCIN-BACITRAC ZN-POLYMYX 5(3.5)MG-400UNT-10000UNT OP OIN 190
NEOMYCIN-BACITRAC ZN-POLYMYX 5(3.5)MG-400UNT-10000UNT OP OIN 190
NEOMYCIN-COLISTIN-HC-THONZONIUM OTIC SUSP 3.3-3-10-0.5 MG/ML ..... 202
NEOMYCIN-POLYMY-GRAMICID OP SOL 1.75-10000-0.025MG-UNT-MG/ML ..... 190
NEOMYCIN-POLYMYXIN-DEXAMETHASONE OPHTH OINT 0.1% .. 192
NEOMYCIN-POLYMYXIN-DEXAMETHASONE OPHTH OINT 0.1% .. 192
NEOMYCIN-POLYMYXIN-DEXAMETHASONE OPHTH SUSP 0.1% .. 192
NEOMYCIN-POLYMYXIN-DEXAMETHASONE OPHTH SUSP 0.1% .. 192
NEOMYCIN-POLYMYXIN-HC OPHTH SUSP ..... 192
NEOMYCIN-POLYMYXIN-HC OTIC SOLN 1% ..... 202
NEOMYCIN-POLYMYXIN-HC OTIC SUSP 3.5 MG/ML-10000 UNIT/ML-1% .. 202
NEOMYCIN SULFATE TAB 500 MG ..... 11
NEPAFENAC OPHTH SUSP 0.1% ..... 192
NERATINIB MALEATE TAB 40 MG (BASE EQUIVALENT) ..... 183
NETARSUDIL DIMESYLATE-LATANOPROST OPHTH SOLN 0.02-0.005% ..... 191
NETARSUDIL DIMESYLATE OPHTH SOLN 0.02% ..... 191
NETUPITANT-PALONOSETRON CAP 300-0.5 MG ..... 33
NEVIRAPINE SUSP 50 MG/5ML ..... 18
NEVIRAPINE TAB 200 MG ..... 18
NEVIRAPINE TAB ER 24HR 400 MG ..... 18
NIACIN TAB ER 500 MG (ANTIHYPERLIPIDEMIC) ..... 90
NIACIN TAB ER 500 MG (ANTIHYPERLIPIDEMIC) ..... 90
NIACIN TAB ER 500 MG (ANTIHYPERLIPIDEMIC) ..... 91
NIACIN TAB ER 750 MG (ANTIHYPERLIPIDEMIC) ..... 91
NIACIN TAB ER 1000 MG (ANTIHYPERLIPIDEMIC) ..... 90
NICARDIPINE HCL CAP 20 MG ..... 61
NICARDIPINE HCL CAP 30 MG ..... 61
NICOTINE NASAL SPRAY 10 MG/ML (0.5 MG/SPRAY) ..... 219
NICOTINE POLACRILEX GUM 2 MG .... 216
NICOTINE POLACRILEX GUM 2 MG .... 216
NICOTINE POLACRILEX GUM 2 MG .... 216
NICOTINE POLACRILEX GUM 2 MG .... 216
NICOTINE POLACRILEX GUM 2 MG .... 216
NICOTINE POLACRILEX GUM 2 MG .... 216
NICOTINE POLACRILEX GUM 2 MG .... 216
NICOTINE POLACRILEX GUM 2 MG .... 217
NICOTINE POLACRILEX GUM 2 MG .... 217
NICOTINE POLACRILEX GUM 2 MG .... 217
NICOTINE POLACRILEX GUM 2 MG .... 217
NICOTINE POLACRILEX GUM 2 MG .... 217
NICOTINE POLACRILEX GUM 2 MG .... 217
NICOTINE POLACRILEX GUM 2 MG .... 217
NICOTINE POLACRILEX GUM 2 MG .... 217
NICOTINE POLACRILEX GUM 2 MG .... 217
NICOTINE POLACRILEX GUM 2 MG .... 218
NICOTINE POLACRILEX GUM 2 MG .... 218
NICOTINE POLACRILEX GUM 2 MG .... 218
NICOTINE POLACRILEX GUM 2 MG .... 218
NICOTINE POLACRILEX GUM 2 MG .... 218
NICOTINE POLACRILEX GUM 2 MG .... 218
NICOTINE POLACRILEX GUM 2 MG .... 218
NICOTINE POLACRILEX GUM 2 MG .... 218
NICOTINE POLACRILEX GUM 2 MG .... 218
NICOTINE POLACRILEX GUM 2 MG .... 219
NICOTINE POLACRILEX GUM 4 MG .... 216
NICOTINE POLACRILEX GUM 4 MG .... 216
NICOTINE POLACRILEX GUM 4 MG .... 216
NICOTINE POLACRILEX GUM 4 MG .... 216
NICOTINE POLACRILEX GUM 4 MG .... 216
NICOTINE POLACRILEX GUM 4 MG .... 216
NICOTINE POLACRILEX GUM 4 MG .... 216
NICOTINE POLACRILEX GUM 4 MG .... 216
NICOTINE POLACRILEX GUM 4 MG .... 216
NICOTINE POLACRILEX GUM 4 MG .... 217
NICOTINE POLACRILEX GUM 4 MG .... 217
NICOTINE POLACRILEX GUM 4 MG .... 217
NICOTINE POLACRILEX GUM 4 MG .... 217
NICOTINE POLACRILEX GUM 4 MG .... 217
NICOTINE POLACRILEX GUM 4 MG .... 218
NICOTINE POLACRILEX GUM 4 MG .... 218
NICOTINE POLACRILEX GUM 4 MG .... 218
NICOTINE POLACRILEX GUM 4 MG .... 218
NICOTINE POLACRILEX GUM 4 MG .... 218
NICOTINE POLACRILEX GUM 4 MG .... 218
NICOTINE POLACRILEX GUM 4 MG .... 218
NICOTINE POLACRILEX GUM 4 MG .... 218
NICOTINE POLACRILEX GUM 4 MG .... 218
NICOTINE POLACRILEX GUM 4 MG .... 218
NICOTINE POLACRILEX GUM 4 MG .... 218
NICOTINE POLACRILEX GUM 4 MG .... 219
NICOTINE POLACRILEX GUM 4 MG .... 219
NICOTINE POLACRILEX GUM 4 MG .... 219
NICOTINE POLACRILEX LOZENGE 2 MG ..... 216
NICOTINE POLACRILEX LOZENGE 2 MG ..... 216
NICOTINE POLACRILEX LOZENGE 2 MG ..... 216
NICOTINE POLACRILEX LOZENGE 2 MG ..... 217
NICOTINE POLACRILEX LOZENGE 2 MG ..... 217
NICOTINE POLACRILEX LOZENGE 2 MG ..... 217
NICOTINE POLACRILEX LOZENGE 2 MG ..... 217
NICOTINE POLACRILEX LOZENGE 2 MG ..... 217
NICOTINE POLACRILEX LOZENGE 2 MG ..... 218
NICOTINE POLACRILEX LOZENGE 2 MG ..... 218
NICOTINE POLACRILEX LOZENGE 2 MG ..... 218
NICOTINE POLACRILEX LOZENGE 2 MG ..... 219
NICOTINE POLACRILEX LOZENGE 2 MG ..... 219
NICOTINE POLACRILEX LOZENGE 2 MG ..... 219
NICOTINE POLACRILEX LOZENGE 2 MG ..... 219
NICOTINE POLACRILEX LOZENGE 4 MG ..... 216
NICOTINE POLACRILEX LOZENGE 4 MG ..... 217
NICOTINE POLACRILEX LOZENGE 4 MG ..... 217
NICOTINE POLACRILEX LOZENGE 4 MG ..... 217
NICOTINE POLACRILEX LOZENGE 4 MG ..... 217
NICOTINE POLACRILEX LOZENGE 4 MG ..... 218

NICOTINE POLACRILEX LOZENGE 4 MG....218
NICOTINE POLACRILEX LOZENGE 4 MG....218
NICOTINE POLACRILEX LOZENGE 4 MG....218
NICOTINE POLACRILEX LOZENGE 4 MG....219
NICOTINE POLACRILEX LOZENGE 4 MG....219
NICOTINE POLACRILEX LOZENGE 4 MG....219
NICOTINE POLACRILEX LOZENGE 4 MG....219
NICOTINE TD PATCH 24HR 7 MG/24HR.216
NICOTINE TD PATCH 24HR 7 MG/24HR.216
NICOTINE TD PATCH 24HR 7 MG/24HR.217
NICOTINE TD PATCH 24HR 7 MG/24HR.217
NICOTINE TD PATCH 24HR 7 MG/24HR.217
NICOTINE TD PATCH 24HR 7 MG/24HR.218
NICOTINE TD PATCH 24HR 7 MG/24HR.219
NICOTINE TD PATCH 24HR 7 MG/24HR.219
NICOTINE TD PATCH 24HR 14 MG/24HR....216
NICOTINE TD PATCH 24HR 14 MG/24HR....216
NICOTINE TD PATCH 24HR 14 MG/24HR217
NICOTINE TD PATCH 24HR 14 MG/24HR217
NICOTINE TD PATCH 24HR 14 MG/24HR217
NICOTINE TD PATCH 24HR 14 MG/24HR....218
NICOTINE TD PATCH 24HR 14 MG/24HR....219
NICOTINE TD PATCH 24HR 14 MG/24HR....219
NICOTINE TD PATCH 24HR 14 MG/24HR....219
NICOTINE TD PATCH 24HR 21 MG/24HR....216
NICOTINE TD PATCH 24HR 21 MG/24HR....216
NICOTINE TD PATCH 24HR 21 MG/24HR217
NICOTINE TD PATCH 24HR 21 MG/24HR217
NICOTINE TD PATCH 24HR 21 MG/24HR217
NICOTINE TD PATCH 24HR 21 MG/24HR217
NICOTINE TD PATCH 24HR 21 MG/24HR....219
NICOTINE TD PATCH 24HR 21 MG/24HR....219
NICOTINE TD PATCH 24HR 21 MG/24HR....219
NICOTINE TD PATCH 24 HR KIT 21-14-7 MG/24HR....219
NIFEDIPINE CAP 10 MG....61
NIFEDIPINE CAP 20 MG....61
NIFEDIPINE TAB ER 24HR 30 MG....61
NIFEDIPINE TAB ER 24HR 60 MG....61
NIFEDIPINE TAB ER 24HR 90 MG....61
NIFEDIPINE TAB ER 24HR OSMOTIC RELEASE 30 MG....61
NIFEDIPINE TAB ER 24HR OSMOTIC RELEASE 60 MG....61
NIFEDIPINE TAB ER 24HR OSMOTIC RELEASE 90 MG....61
NIFURTIMOX TAB 30 MG....43
NIFURTIMOX TAB 120 MG....43
NILOTINIB HCL CAP 50 MG (BASE EQUIVALENT)....183
NILOTINIB HCL CAP 150 MG (BASE EQUIVALENT)....183
NILOTINIB HCL CAP 200 MG (BASE EQUIVALENT)....183
NIMODIPINE CAP 30 MG....61
NIMODIPINE ORAL SOLN 6 MG/ML....62
NIMODIPINE ORAL SOLN 60 MG/20ML (3 MG/ML)....61
NIRAPARIB TOSYLATE-ABIRATERONE ACETATE TAB 50-500 MG....39
NIRAPARIB TOSYLATE-ABIRATERONE ACETATE TAB 100-500 MG....39
NIRMATRELVIR TAB 6 X 150 MG & RITONAVIR TAB 5 X 100 MG PAK....45
NIRMATRELVIR TAB 10 X 150 MG & RITONAVIR TAB 10 X 100 MG PAK....45
NIRMATRELVIR TAB 20 X 150 MG & RITONAVIR TAB 10 X 100 MG PAK....45
NIROGACESTAT HYDROBROMIDE TAB 50 MG....41
NIROGACESTAT HYDROBROMIDE TAB 100 MG....40
NIROGACESTAT HYDROBROMIDE TAB 150 MG....40
NIRSEVIMAB-ALIP IM SOLN PREFILLED SYRINGE 50 MG/0.5ML....145
NIRSEVIMAB-ALIP IM SOLN PREFILLED SYRINGE 100 MG/ML....145
NISOLDIPINE TAB ER 24HR 8.5 MG....62
NISOLDIPINE TAB ER 24HR 8.5 MG....62
NISOLDIPINE TAB ER 24HR 17 MG....62
NISOLDIPINE TAB ER 24HR 17 MG....62
NISOLDIPINE TAB ER 24HR 20 MG....62
NISOLDIPINE TAB ER 24HR 25.5 MG....62
NISOLDIPINE TAB ER 24HR 30 MG....62
NISOLDIPINE TAB ER 24HR 34 MG....62
NISOLDIPINE TAB ER 24HR 34 MG....62
NISOLDIPINE TAB ER 24HR 40 MG....62
NITAZOXANIDE TAB 500 MG....43
NITISINONE (AKU) TAB 2 MG....162
NITISINONE CAP 2 MG....117
NITISINONE CAP 5 MG....117
NITISINONE CAP 10 MG....117
NITISINONE CAP 20 MG....117
NITISINONE SUSP 4 MG/ML....117
NITROFURANTOIN MACROCRYSTALLINE CAP 25 MG....24
NITROFURANTOIN MACROCRYSTALLINE CAP 25 MG....25
NITROFURANTOIN MACROCRYSTALLINE CAP 50 MG....24
NITROFURANTOIN MACROCRYSTALLINE CAP 50 MG....25
NITROFURANTOIN MACROCRYSTALLINE CAP 100 MG....24
NITROFURANTOIN MACROCRYSTALLINE CAP 100 MG....25
NITROFURANTOIN MONOHYDRATE MACROCRYSTALLINE CAP 100 MG....24
NITROFURANTOIN MONOHYDRATE MACROCRYSTALLINE CAP 100 MG....25
NITROFURANTOIN SUSP 25 MG/5ML....168
NITROGLYCERIN CAP ER 2.5 MG....230
NITROGLYCERIN CAP ER 6.5 MG....230
NITROGLYCERIN CAP ER 9 MG....230
NITROGLYCERIN OINT 0.4%....230
NITROGLYCERIN OINT 2%....230
NITROGLYCERIN OINT 2%....230
NITROGLYCERIN SL TAB 0.3 MG....230
NITROGLYCERIN SL TAB 0.3 MG....230
NITROGLYCERIN SL TAB 0.4 MG....230
NITROGLYCERIN SL TAB 0.4 MG....230
NITROGLYCERIN SL TAB 0.6 MG....230
NITROGLYCERIN SL TAB 0.6 MG....230
NITROGLYCERIN TD PATCH 24HR 0.1 MG/HR....230
NITROGLYCERIN TD PATCH 24HR 0.1 MG/HR....230
NITROGLYCERIN TD PATCH 24HR 0.2 MG/HR....230
NITROGLYCERIN TD PATCH 24HR 0.2 MG/HR....230
NITROGLYCERIN TD PATCH 24HR 0.3 MG/HR....230
NITROGLYCERIN TD PATCH 24HR 0.4 MG/HR....230
NITROGLYCERIN TD PATCH 24HR 0.4 MG/HR....230
NITROGLYCERIN TD PATCH 24HR 0.6 MG/HR....230
NITROGLYCERIN TD PATCH 24HR 0.6 MG/HR....230
NITROGLYCERIN TD PATCH 24HR 0.8 MG/HR....230
NONOXYNOL-9 FILM 28%....120
NONOXYNOL-9 GEL 3%....119
NONOXYNOL-9 GEL 4%....120
NONOXYNOL-9 VAGINAL SPONGE 1000 MG....120

NONOXYNOL-9 VAGINAL SUPPOS 100 MG....119
NORELGESTROMIN-ETHINYL ESTRADIOL TD PTWK 150-35 MCG/24HR....109
NORELGESTROMIN-ETHINYL ESTRADIOL TD PTWK 150-35 MCG/24HR....112
NORELGESTROMIN-ETHINYL ESTRADIOL TD PTWK 150-35 MCG/24HR....112
NORETHINDRONE ACE-ETH ESTRADIOL-FE CHEW TAB 1 MG-20 MCG (24)....102
NORETHINDRONE ACE-ETH ESTRADIOL-FE CHEW TAB 1 MG-20 MCG (24)....106
NORETHINDRONE ACE-ETH ESTRADIOL-FE CHEW TAB 1 MG-20 MCG (24)....109
NORETHINDRONE ACE-ETH ESTRADIOL-FE CHEW TAB 1 MG-20 MCG (24)....109
NORETHINDRONE ACE & ETHINYL ESTRADIOL-FE TAB 1.5 MG-30 MCG....102
NORETHINDRONE ACE & ETHINYL ESTRADIOL-FE TAB 1.5 MG-30 MCG....102
NORETHINDRONE ACE & ETHINYL ESTRADIOL-FE TAB 1.5 MG-30 MCG....106
NORETHINDRONE ACE & ETHINYL ESTRADIOL-FE TAB 1.5 MG-30 MCG....106
NORETHINDRONE ACE & ETHINYL ESTRADIOL-FE TAB 1.5 MG-30 MCG....107
NORETHINDRONE ACE & ETHINYL ESTRADIOL-FE TAB 1.5 MG-30 MCG....107
NORETHINDRONE ACE & ETHINYL ESTRADIOL-FE TAB 1.5 MG-30 MCG....109
NORETHINDRONE ACE & ETHINYL ESTRADIOL-FE TAB 1.5 MG-30 MCG....109
NORETHINDRONE ACE & ETHINYL ESTRADIOL-FE TAB 1 MG-20 MCG....102
NORETHINDRONE ACE & ETHINYL ESTRADIOL-FE TAB 1 MG-20 MCG....102
NORETHINDRONE ACE & ETHINYL ESTRADIOL-FE TAB 1 MG-20 MCG....106
NORETHINDRONE ACE & ETHINYL ESTRADIOL-FE TAB 1 MG-20 MCG....106
NORETHINDRONE ACE & ETHINYL ESTRADIOL-FE TAB 1 MG-20 MCG....107
NORETHINDRONE ACE & ETHINYL ESTRADIOL-FE TAB 1 MG-20 MCG....107
NORETHINDRONE ACE & ETHINYL ESTRADIOL-FE TAB 1 MG-20 MCG....109
NORETHINDRONE ACE & ETHINYL ESTRADIOL-FE TAB 1 MG-20 MCG....110
NORETHINDRONE ACE & ETHINYL ESTRADIOL-FE TAB 1 MG-20 MCG....111
NORETHINDRONE ACE-ETHINYL ESTRADIOL-FE TAB 1 MG-20 MCG (24) .102
NORETHINDRONE ACE-ETHINYL ESTRADIOL-FE TAB 1 MG-20 MCG (24) .102
NORETHINDRONE ACE-ETHINYL ESTRADIOL-FE TAB 1 MG-20 MCG (24) 106
NORETHINDRONE ACE-ETHINYL ESTRADIOL-FE TAB 1 MG-20 MCG (24) .107
NORETHINDRONE ACE-ETHINYL ESTRADIOL-FE TAB 1 MG-20 MCG (24) .107
NORETHINDRONE ACE-ETHINYL ESTRADIOL-FE TAB 1 MG-20 MCG (24) . 111
NORETHINDRONE ACE & ETHINYL ESTRADIOL TAB 1.5 MG-30 MCG....102
NORETHINDRONE ACE & ETHINYL ESTRADIOL TAB 1.5 MG-30 MCG .... 106
NORETHINDRONE ACE & ETHINYL ESTRADIOL TAB 1.5 MG-30 MCG....107
NORETHINDRONE ACE & ETHINYL ESTRADIOL TAB 1.5 MG-30 MCG....107
NORETHINDRONE ACE & ETHINYL ESTRADIOL TAB 1.5 MG-30 MCG .... 108
NORETHINDRONE ACE & ETHINYL ESTRADIOL TAB 1.5 MG-30 MCG .... 109
NORETHINDRONE ACE & ETHINYL ESTRADIOL TAB 1.5 MG-30 MCG .... 109
NORETHINDRONE ACE & ETHINYL ESTRADIOL TAB 1 MG-20 MCG....102
NORETHINDRONE ACE & ETHINYL ESTRADIOL TAB 1 MG-20 MCG....107
NORETHINDRONE ACE & ETHINYL ESTRADIOL TAB 1 MG-20 MCG....107
NORETHINDRONE ACE & ETHINYL ESTRADIOL TAB 1 MG-20 MCG .... 108
NORETHINDRONE ACE & ETHINYL ESTRADIOL TAB 1 MG-20 MCG .... 109
NORETHINDRONE ACE & ETHINYL ESTRADIOL TAB 1 MG-20 MCG....110
NORETHINDRONE ACETATE-ETHINYL ESTRADIOL TAB 0.5 MG-2.5 MCG .... 106
NORETHINDRONE ACETATE-ETHINYL ESTRADIOL TAB 0.5 MG-2.5 MCG .... 109
NORETHINDRONE ACETATE-ETHINYL ESTRADIOL TAB 1 MG-5 MCG .... 106
NORETHINDRONE ACETATE-ETHINYL ESTRADIOL TAB 1 MG-5 MCG ....107
NORETHINDRONE ACETATE-ETHINYL ESTRADIOL TAB 1 MG-5 MCG ....110
NORETHINDRONE ACETATE TAB 5 MG 205
NORETHINDRONE ACETATE TAB 5 MG 205
NORETHINDRONE AC-ETHINYL ESTRAD-FE TAB 1-20/1-30/1-35 MG-MCG ....110
NORETHINDRONE AC-ETHINYL ESTRAD-FE TAB 1-20/1-30/1-35 MG-MCG ....111
NORETHINDRONE AC-ETHINYL ESTRAD-FE TAB 1-20/1-30/1-35 MG-MCG ....111
NORETHINDRONE AC-ETHINYL ESTRAD-FE TAB 1-20/1-30/1-35 MG-MCG ....112
NORETHINDRONE-ETH ESTRADIOL TAB 0.5-35/0.75-35/1-35 MG-MCG ....101
NORETHINDRONE-ETH ESTRADIOL TAB 0.5-35/0.75-35/1-35 MG-MCG .... 103
NORETHINDRONE-ETH ESTRADIOL TAB 0.5-35/0.75-35/1-35 MG-MCG ....110
NORETHINDRONE-ETH ESTRADIOL TAB 0.5-35/0.75-35/1-35 MG-MCG ....110
NORETHINDRONE-ETH ESTRADIOL TAB 0.5-35/1-35/0.5-35 MG-MCG ....102
NORETHINDRONE-ETH ESTRADIOL TAB 0.5-35/1-35/0.5-35 MG-MCG ....107
NORETHINDRONE & ETHINYL ESTRADIOL-FE CHEW TAB 0.4 MG-35 MCG .... 109
NORETHINDRONE & ETHINYL ESTRADIOL-FE CHEW TAB 0.4 MG-35 MCG ....112
NORETHINDRONE & ETHINYL ESTRADIOL-FE CHEW TAB 0.4 MG-35 MCG ....112
NORETHINDRONE & ETHINYL ESTRADIOL-FE CHEW TAB 0.8 MG-25 MCG .... 106
NORETHINDRONE & ETHINYL ESTRADIOL-FE CHEW TAB 0.8 MG-25 MCG ....107
NORETHINDRONE & ETHINYL ESTRADIOL-FE CHEW TAB 0.8 MG-25 MCG ....107
NORETHINDRONE & ETHINYL ESTRADIOL-FE CHEW TAB 0.8 MG-25 MCG .... 109
NORETHINDRONE & ETHINYL ESTRADIOL TAB 0.4 MG-35 MCG....102
NORETHINDRONE & ETHINYL ESTRADIOL TAB 0.4 MG-35 MCG....102
NORETHINDRONE & ETHINYL ESTRADIOL TAB 0.4 MG-35 MCG....110
NORETHINDRONE & ETHINYL ESTRADIOL TAB 0.4 MG-35 MCG....112
NORETHINDRONE & ETHINYL ESTRADIOL TAB 0.5 MG-35 MCG .... 109
NORETHINDRONE & ETHINYL ESTRADIOL TAB 0.5 MG-35 MCG....110
NORETHINDRONE & ETHINYL ESTRADIOL TAB 0.5 MG-35 MCG....112
NORETHINDRONE & ETHINYL ESTRADIOL TAB 1 MG-35 MCG ....101
NORETHINDRONE & ETHINYL ESTRADIOL TAB 1 MG-35 MCG .... 103

NORETHINDRONE & ETHINYL ESTRADIOL TAB 1 MG-35 MCG .....110
NORETHINDRONE & ETHINYL ESTRADIOL TAB 1 MG-35 MCG .....110
NORETHINDRONE TAB 0.35 MG..... 204
NORETHINDRONE TAB 0.35 MG..... 204
NORETHINDRONE TAB 0.35 MG..... 205
NORETHINDRONE TAB 0.35 MG..... 205
NORETHINDRONE TAB 0.35 MG..... 205
NORETHINDRONE TAB 0.35 MG..... 205
NORETHINDRONE TAB 0.35 MG..... 205
NORETHINDRONE TAB 0.35 MG..... 205
NORETHINDRONE TAB 0.35 MG..... 205
NORETHINDRONE TAB 0.35 MG..... 205
NORETHINDRONE TAB 0.35 MG..... 205
NORETHINDRONE TAB 0.35 MG..... 205
NORETHINDRONE TAB 0.35 MG..... 205
NORETHINDRONE TAB 0.35 MG..... 206
NORETHIN-ETH ESTRADIOL-FE TAB 1 MG-10 MCG (24)/10 MCG (2)..... 108
NORGESTIMATE-ETH ESTRAD TAB 0.18-25/0.215-25/0.25-25 MG-MCG ....110
NORGESTIMATE-ETH ESTRAD TAB 0.18-25/0.215-25/0.25-25 MG-MCG ....111
NORGESTIMATE-ETH ESTRAD TAB 0.18-25/0.215-25/0.25-25 MG-MCG ....111
NORGESTIMATE-ETH ESTRAD TAB 0.18-25/0.215-25/0.25-25 MG-MCG ....111
NORGESTIMATE-ETH ESTRAD TAB 0.18-25/0.215-25/0.25-25 MG-MCG ....111
NORGESTIMATE-ETH ESTRAD TAB 0.18-25/0.215-25/0.25-25 MG-MCG ....111
NORGESTIMATE-ETH ESTRAD TAB 0.18-35/0.215-35/0.25-35 MG-MCG....110
NORGESTIMATE-ETH ESTRAD TAB 0.18-35/0.215-35/0.25-35 MG-MCG....111
NORGESTIMATE-ETH ESTRAD TAB 0.18-35/0.215-35/0.25-35 MG-MCG....111
NORGESTIMATE-ETH ESTRAD TAB 0.18-35/0.215-35/0.25-35 MG-MCG....111
NORGESTIMATE-ETH ESTRAD TAB 0.18-35/0.215-35/0.25-35 MG-MCG....111
NORGESTIMATE & ETHINYL ESTRADIOL TAB 0.25 MG-35 MCG..... 104
NORGESTIMATE & ETHINYL ESTRADIOL TAB 0.25 MG-35 MCG..... 109
NORGESTIMATE & ETHINYL ESTRADIOL TAB 0.25 MG-35 MCG..... 109
NORGESTIMATE & ETHINYL ESTRADIOL TAB 0.25 MG-35 MCG.....110
NORGESTIMATE & ETHINYL ESTRADIOL TAB 0.25 MG-35 MCG.....111
NORGESTIMATE & ETHINYL ESTRADIOL TAB 0.25 MG-35 MCG.....112
NORGESTREL & ETHINYL ESTRADIOL TAB 0.3 MG-30 MCG..... 103
NORGESTREL & ETHINYL ESTRADIOL TAB 0.3 MG-30 MCG..... 103
NORGESTREL & ETHINYL ESTRADIOL TAB 0.3 MG-30 MCG..... 104
NORGESTREL & ETHINYL ESTRADIOL TAB 0.3 MG-30 MCG..... 108
NORGESTREL & ETHINYL ESTRADIOL TAB 0.3 MG-30 MCG.....112
NORGESTREL TAB 0.075 MG ..... 204
NORTRIPTYLINE HCL CAP 10 MG ..... 226
NORTRIPTYLINE HCL CAP 25 MG ..... 226
NORTRIPTYLINE HCL CAP 50 MG..... 226
NORTRIPTYLINE HCL CAP 75 MG ..... 226
NORTRIPTYLINE HCL SOLN 10 MG/5ML ..... 226
NUTRITIONAL SUPPLEMENT BAR.....155
NUTRITIONAL SUPPLEMENT BAR.....155
NUTRITIONAL SUPPLEMENT BAR.....162
NUTRITIONAL SUPPLEMENT CAPS ....232
NUTRITIONAL SUPPLEMENT LIQUID ...91
NUTRITIONAL SUPPLEMENT LIQUID ...91
NUTRITIONAL SUPPLEMENT LIQUID ...91
NUTRITIONAL SUPPLEMENT LIQUID ...91
NUTRITIONAL SUPPLEMENT LIQUID ...91
NUTRITIONAL SUPPLEMENT LIQUID ...91
NUTRITIONAL SUPPLEMENT LIQUID ...91
NUTRITIONAL SUPPLEMENT LIQUID ...91
NUTRITIONAL SUPPLEMENT LIQUID ...91
NUTRITIONAL SUPPLEMENT LIQUID ...91
NUTRITIONAL SUPPLEMENT LIQUID ...91
NUTRITIONAL SUPPLEMENT LIQUID ...91
NUTRITIONAL SUPPLEMENT LIQUID ...91
NUTRITIONAL SUPPLEMENT LIQUID ...91
NUTRITIONAL SUPPLEMENT LIQUID ...91
NUTRITIONAL SUPPLEMENT LIQUID ...92
NUTRITIONAL SUPPLEMENT LIQUID ...92
NUTRITIONAL SUPPLEMENT LIQUID ...92

NUTRITIONAL SUPPLEMENT LIQUID . . 96
NUTRITIONAL SUPPLEMENT LIQUID . . 96
NUTRITIONAL SUPPLEMENT LIQUID . . .97
NUTRITIONAL SUPPLEMENT LIQUID . . .97
NUTRITIONAL SUPPLEMENT LIQUID . . .97
NUTRITIONAL SUPPLEMENT LIQUID . . .97
NUTRITIONAL SUPPLEMENT LIQUID . . .97
NUTRITIONAL SUPPLEMENT LIQUID . . .97
NUTRITIONAL SUPPLEMENT LIQUID . . .97
NUTRITIONAL SUPPLEMENT LIQUID . . 98
NUTRITIONAL SUPPLEMENT LIQUID . . 98
NUTRITIONAL SUPPLEMENT LIQUID . . 98
NUTRITIONAL SUPPLEMENT LIQUID . . 98
NUTRITIONAL SUPPLEMENT LIQUID . . 98
NUTRITIONAL SUPPLEMENT LIQUID . . 98
NUTRITIONAL SUPPLEMENT LIQUID . . 98
NUTRITIONAL SUPPLEMENT LIQUID . . 98
NUTRITIONAL SUPPLEMENT LIQUID . . 98
NUTRITIONAL SUPPLEMENT LIQUID . . 98
NUTRITIONAL SUPPLEMENT LIQUID . . 98
NUTRITIONAL SUPPLEMENT LIQUID . . 98
NUTRITIONAL SUPPLEMENT LIQUID . . 98
NUTRITIONAL SUPPLEMENT LIQUID (ENTERAL) . . . . . .157
NUTRITIONAL SUPPLEMENT LIQUID (ENTERAL) . . . . . .157
NUTRITIONAL SUPPLEMENT LIQUID (ENTERAL) . . . . . .162
NUTRITIONAL SUPPLEMENT LIQUID (ENTERAL) . . . . . .163
NUTRITIONAL SUPPLEMENT LIQUID (ENTERAL) . . . . . 168
NUTRITIONAL SUPPLEMENT LIQUID (ENTERAL) . . . . . 168
NUTRITIONAL SUPPLEMENT LIQUID (ENTERAL) . . . . . .171
NUTRITIONAL SUPPLEMENT LIQUID (ENTERAL) . . . . . .174
NUTRITIONAL SUPPLEMENT LIQUID (ENTERAL) . . . . . .174
NUTRITIONAL SUPPLEMENT MISC . . . 230
NUTRITIONAL SUPPLEMENT MISC . . . .231
NUTRITIONAL SUPPLEMENT MISC . . . 235
NUTRITIONAL SUPPLEMENT PACK . . . . .91
NUTRITIONAL SUPPLEMENT PACK . . . . .91
NUTRITIONAL SUPPLEMENT PACK . . . . .91
NUTRITIONAL SUPPLEMENT PACK . . . . .92
NUTRITIONAL SUPPLEMENT PACK . . . . .92
NUTRITIONAL SUPPLEMENT PACK . . . . .93
NUTRITIONAL SUPPLEMENT PACK . . . . .93
NUTRITIONAL SUPPLEMENT PACK . . . . .93

NYSTATIN TOPICAL POWDER 100000 UNIT/GM....36
NYSTATIN TOPICAL POWDER 100000 UNIT/GM....36
NYSTATIN-TRIAMCINOLONE CREAM 100000-0.1 UNIT/GM-%....36
NYSTATIN-TRIAMCINOLONE OINT 100000-0.1 UNIT/GM-%....36
OBETICHOLIC ACID TAB 5 MG....117
OBETICHOLIC ACID TAB 10 MG....117
OCTREOTIDE ACETATE INJ 50 MCG/ML (0.05 MG/ML)....140
OCTREOTIDE ACETATE INJ 100 MCG/ML (0.1 MG/ML)....140
OCTREOTIDE ACETATE INJ 200 MCG/ML (0.2 MG/ML)....140
OCTREOTIDE ACETATE INJ 200 MCG/ML (0.2 MG/ML)....140
OCTREOTIDE ACETATE INJ 500 MCG/ML (0.5 MG/ML)....140
OCTREOTIDE ACETATE INJ 1000 MCG/ML (1 MG/ML)....140
OCTREOTIDE ACETATE INJ 1000 MCG/ML (1 MG/ML)....140
OCTREOTIDE ACETATE SUBCUTANEOUS SOLN PREF SYR 50 MCG/ML....140
OCTREOTIDE ACETATE SUBCUTANEOUS SOLN PREF SYR 100 MCG/ML....140
OCTREOTIDE ACETATE SUBCUTANEOUS SOLN PREF SYR 500 MCG/ML....140
OFATUMUMAB SOLN AUTO-INJECTOR 20 MG/0.4ML....186
OFLOXACIN OPHTH SOLN 0.3%....193
OFLOXACIN OPHTH SOLN 0.3%....193
OFLOXACIN OTIC SOLN 0.3%....202
OFLOXACIN TAB 300 MG....209
OFLOXACIN TAB 400 MG....209
OLANZAPINE-FLUOXETINE HCL CAP 3-25 MG....222
OLANZAPINE-FLUOXETINE HCL CAP 3-25 MG....222
OLANZAPINE-FLUOXETINE HCL CAP 6-25 MG....222
OLANZAPINE-FLUOXETINE HCL CAP 6-25 MG....223
OLANZAPINE-FLUOXETINE HCL CAP 6-50 MG....222
OLANZAPINE-FLUOXETINE HCL CAP 12-25 MG....222
OLANZAPINE-FLUOXETINE HCL CAP 12-50 MG....222
OLANZAPINE ORALLY DISINTEGRATING TAB 5 MG....8
OLANZAPINE ORALLY DISINTEGRATING TAB 10 MG....8
OLANZAPINE ORALLY DISINTEGRATING TAB 15 MG....8
OLANZAPINE ORALLY DISINTEGRATING TAB 20 MG....8
OLANZAPINE TAB 2.5 MG....8
OLANZAPINE TAB 5 MG....8
OLANZAPINE TAB 7.5 MG....8
OLANZAPINE TAB 10 MG....8
OLANZAPINE TAB 15 MG....8
OLANZAPINE TAB 20 MG....8
OLAPARIB TAB 100 MG....183
OLAPARIB TAB 150 MG....183
OLEZARSEN SOD SUBCUT SOLN AUTO-INJECT 50 MG/0.8ML (BASE EQ)....177
OLEZARSEN SOD SUBCUT SOLN AUTO-INJECT 80 MG/0.8ML (BASE EQ)....177
OLMESARTAN MEDOXOMIL-HYDROCHLOROTHIAZIDE TAB 20-12.5 MG....66
OLMESARTAN MEDOXOMIL-HYDROCHLOROTHIAZIDE TAB 40-12.5 MG....66
OLMESARTAN MEDOXOMIL-HYDROCHLOROTHIAZIDE TAB 40-25 MG....66
OLMESARTAN MEDOXOMIL TAB 5 MG....14
OLMESARTAN MEDOXOMIL TAB 20 MG....14
OLMESARTAN MEDOXOMIL TAB 40 MG....14
OLODATEROL HCL INHAL AEROSOL SOLN 2.5 MCG/ACT (BASE EQUIV)....59
OLOPATADINE HCL NASAL SOLN 0.6%....38
OLUTASIDENIB CAP 150 MG....183
OMADACYCLINE TOSYLATE TAB 150 MG (BASE EQUIVALENT)....224
OMALIZUMAB-IGEC SUBCUTANEOUS SOLN PREFILLED SYR 75 MG/0.5ML....168
OMALIZUMAB-IGEC SUBCUTANEOUS SOLN PREFILLED SYR 150 MG/ML....168
OMALIZUMAB-IGEC SUBCUTANEOUS SOLN PREFILLED SYR 300 MG/2ML....168
OMALIZUMAB SUBCUTANEOUS SOLN AUTO-INJECTOR 75 MG/0.5ML....212
OMALIZUMAB SUBCUTANEOUS SOLN AUTO-INJECTOR 150 MG/ML....212
OMALIZUMAB SUBCUTANEOUS SOLN AUTO-INJECTOR 300 MG/2ML....212
OMALIZUMAB SUBCUTANEOUS SOLN PREFILLED SYRINGE 75 MG/0.5ML....212
OMALIZUMAB SUBCUTANEOUS SOLN PREFILLED SYRINGE 150 MG/ML....212
OMALIZUMAB SUBCUTANEOUS SOLN PREFILLED SYRINGE 300 MG/2ML....212
OMAVELOXOLONE CAP 50 MG....68
OMEGA-3-ACID ETHYL ESTERS CAP 1 GM....91
OMEGA-3 FATTY ACIDS CAP 300 MG....161
OMEPRAZOLE CAP DELAYED RELEASE 10 MG....207
OMEPRAZOLE CAP DELAYED RELEASE 20 MG....207
OMEPRAZOLE CAP DELAYED RELEASE 40 MG....207
OMEPRAZOLE SUSP 2 MG/ML (COMPOUND KIT)....206
ONDANSETRON HCL ORAL SOLN 4 MG/5ML....100
ONDANSETRON HCL TAB 4 MG....100
ONDANSETRON HCL TAB 8 MG....100
ONDANSETRON HCL TAB 24 MG....100
ONDANSETRON ORALLY DISINTEGRATING TAB 4 MG....100
ONDANSETRON ORALLY DISINTEGRATING TAB 8 MG....100
OPIUM TINCTURE 1% (10 MG/ML) (MORPHINE EQUIV)....115
ORAL ELECTROLYTE SOLUTION....93
ORAL ELECTROLYTE SOLUTION....95
ORAL ELECTROLYTE SOLUTION....95
ORAL VEHICLES....161
ORAL VEHICLES....169
ORAL VEHICLES....169
ORAL VEHICLES....176
ORAL VEHICLES FOR SUSP....176
ORAL VEHICLES - SUSP....161
ORAL VEHICLES - SUSP....169
ORAL VEHICLES - SUSP....169
ORAL VEHICLES - SUSP....170
ORAL VEHICLES - SUSP....176
ORAL VEHICLES - SUSP....176
ORAL VEHICLES - SUSP....176
ORAL VEHICLES - SUSP....178
ORAL VEHICLES - SYRUP....161
ORAL VEHICLES - SYRUP....161
ORAL VEHICLES - SYRUP....161
ORAL VEHICLES - SYRUP....169
ORAL VEHICLES - SYRUP....169
ORAL VEHICLES - SYRUP....170
ORAL VEHICLES - SYRUP....170
ORAL VEHICLES - SYRUP....176
ORAL VEHICLES - SYRUP....176
ORAL VEHICLES - SYRUP....176
ORAL VEHICLES - SYRUP....178
ORAL VEHICLES - SYRUP....179
ORPHENADRINE CITRATE TAB ER 12HR 100 MG....214
OSELTAMIVIR PHOSPHATE (BULK) POWDER....169

OSELTAMIVIR PHOSPHATE CAP 30 MG (BASE EQUIV).....21
OSELTAMIVIR PHOSPHATE CAP 45 MG (BASE EQUIV).....21
OSELTAMIVIR PHOSPHATE CAP 75 MG (BASE EQUIV).....21
OSELTAMIVIR PHOSPHATE FOR SUSP 6 MG/ML (BASE EQUIV).....21
OSIMERTINIB MESYLATE TAB 40 MG (BASE EQUIVALENT).....184
OSIMERTINIB MESYLATE TAB 80 MG (BASE EQUIVALENT).....184
OSPEMIFENE TAB 60 MG.....213
OTESECONAZOLE CAP THERAPY PACK 150 MG (12 WEEKS).....37
OXAPROZIN TAB 600 MG.....188
OXAPROZIN TAB 600 MG.....189
OXAZEPAM CAP 10 MG.....52
OXAZEPAM CAP 15 MG.....52
OXAZEPAM CAP 30 MG.....52
OXCARBAZEPINE SUSP 300 MG/5ML (60 MG/ML).....220
OXCARBAZEPINE TAB 150 MG.....220
OXCARBAZEPINE TAB 300 MG.....220
OXCARBAZEPINE TAB 600 MG.....220
OXYBUTYNIN CHLORIDE SOLUTION 5 MG/5ML.....44
OXYBUTYNIN CHLORIDE TAB 2.5 MG..44
OXYBUTYNIN CHLORIDE TAB 5 MG....44
OXYBUTYNIN CHLORIDE TAB ER 24HR 5 MG.....44
OXYBUTYNIN CHLORIDE TAB ER 24HR 10 MG.....44
OXYBUTYNIN CHLORIDE TAB ER 24HR 15 MG.....44
OXYCODONE CAP ER 12HR ABUSE-DETERRENT 9 MG.....198
OXYCODONE CAP ER 12HR ABUSE-DETERRENT 13.5 MG.....198
OXYCODONE CAP ER 12HR ABUSE-DETERRENT 18 MG.....198
OXYCODONE CAP ER 12HR ABUSE-DETERRENT 27 MG.....198
OXYCODONE CAP ER 12HR ABUSE-DETERRENT 36 MG.....198
OXYCODONE HCL CAP 5 MG.....200
OXYCODONE HCL CONC 100 MG/5ML (20 MG/ML).....200
OXYCODONE HCL SOLN 5 MG/5ML...200
OXYCODONE HCL TAB 5 MG.....200
OXYCODONE HCL TAB 10 MG.....200
OXYCODONE HCL TAB 15 MG.....200
OXYCODONE HCL TAB 20 MG.....200
OXYCODONE HCL TAB 30 MG.....200
OXYCODONE W/ ACETAMINOPHEN TAB 2.5-325 MG.....199
OXYCODONE W/ ACETAMINOPHEN TAB 2.5-325 MG.....200
OXYCODONE W/ ACETAMINOPHEN TAB 5-325 MG.....199
OXYCODONE W/ ACETAMINOPHEN TAB 5-325 MG.....200
OXYCODONE W/ ACETAMINOPHEN TAB 7.5-325 MG.....199
OXYCODONE W/ ACETAMINOPHEN TAB 7.5-325 MG.....200
OXYCODONE W/ ACETAMINOPHEN TAB 10-325 MG.....198
OXYCODONE W/ ACETAMINOPHEN TAB 10-325 MG.....200
OXYMORPHONE HCL TAB 5 MG.....200
OXYMORPHONE HCL TAB 10 MG.....200
OXYMORPHONE HCL TAB ER 12HR 5 MG.....198
OXYMORPHONE HCL TAB ER 12HR 7.5 MG.....198
OXYMORPHONE HCL TAB ER 12HR 10 MG.....197
OXYMORPHONE HCL TAB ER 12HR 15 MG.....197
OXYMORPHONE HCL TAB ER 12HR 20 MG.....197
OXYMORPHONE HCL TAB ER 12HR 30 MG.....197
OXYMORPHONE HCL TAB ER 12HR 40 MG.....197
OZANIMOD CAP PACK 4 X 0.23 MG & 3 X 0.46 MG.....187
OZANIMOD CAP PACK 4 X 0.23 MG & 3 X 0.46 MG & 21 X 0.92 MG.....187
OZANIMOD HCL CAP 0.92 MG.....187
OZENOXACIN CREAM 1%.....209
PALOPEGTERIPARATIDE PEN-INJ 168 MCG/0.56ML (TERIPARATIDE EQ).....118
PALOPEGTERIPARATIDE PEN-INJ 294 MCG/0.98ML (TERIPARATIDE EQ).....118
PALOPEGTERIPARATIDE PEN-INJ 420 MCG/1.4ML (TERIPARATIDE EQ).....118
PALOVAROTENE CAP 1.5 MG.....175
PALOVAROTENE CAP 1 MG.....176
PALOVAROTENE CAP 2.5 MG.....176
PALOVAROTENE CAP 5 MG.....176
PALOVAROTENE CAP 10 MG.....175
PANCRELIPASE (LIP-PROT-AMYL) DR CAP 3000-9500-15000 UNIT.....116
PANCRELIPASE (LIP-PROT-AMYL) DR CAP 3000-10000-14000 UNIT.....118
PANCRELIPASE (LIP-PROT-AMYL) DR CAP 4000-14375-15125 UNIT.....117
PANCRELIPASE (LIP-PROT-AMYL) DR CAP 5000-17000-24000 UNIT.....118
PANCRELIPASE (LIP-PROT-AMYL) DR CAP 6000-19000-30000 UNIT.....116
PANCRELIPASE (LIP-PROT-AMYL) DR CAP 8000-28750-30250 UNIT.....117
PANCRELIPASE (LIP-PROT-AMYL) DR CAP 10000-32000-42000 UNIT.....118
PANCRELIPASE (LIP-PROT-AMYL) DR CAP 12000-38000-60000 UNIT.....116
PANCRELIPASE (LIP-PROT-AMYL) DR CAP 15000-47000-63000 UNIT.....118
PANCRELIPASE (LIP-PROT-AMYL) DR CAP 16000-57500-60500 UNIT.....117
PANCRELIPASE (LIP-PROT-AMYL) DR CAP 20000-63000-84000 UNIT.....118
PANCRELIPASE (LIP-PROT-AMYL) DR CAP 24000-76000-120000 UNIT.....116
PANCRELIPASE (LIP-PROT-AMYL) DR CAP 24000-86250-90750 UNIT.....117
PANCRELIPASE (LIP-PROT-AMYL) DR CAP 25000-79000-105000 UNIT.....118
PANCRELIPASE (LIP-PROT-AMYL) DR CAP 36000-114000-180000 UNIT.....116
PANCRELIPASE (LIP-PROT-AMYL) DR CAP 40000-126000-168000 UNIT.....118
PANCRELIPASE (LIP-PROT-AMYL) DR CAP 60000-189600-252600 UNIT.....118
PANCRELIPASE (LIP-PROT-AMYL) TAB 10440-39150-39150 UNIT.....117
PANCRELIPASE (LIP-PROT-AMYL) TAB 20880-78300-78300 UNIT.....117
PANTOPRAZOLE SODIUM EC TAB 20 MG (BASE EQUIV).....207
PANTOPRAZOLE SODIUM EC TAB 40 MG (BASE EQUIV).....207
PANTOPRAZOLE SODIUM SUSP 4 MG/ML (COMPOUND KIT).....206
PARICALCITOL CAP 1 MCG.....153
PARICALCITOL CAP 1 MCG.....153
PARICALCITOL CAP 2 MCG.....153
PARICALCITOL CAP 2 MCG.....153
PARICALCITOL CAP 4 MCG.....153
PAROMOMYCIN SULFATE CAP 250 MG..11
PAROXETINE HCL ORAL SUSP 10 MG/5ML (BASE EQUIV).....222
PAROXETINE HCL ORAL SUSP 10 MG/5ML (BASE EQUIV).....222
PAROXETINE HCL TAB 10 MG.....222
PAROXETINE HCL TAB 20 MG.....222
PAROXETINE HCL TAB 30 MG.....222
PAROXETINE HCL TAB 40 MG.....222
PAROXETINE HCL TAB ER 24HR 12.5 MG.....222
PAROXETINE HCL TAB ER 24HR 25 MG 222
PAROXETINE HCL TAB ER 24HR 37.5 MG.....222

PATIROMER SORBITEX CALCIUM FOR SUSP PACKET 1 GM (BASE EQ) ..... 100
PATIROMER SORBITEX CALCIUM FOR SUSP PACKET 8.4 GM (BASE EQ) ..... 100
PATIROMER SORBITEX CALCIUM FOR SUSP PACKET 16.8 GM (BASE EQ) ..... 99
PATIROMER SORBITEX CALCIUM FOR SUSP PACKET 25.2 GM (BASE EQ) ..... 100
PAZOPANIB HCL TAB 400 MG (BASE EQUIV)..... 183
PEANUT ALLERGEN POWDER-DNFP MAINTENANCE PACKET 300 MG..... 169
PEANUT ALLERGEN POWDER-DNFP TITRATION PACKET 300 MG ..... 169
PEANUT POWDER-DNFP CAP SPRINKLE PACK 1 X 1 MG (1 MG DOSE) 169
PEANUT POWDER-DNFP CAP SPRINKLE PACK 2 X 20 MG (40 MG DOSE)..... 169
PEANUT POWDER-DNFP CAP SPRINKLE PACK 3 X 1 MG (3 MG DOSE)169
PEANUT POWDER-DNFP CAP SPRINKLE PACK 4 X 20 MG (80 MG DOSE)..... 169
PEANUT POWDER-DNFP CAP SPRINKLE PACK 6 X 1 MG (6 MG DOSE)169
PEANUT POWDER-DNFP CAP SPRINKLE PACK 20 MG (20 MG DOSE) 169
PEANUT POWDER-DNFP PACK 2 X 1 MG & 10 MG (12 MG DOSE)..... 169
PEANUT POWDER-DNFP PACK 2 X 20 MG & 2 X 100 MG (240 MG DOSE) ..... 169
PEANUT POWDER-DNFP PACK 2 X 100 MG (200 MG DOSE)..... 169
PEANUT POWDER-DNFP PACK 3 X 20 MG & 100 MG (160 MG DOSE)..... 169
PEANUT POWDER-DNFP PACK 20 MG & 100 MG (120 MG DOSE)..... 169
PEANUT POWDER-DNFP STARTER PACK 0.5 & 1 & 1.5 & 3 & 6 MG..... 169
PEANUT POWDER-DNFP STARTER PACK 0.5 & 1 & 1.5 & 3 & 6 MG..... 169
PEANUT POWDER-DNFP STARTER PACK 0.5 & 1 & 1.5 & 3 MG..... 169
PEDIATRIC MULTIPLE VITAMINS W/ FL-FE CHEW TAB 0.5-10 MG ..... 234
PEDIATRIC MULTIPLE VITAMINS W/ FL-FE DROPS 0.25-10 MG/ML .....232
PEDIATRIC MULTIPLE VITAMINS W/ FLUORIDE CHEW TAB 0.5 MG ..... 233
PEDIATRIC MULTIPLE VITAMINS W/ FLUORIDE CHEW TAB 0.5 MG ..... 235
PEDIATRIC MULTIPLE VITAMINS W/ FLUORIDE CHEW TAB 0.25 MG .....232
PEDIATRIC MULTIPLE VITAMINS W/ FLUORIDE CHEW TAB 0.25 MG ..... 233
PEDIATRIC MULTIPLE VITAMINS W/ FLUORIDE CHEW TAB 0.25 MG ..... 235
PEDIATRIC MULTIPLE VITAMINS W/ FLUORIDE CHEW TAB 1 MG.....232
PEDIATRIC MULTIPLE VITAMINS W/ FLUORIDE CHEW TAB 1 MG..... 233
PEDIATRIC MULTIPLE VITAMINS W/ FLUORIDE CHEW TAB 1 MG..... 235
PEDIATRIC MULTIPLE VITAMIN W/ FL-FE SUSP 0.25-7 MG/ML..... 234
PEDIATRIC VITAMINS ACD W/ FLUORIDE SOLN 0.5 MG/ML..... 98
PEDIATRIC VITAMINS ACD W/ FLUORIDE SOLN 0.25 MG/ML..... 98
PED VIT ACD & L-METHYLFOLATE W/ FLUORIDE SUSP 0.5 MG/ML ..... 236
PED VIT ACD & L-METHYLFOLATE W/ FLUORIDE SUSP 0.25 MG/ML ..... 236
PEG 3350-KCL-NA BICARB-NACL-NA SULFATE FOR SOLN 236 GM.....149
PEG 3350-KCL-NA BICARB-NACL-NA SULFATE FOR SOLN 236 GM.....149
PEG 3350-KCL-NA BICARB-NACL-NA SULFATE FOR SOLN 236 GM..... 150
PEG 3350-KCL-NA BICARB-NACL-NA SULFATE FOR SOLN 240 GM.....149
PEG 3350-KCL-NACL-NA SULFATE-MAG SULFATE FOR SOLN 178.7 GM.....115
PEG 3350-KCL-NACL-NA SULFATE-NA ASCORBATE-C FOR SOLN 100 GM..... 150
PEG 3350-KCL-NACL-NA SULFATE-NA ASCORBATE-C FOR SOLN 100 GM..... 150
PEG 3350-KCL-SOD BICARB-NACL FOR SOLN 420 GM .....149
PEG 3350-KCL-SOD BICARB-NACL FOR SOLN 420 GM ..... 150
PEGCETACOPLAN SUBCUTANEOUS SOLN 1080 MG/20ML (54 MG/ML).....56
PEGFILGRASTIM-CBQV SOLN AUTO-INJECTOR 6 MG/0.6ML .....57
PEGFILGRASTIM-CBQV SOLN PREFILLED SYRINGE 6 MG/0.6ML .....57
PEGFILGRASTIM SOLN PREFILLED SYRINGE 6 MG/0.6ML .....57
PEGINTERFERON ALFA-2A INJ 180 MCG/ML .....16
PEGINTERFERON ALFA-2A SOLN PREFILLED SYR 180 MCG/0.5ML.....16
PEGINTERFERON BETA-1A IM SOLN PREFILLED SYR 125 MCG/0.5ML .....187
PEGINTERFERON BETA-1A SOLN AUTO-INJ 63 & 94 MCG/0.5ML PACK...187
PEGINTERFERON BETA-1A SOLN AUTO-INJECTOR 125 MCG/0.5ML.....187
PEGINTERFERON BETA-1A SOLN PREFILLED SYRINGE 125 MCG/0.5ML .187
PEGINTERFERON BETA-1A SOLN PREF SYR 63 & 94 MCG/0.5ML PACK ...187
PEMIGATINIB TAB 4.5 MG..... 100
PEMIGATINIB TAB 9 MG.....101
PEMIGATINIB TAB 13.5 MG..... 100
PENICILLAMINE TAB 250 MG .....119
PENICILLAMINE TAB 250 MG .....119
PENICILLIN V POTASSIUM FOR SOLN 125 MG/5ML .....55
PENICILLIN V POTASSIUM FOR SOLN 250 MG/5ML .....55
PENICILLIN V POTASSIUM TAB 250 MG.55
PENICILLIN V POTASSIUM TAB 500 MG.55
PENTAMIDINE ISETHIONATE FOR NEBULIZATION SOLN 300 MG .....43
PENTAZOCINE W/ NALOXONE HCL TAB 50-0.5 MG ..... 200
PENTOXIFYLLINE TAB ER 400 MG ..... 66
PERAMPANEL SUSP 0.5 MG/ML.....122
PERAMPANEL SUSP 0.5 MG/ML.....122
PERAMPANEL TAB 2 MG.....122
PERAMPANEL TAB 4 MG.....122
PERAMPANEL TAB 6 MG.....122
PERAMPANEL TAB 8 MG.....122
PERAMPANEL TAB 10 MG.....122
PERAMPANEL TAB 12 MG.....122
PERFLUOROHEXYLOCTANE OPHTH SOLN 1.338 GM/ML ..... 190
PERINDOPRIL ERBUMINE TAB 2 MG.....15
PERINDOPRIL ERBUMINE TAB 4 MG ....15
PERINDOPRIL ERBUMINE TAB 8 MG ....15
PERMETHRIN CREAM 5%..... 203
PERMETHRIN CREAM 5%..... 203
PERPHENAZINE-AMITRIPTYLINE TAB 2-10 MG ..... 226
PERPHENAZINE-AMITRIPTYLINE TAB 2-25 MG ..... 226
PERPHENAZINE-AMITRIPTYLINE TAB 4-10 MG..... 226
PERPHENAZINE-AMITRIPTYLINE TAB 4-25 MG..... 226
PERPHENAZINE-AMITRIPTYLINE TAB 4-50 MG..... 226
PERPHENAZINE TAB 2 MG.....34
PERPHENAZINE TAB 4 MG.....34
PERPHENAZINE TAB 8 MG.....34
PERPHENAZINE TAB 16 MG.....34
PETROLATUM OINTMENT.....171
PEXIDARTINIB HCL CAP 125 MG (BASE EQUIVALENT)..... 184
PHARMACEUTICAL EXCIPIENTS (BULK) LIQUID..... 154
PHARMACEUTICAL EXCIPIENTS (BULK) LIQUID.....167
PHARMACEUTICAL EXCIPIENTS (BULK) LIQUID..... 168

PHENAZOPYRIDINE HCL TAB 100 MG ..119
PHENAZOPYRIDINE HCL TAB 100 MG ..119
PHENAZOPYRIDINE HCL TAB 200 MG ..119
PHENAZOPYRIDINE HCL TAB 200 MG ..119
PHENAZOPYRIDINE HCL TAB 200 MG ..119
PHENELZINE SULFATE TAB 15 MG..... 185
PHENELZINE SULFATE TAB 15 MG..... 185
PHENOBARBITAL ELIXIR 20 MG/5ML ...28
PHENOBARBITAL ELIXIR 20 MG/5ML ...28
PHENOBARBITAL TAB 15 MG .....28
PHENOBARBITAL TAB 16.2 MG .....28
PHENOBARBITAL TAB 30 MG.....28
PHENOBARBITAL TAB 32.4 MG .....28
PHENOBARBITAL TAB 60 MG.....29
PHENOBARBITAL TAB 64.8 MG.....29
PHENOBARBITAL TAB 97.2 MG .....29
PHENOBARBITAL TAB 100 MG.....28
PHENOL LIQUID (BULK) .....25
PHENOL LIQUID (BULK) .....25
PHENOL LIQUID (BULK) .....25
PHENOXYBENZAMINE HCL CAP 10 MG.. 11
PHENYLALANINE PACKET 50 MG ..... 95
PHENYLEPHRINE-CHLORPHEN-DM LIQUID 7.5-4-30 MG/5ML.....211
PHENYLEPHRINE HCL OPHTH SOLN 2.5%..... 190
PHENYLEPHRINE HCL OPHTH SOLN 10% ..... 190
PHENYTOIN CHEW TAB 50 MG ..... 220
PHENYTOIN CHEW TAB 50 MG ..... 220
PHENYTOIN SODIUM EXTENDED CAP 30 MG..... 220
PHENYTOIN SODIUM EXTENDED CAP 100 MG..... 220
PHENYTOIN SODIUM EXTENDED CAP 100 MG..... 220
PHENYTOIN SODIUM EXTENDED CAP 200 MG ..... 220
PHENYTOIN SODIUM EXTENDED CAP 200 MG ..... 220
PHENYTOIN SODIUM EXTENDED CAP 300 MG ..... 220
PHENYTOIN SODIUM EXTENDED CAP 300 MG ..... 220
PHENYTOIN SUSP 125 MG/5ML ..... 220
PHENYTOIN SUSP 125 MG/5ML ..... 220
PHYTONADIONE TAB 5 MG..... 234
PILOCARPINE HCL OPHTH SOLN 1% .. 194
PILOCARPINE HCL OPHTH SOLN 2% .. 194
PILOCARPINE HCL OPHTH SOLN 4% .. 194
PILOCARPINE HCL TAB 5 MG.....71
PILOCARPINE HCL TAB 5 MG.....71
PILOCARPINE HCL TAB 7.5 MG .....71
PILOCARPINE HCL TAB 7.5 MG .....71
PIMAVANSERIN TARTRATE CAP 34 MG (BASE EQUIVALENT).....7
PIMAVANSERIN TARTRATE TAB 10 MG (BASE EQUIVALENT).....7
PIMECROLIMUS CREAM 1% .....75
PIMOZIDE TAB 1 MG.....6
PIMOZIDE TAB 2 MG .....6
PINDOLOL TAB 5 MG.....53
PINDOLOL TAB 10 MG.....53
PIOGLITAZONE HCL-GLIMEPIRIDE TAB 30-2 MG ..... 30
PIOGLITAZONE HCL-GLIMEPIRIDE TAB 30-2 MG .....32
PIOGLITAZONE HCL-GLIMEPIRIDE TAB 30-4 MG ..... 30
PIOGLITAZONE HCL-GLIMEPIRIDE TAB 30-4 MG .....32
PIOGLITAZONE HCL-METFORMIN HCL TAB 15-500 MG.....32
PIOGLITAZONE HCL-METFORMIN HCL TAB 15-850 MG.....32
PIOGLITAZONE HCL TAB 15 MG (BASE EQUIV).....32
PIOGLITAZONE HCL TAB 30 MG (BASE EQUIV).....32
PIOGLITAZONE HCL TAB 45 MG (BASE EQUIV).....32
PIRFENIDONE CAP 267 MG .....211
PIRFENIDONE TAB 267 MG..... 209
PIRFENIDONE TAB 534 MG.....211
PIRFENIDONE TAB 801 MG..... 209
PIROXICAM CAP 10 MG ..... 189
PIROXICAM CAP 20 MG..... 190
PIRTOBRUTINIB TAB 50 MG.....39
PIRTOBRUTINIB TAB 100 MG.....39
PITOLISANT HCL TAB 4.45 MG (BASE EQUIVALENT).....216
PITOLISANT HCL TAB 17.8 MG (BASE EQUIVALENT).....216
PIVMECILLINAM HCL TABS 185 MG....171
PLERIXAFOR SUBCUTANEOUS INJ 24 MG/1.2ML (20 MG/ML).....57
PLERIXAFOR SUBCUTANEOUS INJ 24 MG/1.2ML (20 MG/ML).....57
PNEUMOCOCCAL 15-VALENT CONJUGATE VACCINE SUS PREF SYR 0.5 ML..... 229
PNEUMOCOCCAL 20-VALENT CONJUGATE VACCINE SUS PREF SYR 0.5 ML..... 228
PNEUMOCOCCAL 21-VALENT CONJUGATE VACCINE SOLN PREF SYR 0.5ML..... 227
PNEUMOCOCCAL VACCINE POLYVALENT SOLN PREF SYR 25 MCG/0.5ML..... 228
PODOFILOX GEL 0.5% .....73
PODOFILOX GEL 0.5% .....75
PODOFILOX SOLN 0.5%.....75
PODOPHYLLUM RESIN SOLN 25%.....75
POLIOVIRUS VACCINE, IPV INJ SUSP. 228
POLYETHYLENE GLYCOL 1450 LIQUID 150
POLYETHYLENE GLYCOL 1450 POWDER .....149
POLYETHYLENE GLYCOL 1450 POWDER ..... 150
POLYETHYLENE GLYCOL 3350 ORAL POWDER 17 GM/SCOOP..... 148
POLYETHYLENE GLYCOL 3350 ORAL POWDER 17 GM/SCOOP..... 148
POLYETHYLENE GLYCOL 3350 ORAL POWDER 17 GM/SCOOP..... 148
POLYETHYLENE GLYCOL 3350 ORAL POWDER 17 GM/SCOOP..... 148
POLYETHYLENE GLYCOL 3350 ORAL POWDER 17 GM/SCOOP..... 148
POLYETHYLENE GLYCOL 3350 ORAL POWDER 17 GM/SCOOP..... 148
POLYETHYLENE GLYCOL 3350 ORAL POWDER 17 GM/SCOOP..... 148
POLYETHYLENE GLYCOL 3350 ORAL POWDER 17 GM/SCOOP..... 148
POLYETHYLENE GLYCOL 3350 ORAL POWDER 17 GM/SCOOP..... 148
POLYETHYLENE GLYCOL 3350 ORAL POWDER 17 GM/SCOOP..... 148
POLYETHYLENE GLYCOL 3350 ORAL POWDER 17 GM/SCOOP..... 148
POLYETHYLENE GLYCOL 3350 ORAL POWDER 17 GM/SCOOP..... 148
POLYETHYLENE GLYCOL 3350 ORAL POWDER 17 GM/SCOOP..... 148
POLYETHYLENE GLYCOL 3350 ORAL POWDER 17 GM/SCOOP..... 148
POLYETHYLENE GLYCOL 3350 ORAL POWDER 17 GM/SCOOP..... 148
POLYETHYLENE GLYCOL 3350 ORAL POWDER 17 GM/SCOOP..... 148
POLYETHYLENE GLYCOL 3350 ORAL POWDER 17 GM/SCOOP..... 148
POLYETHYLENE GLYCOL 3350 ORAL POWDER 17 GM/SCOOP.....149
POLYETHYLENE GLYCOL 3350 POWDER ..... 150
POLYETHYLENE GLYCOL 8000 OINT ..172
POLYETHYLENE GLYCOL OINTMENT ..153
POLYETHYLENE GLYCOL OINTMENT ..170
POLYETHYLENE GLYCOL OINTMENT ..172

POLYMYXIN B-TRIMETHOPRIM OPHTH SOLN 10000 UNIT/ML-0.1% ....191
POLYSORBATE 80 LIQ.....172
POLYSORBATE 80 LIQ.....172
POMALIDOMIDE CAP 1 MG .....22
POMALIDOMIDE CAP 2 MG .....22
POMALIDOMIDE CAP 3 MG .....22
POMALIDOMIDE CAP 4 MG .....22
PONATINIB HCL TAB 15 MG (BASE EQUIV).....181
PONATINIB HCL TAB 45 MG (BASE EQUIV).....181
POSACONAZOLE FOR DELAYED RELEASE SUSP PACKET 300 MG .....36
POSACONAZOLE SUSP 40 MG/ML .....36
POSACONAZOLE SUSP 40 MG/ML .....36
POSACONAZOLE SUSP 40 MG/ML .....36
POSACONAZOLE TAB DELAYED RELEASE 100 MG.....36
POTASSIUM BICARBONATE-CITRIC ACID EFFER TAB 10 MEQ .....92
POTASSIUM BICARBONATE-CITRIC ACID EFFER TAB 20 MEQ .....92
POTASSIUM BICARBONATE EFFER TAB 25 MEQ .....92
POTASSIUM BICARBONATE EFFER TAB 25 MEQ ..... 94
POTASSIUM BICARBONATE EFFER TAB 25 MEQ ..... 94
POTASSIUM CHLORIDE CAP ER 8 MEQ. 96
POTASSIUM CHLORIDE CAP ER 10 MEQ 96
POTASSIUM CHLORIDE MICROENCAPSULATED CRYS ER TAB 10 MEQ..... 94
POTASSIUM CHLORIDE MICROENCAPSULATED CRYS ER TAB 10 MEQ.....97
POTASSIUM CHLORIDE MICROENCAPSULATED CRYS ER TAB 10 MEQ.....97
POTASSIUM CHLORIDE MICROENCAPSULATED CRYS ER TAB 15 MEQ..... 94
POTASSIUM CHLORIDE MICROENCAPSULATED CRYS ER TAB 15 MEQ.....97
POTASSIUM CHLORIDE MICROENCAPSULATED CRYS ER TAB 20 MEQ..... 94
POTASSIUM CHLORIDE MICROENCAPSULATED CRYS ER TAB 20 MEQ.....97
POTASSIUM CHLORIDE ORAL SOLN 10% (20 MEQ/15ML)..... 96
POTASSIUM CHLORIDE ORAL SOLN 20% (40 MEQ/15ML) ..... 96
POTASSIUM CHLORIDE POWDER PACKET 20 MEQ..... 94
POTASSIUM CHLORIDE POWDER PACKET 20 MEQ..... 96
POTASSIUM CHLORIDE TAB ER 8 MEQ (600 MG)..... 94
POTASSIUM CHLORIDE TAB ER 8 MEQ (600 MG)..... 96
POTASSIUM CHLORIDE TAB ER 10 MEQ 94
POTASSIUM CHLORIDE TAB ER 10 MEQ 96
POTASSIUM CHLORIDE TAB ER 15 MEQ 96
POTASSIUM CHLORIDE TAB ER 20 MEQ (1500 MG) ..... 94
POTASSIUM CHLORIDE TAB ER 20 MEQ (1500 MG) ..... 96
POTASSIUM CITRATE & CITRIC ACID POWDER PACK 3300-1002 MG .....92
POTASSIUM CITRATE & CITRIC ACID SOLN 1100-334 MG/5ML..... 94
POTASSIUM CITRATE TAB ER 5 MEQ (540 MG).....97
POTASSIUM CITRATE TAB ER 10 MEQ (1080 MG) ..... 96
POTASSIUM CITRATE TAB ER 10 MEQ (1080 MG) ..... 98
POTASSIUM CITRATE TAB ER 15 MEQ (1620 MG)..... 96
POTASSIUM CITRATE TAB ER 15 MEQ (1620 MG)..... 98
POTASSIUM IODIDE ORAL SOLN 1 GM/ML.....172
POTASSIUM IODIDE ORAL SOLN 1 GM/ML.....176
POTASSIUM PHOSPHATE DIBASIC GRANULES.....172
POTASSIUM PHOSPHATE MONOBASIC TAB 500 MG..... 94
POTASSIUM & SODIUM ACID PHOSPHATES TAB 305-700 MG..... 94
POT PHOS MONOBASIC W/SOD PHOS DI & MONOBAS TAB 155-852-130MG ... 94
POT PHOS MONOBASIC W/SOD PHOS DI & MONOBAS TAB 155-852-130MG ... 95
POT PHOS MONOBASIC W/SOD PHOS DI & MONOBAS TAB 155-852-130MG ... 96
POT PHOS MONOBASIC W/SOD PHOS DI & MONOBAS TAB 155-852-130MG ... 96
POT & SOD CITRATES W/ CIT AC SOLN 550-500-334 MG/5ML..... 98
POVIDONE-IODINE OPHTH SOLN 5% . 193
PRALSETINIB CAP 100 MG.....181
PRAMIPEXOLE DIHYDROCHLORIDE TAB 0.5 MG.....87
PRAMIPEXOLE DIHYDROCHLORIDE TAB 0.25 MG.....87
PRAMIPEXOLE DIHYDROCHLORIDE TAB 0.75 MG.....87
PRAMIPEXOLE DIHYDROCHLORIDE TAB 0.125 MG .....87
PRAMIPEXOLE DIHYDROCHLORIDE TAB 1.5 MG .....87
PRAMIPEXOLE DIHYDROCHLORIDE TAB 1 MG .....87
PRAMOXINE-CHLOROXYLENOL OTIC LIQUID 1-0.1%..... 202
PRAMOXINE-HC AEROSOL FOAM 1-1% ..74
PRAMOXINE-HC CREAM 1-1% .....75
PRAMOXINE-HC CREAM 1-2.5% .....121
PRAMOXINE-HC LOTION 1-1%.....75
PRAMOXINE-HC LOTION 1-1%.....75
PRAMOXINE-HC LOTION 1-2.5% .....75
PRAMOXINE-HC OINT 1-1%.....121
PRAMOXINE-HC OINT 1-1%.....121
PRAMOXINE-HC OINT 1-2.5% .....121
PRASTERONE (DHEA) CREAM 4% (COMPOUND KIT) ..... 159
PRASTERONE (DHEA) CREAM 10% (COMPOUND KIT) ..... 159
PRASTERONE (DHEA) TAB 10 MG..... 158
PRASTERONE (DHEA) TAB 25 MG ..... 158
PRASTERONE (DHEA) TAB 25 MG ..... 158
PRASUGREL HCL TAB 5 MG (BASE EQUIV)..... 204
PRASUGREL HCL TAB 10 MG (BASE EQUIV)..... 204
PRAVASTATIN SODIUM TAB 10 MG ..... 89
PRAVASTATIN SODIUM TAB 20 MG..... 90
PRAVASTATIN SODIUM TAB 40 MG..... 90
PRAVASTATIN SODIUM TAB 80 MG..... 90
PRAZIQUANTEL TAB 600 MG.....15
PRAZIQUANTEL TAB 600 MG.....15
PRAZOSIN HCL CAP 1 MG .....11
PRAZOSIN HCL CAP 2 MG .....11
PRAZOSIN HCL CAP 5 MG .....11
PREDNISOLONE ACETATE OPHTH SUSP 0.12%.....192
PREDNISOLONE ACETATE OPHTH SUSP 1%.....192
PREDNISOLONE SODIUM PHOSPHATE OPHTH SOLN 1% .....192
PREDNISOLONE SOD PHOS ORALLY DISINTEGR TAB 10 MG (BASE EQ) .....133
PREDNISOLONE SOD PHOS ORALLY DISINTEGR TAB 10 MG (BASE EQ) .....133
PREDNISOLONE SOD PHOS ORALLY DISINTEGR TAB 15 MG (BASE EQ) .....133
PREDNISOLONE SOD PHOS ORALLY DISINTEGR TAB 15 MG (BASE EQ) .....133
PREDNISOLONE SOD PHOS ORALLY DISINTEGR TAB 30 MG (BASE EQ).....133

PREDNISOLONE SOD PHOS ORALLY DISINTEGR TAB 30 MG (BASE EQ)..... 133
PREDNISOLONE SOD PHOSPHATE ORAL SOLN 5 MG/5ML (BASE EQUIV) .133
PREDNISOLONE SOD PHOSPHATE ORAL SOLN 15 MG/5ML (BASE EQUIV) 133
PREDNISOLONE SOLN 15 MG/5ML..... 133
PREDNISOLONE TAB 5 MG ..... 133
PREDNISONE CONC 5 MG/ML ..... 133
PREDNISONE ORAL SOLN 5 MG/5ML . 134
PREDNISONE TAB 1 MG ..... 134
PREDNISONE TAB 2.5 MG ..... 134
PREDNISONE TAB 5 MG ..... 134
PREDNISONE TAB 10 MG..... 134
PREDNISONE TAB 20 MG..... 134
PREDNISONE TAB 50 MG..... 134
PREDNISONE TAB THERAPY PACK 5 MG (21) ..... 134
PREDNISONE TAB THERAPY PACK 5 MG (48) ..... 134
PREDNISONE TAB THERAPY PACK 10 MG (21) ..... 134
PREDNISONE TAB THERAPY PACK 10 MG (48) ..... 134
PREGABALIN CAP 25 MG..... 113
PREGABALIN CAP 50 MG..... 113
PREGABALIN CAP 75 MG..... 113
PREGABALIN CAP 100 MG ..... 113
PREGABALIN CAP 150 MG ..... 113
PREGABALIN CAP 200 MG ..... 113
PREGABALIN CAP 225 MG..... 113
PREGABALIN CAP 300 MG ..... 113
PREGABALIN SOLN 20 MG/ML..... 113
PREGABALIN SOLN 20 MG/ML..... 113
PREMIUM LECITHIN ORGANOGEL BASE GEL ..... 166
PREMIUM LECITHIN ORGANOGEL BASE GEL ..... 171
PREMIUM LECITHIN ORGANOGEL BASE GEL ..... 171
PREMIUM LECITHIN ORGANOGEL BASE GEL ..... 172
PREMIUM LECITHIN ORGANOGEL BASE GEL ..... 172
PREMIUM LECITHIN ORGANOGEL BASE KIT..... 171
PREMIUM LECITHIN ORGANOGEL BASE KIT..... 171
PRENATAL MULTIVITAMINS & MINERALS W/ IRON & FA TAB 1 MG.... 233
PRENATAL MV W/FE FUM-FA TAB 65-1 MG & DHA CAP 250 MG PACK ..... 236
PRENATAL MV W/FE POLY-FA CHW 29-1 MG & DHA CAP 250 MG PAK ..... 235
PRENATAL MV W/ FE POLYSAC CMPLX-FA-DHA CAP 29-1-200 MG .... 236
PRENATAL VIT W/ DSS-FE FUMARATE-FA TAB 29-1 MG ..... 235
PRENATAL VIT W/ DSS-FE FUMARATE-FA TAB 29-1 MG ..... 235
PRENATAL VIT W/ DSS-IRON CARBONYL-FA TAB 90-1 MG..... 94
PRENATAL VIT W/ DSS-IRON CARBONYL-FA TAB DR 29-1 MG.....91
PRENATAL VIT W/ FE BISGLYCINATE CHELATE-FA TAB 29-1 MG..... 230
PRENATAL VIT W/ FE CBN-FE ASP GLYC-FA TAB 30-20-1 MG ..... 233
PRENATAL VIT W/ FE FUMARATE-FA CHEW TAB 29-1 MG.....231
PRENATAL VIT W/ FE FUMARATE-FA CHEW TAB 29-1 MG..... 233
PRENATAL VIT W/ FE FUMARATE-FA CHEW TAB 29-1 MG..... 233
PRENATAL VIT W/ FE FUMARATE-FA CHEW TAB 29-1 MG..... 234
PRENATAL VIT W/ FE FUMARATE-FA CHEW TAB 29-1 MG..... 234
PRENATAL VIT W/ FE FUMARATE-FA CHEW TAB 29-1 MG..... 235
PRENATAL VIT W/ FE FUMARATE-FA CHEW TAB 29-1 MG..... 235
PRENATAL VIT W/ FE FUMARATE-FA CHEW TAB 29-1 MG..... 235
PRENATAL VIT W/ FE FUMARATE-FA TAB 27-1 MG.....232
PRENATAL VIT W/ FE FUMARATE-FA TAB 27-1 MG..... 233
PRENATAL VIT W/ FE FUMARATE-FA TAB 27-1 MG..... 233
PRENATAL VIT W/ FE FUMARATE-FA TAB 27-1 MG..... 233
PRENATAL VIT W/ FE FUMARATE-FA TAB 27-1 MG..... 233
PRENATAL VIT W/ FE FUMARATE-FA TAB 27-1 MG..... 233
PRENATAL VIT W/ FE FUMARATE-FA TAB 27-1 MG..... 235
PRENATAL VIT W/ FE FUMARATE-FA TAB 27-1 MG..... 235
PRENATAL VIT W/ FE FUMARATE-FA TAB 27-1 MG..... 236
PRENATAL VIT W/ FE FUMARATE-FA TAB 27-1 MG..... 237
PRENATAL VIT W/ FE FUMARATE-FA TAB 28-1 MG..... 236
PRENATAL VIT W/ FE FUMARATE-FA TAB 29-1 MG.....231
PRENATAL VIT W/ FE FUMARATE-FA TAB 60-1 MG ..... 234
PRENATAL VIT W/ FE FUMARATE-FA TAB 60-1 MG ..... 236
PRENATAL VIT W/ FE FUMARATE-FA TAB 65-1 MG..... 236
PRENATAL VIT W/ FE FUM-FA-OMEGA 3 CAP 28-1-200 MG.....231
PRENATAL VIT W/ FE FUM-FA-OMEGA 3 CAP 28-1-200 MG..... 235
PRENATAL VIT W/ FE FUM-FA-OMEGA 3 CAP 28-1-200 MG..... 237
PRENATAL VIT W/ FE FUM-METHYLFOLATE-FA TAB 27-0.6-0.4 MG234
PRENATAL VIT W/ FE GLUCONATE-FA TAB 13-1 MG..... 230
PRENATAL VIT W/ FE GLUCONATE-FA TAB 13-1 MG..... 230
PRENATAL VIT W/ FE GLUCONATE-FA TAB 13-1 MG.....231
PRENATAL VIT W/ FE GLUCONATE-FA TAB 13-1 MG.....232
PRENATAL VIT W/ FE GLUCONATE-FA TAB 13-1 MG..... 237
PRENATAL VIT W/ FE GLUCONATE-FA TAB 13-1 MG..... 237
PRENATAL VIT W/ FE GLY CYS-FA-OMEGA 3 FATTY ACIDS CAP.....231
PRENATAL VIT W/ FE POLYSAC CMPLX-FA CHEW TAB 29-1 MG ..... 235
PRENATAL VIT W/ IRON CARBONYL-FA TAB 29-1 MG ..... 236
PRENATAL VIT W/ IRON CARBONYL-FA TAB 30-1 MG .....232
PRENATAL VIT W/ IRON CARBONYL-FA TAB 50-1.25 MG .....231
PRENATAL VIT W/ IRON CARBONYL-FA TAB 50-1.25 MG ..... 233
PRENATAL VIT W/O VIT A W/ FE BISGLYCINATE-FA TAB 32-1 MG ..... 233
PRENATAL W/ B6-B12-CHOLECALCIFEROL-FOLIC ACID FILM 1 MG..... 236
PRENATAL W/ CALCIUM-VIT B6-VIT B12-FA-GINGER TAB 1 MG..... 234
PRENATAL W/ CALCIUM-VIT B6-VIT B12-FA-GINGER TAB 1 MG..... 235
PRENATAL W/FE FUM-FE POLY -FA-OMEGA 3 CAP 35-1 MG..... 236
PRENATAL W/FE FUM-FE POLY -FA-OMEGA 3 CAP 53.5-38-1 MG.....231
PRENATAL W/FE FUM-FE POLY -FA-OMEGA 3 CAP 53.5-38-1 MG..... 237
PRENATAL W/O A VIT W/ FE FUMARATE-FA CAP 106.5-1 MG..... 235
PRENATAL W/O A W/FE CBN-DSS-FA-DHA CAP 28-1-250 MG..... 235
PRENATAL W/O A W/FECBN-FE ASP GLYC-FA-FISH CAP 50-1-476 MG..... 233
PRENATAL W/O A W/FE FUM-FE POLY-FA CAP 20-20-1.25 MG ..... 235

PRENATAL W/O A W/FE FUM-FE POLY-FA CAP 85-1 MG ..... 232
PRENATAL W/O A W/FE FUM-FE POLY-FA CAP 130-92.4-1 MG ..... 231
PRENATAL W/O VIT A W/ FE FUM-DSS-FA-DHA CAP 27-1.25-300 MG ..... 234
PRENATAL W/O VIT A W/ FE FUM-DSS-FA-DHA CAP 29-1.25-325 MG ..... 234
PRENAT-FE BIS-FE PROT SUCC-FA-CA TAB & OMEGA 3 CAP 200 PK ..... 231
PRENAT-FE BIS-FE PROT SUCC-FA-CA TAB & OMEGA 3 CAP 200 PK ..... 237
PRENAT VIT W/ FE PHOS-FA-OMEGA CHEW TAB 3.33-0.333-34.8 MG ..... 236
PRENAT W/ B2-B6-B12-D3-FOLIC ACID CHEW TAB 1.4 MG ..... 97
PRENAT W/ FEPOLYCMPLX-METHYLFOL-FA CHEW TAB 29-0.6-0.4 MG ..... 235
PRENAT W/FE POLY-METHYLFOL-FA-DHA CAP 29-0.6-0.4-200 MG ..... 236
PRENAT W/FE POLY-METHYLFOL-FA-DHA CAP 90-0.6-0.4-200 MG ..... 236
PRENAT W/ IRON CBN-FE ASP GLYC-FA-OMEGA CAP 30-10-1-200 MG ..... 233
PRENAT W/O A W/FEASP-METHLF-FA-OMEG CAP 30-0.75-0.25-470MG ..... 235
PRENAT W/O A W/ FE BISGLYC-FA TAB 32-1 MG & OMEGA CAP PACK ..... 233
PRENAT W/O A W/FECBN-BISG-METHYLF-DHA CAP 38-1-225 MG ..... 233
PRENAT W/O A W/FECBN-FEASPGLYC-FA-OMEGA CAP 35-5-1-200 MG ..... 233
PRENAT W/O A W/FECBN-FEGL-DSS-FA TAB 90 &DHA CAP 300MG PAK ..... 231
PRENAT W/O A W/FECBN-FEGL-DSS-FA TAB & DHA CAP 300 MG PACK ..... 231
PRENAT W/O A W/FECBN-FEGLU-FA TAB 20-1 MG & VIT B6 TAB PAK ..... 231
PRENAT W/O A W/FECBN-METHYLF-FA-DHA CAP 31-0.6-0.4-200 MG ..... 236
PRENAT W/O A W/FECBN-METHYLF-FA-DHA CAP 31-0.6-0.4-200 MG ..... 237
PRENAT W/O A W/FE CHEL-FA TAB 30-1.4 MG & DHA CAP 300MG PK ..... 97
PRENAT W/O A W/FE CHEL-FA TAB 30-1.4 MG & DHA CAP 300MG PK ..... 99
PRENAT W/O A W/ FE FUMARATE-METHYLFOLATE-FA-OMEGA 3 CAP ... 234
PRENAT W/O A W/FE FUM-FE CBN-DSS-FA-DHA CAP 27-1-260 MG ..... 231
PRENAT W/O A W/FE FUM-FE CBN-FA-DHA CAP 27-1-200 MG ..... 231
PRENAT W/O A W/FEFUM-METHFOL-FA-DHA CAP 27-0.6-0.4-300 MG ..... 234
PRENAT W/O A W/FEFUM-METHFOL-FA-DHA CAP 27-0.6-0.4-300 MG ..... 237
PRENAT W/O A W/FEFUM-METHFOL-FA-DHA CAP 28-0.6-0.4-400 MG ..... 235
PRENAT W/O A W/FEFUM-METHFOL-FA-DHA CAP 30-0.6-0.4-200 MG ..... 236
PRENAT W/OA W/FEFUM-NA FERED-FA-DHA CAP ER 30-1.4-200 MG ..... 234
PRENAT W/OA W/FEFUM-NA FERED-FA-DHA CAP ER 30-1.4-200 MG ..... 237
PRETOMANID TAB 200 MG ..... 39
PRIMAQUINE PHOSPHATE TAB 26.3 MG (15 MG BASE) ..... 43
PRIMIDONE TAB 50 MG ..... 114
PRIMIDONE TAB 125 MG ..... 114
PRIMIDONE TAB 250 MG ..... 114
PROBENECID TAB 500 MG ..... 37
PROBIOTIC PRODUCT - CAP ..... 115
PROCARBAZINE HCL CAP 50 MG ..... 10
PROCHLORPERAZINE MALEATE TAB 5 MG (BASE EQUIVALENT) ..... 34
PROCHLORPERAZINE MALEATE TAB 10 MG (BASE EQUIVALENT) ..... 34
PROCHLORPERAZINE SUPPOS 25 MG ... 34
PROCHLORPERAZINE SUPPOS 25 MG ... 34
PROGESTERONE CAP 100 MG ..... 205
PROGESTERONE CAP 200 MG ..... 205
PROGESTERONE IM IN OIL 50 MG/ML 206
PROGESTERONE IM IN OIL 50 MG/ML 206
PROGESTERONE MICRONIZED (BULK) POWDER ..... 173
PROGESTERONE VAGINAL GEL 4% .... 204
PROGESTERONE VAGINAL GEL 8% .... 204
PROGESTERONE VAGINAL INSERT 100 MG ..... 205
PROGESTERONE VAGINAL INSERT 100 MG ..... 206
PROMETHAZINE-DM SYRUP 6.25-15 MG/5ML ..... 212
PROMETHAZINE-DM SYRUP 6.25-15 MG/5ML ..... 213
PROMETHAZINE HCL ORAL SOLN 6.25 MG/5ML ..... 38
PROMETHAZINE HCL ORAL SOLN 6.25 MG/5ML ..... 38
PROMETHAZINE HCL SUPPOS 12.5 MG .. 38
PROMETHAZINE HCL SUPPOS 12.5 MG .. 38
PROMETHAZINE HCL SUPPOS 25 MG ... 38
PROMETHAZINE HCL SUPPOS 25 MG ... 38
PROMETHAZINE HCL SUPPOS 50 MG ... 38
PROMETHAZINE HCL TAB 12.5 MG ..... 38
PROMETHAZINE HCL TAB 25 MG ..... 38
PROMETHAZINE HCL TAB 50 MG ..... 38
PROMETHAZINE & PHENYLEPHRINE SYRUP 6.25-5 MG/5ML ..... 211
PROMETHAZINE & PHENYLEPHRINE SYRUP 6.25-5 MG/5ML ..... 211
PROMETHAZINE W/ CODEINE SYRUP 6.25-10 MG/5ML ..... 211
PROPAFENONE HCL CAP ER 12HR 225 MG ..... 23
PROPAFENONE HCL CAP ER 12HR 325 MG ..... 23
PROPAFENONE HCL CAP ER 12HR 425 MG ..... 23
PROPAFENONE HCL TAB 150 MG ..... 23
PROPAFENONE HCL TAB 225 MG ..... 23
PROPAFENONE HCL TAB 300 MG ..... 23
PROPARACAINE HCL OPHTH SOLN 0.5% ..... 190
PROPARACAINE HCL OPHTH SOLN 0.5% ..... 191
PROPRANOLOL HCL CAP ER 24HR 60 MG ..... 53
PROPRANOLOL HCL CAP ER 24HR 80 MG ..... 53
PROPRANOLOL HCL CAP ER 24HR 120 MG ..... 53
PROPRANOLOL HCL CAP ER 24HR 160 MG ..... 53
PROPRANOLOL HCL ORAL SOLN 20 MG/5ML ..... 53
PROPRANOLOL HCL ORAL SOLN 40 MG/5ML ..... 53
PROPRANOLOL HCL TAB 10 MG ..... 53
PROPRANOLOL HCL TAB 20 MG ..... 53
PROPRANOLOL HCL TAB 40 MG ..... 53
PROPRANOLOL HCL TAB 60 MG ..... 53
PROPRANOLOL HCL TAB 80 MG ..... 53
PROPYLTHIOURACIL TAB 50 MG ..... 44
PROTEIN CAP ..... 163
PROTEIN CHEW TAB 500 MG ..... 173
PROTEIN CHEW TAB 500 MG ..... 173
PROTEIN LIQUID (ENTERAL) ..... 173
PROTEIN LIQUID (ENTERAL) ..... 173
PROTEIN ORAL LIQUID ..... 155
PROTEIN ORAL LIQUID ..... 155
PROTEIN ORAL LIQUID ..... 167
PROTEIN ORAL LIQUID ..... 173
PROTEIN ORAL PACK ..... 179
PROTEIN ORAL POWDER ..... 155
PROTEIN ORAL POWDER ..... 163
PROTEIN ORAL POWDER ..... 163
PROTEIN ORAL POWDER ..... 168
PROTEIN ORAL POWDER ..... 172
PROTEIN ORAL POWDER ..... 173
PROTEIN ORAL POWDER ..... 173
PROTEIN ORAL POWDER ..... 173
PROTEIN ORAL POWDER ..... 178
PROTEIN ORAL POWDER ..... 178
PROTEIN ORAL POWDER ..... 178

PROTEIN ORAL POWDER....178
PROTEIN ORAL POWDER....178
PROTEIN ORAL POWDER....178
PROTEIN ORAL POWDER....179
PROTEIN ORAL POWDER....179
PROTEIN ORAL POWDER....179
PROTRIPTYLINE HCL TAB 5 MG....226
PROTRIPTYLINE HCL TAB 10 MG....226
PRUCALOPRIDE SUCCINATE TAB 1 MG (BASE EQUIVALENT)....115
PRUCALOPRIDE SUCCINATE TAB 2 MG (BASE EQUIVALENT)....115
PRUSSIAN BLUE INSOLUBLE CAP 0.5 GM....174
PSEUDOEPHED-BROMPHEN-DM SYRUP 30-2-10 MG/5ML....212
PSYLLIUM POWDER 43%....148
PSYLLIUM POWDER 43%....149
PYRAZINAMIDE TAB 500 MG....45
PYRIDOSTIGMINE BROMIDE ORAL SOLN 60 MG/5ML....202
PYRIDOSTIGMINE BROMIDE ORAL SOLN 60 MG/5ML....203
PYRIDOSTIGMINE BROMIDE TAB 60 MG....202
PYRIDOSTIGMINE BROMIDE TAB ER 24HR 105 MG (PROTECTIVE)....173
PYRIDOSTIGMINE BROMIDE TAB ER 180 MG....203
PYRIMETHAMINE TAB 25 MG....42
PYRIMETHAMINE TAB 25 MG....43
PYROGALLOL-CHLOROBUTANOL OINT 25-2%....75
QUETIAPINE FUMARATE TAB 25 MG....8
QUETIAPINE FUMARATE TAB 50 MG....8
QUETIAPINE FUMARATE TAB 100 MG....8
QUETIAPINE FUMARATE TAB 150 MG....8
QUETIAPINE FUMARATE TAB 200 MG....8
QUETIAPINE FUMARATE TAB 300 MG....8
QUETIAPINE FUMARATE TAB 400 MG....8
QUETIAPINE FUMARATE TAB ER 24HR 50 MG....8
QUETIAPINE FUMARATE TAB ER 24HR 150 MG....8
QUETIAPINE FUMARATE TAB ER 24HR 200 MG....8
QUETIAPINE FUMARATE TAB ER 24HR 300 MG....8
QUETIAPINE FUMARATE TAB ER 24HR 400 MG....8
QUINAPRIL HCL TAB 5 MG....15
QUINAPRIL HCL TAB 10 MG....15
QUINAPRIL HCL TAB 20 MG....15
QUINAPRIL HCL TAB 40 MG....15
QUINAPRIL-HYDROCHLOROTHIAZIDE TAB 10-12.5 MG....63
QUINAPRIL-HYDROCHLOROTHIAZIDE TAB 10-12.5 MG....66
QUINAPRIL-HYDROCHLOROTHIAZIDE TAB 20-12.5 MG....63
QUINAPRIL-HYDROCHLOROTHIAZIDE TAB 20-12.5 MG....66
QUINAPRIL-HYDROCHLOROTHIAZIDE TAB 20-25 MG....67
QUINIDINE GLUCONATE TAB ER 324 MG23
QUINIDINE GLUCONATE TAB ER 324 MG23
QUINIDINE SULFATE TAB 200 MG....23
QUINIDINE SULFATE TAB 300 MG....23
QUININE SULFATE CAP 324 MG....43
QUININE SULFATE CAP 324 MG....43
QUIZARTINIB DIHYDROCHLORIDE TAB 17.7 MG....41
QUIZARTINIB DIHYDROCHLORIDE TAB 26.5 MG....41
RABEPRAZOLE SODIUM EC TAB 20 MG 207
RALOXIFENE HCL TAB 60 MG....213
RALTEGRAVIR POTASSIUM CHEW TAB 25 MG (BASE EQUIV)....17
RALTEGRAVIR POTASSIUM CHEW TAB 100 MG (BASE EQUIV)....17
RALTEGRAVIR POTASSIUM PACKET FOR SUSP 100 MG (BASE EQUIV)....17
RALTEGRAVIR POTASSIUM TAB 400 MG (BASE EQUIV)....17
RALTEGRAVIR POTASSIUM TAB 600 MG (BASE EQUIV)....17
RAMELTEON TAB 8 MG....215
RAMIPRIL CAP 1.25 MG....15
RAMIPRIL CAP 2.5 MG....15
RAMIPRIL CAP 5 MG....15
RAMIPRIL CAP 10 MG....15
RANOLAZINE ER GRANULES PACKET 500 MG....64
RANOLAZINE ER GRANULES PACKET 1000 MG....64
RANOLAZINE TAB ER 12HR 500 MG....67
RANOLAZINE TAB ER 12HR 1000 MG....67
RASAGILINE MESYLATE TAB 0.5 MG (BASE EQUIV)....185
RASAGILINE MESYLATE TAB 1 MG (BASE EQUIV)....185
RASPBERRY SYRUP....174
REGORAFENIB TAB 40 MG....183
RELACORILANT CAP PAK 1 X 25 MG & 1 X 100 MG (125 MG DOSE)....39
RELACORILANT CAP PAK 2 X 25 MG & 1 X 100 MG (150 MG DOSE)....39
RELUGOLIX-ESTRADIOL-NORETHINDRONE ACETATE TAB 40-1-0.5 MG....109
RELUGOLIX TAB 120 MG....22
REMIBRUTINIB TAB 25 MG....174
REPAGLINIDE TAB 0.5 MG....32
REPAGLINIDE TAB 1 MG....32
REPAGLINIDE TAB 2 MG....32
REPOTRECTINIB CAP 40 MG....39
REPOTRECTINIB CAP 160 MG....39
RESMETIROM 60 MG TAB....116
RESMETIROM 80 MG TAB....116
RESMETIROM 100 MG TAB....116
REVEFENACIN NEBULIZING SOLUTION 175 MCG/3ML....58
REVUMENIB CITRATE TAB 25 MG....39
REVUMENIB CITRATE TAB 110 MG....39
REVUMENIB CITRATE TAB 160 MG....39
RIBAVIRIN (BULK) POWDER....174
RIBAVIRIN CAP 200 MG....16
RIBAVIRIN FOR INHAL SOLN 6 GM....45
RIBAVIRIN FOR INHAL SOLN 6 GM....45
RIBOCICLIB SUCCINATE TAB PACK 200 MG DAILY DOSE....40
RIBOCICLIB SUCCINATE TAB PACK 400 MG DAILY DOSE (200 MG TAB)....40
RIBOCICLIB SUCCINATE TAB PACK 600 MG DAILY DOSE (200 MG TAB)....40
RIFABUTIN CAP 150 MG....39
RIFAMPIN CAP 150 MG....45
RIFAMPIN CAP 300 MG....45
RIFAPENTINE TAB 150 MG....45
RIFAPENTINE TAB 150 MG....45
RILONACEPT FOR INJ 220 MG....145
RILPIVIRINE HCL TAB 25 MG (BASE EQUIVALENT)....18
RILPIVIRINE HCL TAB FOR ORAL SUSP 2.5 MG (BASE EQUIVALENT)....17
RILUZOLE SUSP 50 MG/10ML....69
RILUZOLE SUSP 50 MG/10ML....69
RILUZOLE TAB 50 MG....69
RIMANTADINE HYDROCHLORIDE TAB 100 MG....21
RIMEGEPANT SULFATE TAB DISINT 75 MG....59
RIOCIGUAT TAB 0.5 MG....207
RIOCIGUAT TAB 0.5 MG....207
RIOCIGUAT TAB 1.5 MG....207
RIOCIGUAT TAB 1.5 MG....208
RIOCIGUAT TAB 1 MG....207
RIOCIGUAT TAB 1 MG....208
RIOCIGUAT TAB 2.5 MG....207
RIOCIGUAT TAB 2.5 MG....208
RIOCIGUAT TAB 2 MG....207

RIOCIGUAT TAB 2 MG ..... 208
RISANKIZUMAB-RZAA SOLN AUTO-INJECTOR 150 MG/ML ..... 140
RISANKIZUMAB-RZAA SOLN PREFILLED SYRINGE 55 MG/0.37ML .. 140
RISANKIZUMAB-RZAA SOLN PREFILLED SYRINGE 150 MG/ML ..... 140
RISANKIZUMAB-RZAA SUBCUTANEOUS SOLN CARTRIDGE 180 MG/1.2ML..... 144
RISANKIZUMAB-RZAA SUBCUTANEOUS SOLN CARTRIDGE 360 MG/2.4ML ..... 144
RISDIPLAM FOR SOLN 0.75 MG/ML ....101
RISDIPLAM TAB 5 MG .....101
RISEDRONATE SODIUM TAB 5 MG.....152
RISEDRONATE SODIUM TAB 30 MG ....152
RISEDRONATE SODIUM TAB 35 MG ....152
RISEDRONATE SODIUM TAB 150 MG ...152
RISPERIDONE ORALLY DISINTEGRATING TAB 0.5 MG .....8
RISPERIDONE ORALLY DISINTEGRATING TAB 0.25 MG .....8
RISPERIDONE ORALLY DISINTEGRATING TAB 1 MG.....9
RISPERIDONE ORALLY DISINTEGRATING TAB 2 MG .....9
RISPERIDONE ORALLY DISINTEGRATING TAB 3 MG .....9
RISPERIDONE ORALLY DISINTEGRATING TAB 4 MG .....9
RISPERIDONE SOLN 1 MG/ML .....8
RISPERIDONE TAB 0.5 MG .....8
RISPERIDONE TAB 0.25 MG .....8
RISPERIDONE TAB 1 MG.....9
RISPERIDONE TAB 2 MG .....9
RISPERIDONE TAB 3 MG .....9
RISPERIDONE TAB 4 MG .....9
RITLECITINIB TOSYLATE CAP 50 MG (BASE EQUIV).....75
RITONAVIR POWDER PACKET 100 MG ..20
RITONAVIR TAB 100 MG.....20
RIVAROXABAN FOR SUSP 1 MG/ML .....27
RIVAROXABAN FOR SUSP 1 MG/ML .....28
RIVAROXABAN TAB 2.5 MG.....28
RIVAROXABAN TAB 2.5 MG.....28
RIVAROXABAN TAB 10 MG .....28
RIVAROXABAN TAB 15 MG.....28
RIVAROXABAN TAB 20 MG .....28
RIVAROXABAN TAB STARTER THERAPY PACK 15 MG & 20 MG.....28
RIVASTIGMINE TARTRATE CAP 1.5 MG (BASE EQUIVALENT)..... 69
RIVASTIGMINE TARTRATE CAP 3 MG (BASE EQUIVALENT)..... 69
RIVASTIGMINE TARTRATE CAP 4.5 MG (BASE EQUIVALENT)..... 69
RIVASTIGMINE TARTRATE CAP 6 MG (BASE EQUIVALENT)..... 69
RIVASTIGMINE TD PATCH 24HR 4.6 MG/24HR.....70
RIVASTIGMINE TD PATCH 24HR 9.5 MG/24HR.....70
RIVASTIGMINE TD PATCH 24HR 13.3 MG/24HR..... 69
RIZATRIPTAN BENZOATE ORAL DISINTEGRATING TAB 5 MG (BASE EQ) 213
RIZATRIPTAN BENZOATE ORAL DISINTEGRATING TAB 10 MG (BASE EQ).....213
RIZATRIPTAN BENZOATE TAB 5 MG (BASE EQUIVALENT).....213
RIZATRIPTAN BENZOATE TAB 10 MG (BASE EQUIVALENT).....213
ROFLUMILAST CREAM 0.3%.....77
ROFLUMILAST CREAM 0.05% .....77
ROFLUMILAST CREAM 0.15% .....77
ROFLUMILAST FOAM 0.3% .....78
ROFLUMILAST TAB 250 MCG..... 203
ROFLUMILAST TAB 500 MCG ..... 203
ROPINIROLE HYDROCHLORIDE TAB 0.5 MG .....87
ROPINIROLE HYDROCHLORIDE TAB 0.25 MG .....87
ROPINIROLE HYDROCHLORIDE TAB 1 MG .....87
ROPINIROLE HYDROCHLORIDE TAB 2 MG .....87
ROPINIROLE HYDROCHLORIDE TAB 3 MG .....87
ROPINIROLE HYDROCHLORIDE TAB 4 MG .....87
ROPINIROLE HYDROCHLORIDE TAB 5 MG .....87
ROPINIROLE HYDROCHLORIDE TAB ER 24HR 2 MG (BASE EQUIVALENT) .....87
ROPINIROLE HYDROCHLORIDE TAB ER 24HR 4 MG (BASE EQUIVALENT) .....87
ROPINIROLE HYDROCHLORIDE TAB ER 24HR 6 MG (BASE EQUIVALENT) .....87
ROPINIROLE HYDROCHLORIDE TAB ER 24HR 8 MG (BASE EQUIVALENT).... 88
ROPINIROLE HYDROCHLORIDE TAB ER 24HR 12 MG (BASE EQUIVALENT) ....87
ROSUVASTATIN CALCIUM SPRINKLE CAP 5 MG (BASE EQUIVALENT) ..... 89
ROSUVASTATIN CALCIUM SPRINKLE CAP 10 MG (BASE EQUIVALENT)..... 89
ROSUVASTATIN CALCIUM SPRINKLE CAP 20 MG (BASE EQUIVALENT)..... 89
ROSUVASTATIN CALCIUM SPRINKLE CAP 40 MG (BASE EQUIVALENT)..... 89
ROSUVASTATIN CALCIUM TAB 5 MG ... 90
ROSUVASTATIN CALCIUM TAB 10 MG .. 90
ROSUVASTATIN CALCIUM TAB 20 MG .. 90
ROSUVASTATIN CALCIUM TAB 40 MG .. 90
ROTAVIRUS VACCINE, LIVE ORAL PENTAVALENT SOLN ..... 229
ROTAVIRUS VACCINE, LIVE ORAL SUSP ..... 228
RSVPREF3 VACCINE RECOMB ADJUVANTED FOR IM SUSP 120 MCG/0.5ML ..... 226
RSV PRE-FUSION F A&B VAC RECOMB FOR IM SOLN 120 MCG/0.5ML ..... 226
RSV PRE-FUSION F A&B VAC RECOMB FOR IM SOLN 120 MCG/0.5ML ..... 226
RUFINAMIDE SUSP 40 MG/ML ..... 220
RUFINAMIDE TAB 200 MG.....221
RUFINAMIDE TAB 400 MG .....221
RUXOLITINIB PHOSPHATE TAB 5 MG (BASE EQUIVALENT).....182
RUXOLITINIB PHOSPHATE TAB 10 MG (BASE EQUIVALENT).....182
RUXOLITINIB PHOSPHATE TAB 15 MG (BASE EQUIVALENT).....182
RUXOLITINIB PHOSPHATE TAB 20 MG (BASE EQUIVALENT).....182
RUXOLITINIB PHOSPHATE TAB 25 MG (BASE EQUIVALENT).....182
RUXOLITINIB PHOSPHATE TAB ER 24HR 11 MG (BASE EQUIVALENT) .....182
RUXOLITINIB PHOSPHATE TAB ER 24HR 22 MG (BASE EQUIVALENT) .....182
RUXOLITINIB PHOSPHATE TAB ER 24HR 33 MG (BASE EQUIVALENT) .....182
RUXOLITINIB PHOSPHATE TAB ER 24HR 44 MG (BASE EQUIVALENT).....182
RUXOLITINIB PHOSPHATE TAB ER 24HR 55 MG (BASE EQUIVALENT).....182
SACROSIDASE SOLN 8500 UNIT/ML ...117
SACUBITRIL-VALSARTAN SPRINKLE CAP 6-6 MG ..... 65
SACUBITRIL-VALSARTAN SPRINKLE CAP 15-16 MG ..... 65
SACUBITRIL-VALSARTAN TAB 24-26 MG 67
SACUBITRIL-VALSARTAN TAB 49-51 MG 67
SACUBITRIL-VALSARTAN TAB 97-103 MG .....67
SALICYLIC ACID CREAM 5.9% .....174
SALICYLIC ACID FOAM 6% & UREA IN LACTIC ACID FOAM 35% KIT .....78
SALICYLIC ACID LIQUID 10% .....175
SALICYLIC ACID SOLN 26%.....175
SALICYLIC & LACTIC ACIDS SOLN 16.7-16.7%.....78

SALMETEROL XINAFOATE AER POW BA 50 MCG/ACT (BASE EQUIV) .....59
SALSALATE TAB 500 MG ..... 190
SALSALATE TAB 750 MG ..... 190
SAPROPTERIN DIHYDROCHLORIDE POWDER PACKET 100 MG .....117
SAPROPTERIN DIHYDROCHLORIDE POWDER PACKET 100 MG .....118
SAPROPTERIN DIHYDROCHLORIDE POWDER PACKET 500 MG.....117
SAPROPTERIN DIHYDROCHLORIDE POWDER PACKET 500 MG.....118
SAPROPTERIN DIHYDROCHLORIDE TAB 100 MG .....117
SARGRAMOSTIM LYOPHILIZED FOR INJ 250 MCG.....57
SAXAGLIPTIN HCL TAB 2.5 MG (BASE EQUIV).....33
SAXAGLIPTIN HCL TAB 5 MG (BASE EQUIV).....33
SAXAGLIPTIN-METFORMIN HCL TAB ER 24HR 2.5-1000 MG .....33
SAXAGLIPTIN-METFORMIN HCL TAB ER 24HR 5-500 MG .....33
SAXAGLIPTIN-METFORMIN HCL TAB ER 24HR 5-1000 MG .....33
SCOPOLAMINE TD PATCH 72HR 1 MG/3DAYS .....34
SECUKINUMAB SUBCUTANEOUS AUTO-INJ 150 MG/ML (300 MG DOSE) .74
SECUKINUMAB SUBCUTANEOUS PREF SYR 150 MG/ML (300 MG DOSE) ..74
SECUKINUMAB SUBCUTANEOUS SOLN AUTO-INJECTOR 150 MG/ML.....74
SECUKINUMAB SUBCUTANEOUS SOLN AUTO-INJECTOR 300 MG/2ML ...74
SECUKINUMAB SUBCUTANEOUS SOLN PREFILLED SYRINGE 75 MG/0.5ML.....74
SECUKINUMAB SUBCUTANEOUS SOLN PREFILLED SYRINGE 150 MG/ML.74
SEGESTERONE ACE-ETHINYL ESTRADIOL VA RING 0.15-0.013 MG/24HR.....101
SELADELPAR LYSINE CAP 10 MG.....115
SELEGILINE HCL CAP 5 MG ..... 185
SELEGILINE HCL TAB 5 MG ..... 185
SELENIUM SULFIDE LOTION 2.5% .....75
SELEXIPAG TAB 100 MCG ..... 208
SELEXIPAG TAB 150 MCG ..... 208
SELEXIPAG TAB 200 MCG..... 208
SELEXIPAG TAB 400 MCG..... 209
SELEXIPAG TAB 600 MCG..... 209
SELEXIPAG TAB 800 MCG..... 209
SELEXIPAG TAB 1000 MCG..... 208
SELEXIPAG TAB 1200 MCG..... 208
SELEXIPAG TAB 1400 MCG..... 208
SELEXIPAG TAB 1600 MCG..... 208
SELEXIPAG TAB THERAPY PACK 200 MCG (140) & 800 MCG (60) ..... 208
SELINEXOR TAB THERAPY PACK 10 MG (40 MG ONCE WEEKLY) .....41
SELINEXOR TAB THERAPY PACK 20 MG (60 MG TWICE WEEKLY) .....42
SELINEXOR TAB THERAPY PACK 20 MG (80 MG TWICE WEEKLY) .....42
SELINEXOR TAB THERAPY PACK 40 MG (40 MG ONCE WEEKLY) .....42
SELINEXOR TAB THERAPY PACK 40 MG (40 MG TWICE WEEKLY) .....42
SELINEXOR TAB THERAPY PACK 40 MG (80 MG ONCE WEEKLY) .....42
SELINEXOR TAB THERAPY PACK 50 MG (100 MG ONCE WEEKLY).....42
SELINEXOR TAB THERAPY PACK 60 MG (60 MG ONCE WEEKLY) .....42
SELINEXOR TAB THERAPY PACK 80 MG (80 MG ONCE WEEKLY) .....42
SELPERCATINIB CAP 40 MG ..... 183
SELPERCATINIB CAP 80 MG ..... 183
SELPERCATINIB TAB 40 MG..... 183
SELPERCATINIB TAB 80 MG..... 183
SELPERCATINIB TAB 120 MG..... 183
SELPERCATINIB TAB 160 MG..... 183
SELUMETINIB SULFATE CAP 10 MG .... 40
SELUMETINIB SULFATE CAP 25 MG .... 40
SELUMETINIB SULFATE CAP SPRINKLE 5 MG ..... 40
SELUMETINIB SULFATE CAP SPRINKLE 7.5 MG ..... 40
SEMAGLUTIDE SOLN PEN-INJ 0.25 OR 0.5 MG/DOSE (2 MG/3ML).....32
SEMAGLUTIDE SOLN PEN-INJ 1 MG/ DOSE (4 MG/3ML).....32
SEMAGLUTIDE SOLN PEN-INJ 2 MG/ DOSE (8 MG/3ML) .....32
SEMAGLUTIDE TAB 1.5 MG .....32
SEMAGLUTIDE TAB 3 MG.....32
SEMAGLUTIDE TAB 4 MG.....32
SEMAGLUTIDE TAB 7 MG.....32
SEMAGLUTIDE TAB 9 MG.....32
SEMAGLUTIDE TAB 14 MG.....32
SENNOSIDES CHEW TAB 15 MG .....149
SERDEXMETHYLPHENIDATE-DEXMETHYLPHENIDATE CAP 26.1-5.2 MG ..... 48
SERDEXMETHYLPHENIDATE-DEXMETHYLPHENIDATE CAP 39.2-7.8 MG ..... 48
SERDEXMETHYLPHENIDATE-DEXMETHYLPHENIDATE CAP 52.3-10.4 MG ..... 48
SERTRALINE HCL ORAL CONCENTRATE FOR SOLUTION 20 MG/ML..... 222
SERTRALINE HCL TAB 25 MG..... 222
SERTRALINE HCL TAB 50 MG ..... 222
SERTRALINE HCL TAB 100 MG ..... 222
SERUM-DERIVED BOVINE IMMUNOGLOB/PROTEIN ISOLATE 5 GM PACKET ..... 160
SETMELANOTIDE ACETATE SUBCUTANEOUS SOLN 10 MG/ML .....21
SEVABERTINIB TAB 10 MG ..... 40
SEVELAMER CARBONATE PACKET 0.8 GM ..... 203
SEVELAMER CARBONATE PACKET 2.4 GM ..... 203
SEVELAMER CARBONATE TAB 800 MG 203
SEVOFLURANE INHAL SOLN.....175
SEVOFLURANE INHAL SOLN.....177
SHARPS CONTAINER - MISC .....155
SHARPS CONTAINER - MISC .....155
SHARPS CONTAINER - MISC .....155
SHARPS CONTAINER - MISC ..... 159
SHARPS CONTAINER - MISC ..... 168
SHARPS CONTAINER - MISC ..... 168
SHARPS CONTAINER - MISC .....175
SHARPS CONTAINER - MISC .....175
SHARPS CONTAINER - MISC .....175
SHARPS CONTAINER - MISC .....175
SHARPS CONTAINER - MISC .....175
SHARPS CONTAINER - MISC .....175
SHARPS CONTAINER - MISC .....175
SHARPS CONTAINER - MISC .....175
SHORT RAGWEED POLLEN ALLERGEN EXTRACT SL TAB 12 AMB A 1-U .....211
SILDENAFIL CITRATE FOR SUSPENSION 10 MG/ML ..... 208
SILDENAFIL CITRATE ORAL FILM 25 MG (BASE EQUIVALENT)..... 120
SILDENAFIL CITRATE ORAL FILM 50 MG (BASE EQUIVALENT)..... 120
SILDENAFIL CITRATE ORAL FILM 75 MG (BASE EQUIVALENT)..... 120
SILDENAFIL CITRATE ORAL FILM 100 MG (BASE EQUIVALENT)..... 120
SILDENAFIL CITRATE TAB 20 MG ..... 208
SILDENAFIL CITRATE TAB 25 MG ..... 120
SILDENAFIL CITRATE TAB 50 MG ..... 120
SILDENAFIL CITRATE TAB 100 MG .... 120
SILODOSIN CAP 4 MG..... 50
SILODOSIN CAP 8 MG..... 50
SILVER NITRATE-POTASSIUM NITRATE APPLICATOR 75-25% .....23
SILVER NITRATE SOLN 0.5% .....25
SILVER SULFADIAZINE CREAM 1% .....25
SILVER SULFADIAZINE CREAM 1% .....25

SILVER SULFADIAZINE CREAM 1% .....25
SIMPLE - SYRUP.....175
SIMPLE - SYRUP.....176
SIMVASTATIN SUSP 20 MG/5ML (4 MG/ML) ..... 89
SIMVASTATIN SUSP 40 MG/5ML (8 MG/ML) ..... 89
SIMVASTATIN TAB 5 MG..... 90
SIMVASTATIN TAB 10 MG ..... 90
SIMVASTATIN TAB 20 MG ..... 90
SIMVASTATIN TAB 40 MG ..... 90
SIMVASTATIN TAB 80 MG ..... 90
SIPONIMOD FUMARATE TAB 0.25 MG (7) STARTER PACK .....187
SIPONIMOD FUMARATE TAB 0.25 MG (12) STARTER PACK ..... 186
SIPONIMOD FUMARATE TAB 0.25 MG (BASE EQUIV).....187
SIPONIMOD FUMARATE TAB 1 MG (BASE EQUIV).....187
SIPONIMOD FUMARATE TAB 2 MG (BASE EQUIV).....187
SIROLIMUS (BULK) POWDER .....175
SIROLIMUS GEL 0.2% .....72
SIROLIMUS ORAL SOLN 1 MG/ML..... 144
SIROLIMUS TAB 0.5 MG ..... 144
SIROLIMUS TAB 1 MG ..... 144
SIROLIMUS TAB 2 MG ..... 144
SODIUM CHLORIDE GRANULES..... 98
SODIUM CHLORIDE POWDER .....175
SODIUM CHLORIDE SOLN NEBU 0.9%..211
SODIUM CHLORIDE SOLN NEBU 3%....211
SODIUM CHLORIDE SOLN NEBU 3%....212
SODIUM CHLORIDE SOLN NEBU 3.5%..211
SODIUM CHLORIDE SOLN NEBU 7%....211
SODIUM CHLORIDE SOLN NEBU 7%....211
SODIUM CHLORIDE SOLN NEBU 7%....212
SODIUM CHLORIDE SOLN NEBU 10% ..212
SODIUM CITRATE & CITRIC ACID SOLN 490-640 MG/5ML ..... 95
SODIUM CITRATE & CITRIC ACID SOLN 490-640 MG/5ML ..... 95
SODIUM CITRATE & CITRIC ACID SOLN 500-334 MG/5ML..... 98
SODIUM FLUORIDE CHEW TAB 0.5 MG F (FROM 1.1 MG NAF) .....93
SODIUM FLUORIDE CHEW TAB 0.5 MG F (FROM 1.1 MG NAF) ..... 98
SODIUM FLUORIDE CHEW TAB 0.25 MG F (FROM 0.55 MG NAF).....93
SODIUM FLUORIDE CHEW TAB 0.25 MG F (FROM 0.55 MG NAF)..... 98
SODIUM FLUORIDE CHEW TAB 1 MG F (FROM 2.2 MG NAF).....93
SODIUM FLUORIDE CHEW TAB 1 MG F (FROM 2.2 MG NAF)..... 98
SODIUM FLUORIDE CREAM 1.1% .....70
SODIUM FLUORIDE CREAM 1.1% .....70
SODIUM FLUORIDE CREAM 1.1% .....71
SODIUM FLUORIDE CREAM 1.1% .....71
SODIUM FLUORIDE CREAM 1.1% .....72
SODIUM FLUORIDE CREAM 1.1% .....72
SODIUM FLUORIDE GEL 1.1% (0.5% F) ..71
SODIUM FLUORIDE GEL 1.1% (0.5% F) ..71
SODIUM FLUORIDE GEL 1.1% (0.5% F) ..71
SODIUM FLUORIDE GEL 1.1% (0.5% F) ..71
SODIUM FLUORIDE GEL 1.1% (0.5% F) ..71
SODIUM FLUORIDE GEL 1.1% (0.5% F) ..72
SODIUM FLUORIDE GEL 1.1% (0.5% F) ..72
SODIUM FLUORIDE PASTE 1.1%.....70
SODIUM FLUORIDE PASTE 1.1%.....71
SODIUM FLUORIDE PASTE 1.1%.....71
SODIUM FLUORIDE PASTE 1.1%.....71
SODIUM FLUORIDE PASTE 1.1%.....71
SODIUM FLUORIDE PASTE 1.1%.....71
SODIUM FLUORIDE PASTE 1.1%.....72
SODIUM FLUORIDE-POTASSIUM NITRATE GEL 1.1-5%.....71
SODIUM FLUORIDE-POTASSIUM NITRATE GEL 1.1-5%.....71
SODIUM FLUORIDE-POTASSIUM NITRATE GEL 1.1-5%.....71
SODIUM FLUORIDE-POTASSIUM NITRATE GEL 1.1-5%.....71
SODIUM FLUORIDE-POTASSIUM NITRATE GEL 1.1-5%.....71
SODIUM FLUORIDE-POTASSIUM NITRATE GEL 1.1-5%.....71
SODIUM FLUORIDE RINSE 0.2%.....71
SODIUM FLUORIDE RINSE 0.2%.....72
SODIUM FLUORIDE SOLN 0.5 MG/ML F (FROM 1.1 MG/ML NAF) ..... 98
SODIUM FLUORIDE TAB 0.5 MG F (FROM 1.1 MG NAF) ..... 98
SODIUM FLUORIDE TAB 1 MG F (FROM 2.2 MG NAF)..... 98
SODIUM FLUORIDE-VITAMIN D LIQD DROPS 0.25 MG/ML-400 UNIT/ML .....92
SODIUM OXYBATE ORAL SOLUTION 500 MG/ML .....215
SODIUM OXYBATE PACK FOR ER SUSP 4.5 & 6 & 7.5 GM STARTER PAK.....215
SODIUM OXYBATE PACK FOR ORAL ER SUSP 4.5 GM .....215
SODIUM OXYBATE PACK FOR ORAL ER SUSP 6 GM.....215
SODIUM OXYBATE PACK FOR ORAL ER SUSP 7.5 GM .....215
SODIUM OXYBATE PACK FOR ORAL ER SUSP 9 GM.....215
SODIUM PHENYLBUTYRATE ORAL POWDER 3 GM/TEASPOONFUL .....117
SODIUM PHENYLBUTYRATE TAB 500 MG .....117
SODIUM PHENYLBUTYRATE-TAURURSODIOL POWD PACK 3-1 GM ... 68
SODIUM POLYSTYRENE SULFONATE POWDER ..... 99
SODIUM POLYSTYRENE SULFONATE RECTAL SUSP 30 GM/120ML ..... 99
SODIUM POLYSTYRENE SULFONATE SUSP 15 GM/60ML ..... 99
SODIUM POLYSTYRENE SULFONATE SUSP 15 GM/60ML ..... 99
SODIUM THIOSULFATE-SALICYLIC ACID LOTION 25-1%.....35
SODIUM ZIRCONIUM CYCLOSILICATE FOR SUSP PACKET 5 GM ..... 99
SODIUM ZIRCONIUM CYCLOSILICATE FOR SUSP PACKET 10 GM ..... 99
SOD SULFATE-MG SULFATE-POT CHLORIDE TAB 1479-225-188 MG .....149
SOD SULFATE-POT SULF-MG SULF ORAL SOL 17.5-3.13-1.6 GM/177ML.... 150
SOD SULFATE-POT SULF-MG SULF ORAL SOL 17.5-3.13-1.6 GM/177ML.... 150
SOFOSBUVIR PELLET PACK 150 MG.....16
SOFOSBUVIR PELLET PACK 200 MG ....16
SOFOSBUVIR-VELPATASVIR TAB 400-100 MG.....16
SOFOSBUVIR-VELPATASVIR-VOXILAPREVIR TAB 400-100-100 MG...16
SOLIFENACIN SUCCINATE TAB 5 MG .. 44
SOLIFENACIN SUCCINATE TAB 10 MG . 44
SOLRIAMFETOL HCL TAB 75 MG (BASE EQUIV).....215
SOLRIAMFETOL HCL TAB 150 MG (BASE EQUIV).....215
SOMAPACITAN-BECO SOLUTION PEN-INJECTOR 5 MG/1.5ML .....135
SOMAPACITAN-BECO SOLUTION PEN-INJECTOR 10 MG/1.5ML .....135
SOMAPACITAN-BECO SOLUTION PEN-INJECTOR 15 MG/1.5ML .....135
SOMATROGON-GHLA SOLUTION PEN-INJECTOR 24 MG/1.2ML (20 MG/ML)..... 134
SOMATROGON-GHLA SOLUTION PEN-INJECTOR 60 MG/1.2ML (50 MG/ML) ..... 134
SOMATROPIN FOR INJ 5.8 MG ..... 136
SOMATROPIN SOLUTION CARTRIDGE 5 MG/1.5ML ..... 136
SOMATROPIN SOLUTION CARTRIDGE 10 MG/1.5ML..... 136

SOMATROPIN SOLUTION PEN-INJECTOR 5 MG/1.5ML..... 136
SOMATROPIN SOLUTION PEN-INJECTOR 10 MG/1.5ML .....135
SOMATROPIN SOLUTION PEN-INJECTOR 15 MG/1.5ML ..... 136
SOMATROPIN SOLUTION PEN-INJECTOR 30 MG/3ML..... 136
SONIDEGIB PHOSPHATE CAP 200 MG (BASE EQUIVALENT)..... 183
SORAFENIB TOSYLATE TAB 200 MG (BASE EQUIVALENT)..... 183
SOTALOL HCL (AFIB/AFL) TAB 80 MG...22
SOTALOL HCL (AFIB/AFL) TAB 80 MG...23
SOTALOL HCL (AFIB/AFL) TAB 120 MG..22
SOTALOL HCL (AFIB/AFL) TAB 120 MG..23
SOTALOL HCL (AFIB/AFL) TAB 160 MG..22
SOTALOL HCL (AFIB/AFL) TAB 160 MG..23
SOTALOL HCL ORAL SOLUTION 5 MG/ML.....23
SOTALOL HCL TAB 80 MG.....23
SOTALOL HCL TAB 80 MG.....23
SOTALOL HCL TAB 120 MG.....23
SOTALOL HCL TAB 120 MG.....23
SOTALOL HCL TAB 160 MG.....23
SOTALOL HCL TAB 160 MG.....23
SOTALOL HCL TAB 240 MG.....23
SOTORASIB TAB 120 MG ..... 40
SOTORASIB TAB 240 MG ..... 40
SOTORASIB TAB 320 MG ..... 40
SPACER/AEROSOL-HOLDING CHAMBERS - DEVICE .....153
SPACER/AEROSOL-HOLDING CHAMBERS - DEVICE .....153
SPACER/AEROSOL-HOLDING CHAMBERS - DEVICE .....153
SPACER/AEROSOL-HOLDING CHAMBERS - DEVICE .....153
SPACER/AEROSOL-HOLDING CHAMBERS - DEVICE .....153
SPACER/AEROSOL-HOLDING CHAMBERS - DEVICE .....153
SPACER/AEROSOL-HOLDING CHAMBERS - DEVICE ..... 158
SPACER/AEROSOL-HOLDING CHAMBERS - DEVICE ..... 158
SPACER/AEROSOL-HOLDING CHAMBERS - DEVICE ..... 158
SPACER/AEROSOL-HOLDING CHAMBERS - DEVICE ..... 159
SPACER/AEROSOL-HOLDING CHAMBERS - DEVICE .....161
SPACER/AEROSOL-HOLDING CHAMBERS - DEVICE .....163
SPACER/AEROSOL-HOLDING CHAMBERS - DEVICE .....163
SPACER/AEROSOL-HOLDING CHAMBERS - DEVICE ..... 164
SPACER/AEROSOL-HOLDING CHAMBERS - DEVICE ..... 168
SPACER/AEROSOL-HOLDING CHAMBERS - DEVICE .....173
SPACER/AEROSOL-HOLDING CHAMBERS - DEVICE .....179
SPACER/AEROSOL-HOLDING CHAMBERS - DEVICE .....179
SPACER/AEROSOL-HOLDING CHAMBERS - DEVICE .....179
SPACER/AEROSOL-HOLDING CHAMBERS - DEVICE .....179
SPACER/AEROSOL-HOLDING CHAMBERS - DEVICE .....179
SPACER/AEROSOL-HOLDING CHAMBERS - DEVICE .....179
SPACER/AEROSOL-HOLDING CHAMBER SUPPLIES - BAGS ..... 164
SPACER/AEROSOL-HOLDING CHAMBER SUPPLIES - MASKS.....161
SPACER/AEROSOL-HOLDING CHAMBER SUPPLIES - MASKS.....161
SPACER/AEROSOL-HOLDING CHAMBER SUPPLIES - MASKS.....167
SPACER/AEROSOL-HOLDING CHAMBER SUPPLIES - MASKS.....167
SPACER/AEROSOL-HOLDING CHAMBER SUPPLIES - MASKS.....170
SPACER/AEROSOL-HOLDING CHAMBER SUPPLIES - MASKS.....179
SPACER/AEROSOL-HOLDING CHAMBER SUPPLIES - MASKS.....179
SPARSENTAN TAB 200 MG.....119
SPARSENTAN TAB 400 MG .....119
SPESOLIMAB-SBZO SUBCUTANEOUS SOLN PREF SYR 150 MG/ML.....76
SPESOLIMAB-SBZO SUBCUTANEOUS SOLN PREF SYR 300 MG/2ML .....76
SPINOSAD SUSP 0.9%..... 203
SPIRONOLACTONE & HYDROCHLOROTHIAZIDE TAB 25-25 MG.....67
SPIRONOLACTONE SUSP 25 MG/5ML.. 86
SPIRONOLACTONE SUSP 25 MG/5ML.. 86
SPIRONOLACTONE TAB 25 MG..... 86
SPIRONOLACTONE TAB 50 MG..... 86
SPIRONOLACTONE TAB 100 MG ..... 86
STANNOUS FLUORIDE CONC 0.63% ....71
STANNOUS FLUORIDE GEL 0.4% .....71
STANNOUS FLUORIDE GEL 0.4% .....71
STANNOUS FLUORIDE GEL 0.4% .....71
STANNOUS FLUORIDE GEL 0.4% .....71
SUCCIMER CAP 100 MG..... 99
SUCRALFATE SUSP 1 GM/10ML ..... 206
SUCRALFATE TAB 1 GM..... 206
SUCROFERRIC OXYHYDROXIDE CHEW TAB 500 MG ..... 203
SULCONAZOLE NITRATE CREAM 1% ....35
SULCONAZOLE NITRATE CREAM 1% ....36
SULCONAZOLE NITRATE SOLUTION 1%.35
SULCONAZOLE NITRATE SOLUTION 1%.36
SULFACETAMIDE SODIUM CLEANSING GEL 10% .....75
SULFACETAMIDE SODIUM CLEANSING GEL 10% .....76
SULFACETAMIDE SODIUM CREAM 10% .75
SULFACETAMIDE SODIUM LIQUID 10% .75
SULFACETAMIDE SODIUM LIQUID 10% .75
SULFACETAMIDE SODIUM LIQUID 10% .76
SULFACETAMIDE SODIUM LOTION 10% (ACNE) .....75
SULFACETAMIDE SODIUM LOTION 10% (ACNE) .....76
SULFACETAMIDE SODIUM OPHTH OINT 10%..... 193
SULFACETAMIDE SODIUM OPHTH SOLN 10%..... 193
SULFACETAMIDE SODIUM-PREDNISOLONE OPHTH SOLN 10-0.23(0.25)% .....192
SULFACETAMIDE SODIUM SHAMPOO 10% .....75
SULFACETAMIDE SODIUM SHAMPOO 10% .....76
SULFACETAMIDE SODIUM-SULFUR IN UREA EMULSION 10-5%.....76
SULFACETAMIDE SODIUM W/ SULFUR CLEANSER 9-4%.....76
SULFACETAMIDE SODIUM W/ SULFUR CLEANSER 9-4%.....76
SULFACETAMIDE SODIUM W/ SULFUR CLEANSER 10-5% .....73
SULFACETAMIDE SODIUM W/ SULFUR CLEANSER 10-5% .....76
SULFACETAMIDE SODIUM W/ SULFUR CREAM 10-2% .....75
SULFACETAMIDE SODIUM W/ SULFUR CREAM 10-5% .....75
SULFACETAMIDE SODIUM W/ SULFUR CREAM 10-5% .....76
SULFACETAMIDE SODIUM W/ SULFUR FOAM 10-5%.....76
SULFACETAMIDE SODIUM W/ SULFUR LOTION 10-5% .....76
SULFACETAMIDE SODIUM W/ SULFUR SUSP 10-5% .....76
SULFADIAZINE TAB 500 MG ..... 224

SULFAMETHOXAZOLE-TRIMETHOPRIM SUSP 200-40 MG/5ML ..... 223
SULFAMETHOXAZOLE-TRIMETHOPRIM SUSP 200-40 MG/5ML ..... 224
SULFAMETHOXAZOLE-TRIMETHOPRIM TAB 400-80 MG..... 223
SULFAMETHOXAZOLE-TRIMETHOPRIM TAB 400-80 MG..... 223
SULFAMETHOXAZOLE-TRIMETHOPRIM TAB 800-160 MG..... 223
SULFAMETHOXAZOLE-TRIMETHOPRIM TAB 800-160 MG..... 223
SULFASALAZINE TAB 500 MG..... 224
SULFASALAZINE TAB DELAYED RELEASE 500 MG ..... 224
SULFURATED LIME SOLUTION..... 203
SULFURIC ACID-SULFONATED PHENOLICS SOLN 30-50%.....70
SULINDAC TAB 150 MG..... 190
SULINDAC TAB 200 MG ..... 190
SULOPENEM ETZADROXIL-PROBENECID TAB 500-500 MG ..... 169
SUMATRIPTAN NASAL SPRAY 5 MG/ACT .....214
SUMATRIPTAN NASAL SPRAY 20 MG/ACT .....214
SUMATRIPTAN SUCCINATE INJ 6 MG/0.5ML.....213
SUMATRIPTAN SUCCINATE INJ 6 MG/0.5ML.....214
SUMATRIPTAN SUCCINATE SOLUTION AUTO-INJECTOR 4 MG/0.5ML.....213
SUMATRIPTAN SUCCINATE SOLUTION AUTO-INJECTOR 6 MG/0.5ML.....213
SUMATRIPTAN SUCCINATE SOLUTION AUTO-INJECTOR 6 MG/0.5ML.....214
SUMATRIPTAN SUCCINATE SOLUTION AUTO-INJECTOR 6 MG/0.5ML.....214
SUMATRIPTAN SUCCINATE SOLUTION CARTRIDGE 4 MG/0.5ML...213
SUMATRIPTAN SUCCINATE SOLUTION CARTRIDGE 6 MG/0.5ML...214
SUMATRIPTAN SUCCINATE TAB 25 MG.214
SUMATRIPTAN SUCCINATE TAB 50 MG.214
SUMATRIPTAN SUCCINATE TAB 100 MG.....214
SUNITINIB MALATE CAP 12.5 MG (BASE EQUIVALENT)..... 183
SUNITINIB MALATE CAP 25 MG (BASE EQUIVALENT)..... 183
SUNITINIB MALATE CAP 37.5 MG (BASE EQUIVALENT)..... 183
SUNITINIB MALATE CAP 50 MG (BASE EQUIVALENT)..... 184
SUVOREXANT TAB 5 MG.....215
SUVOREXANT TAB 10 MG .....215
SUVOREXANT TAB 15 MG.....215
SUVOREXANT TAB 20 MG .....215
SUZETRIGINE TAB 50 MG ..... 166
TACROLIMUS (BULK) POWDER.....176
TACROLIMUS (BULK) POWDER.....176
TACROLIMUS CAP 0.5 MG.....143
TACROLIMUS CAP 0.5 MG..... 144
TACROLIMUS CAP 1 MG.....143
TACROLIMUS CAP 1 MG..... 144
TACROLIMUS CAP 5 MG.....143
TACROLIMUS CAP 5 MG..... 144
TACROLIMUS OINT 0.1% .....76
TACROLIMUS OINT 0.03%.....76
TACROLIMUS PACKET FOR SUSP 0.2 MG.....143
TACROLIMUS PACKET FOR SUSP 1 MG .143
TADALAFIL ORAL SUSP 20 MG/5ML (PAH) ..... 208
TADALAFIL TAB 2.5 MG..... 50
TADALAFIL TAB 5 MG ..... 50
TADALAFIL TAB 10 MG ..... 120
TADALAFIL TAB 20 MG..... 120
TADALAFIL TAB 20 MG (PAH) ..... 208
TADALAFIL TAB 20 MG (PAH) ..... 208
TAFAMIDIS CAP 61 MG.....67
TAFAMIDIS MEGLUMINE (CARDIAC) CAP 20 MG.....67
TAFENOQUINE SUCCINATE TAB 100 MG (BASE EQUIVALENT).....42
TAFENOQUINE SUCCINATE TAB 150 MG (BASE EQUIVALENT).....43
TAFLUPROST PRESERVATIVE FREE (PF) OPHTH SOLN 0.0015% ..... 195
TAFLUPROST PRESERVATIVE FREE (PF) OPHTH SOLN 0.0015% ..... 195
TALETRECTINIB ADIPATE CAP 200 MG. 40
TAMOXIFEN CITRATE TAB 10 MG (BASE EQUIVALENT).....34
TAMOXIFEN CITRATE TAB 20 MG (BASE EQUIVALENT).....34
TAMSULOSIN HCL CAP 0.4 MG..... 50
TAPENTADOL HCL TAB 50 MG..... 200
TAPENTADOL HCL TAB 75 MG..... 200
TAPENTADOL HCL TAB 100 MG..... 200
TAPENTADOL HCL TAB ER 12HR 50 MG .197
TAPENTADOL HCL TAB ER 12HR 100 MG.....197
TAPENTADOL HCL TAB ER 12HR 150 MG.....197
TAPENTADOL HCL TAB ER 12HR 200 MG.....197
TAPENTADOL HCL TAB ER 12HR 250 MG.....197
TAPINAROF CREAM 1%.....77
TASIMELTEON CAPSULE 20 MG.....215
TASIMELTEON CAPSULE 20 MG.....215
TASIMELTEON ORAL SUSP 4 MG/ML...215
TAURINE CAP 500 MG..... 98
TAZAROTENE CREAM 0.1% .....76
TAZAROTENE CREAM 0.05% .....76
TAZAROTENE GEL 0.1%.....76
TAZAROTENE GEL 0.05%.....76
TAZEMETOSTAT HBR TAB 200 MG .....41
TEDUGLUTIDE (RDNA) FOR INJ KIT 5 MG.....115
TELMISARTAN-HYDROCHLOROTHIAZIDE TAB 40-12.5 MG .....67
TELMISARTAN-HYDROCHLOROTHIAZIDE TAB 80-12.5 MG .....67
TELMISARTAN-HYDROCHLOROTHIAZIDE TAB 80-25 MG.....67
TELMISARTAN TAB 20 MG.....14
TELMISARTAN TAB 40 MG.....14
TELMISARTAN TAB 80 MG.....14
TELOTRISTAT ETHYL TAB 250 MG (AS TELOTRISTAT ETIPRATE) .....116
TEMAZEPAM CAP 7.5 MG .....113
TEMAZEPAM CAP 7.5 MG .....113
TEMAZEPAM CAP 15 MG.....113
TEMAZEPAM CAP 15 MG.....113
TEMAZEPAM CAP 22.5 MG.....113
TEMAZEPAM CAP 22.5 MG.....113
TEMAZEPAM CAP 30 MG .....113
TEMAZEPAM CAP 30 MG .....113
TEMOZOLOMIDE CAP 5 MG .....10
TEMOZOLOMIDE CAP 20 MG.....10
TEMOZOLOMIDE CAP 100 MG.....10
TEMOZOLOMIDE CAP 140 MG.....10
TEMOZOLOMIDE CAP 180 MG.....10
TEMOZOLOMIDE CAP 250 MG .....10
TENAPANOR HCL TAB 20 MG.....118
TENAPANOR HCL TAB 30 MG.....118
TENOFOVIR DISOPROXIL FUMARATE ORAL POWDER 40 MG/GM .....19
TENOFOVIR DISOPROXIL FUMARATE TAB 150 MG .....19
TENOFOVIR DISOPROXIL FUMARATE TAB 200 MG .....19
TENOFOVIR DISOPROXIL FUMARATE TAB 250 MG .....19
TENOFOVIR DISOPROXIL FUMARATE TAB 300 MG.....19

TEPOTINIB HCL TAB 225 MG ..... 184
TERAZOSIN HCL CAP 1 MG (BASE EQUIVALENT)..... 50
TERAZOSIN HCL CAP 2 MG (BASE EQUIVALENT)..... 50
TERAZOSIN HCL CAP 5 MG (BASE EQUIVALENT)..... 50
TERAZOSIN HCL CAP 10 MG (BASE EQUIVALENT)..... 50
TERBINAFINE HCL TAB 250 MG .....36
TERBUTALINE SULFATE POWDER .....176
TERBUTALINE SULFATE TAB 2.5 MG.....59
TERBUTALINE SULFATE TAB 5 MG.....59
TERCONAZOLE VAGINAL CREAM 0.4%..36
TERCONAZOLE VAGINAL CREAM 0.8%..36
TERCONAZOLE VAGINAL SUPPOS 80 MG.....36
TERIFLUNOMIDE TAB 7 MG .....187
TERIFLUNOMIDE TAB 14 MG .....187
TERIPARATIDE SOLN PEN-INJ 560 MCG/2.24ML.....152
TERIPARATIDE SOLN PEN-INJ 560 MCG/2.24ML.....152
TESTOSTERONE (BULK) POWDER.....176
TESTOSTERONE (BULK) POWDER.....176
TESTOSTERONE CYP IM OR SUBCUTANEOUS INJ IN OIL 200 MG/ML .....13
TESTOSTERONE CYPIONATE (BULK) POWDER .....176
TESTOSTERONE CYPIONATE IM INJ IN OIL 100 MG/ML .....13
TESTOSTERONE CYPIONATE IM INJ IN OIL 100 MG/ML .....13
TESTOSTERONE CYPIONATE IM INJ IN OIL 200 MG/ML.....13
TESTOSTERONE CYPIONATE IM INJ IN OIL 200 MG/ML.....13
TESTOSTERONE CYPIONATE IM INJ IN OIL 200 MG/ML.....13
TESTOSTERONE CYPIONATE IM INJ IN OIL 200 MG/ML KIT.....13
TESTOSTERONE CYPIONATE IM SOLN PREF SYRINGE IN OIL 200 MG/ML .....12
TESTOSTERONE CYP SUBCUTANEOUS PREF SYR IN OIL 1.25 MG/0.05ML.....12
TESTOSTERONE CYP SUBCUTANEOUS PREF SYR IN OIL 2.5 MG/0.1ML.....12
TESTOSTERONE CYP SUBCUTANEOUS PREF SYR IN OIL 5 MG/0.2ML.....12
TESTOSTERONE CYP SUBCUTANEOUS PREF SYR IN OIL 7.5 MG/0.3ML.....12
TESTOSTERONE CYP SUBCUTANEOUS PREF SYR IN OIL 10 MG/0.4ML.....12
TESTOSTERONE CYP SUBCUTANEOUS PREF SYR IN OIL 12.5 MG/0.05ML.....12
TESTOSTERONE CYP SUBCUTANEOUS PREF SYR IN OIL 12.5 MG/0.25ML.....12
TESTOSTERONE CYP SUBCUTANEOUS PREF SYR IN OIL 15 MG/0.3ML.....12
TESTOSTERONE CYP SUBCUTANEOUS PREF SYR IN OIL 20 MG/0.4ML.....12
TESTOSTERONE CYP SUBCUTANEOUS PREF SYR IN OIL 25 MG/0.1ML.....12
TESTOSTERONE CYP SUBCUTANEOUS PREF SYR IN OIL 50 MG/0.2ML.....12
TESTOSTERONE CYP SUBCUTANEOUS PREF SYR IN OIL 75 MG/0.3ML.....12
TESTOSTERONE CYP SUBCUTANEOUS PREF SYR IN OIL 100 MG/0.4ML.....12
TESTOSTERONE CYP SUBCUTANEOUS PREF SYR IN OIL 150 MG/0.6ML .....12
TESTOSTERONE CYP SUBCUTANEOUS PREF SYR IN OIL 200 MG/0.8ML .....12
TESTOSTERONE ENANTHATE (BULK) POWDER .....176
TESTOSTERONE ENANTHATE IM INJ IN OIL 200 MG/ML.....13
TESTOSTERONE MICRONIZED (BULK) CRYSTALS.....176
TESTOSTERONE MICRONIZED (BULK) POWDER .....176
TESTOSTERONE MICRONIZED (BULK) POWDER .....177
TESTOSTERONE TD GEL 20.25 MG/ACT (1.62%) .....13
TESTOSTERONE TD GEL 50 MG/5GM (1%) .....13
TESTOSTERONE UNDECANOATE CAP 100 MG.....13
TESTOSTERONE UNDECANOATE CAP 150 MG.....13
TESTOSTERONE UNDECANOATE CAP 200 MG .....13
TESTOSTERONE UNDECANOATE IM INJ IN OIL 750 MG/3ML (250MG/ML)...12
TETANUS-DIPHTHERIA TOXOIDS (TD) INJ 2-2 LF/0.5ML..... 229
TETANUS-DIPHTHERIA TOXOIDS (TD) INJ 5-2 LF/0.5ML..... 229
TET-DIPH-ACELL PERTUSS AD PREF SYR 5-2.5-18.5 LF-MCG/0.5ML ..... 226
TET-DIPH-ACELL PERTUSS AD PREF SYR 5-2-15.5 LF-MCG/0.5ML ..... 226
TETRABENAZINE TAB 12.5 MG ..... 69
TETRABENAZINE TAB 25 MG ..... 69
TETRACAINE HCL OPHTH SOLN 0.5% . 190
TETRACAINE HCL OPHTH SOLN 0.5% ..191
TETRACYCLINE HCL CAP 250 MG..... 224
TETRACYCLINE HCL CAP 500 MG..... 224
TET TOX-DIPH-ACELL PERTUSS AD INJ 5-2-15.5 LF-LF-MCG/0.5ML ..... 226
TEZACAFTOR-IVACAFTOR 50-75 MG & IVACAFTOR 75 MG TAB TBPK.....70
TEZACAFTOR-IVACAFTOR 100-150 MG & IVACAFTOR 150 MG TAB TBPK ....70
TEZEPELUMAB-EKKO SUBCUTANEOUS SOLN AUTO-INJ 210 MG/1.91ML.....212
THALIDOMIDE CAP 50 MG.....22
THALIDOMIDE CAP 100 MG.....22
THEOPHYLLINE CAP ER 24HR 100 MG. 203
THEOPHYLLINE CAP ER 24HR 200 MG 203
THEOPHYLLINE CAP ER 24HR 300 MG 203
THEOPHYLLINE CAP ER 24HR 400 MG 203
THEOPHYLLINE ELIXIR 80 MG/15ML . 203
THEOPHYLLINE ELIXIR 80 MG/15ML . 203
THEOPHYLLINE SOLN 80 MG/15ML... 204
THEOPHYLLINE TAB ER 12HR 100 MG . 204
THEOPHYLLINE TAB ER 12HR 200 MG . 204
THEOPHYLLINE TAB ER 12HR 300 MG . 204
THEOPHYLLINE TAB ER 12HR 450 MG . 204
THEOPHYLLINE TAB ER 24HR 400 MG. 204
THEOPHYLLINE TAB ER 24HR 600 MG. 204
THIOGUANINE (BULK) POWDER .....177
THIOGUANINE TAB 40 MG .....39
THIORIDAZINE HCL TAB 10 MG .....6
THIORIDAZINE HCL TAB 25 MG .....6
THIORIDAZINE HCL TAB 50 MG.....6
THIORIDAZINE HCL TAB 100 MG.....6
THIOTEPA (BULK) POWDER.....177
THIOTHIXENE CAP 1 MG .....6
THIOTHIXENE CAP 2 MG .....6
THIOTHIXENE CAP 5 MG .....6
THIOTHIXENE CAP 10 MG.....6
THROMBIN FOR SOLN 1000 UNIT..... 130
THROMBIN FOR SOLN 10000 UNIT ... 130
THROMBIN FOR SOLN KIT 5000 UNIT 129
THROMBIN FOR SOLN KIT 5000 UNIT 129
THROMBIN FOR SOLN KIT 10000 UNIT129

THROMBIN FOR SOLN KIT 20000 UNIT 129
THROMBIN (RECOMBINANT) FOR SOLN 5000 UNIT 129
THROMBIN (RECOMBINANT) FOR SOLN 20000 UNIT 129
THYROID TAB 15 MG (1/4 GRAIN) 137
THYROID TAB 15 MG (1/4 GRAIN) 137
THYROID TAB 15 MG (1/4 GRAIN) 138
THYROID TAB 15 MG (1/4 GRAIN) 138
THYROID TAB 15 MG (1/4 GRAIN) 139
THYROID TAB 15 MG (1/4 GRAIN) 139
THYROID TAB 30 MG (1/2 GRAIN) 137
THYROID TAB 30 MG (1/2 GRAIN) 137
THYROID TAB 30 MG (1/2 GRAIN) 138
THYROID TAB 30 MG (1/2 GRAIN) 138
THYROID TAB 30 MG (1/2 GRAIN) 139
THYROID TAB 30 MG (1/2 GRAIN) 139
THYROID TAB 60 MG (1 GRAIN) 137
THYROID TAB 60 MG (1 GRAIN) 137
THYROID TAB 60 MG (1 GRAIN) 138
THYROID TAB 60 MG (1 GRAIN) 138
THYROID TAB 60 MG (1 GRAIN) 139
THYROID TAB 60 MG (1 GRAIN) 139
THYROID TAB 90 MG (1 1/2 GRAIN) 137
THYROID TAB 90 MG (1 1/2 GRAIN) 137
THYROID TAB 90 MG (1 1/2 GRAIN) 138
THYROID TAB 90 MG (1 1/2 GRAIN) 138
THYROID TAB 90 MG (1 1/2 GRAIN) 139
THYROID TAB 90 MG (1 1/2 GRAIN) 139
THYROID TAB 120 MG (2 GRAIN) 137
THYROID TAB 120 MG (2 GRAIN) 137
THYROID TAB 120 MG (2 GRAIN) 138
THYROID TAB 120 MG (2 GRAIN) 138
THYROID TAB 120 MG (2 GRAIN) 139
THYROID TAB 120 MG (2 GRAIN) 139
THYROID TAB 180 MG (3 GRAIN) 137
THYROID TAB 180 MG (3 GRAIN) 137
THYROID TAB 240 MG (4 GRAIN) 137
THYROID TAB 300 MG (5 GRAIN) 137
TIAGABINE HCL TAB 2 MG 114
TIAGABINE HCL TAB 4 MG 114
TIAGABINE HCL TAB 12 MG 114
TIAGABINE HCL TAB 16 MG 114
TICAGRELOR TAB 60 MG 204
TICAGRELOR TAB 90 MG 204
TIMOLOL MALEATE OPHTH GEL FORMING SOLN 0.5% 194
TIMOLOL MALEATE OPHTH GEL FORMING SOLN 0.25% 194
TIMOLOL MALEATE OPHTH SOLN 0.5% 194
TIMOLOL MALEATE OPHTH SOLN 0.5% (ONCE-DAILY) 194
TIMOLOL MALEATE OPHTH SOLN 0.5% (ONCE-DAILY) 194
TIMOLOL MALEATE OPHTH SOLN 0.5% (ONCE-DAILY) 194
TIMOLOL MALEATE OPHTH SOLN 0.25% 194
TIMOLOL MALEATE PRESERVATIVE FREE OPHTH SOLN 0.5% 194
TIMOLOL MALEATE PRESERVATIVE FREE OPHTH SOLN 0.5% 195
TIMOLOL MALEATE PRESERVATIVE FREE OPHTH SOLN 0.25% 194
TIMOLOL MALEATE PRESERVATIVE FREE OPHTH SOLN 0.25% 195
TIMOLOL MALEATE TAB 5 MG 53
TIMOLOL MALEATE TAB 10 MG 53
TIMOLOL MALEATE TAB 20 MG 53
TIMOLOL OPHTH SOLN 0.5% 194
TIMOLOL OPHTH SOLN 0.5% 194
TIMOLOL OPHTH SOLN 0.25% 193
TIMOTHY GRASS POLLEN ALLERGEN EXT SL TAB 2800 BAU 211
TINIDAZOLE TAB 250 MG 25
TINIDAZOLE TAB 500 MG 25
TIOPRONIN TAB 100 MG 120
TIOPRONIN TAB DELAYED RELEASE 100 MG 120
TIOPRONIN TAB DELAYED RELEASE 300 MG 120
TIOTROPIUM BR-OLODATEROL INHAL AERO SOLN 2.5-2.5 MCG/ACT 212
TIOTROPIUM BROMIDE INHAL AEROSOL 1.25 MCG/ACT 58
TIOTROPIUM BROMIDE INHAL AEROSOL 2.5 MCG/ACT 58
TIOTROPIUM BROMIDE INHAL CAP 18 MCG (BASE EQUIV) 58
TIPRANAVIR CAP 250 MG 20
TIRBANIBULIN OINTMENT 1% 78
TIRBANIBULIN OINTMENT 1% 78
TIRZEPATIDE SOLN AUTO-INJECTOR 2.5 MG/0.5ML 32
TIRZEPATIDE SOLN AUTO-INJECTOR 5 MG/0.5ML 32
TIRZEPATIDE SOLN AUTO-INJECTOR 7.5 MG/0.5ML 32
TIRZEPATIDE SOLN AUTO-INJECTOR 10 MG/0.5ML 32
TIRZEPATIDE SOLN AUTO-INJECTOR 12.5 MG/0.5ML 32
TIRZEPATIDE SOLN AUTO-INJECTOR 15 MG/0.5ML 32
TIZANIDINE HCL CAP 2 MG (BASE EQUIVALENT) 214
TIZANIDINE HCL CAP 4 MG (BASE EQUIVALENT) 214
TIZANIDINE HCL CAP 6 MG (BASE EQUIVALENT) 215
TIZANIDINE HCL TAB 2 MG (BASE EQUIVALENT) 215
TIZANIDINE HCL TAB 4 MG (BASE EQUIVALENT) 215
TOBRAMYCIN-DEXAMETHASONE OPHTH OINT 0.3-0.1% 11
TOBRAMYCIN-DEXAMETHASONE OPHTH SUSP 0.3-0.1% 191
TOBRAMYCIN NEBU SOLN 300 MG/4ML 70
TOBRAMYCIN OPHTH OINT 0.3% 193
TOBRAMYCIN OPHTH SOLN 0.3% 193
TOCILIZUMAB-ANOH SUBCUTANEOUS SOLN AUTO-INJ 162 MG/0.9ML 154
TOCILIZUMAB-ANOH SUBCUTANEOUS SOLN PREF SYR 162 MG/0.9ML 154
TOCILIZUMAB SUBCUTANEOUS SOLN AUTO-INJECTOR 162 MG/0.9ML 145
TOCILIZUMAB SUBCUTANEOUS SOLN PREFILLED SYRINGE 162 MG/0.9ML 145
TOFACITINIB CITRATE ORAL SOLN 1 MG/ML (BASE EQUIVALENT) 144
TOFACITINIB CITRATE TAB 5 MG (BASE EQUIVALENT) 144
TOFACITINIB CITRATE TAB 10 MG (BASE EQUIVALENT) 144
TOFACITINIB CITRATE TAB ER 24HR 11 MG (BASE EQUIVALENT) 144
TOFACITINIB CITRATE TAB ER 24HR 22 MG (BASE EQUIVALENT) 144
TOLTERODINE TARTRATE TAB 1 MG 44
TOLTERODINE TARTRATE TAB 2 MG 44
TOLVAPTAN (HYPONATREMIA) TAB 15 MG 99
TOLVAPTAN (HYPONATREMIA) TAB 30 MG 99
TOLVAPTAN TAB 15 MG 99
TOLVAPTAN TAB 30 MG 99
TOLVAPTAN TAB THERAPY PACK 15 MG 99
TOLVAPTAN TAB THERAPY PACK 30 & 15 MG 99
TOLVAPTAN TAB THERAPY PACK 45 & 15 MG 99
TOLVAPTAN TAB THERAPY PACK 60 & 30 MG 99
TOLVAPTAN TAB THERAPY PACK 90 & 30 MG 99
TOPIRAMATE SPRINKLE CAP 15 MG 122
TOPIRAMATE SPRINKLE CAP 25 MG 122
TOPIRAMATE SPRINKLE CAP 50 MG 122
TOPIRAMATE TAB 25 MG 122
TOPIRAMATE TAB 50 MG 122
TOPIRAMATE TAB 100 MG 122
TOPIRAMATE TAB 200 MG 122

TOPOTECAN HCL CAP 0.25 MG (BASE EQUIV). . . . . 100
TOPOTECAN HCL CAP 1 MG (BASE EQUIV). . . . . 100
TOREMIFENE CITRATE TAB 60 MG (BASE EQUIVALENT). . . . . .34
TORSEMIDE TAB 5 MG. . . . . 86
TORSEMIDE TAB 10 MG . . . . . 86
TORSEMIDE TAB 20 MG . . . . . 86
TORSEMIDE TAB 100 MG . . . . . 86
TOVORAFENIB FOR ORAL SUSP 25 MG/ML. . . . . 183
TOVORAFENIB TAB 100 MG . . . . . 183
TRALOKINUMAB-LDRM SUBCUTANEOUS SOLN AUTO-INJECTOR 300 MG/2ML . . . . . .72
TRALOKINUMAB-LDRM SUBCUTANEOUS SOLN PREFILLED SYR 150 MG/ML. . . . . .72
TRAMADOL-ACETAMINOPHEN TAB 37.5-325 MG. . . . . 200
TRAMADOL HCL TAB 50 MG. . . . . 200
TRAMADOL HCL TAB ER 24HR 100 MG. 198
TRAMADOL HCL TAB ER 24HR 200 MG 198
TRAMADOL HCL TAB ER 24HR 300 MG 198
TRAMADOL HCL TAB ER 24HR BIPHASIC RELEASE 100 MG. . . . . 198
TRAMADOL HCL TAB ER 24HR BIPHASIC RELEASE 200 MG . . . . . 198
TRAMADOL HCL TAB ER 24HR BIPHASIC RELEASE 300 MG . . . . . 198
TRAMETINIB DIMETHYL SULFOXIDE FOR SOLN 0.05 MG/ML (BASE EQ) . . . . 183
TRAMETINIB DIMETHYL SULFOXIDE TAB 0.5 MG (BASE EQUIVALENT) . . . . . 183
TRAMETINIB DIMETHYL SULFOXIDE TAB 2 MG (BASE EQUIVALENT). . . . . 183
TRANDOLAPRIL TAB 1 MG. . . . . .15
TRANDOLAPRIL TAB 2 MG . . . . . .15
TRANDOLAPRIL TAB 4 MG . . . . . .15
TRANDOLAPRIL-VERAPAMIL HCL TAB ER 1-240 MG. . . . . .67
TRANDOLAPRIL-VERAPAMIL HCL TAB ER 2-180 MG. . . . . .67
TRANDOLAPRIL-VERAPAMIL HCL TAB ER 2-240 MG . . . . . .67
TRANDOLAPRIL-VERAPAMIL HCL TAB ER 4-240 MG . . . . . .67
TRANEXAMIC ACID TAB 650 MG . . . . . 130
TRANSDERMAL BASE CREAM . . . . . .171
TRANSDERMAL BASE CREAM . . . . . .176
TRANSDERMAL BASE CREAM . . . . . .177
TRANSDERMAL BASE GEL. . . . . .179
TRANSDERMAL BASE GEL. . . . . .179
TRANYLCYPROMINE SULFATE TAB 10 MG. . . . . 185
TRANYLCYPROMINE SULFATE TAB 10 MG. . . . . 185
TRAVOPROST OPHTH SOLN 0.004% (BENZALKONIUM FREE) (BAK FREE) . . 195
TRAZODONE HCL TAB 25 MG. . . . . 223
TRAZODONE HCL TAB 50 MG . . . . . 223
TRAZODONE HCL TAB 75 MG. . . . . 223
TRAZODONE HCL TAB 100 MG . . . . . 223
TRAZODONE HCL TAB 150 MG . . . . . 223
TRAZODONE HCL TAB 300 MG . . . . . 223
TREPROSTINIL DIOLAMINE TAB ER 0.25 MG (BASE EQUIV). . . . . 207
TREPROSTINIL DIOLAMINE TAB ER 0.125 MG (BASE EQUIV). . . . . 207
TREPROSTINIL DIOLAMINE TAB ER 1 MG (BASE EQUIV). . . . . 207
TREPROSTINIL DIOLAMINE TAB ER 2.5 MG (BASE EQUIV) . . . . . 207
TREPROSTINIL DIOLAMINE TAB ER 5 MG (BASE EQUIV). . . . . 207
TREPROSTINIL INHALATION SOLUTION 0.6 MG/ML . . . . . 208
TREPROSTINIL INHALATION SOLUTION 0.6 MG/ML . . . . . 208
TREPROSTINIL INHALATION SOLUTION 0.6 MG/ML . . . . . 208
TREPROSTINIL INH POWD 112 X 16MCG & 112 X 32MCG & 28 X 48MCG . 208
TREPROSTINIL INH POWDER 16 MCG/CARTRIDGE. . . . . 208
TREPROSTINIL INH POWDER 32 MCG/CARTRIDGE. . . . . 208
TREPROSTINIL INH POWDER 48 MCG/CARTRIDGE. . . . . 208
TREPROSTINIL INH POWDER 64 MCG/CARTRIDGE. . . . . 208
TREPROSTINIL INH POWDER 80 MCG/CARTRIDGE. . . . . 208
TREPROSTINIL INH POWDER 112 X 32MCG & 112 X 64MCG. . . . . 208
TREPROSTINIL INH POWDER 112 X 48MCG & 112 X 64MCG. . . . . 208
TREPROSTINIL INH POWDER 112 X 48MCG & 112 X 80MCG. . . . . 208
TREPROSTINIL SODIUM INHAL CAP 26.5 MCG . . . . . 209
TREPROSTINIL SODIUM INHAL CAP 53 MCG . . . . . 209
TREPROSTINIL SODIUM INHAL CAP 79.5 MCG. . . . . 209
TREPROSTINIL SODIUM INHAL CAP 106 MCG . . . . . 209
TREPROSTINIL TAB ER TITR PK (MO1) 126 X0.125MG & 42 X0.25MG . . . . . 207
TREPROSTINIL TAB ER TITR PK (MO2) 126 X0.125MG & 210 X0.25MG . . . . . 207
TREPROSTINIL TAB ER TITR PK(MO3)126X0.125MG&42X-0.25MG&84X1MG . . . . . 207
TRETINOIN CAP 10 MG. . . . . .213
TRETINOIN CREAM 0.1% . . . . . .77
TRETINOIN CREAM 0.05% . . . . . .77
TRETINOIN CREAM 0.025% . . . . . .77
TRIAMCINOLONE ACETONIDE AEROSOL SOLN 0.147 MG/GM . . . . . 134
TRIAMCINOLONE ACETONIDE CREAM 0.1%. . . . . 134
TRIAMCINOLONE ACETONIDE CREAM 0.5% . . . . . 134
TRIAMCINOLONE ACETONIDE CREAM 0.5% . . . . . 134
TRIAMCINOLONE ACETONIDE CREAM 0.025%. . . . . 134
TRIAMCINOLONE ACETONIDE DENTAL PASTE 0.1%. . . . . .71
TRIAMCINOLONE ACETONIDE DENTAL PASTE 0.1%. . . . . .71
TRIAMCINOLONE ACETONIDE DENTAL PASTE 0.1%. . . . . .72
TRIAMCINOLONE ACETONIDE DENTAL PASTE 0.1%. . . . . .72
TRIAMCINOLONE ACETONIDE LOTION 0.1% . . . . . 134
TRIAMCINOLONE ACETONIDE LOTION 0.025% . . . . . 134
TRIAMCINOLONE ACETONIDE OINT 0.1%. . . . . 134
TRIAMCINOLONE ACETONIDE OINT 0.5%. . . . . 134
TRIAMCINOLONE ACETONIDE OINT 0.025% . . . . . 134
TRIAMTERENE CAP 50 MG . . . . . 86
TRIAMTERENE CAP 100 MG . . . . . 86
TRIAMTERENE & HYDROCHLOROTHIAZIDE CAP 37.5-25 MG . . . . . .67
TRIAMTERENE & HYDROCHLOROTHIAZIDE TAB 37.5-25 MG . . . . . .67
TRIAMTERENE & HYDROCHLOROTHIAZIDE TAB 75-50 MG . . . . . .67
TRIAZOLAM TAB 0.25 MG . . . . . .52
TRIAZOLAM TAB 0.25 MG . . . . . .52
TRIAZOLAM TAB 0.125 MG . . . . . .52
TRICHLOROACETIC ACID (BULK) CRYSTALS. . . . . .177
TRICLABENDAZOLE TAB 250 MG. . . . . .15
TRIENTINE HCL CAP 500 MG . . . . . 99
TRIFAROTENE CREAM 0.005% . . . . . .72
TRIFLUOPERAZINE HCL TAB 1 MG (BASE EQUIVALENT). . . . . .7

TRIFLUOPERAZINE HCL TAB 2 MG (BASE EQUIVALENT).....7
TRIFLUOPERAZINE HCL TAB 5 MG (BASE EQUIVALENT).....7
TRIFLUOPERAZINE HCL TAB 10 MG (BASE EQUIVALENT).....7
TRIFLURIDINE OPHTH SOLN 1% ..... 195
TRIHEPTANOIN ORAL LIQUID 100% ....92
TRIHEXYPHENIDYL HCL ORAL SOLN 0.4 MG/ML .....26
TRIHEXYPHENIDYL HCL TAB 2 MG .....26
TRIHEXYPHENIDYL HCL TAB 5 MG .....26
TRIMETHOBENZAMIDE HCL CAP 300 MG .....34
TRIMETHOPRIM TAB 100 MG.....25
TRIMIPRAMINE MALEATE CAP 25 MG. 226
TRIMIPRAMINE MALEATE CAP 50 MG 226
TRIMIPRAMINE MALEATE CAP 100 MG226
TROCHE BASE GRANULES .....179
TROFINETIDE ORAL POWDER PACKET 5000 MG ..... 68
TROFINETIDE ORAL POWDER PACKET 6000 MG ..... 68
TROFINETIDE ORAL POWDER PACKET 8000 MG ..... 68
TROFINETIDE ORAL SOLN 200 MG/ML .67
TROSPIUM CHLORIDE TAB 20 MG..... 44
TUCATINIB TAB 50 MG ..... 184
TUCATINIB TAB 150 MG ..... 184
TURPENTINE SPIRIT .....12
TYROSINE CAP 500 MG ..... 95
TYROSINE CAP 500 MG ..... 95
TYROSINE ORAL POWDER PACKET 1000 MG ..... 98
UBROGEPANT TAB 50 MG .....59
UBROGEPANT TAB 100 MG .....59
ULIPRISTAL ACETATE TAB 30 MG ..... 204
UMECLIDINIUM-VILANTEROL AERO POWD BA 62.5-25 MCG/ACT.....210
UPADACITINIB ORAL SOLN 1 MG/ML . 146
UPADACITINIB TAB ER 24HR 15 MG ... 146
UPADACITINIB TAB ER 24HR 30 MG ... 146
UPADACITINIB TAB ER 24HR 45 MG ... 146
UREA BEADS .....178
UREA CREAM 20%.....78
UREA CREAM 40%.....78
UREA CREAM 40%.....78
UREA CREAM 45%.....78
UREA FOAM 40% .....78
UREA GEL 45% .....78
UREA-LACTIC ACID GEL 40-10%.....78
UREA-LACTIC ACID GEL 40-10%.....78
UREA LOTION 40%.....78
UREA POWDER.....178
URIDINE TRIACETATE ORAL GRANULES PACKET 2 GM .....118
URIDINE TRIACETATE ORAL GRANULES PACKET 10 GM .....179
URINE GLUCOSE-KETONES TEST STRIPS..... 80
URINE GLUCOSE-KETONES TEST STRIPS..... 80
URINE GLUCOSE-KETONES TEST STRIPS.....82
URSODIOL CAP 300 MG.....116
URSODIOL TAB 250 MG .....116
URSODIOL TAB 500 MG .....116
USTEKINUMAB-AUUB INJ 45 MG/0.5ML77
USTEKINUMAB-AUUB SOLN PREFILLED SYRINGE 45 MG/0.5ML .....77
USTEKINUMAB-AUUB SOLN PREFILLED SYRINGE 90 MG/ML .....77
USTEKINUMAB-HMNY SOLN PREFILLED SYRINGE 45 MG/0.5ML .....76
USTEKINUMAB-HMNY SOLN PREFILLED SYRINGE 90 MG/ML .....76
USTEKINUMAB-HMNY SUBCUTANEOUS SOLN 45 MG/0.5ML ...76
USTEKINUMAB-KFCE SOLN PREFILLED SYRINGE 45 MG/0.5ML .....77
USTEKINUMAB-KFCE SOLN PREFILLED SYRINGE 90 MG/ML .....77
USTEKINUMAB-KFCE SUBCUTANEOUS SOLN 45 MG/0.5ML ...77
USTEKINUMAB-STBA SOLN PREFILLED SYRINGE 45 MG/0.5ML .....76
USTEKINUMAB-STBA SOLN PREFILLED SYRINGE 90 MG/ML .....76
USTEKINUMAB-STBA SUBCUTANEOUS SOLN 45 MG/0.5ML ...76
VALACYCLOVIR HCL TAB 1 GM .....37
VALACYCLOVIR HCL TAB 500 MG.....37
VALBENAZINE TOSYLATE CAP 40 MG (BASE EQUIV)..... 68
VALBENAZINE TOSYLATE CAP 60 MG (BASE EQUIV)..... 68
VALBENAZINE TOSYLATE CAP 80 MG (BASE EQUIV)..... 68
VALBENAZINE TOSYLATE CAPSULE SPRINKLE 40 MG (BASE EQUIV) ..... 68
VALBENAZINE TOSYLATE CAPSULE SPRINKLE 60 MG (BASE EQUIV) ..... 68
VALBENAZINE TOSYLATE CAPSULE SPRINKLE 80 MG (BASE EQUIV) ..... 69
VALBENAZINE TOSYLATE CAP THERAPY PACK 40 MG (7) & 80 MG (21) 68
VALGANCICLOVIR HCL FOR SOLN 50 MG/ML (BASE EQUIV) .....16
VALGANCICLOVIR HCL TAB 450 MG (BASE EQUIVALENT).....16
VALINE ORAL POWDER PACKET 1 GM ..178
VALINE ORAL POWDER PACKET 50 MG178
VALPROATE SODIUM ORAL SOLN 250 MG/5ML (BASE EQUIV) .....114
VALPROIC ACID CAP 250 MG .....114
VALSARTAN-HYDROCHLOROTHIAZIDE TAB 80-12.5 MG .....67
VALSARTAN-HYDROCHLOROTHIAZIDE TAB 160-12.5 MG .....67
VALSARTAN-HYDROCHLOROTHIAZIDE TAB 160-25 MG .....67
VALSARTAN-HYDROCHLOROTHIAZIDE TAB 320-12.5 MG .....67
VALSARTAN-HYDROCHLOROTHIAZIDE TAB 320-25 MG .....67
VALSARTAN ORAL SOLN 4 MG/ML .....14
VALSARTAN TAB 40 MG .....14
VALSARTAN TAB 80 MG .....14
VALSARTAN TAB 160 MG .....14
VALSARTAN TAB 320 MG .....14
VANCOMYCIN HCL CAP 125 MG (BASE EQUIVALENT).....25
VANCOMYCIN HCL CAP 125 MG (BASE EQUIVALENT).....25
VANCOMYCIN HCL CAP 250 MG (BASE EQUIVALENT).....25
VANCOMYCIN HCL CAP 250 MG (BASE EQUIVALENT).....25
VANCOMYCIN HCL FOR ORAL SOLN 25 MG/ML (BASE EQUIVALENT) .....24
VANCOMYCIN HCL FOR ORAL SOLN 25 MG/ML (BASE EQUIVALENT) .....25
VANCOMYCIN HCL FOR ORAL SOLN 50 MG/ML (BASE EQUIVALENT) .....24
VANCOMYCIN HCL FOR ORAL SOLN 50 MG/ML (BASE EQUIVALENT) .....25
VANCOMYCIN HCL FOR ORAL SOLN 50 MG/ML (BASE EQUIVALENT) .....25
VANDETANIB TAB 100 MG..... 180
VANDETANIB TAB 300 MG..... 180
VANZACAFTOR-TEZACAFTOR-DEUTIVACAFTOR TAB 4-20-50 MG .....153
VANZACAFTOR-TEZACAFTOR-DEUTIVACAFTOR TAB 10-50-125 MG...153
VARDENAFIL HCL ORALLY DISINTEGRATING TAB 10 MG ..... 120
VARDENAFIL HCL TAB 2.5 MG..... 120
VARDENAFIL HCL TAB 5 MG..... 120
VARDENAFIL HCL TAB 10 MG ..... 120
VARDENAFIL HCL TAB 20 MG ..... 120
VARENICLINE TARTRATE TAB 0.5 MG (BASE EQUIV).....219

VARENICLINE TARTRATE TAB 1 MG (BASE EQUIV).....219
VARENICLINE TARTRATE TAB 11 X 0.5 MG & 42 X 1 MG START PACK .....219
VARICELLA VIRUS VAC LIVE FOR INJ 1350 PFU/0.5ML ..... 229
VEDOLIZUMAB SOLN AUTO-INJECTOR 108 MG/0.68ML .....145
VEMURAFENIB TAB 240 MG..... 185
VENETOCLAX TAB 10 MG ..... 184
VENETOCLAX TAB 50 MG ..... 184
VENETOCLAX TAB 100 MG..... 184
VENETOCLAX TAB THERAPY STARTER PACK 10 & 50 & 100 MG..... 184
VENLAFAXINE HCL CAP ER 24HR 37.5 MG (BASE EQUIVALENT)..... 223
VENLAFAXINE HCL CAP ER 24HR 75 MG (BASE EQUIVALENT)..... 223
VENLAFAXINE HCL CAP ER 24HR 150 MG (BASE EQUIVALENT)..... 223
VENLAFAXINE HCL TAB 25 MG (BASE EQUIVALENT)..... 223
VENLAFAXINE HCL TAB 37.5 MG (BASE EQUIVALENT)..... 223
VENLAFAXINE HCL TAB 50 MG (BASE EQUIVALENT)..... 223
VENLAFAXINE HCL TAB 75 MG (BASE EQUIVALENT)..... 223
VENLAFAXINE HCL TAB 100 MG (BASE EQUIVALENT)..... 223
VERAPAMIL HCL CAP ER 24HR 100 MG..62
VERAPAMIL HCL CAP ER 24HR 100 MG..63
VERAPAMIL HCL CAP ER 24HR 120 MG..62
VERAPAMIL HCL CAP ER 24HR 120 MG..62
VERAPAMIL HCL CAP ER 24HR 120 MG..63
VERAPAMIL HCL CAP ER 24HR 180 MG..62
VERAPAMIL HCL CAP ER 24HR 180 MG..62
VERAPAMIL HCL CAP ER 24HR 180 MG..63
VERAPAMIL HCL CAP ER 24HR 200 MG..62
VERAPAMIL HCL CAP ER 24HR 200 MG..63
VERAPAMIL HCL CAP ER 24HR 240 MG..63
VERAPAMIL HCL CAP ER 24HR 240 MG..63
VERAPAMIL HCL CAP ER 24HR 240 MG..63
VERAPAMIL HCL CAP ER 24HR 300 MG..63
VERAPAMIL HCL CAP ER 24HR 300 MG..63
VERAPAMIL HCL CAP ER 24HR 360 MG..63
VERAPAMIL HCL CAP ER 24HR 360 MG..63
VERAPAMIL HCL TAB 40 MG .....63
VERAPAMIL HCL TAB 80 MG .....63
VERAPAMIL HCL TAB 120 MG .....63
VERAPAMIL HCL TAB ER 120 MG .....63
VERAPAMIL HCL TAB ER 180 MG .....63
VERAPAMIL HCL TAB ER 240 MG .....63
VERSABASE GEL .....178
VIGABATRIN ORAL SOLN 100 MG/ML..115
VIGABATRIN POWD PACK 500 MG .....115
VIGABATRIN POWD PACK 500 MG .....115
VIGABATRIN POWD PACK 500 MG .....115
VIGABATRIN TAB 500 MG.....115
VIGABATRIN TAB 500 MG.....115
VILAZODONE HCL TAB 10 MG..... 223
VILAZODONE HCL TAB 20 MG..... 223
VILAZODONE HCL TAB 40 MG ..... 223
VIMSELTINIB CAP 14 MG.....41
VIMSELTINIB CAP 20 MG .....41
VIMSELTINIB CAP 30 MG .....41
VISMODEGIB CAP 150 MG .....181
VONOPRAZAN FUMARATE TAB 10 MG. 207
VONOPRAZAN FUMARATE TAB 20 MG. 207
VON WILLEBRAND FACTOR (RECOMBINANT) FOR INJ 650 UNIT.. 130
VON WILLEBRAND FACTOR (RECOMBINANT) FOR INJ 1300 UNIT. 130
VORAPAXAR SULFATE TAB 2.08 MG (BASE EQUIVALENT)..... 204
VORASIDENIB TAB 10 MG .....41
VORASIDENIB TAB 40 MG.....41
VORICONAZOLE FOR SUSP 40 MG/ML..37
VORICONAZOLE FOR SUSP 40 MG/ML..37
VORICONAZOLE TAB 50 MG .....37
VORICONAZOLE TAB 50 MG .....37
VORICONAZOLE TAB 200 MG.....37
VORINOSTAT CAP 100 MG .....42
VORTIOXETINE HBR TAB 5 MG (BASE EQUIV)..... 223
VORTIOXETINE HBR TAB 10 MG (BASE EQUIV)..... 223
VORTIOXETINE HBR TAB 20 MG (BASE EQUIV)..... 223
VOSORITIDE FOR SUBCUTANEOUS INJ 0.4 MG .....117
VOSORITIDE FOR SUBCUTANEOUS INJ 0.56 MG.....118
VOSORITIDE FOR SUBCUTANEOUS INJ 1.2 MG .....118
WARFARIN SODIUM TAB 1 MG.....27
WARFARIN SODIUM TAB 1 MG.....28
WARFARIN SODIUM TAB 2.5 MG.....27
WARFARIN SODIUM TAB 2.5 MG.....28
WARFARIN SODIUM TAB 2 MG.....27
WARFARIN SODIUM TAB 2 MG.....28
WARFARIN SODIUM TAB 3 MG.....27
WARFARIN SODIUM TAB 3 MG.....28
WARFARIN SODIUM TAB 4 MG.....27
WARFARIN SODIUM TAB 4 MG.....28
WARFARIN SODIUM TAB 5 MG.....27
WARFARIN SODIUM TAB 5 MG.....28
WARFARIN SODIUM TAB 6 MG .....27
WARFARIN SODIUM TAB 6 MG .....28
WARFARIN SODIUM TAB 7.5 MG.....27
WARFARIN SODIUM TAB 7.5 MG.....28
WARFARIN SODIUM TAB 10 MG .....27
WARFARIN SODIUM TAB 10 MG .....28
WHEAT GERM - OIL..... 237
WHITE PETROLATUM OINTMENT .....171
WHITE PETROLATUM TOPICAL GEL....171
ZAFIRLUKAST TAB 10 MG .....38
ZAFIRLUKAST TAB 10 MG .....38
ZAFIRLUKAST TAB 20 MG .....38
ZAFIRLUKAST TAB 20 MG .....38
ZALEPLON CAP 5 MG.....113
ZALEPLON CAP 10 MG .....113
ZANAMIVIR AEROSOL POWDER BREATH ACTIVATED 5 MG/ACT.....21
ZANUBRUTINIB CAP 80 MG..... 180
ZANUBRUTINIB TAB 160 MG ..... 180
ZAVEGEPANT HCL NASAL SPRAY 10 MG/ACT.....59
ZIDOVUDINE CAP 100 MG .....19
ZIDOVUDINE CAP 100 MG .....19
ZIDOVUDINE SYRUP 10 MG/ML.....19
ZIDOVUDINE SYRUP 10 MG/ML.....19
ZIDOVUDINE TAB 300 MG.....19
ZIFTOMENIB CAP 200 MG ..... 166
ZILUCOPLAN SODIUM SUBCUTANEOUS SOLN PREF SYR 16.6 MG/0.416ML .....13
ZILUCOPLAN SODIUM SUBCUTANEOUS SOLN PREF SYR 23 MG/0.574ML .....13
ZILUCOPLAN SODIUM SUBCUTANEOUS SOLN PREF SYR 32.4 MG/0.81ML .....13
ZINC ACETATE CAP 25 MG (ELEMENTAL ZINC) .....93
ZINC ACETATE CAP 50 MG (ELEMENTAL ZINC) .....93
ZIPRASIDONE HCL CAP 20 MG.....9
ZIPRASIDONE HCL CAP 40 MG .....9
ZIPRASIDONE HCL CAP 60 MG .....9
ZIPRASIDONE HCL CAP 80 MG .....9
ZOLMITRIPTAN NASAL SPRAY 2.5 MG/SPRAY UNIT .....214
ZOLMITRIPTAN NASAL SPRAY 5 MG/SPRAY UNIT.....214
ZOLMITRIPTAN ORALLY DISINTEGRATING TAB 2.5 MG.....214
ZOLMITRIPTAN ORALLY DISINTEGRATING TAB 5 MG .....214
ZOLMITRIPTAN TAB 2.5 MG .....214
ZOLMITRIPTAN TAB 5 MG.....214
ZOLPIDEM TARTRATE TAB 5 MG.....114
ZOLPIDEM TARTRATE TAB 10 MG.....114
ZOLPIDEM TARTRATE TAB ER 6.25 MG .113
ZOLPIDEM TARTRATE TAB ER 12.5 MG..113
ZONGERTINIB TAB 60 MG.....163
ZONISAMIDE CAP 25 MG.....63
ZONISAMIDE CAP 50 MG .....63

ZONISAMIDE CAP 100 MG .....63
ZONISAMIDE ORAL SUSP 100 MG/5ML (20 MG/ML) .....63
ZOSTER VAC RECOMBINANT ADJUVANTED FOR IM INJ 50 MCG/0.5ML..... 229
ZURANOLONE CAP 20 MG .....29
ZURANOLONE CAP 25 MG.....29
ZURANOLONE CAP 30 MG .....29

**ATTENTION**: Free language assistance services and free communications in other formats, such as large print, are available to you. Call the toll-free number on your member identification card. (TTY 711).

**ማሳሰቢያ፦ አማርኛ** (Amharic) የሚናገሩ ከሆነ፣ ነፃ የቋንቋ እገዛ አገልግሎቶች እና ነፃ ተግባቦቶች እንደ ትልቅ እትም ባሉ ሌሎች ቅርፀቶች ለእርስዎ ይገኛሉ። በአባልነት መታወቂያ ካርድዎ ላይ ያለውን ነፃ የስልክ ቁጥር ይደውሉ።

**ملحوظة:** إذا كنت تتحدث اللغة **العربية** (Arabic)، فإن خدمات المساعدة اللغوية المجانية والاتصالات المجانية بتنسيقات أخرى، مثل الخط الكبير، متاحة لك. اتصل بالرقم المجاني الموجود على بطاقة تعريف العضو الخاصة بك.

**দেখুন**: আপনি যদি **বাংলায়** (Bengali-Bangla) কথা বলেন, তাহলে আপনার জন্য বিনামূল্যে ভাষা সহায়তা পরিষেবা এবং বিনামূল্যে যোগাযোগ অন্যান্য ফরম্যাটে যেমন বড় ছাপা আপনার সদস্য পরিচয়পত্রে উল্লেখিত টোল-ফ্রি নম্বরে কল করুন।

**ចំណាំ៖** ប្រសិនបើអ្នកនិយាយ**ភាសាខ្មែរ** (Cambodian-Mon-Khmer)
សេវាជំនួយភាសាឥតគិតថ្លៃ និងការទំនាក់ទំនងឥតគិតថ្លៃក្នុងទម្រង់ផ្សេងទៀត
ដូចជាពុម្ពអក្សរធំ មានសម្រាប់អ្នក។
ទូរសព្ទមកលេខឥតគិតថ្លៃនៅលើបណ្ណសម្គាល់សមាជិករបស់អ្នក។

**請注意**：如果您說**中文** (Chinese - Traditional)，您可以獲得免費語言協助服務和大字體等其他格式的免費通訊。請致電您的會員身份卡上的免付費電話號碼。

ATTENTION : Si vous parlez **français (French)**, des services d'assistance linguistique et des communications dans d'autres formats, notamment en gros caractères, sont mis à votre disposition gratuitement. Appelez le numéro gratuit figurant sur votre carte de membre.

ATANSYON: Si w pale **Kreyòl Ayisyen (Haitian Creole)**, gen sèvis lang gratis ak kominikasyon nan lòt fòma lo disponib, tankou sa ki enprime ak gwo lèt. Rele nimewo gratis ki sou kat idantifikasyon manm ou an.

ACHTUNG: Falls Sie **Deutsch (German)** sprechen, stehen Ihnen kostenlose Sprachassistenzdienste und kostenlose Kommunikation in anderen Formaten, wie zum Beispiel große Schrift, zur Verfügung. Rufen Sie die gebührenfreie Nummer auf Ihrer Mitgliedskarte an.

**ΠΡΟΣΟΧΗ**: Εάν μιλάτε **ελληνικά** (Greek), υπάρχουν διαθέσιμες δωρεάν υπηρεσίες γλωσσικής βοήθειας και δωρεάν επικοινωνία σε άλλες μορφοποιήσεις, όπως μεγάλα γράμματα. Καλέστε τον αριθμό χωρίς χρέωση στην κάρτα μέλους σας.

**ધ્યાન આપો:** જો તમે **ગુજરાતી (Gujarati)** બોલતં હો તો વિનં મૂલ્યે ભં ષં કીય મદદ૬૫ સેવં ઓ અને અન્ય ફોમેટમં વિનં મૂલ્યે સંચં ડ, જમ કે મોટી વિન્દ, તમં ડં મં ટે ઉપલબ્ધ છે. તમં ડં સભ્ય ઓળખ કં ર્ડ પડનં ટોલ-ફ્રી નંબડ પડ કૉલ કડો.

**ध्यान दे**: यदि आप **हिंदी (Hindi)** बोलतें है, तों आपकें लिए मुफ्त भाषा सहायता सेंवाएँ औड अन्य पाडपों में मुफ्त संचाड, जैसें कक बें पांट, उपलब्ध है। अपनें सदस्य पहचान पत पड दिए गए टोंल-फ्री नंबड पड कॉल कडें।

**LUS TSEEM CEEB**: Yog tias koj hais **lus Hmoob (Hmong)**, muaj cov kev pab cuam txhais lus thiab muaj kev sib txuas lus pab dawb ua lwm hom ntawv, xws li luam ua ntawv loj rau koj. Thov hu rau tus xov tooj hu dawb ntawm koj daim npav ID.

**ATENSION**: No agsasaoka iti **Ilocano (Ilocano)**, magun-odmo dagiti libre a serbisio ti tulong iti pagsasao ken libre a komunikasion iti dadduma a pormat, kas iti dadakkel a letra. Tawagan ti awan-bayadna a numero a masarakan iti kard a pakabigbigam kas miembro.

**ATTENZIONE**: se parla **italiano (Italian)**, può usufruire di servizi di assistenza linguistica gratuiti e comunicazioni gratuite in altri formati, come ad esempio la stampa a caratteri grandi. Chiami il numero verde riportato sul Suo tesserino identificativo.

**注意事項：日本語 (Japanese)** を話される場合、無料の言語支援サービスや、拡大文字など他の形式での無料のコミュニケーションをご利用いただけます。会員証に記載されているフリーダイアルにお電話ください。

**알림 사항**: **한국어(Korean)**를 사용하시는 경우 무료 언어 지원 서비스와 대형 활자체 등 다른 형식으로 된 의사 소통 매체를 이용하실 수 있습니다. 회원 ID 카드에 나와 있는 무료 전화번호로 전화해 주십시오.

**ໝາຍເຫດ**: ຖ້າຫາກທ່ານເວົ້າ**ພາສາລາວ (Lao)**, ທ່ານສາມາດໃຊ້ບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາຟຣີ ແລະ ການສື່ສານໃນຮູບແບບອື່ນໆຟຣີ, ເຊ່ນ: ການພິມຕົວອັກສອນຂະໜາດໃຫຍ່.
ໂທຫາເບີໂທຟຣີຢູ່ທີ່ບັດປະຈຳຕົວສະມາຊິກຂອງທ່ານ.

**ध्यान दिनु होस्**: यदि तपाईंलें **नेपाली (Nepali)** बोल्नुहुन्छ भनें, न्म:शुल्क भाषा सहायता सेंवाहड ड अन्य ढाँचाहडमा न्म:शुल्क संचाडहड, जस्तै ठूलों छाप, तपाईंका लाग्ग उपलब्ध छन्।. आफ्नों सदस्य पहिचान कार्डमा डहेंकों टोंल फ्री नम्बडमा कल गर्नुहोंस्।

**توجه**: اگر به زبان **فارسی** (Persian-Farsi) صحبت می‌کنید، خدمات زبانی کمک رایگان و تسهیلات در دسترس شما هستند. برای تماس با شماره‌ای که در کارت عضویت شما ذکر شده است، روی کارت عضویت خود تماس بگیرید.

**UWAGA**: Dla osób mówiących po **polsku** (Polish) dostępne są bezpłatne usługi pomocy językowej i bezpłatne komunikaty w innych formatach, takich jak duży druk. Prosimy zadzwonić pod bezpłatny numer podany na karcie identyfikacyjnej.

ATENÇÃO: se você fala **português (Portuguese)**, tem à sua disposição serviços gratuitos de assistência linguística e comunicações gratuitas em outros formatos, como caracteres grandes. Ligue para o número gratuito que se encontra no seu cartão de identificação de membro.

**ਦਿਆਨ ਦਿਓ** ਿ ਤੁਸ਼ੀਂ **ਪੰਜਾਬੀ** (Punjabi) ਬੋਲਦੇਂ ਹੋ, ਤਾਂ ਤੁਹਾਡੇਂ ਲਈ ਮੁਫਤ ਭਾਸ਼ਾ ਸ਼ਹਾਇਤਾ ਸ਼ੇਂਵਾਵਾਂ ਅਤੇਂ ਹੋ ਫਾ ਮੈਂਟਾਂ, ਿਂ ਵੇਂ ਿ ਵੱਡੇਂ ਪ੍ਰਿੰਟ, ਵਿੱਚ ਮੁਫਤ ਸ਼ੰਚਾ ਉਪਲਬਧ ਹਨ। ਆਪਣੇਂ ਮੈਂਬ ਪਛਾਣ ਾ ਡ 'ਤੇਂ ਟੋਲ-ਫ੍ਰੀ ਨੰਬ 'ਤੇਂ ਾਲ ।

**ВНИМАНИЕ**! Если вы говорите на **русском** языке (Russian), вам доступны бесплатные услуги языковой поддержки и бесплатные материалы в других форматах, например напечатанные крупным шрифтом. Звоните по бесплатному номеру телефона, указанному на вашей идентификационной карте участника.

ATENCIÓN: Si habla **español (Spanish)**, hay servicios de asistencia de idiomas y comunicaciones en otros formatos como letra grande, sin cargo, a su disposición. Llame al número gratuito que figura en su tarjeta de identificación de miembro. (TTY 711).

PAUNAWA: Kung nagsasalita ka ng **Tagalog (Tagalog)**, may makukuha kang mga libreng serbisyo ng tulong sa wika at libreng komunikasyon sa ibang mga format, tulad ng malalaking print. Tawagan ang walang bayad na numero na nasa iyong ID card ng miyembro.

**โปรดทราบ** หากคุณ**พูดภาษาไทย (Thai)** ได้
คุณสามารถใช้บริการช่วยเหลือด้านภาษาฟรีและการสื่อสารในรูปแบบอื่น ๆ ฟรี เช่น
การพิมพ์ด้วยตัวอักษรขนาดใหญ่ โทรไปยังหมายเลขโทรฟรีสำหรับสมาชิกตามบัตรประจำตัวของคุณ

**ЗВЕРНІТЬ УВАГУ**! Якщо ви розмовляєте **українською** (Ukrainian), ви можете безоплатно користуватися послугами мовної підтримки, а також безоплатно отримувати інформаційні матеріали в інших форматах, як от набрані великим шрифтом. Телефонуйте на безкоштовний номер телефону, зазначений на вашій ідентифікаційній картці учасника.

**اردو (Urdu):** اگر آپ کو اردو زبان میں تحریری یا زبانی معاونت کی ضرورت ہو تو آپ کو مفت خدمات دستیاب ہیں۔ ہمارے نمائندوں سے بات کرنے کے لیے، آپ کو صرف اپنے ممبر کارڈ پر موجود مفت ٹیلی فون نمبر پر کال کرنا ہوگی۔

**LƯU Ý**: Nếu quý vị nói **Tiếng Việt (Vietnamese)**, quý vị sẽ được cung cấp các dịch vụ hỗ trợ ngôn ngữ miễn phí và các phương tiện trao đổi liên lạc miễn phí ở các định dạng khác, chẳng hạn như bản in chữ lớn. Gọi đến số điện thoại miễn phí có trên thẻ định danh thành viên của quý vị.

UnitedHealthcare and the dimensional U logo are registered trademarks owned by UnitedHealth Group Incorporated. All other trademarks are the property of their respective owners.

11/26 ©2027 United HealthCare Services, Inc. All Rights Reserved.
WF22414961-D 2027 Prescription Drug List – Essential 4-Tier

