



2026 Colorado Small Group Essential 5-Tier Prescription Drug List

Effective May 1, 2026

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

- Choice
- Choice Plus
- Doctors Plan
- Navigate
- Select



**United
Healthcare®**



Please note: This Prescription Drug List (PDL) is accurate as of May 1, 2026 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.

How do I use my PDL?

You and your doctor 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 doctor. 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 doctor 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 doctors and pharmacists, meets regularly to provide clinical reviews of all medications. Using this information, senior UnitedHealth Group® doctors and business leaders meet to evaluate overall health care value. They also set coverage and tier status for all medications.

About this PDL

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

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 doctor writes a brand-name prescription?

If your doctor 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.

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.

Over-the-counter (OTC) medications

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

Reading your PDL

The PDL gives you choices. This allows you and your doctor 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	\$ Preventive care drugs	Tier 1 products have no out-of-pocket costs.
Tier 2	\$ Lower-cost Medications that provide the highest overall value. Mostly generic drugs. Some brand-name drugs may also be included.	Use Tier 2 drugs for the lowest out-of-pocket costs.
Tiers 3 and 4	\$\$ Mid-range cost Medications that provide good overall value. A mix of brand-name and generic drugs.	Use Tier 3 or Tier 4 drugs, instead of Tier 5, to help your out-of-pocket costs.
Tier 5	\$\$\$ Highest-cost Medications that provide the lowest overall value. Mostly brand-name drugs, as well as some generics.	Many Tier 5 drugs have lower-cost options in Tiers 2, 3, or 4. Ask your doctor 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 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 doctor to provide information about why you are taking a medication before your plan can decide how it may be covered. PA criteria can be found at uhcprovider.com/en/prior-auth-advance-notification/adv-notification-plan-reqs.html.

Quantity limits – The largest quantity of medication covered per copayment or in a defined period of time. Quantity limits can be found at uhcprovider.com/en/resource-library/drug-lists-pharmacy.html.

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. Step therapy criteria can be found at uhcprovider.com/en/resource-library/drug-lists-pharmacy/clinical-drug-step-therapy.html.

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						
CHLORPROMAZ POW HCL	CHLORPROMAZINE HCL (BULK) POWDER	Tier 4				
1st Generation/Typical - Mood Disorder Drugs						
ADASUVE INH 10MG	LOXAPINE AEROSOL POWDER BREATH ACTIVATED 10 MG	Tier 4				
CHLORPROMAZ TAB 100MG	CHLORPROMAZINE HCL TAB 100 MG	Tier 2		X		
CHLORPROMAZ TAB 10MG	CHLORPROMAZINE HCL TAB 10 MG	Tier 2		X		
CHLORPROMAZ TAB 200MG	CHLORPROMAZINE HCL TAB 200 MG	Tier 2		X		
CHLORPROMAZ TAB 25MG	CHLORPROMAZINE HCL TAB 25 MG	Tier 2		X		
CHLORPROMAZ TAB 50MG	CHLORPROMAZINE HCL TAB 50 MG	Tier 2		X		
FLUPHENAZINE CON 5MG/ML	FLUPHENAZINE HCL ORAL CONC 5 MG/ML	Tier 2				
FLUPHENAZINE ELX 2.5/5ML	FLUPHENAZINE HCL ELIXIR 2.5 MG/5ML	Tier 2				
FLUPHENAZINE TAB 10MG	FLUPHENAZINE HCL TAB 10 MG	Tier 2				
FLUPHENAZINE TAB 1MG	FLUPHENAZINE HCL TAB 1 MG	Tier 2				
FLUPHENAZINE TAB 2.5MG	FLUPHENAZINE HCL TAB 2.5 MG	Tier 2				
FLUPHENAZINE TAB 5MG	FLUPHENAZINE HCL TAB 5 MG	Tier 2				
HALOPERIDOL CON 2MG/ML	HALOPERIDOL LACTATE ORAL CONC 2 MG/ML	Tier 2				
HALOPERIDOL TAB 0.5MG	HALOPERIDOL TAB 0.5 MG	Tier 2				
HALOPERIDOL TAB 10MG	HALOPERIDOL TAB 10 MG	Tier 2				
HALOPERIDOL TAB 1MG	HALOPERIDOL TAB 1 MG	Tier 2				
HALOPERIDOL TAB 20MG	HALOPERIDOL TAB 20 MG	Tier 2				
HALOPERIDOL TAB 2MG	HALOPERIDOL TAB 2 MG	Tier 2				
HALOPERIDOL TAB 5MG	HALOPERIDOL TAB 5 MG	Tier 2				
LOXAPINE CAP 10MG	LOXAPINE SUCCINATE CAP 10 MG	Tier 2				
LOXAPINE CAP 25MG	LOXAPINE SUCCINATE CAP 25 MG	Tier 2				
LOXAPINE CAP 50MG	LOXAPINE SUCCINATE CAP 50 MG	Tier 2				
LOXAPINE CAP 5MG	LOXAPINE SUCCINATE CAP 5 MG	Tier 2				
MOLINDONE TAB HCL 10MG	MOLINDONE HCL TAB 10 MG	Tier 4				
MOLINDONE TAB HCL 25MG	MOLINDONE HCL TAB 25 MG	Tier 4				
MOLINDONE TAB HCL 5MG	MOLINDONE HCL TAB 5 MG	Tier 4				
PIMOZIDE TAB 1MG	PIMOZIDE TAB 1 MG	Tier 3				
PIMOZIDE TAB 2MG	PIMOZIDE TAB 2 MG	Tier 3				
THIORIDAZINE TAB 100MG	THIORIDAZINE HCL TAB 100 MG	Tier 2				
THIORIDAZINE TAB 10MG	THIORIDAZINE HCL TAB 10 MG	Tier 2				
THIORIDAZINE TAB 25MG	THIORIDAZINE HCL TAB 25 MG	Tier 2				
THIORIDAZINE TAB 50MG	THIORIDAZINE HCL TAB 50 MG	Tier 2				
THIOTHIXENE CAP 10MG	THIOTHIXENE CAP 10 MG	Tier 2				
THIOTHIXENE CAP 1MG	THIOTHIXENE CAP 1 MG	Tier 2				

^ 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
THIOTHIXENE CAP 2MG	THIOTHIXENE CAP 2 MG	Tier 2				
THIOTHIXENE CAP 5MG	THIOTHIXENE CAP 5 MG	Tier 2				
TRIFLUOPERAZ TAB 10MG	TRIFLUOPERAZINE HCL TAB 10 MG (BASE EQUIVALENT)	Tier 2				
TRIFLUOPERAZ TAB 1MG	TRIFLUOPERAZINE HCL TAB 1 MG (BASE EQUIVALENT)	Tier 2				
TRIFLUOPERAZ TAB 2MG	TRIFLUOPERAZINE HCL TAB 2 MG (BASE EQUIVALENT)	Tier 2				
TRIFLUOPERAZ TAB 5MG	TRIFLUOPERAZINE HCL TAB 5 MG (BASE EQUIVALENT)	Tier 2				
2nd Generation/Atypical - Mood Disorder Drugs						
ARIPIRAZOLE SOL 1MG/ML	ARIPIRAZOLE ORAL SOLUTION 1 MG/ML	Tier 3				
ARIPIRAZOLE TAB 10MG	ARIPIRAZOLE TAB 10 MG	Tier 3				
ARIPIRAZOLE TAB 15MG	ARIPIRAZOLE TAB 15 MG	Tier 3				
ARIPIRAZOLE TAB 20MG	ARIPIRAZOLE TAB 20 MG	Tier 3				
ARIPIRAZOLE TAB 2MG	ARIPIRAZOLE TAB 2 MG	Tier 3				
ARIPIRAZOLE TAB 30MG	ARIPIRAZOLE TAB 30 MG	Tier 3				
ARIPIRAZOLE TAB 5MG	ARIPIRAZOLE TAB 5 MG	Tier 3				
ASENAPINE SUB 10MG	ASENAPINE MALEATE SL TAB 10 MG (BASE EQUIV)	Tier 4		X		
ASENAPINE SUB 2.5MG	ASENAPINE MALEATE SL TAB 2.5 MG (BASE EQUIV)	Tier 4		X		
ASENAPINE SUB 5MG	ASENAPINE MALEATE SL TAB 5 MG (BASE EQUIV)	Tier 4		X		
CAPLYTA CAP 10.5MG	LUMATEPERONE TOSYLATE CAP 10.5 MG	Tier 5	X	X	X	
CAPLYTA CAP 21MG	LUMATEPERONE TOSYLATE CAP 21 MG	Tier 5	X	X	X	
CAPLYTA CAP 42MG	LUMATEPERONE TOSYLATE CAP 42 MG	Tier 5	X	X	X	
CLOZAPINE TAB 100/ODT	CLOZAPINE ORALLY DISINTEGRATING TAB 100 MG	Tier 2				
CLOZAPINE TAB 12.5/ODT	CLOZAPINE ORALLY DISINTEGRATING TAB 12.5 MG	Tier 2				
CLOZAPINE TAB 150/ODT	CLOZAPINE ORALLY DISINTEGRATING TAB 150 MG	Tier 2				
CLOZAPINE TAB 200/ODT	CLOZAPINE ORALLY DISINTEGRATING TAB 200 MG	Tier 2				
CLOZAPINE TAB 25MG ODT	CLOZAPINE ORALLY DISINTEGRATING TAB 25 MG	Tier 2				
LURASIDONE TAB 120MG	LURASIDONE HCL TAB 120 MG	Tier 3		X		
LURASIDONE TAB 20MG	LURASIDONE HCL TAB 20 MG	Tier 3		X		
LURASIDONE TAB 40MG	LURASIDONE HCL TAB 40 MG	Tier 3		X		
LURASIDONE TAB 60MG	LURASIDONE HCL TAB 60 MG	Tier 3		X		
LURASIDONE TAB 80MG	LURASIDONE HCL TAB 80 MG	Tier 3		X		

^ 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
NUPLAZID CAP 34MG	PIMAVANSERIN TARTRATE CAP 34 MG (BASE EQUIVALENT)	Tier 5	X	X		
NUPLAZID TAB 10MG	PIMAVANSERIN TARTRATE TAB 10 MG (BASE EQUIVALENT)	Tier 5	X	X		
OLANZAPINE TAB 10MG	OLANZAPINE TAB 10 MG	Tier 2				
OLANZAPINE TAB 10MG ODT	OLANZAPINE ORALLY DISINTEGRATING TAB 10 MG	Tier 3				
OLANZAPINE TAB 15MG	OLANZAPINE TAB 15 MG	Tier 2				
OLANZAPINE TAB 15MG ODT	OLANZAPINE ORALLY DISINTEGRATING TAB 15 MG	Tier 3				
OLANZAPINE TAB 2.5MG	OLANZAPINE TAB 2.5 MG	Tier 2				
OLANZAPINE TAB 20MG	OLANZAPINE TAB 20 MG	Tier 2				
OLANZAPINE TAB 20MG ODT	OLANZAPINE ORALLY DISINTEGRATING TAB 20 MG	Tier 3				
OLANZAPINE TAB 5MG	OLANZAPINE TAB 5 MG	Tier 2				
OLANZAPINE TAB 5MG ODT	OLANZAPINE ORALLY DISINTEGRATING TAB 5 MG	Tier 3				
OLANZAPINE TAB 7.5MG	OLANZAPINE TAB 7.5 MG	Tier 2				
QUETIAPINE TAB 100MG	QUETIAPINE FUMARATE TAB 100 MG	Tier 2				
QUETIAPINE TAB 150MG	QUETIAPINE FUMARATE TAB 150 MG	Tier 2				
QUETIAPINE TAB 150MG ER	QUETIAPINE FUMARATE TAB ER 24HR 150 MG	Tier 3				
QUETIAPINE TAB 200MG	QUETIAPINE FUMARATE TAB 200 MG	Tier 2				
QUETIAPINE TAB 200MG ER	QUETIAPINE FUMARATE TAB ER 24HR 200 MG	Tier 3				
QUETIAPINE TAB 25MG	QUETIAPINE FUMARATE TAB 25 MG	Tier 2				
QUETIAPINE TAB 300MG	QUETIAPINE FUMARATE TAB 300 MG	Tier 2				
QUETIAPINE TAB 300MG ER	QUETIAPINE FUMARATE TAB ER 24HR 300 MG	Tier 3				
QUETIAPINE TAB 400MG	QUETIAPINE FUMARATE TAB 400 MG	Tier 2				
QUETIAPINE TAB 400MG ER	QUETIAPINE FUMARATE TAB ER 24HR 400 MG	Tier 3				
QUETIAPINE TAB 50MG	QUETIAPINE FUMARATE TAB 50 MG	Tier 2				
QUETIAPINE TAB 50MG ER	QUETIAPINE FUMARATE TAB ER 24HR 50 MG	Tier 3				
REXULTI TAB 0.25MG	BREXPIRAZOLE TAB 0.25 MG	Tier 5		X		
REXULTI TAB 0.5MG	BREXPIRAZOLE TAB 0.5 MG	Tier 5		X		
REXULTI TAB 1MG	BREXPIRAZOLE TAB 1 MG	Tier 5		X		
REXULTI TAB 2MG	BREXPIRAZOLE TAB 2 MG	Tier 5		X		
REXULTI TAB 3MG	BREXPIRAZOLE TAB 3 MG	Tier 5		X		
REXULTI TAB 4MG	BREXPIRAZOLE TAB 4 MG	Tier 5		X		
RISPERIDONE SOL 1MG/ML	RISPERIDONE SOLN 1 MG/ML	Tier 2				
RISPERIDONE TAB 0.25 ODT	RISPERIDONE ORALLY DISINTEGRATING TAB 0.25 MG	Tier 2				
RISPERIDONE TAB 0.25MG	RISPERIDONE TAB 0.25 MG	Tier 2				

^ 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 0.5MG	RISPERIDONE TAB 0.5 MG	Tier 2				
RISPERIDONE TAB 0.5MG OD	RISPERIDONE ORALLY DISINTEGRATING TAB 0.5 MG	Tier 2				
RISPERIDONE TAB 1MG	RISPERIDONE TAB 1 MG	Tier 2				
RISPERIDONE TAB 1MG ODT	RISPERIDONE ORALLY DISINTEGRATING TAB 1 MG	Tier 2				
RISPERIDONE TAB 2MG	RISPERIDONE TAB 2 MG	Tier 2				
RISPERIDONE TAB 2MG ODT	RISPERIDONE ORALLY DISINTEGRATING TAB 2 MG	Tier 2				
RISPERIDONE TAB 3MG	RISPERIDONE TAB 3 MG	Tier 2				
RISPERIDONE TAB 3MG ODT	RISPERIDONE ORALLY DISINTEGRATING TAB 3 MG	Tier 2				
RISPERIDONE TAB 4MG	RISPERIDONE TAB 4 MG	Tier 2				
RISPERIDONE TAB 4MG ODT	RISPERIDONE ORALLY DISINTEGRATING TAB 4 MG	Tier 2				
VRAYLAR CAP 0.5MG	CARIPRAZINE HCL CAP 0.5 MG (BASE EQUIVALENT)	Tier 5				
VRAYLAR CAP 0.75MG	CARIPRAZINE HCL CAP 0.75 MG (BASE EQUIVALENT)	Tier 5				
VRAYLAR CAP 1.5MG	CARIPRAZINE HCL CAP 1.5 MG (BASE EQUIVALENT)	Tier 5		X		
VRAYLAR CAP 3MG	CARIPRAZINE HCL CAP 3 MG (BASE EQUIVALENT)	Tier 5		X		
VRAYLAR CAP 4.5MG	CARIPRAZINE HCL CAP 4.5 MG (BASE EQUIVALENT)	Tier 5		X		
VRAYLAR CAP 6MG	CARIPRAZINE HCL CAP 6 MG (BASE EQUIVALENT)	Tier 5		X		
ZIPRASIDONE CAP 20MG	ZIPRASIDONE HCL CAP 20 MG	Tier 3				
ZIPRASIDONE CAP 40MG	ZIPRASIDONE HCL CAP 40 MG	Tier 3				
ZIPRASIDONE CAP 60MG	ZIPRASIDONE HCL CAP 60 MG	Tier 3				
ZIPRASIDONE CAP 80MG	ZIPRASIDONE HCL CAP 80 MG	Tier 3				
Alcohol Deterrents/Anti-craving - Antidotes/Deterrents/Protectants						
ACAMPRO CAL TAB 333MG	ACAMPROSATE CALCIUM TAB DELAYED RELEASE 333 MG	Tier 2				
DISULFIRAM TAB 250MG	DISULFIRAM TAB 250 MG	Tier 2				
DISULFIRAM TAB 500MG	DISULFIRAM TAB 500 MG	Tier 2				
Alkylating Agents - Chemotherapy Agents						
CYCLOPHOSPH CAP 25MG	CYCLOPHOSPHAMIDE CAP 25 MG	Tier 4				
CYCLOPHOSPH CAP 50MG	CYCLOPHOSPHAMIDE CAP 50 MG	Tier 4				
CYCLOPHOSPH TAB 25MG	CYCLOPHOSPHAMIDE TAB 25 MG	Tier 4				
CYCLOPHOSPH TAB 50MG	CYCLOPHOSPHAMIDE TAB 50 MG	Tier 4				
GLEOSTINE CAP 100MG	LOMUSTINE CAP 100 MG	Tier 4				X

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

^ 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
CARDURA TAB 8MG	DOXAZOSIN MESYLATE TAB 8 MG	Tier 5				
DOXAZOSIN TAB 1MG	DOXAZOSIN MESYLATE TAB 1 MG	Tier 2				
DOXAZOSIN TAB 2MG	DOXAZOSIN MESYLATE TAB 2 MG	Tier 2				
DOXAZOSIN TAB 4MG	DOXAZOSIN MESYLATE TAB 4 MG	Tier 2				
DOXAZOSIN TAB 8MG	DOXAZOSIN MESYLATE TAB 8 MG	Tier 2				
MINIPRESS CAP 1MG	PRAZOSIN HCL CAP 1 MG	Tier 5				
MINIPRESS CAP 2MG	PRAZOSIN HCL CAP 2 MG	Tier 5				
MINIPRESS CAP 5MG	PRAZOSIN HCL CAP 5 MG	Tier 5				
PHENOXYBENZA CAP 10MG	PHENOXYBENZAMINE HCL CAP 10 MG	Tier 3				
PRAZOSIN HCL CAP 1MG	PRAZOSIN HCL CAP 1 MG	Tier 2				
PRAZOSIN HCL CAP 2MG	PRAZOSIN HCL CAP 2 MG	Tier 2				
PRAZOSIN HCL CAP 5MG	PRAZOSIN HCL CAP 5 MG	Tier 2				
Aminoglycosides - Antibiotics						
ARIKAYCE SUS	AMIKACIN SULFATE LIPOSOME INHAL SUSP 590 MG/8.4ML (BASE EQ)	Tier 5	X	X		X
GENTAMICIN CRE 0.1%	GENTAMICIN SULFATE CREAM 0.1%	Tier 2		X		
GENTAMICIN OIN 0.1%	GENTAMICIN SULFATE OINT 0.1%	Tier 2		X		
HUMATIN CAP 250MG	PAROMOMYCIN SULFATE CAP 250 MG	Tier 3				
NEOMYCIN TAB 500MG	NEOMYCIN SULFATE TAB 500 MG	Tier 2				
TOBRADEX OIN 0.3-0.1%	TOBRAMYCIN-DEXAMETHASONE OPHTH OINT 0.3-0.1%	Tier 4				
Aminosalicylates - Inflammatory Bowel Disease Drugs						
APRISO CAP 0.375GM	MESALAMINE CAP ER 24HR 0.375 GM	Tier 2				
BALSALAZIDE CAP 750MG	BALSALAZIDE DISODIUM CAP 750 MG	Tier 2				
MESALAMINE CAP 400MG DR	MESALAMINE CAP DR 400 MG	Tier 3				
MESALAMINE ENE 4GM	MESALAMINE ENEMA 4 GM	Tier 2		X		
MESALAMINE KIT 4GM	*MESALAMINE RECTAL ENEMA 4 GM & CLEANSER WIPE KIT**	Tier 2		X		
MESALAMINE SUP 1000MG	MESALAMINE SUPPOS 1000 MG	Tier 3		X		
MESALAMINE TAB 1.2GM	MESALAMINE TAB DELAYED RELEASE 1.2 GM	Tier 3				
Analgesics - Miscellaneous Analgesics						
BAC TAB	BUTALBITAL-ACETAMINOPHEN-CAFFEINE TAB 50-325-40 MG	Tier 2		X		
BUT/APAP/CAF CAP	BUTALBITAL-ACETAMINOPHEN-CAFFEINE CAP 50-325-40 MG	Tier 2		X		
BUT/APAP/CAF CAP	BUTALBITAL-ACETAMINOPHEN-CAFFEINE CAP 50-300-40 MG	Tier 4		X		
BUT/APAP/CAF TAB	BUTALBITAL-ACETAMINOPHEN-CAFFEINE TAB 50-325-40 MG	Tier 2		X		
BUT/ASA/CAFF CAP	BUTALBITAL-ASPIRIN-CAFFEINE CAP 50-325-40 MG	Tier 2				

^ 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
BUTAL/APAP CAP 50-300MG	BUTALBITAL-ACETAMINOPHEN CAP 50-300 MG	Tier 2				
BUTAL/APAP TAB 50-325MG	BUTALBITAL-ACETAMINOPHEN TAB 50-325 MG	Tier 2				
DYCLOPRO SOL 0.5%	DYCLONINE HCL SOLN 0.5%	Tier 5				
EQ PAIN RELI TAB 500MG	ACETAMINOPHEN TAB 500 MG	Tier 2				
ESGIC CAP	BUTALBITAL-ACETAMINOPHEN-CAFFEINE CAP 50-325-40 MG	Tier 5		X		
ESGIC TAB	BUTALBITAL-ACETAMINOPHEN-CAFFEINE TAB 50-325-40 MG	Tier 5		X		
FIORICET CAP	BUTALBITAL-ACETAMINOPHEN-CAFFEINE CAP 50-300-40 MG	Tier 5		X		
TENCON TAB 50-325MG	BUTALBITAL-ACETAMINOPHEN TAB 50-325 MG	Tier 4				
TURPENTINE SOL SPIRITS	TURPENTINE SPIRIT	Tier 2				
Androgens - Hormone Replacement/Modifying Drugs						
DANAZOL CAP 100MG	DANAZOL CAP 100 MG	Tier 2				
DANAZOL CAP 200MG	DANAZOL CAP 200 MG	Tier 2				
DANAZOL CAP 50MG	DANAZOL CAP 50 MG	Tier 2				
DEPO-TESTOST INJ 100MG/ML	TESTOSTERONE CYPIONATE IM INJ IN OIL 100 MG/ML	Tier 4				
DEPO-TESTOST INJ 200MG/ML	TESTOSTERONE CYPIONATE IM INJ IN OIL 200 MG/ML	Tier 5				
FORTESTA GEL 10MG/ACT	TESTOSTERONE TD GEL 10MG/ACT (2%)	Tier 5	X	X		
KYZATREX CAP 100MG	TESTOSTERONE UNDECANOATE CAP 100 MG	Tier 5	X	X		
KYZATREX CAP 150MG	TESTOSTERONE UNDECANOATE CAP 150 MG	Tier 5	X	X		
KYZATREX CAP 200MG	TESTOSTERONE UNDECANOATE CAP 200 MG	Tier 5	X	X		
METHITEST TAB 10MG	METHYLTESTOSTERONE ORAL TAB 10 MG	Tier 3				
METHYLTESTOS CAP 10MG	METHYLTESTOSTERONE CAP 10 MG	Tier 3				
TESTIM GEL 1%(50MG)	TESTOSTERONE TD GEL 50 MG/5GM (1%)	Tier 3	X	X		
TESTOST CYP INJ 100MG/ML	TESTOSTERONE CYPIONATE IM INJ IN OIL 100 MG/ML	Tier 2				
TESTOST CYP INJ 200MG/ML	TESTOSTERONE CYPIONATE IM INJ IN OIL 200 MG/ML	Tier 2				
TESTOST ENAN INJ 200MG/ML	TESTOSTERONE ENANTHATE IM INJ IN OIL 200 MG/ML	Tier 2				
TESTOSTERONE GEL 1.62%	TESTOSTERONE TD GEL 20.25 MG/ACT (1.62%)	Tier 3	X	X		
Angioedema Agents						
FABHALTA CAP 200MG	IPTACOPAN HCL CAP 200 MG	Tier 4	X	X		X
VOYDEYA TAB 100MG	DANICOPAN TAB 100 MG	Tier 4	X	X		X
VOYDEYA TAB 50-100MG	DANICOPAN TAB THERAPY PACK 50 MG & 100 MG	Tier 4	X	X		X

^ 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
ZILBRYSQ INJ 16.6MG	ZILUCOPLAN SODIUM SUBCUTANEOUS SOLN PREF SYR 16.6 MG/0.416ML	Tier 5	X	X		X
ZILBRYSQ INJ 23MG	ZILUCOPLAN SODIUM SUBCUTANEOUS SOLN PREF SYR 23 MG/0.574ML	Tier 5	X	X		X
ZILBRYSQ INJ 32.4MG	ZILUCOPLAN SODIUM SUBCUTANEOUS SOLN PREF SYR 32.4 MG/0.81ML	Tier 5	X	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 5	X	X	X	X
HAEGARDA INJ 2000UNIT	C1 ESTERASE INHIBITOR (HUMAN) FOR SUBCUTANEOUS INJ 2000 UNIT	Tier 4	X	X		X
HAEGARDA INJ 3000UNIT	C1 ESTERASE INHIBITOR (HUMAN) FOR SUBCUTANEOUS INJ 3000 UNIT	Tier 4	X	X		X
ICATIBANT INJ 30MG/3ML	ICATIBANT ACETATE SUBCUTANEOUS SOLN PREF SYR 30 MG/3ML	Tier 4	X	X		X
RUCONEST INJ 2100UNIT	C1 ESTERASE INHIBITOR (RECOMBINANT) FOR IV INJ 2100 UNIT	Tier 5	X	X		X
TAKHZYRO INJ 300/2ML	LANADELUMAB-FLYO INJ 300 MG/2ML (150 MG/ML)	Tier 4	X	X		X
Angiotensin II Receptor Antagonists - Blood Pressure Drugs						
CANDESARTAN TAB 16MG	CANDESARTAN CILEXETIL TAB 16 MG	Tier 4				
CANDESARTAN TAB 32MG	CANDESARTAN CILEXETIL TAB 32 MG	Tier 4				
CANDESARTAN TAB 4MG	CANDESARTAN CILEXETIL TAB 4 MG	Tier 4				
CANDESARTAN TAB 8MG	CANDESARTAN CILEXETIL TAB 8 MG	Tier 4				
IRBESARTAN TAB 150MG	IRBESARTAN TAB 150 MG	Tier 2				
IRBESARTAN TAB 300MG	IRBESARTAN TAB 300 MG	Tier 2				
IRBESARTAN TAB 75MG	IRBESARTAN TAB 75 MG	Tier 2				
LOSARTAN POT TAB 100MG	LOSARTAN POTASSIUM TAB 100 MG	Tier 2				
LOSARTAN POT TAB 25MG	LOSARTAN POTASSIUM TAB 25 MG	Tier 2				
LOSARTAN POT TAB 50MG	LOSARTAN POTASSIUM TAB 50 MG	Tier 2				
OLMESA MEDOX TAB 20MG	OLMESARTAN MEDOXOMIL TAB 20 MG	Tier 3				
OLMESA MEDOX TAB 40MG	OLMESARTAN MEDOXOMIL TAB 40 MG	Tier 3				
OLMESA MEDOX TAB 5MG	OLMESARTAN MEDOXOMIL TAB 5 MG	Tier 3				
TELMISARTAN TAB 20MG	TELMISARTAN TAB 20 MG	Tier 3				
TELMISARTAN TAB 40MG	TELMISARTAN TAB 40 MG	Tier 3				
TELMISARTAN TAB 80MG	TELMISARTAN TAB 80 MG	Tier 3				
VALSARTAN SOL 20MG/5ML	VALSARTAN ORAL SOLN 4 MG/ML	Tier 5	X			
VALSARTAN TAB 160MG	VALSARTAN TAB 160 MG	Tier 3				
VALSARTAN TAB 320MG	VALSARTAN TAB 320 MG	Tier 3				
VALSARTAN TAB 40MG	VALSARTAN TAB 40 MG	Tier 3				
VALSARTAN TAB 80MG	VALSARTAN TAB 80 MG	Tier 3				

^ 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
Angiotensin-Converting Enzyme (ACE) Inhibitors - Blood Pressure Drugs						
BENAZEPRIL TAB 10MG	BENAZEPRIL HCL TAB 10 MG	Tier 2				
BENAZEPRIL TAB 20MG	BENAZEPRIL HCL TAB 20 MG	Tier 2				
BENAZEPRIL TAB 40MG	BENAZEPRIL HCL TAB 40 MG	Tier 2				
BENAZEPRIL TAB 5MG	BENAZEPRIL HCL TAB 5 MG	Tier 2				
CAPTOPRIL TAB 100MG	CAPTOPRIL TAB 100 MG	Tier 2				
CAPTOPRIL TAB 12.5MG	CAPTOPRIL TAB 12.5 MG	Tier 2				
CAPTOPRIL TAB 25MG	CAPTOPRIL TAB 25 MG	Tier 2				
CAPTOPRIL TAB 50MG	CAPTOPRIL TAB 50 MG	Tier 2				
ENALAPRIL SOL 1MG/ML	ENALAPRIL MALEATE ORAL SOLN 1 MG/ML	Tier 4	X			
ENALAPRIL TAB 10MG	ENALAPRIL MALEATE TAB 10 MG	Tier 2				
ENALAPRIL TAB 2.5MG	ENALAPRIL MALEATE TAB 2.5 MG	Tier 2				
ENALAPRIL TAB 20MG	ENALAPRIL MALEATE TAB 20 MG	Tier 2				
ENALAPRIL TAB 5MG	ENALAPRIL MALEATE TAB 5 MG	Tier 2				
FOSINOPRIL TAB 10MG	FOSINOPRIL SODIUM TAB 10 MG	Tier 2				
FOSINOPRIL TAB 20MG	FOSINOPRIL SODIUM TAB 20 MG	Tier 2				
FOSINOPRIL TAB 40MG	FOSINOPRIL SODIUM TAB 40 MG	Tier 2				
LISINOPRIL TAB 10MG	LISINOPRIL TAB 10 MG	Tier 2				
LISINOPRIL TAB 2.5MG	LISINOPRIL TAB 2.5 MG	Tier 2				
LISINOPRIL TAB 20MG	LISINOPRIL TAB 20 MG	Tier 2				
LISINOPRIL TAB 30MG	LISINOPRIL TAB 30 MG	Tier 2				
LISINOPRIL TAB 40MG	LISINOPRIL TAB 40 MG	Tier 2				
LISINOPRIL TAB 5MG	LISINOPRIL TAB 5 MG	Tier 2				
LOTENSIN TAB 10MG	BENAZEPRIL HCL TAB 10 MG	Tier 5				
LOTENSIN TAB 20MG	BENAZEPRIL HCL TAB 20 MG	Tier 5				
LOTENSIN TAB 40MG	BENAZEPRIL HCL TAB 40 MG	Tier 5				
MOEXIPRIL TAB 15MG	MOEXIPRIL HCL TAB 15 MG	Tier 2				
MOEXIPRIL TAB 7.5MG	MOEXIPRIL HCL TAB 7.5 MG	Tier 2				
PERINDOPRIL TAB 2MG	PERINDOPRIL ERBUMINE TAB 2 MG	Tier 3				
PERINDOPRIL TAB 4MG	PERINDOPRIL ERBUMINE TAB 4 MG	Tier 3				
PERINDOPRIL TAB 8MG	PERINDOPRIL ERBUMINE TAB 8 MG	Tier 3				
QBRELIS SOL 1MG/ML	LISINOPRIL ORAL SOLN 1 MG/ML	Tier 5	X			
QUINAPRIL TAB 10MG	QUINAPRIL HCL TAB 10 MG	Tier 2				
QUINAPRIL TAB 20MG	QUINAPRIL HCL TAB 20 MG	Tier 2				
QUINAPRIL TAB 40MG	QUINAPRIL HCL TAB 40 MG	Tier 2				
QUINAPRIL TAB 5MG	QUINAPRIL HCL TAB 5 MG	Tier 2				
RAMIPRIL CAP 1.25MG	RAMIPRIL CAP 1.25 MG	Tier 2				
RAMIPRIL CAP 10MG	RAMIPRIL CAP 10 MG	Tier 2				

^ 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
RAMIPRIL CAP 2.5MG	RAMIPRIL CAP 2.5 MG	Tier 2				
RAMIPRIL CAP 5MG	RAMIPRIL CAP 5 MG	Tier 2				
TRANDOLAPRIL TAB 1MG	TRANDOLAPRIL TAB 1 MG	Tier 2				
TRANDOLAPRIL TAB 2MG	TRANDOLAPRIL TAB 2 MG	Tier 2				
TRANDOLAPRIL TAB 4MG	TRANDOLAPRIL TAB 4 MG	Tier 2				
Anthelmintics - Worm Infection Drugs						
ALBENDAZOLE TAB 200MG	ALBENDAZOLE TAB 200 MG	Tier 4		X		
BENZNIDAZOLE TAB 100MG	BENZNIDAZOLE TAB 100 MG	Tier 3		X		
BENZNIDAZOLE TAB 12.5MG	BENZNIDAZOLE TAB 12.5 MG	Tier 3		X		
BILTRICIDE TAB 600MG	PRAZIQUANTEL TAB 600 MG	Tier 5				
EGATEN TAB 250MG	TRICLABENDAZOLE TAB 250 MG	Tier 4				
EMVERM CHW 100MG	MEBENDAZOLE CHEW TAB 100 MG	Tier 5		X		
IVERMECTIN TAB 3MG	IVERMECTIN TAB 3 MG	Tier 2	X	X		
IVERMECTIN TAB 6MG	IVERMECTIN TAB 6 MG	Tier 2	X			
PRAZIQUANTEL TAB 600MG	PRAZIQUANTEL TAB 600 MG	Tier 3				
STROMECTOL TAB 3MG	IVERMECTIN TAB 3 MG	Tier 5	X	X		
Anti-Cytomegalovirus (CMV) Agents - Miscellaneous Antiviral Drugs						
LIVTENCITY TAB 200MG	MARIBAVIR TAB 200 MG	Tier 5	X	X		X
PREVYMIS PAK 120MG	LETERMOVIR PELLETT PACK 120 MG	Tier 4	X			
PREVYMIS PAK 20MG	LETERMOVIR PELLETT PACK 20 MG	Tier 4	X			
PREVYMIS TAB 240MG	LETERMOVIR TAB 240 MG	Tier 4	X			
PREVYMIS TAB 480MG	LETERMOVIR TAB 480 MG	Tier 4	X			
VALGANCICLOV SOL 50MG/ML	VALGANCICLOVIR HCL FOR SOLN 50 MG/ML (BASE EQUIV)	Tier 2				
VALGANCICLOV TAB 450MG	VALGANCICLOVIR HCL TAB 450 MG (BASE EQUIVALENT)	Tier 5				
Anti-hepatitis B (HBV) Agents - Hepatitis B Drugs						
ADEFOV DIPIV TAB 10MG	ADEFOVIR DIPIVOXIL TAB 10 MG	Tier 4				
BARACLUDE SOL	ENTECAVIR ORAL SOLN 0.05 MG/ML	Tier 3				
ENTECAVIR TAB 0.5MG	ENTECAVIR TAB 0.5 MG	Tier 3				
ENTECAVIR TAB 1MG	ENTECAVIR TAB 1 MG	Tier 3				
LAMIVUDINE TAB 100MG	LAMIVUDINE TAB 100 MG (HBV)	Tier 2				
Anti-hepatitis C (HCV) Agents, Direct Acting Agents - Hepatitis C Drugs						
EPCLUSA PAK 150-375	SOFOSBUVIR-VELPATASVIR PELLETT PACK 150-375 MG	Tier 4	X	X		X
EPCLUSA PAK 200-50MG	SOFOSBUVIR-VELPATASVIR PELLETT PACK 200-50 MG	Tier 4	X	X		X
EPCLUSA TAB 200-50MG	SOFOSBUVIR-VELPATASVIR TAB 200-50 MG	Tier 4	X	X		X
EPCLUSA TAB 400-100	SOFOSBUVIR-VELPATASVIR TAB 400-100 MG	Tier 4	X	X		X

^ 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
HARVONI PAK	LEDIPASVIR-SOFOSBUVIR PELLETT PACK 33.75-150 MG	Tier 4	X	X	X	
HARVONI PAK 45-200MG	LEDIPASVIR-SOFOSBUVIR PELLETT PACK 45-200 MG	Tier 4	X	X	X	
HARVONI TAB 45-200MG	LEDIPASVIR-SOFOSBUVIR TAB 45-200 MG	Tier 4	X	X	X	X
HARVONI TAB 90-400MG	LEDIPASVIR-SOFOSBUVIR TAB 90-400 MG	Tier 4	X	X	X	X
LEDIP-SOFOSB TAB 90-400MG	LEDIPASVIR-SOFOSBUVIR TAB 90-400 MG	Tier 4	X	X	X	X
MAVYRET PAK 50-20MG	GLECAPREVIR-PIBRENTASVIR PELLETT PACK 50-20 MG	Tier 4	X	X		X
MAVYRET TAB 100-40MG	GLECAPREVIR-PIBRENTASVIR TAB 100-40 MG	Tier 4	X	X		X
SOFOS/VELPAT TAB 400-100	SOFOSBUVIR-VELPATASVIR TAB 400-100 MG	Tier 4	X	X		X
SOVALDI PAK 150MG	SOFOSBUVIR PELLETT PACK 150 MG	Tier 5	X	X	X	X
SOVALDI PAK 200MG	SOFOSBUVIR PELLETT PACK 200 MG	Tier 5	X	X	X	X
VOSEVI TAB	SOFOSBUVIR-VELPATASVIR-VOXILAPREVIR TAB 400-100-100 MG	Tier 4	X	X		X
ZEPATIER TAB 50-100MG	ELBASVIR-GRAZOPREVIR TAB 50-100 MG	Tier 4	X	X		X
Anti-hepatitis C (HCV) Agents, Other - Hepatitis C Drugs						
PEGASYS INJ	PEGINTERFERON ALFA-2A SOLN PREFILLED SYR 180 MCG/0.5ML	Tier 4				X
PEGASYS INJ 180MCG/M	PEGINTERFERON ALFA-2A INJ 180 MCG/ML	Tier 4				X
RIBAVIRIN CAP 200MG	RIBAVIRIN CAP 200 MG	Tier 2				
RIBAVIRIN TAB 200MG	RIBAVIRIN TAB 200 MG	Tier 2				
Anti-HIV Agents, Integrase Inhibitors (INSTI)						
DOVATO TAB 50-300MG	DOLUTEGRAVIR SODIUM-LAMIVUDINE TAB 50-300 MG (BASE EQ)	Tier 3		X		
Anti-HIV Agents, Integrase Inhibitors (INSTI) - HIV Drugs						
BIKTARVY TAB	BICTEGRAVIR-EMTRICITABINE-TENOFOVIR AF TAB 50-200-25 MG	Tier 5		X		
BIKTARVY TAB	BICTEGRAVIR-EMTRICITABINE-TENOFOVIR AF TAB 30-120-15 MG	Tier 5		X		
GENVOYA TAB	ELVITEGRAV-COBIC-EMTRICITAB-TENOFOV AF TAB 150-150-200-10 MG	Tier 5		X		
ISENTRESS CHW 100MG	RALTEGRAVIR POTASSIUM CHEW TAB 100 MG (BASE EQUIV)	Tier 3				
ISENTRESS CHW 25MG	RALTEGRAVIR POTASSIUM CHEW TAB 25 MG (BASE EQUIV)	Tier 3				
ISENTRESS POW 100MG	RALTEGRAVIR POTASSIUM PACKET FOR SUSP 100 MG (BASE EQUIV)	Tier 3				
ISENTRESS TAB 400MG	RALTEGRAVIR POTASSIUM TAB 400 MG (BASE EQUIV)	Tier 3				
ISENTRESS HD TAB 600MG	RALTEGRAVIR POTASSIUM TAB 600 MG (BASE EQUIV)	Tier 3				

^ 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
STRIBILD TAB	ELVITEGRAV-COBIC-EMTRICITAB-TENOFOVDF TAB 150-150-200-300 MG	Tier 5		X		
TIVICAY TAB 50MG	DOLUTEGRAVIR SODIUM TAB 50 MG (BASE EQUIV)	Tier 4				
TIVICAY PD TAB 5MG	DOLUTEGRAVIR SODIUM TAB FOR ORAL SUSP 5 MG (BASE EQUIV)	Tier 4				
TRIUMEQ TAB	ABACAVIR-DOLUTEGRAVIR-LAMIVUDINE TAB 600-50-300 MG	Tier 3		X		
TRIUMEQ PD TAB	ABACAVIR-DOLUTEGRAVIR-LAMIVUDINE TAB FOR ORAL SUS 60-5-30 MG	Tier 3		X		
Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI) - HIV Drugs						
COMPLERA TAB	EMTRICITABINE-RILPIVIRINE-TENOFOVIR DF TAB 200-25-300 MG	Tier 5		X		
DELSTRIGO TAB	DORAVIRINE-LAMIVUDINE-TENOFOVIR DF TAB 100-300-300 MG	Tier 3		X		
EDURANT TAB 25MG	RILPIVIRINE HCL TAB 25 MG (BASE EQUIVALENT)	Tier 3				
EDURANT PED TAB 2.5MG	RILPIVIRINE HCL TAB FOR ORAL SUSP 2.5 MG (BASE EQUIVALENT)	Tier 3				
EFAVIR/EMTRI TAB TENOFOVI	EFAVIRENZ-EMTRICITABINE-TENOFOVIR DF TAB 600-200-300 MG	Tier 3		X		
EFAVIR/LAMIV TAB TENOFOVI	EFAVIRENZ-LAMIVUDINE-TENOFOVIR DF TAB 600-300-300 MG	Tier 3		X		
EFAVIR/LAMIV TAB TENOFOVI	EFAVIRENZ-LAMIVUDINE-TENOFOVIR DF TAB 400-300-300 MG	Tier 3		X		
EFAVIRENZ CAP 200MG	EFAVIRENZ CAP 200 MG	Tier 3				
EFAVIRENZ CAP 50MG	EFAVIRENZ CAP 50 MG	Tier 3				
EFAVIRENZ TAB 600MG	EFAVIRENZ TAB 600 MG	Tier 3				
EMTRIC/RILPI TAB TENOF DF	EMTRICITABINE-RILPIVIRINE-TENOFOVIR DF TAB 200-25-300 MG	Tier 4		X		
ETRAVIRINE TAB 100MG	ETRAVIRINE TAB 100 MG	Tier 3				
ETRAVIRINE TAB 200MG	ETRAVIRINE TAB 200 MG	Tier 3				
INTELENCE TAB 100MG	ETRAVIRINE TAB 100 MG	Tier 5				
INTELENCE TAB 200MG	ETRAVIRINE TAB 200 MG	Tier 5				
INTELENCE TAB 25MG	ETRAVIRINE TAB 25 MG	Tier 3				
JULUCA TAB 50-25MG	DOLUTEGRAVIR SODIUM-RILPIVIRINE HCL TAB 50-25 MG (BASE EQ)	Tier 3		X		
NEVIRAPINE SUS 50MG/5ML	NEVIRAPINE SUSP 50 MG/5ML	Tier 2				
NEVIRAPINE TAB 200MG	NEVIRAPINE TAB 200 MG	Tier 2				
NEVIRAPINE TAB 400MG ER	NEVIRAPINE TAB ER 24HR 400 MG	Tier 4				
ODEFSEY TAB	EMTRICITABINE-RILPIVIRINE-TENOFOVIR AF TAB 200-25-25 MG	Tier 5		X		
PIFELTRO TAB 100MG	DORAVIRINE TAB 100 MG	Tier 4				

^ 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
RILPIVIRINE TAB 25MG	RILPIVIRINE HCL TAB 25 MG (BASE EQUIVALENT)	Tier 2				
SYMFI TAB	EFAVIRENZ-LAMIVUDINE-TENOFOVIR DF TAB 600-300-300 MG	Tier 3		X		
SYMFI LO TAB	EFAVIRENZ-LAMIVUDINE-TENOFOVIR DF TAB 400-300-300 MG	Tier 3		X		
Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)						
SUNLENCA TAB 300MG	LENACAPAVIR SODIUM TAB THERAPY PACK 4 X 300 MG	Tier 5		X		
SUNLENCA TAB 300MG	LENACAPAVIR SODIUM TAB THERAPY PACK 5 X 300 MG	Tier 5		X		
SUNLENCA TAB 300MG	LENACAPAVIR SODIUM TAB 300 MG	Tier 5		X		
YEZTUGO TAB 300MG	LENACAPAVIR SODIUM TAB 300 MG	Tier 5		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 3				
ABACAVIR SOL 20MG/ML	ABACAVIR SULFATE SOLN 20 MG/ML (BASE EQUIV)	Tier 2				
ABACAVIR TAB 300MG	ABACAVIR SULFATE TAB 300 MG (BASE EQUIV)	Tier 2				
CIMDUO TAB 300-300	LAMIVUDINE-TENOFOVIR DISOPROXIL FUMARATE TAB 300-300 MG	Tier 3		X		
DESCOVY TAB 120-15MG	EMTRICITABINE-TENOFOVIR ALAFENAMIDE FUMARATE TAB 120-15 MG	Tier 5		X		
DESCOVY TAB 200/25MG	EMTRICITABINE-TENOFOVIR ALAFENAMIDE FUMARATE TAB 200-25 MG	Tier 5		X		
EMTR/TEN DF TAB 100-150	EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE TAB 100-150 MG	Tier 2		X		
EMTR/TEN DF TAB 133-200	EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE TAB 133-200 MG	Tier 2		X		
EMTR/TEN DF TAB 167-250	EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE TAB 167-250 MG	Tier 2		X		
EMTR/TENOFOV TAB 200-300	EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE TAB 200-300 MG	Tier 1		X		
EMTRICITABIN CAP 200MG	EMTRICITABINE CAPS 200 MG	Tier 3				
EMTRIVA SOL 10MG/ML	EMTRICITABINE SOLN 10 MG/ML	Tier 3				
LAMIVUD/ZIDO TAB 150-300	LAMIVUDINE-ZIDOVUDINE TAB 150-300 MG	Tier 2				
LAMIVUDINE SOL 10MG/ML	LAMIVUDINE ORAL SOLN 10 MG/ML	Tier 2				
LAMIVUDINE TAB 150MG	LAMIVUDINE TAB 150 MG	Tier 2				
LAMIVUDINE TAB 300MG	LAMIVUDINE TAB 300 MG	Tier 2				
RETROVIR CAP 100MG	ZIDOVUDINE CAP 100 MG	Tier 5				
RETROVIR SYP 50MG/5ML	ZIDOVUDINE SYRUP 10 MG/ML	Tier 4				
TENOFOVIR TAB 300MG	TENOFOVIR DISOPROXIL FUMARATE TAB 300 MG	Tier 3^				

^ 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
TRUVADA TAB 100-150	EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE TAB 100-150 MG	Tier 5		X		
TRUVADA TAB 133-200	EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE TAB 133-200 MG	Tier 5		X		
TRUVADA TAB 167-250	EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE TAB 167-250 MG	Tier 5		X		
VIREAD POW 40MG/GM	TENOFOVIR DISOPROXIL FUMARATE ORAL POWDER 40 MG/GM	Tier 4				
VIREAD TAB 150MG	TENOFOVIR DISOPROXIL FUMARATE TAB 150 MG	Tier 3				
VIREAD TAB 200MG	TENOFOVIR DISOPROXIL FUMARATE TAB 200 MG	Tier 3				
VIREAD TAB 250MG	TENOFOVIR DISOPROXIL FUMARATE TAB 250 MG	Tier 3				
ZIDOVUDINE CAP 100MG	ZIDOVUDINE CAP 100 MG	Tier 2				
ZIDOVUDINE SYP 50MG/5ML	ZIDOVUDINE SYRUP 10 MG/ML	Tier 2				
ZIDOVUDINE TAB 300MG	ZIDOVUDINE TAB 300 MG	Tier 2				
Anti-HIV Agents, Other - HIV Drugs						
FUZEON INJ 90MG	ENFUVIRTIDE FOR INJ 90 MG	Tier 5				
MARAVIROC TAB 150MG	MARAVIROC TAB 150 MG	Tier 3				
MARAVIROC TAB 300MG	MARAVIROC TAB 300 MG	Tier 3				
RUKOBIA TAB 600MG ER	FOSTEMSAVIR TROMETHAMINE TAB ER 12HR 600 MG	Tier 5				
SELZENTRY SOL 20MG/ML	MARAVIROC ORAL SOLN 20 MG/ML	Tier 3	X			
SELZENTRY TAB 150MG	MARAVIROC TAB 150 MG	Tier 5				
SELZENTRY TAB 300MG	MARAVIROC TAB 300 MG	Tier 5				
TYBOST TAB 150MG	COBICISTAT TAB 150 MG	Tier 3				
Anti-HIV Agents, Protease Inhibitors - HIV Drugs						
APTIVUS CAP 250MG	TIPRANAIR CAP 250 MG	Tier 3				
ATAZANAVIR CAP 150MG	ATAZANAVIR SULFATE CAP 150 MG (BASE EQUIV)	Tier 3				
ATAZANAVIR CAP 200MG	ATAZANAVIR SULFATE CAP 200 MG (BASE EQUIV)	Tier 3				
ATAZANAVIR CAP 300MG	ATAZANAVIR SULFATE CAP 300 MG (BASE EQUIV)	Tier 3				
DARUNAVIR TAB 600MG	DARUNAVIR TAB 600 MG	Tier 2				
DARUNAVIR TAB 800MG	DARUNAVIR TAB 800 MG	Tier 2				
EVOTAZ TAB 300-150	ATAZANAVIR SULFATE-COBICISTAT TAB 300-150 MG (BASE EQUIV)	Tier 3				
FOSAMPRENAVI TAB 700MG	FOSAMPRENAVIR CALCIUM TAB 700 MG (BASE EQUIV)	Tier 3				
KALETRA SOL	LOPINAVIR-RITONAVIR SOLN 400-100 MG/5ML (80-20 MG/ML)	Tier 4				

^ 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
KALETRA TAB 100-25MG	LOPINAVIR-RITONAVIR TAB 100-25 MG	Tier 5				
KALETRA TAB 200-50MG	LOPINAVIR-RITONAVIR TAB 200-50 MG	Tier 5				
LOPIN/RITON SOL 80-20/ML	LOPINAVIR-RITONAVIR SOLN 400-100 MG/5ML (80-20 MG/ML)	Tier 3				
LOPIN/RITON TAB 100-25MG	LOPINAVIR-RITONAVIR TAB 100-25 MG	Tier 3				
LOPIN/RITON TAB 200-50MG	LOPINAVIR-RITONAVIR TAB 200-50 MG	Tier 3				
NORVIR CAP 100MG	RITONAVIR CAP 100 MG	Tier 3				
NORVIR POW 100MG	RITONAVIR POWDER PACKET 100 MG	Tier 3				
PREZCOBIX TAB 675/150	DARUNAVIR-COBICISTAT TAB 675-150 MG	Tier 3				
PREZCOBIX TAB 800-150	DARUNAVIR-COBICISTAT TAB 800-150 MG	Tier 3				
PREZISTA SUS 100MG/ML	DARUNAVIR ORAL SUSP 100 MG/ML	Tier 3				
PREZISTA TAB 150MG	DARUNAVIR TAB 150 MG	Tier 3				
PREZISTA TAB 75MG	DARUNAVIR TAB 75 MG	Tier 3				
REYATAZ POW 50MG	ATAZANAVIR SULFATE ORAL POWDER PACKET 50 MG (BASE EQUIV)	Tier 3				
RITONAVIR TAB 100MG	RITONAVIR TAB 100 MG	Tier 3				
VIRACEPT TAB 250MG	NELFINAVIR MESYLATE TAB 250 MG	Tier 3				
VIRACEPT TAB 625MG	NELFINAVIR MESYLATE TAB 625 MG	Tier 3				
Anti-Inflammatories, Inhaled Corticosteroids - Asthma/Lung Drugs						
ARNUITY ELPT INH 100MCG	FLUTICASONE FUROATE AEROSOL POWDER BREATH ACTIV 100 MCG/ACT	Tier 3		X		
ARNUITY ELPT INH 200MCG	FLUTICASONE FUROATE AEROSOL POWDER BREATH ACTIV 200 MCG/ACT	Tier 3		X		
ARNUITY ELPT INH 50MCG	FLUTICASONE FUROATE AEROSOL POWDER BREATH ACTIV 50 MCG/ACT	Tier 3		X		
BUDESONIDE SUS 0.25MG/2	BUDESONIDE INHALATION SUSP 0.25 MG/2ML	Tier 3		X		
BUDESONIDE SUS 0.5MG/2	BUDESONIDE INHALATION SUSP 0.5 MG/2ML	Tier 3		X		
BUDESONIDE SUS 1MG/2ML	BUDESONIDE INHALATION SUSP 1 MG/2ML	Tier 3		X		
FLUNISOLIDE SPR 0.025%	FLUNISOLIDE NASAL SOLN 25 MCG/ACT (0.025%)	Tier 4				
FLUTICASONE SPR 50MCG	FLUTICASONE PROPIONATE NASAL SUSP 50 MCG/ACT	Tier 3				
MOMETASONE SPR 50MCG	MOMETASONE FUROATE NASAL SUSP 50 MCG/ACT	Tier 4		X		
NUCALA INJ 100MG/ML	MEPOLIZUMAB SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML	Tier 5	X	X		X
NUCALA INJ 100MG/ML	MEPOLIZUMAB SUBCUTANEOUS SOLUTION PREF SYRINGE 100 MG/ML	Tier 5	X	X		X
NUCALA INJ 40MG/0.4	MEPOLIZUMAB SUBCUTANEOUS SOLUTION PREF SYRINGE 40 MG/0.4ML	Tier 5	X	X		

^ 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
QVAR REDIHA AER 80MCG	BECLOMETHASONE DIPROP HFA BREATH ACT INH AER 80 MCG/ACT	Tier 3		X		
QVAR REDIHAL AER 40MCG	BECLOMETHASONE DIPROP HFA BREATH ACT INH AER 40 MCG/ACT	Tier 3		X		
ZETONNA AER 37MCG	CICLESONIDE NASAL AEROSOL SOLN 37 MCG/ACT (50 MCG/VALVE)	Tier 4				
Anti-Influenza Agents - Flu Drugs						
OSELTAMIVIR CAP 30MG	OSELTAMIVIR PHOSPHATE CAP 30 MG (BASE EQUIV)	Tier 3				
OSELTAMIVIR CAP 45MG	OSELTAMIVIR PHOSPHATE CAP 45 MG (BASE EQUIV)	Tier 3				
OSELTAMIVIR CAP 75MG	OSELTAMIVIR PHOSPHATE CAP 75 MG (BASE EQUIV)	Tier 3				
OSELTAMIVIR SUS 6MG/ML	OSELTAMIVIR PHOSPHATE FOR SUSP 6 MG/ML (BASE EQUIV)	Tier 3				
RELENZA MIS DISKHALE	ZANAMIVIR AEROSOL POWDER BREATH ACTIVATED 5 MG/ACT	Tier 4				
RIMANTADINE TAB 100MG	RIMANTADINE HYDROCHLORIDE TAB 100 MG	Tier 2				
XOFLUZA TAB 40MG	BALOXAVIR MARBOXIL TAB THERAPY PACK 1 X 40 MG (40 MG DOSE)	Tier 4		X		
XOFLUZA TAB 80MG	BALOXAVIR MARBOXIL TAB THERAPY PACK 1 X 80 MG (80 MG DOSE)	Tier 4		X		
Antandrogens - Hormone Suppressants						
ABIRATERONE TAB 250MG	ABIRATERONE ACETATE TAB 250 MG	Tier 4		X		X
ABIRTEGA TAB 250MG	ABIRATERONE ACETATE TAB 250 MG	Tier 4		X		X
BICALUTAMIDE TAB 50MG	BICALUTAMIDE TAB 50 MG	Tier 2				
ERLEADA TAB 240MG	APALUTAMIDE TAB 240 MG	Tier 4	X	X		
ERLEADA TAB 60MG	APALUTAMIDE TAB 60 MG	Tier 4	X	X		X
NUBEQA TAB 300MG	DAROLUTAMIDE TAB 300 MG	Tier 4	X	X		X
ORGOVYX TAB 120MG	RELUGOLIX TAB 120 MG	Tier 5	X	X		X
XTANDI CAP 40MG	ENZALUTAMIDE CAP 40 MG	Tier 4	X	X		X
Antiangiogenic Agents - Chemotherapy Agents						
LENALIDOMIDE CAP 10MG	LENALIDOMIDE CAP 10 MG	Tier 4	X	X		X
LENALIDOMIDE CAP 15MG	LENALIDOMIDE CAP 15 MG	Tier 4	X	X		X
LENALIDOMIDE CAP 2.5MG	LENALIDOMIDE CAPS 2.5 MG	Tier 4	X	X		X
LENALIDOMIDE CAP 20MG	LENALIDOMIDE CAP 20 MG	Tier 4	X	X		X
LENALIDOMIDE CAP 25MG	LENALIDOMIDE CAP 25 MG	Tier 4	X	X		X
LENALIDOMIDE CAP 5MG	LENALIDOMIDE CAP 5 MG	Tier 4	X	X		X
POMALIDOMIDE CAP 1MG	POMALIDOMIDE CAP 1 MG	Tier 5	X	X		X
POMALIDOMIDE CAP 2MG	POMALIDOMIDE CAP 2 MG	Tier 5	X	X		X
POMALIDOMIDE CAP 3MG	POMALIDOMIDE CAP 3 MG	Tier 5	X	X		X
POMALIDOMIDE CAP 4MG	POMALIDOMIDE CAP 4 MG	Tier 5	X	X		X

^ 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
POMALYST CAP 1MG	POMALIDOMIDE CAP 1 MG	Tier 5	X	X		X
POMALYST CAP 2MG	POMALIDOMIDE CAP 2 MG	Tier 5	X	X		X
POMALYST CAP 3MG	POMALIDOMIDE CAP 3 MG	Tier 5	X	X		X
POMALYST CAP 4MG	POMALIDOMIDE CAP 4 MG	Tier 5	X	X		X
REVLIMID CAP 10MG	LENALIDOMIDE CAP 10 MG	Tier 4	X	X		X
REVLIMID CAP 15MG	LENALIDOMIDE CAP 15 MG	Tier 4	X	X		X
REVLIMID CAP 2.5MG	LENALIDOMIDE CAPS 2.5 MG	Tier 4	X	X		X
REVLIMID CAP 20MG	LENALIDOMIDE CAP 20 MG	Tier 4	X	X		X
REVLIMID CAP 25MG	LENALIDOMIDE CAP 25 MG	Tier 4	X	X		X
REVLIMID CAP 5MG	LENALIDOMIDE CAP 5 MG	Tier 4	X	X		X
THALOMID CAP 100MG	THALIDOMIDE CAP 100 MG	Tier 4	X	X		X
THALOMID CAP 150MG	THALIDOMIDE CAP 150 MG	Tier 4	X	X		X
THALOMID CAP 200MG	THALIDOMIDE CAP 200 MG	Tier 4	X	X		X
THALOMID CAP 50MG	THALIDOMIDE CAP 50 MG	Tier 4	X	X		X
Antiarrhythmics - Heart Regulation Drugs						
AMIODARONE TAB 100MG	AMIODARONE HCL TAB 100 MG	Tier 2				
AMIODARONE TAB 200MG	AMIODARONE HCL TAB 200 MG	Tier 2				
AMIODARONE TAB 400MG	AMIODARONE HCL TAB 400 MG	Tier 2				
BETAPACE AF TAB 120MG	SOTALOL HCL (AFIB/AFL) TAB 120 MG	Tier 5				
BETAPACE AF TAB 160MG	SOTALOL HCL (AFIB/AFL) TAB 160 MG	Tier 5				
BETAPACE AF TAB 80MG	SOTALOL HCL (AFIB/AFL) TAB 80 MG	Tier 5				
DISOPYRAMIDE CAP 100MG	DISOPYRAMIDE PHOSPHATE CAP 100 MG	Tier 2				
DISOPYRAMIDE CAP 150MG	DISOPYRAMIDE PHOSPHATE CAP 150 MG	Tier 2				
DOFETILIDE CAP 125MCG	DOFETILIDE CAP 125 MCG (0.125 MG)	Tier 3				
DOFETILIDE CAP 250MCG	DOFETILIDE CAP 250 MCG (0.25 MG)	Tier 3				
DOFETILIDE CAP 500MCG	DOFETILIDE CAP 500 MCG (0.5 MG)	Tier 3				
FLECAINIDE TAB 100MG	FLECAINIDE ACETATE TAB 100 MG	Tier 2				
FLECAINIDE TAB 150MG	FLECAINIDE ACETATE TAB 150 MG	Tier 2				
FLECAINIDE TAB 50MG	FLECAINIDE ACETATE TAB 50 MG	Tier 2				
MEXILETINE CAP 150MG	MEXILETINE HCL CAP 150 MG	Tier 2				
MEXILETINE CAP 200MG	MEXILETINE HCL CAP 200 MG	Tier 2				
MEXILETINE CAP 250MG	MEXILETINE HCL CAP 250 MG	Tier 2				
NORPACE CAP 100MG	DISOPYRAMIDE PHOSPHATE CAP 100 MG	Tier 5				
NORPACE CAP 100MG CR	DISOPYRAMIDE PHOSPHATE CAP ER 12HR 100 MG	Tier 3				
NORPACE CAP 150MG	DISOPYRAMIDE PHOSPHATE CAP 150 MG	Tier 5				
NORPACE CAP 150MG CR	DISOPYRAMIDE PHOSPHATE CAP ER 12HR 150 MG	Tier 3				
PACERONE TAB 100MG	AMIODARONE HCL TAB 100 MG	Tier 4				

^ 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 200MG	AMIODARONE HCL TAB 200 MG	Tier 5				
PACERONE TAB 400MG	AMIODARONE HCL TAB 400 MG	Tier 4				
PROPAFENONE CAP 225MG ER	PROPAFENONE HCL CAP ER 12HR 225 MG	Tier 5				
PROPAFENONE CAP 325MG ER	PROPAFENONE HCL CAP ER 12HR 325 MG	Tier 5				
PROPAFENONE CAP 425MG ER	PROPAFENONE HCL CAP ER 12HR 425 MG	Tier 5				
PROPAFENONE TAB 150MG	PROPAFENONE HCL TAB 150 MG	Tier 2				
PROPAFENONE TAB 225MG	PROPAFENONE HCL TAB 225 MG	Tier 2				
PROPAFENONE TAB 300MG	PROPAFENONE HCL TAB 300 MG	Tier 2				
QUINIDINE GL TAB 324MG CR	QUINIDINE GLUCONATE TAB ER 324 MG	Tier 2				
QUINIDINE GL TAB 324MG ER	QUINIDINE GLUCONATE TAB ER 324 MG	Tier 2				
QUINIDINE SU TAB 200MG	QUINIDINE SULFATE TAB 200 MG	Tier 2				
QUINIDINE SU TAB 300MG	QUINIDINE SULFATE TAB 300 MG	Tier 2				
SOTALOL TAB 120MG	SOTALOL HCL TAB 120 MG	Tier 2				
SOTALOL TAB 160MG	SOTALOL HCL TAB 160 MG	Tier 2				
SOTALOL TAB 80MG	SOTALOL HCL TAB 80 MG	Tier 2				
SOTALOL AF TAB 120MG	SOTALOL HCL (AFIB/AFL) TAB 120 MG	Tier 2				
SOTALOL AF TAB 160MG	SOTALOL HCL (AFIB/AFL) TAB 160 MG	Tier 2				
SOTALOL AF TAB 80MG	SOTALOL HCL (AFIB/AFL) TAB 80 MG	Tier 2				
SOTALOL HCL TAB 120MG	SOTALOL HCL TAB 120 MG	Tier 2				
SOTALOL HCL TAB 160MG	SOTALOL HCL TAB 160 MG	Tier 2				
SOTALOL HCL TAB 240MG	SOTALOL HCL TAB 240 MG	Tier 2				
SOTALOL HCL TAB 80MG	SOTALOL HCL TAB 80 MG	Tier 2				
SOTYLIZE SOL 5MG/ML	SOTALOL HCL ORAL SOLUTION 5 MG/ML	Tier 5	X			
TIKOSYN CAP 125MCG	DOFETILIDE CAP 125 MCG (0.125 MG)	Tier 5				
TIKOSYN CAP 250MCG	DOFETILIDE CAP 250 MCG (0.25 MG)	Tier 5				
TIKOSYN CAP 500MCG	DOFETILIDE CAP 500 MCG (0.5 MG)	Tier 5				
Antibacterials, Other						
VOWST CAP	FECAL MICROBIOTA SPORES, LIVE-BRPK CAPS	Tier 5	X	X		X
Antibacterials, Other - Antibiotics						
ALTABAX OIN 1%	RETAPAMULIN OINT 1%	Tier 4		X		
ARZOL SILVER MIS NITR APP	SILVER NITRATE-POTASSIUM NITRATE APPLICATOR 75-25%	Tier 4				
BENZALKONIUM SOL 50%	BENZALKONIUM CHLORIDE SOLN 50%	Tier 2				
BENZALKONIUM SOL NF	BENZALKONIUM CHLORIDE SOLN	Tier 3				
CLEOCIN CAP 150MG	CLINDAMYCIN HCL CAP 150 MG	Tier 5				
CLEOCIN CAP 300MG	CLINDAMYCIN HCL CAP 300 MG	Tier 5				
CLEOCIN CAP 75MG	CLINDAMYCIN HCL CAP 75 MG	Tier 3				

^ 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
CLEOCIN CRE 2% VAG	CLINDAMYCIN PHOSPHATE VAGINAL CREAM 2%	Tier 5				
CLEOCIN PED SOL 75MG/5ML	CLINDAMYCIN PALMITATE HCL FOR SOLN 75 MG/5ML (BASE EQUIV)	Tier 5				
CLINDAMYCIN CAP 150MG	CLINDAMYCIN HCL CAP 150 MG	Tier 2				
CLINDAMYCIN CAP 300MG	CLINDAMYCIN HCL CAP 300 MG	Tier 2				
CLINDAMYCIN CAP 75MG	CLINDAMYCIN HCL CAP 75 MG	Tier 2				
CLINDAMYCIN CRE 2% VAG	CLINDAMYCIN PHOSPHATE VAGINAL CREAM 2%	Tier 3				
CLINDAMYCIN SOL 75MG/5ML	CLINDAMYCIN PALMITATE HCL FOR SOLN 75 MG/5ML (BASE EQUIV)	Tier 3				
CLINDESSE CRE 2%	CLINDAMYCIN PHOSPHATE (ONE DOSE) VAGINAL CREAM 2%	Tier 3				
COLISTIMETH INJ 150MG	COLISTIMETHATE SOD FOR INJ 150 MG (COLISTIN BASE ACTIVITY)	Tier 2				
COLY-MYCIN M INJ 150MG	COLISTIMETHATE SOD FOR INJ 150 MG (COLISTIN BASE ACTIVITY)	Tier 5				
FEM PH GEL	ACETIC ACID-OXYQUINOLINE VAGINAL GEL 0.9-0.025%	Tier 5				
FIRVANQ SOL 25MG/ML	VANCOMYCIN HCL FOR ORAL SOLN 25 MG/ML (BASE EQUIVALENT)	Tier 5				
FIRVANQ SOL 50MG/ML	VANCOMYCIN HCL FOR ORAL SOLN 50 MG/ML (BASE EQUIVALENT)	Tier 5				
FOSFOMYCIN POW 3GM	FOSFOMYCIN TROMETHAMINE POWD PACK 3 GM (BASE EQUIVALENT)	Tier 4				
HIPREX TAB 1GM	METHENAMINE HIPPURATE TAB 1 GM	Tier 5				
IODINE TIN 2%	*IODINE TINCTURE**	Tier 2				
LIKMEZ SUS 500/5ML	METRONIDAZOLE SUSP 500 MG/5ML	Tier 5				
LINEZOLID SUS 100/5ML	LINEZOLID FOR SUSP 100 MG/5ML	Tier 3				
LINEZOLID TAB 600MG	LINEZOLID TAB 600 MG	Tier 3				
LUGOLS SOL IODINE	*IODINE SOLUTION**	Tier 4				
MACROBID CAP 100MG	NITROFURANTOIN MONOHYDRATE MACROCRYSTALLINE CAP 100 MG	Tier 5				
MACRODANTIN CAP 100MG	NITROFURANTOIN MACROCRYSTALLINE CAP 100 MG	Tier 5				
MACRODANTIN CAP 25MG	NITROFURANTOIN MACROCRYSTALLINE CAP 25 MG	Tier 5				
MACRODANTIN CAP 50MG	NITROFURANTOIN MACROCRYSTALLINE CAP 50 MG	Tier 5				
MAFENIDE ACE PAK 5%	MAFENIDE ACETATE PACKET FOR TOPICAL SOLN 5% (50 GM)	Tier 4				
METHENAM HIP TAB 1GM	METHENAMINE HIPPURATE TAB 1 GM	Tier 2				
METHENAM MAN TAB 1000MG	METHENAMINE MANDELATE TAB 1 GM	Tier 2				
METHENAM MAN TAB 500MG	METHENAMINE MANDELATE TAB 0.5 GM	Tier 2				

^ 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
METROCREAM CRE 0.75%	METRONIDAZOLE CREAM 0.75%	Tier 5				
METROLOTION LOT 0.75%	METRONIDAZOLE LOTION 0.75%	Tier 5				
METRONIDAZOL CAP 375MG	METRONIDAZOLE CAP 375 MG	Tier 2				
METRONIDAZOL CRE 0.75%	METRONIDAZOLE CREAM 0.75%	Tier 2				
METRONIDAZOL GEL 0.75%	METRONIDAZOLE GEL 0.75%	Tier 2				
METRONIDAZOL GEL 0.75%VAG	METRONIDAZOLE VAGINAL GEL 0.75%	Tier 3				
METRONIDAZOL LOT 0.75%	METRONIDAZOLE LOTION 0.75%	Tier 2				
METRONIDAZOL TAB 250MG	METRONIDAZOLE TAB 250 MG	Tier 2				
METRONIDAZOL TAB 500MG	METRONIDAZOLE TAB 500 MG	Tier 2				
MUPIROCIN CRE 2%	MUPIROCIN CALCIUM CREAM 2%	Tier 4		X		
MUPIROCIN OIN 2%	MUPIROCIN OINT 2%	Tier 2		X		
NITROFUR MAC CAP 100MG	NITROFURANTOIN MACROCRYSTALLINE CAP 100 MG	Tier 2				
NITROFUR MAC CAP 25MG	NITROFURANTOIN MACROCRYSTALLINE CAP 25 MG	Tier 2				
NITROFUR MAC CAP 50MG	NITROFURANTOIN MACROCRYSTALLINE CAP 50 MG	Tier 2				
NITROFURANTN CAP 100MG	NITROFURANTOIN MONOHYDRATE MACROCRYSTALLINE CAP 100 MG	Tier 2				
PHENOL LIQ	PHENOL LIQUID (BULK)	Tier 4				
PHENOL LIQ 89%	PHENOL LIQUID (BULK)	Tier 4				
PHENOL LIQ 89%	PHENOL LIQUID (BULK)	Tier 3				
SILVADENE CRE 1%	SILVER SULFADIAZINE CREAM 1%	Tier 5				
SILVER NITRA SOL 0.5%	SILVER NITRATE SOLN 0.5%	Tier 2				
SILVER SULFA CRE 1%	SILVER SULFADIAZINE CREAM 1%	Tier 2				
SSD CRE 1%	SILVER SULFADIAZINE CREAM 1%	Tier 2				
SULFAMYLON CRE 85MG/GM	MAFENIDE ACETATE CREAM 85 MG/GM	Tier 4				
TINIDAZOLE TAB 250MG	TINIDAZOLE TAB 250 MG	Tier 4				
TINIDAZOLE TAB 500MG	TINIDAZOLE TAB 500 MG	Tier 4				
TRIMETHOPRIM TAB 100MG	TRIMETHOPRIM TAB 100 MG	Tier 2				
VANCOCIN CAP 125MG	VANCOMYCIN HCL CAP 125 MG (BASE EQUIVALENT)	Tier 5				
VANCOCIN CAP 250MG	VANCOMYCIN HCL CAP 250 MG (BASE EQUIVALENT)	Tier 5				
VANCOMYCIN CAP 125MG	VANCOMYCIN HCL CAP 125 MG (BASE EQUIVALENT)	Tier 2				
VANCOMYCIN CAP 250MG	VANCOMYCIN HCL CAP 250 MG (BASE EQUIVALENT)	Tier 2				
VANCOMYCIN SOL 250/5ML	VANCOMYCIN HCL FOR ORAL SOLN 50 MG/ML (BASE EQUIVALENT)	Tier 2				
VANCOMYCIN SOL 25MG/ML	VANCOMYCIN HCL FOR ORAL SOLN 25 MG/ML (BASE EQUIVALENT)	Tier 2				

^ 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
VANCOMYCIN SOL 50MG/ML	VANCOMYCIN HCL FOR ORAL SOLN 50 MG/ML (BASE EQUIVALENT)	Tier 2				
VANDAZOLE GEL 0.75%	METRONIDAZOLE VAGINAL GEL 0.75%	Tier 5				
XACIATO GEL 2%	CLINDAMYCIN PHOSPHATE VAGINAL GEL 2%	Tier 3		X		
ZYVOX SUS 100MG/5M	LINEZOLID FOR SUSP 100 MG/5ML	Tier 5				
Anticholinergics - Parkinson's Disease Drugs						
BENZTROPINE TAB 0.5MG	BENZTROPINE MESYLATE TAB 0.5 MG	Tier 2				
BENZTROPINE TAB 1MG	BENZTROPINE MESYLATE TAB 1 MG	Tier 2				
BENZTROPINE TAB 2MG	BENZTROPINE MESYLATE TAB 2 MG	Tier 2				
TRIHEXYPHEN SOL 0.4MG/ML	TRIHEXYPHENIDYL HCL ORAL SOLN 0.4 MG/ML	Tier 2				
TRIHEXYPHEN TAB 2MG	TRIHEXYPHENIDYL HCL TAB 2 MG	Tier 2				
TRIHEXYPHEN TAB 5MG	TRIHEXYPHENIDYL HCL TAB 5 MG	Tier 2				
Anticoagulants - Blood Thinners						
ANTICOAGULNT SOL SOD CITR	ANTICOAGULANT SODIUM CITRATE SOLN 4%	Tier 4				
DABIGATRAN CAP 110MG	DABIGATRAN ETEXILATE MESYLATE CAP 110 MG (ETEXILATE BASE EQ)	Tier 3		X		
DABIGATRAN CAP 150MG	DABIGATRAN ETEXILATE MESYLATE CAP 150 MG (ETEXILATE BASE EQ)	Tier 3		X		
DABIGATRAN CAP 75MG	DABIGATRAN ETEXILATE MESYLATE CAP 75 MG (ETEXILATE BASE EQ)	Tier 3		X		
ELIQUIS CAP 0.15MG	APIXABAN CAP SPRINKLE 0.15 MG	Tier 3		X		
ELIQUIS TAB 0.5MG	APIXABAN TAB FOR ORAL SUSP 0.5 MG	Tier 3		X		
ELIQUIS TAB 1.5MG	APIXABAN TAB FOR ORAL SUSP PACK 3 X 0.5 MG (1.5 MG)	Tier 3		X		
ELIQUIS TAB 2.5MG	APIXABAN TAB 2.5 MG	Tier 3		X		
ELIQUIS TAB 2MG	APIXABAN TAB FOR ORAL SUSP PACK 4 X 0.5 MG (2 MG)	Tier 3		X		
ELIQUIS TAB 5MG	APIXABAN TAB 5 MG	Tier 3		X		
ELIQUIS ST P TAB 5MG	APIXABAN TAB STARTER PACK 5 MG	Tier 3		X		
ENOXAPARIN INJ 100MG/ML	ENOXAPARIN SODIUM INJ SOLN PREF SYR 100 MG/ML	Tier 3		X		
ENOXAPARIN INJ 120/0.8	ENOXAPARIN SODIUM INJ SOLN PREF SYR 120 MG/0.8ML	Tier 3		X		
ENOXAPARIN INJ 150MG/ML	ENOXAPARIN SODIUM INJ SOLN PREF SYR 150 MG/ML	Tier 3		X		
ENOXAPARIN INJ 30/0.3ML	ENOXAPARIN SODIUM INJ SOLN PREF SYR 30 MG/0.3ML	Tier 3		X		
ENOXAPARIN INJ 300/3ML	ENOXAPARIN SODIUM INJ 300 MG/3ML	Tier 3		X		
ENOXAPARIN INJ 40/0.4ML	ENOXAPARIN SODIUM INJ SOLN PREF SYR 40 MG/0.4ML	Tier 3		X		

^ 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
ENOXAPARIN INJ 60/0.6ML	ENOXAPARIN SODIUM INJ SOLN PREF SYR 60 MG/0.6ML	Tier 3		X		
ENOXAPARIN INJ 80/0.8ML	ENOXAPARIN SODIUM INJ SOLN PREF SYR 80 MG/0.8ML	Tier 3		X		
ENOXAPARIN INJ 80MG/0.8	ENOXAPARIN SODIUM INJ SOLN PREF SYR 80 MG/0.8ML	Tier 3		X		
FONDAPARINUX INJ 10/0.8ML	FONDAPARINUX SODIUM SUBCUTANEOUS INJ 10 MG/0.8ML	Tier 3		X		
FONDAPARINUX INJ 2.5/0.5	FONDAPARINUX SODIUM SUBCUTANEOUS INJ 2.5 MG/0.5ML	Tier 3		X		
FONDAPARINUX INJ 5/0.4ML	FONDAPARINUX SODIUM SUBCUTANEOUS INJ 5 MG/0.4ML	Tier 3		X		
FONDAPARINUX INJ 7.5/0.6	FONDAPARINUX SODIUM SUBCUTANEOUS INJ 7.5 MG/0.6ML	Tier 3		X		
HEPARIN SOD INJ 1000/ML	HEPARIN SODIUM (PORCINE) PF INJ 1000 UNIT/ML	Tier 2				
HEPARIN SOD INJ 1000/ML	HEPARIN SODIUM (PORCINE) INJ 1000 UNIT/ML	Tier 2				
HEPARIN SOD INJ 10000/10	HEPARIN SODIUM (PORCINE) INJ 1000 UNIT/ML	Tier 2				
HEPARIN SOD INJ 10000/ML	HEPARIN SODIUM (PORCINE) INJ 10000 UNIT/ML	Tier 2				
HEPARIN SOD INJ 2000/2ML	HEPARIN SODIUM (PORCINE) PF INJ 1000 UNIT/ML	Tier 2				
HEPARIN SOD INJ 20000/ML	HEPARIN SODIUM (PORCINE) INJ 20000 UNIT/ML	Tier 2				
HEPARIN SOD INJ 30000/30	HEPARIN SODIUM (PORCINE) INJ 1000 UNIT/ML	Tier 2				
HEPARIN SOD INJ 5000/0.5	HEPARIN SODIUM (PORCINE) PF INJ 5000 UNIT/0.5ML	Tier 2				
HEPARIN SOD INJ 5000/0.5	HEPARIN SODIUM (PORCINE) INJ SOLN PREF SYR 5000 UNIT/0.5ML	Tier 2				
HEPARIN SOD INJ 5000/ML	HEPARIN SODIUM (PORCINE) INJ 5000 UNIT/ML	Tier 2				
HEPARIN SOD INJ 5000/ML	HEPARIN SODIUM (PORCINE) PF INJ 5000 UNIT/ML	Tier 2				
HEPARIN SOD INJ 50000/10	HEPARIN SODIUM (PORCINE) INJ 5000 UNIT/ML	Tier 2				
JANTOVEN TAB 10MG	WARFARIN SODIUM TAB 10 MG	Tier 2				
JANTOVEN TAB 1MG	WARFARIN SODIUM TAB 1 MG	Tier 2				
JANTOVEN TAB 2.5MG	WARFARIN SODIUM TAB 2.5 MG	Tier 2				
JANTOVEN TAB 2MG	WARFARIN SODIUM TAB 2 MG	Tier 2				
JANTOVEN TAB 3MG	WARFARIN SODIUM TAB 3 MG	Tier 2				
JANTOVEN TAB 4MG	WARFARIN SODIUM TAB 4 MG	Tier 2				
JANTOVEN TAB 5MG	WARFARIN SODIUM TAB 5 MG	Tier 2				

^ 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
JANTOVEN TAB 6MG	WARFARIN SODIUM TAB 6 MG	Tier 2				
JANTOVEN TAB 7.5MG	WARFARIN SODIUM TAB 7.5 MG	Tier 2				
NOCLOT-50 SOL ACD-A	*ANTICOAGULANT CITRATE DEXTROSE SOLUTION A**	Tier 4				
RIVAROXABAN SUS 1MG/ML	RIVAROXABAN FOR SUSP 1 MG/ML	Tier 3		X		
RIVAROXABAN TAB 2.5MG	RIVAROXABAN TAB 2.5 MG	Tier 3		X		
TRICITRASOL CON	ANTICOAGULANT SODIUM CITRATE CONCENTRATE 46.7%	Tier 4				
WARFARIN TAB 10MG	WARFARIN SODIUM TAB 10 MG	Tier 2				
WARFARIN TAB 1MG	WARFARIN SODIUM TAB 1 MG	Tier 2				
WARFARIN TAB 2.5MG	WARFARIN SODIUM TAB 2.5 MG	Tier 2				
WARFARIN TAB 2MG	WARFARIN SODIUM TAB 2 MG	Tier 2				
WARFARIN TAB 3MG	WARFARIN SODIUM TAB 3 MG	Tier 2				
WARFARIN TAB 4MG	WARFARIN SODIUM TAB 4 MG	Tier 2				
WARFARIN TAB 5MG	WARFARIN SODIUM TAB 5 MG	Tier 2				
WARFARIN TAB 6MG	WARFARIN SODIUM TAB 6 MG	Tier 2				
WARFARIN TAB 7.5MG	WARFARIN SODIUM TAB 7.5 MG	Tier 2				
XARELTO SUS 1MG/ML	RIVAROXABAN FOR SUSP 1 MG/ML	Tier 3		X		
XARELTO TAB 10MG	RIVAROXABAN TAB 10 MG	Tier 3		X		
XARELTO TAB 15MG	RIVAROXABAN TAB 15 MG	Tier 3		X		
XARELTO TAB 2.5MG	RIVAROXABAN TAB 2.5 MG	Tier 3		X		
XARELTO TAB 20MG	RIVAROXABAN TAB 20 MG	Tier 3		X		
XARELTO STAR TAB 15/20MG	RIVAROXABAN TAB STARTER THERAPY PACK 15 MG & 20 MG	Tier 3		X		
Anticonvulsants, Other						
DIACOMIT CAP 250MG	STIRIPENTOL CAP 250 MG	Tier 5	X		X	X
DIACOMIT CAP 500MG	STIRIPENTOL CAP 500 MG	Tier 5	X		X	X
DIACOMIT PAK 250MG	STIRIPENTOL PACKET 250 MG	Tier 5	X		X	X
DIACOMIT PAK 500MG	STIRIPENTOL PACKET 500 MG	Tier 5	X		X	X
ZTALMY SUS 50MG/ML	GANAXOLONE SUSP 50 MG/ML	Tier 5	X			X
Anticonvulsants, Other - Seizure Control Drugs						
EPIDIOLEX SOL 100MG/ML	CANNABIDIOL SOLN 100 MG/ML	Tier 5	X			X
LEVETIRACETA SOL 100MG/ML	LEVETIRACETAM ORAL SOLN 100 MG/ML	Tier 2				
LEVETIRACETA SOL 500/5ML	LEVETIRACETAM ORAL SOLN 100 MG/ML	Tier 2				
LEVETIRACETA TAB 1000MG	LEVETIRACETAM TAB 1000 MG	Tier 2				
LEVETIRACETA TAB 250MG	LEVETIRACETAM TAB 250 MG	Tier 2				
LEVETIRACETA TAB 500MG	LEVETIRACETAM TAB 500 MG	Tier 2				
LEVETIRACETA TAB 500MG ER	LEVETIRACETAM TAB ER 24HR 500 MG	Tier 3				
LEVETIRACETA TAB 750MG	LEVETIRACETAM TAB 750 MG	Tier 2				

^ 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
LEVETIRACETA TAB 750MG ER	LEVETIRACETAM TAB ER 24HR 750 MG	Tier 3				
NAYZILAM SPR 5MG	MIDAZOLAM NASAL SPRAY SOLN 5 MG/0.1 ML	Tier 4	X	X		
PHENOBARB ELX 20MG/5ML	PHENOBARBITAL ELIXIR 20 MG/5ML	Tier 2				
PHENOBARB SOL 20MG/5ML	PHENOBARBITAL ELIXIR 20 MG/5ML	Tier 2				
PHENOBARB TAB 100MG	PHENOBARBITAL TAB 100 MG	Tier 2				
PHENOBARB TAB 15MG	PHENOBARBITAL TAB 15 MG	Tier 2				
PHENOBARB TAB 16.2MG	PHENOBARBITAL TAB 16.2 MG	Tier 2				
PHENOBARB TAB 30MG	PHENOBARBITAL TAB 30 MG	Tier 2				
PHENOBARB TAB 32.4MG	PHENOBARBITAL TAB 32.4 MG	Tier 2				
PHENOBARB TAB 60MG	PHENOBARBITAL TAB 60 MG	Tier 2				
PHENOBARB TAB 64.8MG	PHENOBARBITAL TAB 64.8 MG	Tier 2				
PHENOBARB TAB 97.2MG	PHENOBARBITAL TAB 97.2 MG	Tier 2				
ROWEEPR TAB 500MG	LEVETIRACETAM TAB 500 MG	Tier 2				
Antidepressants, Other						
ZURZUVAE CAP 20MG	ZURANOLONE CAP 20 MG	Tier 4	X	X		X
ZURZUVAE CAP 25MG	ZURANOLONE CAP 25 MG	Tier 4	X	X		X
ZURZUVAE CAP 30MG	ZURANOLONE CAP 30 MG	Tier 4	X	X		X
Antidepressants, Other - Antidepressants						
BUPROPION TAB 100MG	BUPROPION HCL TAB 100 MG	Tier 2				
BUPROPION TAB 100MG SR	BUPROPION HCL TAB ER 12HR 100 MG	Tier 2				
BUPROPION TAB 150MG SR	BUPROPION HCL TAB ER 12HR 150 MG	Tier 2				
BUPROPION TAB 150MG XL	BUPROPION HCL TAB ER 24HR 150 MG	Tier 2				
BUPROPION TAB 200MG SR	BUPROPION HCL TAB ER 12HR 200 MG	Tier 2				
BUPROPION TAB 300MG XL	BUPROPION HCL TAB ER 24HR 300 MG	Tier 2				
BUPROPION TAB 75MG	BUPROPION HCL TAB 75 MG	Tier 2				
MIRTAZAPINE TAB 15MG	MIRTAZAPINE TAB 15 MG	Tier 2				
MIRTAZAPINE TAB 15MG ODT	MIRTAZAPINE ORALLY DISINTEGRATING TAB 15 MG	Tier 2				
MIRTAZAPINE TAB 30MG	MIRTAZAPINE TAB 30 MG	Tier 2				
MIRTAZAPINE TAB 30MG ODT	MIRTAZAPINE ORALLY DISINTEGRATING TAB 30 MG	Tier 2				
MIRTAZAPINE TAB 45MG	MIRTAZAPINE TAB 45 MG	Tier 2				
MIRTAZAPINE TAB 45MG ODT	MIRTAZAPINE ORALLY DISINTEGRATING TAB 45 MG	Tier 2				
MIRTAZAPINE TAB 75MG	MIRTAZAPINE TAB 75 MG	Tier 2				
SPRAVATO SOL 56MG DOS	ESKETAMINE HCL NASAL SOLN 28 MG/ DEVICE X 2 (56 MG DOSE PACK)	Tier 5	X	X		
SPRAVATO SOL 84MG DOS	ESKETAMINE HCL NASAL SOLN 28 MG/ DEVICE X 3 (84 MG DOSE PACK)	Tier 5	X	X		

^ 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
Antidiabetic Agents						
BRENZAVVY TAB 20MG	BEXAGLIFLOZIN TAB 20 MG	Tier 4		X	X	
Antidiabetic Agents - Diabetic Drugs						
ACARBOSE TAB 100MG	ACARBOSE TAB 100 MG	Tier 2				
ACARBOSE TAB 25MG	ACARBOSE TAB 25 MG	Tier 2				
ACARBOSE TAB 50MG	ACARBOSE TAB 50 MG	Tier 2				
ALOG/PIOGLIT TAB 12.5-30	ALOGLIPTIN-PIOGLITAZONE TAB 12.5-30 MG	Tier 3		X		
ALOG/PIOGLIT TAB 25-15MG	ALOGLIPTIN-PIOGLITAZONE TAB 25-15 MG	Tier 3		X		
ALOG/PIOGLIT TAB 25-30MG	ALOGLIPTIN-PIOGLITAZONE TAB 25-30 MG	Tier 3		X		
ALOG/PIOGLIT TAB 25-45MG	ALOGLIPTIN-PIOGLITAZONE TAB 25-45 MG	Tier 3		X		
ALOGLIPTIN TAB 12.5MG	ALOGLIPTIN BENZOATE TAB 12.5 MG (BASE EQUIV)	Tier 3		X		
ALOGLIPTIN TAB 25MG	ALOGLIPTIN BENZOATE TAB 25 MG (BASE EQUIV)	Tier 3		X		
ALOGLIPTIN TAB 6.25MG	ALOGLIPTIN BENZOATE TAB 6.25 MG (BASE EQUIV)	Tier 3		X		
ALOGLIPTIN/ TAB METFORM	ALOGLIPTIN-METFORMIN HCL TAB 12.5-500 MG	Tier 3		X		
ALOGLIPTIN/ TAB METFORM	ALOGLIPTIN-METFORMIN HCL TAB 12.5-1000 MG	Tier 3		X		
BYDUREON BC INJ 2/0.85ML	EXENATIDE EXTENDED RELEASE SUSP AUTO-INJECTOR 2 MG/0.85ML	Tier 4	X	X		
BYETTA INJ 10MCG	EXENATIDE SOLN PEN-INJECTOR 10 MCG/0.04ML	Tier 4	X	X		
BYETTA INJ 5MCG	EXENATIDE SOLN PEN-INJECTOR 5 MCG/0.02ML	Tier 4	X	X		
DUETACT TAB 30-2MG	PIOGLITAZONE HCL-GLIMEPIRIDE TAB 30-2 MG	Tier 4		X		
DUETACT TAB 30-4MG	PIOGLITAZONE HCL-GLIMEPIRIDE TAB 30-4 MG	Tier 4		X		
EXENATIDE INJ 10MCG	EXENATIDE SOLN PEN-INJECTOR 10 MCG/0.04ML	Tier 4	X	X		
EXENATIDE INJ 5MCG	EXENATIDE SOLN PEN-INJECTOR 5 MCG/0.02ML	Tier 4	X	X		
GLIMEPIRIDE TAB 1MG	GLIMEPIRIDE TAB 1 MG	Tier 2				
GLIMEPIRIDE TAB 2MG	GLIMEPIRIDE TAB 2 MG	Tier 2				
GLIMEPIRIDE TAB 4MG	GLIMEPIRIDE TAB 4 MG	Tier 2				
GLIP/METFORM TAB 2.5-250	GLIPIZIDE-METFORMIN HCL TAB 2.5-250 MG	Tier 3				
GLIP/METFORM TAB 2.5-250M	GLIPIZIDE-METFORMIN HCL TAB 2.5-250 MG	Tier 3				
GLIP/METFORM TAB 2.5-500	GLIPIZIDE-METFORMIN HCL TAB 2.5-500 MG	Tier 3				
GLIP/METFORM TAB 2.5-500M	GLIPIZIDE-METFORMIN HCL TAB 2.5-500 MG	Tier 3				
GLIP/METFORM TAB 5-500MG	GLIPIZIDE-METFORMIN HCL TAB 5-500 MG	Tier 3				

^ 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 TAB 10MG	GLIPIZIDE TAB 10 MG	Tier 2				
GLIPIZIDE TAB 5MG	GLIPIZIDE TAB 5 MG	Tier 2				
GLIPIZIDE ER TAB 10MG	GLIPIZIDE TAB ER 24HR 10 MG	Tier 2				
GLIPIZIDE ER TAB 2.5MG	GLIPIZIDE TAB ER 24HR 2.5 MG	Tier 2				
GLIPIZIDE ER TAB 5MG	GLIPIZIDE TAB ER 24HR 5 MG	Tier 2				
GLIPIZIDE XL TAB 10MG	GLIPIZIDE TAB ER 24HR 10 MG	Tier 2				
GLIPIZIDE XL TAB 2.5MG	GLIPIZIDE TAB ER 24HR 2.5 MG	Tier 2				
GLIPIZIDE XL TAB 5MG	GLIPIZIDE TAB ER 24HR 5 MG	Tier 2				
GLUCOTROL XL TAB 10MG	GLIPIZIDE TAB ER 24HR 10 MG	Tier 5				
GLUCOTROL XL TAB 2.5MG	GLIPIZIDE TAB ER 24HR 2.5 MG	Tier 5				
GLUCOTROL XL TAB 5MG	GLIPIZIDE TAB ER 24HR 5 MG	Tier 5				
GLYB/METFORM TAB 1.25-250	GLYBURIDE-METFORMIN TAB 1.25-250 MG	Tier 2				
GLYB/METFORM TAB 2.5-500	GLYBURIDE-METFORMIN TAB 2.5-500 MG	Tier 2				
GLYB/METFORM TAB 5-500MG	GLYBURIDE-METFORMIN TAB 5-500 MG	Tier 2				
GLYBURID MCR TAB 1.5MG	GLYBURIDE MICRONIZED TAB 1.5 MG	Tier 2				
GLYBURID MCR TAB 3MG	GLYBURIDE MICRONIZED TAB 3 MG	Tier 2				
GLYBURID MCR TAB 6MG	GLYBURIDE MICRONIZED TAB 6 MG	Tier 2				
GLYBURIDE TAB 1.25MG	GLYBURIDE TAB 1.25 MG	Tier 2				
GLYBURIDE TAB 2.5MG	GLYBURIDE TAB 2.5 MG	Tier 2				
GLYBURIDE TAB 5MG	GLYBURIDE TAB 5 MG	Tier 2				
GLYXAMBI TAB 10-5 MG	EMPAGLIFLOZIN-LINAGLIPTIN TAB 10-5 MG	Tier 3		X	X	
GLYXAMBI TAB 25-5 MG	EMPAGLIFLOZIN-LINAGLIPTIN TAB 25-5 MG	Tier 3		X	X	
JARDIANCE TAB 10MG	EMPAGLIFLOZIN TAB 10 MG	Tier 3		X		
JARDIANCE TAB 25MG	EMPAGLIFLOZIN TAB 25 MG	Tier 3		X		
JENTADUETO TAB 2.5-1000	LINAGLIPTIN-METFORMIN HCL TAB 2.5-1000 MG	Tier 3		X		
JENTADUETO TAB 2.5-500	LINAGLIPTIN-METFORMIN HCL TAB 2.5-500 MG	Tier 3		X		
JENTADUETO TAB 2.5-850	LINAGLIPTIN-METFORMIN HCL TAB 2.5-850 MG	Tier 3		X		
JENTADUETO TAB XR	LINAGLIPTIN-METFORMIN HCL TAB ER 24HR 2.5-1000 MG	Tier 3		X		
JENTADUETO TAB XR	LINAGLIPTIN-METFORMIN HCL TAB ER 24HR 5-1000 MG	Tier 3		X		
LIRAGLUTIDE INJ 18MG/3ML	LIRAGLUTIDE SOLN PEN-INJECTOR 18 MG/3ML (6 MG/ML)	Tier 3	X	X		
LIRAGLUTIDE INJ 18MG/3ML	LIRAGLUTIDE SOLN PEN-INJECTOR 18 MG/3ML (6 MG/ML)	Tier 4	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 4				

^ 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
METFORMIN TAB 1000MG	METFORMIN HCL TAB 1000 MG	Tier 2				
METFORMIN TAB 500MG	METFORMIN HCL TAB 500 MG	Tier 2				
METFORMIN TAB 500MG ER	METFORMIN HCL TAB ER 24HR 500 MG	Tier 2				
METFORMIN TAB 750MG ER	METFORMIN HCL TAB ER 24HR 750 MG	Tier 2				
METFORMIN TAB 850MG	METFORMIN HCL TAB 850 MG	Tier 2				
MIGLITOL TAB 100MG	MIGLITOL TAB 100 MG	Tier 3				
MIGLITOL TAB 25MG	MIGLITOL TAB 25 MG	Tier 3				
MIGLITOL TAB 50MG	MIGLITOL TAB 50 MG	Tier 3				
MOUNJARO INJ 10MG/0.5	TIRZEPATIDE SOLN AUTO-INJECTOR 10 MG/0.5ML	Tier 4	X	X		
MOUNJARO INJ 12.5/0.5	TIRZEPATIDE SOLN AUTO-INJECTOR 12.5 MG/0.5ML	Tier 4	X	X		
MOUNJARO INJ 15MG/0.5	TIRZEPATIDE SOLN AUTO-INJECTOR 15 MG/0.5ML	Tier 4	X	X		
MOUNJARO INJ 2.5/0.5	TIRZEPATIDE SOLN AUTO-INJECTOR 2.5 MG/0.5ML	Tier 4	X	X		
MOUNJARO INJ 5MG/0.5	TIRZEPATIDE SOLN AUTO-INJECTOR 5 MG/0.5ML	Tier 4	X	X		
MOUNJARO INJ 7.5/0.5	TIRZEPATIDE SOLN AUTO-INJECTOR 7.5 MG/0.5ML	Tier 4	X	X		
NATEGLINIDE TAB 120MG	NATEGLINIDE TAB 120 MG	Tier 3		X		
NATEGLINIDE TAB 60MG	NATEGLINIDE TAB 60 MG	Tier 3		X		
OZEMPIC INJ 2MG/3ML	SEMAGLUTIDE SOLN PEN-INJ 0.25 OR 0.5 MG/DOSE (2 MG/3ML)	Tier 4	X	X		
OZEMPIC INJ 4MG/3ML	SEMAGLUTIDE SOLN PEN-INJ 1 MG/DOSE (4 MG/3ML)	Tier 4	X	X		
OZEMPIC INJ 8MG/3ML	SEMAGLUTIDE SOLN PEN-INJ 2 MG/DOSE (8 MG/3ML)	Tier 4	X	X		
PIOGLIT/GLIM TAB 30-2MG	PIOGLITAZONE HCL-GLIMEPIRIDE TAB 30-2 MG	Tier 2		X		
PIOGLIT/GLIM TAB 30-4MG	PIOGLITAZONE HCL-GLIMEPIRIDE TAB 30-4 MG	Tier 2		X		
PIOGLITA/MET TAB 15-500MG	PIOGLITAZONE HCL-METFORMIN HCL TAB 15-500 MG	Tier 3		X		
PIOGLITA/MET TAB 15-850MG	PIOGLITAZONE HCL-METFORMIN HCL TAB 15-850 MG	Tier 3		X		
PIOGLITAZONE TAB 15MG	PIOGLITAZONE HCL TAB 15 MG (BASE EQUIV)	Tier 2		X		
PIOGLITAZONE TAB 30MG	PIOGLITAZONE HCL TAB 30 MG (BASE EQUIV)	Tier 2		X		
PIOGLITAZONE TAB 45MG	PIOGLITAZONE HCL TAB 45 MG (BASE EQUIV)	Tier 2		X		
REPAGLINIDE TAB 0.5MG	REPAGLINIDE TAB 0.5 MG	Tier 3		X		
REPAGLINIDE TAB 1MG	REPAGLINIDE TAB 1 MG	Tier 3		X		

^ 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
REPAGLINIDE TAB 2MG	REPAGLINIDE TAB 2 MG	Tier 3		X		
RYBELSUS TAB 14MG	SEMAGLUTIDE TAB 14 MG	Tier 4	X	X		
RYBELSUS TAB 3MG	SEMAGLUTIDE TAB 3 MG	Tier 4	X	X		
RYBELSUS TAB 7MG	SEMAGLUTIDE TAB 7 MG	Tier 4	X	X		
SAXA/METFOR TAB 2.5-1000	SAXAGLIPTIN-METFORMIN HCL TAB ER 24HR 2.5-1000 MG	Tier 3		X		
SAXA/METFOR TAB 5-1000MG	SAXAGLIPTIN-METFORMIN HCL TAB ER 24HR 5-1000 MG	Tier 3		X		
SAXA/METFOR TAB 5-500MG	SAXAGLIPTIN-METFORMIN HCL TAB ER 24HR 5-500 MG	Tier 3		X		
SAXAGLIPTIN TAB 2.5MG	SAXAGLIPTIN HCL TAB 2.5 MG (BASE EQUIV)	Tier 3		X		
SAXAGLIPTIN TAB 5MG	SAXAGLIPTIN HCL TAB 5 MG (BASE EQUIV)	Tier 3		X		
SYNJARDY TAB	EMPAGLIFLOZIN-METFORMIN HCL TAB 12.5-1000 MG	Tier 3		X		
SYNJARDY TAB 12.5-500	EMPAGLIFLOZIN-METFORMIN HCL TAB 12.5-500 MG	Tier 3		X		
SYNJARDY TAB 5-1000MG	EMPAGLIFLOZIN-METFORMIN HCL TAB 5-1000 MG	Tier 3		X		
SYNJARDY TAB 5-500MG	EMPAGLIFLOZIN-METFORMIN HCL TAB 5-500 MG	Tier 3		X		
SYNJARDY XR TAB	EMPAGLIFLOZIN-METFORMIN HCL TAB ER 24HR 12.5-1000 MG	Tier 3		X		
SYNJARDY XR TAB 10-1000	EMPAGLIFLOZIN-METFORMIN HCL TAB ER 24HR 10-1000 MG	Tier 3		X		
SYNJARDY XR TAB 25-1000	EMPAGLIFLOZIN-METFORMIN HCL TAB ER 24HR 25-1000 MG	Tier 3		X		
SYNJARDY XR TAB 5-1000MG	EMPAGLIFLOZIN-METFORMIN HCL TAB ER 24HR 5-1000 MG	Tier 3		X		
TRADJENTA TAB 5MG	LINAGLIPTIN TAB 5 MG	Tier 3		X		
TRIJARDY XR TAB	EMPAGLIFLOZIN-LINAGLIPTIN-METFORMIN TAB ER 24HR 10-5-1000 MG	Tier 3		X		
TRIJARDY XR TAB	EMPAGLIFLOZIN-LINAGLIP-METFORMIN TAB ER 24HR 12.5-2.5-1000MG	Tier 3		X		
TRIJARDY XR TAB	EMPAGLIFLOZIN-LINAGLIPTIN-METFORMIN TAB ER 24HR 25-5-1000 MG	Tier 3		X		
TRIJARDY XR TAB	EMPAGLIFLOZIN-LINAGLIPTIN-METFORMIN TAB ER 24HR 5-2.5-1000MG	Tier 3		X		
TRULICITY INJ 0.75/0.5	DULAGLUTIDE SOLN AUTO-INJECTOR 0.75 MG/0.5ML	Tier 4	X	X		
TRULICITY INJ 1.5/0.5	DULAGLUTIDE SOLN AUTO-INJECTOR 1.5 MG/0.5ML	Tier 4	X	X		
TRULICITY INJ 3/0.5	DULAGLUTIDE SOLN AUTO-INJECTOR 3 MG/0.5ML	Tier 4	X	X		
TRULICITY INJ 4.5/0.5	DULAGLUTIDE SOLN AUTO-INJECTOR 4.5 MG/0.5ML	Tier 4	X	X		

^ 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
Antiemetics, Other - Nausea and Vomiting Drugs						
AKYNZEO CAP 300-0.5	NETUPITANT-PALONOSETRON CAP 300-0.5 MG	Tier 5		X		
HYDROXYZ PAM CAP 100MG	HYDROXYZINE PAMOATE CAP 100 MG	Tier 2				
HYDROXYZ PAM CAP 25MG	HYDROXYZINE PAMOATE CAP 25 MG	Tier 2				
HYDROXYZ PAM CAP 50MG	HYDROXYZINE PAMOATE CAP 50 MG	Tier 2				
METOCLOPRAM SOL 10/10ML	METOCLOPRAMIDE HCL SOLN 5 MG/5ML (10 MG/10ML) (BASE EQUIV)	Tier 2				
METOCLOPRAM SOL 5MG/5ML	METOCLOPRAMIDE HCL SOLN 5 MG/5ML (10 MG/10ML) (BASE EQUIV)	Tier 2				
METOCLOPRAM TAB 10MG	METOCLOPRAMIDE HCL TAB 10 MG (BASE EQUIVALENT)	Tier 2				
METOCLOPRAM TAB 5MG	METOCLOPRAMIDE HCL TAB 5 MG (BASE EQUIVALENT)	Tier 2				
PERPHENAZINE TAB 16MG	PERPHENAZINE TAB 16 MG	Tier 2				
PERPHENAZINE TAB 2MG	PERPHENAZINE TAB 2 MG	Tier 2				
PERPHENAZINE TAB 4MG	PERPHENAZINE TAB 4 MG	Tier 2				
PERPHENAZINE TAB 8MG	PERPHENAZINE TAB 8 MG	Tier 2				
PROCHLORPER SUP 25MG	PROCHLORPERAZINE SUPPOS 25 MG	Tier 2				
PROCHLORPER TAB 10MG	PROCHLORPERAZINE MALEATE TAB 10 MG (BASE EQUIVALENT)	Tier 2				
PROCHLORPER TAB 5MG	PROCHLORPERAZINE MALEATE TAB 5 MG (BASE EQUIVALENT)	Tier 2				
REGLAN TAB 10MG	METOCLOPRAMIDE HCL TAB 10 MG (BASE EQUIVALENT)	Tier 5				
REGLAN TAB 5MG	METOCLOPRAMIDE HCL TAB 5 MG (BASE EQUIVALENT)	Tier 5				
SCOPOLAMINE DIS 1MG/3DAY	SCOPOLAMINE TD PATCH 72HR 1 MG/3DAYS	Tier 4				
TRIMETHOBENZ CAP 300MG	TRIMETHOBENZAMIDE HCL CAP 300 MG	Tier 2				
Antiestrogens/Modifiers						
ORSERDU TAB 86MG	ELACESTRANT HYDROCHLORIDE TAB 86 MG	Tier 4	X	X		X
Antiestrogens/Modifiers - Chemotherapy Agents						
EMCYT CAP 140MG	ESTRAMUSTINE PHOSPHATE SODIUM CAP 140 MG	Tier 4				
TAMOXIFEN TAB 10MG	TAMOXIFEN CITRATE TAB 10 MG (BASE EQUIVALENT)	Tier 2				
TAMOXIFEN TAB 20MG	TAMOXIFEN CITRATE TAB 20 MG (BASE EQUIVALENT)	Tier 2^				
TOREMIFENE TAB 60MG	TOREMIFENE CITRATE TAB 60 MG (BASE EQUIVALENT)	Tier 4				
Antifungals - Fungal Infection Drugs						
ANCOBON CAP 250MG	FLUCYTOSINE CAP 250 MG	Tier 5				
ANCOBON CAP 500MG	FLUCYTOSINE CAP 500 MG	Tier 4				

^ 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
CICLODAN SOL 8%	CICLOPIROX SOLUTION 8%	Tier 2				
CICLOPIROX CRE 0.77%	CICLOPIROX OLAMINE CREAM 0.77% (BASE EQUIV)	Tier 2				
CICLOPIROX GEL 0.77%	CICLOPIROX GEL 0.77%	Tier 2				
CICLOPIROX SHA 1%	CICLOPIROX SHAMPOO 1%	Tier 3				
CICLOPIROX SOL 8%	CICLOPIROX SOLUTION 8%	Tier 2				
CICLOPIROX SUS 0.77%	CICLOPIROX OLAMINE SUSP 0.77% (BASE EQUIV)	Tier 2				
CLOTRIMAZOLE TRO 10MG	CLOTRIMAZOLE TROCHE 10 MG	Tier 2				
CRESEMBA CAP 186MG	ISAVUCONAZONIUM SULFATE CAP 186 MG	Tier 4				
CRESEMBA CAP 74.5MG	ISAVUCONAZONIUM SULFATE CAP 74.5 MG	Tier 4				
ECONAZOLE CRE 1%	ECONAZOLE NITRATE CREAM 1%	Tier 3				
EXELDERM CRE 1%	SULCONAZOLE NITRATE CREAM 1%	Tier 4				
EXELDERM SOL 1%	SULCONAZOLE NITRATE SOLUTION 1%	Tier 4				
EXODERM LOT 25-1%	SODIUM THIOSULFATE-SALICYLIC ACID LOTION 25-1%	Tier 4				
FLUCONAZOLE SUS 10MG/ML	FLUCONAZOLE FOR SUSP 10 MG/ML	Tier 2				
FLUCONAZOLE SUS 40MG/ML	FLUCONAZOLE FOR SUSP 40 MG/ML	Tier 2				
FLUCONAZOLE TAB 100MG	FLUCONAZOLE TAB 100 MG	Tier 2				
FLUCONAZOLE TAB 150MG	FLUCONAZOLE TAB 150 MG	Tier 2				
FLUCONAZOLE TAB 200MG	FLUCONAZOLE TAB 200 MG	Tier 2				
FLUCONAZOLE TAB 50MG	FLUCONAZOLE TAB 50 MG	Tier 2				
FLUCYTOSINE CAP 250MG	FLUCYTOSINE CAP 250 MG	Tier 2				
FLUCYTOSINE CAP 500MG	FLUCYTOSINE CAP 500 MG	Tier 2				
GRISEOFULVIN SUS 125/5ML	GRISEOFULVIN MICROSIZE SUSP 125 MG/5ML	Tier 2				
GRISEOFULVIN TAB MICR 500	GRISEOFULVIN MICROSIZE TAB 500 MG	Tier 2				
GRISEOFULVIN TAB ULTR 125	GRISEOFULVIN ULTRAMICROSIZE TAB 125 MG	Tier 2				
GRISEOFULVIN TAB ULTR 250	GRISEOFULVIN ULTRAMICROSIZE TAB 250 MG	Tier 2				
GYNAZOLE-1 CRE 2%	BUTOCONAZOLE NITRATE (ONE DOSE) VAGINAL CREAM 2%	Tier 4				
HC/IODOQUIN CRE 1-1%	IODOQUINOL-HC CREAM 1-1%	Tier 2				
ITRACONAZOLE CAP 100MG	ITRACONAZOLE CAP 100 MG	Tier 2		X		
ITRACONAZOLE SOL 10MG/ML	ITRACONAZOLE ORAL SOLN 10 MG/ML	Tier 3		X		
KETOCONAZOLE AER 2%	KETOCONAZOLE FOAM 2%	Tier 5			X	
KETOCONAZOLE CRE 2%	KETOCONAZOLE CREAM 2%	Tier 2		X		
KETOCONAZOLE SHA 2%	KETOCONAZOLE SHAMPOO 2%	Tier 2				
KETOCONAZOLE TAB 200MG	KETOCONAZOLE TAB 200 MG	Tier 2				
KETODAN AER 2%	KETOCONAZOLE FOAM 2%	Tier 5			X	

^ 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
KLAYESTA POW 100000	NYSTATIN TOPICAL POWDER 100000 UNIT/GM	Tier 2		X		
MICO-ZN-PETR OIN	MICONAZOLE-ZINC OXIDE-WHITE PETROLATUM OINT 0.25-15-81.35%	Tier 5				
MICONAZOLE 3 SUP 200MG	MICONAZOLE NITRATE VAGINAL SUPPOS 200 MG	Tier 2				
NOXAFIL PAK 300MG	POSACONAZOLE FOR DELAYED RELEASE SUSP PACKET 300 MG	Tier 3				
NOXAFIL SUS 40MG/ML	POSACONAZOLE SUSP 40 MG/ML	Tier 5		X		
NYAMYC POW 100000	NYSTATIN TOPICAL POWDER 100000 UNIT/GM	Tier 2		X		
NYSTAT/TRIAM CRE	NYSTATIN-TRIAMCINOLONE CREAM 100000-0.1 UNIT/GM-%	Tier 3				
NYSTAT/TRIAM OIN	NYSTATIN-TRIAMCINOLONE OINT 100000-0.1 UNIT/GM-%	Tier 3				
NYSTATIN CRE 100000	NYSTATIN CREAM 100000 UNIT/GM	Tier 2		X		
NYSTATIN OIN 100000	NYSTATIN OINT 100000 UNIT/GM	Tier 2		X		
NYSTATIN OIN 100000U	NYSTATIN OINT 100000 UNIT/GM	Tier 2		X		
NYSTATIN POW	NYSTATIN (BULK) POWDER	Tier 4				
NYSTATIN POW 100000	NYSTATIN TOPICAL POWDER 100000 UNIT/GM	Tier 2		X		
NYSTATIN POW 100MU	NYSTATIN (BULK) POWDER	Tier 4				
NYSTATIN POW 10BU	NYSTATIN (BULK) POWDER	Tier 4				
NYSTATIN POW 150MU	NYSTATIN (BULK) POWDER	Tier 4				
NYSTATIN POW 1BU	NYSTATIN (BULK) POWDER	Tier 4				
NYSTATIN POW 2BU	NYSTATIN (BULK) POWDER	Tier 4				
NYSTATIN POW 500MU	NYSTATIN (BULK) POWDER	Tier 4				
NYSTATIN POW 50MU	NYSTATIN (BULK) POWDER	Tier 4				
NYSTATIN POW 5BU	NYSTATIN (BULK) POWDER	Tier 4				
NYSTATIN SUS 100000	NYSTATIN SUSP 100000 UNIT/ML	Tier 2				
NYSTATIN TAB 500000	NYSTATIN TAB 500000 UNIT	Tier 2				
NYSTOP POW 100000	NYSTATIN TOPICAL POWDER 100000 UNIT/GM	Tier 2		X		
ORAVIG TAB 50MG	MICONAZOLE BUCCAL TAB 50 MG (MOUTH-THROAT)	Tier 5				
POSACONAZOLE SUS 200/5ML	POSACONAZOLE SUSP 40 MG/ML	Tier 3		X		
POSACONAZOLE SUS 40MG/ML	POSACONAZOLE SUSP 40 MG/ML	Tier 3		X		
POSACONAZOLE TAB 100MG DR	POSACONAZOLE TAB DELAYED RELEASE 100 MG	Tier 3				
SPORANOX CAP 100MG	ITRACONAZOLE CAP 100 MG	Tier 5		X		
SPORANOX SOL 10MG/ML	ITRACONAZOLE ORAL SOLN 10 MG/ML	Tier 5		X		
SULCONAZOLE CRE 1%	SULCONAZOLE NITRATE CREAM 1%	Tier 4				

^ 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
SULCONAZOLE SOL 1%	SULCONAZOLE NITRATE SOLUTION 1%	Tier 4				
TERBINAFINE TAB 250MG	TERBINAFINE HCL TAB 250 MG	Tier 2				
TERCONAZOLE CRE 0.4%	TERCONAZOLE VAGINAL CREAM 0.4%	Tier 2				
TERCONAZOLE CRE 0.8%	TERCONAZOLE VAGINAL CREAM 0.8%	Tier 2				
TERCONAZOLE SUP 80MG	TERCONAZOLE VAGINAL SUPPOS 80 MG	Tier 2				
VFEND SUS 40MG/ML	VORICONAZOLE FOR SUSP 40 MG/ML	Tier 5		X		
VFEND TAB 50MG	VORICONAZOLE TAB 50 MG	Tier 4		X		
VIVJOA CAP 150MG	OTESECONAZOLE CAP THERAPY PACK 150 MG (12 WEEKS)	Tier 4	X	X		
VORICONAZOLE SUS 40MG/ML	VORICONAZOLE FOR SUSP 40 MG/ML	Tier 2		X		
VORICONAZOLE TAB 200MG	VORICONAZOLE TAB 200 MG	Tier 2		X		
VORICONAZOLE TAB 50MG	VORICONAZOLE TAB 50 MG	Tier 2		X		
VUSION OIN	MICONAZOLE-ZINC OXIDE-WHITE PETROLATUM OINT 0.25-15-81.35%	Tier 5				
Antigout Agents - Gout Drugs						
ALLOPURINOL TAB 100MG	ALLOPURINOL TAB 100 MG	Tier 2				
ALLOPURINOL TAB 300MG	ALLOPURINOL TAB 300 MG	Tier 2				
COLCHICINE CAP 0.6MG	COLCHICINE CAP 0.6 MG	Tier 3				
COLCHICINE TAB 0.6MG	COLCHICINE TAB 0.6 MG	Tier 3				
FEBUXOSTAT TAB 40MG	FEBUXOSTAT TAB 40 MG	Tier 4				
FEBUXOSTAT TAB 80MG	FEBUXOSTAT TAB 80 MG	Tier 4				
GLOPERBA SOL 0.6/5ML	COLCHICINE ORAL SOLN 0.6 MG/5ML	Tier 5	X			
MITIGARE CAP 0.6MG	COLCHICINE CAP 0.6 MG	Tier 3				
PROBEN/COLCH TAB 500-0.5	COLCHICINE W/ PROBENECID TAB 0.5-500 MG	Tier 2				
PROBENECID TAB 500MG	PROBENECID TAB 500 MG	Tier 2				
Antiherpetic Agents - Herpes Drugs						
ACYCLOVIR CAP 200MG	ACYCLOVIR CAP 200 MG	Tier 2				
ACYCLOVIR OIN 5%	ACYCLOVIR OINT 5%	Tier 4		X		
ACYCLOVIR SUS 200/5ML	ACYCLOVIR SUSP 200 MG/5ML	Tier 2				
ACYCLOVIR TAB 400MG	ACYCLOVIR TAB 400 MG	Tier 2				
ACYCLOVIR TAB 800MG	ACYCLOVIR TAB 800 MG	Tier 2				
DENAVIR CRE 1%	PENCICLOVIR CREAM 1%	Tier 5				
FAMCICLOVIR TAB 125MG	FAMCICLOVIR TAB 125 MG	Tier 3				
FAMCICLOVIR TAB 250MG	FAMCICLOVIR TAB 250 MG	Tier 3				
FAMCICLOVIR TAB 500MG	FAMCICLOVIR TAB 500 MG	Tier 3				
VALACYCLOVIR TAB 1GM	VALACYCLOVIR HCL TAB 1 GM	Tier 2		X		
VALACYCLOVIR TAB 500MG	VALACYCLOVIR HCL TAB 500 MG	Tier 2		X		

^ 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
Antihistamines - Drugs to Treat Allergies						
ALLERGY RELF TAB 25MG	DIPHENHYDRAMINE HCL TAB 25 MG	Tier 2				
AZELASTINE SPR 0.1%	AZELASTINE HCL NASAL SPRAY 0.1% (137 MCG/SPRAY)	Tier 3				
CARBINOXAMIN SOL 4MG/5ML	CARBINOXAMINE MALEATE SOLN 4 MG/5ML	Tier 2				
CARBINOXAMIN TAB 4MG	CARBINOXAMINE MALEATE TAB 4 MG	Tier 2				
CARBZAH SOL 4MG/5ML	CARBINOXAMINE MALEATE SOLN 4 MG/5ML	Tier 3				
CLEMASTINE TAB 2.68MG	CLEMASTINE FUMARATE TAB 2.68 MG	Tier 2				
CLEMASZ TAB 2.68MG	CLEMASTINE FUMARATE TAB 2.68 MG	Tier 4				
CLEMSZA TAB 2.68MG	CLEMASTINE FUMARATE TAB 2.68 MG	Tier 4				
CYPROHEPTAD SYP 2MG/5ML	CYPROHEPTADINE HCL SYRUP 2 MG/5ML	Tier 2				
CYPROHEPTAD TAB 4MG	CYPROHEPTADINE HCL TAB 4 MG	Tier 2				
DIPHENHYDRAM ELX 12.5/5ML	DIPHENHYDRAMINE HCL ELIXIR 12.5 MG/5ML	Tier 2				
LEVOCETIRIZI SOL 2.5/5ML	LEVOCETIRIZINE DIHYDROCHLORIDE SOLN 2.5 MG/5ML (0.5 MG/ML)	Tier 4				
LEVOCETIRIZI TAB 5MG	LEVOCETIRIZINE DIHYDROCHLORIDE TAB 5 MG	Tier 2				
OLOPATADINE SPR 0.6%	OLOPATADINE HCL NASAL SOLN 0.6%	Tier 4				
PROMETHAZINE SOL 12.5/10	PROMETHAZINE HCL ORAL SOLN 6.25 MG/5ML	Tier 2				
PROMETHAZINE SOL 6.25/5ML	PROMETHAZINE HCL ORAL SOLN 6.25 MG/5ML	Tier 2				
PROMETHAZINE SUP 12.5MG	PROMETHAZINE HCL SUPPOS 12.5 MG	Tier 2				
PROMETHAZINE SUP 25MG	PROMETHAZINE HCL SUPPOS 25 MG	Tier 2				
PROMETHAZINE TAB 12.5MG	PROMETHAZINE HCL TAB 12.5 MG	Tier 2				
PROMETHAZINE TAB 25MG	PROMETHAZINE HCL TAB 25 MG	Tier 2				
PROMETHAZINE TAB 50MG	PROMETHAZINE HCL TAB 50 MG	Tier 2				
PROMETHEGAN SUP 12.5MG	PROMETHAZINE HCL SUPPOS 12.5 MG	Tier 4				
PROMETHEGAN SUP 25MG	PROMETHAZINE HCL SUPPOS 25 MG	Tier 4				
PROMETHEGAN SUP 50MG	PROMETHAZINE HCL SUPPOS 50 MG	Tier 4				
Antileukotrienes - Asthma/Lung Drugs						
ACCOLATE TAB 10MG	ZAFIRLUKAST TAB 10 MG	Tier 5				
ACCOLATE TAB 20MG	ZAFIRLUKAST TAB 20 MG	Tier 5				
MONTELUKAST CHW 4MG	MONTELUKAST SODIUM CHEW TAB 4 MG (BASE EQUIV)	Tier 2				
MONTELUKAST CHW 5MG	MONTELUKAST SODIUM CHEW TAB 5 MG (BASE EQUIV)	Tier 2				
MONTELUKAST GRA 4MG	MONTELUKAST SODIUM ORAL GRANULES PACKET 4 MG (BASE EQUIV)	Tier 3				
MONTELUKAST TAB 10MG	MONTELUKAST SODIUM TAB 10 MG (BASE EQUIV)	Tier 2				

^ 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
SINGULAIR GRA 4MG	MONTELUKAST SODIUM ORAL GRANULES PACKET 4 MG (BASE EQUIV)	Tier 4				
ZAFIRLUKAST TAB 10MG	ZAFIRLUKAST TAB 10 MG	Tier 2				
ZAFIRLUKAST TAB 20MG	ZAFIRLUKAST TAB 20 MG	Tier 2				
Antimetabolites - Chemotherapy Agents						
CAPECITABINE TAB 150MG	CAPECITABINE TAB 150 MG	Tier 3				X
CAPECITABINE TAB 500MG	CAPECITABINE TAB 500 MG	Tier 3				X
DROXIA CAP 200MG	HYDROXYUREA CAP 200 MG	Tier 2				
DROXIA CAP 300MG	HYDROXYUREA CAP 300 MG	Tier 2				
DROXIA CAP 400MG	HYDROXYUREA CAP 400 MG	Tier 2				
HYDROXYUREA CAP 500MG	HYDROXYUREA CAP 500 MG	Tier 2				
MERCAPTOPUR TAB 50MG	MERCAPTOPURINE TAB 50 MG	Tier 2				
MERCAPTOPURI SUS 20MG/ML	MERCAPTOPURINE SUSP 2000 MG/100ML (20 MG/ML)	Tier 4				X
PURIXAN SUS 20MG/ML	MERCAPTOPURINE SUSP 2000 MG/100ML (20 MG/ML)	Tier 5				X
TABLOID TAB 40MG	THIOGUANINE TAB 40 MG	Tier 4				X
Antimycobacterials, Other - Miscellaneous Anti-Infectives						
DAPSONE TAB 100MG	DAPSONE TAB 100 MG	Tier 3				
DAPSONE TAB 25MG	DAPSONE TAB 25 MG	Tier 3				
MYCOBUTIN CAP 150MG	RIFABUTIN CAP 150 MG	Tier 5				
PRETOMANID TAB 200MG	PRETOMANID TAB 200 MG	Tier 5				
RIFABUTIN CAP 150MG	RIFABUTIN CAP 150 MG	Tier 2				
Antineoplastic - Hormonal and Related Agents						
INLURIYO TAB 200MG	IMLUNESTRANT TOSYLATE TAB 200 MG	Tier 5	X	X		X
Antineoplastics - Drugs to Treat Cancer						
JAYPIRCA TAB 100MG	PIRTOBRUTINIB TAB 100 MG	Tier 5	X	X		X
JAYPIRCA TAB 50MG	PIRTOBRUTINIB TAB 50 MG	Tier 5	X	X		X
Antineoplastics, Other						
AKEEGA TAB 100/500	NIRAPARIB TOSYLATE-ABIRATERONE ACETATE TAB 100-500 MG	Tier 5	X	X	X	X
AKEEGA TAB 50/500MG	NIRAPARIB TOSYLATE-ABIRATERONE ACETATE TAB 50-500 MG	Tier 5	X	X	X	X
REVUFORJ TAB 110MG	REVUMENIB CITRATE TAB 110 MG	Tier 5	X	X		X
REVUFORJ TAB 160MG	REVUMENIB CITRATE TAB 160 MG	Tier 5	X	X		X
REVUFORJ TAB 25MG	REVUMENIB CITRATE TAB 25 MG	Tier 5	X	X		X
Antineoplastics, Other - Chemotherapy Agents						
AUGTYRO CAP 160MG	REPOTRECTINIB CAP 160 MG	Tier 4	X	X		X
AUGTYRO CAP 40MG	REPOTRECTINIB CAP 40 MG	Tier 4	X	X		X

^ 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
AVMAPKI PAK FAKZYNJA	AVUTOMETINIB CAP 0.8 MG & DEFACTINIB TAB 200 MG THERAPY PACK	Tier 5	X	X		X
COPIKTRA CAP 15MG	DUVELISIB CAP 15 MG	Tier 5	X	X		X
COPIKTRA CAP 25MG	DUVELISIB CAP 25 MG	Tier 5	X	X		X
ENSACOVE CAP 100MG	ENSARTINIB HCL CAP 100 MG (BASE EQUIVALENT)	Tier 4	X	X		X
ENSACOVE CAP 25MG	ENSARTINIB HCL CAP 25 MG (BASE EQUIVALENT)	Tier 4	X	X		X
FRUZAQLA CAP 1MG	FRUQUINTINIB CAP 1 MG	Tier 5	X	X	X	X
FRUZAQLA CAP 5MG	FRUQUINTINIB CAP 5 MG	Tier 5	X	X	X	X
GOMEKLI CAP 1MG	MIRDAMETINIB CAP 1 MG	Tier 5	X	X		X
GOMEKLI CAP 2MG	MIRDAMETINIB CAP 2 MG	Tier 5	X	X		X
GOMEKLI TAB 1MG	MIRDAMETINIB TAB FOR ORAL SUSP 1 MG	Tier 5	X	X		X
INQOVI TAB 35-100MG	DECITABINE-CEDAZURIDINE TAB 35-100 MG	Tier 5	X	X		X
ITOVEBI TAB 3MG	INAVOLISIB TAB 3 MG	Tier 4	X	X		X
ITOVEBI TAB 9MG	INAVOLISIB TAB 9 MG	Tier 4	X	X		X
IWILFIN TAB 192MG	EFLORNITHINE HCL TAB 192 MG	Tier 4	X	X		X
KISQALI TAB 200DOSE	RIBOCICLIB SUCCINATE TAB PACK 200 MG DAILY DOSE	Tier 4	X	X		X
KISQALI TAB 400DOSE	RIBOCICLIB SUCCINATE TAB PACK 400 MG DAILY DOSE (200 MG TAB)	Tier 4	X	X		X
KISQALI TAB 600DOSE	RIBOCICLIB SUCCINATE TAB PACK 600 MG DAILY DOSE (200 MG TAB)	Tier 4	X	X		X
KISQALI 200 PAK FEMARA	RIBOCICLIB 200 MG DOSE (200 MG TAB) & LETROZOLE 2.5 MG TBPk	Tier 5	X	X		X
KISQALI 400 PAK FEMARA	RIBOCICLIB 400 MG DOSE (200 MG TAB) & LETROZOLE 2.5 MG TBPk	Tier 5	X	X		X
KISQALI 600 PAK FEMARA	RIBOCICLIB 600 MG DOSE (200 MG TAB) & LETROZOLE 2.5 MG TBPk	Tier 5	X	X		X
KOSELUGO CAP 10MG	SELU METINIB SULFATE CAP 10 MG	Tier 4	X	X		X
KOSELUGO CAP 25MG	SELU METINIB SULFATE CAP 25 MG	Tier 4	X	X		X
KOSELUGO CAP 5MG	SELU METINIB SULFATE CAP SPRINKLE 5 MG	Tier 4	X			
KOSELUGO CAP 75MG	SELU METINIB SULFATE CAP SPRINKLE 75 MG	Tier 4	X			
KRAZATI TAB 200MG	ADAGRASIB TAB 200 MG	Tier 5	X	X		X
LEUCOVOR CA TAB 10MG	LEUCOVORIN CALCIUM TAB 10 MG	Tier 2				
LEUCOVOR CA TAB 15MG	LEUCOVORIN CALCIUM TAB 15 MG	Tier 2				
LEUCOVOR CA TAB 25MG	LEUCOVORIN CALCIUM TAB 25 MG	Tier 2				
LEUCOVOR CA TAB 5MG	LEUCOVORIN CALCIUM TAB 5 MG	Tier 2				
LEUCOVORIN TAB 5MG	LEUCOVORIN CALCIUM TAB 5 MG	Tier 2				
LORBRENA TAB 100MG	LORLATINIB TAB 100 MG	Tier 5	X	X	X	X
LORBRENA TAB 25MG	LORLATINIB TAB 25 MG	Tier 5	X	X	X	X

^ 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
LUMAKRAS TAB 120MG	SOTORASIB TAB 120 MG	Tier 5	X	X		X
LUMAKRAS TAB 240MG	SOTORASIB TAB 240 MG	Tier 5	X	X		X
LUMAKRAS TAB 320MG	SOTORASIB TAB 320 MG	Tier 5	X	X		X
NINLARO CAP 2.3MG	IXAZOMIB CITRATE CAP 2.3 MG (BASE EQUIVALENT)	Tier 4	X	X		X
NINLARO CAP 3MG	IXAZOMIB CITRATE CAP 3 MG (BASE EQUIVALENT)	Tier 4	X	X		X
NINLARO CAP 4MG	IXAZOMIB CITRATE CAP 4 MG (BASE EQUIVALENT)	Tier 4	X	X		X
OGSIVEO TAB 100MG	NIROGACESTAT HYDROBROMIDE TAB 100 MG	Tier 4	X	X		X
OGSIVEO TAB 150MG	NIROGACESTAT HYDROBROMIDE TAB 150 MG	Tier 4	X	X		X
OGSIVEO TAB 50MG	NIROGACESTAT HYDROBROMIDE TAB 50 MG	Tier 4	X	X		X
OJJAARA TAB 100MG	MOMELOTINIB DIHYDROCHLORIDE TAB 100 MG	Tier 5	X	X	X	X
OJJAARA TAB 150MG	MOMELOTINIB DIHYDROCHLORIDE TAB 150 MG	Tier 5	X	X	X	X
OJJAARA TAB 200MG	MOMELOTINIB DIHYDROCHLORIDE TAB 200 MG	Tier 5	X	X	X	X
ONUREG TAB 200MG	AZACITIDINE TAB 200 MG	Tier 4	X	X		X
ONUREG TAB 300MG	AZACITIDINE TAB 300 MG	Tier 4	X	X		X
PIQRAY 200MG TAB DOSE	ALPELISIB TAB THERAPY PACK 200 MG DAILY DOSE	Tier 4	X	X		X
PIQRAY 250MG TAB DOSE	ALPELISIB TAB PACK 250 MG DAILY DOSE (200 MG & 50 MG TABS)	Tier 4	X	X		X
PIQRAY 300MG TAB DOSE	ALPELISIB TAB PACK 300 MG DAILY DOSE (2X150 MG TAB)	Tier 4	X	X		X
ROMVIMZA CAP 14MG	VIMSELTINIB CAP 14 MG	Tier 4	X	X		X
ROMVIMZA CAP 20MG	VIMSELTINIB CAP 20 MG	Tier 4	X	X		X
ROMVIMZA CAP 30MG	VIMSELTINIB CAP 30 MG	Tier 4	X	X		X
ROZLYTREK CAP 100MG	ENTRECTINIB CAP 100 MG	Tier 4	X	X		X
ROZLYTREK CAP 200MG	ENTRECTINIB CAP 200 MG	Tier 4	X	X		X
ROZLYTREK PAK 50MG	ENTRECTINIB PELLETT PACK 50 MG	Tier 3	X	X		X
SCSEMBLIX TAB 100MG	ASCIMINIB HCL TAB 100 MG	Tier 5	X	X		X
SCSEMBLIX TAB 20MG	ASCIMINIB HCL TAB 20 MG	Tier 5	X	X		X
SCSEMBLIX TAB 40MG	ASCIMINIB HCL TAB 40 MG	Tier 5	X	X		X
TAZVERIK TAB 200MG	TAZEMETOSTAT HBR TAB 200 MG	Tier 5	X	X		X
TRUQAP PAK 160MG	CAPIVASERTIB TAB THERAPY PACK 160 MG	Tier 4	X	X		X
TRUQAP PAK 200MG	CAPIVASERTIB TAB THERAPY PACK 200 MG	Tier 4	X	X		X
TRUQAP TAB 160MG	CAPIVASERTIB TAB 160 MG	Tier 4	X	X		X
TRUQAP TAB 200MG	CAPIVASERTIB TAB 200 MG	Tier 4	X	X		X

^ 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
VANFLYTA TAB 17.7MG	QUIZARTINIB DIHYDROCHLORIDE TAB 17.7 MG	Tier 5	X	X		X
VANFLYTA TAB 26.5MG	QUIZARTINIB DIHYDROCHLORIDE TAB 26.5 MG	Tier 5	X	X		X
VERZENIO TAB 100MG	ABEMACICLIB TAB 100 MG	Tier 4	X	X		X
VERZENIO TAB 150MG	ABEMACICLIB TAB 150 MG	Tier 4	X	X		X
VERZENIO TAB 200MG	ABEMACICLIB TAB 200 MG	Tier 4	X	X		X
VERZENIO TAB 50MG	ABEMACICLIB TAB 50 MG	Tier 4	X	X		X
VORANIGO TAB 10MG	VORASIDENIB TAB 10 MG	Tier 4	X	X		X
VORANIGO TAB 40MG	VORASIDENIB TAB 40 MG	Tier 4	X	X		X
WELIREG TAB 40MG	BELZUTIFAN TAB 40 MG	Tier 5	X	X		X
XPOVIO PAK 40MG	SELINEXOR TAB THERAPY PACK 40 MG (80 MG ONCE WEEKLY)	Tier 5	X	X		X
XPOVIO PAK 40MG	SELINEXOR TAB THERAPY PACK 40 MG (40 MG TWICE WEEKLY)	Tier 5	X	X		X
XPOVIO PAK 40MG	SELINEXOR TAB THERAPY PACK 40 MG (40 MG ONCE WEEKLY)	Tier 5	X	X		X
XPOVIO PAK 40MG	SELINEXOR TAB THERAPY PACK 10 MG (40 MG ONCE WEEKLY)	Tier 5	X	X		X
XPOVIO PAK 50MG	SELINEXOR TAB THERAPY PACK 50 MG (100 MG ONCE WEEKLY)	Tier 5	X	X		X
XPOVIO PAK 60MG	SELINEXOR TAB THERAPY PACK 20 MG (60 MG TWICE WEEKLY)	Tier 5	X	X		X
XPOVIO PAK 60MG	SELINEXOR TAB THERAPY PACK 60 MG (60 MG ONCE WEEKLY)	Tier 5	X	X		X
XPOVIO PAK 80MG	SELINEXOR TAB THERAPY PACK 20 MG (80 MG TWICE WEEKLY)	Tier 5	X	X		X
XPOVIO PAK 80MG	SELINEXOR TAB THERAPY PACK 80 MG (80 MG ONCE WEEKLY)	Tier 5	X			X
ZOLINZA CAP 100MG	VORINOSTAT CAP 100 MG	Tier 4	X	X		X
Antiparkinson Agents, Other - Parkinson's Disease Drugs						
AMANTADINE CAP 100MG	AMANTADINE HCL CAP 100 MG	Tier 2				
AMANTADINE SOL 100/10ML	AMANTADINE HCL SOLN 50 MG/5ML	Tier 2				
AMANTADINE SOL 50MG/5ML	AMANTADINE HCL SOLN 50 MG/5ML	Tier 2				
AMANTADINE TAB 100MG	AMANTADINE HCL TAB 100 MG	Tier 2				
COMTAN TAB 200MG	ENTACAPONE TAB 200 MG	Tier 5				
ENTACAPONE TAB 200MG	ENTACAPONE TAB 200 MG	Tier 2				
Antiprotozoals - Protozoal Infection Drugs						
ALINIA SUS 100/5ML	NITAZOXANIDE FOR SUSP 100 MG/5ML	Tier 3		X		
ARAKODA TAB 100MG	TAFENOQUINE SUCCINATE TAB 100 MG (BASE EQUIVALENT)	Tier 5		X		
ATOVAQ/PROGU TAB 250-100	ATOVAQUONE-PROGUANIL HCL TAB 250-100 MG	Tier 3				

^ 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
ATOVAQ/PROGU TAB 62.5-25	ATOVAQUONE-PROGUANIL HCL TAB 62.5-25 MG	Tier 3				
ATOVAQUONE SUS 750/5ML	ATOVAQUONE SUSP 750 MG/5ML	Tier 3				
CHLOROQUINE TAB 250MG	CHLOROQUINE PHOSPHATE TAB 250 MG	Tier 2				
CHLOROQUINE TAB 500MG	CHLOROQUINE PHOSPHATE TAB 500 MG	Tier 2				
COARTEM TAB 20-120MG	ARTEMETHER-LUMEFANTRINE TAB 20-120 MG	Tier 3				
DARAPRIM TAB 25MG	PYRIMETHAMINE TAB 25 MG	Tier 5	X			X
HYDROXYCHLOR TAB 100MG	HYDROXYCHLOROQUINE SULFATE TAB 100 MG	Tier 2				
HYDROXYCHLOR TAB 200MG	HYDROXYCHLOROQUINE SULFATE TAB 200 MG	Tier 2				
HYDROXYCHLOR TAB 300MG	HYDROXYCHLOROQUINE SULFATE TAB 300 MG	Tier 2				
HYDROXYCHLOR TAB 400MG	HYDROXYCHLOROQUINE SULFATE TAB 400 MG	Tier 2				
IMPAVIDO CAP 50MG	MILTEFOSINE CAP 50 MG	Tier 3		X		
KRINTAFEL TAB 150MG	TAFENOQUINE SUCCINATE TAB 150 MG (BASE EQUIVALENT)	Tier 2		X		
LAMPIT TAB 120MG	NIFURTIMOX TAB 120 MG	Tier 5		X		
LAMPIT TAB 30MG	NIFURTIMOX TAB 30 MG	Tier 5		X		
MALARONE TAB 250-100	ATOVAQUONE-PROGUANIL HCL TAB 250-100 MG	Tier 5				
MALARONE TAB 62.5-25	ATOVAQUONE-PROGUANIL HCL TAB 62.5-25 MG	Tier 5				
MEFLOQUINE TAB 250MG	MEFLOQUINE HCL TAB 250 MG	Tier 2				
NITAZOXANIDE TAB 500MG	NITAZOXANIDE TAB 500 MG	Tier 3		X		
PENTAMIDINE INH 300MG	PENTAMIDINE ISETHIONATE FOR NEBULIZATION SOLN 300 MG	Tier 3				
PRIMAQUINE TAB 26.3MG	PRIMAQUINE PHOSPHATE TAB 26.3 MG (15 MG BASE)	Tier 2				
PYRIMETHAMIN TAB 25MG	PYRIMETHAMINE TAB 25 MG	Tier 4	X			X
QUALAQUIN CAP 324MG	QUININE SULFATE CAP 324 MG	Tier 5				
QUININE SULF CAP 324MG	QUININE SULFATE CAP 324 MG	Tier 2				
Antispasmodics, Gastrointestinal - Bowel Treatment Drugs						
BELLA/OPIUM SUP 16.2-60	BELLADONNA ALKALOIDS & OPIUM SUPPOS 16.2-60 MG	Tier 2				
Antispasmodics, Gastrointestinal - Stomach and Intestine Drugs						
ANASPAZ TAB 0.125MG	HYOSCYAMINE SULFATE TAB DISINT 0.125 MG	Tier 3				
CUVPOSA SOL 1MG/5ML	GLYCOPYRROLATE ORAL SOLN 1 MG/5ML	Tier 5				
DICYCLOMINE CAP 10MG	DICYCLOMINE HCL CAP 10 MG	Tier 2				
DICYCLOMINE SOL 10MG/5ML	DICYCLOMINE HCL ORAL SOLN 10 MG/5ML	Tier 2				

^ 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
DICYCLOMINE TAB 20MG	DICYCLOMINE HCL TAB 20 MG	Tier 2				
GLYCOPYRROL TAB 1MG	GLYCOPYRROLATE TAB 1 MG	Tier 2				
GLYCOPYRROL TAB 2MG	GLYCOPYRROLATE TAB 2 MG	Tier 2				
GLYCOPYRROLA SOL 1MG/5ML	GLYCOPYRROLATE ORAL SOLN 1 MG/5ML	Tier 4				
HYOSCYAMINE DRO 0.125/ML	HYOSCYAMINE SULFATE SOLN 0.125 MG/ML	Tier 2				
HYOSCYAMINE ELX 0.125/5	HYOSCYAMINE SULFATE ELIXIR 0.125 MG/5ML	Tier 2				
HYOSCYAMINE SUB 0.125MG	HYOSCYAMINE SULFATE SL TAB 0.125 MG	Tier 2				
HYOSCYAMINE TAB 0.125MG	HYOSCYAMINE SULFATE TAB DISINT 0.125 MG	Tier 2				
HYOSCYAMINE TAB 0.125MG	HYOSCYAMINE SULFATE TAB 0.125 MG	Tier 2				
HYOSCYAMINE TAB 0.375 ER	HYOSCYAMINE SULFATE TAB ER 12HR 0.375 MG	Tier 2				
HYOSCYAMINE TAB 0.375 SR	HYOSCYAMINE SULFATE TAB ER 12HR 0.375 MG	Tier 2				
HYOSYNE DRO 0.125/ML	HYOSCYAMINE SULFATE SOLN 0.125 MG/ML	Tier 2				
HYOSYNE ELX 0.125/5	HYOSCYAMINE SULFATE ELIXIR 0.125 MG/5ML	Tier 2				
LEVBIID TAB 0.375 ER	HYOSCYAMINE SULFATE TAB ER 12HR 0.375 MG	Tier 5				
LEVSIN TAB 0.125MG	HYOSCYAMINE SULFATE TAB 0.125 MG	Tier 5				
LEVSIN/SL SUB 0.125MG	HYOSCYAMINE SULFATE SL TAB 0.125 MG	Tier 5				
METHSCOPOLAM TAB 2.5MG	METHSCOPOLAMINE BROMIDE TAB 2.5 MG	Tier 2				
METHSCOPOLAM TAB 5MG	METHSCOPOLAMINE BROMIDE TAB 5 MG	Tier 2				
NULEV TAB 0.125MG	HYOSCYAMINE SULFATE TAB DISINT 0.125 MG	Tier 5				
OSCIMIN SUB 0.125MG	HYOSCYAMINE SULFATE SL TAB 0.125 MG	Tier 5				
OSCIMIN TAB 0.125MG	HYOSCYAMINE SULFATE TAB 0.125 MG	Tier 5				
Antispasmodics, Urinary - Bladder Control Drugs						
FLAVOXATE TAB 100MG	FLAVOXATE HCL TAB 100 MG	Tier 2				
MIRABEGRON TAB 25MG ER	MIRABEGRON TAB ER 24 HR 25 MG	Tier 4			X	
MIRABEGRON TAB 50MG ER	MIRABEGRON TAB ER 24 HR 50 MG	Tier 4			X	
OXYBUTYNIN SOL 5MG/5ML	OXYBUTYNIN CHLORIDE SOLUTION 5 MG/5ML	Tier 2				
OXYBUTYNIN TAB 10MG ER	OXYBUTYNIN CHLORIDE TAB ER 24HR 10 MG	Tier 3				
OXYBUTYNIN TAB 15MG ER	OXYBUTYNIN CHLORIDE TAB ER 24HR 15 MG	Tier 3				
OXYBUTYNIN TAB 2.5MG	OXYBUTYNIN CHLORIDE TAB 2.5 MG	Tier 5				
OXYBUTYNIN TAB 5MG	OXYBUTYNIN CHLORIDE TAB 5 MG	Tier 2				
OXYBUTYNIN TAB 5MG ER	OXYBUTYNIN CHLORIDE TAB ER 24HR 5 MG	Tier 3				
SOLIFENACIN TAB 10MG	SOLIFENACIN SUCCINATE TAB 10 MG	Tier 3				
SOLIFENACIN TAB 5MG	SOLIFENACIN SUCCINATE TAB 5 MG	Tier 3				

^ 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
TOLTERODINE TAB 1MG	TOLTERODINE TARTRATE TAB 1 MG	Tier 4				
TOLTERODINE TAB 2MG	TOLTERODINE TARTRATE TAB 2 MG	Tier 4				
TROSPIMUM CL TAB 20MG	TROSPIMUM CHLORIDE TAB 20 MG	Tier 4				
Antithyroid Agents - Thyroid Suppressing Drugs						
METHIMAZOLE TAB 10MG	METHIMAZOLE TAB 10 MG	Tier 2				
METHIMAZOLE TAB 5MG	METHIMAZOLE TAB 5 MG	Tier 2				
PROPYLTHIOUR TAB 50MG	PROPYLTHIOURACIL TAB 50 MG	Tier 2				
Antituberculars - Tuberculosis Drugs						
CYCLOSERINE CAP 250MG	CYCLOSERINE CAP 250 MG	Tier 2				
ETHAMBUTOL TAB 100MG	ETHAMBUTOL HCL TAB 100 MG	Tier 2				
ETHAMBUTOL TAB 400MG	ETHAMBUTOL HCL TAB 400 MG	Tier 2				
ISONIAZID SYP 50MG/5ML	ISONIAZID SYRUP 50 MG/5ML	Tier 2				
ISONIAZID TAB 100MG	ISONIAZID TAB 100 MG	Tier 2				
ISONIAZID TAB 300MG	ISONIAZID TAB 300 MG	Tier 2				
MYAMBUTOL TAB 400MG	ETHAMBUTOL HCL TAB 400 MG	Tier 5				
PRIFTIN TAB 150MG	RIFAPENTINE TAB 150 MG	Tier 3				
PYRAZINAMIDE TAB 500MG	PYRAZINAMIDE TAB 500 MG	Tier 2				
RIFAMPIN CAP 150MG	RIFAMPIN CAP 150 MG	Tier 2				
RIFAMPIN CAP 300MG	RIFAMPIN CAP 300 MG	Tier 2				
SIRTURO TAB 100MG	BEDAQUILINE FUMARATE TAB 100 MG (BASE EQUIV)	Tier 3				
SIRTURO TAB 20MG	BEDAQUILINE FUMARATE TAB 20 MG (BASE EQUIV)	Tier 3				
TRECTOR TAB 250MG	ETHIONAMIDE TAB 250 MG	Tier 3				
Antivirals						
TEMBEXA SUS 10MG/ML	BRINCIDOFOVIR ORAL SUSP 10 MG/ML	Tier 5				
TEMBEXA TAB 100MG	BRINCIDOFOVIR TAB 100 MG	Tier 5				
Antivirals - Drugs to Treat Viral Infections						
LAGEVRIO CAP 200MG	MOLNUPIRAVIR CAP 200 MG	Tier 4		X		
PAXLOVID PAK	NIRMATRELVIR TAB 6 X 150 MG & RITONAVIR TAB 5 X 100 MG PAK	Tier 4		X		
PAXLOVID TAB 150-100	NIRMATRELVIR TAB 10 X 150 MG & RITONAVIR TAB 10 X 100 MG PAK	Tier 4		X		
PAXLOVID TAB 300-100	NIRMATRELVIR TAB 20 X 150 MG & RITONAVIR TAB 10 X 100 MG PAK	Tier 4		X		
RIBAVIRIN INH 6GM	RIBAVIRIN FOR INHAL SOLN 6 GM	Tier 4				
VIRAZOLE INH 6GM	RIBAVIRIN FOR INHAL SOLN 6 GM	Tier 5				
Anxiolytics, Other - Anxiety Drugs						
BUSPIRONE TAB 10MG	BUSPIRONE HCL TAB 10 MG	Tier 2				
BUSPIRONE TAB 15MG	BUSPIRONE HCL TAB 15 MG	Tier 2				

^ 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
BUSPIRONE TAB 30MG	BUSPIRONE HCL TAB 30 MG	Tier 2				
BUSPIRONE TAB 5MG	BUSPIRONE HCL TAB 5 MG	Tier 2				
BUSPIRONE TAB 7.5MG	BUSPIRONE HCL TAB 7.5 MG	Tier 2				
HYDROXYZ HCL SYP 10MG/5ML	HYDROXYZINE HCL SYRUP 10 MG/5ML	Tier 2				
HYDROXYZ HCL TAB 10MG	HYDROXYZINE HCL TAB 10 MG	Tier 2				
HYDROXYZ HCL TAB 25MG	HYDROXYZINE HCL TAB 25 MG	Tier 2				
HYDROXYZ HCL TAB 50MG	HYDROXYZINE HCL TAB 50 MG	Tier 2				
HYDROXYZINE SOL 10MG/5ML	HYDROXYZINE HCL SYRUP 10 MG/5ML	Tier 2				
HYDROXYZINE SYP 10MG/5ML	HYDROXYZINE HCL SYRUP 10 MG/5ML	Tier 2				
MEPROBAMATE TAB 200MG	MEPROBAMATE TAB 200 MG	Tier 2				
MEPROBAMATE TAB 400MG	MEPROBAMATE TAB 400 MG	Tier 2				
Aromatase Inhibitors, 3rd Generation - Chemotherapy Agents						
ANASTROZOLE TAB 1MG	ANASTROZOLE TAB 1 MG	Tier 2^				
EXEMESTANE TAB 25MG	EXEMESTANE TAB 25 MG	Tier 3^				
LETROZOLE TAB 2.5MG	LETROZOLE TAB 2.5 MG	Tier 2^				
Attention Deficit Hyperactivity Disorder Agents, Amphetamines - ADHD Drugs						
AMPHET/DEXTR CAP 10MG ER	AMPHETAMINE-DEXTROAMPHETAMINE CAP ER 24HR 10 MG	Tier 3		X		
AMPHET/DEXTR CAP 12.5 ER	AMPHETAMINE-DEXTROAMPHETAMINE 3-BEAD CAP ER 24HR 12.5 MG	Tier 4		X		
AMPHET/DEXTR CAP 15MG ER	AMPHETAMINE-DEXTROAMPHETAMINE CAP ER 24HR 15 MG	Tier 3		X		
AMPHET/DEXTR CAP 20MG ER	AMPHETAMINE-DEXTROAMPHETAMINE CAP ER 24HR 20 MG	Tier 3		X		
AMPHET/DEXTR CAP 25MG ER	AMPHETAMINE-DEXTROAMPHETAMINE CAP ER 24HR 25 MG	Tier 3		X		
AMPHET/DEXTR CAP 25MG ER	AMPHETAMINE-DEXTROAMPHETAMINE 3-BEAD CAP ER 24HR 25 MG	Tier 4		X		
AMPHET/DEXTR CAP 30MG ER	AMPHETAMINE-DEXTROAMPHETAMINE CAP ER 24HR 30 MG	Tier 3		X		
AMPHET/DEXTR CAP 37.5 ER	AMPHETAMINE-DEXTROAMPHETAMINE 3-BEAD CAP ER 24HR 37.5 MG	Tier 4		X		
AMPHET/DEXTR CAP 50MG ER	AMPHETAMINE-DEXTROAMPHETAMINE 3-BEAD CAP ER 24HR 50 MG	Tier 4		X		
AMPHET/DEXTR CAP 5MG ER	AMPHETAMINE-DEXTROAMPHETAMINE CAP ER 24HR 5 MG	Tier 3		X		
AMPHET/DEXTR TAB 10MG	AMPHETAMINE-DEXTROAMPHETAMINE TAB 10 MG	Tier 2				
AMPHET/DEXTR TAB 12.5MG	AMPHETAMINE-DEXTROAMPHETAMINE TAB 12.5 MG	Tier 2				
AMPHET/DEXTR TAB 15MG	AMPHETAMINE-DEXTROAMPHETAMINE TAB 15 MG	Tier 2				

^ 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
AMPHET/DEXTR TAB 20MG	AMPHETAMINE-DEXTROAMPHETAMINE TAB 20 MG	Tier 2				
AMPHET/DEXTR TAB 30MG	AMPHETAMINE-DEXTROAMPHETAMINE TAB 30 MG	Tier 2				
AMPHET/DEXTR TAB 5MG	AMPHETAMINE-DEXTROAMPHETAMINE TAB 5 MG	Tier 2				
AMPHET/DEXTR TAB 7.5MG	AMPHETAMINE-DEXTROAMPHETAMINE TAB 7.5 MG	Tier 2				
AMPHETAMINE TAB 10MG	AMPHETAMINE SULFATE TAB 10 MG	Tier 3				
AMPHETAMINE TAB 5MG	AMPHETAMINE SULFATE TAB 5 MG	Tier 3				
DEXTROAMPHET CAP 10MG ER	DEXTROAMPHETAMINE SULFATE CAP ER 24HR 10 MG	Tier 4		X		
DEXTROAMPHET CAP 15MG ER	DEXTROAMPHETAMINE SULFATE CAP ER 24HR 15 MG	Tier 4		X		
DEXTROAMPHET CAP 5MG ER	DEXTROAMPHETAMINE SULFATE CAP ER 24HR 5 MG	Tier 3		X		
DEXTROAMPHET SOL 5MG/5ML	DEXTROAMPHETAMINE SULFATE ORAL SOLUTION 5 MG/5ML	Tier 2				
DEXTROAMPHET TAB 10MG	DEXTROAMPHETAMINE SULFATE TAB 10 MG	Tier 3				
DEXTROAMPHET TAB 5MG	DEXTROAMPHETAMINE SULFATE TAB 5 MG	Tier 3				
LISDEXAMFETA CAP 10MG	LISDEXAMFETAMINE DIMESYLATE CAP 10 MG	Tier 4		X		
LISDEXAMFETA CAP 20MG	LISDEXAMFETAMINE DIMESYLATE CAP 20 MG	Tier 4		X		
LISDEXAMFETA CAP 30MG	LISDEXAMFETAMINE DIMESYLATE CAP 30 MG	Tier 4		X		
LISDEXAMFETA CAP 40MG	LISDEXAMFETAMINE DIMESYLATE CAP 40 MG	Tier 4		X		
LISDEXAMFETA CAP 50MG	LISDEXAMFETAMINE DIMESYLATE CAP 50 MG	Tier 4		X		
LISDEXAMFETA CAP 60MG	LISDEXAMFETAMINE DIMESYLATE CAP 60 MG	Tier 4		X		
LISDEXAMFETA CAP 70MG	LISDEXAMFETAMINE DIMESYLATE CAP 70 MG	Tier 4		X		
LISDEXAMFETA CHW 10MG	LISDEXAMFETAMINE DIMESYLATE CHEW TAB 10 MG	Tier 4		X		
LISDEXAMFETA CHW 20MG	LISDEXAMFETAMINE DIMESYLATE CHEW TAB 20 MG	Tier 4		X		
LISDEXAMFETA CHW 30MG	LISDEXAMFETAMINE DIMESYLATE CHEW TAB 30 MG	Tier 4		X		
LISDEXAMFETA CHW 40MG	LISDEXAMFETAMINE DIMESYLATE CHEW TAB 40 MG	Tier 4		X		
LISDEXAMFETA CHW 50MG	LISDEXAMFETAMINE DIMESYLATE CHEW TAB 50 MG	Tier 4		X		
LISDEXAMFETA CHW 60MG	LISDEXAMFETAMINE DIMESYLATE CHEW TAB 60 MG	Tier 4		X		

^ 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
METHAMPHETAM TAB 5MG	METHAMPHETAMINE HCL TAB 5 MG	Tier 2				
XELSTRYM PAD 13.5/9HR	DEXTROAMPHETAMINE TD PATCH 13.5 MG/9HR	Tier 5	X	X		
XELSTRYM PAD 18MG/9HR	DEXTROAMPHETAMINE TD PATCH 18 MG/9HR	Tier 5	X	X		
XELSTRYM PAD 4.5MG/9H	DEXTROAMPHETAMINE TD PATCH 4.5 MG/9HR	Tier 5	X	X		
XELSTRYM PAD 9MG/9HR	DEXTROAMPHETAMINE TD PATCH 9 MG/9HR	Tier 5	X	X		
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines - ADHD Drugs						
ATOMOXETINE CAP 100MG	ATOMOXETINE HCL CAP 100 MG (BASE EQUIV)	Tier 5		X		
ATOMOXETINE CAP 10MG	ATOMOXETINE HCL CAP 10 MG (BASE EQUIV)	Tier 5		X		
ATOMOXETINE CAP 18MG	ATOMOXETINE HCL CAP 18 MG (BASE EQUIV)	Tier 5		X		
ATOMOXETINE CAP 25MG	ATOMOXETINE HCL CAP 25 MG (BASE EQUIV)	Tier 5		X		
ATOMOXETINE CAP 40MG	ATOMOXETINE HCL CAP 40 MG (BASE EQUIV)	Tier 5		X		
ATOMOXETINE CAP 60MG	ATOMOXETINE HCL CAP 60 MG (BASE EQUIV)	Tier 5		X		
ATOMOXETINE CAP 80MG	ATOMOXETINE HCL CAP 80 MG (BASE EQUIV)	Tier 5		X		
AZSTARYS CAP 26.1-5.2	SERDEXMETHYLPHENIDATE-DEXMETHYLPHENIDATE CAP 26.1-5.2 MG	Tier 4		X	X	
AZSTARYS CAP 39.2-78	SERDEXMETHYLPHENIDATE-DEXMETHYLPHENIDATE CAP 39.2-78 MG	Tier 4		X	X	
AZSTARYS CAP 52.3-10.	SERDEXMETHYLPHENIDATE-DEXMETHYLPHENIDATE CAP 52.3-10.4 MG	Tier 4		X	X	
CLONIDINE TAB 0.1MG ER	CLONIDINE HCL TAB ER 12HR 0.1 MG	Tier 3				
DEXMETHYLPH TAB 10MG	DEXMETHYLPHENIDATE HCL TAB 10 MG	Tier 2				
DEXMETHYLPH TAB 2.5MG	DEXMETHYLPHENIDATE HCL TAB 2.5 MG	Tier 2				
DEXMETHYLPH TAB 5MG	DEXMETHYLPHENIDATE HCL TAB 5 MG	Tier 2				
DEXMETHYLPHE CAP 10MG ER	DEXMETHYLPHENIDATE HCL CAP ER 24 HR 10 MG	Tier 3		X		
DEXMETHYLPHE CAP 15MG ER	DEXMETHYLPHENIDATE HCL CAP ER 24 HR 15 MG	Tier 3		X		
DEXMETHYLPHE CAP 20MG ER	DEXMETHYLPHENIDATE HCL CAP ER 24 HR 20 MG	Tier 3		X		
DEXMETHYLPHE CAP 25MG ER	DEXMETHYLPHENIDATE HCL CAP ER 24 HR 25 MG	Tier 3		X		
DEXMETHYLPHE CAP 30MG ER	DEXMETHYLPHENIDATE HCL CAP ER 24 HR 30 MG	Tier 3		X		
DEXMETHYLPHE CAP 35MG ER	DEXMETHYLPHENIDATE HCL CAP ER 24 HR 35 MG	Tier 3		X		
DEXMETHYLPHE CAP 40MG ER	DEXMETHYLPHENIDATE HCL CAP ER 24 HR 40 MG	Tier 3		X		

^ 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
DEXMETHYLPHE CAP 5MG ER	DEXMETHYLPHENIDATE HCL CAP ER 24 HR 5 MG	Tier 3		X		
GUANFACINE TAB 1MG ER	GUANFACINE HCL TAB ER 24HR 1 MG (BASE EQUIV)	Tier 3				
GUANFACINE TAB 2MG ER	GUANFACINE HCL TAB ER 24HR 2 MG (BASE EQUIV)	Tier 3				
GUANFACINE TAB 3MG ER	GUANFACINE HCL TAB ER 24HR 3 MG (BASE EQUIV)	Tier 3				
GUANFACINE TAB 4MG ER	GUANFACINE HCL TAB ER 24HR 4 MG (BASE EQUIV)	Tier 3				
JORNAY PM CAP 100MG ER	METHYLPHENIDATE HCL CAP DELAYED ER 24HR 100 MG (PM)	Tier 4		X	X	
JORNAY PM CAP 20MG ER	METHYLPHENIDATE HCL CAP DELAYED ER 24HR 20 MG (PM)	Tier 4		X	X	
JORNAY PM CAP 40MG ER	METHYLPHENIDATE HCL CAP DELAYED ER 24HR 40 MG (PM)	Tier 4		X	X	
JORNAY PM CAP 60MG ER	METHYLPHENIDATE HCL CAP DELAYED ER 24HR 60 MG (PM)	Tier 4		X	X	
JORNAY PM CAP 80MG ER	METHYLPHENIDATE HCL CAP DELAYED ER 24HR 80 MG (PM)	Tier 4		X	X	
METHYLPHENID CAP 10MG CD	METHYLPHENIDATE HCL CAP ER 10 MG (CD)	Tier 3		X		
METHYLPHENID CAP 10MG LA	METHYLPHENIDATE HCL CAP ER 24HR 10 MG (LA)	Tier 3		X		
METHYLPHENID CAP 20MG CD	METHYLPHENIDATE HCL CAP ER 20 MG (CD)	Tier 3		X		
METHYLPHENID CAP 20MG LA	METHYLPHENIDATE HCL CAP ER 24HR 20 MG (LA)	Tier 3		X		
METHYLPHENID CAP 30MG CD	METHYLPHENIDATE HCL CAP ER 30 MG (CD)	Tier 3		X		
METHYLPHENID CAP 30MG LA	METHYLPHENIDATE HCL CAP ER 24HR 30 MG (LA)	Tier 3		X		
METHYLPHENID CAP 40MG CD	METHYLPHENIDATE HCL CAP ER 40 MG (CD)	Tier 3		X		
METHYLPHENID CAP 40MG LA	METHYLPHENIDATE HCL CAP ER 24HR 40 MG (LA)	Tier 3		X		
METHYLPHENID CAP 50MG CD	METHYLPHENIDATE HCL CAP ER 50 MG (CD)	Tier 3		X		
METHYLPHENID CAP 60MG CD	METHYLPHENIDATE HCL CAP ER 60 MG (CD)	Tier 3		X		
METHYLPHENID CAP 60MG LA	METHYLPHENIDATE HCL CAP ER 24HR 60 MG (LA)	Tier 3		X		
METHYLPHENID CHW 10MG	METHYLPHENIDATE HCL CHEW TAB 10 MG	Tier 4				
METHYLPHENID CHW 2.5MG	METHYLPHENIDATE HCL CHEW TAB 2.5 MG	Tier 4				
METHYLPHENID CHW 5MG	METHYLPHENIDATE HCL CHEW TAB 5 MG	Tier 4				
METHYLPHENID SOL 10MG/5ML	METHYLPHENIDATE HCL SOLN 10 MG/5ML	Tier 2				
METHYLPHENID SOL 5MG/5ML	METHYLPHENIDATE HCL SOLN 5 MG/5ML	Tier 2				
METHYLPHENID TAB 10MG	METHYLPHENIDATE HCL TAB 10 MG	Tier 2				
METHYLPHENID TAB 10MG ER	METHYLPHENIDATE HCL TAB ER 10 MG	Tier 3		X		

^ 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 18MG OSM	METHYLPHENIDATE HCL TAB ER OSMOTIC RELEASE (OSM) 18 MG	Tier 3		X		
METHYLPHENID TAB 20MG	METHYLPHENIDATE HCL TAB 20 MG	Tier 2				
METHYLPHENID TAB 20MG ER	METHYLPHENIDATE HCL TAB ER 20 MG	Tier 3		X		
METHYLPHENID TAB 27MG OSM	METHYLPHENIDATE HCL TAB ER OSMOTIC RELEASE (OSM) 27 MG	Tier 3		X		
METHYLPHENID TAB 36MG OSM	METHYLPHENIDATE HCL TAB ER OSMOTIC RELEASE (OSM) 36 MG	Tier 3		X		
METHYLPHENID TAB 54MG OSM	METHYLPHENIDATE HCL TAB ER OSMOTIC RELEASE (OSM) 54 MG	Tier 3		X		
METHYLPHENID TAB 5MG	METHYLPHENIDATE HCL TAB 5 MG	Tier 2				
ONYDA XR SUS 0.1MG/ML	CLONIDINE HCL EXTENDED RELEASE SUSP 0.1 MG/ML	Tier 4		X		
Benign Prostatic Hypertrophy Agents - Prostate Drugs						
ALFUZOSIN TAB 10MG ER	ALFUZOSIN HCL TAB ER 24HR 10 MG	Tier 2				
CARDURA XL TAB 4MG	DOXAZOSIN MESYLATE TAB ER 24 HR 4 MG (BASE EQUIV)	Tier 4				
CARDURA XL TAB 8MG	DOXAZOSIN MESYLATE TAB ER 24 HR 8 MG (BASE EQUIV)	Tier 4				
DUTASTERIDE CAP 0.5MG	DUTASTERIDE CAP 0.5 MG	Tier 3				
FINASTERIDE TAB 5MG	FINASTERIDE TAB 5 MG	Tier 2				
SILODOSIN CAP 4MG	SILODOSIN CAP 4 MG	Tier 4				
SILODOSIN CAP 8MG	SILODOSIN CAP 8 MG	Tier 4				
TADALAFIL TAB 2.5MG	TADALAFIL TAB 2.5 MG	Tier 3		X		
TADALAFIL TAB 5MG	TADALAFIL TAB 5 MG	Tier 3		X		
TAMSULOSIN CAP 0.4MG	TAMSULOSIN HCL CAP 0.4 MG	Tier 2				
TERAZOSIN CAP 10MG	TERAZOSIN HCL CAP 10 MG (BASE EQUIVALENT)	Tier 2				
TERAZOSIN CAP 1MG	TERAZOSIN HCL CAP 1 MG (BASE EQUIVALENT)	Tier 2				
TERAZOSIN CAP 2MG	TERAZOSIN HCL CAP 2 MG (BASE EQUIVALENT)	Tier 2				
TERAZOSIN CAP 5MG	TERAZOSIN HCL CAP 5 MG (BASE EQUIVALENT)	Tier 2				
Benzodiazepines - Anxiety Drugs						
ALPRAZOLAM CON 1 MG/ML	ALPRAZOLAM CONC 1 MG/ML	Tier 2				
ALPRAZOLAM TAB 0.25 ODT	ALPRAZOLAM ORALLY DISINTEGRATING TAB 0.25 MG	Tier 2				
ALPRAZOLAM TAB 0.25MG	ALPRAZOLAM TAB 0.25 MG	Tier 2				
ALPRAZOLAM TAB 0.5MG	ALPRAZOLAM TAB 0.5 MG	Tier 2				
ALPRAZOLAM TAB 0.5MG ER	ALPRAZOLAM TAB ER 24HR 0.5 MG	Tier 2				
ALPRAZOLAM TAB 0.5MG OD	ALPRAZOLAM ORALLY DISINTEGRATING TAB 0.5 MG	Tier 2				

^ 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 XR	ALPRAZOLAM TAB ER 24HR 0.5 MG	Tier 2				
ALPRAZOLAM TAB 1MG	ALPRAZOLAM TAB 1 MG	Tier 2				
ALPRAZOLAM TAB 1MG ER	ALPRAZOLAM TAB ER 24HR 1 MG	Tier 2				
ALPRAZOLAM TAB 1MG ODT	ALPRAZOLAM ORALLY DISINTEGRATING TAB 1 MG	Tier 2				
ALPRAZOLAM TAB 1MG XR	ALPRAZOLAM TAB ER 24HR 1 MG	Tier 2				
ALPRAZOLAM TAB 2MG	ALPRAZOLAM TAB 2 MG	Tier 2				
ALPRAZOLAM TAB 2MG ER	ALPRAZOLAM TAB ER 24HR 2 MG	Tier 2				
ALPRAZOLAM TAB 2MG ODT	ALPRAZOLAM ORALLY DISINTEGRATING TAB 2 MG	Tier 2				
ALPRAZOLAM TAB 2MG XR	ALPRAZOLAM TAB ER 24HR 2 MG	Tier 2				
ALPRAZOLAM TAB 3MG ER	ALPRAZOLAM TAB ER 24HR 3 MG	Tier 2				
ALPRAZOLAM TAB 3MG XR	ALPRAZOLAM TAB ER 24HR 3 MG	Tier 2				
CHLORDIAZEP CAP 10MG	CHLORDIAZEPOXIDE HCL CAP 10 MG	Tier 2				
CHLORDIAZEP CAP 25MG	CHLORDIAZEPOXIDE HCL CAP 25 MG	Tier 2				
CHLORDIAZEP CAP 5MG	CHLORDIAZEPOXIDE HCL CAP 5 MG	Tier 2				
CLONAZEP ODT TAB 0.125MG	CLONAZEPAM ORALLY DISINTEGRATING TAB 0.125 MG	Tier 2				
CLONAZEP ODT TAB 0.25MG	CLONAZEPAM ORALLY DISINTEGRATING TAB 0.25 MG	Tier 2				
CLONAZEP ODT TAB 0.5MG	CLONAZEPAM ORALLY DISINTEGRATING TAB 0.5 MG	Tier 2				
CLONAZEP ODT TAB 1MG	CLONAZEPAM ORALLY DISINTEGRATING TAB 1 MG	Tier 2				
CLONAZEP ODT TAB 2MG	CLONAZEPAM ORALLY DISINTEGRATING TAB 2 MG	Tier 2				
CLONAZEPAM TAB 0.5MG	CLONAZEPAM TAB 0.5 MG	Tier 2				
CLONAZEPAM TAB 1MG	CLONAZEPAM TAB 1 MG	Tier 2				
CLONAZEPAM TAB 2MG	CLONAZEPAM TAB 2 MG	Tier 2				
CLORAZ DIPOT TAB 15MG	CLORAZEPATE DIPOTASSIUM TAB 15 MG	Tier 2				
CLORAZ DIPOT TAB 3.75MG	CLORAZEPATE DIPOTASSIUM TAB 3.75 MG	Tier 2				
CLORAZ DIPOT TAB 7.5MG	CLORAZEPATE DIPOTASSIUM TAB 7.5 MG	Tier 2				
DIAZEPAM CON 25MG/5ML	DIAZEPAM CONC 5 MG/ML	Tier 2				
DIAZEPAM CON 5MG/ML	DIAZEPAM CONC 5 MG/ML	Tier 2				
DIAZEPAM SOL 5MG/5ML	DIAZEPAM ORAL SOLN 1 MG/ML	Tier 2				
DIAZEPAM TAB 10MG	DIAZEPAM TAB 10 MG	Tier 2				
DIAZEPAM TAB 2MG	DIAZEPAM TAB 2 MG	Tier 2				
DIAZEPAM TAB 5MG	DIAZEPAM TAB 5 MG	Tier 2				
ESTAZOLAM TAB 1MG	ESTAZOLAM TAB 1 MG	Tier 2				
ESTAZOLAM TAB 2MG	ESTAZOLAM TAB 2 MG	Tier 2				
HALCION TAB 0.25MG	TRIAZOLAM TAB 0.25 MG	Tier 5				

^ 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
LORAZEPAM CON 2MG/ML	LORAZEPAM CONC 2 MG/ML	Tier 2				
LORAZEPAM TAB 0.5MG	LORAZEPAM TAB 0.5 MG	Tier 2				
LORAZEPAM TAB 1MG	LORAZEPAM TAB 1 MG	Tier 2				
LORAZEPAM TAB 2MG	LORAZEPAM TAB 2 MG	Tier 2				
MIDAZOLAM SYP 2MG/ML	MIDAZOLAM HCL SYRUP 2 MG/ML (BASE EQUIVALENT)	Tier 2				
OXAZEPAM CAP 10MG	OXAZEPAM CAP 10 MG	Tier 2				
OXAZEPAM CAP 15MG	OXAZEPAM CAP 15 MG	Tier 2				
OXAZEPAM CAP 30MG	OXAZEPAM CAP 30 MG	Tier 2				
TRIAZOLAM TAB 0.125MG	TRIAZOLAM TAB 0.125 MG	Tier 2				
TRIAZOLAM TAB 0.25MG	TRIAZOLAM TAB 0.25 MG	Tier 2				
Beta-adrenergic Blocking Agents - Blood Pressure Drugs						
ACEBUTOLOL CAP 200MG	ACEBUTOLOL HCL CAP 200 MG	Tier 2				
ACEBUTOLOL CAP 400MG	ACEBUTOLOL HCL CAP 400 MG	Tier 2				
ATENOLOL TAB 100MG	ATENOLOL TAB 100 MG	Tier 2				
ATENOLOL TAB 25MG	ATENOLOL TAB 25 MG	Tier 2				
ATENOLOL TAB 50MG	ATENOLOL TAB 50 MG	Tier 2				
BETAXOLOL TAB 10MG	BETAXOLOL HCL TAB 10 MG	Tier 2				
BETAXOLOL TAB 20MG	BETAXOLOL HCL TAB 20 MG	Tier 2				
BISOPROL FUM TAB 10MG	BISOPROLOL FUMARATE TAB 10 MG	Tier 2				
BISOPROL FUM TAB 2.5MG	BISOPROLOL FUMARATE TAB 2.5 MG	Tier 2				
BISOPROL FUM TAB 5MG	BISOPROLOL FUMARATE TAB 5 MG	Tier 2				
CARVEDILOL TAB 12.5MG	CARVEDILOL TAB 12.5 MG	Tier 2				
CARVEDILOL TAB 25MG	CARVEDILOL TAB 25 MG	Tier 2				
CARVEDILOL TAB 3.125MG	CARVEDILOL TAB 3.125 MG	Tier 2				
CARVEDILOL TAB 6.25MG	CARVEDILOL TAB 6.25 MG	Tier 2				
KAPSPARGO CAP 100MG	METOPROLOL SUCC CAP ER 24HR SPRINKLE 100 MG (TARTRATE EQUIV)	Tier 5				
KAPSPARGO CAP 200MG	METOPROLOL SUCC CAP ER 24HR SPRINKLE 200 MG (TARTRATE EQUIV)	Tier 5				
KAPSPARGO CAP 25MG	METOPROLOL SUCC CAP ER 24HR SPRINKLE 25 MG (TARTRATE EQUIV)	Tier 5				
KAPSPARGO CAP 50MG	METOPROLOL SUCC CAP ER 24HR SPRINKLE 50 MG (TARTRATE EQUIV)	Tier 5				
LABETALOL TAB 100MG	LABETALOL HCL TAB 100 MG	Tier 2				
LABETALOL TAB 200MG	LABETALOL HCL TAB 200 MG	Tier 2				
LABETALOL TAB 300MG	LABETALOL HCL TAB 300 MG	Tier 2				
LABETALOL TAB 400MG	LABETALOL HCL TAB 400 MG	Tier 2				
METOPROL SUC TAB 100MG ER	METOPROLOL SUCCINATE TAB ER 24HR 100 MG (TARTRATE EQUIV)	Tier 3				

^ 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 3				
METOPROL SUC TAB 25MG ER	METOPROLOL SUCCINATE TAB ER 24HR 25 MG (TARTRATE EQUIV)	Tier 2				
METOPROL SUC TAB 50MG ER	METOPROLOL SUCCINATE TAB ER 24HR 50 MG (TARTRATE EQUIV)	Tier 3				
METOPROL TAR TAB 100MG	METOPROLOL TARTRATE TAB 100 MG	Tier 2				
METOPROL TAR TAB 25MG	METOPROLOL TARTRATE TAB 25 MG	Tier 2				
METOPROL TAR TAB 50MG	METOPROLOL TARTRATE TAB 50 MG	Tier 2				
NADOLOL TAB 20MG	NADOLOL TAB 20 MG	Tier 2				
NADOLOL TAB 40MG	NADOLOL TAB 40 MG	Tier 2				
NADOLOL TAB 80MG	NADOLOL TAB 80 MG	Tier 2				
NEBIVOLOL TAB 10MG	NEBIVOLOL HCL TAB 10 MG (BASE EQUIVALENT)	Tier 4				
NEBIVOLOL TAB 2.5MG	NEBIVOLOL HCL TAB 2.5 MG (BASE EQUIVALENT)	Tier 4				
NEBIVOLOL TAB 20MG	NEBIVOLOL HCL TAB 20 MG (BASE EQUIVALENT)	Tier 4				
NEBIVOLOL TAB 5MG	NEBIVOLOL HCL TAB 5 MG (BASE EQUIVALENT)	Tier 4				
PINDOLOL TAB 10MG	PINDOLOL TAB 10 MG	Tier 2				
PINDOLOL TAB 5MG	PINDOLOL TAB 5 MG	Tier 2				
PROPRANOLOL CAP 120MG ER	PROPRANOLOL HCL CAP ER 24HR 120 MG	Tier 3				
PROPRANOLOL CAP 160MG ER	PROPRANOLOL HCL CAP ER 24HR 160 MG	Tier 3				
PROPRANOLOL CAP 60MG ER	PROPRANOLOL HCL CAP ER 24HR 60 MG	Tier 3				
PROPRANOLOL CAP 80MG ER	PROPRANOLOL HCL CAP ER 24HR 80 MG	Tier 3				
PROPRANOLOL SOL 20MG/5ML	PROPRANOLOL HCL ORAL SOLN 20 MG/5ML	Tier 2				
PROPRANOLOL SOL 40MG/5ML	PROPRANOLOL HCL ORAL SOLN 40 MG/5ML	Tier 2				
PROPRANOLOL TAB 10MG	PROPRANOLOL HCL TAB 10 MG	Tier 2				
PROPRANOLOL TAB 20MG	PROPRANOLOL HCL TAB 20 MG	Tier 2				
PROPRANOLOL TAB 40MG	PROPRANOLOL HCL TAB 40 MG	Tier 2				
PROPRANOLOL TAB 60MG	PROPRANOLOL HCL TAB 60 MG	Tier 2				
PROPRANOLOL TAB 80MG	PROPRANOLOL HCL TAB 80 MG	Tier 2				
TIMOLOL MAL TAB 10MG	TIMOLOL MALEATE TAB 10 MG	Tier 2				
TIMOLOL MAL TAB 20MG	TIMOLOL MALEATE TAB 20 MG	Tier 2				
TIMOLOL MAL TAB 5MG	TIMOLOL MALEATE TAB 5 MG	Tier 2				
Beta-Lactam, Cephalosporins - Antibiotics						
CEFACLOL CAP 250MG	CEFACLOL CAP 250 MG	Tier 2				
CEFACLOL CAP 500MG	CEFACLOL CAP 500 MG	Tier 2				
CEFACLOL ER TAB 500MG	CEFACLOL MONOHYDRATE TAB ER 12HR 500 MG	Tier 2				

^ 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 2				
CEFADROXIL SUS 250/5ML	CEFADROXIL FOR SUSP 250 MG/5ML	Tier 2				
CEFADROXIL SUS 500/5ML	CEFADROXIL FOR SUSP 500 MG/5ML	Tier 2				
CEFADROXIL TAB 1GM	CEFADROXIL TAB 1 GM	Tier 2				
CEFDINIR CAP 300MG	CEFDINIR CAP 300 MG	Tier 2				
CEFDINIR SUS 125/5ML	CEFDINIR FOR SUSP 125 MG/5ML	Tier 2				
CEFDINIR SUS 250/5ML	CEFDINIR FOR SUSP 250 MG/5ML	Tier 2				
CEFIXIME CAP 400MG	CEFIXIME CAP 400 MG	Tier 4				
CEFIXIME SUS 100/5ML	CEFIXIME FOR SUSP 100 MG/5ML	Tier 4				
CEFIXIME SUS 200/5ML	CEFIXIME FOR SUSP 200 MG/5ML	Tier 4				
CEFIXIME TAB 400MG	CEFIXIME TAB 400 MG	Tier 5				
CEFPODO PROX SUS 100/5ML	CEFPODOXIME PROXETIL FOR SUSP 100 MG/5ML	Tier 2				
CEFPODO PROX SUS 50MG/5ML	CEFPODOXIME PROXETIL FOR SUSP 50 MG/5ML	Tier 2				
CEFPODOXIME TAB 100MG	CEFPODOXIME PROXETIL TAB 100 MG	Tier 2				
CEFPODOXIME TAB 200MG	CEFPODOXIME PROXETIL TAB 200 MG	Tier 2				
CEFPROZIL SUS 125/5ML	CEFPROZIL FOR SUSP 125 MG/5ML	Tier 2				
CEFPROZIL SUS 250/5ML	CEFPROZIL FOR SUSP 250 MG/5ML	Tier 2				
CEFPROZIL TAB 250MG	CEFPROZIL TAB 250 MG	Tier 2				
CEFPROZIL TAB 500MG	CEFPROZIL TAB 500 MG	Tier 2				
CEFUROXIME TAB 250MG	CEFUROXIME AXETIL TAB 250 MG	Tier 2				
CEFUROXIME TAB 500MG	CEFUROXIME AXETIL TAB 500 MG	Tier 2				
CEPHALEXIN CAP 250MG	CEPHALEXIN CAP 250 MG	Tier 2				
CEPHALEXIN CAP 500MG	CEPHALEXIN CAP 500 MG	Tier 2				
CEPHALEXIN CAP 750MG	CEPHALEXIN CAP 750 MG	Tier 2				
CEPHALEXIN SUS 125/5ML	CEPHALEXIN FOR SUSP 125 MG/5ML	Tier 2				
CEPHALEXIN SUS 250/5ML	CEPHALEXIN FOR SUSP 250 MG/5ML	Tier 2				
CEPHALEXIN TAB 250MG	CEPHALEXIN TAB 250 MG	Tier 2				
CEPHALEXIN TAB 500MG	CEPHALEXIN TAB 500 MG	Tier 2				
Beta-Lactam, Penicillins - Antibiotics						
AMOX/K CLAV CHW 200MG	AMOXICILLIN & K CLAVULANATE CHEW TAB 200-28.5 MG	Tier 2				
AMOX/K CLAV CHW 400MG	AMOXICILLIN & K CLAVULANATE CHEW TAB 400-57 MG	Tier 2				
AMOX/K CLAV SUS 200/5ML	AMOXICILLIN & K CLAVULANATE FOR SUSP 200-28.5 MG/5ML	Tier 2				
AMOX/K CLAV SUS 250/5ML	AMOXICILLIN & K CLAVULANATE FOR SUSP 250-62.5 MG/5ML	Tier 2				
AMOX/K CLAV SUS 400/5ML	AMOXICILLIN & K CLAVULANATE FOR SUSP 400-57 MG/5ML	Tier 2				

^ 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 600/5ML	AMOXICILLIN & K CLAVULANATE FOR SUSP 600-42.9 MG/5ML	Tier 2				
AMOX/K CLAV TAB 250-125	AMOXICILLIN & K CLAVULANATE TAB 250-125 MG	Tier 2				
AMOX/K CLAV TAB 500-125	AMOXICILLIN & K CLAVULANATE TAB 500-125 MG	Tier 2				
AMOX/K CLAV TAB 875-125	AMOXICILLIN & K CLAVULANATE TAB 875-125 MG	Tier 2				
AMOXICILLIN CAP 250MG	AMOXICILLIN (TRIHYDRATE) CAP 250 MG	Tier 2				
AMOXICILLIN CAP 500MG	AMOXICILLIN (TRIHYDRATE) CAP 500 MG	Tier 2				
AMOXICILLIN CHW 125MG	AMOXICILLIN (TRIHYDRATE) CHEW TAB 125 MG	Tier 2				
AMOXICILLIN CHW 250MG	AMOXICILLIN (TRIHYDRATE) CHEW TAB 250 MG	Tier 2				
AMOXICILLIN SUS 125/5ML	AMOXICILLIN (TRIHYDRATE) FOR SUSP 125 MG/5ML	Tier 2				
AMOXICILLIN SUS 200/5ML	AMOXICILLIN (TRIHYDRATE) FOR SUSP 200 MG/5ML	Tier 2				
AMOXICILLIN SUS 250/5ML	AMOXICILLIN (TRIHYDRATE) FOR SUSP 250 MG/5ML	Tier 2				
AMOXICILLIN SUS 400/5ML	AMOXICILLIN (TRIHYDRATE) FOR SUSP 400 MG/5ML	Tier 2				
AMOXICILLIN TAB 500MG	AMOXICILLIN (TRIHYDRATE) TAB 500 MG	Tier 2				
AMOXICILLIN TAB 875MG	AMOXICILLIN (TRIHYDRATE) TAB 875 MG	Tier 2				
AMPICILLIN CAP 500MG	AMPICILLIN CAP 500 MG	Tier 2				
DICLOXACILL CAP 250MG	DICLOXACILLIN SODIUM CAP 250 MG	Tier 2				
DICLOXACILL CAP 500MG	DICLOXACILLIN SODIUM CAP 500 MG	Tier 2				
PENICILLN VK SOL 125/5ML	PENICILLIN V POTASSIUM FOR SOLN 125 MG/5ML	Tier 2				
PENICILLN VK SOL 250/5ML	PENICILLIN V POTASSIUM FOR SOLN 250 MG/5ML	Tier 2				
PENICILLN VK TAB 250MG	PENICILLIN V POTASSIUM TAB 250 MG	Tier 2				
PENICILLN VK TAB 500MG	PENICILLIN V POTASSIUM TAB 500 MG	Tier 2				
Blood Formation Modifiers - Blood Formation Drugs						
ALVAIZ TAB 18MG	ELTROMBOPAG CHOLINE TAB 18 MG (BASE EQUIV)	Tier 5	X			X
ALVAIZ TAB 36MG	ELTROMBOPAG CHOLINE TAB 36 MG (BASE EQUIV)	Tier 5	X			X
ALVAIZ TAB 54MG	ELTROMBOPAG CHOLINE TAB 54 MG (BASE EQUIV)	Tier 5	X			X
ALVAIZ TAB 9MG	ELTROMBOPAG CHOLINE TAB 9 MG (BASE EQUIV)	Tier 5	X			X
ANAGRELIDE CAP 0.5MG	ANAGRELIDE HCL CAP 0.5 MG	Tier 2				
ANAGRELIDE CAP 1MG	ANAGRELIDE HCL CAP 1 MG	Tier 2				

^ 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
ARANESP INJ 100MCG	DARBEPOETIN ALFA SOLN INJ 100 MCG/ML	Tier 4		X		X
ARANESP INJ 100MCG	DARBEPOETIN ALFA SOLN PREFILLED SYRINGE 100 MCG/0.5ML	Tier 4		X		X
ARANESP INJ 10MCG	DARBEPOETIN ALFA SOLN PREFILLED SYRINGE 10 MCG/0.4ML	Tier 4		X		X
ARANESP INJ 150MCG	DARBEPOETIN ALFA SOLN PREFILLED SYRINGE 150 MCG/0.3ML	Tier 4		X		X
ARANESP INJ 200MCG	DARBEPOETIN ALFA SOLN INJ 200 MCG/ML	Tier 4		X		X
ARANESP INJ 200MCG	DARBEPOETIN ALFA SOLN PREFILLED SYRINGE 200 MCG/0.4ML	Tier 4		X		X
ARANESP INJ 25MCG	DARBEPOETIN ALFA SOLN INJ 25 MCG/ML	Tier 4		X		X
ARANESP INJ 25MCG	DARBEPOETIN ALFA SOLN PREFILLED SYRINGE 25 MCG/0.42ML	Tier 4		X		X
ARANESP INJ 300MCG	DARBEPOETIN ALFA SOLN PREFILLED SYRINGE 300 MCG/0.6ML	Tier 4		X		X
ARANESP INJ 40MCG	DARBEPOETIN ALFA SOLN INJ 40 MCG/ML	Tier 4		X		X
ARANESP INJ 40MCG	DARBEPOETIN ALFA SOLN PREFILLED SYRINGE 40 MCG/0.4ML	Tier 4		X		X
ARANESP INJ 500MCG	DARBEPOETIN ALFA SOLN PREFILLED SYRINGE 500 MCG/ML	Tier 4		X		X
ARANESP INJ 60MCG	DARBEPOETIN ALFA SOLN INJ 60 MCG/ML	Tier 4		X		X
ARANESP INJ 60MCG	DARBEPOETIN ALFA SOLN PREFILLED SYRINGE 60 MCG/0.3ML	Tier 4		X		X
DOPTELET TAB 20MG	AVATROMBOPAG MALEATE TAB 20 MG (BASE EQUIV)	Tier 5	X	X		X
DOPTELET SPR CAP 10MG	AVATROMBOPAG MALEATE CAP SPRINKLE 10 MG (BASE EQUIV)	Tier 5	X	X		X
ELTROMBOPAG POW 12.5MG	ELTROMBOPAG OLAMINE POWDER PACK FOR SUSP 12.5 MG (BASE EQ)	Tier 2	X	X		X
ELTROMBOPAG POW 25MG	ELTROMBOPAG OLAMINE POWDER PACK FOR SUSP 25 MG (BASE EQUIV)	Tier 2	X	X		
EMPAVELI INJ 1080MG	PEGCETACOPLAN SUBCUTANEOUS SOLN 1080 MG/20ML (54 MG/ML)	Tier 4	X	X		X
GRANIX INJ 300/1ML	TBO-FILGRASTIM SUBCUTANEOUS INJ 300 MCG/ML	Tier 5				
GRANIX INJ 480/1.6	TBO-FILGRASTIM SUBCUTANEOUS INJ 480 MCG/1.6ML (300 MCG/ML)	Tier 5				
JESDUVROQ TAB 1MG	DAPRODUSTAT TAB 1 MG	Tier 5	X			
JESDUVROQ TAB 2MG	DAPRODUSTAT TAB 2 MG	Tier 5	X			
JESDUVROQ TAB 4MG	DAPRODUSTAT TAB 4 MG	Tier 5	X			
JESDUVROQ TAB 6MG	DAPRODUSTAT TAB 6 MG	Tier 5	X			
JESDUVROQ TAB 8MG	DAPRODUSTAT TAB 8 MG	Tier 5	X			
LEUKINE INJ 250MCG	SARGRAMOSTIM LYOPHILIZED FOR INJ 250 MCG	Tier 4				

^ 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
MOZOBIL INJ	PLERIXAFOR SUBCUTANEOUS INJ 24 MG/1.2ML (20 MG/ML)	Tier 5				X
MULPLETA TAB 3MG	LUSUTROMBOPAG TAB 3 MG	Tier 5	X	X		X
NEULASTA INJ 6MG/0.6M	PEGFILGRASTIM SOLN PREFILLED SYRINGE 6 MG/0.6ML	Tier 4				
NIVESTYM INJ 300/0.5	FILGRASTIM-AAFI SOLN PREFILLED SYRINGE 300 MCG/0.5ML	Tier 4				
NIVESTYM INJ 300MCG	FILGRASTIM-AAFI INJ 300 MCG/ML	Tier 4				
NIVESTYM INJ 480/0.8	FILGRASTIM-AAFI SOLN PREFILLED SYRINGE 480 MCG/0.8ML	Tier 4				
NIVESTYM INJ 480MCG	FILGRASTIM-AAFI INJ 480 MCG/1.6ML (300 MCG/ML)	Tier 4				
PLERIXAFOR INJ 24/1.2ML	PLERIXAFOR SUBCUTANEOUS INJ 24 MG/1.2ML (20 MG/ML)	Tier 4				X
PROMACTA POW 12.5MG	ELTROMBOPAG OLAMINE POWDER PACK FOR SUSP 12.5 MG (BASE EQ)	Tier 5	X	X		X
PROMACTA POW 25MG	ELTROMBOPAG OLAMINE POWDER PACK FOR SUSP 25 MG (BASE EQUIV)	Tier 5	X	X		
RETACRIT INJ 10000UNT	EPOETIN ALFA-EPBX INJ 10000 UNIT/ML	Tier 4		X		X
RETACRIT INJ 20000UNI	EPOETIN ALFA-EPBX INJ 20000 UNIT/ML	Tier 4				X
RETACRIT INJ 2000UNIT	EPOETIN ALFA-EPBX INJ 2000 UNIT/ML	Tier 4		X		X
RETACRIT INJ 3000UNIT	EPOETIN ALFA-EPBX INJ 3000 UNIT/ML	Tier 4		X		X
RETACRIT INJ 40000UNT	EPOETIN ALFA-EPBX INJ 40000 UNIT/ML	Tier 4		X		X
RETACRIT INJ 4000UNIT	EPOETIN ALFA-EPBX INJ 4000 UNIT/ML	Tier 4		X		X
UDENYCA INJ 6MG/.6ML	PEGFILGRASTIM-CBQV SOLN PREFILLED SYRINGE 6 MG/0.6ML	Tier 4				
UDENYCA INJ 6MG/0.6	PEGFILGRASTIM-CBQV SOLN AUTO-INJECTOR 6 MG/0.6ML	Tier 4				
XOLREMDI CAP 100MG	MAVORIXAFOR CAP 100 MG	Tier 4	X	X		X
ZARXIO INJ 300/0.5	FILGRASTIM-SNDZ SOLN PREFILLED SYRINGE 300 MCG/0.5ML	Tier 4				
ZARXIO INJ 480/0.8	FILGRASTIM-SNDZ SOLN PREFILLED SYRINGE 480 MCG/0.8ML	Tier 4				
Bronchodilators, Anticholinergic - Asthma/Lung Drugs						
ATROVENT HFA AER 17MCG	IPRATROPIUM BROMIDE HFA INHAL AEROSOL 17 MCG/ACT	Tier 4		X		
IPRATROPIUM SOL 0.02%INH	IPRATROPIUM BROMIDE INHAL SOLN 0.02%	Tier 2				
IPRATROPIUM SPR 0.03%	IPRATROPIUM BROMIDE NASAL SOLN 0.03% (21 MCG/SPRAY)	Tier 2				
IPRATROPIUM SPR 0.06%	IPRATROPIUM BROMIDE NASAL SOLN 0.06% (42 MCG/SPRAY)	Tier 2				
SPIRIVA CAP HANDIHLR	TIOTROPIUM BROMIDE INHAL CAP 18 MCG (BASE EQUIV)	Tier 3		X		

^ 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
SPIRIVA RESP AER 1.25MCG	TIOTROPIUM BROMIDE INHAL AEROSOL 1.25 MCG/ACT	Tier 3		X		
SPIRIVA RESP AER 2.5MCG	TIOTROPIUM BROMIDE INHAL AEROSOL 2.5 MCG/ACT	Tier 3		X		
YUPELRI SOL 175/3ML	REVEFENACIN INHALATION SOLUTION 175 MCG/3ML	Tier 5	X	X		
Bronchodilators, Sympathomimetic - Asthma/Lung Drugs						
ALBUTEROL AER HFA	ALBUTEROL SULFATE INHAL AERO 108 MCG/ACT (90MCG BASE EQUIV)	Tier 3		X		
ALBUTEROL NEB 0.083%	ALBUTEROL SULFATE SOLN NEBU 0.083% (2.5 MG/3ML)	Tier 2				
ALBUTEROL NEB 0.5%	ALBUTEROL SULFATE SOLN NEBU 0.5% (5 MG/ML)	Tier 2				
ALBUTEROL NEB 0.5%	ALBUTEROL SULFATE SOLN NEBU 0.5% (5 MG/ML)	Tier 4				
ALBUTEROL NEB 0.63MG/3	ALBUTEROL SULFATE SOLN NEBU 0.63 MG/3ML (BASE EQUIV)	Tier 2				
ALBUTEROL NEB 1.25MG/3	ALBUTEROL SULFATE SOLN NEBU 1.25 MG/3ML (BASE EQUIV)	Tier 2				
ALBUTEROL SYP 2MG/5ML	ALBUTEROL SULFATE SYRUP 2 MG/5ML	Tier 2				
ALBUTEROL TAB 2MG	ALBUTEROL SULFATE TAB 2 MG	Tier 4	X			
ALBUTEROL TAB 4MG	ALBUTEROL SULFATE TAB 4 MG	Tier 4	X			
ARFORMOTEROL NEB 15/2ML	ARFORMOTEROL TARTRATE SOLN NEBU 15 MCG/2ML (BASE EQUIV)	Tier 5		X		
AUVI-Q INJ 0.15MG	EPINEPHRINE SOLUTION AUTO-INJECTOR 0.15 MG/0.15ML (1:1000)	Tier 3		X		
AUVI-Q INJ 0.1MG	EPINEPHRINE SOLUTION AUTO-INJECTOR 0.1 MG/0.1ML	Tier 3		X		
AUVI-Q INJ 0.3MG	EPINEPHRINE SOLUTION AUTO-INJECTOR 0.3 MG/0.3ML (1:1000)	Tier 3		X		
EPINEPHRINE INJ 0.15MG	EPINEPHRINE SOLUTION AUTO-INJECTOR 0.15 MG/0.3ML (1:2000)	Tier 2		X		
EPINEPHRINE INJ 0.15MG	EPINEPHRINE SOLUTION AUTO-INJECTOR 0.15 MG/0.15ML (1:1000)	Tier 2		X		
EPINEPHRINE INJ 0.3MG	EPINEPHRINE SOLUTION AUTO-INJECTOR 0.3 MG/0.3ML (1:1000)	Tier 2		X		
EPINEPHRINE INJ 0.3MG	EPINEPHRINE SOLUTION PREFILLED SYRINGE 0.3 MG/0.3ML (1:1000)	Tier 3				
LEVALBUTEROL AER 45/ACT	LEVALBUTEROL TARTRATE INHAL AEROSOL 45 MCG/ACT (BASE EQUIV)	Tier 4		X		
LEVALBUTEROL NEB 0.31MG	LEVALBUTEROL HCL SOLN NEBU 0.31 MG/3ML (BASE EQUIV)	Tier 4		X		
LEVALBUTEROL NEB 0.63MG	LEVALBUTEROL HCL SOLN NEBU 0.63 MG/3ML (BASE EQUIV)	Tier 4		X		
LEVALBUTEROL NEB 1.25/0.5	LEVALBUTEROL HCL SOLN NEBU CONC 1.25 MG/0.5ML (BASE EQUIV)	Tier 4		X		

^ 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 NEB 1.25MG	LEVALBUTEROL HCL SOLN NEBU 1.25 MG/3ML (BASE EQUIV)	Tier 4		X		
NEFFY SPR 1MG	EPINEPHRINE NASAL SPRAY 1 MG/0.1ML	Tier 5		X		
NEFFY SPR 2MG	EPINEPHRINE NASAL SPRAY 2 MG/0.1ML	Tier 5		X		
SEREVENT DIS AER 50MCG	SALMETEROL XINAFOATE AER POW BA 50 MCG/ACT (BASE EQUIV)	Tier 3		X		
STRIVERDI AER 2.5MCG	OLODATEROL HCL INHAL AEROSOL SOLN 2.5 MCG/ACT (BASE EQUIV)	Tier 3		X		
TERBUTALINE TAB 2.5MG	TERBUTALINE SULFATE TAB 2.5 MG	Tier 2				
TERBUTALINE TAB 5MG	TERBUTALINE SULFATE TAB 5 MG	Tier 2				
XOPENEX HFA AER	LEVALBUTEROL TARTRATE INHAL AEROSOL 45 MCG/ACT (BASE EQUIV)	Tier 4		X		
Calcitonin Gene-Related Peptide (CGRP) Receptor Antagonist - Migraine Drugs						
AIMOVIG INJ 140MG/ML	ERENUMAB-AOOE SUBCUTANEOUS SOLN AUTO-INJECTOR 140 MG/ML	Tier 4	X	X	X	
AIMOVIG INJ 70MG/ML	ERENUMAB-AOOE SUBCUTANEOUS SOLN AUTO-INJECTOR 70 MG/ML	Tier 4	X	X	X	
EMGALITY INJ 100MG/ML	GALCANEZUMAB-GNLM SUBCUTANEOUS SOLN PREFILLED SYR 100 MG/ML	Tier 4	X	X	X	
EMGALITY INJ 120MG/ML	GALCANEZUMAB-GNLM SUBCUTANEOUS SOLN AUTO-INJECTOR 120 MG/ML	Tier 4	X	X	X	
EMGALITY INJ 120MG/ML	GALCANEZUMAB-GNLM SUBCUTANEOUS SOLN PREFILLED SYR 120 MG/ML	Tier 4	X	X	X	
NURTEC TAB 75MG ODT	RIMEGEPANT SULFATE TAB DISINT 75 MG	Tier 4	X	X	X	
QULIPTA TAB 10MG	ATOGEPANT TAB 10 MG	Tier 4	X	X	X	
QULIPTA TAB 30MG	ATOGEPANT TAB 30 MG	Tier 4	X	X	X	
QULIPTA TAB 60MG	ATOGEPANT TAB 60 MG	Tier 4	X	X	X	
UBRELVY TAB 100MG	UBROGEPANT TAB 100 MG	Tier 4	X	X	X	
UBRELVY TAB 50MG	UBROGEPANT TAB 50 MG	Tier 4	X	X	X	
ZAVZPRET SPR 10MG	ZAVEGEPANT HCL NASAL SPRAY 10 MG/ACT	Tier 5	X	X	X	
Calcium Channel Blocking Agents - Blood Pressure Drugs						
AMLODIPINE TAB 10MG	AMLODIPINE BESYLATE TAB 10 MG (BASE EQUIVALENT)	Tier 2				
AMLODIPINE TAB 2.5MG	AMLODIPINE BESYLATE TAB 2.5 MG (BASE EQUIVALENT)	Tier 2				
AMLODIPINE TAB 5MG	AMLODIPINE BESYLATE TAB 5 MG (BASE EQUIVALENT)	Tier 2				
CARTIA XT CAP 120/24HR	DILTIAZEM HCL COATED BEADS CAP ER 24HR 120 MG	Tier 3				
CARTIA XT CAP 180/24HR	DILTIAZEM HCL COATED BEADS CAP ER 24HR 180 MG	Tier 3				
CARTIA XT CAP 240/24HR	DILTIAZEM HCL COATED BEADS CAP ER 24HR 240 MG	Tier 3				

^ 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
CARTIA XT CAP 300/24HR	DILTIAZEM HCL COATED BEADS CAP ER 24HR 300 MG	Tier 3				
DILT-XR CAP 120MG	DILTIAZEM HCL CAP ER 24HR 120 MG	Tier 2				
DILT-XR CAP 180MG	DILTIAZEM HCL CAP ER 24HR 180 MG	Tier 2				
DILT-XR CAP 240MG	DILTIAZEM HCL CAP ER 24HR 240 MG	Tier 2				
DILTIAZEM CAP 120MG ER	DILTIAZEM HCL CAP ER 12HR 120 MG	Tier 2				
DILTIAZEM CAP 120MG ER	DILTIAZEM HCL COATED BEADS CAP ER 24HR 120 MG	Tier 3				
DILTIAZEM CAP 120MG ER	DILTIAZEM HCL CAP ER 24HR 120 MG	Tier 2				
DILTIAZEM CAP 120MG ER	DILTIAZEM HCL EXTENDED RELEASE BEADS CAP ER 24HR 120 MG	Tier 3				
DILTIAZEM CAP 120MG/24	DILTIAZEM HCL EXTENDED RELEASE BEADS CAP ER 24HR 120 MG	Tier 3				
DILTIAZEM CAP 180MG ER	DILTIAZEM HCL COATED BEADS CAP ER 24HR 180 MG	Tier 3				
DILTIAZEM CAP 180MG ER	DILTIAZEM HCL CAP ER 24HR 180 MG	Tier 2				
DILTIAZEM CAP 180MG ER	DILTIAZEM HCL EXTENDED RELEASE BEADS CAP ER 24HR 180 MG	Tier 3				
DILTIAZEM CAP 180MG/24	DILTIAZEM HCL EXTENDED RELEASE BEADS CAP ER 24HR 180 MG	Tier 3				
DILTIAZEM CAP 240MG ER	DILTIAZEM HCL COATED BEADS CAP ER 24HR 240 MG	Tier 3				
DILTIAZEM CAP 240MG ER	DILTIAZEM HCL CAP ER 24HR 240 MG	Tier 2				
DILTIAZEM CAP 240MG ER	DILTIAZEM HCL EXTENDED RELEASE BEADS CAP ER 24HR 240 MG	Tier 3				
DILTIAZEM CAP 240MG/24	DILTIAZEM HCL EXTENDED RELEASE BEADS CAP ER 24HR 240 MG	Tier 3				
DILTIAZEM CAP 300MG ER	DILTIAZEM HCL COATED BEADS CAP ER 24HR 300 MG	Tier 3				
DILTIAZEM CAP 300MG ER	DILTIAZEM HCL EXTENDED RELEASE BEADS CAP ER 24HR 300 MG	Tier 3				
DILTIAZEM CAP 360MG CD	DILTIAZEM HCL COATED BEADS CAP ER 24HR 360 MG	Tier 3				
DILTIAZEM CAP 360MG ER	DILTIAZEM HCL COATED BEADS CAP ER 24HR 360 MG	Tier 3				
DILTIAZEM CAP 360MG ER	DILTIAZEM HCL EXTENDED RELEASE BEADS CAP ER 24HR 360 MG	Tier 3				
DILTIAZEM CAP 420MG/24	DILTIAZEM HCL EXTENDED RELEASE BEADS CAP ER 24HR 420 MG	Tier 3				
DILTIAZEM CAP 60MG ER	DILTIAZEM HCL CAP ER 12HR 60 MG	Tier 2				
DILTIAZEM CAP 90MG ER	DILTIAZEM HCL CAP ER 12HR 90 MG	Tier 2				
DILTIAZEM TAB 120MG	DILTIAZEM HCL TAB 120 MG	Tier 2				
DILTIAZEM TAB 120MG ER	DILTIAZEM HCL TAB ER 24HR 120 MG	Tier 3				
DILTIAZEM TAB 240MG ER	DILTIAZEM HCL TAB ER 24HR 240 MG	Tier 3				

^ 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 TAB 300MG ER	DILTIAZEM HCL TAB ER 24HR 300 MG	Tier 3				
DILTIAZEM TAB 30MG	DILTIAZEM HCL TAB 30 MG	Tier 2				
DILTIAZEM TAB 360MG ER	DILTIAZEM HCL TAB ER 24HR 360 MG	Tier 3				
DILTIAZEM TAB 60MG	DILTIAZEM HCL TAB 60 MG	Tier 2				
DILTIAZEM TAB 90MG	DILTIAZEM HCL TAB 90 MG	Tier 2				
DILTIAZEM ER TAB 180MG	DILTIAZEM HCL TAB ER 24HR 180 MG	Tier 3				
DILTIAZEM ER TAB 240MG	DILTIAZEM HCL TAB ER 24HR 240 MG	Tier 3				
DILTIAZEM ER TAB 300MG	DILTIAZEM HCL TAB ER 24HR 300 MG	Tier 3				
DILTIAZEM ER TAB 360MG	DILTIAZEM HCL TAB ER 24HR 360 MG	Tier 3				
DILTIAZEM ER TAB 420MG	DILTIAZEM HCL TAB ER 24HR 420 MG	Tier 3				
FELODIPINE TAB 10MG ER	FELODIPINE TAB ER 24HR 10 MG	Tier 2				
FELODIPINE TAB 2.5MG ER	FELODIPINE TAB ER 24HR 2.5 MG	Tier 2				
FELODIPINE TAB 5MG ER	FELODIPINE TAB ER 24HR 5 MG	Tier 2				
ISRADIPINE CAP 2.5MG	ISRADIPINE CAP 2.5 MG	Tier 2				
ISRADIPINE CAP 5MG	ISRADIPINE CAP 5 MG	Tier 2				
MATZIM LA TAB 180MG/24	DILTIAZEM HCL TAB ER 24HR 180 MG	Tier 3				
MATZIM LA TAB 240MG/24	DILTIAZEM HCL TAB ER 24HR 240 MG	Tier 3				
MATZIM LA TAB 300MG/24	DILTIAZEM HCL TAB ER 24HR 300 MG	Tier 3				
MATZIM LA TAB 360MG/24	DILTIAZEM HCL TAB ER 24HR 360 MG	Tier 3				
MATZIM LA TAB 420MG/24	DILTIAZEM HCL TAB ER 24HR 420 MG	Tier 3				
NICARDIPINE CAP 20MG	NICARDIPINE HCL CAP 20 MG	Tier 2				
NICARDIPINE CAP 30MG	NICARDIPINE HCL CAP 30 MG	Tier 2				
NIFEDIPINE CAP 10MG	NIFEDIPINE CAP 10 MG	Tier 2				
NIFEDIPINE CAP 20MG	NIFEDIPINE CAP 20 MG	Tier 2				
NIFEDIPINE TAB 30MG ER	NIFEDIPINE TAB ER 24HR OSMOTIC RELEASE 30 MG	Tier 2				
NIFEDIPINE TAB 30MG ER	NIFEDIPINE TAB ER 24HR 30 MG	Tier 2				
NIFEDIPINE TAB 60MG ER	NIFEDIPINE TAB ER 24HR OSMOTIC RELEASE 60 MG	Tier 2				
NIFEDIPINE TAB 60MG ER	NIFEDIPINE TAB ER 24HR 60 MG	Tier 2				
NIFEDIPINE TAB 90MG ER	NIFEDIPINE TAB ER 24HR OSMOTIC RELEASE 90 MG	Tier 2				
NIFEDIPINE TAB 90MG ER	NIFEDIPINE TAB ER 24HR 90 MG	Tier 2				
NIMODIPINE CAP 30MG	NIMODIPINE CAP 30 MG	Tier 2				
NIMODIPINE SOL 60/20ML	NIMODIPINE ORAL SOLN 60 MG/20ML (3 MG/ML)	Tier 3				
NISOLDIPINE TAB 17MG ER	NISOLDIPINE TAB ER 24HR 17 MG	Tier 3				
NISOLDIPINE TAB 20MG ER	NISOLDIPINE TAB ER 24HR 20 MG	Tier 3				
NISOLDIPINE TAB 25.5MG	NISOLDIPINE TAB ER 24HR 25.5 MG	Tier 3				
NISOLDIPINE TAB 30MG ER	NISOLDIPINE TAB ER 24HR 30 MG	Tier 3				

^ 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 34MG ER	NISOLDIPINE TAB ER 24HR 34 MG	Tier 3				
NISOLDIPINE TAB 40MG ER	NISOLDIPINE TAB ER 24HR 40 MG	Tier 3				
NISOLDIPINE TAB 8.5MG ER	NISOLDIPINE TAB ER 24HR 8.5 MG	Tier 3				
NORLIQVA SOL 1MG/ML	AMLODIPINE BESYLATE ORAL SOLN 1 MG/ML (BASE EQUIVALENT)	Tier 5	X			
NYMALIZE SOL	NIMODIPINE ORAL SOLN 6 MG/ML	Tier 3				
SULAR TAB 17MG ER	NISOLDIPINE TAB ER 24HR 17 MG	Tier 5				
SULAR TAB 34MG ER	NISOLDIPINE TAB ER 24HR 34 MG	Tier 5				
SULAR TAB 8.5MG ER	NISOLDIPINE TAB ER 24HR 8.5 MG	Tier 5				
TAZTIA XT CAP 120MG/24	DILTIAZEM HCL EXTENDED RELEASE BEADS CAP ER 24HR 120 MG	Tier 3				
TAZTIA XT CAP 180MG/24	DILTIAZEM HCL EXTENDED RELEASE BEADS CAP ER 24HR 180 MG	Tier 3				
TAZTIA XT CAP 240MG/24	DILTIAZEM HCL EXTENDED RELEASE BEADS CAP ER 24HR 240 MG	Tier 3				
TAZTIA XT CAP 300MG ER	DILTIAZEM HCL EXTENDED RELEASE BEADS CAP ER 24HR 300 MG	Tier 3				
TAZTIA XT CAP 360MG/24	DILTIAZEM HCL EXTENDED RELEASE BEADS CAP ER 24HR 360 MG	Tier 3				
TIADYLT CAP 120MG/24	DILTIAZEM HCL EXTENDED RELEASE BEADS CAP ER 24HR 120 MG	Tier 3				
TIADYLT CAP 180MG/24	DILTIAZEM HCL EXTENDED RELEASE BEADS CAP ER 24HR 180 MG	Tier 3				
TIADYLT CAP 240MG/24	DILTIAZEM HCL EXTENDED RELEASE BEADS CAP ER 24HR 240 MG	Tier 3				
TIADYLT CAP 300MG/24	DILTIAZEM HCL EXTENDED RELEASE BEADS CAP ER 24HR 300 MG	Tier 3				
TIADYLT CAP 360MG/24	DILTIAZEM HCL EXTENDED RELEASE BEADS CAP ER 24HR 360 MG	Tier 3				
TIADYLT CAP 420MG/24	DILTIAZEM HCL EXTENDED RELEASE BEADS CAP ER 24HR 420 MG	Tier 3				
TIAZAC CAP 120MG/24	DILTIAZEM HCL EXTENDED RELEASE BEADS CAP ER 24HR 120 MG	Tier 5				
TIAZAC CAP 180MG/24	DILTIAZEM HCL EXTENDED RELEASE BEADS CAP ER 24HR 180 MG	Tier 5				
TIAZAC CAP 240MG/24	DILTIAZEM HCL EXTENDED RELEASE BEADS CAP ER 24HR 240 MG	Tier 5				
TIAZAC CAP 300MG/24	DILTIAZEM HCL EXTENDED RELEASE BEADS CAP ER 24HR 300 MG	Tier 5				
TIAZAC CAP 360MG/24	DILTIAZEM HCL EXTENDED RELEASE BEADS CAP ER 24HR 360 MG	Tier 5				
TIAZAC CAP 420MG/24	DILTIAZEM HCL EXTENDED RELEASE BEADS CAP ER 24HR 420 MG	Tier 5				
VERAPAMIL CAP 100MG ER	VERAPAMIL HCL CAP ER 24HR 100 MG	Tier 4				

^ 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 120MG ER	VERAPAMIL HCL CAP ER 24HR 120 MG	Tier 2				
VERAPAMIL CAP 120MG SR	VERAPAMIL HCL CAP ER 24HR 120 MG	Tier 2				
VERAPAMIL CAP 180MG ER	VERAPAMIL HCL CAP ER 24HR 180 MG	Tier 2				
VERAPAMIL CAP 180MG SR	VERAPAMIL HCL CAP ER 24HR 180 MG	Tier 2				
VERAPAMIL CAP 200MG ER	VERAPAMIL HCL CAP ER 24HR 200 MG	Tier 4				
VERAPAMIL CAP 240MG ER	VERAPAMIL HCL CAP ER 24HR 240 MG	Tier 2				
VERAPAMIL CAP 240MG SR	VERAPAMIL HCL CAP ER 24HR 240 MG	Tier 2				
VERAPAMIL CAP 300MG ER	VERAPAMIL HCL CAP ER 24HR 300 MG	Tier 4				
VERAPAMIL CAP 360MG SR	VERAPAMIL HCL CAP ER 24HR 360 MG	Tier 2				
VERAPAMIL TAB 120MG	VERAPAMIL HCL TAB 120 MG	Tier 2				
VERAPAMIL TAB 120MG ER	VERAPAMIL HCL TAB ER 120 MG	Tier 2				
VERAPAMIL TAB 180MG ER	VERAPAMIL HCL TAB ER 180 MG	Tier 2				
VERAPAMIL TAB 240MG ER	VERAPAMIL HCL TAB ER 240 MG	Tier 2				
VERAPAMIL TAB 40MG	VERAPAMIL HCL TAB 40 MG	Tier 2				
VERAPAMIL TAB 80MG	VERAPAMIL HCL TAB 80 MG	Tier 2				
VERELAN CAP 120MG SR	VERAPAMIL HCL CAP ER 24HR 120 MG	Tier 5				
VERELAN CAP 180MG SR	VERAPAMIL HCL CAP ER 24HR 180 MG	Tier 5				
VERELAN CAP 240MG SR	VERAPAMIL HCL CAP ER 24HR 240 MG	Tier 5				
VERELAN CAP 360MG SR	VERAPAMIL HCL CAP ER 24HR 360 MG	Tier 5				
VERELAN PM CAP 100MG ER	VERAPAMIL HCL CAP ER 24HR 100 MG	Tier 5				
VERELAN PM CAP 200MG ER	VERAPAMIL HCL CAP ER 24HR 200 MG	Tier 5				
VERELAN PM CAP 300MG ER	VERAPAMIL HCL CAP ER 24HR 300 MG	Tier 5				
Calcium Channel Modifying Agents - Seizure Control Drugs						
CELONTIN CAP 300MG	METHSUXIMIDE CAP 300 MG	Tier 5				
ETHOSUXIMIDE CAP 250MG	ETHOSUXIMIDE CAP 250 MG	Tier 2				
ETHOSUXIMIDE SOL 250/5ML	ETHOSUXIMIDE SOLN 250 MG/5ML	Tier 2				
METHSUXIMIDE CAP 300MG	METHSUXIMIDE CAP 300 MG	Tier 3				
ZARONTIN CAP 250MG	ETHOSUXIMIDE CAP 250 MG	Tier 5				
ZARONTIN SOL 250/5ML	ETHOSUXIMIDE SOLN 250 MG/5ML	Tier 5				
ZONISADE SUS 100MG/5	ZONISAMIDE ORAL SUSP 100 MG/5ML (20 MG/ML)	Tier 5	X			
ZONISAMIDE CAP 100MG	ZONISAMIDE CAP 100 MG	Tier 2				
ZONISAMIDE CAP 25MG	ZONISAMIDE CAP 25 MG	Tier 2				
ZONISAMIDE CAP 50MG	ZONISAMIDE CAP 50 MG	Tier 2				
Cardiovascular Agents, Other						
CAMZYOS CAP 10MG	MAVACAMTEN CAP 10 MG	Tier 5	X	X		X
CAMZYOS CAP 15MG	MAVACAMTEN CAP 15 MG	Tier 5	X	X		X
CAMZYOS CAP 2.5MG	MAVACAMTEN CAP 2.5 MG	Tier 5	X	X		X

^ 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
CAMZYOS CAP 5MG	MAVACAMTEN CAP 5 MG	Tier 5	X	X		X
LODOCO TAB 0.5MG	COLCHICINE (CARDIOVASCULAR) TAB 0.5 MG	Tier 5		X		
Cardiovascular Agents, Other - Miscellaneous Cardiac Drugs						
ACCURETIC TAB 10-12.5	QUINAPRIL-HYDROCHLOROTHIAZIDE TAB 10-12.5 MG	Tier 5				
ACCURETIC TAB 20-12.5	QUINAPRIL-HYDROCHLOROTHIAZIDE TAB 20-12.5 MG	Tier 5				
AMILOR/HCTZ TAB 5-50	AMILORIDE & HYDROCHLOROTHIAZIDE TAB 5-50 MG	Tier 2				
AMLOD/BENAZP CAP 10-20MG	AMLODIPINE BESYLATE-BENAZEPRIL HCL CAP 10-20 MG	Tier 2				
AMLOD/BENAZP CAP 10-40MG	AMLODIPINE BESYLATE-BENAZEPRIL HCL CAP 10-40 MG	Tier 2				
AMLOD/BENAZP CAP 2.5-10MG	AMLODIPINE BESYLATE-BENAZEPRIL HCL CAP 2.5-10 MG	Tier 2				
AMLOD/BENAZP CAP 5-10MG	AMLODIPINE BESYLATE-BENAZEPRIL HCL CAP 5-10 MG	Tier 2				
AMLOD/BENAZP CAP 5-20MG	AMLODIPINE BESYLATE-BENAZEPRIL HCL CAP 5-20 MG	Tier 2				
AMLOD/BENAZP CAP 5-40MG	AMLODIPINE BESYLATE-BENAZEPRIL HCL CAP 5-40 MG	Tier 2				
AMLOD/VALSAR TAB 10-160MG	AMLODIPINE BESYLATE-VALSARTAN TAB 10-160 MG	Tier 3				
AMLOD/VALSAR TAB 10-320MG	AMLODIPINE BESYLATE-VALSARTAN TAB 10-320 MG	Tier 3				
AMLOD/VALSAR TAB 5-160MG	AMLODIPINE BESYLATE-VALSARTAN TAB 5-160 MG	Tier 3				
AMLOD/VALSAR TAB 5-320MG	AMLODIPINE BESYLATE-VALSARTAN TAB 5-320 MG	Tier 3				
ASPRUZYO SPR GRA 1000MG	RANOLAZINE ER GRANULES PACKET 1000 MG	Tier 5	X			
ASPRUZYO SPR GRA 500MG	RANOLAZINE ER GRANULES PACKET 500 MG	Tier 5	X			
ATENOL/CHLOR TAB 100-25MG	ATENOLOL & CHLORTHALIDONE TAB 100-25 MG	Tier 2				
ATENOL/CHLOR TAB 50-25MG	ATENOLOL & CHLORTHALIDONE TAB 50-25 MG	Tier 2				
BENAZEP/HCTZ TAB 10-12.5	BENAZEPRIL & HYDROCHLOROTHIAZIDE TAB 10-12.5 MG	Tier 2				
BENAZEP/HCTZ TAB 20-12.5	BENAZEPRIL & HYDROCHLOROTHIAZIDE TAB 20-12.5 MG	Tier 2				
BENAZEP/HCTZ TAB 20-25MG	BENAZEPRIL & HYDROCHLOROTHIAZIDE TAB 20-25 MG	Tier 2				
BENAZEP/HCTZ TAB 5-6.25MG	BENAZEPRIL & HYDROCHLOROTHIAZIDE TAB 5-6.25 MG	Tier 2				

^ 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 2				
BISOPRL/HCTZ TAB 2.5/6.25	BISOPROLOL & HYDROCHLOROTHIAZIDE TAB 2.5-6.25 MG	Tier 2				
BISOPRL/HCTZ TAB 5-6.25MG	BISOPROLOL & HYDROCHLOROTHIAZIDE TAB 5-6.25 MG	Tier 2				
CANDESA/HCTZ TAB 16-12.5	CANDESARTAN CILEXETIL-HYDROCHLOROTHIAZIDE TAB 16-12.5 MG	Tier 4				
CANDESA/HCTZ TAB 32-12.5	CANDESARTAN CILEXETIL-HYDROCHLOROTHIAZIDE TAB 32-12.5 MG	Tier 4				
CANDESA/HCTZ TAB 32-25MG	CANDESARTAN CILEXETIL-HYDROCHLOROTHIAZIDE TAB 32-25 MG	Tier 4				
CAPTOPR/HCTZ TAB 25-15MG	CAPTAPRIL & HYDROCHLOROTHIAZIDE TAB 25-15 MG	Tier 2				
CAPTOPR/HCTZ TAB 25-25MG	CAPTAPRIL & HYDROCHLOROTHIAZIDE TAB 25-25 MG	Tier 2				
CAPTOPR/HCTZ TAB 50-15MG	CAPTAPRIL & HYDROCHLOROTHIAZIDE TAB 50-15 MG	Tier 2				
CAPTOPR/HCTZ TAB 50-25MG	CAPTAPRIL & HYDROCHLOROTHIAZIDE TAB 50-25 MG	Tier 2				
CORLANOR SOL 5MG/5ML	IVABRADINE HCL ORAL SOLN 5 MG/5ML (BASE EQUIV)	Tier 4	X	X		
CORLANOR TAB 5MG	IVABRADINE HCL TAB 5 MG (BASE EQUIV)	Tier 4	X	X		
CORLANOR TAB 7.5MG	IVABRADINE HCL TAB 7.5 MG (BASE EQUIV)	Tier 4	X	X		
DIGOXIN SOL 50MCG/ML	DIGOXIN ORAL SOLN 0.05 MG/ML	Tier 2				
DIGOXIN TAB 0.0625MG	DIGOXIN TAB 62.5 MCG (0.0625 MG)	Tier 2				
DIGOXIN TAB 0.125MG	DIGOXIN TAB 125 MCG (0.125 MG)	Tier 2				
DIGOXIN TAB 0.25MG	DIGOXIN TAB 250 MCG (0.25 MG)	Tier 2				
ENALAPR/HCTZ TAB 10-25MG	ENALAPRIL MALEATE & HYDROCHLOROTHIAZIDE TAB 10-25 MG	Tier 2				
ENALAPR/HCTZ TAB 5-12.5MG	ENALAPRIL MALEATE & HYDROCHLOROTHIAZIDE TAB 5-12.5 MG	Tier 2				
ENTRESTO CAP 15-16MG	SACUBITRIL-VALSARTAN SPRINKLE CAP 15-16 MG	Tier 5	X	X		
ENTRESTO CAP 6-6MG	SACUBITRIL-VALSARTAN SPRINKLE CAP 6-6 MG	Tier 5	X	X		
FOSINOP/HCTZ TAB 10/12.5	FOSINOPRIL SODIUM & HYDROCHLOROTHIAZIDE TAB 10-12.5 MG	Tier 2				
FOSINOP/HCTZ TAB 20/12.5	FOSINOPRIL SODIUM & HYDROCHLOROTHIAZIDE TAB 20-12.5 MG	Tier 2				
IRBESAR/HCTZ TAB 150-12.5	IRBESARTAN-HYDROCHLOROTHIAZIDE TAB 150-12.5 MG	Tier 2				
IRBESAR/HCTZ TAB 300-12.5	IRBESARTAN-HYDROCHLOROTHIAZIDE TAB 300-12.5 MG	Tier 2				

^ 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
ISOSO/HYDRAL TAB 20-37.5	ISOSORBIDE DINITRATE-HYDRALAZINE HCL TAB 20-37.5 MG	Tier 3				
IVABRADINE TAB 5MG	IVABRADINE HCL TAB 5 MG (BASE EQUIV)	Tier 4	X	X		
IVABRADINE TAB 7.5MG	IVABRADINE HCL TAB 7.5 MG (BASE EQUIV)	Tier 4	X	X		
LANOXIN TAB 0.0625MG	DIGOXIN TAB 62.5 MCG (0.0625 MG)	Tier 5				
LANOXIN TAB 0.125MG	DIGOXIN TAB 125 MCG (0.125 MG)	Tier 4				
LANOXIN TAB 0.25MG	DIGOXIN TAB 250 MCG (0.25 MG)	Tier 4				
LISINOP/HCTZ TAB 10-12.5	LISINAPRIL & HYDROCHLOROTHIAZIDE TAB 10-12.5 MG	Tier 2				
LISINOP/HCTZ TAB 20-12.5	LISINAPRIL & HYDROCHLOROTHIAZIDE TAB 20-12.5 MG	Tier 2				
LISINOP/HCTZ TAB 20-25MG	LISINAPRIL & HYDROCHLOROTHIAZIDE TAB 20-25 MG	Tier 2				
LOSARTAN/HCT TAB 100-12.5	LOSARTAN POTASSIUM & HYDROCHLOROTHIAZIDE TAB 100-12.5 MG	Tier 2				
LOSARTAN/HCT TAB 100-25	LOSARTAN POTASSIUM & HYDROCHLOROTHIAZIDE TAB 100-25 MG	Tier 2				
LOSARTAN/HCT TAB 50-12.5	LOSARTAN POTASSIUM & HYDROCHLOROTHIAZIDE TAB 50-12.5 MG	Tier 2				
LOTENSIN HCT TAB 10-12.5	BENAZEPRIL & HYDROCHLOROTHIAZIDE TAB 10-12.5 MG	Tier 5				
LOTENSIN HCT TAB 20-12.5	BENAZEPRIL & HYDROCHLOROTHIAZIDE TAB 20-12.5 MG	Tier 5				
LOTENSIN HCT TAB 20-25MG	BENAZEPRIL & HYDROCHLOROTHIAZIDE TAB 20-25 MG	Tier 5				
MAXZIDE TAB 75-50	TRIAMTERENE & HYDROCHLOROTHIAZIDE TAB 75-50 MG	Tier 5				
MAXZIDE-25 TAB	TRIAMTERENE & HYDROCHLOROTHIAZIDE TAB 37.5-25 MG	Tier 5				
METOPRL/HCTZ TAB 100-25MG	METOPROLOL & HYDROCHLOROTHIAZIDE TAB 100-25 MG	Tier 2				
METOPRL/HCTZ TAB 100-50MG	METOPROLOL & HYDROCHLOROTHIAZIDE TAB 100-50 MG	Tier 2				
METOPRL/HCTZ TAB 50-25MG	METOPROLOL & HYDROCHLOROTHIAZIDE TAB 50-25 MG	Tier 2				
METYROSINE CAP 250MG	METYROSINE CAP 250 MG	Tier 4	X			
OLM MED/HCTZ TAB 20-12.5	OLMESARTAN MEDOXOMIL-HYDROCHLOROTHIAZIDE TAB 20-12.5 MG	Tier 3				
OLM MED/HCTZ TAB 40-12.5	OLMESARTAN MEDOXOMIL-HYDROCHLOROTHIAZIDE TAB 40-12.5 MG	Tier 3				
OLM MED/HCTZ TAB 40-25MG	OLMESARTAN MEDOXOMIL-HYDROCHLOROTHIAZIDE TAB 40-25 MG	Tier 3				
PENTOXIFYLLI TAB 400MG ER	PENTOXIFYLLINE TAB ER 400 MG	Tier 2				
QNAPRIL/HCTZ TAB 10-12.5	QUINAPRIL-HYDROCHLOROTHIAZIDE TAB 10-12.5 MG	Tier 3				

^ 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 20-12.5	QUINAPRIL-HYDROCHLOROTHIAZIDE TAB 20-12.5 MG	Tier 3				
QNAPRIL/HCTZ TAB 20-25MG	QUINAPRIL-HYDROCHLOROTHIAZIDE TAB 20-25 MG	Tier 3				
RANOLAZINE TAB 1000MG	RANOLAZINE TAB ER 12HR 1000 MG	Tier 3				
RANOLAZINE TAB 500MG ER	RANOLAZINE TAB ER 12HR 500 MG	Tier 3				
SACUB/VALSAR TAB 24-26MG	SACUBITRIL-VALSARTAN TAB 24-26 MG	Tier 4	X	X		
SACUB/VALSAR TAB 49-51MG	SACUBITRIL-VALSARTAN TAB 49-51 MG	Tier 4	X	X		
SACUB/VALSAR TAB 97-103MG	SACUBITRIL-VALSARTAN TAB 97-103 MG	Tier 4	X	X		
SPIRONO/HCTZ TAB 25/25	SPIRONOLACTONE & HYDROCHLOROTHIAZIDE TAB 25-25 MG	Tier 2				
TELMISA/HCTZ TAB 40-12.5	TELMISARTAN-HYDROCHLOROTHIAZIDE TAB 40-12.5 MG	Tier 3				
TELMISA/HCTZ TAB 80-12.5	TELMISARTAN-HYDROCHLOROTHIAZIDE TAB 80-12.5 MG	Tier 3				
TELMISA/HCTZ TAB 80-25MG	TELMISARTAN-HYDROCHLOROTHIAZIDE TAB 80-25 MG	Tier 3				
TRANDO/VERAP TAB 1-240 ER	TRANDOLAPRIL-VERAPAMIL HCL TAB ER 1-240 MG	Tier 4				
TRANDO/VERAP TAB 2-180 ER	TRANDOLAPRIL-VERAPAMIL HCL TAB ER 2-180 MG	Tier 4				
TRANDO/VERAP TAB 2-240 ER	TRANDOLAPRIL-VERAPAMIL HCL TAB ER 2-240 MG	Tier 4				
TRANDO/VERAP TAB 4-240 ER	TRANDOLAPRIL-VERAPAMIL HCL TAB ER 4-240 MG	Tier 4				
TRIAMT/HCTZ CAP 37.5-25	TRIAMTERENE & HYDROCHLOROTHIAZIDE CAP 37.5-25 MG	Tier 2				
TRIAMT/HCTZ TAB 37.5-25	TRIAMTERENE & HYDROCHLOROTHIAZIDE TAB 37.5-25 MG	Tier 2				
TRIAMT/HCTZ TAB 75-50MG	TRIAMTERENE & HYDROCHLOROTHIAZIDE TAB 75-50 MG	Tier 2				
VALSART/HCTZ TAB 160-12.5	VALSARTAN-HYDROCHLOROTHIAZIDE TAB 160-12.5 MG	Tier 2				
VALSART/HCTZ TAB 160-25MG	VALSARTAN-HYDROCHLOROTHIAZIDE TAB 160-25 MG	Tier 2				
VALSART/HCTZ TAB 320-12.5	VALSARTAN-HYDROCHLOROTHIAZIDE TAB 320-12.5 MG	Tier 2				
VALSART/HCTZ TAB 320-25MG	VALSARTAN-HYDROCHLOROTHIAZIDE TAB 320-25 MG	Tier 2				
VALSART/HCTZ TAB 80-12.5	VALSARTAN-HYDROCHLOROTHIAZIDE TAB 80-12.5 MG	Tier 2				
VECAMYL TAB 2.5MG	MECAMYLAMINE HCL TAB 2.5 MG	Tier 5	X			
VYNDAMAX CAP 61MG	TAFAMIDIS CAP 61 MG	Tier 4	X	X		X
VYNDALCEL CAP 20MG	TAFAMIDIS MEGLUMINE (CARDIAC) CAP 20 MG	Tier 4	X	X		X

^ 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
Central Nervous System, Other						
DAYBUE SOL 200MG/ML	TROFINETIDE ORAL SOLN 200 MG/ML	Tier 4	X	X		
DAYBUE STIX POW 5000MG	TROFINETIDE ORAL POWDER PACKET 5000 MG	Tier 4	X			
DAYBUE STIX POW 6000MG	TROFINETIDE ORAL POWDER PACKET 6000 MG	Tier 4	X			
DAYBUE STIX POW 8000MG	TROFINETIDE ORAL POWDER PACKET 8000 MG	Tier 4	X			
RELYVRIO PAK 3-1GM	SODIUM PHENYLBUTYRATE-TAURURSODIOL POWD PACK 3-1 GM	Tier 5				X
SKYCLARYS CAP 50MG	OMAVELOXOLONE CAP 50 MG	Tier 4	X	X		X
VYLEESI INJ 1.75/0.3	BREMELANOTIDE ACET SUBCUTANEOUS SOLN AUTO-INJ 1.75 MG/0.3ML	Tier 5	X	X		
Central Nervous System, Other - Miscellaneous Central Nervous System Drugs						
ADDYI TAB 100MG	FLIBANSERIN TAB 100 MG	Tier 5	X	X		
AUSTEDO TAB 12MG	DEUTETRABENAZINE TAB 12 MG	Tier 4	X	X		X
AUSTEDO TAB 6MG	DEUTETRABENAZINE TAB 6 MG	Tier 4	X	X		X
AUSTEDO TAB 9MG	DEUTETRABENAZINE TAB 9 MG	Tier 4	X	X		X
AUSTEDO XR TAB 12MG	DEUTETRABENAZINE TAB ER 24HR 12 MG	Tier 4	X	X		X
AUSTEDO XR TAB 18MG	DEUTETRABENAZINE TAB ER 24HR 18 MG	Tier 4	X	X		X
AUSTEDO XR TAB 24MG	DEUTETRABENAZINE TAB ER 24HR 24 MG	Tier 4	X	X		X
AUSTEDO XR TAB 30MG	DEUTETRABENAZINE TAB ER 24HR 30 MG	Tier 4	X	X		X
AUSTEDO XR TAB 36MG	DEUTETRABENAZINE TAB ER 24HR 36 MG	Tier 4	X	X		X
AUSTEDO XR TAB 42MG	DEUTETRABENAZINE TAB ER 24HR 42 MG	Tier 4	X	X		X
AUSTEDO XR TAB 48MG	DEUTETRABENAZINE TAB ER 24HR 48 MG	Tier 4	X	X		X
AUSTEDO XR TAB 6MG	DEUTETRABENAZINE TAB ER 24HR 6 MG	Tier 4	X	X		X
AUSTEDO XR TAB TITR KIT	DEUTETRABENAZINE TAB ER TITRATION PACK 12 & 18 & 24 & 30 MG	Tier 4	X	X		X
AUSTEDO XR TAB TITR KIT	DEUTETRABENAZINE TAB ER TITRATION PACK 6 MG & 12 MG & 24 MG	Tier 4	X	X		X
CAFFEINE CIT SOL 20MG/ML	CAFFEINE CITRATE ORAL SOLN 60 MG/3ML (10 MG/ML BASE EQUIV)	Tier 2				
CAFFEINE CIT SOL 60MG/3ML	CAFFEINE CITRATE ORAL SOLN 60 MG/3ML (10 MG/ML BASE EQUIV)	Tier 2				
EXSERVAN MIS 50MG	RILUZOLE ORAL FILM 50 MG	Tier 5	X			X
INGREZZA CAP 40-80MG	VALBENAZINE TOSYLATE CAP THERAPY PACK 40 MG (7) & 80 MG (21)	Tier 4	X	X		X
INGREZZA CAP 40MG	VALBENAZINE TOSYLATE CAP 40 MG (BASE EQUIV)	Tier 4	X	X		X
INGREZZA CAP 40MG	VALBENAZINE TOSYLATE CAPSULE SPRINKLE 40 MG (BASE EQUIV)	Tier 4	X	X		X
INGREZZA CAP 60MG	VALBENAZINE TOSYLATE CAP 60 MG (BASE EQUIV)	Tier 4	X	X		

^ 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 60MG	VALBENAZINE TOSYLATE CAPSULE SPRINKLE 60 MG (BASE EQUIV)	Tier 4	X	X		X
INGREZZA CAP 80MG	VALBENAZINE TOSYLATE CAP 80 MG (BASE EQUIV)	Tier 4	X	X		X
INGREZZA CAP 80MG	VALBENAZINE TOSYLATE CAPSULE SPRINKLE 80 MG (BASE EQUIV)	Tier 4	X	X		X
NUEDEXTA CAP 20-10MG	DEXTROMETHORPHAN HBR-QUINIDINE SULFATE CAP 20-10 MG	Tier 3	X	X		
RADICAVA ORS SUS 105/5ML	EDARAVONE ORAL SUSP 105 MG/5ML	Tier 5	X	X		X
RADICAVA ORS SUS STARTER	EDARAVONE ORAL SUSP 105 MG/5ML	Tier 5	X	X		X
RILUZOLE TAB 50MG	RILUZOLE TAB 50 MG	Tier 2				X
TEGLUTIK SUS 50/10ML	RILUZOLE SUSP 50 MG/10ML	Tier 5	X			
TETRABENAZIN TAB 12.5MG	TETRABENAZINE TAB 12.5 MG	Tier 4	X			X
TETRABENAZIN TAB 25MG	TETRABENAZINE TAB 25 MG	Tier 4	X			X
TIGLUTIK SUS 50/10ML	RILUZOLE SUSP 50 MG/10ML	Tier 5	X			
Cholinesterase Inhibitors - Alzheimer's Disease and Dementia Drugs						
DONEPEZIL TAB 10MG	DONEPEZIL HYDROCHLORIDE TAB 10 MG	Tier 2				
DONEPEZIL TAB 10MG ODT	DONEPEZIL HYDROCHLORIDE ORALLY DISINTEGRATING TAB 10 MG	Tier 2				
DONEPEZIL TAB 23MG	DONEPEZIL HYDROCHLORIDE TAB 23 MG	Tier 2				
DONEPEZIL TAB 5MG	DONEPEZIL HYDROCHLORIDE TAB 5 MG	Tier 2				
DONEPEZIL TAB 5MG ODT	DONEPEZIL HYDROCHLORIDE ORALLY DISINTEGRATING TAB 5 MG	Tier 2				
DONEPEZIL TAB ODT 10MG	DONEPEZIL HYDROCHLORIDE ORALLY DISINTEGRATING TAB 10 MG	Tier 2				
DONEPEZIL TAB ODT 5MG	DONEPEZIL HYDROCHLORIDE ORALLY DISINTEGRATING TAB 5 MG	Tier 2				
GALANTAMINE CAP 16MG ER	GALANTAMINE HYDROBROMIDE CAP ER 24HR 16 MG	Tier 2				
GALANTAMINE CAP 24MG ER	GALANTAMINE HYDROBROMIDE CAP ER 24HR 24 MG	Tier 2				
GALANTAMINE CAP 8MG ER	GALANTAMINE HYDROBROMIDE CAP ER 24HR 8 MG	Tier 2				
GALANTAMINE SOL 4MG/ML	GALANTAMINE HYDROBROMIDE ORAL SOLN 4 MG/ML	Tier 2				
GALANTAMINE TAB 12MG	GALANTAMINE HYDROBROMIDE TAB 12 MG	Tier 2				
GALANTAMINE TAB 4MG	GALANTAMINE HYDROBROMIDE TAB 4 MG	Tier 2				
GALANTAMINE TAB 8MG	GALANTAMINE HYDROBROMIDE TAB 8 MG	Tier 2				
RIVASTIGMINE CAP 1.5MG	RIVASTIGMINE TARTRATE CAP 1.5 MG (BASE EQUIVALENT)	Tier 2				
RIVASTIGMINE CAP 3MG	RIVASTIGMINE TARTRATE CAP 3 MG (BASE EQUIVALENT)	Tier 2				

^ 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 CAP 4.5MG	RIVASTIGMINE TARTRATE CAP 4.5 MG (BASE EQUIVALENT)	Tier 2				
RIVASTIGMINE CAP 6MG	RIVASTIGMINE TARTRATE CAP 6 MG (BASE EQUIVALENT)	Tier 2				
RIVASTIGMINE DIS 13.3/24	RIVASTIGMINE TD PATCH 24HR 13.3 MG/24HR	Tier 4				
RIVASTIGMINE DIS 4.6MG/24	RIVASTIGMINE TD PATCH 24HR 4.6 MG/24HR	Tier 4				
RIVASTIGMINE DIS 9.5MG/24	RIVASTIGMINE TD PATCH 24HR 9.5 MG/24HR	Tier 4				
Cystic Fibrosis Agents - Drugs to treat Cystic Fibrosis						
KALYDECO GRA 13.4MG	IVACAFTOR PACKET 13.4 MG	Tier 4	X	X		
KALYDECO GRA 5.8MG	IVACAFTOR PACKET 5.8 MG	Tier 4	X	X		
KALYDECO PAK 25MG	IVACAFTOR PACKET 25 MG	Tier 4	X	X		X
KALYDECO PAK 50MG	IVACAFTOR PACKET 50 MG	Tier 4	X	X		X
KALYDECO PAK 75MG	IVACAFTOR PACKET 75 MG	Tier 4	X	X		X
ORKAMBI GRA 100-125	LUMACAFTOR-IVACAFTOR GRANULES PACKET 100-125 MG	Tier 3	X	X		X
ORKAMBI GRA 150-188	LUMACAFTOR-IVACAFTOR GRANULES PACKET 150-188 MG	Tier 3	X	X		X
ORKAMBI GRA 75-94MG	LUMACAFTOR-IVACAFTOR GRANULES PACKET 75-94 MG	Tier 3	X	X		
ORKAMBI TAB 100-125	LUMACAFTOR-IVACAFTOR TAB 100-125 MG	Tier 4	X	X		X
ORKAMBI TAB 200-125	LUMACAFTOR-IVACAFTOR TAB 200-125 MG	Tier 4	X	X		X
SYMDEKO TAB 100-150	TEZACAFTOR-IVACAFTOR 100-150 MG & IVACAFTOR 150 MG TAB TBPK	Tier 4	X	X		X
SYMDEKO TAB 50-75MG	TEZACAFTOR-IVACAFTOR 50-75 MG & IVACAFTOR 75 MG TAB TBPK	Tier 4	X	X		
TOBRAMYCIN NEB 300/4ML	TOBRAMYCIN NEBU SOLN 300 MG/4ML	Tier 4	X	X		X
TRIKAFTA PAK 59.5MG	ELEXACAF-TEZACAF-IVACAF 80-40-60 MG& IVACAF 59.5MG THPK GRAN	Tier 4	X	X		X
TRIKAFTA PAK 75MG	ELEXACAF-TEZACAF-IVACAF 100-50-75 MG& IVACAF 75MG THPK GRAN	Tier 4	X	X		X
TRIKAFTA TAB	ELEXACAF-TEZACAF-IVACAF 50-25-37.5 MG & IVACAFTOR 75 MG TBPK	Tier 4	X	X		X
TRIKAFTA TAB	ELEXACAF-TEZACAF-IVACAF 100-50-75 MG & IVACAFTOR 150 MG TBPK	Tier 4	X	X		X
Dental and Oral Agents						
DEBACTEROL SOL 30-50%	SULFURIC ACID-SULFONATED PHENOLICS SOLN 30-50%	Tier 3				
Dental and Oral Agents - Drugs to Treat Mouth and Throat Conditions						
AQUORAL SPR	*ARTIFICIAL SALIVA - SOLUTION***	Tier 4	X			
AQUORAL SPR	*ARTIFICIAL SALIVA - SOLUTION***	Tier 4				
CAPHOSOL SOL	*ARTIFICIAL SALIVA - SOLUTION***	Tier 4				
CEVIMELINE CAP 30MG	CEVIMELINE HCL CAP 30 MG	Tier 2				

^ 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
CHLORHEX GLU SOL 0.12%	CHLORHEXIDINE GLUCONATE SOLN 0.12%	Tier 2				
CLINPRO 5000 PST 1.1%	SODIUM FLUORIDE PASTE 1.1%	Tier 4				
DENTA 5000 CRE PLUS	SODIUM FLUORIDE CREAM 1.1%	Tier 5				
DENTA 5000 CRE PLUS 2PK	SODIUM FLUORIDE CREAM 1.1%	Tier 5				
DENTA 5000 GEL PLUS SEN	SODIUM FLUORIDE-POTASSIUM NITRATE GEL 1.1-5%	Tier 4				
DENTAGEL GEL 1.1%	SODIUM FLUORIDE GEL 1.1% (0.5% F)	Tier 5				
EASYGEL GEL 0.4%	STANNOUS FLUORIDE GEL 0.4%	Tier 4				
EASYGEL GEL 0.4%CHRY	STANNOUS FLUORIDE GEL 0.4%	Tier 4				
EASYGEL GEL 0.4%CITR	STANNOUS FLUORIDE GEL 0.4%	Tier 4				
EASYGEL GEL 0.4%MINT	STANNOUS FLUORIDE GEL 0.4%	Tier 4				
FLUORID SENS GEL 1.1-5%	SODIUM FLUORIDE-POTASSIUM NITRATE GEL 1.1-5%	Tier 4				
FLUORIDEX CON DLY REN	STANNOUS FLUORIDE CONC 0.63%	Tier 4				
FLUORIDEX PST 1.1%	SODIUM FLUORIDE PASTE 1.1%	Tier 4				
FLUORMX 5000 GEL SENSITIV	SODIUM FLUORIDE-POTASSIUM NITRATE GEL 1.1-5%	Tier 4				
FLUORMX 5000 PST 1.1%	SODIUM FLUORIDE PASTE 1.1%	Tier 4				
FRAICHE 5000 GEL 1.1%	SODIUM FLUORIDE GEL 1.1% (0.5% F)	Tier 5				
JUST RIGHT PST 5000	SODIUM FLUORIDE PASTE 1.1%	Tier 4				
KOURZEQ PST 0.1%	TRIAMCINOLONE ACETONIDE DENTAL PASTE 0.1%	Tier 3				
MUCOSITISRX POW	*ARTIFICIAL SALIVA - PACKET***	Tier 4				
NA FL/K NITR GEL 1.1-5%	SODIUM FLUORIDE-POTASSIUM NITRATE GEL 1.1-5%	Tier 2				
ORALONE DENT PST 0.1%	TRIAMCINOLONE ACETONIDE DENTAL PASTE 0.1%	Tier 3				
PERIDEX SOL 0.12%	CHLORHEXIDINE GLUCONATE SOLN 0.12%	Tier 5				
PERIOGARD SOL 0.12%	CHLORHEXIDINE GLUCONATE SOLN 0.12%	Tier 2				
PILOCARPINE TAB 5MG	PILOCARPINE HCL TAB 5 MG	Tier 2				
PILOCARPINE TAB 75MG	PILOCARPINE HCL TAB 7.5 MG	Tier 2				
PREVDNT 5000 CRE 1.1% PLS	SODIUM FLUORIDE CREAM 1.1%	Tier 5				
PREVDNT 5000 GEL 1.1-5%	SODIUM FLUORIDE-POTASSIUM NITRATE GEL 1.1-5%	Tier 4				
PREVDNT 5000 GEL 1.1% DRY	SODIUM FLUORIDE GEL 1.1% (0.5% F)	Tier 5				
PREVDNT 5000 PST 1.1%	SODIUM FLUORIDE PASTE 1.1%	Tier 4				
PREVDNT 5000 PST 1.1% KID	SODIUM FLUORIDE PASTE 1.1%	Tier 4				
PREVIDENT GEL 1.1% BER	SODIUM FLUORIDE GEL 1.1% (0.5% F)	Tier 5				
PREVIDENT GEL 1.1% MIN	SODIUM FLUORIDE GEL 1.1% (0.5% F)	Tier 5				
PREVIDENT SOL 0.2%	SODIUM FLUORIDE RINSE 0.2%	Tier 4				
SALAGEN TAB 5MG	PILOCARPINE HCL TAB 5 MG	Tier 5				

^ 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
SALAGEN TAB 7.5MG	PILOCARPINE HCL TAB 7.5 MG	Tier 5				
SF GEL 1.1%	SODIUM FLUORIDE GEL 1.1% (0.5% F)	Tier 2				
SF 5000 PLUS CRE 1.1%	SODIUM FLUORIDE CREAM 1.1%	Tier 2				
SOD FLUORIDE GEL 1.1-5%	SODIUM FLUORIDE-POTASSIUM NITRATE GEL 1.1-5%	Tier 2				
SOD FLUORIDE SOL 0.2%MINT	SODIUM FLUORIDE RINSE 0.2%	Tier 2				
SODIUM FLOUR GEL 5000 PPM	SODIUM FLUORIDE GEL 1.1% (0.5% F)	Tier 2				
SODIUM FLUOR CRE 1.1%	SODIUM FLUORIDE CREAM 1.1%	Tier 2				
SODIUM FLUOR CRE 5000 PPM	SODIUM FLUORIDE CREAM 1.1%	Tier 2				
SODIUM FLUOR GEL 1.1%	SODIUM FLUORIDE GEL 1.1% (0.5% F)	Tier 2				
SODIUM FLUOR PST 5000 PPM	SODIUM FLUORIDE PASTE 1.1%	Tier 2				
TRIAMCINOLON PST 0.1%	TRIAMCINOLONE ACETONIDE DENTAL PASTE 0.1%	Tier 2				
TRIAMCINOLON PST DEN 0.1%	TRIAMCINOLONE ACETONIDE DENTAL PASTE 0.1%	Tier 2				
Dermatitis and Pruritus Agents						
HYFTOR GEL 0.2%	SIROLIMUS GEL 0.2%	Tier 5	X	X		
Dermatological Agents - Drugs to Treat Skin Conditions						
ACCUTANE CAP 10MG	ISOTRETINOIN CAP 10 MG	Tier 3				
ACCUTANE CAP 20MG	ISOTRETINOIN CAP 20 MG	Tier 3				
ACCUTANE CAP 30MG	ISOTRETINOIN CAP 30 MG	Tier 3				
ACCUTANE CAP 40MG	ISOTRETINOIN CAP 40 MG	Tier 3				
ACITRETIN CAP 10MG	ACITRETIN CAP 10 MG	Tier 2				
ACITRETIN CAP 17.5MG	ACITRETIN CAP 17.5 MG	Tier 2				
ACITRETIN CAP 25MG	ACITRETIN CAP 25 MG	Tier 2				
ADAPAL/BEN P GEL 0.1-2.5%	ADAPALENE-BENZOYL PEROXIDE GEL 0.1-2.5%	Tier 4		X		
ADBRY INJ 150MG/ML	TRALOKINUMAB-LDRM SUBCUTANEOUS SOLN PREFILLED SYR 150 MG/ML	Tier 4	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 5	X	X		
AMELUZ GEL 10%	AMINOLEVULINIC ACID HCL GEL 10%	Tier 4				
AMNESTEEM CAP 10MG	ISOTRETINOIN CAP 10 MG	Tier 3				
AMNESTEEM CAP 20MG	ISOTRETINOIN CAP 20 MG	Tier 3				
AMNESTEEM CAP 30MG	ISOTRETINOIN CAP 30 MG	Tier 3				
AMNESTEEM CAP 40MG	ISOTRETINOIN CAP 40 MG	Tier 3				
ANALPRAM HC CRE 2.5-1%	HYDROCORTISONE ACETATE W/ PRAMOXINE PERIANAL CREAM 2.5-1%	Tier 5				
ANALPRM SNGL CRE HC 2.5-1	HYDROCORTISONE ACETATE W/ PRAMOXINE PERIANAL CREAM 2.5-1%	Tier 5				

^ 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
ANTISEPTIC SOL 4%	CHLORHEXIDINE GLUCONATE SOLN 4%	Tier 2				
ARTISS KIT 10ML	*FIBRIN SEALANT COMPONENT KIT 10 ML***	Tier 4				
ARTISS KIT 2ML	*FIBRIN SEALANT COMPONENT KIT 2 ML***	Tier 4				
ARTISS KIT 4ML	*FIBRIN SEALANT COMPONENT KIT 4 ML***	Tier 4				
ARTISS SOL 10ML	*FIBRIN SEALANT COMPONENT SOLUTION***	Tier 4				
ARTISS SOL 2ML	*FIBRIN SEALANT COMPONENT SOLUTION***	Tier 4				
ARTISS SOL 4ML	*FIBRIN SEALANT COMPONENT SOLUTION***	Tier 4				
AVAR CLEANSE LIQ 10-5%	SULFACETAMIDE SODIUM W/ SULFUR CLEANSER 10-5%	Tier 5				
AZELAIC ACID GEL 15%	AZELAIC ACID GEL 15%	Tier 4				
BENZOIN TIN NF	BENZOIN TINCTURE	Tier 2				
BORIC ACID GRA	BORIC ACID GRANULES	Tier 2				
BRIMONIDINE GEL 0.33%	BRIMONIDINE TARTRATE GEL 0.33% (BASE EQUIVALENT)	Tier 4	X	X		
CALCIPOTRIEN CRE 0.005%	CALCIPOTRIENE CREAM 0.005%	Tier 3		X		
CALCIPOTRIEN OIN 0.005%	CALCIPOTRIENE OINT 0.005%	Tier 3				
CALCIPOTRIEN SOL 0.005%	CALCIPOTRIENE SOLN 0.005% (50 MCG/ML)	Tier 2		X		
CALCITRENE OIN 0.005%	CALCIPOTRIENE OINT 0.005%	Tier 4				
CALCITRIOL OIN 3MCG/GM	CALCITRIOL OINT 3 MCG/GM	Tier 2		X		
CLARAVIS CAP 10MG	ISOTRETINOIN CAP 10 MG	Tier 3				
CLARAVIS CAP 20MG	ISOTRETINOIN CAP 20 MG	Tier 3				
CLARAVIS CAP 30MG	ISOTRETINOIN CAP 30 MG	Tier 3				
CLARAVIS CAP 40MG	ISOTRETINOIN CAP 40 MG	Tier 3				
CLINDACIN AER 1%	CLINDAMYCIN PHOSPHATE FOAM 1%	Tier 4				
CLINDACIN MIS ETZ 1%	CLINDAMYCIN PHOSPHATE SWAB 1%	Tier 2				
CLINDACIN-P PAD 1%	CLINDAMYCIN PHOSPHATE SWAB 1%	Tier 2				
CLINDAMY/BEN GEL 1.2-5%	CLINDAMYCIN PHOSPH-BENZOYL PEROXIDE (REFRIG) GEL 1.2 (1)-5%	Tier 4		X		
CLINDAMYCIN AER 1%	CLINDAMYCIN PHOSPHATE FOAM 1%	Tier 4				
CLINDAMYCIN GEL 1%	CLINDAMYCIN PHOSPHATE GEL 1% (TWICE-DAILY)	Tier 3		X		
CLINDAMYCIN GEL 1%	CLINDAMYCIN PHOSPHATE GEL 1% (ONCE-DAILY)	Tier 3		X		
CLINDAMYCIN LOT 1%	CLINDAMYCIN PHOSPHATE LOTION 1%	Tier 4				
CLINDAMYCIN MIS 1%	CLINDAMYCIN PHOSPHATE SWAB 1%	Tier 2				
CLINDAMYCIN SOL 1%	CLINDAMYCIN PHOSPHATE SOLN 1%	Tier 2				
CLOTRIM/BETA CRE 1-0.05%	CLOTRIMAZOLE W/ BETAMETHASONE CREAM 1-0.05%	Tier 2				

^ 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
CLOTRIM/BETA CRE DIPROP	CLOTRIMAZOLE W/ BETAMETHASONE CREAM 1-0.05%	Tier 2				
CLOTRIM/BETA LOT DIPROP	CLOTRIMAZOLE W/ BETAMETHASONE LOTION 1-0.05%	Tier 2				
COAL TAR SOL 20%	COAL TAR SOLN 20%	Tier 2				
CONDYLOX GEL 0.5%	PODOFILOX GEL 0.5%	Tier 5				
CORTANE-B LOT	HYDROCORTISONE-PRAMOXINE-CHLOROXYLENOL LOT 10-10-1MG/ML	Tier 5				
COSENTYX INJ 150MG/ML	SECUKINUMAB SUBCUTANEOUS SOLN PREFILLED SYRINGE 150 MG/ML	Tier 4	X	X		X
COSENTYX INJ 300DOSE	SECUKINUMAB SUBCUTANEOUS PREF SYR 150 MG/ML (300 MG DOSE)	Tier 4	X	X		X
COSENTYX INJ 75MG/0.5	SECUKINUMAB SUBCUTANEOUS SOLN PREFILLED SYRINGE 75 MG/0.5ML	Tier 4	X	X		X
COSENTYX PEN INJ 150MG/ML	SECUKINUMAB SUBCUTANEOUS SOLN AUTO-INJECTOR 150 MG/ML	Tier 4	X	X		X
COSENTYX PEN INJ 300DOSE	SECUKINUMAB SUBCUTANEOUS AUTO-INJ 150 MG/ML (300 MG DOSE)	Tier 4	X	X		X
COSENTYX UNO INJ 300/2ML	SECUKINUMAB SUBCUTANEOUS SOLN AUTO-INJECTOR 300 MG/2ML	Tier 4	X	X		X
DICLOFENAC GEL 3%	DICLOFENAC SODIUM (ACTINIC KERATOSES) GEL 3%	Tier 3	X	X		
DRYSOL SOL 20%	ALUMINUM CHLORIDE SOLN 20%	Tier 5				
DUPIXENT INJ 200/1.14	DUPIUMAB SUBCUTANEOUS SOLN PREFILLED SYRINGE 200 MG/1.14ML	Tier 4	X	X		X
DUPIXENT INJ 200MG	DUPIUMAB SUBCUTANEOUS SOLN AUTO-INJECTOR 200 MG/1.14ML	Tier 4	X	X		X
DUPIXENT INJ 300/2ML	DUPIUMAB SUBCUTANEOUS SOLN PREFILLED SYRINGE 300 MG/2ML	Tier 4	X	X		X
DUPIXENT INJ 300/2ML	DUPIUMAB SUBCUTANEOUS SOLN AUTO-INJECTOR 300 MG/2ML	Tier 4	X	X		X
EBGLYSS INJ 250/2ML	LEBRIKIZUMAB-LBKZ SUBCUTANEOUS SOLN AUTO-INJECT 250 MG/2ML	Tier 4	X	X		X
EBGLYSS INJ 250/2ML	LEBRIKIZUMAB-LBKZ SOLUTION PREFILLED SYRINGE 250 MG/2ML	Tier 4	X	X		X
EFUDEX CRE 5%	FLUOROURACIL CREAM 5%	Tier 5				
ENSTILAR AER	CALCIPOTRIENE-BETAMETHASONE DIPROPIONATE FOAM 0.005-0.064%	Tier 5		X		
EPIFOAM AER 1%	PRAMOXINE-HC AEROSOL FOAM 1-1%	Tier 3				
ERY PAD 2%	ERYTHROMYCIN PADS 2%	Tier 4				
ERY/BENZOYL GEL 3-5%	BENZOYL PEROXIDE-ERYTHROMYCIN GEL 5-3%	Tier 2		X		
ERYGEL GEL 2%	ERYTHROMYCIN GEL 2%	Tier 4				
ERYTHROMYCIN GEL 2%	ERYTHROMYCIN GEL 2%	Tier 2				

^ 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 SOL 2%	ERYTHROMYCIN SOLN 2%	Tier 2				
EUCRISA OIN 2%	CRISABOROLE OINT 2%	Tier 4		X	X	
FINACEA AER 15%	AZELAIC ACID FOAM 15%	Tier 5				
FLUOROURACIL CRE 5%	FLUOROURACIL CREAM 5%	Tier 2				
FLUOROURACIL SOL 2%	FLUOROURACIL SOLN 2%	Tier 2				
FLUOROURACIL SOL 5%	FLUOROURACIL SOLN 5%	Tier 2				
HALUCORT GEL	*DERMATOLOGICAL PRODUCTS MISC - GEL**	Tier 4	X			
HC PRAMOXINE CRE 2.5-1%	HYDROCORTISONE ACETATE W/ PRAMOXINE PERIANAL CREAM 2.5-1%	Tier 2				
IMIQUIMOD CRE 5%	IMIQUIMOD CREAM 5%	Tier 2				
ISOTRETINOIN CAP 10MG	ISOTRETINOIN CAP 10 MG	Tier 3				
ISOTRETINOIN CAP 20MG	ISOTRETINOIN CAP 20 MG	Tier 3				
ISOTRETINOIN CAP 30MG	ISOTRETINOIN CAP 30 MG	Tier 3				
ISOTRETINOIN CAP 40MG	ISOTRETINOIN CAP 40 MG	Tier 3				
KLARON LOT 10%	SULFACETAMIDE SODIUM LOTION 10% (ACNE)	Tier 5				
LITFULO CAP 50MG	RITLECITINIB TOSYLATE CAP 50 MG (BASE EQUIV)	Tier 5	X	X		X
METHOXSALEN CAP 10MG	METHOXSALEN RAPID CAP 10 MG	Tier 2				
METHYL SALIC LIQ	*METHYL SALICYLATE LIQUID**	Tier 2				
MIRVASO GEL 0.33%	BRIMONIDINE TARTRATE GEL 0.33% (BASE EQUIVALENT)	Tier 4	X	X		
NEMLUVIO INJ 30MG	NEMOLIZUMAB-ILTO FOR SUBCUTANEOUS AUTO-INJECTOR 30 MG	Tier 4	X	X		X
NEUAC GEL 1.2-5%	CLINDAMYCIN PHOSPH-BENZOYL PEROXIDE (REFRIG) GEL 1.2 (1)-5%	Tier 4		X		
OVACE PLUS CRE 10%	SULFACETAMIDE SODIUM CREAM 10%	Tier 4				
OVACE PLUS GEL 10% WASH	SULFACETAMIDE SODIUM CLEANSING GEL 10%	Tier 4				
OVACE PLUS LIQ 10% WASH	SULFACETAMIDE SODIUM LIQUID 10%	Tier 5				
OVACE PLUS SHA 10%	SULFACETAMIDE SODIUM SHAMPOO 10%	Tier 4				
OVACE WASH LIQ 10%	SULFACETAMIDE SODIUM LIQUID 10%	Tier 5				
PIMECROLIMUS CRE 1%	PIMECROLIMUS CREAM 1%	Tier 4		X		
PODOCON-25 SOL	PODOPHYLLUM RESIN SOLN 25%	Tier 4				
PODOFILOX GEL 0.5%	PODOFILOX GEL 0.5%	Tier 4				
PODOFILOX SOL 0.5%	PODOFILOX SOLN 0.5%	Tier 2				
PRAMOSONE CRE 1-1%	PRAMOXINE-HC CREAM 1-1%	Tier 3				
PRAMOSONE LOT 1-1%	PRAMOXINE-HC LOTION 1-1%	Tier 3				
PRAMOSONE LOT 1%	PRAMOXINE-HC LOTION 1-1%	Tier 3				
PRAMOSONE LOT 2.5%	PRAMOXINE-HC LOTION 1-2.5%	Tier 3				
PYROGALL ACD OIN	PYROGALLOL-CHLOROBUTANOL OINT 25-2%	Tier 3				

^ 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
REGRANEX GEL 0.01%	BECAPLERMIN GEL 0.01%	Tier 3	X	X		
SANTYL OIN 250/GM	COLLAGENASE OINT 250 UNIT/GM	Tier 5		X		
SELENIUM SUL LOT 2.5%	SELENIUM SULFIDE LOTION 2.5%	Tier 2				
SOD SUL/SULF CRE 10-2%	SULFACETAMIDE SODIUM W/ SULFUR CREAM 10-2%	Tier 2				
SOD SUL/SULF CRE 10-5%	SULFACETAMIDE SODIUM W/ SULFUR CREAM 10-5%	Tier 2				
SOD SUL/SULF EMU 10-5%	SULFACETAMIDE SODIUM-SULFUR IN UREA EMULSION 10-5%	Tier 2				
SOD SUL/SULF LIQ 10-5%	SULFACETAMIDE SODIUM W/ SULFUR CLEANSER 10-5%	Tier 2				
SOD SUL/SULF LIQ 9-4%	SULFACETAMIDE SODIUM W/ SULFUR CLEANSER 9-4%	Tier 2				
SOD SUL/SULF LIQ WASH	SULFACETAMIDE SODIUM W/ SULFUR CLEANSER 9-4%	Tier 2				
SOD SUL/SULF LOT 10-5%	SULFACETAMIDE SODIUM W/ SULFUR LOTION 10-5%	Tier 2				
SOD SUL/SULF SUS 10-5%	SULFACETAMIDE SODIUM W/ SULFUR SUSP 10-5%	Tier 2				
SOD SULFACET GEL 10%	SULFACETAMIDE SODIUM CLEANSING GEL 10%	Tier 2				
SOD SULFACET SHA 10%	SULFACETAMIDE SODIUM SHAMPOO 10%	Tier 2				
SODIUM SULFA LIQ 10% WASH	SULFACETAMIDE SODIUM LIQUID 10%	Tier 2				
SOOLANTRA CRE 1%	IVERMECTIN CREAM 1%	Tier 5		X		
SOTYKTU TAB 6MG	DEUCRAVACITINIB TAB 6 MG	Tier 4	X	X		X
SPEVIGO INJ 150/1ML	SPESOLIMAB-SBZO SUBCUTANEOUS SOLN PREF SYR 150 MG/ML	Tier 5	X	X		X
SPEVIGO INJ 300/2ML	SPESOLIMAB-SBZO SUBCUTANEOUS SOLN PREF SYR 300 MG/2ML	Tier 5	X	X		X
SSS CRE 10%-5%	SULFACETAMIDE SODIUM W/ SULFUR CREAM 10-5%	Tier 2				
SSS 10-5 AER 10-5%	SULFACETAMIDE SODIUM W/ SULFUR FOAM 10-5%	Tier 5				
STEQEYMA INJ 45/0.5ML	USTEKINUMAB-STBA SOLN PREFILLED SYRINGE 45 MG/0.5ML	Tier 4	X	X		X
STEQEYMA INJ 90MG/ML	USTEKINUMAB-STBA SOLN PREFILLED SYRINGE 90 MG/ML	Tier 4	X	X		X
SULFAC SULFR PAD 9.8-4.8%	SULFACETAMIDE SODIUM W/ SULFUR CLEANSING CLOTH 9.8-4.8%	Tier 5				
SULFACETAMID LOT 10%	SULFACETAMIDE SODIUM LOTION 10% (ACNE)	Tier 2				
SULFACLEANSE SUS 8-4%	SULFACETAMIDE SODIUM W/ SULFUR SUSP 8-4%	Tier 5				
TACROLIMUS OIN 0.03%	TACROLIMUS OINT 0.03%	Tier 3		X		

^ 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
TACROLIMUS OIN 0.1%	TACROLIMUS OINT 0.1%	Tier 3		X		
TAZAROTENE CRE 0.05%	TAZAROTENE CREAM 0.05%	Tier 4	X	X		
TAZAROTENE CRE 0.1%	TAZAROTENE CREAM 0.1%	Tier 4	X	X		
TAZAROTENE GEL 0.05%	TAZAROTENE GEL 0.05%	Tier 4	X	X		
TAZAROTENE GEL 0.1%	TAZAROTENE GEL 0.1%	Tier 4	X	X		
TISSEEL KIT 10ML	*FIBRIN SEALANT COMPONENT KIT 10 ML***	Tier 4				
TISSEEL KIT 2ML	*FIBRIN SEALANT COMPONENT KIT 2 ML***	Tier 4				
TISSEEL KIT 4ML	*FIBRIN SEALANT COMPONENT KIT 4 ML***	Tier 4				
TREMFYA INJ 100MG/ML	GUSELKUMAB SOLN PREFILLED SYRINGE 100 MG/ML	Tier 4	X	X		X
TREMFYA INJ 100MG/ML	GUSELKUMAB SOLN AUTO-INJECTOR 100 MG/ML	Tier 4	X	X		X
TREMFYA INJ 100MG/ML	GUSELKUMAB SOLN PEN-INJECTOR 100 MG/ML	Tier 4	X	X		X
TREMFYA INJ 200/2ML	GUSELKUMAB SOLN AUTO-INJECTOR 200 MG/2ML	Tier 4	X	X		
TREMFYA INJ 200/2ML	GUSELKUMAB SOLN PREFILLED SYRINGE 200 MG/2ML	Tier 4	X	X		
TRETINOIN CRE 0.025%	TRETINOIN CREAM 0.025%	Tier 4		X		
TRETINOIN CRE 0.05%	TRETINOIN CREAM 0.05%	Tier 4		X		
TRETINOIN CRE 0.1%	TRETINOIN CREAM 0.1%	Tier 4		X		
VIT C BRIGHT DRO 10%	*EMOLLIENT - LIQUID**	Tier 4				
VIT C BRIGHT DRO 15%	*EMOLLIENT - LIQUID**	Tier 4				
VTAMA CRE 1%	TAPINAROF CREAM 1%	Tier 5	X	X		
WEZLANA INJ 45/0.5ML	USTEKINUMAB-AUUB INJ 45 MG/0.5ML	Tier 4	X	X		X
WEZLANA INJ 45/0.5ML	USTEKINUMAB-AUUB SOLN PREFILLED SYRINGE 45 MG/0.5ML	Tier 4	X	X		X
WEZLANA INJ 90MG/ML	USTEKINUMAB-AUUB SOLN PREFILLED SYRINGE 90 MG/ML	Tier 4	X	X		X
YESINTEK INJ 45/0.5ML	USTEKINUMAB-KFCE SOLN PREFILLED SYRINGE 45 MG/0.5ML	Tier 4	X	X		X
YESINTEK INJ 45/0.5ML	USTEKINUMAB-KFCE SUBCUTANEOUS SOLN 45 MG/0.5ML	Tier 4	X	X		X
YESINTEK INJ 90MG/ML	USTEKINUMAB-KFCE SOLN PREFILLED SYRINGE 90 MG/ML	Tier 4	X	X		X
ZACLIR LOT 8%	BENZOYL PEROXIDE LOTION 8%	Tier 4				
ZENATANE CAP 10MG	ISOTRETINOIN CAP 10 MG	Tier 3				
ZENATANE CAP 20MG	ISOTRETINOIN CAP 20 MG	Tier 3				
ZENATANE CAP 30MG	ISOTRETINOIN CAP 30 MG	Tier 3				
ZENATANE CAP 40MG	ISOTRETINOIN CAP 40 MG	Tier 3				
ZORYVE CRE 0.05%	ROFLUMILAST CREAM 0.05%	Tier 5	X	X		
ZORYVE CRE 0.15%	ROFLUMILAST CREAM 0.15%	Tier 5	X	X		

^ 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
ZORYVE CRE 0.3%	ROFLUMILAST CREAM 0.3%	Tier 5	X	X		
Dermatological Agents - Skin Agents						
B & C OIN	*BALSAM PERU-CASTOR OIL OINT***	Tier 4				
BALSAM PERU/ OIN CASTOR	*BALSAM PERU-CASTOR OIL OINT***	Tier 2				
CIBINQO TAB 100MG	ABROCITINIB TAB 100 MG	Tier 4	X	X		X
CIBINQO TAB 200MG	ABROCITINIB TAB 200 MG	Tier 4	X	X		X
CIBINQO TAB 50MG	ABROCITINIB TAB 50 MG	Tier 4	X	X		X
CVS 360 PURE LIQ GLYCERIN	GLYCERIN TOPICAL LIQUID	Tier 2				
FILSUEVZ GEL 10%	BIRCH TRITERPENES GEL 10%	Tier 5	X	X		X
GORDOFILM SOL	SALICYLIC & LACTIC ACIDS SOLN 16.7-16.7%	Tier 3				
HYDRO 40 AER FOAM	UREA FOAM 40%	Tier 4				
INOVA KIT 4%	*BENZOYL PEROXIDE PAD 4% & VITAMIN E TOPICAL 5% KIT***	Tier 5				
INOVA KIT 8%	*BENZOYL PEROXIDE PAD 8% & VITAMIN E TOPICAL 5% KIT***	Tier 5				
INOVA 4/1 KIT ACNE CON	*BENZOYL PEROX PAD 4% & SALICYLIC AC PAD 1% & VIT E 5% KIT*	Tier 4				
INOVA 8/2 KIT ACNE CON	*BENZOYL PEROX PAD 8% & SALICYLIC AC PAD 2% & VIT E 5% KIT*	Tier 4				
KLISYRI OIN 1% (250)	TIRBANIBULIN OINTMENT 1%	Tier 5		X	X	
KLISYRI OIN 1% (350)	TIRBANIBULIN OINTMENT 1%	Tier 5		X	X	
PRONAL GEL 40-10%	UREA-LACTIC ACID GEL 40-10%	Tier 4				
SALVAX DUO KIT PLUS	SALICYLIC ACID FOAM 6% & UREA IN LACTIC ACID FOAM 35% KIT	Tier 4				
SCALACORT DK KIT	*HC LOT 2% & SAL ACID-SULFUR SHAMPOO 2-2% & SHAMPOO KIT***	Tier 4				
URAMAXIN GEL 45%	UREA GEL 45%	Tier 5				
UREA CRE 20%	UREA CREAM 20%	Tier 2				
UREA CRE 40%	UREA CREAM 40%	Tier 2				
UREA CRE 45%	UREA CREAM 45%	Tier 2				
UREA LOT 40%	UREA LOTION 40%	Tier 2				
UREA NAIL GEL 45%	UREA GEL 45%	Tier 2				
UREMEZ-40 CRE 40%	UREA CREAM 40%	Tier 4				
VENELEX OIN	*BALSAM PERU-CASTOR OIL OINT***	Tier 4				
XIRUN GEL 40-10%	UREA-LACTIC ACID GEL 40-10%	Tier 4				
ZACARE KIT KIT 4%	BENZOYL PEROXIDE LOTION 4% & HYALURONATE SODIUM GEL 0.2% KIT	Tier 4				
ZACARE KIT KIT 8%	BENZOYL PEROXIDE LOTION 8% & HYALURONATE SODIUM GEL 0.2% KIT	Tier 4				
ZORYVE MIS 0.3%	ROFLUMILAST FOAM 0.3%	Tier 5	X	X		

^ 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
Diabetes - Glucose Monitoring						
ACCU-CHEK KIT FASTCLIX	*LANCETS KIT***	Tier 2				
ACCU-CHEK KIT GUIDE	*BLOOD GLUCOSE MONITORING KIT W/ DEVICE***	Tier 3				
ACCU-CHEK KIT GUIDE ME	*BLOOD GLUCOSE MONITORING KIT W/ DEVICE***	Tier 3				
ACCU-CHEK KIT SOFTCLIX	*LANCETS KIT***	Tier 2				
ACCU-CHEK LIQ GUIDE	*BLOOD GLUCOSE CALIBRATION - LIQUID***	Tier 4				
ACCU-CHEK LIQ SMART	*BLOOD GLUCOSE CALIBRATION - LIQUID***	Tier 2				
ACCU-CHEK SOL	*BLOOD GLUCOSE CALIBRATION - LIQUID***	Tier 2				
ACCU-CHEK TES GUIDE	GLUCOSE BLOOD TEST STRIP	Tier 3		X		
ACCUTREND SOL GLUCOSE	*BLOOD GLUCOSE CALIBRATION - LIQUID***	Tier 2				
ADVANTAGE MIS LANC 28G	*LANCETS***	Tier 4				
ADVATE SAFE MIS LANC 21G	*LANCETS***	Tier 4				
ADVATE SAFE MIS LANC 23G	*LANCETS***	Tier 4				
ADVATE SAFE MIS LANC 28G	*LANCETS***	Tier 4				
AIMSCO TWIST MIS 32G	*LANCETS***	Tier 4				
AIMSCO TWIST MIS 33G	*LANCETS***	Tier 4				
AQINJECT PEN MIS 32GX5/32	INSULIN PEN NEEDLE 32 G X 4 MM (1/6" OR 5/32")	Tier 3		X		
AQUALANCE MIS 30G	*LANCETS***	Tier 4				
ASSURE CMFRT MIS 28G	*LANCETS***	Tier 4				
AUM MINI PEN MIS 32GX4MM	INSULIN PEN NEEDLE 32 G X 4 MM (1/6" OR 5/32")	Tier 3		X		
AUM MINI PEN MIS 32GX5MM	INSULIN PEN NEEDLE 32 G X 5 MM (1/5" OR 3/16")	Tier 3		X		
AUM MINI PEN MIS 32GX6MM	INSULIN PEN NEEDLE 32 G X 6 MM (1/4" OR 15/64")	Tier 3		X		
AUM READYGRD MIS 32GX4MM	INSULIN PEN NEEDLE 32 G X 4 MM (1/6" OR 5/32")	Tier 3		X		
BD PEN NEEDL MIS 32GX4MM	INSULIN PEN NEEDLE 32 G X 4 MM (1/6" OR 5/32")	Tier 3		X		
BD PEN NEEDL MIS 32GX6MM	INSULIN PEN NEEDLE 32 G X 6 MM (1/4" OR 15/64")	Tier 3		X		
CAREFINE MIS 32GX4MM	INSULIN PEN NEEDLE 32 G X 4 MM (1/6" OR 5/32")	Tier 3		X		
CAREFINE MIS 32GX5MM	INSULIN PEN NEEDLE 32 G X 5 MM (1/5" OR 3/16")	Tier 3		X		
CAREFINE MIS 32GX6MM	INSULIN PEN NEEDLE 32 G X 6 MM (1/4" OR 15/64")	Tier 3		X		
CARESENS SOL CONTROL	*BLOOD GLUCOSE CALIBRATION - LIQUID***	Tier 3				
CARESENS 30G MIS LANCETS	*LANCETS***	Tier 4				

^ 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
CARESENS S LIQ CON A/B	*BLOOD GLUCOSE CALIBRATION - LIQUID***	Tier 4				
CARETOUCH MIS 32GX4MM	INSULIN PEN NEEDLE 32 G X 4 MM (1/6" OR 5/32")	Tier 3		X		
CARETOUCH MIS 32GX5MM	INSULIN PEN NEEDLE 32 G X 5 MM (1/5" OR 3/16")	Tier 3		X		
CARETOUCH MIS LANC 26G	*LANCETS***	Tier 4				
CARETOUCH MIS LANC 28G	*LANCETS***	Tier 4				
CARETOUCH MIS LANC 30G	*LANCETS***	Tier 4				
CARETOUCH MIS TWIST 28	*LANCETS***	Tier 4				
CARETOUCH MIS TWIST 30	*LANCETS***	Tier 4				
CARETOUCH MIS TWIST 33	*LANCETS***	Tier 4				
CHEMSTRIP TES UGK	*URINE GLUCOSE-KETONES TEST STRIPS***	Tier 4				
CHEMSTRIP K TES	ACETONE (URINE) TEST STRIP	Tier 3				
CHOSEN MIS 30G	*LANCETS***	Tier 4				
CHOSEN MIS SAFE 28G	*LANCETS***	Tier 4				
COAGUCHEK MIS LANCETS	*LANCETS***	Tier 4				
COMFORT EZ MIS 23G	*LANCETS***	Tier 4				
COMFORT EZ MIS 28G	*LANCETS***	Tier 4				
COMFORT EZ MIS 30GX8MM	INSULIN PEN NEEDLE 30 G X 8 MM (1/3" OR 5/16")	Tier 3		X		
COMFORT TCH MIS LANC 28G	*LANCETS***	Tier 4				
COMFORT TCH MIS LANC 30G	*LANCETS***	Tier 4				
COMFORT TCH MIS LANC 31G	*LANCETS***	Tier 4				
COMFORT TOUC MIS 32GX4MM	INSULIN PEN NEEDLE 32 G X 4 MM (1/6" OR 5/32")	Tier 3		X		
COMFORT TOUC MIS 32GX5MM	INSULIN PEN NEEDLE 32 G X 5 MM (1/5" OR 3/16")	Tier 3		X		
COMFORT TOUC MIS 32GX6MM	INSULIN PEN NEEDLE 32 G X 6 MM (1/4" OR 15/64")	Tier 3		X		
CONTOUR KIT NEXT	*BLOOD GLUCOSE MONITORING KIT W/ DEVICE***	Tier 2				
CONTOUR KIT NEXT EZ	*BLOOD GLUCOSE MONITORING KIT W/ DEVICE***	Tier 2				
CONTOUR TES NEXT	GLUCOSE BLOOD TEST STRIP	Tier 2		X		
CONTOUR NEXT KIT GEN	*BLOOD GLUCOSE MONITORING KIT W/ DEVICE***	Tier 2				
CONTOUR NEXT KIT ONE	*BLOOD GLUCOSE MONITORING KIT***	Tier 2				
CONTOUR NEXT KIT ONE	*BLOOD GLUCOSE MONITORING KIT W/ DEVICE***	Tier 2				
CONTOUR PLUS KIT BLUE	*BLOOD GLUCOSE MONITORING KIT W/ DEVICE***	Tier 2				
CONTOUR PLUS LIQ LEVEL 1	*BLOOD GLUCOSE CALIBRATION - LIQUID***	Tier 3				

^ 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
CONTOUR PLUS LIQ LEVEL 2	*BLOOD GLUCOSE CALIBRATION - LIQUID***	Tier 3				
CONTOUR PLUS TES BLD GLUC	GLUCOSE BLOOD TEST STRIP	Tier 2		X		
CONTROL SOL LIQ HI/MID/L	*BLOOD GLUCOSE CALIBRATION - LIQUID***	Tier 4				
CONTROL SOL LIQ LEVEL 2	*BLOOD GLUCOSE CALIBRATION - LIQUID***	Tier 4				
CONTROL SOL LIQ LVL 2/3	*BLOOD GLUCOSE CALIBRATION - LIQUID***	Tier 3				
CVS KETONE TES CARE	*URINE GLUCOSE-KETONES TEST STRIPS***	Tier 3				
CVS LANCETS MIS ORIGINAL	*LANCETS***	Tier 4				
CVS LANCETS MIS THIN 26G	*LANCETS***	Tier 4				
CVS LANCETS MIS THIN 33G	*LANCETS***	Tier 4				
DEXCOM G6 MIS RECEIVER	*CONTINUOUS GLUCOSE SYSTEM RECEIVER***	Tier 4	X	X		
DEXCOM G6 MIS SENSOR	*CONTINUOUS GLUCOSE SYSTEM SENSOR***	Tier 4	X	X		
DEXCOM G7 MIS RECEIVER	*CONTINUOUS GLUCOSE SYSTEM RECEIVER***	Tier 4	X	X		
DEXCOM G7 MIS SENSOR	*CONTINUOUS GLUCOSE SYSTEM SENSOR***	Tier 4	X	X		
DEXCOM G7 MIS SNSR 15D	*CONTINUOUS GLUCOSE SYSTEM SENSOR***	Tier 4	X	X		
DIASTIX TES REAGENT	GLUCOSE URINE TEST-(GLUCOSE OXIDASE) STRIP	Tier 4				
DIASTIX TES STRIPS	GLUCOSE URINE TEST-(GLUCOSE OXIDASE) STRIP	Tier 4				
DROPSAFE MIS LANC 23G	*LANCETS***	Tier 4				
DROPSAFE MIS LANC 30G	*LANCETS***	Tier 4				
EASY COMFORT MIS 32GX4MM	INSULIN PEN NEEDLE 32 G X 4 MM (1/6" OR 5/32")	Tier 3		X		
EASY COMFORT MIS LANC 30G	*LANCETS***	Tier 4				
EASY COMFORT MIS TWIST	*LANCETS***	Tier 4				
EASY TOUCH LIQ HEALTHPR	*BLOOD GLUCOSE CALIBRATION - LIQUID***	Tier 4				
EASYMAX LIQ NORM/HIG	*BLOOD GLUCOSE CALIBRATION - LIQUID***	Tier 4				
EASYMAX 15 LIQ LEVEL2-3	*BLOOD GLUCOSE CALIBRATION - LIQUID***	Tier 4				
EASYMAX 15 SOL LEVEL 2	*BLOOD GLUCOSE CALIBRATION - LIQUID***	Tier 4				
EMBECTA NANO MIS 32GX4MM	INSULIN PEN NEEDLE 32 G X 4 MM (1/6" OR 5/32")	Tier 3		X		
EMBECTA UF MIS 32GX6MM	INSULIN PEN NEEDLE 32 G X 6 MM (1/4" OR 15/64")	Tier 3		X		
ENLITE GLUCO MIS SENSOR	*CONTINUOUS GLUCOSE SYSTEM SENSOR***	Tier 4	X			
FASTCLIX MIS LANCETS	*LANCETS***	Tier 2				
FINGERSTIX MIS LANCETS	*LANCETS***	Tier 4				
FORA TEST GO TES ADV VOIC	KETONE BLOOD TEST STRIP	Tier 4				

^ 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
FREESTYLE MIS READER	*CONTINUOUS GLUCOSE SYSTEM RECEIVER***	Tier 4	X	X		
FREESTYLE LB KIT 14D/SEN	*CONTINUOUS GLUCOSE SYSTEM SENSOR***	Tier 4	X	X		
FREESTYLE LB KIT 2/SENSOR	*CONTINUOUS GLUCOSE SYSTEM SENSOR***	Tier 4	X	X		
FREESTYLE LB KIT 2PLS/SEN	*CONTINUOUS GLUCOSE SYSTEM SENSOR***	Tier 4	X	X		
FREESTYLE LB KIT 3/SENSOR	*CONTINUOUS GLUCOSE SYSTEM SENSOR***	Tier 4	X	X		
FREESTYLE LB KIT 3PLS/SEN	*CONTINUOUS GLUCOSE SYSTEM SENSOR***	Tier 4	X	X		
FREESTYLE LB MIS 14D/RDR	*CONTINUOUS GLUCOSE SYSTEM RECEIVER***	Tier 4	X	X		
FREESTYLE LB MIS 2/READER	*CONTINUOUS GLUCOSE SYSTEM RECEIVER***	Tier 4	X	X		
FREESTYLE LB MIS 3/READER	*CONTINUOUS GLUCOSE SYSTEM RECEIVER***	Tier 4	X	X		
GENTLE-LET MIS 26G	*LANCETS***	Tier 4				
GENTLE-LET MIS 28G	*LANCETS***	Tier 4				
GENTLE-LET MIS LANCETS	*LANCETS***	Tier 4				
GNP PEN NEED MIS 32GX4MM	INSULIN PEN NEEDLE 32 G X 4 MM (1/6" OR 5/32")	Tier 3		X		
GNP PEN NEED MIS 32GX6MM	INSULIN PEN NEEDLE 32 G X 6 MM (1/4" OR 15/64")	Tier 3		X		
GUARDIAN MIS SENSOR 3	*CONTINUOUS GLUCOSE SYSTEM SENSOR***	Tier 4	X	X		
GUARDIAN 4 MIS SENSOR	*CONTINUOUS GLUCOSE SYSTEM SENSOR***	Tier 4	X	X		
IHEALTH LIQ CONTROL	*BLOOD GLUCOSE CALIBRATION - LIQUID***	Tier 4				
INSUPEN MIS 32GX4MM	INSULIN PEN NEEDLE 32 G X 4 MM (1/6" OR 5/32")	Tier 3		X		
INSUPEN32G MIS 32GX6MM	INSULIN PEN NEEDLE 32 G X 6 MM (1/4" OR 15/64")	Tier 3		X		
KETO-DIASTIX TES	*URINE GLUCOSE-KETONES TEST STRIPS***	Tier 4				
KETONE TES	ACETONE (URINE) TEST STRIP	Tier 3				
KETOSTIX TES STRIP	ACETONE (URINE) TEST STRIP	Tier 3				
LANCET ULTRA MIS THIN 30G	*LANCETS***	Tier 4				
LANCETS MIS 28G	*LANCETS***	Tier 4				
LANCETS MIS 28G THIN	*LANCETS***	Tier 4				
LANCETS MIS 30G	*LANCETS***	Tier 4				
LANCETS MICR MIS THIN 33G	*LANCETS***	Tier 4				
LANCETS SUPR MIS THIN 28G	*LANCETS***	Tier 4				

^ 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
MEDISENSE LIQ GLUC-KET	*BLOOD GLUCOSE CALIBRATION - LIQUID***	Tier 4				
MICROLET MIS LANCETS	*LANCETS***	Tier 4				
MINIMED INST MIS SENSOR	*CONTINUOUS GLUCOSE SYSTEM SENSOR***	Tier 5	X	X		
MM TWIST MIS LANCETS	*LANCETS***	Tier 4				
MOBILE LANCE MIS 30G	*LANCETS***	Tier 4				
NEUTEK 2TEK SOL CONTROL	*BLOOD GLUCOSE CALIBRATION - LIQUID***	Tier 4				
NOVOFINE MIS 32GX6MM	INSULIN PEN NEEDLE 32 G X 6 MM (1/4" OR 15/64")	Tier 3		X		
NOVOFINE AUT MIS 30GX8MM	INSULIN PEN NEEDLE 30 G X 8 MM (1/3" OR 5/16")	Tier 3		X		
NOVOFINE PLS MIS 32GX4MM	INSULIN PEN NEEDLE 32 G X 4 MM (1/6" OR 5/32")	Tier 3		X		
ONETOUCH LIQ ULT CONT	*BLOOD GLUCOSE CALIBRATION - LIQUID***	Tier 2				
ONETOUCH LIQ ULTRA	*BLOOD GLUCOSE CALIBRATION - LIQUID***	Tier 2				
ONETOUCH LIQ VERIO	*BLOOD GLUCOSE CALIBRATION - LIQUID***	Tier 2				
ONETOUCH DEL MIS LANC DEV	*LANCETS***	Tier 2				
ONETOUCH DEL MIS PLUS 30G	*LANCETS***	Tier 2				
ONETOUCH DEL MIS PLUS 33G	*LANCETS***	Tier 2				
ONETOUCH US MIS 2 30G	*LANCETS***	Tier 2				
PEN NEEDLE MIS 32GX4MM	INSULIN PEN NEEDLE 32 G X 4 MM (1/6" OR 5/32")	Tier 3		X		
PEN NEEDLE MIS 32GX5MM	INSULIN PEN NEEDLE 32 G X 5 MM (1/5" OR 3/16")	Tier 3		X		
PEN NEEDLE MIS 32GX6MM	INSULIN PEN NEEDLE 32 G X 6 MM (1/4" OR 15/64")	Tier 3		X		
PEN NEEDLES MIS 30GX5/16	INSULIN PEN NEEDLE 30 G X 8 MM (1/3" OR 5/16")	Tier 3		X		
PEN NEEDLES MIS 30GX8MM	INSULIN PEN NEEDLE 30 G X 8 MM (1/3" OR 5/16")	Tier 3		X		
PEN NEEDLES MIS 32GX4MM	INSULIN PEN NEEDLE 32 G X 4 MM (1/6" OR 5/32")	Tier 3		X		
PEN NEEDLES MIS 32GX5/32	INSULIN PEN NEEDLE 32 G X 4 MM (1/6" OR 5/32")	Tier 3		X		
PEN NEEDLES MIS 32GX5MM	INSULIN PEN NEEDLE 32 G X 5 MM (1/5" OR 3/16")	Tier 3		X		
PEN NEEDLES MIS 32GX6MM	INSULIN PEN NEEDLE 32 G X 6 MM (1/4" OR 15/64")	Tier 3		X		
PENTIPS MIS 32GX4MM	INSULIN PEN NEEDLE 32 G X 4 MM (1/6" OR 5/32")	Tier 3		X		
PENTIPS MIS 32GX6MM	INSULIN PEN NEEDLE 32 G X 6 MM (1/4" OR 15/64")	Tier 3		X		
PERFECT POIN MIS LANC 28G	*LANCETS***	Tier 4				

^ 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
PERFECT POIN MIS LANC 30G	*LANCETS***	Tier 4				
PIP CONTROL LIQ	*BLOOD GLUCOSE CALIBRATION - LIQUID***	Tier 4				
PRECISION LIQ GLUC/KET	*BLOOD GLUCOSE CALIBRATION - LIQUID***	Tier 3				
PRECISN XTRA TES KETONE	KETONE BLOOD TEST STRIP	Tier 4				
PRO COMFORT MIS LANC 30G	*LANCETS***	Tier 4				
PSS SAFE LAN MIS	*LANCETS***	Tier 4				
PSS SEL LANC MIS	*LANCETS***	Tier 4				
PURE COMFORT MIS 32GX4MM	INSULIN PEN NEEDLE 32 G X 4 MM (1/6" OR 5/32")	Tier 3		X		
QUICK TOUCH MIS 32GX4MM	INSULIN PEN NEEDLE 32 G X 4 MM (1/6" OR 5/32")	Tier 3		X		
QUICK TOUCH MIS 32GX5MM	INSULIN PEN NEEDLE 32 G X 5 MM (1/5" OR 3/16")	Tier 3		X		
QUICK TOUCH MIS 32GX6MM	INSULIN PEN NEEDLE 32 G X 6 MM (1/4" OR 15/64")	Tier 3		X		
QUINTET CONT SOL HGH/ NORM	*BLOOD GLUCOSE CALIBRATION - LIQUID***	Tier 4				
RELION PLATN TES GLUCOSE	GLUCOSE BLOOD TEST STRIP	Tier 5		X		
RELION ULTRA MIS THIN 30G	*LANCETS***	Tier 4				
SAFE-T-LANCE MIS 21G	*LANCETS***	Tier 4				
SAFE-T-LANCE MIS 25G	*LANCETS***	Tier 4				
SAFE-T-LANCE MIS HI FLOW	*LANCETS***	Tier 4				
SAFE-T-LANCE MIS LOW FLOW	*LANCETS***	Tier 4				
SAFE-T-LANCE MIS NOR FLOW	*LANCETS***	Tier 4				
SAFE-T-PRO MIS LANCETS	*LANCETS***	Tier 2				
SAFE-T-PRO MIS PLUS	*LANCETS***	Tier 2				
SAFETY 21G MIS LANCETS	*LANCETS***	Tier 4				
SAFETY 23G MIS LANCETS	*LANCETS***	Tier 4				
SAFETY 28G MIS LANCETS	*LANCETS***	Tier 4				
SENSILANCE MIS 21G	*LANCETS***	Tier 4				
SENSILANCE MIS 26G	*LANCETS***	Tier 4				
SENSILANCE MIS 28G	*LANCETS***	Tier 4				
SIMPLERA MIS SYNC SEN	*CONTINUOUS GLUCOSE SYSTEM SENSOR***	Tier 4	X			
SINGLE-LET MIS 23G	*LANCETS***	Tier 4				
SOFTCLIX MIS LANCETS	*LANCETS***	Tier 2				
SURE COMFORT MIS 32GX5/32	INSULIN PEN NEEDLE 32 G X 4 MM (1/6" OR 5/32")	Tier 3		X		
TECHLITE MIS LANC 26G	*LANCETS***	Tier 4				
THINLETS GP MIS 26G	*LANCETS***	Tier 4				

^ 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
TRUE COMFORT MIS 32GX4MM	INSULIN PEN NEEDLE 32 G X 4 MM (1/6" OR 5/32")	Tier 3		X		
TRUPLUS LANC MIS 26G	*LANCETS***	Tier 4				
TRUPLUS LANC MIS 28G	*LANCETS***	Tier 4				
TRUPLUS LANC MIS 30G	*LANCETS***	Tier 4				
TRUPLUS LANC MIS 33G	*LANCETS***	Tier 4				
TWIST LANCET MIS 30G	*LANCETS***	Tier 4				
TWIST LANCET MIS 30G MULT	*LANCETS***	Tier 4				
ULTIGUARD MIS 32GX4MM	INSULIN PEN NEEDLE 32 G X 4 MM (1/6" OR 5/32")	Tier 3		X		
ULTIGUARD MIS 32GX6MM	INSULIN PEN NEEDLE 32 G X 6 MM (1/4" OR 15/64")	Tier 3		X		
ULTRA THIN MIS LANC 28G	*LANCETS***	Tier 4				
ULTRA THIN MIS LANC 30G	*LANCETS***	Tier 4				
ULTRA THIN MIS LANCETS	*LANCETS***	Tier 4				
UNIFINE PNTP MIS 32GX4MM	INSULIN PEN NEEDLE 32 G X 4 MM (1/6" OR 5/32")	Tier 3		X		
UNIFINE PROT MIS 30GX8MM	INSULIN PEN NEEDLE 30 G X 8 MM (1/3" OR 5/16")	Tier 3		X		
UNIFINE PROT MIS 32GX4MM	INSULIN PEN NEEDLE 32 G X 4 MM (1/6" OR 5/32")	Tier 3		X		
UNILET LANC MIS 30G	*LANCETS***	Tier 4				
UNILET LANC MIS 33G	*LANCETS***	Tier 4				
VERIFINE MIS UNIV 28G	*LANCETS***	Tier 4				
VERIFINE MIS UNIV 30G	*LANCETS***	Tier 4				
VERIFINE MIS UNIV 33G	*LANCETS***	Tier 4				
VERIFINE LAN MIS MINI 21G	*LANCETS***	Tier 4				
VERIFINE LAN MIS MINI 23G	*LANCETS***	Tier 4				
VERIFINE LAN MIS MINI 28G	*LANCETS***	Tier 4				
VERIFINE LAN MIS MINI 30G	*LANCETS***	Tier 4				
VERIFINE PEN MIS 32GX4MM	INSULIN PEN NEEDLE 32 G X 4 MM (1/6" OR 5/32")	Tier 3		X		
VERIFINE PEN MIS 32GX6MM	INSULIN PEN NEEDLE 32 G X 6 MM (1/4" OR 15/64")	Tier 3		X		
VIVAGUARD LIQ CONTROL	*BLOOD GLUCOSE CALIBRATION - LIQUID***	Tier 4				
VIVAGUARD MIS 28G	*LANCETS***	Tier 4				
VIVAGUARD MIS 30G	*LANCETS***	Tier 4				
Diabetic/Endocrine Blood: Glucose Monitoring						
AUTOLET LANC MIS DEVICE	*LANCET DEVICES***	Tier 4		X		
AUTOLET LITE MIS LANCING	*LANCET DEVICES***	Tier 4		X		
CARETOUCH MIS EJECTOR	*LANCET DEVICES***	Tier 4		X		

^ 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
CHOSEN MIS LANCING	*LANCET DEVICES***	Tier 4		X		
CVS LANCING MIS DEVICE	*LANCET DEVICES***	Tier 4		X		
FLOW-EZE MIS VENTED	HYPODERMIC NEEDLES (DISPOSABLE)	Tier 4				
GENTLE-LET MIS PLATFORM	*LANCETS MISC.***	Tier 4				
IHEALTH LANC MIS DEVICE	*LANCET DEVICES***	Tier 4		X		
LANCET CARRY MIS CASE	*LANCETS MISC.***	Tier 4				
LANCING MIS DEVICE	*LANCET DEVICES***	Tier 4		X		
MICROLET MIS NEXT	*LANCET DEVICES***	Tier 4		X		
MINI LANCING MIS DEVICE	*LANCET DEVICES***	Tier 4		X		
MM LANCING MIS DEVICE	*LANCET DEVICES***	Tier 4		X		
ONETOUCH DEL MIS LANC DEV	*LANCET DEVICES***	Tier 2		X		
PSS SEL PLAT MIS	*LANCETS MISC.***	Tier 4				
TRUEDRAW MIS LANC DEV	*LANCET DEVICES***	Tier 4		X		
VIVAGUARD MIS LANCING	*LANCET DEVICES***	Tier 4		X		
Diuretics, Carbonic Anhydrase Inhibitors - Cardiac Drugs						
DICHLORPHENA TAB 50MG	DICHLORPHENAMIDE TAB 50 MG	Tier 4	X	X		X
Diuretics, Loop - Cardiac Drugs						
BUMETANIDE TAB 0.5MG	BUMETANIDE TAB 0.5 MG	Tier 2				
BUMETANIDE TAB 1MG	BUMETANIDE TAB 1 MG	Tier 2				
BUMETANIDE TAB 2MG	BUMETANIDE TAB 2 MG	Tier 2				
BUMEX TAB 0.5MG	BUMETANIDE TAB 0.5 MG	Tier 4				
ETHACRYNIC TAB ACD 25MG	ETHACRYNIC ACID TAB 25 MG	Tier 5				
FUROSEMIDE SOL 10MG/ML	FUROSEMIDE ORAL SOLN 10 MG/ML	Tier 2				
FUROSEMIDE SOL 40MG/5ML	FUROSEMIDE ORAL SOLN 8 MG/ML	Tier 2				
FUROSEMIDE TAB 20MG	FUROSEMIDE TAB 20 MG	Tier 2				
FUROSEMIDE TAB 40MG	FUROSEMIDE TAB 40 MG	Tier 2				
FUROSEMIDE TAB 80MG	FUROSEMIDE TAB 80 MG	Tier 2				
LASIX TAB 20MG	FUROSEMIDE TAB 20 MG	Tier 5				
LASIX TAB 40MG	FUROSEMIDE TAB 40 MG	Tier 5				
LASIX TAB 80MG	FUROSEMIDE TAB 80 MG	Tier 5				
TORSEMIDE TAB 100MG	TORSEMIDE TAB 100 MG	Tier 2				
TORSEMIDE TAB 10MG	TORSEMIDE TAB 10 MG	Tier 2				
TORSEMIDE TAB 20MG	TORSEMIDE TAB 20 MG	Tier 2				
TORSEMIDE TAB 5MG	TORSEMIDE TAB 5 MG	Tier 2				
Diuretics, Potassium-sparing - Cardiac Drugs						
AMILORIDE TAB 5MG	AMILORIDE HCL TAB 5 MG	Tier 2				
CAROSPIR SUS 25MG/5ML	SPIRONOLACTONE SUSP 25 MG/5ML	Tier 5	X			
EPLERENONE TAB 25MG	EPLERENONE TAB 25 MG	Tier 3				

^ 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
EPLERENONE TAB 50MG	EPLERENONE TAB 50 MG	Tier 3				
SPIRONOLACT TAB 100MG	SPIRONOLACTONE TAB 100 MG	Tier 2				
SPIRONOLACT TAB 25MG	SPIRONOLACTONE TAB 25 MG	Tier 2				
SPIRONOLACT TAB 50MG	SPIRONOLACTONE TAB 50 MG	Tier 2				
SPIRONOLACTO SUS 25MG/5ML	SPIRONOLACTONE SUSP 25 MG/5ML	Tier 4	X			
TRIAMTERENE CAP 100MG	TRIAMTERENE CAP 100 MG	Tier 4				
TRIAMTERENE CAP 50MG	TRIAMTERENE CAP 50 MG	Tier 4				
Diuretics, Thiazide - Cardiac Drugs						
CHLOROTHIAZI POW	CHLOROTHIAZIDE (BULK) POWDER	Tier 4				
CHLORTHALID TAB 25MG	CHLORTHALIDONE TAB 25 MG	Tier 2				
CHLORTHALID TAB 50MG	CHLORTHALIDONE TAB 50 MG	Tier 2				
DIURIL SUS 250/5ML	CHLOROTHIAZIDE SUSP 250 MG/5ML	Tier 3				
HYDROCHLOROT CAP 12.5MG	HYDROCHLOROTHIAZIDE CAP 12.5 MG	Tier 2				
HYDROCHLOROT TAB 12.5MG	HYDROCHLOROTHIAZIDE TAB 12.5 MG	Tier 2				
HYDROCHLOROT TAB 25MG	HYDROCHLOROTHIAZIDE TAB 25 MG	Tier 2				
HYDROCHLOROT TAB 50MG	HYDROCHLOROTHIAZIDE TAB 50 MG	Tier 2				
INDAPAMIDE TAB 1.25MG	INDAPAMIDE TAB 1.25 MG	Tier 2				
INDAPAMIDE TAB 2.5MG	INDAPAMIDE TAB 2.5 MG	Tier 2				
METOLAZONE TAB 10MG	METOLAZONE TAB 10 MG	Tier 2				
METOLAZONE TAB 2.5MG	METOLAZONE TAB 2.5 MG	Tier 2				
METOLAZONE TAB 5MG	METOLAZONE TAB 5 MG	Tier 2				
Dopamine Agonists - Parkinson's Disease Drugs						
BROMOCRIPTIN CAP 5MG	BROMOCRIPTINE MESYLATE CAP 5 MG (BASE EQUIVALENT)	Tier 2				
BROMOCRIPTIN TAB 2.5MG	BROMOCRIPTINE MESYLATE TAB 2.5 MG (BASE EQUIVALENT)	Tier 2				
PRAMIPEXOLE TAB 0.125MG	PRAMIPEXOLE DIHYDROCHLORIDE TAB 0.125 MG	Tier 2				
PRAMIPEXOLE TAB 0.25MG	PRAMIPEXOLE DIHYDROCHLORIDE TAB 0.25 MG	Tier 2				
PRAMIPEXOLE TAB 0.5MG	PRAMIPEXOLE DIHYDROCHLORIDE TAB 0.5 MG	Tier 2				
PRAMIPEXOLE TAB 0.75MG	PRAMIPEXOLE DIHYDROCHLORIDE TAB 0.75 MG	Tier 2				
PRAMIPEXOLE TAB 1.5MG	PRAMIPEXOLE DIHYDROCHLORIDE TAB 1.5 MG	Tier 2				
PRAMIPEXOLE TAB 1MG	PRAMIPEXOLE DIHYDROCHLORIDE TAB 1 MG	Tier 2				
ROPINIROLE TAB 0.25MG	ROPINIROLE HYDROCHLORIDE TAB 0.25 MG	Tier 2				
ROPINIROLE TAB 0.5MG	ROPINIROLE HYDROCHLORIDE TAB 0.5 MG	Tier 2				
ROPINIROLE TAB 1MG	ROPINIROLE HYDROCHLORIDE TAB 1 MG	Tier 2				

^ 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 2MG	ROPINIROLE HYDROCHLORIDE TAB 2 MG	Tier 2				
ROPINIROLE TAB 3MG	ROPINIROLE HYDROCHLORIDE TAB 3 MG	Tier 2				
ROPINIROLE TAB 4MG	ROPINIROLE HYDROCHLORIDE TAB 4 MG	Tier 2				
ROPINIROLE TAB 5MG	ROPINIROLE HYDROCHLORIDE TAB 5 MG	Tier 2				
Dopamine Precursors/L-Amino Acid Decarboxylase Inhibitors - Parkinson's Disease Drugs						
CARB/LEVO TAB 10-100MG	CARBIDOPA & LEVODOPA TAB 10-100 MG	Tier 2				
CARB/LEVO TAB 10-100MG	CARBIDOPA & LEVODOPA ORALLY DISINTEGRATING TAB 10-100 MG	Tier 2				
CARB/LEVO TAB 25-100MG	CARBIDOPA & LEVODOPA TAB 25-100 MG	Tier 2				
CARB/LEVO TAB 25-100MG	CARBIDOPA & LEVODOPA ORALLY DISINTEGRATING TAB 25-100 MG	Tier 2				
CARB/LEVO TAB 25-250MG	CARBIDOPA & LEVODOPA TAB 25-250 MG	Tier 2				
CARB/LEVO TAB 25-250MG	CARBIDOPA & LEVODOPA ORALLY DISINTEGRATING TAB 25-250 MG	Tier 2				
CARB/LEVO 50 TAB /ENTACAP	CARBIDOPA-LEVODOPA-ENTACAPONE TABS 12.5-50-200 MG	Tier 2				
CARB/LEVO 75 TAB /ENTACAP	CARBIDOPA-LEVODOPA-ENTACAPONE TABS 18.75-75-200 MG	Tier 2				
CARB/LEVO ER TAB 25-100MG	CARBIDOPA & LEVODOPA TAB ER 25-100 MG	Tier 2				
CARB/LEVO ER TAB 50-200MG	CARBIDOPA & LEVODOPA TAB ER 50-200 MG	Tier 2				
CARB/LEVO100 TAB /ENTACAP	CARBIDOPA-LEVODOPA-ENTACAPONE TABS 25-100-200 MG	Tier 2				
CARB/LEVO125 TAB /ENTACAP	CARBIDOPA-LEVODOPA-ENTACAPONE TABS 31.25-125-200 MG	Tier 2				
CARB/LEVO150 TAB /ENTACAP	CARBIDOPA-LEVODOPA-ENTACAPONE TABS 37.5-150-200 MG	Tier 2				
CARB/LEVO200 TAB /ENTACAP	CARBIDOPA-LEVODOPA-ENTACAPONE TABS 50-200-200 MG	Tier 2				
CARBIDOPA TAB 25MG	CARBIDOPA TAB 25 MG	Tier 2				
CREXONT CAP 35-140MG	CARBIDOPA & LEVODOPA CAP ER 35-140 MG	Tier 5			X	
CREXONT CAP 52.5-210	CARBIDOPA & LEVODOPA CAP ER 52.5-210 MG	Tier 5			X	
CREXONT CAP 70-280MG	CARBIDOPA & LEVODOPA CAP ER 70-280 MG	Tier 5			X	
CREXONT CAP 87.5-350	CARBIDOPA & LEVODOPA CAP ER 87.5-350 MG	Tier 5			X	
DUOPA SUS 4.63-20	CARBIDOPA-LEVODOPA ENTERAL SUSP 4.63-20 MG/ML	Tier 5	X			
SINEMET TAB 10-100MG	CARBIDOPA & LEVODOPA TAB 10-100 MG	Tier 5				
SINEMET TAB 25-100MG	CARBIDOPA & LEVODOPA TAB 25-100 MG	Tier 5				
STALEVO 100 TAB	CARBIDOPA-LEVODOPA-ENTACAPONE TABS 25-100-200 MG	Tier 5				
STALEVO 125 TAB	CARBIDOPA-LEVODOPA-ENTACAPONE TABS 31.25-125-200 MG	Tier 5				

^ 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
STALEVO 150 TAB	CARBIDOPA-LEVODOPA-ENTACAPONE TABS 375-150-200 MG	Tier 5				
STALEVO 200 TAB	CARBIDOPA-LEVODOPA-ENTACAPONE TABS 50-200-200 MG	Tier 5				
STALEVO 50 TAB	CARBIDOPA-LEVODOPA-ENTACAPONE TABS 12.5-50-200 MG	Tier 5				
STALEVO 75 TAB	CARBIDOPA-LEVODOPA-ENTACAPONE TABS 18.75-75-200 MG	Tier 5				
Dyslipidemics, Fibric Acid Derivatives - Cholesterol Control Drugs						
FENOFIBRATE CAP 130MG	FENOFIBRATE MICRONIZED CAP 130 MG	Tier 3				
FENOFIBRATE CAP 134MG	FENOFIBRATE MICRONIZED CAP 134 MG	Tier 3				
FENOFIBRATE CAP 200MG	FENOFIBRATE MICRONIZED CAP 200 MG	Tier 3				
FENOFIBRATE CAP 43MG	FENOFIBRATE MICRONIZED CAP 43 MG	Tier 3				
FENOFIBRATE CAP 67MG	FENOFIBRATE MICRONIZED CAP 67 MG	Tier 3				
FENOFIBRATE TAB 145MG	FENOFIBRATE TAB 145 MG	Tier 3				
FENOFIBRATE TAB 160MG	FENOFIBRATE TAB 160 MG	Tier 3				
FENOFIBRATE TAB 48MG	FENOFIBRATE TAB 48 MG	Tier 3				
FENOFIBRATE TAB 54MG	FENOFIBRATE TAB 54 MG	Tier 3				
GEMFIBROZIL TAB 600MG	GEMFIBROZIL TAB 600 MG	Tier 2				
LOPID TAB 600MG	GEMFIBROZIL TAB 600 MG	Tier 5				
Dyslipidemics, HMG CoA Reductase Inhibitors - Cholesterol Control Drugs						
ATORVALIQ SUS 20MG/5ML	ATORVASTATIN CALCIUM SUSP 20 MG/5ML (4MG/ML) (BASE EQUIV)	Tier 5	X			
ATORVASTATIN TAB 10MG	ATORVASTATIN CALCIUM TAB 10 MG (BASE EQUIVALENT)	Tier 2^				
ATORVASTATIN TAB 20MG	ATORVASTATIN CALCIUM TAB 20 MG (BASE EQUIVALENT)	Tier 2^				
ATORVASTATIN TAB 40MG	ATORVASTATIN CALCIUM TAB 40 MG (BASE EQUIVALENT)	Tier 2				
ATORVASTATIN TAB 80MG	ATORVASTATIN CALCIUM TAB 80 MG (BASE EQUIVALENT)	Tier 2				
EZALLOR SPR CAP 10MG	ROSUVASTATIN CALCIUM SPRINKLE CAP 10 MG (BASE EQUIVALENT)	Tier 4	X			
EZALLOR SPR CAP 20MG	ROSUVASTATIN CALCIUM SPRINKLE CAP 20 MG (BASE EQUIVALENT)	Tier 4	X			
EZALLOR SPR CAP 40MG	ROSUVASTATIN CALCIUM SPRINKLE CAP 40 MG (BASE EQUIVALENT)	Tier 4	X			
EZALLOR SPR CAP 5MG	ROSUVASTATIN CALCIUM SPRINKLE CAP 5 MG (BASE EQUIVALENT)	Tier 4	X			
FLOLIPID SUS 20MG/5ML	SIMVASTATIN SUSP 20 MG/5ML (4 MG/ML)	Tier 5	X			
FLOLIPID SUS 40MG/5ML	SIMVASTATIN SUSP 40 MG/5ML (8 MG/ML)	Tier 5	X			
FLUVASTATIN CAP 20MG	FLUVASTATIN SODIUM CAP 20 MG (BASE EQUIVALENT)	Tier 2				

^ 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
FLUVASTATIN CAP 40MG	FLUVASTATIN SODIUM CAP 40 MG (BASE EQUIVALENT)	Tier 2				
LOVASTATIN TAB 10MG	LOVASTATIN TAB 10 MG	Tier 1				
LOVASTATIN TAB 20MG	LOVASTATIN TAB 20 MG	Tier 1				
LOVASTATIN TAB 40MG	LOVASTATIN TAB 40 MG	Tier 1				
PRAVASTATIN TAB 10MG	PRAVASTATIN SODIUM TAB 10 MG	Tier 2				
PRAVASTATIN TAB 20MG	PRAVASTATIN SODIUM TAB 20 MG	Tier 2				
PRAVASTATIN TAB 40MG	PRAVASTATIN SODIUM TAB 40 MG	Tier 2				
PRAVASTATIN TAB 80MG	PRAVASTATIN SODIUM TAB 80 MG	Tier 2				
ROSUVASTATIN TAB 10MG	ROSUVASTATIN CALCIUM TAB 10 MG	Tier 3				
ROSUVASTATIN TAB 20MG	ROSUVASTATIN CALCIUM TAB 20 MG	Tier 3				
ROSUVASTATIN TAB 40MG	ROSUVASTATIN CALCIUM TAB 40 MG	Tier 3				
ROSUVASTATIN TAB 5MG	ROSUVASTATIN CALCIUM TAB 5 MG	Tier 3				
SIMVASTATIN TAB 10MG	SIMVASTATIN TAB 10 MG	Tier 2^				
SIMVASTATIN TAB 20MG	SIMVASTATIN TAB 20 MG	Tier 2^				
SIMVASTATIN TAB 40MG	SIMVASTATIN TAB 40 MG	Tier 2^				
SIMVASTATIN TAB 5MG	SIMVASTATIN TAB 5 MG	Tier 2^				
SIMVASTATIN TAB 80MG	SIMVASTATIN TAB 80 MG	Tier 2				
Dyslipidemics, Other - Miscellaneous Cholesterol Control Drugs						
CHOLESTYRAM POW 4GM	CHOLESTYRAMINE POWDER 4 GM/DOSE	Tier 2				
CHOLESTYRAM POW 4GM	CHOLESTYRAMINE POWDER PACKETS 4 GM	Tier 2				
CHOLESTYRAM POW 4GM LITE	CHOLESTYRAMINE LIGHT POWDER PACKETS 4 GM	Tier 2				
CHOLESTYRAM POW 4GM LITE	CHOLESTYRAMINE LIGHT POWDER 4 GM/DOSE	Tier 2				
COLESEVELAM PAK 3.75GM	COLESEVELAM HCL PACKET FOR SUSP 3.75 GM	Tier 3				
COLESEVELAM TAB 625MG	COLESEVELAM HCL TAB 625 MG	Tier 3				
COLESTID GRA 5GM	COLESTIPOL HCL GRANULES 5 GM	Tier 4				
COLESTID TAB 1GM	COLESTIPOL HCL TAB 1 GM	Tier 5				
COLESTID FLA GRA 5/7.5GM	COLESTIPOL HCL GRANULE PACKETS 5 GM	Tier 5				
COLESTID FLA GRA 5GM	COLESTIPOL HCL GRANULES 5 GM	Tier 4				
COLESTIPOL GRA 5GM	COLESTIPOL HCL GRANULE PACKETS 5 GM	Tier 2				
COLESTIPOL GRA 5GM	COLESTIPOL HCL GRANULES 5 GM	Tier 2				
COLESTIPOL TAB 1GM	COLESTIPOL HCL TAB 1 GM	Tier 2				
EZETIMIBE TAB 10MG	EZETIMIBE TAB 10 MG	Tier 3				
NEXLETOL TAB 180MG	BEMPEDOIC ACID TAB 180 MG	Tier 3	X	X	X	
NEXLIZET TAB 180/10MG	BEMPEDOIC ACID-EZETIMIBE TAB 180-10 MG	Tier 3	X	X	X	

^ 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 TAB 500MG ER	NIACIN TAB ER 500 MG (ANTHYPERLIPIDEMIC)	Tier 4				
NIACIN ER TAB 1000MG	NIACIN TAB ER 1000 MG (ANTHYPERLIPIDEMIC)	Tier 4				
NIACIN ER TAB 500MG	NIACIN TAB ER 500 MG (ANTHYPERLIPIDEMIC)	Tier 4				
NIACIN ER TAB 500MG ER	NIACIN TAB ER 500 MG (ANTHYPERLIPIDEMIC)	Tier 4				
NIACIN ER TAB 750MG	NIACIN TAB ER 750 MG (ANTHYPERLIPIDEMIC)	Tier 4				
OMEGA-3-ACID CAP 1GM	OMEGA-3-ACID ETHYL ESTERS CAP 1 GM	Tier 3				
PREVALITE POW 4GM	CHOLESTYRAMINE LIGHT POWDER 4 GM/DOSE	Tier 2				
PREVALITE POW 4GM PK	CHOLESTYRAMINE LIGHT POWDER PACKETS 4 GM	Tier 2				
QUESTRAN POW 4GM	CHOLESTYRAMINE POWDER PACKETS 4 GM	Tier 5				
QUESTRAN POW 4GM	CHOLESTYRAMINE POWDER 4 GM/DOSE	Tier 5				
QUESTRAN POW 4GM LITE	CHOLESTYRAMINE LIGHT POWDER 4 GM/DOSE	Tier 5				
REPATHA INJ 140MG/ML	EVOLOCUMAB SUBCUTANEOUS SOLN PREFILLED SYRINGE 140 MG/ML	Tier 3		X		
REPATHA PUSH INJ 420/3.5	EVOLOCUMAB SUBCUTANEOUS SOLN CARTRIDGE/INFUSOR 420 MG/3.5ML	Tier 3		X		
REPATHA SURE INJ 140MG/ML	EVOLOCUMAB SUBCUTANEOUS SOLN AUTO-INJECTOR 140 MG/ML	Tier 3		X		
Electrolyte/Mineral Replacement - Vitamin, Mineral and Body Fluid Deficiency Drugs						
ADVERA LIQ CHOCOLAT	*NUTRITIONAL SUPPLEMENT LIQUID**	Tier 3				
ADVERA LIQ VANILLA	*NUTRITIONAL SUPPLEMENT LIQUID**	Tier 3				
ARGINAID PAK CHERRY	*NUTRITIONAL SUPPLEMENT PACK**	Tier 4				
ARGINAID PAK ORANGE	*NUTRITIONAL SUPPLEMENT PACK**	Tier 4				
ATABEX EC TAB 29-1MG	*PRENATAL VIT W/ DSS-IRON CARBONYL-FA TAB DR 29-1 MG***	Tier 4				
BOOST LIQ ORIGINAL	*NUTRITIONAL SUPPLEMENT LIQUID**	Tier 4	X			
BOOST BREEZE LIQ 2-FLAVOR	*NUTRITIONAL SUPPLEMENT LIQUID**	Tier 4				
BOOST HI-PRO LIQ CHOCOLAT	*NUTRITIONAL SUPPLEMENT LIQUID**	Tier 4				
BOOST PLUS LIQ VANILLA	*NUTRITIONAL SUPPLEMENT LIQUID**	Tier 4	X			
BRAINSUSTAIN PAK	*NUTRITIONAL SUPPLEMENT PACK**	Tier 4				
CALCIFOL WAF	CA CARB-FOLIC ACID-VIT D-B6-B12-BORON-MAG WAFER 1342-1.6 MG	Tier 4				
CARGLUMIC TAB 200MG	CARGLUMIC ACID SOLUBLE TAB 200 MG	Tier 4	X			X
COMPLEAT LIQ PEPTIDE	*NUTRITIONAL SUPPLEMENT LIQUID**	Tier 4				
COMPLEAT LIQ STND 1.4	*NUTRITIONAL SUPPLEMENT LIQUID**	Tier 4	X			
COMPLEAT ORG LIQ BLND 1.2	*NUTRITIONAL SUPPLEMENT LIQUID**	Tier 4				

^ 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 CHOCOLAT	*NUTRITIONAL SUPPLEMENT LIQUID**	Tier 3	X			
CVS NUTRITIO LIQ CHOCOLAT	*NUTRITIONAL SUPPLEMENT LIQUID**	Tier 3				
CVS NUTRITIO LIQ STRABERY	*NUTRITIONAL SUPPLEMENT LIQUID**	Tier 3				
CVS NUTRITIO LIQ STRABERY	*NUTRITIONAL SUPPLEMENT LIQUID**	Tier 3	X			
CVS NUTRITIO LIQ VANILLA	*NUTRITIONAL SUPPLEMENT LIQUID**	Tier 2				
CVS NUTRITIO LIQ VANILLA	*NUTRITIONAL SUPPLEMENT LIQUID**	Tier 3	X			
CYTRA K GRA CRYSTALS	POTASSIUM CITRATE & CITRIC ACID POWDER PACK 3300-1002 MG	Tier 2				
DOJOLVI LIQ 100%	TRihePTANOIN ORAL LIQUID 100%	Tier 5	X			X
EAA SUPPLEME POW	*NUTRITIONAL SUPPLEMENT PACK**	Tier 4	X			
EAA SUPPLEME POW TROPICAL	*NUTRITIONAL SUPPLEMENT PACK**	Tier 3	X			
EFFER-K TAB 10MEQ	POTASSIUM BICARBONATE-CITRIC ACID EFFER TAB 10 MEQ	Tier 3				
EFFER-K TAB 20MEQ	POTASSIUM BICARBONATE-CITRIC ACID EFFER TAB 20 MEQ	Tier 3				
EFFER-K TAB 25MEQ EF	POTASSIUM BICARBONATE EFFER TAB 25 MEQ	Tier 2				
ENDARI POW 5GM	GLUTAMINE (SICKLE CELL) POWD PACK 5 GM	Tier 5	X	X		
ENSURE LIQ CHOCOLAT	*NUTRITIONAL SUPPLEMENT LIQUID**	Tier 4	X			
ENSURE ENLIV LIQ STRAWBER	*NUTRITIONAL SUPPLEMENT LIQUID**	Tier 4	X			
ENSURE ENLIV LIQ VANILLA	*NUTRITIONAL SUPPLEMENT LIQUID**	Tier 4	X			
ENSURE HP LIQ VANILLA	*NUTRITIONAL SUPPLEMENT LIQUID**	Tier 4				
ENSURE ORIGI LIQ FIBER	*NUTRITIONAL SUPPLEMENT LIQUID**	Tier 4	X			
ENSURE ORIGN LIQ CHOCOLAT	*NUTRITIONAL SUPPLEMENT LIQUID**	Tier 4				
ENSURE ORIGN LIQ CHOCOLAT	*NUTRITIONAL SUPPLEMENT LIQUID**	Tier 4	X			
ENSURE ORIGN LIQ STRAWBER	*NUTRITIONAL SUPPLEMENT LIQUID**	Tier 4				
ENSURE PLUS LIQ BUT PECN	*NUTRITIONAL SUPPLEMENT LIQUID**	Tier 4				
ENSURE PLUS LIQ CHOCOLAT	*NUTRITIONAL SUPPLEMENT LIQUID**	Tier 4				
ENSURE PLUS LIQ DRK CHOC	*NUTRITIONAL SUPPLEMENT LIQUID**	Tier 4				
ENSURE PLUS LIQ STRAWBER	*NUTRITIONAL SUPPLEMENT LIQUID**	Tier 4				
ENSURE PLUS LIQ STRWBERY	*NUTRITIONAL SUPPLEMENT LIQUID**	Tier 4	X			
ENSURE PLUS LIQ VANILLA	*NUTRITIONAL SUPPLEMENT LIQUID**	Tier 4				
ENSURE PLUS LIQ VANILLA	*NUTRITIONAL SUPPLEMENT LIQUID**	Tier 4	X			
ENSURE SURGE LIQ IMMUNO	*NUTRITIONAL SUPPLEMENT LIQUID**	Tier 4				
ENU NUTRITIO LIQ CHOCOLAT	*NUTRITIONAL SUPPLEMENT LIQUID**	Tier 4	X			
ENU NUTRITIO LIQ VANILLA	*NUTRITIONAL SUPPLEMENT LIQUID**	Tier 4	X			
FLORIVA DRO 0.25MG	SODIUM FLUORIDE-VITAMIN D LIQD DROPS 0.25 MG/ML-400 UNIT/ML	Tier 4				
FLUORIDE CHW 0.25MG F	SODIUM FLUORIDE CHEW TAB 0.25 MG F (FROM 0.55 MG NAF)	Tier 1				

^ 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 0.5MG F	SODIUM FLUORIDE CHEW TAB 0.5 MG F (FROM 1.1 MG NAF)	Tier 1				
FLUORIDE CHW 1MG F	SODIUM FLUORIDE CHEW TAB 1 MG F (FROM 2.2 MG NAF)	Tier 1				
FT IMMUNE CHW SUPPORT	*MULTIPLE VITAMINS W/ MINERALS CHEW TAB**	Tier 2				
GA GEL PAK	*NUTRITIONAL SUPPLEMENT PACK**	Tier 3	X			
GALZIN CAP 25MG	ZINC ACETATE CAP 25 MG (ELEMENTAL ZINC)	Tier 4				
GALZIN CAP 50MG	ZINC ACETATE CAP 50 MG (ELEMENTAL ZINC)	Tier 4				
GLUCERNA LIQ BUT PECA	*NUTRITIONAL SUPPLEMENT LIQUID**	Tier 4				
GLUCERNA LIQ CHOCOLAT	*NUTRITIONAL SUPPLEMENT LIQUID**	Tier 4				
GLUCERNA LIQ STRAWBER	*NUTRITIONAL SUPPLEMENT LIQUID**	Tier 4				
GLUCOSE CTRL LIQ MAX PROT	*NUTRITIONAL SUPPLEMENT LIQUID**	Tier 4				
GLUCOSE SUP LIQ 1.2	*NUTRITIONAL SUPPLEMENT LIQUID**	Tier 4				
GLYCOSAIDE PAK	*NUTRITIONAL SUPPLEMENT PACK**	Tier 4	X			
GLYTACTIN LIQ RES/LITE	*NUTRITIONAL SUPPLEMENT LIQUID**	Tier 3	X			
GLYTACTIN LIQ RESTOR10	*NUTRITIONAL SUPPLEMENT LIQUID**	Tier 3	X			
GLYTACTIN LIQ RTD 10	*NUTRITIONAL SUPPLEMENT LIQUID**	Tier 3	X			
GLYTACTIN LIQ RTD 15	*NUTRITIONAL SUPPLEMENT LIQUID**	Tier 3	X			
GLYTACTIN PAK BTMK/DLT	*NUTRITIONAL SUPPLEMENT PACK**	Tier 3	X			
GLYTACTIN PAK SWIRL 15	*NUTRITIONAL SUPPLEMENT PACK**	Tier 4				
GLYTACTIN PAK SWIRL 15	*NUTRITIONAL SUPPLEMENT PACK**	Tier 3				
GLYTACTIN POW APPLE	*NUTRITIONAL SUPPLEMENT PACK**	Tier 4				
GLYTACTIN POW BD 20/20	*NUTRITIONAL SUPPLEMENT PACK**	Tier 4				
GLYTACTIN POW BETMLK15	*NUTRITIONAL SUPPLEMENT PACK**	Tier 3				
GLYTACTIN POW BETMLK15	*NUTRITIONAL SUPPLEMENT PACK**	Tier 3	X			
GLYTACTIN POW BLD 10PE	*NUTRITIONAL SUPPLEMENT PACK**	Tier 4				
GLYTACTIN POW BLD PKU	*NUTRITIONAL SUPPLEMENT PACK**	Tier 4				
GLYTACTIN POW PUNCH	*NUTRITIONAL SUPPLEMENT PACK**	Tier 4				
GLYTACTIN POW RESTOR 5	*NUTRITIONAL SUPPLEMENT PACK**	Tier 3				
GLYTACTIN POW RST LT10	*NUTRITIONAL SUPPLEMENT PACK**	Tier 4				
GLYTACTIN POW TROPICAL	*NUTRITIONAL SUPPLEMENT PACK**	Tier 4				
GLYTACTIN 15 LIQ RTD LITE	*NUTRITIONAL SUPPLEMENT LIQUID**	Tier 4				
GNP ELECTROL SOL UNFLAVOR	*ORAL ELECTROLYTE SOLUTION***	Tier 2				
HCU COOLER LIQ	*NUTRITIONAL SUPPLEMENT LIQUID**	Tier 3				
HCU GEL PAK	*NUTRITIONAL SUPPLEMENT PACK**	Tier 4	X			
HEMATINIC/FA TAB	FERROUS FUMARATE-FOLIC ACID TAB 324-1 MG	Tier 5				

^ 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
HOMACTIN AA POW PLUS	*NUTRITIONAL SUPPLEMENT PACK**	Tier 4	X			
INATAL GT TAB	*PRENATAL VIT W/ DSS-IRON CARBONYL-FA TAB 90-1 MG***	Tier 3				
ISOLEUCINE PAK 50MG	ISOLEUCINE ORAL POWDER PACKET 50 MG	Tier 3				
ISOLEUCINE POW 1000	ISOLEUCINE ORAL POWDER PACKET 1 GM	Tier 3				
JUVEN POW	*NUTRITIONAL SUPPLEMENT PACK**	Tier 4				
K CITRATE SOL CITR ACD	POTASSIUM CITRATE & CITRIC ACID SOLN 1100-334 MG/5ML	Tier 2				
K-PHOS TAB	POTASSIUM PHOSPHATE MONOBASIC TAB 500 MG	Tier 3				
K-PHOS TAB NEUTRAL	POT PHOS MONOBASIC W/SOD PHOS DI & MONOBAS TAB 155-852-130MG	Tier 3				
K-PHOS TAB NO 2	POTASSIUM & SODIUM ACID PHOSPHATES TAB 305-700 MG	Tier 3				
K-PRIME TAB 25MEQ EF	POTASSIUM BICARBONATE EFFER TAB 25 MEQ	Tier 4				
K-TAB TAB 20MEQ	POTASSIUM CHLORIDE TAB ER 20 MEQ (1500 MG)	Tier 4				
KATE FARMS LIQ 1.0	*NUTRITIONAL SUPPLEMENT LIQUID**	Tier 4				
KATE FARMS LIQ 1.0 CHOC	*NUTRITIONAL SUPPLEMENT LIQUID**	Tier 4				
KATE FARMS LIQ 1.0 VAN	*NUTRITIONAL SUPPLEMENT LIQUID**	Tier 4				
KATE FARMS LIQ 1.4	*NUTRITIONAL SUPPLEMENT LIQUID**	Tier 4				
KATE FARMS LIQ 1.4	*NUTRITIONAL SUPPLEMENT LIQUID**	Tier 4	X			
KATE FARMS LIQ 1.5	*NUTRITIONAL SUPPLEMENT LIQUID**	Tier 4				
KATE FARMS LIQ CHOCOLAT	*NUTRITIONAL SUPPLEMENT LIQUID**	Tier 4				
KATE FARMS LIQ STRAWBER	*NUTRITIONAL SUPPLEMENT LIQUID**	Tier 4				
KATE FARMS LIQ VANILLA	*NUTRITIONAL SUPPLEMENT LIQUID**	Tier 4				
KETOVIE LIQ PEPTIDE	*NUTRITIONAL SUPPLEMENT LIQUID**	Tier 4	X			
KETOVIE LIQ UNFLAVOR	*NUTRITIONAL SUPPLEMENT LIQUID**	Tier 4	X			
KETOVIE 3:1 LIQ UNFLAVOR	*NUTRITIONAL SUPPLEMENT LIQUID**	Tier 4	X			
KETOVIE 4:1 LIQ VANILLA	*NUTRITIONAL SUPPLEMENT LIQUID**	Tier 4	X			
KLOR-CON PAK 20MEQ	POTASSIUM CHLORIDE POWDER PACKET 20 MEQ	Tier 2				
KLOR-CON 10 TAB 10MEQ ER	POTASSIUM CHLORIDE TAB ER 10 MEQ	Tier 2				
KLOR-CON 8 TAB 8MEQ ER	POTASSIUM CHLORIDE TAB ER 8 MEQ (600 MG)	Tier 2				
KLOR-CON M10 TAB 10MEQ ER	POTASSIUM CHLORIDE MICROENCAPSULATED CRYST ER TAB 10 MEQ	Tier 2				
KLOR-CON M15 TAB 15MEQ ER	POTASSIUM CHLORIDE MICROENCAPSULATED CRYST ER TAB 15 MEQ	Tier 2				
KLOR-CON M20 TAB 20MEQ ER	POTASSIUM CHLORIDE MICROENCAPSULATED CRYST ER TAB 20 MEQ	Tier 2				

^ 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
KLOR-CON/EF TAB 25MEQ	POTASSIUM BICARBONATE EFFER TAB 25 MEQ	Tier 2				
L-CARNITINE CAP 500MG	LEVOCARNITINE L-TARTRATE CAP 500 MG	Tier 2				
L-GLUTAMINE POW 5GM	GLUTAMINE (SICKLE CELL) POWD PACK 5 GM	Tier 4	X	X		
L-LYSINE TAB 500MG	LYSINE TAB 500 MG	Tier 3	X			
L-TYROSINE CAP 500MG	TYROSINE CAP 500 MG	Tier 3	X			
L-TYROSINE CAP 500MG	TYROSINE CAP 500 MG	Tier 3				
LEVOCARNITIN SOL 1GM/10ML	LEVOCARNITINE ORAL SOLN 1 GM/10ML (10%)	Tier 2				
LEVOCARNITIN TAB 330MG	LEVOCARNITINE TAB 330 MG	Tier 2				
LIQ HOPE PEP LIQ BERRY	*NUTRITIONAL SUPPLEMENT LIQUID**	Tier 4				
MAGNESIUM PL CAP 200MG	MAGNESIUM CAP 100 MG	Tier 2				
MCT PRO-CAL PAK	*NUTRITIONAL SUPPLEMENT PACK**	Tier 3				
MIFEPREX TAB 200MG	MIFEPRISTONE TAB 200 MG	Tier 4				
MIFEPRISTONE TAB 200MG	MIFEPRISTONE TAB 200 MG	Tier 2				
MMA/PA GEL PAK	*NUTRITIONAL SUPPLEMENT PACK**	Tier 3	X			
MSUD COOLER LIQ	*NUTRITIONAL SUPPLEMENT LIQUID**	Tier 3	X			
MSUD COOLER LIQ	*NUTRITIONAL SUPPLEMENT LIQUID**	Tier 3				
MSUD GEL PAK UNFLAVOR	*NUTRITIONAL SUPPLEMENT PACK**	Tier 4	X			
NEONATAL FE TAB	*PRENATAL VITAMIN W/ IRON-FOLIC ACID TAB 90-1 MG***	Tier 4				
NEPRO/CARB LIQ VANILLA	*NUTRITIONAL SUPPLEMENT LIQUID**	Tier 4	X			
NUTREN LIQ JR/FIBER	*NUTRITIONAL SUPPLEMENT LIQUID**	Tier 3				
NUTREN LIQ JUNIOR	*NUTRITIONAL SUPPLEMENT LIQUID**	Tier 3				
OPTICLEANSE PAK GHI	*NUTRITIONAL SUPPLEMENT PACK**	Tier 4	X			
OPTICLEANSE PAK PLUS	*NUTRITIONAL SUPPLEMENT PACK**	Tier 4	X			
ORACIT SOL	SODIUM CITRATE & CITRIC ACID SOLN 490-640 MG/5ML	Tier 3				
ORAL CITRATE SOL	SODIUM CITRATE & CITRIC ACID SOLN 490-640 MG/5ML	Tier 3				
OSMOLITE LIQ 1.0 CAL	*NUTRITIONAL SUPPLEMENT LIQUID**	Tier 4				
PEDI PEPTIDE LIQ 1.0	*NUTRITIONAL SUPPLEMENT LIQUID**	Tier 4				
PEDI PEPTIDE LIQ 1.5	*NUTRITIONAL SUPPLEMENT LIQUID**	Tier 4				
PEDI PEPTIDE LIQ 1.5 VAN	*NUTRITIONAL SUPPLEMENT LIQUID**	Tier 4				
PEDI STANDAR LIQ 1.2 CHOC	*NUTRITIONAL SUPPLEMENT LIQUID**	Tier 4				
PEDI STANDAR LIQ 1.2 VAN	*NUTRITIONAL SUPPLEMENT LIQUID**	Tier 4				
PEDIALYTE SOL ADV CARE	*ORAL ELECTROLYTE SOLUTION***	Tier 4				
PEDIALYTE SOL FRUIT PU	*ORAL ELECTROLYTE SOLUTION***	Tier 4				
PEPTAMEN AF LIQ UNFLAVOR	*NUTRITIONAL SUPPLEMENT LIQUID**	Tier 4	X			

^ 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
PERATIVE LIQ 1.3 CAL	*NUTRITIONAL SUPPLEMENT LIQUID**	Tier 4				
PHENYLADE POW GMP ULTR	*NUTRITIONAL SUPPLEMENT PACK**	Tier 4				
PHENYLALANIN PAK 50MG	PHENYLALANINE PACKET 50 MG	Tier 3				
PHOSPHA 250 TAB NEUTRAL	POT PHOS MONOBASIC W/SOD PHOS DI & MONOBAS TAB 155-852-130MG	Tier 3				
PHOSPHO-TRIN TAB 250 NEUT	POT PHOS MONOBASIC W/SOD PHOS DI & MONOBAS TAB 155-852-130MG	Tier 2				
PHOSPHOROUS TAB	POT PHOS MONOBASIC W/SOD PHOS DI & MONOBAS TAB 155-852-130MG	Tier 2				
PHOXILLUM SOL B22K/40	*BICARB-K 22-4 MEQ/L WITH PHOS 1 MMOL/L SOLN (CRRT)***	Tier 4				
PHOXILLUM SOL BK4/2.5	*BICARB-K-CA 32-4-2.5 MEQ/L WITH PHOS 1 MMOL/L SOLN (CRRT)*	Tier 4				
PIVOT LIQ 1.5 CAL	*NUTRITIONAL SUPPLEMENT LIQUID**	Tier 4				
PKU COOLR 10 LIQ RED	*NUTRITIONAL SUPPLEMENT LIQUID**	Tier 4				
PKU COOLR 15 LIQ ORANGE	*NUTRITIONAL SUPPLEMENT LIQUID**	Tier 3	X			
PKU COOLR 15 LIQ PURPLE	*NUTRITIONAL SUPPLEMENT LIQUID**	Tier 3	X			
PKU COOLR 15 LIQ RED	*NUTRITIONAL SUPPLEMENT LIQUID**	Tier 3	X			
PKU COOLR 20 LIQ ORANGE	*NUTRITIONAL SUPPLEMENT LIQUID**	Tier 3	X			
PKU COOLR 20 LIQ PURPLE	*NUTRITIONAL SUPPLEMENT LIQUID**	Tier 3	X			
PKU COOLR 20 LIQ RED	*NUTRITIONAL SUPPLEMENT LIQUID**	Tier 3	X			
PKU GEL PAK	*NUTRITIONAL SUPPLEMENT PACK**	Tier 3	X			
POT CHLORIDE CAP 10MEQ ER	POTASSIUM CHLORIDE CAP ER 10 MEQ	Tier 2				
POT CHLORIDE CAP 8MEQ ER	POTASSIUM CHLORIDE CAP ER 8 MEQ	Tier 2				
POT CHLORIDE POW 20MEQ	POTASSIUM CHLORIDE POWDER PACKET 20 MEQ	Tier 2				
POT CHLORIDE SOL 10%	POTASSIUM CHLORIDE ORAL SOLN 10% (20 MEQ/15ML)	Tier 2				
POT CHLORIDE SOL 20%	POTASSIUM CHLORIDE ORAL SOLN 20% (40 MEQ/15ML)	Tier 2				
POT CHLORIDE TAB 10MEQ ER	POTASSIUM CHLORIDE TAB ER 10 MEQ	Tier 2				
POT CHLORIDE TAB 15MEQ ER	POTASSIUM CHLORIDE TAB ER 15 MEQ	Tier 2				
POT CHLORIDE TAB 20MEQ ER	POTASSIUM CHLORIDE TAB ER 20 MEQ (1500 MG)	Tier 2				
POT CHLORIDE TAB 8MEQ ER	POTASSIUM CHLORIDE TAB ER 8 MEQ (600 MG)	Tier 2				
POT CITRA ER TAB 1080MG	POTASSIUM CITRATE TAB ER 10 MEQ (1080 MG)	Tier 2				
POT CITRA ER TAB 1620MG	POTASSIUM CITRATE TAB ER 15 MEQ (1620 MG)	Tier 2				
POT CITRA ER TAB 540MG	POTASSIUM CITRATE TAB ER 5 MEQ (540 MG)	Tier 2				
POT CL MICRO TAB 10MEQ CR	POTASSIUM CHLORIDE MICROENCAPSULATED CRYST ER TAB 10 MEQ	Tier 2				

^ 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 CL MICRO TAB 10MEQ ER	POTASSIUM CHLORIDE MICROENCAPSULATED CRYST ER TAB 10 MEQ	Tier 2				
POT CL MICRO TAB 15MEQ ER	POTASSIUM CHLORIDE MICROENCAPSULATED CRYST ER TAB 15 MEQ	Tier 2				
POT CL MICRO TAB 20MEQ ER	POTASSIUM CHLORIDE MICROENCAPSULATED CRYST ER TAB 20 MEQ	Tier 2				
PRENA 1 TRUE MIS	*PRENAT W/O A W/FE CHEL-FA TAB 30-1.4 MG & DHA CAP 300MG PK*	Tier 4				
PRENA1 CHW	*PRENAT W/ B2-B6-B12-D3-FOLIC ACID CHEW TAB 1.4 MG**	Tier 4				
PRISMASOL SOL 0/0/1.2	*BICARB 32 MEQ/L SOLN WITH MG 1.2 MEQ/L (CRRT)***	Tier 4				
PRISMASOL SOL 0/2.5	*BICARB 32 MEQ/L-DEXT SOLN WITH CA 2.5 MEQ/L (CRRT)***	Tier 4				
PRISMASOL SOL 2/0	*BICARB 32 MEQ/L-DEXT SOLN WITH K 2 MEQ/L (CRRT)***	Tier 4				
PRISMASOL SOL 2/3.5	*BICARB 32 MEQ/L-DEXT SOLN WITH K-CA 2-3.5 MEQ/L (CRRT)**	Tier 4				
PRISMASOL SOL 4/0/1.2	*BICARB 32 MEQ/L-DEXT SOLN WITH K-MG 4-1.2 MEQ/L (CRRT)**	Tier 4				
PRISMASOL SOL 4/2.5	*BICARB 32 MEQ/L-DEXT SOLN WITH K-CA 4-2.5 MEQ/L (CRRT)**	Tier 4				
PRISMASOL SOL B22GK4/0	*BICARB 22 MEQ/L-DEXT SOLN WITH K 4 MEQ/L (CRRT)***	Tier 4				
PRO-STAT LIQ FIBER	*AMINO ACIDS-PROTEIN HYDROLYSATE LIQUID***	Tier 4				
PROMOTE 1.0 LIQ VANILLA	*NUTRITIONAL SUPPLEMENT LIQUID**	Tier 4				
PROMOTE 1.0 LIQ W/ FIBER	*NUTRITIONAL SUPPLEMENT LIQUID**	Tier 4				
PROSOURCE LIQ PLUS	*NUTRITIONAL SUPPLEMENT LIQUID**	Tier 4	X			
PROSOURCE LIQ PLUS	*NUTRITIONAL SUPPLEMENT LIQUID**	Tier 4				
PROSOURCE LIQ ZAC	*NUTRITIONAL SUPPLEMENT LIQUID**	Tier 4				
PROTALITY LIQ CHOCOLAT	*NUTRITIONAL SUPPLEMENT LIQUID**	Tier 4	X			
PROTALITY LIQ VANILLA	*NUTRITIONAL SUPPLEMENT LIQUID**	Tier 4	X			
PROTEINEX LIQ	*AMINO ACIDS-PROTEIN HYDROLYSATE LIQUID***	Tier 3				
PROTEINEX LIQ COC PINE	*AMINO ACIDS-PROTEIN HYDROLYSATE LIQUID***	Tier 4				
PROTEINEX LIQ P18	*AMINO ACIDS-PROTEIN HYDROLYSATE LIQUID***	Tier 3				
PROTEINEX-18 LIQ LEM/LIME	*AMINO ACIDS-PROTEIN HYDROLYSATE LIQUID***	Tier 3				
PULMOCARE LIQ 1.5 VAN	*NUTRITIONAL SUPPLEMENT LIQUID**	Tier 4				
PUSH 20+ ADV LIQ APPLE	*NUTRITIONAL SUPPLEMENT LIQUID**	Tier 4				
PUSH 20+ ADV LIQ BLK CHRY	*NUTRITIONAL SUPPLEMENT LIQUID**	Tier 4				

^ 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
PUSH 20+ ADV LIQ ORANGE	*NUTRITIONAL SUPPLEMENT LIQUID**	Tier 4				
RENAL SUPPRT LIQ 1.8	*NUTRITIONAL SUPPLEMENT LIQUID**	Tier 4	X			
S.O.S. 25 POW	*NUTRITIONAL SUPPLEMENT PACK**	Tier 3				
SERACAL POW	*NUTRITIONAL SUPPLEMENT PACK**	Tier 4	X			
SOD CHLORIDE GRA	SODIUM CHLORIDE GRANULES	Tier 4				
SOD CITRATE SOL CITR ACID	SODIUM CITRATE & CITRIC ACID SOLN 500-334 MG/5ML	Tier 2				
SOD FLUORIDE DRO 0.5MG/ML	SODIUM FLUORIDE SOLN 0.5 MG/ML F (FROM 1.1 MG/ML NAF)	Tier 2				
SOD FLUORIDE TAB 0.5MG F	SODIUM FLUORIDE TAB 0.5 MG F (FROM 1.1 MG NAF)	Tier 1				
SOD FLUORIDE TAB 1MG F	SODIUM FLUORIDE TAB 1 MG F (FROM 2.2 MG NAF)	Tier 1				
SODIUM FLUOR CHW 0.25MG	SODIUM FLUORIDE CHEW TAB 0.25 MG F (FROM 0.55 MG NAF)	Tier 1				
SODIUM FLUOR CHW 0.5MG	SODIUM FLUORIDE CHEW TAB 0.5 MG F (FROM 1.1 MG NAF)	Tier 1				
SODIUM FLUOR CHW 1MG	SODIUM FLUORIDE CHEW TAB 1 MG F (FROM 2.2 MG NAF)	Tier 1				
TAURINE CAP 500MG	TAURINE CAP 500 MG	Tier 3				
TRI-VIT/FLUO DRO 0.25MG	*PEDIATRIC VITAMINS ACD W/ FLUORIDE SOLN 0.25 MG/ML***	Tier 2				
TRI-VIT/FLUO DRO 0.5MG	*PEDIATRIC VITAMINS ACD W/ FLUORIDE SOLN 0.5 MG/ML***	Tier 2				
TRICITRATES SOL	POT & SOD CITRATES W/ CIT AC SOLN 550-500-334 MG/5ML	Tier 2				
TYLACTIN POW RESTOR5	*NUTRITIONAL SUPPLEMENT PACK**	Tier 4				
TYLACTIN RTD LIQ 15 CHOC	*NUTRITIONAL SUPPLEMENT LIQUID**	Tier 4	X			
TYR COOLER LIQ RED	*NUTRITIONAL SUPPLEMENT LIQUID**	Tier 3				
TYR GEL PAK UNFLAVOR	*NUTRITIONAL SUPPLEMENT PACK**	Tier 3	X			
TYROSINE PAK 1000MG	TYROSINE ORAL POWDER PACKET 1000 MG	Tier 3	X			
UROCIT-K 10 TAB	POTASSIUM CITRATE TAB ER 10 MEQ (1080 MG)	Tier 5				
UROCIT-K 15 TAB	POTASSIUM CITRATE TAB ER 15 MEQ (1620 MG)	Tier 5				
UROCIT-K 5 TAB	POTASSIUM CITRATE TAB ER 5 MEQ (540 MG)	Tier 5				
VITAL 1.0 LIQ VANILLA	*NUTRITIONAL SUPPLEMENT LIQUID**	Tier 4				
VITAL 1.5 CA LIQ VANILLA	*NUTRITIONAL SUPPLEMENT LIQUID**	Tier 4				
VITAL AF 1.2 LIQ VANILLA	*NUTRITIONAL SUPPLEMENT LIQUID**	Tier 4				
VITAL HP LIQ 1.0 CAL	*NUTRITIONAL SUPPLEMENT LIQUID**	Tier 4				
VITAL PEPTID LIQ 1.5 VAN	*NUTRITIONAL SUPPLEMENT LIQUID**	Tier 4	X			
VITAMIN C TAB 500MG	ASCORBIC ACID TAB 500 MG	Tier 2				

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

^ 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	PATROMER SORBITE X CALCIUM FOR SUSP PACKET 1 GM (BASE EQ)	Tier 4	X	X		
VELTASSA POW 25.2GM	PATROMER SORBITE X CALCIUM FOR SUSP PACKET 25.2 GM (BASE EQ)	Tier 4	X	X		
VELTASSA POW 8.4GM	PATROMER SORBITE X CALCIUM FOR SUSP PACKET 8.4 GM (BASE EQ)	Tier 4	X	X		
Emetogenic Therapy Adjuncts - Nausea and Vomiting Drugs						
ANZEMET TAB 50MG	DOLASETRON MESYLATE TAB 50 MG	Tier 5		X		
APREPITANT CAP 125MG	APREPITANT CAPSULE 125 MG	Tier 3		X		
APREPITANT CAP 40MG	APREPITANT CAPSULE 40 MG	Tier 3		X		
APREPITANT CAP 80MG	APREPITANT CAPSULE 80 MG	Tier 3		X		
APREPITANT PAK 125 & 80	APREPITANT CAPSULE THERAPY PACK 80 & 125 MG	Tier 3		X		
DRONABINOL CAP 10MG	DRONABINOL CAP 10 MG	Tier 2				
DRONABINOL CAP 2.5MG	DRONABINOL CAP 2.5 MG	Tier 2				
DRONABINOL CAP 5MG	DRONABINOL CAP 5 MG	Tier 2				
EMEND SUS 125MG	APREPITANT FOR ORAL SUSP 125 MG (125 MG/5ML)	Tier 3		X		
GRANISETRON TAB 1MG	GRANISETRON HCL TAB 1 MG	Tier 3				
ONDANSETRON SOL 4MG/5ML	ONDANSETRON HCL ORAL SOLN 4 MG/5ML	Tier 2				
ONDANSETRON TAB 24MG	ONDANSETRON HCL TAB 24 MG	Tier 2				
ONDANSETRON TAB 4MG	ONDANSETRON HCL TAB 4 MG	Tier 2				
ONDANSETRON TAB 4MG ODT	ONDANSETRON ORALLY DISINTEGRATING TAB 4 MG	Tier 2				
ONDANSETRON TAB 8MG	ONDANSETRON HCL TAB 8 MG	Tier 2				
ONDANSETRON TAB 8MG ODT	ONDANSETRON ORALLY DISINTEGRATING TAB 8 MG	Tier 2				
SYNDROS SOL 5MG/ML	DRONABINOL SOLN 5 MG/ML	Tier 5	X	X		
Enzyme Inhibitors - Chemotherapy Agents						
ETOPOSIDE CAP 50MG	ETOPOSIDE CAP 50 MG	Tier 2				X
HYCAMTIN CAP 0.25MG	TOPOTECAN HCL CAP 0.25 MG (BASE EQUIV)	Tier 4	X	X		X
HYCAMTIN CAP 1MG	TOPOTECAN HCL CAP 1 MG (BASE EQUIV)	Tier 4	X	X		X
LYTGOBI TAB 4MG	FUTIBATINIB TAB THERAPY PACK 4 MG (12 MG DAILY DOSE)	Tier 5	X	X		X
LYTGOBI TAB 4MG	FUTIBATINIB TAB THERAPY PACK 4 MG (16 MG DAILY DOSE)	Tier 5	X	X		X
LYTGOBI TAB 4MG	FUTIBATINIB TAB THERAPY PACK 4 MG (20 MG DAILY DOSE)	Tier 5	X	X		X
PEMAZYRE TAB 13.5MG	PEMIGATINIB TAB 13.5 MG	Tier 5	X	X		X
PEMAZYRE TAB 4.5MG	PEMIGATINIB TAB 4.5 MG	Tier 5	X	X		X
PEMAZYRE TAB 9MG	PEMIGATINIB TAB 9 MG	Tier 5	X	X		X
ZYDELIG TAB 150MG	IDELALISIB TAB 150 MG	Tier 5	X	X		X

^ 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
Enzyme Replacements/Modifiers - Enzyme Replacements/Modifying Drugs						
EVRYSDI SOL	RISDIPLAM FOR SOLN 0.75 MG/ML	Tier 4	X	X		X
EVRYSDI TAB 5MG	RISDIPLAM TAB 5 MG	Tier 4	X	X		X
Ergot Alkaloids - Migraine Drugs						
DIHYDROERGOT CRY MESYLATE	DIHYDROERGOTAMINE MESYLATE CRYSTALS	Tier 4				
DIHYDROERGOT INJ 1MG/ML	DIHYDROERGOTAMINE MESYLATE INJ 1 MG/ML	Tier 2				
ERGOMAR SUB 2MG	ERGOTAMINE TARTRATE SL TAB 2 MG	Tier 5		X	X	
ERGOT/CAFFEN TAB 1-100MG	ERGOTAMINE W/ CAFFEINE TAB 1-100 MG	Tier 4				
MIGERGOT SUP 2/100	ERGOTAMINE W/ CAFFEINE SUPPOS 2-100 MG	Tier 4				
Estrogens - Hormone Replacement/Modifying Drugs						
ABIGALE TAB 1-0.5MG	ESTRADIOL & NORETHINDRONE ACETATE TAB 1-0.5 MG	Tier 2				
ABIGALE LO TAB 0.5-0.1	ESTRADIOL & NORETHINDRONE ACETATE TAB 0.5-0.1 MG	Tier 3				
ACTIVELLA TAB 1-0.5MG	ESTRADIOL & NORETHINDRONE ACETATE TAB 1-0.5 MG	Tier 5				
AFIRMELLE TAB 0.1-0.02	LEVONORGESTREL & ETHINYL ESTRADIOL TAB 0.1 MG-20 MCG	Tier 1				
ALORA DIS 0.025MG	ESTRADIOL TD PATCH TWICE WEEKLY 0.025 MG/24HR	Tier 4		X		
ALORA DIS 0.075MG	ESTRADIOL TD PATCH TWICE WEEKLY 0.075 MG/24HR	Tier 4		X		
ALORA DIS 0.1MG	ESTRADIOL TD PATCH TWICE WEEKLY 0.1 MG/24HR	Tier 4		X		
ALTAVERA TAB	LEVONORGESTREL & ETHINYL ESTRADIOL TAB 0.15 MG-30 MCG	Tier 1				
ALYACEN TAB 1/35	NORETHINDRONE & ETHINYL ESTRADIOL TAB 1 MG-35 MCG	Tier 1				
ALYACEN TAB 7/7/7	NORETHINDRONE-ETH ESTRADIOL TAB 0.5-35/0.75-35/1-35 MG-MCG	Tier 1				
AMABELZ TAB 0.5-0.1	ESTRADIOL & NORETHINDRONE ACETATE TAB 0.5-0.1 MG	Tier 3				
AMETHIA TAB	LEVONORG-ETH EST TAB 0.15-0.03MG(84) & ETH EST TAB 0.01MG(7)	Tier 1				
AMETHYST TAB 90-20MCG	LEVONORGESTREL-ETHINYL ESTRADIOL (CONTINUOUS) TAB 90-20 MCG	Tier 1				
ANGELIQ TAB 0.25-0.5	DROSPIRENONE-ESTRADIOL TAB 0.25-0.5 MG	Tier 4				
ANGELIQ TAB 0.5-1MG	DROSPIRENONE-ESTRADIOL TAB 0.5-1 MG	Tier 4				
ANNOVERA MIS	SEGESTERONE ACE-ETHINYL ESTRADIOL VA RING 0.15-0.013 MG/24HR	Tier 4		X		

^ 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	Tier 1				
ARANELLE TAB	NORETHINDRONE-ETH ESTRADIOL TAB 0.5-35/1-35/0.5-35 MG-MCG	Tier 1				
ASHLYNA TAB	LEVONORG-ETH EST TAB 0.15-0.03MG(84) & ETH EST TAB 0.01MG(7)	Tier 1				
AUBRA EQ TAB 0.1-0.02	LEVONORGESTREL & ETHINYL ESTRADIOL TAB 0.1 MG-20 MCG	Tier 1				
AUROVELA TAB 1.5/30	NORETHINDRONE ACE & ETHINYL ESTRADIOL TAB 1.5 MG-30 MCG	Tier 1				
AUROVELA TAB 1/20	NORETHINDRONE ACE & ETHINYL ESTRADIOL TAB 1 MG-20 MCG	Tier 1				
AUROVELA 24 TAB FE 1/20	NORETHINDRONE ACE-ETHINYL ESTRADIOL-FE TAB 1 MG-20 MCG (24)	Tier 1				
AUROVELA FE TAB 1.5/30	NORETHINDRONE ACE & ETHINYL ESTRADIOL-FE TAB 1.5 MG-30 MCG	Tier 1				
AUROVELA FE TAB 1/20	NORETHINDRONE ACE & ETHINYL ESTRADIOL-FE TAB 1 MG-20 MCG	Tier 1				
AVIANE TAB	LEVONORGESTREL & ETHINYL ESTRADIOL TAB 0.1 MG-20 MCG	Tier 1				
AYUNA TAB	LEVONORGESTREL & ETHINYL ESTRADIOL TAB 0.15 MG-30 MCG	Tier 1				
AZURETTE TAB	DESOGEST-ETH ESTRAD & ETH ESTRAD TAB 0.15-0.02/0.01 MG(21/5)	Tier 1				
BALZIVA TAB	NORETHINDRONE & ETHINYL ESTRADIOL TAB 0.4 MG-35 MCG	Tier 1				
BIJUVA CAP 0.5-100	ESTRADIOL-PROGESTERONE CAP 0.5-100 MG	Tier 4				
BIJUVA CAP 1-100MG	ESTRADIOL-PROGESTERONE CAP 1-100 MG	Tier 4				
BLISOVI 24 TAB FE 1/20	NORETHINDRONE ACE-ETHINYL ESTRADIOL-FE TAB 1 MG-20 MCG (24)	Tier 1				
BLISOVI FE TAB 1.5/30	NORETHINDRONE ACE & ETHINYL ESTRADIOL-FE TAB 1.5 MG-30 MCG	Tier 1				
BLISOVI FE TAB 1/20	NORETHINDRONE ACE & ETHINYL ESTRADIOL-FE TAB 1 MG-20 MCG	Tier 1				
BRIELLYN TAB	NORETHINDRONE & ETHINYL ESTRADIOL TAB 0.4 MG-35 MCG	Tier 1				
CAMRESE TAB	LEVONORG-ETH EST TAB 0.15-0.03MG(84) & ETH EST TAB 0.01MG(7)	Tier 1				
CAMRESE LO TAB	LEVONORG-ETH EST TAB 0.1-0.02MG(84) & ETH EST TAB 0.01MG(7)	Tier 1				
CHARLOTTE 24 CHW FE 1/20	NORETHINDRONE ACE-ETH ESTRADIOL-FE CHEW TAB 1 MG-20 MCG (24)	Tier 1				
CHATEAL EQ TAB 0.15/30	LEVONORGESTREL & ETHINYL ESTRADIOL TAB 0.15 MG-30 MCG	Tier 1				

^ 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 4		X		
COMBIPATCH DIS	ESTRADIOL-NORETHINDRONE ACE TD PTTW 0.05-0.14 MG/DAY	Tier 4		X		
COMBIPATCH DIS	ESTRADIOL-NORETHINDRONE ACE TD PTTW 0.05-0.25 MG/DAY	Tier 4		X		
CONJ ESTROGN TAB 0.3MG	ESTROGENS, CONJUGATED TAB 0.3 MG	Tier 5				
CONJ ESTROGN TAB 0.45MG	ESTROGENS, CONJUGATED TAB 0.45 MG	Tier 5				
CONJ ESTROGN TAB 0.625MG	ESTROGENS, CONJUGATED TAB 0.625 MG	Tier 5				
CONJ ESTROGN TAB 0.9MG	ESTROGENS, CONJUGATED TAB 0.9 MG	Tier 5				
CONJ ESTROGN TAB 1.25MG	ESTROGENS, CONJUGATED TAB 1.25 MG	Tier 5				
COVARYX TAB 1.25-2.5	ESTERIFIED ESTROGENS & METHYLTESTOSTERONE TAB 1.25-2.5 MG	Tier 3				
COVARYX HS TAB	ESTERIFIED ESTROGENS & METHYLTESTOSTERONE TAB 0.625-1.25 MG	Tier 4				
CRYSSELLE TAB	NORGESTREL & ETHINYL ESTRADIOL TAB 0.3 MG-30 MCG	Tier 1				
CRYSSELLE-28 TAB 28 TABS	NORGESTREL & ETHINYL ESTRADIOL TAB 0.3 MG-30 MCG	Tier 1				
CYRED EQ TAB	DESOGESTREL & ETHINYL ESTRADIOL TAB 0.15 MG-30 MCG	Tier 1				
DASETTA TAB 1/35	NORETHINDRONE & ETHINYL ESTRADIOL TAB 1 MG-35 MCG	Tier 1				
DASETTA TAB 7/7/7	NORETHINDRONE-ETH ESTRADIOL TAB 0.5-35/0.75-35/1-35 MG-MCG	Tier 1				
DAYSEE TAB	LEVONORG-ETH EST TAB 0.15-0.03MG(84) & ETH EST TAB 0.01MG(7)	Tier 1				
DELESTROGEN INJ 10MG/ML	ESTRADIOL VALERATE IM IN OIL 10 MG/ML	Tier 5				
DELESTROGEN INJ 20MG/ML	ESTRADIOL VALERATE IM IN OIL 20 MG/ML	Tier 5				
DELESTROGEN INJ 40MG/ML	ESTRADIOL VALERATE IM IN OIL 40 MG/ML	Tier 5				
DELYLA TAB 0.1-0.02	LEVONORGESTREL & ETHINYL ESTRADIOL TAB 0.1 MG-20 MCG	Tier 1				
DEPO-ESTRADI INJ 5MG/ML	ESTRADIOL CYPIONATE IM IN OIL 5 MG/ML	Tier 4				
DESO/ETHINYL TAB ESTRADIO	DESOGEST-ETH ESTRAD & ETH ESTRAD TAB 0.15-0.02/0.01 MG(21/5)	Tier 1				
DIVIGEL GEL 0.25MG	ESTRADIOL TD GEL 0.25 MG/0.25GM (0.1%)	Tier 4				
DIVIGEL GEL 0.5MG	ESTRADIOL TD GEL 0.5 MG/0.5GM (0.1%)	Tier 4				
DIVIGEL GEL 0.75MG	ESTRADIOL TD GEL 0.75 MG/0.75GM (0.1%)	Tier 4				
DIVIGEL GEL 1.25MG	ESTRADIOL TD GEL 1.25 MG/1.25GM (0.1%)	Tier 4				
DIVIGEL GEL 1MG/GM	ESTRADIOL TD GEL 1 MG/GM (0.1%)	Tier 4				
DOLISHALE TAB 90-20MCG	LEVONORGESTREL-ETHINYL ESTRADIOL (CONTINUOUS) TAB 90-20 MCG	Tier 1				

^ 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 3		X		
DOTTI DIS 0.0375MG	ESTRADIOL TD PATCH TWICE WEEKLY 0.0375 MG/24HR	Tier 3		X		
DOTTI DIS 0.05MG	ESTRADIOL TD PATCH TWICE WEEKLY 0.05 MG/24HR	Tier 3		X		
DOTTI DIS 0.075MG	ESTRADIOL TD PATCH TWICE WEEKLY 0.075 MG/24HR	Tier 3		X		
DOTTI DIS 0.1MG	ESTRADIOL TD PATCH TWICE WEEKLY 0.1 MG/24HR	Tier 3		X		
DROS/ETH EST TAB LEVOMEFO	DROSPIRENONE-ETHINYL ESTRAD-LEVOMEFOLATE TAB 3-0.03-0.451 MG	Tier 1				
DUAVEE TAB 0.45-20	CONJUGATED ESTROGENS-BAZEDOXIFENE TAB 0.45-20 MG	Tier 5		X		
EEMT TAB 1.25-2.5	ESTERIFIED ESTROGENS & METHYLTESTOSTERONE TAB 1.25-2.5 MG	Tier 3				
EEMT HS TAB	ESTERIFIED ESTROGENS & METHYLTESTOSTERONE TAB 0.625-1.25 MG	Tier 4				
ELESTRIN GEL 0.06%	ESTRADIOL GEL 0.06% (0.52 MG/0.87 GM METERED-DOSE PUMP)	Tier 4				
ELINEST TAB	NORGESTREL & ETHINYL ESTRADIOL TAB 0.3 MG-30 MCG	Tier 1				
ELURYNG MIS	ETONOGESTREL-ETHINYL ESTRADIOL VA RING 0.12-0.015 MG/24HR	Tier 1				
ENILLORING MIS	ETONOGESTREL-ETHINYL ESTRADIOL VA RING 0.12-0.015 MG/24HR	Tier 1				
ENPRESSE-28 TAB	LEVONORGESTREL-ETH ESTRA TAB 0.05-30/0.075-40/0.125-30MG-MCG	Tier 1				
ENSKYCE TAB	DESOGESTREL & ETHINYL ESTRADIOL TAB 0.15 MG-30 MCG	Tier 1				
EST ESTROGEN TAB MTEST HS	ESTERIFIED ESTROGENS & METHYLTESTOSTERONE TAB 0.625-1.25 MG	Tier 2				
ESTARYLLA TAB 0.25-35	NORGESTIMATE & ETHINYL ESTRADIOL TAB 0.25 MG-35 MCG	Tier 1				
ESTRA/NORETH TAB 0.5-0.1	ESTRADIOL & NORETHINDRONE ACETATE TAB 0.5-0.1 MG	Tier 3				
ESTRA/NORETH TAB 1-0.5MG	ESTRADIOL & NORETHINDRONE ACETATE TAB 1-0.5 MG	Tier 2				
ESTRAD VAL INJ 10MG/ML	ESTRADIOL VALERATE IM IN OIL 10 MG/ML	Tier 2				
ESTRAD VAL INJ 20MG/ML	ESTRADIOL VALERATE IM IN OIL 20 MG/ML	Tier 2				
ESTRAD VAL INJ 40MG/ML	ESTRADIOL VALERATE IM IN OIL 40 MG/ML	Tier 2				
ESTRADIOL CRE 0.01%	ESTRADIOL VAGINAL CREAM 0.01%	Tier 5				
ESTRADIOL DIS 0.025MG	ESTRADIOL TD PATCH WEEKLY 0.025 MG/24HR	Tier 2		X		
ESTRADIOL DIS 0.025MG	ESTRADIOL TD PATCH TWICE WEEKLY 0.025 MG/24HR	Tier 3		X		

^ 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 0.0375MG	ESTRADIOL TD PATCH WEEKLY 0.0375 MG/24HR (37.5 MCG/24HR)	Tier 2		X		
ESTRADIOL DIS 0.0375MG	ESTRADIOL TD PATCH TWICE WEEKLY 0.0375 MG/24HR	Tier 3		X		
ESTRADIOL DIS 0.05MG	ESTRADIOL TD PATCH WEEKLY 0.05 MG/24HR	Tier 2		X		
ESTRADIOL DIS 0.05MG	ESTRADIOL TD PATCH TWICE WEEKLY 0.05 MG/24HR	Tier 3		X		
ESTRADIOL DIS 0.06MG	ESTRADIOL TD PATCH WEEKLY 0.06 MG/24HR	Tier 2		X		
ESTRADIOL DIS 0.075MG	ESTRADIOL TD PATCH WEEKLY 0.075 MG/24HR	Tier 2		X		
ESTRADIOL DIS 0.075MG	ESTRADIOL TD PATCH TWICE WEEKLY 0.075 MG/24HR	Tier 3		X		
ESTRADIOL DIS 0.1MG	ESTRADIOL TD PATCH WEEKLY 0.1 MG/24HR	Tier 2		X		
ESTRADIOL DIS 0.1MG	ESTRADIOL TD PATCH TWICE WEEKLY 0.1 MG/24HR	Tier 3		X		
ESTRADIOL GEL 0.06%	ESTRADIOL GEL 0.06% (0.75 MG/1.25 GM METERED-DOSE PUMP)	Tier 4		X		
ESTRADIOL GEL 0.25MG	ESTRADIOL TD GEL 0.25 MG/0.25GM (0.1%)	Tier 4				
ESTRADIOL GEL 0.5MG	ESTRADIOL TD GEL 0.5 MG/0.5GM (0.1%)	Tier 4				
ESTRADIOL GEL 0.75MG	ESTRADIOL TD GEL 0.75 MG/0.75GM (0.1%)	Tier 4				
ESTRADIOL GEL 1.25MG	ESTRADIOL TD GEL 1.25 MG/1.25GM (0.1%)	Tier 4				
ESTRADIOL GEL 1MG/GM	ESTRADIOL TD GEL 1 MG/GM (0.1%)	Tier 4				
ESTRADIOL TAB 0.5MG	ESTRADIOL TAB 0.5 MG	Tier 2				
ESTRADIOL TAB 10MCG	ESTRADIOL VAGINAL TAB 10 MCG	Tier 3				
ESTRADIOL TAB 1MG	ESTRADIOL TAB 1 MG	Tier 2				
ESTRADIOL TAB 2MG	ESTRADIOL TAB 2 MG	Tier 2				
ESTRATEST FS TAB 1.25-2.5	ESTERIFIED ESTROGENS & METHYLTESTOSTERONE TAB 1.25-2.5 MG	Tier 2				
ESTRATEST HS TAB	ESTERIFIED ESTROGENS & METHYLTESTOSTERONE TAB 0.625-1.25 MG	Tier 4				
ESTRING MIS 7.5/24HR	ESTRADIOL VAGINAL RING 2 MG (7.5 MCG/24HRS)	Tier 3		X		
ESTROG/MTEST TAB 1.25-2.5	ESTERIFIED ESTROGENS & METHYLTESTOSTERONE TAB 1.25-2.5 MG	Tier 2				
ESTROGEL GEL 0.06%	ESTRADIOL GEL 0.06% (0.75 MG/1.25 GM METERED-DOSE PUMP)	Tier 4		X		
ETHY ETH EST TAB 1-35	ETHYNODIOL DIACETATE & ETHINYL ESTRADIOL TAB 1 MG-35 MCG	Tier 1				
ETHYNODIOL TAB 1-50	ETHYNODIOL DIACETATE & ETHINYL ESTRADIOL TAB 1 MG-50 MCG	Tier 1				
ETONOGESTREL MIS ETHY EST	ETONOGESTREL-ETHINYL ESTRADIOL VA RING 0.12-0.015 MG/24HR	Tier 1				
EVAMIST SPR 1.53MG	ESTRADIOL TRANSDERMAL SPRAY 1.53 MG/ SPRAY	Tier 3				

^ 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
FALMINA TAB	LEVONORGESTREL & ETHINYL ESTRADIOL TAB 0.1 MG-20 MCG	Tier 1				
FEIRZA TAB 1.5/30	NORETHINDRONE ACE & ETHINYL ESTRADIOL-FE TAB 1.5 MG-30 MCG	Tier 1				
FEIRZA TAB 1/20	NORETHINDRONE ACE & ETHINYL ESTRADIOL-FE TAB 1 MG-20 MCG	Tier 1				
FEMRING MIS 0.05/24H	ESTRADIOL ACETATE VAGINAL RING 0.05 MG/24HR	Tier 5		X		
FEMRING MIS 0.1MG/24	ESTRADIOL ACETATE VAGINAL RING 0.1 MG/24HR	Tier 5		X		
FINZALA CHW FE 1/20	NORETHINDRONE ACE-ETH ESTRADIOL-FE CHEW TAB 1 MG-20 MCG (24)	Tier 1				
FYAVOLV TAB 0.5-2.5	NORETHINDRONE ACETATE-ETHINYL ESTRADIOL TAB 0.5 MG-2.5 MCG	Tier 2				
FYAVOLV TAB 1-5	NORETHINDRONE ACETATE-ETHINYL ESTRADIOL TAB 1 MG-5 MCG	Tier 2				
GALBRIELA CHW	NORETHINDRONE & ETHINYL ESTRADIOL-FE CHEW TAB 0.8 MG-25 MCG	Tier 1				
HAILEY TAB 1.5/30	NORETHINDRONE ACE & ETHINYL ESTRADIOL TAB 1.5 MG-30 MCG	Tier 1				
HAILEY 24 TAB FE	NORETHINDRONE ACE-ETHINYL ESTRADIOL-FE TAB 1 MG-20 MCG (24)	Tier 1				
HAILEY FE TAB 1.5/30	NORETHINDRONE ACE & ETHINYL ESTRADIOL-FE TAB 1.5 MG-30 MCG	Tier 1				
HAILEY FE TAB 1/20	NORETHINDRONE ACE & ETHINYL ESTRADIOL-FE TAB 1 MG-20 MCG	Tier 1				
HALOETTE MIS	ETONOGESTREL-ETHINYL ESTRADIOL VA RING 0.12-0.015 MG/24HR	Tier 1				
ICLEVIA TAB	LEVONORGESTREL & ETHINYL ESTRADIOL (91-DAY) TAB 0.15-0.03 MG	Tier 1				
IMVEXXY MAIN SUP 10MCG	ESTRADIOL VAGINAL INSERT 10 MCG	Tier 3		X		
IMVEXXY MAIN SUP 4MCG	ESTRADIOL VAGINAL INSERT 4 MCG	Tier 3		X		
IMVEXXY STRT SUP 10MCG	ESTRADIOL VAGINAL INSERT STARTER PACK 10 MCG	Tier 3		X		
IMVEXXY STRT SUP 4MCG	ESTRADIOL VAGINAL INSERT STARTER PACK 4 MCG	Tier 3		X		
INTROVALE TAB	LEVONORGESTREL & ETHINYL ESTRADIOL (91-DAY) TAB 0.15-0.03 MG	Tier 1				
ISIBLOOM TAB	DESOGESTREL & ETHINYL ESTRADIOL TAB 0.15 MG-30 MCG	Tier 1				
JAIMIESS TAB	LEVONORG-ETH EST TAB 0.15-0.03MG(84) & ETH EST TAB 0.01MG(7)	Tier 1				
JINTELI TAB 1MG-5MCG	NORETHINDRONE ACETATE-ETHINYL ESTRADIOL TAB 1 MG-5 MCG	Tier 2				
JOLESSA TAB	LEVONORGESTREL & ETHINYL ESTRADIOL (91-DAY) TAB 0.15-0.03 MG	Tier 1				

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

^ 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
LEVONOR/ETHI TAB	LEVONORGESTREL-ETH ESTRA TAB 0.05-30/0.075-40/0.125-30MG-MCG	Tier 1				
LEVONOR/ETHI TAB 0.1-0.02	LEVONORGESTREL & ETHINYL ESTRADIOL TAB 0.1 MG-20 MCG	Tier 1				
LEVONOR/ETHI TAB 0.1-20	LEVONORGESTREL-ETHINYL ESTRADIOL-FE TAB 0.1 MG-20 MCG (21)	Tier 1				
LEVONOR/ETHI TAB ESTRADIO	LEVONORGESTREL & ETHINYL ESTRADIOL TAB 0.15 MG-30 MCG	Tier 1				
LEVONOR/ETHI TAB ESTRADIO	LEVONORGESTREL & ETHINYL ESTRADIOL (91-DAY) TAB 0.15-0.03 MG	Tier 1				
LEVONOR/ETHI TAB ESTRADIO	LEVONORG-ETH EST TAB 0.1-0.02MG(84) & ETH EST TAB 0.01MG(7)	Tier 1				
LEVONOR/ETHI TAB ESTRADIO	LEVONORG-ETH EST TAB 0.15-0.03MG(84) & ETH EST TAB 0.01MG(7)	Tier 1				
LEVONOR/ETHI TAB ESTRADIO	LEVONOR-ETH EST TAB 0.15-0.02/0.025/0.03 MG & ETH EST 0.01 MG	Tier 1				
LEVORA-28 TAB 0.15/30	LEVONORGESTREL & ETHINYL ESTRADIOL TAB 0.15 MG-30 MCG	Tier 1				
LO LOESTRIN TAB 1-10-10	NORETHIN-ETH ESTRADIOL-FE TAB 1 MG-10 MCG (24)/10 MCG (2)	Tier 1				
LOJAIMIESS TAB	LEVONORG-ETH EST TAB 0.1-0.02MG(84) & ETH EST TAB 0.01MG(7)	Tier 1				
LOW-OGESTREL TAB	NORGESTREL & ETHINYL ESTRADIOL TAB 0.3 MG-30 MCG	Tier 1				
LUIZZA TAB 1.5/30	NORETHINDRONE ACE & ETHINYL ESTRADIOL TAB 1.5 MG-30 MCG	Tier 1				
LUIZZA 1/20 TAB	NORETHINDRONE ACE & ETHINYL ESTRADIOL TAB 1 MG-20 MCG	Tier 1				
LUTERA TAB	LEVONORGESTREL & ETHINYL ESTRADIOL TAB 0.1 MG-20 MCG	Tier 1				
LYLLANA DIS 0.025MG	ESTRADIOL TD PATCH TWICE WEEKLY 0.025 MG/24HR	Tier 3		X		
LYLLANA DIS 0.0375MG	ESTRADIOL TD PATCH TWICE WEEKLY 0.0375 MG/24HR	Tier 3		X		
LYLLANA DIS 0.05MG	ESTRADIOL TD PATCH TWICE WEEKLY 0.05 MG/24HR	Tier 3		X		
LYLLANA DIS 0.075MG	ESTRADIOL TD PATCH TWICE WEEKLY 0.075 MG/24HR	Tier 3		X		
LYLLANA DIS 0.1MG	ESTRADIOL TD PATCH TWICE WEEKLY 0.1 MG/24HR	Tier 3		X		
MARLISSA TAB 0.15/30	LEVONORGESTREL & ETHINYL ESTRADIOL TAB 0.15 MG-30 MCG	Tier 1				
MENEST TAB 0.3MG	ESTERIFIED ESTROGENS TAB 0.3 MG	Tier 4				
MENEST TAB 0.625MG	ESTERIFIED ESTROGENS TAB 0.625 MG	Tier 4				
MENEST TAB 1.25MG	ESTERIFIED ESTROGENS TAB 1.25 MG	Tier 4				
MENEST TAB 2.5MG	ESTERIFIED ESTROGENS TAB 2.5 MG	Tier 4				

^ 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
MENOSTAR DIS 14MCG	ESTRADIOL TD PATCH WEEKLY 14 MCG/24HR	Tier 4		X		
MIBELAS 24 CHW FE	NORETHINDRONE ACE-ETH ESTRADIOL-FE CHEW TAB 1 MG-20 MCG (24)	Tier 1				
MICROGESTIN TAB 1.5/30	NORETHINDRONE ACE & ETHINYL ESTRADIOL TAB 1.5 MG-30 MCG	Tier 1				
MICROGESTIN TAB 1/20	NORETHINDRONE ACE & ETHINYL ESTRADIOL TAB 1 MG-20 MCG	Tier 1				
MICROGESTIN TAB FE 1/20	NORETHINDRONE ACE & ETHINYL ESTRADIOL-FE TAB 1 MG-20 MCG	Tier 1				
MICROGESTIN TAB FE1.5/30	NORETHINDRONE ACE & ETHINYL ESTRADIOL-FE TAB 1.5 MG-30 MCG	Tier 1				
MILI TAB 0.25/35	NORGESTIMATE & ETHINYL ESTRADIOL TAB 0.25 MG-35 MCG	Tier 1				
MIMVEY TAB 1-0.5MG	ESTRADIOL & NORETHINDRONE ACETATE TAB 1-0.5 MG	Tier 2				
MINZOYA TAB 0.1-20	LEVONORGESTREL-ETHINYL ESTRADIOL-FE TAB 0.1 MG-20 MCG (21)	Tier 1				
MONO-LINYAH TAB 0.25-35	NORGESTIMATE & ETHINYL ESTRADIOL TAB 0.25 MG-35 MCG	Tier 1				
MYFEMBREE TAB	RELUGOLIX-ESTRADIOL-NORETHINDRONE ACETATE TAB 40-1-0.5 MG	Tier 3	X	X		
NATAZIA TAB	ESTRADIOL VALERATE-DIENOGEST TAB 3 MG /2-2 MG/2-3 MG/1 MG	Tier 2				
NECON TAB 0.5/35	NORETHINDRONE & ETHINYL ESTRADIOL TAB 0.5 MG-35 MCG	Tier 1				
NOR/EST/FF TAB 1.5/30	NORETHINDRONE ACE & ETHINYL ESTRADIOL-FE TAB 1.5 MG-30 MCG	Tier 1				
NORE/ETH/FER CHW 0.4MG-35	NORETHINDRONE & ETHINYL ESTRADIOL-FE CHEW TAB 0.4 MG-35 MCG	Tier 1				
NORELGE/ETHI DIS 150/35	NORELGESTROMIN-ETHINYL ESTRADIOL TD PTWK 150-35 MCG/24HR	Tier 1				
NORETH/ETHIN CHW FE	NORETHINDRONE & ETHINYL ESTRADIOL-FE CHEW TAB 0.8 MG-25 MCG	Tier 1				
NORETH/ETHIN CHW FE 1/20	NORETHINDRONE ACE-ETH ESTRADIOL-FE CHEW TAB 1 MG-20 MCG (24)	Tier 1				
NORETH/ETHIN TAB 0.5-2.5	NORETHINDRONE ACETATE-ETHINYL ESTRADIOL TAB 0.5 MG-2.5 MCG	Tier 2				
NORETH/ETHIN TAB 1.5/30	NORETHINDRONE ACE & ETHINYL ESTRADIOL TAB 1.5 MG-30 MCG	Tier 1				
NORETH/ETHIN TAB 1/20	NORETHINDRONE ACE & ETHINYL ESTRADIOL TAB 1 MG-20 MCG	Tier 1				
NORETH/ETHIN TAB 1MG-5MCG	NORETHINDRONE ACETATE-ETHINYL ESTRADIOL TAB 1 MG-5 MCG	Tier 2				
NORETH/ETHIN TAB FE	NORETHINDRONE AC-ETHINYL ESTRAD-FE TAB 1-20/1-30/1-35 MG-MCG	Tier 1				

^ 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 FE 1/20	NORETHINDRONE ACE & ETHINYL ESTRADIOL-FE TAB 1 MG-20 MCG	Tier 1				
NORGEST/ETHI TAB 0.25/35	NORGESTIMATE & ETHINYL ESTRADIOL TAB 0.25 MG-35 MCG	Tier 1				
NORGEST/ETHI TAB ESTRADIO	NORGESTIMATE-ETH ESTRAD TAB 0.18-25/0.215-25/0.25-25 MG-MCG	Tier 3				
NORGEST/ETHI TAB ESTRADIO	NORGESTIMATE-ETH ESTRAD TAB 0.18-35/0.215-35/0.25-35 MG-MCG	Tier 1				
NORTREL TAB 0.5/35	NORETHINDRONE & ETHINYL ESTRADIOL TAB 0.5 MG-35 MCG	Tier 1				
NORTREL TAB 1/35	NORETHINDRONE & ETHINYL ESTRADIOL TAB 1 MG-35 MCG	Tier 1				
NORTREL TAB 7/7/7	NORETHINDRONE-ETH ESTRADIOL TAB 0.5-35/0.75-35/1-35 MG-MCG	Tier 1				
NYLIA TAB 1/35	NORETHINDRONE & ETHINYL ESTRADIOL TAB 1 MG-35 MCG	Tier 1				
NYLIA TAB 7/7/7	NORETHINDRONE-ETH ESTRADIOL TAB 0.5-35/0.75-35/1-35 MG-MCG	Tier 1				
PHILITH TAB 0.4-35	NORETHINDRONE & ETHINYL ESTRADIOL TAB 0.4 MG-35 MCG	Tier 1				
PIMTREA TAB	DESOGEST-ETH ESTRAD & ETH ESTRAD TAB 0.15-0.02/0.01 MG(21/5)	Tier 1				
PORTIA-28 TAB	LEVONORGESTREL & ETHINYL ESTRADIOL TAB 0.15 MG-30 MCG	Tier 1				
PREMARIN TAB 0.3MG	ESTROGENS, CONJUGATED TAB 0.3 MG	Tier 5				
PREMARIN TAB 0.45MG	ESTROGENS, CONJUGATED TAB 0.45 MG	Tier 5				
PREMARIN TAB 0.625MG	ESTROGENS, CONJUGATED TAB 0.625 MG	Tier 5				
PREMARIN TAB 0.9MG	ESTROGENS, CONJUGATED TAB 0.9 MG	Tier 5				
PREMARIN TAB 1.25MG	ESTROGENS, CONJUGATED TAB 1.25 MG	Tier 5				
PREMARIN VAG CRE 0.625MG	ESTROGENS, CONJUGATED VAGINAL CREAM 0.625 MG/GM	Tier 4				
PREMPHASE TAB	CONJ EST 0.625(14)/CONJ EST-MEDROXYPRO AC TAB 0.625-5MG(14)	Tier 4				
PREMPRO TAB	CONJUGATED ESTROGEN-MEDROXYPROGEST ACETATE TAB 0.625-2.5 MG	Tier 5				
PREMPRO TAB 0.3-1.5	CONJUGATED ESTROGEN-MEDROXYPROGEST ACETATE TAB 0.3-1.5 MG	Tier 5				
PREMPRO TAB 0.45-1.5	CONJUGATED ESTROGEN-MEDROXYPROGEST ACETATE TAB 0.45-1.5 MG	Tier 5				
PREMPRO TAB 0.625-5	CONJUGATED ESTROGEN-MEDROXYPROGEST ACETATE TAB 0.625-5 MG	Tier 5				
RECLIPSEN TAB	DESOGESTREL & ETHINYL ESTRADIOL TAB 0.15 MG-30 MCG	Tier 1				

^ 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
RIVELSA TAB	LEVONOR-ETH EST TAB 0.15-0.02/0.025/0.03 MG & ETH EST 0.01 MG	Tier 1				
ROSYRAH TAB	LEVONOR-ETH EST TAB 0.15-0.02/0.025/0.03 MG & ETH EST 0.01 MG	Tier 1				
SETLAKIN TAB	LEVONORGESTREL & ETHINYL ESTRADIOL (91-DAY) TAB 0.15-0.03 MG	Tier 1				
SIMLIYA TAB 28 DAY	DESOGEST-ETH ESTRAD & ETH ESTRAD TAB 0.15-0.02/0.01 MG(21/5)	Tier 1				
SIMPESSE TAB	LEVONORG-ETH EST TAB 0.15-0.03MG(84) & ETH EST TAB 0.01MG(7)	Tier 1				
SPRINTEC 28 TAB 28 DAY	NORGESTIMATE & ETHINYL ESTRADIOL TAB 0.25 MG-35 MCG	Tier 1				
SRONYX TAB	LEVONORGESTREL & ETHINYL ESTRADIOL TAB 0.1 MG-20 MCG	Tier 1				
TARINA 24 FE TAB	NORETHINDRONE ACE-ETHINYL ESTRADIOL-FE TAB 1 MG-20 MCG (24)	Tier 1				
TARINA FE TAB 1/20 EQ	NORETHINDRONE ACE & ETHINYL ESTRADIOL-FE TAB 1 MG-20 MCG	Tier 1				
TILIA FE TAB	NORETHINDRONE AC-ETHINYL ESTRAD-FE TAB 1-20/1-30/1-35 MG-MCG	Tier 1				
TRI-ESTARYLL TAB	NORGESTIMATE-ETH ESTRAD TAB 0.18-35/0.215-35/0.25-35 MG-MCG	Tier 1				
TRI-LEGEST TAB FE	NORETHINDRONE AC-ETHINYL ESTRAD-FE TAB 1-20/1-30/1-35 MG-MCG	Tier 1				
TRI-LINYAH TAB	NORGESTIMATE-ETH ESTRAD TAB 0.18-35/0.215-35/0.25-35 MG-MCG	Tier 1				
TRI-LO TAB ESTARYLL	NORGESTIMATE-ETH ESTRAD TAB 0.18-25/0.215-25/0.25-25 MG-MCG	Tier 3				
TRI-LO- TAB MARZIA	NORGESTIMATE-ETH ESTRAD TAB 0.18-25/0.215-25/0.25-25 MG-MCG	Tier 3				
TRI-LO- TAB SPRINTEC	NORGESTIMATE-ETH ESTRAD TAB 0.18-25/0.215-25/0.25-25 MG-MCG	Tier 3				
TRI-LO-MILI TAB	NORGESTIMATE-ETH ESTRAD TAB 0.18-25/0.215-25/0.25-25 MG-MCG	Tier 3				
TRI-MILI TAB	NORGESTIMATE-ETH ESTRAD TAB 0.18-35/0.215-35/0.25-35 MG-MCG	Tier 1				
TRI-SPRINTEC TAB	NORGESTIMATE-ETH ESTRAD TAB 0.18-35/0.215-35/0.25-35 MG-MCG	Tier 1				
TRI-VYLIBRA TAB	NORGESTIMATE-ETH ESTRAD TAB 0.18-35/0.215-35/0.25-35 MG-MCG	Tier 1				
TRI-VYLIBRA TAB LO	NORGESTIMATE-ETH ESTRAD TAB 0.18-25/0.215-25/0.25-25 MG-MCG	Tier 3				
TRIVORA-28 TAB	LEVONORGESTREL-ETH ESTRA TAB 0.05-30/0.075-40/0.125-30MG-MCG	Tier 1				
TURQOZ TAB	NORGESTREL & ETHINYL ESTRADIOL TAB 0.3 MG-30 MCG	Tier 1				

^ 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
TYBLUME CHW 0.1-0.02	LEVONORGESTREL & ETHINYL ESTRADIOL CHEW TAB 0.1 MG-20 MCG	Tier 2				
TYDEMY TAB	DROSPIRENONE-ETHINYL ESTRAD-LEVOMEFOLATE TAB 3-0.03-0.451 MG	Tier 1				
VALTYA 1/35 TAB	ETHYNODIOL DIACETATE & ETHINYL ESTRADIOL TAB 1 MG-35 MCG	Tier 1				
VALTYA 1/50 TAB	ETHYNODIOL DIACETATE & ETHINYL ESTRADIOL TAB 1 MG-50 MCG	Tier 1				
VELIVET PAK	DESOGEST-ETHIN EST TAB 0.1-0.025/0.125-0.025/0.15-0.025MG-MG	Tier 1				
VIENVA TAB 0.1-20	LEVONORGESTREL & ETHINYL ESTRADIOL TAB 0.1 MG-20 MCG	Tier 1				
VIORELE TAB	DESOGEST-ETH ESTRAD & ETH ESTRAD TAB 0.15-0.02/0.01 MG(21/5)	Tier 1				
VOLNEA TAB	DESOGEST-ETH ESTRAD & ETH ESTRAD TAB 0.15-0.02/0.01 MG(21/5)	Tier 1				
VYFEMLA TAB 0.4-35	NORETHINDRONE & ETHINYL ESTRADIOL TAB 0.4 MG-35 MCG	Tier 1				
VYLIBRA TAB 0.25-35	NORGESTIMATE & ETHINYL ESTRADIOL TAB 0.25 MG-35 MCG	Tier 1				
WERA TAB 0.5/35	NORETHINDRONE & ETHINYL ESTRADIOL TAB 0.5 MG-35 MCG	Tier 1				
WYMZYA FE CHW 0.4MG-35	NORETHINDRONE & ETHINYL ESTRADIOL-FE CHEW TAB 0.4 MG-35 MCG	Tier 1				
XARAH FE TAB	NORETHINDRONE AC-ETHINYL ESTRAD-FE TAB 1-20/1-30/1-35 MG-MCG	Tier 1				
XELRIA FE CHW 0.4MG-35	NORETHINDRONE & ETHINYL ESTRADIOL-FE CHEW TAB 0.4 MG-35 MCG	Tier 1				
XULANE DIS 150-35	NORELGESTROMIN-ETHINYL ESTRADIOL TD PTWK 150-35 MCG/24HR	Tier 1				
YASMIN 28 TAB 3-0.03MG	DROSPIRENONE-ETHINYL ESTRADIOL TAB 3-0.03 MG	Tier 3				
YAZ TAB 3-0.02MG	DROSPIRENONE-ETHINYL ESTRADIOL TAB 3-0.02 MG	Tier 3				
YUVAFEM TAB 10MCG	ESTRADIOL VAGINAL TAB 10 MCG	Tier 3				
ZAFEMY DIS 150/35	NORELGESTROMIN-ETHINYL ESTRADIOL TD PTWK 150-35 MCG/24HR	Tier 1				
ZOVIA 1/35 TAB	ETHYNODIOL DIACETATE & ETHINYL ESTRADIOL TAB 1 MG-35 MCG	Tier 1				
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 3				
DULOXETINE CAP 30MG DR	DULOXETINE HCL ENTERIC COATED PELLETS CAP 30 MG (BASE EQ)	Tier 3				
DULOXETINE CAP 60MG DR	DULOXETINE HCL ENTERIC COATED PELLETS CAP 60 MG (BASE EQ)	Tier 3				

^ 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
LYRICA SOL 20MG/ML	PREGABALIN SOLN 20 MG/ML	Tier 4	X			
PREGABALIN CAP 100MG	PREGABALIN CAP 100 MG	Tier 3				
PREGABALIN CAP 150MG	PREGABALIN CAP 150 MG	Tier 3				
PREGABALIN CAP 200MG	PREGABALIN CAP 200 MG	Tier 3				
PREGABALIN CAP 225MG	PREGABALIN CAP 225 MG	Tier 3				
PREGABALIN CAP 25MG	PREGABALIN CAP 25 MG	Tier 3				
PREGABALIN CAP 300MG	PREGABALIN CAP 300 MG	Tier 3				
PREGABALIN CAP 50MG	PREGABALIN CAP 50 MG	Tier 3				
PREGABALIN CAP 75MG	PREGABALIN CAP 75 MG	Tier 3				
PREGABALIN SOL 20MG/ML	PREGABALIN SOLN 20 MG/ML	Tier 4				
SAVELLA MIS TITR PAK	MILNACIPRAN HCL TAB 12.5 MG (5) & 25 MG (8) & 50 MG (42) PAK	Tier 5		X		
SAVELLA TAB 100MG	MILNACIPRAN HCL TAB 100 MG	Tier 5		X		
SAVELLA TAB 12.5MG	MILNACIPRAN HCL TAB 12.5 MG	Tier 5		X		
SAVELLA TAB 25MG	MILNACIPRAN HCL TAB 25 MG	Tier 5		X		
SAVELLA TAB 50MG	MILNACIPRAN HCL TAB 50 MG	Tier 5		X		
GABA Receptor Modulators - Drugs for Sleeping						
ESZOPICLONE TAB 1MG	ESZOPICLONE TAB 1 MG	Tier 3				
ESZOPICLONE TAB 2MG	ESZOPICLONE TAB 2 MG	Tier 3				
ESZOPICLONE TAB 3MG	ESZOPICLONE TAB 3 MG	Tier 3				
FLURAZEPAM CAP 15MG	FLURAZEPAM HCL CAP 15 MG	Tier 2				
FLURAZEPAM CAP 30MG	FLURAZEPAM HCL CAP 30 MG	Tier 2				
RESTORIL CAP 15MG	TEMAZEPAM CAP 15 MG	Tier 5				
RESTORIL CAP 22.5MG	TEMAZEPAM CAP 22.5 MG	Tier 5				
RESTORIL CAP 30MG	TEMAZEPAM CAP 30 MG	Tier 5				
RESTORIL CAP 7.5MG	TEMAZEPAM CAP 7.5 MG	Tier 5				
TEMAZEPAM CAP 15MG	TEMAZEPAM CAP 15 MG	Tier 2				
TEMAZEPAM CAP 22.5MG	TEMAZEPAM CAP 22.5 MG	Tier 2				
TEMAZEPAM CAP 30MG	TEMAZEPAM CAP 30 MG	Tier 2				
TEMAZEPAM CAP 7.5MG	TEMAZEPAM CAP 7.5 MG	Tier 2				
ZALEPLON CAP 10MG	ZALEPLON CAP 10 MG	Tier 2				
ZALEPLON CAP 5MG	ZALEPLON CAP 5 MG	Tier 2				
ZOLPIDEM TAB 10MG	ZOLPIDEM TARTRATE TAB 10 MG	Tier 2				
ZOLPIDEM TAB 5MG	ZOLPIDEM TARTRATE TAB 5 MG	Tier 2				
ZOLPIDEM ER TAB 12.5MG	ZOLPIDEM TARTRATE TAB ER 12.5 MG	Tier 3				
ZOLPIDEM ER TAB 6.25MG	ZOLPIDEM TARTRATE TAB ER 6.25 MG	Tier 3				
Gamma-Aminobutyric Acid (GABA) Augmenting Agents - Seizure Control Drugs						
CLOBAZAM SUS 2.5MG/ML	CLOBAZAM SUSPENSION 2.5 MG/ML	Tier 4	X			

^ 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
CLOBAZAM TAB 10MG	CLOBAZAM TAB 10 MG	Tier 3	X			
CLOBAZAM TAB 20MG	CLOBAZAM TAB 20 MG	Tier 3	X			
DIAZEPAM GEL 10MG	DIAZEPAM RECTAL GEL DELIVERY SYSTEM 10 MG	Tier 2		X		
DIAZEPAM GEL 2.5MG	DIAZEPAM RECTAL GEL DELIVERY SYSTEM 2.5 MG	Tier 2		X		
DIAZEPAM GEL 20MG	DIAZEPAM RECTAL GEL DELIVERY SYSTEM 20 MG	Tier 2		X		
GABAPENTIN CAP 100MG	GABAPENTIN CAP 100 MG	Tier 2				
GABAPENTIN CAP 300MG	GABAPENTIN CAP 300 MG	Tier 2				
GABAPENTIN CAP 400MG	GABAPENTIN CAP 400 MG	Tier 2				
GABAPENTIN SOL 250/5ML	GABAPENTIN ORAL SOLN 250 MG/5ML	Tier 2				
GABAPENTIN TAB 600MG	GABAPENTIN TAB 600 MG	Tier 2				
GABAPENTIN TAB 800MG	GABAPENTIN TAB 800 MG	Tier 2				
LIBERVANT MIS 10MG	DIAZEPAM BUCCAL FILM 10 MG	Tier 4	X	X		
LIBERVANT MIS 12.5MG	DIAZEPAM BUCCAL FILM 12.5 MG	Tier 4	X	X		
LIBERVANT MIS 15MG	DIAZEPAM BUCCAL FILM 15 MG	Tier 4	X	X		
LIBERVANT MIS 5MG	DIAZEPAM BUCCAL FILM 5 MG	Tier 4	X	X		
LIBERVANT MIS 7.5MG	DIAZEPAM BUCCAL FILM 7.5 MG	Tier 4	X	X		
ONFI SUS 2.5MG/ML	CLOBAZAM SUSPENSION 2.5 MG/ML	Tier 5	X			
ONFI TAB 10MG	CLOBAZAM TAB 10 MG	Tier 5	X			
ONFI TAB 20MG	CLOBAZAM TAB 20 MG	Tier 5	X			
PRIMIDONE TAB 125MG	PRIMIDONE TAB 125 MG	Tier 2	X			
PRIMIDONE TAB 250MG	PRIMIDONE TAB 250 MG	Tier 2				
PRIMIDONE TAB 50MG	PRIMIDONE TAB 50 MG	Tier 2				
SYMPAZAN MIS 10MG	CLOBAZAM ORAL FILM 10 MG	Tier 5	X			
SYMPAZAN MIS 20MG	CLOBAZAM ORAL FILM 20 MG	Tier 5	X			
SYMPAZAN MIS 5MG	CLOBAZAM ORAL FILM 5 MG	Tier 5	X			
TIAGABINE TAB 12MG	TIAGABINE HCL TAB 12 MG	Tier 2				
TIAGABINE TAB 16MG	TIAGABINE HCL TAB 16 MG	Tier 2				
TIAGABINE TAB 2MG	TIAGABINE HCL TAB 2 MG	Tier 2				
TIAGABINE TAB 4MG	TIAGABINE HCL TAB 4 MG	Tier 2				
VALPROIC ACD CAP 250MG	VALPROIC ACID CAP 250 MG	Tier 2				
VALPROIC ACD SOL 250/5ML	VALPROATE SODIUM ORAL SOLN 250 MG/5ML (BASE EQUIV)	Tier 2				
VALTOCO SPR 10MG	DIAZEPAM NASAL SPRAY 10 MG/0.1 ML	Tier 4	X	X		
VALTOCO SPR 15MG	DIAZEPAM NASAL SPRAY THER PACK 2 X 7.5 MG/0.1ML (15 MG DOSE)	Tier 4	X	X		
VALTOCO SPR 20MG	DIAZEPAM NASAL SPRAY THER PACK 2 X 10 MG/0.1ML (20 MG DOSE)	Tier 4	X	X		

^ 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 5MG	DIAZEPAM NASAL SPRAY 5 MG/0.1 ML	Tier 4	X	X		
VIGABATRIN PAK 500MG	VIGABATRIN POWD PACK 500 MG	Tier 4	X	X		X
VIGABATRIN TAB 500MG	VIGABATRIN TAB 500 MG	Tier 4	X	X		X
VIGADRONE POW 500MG	VIGABATRIN POWD PACK 500 MG	Tier 4	X	X		X
VIGADRONE TAB 500MG	VIGABATRIN TAB 500 MG	Tier 4	X	X		X
VIGAFYDE SOL 100MG/ML	VIGABATRIN ORAL SOLN 100 MG/ML	Tier 4	X	X		X
VIGPODER POW 500MG	VIGABATRIN POWD PACK 500 MG	Tier 4	X	X		X
Gastrointestinal Agents, Other						
SUFLAVE SOL	PEG 3350-KCL-NAACL-NA SULFATE-MAG SULFATE FOR SOLN 178.7 GM	Tier 4		X		
Gastrointestinal Agents, Other - Miscellaneous Gastrointestinal Drugs						
ALVIMOPAN CAP 12MG	ALVIMOPAN CAP 12 MG	Tier 4				
CROMOLYN SOD CON 100/5ML	CROMOLYN SODIUM ORAL CONC 100 MG/5ML	Tier 2				
CTEXLI TAB 250MG	CHENODIOL (BASDS) TAB 250 MG	Tier 5	X	X	X	X
DIPHEN/ATROP LIQ 2.5/5	DIPHENOXYLATE W/ ATROPINE LIQ 2.5-0.025 MG/5ML	Tier 2				
DIPHEN/ATROP TAB 2.5MG	DIPHENOXYLATE W/ ATROPINE TAB 2.5-0.025 MG	Tier 2				
ENTEREG CAP 12MG	ALVIMOPAN CAP 12 MG	Tier 5				
GATTEX KIT 5MG	TEDUGLUTIDE (RDNA) FOR INJ KIT 5 MG	Tier 4	X	X		X
IQIRVO TAB 80MG	ELAFIBRANOR TAB 80 MG	Tier 5	X	X	X	X
LIVDELZI CAP 10MG	SELADELPAR LYSINE CAP 10 MG	Tier 5	X	X	X	X
LIVMARLI TAB 10MG	MARALIXIBAT CHLORIDE TAB 10 MG	Tier 5	X	X		X
LIVMARLI TAB 15MG	MARALIXIBAT CHLORIDE TAB 15 MG	Tier 5	X	X		X
LIVMARLI TAB 20MG	MARALIXIBAT CHLORIDE TAB 20 MG	Tier 5	X	X		X
LIVMARLI TAB 30MG	MARALIXIBAT CHLORIDE TAB 30 MG	Tier 5	X	X		X
LOMOTIL TAB 2.5MG	DIPHENOXYLATE W/ ATROPINE TAB 2.5-0.025 MG	Tier 5				
MILK OF MAGN SUS 1200/15	MAGNESIUM HYDROXIDE SUSP 400 MG/5ML	Tier 2				
MYALEPT INJ 11.3MG	METRELEPTIN FOR SUBCUTANEOUS INJ 11.3 MG	Tier 5	X	X		X
OPIUM TIN 10MG/ML	OPIUM TINCTURE 1% (10 MG/ML) (MORPHINE EQUIV)	Tier 2				
PROBIOTIC CAP ACIDOPHI	*LACTOBACILLUS CAP**	Tier 2				
PROBIOTIC AD CAP FORMULA	*PROBIOTIC PRODUCT - CAP**	Tier 2				
PRUCALOPRIDE TAB 1MG	PRUCALOPRIDE SUCCINATE TAB 1 MG (BASE EQUIVALENT)	Tier 4	X	X		
PRUCALOPRIDE TAB 2MG	PRUCALOPRIDE SUCCINATE TAB 2 MG (BASE EQUIVALENT)	Tier 4	X	X		
RELISTOR INJ 12/0.6ML	METHYLNALTREXONE BROMIDE INJ 12 MG/0.6ML (20 MG/ML)	Tier 5	X	X		

^ 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 SOLN PREF SYR 12 MG/0.6ML	Tier 5	X	X		
RELISTOR INJ 8/0.4ML	METHYLNALTREXONE BROMIDE SOLN PREF SYR 8 MG/0.4ML	Tier 5	X	X		
REZDIFFRA TAB 100MG	RESMETIROM 100 MG TAB	Tier 5	X	X		
REZDIFFRA TAB 60MG	RESMETIROM 60 MG TAB	Tier 5	X	X		
REZDIFFRA TAB 80MG	RESMETIROM 80 MG TAB	Tier 5	X	X		
SYMPROIC TAB 0.2MG	NALDEMEDINE TOSYLATE TAB 0.2 MG (BASE EQUIVALENT)	Tier 3	X	X		
URSODIOL CAP 300MG	URSODIOL CAP 300 MG	Tier 2				
URSODIOL TAB 250MG	URSODIOL TAB 250 MG	Tier 2				
URSODIOL TAB 500MG	URSODIOL TAB 500 MG	Tier 2				
VOQUEZNA PAK DUAL PAK	AMOXICILLIN CAP 500 MG & VONOPRAZAN TAB 20 MG THERAPY PACK	Tier 5		X	X	
VOQUEZNA PAK TRIP PK	AMOXICILLIN CAP & CLARITHROMYCIN TAB & VONOPRAZAN TAB PACK	Tier 5		X	X	
XERMELO TAB 250MG	TELOTRISTAT ETHYL TAB 250 MG (AS TELOTRISTAT ETIPRATE)	Tier 5	X	X		X
Genetic or Enzyme Disorder: Replacement, Modifiers, Treatment						
BETAINE ANHY POW	*BETAINE POWDER FOR ORAL SOLUTION***	Tier 4				X
CERDELGA CAP 84MG	ELIGLUSTAT TARTRATE CAP 84 MG (BASE EQUIVALENT)	Tier 4	X			X
CHOLBAM CAP 250MG	CHOLIC ACID CAP 250 MG	Tier 4	X	X		X
CHOLBAM CAP 50MG	CHOLIC ACID CAP 50 MG	Tier 4	X	X		X
CREON CAP 12000UNT	PANCRELIPASE (LIP-PROT-AMYL) DR CAP 12000-38000-60000 UNIT	Tier 3				
CREON CAP 24000UNT	PANCRELIPASE (LIP-PROT-AMYL) DR CAP 24000-76000-120000 UNIT	Tier 3				
CREON CAP 3000UNIT	PANCRELIPASE (LIP-PROT-AMYL) DR CAP 3000-9500-15000 UNIT	Tier 3				
CREON CAP 36000UNT	PANCRELIPASE (LIP-PROT-AMYL) DR CAP 36000-114000-180000 UNIT	Tier 3				
CREON CAP 6000UNIT	PANCRELIPASE (LIP-PROT-AMYL) DR CAP 6000-19000-30000 UNIT	Tier 3				
CYSTADANE POW	*BETAINE POWDER FOR ORAL SOLUTION***	Tier 5				X
CYSTAGON CAP 150MG	CYSTEAMINE BITARTRATE CAP 150 MG	Tier 4				X
CYSTAGON CAP 50MG	CYSTEAMINE BITARTRATE CAP 50 MG	Tier 4				X
GALAFOLD CAP 123MG	MIGALASTAT HCL CAP 123 MG (BASE EQUIVALENT)	Tier 5	X	X		X
GLYCEROL PHE LIQ 1.1GM/ML	GLYCEROL PHENYL BUTYRATE LIQUID 1.1 GM/ML	Tier 5	X	X		X
MIGLUSTAT CAP 100MG	MIGLUSTAT CAP 100 MG	Tier 5				X
OCALIVA TAB 10MG	OBETICHOLIC ACID TAB 10 MG	Tier 5	X	X	X	X

^ 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 5MG	OBETICHOLIC ACID TAB 5 MG	Tier 5	X	X	X	X
OPFOLDA CAP 65MG	MIGLUSTAT (GAA DEFICIENCY) CAP 65 MG	Tier 4	X	X		X
ORFADIN CAP 10MG	NITISINONE CAP 10 MG	Tier 4	X			X
ORFADIN CAP 20MG	NITISINONE CAP 20 MG	Tier 4	X			X
ORFADIN CAP 2MG	NITISINONE CAP 2 MG	Tier 4	X			X
ORFADIN CAP 5MG	NITISINONE CAP 5 MG	Tier 4	X			X
ORFADIN SUS 4MG/ML	NITISINONE SUSP 4 MG/ML	Tier 4	X			X
PERTZYE CAP 16000U	PANCRELIPASE (LIP-PROT-AMYL) DR CAP 16000-57500-60500 UNIT	Tier 5			X	
PERTZYE CAP 24000U	PANCRELIPASE (LIP-PROT-AMYL) DR CAP 24000-86250-90750 UNIT	Tier 5			X	
PERTZYE CAP 4000UNIT	PANCRELIPASE (LIP-PROT-AMYL) DR CAP 4000-14375-15125 UNIT	Tier 5			X	
PERTZYE CAP 8000UNIT	PANCRELIPASE (LIP-PROT-AMYL) DR CAP 8000-28750-30250 UNIT	Tier 5			X	
PHENYLBUTYRA POW SODIUM	SODIUM PHENYLBUTYRATE ORAL POWDER 3 GM/TEASPOONFUL	Tier 2	X			X
PROCYSBI GRA 300MG	CYSTEAMINE BITARTRATE DELAYED RELEASE GRANULES PACKET 300 MG	Tier 5				X
PROCYSBI GRA 75MG	CYSTEAMINE BITARTRATE DELAYED RELEASE GRANULES PACKET 75 MG	Tier 5				X
SAPROPTERIN POW 100MG	SAPROPTERIN DIHYDROCHLORIDE POWDER PACKET 100 MG	Tier 4	X	X		X
SAPROPTERIN POW 500MG	SAPROPTERIN DIHYDROCHLORIDE POWDER PACKET 500 MG	Tier 4	X	X		X
SAPROPTERIN TAB 100MG	SAPROPTERIN DIHYDROCHLORIDE TAB 100 MG	Tier 4	X	X		X
SODIUM PHENY TAB 500MG	SODIUM PHENYLBUTYRATE TAB 500 MG	Tier 5	X			X
STRENSIQ INJ 18/0.45	ASFOTASE ALFA SUBCUTANEOUS INJ 18 MG/0.45ML	Tier 4	X	X		X
STRENSIQ INJ 28/0.7ML	ASFOTASE ALFA SUBCUTANEOUS INJ 28 MG/0.7ML	Tier 4	X	X		X
STRENSIQ INJ 40MG/ML	ASFOTASE ALFA SUBCUTANEOUS INJ 40 MG/ML	Tier 4	X	X		X
STRENSIQ INJ 80/0.8ML	ASFOTASE ALFA SUBCUTANEOUS INJ 80 MG/0.8ML	Tier 4	X	X		X
SUCRAID SOL 8500/ML	SACROSIDASE SOLN 8500 UNIT/ML	Tier 4	X			X
TEGSEDI INJ 284/1.5	INOTERSEN SOD SUBCUTANEOUS PREF SYR 284 MG/1.5ML (BASE EQ)	Tier 4		X		X
VOXZOGO INJ 0.4MG	VOSORITIDE FOR SUBCUTANEOUS INJ 0.4 MG	Tier 5	X	X		X
VOXZOGO INJ 0.56MG	VOSORITIDE FOR SUBCUTANEOUS INJ 0.56 MG	Tier 5	X	X		X

^ 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 1.2MG	VOSORITIDE FOR SUBCUTANEOUS INJ 1.2 MG	Tier 5	X	X		X
WAINUA INJ 45/0.8ML	EPLONTERSEN SODIUM SUBCUTANEOUS SOLN AUTO-INJ 45 MG/0.8ML	Tier 4	X	X		X
XPHOZAH TAB 20MG	TENAPANOR HCL TAB 20 MG	Tier 5	X	X		
XPHOZAH TAB 30MG	TENAPANOR HCL TAB 30 MG	Tier 5	X	X		
XURIDEN POW 2GM	URIDINE TRIACETATE ORAL GRANULES PACKET 2 GM	Tier 4	X	X		X
YORVIPATH INJ 168/0.56	PALOPEGTERIPARATIDE PEN-INJ 168 MCG/0.56ML (TERIPARATIDE EQ)	Tier 5	X	X		X
YORVIPATH INJ 294/0.98	PALOPEGTERIPARATIDE PEN-INJ 294 MCG/0.98ML (TERIPARATIDE EQ)	Tier 5	X	X		X
YORVIPATH INJ 420/1.4	PALOPEGTERIPARATIDE PEN-INJ 420 MCG/1.4ML (TERIPARATIDE EQ)	Tier 5	X	X		X
ZELVYSIA POW 100MG	SAPROPTERIN DIHYDROCHLORIDE POWDER PACKET 100 MG	Tier 4	X	X		X
ZELVYSIA POW 500MG	SAPROPTERIN DIHYDROCHLORIDE POWDER PACKET 500 MG	Tier 4	X	X		X
ZENPEP CAP 10000UNT	PANCRELIPASE (LIP-PROT-AMYL) DR CAP 10000-32000-42000 UNIT	Tier 3				
ZENPEP CAP 15000UNT	PANCRELIPASE (LIP-PROT-AMYL) DR CAP 15000-47000-63000 UNIT	Tier 3				
ZENPEP CAP 20000UNT	PANCRELIPASE (LIP-PROT-AMYL) DR CAP 20000-63000-84000 UNIT	Tier 3				
ZENPEP CAP 25000UNT	PANCRELIPASE (LIP-PROT-AMYL) DR CAP 25000-79000-105000 UNIT	Tier 3				
ZENPEP CAP 3000UNIT	PANCRELIPASE (LIP-PROT-AMYL) DR CAP 3000-10000-14000 UNIT	Tier 3				
ZENPEP CAP 40000UNT	PANCRELIPASE (LIP-PROT-AMYL) DR CAP 40000-126000-168000 UNIT	Tier 3				
ZENPEP CAP 5000UNIT	PANCRELIPASE (LIP-PROT-AMYL) DR CAP 5000-17000-24000 UNIT	Tier 3				
ZENPEP CAP 60000UNT	PANCRELIPASE (LIP-PROT-AMYL) DR CAP 60000-189600-252600 UNIT	Tier 3				
Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment						
ATTRUBY PAK 356MG	ACORAMIDIS HCL TAB PACK 356 MG (712 MG TWICE DAILY)	Tier 4	X	X		X
Genitourinary Agents, Other - Miscellaneous Bladder, Genital, and Kidney Conditions Drugs						
AVANAFIL TAB 100MG	AVANAFIL TAB 100 MG	Tier 4	X	X		
AVANAFIL TAB 200MG	AVANAFIL TAB 200 MG	Tier 4	X	X		
AVANAFIL TAB 50MG	AVANAFIL TAB 50 MG	Tier 4	X	X		
BETHANECHOL TAB 10MG	BETHANECHOL CHLORIDE TAB 10 MG	Tier 2				
BETHANECHOL TAB 25MG	BETHANECHOL CHLORIDE TAB 25 MG	Tier 2				
BETHANECHOL TAB 50MG	BETHANECHOL CHLORIDE TAB 50 MG	Tier 2				

^ 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
BETHANECHOL TAB 5MG	BETHANECHOL CHLORIDE TAB 5 MG	Tier 2				
CAVERJECT INJ 20MCG	ALPROSTADIL FOR INJ 20 MCG	Tier 4		X		
CAVERJECT INJ 40MCG	ALPROSTADIL FOR INJ 40 MCG	Tier 4		X		
CAVERJECT IM KIT 10MCG	ALPROSTADIL FOR INJ KIT 10 MCG	Tier 4		X		
CAVERJECT IM KIT 20MCG	ALPROSTADIL FOR INJ KIT 20 MCG	Tier 4		X		
CERVIDIL VAG MIS 10MG INS	DINOPROSTONE VAGINAL INSERTS 10 MG	Tier 4				
DEPEN TITRA TAB 250MG	PENICILLAMINE TAB 250 MG	Tier 4				X
EDEX 2-CRTDG KIT 10MCG	ALPROSTADIL FOR INJ KIT 10 MCG	Tier 4		X		
EDEX 2-CRTDG KIT 20MCG	ALPROSTADIL FOR INJ KIT 20 MCG	Tier 4		X		
EDEX 2-CRTDG KIT 40MCG	ALPROSTADIL FOR INJ KIT 40 MCG	Tier 4		X		
EDEX 6-CRTDG KIT 10MCG	ALPROSTADIL FOR INJ KIT 10 MCG	Tier 4		X		
EDEX 6-CRTDG KIT 20MCG	ALPROSTADIL FOR INJ KIT 20 MCG	Tier 4		X		
EDEX 6-CRTDG KIT 40MCG	ALPROSTADIL FOR INJ KIT 40 MCG	Tier 4		X		
ENCARE SUP 100MG	NONOXYNOL-9 VAGINAL SUPPOS 100 MG	Tier 1				
FILSPARI TAB 200MG	SPARSENTAN TAB 200 MG	Tier 5	X	X		X
FILSPARI TAB 400MG	SPARSENTAN TAB 400 MG	Tier 5	X	X		X
GYNOL II GEL 3%	NONOXYNOL-9 GEL 3%	Tier 1				
LITHOSTAT TAB 250MG	ACETOHYDROXAMIC ACID TAB 250 MG	Tier 4				
ME/NAPHOS/MB TAB HYO 1	*METHENAMINE-HYOSCAMINE-METH BLUE-SOD PHOS TAB 81.6 MG***	Tier 2				
MUSE SUP 1000MCG	ALPROSTADIL URETHRAL PELLET 1000 MCG	Tier 4		X		
MUSE SUP 250MCG	ALPROSTADIL URETHRAL PELLET 250 MCG	Tier 4		X		
MUSE SUP 500MCG	ALPROSTADIL URETHRAL PELLET 500 MCG	Tier 4		X		
PENICILLAMIN TAB 250MG	PENICILLAMINE TAB 250 MG	Tier 4				X
PHENAZO TAB 200MG	PHENAZOPYRIDINE HCL TAB 200 MG	Tier 2				
PHENAZOPYRID TAB 100MG	PHENAZOPYRIDINE HCL TAB 100 MG	Tier 2				
PHENAZOPYRID TAB 200MG	PHENAZOPYRIDINE HCL TAB 200 MG	Tier 2				
PREPIDIL GEL 0.5MG/3G	DINOPROSTONE CERVICAL GEL 0.5 MG/3GM	Tier 4				
PYRIDIUM TAB 100MG	PHENAZOPYRIDINE HCL TAB 100 MG	Tier 4				
PYRIDIUM TAB 200MG	PHENAZOPYRIDINE HCL TAB 200 MG	Tier 4				
RIVFLOZA INJ 128/0.8	NEDOSIRAN SODIUM SUBCUTANEOUS SOLN PREF SYR 128 MG/0.8ML	Tier 5	X	X		X
RIVFLOZA INJ 160MG/ML	NEDOSIRAN SODIUM SUBCUTANEOUS SOLN PREF SYR 160 MG/ML	Tier 5	X	X		X
RIVFLOZA INJ 80/0.5ML	NEDOSIRAN SODIUM SUBCUTANEOUS SOLN 80 MG/0.5ML	Tier 5	X	X		X
SILDENAFIL TAB 100MG	SILDENAFIL CITRATE TAB 100 MG	Tier 3		X		
SILDENAFIL TAB 25MG	SILDENAFIL CITRATE TAB 25 MG	Tier 3		X		
SILDENAFIL TAB 50MG	SILDENAFIL CITRATE TAB 50 MG	Tier 3		X		
STENDRA TAB 100MG	AVANAFIL TAB 100 MG	Tier 5	X	X		

^ 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
STENDRA TAB 200MG	AVANAFIL TAB 200 MG	Tier 5	X	X		
STENDRA TAB 50MG	AVANAFIL TAB 50 MG	Tier 5	X	X		
TADALAFIL TAB 10MG	TADALAFIL TAB 10 MG	Tier 3		X		
TADALAFIL TAB 20MG	TADALAFIL TAB 20 MG	Tier 3		X		
TIOPRONIN TAB 100MG	TIOPRONIN TAB 100 MG	Tier 4				X
TIOPRONIN TAB 100MG DR	TIOPRONIN TAB DELAYED RELEASE 100 MG	Tier 4				X
TIOPRONIN TAB 300MG DR	TIOPRONIN TAB DELAYED RELEASE 300 MG	Tier 4				X
TODAY SPONGE MIS	NONOXYNOL-9 VAGINAL SPONGE 1000 MG	Tier 1				
URELLE TAB	*METHENAMINE-HYOSC-METH BLUE-SOD PHOS-PHEN SAL TAB 81 MG***	Tier 5				
URETRON D/S TAB	*METHENAMINE-HYOS-METH BLUE-SOD PHOS-PHEN SAL TAB 81.6 MG***	Tier 5				
UROGESIC- TAB BLUE	*METHENAMINE-HYOSCAMINE-METH BLUE-SOD PHOS TAB 81.6 MG***	Tier 3				
VARDENAFIL TAB 10MG	VARDENAFIL HCL TAB 10 MG	Tier 4		X		
VARDENAFIL TAB 10MG ODT	VARDENAFIL HCL ORALLY DISINTEGRATING TAB 10 MG	Tier 4		X		
VARDENAFIL TAB 2.5MG	VARDENAFIL HCL TAB 2.5 MG	Tier 4		X		
VARDENAFIL TAB 20MG	VARDENAFIL HCL TAB 20 MG	Tier 4		X		
VARDENAFIL TAB 5MG	VARDENAFIL HCL TAB 5 MG	Tier 4		X		
VCF VAGINAL GEL CONTRACE	NONOXYNOL-9 GEL 4%	Tier 1				
VCF VAGINAL MIS CONTRACP	NONOXYNOL-9 FILM 28%	Tier 1				
VILEVEV MB TAB 81MG	*METHENAMINE-HYOSC-METH BLUE-SOD PHOS-PHEN SAL TAB 81 MG***	Tier 5				
Glucocorticoids - Drugs to Treat Inflammation						
ANALPRAM HC CRE 1-1%	HYDROCORTISONE ACETATE W/ PRAMOXINE PERIANAL CREAM 1-1%	Tier 5				
ANALPRAM HC LOT 2.5%	HYDROCORTISONE ACETATE W/ PRAMOXINE PERIANAL LOTN 2.5-1%	Tier 4				
ANALPRAM-HC CRE 1-1%	HYDROCORTISONE ACETATE W/ PRAMOXINE PERIANAL CREAM 1-1%	Tier 5				
ANALPRAM-HC LOT 2.5%	HYDROCORTISONE ACETATE W/ PRAMOXINE PERIANAL LOTN 2.5-1%	Tier 4				
ANUCORT-HC SUP 25MG	HYDROCORTISONE ACETATE SUPPOS 25 MG	Tier 3				
ANUSOL-HC CRE 2.5%	HYDROCORTISONE PERIANAL CREAM 2.5%	Tier 5				
BUDESONIDE AER 2MG/ACT	BUDESONIDE RECTAL FOAM 2 MG/ACT	Tier 3				
BUDESONIDE CAP 3MG DR	BUDESONIDE DELAYED RELEASE PARTICLES CAP 3 MG	Tier 3				
CORTENEMA ENE 100MG	HYDROCORTISONE ENEMA 100 MG/60ML	Tier 5				
CORTIFOAM AER 90MG	HYDROCORTISONE ACETATE PERIANAL FOAM 10% (90 MG/DOSE)	Tier 3				

^ 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 1-1%	HYDROCORTISONE ACETATE W/ PRAMOXINE PERIANAL CREAM 1-1%	Tier 2				
HC PRAMOXINE CRE 2.5-1%	PRAMOXINE-HC CREAM 1-2.5%	Tier 2				
HEMMOREX-HC SUP 25MG	HYDROCORTISONE ACETATE SUPPOS 25 MG	Tier 4				
HYDROCORT ENE 100MG	HYDROCORTISONE ENEMA 100 MG/60ML	Tier 2				
HYDROCORT AC SUP 25MG	HYDROCORTISONE ACETATE SUPPOS 25 MG	Tier 3				
HYDROCORT AC SUP 30MG	HYDROCORTISONE ACETATE SUPPOS 30 MG	Tier 3				
HYDROCORTISO CRE 2.5%	HYDROCORTISONE PERIANAL CREAM 2.5%	Tier 2				
PRAMOSONE CRE 1-2.5%	PRAMOXINE-HC CREAM 1-2.5%	Tier 5				
PRAMOSONE OIN 1%	PRAMOXINE-HC OINT 1-1%	Tier 3				
PRAMOSONE OIN 2.5%	PRAMOXINE-HC OINT 1-2.5%	Tier 5				
PROCTO-MED CRE HC 2.5%	HYDROCORTISONE PERIANAL CREAM 2.5%	Tier 2				
PROCTOFOAM AER HC 1%	HYDROCORTISONE ACETATE W/ PRAMOXINE PERIANAL FOAM 1-1%	Tier 3				
PROCTOSOL HC CRE 2.5%	HYDROCORTISONE PERIANAL CREAM 2.5%	Tier 5				
PROCTOZONE CRE -HC 2.5%	HYDROCORTISONE PERIANAL CREAM 2.5%	Tier 5				
Glutamate Reducing Agents - Seizure Control Drugs						
FELBAMATE SUS 600/5ML	FELBAMATE SUSP 600 MG/5ML	Tier 2				
FELBAMATE TAB 400MG	FELBAMATE TAB 400 MG	Tier 2				
FELBAMATE TAB 600MG	FELBAMATE TAB 600 MG	Tier 2				
FELBATOL TAB 400MG	FELBAMATE TAB 400 MG	Tier 5	X			
FELBATOL TAB 600MG	FELBAMATE TAB 600 MG	Tier 5	X			
FYCOMPA SUS 0.5MG/ML	PERAMPANEL SUSP 0.5 MG/ML	Tier 5	X			
LAMICTAL XR KIT	LAMOTRIGINE TAB ER 24HR 21 X 25 MG & 7 X 50 MG TITRATION KIT	Tier 4	X			
LAMICTAL XR KIT	LAMOTRIGINE TAB ER 24HR 50 (14) & 100 MG(14) & 200 MG(7) KIT	Tier 4	X			
LAMICTAL XR KIT	LAMOTRIGINE TAB ER 24HR 25 (14) & 50 MG (14) & 100 MG(7) KIT	Tier 4	X			
LAMOTRIGINE CHW 25MG	LAMOTRIGINE TAB CHEWABLE DISPERSIBLE 25 MG	Tier 2				
LAMOTRIGINE CHW 5MG	LAMOTRIGINE TAB CHEWABLE DISPERSIBLE 5 MG	Tier 2				
LAMOTRIGINE KIT START 35	LAMOTRIGINE TAB 35 X 25 MG STARTER KIT	Tier 2				
LAMOTRIGINE KIT START 49	LAMOTRIGINE TAB 25 MG (42) & 100 MG (7) STARTER KIT	Tier 2				
LAMOTRIGINE KIT START 98	LAMOTRIGINE TAB 84 X 25 MG & 14 X 100 MG STARTER KIT	Tier 2				
LAMOTRIGINE TAB 100MG	LAMOTRIGINE TAB 100 MG	Tier 2				
LAMOTRIGINE TAB 150MG	LAMOTRIGINE TAB 150 MG	Tier 2				
LAMOTRIGINE TAB 200MG	LAMOTRIGINE TAB 200 MG	Tier 2				

^ 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
LAMOTRIGINE TAB 25MG	LAMOTRIGINE TAB 25 MG	Tier 2				
PERAMPANEL SUS 0.5MG/ML	PERAMPANEL SUSP 0.5 MG/ML	Tier 4	X			
PERAMPANEL TAB 10MG	PERAMPANEL TAB 10 MG	Tier 4	X			
PERAMPANEL TAB 12MG	PERAMPANEL TAB 12 MG	Tier 4	X			
PERAMPANEL TAB 2MG	PERAMPANEL TAB 2 MG	Tier 4	X			
PERAMPANEL TAB 4MG	PERAMPANEL TAB 4 MG	Tier 4	X			
PERAMPANEL TAB 6MG	PERAMPANEL TAB 6 MG	Tier 4	X			
PERAMPANEL TAB 8MG	PERAMPANEL TAB 8 MG	Tier 4	X			
SUBVENITE KIT START 35	LAMOTRIGINE TAB 35 X 25 MG STARTER KIT	Tier 2				
SUBVENITE KIT START 49	LAMOTRIGINE TAB 25 MG (42) & 100 MG (7) STARTER KIT	Tier 2				
SUBVENITE KIT START 98	LAMOTRIGINE TAB 84 X 25 MG & 14 X 100 MG STARTER KIT	Tier 2				
SUBVENITE TAB 100MG	LAMOTRIGINE TAB 100 MG	Tier 2				
SUBVENITE TAB 150MG	LAMOTRIGINE TAB 150 MG	Tier 2				
SUBVENITE TAB 200MG	LAMOTRIGINE TAB 200 MG	Tier 2				
SUBVENITE TAB 25MG	LAMOTRIGINE TAB 25 MG	Tier 2				
TOPIRAMATE CAP 15MG	TOPIRAMATE SPRINKLE CAP 15 MG	Tier 2				
TOPIRAMATE CAP 25MG	TOPIRAMATE SPRINKLE CAP 25 MG	Tier 2				
TOPIRAMATE CAP 50MG	TOPIRAMATE SPRINKLE CAP 50 MG	Tier 2				
TOPIRAMATE TAB 100MG	TOPIRAMATE TAB 100 MG	Tier 2				
TOPIRAMATE TAB 200MG	TOPIRAMATE TAB 200 MG	Tier 2				
TOPIRAMATE TAB 25MG	TOPIRAMATE TAB 25 MG	Tier 2				
TOPIRAMATE TAB 50MG	TOPIRAMATE TAB 50 MG	Tier 2				
Glycemic Agents - Diabetic Drugs						
BAQSIMI ONE POW 3MG/DOSE	GLUCAGON NASAL POWDER 3 MG/DOSE	Tier 3		X		
BAQSIMI TWO POW 3MG/DOSE	GLUCAGON NASAL POWDER 3 MG/DOSE	Tier 3		X		
DIAZOXIDE SUS 50MG/ML	DIAZOXIDE SUSP 50 MG/ML	Tier 4				
GLUCAGON INJ 1MG	GLUCAGON FOR INJ 1 MG	Tier 3				
GLUCAGON EMR SOL 1MG	GLUCAGON HCL FOR INJ 1 MG	Tier 3				
GVOKE HYPO 1 INJ 0.5/.1ML	GLUCAGON SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML	Tier 3		X		
GVOKE HYPO 1 INJ 1/0.2ML	GLUCAGON SUBCUTANEOUS SOLUTION AUTO-INJECTOR 1 MG/0.2ML	Tier 3		X		
GVOKE HYPO 2 INJ 0.5/.1ML	GLUCAGON SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML	Tier 3		X		
GVOKE HYPO 2 INJ 1/0.2ML	GLUCAGON SUBCUTANEOUS SOLUTION AUTO-INJECTOR 1 MG/0.2ML	Tier 3		X		
GVOKE KIT SOL 1/0.2ML	GLUCAGON SUBCUTANEOUS SOLN 1 MG/0.2ML	Tier 3		X		

^ 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
GVOKE PFS INJ 1/0.2ML	GLUCAGON SUBCUTANEOUS SOLN PREF SYRINGE 1 MG/0.2ML	Tier 3		X		
PROGLYCEM SUS 50MG/ML	DIAZOXIDE SUSP 50 MG/ML	Tier 5				
ZEGALOGUE INJ 0.6/0.6	DASIGLUCAGON HCL SUBCUTANEOUS SOLN AUTO-INJ 0.6 MG/0.6ML	Tier 3		X		
ZEGALOGUE INJ 0.6/0.6	DASIGLUCAGON HCL SUBCUTANEOUS SOLN PREF SYRINGE 0.6 MG/0.6ML	Tier 3		X		
Hemostasis Agents - Drugs to Stop Bleeding						
ADVATE INJ 1000UNIT	ANTIHEMOPHILIC FACTOR RECOMB (RAHF-PFM) FOR INJ 1000 UNIT	Tier 4				X
ADVATE INJ 1500UNIT	ANTIHEMOPHILIC FACTOR RECOMB (RAHF-PFM) FOR INJ 1500 UNIT	Tier 4				X
ADVATE INJ 2000UNIT	ANTIHEMOPHILIC FACTOR RECOMB (RAHF-PFM) FOR INJ 2000 UNIT	Tier 4				X
ADVATE INJ 250UNIT	ANTIHEMOPHILIC FACTOR RECOMB (RAHF-PFM) FOR INJ 250 UNIT	Tier 4				X
ADVATE INJ 3000UNIT	ANTIHEMOPHILIC FACTOR RECOMB (RAHF-PFM) FOR INJ 3000 UNIT	Tier 4				X
ADVATE INJ 4000UNIT	ANTIHEMOPHILIC FACTOR RECOMB (RAHF-PFM) FOR INJ 4000 UNIT	Tier 4				X
ADVATE INJ 500UNIT	ANTIHEMOPHILIC FACTOR RECOMB (RAHF-PFM) FOR INJ 500 UNIT	Tier 4				X
ADYNOVATE INJ 1000UNIT	ANTIHEMOPHILIC FACTOR RECOMB PEGYLATED FOR INJ 1000 UNIT	Tier 5				X
ADYNOVATE INJ 1500UNIT	ANTIHEMOPHILIC FACTOR RECOMB PEGYLATED FOR INJ 1500 UNIT	Tier 5				X
ADYNOVATE INJ 2000UNIT	ANTIHEMOPHILIC FACTOR RECOMB PEGYLATED FOR INJ 2000 UNIT	Tier 5				X
ADYNOVATE INJ 250UNIT	ANTIHEMOPHILIC FACTOR RECOMB PEGYLATED FOR INJ 250 UNIT	Tier 5				X
ADYNOVATE INJ 3000UNIT	ANTIHEMOPHILIC FACTOR RECOMB PEGYLATED FOR INJ 3000 UNIT	Tier 5				X
ADYNOVATE INJ 500UNIT	ANTIHEMOPHILIC FACTOR RECOMB PEGYLATED FOR INJ 500 UNIT	Tier 5				X
ADYNOVATE INJ 750UNIT	ANTIHEMOPHILIC FACTOR RECOMB PEGYLATED FOR INJ 750 UNIT	Tier 5				X
AFSTYLA KIT 1000UNIT	ANTIHEMOPHILIC FACT RCMB SINGLE CHAIN FOR INJ KIT 1000 UNIT	Tier 5				X
AFSTYLA KIT 1500UNIT	ANTIHEMOPHILIC FACT RCMB SINGLE CHAIN FOR INJ KIT 1500 UNIT	Tier 5				X
AFSTYLA KIT 2000UNIT	ANTIHEMOPHILIC FACT RCMB SINGLE CHAIN FOR INJ KIT 2000 UNIT	Tier 5				X
AFSTYLA KIT 2500UNIT	ANTIHEMOPHILIC FACT RCMB SINGLE CHAIN FOR INJ KIT 2500 UNIT	Tier 5				X
AFSTYLA KIT 250UNIT	ANTIHEMOPHILIC FACT RCMB SINGLE CHAIN FOR INJ KIT 250 UNIT	Tier 5				X

^ 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
AFSTYLA KIT 3000UNIT	ANTIHEMOPHILIC FACT RCMB SINGLE CHAIN FOR INJ KIT 3000 UNIT	Tier 5				X
AFSTYLA KIT 500UNIT	ANTIHEMOPHILIC FACT RCMB SINGLE CHAIN FOR INJ KIT 500 UNIT	Tier 5				X
ALPHANATE INJ 1000UNIT	ANTIHEMOPHILIC FACTOR/VWF (HUMAN) FOR INJ 1000 UNIT	Tier 4				X
ALPHANATE INJ 1500UNIT	ANTIHEMOPHILIC FACTOR/VWF (HUMAN) FOR INJ 1500 UNIT	Tier 4				X
ALPHANATE INJ 2000UNIT	ANTIHEMOPHILIC FACTOR/VWF (HUMAN) FOR INJ 2000 UNIT	Tier 4				X
ALPHANATE INJ 250 UNIT	ANTIHEMOPHILIC FACTOR/VWF (HUMAN) FOR INJ 250 UNIT	Tier 4				X
ALPHANATE INJ 500 UNIT	ANTIHEMOPHILIC FACTOR/VWF (HUMAN) FOR INJ 500 UNIT	Tier 4				X
ALPHANINE SD INJ 1000UNIT	COAGULATION FACTOR IX FOR INJ 1000 UNIT	Tier 4				X
ALPHANINE SD INJ 1500UNIT	COAGULATION FACTOR IX FOR INJ 1500 UNIT	Tier 4				X
ALPHANINE SD INJ 500UNIT	COAGULATION FACTOR IX FOR INJ 500 UNIT	Tier 4				X
ALPROLIX INJ 1000UNIT	COAGULATION FACTOR IX (RECOMB) (RFIXFC) FOR INJ 1000 UNIT	Tier 5				X
ALPROLIX INJ 2000UNIT	COAGULATION FACTOR IX (RECOMB) (RFIXFC) FOR INJ 2000 UNIT	Tier 5				X
ALPROLIX INJ 250UNIT	COAGULATION FACTOR IX (RECOMB) (RFIXFC) FOR INJ 250 UNIT	Tier 4				X
ALPROLIX INJ 3000UNIT	COAGULATION FACTOR IX (RECOMB) (RFIXFC) FOR INJ 3000 UNIT	Tier 5				X
ALPROLIX INJ 4000UNIT	COAGULATION FACTOR IX (RECOMB) (RFIXFC) FOR INJ 4000 UNIT	Tier 5				X
ALPROLIX INJ 500UNIT	COAGULATION FACTOR IX (RECOMB) (RFIXFC) FOR INJ 500 UNIT	Tier 5				X
ALTUVIIIIO INJ 1000UNIT	ANTIHEMOPHILIC FACT RCMB FC-VWF-XTEN-EHTL FOR INJ 1000 UNIT	Tier 5				X
ALTUVIIIIO INJ 2000UNIT	ANTIHEMOPHILIC FACT RCMB FC-VWF-XTEN-EHTL FOR INJ 2000 UNIT	Tier 5				X
ALTUVIIIIO INJ 250 UNIT	ANTIHEMOPHILIC FACT RCMB FC-VWF-XTEN-EHTL FOR INJ 250 UNIT	Tier 5				X
ALTUVIIIIO INJ 250UNIT	ANTIHEMOPHILIC FACT RCMB FC-VWF-XTEN-EHTL FOR INJ 250 UNIT	Tier 5				X
ALTUVIIIIO INJ 3000UNIT	ANTIHEMOPHILIC FACT RCMB FC-VWF-XTEN-EHTL FOR INJ 3000 UNIT	Tier 5				X
ALTUVIIIIO INJ 4000UNIT	ANTIHEMOPHILIC FACT RCMB FC-VWF-XTEN-EHTL FOR INJ 4000 UNIT	Tier 5				X
ALTUVIIIIO INJ 500UNIT	ANTIHEMOPHILIC FACT RCMB FC-VWF-XTEN-EHTL FOR INJ 500 UNIT	Tier 5				X
AMINOCAPR AC TAB 1000MG	AMINOCAPROIC ACID TAB 1000 MG	Tier 4				

^ 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
AMINOCAPR AC TAB 500MG	AMINOCAPROIC ACID TAB 500 MG	Tier 4				
AMINOCAPROIC SOL 0.25/ML	AMINOCAPROIC ACID ORAL SOLN 0.25 GM/ML	Tier 4				
ASTRINGYN SOL 259MG/GM	FERRIC SUBSULFATE SOLN 259 MG/GM	Tier 4				
BENEFIX INJ 1000UNIT	COAGULATION FACTOR IX (RECOMBINANT) FOR INJ KIT 1000 UNIT	Tier 4				X
BENEFIX INJ 2000UNIT	COAGULATION FACTOR IX (RECOMBINANT) FOR INJ KIT 2000 UNIT	Tier 4				X
BENEFIX INJ 250UNIT	COAGULATION FACTOR IX (RECOMBINANT) FOR INJ KIT 250 UNIT	Tier 4				X
BENEFIX INJ 3000UNIT	COAGULATION FACTOR IX (RECOMBINANT) FOR INJ KIT 3000 UNIT	Tier 4				X
BENEFIX INJ 500UNIT	COAGULATION FACTOR IX (RECOMBINANT) FOR INJ KIT 500 UNIT	Tier 4				X
COAGADEX INJ 250UNIT	COAGULATION FACTOR X (HUMAN) FOR INJ 250 UNIT	Tier 4				X
COAGADEX INJ 500UNIT	COAGULATION FACTOR X (HUMAN) FOR INJ 500 UNIT	Tier 4				X
CORIFACT KIT	FACTOR XIII CONCENTRATE (HUMAN) FOR INJ KIT 1000-1600 UNIT	Tier 4				X
FEIBA INJ	ANTIINHIBITOR COAGULANT COMPLEX FOR IV SOLN 1000 UNIT	Tier 4				X
FEIBA INJ	ANTIINHIBITOR COAGULANT COMPLEX FOR IV SOLN 2500 UNIT	Tier 4				X
FEIBA INJ	ANTIINHIBITOR COAGULANT COMPLEX FOR IV SOLN 500 UNIT	Tier 4				X
HEMLIBRA INJ 105/0.7	EMICIZUMAB-KXWH SUBCUTANEOUS SOLN 105 MG/0.7ML (150 MG/ML)	Tier 4	X			X
HEMLIBRA INJ 150/ML	EMICIZUMAB-KXWH SUBCUTANEOUS SOLN 150 MG/ML	Tier 4	X			X
HEMLIBRA INJ 300/2ML	EMICIZUMAB-KXWH SUBCUTANEOUS SOLN 300 MG/2ML (150 MG/ML)	Tier 4	X			X
HEMLIBRA INJ 30MG/ML	EMICIZUMAB-KXWH SUBCUTANEOUS SOLN 30 MG/ML	Tier 4	X			X
HEMLIBRA INJ 60/0.4	EMICIZUMAB-KXWH SUBCUTANEOUS SOLN 60 MG/0.4ML (150 MG/ML)	Tier 4	X			X
HEMLIBRA SOL 12/0.4ML	EMICIZUMAB-KXWH SUBCUTANEOUS SOLN 12 MG/0.4ML (30 MG/ML)	Tier 4	X			X
HEMOFIL M INJ 1000UNIT	ANTIHEMOPHILIC FACTOR (HUMAN) FOR INJ 1000 UNIT	Tier 4				X
HEMOFIL M INJ 1700UNIT	ANTIHEMOPHILIC FACTOR (HUMAN) FOR INJ 1700 UNIT	Tier 4				X
HEMOFIL M INJ 250UNIT	ANTIHEMOPHILIC FACTOR (HUMAN) FOR INJ 250 UNIT	Tier 4				X
HEMOFIL M INJ 500UNIT	ANTIHEMOPHILIC FACTOR (HUMAN) FOR INJ 500 UNIT	Tier 4				X

^ 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
HUMATE-P SOL 2400UNIT	ANTIHEMOPHILIC FACTOR/VWF (HUMAN) FOR INJ 1000-2400 UNIT	Tier 4				X
HUMATE-P SOL 250-600	ANTIHEMOPHILIC FACTOR/VWF (HUMAN) FOR INJ 250-600 UNIT	Tier 4				X
HUMATE-P SOL 500-1200	ANTIHEMOPHILIC FACTOR/VWF (HUMAN) FOR INJ 500-1200 UNIT	Tier 4				X
HYMPAVZI INJ 150MG/ML	MARSTACIMAB-HNCQ SUBCUTANEOUS SOLN AUTO-INJ 150 MG/ML	Tier 4	X	X		X
IDELVION SOL 1000UNIT	COAGULATION FACTOR IX (RECOMB) (RIX-FP) FOR INJ 1000 UNIT	Tier 5				X
IDELVION SOL 2000UNIT	COAGULATION FACTOR IX (RECOMB) (RIX-FP) FOR INJ 2000 UNIT	Tier 5				X
IDELVION SOL 250UNIT	COAGULATION FACTOR IX (RECOMB) (RIX-FP) FOR INJ 250 UNIT	Tier 5				X
IDELVION SOL 3500UNIT	COAGULATION FACTOR IX (RECOMB) (RIX-FP) FOR INJ 3500 UNIT	Tier 5				X
IDELVION SOL 500UNIT	COAGULATION FACTOR IX (RECOMB) (RIX-FP) FOR INJ 500 UNIT	Tier 5				X
JIVI INJ 1000UNIT	ANTIHEMOPHIL FACT RCMB(BDD-RFVIII PEG-AUCL)FOR INJ 1000 UNIT	Tier 5				X
JIVI INJ 2000UNIT	ANTIHEMOPHIL FACT RCMB(BDD-RFVIII PEG-AUCL)FOR INJ 2000 UNIT	Tier 5				X
JIVI INJ 3000UNIT	ANTIHEMOPHIL FACT RCMB(BDD-RFVIII PEG-AUCL)FOR INJ 3000 UNIT	Tier 5				X
JIVI INJ 4000UNIT	ANTIHEMOPHIL FACT RCMB(BDD-RFVIII PEG-AUCL)FOR INJ 4000 UNIT	Tier 5				X
JIVI INJ 500 UNIT	ANTIHEMOPHIL FACT RCMB(BDD-RFVIII PEG-AUCL) FOR INJ 500 UNIT	Tier 5				X
KOATE INJ 1000UNIT	ANTIHEMOPHILIC FACTOR (HUMAN) FOR INJ 1000 UNIT	Tier 4				X
KOATE INJ 250UNIT	ANTIHEMOPHILIC FACTOR (HUMAN) FOR INJ 250 UNIT	Tier 4				X
KOATE INJ 500 UNIT	ANTIHEMOPHILIC FACTOR (HUMAN) FOR INJ 500 UNIT	Tier 4				X
KOATE-DVI INJ 1000UNIT	ANTIHEMOPHILIC FACTOR (HUMAN) FOR INJ 1000 UNIT	Tier 4				X
KOGENATE FS INJ 1000UNIT	ANTIHEMOPHILIC FACTOR RECOMB (RFVIII) FOR INJ KIT 1000 UNIT	Tier 4				X
KOGENATE FS INJ 2000UNIT	ANTIHEMOPHILIC FACTOR RECOMB (RFVIII) FOR INJ KIT 2000 UNIT	Tier 4				X
KOGENATE FS INJ 250UNIT	ANTIHEMOPHILIC FACTOR RECOMB (RFVIII) FOR INJ KIT 250 UNIT	Tier 4				X
KOGENATE FS INJ 3000UNIT	ANTIHEMOPHILIC FACTOR RECOMB (RFVIII) FOR INJ KIT 3000 UNIT	Tier 4				X
KOGENATE FS INJ 500UNIT	ANTIHEMOPHILIC FACTOR RECOMB (RFVIII) FOR INJ KIT 500 UNIT	Tier 4				X

^ 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
KOVALTRY INJ 1000UNIT	ANTIHEMOPHILIC FACTOR RECOMB (RAHF-PFM) FOR INJ 1000 UNIT	Tier 4				X
KOVALTRY INJ 2000UNIT	ANTIHEMOPHILIC FACTOR RECOMB (RAHF-PFM) FOR INJ 2000 UNIT	Tier 4				X
KOVALTRY INJ 250UNIT	ANTIHEMOPHILIC FACTOR RECOMB (RAHF-PFM) FOR INJ 250 UNIT	Tier 4				X
KOVALTRY INJ 3000UNIT	ANTIHEMOPHILIC FACTOR RECOMB (RAHF-PFM) FOR INJ 3000 UNIT	Tier 4				X
KOVALTRY INJ 500UNIT	ANTIHEMOPHILIC FACTOR RECOMB (RAHF-PFM) FOR INJ 500 UNIT	Tier 4				X
MONSELS FERR SOL SUBSULF	*FERRIC SUBSULFATE SOLN**	Tier 4				
NOVOEIGHT INJ 1000UNIT	ANTIHEMOPHILIC FACT RCMB (BD TRUNC-RFVIII) FOR INJ 1000 UNIT	Tier 4				X
NOVOEIGHT INJ 1500UNIT	ANTIHEMOPHILIC FACT RCMB (BD TRUNC-RFVIII) FOR INJ 1500 UNIT	Tier 4				X
NOVOEIGHT INJ 2000UNIT	ANTIHEMOPHILIC FACT RCMB (BD TRUNC-RFVIII) FOR INJ 2000 UNIT	Tier 4				X
NOVOEIGHT INJ 250UNIT	ANTIHEMOPHILIC FACT RCMB (BD TRUNC-RFVIII) FOR INJ 250 UNIT	Tier 4				X
NOVOEIGHT INJ 3000UNIT	ANTIHEMOPHILIC FACT RCMB (BD TRUNC-RFVIII) FOR INJ 3000 UNIT	Tier 4				X
NOVOEIGHT INJ 500UNIT	ANTIHEMOPHILIC FACT RCMB (BD TRUNC-RFVIII) FOR INJ 500 UNIT	Tier 4				X
NOVOSEVEN RT INJ 1MG	COAGULATION FACTOR VIIA (RECOMB) FOR INJ 1 MG (1000 MCG)	Tier 4				X
NOVOSEVEN RT INJ 2MG	COAGULATION FACTOR VIIA (RECOMB) FOR INJ 2 MG (2000 MCG)	Tier 4				X
NOVOSEVEN RT INJ 5MG	COAGULATION FACTOR VIIA (RECOMB) FOR INJ 5 MG (5000 MCG)	Tier 4				X
NOVOSEVEN RT INJ 8MG	COAGULATION FACTOR VIIA (RECOMB) FOR INJ 8 MG (8000 MCG)	Tier 4				X
NUWIQ INJ 1000UNIT	ANTIHEMOPHILIC FACT RCMB (BDD-RFVIII,SIM) FOR INJ 1000 UNIT	Tier 4				X
NUWIQ INJ 1500UNIT	ANTIHEMOPHILIC FACT RCMB (BDD-RFVIII,SIM) FOR INJ 1500 UNIT	Tier 4				X
NUWIQ INJ 2000UNIT	ANTIHEMOPHILIC FACT RCMB (BDD-RFVIII,SIM) FOR INJ 2000 UNIT	Tier 4				X
NUWIQ INJ 2500UNIT	ANTIHEMOPHILIC FACT RCMB (BDD-RFVIII,SIM) FOR INJ 2500 UNIT	Tier 4				X
NUWIQ INJ 250UNIT	ANTIHEMOPHILIC FACTOR RCMB (BDD-RFVIII,SIM) FOR INJ 250 UNIT	Tier 4				X
NUWIQ INJ 3000UNIT	ANTIHEMOPHILIC FACT RCMB (BDD-RFVIII,SIM) FOR INJ 3000 UNIT	Tier 4				X
NUWIQ INJ 4000UNIT	ANTIHEMOPHILIC FACT RCMB (BDD-RFVIII,SIM) FOR INJ 4000 UNIT	Tier 4				X

^ 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
NUWIQ INJ 500UNIT	ANTIHEMOPHILIC FACTOR RCMB (BDD-RFVIII,SIM) FOR INJ 500 UNIT	Tier 4				X
NUWIQ KIT 1000UNIT	ANTIHEMOPHIL FACT RCMB(BDD-RFVIII,SIM) FOR INJ KIT 1000 UNIT	Tier 4				X
NUWIQ KIT 1500UNIT	ANTIHEMOPHIL FACT RCMB(BDD-RFVIII,SIM) FOR INJ KIT 1500 UNIT	Tier 4				X
NUWIQ KIT 2000UNIT	ANTIHEMOPHIL FACT RCMB(BDD-RFVIII,SIM) FOR INJ KIT 2000 UNIT	Tier 4				X
NUWIQ KIT 2500UNIT	ANTIHEMOPHIL FACT RCMB(BDD-RFVIII,SIM) FOR INJ KIT 2500 UNIT	Tier 4				X
NUWIQ KIT 250UNIT	ANTIHEMOPHIL FACT RCMB (BDD-RFVIII,SIM) FOR INJ KIT 250 UNIT	Tier 4				X
NUWIQ KIT 3000UNIT	ANTIHEMOPHIL FACT RCMB(BDD-RFVIII,SIM) FOR INJ KIT 3000 UNIT	Tier 4				X
NUWIQ KIT 4000UNIT	ANTIHEMOPHIL FACT RCMB(BDD-RFVIII,SIM) FOR INJ KIT 4000 UNIT	Tier 4				X
NUWIQ KIT 500UNIT	ANTIHEMOPHIL FACT RCMB (BDD-RFVIII,SIM) FOR INJ KIT 500 UNIT	Tier 4				X
OBIZUR INJ 500 UNIT	ANTIHEMOPHILIC FACTOR (RECOMB PORC) RPFVIII FOR INJ 500 UNIT	Tier 5				X
PROFILNINE INJ 1000UNIT	FACTOR IX COMPLEX FOR INJ 1000 UNIT	Tier 4				X
PROFILNINE INJ 1500UNIT	FACTOR IX COMPLEX FOR INJ 1500 UNIT	Tier 4				X
PROFILNINE INJ 500UNIT	FACTOR IX COMPLEX FOR INJ 500 UNIT	Tier 4				X
PYRUKYND TAB 20MG	MITAPIVAT SULFATE TAB 20 MG	Tier 5	X	X		X
PYRUKYND TAB 20MGX5MG	MITAPIVAT SULFATE TAB THERAPY PACK 7 X 20 MG & 7 X 5 MG	Tier 5	X	X		X
PYRUKYND TAB 50MG	MITAPIVAT SULFATE TAB 50 MG	Tier 5	X	X		X
PYRUKYND TAB 50MGX20M	MITAPIVAT SULFATE TAB THERAPY PACK 7 X 50 MG & 7 X 20 MG	Tier 5	X	X		X
PYRUKYND TAB 5MG	MITAPIVAT SULFATE TAB 5 MG	Tier 5	X	X		X
PYRUKYND TAB 5MG TP	MITAPIVAT SULFATE TAB THERAPY PACK 5 MG	Tier 5	X	X		X
RECOMBIMATE INJ	ANTIHEMOPHILIC FACTOR RECOMB (RFVIII) FOR INJ 1241-1800 UNIT	Tier 4				X
RECOMBIMATE INJ	ANTIHEMOPHILIC FACTOR RECOMB (RFVIII) FOR INJ 1801-2400 UNIT	Tier 4				X
RECOMBIMATE INJ 220-400	ANTIHEMOPHILIC FACTOR RECOMB (RFVIII) FOR INJ 220-400 UNIT	Tier 4				X
RECOMBIMATE INJ 401-800	ANTIHEMOPHILIC FACTOR RECOMB (RFVIII) FOR INJ 401-800 UNIT	Tier 4				X
RECOMBIMATE INJ 801-1240	ANTIHEMOPHILIC FACTOR RECOMB (RFVIII) FOR INJ 801-1240 UNIT	Tier 4				X
RECOTHROM SOL 20000UNT	THROMBIN (RECOMBINANT) FOR SOLN 20000 UNIT	Tier 4				

^ 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
RECOTHROM SOL 5000UNIT	THROMBIN (RECOMBINANT) FOR SOLN 5000 UNIT	Tier 4				
RIXUBIS INJ 1000UNIT	COAGULATION FACTOR IX (RECOMBINANT) FOR INJ 1000 UNIT	Tier 4				X
RIXUBIS INJ 2000UNIT	COAGULATION FACTOR IX (RECOMBINANT) FOR INJ 2000 UNIT	Tier 4				X
RIXUBIS INJ 250 UNIT	COAGULATION FACTOR IX (RECOMBINANT) FOR INJ 250 UNIT	Tier 4				X
RIXUBIS INJ 3000UNIT	COAGULATION FACTOR IX (RECOMBINANT) FOR INJ 3000 UNIT	Tier 4				X
RIXUBIS INJ 500UNIT	COAGULATION FACTOR IX (RECOMBINANT) FOR INJ 500 UNIT	Tier 4				X
TAVALISSE TAB 100MG	FOSTAMATINIB DISODIUM TAB 100 MG (BASE EQUIVALENT)	Tier 5	X	X		X
TAVALISSE TAB 150MG	FOSTAMATINIB DISODIUM TAB 150 MG (BASE EQUIVALENT)	Tier 5	X	X		X
THROMBIN KIT 5000UNIT	THROMBIN FOR SOLN KIT 5000 UNIT	Tier 4				
THROMBIN-JMI KIT 20000UNT	THROMBIN FOR SOLN KIT 20000 UNIT	Tier 4				
THROMBIN-JMI KIT 5000UNIT	THROMBIN FOR SOLN KIT 5000 UNIT	Tier 4				
THROMBOGEN KIT 10000UNT	THROMBIN FOR SOLN KIT 10000 UNIT	Tier 4				
THROMBOGEN SOL 10000UNT	THROMBIN FOR SOLN 10000 UNIT	Tier 4				
THROMBOGEN SOL 1000UNIT	THROMBIN FOR SOLN 1000 UNIT	Tier 4				
TRANEX ACID TAB 650MG	TRANEXAMIC ACID TAB 650 MG	Tier 3		X		
TRETEN INJ	COAGULATION FACTOR XIII A-SUBUNIT FOR INJ 2500 UNIT	Tier 5				X
VONVENDI INJ 1300UNIT	VON WILLEBRAND FACTOR (RECOMBINANT) FOR INJ 1300 UNIT	Tier 4				X
VONVENDI INJ 650UNIT	VON WILLEBRAND FACTOR (RECOMBINANT) FOR INJ 650 UNIT	Tier 4				X
WILATE INJ	ANTIHEMOPHILIC FACTOR/VWF (HUMAN) FOR INJ 500-500 UNIT KIT	Tier 4				X
WILATE INJ	ANTIHEMOPHILIC FACTOR/VWF (HUMAN) FOR INJ 1000-1000 UNIT KIT	Tier 4				X
Histamine2 (H2) Receptor Antagonists - Ulcer and Stomach Acid Drugs						
CIMETIDINE SOL 300/5ML	CIMETIDINE HCL SOLN 300 MG/5ML	Tier 2				
CIMETIDINE TAB 200MG	CIMETIDINE TAB 200 MG	Tier 2				
CIMETIDINE TAB 300MG	CIMETIDINE TAB 300 MG	Tier 2				
CIMETIDINE TAB 400MG	CIMETIDINE TAB 400 MG	Tier 2				
CIMETIDINE TAB 800MG	CIMETIDINE TAB 800 MG	Tier 2				
FAMOTIDINE SUS 40MG/5ML	FAMOTIDINE FOR SUSP 40 MG/5ML	Tier 2				
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal) - Hormone Replacement/Modifying Drugs						
ALCLOMETASON CRE 0.05%	ALCLOMETASONE DIPROPIONATE CREAM 0.05%	Tier 2				

^ 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
ALCLOMETASON OIN 0.05%	ALCLOMETASONE DIPROPIONATE OINT 0.05%	Tier 2				
AMCINONIDE CRE 0.1%	AMCINONIDE CREAM 0.1%	Tier 4				
AMCINONIDE OIN 0.1%	AMCINONIDE OINT 0.1%	Tier 2				
APEXICON E CRE 0.05%	DIFLORASONE DIACETATE EMOLLIENT BASE CREAM 0.05%	Tier 3		X		
BETA DIPROP CRE 0.05%	BETAMETHASONE DIPROPIONATE AUGMENTED CREAM 0.05%	Tier 2				
BETA DIPROP GEL 0.05%	BETAMETHASONE DIPROPIONATE AUGMENTED GEL 0.05%	Tier 2				
BETA DIPROP LOT 0.05%	BETAMETHASONE DIPROPIONATE AUGMENTED LOTION 0.05%	Tier 4				
BETA DIPROP OIN 0.05%	BETAMETHASONE DIPROPIONATE AUGMENTED OINT 0.05%	Tier 4				
BETAMETH DIP CRE 0.05%	BETAMETHASONE DIPROPIONATE CREAM 0.05%	Tier 3				
BETAMETH DIP LOT 0.05%	BETAMETHASONE DIPROPIONATE LOTION 0.05%	Tier 2				
BETAMETH DIP OIN 0.05%	BETAMETHASONE DIPROPIONATE OINT 0.05%	Tier 3				
BETAMETH VAL CRE 0.1%	BETAMETHASONE VALERATE CREAM 0.1% (BASE EQUIVALENT)	Tier 2				
BETAMETH VAL LOT 0.1%	BETAMETHASONE VALERATE LOTION 0.1% (BASE EQUIVALENT)	Tier 2				
BETAMETH VAL OIN 0.1%	BETAMETHASONE VALERATE OINT 0.1% (BASE EQUIVALENT)	Tier 2				
CAPEX SHA 0.01%	FLUOCINOLONE ACETONIDE SHAMPOO 0.01%	Tier 3				
CLOBETASOL CRE 0.05%	CLOBETASOL PROPIONATE CREAM 0.05%	Tier 3		X		
CLOBETASOL CRE 0.05%	CLOBETASOL PROPIONATE EMOLLIENT BASE CREAM 0.05%	Tier 3		X		
CLOBETASOL GEL 0.05%	CLOBETASOL PROPIONATE GEL 0.05%	Tier 3		X		
CLOBETASOL OIN 0.05%	CLOBETASOL PROPIONATE OINT 0.05%	Tier 3		X		
CLOBETASOL SOL 0.05%	CLOBETASOL PROPIONATE SOLN 0.05%	Tier 2		X		
CLOBETASOL SPR 0.05%	CLOBETASOL PROPIONATE SPRAY 0.05%	Tier 2		X		
CLOBETASOL E CRE 0.05%	CLOBETASOL PROPIONATE EMOLLIENT BASE CREAM 0.05%	Tier 3		X		
CLOCORTOLONE CRE 0.1%	CLOCORTOLONE PIVALATE CREAM 0.1%	Tier 4		X	X	
CORDRAN 80X3 TAP 4MCG/CM	FLURANDRENOLIDE TAPE 4 MCG/SQCM	Tier 4		X		
CORTEF TAB 10MG	HYDROCORTISONE TAB 10 MG	Tier 5				
CORTEF TAB 20MG	HYDROCORTISONE TAB 20 MG	Tier 5				
CORTEF TAB 5MG	HYDROCORTISONE TAB 5 MG	Tier 5				
DERMA-SMOOTH OIL /FS BODY	FLUOCINOLONE ACETONIDE OIL 0.01% (BODY OIL)	Tier 5		X		

^ 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
DERMA-SMOOTH OIL /FS SCLP	FLUOCINOLONE ACETONIDE OIL 0.01% (SCALP OIL)	Tier 5				
DESONIDE CRE 0.05%	DESONIDE CREAM 0.05%	Tier 3		X		
DESONIDE LOT 0.05%	DESONIDE LOTION 0.05%	Tier 4		X		
DESONIDE OIN 0.05%	DESONIDE OINT 0.05%	Tier 3		X		
DESOWEN CRE 0.05%	DESONIDE CREAM 0.05%	Tier 4		X		
DESOXIMETAS CRE 0.05%	DESOXIMETASONE CREAM 0.05%	Tier 2		X		
DESOXIMETAS CRE 0.25%	DESOXIMETASONE CREAM 0.25%	Tier 2		X		
DESOXIMETAS GEL 0.05%	DESOXIMETASONE GEL 0.05%	Tier 4		X		
DESOXIMETAS OIN 0.05%	DESOXIMETASONE OINT 0.05%	Tier 4		X		
DESOXIMETAS OIN 0.25%	DESOXIMETASONE OINT 0.25%	Tier 4		X		
DEXAMETHASON CON 1MG/ML	DEXAMETHASONE CONC 1 MG/ML	Tier 2				
DEXAMETHASON ELX 0.5/5ML	DEXAMETHASONE ELIXIR 0.5 MG/5ML	Tier 2				
DEXAMETHASON SOL 0.5/5ML	DEXAMETHASONE SOLN 0.5 MG/5ML	Tier 2				
DEXAMETHASON TAB 0.5MG	DEXAMETHASONE TAB 0.5 MG	Tier 2				
DEXAMETHASON TAB 0.75MG	DEXAMETHASONE TAB 0.75 MG	Tier 2				
DEXAMETHASON TAB 1.5MG	DEXAMETHASONE TAB 1.5 MG	Tier 2				
DEXAMETHASON TAB 10-DAY	DEXAMETHASONE TAB THERAPY PACK 1.5 MG (35)	Tier 4				
DEXAMETHASON TAB 13-DAY	DEXAMETHASONE TAB THERAPY PACK 1.5 MG (51)	Tier 4				
DEXAMETHASON TAB 1MG	DEXAMETHASONE TAB 1 MG	Tier 2				
DEXAMETHASON TAB 2MG	DEXAMETHASONE TAB 2 MG	Tier 2				
DEXAMETHASON TAB 4MG	DEXAMETHASONE TAB 4 MG	Tier 2				
DEXAMETHASON TAB 6-DAY	DEXAMETHASONE TAB THERAPY PACK 1.5 MG (21)	Tier 4				
DEXAMETHASON TAB 6MG	DEXAMETHASONE TAB 6 MG	Tier 2				
DIFLORASONE CRE 0.05%	DIFLORASONE DIACETATE CREAM 0.05%	Tier 4		X		
DIPROLENE OIN 0.05%	BETAMETHASONE DIPROPIONATE AUGMENTED OINT 0.05%	Tier 5				
FLUDROCORT TAB 0.1MG	FLUDROCORTISONE ACETATE TAB 0.1 MG	Tier 2				
FLUOCINOLONE CRE 0.01%	FLUOCINOLONE ACETONIDE CREAM 0.01%	Tier 4		X		
FLUOCINOLONE CRE 0.025%	FLUOCINOLONE ACETONIDE CREAM 0.025%	Tier 4		X		
FLUOCINOLONE OIL 0.01% SC	FLUOCINOLONE ACETONIDE OIL 0.01% (SCALP OIL)	Tier 4				
FLUOCINOLONE OIL 0.01%BDY	FLUOCINOLONE ACETONIDE OIL 0.01% (BODY OIL)	Tier 4		X		
FLUOCINOLONE OIL 0.01%TOP	FLUOCINOLONE ACETONIDE OIL 0.01% (BODY OIL)	Tier 4		X		
FLUOCINOLONE OIN 0.025%	FLUOCINOLONE ACETONIDE OINT 0.025%	Tier 3		X		
FLUOCINOLONE SOL 0.01%	FLUOCINOLONE ACETONIDE SOLN 0.01%	Tier 2		X		

^ 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
FLUOCINONIDE CRE 0.05%	FLUOCINONIDE CREAM 0.05%	Tier 2				
FLUOCINONIDE CRE E 0.05%	FLUOCINONIDE EMULSIFIED BASE CREAM 0.05%	Tier 2				
FLUOCINONIDE GEL 0.05%	FLUOCINONIDE GEL 0.05%	Tier 2				
FLUOCINONIDE OIN 0.05%	FLUOCINONIDE OINT 0.05%	Tier 2				
FLUOCINONIDE SOL 0.05%	FLUOCINONIDE SOLN 0.05%	Tier 2				
FLURANDRENOL CRE 0.05%	FLURANDRENOLIDE CREAM 0.05%	Tier 4		X	X	
FLURANDRENOL LOT 0.05%	FLURANDRENOLIDE LOTION 0.05%	Tier 4		X	X	
FLUTICASONE CRE 0.05%	FLUTICASONE PROPIONATE CREAM 0.05%	Tier 2				
FLUTICASONE OIN 0.005%	FLUTICASONE PROPIONATE OINT 0.005%	Tier 2				
HALOBETASOL CRE 0.05%	HALOBETASOL PROPIONATE CREAM 0.05%	Tier 3		X		
HALOBETASOL OIN 0.05%	HALOBETASOL PROPIONATE OINT 0.05%	Tier 3		X		
HALOG OIN 0.1%	HALCINONIDE OINT 0.1%	Tier 4		X		
HC BUTYRATE CRE 0.1%	HYDROCORTISONE BUTYRATE CREAM 0.1%	Tier 2				
HC BUTYRATE OIN 0.1%	HYDROCORTISONE BUTYRATE OINT 0.1%	Tier 2				
HC BUTYRATE SOL 0.1%	HYDROCORTISONE BUTYRATE SOLN 0.1%	Tier 2				
HC VALERATE CRE 0.2%	HYDROCORTISONE VALERATE CREAM 0.2%	Tier 3		X		
HC VALERATE OIN 0.2%	HYDROCORTISONE VALERATE OINT 0.2%	Tier 4		X		
HYDROCORT CRE 2.5%	HYDROCORTISONE CREAM 2.5%	Tier 2				
HYDROCORT LOT 2.5%	HYDROCORTISONE LOTION 2.5%	Tier 2				
HYDROCORT OIN 1%	HYDROCORTISONE OINT 1%	Tier 2				
HYDROCORT OIN 2.5%	HYDROCORTISONE OINT 2.5%	Tier 2				
HYDROCORT TAB 10MG	HYDROCORTISONE TAB 10 MG	Tier 2				
HYDROCORT TAB 20MG	HYDROCORTISONE TAB 20 MG	Tier 2				
HYDROCORT TAB 5MG	HYDROCORTISONE TAB 5 MG	Tier 2				
MEDROL TAB 16MG	METHYLPREDNISOLONE TAB 16 MG	Tier 5				
MEDROL TAB 2MG	METHYLPREDNISOLONE TAB 2 MG	Tier 3				
MEDROL TAB 4MG	METHYLPREDNISOLONE TAB 4 MG	Tier 5				
MEDROL TAB 4MG	METHYLPREDNISOLONE TAB THERAPY PACK 4 MG (21)	Tier 5				
MEDROL TAB 8MG	METHYLPREDNISOLONE TAB 8 MG	Tier 5				
METHYLPRED TAB 16MG	METHYLPREDNISOLONE TAB 16 MG	Tier 2				
METHYLPRED TAB 32MG	METHYLPREDNISOLONE TAB 32 MG	Tier 2				
METHYLPRED TAB 4MG	METHYLPREDNISOLONE TAB THERAPY PACK 4 MG (21)	Tier 2				
METHYLPRED TAB 4MG	METHYLPREDNISOLONE TAB 4 MG	Tier 2				
METHYLPRED TAB 8MG	METHYLPREDNISOLONE TAB 8 MG	Tier 2				
MOMETASONE CRE 0.1%	MOMETASONE FUROATE CREAM 0.1%	Tier 2				
MOMETASONE OIN 0.1%	MOMETASONE FUROATE OINT 0.1%	Tier 2				

^ 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
MOMETASONE SOL 0.1%	MOMETASONE FUROATE SOLUTION 0.1% (LOTION)	Tier 2				
NUCORT LOT 2%	HYDROCORTISONE ACETATE LOTION 2%	Tier 4				
ORAPRED ODT TAB 10MG	PREDNISOLONE SOD PHOS ORALLY DISINTEGR TAB 10 MG (BASE EQ)	Tier 5				
ORAPRED ODT TAB 15MG	PREDNISOLONE SOD PHOS ORALLY DISINTEGR TAB 15 MG (BASE EQ)	Tier 5				
ORAPRED ODT TAB 30MG	PREDNISOLONE SOD PHOS ORALLY DISINTEGR TAB 30 MG (BASE EQ)	Tier 5				
PANDEL CRE 0.1%	HYDROCORTISONE PROBUTATE CREAM 0.1%	Tier 4				
PEDIAPRED SOL 5MG/5ML	PREDNISOLONE SOD PHOSPHATE ORAL SOLN 5 MG/5ML (BASE EQUIV)	Tier 3				
PREDNISOLONE SOL 15MG/5ML	PREDNISOLONE SOD PHOSPHATE ORAL SOLN 15 MG/5ML (BASE EQUIV)	Tier 2				
PREDNISOLONE SOL 15MG/5ML	PREDNISOLONE SOLN 15 MG/5ML	Tier 2				
PREDNISOLONE TAB 10MG ODT	PREDNISOLONE SOD PHOS ORALLY DISINTEGR TAB 10 MG (BASE EQ)	Tier 4				
PREDNISOLONE TAB 15MG ODT	PREDNISOLONE SOD PHOS ORALLY DISINTEGR TAB 15 MG (BASE EQ)	Tier 4				
PREDNISOLONE TAB 30MG ODT	PREDNISOLONE SOD PHOS ORALLY DISINTEGR TAB 30 MG (BASE EQ)	Tier 4				
PREDNISOLONE TAB 5MG	PREDNISOLONE TAB 5 MG	Tier 4				
PREDNISONE CON 5MG/ML	PREDNISONE CONC 5 MG/ML	Tier 2				
PREDNISONE PAK 10MG	PREDNISONE TAB THERAPY PACK 10 MG (21)	Tier 2				
PREDNISONE PAK 10MG	PREDNISONE TAB THERAPY PACK 10 MG (48)	Tier 2				
PREDNISONE PAK 5MG	PREDNISONE TAB THERAPY PACK 5 MG (21)	Tier 2				
PREDNISONE PAK 5MG	PREDNISONE TAB THERAPY PACK 5 MG (48)	Tier 2				
PREDNISONE SOL 5MG/5ML	PREDNISONE ORAL SOLN 5 MG/5ML	Tier 2				
PREDNISONE TAB 10MG	PREDNISONE TAB 10 MG	Tier 2				
PREDNISONE TAB 1MG	PREDNISONE TAB 1 MG	Tier 2				
PREDNISONE TAB 2.5MG	PREDNISONE TAB 2.5 MG	Tier 2				
PREDNISONE TAB 20MG	PREDNISONE TAB 20 MG	Tier 2				
PREDNISONE TAB 50MG	PREDNISONE TAB 50 MG	Tier 2				
PREDNISONE TAB 5MG	PREDNISONE TAB 5 MG	Tier 2				
TAPERDEX PAK 12-DAY	DEXAMETHASONE TAB THERAPY PACK 1.5 MG (49)	Tier 4				
TAPERDEX PAK 6 DAY	DEXAMETHASONE TAB THERAPY PACK 1.5 MG (21)	Tier 5				
TAPERDEX PAK 7-DAY	DEXAMETHASONE TAB THERAPY PACK 1.5 MG (27)	Tier 4				
TEXACORT SOL 2.5%	HYDROCORTISONE SOLN 2.5%	Tier 3				
TOPICORT CRE 0.05%	DESOXIMETASONE CREAM 0.05%	Tier 5		X		

^ 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
TOPICORT CRE 0.25%	DESOXIMETASONE CREAM 0.25%	Tier 5		X		
TOPICORT GEL 0.05%	DESOXIMETASONE GEL 0.05%	Tier 5		X		
TOPICORT OIN 0.05%	DESOXIMETASONE OINT 0.05%	Tier 5		X		
TOPICORT OIN 0.25%	DESOXIMETASONE OINT 0.25%	Tier 5		X		
TOPICORT SPR 0.25%	DESOXIMETASONE SPRAY 0.25%	Tier 5				
TRIAMCINOLON AER SPRAY	TRIAMCINOLONE ACETONIDE AEROSOL SOLN 0.147 MG/GM	Tier 3		X		
TRIAMCINOLON CRE 0.025%	TRIAMCINOLONE ACETONIDE CREAM 0.025%	Tier 2				
TRIAMCINOLON CRE 0.1%	TRIAMCINOLONE ACETONIDE CREAM 0.1%	Tier 2				
TRIAMCINOLON CRE 0.5%	TRIAMCINOLONE ACETONIDE CREAM 0.5%	Tier 2		X		
TRIAMCINOLON LOT 0.025%	TRIAMCINOLONE ACETONIDE LOTION 0.025%	Tier 2				
TRIAMCINOLON LOT 0.1%	TRIAMCINOLONE ACETONIDE LOTION 0.1%	Tier 2				
TRIAMCINOLON OIN 0.025%	TRIAMCINOLONE ACETONIDE OINT 0.025%	Tier 2				
TRIAMCINOLON OIN 0.1%	TRIAMCINOLONE ACETONIDE OINT 0.1%	Tier 2				
TRIAMCINOLON OIN 0.5%	TRIAMCINOLONE ACETONIDE OINT 0.5%	Tier 2				
TRIDERM CRE 0.5%	TRIAMCINOLONE ACETONIDE CREAM 0.5%	Tier 2		X		
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)						
NGENLA INJ 24/1.2ML	SOMATROGON-GHLA SOLUTION PEN-INJECTOR 24 MG/1.2ML (20 MG/ML)	Tier 5	X	X		X
NGENLA INJ 60/1.2ML	SOMATROGON-GHLA SOLUTION PEN-INJECTOR 60 MG/1.2ML (50 MG/ML)	Tier 5	X	X		X
VEOZAH TAB 45MG	FEZOLINETANT TAB 45 MG	Tier 5	X	X		
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary) - Hormone Replacement/Modifying Drugs						
DESMOPRESSIN INJ 40/10ML	DESMOPRESSIN ACETATE INJ 4 MCG/ML	Tier 2				
DESMOPRESSIN INJ 4MCG/ML	DESMOPRESSIN ACETATE PRESERVATIVE FREE (PF) INJ 4 MCG/ML	Tier 2				
DESMOPRESSIN INJ 4MCG/ML	DESMOPRESSIN ACETATE INJ 4 MCG/ML	Tier 2				
DESMOPRESSIN SPR 0.01%	DESMOPRESSIN ACETATE NASAL SPRAY SOLN 0.01% (REFRIGERATED)	Tier 2				
DESMOPRESSIN SPR 0.01%	DESMOPRESSIN ACETATE NASAL SPRAY SOLN 0.01%	Tier 2				
DESMOPRESSIN TAB 0.1MG	DESMOPRESSIN ACETATE TAB 0.1 MG	Tier 2				
DESMOPRESSIN TAB 0.2MG	DESMOPRESSIN ACETATE TAB 0.2 MG	Tier 2				
INCRELEX INJ 40MG/4ML	MECASERMIN INJ 40 MG/4ML (10 MG/ML)	Tier 4	X	X		X
NOC DURNA SUB 27.7MCG	DESMOPRESSIN ACETATE SUBLINGUAL TAB 27.7 MCG	Tier 4	X	X		
NOC DURNA SUB 55.3MCG	DESMOPRESSIN ACETATE SUBLINGUAL TAB 55.3 MCG	Tier 4	X	X		
NORDITROPIN INJ 10/1.5ML	SOMATROPIN SOLUTION PEN-INJECTOR 10 MG/1.5ML	Tier 4	X	X		X

^ 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 4	X	X		X
NORDITROPIN INJ 30/3ML	SOMATROPIN SOLUTION PEN-INJECTOR 30 MG/3ML	Tier 4	X	X		X
NORDITROPIN INJ 5/1.5ML	SOMATROPIN SOLUTION PEN-INJECTOR 5 MG/1.5ML	Tier 4	X	X		X
OMNITROPE INJ 10/1.5ML	SOMATROPIN SOLUTION CARTRIDGE 10 MG/1.5ML	Tier 4	X	X		X
OMNITROPE INJ 5.8MG	SOMATROPIN FOR INJ 5.8 MG	Tier 4	X	X		X
OMNITROPE INJ 5/1.5ML	SOMATROPIN SOLUTION CARTRIDGE 5 MG/1.5ML	Tier 4	X	X		X
SKYTROFA INJ 0.7MG	LONAPEGSOMATROPIN-TCGD FOR SUBCUTANEOUS INJ CARTRIDGE 0.7 MG	Tier 5	X	X		X
SKYTROFA INJ 1.4MG	LONAPEGSOMATROPIN-TCGD FOR SUBCUTANEOUS INJ CARTRIDGE 1.4 MG	Tier 5	X	X		X
SKYTROFA INJ 1.8MG	LONAPEGSOMATROPIN-TCGD FOR SUBCUTANEOUS INJ CARTRIDGE 1.8 MG	Tier 5	X	X		X
SKYTROFA INJ 11MG	LONAPEGSOMATROPIN-TCGD FOR SUBCUTANEOUS INJ CARTRIDGE 11 MG	Tier 5	X	X		X
SKYTROFA INJ 13.3MG	LONAPEGSOMATROPIN-TCGD FOR SUBCUTANEOUS INJ CART 13.3 MG	Tier 5	X	X		X
SKYTROFA INJ 2.1MG	LONAPEGSOMATROPIN-TCGD FOR SUBCUTANEOUS INJ CARTRIDGE 2.1 MG	Tier 5	X	X		X
SKYTROFA INJ 2.5MG	LONAPEGSOMATROPIN-TCGD FOR SUBCUTANEOUS INJ CARTRIDGE 2.5 MG	Tier 5	X	X		X
SKYTROFA INJ 3.6MG	LONAPEGSOMATROPIN-TCGD FOR SUBCUTANEOUS INJ CARTRIDGE 3.6 MG	Tier 5	X	X		X
SKYTROFA INJ 3MG	LONAPEGSOMATROPIN-TCGD FOR SUBCUTANEOUS INJ CARTRIDGE 3 MG	Tier 5	X	X		X
SKYTROFA INJ 4.3MG	LONAPEGSOMATROPIN-TCGD FOR SUBCUTANEOUS INJ CARTRIDGE 4.3 MG	Tier 5	X	X		X
SKYTROFA INJ 5.2MG	LONAPEGSOMATROPIN-TCGD FOR SUBCUTANEOUS INJ CARTRIDGE 5.2 MG	Tier 5	X	X		X
SKYTROFA INJ 6.3MG	LONAPEGSOMATROPIN-TCGD FOR SUBCUTANEOUS INJ CARTRIDGE 6.3 MG	Tier 5	X	X		X
SKYTROFA INJ 7.6MG	LONAPEGSOMATROPIN-TCGD FOR SUBCUTANEOUS INJ CARTRIDGE 7.6 MG	Tier 5	X	X		X
SKYTROFA INJ 9.1MG	LONAPEGSOMATROPIN-TCGD FOR SUBCUTANEOUS INJ CARTRIDGE 9.1 MG	Tier 5	X	X		X
ZOMACTON INJ 5MG	SOMATROPIN FOR SUBCUTANEOUS INJ 5 MG	Tier 5	X	X		X
Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins) - Hormone Replacement/Modifying Drugs						
MIFEPRISTONE TAB 300MG	MIFEPRISTONE TAB 300 MG	Tier 5	X	X		X
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid) - Thyroid Replacement Drugs						
ARMOUR THYRO TAB 120MG	THYROID TAB 120 MG (2 GRAIN)	Tier 4				
ARMOUR THYRO TAB 15MG	THYROID TAB 15 MG (1/4 GRAIN)	Tier 4				

^ 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
ARMOUR THYRO TAB 180MG	THYROID TAB 180 MG (3 GRAIN)	Tier 4				
ARMOUR THYRO TAB 240MG	THYROID TAB 240 MG (4 GRAIN)	Tier 4				
ARMOUR THYRO TAB 300MG	THYROID TAB 300 MG (5 GRAIN)	Tier 4				
ARMOUR THYRO TAB 30MG	THYROID TAB 30 MG (1/2 GRAIN)	Tier 4				
ARMOUR THYRO TAB 60MG	THYROID TAB 60 MG (1 GRAIN)	Tier 4				
ARMOUR THYRO TAB 90MG	THYROID TAB 90 MG (1 1/2 GRAIN)	Tier 4				
ERMEZA SOL 150/5ML	LEVOTHYROXINE SODIUM ORAL SOLUTION 150 MCG/5ML	Tier 4	X			
EUTHYROX TAB 100MCG	LEVOTHYROXINE SODIUM TAB 100 MCG	Tier 2				
EUTHYROX TAB 112MCG	LEVOTHYROXINE SODIUM TAB 112 MCG	Tier 2				
EUTHYROX TAB 125MCG	LEVOTHYROXINE SODIUM TAB 125 MCG	Tier 2				
EUTHYROX TAB 137MCG	LEVOTHYROXINE SODIUM TAB 137 MCG	Tier 2				
EUTHYROX TAB 150MCG	LEVOTHYROXINE SODIUM TAB 150 MCG	Tier 2				
EUTHYROX TAB 175MCG	LEVOTHYROXINE SODIUM TAB 175 MCG	Tier 2				
EUTHYROX TAB 200MCG	LEVOTHYROXINE SODIUM TAB 200 MCG	Tier 2				
EUTHYROX TAB 25MCG	LEVOTHYROXINE SODIUM TAB 25 MCG	Tier 2				
EUTHYROX TAB 50MCG	LEVOTHYROXINE SODIUM TAB 50 MCG	Tier 2				
EUTHYROX TAB 75MCG	LEVOTHYROXINE SODIUM TAB 75 MCG	Tier 2				
EUTHYROX TAB 88MCG	LEVOTHYROXINE SODIUM TAB 88 MCG	Tier 2				
EVEXITHROID TAB 120MG	THYROID TAB 120 MG (2 GRAIN)	Tier 4				
EVEXITHROID TAB 15MG	THYROID TAB 15 MG (1/4 GRAIN)	Tier 4				
EVEXITHROID TAB 180MG	THYROID TAB 180 MG (3 GRAIN)	Tier 4				
EVEXITHROID TAB 30MG	THYROID TAB 30 MG (1/2 GRAIN)	Tier 4				
EVEXITHROID TAB 60MG	THYROID TAB 60 MG (1 GRAIN)	Tier 4				
EVEXITHROID TAB 90MG	THYROID TAB 90 MG (1 1/2 GRAIN)	Tier 4				
LEVO-T TAB 100MCG	LEVOTHYROXINE SODIUM TAB 100 MCG	Tier 2				
LEVO-T TAB 112MCG	LEVOTHYROXINE SODIUM TAB 112 MCG	Tier 2				
LEVO-T TAB 125MCG	LEVOTHYROXINE SODIUM TAB 125 MCG	Tier 2				
LEVO-T TAB 137MCG	LEVOTHYROXINE SODIUM TAB 137 MCG	Tier 2				
LEVO-T TAB 150MCG	LEVOTHYROXINE SODIUM TAB 150 MCG	Tier 2				
LEVO-T TAB 175MCG	LEVOTHYROXINE SODIUM TAB 175 MCG	Tier 2				
LEVO-T TAB 200MCG	LEVOTHYROXINE SODIUM TAB 200 MCG	Tier 2				
LEVO-T TAB 25MCG	LEVOTHYROXINE SODIUM TAB 25 MCG	Tier 2				
LEVO-T TAB 300 MCG	LEVOTHYROXINE SODIUM TAB 300 MCG	Tier 2				
LEVO-T TAB 50MCG	LEVOTHYROXINE SODIUM TAB 50 MCG	Tier 2				
LEVO-T TAB 75MCG	LEVOTHYROXINE SODIUM TAB 75 MCG	Tier 2				
LEVO-T TAB 88MCG	LEVOTHYROXINE SODIUM TAB 88 MCG	Tier 2				
LEVOTHYROXIN TAB 100MCG	LEVOTHYROXINE SODIUM TAB 100 MCG	Tier 2				

^ 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
LEVOTHYROXIN TAB 112MCG	LEVOTHYROXINE SODIUM TAB 112 MCG	Tier 2				
LEVOTHYROXIN TAB 125MCG	LEVOTHYROXINE SODIUM TAB 125 MCG	Tier 2				
LEVOTHYROXIN TAB 137MCG	LEVOTHYROXINE SODIUM TAB 137 MCG	Tier 2				
LEVOTHYROXIN TAB 150MCG	LEVOTHYROXINE SODIUM TAB 150 MCG	Tier 2				
LEVOTHYROXIN TAB 175MCG	LEVOTHYROXINE SODIUM TAB 175 MCG	Tier 2				
LEVOTHYROXIN TAB 200MCG	LEVOTHYROXINE SODIUM TAB 200 MCG	Tier 2				
LEVOTHYROXIN TAB 25MCG	LEVOTHYROXINE SODIUM TAB 25 MCG	Tier 2				
LEVOTHYROXIN TAB 300MCG	LEVOTHYROXINE SODIUM TAB 300 MCG	Tier 2				
LEVOTHYROXIN TAB 50MCG	LEVOTHYROXINE SODIUM TAB 50 MCG	Tier 2				
LEVOTHYROXIN TAB 75MCG	LEVOTHYROXINE SODIUM TAB 75 MCG	Tier 2				
LEVOTHYROXIN TAB 88MCG	LEVOTHYROXINE SODIUM TAB 88 MCG	Tier 2				
LEVOXYL TAB 100MCG	LEVOTHYROXINE SODIUM TAB 100 MCG	Tier 3				
LEVOXYL TAB 112MCG	LEVOTHYROXINE SODIUM TAB 112 MCG	Tier 3				
LEVOXYL TAB 125MCG	LEVOTHYROXINE SODIUM TAB 125 MCG	Tier 3				
LEVOXYL TAB 137MCG	LEVOTHYROXINE SODIUM TAB 137 MCG	Tier 3				
LEVOXYL TAB 150MCG	LEVOTHYROXINE SODIUM TAB 150 MCG	Tier 3				
LEVOXYL TAB 175MCG	LEVOTHYROXINE SODIUM TAB 175 MCG	Tier 3				
LEVOXYL TAB 200MCG	LEVOTHYROXINE SODIUM TAB 200 MCG	Tier 3				
LEVOXYL TAB 25MCG	LEVOTHYROXINE SODIUM TAB 25 MCG	Tier 3				
LEVOXYL TAB 50MCG	LEVOTHYROXINE SODIUM TAB 50 MCG	Tier 3				
LEVOXYL TAB 75MCG	LEVOTHYROXINE SODIUM TAB 75 MCG	Tier 3				
LEVOXYL TAB 88MCG	LEVOTHYROXINE SODIUM TAB 88 MCG	Tier 3				
LIOMNY TAB 25MCG	LIOETHYRONINE SODIUM TAB 25 MCG	Tier 3				
LIOMNY TAB 50MCG	LIOETHYRONINE SODIUM TAB 50 MCG	Tier 3				
LIOMNY TAB 5MCG	LIOETHYRONINE SODIUM TAB 5 MCG	Tier 3				
LIOETHYRONINE TAB 25MCG	LIOETHYRONINE SODIUM TAB 25 MCG	Tier 3				
LIOETHYRONINE TAB 50MCG	LIOETHYRONINE SODIUM TAB 50 MCG	Tier 3				
LIOETHYRONINE TAB 5MCG	LIOETHYRONINE SODIUM TAB 5 MCG	Tier 3				
NIVA THYROID TAB 120MG	THYROID TAB 120 MG (2 GRAIN)	Tier 4				
NIVA THYROID TAB 15MG	THYROID TAB 15 MG (1/4 GRAIN)	Tier 4				
NIVA THYROID TAB 30MG	THYROID TAB 30 MG (1/2 GRAIN)	Tier 4				
NIVA THYROID TAB 60MG	THYROID TAB 60 MG (1 GRAIN)	Tier 4				
NIVA THYROID TAB 90MG	THYROID TAB 90 MG (1 1/2 GRAIN)	Tier 4				
NP THYROID TAB 120MG	THYROID TAB 120 MG (2 GRAIN)	Tier 2				
NP THYROID TAB 15MG	THYROID TAB 15 MG (1/4 GRAIN)	Tier 2				
NP THYROID TAB 30MG	THYROID TAB 30 MG (1/2 GRAIN)	Tier 2				
NP THYROID TAB 60MG	THYROID TAB 60 MG (1 GRAIN)	Tier 2				
NP THYROID TAB 90MG	THYROID TAB 90 MG (1 1/2 GRAIN)	Tier 2				

^ 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 4				
RENTHYROID TAB 15MG	THYROID TAB 15 MG (1/4 GRAIN)	Tier 4				
RENTHYROID TAB 30MG	THYROID TAB 30 MG (1/2 GRAIN)	Tier 4				
RENTHYROID TAB 60MG	THYROID TAB 60 MG (1 GRAIN)	Tier 4				
RENTHYROID TAB 90MG	THYROID TAB 90 MG (1 1/2 GRAIN)	Tier 4				
THYROID TAB 120MG	THYROID TAB 120 MG (2 GRAIN)	Tier 2				
THYROID TAB 15MG	THYROID TAB 15 MG (1/4 GRAIN)	Tier 2				
THYROID TAB 30MG	THYROID TAB 30 MG (1/2 GRAIN)	Tier 2				
THYROID TAB 60MG	THYROID TAB 60 MG (1 GRAIN)	Tier 2				
THYROID TAB 90MG	THYROID TAB 90 MG (1 1/2 GRAIN)	Tier 2				
UNITHROID TAB 100MCG	LEVOTHYROXINE SODIUM TAB 100 MCG	Tier 2				
UNITHROID TAB 112MCG	LEVOTHYROXINE SODIUM TAB 112 MCG	Tier 2				
UNITHROID TAB 125MCG	LEVOTHYROXINE SODIUM TAB 125 MCG	Tier 2				
UNITHROID TAB 137MCG	LEVOTHYROXINE SODIUM TAB 137 MCG	Tier 2				
UNITHROID TAB 150MCG	LEVOTHYROXINE SODIUM TAB 150 MCG	Tier 2				
UNITHROID TAB 175MCG	LEVOTHYROXINE SODIUM TAB 175 MCG	Tier 2				
UNITHROID TAB 200MCG	LEVOTHYROXINE SODIUM TAB 200 MCG	Tier 2				
UNITHROID TAB 25MCG	LEVOTHYROXINE SODIUM TAB 25 MCG	Tier 2				
UNITHROID TAB 300MCG	LEVOTHYROXINE SODIUM TAB 300 MCG	Tier 2				
UNITHROID TAB 50MCG	LEVOTHYROXINE SODIUM TAB 50 MCG	Tier 2				
UNITHROID TAB 75MCG	LEVOTHYROXINE SODIUM TAB 75 MCG	Tier 2				
UNITHROID TAB 88MCG	LEVOTHYROXINE SODIUM TAB 88 MCG	Tier 2				
Hormonal Agents, Suppressant (Adrenal) - Drugs to Regulate Hormones						
LYSODREN TAB 500MG	MITOTANE TAB 500 MG	Tier 4				
Hormonal Agents, Suppressant (Pituitary) - Hormone Suppressants						
CABERGOLINE TAB 0.5MG	CABERGOLINE TAB 0.5 MG	Tier 3				
FIRMAGON INJ 120MG	DEGARELIX ACETATE FOR INJ 120 MG/VIAL (240 MG DOSE)	Tier 5				X
FIRMAGON INJ 80MG	DEGARELIX ACETATE FOR INJ 80 MG (BASE EQUIV)	Tier 5				X
LEUPROLIDE INJ 14 DAY	LEUPROLIDE ACETATE INJ KIT 1 MG/0.2ML (5 MG/ML)	Tier 2	X			
LEUPROLIDE INJ 1MG/0.2	LEUPROLIDE ACETATE INJ KIT 1 MG/0.2ML (5 MG/ML)	Tier 2	X			
LEUPROLIDE KIT 14 DAY	LEUPROLIDE ACETATE INJ KIT 1 MG/0.2ML (5 MG/ML)	Tier 2	X			
LEUPROLIDE KIT 1MG/0.2	LEUPROLIDE ACETATE INJ KIT 1 MG/0.2ML (5 MG/ML)	Tier 2	X			
OCTREOTIDE INJ 1000/5ML	OCTREOTIDE ACETATE INJ 200 MCG/ML (0.2 MG/ML)	Tier 2	X			X

^ 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
OCTREOTIDE INJ 1000MCG	OCTREOTIDE ACETATE INJ 1000 MCG/ML (1 MG/ML)	Tier 2	X			X
OCTREOTIDE INJ 100MCG	OCTREOTIDE ACETATE INJ 100 MCG/ML (0.1 MG/ML)	Tier 2	X			X
OCTREOTIDE INJ 100MCG	OCTREOTIDE ACETATE SUBCUTANEOUS SOLN PREF SYR 100 MCG/ML	Tier 2	X			X
OCTREOTIDE INJ 200MCG	OCTREOTIDE ACETATE INJ 200 MCG/ML (0.2 MG/ML)	Tier 2	X			X
OCTREOTIDE INJ 5000/5ML	OCTREOTIDE ACETATE INJ 1000 MCG/ML (1 MG/ML)	Tier 2	X			X
OCTREOTIDE INJ 500MCG	OCTREOTIDE ACETATE INJ 500 MCG/ML (0.5 MG/ML)	Tier 2	X			X
OCTREOTIDE INJ 500MCG	OCTREOTIDE ACETATE SUBCUTANEOUS SOLN PREF SYR 500 MCG/ML	Tier 2	X			X
OCTREOTIDE INJ 50MCG/ML	OCTREOTIDE ACETATE INJ 50 MCG/ML (0.05 MG/ML)	Tier 2	X			X
OCTREOTIDE INJ 50MCG/ML	OCTREOTIDE ACETATE SUBCUTANEOUS SOLN PREF SYR 50 MCG/ML	Tier 2	X			X
ORIAHNN CAP	ELAGOLIX-ESTRAD-NORETH 300-1-0.5MG & ELAGOLIX 300MG CAP PACK	Tier 3	X	X		
ORILISSA TAB 150MG	ELAGOLIX SODIUM TAB 150 MG (BASE EQUIV)	Tier 3	X	X		
ORILISSA TAB 200MG	ELAGOLIX SODIUM TAB 200 MG (BASE EQUIV)	Tier 3	X	X		
SYNAREL SOL 2MG/ML	NAFARELIN ACETATE NASAL SOLN 2 MG/ML (200 MCG/ACT) (BASE EQ)	Tier 3				
Immune Suppressants						
SKYRIZI INJ 150MG/ML	RISANKIZUMAB-RZAA SOLN PREFILLED SYRINGE 150 MG/ML	Tier 4	X	X		X
SKYRIZI PEN INJ 150MG/ML	RISANKIZUMAB-RZAA SOLN AUTO-INJECTOR 150 MG/ML	Tier 4	X	X		X
Immune Suppressants - Immune System Drugs						
ADALIMU-ADAZ INJ 10/0.1ML	ADALIMUMAB-ADAZ SOLN PREFILLED SYRINGE 10 MG/0.1ML	Tier 4	X	X		X
ADALIMU-ADAZ INJ 20/0.2ML	ADALIMUMAB-ADAZ SOLN PREFILLED SYRINGE 20 MG/0.2ML	Tier 4	X	X		X
ADALIMU-ADAZ INJ 40/0.4ML	ADALIMUMAB-ADAZ SOLN AUTO-INJECTOR 40 MG/0.4ML	Tier 4	X	X		X
ADALIMU-ADAZ INJ 40/0.4ML	ADALIMUMAB-ADAZ SOLN PREFILLED SYRINGE 40 MG/0.4ML	Tier 4	X	X		X
ADALIMU-ADAZ INJ 80/0.8ML	ADALIMUMAB-ADAZ SOLN AUTO-INJECTOR 80 MG/0.8ML	Tier 4	X	X		X
AMJEVITA INJ 20/0.2ML	ADALIMUMAB-ATTO SOLN PREFILLED SYRINGE 20 MG/0.2ML	Tier 4	X			X
AMJEVITA INJ 40/0.4ML	ADALIMUMAB-ATTO SOLN PREFILLED SYRINGE 40 MG/0.4ML	Tier 4	X	X		X

^ 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
AMJEVITA INJ 40/0.4ML	ADALIMUMAB-ATTO SOLN AUTO-INJECTOR 40 MG/0.4ML	Tier 4	X	X		X
AMJEVITA INJ 80/0.8ML	ADALIMUMAB-ATTO SOLN AUTO-INJECTOR 80 MG/0.8ML	Tier 4	X	X		X
AZASAN TAB 100MG	AZATHIOPRINE TAB 100 MG	Tier 5				
AZASAN TAB 75 MG	AZATHIOPRINE TAB 75 MG	Tier 5				
AZATHIOPRINE TAB 100MG	AZATHIOPRINE TAB 100 MG	Tier 4				
AZATHIOPRINE TAB 50MG	AZATHIOPRINE TAB 50 MG	Tier 2				
AZATHIOPRINE TAB 75MG	AZATHIOPRINE TAB 75 MG	Tier 4				
CIMZIA PREFL KIT 200MG/ML	CERTOLIZUMAB PEGOL PREFILLED SYRINGE KIT 200 MG/ML	Tier 4	X	X		X
CIMZIA START KIT 200MG/ML	CERTOLIZUMAB PEGOL PREFILLED SYRINGE KIT 200 MG/ML	Tier 4	X	X		X
CYCLOSPORINE CAP 100MG	CYCLOSPORINE CAP 100 MG	Tier 2				
CYCLOSPORINE CAP 100MG MD	CYCLOSPORINE MODIFIED CAP 100 MG	Tier 2				
CYCLOSPORINE CAP 25MG	CYCLOSPORINE CAP 25 MG	Tier 2				
CYCLOSPORINE CAP 25MG MOD	CYCLOSPORINE MODIFIED CAP 25 MG	Tier 2				
CYCLOSPORINE CAP 50MG MOD	CYCLOSPORINE MODIFIED CAP 50 MG	Tier 2				
CYCLOSPORINE SOL MODIFIED	CYCLOSPORINE MODIFIED ORAL SOLN 100 MG/ML	Tier 2				
ENBREL INJ 25/0.5ML	ETANERCEPT SUBCUTANEOUS SOLN PREFILLED SYRINGE 25 MG/0.5ML	Tier 4	X	X		X
ENBREL INJ 25MG	ETANERCEPT SUBCUTANEOUS INJ 25 MG/0.5ML	Tier 4	X	X		X
ENBREL INJ 50MG/ML	ETANERCEPT SUBCUTANEOUS SOLN PREFILLED SYRINGE 50 MG/ML	Tier 4	X	X		X
ENBREL MINI INJ 50MG/ML	ETANERCEPT SUBCUTANEOUS SOLUTION CARTRIDGE 50 MG/ML	Tier 4	X	X		X
ENBREL SRCLK INJ 50MG/ML	ETANERCEPT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/ML	Tier 4	X	X		X
GENGRAF CAP 100MG	CYCLOSPORINE MODIFIED CAP 100 MG	Tier 2				
GENGRAF CAP 25MG	CYCLOSPORINE MODIFIED CAP 25 MG	Tier 2				
GENGRAF SOL 100MG/ML	CYCLOSPORINE MODIFIED ORAL SOLN 100 MG/ML	Tier 2				
JYLAMVO SOL 2MG/ML	METHOTREXATE ORAL SOLN 2 MG/ML	Tier 5	X			
KINERET INJ	ANAKINRA SUBCUTANEOUS SOLN PREFILLED SYRINGE 100 MG/0.67ML	Tier 5	X	X	X	X
METHOTREXATE INJ 1GM	METHOTREXATE SODIUM FOR INJ 1 GM	Tier 2				
METHOTREXATE INJ 1GM/40ML	METHOTREXATE SODIUM INJ PF 1000 MG/40ML (25 MG/ML)	Tier 2				
METHOTREXATE INJ 250/10ML	METHOTREXATE SODIUM INJ PF 250 MG/10ML (25 MG/ML)	Tier 2				

^ 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
METHOTREXATE INJ 25MG/ML	METHOTREXATE SODIUM INJ 50 MG/2ML (25 MG/ML)	Tier 2				
METHOTREXATE INJ 25MG/ML	METHOTREXATE SODIUM INJ PF 1000 MG/40ML (25 MG/ML)	Tier 2				
METHOTREXATE INJ 25MG/ML	METHOTREXATE SODIUM INJ 250 MG/10ML (25 MG/ML)	Tier 2				
METHOTREXATE INJ 50MG/2ML	METHOTREXATE SODIUM INJ PF 50 MG/2ML (25 MG/ML)	Tier 2				
METHOTREXATE INJ 50MG/2ML	METHOTREXATE SODIUM INJ 50 MG/2ML (25 MG/ML)	Tier 2				
METHOTREXATE TAB 2.5MG	METHOTREXATE SODIUM TAB 2.5 MG (BASE EQUIV)	Tier 2				
MYCOPHENOLAT CAP 250MG	MYCOPHENOLATE MOFETIL CAP 250 MG	Tier 2				
MYCOPHENOLAT SUS 200MG/ML	MYCOPHENOLATE MOFETIL FOR ORAL SUSP 200 MG/ML	Tier 2				
MYCOPHENOLAT TAB 500MG	MYCOPHENOLATE MOFETIL TAB 500 MG	Tier 2				
MYCOPHENOLIC TAB 180MG DR	MYCOPHENOLATE SODIUM TAB DR 180 MG (MYCOPHENOLIC ACID EQUIV)	Tier 4				
MYCOPHENOLIC TAB 360MG DR	MYCOPHENOLATE SODIUM TAB DR 360 MG (MYCOPHENOLIC ACID EQUIV)	Tier 4				
MYHIBBIN SUS 200MG/ML	MYCOPHENOLATE MOFETIL ORAL SUSP 200 MG/ML	Tier 2				
OLUMIANT TAB 1MG	BARICITINIB TAB 1 MG	Tier 5	X	X	X	X
OLUMIANT TAB 2MG	BARICITINIB TAB 2 MG	Tier 5	X	X	X	X
OLUMIANT TAB 4MG	BARICITINIB TAB 4 MG	Tier 5	X	X	X	X
OMVOH INJ 100/200	MIRIKIZUMAB-MRKZ SUBCUTANEOUS AUTO-INJ 100 MG/ML & 200MG/2ML	Tier 4	X	X		X
OMVOH INJ 100/200	MIRIKIZUMAB-MRKZ SUBCUTANEOUS PREF SYR 100 MG/ML & 200MG/2ML	Tier 4	X	X		X
OMVOH INJ 100MG/ML	MIRIKIZUMAB-MRKZ SUBCUTANEOUS SOLN AUTO-INJECTOR 100 MG/ML	Tier 4	X	X		X
OMVOH INJ 100MG/ML	MIRIKIZUMAB-MRKZ SUBCUTANEOUS SOL PREFILL SYRINGE 100 MG/ML	Tier 4	X	X		X
OMVOH INJ 200/2ML	MIRIKIZUMAB-MRKZ SUBCUTANEOUS SOL PREFILL SYRINGE 200 MG/2ML	Tier 4	X	X		X
OMVOH INJ 200/2ML	MIRIKIZUMAB-MRKZ SUBCUTANEOUS SOLN AUTO-INJECTOR 200 MG/2ML	Tier 4	X	X		X
ORENCIA INJ 125MG/ML	ABATACEPT SUBCUTANEOUS SOLN PREFILLED SYRINGE 125 MG/ML	Tier 5	X	X	X	X
ORENCIA INJ 50/0.4ML	ABATACEPT SUBCUTANEOUS SOLN PREFILLED SYRINGE 50 MG/0.4ML	Tier 5	X	X	X	X
ORENCIA INJ 87.5/0.7	ABATACEPT SUBCUTANEOUS SOLN PREFILLED SYRINGE 87.5 MG/0.7ML	Tier 5	X	X	X	X
ORENCIA CLCK INJ 125MG/ML	ABATACEPT SUBCUTANEOUS SOLN AUTO-INJECTOR 125 MG/ML	Tier 5	X	X	X	X

^ 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
PROGRAF CAP 0.5MG	TACROLIMUS CAP 0.5 MG	Tier 5				
PROGRAF CAP 1MG	TACROLIMUS CAP 1 MG	Tier 5				
PROGRAF CAP 5MG	TACROLIMUS CAP 5 MG	Tier 5				
PROGRAF GRA 0.2MG	TACROLIMUS PACKET FOR SUSP 0.2 MG	Tier 5	X			
PROGRAF GRA 1MG	TACROLIMUS PACKET FOR SUSP 1 MG	Tier 5	X			
RASUVO INJ 10MG	METHOTREXATE SOLN PF AUTO-INJECTOR 10 MG/0.2ML	Tier 3		X		
RASUVO INJ 12.5MG	METHOTREXATE SOLN PF AUTO-INJECTOR 12.5 MG/0.25ML	Tier 3		X		
RASUVO INJ 15MG	METHOTREXATE SOLN PF AUTO-INJECTOR 15 MG/0.3ML	Tier 3		X		
RASUVO INJ 17.5MG	METHOTREXATE SOLN PF AUTO-INJECTOR 17.5 MG/0.35ML	Tier 3		X		
RASUVO INJ 20MG	METHOTREXATE SOLN PF AUTO-INJECTOR 20 MG/0.4ML	Tier 3		X		
RASUVO INJ 22.5MG	METHOTREXATE SOLN PF AUTO-INJECTOR 22.5 MG/0.45ML	Tier 3		X		
RASUVO INJ 25MG	METHOTREXATE SOLN PF AUTO-INJECTOR 25 MG/0.5ML	Tier 3		X		
RASUVO INJ 30MG	METHOTREXATE SOLN PF AUTO-INJECTOR 30 MG/0.6ML	Tier 3		X		
RASUVO INJ 7.5MG	METHOTREXATE SOLN PF AUTO-INJECTOR 7.5 MG/0.15ML	Tier 3		X		
SANDIMMUNE SOL 100MG/ML	CYCLOSPORINE ORAL SOLN 100 MG/ML	Tier 5				
SIMPONI INJ 100MG/ML	GOLIMUMAB SUBCUTANEOUS SOLN PREFILLED SYRINGE 100 MG/ML	Tier 4	X	X		X
SIMPONI INJ 100MG/ML	GOLIMUMAB SUBCUTANEOUS SOLN AUTO-INJECTOR 100 MG/ML	Tier 4	X	X		X
SIMPONI INJ 50/0.5ML	GOLIMUMAB SUBCUTANEOUS SOLN PREFILLED SYRINGE 50 MG/0.5ML	Tier 4	X	X		X
SIMPONI INJ 50/0.5ML	GOLIMUMAB SUBCUTANEOUS SOLN AUTO-INJECTOR 50 MG/0.5ML	Tier 4	X	X		X
SIROLIMUS SOL 1MG/ML	SIROLIMUS ORAL SOLN 1 MG/ML	Tier 4				
SIROLIMUS TAB 0.5MG	SIROLIMUS TAB 0.5 MG	Tier 2				
SIROLIMUS TAB 1MG	SIROLIMUS TAB 1 MG	Tier 2				
SIROLIMUS TAB 2MG	SIROLIMUS TAB 2 MG	Tier 2				
SKYRIZI INJ 180/1.2	RISANKIZUMAB-RZAA SUBCUTANEOUS SOLN CARTRIDGE 180 MG/1.2ML	Tier 4	X	X		X
SKYRIZI INJ 360/2.4	RISANKIZUMAB-RZAA SUBCUTANEOUS SOLN CARTRIDGE 360 MG/2.4ML	Tier 4	X	X		X
TACROLIMUS CAP 0.5MG	TACROLIMUS CAP 0.5 MG	Tier 2				
TACROLIMUS CAP 1MG	TACROLIMUS CAP 1 MG	Tier 2				
TACROLIMUS CAP 5MG	TACROLIMUS CAP 5 MG	Tier 2				

^ 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
TREXALL TAB 10MG	METHOTREXATE SODIUM TAB 10 MG (BASE EQUIV)	Tier 3				
TREXALL TAB 15MG	METHOTREXATE SODIUM TAB 15 MG (BASE EQUIV)	Tier 3				
TREXALL TAB 5MG	METHOTREXATE SODIUM TAB 5 MG (BASE EQUIV)	Tier 3				
TREXALL TAB 7.5MG	METHOTREXATE SODIUM TAB 7.5 MG (BASE EQUIV)	Tier 3				
XATMEP SOL 2.5MG/ML	METHOTREXATE ORAL SOLN 2.5 MG/ML	Tier 5	X			
XELJANZ SOL 1MG/ML	TOFACITINIB CITRATE ORAL SOLN 1 MG/ML (BASE EQUIVALENT)	Tier 4	X	X		X
XELJANZ TAB 10MG	TOFACITINIB CITRATE TAB 10 MG (BASE EQUIVALENT)	Tier 4	X	X		X
XELJANZ TAB 5MG	TOFACITINIB CITRATE TAB 5 MG (BASE EQUIVALENT)	Tier 4	X	X		X
XELJANZ XR TAB 11MG	TOFACITINIB CITRATE TAB ER 24HR 11 MG (BASE EQUIVALENT)	Tier 4	X	X		X
XELJANZ XR TAB 22MG	TOFACITINIB CITRATE TAB ER 24HR 22 MG (BASE EQUIVALENT)	Tier 4	X	X		
Immunological Agents, Other						
BIMZELX INJ 160MG/ML	BIMEKIZUMAB-BKZX SUBCUTANEOUS SOLN PREFILLED SYR 160 MG/ML	Tier 5	X	X	X	X
BIMZELX INJ 160MG/ML	BIMEKIZUMAB-BKZX SUBCUTANEOUS SOLN AUTO-INJECTOR 160 MG/ML	Tier 5	X	X	X	X
BIMZELX INJ 320MG/2	BIMEKIZUMAB-BKZX SUBCUTANEOUS SOLN AUTO-INJECTOR 320 MG/2ML	Tier 5	X	X	X	X
BIMZELX INJ 320MG/2	BIMEKIZUMAB-BKZX SUBCUTANEOUS SOLN PREFILLED SYR 320 MG/2ML	Tier 5	X	X	X	X
JOENJA TAB 70MG	LENIOLISIB PHOSPHATE TAB 70 MG	Tier 4	X	X		X
VIJOICE GRA 50MG	ALPELISIB (PROS) ORAL GRANULES PACKET 50 MG	Tier 5	X	X		X
VIJOICE TAB 125MG	ALPELISIB (PROS) TAB THERAPY PACK 125 MG DAILY DOSE	Tier 5	X	X		X
VIJOICE TAB 250MG	ALPELISIB (PROS) PAK 250 MG DAILY DOSE (200 MG & 50 MG TABS)	Tier 5	X	X		X
VIJOICE TAB 50MG	ALPELISIB (PROS) TAB THERAPY PACK 50 MG DAILY DOSE	Tier 5	X	X		X
VYVGART INJ HYTRULO	EFGARTIGIMOD ALF-HYALUR-QVFC PREF SYR 1000-10000 MG-UNIT/5ML	Tier 5	X	X		X
Immunomodulators - Immune System Drugs						
ACTEMRA INJ 162/0.9	TOCILIZUMAB SUBCUTANEOUS SOLN PREFILLED SYRINGE 162 MG/0.9ML	Tier 5	X	X	X	X
ACTEMRA INJ ACTPEN	TOCILIZUMAB SUBCUTANEOUS SOLN AUTO-INJECTOR 162 MG/0.9ML	Tier 5	X	X	X	X
ACTIMMUNE INJ 2MU/0.5	INTERFERON GAMMA-1B INJ 100 MCG/0.5ML (2000000 UNIT/0.5ML)	Tier 4	X	X		X

^ 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
ALFERON N INJ 5MU/ML	INTERFERON ALFA-N3 INJ 5000000 UNIT/ML	Tier 4				
ARCALYST INJ 220MG	RILONACEPT FOR INJ 220 MG	Tier 4	X	X		X
BENLYSTA INJ 200MG/ML	BELIMUMAB SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/ML	Tier 4	X	X		X
BENLYSTA INJ 200MG/ML	BELIMUMAB SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/ML	Tier 4	X	X		X
BEYFORTUS INJ 100MG/ML	NIRSEVIMAB-ALIP IM SOLN PREFILLED SYRINGE 100 MG/ML	Tier 1				
BEYFORTUS INJ 50/0.5ML	NIRSEVIMAB-ALIP IM SOLN PREFILLED SYRINGE 50 MG/0.5ML	Tier 1				
ENFLONSIA INJ 105MG	CLESROVIMAB-CFOR IM SOLN PREFILLED SYRINGE 105 MG/0.7ML	Tier 1				
ENTYVIO PEN INJ 108/0.68	VEDOLIZUMAB SOLN AUTO-INJECTOR 108 MG/0.68ML	Tier 4	X	X		X
LEFLUNOMIDE TAB 10MG	LEFLUNOMIDE TAB 10 MG	Tier 2				
LEFLUNOMIDE TAB 20MG	LEFLUNOMIDE TAB 20 MG	Tier 2				
OTEZLA TAB 10/20	APREMILAST TAB STARTER THERAPY PACK 4 X 10 MG & 51 X 20 MG	Tier 4	X	X		
OTEZLA TAB 10/20/30	APREMILAST TAB STARTER THERAPY PACK 10 MG & 20 MG & 30 MG	Tier 4	X	X		X
OTEZLA TAB 20MG	APREMILAST TAB 20 MG	Tier 4	X	X		
OTEZLA TAB 30MG	APREMILAST TAB 30 MG	Tier 4	X	X		X
OTEZLA XR TAB 75MG	APREMILAST TAB ER 24HR 75 MG	Tier 4	X	X		X
RINVOQ TAB 15MG ER	UPADACITINIB TAB ER 24HR 15 MG	Tier 4	X	X		X
RINVOQ TAB 30MG ER	UPADACITINIB TAB ER 24HR 30 MG	Tier 4	X	X		X
RINVOQ TAB 45MG ER	UPADACITINIB TAB ER 24HR 45 MG	Tier 4	X	X		X
RINVOQ LQ SOL 1MG/ML	UPADACITINIB ORAL SOLN 1 MG/ML	Tier 4	X	X		X
TAKHZYRO INJ 150MG/ML	LANADELUMAB-FLYO SOLN PREF SYRINGE 150 MG/ML	Tier 4	X	X		X
TAKHZYRO INJ 300/2ML	LANADELUMAB-FLYO SOLN PREF SYRINGE 300 MG/2ML (150 MG/ML)	Tier 4	X	X		X
TYENNE INJ 162/0.9	TOCILIZUMAB-AAZG SUBCUTANEOUS SOLN AUTO-INJ 162 MG/0.9ML	Tier 5	X		X	X
TYENNE INJ 162MG	TOCILIZUMAB-AAZG SUBCUTANEOUS SOLN PREF SYR 162 MG/0.9ML	Tier 5	X		X	X
Insulins - Diabetic Drugs						
ADMIX NEEDLE MIS 18GX1.5"	NEEDLE (DISP) 18 X 1-1/2"	Tier 3				
BD BLNT FILL MIS 18GX1.5	NEEDLE (DISP) 18 X 1-1/2"	Tier 3				
BD BLUNT FIL MIS 18GX1"	NEEDLE (DISP) 18 X 1"	Tier 3				
BD ECLIPSE MIS 18GX1.5"	NEEDLE (DISP) 18 X 1-1/2"	Tier 3				
HUMALOG INJ 100/ML	INSULIN LISPRO SOLN CARTRIDGE 100 UNIT/ML	Tier 3		X		

^ 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
HUMALOG JR INJ 100/ML	INSULIN LISPRO SOLN PEN-INJECTOR 100 UNIT/ML (0.5 UNIT DIAL)	Tier 3		X		
HUMALOG KWIK INJ 100/ML	INSULIN LISPRO SOLN PEN-INJECTOR 100 UNIT/ML (1 UNIT DIAL)	Tier 3		X		
HUMALOG KWIK INJ 200/ML	INSULIN LISPRO SOLN PEN-INJECTOR 200 UNIT/ML	Tier 3		X		
HUMALOG MIX INJ 50/50	INSULIN LISPRO PROTAMINE & LISPRO INJ 100 UNIT/ML (50-50)	Tier 3		X		
HUMALOG MIX INJ 50/50KWP	INSULIN LISPRO PROT & LISPRO SUS PEN-INJ 100 UNIT/ML (50-50)	Tier 3		X		
HUMALOG MIX INJ 75/25KWP	INSULIN LISPRO PROT & LISPRO SUS PEN-INJ 100 UNIT/ML (75-25)	Tier 3		X		
HUMALOG MIX SUS 75/25	INSULIN LISPRO PROT & LISPRO INJ 100 UNIT/ML (75-25)	Tier 3		X		
HUMULIN INJ 70/30	INSULIN NPH ISOPHANE & REGULAR HUMAN INJ 100 UNIT/ML (70-30)	Tier 3		X		
HUMULIN INJ 70/30KWP	INSULIN NPH & REGULAR SUSP PEN-INJ 100 UNIT/ML (70-30)	Tier 3		X		
HUMULIN N INJ U-100	INSULIN NPH (HUMAN) (ISOPHANE) INJ 100 UNIT/ML	Tier 3		X		
HUMULIN N INJ U-100KWP	INSULIN NPH (HUMAN) (ISOPHANE) SUSP PEN-INJECTOR 100 UNIT/ML	Tier 3		X		
HUMULIN R INJ U-100	INSULIN REGULAR (HUMAN) INJ 100 UNIT/ML	Tier 2		X		
HUMULIN R INJ U-100	INSULIN REGULAR (HUMAN) INJ 100 UNIT/ML	Tier 3		X		
HUMULIN R INJ U-500	INSULIN REGULAR (HUMAN) INJ 500 UNIT/ML	Tier 3		X		
HUMULIN R INJ U-500	INSULIN REGULAR (HUMAN) SOLN PEN-INJECTOR 500 UNIT/ML	Tier 3		X		
HYPO NEEDLE MIS 18GX1.5"	NEEDLE (DISP) 18 X 1-1/2"	Tier 3				
HYPO NEEDLE MIS 18GX1"	NEEDLE (DISP) 18 X 1"	Tier 3				
INSULIN LISP INJ 100/ML	INSULIN LISPRO INJ SOLN 100 UNIT/ML	Tier 3		X		
INSULIN LISP INJ 100/ML	INSULIN LISPRO SOLN PEN-INJECTOR 100 UNIT/ML (1 UNIT DIAL)	Tier 3		X		
INSULIN LISP INJ JUNIOR	INSULIN LISPRO SOLN PEN-INJECTOR 100 UNIT/ML (0.5 UNIT DIAL)	Tier 3		X		
INSULIN LISP INJ PROTAMIN	INSULIN LISPRO PROT & LISPRO SUS PEN-INJ 100 UNIT/ML (75-25)	Tier 3		X		
LANTUS INJ 100/ML	INSULIN GLARGINE INJ 100 UNIT/ML	Tier 3		X		
LANTUS SOLOS INJ 100/ML	INSULIN GLARGINE SOLN PEN-INJECTOR 100 UNIT/ML	Tier 3		X		
LYUMJEV INJ 100UT/ML	INSULIN LISPRO-AABC INJ 100 UNIT/ML	Tier 3		X		
LYUMJEV KWPN INJ 100UT/ML	INSULIN LISPRO-AABC SOLN PEN-INJ 100 UNIT/ML (1 UNIT DIAL)	Tier 3		X		

^ 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
LYUMJEV KWPN INJ 200UT/ML	INSULIN LISPRO-AABC SOLN PEN-INJECTOR 200 UNIT/ML	Tier 3		X		
MYXREDLIN SOL 1UNIT/ML	INSULIN REGULAR (HUMAN) IN NACL 0.9% IV SOLN 100 UNIT/100ML	Tier 4				
NOVOLIN R INJ 100 UNIT	INSULIN REGULAR (HUMAN) SOLN PEN-INJECTOR 100 UNIT/ML	Tier 3		X	X	
NOVOLOG INJ RELION	INSULIN ASPART INJ SOLN 100 UNIT/ML	Tier 5		X	X	
POLY HUB MIS 18GX1.5"	NEEDLE (DISP) 18 X 1-1/2"	Tier 3				
POLY HUB MIS 18GX1"	NEEDLE (DISP) 18 X 1"	Tier 3				
SAFTY NEEDLE MIS 18GX1.5"	NEEDLE (DISP) 18 X 1-1/2"	Tier 3				
SAFTY NEEDLE MIS 18GX1"	NEEDLE (DISP) 18 X 1"	Tier 3				
SOLIQUA INJ 100/33	INSULIN GLARGINE-LIXISENATIDE SOL PEN-INJ 100-33 UNIT-MCG/ML	Tier 3		X		
TOUJEO MAX INJ 300/ML	INSULIN GLARGINE SOLN PEN-INJECTOR 300 UNIT/ML (2 UNIT DIAL)	Tier 4		X		
TOUJEO SOLO INJ 300/ML	INSULIN GLARGINE SOLN PEN-INJECTOR 300 UNIT/ML (1 UNIT DIAL)	Tier 4		X		
VENT NEEDLE MIS 18GX1"	NEEDLE (DISP) 18 X 1"	Tier 3				
Irritable Bowel Syndrome Agents - Bowel Treatment Drugs						
ALOSETRON TAB 0.5MG	ALOSETRON HCL TAB 0.5 MG (BASE EQUIV)	Tier 3	X	X		
ALOSETRON TAB 1MG	ALOSETRON HCL TAB 1 MG (BASE EQUIV)	Tier 3	X	X		
LINZESS CAP 145MCG	LINACLOTIDE CAP 145 MCG	Tier 3	X	X		
LINZESS CAP 290MCG	LINACLOTIDE CAP 290 MCG	Tier 3	X	X		
LINZESS CAP 72MCG	LINACLOTIDE CAP 72 MCG	Tier 3	X	X		
LUBIPROSTONE CAP 24MCG	LUBIPROSTONE CAP 24 MCG	Tier 3	X	X		
LUBIPROSTONE CAP 8MCG	LUBIPROSTONE CAP 8 MCG	Tier 3	X	X		
VIBERZI TAB 100MG	ELUXADOLINE TAB 100 MG	Tier 5	X	X		
VIBERZI TAB 75MG	ELUXADOLINE TAB 75 MG	Tier 5	X	X		
Laxatives - Bowel Treatment Drugs						
CLEARLAX POW	POLYETHYLENE GLYCOL 3350 ORAL POWDER 17 GM/SCOOP	Tier 1				
CVS PURELAX POW	POLYETHYLENE GLYCOL 3350 ORAL POWDER 17 GM/SCOOP	Tier 1				
DAILY FIBER POW 43%	PSYLLIUM POWDER 43%	Tier 2				
EQ CLEARLAX POW	POLYETHYLENE GLYCOL 3350 ORAL POWDER 17 GM/SCOOP	Tier 1				
EQL CLEARLAX POW	POLYETHYLENE GLYCOL 3350 ORAL POWDER 17 GM/SCOOP	Tier 1				
FT CLEARLAX POW	POLYETHYLENE GLYCOL 3350 ORAL POWDER 17 GM/SCOOP	Tier 1				
GAVILAX POW	POLYETHYLENE GLYCOL 3350 ORAL POWDER 17 GM/SCOOP	Tier 1				

^ 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
GENTLELAX POW	POLYETHYLENE GLYCOL 3350 ORAL POWDER 17 GM/SCOOP	Tier 1				
GLYCOLAX POW 3350 NF	POLYETHYLENE GLYCOL 3350 ORAL POWDER 17 GM/SCOOP	Tier 1				
GNP CLEARLAX POW	POLYETHYLENE GLYCOL 3350 ORAL POWDER 17 GM/SCOOP	Tier 1				
HM CLEARLAX POW	POLYETHYLENE GLYCOL 3350 ORAL POWDER 17 GM/SCOOP	Tier 1				
LAXACLEAR POW	POLYETHYLENE GLYCOL 3350 ORAL POWDER 17 GM/SCOOP	Tier 1				
LAXATIVE POW OSMOTIC	POLYETHYLENE GLYCOL 3350 ORAL POWDER 17 GM/SCOOP	Tier 1				
MINERAL OIL HEAVY	MINERAL OIL	Tier 2				
MM CLEARLAX POW	POLYETHYLENE GLYCOL 3350 ORAL POWDER 17 GM/SCOOP	Tier 1				
NATURA-LAX POW 3350 NF	POLYETHYLENE GLYCOL 3350 ORAL POWDER 17 GM/SCOOP	Tier 1				
PEG 3350 POW	POLYETHYLENE GLYCOL 3350 ORAL POWDER 17 GM/SCOOP	Tier 1				
POLYETH GLYC POW 3350	POLYETHYLENE GLYCOL 3350 ORAL POWDER 17 GM/SCOOP	Tier 1				
POLYETH GLYC POW 3350 NF	POLYETHYLENE GLYCOL 3350 ORAL POWDER 17 GM/SCOOP	Tier 1				
RA LAXATIVE POW	POLYETHYLENE GLYCOL 3350 ORAL POWDER 17 GM/SCOOP	Tier 1				
SM CLEARLAX POW	POLYETHYLENE GLYCOL 3350 ORAL POWDER 17 GM/SCOOP	Tier 1				
SMOOTH LAX POW	POLYETHYLENE GLYCOL 3350 ORAL POWDER 17 GM/SCOOP	Tier 1				
SMOOTH LAX POW 3350	POLYETHYLENE GLYCOL 3350 ORAL POWDER 17 GM/SCOOP	Tier 1				
SUTAB TAB	SOD SULFATE-MG SULFATE-POT CHLORIDE TAB 1479-225-188 MG	Tier 4				
TRUE LAXATIV POW 3350	POLYETHYLENE GLYCOL 3350 ORAL POWDER 17 GM/SCOOP	Tier 1				
WAL-MUCIL POW 43%	PSYLLIUM POWDER 43%	Tier 2				
Laxatives - Drugs to treat Constipation						
BASE A PEG POW 1450	POLYETHYLENE GLYCOL 1450 POWDER	Tier 4				
BISACODYL TAB 5MG DR	BISACODYL TAB DELAYED RELEASE 5 MG	Tier 1				
BISACODYL TAB 5MG EC	BISACODYL TAB DELAYED RELEASE 5 MG	Tier 1				
CITROMA SOL LEMONY	MAGNESIUM CITRATE SOLN	Tier 1				
CLENPIQ SOL	SOD PICOSULFATE-MG OX-CITRIC AC SOL 10 MG-3.5 GM-12 GM/175ML	Tier 4		X		
CONSTULOSE SOL 10GM/15	LACTULOSE SOLUTION 10 GM/15ML	Tier 2				

^ 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 C-LAX TAB 5MG	BISACODYL TAB DELAYED RELEASE 5 MG	Tier 1				
ENULOSE SOL 10GM/15	LACTULOSE (ENCEPHALOPATHY) SOLUTION 10 GM/15ML	Tier 2				
EQ LAXATIVE CHW 15MG	SENNOSIDES CHEW TAB 15 MG	Tier 2				
EQL GENTLE TAB LAXATIVE	BISACODYL TAB DELAYED RELEASE 5 MG	Tier 1				
FT LAXATIVE TAB 5MG EC	BISACODYL TAB DELAYED RELEASE 5 MG	Tier 1				
FT MAG CITRA SOL CHERRY	MAGNESIUM CITRATE SOLN	Tier 1				
FT MAG CITRA SOL LEMON	MAGNESIUM CITRATE SOLN	Tier 1				
GAVILYTE-C SOL	PEG 3350-KCL-NA BICARB-NACL-NA SULFATE FOR SOLN 240 GM	Tier 2				
GAVILYTE-G SOL	PEG 3350-KCL-NA BICARB-NACL-NA SULFATE FOR SOLN 236 GM	Tier 2		X		
GAVILYTE-N SOL FLAV PK	PEG 3350-KCL-SOD BICARB-NACL FOR SOLN 420 GM	Tier 2		X		
GENERLAC SOL 10/15ML	LACTULOSE (ENCEPHALOPATHY) SOLUTION 10 GM/15ML	Tier 2				
GENERLAC SOL 10GM/15	LACTULOSE (ENCEPHALOPATHY) SOLUTION 10 GM/15ML	Tier 2				
GENTLE LAXAT TAB 5MG EC	BISACODYL TAB DELAYED RELEASE 5 MG	Tier 1				
GNP GNTL LAX TAB 5MG EC	BISACODYL TAB DELAYED RELEASE 5 MG	Tier 1				
GNP LAXATIVE TAB 5MG EC	BISACODYL TAB DELAYED RELEASE 5 MG	Tier 1				
GNP MAG CITR SOL CHERRY	MAGNESIUM CITRATE SOLN	Tier 1				
GOLYTELY SOL	PEG 3350-KCL-NA BICARB-NACL-NA SULFATE FOR SOLN 236 GM	Tier 2		X		
KP BISACODYL TAB 5MG EC	BISACODYL TAB DELAYED RELEASE 5 MG	Tier 1				
KRISTALOSE PAK 10GM	LACTULOSE ORAL CRYSTAL PACKET 10 GM	Tier 5				
KRISTALOSE PAK 20GM	LACTULOSE ORAL CRYSTAL PACKET 20 GM	Tier 4				
LACTULOSE PAK 20GM	LACTULOSE ORAL CRYSTAL PACKET 20 GM	Tier 4				
LACTULOSE SOL 10/15ML	LACTULOSE SOLUTION 10 GM/15ML	Tier 2				
LACTULOSE SOL 10GM/15	LACTULOSE SOLUTION 10 GM/15ML	Tier 2				
LACTULOSE SOL 10GM/15	LACTULOSE (ENCEPHALOPATHY) SOLUTION 10 GM/15ML	Tier 2				
LACTULOSE SOL 20/30ML	LACTULOSE SOLUTION 10 GM/15ML	Tier 2				
LAXATIVE TAB 5MG EC	BISACODYL TAB DELAYED RELEASE 5 MG	Tier 1				
MAG CITRATE SOL CHERRY	MAGNESIUM CITRATE SOLN	Tier 1				
MAG CITRATE SOL GRAPE	MAGNESIUM CITRATE SOLN	Tier 1				
MAG CITRATE SOL LEMON	MAGNESIUM CITRATE SOLN	Tier 1				
MOVIPREP SOL	PEG 3350-KCL-NACL-NA SULFATE-NA ASCORBATE-C FOR SOLN 100 GM	Tier 5		X		
PEG 3350 POW	POLYETHYLENE GLYCOL 3350 POWDER	Tier 4				
PEG-3350 SOL ELECTROL	PEG 3350-KCL-NA BICARB-NACL-NA SULFATE FOR SOLN 236 GM	Tier 2		X		

^ 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
PEG-3350/KCL SOL /SODIUM	PEG 3350-KCL-SOD BICARB-NACL FOR SOLN 420 GM	Tier 2		X		
PEG-PREP KIT	BISACODYL TAB & PEG 3350-KCL-SOD BICARB-NACL FOR SOLN KIT	Tier 5				
PEG/NASUL/C/ SOL NACL/POT	PEG 3350-KCL-NACL-NA SULFATE-NA ASCORBATE-C FOR SOLN 100 GM	Tier 4		X		
PLENVU SOL	PEG 3350-KCL-NACL-NA SULFATE-NA ASCORBATE-C FOR SOLN 140 GM	Tier 4		X		
POLY GLYCOL LIQ 1450	POLYETHYLENE GLYCOL 1450 LIQUID	Tier 4				
POLYETH GLYC POW 1450	POLYETHYLENE GLYCOL 1450 POWDER	Tier 4				
QC LAXATIVE TAB 5MG EC	BISACODYL TAB DELAYED RELEASE 5 MG	Tier 1				
RA LAXATIVE TAB 5MG EC	BISACODYL TAB DELAYED RELEASE 5 MG	Tier 1				
SODIUM/POTAS SOL MAGNESIU	SOD SULFATE-POT SULF-MG SULF ORAL SOL 175-3.13-1.6 GM/177ML	Tier 4		X		
SUPREP BOWEL SOL PREP KIT	SOD SULFATE-POT SULF-MG SULF ORAL SOL 175-3.13-1.6 GM/177ML	Tier 4		X		
WOMANS LAXAT TAB 5MG EC	BISACODYL TAB DELAYED RELEASE 5 MG	Tier 1				
WOMENS LAXAT TAB 5MG EC	BISACODYL TAB DELAYED RELEASE 5 MG	Tier 1				
Local Anesthetics						
GLYDO GEL 2%	LIDOCAINE HCL URETHRAL/MUCOSAL GEL PREFILLED SYRINGE 2%	Tier 2				
LIDO/PRILOCN CRE 2.5-2.5%	LIDOCAINE-PRILOCAINE CREAM 2.5-2.5%	Tier 2				
LIDOCAINE DIS 5% PATCH	LIDOCAINE PATCH 5%	Tier 4	X	X		
LIDOCAINE GEL 2%	LIDOCAINE HCL URETHRAL/MUCOSAL GEL PREFILLED SYRINGE 2%	Tier 2				
LIDOCAINE GEL 2% JELLY	LIDOCAINE HCL URETHRAL/MUCOSAL GEL 2%	Tier 2				
LIDOCAINE GEL 2% JELLY	LIDOCAINE HCL URETHRAL/MUCOSAL GEL PREFILLED SYRINGE 2%	Tier 2				
LIDOCAINE OIN 5%	LIDOCAINE OINT 5%	Tier 3		X		
LIDOCAINE SOL 2% ORAL	LIDOCAINE HCL VISCOUS SOLN 2%	Tier 2				
LIDOCAINE SOL 2% VISC	LIDOCAINE HCL VISCOUS SOLN 2%	Tier 2				
LIDOCAINE SOL 4%	LIDOCAINE HCL SOLN 4%	Tier 2				
LIDOCAINE SOL 4%	LIDOCAINE HCL LARYNGOTRACHEAL SOLN 4%	Tier 2				
ZTLIDO PAD 1.8%	LIDOCAINE PATCH 1.8% (36 MG)	Tier 4	X	X		
Macrolides - Antibiotics						
AZITHROMYCIN POW 1GM PAK	AZITHROMYCIN POWD PACK FOR SUSP 1 GM	Tier 2				
AZITHROMYCIN SUS 100/5ML	AZITHROMYCIN FOR SUSP 100 MG/5ML	Tier 2				
AZITHROMYCIN SUS 200/5ML	AZITHROMYCIN FOR SUSP 200 MG/5ML	Tier 2				
AZITHROMYCIN TAB 250MG	AZITHROMYCIN TAB 250 MG	Tier 2				
AZITHROMYCIN TAB 500MG	AZITHROMYCIN TAB 500 MG	Tier 2				

^ 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
AZITHROMYCIN TAB 600MG	AZITHROMYCIN TAB 600 MG	Tier 2				
CLARITHROMYC SUS 125/5ML	CLARITHROMYCIN FOR SUSP 125 MG/5ML	Tier 3				
CLARITHROMYC SUS 250/5ML	CLARITHROMYCIN FOR SUSP 250 MG/5ML	Tier 3				
CLARITHROMYC TAB 250MG	CLARITHROMYCIN TAB 250 MG	Tier 2				
CLARITHROMYC TAB 500MG	CLARITHROMYCIN TAB 500 MG	Tier 2				
CLARITHROMYC TAB 500MG ER	CLARITHROMYCIN TAB ER 24HR 500 MG	Tier 3				
DIFICID SUS	FIDAXOMICIN FOR SUSP 40 MG/ML	Tier 5		X		
E.E.S. GRAN SUS 200/5ML	ERYTHROMYCIN ETHYLSUCCINATE FOR SUSP 200 MG/5ML	Tier 4				
ERY-TAB TAB 250MG EC	ERYTHROMYCIN TAB DELAYED RELEASE 250 MG	Tier 5				
ERY-TAB TAB 333MG EC	ERYTHROMYCIN TAB DELAYED RELEASE 333 MG	Tier 5				
ERY-TAB TAB 500MG EC	ERYTHROMYCIN TAB DELAYED RELEASE 500 MG	Tier 5				
ERYPED SUS 200/5ML	ERYTHROMYCIN ETHYLSUCCINATE FOR SUSP 200 MG/5ML	Tier 4				
ERYPED SUS 400/5ML	ERYTHROMYCIN ETHYLSUCCINATE FOR SUSP 400 MG/5ML	Tier 5				
ERYTHROCIN TAB 250MG	ERYTHROMYCIN STEARATE TAB 250 MG	Tier 3				
ERYTHROM ETH SUS 200/5ML	ERYTHROMYCIN ETHYLSUCCINATE FOR SUSP 200 MG/5ML	Tier 2				
ERYTHROM ETH SUS 400/5ML	ERYTHROMYCIN ETHYLSUCCINATE FOR SUSP 400 MG/5ML	Tier 4				
ERYTHROM ETH TAB 400MG	ERYTHROMYCIN ETHYLSUCCINATE TAB 400 MG	Tier 2				
ERYTHROMYCIN CAP 250MG DR	ERYTHROMYCIN W/ DELAYED RELEASE PARTICLES CAP 250 MG	Tier 2				
ERYTHROMYCIN TAB 250MG BS	ERYTHROMYCIN TAB 250 MG	Tier 2				
ERYTHROMYCIN TAB 250MG EC	ERYTHROMYCIN TAB DELAYED RELEASE 250 MG	Tier 4				
ERYTHROMYCIN TAB 333MG EC	ERYTHROMYCIN TAB DELAYED RELEASE 333 MG	Tier 4				
ERYTHROMYCIN TAB 500MG BS	ERYTHROMYCIN TAB 500 MG	Tier 2				
ERYTHROMYCIN TAB 500MG EC	ERYTHROMYCIN TAB DELAYED RELEASE 500 MG	Tier 4				
FIDAXOMICIN TAB 200MG	FIDAXOMICIN TAB 200 MG	Tier 5		X		
ZITHROMAX POW 1GM PAK	AZITHROMYCIN POWD PACK FOR SUSP 1 GM	Tier 5				
ZITHROMAX SUS 200/5ML	AZITHROMYCIN FOR SUSP 200 MG/5ML	Tier 5				
ZITHROMAX TAB 250MG	AZITHROMYCIN TAB 250 MG	Tier 5				
ZITHROMAX TAB 500MG	AZITHROMYCIN TAB 500 MG	Tier 5				
ZITHROMAX TAB TRI-PAK	AZITHROMYCIN TAB 500 MG	Tier 5				
ZITHROMAX TAB Z-PAK	AZITHROMYCIN TAB 250 MG	Tier 5				

^ 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
Mast Cell Stabilizers - Drugs for the Lungs						
CROMOLYN SOD NEB 20MG/2ML	CROMOLYN SODIUM SOLN NEBU 20 MG/2ML	Tier 2				
Metabolic Bone Disease Agents - Osteoporosis (Bone Loss) Drugs						
ALENDRONATE SOL 70/75ML	ALENDRONATE SODIUM ORAL SOLN 70 MG/75ML	Tier 2				
ALENDRONATE TAB 10MG	ALENDRONATE SODIUM TAB 10 MG	Tier 2				
ALENDRONATE TAB 35MG	ALENDRONATE SODIUM TAB 35 MG	Tier 2				
ALENDRONATE TAB 70MG	ALENDRONATE SODIUM TAB 70 MG	Tier 2				
BONSITY INJ 560/2.24	TERIPARATIDE SOLN PEN-INJ 560 MCG/2.24ML	Tier 5	X			X
CALCITONIN INJ 200/ML	CALCITONIN (SALMON) INJ 200 UNIT/ML	Tier 4				
CALCITONIN INJ 400/2ML	CALCITONIN (SALMON) INJ 200 UNIT/ML	Tier 4				
CALCITONIN SPR 200/ACT	CALCITONIN (SALMON) NASAL SOLN 200 UNIT/ACT	Tier 3				
CINACALCET TAB 30MG	CINACALCET HCL TAB 30 MG (BASE EQUIV)	Tier 2				
CINACALCET TAB 60MG	CINACALCET HCL TAB 60 MG (BASE EQUIV)	Tier 2				
CINACALCET TAB 90MG	CINACALCET HCL TAB 90 MG (BASE EQUIV)	Tier 2				
FOSAMAX TAB 70MG	ALENDRONATE SODIUM TAB 70 MG	Tier 5				
FOSAMAX + D TAB 70-2800	ALENDRONATE SODIUM-CHOLECALCIFEROL TAB 70-2800 MG-UNIT	Tier 4				
FOSAMAX + D TAB 70-5600	ALENDRONATE SODIUM-CHOLECALCIFEROL TAB 70-5600 MG-UNIT	Tier 4				
IBANDRONATE TAB 150MG	IBANDRONATE SODIUM TAB 150 MG (BASE EQUIVALENT)	Tier 3				
MIACALCIN INJ 200/ML	CALCITONIN (SALMON) INJ 200 UNIT/ML	Tier 4				
MIACALCIN INJ 400/2ML	CALCITONIN (SALMON) INJ 200 UNIT/ML	Tier 4				
RISEDRONATE TAB 150MG	RISEDRONATE SODIUM TAB 150 MG	Tier 5				
RISEDRONATE TAB 30MG	RISEDRONATE SODIUM TAB 30 MG	Tier 5				
RISEDRONATE TAB 35MG	RISEDRONATE SODIUM TAB 35 MG	Tier 5				
RISEDRONATE TAB 5MG	RISEDRONATE SODIUM TAB 5 MG	Tier 5				
TERIPARATIDE INJ 560/2.24	TERIPARATIDE SOLN PEN-INJ 560 MCG/2.24ML	Tier 5	X			X
TYMLOS INJ	ABALOPARATIDE SUBCUTANEOUS SOLN PEN-INJECTOR 3120 MCG/1.56ML	Tier 5	X			X
Metabolic Bone Disease Agents - Other						
CALCITRIOL CAP 0.25MCG	CALCITRIOL CAP 0.25 MCG	Tier 2				
CALCITRIOL CAP 0.5MCG	CALCITRIOL CAP 0.5 MCG	Tier 2				
CALCITRIOL SOL 1MCG/ML	CALCITRIOL ORAL SOLN 1 MCG/ML	Tier 2				
DOXERCALCIF CAP 0.5MCG	DOXERCALCIFEROL CAP 0.5 MCG	Tier 2				
DOXERCALCIF CAP 1MCG	DOXERCALCIFEROL CAP 1 MCG	Tier 2				

^ 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
DOXERCALCIF CAP 2.5MCG	DOXERCALCIFEROL CAP 2.5 MCG	Tier 2				
PARICALCITOL CAP 1 MCG	PARICALCITOL CAP 1 MCG	Tier 2				
PARICALCITOL CAP 2 MCG	PARICALCITOL CAP 2 MCG	Tier 2				
PARICALCITOL CAP 4 MCG	PARICALCITOL CAP 4 MCG	Tier 2				
ZEMPLAR CAP 1MCG	PARICALCITOL CAP 1 MCG	Tier 5				
ZEMPLAR CAP 2MCG	PARICALCITOL CAP 2 MCG	Tier 5				
Miscellaneous Therapeutic Agents						
1ML SYRINGE MIS 29G	INSULIN SYRINGE/NEEDLE U-100 1 ML 29 X 5/16"	Tier 3		X		
2-DEOXY-D POW -GLUCOSE	2-DEOXY-D-GLUCOSE POWDER	Tier 5				
ADAPTADERM GEL	*GEL BASE - GEL**	Tier 4				
AERCHMBR PLS MIS INTERMED	*SPACER/AEROSOL-HOLDING CHAMBERS - DEVICE***	Tier 4				
AERCHMBR PLS MIS LRG MASK	*SPACER/AEROSOL-HOLDING CHAMBERS - DEVICE***	Tier 4				
AERCHMBR PLS MIS MED MASK	*SPACER/AEROSOL-HOLDING CHAMBERS - DEVICE***	Tier 4				
AERCHMBR PLS MIS SM MASK	*SPACER/AEROSOL-HOLDING CHAMBERS - DEVICE***	Tier 4				
AEROCHAMBER MIS 2GO	*SPACER/AEROSOL-HOLDING CHAMBERS - DEVICE***	Tier 4				
AEROCHAMBER MIS HOLDING	*SPACER/AEROSOL-HOLDING CHAMBERS - DEVICE***	Tier 4				
AEROCHAMBER MIS MTHPIECE	*SPACER/AEROSOL-HOLDING CHAMBERS - DEVICE***	Tier 4				
ALCOH-WIPE MIS 12"X12"	*ALCOHOL SHEETS***	Tier 4				
ALPAWASH OIN	POLYETHYLENE GLYCOL OINTMENT	Tier 4				
ALYFTREK TAB	VANZACAFOR-TEZACAFOR-DEUTIVACAFOR TAB 10-50-125 MG	Tier 5	X	X		X
ALYFTREK TAB 4-20-50	VANZACAFOR-TEZACAFOR-DEUTIVACAFOR TAB 4-20-50 MG	Tier 5	X	X		X
AMINO ACTION TAB	*AMINO ACIDS TAB***	Tier 3	X			
ANASTROZOLE POW	ANASTROZOLE (BULK) POWDER	Tier 4				
ANDEMBRY INJ 200/1.2	GARADACIMAB-GXII SOLN AUTO-INJECTOR 200 MG/1.2ML	Tier 4	X	X		X
ANHYDROUS GEL BASE	*GEL BASE - GEL**	Tier 4				
AQINJECT PEN MIS 31GX3/16	INSULIN PEN NEEDLE 31 G X 5 MM (1/5" OR 3/16")	Tier 3		X		
AQNEURSA POW 1GM	LEVACETYLLEUCINE FOR SUSP PACKET 1 GM	Tier 5	X	X		X
ARGININE PAK 500MG	ARGININE POWDER PACKET 500 MG	Tier 3				
ARGININE TAB 500MG	ARGININE TAB 500 MG	Tier 3	X			
ASSURE ID MIS 30GX5MM	INSULIN PEN NEEDLE 30 G X 5 MM (1/5" OR 3/16")	Tier 3		X		

^ 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
ASSURE ID MIS 31GX5MM	INSULIN PEN NEEDLE 31 G X 5 MM (1/5" OR 3/16")	Tier 3		X		
ATROPINE POW SULFATE	ATROPINE SULFATE POWDER	Tier 4				
AUM MINI PEN MIS 32GX8MM	INSULIN PEN NEEDLE 32 G X 8 MM (1/3" OR 5/16")	Tier 3		X		
AUM MINI PEN MIS 33GX4MM	INSULIN PEN NEEDLE 33 G X 4 MM (1/6" OR 5/32")	Tier 3		X		
AUM MINI PEN MIS 33GX5MM	INSULIN PEN NEEDLE 33 G X 5 MM (1/5" OR 3/16")	Tier 3		X		
AUM MINI PEN MIS 33GX6MM	INSULIN PEN NEEDLE 33 G X 6 MM (1/4" OR 15/64")	Tier 3		X		
AUM SAFETY MIS 31GX4MM	INSULIN PEN NEEDLE 31 G X 4 MM (1/6" OR 5/32")	Tier 3		X		
AUM SAFETY MIS 31GX5MM	INSULIN PEN NEEDLE 31 G X 5 MM (1/5" OR 3/16")	Tier 3		X		
AUTOSHIELD MIS 30GX5MM	INSULIN PEN NEEDLE 30 G X 5 MM (1/5" OR 3/16")	Tier 3		X		
AXONA POW	*DIETARY MANAGEMENT PRODUCT - PACKET***	Tier 3				
BACOCALMINE LIQ	*PHARMACEUTICAL EXCIPIENTS (BULK) LIQUID**	Tier 4				
BASE CRE LIPOSOME	*CREAM BASE LIPOSOMIC**	Tier 4				
BD ECLIPSE MIS 23GX1"	NEEDLE (DISP) 23 X 1"	Tier 3				
BD ECLIPSE MIS 25GX5/8"	NEEDLE (DISP) 25 X 5/8"	Tier 3				
BD NEEDLE MIS 30G X 1"	NEEDLE (DISP) 30 X 1"	Tier 4				
BD NEEDLE MIS 30GX1/2"	NEEDLE (DISP) 30 X 1/2"	Tier 3				
BD NEEDLES MIS 27GX1/2"	NEEDLE (DISP) 27 X 1/2"	Tier 3				
BD PEN NEEDL MIS 29GX12.7	INSULIN PEN NEEDLE 29 G X 12.7 MM (1/2")	Tier 3		X		
BD PEN NEEDL MIS 31GX5MM	INSULIN PEN NEEDLE 31 G X 5 MM (1/5" OR 3/16")	Tier 3		X		
BD PEN NEEDL MIS 31GX8MM	INSULIN PEN NEEDLE 31 G X 8 MM (1/3" OR 5/16")	Tier 3		X		
BD SAFETY MIS 23GX1.5"	NEEDLE (DISP) 23 X 1-1/2"	Tier 3				
BD SHARPS MIS 1.4QT	*SHARPS CONTAINER - MISC***	Tier 4				
BD SHARPS MIS 3.3QT	*SHARPS CONTAINER - MISC***	Tier 4				
BD SHARPS MIS 5.1L	*SHARPS CONTAINER - MISC***	Tier 4				
BENEPROTEIN POW UNFLAVOR	*PROTEIN ORAL POWDER***	Tier 4				
BIGFOOT UNIT KIT PROGRAM	*BLOOD GLUCOSE MONITOR KIT W/ MONITOR DEVICE & DIGITAL APP**	Tier 4				
BISMUTH SUBC POW	BISMUTH SUBCARBONATE POWDER	Tier 4				
BISOPROL FUM POW	BISOPROLOL FUMARATE (BULK) POWDER	Tier 4				
BLUJEP TAB 750MG	GEPOTIDACIN MESYLATE TAB 750 MG	Tier 5		X		
BOOST SOOTHE LIQ PCH/MINT	*PROTEIN ORAL LIQUID***	Tier 4	X			

^ 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
BOOST SOOTHE LIQ PCH/MINT	*PROTEIN ORAL LIQUID***	Tier 4				
BOOST SOOTHE LIQ STR/KIWI	*PROTEIN ORAL LIQUID***	Tier 4				
BOOST SOOTHE LIQ STR/KIWI	*PROTEIN ORAL LIQUID***	Tier 4	X			
BRINSUPRI TAB 10MG	BRENSOCATIB TAB 10 MG	Tier 5	X	X		X
BRINSUPRI TAB 25MG	BRENSOCATIB TAB 25 MG	Tier 5	X	X		X
BUPIVACAINE POW HCL	BUPIVACAINE HCL POWDER	Tier 4				
CALCIUM POW FOLINATE	LEUCOVORIN CALCIUM POWDER	Tier 5				
CAM PRO COMP BAR GLYTACTI	*NUTRITIONAL SUPPLEMENT BAR**	Tier 4				
CAM PRO COMP BAR GLYTACTI	*NUTRITIONAL SUPPLEMENT BAR**	Tier 3				
CARBOGEL GEL 940	*CARBOMER GEL BASE**	Tier 4				
CARBOHOL GEL 940	*CARBOMER GEL BASE**	Tier 3				
CARBOMER GEL AQUEOUS	*CARBOMER GEL BASE**	Tier 4				
CARBOMER GEL HYDROALC	*CARBOMER GEL BASE**	Tier 4				
CAREFINE MIS 31GX8MM	INSULIN PEN NEEDLE 31 G X 8 MM (1/3" OR 5/16")	Tier 3		X		
CAREPOINT SA MIS 23GX1"	NEEDLE (DISP) 23 X 1"	Tier 3				
CAREPOINT SA MIS 23GX11/2	NEEDLE (DISP) 23 X 1-1/2"	Tier 3				
CAREPOINT SA MIS 25GX1"	NEEDLE (DISP) 25 X 1"	Tier 3				
CAREPOINT SA MIS 25GX11/2	NEEDLE (DISP) 25 X 1-1/2"	Tier 3				
CAREPOINT SA MIS 25GX5/8"	NEEDLE (DISP) 25 X 5/8"	Tier 3				
CARETOUCH MIS 27GX1.5"	NEEDLE (DISP) 27 X 1-1/2"	Tier 3				
CARETOUCH MIS 31GX5MM	INSULIN PEN NEEDLE 31 G X 5 MM (1/5" OR 3/16")	Tier 3		X		
CARETOUCH MIS 31GX6MM	INSULIN PEN NEEDLE 31 G X 6 MM (1/4" OR 15/64")	Tier 3		X		
CARETOUCH MIS 31GX8MM	INSULIN PEN NEEDLE 31 G X 8 MM (1/3" OR 5/16")	Tier 3		X		
CAYA DPR	*DIAPHRAGM ARC-SPRING***	Tier 1				
CEQUR SIMPL KIT PATCH 2U	INJECTION DEVICE FOR INSULIN	Tier 4			X	
CHEMSIL K-51 GEL	*GEL BASE - GEL**	Tier 4				
CHEMSTRIP BG MIS LOG	*BLOOD GLUCOSE MONITORING MISC.***	Tier 2				
CHERRY SYP	CHERRY SYRUP	Tier 4				
CHOLESTYRAMI POW	CHOLESTYRAMINE (BULK) POWDER	Tier 4	X			
CHOLESTYRAMI POW RESIN	CHOLESTYRAMINE (BULK) POWDER	Tier 4	X			
CISPLATIN POW	CISPLATIN (BULK) POWDER	Tier 4				
CITRULLINE POW (L)	CITRULLINE (BULK) POWDER	Tier 4				
CITRULLINE POW 1000	CITRULLINE ORAL PACKET 1 GM	Tier 3	X			
CLOPIDOGREL POW BISULFAT	CLOPIDOGREL BISULFATE (BULK) POWDER	Tier 4				
CLOVAGEL GEL	*GEL BASE - GEL**	Tier 4				
CO Q 10 CAP 100MG	COENZYME Q10 CAP 100 MG	Tier 2				

^ 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
CO Q-10 CAP 100MG	COENZYME Q10 CAP 100 MG	Tier 2				
CO Q-10 CAP 200MG	COENZYME Q10 CAP 200 MG	Tier 2	X			
CO Q-10 CAP 50MG	COENZYME Q10 CAP 50 MG	Tier 3	X			
COENZYME Q10 CAP 100MG	COENZYME Q10 CAP 100 MG	Tier 2	X			
COENZYME Q10 CAP 100MG	COENZYME Q10 CAP 100 MG	Tier 3				
COENZYME Q10 CAP 200MG	COENZYME Q10 CAP 200 MG	Tier 2				
COENZYME Q10 CAP 200MG	COENZYME Q10 CAP 200 MG	Tier 3				
COENZYME Q10 CAP 30MG	COENZYME Q10 CAP 30 MG	Tier 2				
COENZYME Q10 CAP 50MG	COENZYME Q10 CAP 50 MG	Tier 3				
COENZYME Q10 CAP 50MG	COENZYME Q10 CAP 50 MG	Tier 3	X			
COLLODION LIQ FLEXIBLE	COLLODION FLEXIBLE	Tier 4				
COMFORT EZ MIS 31GX4MM	INSULIN PEN NEEDLE 31 G X 4 MM (1/6" OR 5/32")	Tier 3		X		
COMFORT EZ MIS 31GX5MM	INSULIN PEN NEEDLE 31 G X 5 MM (1/5" OR 3/16")	Tier 3		X		
COMFORT TOUC MIS 31GX4MM	INSULIN PEN NEEDLE 31 G X 4 MM (1/6" OR 5/32")	Tier 3		X		
COMFORT TOUC MIS 31GX5MM	INSULIN PEN NEEDLE 31 G X 5 MM (1/5" OR 3/16")	Tier 3		X		
COMFORT TOUC MIS 31GX6MM	INSULIN PEN NEEDLE 31 G X 6 MM (1/4" OR 15/64")	Tier 3		X		
COMFORT TOUC MIS 31GX8MM	INSULIN PEN NEEDLE 31 G X 8 MM (1/3" OR 5/16")	Tier 3		X		
COMFORT TOUC MIS 32GX8MM	INSULIN PEN NEEDLE 32 G X 8 MM (1/3" OR 5/16")	Tier 3		X		
COMFORT TOUC MIS 33GX1/4"	INSULIN PEN NEEDLE 33 G X 6 MM (1/4" OR 15/64")	Tier 3		X		
COMFORT TOUC MIS 33GX3/16	INSULIN PEN NEEDLE 33 G X 5 MM (1/5" OR 3/16")	Tier 3		X		
COMFORT TOUC MIS 33GX5/32	INSULIN PEN NEEDLE 33 G X 4 MM (1/6" OR 5/32")	Tier 3		X		
COMPLEAT ORG LIQ PLNT BAS	*NUTRITIONAL SUPPLEMENT LIQUID (ENTERAL)**	Tier 4	X			
COMPLEAT PED LIQ PLNT BAS	*NUTRITIONAL SUPPLEMENT LIQUID (ENTERAL)**	Tier 4	X			
CONDOMS MIS	*CONDOMS - MALE***	Tier 1		X		
CONTOUR HIGH LIQ CONTROL	*BLOOD GLUCOSE CALIBRATION - LIQUID - HIGH***	Tier 4				
CONTOUR LOW LIQ CONTROL	*BLOOD GLUCOSE CALIBRATION - LIQUID - LOW***	Tier 3				
CONTOUR NEXT SOL LEVEL 1	*BLOOD GLUCOSE CALIBRATION - LIQUID - LOW***	Tier 3				
CONTOUR NEXT SOL LEVEL 2	*BLOOD GLUCOSE CALIBRATION - LIQUID - NORMAL***	Tier 3				

^ 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
CONTOUR NORM LIQ CONTROL	*BLOOD GLUCOSE CALIBRATION - LIQUID - NORMAL***	Tier 3				
CONTROL MIS SOLUTION	*BLOOD GLUCOSE CALIBRATION - LIQUID - NORMAL***	Tier 3				
CONTROL HIGH SOL UNISTRIIP	*BLOOD GLUCOSE CALIBRATION - LIQUID - HIGH***	Tier 4				
CONTROL LOW SOL UNISTRIIP	*BLOOD GLUCOSE CALIBRATION - LIQUID - LOW***	Tier 4				
COQ-10 CAP 100MG	COENZYME Q10 CAP 100 MG	Tier 2	X			
COQ10 CAP 100MG	COENZYME Q10 CAP 100 MG	Tier 2				
COQ10 CAP 200MG	COENZYME Q10 CAP 200 MG	Tier 2	X			
CORN OIL	CORN OIL (BULK)	Tier 4				
CORN SYP	CORN SYRUP	Tier 4				
CORTROSYN INJ 0.25MG	COSYNTROPIN FOR INJ 0.25 MG	Tier 5				
COSYNTROPIN INJ 0.25MG	COSYNTROPIN FOR INJ 0.25 MG	Tier 2				
CREAM BASE CRE NIOSOMES	*CREAM BASE NIOSOMES**	Tier 4				
CREAM-HEAVY CRE BASE	*CREAM BASE NIOSOMES**	Tier 4				
CRENESSITY CAP 100MG	CRINECERFONT CAP 100 MG	Tier 5	X	X		X
CRENESSITY CAP 25MG	CRINECERFONT CAP 25 MG	Tier 5	X	X		X
CRENESSITY CAP 50MG	CRINECERFONT CAP 50 MG	Tier 5	X	X		X
CRENESSITY SOL 50MG/ML	CRINECERFONT ORAL SOLN 50 MG/ML	Tier 5	X	X		X
CRYOSERV SOL	*DIMETHYL SULFOXIDE - SOLUTION***	Tier 4				
CVS ADVANTAG POW /IRON	*INFANT FOODS POWDER**	Tier 3				
CVS COQ-10 CAP 100MG	COENZYME Q10 CAP 100 MG	Tier 2				
CVS COQ-10 CAP 200MG	COENZYME Q10 CAP 200 MG	Tier 2	X			
CVS COQ-10 CAP 50MG	COENZYME Q10 CAP 50 MG	Tier 2				
CVS COQ-10 CAP 50MG	COENZYME Q10 CAP 50 MG	Tier 2	X			
CVS SENSITIV POW /IRON	*INFANT FOODS POWDER**	Tier 3				
CVS TENDER POW /IRON	*INFANT FOODS POWDER**	Tier 3				
CVS TODDLER POW INFANT	*INFANT FOODS POWDER**	Tier 3				
CYCLOPHOSPHA POW	CYCLOPHOSPHAMIDE (BULK) POWDER	Tier 5				
CYCLOSPORINE POW	CYCLOSPORINE (BULK) POWDER	Tier 5				
CYCLOSPORINE POW A	CYCLOSPORINE (BULK) POWDER	Tier 5				
CYSTINE PAK 500MG	CYSTINE PACKET 500 MG	Tier 3	X			
DERMASHIELD GEL HYDROGEL	*GEL BASE - GEL**	Tier 4				
DEXCOM G6 MIS TRANSMIT	*CONTINUOUS GLUCOSE SYSTEM TRANSMITTER***	Tier 4	X	X		
DIABECIN HR CRE	LIDOCAINE-BENZALKONIUM (PODIATRIC) CREAM 4.12-0.13%	Tier 4				
DIABETES KIT ADD-ON	*BLOOD GLUCOSE MONITOR KIT W/ MONITOR DEVICE & DIGITAL APP**	Tier 4				

^ 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
DIABETES KIT SOLUTION	*BLOOD GLUCOSE MONITOR KIT W/ MONITOR DEVICE & DIGITAL APP**	Tier 4				
DIHYDROERGOT POW MESYLATE	DIHYDROERGOTAMINE MESYLATE POWDER	Tier 4				
DIMETHYL SOL SULFOXID	*DIMETHYL SULFOXIDE - SOLUTION***	Tier 4				
DOXYCYCLINE POW HYCLATE	DOXYCYCLINE HYCLATE POWDER	Tier 4				
DR BROWNS POW GOOD ST	*INFANT FOODS POWDER**	Tier 3				
DROPLET MICR MIS 34GX9/64	INSULIN PEN NEEDLE 34 G X 3.5 MM (9/64")	Tier 3		X		
DROPSAFE MIS 31GX4MM	INSULIN PEN NEEDLE 31 G X 4 MM (1/6" OR 5/32")	Tier 3		X		
DROPSAFE MIS 31GX5MM	INSULIN PEN NEEDLE 31 G X 5 MM (1/5" OR 3/16")	Tier 3		X		
DROPSAFE MIS 31GX8MM	INSULIN PEN NEEDLE 31 G X 8 MM (1/3" OR 5/16")	Tier 3		X		
DROPSAFE SIC MIS 25GX1"	NEEDLE (DISP) 25 X 1"	Tier 3				
DROPSAFE SIC MIS 25GX5/8"	NEEDLE (DISP) 25 X 5/8"	Tier 3				
DUREX MIS TROPICAL	CONDOMS LATEX LUBRICATED	Tier 1		X		
DUREX EXTRA MIS SENSITIV	CONDOMS LATEX LUBRICATED	Tier 1		X		
EASIVENT MIS	*SPACER/AEROSOL-HOLDING CHAMBERS - DEVICE***	Tier 4				
EASIVENT MIS MASK LG	*SPACER/AEROSOL-HOLDING CHAMBERS - DEVICE***	Tier 4				
EASIVENT MIS MASK SM	*SPACER/AEROSOL-HOLDING CHAMBERS - DEVICE***	Tier 4				
EASIVENT MIS MASK MED	*SPACER/AEROSOL-HOLDING CHAMBERS - DEVICE***	Tier 4				
EASY COMFORT MIS 0.3/31G	INSULIN SYRINGE/NEEDLE U-100 0.3 ML 31 X 5/16"	Tier 3		X		
EASY COMFORT MIS 0.3/31G	INSULIN SYRINGE/NEEDLE U-100 0.3 ML 31 X 1/2"	Tier 3		X		
EASY COMFORT MIS 29GX4MM	INSULIN PEN NEEDLE 29 G X 4 MM (1/6" OR 5/32")	Tier 3		X		
EASY COMFORT MIS 29GX5MM	INSULIN PEN NEEDLE 29 G X 5 MM (1/5" OR 3/16")	Tier 3		X		
EASY COMFORT MIS 31GX5MM	INSULIN PEN NEEDLE 31 G X 5 MM (1/5" OR 3/16")	Tier 3		X		
EASY COMFORT MIS 31GX6MM	INSULIN PEN NEEDLE 31 G X 6 MM (1/4" OR 15/64")	Tier 3		X		
EASY COMFORT MIS SHARPS	*SHARPS CONTAINER - MISC***	Tier 4				
EASYMAX SOL NORMAL	*BLOOD GLUCOSE CALIBRATION - LIQUID - NORMAL***	Tier 4				
EC-RX DHEA CRE 10%	*PRASTERONE (DHEA) CREAM 10% (COMPOUND KIT)***	Tier 4				

^ 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
EC-RX DHEA CRE 4%	*PRASTERONE (DHEA) CREAM 4% (COMPOUND KIT)***	Tier 4				
ECLIPSE NDL MIS 21GX1"	NEEDLE (DISP) 21 X 1"	Tier 3				
ECLIPSE NDLE MIS 21GX1.5"	NEEDLE (DISP) 21 X 1-1/2"	Tier 3				
ECLIPSE NDLE MIS 25GX1.5"	NEEDLE (DISP) 25 X 1-1/2"	Tier 3				
EMBECTA AUTO MIS DUO	INSULIN PEN NEEDLE 30 G X 5 MM (1/5" OR 3/16")	Tier 3		X		
EMBECTA UF MIS 29GX12.7	INSULIN PEN NEEDLE 29 G X 12.7 MM (1/2")	Tier 3		X		
EMBECTA UF MIS 31GX5MM	INSULIN PEN NEEDLE 31 G X 5 MM (1/5" OR 3/16")	Tier 3		X		
EMBECTA UF MIS 31GX8MM	INSULIN PEN NEEDLE 31 G X 8 MM (1/3" OR 5/16")	Tier 3		X		
EMBRACE SOL LOW	*BLOOD GLUCOSE CALIBRATION - LIQUID - LOW***	Tier 4				
EN GENTLEASE POW FUSS/GAS	*INFANT FOODS POWDER**	Tier 3				
ENFA NUTRAMI CON LIPIL	*INFANT FOODS CONC**	Tier 3				
ENFA NUTRAMI LIQ	*INFANT FOODS LIQUID**	Tier 3				
ENFA NUTRAMI LIQ DHA/ARA	*INFANT FOODS LIQUID**	Tier 3	X			
ENFA NUTRAMI LIQ DHA/ARA	*INFANT FOODS LIQUID**	Tier 4				
ENFA NUTRAMI POW PROB/LGG	*INFANT FOODS POWDER**	Tier 3				
ENFA NUTRAMI POW TOD/ENFL	*INFANT FOODS POWDER**	Tier 3				
ENFA PREGEST LIQ LIPIL	*INFANT FOODS LIQUID**	Tier 3				
ENFA PROSOBE CON LIPIL	*INFANT FOODS CONC**	Tier 3	X			
ENFA PROSOBE LIQ LIPIL	*INFANT FOODS LIQUID**	Tier 3				
ENFA PROSOBE LIQ SENSITIV	*INFANT FOODS LIQUID**	Tier 4				
ENFAGROW POW PREMIUM	*INFANT FOODS POWDER**	Tier 3				
ENFAGROW POW PREMIUM	*INFANT FOODS POWDER**	Tier 3	X			
ENFAGROW PRM POW TODDLER	*INFANT FOODS POWDER**	Tier 3				
ENFAMIL LIQ DHA/ARA	*INFANT FOODS LIQUID**	Tier 4	X			
ENFAMIL LIQ GENTLEAS	*INFANT FOODS LIQUID**	Tier 3				
ENFAMIL LIQ GENTLEAS	*INFANT FOODS LIQUID**	Tier 4				
ENFAMIL LIQ PREMATUR	*INFANT FOODS LIQUID**	Tier 3	X			
ENFAMIL POW ENSPIRE	*INFANT FOODS POWDER**	Tier 3				
ENFAMIL POW REGULINE	*INFANT FOODS POWDER**	Tier 3				
ENFAMIL AR LIQ LIPIL	*INFANT FOODS LIQUID**	Tier 3				
ENFAMIL AR POW SPIT-UP	*INFANT FOODS POWDER**	Tier 3				
ENFAMIL HUMA CON HIGH PRO	*INFANT FOODS CONC**	Tier 4				
ENFAMIL HUMA CON STD PROT	*INFANT FOODS CONC**	Tier 4				
ENFAMIL HUMA LIQ FORTIFIE	*INFANT FOODS LIQUID**	Tier 3				
ENFAMIL HUMA POW FORTIFIE	*INFANT FOODS PACKET**	Tier 3				

^ 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
ENFAMIL INFA LIQ FORMULA	*INFANT FOODS LIQUID**	Tier 4				
ENFAMIL INFA POW FORMULA	*INFANT FOODS POWDER**	Tier 3				
ENFAMIL LIPI LIQ GENTLEAS	*INFANT FOODS LIQUID**	Tier 3				
ENFAMIL NEUR LIQ ENFACARE	*INFANT FOODS LIQUID**	Tier 4				
ENFAMIL NEUR LIQ INFANT	*INFANT FOODS LIQUID**	Tier 4				
ENFAMIL NEUR POW ENFACARE	*INFANT FOODS POWDER**	Tier 3				
ENFAMIL NEUR POW GENTLEAS	*INFANT FOODS POWDER**	Tier 3				
ENFAMIL NEUR POW SENSITIV	*INFANT FOODS POWDER**	Tier 3				
ENFAMIL PREM CON LIPIL	*INFANT FOODS CONC**	Tier 3				
ENFAMIL PREM LIQ INFANT	*INFANT FOODS LIQUID**	Tier 3	X			
ENFAMIL PREM POW INFANT	*INFANT FOODS POWDER**	Tier 3				
ENFAMIL PREM POW NEWBORN	*INFANT FOODS POWDER**	Tier 3				
ENFAMIL SOY POW PROSOBEE	*INFANT FOODS POWDER**	Tier 3				
ENFAROW LIQ NEUROPRO	*INFANT FOODS LIQUID**	Tier 4	X			
ENFAROW NEXT LIQ VANILLA	*INFANT FOODS LIQUID**	Tier 4				
ENTERAGAM POW 5GM	SERUM-DERIVED BOVINE IMMUNOGLOB/ PROTEIN ISOLATE 5 GM PACKET	Tier 3				
ERGOLOID MES TAB 1MG ORAL	ERGOLOID MESYLATES TAB 1 MG	Tier 2				
ESSENTRA MIS 9X9"	*ALCOHOL SHEETS***	Tier 4				
ETHOSUXIMIDE POW	ETHOSUXIMIDE (BULK) POWDER	Tier 4				
ETHYLPARABEN POW	*BULK CHEMICALS - POWDER**	Tier 5				
ETOPOSIDE POW	ETOPOSIDE (BULK) POWDER	Tier 5				
FC2 FEMALE MIS CONDOM	*CONDOMS - FEMALE***	Tier 1		X		
FE PYROPHOSP POW	*BULK CHEMICALS - POWDER**	Tier 5				
FEMCAP MIS 22MM	CERVICAL CAP 22 MM	Tier 1				
FEMCAP MIS 26MM	CERVICAL CAP 26 MM	Tier 1				
FEMCAP MIS 30MM	CERVICAL CAP 30 MM	Tier 1				
FIRDAPSE TAB 10MG	AMIFAMPRIDINE PHOSPHATE TAB 10 MG (BASE EQUIVALENT)	Tier 4	X	X		X
FISH OIL CAP 300MG	*OMEGA-3 FATTY ACIDS CAP 300 MG**	Tier 2				
FLAVOR BLEND SUS	*ORAL VEHICLES - SUSP***	Tier 4				
FLAVOR PLUS LIQ	*ORAL VEHICLES***	Tier 4				
FLAVOR SWEET SOL DYE FREE	*ORAL VEHICLES - SYRUP***	Tier 4				
FLAVOR SWEET SOL SF DYE	*ORAL VEHICLES - SYRUP***	Tier 4				
FLAVOR SWEET SYP	*ORAL VEHICLES - SYRUP***	Tier 4				
FLEXICHAMBER MIS	*SPACER/AEROSOL-HOLDING CHAMBERS - DEVICE***	Tier 4				
FLEXICHAMBER MIS MASK LRG	*SPACER/AEROSOL-HOLDING CHAMBER SUPPLIES - MASKS***	Tier 3				

^ 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
FLEXICHAMBER MIS MASK SM	*SPACER/AEROSOL-HOLDING CHAMBER SUPPLIES - MASKS***	Tier 3				
FLUOROURACIL POW	FLUOROURACIL (BULK) POWDER	Tier 5				
FOLIC ACID POW	FOLIC ACID POWDER	Tier 4				
FOOD COLOR LIQ BLUE	DYE FDC BLUE 1 (BRILLIANT BLUE FCF) - LIQUID	Tier 4				
FORA TEST GO MIS ADV MOBL	*BLOOD GLUCOSE/KETONE MONITORING DEVICES***	Tier 4				
FORANE SOL	ISOFLURANE INHAL SOLN	Tier 3				
FORMALDEHYDE SOL 10%	FORMALDEHYDE SOLUTION 10%	Tier 2				
FORMALDEHYDE SOL 37%	FORMALDEHYDE SOLUTION 37%	Tier 2				
FREEDOM GEL CEPAPRO	*GEL BASE - GEL**	Tier 4				
FREEDOM GEL SILOMAC	*GEL BASE - GEL**	Tier 4				
FT CO Q-10 CAP 100MG	COENZYME Q10 CAP 100 MG	Tier 2				
FT CO Q-10 CAP 200MG	COENZYME Q10 CAP 200 MG	Tier 2				
G-PREPROTEIN LIQ	*AMINO ACIDS ORAL LIQUID***	Tier 3	X			
GERBER GOOD CON SOY/IRON	*INFANT FOODS CONC**	Tier 3	X			
GERBER GOOD CON W/IRON	*INFANT FOODS CONC**	Tier 3	X			
GERBER GOOD LIQ SOY/IRON	*INFANT FOODS LIQUID**	Tier 3	X			
GERBER GOOD LIQ W/IRON	*INFANT FOODS LIQUID**	Tier 3	X			
GERBER GOOD POW SOY/IRON	*INFANT FOODS POWDER**	Tier 3	X			
GERBER GOOD POW W/IRON	*INFANT FOODS POWDER**	Tier 3	X			
GLIPIZIDE POW	GLIPIZIDE POWDER	Tier 4				
GLUCOSE SUP LIQ 1.2	*NUTRITIONAL SUPPLEMENT LIQUID (ENTERAL)**	Tier 4	X			
GLUTARALDEHY SOL 25%	GLUTARAL SOLN 25%	Tier 2				
GLYBURIDE POW	GLYBURIDE POWDER	Tier 4				
GLYCERIN LIQ	GLYCERIN LIQUID	Tier 3				
GLYCERIN LIQ	GLYCERIN LIQUID	Tier 4				
GLYCEROL LIQ FORMAL	GLYCERIN LIQUID	Tier 4				
GLYTAC COMPL BAR 10PE	*NUTRITIONAL SUPPLEMENT BAR**	Tier 4				
GNP PEN NEED MIS 31GX5MM	INSULIN PEN NEEDLE 31 G X 5 MM (1/5" OR 3/16")	Tier 3		X		
GNP PEN NEED MIS 31GX8MM	INSULIN PEN NEEDLE 31 G X 8 MM (1/3" OR 5/16")	Tier 3		X		
GNP ULTICARE MIS 31GX5/16	INSULIN PEN NEEDLE 31 G X 8 MM (1/3" OR 5/16")	Tier 3		X		
GOOD START CON SOY/IRON	*INFANT FOODS CONC**	Tier 3	X			
GOOD START CON W/IRON	*INFANT FOODS CONC**	Tier 3	X			
GOOD START LIQ SOY/IRON	*INFANT FOODS LIQUID**	Tier 3	X			
GOOD START LIQ W/IRON	*INFANT FOODS LIQUID**	Tier 3	X			

^ 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
GOOD START POW NATURAL	*INFANT FOODS POWDER**	Tier 3				
GOOD START POW SOY PLS2	*INFANT FOODS POWDER**	Tier 3	X			
GOOD START POW SOY/IRON	*INFANT FOODS POWDER**	Tier 3	X			
GOOD START POW W/IRON	*INFANT FOODS POWDER**	Tier 3	X			
GOOD START 2 CON W/IRON	*INFANT FOODS CONC**	Tier 3				
GOOD START 2 LIQ W/IRON	*INFANT FOODS LIQUID**	Tier 3				
GOOD START 2 POW SOY/IRON	*INFANT FOODS POWDER**	Tier 3	X			
GUARDIAN MIS LINK 3	*CONTINUOUS GLUCOSE SYSTEM TRANSMITTER***	Tier 4	X	X		
GUARDIAN 4 MIS TRANSMIT	*CONTINUOUS GLUCOSE SYSTEM TRANSMITTER***	Tier 4	X	X		
GUARDIAN CON MIS TRANSMIT	*CONTINUOUS GLUCOSE SYSTEM TRANSMITTER***	Tier 4	X	X		
GUARDIAN RT MIS CHARGER	*CONTINUOUS GLUCOSE MONITOR SUPPLIES***	Tier 4	X			
GUARDIAN RT MIS TST PLUG	*CONTINUOUS GLUCOSE MONITOR SUPPLIES***	Tier 4	X			
HAN-EASE MIS	*INJECTION DEVICE - MISC***	Tier 4				
HEPARIN LOCK INJ 100/ML	HEPARIN SODIUM (PORCINE) LOCK FLUSH IV SOLN 100 UNIT/ML	Tier 2				
HEPARIN LOCK INJ 100/ML	HEPARIN SODIUM (PORCINE) LOCK FLUSH PF IV SOLN 100 UNIT/ML	Tier 2				
HEPARIN LOCK INJ 10UNT/ML	HEPARIN SODIUM (PORCINE) LOCK FLUSH IV SOLN 10 UNIT/ML	Tier 2				
HEPARIN LOCK INJ 10UNT/ML	HEPARIN SODIUM (PORCINE) LOCK FLUSH PF IV SOLN 10 UNIT/ML	Tier 2				
HERNEXEOS TAB 60MG	ZONGERTINIB TAB 60 MG	Tier 5	X	X		X
HOLDING CHAM MIS ADULT	*SPACER/AEROSOL-HOLDING CHAMBERS - DEVICE***	Tier 4				
HOLDING CHAM MIS CHILD	*SPACER/AEROSOL-HOLDING CHAMBERS - DEVICE***	Tier 4				
HORMONE BASE CRE NIOSOMES	*HORMONE CREAM BASE NIOSOMES**	Tier 4				
HORMONE HEAV CRE NIOSOMES	*HORMONE CREAM BASE NIOSOMES**	Tier 4				
HYDROGEL GEL	*CARBOMER GEL BASE**	Tier 4				
HYDROXYUREA POW	HYDROXYUREA (BULK) POWDER	Tier 5				
HYPO NEEDLE MIS 20GX1"	NEEDLE (DISP) 20 X 1"	Tier 3				
HYPO NEEDLE MIS 22GX1"	NEEDLE (DISP) 22 X 1"	Tier 3				
HYPO NEEDLE MIS 23GX1.5"	NEEDLE (DISP) 23 X 1-1/2"	Tier 3				
HYPO NEEDLE MIS 23GX1"	NEEDLE (DISP) 23 X 1"	Tier 3				
HYPO NEEDLE MIS 25GX1.5"	NEEDLE (DISP) 25 X 1-1/2"	Tier 3				
HYPO NEEDLE MIS 25GX1"	NEEDLE (DISP) 25 X 1"	Tier 3				

^ 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
HYPO NEEDLE MIS 25GX5/8"	NEEDLE (DISP) 25 X 5/8"	Tier 3				
IGG 2000 CWP CAP	*PROTEIN CAP***	Tier 4				
IGG 2000 CWP POW	*PROTEIN ORAL POWDER***	Tier 4				
IGG PURE POW	*PROTEIN ORAL POWDER***	Tier 4				
IMPACT PEPT LIQ 1.5	*NUTRITIONAL SUPPLEMENT LIQUID (ENTERAL)**	Tier 4	X			
INBRIJA CAP 42MG	LEVODOPA INHAL POWDER CAP 42 MG	Tier 4	X	X		X
INFANT FORM POW /IRON	*INFANT FOODS POWDER**	Tier 3				
INFINITY SOL HIGH CON	*BLOOD GLUCOSE CALIBRATION - LIQUID - HIGH***	Tier 3				
INFINITY SOL LOW CON	*BLOOD GLUCOSE CALIBRATION - LIQUID - LOW***	Tier 3				
INPEN 100EL MIS BLUE-HUM	INJECTION DEVICE FOR INSULIN	Tier 4			X	
INPEN 100EL MIS GREY-HUM	INJECTION DEVICE FOR INSULIN	Tier 4			X	
INPEN 100EL MIS PINK HUM	INJECTION DEVICE FOR INSULIN	Tier 4			X	
INPEN 100NN MIS BLUE NOV	INJECTION DEVICE FOR INSULIN	Tier 4			X	
INPEN 100NN MIS GREY NOV	INJECTION DEVICE FOR INSULIN	Tier 4			X	
INPEN 100NN MIS PINK NOV	INJECTION DEVICE FOR INSULIN	Tier 4			X	
INPEN BLUE MIS HUMALOG	INJECTION DEVICE FOR INSULIN	Tier 4			X	
INPEN BLUE MIS NOVO/FIA	INJECTION DEVICE FOR INSULIN	Tier 4			X	
INPEN GREY MIS HUMALOG	INJECTION DEVICE FOR INSULIN	Tier 4			X	
INPEN GREY MIS NOVO/FIA	INJECTION DEVICE FOR INSULIN	Tier 4			X	
INPEN PINK MIS HUMALOG	INJECTION DEVICE FOR INSULIN	Tier 4			X	
INPEN PINK MIS NOVO/FIA	INJECTION DEVICE FOR INSULIN	Tier 4			X	
INS SYR U500 MIS 0.5/31G	INSULIN SYRINGE/NEEDLE U-500 0.5 ML 31G X 6MM (15/64")	Tier 3		X		
INS SYR U500 MIS 31GX6MM	INSULIN SYRINGE/NEEDLE U-500 0.5 ML 31G X 6MM (15/64")	Tier 3		X		
INSPIREASE MIS DD SYST	*SPACER/AEROSOL-HOLDING CHAMBERS - DEVICE***	Tier 4				
INSPIREASE MIS RES BAG	*SPACER/AEROSOL-HOLDING CHAMBER SUPPLIES - BAGS***	Tier 3				
INSUL-TOTE MIS ULTIMATE	*BLOOD GLUCOSE MONITORING SUPPLIES***	Tier 4				
INSULIN SYRG MIS 0.3/29G	INSULIN SYRINGE/NEEDLE U-100 0.3 ML 29 X 1/2"	Tier 3		X		
INSULIN SYRG MIS 0.3/30G	INSULIN SYRINGE/NEEDLE U-100 0.3 ML 30 X 1/2"	Tier 3		X		
INSULIN SYRG MIS 0.3/30G	INSULIN SYRINGE/NEEDLE U-100 0.3 ML 30 X 5/16"	Tier 3		X		
INSULIN SYRG MIS 0.3/31G	INSULIN SYRINGE/NEEDLE U-100 0.3 ML 31 X 15/64"	Tier 3		X		

^ 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 0.3/31G	INSULIN SYRINGE/NEEDLE U-100 0.3 ML 31 X 5/16"	Tier 3		X		
INSULIN SYRG MIS 0.3ML/31	INSULIN SYRINGE/NEEDLE U-100 0.3 ML 31 X 5/16"	Tier 3		X		
INSULIN SYRG MIS 0.5/28G	INSULIN SYRINGE/NEEDLE U-100 1/2 ML 28 X 1/2"	Tier 3		X		
INSULIN SYRG MIS 0.5/29G	INSULIN SYRINGE/NEEDLE U-100 1/2 ML 29 X 1/2"	Tier 3		X		
INSULIN SYRG MIS 0.5/29G	INSULIN SYRINGE/NEEDLE U-100 1/2 ML 29 X 5/16"	Tier 3		X		
INSULIN SYRG MIS 0.5/30G	INSULIN SYRINGE/NEEDLE U-100 1/2 ML 30 X 1/2"	Tier 3		X		
INSULIN SYRG MIS 0.5/30G	INSULIN SYRINGE/NEEDLE U-100 1/2 ML 30 X 5/16"	Tier 3		X		
INSULIN SYRG MIS 0.5/31G	INSULIN SYRINGE/NEEDLE U-100 1/2 ML 31 X 15/64"	Tier 3		X		
INSULIN SYRG MIS 0.5/31G	INSULIN SYRINGE/NEEDLE U-100 1/2 ML 31 X 5/16"	Tier 3		X		
INSULIN SYRG MIS 1/2ML/30	INSULIN SYRINGE/NEEDLE U-100 1/2 ML 30 X 5/16"	Tier 3		X		
INSULIN SYRG MIS 1/2ML/31	INSULIN SYRINGE/NEEDLE U-100 1/2 ML 31 X 5/16"	Tier 3		X		
INSULIN SYRG MIS 1ML/27G	INSULIN SYRINGE/NEEDLE U-100 1 ML 27 X 5/8"	Tier 3		X		
INSULIN SYRG MIS 1ML/27G	INSULIN SYRINGE/NEEDLE U-100 1 ML 27 X 1/2"	Tier 3		X		
INSULIN SYRG MIS 1ML/28G	INSULIN SYRINGE/NEEDLE U-100 1 ML 28 X 1/2"	Tier 3		X		
INSULIN SYRG MIS 1ML/28G	INSULIN SYRINGE/NEEDLE U-100 1 ML 28 X 5/16"	Tier 3		X		
INSULIN SYRG MIS 1ML/29G	INSULIN SYRINGE/NEEDLE U-100 1 ML 29 X 1/2"	Tier 3		X		
INSULIN SYRG MIS 1ML/29G	INSULIN SYRINGE/NEEDLE U-100 1 ML 29 X 5/16"	Tier 3		X		
INSULIN SYRG MIS 1ML/30G	INSULIN SYRINGE/NEEDLE U-100 1 ML 30 X 1/2"	Tier 3		X		
INSULIN SYRG MIS 1ML/30G	INSULIN SYRINGE/NEEDLE U-100 1 ML 30 X 5/16"	Tier 3		X		
INSULIN SYRG MIS 1ML/31G	INSULIN SYRINGE/NEEDLE U-100 1 ML 31 X 15/64"	Tier 3		X		
INSULIN SYRG MIS 1ML/31G	INSULIN SYRINGE/NEEDLE U-100 1 ML 31 X 5/16"	Tier 3		X		
INSULIN SYRG MIS 1ML/32G	INSULIN SYRINGE/NEEDLE U-100 1 ML 32 X 5/16"	Tier 3		X		
INSULIN SYRG MIS 27GX1/2"	INSULIN SYRINGE/NEEDLE U-100 1/2 ML 27 X 1/2"	Tier 3		X		

^ 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 27GX1/2"	INSULIN SYRINGE/NEEDLE U-100 1 ML 27 X 1/2"	Tier 3		X		
INSULIN SYRG MIS 28GX1/2"	INSULIN SYRINGE/NEEDLE U-100 1 ML 28 X 1/2"	Tier 3		X		
INSULIN SYRG MIS 28GX1/2"	INSULIN SYRINGE/NEEDLE U-100 1/2 ML 28 X 1/2"	Tier 3		X		
INSULIN SYRG MIS 28GX12MM	INSULIN SYRINGE/NEEDLE U-100 1 ML 28 X 1/2"	Tier 3		X		
INSULIN SYRG MIS 29GX1/2"	INSULIN SYRINGE/NEEDLE U-100 1 ML 29 X 1/2"	Tier 3		X		
INSULIN SYRG MIS 29GX1/2"	INSULIN SYRINGE/NEEDLE U-100 1/2 ML 29 X 1/2"	Tier 3		X		
INSULIN SYRG MIS 29GX12MM	INSULIN SYRINGE/NEEDLE U-100 1 ML 29 X 1/2"	Tier 3		X		
INSULIN SYRG MIS 29GX12MM	INSULIN SYRINGE/NEEDLE U-100 1/2 ML 29 X 1/2"	Tier 3		X		
INSULIN SYRG MIS 30GX1/2"	INSULIN SYRINGE/NEEDLE U-100 1 ML 30 X 1/2"	Tier 3		X		
INSULIN SYRG MIS 30GX1/2"	INSULIN SYRINGE/NEEDLE U-100 0.3 ML 30 X 1/2"	Tier 3		X		
INSULIN SYRG MIS 30GX12MM	INSULIN SYRINGE/NEEDLE U-100 1 ML 30 X 1/2"	Tier 3		X		
INSULIN SYRG MIS 30GX5/16	INSULIN SYRINGE/NEEDLE U-100 1/2 ML 30 X 5/16"	Tier 3		X		
INSULIN SYRG MIS 30GX5/16	INSULIN SYRINGE/NEEDLE U-100 1 ML 30 X 5/16"	Tier 3		X		
INSULIN SYRG MIS 30GX8MM	INSULIN SYRINGE/NEEDLE U-100 1/2 ML 30 X 5/16"	Tier 3		X		
INSULIN SYRG MIS 30GX8MM	INSULIN SYRINGE/NEEDLE U-100 1 ML 30 X 5/16"	Tier 3		X		
INSULIN SYRG MIS 31GX5/16	INSULIN SYRINGE/NEEDLE U-100 1 ML 31 X 5/16"	Tier 3		X		
INSULIN SYRG MIS 31GX5/16	INSULIN SYRINGE/NEEDLE U-100 1/2 ML 31 X 5/16"	Tier 3		X		
INSULIN SYRG MIS 31GX5/16	INSULIN SYRINGE/NEEDLE U-100 0.3 ML 31 X 5/16"	Tier 3		X		
INSULIN SYRG MIS 31GX8MM	INSULIN SYRINGE/NEEDLE U-100 0.3 ML 31 X 5/16"	Tier 3		X		
INSULIN SYRG MIS 31GX8MM	INSULIN SYRINGE/NEEDLE U-100 1/2 ML 31 X 5/16"	Tier 3		X		
INSULIN SYRG MIS 31GX8MM	INSULIN SYRINGE/NEEDLE U-100 1 ML 31 X 5/16"	Tier 3		X		
INSUPEN MIS 31GX5MM	INSULIN PEN NEEDLE 31 G X 5 MM (1/5" OR 3/16")	Tier 3		X		
INSUPEN MIS 31GX8MM	INSULIN PEN NEEDLE 31 G X 8 MM (1/3" OR 5/16")	Tier 3		X		

^ 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
IODINE SOL STRONG	IODINE SOLUTION STRONG 5% (LUGOL'S)	Tier 2				
IODINE SOL STRONG	IODINE SOLUTION STRONG (LUGOL'S) (BULK)	Tier 4				
ISOFLURANE SOL	ISOFLURANE INHAL SOLN	Tier 2				
JOURNAVX TAB 50MG	SUZETRIGINE TAB 50 MG	Tier 5		X		
KATE FARMS LIQ 1.5	*NUTRITIONAL SUPPLEMENT LIQUID (ENTERAL)**	Tier 4				
KRISGEL 100 GEL	KRISGEL 100 GEL	Tier 4				
KT TAPE MIS CGM PTCH	*CONTINUOUS GLUCOSE MONITOR SUPPLIES***	Tier 4	X			
L-ARGININE CAP 500MG	ARGININE CAP 500 MG	Tier 3				
L-ASPARAGINE POW MONOHYDR	*BULK CHEMICALS - POWDER**	Tier 5				
L-CITRULLINE CAP 600MG	CITRULLINE CAP 600 MG	Tier 3	X			
L-CITRULLINE POW	CITRULLINE (BULK) POWDER	Tier 4				
L-LYSINE HCL TAB 500MG	LYSINE HCL TAB 500 MG	Tier 3	X			
LANOLIN ANHY OIN	LANOLIN ANHYDROUS OINTMENT	Tier 4				
LECITHIN GEL	PREMIUM LECITHIN ORGANOGEL BASE GEL	Tier 4				
LECITHIN GRA	LECITHIN GRANULES	Tier 2				
LEUCINE PAK 100MG	LEUCINE ORAL POWDER PACKET 100 MG	Tier 3				
LEUCOVORIN POW CALCIUM	LEUCOVORIN CALCIUM POWDER	Tier 5				
LIMBREL CAP 250MG	FLAVOCOXID CAP 250 MG	Tier 3				
LIMBREL CAP 500MG	FLAVOCOXID CAP 500 MG	Tier 3				
LIMBREL250 CAP 250-50MG	FLAVOCOXID-CITRATED ZINC BISGLYCINATE CAP 250-50 MG	Tier 3				
LIMBREL500 CAP 500-50MG	FLAVOCOXID-CITRATED ZINC BISGLYCINATE CAP 500-50 MG	Tier 3				
LIPODERM HMW GEL PCCA	*GEL BASE - GEL**	Tier 4				
LIPOLAYER CRE	*CREAM BASE LIPOSOMIC**	Tier 4				
LIPOZYME CRE	*CREAM BASE LIPOSOMIC**	Tier 4				
LIQ PROTEIN LIQ FORTIFIE	*INFANT FOODS LIQUID**	Tier 2				
LIQUACEL LIQ	*AMINO ACIDS ORAL LIQUID***	Tier 4				
LIQUACEL LIQ	*AMINO ACIDS ORAL LIQUID***	Tier 4	X			
LIQUACEL LIQ APPLE	*AMINO ACIDS ORAL LIQUID***	Tier 4				
LIQUACEL LIQ GING ALE	*AMINO ACIDS ORAL LIQUID***	Tier 4				
LIQUACEL LIQ PUMP+GO	*AMINO ACIDS ORAL LIQUID***	Tier 4				
LOVASTATIN POW	LOVASTATIN (BULK) POWDER	Tier 4				
LOVO-ODF LIQ CUSTOM	*PHARMACEUTICAL EXCIPIENTS (BULK) LIQUID**	Tier 4				
LUBRAJEL NP GEL	*GEL BASE - GEL**	Tier 4				

^ 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
LUGOLS SOL	IODINE SOLUTION STRONG (LUGOL'S) (BULK)	Tier 3				
LYSINE TAB 1000MG	LYSINE HCL TAB 1000 MG	Tier 3	X			
MAGNESIUM POW BISGLYCI	MAGNESIUM GLYCINATE (BULK) POWDER	Tier 4				
MAGNESIUM POW GLYCINAT	MAGNESIUM GLYCINATE (BULK) POWDER	Tier 4				
MASK VORTEX/ MIS FROG	*SPACER/AEROSOL-HOLDING CHAMBER SUPPLIES - MASKS***	Tier 3				
MASK VORTEX/ MIS LADY BUG	*SPACER/AEROSOL-HOLDING CHAMBER SUPPLIES - MASKS***	Tier 3				
MAXICOMFORT MIS 27GX1/2	INSULIN SYRINGE/NEEDLE U-100 1/2 ML 27 X 1/2"	Tier 3		X		
MAXICOMFORT MIS 27GX1/2"	INSULIN SYRINGE/NEEDLE U-100 1 ML 27 X 1/2"	Tier 3		X		
MAXICOMFORT MIS 31GX1/4"	INSULIN PEN NEEDLE 31 G X 6 MM (1/4" OR 15/64")	Tier 3		X		
MAXPRO-18G LIQ	*PROTEIN ORAL LIQUID***	Tier 4				
MELATOL PEDI LIQ 1MG/ML	MELATONIN LIQUID 1 MG/ML	Tier 4				
MERCAPTOPURI POW	MERCAPTOPURINE (BULK) POWDER	Tier 5				
MERCAPTOPURI POW	MERCAPTOPURINE MONOHYDRATE (BULK) POWDER	Tier 5				
MERCAPTOPURI POW MONOHYDR	MERCAPTOPURINE MONOHYDRATE (BULK) POWDER	Tier 5				
METHERGINE TAB 0.2MG	METHYLERGONOVINE MALEATE TAB 0.2 MG	Tier 5		X		
METHIONINE POW	METHIONINE ORAL PACKET 100 MG	Tier 3	X			
METHOTREXATE POW	METHOTREXATE POWDER	Tier 4				
METHYLERGON TAB 0.2MG	METHYLERGONOVINE MALEATE TAB 0.2 MG	Tier 2		X		
METHYLPRED POW ACETATE	METHYLPREDNISOLONE ACETATE POWDER	Tier 4				
METOPIRONE CAP 250MG	METYRAPONE CAP 250 MG	Tier 4				
MICONAZOLE POW NITRATE	MICONAZOLE NITRATE POWDER	Tier 4				
MICROCHAMBER MIS	*SPACER/AEROSOL-HOLDING CHAMBERS - DEVICE***	Tier 4				
MIDAZOLAM POW	MIDAZOLAM (BULK) POWDER	Tier 4				
MINIMED 630G MIS TRANSMIT	*CONTINUOUS GLUCOSE SYSTEM TRANSMITTER***	Tier 4	X			
MIPLYFFA CAP 124MG	ARIMOCLOMOL CITRATE CAP 124 MG	Tier 5	X	X		X
MIPLYFFA CAP 47MG	ARIMOCLOMOL CITRATE CAP 47 MG	Tier 5	X	X		X
MIPLYFFA CAP 62MG	ARIMOCLOMOL CITRATE CAP 62 MG	Tier 5	X	X		X
MIPLYFFA CAP 93MG	ARIMOCLOMOL CITRATE CAP 93 MG	Tier 5	X	X		X
MITOMYCIN POW	MITOMYCIN (BULK) POWDER	Tier 5				
MODEYSO CAP 125MG	DORDAIPRONE HCL CAP 125 MG	Tier 5	X	X		X
MUCOLOX LIQ	*PHARMACEUTICAL EXCIPIENTS (BULK) LIQUID**	Tier 4				

^ 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
NEEDL COLLEC MIS DISPOSAL	*SHARPS CONTAINER - MISC***	Tier 4				
NEEDLE COLLE MIS DISPOSAL	*SHARPS CONTAINER - MISC***	Tier 4				
NITROFURANTN SUS 25MG/5ML	NITROFURANTOIN SUSP 25 MG/5ML	Tier 4				
NORDIPEN 5 MIS DEVICE	*INJECTION DEVICE - MISC***	Tier 4				
NORDIPEN DEL MIS SYSTEM	*INJECTION DEVICE - MISC***	Tier 4				
NOVAFILM GEL	*GEL BASE - GEL**	Tier 4				
NOVOPEN ECHO MIS	INJECTION DEVICE FOR INSULIN	Tier 4				
NZ WHEY PROT POW ISOLATE	*PROTEIN ORAL POWDER***	Tier 4				
OCCLUSADERM GEL PCCA	*GEL BASE - GEL**	Tier 4				
OMNIFLEX DPR	*DIAPHRAGMS***	Tier 1				
OMNIPOD 5 DX KIT INT G7G6	*INSULIN INFUSION DISPOSABLE PUMP KIT***	Tier 3	X	X		
OMNIPOD 5 DX MIS POD G7G6	*INSULIN INFUSION DISPOSABLE PUMP RESERVOIR***	Tier 3	X	X		
OMNIPOD 5 DX MIS POD G7G6	*INSULIN INFUSION DISPOSABLE PUMP RESERVOIR***	Tier 3	X			
OMNIPOD 5 G7 KIT INTRO	*INSULIN INFUSION DISPOSABLE PUMP KIT***	Tier 3	X	X		
OMNIPOD 5 G7 MIS PODS	*INSULIN INFUSION DISPOSABLE PUMP RESERVOIR***	Tier 3	X	X		
OMNIPOD 5 L2 KIT INTRO G6	*INSULIN INFUSION DISPOSABLE PUMP KIT***	Tier 3	X			
OMNIPOD 5 L2 MIS PODS G6	*INSULIN INFUSION DISPOSABLE PUMP RESERVOIR***	Tier 3	X			
ONETOUCH LIQ VERIO 4	*BLOOD GLUCOSE CALIBRATION - LIQUID - HIGH***	Tier 2				
ORA-BLEND SUS	*ORAL VEHICLES - SUSP***	Tier 4				
ORA-BLEND SF SUS	*ORAL VEHICLES - SUSP***	Tier 4				
ORA-PLUS LIQ	*ORAL VEHICLES***	Tier 4				
ORA-SWEET SYP	*ORAL VEHICLES - SYRUP***	Tier 3				
ORA-SWEET SF SYP	*ORAL VEHICLES - SYRUP***	Tier 4				
ORAPENN SD LIQ SWEET	*ORAL VEHICLES***	Tier 4				
ORLYNVAH TAB 500-500	SULOPENEM ETZADROXIL-PROBENECID TAB 500-500 MG	Tier 5		X		
OSELTAMIVIR POW	OSELTAMIVIR PHOSPHATE (BULK) POWDER	Tier 4				
PALFORZIA CAP 1-3YRS	PEANUT POWDER-DNFP STARTER PACK 0.5 & 1 & 1.5 & 3 MG	Tier 5	X	X		
PALFORZIA CAP 4-17YRS	PEANUT POWDER-DNFP STARTER PACK 0.5 & 1 & 1.5 & 3 & 6 MG	Tier 5	X	X		
PALFORZIA CAP ESCALAT	PEANUT POWDER-DNFP STARTER PACK 0.5 & 1 & 1.5 & 3 & 6 MG	Tier 5	X	X		
PALFORZIA CAP LEVEL 0	PEANUT POWDER-DNFP CAP SPRINKLE PACK 1 X 1 MG (1 MG DOSE)	Tier 5	X			

^ 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
PALFORZIA CAP LEVEL 1	PEANUT POWDER-DNFP CAP SPRINKLE PACK 3 X 1 MG (3 MG DOSE)	Tier 5	X	X		
PALFORZIA CAP LEVEL 10	PEANUT POWDER-DNFP PACK 2 X 20 MG & 2 X 100 MG (240 MG DOSE)	Tier 5	X	X		
PALFORZIA CAP LEVEL 2	PEANUT POWDER-DNFP CAP SPRINKLE PACK 6 X 1 MG (6 MG DOSE)	Tier 5	X	X		
PALFORZIA CAP LEVEL 3	PEANUT POWDER-DNFP PACK 2 X 1 MG & 10 MG (12 MG DOSE)	Tier 5	X	X		
PALFORZIA CAP LEVEL 4	PEANUT POWDER-DNFP CAP SPRINKLE PACK 20 MG (20 MG DOSE)	Tier 5	X	X		
PALFORZIA CAP LEVEL 5	PEANUT POWDER-DNFP CAP SPRINKLE PACK 2 X 20 MG (40 MG DOSE)	Tier 5	X	X		
PALFORZIA CAP LEVEL 6	PEANUT POWDER-DNFP CAP SPRINKLE PACK 4 X 20 MG (80 MG DOSE)	Tier 5	X	X		
PALFORZIA CAP LEVEL 7	PEANUT POWDER-DNFP PACK 20 MG & 100 MG (120 MG DOSE)	Tier 5	X	X		
PALFORZIA CAP LEVEL 8	PEANUT POWDER-DNFP PACK 3 X 20 MG & 100 MG (160 MG DOSE)	Tier 5	X	X		
PALFORZIA CAP LEVEL 9	PEANUT POWDER-DNFP PACK 2 X 100 MG (200 MG DOSE)	Tier 5	X	X		
PALFORZIA POW LEVEL 11	PEANUT ALLERGEN POWDER-DNFP TITRATION PACKET 300 MG	Tier 5	X	X		
PALFORZIA POW LEVEL 11	PEANUT ALLERGEN POWDER-DNFP MAINTENANCE PACKET 300 MG	Tier 5	X	X		
PARI VORTEX MIS ADL MASK	*SPACER/AEROSOL-HOLDING CHAMBER SUPPLIES - MASKS***	Tier 3				
PCCA ACACIA SYP BASE	ACACIA SYRUP	Tier 4				
PCCA COBASE OIN #1	COBASE #1 OINTMENT BASE	Tier 4				
PCCA CUSTOM CRE LIPO-MAX	*CREAM BASE LIPOSOMIC**	Tier 4				
PCCA LIPOSOM CRE DRY	*CREAM BASE LIPOSOMIC**	Tier 4				
PCCA LIPOSOM CRE NORMAL	*CREAM BASE LIPOSOMIC**	Tier 4				
PCCA LIPOSOM CRE OILY	*CREAM BASE LIPOSOMIC**	Tier 4				
PCCA LIPOSOM CRE SENSITIV	*CREAM BASE LIPOSOMIC**	Tier 4				
PCCA SWEET SYP -SF	*ORAL VEHICLES - SYRUP***	Tier 4				
PCCA SYRUP SYP VEHICLE	*ORAL VEHICLES - SYRUP***	Tier 4				
PCCA-PLUS SUS	*ORAL VEHICLES - SUSP***	Tier 4				
PEG BASE OIN	POLYETHYLENE GLYCOL OINTMENT	Tier 4				
PEN NEEDLE MIS 29GX3/16	INSULIN PEN NEEDLE 29 G X 5 MM (1/5" OR 3/16")	Tier 3		X		
PEN NEEDLE MIS 29GX5/16	INSULIN PEN NEEDLE 29 G X 8 MM (1/3" OR 5/16")	Tier 3		X		
PEN NEEDLE MIS 31GX4MM	INSULIN PEN NEEDLE 31 G X 4 MM (1/6" OR 5/32")	Tier 3		X		

^ 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 NEEDLE MIS 31GX5MM	INSULIN PEN NEEDLE 31 G X 5 MM (1/5" OR 3/16")	Tier 3		X		
PEN NEEDLE MIS 31GX6MM	INSULIN PEN NEEDLE 31 G X 6 MM (1/4" OR 15/64")	Tier 3		X		
PEN NEEDLE MIS 33GX4MM	INSULIN PEN NEEDLE 33 G X 4 MM (1/6" OR 5/32")	Tier 3		X		
PEN NEEDLE MIS 33GX5/32	INSULIN PEN NEEDLE 33 G X 4 MM (1/6" OR 5/32")	Tier 3		X		
PEN NEEDLE MIS 33GX5MM	INSULIN PEN NEEDLE 33 G X 5 MM (1/5" OR 3/16")	Tier 3		X		
PEN NEEDLE MIS 33GX6MM	INSULIN PEN NEEDLE 33 G X 6 MM (1/4" OR 15/64")	Tier 3		X		
PEN NEEDLES MIS 29GX1/2"	INSULIN PEN NEEDLE 29 G X 12 MM (1/2")	Tier 3		X		
PEN NEEDLES MIS 29GX10MM	INSULIN PEN NEEDLE 29 G X 10 MM	Tier 3		X		
PEN NEEDLES MIS 29GX12.7	INSULIN PEN NEEDLE 29 G X 12.7 MM (1/2")	Tier 3		X		
PEN NEEDLES MIS 29GX12MM	INSULIN PEN NEEDLE 29 G X 12 MM (1/2")	Tier 3		X		
PEN NEEDLES MIS 30GX3/16	INSULIN PEN NEEDLE 30 G X 5 MM (1/5" OR 3/16")	Tier 3		X		
PEN NEEDLES MIS 30GX5MM	INSULIN PEN NEEDLE 30 G X 5 MM (1/5" OR 3/16")	Tier 3		X		
PEN NEEDLES MIS 31GX1/4"	INSULIN PEN NEEDLE 31 G X 6 MM (1/4" OR 15/64")	Tier 3		X		
PEN NEEDLES MIS 31GX3/16	INSULIN PEN NEEDLE 31 G X 5 MM (1/5" OR 3/16")	Tier 3		X		
PEN NEEDLES MIS 31GX5/16	INSULIN PEN NEEDLE 31 G X 8 MM (1/3" OR 5/16")	Tier 3		X		
PEN NEEDLES MIS 31GX5MM	INSULIN PEN NEEDLE 31 G X 5 MM (1/5" OR 3/16")	Tier 3		X		
PEN NEEDLES MIS 31GX6MM	INSULIN PEN NEEDLE 31 G X 6 MM (1/4" OR 15/64")	Tier 3		X		
PEN NEEDLES MIS 31GX8MM	INSULIN PEN NEEDLE 31 G X 8 MM (1/3" OR 5/16")	Tier 3		X		
PEN NEEDLES MIS 32GX8MM	INSULIN PEN NEEDLE 32 G X 8 MM (1/3" OR 5/16")	Tier 3		X		
PEN NEEDLES MIS 33GX5/32	INSULIN PEN NEEDLE 33 G X 4 MM (1/6" OR 5/32")	Tier 3		X		
PENTIPS MIS 29GX12MM	INSULIN PEN NEEDLE 29 G X 12 MM (1/2")	Tier 3		X		
PENTIPS MIS 31GX5MM	INSULIN PEN NEEDLE 31 G X 5 MM (1/5" OR 3/16")	Tier 3		X		
PENTIPS MIS 31GX8MM	INSULIN PEN NEEDLE 31 G X 8 MM (1/3" OR 5/16")	Tier 3		X		
PEPTICATE POW	*INFANT FOODS POWDER**	Tier 3				
PERFECT POIN MIS 25GX1"	NEEDLE (DISP) 25 X 1"	Tier 3				
PETROLATUM GEL WHITE	WHITE PETROLATUM TOPICAL GEL	Tier 2				

^ 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
PETROLATUM OIN WHITE	WHITE PETROLATUM OINTMENT	Tier 4				
PETROLATUM OIN YELLOW	PETROLATUM OINTMENT	Tier 4				
PHENYL-FREE POW 1	*INFANT FOODS POWDER**	Tier 3	X			
PKU EASY TAB MICROTAB	*NUTRITIONAL SUPPLEMENT TABS DELAYED RELEASE**	Tier 4				
PKU EASY TAB PLUS	*NUTRITIONAL SUPPLEMENT TABS DELAYED RELEASE**	Tier 4				
PKU GOLIKE POW PL 4-16	*AMINO ACIDS PACK***	Tier 4				
PKU GOLIKE POW PLUS 16+	*AMINO ACIDS PACK***	Tier 4				
PLO GEL MEDIFLO	PREMIUM LECITHIN ORGANOGEL BASE GEL	Tier 4				
PLO MEDIFLO GEL 30	PREMIUM LECITHIN ORGANOGEL BASE GEL	Tier 4				
PLO MEDIFLO KIT 30 KIT	PREMIUM LECITHIN ORGANOGEL BASE KIT	Tier 4				
PLO MEDIFLO KIT KIT	PREMIUM LECITHIN ORGANOGEL BASE KIT	Tier 4				
PLO TRANSDER CRE	*TRANSDERMAL BASE CREAM**	Tier 4				
PLO20 GEL FLOWABLE	PREMIUM LECITHIN ORGANOGEL BASE GEL	Tier 4				
PLO20 GEL NON-FLOW	PREMIUM LECITHIN ORGANOGEL BASE GEL	Tier 4				
POLY HUB MIS 20GX1"	NEEDLE (DISP) 20 X 1"	Tier 3				
POLY HUB MIS 21GX1.5"	NEEDLE (DISP) 21 X 1-1/2"	Tier 3				
POLY HUB MIS 21GX1"	NEEDLE (DISP) 21 X 1"	Tier 3				
POLY HUB MIS 22GX1.5"	NEEDLE (DISP) 22 X 1-1/2"	Tier 3				
POLY HUB MIS 22GX1"	NEEDLE (DISP) 22 X 1"	Tier 3				
POLY HUB MIS 23GX1.5"	NEEDLE (DISP) 23 X 1-1/2"	Tier 3				
POLY HUB MIS 23GX1"	NEEDLE (DISP) 23 X 1"	Tier 3				
POLY HUB MIS 25GX1.5"	NEEDLE (DISP) 25 X 1-1/2"	Tier 3				
POLY HUB MIS 25GX1"	NEEDLE (DISP) 25 X 1"	Tier 3				
POLY HUB MIS 25GX5/8"	NEEDLE (DISP) 25 X 5/8"	Tier 3				
POLY HUB MIS 27GX1/2"	NEEDLE (DISP) 27 X 1/2"	Tier 3				
POLY HUB MIS 30GX1/2"	NEEDLE (DISP) 30 X 1/2"	Tier 3				
POLYETH GLYC OIN 8000	POLYETHYLENE GLYCOL 8000 OINT	Tier 4				
POLYMAC GEL PROGEL	*GEL BASE - GEL**	Tier 4				
POLYOX POW WSR-301	*BULK CHEMICALS - POWDER**	Tier 5				
POLYOX WSR POW -301	*BULK CHEMICALS - POWDER**	Tier 5				
POLYPEG OIN BASE	POLYETHYLENE GLYCOL OINTMENT	Tier 4				
POLYSORBATE LIQ 80	POLYSORBATE 80 LIQ	Tier 4				
POLYSORBATE LIQ 80	POLYSORBATE 80 LIQ	Tier 3				
POT IODIDE SOL 1GM/ML	POTASSIUM IODIDE ORAL SOLN 1 GM/ML	Tier 2				
POT PHOSPHAT GRA DIBASIC	POTASSIUM PHOSPHATE DIBASIC GRANULES	Tier 4				
PRE PROTEIN POW	*PROTEIN ORAL POWDER***	Tier 3				
PRE PROTEIN TAB	*AMINO ACIDS TAB***	Tier 3	X			

^ 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
PREGESTIMIL POW	*INFANT FOODS POWDER**	Tier 3				
PREPROTEIN LIQ	*AMINO ACIDS ORAL LIQUID***	Tier 3				
PREPROTEIN LIQ 20	*AMINO ACIDS ORAL LIQUID***	Tier 3				
PREVENT DROP MIS 31GX1/4"	INSULIN PEN NEEDLE 31 G X 6 MM (1/4" OR 15/64")	Tier 3		X		
PREVENT DROP MIS 31GX5/16	INSULIN PEN NEEDLE 31 G X 8 MM (1/3" OR 5/16")	Tier 3		X		
PREVENT SAFE MIS 31GX1/4"	INSULIN PEN NEEDLE 31 G X 6 MM (1/4" OR 15/64")	Tier 3		X		
PREVENT SAFE MIS 31GX5/16	INSULIN PEN NEEDLE 31 G X 8 MM (1/3" OR 5/16")	Tier 3		X		
PRO COMFORT MIS 0.5/30G	INSULIN SYRINGE/NEEDLE U-100 1/2 ML 30 X 5/16"	Tier 3		X		
PRO COMFORT MIS 0.5/31G	INSULIN SYRINGE/NEEDLE U-100 1/2 ML 31 X 5/16"	Tier 3		X		
PRO COMFORT MIS 1ML/30G	INSULIN SYRINGE/NEEDLE U-100 1 ML 30 X 5/16"	Tier 3		X		
PRO COMFORT MIS 1ML/31G	INSULIN SYRINGE/NEEDLE U-100 1 ML 31 X 5/16"	Tier 3		X		
PROCEL POW	*PROTEIN ORAL POWDER***	Tier 4	X			
PROCHAMBER MIS VHC	*SPACER/AEROSOL-HOLDING CHAMBERS - DEVICE***	Tier 4				
PROGESTERONE POW MICRONIZ	PROGESTERONE MICRONIZED (BULK) POWDER	Tier 4				
PROSOURCE LIQ NO CARB	*PROTEIN ORAL LIQUID***	Tier 4				
PROSOURCE LIQ TF FREE	*PROTEIN LIQUID (ENTERAL)***	Tier 4	X			
PROSOURCE LIQ TF20	*PROTEIN LIQUID (ENTERAL)***	Tier 4				
PROSYNMINIC POW	*PROTEIN ORAL POWDER***	Tier 4				
PROTEIN CHW 500MG	PROTEIN CHEW TAB 500 MG	Tier 2				
PROTEIN CHW 500MG	PROTEIN CHEW TAB 500 MG	Tier 3				
PROTEIN POW 80%	PROTEIN POWDER 80%	Tier 3				
PROTEIN POW 80%	PROTEIN POWDER 80%	Tier 2	X			
PROTEIN POW 90%	*PROTEIN ORAL POWDER***	Tier 2	X			
PURAMINO POW DHA/ARA	*INFANT FOODS POWDER**	Tier 3				
PURE BLISS LIQ ORG/IRON	*INFANT FOODS LIQUID**	Tier 4				
PURE COMFORT MIS 31GX5MM	INSULIN PEN NEEDLE 31 G X 5 MM (1/5" OR 3/16")	Tier 3		X		
PURE COMFORT MIS 31GX6MM	INSULIN PEN NEEDLE 31 G X 6 MM (1/4" OR 15/64")	Tier 3		X		
PURIFIED LIQ WATER	*DISTILLED WATER***	Tier 4				
PYRIDOSTIGMI TAB ER 105MG	PYRIDOSTIGMINE BROMIDE TAB ER 24HR 105 MG (PROTECTIVE)	Tier 4				

^ 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
QFITLIA INJ 20/0.2ML	FITUSIRAN SODIUM SUBCUTANEOUS SOLN 20 MG/0.2ML	Tier 5	X	X	X	X
QFITLIA INJ 50/0.5ML	FITUSIRAN SODIUM SUBCUTANEOUS SOLN AUTO-INJ 50 MG/0.5ML	Tier 5	X	X	X	X
QUICK TOUCH MIS 29GX12.7	INSULIN PEN NEEDLE 29 G X 12.7 MM (1/2")	Tier 3		X		
QUICK TOUCH MIS 31GX4MM	INSULIN PEN NEEDLE 31 G X 4 MM (1/6" OR 5/32")	Tier 3		X		
QUICK TOUCH MIS 31GX5MM	INSULIN PEN NEEDLE 31 G X 5 MM (1/5" OR 3/16")	Tier 3		X		
QUICK TOUCH MIS 31GX6MM	INSULIN PEN NEEDLE 31 G X 6 MM (1/4" OR 15/64")	Tier 3		X		
QUICK TOUCH MIS 31GX8MM	INSULIN PEN NEEDLE 31 G X 8 MM (1/3" OR 5/16")	Tier 3		X		
QUICK TOUCH MIS 32GX8MM	INSULIN PEN NEEDLE 32 G X 8 MM (1/3" OR 5/16")	Tier 3		X		
QUICK TOUCH MIS 33GX4MM	INSULIN PEN NEEDLE 33 G X 4 MM (1/6" OR 5/32")	Tier 3		X		
QUICK TOUCH MIS 33GX5MM	INSULIN PEN NEEDLE 33 G X 5 MM (1/5" OR 3/16")	Tier 3		X		
QUICK TOUCH MIS 33GX6MM	INSULIN PEN NEEDLE 33 G X 6 MM (1/4" OR 15/64")	Tier 3		X		
QUICK TOUCH MIS 33GX8MM	INSULIN PEN NEEDLE 33 G X 8 MM (1/3" OR 5/16")	Tier 3		X		
RA L-LYSINE TAB 1000MG	LYSINE HCL TAB 1000 MG	Tier 3				
RA L-LYSINE TAB 500MG	LYSINE HCL TAB 500 MG	Tier 3				
RA PEN NEEDL MIS 31GX3/16	INSULIN PEN NEEDLE 31 G X 5 MM (1/5" OR 3/16")	Tier 3		X		
RADIOGARDASE CAP 0.5GM	PRUSSIAN BLUE INSOLUBLE CAP 0.5 GM	Tier 4				
RASPBERRY SYP	RASPBERRY SYRUP	Tier 4				
RAYA SURE MIS 29GX12MM	INSULIN PEN NEEDLE 29 G X 12 MM (1/2")	Tier 3		X		
RAYA SURE MIS 31GX4MM	INSULIN PEN NEEDLE 31 G X 4 MM (1/6" OR 5/32")	Tier 3		X		
RAYA SURE MIS 31GX5MM	INSULIN PEN NEEDLE 31 G X 5 MM (1/5" OR 3/16")	Tier 3		X		
RAYA SURE MIS 31GX6MM	INSULIN PEN NEEDLE 31 G X 6 MM (1/4" OR 15/64")	Tier 3		X		
RAYA SURE MIS 31GX8MM	INSULIN PEN NEEDLE 31 G X 8 MM (1/3" OR 5/16")	Tier 3		X		
RAYASAL CRE 5.9%	SALICYLIC ACID CREAM 5.9%	Tier 4				
REAL FOOD LIQ BLENDS	*NUTRITIONAL SUPPLEMENT LIQUID (ENTERAL)**	Tier 4				
REFRESH AA15 LIQ PKU LEMO	*AMINO ACIDS ORAL LIQUID***	Tier 3	X			
REFRESH AA15 LIQ PKU ORG	*AMINO ACIDS ORAL LIQUID***	Tier 3	X			
REFRESH AA15 LIQ TYR ORG	*AMINO ACIDS ORAL LIQUID***	Tier 4	X			

^ 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
RENAL SUPPRT LIQ 1.8	*NUTRITIONAL SUPPLEMENT LIQUID (ENTERAL)**	Tier 4	X			
RIBAVIRIN POW	RIBAVIRIN (BULK) POWDER	Tier 5				
SAFETYGLIDE MIS 21GX1.5"	NEEDLE (DISP) 21 X 1-1/2"	Tier 3				
SAFETYGLIDE MIS 21GX1"	NEEDLE (DISP) 21 X 1"	Tier 3				
SAFTY NEEDLE MIS 19GX1.5"	NEEDLE (DISP) 19 X 1-1/2"	Tier 3				
SAFTY NEEDLE MIS 19GX1"	NEEDLE (DISP) 19 X 1"	Tier 3				
SAFTY NEEDLE MIS 20GX1.5"	NEEDLE (DISP) 20 X 1-1/2"	Tier 3				
SAFTY NEEDLE MIS 20GX1"	NEEDLE (DISP) 20 X 1"	Tier 3				
SAFTY NEEDLE MIS 21GX1.5"	NEEDLE (DISP) 21 X 1-1/2"	Tier 3				
SAFTY NEEDLE MIS 21GX1"	NEEDLE (DISP) 21 X 1"	Tier 3				
SAFTY NEEDLE MIS 22GX1.5"	NEEDLE (DISP) 22 X 1-1/2"	Tier 3				
SAFTY NEEDLE MIS 22GX1"	NEEDLE (DISP) 22 X 1"	Tier 3				
SAFTY NEEDLE MIS 23GX1"	NEEDLE (DISP) 23 X 1"	Tier 3				
SAFTY NEEDLE MIS 25GX1"	NEEDLE (DISP) 25 X 1"	Tier 3				
SAFTY NEEDLE MIS 25GX5/8"	NEEDLE (DISP) 25 X 5/8"	Tier 3				
SALICATE LIQ 10%	SALICYLIC ACID LIQUID 10%	Tier 4				
SALICYLIC AC SOL 26%	SALICYLIC ACID SOLN 26%	Tier 2				
SECURESAFE MIS 29GX1/2"	INSULIN SYRINGE/NEEDLE U-100 1/2 ML 29 X 1/2"	Tier 3		X		
SECURESAFE MIS 29GX1/2"	INSULIN SYRINGE/NEEDLE U-100 1 ML 29 X 1/2"	Tier 3		X		
SEVOFLURANE SOL	SEVOFLURANE INHAL SOLN	Tier 2				
SHARP CONTAI MIS	*SHARPS CONTAINER - MISC***	Tier 4				
SHARPS COLL MIS 0.05GAL	*SHARPS CONTAINER - MISC***	Tier 4				
SHARPS COLL MIS 5.4QT	*SHARPS CONTAINER - MISC***	Tier 4				
SHARPS COLL MIS 6.9QT	*SHARPS CONTAINER - MISC***	Tier 4				
SHARPS COLL MIS 8.2QT	*SHARPS CONTAINER - MISC***	Tier 4				
SHARPS CONT MIS 1 QT	*SHARPS CONTAINER - MISC***	Tier 4				
SHARPS CONTA MIS 0.05L	*SHARPS CONTAINER - MISC***	Tier 4				
SHARPS UNIV MIS CONTAIN	*SHARPS CONTAINER - MISC***	Tier 4				
SIMILAC LIQ SENSITIV	*INFANT FOODS LIQUID**	Tier 4				
SIMILAC POW NEOSURE	*INFANT FOODS POWDER**	Tier 3				
SIMILAC 360 LIQ 5 HMO	*INFANT FOODS LIQUID**	Tier 4				
SIMILAC 360 LIQ SENS HMO	*INFANT FOODS LIQUID**	Tier 4				
SIMILAC 360 POW 5 HMO	*INFANT FOODS POWDER**	Tier 3				
SIMILAC 360 POW SENSITIV	*INFANT FOODS POWDER**	Tier 3				
SIMILAC ADV LIQ KOSHER	*INFANT FOODS LIQUID**	Tier 4				
SIMILAC ALIM LIQ IMMUNE	*INFANT FOODS LIQUID**	Tier 4				

^ 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
SIMILAC ALIM POW TODDLER	*INFANT FOODS POWDER**	Tier 3				
SIMILAC SOY LIQ ISOMIL	*INFANT FOODS LIQUID**	Tier 4				
SIMILAC SOY POW ISOMIL	*INFANT FOODS POWDER**	Tier 3				
SIMILAC SPEC LIQ PREMATUR	*INFANT FOODS LIQUID**	Tier 4				
SIMILAC TOTL POW CMFT/IRO	*INFANT FOODS POWDER**	Tier 3				
SIMPLE SYP	SIMPLE - SYRUP	Tier 4				
SIMPLGEL 30 GEL	*GEL BASE - GEL**	Tier 4				
SIROLIMUS POW	SIROLIMUS (BULK) POWDER	Tier 5				
SOD PYROPHOS POW ANHYDROU	*BULK CHEMICALS - POWDER**	Tier 5				
SODIUM POW CHLORIDE	SODIUM CHLORIDE POWDER	Tier 4				
SOHONOS CAP 1.5MG	PALOVAROTENE CAP 1.5 MG	Tier 5	X	X		X
SOHONOS CAP 10MG	PALOVAROTENE CAP 10 MG	Tier 5	X	X		X
SOHONOS CAP 1MG	PALOVAROTENE CAP 1 MG	Tier 5	X	X		X
SOHONOS CAP 2.5MG	PALOVAROTENE CAP 2.5 MG	Tier 5	X	X		X
SOHONOS CAP 5MG	PALOVAROTENE CAP 5 MG	Tier 5	X	X		X
SSKI SOL 1GM/ML	POTASSIUM IODIDE ORAL SOLN 1 GM/ML	Tier 4				
SURE COMFORT MIS 31GX1/4	INSULIN PEN NEEDLE 31 G X 6 MM (1/4" OR 15/64")	Tier 3		X		
SURE COMFORT MIS 31GX3/16	INSULIN PEN NEEDLE 31 G X 5 MM (1/5" OR 3/16")	Tier 3		X		
SURE COMFORT MIS 31GX5/16	INSULIN PEN NEEDLE 31 G X 8 MM (1/3" OR 5/16")	Tier 3		X		
SUSPENDRX SUS SWEET	*ORAL VEHICLES - SUSP***	Tier 4				
SUSPENDRX SUS UNSWEET	*ORAL VEHICLES - SUSP***	Tier 4				
SUSPENSION SUS VEHICLE	*ORAL VEHICLES - SUSP***	Tier 4				
SYRG/NEEDLE MIS 29GX12.5	INSULIN SYRINGE/NEEDLE U-100 1 ML 29 X 1/2"	Tier 3		X		
SYRG/NEEDLE MIS 31GX8MM	INSULIN SYRINGE/NEEDLE U-100 0.3 ML 31 X 5/16"	Tier 3		X		
SYRG/NEEDLE MIS 31GX8MM	INSULIN SYRINGE/NEEDLE U-100 1/2 ML 31 X 5/16"	Tier 3		X		
SYRG/NEEDLE MIS 31GX8MM	INSULIN SYRINGE/NEEDLE U-100 1 ML 31 X 5/16"	Tier 3		X		
SYRPALTA SYP	*ORAL VEHICLES - SYRUP***	Tier 4				
SYRPALTA SYP	SIMPLE - SYRUP	Tier 4				
SYRSPEND SF LIQ	*ORAL VEHICLES***	Tier 4				
SYRSPEND SF SUS PH4	*ORAL VEHICLES FOR SUSP***	Tier 4				
SYRUP SYP VEHICLE	*ORAL VEHICLES - SYRUP***	Tier 4				
SYRUP SF SYP VEHICLE	*ORAL VEHICLES - SYRUP***	Tier 4				
TACROLIMUS POW	TACROLIMUS (BULK) POWDER	Tier 5				

^ 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
TACROLIMUS POW MONOHD	TACROLIMUS (BULK) POWDER	Tier 5				
TDC MAX CRE	*TRANSDERMAL BASE CREAM**	Tier 4				
TERBUTALINE POW SULFATE	TERBUTALINE SULFATE POWDER	Tier 4				
TERRELL SOL	ISOFLURANE INHAL SOLN	Tier 2				
TESTOSTERONE CRY YAM	TESTOSTERONE MICRONIZED (BULK) CRYSTALS	Tier 4				
TESTOSTERONE POW	TESTOSTERONE (BULK) POWDER	Tier 4				
TESTOSTERONE POW CYPIONAT	TESTOSTERONE CYPIONATE (BULK) POWDER	Tier 4				
TESTOSTERONE POW ENANTHAT	TESTOSTERONE ENANTHATE (BULK) POWDER	Tier 4				
TESTOSTERONE POW MICRONIZ	TESTOSTERONE MICRONIZED (BULK) POWDER	Tier 4				
TESTOSTERONE POW SOY	TESTOSTERONE MICRONIZED (BULK) POWDER	Tier 4				
TESTOSTERONE POW SOY	TESTOSTERONE (BULK) POWDER	Tier 4				
THIOGUANINE POW	THIOGUANINE (BULK) POWDER	Tier 5				
THIOTEPA POW	THIOTEPA (BULK) POWDER	Tier 5				
TODDLER BEGI POW IRON	*INFANT FOODS POWDER**	Tier 3				
TOMMY GEL GEL	*GEL BASE - GEL**	Tier 4				
TRANSDERMAL CRE PAIN BAS	*TRANSDERMAL BASE CREAM**	Tier 4				
TRICHLOROACE CRY ACID	TRICHLOROACETIC ACID (BULK) CRYSTALS	Tier 4				
TRICHOSOL SOL	*EXTERNAL VEHICLES - SOLUTION***	Tier 4				
TROJAN MIS BARESKIN	CONDOMS LATEX LUBRICATED	Tier 1		X		
TROJAN MAGN MIS	CONDOMS LATEX LUBRICATED	Tier 1		X		
TROJAN ULTRA MIS RIBBED	CONDOMS LATEX LUBRICATED	Tier 1		X		
TROJAN ULTRA MIS THIN	CONDOMS LATEX LUBRICATED	Tier 1		X		
TROJAN-ENZ MIS LUBRICAT	CONDOMS LATEX LUBRICATED	Tier 1		X		
TROJAN-ENZ MIS W/SPERMI	CONDOMS LATEX LUBRICATED	Tier 1		X		
TRUE COVER MIS CONDOM	CONDOMS LATEX LUBRICATED	Tier 1		X		
TRUE METRIX SOL LEVEL 1	*BLOOD GLUCOSE CALIBRATION - LIQUID - LOW***	Tier 3				
TRUE METRIX SOL LEVEL 2	*BLOOD GLUCOSE CALIBRATION - LIQUID - NORMAL***	Tier 3				
TRUE METRIX SOL LEVEL 3	*BLOOD GLUCOSE CALIBRATION - LIQUID - HIGH***	Tier 3				
TRYNGOLZA INJ 80MG/0.8	OLEZARSEN SOD SUBCUT SOLN AUTO-INJECT 80 MG/0.8ML (BASE EQ)	Tier 5	X	X		X
TRYPTYR SOL 0.003%	ACOLTREMON OPTH SOLN 0.003%	Tier 5	X	X		
TWIIIST KIT REFILL	*INSULIN INFUSION DISPOSABLE PUMP RESERVOIR KIT***	Tier 3	X	X		
TWIIIST KIT STARTER	*INSULIN INFUSION DISPOSABLE PUMP KIT***	Tier 3	X	X		

^ 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
TWIST REFIL KIT INFUSION	*INSULIN INFUSION DISPOSABLE PUMP RESERVOIR/INFUS SET KIT***	Tier 3	X	X		
ULTANE SOL	SEVOFLURANE INHAL SOLN	Tier 4				
UNIFINE PNTF MIS 29GX12MM	INSULIN PEN NEEDLE 29 G X 12 MM (1/2")	Tier 3		X		
UNIFINE PNTF MIS 31GX3/16	INSULIN PEN NEEDLE 31 G X 5 MM (1/5" OR 3/16")	Tier 3		X		
UNIFINE PNTF MIS 31GX5/16	INSULIN PEN NEEDLE 31 G X 8 MM (1/3" OR 5/16")	Tier 3		X		
UNIFINE PNTF MIS 31GX5MM	INSULIN PEN NEEDLE 31 G X 5 MM (1/5" OR 3/16")	Tier 3		X		
UNIFINE PNTF MIS 31GX6MM	INSULIN PEN NEEDLE 31 G X 6 MM (1/4" OR 15/64")	Tier 3		X		
UNIFINE PNTF MIS 31GX8MM	INSULIN PEN NEEDLE 31 G X 8 MM (1/3" OR 5/16")	Tier 3		X		
UNIFINE PROT MIS 30GX5MM	INSULIN PEN NEEDLE 30 G X 5 MM (1/5" OR 3/16")	Tier 3		X		
UNIFINE SAFE MIS 31GX5MM	INSULIN PEN NEEDLE 31 G X 5 MM (1/5" OR 3/16")	Tier 3		X		
UNIFINE SAFE MIS 31GX6MM	INSULIN PEN NEEDLE 31 G X 6 MM (1/4" OR 15/64")	Tier 3		X		
UNIFINE SAFE MIS 31GX8MM	INSULIN PEN NEEDLE 31 G X 8 MM (1/3" OR 5/16")	Tier 3		X		
UNISPEND ANH SUS SWEETENE	*ORAL VEHICLES - SUSP***	Tier 4				
UNJURY POW CHICKEN	*PROTEIN ORAL POWDER***	Tier 4				
UNJURY POW CHOCOLAT	*PROTEIN ORAL POWDER***	Tier 4				
UNJURY POW STRAWBRY	*PROTEIN ORAL POWDER***	Tier 4				
UNJURY POW UNFLAVOR	*PROTEIN ORAL POWDER***	Tier 4				
UNJURY POW VANILLA	*PROTEIN ORAL POWDER***	Tier 4				
UREA POW	UREA POWDER	Tier 4				
UREA PRILLED BEA	UREA BEADS	Tier 4				
VALINE PAK 50MG	VALINE ORAL POWDER PACKET 50 MG	Tier 3				
VALINE 1000 POW	VALINE ORAL POWDER PACKET 1 GM	Tier 3				
VANRAFIA TAB 0.75MG	ATRASENTAN HCL TAB 0.75 MG	Tier 5	X	X		X
VEGAPRO POW	*PROTEIN ORAL POWDER***	Tier 4				
VERIFINE PEN MIS 29GX12MM	INSULIN PEN NEEDLE 29 G X 12 MM (1/2")	Tier 3		X		
VERIFINE PEN MIS 31GX5MM	INSULIN PEN NEEDLE 31 G X 5 MM (1/5" OR 3/16")	Tier 3		X		
VERIFINE PEN MIS 31GX8MM	INSULIN PEN NEEDLE 31 G X 8 MM (1/3" OR 5/16")	Tier 3		X		
VERISAFE MIS 23GX1.5"	NEEDLE (DISP) 23 X 1-1/2"	Tier 3				
VERISAFE MIS 25GX1"	NEEDLE (DISP) 25 X 1"	Tier 3				
VERSABASE GEL	VERSABASE GEL	Tier 4				

^ 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
VERSAFREE SYP	*ORAL VEHICLES - SYRUP***	Tier 4				
VERSAPENN AG GEL ANHYDROU	*TRANSDERMAL BASE GEL**	Tier 4				
VERSAPENN AL GEL ANHYDROU	*TRANSDERMAL BASE GEL**	Tier 4				
VERSAPLUS SYP	*ORAL VEHICLES - SYRUP***	Tier 4				
VERSAPRO GEL ANHYDROU	*GEL BASE - GEL**	Tier 4				
VISTOGARD PAK 10GM	URIDINE TRIACETATE ORAL GRANULES PACKET 10 GM	Tier 4		X		
VITATROCHE GRA BASE SF	*TROCHE BASE GRANULES***	Tier 4				
VORTEX CHAMB MIS PEDI MAS	*SPACER/AEROSOL-HOLDING CHAMBERS - DEVICE***	Tier 4				
VORTEX MASK MIS PEDS MED	*SPACER/AEROSOL-HOLDING CHAMBER SUPPLIES - MASKS***	Tier 3				
VORTEX MASK MIS PEDS SML	*SPACER/AEROSOL-HOLDING CHAMBER SUPPLIES - MASKS***	Tier 3				
VORTEX VALVD MIS CHAMBER	*SPACER/AEROSOL-HOLDING CHAMBERS - DEVICE***	Tier 4				
VORTEX VALVD MIS CHAMBER	*SPACER/AEROSOL-HOLDING CHAMBERS - DEVICE***	Tier 3				
VORTEX VALVE MIS CHAMBER	*SPACER/AEROSOL-HOLDING CHAMBERS - DEVICE***	Tier 3				
VORTEX/MASK MIS CHILDS	*SPACER/AEROSOL-HOLDING CHAMBERS - DEVICE***	Tier 3				
VORTEX/MASK MIS TODDLER	*SPACER/AEROSOL-HOLDING CHAMBERS - DEVICE***	Tier 3				
WA-001 EXPER OIL SOIL SUR	ETHOXYLATED MACADAMIA NUT OIL	Tier 4				
WHEY PROTEIN POW CON	*PROTEIN ORAL POWDER***	Tier 2	X			
WHEY PROTEIN POW CON	*PROTEIN ORAL POWDER***	Tier 2				
WHEY PROTEIN POW COOKIES	*PROTEIN ORAL PACK***	Tier 3	X			
WHEY PROTEIN POW STRAWBER	*PROTEIN ORAL POWDER***	Tier 3				
WIDE-SEAL DPR KIT 60	DIAPHRAGM WIDE SEAL 60 MM	Tier 1				
WIDE-SEAL DPR KIT 65	DIAPHRAGM WIDE SEAL 65 MM	Tier 1				
WIDE-SEAL DPR KIT 70	DIAPHRAGM WIDE SEAL 70 MM	Tier 1				
WIDE-SEAL DPR KIT 75	DIAPHRAGM WIDE SEAL 75 MM	Tier 1				
WIDE-SEAL DPR KIT 80	DIAPHRAGM WIDE SEAL 80 MM	Tier 1				
WIDE-SEAL DPR KIT 85	DIAPHRAGM WIDE SEAL 85 MM	Tier 1				
WIDE-SEAL DPR KIT 90	DIAPHRAGM WIDE SEAL 90 MM	Tier 1				
WIDE-SEAL DPR KIT 95	DIAPHRAGM WIDE SEAL 95 MM	Tier 1				
XPHE MAXAMUM PAK ORANGE	*AMINO ACIDS PACK***	Tier 4				
XPHE MAXAMUM PAK UNFLAVOR	*AMINO ACIDS PACK***	Tier 4				
ZELSUVMI GEL 10.3%	BERDAZIMER SODIUM GEL 10.3%	Tier 5	X	X		

^ 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
ZOKINVY CAP 50MG	LONAFARNIB CAP 50 MG	Tier 4	X	X		X
ZOKINVY CAP 75MG	LONAFARNIB CAP 75 MG	Tier 4	X	X		X
Molecular Target Inhibitors - Chemotherapy Agents						
ALECENSA CAP 150MG	ALECTINIB HCL CAP 150 MG (BASE EQUIVALENT)	Tier 4	X	X		
ALUNBRIG PAK	BRIGATINIB TAB INITIATION THERAPY PACK 90 MG & 180 MG	Tier 4	X	X		X
ALUNBRIG TAB 180MG	BRIGATINIB TAB 180 MG	Tier 4	X	X		X
ALUNBRIG TAB 30MG	BRIGATINIB TAB 30 MG	Tier 4	X	X		X
ALUNBRIG TAB 90MG	BRIGATINIB TAB 90 MG	Tier 4	X	X		X
AYVAKIT TAB 100MG	AVAPRITINIB TAB 100 MG	Tier 5	X	X		X
AYVAKIT TAB 200MG	AVAPRITINIB TAB 200 MG	Tier 5	X	X		X
AYVAKIT TAB 25MG	AVAPRITINIB TAB 25 MG	Tier 5	X	X		X
AYVAKIT TAB 300MG	AVAPRITINIB TAB 300 MG	Tier 5	X	X		X
AYVAKIT TAB 50MG	AVAPRITINIB TAB 50 MG	Tier 5	X	X		X
BOSULIF CAP 100MG	BOSUTINIB CAP 100 MG	Tier 4	X	X	X	X
BOSULIF CAP 50MG	BOSUTINIB CAP 50 MG	Tier 4	X	X	X	X
BRUKINSA CAP 80MG	ZANUBRUTINIB CAP 80 MG	Tier 5	X	X	X	X
BRUKINSA TAB 160MG	ZANUBRUTINIB TAB 160 MG	Tier 5	X	X	X	X
CABOMETYX TAB 20MG	CABOZANTINIB S-MALATE TAB 20 MG (BASE EQUIVALENT)	Tier 4	X	X		X
CABOMETYX TAB 40MG	CABOZANTINIB S-MALATE TAB 40 MG (BASE EQUIVALENT)	Tier 4	X	X		X
CABOMETYX TAB 60MG	CABOZANTINIB S-MALATE TAB 60 MG (BASE EQUIVALENT)	Tier 4	X	X		X
CALQUENCE TAB 100MG	ACALABRUTINIB MALEATE TAB 100 MG	Tier 4	X	X		X
CAPRELSA TAB 100MG	VANDETANIB TAB 100 MG	Tier 4	X	X		X
CAPRELSA TAB 300MG	VANDETANIB TAB 300 MG	Tier 4	X	X		X
COMETRIQ KIT 100MG	CABOZANTINIB S-MAL CAP 1 X 80 MG & 1 X 20 MG (100 DOSE) KIT	Tier 4	X	X		X
COMETRIQ KIT 140MG	CABOZANTINIB S-MAL CAP 1 X 80 MG & 3 X 20 MG (140 DOSE) KIT	Tier 4	X	X		X
COMETRIQ KIT 60MG	CABOZANTINIB S-MALATE CAP 3 X 20 MG (60 MG DOSE) KIT	Tier 4	X	X		X
COTELLIC TAB 20MG	COBIMETINIB FUMARATE TAB 20 MG (BASE EQUIVALENT)	Tier 5	X	X		X
DASATINIB TAB 100MG	DASATINIB TAB 100 MG	Tier 4	X	X		X
DASATINIB TAB 140MG	DASATINIB TAB 140 MG	Tier 4	X	X		X
DASATINIB TAB 20MG	DASATINIB TAB 20 MG	Tier 4	X	X		X
DASATINIB TAB 50MG	DASATINIB TAB 50 MG	Tier 4	X	X		X
DASATINIB TAB 70MG	DASATINIB TAB 70 MG	Tier 4	X	X		X

^ 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
DASATINIB TAB 80MG	DASATINIB TAB 80 MG	Tier 4	X	X		X
DAURISMO TAB 100MG	GLASDEGIB MALEATE TAB 100 MG (BASE EQUIVALENT)	Tier 4	X	X		X
DAURISMO TAB 25MG	GLASDEGIB MALEATE TAB 25 MG (BASE EQUIVALENT)	Tier 4	X	X		X
ERIVEDGE CAP 150MG	VISMODEGIB CAP 150 MG	Tier 4	X	X		X
ERLOTINIB TAB 100MG	ERLOTINIB HCL TAB 100 MG (BASE EQUIVALENT)	Tier 4	X	X		X
ERLOTINIB TAB 150MG	ERLOTINIB HCL TAB 150 MG (BASE EQUIVALENT)	Tier 4	X	X		X
ERLOTINIB TAB 25MG	ERLOTINIB HCL TAB 25 MG (BASE EQUIVALENT)	Tier 4	X	X		X
EVEROLIMUS TAB 10MG	EVEROLIMUS TAB 10 MG	Tier 4	X	X		X
EVEROLIMUS TAB 2.5MG	EVEROLIMUS TAB 2.5 MG	Tier 4	X	X		X
EVEROLIMUS TAB 2MG	EVEROLIMUS TAB FOR ORAL SUSP 2 MG	Tier 4	X	X		X
EVEROLIMUS TAB 3MG	EVEROLIMUS TAB FOR ORAL SUSP 3 MG	Tier 4	X	X		X
EVEROLIMUS TAB 5MG	EVEROLIMUS TAB 5 MG	Tier 4	X	X		X
EVEROLIMUS TAB 5MG	EVEROLIMUS TAB FOR ORAL SUSP 5 MG	Tier 4	X	X		X
EVEROLIMUS TAB 7.5MG	EVEROLIMUS TAB 7.5 MG	Tier 4	X	X		X
GAVRETO CAP 100MG	PRALSETINIB CAP 100 MG	Tier 5	X	X		X
GEFITINIB TAB 250MG	GEFITINIB TAB 250 MG	Tier 5	X	X		X
GILOTRIF TAB 20MG	AFATINIB DIMALEATE TAB 20 MG (BASE EQUIVALENT)	Tier 5	X	X		X
GILOTRIF TAB 30MG	AFATINIB DIMALEATE TAB 30 MG (BASE EQUIVALENT)	Tier 5	X	X		X
GILOTRIF TAB 40MG	AFATINIB DIMALEATE TAB 40 MG (BASE EQUIVALENT)	Tier 5	X	X		X
ICLUSIG TAB 15MG	PONATINIB HCL TAB 15 MG (BASE EQUIV)	Tier 5	X	X		X
ICLUSIG TAB 45MG	PONATINIB HCL TAB 45 MG (BASE EQUIV)	Tier 5	X	X		X
IDHIFA TAB 100MG	ENASIDENIB MESYLATE TAB 100 MG (BASE EQUIVALENT)	Tier 4	X	X		X
IDHIFA TAB 50MG	ENASIDENIB MESYLATE TAB 50 MG (BASE EQUIVALENT)	Tier 4	X	X		X
IMATINIB MES TAB 100MG	IMATINIB MESYLATE TAB 100 MG (BASE EQUIVALENT)	Tier 2		X		X
IMATINIB MES TAB 400MG	IMATINIB MESYLATE TAB 400 MG (BASE EQUIVALENT)	Tier 2		X		X
IMBRUVICA CAP 140MG	IBRUTINIB CAP 140 MG	Tier 4	X	X		X
IMBRUVICA CAP 70MG	IBRUTINIB CAP 70 MG	Tier 4	X	X		X
IMBRUVICA SUS 70MG/ML	IBRUTINIB ORAL SUSP 70 MG/ML	Tier 4	X	X		X
IMBRUVICA TAB 420MG	IBRUTINIB TAB 420 MG	Tier 4	X	X		X
IMKELDI SOL 80MG/ML	IMATINIB MESYLATE ORAL SOLN 80 MG/ML (BASE EQUIVALENT)	Tier 5	X	X		X

^ 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
INLYTA TAB 1MG	AXITINIB TAB 1 MG	Tier 5	X	X		X
INLYTA TAB 5MG	AXITINIB TAB 5 MG	Tier 5	X	X		X
IRESSA TAB 250MG	GEFITINIB TAB 250 MG	Tier 5	X	X		X
JAKAFI TAB 10MG	RUXOLITINIB PHOSPHATE TAB 10 MG (BASE EQUIVALENT)	Tier 4	X	X		X
JAKAFI TAB 15MG	RUXOLITINIB PHOSPHATE TAB 15 MG (BASE EQUIVALENT)	Tier 4	X	X		X
JAKAFI TAB 20MG	RUXOLITINIB PHOSPHATE TAB 20 MG (BASE EQUIVALENT)	Tier 4	X	X		X
JAKAFI TAB 25MG	RUXOLITINIB PHOSPHATE TAB 25 MG (BASE EQUIVALENT)	Tier 4	X	X		X
JAKAFI TAB 5MG	RUXOLITINIB PHOSPHATE TAB 5 MG (BASE EQUIVALENT)	Tier 4	X	X		X
LAPATINIB TAB 250MG	LAPATINIB DITOSYLATE TAB 250 MG (BASE EQUIV)	Tier 4	X	X		X
LAZCLUZE TAB 240MG	LAZERTINIB MESYLATE TAB 240 MG	Tier 5	X	X		X
LAZCLUZE TAB 80MG	LAZERTINIB MESYLATE TAB 80 MG	Tier 5	X	X		X
LENVIMA CAP 10 MG	LENVATINIB CAP THERAPY PACK 10 MG (10 MG DAILY DOSE)	Tier 4	X	X		X
LENVIMA CAP 12MG	LENVATINIB CAP THERAPY PACK 3 X 4 MG (12 MG DAILY DOSE)	Tier 4	X	X		X
LENVIMA CAP 14 MG	LENVATINIB CAP THERAPY PACK 10 & 4 MG (14 MG DAILY DOSE)	Tier 4	X	X		X
LENVIMA CAP 18 MG	LENVATINIB CAP THER PACK 10 MG & 2 X 4 MG (18 MG DAILY DOSE)	Tier 4	X	X		X
LENVIMA CAP 20 MG	LENVATINIB CAP THERAPY PACK 2 X 10 MG (20 MG DAILY DOSE)	Tier 4	X	X		X
LENVIMA CAP 24 MG	LENVATINIB CAP THER PACK 2 X 10 MG & 4 MG (24 MG DAILY DOSE)	Tier 4	X	X		X
LENVIMA CAP 4MG	LENVATINIB CAP THERAPY PACK 4 MG (4 MG DAILY DOSE)	Tier 4	X	X		X
LENVIMA CAP 8 MG	LENVATINIB CAP THERAPY PACK 2 X 4 MG (8 MG DAILY DOSE)	Tier 4	X	X		X
LYNPARZA TAB 100MG	OLAPARIB TAB 100 MG	Tier 4	X	X		X
LYNPARZA TAB 150MG	OLAPARIB TAB 150 MG	Tier 4	X	X		X
MEKINIST SOL 0.05/ML	TRAMETINIB DIMETHYL SULFOXIDE FOR SOLN 0.05 MG/ML (BASE EQ)	Tier 5		X	X	X
MEKINIST TAB 0.5MG	TRAMETINIB DIMETHYL SULFOXIDE TAB 0.5 MG (BASE EQUIVALENT)	Tier 5	X	X	X	X
MEKINIST TAB 2MG	TRAMETINIB DIMETHYL SULFOXIDE TAB 2 MG (BASE EQUIVALENT)	Tier 5	X	X	X	X
NERLYNX TAB 40MG	NERATINIB MALEATE TAB 40 MG (BASE EQUIVALENT)	Tier 4	X	X		X
NILOTINB HCL CAP 150MG	NILOTINIB HCL CAP 150 MG (BASE EQUIVALENT)	Tier 4	X	X	X	X

^ 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
NILOTINB HCL CAP 200MG	NILOTINIB HCL CAP 200 MG (BASE EQUIVALENT)	Tier 4	X	X	X	X
NILOTINB HCL CAP 50MG	NILOTINIB HCL CAP 50 MG (BASE EQUIVALENT)	Tier 4	X	X	X	X
ODOMZO CAP 200MG	SONIDEGIB PHOSPHATE CAP 200 MG (BASE EQUIVALENT)	Tier 4	X	X		X
OJEMDA SUS 25MG/ML	TOVORAFENIB FOR ORAL SUSP 25 MG/ML	Tier 5	X	X		X
OJEMDA TAB 100MG	TOVORAFENIB TAB 100 MG	Tier 5	X	X		X
PAZOPANIB TAB 400MG	PAZOPANIB HCL TAB 400 MG (BASE EQUIV)	Tier 5	X			
RETEVMO CAP 40MG	SELPERCATINIB CAP 40 MG	Tier 5	X	X		X
RETEVMO CAP 80MG	SELPERCATINIB CAP 80 MG	Tier 5	X	X		X
RETEVMO TAB 120MG	SELPERCATINIB TAB 120 MG	Tier 5	X	X		X
RETEVMO TAB 160MG	SELPERCATINIB TAB 160 MG	Tier 5	X	X		X
RETEVMO TAB 40MG	SELPERCATINIB TAB 40 MG	Tier 5	X	X		X
RETEVMO TAB 80MG	SELPERCATINIB TAB 80 MG	Tier 5	X	X		X
REZLIDHIA CAP 150MG	OLUTASIDENIB CAP 150 MG	Tier 4	X	X		X
RYDAPT CAP 25MG	MIDOSTAURIN CAP 25 MG	Tier 4	X	X		X
SORAFENIB TAB 200MG	SORAFENIB TOSYLATE TAB 200 MG (BASE EQUIVALENT)	Tier 4	X	X		X
STIVARGA TAB 40MG	REGORAFENIB TAB 40 MG	Tier 4	X	X		X
SUNITINIB CAP 12.5MG	SUNITINIB MALATE CAP 12.5 MG (BASE EQUIVALENT)	Tier 4	X	X		X
SUNITINIB CAP 25MG	SUNITINIB MALATE CAP 25 MG (BASE EQUIVALENT)	Tier 4	X	X		X
SUNITINIB CAP 37.5MG	SUNITINIB MALATE CAP 37.5 MG (BASE EQUIVALENT)	Tier 4	X	X		X
SUNITINIB CAP 50MG	SUNITINIB MALATE CAP 50 MG (BASE EQUIVALENT)	Tier 4	X	X		X
TABRECTA TAB 150MG	CAPMATINIB HCL TAB 150 MG	Tier 5	X	X		X
TABRECTA TAB 200MG	CAPMATINIB HCL TAB 200 MG	Tier 5	X	X		X
TAFINLAR CAP 50MG	DABRAFENIB MESYLATE CAP 50 MG (BASE EQUIVALENT)	Tier 5	X	X	X	X
TAFINLAR CAP 75MG	DABRAFENIB MESYLATE CAP 75 MG (BASE EQUIVALENT)	Tier 5	X	X	X	X
TAFINLAR TAB 10MG	DABRAFENIB MESYLATE TAB FOR ORAL SUSP 10 MG (BASE EQUIV)	Tier 5		X	X	X
TAGRISSO TAB 40MG	OSIMERTINIB MESYLATE TAB 40 MG (BASE EQUIVALENT)	Tier 5	X	X		X
TAGRISSO TAB 80MG	OSIMERTINIB MESYLATE TAB 80 MG (BASE EQUIVALENT)	Tier 5	X	X		X
TEPMETKO TAB 225MG	TEPOTINIB HCL TAB 225 MG	Tier 5	X	X		X
TIBSOVO TAB 250MG	IVOSIDENIB TAB 250 MG	Tier 4	X	X		X
TORPENZ TAB 10MG	EVEROLIMUS TAB 10 MG	Tier 4	X	X		X

^ 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
TORPENZ TAB 2.5MG	EVEROLIMUS TAB 2.5 MG	Tier 4	X	X		X
TORPENZ TAB 5MG	EVEROLIMUS TAB 5 MG	Tier 4	X	X		X
TORPENZ TAB 7.5MG	EVEROLIMUS TAB 7.5 MG	Tier 4	X	X		X
TUKYSA TAB 150MG	TUCATINIB TAB 150 MG	Tier 4	X	X		X
TUKYSA TAB 50MG	TUCATINIB TAB 50 MG	Tier 4	X	X		X
TURALIO CAP 125MG	PEXIDARTINIB HCL CAP 125 MG (BASE EQUIVALENT)	Tier 4	X	X		X
VENCLEXTA TAB 100MG	VENETOCLAX TAB 100 MG	Tier 4	X	X		X
VENCLEXTA TAB 10MG	VENETOCLAX TAB 10 MG	Tier 4	X	X		X
VENCLEXTA TAB 50MG	VENETOCLAX TAB 50 MG	Tier 4	X	X		X
VENCLEXTA TAB START PK	VENETOCLAX TAB THERAPY STARTER PACK 10 & 50 & 100 MG	Tier 4	X	X		X
VITRAKVI CAP 100MG	LAROTRECTINIB SULFATE CAP 100 MG (BASE EQUIVALENT)	Tier 4	X	X		X
VITRAKVI CAP 25MG	LAROTRECTINIB SULFATE CAP 25 MG (BASE EQUIVALENT)	Tier 4	X	X		X
VITRAKVI SOL 20MG/ML	LAROTRECTINIB SULFATE ORAL SOLN 20 MG/ML (BASE EQUIVALENT)	Tier 4	X	X		X
VIZIMPRO TAB 15MG	DACOMITINIB TAB 15 MG	Tier 5	X	X		X
VIZIMPRO TAB 30MG	DACOMITINIB TAB 30 MG	Tier 5	X	X		X
VIZIMPRO TAB 45MG	DACOMITINIB TAB 45 MG	Tier 5	X	X		X
XOSPATA TAB 40MG	GILTERITINIB FUMARATE TABLET 40 MG (BASE EQUIVALENT)	Tier 5	X	X		X
ZELBORAF TAB 240MG	VEMURAFENIB TAB 240 MG	Tier 4	X	X		X
ZYDELIG TAB 100MG	IDELALISIB TAB 100 MG	Tier 5	X	X		X
Monoamine Oxidase B (MAO-B) Inhibitors - Parkinson's Disease Drugs						
SELEGILINE CAP 5MG	SELEGILINE HCL CAP 5 MG	Tier 2				
SELEGILINE TAB 5MG	SELEGILINE HCL TAB 5 MG	Tier 2				
Monoamine Oxidase Inhibitors - Antidepressants						
MARPLAN TAB 10MG	ISOCARBOXAZID TAB 10 MG	Tier 5				
NARDIL TAB 15MG	PHENELZINE SULFATE TAB 15 MG	Tier 5				
PARNATE TAB 10MG	TRANLYCYPROMINE SULFATE TAB 10 MG	Tier 5				
PHENELZINE TAB 15MG	PHENELZINE SULFATE TAB 15 MG	Tier 2				
TRANLYCYPROM TAB 10MG	TRANLYCYPROMINE SULFATE TAB 10 MG	Tier 2				
Mood Stabilizers - Mood Disorder Drugs						
DEPAKOTE TAB 125MG DR	DIVALPROEX SODIUM TAB DELAYED RELEASE 125 MG	Tier 5	X			
DEPAKOTE TAB 250MG DR	DIVALPROEX SODIUM TAB DELAYED RELEASE 250 MG	Tier 5	X			
DEPAKOTE TAB 500MG DR	DIVALPROEX SODIUM TAB DELAYED RELEASE 500 MG	Tier 5	X			

^ 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
DEPAKOTE ER TAB 250MG	DIVALPROEX SODIUM TAB ER 24 HR 250 MG	Tier 5	X			
DEPAKOTE ER TAB 500MG	DIVALPROEX SODIUM TAB ER 24 HR 500 MG	Tier 5	X			
DEPAKOTE SPR CAP 125MG	DIVALPROEX SODIUM CAP DELAYED RELEASE SPRINKLE 125 MG	Tier 5	X			
DIVALPROEX CAP 125MG DR	DIVALPROEX SODIUM CAP DELAYED RELEASE SPRINKLE 125 MG	Tier 3				
DIVALPROEX TAB 125MG DR	DIVALPROEX SODIUM TAB DELAYED RELEASE 125 MG	Tier 2				
DIVALPROEX TAB 250MG DR	DIVALPROEX SODIUM TAB DELAYED RELEASE 250 MG	Tier 2				
DIVALPROEX TAB 250MG ER	DIVALPROEX SODIUM TAB ER 24 HR 250 MG	Tier 3				
DIVALPROEX TAB 500MG DR	DIVALPROEX SODIUM TAB DELAYED RELEASE 500 MG	Tier 2				
DIVALPROEX TAB 500MG ER	DIVALPROEX SODIUM TAB ER 24 HR 500 MG	Tier 3				
LITHIUM SOL 8MEQ/5ML	LITHIUM ORAL SOLUTION 8 MEQ/5ML	Tier 2				
LITHIUM CARB CAP 150MG	LITHIUM CARBONATE CAP 150 MG	Tier 2				
LITHIUM CARB CAP 300MG	LITHIUM CARBONATE CAP 300 MG	Tier 2				
LITHIUM CARB CAP 600MG	LITHIUM CARBONATE CAP 600 MG	Tier 2				
LITHIUM CARB TAB 300MG	LITHIUM CARBONATE TAB 300 MG	Tier 2				
LITHIUM CARB TAB 300MG ER	LITHIUM CARBONATE TAB ER 300 MG	Tier 2				
LITHIUM CARB TAB 450MG ER	LITHIUM CARBONATE TAB ER 450 MG	Tier 2				
LITHOBID TAB 300MG	LITHIUM CARBONATE TAB ER 300 MG	Tier 5	X			
Multiple Sclerosis Agents						
CLADRIBINE PAK 10MG(10)	CLADRIBINE TAB THERAPY PACK 10 MG (10 TABS)	Tier 2	X	X	X	X
CLADRIBINE PAK 10MG(4)	CLADRIBINE TAB THERAPY PACK 10 MG (4 TABS)	Tier 2	X	X	X	X
CLADRIBINE PAK 10MG(5)	CLADRIBINE TAB THERAPY PACK 10 MG (5 TABS)	Tier 2	X	X	X	X
CLADRIBINE PAK 10MG(6)	CLADRIBINE TAB THERAPY PACK 10 MG (6 TABS)	Tier 2	X	X	X	X
CLADRIBINE PAK 10MG(7)	CLADRIBINE TAB THERAPY PACK 10 MG (7 TABS)	Tier 2	X	X	X	X
CLADRIBINE PAK 10MG(8)	CLADRIBINE TAB THERAPY PACK 10 MG (8 TABS)	Tier 2	X	X	X	X
CLADRIBINE PAK 10MG(9)	CLADRIBINE TAB THERAPY PACK 10 MG (9 TABS)	Tier 2	X	X	X	X
MAVENCLAD PAK 10MG(10)	CLADRIBINE TAB THERAPY PACK 10 MG (10 TABS)	Tier 5	X	X	X	X
MAVENCLAD PAK 10MG(4)	CLADRIBINE TAB THERAPY PACK 10 MG (4 TABS)	Tier 5	X	X	X	X
MAVENCLAD PAK 10MG(5)	CLADRIBINE TAB THERAPY PACK 10 MG (5 TABS)	Tier 5	X	X	X	X

^ 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
MAVENCLAD PAK 10MG(6)	CLADRIBINE TAB THERAPY PACK 10 MG (6 TABS)	Tier 5	X	X	X	X
MAVENCLAD PAK 10MG(7)	CLADRIBINE TAB THERAPY PACK 10 MG (7 TABS)	Tier 5	X	X	X	X
MAVENCLAD PAK 10MG(8)	CLADRIBINE TAB THERAPY PACK 10 MG (8 TABS)	Tier 5	X	X	X	X
MAVENCLAD PAK 10MG(9)	CLADRIBINE TAB THERAPY PACK 10 MG (9 TABS)	Tier 5	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 4	X	X		X
AVONEX PREFL KIT 30MCG	INTERFERON BETA-1A IM PREFILLED SYRINGE KIT 30 MCG/0.5ML	Tier 4	X	X		X
BAFIERTAM CAP 95MG	MONOMETHYL FUMARATE CAPSULE DELAYED RELEASE 95 MG	Tier 4	X	X		X
BETASERON INJ 0.3MG	INTERFERON BETA-1B FOR INJ KIT 0.3 MG	Tier 4	X	X		X
DALFAMPRIDIN TAB 10MG ER	DALFAMPRIDINE TAB ER 12HR 10 MG	Tier 4	X	X		X
DIMETHYL FUM CAP 120MG DR	DIMETHYL FUMARATE CAPSULE DELAYED RELEASE 120 MG	Tier 2	X	X		X
DIMETHYL FUM CAP 240MG DR	DIMETHYL FUMARATE CAPSULE DELAYED RELEASE 240 MG	Tier 2	X	X		X
DIMETHYL FUM CAP STARTER	DIMETHYL FUMARATE CAPSULE DR STARTER PACK 120 MG & 240 MG	Tier 2	X	X		X
FINGOLIMOD CAP 0.5MG	FINGOLIMOD HCL CAP 0.5 MG (BASE EQUIV)	Tier 2	X	X		X
GLATIRAMER INJ 20MG/ML	GLATIRAMER ACETATE SOLN PREFILLED SYRINGE 20 MG/ML	Tier 4	X	X		X
GLATIRAMER INJ 20MG/ML	GLATIRAMER ACETATE SOLN PREFILLED SYRINGE 20 MG/ML	Tier 5	X	X		X
GLATIRAMER INJ 40MG/ML	GLATIRAMER ACETATE SOLN PREFILLED SYRINGE 40 MG/ML	Tier 4	X	X		X
GLATIRAMER INJ 40MG/ML	GLATIRAMER ACETATE SOLN PREFILLED SYRINGE 40 MG/ML	Tier 5	X	X		X
GLATOPA INJ 20MG/ML	GLATIRAMER ACETATE SOLN PREFILLED SYRINGE 20 MG/ML	Tier 4	X	X		X
GLATOPA INJ 40MG/ML	GLATIRAMER ACETATE SOLN PREFILLED SYRINGE 40 MG/ML	Tier 4	X	X		X
KESIMPTA INJ 20/.4ML	OFATUMUMAB SOLN AUTO-INJECTOR 20 MG/0.4ML	Tier 4	X	X		X
MAYZENT PAK STARTER	SIPONIMOD FUMARATE TAB 0.25 MG (12) STARTER PACK	Tier 5	X	X		X
MAYZENT PAK STARTER	SIPONIMOD FUMARATE TAB 0.25 MG (7) STARTER PACK	Tier 5	X	X		X
MAYZENT TAB 0.25MG	SIPONIMOD FUMARATE TAB 0.25 MG (BASE EQUIV)	Tier 5	X	X		X
MAYZENT TAB 1MG	SIPONIMOD FUMARATE TAB 1 MG (BASE EQUIV)	Tier 5	X	X		X

^ 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 TAB 2MG	SIPONIMOD FUMARATE TAB 2 MG (BASE EQUIV)	Tier 5	X	X		X
PLEGRIDY INJ	PEGINTERFERON BETA-1A SOLN PREFILLED SYRINGE 125 MCG/0.5ML	Tier 5	X	X		X
PLEGRIDY INJ	PEGINTERFERON BETA-1A IM SOLN PREFILLED SYR 125 MCG/0.5ML	Tier 5	X	X		
PLEGRIDY INJ PEN	PEGINTERFERON BETA-1A SOLN AUTO-INJECTOR 125 MCG/0.5ML	Tier 5	X	X		X
PLEGRIDY INJ STARTER	PEGINTERFERON BETA-1A SOLN PREF SYR 63 & 94 MCG/0.5ML PACK	Tier 5	X	X		X
PLEGRIDY PEN INJ STARTER	PEGINTERFERON BETA-1A SOLN AUTO-INJ 63 & 94 MCG/0.5ML PACK	Tier 5	X	X		X
TERIFLUNOMID TAB 14MG	TERIFLUNOMIDE TAB 14 MG	Tier 4	X	X		X
TERIFLUNOMID TAB 7MG	TERIFLUNOMIDE TAB 7 MG	Tier 4	X	X		X
ZEPOSIA CAP 0.92MG	OZANIMOD HCL CAP 0.92 MG	Tier 5	X	X	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 5	X	X	X	X
ZEPOSIA 7DAY CAP STR PACK	OZANIMOD CAP PACK 4 X 0.23 MG & 3 X 0.46 MG	Tier 5	X	X	X	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 2				
MEMANTINE SOL 2MG/ML	MEMANTINE HCL ORAL SOLUTION 2 MG/ML	Tier 5				
MEMANTINE TAB HCL 10MG	MEMANTINE HCL TAB 10 MG	Tier 2				
MEMANTINE TAB HCL 5MG	MEMANTINE HCL TAB 5 MG	Tier 2				
MEMANTINE HC CAP 14MG ER	MEMANTINE HCL CAP ER 24HR 14 MG	Tier 2				
MEMANTINE HC CAP 21MG ER	MEMANTINE HCL CAP ER 24HR 21 MG	Tier 2				
MEMANTINE HC CAP 28MG ER	MEMANTINE HCL CAP ER 24HR 28 MG	Tier 2				
MEMANTINE HC CAP 7MG ER	MEMANTINE HCL CAP ER 24HR 7 MG	Tier 2				
MEMANTINE HC SOL 2MG/ML	MEMANTINE HCL ORAL SOLUTION 2 MG/ML	Tier 5				

Nonsteroidal Anti-Inflammatory Drugs - Pain/Anti-Inflammatory Drugs

ASPIRIN CHW 81MG	ASPIRIN CHEW TAB 81 MG	Tier 1				
ASPIRIN TAB 81MG	ASPIRIN TAB DELAYED RELEASE 81 MG	Tier 1				
ASPIRIN TAB 81MG EC	ASPIRIN TAB DELAYED RELEASE 81 MG	Tier 1				
ASPIRIN 81 TAB 81MG EC	ASPIRIN TAB DELAYED RELEASE 81 MG	Tier 1				
ASPIRIN ADLT TAB 81MG	ASPIRIN TAB DELAYED RELEASE 81 MG	Tier 1				
ASPIRIN ADLT TAB 81MG EC	ASPIRIN TAB DELAYED RELEASE 81 MG	Tier 1				
ASPIRIN CHLD CHW 81MG	ASPIRIN CHEW TAB 81 MG	Tier 1				
ASPIRIN EC TAB 81MG	ASPIRIN TAB DELAYED RELEASE 81 MG	Tier 1				
ASPIRIN LOW CHW 81MG	ASPIRIN CHEW TAB 81 MG	Tier 1				
ASPIRIN LOW TAB 81MG	ASPIRIN TAB DELAYED RELEASE 81 MG	Tier 1				

^ 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 LOW TAB 81MG EC	ASPIRIN TAB DELAYED RELEASE 81 MG	Tier 1				
ASPIRIN REGI TAB 81MG	ASPIRIN TAB DELAYED RELEASE 81 MG	Tier 1				
ASPIRIN-81 CHW 81MG	ASPIRIN CHEW TAB 81 MG	Tier 1				
BAYER LOW CHW 81MG	ASPIRIN CHEW TAB 81 MG	Tier 1				
CELECOXIB CAP 100MG	CELECOXIB CAP 100 MG	Tier 3				
CELECOXIB CAP 200MG	CELECOXIB CAP 200 MG	Tier 3				
CELECOXIB CAP 400MG	CELECOXIB CAP 400 MG	Tier 3				
CELECOXIB CAP 50MG	CELECOXIB CAP 50 MG	Tier 3				
CVS ASPIRIN TAB 81MG EC	ASPIRIN TAB DELAYED RELEASE 81 MG	Tier 1				
DAYPRO TAB 600MG	OXAPROZIN TAB 600 MG	Tier 5				
DICLO/MISOPR TAB 50-0.2MG	DICLOFENAC W/ MISOPROSTOL TAB DELAYED RELEASE 50-0.2 MG	Tier 4				
DICLO/MISOPR TAB 75-0.2MG	DICLOFENAC W/ MISOPROSTOL TAB DELAYED RELEASE 75-0.2 MG	Tier 4				
DICLOFEN POT TAB 50MG	DICLOFENAC POTASSIUM TAB 50 MG	Tier 3				
DICLOFENAC TAB 100MG ER	DICLOFENAC SODIUM TAB ER 24HR 100 MG	Tier 4				
DICLOFENAC TAB 25MG DR	DICLOFENAC SODIUM TAB DELAYED RELEASE 25 MG	Tier 2				
DICLOFENAC TAB 50MG DR	DICLOFENAC SODIUM TAB DELAYED RELEASE 50 MG	Tier 2				
DICLOFENAC TAB 75MG DR	DICLOFENAC SODIUM TAB DELAYED RELEASE 75 MG	Tier 2				
DIFLUNISAL TAB 500MG	DIFLUNISAL TAB 500 MG	Tier 4				
EC-NAPROSYN TAB 375MG	NAPROXEN TAB EC 375 MG	Tier 4				
EC-NAPROSYN TAB 500MG	NAPROXEN TAB EC 500 MG	Tier 5				
EC-NAPROXEN TAB 375MG	NAPROXEN TAB EC 375 MG	Tier 2				
EC-NAPROXEN TAB 500MG	NAPROXEN TAB EC 500 MG	Tier 2				
EQ ASPIRIN CHW 81MG	ASPIRIN CHEW TAB 81 MG	Tier 1				
EQL ASPIRIN CHW 81MG	ASPIRIN CHEW TAB 81 MG	Tier 1				
ETODOLAC CAP 200MG	ETODOLAC CAP 200 MG	Tier 3				
ETODOLAC CAP 300MG	ETODOLAC CAP 300 MG	Tier 3				
ETODOLAC TAB 400MG	ETODOLAC TAB 400 MG	Tier 3				
ETODOLAC TAB 500MG	ETODOLAC TAB 500 MG	Tier 3				
ETODOLAC ER TAB 400MG	ETODOLAC TAB ER 24HR 400 MG	Tier 4				
ETODOLAC ER TAB 500MG	ETODOLAC TAB ER 24HR 500 MG	Tier 4				
ETODOLAC ER TAB 600MG	ETODOLAC TAB ER 24HR 600 MG	Tier 4				
FLURBIPROFEN TAB 100MG	FLURBIPROFEN TAB 100 MG	Tier 2				
FLURBIPROFEN TAB 50MG	FLURBIPROFEN TAB 50 MG	Tier 2				
FT ASPIRIN CHW 81MG	ASPIRIN CHEW TAB 81 MG	Tier 1				
FT ASPIRIN TAB 81MG	ASPIRIN TAB DELAYED RELEASE 81 MG	Tier 1				

^ 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
GNP ASPIRIN CHW 81MG	ASPIRIN CHEW TAB 81 MG	Tier 1				
GNP ASPIRIN TAB 81MG	ASPIRIN TAB DELAYED RELEASE 81 MG	Tier 1				
GNP ASPIRIN TAB 81MG EC	ASPIRIN TAB DELAYED RELEASE 81 MG	Tier 1				
GOODSENSE TAB 81MG EC	ASPIRIN TAB DELAYED RELEASE 81 MG	Tier 1				
IBU TAB 400MG	IBUPROFEN TAB 400 MG	Tier 2				
IBU TAB 600MG	IBUPROFEN TAB 600 MG	Tier 2				
IBU TAB 800MG	IBUPROFEN TAB 800 MG	Tier 2				
IBUPROFEN TAB 200MG	IBUPROFEN TAB 200 MG	Tier 2				
IBUPROFEN TAB 400MG	IBUPROFEN TAB 400 MG	Tier 2				
IBUPROFEN TAB 600MG	IBUPROFEN TAB 600 MG	Tier 2				
IBUPROFEN TAB 800MG	IBUPROFEN TAB 800 MG	Tier 2				
INDOMETHACIN CAP 25MG	INDOMETHACIN CAP 25 MG	Tier 2				
INDOMETHACIN CAP 50MG	INDOMETHACIN CAP 50 MG	Tier 2				
INDOMETHACIN CAP 75MG ER	INDOMETHACIN CAP ER 75 MG	Tier 3				
INDOMETHACIN SUP 50MG	INDOMETHACIN SUPPOS 50 MG	Tier 4	X			
KETOROLAC TAB 10MG	KETOROLAC TROMETHAMINE TAB 10 MG	Tier 2				
KLS ASPIRIN TAB 81MG EC	ASPIRIN TAB DELAYED RELEASE 81 MG	Tier 1				
KP ASPIRIN TAB 81MG EC	ASPIRIN TAB DELAYED RELEASE 81 MG	Tier 1				
LURBIPR TAB 100MG	FLURBIPROFEN TAB 100 MG	Tier 4				
LURBIRO TAB 100MG	FLURBIPROFEN TAB 100 MG	Tier 4				
MECLOFEN SOD CAP 100MG	MECLOFENAMATE SODIUM CAP 100 MG	Tier 4				
MECLOFEN SOD CAP 50MG	MECLOFENAMATE SODIUM CAP 50 MG	Tier 4				
MEFENAM ACID CAP 250MG	MEFENAMIC ACID CAP 250 MG	Tier 4				
MELOXICAM SUS 7.5/5ML	MELOXICAM SUSP 7.5 MG/5ML	Tier 5	X			
MELOXICAM TAB 15MG	MELOXICAM TAB 15 MG	Tier 2				
MELOXICAM TAB 7.5MG	MELOXICAM TAB 7.5 MG	Tier 2				
MM ASPIRIN TAB LOW DOSE	ASPIRIN TAB DELAYED RELEASE 81 MG	Tier 1				
NABUMETONE TAB 500MG	NABUMETONE TAB 500 MG	Tier 2				
NABUMETONE TAB 750MG	NABUMETONE TAB 750 MG	Tier 2				
NAPROXEN TAB 250MG	NAPROXEN TAB 250 MG	Tier 2				
NAPROXEN TAB 375MG	NAPROXEN TAB 375 MG	Tier 2				
NAPROXEN TAB 500MG	NAPROXEN TAB 500 MG	Tier 2				
NAPROXEN DR TAB 375MG	NAPROXEN TAB EC 375 MG	Tier 2				
NAPROXEN DR TAB 500MG	NAPROXEN TAB EC 500 MG	Tier 2				
NAPROXEN SOD TAB 275MG	NAPROXEN SODIUM TAB 275 MG	Tier 3				
NAPROXEN SOD TAB 550MG	NAPROXEN SODIUM TAB 550 MG	Tier 3				
OXAPROZIN TAB 600MG	OXAPROZIN TAB 600 MG	Tier 3				
PIROXICAM CAP 10MG	PIROXICAM CAP 10 MG	Tier 3				

^ 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 3				
QC ASPIRIN CHW 81MG	ASPIRIN CHEW TAB 81 MG	Tier 1				
QC CHILD ASA CHW 81MG	ASPIRIN CHEW TAB 81 MG	Tier 1				
RA ASPIRIN CHW 81MG	ASPIRIN CHEW TAB 81 MG	Tier 1				
RA ASPIRIN TAB 81MG EC	ASPIRIN TAB DELAYED RELEASE 81 MG	Tier 1				
SALSALATE TAB 500MG	SALSALATE TAB 500 MG	Tier 2				
SALSALATE TAB 750MG	SALSALATE TAB 750 MG	Tier 2				
SM ASPIRIN CHW 81MG	ASPIRIN CHEW TAB 81 MG	Tier 1				
SM ASPIRIN TAB 81MG EC	ASPIRIN TAB DELAYED RELEASE 81 MG	Tier 1				
SM CHILD ASA CHW 81MG	ASPIRIN CHEW TAB 81 MG	Tier 1				
ST JOSEPH CHW LOW 81MG	ASPIRIN CHEW TAB 81 MG	Tier 1				
ST JOSEPH TAB LOW 81MG	ASPIRIN TAB DELAYED RELEASE 81 MG	Tier 1				
SULINDAC TAB 150MG	SULINDAC TAB 150 MG	Tier 2				
SULINDAC TAB 200MG	SULINDAC TAB 200 MG	Tier 2				
Ophthalmic Agents, Other - Miscellaneous Eye Drugs						
AKTEN GEL 3.5% OP	LIDOCAINE HCL OPHTH GEL 3.5%	Tier 4				
ALCAINE SOL 0.5% OP	PROPARACAINE HCL OPHTH SOLN 0.5%	Tier 4				
ALTACAINE SOL 0.5% OP	TETRACAINE HCL OPHTH SOLN 0.5%	Tier 4				
ALTAFRIN SOL 10% OP	PHENYLEPHRINE HCL OPHTH SOLN 10%	Tier 2				
ALTAFRIN SOL 2.5% OP	PHENYLEPHRINE HCL OPHTH SOLN 2.5%	Tier 2				
ATROPINE SUL OIN 1% OP	ATROPINE SULFATE OPHTH OINT 1%	Tier 2				
ATROPINE SUL SOL 1% OP	ATROPINE SULFATE OPHTH SOLN 1%	Tier 2				
BACIT/POLYMY OIN OP	BACITRACIN-POLYMYXIN B OPHTH OINT	Tier 2				
CYCLOGYL SOL 0.5% OP	CYCLOPENTOLATE HCL OPHTH SOLN 0.5%	Tier 5				
CYCLOGYL SOL 1% OP	CYCLOPENTOLATE HCL OPHTH SOLN 1%	Tier 5				
CYCLOGYL SOL 2% OP	CYCLOPENTOLATE HCL OPHTH SOLN 2%	Tier 5				
CYCLOPENTOL SOL 1% OP	CYCLOPENTOLATE HCL OPHTH SOLN 1%	Tier 2				
CYSTADROPS SOL 0.37%	CYSTEAMINE HCL OPHTH SOLN 0.37% (BASE EQUIVALENT)	Tier 5	X	X		
CYSTARAN SOL 0.44%	CYSTEAMINE HCL OPHTH SOLN 0.44% (BASE EQUIVALENT)	Tier 4	X	X		X
GELFILM MIS OP	GELATIN ADSORBABLE OPHTH FILM	Tier 3				
LACRISERT MIS 5MG OP	*ARTIFICIAL TEAR OPHTH INSERT***	Tier 3				
MIEBO DRO 1.3GM/ML	PERFLUOROHEXYLOCTANE OPHTH SOLN 1.338 GM/ML	Tier 5	X	X		
NEO-POLYCIN OIN OP	NEOMYCIN-BACITRAC ZN-POLYMYX 5(3.5) MG-400UNT-10000UNT OP OIN	Tier 4				
NEO/BAC/POLY OIN OP	NEOMYCIN-BACITRAC ZN-POLYMYX 5(3.5) MG-400UNT-10000UNT OP OIN	Tier 2				

^ 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
NEO/POLY/BAC OIN OP	NEOMYCIN-BACITRAC ZN-POLYMYX 5(3.5) MG-400UNT-10000UNT OP OIN	Tier 2				
NEO/POLY/GRA SOL OP	NEOMYCIN-POLYMY-GRAMICID OP SOL 1.75-10000-0.025MG-UNT-MG/ML	Tier 2				
OXERVATE SOL 20MCG/ML	CENEGERMIN-BKBJ OPHTH SOLN 0.002% (20 MCG/ML)	Tier 5	X	X		X
PHENYLEPHRIN SOL 10% OP	PHENYLEPHRINE HCL OPHTH SOLN 10%	Tier 2				
PHENYLEPHRIN SOL 2.5% OP	PHENYLEPHRINE HCL OPHTH SOLN 2.5%	Tier 2				
POLYCIN OIN OP	BACITRACIN-POLYMYXIN B OPHTH OINT	Tier 4				
POLYMYXIN B/ SOL TRIMETHP	POLYMYXIN B-TRIMETHOPRIM OPHTH SOLN 10000 UNIT/ML-0.1%	Tier 2				
PROPARACAINE SOL 0.5% OP	PROPARACAINE HCL OPHTH SOLN 0.5%	Tier 2				
RESTASIS EMU 0.05% OP	CYCLOSPORINE (OPHTH) EMULSION 0.05%	Tier 5	X	X		
RHOPRESSA SOL 0.02%	NETARSUDIL DIMESYLATE OPHTH SOLN 0.02%	Tier 4		X		
ROCKLATAN DRO	NETARSUDIL DIMESYLATE-LATANOPROST OPHTH SOLN 0.02-0.005%	Tier 4		X		
TETRACAINE SOL 0.5% OP	TETRACAINE HCL OPHTH SOLN 0.5%	Tier 2				
TOBRA/DEXAME SUS 0.3-0.1%	TOBRAMYCIN-DEXAMETHASONE OPHTH SUSP 0.3-0.1%	Tier 3				
VERKAZIA EMU 0.1% OP	CYCLOSPORINE (OPHTH) EMULSION 0.1%	Tier 5	X	X		
XIIDRA DRO 5%	LIFITEGRAST OPHTH SOLN 5%	Tier 5	X	X		
Ophthalmic Anti-allergy Agents - Allergy, Infection and Inflammation Drugs						
ALOCRI SOL 2%	NEDOCROMIL SODIUM OPHTH SOLN 2%	Tier 4				
AZELASTINE DRO 0.05%	AZELASTINE HCL OPHTH SOLN 0.05%	Tier 2				
CROMOLYN SOD SOL 4% OP	CROMOLYN SODIUM OPHTH SOLN 4%	Tier 2				
CYCLOMYDRIL SOL OP	CYCLOPENTOLATE W/ PHENYLEPHRINE OPHTH SOLN 0.2-1%	Tier 4				
EPINASTINE DRO 0.05%	EPINASTINE HCL OPHTH SOLN 0.05%	Tier 5		X		
Ophthalmic Anti-Inflammatories - Allergy, Infection and Inflammation Drugs						
ACULAR SOL 0.5% OP	KETOROLAC TROMETHAMINE OPHTH SOLN 0.5%	Tier 5				
ACULAR LS SOL 0.4% OP	KETOROLAC TROMETHAMINE OPHTH SOLN 0.4%	Tier 5				
ALOMIDE SOL 0.1% OP	LODOXAMIDE TROMETHAMINE OPHTH SOLN 0.1%	Tier 4				
ALREX SUS 0.2%	LOTEPREDNOL ETABONATE OPHTH SUSP 0.2%	Tier 5		X		
BROMFENAC DRO 0.09% OP	BROMFENAC SODIUM OPHTH SOLN 0.09% (BASE EQUIV) (ONCE-DAILY)	Tier 4				
DEXAMETH PHO SOL 0.1% OP	DEXAMETHASONE SODIUM PHOSPHATE OPHTH SOLN 0.1%	Tier 2				
DICLOFENAC SOL 0.1% OP	DICLOFENAC SODIUM OPHTH SOLN 0.1%	Tier 2				

^ 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
DIFLUPREDNAT EMU 0.05%	DIFLUPREDNATE OPHTH EMULSION 0.05%	Tier 4				
EYSUVIS DRO 0.25%	LOTEPREDNOL ETABONATE OPHTH SUSP 0.25%	Tier 5		X		
FLAREX SUS 0.1% OP	FLUOROMETHOLONE ACETATE OPHTH SUSP 0.1%	Tier 3				
FLUOROMETHOL SUS 0.1% OP	FLUOROMETHOLONE OPHTH SUSP 0.1%	Tier 2				
FLURBIPROFEN SOL 0.03% OP	FLURBIPROFEN SODIUM OPHTH SOLN 0.03%	Tier 2				
FML FORTE SUS 0.25% OP	FLUOROMETHOLONE OPHTH SUSP 0.25%	Tier 4				
FML LIQUIFLM SUS 0.1% OP	FLUOROMETHOLONE OPHTH SUSP 0.1%	Tier 5				
INVELTYS SUS 1%	LOTEPREDNOL ETABONATE OPHTH SUSP 1%	Tier 4				
KETOROLAC SOL 0.4% OP	KETOROLAC TROMETHAMINE OPHTH SOLN 0.4%	Tier 2				
KETOROLAC SOL 0.5% OP	KETOROLAC TROMETHAMINE OPHTH SOLN 0.5%	Tier 2				
LOTEMAX OIN 0.5%	LOTEPREDNOL ETABONATE OPHTH OINT 0.5%	Tier 4				
LOTEMAX SM GEL 0.38%	LOTEPREDNOL ETABONATE OPHTH GEL 0.38%	Tier 4		X		
LOTEPR/TOBRA SUS 0.5-0.3%	LOTEPREDNOL ETABONATE-TOBRAMYCIN OPHTH SUSP 0.5-0.3%	Tier 4				
LOTEPREDNOL SUS 0.2%	LOTEPREDNOL ETABONATE OPHTH SUSP 0.2%	Tier 4		X		
LOTEPREDNOL SUS 0.5%	LOTEPREDNOL ETABONATE OPHTH SUSP 0.5%	Tier 4		X		
MAXIDEX SUS 0.1% OP	DEXAMETHASONE OPHTH SUSP 0.1%	Tier 3				
MAXITROL OIN 0.1% OP	NEOMYCIN-POLYMYXIN-DEXAMETHASONE OPHTH OINT 0.1%	Tier 5				
MAXITROL SUS 0.1% OP	NEOMYCIN-POLYMYXIN-DEXAMETHASONE OPHTH SUSP 0.1%	Tier 5				
MITOSOL KIT 0.2MG	MITOMYCIN FOR OPHTH SOLN KIT 0.2 MG	Tier 4				
NEO-POLYCIN OIN HC 1%OP	BACITRACIN-POLYMYXIN-NEOMYCIN-HC OPHTH OINT 1%	Tier 4				
NEO/POLY/BAC OIN /HC 1%OP	BACITRACIN-POLYMYXIN-NEOMYCIN-HC OPHTH OINT 1%	Tier 2				
NEO/POLY/DEX OIN 0.1% OP	NEOMYCIN-POLYMYXIN-DEXAMETHASONE OPHTH OINT 0.1%	Tier 2				
NEO/POLY/DEX SUS 0.1% OP	NEOMYCIN-POLYMYXIN-DEXAMETHASONE OPHTH SUSP 0.1%	Tier 2				
NEO/POLY/HC SUS OP	NEOMYCIN-POLYMYXIN-HC OPHTH SUSP	Tier 2				
NEVANAC SUS 0.1% OP	NEPAFENAC OPHTH SUSP 0.1%	Tier 5				
PRED MILD SUS 0.12% OP	PREDNISOLONE ACETATE OPHTH SUSP 0.12%	Tier 4				
PRED SOD PHO SOL 1% OP	PREDNISOLONE SODIUM PHOSPHATE OPHTH SOLN 1%	Tier 2				
PREDNISOLONE SUS 1% OP	PREDNISOLONE ACETATE OPHTH SUSP 1%	Tier 2				

^ 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
SULF/PRED NA SOL OP	SULFACETAMIDE SODIUM-PREDNISOLONE OPTH SOLN 10-0.23(0.25)%	Tier 2				
ZYLET SUS 0.5-0.3%	LOTEPREDNOL ETABONATE-TOBRAMYCIN OPTH SUSP 0.5-0.3%	Tier 4				
Ophthalmic Antibiotics - Drugs to treat Eye Infections						
AZASITE SOL 1%	AZITHROMYCIN OPTH SOLN 1%	Tier 4				
BACITRACIN OIN OP	BACITRACIN OPTH OINT 500 UNIT/GM	Tier 2				
BESIVANCE SUS 0.6%	BESIFLOXACIN HCL OPTH SUSP 0.6% (BASE EQUIV)	Tier 4				
BETADINE SOL 5% OP	POVIDONE-IODINE OPTH SOLN 5%	Tier 4				
CILOXAN OIN 0.3% OP	CIPROFLOXACIN HCL OPTH OINT 0.3%	Tier 4				
CIPROFLOXACN SOL 0.3% OP	CIPROFLOXACIN HCL OPTH SOLN 0.3% (BASE EQUIVALENT)	Tier 2				
ERYTHROMYCIN OIN 0.5% OP	ERYTHROMYCIN OPTH OINT 5 MG/GM	Tier 2^				
ERYTHROMYCIN OIN 5MG/GM	ERYTHROMYCIN OPTH OINT 5 MG/GM	Tier 2^				
GATIFLOXACIN SOL 0.5%	GATIFLOXACIN OPTH SOLN 0.5%	Tier 4				
GENTAMICIN SOL 0.3% OP	GENTAMICIN SULFATE OPTH SOLN 0.3%	Tier 2		X		
LEVOFLOXACIN SOL 0.5%	LEVOFLOXACIN OPTH SOLN 0.5%	Tier 2				
LEVOFLOXACIN SOL 1.5%	LEVOFLOXACIN OPTH SOLN 1.5%	Tier 2				
MOXIFLOXACIN SOL 0.5%	MOXIFLOXACIN HCL OPTH SOLN 0.5% (BASE EQ) (2 TIMES DAILY)	Tier 4				
MOXIFLOXACIN SOL 0.5%	MOXIFLOXACIN HCL OPTH SOLN 0.5% (BASE EQUIV)	Tier 4				
MOXIFLOXACIN SOL HCL 0.5%	MOXIFLOXACIN HCL OPTH SOLN 0.5% (BASE EQUIV)	Tier 4				
OCUFLOX DRO 0.3% OP	OFLOXACIN OPTH SOLN 0.3%	Tier 5				
OFLOXACIN DRO 0.3% OP	OFLOXACIN OPTH SOLN 0.3%	Tier 2				
SULFACET SOD OIN 10% OP	SULFACETAMIDE SODIUM OPTH OINT 10%	Tier 2				
SULFACET SOD SOL 10% OP	SULFACETAMIDE SODIUM OPTH SOLN 10%	Tier 2				
TOBRAMYCIN SOL 0.3% OP	TOBRAMYCIN OPTH SOLN 0.3%	Tier 2		X		
TOBREX OIN 0.3% OP	TOBRAMYCIN OPTH OINT 0.3%	Tier 4		X		
XDEMZY DRO 0.25%	LOTILANER OPTH SOLN 0.25%	Tier 5	X	X		
Ophthalmic Antiglaucoma Agents - Glaucoma Drugs						
ACETAZOLAMID CAP 500MG ER	ACETAZOLAMIDE CAP ER 12HR 500 MG	Tier 2				
ACETAZOLAMID TAB 125MG	ACETAZOLAMIDE TAB 125 MG	Tier 2				
ACETAZOLAMID TAB 250MG	ACETAZOLAMIDE TAB 250 MG	Tier 2				
ALPHAGAN P SOL 0.1% OP	BRIMONIDINE TARTRATE OPTH SOLN 0.1%	Tier 3		X		
ALPHAGAN P SOL 0.15% OP	BRIMONIDINE TARTRATE OPTH SOLN 0.15%	Tier 5		X		
APRACLONIDIN SOL 0.5% OP	APRACLONIDINE HCL OPTH SOLN 0.5% (BASE EQUIVALENT)	Tier 2				
BETAXOLOL SOL 0.5% OP	BETAXOLOL HCL OPTH SOLN 0.5%	Tier 2				

^ 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 0.25% OP	TIMOLOL OPTH SOLN 0.25%	Tier 3		X		
BETIMOL SOL 0.5% OP	TIMOLOL OPTH SOLN 0.5%	Tier 5		X		
BETOPTIC-S SUS 0.25% OP	BETAXOLOL HCL OPTH SUSP 0.25%	Tier 4				
BRIMONIDINE SOL 0.15% OP	BRIMONIDINE TARTRATE OPTH SOLN 0.15%	Tier 3		X		
BRIMONIDINE SOL 0.2% OP	BRIMONIDINE TARTRATE OPTH SOLN 0.2%	Tier 2				
BRINZOLAMIDE SUS 1%	BRINZOLAMIDE OPTH SUSP 1%	Tier 3		X		
BRINZOLAMIDE SUS 1% OP	BRINZOLAMIDE OPTH SUSP 1%	Tier 3		X		
CARTEOLOL SOL 1% OP	CARTEOLOL HCL OPTH SOLN 1%	Tier 2				
COMBIGAN SOL 0.2/0.5%	BRIMONIDINE TARTRATE-TIMOLOL MALEATE OPTH SOLN 0.2-0.5%	Tier 3		X		
COSOPT SOL 2-0.5%OP	DORZOLAMIDE HCL-TIMOLOL MALEATE OPTH SOLN 2-0.5%	Tier 5				
DORZOL/TIMOL SOL 2-0.5%OP	DORZOLAMIDE HCL-TIMOLOL MALEATE OPTH SOLN 2-0.5%	Tier 3				
DORZOLAMIDE SOL 2% OP	DORZOLAMIDE HCL OPTH SOLN 2%	Tier 2				
DORZOLAMIDE SOL 2% OP	DORZOLAMIDE HCL OPTH SOLN 2%	Tier 5				
IOPIDINE SOL 1% OP	APRACLOLONIDINE HCL OPTH SOLN 1% (BASE EQUIVALENT)	Tier 4				
ISTALOL SOL 0.5% OP	TIMOLOL MALEATE OPTH SOLN 0.5% (ONCE-DAILY)	Tier 5				
LEVOBUNOLOL SOL 0.5% OP	LEVOBUNOLOL HCL OPTH SOLN 0.5%	Tier 2				
METHAZOLAMID TAB 25MG	METHAZOLAMIDE TAB 25 MG	Tier 2				
METHAZOLAMID TAB 50MG	METHAZOLAMIDE TAB 50 MG	Tier 2				
PHOSPHOLINE SOL 0.125%OP	ECHOTHIOPHATE IODIDE OPTH FOR SOLN 0.125%	Tier 3				
PILOCARPINE SOL 1% OP	PILOCARPINE HCL OPTH SOLN 1%	Tier 2				
PILOCARPINE SOL 2% OP	PILOCARPINE HCL OPTH SOLN 2%	Tier 2				
PILOCARPINE SOL 4% OP	PILOCARPINE HCL OPTH SOLN 4%	Tier 2				
TIMOLOL GEL SOL 0.25% OP	TIMOLOL MALEATE OPTH GEL FORMING SOLN 0.25%	Tier 2				
TIMOLOL GEL SOL 0.5% OP	TIMOLOL MALEATE OPTH GEL FORMING SOLN 0.5%	Tier 2				
TIMOLOL HEMI SOL 0.5% OP	TIMOLOL OPTH SOLN 0.5%	Tier 3		X		
TIMOLOL MAL SOL 0.25% OP	TIMOLOL MALEATE PRESERVATIVE FREE OPTH SOLN 0.25%	Tier 3				
TIMOLOL MAL SOL 0.25% OP	TIMOLOL MALEATE OPTH SOLN 0.25%	Tier 2				
TIMOLOL MAL SOL 0.5% OP	TIMOLOL MALEATE PRESERVATIVE FREE OPTH SOLN 0.5%	Tier 3				
TIMOLOL MAL SOL 0.5% OP	TIMOLOL MALEATE OPTH SOLN 0.5%	Tier 2				
TIMOLOL MALE SOL 0.5%	TIMOLOL MALEATE OPTH SOLN 0.5% (ONCE-DAILY)	Tier 4				

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

^ 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
BUPRENORPHIN DIS 5MCG/HR	BUPRENORPHINE TD PATCH WEEKLY 5 MCG/HR	Tier 4	X	X		
BUPRENORPHIN DIS 7.5/HR	BUPRENORPHINE TD PATCH WEEKLY 7.5 MCG/HR	Tier 4	X	X		
DISKETS TAB 40MG	METHADONE HCL TAB FOR ORAL SUSP 40 MG	Tier 2		X		
FENTANYL DIS 100MCG/H	FENTANYL TD PATCH 72HR 100 MCG/HR	Tier 3	X	X		
FENTANYL DIS 12MCG/HR	FENTANYL TD PATCH 72HR 12 MCG/HR	Tier 3	X	X		
FENTANYL DIS 25MCG/HR	FENTANYL TD PATCH 72HR 25 MCG/HR	Tier 3	X	X		
FENTANYL DIS 50MCG/HR	FENTANYL TD PATCH 72HR 50 MCG/HR	Tier 3	X	X		
FENTANYL DIS 75MCG/HR	FENTANYL TD PATCH 72HR 75 MCG/HR	Tier 3	X	X		
HYDROCODONE CAP 10MG ER	HYDROCODONE BITARTRATE CAP ER 12HR 10 MG	Tier 4	X	X		
HYDROCODONE CAP 15MG ER	HYDROCODONE BITARTRATE CAP ER 12HR 15 MG	Tier 4	X	X		
HYDROCODONE CAP 20MG ER	HYDROCODONE BITARTRATE CAP ER 12HR 20 MG	Tier 4	X	X		
HYDROCODONE CAP 30MG ER	HYDROCODONE BITARTRATE CAP ER 12HR 30 MG	Tier 4	X	X		
HYDROCODONE CAP 40MG ER	HYDROCODONE BITARTRATE CAP ER 12HR 40 MG	Tier 4	X	X		
HYDROCODONE CAP 50MG ER	HYDROCODONE BITARTRATE CAP ER 12HR 50 MG	Tier 4	X	X		
HYDROCODONE TAB 100MG ER	HYDROCODONE BITARTRATE TAB ER 24HR DETER 100 MG	Tier 4	X	X		
HYDROCODONE TAB 120MG ER	HYDROCODONE BITARTRATE TAB ER 24HR DETER 120 MG	Tier 4	X	X		
HYDROCODONE TAB 20MG ER	HYDROCODONE BITARTRATE TAB ER 24HR DETER 20 MG	Tier 4	X	X		
HYDROCODONE TAB 30MG ER	HYDROCODONE BITARTRATE TAB ER 24HR DETER 30 MG	Tier 4	X	X		
HYDROCODONE TAB 40MG ER	HYDROCODONE BITARTRATE TAB ER 24HR DETER 40 MG	Tier 4	X	X		
HYDROCODONE TAB 60MG ER	HYDROCODONE BITARTRATE TAB ER 24HR DETER 60 MG	Tier 4	X	X		
HYDROCODONE TAB 80MG ER	HYDROCODONE BITARTRATE TAB ER 24HR DETER 80 MG	Tier 4	X	X		
HYDROMORPHON TAB 12MG ER	HYDROMORPHONE HCL TAB ER 24HR 12 MG	Tier 4	X	X		
HYDROMORPHON TAB 16MG ER	HYDROMORPHONE HCL TAB ER 24HR 16 MG	Tier 4	X	X		
HYDROMORPHON TAB 32MG ER	HYDROMORPHONE HCL TAB ER 24HR 32 MG	Tier 4	X	X		
HYDROMORPHON TAB 8MG ER	HYDROMORPHONE HCL TAB ER 24HR 8 MG	Tier 4	X	X		
METHADONE CON 10MG/ML	METHADONE HCL CONC 10 MG/ML	Tier 2		X		
METHADONE SOL 10MG/5ML	METHADONE HCL SOLN 10 MG/5ML	Tier 2	X	X		
METHADONE SOL 5MG/5ML	METHADONE HCL SOLN 5 MG/5ML	Tier 2	X	X		

^ 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 10MG	METHADONE HCL TAB 10 MG	Tier 2	X	X		
METHADONE TAB 40MG	METHADONE HCL TAB FOR ORAL SUSP 40 MG	Tier 2		X		
METHADONE TAB 5MG	METHADONE HCL TAB 5 MG	Tier 2	X	X		
METHADOSE CON 10MG/ML	METHADONE HCL CONC 10 MG/ML	Tier 4		X		
METHADOSE TAB 40MG	METHADONE HCL TAB FOR ORAL SUSP 40 MG	Tier 2		X		
METHADOSE SF CON 10MG/ML	METHADONE HCL CONC 10 MG/ML	Tier 4		X		
MORPHINE SUL CAP 100MG ER	MORPHINE SULFATE CAP ER 24HR 100 MG	Tier 4	X	X		
MORPHINE SUL CAP 10MG ER	MORPHINE SULFATE CAP ER 24HR 10 MG	Tier 4	X	X		
MORPHINE SUL CAP 120MG ER	MORPHINE SULFATE BEADS CAP ER 24HR 120 MG	Tier 4	X	X		
MORPHINE SUL CAP 20MG ER	MORPHINE SULFATE CAP ER 24HR 20 MG	Tier 4	X	X		
MORPHINE SUL CAP 30MG ER	MORPHINE SULFATE BEADS CAP ER 24HR 30 MG	Tier 4	X	X		
MORPHINE SUL CAP 30MG ER	MORPHINE SULFATE CAP ER 24HR 30 MG	Tier 4	X	X		
MORPHINE SUL CAP 45MG ER	MORPHINE SULFATE BEADS CAP ER 24HR 45 MG	Tier 4	X	X		
MORPHINE SUL CAP 50MG ER	MORPHINE SULFATE CAP ER 24HR 50 MG	Tier 4	X	X		
MORPHINE SUL CAP 60MG ER	MORPHINE SULFATE BEADS CAP ER 24HR 60 MG	Tier 4	X	X		
MORPHINE SUL CAP 60MG ER	MORPHINE SULFATE CAP ER 24HR 60 MG	Tier 4	X	X		
MORPHINE SUL CAP 75MG ER	MORPHINE SULFATE BEADS CAP ER 24HR 75 MG	Tier 4	X	X		
MORPHINE SUL CAP 80MG ER	MORPHINE SULFATE CAP ER 24HR 80 MG	Tier 4	X	X		
MORPHINE SUL CAP 90MG ER	MORPHINE SULFATE BEADS CAP ER 24HR 90 MG	Tier 4	X	X		
MORPHINE SUL TAB 100MG ER	MORPHINE SULFATE TAB ER 100 MG	Tier 2	X	X		
MORPHINE SUL TAB 15MG ER	MORPHINE SULFATE TAB ER 15 MG	Tier 2	X	X		
MORPHINE SUL TAB 200MG ER	MORPHINE SULFATE TAB ER 200 MG	Tier 2	X	X		
MORPHINE SUL TAB 30MG ER	MORPHINE SULFATE TAB ER 30 MG	Tier 2	X	X		
MORPHINE SUL TAB 60MG ER	MORPHINE SULFATE TAB ER 60 MG	Tier 2	X	X		
NUCYNTA ER TAB 100MG	TAPENTADOL HCL TAB ER 12HR 100 MG	Tier 4	X	X		
NUCYNTA ER TAB 150MG	TAPENTADOL HCL TAB ER 12HR 150 MG	Tier 4	X	X		
NUCYNTA ER TAB 200MG	TAPENTADOL HCL TAB ER 12HR 200 MG	Tier 4	X	X		
NUCYNTA ER TAB 250MG	TAPENTADOL HCL TAB ER 12HR 250 MG	Tier 4	X	X		
NUCYNTA ER TAB 50MG	TAPENTADOL HCL TAB ER 12HR 50 MG	Tier 4	X	X		
OXYMORPHONE TAB 10MG ER	OXYMORPHONE HCL TAB ER 12HR 10 MG	Tier 4	X	X		
OXYMORPHONE TAB 15MG ER	OXYMORPHONE HCL TAB ER 12HR 15 MG	Tier 4	X	X		
OXYMORPHONE TAB 20MG ER	OXYMORPHONE HCL TAB ER 12HR 20 MG	Tier 4	X	X		
OXYMORPHONE TAB 30MG ER	OXYMORPHONE HCL TAB ER 12HR 30 MG	Tier 4	X	X		

^ 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 40MG ER	OXYMORPHONE HCL TAB ER 12HR 40 MG	Tier 4	X	X		
OXYMORPHONE TAB 5MG ER	OXYMORPHONE HCL TAB ER 12HR 5 MG	Tier 4	X	X		
OXYMORPHONE TAB 7.5MG ER	OXYMORPHONE HCL TAB ER 12HR 7.5 MG	Tier 4	X	X		
TRAMADOL HCL TAB 100MG ER	TRAMADOL HCL TAB ER 24HR 100 MG	Tier 3		X		
TRAMADOL HCL TAB 100MG ER	TRAMADOL HCL TAB ER 24HR BIPHASIC RELEASE 100 MG	Tier 3		X		
TRAMADOL HCL TAB 200MG ER	TRAMADOL HCL TAB ER 24HR 200 MG	Tier 3		X		
TRAMADOL HCL TAB 200MG ER	TRAMADOL HCL TAB ER 24HR BIPHASIC RELEASE 200 MG	Tier 3		X		
TRAMADOL HCL TAB 300MG ER	TRAMADOL HCL TAB ER 24HR 300 MG	Tier 3		X		
TRAMADOL HCL TAB 300MG ER	TRAMADOL HCL TAB ER 24HR BIPHASIC RELEASE 300 MG	Tier 3		X		
XTAMPZA ER CAP 13.5MG	OXYCODONE CAP ER 12HR ABUSE-DETERRENT 13.5 MG	Tier 5	X	X		
XTAMPZA ER CAP 18MG	OXYCODONE CAP ER 12HR ABUSE-DETERRENT 18 MG	Tier 5	X	X		
XTAMPZA ER CAP 27MG	OXYCODONE CAP ER 12HR ABUSE-DETERRENT 27 MG	Tier 5	X	X		
XTAMPZA ER CAP 36MG	OXYCODONE CAP ER 12HR ABUSE-DETERRENT 36 MG	Tier 5	X	X		
XTAMPZA ER CAP 9MG	OXYCODONE CAP ER 12HR ABUSE-DETERRENT 9 MG	Tier 5	X	X		
Opioid Analgesics, Short-acting - Opioid Pain Relievers						
APAP/CODEINE SOL 120-12/5	ACETAMINOPHEN W/ CODEINE SOLN 120-12 MG/5ML	Tier 2				
APAP/CODEINE TAB 300-15MG	ACETAMINOPHEN W/ CODEINE TAB 300-15 MG	Tier 2				
APAP/CODEINE TAB 300-30MG	ACETAMINOPHEN W/ CODEINE TAB 300-30 MG	Tier 2				
APAP/CODEINE TAB 300-60MG	ACETAMINOPHEN W/ CODEINE TAB 300-60 MG	Tier 2				
ASCOMP/COD CAP 30MG	BUTALBITAL-ASPIRIN-CAFF W/ CODEINE CAP 50-325-40-30 MG	Tier 2				
BUT/APAP/CAF CAP CODEINE	BUTALBITAL-ACETAMINOPHEN-CAFF W/ COD CAP 50-325-40-30 MG	Tier 2		X		
BUT/ASA/CAF/ CAP CODEINE	BUTALBITAL-ASPIRIN-CAFF W/ CODEINE CAP 50-325-40-30 MG	Tier 2				
BUTORPHANOL SOL 10MG/ML	BUTORPHANOL TARTRATE NASAL SOLN 10 MG/ML	Tier 3		X		
CODEINE SULF TAB 15MG	CODEINE SULFATE TAB 15 MG	Tier 2				
CODEINE SULF TAB 30MG	CODEINE SULFATE TAB 30 MG	Tier 2				
CODEINE SULF TAB 60MG	CODEINE SULFATE TAB 60 MG	Tier 2				
ENDOCET TAB 10-325MG	OXYCODONE W/ ACETAMINOPHEN TAB 10-325 MG	Tier 2				

^ 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 2				
ENDOCET TAB 5-325MG	OXYCODONE W/ ACETAMINOPHEN TAB 5-325 MG	Tier 2				
ENDOCET TAB 7.5-325	OXYCODONE W/ ACETAMINOPHEN TAB 7.5-325 MG	Tier 2				
FENTANYL OT LOZ 1200MCG	FENTANYL CITRATE LOZENGE ON A HANDLE 1200 MCG	Tier 3	X	X		
FENTANYL OT LOZ 1600MCG	FENTANYL CITRATE LOZENGE ON A HANDLE 1600 MCG	Tier 3	X	X		
FENTANYL OT LOZ 200MCG	FENTANYL CITRATE LOZENGE ON A HANDLE 200 MCG	Tier 3	X	X		
FENTANYL OT LOZ 400MCG	FENTANYL CITRATE LOZENGE ON A HANDLE 400 MCG	Tier 3	X	X		
FENTANYL OT LOZ 600MCG	FENTANYL CITRATE LOZENGE ON A HANDLE 600 MCG	Tier 3	X	X		
FENTANYL OT LOZ 800MCG	FENTANYL CITRATE LOZENGE ON A HANDLE 800 MCG	Tier 3	X	X		
HYDRO/ACETA SOL 10-325MG	HYDROCODONE-ACETAMINOPHEN SOLN 10-325 MG/15ML	Tier 3				
HYDRO/APAP SOL	HYDROCODONE-ACETAMINOPHEN SOLN 10-300 MG/15ML	Tier 2				
HYDROCO/APAP SOL 7.5-325	HYDROCODONE-ACETAMINOPHEN SOLN 7.5-325 MG/15ML	Tier 3				
HYDROCO/APAP TAB 10-325MG	HYDROCODONE-ACETAMINOPHEN TAB 10-325 MG	Tier 2				
HYDROCO/APAP TAB 2.5-325	HYDROCODONE-ACETAMINOPHEN TAB 2.5-325 MG	Tier 2				
HYDROCO/APAP TAB 5-325MG	HYDROCODONE-ACETAMINOPHEN TAB 5-325 MG	Tier 2				
HYDROCO/APAP TAB 7.5-325	HYDROCODONE-ACETAMINOPHEN TAB 7.5-325 MG	Tier 2				
HYDROCOD/IBU TAB 10-200MG	HYDROCODONE-IBUPROFEN TAB 10-200 MG	Tier 2				
HYDROCOD/IBU TAB 5-200MG	HYDROCODONE-IBUPROFEN TAB 5-200 MG	Tier 2				
HYDROCOD/IBU TAB 7.5-200	HYDROCODONE-IBUPROFEN TAB 7.5-200 MG	Tier 2				
HYDROMORPHON LIQ 1MG/ML	HYDROMORPHONE HCL LIQD 1 MG/ML	Tier 2				
HYDROMORPHON SUP 3MG	HYDROMORPHONE HCL SUPPOS 3 MG	Tier 2				
HYDROMORPHON TAB 2MG	HYDROMORPHONE HCL TAB 2 MG	Tier 2				
HYDROMORPHON TAB 4MG	HYDROMORPHONE HCL TAB 4 MG	Tier 2				
HYDROMORPHON TAB 8MG	HYDROMORPHONE HCL TAB 8 MG	Tier 2				
MEPERIDINE SOL 50MG/5ML	MEPERIDINE HCL ORAL SOLN 50 MG/5ML	Tier 2				
MEPERIDINE TAB 50MG	MEPERIDINE HCL TAB 50 MG	Tier 2				
MORPHINE SUL SOL 100/5ML	MORPHINE SULFATE ORAL SOLN 100 MG/5ML (20 MG/ML)	Tier 2				

^ 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 10MG/5ML	MORPHINE SULFATE ORAL SOLN 10 MG/5ML	Tier 2				
MORPHINE SUL SOL 20MG/5ML	MORPHINE SULFATE ORAL SOLN 20 MG/5ML	Tier 2				
MORPHINE SUL SOL 20MG/ML	MORPHINE SULFATE ORAL SOLN 100 MG/5ML (20 MG/ML)	Tier 2				
MORPHINE SUL SUP 10MG	MORPHINE SULFATE SUPPOS 10 MG	Tier 2				
MORPHINE SUL SUP 20MG	MORPHINE SULFATE SUPPOS 20 MG	Tier 2				
MORPHINE SUL SUP 30MG	MORPHINE SULFATE SUPPOS 30 MG	Tier 2				
MORPHINE SUL SUP 5MG	MORPHINE SULFATE SUPPOS 5 MG	Tier 2				
MORPHINE SUL TAB 15MG	MORPHINE SULFATE TAB 15 MG	Tier 2				
MORPHINE SUL TAB 30MG	MORPHINE SULFATE TAB 30 MG	Tier 2				
NUCYNTA TAB 100MG	TAPENTADOL HCL TAB 100 MG	Tier 5		X		
NUCYNTA TAB 50MG	TAPENTADOL HCL TAB 50 MG	Tier 5		X		
NUCYNTA TAB 75MG	TAPENTADOL HCL TAB 75 MG	Tier 5		X		
OXYCOD/APAP TAB 10-325MG	OXYCODONE W/ ACETAMINOPHEN TAB 10-325 MG	Tier 2				
OXYCOD/APAP TAB 2.5-325	OXYCODONE W/ ACETAMINOPHEN TAB 2.5-325 MG	Tier 2				
OXYCOD/APAP TAB 5-325MG	OXYCODONE W/ ACETAMINOPHEN TAB 5-325 MG	Tier 2				
OXYCOD/APAP TAB 7.5-325	OXYCODONE W/ ACETAMINOPHEN TAB 7.5-325 MG	Tier 2				
OXYCODONE CAP 5MG	OXYCODONE HCL CAP 5 MG	Tier 2				
OXYCODONE CON 100/5ML	OXYCODONE HCL CONC 100 MG/5ML (20 MG/ML)	Tier 2				
OXYCODONE SOL 5MG/5ML	OXYCODONE HCL SOLN 5 MG/5ML	Tier 2				
OXYCODONE TAB 10MG	OXYCODONE HCL TAB 10 MG	Tier 2				
OXYCODONE TAB 15MG	OXYCODONE HCL TAB 15 MG	Tier 2				
OXYCODONE TAB 20MG	OXYCODONE HCL TAB 20 MG	Tier 2				
OXYCODONE TAB 30MG	OXYCODONE HCL TAB 30 MG	Tier 2				
OXYCODONE TAB 5MG	OXYCODONE HCL TAB 5 MG	Tier 2				
OXYMORPHONE TAB HCL 10MG	OXYMORPHONE HCL TAB 10 MG	Tier 3		X		
OXYMORPHONE TAB HCL 5MG	OXYMORPHONE HCL TAB 5 MG	Tier 3		X		
PENTAZ/NALOX TAB 50-0.5MG	PENTAZOCINE W/ NALOXONE HCL TAB 50-0.5 MG	Tier 2				
PERCOCET TAB 10-325MG	OXYCODONE W/ ACETAMINOPHEN TAB 10-325 MG	Tier 5				
PERCOCET TAB 2.5-325	OXYCODONE W/ ACETAMINOPHEN TAB 2.5-325 MG	Tier 5				
PERCOCET TAB 5-325MG	OXYCODONE W/ ACETAMINOPHEN TAB 5-325 MG	Tier 5				
PERCOCET TAB 7.5-325	OXYCODONE W/ ACETAMINOPHEN TAB 7.5-325 MG	Tier 5				

^ 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
TRAMADL/APAP TAB 375-325	TRAMADOL-ACETAMINOPHEN TAB 375-325 MG	Tier 2				
TRAMADOL HCL TAB 50MG	TRAMADOL HCL TAB 50 MG	Tier 2				
Opioid Dependence Treatments - Antidotes/Deterrents/Protectants						
BUPREN/NALOX MIS 12-3MG	BUPRENORPHINE HCL-NALOXONE HCL SL FILM 12-3 MG (BASE EQUIV)	Tier 3				
BUPREN/NALOX MIS 2-0.5MG	BUPRENORPHINE HCL-NALOXONE HCL SL FILM 2-0.5 MG (BASE EQUIV)	Tier 3				
BUPREN/NALOX MIS 4-1MG	BUPRENORPHINE HCL-NALOXONE HCL SL FILM 4-1 MG (BASE EQUIV)	Tier 3				
BUPREN/NALOX MIS 8-2MG	BUPRENORPHINE HCL-NALOXONE HCL SL FILM 8-2 MG (BASE EQUIV)	Tier 3				
BUPREN/NALOX SUB 2-0.5MG	BUPRENORPHINE HCL-NALOXONE HCL SL TAB 2-0.5 MG (BASE EQUIV)	Tier 3				
BUPREN/NALOX SUB 8-2MG	BUPRENORPHINE HCL-NALOXONE HCL SL TAB 8-2 MG (BASE EQUIV)	Tier 3				
BUPRENORPHIN SUB 2MG	BUPRENORPHINE HCL SL TAB 2 MG (BASE EQUIV)	Tier 2				
BUPRENORPHIN SUB 8MG	BUPRENORPHINE HCL SL TAB 8 MG (BASE EQUIV)	Tier 2				
NALTREXONE TAB 50MG	NALTREXONE HCL TAB 50 MG	Tier 2				
ZUBSOLV SUB 0.7-0.18	BUPRENORPHINE HCL-NALOXONE HCL SL TAB 0.7-0.18 MG (BASE EQ)	Tier 3				
ZUBSOLV SUB 1.4-0.36	BUPRENORPHINE HCL-NALOXONE HCL SL TAB 1.4-0.36 MG (BASE EQ)	Tier 3				
ZUBSOLV SUB 11.4-2.9	BUPRENORPHINE HCL-NALOXONE HCL SL TAB 11.4-2.9 MG (BASE EQ)	Tier 3				
ZUBSOLV SUB 2.9-0.71	BUPRENORPHINE HCL-NALOXONE HCL SL TAB 2.9-0.71 MG (BASE EQ)	Tier 3				
ZUBSOLV SUB 5.7-1.4	BUPRENORPHINE HCL-NALOXONE HCL SL TAB 5.7-1.4 MG (BASE EQ)	Tier 3				
ZUBSOLV SUB 8.6-2.1	BUPRENORPHINE HCL-NALOXONE HCL SL TAB 8.6-2.1 MG (BASE EQ)	Tier 3				
Opioid Reversal Agents - Antidotes/Deterrents/Protectants						
FT NALOXONE SPR 4MG	NALOXONE HCL NASAL SPRAY 4 MG/0.1ML	Tier 2				
GNP NALOXONE SPR 4MG	NALOXONE HCL NASAL SPRAY 4 MG/0.1ML	Tier 2				
KLOXXADO SPR 8MG	NALOXONE HCL NASAL SPRAY 8 MG/0.1ML	Tier 2				
NALOXONE INJ 0.4MG/ML	NALOXONE HCL INJ 0.4 MG/ML	Tier 2				
NALOXONE INJ 0.4MG/ML	NALOXONE HCL INJ 4 MG/10ML	Tier 2				
NALOXONE INJ 0.4MG/ML	NALOXONE HCL SOLN CARTRIDGE 0.4 MG/ML	Tier 2				
NALOXONE INJ 4MG/10ML	NALOXONE HCL INJ 4 MG/10ML	Tier 2				
NALOXONE SPR	NALOXONE HCL NASAL SPRAY 4 MG/0.1ML	Tier 2				
NALOXONE SPR 4MG	NALOXONE HCL NASAL SPRAY 4 MG/0.1ML	Tier 2				

^ 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 HCL INJ 0.4MG/ML	NALOXONE HCL SOLN PREFILLED SYRINGE 0.4 MG/ML	Tier 2				
NALOXONE HCL INJ 1MG/ML	NALOXONE HCL SOLN PREFILLED SYRINGE 2 MG/2ML	Tier 2				
NALOXONE HCL INJ 2MG/2ML	NALOXONE HCL SOLN PREFILLED SYRINGE 2 MG/2ML	Tier 2				
NALOXONE HCL SPR 4MG	NALOXONE HCL NASAL SPRAY 4 MG/0.1ML	Tier 2				
NARCAN SPR 4MG	NALOXONE HCL NASAL SPRAY 4 MG/0.1ML	Tier 2				
OPVEE SPR 2.7/0.1	NALMEFENE HCL NASAL SPRAY 2.7 MG/0.1ML (BASE EQUIV)	Tier 2				
REXTOVY SPR 4/0.25ML	NALOXONE HCL NASAL SPRAY 4 MG/0.25ML	Tier 2				
RIVIVE SPR 3/0.1ML	NALOXONE HCL NASAL SPRAY 3 MG/0.1ML	Tier 3				
ZIMHI SOL	NALOXONE HCL SOLN PREFILLED SYRINGE 5 MG/0.5ML	Tier 3				
ZURNAI INJ 1.5/0.5	NALMEFENE HCL SOLN AUTO-INJECTOR 1.5 MG/0.5ML (BASE EQUIV)	Tier 5				
Otic Agents - Drugs for the Ear						
ACETIC ACID SOL 2% OTIC	ACETIC ACID OTIC SOLN 2%	Tier 2				
CETRAXAL SOL 0.2%	CIPROFLOXACIN HCL OTIC SOLN 0.2% (BASE EQUIVALENT)	Tier 4				
CIPRO/DEXA SUS 0.3-0.1%	CIPROFLOXACIN-DEXAMETHASONE OTIC SUSP 0.3-0.1%	Tier 5				
CIPROFLOXACN SOL 0.2%	CIPROFLOXACIN HCL OTIC SOLN 0.2% (BASE EQUIVALENT)	Tier 2				
CORTISPORIN SUS -TC OTIC	NEOMYCIN-COLISTIN-HC-THONZONIUM OTIC SUSP 3.3-3-10-0.5 MG/ML	Tier 4				
DERMOTIC OIL 0.01%	FLUOCINOLONE ACETONIDE (OTIC) OIL 0.01%	Tier 5				
FLAC OIL 0.01% OT	FLUOCINOLONE ACETONIDE (OTIC) OIL 0.01%	Tier 2				
FLUOCINOLONE OIL 0.01% OT	FLUOCINOLONE ACETONIDE (OTIC) OIL 0.01%	Tier 2				
HC/ACET ACID SOL 1-2%OTIC	HYDROCORTISONE W/ ACETIC ACID OTIC SOLN 1-2%	Tier 2				
NEO/POLY/HC SOL 1% OTIC	NEOMYCIN-POLYMYXIN-HC OTIC SOLN 1%	Tier 2				
NEO/POLY/HC SUS 1% OTIC	NEOMYCIN-POLYMYXIN-HC OTIC SUSP 3.5 MG/ML-10000 UNIT/ML-1%	Tier 2				
PRAMOTIC DRO 1-0.1%	PRAMOXINE-CHLOROXYLENOL OTIC LIQUID 1-0.1%	Tier 4				
Otic Agents - Drugs to Treat Ear Conditions						
OFLOXACIN DRO 0.3%OTIC	OFLOXACIN OTIC SOLN 0.3%	Tier 3				
Parasympathomimetics - Myasthenia Gravis Drugs						
MESTINON SOL 60MG/5ML	PYRIDOSTIGMINE BROMIDE ORAL SOLN 60 MG/5ML	Tier 5				

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

^ 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 ELX 80/15ML	THEOPHYLLINE ELIXIR 80 MG/15ML	Tier 2				
THEOPHYLLINE SOL 80/15ML	THEOPHYLLINE SOLN 80 MG/15ML	Tier 2				
THEOPHYLLINE TAB 100MG ER	THEOPHYLLINE TAB ER 12HR 100 MG	Tier 2				
THEOPHYLLINE TAB 200MG ER	THEOPHYLLINE TAB ER 12HR 200 MG	Tier 2				
THEOPHYLLINE TAB 300MG ER	THEOPHYLLINE TAB ER 12HR 300 MG	Tier 2				
THEOPHYLLINE TAB 400MG ER	THEOPHYLLINE TAB ER 24HR 400 MG	Tier 2				
THEOPHYLLINE TAB 450MG ER	THEOPHYLLINE TAB ER 12HR 450 MG	Tier 2				
THEOPHYLLINE TAB 600MG ER	THEOPHYLLINE TAB ER 24HR 600 MG	Tier 2				
Platelet Modifying Agents - Platelet Modifying Drugs						
ASA/DIPYRIDA CAP 25-200MG	ASPIRIN-DIPYRIDAMOLE CAP ER 12HR 25-200 MG	Tier 4				
CABLIVI KIT 11MG	CAPLACIZUMAB-YHDP FOR INJ KIT 11 MG	Tier 4	X	X		X
CILOSTAZOL TAB 100MG	CILOSTAZOL TAB 100 MG	Tier 2				
CILOSTAZOL TAB 50MG	CILOSTAZOL TAB 50 MG	Tier 2				
CLOPIDOGREL TAB 300MG	CLOPIDOGREL BISULFATE TAB 300 MG (BASE EQUIV)	Tier 2				
CLOPIDOGREL TAB 75MG	CLOPIDOGREL BISULFATE TAB 75 MG (BASE EQUIV)	Tier 2				
DIPYRIDAMOLE TAB 25MG	DIPYRIDAMOLE TAB 25 MG	Tier 2				
DIPYRIDAMOLE TAB 50MG	DIPYRIDAMOLE TAB 50 MG	Tier 2				
DIPYRIDAMOLE TAB 75MG	DIPYRIDAMOLE TAB 75 MG	Tier 2				
PRASUGREL TAB 10MG	PRASUGREL HCL TAB 10 MG (BASE EQUIV)	Tier 4				
PRASUGREL TAB 5MG	PRASUGREL HCL TAB 5 MG (BASE EQUIV)	Tier 4				
TICAGRELOR TAB 60MG	TICAGRELOR TAB 60 MG	Tier 4		X		
TICAGRELOR TAB 90MG	TICAGRELOR TAB 90 MG	Tier 4		X		
ZONTIVITY TAB 2.08MG	VORAPAXAR SULFATE TAB 2.08 MG (BASE EQUIVALENT)	Tier 5		X		
Progesterone Agonists/Antagonists - Hormone Replacement/Modifying Drugs						
ELLA TAB 30MG	ULIPRISTAL ACETATE TAB 30 MG	Tier 1		X		
Progestins						
OPILL TAB 0.075MG	NORGESTREL TAB 0.075 MG	Tier 1				
Progestins - Hormone Replacement/Modifying Drugs						
AFTERA TAB 1.5MG	LEVONORGESTREL TAB 1.5 MG	Tier 1				
CAMILA TAB 0.35MG	NORETHINDRONE TAB 0.35 MG	Tier 1				
CRINONE GEL 4% VAG	PROGESTERONE VAGINAL GEL 4%	Tier 5			X	
CRINONE GEL 8% VAG	PROGESTERONE VAGINAL GEL 8%	Tier 5			X	
CURAE TAB 1.5MG	LEVONORGESTREL TAB 1.5 MG	Tier 1				
DEBLITANE TAB 0.35MG	NORETHINDRONE TAB 0.35 MG	Tier 1				
DEPO-PROVERA INJ 150MG/ML	MEDROXYPROGESTERONE ACETATE IM SUSP 150 MG/ML	Tier 5		X		

^ 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-PROVERA INJ 150MG/ML	MEDROXYPROGESTERONE ACETATE IM SUSP PREFILLED SYR 150 MG/ML	Tier 5		X		
DEPO-SQ PROV INJ 104	MEDROXYPROGESTERONE ACETATE SUSP PREF SYR 104 MG/0.65ML	Tier 1		X		
ECONTRA OS TAB 1.5MG	LEVONORGESTREL TAB 1.5 MG	Tier 1				
EMZAHH TAB 0.35MG	NORETHINDRONE TAB 0.35 MG	Tier 1				
ENDOMETRIN SUP 100MG	PROGESTERONE VAGINAL INSERT 100 MG	Tier 3				
ERRIN TAB 0.35MG	NORETHINDRONE TAB 0.35 MG	Tier 1				
GALLIFREY TAB 5MG	NORETHINDRONE ACETATE TAB 5 MG	Tier 2				
HEATHER TAB 0.35MG	NORETHINDRONE TAB 0.35 MG	Tier 1				
HER STYLE TAB 1.5MG	LEVONORGESTREL TAB 1.5 MG	Tier 1				
INCASSIA TAB 0.35MG	NORETHINDRONE TAB 0.35 MG	Tier 1				
JENCYCLA TAB 0.35MG	NORETHINDRONE TAB 0.35 MG	Tier 1				
LEVONORGESTR TAB 1.5MG	LEVONORGESTREL TAB 1.5 MG	Tier 1				
LYLEQ TAB 0.35MG	NORETHINDRONE TAB 0.35 MG	Tier 1				
LYZA TAB 0.35MG	NORETHINDRONE TAB 0.35 MG	Tier 1				
MEDROXYPR AC INJ 150MG/ML	MEDROXYPROGESTERONE ACETATE IM SUSP 150 MG/ML	Tier 1		X		
MEDROXYPR AC INJ 150MG/ML	MEDROXYPROGESTERONE ACETATE IM SUSP PREFILLED SYR 150 MG/ML	Tier 1		X		
MEDROXYPR AC TAB 10MG	MEDROXYPROGESTERONE ACETATE TAB 10 MG	Tier 2				
MEDROXYPR AC TAB 2.5MG	MEDROXYPROGESTERONE ACETATE TAB 2.5 MG	Tier 2				
MEDROXYPR AC TAB 5MG	MEDROXYPROGESTERONE ACETATE TAB 5 MG	Tier 2				
MEGESTROL SUS 625MG/5M	MEGESTROL ACETATE SUSP 625 MG/5ML	Tier 4				
MEGESTROL AC SUS 40MG/ML	MEGESTROL ACETATE SUSP 40 MG/ML	Tier 2				
MEGESTROL AC TAB 20MG	MEGESTROL ACETATE TAB 20 MG	Tier 2				
MEGESTROL AC TAB 40MG	MEGESTROL ACETATE TAB 40 MG	Tier 2				
MELEYA TAB 0.35MG	NORETHINDRONE TAB 0.35 MG	Tier 1				
MY CHOICE TAB 1.5MG	LEVONORGESTREL TAB 1.5 MG	Tier 1				
MY WAY TAB 1.5MG	LEVONORGESTREL TAB 1.5 MG	Tier 1				
NEW DAY TAB 1.5MG	LEVONORGESTREL TAB 1.5 MG	Tier 1				
NORA-BE TAB 0.35MG	NORETHINDRONE TAB 0.35 MG	Tier 1				
NORETHIN ACE TAB 5MG	NORETHINDRONE ACETATE TAB 5 MG	Tier 2				
NORETHINDRON TAB 0.35MG	NORETHINDRONE TAB 0.35 MG	Tier 1				
NORLYROC TAB 0.35MG	NORETHINDRONE TAB 0.35 MG	Tier 1				
OPCICON TAB 1.5MG	LEVONORGESTREL TAB 1.5 MG	Tier 1				
OPTION 2 TAB 1.5MG	LEVONORGESTREL TAB 1.5 MG	Tier 1				
ORQUIDEA TAB 0.35MG	NORETHINDRONE TAB 0.35 MG	Tier 1				

^ 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
PLAN B TAB 1.5MG	LEVONORGESTREL TAB 1.5 MG	Tier 1				
PROGESTERONE CAP 100MG	PROGESTERONE CAP 100 MG	Tier 3				
PROGESTERONE CAP 200MG	PROGESTERONE CAP 200 MG	Tier 3				
PROGESTERONE INJ 50MG/ML	PROGESTERONE IM IN OIL 50 MG/ML	Tier 2				
PROGESTERONE SUP 100MG	PROGESTERONE VAGINAL INSERT 100 MG	Tier 3				
PROVERA TAB 10MG	MEDROXYPROGESTERONE ACETATE TAB 10 MG	Tier 5				
PROVERA TAB 2.5MG	MEDROXYPROGESTERONE ACETATE TAB 2.5 MG	Tier 5				
PROVERA TAB 5MG	MEDROXYPROGESTERONE ACETATE TAB 5 MG	Tier 5				
REACT TAB 1.5MG	LEVONORGESTREL TAB 1.5 MG	Tier 1				
SHAROBEL TAB 0.35MG	NORETHINDRONE TAB 0.35 MG	Tier 1				
SHEWISE TAB 1.5MG	LEVONORGESTREL TAB 1.5 MG	Tier 1				
SLYND TAB 4MG	DROSPIRENONE TAB 4 MG	Tier 5	X		X	
TAKE ACTION TAB 1.5MG	LEVONORGESTREL TAB 1.5 MG	Tier 1				
Protectants - Ulcer and Stomach Acid Drugs						
CYTOTEC TAB 100MCG	MISOPROSTOL TAB 100 MCG	Tier 5				
CYTOTEC TAB 200MCG	MISOPROSTOL TAB 200 MCG	Tier 5				
MISOPROSTOL TAB 100MCG	MISOPROSTOL TAB 100 MCG	Tier 2				
MISOPROSTOL TAB 200MCG	MISOPROSTOL TAB 200 MCG	Tier 2				
SUCRALFATE SUS 1GM/10ML	SUCRALFATE SUSP 1 GM/10ML	Tier 4				
SUCRALFATE TAB 1GM	SUCRALFATE TAB 1 GM	Tier 2				
Proton Pump Inhibitors - Ulcer and Stomach Acid Drugs						
ESOMEPRAZOLE GRA 10MG DR	ESOMEPRAZOLE MAGNESIUM FOR DELAYED RELEASE SUSP PACKET 10 MG	Tier 5	X	X	X	
ESOMEPRAZOLE GRA 2.5MG DR	ESOMEPRAZOLE MAGNESIUM FOR DELAYED RELEASE SUSP PACK 2.5 MG	Tier 5	X	X	X	
ESOMEPRAZOLE GRA 20MG DR	ESOMEPRAZOLE MAGNESIUM FOR DELAYED RELEASE SUSP PACKET 20 MG	Tier 5	X	X	X	
ESOMEPRAZOLE GRA 40MG DR	ESOMEPRAZOLE MAGNESIUM FOR DELAYED RELEASE SUSP PACKET 40 MG	Tier 5	X	X	X	
ESOMEPRAZOLE GRA 5MG DR	ESOMEPRAZOLE MAGNESIUM FOR DELAYED RELEASE SUSP PACKET 5 MG	Tier 5	X	X	X	
FIRST-OMEPRASUS 2MG/ML	*OMEPRAZOLE SUSP 2 MG/ML (COMPOUND KIT)**	Tier 4	X			
FIRST-PANTPR SUS 4MG/ML	*PANTOPRAZOLE SODIUM SUSP 4 MG/ML (COMPOUND KIT)**	Tier 4				
LANSOPRAZOLE SUS 3MG/ML	*LANSOPRAZOLE SUSP 3 MG/ML (COMPOUND KIT)**	Tier 4	X			
LANSOPRAZOLE TAB 15MG ODT	LANSOPRAZOLE TAB DELAYED RELEASE ORALLY DISINTEGRATING 15 MG	Tier 4	X	X	X	

^ 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 4	X	X	X	
OMEPRazole CAP 10MG	OMEPRazole CAP DELAYED RELEASE 10 MG	Tier 2				
OMEPRazole CAP 20MG	OMEPRazole CAP DELAYED RELEASE 20 MG	Tier 2				
OMEPRazole CAP 40MG	OMEPRazole CAP DELAYED RELEASE 40 MG	Tier 2				
PANTOPRAZOLE TAB 20MG	PANTOPRAZOLE SODIUM EC TAB 20 MG (BASE EQUIV)	Tier 2				
PANTOPRAZOLE TAB 40MG	PANTOPRAZOLE SODIUM EC TAB 40 MG (BASE EQUIV)	Tier 2				
RABEPRazole TAB 20MG	RABEPRazole SODIUM EC TAB 20 MG	Tier 3		X		
VOQUEZNA TAB 10MG	VONOPRAZAN FUMARATE TAB 10 MG	Tier 5	X	X		
VOQUEZNA TAB 20MG	VONOPRAZAN FUMARATE TAB 20 MG	Tier 5	X	X		
Pulmonary Antihypertensives - Asthma/Lung Drugs						
ADEMPAS TAB 0.5MG	RIOCIGUAT TAB 0.5 MG	Tier 4	X	X		X
ADEMPAS TAB 1.5MG	RIOCIGUAT TAB 1.5 MG	Tier 4	X	X		X
ADEMPAS TAB 1MG	RIOCIGUAT TAB 1 MG	Tier 4	X	X		X
ADEMPAS TAB 2.5MG	RIOCIGUAT TAB 2.5 MG	Tier 4	X	X		X
ADEMPAS TAB 2MG	RIOCIGUAT TAB 2 MG	Tier 4	X	X		X
AMBRISANTAN TAB 10MG	AMBRISANTAN TAB 10 MG	Tier 4	X	X		X
AMBRISANTAN TAB 5MG	AMBRISANTAN TAB 5 MG	Tier 4	X	X		X
BOSENTAN TAB 125MG	BOSENTAN TAB 125 MG	Tier 4	X	X		X
BOSENTAN TAB 32MG	BOSENTAN TAB FOR ORAL SUSP 32 MG	Tier 4	X	X		X
BOSENTAN TAB 62.5MG	BOSENTAN TAB 62.5 MG	Tier 4	X	X		X
OPSUMIT TAB 10MG	MACITENTAN TAB 10 MG	Tier 4	X	X		X
ORENITRAM TAB 0.125MG	TREPROSTINIL DIOLAMINE TAB ER 0.125 MG (BASE EQUIV)	Tier 5	X	X		X
ORENITRAM TAB 0.25MG	TREPROSTINIL DIOLAMINE TAB ER 0.25 MG (BASE EQUIV)	Tier 5	X	X		X
ORENITRAM TAB 1MG	TREPROSTINIL DIOLAMINE TAB ER 1 MG (BASE EQUIV)	Tier 5	X	X		X
ORENITRAM TAB 2.5MG	TREPROSTINIL DIOLAMINE TAB ER 2.5 MG (BASE EQUIV)	Tier 5	X	X		X
ORENITRAM TAB 5MG	TREPROSTINIL DIOLAMINE TAB ER 5 MG (BASE EQUIV)	Tier 5	X	X		X
ORENITRAM TAB MONTH 1	TREPROSTINIL TAB ER TITR PK (MO1) 126 X0.125MG & 42 X0.25MG	Tier 5	X	X		X
ORENITRAM TAB MONTH 2	TREPROSTINIL TAB ER TITR PK (MO2) 126 X0.125MG & 210 X0.25MG	Tier 5	X	X		X
ORENITRAM TAB MONTH 3	TREPROSTINIL TAB ER TITR PK(MO3)126X0.125MG&42X0.25MG&84X1MG	Tier 5	X	X		X
SILDENAFIL SUS 10MG/ML	SILDENAFIL CITRATE FOR SUSPENSION 10 MG/ML	Tier 5	X	X		X

^ 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
SILDENAFIL TAB 20MG	SILDENAFIL CITRATE TAB 20 MG	Tier 2		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 5	X	X		X
TRACLEER TAB 32MG	BOSENTAN TAB FOR ORAL SUSP 32 MG	Tier 5	X	X		X
TYVASO SOL 0.6MG/ML	TREPROSTINIL INHALATION SOLUTION 0.6 MG/ML	Tier 4	X			X
TYVASO DPI POW 16-32-48	TREPROSTINIL INH POWD 112 X 16MCG & 112 X 32MCG & 28 X 48MCG	Tier 4	X	X		X
TYVASO DPI POW 16-32MCG	TREPROSTINIL INH POWDER 112 X 16MCG & 84 X 32MCG	Tier 4	X	X		X
TYVASO DPI POW 16MCG	TREPROSTINIL INH POWDER 16 MCG/ CARTRIDGE	Tier 4	X	X		X
TYVASO DPI POW 32MCG	TREPROSTINIL INH POWDER 32 MCG/ CARTRIDGE	Tier 4	X	X		X
TYVASO DPI POW 48MCG	TREPROSTINIL INH POWDER 48 MCG/ CARTRIDGE	Tier 4	X	X		X
TYVASO DPI POW 64MCG	TREPROSTINIL INH POWDER 64 MCG/ CARTRIDGE	Tier 4	X	X		X
TYVASO DPI POW 80MCG	TREPROSTINIL INH POWDER 80 MCG/ CARTRIDGE	Tier 4	X			X
TYVASO DPI POW INST KIT	TREPROSTINIL INH POWDER 80 MCG/ CARTRIDGE	Tier 4	X			X
TYVASO DPI POW MAIN KIT	TREPROSTINIL INH POWDER 112 X 32MCG & 112 X 64MCG	Tier 4	X			X
TYVASO DPI POW MAIN KIT	TREPROSTINIL INH POWDER 112 X 48MCG & 112 X 64MCG	Tier 4	X			X
TYVASO RF KT SOL 0.6MG/ML	TREPROSTINIL INHALATION SOLUTION 0.6 MG/ML	Tier 4	X			X
TYVASO ST KT SOL 0.6MG/ML	TREPROSTINIL INHALATION SOLUTION 0.6 MG/ML	Tier 4	X			X
UPTRAVI TAB 1000MCG	SELEXIPAG TAB 1000 MCG	Tier 5	X	X		
UPTRAVI TAB 1200MCG	SELEXIPAG TAB 1200 MCG	Tier 5	X	X		
UPTRAVI TAB 1400MCG	SELEXIPAG TAB 1400 MCG	Tier 5	X	X		
UPTRAVI TAB 1600MCG	SELEXIPAG TAB 1600 MCG	Tier 5	X	X		
UPTRAVI TAB 200MCG	SELEXIPAG TAB 200 MCG	Tier 5	X	X		
UPTRAVI TAB 400MCG	SELEXIPAG TAB 400 MCG	Tier 5	X	X		
UPTRAVI TAB 600MCG	SELEXIPAG TAB 600 MCG	Tier 5	X	X		
UPTRAVI TAB 800MCG	SELEXIPAG TAB 800 MCG	Tier 5	X	X		
UPTRAVI PACK TAB 200/800	SELEXIPAG TAB THERAPY PACK 200 MCG (140) & 800 MCG (60)	Tier 5	X	X		
VENTAVIS SOL 10MCG/ML	ILOPROST INHALATION SOLUTION 10 MCG/ ML	Tier 4	X			X
VENTAVIS SOL 20MCG/ML	ILOPROST INHALATION SOLUTION 20 MCG/ ML	Tier 4	X			X

^ 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
Pulmonary Fibrosis Agents - Drugs to treat Pulmonary Fibrosis						
PIRFENIDONE TAB 267MG	PIRFENIDONE TAB 267 MG	Tier 4	X	X		X
PIRFENIDONE TAB 801MG	PIRFENIDONE TAB 801 MG	Tier 4	X	X		X
Quinolones - Antibiotics						
BAXDELA TAB 450MG	DELAFLORACIN MEGLUMINE TAB 450 MG (BASE EQUIV)	Tier 5				
CIPRO TAB 250MG	CIPROFLOXACIN HCL TAB 250 MG (BASE EQUIV)	Tier 5				
CIPRO TAB 500MG	CIPROFLOXACIN HCL TAB 500 MG (BASE EQUIV)	Tier 5				
CIPRO (10%) SUS 500MG/5	CIPROFLOXACIN FOR ORAL SUSP 500 MG/5ML (10%) (10 GM/100ML)	Tier 4				
CIPRO (5%) SUS 250MG/5	CIPROFLOXACIN FOR ORAL SUSP 250 MG/5ML (5%) (5 GM/100ML)	Tier 4				
CIPROFLOXACIN TAB 250MG	CIPROFLOXACIN HCL TAB 250 MG (BASE EQUIV)	Tier 2				
CIPROFLOXACIN TAB 500MG	CIPROFLOXACIN HCL TAB 500 MG (BASE EQUIV)	Tier 2				
CIPROFLOXACIN TAB 750MG	CIPROFLOXACIN HCL TAB 750 MG (BASE EQUIV)	Tier 2				
LEVOFLOXACIN SOL 25MG/ML	LEVOFLOXACIN ORAL SOLN 25 MG/ML	Tier 2				
LEVOFLOXACIN TAB 250MG	LEVOFLOXACIN TAB 250 MG	Tier 2				
LEVOFLOXACIN TAB 500MG	LEVOFLOXACIN TAB 500 MG	Tier 2				
LEVOFLOXACIN TAB 750MG	LEVOFLOXACIN TAB 750 MG	Tier 2				
MOXIFLOXACIN TAB 400MG	MOXIFLOXACIN HCL TAB 400 MG (BASE EQUIV)	Tier 4				
OFLOXACIN TAB 300MG	OFLOXACIN TAB 300 MG	Tier 2				
OFLOXACIN TAB 400MG	OFLOXACIN TAB 400 MG	Tier 2				
XEPI CRE 1%	OZENOXACIN CREAM 1%	Tier 4		X		
Respiratory Tract Agents, Other - Asthma/Lung Drugs						
ACETYLCYST SOL 10%	ACETYLCYSTEINE INHAL SOLN 10%	Tier 2				
ACETYLCYST SOL 20%	ACETYLCYSTEINE INHAL SOLN 20%	Tier 2				
ADVAIR HFA AER 115/21	FLUTICASONE-SALMETEROL INHAL AEROSOL 115-21 MCG/ACT	Tier 4		X		
ADVAIR HFA AER 230/21	FLUTICASONE-SALMETEROL INHAL AEROSOL 230-21 MCG/ACT	Tier 4		X		
ADVAIR HFA AER 45/21	FLUTICASONE-SALMETEROL INHAL AEROSOL 45-21 MCG/ACT	Tier 4		X		
AIRSUPRA AER 90-80MCG	ALBUTEROL-BUDESONIDE INHALATION AEROSOL 90-80 MCG/ACT	Tier 4		X		
ANORO ELLIPT AER 62.5-25	UMECLIDINIUM-VILANTEROL AERO POWD BA 62.5-25 MCG/ACT	Tier 4		X		

^ 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
BEVESPI AER 9-4.8MCG	GLYCOPYRROLATE-FORMOTEROL FUMARATE AEROSOL 9-4.8 MCG/ACT	Tier 3		X		
BREO ELLIPTA INH 100-25	FLUTICASONE FUROATE-VILANTEROL AERO POWD BA 100-25 MCG/ACT	Tier 4		X		
BREO ELLIPTA INH 200-25	FLUTICASONE FUROATE-VILANTEROL AERO POWD BA 200-25 MCG/ACT	Tier 4		X		
BREO ELLIPTA INH 50-25MCG	FLUTICASONE FUROATE-VILANTEROL AERO POWD BA 50-25 MCG/ACT	Tier 4		X		
BREZTRI AERO AER SPHERE	BUDESONIDE-GLYCOPYRROLATE-FORMOTEROL AERS 160-9-4.8 MCG/ACT	Tier 4		X		
CODEINE/GG SOL 10-100/5	GUAIFENESIN-CODEINE SOLN 100-10 MG/5ML	Tier 2				
COMBIVENT AER 20-100	IPRATROPIUM-ALBUTEROL INHAL AEROSOL SOLN 20-100 MCG/ACT	Tier 5		X		
FASENRA PEN INJ 30MG/ML	BENRALIZUMAB SUBCUTANEOUS SOLN AUTO-INJECTOR 30 MG/ML	Tier 5	X	X		
FLUTIC/SALME AER 100/50	FLUTICASONE-SALMETEROL AER POWDER BA 100-50 MCG/ACT	Tier 4		X		
FLUTIC/SALME AER 250/50	FLUTICASONE-SALMETEROL AER POWDER BA 250-50 MCG/ACT	Tier 4		X		
FLUTIC/SALME AER 500/50	FLUTICASONE-SALMETEROL AER POWDER BA 500-50 MCG/ACT	Tier 4		X		
FLUTIC/SALME INH 113/14	FLUTICASONE-SALMETEROL AER POWDER BA 113-14 MCG/ACT	Tier 4		X		
FLUTIC/SALME INH 232/14	FLUTICASONE-SALMETEROL AER POWDER BA 232-14 MCG/ACT	Tier 4		X		
FLUTIC/SALME INH 55/14	FLUTICASONE-SALMETEROL AER POWDER BA 55-14 MCG/ACT	Tier 4		X		
G TUSSIN AC LIQ 100-10/5	GUAIFENESIN-CODEINE SOLN 100-10 MG/5ML	Tier 2				
GG/CODEINE SOL 100-10/5	GUAIFENESIN-CODEINE SOLN 100-10 MG/5ML	Tier 2				
GG/CODEINE SOL 200-20MG	GUAIFENESIN-CODEINE SOLN 100-10 MG/5ML	Tier 2				
GRASTEK SUB 2800BAU	TIMOTHY GRASS POLLEN ALLERGEN EXT SL TAB 2800 BAU	Tier 5	X	X		
GUAIFENESIN SYP 100-10/5	GUAIFENESIN-CODEINE SOLN 100-10 MG/5ML	Tier 2				
HYD POL/CPM SUS 10-8/5ML	HYDROCOD POLST-CHLORPHEN POLST ER SUSP 10-8 MG/5ML	Tier 4	X	X		
HYDROC/HOMAT TAB 5-1.5MG	HYDROCODONE BITART-HOMATROPINE METHYLBROMIDE TAB 5-1.5 MG	Tier 2	X			
HYDROCOD/HOM SYP 5-1.5/5	HYDROCODONE BITART-HOMATROPINE METHYLBROM SOLN 5-1.5 MG/5ML	Tier 2	X	X		
HYDROMET SYP 5-1.5/5	HYDROCODONE BITART-HOMATROPINE METHYLBROM SOLN 5-1.5 MG/5ML	Tier 2	X	X		

^ 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
HYPERSAL NEB 3.5%	SODIUM CHLORIDE SOLN NEBU 3.5%	Tier 3				
HYPERSAL NEB 7%	SODIUM CHLORIDE SOLN NEBU 7%	Tier 3				
IPRATROPIUM/ SOL ALBUTER	IPRATROPIUM-ALBUTEROL NEBU SOLN 0.5-2.5(3) MG/3ML	Tier 3				
KALYDECO TAB 150MG	IVACAFTOR TAB 150 MG	Tier 4	X	X		X
MAXI-TUSS AC SOL	GUAIFENESIN-CODEINE SOLN 100-10 MG/5ML	Tier 2				
NEBUSAL NEB 3%	SODIUM CHLORIDE SOLN NEBU 3%	Tier 4				
NEOTUSS PLUS LIQ	PHENYLEPHRINE-CHLORPHEN-DM LIQUID 7.5-4-30 MG/5ML	Tier 4				
ODACTRA SUB	*DUST MITE MIXED EXT SL TAB 12 SQ-HDM***	Tier 5	X	X		
ORALAIR SUB 300 IR	*GRASS MIXED POLLEN EXT SL TAB 300 IR (INDEX OF REACTIVITY)*	Tier 5	X	X		
ORALAIR ADLT SUB 300 IR	*GRASS MIXED POLLEN EXT SL TAB 300 IR (INDEX OF REACTIVITY)*	Tier 5	X	X		
ORALAIR CHLD SUB 100 IR	*GRASS MIXED POLLEN EXT SL TAB 100 IR (INDEX OF REACTIVITY)*	Tier 5	X	X		
PIRFENIDONE CAP 267MG	PIRFENIDONE CAP 267 MG	Tier 3	X	X		X
PIRFENIDONE TAB 534MG	PIRFENIDONE TAB 534 MG	Tier 4	X	X		
PROMETH VC SYP 6.25-5/5	PROMETHAZINE & PHENYLEPHRINE SYRUP 6.25-5 MG/5ML	Tier 2				
PROMETH VC/ SYP CODEINE	PROMETHAZINE-PHENYLEPHRINE-CODEINE SYRUP 6.25-5-10 MG/5ML	Tier 2	X	X		
PROMETH/COD SOL 6.25-10	PROMETHAZINE W/ CODEINE SYRUP 6.25-10 MG/5ML	Tier 2	X	X		
PROMETH/PE SOL 6.25-5/5	PROMETHAZINE & PHENYLEPHRINE SYRUP 6.25-5 MG/5ML	Tier 2				
PULMOSAL NEB 7%	SODIUM CHLORIDE SOLN NEBU 7%	Tier 3				
PULMOZYME SOL 1MG/ML	DORNASE ALFA INHAL SOLN 2.5 MG/2.5ML	Tier 4	X	X		X
RAGWITEK SUB	SHORT RAGWEED POLLEN ALLERGEN EXTRACT SL TAB 12 AMB A 1-U	Tier 5	X	X		
SOD CHLORIDE NEB 0.9%	SODIUM CHLORIDE SOLN NEBU 0.9%	Tier 2				
SOD CHLORIDE NEB 10%	SODIUM CHLORIDE SOLN NEBU 10%	Tier 2				
SOD CHLORIDE NEB 3%	SODIUM CHLORIDE SOLN NEBU 3%	Tier 2				
SOD CHLORIDE NEB 7%	SODIUM CHLORIDE SOLN NEBU 7%	Tier 2				
STIOLTO AER 2.5-2.5	TIOTROPIUM BR-OLODATEROL INHAL AERO SOLN 2.5-2.5 MCG/ACT	Tier 3		X		
SYMBICORT AER 160-4.5	BUDESONIDE-FORMOTEROL FUMARATE DIHYD AEROSOL 160-4.5 MCG/ACT	Tier 4		X		
SYMBICORT AER 80-4.5	BUDESONIDE-FORMOTEROL FUMARATE DIHYD AEROSOL 80-4.5 MCG/ACT	Tier 4		X		
TEZSPIRE INJ 210MG	TEZEPELUMAB-EKKO SUBCUTANEOUS SOLN AUTO-INJ 210 MG/1.91ML	Tier 5	X	X		X

^ 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
TRELEGY AER 100MCG	FLUTICASONE-UMECLIDINIUM-VILANTEROL AEPB 100-62.5-25 MCG/ACT	Tier 4		X		
TRELEGY AER 200MCG	FLUTICASONE-UMECLIDINIUM-VILANTEROL AEPB 200-62.5-25 MCG/ACT	Tier 4		X		
TUXARIN ER TAB 54.3-8MG	CODEINE PHOS-CHLORPHENIRAMINE MALEATE TAB ER 12HR 54.3-8 MG	Tier 4	X	X		
WIXELA INHUB AER 100/50	FLUTICASONE-SALMETEROL AER POWDER BA 100-50 MCG/ACT	Tier 4		X		
WIXELA INHUB AER 250/50	FLUTICASONE-SALMETEROL AER POWDER BA 250-50 MCG/ACT	Tier 4		X		
WIXELA INHUB AER 500/50	FLUTICASONE-SALMETEROL AER POWDER BA 500-50 MCG/ACT	Tier 4		X		
XOLAIR INJ 150MG/ML	OMALIZUMAB SUBCUTANEOUS SOLN PREFILLED SYRINGE 150 MG/ML	Tier 4	X	X		X
XOLAIR INJ 150MG/ML	OMALIZUMAB SUBCUTANEOUS SOLN AUTO-INJECTOR 150 MG/ML	Tier 4	X	X		X
XOLAIR INJ 300/2ML	OMALIZUMAB SUBCUTANEOUS SOLN PREFILLED SYRINGE 300 MG/2ML	Tier 4	X	X		X
XOLAIR INJ 300/2ML	OMALIZUMAB SUBCUTANEOUS SOLN AUTO-INJECTOR 300 MG/2ML	Tier 4	X	X		X
XOLAIR INJ 75/0.5	OMALIZUMAB SUBCUTANEOUS SOLN PREFILLED SYRINGE 75 MG/0.5ML	Tier 4	X	X		X
XOLAIR INJ 75/0.5	OMALIZUMAB SUBCUTANEOUS SOLN AUTO-INJECTOR 75 MG/0.5ML	Tier 4	X	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 3				
BENZONATATE CAP 100MG	BENZONATATE CAP 100 MG	Tier 2				
BENZONATATE CAP 200MG	BENZONATATE CAP 200 MG	Tier 2				
BROM/PSE/DM SYP	PSEUDOEPHED-BROMPHEN-DM SYRUP 30-2-10 MG/5ML	Tier 2				
BROM/PSE/DM SYP 2-30-10	PSEUDOEPHED-BROMPHEN-DM SYRUP 30-2-10 MG/5ML	Tier 2				
BROM/PSE/DM SYP 2/30/10	PSEUDOEPHED-BROMPHEN-DM SYRUP 30-2-10 MG/5ML	Tier 2				
BROMFED DM SOL 2-30-10	PSEUDOEPHED-BROMPHEN-DM SYRUP 30-2-10 MG/5ML	Tier 4				
EPINEPHRINE SOL 30/30ML	EPINEPHRINE HCL NASAL SOLN 0.1%	Tier 2				
PROMETHAZINE SOL DM	PROMETHAZINE-DM SYRUP 6.25-15 MG/5ML	Tier 2				
PROMETHAZINE SYP DM	PROMETHAZINE-DM SYRUP 6.25-15 MG/5ML	Tier 2				
Retinoids - Chemotherapy Agents						
BEXAROTENE CAP 75MG	BEXAROTENE CAP 75 MG	Tier 4				X
BEXAROTENE GEL 1%	BEXAROTENE GEL 1%	Tier 5		X		X
PANRETIN GEL 0.1%	ALITRETINOIN GEL 0.1%	Tier 4				
TRETINOIN CAP 10MG	TRETINOIN CAP 10 MG	Tier 4		X		X

^ 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
Selective Estrogen Receptor Modifying Agents - Hormone Replacement/Modifying Drugs						
OSPHENA TAB 60MG	OSPEMIFENE TAB 60 MG	Tier 4	X	X		
RALOXIFENE TAB 60MG	RALOXIFENE HCL TAB 60 MG	Tier 3^				
Serotonin (5-HT) Receptor Agonists - Migraine Drugs						
ALMOTRIP MAL TAB 12.5MG	ALMOTRIPTAN MALATE TAB 12.5 MG	Tier 5		X		
ALMOTRIP MAL TAB 6.25MG	ALMOTRIPTAN MALATE TAB 6.25 MG	Tier 5		X		
ALMOTRIPTAN TAB 12.5MG	ALMOTRIPTAN MALATE TAB 12.5 MG	Tier 5		X		
ALMOTRIPTAN TAB 6.25MG	ALMOTRIPTAN MALATE TAB 6.25 MG	Tier 5		X		
ELETRIPTAN TAB 20MG	ELETRIPTAN HYDROBROMIDE TAB 20 MG (BASE EQUIVALENT)	Tier 4		X		
ELETRIPTAN TAB 40MG	ELETRIPTAN HYDROBROMIDE TAB 40 MG (BASE EQUIVALENT)	Tier 4		X		
FROVATRIPTAN TAB 2.5MG	FROVATRIPTAN SUCCINATE TAB 2.5 MG (BASE EQUIVALENT)	Tier 4		X		
NARATRIPTAN TAB 1MG	NARATRIPTAN HCL TAB 1 MG (BASE EQUIV)	Tier 2		X		
NARATRIPTAN TAB 2.5MG	NARATRIPTAN HCL TAB 2.5 MG (BASE EQUIV)	Tier 2		X		
RIZATRIPTAN TAB 10MG	RIZATRIPTAN BENZOATE TAB 10 MG (BASE EQUIVALENT)	Tier 2		X		
RIZATRIPTAN TAB 10MG ODT	RIZATRIPTAN BENZOATE ORAL DISINTEGRATING TAB 10 MG (BASE EQ)	Tier 2		X		
RIZATRIPTAN TAB 5MG	RIZATRIPTAN BENZOATE TAB 5 MG (BASE EQUIVALENT)	Tier 2		X		
RIZATRIPTAN TAB 5MG ODT	RIZATRIPTAN BENZOATE ORAL DISINTEGRATING TAB 5 MG (BASE EQ)	Tier 2		X		
SUMATRIPTAN INJ 4MG/0.5	SUMATRIPTAN SUCCINATE SOLUTION AUTO-INJECTOR 4 MG/0.5ML	Tier 2		X		
SUMATRIPTAN INJ 4MG/0.5	SUMATRIPTAN SUCCINATE SOLUTION CARTRIDGE 4 MG/0.5ML	Tier 2		X		
SUMATRIPTAN INJ 6/0.5ML	SUMATRIPTAN SUCCINATE INJ 6 MG/0.5ML	Tier 2		X		
SUMATRIPTAN INJ 6MG/.5ML	SUMATRIPTAN SUCCINATE INJ 6 MG/0.5ML	Tier 2		X		
SUMATRIPTAN INJ 6MG/.5ML	SUMATRIPTAN SUCCINATE SOLUTION AUTO-INJECTOR 6 MG/0.5ML	Tier 2		X		
SUMATRIPTAN INJ 6MG/0.5	SUMATRIPTAN SUCCINATE INJ 6 MG/0.5ML	Tier 2		X		
SUMATRIPTAN INJ 6MG/0.5	SUMATRIPTAN SUCCINATE SOLUTION AUTO-INJECTOR 6 MG/0.5ML	Tier 2		X		
SUMATRIPTAN INJ 6MG/0.5	SUMATRIPTAN SUCCINATE SOLUTION CARTRIDGE 6 MG/0.5ML	Tier 2		X		
SUMATRIPTAN SPR 20MG/ACT	SUMATRIPTAN NASAL SPRAY 20 MG/ACT	Tier 3		X		
SUMATRIPTAN SPR 5MG/ACT	SUMATRIPTAN NASAL SPRAY 5 MG/ACT	Tier 3		X		
SUMATRIPTAN TAB 100MG	SUMATRIPTAN SUCCINATE TAB 100 MG	Tier 2		X		
SUMATRIPTAN TAB 25MG	SUMATRIPTAN SUCCINATE TAB 25 MG	Tier 2		X		
SUMATRIPTAN TAB 50MG	SUMATRIPTAN SUCCINATE TAB 50 MG	Tier 2		X		

^ 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
ZOLMITRIPTAN TAB 2.5 MG	ZOLMITRIPTAN ORALLY DISINTEGRATING TAB 2.5 MG	Tier 4		X		
ZOLMITRIPTAN TAB 2.5MG	ZOLMITRIPTAN TAB 2.5 MG	Tier 3		X		
ZOLMITRIPTAN TAB 5MG	ZOLMITRIPTAN TAB 5 MG	Tier 3		X		
ZOLMITRIPTAN TAB 5MG ODT	ZOLMITRIPTAN ORALLY DISINTEGRATING TAB 5 MG	Tier 4		X		
ZOMIG SPR 2.5MG	ZOLMITRIPTAN NASAL SPRAY 2.5 MG/SPRAY UNIT	Tier 4		X		
ZOMIG SPR 5MG	ZOLMITRIPTAN NASAL SPRAY 5 MG/SPRAY UNIT	Tier 3		X		
Skeletal Muscle Relaxants - Drugs for Muscle Pain and Spasm						
BACLOFEN TAB 10MG	BACLOFEN TAB 10 MG	Tier 2				
BACLOFEN TAB 20MG	BACLOFEN TAB 20 MG	Tier 2				
CARISOPRODOL TAB 350MG	CARISOPRODOL TAB 350 MG	Tier 2				
CHLORZOXAZON TAB 500MG	CHLORZOXAZONE TAB 500 MG	Tier 5				
CYCLOBENZAPR TAB 10MG	CYCLOBENZAPRINE HCL TAB 10 MG	Tier 2				
CYCLOBENZAPR TAB 5MG	CYCLOBENZAPRINE HCL TAB 5 MG	Tier 2				
DANTRIUM CAP 25MG	DANTROLENE SODIUM CAP 25 MG	Tier 5				
DANTROLENE CAP 100MG	DANTROLENE SODIUM CAP 100 MG	Tier 2				
DANTROLENE CAP 25MG	DANTROLENE SODIUM CAP 25 MG	Tier 2				
DANTROLENE CAP 50MG	DANTROLENE SODIUM CAP 50 MG	Tier 2				
METAXALONE TAB 400MG	METAXALONE TAB 400 MG	Tier 4				
METAXALONE TAB 800MG	METAXALONE TAB 800 MG	Tier 4				
METHOCARBAM TAB 500MG	METHOCARBAMOL TAB 500 MG	Tier 2				
METHOCARBAM TAB 750MG	METHOCARBAMOL TAB 750 MG	Tier 2				
ORPHENADRINE TAB 100MG ER	ORPHENADRINE CITRATE TAB ER 12HR 100 MG	Tier 3				
TANLOR TAB 1000MG	METHOCARBAMOL TAB 1000 MG	Tier 4				
TIZANIDINE CAP 2MG	TIZANIDINE HCL CAP 2 MG (BASE EQUIVALENT)	Tier 4				
TIZANIDINE CAP 4MG	TIZANIDINE HCL CAP 4 MG (BASE EQUIVALENT)	Tier 4				
TIZANIDINE CAP 6MG	TIZANIDINE HCL CAP 6 MG (BASE EQUIVALENT)	Tier 4				
TIZANIDINE TAB 2MG	TIZANIDINE HCL TAB 2 MG (BASE EQUIVALENT)	Tier 2				
TIZANIDINE TAB 4MG	TIZANIDINE HCL TAB 4 MG (BASE EQUIVALENT)	Tier 2				
ZANAFLEX CAP 2MG	TIZANIDINE HCL CAP 2 MG (BASE EQUIVALENT)	Tier 5				
ZANAFLEX CAP 4MG	TIZANIDINE HCL CAP 4 MG (BASE EQUIVALENT)	Tier 5				

^ 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
ZANAFLEX CAP 6MG	TIZANIDINE HCL CAP 6 MG (BASE EQUIVALENT)	Tier 5				
ZANAFLEX TAB 4MG	TIZANIDINE HCL TAB 4 MG (BASE EQUIVALENT)	Tier 5				
Skeletal Muscle Relaxants - Pain/Swelling Management Drugs						
BACLOFEN SOL 10MG/5ML	BACLOFEN ORAL SOLN 10 MG/5ML	Tier 4	X			
BACLOFEN SOL 5MG/5ML	BACLOFEN ORAL SOLN 5 MG/5ML	Tier 4				
BACLOFEN SUS 25MG/5ML	BACLOFEN SUSP 25 MG/5ML	Tier 4	X			
BACLOFEN TAB 5MG	BACLOFEN TAB 5 MG	Tier 2				
OZOBAX DS SOL 10MG/5ML	BACLOFEN ORAL SOLN 10 MG/5ML	Tier 5	X			
Sleep Disorders, Other - Drugs for Sleeping						
ARMODAFINIL TAB 150MG	ARMODAFINIL TAB 150 MG	Tier 3		X		
ARMODAFINIL TAB 200MG	ARMODAFINIL TAB 200 MG	Tier 3		X		
ARMODAFINIL TAB 250MG	ARMODAFINIL TAB 250 MG	Tier 3		X		
ARMODAFINIL TAB 50MG	ARMODAFINIL TAB 50 MG	Tier 3		X		
BELSOMRA TAB 10MG	SUVOREXANT TAB 10 MG	Tier 5		X		
BELSOMRA TAB 15MG	SUVOREXANT TAB 15 MG	Tier 5		X		
BELSOMRA TAB 20MG	SUVOREXANT TAB 20 MG	Tier 5		X		
BELSOMRA TAB 5MG	SUVOREXANT TAB 5 MG	Tier 5		X		
HETLIOZ CAP 20MG	TASIMELTEON CAPSULE 20 MG	Tier 5	X	X		X
HETLIOZ LQ SUS 4MG/ML	TASIMELTEON ORAL SUSP 4 MG/ML	Tier 5	X	X		X
LUMRYZ PAK 6GM	SODIUM OXYBATE PACK FOR ORAL ER SUSP 6 GM	Tier 5	X	X		X
LUMRYZ PAK 7.5GM	SODIUM OXYBATE PACK FOR ORAL ER SUSP 7.5 GM	Tier 5	X	X		X
LUMRYZ PAK 9GM	SODIUM OXYBATE PACK FOR ORAL ER SUSP 9 GM	Tier 5	X	X		X
LUMRYZ PAK STARTER	SODIUM OXYBATE PACK FOR ER SUSP 4.5 & 6 & 7.5 GM STARTER PAK	Tier 5	X	X		X
LUMRYZ PKG 4.5GM	SODIUM OXYBATE PACK FOR ORAL ER SUSP 4.5 GM	Tier 5	X	X		X
MODAFINIL TAB 100MG	MODAFINIL TAB 100 MG	Tier 3		X		
MODAFINIL TAB 200MG	MODAFINIL TAB 200 MG	Tier 3		X		
RAMELTEON TAB 8MG	RAMELTEON TAB 8 MG	Tier 5		X		
SOD OXYBATE SOL 0.5G/ML	SODIUM OXYBATE ORAL SOLUTION 500 MG/ML	Tier 2	X	X		X
SOD OXYBATE SOL 500MG/ML	SODIUM OXYBATE ORAL SOLUTION 500 MG/ML	Tier 5	X	X		X
SUNOSI TAB 150MG	SOLRIAMFETOL HCL TAB 150 MG (BASE EQUIV)	Tier 3	X	X		
SUNOSI TAB 75MG	SOLRIAMFETOL HCL TAB 75 MG (BASE EQUIV)	Tier 3	X	X		

^ 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
TASIMELTEON CAP 20MG	TASIMELTEON CAPSULE 20 MG	Tier 5	X	X		X
WAKIX TAB 17.8MG	PITOLISANT HCL TAB 17.8 MG (BASE EQUIVALENT)	Tier 5	X	X		X
WAKIX TAB 4.45MG	PITOLISANT HCL TAB 4.45 MG (BASE EQUIVALENT)	Tier 5	X	X		X
XYWAV SOL 0.5GM/ML	CALCIUM, MAG, POTASSIUM, & SOD OXYBATES ORAL SOLN 500 MG/ML	Tier 5	X	X		X

Smoking Cessation Agents - Deterrents						
BUPROPION TAB 150MG SR	BUPROPION HCL (SMOKING DETERRENT) TAB ER 12HR 150 MG	Tier 1				
CVS NICOTINE DIS 14MG/24H	NICOTINE TD PATCH 24HR 14 MG/24HR	Tier 1				
CVS NICOTINE DIS 21MG/24H	NICOTINE TD PATCH 24HR 21 MG/24HR	Tier 1				
CVS NICOTINE DIS 7MG/24HR	NICOTINE TD PATCH 24HR 7 MG/24HR	Tier 1				
CVS NICOTINE GUM 2MG CINN	NICOTINE POLACRILEX GUM 2 MG	Tier 1				
CVS NICOTINE GUM 2MG MINT	NICOTINE POLACRILEX GUM 2 MG	Tier 1				
CVS NICOTINE GUM 2MG ORIG	NICOTINE POLACRILEX GUM 2 MG	Tier 1				
CVS NICOTINE GUM 2MGFRUIT	NICOTINE POLACRILEX GUM 2 MG	Tier 1				
CVS NICOTINE GUM 4MG	NICOTINE POLACRILEX GUM 4 MG	Tier 1				
CVS NICOTINE GUM 4MG CINN	NICOTINE POLACRILEX GUM 4 MG	Tier 1				
CVS NICOTINE GUM 4MG MINT	NICOTINE POLACRILEX GUM 4 MG	Tier 1				
CVS NICOTINE GUM 4MG ORIG	NICOTINE POLACRILEX GUM 4 MG	Tier 1				
CVS NICOTINE GUM 4MGFRUIT	NICOTINE POLACRILEX GUM 4 MG	Tier 1				
CVS NICOTINE LOZ 2MG	NICOTINE POLACRILEX LOZENGE 2 MG	Tier 1				
CVS NICOTINE LOZ 2MG MINT	NICOTINE POLACRILEX LOZENGE 2 MG	Tier 1				
CVS NICOTINE LOZ 4MG MINT	NICOTINE POLACRILEX LOZENGE 4 MG	Tier 1				
EQ NICOTINE DIS 14MG/24H	NICOTINE TD PATCH 24HR 14 MG/24HR	Tier 1				
EQ NICOTINE DIS 21MG/24H	NICOTINE TD PATCH 24HR 21 MG/24HR	Tier 1				
EQ NICOTINE DIS 7MG/24HR	NICOTINE TD PATCH 24HR 7 MG/24HR	Tier 1				
EQ NICOTINE GUM 2MG CINN	NICOTINE POLACRILEX GUM 2 MG	Tier 1				
EQ NICOTINE GUM 2MG MINT	NICOTINE POLACRILEX GUM 2 MG	Tier 1				
EQ NICOTINE GUM 2MGFRUIT	NICOTINE POLACRILEX GUM 2 MG	Tier 1				
EQ NICOTINE GUM 4MG CINN	NICOTINE POLACRILEX GUM 4 MG	Tier 1				
EQ NICOTINE GUM 4MG MINT	NICOTINE POLACRILEX GUM 4 MG	Tier 1				
EQ NICOTINE GUM 4MG ORIG	NICOTINE POLACRILEX GUM 4 MG	Tier 1				
EQ NICOTINE GUM 4MGFRUIT	NICOTINE POLACRILEX GUM 4 MG	Tier 1				
EQ NICOTINE LOZ 2MG CINN	NICOTINE POLACRILEX LOZENGE 2 MG	Tier 1				
EQ NICOTINE LOZ 2MG MINT	NICOTINE POLACRILEX LOZENGE 2 MG	Tier 1				
EQ NICOTINE LOZ 4MG CINN	NICOTINE POLACRILEX LOZENGE 4 MG	Tier 1				
EQ NICOTINE LOZ 4MG MINT	NICOTINE POLACRILEX LOZENGE 4 MG	Tier 1				
FT NICOTINE DIS 14MG/24H	NICOTINE TD PATCH 24HR 14 MG/24HR	Tier 1				

^ 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 NICOTINE DIS 21MG/24H	NICOTINE TD PATCH 24HR 21 MG/24HR	Tier 1				
FT NICOTINE DIS 7MG/24HR	NICOTINE TD PATCH 24HR 7 MG/24HR	Tier 1				
FT NICOTINE GUM 2MG	NICOTINE POLACRILEX GUM 2 MG	Tier 1				
FT NICOTINE GUM 4MG	NICOTINE POLACRILEX GUM 4 MG	Tier 1				
FT NICOTINE LOZ 2MG	NICOTINE POLACRILEX LOZENGE 2 MG	Tier 1				
FT NICOTINE LOZ 4MG	NICOTINE POLACRILEX LOZENGE 4 MG	Tier 1				
GNP NICOTINE DIS 14MG/24H	NICOTINE TD PATCH 24HR 14 MG/24HR	Tier 1				
GNP NICOTINE DIS 21MG/24H	NICOTINE TD PATCH 24HR 21 MG/24HR	Tier 1				
GNP NICOTINE DIS 7MG/24HR	NICOTINE TD PATCH 24HR 7 MG/24HR	Tier 1				
GNP NICOTINE GUM 2MG MINT	NICOTINE POLACRILEX GUM 2 MG	Tier 1				
GNP NICOTINE GUM 2MG ORIG	NICOTINE POLACRILEX GUM 2 MG	Tier 1				
GNP NICOTINE GUM 4MG FRT	NICOTINE POLACRILEX GUM 4 MG	Tier 1				
GNP NICOTINE GUM 4MG MINT	NICOTINE POLACRILEX GUM 4 MG	Tier 1				
GNP NICOTINE GUM 4MG ORIG	NICOTINE POLACRILEX GUM 4 MG	Tier 1				
GNP NICOTINE LOZ 2MG MINT	NICOTINE POLACRILEX LOZENGE 2 MG	Tier 1				
GNP NICOTINE LOZ 4MG CHER	NICOTINE POLACRILEX LOZENGE 4 MG	Tier 1				
GNP NICOTINE LOZ 4MG MINT	NICOTINE POLACRILEX LOZENGE 4 MG	Tier 1				
GNP NICOTINE LOZ MINI 2MG	NICOTINE POLACRILEX LOZENGE 2 MG	Tier 1				
HABITROL DIS 21MG/24H	NICOTINE TD PATCH 24HR 21 MG/24HR	Tier 1				
HM NICOTINE GUM 2MG	NICOTINE POLACRILEX GUM 2 MG	Tier 1				
HM NICOTINE GUM 4MG FRT	NICOTINE POLACRILEX GUM 4 MG	Tier 1				
HM NICOTINE LOZ 2MG MINT	NICOTINE POLACRILEX LOZENGE 2 MG	Tier 1				
KLS QUIT2 GUM 2MG	NICOTINE POLACRILEX GUM 2 MG	Tier 1				
KLS QUIT2 LOZ 2MG	NICOTINE POLACRILEX LOZENGE 2 MG	Tier 1				
KLS QUIT4 GUM 4MG	NICOTINE POLACRILEX GUM 4 MG	Tier 1				
KLS QUIT4 LOZ 4MG	NICOTINE POLACRILEX LOZENGE 4 MG	Tier 1				
NICODERM CQ DIS 14MG/24H	NICOTINE TD PATCH 24HR 14 MG/24HR	Tier 1				
NICODERM CQ DIS 21MG/24H	NICOTINE TD PATCH 24HR 21 MG/24HR	Tier 1				
NICODERM CQ DIS 7MG/24HR	NICOTINE TD PATCH 24HR 7 MG/24HR	Tier 1				
NICORETTE GUM 2MG	NICOTINE POLACRILEX GUM 2 MG	Tier 1				
NICORETTE GUM 2MG CINN	NICOTINE POLACRILEX GUM 2 MG	Tier 1				
NICORETTE GUM 2MG MINT	NICOTINE POLACRILEX GUM 2 MG	Tier 1				
NICORETTE GUM 2MG ORIG	NICOTINE POLACRILEX GUM 2 MG	Tier 1				
NICORETTE GUM 2MGFRUIT	NICOTINE POLACRILEX GUM 2 MG	Tier 1				
NICORETTE GUM 4MG	NICOTINE POLACRILEX GUM 4 MG	Tier 1				
NICORETTE GUM 4MG CINN	NICOTINE POLACRILEX GUM 4 MG	Tier 1				
NICORETTE GUM 4MG MINT	NICOTINE POLACRILEX GUM 4 MG	Tier 1				
NICORETTE GUM 4MG ORIG	NICOTINE POLACRILEX GUM 4 MG	Tier 1				

^ 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 4MGFRUIT	NICOTINE POLACRILEX GUM 4 MG	Tier 1				
NICORETTE LOZ 2MG	NICOTINE POLACRILEX LOZENGE 2 MG	Tier 1				
NICORETTE LOZ 2MG MINT	NICOTINE POLACRILEX LOZENGE 2 MG	Tier 1				
NICORETTE LOZ 4MG	NICOTINE POLACRILEX LOZENGE 4 MG	Tier 1				
NICORETTE LOZ 4MG MINT	NICOTINE POLACRILEX LOZENGE 4 MG	Tier 1				
NICORETTE ST GUM 2MG MINT	NICOTINE POLACRILEX GUM 2 MG	Tier 1				
NICORETTE ST GUM 2MG ORIG	NICOTINE POLACRILEX GUM 2 MG	Tier 1				
NICORETTE ST GUM 4MG ORIG	NICOTINE POLACRILEX GUM 4 MG	Tier 1				
NICOTINE DIS 14MG/24H	NICOTINE TD PATCH 24HR 14 MG/24HR	Tier 1				
NICOTINE DIS 21MG/24H	NICOTINE TD PATCH 24HR 21 MG/24HR	Tier 1				
NICOTINE DIS 7MG/24HR	NICOTINE TD PATCH 24HR 7 MG/24HR	Tier 1				
NICOTINE GUM 2MG	NICOTINE POLACRILEX GUM 2 MG	Tier 1				
NICOTINE GUM 2MGFRUIT	NICOTINE POLACRILEX GUM 2 MG	Tier 1				
NICOTINE GUM 4MG	NICOTINE POLACRILEX GUM 4 MG	Tier 1				
NICOTINE LOZ 2MG MINT	NICOTINE POLACRILEX LOZENGE 2 MG	Tier 1				
NICOTINE LOZ 4MG CINN	NICOTINE POLACRILEX LOZENGE 4 MG	Tier 1				
NICOTINE LOZ 4MG MINT	NICOTINE POLACRILEX LOZENGE 4 MG	Tier 1				
NICOTINE LOZ MINI 2MG	NICOTINE POLACRILEX LOZENGE 2 MG	Tier 1				
NICOTINE POL GUM 2MG	NICOTINE POLACRILEX GUM 2 MG	Tier 1				
NICOTINE POL GUM 2MG CINN	NICOTINE POLACRILEX GUM 2 MG	Tier 1				
NICOTINE POL GUM 2MG MINT	NICOTINE POLACRILEX GUM 2 MG	Tier 1				
NICOTINE POL GUM 2MG ORIG	NICOTINE POLACRILEX GUM 2 MG	Tier 1				
NICOTINE POL GUM 2MG REF	NICOTINE POLACRILEX GUM 2 MG	Tier 1				
NICOTINE POL GUM 2MG STRT	NICOTINE POLACRILEX GUM 2 MG	Tier 1				
NICOTINE POL GUM 2MGFRUIT	NICOTINE POLACRILEX GUM 2 MG	Tier 1				
NICOTINE POL GUM 4MG	NICOTINE POLACRILEX GUM 4 MG	Tier 1				
NICOTINE POL GUM 4MG CINN	NICOTINE POLACRILEX GUM 4 MG	Tier 1				
NICOTINE POL GUM 4MG MINT	NICOTINE POLACRILEX GUM 4 MG	Tier 1				
NICOTINE POL GUM 4MG ORIG	NICOTINE POLACRILEX GUM 4 MG	Tier 1				
NICOTINE POL GUM 4MG REF	NICOTINE POLACRILEX GUM 4 MG	Tier 1				
NICOTINE POL GUM 4MG STRT	NICOTINE POLACRILEX GUM 4 MG	Tier 1				
NICOTINE POL GUM 4MGFRUIT	NICOTINE POLACRILEX GUM 4 MG	Tier 1				
NICOTINE POL LOZ 2MG CHRY	NICOTINE POLACRILEX LOZENGE 2 MG	Tier 1				
NICOTINE POL LOZ 2MG CINN	NICOTINE POLACRILEX LOZENGE 2 MG	Tier 1				
NICOTINE POL LOZ 2MG MINI	NICOTINE POLACRILEX LOZENGE 2 MG	Tier 1				
NICOTINE POL LOZ 2MG MINT	NICOTINE POLACRILEX LOZENGE 2 MG	Tier 1				
NICOTINE POL LOZ 4MG CHRY	NICOTINE POLACRILEX LOZENGE 4 MG	Tier 1				
NICOTINE POL LOZ 4MG CINN	NICOTINE POLACRILEX LOZENGE 4 MG	Tier 1				

^ 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 4MG MINT	NICOTINE POLACRILEX LOZENGE 4 MG	Tier 1				
NICOTINE SYS KIT TRANSDER	NICOTINE TD PATCH 24 HR KIT 21-14-7 MG/24HR	Tier 1				
NICOTINE TD DIS 14MG/24H	NICOTINE TD PATCH 24HR 14 MG/24HR	Tier 1				
NICOTINE TD DIS 21MG/24H	NICOTINE TD PATCH 24HR 21 MG/24HR	Tier 1				
NICOTINE TD DIS 7MG/24HR	NICOTINE TD PATCH 24HR 7 MG/24HR	Tier 1				
NICOTINE TD DIS STEP 1	NICOTINE TD PATCH 24HR 21 MG/24HR	Tier 1				
NICOTINE TD DIS STEP 2	NICOTINE TD PATCH 24HR 14 MG/24HR	Tier 1				
NICOTINE TD DIS STEP 3	NICOTINE TD PATCH 24HR 7 MG/24HR	Tier 1				
NICOTROL NS SPR 10MG/ML	NICOTINE NASAL SPRAY 10 MG/ML (0.5 MG/SPRAY)	Tier 1				
QC NICOTINE DIS 14MG/24H	NICOTINE TD PATCH 24HR 14 MG/24HR	Tier 1				
QC NICOTINE DIS 21MG/24H	NICOTINE TD PATCH 24HR 21 MG/24HR	Tier 1				
RA NICOTINE DIS 21MG/24H	NICOTINE TD PATCH 24HR 21 MG/24HR	Tier 1				
RA NICOTINE GUM 4MG	NICOTINE POLACRILEX GUM 4 MG	Tier 1				
RA NICOTINE LOZ 2MG MINT	NICOTINE POLACRILEX LOZENGE 2 MG	Tier 1				
RA NICOTINE LOZ 4MG MINT	NICOTINE POLACRILEX LOZENGE 4 MG	Tier 1				
SM NICOTINE DIS 14MG/24H	NICOTINE TD PATCH 24HR 14 MG/24HR	Tier 1				
SM NICOTINE DIS 21MG/24H	NICOTINE TD PATCH 24HR 21 MG/24HR	Tier 1				
SM NICOTINE DIS 7MG/24HR	NICOTINE TD PATCH 24HR 7 MG/24HR	Tier 1				
SM NICOTINE GUM 2MG	NICOTINE POLACRILEX GUM 2 MG	Tier 1				
SM NICOTINE GUM 2MG MINT	NICOTINE POLACRILEX GUM 2 MG	Tier 1				
SM NICOTINE GUM 4MG	NICOTINE POLACRILEX GUM 4 MG	Tier 1				
SM NICOTINE GUM 4MG MINT	NICOTINE POLACRILEX GUM 4 MG	Tier 1				
SM NICOTINE LOZ 2MG CHRY	NICOTINE POLACRILEX LOZENGE 2 MG	Tier 1				
SM NICOTINE LOZ 4MG	NICOTINE POLACRILEX LOZENGE 4 MG	Tier 1				
SM NICOTINE LOZ 4MG CINN	NICOTINE POLACRILEX LOZENGE 4 MG	Tier 1				
THRIVE GUM 2MG MINT	NICOTINE POLACRILEX GUM 2 MG	Tier 1				
VARENICLINE TAB 0.5& 1MG	VARENICLINE TARTRATE TAB 11 X 0.5 MG & 42 X 1 MG START PACK	Tier 1				
VARENICLINE TAB 0.5MG	VARENICLINE TARTRATE TAB 0.5 MG (BASE EQUIV)	Tier 1				
VARENICLINE TAB 1MG	VARENICLINE TARTRATE TAB 1 MG (BASE EQUIV)	Tier 1				
Sodium Channel Agents - Seizure Control Drugs						
CARBAMAZEPIN CAP 100MG ER	CARBAMAZEPINE CAP ER 12HR 100 MG	Tier 3				
CARBAMAZEPIN CAP 200MG ER	CARBAMAZEPINE CAP ER 12HR 200 MG	Tier 3				
CARBAMAZEPIN CAP 300MG ER	CARBAMAZEPINE CAP ER 12HR 300 MG	Tier 3				
CARBAMAZEPIN CHW 100MG	CARBAMAZEPINE CHEW TAB 100 MG	Tier 2				
CARBAMAZEPIN CHW 200MG	CARBAMAZEPINE CHEW TAB 200 MG	Tier 2				

^ 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 SUS 100/5ML	CARBAMAZEPINE SUSP 100 MG/5ML	Tier 2				
CARBAMAZEPIN TAB 100MG ER	CARBAMAZEPINE TAB ER 12HR 100 MG	Tier 3				
CARBAMAZEPIN TAB 200MG	CARBAMAZEPINE TAB 200 MG	Tier 2				
CARBAMAZEPIN TAB 200MG ER	CARBAMAZEPINE TAB ER 12HR 200 MG	Tier 3				
CARBAMAZEPIN TAB 400MG ER	CARBAMAZEPINE TAB ER 12HR 400 MG	Tier 3				
DILANTIN CAP 100MG	PHENYTOIN SODIUM EXTENDED CAP 100 MG	Tier 4				
DILANTIN CAP 30MG	PHENYTOIN SODIUM EXTENDED CAP 30 MG	Tier 4				
DILANTIN CHW 50MG	PHENYTOIN CHEW TAB 50 MG	Tier 4				
DILANTIN-125 SUS 125/5ML	PHENYTOIN SUSP 125 MG/5ML	Tier 4				
EPITOL TAB 200MG	CARBAMAZEPINE TAB 200 MG	Tier 2				
LACOSAMIDE SOL 100/10ML	LACOSAMIDE ORAL SOLUTION 10 MG/ML	Tier 3				
LACOSAMIDE SOL 10MG/ML	LACOSAMIDE ORAL SOLUTION 10 MG/ML	Tier 3				
LACOSAMIDE SOL 150/15ML	LACOSAMIDE ORAL SOLUTION 10 MG/ML	Tier 3				
LACOSAMIDE SOL 200/20ML	LACOSAMIDE ORAL SOLUTION 10 MG/ML	Tier 3				
LACOSAMIDE SOL 50/5ML	LACOSAMIDE ORAL SOLUTION 10 MG/ML	Tier 3				
LACOSAMIDE SOL 50MG/5ML	LACOSAMIDE ORAL SOLUTION 10 MG/ML	Tier 3				
LACOSAMIDE TAB 100MG	LACOSAMIDE TAB 100 MG	Tier 3				
LACOSAMIDE TAB 150MG	LACOSAMIDE TAB 150 MG	Tier 3				
LACOSAMIDE TAB 200MG	LACOSAMIDE TAB 200 MG	Tier 3				
LACOSAMIDE TAB 50MG	LACOSAMIDE TAB 50 MG	Tier 3				
MOTPOLY XR CAP 100MG	LACOSAMIDE CAP ER 24HR 100 MG	Tier 5	X			
MOTPOLY XR CAP 150MG	LACOSAMIDE CAP ER 24HR 150 MG	Tier 5	X			
MOTPOLY XR CAP 200MG	LACOSAMIDE CAP ER 24HR 200 MG	Tier 5	X			
OXCARBAZEPIN SUS 300/5ML	OXCARBAZEPINE SUSP 300 MG/5ML (60 MG/ML)	Tier 2				
OXCARBAZEPIN TAB 150MG	OXCARBAZEPINE TAB 150 MG	Tier 2				
OXCARBAZEPIN TAB 300MG	OXCARBAZEPINE TAB 300 MG	Tier 2				
OXCARBAZEPIN TAB 600MG	OXCARBAZEPINE TAB 600 MG	Tier 2				
PHENYTEK CAP 200MG	PHENYTOIN SODIUM EXTENDED CAP 200 MG	Tier 2				
PHENYTEK CAP 300MG	PHENYTOIN SODIUM EXTENDED CAP 300 MG	Tier 5				
PHENYTOIN CHW 50MG	PHENYTOIN CHEW TAB 50 MG	Tier 2				
PHENYTOIN SUS 125/5ML	PHENYTOIN SUSP 125 MG/5ML	Tier 2				
PHENYTOIN EX CAP 100MG	PHENYTOIN SODIUM EXTENDED CAP 100 MG	Tier 2				
PHENYTOIN EX CAP 200MG	PHENYTOIN SODIUM EXTENDED CAP 200 MG	Tier 2				
PHENYTOIN EX CAP 300MG	PHENYTOIN SODIUM EXTENDED CAP 300 MG	Tier 2				
RUFINAMIDE SUS 40MG/ML	RUFINAMIDE SUSP 40 MG/ML	Tier 4				

^ 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 4	X			
RUFINAMIDE TAB 400MG	RUFINAMIDE TAB 400 MG	Tier 4	X			
TEGRETOL SUS 100/5ML	CARBAMAZEPINE SUSP 100 MG/5ML	Tier 5				
TEGRETOL TAB 200MG	CARBAMAZEPINE TAB 200 MG	Tier 5				
VIMPAT SOL 10MG/ML	LACOSAMIDE ORAL SOLUTION 10 MG/ML	Tier 5	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 2				
CITALOPRAM TAB 10MG	CITALOPRAM HYDROBROMIDE TAB 10 MG (BASE EQUIV)	Tier 2				
CITALOPRAM TAB 20MG	CITALOPRAM HYDROBROMIDE TAB 20 MG (BASE EQUIV)	Tier 2				
CITALOPRAM TAB 40MG	CITALOPRAM HYDROBROMIDE TAB 40 MG (BASE EQUIV)	Tier 2				
DESVENLAFAX TAB 100MG ER	DESVENLAFAXINE SUCCINATE TAB ER 24HR 100 MG (BASE EQUIV)	Tier 4				
DESVENLAFAX TAB 25MG ER	DESVENLAFAXINE SUCCINATE TAB ER 24HR 25 MG (BASE EQUIV)	Tier 4				
DESVENLAFAX TAB 50MG ER	DESVENLAFAXINE SUCCINATE TAB ER 24HR 50 MG (BASE EQUIV)	Tier 4				
DRIZALMA CAP 20MG DR	DULOXETINE HCL CAP DELAYED RELEASE SPRINKLE 20 MG (BASE EQ)	Tier 5		X		
DRIZALMA CAP 30MG DR	DULOXETINE HCL CAP DELAYED RELEASE SPRINKLE 30 MG (BASE EQ)	Tier 5		X		
DRIZALMA CAP 40MG DR	DULOXETINE HCL CAP DELAYED RELEASE SPRINKLE 40 MG (BASE EQ)	Tier 5		X		
DRIZALMA CAP 60MG DR	DULOXETINE HCL CAP DELAYED RELEASE SPRINKLE 60 MG (BASE EQ)	Tier 5		X		
ESCITALOPRAM SOL 5MG/5ML	ESCITALOPRAM OXALATE SOLN 5 MG/5ML (BASE EQUIV)	Tier 3				
ESCITALOPRAM TAB 10MG	ESCITALOPRAM OXALATE TAB 10 MG (BASE EQUIV)	Tier 2				
ESCITALOPRAM TAB 20MG	ESCITALOPRAM OXALATE TAB 20 MG (BASE EQUIV)	Tier 2				
ESCITALOPRAM TAB 5MG	ESCITALOPRAM OXALATE TAB 5 MG (BASE EQUIV)	Tier 2				
FLUOXETINE CAP 10MG	FLUOXETINE HCL CAP 10 MG	Tier 2				
FLUOXETINE CAP 20MG	FLUOXETINE HCL CAP 20 MG	Tier 2				
FLUOXETINE CAP 40MG	FLUOXETINE HCL CAP 40 MG	Tier 2				
FLUOXETINE CAP 90MG DR	FLUOXETINE HCL CAP DELAYED RELEASE 90 MG	Tier 4		X		
FLUOXETINE SOL 20MG/5ML	FLUOXETINE HCL SOLUTION 20 MG/5ML	Tier 2				
FLUOXETINE TAB 10MG	FLUOXETINE HCL TAB 10 MG	Tier 4				

^ 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 4				
FLUOXETINE TAB 60MG	FLUOXETINE HCL TAB 60 MG	Tier 4				
FLUVOXAMINE CAP 100MG ER	FLUVOXAMINE MALEATE CAP ER 24HR 100 MG	Tier 5				
FLUVOXAMINE CAP 150MG ER	FLUVOXAMINE MALEATE CAP ER 24HR 150 MG	Tier 5				
FLUVOXAMINE TAB 100MG	FLUVOXAMINE MALEATE TAB 100 MG	Tier 2				
FLUVOXAMINE TAB 25MG	FLUVOXAMINE MALEATE TAB 25 MG	Tier 2				
FLUVOXAMINE TAB 50MG	FLUVOXAMINE MALEATE TAB 50 MG	Tier 2				
NEFAZODONE TAB 100MG	NEFAZODONE HCL TAB 100 MG	Tier 2				
NEFAZODONE TAB 150MG	NEFAZODONE HCL TAB 150 MG	Tier 2				
NEFAZODONE TAB 200MG	NEFAZODONE HCL TAB 200 MG	Tier 2				
NEFAZODONE TAB 250MG	NEFAZODONE HCL TAB 250 MG	Tier 2				
NEFAZODONE TAB 50MG	NEFAZODONE HCL TAB 50 MG	Tier 2				
OLANZA/FLUOX CAP 12-25MG	OLANZAPINE-FLUOXETINE HCL CAP 12-25 MG	Tier 3		X		
OLANZA/FLUOX CAP 12-50MG	OLANZAPINE-FLUOXETINE HCL CAP 12-50 MG	Tier 3		X		
OLANZA/FLUOX CAP 3-25MG	OLANZAPINE-FLUOXETINE HCL CAP 3-25 MG	Tier 3		X		
OLANZA/FLUOX CAP 6-25MG	OLANZAPINE-FLUOXETINE HCL CAP 6-25 MG	Tier 3		X		
OLANZA/FLUOX CAP 6-50MG	OLANZAPINE-FLUOXETINE HCL CAP 6-50 MG	Tier 3		X		
PAROXETIN ER TAB 12.5MG	PAROXETINE HCL TAB ER 24HR 12.5 MG	Tier 4				
PAROXETIN ER TAB 37.5MG	PAROXETINE HCL TAB ER 24HR 37.5 MG	Tier 4				
PAROXETINE SUS 10MG/5ML	PAROXETINE HCL ORAL SUSP 10 MG/5ML (BASE EQUIV)	Tier 4				
PAROXETINE TAB 10MG	PAROXETINE HCL TAB 10 MG	Tier 2				
PAROXETINE TAB 20MG	PAROXETINE HCL TAB 20 MG	Tier 2				
PAROXETINE TAB 25MG ER	PAROXETINE HCL TAB ER 24HR 25 MG	Tier 4				
PAROXETINE TAB 30MG	PAROXETINE HCL TAB 30 MG	Tier 2				
PAROXETINE TAB 40MG	PAROXETINE HCL TAB 40 MG	Tier 2				
PAXIL SUS 10MG/5ML	PAROXETINE HCL ORAL SUSP 10 MG/5ML (BASE EQUIV)	Tier 5				
SERTRALINE CON 20MG/ML	SERTRALINE HCL ORAL CONCENTRATE FOR SOLUTION 20 MG/ML	Tier 2				
SERTRALINE TAB 100MG	SERTRALINE HCL TAB 100 MG	Tier 2				
SERTRALINE TAB 25MG	SERTRALINE HCL TAB 25 MG	Tier 2				
SERTRALINE TAB 50MG	SERTRALINE HCL TAB 50 MG	Tier 2				
SYMBYAX CAP 3-25MG	OLANZAPINE-FLUOXETINE HCL CAP 3-25 MG	Tier 5		X		

^ 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 5		X		
TRAZODONE TAB 100MG	TRAZODONE HCL TAB 100 MG	Tier 2				
TRAZODONE TAB 150MG	TRAZODONE HCL TAB 150 MG	Tier 2				
TRAZODONE TAB 300MG	TRAZODONE HCL TAB 300 MG	Tier 2				
TRAZODONE TAB 50MG	TRAZODONE HCL TAB 50 MG	Tier 2				
TRINTELLIX TAB 10MG	VORTIOXETINE HBR TAB 10 MG (BASE EQUIV)	Tier 5		X	X	
TRINTELLIX TAB 20MG	VORTIOXETINE HBR TAB 20 MG (BASE EQUIV)	Tier 5		X	X	
TRINTELLIX TAB 5MG	VORTIOXETINE HBR TAB 5 MG (BASE EQUIV)	Tier 5		X	X	
VENLAFAXINE CAP 150MG ER	VENLAFAXINE HCL CAP ER 24HR 150 MG (BASE EQUIVALENT)	Tier 2				
VENLAFAXINE CAP 37.5 ER	VENLAFAXINE HCL CAP ER 24HR 37.5 MG (BASE EQUIVALENT)	Tier 2				
VENLAFAXINE CAP 75MG ER	VENLAFAXINE HCL CAP ER 24HR 75 MG (BASE EQUIVALENT)	Tier 2				
VENLAFAXINE TAB 100MG	VENLAFAXINE HCL TAB 100 MG (BASE EQUIVALENT)	Tier 2				
VENLAFAXINE TAB 25MG	VENLAFAXINE HCL TAB 25 MG (BASE EQUIVALENT)	Tier 2				
VENLAFAXINE TAB 37.5MG	VENLAFAXINE HCL TAB 37.5 MG (BASE EQUIVALENT)	Tier 2				
VENLAFAXINE TAB 50MG	VENLAFAXINE HCL TAB 50 MG (BASE EQUIVALENT)	Tier 2				
VENLAFAXINE TAB 75MG	VENLAFAXINE HCL TAB 75 MG (BASE EQUIVALENT)	Tier 2				
VILAZODONE TAB 10MG	VILAZODONE HCL TAB 10 MG	Tier 4				
VILAZODONE TAB 20MG	VILAZODONE HCL TAB 20 MG	Tier 4				
VILAZODONE TAB 40MG	VILAZODONE HCL TAB 40 MG	Tier 4				
Sulfonamides - Antibiotics						
BACTRIM TAB 400-80MG	SULFAMETHOXAZOLE-TRIMETHOPRIM TAB 400-80 MG	Tier 5				
BACTRIM DS TAB 800-160	SULFAMETHOXAZOLE-TRIMETHOPRIM TAB 800-160 MG	Tier 5				
SMZ-TMP SUS 200-40/5	SULFAMETHOXAZOLE-TRIMETHOPRIM SUSP 200-40 MG/5ML	Tier 2				
SMZ-TMP TAB 400-80MG	SULFAMETHOXAZOLE-TRIMETHOPRIM TAB 400-80 MG	Tier 2				
SMZ/TMP DS TAB 800-160	SULFAMETHOXAZOLE-TRIMETHOPRIM TAB 800-160 MG	Tier 2				
SULFADIAZINE TAB 500MG	SULFADIAZINE TAB 500 MG	Tier 2				
SULFASALAZIN TAB 500MG	SULFASALAZINE TAB 500 MG	Tier 2				

^ 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
SULFASALAZIN TAB 500MG DR	SULFASALAZINE TAB DELAYED RELEASE 500 MG	Tier 2				
SULFATRIM PD SUS 200-40/5	SULFAMETHOXAZOLE-TRIMETHOPRIM SUSP 200-40 MG/5ML	Tier 2				
Tetracyclines - Antibiotics						
AVIDOXY TAB 100MG	DOXYCYCLINE MONOHYDRATE TAB 100 MG	Tier 5				
AVIDOXY DK KIT	*DOXYCYCLINE TAB 100 MG & SUNCREEN & SAL ACID WASH 2% KIT**	Tier 4				
DEMECLOCYCL TAB 150MG	DEMECLOCYCLINE HCL TAB 150 MG	Tier 2				
DEMECLOCYCL TAB 300MG	DEMECLOCYCLINE HCL TAB 300 MG	Tier 2				
DOXYCYC MONO CAP 100MG	DOXYCYCLINE MONOHYDRATE CAP 100 MG	Tier 2				
DOXYCYC MONO CAP 50MG	DOXYCYCLINE MONOHYDRATE CAP 50 MG	Tier 2				
DOXYCYC MONO TAB 100MG	DOXYCYCLINE MONOHYDRATE TAB 100 MG	Tier 2				
DOXYCYC MONO TAB 150MG	DOXYCYCLINE MONOHYDRATE TAB 150 MG	Tier 2				
DOXYCYC MONO TAB 50MG	DOXYCYCLINE MONOHYDRATE TAB 50 MG	Tier 2				
DOXYCYC MONO TAB 75MG	DOXYCYCLINE MONOHYDRATE TAB 75 MG	Tier 2				
DOXYCYCL HYC CAP 100MG	DOXYCYCLINE HYCLATE CAP 100 MG	Tier 3				
DOXYCYCL HYC CAP 50MG	DOXYCYCLINE HYCLATE CAP 50 MG	Tier 3				
DOXYCYCL HYC TAB 100MG	DOXYCYCLINE HYCLATE TAB 100 MG	Tier 3				
DOXYCYCL HYC TAB 20MG	DOXYCYCLINE HYCLATE TAB 20 MG	Tier 2				
DOXYCYCLINE SUS 25MG/5ML	DOXYCYCLINE MONOHYDRATE FOR SUSP 25 MG/5ML	Tier 4				
MINOCYCLINE CAP 100MG	MINOCYCLINE HCL CAP 100 MG	Tier 2				
MINOCYCLINE CAP 50MG	MINOCYCLINE HCL CAP 50 MG	Tier 2				
MINOCYCLINE CAP 75MG	MINOCYCLINE HCL CAP 75 MG	Tier 2				
MINOCYCLINE TAB 105MG ER	MINOCYCLINE HCL TAB ER 24HR 105 MG	Tier 3				
MINOCYCLINE TAB 115MG ER	MINOCYCLINE HCL TAB ER 24HR 115 MG	Tier 3				
MINOCYCLINE TAB 135MG ER	MINOCYCLINE HCL TAB ER 24HR 135 MG	Tier 3				
MINOCYCLINE TAB 45MG ER	MINOCYCLINE HCL TAB ER 24HR 45 MG	Tier 3				
MINOCYCLINE TAB 55MG ER	MINOCYCLINE HCL TAB ER 24HR 55 MG	Tier 3				
MINOCYCLINE TAB 65MG ER	MINOCYCLINE HCL TAB ER 24HR 65 MG	Tier 3				
MINOCYCLINE TAB 80MG ER	MINOCYCLINE HCL TAB ER 24HR 80 MG	Tier 3				
MINOCYCLINE TAB 90MG ER	MINOCYCLINE HCL TAB ER 24HR 90 MG	Tier 3				
NUZYRA TAB 150MG	OMADACYCLINE TOSYLATE TAB 150 MG (BASE EQUIVALENT)	Tier 5		X		
TETRACYCLINE CAP 250MG	TETRACYCLINE HCL CAP 250 MG	Tier 4				
TETRACYCLINE CAP 500MG	TETRACYCLINE HCL CAP 500 MG	Tier 4				
VIBRAMYCIN CAP 100MG	DOXYCYCLINE HYCLATE CAP 100 MG	Tier 5				
VIBRAMYCIN SUS 25MG/5ML	DOXYCYCLINE MONOHYDRATE FOR SUSP 25 MG/5ML	Tier 5				

^ 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 Adjuncts - Supportive Chemotherapy Drugs						
MESNA TAB 400MG	MESNA TAB 400 MG	Tier 5				
MESNEX TAB 400MG	MESNA TAB 400 MG	Tier 5				
Treatment-Resistant - Mood Disorder Drugs						
CLOZAPINE TAB 100MG	CLOZAPINE TAB 100 MG	Tier 2				
CLOZAPINE TAB 200MG	CLOZAPINE TAB 200 MG	Tier 2				
CLOZAPINE TAB 25MG	CLOZAPINE TAB 25 MG	Tier 2				
CLOZAPINE TAB 50MG	CLOZAPINE TAB 50 MG	Tier 2				
CLOZARIL TAB 100MG	CLOZAPINE TAB 100 MG	Tier 5				
CLOZARIL TAB 200MG	CLOZAPINE TAB 200 MG	Tier 5				
CLOZARIL TAB 25MG	CLOZAPINE TAB 25 MG	Tier 5				
CLOZARIL TAB 50MG	CLOZAPINE TAB 50 MG	Tier 5				
Tricyclics - Antidepressants						
AMITRIPTYLIN TAB 100MG	AMITRIPTYLINE HCL TAB 100 MG	Tier 2				
AMITRIPTYLIN TAB 10MG	AMITRIPTYLINE HCL TAB 10 MG	Tier 2				
AMITRIPTYLIN TAB 150MG	AMITRIPTYLINE HCL TAB 150 MG	Tier 2				
AMITRIPTYLIN TAB 25MG	AMITRIPTYLINE HCL TAB 25 MG	Tier 2				
AMITRIPTYLIN TAB 50MG	AMITRIPTYLINE HCL TAB 50 MG	Tier 2				
AMITRIPTYLIN TAB 75MG	AMITRIPTYLINE HCL TAB 75 MG	Tier 2				
AMOXAPINE TAB 100MG	AMOXAPINE TAB 100 MG	Tier 2				
AMOXAPINE TAB 150MG	AMOXAPINE TAB 150 MG	Tier 2				
AMOXAPINE TAB 25MG	AMOXAPINE TAB 25 MG	Tier 2				
AMOXAPINE TAB 50MG	AMOXAPINE TAB 50 MG	Tier 2				
CDP/AMITRIP TAB 10-25MG	CHLORDIAZEPOXIDE-AMITRIPTYLINE TAB 10-25 MG	Tier 2				
CDP/AMITRIP TAB 5-12.5MG	CHLORDIAZEPOXIDE-AMITRIPTYLINE TAB 5-12.5 MG	Tier 2				
CLOMIPRAMINE CAP 25MG	CLOMIPRAMINE HCL CAP 25 MG	Tier 4				
CLOMIPRAMINE CAP 50MG	CLOMIPRAMINE HCL CAP 50 MG	Tier 4				
CLOMIPRAMINE CAP 75MG	CLOMIPRAMINE HCL CAP 75 MG	Tier 4				
DESIPRAMINE TAB 100MG	DESIPRAMINE HCL TAB 100 MG	Tier 2				
DESIPRAMINE TAB 10MG	DESIPRAMINE HCL TAB 10 MG	Tier 2				
DESIPRAMINE TAB 150MG	DESIPRAMINE HCL TAB 150 MG	Tier 2				
DESIPRAMINE TAB 25MG	DESIPRAMINE HCL TAB 25 MG	Tier 2				
DESIPRAMINE TAB 50MG	DESIPRAMINE HCL TAB 50 MG	Tier 2				
DESIPRAMINE TAB 75MG	DESIPRAMINE HCL TAB 75 MG	Tier 2				
DOXEPIN HCL CAP 100MG	DOXEPIN HCL CAP 100 MG	Tier 2				
DOXEPIN HCL CAP 10MG	DOXEPIN HCL CAP 10 MG	Tier 2				
DOXEPIN HCL CAP 150MG	DOXEPIN HCL CAP 150 MG	Tier 2				

^ 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
DOXEPIN HCL CAP 25MG	DOXEPIN HCL CAP 25 MG	Tier 2				
DOXEPIN HCL CAP 50MG	DOXEPIN HCL CAP 50 MG	Tier 2				
DOXEPIN HCL CAP 75MG	DOXEPIN HCL CAP 75 MG	Tier 2				
DOXEPIN HCL CON 10MG/ML	DOXEPIN HCL CONC 10 MG/ML	Tier 2				
IMIPRAM HCL TAB 10MG	IMIPRAMINE HCL TAB 10 MG	Tier 2				
IMIPRAM HCL TAB 25MG	IMIPRAMINE HCL TAB 25 MG	Tier 2				
IMIPRAM HCL TAB 50MG	IMIPRAMINE HCL TAB 50 MG	Tier 2				
IMIPRAM PAM CAP 100MG	IMIPRAMINE PAMOATE CAP 100 MG	Tier 2				
IMIPRAM PAM CAP 125MG	IMIPRAMINE PAMOATE CAP 125 MG	Tier 2				
IMIPRAM PAM CAP 150MG	IMIPRAMINE PAMOATE CAP 150 MG	Tier 2				
IMIPRAM PAM CAP 75MG	IMIPRAMINE PAMOATE CAP 75 MG	Tier 2				
NORPRAMIN TAB 10MG	DESIPRAMINE HCL TAB 10 MG	Tier 5				
NORPRAMIN TAB 25MG	DESIPRAMINE HCL TAB 25 MG	Tier 5				
NORTRIPTYLIN CAP 10MG	NORTRIPTYLINE HCL CAP 10 MG	Tier 2				
NORTRIPTYLIN CAP 25MG	NORTRIPTYLINE HCL CAP 25 MG	Tier 2				
NORTRIPTYLIN CAP 50MG	NORTRIPTYLINE HCL CAP 50 MG	Tier 2				
NORTRIPTYLIN CAP 75MG	NORTRIPTYLINE HCL CAP 75 MG	Tier 2				
NORTRIPTYLIN SOL 10MG/5ML	NORTRIPTYLINE HCL SOLN 10 MG/5ML	Tier 2				
PERPHEN/AMIT TAB 2-10MG	PERPHENAZINE-AMITRIPTYLINE TAB 2-10 MG	Tier 2				
PERPHEN/AMIT TAB 2-25MG	PERPHENAZINE-AMITRIPTYLINE TAB 2-25 MG	Tier 2				
PERPHEN/AMIT TAB 4-10MG	PERPHENAZINE-AMITRIPTYLINE TAB 4-10 MG	Tier 2				
PERPHEN/AMIT TAB 4-25MG	PERPHENAZINE-AMITRIPTYLINE TAB 4-25 MG	Tier 2				
PERPHEN/AMIT TAB 4-50MG	PERPHENAZINE-AMITRIPTYLINE TAB 4-50 MG	Tier 2				
PROTRIPTYLIN TAB 10MG	PROTRIPTYLINE HCL TAB 10 MG	Tier 2				
PROTRIPTYLIN TAB 5MG	PROTRIPTYLINE HCL TAB 5 MG	Tier 2				
TRIMIPRAMINE CAP 100MG	TRIMIPRAMINE MALEATE CAP 100 MG	Tier 5				
TRIMIPRAMINE CAP 25MG	TRIMIPRAMINE MALEATE CAP 25 MG	Tier 5				
TRIMIPRAMINE CAP 50MG	TRIMIPRAMINE MALEATE CAP 50 MG	Tier 5				
Vaccines						
ABRYSVO INJ	RSV PRE-FUSION F A&B VAC RECOMB FOR IM SOLN 120 MCG/0.5ML	Tier 1				
ABRYSVO INJ 120MCG	RSV PRE-FUSION F A&B VAC RECOMB FOR IM SOLN 120 MCG/0.5ML	Tier 1				
ACTHIB INJ	HAEMOPHILUS B POLYSACCHARIDE CONJUGATE VACCINE FOR INJ	Tier 1				

^ 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
ADACEL INJ	TET TOX-DIPH-ACELL PERTUSS AD INJ 5-2-15.5 LF-LF-MCG/0.5ML	Tier 1				
ADACEL INJ	TET-DIPH-ACELL PERTUSS AD PREF SYR 5-2-15.5 LF-MCG/0.5ML	Tier 1				
AFLURIA INJ 2025-26	INFLUENZA VIRUS VACCINE SPLIT PF SUSP PREF SYRINGE 0.5 ML	Tier 1				
AFLURIA INJ 2025-26	INFLUENZA VIRUS VACCINE SPLIT IM SUSP	Tier 1				
AREXVY INJ 120MCG	RSVPREF3 VACCINE RECOMB ADJUVANTED FOR IM SUSP 120 MCG/0.5ML	Tier 1				
BEXSERO INJ	MENINGOCOCCAL VAC B (RECOMB OMV ADJUV) INJ PREFILLED SYRINGE	Tier 1				
BOOSTRIX INJ	TET TOX-DIPH-ACELL PERTUSS AD INJ 5-2.5-18.5 LF-LF-MCG/0.5ML	Tier 1				
BOOSTRIX INJ	TET-DIPH-ACELL PERTUSS AD PREF SYR 5-2.5-18.5 LF-MCG/0.5ML	Tier 1				
CAPVAXIVE INJ 0.5ML	PNEUMOCOCCAL 21-VALENT CONJUGATE VACCINE SOLN PREF SYR 0.5ML	Tier 1				
COMIRNATY INJ 30/.3ML	COVID-19 MRNA VAC TRIS-PFIZER IM SUSP PREF SYR 30 MCG/0.3ML	Tier 1				
COMIRNATY 5- INJ 11/25-26	COVID-19 MRNA VAC TRIS-S 5-11Y-PFIZER IM SUSP 10 MCG/0.3ML	Tier 1				
DAPTACEL INJ	DIPH, ACELLULAR PERT & TET TOX INJ 15 LF-23 MCG-5 LF/0.5ML	Tier 1				
DENGVAXIA SUS	DENGUE VIRUS VACCINE LIVE TETRAVALENT FOR SUBCUTANEOUS SUSP	Tier 1				
ENGRIX-B INJ 10/0.5ML	HEPATITIS B VACCINE (RECOMBINANT) SUSP PREF SYR 10 MCG/0.5ML	Tier 1				
ENGRIX-B INJ 20MCG/ML	HEPATITIS B VACCINE (RECOMBINANT) SUSP 20 MCG/ML	Tier 1				
ENGRIX-B INJ 20MCG/ML	HEPATITIS B VACCINE (RECOMBINANT) SUSP PREF SYR 20 MCG/ML	Tier 1				
FLUAD INJ 2025-26	INFLUENZA VAC TYPE A&B SURFACE ANT ADJ SUSP PREF SYR 0.5 ML	Tier 1				
FLUARIX INJ 2025-26	INFLUENZA VIRUS VACCINE SPLIT PF SUSP PREF SYRINGE 0.5 ML	Tier 1				
FLUCELVAX INJ 2025-26	INFLUENZA VIRUS VAC TISS-CULT SUBUNIT SUSP PREF SYR 0.5 ML	Tier 1				
FLULAVAL INJ 2025-26	INFLUENZA VIRUS VACCINE SPLIT PF SUSP PREF SYRINGE 0.5 ML	Tier 1				
FLUMIST NASA LIQ 2025-26	INFLUENZA VIRUS VACCINE LIVE INTRANASAL LIQUID	Tier 1				
FLUZONE INJ 2025-26	INFLUENZA VIRUS VACCINE SPLIT PF SUSP PREF SYRINGE 0.5 ML	Tier 1				
FLUZONE INJ 2025-26	INFLUENZA VIRUS VACCINE SPLIT IM SUSP	Tier 1				
FLUZONE HD INJ 2025-26	INFLUENZA VIRUS VAC SPLIT HIGH-DOSE PF SUSP PREF SYR 0.5ML	Tier 1				

^ 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
GARDASIL 9 INJ	HUMAN PAPILLOMAVIRUS (HPV) 9-VALENT RECOMB VAC IM SUSP	Tier 1				
GARDASIL 9 INJ	HUMAN PAPILLOMAVIRUS (HPV) 9-VALENT RECOMB VAC SUSP PREF SYR	Tier 1				
HAVRIX INJ 1440UNIT	HEPATITIS A VACCINE SUSP PREFILLED SYR 1440 EL UNIT/ML	Tier 1				
HAVRIX INJ 720UNIT	HEPATITIS A VACCINE SUSP PREFILLED SYR 720 EL UNIT/0.5ML	Tier 1				
HEPLISAV-B INJ 20/0.5ML	HEPATITIS B VACCINE RECOMB ADJUVANTED PREF SYR 20 MCG/0.5ML	Tier 1				
HIBERIX SOL 10MCG	HAEMOPHILUS B POLYSACCHARIDE CONJUGATE VAC FOR INJ 10 MCG	Tier 1				
INFANRIX INJ	DIPH, ACELLULAR PERT & TET TOX INJ 25 LF-58 MCG-10 LF/0.5ML	Tier 1				
IPOL INJ INACTIVE	POLIOVIRUS VACCINE, IPV INJ SUSP	Tier 1				
M-M-R II INJ	MEASLES-MUMPS-RUBELLA VIRUS VACCINES FOR INJ SOLN	Tier 1				
MENQUADFI INJ	MENINGOCOCCAL (A, C, Y, AND W-135) TETANUS CONJUGATE VACCINE	Tier 1				
MENVEO INJ	MENINGOCOCCAL (A, C, Y, AND W-135) OLIGO CONJ VAC FOR INJ	Tier 1				
MENVEO SOL	MENINGOCOCCAL (A, C, Y, AND W-135) OLIGO CONJ VAC IM SOLN	Tier 1				
MNEXSPIKE INJ 2025-26	COVID-19 MRNA VACCINE-MODERNA IM SUSP PREF SYR 10 MCG/0.2ML	Tier 1				
PEDIARIX INJ 0.5ML	DIPH-TET TOX-ACELL PERT-HEP B-POLIO IPV VAC SUSP PREF SYR	Tier 1				
PEDVAX HIB INJ	HAEMOPHILUS B POLYSACCHARIDE CONJ VAC IM SUSP 7.5 MCG/0.5 ML	Tier 1				
PENBRAYA INJ	MENINGOCOCCAL ACYW (TET CONJ)-MENING B (RCMB) VACC FOR INJ	Tier 1				
PENMENVY INJ	MENINGOCOCCAL ACWY (OLIGO CONJ)-MENING B (RCMB) VACC FOR INJ	Tier 1				
PENTACEL INJ	DIPH-AC PER-TET TOX AD-POLIOV-HAEMOPH B POLY VAC FOR IM SUSP	Tier 1				
PNEUMOVAX 23 INJ 25/0.5	PNEUMOCOCCAL VACCINE POLYVALENT SOLN PREF SYR 25 MCG/0.5ML	Tier 1				
PNEUMOVAX 23 INJ 25/0.5	PNEUMOCOCCAL VACCINE POLYVALENT INJ SOLN 25 MCG/0.5ML	Tier 1				
PREHEVBRIO SUS 10MCG/ML	HEPATITIS B VACCINE 3-ANTIGEN (RECOMBINANT) SUSP 10 MCG/ML	Tier 1				
PREVNAR 20 INJ	PNEUMOCOCCAL 20-VALENT CONJUGATE VACCINE SUS PREF SYR 0.5 ML	Tier 1				
PRIORIX INJ	MEASLES-MUMPS-RUBELLA VIRUS VACCINES FOR SUBCUTANEOUS SUSP	Tier 1				

^ 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
PROQUAD INJ	MEASLES-MUMPS-RUBELLA-VARICELLA VIRUS VACCINES FOR SUSP	Tier 1				
QUADRACEL INJ	DIPH-TETANUS TOX AD-ACELL PERT & POLIO VIRUS, IPV VAC INJ	Tier 1				
QUADRACEL INJ 0.5ML	DIPH-TETANUS TOX AD-ACELL PERT & POLIO VIRUS, IPV VAC INJ	Tier 1				
RECOMBIVA HB INJ 10MCG/ML	HEPATITIS B VACCINE (RECOMBINANT) SUSP PREF SYR 10 MCG/ML	Tier 1				
RECOMBIVA HB INJ 10MCG/ML	HEPATITIS B VACCINE (RECOMBINANT) SUSP 10 MCG/ML	Tier 1				
RECOMBIVA HB INJ 5MCG/0.5	HEPATITIS B VACCINE (RECOMBINANT) SUSP PREF SYR 5 MCG/0.5ML	Tier 1				
RECOMBIVA HB INJ 5MCG/0.5	HEPATITIS B VACCINE (RECOMBINANT) SUSP 5 MCG/0.5ML	Tier 1				
RECOMBIVA-HB INJ 40MCG/ML	HEPATITIS B VACCINE (RECOMBINANT) SUSP 40 MCG/ML	Tier 1				
ROTARIX SUS	ROTAVIRUS VACCINE, LIVE ORAL SUSP	Tier 1				
ROTATEQ SOL	ROTAVIRUS VACCINE, LIVE ORAL PENTAVALENT SOLN	Tier 1				
SHINGRIX INJ 50/0.5ML	ZOSTER VAC RECOMBINANT ADJUVANTED FOR IM INJ 50 MCG/0.5ML	Tier 1				
SPIKEVAX INJ 2025-26	COVID-19 MRNA VACCINE-MODERNA IM SUSP PREF SYR 50 MCG/0.5ML	Tier 1				
SPIKEVAX INJ 2025-26	COVID-19 MRNA VAC 6MO-11YR-MODERNA IM SUSP PFS 25 MCG/0.25ML	Tier 1				
TDVAX INJ 2-2 LF	TETANUS-DIPHThERIA TOXOIDS (TD) INJ 2-2 LF/0.5ML	Tier 1				
TENIVAC INJ 5-2LF	TETANUS-DIPHThERIA TOXOIDS (TD) INJ 5-2 LF/0.5ML	Tier 1				
TRUMENBA INJ	MENINGOCOCCAL GROUP B VAC (RECOMB) IM SUSP PREFILLED SYR	Tier 1				
TWINRIX INJ	HEP A-HEP B VACCINE SUSP PREF SYR 720-20 ELU-MCG/ML	Tier 1				
VAQTA INJ 25/0.5ML	HEPATITIS A VACCINE SUSP PREFILLED SYR 25 UNIT/0.5ML	Tier 1				
VAQTA INJ 25/0.5ML	HEPATITIS A VACCINE INJ SUSP 25 UNIT/0.5ML	Tier 1				
VAQTA INJ 50UNT/ML	HEPATITIS A VACCINE SUSP PREFILLED SYR 50 UNIT/ML	Tier 1				
VAQTA INJ 50UNT/ML	HEPATITIS A VACCINE INJ SUSP 50 UNIT/ML	Tier 1				
VARIVAX INJ	VARICELLA VIRUS VAC LIVE FOR INJ 1350 PFU/0.5ML	Tier 1				
VAXELIS INJ	DIPH-TET TOX-AC PERT AD-POLIO IPV-HIB-HEPATITIS B RECMB SUSP	Tier 1				
VAXELIS INJ	DIPH-TET TOX-AC PERT AD-POLIO IPV-HIB-HEP B REC SUSP PRE SYR	Tier 1				

^ 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
VAXNEUVANCE INJ	PNEUMOCOCCAL 15-VALENT CONJUGATE VACCINE SUS PREF SYR 0.5 ML	Tier 1				
Vasodilators, Direct-acting Arterial - Chest Pain Drugs						
HYDRALAZINE TAB 100MG	HYDRALAZINE HCL TAB 100 MG	Tier 2				
HYDRALAZINE TAB 10MG	HYDRALAZINE HCL TAB 10 MG	Tier 2				
HYDRALAZINE TAB 25MG	HYDRALAZINE HCL TAB 25 MG	Tier 2				
HYDRALAZINE TAB 50MG	HYDRALAZINE HCL TAB 50 MG	Tier 2				
MINOXIDIL TAB 10MG	MINOXIDIL TAB 10 MG	Tier 2				
MINOXIDIL TAB 2.5MG	MINOXIDIL TAB 2.5 MG	Tier 2				
Vasodilators, Direct-acting Arterial/Venous - Chest Pain Drugs						
ISOSORB DIN TAB 10MG	ISOSORBIDE DINITRATE TAB 10 MG	Tier 2				
ISOSORB DIN TAB 20MG	ISOSORBIDE DINITRATE TAB 20 MG	Tier 2				
ISOSORB DIN TAB 30MG	ISOSORBIDE DINITRATE TAB 30 MG	Tier 2				
ISOSORB DIN TAB 5MG	ISOSORBIDE DINITRATE TAB 5 MG	Tier 2				
ISOSORB MONO TAB 10MG	ISOSORBIDE MONONITRATE TAB 10 MG	Tier 2				
ISOSORB MONO TAB 120MG ER	ISOSORBIDE MONONITRATE TAB ER 24HR 120 MG	Tier 2				
ISOSORB MONO TAB 20MG	ISOSORBIDE MONONITRATE TAB 20 MG	Tier 2				
ISOSORB MONO TAB 30MG ER	ISOSORBIDE MONONITRATE TAB ER 24HR 30 MG	Tier 2				
ISOSORB MONO TAB 60MG ER	ISOSORBIDE MONONITRATE TAB ER 24HR 60 MG	Tier 2				
NITRO-BID OIN 2%	NITROGLYCERIN OINT 2%	Tier 3				
NITRO-DUR DIS 0.1MG/HR	NITROGLYCERIN TD PATCH 24HR 0.1 MG/HR	Tier 4				
NITRO-DUR DIS 0.2MG/HR	NITROGLYCERIN TD PATCH 24HR 0.2 MG/HR	Tier 4				
NITRO-DUR DIS 0.3MG/HR	NITROGLYCERIN TD PATCH 24HR 0.3 MG/HR	Tier 4				
NITRO-DUR DIS 0.4MG/HR	NITROGLYCERIN TD PATCH 24HR 0.4 MG/HR	Tier 4				
NITRO-DUR DIS 0.6MG/HR	NITROGLYCERIN TD PATCH 24HR 0.6 MG/HR	Tier 4				
NITRO-DUR DIS 0.8MG/HR	NITROGLYCERIN TD PATCH 24HR 0.8 MG/HR	Tier 4				
NITRO-TIME CAP 2.5MG ER	NITROGLYCERIN CAP ER 2.5 MG	Tier 4				
NITRO-TIME CAP 6.5MG ER	NITROGLYCERIN CAP ER 6.5 MG	Tier 4				
NITRO-TIME CAP 9MG ER	NITROGLYCERIN CAP ER 9 MG	Tier 4				
NITROGLYCER DIS 0.1MG/HR	NITROGLYCERIN TD PATCH 24HR 0.1 MG/HR	Tier 2				
NITROGLYCER DIS 0.2MG/HR	NITROGLYCERIN TD PATCH 24HR 0.2 MG/HR	Tier 2				
NITROGLYCER DIS 0.4MG/HR	NITROGLYCERIN TD PATCH 24HR 0.4 MG/HR	Tier 2				
NITROGLYCER DIS 0.6MG/HR	NITROGLYCERIN TD PATCH 24HR 0.6 MG/HR	Tier 2				
NITROGLYCERI OIN 0.4%	NITROGLYCERIN OINT 0.4%	Tier 5		X		
NITROGLYCERI SUB 0.6MG	NITROGLYCERIN SL TAB 0.6 MG	Tier 2				
NITROGLYCERN SUB 0.3MG	NITROGLYCERIN SL TAB 0.3 MG	Tier 2				
NITROGLYCERN SUB 0.4MG	NITROGLYCERIN SL TAB 0.4 MG	Tier 2				

^ 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
NITROSTAT SUB 0.3MG	NITROGLYCERIN SL TAB 0.3 MG	Tier 5				
NITROSTAT SUB 0.4MG	NITROGLYCERIN SL TAB 0.4 MG	Tier 5				
NITROSTAT SUB 0.6MG	NITROGLYCERIN SL TAB 0.6 MG	Tier 5				
Vitamins						
3232A INFANT POW FORMULA	*NUTRITIONAL SUPPLEMENT POWDER**	Tier 3				
3232A INFANT POW FORMULA	*NUTRITIONAL SUPPLEMENT POWDER**	Tier 3	X			
ATABEX OB TAB 29-1MG	*PRENATAL VIT W/ FE BISGLYCINATE CHELATE-FA TAB 29-1 MG***	Tier 4				
BCAD 1 POW	*NUTRITIONAL SUPPLEMENT POWDER**	Tier 3	X			
BCAD 2 POW	*NUTRITIONAL SUPPLEMENT POWDER**	Tier 3				
BLENDED MEAL MIS PEDIATRI	*NUTRITIONAL SUPPLEMENT MISC**	Tier 4	X			
BLENDED MEAL MIS PEDIATRI	*NUTRITIONAL SUPPLEMENT MISC**	Tier 4				
BLENDED MEAL MIS SQSH/CRT	*NUTRITIONAL SUPPLEMENT MISC**	Tier 4	X			
BLENDED MEAL MIS SQSH/CRT	*NUTRITIONAL SUPPLEMENT MISC**	Tier 4				
C-NATE DHA CAP 28-1-200	*PRENATAL VIT W/ FE FUM-FA-OMEGA 3 CAP 28-1-200 MG***	Tier 4				
CHICKEN/PEAS POW CARROTS	*NUTRITIONAL SUPPLEMENT POWDER**	Tier 3				
CHICKEN/PEAS POW PEDIATRI	*NUTRITIONAL SUPPLEMENT POWDER**	Tier 3				
CITRANATAL CAP HARMONY	*PRENAT W/O A W/FE FUM-FE CBN-DSS-FA-DHA CAP 27-1-260 MG***	Tier 4				
CITRANATAL CAP MEDLEY	*PRENAT W/O A W/FE FUM-FE CBN-FA-DHA CAP 27-1-200 MG***	Tier 4				
CITRANATAL MIS 90 DHA	*PRENAT W/O A W/FECBN-FEGL-DSS-FA TAB 90 &DHA CAP 300MG PAK*	Tier 5				
CITRANATAL MIS B-CALM	*PRENAT W/O A W/FECBN-FEGLU-FA TAB 20-1 MG & VIT B6 TAB PAK*	Tier 4				
CITRANATAL PAK ASSURE	*PRENAT W/O A W/FECBN-FEGL-DSS-FA TAB & DHA CAP 300 MG PACK*	Tier 5				
CO-NATAL FA TAB 29-1MG	*PRENATAL VIT W/ FE FUMARATE-FA TAB 29-1 MG***	Tier 3				
COD LIVER CAP OIL	*COD LIVER OIL CAP***	Tier 2				
COMPLETE NAT PAK DHA	*PRENAT-FE BIS-FE PROT SUCC-FA-CA TAB & OMEGA 3 CAP 200 PK**	Tier 3				
COMPLETENATE CHW	*PRENATAL VIT W/ FE FUMARATE-FA CHEW TAB 29-1 MG***	Tier 4				
COMPLEX ESSE POW MSD	*NUTRITIONAL SUPPLEMENT POWDER**	Tier 3	X			
CONCEPT DHA CAP	*PRENATAL W/FE FUM-FE POLY -FA-OMEGA 3 CAP 53.5-38-1 MG***	Tier 5				
CONCEPT OB CAP	*PRENATAL W/O A W/FE FUM-FE POLY-FA CAP 130-92.4-1 MG***	Tier 5				
CYANOCOBALAM INJ 10000MCG	CYANOCOBALAMIN INJ 1000 MCG/ML	Tier 2				
CYANOCOBALAM INJ 1000MCG	CYANOCOBALAMIN INJ 1000 MCG/ML	Tier 2				

^ 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
CYANOCOBALAM INJ 30000MCG	CYANOCOBALAMIN INJ 1000 MCG/ML	Tier 2				
CYANOCOBALAM SPR 500MCG	CYANOCOBALAMIN NASAL SPRAY 500 MCG/0.1ML	Tier 4				
DODEX INJ	CYANOCOBALAMIN INJ 1000 MCG/ML	Tier 5				
DRISDOL CAP 50000UNT	ERGOCALCIFEROL CAP 1.25 MG (50000 UNIT)	Tier 5				
DUET DHA 400 MIS 25-1-400	*PRENAT W/FE POLY-NA FERED-FA TAB 25-1 & OMEGA CAP 400 MG***	Tier 4				
ELECARE JR POW	*NUTRITIONAL SUPPLEMENT POWDER**	Tier 3	X			
ELECARE JR POW VANILLA	*NUTRITIONAL SUPPLEMENT POWDER**	Tier 3	X			
ELITE-OB TAB	*PRENATAL VIT W/ IRON CARBONYL-FA TAB 50-1.25 MG***	Tier 4				
ENBRACE HR CAP	*PRENATAL VIT W/ FE GLY CYS-FA-OMEGA 3 FATTY ACIDS CAP***	Tier 4				
ENCALA POW	*NUTRITIONAL SUPPLEMENT POWDER**	Tier 3	X			
ENSURE ORIGN POW VANILLA	*NUTRITIONAL SUPPLEMENT POWDER**	Tier 3				
ENU PRO3 POW PLUS	*NUTRITIONAL SUPPLEMENT POWDER**	Tier 3				
EQUACARE JR POW CHOCOLA	*NUTRITIONAL SUPPLEMENT POWDER**	Tier 3				
EQUACARE JR POW UNFLAVO	*NUTRITIONAL SUPPLEMENT POWDER**	Tier 3				
EQUACARE JR POW VANILLA	*NUTRITIONAL SUPPLEMENT POWDER**	Tier 3				
ESSENTIAL POW CARE JR	*NUTRITIONAL SUPPLEMENT POWDER**	Tier 3	X			
FA-8 CAP 800MCG	FOLIC ACID CAP 0.8 MG	Tier 1				
FLORAFOL PED SOL 0.25/ML	*PEDIATRIC MULTIPLE VITAMINS W/ FLUORIDE SOLN 0.25 MG/ML***	Tier 4				
FLOTREX CHW	*PEDIATRIC MULTIPLE VITAMINS W/ FLUORIDE CHEW TAB 1 MG***	Tier 4				
FOLIC ACID TAB 1000MCG	FOLIC ACID TAB 1 MG	Tier 2				
FOLIC ACID TAB 1MG	FOLIC ACID TAB 1 MG	Tier 2				
FOLIC ACID TAB 400MCG	FOLIC ACID TAB 400 MCG	Tier 1				
FOLIC ACID TAB 800MCG	FOLIC ACID TAB 800 MCG	Tier 1				
FOLIVANE-OB CAP	*PRENATAL W/O A W/FE FUM-FE POLY-FA CAP 85-1 MG***	Tier 5				
FT FOLIC ACI TAB 400MCG	FOLIC ACID TAB 400 MCG	Tier 1				
GA POW	*NUTRITIONAL SUPPLEMENT POWDER**	Tier 3	X			
GLYTACTIN POW BETTRMLK	*NUTRITIONAL SUPPLEMENT POWDER**	Tier 3				
HCY 1 POW	*NUTRITIONAL SUPPLEMENT POWDER**	Tier 3	X			
HCY 2 POW	*NUTRITIONAL SUPPLEMENT POWDER**	Tier 3				
KALE/QUINOA POW BERRIES	*NUTRITIONAL SUPPLEMENT POWDER**	Tier 3				
KALE/QUINOA POW PEDIATRI	*NUTRITIONAL SUPPLEMENT POWDER**	Tier 3				
KOSHR PRENAT TAB 30-1MG	*PRENATAL VIT W/ IRON CARBONYL-FA TAB 30-1 MG***	Tier 2				

^ 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
LIPISTART POW	*NUTRITIONAL SUPPLEMENT POWDER**	Tier 3				
LMD POW	*NUTRITIONAL SUPPLEMENT POWDER**	Tier 3	X			
M-NATAL PLUS TAB	*PRENATAL VIT W/ FE FUMARATE-FA TAB 27-1 MG***	Tier 4				
MALTOCARB POW	*NUTRITIONAL SUPPLEMENT POWDER**	Tier 3				
MATRONEX TAB	*PRENATAL VIT W/ FE FUMARATE-FA TAB 27-1 MG***	Tier 4				
METHIONINE CAP 200MG	*NUTRITIONAL SUPPLEMENT CAPS**	Tier 3	X			
MULTI VIT/FL CHW 0.25MG	*PEDIATRIC MULTIPLE VITAMINS W/ FLUORIDE CHEW TAB 0.25 MG***	Tier 2				
MULTI-VIT/FL DRO /FE 0.25	*PEDIATRIC MULTIPLE VITAMINS W/ FL-FE DROPS 0.25-10 MG/ML**	Tier 2				
MULTI-VIT/FL DRO 0.5MG/ML	*PEDIATRIC MULTIPLE VITAMINS W/ FLUORIDE SOLN 0.5 MG/ML***	Tier 2				
MULTIVIT/FL CHW 0.25MG	*PEDIATRIC MULTIPLE VITAMINS W/ FLUORIDE CHEW TAB 0.25 MG***	Tier 2				
MULTIVIT/FL CHW 0.5MG	*PEDIATRIC MULTIPLE VITAMINS W/ FLUORIDE CHEW TAB 0.5 MG***	Tier 2				
MULTIVIT/FL CHW 1MG	*PEDIATRIC MULTIPLE VITAMINS W/ FLUORIDE CHEW TAB 1 MG***	Tier 2				
MULTIVIT/FL DRO 0.25MG	*PEDIATRIC MULTIPLE VITAMINS W/ FLUORIDE SOLN 0.25 MG/ML***	Tier 2				
NAC CAP 600MG	ACETYLCYSTEINE CAP 600 MG	Tier 2				
NASCOBAL SPR 500MCG	CYANOCOBALAMIN NASAL SPRAY 500 MCG/0.1ML	Tier 5				
NATACHEW CHW	*PRENATAL VIT W/ FE FUM-FA BISGLYCIN-FA CHEW TAB 28-1 MG***	Tier 4				
NATAL PNV TAB	*PRENATAL VIT W/ FE GLUCONATE-FA TAB 6-0.5 MG***	Tier 4				
NEOCATE INFT POW DHA/ARA	*NUTRITIONAL SUPPLEMENT POWDER**	Tier 3	X			
NEOCATE SYNE POW JUNIOR	*NUTRITIONAL SUPPLEMENT POWDER**	Tier 3	X			
NEONATAL TAB COMPLETE	*PRENATAL VIT W/ FE FUMARATE-FA TAB 29-1 MG***	Tier 4				
NEONATAL TAB COMPLTE	*PRENATAL VIT W/ FE FUMARATE-FA TAB 27-1 MG***	Tier 4				
NEONATAL TAB PLUS	*PRENATAL VIT W/ FE FUMARATE-FA TAB 27-1 MG***	Tier 4				
NEONATAL 19 TAB	*PRENATAL VITAMIN-FOLIC ACID TAB 1 MG**	Tier 4				
NEONATAL PLS TAB 27-1MG	*PRENATAL VIT W/ FE FUMARATE-FA TAB 27-1 MG***	Tier 4				
NEONATAL/DHA MIS	*PRENATAL MV W/FE FUM-FA TAB 29-1 MG & DHA CAP 200 MG PACK *	Tier 4				
NESTABS TAB	*PRENATAL VIT W/O VIT A W/ FE BISGLYCINATE-FA TAB 32-1 MG***	Tier 4				

^ 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
NESTABS DHA PAK	*PRENAT W/O A W/ FE BISGLYC-FA TAB 32-1 MG & OMEGA CAP PACK*	Tier 4				
NESTABS ONE CAP	*PRENAT W/O A W/FECBN-BISG-METHYLF-DHA CAP 38-1-225 MG**	Tier 4				
NIVA-PLUS TAB	*PRENATAL VIT W/ FE FUMARATE-FA TAB 27-1 MG***	Tier 4				
OA 1 POW	*NUTRITIONAL SUPPLEMENT POWDER**	Tier 3	X			
OA 2 POW	*NUTRITIONAL SUPPLEMENT POWDER**	Tier 3				
OB COMPLETE CAP ONE	*PRENATAL W/O A W/FECBN-FE ASP GLYC-FA-FISH CAP 50-1-476 MG*	Tier 4				
OB COMPLETE CAP PETITE	*PRENAT W/O A W/FECBN-FEASPGLYC-FA-OMEGA CAP 35-5-1-200 MG**	Tier 4				
OB COMPLETE TAB	*PRENATAL VIT W/ IRON CARBONYL-FA TAB 50-1.25 MG***	Tier 4				
OB COMPLETE TAB PREMIER	*PRENATAL VIT W/ FE CBN-FE ASP GLYC-FA TAB 30-20-1 MG***	Tier 4				
OB COMPLETE/ CAP DHA	*PRENAT W/ IRON CBN-FE ASP GLYC-FA-OMEGA CAP 30-10-1-200 MG*	Tier 4				
ONE VITE TAB 1MG PLUS	*PRENATAL VIT W/ FE FUMARATE-FA TAB 27-1 MG***	Tier 4				
ONENATAL RX TAB	*PRENATAL MULTIVITAMINS & MINERALS W/ IRON & FA TAB 1 MG***	Tier 4				
PFD 2 POW	*NUTRITIONAL SUPPLEMENT POWDER**	Tier 3				
PFD TODDLER POW	*NUTRITIONAL SUPPLEMENT POWDER**	Tier 3	X			
PFD TODDLER POW	*NUTRITIONAL SUPPLEMENT POWDER**	Tier 3				
PHENYL-FREE POW 2	*NUTRITIONAL SUPPLEMENT POWDER**	Tier 3				
PHENYL-FREE POW 2HP	*NUTRITIONAL SUPPLEMENT POWDER**	Tier 3				
PHENYLADE POW ESSNTL	*NUTRITIONAL SUPPLEMENT POWDER**	Tier 3				
PHENYLADE POW GMP	*NUTRITIONAL SUPPLEMENT POWDER**	Tier 3				
PHENYLADE60 POW	*NUTRITIONAL SUPPLEMENT POWDER**	Tier 3				
PHENYLADE60 POW DRNK MIX	*NUTRITIONAL SUPPLEMENT POWDER**	Tier 3				
PHENYLD GMP POW DHA/FIBR	*NUTRITIONAL SUPPLEMENT POWDER**	Tier 3				
PHYTONADIONE TAB 5MG	PHYTONADIONE TAB 5 MG	Tier 4		X		
PKU EASY POW SHAKE&GO	*NUTRITIONAL SUPPLEMENT POWDER**	Tier 3				
PKU START POW	*NUTRITIONAL SUPPLEMENT POWDER**	Tier 3				
PKU TRIO POW UNFLAVOR	*NUTRITIONAL SUPPLEMENT POWDER**	Tier 3	X			
PKU TRIO POW VANILLA	*NUTRITIONAL SUPPLEMENT POWDER**	Tier 3	X			
PNV 27-CA/FE TAB /FA	*PRENATAL VIT W/ FE FUMARATE-FA TAB 60-1 MG***	Tier 2				
PNV-DHA CAP	*PRENAT W/O A W/FEFUM-METHFOL-FA-DHA CAP 27-0.6-0.4-300 MG**	Tier 5				
PNV-DHA CAP DOCUSATE	*PRENATAL W/O VIT A W/ FE FUM-DSS-FA-DHA CAP 27-1.25-300 MG*	Tier 4				

^ 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
PNV-OMEGA CAP	*PRENAT W/O A W/ FE FUMARATE-METHYLFOLATE-FA-OMEGA 3 CAP***	Tier 4				
PNV-SELECT TAB	*PRENATAL VIT W/ FE FUM-METHYLFOLATE-FA TAB 27-0.6-0.4 MG***	Tier 4				
POLY-VI-FLOR CHW W/IRON	*PEDIATRIC MULTIPLE VITAMINS W/ FL-FE CHEW TAB 0.5-10 MG**	Tier 4				
POLY-VI-FLOR SUS /IRON	*PEDIATRIC MULTIPLE VITAMIN W/ FL-FE SUSP 0.25-7 MG/ML**	Tier 4				
PORTAGEN POW	*NUTRITIONAL SUPPLEMENT POWDER**	Tier 3				
PREKUNIL TAB	*NUTRITIONAL SUPPLEMENT TABS**	Tier 4				
PREMESISRX TAB	*PRENATAL W/ CALCIUM-VIT B6-VIT B12-FA-GINGER TAB 1 MG***	Tier 4				
PRENA1 PEARL CAP	*PRENAT W/OA W/FEFUM-NA FERED-FA-DHA CAP ER 30-1.4-200 MG***	Tier 4				
PRENAISSANCE CAP	*PRENATAL W/O VIT A W/ FE FUM-DSS-FA-DHA CAP 29-1.25-325 MG*	Tier 3				
PRENAISSANCE CAP PLUS	*PRENATAL W/O A W/FE CBN-DSS-FA-DHA CAP 28-1-250 MG***	Tier 3				
PRENATAL TAB 27-1MG	*PRENATAL VIT W/ FE FUMARATE-FA TAB 27-1 MG***	Tier 2				
PRENATAL TAB PLUS	*PRENATAL VIT W/ FE FUMARATE-FA TAB 27-1 MG***	Tier 2				
PRENATAL 19 CHW 29-1MG	*PRENATAL VIT W/ FE FUMARATE-FA CHEW TAB 29-1 MG***	Tier 2				
PRENATAL 19 CHW TAB	*PRENATAL VIT W/ FE FUMARATE-FA CHEW TAB 29-1 MG***	Tier 2				
PRENATAL 19 TAB 29-1MG	*PRENATAL VIT W/ DSS-FE FUMARATE-FA TAB 29-1 MG***	Tier 2				
PRENATAL-U CAP 106.5-1	*PRENATAL W/O A VIT W/ FE FUMARATE-FA CAP 106.5-1 MG***	Tier 3				
PRENATE CAP ENHANCE	*PRENAT W/O A W/FEFUM-METHFOL-FA-DHA CAP 28-0.6-0.4-400 MG**	Tier 5				
PRENATE CAP ESSENT	*PRENAT W/O A W/FEASPG-METHFOL-FA-DHA CAP 18-0.6-0.4-300 MG*	Tier 4				
PRENATE CAP PIXIE	*PRENAT W/O A W/FEASPG-METHFOL-FA-DHA CAP 10-0.6-0.4-200 MG*	Tier 4				
PRENATE CAP RESTORE	*PRENAT W/O A W/FEFUM-METHFOL-FA-DHA CAP 27-0.6-0.4-400 MG**	Tier 5				
PRENATE CHW 0.6-0.4	*PRENAT MV & MIN W/ L-METHYLFOLATE-FA CHEW TAB 0.6-0.4 MG***	Tier 4				
PRENATE TAB ELITE	*PRENATAL W/ FE ASP GLY-L METHYLFOL-FA TAB 20-0.6-0.4 MG***	Tier 4				
PRENATE AM TAB 1MG	*PRENATAL W/ CALCIUM-VIT B6-VIT B12-FA-GINGER TAB 1 MG***	Tier 4				
PRENATE DHA CAP	*PRENAT W/O A W/FEASPG-METHFOL-FA-DHA CAP 18-0.6-0.4-300 MG*	Tier 4				

^ 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
PRENATE MINI CAP	*PRENAT W/OA W/FECB-FEASP-METH-FA-DHA CAP 18-0.6-0.4-350 MG*	Tier 4				
PRENATVITE TAB COMPLETE	*PRENATAL MULTIVITAMINS & MINERALS W/ IRON & FA TAB 1 MG***	Tier 4				
PRENATVITE TAB PLUS	*PRENATAL MULTIVITAMINS & MINERALS W/ IRON & FA TAB 1 MG***	Tier 4				
PRENATVITE TAB RX	*PRENATAL MULTIVITAMINS & MINERALS W/ IRON & FA TAB 0.8 MG***	Tier 4				
PRIMACARE CAP	*PRENAT W/O A W/FEASP-METHLF-FA-OMEG CAP 30-0.75-0.25-470MG*	Tier 4				
PROT COOKIE MIS OATRAISN	*NUTRITIONAL SUPPLEMENT MISC**	Tier 3				
PROVIDA OB CAP	*PRENATAL W/O A W/FE FUM-FE POLY-FA CAP 20-20-1.25 MG***	Tier 4				
QUFLORA PED CHW 0.25MG	*PEDIATRIC MULTIPLE VITAMINS W/ FLUORIDE CHEW TAB 0.25 MG***	Tier 4				
QUFLORA PED CHW 0.5MG	*PEDIATRIC MULTIPLE VITAMINS W/ FLUORIDE CHEW TAB 0.5 MG***	Tier 4				
QUFLORA PED CHW 1MG	*PEDIATRIC MULTIPLE VITAMINS W/ FLUORIDE CHEW TAB 1 MG***	Tier 4				
QUFLORA PED DRO 0.25MG	*PEDIATRIC MULTIPLE VITAMINS W/ FLUORIDE SOLN 0.25 MG/ML***	Tier 4				
QUFLORA PED DRO 0.5MG/ML	*PEDIATRIC MULTIPLE VITAMINS W/ FLUORIDE SOLN 0.5 MG/ML***	Tier 4				
RELEVIA TAB 27-1MG	*PRENATAL VIT W/ FE FUMARATE-FA TAB 27-1 MG***	Tier 4				
RELNATE DHA CAP	*PRENATAL VIT W/ FE FUM-FA-OMEGA 3 CAP 28-1-200 MG***	Tier 4				
RENASTART POW	*NUTRITIONAL SUPPLEMENT POWDER**	Tier 3				
RENASTART POW	*NUTRITIONAL SUPPLEMENT POWDER**	Tier 3	X			
SCANDICAL POW	*NUTRITIONAL SUPPLEMENT POWDER**	Tier 3	X			
SCANDISHAKE POW VANILLA	*NUTRITIONAL SUPPLEMENT POWDER**	Tier 3	X			
SE-NATAL 19 CHW	*PRENATAL VIT W/ FE FUMARATE-FA CHEW TAB 29-1 MG***	Tier 4				
SE-NATAL 19 TAB	*PRENATAL VIT W/ DSS-FE FUMARATE-FA TAB 29-1 MG***	Tier 4				
SELECT-OB CHW	*PRENATAL VIT W/ FE POLYSAC CMLPX-FA CHEW TAB 29-1 MG***	Tier 5				
SELECT-OB CHW	*PRENAT W/ FEPOLYCMLPX-METHYLFOL-FA CHEW TAB 29-0.6-0.4 MG**	Tier 4				
SELECT-OB+ PAK DHA	*PRENATAL MV W/FE POLY-FA CHW 29-1 MG & DHA CAP 250 MG PAK *	Tier 4				
SERACAL POW	*NUTRITIONAL SUPPLEMENT POWDER**	Tier 3	X			
TARON-C DHA CAP	*PRENATAL W/FE FUM-FE POLY -FA-OMEGA 3 CAP 35-1 MG***	Tier 5				

^ 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
THRIVITE RX TAB 29-1MG	*PRENATAL VIT W/ IRON CARBONYL-FA TAB 29-1 MG***	Tier 4				
TRI-VI-FLORO SUS 0.25/ML	*PED VIT ACD & L-METHYLFOLATE W/ FLUORIDE SUSP 0.25 MG/ML***	Tier 4				
TRI-VI-FLORO SUS 0.5MG/ML	*PED VIT ACD & L-METHYLFOLATE W/ FLUORIDE SUSP 0.5 MG/ML***	Tier 4				
TRICARE TAB PRENATAL	*PRENATAL VIT W/ FE FUMARATE-FA TAB 27-1 MG***	Tier 4				
TRINATAL RX TAB 1	*PRENATAL VIT W/ FE FUMARATE-FA TAB 60-1 MG***	Tier 4				
TRINATE TAB	*PRENATAL VIT W/ FE FUMARATE-FA TAB 28-1 MG***	Tier 4				
TRISTART DHA CAP	*PRENAT W/O A W/FECBN-METHYLF-FA-DHA CAP 31-0.6-0.4-200 MG**	Tier 4				
TYROS 1 POW	*NUTRITIONAL SUPPLEMENT POWDER**	Tier 3	X			
TYROS 2 POW	*NUTRITIONAL SUPPLEMENT POWDER**	Tier 3				
UCD TRIO POW	*NUTRITIONAL SUPPLEMENT POWDER**	Tier 3	X			
VITAFOL CAP ULTRA	*PRENAT W/FE POLY-METHYLFOL-FA-DHA CAP 29-0.6-0.4-200 MG***	Tier 4				
VITAFOL CHW GUMMIES	*PRENAT VIT W/ FE PHOS-FA-OMEGA CHEW TAB 3.33-0.333-34.8 MG*	Tier 4				
VITAFOL FE+ CAP	*PRENAT W/FE POLY-METHYLFOL-FA-DHA CAP 90-0.6-0.4-200 MG***	Tier 4				
VITAFOL STRP MIS 1MG	*PRENATAL W/ B6-B12-CHOLECALCIFEROL-FOLIC ACID FILM 1 MG**	Tier 4				
VITAFOL-NANO TAB	*PRENATAL W/O A W/ FEFUM-L METHYLFOL-FA TAB 18-0.6-0.4 MG***	Tier 4				
VITAFOL-OB PAK +DHA	*PRENATAL MV W/FE FUM-FA TAB 65-1 MG & DHA CAP 250 MG PACK *	Tier 4				
VITAFOL-OB TAB 65-1MG	*PRENATAL VIT W/ FE FUMARATE-FA TAB 65-1 MG***	Tier 4				
VITAFOL-ONE CAP	*PRENATAL MV W/ FE POLYSAC CMLPX-FA-DHA CAP 29-1-200 MG***	Tier 4				
VITAMED MD CAP ONE RX	*PRENAT W/O A W/FEFUM-METHFOL-FA-DHA CAP 30-0.6-0.4-200 MG**	Tier 5				
VITAMIN B-12 TAB 1000MCG	CYANOCOBALAMIN TAB 1000 MCG	Tier 2				
VITAMIN B12 TAB 100MCG	CYANOCOBALAMIN TAB 100 MCG	Tier 2				
VITAMIN D CAP 1.25MG	ERGOCALCIFEROL CAP 1.25 MG (50000 UNIT)	Tier 2				
VITAMIN D CAP 50000	ERGOCALCIFEROL CAP 1.25 MG (50000 UNIT)	Tier 2				
VITAMIN D CAP 50000UNT	ERGOCALCIFEROL CAP 1.25 MG (50000 UNIT)	Tier 2				
VITAPEARL CAP	*PRENAT W/OA W/FEFUM-NA FERED-FA-DHA CAP ER 30-1.4-200 MG***	Tier 4				

^ 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
VITATHELY TAB	*PRENATAL VIT W/ FE FUMARATE-FA TAB 27-1 MG***	Tier 4				
VIVONEX POW PEDIATRI	*NUTRITIONAL SUPPLEMENT POWDER**	Tier 3	X			
WESCAP-C DHA CAP	*PRENATAL W/FE FUM-FE POLY -FA-OMEGA 3 CAP 53.5-38-1 MG***	Tier 5				
WESCAP-PN CAP DHA	*PRENAT W/O A W/FEFUM-METHFOL-FA-DHA CAP 27-0.6-0.4-300 MG**	Tier 5				
WESNATAL DHA PAK COMPLETE	*PRENAT-FE BIS-FE PROT SUCC-FA-CA TAB & OMEGA 3 CAP 200 PK**	Tier 3				
WESNATE DHA CAP	*PRENATAL VIT W/ FE FUM-FA-OMEGA 3 CAP 28-1-200 MG***	Tier 4				
WESTGEL DHA CAP	*PRENAT W/O A W/FECBN-METHYLF-FA-DHA CAP 31-0.6-0.4-200 MG**	Tier 4				
WHEAT GERM OIL	*WHEAT GERM - OIL***	Tier 2				
WND 1 POW	*NUTRITIONAL SUPPLEMENT POWDER**	Tier 3	X			
WND 2 POW	*NUTRITIONAL SUPPLEMENT POWDER**	Tier 3				
Vitamins - Vitamin, Mineral and Body Fluid Deficiency Drugs						
CYANOCOBAL POW	CYANOCOBALAMIN (BULK) POWDER	Tier 4				
CYANOCOBALAM CRY	CYANOCOBALAMIN (BULK) CRYSTALS	Tier 4				
CYANOCOBALAM SOL 2000MCG	CYANOCOBALAMIN INJ 2000 MCG/ML	Tier 4				

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

Index

1ML SYRINGE MIS 29G.....	152	ACARBOSE TAB 100 MG.....	30	ACITRETIN CAP 17.5 MG.....	72
2-DEOXY-D-GLUCOSE POWDER.....	152	ACARBOSE TAB 100MG.....	30	ACITRETIN CAP 17.5MG.....	72
2-DEOXY-D POW -GLUCOSE.....	152	ACCOLATE TAB 10MG.....	38	ACITRETIN CAP 25 MG.....	72
3232A INFANT POW FORMULA.....	229	ACCOLATE TAB 20MG.....	38	ACITRETIN CAP 25MG.....	72
3232A INFANT POW FORMULA.....	229	ACCU-CHEK KIT FASTCLIX.....	79	ACOLTREMOM OPTH SOLN 0.003%.....	175
ABACA/LAMIVU TAB 600-300.....	18	ACCU-CHEK KIT GUIDE.....	79	ACORAMIDIS HCL TAB PACK 356 MG (712 MG TWICE DAILY).....	118
ABACAVIR-DOLUTEGRAVIR- LAMIVUDINE TAB 600-50-300 MG.....	17	ACCU-CHEK KIT GUIDE ME.....	79	ACTEMRA INJ 162/0.9.....	143
ABACAVIR-DOLUTEGRAVIR- LAMIVUDINE TAB FOR ORAL SUS 60-5- 30 MG.....	17	ACCU-CHEK KIT SOFTCLIX.....	79	ACTEMRA INJ ACTPEN.....	143
ABACAVIR SOL 20MG/ML.....	18	ACCU-CHEK LIQ GUIDE.....	79	ACTHIB INJ.....	224
ABACAVIR SULFATE-LAMIVUDINE TAB 600-300 MG.....	18	ACCU-CHEK LIQ SMART.....	79	ACTIMMUNE INJ 2MU/0.5.....	143
ABACAVIR SULFATE SOLN 20 MG/ML (BASE EQUIV).....	18	ACCU-CHEK SOL.....	79	ACTIVELLA TAB 1-0.5MG.....	101
ABACAVIR SULFATE TAB 300 MG (BASE EQUIV).....	18	ACCU-CHEK TES GUIDE.....	79	ACULAR LS SOL 0.4% OP.....	189
ABACAVIR TAB 300MG.....	18	ACCURETIC TAB 10-12.5.....	64	ACULAR SOL 0.5% OP.....	189
ABALOPARATIDE SUBCUTANEOUS SOLN PEN-INJECTOR 3120 MCG/1.56ML.....	151	ACCURETIC TAB 20-12.5.....	64	ACYCLOVIR CAP 200 MG.....	37
ABATACEPT SUBCUTANEOUS SOLN AUTO-INJECTOR 125 MG/ML.....	141	ACCUTANE CAP 10MG.....	72	ACYCLOVIR CAP 200MG.....	37
ABATACEPT SUBCUTANEOUS SOLN PREFILLED SYRINGE 50 MG/0.4ML.....	141	ACCUTANE CAP 20MG.....	72	ACYCLOVIR OIN 5%.....	37
ABATACEPT SUBCUTANEOUS SOLN PREFILLED SYRINGE 87.5 MG/0.7ML.....	141	ACCUTANE CAP 30MG.....	72	ACYCLOVIR OINT 5%.....	37
ABATACEPT SUBCUTANEOUS SOLN PREFILLED SYRINGE 125 MG/ML.....	141	ACCUTANE CAP 40MG.....	72	ACYCLOVIR SUS 200/5ML.....	37
ABEMACICLIB TAB 50 MG.....	42	ACCTREND SOL GLUCOSE.....	79	ACYCLOVIR SUSP 200 MG/5ML.....	37
ABEMACICLIB TAB 100 MG.....	42	ACEBUTOLOL CAP 200MG.....	52	ACYCLOVIR TAB 400 MG.....	37
ABEMACICLIB TAB 150 MG.....	42	ACEBUTOLOL CAP 400MG.....	52	ACYCLOVIR TAB 400MG.....	37
ABEMACICLIB TAB 200 MG.....	42	ACEBUTOLOL HCL CAP 200 MG.....	52	ACYCLOVIR TAB 400MG.....	37
ABIGALE LO TAB 0.5-0.1.....	101	ACEBUTOLOL HCL CAP 400 MG.....	52	ACYCLOVIR TAB 800 MG.....	37
ABIGALE TAB 1-0.5MG.....	101	ACETAMINOPHEN TAB 500 MG.....	12	ACYCLOVIR TAB 800MG.....	37
ABIRATERONE ACETATE TAB 250 MG.....	21	ACETAMINOPHEN W/ CODEINE SOLN 120-12 MG/5ML.....	196	ADACEL INJ.....	225
ABIRATERONE ACETATE TAB 250 MG.....	21	ACETAMINOPHEN W/ CODEINE TAB 300- 15 MG.....	196	ADACEL INJ.....	225
ABIRATERONE TAB 250MG.....	21	ACETAMINOPHEN W/ CODEINE TAB 300- 30 MG.....	196	ADAGRASIB TAB 200 MG.....	40
ABIRTEGA TAB 250MG.....	21	ACETAMINOPHEN W/ CODEINE TAB 300- 60 MG.....	196	ADALIMU-ADAZ INJ 10/0.1ML.....	139
ABROCITINIB TAB 50 MG.....	78	ACETAMINOPHEN W/ CODEINE TAB 300- 150 MG.....	191	ADALIMU-ADAZ INJ 20/0.2ML.....	139
ABROCITINIB TAB 100 MG.....	78	ACETAZOLAMID CAP 500MG ER.....	191	ADALIMU-ADAZ INJ 40/0.4ML.....	139
ABROCITINIB TAB 200 MG.....	78	ACETAZOLAMIDE CAP ER 12HR 500 MG.....	191	ADALIMU-ADAZ INJ 40/0.4ML.....	139
ABRYSVO INJ.....	224	ACETAZOLAMIDE TAB 125 MG.....	191	ADALIMU-ADAZ INJ 80/0.8ML.....	139
ABRYSVO INJ 120MCG.....	224	ACETAZOLAMIDE TAB 250 MG.....	191	ADALIMUMAB-ADAZ SOLN AUTO- INJECTOR 40 MG/0.4ML.....	139
ACACIA SYRUP.....	168	ACETAZOLAMID TAB 125MG.....	191	ADALIMUMAB-ADAZ SOLN AUTO- INJECTOR 80 MG/0.8ML.....	139
ACALABRUTINIB MALEATE TAB 100 MG.....	178	ACETAZOLAMID TAB 250MG.....	191	ADALIMUMAB-ADAZ SOLN PREFILLED SYRINGE 10 MG/0.1ML.....	139
ACAMPRO CAL TAB 333MG.....	9	ACETAZOLAMID TAB 250MG.....	191	ADALIMUMAB-ADAZ SOLN PREFILLED SYRINGE 20 MG/0.2ML.....	139
ACAMPROSATE CALCIUM TAB DELAYED RELEASE 333 MG.....	9	ACETIC ACID OTIC SOLN 2%.....	200	ADALIMUMAB-ADAZ SOLN PREFILLED SYRINGE 40 MG/0.4ML.....	139
ACARBOSE TAB 25 MG.....	30	ACETIC ACID-OXYQUINOLINE VAGINAL GEL 0.9-0.025%.....	24	ADALIMUMAB-ATTO SOLN AUTO- INJECTOR 40 MG/0.4ML.....	140
ACARBOSE TAB 25MG.....	30	ACETIC ACID SOL 2% OTIC.....	200	ADALIMUMAB-ATTO SOLN AUTO- INJECTOR 80 MG/0.8ML.....	140
ACARBOSE TAB 50 MG.....	30	ACETOHYDROXAMIC ACID TAB 250 MG.....	119	ADALIMUMAB-ATTO SOLN PREFILLED SYRINGE 20 MG/0.2ML.....	139
ACARBOSE TAB 50MG.....	30	ACETONE (URINE) TEST STRIP.....	80	ADALIMUMAB-ATTO SOLN PREFILLED SYRINGE 40 MG/0.4ML.....	139
		ACETONE (URINE) TEST STRIP.....	82	ADAPAL/BEN P GEL 0.1-2.5%.....	72
		ACETONE (URINE) TEST STRIP.....	82	ADAPALENE-BENZOYL PEROXIDE GEL 0.1-2.5%.....	72
		ACETYLCYSTEINE CAP 600 MG.....	231		
		ACETYLCYSTEINE INHAL SOLN 10%.....	207		
		ACETYLCYSTEINE INHAL SOLN 20%.....	207		
		ACETYLCYST SOL 10%.....	207		
		ACETYLCYST SOL 20%.....	207		
		ACITRETIN CAP 10 MG.....	72		
		ACITRETIN CAP 10MG.....	72		



ADAPTADERM GEL	152	AFSTYLA KIT 1000UNIT	123	ALECTINIB HCL CAP 150 MG (BASE EQUIVALENT).....	178
ADASUVE INH 10MG	6	AFSTYLA KIT 1500UNIT	123	ALENDRONATE SODIUM-CHOLECALCIFEROL TAB 70-2800 MG-UNIT	151
ADBRY INJ 150MG/ML	72	AFSTYLA KIT 2000UNIT	123	ALENDRONATE SODIUM-CHOLECALCIFEROL TAB 70-5600 MG-UNIT	151
ADBRY INJ 300/2ML	72	AFSTYLA KIT 2500UNIT	123	ALENDRONATE SODIUM ORAL SOLN 70 MG/75ML	151
ADDYI TAB 100MG	68	AFSTYLA KIT 3000UNIT	124	ALENDRONATE SODIUM TAB 10 MG	151
ADEFOV DIPIV TAB 10MG	15	AFTERA TAB 1.5MG	202	ALENDRONATE SODIUM TAB 35 MG	151
ADEFOVIR DIPIVOXIL TAB 10 MG	15	AIMOVIG INJ 70MG/ML	59	ALENDRONATE SODIUM TAB 70 MG	151
ADEMPAS TAB 0.5MG	205	AIMOVIG INJ 140MG/ML	59	ALENDRONATE SOL 70/75ML	151
ADEMPAS TAB 1.5MG	205	AIMSCO TWIST MIS 32G	79	ALENDRONATE TAB 10MG	151
ADEMPAS TAB 1MG	205	AIMSCO TWIST MIS 33G	79	ALENDRONATE TAB 35MG	151
ADEMPAS TAB 2.5MG	205	AIRSUPRA AER 90-80MCG	207	ALENDRONATE TAB 70MG	151
ADEMPAS TAB 2MG	205	AKEEGA TAB 50/500MG	39	ALFERON N INJ 5MU/ML	144
ADMIX NEEDLE MIS 18GX1.5"	144	AKEEGA TAB 100/500	39	ALFUZOSIN HCL TAB ER 24HR 10 MG	50
ADRENALIN SOL 1:1000	210	AKLIEF CRE 0.005%	72	ALFUZOSIN TAB 10MG ER	50
ADVAIR HFA AER 45/21	207	AKTEN GEL 3.5% OP	188	ALINIA SUS 100/5ML	42
ADVAIR HFA AER 115/21	207	AKYNZEO CAP 300-0.5	34	ALITRETINOIN GEL 0.1%	210
ADVAIR HFA AER 230/21	207	ALBENDAZOLE TAB 200 MG	15	ALLERGY RELF TAB 25MG	38
ADVANTAGE MIS LANC 28G	79	ALBENDAZOLE TAB 200MG	15	ALLOPURINOL TAB 100 MG	37
ADVATE INJ 250UNIT	123	ALBUTEROL AER HFA	58	ALLOPURINOL TAB 100MG	37
ADVATE INJ 500UNIT	123	ALBUTEROL-BUDESONIDE INHALATION AEROSOL 90-80 MCG/ACT	207	ALLOPURINOL TAB 300 MG	37
ADVATE INJ 1000UNIT	123	ALBUTEROL NEB 0.5%	58	ALLOPURINOL TAB 300MG	37
ADVATE INJ 1500UNIT	123	ALBUTEROL NEB 0.5%	58	ALMOTRIP MAL TAB 6.25MG	211
ADVATE INJ 2000UNIT	123	ALBUTEROL NEB 0.63MG/3	58	ALMOTRIP MAL TAB 12.5MG	211
ADVATE INJ 3000UNIT	123	ALBUTEROL NEB 0.083%	58	ALMOTRIPTAN MALATE TAB 6.25 MG	211
ADVATE INJ 4000UNIT	123	ALBUTEROL NEB 1.25MG/3	58	ALMOTRIPTAN MALATE TAB 6.25 MG	211
ADVCATE SAFE MIS LANC 21G	79	ALBUTEROL SULFATE INHAL AERO 108 MCG/ACT (90MCG BASE EQUIV)	58	ALMOTRIPTAN MALATE TAB 12.5 MG	211
ADVCATE SAFE MIS LANC 23G	79	ALBUTEROL SULFATE SOLN NEBU 0.5% (5 MG/ML)	58	ALMOTRIPTAN MALATE TAB 12.5 MG	211
ADVCATE SAFE MIS LANC 28G	79	ALBUTEROL SULFATE SOLN NEBU 0.5% (5 MG/ML)	58	ALMOTRIPTAN TAB 6.25MG	211
ADVERA LIQ CHOCOLAT	91	ALBUTEROL SULFATE SOLN NEBU 0.63 MG/3ML (BASE EQUIV)	58	ALMOTRIPTAN TAB 12.5MG	211
ADVERA LIQ VANILLA	91	ALBUTEROL SULFATE SOLN NEBU 1.25 MG/3ML (BASE EQUIV)	58	ALOCRIOL SOL 2%	189
ADYNOVATE INJ 250UNIT	123	ALBUTEROL SULFATE SYRUP 2 MG/5ML	58	ALOGLIPTIN BENZOATE TAB 6.25 MG (BASE EQUIV)	30
ADYNOVATE INJ 500UNIT	123	ALBUTEROL SULFATE TAB 2 MG	58	ALOGLIPTIN BENZOATE TAB 12.5 MG (BASE EQUIV)	30
ADYNOVATE INJ 750UNIT	123	ALBUTEROL SULFATE TAB 4 MG	58	ALOGLIPTIN BENZOATE TAB 25 MG (BASE EQUIV)	30
ADYNOVATE INJ 1000UNIT	123	ALBUTEROL SYP 2MG/5ML	58	ALOGLIPTIN-METFORMIN HCL TAB 12.5-500 MG	30
ADYNOVATE INJ 1500UNIT	123	ALBUTEROL TAB 2MG	58	ALOGLIPTIN-METFORMIN HCL TAB 12.5-1000 MG	30
ADYNOVATE INJ 2000UNIT	123	ALBUTEROL TAB 4MG	58	ALOGLIPTIN-PIOGLITAZONE TAB 12.5-30 MG	30
ADYNOVATE INJ 3000UNIT	123	ALCAINE SOL 0.5% OP	188	ALOGLIPTIN-PIOGLITAZONE TAB 25-15 MG	30
AERCHMBR PLS MIS INTERMED	152	ALCLOMETASON CRE 0.05%	129	ALOGLIPTIN-PIOGLITAZONE TAB 25-30 MG	30
AERCHMBR PLS MIS LRG MASK	152	ALCLOMETASONE DIPROPIONATE CREAM 0.05%	129	ALOGLIPTIN-PIOGLITAZONE TAB 25-45 MG	30
AERCHMBR PLS MIS MED MASK	152	ALCLOMETASONE DIPROPIONATE OINT 0.05%	130	ALOGLIPTIN TAB 6.25MG	30
AERCHMBR PLS MIS SM MASK	152	ALCLOMETASON OIN 0.05%	130		
AEROCHAMBER MIS 2GO	152	*ALCOHOL SHEETS***	152		
AEROCHAMBER MIS HOLDING	152	*ALCOHOL SHEETS***	159		
AEROCHAMBER MIS MTHPIECE	152	ALCOH-WIPE MIS 12"X12"	152		
AFATINIB DIMALEATE TAB 20 MG (BASE EQUIVALENT)	179	ALECENSA CAP 150MG	178		
AFATINIB DIMALEATE TAB 30 MG (BASE EQUIVALENT)	179				
AFATINIB DIMALEATE TAB 40 MG (BASE EQUIVALENT)	179				
AFIRMELLE TAB 0.1-0.02	101				
AFLURIA INJ 2025-26	225				
AFLURIA INJ 2025-26	225				
AFSTYLA KIT 250UNIT	123				
AFSTYLA KIT 500UNIT	124				

ALOGLIPTIN TAB 12.5MG	30	ALPRAZOLAM TAB 0.5MG XR	51	ALTUVIIIO INJ 1000UNIT	124
ALOGLIPTIN TAB 25MG	30	ALPRAZOLAM TAB 0.25 MG	50	ALTUVIIIO INJ 2000UNIT	124
ALOGLIPTIN/ TAB METFORM	30	ALPRAZOLAM TAB 0.25MG	50	ALTUVIIIO INJ 3000UNIT	124
ALOGLIPTIN/ TAB METFORM	30	ALPRAZOLAM TAB 0.25 ODT	50	ALTUVIIIO INJ 4000UNIT	124
ALOG/PIOGLIT TAB 12.5-30	30	ALPRAZOLAM TAB 1 MG	51	ALUMINUM CHLORIDE SOLN 20%	74
ALOG/PIOGLIT TAB 25-15MG	30	ALPRAZOLAM TAB 1MG	51	ALUNBRIG PAK	178
ALOG/PIOGLIT TAB 25-30MG	30	ALPRAZOLAM TAB 1MG ER	51	ALUNBRIG TAB 30MG	178
ALOG/PIOGLIT TAB 25-45MG	30	ALPRAZOLAM TAB 1MG ODT	51	ALUNBRIG TAB 90MG	178
ALOMIDE SOL 0.1% OP	189	ALPRAZOLAM TAB 1MG XR	51	ALUNBRIG TAB 180MG	178
ALORA DIS 0.1MG	101	ALPRAZOLAM TAB 2 MG	51	ALVAIZ TAB 9MG	55
ALORA DIS 0.025MG	101	ALPRAZOLAM TAB 2MG	51	ALVAIZ TAB 18MG	55
ALORA DIS 0.075MG	101	ALPRAZOLAM TAB 2MG ER	51	ALVAIZ TAB 36MG	55
ALOSETRON HCL TAB 0.5 MG (BASE EQUIV)	146	ALPRAZOLAM TAB 2MG ODT	51	ALVAIZ TAB 54MG	55
ALOSETRON HCL TAB 1 MG (BASE EQUIV)	146	ALPRAZOLAM TAB 2MG XR	51	ALVIMOPAN CAP 12 MG	115
ALOSETRON TAB 0.5MG	146	ALPRAZOLAM TAB 3MG ER	51	ALVIMOPAN CAP 12 MG	115
ALOSETRON TAB 1MG	146	ALPRAZOLAM TAB 3MG XR	51	ALVIMOPAN CAP 12MG	115
ALPAWASH OIN	152	ALPRAZOLAM TAB ER 24HR 0.5 MG	50	ALYACEN TAB 1/35	101
ALPELISIB (PROS) ORAL GRANULES PACKET 50 MG	143	ALPRAZOLAM TAB ER 24HR 0.5 MG	51	ALYACEN TAB 7/7/7	101
ALPELISIB (PROS) PAK 250 MG DAILY DOSE (200 MG & 50 MG TABS)	143	ALPRAZOLAM TAB ER 24HR 1 MG	51	ALYFTREK TAB	152
ALPELISIB (PROS) TAB THERAPY PACK 50 MG DAILY DOSE	143	ALPRAZOLAM TAB ER 24HR 1 MG	51	ALYFTREK TAB 4-20-50	152
ALPELISIB (PROS) TAB THERAPY PACK 125 MG DAILY DOSE	143	ALPRAZOLAM TAB ER 24HR 2 MG	51	AMABELZ TAB 0.5-0.1	101
ALPELISIB TAB PACK 250 MG DAILY DOSE (200 MG & 50 MG TABS)	41	ALPRAZOLAM TAB ER 24HR 2 MG	51	AMANTADINE CAP 100MG	42
ALPELISIB TAB PACK 300 MG DAILY DOSE (2X150 MG TAB)	41	ALPRAZOLAM TAB ER 24HR 3 MG	51	AMANTADINE HCL CAP 100 MG	42
ALPELISIB TAB THERAPY PACK 200 MG DAILY DOSE	41	ALPRAZOLAM TAB ER 24HR 3 MG	51	AMANTADINE HCL SOLN 50 MG/5ML	42
ALPHAGAN P SOL 0.1% OP	191	ALPROLIX INJ 250UNIT	124	AMANTADINE HCL SOLN 50 MG/5ML	42
ALPHAGAN P SOL 0.15% OP	191	ALPROLIX INJ 500UNIT	124	AMANTADINE HCL TAB 100 MG	42
ALPHANATE INJ 250 UNIT	124	ALPROLIX INJ 1000UNIT	124	AMANTADINE SOL 50MG/5ML	42
ALPHANATE INJ 500 UNIT	124	ALPROLIX INJ 2000UNIT	124	AMANTADINE SOL 100/10ML	42
ALPHANATE INJ 1000UNIT	124	ALPROLIX INJ 3000UNIT	124	AMANTADINE TAB 100MG	42
ALPHANATE INJ 1500UNIT	124	ALPROLIX INJ 4000UNIT	124	AMBRISANTAN TAB 5 MG	205
ALPHANATE INJ 2000UNIT	124	ALPROSTADIL FOR INJ 20 MCG	119	AMBRISANTAN TAB 5MG	205
ALPHANINE SD INJ 500UNIT	124	ALPROSTADIL FOR INJ 40 MCG	119	AMBRISANTAN TAB 10 MG	205
ALPHANINE SD INJ 1000UNIT	124	ALPROSTADIL FOR INJ KIT 10 MCG	119	AMBRISANTAN TAB 10MG	205
ALPHANINE SD INJ 1500UNIT	124	ALPROSTADIL FOR INJ KIT 10 MCG	119	AMCINONIDE CRE 0.1%	130
ALPRAZOLAM CON 1 MG/ML	50	ALPROSTADIL FOR INJ KIT 20 MCG	119	AMCINONIDE CREAM 0.1%	130
ALPRAZOLAM CONC 1 MG/ML	50	ALPROSTADIL FOR INJ KIT 20 MCG	119	AMCINONIDE OIN 0.1%	130
ALPRAZOLAM ORALLY DISINTEGRATING TAB 0.5 MG	50	ALPROSTADIL FOR INJ KIT 20 MCG	119	AMCINONIDE OINT 0.1%	130
ALPRAZOLAM ORALLY DISINTEGRATING TAB 0.25 MG	50	ALPROSTADIL FOR INJ KIT 20 MCG	119	AMELUZ GEL 10%	72
ALPRAZOLAM ORALLY DISINTEGRATING TAB 1 MG	51	ALPROSTADIL FOR INJ KIT 20 MCG	119	AMETHIA TAB	101
ALPRAZOLAM ORALLY DISINTEGRATING TAB 2 MG	51	ALPROSTADIL FOR INJ KIT 40 MCG	119	AMETHYST TAB 90-20MCG	101
ALPRAZOLAM TAB 0.5 MG	50	ALPROSTADIL FOR INJ KIT 40 MCG	119	AMIFAMPRIDINE PHOSPHATE TAB 10 MG (BASE EQUIVALENT)	159
ALPRAZOLAM TAB 0.5MG	50	ALPROSTADIL URETHRAL PELLET 250 MCG	119	AMIKACIN SULFATE LIPOSOME INHAL SUSP 590 MG/8.4ML (BASE EQ)	11
ALPRAZOLAM TAB 0.5MG ER	50	ALPROSTADIL URETHRAL PELLET 500 MCG	119	AMILOR/HCTZ TAB 5-50	64
ALPRAZOLAM TAB 0.5MG OD	50	ALPROSTADIL URETHRAL PELLET 1000 MCG	119	AMILORIDE HCL TAB 5 MG	86
		ALREX SUS 0.2%	189	AMILORIDE & HYDROCHLOROTHIAZIDE TAB 5-50 MG	64
		ALTABAX OIN 1%	23	AMILORIDE TAB 5MG	86
		ALTACAIN SOL 0.5% OP	188	*AMINO ACIDS ORAL LIQUID***	160
		ALTAFRIN SOL 2.5% OP	188	*AMINO ACIDS ORAL LIQUID***	165
		ALTAFRIN SOL 10% OP	188	*AMINO ACIDS ORAL LIQUID***	165
		ALTAVERA TAB	101	*AMINO ACIDS ORAL LIQUID***	165
		ALTUVIIIO INJ 250 UNIT	124	*AMINO ACIDS ORAL LIQUID***	165
		ALTUVIIIO INJ 250UNIT	124	*AMINO ACIDS ORAL LIQUID***	165
		ALTUVIIIO INJ 500UNIT	124		

*AMINO ACIDS ORAL LIQUID***	171	AMLOD/BENAZP CAP 2.5-10MG	64	AMOXICILLIN CAP 500 MG &	
*AMINO ACIDS ORAL LIQUID***	171	AMLOD/BENAZP CAP 5-10MG	64	VONOPRAZAN TAB 20 MG THERAPY PACK	116
*AMINO ACIDS ORAL LIQUID***	172	AMLOD/BENAZP CAP 5-20MG	64	AMOXICILLIN CAP & CLARITHROMYCIN	
*AMINO ACIDS ORAL LIQUID***	172	AMLOD/BENAZP CAP 5-40MG	64	TAB & VONOPRAZAN TAB PACK	116
*AMINO ACIDS ORAL LIQUID***	172	AMLOD/BENAZP CAP 10-20MG	64	AMOXICILLIN CHW 125MG	55
*AMINO ACIDS PACK***	170	AMLOD/BENAZP CAP 10-40MG	64	AMOXICILLIN CHW 250MG	55
*AMINO ACIDS PACK***	170	AMLODIPINE BESYLATE-BENAZEPRIL		AMOXICILLIN & K CLAVULANATE CHEW	
*AMINO ACIDS PACK***	177	HCL CAP 2.5-10 MG	64	TAB 200-28.5 MG	54
*AMINO ACIDS PACK***	177	AMLODIPINE BESYLATE-BENAZEPRIL		AMOXICILLIN & K CLAVULANATE CHEW	
*AMINO ACIDS-PROTEIN HYDROLYSATE		HCL CAP 5-10 MG	64	TAB 400-57 MG	54
LIQUID***	97	AMLODIPINE BESYLATE-BENAZEPRIL		AMOXICILLIN & K CLAVULANATE FOR	
*AMINO ACIDS-PROTEIN HYDROLYSATE		HCL CAP 5-20 MG	64	SUSP 200-28.5 MG/5ML	54
LIQUID***	97	AMLODIPINE BESYLATE-BENAZEPRIL		AMOXICILLIN & K CLAVULANATE FOR	
*AMINO ACIDS-PROTEIN HYDROLYSATE		HCL CAP 5-40 MG	64	SUSP 250-62.5 MG/5ML	54
LIQUID***	97	AMLODIPINE BESYLATE-BENAZEPRIL		AMOXICILLIN & K CLAVULANATE FOR	
*AMINO ACIDS-PROTEIN HYDROLYSATE		HCL CAP 10-20 MG	64	SUSP 400-57 MG/5ML	54
LIQUID***	97	AMLODIPINE BESYLATE-BENAZEPRIL		AMOXICILLIN & K CLAVULANATE FOR	
*AMINO ACIDS-PROTEIN HYDROLYSATE		HCL CAP 10-40 MG	64	SUSP 600-42.9 MG/5ML	55
LIQUID***	97	AMLODIPINE BESYLATE ORAL SOLN 1		AMOXICILLIN & K CLAVULANATE TAB	
*AMINO ACIDS TAB***	152	MG/ML (BASE EQUIVALENT)	62	250-125 MG	55
*AMINO ACIDS TAB***	170	AMLODIPINE BESYLATE TAB 2.5 MG		AMOXICILLIN & K CLAVULANATE TAB	
AMINO ACTION TAB	152	(BASE EQUIVALENT)	59	500-125 MG	55
AMINOCAPR AC TAB 500MG	125	AMLODIPINE BESYLATE TAB 5 MG (BASE		AMOXICILLIN & K CLAVULANATE TAB	
AMINOCAPR AC TAB 1000MG	124	EQUIVALENT)	59	875-125 MG	55
AMINOCAPROIC ACID ORAL SOLN 0.25		AMLODIPINE BESYLATE TAB 10 MG		AMOXICILLIN SUS 125/5ML	55
GM/ML	125	(BASE EQUIVALENT)	59	AMOXICILLIN SUS 200/5ML	55
AMINOCAPROIC ACID TAB 500 MG	125	AMLODIPINE BESYLATE-VALSARTAN TAB		AMOXICILLIN SUS 250/5ML	55
AMINOCAPROIC ACID TAB 1000 MG	124	5-160 MG	64	AMOXICILLIN SUS 400/5ML	55
AMINOCAPROIC SOL 0.25/ML	125	AMLODIPINE BESYLATE-VALSARTAN TAB		AMOXICILLIN TAB 500MG	55
AMINOLEVULINIC ACID HCL GEL 10%	72	5-320 MG	64	AMOXICILLIN TAB 875MG	55
AMIODARONE HCL TAB 100 MG	22	AMLODIPINE BESYLATE-VALSARTAN TAB		AMOXICILLIN (TRIHYDRATE) CAP 250 MG	55
AMIODARONE HCL TAB 100 MG	22	10-160 MG	64	AMOXICILLIN (TRIHYDRATE) CAP 500 MG	55
AMIODARONE HCL TAB 200 MG	22	AMLODIPINE BESYLATE-VALSARTAN TAB		AMOXICILLIN (TRIHYDRATE) CHEW TAB	
AMIODARONE HCL TAB 200 MG	23	10-320 MG	64	125 MG	55
AMIODARONE HCL TAB 400 MG	22	AMLODIPINE TAB 2.5MG	59	AMOXICILLIN (TRIHYDRATE) CHEW TAB	
AMIODARONE HCL TAB 400 MG	23	AMLODIPINE TAB 5MG	59	250 MG	55
AMIODARONE TAB 100MG	22	AMLODIPINE TAB 10MG	59	AMOXICILLIN (TRIHYDRATE) FOR SUSP	
AMIODARONE TAB 200MG	22	AMLOD/VALSAR TAB 5-160MG	64	125 MG/5ML	55
AMIODARONE TAB 400MG	22	AMLOD/VALSAR TAB 5-320MG	64	AMOXICILLIN (TRIHYDRATE) FOR SUSP	
AMITRIPTYLINE HCL TAB 10 MG	223	AMLOD/VALSAR TAB 10-160MG	64	200 MG/5ML	55
AMITRIPTYLINE HCL TAB 25 MG	223	AMLOD/VALSAR TAB 10-320MG	64	AMOXICILLIN (TRIHYDRATE) FOR SUSP	
AMITRIPTYLINE HCL TAB 50 MG	223	AMNESTEEM CAP 10MG	72	250 MG/5ML	55
AMITRIPTYLINE HCL TAB 75 MG	223	AMNESTEEM CAP 20MG	72	AMOXICILLIN (TRIHYDRATE) FOR SUSP	
AMITRIPTYLINE HCL TAB 100 MG	223	AMNESTEEM CAP 30MG	72	400 MG/5ML	55
AMITRIPTYLINE HCL TAB 150 MG	223	AMNESTEEM CAP 40MG	72	AMOXICILLIN (TRIHYDRATE) TAB 500 MG	55
AMITRIPTYLIN TAB 10MG	223	AMOXAPINE TAB 25 MG	223	AMOXICILLIN (TRIHYDRATE) TAB 875 MG	55
AMITRIPTYLIN TAB 25MG	223	AMOXAPINE TAB 25MG	223	AMOX/K CLAV CHW 200MG	54
AMITRIPTYLIN TAB 50MG	223	AMOXAPINE TAB 50 MG	223	AMOX/K CLAV CHW 400MG	54
AMITRIPTYLIN TAB 75MG	223	AMOXAPINE TAB 50MG	223	AMOX/K CLAV SUS 200/5ML	54
AMITRIPTYLIN TAB 100MG	223	AMOXAPINE TAB 100 MG	223	AMOX/K CLAV SUS 250/5ML	54
AMITRIPTYLIN TAB 150MG	223	AMOXAPINE TAB 100MG	223	AMOX/K CLAV SUS 400/5ML	54
AMJEVITA INJ 20/0.2ML	139	AMOXAPINE TAB 150 MG	223	AMOX/K CLAV SUS 600/5ML	55
AMJEVITA INJ 40/0.4ML	139	AMOXAPINE TAB 150MG	223	AMOX/K CLAV TAB 250-125	55
AMJEVITA INJ 40/0.4ML	140	AMOXICILLIN CAP 250MG	55	AMOX/K CLAV TAB 500-125	55
AMJEVITA INJ 80/0.8ML	140	AMOXICILLIN CAP 500MG	55	AMOX/K CLAV TAB 875-125	55

AMPHETAMINE-DEXTROAMPHETAMINE 3-BEAD CAP ER 24HR 12.5 MG.....	46	AMPICILLIN CAP 500MG	55	ANTIHEMOPHIL FACT RCMB(BDD- RFVIII,SIM) FOR INJ KIT 3000 UNIT	128
AMPHETAMINE-DEXTROAMPHETAMINE 3-BEAD CAP ER 24HR 25 MG	46	ANAGRELIDE CAP 0.5MG	55	ANTIHEMOPHIL FACT RCMB(BDD- RFVIII,SIM) FOR INJ KIT 4000 UNIT	128
AMPHETAMINE-DEXTROAMPHETAMINE 3-BEAD CAP ER 24HR 37.5 MG.....	46	ANAGRELIDE HCL CAP 0.5 MG.....	55	ANTIHEMOPHILIC FACTOR (HUMAN) FOR INJ 250 UNIT.....	125
AMPHETAMINE-DEXTROAMPHETAMINE 3-BEAD CAP ER 24HR 50 MG	46	ANAGRELIDE HCL CAP 1 MG.....	55	ANTIHEMOPHILIC FACTOR (HUMAN) FOR INJ 250 UNIT.....	126
AMPHETAMINE-DEXTROAMPHETAMINE CAP ER 24HR 5 MG	46	ANAKINRA SUBCUTANEOUS SOLN PREFILLED SYRINGE 100 MG/0.67ML	140	ANTIHEMOPHILIC FACTOR (HUMAN) FOR INJ 500 UNIT	125
AMPHETAMINE-DEXTROAMPHETAMINE CAP ER 24HR 10 MG	46	ANALPRAM HC CRE 1-1%	120	ANTIHEMOPHILIC FACTOR (HUMAN) FOR INJ 500 UNIT	126
AMPHETAMINE-DEXTROAMPHETAMINE CAP ER 24HR 15 MG	46	ANALPRAM-HC CRE 1-1%	120	ANTIHEMOPHILIC FACTOR (HUMAN) FOR INJ 1000 UNIT	125
AMPHETAMINE-DEXTROAMPHETAMINE CAP ER 24HR 20 MG	46	ANALPRAM HC CRE 2.5-1%	72	ANTIHEMOPHILIC FACTOR (HUMAN) FOR INJ 1000 UNIT	126
AMPHETAMINE-DEXTROAMPHETAMINE CAP ER 24HR 25 MG	46	ANALPRAM HC LOT 2.5%	120	ANTIHEMOPHILIC FACTOR (HUMAN) FOR INJ 1000 UNIT	126
AMPHETAMINE-DEXTROAMPHETAMINE CAP ER 24HR 30 MG.....	46	ANALPRAM-HC LOT 2.5%	120	ANTIHEMOPHILIC FACTOR (HUMAN) FOR INJ 1700 UNIT	125
AMPHETAMINE-DEXTROAMPHETAMINE TAB 5 MG.....	47	ANALPRM SNGL CRE HC 2.5-1.....	72	ANTIHEMOPHILIC FACTOR RCMB (BDD- RFVIII,SIM) FOR INJ 250 UNIT	127
AMPHETAMINE-DEXTROAMPHETAMINE TAB 7.5 MG	47	ANASPAZ TAB 0.125MG	43	ANTIHEMOPHILIC FACTOR RCMB (BDD- RFVIII,SIM) FOR INJ 500 UNIT	128
AMPHETAMINE-DEXTROAMPHETAMINE TAB 10 MG.....	46	ANASTROZOLE (BULK) POWDER.....	152	ANTIHEMOPHILIC FACTOR RECOMB PEGYLATED FOR INJ 250 UNIT	123
AMPHETAMINE-DEXTROAMPHETAMINE TAB 12.5 MG.....	46	ANASTROZOLE POW	152	ANTIHEMOPHILIC FACTOR RECOMB PEGYLATED FOR INJ 500 UNIT	123
AMPHETAMINE-DEXTROAMPHETAMINE TAB 15 MG.....	46	ANASTROZOLE TAB 1 MG.....	46	ANTIHEMOPHILIC FACTOR RECOMB PEGYLATED FOR INJ 750 UNIT	123
AMPHETAMINE-DEXTROAMPHETAMINE TAB 20 MG	47	ANASTROZOLE TAB 1MG	46	ANTIHEMOPHILIC FACTOR RECOMB PEGYLATED FOR INJ 1000 UNIT	123
AMPHETAMINE-DEXTROAMPHETAMINE TAB 30 MG	47	ANCOBON CAP 250MG	34	ANTIHEMOPHILIC FACTOR RECOMB PEGYLATED FOR INJ 1500 UNIT	123
AMPHETAMINE SULFATE TAB 5 MG	47	ANCOBON CAP 500MG	34	ANTIHEMOPHILIC FACTOR RECOMB PEGYLATED FOR INJ 2000 UNIT.....	123
AMPHETAMINE SULFATE TAB 10 MG	47	ANDEMBRY INJ 200/1.2.....	152	ANTIHEMOPHILIC FACTOR RECOMB PEGYLATED FOR INJ 3000 UNIT.....	123
AMPHETAMINE TAB 5MG.....	47	ANGELIQ TAB 0.5-1MG.....	101	ANTIHEMOPHILIC FACTOR (RECOMB PORC) RPFVIII FOR INJ 500 UNIT.....	128
AMPHETAMINE TAB 10MG	47	ANGELIQ TAB 0.25-0.5.....	101	ANTIHEMOPHILIC FACTOR RECOMB (RAHF-PFM) FOR INJ 250 UNIT.....	123
AMPHET/DEXTR CAP 5MG ER.....	46	ANHIDROUS GEL BASE.....	152	ANTIHEMOPHILIC FACTOR RECOMB (RAHF-PFM) FOR INJ 250 UNIT.....	127
AMPHET/DEXTR CAP 10MG ER.....	46	ANNOVERA MIS.....	101	ANTIHEMOPHILIC FACTOR RECOMB (RAHF-PFM) FOR INJ 500 UNIT.....	123
AMPHET/DEXTR CAP 12.5 ER.....	46	ANORO ELLIPT AER 62.5-25.....	207	ANTIHEMOPHILIC FACTOR RECOMB (RAHF-PFM) FOR INJ 500 UNIT.....	127
AMPHET/DEXTR CAP 15MG ER.....	46	*ANTICOAGULANT CITRATE DEXTROSE SOLUTION A**	28	ANTIHEMOPHILIC FACTOR RECOMB (RAHF-PFM) FOR INJ 1000 UNIT.....	123
AMPHET/DEXTR CAP 20MG ER.....	46	ANTICOAGULANT SODIUM CITRATE CONCENTRATE 46.7%.....	28	ANTIHEMOPHILIC FACTOR RECOMB (RAHF-PFM) FOR INJ 1000 UNIT.....	127
AMPHET/DEXTR CAP 25MG ER.....	46	ANTICOAGULANT SODIUM CITRATE SOLN 4%.....	26	ANTIHEMOPHILIC FACTOR RECOMB (RAHF-PFM) FOR INJ 1500 UNIT.....	123
AMPHET/DEXTR CAP 25MG ER.....	46	ANTICOAGULNT SOL SOD CITR	26	ANTIHEMOPHIL FACT RCMB(BDD-RFVIII PEG-AUCL) FOR INJ 500 UNIT	126
AMPHET/DEXTR CAP 30MG ER.....	46	ANTIHEMOPHIL FACT RCMB(BDD-RFVIII PEG-AUCL)FOR INJ 1000 UNIT	126	ANTIHEMOPHIL FACT RCMB(BDD-RFVIII PEG-AUCL)FOR INJ 2000 UNIT	126
AMPHET/DEXTR CAP 37.5 ER.....	46	ANTIHEMOPHIL FACT RCMB(BDD-RFVIII PEG-AUCL)FOR INJ 3000 UNIT	126	ANTIHEMOPHIL FACT RCMB(BDD-RFVIII PEG-AUCL)FOR INJ 4000 UNIT	126
AMPHET/DEXTR CAP 50MG ER.....	46	ANTIHEMOPHIL FACT RCMB(BDD-RFVIII PEG-AUCL)FOR INJ 500 UNIT	128	ANTIHEMOPHIL FACT RCMB(BDD-RFVIII PEG-AUCL)FOR INJ 1000 UNIT.....	128
AMPHET/DEXTR TAB 5MG.....	47	ANTIHEMOPHIL FACT RCMB(BDD-RFVIII PEG-AUCL)FOR INJ 1500 UNIT.....	128	ANTIHEMOPHIL FACT RCMB(BDD-RFVIII PEG-AUCL)FOR INJ 2000 UNIT	128
AMPHET/DEXTR TAB 7.5MG	47	ANTIHEMOPHIL FACT RCMB(BDD-RFVIII,SIM) FOR INJ KIT 250 UNIT	128	ANTIHEMOPHIL FACT RCMB(BDD-RFVIII,SIM) FOR INJ KIT 500 UNIT.....	128
AMPHET/DEXTR TAB 10MG	46	ANTIHEMOPHIL FACT RCMB (BDD- RFVIII,SIM) FOR INJ KIT 500 UNIT.....	128	ANTIHEMOPHIL FACT RCMB(BDD- RFVIII,SIM) FOR INJ KIT 1000 UNIT.....	128
AMPHET/DEXTR TAB 12.5MG.....	46	ANTIHEMOPHIL FACT RCMB (BDD- RFVIII,SIM) FOR INJ KIT 1000 UNIT.....	128	ANTIHEMOPHIL FACT RCMB(BDD- RFVIII,SIM) FOR INJ KIT 1500 UNIT.....	128
AMPHET/DEXTR TAB 15MG	46	ANTIHEMOPHIL FACT RCMB(BDD- RFVIII,SIM) FOR INJ KIT 1500 UNIT.....	128	ANTIHEMOPHIL FACT RCMB(BDD- RFVIII,SIM) FOR INJ KIT 2000 UNIT	128
AMPHET/DEXTR TAB 20MG	47	ANTIHEMOPHIL FACT RCMB(BDD- RFVIII,SIM) FOR INJ KIT 2000 UNIT	128	ANTIHEMOPHIL FACT RCMB(BDD- RFVIII,SIM) FOR INJ KIT 2500 UNIT.....	128
AMPHET/DEXTR TAB 30MG	47				
AMPICILLIN CAP 500 MG.....	55				

ANTIHEMOPHILIC FACTOR RECOMB (RAHF-PFM) FOR INJ 2000 UNIT	127	ANTIHEMOPHILIC FACT RCMB (BDD-RFVIII,SIM) FOR INJ 3000 UNIT.....	127	APAP/CODEINE TAB 300-15MG	196
ANTIHEMOPHILIC FACTOR RECOMB (RAHF-PFM) FOR INJ 3000 UNIT	123	ANTIHEMOPHILIC FACT RCMB (BDD-RFVIII,SIM) FOR INJ 4000 UNIT.....	127	APAP/CODEINE TAB 300-30MG.....	196
ANTIHEMOPHILIC FACTOR RECOMB (RAHF-PFM) FOR INJ 3000 UNIT	127	ANTIHEMOPHILIC FACT RCMB (BD TRUNC-RFVIII) FOR INJ 250 UNIT.....	127	APAP/CODEINE TAB 300-60MG	196
ANTIHEMOPHILIC FACTOR RECOMB (RAHF-PFM) FOR INJ 4000 UNIT	123	ANTIHEMOPHILIC FACT RCMB (BD TRUNC-RFVIII) FOR INJ 500 UNIT	127	APEXICON E CRE 0.05%.....	130
ANTIHEMOPHILIC FACTOR RECOMB (RFVIII) FOR INJ 220-400 UNIT	128	ANTIHEMOPHILIC FACT RCMB (BD TRUNC-RFVIII) FOR INJ 1000 UNIT	127	APIXABAN CAP SPRINKLE 0.15 MG	26
ANTIHEMOPHILIC FACTOR RECOMB (RFVIII) FOR INJ 401-800 UNIT	128	ANTIHEMOPHILIC FACT RCMB (BD TRUNC-RFVIII) FOR INJ 1500 UNIT	127	APIXABAN TAB 2.5 MG	26
ANTIHEMOPHILIC FACTOR RECOMB (RFVIII) FOR INJ 801-1240 UNIT	128	ANTIHEMOPHILIC FACT RCMB (BD TRUNC-RFVIII) FOR INJ 2000 UNIT	127	APIXABAN TAB 5 MG	26
ANTIHEMOPHILIC FACTOR RECOMB (RFVIII) FOR INJ 1241-1800 UNIT	128	ANTIHEMOPHILIC FACT RCMB (BD TRUNC-RFVIII) FOR INJ 3000 UNIT	127	APIXABAN TAB FOR ORAL SUSP 0.5 MG.....	26
ANTIHEMOPHILIC FACTOR RECOMB (RFVIII) FOR INJ 1801-2400 UNIT	128	ANTIHEMOPHILIC FACT RCMB FC-VWF-XTEN-EHTL FOR INJ 250 UNIT.....	124	APIXABAN TAB FOR ORAL SUSP PACK 3 X 0.5 MG (1.5 MG).....	26
ANTIHEMOPHILIC FACTOR RECOMB (RFVIII) FOR INJ KIT 250 UNIT.....	126	ANTIHEMOPHILIC FACT RCMB FC-VWF-XTEN-EHTL FOR INJ 250 UNIT.....	124	APIXABAN TAB FOR ORAL SUSP PACK 4 X 0.5 MG (2 MG).....	26
ANTIHEMOPHILIC FACTOR RECOMB (RFVIII) FOR INJ KIT 500 UNIT.....	126	ANTIHEMOPHILIC FACT RCMB FC-VWF-XTEN-EHTL FOR INJ 500 UNIT.....	124	APIXABAN TAB STARTER PACK 5 MG.....	26
ANTIHEMOPHILIC FACTOR RECOMB (RFVIII) FOR INJ KIT 1000 UNIT	126	ANTIHEMOPHILIC FACT RCMB FC-VWF-XTEN-EHTL FOR INJ 1000 UNIT	124	APRACLONIDINE HCL OPTH SOLN 0.5% (BASE EQUIVALENT).....	191
ANTIHEMOPHILIC FACTOR RECOMB (RFVIII) FOR INJ KIT 2000 UNIT	126	ANTIHEMOPHILIC FACT RCMB FC-VWF-XTEN-EHTL FOR INJ 2000 UNIT	124	APRACLONIDINE HCL OPTH SOLN 1% (BASE EQUIVALENT).....	192
ANTIHEMOPHILIC FACTOR RECOMB (RFVIII) FOR INJ KIT 3000 UNIT	126	ANTIHEMOPHILIC FACT RCMB FC-VWF-XTEN-EHTL FOR INJ 3000 UNIT	124	APRACLONIDIN SOL 0.5% OP.....	191
ANTIHEMOPHILIC FACTOR/VWF (HUMAN) FOR INJ 250-600 UNIT.....	126	ANTIHEMOPHILIC FACT RCMB FC-VWF-XTEN-EHTL FOR INJ 4000 UNIT	124	APREMILAST TAB 20 MG	144
ANTIHEMOPHILIC FACTOR/VWF (HUMAN) FOR INJ 250 UNIT	124	ANTIHEMOPHILIC FACT RCMB SINGLE CHAIN FOR INJ KIT 250 UNIT.....	123	APREMILAST TAB 30 MG	144
ANTIHEMOPHILIC FACTOR/VWF (HUMAN) FOR INJ 500-500 UNIT KIT	129	ANTIHEMOPHILIC FACT RCMB SINGLE CHAIN FOR INJ KIT 500 UNIT	124	APREMILAST TAB ER 24HR 75 MG	144
ANTIHEMOPHILIC FACTOR/VWF (HUMAN) FOR INJ 500-1200 UNIT.....	126	ANTIHEMOPHILIC FACT RCMB SINGLE CHAIN FOR INJ KIT 1000 UNIT	123	APREMILAST TAB STARTER THERAPY PACK 4 X 10 MG & 51 X 20 MG	144
ANTIHEMOPHILIC FACTOR/VWF (HUMAN) FOR INJ 500 UNIT.....	124	ANTIHEMOPHILIC FACT RCMB SINGLE CHAIN FOR INJ KIT 1500 UNIT	123	APREMILAST TAB STARTER THERAPY PACK 10 MG & 20 MG & 30 MG.....	144
ANTIHEMOPHILIC FACTOR/VWF (HUMAN) FOR INJ 1000-1000 UNIT KIT ...	129	ANTIHEMOPHILIC FACT RCMB SINGLE CHAIN FOR INJ KIT 2000 UNIT	123	APREPITANT CAP 40MG	100
ANTIHEMOPHILIC FACTOR/VWF (HUMAN) FOR INJ 1000-2400 UNIT	126	ANTIHEMOPHILIC FACT RCMB SINGLE CHAIN FOR INJ KIT 2500 UNIT	123	APREPITANT CAP 80MG	100
ANTIHEMOPHILIC FACTOR/VWF (HUMAN) FOR INJ 1000 UNIT.....	124	ANTIHEMOPHILIC FACT RCMB SINGLE CHAIN FOR INJ KIT 3000 UNIT	124	APREPITANT CAP 125MG	100
ANTIHEMOPHILIC FACTOR/VWF (HUMAN) FOR INJ 1500 UNIT.....	124	ANTIINHIBITOR COAGULANT COMPLEX FOR IV SOLN 500 UNIT	125	APREPITANT CAPSULE 40 MG	100
ANTIHEMOPHILIC FACTOR/VWF (HUMAN) FOR INJ 2000 UNIT	124	ANTIINHIBITOR COAGULANT COMPLEX FOR IV SOLN 1000 UNIT	125	APREPITANT CAPSULE 80 MG	100
ANTIHEMOPHILIC FACT RCMB (BDD-RFVIII,SIM) FOR INJ 1000 UNIT	127	ANTIINHIBITOR COAGULANT COMPLEX FOR IV SOLN 2500 UNIT	125	APREPITANT CAPSULE 125 MG	100
ANTIHEMOPHILIC FACT RCMB (BDD-RFVIII,SIM) FOR INJ 1500 UNIT	127	ANTISEPTIC SOL 4%.....	73	APREPITANT CAPSULE THERAPY PACK 80 & 125 MG.....	100
ANTIHEMOPHILIC FACT RCMB (BDD-RFVIII,SIM) FOR INJ 2000 UNIT	127	ANUCORT-HC SUP 25MG.....	120	APREPITANT FOR ORAL SUSP 125 MG (125 MG/5ML)	100
ANTIHEMOPHILIC FACT RCMB (BDD-RFVIII,SIM) FOR INJ 2500 UNIT	127	ANUSOL-HC CRE 2.5%.....	120	APREPITANT PAK 125 & 80	100
		ANZEMET TAB 50MG.....	100	APRISO CAP 0.375GM.....	11
		APALUTAMIDE TAB 60 MG	21	APRI TAB.....	102
		APALUTAMIDE TAB 240 MG	21	APTIVUS CAP 250MG	19
		APAP/CODEINE SOL 120-12/5	196	AQINJECT PEN MIS 31GX3/16	152
				AQINJECT PEN MIS 32GX5/32	79
				AQNEURSA POW 1GM	152
				AQUALANCE MIS 30G	79
				AQUORAL SPR	70
				AQUORAL SPR	70
				ARAKODA TAB 100MG.....	42
				ARANELLE TAB.....	102
				ARANESP INJ 10MCG	56
				ARANESP INJ 25MCG	56
				ARANESP INJ 25MCG	56
				ARANESP INJ 40MCG	56
				ARANESP INJ 40MCG	56
				ARANESP INJ 60MCG	56
				ARANESP INJ 60MCG	56
				ARANESP INJ 100MCG.....	56
				ARANESP INJ 100MCG.....	56

ARANESP INJ 150MCG	56	ARTEMETHER-LUMEFANTRINE TAB 20-120 MG	43	ASPIRIN CHEW TAB 81 MG	188
ARANESP INJ 200MCG	56	*ARTIFICIAL SALIVA - PACKET***	71	ASPIRIN CHLD CHW 81MG	185
ARANESP INJ 200MCG	56	*ARTIFICIAL SALIVA - SOLUTION***	70	ASPIRIN CHW 81MG	185
ARANESP INJ 300MCG	56	*ARTIFICIAL SALIVA - SOLUTION***	70	ASPIRIN-DIPYRIDAMOLE CAP ER 12HR 25-200 MG	202
ARANESP INJ 500MCG	56	*ARTIFICIAL SALIVA - SOLUTION***	70	ASPIRIN EC TAB 81MG	185
ARCALYST INJ 220MG	144	*ARTIFICIAL TEAR OPHTH INSERT***	188	ASPIRIN LOW CHW 81MG	185
AREXVY INJ 120MCG	225	ARTISS KIT 2ML	73	ASPIRIN LOW TAB 81MG	185
ARFORMOTEROL NEB 15/2ML	58	ARTISS KIT 4ML	73	ASPIRIN LOW TAB 81MG EC	186
ARFORMOTEROL TARTRATE SOLN NEBU 15 MCG/2ML (BASE EQUIV)	58	ARTISS KIT 10ML	73	ASPIRIN REGI TAB 81MG	186
ARGINAID PAK CHERRY	91	ARTISS SOL 2ML	73	ASPIRIN TAB 81MG	185
ARGINAID PAK ORANGE	91	ARTISS SOL 4ML	73	ASPIRIN TAB 81MG EC	185
ARGININE CAP 500 MG	165	ARTISS SOL 10ML	73	ASPIRIN TAB DELAYED RELEASE 81 MG	185
ARGININE PAK 500MG	152	ARZOL SILVER MIS NITR APP	23	ASPIRIN TAB DELAYED RELEASE 81 MG	185
ARGININE POWDER PACKET 500 MG	152	ASA/DIPYRIDA CAP 25-200MG	202	ASPIRIN TAB DELAYED RELEASE 81 MG	185
ARGININE TAB 500 MG	152	ASCIMINIB HCL TAB 20 MG	41	ASPIRIN TAB DELAYED RELEASE 81 MG	185
ARGININE TAB 500MG	152	ASCIMINIB HCL TAB 40 MG	41	ASPIRIN TAB DELAYED RELEASE 81 MG	185
ARIKAYCE SUS	11	ASCIMINIB HCL TAB 100 MG	41	ASPIRIN TAB DELAYED RELEASE 81 MG	185
ARIMOCLOMOL CITRATE CAP 47 MG	166	ASCOMP/COD CAP 30MG	196	ASPIRIN TAB DELAYED RELEASE 81 MG	185
ARIMOCLOMOL CITRATE CAP 62 MG	166	ASCORBIC ACID TAB 500 MG	98	ASPIRIN TAB DELAYED RELEASE 81 MG	186
ARIMOCLOMOL CITRATE CAP 93 MG	166	ASENAPINE MALEATE SL TAB 2.5 MG (BASE EQUIV)	7	ASPIRIN TAB DELAYED RELEASE 81 MG	186
ARIMOCLOMOL CITRATE CAP 124 MG	166	ASENAPINE MALEATE SL TAB 5 MG (BASE EQUIV)	7	ASPIRIN TAB DELAYED RELEASE 81 MG	186
ARIPIRAZOLE ORAL SOLUTION 1 MG/ML ..	7	ASENAPINE MALEATE SL TAB 10 MG (BASE EQUIV)	7	ASPIRIN TAB DELAYED RELEASE 81 MG	186
ARIPIRAZOLE SOL 1MG/ML	7	ASENAPINE SUB 2.5MG	7	ASPIRIN TAB DELAYED RELEASE 81 MG	187
ARIPIRAZOLE TAB 2 MG	7	ASENAPINE SUB 5MG	7	ASPIRIN TAB DELAYED RELEASE 81 MG	187
ARIPIRAZOLE TAB 2MG	7	ASENAPINE SUB 10MG	7	ASPIRIN TAB DELAYED RELEASE 81 MG	187
ARIPIRAZOLE TAB 5 MG	7	ASFOTASE ALFA SUBCUTANEOUS INJ 18 MG/0.45ML	117	ASPIRIN TAB DELAYED RELEASE 81 MG	187
ARIPIRAZOLE TAB 5MG	7	ASFOTASE ALFA SUBCUTANEOUS INJ 28 MG/0.7ML	117	ASPIRIN TAB DELAYED RELEASE 81 MG	188
ARIPIRAZOLE TAB 10 MG	7	ASFOTASE ALFA SUBCUTANEOUS INJ 40 MG/ML	117	ASPIRIN TAB DELAYED RELEASE 81 MG	188
ARIPIRAZOLE TAB 10MG	7	ASFOTASE ALFA SUBCUTANEOUS INJ 80 MG/0.8ML	117	ASPIRIN TAB DELAYED RELEASE 81 MG	188
ARIPIRAZOLE TAB 15 MG	7	ASHLYNA TAB	102	ASPRUZO SPR GRA 500MG	64
ARIPIRAZOLE TAB 15MG	7	ASPIRIN-81 CHW 81MG	186	ASPRUZO SPR GRA 1000MG	64
ARIPIRAZOLE TAB 20 MG	7	ASPIRIN 81 TAB 81MG EC	185	ASSURE CMFRT MIS 28G	79
ARIPIRAZOLE TAB 20MG	7	ASPIRIN ADLT TAB 81MG	185	ASSURE ID MIS 30GX5MM	152
ARIPIRAZOLE TAB 30 MG	7	ASPIRIN ADLT TAB 81MG EC	185	ASSURE ID MIS 31GX5MM	153
ARIPIRAZOLE TAB 30MG	7	ASPIRIN CHEW TAB 81 MG	185	ASTRINGYN SOL 259MG/GM	125
ARMODAFINIL TAB 50 MG	213	ASPIRIN CHEW TAB 81 MG	185	ATABEX EC TAB 29-1MG	91
ARMODAFINIL TAB 50MG	213	ASPIRIN CHEW TAB 81 MG	185	ATABEX OB TAB 29-1MG	229
ARMODAFINIL TAB 150 MG	213	ASPIRIN CHEW TAB 81 MG	186	ATAZANAVIR CAP 150MG	19
ARMODAFINIL TAB 150MG	213	ASPIRIN CHEW TAB 81 MG	186	ATAZANAVIR CAP 200MG	19
ARMODAFINIL TAB 200 MG	213	ASPIRIN CHEW TAB 81 MG	186	ATAZANAVIR CAP 300MG	19
ARMODAFINIL TAB 200MG	213	ASPIRIN CHEW TAB 81 MG	186	ATAZANAVIR SULFATE CAP 150 MG (BASE EQUIV)	19
ARMODAFINIL TAB 250 MG	213	ASPIRIN CHEW TAB 81 MG	186	ATAZANAVIR SULFATE CAP 200 MG (BASE EQUIV)	19
ARMODAFINIL TAB 250MG	213	ASPIRIN CHEW TAB 81 MG	186	ATAZANAVIR SULFATE CAP 300 MG (BASE EQUIV)	19
ARMOUR THYRO TAB 15MG	135	ASPIRIN CHEW TAB 81 MG	186	ATAZANAVIR SULFATE-COBICISTAT TAB 300-150 MG (BASE EQUIV)	19
ARMOUR THYRO TAB 30MG	136	ASPIRIN CHEW TAB 81 MG	187	ATAZANAVIR SULFATE ORAL POWDER PACKET 50 MG (BASE EQUIV)	20
ARMOUR THYRO TAB 60MG	136	ASPIRIN CHEW TAB 81 MG	188	ATENOL/CHLOR TAB 50-25MG	64
ARMOUR THYRO TAB 90MG	136	ASPIRIN CHEW TAB 81 MG	188	ATENOL/CHLOR TAB 100-25MG	64
ARMOUR THYRO TAB 120MG	135	ASPIRIN CHEW TAB 81 MG	188		
ARMOUR THYRO TAB 180MG	136	ASPIRIN CHEW TAB 81 MG	188		
ARMOUR THYRO TAB 240MG	136	ASPIRIN CHEW TAB 81 MG	188		
ARMOUR THYRO TAB 300MG	136				
ARNUITY ELPT INH 50MCG	20				
ARNUITY ELPT INH 100MCG	20				
ARNUITY ELPT INH 200MCG	20				

ATENOLOL & CHLORTHALIDONE TAB 50-25 MG	64	ATOVAQUONE-PROGUANIL HCL TAB 250-100 MG	42	AVANAFIL TAB 100 MG	118
ATENOLOL & CHLORTHALIDONE TAB 100-25 MG	64	ATOVAQUONE-PROGUANIL HCL TAB 250-100 MG	43	AVANAFIL TAB 100MG	118
ATENOLOL TAB 25 MG	52	ATOVAQUONE SUS 750/5ML	43	AVANAFIL TAB 200 MG	118
ATENOLOL TAB 25MG	52	ATOVAQUONE SUSP 750 MG/5ML	43	AVANAFIL TAB 200 MG	120
ATENOLOL TAB 50 MG	52	ATRASENTAN HCL TAB 0.75 MG	176	AVANAFIL TAB 200MG	118
ATENOLOL TAB 50MG	52	ATROPINE POW SULFATE	153	AVAPRITINIB TAB 25 MG	178
ATENOLOL TAB 100 MG	52	ATROPINE SULFATE OPTH OINT 1%	188	AVAPRITINIB TAB 50 MG	178
ATENOLOL TAB 100MG	52	ATROPINE SULFATE OPTH SOLN 1%	188	AVAPRITINIB TAB 100 MG	178
ATOGEPAANT TAB 10 MG	59	ATROPINE SULFATE POWDER	153	AVAPRITINIB TAB 200 MG	178
ATOGEPAANT TAB 30 MG	59	ATROPINE SUL OIN 1% OP	188	AVAPRITINIB TAB 300 MG	178
ATOGEPAANT TAB 60 MG	59	ATROPINE SUL SOL 1% OP	188	AVAR CLEANSE LIQ 10-5%	73
ATOMOXETINE CAP 10MG	48	ATROVENT HFA AER 17MCG	57	AVATROMBOPAG MALEATE CAP SPRINKLE 10 MG (BASE EQUIV)	56
ATOMOXETINE CAP 18MG	48	ATTRUBY PAK 356MG	118	AVATROMBOPAG MALEATE TAB 20 MG (BASE EQUIV)	56
ATOMOXETINE CAP 25MG	48	AUBRA EQ TAB 0.1-0.02	102	AVIANE TAB	102
ATOMOXETINE CAP 40MG	48	AUGTYRO CAP 40MG	39	AVIDOXY DK KIT	222
ATOMOXETINE CAP 60MG	48	AUGTYRO CAP 160MG	39	AVIDOXY TAB 100MG	222
ATOMOXETINE CAP 80MG	48	AUM MINI PEN MIS 32GX4MM	79	AVMAPKI PAK FAKZYNJA	40
ATOMOXETINE CAP 100MG	48	AUM MINI PEN MIS 32GX5MM	79	AVONEX PEN KIT 30MCG	184
ATOMOXETINE HCL CAP 10 MG (BASE EQUIV)	48	AUM MINI PEN MIS 32GX6MM	79	AVONEX PREFL KIT 30MCG	184
ATOMOXETINE HCL CAP 18 MG (BASE EQUIV)	48	AUM MINI PEN MIS 32GX8MM	153	AVUTOMETINIB CAP 0.8 MG & DEFACTINIB TAB 200 MG THERAPY PACK	40
ATOMOXETINE HCL CAP 25 MG (BASE EQUIV)	48	AUM MINI PEN MIS 33GX4MM	153	AXITINIB TAB 1 MG	180
ATOMOXETINE HCL CAP 40 MG (BASE EQUIV)	48	AUM MINI PEN MIS 33GX5MM	153	AXITINIB TAB 5 MG	180
ATOMOXETINE HCL CAP 60 MG (BASE EQUIV)	48	AUM MINI PEN MIS 33GX6MM	153	AXONA POW	153
ATOMOXETINE HCL CAP 80 MG (BASE EQUIV)	48	AUM READYGRD MIS 32GX4MM	79	AYUNA TAB	102
ATOMOXETINE HCL CAP 100 MG (BASE EQUIV)	48	AUM SAFETY MIS 31GX4MM	153	AYVAKIT TAB 25MG	178
ATORVALIQ SUS 20MG/5ML	89	AUM SAFETY MIS 31GX5MM	153	AYVAKIT TAB 50MG	178
ATORVASTATIN CALCIUM SUSP 20 MG/5ML (4MG/ML) (BASE EQUIV)	89	AUROVELA 24 TAB FE 1/20	102	AYVAKIT TAB 100MG	178
ATORVASTATIN CALCIUM TAB 10 MG (BASE EQUIVALENT)	89	AUROVELA FE TAB 1.5/30	102	AYVAKIT TAB 200MG	178
ATORVASTATIN CALCIUM TAB 20 MG (BASE EQUIVALENT)	89	AUROVELA FE TAB 1/20	102	AYVAKIT TAB 300MG	178
ATORVASTATIN CALCIUM TAB 40 MG (BASE EQUIVALENT)	89	AUROVELA TAB 1.5/30	102	AZACITIDINE TAB 200 MG	41
ATORVASTATIN CALCIUM TAB 80 MG (BASE EQUIVALENT)	89	AUROVELA TAB 1/20	102	AZACITIDINE TAB 300 MG	41
ATORVASTATIN TAB 10MG	89	AUSTEDO TAB 6MG	68	AZASAN TAB 75 MG	140
ATORVASTATIN TAB 20MG	89	AUSTEDO TAB 9MG	68	AZASAN TAB 100MG	140
ATORVASTATIN TAB 40MG	89	AUSTEDO TAB 12MG	68	AZASITE SOL 1%	191
ATORVASTATIN TAB 80MG	89	AUSTEDO XR TAB 6MG	68	AZATHIOPRINE TAB 50 MG	140
ATOVAQ/PROGU TAB 62.5-25	43	AUSTEDO XR TAB 12MG	68	AZATHIOPRINE TAB 50MG	140
ATOVAQ/PROGU TAB 250-100	42	AUSTEDO XR TAB 18MG	68	AZATHIOPRINE TAB 75 MG	140
ATOVAQUONE-PROGUANIL HCL TAB 62.5-25 MG	43	AUSTEDO XR TAB 24MG	68	AZATHIOPRINE TAB 75 MG	140
ATOVAQUONE-PROGUANIL HCL TAB 62.5-25 MG	43	AUSTEDO XR TAB 30MG	68	AZATHIOPRINE TAB 75MG	140
		AUSTEDO XR TAB 36MG	68	AZATHIOPRINE TAB 75MG	140
		AUSTEDO XR TAB 42MG	68	AZATHIOPRINE TAB 100 MG	140
		AUSTEDO XR TAB 48MG	68	AZATHIOPRINE TAB 100 MG	140
		AUSTEDO XR TAB TITR KIT	68	AZATHIOPRINE TAB 100MG	140
		AUTOLET LANC MIS DEVICE	85	AZELAIC ACID FOAM 15%	75
		AUTOLET LITE MIS LANCING	85	AZELAIC ACID GEL 15%	73
		AUTOSHIELD MIS 30GX5MM	153	AZELAIC ACID GEL 15%	73
		AUVI-Q INJ 0.1MG	58	AZELASTINE DRO 0.05%	189
		AUVI-Q INJ 0.3MG	58	AZELASTINE HCL NASAL SPRAY 0.1% (137 MCG/SPRAY)	38
		AUVI-Q INJ 0.15MG	58	AZELASTINE HCL OPTH SOLN 0.05%	189
		AVANAFIL TAB 50 MG	118	AZELASTINE SPR 0.1%	38
		AVANAFIL TAB 50 MG	120	AZITHROMYCIN FOR SUSP 100 MG/5ML	149
		AVANAFIL TAB 50MG	118		

AZITHROMYCIN FOR SUSP 200 MG/5ML ..149	BALSALAZIDE CAP 750MG 11	BELIMUMAB SUBCUTANEOUS SOLUTION
AZITHROMYCIN FOR SUSP 200 MG/5ML ..150	BALSALAZIDE DISODIUM CAP 750 MG 11	PREFILLED SYRINGE 200 MG/ML 144
AZITHROMYCIN OPHTH SOLN 1%..... 191	*BALSAM PERU-CASTOR OIL OINT*** 78	BELLADONNA ALKALOIDS & OPIUM
AZITHROMYCIN POW 1GM PAK 149	*BALSAM PERU-CASTOR OIL OINT*** 78	SUPPOS 16.2-60 MG 43
AZITHROMYCIN POWD PACK FOR SUSP 1	*BALSAM PERU-CASTOR OIL OINT*** 78	BELLA/OPIUM SUP 16.2-60 43
GM.....149	BALSAM PERU/ OIN CASTOR..... 78	BELSOMRA TAB 5MG.....213
AZITHROMYCIN POWD PACK FOR SUSP 1	BALZIVA TAB.....102	BELSOMRA TAB 10MG 213
GM.....150	BAQSIMI ONE POW 3MG/DOSE.....122	BELSOMRA TAB 15MG.....213
AZITHROMYCIN SUS 100/5ML.....149	BAQSIMI TWO POW 3MG/DOSE.....122	BELSOMRA TAB 20MG 213
AZITHROMYCIN SUS 200/5ML.....149	BARACLUDE SOL.....15	BELZUTIFAN TAB 40 MG 42
AZITHROMYCIN TAB 250 MG 149	BARICITINIB TAB 1 MG.....141	BEMPEDOIC ACID-EZETIMIBE TAB 180-
AZITHROMYCIN TAB 250 MG 150	BARICITINIB TAB 2 MG 141	10 MG 90
AZITHROMYCIN TAB 250 MG 150	BARICITINIB TAB 4 MG 141	BEMPEDOIC ACID TAB 180 MG.....90
AZITHROMYCIN TAB 250MG.....149	BASE A PEG POW 1450 147	BENAZEPRIL HCTZ TAB 5-6.25MG.....64
AZITHROMYCIN TAB 500 MG 149	BASE CRE LIPOSOME.....153	BENAZEPRIL HCTZ TAB 10-12.5 64
AZITHROMYCIN TAB 500 MG 150	BAXDELA TAB 450MG.....207	BENAZEPRIL HCTZ TAB 20-12.5 64
AZITHROMYCIN TAB 500 MG 150	BAYER LOW CHW 81MG 186	BENAZEPRIL HCTZ TAB 20-25MG 64
AZITHROMYCIN TAB 500MG.....149	BCAD 1 POW 229	BENAZEPRIL HCL TAB 5 MG.....14
AZITHROMYCIN TAB 600 MG 150	BCAD 2 POW 229	BENAZEPRIL HCL TAB 10 MG.....14
AZITHROMYCIN TAB 600MG.....150	B & C OIN.....78	BENAZEPRIL HCL TAB 10 MG.....14
AZSTARYS CAP 26.1-5.2.....48	BD BLNT FILL MIS 18GX1.5 144	BENAZEPRIL HCL TAB 20 MG 14
AZSTARYS CAP 39.2-7.8.....48	BD BLUNT FIL MIS 18GX1" 144	BENAZEPRIL HCL TAB 20 MG 14
AZSTARYS CAP 52.3-10.....48	BD ECLIPSE MIS 18GX1.5" 144	BENAZEPRIL HCL TAB 40 MG 14
AZURETTE TAB.....102	BD ECLIPSE MIS 23GX1" 153	BENAZEPRIL HCL TAB 40 MG 14
BACIT/POLYMY OIN OP.....188	BD ECLIPSE MIS 25GX5/8" 153	BENAZEPRIL & HYDROCHLOROTHIAZIDE
BACITRACIN OIN OP.....191	BD NEEDLE MIS 30G X 1" 153	TAB 5-6.25 MG 64
BACITRACIN OPHTH OINT 500 UNIT/GM ..191	BD NEEDLE MIS 30GX1/2" 153	BENAZEPRIL & HYDROCHLOROTHIAZIDE
BACITRACIN-POLYMYXIN B OPHTH OINT .188	BD NEEDLES MIS 27GX1/2" 153	TAB 10-12.5 MG.....64
BACITRACIN-POLYMYXIN B OPHTH OINT .189	BD PEN NEEDL MIS 29GX12.7 153	BENAZEPRIL & HYDROCHLOROTHIAZIDE
BACITRACIN-POLYMYXIN-NEOMYCIN-	BD PEN NEEDL MIS 31GX5MM 153	TAB 10-12.5 MG.....66
HC OPHTH OINT 1% 190	BD PEN NEEDL MIS 31GX8MM 153	BENAZEPRIL & HYDROCHLOROTHIAZIDE
BACITRACIN-POLYMYXIN-NEOMYCIN-	BD PEN NEEDL MIS 32GX4MM 79	TAB 20-12.5 MG 64
HC OPHTH OINT 1% 190	BD PEN NEEDL MIS 32GX6MM 79	BENAZEPRIL & HYDROCHLOROTHIAZIDE
BACLOFEN ORAL SOLN 5 MG/5ML 213	BD SAFETY MIS 23GX1.5" 153	TAB 20-12.5 MG 66
BACLOFEN ORAL SOLN 10 MG/5ML 213	BD SHARPS MIS 1.4QT 153	BENAZEPRIL & HYDROCHLOROTHIAZIDE
BACLOFEN ORAL SOLN 10 MG/5ML 213	BD SHARPS MIS 3.3QT 153	TAB 20-25 MG 64
BACLOFEN SOL 5MG/5ML 213	BD SHARPS MIS 5.1L 153	BENAZEPRIL & HYDROCHLOROTHIAZIDE
BACLOFEN SOL 10MG/5ML 213	BECAPLERMIN GEL 0.01%.....76	TAB 20-25 MG 66
BACLOFEN SUS 25MG/5ML 213	BECLOMETHASONE DIPROP HFA BREATH	BENAZEPRIL TAB 5MG 14
BACLOFEN SUSP 25 MG/5ML 213	ACT INH AER 40 MCG/ACT 21	BENAZEPRIL TAB 10MG 14
BACLOFEN TAB 5 MG.....213	BECLOMETHASONE DIPROP HFA BREATH	BENAZEPRIL TAB 20MG.....14
BACLOFEN TAB 5MG 213	ACT INH AER 80 MCG/ACT 21	BENAZEPRIL TAB 40MG.....14
BACLOFEN TAB 10 MG 212	BEDAQUILINE FUMARATE TAB 20 MG	BENEFIX INJ 250UNIT 125
BACLOFEN TAB 10MG.....212	(BASE EQUIV).....45	BENEFIX INJ 500UNIT 125
BACLOFEN TAB 20 MG 212	BEDAQUILINE FUMARATE TAB 100 MG	BENEFIX INJ 1000UNIT 125
BACLOFEN TAB 20MG.....212	(BASE EQUIV).....45	BENEFIX INJ 2000UNIT 125
BACOCALMINE LIQ.....153	BELBUCA MIS 75MCG.....193	BENEFIX INJ 3000UNIT 125
BAC TAB.....11	BELBUCA MIS 150MCG 193	BENEPROTEIN POW UNFLAVOR 153
BACTRIM DS TAB 800-160 221	BELBUCA MIS 300MCG 193	BENLYSTA INJ 200MG/ML 144
BACTRIM TAB 400-80MG 221	BELBUCA MIS 450MCG 193	BENLYSTA INJ 200MG/ML 144
BAFIERTAM CAP 95MG 184	BELBUCA MIS 600MCG.....193	BENRALIZUMAB SUBCUTANEOUS SOLN
BALOXAVIR MARBOXIL TAB THERAPY	BELBUCA MIS 750MCG 193	AUTO-INJECTOR 30 MG/ML 208
PACK 1 X 40 MG (40 MG DOSE).....21	BELBUCA MIS 900MCG.....193	BENZALKONIUM CHLORIDE SOLN.....23
BALOXAVIR MARBOXIL TAB THERAPY	BELIMUMAB SUBCUTANEOUS SOLUTION	BENZALKONIUM CHLORIDE SOLN 50%.....23
PACK 1 X 80 MG (80 MG DOSE).....21	AUTO-INJECTOR 200 MG/ML.....144	BENZALKONIUM SOL 50% 23
		BENZALKONIUM SOL NF.....23

BENZNIDAZOLE TAB 12.5 MG	15	BETAMETHASONE DIPROPIONATE		*BICARB 32 MEQ/L-DEXT SOLN WITH K 2	
BENZNIDAZOLE TAB 12.5MG	15	CREAM 0.05%	130	MEQ/L (CRRT)***	97
BENZNIDAZOLE TAB 100 MG	15	BETAMETHASONE DIPROPIONATE		*BICARB 32 MEQ/L-DEXT SOLN WITH	
BENZNIDAZOLE TAB 100MG	15	LOTION 0.05%	130	K-CA 2-3.5 MEQ/L (CRRT)**	97
BENZON TINCTURE	73	BETAMETHASONE DIPROPIONATE OINT		*BICARB 32 MEQ/L-DEXT SOLN WITH	
BENZON TIN NF	73	0.05%	130	K-CA 4-2.5 MEQ/L (CRRT)**	97
BENZONATATE CAP 100 MG	210	BETAMETHASONE VALERATE CREAM		*BICARB 32 MEQ/L-DEXT SOLN WITH	
BENZONATATE CAP 100MG	210	0.1% (BASE EQUIVALENT)	130	K-MG 4-1.2 MEQ/L (CRRT)**	97
BENZONATATE CAP 200 MG	210	BETAMETHASONE VALERATE LOTION		*BICARB 32 MEQ/L SOLN WITH MG 1.2	
BENZONATATE CAP 200MG	210	0.1% (BASE EQUIVALENT)	130	MEQ/L (CRRT)***	97
BENZOYL PEROXIDE-ERYTHROMYCIN		BETAMETHASONE VALERATE OINT 0.1%		*BICARB-K 22-4 MEQ/L WITH PHOS 1	
GEL 5-3%	74	(BASE EQUIVALENT)	130	MMOL/L SOLN (CRRT)***	96
BENZOYL PEROXIDE LOTION 4% &		BETAMETH DIP CRE 0.05%	130	*BICARB-K-CA 32-4-2.5 MEQ/L WITH	
HYALURONATE SODIUM GEL 0.2% KIT	78	BETAMETH DIP LOT 0.05%	130	PHOS 1 MMOL/L SOLN (CRRT)*	96
BENZOYL PEROXIDE LOTION 8%	77	BETAMETH DIP OIN 0.05%	130	BICTEGRAVIR-EMTRICITABINE-	
BENZOYL PEROXIDE LOTION 8% &		BETAMETH VAL CRE 0.1%	130	TENOFOVIR AF TAB 30-120-15 MG	16
HYALURONATE SODIUM GEL 0.2% KIT	78	BETAMETH VAL LOT 0.1%	130	BICTEGRAVIR-EMTRICITABINE-	
*BENZOYL PEROXIDE PAD 4% & VITAMIN		BETAMETH VAL OIN 0.1%	130	TENOFOVIR AF TAB 50-200-25 MG	16
E TOPICAL 5% KIT***	78	BETAPACE AF TAB 80MG	22	BIGFOOT UNIT KIT PROGRAM	153
*BENZOYL PEROXIDE PAD 8% & VITAMIN		BETAPACE AF TAB 120MG	22	BIJUVA CAP 0.5-100	102
E TOPICAL 5% KIT***	78	BETAPACE AF TAB 160MG	22	BIJUVA CAP 1-100MG	102
*BENZOYL PEROX PAD 4% & SALICYLIC		BETASERON INJ 0.3MG	184	BIKTARVY TAB	16
AC PAD 1% & VIT E 5% KIT*	78	BETAXOLOL HCL OPTH SOLN 0.5%	191	BIKTARVY TAB	16
*BENZOYL PEROX PAD 8% & SALICYLIC		BETAXOLOL HCL OPTH SUSP 0.25%	192	BILTRICIDE TAB 600MG	15
AC PAD 2% & VIT E 5% KIT*	78	BETAXOLOL HCL TAB 10 MG	52	BIMATOPROST OPTH SOLN 0.01%	193
BENZTROPINE MESYLATE TAB 0.5 MG	26	BETAXOLOL HCL TAB 20 MG	52	BIMATOPROST OPTH SOLN 0.01%	193
BENZTROPINE MESYLATE TAB 1 MG	26	BETAXOLOL SOL 0.5% OP	191	BIMATOPROST OPTH SOLN 0.03%	193
BENZTROPINE MESYLATE TAB 2 MG	26	BETAXOLOL TAB 10MG	52	BIMATOPROST SOL 0.01%	193
BENZTROPINE TAB 0.5MG	26	BETAXOLOL TAB 20MG	52	BIMATOPROST SOL 0.03% OP	193
BENZTROPINE TAB 1MG	26	BETHANECHOL CHLORIDE TAB 5 MG	119	BIMEKIZUMAB-BKZX SUBCUTANEOUS	
BENZTROPINE TAB 2MG	26	BETHANECHOL CHLORIDE TAB 10 MG	118	SOLN AUTO-INJECTOR 160 MG/ML	143
BERDAZIMER SODIUM GEL 10.3%	177	BETHANECHOL CHLORIDE TAB 25 MG	118	BIMEKIZUMAB-BKZX SUBCUTANEOUS	
BERINERT INJ 500UNIT	13	BETHANECHOL CHLORIDE TAB 50 MG	118	SOLN AUTO-INJECTOR 320 MG/2ML	143
BESIFLOXACIN HCL OPTH SUSP 0.6%		BETHANECHOL TAB 5MG	119	BIMEKIZUMAB-BKZX SUBCUTANEOUS	
(BASE EQUIV)	191	BETHANECHOL TAB 10MG	118	SOLN PREFILLED SYR 160 MG/ML	143
BESIVANCE SUS 0.6%	191	BETHANECHOL TAB 25MG	118	BIMEKIZUMAB-BKZX SUBCUTANEOUS	
BETADINE SOL 5% OP	191	BETHANECHOL TAB 50MG	118	SOLN PREFILLED SYR 320 MG/2ML	143
BETA DIPROP CRE 0.05%	130	BETIMOL SOL 0.5% OP	192	BIMZELX INJ 160MG/ML	143
BETA DIPROP GEL 0.05%	130	BETIMOL SOL 0.25% OP	192	BIMZELX INJ 160MG/ML	143
BETA DIPROP LOT 0.05%	130	BETOPTIC-S SUS 0.25% OP	192	BIMZELX INJ 320MG/2	143
BETA DIPROP OIN 0.05%	130	BEVESPI AER 9-4.8MCG	208	BIMZELX INJ 320MG/2	143
BETAINE ANHY POW	116	BEXAGLIFLOZIN TAB 20 MG	30	BIRCH TRITERPENES GEL 10%	78
*BETAINE POWDER FOR ORAL		BEXAROTENE CAP 75 MG	210	BISACODYL TAB 5MG DR	147
SOLUTION***	116	BEXAROTENE CAP 75MG	210	BISACODYL TAB 5MG EC	147
*BETAINE POWDER FOR ORAL		BEXAROTENE GEL 1%	210	BISACODYL TAB DELAYED RELEASE 5 MG ..	147
SOLUTION***	116	BEXAROTENE GEL 1%	210	BISACODYL TAB DELAYED RELEASE 5 MG ..	147
BETAMETHASONE DIPROPIONATE		BEXSERO INJ	225	BISACODYL TAB DELAYED RELEASE 5 MG ..	148
AUGMENTED CREAM 0.05%	130	BEYFORTUS INJ 50/0.5ML	144	BISACODYL TAB DELAYED RELEASE 5 MG ..	148
BETAMETHASONE DIPROPIONATE		BEYFORTUS INJ 100MG/ML	144	BISACODYL TAB DELAYED RELEASE 5 MG ..	148
AUGMENTED GEL 0.05%	130	BICALUTAMIDE TAB 50 MG	21	BISACODYL TAB DELAYED RELEASE 5 MG ..	148
BETAMETHASONE DIPROPIONATE		BICALUTAMIDE TAB 50MG	21	BISACODYL TAB DELAYED RELEASE 5 MG ..	148
AUGMENTED LOTION 0.05%	130	*BICARB 22 MEQ/L-DEXT SOLN WITH K 4		BISACODYL TAB DELAYED RELEASE 5 MG ..	148
BETAMETHASONE DIPROPIONATE		MEQ/L (CRRT)***	97	BISACODYL TAB DELAYED RELEASE 5 MG ..	148
AUGMENTED OINT 0.05%	130	*BICARB 32 MEQ/L-DEXT SOLN WITH CA		BISACODYL TAB DELAYED RELEASE 5 MG ..	149
BETAMETHASONE DIPROPIONATE		2.5 MEQ/L (CRRT)***	97	BISACODYL TAB DELAYED RELEASE 5 MG ..	149
AUGMENTED OINT 0.05%	131				

BISACODYL TAB DELAYED RELEASE 5 MG .149	*BLOOD GLUCOSE CALIBRATION - LIQUID*** .81	*BLOOD GLUCOSE/KETONE MONITORING DEVICES*** .160
BISACODYL TAB DELAYED RELEASE 5 MG .149	*BLOOD GLUCOSE CALIBRATION - LIQUID*** .81	*BLOOD GLUCOSE MONITORING KIT*** .80
BISACODYL TAB & PEG 3350-KCL-SOD .149	*BLOOD GLUCOSE CALIBRATION - LIQUID*** .82	*BLOOD GLUCOSE MONITORING KIT W/ DEVICE*** .79
BISMUTH SUBCARBONATE POWDER .153	*BLOOD GLUCOSE CALIBRATION - LIQUID*** .83	*BLOOD GLUCOSE MONITORING KIT W/ DEVICE*** .79
BISMUTH SUBC POW .153	*BLOOD GLUCOSE CALIBRATION - LIQUID*** .83	*BLOOD GLUCOSE MONITORING KIT W/ DEVICE*** .80
BISOPRL/HCTZ TAB 2.5/6.25 .65	*BLOOD GLUCOSE CALIBRATION - LIQUID*** .83	*BLOOD GLUCOSE MONITORING KIT W/ DEVICE*** .80
BISOPRL/HCTZ TAB 5-6.25MG .65	*BLOOD GLUCOSE CALIBRATION - LIQUID*** .83	*BLOOD GLUCOSE MONITORING KIT W/ DEVICE*** .80
BISOPRL/HCTZ TAB 10/6.25 .65	*BLOOD GLUCOSE CALIBRATION - LIQUID*** .84	*BLOOD GLUCOSE MONITORING KIT W/ DEVICE*** .80
BISOPROL FUM POW .153	*BLOOD GLUCOSE CALIBRATION - LIQUID*** .84	*BLOOD GLUCOSE MONITORING MISC.***154
BISOPROL FUM TAB 2.5MG .52	*BLOOD GLUCOSE CALIBRATION - LIQUID*** .84	*BLOOD GLUCOSE MONITORING SUPPLIES*** .162
BISOPROL FUM TAB 5MG .52	*BLOOD GLUCOSE CALIBRATION - LIQUID*** .84	*BLOOD GLUCOSE MONITOR KIT W/ MONITOR DEVICE & DIGITAL APP** .153
BISOPROL FUM TAB 10MG .52	*BLOOD GLUCOSE CALIBRATION - LIQUID*** .85	*BLOOD GLUCOSE MONITOR KIT W/ MONITOR DEVICE & DIGITAL APP** .156
BISOPROLOL FUMARATE (BULK) POWDER 153	*BLOOD GLUCOSE CALIBRATION - LIQUID - HIGH*** .155	*BLOOD GLUCOSE MONITOR KIT W/ MONITOR DEVICE & DIGITAL APP** .157
BISOPROLOL FUMARATE TAB 2.5 MG .52	*BLOOD GLUCOSE CALIBRATION - LIQUID - HIGH*** .156	BLUJEPa TAB 750MG .153
BISOPROLOL FUMARATE TAB 5 MG .52	*BLOOD GLUCOSE CALIBRATION - LIQUID - HIGH*** .162	BONSITY INJ 560/2.24 .151
BISOPROLOL FUMARATE TAB 10 MG .52	*BLOOD GLUCOSE CALIBRATION - LIQUID - HIGH*** .167	BOOST BREEZE LIQ 2-FLAVOR .91
BISOPROLOL & HYDROCHLOROTHIAZIDE TAB 2.5-6.25 MG 65	*BLOOD GLUCOSE CALIBRATION - LIQUID - HIGH*** .175	BOOST HI-PRO LIQ CHOCOLAT .91
BISOPROLOL & HYDROCHLOROTHIAZIDE TAB 5-6.25 MG .65	*BLOOD GLUCOSE CALIBRATION - LIQUID - LOW*** .155	BOOST LIQ ORIGINAL .91
BISOPROLOL & HYDROCHLOROTHIAZIDE TAB 10-6.25 MG .65	*BLOOD GLUCOSE CALIBRATION - LIQUID - LOW*** .156	BOOST PLUS LIQ VANILLA .91
BLENDED MEAL MIS PEDIATRI .229	*BLOOD GLUCOSE CALIBRATION - LIQUID - LOW*** .158	BOOSTRIX INJ .225
BLENDED MEAL MIS PEDIATRI .229	*BLOOD GLUCOSE CALIBRATION - LIQUID - LOW*** .162	BOOSTRIX INJ .225
BLENDED MEAL MIS SQSH/CRT .229	*BLOOD GLUCOSE CALIBRATION - LIQUID - NORMAL*** .155	BOOST SOOTHE LIQ PCH/MINT .153
BLENDED MEAL MIS SQSH/CRT .229	*BLOOD GLUCOSE CALIBRATION - LIQUID - NORMAL*** .156	BOOST SOOTHE LIQ PCH/MINT .154
BLISOVI 24 TAB FE 1/20 .102	*BLOOD GLUCOSE CALIBRATION - LIQUID - NORMAL*** .157	BOOST SOOTHE LIQ STR/KIWI .154
BLISOVI FE TAB 1.5/30 .102	*BLOOD GLUCOSE CALIBRATION - LIQUID - NORMAL*** .175	BOOST SOOTHE LIQ STR/KIWI .154
BLISOVI FE TAB 1/20 .102	*BLOOD GLUCOSE CALIBRATION - LIQUID*** .175	BORIC ACID GRA .73
*BLOOD GLUCOSE CALIBRATION - LIQUID*** .79		BORIC ACID GRANULES .73
*BLOOD GLUCOSE CALIBRATION - LIQUID*** .79		BOSENTAN TAB 32MG .205
*BLOOD GLUCOSE CALIBRATION - LIQUID*** .79		BOSENTAN TAB 62.5 MG .205
*BLOOD GLUCOSE CALIBRATION - LIQUID*** .79		BOSENTAN TAB 62.5MG .205
*BLOOD GLUCOSE CALIBRATION - LIQUID*** .79		BOSENTAN TAB 125 MG .205
*BLOOD GLUCOSE CALIBRATION - LIQUID*** .80		BOSENTAN TAB 125MG .205
*BLOOD GLUCOSE CALIBRATION - LIQUID*** .80		BOSENTAN TAB FOR ORAL SUSP 32 MG .205
*BLOOD GLUCOSE CALIBRATION - LIQUID*** .81		BOSENTAN TAB FOR ORAL SUSP 32 MG .206
*BLOOD GLUCOSE CALIBRATION - LIQUID*** .81		BOSULIF CAP 50MG .178
*BLOOD GLUCOSE CALIBRATION - LIQUID*** .81		BOSULIF CAP 100MG .178
*BLOOD GLUCOSE CALIBRATION - LIQUID*** .81		BOSUTINIB CAP 50 MG .178
*BLOOD GLUCOSE CALIBRATION - LIQUID*** .81		BOSUTINIB CAP 100 MG .178
*BLOOD GLUCOSE CALIBRATION - LIQUID*** .81		BRAINSUSTAIN PAK .91
		BREMELANOTIDE ACET SUBCUTANEOUS SOLN AUTO-INJ 1.75 MG/0.3ML .68
		BRENSOCATIB TAB 10 MG .154
		BRENSOCATIB TAB 25 MG .154

BRENZAVVY TAB 20MG	30	BRUKINSA TAB 160MG	178	BUPRENORPHINE HCL BUCCAL FILM	
BREO ELLIPTA INH 50-25MCG	208	BUDESONIDE AER 2MG/ACT	120	600 MCG (BASE EQUIVALENT)	193
BREO ELLIPTA INH 100-25	208	BUDESONIDE CAP 3MG DR	120	BUPRENORPHINE HCL BUCCAL FILM 750	
BREO ELLIPTA INH 200-25	208	BUDESONIDE DELAYED RELEASE		MCG (BASE EQUIVALENT)	193
BREXPIRAZOLE TAB 0.5 MG	8	PARTICLES CAP 3 MG	120	BUPRENORPHINE HCL BUCCAL FILM	
BREXPIRAZOLE TAB 0.25 MG	8	BUDESONIDE-FORMOTEROL FUMARATE		900 MCG (BASE EQUIVALENT)	193
BREXPIRAZOLE TAB 1 MG	8	DIHYD AEROSOL 80-4.5 MCG/ACT	209	BUPRENORPHINE HCL-NALOXONE HCL	
BREXPIRAZOLE TAB 2 MG	8	BUDESONIDE-FORMOTEROL FUMARATE		SL FILM 2-0.5 MG (BASE EQUIV)	199
BREXPIRAZOLE TAB 3 MG	8	DIHYD AEROSOL 160-4.5 MCG/ACT	209	BUPRENORPHINE HCL-NALOXONE HCL	
BREXPIRAZOLE TAB 4 MG	8	BUDESONIDE-GLYCOPYRROLATE-		SL FILM 4-1 MG (BASE EQUIV)	199
BREZTRI AERO AER SPHERE	208	FORMOTEROL AERS 160-9-4.8 MCG/ACT ..	208	BUPRENORPHINE HCL-NALOXONE HCL	
BRIELLYN TAB	102	BUDESONIDE INHALATION SUSP 0.5		SL FILM 8-2 MG (BASE EQUIV)	199
BRIGATINIB TAB 30 MG	178	MG/2ML	20	BUPRENORPHINE HCL-NALOXONE HCL	
BRIGATINIB TAB 90 MG	178	BUDESONIDE INHALATION SUSP 0.25		SL FILM 12-3 MG (BASE EQUIV)	199
BRIGATINIB TAB 180 MG	178	MG/2ML	20	BUPRENORPHINE HCL-NALOXONE HCL	
BRIGATINIB TAB INITIATION THERAPY		BUDESONIDE INHALATION SUSP 1 MG/2ML	20	SL TAB 0.7-0.18 MG (BASE EQ)	199
PACK 90 MG & 180 MG	178	BUDESONIDE RECTAL FOAM 2 MG/ACT ..	120	BUPRENORPHINE HCL-NALOXONE HCL	
BRIMONIDINE GEL 0.33%	73	BUDESONIDE SUS 0.5MG/2	20	SL TAB 1.4-0.36 MG (BASE EQ)	199
BRIMONIDINE SOL 0.2% OP	192	BUDESONIDE SUS 0.25MG/2	20	BUPRENORPHINE HCL-NALOXONE HCL	
BRIMONIDINE SOL 0.15% OP	192	BUDESONIDE SUS 1MG/2ML	20	SL TAB 2-0.5 MG (BASE EQUIV)	199
BRIMONIDINE TARTRATE GEL 0.33%		*BULK CHEMICALS - POWDER**	159	BUPRENORPHINE HCL-NALOXONE HCL	
(BASE EQUIVALENT)	73	*BULK CHEMICALS - POWDER**	159	SL TAB 2.9-0.71 MG (BASE EQ)	199
BRIMONIDINE TARTRATE GEL 0.33%		*BULK CHEMICALS - POWDER**	165	BUPRENORPHINE HCL-NALOXONE HCL	
(BASE EQUIVALENT)	75	*BULK CHEMICALS - POWDER**	170	SL TAB 5.7-1.4 MG (BASE EQ)	199
BRIMONIDINE TARTRATE OPHTH SOLN		*BULK CHEMICALS - POWDER**	170	BUPRENORPHINE HCL-NALOXONE HCL	
0.1%	191	*BULK CHEMICALS - POWDER**	174	SL TAB 8-2 MG (BASE EQUIV)	199
BRIMONIDINE TARTRATE OPHTH SOLN		BUMETANIDE TAB 0.5 MG	86	BUPRENORPHINE HCL-NALOXONE HCL	
0.2%	192	BUMETANIDE TAB 0.5 MG	86	SL TAB 8.6-2.1 MG (BASE EQ)	199
BRIMONIDINE TARTRATE OPHTH SOLN		BUMETANIDE TAB 0.5MG	86	BUPRENORPHINE HCL-NALOXONE HCL	
0.15%	191	BUMETANIDE TAB 1 MG	86	SL TAB 11.4-2.9 MG (BASE EQ)	199
BRIMONIDINE TARTRATE OPHTH SOLN		BUMETANIDE TAB 1MG	86	BUPRENORPHINE HCL SL TAB 2 MG	
0.15%	192	BUMETANIDE TAB 2 MG	86	(BASE EQUIV)	199
BRIMONIDINE TARTRATE-TIMOLOL		BUMETANIDE TAB 2MG	86	BUPRENORPHINE HCL SL TAB 8 MG	
MALEATE OPHTH SOLN 0.2-0.5%	192	BUMEX TAB 0.5MG	86	(BASE EQUIV)	199
BRINCIDOFOVIR ORAL SUSP 10 MG/ML ..	45	BUIVACAIN HCL POWDER	154	BUPRENORPHINE TD PATCH WEEKLY 5	
BRINCIDOFOVIR TAB 100 MG	45	BUIVACAIN POW HCL	154	MCG/HR	194
BRINSUPRI TAB 10MG	154	BUPREN/NALOX MIS 2-0.5MG	199	BUPRENORPHINE TD PATCH WEEKLY 7.5	
BRINSUPRI TAB 25MG	154	BUPREN/NALOX MIS 4-1MG	199	MCG/HR	194
BRINZOLAMIDE OPHTH SUSP 1%	192	BUPREN/NALOX MIS 8-2MG	199	BUPRENORPHINE TD PATCH WEEKLY 10	
BRINZOLAMIDE OPHTH SUSP 1%	192	BUPREN/NALOX MIS 12-3MG	199	MCG/HR	193
BRINZOLAMIDE SUS 1%	192	BUPREN/NALOX SUB 2-0.5MG	199	BUPRENORPHINE TD PATCH WEEKLY 15	
BRINZOLAMIDE SUS 1% OP	192	BUPREN/NALOX SUB 8-2MG	199	MCG/HR	193
BROMFED DM SOL 2-30-10	210	BUPRENORPHIN DIS 5MCG/HR	194	BUPRENORPHINE TD PATCH WEEKLY 20	
BROMFENAC DRO 0.09% OP	189	BUPRENORPHIN DIS 7.5/HR	194	MCG/HR	193
BROMFENAC SODIUM OPHTH SOLN		BUPRENORPHIN DIS 10MCG/HR	193	BUPRENORPHIN SUB 2MG	199
0.09% (BASE EQUIV) (ONCE-DAILY) ..	189	BUPRENORPHIN DIS 15MCG/HR	193	BUPRENORPHIN SUB 8MG	199
BROMOCRIPTIN CAP 5MG	87	BUPRENORPHIN DIS 20MCG/HR	193	BUPROPION HCL (SMOKING	
BROMOCRIPTINE MESYLATE CAP 5 MG		BUPRENORPHINE HCL BUCCAL FILM 75		DETERRENT) TAB ER 12HR 150 MG	214
(BASE EQUIVALENT)	87	MCG (BASE EQUIVALENT)	193	BUPROPION HCL TAB 75 MG	29
BROMOCRIPTINE MESYLATE TAB 2.5 MG		BUPRENORPHINE HCL BUCCAL FILM 150		BUPROPION HCL TAB 100 MG	29
(BASE EQUIVALENT)	87	MCG (BASE EQUIVALENT)	193	BUPROPION HCL TAB ER 12HR 100 MG ..	29
BROMOCRIPTIN TAB 2.5MG	87	BUPRENORPHINE HCL BUCCAL FILM		BUPROPION HCL TAB ER 12HR 150 MG ..	29
BROM/PSE/DM SYP	210	300 MCG (BASE EQUIVALENT)	193	BUPROPION HCL TAB ER 12HR 200 MG ..	29
BROM/PSE/DM SYP 2-30-10	210	BUPRENORPHINE HCL BUCCAL FILM		BUPROPION HCL TAB ER 24HR 150 MG ..	29
BROM/PSE/DM SYP 2/30/10	210	450 MCG (BASE EQUIVALENT)	193	BUPROPION HCL TAB ER 24HR 300 MG ..	29
BRUKINSA CAP 80MG	178			BUPROPION TAB 75MG	29

BUPROPION TAB 100MG	29	BUTORPHANOL SOL 10MG/ML	196	CALCITONIN (SALMON) INJ 200 UNIT/ML	151
BUPROPION TAB 100MG SR	29	BUTORPHANOL TARTRATE NASAL SOLN		CALCITONIN (SALMON) INJ 200 UNIT/ML	151
BUPROPION TAB 150MG SR	29	10 MG/ML	196	CALCITONIN (SALMON) INJ 200 UNIT/ML	151
BUPROPION TAB 150MG SR	214	BYDUREON BC INJ 2/0.85ML	30	CALCITONIN (SALMON) NASAL SOLN	
BUPROPION TAB 150MG XL	29	BYETTA INJ 5MCG	30	200 UNIT/ACT	151
BUPROPION TAB 200MG SR	29	BYETTA INJ 10MCG	30	CALCITONIN SPR 200/ACT	151
BUPROPION TAB 300MG XL	29	C1 ESTERASE INHIBITOR (HUMAN) FOR		CALCITRENE OIN 0.005%	73
BUSPIRONE HCL TAB 5 MG	46	IV INJ KIT 500 UNIT	13	CALCITRIOL CAP 0.5 MCG	151
BUSPIRONE HCL TAB 7.5 MG	46	C1 ESTERASE INHIBITOR (HUMAN) FOR		CALCITRIOL CAP 0.5MCG	151
BUSPIRONE HCL TAB 10 MG	45	SUBCUTANEOUS INJ 2000 UNIT	13	CALCITRIOL CAP 0.25 MCG	151
BUSPIRONE HCL TAB 15 MG	45	C1 ESTERASE INHIBITOR (HUMAN) FOR		CALCITRIOL CAP 0.25MCG	151
BUSPIRONE HCL TAB 30 MG	46	SUBCUTANEOUS INJ 3000 UNIT	13	CALCITRIOL OIN 3MCG/GM	73
BUSPIRONE TAB 5MG	46	C1 ESTERASE INHIBITOR		CALCITRIOL OINT 3 MCG/GM	73
BUSPIRONE TAB 7.5MG	46	(RECOMBINANT) FOR IV INJ 2100 UNIT	13	CALCITRIOL ORAL SOLN 1 MCG/ML	151
BUSPIRONE TAB 10MG	45	CABERGOLINE TAB 0.5 MG	138	CALCITRIOL SOL 1MCG/ML	151
BUSPIRONE TAB 15MG	45	CABERGOLINE TAB 0.5MG	138	CALCIUM ACETATE (PHOSPHATE	
BUSPIRONE TAB 30MG	46	CABLIVI KIT 11MG	202	BINDER) CAP 667 MG (169 MG CA)	201
BUSULFAN TAB 2 MG	10	CABOMETYX TAB 20MG	178	CALCIUM ACETATE (PHOSPHATE	
BUTAL/APAP CAP 50-300MG	12	CABOMETYX TAB 40MG	178	BINDER) TAB 667 MG	201
BUTAL/APAP TAB 50-325MG	12	CABOMETYX TAB 60MG	178	CALCIUM, MAG, POTASSIUM, & SOD	
BUTALBITAL-ACETAMINOPHEN-		CABOZANTINIB S-MALATE CAP 3 X 20		OXYBATES ORAL SOLN 500 MG/ML	214
CAFFEINE CAP 50-300-40 MG	11	MG (60 MG DOSE) KIT	178	CALCIUM POW FOLINATE	154
BUTALBITAL-ACETAMINOPHEN-		CABOZANTINIB S-MALATE TAB 20 MG		CALQUENCE TAB 100MG	178
CAFFEINE CAP 50-300-40 MG	12	(BASE EQUIVALENT)	178	CAMILA TAB 0.35MG	202
BUTALBITAL-ACETAMINOPHEN-		CABOZANTINIB S-MALATE TAB 40 MG		CAM PRO COMP BAR GLYTACTI	154
CAFFEINE CAP 50-325-40 MG	11	(BASE EQUIVALENT)	178	CAM PRO COMP BAR GLYTACTI	154
BUTALBITAL-ACETAMINOPHEN-		CABOZANTINIB S-MALATE TAB 60 MG		CAMRESE LO TAB	102
CAFFEINE CAP 50-325-40 MG	12	(BASE EQUIVALENT)	178	CAMRESE TAB	102
BUTALBITAL-ACETAMINOPHEN-		CABOZANTINIB S-MAL CAP 1 X 80 MG & 1		CAMZYOS CAP 2.5MG	63
CAFFEINE TAB 50-325-40 MG	11	X 20 MG (100 DOSE) KIT	178	CAMZYOS CAP 5MG	64
BUTALBITAL-ACETAMINOPHEN-		CABOZANTINIB S-MAL CAP 1 X 80 MG &		CAMZYOS CAP 10MG	63
CAFFEINE TAB 50-325-40 MG	11	3 X 20 MG (140 DOSE) KIT	178	CAMZYOS CAP 15MG	63
BUTALBITAL-ACETAMINOPHEN-		CA CARB-FOLIC ACID-VIT D-B6-B12-		CANDESA/HCTZ TAB 16-12.5	65
CAFFEINE TAB 50-325-40 MG	12	BORON-MAG WAFER 1342-1.6 MG	91	CANDESA/HCTZ TAB 32-12.5	65
BUTALBITAL-ACETAMINOPHEN-CAFF W/		CAFFEINE CITRATE ORAL SOLN 60		CANDESA/HCTZ TAB 32-25MG	65
COD CAP 50-325-40-30 MG	196	MG/3ML (10 MG/ML BASE EQUIV)	68	CANDESARTAN CILEXETIL-	
BUTALBITAL-ACETAMINOPHEN CAP 50-		CAFFEINE CITRATE ORAL SOLN 60		HYDROCHLOROTHIAZIDE TAB 16-12.5 MG	65
300 MG	12	MG/3ML (10 MG/ML BASE EQUIV)	68	CANDESARTAN CILEXETIL-	
BUTALBITAL-ACETAMINOPHEN TAB 50-		CAFFEINE CIT SOL 20MG/ML	68	HYDROCHLOROTHIAZIDE TAB 32-12.5 MG	65
325 MG	12	CAFFEINE CIT SOL 60MG/3ML	68	CANDESARTAN CILEXETIL-	
BUTALBITAL-ACETAMINOPHEN TAB 50-		CALC ACETATE CAP 667MG	201	HYDROCHLOROTHIAZIDE TAB 32-25 MG	65
325 MG	12	CALC ACETATE TAB 667MG	201	CANDESARTAN CILEXETIL TAB 4 MG	13
BUTALBITAL-ASPIRIN-CAFFEINE CAP		CALCIFOL WAF	91	CANDESARTAN CILEXETIL TAB 8 MG	13
50-325-40 MG	11	CALCIPOTRIEN CRE 0.005%	73	CANDESARTAN CILEXETIL TAB 16 MG	13
BUTALBITAL-ASPIRIN-CAFF W/ CODEINE		CALCIPOTRIENE-BETAMETHASONE		CANDESARTAN CILEXETIL TAB 32 MG	13
CAP 50-325-40-30 MG	196	DIPROPIONATE FOAM 0.005-0.064%	74	CANDESARTAN TAB 4MG	13
BUTALBITAL-ASPIRIN-CAFF W/ CODEINE		CALCIPOTRIENE CREAM 0.005%	73	CANDESARTAN TAB 8MG	13
CAP 50-325-40-30 MG	196	CALCIPOTRIENE OINT 0.005%	73	CANDESARTAN TAB 16MG	13
BUT/APAP/CAF CAP	11	CALCIPOTRIENE OINT 0.005%	73	CANDESARTAN TAB 32MG	13
BUT/APAP/CAF CAP	11	CALCIPOTRIENE SOLN 0.005% (50 MCG/		CANNABIDIOL SOLN 100 MG/ML	28
BUT/APAP/CAF CAP CODEINE	196	ML)	73	CAPECITABINE TAB 150 MG	39
BUT/APAP/CAF TAB	11	CALCIPOTRIEN OIN 0.005%	73	CAPECITABINE TAB 150MG	39
BUT/ASA/CAF/ CAP CODEINE	196	CALCIPOTRIEN SOL 0.005%	73	CAPECITABINE TAB 500 MG	39
BUT/ASA/CAFF CAP	11	CALCITONIN INJ 200/ML	151	CAPECITABINE TAB 500MG	39
BUTOCONAZOLE NITRATE (ONE DOSE)		CALCITONIN INJ 400/2ML	151	CAPEX SHA 0.01%	130
VAGINAL CREAM 2%	35	CALCITONIN (SALMON) INJ 200 UNIT/ML	151		

CARETOUCH MIS LANC 28G	80	CEFADROXIL SUS 500/5ML	54	CEPHALEXIN CAP 750MG	54
CARETOUCH MIS LANC 30G	80	CEFADROXIL TAB 1GM	54	CEPHALEXIN FOR SUSP 125 MG/5ML	54
CARETOUCH MIS TWIST 28	80	CEFADROXIL TAB 1GM	54	CEPHALEXIN FOR SUSP 250 MG/5ML	54
CARETOUCH MIS TWIST 30	80	CEFDINIR CAP 300 MG	54	CEPHALEXIN SUS 125/5ML	54
CARETOUCH MIS TWIST 33	80	CEFDINIR CAP 300MG	54	CEPHALEXIN SUS 250/5ML	54
CARGLUMIC ACID SOLUBLE TAB 200 MG... 91		CEFDINIR FOR SUSP 125 MG/5ML	54	CEPHALEXIN TAB 250 MG	54
CARGLUMIC TAB 200MG	91	CEFDINIR FOR SUSP 250 MG/5ML	54	CEPHALEXIN TAB 250MG	54
CARIPRAZINE HCL CAP 0.5 MG (BASE		CEFDINIR SUS 125/5ML	54	CEPHALEXIN TAB 500 MG	54
EQUIVALENT)	9	CEFDINIR SUS 250/5ML	54	CEPHALEXIN TAB 500MG	54
CARIPRAZINE HCL CAP 0.75 MG (BASE		CEFIXIME CAP 400 MG	54	CEQUR SIMPL KIT PATCH 2U	154
EQUIVALENT)	9	CEFIXIME CAP 400MG	54	CERDELGA CAP 84MG	116
CARIPRAZINE HCL CAP 1.5 MG (BASE		CEFIXIME FOR SUSP 100 MG/5ML	54	CERTOLIZUMAB PEGOL PREFILLED	
EQUIVALENT)	9	CEFIXIME FOR SUSP 200 MG/5ML	54	SYRINGE KIT 200 MG/ML	140
CARIPRAZINE HCL CAP 3 MG (BASE		CEFIXIME SUS 100/5ML	54	CERTOLIZUMAB PEGOL PREFILLED	
EQUIVALENT)	9	CEFIXIME SUS 200/5ML	54	SYRINGE KIT 200 MG/ML	140
CARIPRAZINE HCL CAP 4.5 MG (BASE		CEFIXIME TAB 400 MG	54	CERVICAL CAP 22 MM	159
EQUIVALENT)	9	CEFIXIME TAB 400MG	54	CERVICAL CAP 26 MM	159
CARIPRAZINE HCL CAP 6 MG (BASE		CEFPODO PROX SUS 50MG/5ML	54	CERVICAL CAP 30 MM	159
EQUIVALENT)	9	CEFPODO PROX SUS 100/5ML	54	CERVIDIL VAG MIS 10MG INS	119
CARISOPRODOL TAB 350 MG	212	CEFPODOXIME PROXETIL FOR SUSP 50		CETRAXAL SOL 0.2%	200
CARISOPRODOL TAB 350MG	212	MG/5ML	54	CEVIMELINE CAP 30MG	70
CAROSPIR SUS 25MG/5ML	86	CEFPODOXIME PROXETIL FOR SUSP 100		CEVIMELINE HCL CAP 30 MG	70
CARTEOLOL HCL OPHTH SOLN 1%	192	MG/5ML	54	CHARLOTTE 24 CHW FE 1/20	102
CARTEOLOL SOL 1% OP	192	CEFPODOXIME PROXETIL TAB 100 MG	54	CHATEAL EQ TAB 0.15/30	102
CARTIA XT CAP 120/24HR	59	CEFPODOXIME PROXETIL TAB 200 MG	54	CHEMET CAP 100MG	99
CARTIA XT CAP 180/24HR	59	CEFPODOXIME TAB 100MG	54	CHEMSIL K-51 GEL	154
CARTIA XT CAP 240/24HR	59	CEFPODOXIME TAB 200MG	54	CHEMSTRIP BG MIS LOG	154
CARTIA XT CAP 300/24HR	60	CEFPROZIL FOR SUSP 125 MG/5ML	54	CHEMSTRIP K TES	80
CARVEDILOL TAB 3.125 MG	52	CEFPROZIL FOR SUSP 250 MG/5ML	54	CHEMSTRIP TES UGK	80
CARVEDILOL TAB 3.125MG	52	CEFPROZIL SUS 125/5ML	54	CHENODIOL (BASDS) TAB 250 MG	115
CARVEDILOL TAB 6.25 MG	52	CEFPROZIL SUS 250/5ML	54	CHERRY SYP	154
CARVEDILOL TAB 6.25MG	52	CEFPROZIL TAB 250 MG	54	CHERRY SYRUP	154
CARVEDILOL TAB 12.5 MG	52	CEFPROZIL TAB 250MG	54	CHICKEN/PEAS POW CARROTS	229
CARVEDILOL TAB 12.5MG	52	CEFPROZIL TAB 500 MG	54	CHICKEN/PEAS POW PEDIATRI	229
CARVEDILOL TAB 25 MG	52	CEFPROZIL TAB 500MG	54	CHLORAMBUCIL TAB 2 MG	10
CARVEDILOL TAB 25MG	52	CEFUROXIME AXETIL TAB 250 MG	54	CHLORDIAZEP CAP 5MG	51
CAVERJECT IM KIT 10MCG	119	CEFUROXIME AXETIL TAB 500 MG	54	CHLORDIAZEP CAP 10MG	51
CAVERJECT IM KIT 20MCG	119	CEFUROXIME TAB 250MG	54	CHLORDIAZEP CAP 25MG	51
CAVERJECT INJ 20MCG	119	CEFUROXIME TAB 500MG	54	CHLORDIAZEPOXIDE-AMITRIPTYLINE	
CAVERJECT INJ 40MCG	119	CELECOXIB CAP 50 MG	186	TAB 5-12.5 MG	223
CAYA DPR	154	CELECOXIB CAP 50MG	186	CHLORDIAZEPOXIDE-AMITRIPTYLINE	
CDP/AMITRIP TAB 5-12.5MG	223	CELECOXIB CAP 100 MG	186	TAB 10-25 MG	223
CDP/AMITRIP TAB 10-25MG	223	CELECOXIB CAP 100MG	186	CHLORDIAZEPOXIDE HCL CAP 5 MG	51
CEFACLOR CAP 250 MG	53	CELECOXIB CAP 200 MG	186	CHLORDIAZEPOXIDE HCL CAP 10 MG	51
CEFACLOR CAP 250MG	53	CELECOXIB CAP 200MG	186	CHLORDIAZEPOXIDE HCL CAP 25 MG	51
CEFACLOR CAP 500 MG	53	CELECOXIB CAP 400 MG	186	CHLORHEX GLU SOL 0.12%	71
CEFACLOR CAP 500MG	53	CELECOXIB CAP 400MG	186	CHLORHEXIDINE GLUCONATE SOLN 0.12% 71	
CEFACLOR ER TAB 500MG	53	CELONTIN CAP 300MG	63	CHLORHEXIDINE GLUCONATE SOLN 0.12% 71	
CEFACLOR MONOHYDRATE TAB ER 12HR		CENEGERMIN-BKBJ OPHTH SOLN		CHLORHEXIDINE GLUCONATE SOLN 0.12% 71	
500 MG	53	0.002% (20 MCG/ML)	189	CHLORHEXIDINE GLUCONATE SOLN 4% ... 73	
CEFADROXIL CAP 500 MG	54	CEPHALEXIN CAP 250 MG	54	CHLOROQUINE PHOSPHATE TAB 250 MG... 43	
CEFADROXIL CAP 500MG	54	CEPHALEXIN CAP 250MG	54	CHLOROQUINE PHOSPHATE TAB 500 MG... 43	
CEFADROXIL FOR SUSP 250 MG/5ML	54	CEPHALEXIN CAP 500 MG	54	CHLOROQUINE TAB 250MG	43
CEFADROXIL FOR SUSP 500 MG/5ML	54	CEPHALEXIN CAP 500MG	54	CHLOROQUINE TAB 500MG	43
CEFADROXIL SUS 250/5ML	54	CEPHALEXIN CAP 750 MG	54	CHLOROTHIAZIDE (BULK) POWDER	87

CHLOROTHIAZIDE SUSP 250 MG/5ML.....	87	CICLESONIDE NASAL AEROSOL SOLN 37		CIPROFLOXACIN HCL OTIC SOLN 0.2%	
CHLOROTHIAZI POW	87	MCG/ACT (50 MCG/VALVE)	21	(BASE EQUIVALENT).....	200
CHLORPROMAZINE HCL (BULK) POWDER...	6	CICLODAN SOL 8%.....	35	CIPROFLOXACIN HCL OTIC SOLN 0.2%	
CHLORPROMAZINE HCL TAB 10 MG	6	CICLOPIROX CRE 0.77%	35	(BASE EQUIVALENT).....	200
CHLORPROMAZINE HCL TAB 25 MG	6	CICLOPIROX GEL 0.77%	35	CIPROFLOXACIN HCL TAB 250 MG (BASE	
CHLORPROMAZINE HCL TAB 50 MG	6	CICLOPIROX GEL 0.77%	35	EQUIV).....	207
CHLORPROMAZINE HCL TAB 100 MG	6	CICLOPIROX OLAMINE CREAM 0.77%		CIPROFLOXACIN HCL TAB 250 MG (BASE	
CHLORPROMAZINE HCL TAB 200 MG.....	6	(BASE EQUIV).....	35	EQUIV).....	207
CHLORPROMAZ POW HCL	6	CICLOPIROX OLAMINE SUSP 0.77%		CIPROFLOXACIN HCL TAB 500 MG (BASE	
CHLORPROMAZ TAB 10MG.....	6	(BASE EQUIV).....	35	EQUIV).....	207
CHLORPROMAZ TAB 25MG.....	6	CICLOPIROX SHA 1%.....	35	CIPROFLOXACIN HCL TAB 500 MG (BASE	
CHLORPROMAZ TAB 50MG	6	CICLOPIROX SHAMPOO 1%.....	35	EQUIV).....	207
CHLORPROMAZ TAB 100MG	6	CICLOPIROX SOL 8%	35	CIPROFLOXACIN HCL TAB 750 MG (BASE	
CHLORPROMAZ TAB 200MG	6	CICLOPIROX SOLUTION 8%	35	EQUIV).....	207
CHLORTHALIDONE TAB 25 MG.....	87	CICLOPIROX SOLUTION 8%	35	CIPROFLOXACN SOL 0.2%	200
CHLORTHALIDONE TAB 50 MG	87	CICLOPIROX SUS 0.77%	35	CIPROFLOXACN SOL 0.3% OP	191
CHLORTHALID TAB 25MG.....	87	CILOSTAZOL TAB 50 MG	202	CIPROFLOXACN TAB 250MG.....	207
CHLORTHALID TAB 50MG	87	CILOSTAZOL TAB 50MG	202	CIPROFLOXACN TAB 500MG	207
CHLORZOXAZONE TAB 500 MG.....	212	CILOSTAZOL TAB 100 MG.....	202	CIPROFLOXACN TAB 750MG.....	207
CHLORZOXAZON TAB 500MG.....	212	CILOSTAZOL TAB 100MG	202	CIPRO TAB 250MG	207
CHOLBAM CAP 50MG.....	116	CILOXAN OIN 0.3% OP.....	191	CIPRO TAB 500MG.....	207
CHOLBAM CAP 250MG.....	116	CIMDUO TAB 300-300	18	CISPLATIN (BULK) POWDER.....	154
CHOLECALCIFEROL CAP 125 MCG (5000		CIMETIDINE HCL SOLN 300 MG/5ML	129	CISPLATIN POW	154
UNIT)	99	CIMETIDINE SOL 300/5ML	129	CITALOPRAM HYDROBROMIDE ORAL	
CHOLESTYRAMINE (BULK) POWDER	154	CIMETIDINE TAB 200 MG.....	129	SOLN 10 MG/5ML	219
CHOLESTYRAMINE (BULK) POWDER	154	CIMETIDINE TAB 200MG	129	CITALOPRAM HYDROBROMIDE TAB 10	
CHOLESTYRAMINE LIGHT POWDER 4		CIMETIDINE TAB 300 MG.....	129	MG (BASE EQUIV)	219
GM/DOSE.....	90	CIMETIDINE TAB 300MG	129	CITALOPRAM HYDROBROMIDE TAB 20	
CHOLESTYRAMINE LIGHT POWDER 4		CIMETIDINE TAB 400 MG.....	129	MG (BASE EQUIV)	219
GM/DOSE.....	91	CIMETIDINE TAB 400MG	129	CITALOPRAM HYDROBROMIDE TAB 40	
CHOLESTYRAMINE LIGHT POWDER 4		CIMETIDINE TAB 800 MG.....	129	MG (BASE EQUIV)	219
GM/DOSE.....	91	CIMETIDINE TAB 800MG	129	CITALOPRAM SOL 10MG/5ML	219
CHOLESTYRAMINE LIGHT POWDER		CIMZIA PREFL KIT 200MG/ML.....	140	CITALOPRAM TAB 10MG	219
PACKETS 4 GM.....	90	CIMZIA START KIT 200MG/ML.....	140	CITALOPRAM TAB 20MG	219
CHOLESTYRAMINE LIGHT POWDER		CINACALCET HCL TAB 30 MG (BASE		CITALOPRAM TAB 40MG.....	219
PACKETS 4 GM.....	91	EQUIV).....	151	CITRANATAL CAP HARMONY	229
CHOLESTYRAMINE POWDER 4 GM/DOSE ..	90	CINACALCET HCL TAB 60 MG (BASE		CITRANATAL CAP MEDLEY.....	229
CHOLESTYRAMINE POWDER 4 GM/DOSE ..	91	EQUIV).....	151	CITRANATAL MIS 90 DHA.....	229
CHOLESTYRAMINE POWDER PACKETS 4		CINACALCET HCL TAB 90 MG (BASE		CITRANATAL MIS B-CALM	229
GM.....	90	EQUIV).....	151	CITRANATAL PAK ASSURE	229
CHOLESTYRAMINE POWDER PACKETS 4		CINACALCET TAB 30MG	151	CITROMA SOL LEMONY.....	147
GM.....	91	CINACALCET TAB 60MG	151	CITRULLINE (BULK) POWDER	154
CHOLESTYRAMI POW.....	154	CINACALCET TAB 90MG	151	CITRULLINE (BULK) POWDER	165
CHOLESTYRAMI POW RESIN	154	CIPRO (5%) SUS 250MG/5	207	CITRULLINE CAP 600 MG	165
CHOLESTYRAM POW 4GM	90	CIPRO (10%) SUS 500MG/5.....	207	CITRULLINE ORAL PACKET 1 GM	154
CHOLESTYRAM POW 4GM	90	CIPRO/DEXA SUS 0.3-0.1%.....	200	CITRULLINE POW 1000.....	154
CHOLESTYRAM POW 4GM LITE.....	90	CIPROFLOXACIN-DEXAMETHASONE		CITRULLINE POW (L)	154
CHOLESTYRAM POW 4GM LITE.....	90	OTIC SUSP 0.3-0.1%.....	200	CLADRIBINE PAK 10MG(4).....	183
CHOLIC ACID CAP 50 MG.....	116	CIPROFLOXACIN FOR ORAL SUSP 250		CLADRIBINE PAK 10MG(5).....	183
CHOLIC ACID CAP 250 MG.....	116	MG/5ML (5%) (5 GM/100ML)	207	CLADRIBINE PAK 10MG(6).....	183
CHOSEN MIS 30G.....	80	CIPROFLOXACIN FOR ORAL SUSP 500		CLADRIBINE PAK 10MG(7).....	183
CHOSEN MIS LANCING.....	86	MG/5ML (10%) (10 GM/100ML)	207	CLADRIBINE PAK 10MG(8).....	183
CHOSEN MIS SAFE 28G	80	CIPROFLOXACIN HCL OPHTH OINT 0.3% ..	191	CLADRIBINE PAK 10MG(9).....	183
CIBINQO TAB 50MG	78	CIPROFLOXACIN HCL OPHTH SOLN 0.3%		CLADRIBINE PAK 10MG(10)	183
CIBINQO TAB 100MG	78	(BASE EQUIVALENT).....	191	CLADRIBINE TAB THERAPY PACK 10 MG	
CIBINQO TAB 200MG	78			(4 TABS).....	183

CLADRIBINE TAB THERAPY PACK 10 MG (4 TABS).....	183	CLIMARA PRO DIS WEEKLY	103	CLOBAZAM SUSPENSION 2.5 MG/ML.....	114
CLADRIBINE TAB THERAPY PACK 10 MG (5 TABS).....	183	CLINDACIN AER 1%	73	CLOBAZAM TAB 10 MG.....	114
CLADRIBINE TAB THERAPY PACK 10 MG (5 TABS).....	183	CLINDACIN MIS ETZ 1%.....	73	CLOBAZAM TAB 10 MG.....	114
CLADRIBINE TAB THERAPY PACK 10 MG (6 TABS)	183	CLINDACIN-P PAD 1%.....	73	CLOBAZAM TAB 10MG	114
CLADRIBINE TAB THERAPY PACK 10 MG (6 TABS)	184	CLINDAMY/BEN GEL 1.2-5%	73	CLOBAZAM TAB 20 MG.....	114
CLADRIBINE TAB THERAPY PACK 10 MG (7 TABS).....	183	CLINDAMYCIN AER 1%.....	73	CLOBAZAM TAB 20 MG.....	114
CLADRIBINE TAB THERAPY PACK 10 MG (7 TABS).....	184	CLINDAMYCIN CAP 75MG	24	CLOBAZAM TAB 20MG	114
CLADRIBINE TAB THERAPY PACK 10 MG (8 TABS).....	183	CLINDAMYCIN CAP 150MG.....	24	CLOBETASOL CRE 0.05%	130
CLADRIBINE TAB THERAPY PACK 10 MG (8 TABS).....	184	CLINDAMYCIN CAP 300MG.....	24	CLOBETASOL CRE 0.05%	130
CLADRIBINE TAB THERAPY PACK 10 MG (9 TABS)	183	CLINDAMYCIN CRE 2% VAG.....	24	CLOBETASOL E CRE 0.05%.....	130
CLADRIBINE TAB THERAPY PACK 10 MG (9 TABS)	184	CLINDAMYCIN GEL 1%.....	73	CLOBETASOL GEL 0.05%	130
CLADRIBINE TAB THERAPY PACK 10 MG (10 TABS)	183	CLINDAMYCIN GEL 1%.....	73	CLOBETASOL OIN 0.05%.....	130
CLADRIBINE TAB THERAPY PACK 10 MG (10 TABS)	183	CLINDAMYCIN HCL CAP 75 MG	23	CLOBETASOL PROPIONATE CREAM 0.05% 130	
CLARAVIS CAP 10MG	73	CLINDAMYCIN HCL CAP 75 MG	24	CLOBETASOL PROPIONATE EMOLLIENT BASE CREAM 0.05%	130
CLARAVIS CAP 20MG.....	73	CLINDAMYCIN HCL CAP 150 MG.....	23	CLOBETASOL PROPIONATE EMOLLIENT BASE CREAM 0.05%	130
CLARAVIS CAP 30MG.....	73	CLINDAMYCIN HCL CAP 150 MG.....	24	CLOBETASOL PROPIONATE GEL 0.05%....	130
CLARAVIS CAP 40MG.....	73	CLINDAMYCIN HCL CAP 300 MG	23	CLOBETASOL PROPIONATE OINT 0.05%...130	
CLARITHROMYCIN FOR SUSP 125 MG/5ML150 MG/5ML	150	CLINDAMYCIN HCL CAP 300 MG	24	CLOBETASOL PROPIONATE SOLN 0.05% ..130	
CLARITHROMYCIN TAB 250 MG	150	CLINDAMYCIN LOT 1%.....	73	CLOBETASOL PROPIONATE SPRAY 0.05% ..130	
CLARITHROMYCIN TAB 500 MG	150	CLINDAMYCIN MIS 1%.....	73	CLOBETASOL SOL 0.05%	130
CLARITHROMYCIN TAB ER 24HR 500 MG ..150		CLINDAMYCIN PALMITATE HCL FOR SOLN 75 MG/5ML (BASE EQUIV)	24	CLOBETASOL SPR 0.05%.....	130
CLARITHROMYC SUS 125/5ML.....	150	CLINDAMYCIN PALMITATE HCL FOR SOLN 75 MG/5ML (BASE EQUIV)	24	CLOCORTOLONE CRE 0.1%	130
CLARITHROMYC SUS 250/5ML	150	CLINDAMYCIN PHOSPHATE FOAM 1%	73	CLOCORTOLONE PIVALATE CREAM 0.1%..130	
CLARITHROMYC TAB 250MG	150	CLINDAMYCIN PHOSPHATE FOAM 1%	73	CLOMIPRAMINE CAP 25MG.....	223
CLARITHROMYC TAB 500MG	150	CLINDAMYCIN PHOSPHATE GEL 1% (ONCE-DAILY)	73	CLOMIPRAMINE CAP 50MG	223
CLARITHROMYC TAB 500MG ER	150	CLINDAMYCIN PHOSPHATE GEL 1% (TWICE-DAILY)	73	CLOMIPRAMINE CAP 75MG.....	223
CLEARLAX POW	146	CLINDAMYCIN PHOSPHATE LOTION 1%	73	CLOMIPRAMINE HCL CAP 25 MG	223
CLEMASTINE FUMARATE TAB 2.68 MG.....38		CLINDAMYCIN PHOSPHATE (ONE DOSE) VAGINAL CREAM 2%.....	24	CLOMIPRAMINE HCL CAP 50 MG	223
CLEMASTINE FUMARATE TAB 2.68 MG.....38		CLINDAMYCIN PHOSPHATE SOLN 1%.....	73	CLOMIPRAMINE HCL CAP 75 MG	223
CLEMASTINE FUMARATE TAB 2.68 MG.....38		CLINDAMYCIN PHOSPHATE SWAB 1%.....	73	CLONAZEPAM ORALLY DISINTEGRATING TAB 0.5 MG.....	51
CLEMASTINE TAB 2.68MG	38	CLINDAMYCIN PHOSPHATE SWAB 1%.....	73	CLONAZEPAM ORALLY DISINTEGRATING TAB 0.25 MG	51
CLEMASZ TAB 2.68MG	38	CLINDAMYCIN PHOSPHATE SWAB 1%.....	73	CLONAZEPAM ORALLY DISINTEGRATING TAB 0.125 MG	51
CLEMSZA TAB 2.68MG	38	CLINDAMYCIN PHOSPHATE VAGINAL CREAM 2%	24	CLONAZEPAM ORALLY DISINTEGRATING TAB 1 MG	51
CLENPIQ SOL	147	CLINDAMYCIN PHOSPHATE VAGINAL CREAM 2%	24	CLONAZEPAM ORALLY DISINTEGRATING TAB 2 MG.....	51
CLEOCIN CAP 75MG	23	CLINDAMYCIN PHOSPHATE VAGINAL GEL 2%.....	26	CLONAZEPAM TAB 0.5 MG	51
CLEOCIN CAP 150MG.....	23	CLINDAMYCIN PHOSPH-BENZOYL PEROXIDE (REFRIG) GEL 1.2 (1)-5%.....	73	CLONAZEPAM TAB 0.5MG.....	51
CLEOCIN CAP 300MG	23	CLINDAMYCIN PHOSPH-BENZOYL PEROXIDE (REFRIG) GEL 1.2 (1)-5%.....	75	CLONAZEPAM TAB 1 MG	51
CLEOCIN CRE 2% VAG	24	CLINDAMYCIN SOL 1%.....	73	CLONAZEPAM TAB 1MG	51
CLEOCIN PED SOL 75MG/5ML.....	24	CLINDAMYCIN SOL 75MG/5ML.....	24	CLONAZEPAM TAB 2 MG	51
CLESROVIMAB-CFOR IM SOLN PREFILLED SYRINGE 105 MG/0.7ML.....144		CLINDESSE CRE 2%.....	24	CLONAZEPAM TAB 2MG.....	51
		CLINPRO 5000 PST 1.1%	71	CLONAZEP ODT TAB 0.5MG	51
		CLOBAZAM ORAL FILM 5 MG	114	CLONAZEP ODT TAB 0.25MG.....	51
		CLOBAZAM ORAL FILM 10 MG.....	114	CLONAZEP ODT TAB 1MG	51
		CLOBAZAM ORAL FILM 20 MG.....	114	CLONAZEP ODT TAB 2MG	51
		CLOBAZAM SUS 2.5MG/ML	113	CLONIDINE DIS 0.1/24HR.....	10
		CLOBAZAM SUSPENSION 2.5 MG/ML.....	113	CLONIDINE DIS 0.2/24HR.....	10
				CLONIDINE DIS 0.3/24HR.....	10

CLONIDINE HCL EXTENDED RELEASE SUSP 0.1 MG/ML	50	CLOZAPINE TAB 25MG	223	COAGULATION FACTOR IX (RECOMB) (RFIXFC) FOR INJ 3000 UNIT	124
CLONIDINE HCL TAB 0.1 MG	10	CLOZAPINE TAB 25MG ODT	7	COAGULATION FACTOR IX (RECOMB) (RFIXFC) FOR INJ 4000 UNIT	124
CLONIDINE HCL TAB 0.2 MG	10	CLOZAPINE TAB 50 MG	223	COAGULATION FACTOR IX (RECOMB) (RIX-FP) FOR INJ 250 UNIT	126
CLONIDINE HCL TAB 0.3 MG	10	CLOZAPINE TAB 50 MG	223	COAGULATION FACTOR IX (RECOMB) (RIX-FP) FOR INJ 500 UNIT	126
CLONIDINE HCL TAB ER 12HR 0.1 MG	48	CLOZAPINE TAB 100 MG	223	COAGULATION FACTOR IX (RECOMB) (RIX-FP) FOR INJ 1000 UNIT	126
CLONIDINE TAB 0.1MG	10	CLOZAPINE TAB 100 MG	223	COAGULATION FACTOR IX (RECOMB) (RIX-FP) FOR INJ 2000 UNIT	126
CLONIDINE TAB 0.1MG ER	48	CLOZAPINE TAB 100MG	223	COAGULATION FACTOR IX (RECOMB) (RIX-FP) FOR INJ 3500 UNIT	126
CLONIDINE TAB 0.2MG	10	CLOZAPINE TAB 100/ODT	7	COAGULATION FACTOR IX (RECOMB) (RIX-FP) FOR INJ 5000 UNIT	127
CLONIDINE TAB 0.3MG	10	CLOZAPINE TAB 150/ODT	7	COAGULATION FACTOR VIIA (RECOMB) FOR INJ 1 MG (1000 MCG)	127
CLONIDINE TD PATCH WEEKLY 0.1 MG/24HR	10	CLOZAPINE TAB 200 MG	223	COAGULATION FACTOR VIIA (RECOMB) FOR INJ 2 MG (2000 MCG)	127
CLONIDINE TD PATCH WEEKLY 0.2 MG/24HR	10	CLOZAPINE TAB 200 MG	223	COAGULATION FACTOR VIIA (RECOMB) FOR INJ 5 MG (5000 MCG)	127
CLONIDINE TD PATCH WEEKLY 0.3 MG/24HR	10	CLOZAPINE TAB 200/ODT	7	COAGULATION FACTOR VIIA (RECOMB) FOR INJ 8 MG (8000 MCG)	127
CLOPIDOGREL BISULFATE (BULK) POWDER	154	CLOZARIL TAB 25MG	223	COAGULATION FACTOR X (HUMAN) FOR INJ 250 UNIT	125
CLOPIDOGREL BISULFATE TAB 75 MG (BASE EQUIV)	202	CLOZARIL TAB 50MG	223	COAGULATION FACTOR X (HUMAN) FOR INJ 500 UNIT	125
CLOPIDOGREL BISULFATE TAB 300 MG (BASE EQUIV)	202	CLOZARIL TAB 100MG	223	COAGULATION FACTOR XIII A-SUBUNIT FOR INJ 2500 UNIT	129
CLOPIDOGREL POW BISULFAT	154	CLOZARIL TAB 200MG	223	COAL TAR SOL 20%	74
CLOPIDOGREL TAB 75MG	202	C-NATE DHA CAP 28-1-200	229	COAL TAR SOLN 20%	74
CLOPIDOGREL TAB 300MG	202	COAGDEX INJ 250UNIT	125	COARTEM TAB 20-120MG	43
CLORAZ DIPOT TAB 3.75MG	51	COAGDEX INJ 500UNIT	125	COBASE #1 OINTMENT BASE	168
CLORAZ DIPOT TAB 7.5MG	51	COAGUCHEK MIS LANCETS	80	COBICISTAT TAB 150 MG	19
CLORAZ DIPOT TAB 15MG	51	COAGULATION FACTOR IX FOR INJ 500 UNIT	124	COBIMETINIB FUMARATE TAB 20 MG (BASE EQUIVALENT)	178
CLORAZEPATE DIPOTASSIUM TAB 3.75 MG ..	51	COAGULATION FACTOR IX FOR INJ 1000 UNIT	124	CODEINE/GG SOL 10-100/5	208
CLORAZEPATE DIPOTASSIUM TAB 7.5 MG ..	51	COAGULATION FACTOR IX FOR INJ 1500 UNIT	124	CODEINE PHOS-CHLORPHENIRAMINE MALEATE TAB ER 12HR 54.3-8 MG	210
CLORAZEPATE DIPOTASSIUM TAB 15 MG ...	51	COAGULATION FACTOR IX (RECOMBINANT) FOR INJ 250 UNIT	129	CODEINE SULFATE TAB 15 MG	196
CLOTTRIMAZOLE TRO 10MG	35	COAGULATION FACTOR IX (RECOMBINANT) FOR INJ 500 UNIT	129	CODEINE SULFATE TAB 30 MG	196
CLOTTRIMAZOLE TROCHE 10 MG	35	COAGULATION FACTOR IX (RECOMBINANT) FOR INJ 1000 UNIT	129	CODEINE SULF TAB 60 MG	196
CLOTTRIMAZOLE W/ BETAMETHASONE CREAM 1-0.05%	73	COAGULATION FACTOR IX (RECOMBINANT) FOR INJ 2000 UNIT	129	CODEINE SULF TAB 15MG	196
CLOTTRIMAZOLE W/ BETAMETHASONE CREAM 1-0.05%	74	COAGULATION FACTOR IX (RECOMBINANT) FOR INJ 3000 UNIT	129	CODEINE SULF TAB 30MG	196
CLOTTRIMAZOLE W/ BETAMETHASONE LOTION 1-0.05%	74	COAGULATION FACTOR IX (RECOMBINANT) FOR INJ KIT 250 UNIT ..	125	CODEINE SULF TAB 60MG	196
CLOTTRIM/BETA CRE 1-0.05%	73	COAGULATION FACTOR IX (RECOMBINANT) FOR INJ KIT 500 UNIT ..	125	CODEINE SULF TAB 60MG	196
CLOTTRIM/BETA CRE DIPROP	74	COAGULATION FACTOR IX (RECOMBINANT) FOR INJ KIT 1000 UNIT ..	125	COD LIVER CAP OIL	229
CLOTTRIM/BETA LOT DIPROP	74	COAGULATION FACTOR IX (RECOMBINANT) FOR INJ KIT 2000 UNIT ..	125	*COD LIVER OIL CAP***	229
CLOVAGEL GEL	154	COAGULATION FACTOR IX (RECOMBINANT) FOR INJ KIT 3000 UNIT ..	125	COENZYME Q10 CAP 30 MG	155
CLOZAPINE ORALLY DISINTEGRATING TAB 12.5 MG	7	COAGULATION FACTOR IX (RECOMB) (RFIXFC) FOR INJ 250 UNIT	124	COENZYME Q10 CAP 30MG	155
CLOZAPINE ORALLY DISINTEGRATING TAB 25 MG	7	COAGULATION FACTOR IX (RECOMB) (RFIXFC) FOR INJ 500 UNIT	124	COENZYME Q10 CAP 50 MG	155
CLOZAPINE ORALLY DISINTEGRATING TAB 100 MG	7	COAGULATION FACTOR IX (RECOMB) (RFIXFC) FOR INJ 1000 UNIT	124	COENZYME Q10 CAP 50 MG	155
CLOZAPINE ORALLY DISINTEGRATING TAB 150 MG	7	COAGULATION FACTOR IX (RECOMB) (RFIXFC) FOR INJ 2000 UNIT	124	COENZYME Q10 CAP 50 MG	156
CLOZAPINE ORALLY DISINTEGRATING TAB 200 MG	7			COENZYME Q10 CAP 50 MG	156
CLOZAPINE TAB 12.5/ODT	7			COENZYME Q10 CAP 50MG	155
CLOZAPINE TAB 25 MG	223			COENZYME Q10 CAP 50MG	155
CLOZAPINE TAB 25 MG	223			COENZYME Q10 CAP 100 MG	154

COENZYME Q10 CAP 100 MG	155	COLLODION LIQ FLEXIBLE	155	CONDYLOX GEL 0.5%	74
COENZYME Q10 CAP 100 MG	155	COLY-MYCIN M INJ 150MG	24	CONJ EST 0.625(14)/CONJ EST-	
COENZYME Q10 CAP 100 MG	155	COMBIGAN SOL 0.2/0.5%	192	MEDROXYPRO AC TAB 0.625-5MG(14)	110
COENZYME Q10 CAP 100 MG	156	COMBIPATCH DIS	103	CONJ ESTROGN TAB 0.3MG	103
COENZYME Q10 CAP 100 MG	156	COMBIPATCH DIS	103	CONJ ESTROGN TAB 0.9MG	103
COENZYME Q10 CAP 100 MG	156	COMBIVENT AER 20-100	208	CONJ ESTROGN TAB 0.45MG	103
COENZYME Q10 CAP 100 MG	160	COMETRIQ KIT 60MG	178	CONJ ESTROGN TAB 0.625MG	103
COENZYME Q10 CAP 100MG	155	COMETRIQ KIT 100MG	178	CONJ ESTROGN TAB 1.25MG	103
COENZYME Q10 CAP 100MG	155	COMETRIQ KIT 140MG	178	CONJUGATED ESTROGEN-	
COENZYME Q10 CAP 200 MG	155	COMFORT EZ MIS 23G	80	MEDROXYPROGEST ACETATE TAB 0.3-1.5	
COENZYME Q10 CAP 200 MG	155	COMFORT EZ MIS 28G	80	MG	110
COENZYME Q10 CAP 200 MG	155	COMFORT EZ MIS 30GX8MM	80	CONJUGATED ESTROGEN-	
COENZYME Q10 CAP 200 MG	156	COMFORT EZ MIS 31GX4MM	155	MEDROXYPROGEST ACETATE TAB 0.45-	
COENZYME Q10 CAP 200 MG	156	COMFORT EZ MIS 31GX5MM	155	1.5 MG	110
COENZYME Q10 CAP 200 MG	160	COMFORT TCH MIS LANC 28G	80	CONJUGATED ESTROGEN-	
COENZYME Q10 CAP 200MG	155	COMFORT TCH MIS LANC 30G	80	MEDROXYPROGEST ACETATE TAB 0.625-	
COENZYME Q10 CAP 200MG	155	COMFORT TCH MIS LANC 31G	80	2.5 MG	110
COLCHICINE CAP 0.6 MG	37	COMFORT TOUC MIS 31GX4MM	155	CONJUGATED ESTROGEN-	
COLCHICINE CAP 0.6 MG	37	COMFORT TOUC MIS 31GX5MM	155	MEDROXYPROGEST ACETATE TAB 0.625-	
COLCHICINE CAP 0.6MG	37	COMFORT TOUC MIS 31GX6MM	155	5 MG	110
COLCHICINE (CARDIOVASCULAR) TAB		COMFORT TOUC MIS 31GX8MM	155	CONJUGATED ESTROGENS-	
0.5 MG	64	COMFORT TOUC MIS 32GX4MM	80	BAZEDOXIFENE TAB 0.45-20 MG	104
COLCHICINE ORAL SOLN 0.6 MG/5ML	37	COMFORT TOUC MIS 32GX5MM	80	CONSTULOSE SOL 10GM/15	147
COLCHICINE TAB 0.6 MG	37	COMFORT TOUC MIS 32GX6MM	80	*CONTINUOUS GLUCOSE MONITOR	
COLCHICINE TAB 0.6MG	37	COMFORT TOUC MIS 32GX8MM	155	SUPPLIES***	161
COLCHICINE W/ PROBENECID TAB 0.5-		COMFORT TOUC MIS 33GX1/4"	155	*CONTINUOUS GLUCOSE MONITOR	
500 MG	37	COMFORT TOUC MIS 33GX3/16	155	SUPPLIES***	161
COLESEVELAM HCL PACKET FOR SUSP		COMFORT TOUC MIS 33GX5/32	155	*CONTINUOUS GLUCOSE MONITOR	
3.75 GM	90	COMIRNATY 5- INJ 11/25-26	225	SUPPLIES***	165
COLESEVELAM HCL TAB 625 MG	90	COMIRNATY INJ 30/3ML	225	*CONTINUOUS GLUCOSE SYSTEM	
COLESEVELAM PAK 3.75GM	90	COMPLEAT LIQ PEPTIDE	91	RECEIVER***	81
COLESEVELAM TAB 625MG	90	COMPLEAT LIQ STND 1.4	91	*CONTINUOUS GLUCOSE SYSTEM	
COLESTID FLA GRA 5/7.5GM	90	COMPLEAT ORG LIQ BLND 1.2	91	RECEIVER***	81
COLESTID FLA GRA 5GM	90	COMPLEAT ORG LIQ PLNT BAS	155	*CONTINUOUS GLUCOSE SYSTEM	
COLESTID GRA 5GM	90	COMPLEAT PED LIQ PLNT BAS	155	RECEIVER***	82
COLESTID TAB 1GM	90	COMPLERA TAB	17	*CONTINUOUS GLUCOSE SYSTEM	
COLESTIPOL GRA 5GM	90	COMPLETENATE CHW	229	RECEIVER***	82
COLESTIPOL GRA 5GM	90	COMPLETE NAT PAK DHA	229	*CONTINUOUS GLUCOSE SYSTEM	
COLESTIPOL HCL GRANULE PACKETS 5		COMPLEX ESSE POW MSD	229	RECEIVER***	82
GM	90	COMTAN TAB 200MG	42	*CONTINUOUS GLUCOSE SYSTEM	
COLESTIPOL HCL GRANULE PACKETS 5		CO-NATAL FA TAB 29-1MG	229	RECEIVER***	82
GM	90	CONCEPT DHA CAP	229	*CONTINUOUS GLUCOSE SYSTEM	
COLESTIPOL HCL GRANULES 5 GM	90	CONCEPT OB CAP	229	SENSOR***	81
COLESTIPOL HCL GRANULES 5 GM	90	*CONDOMS - FEMALE***	159	*CONTINUOUS GLUCOSE SYSTEM	
COLESTIPOL HCL GRANULES 5 GM	90	CONDOMS LATEX LUBRICATED	157	SENSOR***	81
COLESTIPOL HCL TAB 1 GM	90	CONDOMS LATEX LUBRICATED	157	*CONTINUOUS GLUCOSE SYSTEM	
COLESTIPOL HCL TAB 1 GM	90	CONDOMS LATEX LUBRICATED	175	SENSOR***	81
COLESTIPOL TAB 1GM	90	CONDOMS LATEX LUBRICATED	175	*CONTINUOUS GLUCOSE SYSTEM	
COLISTIMETHATE SOD FOR INJ 150 MG		CONDOMS LATEX LUBRICATED	175	SENSOR***	82
(COLISTIN BASE ACTIVITY)	24	CONDOMS LATEX LUBRICATED	175	*CONTINUOUS GLUCOSE SYSTEM	
COLISTIMETHATE SOD FOR INJ 150 MG		CONDOMS LATEX LUBRICATED	175	SENSOR***	82
(COLISTIN BASE ACTIVITY)	24	CONDOMS LATEX LUBRICATED	175	*CONTINUOUS GLUCOSE SYSTEM	
COLISTIMETH INJ 150MG	24	CONDOMS LATEX LUBRICATED	175	SENSOR***	82
COLLAGENASE OINT 250 UNIT/GM	76	*CONDOMS - MALE***	155	*CONTINUOUS GLUCOSE SYSTEM	
COLLODION FLEXIBLE	155	CONDOMS MIS	155	SENSOR***	82

*CONTINUOUS GLUCOSE SYSTEM SENSOR***	82	CORN OIL (BULK)	156	CRESEMBA CAP 74.5MG	35
*CONTINUOUS GLUCOSE SYSTEM SENSOR***	82	CORN SYP	156	CRESEMBA CAP 186MG	35
*CONTINUOUS GLUCOSE SYSTEM SENSOR***	82	CORN SYRUP	156	CREXONT CAP 35-140MG	88
*CONTINUOUS GLUCOSE SYSTEM SENSOR***	82	CORTANE-B LOT	74	CREXONT CAP 52.5-210	88
*CONTINUOUS GLUCOSE SYSTEM SENSOR***	83	CORTEF TAB 5MG	130	CREXONT CAP 70-280MG	88
*CONTINUOUS GLUCOSE SYSTEM SENSOR***	84	CORTEF TAB 10MG	130	CREXONT CAP 87.5-350	88
*CONTINUOUS GLUCOSE SYSTEM SENSOR***	156	CORTEF TAB 20MG	130	CRINECERFONT CAP 25 MG	156
*CONTINUOUS GLUCOSE SYSTEM TRANSMITTER***	161	CORTENEMA ENE 100MG	120	CRINECERFONT CAP 50 MG	156
*CONTINUOUS GLUCOSE SYSTEM TRANSMITTER***	161	CORTIFOAM AER 90MG	120	CRINECERFONT CAP 100 MG	156
*CONTINUOUS GLUCOSE SYSTEM TRANSMITTER***	161	CORTISPORIN SUS -TC OTIC	200	CRINECERFONT ORAL SOLN 50 MG/ML	156
*CONTINUOUS GLUCOSE SYSTEM TRANSMITTER***	166	CORTROSYN INJ 0.25MG	156	CRINONE GEL 4% VAG	202
CONTOUR HIGH LIQ CONTROL	155	COSENTYX INJ 75MG/0.5	74	CRINONE GEL 8% VAG	202
CONTOUR KIT NEXT	80	COSENTYX INJ 150MG/ML	74	CRISABOROLE OINT 2%	75
CONTOUR KIT NEXT EZ	80	COSENTYX INJ 300DOSE	74	CROMOLYN SOD CON 100/5ML	115
CONTOUR LOW LIQ CONTROL	155	COSENTYX INJ 150MG/ML	74	CROMOLYN SODIUM OPHTH SOLN 4%	189
CONTOUR NEXT KIT GEN	80	COSENTYX PEN INJ 150MG/ML	74	CROMOLYN SODIUM ORAL CONC 100 MG/5ML	115
CONTOUR NEXT KIT ONE	80	COSENTYX PEN INJ 300DOSE	74	CROMOLYN SODIUM SOLN NEBU 20 MG/2ML	151
CONTOUR NEXT KIT ONE	80	COSENTYX UNO INJ 300/2ML	74	CROMOLYN SOD NEB 20MG/2ML	151
CONTOUR NEXT SOL LEVEL 1	155	COSOPT SOL 2-0.5%OP	192	CROMOLYN SOD SOL 4% OP	189
CONTOUR NEXT SOL LEVEL 2	155	COSYNTROPIN FOR INJ 0.25 MG	156	CROTAMITON LOTION 10%	201
CONTOUR NORM LIQ CONTROL	156	COSYNTROPIN FOR INJ 0.25 MG	156	CROTAMITON LOTION 10%	201
CONTOUR PLUS KIT BLUE	80	COSYNTROPIN INJ 0.25MG	156	CROTAN LOT 10%	201
CONTOUR PLUS LIQ LEVEL 1	80	COTELLIC TAB 20MG	178	CRYOSERV SOL	156
CONTOUR PLUS LIQ LEVEL 2	81	COVARYX HS TAB	103	CRYSELLE-28 TAB 28 TABS	103
CONTOUR PLUS TES BLD GLUC	81	COVARYX TAB 1.25-2.5	103	CRYSELLE TAB	103
CONTOUR TES NEXT	80	COVID-19 MRNA VAC 6MO-11YR- MODERNA IM SUSP PFS 25 MCG/0.25ML	227	CTEXLI TAB 250MG	115
CONTROL HIGH SOL UNISTRIIP	156	COVID-19 MRNA VACCINE-MODERNA IM SUSP PREF SYR 10 MCG/0.2ML	226	CURAE TAB 1.5MG	202
CONTROL LOW SOL UNISTRIIP	156	COVID-19 MRNA VACCINE-MODERNA IM SUSP PREF SYR 50 MCG/0.5ML	227	CUVPOSA SOL 1MG/5ML	43
CONTROL MIS SOLUTION	156	COVID-19 MRNA VAC TRIS-PFIZER IM SUSP PREF SYR 30 MCG/0.3ML	225	CVS 360 PURE LIQ GLYCERIN	78
CONTROL SOL LIQ HI/MID/L	81	COVID-19 MRNA VAC TRIS-S 5-11Y-PFIZER IM SUSP 10 MCG/0.3ML	225	CVS ADVANTAG POW /IRON	156
CONTROL SOL LIQ LEVEL 2	81	CREAM BASE CRE NIOSOMES	156	CVS ASPIRIN TAB 81MG EC	186
CONTROL SOL LIQ LVL 2/3	81	*CREAM BASE LIPOSOMIC**	153	CVS C-LAX TAB 5MG	148
COPIKTRA CAP 15MG	40	*CREAM BASE LIPOSOMIC**	165	CVS COQ-10 CAP 50MG	156
COPIKTRA CAP 25MG	40	*CREAM BASE LIPOSOMIC**	165	CVS COQ-10 CAP 50MG	156
CO Q-10 CAP 50MG	155	*CREAM BASE LIPOSOMIC**	165	CVS COQ-10 CAP 100MG	156
CO Q 10 CAP 100MG	154	*CREAM BASE LIPOSOMIC**	168	CVS COQ-10 CAP 100MG	156
CO Q-10 CAP 100MG	155	*CREAM BASE LIPOSOMIC**	168	CVS COQ-10 CAP 200MG	156
COQ-10 CAP 100MG	156	*CREAM BASE LIPOSOMIC**	168	CVS KETONE TES CARE	81
COQ10 CAP 100MG	156	*CREAM BASE LIPOSOMIC**	168	CVS LANCETS MIS ORIGINAL	81
CO Q-10 CAP 200MG	155	*CREAM BASE LIPOSOMIC**	168	CVS LANCETS MIS THIN 26G	81
COQ10 CAP 200MG	156	*CREAM BASE LIPOSOMIC**	168	CVS LANCETS MIS THIN 33G	81
CORDRAN 80X3 TAP 4MCG/CM	130	*CREAM BASE LIPOSOMIC**	168	CVS LANCING MIS DEVICE	86
CORIFACT KIT	125	*CREAM BASE NIOSOMES**	156	CVS NICOTINE DIS 7MG/24HR	214
CORLANOR SOL 5MG/5ML	65	*CREAM BASE NIOSOMES**	156	CVS NICOTINE DIS 14MG/24H	214
CORLANOR TAB 5MG	65	CREAM-HEAVY CRE BASE	156	CVS NICOTINE DIS 21MG/24H	214
CORLANOR TAB 7.5MG	65	CRENESSITY CAP 25MG	156	CVS NICOTINE GUM 2MG CINN	214
CORN OIL	156	CRENESSITY CAP 50MG	156	CVS NICOTINE GUM 2MGFRUIT	214
		CRENESSITY CAP 100MG	156	CVS NICOTINE GUM 2MG MINT	214
		CRENESSITY SOL 50MG/ML	156	CVS NICOTINE GUM 2MG ORIG	214
		CREON CAP 3000UNIT	116	CVS NICOTINE GUM 4MG	214
		CREON CAP 6000UNIT	116	CVS NICOTINE GUM 4MG CINN	214
		CREON CAP 12000UNT	116	CVS NICOTINE GUM 4MGFRUIT	214
		CREON CAP 24000UNT	116	CVS NICOTINE GUM 4MG MINT	214
		CREON CAP 36000UNT	116	CVS NICOTINE GUM 4MG ORIG	214



CVS NICOTINE LOZ 2MG.....	214	CYCLOPHOSPH CAP 25MG.....	9	CYTRA K GRA CRYSTALS.....	92
CVS NICOTINE LOZ 2MG MINT.....	214	CYCLOPHOSPH CAP 50MG.....	9	DABIGATRAN CAP 75MG.....	26
CVS NICOTINE LOZ 4MG MINT.....	214	CYCLOPHOSPH TAB 25MG.....	9	DABIGATRAN CAP 110MG.....	26
CVS NUTRITIO LIQ CHOCOLAT.....	92	CYCLOPHOSPH TAB 50MG.....	9	DABIGATRAN CAP 150MG.....	26
CVS NUTRITIO LIQ CHOCOLAT.....	92	CYCLOSERINE CAP 250 MG.....	45	DABIGATRAN ETEXILATE MESYLATE CAP	
CVS NUTRITIO LIQ STRABERY.....	92	CYCLOSERINE CAP 250MG.....	45	75 MG (ETEXILATE BASE EQ).....	26
CVS NUTRITIO LIQ STRABERY.....	92	CYCLOSPORINE (BULK) POWDER.....	156	DABIGATRAN ETEXILATE MESYLATE CAP	
CVS NUTRITIO LIQ VANILLA.....	92	CYCLOSPORINE (BULK) POWDER.....	156	110 MG (ETEXILATE BASE EQ).....	26
CVS NUTRITIO LIQ VANILLA.....	92	CYCLOSPORINE CAP 25 MG.....	140	DABIGATRAN ETEXILATE MESYLATE CAP	
CVS PURELAX POW.....	146	CYCLOSPORINE CAP 25MG.....	140	150 MG (ETEXILATE BASE EQ).....	26
CVS SENSITIV POW /IRON.....	156	CYCLOSPORINE CAP 25MG MOD.....	140	DABRAFENIB MESYLATE CAP 50 MG	
CVS TENDER POW /IRON.....	156	CYCLOSPORINE CAP 50MG MOD.....	140	(BASE EQUIVALENT).....	181
CVS TODDLER POW INFANT.....	156	CYCLOSPORINE CAP 100 MG.....	140	DABRAFENIB MESYLATE CAP 75 MG	
CYANOCOBALAM CRY.....	236	CYCLOSPORINE CAP 100MG.....	140	(BASE EQUIVALENT).....	181
CYANOCOBALAMIN (BULK) CRYSTALS.....	236	CYCLOSPORINE CAP 100MG MD.....	140	DABRAFENIB MESYLATE TAB FOR ORAL	
CYANOCOBALAMIN (BULK) POWDER.....	236	CYCLOSPORINE MODIFIED CAP 25 MG.....	140	SUSP 10 MG (BASE EQUIV).....	181
CYANOCOBALAMIN INJ 1000 MCG/ML.....	229	CYCLOSPORINE MODIFIED CAP 25 MG.....	140	DACOMITINIB TAB 15 MG.....	182
CYANOCOBALAMIN INJ 1000 MCG/ML.....	229	CYCLOSPORINE MODIFIED CAP 50 MG.....	140	DACOMITINIB TAB 30 MG.....	182
CYANOCOBALAMIN INJ 1000 MCG/ML.....	230	CYCLOSPORINE MODIFIED CAP 100 MG.....	140	DACOMITINIB TAB 45 MG.....	182
CYANOCOBALAMIN INJ 1000 MCG/ML.....	230	CYCLOSPORINE MODIFIED CAP 100 MG.....	140	DAILY FIBER POW 43%.....	146
CYANOCOBALAMIN INJ 2000 MCG/ML.....	236	CYCLOSPORINE MODIFIED ORAL SOLN		DALFAMPRIDINE TAB ER 12HR 10 MG.....	184
CYANOCOBALAM INJ 1000MCG.....	229	100 MG/ML.....	140	DALFAMPRIDIN TAB 10MG ER.....	184
CYANOCOBALAM INJ 10000MCG.....	229	CYCLOSPORINE MODIFIED ORAL SOLN		DANAZOL CAP 50 MG.....	12
CYANOCOBALAM INJ 30000MCG.....	230	100 MG/ML.....	140	DANAZOL CAP 50MG.....	12
CYANOCOBALAMIN NASAL SPRAY 500		CYCLOSPORINE (OPHTH) EMULSION 0.1% 189		DANAZOL CAP 100 MG.....	12
MCG/0.1ML.....	230	CYCLOSPORINE (OPHTH) EMULSION		DANAZOL CAP 100MG.....	12
CYANOCOBALAMIN NASAL SPRAY 500		0.05%.....	189	DANAZOL CAP 200 MG.....	12
MCG/0.1ML.....	231	CYCLOSPORINE ORAL SOLN 100 MG/ML.....	142	DANAZOL CAP 200MG.....	12
CYANOCOBALAMIN TAB 100 MCG.....	235	CYCLOSPORINE POW.....	156	DANICOPAN TAB 100 MG.....	12
CYANOCOBALAMIN TAB 1000 MCG.....	235	CYCLOSPORINE POW A.....	156	DANICOPAN TAB THERAPY PACK 50 MG &	
CYANOCOBALAM SOL 2000MCG.....	236	CYCLOSPORINE SOL MODIFIED.....	140	100 MG.....	12
CYANOCOBALAM SPR 500MCG.....	230	CYPROHEPTADINE HCL SYRUP 2 MG/5ML.....	38	DANTRIUM CAP 25MG.....	212
CYANOCOBAL POW.....	236	CYPROHEPTADINE HCL TAB 4 MG.....	38	DANTROLENE CAP 25MG.....	212
CYCLOBENZAPRINE HCL TAB 5 MG.....	212	CYPROHEPTAD SYP 2MG/5ML.....	38	DANTROLENE CAP 50MG.....	212
CYCLOBENZAPRINE HCL TAB 10 MG.....	212	CYPROHEPTAD TAB 4MG.....	38	DANTROLENE CAP 100MG.....	212
CYCLOBENZAPR TAB 5MG.....	212	CYRED EQ TAB.....	103	DANTROLENE SODIUM CAP 25 MG.....	212
CYCLOBENZAPR TAB 10MG.....	212	CYSTADANE POW.....	116	DANTROLENE SODIUM CAP 25 MG.....	212
CYCLOGYL SOL 0.5% OP.....	188	CYSTADROPS SOL 0.37%.....	188	DANTROLENE SODIUM CAP 50 MG.....	212
CYCLOGYL SOL 1% OP.....	188	CYSTAGON CAP 50MG.....	116	DANTROLENE SODIUM CAP 100 MG.....	212
CYCLOGYL SOL 2% OP.....	188	CYSTAGON CAP 150MG.....	116	DAPRODUSTAT TAB 1 MG.....	56
CYCLOMYDRIL SOL OP.....	189	CYSTARAN SOL 0.44%.....	188	DAPRODUSTAT TAB 2 MG.....	56
CYCLOPENTOLATE HCL OPTH SOLN		CYSTEAMINE BITARTRATE CAP 50 MG.....	116	DAPRODUSTAT TAB 4 MG.....	56
0.5%.....	188	CYSTEAMINE BITARTRATE CAP 150 MG.....	116	DAPRODUSTAT TAB 6 MG.....	56
CYCLOPENTOLATE HCL OPTH SOLN 1%.....	188	CYSTEAMINE BITARTRATE DELAYED		DAPRODUSTAT TAB 8 MG.....	56
CYCLOPENTOLATE HCL OPTH SOLN 1%.....	188	RELEASE GRANULES PACKET 75 MG.....	117	DAPSONE TAB 25 MG.....	39
CYCLOPENTOLATE HCL OPTH SOLN 2%.....	188	CYSTEAMINE BITARTRATE DELAYED		DAPSONE TAB 25MG.....	39
CYCLOPENTOLATE W/ PHENYLEPHRINE		RELEASE GRANULES PACKET 300 MG.....	117	DAPSONE TAB 100 MG.....	39
OPHTH SOLN 0.2-1%.....	189	CYSTEAMINE HCL OPTH SOLN 0.37%		DAPSONE TAB 100MG.....	39
CYCLOPENTOL SOL 1% OP.....	188	(BASE EQUIVALENT).....	188	DAPTACEL INJ.....	225
CYCLOPHOSPHAMIDE (BULK) POWDER.....	156	CYSTEAMINE HCL OPTH SOLN 0.44%		DARAPRIM TAB 25MG.....	43
CYCLOPHOSPHAMIDE CAP 25 MG.....	9	(BASE EQUIVALENT).....	188	DARBEPOETIN ALFA SOLN INJ 25 MCG/ML.....	56
CYCLOPHOSPHAMIDE CAP 50 MG.....	9	CYSTINE PACKET 500 MG.....	156	DARBEPOETIN ALFA SOLN INJ 40 MCG/ML.....	56
CYCLOPHOSPHAMIDE TAB 25 MG.....	9	CYSTINE PAK 500MG.....	156	DARBEPOETIN ALFA SOLN INJ 60 MCG/ML.....	56
CYCLOPHOSPHAMIDE TAB 50 MG.....	9	CYTOTEC TAB 100MCG.....	204	DARBEPOETIN ALFA SOLN INJ 100 MCG/	
CYCLOPHOSPHA POW.....	156	CYTOTEC TAB 200MCG.....	204	ML.....	56

DARBEPOETIN ALFA SOLN INJ 200 MCG/ ML	56	DEBACTEROL SOL 30-50%.....	70	DEPAKOTE TAB 500MG DR	182
DARBEPOETIN ALFA SOLN PREFILLED SYRINGE 10 MCG/0.4ML.....	56	DEBLITANE TAB 0.35MG	202	DEPEN TITRA TAB 250MG.....	119
DARBEPOETIN ALFA SOLN PREFILLED SYRINGE 25 MCG/0.42ML	56	DECITABINE-CEDAZURIDINE TAB 35-100 MG	40	DEPO-ESTRADI INJ 5MG/ML	103
DARBEPOETIN ALFA SOLN PREFILLED SYRINGE 40 MCG/0.4ML	56	DEFERASIROX GRA 90MG	99	DEPO-PROVERA INJ 150MG/ML.....	202
DARBEPOETIN ALFA SOLN PREFILLED SYRINGE 60 MCG/0.3ML	56	DEFERASIROX GRA 180MG	99	DEPO-PROVERA INJ 150MG/ML.....	203
DARBEPOETIN ALFA SOLN PREFILLED SYRINGE 100 MCG/0.5ML	56	DEFERASIROX GRA 360MG	99	DEPO-SQ PROV INJ 104.....	203
DARBEPOETIN ALFA SOLN PREFILLED SYRINGE 150 MCG/0.3ML	56	DEFERASIROX GRANULES PACKET 90 MG..	99	DEPO-TESTOST INJ 100MG/ML	12
DARBEPOETIN ALFA SOLN PREFILLED SYRINGE 200 MCG/0.4ML	56	DEFERASIROX GRANULES PACKET 180 MG..	99	DEPO-TESTOST INJ 200MG/ML	12
DARBEPOETIN ALFA SOLN PREFILLED SYRINGE 300 MCG/0.6ML	56	DEFERASIROX GRANULES PACKET 360 MG	99	DERMASHIELD GEL HYDROGEL	156
DARBEPOETIN ALFA SOLN PREFILLED SYRINGE 500 MCG/ML	56	DEFERASIROX TAB 90 MG	99	DERMA-SMOOTH OIL /FS BODY	130
DAROLUTAMIDE TAB 300 MG	21	DEFERASIROX TAB 90MG.....	99	DERMA-SMOOTH OIL /FS SCLP.....	131
DARUNAVIR-COBICISTAT TAB 675-150 MG .	20	DEFERASIROX TAB 125MG	99	*DERMATOLOGICAL PRODUCTS MISC - GEL**	75
DARUNAVIR-COBICISTAT TAB 800-150 MG .	20	DEFERASIROX TAB 180 MG	99	DERMOTIC OIL 0.01%	200
DARUNAVIR ORAL SUSP 100 MG/ML	20	DEFERASIROX TAB 180MG.....	99	DESCOVY TAB 120-15MG.....	18
DARUNAVIR TAB 75 MG	20	DEFERASIROX TAB 250MG.....	99	DESCOVY TAB 200/25MG.....	18
DARUNAVIR TAB 150 MG	20	DEFERASIROX TAB 360 MG	99	DESIPRAMINE HCL TAB 10 MG	223
DARUNAVIR TAB 600 MG	19	DEFERASIROX TAB 360MG.....	99	DESIPRAMINE HCL TAB 10 MG.....	224
DARUNAVIR TAB 600MG.....	19	DEFERASIROX TAB 500MG	99	DESIPRAMINE HCL TAB 25 MG.....	223
DARUNAVIR TAB 800 MG	19	DEFERASIROX TAB FOR ORAL SUSP 125 MG	99	DESIPRAMINE HCL TAB 25 MG.....	224
DARUNAVIR TAB 800MG.....	19	DEFERASIROX TAB FOR ORAL SUSP 250 MG	99	DESIPRAMINE HCL TAB 50 MG.....	223
DASATINIB TAB 20 MG	178	DEFERASIROX TAB FOR ORAL SUSP 500 MG	99	DESIPRAMINE HCL TAB 75 MG.....	223
DASATINIB TAB 20MG	178	DEFERIPRONE TAB 500 MG.....	99	DESIPRAMINE HCL TAB 100 MG	223
DASATINIB TAB 50 MG.....	178	DEFERIPRONE TAB 500MG	99	DESIPRAMINE HCL TAB 150 MG	223
DASATINIB TAB 50MG	178	DEFERIPRONE TAB 1000 MG.....	99	DESIPRAMINE TAB 10MG	223
DASATINIB TAB 70 MG	178	DEFERIPRONE TAB 1000MG	99	DESIPRAMINE TAB 25MG	223
DASATINIB TAB 70MG	178	DEGARELIX ACETATE FOR INJ 80 MG (BASE EQUIV).....	138	DESIPRAMINE TAB 50MG.....	223
DASATINIB TAB 80 MG.....	179	DEGARELIX ACETATE FOR INJ 120 MG/ VIAL (240 MG DOSE)	138	DESIPRAMINE TAB 75MG	223
DASATINIB TAB 80MG	179	DELAFOXACIN MEGLUMINE TAB 450 MG (BASE EQUIV)	207	DESIPRAMINE TAB 100MG	223
DASATINIB TAB 100 MG.....	178	DELESTROGEN INJ 10MG/ML	103	DESIPRAMINE TAB 150MG	223
DASATINIB TAB 100MG	178	DELESTROGEN INJ 20MG/ML	103	DESMOPRESSIN ACETATE INJ 4 MCG/ML .	134
DASATINIB TAB 140 MG.....	178	DELESTROGEN INJ 40MG/ML	103	DESMOPRESSIN ACETATE INJ 4 MCG/ML .	134
DASATINIB TAB 140MG	178	DELSTRIGO TAB	17	DESMOPRESSIN ACETATE NASAL SPRAY SOLN 0.01%	134
DASETTA TAB 1/35	103	DELYLA TAB 0.1-0.02.....	103	DESMOPRESSIN ACETATE NASAL SPRAY SOLN 0.01% (REFRIGERATED)	134
DASETTA TAB 7/7/7	103	DEMECLOCYCLINE HCL TAB 150 MG	222	DESMOPRESSIN ACETATE PRESERVATIVE FREE (PF) INJ 4 MCG/ML..	134
DASIGLUCAGON HCL SUBCUTANEOUS SOLN AUTO-INJ 0.6 MG/0.6ML	123	DEMECLOCYCLINE HCL TAB 300 MG	222	DESMOPRESSIN ACETATE SUBLINGUAL TAB 27.7 MCG	134
DASIGLUCAGON HCL SUBCUTANEOUS SOLN PREF SYRINGE 0.6 MG/0.6ML	123	DEMECLOCYCL TAB 150MG.....	222	DESMOPRESSIN ACETATE SUBLINGUAL TAB 55.3 MCG	134
DAURISMO TAB 25MG.....	179	DEMECLOCYCL TAB 300MG	222	DESMOPRESSIN ACETATE TAB 0.1 MG	134
DAURISMO TAB 100MG	179	DENAVIR CRE 1%.....	37	DESMOPRESSIN ACETATE TAB 0.2 MG	134
DAYBUE SOL 200MG/ML	68	DENGUE VIRUS VACCINE LIVE TETRAVALENT FOR SUBCUTANEOUS SUSP	225	DESMOPRESSIN INJ 4MCG/ML.....	134
DAYBUE STIX POW 5000MG	68	DENGVAXIA SUS.....	225	DESMOPRESSIN INJ 4MCG/ML.....	134
DAYBUE STIX POW 6000MG	68	DENTA 5000 CRE PLUS	71	DESMOPRESSIN INJ 40/10ML	134
DAYBUE STIX POW 8000MG	68	DENTA 5000 CRE PLUS 2PK	71	DESMOPRESSIN SPR 0.01%	134
DAYPRO TAB 600MG	186	DENTA 5000 GEL PLUS SEN.....	71	DESMOPRESSIN SPR 0.01%	134
DAYSEE TAB.....	103	DENTAGEL GEL 1.1%	71	DESMOPRESSIN TAB 0.1MG	134
		DEPAKOTE ER TAB 250MG	183	DESMOPRESSIN TAB 0.2MG	134
		DEPAKOTE ER TAB 500MG	183	DESO/ETHINYL TAB ESTRADIO	103
		DEPAKOTE SPR CAP 125MG	183	DESOGEST-ETH ESTRAD & ETH ESTRAD TAB 0.15-0.02/0.01 MG(21/5)	102
		DEPAKOTE TAB 125MG DR.....	182	DESOGEST-ETH ESTRAD & ETH ESTRAD TAB 0.15-0.02/0.01 MG(21/5)	103
		DEPAKOTE TAB 250MG DR	182		

DESOGEST-ETH ESTRAD & ETH ESTRAD TAB 0.15-0.02/0.01 MG(21/5)	107	DESVENLAFAX TAB 25MG ER	219	DEXAMETHASON TAB 13-DAY	131
DESOGEST-ETH ESTRAD & ETH ESTRAD TAB 0.15-0.02/0.01 MG(21/5)	110	DESVENLAFAX TAB 50MG ER	219	DEXAMETH PHO SOL 0.1% OP	189
DESOGEST-ETH ESTRAD & ETH ESTRAD TAB 0.15-0.02/0.01 MG(21/5)	111	DESVENLAFAX TAB 100MG ER	219	DEXCOM G6 MIS RECEIVER	81
DESOGEST-ETH ESTRAD & ETH ESTRAD TAB 0.15-0.02/0.01 MG(21/5)	112	DEUCRAVACITINIB TAB 6 MG	76	DEXCOM G6 MIS SENSOR	81
DESOGEST-ETH ESTRAD & ETH ESTRAD TAB 0.15-0.02/0.01 MG(21/5)	112	DEUTETRABENAZINE TAB 6 MG	68	DEXCOM G6 MIS TRANSMIT	156
DESOGEST-ETHIN EST TAB 0.1-0.025/0.125-0.025/0.15-0.025MG-MG	112	DEUTETRABENAZINE TAB 9 MG	68	DEXCOM G7 MIS RECEIVER	81
DESOGESTREL & ETHINYL ESTRADIOL TAB 0.15 MG-30 MCG	102	DEUTETRABENAZINE TAB 12 MG	68	DEXCOM G7 MIS SENSOR	81
DESOGESTREL & ETHINYL ESTRADIOL TAB 0.15 MG-30 MCG	103	DEUTETRABENAZINE TAB ER 24HR 6 MG	68	DEXCOM G7 MIS SNSR 15D	81
DESOGESTREL & ETHINYL ESTRADIOL TAB 0.15 MG-30 MCG	104	DEUTETRABENAZINE TAB ER 24HR 12 MG	68	DEXMETHYLPHE CAP 5MG ER	49
DESOGESTREL & ETHINYL ESTRADIOL TAB 0.15 MG-30 MCG	106	DEUTETRABENAZINE TAB ER 24HR 18 MG	68	DEXMETHYLPHE CAP 10MG ER	48
DESOGESTREL & ETHINYL ESTRADIOL TAB 0.15 MG-30 MCG	107	DEUTETRABENAZINE TAB ER 24HR 24 MG	68	DEXMETHYLPHE CAP 15MG ER	48
DESOGESTREL & ETHINYL ESTRADIOL TAB 0.15 MG-30 MCG	107	DEUTETRABENAZINE TAB ER 24HR 30 MG	68	DEXMETHYLPHE CAP 20MG ER	48
DESOGESTREL & ETHINYL ESTRADIOL TAB 0.15 MG-30 MCG	110	DEUTETRABENAZINE TAB ER 24HR 36 MG	68	DEXMETHYLPHE CAP 25MG ER	48
DESONIDE CRE 0.05%	131	DEUTETRABENAZINE TAB ER 24HR 42 MG	68	DEXMETHYLPHE CAP 30MG ER	48
DESONIDE CREAM 0.05%	131	DEUTETRABENAZINE TAB ER 24HR 48 MG	68	DEXMETHYLPHE CAP 35MG ER	48
DESONIDE CREAM 0.05%	131	DEUTETRABENAZINE TAB ER TITRATION PACK 6 MG & 12 MG & 24 MG	68	DEXMETHYLPHE CAP 40MG ER	48
DESONIDE LOT 0.05%	131	DEUTETRABENAZINE TAB ER TITRATION PACK 12 & 18 & 24 & 30 MG	68	DEXMETHYLPHENIDATE HCL CAP ER 24 HR 5 MG	49
DESONIDE LOTION 0.05%	131	DEXAMETHASON CON 1MG/ML	131	DEXMETHYLPHENIDATE HCL CAP ER 24 HR 10 MG	48
DESONIDE OIN 0.05%	131	DEXAMETHASONE CONC 1 MG/ML	131	DEXMETHYLPHENIDATE HCL CAP ER 24 HR 15 MG	48
DESONIDE OINT 0.05%	131	DEXAMETHASONE ELIXIR 0.5 MG/5ML	131	DEXMETHYLPHENIDATE HCL CAP ER 24 HR 20 MG	48
DESOWEN CRE 0.05%	131	DEXAMETHASON ELX 0.5/5ML	131	DEXMETHYLPHENIDATE HCL CAP ER 24 HR 25 MG	48
DESOXIMETAS CRE 0.05%	131	DEXAMETHASONE OPHTH SUSP 0.1%	190	DEXMETHYLPHENIDATE HCL CAP ER 24 HR 30 MG	48
DESOXIMETAS CRE 0.25%	131	DEXAMETHASONE SODIUM PHOSPHATE OPHTH SOLN 0.1%	189	DEXMETHYLPHENIDATE HCL CAP ER 24 HR 35 MG	48
DESOXIMETAS GEL 0.05%	131	DEXAMETHASONE SOLN 0.5 MG/5ML	131	DEXMETHYLPHENIDATE HCL CAP ER 24 HR 40 MG	48
DESOXIMETAS OIN 0.05%	131	DEXAMETHASONE TAB 0.5 MG	131	DEXMETHYLPHENIDATE HCL TAB 2.5 MG	48
DESOXIMETAS OIN 0.25%	131	DEXAMETHASONE TAB 0.75 MG	131	DEXMETHYLPHENIDATE HCL TAB 5 MG	48
DESOXIMETASONE CREAM 0.05%	131	DEXAMETHASONE TAB 1.5 MG	131	DEXMETHYLPHENIDATE HCL TAB 10 MG	48
DESOXIMETASONE CREAM 0.05%	133	DEXAMETHASONE TAB 1 MG	131	DEXMETHYLPH TAB 2.5MG	48
DESOXIMETASONE CREAM 0.25%	131	DEXAMETHASONE TAB 2 MG	131	DEXMETHYLPH TAB 5MG	48
DESOXIMETASONE CREAM 0.25%	134	DEXAMETHASONE TAB 4 MG	131	DEXMETHYLPH TAB 10MG	48
DESOXIMETASONE GEL 0.05%	131	DEXAMETHASONE TAB 6 MG	131	DEXTROAMPHETAMINE SULFATE CAP ER 24HR 5 MG	47
DESOXIMETASONE GEL 0.05%	134	DEXAMETHASONE TAB THERAPY PACK 1.5 MG (21)	131	DEXTROAMPHETAMINE SULFATE CAP ER 24HR 10 MG	47
DESOXIMETASONE OINT 0.05%	131	DEXAMETHASONE TAB THERAPY PACK 1.5 MG (21)	133	DEXTROAMPHETAMINE SULFATE CAP ER 24HR 15 MG	47
DESOXIMETASONE OINT 0.05%	134	DEXAMETHASONE TAB THERAPY PACK 1.5 MG (27)	133	DEXTROAMPHETAMINE SULFATE CAP ER 24HR 15 MG	47
DESOXIMETASONE OINT 0.25%	131	DEXAMETHASONE TAB THERAPY PACK 1.5 MG (35)	131	DEXTROAMPHETAMINE SULFATE ORAL SOLUTION 5 MG/5ML	47
DESOXIMETASONE OINT 0.25%	134	DEXAMETHASONE TAB THERAPY PACK 1.5 MG (49)	133	DEXTROAMPHETAMINE SULFATE TAB 5 MG	47
DESOXIMETASONE SPRAY 0.25%	134	DEXAMETHASONE TAB THERAPY PACK 1.5 MG (51)	131	DEXTROAMPHETAMINE SULFATE TAB 10 MG	47
DESVENLAFAXINE SUCCINATE TAB ER 24HR 25 MG (BASE EQUIV)	219	DEXAMETHASON SOL 0.5/5ML	131	DEXTROAMPHETAMINE TD PATCH 4.5 MG/9HR	48
DESVENLAFAXINE SUCCINATE TAB ER 24HR 50 MG (BASE EQUIV)	219	DEXAMETHASON TAB 0.5MG	131	DEXTROAMPHETAMINE TD PATCH 9 MG/9HR	48
DESVENLAFAXINE SUCCINATE TAB ER 24HR 100 MG (BASE EQUIV)	219	DEXAMETHASON TAB 0.75MG	131	DEXTROAMPHETAMINE TD PATCH 13.5 MG/9HR	48
		DEXAMETHASON TAB 1.5MG	131		
		DEXAMETHASON TAB 1MG	131		
		DEXAMETHASON TAB 2MG	131		
		DEXAMETHASON TAB 4MG	131		
		DEXAMETHASON TAB 6-DAY	131		
		DEXAMETHASON TAB 6MG	131		
		DEXAMETHASON TAB 10-DAY	131		

DEXTROAMPHETAMINE TD PATCH 18 MG/9HR.....	48	DIAZEPAM TAB 2 MG.....	51	DIFLUPREDNATE OPTH EMULSION 0.05%.....	190
DEXTROAMPHET CAP 5MG ER.....	47	DIAZEPAM TAB 2MG.....	51	DIGOXIN ORAL SOLN 0.05 MG/ML.....	65
DEXTROAMPHET CAP 10MG ER.....	47	DIAZEPAM TAB 5 MG.....	51	DIGOXIN SOL 50MCG/ML.....	65
DEXTROAMPHET CAP 15MG ER.....	47	DIAZEPAM TAB 5MG.....	51	DIGOXIN TAB 0.25MG.....	65
DEXTROAMPHET SOL 5MG/5ML.....	47	DIAZEPAM TAB 10 MG.....	51	DIGOXIN TAB 0.125MG.....	65
DEXTROAMPHET TAB 5MG.....	47	DIAZEPAM TAB 10MG.....	51	DIGOXIN TAB 0.0625MG.....	65
DEXTROMETHORPHAN HBR-QUINIDINE SULFATE CAP 20-10 MG.....	69	DIAZOXIDE SUS 50MG/ML.....	122	DIGOXIN TAB 62.5 MCG (0.0625 MG).....	65
DIABECIN HR CRE.....	156	DIAZOXIDE SUSP 50 MG/ML.....	122	DIGOXIN TAB 62.5 MCG (0.0625 MG).....	66
DIABETES KIT ADD-ON.....	156	DICHLORPHENAMIDE TAB 50 MG.....	86	DIGOXIN TAB 125 MCG (0.125 MG).....	65
DIABETES KIT SOLUTION.....	157	DICHLORPHENA TAB 50MG.....	86	DIGOXIN TAB 125 MCG (0.125 MG).....	66
DIACOMIT CAP 250MG.....	28	DICLOFENAC GEL 3%.....	74	DIGOXIN TAB 250 MCG (0.25 MG).....	65
DIACOMIT CAP 500MG.....	28	DICLOFENAC POTASSIUM TAB 50 MG.....	186	DIGOXIN TAB 250 MCG (0.25 MG).....	66
DIACOMIT PAK 250MG.....	28	DICLOFENAC SODIUM (ACTINIC KERATOSES) GEL 3%.....	74	DIHYDROERGOTAMINE MESYLATE CRYSTALS.....	101
DIACOMIT PAK 500MG.....	28	DICLOFENAC SODIUM OPTH SOLN 0.1%.....	189	DIHYDROERGOTAMINE MESYLATE INJ 1 MG/ML.....	101
*DIAPHRAGM ARC-SPRING***.....	154	DICLOFENAC SODIUM TAB DELAYED RELEASE 25 MG.....	186	DIHYDROERGOTAMINE MESYLATE POWDER.....	157
*DIAPHRAGMS***.....	167	DICLOFENAC SODIUM TAB DELAYED RELEASE 50 MG.....	186	DIHYDROERGOT CRY MESYLATE.....	101
DIAPHRAGM WIDE SEAL 60 MM.....	177	DICLOFENAC SODIUM TAB DELAYED RELEASE 75 MG.....	186	DIHYDROERGOT INJ 1MG/ML.....	101
DIAPHRAGM WIDE SEAL 65 MM.....	177	DICLOFENAC SODIUM TAB ER 24HR 100 MG.....	186	DIHYDROERGOT POW MESYLATE.....	157
DIAPHRAGM WIDE SEAL 70 MM.....	177	DICLOFENAC SOL 0.1% OP.....	189	DILANTIN-125 SUS 125/5ML.....	218
DIAPHRAGM WIDE SEAL 75 MM.....	177	DICLOFENAC TAB 25MG DR.....	186	DILANTIN CAP 30MG.....	218
DIAPHRAGM WIDE SEAL 80 MM.....	177	DICLOFENAC TAB 50MG DR.....	186	DILANTIN CAP 100MG.....	218
DIAPHRAGM WIDE SEAL 85 MM.....	177	DICLOFENAC TAB 75MG DR.....	186	DILANTIN CHW 50MG.....	218
DIAPHRAGM WIDE SEAL 90 MM.....	177	DICLOFENAC TAB 100MG ER.....	186	DILTIAZEM CAP 60MG ER.....	60
DIAPHRAGM WIDE SEAL 95 MM.....	177	DICLOFENAC W/ MISOPROSTOL TAB DELAYED RELEASE 50-0.2 MG.....	186	DILTIAZEM CAP 90MG ER.....	60
DIASTIX TES REAGENT.....	81	DICLOFENAC W/ MISOPROSTOL TAB DELAYED RELEASE 75-0.2 MG.....	186	DILTIAZEM CAP 120MG/24.....	60
DIASTIX TES STRIPS.....	81	DICLOFENAC POT TAB 50MG.....	186	DILTIAZEM CAP 120MG ER.....	60
DIAZEPAM BUCCAL FILM 5 MG.....	114	DICLO/MISOPR TAB 50-0.2MG.....	186	DILTIAZEM CAP 120MG ER.....	60
DIAZEPAM BUCCAL FILM 7.5 MG.....	114	DICLO/MISOPR TAB 75-0.2MG.....	186	DILTIAZEM CAP 120MG ER.....	60
DIAZEPAM BUCCAL FILM 10 MG.....	114	DICLOXACILL CAP 250MG.....	55	DILTIAZEM CAP 120MG ER.....	60
DIAZEPAM BUCCAL FILM 12.5 MG.....	114	DICLOXACILL CAP 500MG.....	55	DILTIAZEM CAP 180MG/24.....	60
DIAZEPAM BUCCAL FILM 15 MG.....	114	DICLOXACILLIN SODIUM CAP 250 MG.....	55	DILTIAZEM CAP 180MG ER.....	60
DIAZEPAM CON 5MG/ML.....	51	DICLOXACILLIN SODIUM CAP 500 MG.....	55	DILTIAZEM CAP 180MG ER.....	60
DIAZEPAM CON 25MG/5ML.....	51	DICYCLOMINE CAP 10MG.....	43	DILTIAZEM CAP 180MG ER.....	60
DIAZEPAM CONC 5 MG/ML.....	51	DICYCLOMINE HCL CAP 10 MG.....	43	DILTIAZEM CAP 180MG ER.....	60
DIAZEPAM CONC 5 MG/ML.....	51	DICYCLOMINE HCL ORAL SOLN 10 MG/5ML.....	43	DILTIAZEM CAP 240MG/24.....	60
DIAZEPAM GEL 2.5MG.....	114	DICYCLOMINE HCL TAB 20 MG.....	44	DILTIAZEM CAP 240MG ER.....	60
DIAZEPAM GEL 10MG.....	114	DICYCLOMINE SOL 10MG/5ML.....	43	DILTIAZEM CAP 240MG ER.....	60
DIAZEPAM GEL 20MG.....	114	DICYCLOMINE TAB 20MG.....	44	DILTIAZEM CAP 240MG ER.....	60
DIAZEPAM NASAL SPRAY 5 MG/0.1 ML.....	115	*DIETARY MANAGEMENT PRODUCT - PACKET***.....	153	DILTIAZEM CAP 300MG ER.....	60
DIAZEPAM NASAL SPRAY 10 MG/0.1 ML.....	114	DIFICID SUS.....	150	DILTIAZEM CAP 300MG ER.....	60
DIAZEPAM NASAL SPRAY THER PACK 2 X 7.5 MG/0.1ML (15 MG DOSE).....	114	DIFLORASONE CRE 0.05%.....	131	DILTIAZEM CAP 300MG ER.....	60
DIAZEPAM NASAL SPRAY THER PACK 2 X 10 MG/0.1ML (20 MG DOSE).....	114	DIFLORASONE DIACETATE CREAM 0.05%.....	131	DILTIAZEM CAP 360MG CD.....	60
DIAZEPAM ORAL SOLN 1 MG/ML.....	51	DIFLORASONE DIACETATE EMOLLIENT BASE CREAM 0.05%.....	130	DILTIAZEM CAP 360MG ER.....	60
DIAZEPAM RECTAL GEL DELIVERY SYSTEM 2.5 MG.....	114	DIFLUNISAL TAB 500 MG.....	186	DILTIAZEM CAP 360MG ER.....	60
DIAZEPAM RECTAL GEL DELIVERY SYSTEM 10 MG.....	114	DIFLUNISAL TAB 500MG.....	186	DILTIAZEM CAP 360MG ER.....	60
DIAZEPAM RECTAL GEL DELIVERY SYSTEM 20 MG.....	114	DIFLUPREDNAT EMU 0.05%.....	190	DILTIAZEM CAP 420MG/24.....	60
DIAZEPAM SOL 5MG/5ML.....	51			DILTIAZEM ER TAB 180MG.....	61



DILTIAZEM HCL CAP ER 24HR 120 MG	60	DILTIAZEM HCL EXTENDED RELEASE		DIMETHYL FUMARATE CAPSULE DR	
DILTIAZEM HCL CAP ER 24HR 120 MG	60	BEADS CAP ER 24HR 300 MG.....	60	STARTER PACK 120 MG & 240 MG	184
DILTIAZEM HCL CAP ER 24HR 180 MG	60	DILTIAZEM HCL EXTENDED RELEASE		DIMETHYL FUM CAP 120MG DR.....	184
DILTIAZEM HCL CAP ER 24HR 180 MG	60	BEADS CAP ER 24HR 300 MG.....	62	DIMETHYL FUM CAP 240MG DR.....	184
DILTIAZEM HCL CAP ER 24HR 240 MG	60	DILTIAZEM HCL EXTENDED RELEASE		DIMETHYL FUM CAP STARTER	184
DILTIAZEM HCL CAP ER 24HR 240 MG	60	BEADS CAP ER 24HR 300 MG.....	62	DIMETHYL SOL SULFOXID.....	157
DILTIAZEM HCL COATED BEADS CAP ER		DILTIAZEM HCL EXTENDED RELEASE		*DIMETHYL SULFOXIDE - SOLUTION***	156
24HR 120 MG.....	59	BEADS CAP ER 24HR 300 MG.....	62	*DIMETHYL SULFOXIDE - SOLUTION***	157
DILTIAZEM HCL COATED BEADS CAP ER		DILTIAZEM HCL EXTENDED RELEASE		DINOPROSTONE CERVICAL GEL 0.5	
24HR 120 MG.....	60	BEADS CAP ER 24HR 360 MG.....	60	MG/3GM	119
DILTIAZEM HCL COATED BEADS CAP ER		DILTIAZEM HCL EXTENDED RELEASE		DINOPROSTONE VAGINAL INSERTS 10 MG	119
24HR 180 MG.....	59	BEADS CAP ER 24HR 360 MG.....	62	DIPH, ACELLULAR PERT & TET TOX INJ 15	
DILTIAZEM HCL COATED BEADS CAP ER		DILTIAZEM HCL EXTENDED RELEASE		LF-23 MCG-5 LF/0.5ML	225
24HR 180 MG.....	60	BEADS CAP ER 24HR 360 MG.....	62	DIPH, ACELLULAR PERT & TET TOX INJ 25	
DILTIAZEM HCL COATED BEADS CAP ER		DILTIAZEM HCL EXTENDED RELEASE		LF-58 MCG-10 LF/0.5ML	226
24HR 240 MG.....	59	BEADS CAP ER 24HR 360 MG.....	62	DIPH-AC PER-TET TOX AD-POLIOV-	
DILTIAZEM HCL COATED BEADS CAP ER		DILTIAZEM HCL EXTENDED RELEASE		HAEMOPH B POLY VAC FOR IM SUSP.....	226
24HR 240 MG.....	60	BEADS CAP ER 24HR 420 MG.....	60	DIPHEN/ATROP LIQ 2.5/5.....	115
DILTIAZEM HCL COATED BEADS CAP ER		DILTIAZEM HCL EXTENDED RELEASE		DIPHEN/ATROP TAB 2.5MG.....	115
24HR 300 MG	60	BEADS CAP ER 24HR 420 MG.....	62	DIPHENHYDRAM ELX 12.5/5ML	38
DILTIAZEM HCL COATED BEADS CAP ER		DILTIAZEM HCL EXTENDED RELEASE		DIPHENHYDRAMINE HCL ELIXIR 12.5	
24HR 300 MG	60	BEADS CAP ER 24HR 420 MG.....	62	MG/5ML	38
DILTIAZEM HCL COATED BEADS CAP ER		DILTIAZEM HCL TAB 30 MG.....	61	DIPHENHYDRAMINE HCL TAB 25 MG	38
24HR 360 MG.....	60	DILTIAZEM HCL TAB 60 MG.....	61	DIPHENOXYLATE W/ ATROPINE LIQ 2.5-	
DILTIAZEM HCL COATED BEADS CAP ER		DILTIAZEM HCL TAB 90 MG.....	61	0.025 MG/5ML	115
24HR 360 MG.....	60	DILTIAZEM HCL TAB 120 MG.....	60	DIPHENOXYLATE W/ ATROPINE TAB 2.5-	
DILTIAZEM HCL EXTENDED RELEASE		DILTIAZEM HCL TAB ER 24HR 120 MG.....	60	0.025 MG.....	115
BEADS CAP ER 24HR 120 MG.....	60	DILTIAZEM HCL TAB ER 24HR 180 MG.....	61	DIPHENOXYLATE W/ ATROPINE TAB 2.5-	
DILTIAZEM HCL EXTENDED RELEASE		DILTIAZEM HCL TAB ER 24HR 180 MG.....	61	0.025 MG.....	115
BEADS CAP ER 24HR 120 MG.....	60	DILTIAZEM HCL TAB ER 24HR 240 MG.....	60	DIPH-TETANUS TOX AD-ACELL PERT &	
DILTIAZEM HCL EXTENDED RELEASE		DILTIAZEM HCL TAB ER 24HR 240 MG.....	61	POLIO VIRUS, IPV VAC INJ	227
BEADS CAP ER 24HR 120 MG.....	62	DILTIAZEM HCL TAB ER 24HR 240 MG.....	61	DIPH-TETANUS TOX AD-ACELL PERT &	
DILTIAZEM HCL EXTENDED RELEASE		DILTIAZEM HCL TAB ER 24HR 300 MG	61	POLIO VIRUS, IPV VAC INJ	227
BEADS CAP ER 24HR 120 MG.....	62	DILTIAZEM HCL TAB ER 24HR 300 MG	61	DIPH-TET TOX-ACELL PERT-HEP B-POLIO	
DILTIAZEM HCL EXTENDED RELEASE		DILTIAZEM HCL TAB ER 24HR 300 MG	61	IPV VAC SUSP PREF SYR	226
BEADS CAP ER 24HR 120 MG.....	62	DILTIAZEM HCL TAB ER 24HR 360 MG	61	DIPH-TET TOX-AC PERT AD-POLIO IPV-	
DILTIAZEM HCL EXTENDED RELEASE		DILTIAZEM HCL TAB ER 24HR 360 MG	61	HIB-HEPATITIS B RECMB SUSP	227
BEADS CAP ER 24HR 180 MG.....	60	DILTIAZEM HCL TAB ER 24HR 360 MG	61	DIPH-TET TOX-AC PERT AD-POLIO IPV-	
DILTIAZEM HCL EXTENDED RELEASE		DILTIAZEM HCL TAB ER 24HR 420 MG.....	61	HIB-HEP B REC SUSP PRE SYR.....	227
BEADS CAP ER 24HR 180 MG.....	60	DILTIAZEM HCL TAB ER 24HR 420 MG.....	61	DIPROLENE OIN 0.05%	131
DILTIAZEM HCL EXTENDED RELEASE		DILTIAZEM TAB 30MG	61	DIPYRIDAMOLE TAB 25 MG	202
BEADS CAP ER 24HR 180 MG.....	62	DILTIAZEM TAB 60MG	61	DIPYRIDAMOLE TAB 25MG.....	202
DILTIAZEM HCL EXTENDED RELEASE		DILTIAZEM TAB 90MG	61	DIPYRIDAMOLE TAB 50 MG.....	202
BEADS CAP ER 24HR 180 MG.....	62	DILTIAZEM TAB 120MG	60	DIPYRIDAMOLE TAB 50MG	202
DILTIAZEM HCL EXTENDED RELEASE		DILTIAZEM TAB 120MG ER.....	60	DIPYRIDAMOLE TAB 75 MG	202
BEADS CAP ER 24HR 180 MG.....	62	DILTIAZEM TAB 240MG ER.....	60	DIPYRIDAMOLE TAB 75MG.....	202
DILTIAZEM HCL EXTENDED RELEASE		DILTIAZEM TAB 300MG ER.....	61	DISKETS TAB 40MG	194
BEADS CAP ER 24HR 240 MG.....	60	DILTIAZEM TAB 360MG ER.....	61	DISOPYRAMIDE CAP 100MG.....	22
DILTIAZEM HCL EXTENDED RELEASE		DILT-XR CAP 120MG	60	DISOPYRAMIDE CAP 150MG.....	22
BEADS CAP ER 24HR 240 MG.....	60	DILT-XR CAP 180MG	60	DISOPYRAMIDE PHOSPHATE CAP 100 MG..	22
DILTIAZEM HCL EXTENDED RELEASE		DILT-XR CAP 240MG	60	DISOPYRAMIDE PHOSPHATE CAP 100 MG..	22
BEADS CAP ER 24HR 240 MG.....	62	DIMETHYL FUMARATE CAPSULE		DISOPYRAMIDE PHOSPHATE CAP 150 MG..	22
DILTIAZEM HCL EXTENDED RELEASE		DELAYED RELEASE 120 MG	184	DISOPYRAMIDE PHOSPHATE CAP 150 MG..	22
BEADS CAP ER 24HR 240 MG.....	62	DIMETHYL FUMARATE CAPSULE		DISOPYRAMIDE PHOSPHATE CAP ER	
DILTIAZEM HCL EXTENDED RELEASE		DELAYED RELEASE 240 MG	184	12HR 100 MG.....	22

DISOPYRAMIDE PHOSPHATE CAP ER 12HR 150 MG	22	DOLUTEGRAVIR SODIUM-LAMIVUDINE TAB 50-300 MG (BASE EQ)	16	DOXAZOSIN MESYLATE TAB 8 MG	11
*DISTILLED WATER***	171	DOLUTEGRAVIR SODIUM-RILPIVIRINE HCL TAB 50-25 MG (BASE EQ)	17	DOXAZOSIN MESYLATE TAB ER 24 HR 4 MG (BASE EQUIV)	50
DISULFIRAM TAB 250 MG	9	DOLUTEGRAVIR SODIUM TAB 50 MG (BASE EQUIV)	17	DOXAZOSIN MESYLATE TAB ER 24 HR 8 MG (BASE EQUIV)	50
DISULFIRAM TAB 250MG	9	DOLUTEGRAVIR SODIUM TAB FOR ORAL SUSP 5 MG (BASE EQUIV)	17	DOXAZOSIN TAB 1MG	11
DISULFIRAM TAB 500 MG	9	DONEPEZIL HYDROCHLORIDE ORALLY DISINTEGRATING TAB 5 MG	69	DOXAZOSIN TAB 2MG	11
DISULFIRAM TAB 500MG	9	DONEPEZIL HYDROCHLORIDE ORALLY DISINTEGRATING TAB 5 MG	69	DOXAZOSIN TAB 4MG	11
DIURIL SUS 250/5ML	87	DONEPEZIL HYDROCHLORIDE ORALLY DISINTEGRATING TAB 10 MG	69	DOXAZOSIN TAB 8MG	11
DIVALPROEX CAP 125MG DR	183	DONEPEZIL HYDROCHLORIDE ORALLY DISINTEGRATING TAB 10 MG	69	DOXEPIN HCL CAP 10 MG	223
DIVALPROEX SODIUM CAP DELAYED RELEASE SPRINKLE 125 MG	183	DONEPEZIL HYDROCHLORIDE TAB 5 MG ..	69	DOXEPIN HCL CAP 10MG	223
DIVALPROEX SODIUM CAP DELAYED RELEASE SPRINKLE 125 MG	183	DONEPEZIL HYDROCHLORIDE TAB 10 MG ..	69	DOXEPIN HCL CAP 25 MG	224
DIVALPROEX SODIUM TAB DELAYED RELEASE 125 MG	182	DONEPEZIL HYDROCHLORIDE TAB 23 MG ..	69	DOXEPIN HCL CAP 25MG	224
DIVALPROEX SODIUM TAB DELAYED RELEASE 125 MG	183	DONEPEZIL TAB 5MG	69	DOXEPIN HCL CAP 50 MG	224
DIVALPROEX SODIUM TAB DELAYED RELEASE 250 MG	182	DONEPEZIL TAB 5MG ODT	69	DOXEPIN HCL CAP 50MG	224
DIVALPROEX SODIUM TAB DELAYED RELEASE 250 MG	183	DONEPEZIL TAB 10MG	69	DOXEPIN HCL CAP 75 MG	224
DIVALPROEX SODIUM TAB DELAYED RELEASE 250 MG	183	DONEPEZIL TAB 10MG ODT	69	DOXEPIN HCL CAP 75MG	224
DIVALPROEX SODIUM TAB DELAYED RELEASE 500 MG	182	DONEPEZIL TAB 23MG	69	DOXEPIN HCL CAP 100 MG	223
DIVALPROEX SODIUM TAB DELAYED RELEASE 500 MG	183	DONEPEZIL TAB ODT 5MG	69	DOXEPIN HCL CAP 100MG	223
DIVALPROEX SODIUM TAB ER 24 HR 250 MG	183	DONEPEZIL TAB ODT 10MG	69	DOXEPIN HCL CAP 150 MG	223
DIVALPROEX SODIUM TAB ER 24 HR 250 MG	183	DOPTelet SPR CAP 10MG	56	DOXEPIN HCL CAP 150MG	223
DIVALPROEX SODIUM TAB ER 24 HR 500 MG	183	DOPTelet TAB 20MG	56	DOXEPIN HCL CON 10MG/ML	224
DIVALPROEX SODIUM TAB ER 24 HR 500 MG	183	DORAVIRINE-LAMIVUDINE-TENOFOVIR DF TAB 100-300-300 MG	17	DOXEPIN HCL CONC 10 MG/ML	224
DIVALPROEX SODIUM TAB ER 24 HR 500 MG	183	DORAVIRINE TAB 100 MG	17	DOXERCALCIF CAP 0.5MCG	151
DIVALPROEX SODIUM TAB ER 24 HR 500 MG	183	DORDAVIPRONE HCL CAP 125 MG	166	DOXERCALCIF CAP 1MCG	151
DIVALPROEX TAB 125MG DR	183	DORNASE ALFA INHAL SOLN 2.5 MG/2.5ML	209	DOXERCALCIF CAP 2.5MCG	152
DIVALPROEX TAB 250MG DR	183	DORZOLAMIDE HCL OPTH SOLN 2%	192	DOXERCALCIFEROL CAP 0.5 MCG	151
DIVALPROEX TAB 250MG ER	183	DORZOLAMIDE HCL OPTH SOLN 2%	192	DOXERCALCIFEROL CAP 1 MCG	151
DIVALPROEX TAB 500MG DR	183	DORZOLAMIDE HCL-TIMOLOL MALEATE OPHTH SOLN 2-0.5%	192	DOXERCALCIFEROL CAP 2.5 MCG	152
DIVALPROEX TAB 500MG ER	183	DORZOLAMIDE HCL-TIMOLOL MALEATE OPHTH SOLN 2-0.5%	192	DOXYCYCL HYC CAP 50MG	222
DIVIGEL GEL 0.5MG	103	DORZOLAMIDE SOL 2% OP	192	DOXYCYCL HYC CAP 100MG	222
DIVIGEL GEL 0.25MG	103	DORZOLAMIDE SOL 2% OP	192	DOXYCYCL HYC TAB 20MG	222
DIVIGEL GEL 0.75MG	103	DORZOLAMIDE SOL 2-0.5%OP	192	DOXYCYCL HYC TAB 100MG	222
DIVIGEL GEL 1.25MG	103	DOTTI DIS 0.1MG	104	DOXYCYCLINE HYCLATE CAP 50 MG	222
DIVIGEL GEL 1MG/GM	103	DOTTI DIS 0.05MG	104	DOXYCYCLINE HYCLATE CAP 100 MG	222
DODEx INJ	230	DOTTI DIS 0.075MG	104	DOXYCYCLINE HYCLATE CAP 100 MG	222
DOFETILIDE CAP 125MCG	22	DOTTI DIS 0.0375MG	104	DOXYCYCLINE HYCLATE POWDER	157
DOFETILIDE CAP 125 MCG (0.125 MG)	22	DOVATO TAB 50-300MG	16	DOXYCYCLINE HYCLATE TAB 20 MG	222
DOFETILIDE CAP 125 MCG (0.125 MG)	23	DOXAZOSIN MESYLATE TAB 1 MG	10	DOXYCYCLINE HYCLATE TAB 100 MG	222
DOFETILIDE CAP 250MCG	22	DOXAZOSIN MESYLATE TAB 1 MG	11	DOXYCYCLINE MONOHYDRATE CAP 50 MG	222
DOFETILIDE CAP 250 MCG (0.25 MG)	22	DOXAZOSIN MESYLATE TAB 2 MG	10	DOXYCYCLINE MONOHYDRATE CAP 100 MG	222
DOFETILIDE CAP 250 MCG (0.25 MG)	23	DOXAZOSIN MESYLATE TAB 2 MG	11	DOXYCYCLINE MONOHYDRATE FOR SUSP 25 MG/5ML	222
DOFETILIDE CAP 500MCG	22	DOXAZOSIN MESYLATE TAB 4 MG	10	DOXYCYCLINE MONOHYDRATE FOR SUSP 25 MG/5ML	222
DOFETILIDE CAP 500 MCG (0.5 MG)	22	DOXAZOSIN MESYLATE TAB 4 MG	11	DOXYCYCLINE MONOHYDRATE TAB 50 MG	222
DOFETILIDE CAP 500 MCG (0.5 MG)	23	DOXAZOSIN MESYLATE TAB 8 MG	11	DOXYCYCLINE MONOHYDRATE TAB 75 MG	222
DOJOLVI LIQ 100%	92			DOXYCYCLINE MONOHYDRATE TAB 100 MG	222
DOLASETRON MESYLATE TAB 50 MG	100			DOXYCYCLINE MONOHYDRATE TAB 100 MG	222
DOLISHALE TAB 90-20MCG	103			DOXYCYCLINE MONOHYDRATE TAB 150 MG	222

DOXYCYCLINE POW HYCLATE	157	DULAGLUTIDE SOLN AUTO-INJECTOR 3		EASY COMFORT MIS 31GX5MM	157
DOXYCYCLINE SUS 25MG/5ML	222	MG/0.5ML	33	EASY COMFORT MIS 31GX6MM	157
*DOXYCYCLINE TAB 100 MG &		DULAGLUTIDE SOLN AUTO-INJECTOR		EASY COMFORT MIS 32GX4MM	81
SUNCREEN & SAL ACID WASH 2% KIT**	222	4.5 MG/0.5ML	33	EASY COMFORT MIS LANC 30G	81
DOXYCYC MONO CAP 50MG	222	DULOXETINE CAP 20MG DR	112	EASY COMFORT MIS SHARPS	157
DOXYCYC MONO CAP 100MG	222	DULOXETINE CAP 30MG DR	112	EASY COMFORT MIS TWIST	81
DOXYCYC MONO TAB 50MG	222	DULOXETINE CAP 60MG DR	112	EASYGEL GEL 0.4%	71
DOXYCYC MONO TAB 75MG	222	DULOXETINE HCL CAP DELAYED		EASYGEL GEL 0.4%CHRY	71
DOXYCYC MONO TAB 100MG	222	RELEASE SPRINKLE 20 MG (BASE EQ)	219	EASYGEL GEL 0.4%CITR	71
DOXYCYC MONO TAB 150MG	222	DULOXETINE HCL CAP DELAYED		EASYGEL GEL 0.4%MINT	71
DR BROWNS POW GOOD ST	157	RELEASE SPRINKLE 30 MG (BASE EQ)	219	EASYMAX 15 LIQ LEVEL 2-3	81
DRISDOL CAP 50000UNT	230	DULOXETINE HCL CAP DELAYED		EASYMAX 15 SOL LEVEL 2	81
DRIZALMA CAP 20MG DR	219	RELEASE SPRINKLE 40 MG (BASE EQ)	219	EASYMAX LIQ NORM/HIG	81
DRIZALMA CAP 30MG DR	219	DULOXETINE HCL CAP DELAYED		EASYMAX SOL NORMAL	157
DRIZALMA CAP 40MG DR	219	RELEASE SPRINKLE 60 MG (BASE EQ)	219	EASY TOUCH LIQ HEALTHPR	81
DRIZALMA CAP 60MG DR	219	DULOXETINE HCL ENTERIC COATED		EBGLYSS INJ 250/2ML	74
DRONABINOL CAP 2.5 MG	100	PELLETS CAP 20 MG (BASE EQ)	112	EBGLYSS INJ 250/2ML	74
DRONABINOL CAP 2.5MG	100	DULOXETINE HCL ENTERIC COATED		ECHOTHIOPHATE IODIDE OPTH FOR	
DRONABINOL CAP 5 MG	100	PELLETS CAP 30 MG (BASE EQ)	112	SOLN 0.125%	192
DRONABINOL CAP 5MG	100	DULOXETINE HCL ENTERIC COATED		ECLIPSE NDLE MIS 21GX1.5"	158
DRONABINOL CAP 10 MG	100	PELLETS CAP 60 MG (BASE EQ)	112	ECLIPSE NDLE MIS 25GX1.5"	158
DRONABINOL CAP 10MG	100	DUOPA SUS 4.63-20	88	ECLIPSE NDL MIS 21GX1"	158
DRONABINOL SOLN 5 MG/ML	100	DUPILUMAB SUBCUTANEOUS SOLN		EC-NAPROSYN TAB 375MG	186
DROPLET MICR MIS 34GX9/64	157	AUTO-INJECTOR 200 MG/1.14ML	74	EC-NAPROSYN TAB 500MG	186
DROPSAFE MIS 31GX4MM	157	DUPILUMAB SUBCUTANEOUS SOLN		EC-NAPROXEN TAB 375MG	186
DROPSAFE MIS 31GX5MM	157	AUTO-INJECTOR 300 MG/2ML	74	EC-NAPROXEN TAB 500MG	186
DROPSAFE MIS 31GX8MM	157	DUPILUMAB SUBCUTANEOUS SOLN		ECONAZOLE CRE 1%	35
DROPSAFE MIS LANC 23G	81	PREFILLED SYRINGE 200 MG/1.14ML	74	ECONAZOLE NITRATE CREAM 1%	35
DROPSAFE MIS LANC 30G	81	DUPILUMAB SUBCUTANEOUS SOLN		ECONTRA OS TAB 1.5MG	203
DROPSAFE SIC MIS 25GX1"	157	PREFILLED SYRINGE 300 MG/2ML	74	EC-RX DHEA CRE 4%	158
DROPSAFE SIC MIS 25GX5/8"	157	DUPIXENT INJ 200/1.14	74	EC-RX DHEA CRE 10%	157
DROS/ETH EST TAB LEVOMEFO	104	DUPIXENT INJ 200MG	74	EDARAVONE ORAL SUSP 105 MG/5ML	69
DROSPIRENONE-ESTRADIOL TAB 0.5-1 MG101		DUPIXENT INJ 300/2ML	74	EDARAVONE ORAL SUSP 105 MG/5ML	69
DROSPIRENONE-ESTRADIOL TAB 0.25-		DUPIXENT INJ 300/2ML	74	EDEX 2-CRTDG KIT 10MCG	119
0.5 MG	101	DUREX EXTRA MIS SENSITIV	157	EDEX 2-CRTDG KIT 20MCG	119
DROSPIRENONE-ETHINYL ESTRADIOL		DUREX MIS TROPICAL	157	EDEX 2-CRTDG KIT 40MCG	119
TAB 3-0.02 MG	112	*DUST MITE MIXED EXT SL TAB 12 SQ-		EDEX 6-CRTDG KIT 10MCG	119
DROSPIRENONE-ETHINYL ESTRADIOL		HDM***	209	EDEX 6-CRTDG KIT 20MCG	119
TAB 3-0.03 MG	112	DUTASTERIDE CAP 0.5 MG	50	EDEX 6-CRTDG KIT 20MCG	119
DROSPIRENONE-ETHINYL ESTRAD-		DUTASTERIDE CAP 0.5MG	50	EDEX 6-CRTDG KIT 40MCG	119
LEVOMEFOLATE TAB 3-0.03-0.451 MG	104	DUVELISIB CAP 15 MG	40	EDURANT PED TAB 2.5MG	17
DROSPIRENONE-ETHINYL ESTRAD-		DUVELISIB CAP 25 MG	40	EDURANT TAB 25MG	17
LEVOMEFOLATE TAB 3-0.03-0.451 MG	112	DYCLONINE HCL SOLN 0.5%	12	EEMT HS TAB	104
DROSPIRENONE TAB 4 MG	204	DYCLOPRO SOL 0.5%	12	EEMT TAB 1.25-2.5	104
DROXIA CAP 200MG	39	DYE FDC BLUE 1 (BRILLIANT BLUE FCF) -		E.E.S. GRAN SUS 200/5ML	150
DROXIA CAP 300MG	39	LIQUID	160	EFAVIR/EMTRI TAB TENOFOVI	17
DROXIA CAP 400MG	39	EAA SUPPLEME POW	92	EFAVIRENZ CAP 50 MG	17
DRYSOL SOL 20%	74	EAA SUPPLEME POW TROPICAL	92	EFAVIRENZ CAP 50MG	17
DUAVEE TAB 0.45-20	104	EASIVENT MIS	157	EFAVIRENZ CAP 200 MG	17
DUETACT TAB 30-2MG	30	EASIVENT MIS MASK LG	157	EFAVIRENZ CAP 200MG	17
DUETACT TAB 30-4MG	30	EASIVENT MIS MASK MED	157	EFAVIRENZ-EMTRICITABINE-TENOFOVIR	
DUET DHA 400 MIS 25-1-400	230	EASIVENT MIS MASK SM	157	DF TAB 600-200-300 MG	17
DULAGLUTIDE SOLN AUTO-INJECTOR		EASY COMFORT MIS 0.3/31G	157	EFAVIRENZ-LAMIVUDINE-TENOFOVIR	
0.75 MG/0.5ML	33	EASY COMFORT MIS 0.3/31G	157	DF TAB 400-300-300 MG	17
DULAGLUTIDE SOLN AUTO-INJECTOR		EASY COMFORT MIS 29GX4MM	157	EFAVIRENZ-LAMIVUDINE-TENOFOVIR	
1.5 MG/0.5ML	33	EASY COMFORT MIS 29GX5MM	157	DF TAB 400-300-300 MG	18

EFAVIRENZ-LAMIVUDINE-TENOFOVIR DF TAB 600-300-300 MG	17	ELLA TAB 30MG	202	EMPAGLIFLOZIN-LINAGLIPTIN- METFORMIN TAB ER 24HR 10-5-1000 MG ...	33
EFAVIRENZ-LAMIVUDINE-TENOFOVIR DF TAB 600-300-300 MG	18	ELTROMBOPAG CHOLINE TAB 9 MG (BASE EQUIV).....	55	EMPAGLIFLOZIN-LINAGLIPTIN- METFORMIN TAB ER 24HR 25-5-1000 MG ...	33
EFAVIRENZ TAB 600 MG	17	ELTROMBOPAG CHOLINE TAB 18 MG (BASE EQUIV).....	55	EMPAGLIFLOZIN-LINAGLIPTIN TAB 10-5 MG	31
EFAVIRENZ TAB 600MG.....	17	ELTROMBOPAG CHOLINE TAB 36 MG (BASE EQUIV).....	55	EMPAGLIFLOZIN-LINAGLIPTIN TAB 25-5 MG	31
EFAVIR/LAMIV TAB TENOFOVI	17	ELTROMBOPAG CHOLINE TAB 54 MG (BASE EQUIV).....	55	EMPAGLIFLOZIN-METFORMIN HCL TAB 5-500 MG	33
EFAVIR/LAMIV TAB TENOFOVI	17	ELTROMBOPAG OLAMINE POWDER PACK FOR SUSP 12.5 MG (BASE EQ)	56	EMPAGLIFLOZIN-METFORMIN HCL TAB 5-1000 MG	33
EFFER-K TAB 10MEQ	92	ELTROMBOPAG OLAMINE POWDER PACK FOR SUSP 12.5 MG (BASE EQ)	57	EMPAGLIFLOZIN-METFORMIN HCL TAB 12.5-500 MG	33
EFFER-K TAB 20MEQ	92	ELTROMBOPAG OLAMINE POWDER PACK FOR SUSP 25 MG (BASE EQUIV).....	56	EMPAGLIFLOZIN-METFORMIN HCL TAB 12.5-1000 MG	33
EFFER-K TAB 25MEQ EF	92	ELTROMBOPAG OLAMINE POWDER PACK FOR SUSP 25 MG (BASE EQUIV).....	57	EMPAGLIFLOZIN-METFORMIN HCL TAB ER 24HR 5-1000 MG	33
EFGARTIGIMOD ALF-HYALUR-QVFC PREF SYR 1000-10000 MG-UNIT/5ML	143	ELTROMBOPAG POW 12.5MG	56	EMPAGLIFLOZIN-METFORMIN HCL TAB ER 24HR 10-1000 MG	33
EFLORNITHINE HCL TAB 192 MG.....	40	ELTROMBOPAG POW 25MG	56	EMPAGLIFLOZIN-METFORMIN HCL TAB ER 24HR 10-1000 MG	33
EFUDEX CRE 5%.....	74	ELURYNG MIS.....	104	EMPAGLIFLOZIN-METFORMIN HCL TAB ER 24HR 12.5-1000 MG	33
EGATEN TAB 250MG	15	ELUXADOLINE TAB 75 MG	146	EMPAGLIFLOZIN-METFORMIN HCL TAB ER 24HR 25-1000 MG	33
ELACESTRANT HYDROCHLORIDE TAB 86 MG.....	34	ELUXADOLINE TAB 100 MG.....	146	EMPAGLIFLOZIN-METFORMIN HCL TAB ER 24HR 25-1000 MG	33
ELAFIBRANOR TAB 80 MG	115	ELVITEGRAV-COBIC-EMTRICITAB- TENOFV AF TAB 150-150-200-10 MG	16	EMPAGLIFLOZIN-METFORMIN HCL TAB ER 24HR 25-1000 MG	33
ELAGOLIX-ESTRAD-NORETH 300-1- 0.5MG & ELAGOLIX 300MG CAP PACK.....	139	ELVITEGRAV-COBIC-EMTRICITAB- TENOFVDF TAB 150-150-200-300 MG.....	17	EMPAGLIFLOZIN TAB 10 MG	31
ELAGOLIX SODIUM TAB 150 MG (BASE EQUIV).....	139	EMBECTA AUTO MIS DUO	158	EMPAGLIFLOZIN TAB 25 MG	31
ELAGOLIX SODIUM TAB 200 MG (BASE EQUIV).....	139	EMBECTA NANO MIS 32GX4MM.....	81	EMPAVELI INJ 1080MG	56
ELBASVIR-GRAZOPREVR TAB 50-100 MG..	16	EMBECTA UF MIS 29GX12.7.....	158	EMTRICITABIN CAP 200MG	18
ELECARE JR POW	230	EMBECTA UF MIS 31GX5MM	158	EMTRICITABINE CAPS 200 MG	18
ELECARE JR POW VANILLA	230	EMBECTA UF MIS 31GX8MM	158	EMTRICITABINE-RILPIVIRINE- TENOFVIR AF TAB 200-25-25 MG.....	17
ELESTRIN GEL 0.06%.....	104	EMBECTA UF MIS 32GX6MM	81	EMTRICITABINE-RILPIVIRINE- TENOFVIR DF TAB 200-25-300 MG.....	17
ELETRIPTAN HYDROBROMIDE TAB 20 MG (BASE EQUIVALENT).....	211	EMBRACE SOL LOW.....	158	EMTRICITABINE-RILPIVIRINE- TENOFVIR DF TAB 200-25-300 MG.....	17
ELETRIPTAN HYDROBROMIDE TAB 40 MG (BASE EQUIVALENT)	211	EMCYT CAP 140MG	34	EMTRICITABINE-RILPIVIRINE- TENOFVIR DF TAB 200-25-300 MG.....	17
ELETRIPTAN TAB 20MG	211	EMEND SUS 125MG	100	EMTRICITABINE SOLN 10 MG/ML	18
ELETRIPTAN TAB 40MG.....	211	EMGALITY INJ 100MG/ML	59	EMTRICITABINE-TENOFOVIR ALAFENAMIDE FUMARATE TAB 120-15 MG..	18
ELEXACAF-TEZACAF-IVACAF 50-25-37.5 MG & IVACAF 75 MG TBP.....	70	EMGALITY INJ 120MG/ML	59	EMTRICITABINE-TENOFOVIR ALAFENAMIDE FUMARATE TAB 200-25 MG..	18
ELEXACAF-TEZACAF-IVACAF 80-40-60 MG & IVACAF 59.5MG THPK GRAN	70	EMGALITY INJ 120MG/ML	59	EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE TAB 100-150 MG ..	18
ELEXACAF-TEZACAF-IVACAF 100-50-75 MG & IVACAF 75MG THPK GRAN	70	EMICIZUMAB-KXWH SUBCUTANEOUS SOLN 12 MG/0.4ML (30 MG/ML).....	125	EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE TAB 100-150 MG ..	19
ELEXACAF-TEZACAF-IVACAF 100-50-75 MG & IVACAF 75MG THPK GRAN	70	EMICIZUMAB-KXWH SUBCUTANEOUS SOLN 30 MG/ML	125	EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE TAB 133-200 MG ..	18
ELEXACAF-TEZACAF-IVACAF 100-50-75 MG & IVACAF 150 MG TBP.....	70	EMICIZUMAB-KXWH SUBCUTANEOUS SOLN 60 MG/0.4ML (150 MG/ML)	125	EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE TAB 133-200 MG ..	19
ELIGLUSTAT TARTRATE CAP 84 MG (BASE EQUIVALENT).....	116	EMICIZUMAB-KXWH SUBCUTANEOUS SOLN 105 MG/0.7ML (150 MG/ML)	125	EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE TAB 167-250 MG ..	18
ELIMITE CRE 5%	201	EMICIZUMAB-KXWH SUBCUTANEOUS SOLN 150 MG/ML	125	EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE TAB 167-250 MG ..	19
ELINEST TAB.....	104	EMICIZUMAB-KXWH SUBCUTANEOUS SOLN 300 MG/2ML (150 MG/ML).....	125	EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE TAB 200-300 MG ..	18
ELIQUIS CAP 0.15MG	26	*EMOLLIENT - LIQUID**	77	EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE TAB 200-300 MG ..	18
ELIQUIS ST P TAB 5MG.....	26	*EMOLLIENT - LIQUID**	77	EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE TAB 200-300 MG ..	18
ELIQUIS TAB 0.5MG.....	26	EMPAGLIFLOZIN-LINAGLIP- METFORMIN TAB ER 24HR 12.5-2.5-1000MG 33		EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE TAB 200-300 MG ..	18
ELIQUIS TAB 1.5MG.....	26	EMPAGLIFLOZIN-LINAGLIPTIN- METFORMIN TAB ER 24HR 5-2.5-1000MG ...	33	EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE TAB 200-300 MG ..	18
ELIQUIS TAB 2.5MG.....	26			EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE TAB 200-300 MG ..	18
ELIQUIS TAB 2MG.....	26			EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE TAB 200-300 MG ..	18
ELIQUIS TAB 5MG.....	26			EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE TAB 200-300 MG ..	18
ELITE-OB TAB.....	230			EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE TAB 200-300 MG ..	18
ELIXOPHYLLIN ELX 80/15ML.....	201			EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE TAB 200-300 MG ..	18

EMTR/TEN DF TAB 100-150	18	ENFAMIL LIQ PREMATUR	158	ENOXAPARIN SODIUM INJ SOLN PREF	
EMTR/TEN DF TAB 133-200	18	ENFAMIL NEUR LIQ ENFACARE	159	SYR 120 MG/0.8ML	26
EMTR/TEN DF TAB 167-250	18	ENFAMIL NEUR LIQ INFANT	159	ENOXAPARIN SODIUM INJ SOLN PREF	
EMTR/TENOFOV TAB 200-300	18	ENFAMIL NEUR POW ENFACARE	159	SYR 150 MG/ML	26
EMVERM CHW 100MG	15	ENFAMIL NEUR POW GENTLEAS	159	ENPRESSE-28 TAB	104
EMZAHH TAB 0.35MG	203	ENFAMIL NEUR POW SENSITIV	159	ENSACOVE CAP 25MG	40
ENALAPR/HCTZ TAB 5-12.5MG	65	ENFAMIL POW ENSPIRE	158	ENSACOVE CAP 100MG	40
ENALAPR/HCTZ TAB 10-25MG	65	ENFAMIL POW REGULINE	158	ENSARTINIB HCL CAP 25 MG (BASE	
ENALAPRIL MALEATE &		ENFAMIL PREM CON LIPIL	159	EQUIVALENT)	40
HYDROCHLOROTHIAZIDE TAB 5-12.5 MG ...	65	ENFAMIL PREM LIQ INFANT	159	ENSARTINIB HCL CAP 100 MG (BASE	
ENALAPRIL MALEATE &		ENFAMIL PREM POW INFANT	159	EQUIVALENT)	40
HYDROCHLOROTHIAZIDE TAB 10-25 MG ...	65	ENFAMIL PREM POW NEWBORN	159	ENSKYCE TAB	104
ENALAPRIL MALEATE ORAL SOLN 1 MG/ML 14		ENFAMIL SOY POW PROSOBEE	159	ENSTILAR AER	74
ENALAPRIL MALEATE TAB 2.5 MG	14	ENFA NUTRAMI CON LIPIL	158	ENSURE ENLIV LIQ STRAWBER	92
ENALAPRIL MALEATE TAB 5 MG	14	ENFA NUTRAMI LIQ	158	ENSURE ENLIV LIQ VANILLA	92
ENALAPRIL MALEATE TAB 10 MG	14	ENFA NUTRAMI LIQ DHA/ARA	158	ENSURE HP LIQ VANILLA	92
ENALAPRIL MALEATE TAB 20 MG	14	ENFA NUTRAMI LIQ DHA/ARA	158	ENSURE LIQ CHOCOLAT	92
ENALAPRIL SOL 1MG/ML	14	ENFA NUTRAMI POW PROB/LGG	158	ENSURE ORIGI LIQ FIBER	92
ENALAPRIL TAB 2.5MG	14	ENFA NUTRAMI POW TOD/ENFL	158	ENSURE ORIGN LIQ CHOCOLAT	92
ENALAPRIL TAB 5MG	14	ENFA PREGEST LIQ LIPIL	158	ENSURE ORIGN LIQ CHOCOLAT	92
ENALAPRIL TAB 10MG	14	ENFA PROSOBE CON LIPIL	158	ENSURE ORIGN LIQ STRAWBER	92
ENALAPRIL TAB 20MG	14	ENFA PROSOBE LIQ LIPIL	158	ENSURE ORIGN POW VANILLA	230
ENASIDENIB MESYLATE TAB 50 MG		ENFA PROSOBE LIQ SENSITIV	158	ENSURE PLUS LIQ BUT PECN	92
(BASE EQUIVALENT)	179	ENFAROW LIQ NEUROPRO	159	ENSURE PLUS LIQ CHOCOLAT	92
ENASIDENIB MESYLATE TAB 100 MG		ENFAROW NEXT LIQ VANILLA	159	ENSURE PLUS LIQ DRK CHOC	92
(BASE EQUIVALENT)	179	ENFLONIA INJ 105MG	144	ENSURE PLUS LIQ STRAWBER	92
ENBRACE HR CAP	230	ENFUVIRTIDE FOR INJ 90 MG	19	ENSURE PLUS LIQ STRWBRY	92
ENBREL INJ 25/0.5ML	140	EN GENTLEASE POW FUSS/GAS	158	ENSURE PLUS LIQ VANILLA	92
ENBREL INJ 25MG	140	ENGERIX-B INJ 10/0.5ML	225	ENSURE PLUS LIQ VANILLA	92
ENBREL INJ 50MG/ML	140	ENGERIX-B INJ 20MCG/ML	225	ENSURE SURGE LIQ IMMUNO	92
ENBREL MINI INJ 50MG/ML	140	ENGERIX-B INJ 20MCG/ML	225	ENTACAPONE TAB 200 MG	42
ENBREL SRCLK INJ 50MG/ML	140	ENILLORING MIS	104	ENTACAPONE TAB 200 MG	42
ENCALA POW	230	ENLITE GLUCO MIS SENSOR	81	ENTACAPONE TAB 200MG	42
ENCARE SUP 100MG	119	ENOXAPARIN INJ 30/0.3ML	26	ENTECAVIR ORAL SOLN 0.05 MG/ML	15
ENDARI POW 5GM	92	ENOXAPARIN INJ 40/0.4ML	26	ENTECAVIR TAB 0.5 MG	15
ENDOCET TAB 2.5-325	197	ENOXAPARIN INJ 60/0.6ML	27	ENTECAVIR TAB 0.5MG	15
ENDOCET TAB 5-325MG	197	ENOXAPARIN INJ 80/0.8ML	27	ENTECAVIR TAB 1 MG	15
ENDOCET TAB 7.5-325	197	ENOXAPARIN INJ 80MG/0.8	27	ENTECAVIR TAB 1MG	15
ENDOCET TAB 10-325MG	196	ENOXAPARIN INJ 100MG/ML	26	ENTERAGAM POW 5GM	159
ENDOMETRIN SUP 100MG	203	ENOXAPARIN INJ 120/0.8	26	ENTEREG CAP 12MG	115
ENFAGROW POW PREMIUM	158	ENOXAPARIN INJ 150MG/ML	26	ENTRECTINIB CAP 100 MG	41
ENFAGROW POW PREMIUM	158	ENOXAPARIN INJ 300/3ML	26	ENTRECTINIB CAP 200 MG	41
ENFAGROW PRM POW TODDLER	158	ENOXAPARIN SODIUM INJ 300 MG/3ML	26	ENTRECTINIB PELLET PACK 50 MG	41
ENFAMIL AR LIQ LIPIL	158	ENOXAPARIN SODIUM INJ SOLN PREF		ENTRESTO CAP 6-6MG	65
ENFAMIL AR POW SPIT-UP	158	SYR 30 MG/0.3ML	26	ENTRESTO CAP 15-16MG	65
ENFAMIL HUMA CON HIGH PRO	158	ENOXAPARIN SODIUM INJ SOLN PREF		ENTYVIO PEN INJ 108/0.68	144
ENFAMIL HUMA CON STD PROT	158	SYR 40 MG/0.4ML	26	ENULOSE SOL 10GM/15	148
ENFAMIL HUMA LIQ FORTIFIE	158	ENOXAPARIN SODIUM INJ SOLN PREF		ENU NUTRITIO LIQ CHOCOLAT	92
ENFAMIL HUMA POW FORTIFIE	158	SYR 60 MG/0.6ML	27	ENU NUTRITIO LIQ VANILLA	92
ENFAMIL INFA LIQ FORMULA	159	ENOXAPARIN SODIUM INJ SOLN PREF		ENU PRO3 POW PLUS	230
ENFAMIL INFA POW FORMULA	159	SYR 80 MG/0.8ML	27	ENZALUTAMIDE CAP 40 MG	21
ENFAMIL LIPI LIQ GENTLEAS	159	ENOXAPARIN SODIUM INJ SOLN PREF		EPCLUSA PAK 150-37.5	15
ENFAMIL LIQ DHA/ARA	158	SYR 80 MG/0.8ML	27	EPCLUSA PAK 200-50MG	15
ENFAMIL LIQ GENTLEAS	158	ENOXAPARIN SODIUM INJ SOLN PREF		EPCLUSA TAB 200-50MG	15
ENFAMIL LIQ GENTLEAS	158	SYR 100 MG/ML	26	EPCLUSA TAB 400-100	15

EPIDIOLEX SOL 100MG/ML.....	28	EQ NICOTINE LOZ 2MG CINN.....	214	ERYTHROMYCIN ETHYLSUCCINATE FOR	
EPIFOAM AER 1%.....	74	EQ NICOTINE LOZ 2MG MINT.....	214	SUSP 200 MG/5ML.....	150
EPINASTINE DRO 0.05%.....	189	EQ NICOTINE LOZ 4MG CINN.....	214	ERYTHROMYCIN ETHYLSUCCINATE FOR	
EPINASTINE HCL OPTH SOLN 0.05%.....	189	EQ NICOTINE LOZ 4MG MINT.....	214	SUSP 200 MG/5ML.....	150
EPINEPHRINE HCL NASAL SOLN 0.1%.....	210	EQ PAIN RELI TAB 500MG.....	12	ERYTHROMYCIN ETHYLSUCCINATE FOR	
EPINEPHRINE HCL NASAL SOLN 0.1%.....	210	EQUACARE JR POW CHOCOLA.....	230	SUSP 200 MG/5ML.....	150
EPINEPHRINE INJ 0.3MG.....	58	EQUACARE JR POW UNFLAVO.....	230	ERYTHROMYCIN ETHYLSUCCINATE FOR	
EPINEPHRINE INJ 0.3MG.....	58	EQUACARE JR POW VANILLA.....	230	SUSP 400 MG/5ML.....	150
EPINEPHRINE INJ 0.15MG.....	58	ERENUMAB-AOOE SUBCUTANEOUS		ERYTHROMYCIN ETHYLSUCCINATE FOR	
EPINEPHRINE INJ 0.15MG.....	58	SOLN AUTO-INJECTOR 70 MG/ML.....	59	SUSP 400 MG/5ML.....	150
EPINEPHRINE NASAL SPRAY 1 MG/0.1ML.....	59	ERENUMAB-AOOE SUBCUTANEOUS		ERYTHROMYCIN ETHYLSUCCINATE TAB	
EPINEPHRINE NASAL SPRAY 2 MG/0.1ML.....	59	SOLN AUTO-INJECTOR 140 MG/ML.....	59	400 MG.....	150
EPINEPHRINE SOL 30/30ML.....	210	ERGOCALCIFEROL CAP 1.25 MG (50000		ERYTHROMYCIN GEL 2%.....	74
EPINEPHRINE SOLUTION AUTO-		UNIT).....	230	ERYTHROMYCIN GEL 2%.....	74
INJECTOR 0.1 MG/0.1ML.....	58	ERGOCALCIFEROL CAP 1.25 MG (50000		ERYTHROMYCIN GEL 2%.....	74
EPINEPHRINE SOLUTION AUTO-		UNIT).....	235	ERYTHROMYCIN OIN 0.5% OP.....	191
INJECTOR 0.3 MG/0.3ML (1:1000).....	58	ERGOCALCIFEROL CAP 1.25 MG (50000		ERYTHROMYCIN OIN 5MG/GM.....	191
EPINEPHRINE SOLUTION AUTO-		UNIT).....	235	ERYTHROMYCIN OPTH OINT 5 MG/GM.....	191
INJECTOR 0.3 MG/0.3ML (1:1000).....	58	ERGOCALCIFEROL CAP 1.25 MG (50000		ERYTHROMYCIN OPTH OINT 5 MG/GM.....	191
EPINEPHRINE SOLUTION AUTO-		UNIT).....	235	ERYTHROMYCIN PADS 2%.....	74
INJECTOR 0.15 MG/0.3ML (1:2000).....	58	ERGOLOID MES TAB 1MG ORAL.....	159	ERYTHROMYCIN SOL 2%.....	75
EPINEPHRINE SOLUTION AUTO-		ERGOLOID MESYLATES TAB 1 MG.....	159	ERYTHROMYCIN SOLN 2%.....	75
INJECTOR 0.15 MG/0.15ML (1:1000).....	58	ERGOMAR SUB 2MG.....	101	ERYTHROMYCIN STEARATE TAB 250 MG.....	150
EPINEPHRINE SOLUTION AUTO-		ERGOTAMINE TARTRATE SL TAB 2 MG.....	101	ERYTHROMYCIN TAB 250 MG.....	150
INJECTOR 0.15 MG/0.15ML (1:1000).....	58	ERGOTAMINE W/ CAFFEINE SUPPOS		ERYTHROMYCIN TAB 250MG BS.....	150
EPINEPHRINE SOLUTION PREFILLED		2-100 MG.....	101	ERYTHROMYCIN TAB 250MG EC.....	150
SYRINGE 0.3 MG/0.3ML (1:1000).....	58	ERGOTAMINE W/ CAFFEINE TAB 1-100 MG.....	101	ERYTHROMYCIN TAB 333MG EC.....	150
EPITOL TAB 200MG.....	218	ERGOT/CAFFEN TAB 1-100MG.....	101	ERYTHROMYCIN TAB 500 MG.....	150
EPLERENONE TAB 25 MG.....	86	ERIVEDGE CAP 150MG.....	179	ERYTHROMYCIN TAB 500MG BS.....	150
EPLERENONE TAB 25MG.....	86	ERLEADA TAB 60MG.....	21	ERYTHROMYCIN TAB 500MG EC.....	150
EPLERENONE TAB 50 MG.....	87	ERLEADA TAB 240MG.....	21	ERYTHROMYCIN TAB DELAYED RELEASE	
EPLERENONE TAB 50MG.....	87	ERLOTINIB HCL TAB 25 MG (BASE		250 MG.....	150
EPLONTERSEN SODIUM SUBCUTANEOUS		EQUIVALENT).....	179	ERYTHROMYCIN TAB DELAYED RELEASE	
SOLN AUTO-INJ 45 MG/0.8ML.....	118	ERLOTINIB HCL TAB 100 MG (BASE		250 MG.....	150
EPOETIN ALFA-EPBX INJ 2000 UNIT/ML.....	57	EQUIVALENT).....	179	ERYTHROMYCIN TAB DELAYED RELEASE	
EPOETIN ALFA-EPBX INJ 3000 UNIT/ML.....	57	ERLOTINIB HCL TAB 150 MG (BASE		333 MG.....	150
EPOETIN ALFA-EPBX INJ 4000 UNIT/ML.....	57	EQUIVALENT).....	179	ERYTHROMYCIN TAB DELAYED RELEASE	
EPOETIN ALFA-EPBX INJ 10000 UNIT/ML.....	57	ERLOTINIB TAB 25MG.....	179	333 MG.....	150
EPOETIN ALFA-EPBX INJ 20000 UNIT/ML.....	57	ERLOTINIB TAB 100MG.....	179	ERYTHROMYCIN TAB DELAYED RELEASE	
EPOETIN ALFA-EPBX INJ 40000 UNIT/ML.....	57	ERLOTINIB TAB 150MG.....	179	500 MG.....	150
EQ ASPIRIN CHW 81MG.....	186	ERMEZA SOL 150/5ML.....	136	ERYTHROMYCIN TAB DELAYED RELEASE	
EQ CLEARLAX POW.....	146	ERRIN TAB 0.35MG.....	203	500 MG.....	150
EQL ASPIRIN CHW 81MG.....	186	ERY/BENZOYL GEL 3-5%.....	74	ERYTHROMYCIN W/ DELAYED RELEASE	
EQ LAXATIVE CHW 15MG.....	148	ERYGEL GEL 2%.....	74	PARTICLES CAP 250 MG.....	150
EQL CLEARLAX POW.....	146	ERY PAD 2%.....	74	ESCITALOPRAM OXALATE SOLN 5	
EQL GENTLE TAB LAXATIVE.....	148	ERYPED SUS 200/5ML.....	150	MG/5ML (BASE EQUIV).....	219
EQ NICOTINE DIS 7MG/24HR.....	214	ERYPED SUS 400/5ML.....	150	ESCITALOPRAM OXALATE TAB 5 MG	
EQ NICOTINE DIS 14MG/24H.....	214	ERY-TAB TAB 250MG EC.....	150	(BASE EQUIV).....	219
EQ NICOTINE DIS 21MG/24H.....	214	ERY-TAB TAB 333MG EC.....	150	ESCITALOPRAM OXALATE TAB 10 MG	
EQ NICOTINE GUM 2MG CINN.....	214	ERY-TAB TAB 500MG EC.....	150	(BASE EQUIV).....	219
EQ NICOTINE GUM 2MGFRUIT.....	214	ERYTHROCIN TAB 250MG.....	150	ESCITALOPRAM OXALATE TAB 20 MG	
EQ NICOTINE GUM 2MG MINT.....	214	ERYTHROM ETH SUS 200/5ML.....	150	(BASE EQUIV).....	219
EQ NICOTINE GUM 4MG CINN.....	214	ERYTHROM ETH SUS 400/5ML.....	150	ESCITALOPRAM SOL 5MG/5ML.....	219
EQ NICOTINE GUM 4MGFRUIT.....	214	ERYTHROM ETH TAB 400MG.....	150	ESCITALOPRAM TAB 5MG.....	219
EQ NICOTINE GUM 4MG MINT.....	214	ERYTHROMYCIN CAP 250MG DR.....	150	ESCITALOPRAM TAB 10MG.....	219
EQ NICOTINE GUM 4MG ORIG.....	214			ESCITALOPRAM TAB 20MG.....	219

ESTRADIOL TD PATCH WEEKLY 0.05 MG/24HR	105	ESTROGENS, CONJUGATED TAB 0.625 MG 103	103	ETHYNODIOL TAB 1-50	105
ESTRADIOL TD PATCH WEEKLY 0.06 MG/24HR	105	ESTROGENS, CONJUGATED TAB 0.625 MG 110	110	ETODOLAC CAP 200 MG	186
ESTRADIOL TD PATCH WEEKLY 0.025 MG/24HR	104	ESTROGENS, CONJUGATED TAB 1.25 MG ..103	103	ETODOLAC CAP 200MG	186
ESTRADIOL TD PATCH WEEKLY 0.075 MG/24HR	105	ESTROGENS, CONJUGATED TAB 1.25 MG ..110	110	ETODOLAC CAP 300 MG	186
ESTRADIOL TD PATCH WEEKLY 0.0375 MG/24HR (37.5 MCG/24HR)	105	ESTROGENS, CONJUGATED VAGINAL CREAM 0.625 MG/GM	110	ETODOLAC CAP 300MG	186
ESTRADIOL TD PATCH WEEKLY 14 MCG/24HR	109	ESTROG/MTEST TAB 1.25-2.5	105	ETODOLAC ER TAB 400MG	186
ESTRADIOL TRANSDERMAL SPRAY 1.53 MG/SPRAY	105	ESZOPICLONE TAB 1 MG	113	ETODOLAC ER TAB 500MG	186
ESTRADIOL VAGINAL CREAM 0.01%	104	ESZOPICLONE TAB 1MG	113	ETODOLAC ER TAB 600MG	186
ESTRADIOL VAGINAL INSERT 4 MCG	106	ESZOPICLONE TAB 2 MG	113	ETODOLAC TAB 400 MG	186
ESTRADIOL VAGINAL INSERT 10 MCG	106	ESZOPICLONE TAB 2MG	113	ETODOLAC TAB 400MG	186
ESTRADIOL VAGINAL INSERT STARTER PACK 4 MCG	106	ESZOPICLONE TAB 3 MG	113	ETODOLAC TAB 500 MG	186
ESTRADIOL VAGINAL INSERT STARTER PACK 10 MCG	106	ESZOPICLONE TAB 3MG	113	ETODOLAC TAB 500MG	186
ESTRADIOL VAGINAL RING 2 MG (7.5 MCG/24HRS)	105	ETANERCEPT SUBCUTANEOUS INJ 25 MG/0.5ML	140	ETODOLAC TAB ER 24HR 400 MG	186
ESTRADIOL VAGINAL TAB 10 MCG	105	ETANERCEPT SUBCUTANEOUS SOLN PREFILLED SYRINGE 25 MG/0.5ML	140	ETODOLAC TAB ER 24HR 500 MG	186
ESTRADIOL VAGINAL TAB 10 MCG	112	ETANERCEPT SUBCUTANEOUS SOLN PREFILLED SYRINGE 50 MG/ML	140	ETODOLAC TAB ER 24HR 600 MG	186
ESTRADIOL VALERATE-DIENOGEST TAB 3 MG /2-2 MG/2-3 MG/1 MG	109	ETANERCEPT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/ML	140	ETONOGESTREL-ETHINYL ESTRADIOL VA RING 0.12-0.015 MG/24HR	104
ESTRADIOL VALERATE IM IN OIL 10 MG/ ML	103	ETANERCEPT SUBCUTANEOUS SOLUTION CARTRIDGE 50 MG/ML	140	ETONOGESTREL-ETHINYL ESTRADIOL VA RING 0.12-0.015 MG/24HR	104
ESTRADIOL VALERATE IM IN OIL 10 MG/ ML	104	ETHACRYNIC ACID TAB 25 MG	86	ETONOGESTREL-ETHINYL ESTRADIOL VA RING 0.12-0.015 MG/24HR	105
ESTRADIOL VALERATE IM IN OIL 20 MG/ ML	103	ETHACRYNIC TAB ACD 25MG	86	ETONOGESTREL-ETHINYL ESTRADIOL VA RING 0.12-0.015 MG/24HR	106
ESTRADIOL VALERATE IM IN OIL 20 MG/ ML	104	ETHAMBUTOL HCL TAB 100 MG	45	ETONOGESTREL MIS ETHY EST	105
ESTRADIOL VALERATE IM IN OIL 40 MG/ ML	103	ETHAMBUTOL HCL TAB 400 MG	45	ETOPOSIDE (BULK) POWDER	159
ESTRADIOL VALERATE IM IN OIL 40 MG/ ML	104	ETHAMBUTOL HCL TAB 400 MG	45	ETOPOSIDE CAP 50 MG	100
ESTRAD VAL INJ 10MG/ML	104	ETHAMBUTOL TAB 100MG	45	ETOPOSIDE CAP 50MG	100
ESTRAD VAL INJ 20MG/ML	104	ETHAMBUTOL TAB 400MG	45	ETOPOSIDE POW	159
ESTRAD VAL INJ 40MG/ML	104	ETHIONAMIDE TAB 250 MG	45	ETRAVIRINE TAB 25 MG	17
ESTRAMUSTINE PHOSPHATE SODIUM CAP 140 MG	34	ETHOSUXIMIDE (BULK) POWDER	159	ETRAVIRINE TAB 100 MG	17
ESTRA/NORETH TAB 0.5-0.1	104	ETHOSUXIMIDE CAP 250 MG	63	ETRAVIRINE TAB 100 MG	17
ESTRA/NORETH TAB 1-0.5MG	104	ETHOSUXIMIDE CAP 250 MG	63	ETRAVIRINE TAB 200 MG	17
ESTRATEST FS TAB 1.25-2.5	105	ETHOSUXIMIDE CAP 250MG	63	ETRAVIRINE TAB 200MG	17
ESTRATEST HS TAB	105	ETHOSUXIMIDE POW	159	EUCRISA OIN 2%	75
ESTRING MIS 7.5/24HR	105	ETHOSUXIMIDE SOL 250/5ML	63	EUTHYROX TAB 25MCG	136
ESTROGEL GEL 0.06%	105	ETHOSUXIMIDE SOLN 250 MG/5ML	63	EUTHYROX TAB 50MCG	136
ESTROGENS, CONJUGATED TAB 0.3 MG ..103	103	ETHOSUXIMIDE SOLN 250 MG/5ML	63	EUTHYROX TAB 75MCG	136
ESTROGENS, CONJUGATED TAB 0.3 MG ..110	110	ETHOXYLATED MACADAMIA NUT OIL 177	177	EUTHYROX TAB 88MCG	136
ESTROGENS, CONJUGATED TAB 0.9 MG ..103	103	ETHY ETH EST TAB 1-35	105	EUTHYROX TAB 100MCG	136
ESTROGENS, CONJUGATED TAB 0.9 MG ..110	110	ETHYL PARABEN POW	159	EUTHYROX TAB 112MCG	136
ESTROGENS, CONJUGATED TAB 0.45 MG ..103	103	ETHYNODIOL DIACETATE & ETHINYL ESTRADIOL TAB 1 MG-35 MCG	105	EUTHYROX TAB 125MCG	136
ESTROGENS, CONJUGATED TAB 0.45 MG ..110	110	ETHYNODIOL DIACETATE & ETHINYL ESTRADIOL TAB 1 MG-35 MCG	107	EUTHYROX TAB 137MCG	136
		ETHYNODIOL DIACETATE & ETHINYL ESTRADIOL TAB 1 MG-35 MCG	112	EUTHYROX TAB 150MCG	136
		ETHYNODIOL DIACETATE & ETHINYL ESTRADIOL TAB 1 MG-50 MCG	105	EUTHYROX TAB 175MCG	136
		ETHYNODIOL DIACETATE & ETHINYL ESTRADIOL TAB 1 MG-50 MCG	107	EUTHYROX TAB 200MCG	136
		ETHYNODIOL DIACETATE & ETHINYL ESTRADIOL TAB 1 MG-50 MCG	112	EVAMIST SPR 1.53MG	105

EVEROLIMUS TAB 5MG	179	FACTOR IX COMPLEX FOR INJ 1500 UNIT .	128	FENOFIBRATE MICRONIZED CAP 130 MG ..	89
EVEROLIMUS TAB 5MG	179	FACTOR XIII CONCENTRATE (HUMAN)		FENOFIBRATE MICRONIZED CAP 134 MG...	89
EVEROLIMUS TAB 7.5 MG	179	FOR INJ KIT 1000-1600 UNIT	125	FENOFIBRATE MICRONIZED CAP 200 MG ..	89
EVEROLIMUS TAB 7.5 MG	182	FALMINA TAB	106	FENOFIBRATE TAB 48 MG.....	89
EVEROLIMUS TAB 7.5MG.....	179	FAMCICLOVIR TAB 125 MG.....	37	FENOFIBRATE TAB 48MG	89
EVEROLIMUS TAB 10 MG.....	179	FAMCICLOVIR TAB 125MG	37	FENOFIBRATE TAB 54 MG.....	89
EVEROLIMUS TAB 10 MG.....	181	FAMCICLOVIR TAB 250 MG	37	FENOFIBRATE TAB 54MG	89
EVEROLIMUS TAB 10MG	179	FAMCICLOVIR TAB 250MG.....	37	FENOFIBRATE TAB 145 MG.....	89
EVEROLIMUS TAB FOR ORAL SUSP 2 MG ..	179	FAMCICLOVIR TAB 500 MG	37	FENOFIBRATE TAB 145MG	89
EVEROLIMUS TAB FOR ORAL SUSP 3 MG ..	179	FAMCICLOVIR TAB 500MG	37	FENOFIBRATE TAB 160 MG.....	89
EVEROLIMUS TAB FOR ORAL SUSP 5 MG ..	179	FAMOTIDINE FOR SUSP 40 MG/5ML	129	FENOFIBRATE TAB 160MG	89
EVEXITHROID TAB 15MG	136	FAMOTIDINE SUS 40MG/5ML	129	FENTANYL CITRATE LOZENGE ON A	
EVEXITHROID TAB 30MG	136	FASENRA PEN INJ 30MG/ML	208	HANDLE 200 MCG	197
EVEXITHROID TAB 60MG	136	FASTCLIX MIS LANCETS.....	81	FENTANYL CITRATE LOZENGE ON A	
EVEXITHROID TAB 90MG	136	FC2 FEMALE MIS CONDOM.....	159	HANDLE 400 MCG	197
EVEXITHROID TAB 120MG	136	FEBUXOSTAT TAB 40 MG	37	FENTANYL CITRATE LOZENGE ON A	
EVEXITHROID TAB 180MG	136	FEBUXOSTAT TAB 40MG	37	HANDLE 600 MCG	197
EVOLOCUMAB SUBCUTANEOUS SOLN		FEBUXOSTAT TAB 80 MG	37	FENTANYL CITRATE LOZENGE ON A	
AUTO-INJECTOR 140 MG/ML	91	FEBUXOSTAT TAB 80MG	37	HANDLE 800 MCG	197
EVOLOCUMAB SUBCUTANEOUS SOLN		FECAL MICROBIOTA SPORES, LIVE-BRPK		FENTANYL CITRATE LOZENGE ON A	
CARTRIDGE/INFUSOR 420 MG/3.5ML.....	91	CAPS.....	23	HANDLE 1200 MCG	197
EVOLOCUMAB SUBCUTANEOUS SOLN		FEIBA INJ.....	125	FENTANYL CITRATE LOZENGE ON A	
PREFILLED SYRINGE 140 MG/ML.....	91	FEIBA INJ.....	125	HANDLE 1600 MCG	197
EVOTAZ TAB 300-150	19	FEIBA INJ.....	125	FENTANYL DIS 12MCG/HR	194
EVRYSDI SOL	101	FEIRZA TAB 1.5/30	106	FENTANYL DIS 25MCG/HR	194
EVRYSDI TAB 5MG	101	FEIRZA TAB 1/20	106	FENTANYL DIS 50MCG/HR.....	194
EXELDERM CRE 1%.....	35	FELBAMATE SUS 600/5ML	121	FENTANYL DIS 75MCG/HR.....	194
EXELDERM SOL 1%.....	35	FELBAMATE SUSP 600 MG/5ML	121	FENTANYL DIS 100MCG/H.....	194
EXEMESTANE TAB 25 MG.....	46	FELBAMATE TAB 400 MG	121	FENTANYL OT LOZ 200MCG	197
EXEMESTANE TAB 25MG.....	46	FELBAMATE TAB 400 MG.....	121	FENTANYL OT LOZ 400MCG	197
EXENATIDE EXTENDED RELEASE SUSP		FELBAMATE TAB 400MG	121	FENTANYL OT LOZ 600MCG	197
AUTO-INJECTOR 2 MG/0.85ML	30	FELBAMATE TAB 600 MG.....	121	FENTANYL OT LOZ 800MCG	197
EXENATIDE INJ 5MCG	30	FELBAMATE TAB 600 MG.....	121	FENTANYL OT LOZ 1200MCG	197
EXENATIDE INJ 10MCG.....	30	FELBAMATE TAB 600MG	121	FENTANYL OT LOZ 1600MCG	197
EXENATIDE SOLN PEN-INJECTOR 5		FELBATOL TAB 400MG.....	121	FENTANYL TD PATCH 72HR 12 MCG/HR	194
MCG/0.02ML	30	FELBATOL TAB 600MG.....	121	FENTANYL TD PATCH 72HR 25 MCG/HR	194
EXENATIDE SOLN PEN-INJECTOR 5		FELODIPINE TAB 2.5MG ER	61	FENTANYL TD PATCH 72HR 50 MCG/HR	194
MCG/0.02ML	30	FELODIPINE TAB 5MG ER	61	FENTANYL TD PATCH 72HR 75 MCG/HR	194
EXENATIDE SOLN PEN-INJECTOR 10		FELODIPINE TAB 10MG ER.....	61	FENTANYL TD PATCH 72HR 100 MCG/HR.....	194
MCG/0.04ML	30	FELODIPINE TAB ER 24HR 2.5 MG	61	FE PYROPHOSP POW.....	159
EXENATIDE SOLN PEN-INJECTOR 10		FELODIPINE TAB ER 24HR 5 MG	61	*FERRIC SUBSULFATE SOLN**	127
MCG/0.04ML	30	FELODIPINE TAB ER 24HR 10 MG.....	61	FERRIC SUBSULFATE SOLN 259 MG/GM	125
EXODERM LOT 25-1%.....	35	FEMCAP MIS 22MM	159	FERROUS FUMARATE-FOLIC ACID TAB	
EXSERVAN MIS 50MG.....	68	FEMCAP MIS 26MM	159	324-1 MG.....	93
*EXTERNAL VEHICLES - SOLUTION***	175	FEMCAP MIS 30MM	159	FEZOLINETANT TAB 45 MG	134
EYSUVIS DRO 0.25%	190	FEM PH GEL.....	24	*FIBRIN SEALANT COMPONENT KIT 2	
EZALLOR SPR CAP 5MG.....	89	FEMRING MIS 0.1MG/24	106	ML***	73
EZALLOR SPR CAP 10MG.....	89	FEMRING MIS 0.05/24H	106	*FIBRIN SEALANT COMPONENT KIT 2	
EZALLOR SPR CAP 20MG	89	FENOFIBRATE CAP 43MG.....	89	ML***	77
EZALLOR SPR CAP 40MG	89	FENOFIBRATE CAP 67MG.....	89	*FIBRIN SEALANT COMPONENT KIT 4	
EZETIMIBE TAB 10 MG	90	FENOFIBRATE CAP 130MG.....	89	ML***	73
EZETIMIBE TAB 10MG.....	90	FENOFIBRATE CAP 134MG.....	89	*FIBRIN SEALANT COMPONENT KIT 4	
FA-8 CAP 800MCG.....	230	FENOFIBRATE CAP 200MG	89	ML***	77
FABHALTA CAP 200MG.....	12	FENOFIBRATE MICRONIZED CAP 43 MG.....	89	*FIBRIN SEALANT COMPONENT KIT 10	
FACTOR IX COMPLEX FOR INJ 500 UNIT ..	128	FENOFIBRATE MICRONIZED CAP 67 MG.....	89	ML***	73
FACTOR IX COMPLEX FOR INJ 1000 UNIT .	128				

*FIBRIN SEALANT COMPONENT KIT 10 ML***	77	FLAVOR SWEET SOL DYE FREE	159	FLUOCINOLONE ACETONIDE OIL 0.01% (BODY OIL)	131
*FIBRIN SEALANT COMPONENT SOLUTION***	73	FLAVOR SWEET SOL SF DYE	159	FLUOCINOLONE ACETONIDE OIL 0.01% (BODY OIL)	131
*FIBRIN SEALANT COMPONENT SOLUTION***	73	FLAVOR SWEET SYP	159	FLUOCINOLONE ACETONIDE OIL 0.01% (SCALP OIL)	131
*FIBRIN SEALANT COMPONENT SOLUTION***	73	FLAVOXATE HCL TAB 100 MG	44	FLUOCINOLONE ACETONIDE OIL 0.01% (SCALP OIL)	131
FIDAXOMICIN FOR SUSP 40 MG/ML	150	FLAVOXATE TAB 100MG	44	FLUOCINOLONE ACETONIDE OINT 0.025%	131
FIDAXOMICIN TAB 200 MG	150	FLECAINIDE ACETATE TAB 50 MG	22	FLUOCINOLONE ACETONIDE (OTIC) OIL 0.01%	200
FIDAXOMICIN TAB 200MG	150	FLECAINIDE ACETATE TAB 100 MG	22	FLUOCINOLONE ACETONIDE (OTIC) OIL 0.01%	200
FILGRASTIM-AAFI INJ 300 MCG/ML	57	FLECAINIDE ACETATE TAB 150 MG	22	FLUOCINOLONE ACETONIDE SHAMPOO 0.01%	130
FILGRASTIM-AAFI INJ 480 MCG/1.6ML (300 MCG/ML)	57	FLECAINIDE TAB 50MG	22	FLUOCINOLONE ACETONIDE SOLN 0.01%	131
FILGRASTIM-AAFI SOLN PREFILLED SYRINGE 300 MCG/0.5ML	57	FLECAINIDE TAB 100MG	22	FLUOCINOLONE CRE 0.01%	131
FILGRASTIM-AAFI SOLN PREFILLED SYRINGE 480 MCG/0.8ML	57	FLECAINIDE TAB 150MG	22	FLUOCINOLONE CRE 0.025%	131
FILGRASTIM-SNDZ SOLN PREFILLED SYRINGE 300 MCG/0.5ML	57	FLEXICHAMBER MIS	159	FLUOCINOLONE OIL 0.01%BDY	131
FILGRASTIM-SNDZ SOLN PREFILLED SYRINGE 480 MCG/0.8ML	57	FLEXICHAMBER MIS MASK LRG	159	FLUOCINOLONE OIL 0.01% OT	200
FILSPARI TAB 200MG	119	FLEXICHAMBER MIS MASK SM	160	FLUOCINOLONE OIL 0.01% SC	131
FILSPARI TAB 400MG	119	FLIBANSERIN TAB 100 MG	68	FLUOCINOLONE OIL 0.01%TOP	131
FILSUVEZ GEL 10%	78	FLOLIPID SUS 20MG/5ML	89	FLUOCINOLONE OIN 0.025%	131
FINACEA AER 15%	75	FLOLIPID SUS 40MG/5ML	89	FLUOCINOLONE SOL 0.01%	131
FINASTERIDE TAB 5 MG	50	FLORAFOL PED SOL 0.25/ML	230	FLUOCINONIDE CRE 0.05%	132
FINASTERIDE TAB 5MG	50	FLORIVA DRO 0.25MG	92	FLUOCINONIDE CREAM 0.05%	132
FINGERSTIX MIS LANCETS	81	FLOTREX CHW	230	FLUOCINONIDE CRE E 0.05%	132
FINGOLIMOD CAP 0.5MG	184	FLOW-EZE MIS VENTED	86	FLUOCINONIDE EMULSIFIED BASE CREAM 0.05%	132
FINGOLIMOD HCL CAP 0.5 MG (BASE EQUIV)	184	FLUAD INJ 2025-26	225	FLUOCINONIDE GEL 0.05%	132
FINZALA CHW FE 1/20	106	FLUARIX INJ 2025-26	225	FLUOCINONIDE GEL 0.05%	132
FIORICET CAP	12	FLUCELVAX INJ 2025-26	225	FLUOCINONIDE OIN 0.05%	132
FIRDAPSE TAB 10MG	159	FLUCONAZOLE FOR SUSP 10 MG/ML	35	FLUOCINONIDE OINT 0.05%	132
FIRMAGON INJ 80MG	138	FLUCONAZOLE FOR SUSP 40 MG/ML	35	FLUOCINONIDE SOL 0.05%	132
FIRMAGON INJ 120MG	138	FLUCONAZOLE SUS 10MG/ML	35	FLUOCINONIDE SOLN 0.05%	132
FIRST-OMEPRASUS 2MG/ML	204	FLUCONAZOLE SUS 40MG/ML	35	FLUORIDE CHW 0.5MG F	93
FIRST-PANTPR SUS 4MG/ML	204	FLUCONAZOLE TAB 50 MG	35	FLUORIDE CHW 0.25MG F	92
FIRVANQ SOL 25MG/ML	24	FLUCONAZOLE TAB 50MG	35	FLUORIDE CHW 1MG F	93
FIRVANQ SOL 50MG/ML	24	FLUCONAZOLE TAB 100 MG	35	FLUORIDEX CON DLY REN	71
FISH OIL CAP 300MG	159	FLUCONAZOLE TAB 100MG	35	FLUORIDEX PST 1.1%	71
FITUSIRAN SODIUM SUBCUTANEOUS SOLN 20 MG/0.2ML	172	FLUCONAZOLE TAB 150 MG	35	FLUORID SENS GEL 1.1-5%	71
FITUSIRAN SODIUM SUBCUTANEOUS SOLN AUTO-INJ 50 MG/0.5ML	172	FLUCONAZOLE TAB 150MG	35	FLUORMX 5000 GEL SENSITIV	71
FLAC OIL 0.01% OT	200	FLUCONAZOLE TAB 200 MG	35	FLUORMX 5000 PST 1.1%	71
FLAREX SUS 0.1% OP	190	FLUCONAZOLE TAB 200MG	35	FLUOROMETHOLONE ACETATE OPHTH SUSP 0.1%	190
FLAVOCOVID CAP 250 MG	165	FLUCYDOSINE CAP 250 MG	34	FLUOROMETHOLONE OPHTH SUSP 0.1%	190
FLAVOCOVID CAP 500 MG	165	FLUCYDOSINE CAP 250 MG	35	FLUOROMETHOLONE OPHTH SUSP 0.25%	190
FLAVOCOVID-CITRATED ZINC BISGLYCINATE CAP 250-50 MG	165	FLUCYDOSINE CAP 250MG	35	FLUOROMETHOL SUS 0.1% OP	190
FLAVOCOVID-CITRATED ZINC BISGLYCINATE CAP 500-50 MG	165	FLUCYDOSINE CAP 500 MG	34	FLUOROURACIL (BULK) POWDER	160
FLAVOR BLEND SUS	159	FLUCYDOSINE CAP 500MG	35	FLUOROURACIL CRE 5%	75
FLAVOR PLUS LIQ	159	FLUDROCORTISONE ACETATE TAB 0.1 MG	131	FLUOROURACIL CREAM 5%	74
		FLUDROCORT TAB 0.1MG	131	FLUOROURACIL CREAM 5%	75
		FLULAVAL INJ 2025-26	225	FLUOROURACIL POW	160
		FLUMIST NASA LIQ 2025-26	225		
		FLUNISOLIDE NASAL SOLN 25 MCG/ACT (0.025%)	20		
		FLUNISOLIDE SPR 0.025%	20		
		FLUOCINOLONE ACETONIDE CREAM 0.01%	131		
		FLUOCINOLONE ACETONIDE CREAM 0.025%	131		
		FLUOCINOLONE ACETONIDE OIL 0.01% (BODY OIL)	130		

FLUOROURACIL SOL 2%.....	75	FLUTICASONE FUROATE AEROSOL POWDER BREATH ACTIV 100 MCG/ACT.....	20	FLUVASTATIN SODIUM CAP 40 MG (BASE EQUIVALENT).....	90
FLUOROURACIL SOL 5%.....	75	FLUTICASONE FUROATE AEROSOL POWDER BREATH ACTIV 200 MCG/ACT.....	20	FLUVOXAMINE CAP 100MG ER.....	220
FLUOROURACIL SOLN 2%.....	75	FLUTICASONE FUROATE-VILANTEROL AERO POWD BA 50-25 MCG/ACT.....	208	FLUVOXAMINE CAP 150MG ER.....	220
FLUOROURACIL SOLN 5%.....	75	FLUTICASONE FUROATE-VILANTEROL AERO POWD BA 100-25 MCG/ACT.....	208	FLUVOXAMINE MALEATE CAP ER 24HR 100 MG.....	220
FLUOXETINE CAP 10MG.....	219	FLUTICASONE FUROATE-VILANTEROL AERO POWD BA 200-25 MCG/ACT.....	208	FLUVOXAMINE MALEATE CAP ER 24HR 150 MG.....	220
FLUOXETINE CAP 20MG.....	219	FLUTICASONE OIN 0.005%.....	132	FLUVOXAMINE MALEATE TAB 25 MG.....	220
FLUOXETINE CAP 40MG.....	219	FLUTICASONE PROPIONATE CREAM 0.05%.....	132	FLUVOXAMINE MALEATE TAB 50 MG.....	220
FLUOXETINE CAP 90MG DR.....	219	FLUTICASONE PROPIONATE NASAL SUSP 50 MCG/ACT.....	20	FLUVOXAMINE MALEATE TAB 100 MG.....	220
FLUOXETINE HCL CAP 10 MG.....	219	FLUTICASONE-SALMETEROL AER POWDER BA 55-14 MCG/ACT.....	208	FLUVOXAMINE TAB 25MG.....	220
FLUOXETINE HCL CAP 20 MG.....	219	FLUTICASONE-SALMETEROL AER POWDER BA 100-50 MCG/ACT.....	208	FLUVOXAMINE TAB 50MG.....	220
FLUOXETINE HCL CAP 40 MG.....	219	FLUTICASONE-SALMETEROL AER POWDER BA 100-50 MCG/ACT.....	210	FLUZONE HD INJ 2025-26.....	225
FLUOXETINE HCL CAP DELAYED RELEASE 90 MG.....	219	FLUTICASONE-SALMETEROL AER POWDER BA 113-14 MCG/ACT.....	208	FLUZONE INJ 2025-26.....	225
FLUOXETINE HCL SOLUTION 20 MG/5ML.....	219	FLUTICASONE-SALMETEROL AER POWDER BA 232-14 MCG/ACT.....	208	FLUZONE INJ 2025-26.....	225
FLUOXETINE HCL TAB 10 MG.....	219	FLUTICASONE-SALMETEROL AER POWDER BA 250-50 MCG/ACT.....	208	FML FORTE SUS 0.25% OP.....	190
FLUOXETINE HCL TAB 20 MG.....	220	FLUTICASONE-SALMETEROL AER POWDER BA 250-50 MCG/ACT.....	210	FML LIQUIFLM SUS 0.1% OP.....	190
FLUOXETINE HCL TAB 60 MG.....	220	FLUTICASONE-SALMETEROL AER POWDER BA 500-50 MCG/ACT.....	208	FOLIC ACID CAP 0.8 MG.....	230
FLUOXETINE SOL 20MG/5ML.....	219	FLUTICASONE-SALMETEROL AER POWDER BA 500-50 MCG/ACT.....	210	FOLIC ACID POW.....	160
FLUOXETINE TAB 10MG.....	219	FLUTICASONE-SALMETEROL INHAL AEROSOL 45-21 MCG/ACT.....	207	FOLIC ACID POWDER.....	160
FLUOXETINE TAB 20MG.....	220	FLUTICASONE-SALMETEROL INHAL AEROSOL 115-21 MCG/ACT.....	207	FOLIC ACID TAB 1 MG.....	230
FLUOXETINE TAB 60MG.....	220	FLUTICASONE-SALMETEROL INHAL AEROSOL 230-21 MCG/ACT.....	207	FOLIC ACID TAB 1 MG.....	230
FLUPHENAZINE CON 5MG/ML.....	6	FLUTICASONE-SPR 50MCG.....	20	FOLIC ACID TAB 1MG.....	230
FLUPHENAZINE ELX 2.5/5ML.....	6	FLUTICASONE-UMECLIDINIUM- VILANTEROL AEPB 100-62.5-25 MCG/ACT.....	210	FOLIC ACID TAB 400 MCG.....	230
FLUPHENAZINE HCL ELIXIR 2.5 MG/5ML.....	6	FLUTICASONE-UMECLIDINIUM- VILANTEROL AEPB 200-62.5-25 MCG/ACT.....	210	FOLIC ACID TAB 400 MCG.....	230
FLUPHENAZINE HCL ORAL CONC 5 MG/ML.....	6	FLUTIC/SALME AER 100/50.....	208	FOLIC ACID TAB 400MCG.....	230
FLUPHENAZINE HCL TAB 1 MG.....	6	FLUTIC/SALME AER 250/50.....	208	FOLIC ACID TAB 800 MCG.....	230
FLUPHENAZINE HCL TAB 2.5 MG.....	6	FLUTIC/SALME AER 500/50.....	208	FOLIC ACID TAB 800MCG.....	230
FLUPHENAZINE HCL TAB 5 MG.....	6	FLUTIC/SALME INH 55/14.....	208	FOLIC ACID TAB 1000MCG.....	230
FLUPHENAZINE HCL TAB 10 MG.....	6	FLUTIC/SALME INH 113/14.....	208	FOLIVANE-OB CAP.....	230
FLUPHENAZINE HCL TAB 5 MG.....	6	FLUTIC/SALME INH 232/14.....	208	FONDAPARINUX INJ 2.5/0.5.....	27
FLUPHENAZINE TAB 1MG.....	6	FLUVASTATIN CAP 20MG.....	89	FONDAPARINUX INJ 5/0.4ML.....	27
FLUPHENAZINE TAB 2.5MG.....	6	FLUVASTATIN CAP 40MG.....	90	FONDAPARINUX INJ 7.5/0.6.....	27
FLUPHENAZINE TAB 5MG.....	6	FLUVASTATIN SODIUM CAP 20 MG (BASE EQUIVALENT).....	89	FONDAPARINUX INJ 10/0.8ML.....	27
FLUPHENAZINE TAB 10MG.....	6			FONDAPARINUX SODIUM SUBCUTANEOUS INJ 2.5 MG/0.5ML.....	27
FLURANDRENOL CRE 0.05%.....	132			FONDAPARINUX SODIUM SUBCUTANEOUS INJ 5 MG/0.4ML.....	27
FLURANDRENOLIDE CREAM 0.05%.....	132			FONDAPARINUX SODIUM SUBCUTANEOUS INJ 7.5 MG/0.6ML.....	27
FLURANDRENOLIDE LOTION 0.05%.....	132			FONDAPARINUX SODIUM SUBCUTANEOUS INJ 10 MG/0.8ML.....	27
FLURANDRENOLIDE TAPE 4 MCG/SQCM.....	130			FOOD COLOR LIQ BLUE.....	160
FLURANDRENOL LOT 0.05%.....	132			FORANE SOL.....	160
FLURAZEPAM CAP 15MG.....	113			FORA TEST GO MIS ADV MOBL.....	160
FLURAZEPAM CAP 30MG.....	113			FORA TEST GO TES ADV VOIC.....	81
FLURAZEPAM HCL CAP 15 MG.....	113			FORMALDEHYDE SOL 10%.....	160
FLURAZEPAM HCL CAP 30 MG.....	113			FORMALDEHYDE SOL 37%.....	160
FLURBIPROFEN SODIUM OPTH SOLN 0.03%.....	190			FORMALDEHYDE SOLUTION 10%.....	160
FLURBIPROFEN SOL 0.03% OP.....	190			FORMALDEHYDE SOLUTION 37%.....	160
FLURBIPROFEN TAB 50 MG.....	186			FORTESTA GEL 10MG/ACT.....	12
FLURBIPROFEN TAB 50MG.....	186			FOSAMAX + D TAB 70-2800.....	151
FLURBIPROFEN TAB 100 MG.....	186			FOSAMAX + D TAB 70-5600.....	151
FLURBIPROFEN TAB 100 MG.....	187				
FLURBIPROFEN TAB 100 MG.....	187				
FLURBIPROFEN TAB 100MG.....	186				
FLUTICASONE CRE 0.05%.....	132				
FLUTICASONE FUROATE AEROSOL POWDER BREATH ACTIV 50 MCG/ACT.....	20				

FOSAMAX TAB 70MG.....	151	FT NALOXONE SPR 4MG	199	GALANTAMINE HYDROBROMIDE ORAL	
FOSAMPRENAVIR CALCIUM TAB 700 MG		FT NICOTINE DIS 7MG/24HR	215	SOLN 4 MG/ML	69
(BASE EQUIV).....	19	FT NICOTINE DIS 14MG/24H.....	214	GALANTAMINE HYDROBROMIDE TAB 4 MG.	69
FOSAMPRENAVI TAB 700MG.....	19	FT NICOTINE DIS 21MG/24H.....	215	GALANTAMINE HYDROBROMIDE TAB 8 MG.	69
FOSFOMYCIN POW 3GM	24	FT NICOTINE GUM 2MG.....	215	GALANTAMINE HYDROBROMIDE TAB 12	
FOSFOMYCIN TROMETHAMINE POWD		FT NICOTINE GUM 4MG	215	MG	69
PACK 3 GM (BASE EQUIVALENT).....	24	FT NICOTINE LOZ 2MG	215	GALANTAMINE SOL 4MG/ML	69
FOSINOP/HCTZ TAB 10/12.5	65	FT NICOTINE LOZ 4MG	215	GALANTAMINE TAB 4MG.....	69
FOSINOP/HCTZ TAB 20/12.5	65	FUROSEMIDE ORAL SOLN 8 MG/ML	86	GALANTAMINE TAB 8MG.....	69
FOSINOPRIL SODIUM &		FUROSEMIDE ORAL SOLN 10 MG/ML.....	86	GALANTAMINE TAB 12MG.....	69
HYDROCHLOROTHIAZIDE TAB 10-12.5 MG. .	65	FUROSEMIDE SOL 10MG/ML	86	GALBRIELA CHW.....	106
FOSINOPRIL SODIUM &		FUROSEMIDE SOL 40MG/5ML.....	86	GALCANEZUMAB-GNLM	
HYDROCHLOROTHIAZIDE TAB 20-12.5 MG .	65	FUROSEMIDE TAB 20 MG	86	SUBCUTANEOUS SOLN AUTO-INJECTOR	
FOSINOPRIL SODIUM TAB 10 MG	14	FUROSEMIDE TAB 20 MG	86	120 MG/ML	59
FOSINOPRIL SODIUM TAB 20 MG.....	14	FUROSEMIDE TAB 20MG	86	GALCANEZUMAB-GNLM	
FOSINOPRIL SODIUM TAB 40 MG.....	14	FUROSEMIDE TAB 40 MG	86	SUBCUTANEOUS SOLN PREFILLED SYR	
FOSINOPRIL TAB 10MG.....	14	FUROSEMIDE TAB 40 MG	86	100 MG/ML	59
FOSINOPRIL TAB 20MG.....	14	FUROSEMIDE TAB 40MG.....	86	GALCANEZUMAB-GNLM	
FOSINOPRIL TAB 40MG.....	14	FUROSEMIDE TAB 80 MG	86	SUBCUTANEOUS SOLN PREFILLED SYR	
FOSRENOL POW 750MG	201	FUROSEMIDE TAB 80 MG	86	120 MG/ML	59
FOSRENOL POW 1000MG	201	FUROSEMIDE TAB 80MG.....	86	GALLIFREY TAB 5MG	203
FOSTAMATINIB DISODIUM TAB 100 MG		FUTIBATINIB TAB THERAPY PACK 4 MG		GALZIN CAP 25MG.....	93
(BASE EQUIVALENT).....	129	(12 MG DAILY DOSE).....	100	GALZIN CAP 50MG	93
FOSTAMATINIB DISODIUM TAB 150 MG		FUTIBATINIB TAB THERAPY PACK 4 MG		GANAXOLONE SUSP 50 MG/ML	28
(BASE EQUIVALENT).....	129	(16 MG DAILY DOSE).....	100	GANCICLOVIR OPHTH GEL 0.15%.....	193
FOSTEMSAVIR TROMETHAMINE TAB ER		FUTIBATINIB TAB THERAPY PACK 4 MG		GA POW.....	230
12HR 600 MG	19	(20 MG DAILY DOSE).....	100	GARADACIMAB-GXII SOLN AUTO-	
FRAICHE 5000 GEL 1.1%.....	71	FUZEON INJ 90MG.....	19	INJECTOR 200 MG/1.2ML.....	152
FREEDOM GEL CEPAPRO.....	160	FYAVOLV TAB 0.5-2.5.....	106	GARDASIL 9 INJ	226
FREEDOM GEL SILOMAC.....	160	FYAVOLV TAB 1-5.....	106	GARDASIL 9 INJ	226
FREESTYLE LB KIT 2PLS/SEN.....	82	FYCOMPA SUS 0.5MG/ML.....	121	GATIFLOXACIN OPHTH SOLN 0.5%.....	191
FREESTYLE LB KIT 2/SENSOR	82	GABAPENTIN CAP 100 MG	114	GATIFLOXACIN SOL 0.5%.....	191
FREESTYLE LB KIT 3PLS/SEN.....	82	GABAPENTIN CAP 100MG	114	GATTEX KIT 5MG	115
FREESTYLE LB KIT 3/SENSOR	82	GABAPENTIN CAP 300 MG.....	114	GAVILAX POW	146
FREESTYLE LB KIT 14D/SEN	82	GABAPENTIN CAP 300MG	114	GAVILYTE-C SOL	148
FREESTYLE LB MIS 2/READER.....	82	GABAPENTIN CAP 400 MG.....	114	GAVILYTE-G SOL	148
FREESTYLE LB MIS 3/READER.....	82	GABAPENTIN CAP 400MG	114	GAVILYTE-N SOL FLAV PK	148
FREESTYLE LB MIS 14D/RDR.....	82	GABAPENTIN ORAL SOLN 250 MG/5ML ..	114	GAVRETO CAP 100MG	179
FREESTYLE MIS READER.....	82	GABAPENTIN SOL 250/5ML	114	GEFITINIB TAB 250 MG	179
FROVATRIPTAN SUCCINATE TAB 2.5 MG		GABAPENTIN TAB 600 MG	114	GEFITINIB TAB 250 MG	180
(BASE EQUIVALENT).....	211	GABAPENTIN TAB 600MG	114	GEFITINIB TAB 250MG	179
FROVATRIPTAN TAB 2.5MG	211	GABAPENTIN TAB 800 MG	114	GELATIN ADSORBABLE OPHTH FILM	188
FRUQUINTINIB CAP 1 MG.....	40	GABAPENTIN TAB 800MG	114	*GEL BASE - GEL**	152
FRUQUINTINIB CAP 5 MG.....	40	GA GEL PAK	93	*GEL BASE - GEL**	152
FRUZAQLA CAP 1MG	40	GALAFOLD CAP 123MG	116	*GEL BASE - GEL**	154
FRUZAQLA CAP 5MG.....	40	GALANTAMINE CAP 8MG ER.....	69	*GEL BASE - GEL**	154
FT ASPIRIN CHW 81MG	186	GALANTAMINE CAP 16MG ER.....	69	*GEL BASE - GEL**	156
FT ASPIRIN TAB 81MG	186	GALANTAMINE CAP 24MG ER.....	69	*GEL BASE - GEL**	160
FT CLEARLAX POW	146	GALANTAMINE HYDROBROMIDE CAP ER		*GEL BASE - GEL**	160
FT CO Q-10 CAP 100MG.....	160	24HR 8 MG	69	*GEL BASE - GEL**	165
FT CO Q-10 CAP 200MG.....	160	GALANTAMINE HYDROBROMIDE CAP ER		*GEL BASE - GEL**	165
FT FOLIC ACI TAB 400MCG	230	24HR 16 MG	69	*GEL BASE - GEL**	167
FT IMMUNE CHW SUPPORT	93	GALANTAMINE HYDROBROMIDE CAP ER		*GEL BASE - GEL**	167
FT LAXATIVE TAB 5MG EC	148	24HR 24 MG	69	*GEL BASE - GEL**	170
FT MAG CITRA SOL CHERRY	148			*GEL BASE - GEL**	174
FT MAG CITRA SOL LEMON	148			*GEL BASE - GEL**	175

*GEL BASE - GEL**	177	GLATIRAMER INJ 40MG/ML	184	GLUCAGON HCL FOR INJ 1 MG	122
GELFILM MIS OP	188	GLATOPA INJ 20MG/ML	184	GLUCAGON INJ 1MG	122
GEMFIBROZIL TAB 600 MG	89	GLATOPA INJ 40MG/ML	184	GLUCAGON NASAL POWDER 3 MG/DOSE	122
GEMFIBROZIL TAB 600 MG	89	GLECAPREVIR-PIBRENTASVIR PELLET		GLUCAGON NASAL POWDER 3 MG/DOSE	122
GEMFIBROZIL TAB 600MG	89	PACK 50-20 MG	16	GLUCAGON SUBCUTANEOUS SOLN 1	
GENERLAC SOL 10/15ML	148	GLECAPREVIR-PIBRENTASVIR TAB 100-		MG/0.2ML	122
GENERLAC SOL 10GM/15	148	40 MG	16	GLUCAGON SUBCUTANEOUS SOLN PREF	
GENGRAF CAP 25MG	140	GLEOSTINE CAP 10MG	10	SYRINGE 1 MG/0.2ML	123
GENGRAF CAP 100MG	140	GLEOSTINE CAP 40MG	10	GLUCAGON SUBCUTANEOUS SOLUTION	
GENGRAF SOL 100MG/ML	140	GLEOSTINE CAP 100MG	9	AUTO-INJECTOR 0.5 MG/0.1ML	122
GENTAMICIN CRE 0.1%	11	GLIMEPIRIDE TAB 1 MG	30	GLUCAGON SUBCUTANEOUS SOLUTION	
GENTAMICIN OIN 0.1%	11	GLIMEPIRIDE TAB 1MG	30	AUTO-INJECTOR 0.5 MG/0.1ML	122
GENTAMICIN SOL 0.3% OP	191	GLIMEPIRIDE TAB 2 MG	30	GLUCAGON SUBCUTANEOUS SOLUTION	
GENTAMICIN SULFATE CREAM 0.1%	11	GLIMEPIRIDE TAB 2MG	30	AUTO-INJECTOR 1 MG/0.2ML	122
GENTAMICIN SULFATE OINT 0.1%	11	GLIMEPIRIDE TAB 4 MG	30	GLUCAGON SUBCUTANEOUS SOLUTION	
GENTAMICIN SULFATE OPTH SOLN 0.3%	191	GLIMEPIRIDE TAB 4MG	30	AUTO-INJECTOR 1 MG/0.2ML	122
GENTLE LAXAT TAB 5MG EC	148	GLIPIZIDE ER TAB 2.5MG	31	GLUCERNA LIQ BUT PECA	93
GENTLELAX POW	147	GLIPIZIDE ER TAB 5MG	31	GLUCERNA LIQ CHOCOLAT	93
GENTLE-LET MIS 26G	82	GLIPIZIDE ER TAB 10MG	31	GLUCERNA LIQ STRAWBER	93
GENTLE-LET MIS 28G	82	GLIPIZIDE-METFORMIN HCL TAB 2.5-		GLUCOSE BLOOD TEST STRIP	79
GENTLE-LET MIS LANCETS	82	250 MG	30	GLUCOSE BLOOD TEST STRIP	80
GENTLE-LET MIS PLATFORM	86	GLIPIZIDE-METFORMIN HCL TAB 2.5-		GLUCOSE BLOOD TEST STRIP	81
GENVOYA TAB	16	250 MG	30	GLUCOSE BLOOD TEST STRIP	84
GEPOTIDACIN MESYLATE TAB 750 MG	153	GLIPIZIDE-METFORMIN HCL TAB 2.5-		GLUCOSE CTRL LIQ MAX PROT	93
GERBER GOOD CON SOY/IRON	160	500 MG	30	GLUCOSE SUP LIQ 1.2	93
GERBER GOOD CON W/IRON	160	GLIPIZIDE-METFORMIN HCL TAB 2.5-		GLUCOSE SUP LIQ 1.2	160
GERBER GOOD LIQ SOY/IRON	160	500 MG	30	GLUCOSE URINE TEST-(GLUCOSE	
GERBER GOOD LIQ W/IRON	160	GLIPIZIDE-METFORMIN HCL TAB 5-500		OXIDASE) STRIP	81
GERBER GOOD POW SOY/IRON	160	MG	30	GLUCOSE URINE TEST-(GLUCOSE	
GERBER GOOD POW W/IRON	160	GLIPIZIDE POW	160	OXIDASE) STRIP	81
GG/CODEINE SOL 100-10/5	208	GLIPIZIDE POWDER	160	GLUCOTROL XL TAB 2.5MG	31
GG/CODEINE SOL 200-20MG	208	GLIPIZIDE TAB 5 MG	31	GLUCOTROL XL TAB 5MG	31
GILOTTRIF TAB 20MG	179	GLIPIZIDE TAB 5MG	31	GLUCOTROL XL TAB 10MG	31
GILOTTRIF TAB 30MG	179	GLIPIZIDE TAB 10 MG	31	GLUTAMINE (SICKLE CELL) POWD PACK	
GILOTTRIF TAB 40MG	179	GLIPIZIDE TAB 10MG	31	5 GM	92
GILTERITINIB FUMARATE TABLET 40 MG		GLIPIZIDE TAB ER 24HR 2.5 MG	31	GLUTAMINE (SICKLE CELL) POWD PACK	
(BASE EQUIVALENT)	182	GLIPIZIDE TAB ER 24HR 2.5 MG	31	5 GM	95
GLASDEGIB MALEATE TAB 25 MG (BASE		GLIPIZIDE TAB ER 24HR 2.5 MG	31	GLUTARALDEHY SOL 25%	160
EQUIVALENT)	179	GLIPIZIDE TAB ER 24HR 5 MG	31	GLUTARAL SOLN 25%	160
GLASDEGIB MALEATE TAB 100 MG (BASE		GLIPIZIDE TAB ER 24HR 5 MG	31	GLYB/METFORM TAB 1.25-250	31
EQUIVALENT)	179	GLIPIZIDE TAB ER 24HR 5 MG	31	GLYB/METFORM TAB 2.5-500	31
GLATIRAMER ACETATE SOLN PREFILLED		GLIPIZIDE TAB ER 24HR 10 MG	31	GLYB/METFORM TAB 5-500MG	31
SYRINGE 20 MG/ML	184	GLIPIZIDE TAB ER 24HR 10 MG	31	GLYBURIDE-METFORMIN TAB 1.25-250 MG	31
GLATIRAMER ACETATE SOLN PREFILLED		GLIPIZIDE TAB ER 24HR 10 MG	31	GLYBURIDE-METFORMIN TAB 2.5-500 MG	31
SYRINGE 20 MG/ML	184	GLIPIZIDE XL TAB 2.5MG	31	GLYBURIDE-METFORMIN TAB 5-500 MG	31
GLATIRAMER ACETATE SOLN PREFILLED		GLIPIZIDE XL TAB 5MG	31	GLYBURIDE MICRONIZED TAB 1.5 MG	31
SYRINGE 20 MG/ML	184	GLIPIZIDE XL TAB 10MG	31	GLYBURIDE MICRONIZED TAB 3 MG	31
GLATIRAMER ACETATE SOLN PREFILLED		GLIP/METFORM TAB 2.5-250	30	GLYBURIDE MICRONIZED TAB 6 MG	31
SYRINGE 40 MG/ML	184	GLIP/METFORM TAB 2.5-250M	30	GLYBURIDE POW	160
GLATIRAMER ACETATE SOLN PREFILLED		GLIP/METFORM TAB 2.5-500	30	GLYBURIDE POWDER	160
SYRINGE 40 MG/ML	184	GLIP/METFORM TAB 2.5-500M	30	GLYBURIDE TAB 1.25 MG	31
GLATIRAMER ACETATE SOLN PREFILLED		GLIP/METFORM TAB 5-500MG	30	GLYBURIDE TAB 1.25MG	31
SYRINGE 40 MG/ML	184	GLOPERBA SOL 0.6/5ML	37	GLYBURIDE TAB 2.5 MG	31
GLATIRAMER INJ 20MG/ML	184	GLUCAGON EMR SOL 1MG	122	GLYBURIDE TAB 2.5MG	31
GLATIRAMER INJ 20MG/ML	184	GLUCAGON FOR INJ 1 MG	122	GLYBURIDE TAB 5 MG	31
GLATIRAMER INJ 40MG/ML	184			GLYBURIDE TAB 5MG	31

GLYBURID MCR TAB 1.5MG.....	31	GNP NALOXONE SPR 4MG	199	GRISEOFULVIN MICROSIZE SUSP 125	
GLYBURID MCR TAB 3MG	31	GNP NICOTINE DIS 7MG/24HR	215	MG/5ML	35
GLYBURID MCR TAB 6MG	31	GNP NICOTINE DIS 14MG/24H.....	215	GRISEOFULVIN MICROSIZE TAB 500 MG	35
GLYCERIN LIQ	160	GNP NICOTINE DIS 21MG/24H.....	215	GRISEOFULVIN SUS 125/5ML.....	35
GLYCERIN LIQ	160	GNP NICOTINE GUM 2MG MINT	215	GRISEOFULVIN TAB MICR 500.....	35
GLYCERIN LIQUID	160	GNP NICOTINE GUM 2MG ORIG	215	GRISEOFULVIN TAB ULTR 125.....	35
GLYCERIN LIQUID	160	GNP NICOTINE GUM 4MG FRT	215	GRISEOFULVIN TAB ULTR 250	35
GLYCERIN LIQUID	160	GNP NICOTINE GUM 4MG MINT	215	GRISEOFULVIN ULTRAMICROSIZE TAB	
GLYCERIN TOPICAL LIQUID	78	GNP NICOTINE GUM 4MG ORIG	215	125 MG.....	35
GLYCEROL LIQ FORMAL	160	GNP NICOTINE LOZ 2MG MINT	215	GRISEOFULVIN ULTRAMICROSIZE TAB	
GLYCEROL PHE LIQ 1.1GM/ML	116	GNP NICOTINE LOZ 4MG CHER	215	250 MG.....	35
GLYCEROL PHENYL BUTYRATE LIQUID 1.1		GNP NICOTINE LOZ 4MG MINT	215	G TUSSIN AC LIQ 100-10/5.....	208
GM/ML.....	116	GNP NICOTINE LOZ MINI 2MG.....	215	GUAIFENESIN-CODEINE SOLN 100-10	
GLYCOLAX POW 3350 NF	147	GNP PEN NEED MIS 31GX5MM	160	MG/5ML	208
GLYCOPYRROLA SOL 1MG/5ML	44	GNP PEN NEED MIS 31GX8MM	160	GUAIFENESIN-CODEINE SOLN 100-10	
GLYCOPYRROLATE-FORMOTEROL		GNP PEN NEED MIS 32GX4MM.....	82	MG/5ML	208
FUMARATE AEROSOL 9-4.8 MCG/ACT	208	GNP PEN NEED MIS 32GX6MM.....	82	GUAIFENESIN-CODEINE SOLN 100-10	
GLYCOPYRROLATE ORAL SOLN 1 MG/5ML	43	GNP ULTICARE MIS 31GX5/16	160	MG/5ML	208
GLYCOPYRROLATE ORAL SOLN 1 MG/5ML	44	GOLIMUMAB SUBCUTANEOUS SOLN		GUAIFENESIN-CODEINE SOLN 100-10	
GLYCOPYRROLATE TAB 1 MG	44	AUTO-INJECTOR 50 MG/0.5ML.....	142	MG/5ML	208
GLYCOPYRROLATE TAB 2 MG	44	GOLIMUMAB SUBCUTANEOUS SOLN		GUAIFENESIN-CODEINE SOLN 100-10	
GLYCOPYRROL TAB 1MG.....	44	AUTO-INJECTOR 100 MG/ML.....	142	MG/5ML	208
GLYCOPYRROL TAB 2MG.....	44	GOLIMUMAB SUBCUTANEOUS SOLN		GUAIFENESIN-CODEINE SOLN 100-10	
GLYCOSADE PAK.....	93	PREFILLED SYRINGE 50 MG/0.5ML.....	142	MG/5ML	209
GLYDO GEL 2%.....	149	GOLIMUMAB SUBCUTANEOUS SOLN		GUAIFENESIN SYP 100-10/5	208
GLYTAC COMPL BAR 10PE	160	PREFILLED SYRINGE 100 MG/ML.....	142	GUANFACINE HCL TAB 1 MG	10
GLYTACTIN 15 LIQ RTD LITE.....	93	GOLYTELY SOL	148	GUANFACINE HCL TAB 2 MG	10
GLYTACTIN LIQ RES/LITE	93	GOMEKLI CAP 1MG	40	GUANFACINE HCL TAB ER 24HR 1 MG	
GLYTACTIN LIQ RESTOR10	93	GOMEKLI CAP 2MG	40	(BASE EQUIV).....	49
GLYTACTIN LIQ RTD 10	93	GOMEKLI TAB 1MG.....	40	GUANFACINE HCL TAB ER 24HR 2 MG	
GLYTACTIN LIQ RTD 15	93	GOODSENSE TAB 81MG EC.....	187	(BASE EQUIV).....	49
GLYTACTIN PAK BTM/KDLT	93	GOOD START 2 CON W/IRON.....	161	GUANFACINE HCL TAB ER 24HR 3 MG	
GLYTACTIN PAK SWIRL 15	93	GOOD START 2 LIQ W/IRON.....	161	(BASE EQUIV).....	49
GLYTACTIN PAK SWIRL 15	93	GOOD START 2 POW SOY/IRON	161	GUANFACINE HCL TAB ER 24HR 4 MG	
GLYTACTIN POW APPLE	93	GOOD START CON SOY/IRON	160	(BASE EQUIV).....	49
GLYTACTIN POW BD 20/20	93	GOOD START CON W/IRON	160	GUANFACINE TAB 1MG.....	10
GLYTACTIN POW BETMLK15.....	93	GOOD START LIQ SOY/IRON.....	160	GUANFACINE TAB 1MG ER	49
GLYTACTIN POW BETMLK15.....	93	GOOD START LIQ W/IRON	160	GUANFACINE TAB 2MG	10
GLYTACTIN POW BETTRMLK.....	230	GOOD START POW NATURAL.....	161	GUANFACINE TAB 2MG ER	49
GLYTACTIN POW BLD 10PE	93	GOOD START POW SOY/IRON.....	161	GUANFACINE TAB 3MG ER	49
GLYTACTIN POW BLD PKU	93	GOOD START POW SOY PLS2.....	161	GUANFACINE TAB 4MG ER	49
GLYTACTIN POW PUNCH.....	93	GOOD START POW W/IRON	161	GUARDIAN 4 MIS SENSOR	82
GLYTACTIN POW RESTOR 5	93	GORDOFILM SOL	78	GUARDIAN 4 MIS TRANSMIT.....	161
GLYTACTIN POW RST LT10.....	93	G-PREPROTEIN LIQ.....	160	GUARDIAN CON MIS TRANSMIT	161
GLYTACTIN POW TROPICAL	93	GRANISETRON HCL TAB 1 MG.....	100	GUARDIAN MIS LINK 3.....	161
GLYXAMBI TAB 10-5 MG	31	GRANISETRON TAB 1MG	100	GUARDIAN MIS SENSOR 3	82
GLYXAMBI TAB 25-5 MG	31	GRANIX INJ 300/1ML.....	56	GUARDIAN RT MIS CHARGER	161
GNP ASPIRIN CHW 81MG	187	GRANIX INJ 480/1.6.....	56	GUARDIAN RT MIS TST PLUG	161
GNP ASPIRIN TAB 81MG	187	*GRASS MIXED POLLEN EXT SL TAB 100		GUSELKUMAB SOLN AUTO-INJECTOR	
GNP ASPIRIN TAB 81MG EC	187	IR (INDEX OF REACTIVITY)*	209	100 MG/ML	77
GNP CLEARLAX POW	147	*GRASS MIXED POLLEN EXT SL TAB 300		GUSELKUMAB SOLN AUTO-INJECTOR	
GNP ELECTROL SOL UNFLAVOR	93	IR (INDEX OF REACTIVITY)*	209	200 MG/2ML.....	77
GNP GNTL LAX TAB 5MG EC	148	*GRASS MIXED POLLEN EXT SL TAB 300		GUSELKUMAB SOLN PEN-INJECTOR 100	
GNP LAXATIVE TAB 5MG EC	148	IR (INDEX OF REACTIVITY)*	209	MG/ML.....	77
GNP MAG CITR SOL CHERRY.....	148	GRASTEK SUB 2800BAU	208	GUSELKUMAB SOLN PREFILLED	
				SYRINGE 100 MG/ML	77

GUSELKUMAB SOLN PREFILLED		HEPARIN SODIUM (PORCINE) INJ 5000	
SYRINGE 200 MG/2ML.....	77	UNIT/ML.....	27
GVOKE HYPO 1 INJ 0.5/1ML.....	122	HEPARIN SODIUM (PORCINE) INJ 10000	
GVOKE HYPO 1 INJ 1/0.2ML.....	122	UNIT/ML.....	27
GVOKE HYPO 2 INJ 0.5/1ML.....	122	HEPARIN SODIUM (PORCINE) INJ 20000	
GVOKE HYPO 2 INJ 1/0.2ML.....	122	UNIT/ML.....	27
GVOKE KIT SOL 1/0.2ML.....	122	HEPARIN SODIUM (PORCINE) INJ SOLN	
GVOKE PFS INJ 1/0.2ML.....	123	PREF SYR 5000 UNIT/0.5ML.....	27
GYNAZOLE-1 CRE 2%.....	35	HEPARIN SODIUM (PORCINE) LOCK	
GYNOL II GEL 3%.....	119	FLUSH IV SOLN 10 UNIT/ML.....	161
HABITROL DIS 21MG/24H.....	215	HEPARIN SODIUM (PORCINE) LOCK	
HAEGARDA INJ 2000UNIT.....	13	FLUSH IV SOLN 100 UNIT/ML.....	161
HAEGARDA INJ 3000UNIT.....	13	HEPARIN SODIUM (PORCINE) LOCK	
HAEMOPHILUS B POLYSACCHARIDE		FLUSH PF IV SOLN 10 UNIT/ML.....	161
CONJUGATE VACCINE FOR INJ.....	224	HEPARIN SODIUM (PORCINE) LOCK	
HAEMOPHILUS B POLYSACCHARIDE		FLUSH PF IV SOLN 100 UNIT/ML.....	161
CONJUGATE VAC FOR INJ 10 MCG.....	226	HEPARIN SODIUM (PORCINE) PF INJ	
HAEMOPHILUS B POLYSACCHARIDE		1000 UNIT/ML.....	27
CONJ VAC IM SUSP 7.5 MCG/0.5 ML.....	226	HEPARIN SODIUM (PORCINE) PF INJ	
HAILEY 24 TAB FE.....	106	1000 UNIT/ML.....	27
HAILEY FE TAB 1.5/30.....	106	HEPARIN SODIUM (PORCINE) PF INJ	
HAILEY FE TAB 1/20.....	106	5000 UNIT/0.5ML.....	27
HAILEY TAB 1.5/30.....	106	HEPARIN SODIUM (PORCINE) PF INJ	
HALCINONIDE OINT 0.1%.....	132	5000 UNIT/ML.....	27
HALCION TAB 0.25MG.....	51	HEPATITIS A VACCINE INJ SUSP 25	
HALOBETASOL CRE 0.05%.....	132	UNIT/0.5ML.....	227
HALOBETASOL OIN 0.05%.....	132	HEPATITIS A VACCINE INJ SUSP 50	
HALOBETASOL PROPIONATE CREAM		UNIT/ML.....	227
0.05%.....	132	HEPATITIS A VACCINE SUSP PREFILLED	
HALOBETASOL PROPIONATE OINT 0.05%.....	132	SYR 25 UNIT/0.5ML.....	227
HALOETTE MIS.....	106	HEPATITIS A VACCINE SUSP PREFILLED	
HALOG OIN 0.1%.....	132	SYR 50 UNIT/ML.....	227
HALOPERIDOL CON 2MG/ML.....	6	HEPATITIS A VACCINE SUSP PREFILLED	
HALOPERIDOL LACTATE ORAL CONC 2		SYR 720 EL UNIT/0.5ML.....	226
MG/ML.....	6	HEPATITIS A VACCINE SUSP PREFILLED	
HALOPERIDOL TAB 0.5 MG.....	6	SYR 1440 EL UNIT/ML.....	226
HALOPERIDOL TAB 0.5MG.....	6	HEPATITIS B VACCINE 3-ANTIGEN	
HALOPERIDOL TAB 1 MG.....	6	(RECOMBINANT) SUSP 10 MCG/ML.....	226
HALOPERIDOL TAB 1MG.....	6	HEPATITIS B VACCINE RECOMB	
HALOPERIDOL TAB 2 MG.....	6	ADJUVANTED PREF SYR 20 MCG/0.5ML.....	226
HALOPERIDOL TAB 2MG.....	6	HEPATITIS B VACCINE (RECOMBINANT)	
HALOPERIDOL TAB 5 MG.....	6	SUSP 5 MCG/0.5ML.....	227
HALOPERIDOL TAB 5MG.....	6	HEPATITIS B VACCINE (RECOMBINANT)	
HALOPERIDOL TAB 10 MG.....	6	SUSP 10 MCG/ML.....	227
HALOPERIDOL TAB 10MG.....	6	HEPATITIS B VACCINE (RECOMBINANT)	
HALOPERIDOL TAB 20 MG.....	6	SUSP 20 MCG/ML.....	225
HALOPERIDOL TAB 20MG.....	6	HEPATITIS B VACCINE (RECOMBINANT)	
HALUCORT GEL.....	75	SUSP 40 MCG/ML.....	227
HAN-EASE MIS.....	161	HEPATITIS B VACCINE (RECOMBINANT)	
HARVONI PAK.....	16	SUSP PREF SYR 5 MCG/0.5ML.....	227
HARVONI PAK 45-200MG.....	16	HEPATITIS B VACCINE (RECOMBINANT)	
HARVONI TAB 45-200MG.....	16	SUSP PREF SYR 10 MCG/0.5ML.....	225
HARVONI TAB 90-400MG.....	16	HEPATITIS B VACCINE (RECOMBINANT)	
HAVRIX INJ 720UNIT.....	226	SUSP PREF SYR 10 MCG/ML.....	227
HAVRIX INJ 1440UNIT.....	226	HEPATITIS B VACCINE (RECOMBINANT)	
		SUSP PREF SYR 20 MCG/ML.....	225
		HEPLISAV-B INJ 20/0.5ML.....	226
HC/ACET ACID SOL 1-2%OTIC.....	200		
HC BUTYRATE CRE 0.1%.....	132		
HC BUTYRATE OIN 0.1%.....	132		
HC BUTYRATE SOL 0.1%.....	132		
HC/IODOQUIN CRE 1-1%.....	35		
*HC LOT 2% & SAL ACID-SULFUR			
SHAMPOO 2-2% & SHAMPOO KIT***.....	78		
HC PRAMOXINE CRE 1-1%.....	121		
HC PRAMOXINE CRE 2.5-1%.....	75		
HC PRAMOXINE CRE 2.5-1%.....	121		
HCU COOLER LIQ.....	93		
HCU GEL PAK.....	93		
HC VALERATE CRE 0.2%.....	132		
HC VALERATE OIN 0.2%.....	132		
HCY 1 POW.....	230		
HCY 2 POW.....	230		
HEATHER TAB 0.35MG.....	203		
HEMATINIC/FA TAB.....	93		
HEMLIBRA INJ 30MG/ML.....	125		
HEMLIBRA INJ 60/0.4.....	125		
HEMLIBRA INJ 105/0.7.....	125		
HEMLIBRA INJ 150/ML.....	125		
HEMLIBRA INJ 300/2ML.....	125		
HEMLIBRA SOL 12/0.4ML.....	125		
HEMMOREX-HC SUP 25MG.....	121		
HEMOFIL M INJ 250UNIT.....	125		
HEMOFIL M INJ 500UNIT.....	125		
HEMOFIL M INJ 1000UNIT.....	125		
HEMOFIL M INJ 1700UNIT.....	125		
HEP A-HEP B VACCINE SUSP PREF SYR			
720-20 ELU-MCG/ML.....	227		
HEPARIN LOCK INJ 10UNT/ML.....	161		
HEPARIN LOCK INJ 10UNT/ML.....	161		
HEPARIN LOCK INJ 100/ML.....	161		
HEPARIN LOCK INJ 100/ML.....	161		
HEPARIN SOD INJ 1000/ML.....	27		
HEPARIN SOD INJ 1000/ML.....	27		
HEPARIN SOD INJ 2000/2ML.....	27		
HEPARIN SOD INJ 5000/0.5.....	27		
HEPARIN SOD INJ 5000/0.5.....	27		
HEPARIN SOD INJ 5000/ML.....	27		
HEPARIN SOD INJ 5000/ML.....	27		
HEPARIN SOD INJ 10000/10.....	27		
HEPARIN SOD INJ 10000/ML.....	27		
HEPARIN SOD INJ 20000/ML.....	27		
HEPARIN SOD INJ 30000/30.....	27		
HEPARIN SOD INJ 50000/10.....	27		
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		

HEPZATO/50MM INJ 50MG	10	HYDRO/ACETA SOL 10-325MG	197	HYDROCODONE BITARTRATE TAB ER	
HEPZATO/62MM INJ 50MG	10	HYDRO/APAP SOL	197	24HR DETER 40 MG	194
HERNEXEOS TAB 60MG	161	HYDROCHLOROT CAP 12.5MG	87	HYDROCODONE BITARTRATE TAB ER	
HER STYLE TAB 1.5MG	203	HYDROCHLOROTHIAZIDE CAP 12.5 MG	87	24HR DETER 60 MG	194
HETLIOZ CAP 20MG	213	HYDROCHLOROTHIAZIDE TAB 12.5 MG	87	HYDROCODONE BITARTRATE TAB ER	
HETLIOZ LQ SUS 4MG/ML	213	HYDROCHLOROTHIAZIDE TAB 25 MG	87	24HR DETER 80 MG	194
HIBERIX SOL 10MCG	226	HYDROCHLOROTHIAZIDE TAB 50 MG	87	HYDROCODONE BITARTRATE TAB ER	
HIPREX TAB 1GM	24	HYDROCHLOROT TAB 12.5MG	87	24HR DETER 100 MG	194
HM CLEARLAX POW	147	HYDROCHLOROT TAB 25MG	87	HYDROCODONE BITARTRATE TAB ER	
HM NICOTINE GUM 2MG	215	HYDROCHLOROT TAB 50MG	87	24HR DETER 120 MG	194
HM NICOTINE GUM 4MG FRT	215	HYDROC/HOMAT TAB 5-1.5MG	208	HYDROCODONE CAP 10MG ER	194
HM NICOTINE LOZ 2MG MINT	215	HYDROCO/APAP SOL 7.5-325	197	HYDROCODONE CAP 15MG ER	194
HOLDING CHAM MIS ADULT	161	HYDROCO/APAP TAB 2.5-325	197	HYDROCODONE CAP 20MG ER	194
HOLDING CHAM MIS CHILD	161	HYDROCO/APAP TAB 5-325MG	197	HYDROCODONE CAP 30MG ER	194
HOMACTIN AA POW PLUS	94	HYDROCO/APAP TAB 7.5-325	197	HYDROCODONE CAP 40MG ER	194
HORMONE BASE CRE NIOSOMES	161	HYDROCO/APAP TAB 10-325MG	197	HYDROCODONE CAP 50MG ER	194
*HORMONE CREAM BASE NIOSOMES**	161	HYDROCOD/HOM SYP 5-1.5/5	208	HYDROCODONE-IBUPROFEN TAB 5-200	
*HORMONE CREAM BASE NIOSOMES**	161	HYDROCOD/IBU TAB 5-200MG	197	MG	197
HORMONE HEAV CRE NIOSOMES	161	HYDROCOD/IBU TAB 7.5-200	197	HYDROCODONE-IBUPROFEN TAB 7.5-	
HUMALOG INJ 100/ML	144	HYDROCOD/IBU TAB 10-200MG	197	200 MG	197
HUMALOG JR INJ 100/ML	145	HYDROCODONE-ACETAMINOPHEN		HYDROCODONE-IBUPROFEN TAB 10-200	
HUMALOG KWIK INJ 100/ML	145	SOLN 7.5-325 MG/15ML	197	MG	197
HUMALOG KWIK INJ 200/ML	145	HYDROCODONE-ACETAMINOPHEN		HYDROCODONE TAB 20MG ER	194
HUMALOG MIX INJ 50/50	145	SOLN 10-300 MG/15ML	197	HYDROCODONE TAB 30MG ER	194
HUMALOG MIX INJ 50/50KWP	145	HYDROCODONE-ACETAMINOPHEN		HYDROCODONE TAB 40MG ER	194
HUMALOG MIX INJ 75/25KWP	145	SOLN 10-325 MG/15ML	197	HYDROCODONE TAB 60MG ER	194
HUMALOG MIX SUS 75/25	145	HYDROCODONE-ACETAMINOPHEN TAB		HYDROCODONE TAB 80MG ER	194
HUMAN PAPILLOMAVIRUS (HPV)		2.5-325 MG	197	HYDROCODONE TAB 100MG ER	194
9-VALENT RECOMB VAC IM SUSP	226	HYDROCODONE-ACETAMINOPHEN TAB		HYDROCODONE TAB 120MG ER	194
HUMAN PAPILLOMAVIRUS (HPV)		5-325 MG	197	HYDROCOD POLST-CHLORPHEN POLST	
9-VALENT RECOMB VAC SUSP PREF SYR	226	HYDROCODONE-ACETAMINOPHEN TAB		ER SUSP 10-8 MG/5ML	208
HUMATE-P SOL 250-600	126	7.5-325 MG	197	HYDROCORT AC SUP 25MG	121
HUMATE-P SOL 500-1200	126	HYDROCODONE-ACETAMINOPHEN TAB		HYDROCORT AC SUP 30MG	121
HUMATE-P SOL 2400UNIT	126	10-325 MG	197	HYDROCORT CRE 2.5%	132
HUMATIN CAP 250MG	11	HYDROCODONE BITART-HOMATROPINE		HYDROCORT ENE 100MG	121
HUMULIN INJ 70/30	145	METHYLBROMIDE TAB 5-1.5 MG	208	HYDROCORTISO CRE 2.5%	121
HUMULIN INJ 70/30KWP	145	HYDROCODONE BITART-HOMATROPINE		HYDROCORTISONE ACETATE LOTION 2%	133
HUMULIN N INJ U-100	145	METHYLBROM SOLN 5-1.5 MG/5ML	208	HYDROCORTISONE ACETATE PERIANAL	
HUMULIN N INJ U-100KWP	145	HYDROCODONE BITART-HOMATROPINE		FOAM 10% (90 MG/DOSE)	120
HUMULIN R INJ U-100	145	METHYLBROM SOLN 5-1.5 MG/5ML	208	HYDROCORTISONE ACETATE SUPPOS 25	
HUMULIN R INJ U-100	145	HYDROCODONE BITARTRATE CAP ER		MG	120
HUMULIN R INJ U-500	145	12HR 10 MG	194	HYDROCORTISONE ACETATE SUPPOS 25	
HUMULIN R INJ U-500	145	HYDROCODONE BITARTRATE CAP ER		MG	121
HYCMTIN CAP 0.25MG	100	12HR 15 MG	194	HYDROCORTISONE ACETATE SUPPOS 25	
HYCMTIN CAP 1MG	100	HYDROCODONE BITARTRATE CAP ER		MG	121
HYD POL/CPM SUS 10-8/5ML	208	12HR 20 MG	194	HYDROCORTISONE ACETATE SUPPOS 30	
HYDRALAZINE HCL TAB 10 MG	228	HYDROCODONE BITARTRATE CAP ER		MG	121
HYDRALAZINE HCL TAB 25 MG	228	12HR 30 MG	194	HYDROCORTISONE ACETATE W/	
HYDRALAZINE HCL TAB 50 MG	228	HYDROCODONE BITARTRATE CAP ER		PRAMOXINE PERIANAL CREAM 1-1%	120
HYDRALAZINE HCL TAB 100 MG	228	12HR 40 MG	194	HYDROCORTISONE ACETATE W/	
HYDRALAZINE TAB 10MG	228	HYDROCODONE BITARTRATE CAP ER		PRAMOXINE PERIANAL CREAM 1-1%	120
HYDRALAZINE TAB 25MG	228	12HR 50 MG	194	HYDROCORTISONE ACETATE W/	
HYDRALAZINE TAB 50MG	228	HYDROCODONE BITARTRATE TAB ER		PRAMOXINE PERIANAL CREAM 1-1%	121
HYDRALAZINE TAB 100MG	228	24HR DETER 20 MG	194	HYDROCORTISONE ACETATE W/	
HYDRO 40 AER FOAM	78	HYDROCODONE BITARTRATE TAB ER		PRAMOXINE PERIANAL CREAM 2.5-1%	72
		24HR DETER 30 MG	194		

HYDROCORTISONE ACETATE W/ PRAMOXINE PERIANAL CREAM 2.5-1%	72	HYDROMORPHONE HCL TAB 2 MG	197	HYDROXYZ PAM CAP 100MG	34
HYDROCORTISONE ACETATE W/ PRAMOXINE PERIANAL CREAM 2.5-1%	75	HYDROMORPHONE HCL TAB 4 MG	197	HYFTOR GEL 0.2%	72
HYDROCORTISONE ACETATE W/ PRAMOXINE PERIANAL FOAM 1-1%	121	HYDROMORPHONE HCL TAB 8 MG	197	HYMPAVZI INJ 150MG/ML	126
HYDROCORTISONE ACETATE W/ PRAMOXINE PERIANAL LOTN 2.5-1%	120	HYDROMORPHONE HCL TAB ER 24HR 8 MG	194	HYOSCYAMINE DRO 0.125/ML	44
HYDROCORTISONE ACETATE W/ PRAMOXINE PERIANAL LOTN 2.5-1%	120	HYDROMORPHONE HCL TAB ER 24HR 12 MG	194	HYOSCYAMINE ELX 0.125/5	44
HYDROCORTISONE BUTYRATE CREAM 0.1%	132	HYDROMORPHONE HCL TAB ER 24HR 16 MG	194	HYOSCYAMINE SUB 0.125MG	44
HYDROCORTISONE BUTYRATE OINT 0.1%	132	HYDROMORPHONE HCL TAB ER 24HR 32 MG	194	HYOSCYAMINE SULFATE ELIXIR 0.125 MG/5ML	44
HYDROCORTISONE BUTYRATE SOLN 0.1%	132	HYDROMORPHON LIQ 1MG/ML	197	HYOSCYAMINE SULFATE ELIXIR 0.125 MG/5ML	44
HYDROCORTISONE CREAM 2.5%	132	HYDROMORPHON SUP 3MG	197	HYOSCYAMINE SULFATE SL TAB 0.125 MG ..	44
HYDROCORTISONE ENEMA 100 MG/60ML	120	HYDROMORPHON TAB 2MG	197	HYOSCYAMINE SULFATE SL TAB 0.125 MG ..	44
HYDROCORTISONE ENEMA 100 MG/60ML	121	HYDROMORPHON TAB 4MG	197	HYOSCYAMINE SULFATE SL TAB 0.125 MG ..	44
HYDROCORTISONE LOTION 2.5%	132	HYDROMORPHON TAB 8MG	197	HYOSCYAMINE SULFATE SOLN 0.125 MG/ML	44
HYDROCORTISONE OINT 1%	132	HYDROMORPHON TAB 8MG ER	194	HYOSCYAMINE SULFATE SOLN 0.125 MG/ML	44
HYDROCORTISONE OINT 2.5%	132	HYDROMORPHON TAB 12MG ER	194	HYOSCYAMINE SULFATE TAB 0.125 MG	44
HYDROCORTISONE PERIANAL CREAM 2.5%	120	HYDROMORPHON TAB 16MG ER	194	HYOSCYAMINE SULFATE TAB 0.125 MG	44
HYDROCORTISONE PERIANAL CREAM 2.5%	121	HYDROMORPHON TAB 32MG ER	194	HYOSCYAMINE SULFATE TAB 0.125 MG	44
HYDROCORTISONE PERIANAL CREAM 2.5%	121	HYDROXYCHLOROQUINE SULFATE TAB 100 MG	43	HYOSCYAMINE SULFATE TAB DISINT 0.125 MG	43
HYDROCORTISONE PERIANAL CREAM 2.5%	121	HYDROXYCHLOROQUINE SULFATE TAB 200 MG	43	HYOSCYAMINE SULFATE TAB DISINT 0.125 MG	44
HYDROCORTISONE PERIANAL CREAM 2.5%	121	HYDROXYCHLOROQUINE SULFATE TAB 300 MG	43	HYOSCYAMINE SULFATE TAB DISINT 0.125 MG	44
HYDROCORTISONE PERIANAL CREAM 2.5%	121	HYDROXYCHLOROQUINE SULFATE TAB 400 MG	43	HYOSCYAMINE SULFATE TAB ER 12HR 0.375 MG	44
HYDROCORTISONE PERIANAL CREAM 2.5%	121	HYDROXYCHLOR TAB 100MG	43	HYOSCYAMINE SULFATE TAB ER 12HR 0.375 MG	44
HYDROCORTISONE PERIANAL CREAM 2.5%	121	HYDROXYCHLOR TAB 200MG	43	HYOSCYAMINE SULFATE TAB ER 12HR 0.375 MG	44
HYDROCORTISONE-PRAMOXINE- CHLOROXYLENOL LOT 10-10-1MG/ML	74	HYDROXYCHLOR TAB 300MG	43	HYOSCYAMINE SULFATE TAB ER 12HR 0.375 MG	44
HYDROCORTISONE PROBUTATE CREAM 0.1%	133	HYDROXYCHLOR TAB 400MG	43	HYOSCYAMINE TAB 0.125MG	44
HYDROCORTISONE SOLN 2.5%	133	HYDROXYUREA (BULK) POWDER	161	HYOSCYAMINE TAB 0.125MG	44
HYDROCORTISONE TAB 5 MG	130	HYDROXYUREA CAP 200 MG	39	HYOSCYAMINE TAB 0.375 ER	44
HYDROCORTISONE TAB 5 MG	132	HYDROXYUREA CAP 300 MG	39	HYOSCYAMINE TAB 0.375 SR	44
HYDROCORTISONE TAB 10 MG	130	HYDROXYUREA CAP 400 MG	39	HYOSYNE DRO 0.125/ML	44
HYDROCORTISONE TAB 10 MG	132	HYDROXYUREA CAP 500 MG	39	HYOSYNE ELX 0.125/5	44
HYDROCORTISONE TAB 20 MG	130	HYDROXYUREA CAP 500MG	39	HYPERSAL NEB 3.5%	209
HYDROCORTISONE TAB 20 MG	132	HYDROXYUREA POW	161	HYPERSAL NEB 7%	209
HYDROCORTISONE VALERATE CREAM 0.2%	132	HYDROXYZ HCL SYP 10MG/5ML	46	HYPODERMIC NEEDLES (DISPOSABLE)	86
HYDROCORTISONE VALERATE OINT 0.2% ..	132	HYDROXYZ HCL TAB 10MG	46	HYPO NEEDLE MIS 18GX1"	145
HYDROCORTISONE W/ ACETIC ACID OTIC SOLN 1-2%	200	HYDROXYZ HCL TAB 25MG	46	HYPO NEEDLE MIS 18GX1.5"	145
HYDROCORT LOT 2.5%	132	HYDROXYZ HCL TAB 50MG	46	HYPO NEEDLE MIS 20GX1"	161
HYDROCORT OIN 1%	132	HYDROXYZINE HCL SYRUP 10 MG/5ML	46	HYPO NEEDLE MIS 22GX1"	161
HYDROCORT OIN 2.5%	132	HYDROXYZINE HCL SYRUP 10 MG/5ML	46	HYPO NEEDLE MIS 23GX1"	161
HYDROCORT TAB 5MG	132	HYDROXYZINE HCL SYRUP 10 MG/5ML	46	HYPO NEEDLE MIS 23GX1.5"	161
HYDROCORT TAB 10MG	132	HYDROXYZINE HCL TAB 10 MG	46	HYPO NEEDLE MIS 25GX1"	161
HYDROCORT TAB 20MG	132	HYDROXYZINE HCL TAB 25 MG	46	HYPO NEEDLE MIS 25GX1.5"	161
HYDROGEL GEL	161	HYDROXYZINE HCL TAB 50 MG	46	HYPO NEEDLE MIS 25GX5/8"	162
HYDROMET SYP 5-1.5/5	208	HYDROXYZINE PAMOATE CAP 25 MG	34	IBANDRONATE SODIUM TAB 150 MG (BASE EQUIVALENT)	151
HYDROMORPHONE HCL LIQD 1 MG/ML	197	HYDROXYZINE PAMOATE CAP 50 MG	34	IBANDRONATE TAB 150MG	151
HYDROMORPHONE HCL SUPPOS 3 MG	197	HYDROXYZINE PAMOATE CAP 100 MG	34	IBRUTINIB CAP 70 MG	179
		HYDROXYZINE SOL 10MG/5ML	46	IBRUTINIB CAP 140 MG	179
		HYDROXYZINE SYP 10MG/5ML	46	IBRUTINIB ORAL SUSP 70 MG/ML	179
		HYDROXYZ PAM CAP 25MG	34		
		HYDROXYZ PAM CAP 50MG	34		

IBRUTINIB TAB 420 MG	179	IMIPRAMINE HCL TAB 25 MG	224	*INFANT FOODS LIQUID**	158
IBUPROFEN TAB 200 MG	187	IMIPRAMINE HCL TAB 50 MG	224	*INFANT FOODS LIQUID**	158
IBUPROFEN TAB 200MG	187	IMIPRAMINE PAMOATE CAP 75 MG	224	*INFANT FOODS LIQUID**	158
IBUPROFEN TAB 400 MG	187	IMIPRAMINE PAMOATE CAP 100 MG	224	*INFANT FOODS LIQUID**	158
IBUPROFEN TAB 400 MG	187	IMIPRAMINE PAMOATE CAP 125 MG	224	*INFANT FOODS LIQUID**	158
IBUPROFEN TAB 400MG	187	IMIPRAMINE PAMOATE CAP 150 MG	224	*INFANT FOODS LIQUID**	158
IBUPROFEN TAB 600 MG	187	IMIPRAM PAM CAP 75MG	224	*INFANT FOODS LIQUID**	159
IBUPROFEN TAB 600 MG	187	IMIPRAM PAM CAP 100MG	224	*INFANT FOODS LIQUID**	159
IBUPROFEN TAB 600MG	187	IMIPRAM PAM CAP 125MG	224	*INFANT FOODS LIQUID**	159
IBUPROFEN TAB 800 MG	187	IMIPRAM PAM CAP 150MG	224	*INFANT FOODS LIQUID**	159
IBUPROFEN TAB 800 MG	187	IMIQUIMOD CRE 5%	75	*INFANT FOODS LIQUID**	159
IBUPROFEN TAB 800MG	187	IMIQUIMOD CREAM 5%	75	*INFANT FOODS LIQUID**	159
IBU TAB 400MG	187	IMKELDI SOL 80MG/ML	179	*INFANT FOODS LIQUID**	159
IBU TAB 600MG	187	IMLUNESTRANT TOSYLATE TAB 200 MG	39	*INFANT FOODS LIQUID**	160
IBU TAB 800MG	187	IMPACT PEPT LIQ 1.5	162	*INFANT FOODS LIQUID**	160
ICATIBANT ACETATE SUBCUTANEOUS		IMPAVIDO CAP 50MG	43	*INFANT FOODS LIQUID**	160
SOLN PREF SYR 30 MG/3ML	13	IMVEXXY MAIN SUP 4MCG	106	*INFANT FOODS LIQUID**	160
ICATIBANT INJ 30MG/3ML	13	IMVEXXY MAIN SUP 10MCG	106	*INFANT FOODS LIQUID**	161
ICLEVIA TAB	106	IMVEXXY STRT SUP 4MCG	106	*INFANT FOODS LIQUID**	165
ICLUSIG TAB 15MG	179	IMVEXXY STRT SUP 10MCG	106	*INFANT FOODS LIQUID**	171
ICLUSIG TAB 45MG	179	INATAL GT TAB	94	*INFANT FOODS LIQUID**	173
IDELALISIB TAB 100 MG	182	INAVOLISIB TAB 3 MG	40	*INFANT FOODS LIQUID**	173
IDELALISIB TAB 150 MG	100	INAVOLISIB TAB 9 MG	40	*INFANT FOODS LIQUID**	173
IDELVION SOL 250UNIT	126	INBRIJA CAP 42MG	162	*INFANT FOODS LIQUID**	173
IDELVION SOL 500UNIT	126	INCASSIA TAB 0.35MG	203	*INFANT FOODS LIQUID**	173
IDELVION SOL 1000UNIT	126	INCRELEX INJ 40MG/4ML	134	*INFANT FOODS LIQUID**	174
IDELVION SOL 2000UNIT	126	INDAPAMIDE TAB 1.25 MG	87	*INFANT FOODS LIQUID**	174
IDELVION SOL 3500UNIT	126	INDAPAMIDE TAB 1.25MG	87	*INFANT FOODS PACKET**	158
IDHIFA TAB 50MG	179	INDAPAMIDE TAB 2.5 MG	87	*INFANT FOODS POWDER**	156
IDHIFA TAB 100MG	179	INDAPAMIDE TAB 2.5MG	87	*INFANT FOODS POWDER**	156
IGG 2000 CWP CAP	162	INDOMETHACIN CAP 25 MG	187	*INFANT FOODS POWDER**	156
IGG 2000 CWP POW	162	INDOMETHACIN CAP 25MG	187	*INFANT FOODS POWDER**	156
IGG PURE POW	162	INDOMETHACIN CAP 50 MG	187	*INFANT FOODS POWDER**	157
IHEALTH LANC MIS DEVICE	86	INDOMETHACIN CAP 50MG	187	*INFANT FOODS POWDER**	158
IHEALTH LIQ CONTROL	82	INDOMETHACIN CAP 75MG ER	187	*INFANT FOODS POWDER**	158
ILOPROST INHALATION SOLUTION 10		INDOMETHACIN CAP ER 75 MG	187	*INFANT FOODS POWDER**	158
MCG/ML	206	INDOMETHACIN SUP 50MG	187	*INFANT FOODS POWDER**	158
ILOPROST INHALATION SOLUTION 20		INDOMETHACIN SUPPOS 50 MG	187	*INFANT FOODS POWDER**	158
MCG/ML	206	INFANRIX INJ	226	*INFANT FOODS POWDER**	158
IMATINIB MES TAB 100MG	179	*INFANT FOODS CONC**	158	*INFANT FOODS POWDER**	158
IMATINIB MES TAB 400MG	179	*INFANT FOODS CONC**	158	*INFANT FOODS POWDER**	158
IMATINIB MESYLATE ORAL SOLN 80 MG/		*INFANT FOODS CONC**	158	*INFANT FOODS POWDER**	158
ML (BASE EQUIVALENT)	179	*INFANT FOODS CONC**	158	*INFANT FOODS POWDER**	158
IMATINIB MESYLATE TAB 100 MG (BASE		*INFANT FOODS CONC**	159	*INFANT FOODS POWDER**	159
EQUIVALENT)	179	*INFANT FOODS CONC**	160	*INFANT FOODS POWDER**	159
IMATINIB MESYLATE TAB 400 MG (BASE		*INFANT FOODS CONC**	160	*INFANT FOODS POWDER**	159
EQUIVALENT)	179	*INFANT FOODS CONC**	160	*INFANT FOODS POWDER**	159
IMBRUVICA CAP 70MG	179	*INFANT FOODS CONC**	160	*INFANT FOODS POWDER**	159
IMBRUVICA CAP 140MG	179	*INFANT FOODS CONC**	161	*INFANT FOODS POWDER**	159
IMBRUVICA SUS 70MG/ML	179	*INFANT FOODS LIQUID**	158	*INFANT FOODS POWDER**	160
IMBRUVICA TAB 420MG	179	*INFANT FOODS LIQUID**	158	*INFANT FOODS POWDER**	160
IMIPRAM HCL TAB 10MG	224	*INFANT FOODS LIQUID**	158	*INFANT FOODS POWDER**	161
IMIPRAM HCL TAB 25MG	224	*INFANT FOODS LIQUID**	158	*INFANT FOODS POWDER**	161
IMIPRAM HCL TAB 50MG	224	*INFANT FOODS LIQUID**	158	*INFANT FOODS POWDER**	161
IMIPRAMINE HCL TAB 10 MG	224	*INFANT FOODS LIQUID**	158	*INFANT FOODS POWDER**	161

*INFANT FOODS POWDER**	161	INJECTION DEVICE FOR INSULIN	167	*INSULIN INFUSION DISPOSABLE PUMP	
*INFANT FOODS POWDER**	162	*INJECTION DEVICE - MISC***	161	RESERVOIR/INFUS SET KIT***	176
*INFANT FOODS POWDER**	169	*INJECTION DEVICE - MISC***	167	*INSULIN INFUSION DISPOSABLE PUMP	
*INFANT FOODS POWDER**	170	*INJECTION DEVICE - MISC***	167	RESERVOIR KIT***	175
*INFANT FOODS POWDER**	171	INLURIYO TAB 200MG	39	INSULIN LISP INJ 100/ML	145
*INFANT FOODS POWDER**	171	INLYTA TAB 1MG	180	INSULIN LISP INJ 100/ML	145
*INFANT FOODS POWDER**	173	INLYTA TAB 5MG	180	INSULIN LISP INJ JUNIOR	145
*INFANT FOODS POWDER**	173	INOTERSEN SOD SUBCUTANEOUS PREF		INSULIN LISP INJ PROTAMIN	145
*INFANT FOODS POWDER**	173	SYR 284 MG/1.5ML (BASE EQ)	117	INSULIN LISPRO-AABC INJ 100 UNIT/ML	145
*INFANT FOODS POWDER**	174	INOVA 4/1 KIT ACNE CON	78	INSULIN LISPRO-AABC SOLN PEN-INJ	
*INFANT FOODS POWDER**	174	INOVA 8/2 KIT ACNE CON	78	100 UNIT/ML (1 UNIT DIAL)	145
*INFANT FOODS POWDER**	174	INOVA KIT 4%	78	INSULIN LISPRO-AABC SOLN PEN-	
*INFANT FOODS POWDER**	175	INOVA KIT 8%	78	INJECTOR 200 UNIT/ML	146
INFANT FORM POW /IRON	162	INPEN 100EL MIS BLUE-HUM	162	INSULIN LISPRO INJ SOLN 100 UNIT/ML	145
INFINITY SOL HIGH CON	162	INPEN 100EL MIS GREY-HUM	162	INSULIN LISPRO PROTAMINE & LISPRO	
INFINITY SOL LOW CON	162	INPEN 100EL MIS PINK HUM	162	INJ 100 UNIT/ML (50-50)	145
INFLUENZA VAC TYPE A&B SURFACE ANT		INPEN 100NN MIS BLUE NOV	162	INSULIN LISPRO PROT & LISPRO INJ 100	
ADJ SUSP PREF SYR 0.5 ML	225	INPEN 100NN MIS GREY NOV	162	UNIT/ML (75-25)	145
INFLUENZA VIRUS VACCINE LIVE		INPEN 100NN MIS PINK NOV	162	INSULIN LISPRO PROT & LISPRO SUS	
INTRANASAL LIQUID	225	INPEN BLUE MIS HUMALOG	162	PEN-INJ 100 UNIT/ML (50-50)	145
INFLUENZA VIRUS VACCINE SPLIT IM		INPEN BLUE MIS NOVO/FIA	162	INSULIN LISPRO PROT & LISPRO SUS	
SUSP	225	INPEN GREY MIS HUMALOG	162	PEN-INJ 100 UNIT/ML (75-25)	145
INFLUENZA VIRUS VACCINE SPLIT IM		INPEN GREY MIS NOVO/FIA	162	INSULIN LISPRO PROT & LISPRO SUS	
SUSP	225	INPEN PINK MIS HUMALOG	162	PEN-INJ 100 UNIT/ML (75-25)	145
INFLUENZA VIRUS VACCINE SPLIT PF		INPEN PINK MIS NOVO/FIA	162	INSULIN LISPRO SOLN CARTRIDGE 100	
SUSP PREF SYRINGE 0.5 ML	225	INQOVI TAB 35-100MG	40	UNIT/ML	144
INFLUENZA VIRUS VACCINE SPLIT PF		INSPIREASE MIS DD SYST	162	INSULIN LISPRO SOLN PEN-INJECTOR	
SUSP PREF SYRINGE 0.5 ML	225	INSPIREASE MIS RES BAG	162	100 UNIT/ML (0.5 UNIT DIAL)	145
INFLUENZA VIRUS VACCINE SPLIT PF		INS SYR U500 MIS 0.5/31G	162	INSULIN LISPRO SOLN PEN-INJECTOR	
SUSP PREF SYRINGE 0.5 ML	225	INS SYR U500 MIS 31GX6MM	162	100 UNIT/ML (0.5 UNIT DIAL)	145
INFLUENZA VIRUS VACCINE SPLIT PF		INSULIN ASPART INJ SOLN 100 UNIT/ML	146	INSULIN LISPRO SOLN PEN-INJECTOR	
SUSP PREF SYRINGE 0.5 ML	225	INSULIN GLARGINE INJ 100 UNIT/ML	145	100 UNIT/ML (1 UNIT DIAL)	145
INFLUENZA VIRUS VAC SPLIT HIGH-		INSULIN GLARGINE-LIXISENATIDE SOL		INSULIN LISPRO SOLN PEN-INJECTOR	
DOSE PF SUSP PREF SYR 0.5ML	225	PEN-INJ 100-33 UNIT-MCG/ML	146	100 UNIT/ML (1 UNIT DIAL)	145
INFLUENZA VIRUS VAC TISS-CULT		INSULIN GLARGINE SOLN PEN-		INSULIN LISPRO SOLN PEN-INJECTOR	
SUBUNIT SUSP PREF SYR 0.5 ML	225	INJECTOR 100 UNIT/ML	145	200 UNIT/ML	145
INGREZZA CAP 40-80MG	68	INSULIN GLARGINE SOLN PEN-		INSULIN NPH (HUMAN) (ISOPHANE) INJ	
INGREZZA CAP 40MG	68	INJECTOR 300 UNIT/ML (1 UNIT DIAL)	146	100 UNIT/ML	145
INGREZZA CAP 40MG	68	INSULIN GLARGINE SOLN PEN-		INSULIN NPH (HUMAN) (ISOPHANE)	
INGREZZA CAP 60MG	68	INJECTOR 300 UNIT/ML (2 UNIT DIAL)	146	SUSP PEN-INJECTOR 100 UNIT/ML	145
INGREZZA CAP 60MG	69	*INSULIN INFUSION DISPOSABLE PUMP		INSULIN NPH ISOPHANE & REGULAR	
INGREZZA CAP 80MG	69	KIT***	167	HUMAN INJ 100 UNIT/ML (70-30)	145
INGREZZA CAP 80MG	69	*INSULIN INFUSION DISPOSABLE PUMP		INSULIN NPH & REGULAR SUSP PEN-INJ	
INJECTION DEVICE FOR INSULIN	154	KIT***	167	100 UNIT/ML (70-30)	145
INJECTION DEVICE FOR INSULIN	162	*INSULIN INFUSION DISPOSABLE PUMP		INSULIN PEN NEEDLE 29 G X 4 MM (1/6"	
INJECTION DEVICE FOR INSULIN	162	KIT***	167	OR 5/32")	157
INJECTION DEVICE FOR INSULIN	162	*INSULIN INFUSION DISPOSABLE PUMP		INSULIN PEN NEEDLE 29 G X 5 MM (1/5"	
INJECTION DEVICE FOR INSULIN	162	KIT***	175	OR 3/16")	157
INJECTION DEVICE FOR INSULIN	162	*INSULIN INFUSION DISPOSABLE PUMP		INSULIN PEN NEEDLE 29 G X 5 MM (1/5"	
INJECTION DEVICE FOR INSULIN	162	RESERVOIR***	167	OR 3/16")	168
INJECTION DEVICE FOR INSULIN	162	*INSULIN INFUSION DISPOSABLE PUMP		INSULIN PEN NEEDLE 29 G X 8 MM (1/3"	
INJECTION DEVICE FOR INSULIN	162	RESERVOIR***	167	OR 5/16")	168
INJECTION DEVICE FOR INSULIN	162	*INSULIN INFUSION DISPOSABLE PUMP		INSULIN PEN NEEDLE 29 G X 10 MM	169
INJECTION DEVICE FOR INSULIN	162	RESERVOIR***	167	INSULIN PEN NEEDLE 29 G X 12.7 MM	
INJECTION DEVICE FOR INSULIN	162	*INSULIN INFUSION DISPOSABLE PUMP		(1/2")	153
INJECTION DEVICE FOR INSULIN	162	RESERVOIR***	167	INSULIN PEN NEEDLE 29 G X 12.7 MM	
INJECTION DEVICE FOR INSULIN	162			(1/2")	158

INSULIN SYRG MIS 27GX1/2"	163	INSULIN SYRINGE/NEEDLE U-100 1/2 ML		INSULIN SYRINGE/NEEDLE U-100 1 ML	
INSULIN SYRG MIS 27GX1/2"	164	29 X 1/2"	164	29 X 1/2"	173
INSULIN SYRG MIS 28GX1/2"	164	INSULIN SYRINGE/NEEDLE U-100 1/2 ML		INSULIN SYRINGE/NEEDLE U-100 1 ML	
INSULIN SYRG MIS 28GX1/2"	164	29 X 1/2"	164	29 X 1/2"	174
INSULIN SYRG MIS 28GX12MM	164	INSULIN SYRINGE/NEEDLE U-100 1/2 ML		INSULIN SYRINGE/NEEDLE U-100 1 ML	
INSULIN SYRG MIS 29GX1/2"	164	29 X 1/2"	173	29 X 5/16"	152
INSULIN SYRG MIS 29GX1/2"	164	INSULIN SYRINGE/NEEDLE U-100 1/2 ML		INSULIN SYRINGE/NEEDLE U-100 1 ML	
INSULIN SYRG MIS 29GX12MM	164	29 X 5/16"	163	29 X 5/16"	163
INSULIN SYRG MIS 29GX12MM	164	INSULIN SYRINGE/NEEDLE U-100 1/2 ML		INSULIN SYRINGE/NEEDLE U-100 1 ML	
INSULIN SYRG MIS 30GX1/2"	164	30 X 1/2"	163	30 X 1/2"	163
INSULIN SYRG MIS 30GX1/2"	164	INSULIN SYRINGE/NEEDLE U-100 1/2 ML		INSULIN SYRINGE/NEEDLE U-100 1 ML	
INSULIN SYRG MIS 30GX5/16	164	30 X 5/16"	163	30 X 1/2"	164
INSULIN SYRG MIS 30GX5/16	164	INSULIN SYRINGE/NEEDLE U-100 1/2 ML		INSULIN SYRINGE/NEEDLE U-100 1 ML	
INSULIN SYRG MIS 30GX8MM	164	30 X 5/16"	163	30 X 1/2"	164
INSULIN SYRG MIS 30GX8MM	164	INSULIN SYRINGE/NEEDLE U-100 1/2 ML		INSULIN SYRINGE/NEEDLE U-100 1 ML	
INSULIN SYRG MIS 30GX12MM	164	30 X 5/16"	164	30 X 5/16"	163
INSULIN SYRG MIS 31GX5/16	164	INSULIN SYRINGE/NEEDLE U-100 1/2 ML		INSULIN SYRINGE/NEEDLE U-100 1 ML	
INSULIN SYRG MIS 31GX5/16	164	30 X 5/16"	164	30 X 5/16"	164
INSULIN SYRG MIS 31GX5/16	164	INSULIN SYRINGE/NEEDLE U-100 1/2 ML		INSULIN SYRINGE/NEEDLE U-100 1 ML	
INSULIN SYRG MIS 31GX8MM	164	30 X 5/16"	171	30 X 5/16"	164
INSULIN SYRG MIS 31GX8MM	164	INSULIN SYRINGE/NEEDLE U-100 1/2 ML		INSULIN SYRINGE/NEEDLE U-100 1 ML	
INSULIN SYRG MIS 31GX8MM	164	31 X 5/16"	163	30 X 5/16"	171
INSULIN SYRG MIS 31GX8MM	164	INSULIN SYRINGE/NEEDLE U-100 1/2 ML		INSULIN SYRINGE/NEEDLE U-100 1 ML	
INSULIN SYRG MIS 31GX8MM	164	31 X 5/16"	163	31 X 5/16"	163
INSULIN SYRINGE/NEEDLE U-100 0.3 ML		INSULIN SYRINGE/NEEDLE U-100 1/2 ML		INSULIN SYRINGE/NEEDLE U-100 1 ML	
29 X 1/2"	162	INSULIN SYRINGE/NEEDLE U-100 1/2 ML		31 X 5/16"	164
INSULIN SYRINGE/NEEDLE U-100 0.3 ML		31 X 5/16"	164	INSULIN SYRINGE/NEEDLE U-100 1 ML	
30 X 1/2"	162	INSULIN SYRINGE/NEEDLE U-100 1/2 ML		31 X 5/16"	164
INSULIN SYRINGE/NEEDLE U-100 0.3 ML		31 X 5/16"	164	INSULIN SYRINGE/NEEDLE U-100 1 ML	
30 X 1/2"	164	INSULIN SYRINGE/NEEDLE U-100 1/2 ML		31 X 5/16"	164
INSULIN SYRINGE/NEEDLE U-100 0.3 ML		31 X 5/16"	171	INSULIN SYRINGE/NEEDLE U-100 1 ML	
30 X 5/16"	162	INSULIN SYRINGE/NEEDLE U-100 1/2 ML		31 X 5/16"	171
INSULIN SYRINGE/NEEDLE U-100 0.3 ML		31 X 5/16"	174	INSULIN SYRINGE/NEEDLE U-100 1 ML	
31 X 1/2"	157	INSULIN SYRINGE/NEEDLE U-100 1/2 ML		31 X 15/64"	163
INSULIN SYRINGE/NEEDLE U-100 0.3 ML		31 X 15/64"	163	INSULIN SYRINGE/NEEDLE U-100 1 ML	
31 X 5/16"	157	INSULIN SYRINGE/NEEDLE U-100 1 ML		32 X 5/16"	163
INSULIN SYRINGE/NEEDLE U-100 0.3 ML		27 X 1/2"	163	INSULIN SYRINGE/NEEDLE U-500 0.5	
31 X 5/16"	163	INSULIN SYRINGE/NEEDLE U-100 1 ML		ML 31G X 6MM (15/64")	162
INSULIN SYRINGE/NEEDLE U-100 0.3 ML		27 X 1/2"	164	INSULIN SYRINGE/NEEDLE U-500 0.5	
31 X 5/16"	163	INSULIN SYRINGE/NEEDLE U-100 1 ML		ML 31G X 6MM (15/64")	162
INSULIN SYRINGE/NEEDLE U-100 0.3 ML		27 X 1/2"	166	INSUL-TOTE MIS ULTIMATE	162
31 X 5/16"	164	INSULIN SYRINGE/NEEDLE U-100 1 ML		INSUPEN32G MIS 32GX6MM	82
INSULIN SYRINGE/NEEDLE U-100 0.3 ML		27 X 5/8"	163	INSUPEN MIS 31GX5MM	164
31 X 5/16"	164	INSULIN SYRINGE/NEEDLE U-100 1 ML		INSUPEN MIS 31GX8MM	164
INSULIN SYRINGE/NEEDLE U-100 0.3 ML		28 X 1/2"	163	INSUPEN MIS 32GX4MM	82
31 X 5/16"	174	INSULIN SYRINGE/NEEDLE U-100 1 ML		INTELENCE TAB 25MG	17
INSULIN SYRINGE/NEEDLE U-100 0.3 ML		28 X 1/2"	164	INTELENCE TAB 100MG	17
31 X 15/64"	162	INSULIN SYRINGE/NEEDLE U-100 1 ML		INTELENCE TAB 200MG	17
INSULIN SYRINGE/NEEDLE U-100 1/2 ML		28 X 5/16"	163	INTERFERON ALFA-N3 INJ 5000000	
27 X 1/2"	163	INSULIN SYRINGE/NEEDLE U-100 1 ML		UNIT/ML	144
INSULIN SYRINGE/NEEDLE U-100 1/2 ML		29 X 1/2"	163	INTERFERON BETA-1A IM AUTO-	
27 X 1/2"	166	INSULIN SYRINGE/NEEDLE U-100 1 ML		INJECTOR KIT 30 MCG/0.5ML	184
INSULIN SYRINGE/NEEDLE U-100 1/2 ML		29 X 1/2"	164	INTERFERON BETA-1A IM PREFILLED	
28 X 1/2"	163	INSULIN SYRINGE/NEEDLE U-100 1 ML		SYRINGE KIT 30 MCG/0.5ML	184
INSULIN SYRINGE/NEEDLE U-100 1/2 ML		29 X 1/2"	164	INTERFERON BETA-1B FOR INJ KIT 0.3 MG	184
28 X 1/2"	164				
INSULIN SYRINGE/NEEDLE U-100 1/2 ML					
28 X 1/2"	164				
INSULIN SYRINGE/NEEDLE U-100 1/2 ML					
29 X 1/2"	163				

INTERFERON GAMMA-1B INJ 100 MCG/0.5ML (2000000 UNIT/0.5ML)	143	ISOCARBOXAZID TAB 10 MG.....	182	ISOTRETINOIN CAP 30 MG	75
INTROVALE TAB.....	106	ISOFLURANE INHAL SOLN.....	160	ISOTRETINOIN CAP 30 MG	77
INVELTYS SUS 1%.....	190	ISOFLURANE INHAL SOLN.....	165	ISOTRETINOIN CAP 30MG.....	75
IODINE SOL STRONG.....	165	ISOFLURANE INHAL SOLN.....	175	ISOTRETINOIN CAP 40 MG	72
IODINE SOL STRONG.....	165	ISOFLURANE SOL.....	165	ISOTRETINOIN CAP 40 MG	72
*IODINE SOLUTION**	24	ISOLEUCINE ORAL POWDER PACKET 1 GM .	94	ISOTRETINOIN CAP 40 MG	73
IODINE SOLUTION STRONG 5% (LUGOL'S)	165	ISOLEUCINE ORAL POWDER PACKET 50		ISOTRETINOIN CAP 40 MG	75
IODINE SOLUTION STRONG (LUGOL'S)		MG.....	94	ISOTRETINOIN CAP 40 MG	77
(BULK).....	165	ISOLEUCINE PAK 50MG	94	ISOTRETINOIN CAP 40MG.....	75
IODINE SOLUTION STRONG (LUGOL'S)		ISOLEUCINE POW 1000.....	94	ISRADIPINE CAP 2.5 MG	61
(BULK).....	166	ISONIAZID SYP 50MG/5ML.....	45	ISRADIPINE CAP 2.5MG.....	61
IODINE TIN 2%.....	24	ISONIAZID SYRUP 50 MG/5ML	45	ISRADIPINE CAP 5 MG.....	61
*IODINE TINCTURE**	24	ISONIAZID TAB 100 MG.....	45	ISRADIPINE CAP 5MG	61
IDOQUINOL-HC CREAM 1-1%.....	35	ISONIAZID TAB 100MG	45	ISTALOL SOL 0.5% OP	192
IOPIDINE SOL 1% OP.....	192	ISONIAZID TAB 300 MG	45	ITOVEBI TAB 3MG.....	40
IPOIN INJ INACTIVE.....	226	ISONIAZID TAB 300MG.....	45	ITOVEBI TAB 9MG.....	40
IPRATROPIUM-ALBUTEROL INHAL		ISOSO/HYDRAL TAB 20-37.5	66	ITRACONAZOLE CAP 100 MG	35
AEROSOL SOLN 20-100 MCG/ACT	208	ISOSORB DIN TAB 5MG	228	ITRACONAZOLE CAP 100 MG.....	36
IPRATROPIUM-ALBUTEROL NEBU SOLN		ISOSORB DIN TAB 10MG	228	ITRACONAZOLE CAP 100MG	35
0.5-2.5(3) MG/3ML	209	ISOSORB DIN TAB 20MG	228	ITRACONAZOLE ORAL SOLN 10 MG/ML	35
IPRATROPIUM BROMIDE HFA INHAL		ISOSORB DIN TAB 30MG	228	ITRACONAZOLE ORAL SOLN 10 MG/ML	36
AEROSOL 17 MCG/ACT.....	57	ISOSORBIDE DINITRATE-HYDRALAZINE		ITRACONAZOLE SOL 10MG/ML.....	35
IPRATROPIUM BROMIDE INHAL SOLN		HCL TAB 20-37.5 MG	66	IVABRADINE HCL ORAL SOLN 5 MG/5ML	
0.02%	57	ISOSORBIDE DINITRATE TAB 5 MG	228	(BASE EQUIV).....	65
IPRATROPIUM BROMIDE NASAL SOLN		ISOSORBIDE DINITRATE TAB 10 MG	228	IVABRADINE HCL TAB 5 MG (BASE EQUIV) .	65
0.03% (21 MCG/SPRAY).....	57	ISOSORBIDE DINITRATE TAB 20 MG.....	228	IVABRADINE HCL TAB 5 MG (BASE EQUIV) .	66
IPRATROPIUM BROMIDE NASAL SOLN		ISOSORBIDE DINITRATE TAB 30 MG.....	228	IVABRADINE HCL TAB 7.5 MG (BASE EQUIV)	65
0.06% (42 MCG/SPRAY).....	57	ISOSORBIDE MONONITRATE TAB 10 MG ..	228	IVABRADINE HCL TAB 7.5 MG (BASE	
IPRATROPIUM SOL 0.02%INH.....	57	ISOSORBIDE MONONITRATE TAB 20 MG ..	228	EQUIV).....	66
IPRATROPIUM/ SOL ALBUTER	209	ISOSORBIDE MONONITRATE TAB ER		IVABRADINE TAB 5MG	66
IPRATROPIUM SPR 0.03%	57	24HR 30 MG.....	228	IVABRADINE TAB 7.5MG	66
IPRATROPIUM SPR 0.06%.....	57	ISOSORBIDE MONONITRATE TAB ER		IVACAFOR PACKET 5.8 MG	70
IPTACOPAN HCL CAP 200 MG.....	12	24HR 60 MG.....	228	IVACAFOR PACKET 13.4 MG	70
IQIRVO TAB 80MG	115	ISOSORBIDE MONONITRATE TAB ER		IVACAFOR PACKET 25 MG	70
IRBESAR/HCTZ TAB 150-12.5	65	24HR 120 MG	228	IVACAFOR PACKET 50 MG	70
IRBESAR/HCTZ TAB 300-12.5	65	ISOSORB MONO TAB 10MG	228	IVACAFOR PACKET 75 MG	70
IRBESARTAN-HYDROCHLOROTHIAZIDE		ISOSORB MONO TAB 20MG	228	IVACAFOR TAB 150 MG	209
TAB 150-12.5 MG	65	ISOSORB MONO TAB 30MG ER.....	228	IVERMECTIN CREAM 1%	76
IRBESARTAN-HYDROCHLOROTHIAZIDE		ISOSORB MONO TAB 60MG ER.....	228	IVERMECTIN TAB 3 MG	15
TAB 300-12.5 MG.....	65	ISOSORB MONO TAB 120MG ER.....	228	IVERMECTIN TAB 3 MG	15
IRBESARTAN TAB 75 MG	13	ISOTRETINOIN CAP 10 MG	72	IVERMECTIN TAB 3MG.....	15
IRBESARTAN TAB 75MG	13	ISOTRETINOIN CAP 10 MG	72	IVERMECTIN TAB 6 MG	15
IRBESARTAN TAB 150 MG	13	ISOTRETINOIN CAP 10 MG	73	IVERMECTIN TAB 6MG.....	15
IRBESARTAN TAB 150MG.....	13	ISOTRETINOIN CAP 10 MG	75	IVOSIDENIB TAB 250 MG	181
IRBESARTAN TAB 300 MG.....	13	ISOTRETINOIN CAP 10 MG	77	IWILFIN TAB 192MG	40
IRBESARTAN TAB 300MG	13	ISOTRETINOIN CAP 10MG.....	75	IXAZOMIB CITRATE CAP 2.3 MG (BASE	
IRESSA TAB 250MG	180	ISOTRETINOIN CAP 20 MG	72	EQUIVALENT).....	41
ISAVUCONAZONIUM SULFATE CAP 74.5 MG	35	ISOTRETINOIN CAP 20 MG	72	IXAZOMIB CITRATE CAP 3 MG (BASE	
ISAVUCONAZONIUM SULFATE CAP 186 MG	35	ISOTRETINOIN CAP 20 MG	73	EQUIVALENT).....	41
ISENTRESS CHW 25MG	16	ISOTRETINOIN CAP 20 MG	75	IXAZOMIB CITRATE CAP 4 MG (BASE	
ISENTRESS CHW 100MG.....	16	ISOTRETINOIN CAP 20 MG	77	EQUIVALENT).....	41
ISENTRESS HD TAB 600MG	16	ISOTRETINOIN CAP 20MG.....	75	JAIMIESS TAB	106
ISENTRESS POW 100MG	16	ISOTRETINOIN CAP 30 MG	72	JAKAFI TAB 5MG.....	180
ISENTRESS TAB 400MG.....	16	ISOTRETINOIN CAP 30 MG	72	JAKAFI TAB 10MG.....	180
ISIBLOOM TAB.....	106	ISOTRETINOIN CAP 30 MG	73	JAKAFI TAB 15MG.....	180

JAKAFI TAB 20MG	180	KALETRA TAB 100-25MG	20	KETOVIE 3:1 LIQ UNFLAVOR	94
JAKAFI TAB 25MG	180	KALETRA TAB 200-50MG	20	KETOVIE 4:1 LIQ VANILLA	94
JANTOVEN TAB 1MG	27	KALLIGA TAB	107	KETOVIE LIQ PEPTIDE	94
JANTOVEN TAB 2.5MG	27	KALYDECO GRA 5.8MG	70	KETOVIE LIQ UNFLAVOR	94
JANTOVEN TAB 2MG	27	KALYDECO GRA 13.4MG	70	KINERET INJ	140
JANTOVEN TAB 3MG	27	KALYDECO PAK 25MG	70	KISQALI 200 PAK FEMARA	40
JANTOVEN TAB 4MG	27	KALYDECO PAK 50MG	70	KISQALI 400 PAK FEMARA	40
JANTOVEN TAB 5MG	27	KALYDECO PAK 75MG	70	KISQALI 600 PAK FEMARA	40
JANTOVEN TAB 6MG	28	KALYDECO TAB 150MG	209	KISQALI TAB 200DOSE	40
JANTOVEN TAB 7.5MG	28	KAPSPARGO CAP 25MG	52	KISQALI TAB 400DOSE	40
JANTOVEN TAB 10MG	27	KAPSPARGO CAP 50MG	52	KISQALI TAB 600DOSE	40
JARDIANCE TAB 10MG	31	KAPSPARGO CAP 100MG	52	KLARON LOT 10%	75
JARDIANCE TAB 25MG	31	KAPSPARGO CAP 200MG	52	KLAYESTA POW 100000	36
JAYPIRCA TAB 50MG	39	KARIVA TAB 28 DAY	107	KLISYRI OIN 1% (250)	78
JAYPIRCA TAB 100MG	39	KATE FARMS LIQ 1.0	94	KLISYRI OIN 1% (350)	78
JENCYCLA TAB 0.35MG	203	KATE FARMS LIQ 1.0 CHOC	94	KLOR-CON 8 TAB 8MEQ ER	94
JENTADUETO TAB 2.5-500	31	KATE FARMS LIQ 1.0 VAN	94	KLOR-CON 10 TAB 10MEQ ER	94
JENTADUETO TAB 2.5-850	31	KATE FARMS LIQ 1.4	94	KLOR-CON/EF TAB 25MEQ	95
JENTADUETO TAB 2.5-1000	31	KATE FARMS LIQ 1.4	94	KLOR-CON M10 TAB 10MEQ ER	94
JENTADUETO TAB XR	31	KATE FARMS LIQ 1.5	94	KLOR-CON M15 TAB 15MEQ ER	94
JENTADUETO TAB XR	31	KATE FARMS LIQ 1.5	165	KLOR-CON M20 TAB 20MEQ ER	94
JESDUVROQ TAB 1MG	56	KATE FARMS LIQ CHOCOLAT	94	KLOR-CON PAK 20MEQ	94
JESDUVROQ TAB 2MG	56	KATE FARMS LIQ STRAWBER	94	KLOXXADO SPR 8MG	199
JESDUVROQ TAB 4MG	56	KATE FARMS LIQ VANILLA	94	KLS ASPIRIN TAB 81MG EC	187
JESDUVROQ TAB 6MG	56	K CITRATE SOL CITR ACD	94	KLS QUIT2 GUM 2MG	215
JESDUVROQ TAB 8MG	56	KELNOR 1/50 TAB	107	KLS QUIT2 LOZ 2MG	215
JINTELI TAB 1MG-5MCG	106	KELNOR TAB 1/35	107	KLS QUIT4 GUM 4MG	215
JIVI INJ 500 UNIT	126	KESIMPTA INJ 20/4ML	184	KLS QUIT4 LOZ 4MG	215
JIVI INJ 1000UNIT	126	KETOCONAZOLE AER 2%	35	KOATE-DVI INJ 1000UNIT	126
JIVI INJ 2000UNIT	126	KETOCONAZOLE CRE 2%	35	KOATE INJ 250UNIT	126
JIVI INJ 3000UNIT	126	KETOCONAZOLE CREAM 2%	35	KOATE INJ 500 UNIT	126
JIVI INJ 4000UNIT	126	KETOCONAZOLE FOAM 2%	35	KOATE INJ 1000UNIT	126
JOENJA TAB 70MG	143	KETOCONAZOLE FOAM 2%	35	KOGENATE FS INJ 250UNIT	126
JOLESSA TAB	106	KETOCONAZOLE SHA 2%	35	KOGENATE FS INJ 500UNIT	126
JORNAY PM CAP 20MG ER	49	KETOCONAZOLE SHAMPOO 2%	35	KOGENATE FS INJ 1000UNIT	126
JORNAY PM CAP 40MG ER	49	KETOCONAZOLE TAB 200 MG	35	KOGENATE FS INJ 2000UNIT	126
JORNAY PM CAP 60MG ER	49	KETOCONAZOLE TAB 200MG	35	KOGENATE FS INJ 3000UNIT	126
JORNAY PM CAP 80MG ER	49	KETODAN AER 2%	35	KOSELUGO CAP 5MG	40
JORNAY PM CAP 100MG ER	49	KETO-DIASTIX TES	82	KOSELUGO CAP 7.5MG	40
JOURNAVX TAB 50MG	165	KETONE BLOOD TEST STRIP	81	KOSELUGO CAP 10MG	40
JOYEUX TAB 0.1-20	107	KETONE BLOOD TEST STRIP	84	KOSELUGO CAP 25MG	40
JULEBER TAB	107	KETONE TES	82	KOSHR PRENAT TAB 30-1MG	230
JULUCA TAB 50-25MG	17	KETOROLAC SOL 0.4% OP	190	KOURZEQ PST 0.1%	71
JUNEL 1.5/30 TAB	107	KETOROLAC SOL 0.5% OP	190	KOVALTRY INJ 250UNIT	127
JUNEL 1/20 TAB	107	KETOROLAC TAB 10MG	187	KOVALTRY INJ 500UNIT	127
JUNEL FE 24 TAB 1/20	107	KETOROLAC TROMETHAMINE OPHTH		KOVALTRY INJ 1000UNIT	127
JUNEL FE TAB 1.5/30	107	SOLN 0.4%	189	KOVALTRY INJ 2000UNIT	127
JUNEL FE TAB 1/20	107	KETOROLAC TROMETHAMINE OPHTH		KOVALTRY INJ 3000UNIT	127
JUST RIGHT PST 5000	71	SOLN 0.4%	190	KP ASPIRIN TAB 81MG EC	187
JUVEN POW	94	KETOROLAC TROMETHAMINE OPHTH		KP BISACODYL TAB 5MG EC	148
JYLAMVO SOL 2MG/ML	140	SOLN 0.5%	189	K-PHOS TAB	94
KAITLIB FE CHW	107	KETOROLAC TROMETHAMINE OPHTH		K-PHOS TAB NEUTRAL	94
KALE/QUINOA POW BERRIES	230	SOLN 0.5%	190	K-PHOS TAB NO 2	94
KALE/QUINOA POW PEDIATRI	230	KETOROLAC TROMETHAMINE TAB 10 MG	187	K-PRIME TAB 25MEQ EF	94
KALETRA SOL	19	KETOSTIX TES STRIP	82	KRAZATI TAB 200MG	40

*LANCETS***	80	*LANCETS***	85	LAPATINIB DITOSYLATE TAB 250 MG	
*LANCETS***	80	*LANCETS***	85	(BASE EQUIV).....	180
*LANCETS***	81	*LANCETS***	85	LAPATINIB TAB 250MG	180
*LANCETS***	81	*LANCETS***	85	L-ARGININE CAP 500MG.....	165
*LANCETS***	81	*LANCETS***	85	LARIN 24 TAB FE 1/20	107
*LANCETS***	81	*LANCETS***	85	LARIN FE TAB 1.5/30	107
*LANCETS***	81	*LANCETS***	85	LARIN FE TAB 1/20	107
*LANCETS***	81	*LANCETS***	85	LARIN TAB 1.5/30	107
*LANCETS***	81	*LANCETS***	85	LARIN TAB 1/20	107
*LANCETS***	81	*LANCETS***	85	LAROTRECTINIB SULFATE CAP 25 MG	
*LANCETS***	81	*LANCETS***	85	(BASE EQUIVALENT).....	182
*LANCETS***	82	*LANCETS***	85	LAROTRECTINIB SULFATE CAP 100 MG	
*LANCETS***	82	*LANCETS***	85	(BASE EQUIVALENT).....	182
*LANCETS***	82	*LANCETS***	85	LAROTRECTINIB SULFATE ORAL SOLN	
*LANCETS***	82	*LANCETS***	85	20 MG/ML (BASE EQUIVALENT)	182
*LANCETS***	82	*LANCETS KIT***	79	LASIX TAB 20MG	86
*LANCETS***	82	*LANCETS KIT***	79	LASIX TAB 40MG	86
*LANCETS***	82	LANCETS MICR MIS THIN 33G	82	LASIX TAB 80MG	86
*LANCETS***	82	LANCETS MIS 28G	82	L-ASPARAGINE POW MONOHYDR	165
*LANCETS***	82	LANCETS MIS 28G THIN	82	LATANOPROST OPTH EMULSION 0.005%	193
*LANCETS***	83	LANCETS MIS 30G	82	LATANOPROST OPTH SOLN 0.005%	193
*LANCETS***	83	*LANCETS MISC.***	86	LATANOPROST SOL 0.005%	193
*LANCETS***	83	*LANCETS MISC.***	86	LAXACLEAR POW	147
*LANCETS***	83	*LANCETS MISC.***	86	LAXATIVE POW OSMOTIC	147
*LANCETS***	83	LANCETS SUPR MIS THIN 28G	82	LAXATIVE TAB 5MG EC	148
*LANCETS***	83	LANCET ULTRA MIS THIN 30G	82	LAYOLIS FE CHW	107
*LANCETS***	83	LANCING MIS DEVICE	86	LAZCLUZE TAB 80MG	180
*LANCETS***	83	LANOLIN ANHYDROUS OINTMENT	165	LAZCLUZE TAB 240MG	180
*LANCETS***	84	LANOLIN ANHY OIN	165	LAZERTINIB MESYLATE TAB 80 MG	180
*LANCETS***	84	LANOXIN TAB 0.25MG	66	LAZERTINIB MESYLATE TAB 240 MG	180
*LANCETS***	84	LANOXIN TAB 0.125MG	66	L-CARNITINE CAP 500MG	95
*LANCETS***	84	LANOXIN TAB 0.0625MG	66	L-CITRULLINE CAP 600MG	165
*LANCETS***	84	LANSOPRAZOLE SUS 3MG/ML	204	L-CITRULLINE POW	165
*LANCETS***	84	*LANSOPRAZOLE SUSP 3 MG/ML		LEBRIKIZUMAB-LBKZ SOLUTION	
*LANCETS***	84	(COMPOUND KIT)**	204	PREFILLED SYRINGE 250 MG/2ML	74
*LANCETS***	84	LANSOPRAZOLE TAB 15MG ODT	204	LEBRIKIZUMAB-LBKZ SUBCUTANEOUS	
*LANCETS***	84	LANSOPRAZOLE TAB 30MG ODT	205	SOLN AUTO-INJECT 250 MG/2ML	74
*LANCETS***	84	LANSOPRAZOLE TAB DELAYED RELEASE		LECITHIN GEL	165
*LANCETS***	84	ORALLY DISINTEGRATING 15 MG	204	LECITHIN GRA	165
*LANCETS***	84	LANSOPRAZOLE TAB DELAYED RELEASE		LECITHIN GRANULES	165
*LANCETS***	84	ORALLY DISINTEGRATING 30 MG	205	LEDIPASVIR-SOFOSBUVIR PELLETT PACK	
*LANCETS***	84	LANTHANUM CARBONATE CHEW TAB		33.75-150 MG	16
*LANCETS***	84	500 MG (ELEMENTAL)	201	LEDIPASVIR-SOFOSBUVIR PELLETT PACK	
*LANCETS***	84	LANTHANUM CARBONATE CHEW TAB		45-200 MG	16
*LANCETS***	84	750 MG (ELEMENTAL)	201	LEDIPASVIR-SOFOSBUVIR TAB 45-200 MG	16
*LANCETS***	84	LANTHANUM CARBONATE CHEW TAB		LEDIPASVIR-SOFOSBUVIR TAB 90-400 MG	16
*LANCETS***	84	1000 MG (ELEMENTAL)	201	LEDIPASVIR-SOFOSBUVIR TAB 90-400 MG	16
*LANCETS***	84	LANTHANUM CARBONATE ORAL		LEDIP-SOFOSB TAB 90-400MG	16
*LANCETS***	84	POWDER PACK 750 MG (ELEMENTAL)	201	LEENA TAB	107
*LANCETS***	84	LANTHANUM CARBONATE ORAL		LEFLUNOMIDE TAB 10 MG	144
*LANCETS***	85	POWDER PACK 1000 MG (ELEMENTAL)	201	LEFLUNOMIDE TAB 10MG	144
*LANCETS***	85	LANTHANUM CHW 500MG	201	LEFLUNOMIDE TAB 20 MG	144
*LANCETS***	85	LANTHANUM CHW 750MG	201	LEFLUNOMIDE TAB 20MG	144
*LANCETS***	85	LANTHANUM CHW 1000MG	201	LENACAPAVIR SODIUM TAB 300 MG	18
*LANCETS***	85	LANTUS INJ 100/ML	145	LENACAPAVIR SODIUM TAB 300 MG	18
*LANCETS***	85	LANTUS SOLOS INJ 100/ML	145		

LENACAPAVIR SODIUM TAB THERAPY PACK 4 X 300 MG.....	18	LEUCOVOR CA TAB 5MG	40	LEVETIRACETA SOL 100MG/ML	28
LENACAPAVIR SODIUM TAB THERAPY PACK 5 X 300 MG.....	18	LEUCOVOR CA TAB 10MG	40	LEVETIRACETA SOL 500/5ML	28
LLENALIDOMIDE CAP 2.5MG	21	LEUCOVOR CA TAB 15MG	40	LEVETIRACETA TAB 250MG.....	28
LLENALIDOMIDE CAP 5 MG.....	21	LEUCOVOR CA TAB 25MG	40	LEVETIRACETA TAB 500MG	28
LLENALIDOMIDE CAP 5 MG.....	22	LEUCOVORIN CALCIUM POWDER	154	LEVETIRACETA TAB 500MG ER	28
LLENALIDOMIDE CAP 5MG	21	LEUCOVORIN CALCIUM POWDER	165	LEVETIRACETA TAB 750MG.....	28
LLENALIDOMIDE CAP 10 MG.....	21	LEUCOVORIN CALCIUM TAB 5 MG	40	LEVETIRACETA TAB 750MG ER	29
LLENALIDOMIDE CAP 10 MG.....	22	LEUCOVORIN CALCIUM TAB 10 MG.....	40	LEVETIRACETA TAB 1000MG	28
LLENALIDOMIDE CAP 10MG	21	LEUCOVORIN CALCIUM TAB 15 MG.....	40	LEVOBUNOLOL HCL OPTH SOLN 0.5% ...	192
LLENALIDOMIDE CAP 15 MG.....	21	LEUCOVORIN CALCIUM TAB 25 MG.....	40	LEVOBUNOLOL SOL 0.5% OP	192
LLENALIDOMIDE CAP 15 MG.....	22	LEUCOVORIN POW CALCIUM.....	165	LEVOCARNITINE L-TARTRATE CAP 500 MG.	95
LLENALIDOMIDE CAP 15MG	21	LEUCOVORIN TAB 5MG	40	LEVOCARNITINE ORAL SOLN 1 GM/10ML (10%).....	95
LLENALIDOMIDE CAP 20 MG	21	LEUKERAN TAB 2MG	10	LEVOCARNITINE TAB 330 MG	95
LLENALIDOMIDE CAP 20 MG	22	LEUKINE INJ 250MCG	56	LEVOCARNITIN SOL 1GM/10ML	95
LLENALIDOMIDE CAP 20MG	21	LEUPROLIDE ACETATE INJ KIT 1 MG/0.2ML (5 MG/ML).....	138	LEVOCARNITIN TAB 330MG	95
LLENALIDOMIDE CAP 25 MG.....	21	LEUPROLIDE ACETATE INJ KIT 1 MG/0.2ML (5 MG/ML).....	138	LEVOCETIRIZINE DIHYDROCHLORIDE SOLN 2.5 MG/5ML (0.5 MG/ML).....	38
LLENALIDOMIDE CAP 25 MG.....	22	LEUPROLIDE ACETATE INJ KIT 1 MG/0.2ML (5 MG/ML).....	138	LEVOCETIRIZINE DIHYDROCHLORIDE TAB 5 MG.....	38
LLENALIDOMIDE CAP 25MG	21	LEUPROLIDE ACETATE INJ KIT 1 MG/0.2ML (5 MG/ML).....	138	LEVOCETIRIZI SOL 2.5/5ML	38
LLENALIDOMIDE CAPS 2.5 MG.....	21	LEUPROLIDE ACETATE INJ KIT 1 MG/0.2ML (5 MG/ML).....	138	LEVOCETIRIZI TAB 5MG	38
LLENALIDOMIDE CAPS 2.5 MG.....	22	LEUPROLIDE INJ 1MG/0.2.....	138	LEVODOPA INHAL POWDER CAP 42 MG. ...	162
LENIOLISIB PHOSPHATE TAB 70 MG.....	143	LEUPROLIDE INJ 14 DAY.....	138	LEVO-ETH EST TAB 90-20MCG	107
LENVATINIB CAP THERAPY PACK 2 X 4 MG (8 MG DAILY DOSE).....	180	LEUPROLIDE KIT 1MG/0.2.....	138	LEVOFLOXACIN OPTH SOLN 0.5%	191
LENVATINIB CAP THERAPY PACK 2 X 10 MG (20 MG DAILY DOSE)	180	LEUPROLIDE KIT 14 DAY	138	LEVOFLOXACIN OPTH SOLN 1.5%.....	191
LENVATINIB CAP THERAPY PACK 3 X 4 MG (12 MG DAILY DOSE).....	180	LEVACETYLLUCINE FOR SUSP PACKET 1 GM	152	LEVOFLOXACIN ORAL SOLN 25 MG/ML ...	207
LENVATINIB CAP THERAPY PACK 4 MG (4 MG DAILY DOSE).....	180	LEVALBUTEROL AER 45/ACT.....	58	LEVOFLOXACIN SOL 0.5%	191
LENVATINIB CAP THERAPY PACK 10 & 4 MG (14 MG DAILY DOSE).....	180	LEVALBUTEROL HCL SOLN NEBU 0.31 MG/3ML (BASE EQUIV).....	58	LEVOFLOXACIN SOL 1.5%	191
LENVATINIB CAP THERAPY PACK 10 MG (10 MG DAILY DOSE).....	180	LEVALBUTEROL HCL SOLN NEBU 0.63 MG/3ML (BASE EQUIV).....	58	LEVOFLOXACIN SOL 25MG/ML.....	207
LENVATINIB CAP THER PACK 2 X 10 MG & 4 MG (24 MG DAILY DOSE).....	180	LEVALBUTEROL HCL SOLN NEBU 1.25 MG/3ML (BASE EQUIV).....	59	LEVOFLOXACIN TAB 250 MG	207
LENVATINIB CAP THER PACK 10 MG & 2 X 4 MG (18 MG DAILY DOSE).....	180	LEVALBUTEROL HCL SOLN NEBU CONC 1.25 MG/0.5ML (BASE EQUIV)	58	LEVOFLOXACIN TAB 250MG	207
LENVIMA CAP 4MG	180	LEVALBUTEROL NEB 0.31MG	58	LEVOFLOXACIN TAB 500 MG	207
LENVIMA CAP 8 MG.....	180	LEVALBUTEROL NEB 0.63MG	58	LEVOFLOXACIN TAB 500MG.....	207
LENVIMA CAP 10 MG.....	180	LEVALBUTEROL NEB 1.25/0.5	58	LEVOFLOXACIN TAB 750 MG	207
LENVIMA CAP 12MG	180	LEVALBUTEROL NEB 1.25MG	59	LEVOFLOXACIN TAB 750MG	207
LENVIMA CAP 14 MG.....	180	LEVALBUTEROL TARTRATE INHAL AEROSOL 45 MCG/ACT (BASE EQUIV).....	58	LEVONEST TAB.....	107
LENVIMA CAP 18 MG.....	180	LEVALBUTEROL TARTRATE INHAL AEROSOL 45 MCG/ACT (BASE EQUIV).....	59	LEVONOR-ETH EST TAB 0.15- 0.02/0.025/0.03 MG &ETH EST 0.01 MG....	108
LENVIMA CAP 20 MG	180	LEVBID TAB 0.375 ER.....	44	LEVONOR-ETH EST TAB 0.15- 0.02/0.025/0.03 MG &ETH EST 0.01 MG....	111
LENVIMA CAP 24 MG.....	180	LEVETIRACETAM ORAL SOLN 100 MG/ML.	28	LEVONOR-ETH EST TAB 0.15- 0.02/0.025/0.03 MG &ETH EST 0.01 MG....	111
LESSINA TAB.....	107	LEVETIRACETAM ORAL SOLN 100 MG/ML.	28	LEVONOR/ETHI TAB	108
LETERMOVIR PELLETT PACK 20 MG.....	15	LEVETIRACETAM TAB 250 MG	28	LEVONOR/ETHI TAB 0.1-0.02	108
LETERMOVIR PELLETT PACK 120 MG	15	LEVETIRACETAM TAB 500 MG	28	LEVONOR/ETHI TAB 0.1-20	108
LETERMOVIR TAB 240 MG	15	LEVETIRACETAM TAB 500 MG	29	LEVONOR/ETHI TAB ESTRADIO	108
LETERMOVIR TAB 480 MG	15	LEVETIRACETAM TAB 750 MG	28	LEVONOR/ETHI TAB ESTRADIO	108
LETROZOLE TAB 2.5 MG.....	46	LEVETIRACETAM TAB 1000 MG.....	28	LEVONOR/ETHI TAB ESTRADIO	108
LETROZOLE TAB 2.5MG	46	LEVETIRACETAM TAB ER 24HR 500 MG	28	LEVONOR/ETHI TAB ESTRADIO	108
LEUCINE ORAL POWDER PACKET 100 MG ..	165	LEVETIRACETAM TAB ER 24HR 750 MG	29	LEVONORGESTREL-ETH ESTRA TAB 0.05-30/0.075-40/0.125-30MG-MCG	104
LEUCINE PAK 100MG	165			LEVONORGESTREL-ETH ESTRA TAB 0.05-30/0.075-40/0.125-30MG-MCG	107

LEVOTHYROXIN TAB 137MCG.....	137	LIDOCAINE HCL VISCOUS SOLN 2%.....	149	LIQ HOPE PEP LIQ BERRY.....	95
LEVOTHYROXIN TAB 150MCG.....	137	LIDOCAINE OIN 5%.....	149	LIQ PROTEIN LIQ FORTIFIE.....	165
LEVOTHYROXIN TAB 175MCG.....	137	LIDOCAINE OINT 5%.....	149	LIQUACEL LIQ.....	165
LEVOTHYROXIN TAB 200MCG.....	137	LIDOCAINE PATCH 1.8% (36 MG).....	149	LIQUACEL LIQ.....	165
LEVOTHYROXIN TAB 300MCG.....	137	LIDOCAINE PATCH 5%.....	149	LIQUACEL LIQ APPLE.....	165
LEVO-T TAB 25MCG.....	136	LIDOCAINE-PRILOCAINE CREAM 2.5-2.5%.....	149	LIQUACEL LIQ GING ALE.....	165
LEVO-T TAB 50MCG.....	136	LIDOCAINE SOL 2% ORAL.....	149	LIQUACEL LIQ PUMP+GO.....	165
LEVO-T TAB 75MCG.....	136	LIDOCAINE SOL 2% VISC.....	149	LIRAGLUTIDE INJ 18MG/3ML.....	31
LEVO-T TAB 88MCG.....	136	LIDOCAINE SOL 4%.....	149	LIRAGLUTIDE INJ 18MG/3ML.....	31
LEVO-T TAB 100MCG.....	136	LIDOCAINE SOL 4%.....	149	LIRAGLUTIDE INJ 18MG/3ML.....	31
LEVO-T TAB 112MCG.....	136	LIDO/PRILOCN CRE 2.5-2.5%.....	149	LIRAGLUTIDE SOLN PEN-INJECTOR 18	
LEVO-T TAB 125MCG.....	136	LIFITEGRAST OPTH SOLN 5%.....	189	MG/3ML (6 MG/ML).....	31
LEVO-T TAB 137MCG.....	136	LIKMEZ SUS 500/5ML.....	24	LIRAGLUTIDE SOLN PEN-INJECTOR 18	
LEVO-T TAB 150MCG.....	136	LIMBREL 250 CAP 250-50MG.....	165	MG/3ML (6 MG/ML).....	31
LEVO-T TAB 175MCG.....	136	LIMBREL 500 CAP 500-50MG.....	165	LIRAGLUTIDE SOLN PEN-INJECTOR 18	
LEVO-T TAB 200MCG.....	136	LIMBREL CAP 250MG.....	165	MG/3ML (6 MG/ML).....	31
LEVO-T TAB 300 MCG.....	136	LIMBREL CAP 500MG.....	165	LISDEXAMFETA CAP 10MG.....	47
LEVOXYL TAB 25MCG.....	137	LINACLOTIDE CAP 72 MCG.....	146	LISDEXAMFETA CAP 20MG.....	47
LEVOXYL TAB 50MCG.....	137	LINACLOTIDE CAP 145 MCG.....	146	LISDEXAMFETA CAP 30MG.....	47
LEVOXYL TAB 75MCG.....	137	LINACLOTIDE CAP 290 MCG.....	146	LISDEXAMFETA CAP 40MG.....	47
LEVOXYL TAB 88MCG.....	137	LINAGLIPTIN-METFORMIN HCL TAB 2.5-		LISDEXAMFETA CAP 50MG.....	47
LEVOXYL TAB 100MCG.....	137	500 MG.....	31	LISDEXAMFETA CAP 60MG.....	47
LEVOXYL TAB 112MCG.....	137	LINAGLIPTIN-METFORMIN HCL TAB 2.5-		LISDEXAMFETA CAP 70MG.....	47
LEVOXYL TAB 125MCG.....	137	850 MG.....	31	LISDEXAMFETA CHW 10MG.....	47
LEVOXYL TAB 137MCG.....	137	LINAGLIPTIN-METFORMIN HCL TAB 2.5-		LISDEXAMFETA CHW 20MG.....	47
LEVOXYL TAB 150MCG.....	137	1000 MG.....	31	LISDEXAMFETA CHW 30MG.....	47
LEVOXYL TAB 175MCG.....	137	LINAGLIPTIN-METFORMIN HCL TAB ER		LISDEXAMFETA CHW 40MG.....	47
LEVOXYL TAB 200MCG.....	137	24HR 2.5-1000 MG.....	31	LISDEXAMFETA CHW 50MG.....	47
LEVSIN/SL SUB 0.125MG.....	44	LINAGLIPTIN-METFORMIN HCL TAB ER		LISDEXAMFETA CHW 60MG.....	47
LEVSIN TAB 0.125MG.....	44	24HR 5-1000 MG.....	31	LISDEXAMFETAMINE DIMESYLATE CAP	
L-GLUTAMINE POW 5GM.....	95	LINAGLIPTIN TAB 5 MG.....	33	10 MG.....	47
LIBERVANT MIS 5MG.....	114	LINEZOLID FOR SUSP 100 MG/5ML.....	24	LISDEXAMFETAMINE DIMESYLATE CAP	
LIBERVANT MIS 7.5MG.....	114	LINEZOLID FOR SUSP 100 MG/5ML.....	26	20 MG.....	47
LIBERVANT MIS 10MG.....	114	LINEZOLID SUS 100/5ML.....	24	LISDEXAMFETAMINE DIMESYLATE CAP	
LIBERVANT MIS 12.5MG.....	114	LINEZOLID TAB 600 MG.....	24	30 MG.....	47
LIBERVANT MIS 15MG.....	114	LINEZOLID TAB 600MG.....	24	LISDEXAMFETAMINE DIMESYLATE CAP	
LIDOCAINE-BENZALKONIUM		LINZESS CAP 72MCG.....	146	40 MG.....	47
(PODIATRIC) CREAM 4.12-0.13%.....	156	LINZESS CAP 145MCG.....	146	LISDEXAMFETAMINE DIMESYLATE CAP	
LIDOCAINE DIS 5% PATCH.....	149	LINZESS CAP 290MCG.....	146	50 MG.....	47
LIDOCAINE GEL 2%.....	149	LIOMNY TAB 5MCG.....	137	LISDEXAMFETAMINE DIMESYLATE CAP	
LIDOCAINE GEL 2% JELLY.....	149	LIOMNY TAB 25MCG.....	137	60 MG.....	47
LIDOCAINE GEL 2% JELLY.....	149	LIOMNY TAB 50MCG.....	137	LISDEXAMFETAMINE DIMESYLATE CAP	
LIDOCAINE HCL LARYNGOTRACHEAL		LIOTHYRONINE SODIUM TAB 5 MCG.....	137	70 MG.....	47
SOLN 4%.....	149	LIOTHYRONINE SODIUM TAB 5 MCG.....	137	LISDEXAMFETAMINE DIMESYLATE	
LIDOCAINE HCL OPTH GEL 3.5%.....	188	LIOTHYRONINE SODIUM TAB 25 MCG.....	137	CHEW TAB 10 MG.....	47
LIDOCAINE HCL SOLN 4%.....	149	LIOTHYRONINE SODIUM TAB 25 MCG.....	137	LISDEXAMFETAMINE DIMESYLATE	
LIDOCAINE HCL URETHRAL/MUCOSAL		LIOTHYRONINE SODIUM TAB 50 MCG.....	137	CHEW TAB 20 MG.....	47
GEL 2%.....	149	LIOTHYRONINE SODIUM TAB 50 MCG.....	137	LISDEXAMFETAMINE DIMESYLATE	
LIDOCAINE HCL URETHRAL/MUCOSAL		LIOTHYRONINE TAB 5MCG.....	137	CHEW TAB 30 MG.....	47
GEL PREFILLED SYRINGE 2%.....	149	LIOTHYRONINE TAB 25MCG.....	137	LISDEXAMFETAMINE DIMESYLATE	
LIDOCAINE HCL URETHRAL/MUCOSAL		LIOTHYRONINE TAB 50MCG.....	137	CHEW TAB 40 MG.....	47
GEL PREFILLED SYRINGE 2%.....	149	LIPISTART POW.....	231	LISDEXAMFETAMINE DIMESYLATE	
LIDOCAINE HCL URETHRAL/MUCOSAL		LIPODERM HMW GEL PCCA.....	165	CHEW TAB 50 MG.....	47
GEL PREFILLED SYRINGE 2%.....	149	LIPOLAYER CRE.....	165	LISDEXAMFETAMINE DIMESYLATE	
LIDOCAINE HCL VISCOUS SOLN 2%.....	149	LIPOZYME CRE.....	165	CHEW TAB 60 MG.....	47

LISINOP/HCTZ TAB 20-12.5	66	LOMOTIL TAB 2.5MG	115	LORAZEPAM TAB 1 MG	52
LISINOP/HCTZ TAB 20-25MG	66	LOMUSTINE CAP 10 MG	10	LORAZEPAM TAB 1MG	52
LISINOPRIL & HYDROCHLOROTHIAZIDE TAB 10-12.5 MG	66	LOMUSTINE CAP 10 MG	10	LORAZEPAM TAB 2 MG	52
LISINOPRIL & HYDROCHLOROTHIAZIDE TAB 20-12.5 MG	66	LOMUSTINE CAP 10MG	10	LORAZEPAM TAB 2MG	52
LISINOPRIL & HYDROCHLOROTHIAZIDE TAB 20-25 MG	66	LOMUSTINE CAP 40 MG	10	LORBRENA TAB 25MG	40
LISINOPRIL ORAL SOLN 1 MG/ML	14	LOMUSTINE CAP 40 MG	10	LORBRENA TAB 100MG	40
LISINOPRIL TAB 2.5 MG	14	LOMUSTINE CAP 40MG	10	LORLATINIB TAB 25 MG	40
LISINOPRIL TAB 2.5MG	14	LOMUSTINE CAP 100 MG	9	LORLATINIB TAB 100 MG	40
LISINOPRIL TAB 5 MG	14	LOMUSTINE CAP 100 MG	10	LOSARTAN/HCT TAB 50-12.5	66
LISINOPRIL TAB 5MG	14	LOMUSTINE CAP 100MG	10	LOSARTAN/HCT TAB 100-12.5	66
LISINOPRIL TAB 10 MG	14	LONAFARNIB CAP 50 MG	178	LOSARTAN/HCT TAB 100-25	66
LISINOPRIL TAB 10MG	14	LONAFARNIB CAP 75 MG	178	LOSARTAN POTASSIUM & HYDROCHLOROTHIAZIDE TAB 50-12.5 MG ..	66
LISINOPRIL TAB 20 MG	14	LONAPEGSOMATROPIN-TCGD FOR SUBCUTANEOUS INJ CART 13.3 MG	135	LOSARTAN POTASSIUM & HYDROCHLOROTHIAZIDE TAB 100-12.5 MG	66
LISINOPRIL TAB 20MG	14	LONAPEGSOMATROPIN-TCGD FOR SUBCUTANEOUS INJ CARTRIDGE 0.7 MG ..	135	LOSARTAN POTASSIUM & HYDROCHLOROTHIAZIDE TAB 100-25 MG ..	66
LISINOPRIL TAB 30 MG	14	LONAPEGSOMATROPIN-TCGD FOR SUBCUTANEOUS INJ CARTRIDGE 1.4 MG ..	135	LOSARTAN POTASSIUM TAB 25 MG	13
LISINOPRIL TAB 30MG	14	LONAPEGSOMATROPIN-TCGD FOR SUBCUTANEOUS INJ CARTRIDGE 1.8 MG ..	135	LOSARTAN POTASSIUM TAB 50 MG	13
LISINOPRIL TAB 40 MG	14	LONAPEGSOMATROPIN-TCGD FOR SUBCUTANEOUS INJ CARTRIDGE 1.8 MG ..	135	LOSARTAN POTASSIUM TAB 100 MG	13
LISINOPRIL TAB 40MG	14	LONAPEGSOMATROPIN-TCGD FOR SUBCUTANEOUS INJ CARTRIDGE 2.1 MG ..	135	LOSARTAN POTASSIUM TAB 25MG	13
LITFULO CAP 50MG	75	LONAPEGSOMATROPIN-TCGD FOR SUBCUTANEOUS INJ CARTRIDGE 2.5 MG ..	135	LOSARTAN POTASSIUM TAB 50MG	13
LITHIUM CARB CAP 150MG	183	LONAPEGSOMATROPIN-TCGD FOR SUBCUTANEOUS INJ CARTRIDGE 3.6 MG ..	135	LOSARTAN POTASSIUM TAB 100MG	13
LITHIUM CARB CAP 300MG	183	LONAPEGSOMATROPIN-TCGD FOR SUBCUTANEOUS INJ CARTRIDGE 3.6 MG ..	135	LOTEMAX OIN 0.5%	190
LITHIUM CARB CAP 600MG	183	LONAPEGSOMATROPIN-TCGD FOR SUBCUTANEOUS INJ CARTRIDGE 3 MG	135	LOTEMAX SM GEL 0.38%	190
LITHIUM CARBONATE CAP 150 MG	183	LONAPEGSOMATROPIN-TCGD FOR SUBCUTANEOUS INJ CARTRIDGE 4.3 MG ..	135	LOTENSIN HCT TAB 10-12.5	66
LITHIUM CARBONATE CAP 300 MG	183	LONAPEGSOMATROPIN-TCGD FOR SUBCUTANEOUS INJ CARTRIDGE 5.2 MG ..	135	LOTENSIN HCT TAB 20-12.5	66
LITHIUM CARBONATE CAP 600 MG	183	LONAPEGSOMATROPIN-TCGD FOR SUBCUTANEOUS INJ CARTRIDGE 6.3 MG ..	135	LOTENSIN HCT TAB 20-25MG	66
LITHIUM CARBONATE TAB 300 MG	183	LONAPEGSOMATROPIN-TCGD FOR SUBCUTANEOUS INJ CARTRIDGE 7.6 MG ..	135	LOTENSIN TAB 10MG	14
LITHIUM CARBONATE TAB ER 300 MG	183	LONAPEGSOMATROPIN-TCGD FOR SUBCUTANEOUS INJ CARTRIDGE 9.1 MG ..	135	LOTENSIN TAB 20MG	14
LITHIUM CARBONATE TAB ER 300 MG	183	LONAPEGSOMATROPIN-TCGD FOR SUBCUTANEOUS INJ CARTRIDGE 11 MG ..	135	LOTENSIN TAB 40MG	14
LITHIUM CARBONATE TAB ER 450 MG	183	LOPID TAB 600MG	89	LOTEPREDNOL ETABONATE OPHTH GEL 0.38%	190
LITHIUM CARB TAB 300MG	183	LOPINAVIR-RITONAVIR SOLN 400-100 MG/5ML (80-20 MG/ML)	19	LOTEPREDNOL ETABONATE OPHTH OINT 0.5%	190
LITHIUM CARB TAB 300MG ER	183	LOPINAVIR-RITONAVIR SOLN 400-100 MG/5ML (80-20 MG/ML)	20	LOTEPREDNOL ETABONATE OPHTH SUSP 0.2%	189
LITHIUM CARB TAB 450MG ER	183	LOPINAVIR-RITONAVIR TAB 100-25 MG ..	20	LOTEPREDNOL ETABONATE OPHTH SUSP 0.2%	190
LITHIUM ORAL SOLUTION 8 MEQ/5ML	183	LOPINAVIR-RITONAVIR TAB 100-25 MG ..	20	LOTEPREDNOL ETABONATE OPHTH SUSP 0.5%	190
LITHIUM SOL 8MEQ/5ML	183	LOPINAVIR-RITONAVIR TAB 200-50 MG ..	20	LOTEPREDNOL ETABONATE OPHTH SUSP 1%	190
LITHOBID TAB 300MG	183	LOPINAVIR-RITONAVIR TAB 200-50 MG ..	20	LOTEPREDNOL ETABONATE- TOBRAMYCIN OPHTH SUSP 0.5-0.3%	190
LITHOSTAT TAB 250MG	119	LOPIN/RITON SOL 80-20/ML	20	LOTEPREDNOL ETABONATE- TOBRAMYCIN OPHTH SUSP 0.5-0.3%	191
LIVDELZI CAP 10MG	115	LOPIN/RITON TAB 100-25MG	20	LOTEPREDNOL SUS 0.2%	190
LIVMARLI TAB 10MG	115	LOPIN/RITON TAB 100-25MG	20	LOTEPREDNOL SUS 0.5%	190
LIVMARLI TAB 15MG	115	LOPIN/RITON TAB 200-50MG	20	LOTEPR/TOBRA SUS 0.5-0.3%	190
LIVMARLI TAB 20MG	115	LORAZEPAM CON 2MG/ML	52	LOTILANER OPHTH SOLN 0.25%	191
LIVMARLI TAB 30MG	115	LORAZEPAM CONC 2 MG/ML	52	LOVASTATIN (BULK) POWDER	165
LIVTENCITY TAB 200MG	15	LORAZEPAM TAB 0.5 MG	52	LOVASTATIN POW	165
L-LYSINE HCL TAB 500MG	165	LORAZEPAM TAB 0.5MG	52		
L-LYSINE TAB 500MG	95				
LMD POW	231				
LODOCO TAB 0.5MG	64				
LODOXAMIDE TROMETHAMINE OPHTH SOLN 0.1%	189				
LOJAIMIESS TAB	108				
LOKELMA PAK 5GM	99				
LOKELMA PAK 10GM	99				
LO LOESTRIN TAB 1-10-10	108				

LOVASTATIN TAB 10MG	90	LURASIDONE TAB 60MG	7	MAGNESIUM POW BISGLYCI	166
LOVASTATIN TAB 20 MG	90	LURASIDONE TAB 80MG	7	MAGNESIUM POW GLYCINAT	166
LOVASTATIN TAB 20MG	90	LURASIDONE TAB 120MG	7	MALARONE TAB 62.5-25	43
LOVASTATIN TAB 40 MG	90	LURBIPR TAB 100MG	187	MALARONE TAB 250-100	43
LOVASTATIN TAB 40MG	90	LURBIRO TAB 100MG	187	MALATHION LOT 0.5%	201
LOVO-ODF LIQ CUSTOM	165	LUSUTROMBOPAG TAB 3 MG	57	MALATHION LOTION 0.5%	201
LOW-OGESTREL TAB	108	LUTERA TAB	108	MALATHION LOTION 0.5%	201
LOXAPINE AEROSOL POWDER BREATH		LYLEQ TAB 0.35MG	203	MALTOCARB POW	231
ACTIVATED 10 MG	6	LYLLANA DIS 0.1MG	108	MARALIXIBAT CHLORIDE TAB 10 MG	115
LOXAPINE CAP 5MG	6	LYLLANA DIS 0.05MG	108	MARALIXIBAT CHLORIDE TAB 15 MG	115
LOXAPINE CAP 10MG	6	LYLLANA DIS 0.025MG	108	MARALIXIBAT CHLORIDE TAB 20 MG	115
LOXAPINE CAP 25MG	6	LYLLANA DIS 0.075MG	108	MARALIXIBAT CHLORIDE TAB 30 MG	115
LOXAPINE CAP 50MG	6	LYLLANA DIS 0.0375MG	108	MARAVIROC ORAL SOLN 20 MG/ML	19
LOXAPINE SUCCINATE CAP 5 MG	6	LYNPARZA TAB 100MG	180	MARAVIROC TAB 150 MG	19
LOXAPINE SUCCINATE CAP 10 MG	6	LYNPARZA TAB 150MG	180	MARAVIROC TAB 150 MG	19
LOXAPINE SUCCINATE CAP 25 MG	6	LYRICA SOL 20MG/ML	113	MARAVIROC TAB 150MG	19
LOXAPINE SUCCINATE CAP 50 MG	6	LYSINE HCL TAB 500 MG	165	MARAVIROC TAB 300 MG	19
L-TYROSINE CAP 500MG	95	LYSINE HCL TAB 500 MG	172	MARAVIROC TAB 300 MG	19
L-TYROSINE CAP 500MG	95	LYSINE HCL TAB 1000 MG	166	MARAVIROC TAB 300MG	19
LUBIPROSTONE CAP 8 MCG	146	LYSINE HCL TAB 1000 MG	172	MARIBAVIR TAB 200 MG	15
LUBIPROSTONE CAP 8MCG	146	LYSINE TAB 500 MG	95	MARLISSA TAB 0.15/30	108
LUBIPROSTONE CAP 24 MCG	146	LYSINE TAB 1000MG	166	MARPLAN TAB 10MG	182
LUBIPROSTONE CAP 24MCG	146	LYSODREN TAB 500MG	138	MARSTACIMAB-HNCQ SUBCUTANEOUS	
LUBRAJEL NP GEL	165	LYTGOBI TAB 4MG	100	SOLN AUTO-INJ 150 MG/ML	126
LUGOLS SOL	166	LYTGOBI TAB 4MG	100	MASK VORTEX/ MIS FROG	166
LUGOLS SOL IODINE	24	LYTGOBI TAB 4MG	100	MASK VORTEX/ MIS LADY BUG	166
LUIZZA 1/20 TAB	108	LYUMJEV INJ 100UT/ML	145	MATRONEX TAB	231
LUIZZA TAB 1.5/30	108	LYUMJEV KWPN INJ 100UT/ML	145	MATULANE CAP 50MG	10
LUMACAFOR-IVACAFOR GRANULES		LYUMJEV KWPN INJ 200UT/ML	146	MATZIM LA TAB 180MG/24	61
PACKET 75-94 MG	70	LYZA TAB 0.35MG	203	MATZIM LA TAB 240MG/24	61
LUMACAFOR-IVACAFOR GRANULES		MACITENTAN TAB 10 MG	205	MATZIM LA TAB 300MG/24	61
PACKET 100-125 MG	70	MACROBID CAP 100MG	24	MATZIM LA TAB 360MG/24	61
LUMACAFOR-IVACAFOR GRANULES		MACRODANTIN CAP 25MG	24	MATZIM LA TAB 420MG/24	61
PACKET 150-188 MG	70	MACRODANTIN CAP 50MG	24	MAVACAMTEN CAP 2.5 MG	63
LUMACAFOR-IVACAFOR TAB 100-125 MG	70	MACRODANTIN CAP 100MG	24	MAVACAMTEN CAP 5 MG	64
LUMACAFOR-IVACAFOR TAB 200-125 MG	70	MAFENIDE ACE PAK 5%	24	MAVACAMTEN CAP 10 MG	63
LUMAKRAS TAB 120MG	41	MAFENIDE ACETATE CREAM 85 MG/GM	25	MAVACAMTEN CAP 15 MG	63
LUMAKRAS TAB 240MG	41	MAFENIDE ACETATE PACKET FOR		MAVENCLAD PAK 10MG(4)	183
LUMAKRAS TAB 320MG	41	TOPICAL SOLN 5% (50 GM)	24	MAVENCLAD PAK 10MG(5)	183
LUMATEPERONE TOSYLATE CAP 10.5 MG	7	MAG CITRATE SOL CHERRY	148	MAVENCLAD PAK 10MG(6)	184
LUMATEPERONE TOSYLATE CAP 21 MG	7	MAG CITRATE SOL GRAPE	148	MAVENCLAD PAK 10MG(7)	184
LUMATEPERONE TOSYLATE CAP 42 MG	7	MAG CITRATE SOL LEMON	148	MAVENCLAD PAK 10MG(8)	184
LUMIGAN SOL 0.01% OP	193	MAGNESIUM CAP 100 MG	95	MAVENCLAD PAK 10MG(9)	184
LUMRYZ PAK 6GM	213	MAGNESIUM CITRATE SOLN	147	MAVENCLAD PAK 10MG(10)	183
LUMRYZ PAK 7.5GM	213	MAGNESIUM CITRATE SOLN	148	MAVORIXAFOR CAP 100 MG	57
LUMRYZ PAK 9GM	213	MAGNESIUM CITRATE SOLN	148	MAVYRET PAK 50-20MG	16
LUMRYZ PAK STARTER	213	MAGNESIUM CITRATE SOLN	148	MAVYRET TAB 100-40MG	16
LUMRYZ PKG 4.5GM	213	MAGNESIUM CITRATE SOLN	148	MAXICOMFORT MIS 27GX1/2	166
LURASIDONE HCL TAB 20 MG	7	MAGNESIUM CITRATE SOLN	148	MAXICOMFORT MIS 27GX1/2"	166
LURASIDONE HCL TAB 40 MG	7	MAGNESIUM CITRATE SOLN	148	MAXICOMFORT MIS 31GX1/4"	166
LURASIDONE HCL TAB 60 MG	7	MAGNESIUM GLYCINATE (BULK) POWDER	166	MAXIDEX SUS 0.1% OP	190
LURASIDONE HCL TAB 80 MG	7	MAGNESIUM GLYCINATE (BULK) POWDER	166	MAXITROL OIN 0.1% OP	190
LURASIDONE HCL TAB 120 MG	7	MAGNESIUM HYDROXIDE SUSP 400		MAXITROL SUS 0.1% OP	190
LURASIDONE TAB 20MG	7	MG/5ML	115	MAXI-TUSS AC SOL	209
LURASIDONE TAB 40MG	7	MAGNESIUM PL CAP 200MG	95	MAXPRO-18G LIQ	166



MAXZIDE-25 TAB.....	66	MEDROXYPROGESTERONE ACETATE TAB		MENEST TAB 0.625MG	108
MAXZIDE TAB 75-50	66	10 MG	204	MENEST TAB 1.25MG	108
MAYZENT PAK STARTER.....	184	MEFENAM ACID CAP 250MG.....	187	MENEST TAB 2.5MG	108
MAYZENT PAK STARTER.....	184	MEFENAMIC ACID CAP 250 MG.....	187	MENINGOCOCCAL ACWY (OLIGO	
MAYZENT TAB 0.25MG	184	MEFLOQUINE HCL TAB 250 MG.....	43	CONJ)-MENING B (RCMB) VACC FOR INJ ..	226
MAYZENT TAB 1MG.....	184	MEFLOQUINE TAB 250MG	43	MENINGOCOCCAL (A, C, Y, AND W-135)	
MAYZENT TAB 2MG.....	185	MEGESTROL ACETATE SUSP 40 MG/ML....	203	OLIGO CONJ VAC FOR INJ.....	226
MCT PRO-CAL PAK.....	95	MEGESTROL ACETATE SUSP 625 MG/5ML ..	203	MENINGOCOCCAL (A, C, Y, AND W-135)	
MEASLES-MUMPS-RUBELLA-VARICELLA		MEGESTROL ACETATE TAB 20 MG.....	203	OLIGO CONJ VAC IM SOLN	226
VIRUS VACCINES FOR SUSP	227	MEGESTROL ACETATE TAB 40 MG	203	MENINGOCOCCAL (A, C, Y, AND W-135)	
MEASLES-MUMPS-RUBELLA VIRUS		MEGESTROL AC SUS 40MG/ML.....	203	TETANUS CONJUGATE VACCINE	226
VACCINES FOR INJ SOLN.....	226	MEGESTROL AC TAB 20MG	203	MENINGOCOCCAL ACYW (TET CONJ)-	
MEASLES-MUMPS-RUBELLA VIRUS		MEGESTROL AC TAB 40MG	203	MENING B (RCMB) VACC FOR INJ	226
VACCINES FOR SUBCUTANEOUS SUSP	226	MEGESTROL SUS 625MG/5M	203	MENINGOCOCCAL GROUP B VAC	
MEBENDAZOLE CHEW TAB 100 MG	15	MEKINIST SOL 0.05/ML	180	(RECOMB) IM SUSP PREFILLED SYR	227
MECAMYLAMINE HCL TAB 2.5 MG	67	MEKINIST TAB 0.5MG.....	180	MENINGOCOCCAL VAC B (RECOMB OMV	
MECASERMIN INJ 40 MG/4ML (10 MG/		MEKINIST TAB 2MG.....	180	ADJUV) INJ PREFILLED SYRINGE	225
ML)	134	MELATOL PEDI LIQ 1MG/ML.....	166	MENOSTAR DIS 14MCG	109
MECHLORETHAMINE HCL GEL 0.016%		MELATONIN LIQUID 1 MG/ML.....	166	MENQUADFI INJ.....	226
(BASE EQUIVALENT).....	10	MELEYA TAB 0.35MG.....	203	MENVEO INJ.....	226
MECLOFENAMATE SODIUM CAP 50 MG....	187	MELOXICAM SUS 7.5/5ML	187	MENVEO SOL	226
MECLOFENAMATE SODIUM CAP 100 MG ..	187	MELOXICAM SUSP 7.5 MG/5ML	187	MEPERIDINE HCL ORAL SOLN 50 MG/5ML	197
MECLOFEN SOD CAP 50MG.....	187	MELOXICAM TAB 7.5 MG	187	MEPERIDINE HCL TAB 50 MG	197
MECLOFEN SOD CAP 100MG.....	187	MELOXICAM TAB 7.5MG.....	187	MEPERIDINE SOL 50MG/5ML.....	197
MEDISENSE LIQ GLUC-KET	83	MELOXICAM TAB 15 MG.....	187	MEPERIDINE TAB 50MG	197
MEDROL TAB 2MG.....	132	MELOXICAM TAB 15MG	187	MEPOLIZUMAB SUBCUTANEOUS	
MEDROL TAB 4MG	132	MELPHALAN HCL FOR INTRA-ARTERIAL		SOLUTION AUTO-INJECTOR 100 MG/ML....	20
MEDROL TAB 4MG	132	SOLN 50 MG (BASE EQUIV).....	10	MEPOLIZUMAB SUBCUTANEOUS	
MEDROL TAB 8MG	132	MELPHALAN HCL FOR INTRA-ARTERIAL		SOLUTION PREF SYRINGE 40 MG/0.4ML....	20
MEDROL TAB 16MG	132	SOLN 50 MG (BASE EQUIV).....	10	MEPOLIZUMAB SUBCUTANEOUS	
MEDROXYPR AC INJ 150MG/ML	203	MELPHALAN TAB 2 MG.....	10	SOLUTION PREF SYRINGE 100 MG/ML	20
MEDROXYPR AC INJ 150MG/ML	203	MELPHALAN TAB 2MG	10	MEPROBAMATE TAB 200 MG	46
MEDROXYPR AC TAB 2.5MG	203	MEMANTINE HC CAP 7MG ER	185	MEPROBAMATE TAB 200MG	46
MEDROXYPR AC TAB 5MG	203	MEMANTINE HC CAP 14MG ER.....	185	MEPROBAMATE TAB 400 MG.....	46
MEDROXYPR AC TAB 10MG.....	203	MEMANTINE HC CAP 21MG ER.....	185	MEPROBAMATE TAB 400MG	46
MEDROXYPROGESTERONE ACETATE IM		MEMANTINE HC CAP 28MG ER.....	185	MERCAPTOPURINE (BULK) POWDER	166
SUSP 150 MG/ML	202	MEMANTINE HCL CAP ER 24HR 7 MG	185	MERCAPTOPURINE MONOHYDRATE	
MEDROXYPROGESTERONE ACETATE IM		MEMANTINE HCL CAP ER 24HR 14 MG	185	(BULK) POWDER	166
SUSP 150 MG/ML	203	MEMANTINE HCL CAP ER 24HR 21 MG	185	MERCAPTOPURINE MONOHYDRATE	
MEDROXYPROGESTERONE ACETATE IM		MEMANTINE HCL CAP ER 24HR 28 MG	185	(BULK) POWDER	166
SUSP PREFILLED SYR 150 MG/ML	203	MEMANTINE HCL ORAL SOLUTION 2		MERCAPTOPURINE SUSP 2000	
MEDROXYPROGESTERONE ACETATE IM		MG/ML.....	185	MG/100ML (20 MG/ML).....	39
SUSP PREFILLED SYR 150 MG/ML	203	MEMANTINE HCL ORAL SOLUTION 2		MERCAPTOPURINE SUSP 2000	
MEDROXYPROGESTERONE ACETATE		MG/ML.....	185	MG/100ML (20 MG/ML).....	39
SUSP PREF SYR 104 MG/0.65ML	203	MEMANTINE HCL TAB 5 MG.....	185	MERCAPTOPURINE TAB 50 MG	39
MEDROXYPROGESTERONE ACETATE TAB		MEMANTINE HCL TAB 10 MG.....	185	MERCAPTOPURI POW.....	166
2.5 MG	203	MEMANTINE HCL TAB 28 X 5 MG & 21 X 10		MERCAPTOPURI POW.....	166
MEDROXYPROGESTERONE ACETATE TAB		MG TITRATION PACK	185	MERCAPTOPURI POW MONOHYDR	166
2.5 MG	204	MEMANTINE HC SOL 2MG/ML.....	185	MERCAPTOPURI SUS 20MG/ML	39
MEDROXYPROGESTERONE ACETATE TAB		MEMANTINE SOL 2MG/ML.....	185	MERCAPTOPUR TAB 50MG	39
5 MG	203	MEMANTINE TAB HCL 5MG	185	MESALAMINE CAP 400MG DR.....	11
MEDROXYPROGESTERONE ACETATE TAB		MEMANTINE TAB HCL 10MG	185	MESALAMINE CAP DR 400 MG.....	11
5 MG	204	MEMANT TITRA PAK 5-10MG.....	185	MESALAMINE CAP ER 24HR 0.375 GM.....	11
MEDROXYPROGESTERONE ACETATE TAB		ME/NAPHOS/MB TAB HYO 1.....	119	MESALAMINE ENE 4GM.....	11
10 MG	203	MENEST TAB 0.3MG.....	108	MESALAMINE ENEMA 4 GM.....	11
				MESALAMINE KIT 4GM	11

*MESALAMINE RECTAL ENEMA 4 GM & CLEANSER WIPE KIT**	11	METHAZOLAMID TAB 50MG	192	METHOTREXATE SODIUM INJ PF 1000 MG/40ML (25 MG/ML)	140
MESALAMINE SUP 1000MG	11	METHENAM HIP TAB 1GM	24	METHOTREXATE SODIUM INJ PF 1000 MG/40ML (25 MG/ML)	141
MESALAMINE SUPPOS 1000 MG	11	METHENAMINE HIPPURATE TAB 1 GM	24	METHOTREXATE SODIUM TAB 2.5 MG (BASE EQUIV)	141
MESALAMINE TAB 1.2GM	11	METHENAMINE HIPPURATE TAB 1 GM	24	METHOTREXATE SODIUM TAB 5 MG (BASE EQUIV)	143
MESALAMINE TAB DELAYED RELEASE 1.2 GM	11	*METHENAMINE-HYOSCAMINE-METH BLUE-SOD PHOS TAB 81.6 MG***	119	METHOTREXATE SODIUM TAB 7.5 MG (BASE EQUIV)	143
MESNA TAB 400 MG	223	*METHENAMINE-HYOSCAMINE-METH BLUE-SOD PHOS TAB 81.6 MG***	120	METHOTREXATE SODIUM TAB 10 MG (BASE EQUIV)	143
MESNA TAB 400 MG	223	*METHENAMINE-HYOSC-METH BLUE-SOD PHOS-PHEN SAL TAB 81 MG***	120	METHOTREXATE SODIUM TAB 15 MG (BASE EQUIV)	143
MESNA TAB 400MG	223	*METHENAMINE-HYOSC-METH BLUE-SOD PHOS-PHEN SAL TAB 81 MG***	120	METHOTREXATE SOLN PF AUTO-INJECTOR 7.5 MG/0.15ML	142
MESNEX TAB 400MG	223	*METHENAMINE-HYOS-METH BLUE-SOD PHOS-PHEN SAL TAB 81.6 MG***	120	METHOTREXATE SOLN PF AUTO-INJECTOR 10 MG/0.2ML	142
MESTINON SOL 60MG/5ML	200	METHENAMINE MANDELATE TAB 0.5 GM	24	METHOTREXATE SOLN PF AUTO-INJECTOR 12.5 MG/0.25ML	142
METAXALONE TAB 400 MG	212	METHENAMINE MANDELATE TAB 1 GM	24	METHOTREXATE SOLN PF AUTO-INJECTOR 15 MG/0.3ML	142
METAXALONE TAB 400MG	212	METHENAM MAN TAB 500MG	24	METHOTREXATE SOLN PF AUTO-INJECTOR 17.5 MG/0.35ML	142
METAXALONE TAB 800 MG	212	METHENAM MAN TAB 1000MG	24	METHOTREXATE SOLN PF AUTO-INJECTOR 20 MG/0.4ML	142
METAXALONE TAB 800MG	212	METHERGINE TAB 0.2MG	166	METHOTREXATE SOLN PF AUTO-INJECTOR 22.5 MG/0.45ML	142
METFORMIN HCL ORAL SOLN 500 MG/5ML	31	METHIMAZOLE TAB 5 MG	45	METHOTREXATE SOLN PF AUTO-INJECTOR 25 MG/0.5ML	142
METFORMIN HCL TAB 500 MG	32	METHIMAZOLE TAB 5MG	45	METHOTREXATE SOLN PF AUTO-INJECTOR 30 MG/0.6ML	142
METFORMIN HCL TAB 850 MG	32	METHIMAZOLE TAB 10 MG	45	METHOTREXATE TAB 2.5MG	141
METFORMIN HCL TAB 1000 MG	32	METHIMAZOLE TAB 10MG	45	METHOXSALEN CAP 10MG	75
METFORMIN HCL TAB ER 24HR 500 MG	32	METHIMAZOLE TAB 10MG	45	METHOXSALEN RAPID CAP 10 MG	75
METFORMIN HCL TAB ER 24HR 750 MG	32	METHIONINE CAP 200MG	231	METHSCOPOLAMINE BROMIDE TAB 2.5 MG	44
METFORMIN SOL 500/5ML	31	METHIONINE ORAL PACKET 100 MG	166	METHSCOPOLAMINE BROMIDE TAB 5 MG	44
METFORMIN TAB 500MG	32	METHIONINE POW	166	METHSCOPOLAM TAB 2.5MG	44
METFORMIN TAB 500MG ER	32	METHITEST TAB 10MG	12	METHSCOPOLAM TAB 5MG	44
METFORMIN TAB 750MG ER	32	METHOCARBAMOL TAB 500 MG	212	METHSUXIMIDE CAP 300 MG	63
METFORMIN TAB 850MG	32	METHOCARBAMOL TAB 750 MG	212	METHSUXIMIDE CAP 300 MG	63
METFORMIN TAB 1000MG	32	METHOCARBAMOL TAB 1000 MG	212	METHYLDOPA TAB 250 MG	10
METHADONE CON 10MG/ML	194	METHOCARBAM TAB 500MG	212	METHYLDOPA TAB 250MG	10
METHADONE HCL CONC 10 MG/ML	194	METHOCARBAM TAB 750MG	212	METHYLDOPA TAB 500 MG	10
METHADONE HCL CONC 10 MG/ML	195	METHOTREXATE INJ 1GM	140	METHYLDOPA TAB 500MG	10
METHADONE HCL CONC 10 MG/ML	195	METHOTREXATE INJ 1GM/40ML	140	METHYLERGONOVINE MALEATE TAB 0.2 MG	166
METHADONE HCL SOLN 5 MG/5ML	194	METHOTREXATE INJ 25MG/ML	141	METHYLERGONOVINE MALEATE TAB 0.2 MG	166
METHADONE HCL SOLN 10 MG/5ML	194	METHOTREXATE INJ 25MG/ML	141	METHYLERGON TAB 0.2MG	166
METHADONE HCL TAB 5 MG	195	METHOTREXATE INJ 25MG/ML	141	METHYLNALTREXONE BROMIDE INJ 12 MG/0.6ML (20 MG/ML)	115
METHADONE HCL TAB 10 MG	195	METHOTREXATE INJ 50MG/2ML	141	METHYLNALTREXONE BROMIDE SOLN PREF SYR 8 MG/0.4ML	116
METHADONE HCL TAB FOR ORAL SUSP 40 MG	194	METHOTREXATE INJ 50MG/2ML	141		
METHADONE HCL TAB FOR ORAL SUSP 40 MG	195	METHOTREXATE INJ 50MG/2ML	141		
METHADONE HCL TAB FOR ORAL SUSP 40 MG	195	METHOTREXATE INJ 250/10ML	140		
METHADONE SOL 5MG/5ML	194	METHOTREXATE ORAL SOLN 2.5 MG/ML	143		
METHADONE SOL 10MG/5ML	194	METHOTREXATE ORAL SOLN 2 MG/ML	140		
METHADONE TAB 5MG	195	METHOTREXATE POW	166		
METHADONE TAB 10MG	195	METHOTREXATE POWDER	166		
METHADONE TAB 40MG	195	METHOTREXATE SODIUM FOR INJ 1 GM	140		
METHADOSE CON 10MG/ML	195	METHOTREXATE SODIUM INJ 50 MG/2ML (25 MG/ML)	141		
METHADOSE SF CON 10MG/ML	195	METHOTREXATE SODIUM INJ 50 MG/2ML (25 MG/ML)	141		
METHADOSE TAB 40MG	195	METHOTREXATE SODIUM INJ 250 MG/10ML (25 MG/ML)	141		
METHAMPHETAMINE HCL TAB 5 MG	48	METHOTREXATE SODIUM INJ PF 50 MG/2ML (25 MG/ML)	141		
METHAMPHETAM TAB 5MG	48	METHOTREXATE SODIUM INJ PF 250 MG/10ML (25 MG/ML)	140		
METHAZOLAMIDE TAB 25 MG	192				
METHAZOLAMIDE TAB 50 MG	192				
METHAZOLAMID TAB 25MG	192				

METHYLNALTREXONE BROMIDE SOLN PREF SYR 12 MG/0.6ML	116	METHYLPHENID CAP 30MG CD	49	METOCLOPRAMIDE HCL TAB 10 MG (BASE EQUIVALENT).....	34
METHYLPHENIDATE HCL CAP DELAYED ER 24HR 20 MG (PM)	49	METHYLPHENID CAP 30MG LA	49	METOCLOPRAM SOL 5MG/5ML.....	34
METHYLPHENIDATE HCL CAP DELAYED ER 24HR 40 MG (PM)	49	METHYLPHENID CAP 40MG CD	49	METOCLOPRAM SOL 10/10ML	34
METHYLPHENIDATE HCL CAP DELAYED ER 24HR 60 MG (PM)	49	METHYLPHENID CAP 40MG LA	49	METOCLOPRAM TAB 5MG.....	34
METHYLPHENIDATE HCL CAP DELAYED ER 24HR 80 MG (PM)	49	METHYLPHENID CAP 50MG CD	49	METOCLOPRAM TAB 10MG	34
METHYLPHENIDATE HCL CAP DELAYED ER 24HR 100 MG (PM)	49	METHYLPHENID CAP 60MG CD	49	METOLAZONE TAB 2.5 MG	87
METHYLPHENIDATE HCL CAP ER 10 MG (CD).....	49	METHYLPHENID CAP 60MG LA	49	METOLAZONE TAB 2.5MG.....	87
METHYLPHENIDATE HCL CAP ER 20 MG (CD).....	49	METHYLPHENID CHW 2.5MG.....	49	METOLAZONE TAB 5 MG	87
METHYLPHENIDATE HCL CAP ER 24HR 10 MG (LA).....	49	METHYLPHENID CHW 5MG	49	METOLAZONE TAB 5MG.....	87
METHYLPHENIDATE HCL CAP ER 24HR 20 MG (LA).....	49	METHYLPHENID CHW 10MG	49	METOLAZONE TAB 10 MG	87
METHYLPHENIDATE HCL CAP ER 24HR 30 MG (LA).....	49	METHYLPHENID SOL 5MG/5ML	49	METOLAZONE TAB 10MG	87
METHYLPHENIDATE HCL CAP ER 24HR 40 MG (LA).....	49	METHYLPHENID SOL 10MG/5ML	49	METOPIRONE CAP 250MG	166
METHYLPHENIDATE HCL CAP ER 24HR 60 MG (LA).....	49	METHYLPHENID TAB 5MG	50	METOPRL/HCTZ TAB 50-25MG	66
METHYLPHENIDATE HCL CAP ER 30 MG (CD).....	49	METHYLPHENID TAB 10MG	49	METOPRL/HCTZ TAB 100-25MG	66
METHYLPHENIDATE HCL CAP ER 40 MG (CD).....	49	METHYLPHENID TAB 10MG ER	49	METOPRL/HCTZ TAB 100-50MG	66
METHYLPHENIDATE HCL CAP ER 50 MG (CD).....	49	METHYLPHENID TAB 18MG OSM.....	50	METOPROLOL & HYDROCHLOROTHIAZIDE TAB 50-25 MG ..	66
METHYLPHENIDATE HCL CAP ER 60 MG (CD).....	49	METHYLPHENID TAB 20MG	50	METOPROLOL & HYDROCHLOROTHIAZIDE TAB 100-25 MG ..	66
METHYLPHENIDATE HCL CHEW TAB 2.5 MG	49	METHYLPHENID TAB 20MG ER.....	50	METOPROLOL & HYDROCHLOROTHIAZIDE TAB 100-50 MG ..	66
METHYLPHENIDATE HCL CHEW TAB 5 MG ..	49	METHYLPHENID TAB 27MG OSM.....	50	METOPROLOL SUCC CAP ER 24HR SPRINKLE 25 MG (TARTRATE EQUIV)	52
METHYLPHENIDATE HCL CHEW TAB 10 MG ..	49	METHYLPHENID TAB 36MG OSM.....	50	METOPROLOL SUCC CAP ER 24HR SPRINKLE 50 MG (TARTRATE EQUIV).....	52
METHYLPHENIDATE HCL SOLN 5 MG/5ML ..	49	METHYLPHENID TAB 54MG OSM.....	50	METOPROLOL SUCC CAP ER 24HR SPRINKLE 100 MG (TARTRATE EQUIV).....	52
METHYLPHENIDATE HCL SOLN 10 MG/5ML	49	METHYLPREDNISOLONE ACETATE POWDER	166	METOPROLOL SUCC CAP ER 24HR SPRINKLE 200 MG (TARTRATE EQUIV)	52
METHYLPHENIDATE HCL TAB 5 MG	50	METHYLPREDNISOLONE TAB 2 MG	132	METOPROLOL SUCCINATE TAB ER 24HR 25 MG (TARTRATE EQUIV)	53
METHYLPHENIDATE HCL TAB 10 MG	49	METHYLPREDNISOLONE TAB 4 MG	132	METOPROLOL SUCCINATE TAB ER 24HR 50 MG (TARTRATE EQUIV)	53
METHYLPHENIDATE HCL TAB 20 MG.....	50	METHYLPREDNISOLONE TAB 4 MG	132	METOPROLOL SUCCINATE TAB ER 24HR 100 MG (TARTRATE EQUIV).....	52
METHYLPHENIDATE HCL TAB ER 10 MG	49	METHYLPREDNISOLONE TAB 8 MG	132	METOPROLOL SUCCINATE TAB ER 24HR 200 MG (TARTRATE EQUIV).....	53
METHYLPHENIDATE HCL TAB ER 20 MG	50	METHYLPREDNISOLONE TAB 8 MG	132	METOPROLOL TARTRATE TAB 25 MG.....	53
METHYLPHENIDATE HCL TAB ER OSMOTIC RELEASE (OSM) 18 MG.....	50	METHYLPREDNISOLONE TAB 16 MG	132	METOPROLOL TARTRATE TAB 50 MG	53
METHYLPHENIDATE HCL TAB ER OSMOTIC RELEASE (OSM) 27 MG.....	50	METHYLPREDNISOLONE TAB 16 MG	132	METOPROLOL TARTRATE TAB 100 MG	53
METHYLPHENIDATE HCL TAB ER OSMOTIC RELEASE (OSM) 36 MG.....	50	METHYLPREDNISOLONE TAB 32 MG	132	METOPROL SUC TAB 25MG ER	53
METHYLPHENIDATE HCL TAB ER OSMOTIC RELEASE (OSM) 54 MG.....	50	METHYLPREDNISOLONE TAB THERAPY PACK 4 MG (21)	132	METOPROL SUC TAB 50MG ER.....	53
METHYLPHENID CAP 10MG CD	49	METHYLPREDNISOLONE TAB THERAPY PACK 4 MG (21)	132	METOPROL SUC TAB 100MG ER.....	52
METHYLPHENID CAP 10MG LA	49	METHYLPRED POW ACETATE	166	METOPROL SUC TAB 200MG ER.....	53
METHYLPHENID CAP 20MG CD	49	METHYLPRED TAB 4MG	132	METOPROL TAR TAB 25MG	53
METHYLPHENID CAP 20MG LA	49	METHYLPRED TAB 4MG	132	METOPROL TAR TAB 50MG.....	53
		METHYLPRED TAB 8MG	132	METOPROL TAR TAB 100MG.....	53
		METHYLPRED TAB 16MG	132	METRELEPTIN FOR SUBCUTANEOUS INJ 11.3 MG	115
		METHYLPRED TAB 32MG	132	METROCREAM CRE 0.75%.....	25
		METHYL SALIC LIQ	75	METROLOTION LOT 0.75%	25
		*METHYL SALICYLATE LIQUID**	75	METRONIDAZOL CAP 375MG	25
		METHYLTESTOS CAP 10MG	12	METRONIDAZOL CRE 0.75%	25
		METHYLTESTOSTERONE CAP 10 MG	12	METRONIDAZOLE CAP 375 MG	25
		METHYLTESTOSTERONE ORAL TAB 10 MG ..	12	METRONIDAZOLE CREAM 0.75%.....	25
		METOCLOPRAMIDE HCL SOLN 5 MG/5ML (10 MG/10ML) (BASE EQUIV)	34		
		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		

METRONIDAZOLE CREAM 0.75%.....	25	MIDODRINE TAB 2.5MG.....	10	MINOCYCLINE HCL TAB ER 24HR 135 MG ..	222
METRONIDAZOLE GEL 0.75%.....	25	MIDODRINE TAB 5MG.....	10	MINOCYCLINE TAB 45MG ER	222
METRONIDAZOLE LOTION 0.75%.....	25	MIDODRINE TAB 10MG	10	MINOCYCLINE TAB 55MG ER	222
METRONIDAZOLE LOTION 0.75%.....	25	MIDOSTAURIN CAP 25 MG	181	MINOCYCLINE TAB 65MG ER	222
METRONIDAZOLE SUSP 500 MG/5ML	24	MIEBO DRO 1.3GM/ML.....	188	MINOCYCLINE TAB 80MG ER	222
METRONIDAZOLE TAB 250 MG.....	25	MIFEPREX TAB 200MG.....	95	MINOCYCLINE TAB 90MG ER	222
METRONIDAZOLE TAB 500 MG	25	MIFEPRISTONE TAB 200 MG.....	95	MINOCYCLINE TAB 105MG ER	222
METRONIDAZOLE VAGINAL GEL 0.75%.....	25	MIFEPRISTONE TAB 200 MG.....	95	MINOCYCLINE TAB 115MG ER	222
METRONIDAZOLE VAGINAL GEL 0.75%.....	26	MIFEPRISTONE TAB 200MG	95	MINOCYCLINE TAB 135MG ER	222
METRONIDAZOL GEL 0.75%.....	25	MIFEPRISTONE TAB 300 MG.....	135	MINOXIDIL TAB 2.5 MG	228
METRONIDAZOL GEL 0.75%VAG	25	MIFEPRISTONE TAB 300MG	135	MINOXIDIL TAB 2.5MG.....	228
METRONIDAZOL LOT 0.75%.....	25	MIGALASTAT HCL CAP 123 MG (BASE		MINOXIDIL TAB 10 MG.....	228
METRONIDAZOL TAB 250MG	25	EQUIVALENT).....	116	MINOXIDIL TAB 10MG	228
METRONIDAZOL TAB 500MG	25	MIGERGOT SUP 2/100	101	MINZOYA TAB 0.1-20	109
METYRAPONE CAP 250 MG	166	MIGLITOL TAB 25 MG	32	MIPLYFFA CAP 47MG	166
METYROSINE CAP 250 MG.....	66	MIGLITOL TAB 25MG	32	MIPLYFFA CAP 62MG	166
METYROSINE CAP 250MG	66	MIGLITOL TAB 50 MG.....	32	MIPLYFFA CAP 93MG	166
MEXILETINE CAP 150MG	22	MIGLITOL TAB 50MG	32	MIPLYFFA CAP 124MG	166
MEXILETINE CAP 200MG.....	22	MIGLITOL TAB 100 MG.....	32	MIRABEGRON TAB 25MG ER	44
MEXILETINE CAP 250MG.....	22	MIGLITOL TAB 100MG	32	MIRABEGRON TAB 50MG ER	44
MEXILETINE HCL CAP 150 MG.....	22	MIGLUSTAT CAP 100 MG	116	MIRABEGRON TAB ER 24 HR 25 MG.....	44
MEXILETINE HCL CAP 200 MG	22	MIGLUSTAT CAP 100MG	116	MIRABEGRON TAB ER 24 HR 50 MG	44
MEXILETINE HCL CAP 250 MG.....	22	MIGLUSTAT (GAA DEFICIENCY) CAP 65		MIRDAMETINIB CAP 1 MG	40
MIACALCIN INJ 200/ML.....	151	MG	117	MIRDAMETINIB CAP 2 MG	40
MIACALCIN INJ 400/2ML	151	MILI TAB 0.25/35	109	MIRDAMETINIB TAB FOR ORAL SUSP 1 MG .	40
MIBELAS 24 CHW FE	109	MILK OF MAGN SUS 1200/15.....	115	MIRIKIZUMAB-MRKZ SUBCUTANEOUS	
MICONAZOLE 3 SUP 200MG	36	MILNACIPRAN HCL TAB 12.5 MG.....	113	AUTO-INJ 100 MG/ML & 200MG/2ML.....	141
MICONAZOLE BUCCAL TAB 50 MG		MILNACIPRAN HCL TAB 12.5 MG (5) & 25		MIRIKIZUMAB-MRKZ SUBCUTANEOUS	
(MOUTH-THROAT)	36	MG (8) & 50 MG (42) PAK.....	113	PREF SYR 100 MG/ML & 200MG/2ML	141
MICONAZOLE NITRATE POWDER.....	166	MILNACIPRAN HCL TAB 25 MG.....	113	MIRIKIZUMAB-MRKZ SUBCUTANEOUS	
MICONAZOLE NITRATE VAGINAL		MILNACIPRAN HCL TAB 50 MG	113	SOLN AUTO-INJECTOR 100 MG/ML	141
SUPPOS 200 MG	36	MILNACIPRAN HCL TAB 100 MG	113	MIRIKIZUMAB-MRKZ SUBCUTANEOUS	
MICONAZOLE POW NITRATE	166	MILTEFOSINE CAP 50 MG.....	43	SOLN AUTO-INJECTOR 200 MG/2ML	141
MICONAZOLE-ZINC OXIDE-WHITE		MIMVEY TAB 1-0.5MG.....	109	MIRIKIZUMAB-MRKZ SUBCUTANEOUS	
PETROLATUM OINT 0.25-15-81.35%.....	36	MINERAL OIL	147	SOL PREFILL SYRINGE 100 MG/ML.....	141
MICONAZOLE-ZINC OXIDE-WHITE		MINERAL OIL HEAVY	147	MIRIKIZUMAB-MRKZ SUBCUTANEOUS	
PETROLATUM OINT 0.25-15-81.35%.....	37	MINI LANCING MIS DEVICE	86	SOL PREFILL SYRINGE 200 MG/2ML	141
MICO-ZN-PETR OIN.....	36	MINIMED 630G MIS TRANSMIT.....	166	MIRTAZAPINE ORALLY DISINTEGRATING	
MICROCHAMBER MIS.....	166	MINIMED INST MIS SENSOR.....	83	TAB 15 MG.....	29
MICROGESTIN TAB 1.5/30	109	MINIPRESS CAP 1MG	11	MIRTAZAPINE ORALLY DISINTEGRATING	
MICROGESTIN TAB 1/20.....	109	MINIPRESS CAP 2MG	11	TAB 30 MG	29
MICROGESTIN TAB FE1.5/30	109	MINIPRESS CAP 5MG	11	MIRTAZAPINE ORALLY DISINTEGRATING	
MICROGESTIN TAB FE 1/20	109	MINOCYCLINE CAP 50MG.....	222	TAB 45 MG	29
MICROLET MIS LANCETS.....	83	MINOCYCLINE CAP 75MG	222	MIRTAZAPINE TAB 7.5 MG.....	29
MICROLET MIS NEXT	86	MINOCYCLINE CAP 100MG.....	222	MIRTAZAPINE TAB 7.5MG	29
MIDAZOLAM (BULK) POWDER.....	166	MINOCYCLINE HCL CAP 50 MG.....	222	MIRTAZAPINE TAB 15 MG	29
MIDAZOLAM HCL SYRUP 2 MG/ML (BASE		MINOCYCLINE HCL CAP 75 MG	222	MIRTAZAPINE TAB 15MG.....	29
EQUIVALENT).....	52	MINOCYCLINE HCL CAP 100 MG	222	MIRTAZAPINE TAB 15MG ODT.....	29
MIDAZOLAM NASAL SPRAY SOLN 5		MINOCYCLINE HCL TAB ER 24HR 45 MG ..	222	MIRTAZAPINE TAB 30 MG.....	29
MG/0.1 ML	29	MINOCYCLINE HCL TAB ER 24HR 55 MG ..	222	MIRTAZAPINE TAB 30MG	29
MIDAZOLAM POW	166	MINOCYCLINE HCL TAB ER 24HR 65 MG ..	222	MIRTAZAPINE TAB 30MG ODT	29
MIDAZOLAM SYP 2MG/ML.....	52	MINOCYCLINE HCL TAB ER 24HR 80 MG ..	222	MIRTAZAPINE TAB 45 MG.....	29
MIDODRINE HCL TAB 2.5 MG	10	MINOCYCLINE HCL TAB ER 24HR 90 MG ..	222	MIRTAZAPINE TAB 45MG	29
MIDODRINE HCL TAB 5 MG	10	MINOCYCLINE HCL TAB ER 24HR 105 MG ..	222	MIRTAZAPINE TAB 45MG ODT	29
MIDODRINE HCL TAB 10 MG	10	MINOCYCLINE HCL TAB ER 24HR 115 MG ..	222	MIRVASO GEL 0.33%.....	75

MISOPROSTOL TAB 100 MCG	204	MOMETASONE FUROATE OINT 0.1%	132	MORPHINE SULFATE ORAL SOLN 10	
MISOPROSTOL TAB 100MCG	204	MOMETASONE FUROATE SOLUTION 0.1%		MG/5ML	198
MISOPROSTOL TAB 200 MCG	204	(LOTION)	133	MORPHINE SULFATE ORAL SOLN 20	
MISOPROSTOL TAB 200 MCG	204	MOMETASONE OIN 0.1%	132	MG/5ML	198
MISOPROSTOL TAB 200MCG	204	MOMETASONE SOL 0.1%	133	MORPHINE SULFATE ORAL SOLN 100	
MITAPIVAT SULFATE TAB 5 MG	128	MOMETASONE SPR 50MCG	20	MG/5ML (20 MG/ML)	197
MITAPIVAT SULFATE TAB 20 MG	128	MONO-LINYAH TAB 0.25-35	109	MORPHINE SULFATE ORAL SOLN 100	
MITAPIVAT SULFATE TAB 50 MG	128	MONOMETHYL FUMARATE CAPSULE		MG/5ML (20 MG/ML)	198
MITAPIVAT SULFATE TAB THERAPY PACK		DELAYED RELEASE 95 MG	184	MORPHINE SULFATE SUPPOS 5 MG	198
5 MG	128	MONSELS FERR SOL SUBSULF	127	MORPHINE SULFATE SUPPOS 10 MG	198
MITAPIVAT SULFATE TAB THERAPY PACK		MONTELUKAST CHW 4MG	38	MORPHINE SULFATE SUPPOS 20 MG	198
7 X 20 MG & 7 X 5 MG	128	MONTELUKAST CHW 5MG	38	MORPHINE SULFATE SUPPOS 30 MG	198
MITAPIVAT SULFATE TAB THERAPY PACK		MONTELUKAST GRA 4MG	38	MORPHINE SULFATE TAB 15 MG	198
7 X 50 MG & 7 X 20 MG	128	MONTELUKAST SODIUM CHEW TAB 4 MG		MORPHINE SULFATE TAB 30 MG	198
MITIGARE CAP 0.6MG	37	(BASE EQUIV)	38	MORPHINE SULFATE TAB ER 15 MG	195
MITOMYCIN (BULK) POWDER	166	MONTELUKAST SODIUM CHEW TAB 5 MG		MORPHINE SULFATE TAB ER 30 MG	195
MITOMYCIN FOR OPHTH SOLN KIT 0.2 MG	190	(BASE EQUIV)	38	MORPHINE SULFATE TAB ER 60 MG	195
MITOMYCIN POW	166	MONTELUKAST SODIUM ORAL		MORPHINE SULFATE TAB ER 100 MG	195
MITOSOL KIT 0.2MG	190	GRANULES PACKET 4 MG (BASE EQUIV) ...	38	MORPHINE SULFATE TAB ER 200 MG	195
MITOTANE TAB 500 MG	138	MONTELUKAST SODIUM ORAL		MORPHINE SUL SOL 10MG/5ML	198
MMA/PA GEL PAK	95	GRANULES PACKET 4 MG (BASE EQUIV) ...	39	MORPHINE SUL SOL 20MG/5ML	198
MM ASPIRIN TAB LOW DOSE	187	MONTELUKAST SODIUM TAB 10 MG		MORPHINE SUL SOL 20MG/ML	198
MM CLEARLAX POW	147	(BASE EQUIV)	38	MORPHINE SUL SOL 100/5ML	197
MM LANCING MIS DEVICE	86	MONTELUKAST TAB 10MG	38	MORPHINE SUL SUP 5MG	198
M-M-R II INJ	226	MORPHINE SUL CAP 10MG ER	195	MORPHINE SUL SUP 10MG	198
MM TWIST MIS LANCETS	83	MORPHINE SUL CAP 20MG ER	195	MORPHINE SUL SUP 20MG	198
M-NATAL PLUS TAB	231	MORPHINE SUL CAP 30MG ER	195	MORPHINE SUL SUP 30MG	198
MNEXSPIKE INJ 2025-26	226	MORPHINE SUL CAP 30MG ER	195	MORPHINE SUL TAB 15MG	198
MOBILE LANCE MIS 30G	83	MORPHINE SUL CAP 45MG ER	195	MORPHINE SUL TAB 15MG ER	195
MODAFINIL TAB 100 MG	213	MORPHINE SUL CAP 50MG ER	195	MORPHINE SUL TAB 30MG	198
MODAFINIL TAB 100MG	213	MORPHINE SUL CAP 60MG ER	195	MORPHINE SUL TAB 30MG ER	195
MODAFINIL TAB 200 MG	213	MORPHINE SUL CAP 60MG ER	195	MORPHINE SUL TAB 60MG ER	195
MODAFINIL TAB 200MG	213	MORPHINE SUL CAP 75MG ER	195	MORPHINE SUL TAB 100MG ER	195
MODEYSO CAP 125MG	166	MORPHINE SUL CAP 80MG ER	195	MORPHINE SUL TAB 200MG ER	195
MOEXIPRIL HCL TAB 7.5 MG	14	MORPHINE SUL CAP 90MG ER	195	MOTPOLY XR CAP 100MG	218
MOEXIPRIL HCL TAB 15 MG	14	MORPHINE SUL CAP 100MG ER	195	MOTPOLY XR CAP 150MG	218
MOEXIPRIL TAB 7.5MG	14	MORPHINE SUL CAP 120MG ER	195	MOTPOLY XR CAP 200MG	218
MOEXIPRIL TAB 15MG	14	MORPHINE SULFATE BEADS CAP ER 24HR		MOUNJARO INJ 2.5/0.5	32
MOLINDONE HCL TAB 5 MG	6	30 MG	195	MOUNJARO INJ 5MG/0.5	32
MOLINDONE HCL TAB 10 MG	6	MORPHINE SULFATE BEADS CAP ER 24HR		MOUNJARO INJ 7.5/0.5	32
MOLINDONE HCL TAB 25 MG	6	45 MG	195	MOUNJARO INJ 10MG/0.5	32
MOLINDONE TAB HCL 5MG	6	MORPHINE SULFATE BEADS CAP ER 24HR		MOUNJARO INJ 12.5/0.5	32
MOLINDONE TAB HCL 10MG	6	60 MG	195	MOUNJARO INJ 15MG/0.5	32
MOLINDONE TAB HCL 25MG	6	MORPHINE SULFATE BEADS CAP ER 24HR		MOVIPREP SOL	148
MOLNUPIRAVIR CAP 200 MG	45	75 MG	195	MOXIFLOXACIN HCL OPHTH SOLN 0.5%	
MOMELOTINIB DIHYDROCHLORIDE TAB		MORPHINE SULFATE BEADS CAP ER 24HR		(BASE EQ) (2 TIMES DAILY)	191
100 MG	41	90 MG	195	MOXIFLOXACIN HCL OPHTH SOLN 0.5%	
MOMELOTINIB DIHYDROCHLORIDE TAB		MORPHINE SULFATE BEADS CAP ER 24HR		(BASE EQUIV)	191
150 MG	41	120 MG	195	MOXIFLOXACIN HCL OPHTH SOLN 0.5%	
MOMELOTINIB DIHYDROCHLORIDE TAB		MORPHINE SULFATE CAP ER 24HR 10 MG ..	195	(BASE EQUIV)	191
200 MG	41	MORPHINE SULFATE CAP ER 24HR 20 MG ..	195	MOXIFLOXACIN HCL TAB 400 MG (BASE	
MOMETASONE CRE 0.1%	132	MORPHINE SULFATE CAP ER 24HR 30 MG ..	195	EQUIV)	207
MOMETASONE FUROATE CREAM 0.1%	132	MORPHINE SULFATE CAP ER 24HR 50 MG ..	195	MOXIFLOXACIN SOL 0.5%	191
MOMETASONE FUROATE NASAL SUSP 50		MORPHINE SULFATE CAP ER 24HR 60 MG ..	195	MOXIFLOXACIN SOL 0.5%	191
MCG/ACT	20	MORPHINE SULFATE CAP ER 24HR 80 MG ..	195	MOXIFLOXACIN SOL HCL 0.5%	191
		MORPHINE SULFATE CAP ER 24HR 100 MG	195	MOXIFLOXACIN TAB 400MG	207

MOZOBI INJ	57	NADOLOL TAB 40MG	53	NAPROXEN DR TAB 500MG	187
MSUD COOLER LIQ	95	NADOLOL TAB 80 MG	53	NAPROXEN SODIUM TAB 275 MG	187
MSUD COOLER LIQ	95	NADOLOL TAB 80MG	53	NAPROXEN SODIUM TAB 550 MG	187
MSUD GEL PAK UNFLAVOR	95	NAFARELIN ACETATE NASAL SOLN 2 MG/ ML (200 MCG/ACT) (BASE EQ).....	139	NAPROXEN SOD TAB 275MG	187
MUCOLOX LIQ	166	NA FL/K NITR GEL 1.1-5%	71	NAPROXEN SOD TAB 550MG	187
MUCOSITISRX POW	71	NALDEMEDINE TOSYLATE TAB 0.2 MG (BASE EQUIVALENT).....	116	NAPROXEN TAB 250 MG.....	187
MULPLETA TAB 3MG	57	NALMEFENE HCL NASAL SPRAY 2.7 MG/0.1ML (BASE EQUIV)	200	NAPROXEN TAB 250MG	187
*MULTIPLE VITAMINS W/ MINERALS CHEW TAB**.....	93	NALMEFENE HCL SOLN AUTO-INJECTOR 1.5 MG/0.5ML (BASE EQUIV).....	200	NAPROXEN TAB 375 MG.....	187
MULTIVIT/FL CHW 0.5MG	231	NALOXONE HCL INJ 0.4 MG/ML	199	NAPROXEN TAB 375MG	187
MULTI VIT/FL CHW 0.25MG	231	NALOXONE HCL INJ 0.4MG/ML.....	200	NAPROXEN TAB 500 MG	187
MULTIVIT/FL CHW 0.25MG	231	NALOXONE HCL INJ 1MG/ML.....	200	NAPROXEN TAB 500MG	187
MULTIVIT/FL CHW 1MG.....	231	NALOXONE HCL INJ 2MG/2ML	200	NAPROXEN TAB EC 375 MG	186
MULTI-VIT/FL DRO 0.5MG/ML.....	231	NALOXONE HCL INJ 4 MG/10ML.....	199	NAPROXEN TAB EC 375 MG	186
MULTIVIT/FL DRO 0.25MG.....	231	NALOXONE HCL INJ 4 MG/10ML.....	199	NAPROXEN TAB EC 375 MG	187
MULTI-VIT/FL DRO /FE 0.25	231	NALOXONE HCL NASAL SPRAY 3 MG/0.1ML.....	200	NAPROXEN TAB EC 500 MG	186
MUPIROCIN CALCIUM CREAM 2%	25	NALOXONE HCL NASAL SPRAY 4 MG/0.1ML.....	199	NAPROXEN TAB EC 500 MG	186
MUPIROCIN CRE 2%	25	NALOXONE HCL NASAL SPRAY 4 MG/0.1ML.....	199	NAPROXEN TAB EC 500 MG	187
MUPIROCIN OIN 2%.....	25	NALOXONE HCL NASAL SPRAY 4 MG/0.1ML.....	199	NARATRIPTAN HCL TAB 1 MG (BASE EQUIV).....	211
MUPIROCIN OINT 2%	25	NALOXONE HCL NASAL SPRAY 4 MG/0.1ML.....	199	NARATRIPTAN HCL TAB 2.5 MG (BASE EQUIV).....	211
MUSE SUP 250MCG	119	NALOXONE HCL NASAL SPRAY 4 MG/0.1ML.....	199	NARATRIPTAN TAB 1MG.....	211
MUSE SUP 500MCG.....	119	NALOXONE HCL NASAL SPRAY 4 MG/0.1ML.....	199	NARATRIPTAN TAB 2.5MG.....	211
MUSE SUP 1000MCG.....	119	NALOXONE HCL NASAL SPRAY 4 MG/0.1ML.....	199	NARCAN SPR 4MG	200
MYALEPT INJ 11.3MG	115	NALOXONE HCL NASAL SPRAY 4 MG/0.1ML.....	199	NARDIL TAB 15MG	182
MYAMBUTOL TAB 400MG	45	NALOXONE HCL NASAL SPRAY 4 MG/0.1ML.....	199	NASCOBAL SPR 500MCG	231
MY CHOICE TAB 1.5MG	203	NALOXONE HCL NASAL SPRAY 4 MG/0.1ML.....	199	NATACHEW CHW	231
MYCOBUTIN CAP 150MG	39	NALOXONE HCL NASAL SPRAY 4 MG/0.1ML.....	199	NATACYN SUS 5% OP	193
MYCOPHENOLAT CAP 250MG	141	NALOXONE HCL NASAL SPRAY 4 MG/0.1ML.....	200	NATAL PNV TAB	231
MYCOPHENOLATE MOFETIL CAP 250 MG ..	141	NALOXONE HCL NASAL SPRAY 4 MG/0.1ML.....	200	NATAMYCIN OPHTH SUSP 5%	193
MYCOPHENOLATE MOFETIL FOR ORAL SUSP 200 MG/ML	141	NALOXONE HCL NASAL SPRAY 4 MG/0.1ML.....	200	NATAZIA TAB.....	109
MYCOPHENOLATE MOFETIL ORAL SUSP 200 MG/ML	141	NALOXONE HCL NASAL SPRAY 4 MG/0.25ML	200	NATEGLINIDE TAB 60 MG.....	32
MYCOPHENOLATE MOFETIL TAB 500 MG ..	141	NALOXONE HCL NASAL SPRAY 8 MG/0.1ML.....	199	NATEGLINIDE TAB 60MG	32
MYCOPHENOLATE SODIUM TAB DR 180 MG (MYCOPHENOLIC ACID EQUIV)	141	NALOXONE HCL NASAL SPRAY 8 MG/0.1ML.....	199	NATEGLINIDE TAB 120 MG	32
MYCOPHENOLATE SODIUM TAB DR 360 MG (MYCOPHENOLIC ACID EQUIV)	141	NALOXONE HCL SOLN CARTRIDGE 0.4 MG/ML.....	199	NATEGLINIDE TAB 120MG	32
MYCOPHENOLATE SODIUM TAB DR 360 MG (MYCOPHENOLIC ACID EQUIV)	141	NALOXONE HCL SOLN PREFILLED SYRINGE 0.4 MG/ML.....	200	NATURA-LAX POW 3350 NF	147
MYCOPHENOLAT SUS 200MG/ML	141	NALOXONE HCL SOLN PREFILLED SYRINGE 2 MG/2ML.....	200	NAYZILAM SPR 5MG	29
MYCOPHENOLAT TAB 500MG.....	141	NALOXONE HCL SOLN PREFILLED SYRINGE 2 MG/2ML.....	200	NEBIVOLOL HCL TAB 2.5 MG (BASE EQUIVALENT).....	53
MYCOPHENOLIC TAB 180MG DR.....	141	NALOXONE HCL SOLN PREFILLED SYRINGE 5 MG/0.5ML	200	NEBIVOLOL HCL TAB 5 MG (BASE EQUIVALENT).....	53
MYCOPHENOLIC TAB 360MG DR	141	NALOXONE HCL SPR 4MG.....	200	NEBIVOLOL HCL TAB 10 MG (BASE EQUIVALENT).....	53
MYFEMBREE TAB.....	109	NALOXONE INJ 0.4MG/ML	199	NEBIVOLOL HCL TAB 20 MG (BASE EQUIVALENT).....	53
MYHIBBIN SUS 200MG/ML	141	NALOXONE INJ 0.4MG/ML	199	NEBIVOLOL HCL TAB 20 MG (BASE EQUIVALENT).....	53
MYLERAN TAB 2MG	10	NALOXONE INJ 0.4MG/ML	199	NEBIVOLOL TAB 2.5MG	53
MY WAY TAB 1.5MG.....	203	NALOXONE INJ 4MG/10ML	199	NEBIVOLOL TAB 5MG	53
MYXREDLIN SOL 1UNIT/ML.....	146	NALOXONE SPR.....	199	NEBIVOLOL TAB 10MG.....	53
NABUMETONE TAB 500 MG	187	NALOXONE SPR 4MG	199	NEBIVOLOL TAB 20MG.....	53
NABUMETONE TAB 500MG	187	NALTREXONE HCL TAB 50 MG	199	NEBUSAL NEB 3%	209
NABUMETONE TAB 750 MG	187	NALTREXONE TAB 50MG.....	199	NECON TAB 0.5/35.....	109
NABUMETONE TAB 750MG.....	187	NAPROXEN DR TAB 375MG.....	187	NEDOCROMIL SODIUM OPHTH SOLN 2% ..	189
NAC CAP 600MG.....	231			NEDOSIRAN SODIUM SUBCUTANEOUS SOLN 80 MG/0.5ML	119
NADOLOL TAB 20 MG	53			NEDOSIRAN SODIUM SUBCUTANEOUS SOLN PREF SYR 128 MG/0.8ML	119
NADOLOL TAB 20MG.....	53				
NADOLOL TAB 40 MG.....	53				

NEDOSIRAN SODIUM SUBCUTANEOUS SOLN PREF SYR 160 MG/ML	119	NEEDLE (DISP) 25 X 5/8"	153	NEOMYCIN SULFATE TAB 500 MG	11
NEEDL COLLEC MIS DISPOSAL	167	NEEDLE (DISP) 25 X 5/8"	154	NEOMYCIN TAB 500MG	11
NEEDLE COLLE MIS DISPOSAL	167	NEEDLE (DISP) 25 X 5/8"	157	NEONATAL 19 TAB	231
NEEDLE (DISP) 18 X 1"	144	NEEDLE (DISP) 25 X 5/8"	162	NEONATAL/DHA MIS	231
NEEDLE (DISP) 18 X 1"	145	NEEDLE (DISP) 25 X 5/8"	170	NEONATAL FE TAB	95
NEEDLE (DISP) 18 X 1"	146	NEEDLE (DISP) 25 X 5/8"	173	NEONATAL PLS TAB 27-1MG	231
NEEDLE (DISP) 18 X 1"	146	NEEDLE (DISP) 27 X 1-1/2"	154	NEONATAL TAB COMPLETE	231
NEEDLE (DISP) 18 X 1"	146	NEEDLE (DISP) 27 X 1/2"	153	NEONATAL TAB COMPLTE	231
NEEDLE (DISP) 18 X 1-1/2"	144	NEEDLE (DISP) 30 X 1"	153	NEONATAL TAB PLUS	231
NEEDLE (DISP) 18 X 1-1/2"	144	NEEDLE (DISP) 30 X 1/2"	153	NEO/POLY/BAC OIN /HC 1%OP	190
NEEDLE (DISP) 18 X 1-1/2"	144	NEEDLE (DISP) 30 X 1/2"	170	NEO/POLY/BAC OIN OP	189
NEEDLE (DISP) 18 X 1-1/2"	145	NEFAZODONE HCL TAB 50 MG	220	NEO-POLYCIN OIN HC 1%OP	190
NEEDLE (DISP) 18 X 1-1/2"	146	NEFAZODONE HCL TAB 100 MG	220	NEO-POLYCIN OIN OP	188
NEEDLE (DISP) 18 X 1-1/2"	146	NEFAZODONE HCL TAB 150 MG	220	NEO/POLY/DEX OIN 0.1% OP	190
NEEDLE (DISP) 19 X 1"	173	NEFAZODONE HCL TAB 200 MG	220	NEO/POLY/DEX SUS 0.1% OP	190
NEEDLE (DISP) 19 X 1-1/2"	173	NEFAZODONE HCL TAB 250 MG	220	NEO/POLY/GRA SOL OP	189
NEEDLE (DISP) 20 X 1"	161	NEFAZODONE TAB 50MG	220	NEO/POLY/HC SOL 1% OTIC	200
NEEDLE (DISP) 20 X 1"	170	NEFAZODONE TAB 100MG	220	NEO/POLY/HC SUS 1% OTIC	200
NEEDLE (DISP) 20 X 1"	173	NEFAZODONE TAB 150MG	220	NEO/POLY/HC SUS OP	190
NEEDLE (DISP) 20 X 1-1/2"	173	NEFAZODONE TAB 200MG	220	NEOTUSS PLUS LIQ	209
NEEDLE (DISP) 21 X 1"	158	NEFAZODONE TAB 250MG	220	NEPAFENAC OPHTH SUSP 0.1%	190
NEEDLE (DISP) 21 X 1"	170	NEFFY SPR 1MG	59	NEPRO/CARB LIQ VANILLA	95
NEEDLE (DISP) 21 X 1"	173	NEFFY SPR 2MG	59	NERATINIB MALEATE TAB 40 MG (BASE EQUIVALENT)	180
NEEDLE (DISP) 21 X 1"	173	NELFINAVIR MESYLATE TAB 250 MG	20	NERLYNX TAB 40MG	180
NEEDLE (DISP) 21 X 1-1/2"	158	NELFINAVIR MESYLATE TAB 625 MG	20	NESTABS DHA PAK	232
NEEDLE (DISP) 21 X 1-1/2"	170	NEMLUVIO INJ 30MG	75	NESTABS ONE CAP	232
NEEDLE (DISP) 21 X 1-1/2"	173	NEMOLIZUMAB-ILTO FOR SUBCUTANEOUS AUTO-INJECTOR 30 MG ..	75	NESTABS TAB	231
NEEDLE (DISP) 21 X 1-1/2"	173	NEO/BAC/POLY OIN OP	188	NETARSUDIL DIMESYLATE-LATANOPROST OPHTH SOLN 0.02-0.005% ..	189
NEEDLE (DISP) 22 X 1"	161	NEOCATE INFT POW DHA/ARA	231	NETARSUDIL DIMESYLATE OPHTH SOLN 0.02%	189
NEEDLE (DISP) 22 X 1"	170	NEOCATE SYNE POW JUNIOR	231	NETUPITANT-PALONOSETRON CAP 300-0.5 MG	34
NEEDLE (DISP) 22 X 1"	173	NEOMYCIN-BACITRAC ZN-POLYMYX 5(3.5)MG-400UNT-10000UNT OP OIN	188	NEUAC GEL 1.2-5%	75
NEEDLE (DISP) 22 X 1-1/2"	170	NEOMYCIN-BACITRAC ZN-POLYMYX 5(3.5)MG-400UNT-10000UNT OP OIN	188	NEULASTA INJ 6MG/0.6M	57
NEEDLE (DISP) 22 X 1-1/2"	173	NEOMYCIN-BACITRAC ZN-POLYMYX 5(3.5)MG-400UNT-10000UNT OP OIN	189	NEUTEK 2TEK SOL CONTROL	83
NEEDLE (DISP) 22 X 1-1/2"	170	NEOMYCIN-COLISTIN-HC-THONZONIUM OTIC SUSP 3.3-3-10-0.5 MG/ML	200	NEVANAC SUS 0.1% OP	190
NEEDLE (DISP) 22 X 1-1/2"	154	NEOMYCIN-POLYMY-GRAMICID OP SOL 1.75-10000-0.025MG-UNT-MG/ML	189	NEVIRAPINE SUS 50MG/5ML	17
NEEDLE (DISP) 22 X 1-1/2"	161	NEOMYCIN-POLYMYXIN-DEXAMETHASONE OPHTH OINT 0.1%	190	NEVIRAPINE SUSP 50 MG/5ML	17
NEEDLE (DISP) 22 X 1-1/2"	170	NEOMYCIN-POLYMYXIN-DEXAMETHASONE OPHTH OINT 0.1%	190	NEVIRAPINE TAB 200 MG	17
NEEDLE (DISP) 23 X 1"	153	NEOMYCIN-POLYMYXIN-DEXAMETHASONE OPHTH SUSP 0.1%	190	NEVIRAPINE TAB 200MG	17
NEEDLE (DISP) 23 X 1"	154	NEOMYCIN-POLYMYXIN-DEXAMETHASONE OPHTH SUSP 0.1%	190	NEVIRAPINE TAB 400MG ER	17
NEEDLE (DISP) 23 X 1"	161	NEOMYCIN-POLYMYXIN-DEXAMETHASONE OPHTH SUSP 0.1%	190	NEVIRAPINE TAB ER 24HR 400 MG	17
NEEDLE (DISP) 23 X 1"	170	NEOMYCIN-POLYMYXIN-DEXAMETHASONE OPHTH SUSP 0.1%	190	NEW DAY TAB 1.5MG	203
NEEDLE (DISP) 23 X 1-1/2"	153	NEOMYCIN-POLYMYXIN-DEXAMETHASONE OPHTH SUSP 0.1%	190	NEXLETOL TAB 180MG	90
NEEDLE (DISP) 23 X 1-1/2"	154	NEOMYCIN-POLYMYXIN-DEXAMETHASONE OPHTH SUSP 0.1%	190	NEXLIZET TAB 180/10MG	90
NEEDLE (DISP) 23 X 1-1/2"	161	NEOMYCIN-POLYMYXIN-DEXAMETHASONE OPHTH SUSP 0.1%	190	NGENLA INJ 24/1.2ML	134
NEEDLE (DISP) 23 X 1-1/2"	170	NEOMYCIN-POLYMYXIN-DEXAMETHASONE OPHTH SUSP 0.1%	190	NGENLA INJ 60/1.2ML	134
NEEDLE (DISP) 23 X 1-1/2"	176	NEOMYCIN-POLYMYXIN-DEXAMETHASONE OPHTH SUSP 0.1%	190	NIACIN ER TAB 500MG	91
NEEDLE (DISP) 25 X 1"	154	NEOMYCIN-POLYMYXIN-DEXAMETHASONE OPHTH SUSP 0.1%	190	NIACIN ER TAB 500MG ER	91
NEEDLE (DISP) 25 X 1"	157	NEOMYCIN-POLYMYXIN-DEXAMETHASONE OPHTH SUSP 0.1%	190	NIACIN ER TAB 750MG	91
NEEDLE (DISP) 25 X 1"	161	NEOMYCIN-POLYMYXIN-DEXAMETHASONE OPHTH SUSP 0.1%	190	NIACIN ER TAB 1000MG	91
NEEDLE (DISP) 25 X 1"	169	NEOMYCIN-POLYMYXIN-DEXAMETHASONE OPHTH SUSP 0.1%	190	NIACIN ER TAB 500MG ER	91
NEEDLE (DISP) 25 X 1"	170	NEOMYCIN-POLYMYXIN-DEXAMETHASONE OPHTH SUSP 0.1%	190		
NEEDLE (DISP) 25 X 1"	173	NEOMYCIN-POLYMYXIN-DEXAMETHASONE OPHTH SUSP 0.1%	190		
NEEDLE (DISP) 25 X 1"	176	NEOMYCIN-POLYMYXIN-DEXAMETHASONE OPHTH SUSP 0.1%	190		
NEEDLE (DISP) 25 X 1-1/2"	154	NEOMYCIN-POLYMYXIN-DEXAMETHASONE OPHTH SUSP 0.1%	190		
NEEDLE (DISP) 25 X 1-1/2"	158	NEOMYCIN-POLYMYXIN-DEXAMETHASONE OPHTH SUSP 0.1%	190		
NEEDLE (DISP) 25 X 1-1/2"	161	NEOMYCIN-POLYMYXIN-DEXAMETHASONE OPHTH SUSP 0.1%	190		
NEEDLE (DISP) 25 X 1-1/2"	170	NEOMYCIN-POLYMYXIN-DEXAMETHASONE OPHTH SUSP 0.1%	190		

NICOTINE POL LOZ 4MG MINT	217	NIFEDIPINE TAB ER 24HR OSMOTIC RELEASE 30 MG.....	61	NISOLDIPINE TAB ER 24HR 17 MG	62
NICOTINE SYS KIT TRANSDER.....	217	NIFEDIPINE TAB ER 24HR OSMOTIC RELEASE 60 MG.....	61	NISOLDIPINE TAB ER 24HR 20 MG	61
NICOTINE TD DIS 7MG/24HR	217	NIFEDIPINE TAB ER 24HR OSMOTIC RELEASE 90 MG.....	61	NISOLDIPINE TAB ER 24HR 25.5 MG	61
NICOTINE TD DIS 14MG/24H	217	NIFURTIMOX TAB 30 MG.....	43	NISOLDIPINE TAB ER 24HR 30 MG	61
NICOTINE TD DIS 21MG/24H	217	NIFURTIMOX TAB 120 MG.....	43	NISOLDIPINE TAB ER 24HR 34 MG	62
NICOTINE TD DIS STEP 1	217	NILOTINB HCL CAP 50MG	181	NISOLDIPINE TAB ER 24HR 34 MG	62
NICOTINE TD DIS STEP 2	217	NILOTINB HCL CAP 150MG	180	NISOLDIPINE TAB ER 24HR 40 MG	62
NICOTINE TD DIS STEP 3	217	NILOTINB HCL CAP 200MG.....	181	NITAZOXANIDE FOR SUSP 100 MG/5ML ...	42
NICOTINE TD PATCH 24HR 7 MG/24HR.	214	NILOTINIB HCL CAP 50 MG (BASE EQUIVALENT).....	181	NITAZOXANIDE TAB 500 MG.....	43
NICOTINE TD PATCH 24HR 7 MG/24HR.	214	NILOTINIB HCL CAP 150 MG (BASE EQUIVALENT).....	180	NITISINONE CAP 2 MG	117
NICOTINE TD PATCH 24HR 7 MG/24HR.	215	NILOTINIB HCL CAP 200 MG (BASE EQUIVALENT).....	181	NITISINONE CAP 5 MG	117
NICOTINE TD PATCH 24HR 7 MG/24HR.	215	NIMODIPINE CAP 30 MG.....	61	NITISINONE CAP 10 MG	117
NICOTINE TD PATCH 24HR 7 MG/24HR.	215	NIMODIPINE CAP 30MG	61	NITISINONE CAP 20 MG	117
NICOTINE TD PATCH 24HR 7 MG/24HR.	216	NIMODIPINE ORAL SOLN 6 MG/ML.....	62	NITISINONE SUSP 4 MG/ML.....	117
NICOTINE TD PATCH 24HR 7 MG/24HR.	217	NIMODIPINE ORAL SOLN 60 MG/20ML (3 MG/ML)	61	NITRO-BID OIN 2%.....	228
NICOTINE TD PATCH 24HR 7 MG/24HR.	217	NIMODIPINE SOL 60/20ML.....	61	NITRO-DUR DIS 0.1MG/HR.....	228
NICOTINE TD PATCH 24HR 14 MG/24HR.	214	NINLARO CAP 2.3MG	41	NITRO-DUR DIS 0.2MG/HR	228
NICOTINE TD PATCH 24HR 14 MG/24HR.	214	NINLARO CAP 3MG	41	NITRO-DUR DIS 0.3MG/HR	228
NICOTINE TD PATCH 24HR 14 MG/24HR.	214	NINLARO CAP 4MG	41	NITRO-DUR DIS 0.4MG/HR	228
NICOTINE TD PATCH 24HR 14 MG/24HR.	215	NIRAPARIB TOSYLATE-ABIRATERONE ACETATE TAB 50-500 MG	39	NITRO-DUR DIS 0.6MG/HR	228
NICOTINE TD PATCH 24HR 14 MG/24HR.	215	NIRAPARIB TOSYLATE-ABIRATERONE ACETATE TAB 100-500 MG	39	NITRO-DUR DIS 0.8MG/HR	228
NICOTINE TD PATCH 24HR 14 MG/24HR.	215	NIRMATRELVIR TAB 6 X 150 MG & RITONAVIR TAB 5 X 100 MG PAK	45	NITROFURANTN CAP 100MG	25
NICOTINE TD PATCH 24HR 14 MG/24HR.	215	NIRMATRELVIR TAB 10 X 150 MG & RITONAVIR TAB 10 X 100 MG PAK	45	NITROFURANTN SUS 25MG/5ML	167
NICOTINE TD PATCH 24HR 14 MG/24HR.	215	NIRMATRELVIR TAB 20 X 150 MG & RITONAVIR TAB 10 X 100 MG PAK	45	NITROFURANTOIN MACROCRYSTALLINE CAP 25 MG	24
NICOTINE TD PATCH 24HR 14 MG/24HR.	216	NIROGACESTAT HYDROBROMIDE TAB 50 MG	41	NITROFURANTOIN MACROCRYSTALLINE CAP 25 MG	25
NICOTINE TD PATCH 24HR 14 MG/24HR.	217	NIROGACESTAT HYDROBROMIDE TAB 100 MG.....	41	NITROFURANTOIN MACROCRYSTALLINE CAP 50 MG.....	24
NICOTINE TD PATCH 24HR 14 MG/24HR.	217	NIROGACESTAT HYDROBROMIDE TAB 150 MG.....	41	NITROFURANTOIN MACROCRYSTALLINE CAP 50 MG.....	25
NICOTINE TD PATCH 24HR 14 MG/24HR.	217	NIRSEVIMAB-ALIP IM SOLN PREFILLED SYRINGE 50 MG/0.5ML	144	NITROFURANTOIN MACROCRYSTALLINE CAP 100 MG.....	24
NICOTINE TD PATCH 24HR 14 MG/24HR.	217	NIRSEVIMAB-ALIP IM SOLN PREFILLED SYRINGE 100 MG/ML	144	NITROFURANTOIN MONOHYDRATE MACROCRYSTALLINE CAP 100 MG	24
NICOTINE TD PATCH 24HR 14 MG/24HR.	217	NISOLDIPINE TAB 8.5MG ER.....	62	NITROFURANTOIN MONOHYDRATE MACROCRYSTALLINE CAP 100 MG	25
NICOTINE TD PATCH 24HR 14 MG/24HR.	217	NISOLDIPINE TAB 17MG ER.....	61	NITROFURANTOIN SUSP 25 MG/5ML	167
NICOTINE TD PATCH 24HR 14 MG/24HR.	217	NISOLDIPINE TAB 20MG ER	61	NITROFUR MAC CAP 25MG	25
NICOTINE TD PATCH 24HR 14 MG/24HR.	217	NISOLDIPINE TAB 25.5MG	61	NITROFUR MAC CAP 50MG	25
NICOTINE TD PATCH 24HR 14 MG/24HR.	217	NISOLDIPINE TAB 30MG ER	61	NITROFUR MAC CAP 100MG	25
NICOTINE TD PATCH 24HR 14 MG/24HR.	217	NISOLDIPINE TAB 34MG ER	62	NITROGLYCER DIS 0.1MG/HR.....	228
NICOTINE TD PATCH 24HR 14 MG/24HR.	217	NISOLDIPINE TAB 40MG ER	62	NITROGLYCER DIS 0.2MG/HR	228
NICOTINE TD PATCH 24HR 14 MG/24HR.	217	NISOLDIPINE TAB 40MG ER	62	NITROGLYCER DIS 0.4MG/HR	228
NICOTINE TD PATCH 24HR 14 MG/24HR.	217	NISOLDIPINE TAB ER 24HR 8.5 MG.....	62	NITROGLYCER DIS 0.6MG/HR	228
NICOTINE TD PATCH 24HR 14 MG/24HR.	217	NISOLDIPINE TAB ER 24HR 8.5 MG.....	62	NITROGLYCERIN CAP ER 2.5 MG.....	228
NICOTINE TD PATCH 24HR 14 MG/24HR.	217	NISOLDIPINE TAB ER 24HR 17 MG	61	NITROGLYCERIN CAP ER 6.5 MG.....	228
NICOTINE TD PATCH 24 HR KIT 21-14-7 MG/24HR	217			NITROGLYCERIN CAP ER 9 MG.....	228
NICOTROL NS SPR 10MG/ML	217			NITROGLYCERIN OINT 0.4%	228
NIFEDIPINE CAP 10 MG.....	61			NITROGLYCERIN OINT 2%	228
NIFEDIPINE CAP 10MG	61			NITROGLYCERIN SL TAB 0.3 MG	228
NIFEDIPINE CAP 20 MG.....	61			NITROGLYCERIN SL TAB 0.3 MG	229
NIFEDIPINE CAP 20MG	61			NITROGLYCERIN SL TAB 0.4 MG	228
NIFEDIPINE TAB 30MG ER	61				
NIFEDIPINE TAB 30MG ER	61				
NIFEDIPINE TAB 60MG ER	61				
NIFEDIPINE TAB 60MG ER	61				
NIFEDIPINE TAB 90MG ER	61				
NIFEDIPINE TAB 90MG ER	61				
NIFEDIPINE TAB ER 24HR 30 MG	61				
NIFEDIPINE TAB ER 24HR 60 MG.....	61				
NIFEDIPINE TAB ER 24HR 90 MG.....	61				

NITROGLYCERIN SL TAB 0.4 MG	229	NORDITROPIN INJ 10/1.5ML	134	NORETHINDRONE ACE & ETHINYL	
NITROGLYCERIN SL TAB 0.6 MG	228	NORDITROPIN INJ 15/1.5ML	135	ESTRADIOL-FE TAB 1 MG-20 MCG	107
NITROGLYCERIN SL TAB 0.6 MG	229	NORDITROPIN INJ 30/3ML	135	NORETHINDRONE ACE & ETHINYL	
NITROGLYCERIN TD PATCH 24HR 0.1 MG/		NORE/ETH/FER CHW 0.4MG-35	109	ESTRADIOL-FE TAB 1 MG-20 MCG	109
HR	228	NORELGE/ETHI DIS 150/35	109	NORETHINDRONE ACE & ETHINYL	
NITROGLYCERIN TD PATCH 24HR 0.1 MG/		NORELGESTROMIN-ETHINYL		ESTRADIOL-FE TAB 1 MG-20 MCG	110
HR	228	ESTRADIOL TD PTWK 150-35 MCG/24HR ..	109	NORETHINDRONE ACE & ETHINYL	
NITROGLYCERIN TD PATCH 24HR 0.2		NORELGESTROMIN-ETHINYL		ESTRADIOL-FE TAB 1 MG-20 MCG	111
MG/HR	228	ESTRADIOL TD PTWK 150-35 MCG/24HR ..	112	NORETHINDRONE ACE-ETHINYL	
NITROGLYCERIN TD PATCH 24HR 0.2		NORELGESTROMIN-ETHINYL		ESTRADIOL-FE TAB 1 MG-20 MCG (24)	102
MG/HR	228	ESTRADIOL TD PTWK 150-35 MCG/24HR ..	112	NORETHINDRONE ACE-ETHINYL	
NITROGLYCERIN TD PATCH 24HR 0.3		NOR/EST/FF TAB 1.5/30	109	ESTRADIOL-FE TAB 1 MG-20 MCG (24)	102
MG/HR	228	NORETH/ETHIN CHW FE	109	NORETHINDRONE ACE-ETHINYL	
NITROGLYCERIN TD PATCH 24HR 0.4		NORETH/ETHIN CHW FE 1/20	109	ESTRADIOL-FE TAB 1 MG-20 MCG (24)	106
MG/HR	228	NORETH/ETHIN TAB 0.5-2.5	109	NORETHINDRONE ACE-ETHINYL	
NITROGLYCERIN TD PATCH 24HR 0.4		NORETH/ETHIN TAB 1.5/30	109	ESTRADIOL-FE TAB 1 MG-20 MCG (24)	107
MG/HR	228	NORETH/ETHIN TAB 1/20	109	NORETHINDRONE ACE-ETHINYL	
NITROGLYCERIN TD PATCH 24HR 0.6		NORETH/ETHIN TAB 1MG-5MCG	109	ESTRADIOL-FE TAB 1 MG-20 MCG (24)	107
MG/HR	228	NORETH/ETHIN TAB FE	109	NORETHINDRONE ACE-ETHINYL	
NITROGLYCERIN TD PATCH 24HR 0.6		NORETH/ETHIN TAB FE 1/20	110	ESTRADIOL-FE TAB 1 MG-20 MCG (24)	111
MG/HR	228	NORETHIN ACE TAB 5MG	203	NORETHINDRONE ACE & ETHINYL	
NITROGLYCERIN TD PATCH 24HR 0.8		NORETHINDRONE ACE-ETH ESTRADIOL-		ESTRADIOL TAB 1.5 MG-30 MCG	102
MG/HR	228	FE CHEW TAB 1 MG-20 MCG (24)	102	NORETHINDRONE ACE & ETHINYL	
NITROGLYCERI OIN 0.4%	228	NORETHINDRONE ACE-ETH ESTRADIOL-		ESTRADIOL TAB 1.5 MG-30 MCG	106
NITROGLYCERI SUB 0.6MG	228	FE CHEW TAB 1 MG-20 MCG (24)	106	NORETHINDRONE ACE & ETHINYL	
NITROGLYCERN SUB 0.3MG	228	NORETHINDRONE ACE-ETH ESTRADIOL-		ESTRADIOL TAB 1.5 MG-30 MCG	107
NITROGLYCERN SUB 0.4MG	228	FE CHEW TAB 1 MG-20 MCG (24)	109	NORETHINDRONE ACE & ETHINYL	
NITROSTAT SUB 0.3MG	229	NORETHINDRONE ACE-ETH ESTRADIOL-		ESTRADIOL TAB 1.5 MG-30 MCG	107
NITROSTAT SUB 0.4MG	229	FE CHEW TAB 1 MG-20 MCG (24)	109	NORETHINDRONE ACE & ETHINYL	
NITROSTAT SUB 0.6MG	229	NORETHINDRONE ACE & ETHINYL		ESTRADIOL TAB 1.5 MG-30 MCG	108
NITRO-TIME CAP 2.5MG ER	228	ESTRADIOL-FE TAB 1.5 MG-30 MCG	102	NORETHINDRONE ACE & ETHINYL	
NITRO-TIME CAP 6.5MG ER	228	NORETHINDRONE ACE & ETHINYL		ESTRADIOL TAB 1.5 MG-30 MCG	109
NITRO-TIME CAP 9MG ER	228	ESTRADIOL-FE TAB 1.5 MG-30 MCG	102	NORETHINDRONE ACE & ETHINYL	
NIVA-PLUS TAB	232	NORETHINDRONE ACE & ETHINYL		ESTRADIOL TAB 1.5 MG-30 MCG	109
NIVA THYROID TAB 15MG	137	ESTRADIOL-FE TAB 1.5 MG-30 MCG	106	NORETHINDRONE ACE & ETHINYL	
NIVA THYROID TAB 30MG	137	NORETHINDRONE ACE & ETHINYL		ESTRADIOL TAB 1 MG-20 MCG	102
NIVA THYROID TAB 60MG	137	ESTRADIOL-FE TAB 1.5 MG-30 MCG	106	NORETHINDRONE ACE & ETHINYL	
NIVA THYROID TAB 90MG	137	NORETHINDRONE ACE & ETHINYL		ESTRADIOL TAB 1 MG-20 MCG	107
NIVA THYROID TAB 120MG	137	ESTRADIOL-FE TAB 1.5 MG-30 MCG	107	NORETHINDRONE ACE & ETHINYL	
NIVESTYM INJ 300/0.5	57	NORETHINDRONE ACE & ETHINYL		ESTRADIOL TAB 1 MG-20 MCG	107
NIVESTYM INJ 300MCG	57	ESTRADIOL-FE TAB 1.5 MG-30 MCG	107	NORETHINDRONE ACE & ETHINYL	
NIVESTYM INJ 480/0.8	57	NORETHINDRONE ACE & ETHINYL		ESTRADIOL TAB 1 MG-20 MCG	108
NIVESTYM INJ 480MCG	57	ESTRADIOL-FE TAB 1.5 MG-30 MCG	109	NORETHINDRONE ACE & ETHINYL	
NOC DURNA SUB 27.7MCG	134	NORETHINDRONE ACE & ETHINYL		ESTRADIOL TAB 1 MG-20 MCG	109
NOC DURNA SUB 55.3MCG	134	ESTRADIOL-FE TAB 1.5 MG-30 MCG	109	NORETHINDRONE ACE & ETHINYL	
NOCLOT-50 SOL ACD-A	28	NORETHINDRONE ACE & ETHINYL		ESTRADIOL-FE TAB 1 MG-20 MCG	102
NONOXYNOL-9 FILM 28%	120	ESTRADIOL-FE TAB 1 MG-20 MCG	102	NORETHINDRONE ACE & ETHINYL	
NONOXYNOL-9 GEL 3%	119	NORETHINDRONE ACE & ETHINYL		ESTRADIOL-FE TAB 1 MG-20 MCG	102
NONOXYNOL-9 GEL 4%	120	ESTRADIOL-FE TAB 1 MG-20 MCG	106	NORETHINDRONE ACE & ETHINYL	
NONOXYNOL-9 VAGINAL SPONGE 1000		ESTRADIOL-FE TAB 1 MG-20 MCG	106	NORETHINDRONE ACETATE-ETHINYL	
MG	120	NORETHINDRONE ACE & ETHINYL		ESTRADIOL TAB 0.5 MG-2.5 MCG	106
NONOXYNOL-9 VAGINAL SUPPOS 100 MG	119	ESTRADIOL-FE TAB 1 MG-20 MCG	106	NORETHINDRONE ACETATE-ETHINYL	
NORA-BE TAB 0.35MG	203	NORETHINDRONE ACE & ETHINYL		ESTRADIOL TAB 0.5 MG-2.5 MCG	109
NORDIPEN 5 MIS DEVICE	167	ESTRADIOL-FE TAB 1 MG-20 MCG	107	NORETHINDRONE ACETATE-ETHINYL	
NORDIPEN DEL MIS SYSTEM	167	NORETHINDRONE ACE & ETHINYL		ESTRADIOL TAB 1 MG-5 MCG	106
NORDITROPIN INJ 5/1.5ML	135	ESTRADIOL-FE TAB 1 MG-20 MCG	107	NORETHINDRONE ACETATE-ETHINYL	
				ESTRADIOL TAB 1 MG-5 MCG	109
				NORETHINDRONE ACETATE TAB 5 MG	203

NORETHINDRONE ACETATE TAB 5 MG	203	NORETHINDRONE TAB 0.35 MG	202	NORGESTIMATE & ETHINYL ESTRADIOL	
NORETHINDRONE AC-ETHINYL ESTRAD- FE TAB 1-20/1-30/1-35 MG-MCG	109	NORETHINDRONE TAB 0.35 MG	202	TAB 0.25 MG-35 MCG	112
NORETHINDRONE AC-ETHINYL ESTRAD- FE TAB 1-20/1-30/1-35 MG-MCG	111	NORETHINDRONE TAB 0.35 MG	203	NORGESTREL & ETHINYL ESTRADIOL	
NORETHINDRONE AC-ETHINYL ESTRAD- FE TAB 1-20/1-30/1-35 MG-MCG	111	NORETHINDRONE TAB 0.35 MG	203	TAB 0.3 MG-30 MCG	103
NORETHINDRONE AC-ETHINYL ESTRAD- FE TAB 1-20/1-30/1-35 MG-MCG	112	NORETHINDRONE TAB 0.35 MG	203	NORGESTREL & ETHINYL ESTRADIOL	
NORETHINDRONE-ETH ESTRADIOL TAB		NORETHINDRONE TAB 0.35 MG	203	TAB 0.3 MG-30 MCG	103
0.5-35/0.75-35/1-35 MG-MCG	101	NORETHINDRONE TAB 0.35 MG	203	NORGESTREL & ETHINYL ESTRADIOL	
NORETHINDRONE-ETH ESTRADIOL TAB		NORETHINDRONE TAB 0.35 MG	203	TAB 0.3 MG-30 MCG	104
0.5-35/0.75-35/1-35 MG-MCG	103	NORETHINDRONE TAB 0.35 MG	203	NORGESTREL & ETHINYL ESTRADIOL	
NORETHINDRONE-ETH ESTRADIOL TAB		NORETHINDRONE TAB 0.35 MG	203	TAB 0.3 MG-30 MCG	108
0.5-35/0.75-35/1-35 MG-MCG	110	NORETHINDRONE TAB 0.35 MG	203	NORGESTREL & ETHINYL ESTRADIOL	
NORETHINDRONE-ETH ESTRADIOL TAB		NORETHINDRON TAB 0.35MG	203	TAB 0.3 MG-30 MCG	111
0.5-35/0.75-35/1-35 MG-MCG	110	NORETHIN-ETH ESTRADIOL-FE TAB 1		NORGESTREL TAB 0.075 MG	202
NORETHINDRONE-ETH ESTRADIOL TAB		MG-10 MCG (24)/10 MCG (2)	108	NORLIQVA SOL 1MG/ML	62
0.5-35/1-35/0.5-35 MG-MCG	102	NORGEST/ETHI TAB 0.25/35	110	NORLYROC TAB 0.35MG	203
NORETHINDRONE-ETH ESTRADIOL TAB		NORGEST/ETHI TAB ESTRADIO	110	NORPACE CAP 100MG	22
0.5-35/1-35/0.5-35 MG-MCG	107	NORGEST/ETHI TAB ESTRADIO	110	NORPACE CAP 100MG CR	22
NORETHINDRONE & ETHINYL		NORGESTIMATE-ETH ESTRAD TAB 0.18-		NORPACE CAP 150MG	22
ESTRADIOL-FE CHEW TAB 0.4 MG-35 MCG	109	25/0.215-25/0.25-25 MG-MCG	110	NORPACE CAP 150MG CR	22
NORETHINDRONE & ETHINYL		NORGESTIMATE-ETH ESTRAD TAB 0.18-		NORPRAMIN TAB 10MG	224
ESTRADIOL-FE CHEW TAB 0.4 MG-35 MCG	112	25/0.215-25/0.25-25 MG-MCG	111	NORPRAMIN TAB 25MG	224
NORETHINDRONE & ETHINYL		NORGESTIMATE-ETH ESTRAD TAB 0.18-		NORTREL TAB 0.5/35	110
ESTRADIOL-FE CHEW TAB 0.4 MG-35 MCG	112	25/0.215-25/0.25-25 MG-MCG	111	NORTREL TAB 1/35	110
NORETHINDRONE & ETHINYL		NORGESTIMATE-ETH ESTRAD TAB 0.18-		NORTREL TAB 7/7/7	110
ESTRADIOL-FE CHEW TAB 0.8 MG-25 MCG	106	25/0.215-25/0.25-25 MG-MCG	111	NORTRIPTYLIN CAP 10MG	224
NORETHINDRONE & ETHINYL		NORGESTIMATE-ETH ESTRAD TAB 0.18-		NORTRIPTYLIN CAP 25MG	224
ESTRADIOL-FE CHEW TAB 0.8 MG-25 MCG	107	25/0.215-25/0.25-25 MG-MCG	111	NORTRIPTYLIN CAP 50MG	224
NORETHINDRONE & ETHINYL		NORGESTIMATE-ETH ESTRAD TAB 0.18-		NORTRIPTYLIN CAP 75MG	224
ESTRADIOL-FE CHEW TAB 0.8 MG-25 MCG	107	25/0.215-25/0.25-25 MG-MCG	111	NORTRIPTYLINE HCL CAP 10 MG	224
NORETHINDRONE & ETHINYL		NORGESTIMATE-ETH ESTRAD TAB 0.18-		NORTRIPTYLINE HCL CAP 25 MG	224
ESTRADIOL-FE CHEW TAB 0.8 MG-25 MCG	109	25/0.215-25/0.25-25 MG-MCG	111	NORTRIPTYLINE HCL CAP 50 MG	224
NORETHINDRONE & ETHINYL		NORGESTIMATE-ETH ESTRAD TAB 0.18-		NORTRIPTYLINE HCL CAP 75 MG	224
ESTRADIOL-FE CHEW TAB 0.8 MG-25 MCG	109	35/0.215-35/0.25-35 MG-MCG	110	NORTRIPTYLINE HCL SOLN 10 MG/5ML	224
NORETHINDRONE & ETHINYL		NORGESTIMATE-ETH ESTRAD TAB 0.18-		NORTRIPTYLIN SOL 10MG/5ML	224
ESTRADIOL TAB 0.4 MG-35 MCG	102	35/0.215-35/0.25-35 MG-MCG	111	NORVIR CAP 100MG	20
NORETHINDRONE & ETHINYL		NORGESTIMATE-ETH ESTRAD TAB 0.18-		NORVIR POW 100MG	20
ESTRADIOL TAB 0.4 MG-35 MCG	102	35/0.215-35/0.25-35 MG-MCG	111	NOVAFILM GEL	167
NORETHINDRONE & ETHINYL		NORGESTIMATE-ETH ESTRAD TAB 0.18-		NOVOEIGHT INJ 250UNIT	127
ESTRADIOL TAB 0.4 MG-35 MCG	110	35/0.215-35/0.25-35 MG-MCG	111	NOVOEIGHT INJ 500UNIT	127
NORETHINDRONE & ETHINYL		NORGESTIMATE-ETH ESTRAD TAB 0.18-		NOVOEIGHT INJ 1000UNIT	127
ESTRADIOL TAB 0.4 MG-35 MCG	112	35/0.215-35/0.25-35 MG-MCG	111	NOVOEIGHT INJ 1500UNIT	127
NORETHINDRONE & ETHINYL		NORGESTIMATE-ETH ESTRAD TAB 0.18-		NOVOEIGHT INJ 2000UNIT	127
ESTRADIOL TAB 0.4 MG-35 MCG	109	35/0.215-35/0.25-35 MG-MCG	111	NOVOEIGHT INJ 3000UNIT	127
NORETHINDRONE & ETHINYL		NORGESTIMATE-ETH ESTRAD TAB 0.18-		NOVOFINE AUT MIS 30GX8MM	83
ESTRADIOL TAB 0.5 MG-35 MCG	110	35/0.215-35/0.25-35 MG-MCG	111	NOVOFINE MIS 32GX6MM	83
NORETHINDRONE & ETHINYL		NORGESTIMATE & ETHINYL ESTRADIOL		NOVOFINE PLS MIS 32GX4MM	83
ESTRADIOL TAB 0.5 MG-35 MCG	112	TAB 0.25 MG-35 MCG	104	NOVOLIN R INJ 100 UNIT	146
NORETHINDRONE & ETHINYL		NORGESTIMATE & ETHINYL ESTRADIOL		NOVOLOG INJ RELION	146
ESTRADIOL TAB 0.5 MG-35 MCG	112	TAB 0.25 MG-35 MCG	109	NOVOPEN ECHO MIS	167
NORETHINDRONE & ETHINYL		NORGESTIMATE & ETHINYL ESTRADIOL		NOVOSEVEN RT INJ 1MG	127
ESTRADIOL TAB 1 MG-35 MCG	101	TAB 0.25 MG-35 MCG	109	NOVOSEVEN RT INJ 2MG	127
NORETHINDRONE & ETHINYL		NORGESTIMATE & ETHINYL ESTRADIOL		NOVOSEVEN RT INJ 5MG	127
ESTRADIOL TAB 1 MG-35 MCG	103	TAB 0.25 MG-35 MCG	110	NOVOSEVEN RT INJ 8MG	127
NORETHINDRONE & ETHINYL		NORGESTIMATE & ETHINYL ESTRADIOL		NOXAFIL PAK 300MG	36
ESTRADIOL TAB 1 MG-35 MCG	110	TAB 0.25 MG-35 MCG	111	NOXAFIL SUS 40MG/ML	36



*NUTRITIONAL SUPPLEMENT PACK**	93	*NUTRITIONAL SUPPLEMENT POWDER**	232	NYSTATIN OIN 100000U	36
*NUTRITIONAL SUPPLEMENT PACK**	93	*NUTRITIONAL SUPPLEMENT POWDER**	232	NYSTATIN OINT 100000 UNIT/GM	36
*NUTRITIONAL SUPPLEMENT PACK**	94	*NUTRITIONAL SUPPLEMENT POWDER**	232	NYSTATIN OINT 100000 UNIT/GM	36
*NUTRITIONAL SUPPLEMENT PACK**	94	*NUTRITIONAL SUPPLEMENT POWDER**	232	NYSTATIN POW	36
*NUTRITIONAL SUPPLEMENT PACK**	95	*NUTRITIONAL SUPPLEMENT POWDER**	232	NYSTATIN POW 1BU	36
*NUTRITIONAL SUPPLEMENT PACK**	95	*NUTRITIONAL SUPPLEMENT POWDER**	233	NYSTATIN POW 2BU	36
*NUTRITIONAL SUPPLEMENT PACK**	95	*NUTRITIONAL SUPPLEMENT POWDER**	234	NYSTATIN POW 5BU	36
*NUTRITIONAL SUPPLEMENT PACK**	95	*NUTRITIONAL SUPPLEMENT POWDER**	234	NYSTATIN POW 10BU	36
*NUTRITIONAL SUPPLEMENT PACK**	95	*NUTRITIONAL SUPPLEMENT POWDER**	234	NYSTATIN POW 50MU	36
*NUTRITIONAL SUPPLEMENT PACK**	96	*NUTRITIONAL SUPPLEMENT POWDER**	234	NYSTATIN POW 100MU	36
*NUTRITIONAL SUPPLEMENT PACK**	96	*NUTRITIONAL SUPPLEMENT POWDER**	234	NYSTATIN POW 150MU	36
*NUTRITIONAL SUPPLEMENT PACK**	98	*NUTRITIONAL SUPPLEMENT POWDER**	235	NYSTATIN POW 500MU	36
*NUTRITIONAL SUPPLEMENT PACK**	98	*NUTRITIONAL SUPPLEMENT POWDER**	235	NYSTATIN POW 100000	36
*NUTRITIONAL SUPPLEMENT PACK**	98	*NUTRITIONAL SUPPLEMENT POWDER**	235	NYSTATIN SUS 100000	36
*NUTRITIONAL SUPPLEMENT PACK**	98	*NUTRITIONAL SUPPLEMENT POWDER**	236	NYSTATIN SUSP 100000 UNIT/ML	36
*NUTRITIONAL SUPPLEMENT PACK**	99	*NUTRITIONAL SUPPLEMENT POWDER**	236	NYSTATIN TAB 500000	36
*NUTRITIONAL SUPPLEMENT PACK**	99	*NUTRITIONAL SUPPLEMENT POWDER**	236	NYSTATIN TAB 500000 UNIT	36
*NUTRITIONAL SUPPLEMENT POWDER**	229	*NUTRITIONAL SUPPLEMENT TABS**	233	NYSTATIN TOPICAL POWDER 100000	36
*NUTRITIONAL SUPPLEMENT POWDER**	229	*NUTRITIONAL SUPPLEMENT TABS		UNIT/GM	36
*NUTRITIONAL SUPPLEMENT POWDER**	229	DELAYED RELEASE**	170	NYSTATIN TOPICAL POWDER 100000	36
*NUTRITIONAL SUPPLEMENT POWDER**	229	*NUTRITIONAL SUPPLEMENT TABS		UNIT/GM	36
*NUTRITIONAL SUPPLEMENT POWDER**	229	DELAYED RELEASE**	170	NYSTATIN TOPICAL POWDER 100000	36
*NUTRITIONAL SUPPLEMENT POWDER**	229	NUWIQ INJ 250UNIT	127	UNIT/GM	36
*NUTRITIONAL SUPPLEMENT POWDER**	229	NUWIQ INJ 500UNIT	128	NYSTATIN TOPICAL POWDER 100000	36
*NUTRITIONAL SUPPLEMENT POWDER**	230	NUWIQ INJ 1000UNIT	127	UNIT/GM	36
*NUTRITIONAL SUPPLEMENT POWDER**	230	NUWIQ INJ 1500UNIT	127	NYSTATIN-TRIAMCINOLONE CREAM	
*NUTRITIONAL SUPPLEMENT POWDER**	230	NUWIQ INJ 2000UNIT	127	100000-0.1 UNIT/GM-%	36
*NUTRITIONAL SUPPLEMENT POWDER**	230	NUWIQ INJ 2500UNIT	127	NYSTATIN-TRIAMCINOLONE OINT	
*NUTRITIONAL SUPPLEMENT POWDER**	230	NUWIQ INJ 3000UNIT	127	100000-0.1 UNIT/GM-%	36
*NUTRITIONAL SUPPLEMENT POWDER**	230	NUWIQ INJ 4000UNIT	127	NYSTAT/TRIAM CRE	36
*NUTRITIONAL SUPPLEMENT POWDER**	230	NUWIQ KIT 250UNIT	128	NYSTAT/TRIAM OIN	36
*NUTRITIONAL SUPPLEMENT POWDER**	230	NUWIQ KIT 500UNIT	128	NYSTOP POW 100000	36
*NUTRITIONAL SUPPLEMENT POWDER**	230	NUWIQ KIT 1000UNIT	128	NZ WHEY PROT POW ISOLATE	167
*NUTRITIONAL SUPPLEMENT POWDER**	230	NUWIQ KIT 1500UNIT	128	OA 1 POW	232
*NUTRITIONAL SUPPLEMENT POWDER**	230	NUWIQ KIT 2000UNIT	128	OA 2 POW	232
*NUTRITIONAL SUPPLEMENT POWDER**	230	NUWIQ KIT 2500UNIT	128	OB COMPLETE/ CAP DHA	232
*NUTRITIONAL SUPPLEMENT POWDER**	230	NUWIQ KIT 3000UNIT	128	OB COMPLETE CAP ONE	232
*NUTRITIONAL SUPPLEMENT POWDER**	230	NUWIQ KIT 4000UNIT	128	OB COMPLETE CAP PETITE	232
*NUTRITIONAL SUPPLEMENT POWDER**	230	NUZYRA TAB 150MG	222	OB COMPLETE TAB	232
*NUTRITIONAL SUPPLEMENT POWDER**	231	NYAMYC POW 100000	36	OB COMPLETE TAB PREMIER	232
*NUTRITIONAL SUPPLEMENT POWDER**	231	NYLIA TAB 1/35	110	OBETICHOIC ACID TAB 5 MG	117
*NUTRITIONAL SUPPLEMENT POWDER**	231	NYLIA TAB 7/7/7	110	OBETICHOIC ACID TAB 10 MG	116
*NUTRITIONAL SUPPLEMENT POWDER**	231	NYMALIZE SOL	62	OBIZUR INJ 500 UNIT	128
*NUTRITIONAL SUPPLEMENT POWDER**	231	NYSTATIN (BULK) POWDER	36	OCALIVA TAB 5MG	117
*NUTRITIONAL SUPPLEMENT POWDER**	232	NYSTATIN (BULK) POWDER	36	OCALIVA TAB 10MG	116
*NUTRITIONAL SUPPLEMENT POWDER**	232	NYSTATIN (BULK) POWDER	36	OCCLUSADERM GEL PCCA	167
*NUTRITIONAL SUPPLEMENT POWDER**	232	NYSTATIN (BULK) POWDER	36	OCTREOTIDE ACETATE INJ 50 MCG/ML	
*NUTRITIONAL SUPPLEMENT POWDER**	232	NYSTATIN (BULK) POWDER	36	(0.05 MG/ML)	139
*NUTRITIONAL SUPPLEMENT POWDER**	232	NYSTATIN (BULK) POWDER	36	OCTREOTIDE ACETATE INJ 100 MCG/ML	
*NUTRITIONAL SUPPLEMENT POWDER**	232	NYSTATIN (BULK) POWDER	36	(0.1 MG/ML)	139
*NUTRITIONAL SUPPLEMENT POWDER**	232	NYSTATIN (BULK) POWDER	36	OCTREOTIDE ACETATE INJ 200 MCG/ML	
*NUTRITIONAL SUPPLEMENT POWDER**	232	NYSTATIN (BULK) POWDER	36	(0.2 MG/ML)	138
*NUTRITIONAL SUPPLEMENT POWDER**	232	NYSTATIN CRE 100000	36	OCTREOTIDE ACETATE INJ 200 MCG/ML	
*NUTRITIONAL SUPPLEMENT POWDER**	232	NYSTATIN CREAM 100000 UNIT/GM	36	(0.2 MG/ML)	139
*NUTRITIONAL SUPPLEMENT POWDER**	232	NYSTATIN OIN 100000	36	OCTREOTIDE ACETATE INJ 500 MCG/ML	
				(0.5 MG/ML)	139

OCTREOTIDE ACETATE INJ 1000 MCG/ ML (1 MG/ML).....	139	OLANZAPINE-FLUOXETINE HCL CAP 6-50 MG.....	220	OLUTASIDENIB CAP 150 MG.....	181
OCTREOTIDE ACETATE INJ 1000 MCG/ ML (1 MG/ML).....	139	OLANZAPINE-FLUOXETINE HCL CAP 12-25 MG.....	220	OMADACYCLINE TOSYLATE TAB 150 MG (BASE EQUIVALENT).....	222
OCTREOTIDE ACETATE SUBCUTANEOUS SOLN PREF SYR 50 MCG/ML.....	139	OLANZAPINE-FLUOXETINE HCL CAP 12-50 MG.....	220	OMALIZUMAB SUBCUTANEOUS SOLN AUTO-INJECTOR 75 MG/0.5ML.....	210
OCTREOTIDE ACETATE SUBCUTANEOUS SOLN PREF SYR 100 MCG/ML.....	139	OLANZAPINE ORALLY DISINTEGRATING TAB 5 MG.....	8	OMALIZUMAB SUBCUTANEOUS SOLN AUTO-INJECTOR 150 MG/ML.....	210
OCTREOTIDE ACETATE SUBCUTANEOUS SOLN PREF SYR 500 MCG/ML.....	139	OLANZAPINE ORALLY DISINTEGRATING TAB 10 MG.....	8	OMALIZUMAB SUBCUTANEOUS SOLN AUTO-INJECTOR 300 MG/2ML.....	210
OCTREOTIDE INJ 50MCG/ML.....	139	OLANZAPINE ORALLY DISINTEGRATING TAB 15 MG.....	8	OMALIZUMAB SUBCUTANEOUS SOLN PREFILLED SYRINGE 75 MG/0.5ML.....	210
OCTREOTIDE INJ 50MCG/ML.....	139	OLANZAPINE ORALLY DISINTEGRATING TAB 20 MG.....	8	OMALIZUMAB SUBCUTANEOUS SOLN PREFILLED SYRINGE 150 MG/ML.....	210
OCTREOTIDE INJ 100MCG.....	139	OLANZAPINE TAB 2.5 MG.....	8	OMALIZUMAB SUBCUTANEOUS SOLN PREFILLED SYRINGE 300 MG/2ML.....	210
OCTREOTIDE INJ 200MCG.....	139	OLANZAPINE TAB 2.5MG.....	8	OMAVELOXOLONE CAP 50 MG.....	68
OCTREOTIDE INJ 500MCG.....	139	OLANZAPINE TAB 5 MG.....	8	OMEGA-3-ACID CAP 1GM.....	91
OCTREOTIDE INJ 500MCG.....	139	OLANZAPINE TAB 5MG.....	8	OMEGA-3-ACID ETHYL ESTERS CAP 1 GM ..	91
OCTREOTIDE INJ 1000/5ML.....	138	OLANZAPINE TAB 5MG ODT.....	8	*OMEGA-3 FATTY ACIDS CAP 300 MG** ..	159
OCTREOTIDE INJ 1000MCG.....	139	OLANZAPINE TAB 5MG ODT.....	8	OMEPRAZOLE CAP 10MG.....	205
OCTREOTIDE INJ 5000/5ML.....	139	OLANZAPINE TAB 7.5 MG.....	8	OMEPRAZOLE CAP 20MG.....	205
OCUFLOX DRO 0.3% OP.....	191	OLANZAPINE TAB 7.5MG.....	8	OMEPRAZOLE CAP 40MG.....	205
ODACTRA SUB.....	209	OLANZAPINE TAB 10 MG.....	8	OMEPRAZOLE CAP DELAYED RELEASE 10 MG.....	205
ODEFSEY TAB.....	17	OLANZAPINE TAB 10MG.....	8	OMEPRAZOLE CAP DELAYED RELEASE 20 MG.....	205
ODOMZO CAP 200MG.....	181	OLANZAPINE TAB 10MG ODT.....	8	OMEPRAZOLE CAP DELAYED RELEASE 40 MG.....	205
OFATUMUMAB SOLN AUTO-INJECTOR 20 MG/0.4ML.....	184	OLANZAPINE TAB 15 MG.....	8	*OMEPRAZOLE SUSP 2 MG/ML (COMPOUND KIT)**.....	204
OFLOXACIN DRO 0.3% OP.....	191	OLANZAPINE TAB 15MG.....	8	OMNIFLEX DPR.....	167
OFLOXACIN DRO 0.3%OTIC.....	200	OLANZAPINE TAB 15MG ODT.....	8	OMNIPOD 5 DX KIT INT G7G6.....	167
OFLOXACIN OPTH SOLN 0.3%.....	191	OLANZAPINE TAB 20 MG.....	8	OMNIPOD 5 DX MIS POD G7G6.....	167
OFLOXACIN OPTH SOLN 0.3%.....	191	OLANZAPINE TAB 20MG.....	8	OMNIPOD 5 DX MIS POD G7G6.....	167
OFLOXACIN OTIC SOLN 0.3%.....	200	OLANZAPINE TAB 20MG ODT.....	8	OMNIPOD 5 G7 KIT INTRO.....	167
OFLOXACIN TAB 300 MG.....	207	OLAPARIB TAB 100 MG.....	180	OMNIPOD 5 G7 MIS PODS.....	167
OFLOXACIN TAB 300MG.....	207	OLAPARIB TAB 150 MG.....	180	OMNIPOD 5 L2 KIT INTRO G6.....	167
OFLOXACIN TAB 400 MG.....	207	OLEZARSEN SOD SUBCUT SOLN AUTO- INJECT 80 MG/0.8ML (BASE EQ).....	175	OMNIPOD 5 L2 MIS PODS G6.....	167
OFLOXACIN TAB 400MG.....	207	OLMESA MEDOX TAB 5MG.....	13	OMNITROPE INJ 5/1.5ML.....	135
OGSIVEO TAB 50MG.....	41	OLMESA MEDOX TAB 20MG.....	13	OMNITROPE INJ 5.8MG.....	135
OGSIVEO TAB 100MG.....	41	OLMESA MEDOX TAB 40MG.....	13	OMNITROPE INJ 10/1.5ML.....	135
OGSIVEO TAB 150MG.....	41	OLMESARTAN MEDOXOMIL- HYDROCHLOROTHIAZIDE TAB 20-12.5 MG ..	66	OMVOH INJ 100/200.....	141
OJEMDA SUS 25MG/ML.....	181	OLMESARTAN MEDOXOMIL- HYDROCHLOROTHIAZIDE TAB 40-12.5 MG ..	66	OMVOH INJ 100/200.....	141
OJEMDA TAB 100MG.....	181	OLMESARTAN MEDOXOMIL- HYDROCHLOROTHIAZIDE TAB 40-25 MG ..	66	OMVOH INJ 100MG/ML.....	141
OJJAARA TAB 100MG.....	41	OLMESARTAN MEDOXOMIL TAB 5 MG.....	13	OMVOH INJ 100MG/ML.....	141
OJJAARA TAB 150MG.....	41	OLMESARTAN MEDOXOMIL TAB 20 MG.....	13	OMVOH INJ 200/2ML.....	141
OJJAARA TAB 200MG.....	41	OLMESARTAN MEDOXOMIL TAB 40 MG.....	13	OMVOH INJ 200/2ML.....	141
OLANZA/FLUOX CAP 3-25MG.....	220	OLM MED/HCTZ TAB 20-12.5.....	66	ONDANSETRON HCL ORAL SOLN 4 MG/5ML.....	100
OLANZA/FLUOX CAP 6-25MG.....	220	OLM MED/HCTZ TAB 40-12.5.....	66	ONDANSETRON HCL TAB 4 MG.....	100
OLANZA/FLUOX CAP 6-50MG.....	220	OLM MED/HCTZ TAB 40-25MG.....	66	ONDANSETRON HCL TAB 8 MG.....	100
OLANZA/FLUOX CAP 12-25MG.....	220	OLODATEROL HCL INHAL AEROSOL SOLN 2.5 MCG/ACT (BASE EQUIV).....	59	ONDANSETRON HCL TAB 24 MG.....	100
OLANZA/FLUOX CAP 12-50MG.....	220	OLOPATADINE HCL NASAL SOLN 0.6%	38	ONDANSETRON ORALLY DISINTEGRATING TAB 4 MG.....	100
OLANZAPINE-FLUOXETINE HCL CAP 3-25 MG.....	220	OLOPATADINE SPR 0.6%.....	38	ONDANSETRON ORALLY DISINTEGRATING TAB 8 MG.....	100
OLANZAPINE-FLUOXETINE HCL CAP 3-25 MG.....	220	OLUMIANT TAB 1MG.....	141		
OLANZAPINE-FLUOXETINE HCL CAP 6-25 MG.....	220	OLUMIANT TAB 2MG.....	141		
OLANZAPINE-FLUOXETINE HCL CAP 6-25 MG.....	221	OLUMIANT TAB 4MG.....	141		

ONDANSETRON SOL 4MG/5ML.....	100	*ORAL VEHICLES - SUSP***.....	174	OSCIMIN SUB 0.125MG	44
ONDANSETRON TAB 4MG.....	100	*ORAL VEHICLES - SUSP***.....	174	OSCIMIN TAB 0.125MG	44
ONDANSETRON TAB 4MG ODT.....	100	*ORAL VEHICLES - SUSP***.....	176	OSELTAMIVIR CAP 30MG	21
ONDANSETRON TAB 8MG.....	100	*ORAL VEHICLES - SYRUP***.....	159	OSELTAMIVIR CAP 45MG	21
ONDANSETRON TAB 8MG ODT.....	100	*ORAL VEHICLES - SYRUP***.....	159	OSELTAMIVIR CAP 75MG	21
ONDANSETRON TAB 24MG.....	100	*ORAL VEHICLES - SYRUP***.....	159	OSELTAMIVIR PHOSPHATE (BULK)	
ONENATAL RX TAB.....	232	*ORAL VEHICLES - SYRUP***.....	167	POWDER	167
ONETOUCH DEL MIS LANC DEV	83	*ORAL VEHICLES - SYRUP***.....	167	OSELTAMIVIR PHOSPHATE CAP 30 MG	
ONETOUCH DEL MIS LANC DEV	86	*ORAL VEHICLES - SYRUP***.....	168	(BASE EQUIV).....	21
ONETOUCH DEL MIS PLUS 30G.....	83	*ORAL VEHICLES - SYRUP***.....	168	OSELTAMIVIR PHOSPHATE CAP 45 MG	
ONETOUCH DEL MIS PLUS 33G.....	83	*ORAL VEHICLES - SYRUP***.....	174	(BASE EQUIV).....	21
ONETOUCH LIQ ULT CONT	83	*ORAL VEHICLES - SYRUP***.....	174	OSELTAMIVIR PHOSPHATE CAP 75 MG	
ONETOUCH LIQ ULTRA	83	*ORAL VEHICLES - SYRUP***.....	174	(BASE EQUIV).....	21
ONETOUCH LIQ VERIO	83	*ORAL VEHICLES - SYRUP***.....	177	OSELTAMIVIR PHOSPHATE FOR SUSP 6	
ONETOUCH LIQ VERIO 4.....	167	*ORAL VEHICLES - SYRUP***.....	177	MG/ML (BASE EQUIV)	21
ONETOUCH US MIS 2 30G.....	83	ORAPENN SD LIQ SWEET	167	OSELTAMIVIR POW	167
ONE VITE TAB 1MG PLUS.....	232	ORA-PLUS LIQ	167	OSELTAMIVIR SUS 6MG/ML	21
ONFI SUS 2.5MG/ML.....	114	ORAPRED ODT TAB 10MG	133	OSIMERTINIB MESYLATE TAB 40 MG	
ONFI TAB 10MG	114	ORAPRED ODT TAB 15MG	133	(BASE EQUIVALENT).....	181
ONFI TAB 20MG	114	ORAPRED ODT TAB 30MG.....	133	OSIMERTINIB MESYLATE TAB 80 MG	
ONUREG TAB 200MG.....	41	ORA-SWEET SF SYP	167	(BASE EQUIVALENT).....	181
ONUREG TAB 300MG.....	41	ORA-SWEET SYP	167	OSMOLITE LIQ 1.0 CAL	95
ONYDA XR SUS 0.1MG/ML	50	ORAVIG TAB 50MG.....	36	OSPEMIFENE TAB 60 MG.....	211
OPCICON TAB 1.5MG.....	203	ORENCIA CLCK INJ 125MG/ML.....	141	OSPHENA TAB 60MG.....	211
OPFOLDA CAP 65MG	117	ORENCIA INJ 50/0.4ML.....	141	OTESECONAZOLE CAP THERAPY PACK	
OPILL TAB 0.075MG.....	202	ORENCIA INJ 87.5/0.7	141	150 MG (12 WEEKS)	37
OPIUM TIN 10MG/ML.....	115	ORENCIA INJ 125MG/ML	141	OTEZLA TAB 10/20	144
OPIUM TINCTURE 1% (10 MG/ML)		ORENITRAM TAB 0.25MG	205	OTEZLA TAB 10/20/30	144
(MORPHINE EQUIV)	115	ORENITRAM TAB 0.125MG	205	OTEZLA TAB 20MG.....	144
OPSUMIT TAB 10MG	205	ORENITRAM TAB 1MG.....	205	OTEZLA TAB 30MG.....	144
OPTICLEANSE PAK GHI.....	95	ORENITRAM TAB 2.5MG.....	205	OTEZLA XR TAB 75MG.....	144
OPTICLEANSE PAK PLUS	95	ORENITRAM TAB 5MG	205	OVACE PLUS CRE 10%.....	75
OPTION 2 TAB 1.5MG.....	203	ORENITRAM TAB MONTH 1.....	205	OVACE PLUS GEL 10% WASH	75
OPVEE SPR 2.7/0.1	200	ORENITRAM TAB MONTH 2	205	OVACE PLUS LIQ 10% WASH	75
ORA-BLEND SF SUS.....	167	ORENITRAM TAB MONTH 3	205	OVACE PLUS SHA 10%.....	75
ORA-BLEND SUS.....	167	ORFADIN CAP 2MG	117	OVACE WASH LIQ 10%	75
ORACIT SOL	95	ORFADIN CAP 5MG	117	OVIDE LOT 0.5%	201
ORALAIR ADLT SUB 300 IR.....	209	ORFADIN CAP 10MG	117	OXAPROZIN TAB 600 MG	186
ORALAIR CHLD SUB 100 IR	209	ORFADIN CAP 20MG	117	OXAPROZIN TAB 600 MG	187
ORALAIR SUB 300 IR.....	209	ORFADIN SUS 4MG/ML	117	OXAPROZIN TAB 600MG.....	187
ORAL CITRATE SOL.....	95	ORGOVYX TAB 120MG	21	OXAZEPAM CAP 10 MG.....	52
*ORAL ELECTROLYTE SOLUTION***.....	93	ORIAHNN CAP	139	OXAZEPAM CAP 10MG	52
*ORAL ELECTROLYTE SOLUTION***.....	95	ORILISSA TAB 150MG.....	139	OXAZEPAM CAP 15 MG.....	52
*ORAL ELECTROLYTE SOLUTION***.....	95	ORILISSA TAB 200MG	139	OXAZEPAM CAP 15MG	52
ORALONE DENT PST 0.1%.....	71	ORKAMBI GRA 75-94MG	70	OXAZEPAM CAP 30 MG	52
*ORAL VEHICLES***	159	ORKAMBI GRA 100-125	70	OXAZEPAM CAP 30MG.....	52
*ORAL VEHICLES***	167	ORKAMBI GRA 150-188	70	OXCARBAZEPINE SUSP 300 MG/5ML (60	
*ORAL VEHICLES***	167	ORKAMBI TAB 100-125.....	70	MG/ML).....	218
*ORAL VEHICLES***	174	ORKAMBI TAB 200-125.....	70	OXCARBAZEPINE TAB 150 MG	218
*ORAL VEHICLES FOR SUSP***	174	ORLYNVAH TAB 500-500.....	167	OXCARBAZEPINE TAB 300 MG	218
*ORAL VEHICLES - SUSP***.....	159	ORPHENADRINE CITRATE TAB ER 12HR		OXCARBAZEPINE TAB 600 MG.....	218
*ORAL VEHICLES - SUSP***.....	167	100 MG.....	212	OXCARBAZEPIN SUS 300/5ML.....	218
*ORAL VEHICLES - SUSP***.....	167	ORPHENADRINE TAB 100MG ER	212	OXCARBAZEPIN TAB 150MG	218
*ORAL VEHICLES - SUSP***.....	168	ORQUIDEA TAB 0.35MG.....	203	OXCARBAZEPIN TAB 300MG.....	218
*ORAL VEHICLES - SUSP***.....	174	ORSERDU TAB 86MG.....	34	OXCARBAZEPIN TAB 600MG.....	218
				OXERVATE SOL 20MCG/ML.....	189

OXYBUTYNIN CHLORIDE SOLUTION 5 MG/5ML	44	OXYCODONE W/ ACETAMINOPHEN TAB 5-325 MG	198	PALFORZIA CAP LEVEL 8	168
OXYBUTYNIN CHLORIDE TAB 2.5 MG	44	OXYCODONE W/ ACETAMINOPHEN TAB 7.5-325 MG	197	PALFORZIA CAP LEVEL 9	168
OXYBUTYNIN CHLORIDE TAB 5 MG	44	OXYCODONE W/ ACETAMINOPHEN TAB 7.5-325 MG	198	PALFORZIA CAP LEVEL 10	168
OXYBUTYNIN CHLORIDE TAB ER 24HR 5 MG	44	OXYCODONE W/ ACETAMINOPHEN TAB 7.5-325 MG	198	PALFORZIA POW LEVEL 11	168
OXYBUTYNIN CHLORIDE TAB ER 24HR 10 MG	44	OXYCODONE W/ ACETAMINOPHEN TAB 7.5-325 MG	198	PALFORZIA POW LEVEL 11	168
OXYBUTYNIN CHLORIDE TAB ER 24HR 15 MG	44	OXYCODONE W/ ACETAMINOPHEN TAB 10-325 MG	196	PALOPEGTERIPARATIDE PEN-INJ 168 MCG/0.56ML (TERIPARATIDE EQ)	118
OXYBUTYNIN SOL 5MG/5ML	44	OXYCODONE W/ ACETAMINOPHEN TAB 10-325 MG	198	PALOPEGTERIPARATIDE PEN-INJ 294 MCG/0.98ML (TERIPARATIDE EQ)	118
OXYBUTYNIN TAB 2.5MG	44	OXYCODONE W/ ACETAMINOPHEN TAB 10-325 MG	198	PALOPEGTERIPARATIDE PEN-INJ 420 MCG/1.4ML (TERIPARATIDE EQ)	118
OXYBUTYNIN TAB 5MG	44	OXYCODONE W/ ACETAMINOPHEN TAB 10-325 MG	198	PALOVAROTENE CAP 1.5 MG	174
OXYBUTYNIN TAB 5MG ER	44	OXYMORPHONE HCL TAB 5 MG	198	PALOVAROTENE CAP 1 MG	174
OXYBUTYNIN TAB 10MG ER	44	OXYMORPHONE HCL TAB 10 MG	198	PALOVAROTENE CAP 2.5 MG	174
OXYBUTYNIN TAB 15MG ER	44	OXYMORPHONE HCL TAB ER 12HR 5 MG ..	196	PALOVAROTENE CAP 5 MG	174
OXYCOD/APAP TAB 2.5-325	198	OXYMORPHONE HCL TAB ER 12HR 7.5 MG ..	196	PALOVAROTENE CAP 10 MG	174
OXYCOD/APAP TAB 5-325MG	198	OXYMORPHONE HCL TAB ER 12HR 10 MG ..	195	PANCRELIPASE (LIP-PROT-AMYL) DR CAP 3000-9500-15000 UNIT	116
OXYCOD/APAP TAB 7.5-325	198	OXYMORPHONE HCL TAB ER 12HR 15 MG ..	195	PANCRELIPASE (LIP-PROT-AMYL) DR CAP 3000-10000-14000 UNIT	118
OXYCOD/APAP TAB 10-325MG	198	OXYMORPHONE HCL TAB ER 12HR 20 MG ..	195	PANCRELIPASE (LIP-PROT-AMYL) DR CAP 4000-14375-15125 UNIT	117
OXYCODONE CAP 5MG	198	OXYMORPHONE HCL TAB ER 12HR 30 MG ..	195	PANCRELIPASE (LIP-PROT-AMYL) DR CAP 5000-17000-24000 UNIT	118
OXYCODONE CAP ER 12HR ABUSE- DETERRENT 9 MG	196	OXYMORPHONE HCL TAB ER 12HR 40 MG ..	196	PANCRELIPASE (LIP-PROT-AMYL) DR CAP 6000-19000-30000 UNIT	116
OXYCODONE CAP ER 12HR ABUSE- DETERRENT 13.5 MG	196	OXYMORPHONE TAB 5MG ER	196	PANCRELIPASE (LIP-PROT-AMYL) DR CAP 8000-28750-30250 UNIT	117
OXYCODONE CAP ER 12HR ABUSE- DETERRENT 18 MG	196	OXYMORPHONE TAB 7.5MG ER	196	PANCRELIPASE (LIP-PROT-AMYL) DR CAP 10000-32000-42000 UNIT	118
OXYCODONE CAP ER 12HR ABUSE- DETERRENT 27 MG	196	OXYMORPHONE TAB 10MG ER	195	PANCRELIPASE (LIP-PROT-AMYL) DR CAP 12000-38000-60000 UNIT	116
OXYCODONE CAP ER 12HR ABUSE- DETERRENT 36 MG	196	OXYMORPHONE TAB 15MG ER	195	PANCRELIPASE (LIP-PROT-AMYL) DR CAP 15000-47000-63000 UNIT	118
OXYCODONE CON 100/5ML	198	OXYMORPHONE TAB 20MG ER	195	PANCRELIPASE (LIP-PROT-AMYL) DR CAP 16000-57500-60500 UNIT	117
OXYCODONE HCL CAP 5 MG	198	OXYMORPHONE TAB 30MG ER	195	PANCRELIPASE (LIP-PROT-AMYL) DR CAP 20000-63000-84000 UNIT	118
OXYCODONE HCL CONC 100 MG/5ML (20 MG/ML)	198	OXYMORPHONE TAB 40MG ER	196	PANCRELIPASE (LIP-PROT-AMYL) DR CAP 24000-76000-120000 UNIT	116
OXYCODONE HCL SOLN 5 MG/5ML	198	OXYMORPHONE TAB HCL 5MG	198	PANCRELIPASE (LIP-PROT-AMYL) DR CAP 24000-86250-90750 UNIT	117
OXYCODONE HCL TAB 5 MG	198	OXYMORPHONE TAB HCL 10MG	198	PANCRELIPASE (LIP-PROT-AMYL) DR CAP 25000-79000-105000 UNIT	118
OXYCODONE HCL TAB 10 MG	198	OZANIMOD CAP PACK 4 X 0.23 MG & 3 X 0.46 MG	185	PANCRELIPASE (LIP-PROT-AMYL) DR CAP 36000-114000-180000 UNIT	116
OXYCODONE HCL TAB 15 MG	198	OZANIMOD CAP PACK 4 X 0.23 MG & 3 X 0.46 MG & 21 X 0.92 MG	185	PANCRELIPASE (LIP-PROT-AMYL) DR CAP 40000-126000-168000 UNIT	118
OXYCODONE HCL TAB 20 MG	198	OZANIMOD HCL CAP 0.92 MG	185	PANCRELIPASE (LIP-PROT-AMYL) DR CAP 60000-189600-252600 UNIT	118
OXYCODONE HCL TAB 30 MG	198	OZEMPIC INJ 2MG/3ML	32	PANDEL CRE 0.1%	133
OXYCODONE SOL 5MG/5ML	198	OZEMPIC INJ 4MG/3ML	32	PANRETIN GEL 0.1%	210
OXYCODONE TAB 5MG	198	OZEMPIC INJ 8MG/3ML	32	PANTOPRAZOLE SODIUM EC TAB 20 MG (BASE EQUIV)	205
OXYCODONE TAB 10MG	198	OZENOXACIN CREAM 1%	207	PANTOPRAZOLE SODIUM EC TAB 40 MG (BASE EQUIV)	205
OXYCODONE TAB 15MG	198	OZOBAX DS SOL 10MG/5ML	213		
OXYCODONE TAB 20MG	198	PACERONE TAB 100MG	22		
OXYCODONE TAB 30MG	198	PACERONE TAB 200MG	23		
OXYCODONE W/ ACETAMINOPHEN TAB 2.5-325 MG	197	PACERONE TAB 400MG	23		
OXYCODONE W/ ACETAMINOPHEN TAB 2.5-325 MG	198	PALFORZIA CAP 1-3YRS	167		
OXYCODONE W/ ACETAMINOPHEN TAB 2.5-325 MG	198	PALFORZIA CAP 4-17YRS	167		
OXYCODONE W/ ACETAMINOPHEN TAB 5-325 MG	197	PALFORZIA CAP ESCALAT	167		
OXYCODONE W/ ACETAMINOPHEN TAB 5-325 MG	198	PALFORZIA CAP LEVEL 0	167		
		PALFORZIA CAP LEVEL 1	168		
		PALFORZIA CAP LEVEL 2	168		
		PALFORZIA CAP LEVEL 3	168		
		PALFORZIA CAP LEVEL 4	168		
		PALFORZIA CAP LEVEL 5	168		
		PALFORZIA CAP LEVEL 6	168		
		PALFORZIA CAP LEVEL 7	168		

*PANTOPRAZOLE SODIUM SUSP 4 MG/ ML (COMPOUND KIT)**	204	PCCA-PLUS SUS	168	*PEDIATRIC MULTIPLE VITAMINS W/ FLUORIDE CHEW TAB 1 MG***	234
PANTOPRAZOLE TAB 20MG	205	PCCA SWEET SYP -SF	168	*PEDIATRIC MULTIPLE VITAMINS W/ FLUORIDE SOLN 0.5 MG/ML***	231
PANTOPRAZOLE TAB 40MG	205	PCCA SYRUP SYP VEHICLE	168	*PEDIATRIC MULTIPLE VITAMINS W/ FLUORIDE SOLN 0.5 MG/ML***	234
PARICALCITOL CAP 1 MCG	152	PEANUT ALLERGEN POWDER-DNFP MAINTENANCE PACKET 300 MG	168	*PEDIATRIC MULTIPLE VITAMINS W/ FLUORIDE SOLN 0.25 MG/ML***	230
PARICALCITOL CAP 1 MCG	152	PEANUT ALLERGEN POWDER-DNFP TITRATION PACKET 300 MG	168	*PEDIATRIC MULTIPLE VITAMINS W/ FLUORIDE SOLN 0.25 MG/ML***	231
PARICALCITOL CAP 1 MCG	152	PEANUT POWDER-DNFP CAP SPRINKLE PACK 1 X 1 MG (1 MG DOSE)	167	*PEDIATRIC MULTIPLE VITAMINS W/ FLUORIDE SOLN 0.25 MG/ML***	234
PARICALCITOL CAP 2 MCG	152	PEANUT POWDER-DNFP CAP SPRINKLE PACK 2 X 20 MG (40 MG DOSE)	168	*PEDIATRIC MULTIPLE VITAMIN W/ FL- FE SUSP 0.25-7 MG/ML**	233
PARICALCITOL CAP 2 MCG	152	PEANUT POWDER-DNFP CAP SPRINKLE PACK 3 X 1 MG (3 MG DOSE)	168	*PEDIATRIC VITAMINS ACD W/ FLUORIDE SOLN 0.5 MG/ML***	98
PARICALCITOL CAP 4 MCG	152	PEANUT POWDER-DNFP CAP SPRINKLE PACK 4 X 20 MG (80 MG DOSE)	168	*PEDIATRIC VITAMINS ACD W/ FLUORIDE SOLN 0.25 MG/ML***	98
PARICALCITOL CAP 4 MCG	152	PEANUT POWDER-DNFP CAP SPRINKLE PACK 6 X 1 MG (6 MG DOSE)	168	PEDI PEPTIDE LIQ 1.0	95
PARI VORTEX MIS ADL MASK	168	PEANUT POWDER-DNFP CAP SPRINKLE PACK 20 MG (20 MG DOSE)	168	PEDI PEPTIDE LIQ 1.5	95
PARNATE TAB 10MG	182	PEANUT POWDER-DNFP PACK 2 X 1 MG & 10 MG (12 MG DOSE)	168	PEDI PEPTIDE LIQ 1.5 VAN	95
PAROMOMYCIN SULFATE CAP 250 MG	11	PEANUT POWDER-DNFP PACK 2 X 20 MG & 2 X 100 MG (240 MG DOSE)	168	PEDI STANDAR LIQ 1.2 CHOC	95
PAROXETINE HCL ORAL SUSP 10 MG/5ML (BASE EQUIV)	220	PEANUT POWDER-DNFP PACK 2 X 100 MG (200 MG DOSE)	168	PEDI STANDAR LIQ 1.2 VAN	95
PAROXETINE HCL ORAL SUSP 10 MG/5ML (BASE EQUIV)	220	PEANUT POWDER-DNFP PACK 3 X 20 MG & 100 MG (160 MG DOSE)	168	PEDVAX HIB INJ	226
PAROXETINE HCL TAB 10 MG	220	PEANUT POWDER-DNFP PACK 20 MG & 100 MG (120 MG DOSE)	168	*PED VIT ACD & L-METHYLFOLATE W/ FLUORIDE SUSP 0.5 MG/ML***	235
PAROXETINE HCL TAB 20 MG	220	PEANUT POWDER-DNFP STARTER PACK 0.5 & 1 & 1.5 & 3 & 6 MG	167	*PED VIT ACD & L-METHYLFOLATE W/ FLUORIDE SUSP 0.25 MG/ML***	235
PAROXETINE HCL TAB 30 MG	220	PEANUT POWDER-DNFP STARTER PACK 0.5 & 1 & 1.5 & 3 & 6 MG	167	PEG 3350-KCL-NA BICARB-NACL-NA SULFATE FOR SOLN 236 GM	148
PAROXETINE HCL TAB 40 MG	220	PEANUT POWDER-DNFP STARTER PACK 0.5 & 1 & 1.5 & 3 MG	167	PEG 3350-KCL-NA BICARB-NACL-NA SULFATE FOR SOLN 236 GM	148
PAROXETINE HCL TAB ER 24HR 12.5 MG	220	PEDIALYTE SOL ADV CARE	95	PEG 3350-KCL-NA BICARB-NACL-NA SULFATE FOR SOLN 236 GM	148
PAROXETINE HCL TAB ER 24HR 25 MG	220	PEDIALYTE SOL FRUIT PU	95	PEG 3350-KCL-NA BICARB-NACL-NA SULFATE FOR SOLN 240 GM	148
PAROXETINE HCL TAB ER 24HR 37.5 MG	220	PEDIAPRED SOL 5MG/5ML	133	PEG 3350-KCL-NACL-NA SULFATE-MAG SULFATE FOR SOLN 178.7 GM	115
PAROXETIN ER TAB 12.5MG	220	PEDIARIX INJ 0.5ML	226	PEG 3350-KCL-NACL-NA SULFATE-NA ASCORBATE-C FOR SOLN 100 GM	148
PAROXETIN ER TAB 37.5MG	220	*PEDIATRIC MULTIPLE VITAMINS W/ FL-FE CHEW TAB 0.5-10 MG**	233	PEG 3350-KCL-NACL-NA SULFATE-NA ASCORBATE-C FOR SOLN 100 GM	149
PAROXETINE SUS 10MG/5ML	220	*PEDIATRIC MULTIPLE VITAMINS W/ FL-FE DROPS 0.25-10 MG/ML**	231	PEG 3350-KCL-NACL-NA SULFATE-NA ASCORBATE-C FOR SOLN 140 GM	149
PAROXETINE TAB 10MG	220	*PEDIATRIC MULTIPLE VITAMINS W/ FLUORIDE CHEW TAB 0.5 MG***	231	PEG 3350-KCL-SOD BICARB-NACL FOR SOLN 420 GM	148
PAROXETINE TAB 20MG	220	*PEDIATRIC MULTIPLE VITAMINS W/ FLUORIDE CHEW TAB 0.5 MG***	234	PEG 3350-KCL-SOD BICARB-NACL FOR SOLN 420 GM	149
PAROXETINE TAB 25MG ER	220	*PEDIATRIC MULTIPLE VITAMINS W/ FLUORIDE CHEW TAB 0.25 MG***	231	PEG-3350/KCL SOL /SODIUM	149
PAROXETINE TAB 30MG	220	*PEDIATRIC MULTIPLE VITAMINS W/ FLUORIDE CHEW TAB 0.25 MG***	231	PEG 3350 POW	147
PAROXETINE TAB 40MG	220	*PEDIATRIC MULTIPLE VITAMINS W/ FLUORIDE CHEW TAB 0.25 MG***	234	PEG 3350 POW	148
PATIROMER SORBITE CALCIUM FOR SUSP PACKET 1 GM (BASE EQ)	100	*PEDIATRIC MULTIPLE VITAMINS W/ FLUORIDE CHEW TAB 1 MG***	230	PEG-3350 SOL ELECTROL	148
PATIROMER SORBITE CALCIUM FOR SUSP PACKET 8.4 GM (BASE EQ)	100	*PEDIATRIC MULTIPLE VITAMINS W/ FLUORIDE CHEW TAB 1 MG***	231	PEGASYS INJ	16
PATIROMER SORBITE CALCIUM FOR SUSP PACKET 16.8 GM (BASE EQ)	99			PEGASYS INJ 180MCG/M	16
PATIROMER SORBITE CALCIUM FOR SUSP PACKET 25.2 GM (BASE EQ)	100			PEG BASE OIN	168
PAXIL SUS 10MG/5ML	220				
PAXLOVID PAK	45				
PAXLOVID TAB 150-100	45				
PAXLOVID TAB 300-100	45				
PAZOPANIB HCL TAB 400 MG (BASE EQUIV)	181				
PAZOPANIB TAB 400MG	181				
PCCA ACACIA SYP BASE	168				
PCCA COBASE OIN #1	168				
PCCA CUSTOM CRE LIPO-MAX	168				
PCCA LIPOSOM CRE DRY	168				
PCCA LIPOSOM CRE NORMAL	168				
PCCA LIPOSOM CRE OILY	168				
PCCA LIPOSOM CRE SENSITIV	168				



*PHARMACEUTICAL EXCIPIENTS (BULK) LIQUID**.....	153	PHENYLEPHRINE-CHLORPHEN-DM LIQUID 7.5-4-30 MG/5ML.....	209	PILOCARPINE TAB 5MG.....	71
*PHARMACEUTICAL EXCIPIENTS (BULK) LIQUID**.....	165	PHENYLEPHRINE HCL OPHTH SOLN 2.5% ..	188	PILOCARPINE TAB 7.5MG	71
*PHARMACEUTICAL EXCIPIENTS (BULK) LIQUID**.....	166	PHENYLEPHRINE HCL OPHTH SOLN 2.5% ..	189	PIMAVANSERIN TARTRATE CAP 34 MG (BASE EQUIVALENT).....	8
PHENAZOPYRIDINE HCL TAB 100 MG.....	119	PHENYLEPHRINE HCL OPHTH SOLN 10% ..	188	PIMAVANSERIN TARTRATE TAB 10 MG (BASE EQUIVALENT).....	8
PHENAZOPYRIDINE HCL TAB 100 MG.....	119	PHENYLEPHRINE HCL OPHTH SOLN 10% ..	189	PIMECROLIMUS CRE 1%	75
PHENAZOPYRIDINE HCL TAB 200 MG.....	119	PHENYLEPHRIN SOL 2.5% OP.....	189	PIMECROLIMUS CREAM 1%.....	75
PHENAZOPYRIDINE HCL TAB 200 MG.....	119	PHENYL-FREE POW 1.....	170	PIMOZIDE TAB 1 MG	6
PHENAZOPYRIDINE HCL TAB 200 MG.....	119	PHENYL-FREE POW 2.....	232	PIMOZIDE TAB 1MG.....	6
PHENAZOPYRID TAB 100MG.....	119	PHENYL-FREE POW 2HP.....	232	PIMOZIDE TAB 2 MG	6
PHENAZOPYRID TAB 200MG.....	119	PHENYTEK CAP 200MG.....	218	PIMOZIDE TAB 2MG.....	6
PHENAZO TAB 200MG	119	PHENYTEK CAP 300MG.....	218	PIMTREA TAB	110
PHENELZINE SULFATE TAB 15 MG	182	PHENYTOIN CHEW TAB 50 MG	218	PINDOLOL TAB 5 MG.....	53
PHENELZINE SULFATE TAB 15 MG	182	PHENYTOIN CHEW TAB 50 MG	218	PINDOLOL TAB 5MG	53
PHENELZINE TAB 15MG.....	182	PHENYTOIN CHW 50MG	218	PINDOLOL TAB 10 MG.....	53
PHENOBARB ELX 20MG/5ML	29	PHENYTOIN EX CAP 100MG.....	218	PINDOLOL TAB 10MG	53
PHENOBARBITAL ELIXIR 20 MG/5ML.....	29	PHENYTOIN EX CAP 200MG	218	PIOGLITA/MET TAB 15-500MG	32
PHENOBARBITAL ELIXIR 20 MG/5ML.....	29	PHENYTOIN EX CAP 300MG	218	PIOGLITA/MET TAB 15-850MG	32
PHENOBARBITAL TAB 15 MG.....	29	PHENYTOIN SODIUM EXTENDED CAP 30 MG.....	218	PIOGLITAZONE HCL-GLIMEPIRIDE TAB 30-2 MG.....	30
PHENOBARBITAL TAB 16.2 MG	29	PHENYTOIN SODIUM EXTENDED CAP 100 MG.....	218	PIOGLITAZONE HCL-GLIMEPIRIDE TAB 30-2 MG.....	32
PHENOBARBITAL TAB 30 MG.....	29	PHENYTOIN SODIUM EXTENDED CAP 100 MG.....	218	PIOGLITAZONE HCL-GLIMEPIRIDE TAB 30-4 MG	30
PHENOBARBITAL TAB 32.4 MG.....	29	PHENYTOIN SODIUM EXTENDED CAP 200 MG	218	PIOGLITAZONE HCL-GLIMEPIRIDE TAB 30-4 MG	32
PHENOBARBITAL TAB 60 MG	29	PHENYTOIN SODIUM EXTENDED CAP 200 MG	218	PIOGLITAZONE HCL-METFORMIN HCL TAB 15-500 MG.....	32
PHENOBARBITAL TAB 64.8 MG.....	29	PHENYTOIN SODIUM EXTENDED CAP 300 MG	218	PIOGLITAZONE HCL-METFORMIN HCL TAB 15-850 MG.....	32
PHENOBARBITAL TAB 97.2 MG	29	PHENYTOIN SODIUM EXTENDED CAP 300 MG	218	PIOGLITAZONE HCL TAB 15 MG (BASE EQUIV).....	32
PHENOBARB TAB 15MG	29	PHENYTOIN SUS 125/5ML	218	PIOGLITAZONE HCL TAB 30 MG (BASE EQUIV).....	32
PHENOBARB TAB 16.2MG	29	PHENYTOIN SUSP 125 MG/5ML.....	218	PIOGLITAZONE HCL TAB 45 MG (BASE EQUIV).....	32
PHENOBARB TAB 30MG.....	29	PHENYTOIN SUSP 125 MG/5ML.....	218	PIOGLITAZONE TAB 15MG	32
PHENOBARB TAB 32.4MG	29	PHILITH TAB 0.4-35.....	110	PIOGLITAZONE TAB 30MG.....	32
PHENOBARB TAB 60MG.....	29	PHOSPHA 250 TAB NEUTRAL.....	96	PIOGLITAZONE TAB 45MG.....	32
PHENOBARB TAB 64.8MG	29	PHOSPHOLINE SOL 0.125%OP.....	192	PIOGLIT/GLIM TAB 30-2MG	32
PHENOBARB TAB 97.2MG	29	PHOSPHOROUS TAB	96	PIOGLIT/GLIM TAB 30-4MG	32
PHENOBARB TAB 100MG.....	29	PHOSPHO-TRIN TAB 250 NEUT.....	96	PIP CONTROL LIQ	84
PHENOL LIQ	25	PHOXILLUM SOL B22K/40	96	PIQRAY 200MG TAB DOSE	41
PHENOL LIQ 89%	25	PHOXILLUM SOL BK4/2.5.....	96	PIQRAY 250MG TAB DOSE	41
PHENOL LIQ 89%	25	PHYTONADIONE TAB 5 MG.....	232	PIQRAY 300MG TAB DOSE	41
PHENOL LIQUID (BULK)	25	PHYTONADIONE TAB 5MG	232	PIRFENIDONE CAP 267 MG	209
PHENOL LIQUID (BULK)	25	PIFELTRO TAB 100MG.....	17	PIRFENIDONE CAP 267MG.....	209
PHENOL LIQUID (BULK)	25	PILOCARPINE HCL OPHTH SOLN 1%	192	PIRFENIDONE TAB 267 MG.....	207
PHENOXYBENZA CAP 10MG	11	PILOCARPINE HCL OPHTH SOLN 2%.....	192	PIRFENIDONE TAB 267MG.....	207
PHENOXYBENZAMINE HCL CAP 10 MG	11	PILOCARPINE HCL OPHTH SOLN 4%.....	192	PIRFENIDONE TAB 534 MG	209
PHENYLADE60 POW	232	PILOCARPINE HCL TAB 5 MG	71	PIRFENIDONE TAB 534MG.....	209
PHENYLADE60 POW DRNK MIX.....	232	PILOCARPINE HCL TAB 5 MG	71	PIRFENIDONE TAB 801 MG.....	207
PHENYLADE POW ESSNTL	232	PILOCARPINE HCL TAB 7.5 MG.....	71	PIRFENIDONE TAB 801MG.....	207
PHENYLADE POW GMP	232	PILOCARPINE HCL TAB 7.5 MG.....	72	PIROXICAM CAP 10 MG	187
PHENYLADE POW GMP ULTR.....	96	PILOCARPINE SOL 1% OP.....	192	PIROXICAM CAP 10MG	187
PHENYLALANINE PACKET 50 MG.....	96	PILOCARPINE SOL 2% OP.....	192		
PHENYLALANIN PAK 50MG	96	PILOCARPINE SOL 4% OP.....	192		
PHENYLBUTYRA POW SODIUM	117				
PHENYLD GMP POW DHA/FIBR	232				

PIROXICAM CAP 20 MG.....	188	PNEUMOCOCCAL VACCINE		POLYETHYLENE GLYCOL 3350 ORAL	
PIROXICAM CAP 20MG.....	188	POLYVALENT SOLN PREF SYR 25		POWDER 17 GM/SCOOP.....	147
PIRTOBRUTINIB TAB 50 MG.....	39	MCG/0.5ML.....	226	POLYETHYLENE GLYCOL 3350 ORAL	
PIRTOBRUTINIB TAB 100 MG.....	39	PNEUMOVAX 23 INJ 25/0.5.....	226	POWDER 17 GM/SCOOP.....	147
PITOLISANT HCL TAB 4.45 MG (BASE		PNEUMOVAX 23 INJ 25/0.5.....	226	POLYETHYLENE GLYCOL 3350 ORAL	
EQUIVALENT).....	214	PNV 27-CA/FE TAB /FA.....	232	POWDER 17 GM/SCOOP.....	147
PITOLISANT HCL TAB 17.8 MG (BASE		PNV-DHA CAP.....	232	POLYETHYLENE GLYCOL 3350 ORAL	
EQUIVALENT).....	214	PNV-DHA CAP DOCUSATE.....	232	POWDER 17 GM/SCOOP.....	147
PIVOT LIQ 1.5 CAL.....	96	PNV-OMEGA CAP.....	233	POLYETHYLENE GLYCOL 3350 ORAL	
PKU COOLR 10 LIQ RED.....	96	PNV-SELECT TAB.....	233	POWDER 17 GM/SCOOP.....	147
PKU COOLR 15 LIQ ORANGE.....	96	PODOCON-25 SOL.....	75	POLYETHYLENE GLYCOL 3350 ORAL	
PKU COOLR 15 LIQ PURPLE.....	96	PODOFILOX GEL 0.5%.....	74	POWDER 17 GM/SCOOP.....	147
PKU COOLR 15 LIQ RED.....	96	PODOFILOX GEL 0.5%.....	75	POLYETHYLENE GLYCOL 3350 ORAL	
PKU COOLR 20 LIQ ORANGE.....	96	PODOFILOX GEL 0.5%.....	75	POWDER 17 GM/SCOOP.....	147
PKU COOLR 20 LIQ PURPLE.....	96	PODOFILOX SOL 0.5%.....	75	POLYETHYLENE GLYCOL 3350 POWDER...148	
PKU COOLR 20 LIQ RED.....	96	PODOFILOX SOLN 0.5%.....	75	POLYETHYLENE GLYCOL 8000 OINT.....170	
PKU EASY POW SHAKE&GO.....	232	PODOPHYLLUM RESIN SOLN 25%.....	75	POLYETHYLENE GLYCOL OINTMENT.....152	
PKU EASY TAB MICROTAB.....	170	POLIOVIRUS VACCINE, IPV INJ SUSP.....	226	POLYETHYLENE GLYCOL OINTMENT.....168	
PKU EASY TAB PLUS.....	170	POLYCIN OIN OP.....	189	POLYETHYLENE GLYCOL OINTMENT.....170	
PKU GEL PAK.....	96	POLYETH GLYC OIN 8000.....	170	POLY GLYCOL LIQ 1450.....	149
PKU GOLIKE POW PL 4-16.....	170	POLYETH GLYC POW 1450.....	149	POLY HUB MIS 18GX1".....	146
PKU GOLIKE POW PLUS 16+.....	170	POLYETH GLYC POW 3350.....	147	POLY HUB MIS 18GX1.5".....	146
PKU START POW.....	232	POLYETH GLYC POW 3350 NF.....	147	POLY HUB MIS 20GX1".....	170
PKU TRIO POW UNFLAVOR.....	232	POLYETHYLENE GLYCOL 1450 LIQUID....149		POLY HUB MIS 21GX1".....	170
PKU TRIO POW VANILLA.....	232	POLYETHYLENE GLYCOL 1450 POWDER...147		POLY HUB MIS 21GX1.5".....	170
PLAN B TAB 1.5MG.....	204	POLYETHYLENE GLYCOL 1450 POWDER...149		POLY HUB MIS 22GX1".....	170
PLEGRIDY INJ.....	185	POLYETHYLENE GLYCOL 3350 ORAL		POLY HUB MIS 22GX1.5".....	170
PLEGRIDY INJ.....	185	POWDER 17 GM/SCOOP.....	146	POLY HUB MIS 23GX1".....	170
PLEGRIDY INJ PEN.....	185	POLYETHYLENE GLYCOL 3350 ORAL		POLY HUB MIS 23GX1.5".....	170
PLEGRIDY INJ STARTER.....	185	POWDER 17 GM/SCOOP.....	146	POLY HUB MIS 25GX1".....	170
PLEGRIDY PEN INJ STARTER.....	185	POLYETHYLENE GLYCOL 3350 ORAL		POLY HUB MIS 25GX1.5".....	170
PLENVU SOL.....	149	POWDER 17 GM/SCOOP.....	146	POLY HUB MIS 25GX5/8".....	170
PLERIXAFOR INJ 24/1.2ML.....	57	POLYETHYLENE GLYCOL 3350 ORAL		POLY HUB MIS 27GX1/2".....	170
PLERIXAFOR SUBCUTANEOUS INJ 24		POWDER 17 GM/SCOOP.....	146	POLY HUB MIS 30GX1/2".....	170
MG/1.2ML (20 MG/ML).....	57	POLYETHYLENE GLYCOL 3350 ORAL		POLYMAC GEL PROGEL.....	170
PLERIXAFOR SUBCUTANEOUS INJ 24		POWDER 17 GM/SCOOP.....	146	POLYMYXIN B/ SOL TRIMETHP.....	189
MG/1.2ML (20 MG/ML).....	57	POLYETHYLENE GLYCOL 3350 ORAL		POLYMYXIN B-TRIMETHOPRIM OPHTH	
PLO20 GEL FLOWABLE.....	170	POWDER 17 GM/SCOOP.....	146	SOLN 10000 UNIT/ML-0.1%.....	189
PLO20 GEL NON-FLOW.....	170	POLYETHYLENE GLYCOL 3350 ORAL		POLYOX POW WSR-301.....	170
PLO GEL MEDIFLO.....	170	POWDER 17 GM/SCOOP.....	147	POLYOX WSR POW -301.....	170
PLO MEDIFLO GEL 30.....	170	POLYETHYLENE GLYCOL 3350 ORAL		POLYPEG OIN BASE.....	170
PLO MEDIFLO KIT 30 KIT.....	170	POWDER 17 GM/SCOOP.....	147	POLYSORBATE 80 LIQ.....	170
PLO MEDIFLO KIT KIT.....	170	POLYETHYLENE GLYCOL 3350 ORAL		POLYSORBATE 80 LIQ.....	170
PLO TRANSDER CRE.....	170	POWDER 17 GM/SCOOP.....	147	POLYSORBATE LIQ 80.....	170
PNEUMOCOCCAL 15-VALENT		POLYETHYLENE GLYCOL 3350 ORAL		POLYSORBATE LIQ 80.....	170
CONJUGATE VACCINE SUS PREF SYR 0.5		POWDER 17 GM/SCOOP.....	147	POLY-VI-FLOR CHW W/IRON.....	233
ML.....	228	POLYETHYLENE GLYCOL 3350 ORAL		POLY-VI-FLOR SUS /IRON.....	233
PNEUMOCOCCAL 20-VALENT		POWDER 17 GM/SCOOP.....	147	POMALIDOMIDE CAP 1 MG.....	21
CONJUGATE VACCINE SUS PREF SYR 0.5		POLYETHYLENE GLYCOL 3350 ORAL		POMALIDOMIDE CAP 1 MG.....	22
ML.....	226	POWDER 17 GM/SCOOP.....	147	POMALIDOMIDE CAP 1MG.....	21
PNEUMOCOCCAL 21-VALENT		POLYETHYLENE GLYCOL 3350 ORAL		POMALIDOMIDE CAP 2 MG.....	21
CONJUGATE VACCINE SOLN PREF SYR		POWDER 17 GM/SCOOP.....	147	POMALIDOMIDE CAP 2 MG.....	22
0.5ML.....	225	POLYETHYLENE GLYCOL 3350 ORAL		POMALIDOMIDE CAP 2MG.....	21
PNEUMOCOCCAL VACCINE		POWDER 17 GM/SCOOP.....	147	POMALIDOMIDE CAP 3 MG.....	21
POLYVALENT INJ SOLN 25 MCG/0.5ML....226		POLYETHYLENE GLYCOL 3350 ORAL		POMALIDOMIDE CAP 3 MG.....	22
		POWDER 17 GM/SCOOP.....	147	POMALIDOMIDE CAP 3MG.....	21

POMALIDOMIDE CAP 4 MG	21	POTASSIUM CHLORIDE ORAL SOLN 20% (40 MEQ/15ML)	96	POT CL MICRO TAB 20MEQ ER	97
POMALIDOMIDE CAP 4 MG	22	POTASSIUM CHLORIDE POWDER PACKET 20 MEQ	94	POT IODIDE SOL 1GM/ML	170
POMALIDOMIDE CAP 4MG	21	POTASSIUM CHLORIDE POWDER PACKET 20 MEQ	96	POT PHOS MONOBASIC W/SOD PHOS DI & MONOBAS TAB 155-852-130MG	94
POMALYST CAP 1MG	22	POTASSIUM CHLORIDE TAB ER 8 MEQ (600 MG)	94	POT PHOS MONOBASIC W/SOD PHOS DI & MONOBAS TAB 155-852-130MG	96
POMALYST CAP 2MG	22	POTASSIUM CHLORIDE TAB ER 8 MEQ (600 MG)	96	POT PHOS MONOBASIC W/SOD PHOS DI & MONOBAS TAB 155-852-130MG	96
POMALYST CAP 3MG	22	POTASSIUM CHLORIDE TAB ER 10 MEQ	94	POT PHOS MONOBASIC W/SOD PHOS DI & MONOBAS TAB 155-852-130MG	96
POMALYST CAP 4MG	22	POTASSIUM CHLORIDE TAB ER 10 MEQ	96	POT PHOS MONOBASIC W/SOD PHOS DI & MONOBAS TAB 155-852-130MG	96
PONATINIB HCL TAB 15 MG (BASE EQUIV)	179	POTASSIUM CHLORIDE TAB ER 15 MEQ	96	POT PHOSPHAT GRA DIBASIC	170
PONATINIB HCL TAB 45 MG (BASE EQUIV)	179	POTASSIUM CHLORIDE TAB ER 20 MEQ (1500 MG)	94	POT & SOD CITRATES W/ CIT AC SOLN 550-500-334 MG/5ML	98
PORTAGEN POW	233	POTASSIUM CHLORIDE TAB ER 20 MEQ (1500 MG)	96	POVIDONE-IODINE OPTH SOLN 5%	191
PORTIA-28 TAB	110	POTASSIUM CITRATE & CITRIC ACID POWDER PACK 3300-1002 MG	92	PRALSETINIB CAP 100 MG	179
POSACONAZOLE FOR DELAYED RELEASE SUSP PACKET 300 MG	36	POTASSIUM CITRATE & CITRIC ACID SOLN 1100-334 MG/5ML	94	PRAMIPEXOLE DIHYDROCHLORIDE TAB 0.5 MG	87
POSACONAZOLE SUS 40MG/ML	36	POTASSIUM CITRATE TAB ER 5 MEQ (540 MG)	96	PRAMIPEXOLE DIHYDROCHLORIDE TAB 0.25 MG	87
POSACONAZOLE SUS 200/5ML	36	POTASSIUM CITRATE TAB ER 5 MEQ (540 MG)	98	PRAMIPEXOLE DIHYDROCHLORIDE TAB 0.75 MG	87
POSACONAZOLE SUSP 40 MG/ML	36	POTASSIUM CITRATE TAB ER 10 MEQ (1080 MG)	96	PRAMIPEXOLE DIHYDROCHLORIDE TAB 0.125 MG	87
POSACONAZOLE SUSP 40 MG/ML	36	POTASSIUM CITRATE TAB ER 10 MEQ (1080 MG)	98	PRAMIPEXOLE DIHYDROCHLORIDE TAB 1.5 MG	87
POSACONAZOLE SUSP 40 MG/ML	36	POTASSIUM CITRATE TAB ER 15 MEQ (1620 MG)	96	PRAMIPEXOLE DIHYDROCHLORIDE TAB 1 MG	87
POSACONAZOLE TAB 100MG DR	36	POTASSIUM CITRATE TAB ER 15 MEQ (1620 MG)	98	PRAMIPEXOLE TAB 0.5MG	87
POSACONAZOLE TAB DELAYED RELEASE 100 MG	36	POTASSIUM IODIDE ORAL SOLN 1 GM/ML	170	PRAMIPEXOLE TAB 0.25MG	87
POTASSIUM BICARBONATE-CITRIC ACID EFFER TAB 10 MEQ	92	POTASSIUM IODIDE ORAL SOLN 1 GM/ML	174	PRAMIPEXOLE TAB 0.75MG	87
POTASSIUM BICARBONATE-CITRIC ACID EFFER TAB 20 MEQ	92	POTASSIUM PHOSPHATE DIBASIC GRANULES	170	PRAMIPEXOLE TAB 0.125MG	87
POTASSIUM BICARBONATE EFFER TAB 25 MEQ	92	POTASSIUM PHOSPHATE MONOBASIC TAB 500 MG	94	PRAMIPEXOLE TAB 1.5MG	87
POTASSIUM BICARBONATE EFFER TAB 25 MEQ	94	POTASSIUM & SODIUM ACID PHOSPHATES TAB 305-700 MG	94	PRAMIPEXOLE TAB 1MG	87
POTASSIUM BICARBONATE EFFER TAB 25 MEQ	95	POT CHLORIDE CAP 8MEQ ER	96	PRAMOSONE CRE 1-1%	75
POTASSIUM CHLORIDE CAP ER 8 MEQ	96	POT CHLORIDE CAP 10MEQ ER	96	PRAMOSONE CRE 1-2.5%	121
POTASSIUM CHLORIDE CAP ER 10 MEQ	96	POT CHLORIDE POW 20MEQ	96	PRAMOSONE LOT 1%	75
POTASSIUM CHLORIDE MICROENCAPSULATED CRYE ER TAB 10 MEQ	94	POT CHLORIDE SOL 10%	96	PRAMOSONE LOT 1-1%	75
POTASSIUM CHLORIDE MICROENCAPSULATED CRYE ER TAB 10 MEQ	96	POT CHLORIDE SOL 20%	96	PRAMOSONE LOT 2.5%	75
POTASSIUM CHLORIDE MICROENCAPSULATED CRYE ER TAB 10 MEQ	97	POT CHLORIDE TAB 8MEQ ER	96	PRAMOSONE OIN 1%	121
POTASSIUM CHLORIDE MICROENCAPSULATED CRYE ER TAB 15 MEQ	94	POT CHLORIDE TAB 10MEQ ER	96	PRAMOSONE OIN 2.5%	121
POTASSIUM CHLORIDE MICROENCAPSULATED CRYE ER TAB 15 MEQ	97	POT CHLORIDE TAB 15MEQ ER	96	PRAMOTIC DRO 1-0.1%	200
POTASSIUM CHLORIDE MICROENCAPSULATED CRYE ER TAB 20 MEQ	94	POT CHLORIDE TAB 20MEQ ER	96	PRAMOXINE-CHLOROXYLENOL OTIC LIQUID 1-0.1%	200
POTASSIUM CHLORIDE MICROENCAPSULATED CRYE ER TAB 20 MEQ	97	POT CITRA ER TAB 540MG	96	PRAMOXINE-HC AEROSOL FOAM 1-1%	74
POTASSIUM CHLORIDE ORAL SOLN 10% (20 MEQ/15ML)	96	POT CITRA ER TAB 1080MG	96	PRAMOXINE-HC CREAM 1-1%	75
		POT CITRA ER TAB 1620MG	96	PRAMOXINE-HC CREAM 1-2.5%	121
		POT CL MICRO TAB 10MEQ CR	96	PRAMOXINE-HC CREAM 1-2.5%	121
		POT CL MICRO TAB 10MEQ ER	97	PRAMOXINE-HC LOTION 1-1%	75
		POT CL MICRO TAB 15MEQ ER	97	PRAMOXINE-HC LOTION 1-1%	75
				PRAMOXINE-HC LOTION 1-2.5%	75
				PRAMOXINE-HC OINT 1-1%	121
				PRAMOXINE-HC OINT 1-2.5%	121
				*PRASTERONE (DHEA) CREAM 4% (COMPOUND KIT)**	158
				*PRASTERONE (DHEA) CREAM 10% (COMPOUND KIT)**	157

PRASUGREL HCL TAB 5 MG (BASE EQUIV) .202	PREDNISOLONE TAB 15MG ODT 133	PREMARIN TAB 0.45MG 110
PRASUGREL HCL TAB 10 MG (BASE EQUIV).....202	PREDNISOLONE TAB 30MG ODT 133	PREMARIN TAB 0.625MG.....110
PRASUGREL TAB 5MG.....202	PREDNISONE CON 5MG/ML 133	PREMARIN TAB 1.25MG 110
PRASUGREL TAB 10MG.....202	PREDNISONE CONC 5 MG/ML 133	PREMARIN VAG CRE 0.625MG 110
PRAVASTATIN SODIUM TAB 10 MG 90	PREDNISONE ORAL SOLN 5 MG/5ML 133	PREMESISRX TAB 233
PRAVASTATIN SODIUM TAB 20 MG.....90	PREDNISONE PAK 5MG 133	PREMIUM LECITHIN ORGANOGEL BASE GEL 165
PRAVASTATIN SODIUM TAB 40 MG 90	PREDNISONE PAK 5MG 133	PREMIUM LECITHIN ORGANOGEL BASE GEL 170
PRAVASTATIN SODIUM TAB 80 MG 90	PREDNISONE PAK 10MG 133	PREMIUM LECITHIN ORGANOGEL BASE GEL 170
PRAVASTATIN TAB 10MG.....90	PREDNISONE SOL 5MG/5ML 133	PREMIUM LECITHIN ORGANOGEL BASE GEL 170
PRAVASTATIN TAB 20MG 90	PREDNISONE TAB 1 MG 133	PREMIUM LECITHIN ORGANOGEL BASE GEL 170
PRAVASTATIN TAB 40MG 90	PREDNISONE TAB 1MG.....133	PREMIUM LECITHIN ORGANOGEL BASE GEL 170
PRAVASTATIN TAB 80MG 90	PREDNISONE TAB 2.5 MG 133	PREMIUM LECITHIN ORGANOGEL BASE GEL 170
PRAZQUANTEL TAB 600 MG 15	PREDNISONE TAB 2.5MG.....133	PREMIUM LECITHIN ORGANOGEL BASE KIT.....170
PRAZQUANTEL TAB 600 MG 15	PREDNISONE TAB 5 MG.....133	PREMIUM LECITHIN ORGANOGEL BASE KIT.....170
PRAZQUANTEL TAB 600MG.....15	PREDNISONE TAB 5MG 133	PREMIUM LECITHIN ORGANOGEL BASE KIT.....170
PRAZOSIN HCL CAP 1 MG 11	PREDNISONE TAB 10 MG.....133	PREMPHASE TAB 110
PRAZOSIN HCL CAP 1 MG 11	PREDNISONE TAB 10MG 133	PREMPRO TAB.....110
PRAZOSIN HCL CAP 1MG 11	PREDNISONE TAB 20 MG.....133	PREMPRO TAB 0.3-1.5 110
PRAZOSIN HCL CAP 2 MG.....11	PREDNISONE TAB 20MG 133	PREMPRO TAB 0.45-1.5 110
PRAZOSIN HCL CAP 2 MG.....11	PREDNISONE TAB 50 MG 133	PREMPRO TAB 0.625-5 110
PRAZOSIN HCL CAP 2MG 11	PREDNISONE TAB 50MG 133	PRENA1 CHW.....97
PRAZOSIN HCL CAP 5 MG.....11	PREDNISONE TAB THERAPY PACK 5 MG (21) 133	PRENA1 PEARL CAP.....233
PRAZOSIN HCL CAP 5 MG.....11	PREDNISONE TAB THERAPY PACK 5 MG (48) 133	PRENA 1 TRUE MIS 97
PRAZOSIN HCL CAP 5MG 11	PREDNISONE TAB THERAPY PACK 10 MG (21) 133	PRENAISSANCE CAP.....233
PRECISION LIQ GLUC/KET 84	PREDNISONE TAB THERAPY PACK 10 MG (48) 133	PRENAISSANCE CAP PLUS.....233
PRECISN XTRA TES KETONE 84	PRED SOD PHO SOL 1% OP 190	PRENATAL 19 CHW 29-1MG.....233
PRED MILD SUS 0.12% OP.....190	PREGABALIN CAP 25 MG.....113	PRENATAL 19 CHW TAB.....233
PREDNISOLONE ACETATE OPTH SUSP 0.12% 190	PREGABALIN CAP 25MG 113	PRENATAL 19 TAB 29-1MG.....233
PREDNISOLONE ACETATE OPTH SUSP 1%190	PREGABALIN CAP 50 MG 113	*PRENATAL MULTIVITAMINS & MINERALS W/IRON & FA TAB 0.8 MG***.....234
PREDNISOLONE SODIUM PHOSPHATE OPTH SOLN 1% 190	PREGABALIN CAP 50MG 113	*PRENATAL MULTIVITAMINS & MINERALS W/ IRON & FA TAB 1 MG***.....232
PREDNISOLONE SOD PHOS ORALLY DISINTEGR TAB 10 MG (BASE EQ).....133	PREGABALIN CAP 75 MG.....113	*PRENATAL MULTIVITAMINS & MINERALS W/ IRON & FA TAB 1 MG***.....234
PREDNISOLONE SOD PHOS ORALLY DISINTEGR TAB 10 MG (BASE EQ).....133	PREGABALIN CAP 75MG 113	*PRENATAL MULTIVITAMINS & MINERALS W/ IRON & FA TAB 1 MG***.....234
PREDNISOLONE SOD PHOS ORALLY DISINTEGR TAB 15 MG (BASE EQ).....133	PREGABALIN CAP 100 MG 113	*PRENATAL MV W/FE FUM-FA TAB 29-1 MG & DHA CAP 200 MG PACK *.....231
PREDNISOLONE SOD PHOS ORALLY DISINTEGR TAB 15 MG (BASE EQ).....133	PREGABALIN CAP 100MG.....113	*PRENATAL MV W/FE FUM-FA TAB 65-1 MG & DHA CAP 250 MG PACK *.....235
PREDNISOLONE SOD PHOS ORALLY DISINTEGR TAB 30 MG (BASE EQ) 133	PREGABALIN CAP 150 MG 113	*PRENATAL MV W/FE POLY-FA CHW 29-1 MG & DHA CAP 250 MG PAK *.....234
PREDNISOLONE SOD PHOS ORALLY DISINTEGR TAB 30 MG (BASE EQ) 133	PREGABALIN CAP 150MG.....113	*PRENATAL MV W/ FE POLYSAC CMLX-FA-DHA CAP 29-1-200 MG***.....235
PREDNISOLONE SOD PHOSPHATE ORAL SOLN 5 MG/5ML (BASE EQUIV).....133	PREGABALIN CAP 200 MG 113	PRENATAL TAB 27-1MG.....233
PREDNISOLONE SOD PHOSPHATE ORAL SOLN 15 MG/5ML (BASE EQUIV).....133	PREGABALIN CAP 200MG 113	PRENATAL TAB PLUS.....233
PREDNISOLONE SOL 15MG/5ML 133	PREGABALIN CAP 225 MG 113	PRENATAL-U CAP 106.5-1 233
PREDNISOLONE SOL 15MG/5ML 133	PREGABALIN CAP 225MG.....113	*PRENATAL VITAMIN-FOLIC ACID TAB 1 MG** 231
PREDNISOLONE SOLN 15 MG/5ML 133	PREGABALIN CAP 300 MG 113	*PRENATAL VITAMIN W/ IRON-FOLIC ACID TAB 90-1 MG*** 95
PREDNISOLONE SUS 1% OP.....190	PREGABALIN CAP 300MG.....113	
PREDNISOLONE TAB 5 MG.....133	PREGABALIN SOL 20MG/ML.....113	
PREDNISOLONE TAB 5MG 133	PREGABALIN SOLN 20 MG/ML.....113	
PREDNISOLONE TAB 10MG ODT 133	PREGESTIMIL POW 171	
	PREHEVBRIO SUS 10MCG/ML 226	
	PREKUNIL TAB 233	
	PREMARIN TAB 0.3MG 110	
	PREMARIN TAB 0.9MG 110	



*PRENATAL VIT W/ DSS-FE FUMARATE-FA TAB 29-1 MG***	233	*PRENATAL VIT W/ FE FUM-FA-OMEGA 3 CAP 28-1-200 MG***	229	*PRENATAL W/O VIT A W/ FE FUM-DSS-FA-DHA CAP 29-1.25-325 MG*	233
*PRENATAL VIT W/ DSS-FE FUMARATE-FA TAB 29-1 MG***	234	*PRENATAL VIT W/ FE FUM-FA-OMEGA 3 CAP 28-1-200 MG***	234	PRENATE AM TAB 1MG	233
*PRENATAL VIT W/ DSS-IRON CARBONYL-FA TAB 90-1 MG***	94	*PRENATAL VIT W/ FE FUM-FA-OMEGA 3 CAP 28-1-200 MG***	236	PRENATE CAP ENHANCE	233
*PRENATAL VIT W/ DSS-IRON CARBONYL-FA TAB DR 29-1 MG***	91	*PRENATAL VIT W/ FE FUM-FE BISGLYCIN-FA CHEW TAB 28-1 MG***	231	PRENATE CAP ESSENT	233
*PRENATAL VIT W/ FE BISGLYCINATE CHELATE-FA TAB 29-1 MG***	229	*PRENATAL VIT W/ FE FUM-METHYL FOLATE-FA TAB 27-0.6-0.4 MG***	233	PRENATE CAP PIXIE	233
*PRENATAL VIT W/ FE CBN-FE ASP GLYC-FA TAB 30-20-1 MG***	232	*PRENATAL VIT W/ FE GLUCONATE-FA TAB 6-0.5 MG***	231	PRENATE CAP RESTORE	233
*PRENATAL VIT W/ FE FUMARATE-FA CHEW TAB 29-1 MG***	229	*PRENATAL VIT W/ FE GLY CYS-FA-OMEGA 3 FATTY ACIDS CAP***	230	PRENATE CHW 0.6-0.4	233
*PRENATAL VIT W/ FE FUMARATE-FA CHEW TAB 29-1 MG***	233	*PRENATAL VIT W/ FE POLYSAC CMLPX-FA CHEW TAB 29-1 MG***	234	PRENATE DHA CAP	233
*PRENATAL VIT W/ FE FUMARATE-FA CHEW TAB 29-1 MG***	233	*PRENATAL VIT W/ IRON CARBONYL-FA TAB 29-1 MG***	235	PRENATE MINI CAP	234
*PRENATAL VIT W/ FE FUMARATE-FA CHEW TAB 29-1 MG***	234	*PRENATAL VIT W/ IRON CARBONYL-FA TAB 30-1 MG***	230	PRENATE TAB ELITE	233
*PRENATAL VIT W/ FE FUMARATE-FA TAB 27-1 MG***	231	*PRENATAL VIT W/ IRON CARBONYL-FA TAB 50-1.25 MG***	230	*PRENAT-FE BIS-FE PROT SUCC-FA-CA TAB & OMEGA 3 CAP 200 PK**	229
*PRENATAL VIT W/ FE FUMARATE-FA TAB 27-1 MG***	231	*PRENATAL VIT W/ IRON CARBONYL-FA TAB 50-1.25 MG***	232	*PRENAT-FE BIS-FE PROT SUCC-FA-CA TAB & OMEGA 3 CAP 200 PK**	236
*PRENATAL VIT W/ FE FUMARATE-FA TAB 27-1 MG***	231	*PRENATAL VIT W/O VIT A W/ FE BISGLYCINATE-FA TAB 32-1 MG***	231	*PRENAT MV & MIN W/ L-METHYL FOLATE-FA CHEW TAB 0.6-0.4 MG***	233
*PRENATAL VIT W/ FE FUMARATE-FA TAB 27-1 MG***	231	*PRENATAL W/ B6-B12-CHOLECALCIFEROL-FOLIC ACID FILM 1 MG**	235	PRENATVITE TAB COMPLETE	234
*PRENATAL VIT W/ FE FUMARATE-FA TAB 27-1 MG***	231	*PRENATAL W/ CALCIUM-VIT B6-VIT B12-FA-GINGER TAB 1 MG***	233	PRENATVITE TAB PLUS	234
*PRENATAL VIT W/ FE FUMARATE-FA TAB 27-1 MG***	232	*PRENATAL W/ CALCIUM-VIT B6-VIT B12-FA-GINGER TAB 1 MG***	233	PRENATVITE TAB RX	234
*PRENATAL VIT W/ FE FUMARATE-FA TAB 27-1 MG***	232	*PRENATAL W/ FE ASP GLY-L METHYL FOL-FA TAB 20-0.6-0.4 MG***	233	*PRENAT VIT W/ FE PHOS-FA-OMEGA CHEW TAB 3.33-0.333-34.8 MG*	235
*PRENATAL VIT W/ FE FUMARATE-FA TAB 27-1 MG***	233	*PRENATAL W/FE FUM-FE POLY -FA-OMEGA 3 CAP 35-1 MG***	234	*PRENAT W/ B2-B6-B12-D3-FOLIC ACID CHEW TAB 1.4 MG**	97
*PRENATAL VIT W/ FE FUMARATE-FA TAB 27-1 MG***	233	*PRENATAL W/FE FUM-FE POLY -FA-OMEGA 3 CAP 53.5-38-1 MG***	229	*PRENAT W/ FEPOLYCMPLX-METHYL FOL-FA CHEW TAB 29-0.6-0.4 MG**	234
*PRENATAL VIT W/ FE FUMARATE-FA TAB 27-1 MG***	234	*PRENATAL W/FE FUM-FE POLY -FA-OMEGA 3 CAP 53.5-38-1 MG***	236	*PRENAT W/FE POLY-METHYL FOL-FA-DHA CAP 29-0.6-0.4-200 MG***	235
*PRENATAL VIT W/ FE FUMARATE-FA TAB 27-1 MG***	235	*PRENATAL W/O A VIT W/ FE FUMARATE-FA CAP 106.5-1 MG***	233	*PRENAT W/FE POLY-METHYL FOL-FA-DHA CAP 90-0.6-0.4-200 MG***	235
*PRENATAL VIT W/ FE FUMARATE-FA TAB 27-1 MG***	236	*PRENATAL W/O A W/FE CBN-DSS-FA-DHA CAP 28-1-250 MG***	233	*PRENAT W/FE POLY-NA FERED-FA TAB 25-1 & OMEGA CAP 400 MG***	230
*PRENATAL VIT W/ FE FUMARATE-FA TAB 28-1 MG***	235	*PRENATAL W/O A W/FECBN-FE ASP GLYC-FA-FISH CAP 50-1-476 MG*	232	*PRENAT W/ IRON CBN-FE ASP GLYC-FA-OMEGA CAP 30-10-1-200 MG*	232
*PRENATAL VIT W/ FE FUMARATE-FA TAB 29-1 MG***	229	*PRENATAL W/O A W/FE FUM-FE POLY-FA CAP 20-20-1.25 MG***	234	*PRENAT W/O A W/FEASPG-METH FOL-FA-DHA CAP 10-0.6-0.4-200 MG*	233
*PRENATAL VIT W/ FE FUMARATE-FA TAB 29-1 MG***	231	*PRENATAL W/O A W/FE FUM-FE POLY-FA CAP 85-1 MG***	230	*PRENAT W/O A W/FEASPG-METH FOL-FA-DHA CAP 18-0.6-0.4-300 MG*	233
*PRENATAL VIT W/ FE FUMARATE-FA TAB 60-1 MG***	232	*PRENATAL W/O A W/FE FUM-FE POLY-FA CAP 130-92.4-1 MG***	229	*PRENAT W/O A W/FEASPG-METH FOL-FA-DHA CAP 18-0.6-0.4-300 MG*	233
*PRENATAL VIT W/ FE FUMARATE-FA TAB 60-1 MG***	235	*PRENATAL W/O A W/ FEFUM-L METHYL FOL-FA TAB 18-0.6-0.4 MG***	235	*PRENAT W/O A W/FEASP-METH LF-FA-OMEG CAP 30-0.75-0.25-470MG*	234
*PRENATAL VIT W/ FE FUMARATE-FA TAB 65-1 MG***	235	*PRENATAL W/O VIT A W/ FE FUM-DSS-FA-DHA CAP 27-1.25-300 MG*	232	*PRENAT W/O A W/ FE BISGLYC-FA TAB 32-1 MG & OMEGA CAP PACK*	232

PRENAT W/O A W/FECBN-FEGLU-FA TAB 20-1 MG & VIT B6 TAB PAK	229	PREZCOBIX TAB 675/150	20	PROGESTERONE CAP 100 MG	204
*PRENAT W/O A W/FECBN-METHYLF-FA- DHA CAP 31-0.6-0.4-200 MG**	235	PREZCOBIX TAB 800-150	20	PROGESTERONE CAP 100MG	204
*PRENAT W/O A W/FECBN-METHYLF-FA- DHA CAP 31-0.6-0.4-200 MG**	236	PREZISTA SUS 100MG/ML	20	PROGESTERONE CAP 200 MG	204
PRENAT W/O A W/FE CHEL-FA TAB 30-1.4 MG & DHA CAP 300MG PK	97	PREZISTA TAB 75MG	20	PROGESTERONE CAP 200MG	204
PRENAT W/O A W/FE CHEL-FA TAB 30-1.4 MG & DHA CAP 300MG PK	99	PREZISTA TAB 150MG	20	PROGESTERONE IM IN OIL 50 MG/ML	204
*PRENAT W/O A W/ FE FUMARATE- METHYLFOLATE-FA-OMEGA 3 CAP***	233	PRIFTIN TAB 150MG	45	PROGESTERONE INJ 50MG/ML	204
*PRENAT W/O A W/FE FUM-FE CBN-DSS- FA-DHA CAP 27-1-260 MG***	229	PRIMACARE CAP	234	PROGESTERONE MICRONIZED (BULK) POWDER	171
*PRENAT W/O A W/FE FUM-FE CBN-FA- DHA CAP 27-1-200 MG***	229	PRIMAQUINE PHOSPHATE TAB 26.3 MG (15 MG BASE)	43	PROGESTERONE POW MICRONIZ	171
*PRENAT W/O A W/FEFUM-METHFOL-FA- DHA CAP 27-0.6-0.4-300 MG**	232	PRIMAQUINE TAB 26.3MG	43	PROGESTERONE SUP 100MG	204
*PRENAT W/O A W/FEFUM-METHFOL-FA- DHA CAP 27-0.6-0.4-300 MG**	236	PRIMIDONE TAB 50 MG	114	PROGESTERONE VAGINAL GEL 4%	202
*PRENAT W/O A W/FEFUM-METHFOL-FA- DHA CAP 27-0.6-0.4-400 MG**	233	PRIMIDONE TAB 50MG	114	PROGESTERONE VAGINAL GEL 8%	202
*PRENAT W/O A W/FEFUM-METHFOL-FA- DHA CAP 27-0.6-0.4-400 MG**	233	PRIMIDONE TAB 125 MG	114	PROGESTERONE VAGINAL INSERT 100 MG203 MG	204
*PRENAT W/O A W/FEFUM-METHFOL-FA- DHA CAP 28-0.6-0.4-400 MG**	233	PRIMIDONE TAB 125MG	114	PROGLYCEM SUS 50MG/ML	123
*PRENAT W/O A W/FEFUM-METHFOL-FA- DHA CAP 30-0.6-0.4-200 MG**	235	PRIMIDONE TAB 250 MG	114	PROGRAF CAP 0.5MG	142
*PRENAT W/OA W/FEFUM-NA FERED-FA- DHA CAP ER 30-1.4-200 MG***	233	PRIMIDONE TAB 250MG	114	PROGRAF CAP 1MG	142
*PRENAT W/OA W/FEFUM-NA FERED-FA- DHA CAP ER 30-1.4-200 MG***	235	PRIORIX INJ	226	PROGRAF CAP 5MG	142
PREPIDIL GEL 0.5MG/3G	119	PRISMASOL SOL 0/0/1.2	97	PROGRAF GRA 0.2MG	142
PREPROTEIN LIQ	171	PRISMASOL SOL 0/2.5	97	PROGRAF GRA 1MG	142
PREPROTEIN LIQ 20	171	PRISMASOL SOL 2/0	97	PROMACTA POW 12.5MG	57
PRE PROTEIN POW	170	PRISMASOL SOL 2/3.5	97	PROMACTA POW 25MG	57
PRE PROTEIN TAB	170	PRISMASOL SOL 4/0/1.2	97	PROMETHAZINE-DM SYRUP 6.25-15 MG/5ML	210
PRETOMANID TAB 200 MG	39	PRISMASOL SOL 4/2.5	97	PROMETHAZINE-DM SYRUP 6.25-15 MG/5ML	210
PRETOMANID TAB 200MG	39	PRISMASOL SOL B22GK4/0	97	PROMETHAZINE HCL ORAL SOLN 6.25 MG/5ML	38
PREVALITE POW 4GM	91	PROBEN/COLCH TAB 500-0.5	37	PROMETHAZINE HCL ORAL SOLN 6.25 MG/5ML	38
PREVALITE POW 4GM PK	91	PROBENECID TAB 500 MG	37	PROMETHAZINE HCL ORAL SOLN 6.25 MG/5ML	38
PREVDNT 5000 CRE 1.1% PLS	71	PROBENECID TAB 500MG	37	PROMETHAZINE HCL SUPPOS 12.5 MG	38
PREVDNT 5000 GEL 1.1-5%	71	PROBIOTIC AD CAP FORMULA	115	PROMETHAZINE HCL SUPPOS 12.5 MG	38
PREVDNT 5000 GEL 1.1% DRY	71	PROBIOTIC CAP ACIDOPHI	115	PROMETHAZINE HCL SUPPOS 25 MG	38
PREVDNT 5000 PST 1.1%	71	*PROBIOTIC PRODUCT - CAP**	115	PROMETHAZINE HCL SUPPOS 25 MG	38
PREVDNT 5000 PST 1.1% KID	71	PROCARBAZINE HCL CAP 50 MG	10	PROMETHAZINE HCL SUPPOS 25 MG	38
PREVENT DROP MIS 31GX1/4"	171	PROCEL POW	171	PROMETHAZINE HCL SUPPOS 50 MG	38
PREVENT DROP MIS 31GX5/16	171	PROCHAMBER MIS VHC	171	PROMETHAZINE HCL TAB 12.5 MG	38
PREVENT SAFE MIS 31GX1/4"	171	PROCHLORPERAZINE MALEATE TAB 5 MG (BASE EQUIVALENT)	34	PROMETHAZINE HCL TAB 25 MG	38
PREVENT SAFE MIS 31GX5/16	171	PROCHLORPERAZINE MALEATE TAB 10 MG (BASE EQUIVALENT)	34	PROMETHAZINE HCL TAB 25 MG	38
PREVIDENT GEL 1.1% BER	71	PROCHLORPERAZINE SUPPOS 25 MG	34	PROMETHAZINE HCL TAB 50 MG	38
PREVIDENT GEL 1.1% MIN	71	PROCHLORPER SUP 25MG	34	PROMETHAZINE-PHENYLEPHRINE- CODEINE SYRUP 6.25-5-10 MG/5ML	209
PREVIDENT SOL 0.2%	71	PROCHLORPER TAB 5MG	34	PROMETHAZINE & PHENYLEPHRINE SYRUP 6.25-5 MG/5ML	209
PREVNAR 20 INJ	226	PROCHLORPER TAB 10MG	34	PROMETHAZINE & PHENYLEPHRINE SYRUP 6.25-5 MG/5ML	209
PREVYMIS PAK 20MG	15	PRO COMFORT MIS 0.5/30G	171	PROMETHAZINE & PHENYLEPHRINE SYRUP 6.25-5 MG/5ML	209
PREVYMIS PAK 120MG	15	PRO COMFORT MIS 0.5/31G	171	PROMETHAZINE SOL 6.25/5ML	38
PREVYMIS TAB 240MG	15	PRO COMFORT MIS 1ML/30G	171	PROMETHAZINE SOL 12.5/10	38
PREVYMIS TAB 480MG	15	PRO COMFORT MIS 1ML/31G	171	PROMETHAZINE SOL DM	210
		PRO COMFORT MIS LANC 30G	84	PROMETHAZINE SUP 12.5MG	38
		PROCTOFOAM AER HC 1%	121	PROMETHAZINE SUP 25MG	38
		PROCTO-MED CRE HC 2.5%	121	PROMETHAZINE SYP DM	210
		PROCTOSOL HC CRE 2.5%	121	PROMETHAZINE TAB 12.5MG	38
		PROCTOZONE CRE -HC 2.5%	121	PROMETHAZINE TAB 25MG	38
		PROCYSBI GRA 75MG	117	PROMETHAZINE TAB 50MG	38
		PROCYSBI GRA 300MG	117	PROMETHAZINE W/ CODEINE SYRUP 6.25-10 MG/5ML	209
		PROFILNINE INJ 500UNIT	128		
		PROFILNINE INJ 1000UNIT	128		
		PROFILNINE INJ 1500UNIT	128		

PROMETH/COD SOL 6.25-10	209	PROSOURCE LIQ TF20	171	PROVIDA OB CAP	234
PROMETHEGAN SUP 12.5MG	38	PROSOURCE LIQ TF FREE	171	PRUCALOPRIDE SUCCINATE TAB 1 MG	
PROMETHEGAN SUP 25MG	38	PROSOURCE LIQ ZAC	97	(BASE EQUIVALENT)	115
PROMETHEGAN SUP 50MG	38	PRO-STAT LIQ FIBER	97	PRUCALOPRIDE SUCCINATE TAB 2 MG	
PROMETH/PE SOL 6.25-5/5	209	PROSYNMINIC POW	171	(BASE EQUIVALENT)	115
PROMETH VC SYP 6.25-5/5	209	PROTALITY LIQ CHOCOLAT	97	PRUCALOPRIDE TAB 1MG	115
PROMETH VC/ SYP CODEINE	209	PROTALITY LIQ VANILLA	97	PRUCALOPRIDE TAB 2MG	115
PROMOTE 1.0 LIQ VANILLA	97	PROT COOKIE MIS OATRAISN	234	PRURADIK LOT 10%	201
PROMOTE 1.0 LIQ W/ FIBER	97	*PROTEIN CAP***	162	PRUSSIAN BLUE INSOLUBLE CAP 0.5 GM..	172
PRONAL GEL 40-10%	78	PROTEIN CHEW TAB 500 MG	171	PSEUDOEPHED-BROMPHEN-DM SYRUP	
PROPAFENONE CAP 225MG ER	23	PROTEIN CHEW TAB 500 MG	171	30-2-10 MG/5ML	210
PROPAFENONE CAP 325MG ER	23	PROTEIN CHW 500MG	171	PSEUDOEPHED-BROMPHEN-DM SYRUP	
PROPAFENONE CAP 425MG ER	23	PROTEIN CHW 500MG	171	30-2-10 MG/5ML	210
PROPAFENONE HCL CAP ER 12HR 225 MG ..	23	PROTEINEX-18 LIQ LEM/LIME	97	PSEUDOEPHED-BROMPHEN-DM SYRUP	
PROPAFENONE HCL CAP ER 12HR 325 MG ..	23	PROTEINEX LIQ	97	30-2-10 MG/5ML	210
PROPAFENONE HCL CAP ER 12HR 425 MG ..	23	PROTEINEX LIQ COC PINE	97	PSEUDOEPHED-BROMPHEN-DM SYRUP	
PROPAFENONE HCL TAB 150 MG	23	PROTEINEX LIQ P18	97	30-2-10 MG/5ML	210
PROPAFENONE HCL TAB 225 MG	23	*PROTEIN LIQUID (ENTERAL)***	171	PSS SAFE LAN MIS	84
PROPAFENONE HCL TAB 300 MG	23	*PROTEIN LIQUID (ENTERAL)***	171	PSS SEL LANC MIS	84
PROPAFENONE TAB 150MG	23	*PROTEIN ORAL LIQUID***	153	PSS SEL PLAT MIS	86
PROPAFENONE TAB 225MG	23	*PROTEIN ORAL LIQUID***	154	PSYLLIUM POWDER 43%	146
PROPAFENONE TAB 300MG	23	*PROTEIN ORAL LIQUID***	154	PSYLLIUM POWDER 43%	147
PROPARACAINE HCL OPTH SOLN 0.5% ..	188	*PROTEIN ORAL LIQUID***	154	PULMOCARE LIQ 1.5 VAN	97
PROPARACAINE HCL OPTH SOLN 0.5% ..	189	*PROTEIN ORAL LIQUID***	166	PULMOSAL NEB 7%	209
PROPARACAINE SOL 0.5% OP	189	*PROTEIN ORAL LIQUID***	171	PULMOZYME SOL 1MG/ML	209
PROPRANOLOL CAP 60MG ER	53	*PROTEIN ORAL LIQUID***	177	PURAMINO POW DHA/ARA	171
PROPRANOLOL CAP 80MG ER	53	*PROTEIN ORAL POWDER***	153	PURE BLISS LIQ ORG/IRON	171
PROPRANOLOL CAP 120MG ER	53	*PROTEIN ORAL POWDER***	162	PURE COMFORT MIS 31GX5MM	171
PROPRANOLOL CAP 160MG ER	53	*PROTEIN ORAL POWDER***	162	PURE COMFORT MIS 31GX6MM	171
PROPRANOLOL HCL CAP ER 24HR 60 MG ..	53	*PROTEIN ORAL POWDER***	167	PURE COMFORT MIS 32GX4MM	84
PROPRANOLOL HCL CAP ER 24HR 80 MG ..	53	*PROTEIN ORAL POWDER***	170	PURIFIED LIQ WATER	171
PROPRANOLOL HCL CAP ER 24HR 120 MG ..	53	*PROTEIN ORAL POWDER***	171	PURIXAN SUS 20MG/ML	39
PROPRANOLOL HCL CAP ER 24HR 160 MG ..	53	*PROTEIN ORAL POWDER***	171	PUSH 20+ ADV LIQ APPLE	97
PROPRANOLOL HCL ORAL SOLN 20		*PROTEIN ORAL POWDER***	171	PUSH 20+ ADV LIQ BLK CHRY	97
MG/5ML	53	*PROTEIN ORAL POWDER***	176	PUSH 20+ ADV LIQ ORANGE	98
PROPRANOLOL HCL ORAL SOLN 40		*PROTEIN ORAL POWDER***	176	PYRAZINAMIDE TAB 500 MG	45
MG/5ML	53	*PROTEIN ORAL POWDER***	176	PYRAZINAMIDE TAB 500MG	45
PROPRANOLOL HCL TAB 10 MG	53	*PROTEIN ORAL POWDER***	176	PYRIDIDIUM TAB 100MG	119
PROPRANOLOL HCL TAB 20 MG	53	*PROTEIN ORAL POWDER***	176	PYRIDIDIUM TAB 200MG	119
PROPRANOLOL HCL TAB 40 MG	53	*PROTEIN ORAL POWDER***	176	PYRIDOSTIGMINE BROMIDE ORAL SOLN	
PROPRANOLOL HCL TAB 60 MG	53	*PROTEIN ORAL POWDER***	176	60 MG/5ML	200
PROPRANOLOL HCL TAB 80 MG	53	*PROTEIN ORAL POWDER***	177	PYRIDOSTIGMINE BROMIDE ORAL SOLN	
PROPRANOLOL SOL 20MG/5ML	53	*PROTEIN ORAL POWDER***	177	60 MG/5ML	201
PROPRANOLOL SOL 40MG/5ML	53	PROTEIN POW 80%	171	PYRIDOSTIGMINE BROMIDE TAB 60 MG ..	201
PROPRANOLOL TAB 10MG	53	PROTEIN POW 80%	171	PYRIDOSTIGMINE BROMIDE TAB ER	
PROPRANOLOL TAB 20MG	53	PROTEIN POW 90%	171	24HR 105 MG (PROTECTIVE)	171
PROPRANOLOL TAB 40MG	53	PROTEIN POWDER 80%	171	PYRIDOSTIGMINE BROMIDE TAB ER 180	
PROPRANOLOL TAB 60MG	53	PROTEIN POWDER 80%	171	MG	201
PROPRANOLOL TAB 80MG	53	PROTRIPTYLINE HCL TAB 5 MG	224	PYRIDOSTIGMI SOL 60MG/5ML	201
PROPYLTHIOURACIL TAB 50 MG	45	PROTRIPTYLINE HCL TAB 10 MG	224	PYRIDOSTIGMI TAB ER 105MG	171
PROPYLTHIOUR TAB 50MG	45	PROTRIPTYLIN TAB 5MG	224	PYRIDOSTIGMI TAB ER 180MG	201
PROQUAD INJ	227	PROTRIPTYLIN TAB 10MG	224	PYRIDOSTIGM TAB 60MG	201
PROSOURCE LIQ NO CARB.	171	PROVERA TAB 2.5MG	204	PYRIMETHAMINE TAB 25 MG	43
PROSOURCE LIQ PLUS	97	PROVERA TAB 5MG	204	PYRIMETHAMINE TAB 25 MG	43
PROSOURCE LIQ PLUS	97	PROVERA TAB 10MG	204	PYRIMETHAMIN TAB 25MG	43
				PYROGALL ACD OIN	75

PYROGALLOL-CHLOROBUTANOL OINT 25-2%	75	QUFLORA PED CHW 1MG	234	RA ASPIRIN CHW 81MG	188
PYRUKYND TAB 5MG	128	QUFLORA PED DRO 0.5MG/ML	234	RA ASPIRIN TAB 81MG EC	188
PYRUKYND TAB 5MG TP	128	QUFLORA PED DRO 0.25MG	234	RABEPRAZOLE SODIUM EC TAB 20 MG	205
PYRUKYND TAB 20MG	128	QUICK TOUCH MIS 29GX12.7	172	RABEPRAZOLE TAB 20MG	205
PYRUKYND TAB 20MGX5MG	128	QUICK TOUCH MIS 31GX4MM	172	RADICAVA ORS SUS 105/5ML	69
PYRUKYND TAB 50MG	128	QUICK TOUCH MIS 31GX5MM	172	RADICAVA ORS SUS STARTER	69
PYRUKYND TAB 50MGX20M	128	QUICK TOUCH MIS 31GX6MM	172	RADIOGARDASE CAP 0.5GM	172
QBRELIS SOL 1MG/ML	14	QUICK TOUCH MIS 31GX8MM	172	RAGWITEK SUB	209
QC ASPIRIN CHW 81MG	188	QUICK TOUCH MIS 32GX4MM	84	RA LAXATIVE POW	147
QC CHILD ASA CHW 81MG	188	QUICK TOUCH MIS 32GX5MM	84	RA LAXATIVE TAB 5MG EC	149
QC LAXATIVE TAB 5MG EC	149	QUICK TOUCH MIS 32GX6MM	84	RA L-LYSINE TAB 500MG	172
QC NICOTINE DIS 14MG/24H	217	QUICK TOUCH MIS 32GX8MM	172	RA L-LYSINE TAB 1000MG	172
QC NICOTINE DIS 21MG/24H	217	QUICK TOUCH MIS 33GX4MM	172	RALOXIFENE HCL TAB 60 MG	211
QFITLIA INJ 20/0.2ML	172	QUICK TOUCH MIS 33GX5MM	172	RALOXIFENE TAB 60MG	211
QFITLIA INJ 50/0.5ML	172	QUICK TOUCH MIS 33GX6MM	172	RALTEGRAVIR POTASSIUM CHEW TAB 25 MG (BASE EQUIV)	16
QNAPRIL/HCTZ TAB 10-12.5	66	QUICK TOUCH MIS 33GX8MM	172	RALTEGRAVIR POTASSIUM CHEW TAB 100 MG (BASE EQUIV)	16
QNAPRIL/HCTZ TAB 20-12.5	67	QUINAPRIL HCL TAB 5 MG	14	RALTEGRAVIR POTASSIUM PACKET FOR SUSP 100 MG (BASE EQUIV)	16
QNAPRIL/HCTZ TAB 20-25MG	67	QUINAPRIL HCL TAB 10 MG	14	RALTEGRAVIR POTASSIUM TAB 400 MG (BASE EQUIV)	16
QUADRACEL INJ	227	QUINAPRIL HCL TAB 20 MG	14	RALTEGRAVIR POTASSIUM TAB 600 MG (BASE EQUIV)	16
QUADRACEL INJ 0.5ML	227	QUINAPRIL HCL TAB 40 MG	14	RAMELTEON TAB 8 MG	213
QUALAQUIN CAP 324MG	43	QUINAPRIL-HYDROCHLOROTHIAZIDE TAB 10-12.5 MG	64	RAMELTEON TAB 8MG	213
QUESTRAN POW 4GM	91	QUINAPRIL-HYDROCHLOROTHIAZIDE TAB 10-12.5 MG	66	RAMIPRIL CAP 1.25 MG	14
QUESTRAN POW 4GM	91	QUINAPRIL-HYDROCHLOROTHIAZIDE TAB 20-12.5 MG	64	RAMIPRIL CAP 1.25MG	14
QUESTRAN POW 4GM LITE	91	QUINAPRIL-HYDROCHLOROTHIAZIDE TAB 20-12.5 MG	67	RAMIPRIL CAP 2.5 MG	15
QUETIAPINE FUMARATE TAB 25 MG	8	QUINAPRIL-HYDROCHLOROTHIAZIDE TAB 20-25 MG	67	RAMIPRIL CAP 2.5MG	15
QUETIAPINE FUMARATE TAB 50 MG	8	QUINAPRIL TAB 5MG	14	RAMIPRIL CAP 5 MG	15
QUETIAPINE FUMARATE TAB 100 MG	8	QUINAPRIL TAB 10MG	14	RAMIPRIL CAP 5MG	15
QUETIAPINE FUMARATE TAB 150 MG	8	QUINAPRIL TAB 20MG	14	RAMIPRIL CAP 10 MG	14
QUETIAPINE FUMARATE TAB 200 MG	8	QUINAPRIL TAB 40MG	14	RAMIPRIL CAP 10MG	14
QUETIAPINE FUMARATE TAB 300 MG	8	QUINIDINE GL TAB 324MG CR	23	RA NICOTINE DIS 21MG/24H	217
QUETIAPINE FUMARATE TAB 400 MG	8	QUINIDINE GL TAB 324MG ER	23	RA NICOTINE GUM 4MG	217
QUETIAPINE FUMARATE TAB ER 24HR 50 MG 8		QUINIDINE GLUCONATE TAB ER 324 MG	23	RA NICOTINE LOZ 2MG MINT	217
QUETIAPINE FUMARATE TAB ER 24HR		QUINIDINE GLUCONATE TAB ER 324 MG	23	RA NICOTINE LOZ 4MG MINT	217
150 MG	8	QUINIDINE SULFATE TAB 200 MG	23	RANOLAZINE ER GRANULES PACKET 500 MG	64
QUETIAPINE FUMARATE TAB ER 24HR		QUINIDINE SULFATE TAB 300 MG	23	RANOLAZINE ER GRANULES PACKET 1000 MG	64
200 MG	8	QUINIDINE SU TAB 200MG	23	RANOLAZINE TAB 500MG ER	67
QUETIAPINE FUMARATE TAB ER 24HR		QUINIDINE SU TAB 300MG	23	RANOLAZINE TAB 1000MG	67
300 MG	8	QUININE SULFATE CAP 324 MG	43	RANOLAZINE TAB 1000MG	67
QUETIAPINE FUMARATE TAB ER 24HR		QUININE SULFATE CAP 324 MG	43	RANOLAZINE TAB ER 12HR 500 MG	67
400 MG	8	QUININE SULF CAP 324MG	43	RANOLAZINE TAB ER 12HR 1000 MG	67
QUETIAPINE TAB 25MG	8	QUINTET CONT SOL HGH/NORM	84	RA PEN NEEDL MIS 31GX3/16	172
QUETIAPINE TAB 50MG	8	QUIZARTINIB DIHYDROCHLORIDE TAB 17.7 MG	42	RASPBERRY SYP	172
QUETIAPINE TAB 50MG ER	8	QUIZARTINIB DIHYDROCHLORIDE TAB 26.5 MG	42	RASPBERRY SYRUP	172
QUETIAPINE TAB 100MG	8	QULIPTA TAB 10MG	59	RASUVO INJ 7.5MG	142
QUETIAPINE TAB 150MG	8	QULIPTA TAB 30MG	59	RASUVO INJ 10MG	142
QUETIAPINE TAB 150MG ER	8	QULIPTA TAB 60MG	59	RASUVO INJ 12.5MG	142
QUETIAPINE TAB 200MG	8	QVAR REDIIHA AER 80MCG	21	RASUVO INJ 15MG	142
QUETIAPINE TAB 200MG ER	8	QVAR REDIIHAL AER 40MCG	21	RASUVO INJ 17.5MG	142
QUETIAPINE TAB 300MG	8			RASUVO INJ 20MG	142
QUETIAPINE TAB 300MG ER	8				
QUETIAPINE TAB 400MG	8				
QUETIAPINE TAB 400MG ER	8				
QUFLORA PED CHW 0.5MG	234				
QUFLORA PED CHW 0.25MG	234				

RASUVO INJ 22.5MG	142	REPAGLINIDE TAB 1 MG	32	REZDIFFRA TAB 80MG	116
RASUVO INJ 25MG	142	REPAGLINIDE TAB 1MG	32	REZDIFFRA TAB 100MG	116
RASUVO INJ 30MG	142	REPAGLINIDE TAB 2 MG	33	REZLIDHIA CAP 150MG	181
RAYASAL CRE 5.9%	172	REPAGLINIDE TAB 2MG	33	RHOPRESSA SOL 0.02%	189
RAYA SURE MIS 29GX12MM	172	REPATHA INJ 140MG/ML	91	RIBAVIRIN (BULK) POWDER	173
RAYA SURE MIS 31GX4MM	172	REPATHA PUSH INJ 420/3.5	91	RIBAVIRIN CAP 200 MG	16
RAYA SURE MIS 31GX5MM	172	REPATHA SURE INJ 140MG/ML	91	RIBAVIRIN CAP 200MG	16
RAYA SURE MIS 31GX6MM	172	REPOTRECTINIB CAP 40 MG	39	RIBAVIRIN FOR INHAL SOLN 6 GM	45
RAYA SURE MIS 31GX8MM	172	REPOTRECTINIB CAP 160 MG	39	RIBAVIRIN FOR INHAL SOLN 6 GM	45
REACT TAB 1.5MG	204	RESMETIROM 60 MG TAB	116	RIBAVIRIN INH 6GM	45
REAL FOOD LIQ BLENDS	172	RESMETIROM 80 MG TAB	116	RIBAVIRIN POW	173
RECLIPSEN TAB	110	RESMETIROM 100 MG TAB	116	RIBAVIRIN TAB 200 MG	16
RECOMBINATE INJ	128	RESTASIS EMU 0.05% OP	189	RIBAVIRIN TAB 200MG	16
RECOMBINATE INJ	128	RESTORIL CAP 7.5MG	113	RIBOCICLIB 200 MG DOSE (200 MG TAB) & LETROZOLE 2.5 MG TBPk	40
RECOMBINATE INJ 220-400	128	RESTORIL CAP 15MG	113	RIBOCICLIB 400 MG DOSE (200 MG TAB) & LETROZOLE 2.5 MG TBPk	40
RECOMBINATE INJ 401-800	128	RESTORIL CAP 22.5MG	113	RIBOCICLIB 600 MG DOSE (200 MG TAB) & LETROZOLE 2.5 MG TBPk	40
RECOMBINATE INJ 801-1240	128	RESTORIL CAP 30MG	113	RIBOCICLIB SUCCINATE TAB PACK 200 MG DAILY DOSE	40
RECOMBIVA HB INJ 5MCG/0.5	227	RETACRIT INJ 2000UNIT	57	RIBOCICLIB SUCCINATE TAB PACK 400 MG DAILY DOSE (200 MG TAB)	40
RECOMBIVA HB INJ 5MCG/0.5	227	RETACRIT INJ 3000UNIT	57	RIBOCICLIB SUCCINATE TAB PACK 600 MG DAILY DOSE (200 MG TAB)	40
RECOMBIVA HB INJ 10MCG/ML	227	RETACRIT INJ 4000UNIT	57	RIFABUTIN CAP 150 MG	39
RECOMBIVA HB INJ 10MCG/ML	227	RETACRIT INJ 10000UNT	57	RIFABUTIN CAP 150 MG	39
RECOMBIVA-HB INJ 40MCG/ML	227	RETACRIT INJ 20000UNI	57	RIFABUTIN CAP 150MG	39
RECOTHROM SOL 5000UNIT	129	RETACRIT INJ 40000UNT	57	RIFAMPIN CAP 150 MG	45
RECOTHROM SOL 20000UNT	128	RETAPAMULIN OINT 1%	23	RIFAMPIN CAP 150MG	45
REFRESH AA15 LIQ PKU LEMO	172	RETEVMO CAP 40MG	181	RIFAMPIN CAP 300 MG	45
REFRESH AA15 LIQ PKU ORG	172	RETEVMO CAP 80MG	181	RIFAMPIN CAP 300MG	45
REFRESH AA15 LIQ TYR ORG	172	RETEVMO TAB 40MG	181	RIFAPENTINE TAB 150 MG	45
REGLAN TAB 5MG	34	RETEVMO TAB 80MG	181	RILONACEPT FOR INJ 220 MG	144
REGLAN TAB 10MG	34	RETEVMO TAB 120MG	181	RILPIVIRINE HCL TAB 25 MG (BASE EQUIVALENT)	17
REGORAFENIB TAB 40 MG	181	RETEVMO TAB 160MG	181	RILPIVIRINE HCL TAB 25 MG (BASE EQUIVALENT)	18
REGRANEX GEL 0.01%	76	RETROVIR CAP 100MG	18	RILPIVIRINE HCL TAB FOR ORAL SUSP 2.5 MG (BASE EQUIVALENT)	17
RELENZA MIS DISKHALE	21	RETROVIR SYP 50MG/5ML	18	RILPIVIRINE TAB 25MG	18
RELEVIA TAB 27-1MG	234	REVEFENACIN INHALATION SOLUTION 175 MCG/3ML	58	RILUZOLE ORAL FILM 50 MG	68
RELION PLATN TES GLUCOSE	84	REVLIMID CAP 2.5MG	22	RILUZOLE SUSP 50 MG/10ML	69
RELION ULTRA MIS THIN 30G	84	REVLIMID CAP 5MG	22	RILUZOLE SUSP 50 MG/10ML	69
RELISTOR INJ 8/0.4ML	116	REVLIMID CAP 10MG	22	RILUZOLE TAB 50 MG	69
RELISTOR INJ 12/0.6ML	115	REVLIMID CAP 15MG	22	RILUZOLE TAB 50MG	69
RELISTOR INJ 12/0.6ML	116	REVLIMID CAP 20MG	22	RIMANTADINE HYDROCHLORIDE TAB 100 MG	21
RELNATE DHA CAP	234	REVLIMID CAP 25MG	22	RIMANTADINE TAB 100MG	21
RELUGOLIX-ESTRADIOL- NORETHINDRONE ACETATE TAB 40-1-0.5 MG	109	REVUFORJ TAB 25MG	39	RIMEGEPANT SULFATE TAB DISINT 75 MG	59
RELUGOLIX TAB 120 MG	21	REVUFORJ TAB 110MG	39	RINVOQ LQ SOL 1MG/ML	144
RELYVRIO PAK 3-1GM	68	REVUFORJ TAB 160MG	39	RINVOQ TAB 15MG ER	144
RENAL SUPPRT LIQ 1.8	98	REVUMENIB CITRATE TAB 25 MG	39	RINVOQ TAB 30MG ER	144
RENAL SUPPRT LIQ 1.8	173	REVUMENIB CITRATE TAB 110 MG	39	RINVOQ TAB 45MG ER	144
RENASTART POW	234	REVUMENIB CITRATE TAB 160 MG	39	RIOCIGUAT TAB 0.5 MG	205
RENASTART POW	234	REXTOVY SPR 4/0.25ML	200	RIOCIGUAT TAB 1.5 MG	205
RENTHYROID TAB 15MG	138	REXULTI TAB 0.5MG	8		
RENTHYROID TAB 30MG	138	REXULTI TAB 0.25MG	8		
RENTHYROID TAB 60MG	138	REXULTI TAB 1MG	8		
RENTHYROID TAB 90MG	138	REXULTI TAB 2MG	8		
RENTHYROID TAB 120MG	138	REXULTI TAB 3MG	8		
REPAGLINIDE TAB 0.5 MG	32	REXULTI TAB 4MG	8		
REPAGLINIDE TAB 0.5MG	32	REYATAZ POW 50MG	20		

RIOCIGUAT TAB 1 MG	205	RITONAVIR POWDER PACKET 100 MG	20	RIZATRIPTAN TAB 10MG ODT	211
RIOCIGUAT TAB 2.5 MG	205	RITONAVIR TAB 100 MG	20	ROCKLATAN DRO	189
RIOCIGUAT TAB 2 MG	205	RITONAVIR TAB 100MG	20	ROFLUMILAST CREAM 0.3%	78
RISANKIZUMAB-RZAA SOLN AUTO- INJECTOR 150 MG/ML	139	RIVAROXABAN FOR SUSP 1 MG/ML	28	ROFLUMILAST CREAM 0.05%	77
RISANKIZUMAB-RZAA SOLN PREFILLED SYRINGE 150 MG/ML	139	RIVAROXABAN FOR SUSP 1 MG/ML	28	ROFLUMILAST CREAM 0.15%	77
RISANKIZUMAB-RZAA SUBCUTANEOUS SOLN CARTRIDGE 180 MG/1.2ML	142	RIVAROXABAN SUS 1MG/ML	28	ROFLUMILAST FOAM 0.3%	78
RISANKIZUMAB-RZAA SUBCUTANEOUS SOLN CARTRIDGE 360 MG/2.4ML	142	RIVAROXABAN TAB 2.5 MG	28	ROFLUMILAST TAB 250 MCG	201
RISDIPLAM FOR SOLN 0.75 MG/ML	101	RIVAROXABAN TAB 2.5 MG	28	ROFLUMILAST TAB 250MCG	201
RISDIPLAM TAB 5 MG	101	RIVAROXABAN TAB 10 MG	28	ROFLUMILAST TAB 500 MCG	201
RISEDRONATE SODIUM TAB 5 MG	151	RIVAROXABAN TAB 15 MG	28	ROFLUMILAST TAB 500MCG	201
RISEDRONATE SODIUM TAB 30 MG	151	RIVAROXABAN TAB 20 MG	28	ROMVIMZA CAP 14MG	41
RISEDRONATE SODIUM TAB 35 MG	151	RIVAROXABAN TAB 20 MG	28	ROMVIMZA CAP 20MG	41
RISEDRONATE SODIUM TAB 150 MG	151	RIVAROXABAN TAB STARTER THERAPY PACK 15 MG & 20 MG	28	ROMVIMZA CAP 30MG	41
RISEDRONATE TAB 5MG	151	RIVASTIGMINE CAP 1.5MG	69	ROPINIROLE HYDROCHLORIDE TAB 0.5 MG	87
RISEDRONATE TAB 30MG	151	RIVASTIGMINE CAP 3MG	69	ROPINIROLE HYDROCHLORIDE TAB 0.25 MG	87
RISEDRONATE TAB 35MG	151	RIVASTIGMINE CAP 4.5MG	70	ROPINIROLE HYDROCHLORIDE TAB 1 MG	87
RISEDRONATE TAB 150MG	151	RIVASTIGMINE CAP 6MG	70	ROPINIROLE HYDROCHLORIDE TAB 2 MG	88
RISPERIDONE ORALLY DISINTEGRATING TAB 0.5 MG	9	RIVASTIGMINE CAP 6MG	70	ROPINIROLE HYDROCHLORIDE TAB 3 MG	88
RISPERIDONE ORALLY DISINTEGRATING TAB 0.25 MG	8	RIVASTIGMINE DIS 4.6MG/24	70	ROPINIROLE HYDROCHLORIDE TAB 4 MG	88
RISPERIDONE ORALLY DISINTEGRATING TAB 1 MG	9	RIVASTIGMINE DIS 9.5MG/24	70	ROPINIROLE HYDROCHLORIDE TAB 5 MG	88
RISPERIDONE ORALLY DISINTEGRATING TAB 2 MG	9	RIVASTIGMINE DIS 13.3/24	70	ROPINIROLE TAB 0.5MG	87
RISPERIDONE ORALLY DISINTEGRATING TAB 3 MG	9	RIVASTIGMINE TARTRATE CAP 1.5 MG (BASE EQUIVALENT)	69	ROPINIROLE TAB 0.25MG	87
RISPERIDONE ORALLY DISINTEGRATING TAB 4 MG	9	RIVASTIGMINE TARTRATE CAP 3 MG (BASE EQUIVALENT)	69	ROPINIROLE TAB 1MG	87
RISPERIDONE SOL 1MG/ML	8	RIVASTIGMINE TARTRATE CAP 4.5 MG (BASE EQUIVALENT)	70	ROPINIROLE TAB 2MG	88
RISPERIDONE SOLN 1 MG/ML	8	RIVASTIGMINE TARTRATE CAP 6 MG (BASE EQUIVALENT)	70	ROPINIROLE TAB 3MG	88
RISPERIDONE TAB 0.5 MG	9	RIVASTIGMINE TARTRATE CAP 6 MG (BASE EQUIVALENT)	70	ROPINIROLE TAB 4MG	88
RISPERIDONE TAB 0.5MG	9	RIVASTIGMINE TD PATCH 24HR 4.6 MG/24HR	70	ROPINIROLE TAB 5MG	88
RISPERIDONE TAB 0.5MG OD	9	RIVASTIGMINE TD PATCH 24HR 9.5 MG/24HR	70	ROSUVASTATIN CALCIUM SPRINKLE CAP 5 MG (BASE EQUIVALENT)	89
RISPERIDONE TAB 0.25 MG	8	RIVASTIGMINE TD PATCH 24HR 13.3 MG/24HR	70	ROSUVASTATIN CALCIUM SPRINKLE CAP 10 MG (BASE EQUIVALENT)	89
RISPERIDONE TAB 0.25MG	8	RIVASTIGMINE TD PATCH 24HR 13.3 MG/24HR	70	ROSUVASTATIN CALCIUM SPRINKLE CAP 20 MG (BASE EQUIVALENT)	89
RISPERIDONE TAB 0.25 ODT	8	RIVELSA TAB	111	ROSUVASTATIN CALCIUM SPRINKLE CAP 40 MG (BASE EQUIVALENT)	89
RISPERIDONE TAB 1 MG	9	RIVFLOZA INJ 80/0.5ML	119	ROSUVASTATIN CALCIUM TAB 5 MG	90
RISPERIDONE TAB 1MG	9	RIVFLOZA INJ 128/0.8	119	ROSUVASTATIN CALCIUM TAB 10 MG	90
RISPERIDONE TAB 1MG ODT	9	RIVFLOZA INJ 160MG/ML	119	ROSUVASTATIN CALCIUM TAB 20 MG	90
RISPERIDONE TAB 2 MG	9	RIVIVE SPR 3/0.1ML	200	ROSUVASTATIN CALCIUM TAB 40 MG	90
RISPERIDONE TAB 2MG	9	RIXUBIS INJ 250 UNIT	129	ROSUVASTATIN TAB 5MG	90
RISPERIDONE TAB 2MG ODT	9	RIXUBIS INJ 500UNIT	129	ROSUVASTATIN TAB 10MG	90
RISPERIDONE TAB 3 MG	9	RIXUBIS INJ 1000UNIT	129	ROSUVASTATIN TAB 20MG	90
RISPERIDONE TAB 3MG	9	RIXUBIS INJ 2000UNIT	129	ROSUVASTATIN TAB 40MG	90
RISPERIDONE TAB 3MG ODT	9	RIXUBIS INJ 3000UNIT	129	ROSYRAH TAB	111
RISPERIDONE TAB 4 MG	9	RIZATRIPTAN BENZOATE ORAL DISINTEGRATING TAB 5 MG (BASE EQ)	211	ROTARIX SUS	227
RISPERIDONE TAB 4MG	9	RIZATRIPTAN BENZOATE ORAL DISINTEGRATING TAB 10 MG (BASE EQ)	211	ROTATEQ SOL	227
RISPERIDONE TAB 4MG ODT	9	RIZATRIPTAN BENZOATE TAB 5 MG (BASE EQUIVALENT)	211	ROTAVIRUS VACCINE, LIVE ORAL PENTAVALENT SOLN	227
RITLECITINIB TOSYLATE CAP 50 MG (BASE EQUIV)	75	RIZATRIPTAN BENZOATE TAB 10 MG (BASE EQUIVALENT)	211	ROTAVIRUS VACCINE, LIVE ORAL SUSP	227
RITONAVIR CAP 100 MG	20	RIZATRIPTAN TAB 5MG	211	ROWEEPR TAB 500MG	29
		RIZATRIPTAN TAB 5MG ODT	211	ROZLYTREK CAP 100MG	41
		RIZATRIPTAN TAB 10MG	211	ROZLYTREK CAP 200MG	41
				ROZLYTREK PAK 50MG	41

RSVPREF3 VACCINE RECOMB ADJUVANTED FOR IM SUSP 120 MCG/0.5ML.....	225	SAFTY NEEDLE MIS 20GX1".....	173	SAXAGLIPTIN-METFORMIN HCL TAB ER 24HR 5-1000 MG.....	33
RSV PRE-FUSION F A&B VAC RECOMB FOR IM SOLN 120 MCG/0.5ML.....	224	SAFTY NEEDLE MIS 20GX1.5".....	173	SAXAGLIPTIN TAB 2.5MG.....	33
RSV PRE-FUSION F A&B VAC RECOMB FOR IM SOLN 120 MCG/0.5ML.....	224	SAFTY NEEDLE MIS 21GX1".....	173	SAXAGLIPTIN TAB 5MG.....	33
RUCONEST INJ 2100UNIT.....	13	SAFTY NEEDLE MIS 21GX1.5".....	173	SAXA/METFOR TAB 2.5-1000.....	33
RUFINAMIDE SUS 40MG/ML.....	218	SAFTY NEEDLE MIS 22GX1".....	173	SAXA/METFOR TAB 5-500MG.....	33
RUFINAMIDE SUSP 40 MG/ML.....	218	SAFTY NEEDLE MIS 22GX1.5".....	173	SAXA/METFOR TAB 5-1000MG.....	33
RUFINAMIDE TAB 200 MG.....	219	SAFTY NEEDLE MIS 23GX1".....	173	SCALACORT DK KIT.....	78
RUFINAMIDE TAB 200MG.....	219	SAFTY NEEDLE MIS 25GX1".....	173	SCANDICAL POW.....	234
RUFINAMIDE TAB 400 MG.....	219	SAFTY NEEDLE MIS 25GX5/8".....	173	SCANDISHAKE POW VANILLA.....	234
RUFINAMIDE TAB 400MG.....	219	SALAGEN TAB 5MG.....	71	SCEMBLIX TAB 20MG.....	41
RUKOBIA TAB 600MG ER.....	19	SALAGEN TAB 7.5MG.....	72	SCEMBLIX TAB 40MG.....	41
RUXOLITINIB PHOSPHATE TAB 5 MG (BASE EQUIVALENT).....	180	SALICATE LIQ 10%.....	173	SCEMBLIX TAB 100MG.....	41
RUXOLITINIB PHOSPHATE TAB 10 MG (BASE EQUIVALENT).....	180	SALICYLIC ACID CREAM 5.9%.....	172	SCOPOLAMINE DIS 1MG/3DAY.....	34
RUXOLITINIB PHOSPHATE TAB 15 MG (BASE EQUIVALENT).....	180	SALICYLIC ACID FOAM 6% & UREA IN LACTIC ACID FOAM 35% KIT.....	78	SCOPOLAMINE TD PATCH 72HR 1 MG/3DAYS.....	34
RUXOLITINIB PHOSPHATE TAB 20 MG (BASE EQUIVALENT).....	180	SALICYLIC ACID LIQUID 10%.....	173	SECUKINUMAB SUBCUTANEOUS AUTO- INJ 150 MG/ML (300 MG DOSE).....	74
RUXOLITINIB PHOSPHATE TAB 25 MG (BASE EQUIVALENT).....	180	SALICYLIC ACID SOLN 26%.....	173	SECUKINUMAB SUBCUTANEOUS PREF SYR 150 MG/ML (300 MG DOSE).....	74
RYBELSUS TAB 3MG.....	33	SALICYLIC & LACTIC ACIDS SOLN 16.7- 16.7%.....	78	SECUKINUMAB SUBCUTANEOUS SOLN AUTO-INJECTOR 150 MG/ML.....	74
RYBELSUS TAB 7MG.....	33	SALMETEROL XINAFOATE AER POW BA 50 MCG/ACT (BASE EQUIV).....	59	SECUKINUMAB SUBCUTANEOUS SOLN AUTO-INJECTOR 300 MG/2ML.....	74
RYBELSUS TAB 14MG.....	33	SALSALATE TAB 500 MG.....	188	SECUKINUMAB SUBCUTANEOUS SOLN PREFILLED SYRINGE 75 MG/0.5ML.....	74
RYDAPT CAP 25MG.....	181	SALSALATE TAB 500MG.....	188	SECUKINUMAB SUBCUTANEOUS SOLN PREFILLED SYRINGE 150 MG/ML.....	74
SACROSIDASE SOLN 8500 UNIT/ML.....	117	SALSALATE TAB 750 MG.....	188	SECUKINUMAB SUBCUTANEOUS SOLN PREFILLED SYRINGE 150 MG/ML.....	74
SACUBITRIL-VALSARTAN SPRINKLE CAP 6-6 MG.....	65	SALSALATE TAB 750MG.....	188	SECURESAFE MIS 29GX1/2".....	173
SACUBITRIL-VALSARTAN SPRINKLE CAP 15-16 MG.....	65	SALVAX DUO KIT PLUS.....	78	SECURESAFE MIS 29GX1/2".....	173
SACUBITRIL-VALSARTAN TAB 24-26 MG.....	67	SANDIMMUNE SOL 100MG/ML.....	142	SEGESTERONE ACE-ETHINYL ESTRADIOL VA RING 0.15-0.013 MG/24HR.....	101
SACUBITRIL-VALSARTAN TAB 49-51 MG.....	67	SANTYL OIN 250/GM.....	76	SELADELPAR LYSINE CAP 10 MG.....	115
SACUBITRIL-VALSARTAN TAB 97-103 MG.....	67	SAPROPTERIN DIHYDROCHLORIDE POWDER PACKET 100 MG.....	117	SELECT-OB+ PAK DHA.....	234
SACUB/VALSAR TAB 24-26MG.....	67	SAPROPTERIN DIHYDROCHLORIDE POWDER PACKET 100 MG.....	118	SELECT-OB CHW.....	234
SACUB/VALSAR TAB 49-51MG.....	67	SAPROPTERIN DIHYDROCHLORIDE POWDER PACKET 500 MG.....	117	SELECT-OB CHW.....	234
SACUB/VALSAR TAB 97-103MG.....	67	SAPROPTERIN DIHYDROCHLORIDE POWDER PACKET 500 MG.....	118	SELEGILINE CAP 5MG.....	182
SAFE-T-LANCE MIS 21G.....	84	SAPROPTERIN DIHYDROCHLORIDE TAB 100 MG.....	117	SELEGILINE HCL CAP 5 MG.....	182
SAFE-T-LANCE MIS 25G.....	84	SAPROPTERIN POW 100MG.....	117	SELEGILINE HCL TAB 5 MG.....	182
SAFE-T-LANCE MIS HI FLOW.....	84	SAPROPTERIN POW 500MG.....	117	SELEGILINE TAB 5MG.....	182
SAFE-T-LANCE MIS LOW FLOW.....	84	SAPROPTERIN TAB 100MG.....	117	SELENIUM SULFIDE LOTION 2.5%.....	76
SAFE-T-LANCE MIS NOR FLOW.....	84	SARGRAMOSTIM LYOPHILIZED FOR INJ 250 MCG.....	56	SELENIUM SUL LOT 2.5%.....	76
SAFE-T-PRO MIS LANCETS.....	84	SAVELLA MIS TITR PAK.....	113	SELEXIPAG TAB 200 MCG.....	206
SAFE-T-PRO MIS PLUS.....	84	SAVELLA TAB 12.5MG.....	113	SELEXIPAG TAB 400 MCG.....	206
SAFETY 21G MIS LANCETS.....	84	SAVELLA TAB 25MG.....	113	SELEXIPAG TAB 600 MCG.....	206
SAFETY 23G MIS LANCETS.....	84	SAVELLA TAB 50MG.....	113	SELEXIPAG TAB 800 MCG.....	206
SAFETY 28G MIS LANCETS.....	84	SAVELLA TAB 100MG.....	113	SELEXIPAG TAB 1000 MCG.....	206
SAFETYGLIDE MIS 21GX1".....	173	SAXAGLIPTIN HCL TAB 2.5 MG (BASE EQUIV).....	33	SELEXIPAG TAB 1200 MCG.....	206
SAFETYGLIDE MIS 21GX1.5".....	173	SAXAGLIPTIN HCL TAB 5 MG (BASE EQUIV).....	33	SELEXIPAG TAB 1400 MCG.....	206
SAFTY NEEDLE MIS 18GX1".....	146	SAXAGLIPTIN-METFORMIN HCL TAB ER 24HR 2.5-1000 MG.....	33	SELEXIPAG TAB 1600 MCG.....	206
SAFTY NEEDLE MIS 18GX1.5".....	146	SAXAGLIPTIN-METFORMIN HCL TAB ER 24HR 5-500 MG.....	33	SELEXIPAG TAB THERAPY PACK 200 MCG (140) & 800 MCG (60).....	206
SAFTY NEEDLE MIS 19GX1".....	173			SELINEXOR TAB THERAPY PACK 10 MG (40 MG ONCE WEEKLY).....	42
SAFTY NEEDLE MIS 19GX1.5".....	173			SELINEXOR TAB THERAPY PACK 20 MG (60 MG TWICE WEEKLY).....	42

SELINEXOR TAB THERAPY PACK 20 MG (80 MG TWICE WEEKLY)	42	SERTRALINE HCL TAB 25 MG	220	SILDENAFIL TAB 20MG	206
SELINEXOR TAB THERAPY PACK 40 MG (40 MG ONCE WEEKLY)	42	SERTRALINE HCL TAB 50 MG	220	SILDENAFIL TAB 25MG	119
SELINEXOR TAB THERAPY PACK 40 MG (40 MG TWICE WEEKLY)	42	SERTRALINE HCL TAB 100 MG	220	SILDENAFIL TAB 50MG	119
SELINEXOR TAB THERAPY PACK 40 MG (80 MG ONCE WEEKLY)	42	SERTRALINE TAB 25MG	220	SILDENAFIL TAB 100MG	119
SELINEXOR TAB THERAPY PACK 40 MG (80 MG ONCE WEEKLY)	42	SERTRALINE TAB 50MG	220	SILODOSIN CAP 4 MG	50
SELINEXOR TAB THERAPY PACK 50 MG (100 MG ONCE WEEKLY)	42	SERTRALINE TAB 100MG	220	SILODOSIN CAP 4MG	50
SELINEXOR TAB THERAPY PACK 60 MG (60 MG ONCE WEEKLY)	42	SERUM-DERIVED BOVINE IMMUNOGLOB/PROTEIN ISOLATE 5 GM PACKET	159	SILODOSIN CAP 8 MG	50
SELINEXOR TAB THERAPY PACK 80 MG (80 MG ONCE WEEKLY)	42	SETLAKIN TAB	111	SILODOSIN CAP 8MG	50
SELPERCATINIB CAP 40 MG	181	SEVELAM CARB POW 0.8GM	201	SILVADENE CRE 1%	25
SELPERCATINIB CAP 80 MG	181	SEVELAM CARB POW 2.4GM	201	SILVER NITRA SOL 0.5%	25
SELPERCATINIB TAB 40 MG	181	SEVELAM CARB TAB 800MG	201	SILVER NITRATE-POTASSIUM NITRATE APPLICATOR 75-25%	23
SELPERCATINIB TAB 80 MG	181	SEVELAMER CARBONATE PACKET 0.8 GM	201	SILVER NITRATE SOLN 0.5%	25
SELPERCATINIB TAB 120 MG	181	SEVELAMER CARBONATE PACKET 2.4 GM	201	SILVER SULFA CRE 1%	25
SELPERCATINIB TAB 160 MG	181	SEVELAMER CARBONATE TAB 800 MG	201	SILVER SULFADIAZINE CREAM 1%	25
SELUMETINIB SULFATE CAP 10 MG	40	SEVOFLURANE INHAL SOLN	173	SILVER SULFADIAZINE CREAM 1%	25
SELUMETINIB SULFATE CAP 25 MG	40	SEVOFLURANE INHAL SOLN	176	SIMILAC 360 LIQ 5 HMO	173
SELUMETINIB SULFATE CAP SPRINKLE 5 MG	40	SEVOFLURANE SOL	173	SIMILAC 360 LIQ SENS HMO	173
SELUMETINIB SULFATE CAP SPRINKLE 7.5 MG	40	SF 5000 PLUS CRE 1.1%	72	SIMILAC 360 POW 5 HMO	173
SELZENTRY SOL 20MG/ML	19	SF GEL 1.1%	72	SIMILAC 360 POW SENSITIV	173
SELZENTRY TAB 150MG	19	SHAROBEL TAB 0.35MG	204	SIMILAC ADV LIQ KOSHER	173
SELZENTRY TAB 300MG	19	SHARP CONTAI MIS	173	SIMILAC ALIM LIQ IMMUNE	173
SEAGLUTIDE SOLN PEN-INJ 0.25 OR 0.5 MG/DOSE (2 MG/3ML)	32	SHARPS COLL MIS 0.05GAL	173	SIMILAC ALIM POW TODDLER	174
SEAGLUTIDE SOLN PEN-INJ 1 MG/ DOSE (4 MG/3ML)	32	SHARPS COLL MIS 5.4QT	173	SIMILAC LIQ SENSITIV	173
SEAGLUTIDE SOLN PEN-INJ 2 MG/ DOSE (8 MG/3ML)	32	SHARPS COLL MIS 6.9QT	173	SIMILAC POW NEOSURE	173
SEAGLUTIDE TAB 3 MG	33	SHARPS COLL MIS 8.2QT	173	SIMILAC SOY LIQ ISOMIL	174
SEAGLUTIDE TAB 7 MG	33	*SHARPS CONTAINER - MISC***	153	SIMILAC SOY POW ISOMIL	174
SEAGLUTIDE TAB 14 MG	33	*SHARPS CONTAINER - MISC***	153	SIMILAC SPEC LIQ PREMATUR	174
SE-NATAL 19 CHW	234	*SHARPS CONTAINER - MISC***	157	SIMILAC TOTL POW CMFT/IRO	174
SE-NATAL 19 TAB	234	*SHARPS CONTAINER - MISC***	167	SIMLIYA TAB 28 DAY	111
SENNOSIDES CHEW TAB 15 MG	148	*SHARPS CONTAINER - MISC***	167	SIMPESSE TAB	111
SENSILANCE MIS 21G	84	*SHARPS CONTAINER - MISC***	173	SIMPLERA MIS SYNC SEN	84
SENSILANCE MIS 26G	84	*SHARPS CONTAINER - MISC***	173	SIMPLE SYP	174
SENSILANCE MIS 28G	84	*SHARPS CONTAINER - MISC***	173	SIMPLE - SYRUP	174
SERACAL POW	98	*SHARPS CONTAINER - MISC***	173	SIMPLE - SYRUP	174
SERACAL POW	234	*SHARPS CONTAINER - MISC***	173	SIMPLGEL 30 GEL	174
SERDEXMETHYLPHENIDATE- DEXMETHYLPHENIDATE CAP 26.1-5.2 MG ..	48	*SHARPS CONTAINER - MISC***	173	SIMPONI INJ 50/0.5ML	142
SERDEXMETHYLPHENIDATE- DEXMETHYLPHENIDATE CAP 39.2-7.8 MG ..	48	*SHARPS CONTAINER - MISC***	173	SIMPONI INJ 50/0.5ML	142
SERDEXMETHYLPHENIDATE- DEXMETHYLPHENIDATE CAP 52.3-10.4 MG ..	48	*SHARPS CONTAINER - MISC***	173	SIMPONI INJ 100MG/ML	142
SEREVENT DIS AER 50MCG	59	*SHARPS CONTAINER - MISC***	173	SIMPONI INJ 100MG/ML	142
SERTRALINE CON 20MG/ML	220	SHARPS CONTA MIS 0.05L	173	SIMVASTATIN SUSP 20 MG/5ML (4 MG/ML) ..	89
SERTRALINE HCL ORAL CONCENTRATE FOR SOLUTION 20 MG/ML	220	SHARPS CONT MIS 1 QT	173	SIMVASTATIN SUSP 40 MG/5ML (8 MG/ML) ..	89
		SHARPS UNIV MIS CONTAIN	173	SIMVASTATIN TAB 5 MG	90
		SHEWISE TAB 1.5MG	204	SIMVASTATIN TAB 5MG	90
		SHINGRIX INJ 50/0.5ML	227	SIMVASTATIN TAB 10 MG	90
		SHORT RAGWEED POLLEN ALLERGEN EXTRACT SL TAB 12 AMB A 1-U	209	SIMVASTATIN TAB 10MG	90
		SILDENAFIL CITRATE FOR SUSPENSION 10 MG/ML	205	SIMVASTATIN TAB 20 MG	90
		SILDENAFIL CITRATE TAB 20 MG	206	SIMVASTATIN TAB 20MG	90
		SILDENAFIL CITRATE TAB 25 MG	119	SIMVASTATIN TAB 40 MG	90
		SILDENAFIL CITRATE TAB 50 MG	119	SIMVASTATIN TAB 40MG	90
		SILDENAFIL CITRATE TAB 100 MG	119	SIMVASTATIN TAB 80 MG	90
		SILDENAFIL SUS 10MG/ML	205	SIMVASTATIN TAB 80MG	90
				SINEMET TAB 10-100MG	88
				SINEMET TAB 25-100MG	88

SINGLE-LET MIS 23G	84	SM NICOTINE GUM 4MG MINT.....	217	SODIUM FLUORIDE CREAM 1.1%.....	71
SINGULAIR GRA 4MG.....	39	SM NICOTINE LOZ 2MG CHRY.....	217	SODIUM FLUORIDE CREAM 1.1%.....	71
SIPONIMOD FUMARATE TAB 0.25 MG (7)		SM NICOTINE LOZ 4MG.....	217	SODIUM FLUORIDE CREAM 1.1%.....	72
STARTER PACK.....	184	SM NICOTINE LOZ 4MG CINN.....	217	SODIUM FLUORIDE CREAM 1.1%.....	72
SIPONIMOD FUMARATE TAB 0.25 MG		SMOOTH LAX POW.....	147	SODIUM FLUORIDE CREAM 1.1%.....	72
(12) STARTER PACK	184	SMOOTH LAX POW 3350	147	SODIUM FLUORIDE GEL 1.1% (0.5% F)	71
SIPONIMOD FUMARATE TAB 0.25 MG		SMZ/TMP DS TAB 800-160	221	SODIUM FLUORIDE GEL 1.1% (0.5% F)	71
(BASE EQUIV).....	184	SMZ-TMP SUS 200-40/5.....	221	SODIUM FLUORIDE GEL 1.1% (0.5% F)	71
SIPONIMOD FUMARATE TAB 1 MG (BASE		SMZ-TMP TAB 400-80MG	221	SODIUM FLUORIDE GEL 1.1% (0.5% F)	71
EQUIV).....	184	SOD CHLORIDE GRA.....	98	SODIUM FLUORIDE GEL 1.1% (0.5% F)	71
SIPONIMOD FUMARATE TAB 2 MG (BASE		SOD CHLORIDE NEB 0.9%.....	209	SODIUM FLUORIDE GEL 1.1% (0.5% F)	72
EQUIV).....	185	SOD CHLORIDE NEB 3%.....	209	SODIUM FLUORIDE GEL 1.1% (0.5% F)	72
SIROLIMUS (BULK) POWDER	174	SOD CHLORIDE NEB 7%.....	209	SODIUM FLUORIDE GEL 1.1% (0.5% F)	72
SIROLIMUS GEL 0.2%.....	72	SOD CHLORIDE NEB 10%.....	209	SODIUM FLUORIDE PASTE 1.1%.....	71
SIROLIMUS ORAL SOLN 1 MG/ML	142	SOD CITRATE SOL CITR ACD	98	SODIUM FLUORIDE PASTE 1.1%.....	71
SIROLIMUS POW.....	174	SOD FLUORIDE DRO 0.5MG/ML	98	SODIUM FLUORIDE PASTE 1.1%.....	71
SIROLIMUS SOL 1MG/ML.....	142	SOD FLUORIDE GEL 1.1-5%	72	SODIUM FLUORIDE PASTE 1.1%.....	71
SIROLIMUS TAB 0.5 MG.....	142	SOD FLUORIDE SOL 0.2%MINT	72	SODIUM FLUORIDE PASTE 1.1%.....	71
SIROLIMUS TAB 0.5MG	142	SOD FLUORIDE TAB 0.5MG F.....	98	SODIUM FLUORIDE PASTE 1.1%.....	71
SIROLIMUS TAB 1 MG	142	SOD FLUORIDE TAB 1MG F.....	98	SODIUM FLUORIDE PASTE 1.1%.....	72
SIROLIMUS TAB 1MG	142	SODIUM CHLORIDE GRANULES	98	SODIUM FLUORIDE-POTASSIUM	
SIROLIMUS TAB 2 MG.....	142	SODIUM CHLORIDE POWDER.....	174	NITRATE GEL 1.1-5%	71
SIROLIMUS TAB 2MG	142	SODIUM CHLORIDE SOLN NEBU 0.9%	209	SODIUM FLUORIDE-POTASSIUM	
SIRTURO TAB 20MG.....	45	SODIUM CHLORIDE SOLN NEBU 3%	209	NITRATE GEL 1.1-5%	71
SIRTURO TAB 100MG	45	SODIUM CHLORIDE SOLN NEBU 3%	209	SODIUM FLUORIDE-POTASSIUM	
SKYCLARYS CAP 50MG	68	SODIUM CHLORIDE SOLN NEBU 3.5%	209	NITRATE GEL 1.1-5%	71
SKYRIZI INJ 150MG/ML	139	SODIUM CHLORIDE SOLN NEBU 7%	209	SODIUM FLUORIDE-POTASSIUM	
SKYRIZI INJ 180/1.2	142	SODIUM CHLORIDE SOLN NEBU 7%	209	NITRATE GEL 1.1-5%	71
SKYRIZI INJ 360/2.4.....	142	SODIUM CHLORIDE SOLN NEBU 7%	209	SODIUM FLUORIDE-POTASSIUM	
SKYRIZI PEN INJ 150MG/ML	139	SODIUM CHLORIDE SOLN NEBU 10%	209	NITRATE GEL 1.1-5%	71
SKYTROFA INJ 0.7MG.....	135	SODIUM CITRATE & CITRIC ACID SOLN		SODIUM FLUORIDE-POTASSIUM	
SKYTROFA INJ 1.4MG.....	135	490-640 MG/5ML.....	95	NITRATE GEL 1.1-5%	72
SKYTROFA INJ 1.8MG.....	135	SODIUM CITRATE & CITRIC ACID SOLN		SODIUM FLUORIDE RINSE 0.2%	71
SKYTROFA INJ 2.1MG.....	135	490-640 MG/5ML.....	95	SODIUM FLUORIDE RINSE 0.2%	72
SKYTROFA INJ 2.5MG.....	135	SODIUM CITRATE & CITRIC ACID SOLN		SODIUM FLUORIDE SOLN 0.5 MG/ML F	
SKYTROFA INJ 3.6MG.....	135	500-334 MG/5ML.....	98	(FROM 1.1 MG/ML NAF).....	98
SKYTROFA INJ 3MG.....	135	SODIUM FLOUR GEL 5000 PPM.....	72	SODIUM FLUORIDE TAB 0.5 MG F (FROM	
SKYTROFA INJ 4.3MG.....	135	SODIUM FLUOR CHW 0.5MG.....	98	1.1 MG NAF).....	98
SKYTROFA INJ 5.2MG.....	135	SODIUM FLUOR CHW 0.25MG.....	98	SODIUM FLUORIDE TAB 1 MG F (FROM	
SKYTROFA INJ 6.3MG.....	135	SODIUM FLUOR CHW 1MG.....	98	2.2 MG NAF).....	98
SKYTROFA INJ 7.6MG.....	135	SODIUM FLUOR CRE 1.1%	72	SODIUM FLUORIDE-VITAMIN D LIQD	
SKYTROFA INJ 9.1MG.....	135	SODIUM FLUOR CRE 5000 PPM.....	72	DROPS 0.25 MG/ML-400 UNIT/ML.....	92
SKYTROFA INJ 11MG.....	135	SODIUM FLUOR GEL 1.1%	72	SODIUM FLUOR PST 5000 PPM	72
SKYTROFA INJ 13.3MG.....	135	SODIUM FLUORIDE CHEW TAB 0.5 MG F		SODIUM OXYBATE ORAL SOLUTION 500	
SLYND TAB 4MG.....	204	(FROM 1.1 MG NAF)	93	MG/ML.....	213
SM ASPIRIN CHW 81MG.....	188	SODIUM FLUORIDE CHEW TAB 0.5 MG F		SODIUM OXYBATE ORAL SOLUTION 500	
SM ASPIRIN TAB 81MG EC	188	(FROM 1.1 MG NAF)	98	MG/ML.....	213
SM CHILD ASA CHW 81MG	188	SODIUM FLUORIDE CHEW TAB 0.25 MG F		SODIUM OXYBATE PACK FOR ER SUSP 4.5	
SM CLEARLAX POW.....	147	(FROM 0.55 MG NAF)	92	& 6 & 7.5 GM STARTER PAK	213
SM NICOTINE DIS 7MG/24HR.....	217	SODIUM FLUORIDE CHEW TAB 0.25 MG F		SODIUM OXYBATE PACK FOR ORAL ER	
SM NICOTINE DIS 14MG/24H	217	(FROM 0.55 MG NAF)	98	SUSP 4.5 GM	213
SM NICOTINE DIS 21MG/24H	217	SODIUM FLUORIDE CHEW TAB 1 MG F		SODIUM OXYBATE PACK FOR ORAL ER	
SM NICOTINE GUM 2MG.....	217	(FROM 2.2 MG NAF)	93	SUSP 6 GM	213
SM NICOTINE GUM 2MG MINT.....	217	SODIUM FLUORIDE CHEW TAB 1 MG F		SODIUM OXYBATE PACK FOR ORAL ER	
SM NICOTINE GUM 4MG.....	217	(FROM 2.2 MG NAF)	98	SUSP 7.5 GM.....	213
		SODIUM FLUORIDE CREAM 1.1%.....	71		

SODIUM OXYBATE PACK FOR ORAL ER SUSP 9 GM	213	SOFOSBUVIR-VELPATASVIR TAB 400-100 MG	16	SOTALOL HCL TAB 80 MG	23
SODIUM PHENYLBUTYRATE ORAL POWDER 3 GM/TEASPOONFUL	117	SOFOSBUVIR-VELPATASVIR- VOXILAPREVIR TAB 400-100-100 MG	16	SOTALOL HCL TAB 80MG	23
SODIUM PHENYLBUTYRATE TAB 500 MG ..	117	SOFOS/VELPAT TAB 400-100	16	SOTALOL HCL TAB 120 MG	23
SODIUM PHENYLBUTYRATE- TAURURSODIOL POWD PACK 3-1 GM	68	SOFTCLIX MIS LANCETS	84	SOTALOL HCL TAB 120 MG	23
SODIUM PHENY TAB 500MG	117	SOHONOS CAP 1.5MG	174	SOTALOL HCL TAB 120MG	23
*SODIUM POLYSTYRENE SULFONATE POWDER**	99	SOHONOS CAP 1MG	174	SOTALOL HCL TAB 160 MG	23
SODIUM POLYSTYRENE SULFONATE RECTAL SUSP 30 GM/120ML	99	SOHONOS CAP 2.5MG	174	SOTALOL HCL TAB 160 MG	23
SODIUM POLYSTYRENE SULFONATE SUSP 15 GM/60ML	99	SOHONOS CAP 5MG	174	SOTALOL HCL TAB 240 MG	23
SODIUM/POTAS SOL MAGNESIU	149	SOHONOS CAP 10MG	174	SOTALOL HCL TAB 240MG	23
SODIUM POW CHLORIDE	174	SOLIFENACIN SUCCINATE TAB 5 MG	44	SOTALOL TAB 80MG	23
SODIUM SULFA LIQ 10% WASH	76	SOLIFENACIN SUCCINATE TAB 10 MG	44	SOTALOL TAB 120MG	23
SODIUM THIOSULFATE-SALICYLIC ACID LOTION 25-1%	35	SOLIFENACIN TAB 5MG	44	SOTALOL TAB 160MG	23
SODIUM ZIRCONIUM CYCLOSILICATE FOR SUSP PACKET 5 GM	99	SOLIFENACIN TAB 10MG	44	SOTORASIB TAB 120 MG	41
SODIUM ZIRCONIUM CYCLOSILICATE FOR SUSP PACKET 10 GM	99	SOLIQUA INJ 100/33	146	SOTORASIB TAB 240 MG	41
SOD OXYBATE SOL 0.5G/ML	213	SOLRIAMFETOL HCL TAB 75 MG (BASE EQUIV)	213	SOTORASIB TAB 320 MG	41
SOD OXYBATE SOL 500MG/ML	213	SOLRIAMFETOL HCL TAB 150 MG (BASE EQUIV)	213	SOTYKTU TAB 6MG	76
SOD PICOSULFATE-MG OX-CITRIC AC SOL 10 MG-3.5 GM-12 GM/175ML	147	SOMATROGON-GHLA SOLUTION PEN- INJECTOR 24 MG/1.2ML (20 MG/ML)	134	SOTYLIZE SOL 5MG/ML	23
SOD POLY SUL POW	99	SOMATROGON-GHLA SOLUTION PEN- INJECTOR 60 MG/1.2ML (50 MG/ML)	134	SOVALDI PAK 150MG	16
SOD PYROPHOS POW ANHYDROU	174	SOMATROPIN FOR INJ 5.8 MG	135	SOVALDI PAK 200MG	16
SOD SULFACET GEL 10%	76	SOMATROPIN FOR SUBCUTANEOUS INJ 5 MG	135	*SPACER/AEROSOL-HOLDING CHAMBERS - DEVICE***	152
SOD SULFACET SHA 10%	76	SOMATROPIN SOLUTION CARTRIDGE 5 MG/1.5ML	135	*SPACER/AEROSOL-HOLDING CHAMBERS - DEVICE***	152
SOD SULFATE-MG SULFATE-POT CHLORIDE TAB 1479-225-188 MG	147	SOMATROPIN SOLUTION CARTRIDGE 10 MG/1.5ML	135	*SPACER/AEROSOL-HOLDING CHAMBERS - DEVICE***	152
SOD SULFATE-POT SULF-MG SULF ORAL SOL 17.5-3.13-1.6 GM/177ML	149	SOMATROPIN SOLUTION PEN-INJECTOR 5 MG/1.5ML	135	*SPACER/AEROSOL-HOLDING CHAMBERS - DEVICE***	152
SOD SULFATE-POT SULF-MG SULF ORAL SOL 17.5-3.13-1.6 GM/177ML	149	SOMATROPIN SOLUTION PEN-INJECTOR 10 MG/1.5ML	134	*SPACER/AEROSOL-HOLDING CHAMBERS - DEVICE***	152
SOD SUL/SULF CRE 10-2%	76	SOMATROPIN SOLUTION PEN-INJECTOR 15 MG/1.5ML	135	*SPACER/AEROSOL-HOLDING CHAMBERS - DEVICE***	157
SOD SUL/SULF CRE 10-5%	76	SOMATROPIN SOLUTION PEN-INJECTOR 30 MG/3ML	135	*SPACER/AEROSOL-HOLDING CHAMBERS - DEVICE***	157
SOD SUL/SULF EMU 10-5%	76	SONIDEGIB PHOSPHATE CAP 200 MG (BASE EQUIVALENT)	181	*SPACER/AEROSOL-HOLDING CHAMBERS - DEVICE***	157
SOD SUL/SULF LIQ 9-4%	76	SOOLANTRA CRE 1%	76	*SPACER/AEROSOL-HOLDING CHAMBERS - DEVICE***	157
SOD SUL/SULF LIQ 10-5%	76	SORAFENIB TAB 200MG	181	*SPACER/AEROSOL-HOLDING CHAMBERS - DEVICE***	157
SOD SUL/SULF LIQ WASH	76	SORAFENIB TOSYLATE TAB 200 MG (BASE EQUIVALENT)	181	*SPACER/AEROSOL-HOLDING CHAMBERS - DEVICE***	159
SOD SUL/SULF LOT 10-5%	76	S.O.S. 25 POW	98	*SPACER/AEROSOL-HOLDING CHAMBERS - DEVICE***	161
SOD SUL/SULF SUS 10-5%	76	SOTALOL AF TAB 80MG	23	*SPACER/AEROSOL-HOLDING CHAMBERS - DEVICE***	161
SOFOSBUVIR PELLET PACK 150 MG	16	SOTALOL AF TAB 120MG	23	*SPACER/AEROSOL-HOLDING CHAMBERS - DEVICE***	162
SOFOSBUVIR PELLET PACK 200 MG	16	SOTALOL AF TAB 160MG	23	*SPACER/AEROSOL-HOLDING CHAMBERS - DEVICE***	166
SOFOSBUVIR-VELPATASVIR PELLET PACK 150-37.5 MG	15	SOTALOL HCL (AFIB/AFL) TAB 80 MG	22	*SPACER/AEROSOL-HOLDING CHAMBERS - DEVICE***	171
SOFOSBUVIR-VELPATASVIR PELLET PACK 200-50 MG	15	SOTALOL HCL (AFIB/AFL) TAB 80 MG	23		
SOFOSBUVIR-VELPATASVIR TAB 200-50 MG	15	SOTALOL HCL (AFIB/AFL) TAB 120 MG	22		
SOFOSBUVIR-VELPATASVIR TAB 400-100 MG	15	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		

*SPACER/AEROSOL-HOLDING CHAMBERS - DEVICE***	177	SPORANOX SOL 10MG/ML	36	SUCROFERRIC OXYHYDROXIDE CHEW TAB 500 MG	201
*SPACER/AEROSOL-HOLDING CHAMBERS - DEVICE***	177	SPRAVATO SOL 56MG DOS.	29	SUFLAVE SOL	115
*SPACER/AEROSOL-HOLDING CHAMBERS - DEVICE***	177	SPRAVATO SOL 84MG DOS.	29	SULAR TAB 8.5MG ER	62
*SPACER/AEROSOL-HOLDING CHAMBERS - DEVICE***	177	SPRINTEC 28 TAB 28 DAY	111	SULAR TAB 17MG ER	62
*SPACER/AEROSOL-HOLDING CHAMBERS - DEVICE***	177	SPS SUS 15GM/60	99	SULAR TAB 34MG ER	62
*SPACER/AEROSOL-HOLDING CHAMBERS - DEVICE***	177	SPS SUS 30GM/120	99	SULCONAZOLE CRE 1%	36
*SPACER/AEROSOL-HOLDING CHAMBERS - DEVICE***	177	SRONYX TAB	111	SULCONAZOLE NITRATE CREAM 1%	35
*SPACER/AEROSOL-HOLDING CHAMBERS - DEVICE***	177	SSD CRE 1%	25	SULCONAZOLE NITRATE CREAM 1%	36
*SPACER/AEROSOL-HOLDING CHAMBERS - DEVICE***	177	SSKI SOL 1GM/ML	174	SULCONAZOLE NITRATE SOLUTION 1%	35
*SPACER/AEROSOL-HOLDING CHAMBERS - DEVICE***	177	SSS 10-5 AER 10-5%	76	SULCONAZOLE NITRATE SOLUTION 1%	37
*SPACER/AEROSOL-HOLDING CHAMBERS - DEVICE***	177	SSS CRE 10%-5%	76	SULCONAZOLE SOL 1%	37
*SPACER/AEROSOL-HOLDING CHAMBER SUPPLIES - BAGS***	162	STALEVO 50 TAB	89	SULFACETAMIDE SODIUM CLEANSING GEL 10%	75
*SPACER/AEROSOL-HOLDING CHAMBER SUPPLIES - MASKS***	159	STALEVO 75 TAB	89	SULFACETAMIDE SODIUM CLEANSING GEL 10%	76
*SPACER/AEROSOL-HOLDING CHAMBER SUPPLIES - MASKS***	160	STALEVO 100 TAB	88	SULFACETAMIDE SODIUM CREAM 10%	75
*SPACER/AEROSOL-HOLDING CHAMBER SUPPLIES - MASKS***	166	STALEVO 125 TAB	88	SULFACETAMIDE SODIUM LIQUID 10%	75
*SPACER/AEROSOL-HOLDING CHAMBER SUPPLIES - MASKS***	166	STALEVO 150 TAB	89	SULFACETAMIDE SODIUM LIQUID 10%	76
*SPACER/AEROSOL-HOLDING CHAMBER SUPPLIES - MASKS***	168	STALEVO 200 TAB	89	SULFACETAMIDE SODIUM LOTION 10% (ACNE)	75
*SPACER/AEROSOL-HOLDING CHAMBER SUPPLIES - MASKS***	177	STANNOUS FLUORIDE CONC 0.63%	71	SULFACETAMIDE SODIUM LOTION 10% (ACNE)	76
*SPACER/AEROSOL-HOLDING CHAMBER SUPPLIES - MASKS***	177	STANNOUS FLUORIDE GEL 0.4%	71	SULFACETAMIDE SODIUM OPHTH OINT 10%	191
SPARSENTAN TAB 200 MG	119	STANNOUS FLUORIDE GEL 0.4%	71	SULFACETAMIDE SODIUM OPHTH SOLN 10%	191
SPARSENTAN TAB 400 MG	119	STANNOUS FLUORIDE GEL 0.4%	71	SULFACETAMIDE SODIUM-PREDNISOLONE OPHTH SOLN 10-0.23(0.25)%	191
SPESOLIMAB-SBZO SUBCUTANEOUS SOLN PREF SYR 150 MG/ML	76	STANNOUS FLUORIDE GEL 0.4%	71	SULFACETAMIDE SODIUM SHAMPOO 10%	75
SPESOLIMAB-SBZO SUBCUTANEOUS SOLN PREF SYR 300 MG/2ML	76	STENDRA TAB 50MG	120	SULFACETAMIDE SODIUM SHAMPOO 10%	76
SPEVIGO INJ 150/1ML	76	STENDRA TAB 100MG	119	SULFACETAMIDE SODIUM-SULFUR IN UREA EMULSION 10-5%	76
SPEVIGO INJ 300/2ML	76	STENDRA TAB 200MG	120	SULFACETAMIDE SODIUM W/ SULFUR CLEANSER 9-4%	76
SPIKEVAX INJ 2025-26	227	STEQEYMA INJ 45/0.5ML	76	SULFACETAMIDE SODIUM W/ SULFUR CLEANSER 9-4%	76
SPIKEVAX INJ 2025-26	227	STEQEYMA INJ 90MG/ML	76	SULFACETAMIDE SODIUM W/ SULFUR CLEANSER 10-5%	73
SPINOSAD SUS 0.9%	201	STIOLTO AER 2.5-2.5	209	SULFACETAMIDE SODIUM W/ SULFUR CLEANSER 10-5%	76
SPINOSAD SUSP 0.9%	201	STIRIPENTOL CAP 250 MG	28	SULFACETAMIDE SODIUM W/ SULFUR CREAM 10-2%	76
SPIRIVA CAP HANDILR	57	STIRIPENTOL CAP 500 MG	28	SULFACETAMIDE SODIUM W/ SULFUR CREAM 10-5%	76
SPIRIVA RESP AER 1.25MCG	58	STIRIPENTOL PACKET 250 MG	28	SULFACETAMIDE SODIUM W/ SULFUR CREAM 10-5%	76
SPIRIVA RESP AER 2.5MCG	58	STIRIPENTOL PACKET 500 MG	28	SULFACETAMIDE SODIUM W/ SULFUR FOAM 10-5%	76
SPIRONO/HCTZ TAB 25/25	67	STIVARGA TAB 40MG	181	SULFACETAMIDE SODIUM W/ SULFUR LOTION 10-5%	76
SPIRONOLACTONE & HYDROCHLOROTHIAZIDE TAB 25-25 MG	67	ST JOSEPH CHW LOW 81MG	188		
SPIRONOLACTONE SUSP 25 MG/5ML	86	ST JOSEPH TAB LOW 81MG	188		
SPIRONOLACTONE SUSP 25 MG/5ML	87	STRENSIQ INJ 18/0.45	117		
SPIRONOLACTONE TAB 25 MG	87	STRENSIQ INJ 28/0.7ML	117		
SPIRONOLACTONE TAB 50 MG	87	STRENSIQ INJ 40MG/ML	117		
SPIRONOLACTONE TAB 100 MG	87	STRENSIQ INJ 80/0.8ML	117		
SPIRONOLACTO SUS 25MG/5ML	87	STRIBILD TAB	17		
SPIRONOLACT TAB 25MG	87	STRIVERDI AER 2.5MCG	59		
SPIRONOLACT TAB 50MG	87	STROMECTOL TAB 3MG	15		
SPIRONOLACT TAB 100MG	87	SUBVENITE KIT START 35	122		
SPORANOX CAP 100MG	36	SUBVENITE KIT START 49	122		
		SUBVENITE KIT START 98	122		
		SUBVENITE TAB 25MG	122		
		SUBVENITE TAB 100MG	122		
		SUBVENITE TAB 150MG	122		
		SUBVENITE TAB 200MG	122		
		SUCCIMER CAP 100 MG	99		
		SUCRAID SOL 8500/ML	117		
		SUCRALFATE SUS 1GM/10ML	204		
		SUCRALFATE SUSP 1 GM/10ML	204		
		SUCRALFATE TAB 1 GM	204		
		SUCRALFATE TAB 1GM	204		

SULFACETAMIDE SODIUM W/ SULFUR SUSP 8-4%	76	SUMATRIPTAN SUCCINATE INJ 6 MG/0.5ML	211	SYMDEKO TAB 100-150	70
SULFACETAMIDE SODIUM W/ SULFUR SUSP 10-5%	76	SUMATRIPTAN SUCCINATE INJ 6 MG/0.5ML	211	SYMFI LO TAB	18
SULFACETAMID LOT 10%	76	SUMATRIPTAN SUCCINATE SOLUTION AUTO-INJECTOR 4 MG/0.5ML	211	SYMFI TAB	18
SULFACET SOD OIN 10% OP	191	SUMATRIPTAN SUCCINATE SOLUTION AUTO-INJECTOR 6 MG/0.5ML	211	SYMPAZAN MIS 5MG	114
SULFACET SOD SOL 10% OP	191	SUMATRIPTAN SUCCINATE SOLUTION AUTO-INJECTOR 6 MG/0.5ML	211	SYMPAZAN MIS 10MG	114
SULFACLEANSE SUS 8-4%	76	SUMATRIPTAN SUCCINATE SOLUTION CARTRIDGE 4 MG/0.5ML	211	SYMPAZAN MIS 20MG	114
SULFAC SULFR PAD 9.8-4.8%	76	SUMATRIPTAN SUCCINATE SOLUTION CARTRIDGE 6 MG/0.5ML	211	SYMPROIC TAB 0.2MG	116
SULFADIAZINE TAB 500 MG	221	SUMATRIPTAN SUCCINATE SOLUTION CARTRIDGE 6 MG/0.5ML	211	SYNAREL SOL 2MG/ML	139
SULFADIAZINE TAB 500MG	221	SUMATRIPTAN SUCCINATE TAB 25 MG ...	211	SYNDROS SOL 5MG/ML	100
SULFAMETHOXAZOLE-TRIMETHOPRIM SUSP 200-40 MG/5ML	221	SUMATRIPTAN SUCCINATE TAB 50 MG ...	211	SYNJARDY TAB	33
SULFAMETHOXAZOLE-TRIMETHOPRIM SUSP 200-40 MG/5ML	222	SUMATRIPTAN SUCCINATE TAB 100 MG ...	211	SYNJARDY TAB 5-500MG	33
SULFAMETHOXAZOLE-TRIMETHOPRIM TAB 400-80 MG	221	SUMATRIPTAN TAB 25MG	211	SYNJARDY TAB 5-1000MG	33
SULFAMETHOXAZOLE-TRIMETHOPRIM TAB 400-80 MG	221	SUMATRIPTAN TAB 50MG	211	SYNJARDY TAB 12.5-500	33
SULFAMETHOXAZOLE-TRIMETHOPRIM TAB 800-160 MG	221	SUMATRIPTAN TAB 100MG	211	SYNJARDY XR TAB	33
SULFAMETHOXAZOLE-TRIMETHOPRIM TAB 800-160 MG	221	SUNITINIB CAP 12.5MG	181	SYNJARDY XR TAB 5-1000MG	33
SULFAMYLON CRE 85MG/GM	25	SUNITINIB CAP 25MG	181	SYNJARDY XR TAB 10-1000	33
SULFASALAZINE TAB 500 MG	221	SUNITINIB CAP 37.5MG	181	SYNJARDY XR TAB 25-1000	33
SULFASALAZINE TAB DELAYED RELEASE 500 MG	222	SUNITINIB CAP 50MG	181	SYRG/NEEDLE MIS 29GX12.5	174
SULFASALAZIN TAB 500MG	221	SUNITINIB MALATE CAP 12.5 MG (BASE EQUIVALENT)	181	SYRG/NEEDLE MIS 31GX8MM	174
SULFASALAZIN TAB 500MG DR	222	SUNITINIB MALATE CAP 25 MG (BASE EQUIVALENT)	181	SYRG/NEEDLE MIS 31GX8MM	174
SULFATRIM PD SUS 200-40/5	222	SUNITINIB MALATE CAP 37.5 MG (BASE EQUIVALENT)	181	SYRG/NEEDLE MIS 31GX8MM	174
SULF LIME SOL	201	SUNITINIB MALATE CAP 50 MG (BASE EQUIVALENT)	181	SYRPALTA SYP	174
SULF/PRED NA SOL OP	191	SUNLENCA TAB 300MG	18	SYRPALTA SYP	174
SULFURATED LIME SOLUTION	201	SUNLENCA TAB 300MG	18	SYRSPEND SF LIQ	174
SULFURIC ACID-SULFONATED PHENOLICS SOLN 30-50%	70	SUNOSI TAB 75MG	213	SYRSPEND SF SUS PH4	174
SULINDAC TAB 150 MG	188	SUNOSI TAB 150MG	213	SYRUP SF SYP VEHICLE	174
SULINDAC TAB 150MG	188	SUPREP BOWEL SOL PREP KIT	149	TABLOID TAB 40MG	39
SULINDAC TAB 200 MG	188	SURE COMFORT MIS 31GX1/4	174	TABRECTA TAB 150MG	181
SULINDAC TAB 200MG	188	SURE COMFORT MIS 31GX3/16	174	TABRECTA TAB 200MG	181
SULOPENEM ETZADROXIL-PROBENECID TAB 500-500 MG	167	SURE COMFORT MIS 31GX5/16	174	TACROLIMUS (BULK) POWDER	174
SUMATRIPTAN INJ 4MG/0.5	211	SURE COMFORT MIS 32GX5/32	84	TACROLIMUS (BULK) POWDER	175
SUMATRIPTAN INJ 4MG/0.5	211	SUSPENDRX SUS SWEET	174	TACROLIMUS CAP 0.5 MG	142
SUMATRIPTAN INJ 6/0.5ML	211	SUSPENDRX SUS UNSWEET	174	TACROLIMUS CAP 0.5 MG	142
SUMATRIPTAN INJ 6MG/0.5	211	SUSPENSION SUS VEHICLE	174	TACROLIMUS CAP 0.5MG	142
SUMATRIPTAN INJ 6MG/0.5	211	SUTAB TAB	147	TACROLIMUS CAP 1 MG	142
SUMATRIPTAN INJ 6MG/0.5	211	SUVOREXANT TAB 5 MG	213	TACROLIMUS CAP 1 MG	142
SUMATRIPTAN INJ 6MG/5ML	211	SUVOREXANT TAB 10 MG	213	TACROLIMUS CAP 1MG	142
SUMATRIPTAN INJ 6MG/5ML	211	SUVOREXANT TAB 15 MG	213	TACROLIMUS CAP 1MG	142
SUMATRIPTAN NASAL SPRAY 5 MG/ACT ..	211	SUVOREXANT TAB 20 MG	213	TACROLIMUS CAP 5 MG	142
SUMATRIPTAN NASAL SPRAY 20 MG/ACT ..	211	SUZETRIGINE TAB 50 MG	165	TACROLIMUS CAP 5 MG	142
SUMATRIPTAN SPR 5MG/ACT	211	SYMBICORT AER 80-4.5	209	TACROLIMUS CAP 5MG	142
SUMATRIPTAN SPR 20MG/ACT	211	SYMBICORT AER 160-4.5	209	TACROLIMUS OIN 0.1%	77
SUMATRIPTAN SUCCINATE INJ 6 MG/0.5ML	211	SYMBYAX CAP 3-25MG	220	TACROLIMUS OIN 0.03%	76
		SYMBYAX CAP 6-25MG	221	TACROLIMUS OINT 0.1%	77
		SYMDEKO TAB 50-75MG	70	TACROLIMUS OINT 0.03%	76
				TACROLIMUS PACKET FOR SUSP 0.2 MG ...	142
				TACROLIMUS PACKET FOR SUSP 1 MG	142
				TACROLIMUS POW	174
				TACROLIMUS POW MONOHYD	175
				TADALAFIL ORAL SUSP 20 MG/5ML (PAH) ..	206
				TADALAFIL TAB 2.5 MG	50
				TADALAFIL TAB 2.5MG	50
				TADALAFIL TAB 5 MG	50
				TADALAFIL TAB 5MG	50
				TADALAFIL TAB 10 MG	120

TADALAFIL TAB 10MG	120	TAURINE CAP 500 MG	98	TEMAZEPAM CAP 22.5 MG	113
TADALAFIL TAB 20 MG	120	TAURINE CAP 500MG	98	TEMAZEPAM CAP 22.5MG	113
TADALAFIL TAB 20MG	120	TAVALISSE TAB 100MG	129	TEMAZEPAM CAP 30 MG	113
TADALAFIL TAB 20MG	206	TAVALISSE TAB 150MG	129	TEMAZEPAM CAP 30 MG	113
TADALAFIL TAB 20 MG (PAH)	206	TAZAROTENE CRE 0.1%	77	TEMAZEPAM CAP 30MG	113
TADLIQ SUS 20MG/5ML	206	TAZAROTENE CRE 0.05%	77	TEMBEXA SUS 10MG/ML	45
TAFAMIDIS CAP 61 MG	67	TAZAROTENE CREAM 0.1%	77	TEMBEXA TAB 100MG	45
TAFAMIDIS MEGLUMINE (CARDIAC) CAP 20 MG	67	TAZAROTENE CREAM 0.05%	77	TEMOZOLOMIDE CAP 5 MG	10
TAFENOQUINE SUCCINATE TAB 100 MG (BASE EQUIVALENT)	42	TAZAROTENE GEL 0.1%	77	TEMOZOLOMIDE CAP 5MG	10
TAFENOQUINE SUCCINATE TAB 150 MG (BASE EQUIVALENT)	43	TAZAROTENE GEL 0.05%	77	TEMOZOLOMIDE CAP 20 MG	10
TAFINLAR CAP 50MG	181	TAZAROTENE GEL 0.05%	77	TEMOZOLOMIDE CAP 20MG	10
TAFINLAR CAP 75MG	181	TAZEMETOSTAT HBR TAB 200 MG	41	TEMOZOLOMIDE CAP 100 MG	10
TAFINLAR TAB 10MG	181	TAZTIA XT CAP 120MG/24	62	TEMOZOLOMIDE CAP 100MG	10
TAFLUPROST PRESERVATIVE FREE (PF) OPHTH SOLN 0.0015%	193	TAZTIA XT CAP 180MG/24	62	TEMOZOLOMIDE CAP 140 MG	10
TAFLUPROST PRESERVATIVE FREE (PF) OPHTH SOLN 0.0015%	193	TAZTIA XT CAP 240MG/24	62	TEMOZOLOMIDE CAP 140MG	10
TAFLUPROST SOL 0.0015%	193	TAZTIA XT CAP 300MG ER	62	TEMOZOLOMIDE CAP 180 MG	10
TAGRISSO TAB 40MG	181	TAZTIA XT CAP 360MG/24	62	TEMOZOLOMIDE CAP 180MG	10
TAGRISSO TAB 80MG	181	TAZVERIK TAB 200MG	41	TEMOZOLOMIDE CAP 250 MG	10
TAKE ACTION TAB 1.5MG	204	TBO-FILGRASTIM SUBCUTANEOUS INJ 300 MCG/ML	56	TEMOZOLOMIDE CAP 250MG	10
TAKHZYRO INJ 150MG/ML	144	TBO-FILGRASTIM SUBCUTANEOUS INJ 480 MCG/1.6ML (300 MCG/ML)	56	TENAPANOR HCL TAB 20 MG	118
TAKHZYRO INJ 300/2ML	13	TDC MAX CRE	175	TENAPANOR HCL TAB 30 MG	118
TAKHZYRO INJ 300/2ML	144	TDVAX INJ 2-2 LF	227	TENCON TAB 50-325MG	12
TAMOXIFEN CITRATE TAB 10 MG (BASE EQUIVALENT)	34	TECHLITE MIS LANC 26G	84	TENIVAC INJ 5-2LF	227
TAMOXIFEN CITRATE TAB 20 MG (BASE EQUIVALENT)	34	TEDUGLUTIDE (RDNA) FOR INJ KIT 5 MG	115	TENOFOVIR DISOPROXIL FUMARATE ORAL POWDER 40 MG/GM	19
TAMOXIFEN TAB 10MG	34	TEGLUTIK SUS 50/10ML	69	TENOFOVIR DISOPROXIL FUMARATE TAB 150 MG	19
TAMOXIFEN TAB 20MG	34	TEGRETOL SUS 100/5ML	219	TENOFOVIR DISOPROXIL FUMARATE TAB 200 MG	19
TAMSULOSIN CAP 0.4MG	50	TEGRETOL TAB 200MG	219	TENOFOVIR DISOPROXIL FUMARATE TAB 250 MG	19
TAMSULOSIN HCL CAP 0.4 MG	50	TEGSEDI INJ 284/1.5	117	TENOFOVIR DISOPROXIL FUMARATE TAB 300 MG	18
TANLOR TAB 1000MG	212	TELMISA/HCTZ TAB 40-12.5	67	TENOFOVIR DISOPROXIL FUMARATE TAB 300 MG	18
TAPENTADOL HCL TAB 50 MG	198	TELMISA/HCTZ TAB 80-12.5	67	TENOFOVIR TAB 300MG	18
TAPENTADOL HCL TAB 75 MG	198	TELMISA/HCTZ TAB 80-25MG	67	TEPMETKO TAB 225MG	181
TAPENTADOL HCL TAB 100 MG	198	TELMISARTAN-HYDROCHLOROTHIAZIDE TAB 40-12.5 MG	67	TEPOTINIB HCL TAB 225 MG	181
TAPENTADOL HCL TAB ER 12HR 50 MG	195	TELMISARTAN-HYDROCHLOROTHIAZIDE TAB 80-12.5 MG	67	TERAZOSIN CAP 1MG	50
TAPENTADOL HCL TAB ER 12HR 100 MG	195	TELMISARTAN-HYDROCHLOROTHIAZIDE TAB 80-25 MG	67	TERAZOSIN CAP 2MG	50
TAPENTADOL HCL TAB ER 12HR 150 MG	195	TELMISARTAN TAB 20 MG	13	TERAZOSIN CAP 5MG	50
TAPENTADOL HCL TAB ER 12HR 200 MG	195	TELMISARTAN TAB 20MG	13	TERAZOSIN CAP 10MG	50
TAPENTADOL HCL TAB ER 12HR 250 MG	195	TELMISARTAN TAB 40 MG	13	TERAZOSIN HCL CAP 1 MG (BASE EQUIVALENT)	50
TAPERDEX PAK 6 DAY	133	TELMISARTAN TAB 40MG	13	TERAZOSIN HCL CAP 2 MG (BASE EQUIVALENT)	50
TAPERDEX PAK 7-DAY	133	TELMISARTAN TAB 80 MG	13	TERAZOSIN HCL CAP 5 MG (BASE EQUIVALENT)	50
TAPERDEX PAK 12-DAY	133	TELMISARTAN TAB 80MG	13	TERAZOSIN HCL CAP 10 MG (BASE EQUIVALENT)	50
TAPINAROF CREAM 1%	77	TELOTTRISTAT ETHYL TAB 250 MG (AS TELOTTRISTAT ETIPRATE)	116	TERBINAFINE HCL TAB 250 MG	37
TARINA 24 FE TAB	111	TEMAZEPAM CAP 7.5 MG	113	TERBINAFINE TAB 250MG	37
TARINA FE TAB 1/20 EQ	111	TEMAZEPAM CAP 7.5 MG	113	TERBUTALINE POW SULFATE	175
TARON-C DHA CAP	234	TEMAZEPAM CAP 7.5MG	113	TERBUTALINE SULFATE POWDER	175
TASIMELTEON CAP 20MG	214	TEMAZEPAM CAP 15 MG	113	TERBUTALINE SULFATE TAB 2.5 MG	59
TASIMELTEON CAPSULE 20 MG	213	TEMAZEPAM CAP 15 MG	113	TERBUTALINE SULFATE TAB 5 MG	59
TASIMELTEON CAPSULE 20 MG	214	TEMAZEPAM CAP 15MG	113	TERBUTALINE TAB 2.5MG	59
TASIMELTEON ORAL SUSP 4 MG/ML	213	TEMAZEPAM CAP 22.5 MG	113	TERBUTALINE TAB 5MG	59

TERCONAZOLE CRE 0.4%	37	TESTOSTERONE UNDECANOATE CAP 150		THEOPHYLLINE TAB 100MG ER	202
TERCONAZOLE CRE 0.8%	37	MG	12	THEOPHYLLINE TAB 200MG ER	202
TERCONAZOLE SUP 80MG	37	TESTOSTERONE UNDECANOATE CAP		THEOPHYLLINE TAB 300MG ER	202
TERCONAZOLE VAGINAL CREAM 0.4%	37	200 MG	12	THEOPHYLLINE TAB 400MG ER	202
TERCONAZOLE VAGINAL CREAM 0.8%	37	TETANUS-DIPHThERIA TOXOIDS (TD)		THEOPHYLLINE TAB 450MG ER	202
TERCONAZOLE VAGINAL SUPPOS 80 MG	37	INJ 2-2 LF/0.5ML	227	THEOPHYLLINE TAB 600MG ER	202
TERIFLUNOMIDE TAB 7 MG	185	TETANUS-DIPHThERIA TOXOIDS (TD)		THEOPHYLLINE TAB ER12HR 100 MG	202
TERIFLUNOMIDE TAB 14 MG	185	INJ 5-2 LF/0.5ML	227	THEOPHYLLINE TAB ER12HR 200 MG	202
TERIFLUNOMID TAB 7MG	185	TET-DIPH-ACELL PERTUSS AD PREF SYR		THEOPHYLLINE TAB ER12HR 300 MG	202
TERIFLUNOMID TAB 14MG	185	5-2.5-18.5 LF-MCG/0.5ML	225	THEOPHYLLINE TAB ER12HR 450 MG	202
TERIPARATIDE INJ 560/2.24	151	TET-DIPH-ACELL PERTUSS AD PREF SYR		THEOPHYLLINE TAB ER24HR 400 MG	202
TERIPARATIDE SOLN PEN-INJ 560		5-2-15.5 LF-MCG/0.5ML	225	THEOPHYLLINE TAB ER24HR 600 MG	202
MCG/2.24ML	151	TETRABENAZINE TAB 12.5 MG	69	THINLETS GP MIS 26G	84
TERIPARATIDE SOLN PEN-INJ 560		TETRABENAZINE TAB 25 MG	69	THIOGUANINE (BULK) POWDER	175
MCG/2.24ML	151	TETRABENAZIN TAB 12.5MG	69	THIOGUANINE POW	175
TERRELL SOL	175	TETRABENAZIN TAB 25MG	69	THIOGUANINE TAB 40 MG	39
TESTIM GEL 1%(50MG)	12	TETRACaine HCL OPHTH SOLN 0.5%	188	THIORIDAZINE HCL TAB 10 MG	6
TESTOST CYP INJ 100MG/ML	12	TETRACaine HCL OPHTH SOLN 0.5%	189	THIORIDAZINE HCL TAB 25 MG	6
TESTOST CYP INJ 200MG/ML	12	TETRACaine SOL 0.5% OP	189	THIORIDAZINE HCL TAB 50 MG	6
TESTOST ENAN INJ 200MG/ML	12	TETRACYCLINE CAP 250MG	222	THIORIDAZINE HCL TAB 100 MG	6
TESTOSTERONE (BULK) POWDER	175	TETRACYCLINE CAP 500MG	222	THIORIDAZINE TAB 10MG	6
TESTOSTERONE (BULK) POWDER	175	TETRACYCLINE HCL CAP 250 MG	222	THIORIDAZINE TAB 25MG	6
TESTOSTERONE CRY YAM	175	TETRACYCLINE HCL CAP 500 MG	222	THIORIDAZINE TAB 50MG	6
TESTOSTERONE CYPIONATE (BULK)		TET TOX-DIPH-ACELL PERTUSS AD INJ		THIORIDAZINE TAB 100MG	6
POWDER	175	5-2.5-18.5 LF-LF-MCG/0.5ML	225	THIOTEPa (BULK) POWDER	175
TESTOSTERONE CYPIONATE IM INJ IN		TET TOX-DIPH-ACELL PERTUSS AD INJ		THIOTEPa POW	175
OIL 100 MG/ML	12	5-2-15.5 LF-LF-MCG/0.5ML	225	THIOTHIXENE CAP 1 MG	6
TESTOSTERONE CYPIONATE IM INJ IN		TEXACORT SOL 2.5%	133	THIOTHIXENE CAP 1MG	6
OIL 100 MG/ML	12	TEZACAFToR-IVACAFToR 50-75 MG &		THIOTHIXENE CAP 2 MG	7
TESTOSTERONE CYPIONATE IM INJ IN		IVACAFToR 75 MG TAB TBPk	70	THIOTHIXENE CAP 2MG	7
OIL 200 MG/ML	12	TEZACAFToR-IVACAFToR 100-150 MG &		THIOTHIXENE CAP 5 MG	7
TESTOSTERONE CYPIONATE IM INJ IN		IVACAFToR 150 MG TAB TBPk	70	THIOTHIXENE CAP 5MG	7
OIL 200 MG/ML	12	TEZEPeLUMAB-EKKO SUBCUTANEOUS		THIOTHIXENE CAP 10 MG	6
TESTOSTERONE ENANTHATE (BULK)		SOLN AUTO-INJ 210 MG/1.91ML	209	THIOTHIXENE CAP 10MG	6
POWDER	175	TEZSPIRE INJ 210MG	209	THRIVE GUM 2MG MINT	217
TESTOSTERONE ENANTHATE IM INJ IN		THALIDOMIDE CAP 50 MG	22	THRIVITE RX TAB 29-1MG	235
OIL 200 MG/ML	12	THALIDOMIDE CAP 100 MG	22	THROMBIN FOR SOLN 1000 UNIT	129
TESTOSTERONE GEL 1.62%	12	THALIDOMIDE CAP 150 MG	22	THROMBIN FOR SOLN 10000 UNIT	129
TESTOSTERONE MICRONIZED (BULK)		THALIDOMIDE CAP 200 MG	22	THROMBIN FOR SOLN KIT 5000 UNIT	129
CRYSTALS	175	THALOMID CAP 50MG	22	THROMBIN FOR SOLN KIT 5000 UNIT	129
TESTOSTERONE MICRONIZED (BULK)		THALOMID CAP 100MG	22	THROMBIN FOR SOLN KIT 10000 UNIT	129
POWDER	175	THALOMID CAP 150MG	22	THROMBIN FOR SOLN KIT 20000 UNIT	129
TESTOSTERONE MICRONIZED (BULK)		THALOMID CAP 200MG	22	THROMBIN-JMI KIT 5000UNIT	129
POWDER	175	THEO-24 CAP 100MG CR	201	THROMBIN-JMI KIT 20000UNT	129
TESTOSTERONE POW	175	THEO-24 CAP 200MG CR	201	THROMBIN KIT 5000UNIT	129
TESTOSTERONE POW CYPIONAT	175	THEO-24 CAP 300MG CR	201	THROMBIN (RECOMBINANT) FOR SOLN	
TESTOSTERONE POW ENANTHAT	175	THEO-24 CAP 400MG ER	201	5000 UNIT	129
TESTOSTERONE POW MICRONIZ	175	THEOPHYLLINE CAP ER 24HR 100 MG	201	THROMBIN (RECOMBINANT) FOR SOLN	
TESTOSTERONE POW SOY	175	THEOPHYLLINE CAP ER 24HR 200 MG	201	20000 UNIT	128
TESTOSTERONE POW SOY	175	THEOPHYLLINE CAP ER 24HR 300 MG	201	THROMBOGEN KIT 10000UNT	129
TESTOSTERONE TD GEL 10MG/ACT (2%)	12	THEOPHYLLINE CAP ER 24HR 400 MG	201	THROMBOGEN SOL 1000UNIT	129
TESTOSTERONE TD GEL 20.25 MG/ACT		THEOPHYLLINE ELIXIR 80 MG/15ML	201	THROMBOGEN SOL 10000UNT	129
(1.62%)	12	THEOPHYLLINE ELIXIR 80 MG/15ML	202	THYROID TAB 15MG	138
TESTOSTERONE TD GEL 50 MG/5GM (1%)	12	THEOPHYLLINE ELX 80/15ML	202	THYROID TAB 15 MG (1/4 GRAIN)	135
TESTOSTERONE UNDECANOATE CAP 100		THEOPHYLLINE SOL 80/15ML	202	THYROID TAB 15 MG (1/4 GRAIN)	136
MG	12	THEOPHYLLINE SOLN 80 MG/15ML	202		

THYROID TAB 15 MG (1/4 GRAIN).....	137	TIAZAC CAP 420MG/24.....	62	TINIDAZOLE TAB 500MG	25
THYROID TAB 15 MG (1/4 GRAIN).....	137	TIBSOVO TAB 250MG	181	TIOPRONIN TAB 100 MG	120
THYROID TAB 15 MG (1/4 GRAIN).....	138	TICAGRELOR TAB 60 MG.....	202	TIOPRONIN TAB 100MG.....	120
THYROID TAB 15 MG (1/4 GRAIN).....	138	TICAGRELOR TAB 60MG.....	202	TIOPRONIN TAB 100MG DR.....	120
THYROID TAB 30MG	138	TICAGRELOR TAB 90 MG.....	202	TIOPRONIN TAB 300MG DR.....	120
THYROID TAB 30 MG (1/2 GRAIN).....	136	TICAGRELOR TAB 90MG	202	TIOPRONIN TAB DELAYED RELEASE 100	
THYROID TAB 30 MG (1/2 GRAIN).....	136	TIGLUTIK SUS 50/10ML.....	69	MG	120
THYROID TAB 30 MG (1/2 GRAIN).....	137	TIKOSYN CAP 125MCG.....	23	TIOPRONIN TAB DELAYED RELEASE 300	
THYROID TAB 30 MG (1/2 GRAIN).....	137	TIKOSYN CAP 250MCG	23	MG	120
THYROID TAB 30 MG (1/2 GRAIN).....	138	TIKOSYN CAP 500MCG	23	TIOTROPIUM BR-OLODATEROL INHAL	
THYROID TAB 30 MG (1/2 GRAIN).....	138	TILIA FE TAB	111	AERO SOLN 2.5-2.5 MCG/ACT.....	209
THYROID TAB 60MG	138	TIMOLOL GEL SOL 0.5% OP.....	192	TIOTROPIUM BROMIDE INHAL AEROSOL	
THYROID TAB 60 MG (1 GRAIN).....	136	TIMOLOL GEL SOL 0.25% OP	192	1.25 MCG/ACT	58
THYROID TAB 60 MG (1 GRAIN).....	136	TIMOLOL HEMI SOL 0.5% OP	192	TIOTROPIUM BROMIDE INHAL AEROSOL	
THYROID TAB 60 MG (1 GRAIN).....	137	TIMOLOL MALEATE OPTH GEL		2.5 MCG/ACT.....	58
THYROID TAB 60 MG (1 GRAIN).....	137	FORMING SOLN 0.5%	192	TIOTROPIUM BROMIDE INHAL CAP 18	
THYROID TAB 60 MG (1 GRAIN).....	138	TIMOLOL MALEATE OPTH GEL		MCG (BASE EQUIV)	57
THYROID TAB 60 MG (1 GRAIN).....	138	FORMING SOLN 0.25%	192	TIPRANAVIR CAP 250 MG.....	19
THYROID TAB 90MG	138	TIMOLOL MALEATE OPTH SOLN 0.5%.....	192	TIRBANIBULIN OINTMENT 1%	78
THYROID TAB 90 MG (1 1/2 GRAIN).....	136	TIMOLOL MALEATE OPTH SOLN 0.5%		TIRBANIBULIN OINTMENT 1%	78
THYROID TAB 90 MG (1 1/2 GRAIN).....	136	(ONCE-DAILY)	192	TIRZEPATIDE SOLN AUTO-INJECTOR 2.5	
THYROID TAB 90 MG (1 1/2 GRAIN).....	137	TIMOLOL MALEATE OPTH SOLN 0.5%		MG/0.5ML	32
THYROID TAB 90 MG (1 1/2 GRAIN).....	137	(ONCE-DAILY)	192	TIRZEPATIDE SOLN AUTO-INJECTOR 5	
THYROID TAB 90 MG (1 1/2 GRAIN).....	138	TIMOLOL MALEATE OPTH SOLN 0.5%		MG/0.5ML	32
THYROID TAB 90 MG (1 1/2 GRAIN).....	138	(ONCE-DAILY)	193	TIRZEPATIDE SOLN AUTO-INJECTOR 7.5	
THYROID TAB 120MG	138	TIMOLOL MALEATE OPTH SOLN 0.25%.....	192	MG/0.5ML	32
THYROID TAB 120 MG (2 GRAIN).....	135	TIMOLOL MALEATE PRESERVATIVE FREE		TIRZEPATIDE SOLN AUTO-INJECTOR 10	
THYROID TAB 120 MG (2 GRAIN).....	136	OPHTH SOLN 0.5%	192	MG/0.5ML	32
THYROID TAB 120 MG (2 GRAIN).....	137	TIMOLOL MALEATE PRESERVATIVE FREE		TIRZEPATIDE SOLN AUTO-INJECTOR	
THYROID TAB 120 MG (2 GRAIN).....	137	OPHTH SOLN 0.5%	193	12.5 MG/0.5ML.....	32
THYROID TAB 120 MG (2 GRAIN).....	138	TIMOLOL MALEATE PRESERVATIVE FREE		TIRZEPATIDE SOLN AUTO-INJECTOR 15	
THYROID TAB 120 MG (2 GRAIN).....	138	OPHTH SOLN 0.25%	192	MG/0.5ML	32
THYROID TAB 180 MG (3 GRAIN).....	136	TIMOLOL MALEATE PRESERVATIVE FREE		TISSEEL KIT 2ML	77
THYROID TAB 180 MG (3 GRAIN).....	136	OPHTH SOLN 0.25%	193	TISSEEL KIT 4ML	77
THYROID TAB 240 MG (4 GRAIN).....	136	TIMOLOL MALEATE TAB 5 MG	53	TISSEEL KIT 10ML	77
THYROID TAB 300 MG (5 GRAIN)	136	TIMOLOL MALEATE TAB 10 MG	53	TIVICAY PD TAB 5MG	17
TIADYLT CAP 120MG/24.....	62	TIMOLOL MALEATE TAB 20 MG	53	TIVICAY TAB 50MG	17
TIADYLT CAP 180MG/24.....	62	TIMOLOL MALE SOL 0.5%.....	192	TIZANIDINE CAP 2MG	212
TIADYLT CAP 240MG/24.....	62	TIMOLOL MALE SOL 0.5% OP	193	TIZANIDINE CAP 4MG	212
TIADYLT CAP 300MG/24.....	62	TIMOLOL MAL SOL 0.5% OP	192	TIZANIDINE CAP 6MG.....	212
TIADYLT CAP 360MG/24.....	62	TIMOLOL MAL SOL 0.5% OP	192	TIZANIDINE HCL CAP 2 MG (BASE	
TIADYLT CAP 420MG/24.....	62	TIMOLOL MAL SOL 0.25% OP	192	EQUIVALENT).....	212
TIAGABINE HCL TAB 2 MG	114	TIMOLOL MAL SOL 0.25% OP	192	TIZANIDINE HCL CAP 2 MG (BASE	
TIAGABINE HCL TAB 4 MG	114	TIMOLOL MAL TAB 5MG	53	EQUIVALENT).....	212
TIAGABINE HCL TAB 12 MG	114	TIMOLOL MAL TAB 10MG	53	TIZANIDINE HCL CAP 4 MG (BASE	
TIAGABINE HCL TAB 16 MG	114	TIMOLOL MAL TAB 20MG.....	53	EQUIVALENT).....	212
TIAGABINE TAB 2MG.....	114	TIMOLOL OPTH SOLN 0.5%	192	TIZANIDINE HCL CAP 4 MG (BASE	
TIAGABINE TAB 4MG	114	TIMOLOL OPTH SOLN 0.5%	192	EQUIVALENT).....	212
TIAGABINE TAB 12MG	114	TIMOLOL OPTH SOLN 0.25%	192	TIZANIDINE HCL CAP 6 MG (BASE	
TIAGABINE TAB 16MG	114	TIMOPTIC OCU SOL 0.5% OP	193	EQUIVALENT).....	212
TIAZAC CAP 120MG/24.....	62	TIMOPTIC OCU SOL 0.25% OP	193	TIZANIDINE HCL CAP 6 MG (BASE	
TIAZAC CAP 180MG/24.....	62	TIMOTHY GRASS POLLEN ALLERGEN		EQUIVALENT).....	213
TIAZAC CAP 240MG/24.....	62	EXT SL TAB 2800 BAU	208	TIZANIDINE HCL TAB 2 MG (BASE	
TIAZAC CAP 300MG/24.....	62	TINIDAZOLE TAB 250 MG	25	EQUIVALENT).....	212
TIAZAC CAP 360MG/24.....	62	TINIDAZOLE TAB 250MG.....	25	TIZANIDINE HCL TAB 4 MG (BASE	
		TINIDAZOLE TAB 500 MG.....	25	EQUIVALENT).....	212

TIZANIDINE HCL TAB 4 MG (BASE EQUIVALENT).....	213	TOLVAPTAN TAB THERAPY PACK 60 & 30 MG.....	99	TRAMADOL-ACETAMINOPHEN TAB 37.5-325 MG.....	199
TIZANIDINE TAB 2MG.....	212	TOLVAPTAN TAB THERAPY PACK 90 & 30 MG.....	99	TRAMADOL HCL TAB 50 MG.....	199
TIZANIDINE TAB 4MG.....	212	TOMMY GEL GEL.....	175	TRAMADOL HCL TAB 50MG.....	199
TOBRA/DEXAME SUS 0.3-0.1%.....	189	TOPICORT CRE 0.05%.....	133	TRAMADOL HCL TAB 100MG ER.....	196
TOBRADEX OIN 0.3-0.1%.....	11	TOPICORT CRE 0.25%.....	134	TRAMADOL HCL TAB 100MG ER.....	196
TOBRAMYCIN-DEXAMETHASONE OPHTH OINT 0.3-0.1%.....	11	TOPICORT GEL 0.05%.....	134	TRAMADOL HCL TAB 200MG ER.....	196
TOBRAMYCIN-DEXAMETHASONE OPHTH SUSP 0.3-0.1%.....	189	TOPICORT OIN 0.05%.....	134	TRAMADOL HCL TAB 200MG ER.....	196
TOBRAMYCIN NEB 300/4ML.....	70	TOPICORT SPR 0.25%.....	134	TRAMADOL HCL TAB 300MG ER.....	196
TOBRAMYCIN NEBU SOLN 300 MG/4ML.....	70	TOPIRAMATE CAP 15MG.....	122	TRAMADOL HCL TAB ER 24HR 100 MG.....	196
TOBRAMYCIN OPHTH OINT 0.3%.....	191	TOPIRAMATE CAP 25MG.....	122	TRAMADOL HCL TAB ER 24HR 200 MG.....	196
TOBRAMYCIN OPHTH SOLN 0.3%.....	191	TOPIRAMATE CAP 50MG.....	122	TRAMADOL HCL TAB ER 24HR 300 MG.....	196
TOBRAMYCIN SOL 0.3% OP.....	191	TOPIRAMATE SPRINKLE CAP 15 MG.....	122	TRAMADOL HCL TAB ER 24HR BIPHASIC RELEASE 100 MG.....	196
TOBREX OIN 0.3% OP.....	191	TOPIRAMATE SPRINKLE CAP 25 MG.....	122	TRAMADOL HCL TAB ER 24HR BIPHASIC RELEASE 200 MG.....	196
TOCILIZUMAB-AAZG SUBCUTANEOUS SOLN AUTO-INJ 162 MG/0.9ML.....	144	TOPIRAMATE SPRINKLE CAP 50 MG.....	122	TRAMADOL HCL TAB ER 24HR BIPHASIC RELEASE 300 MG.....	196
TOCILIZUMAB-AAZG SUBCUTANEOUS SOLN PREF SYR 162 MG/0.9ML.....	144	TOPIRAMATE TAB 25 MG.....	122	TRAMETINIB DIMETHYL SULFOXIDE FOR SOLN 0.05 MG/ML (BASE EQ).....	180
TOCILIZUMAB SUBCUTANEOUS SOLN AUTO-INJECTOR 162 MG/0.9ML.....	143	TOPIRAMATE TAB 25MG.....	122	TRAMETINIB DIMETHYL SULFOXIDE TAB 0.5 MG (BASE EQUIVALENT).....	180
TOCILIZUMAB SUBCUTANEOUS SOLN PREFILLED SYRINGE 162 MG/0.9ML.....	143	TOPIRAMATE TAB 50 MG.....	122	TRAMETINIB DIMETHYL SULFOXIDE TAB 2 MG (BASE EQUIVALENT).....	180
TODAY SPONGE MIS.....	120	TOPIRAMATE TAB 50MG.....	122	TRANDOLAPRIL TAB 1 MG.....	15
TODDLER BEGI POW IRON.....	175	TOPIRAMATE TAB 100 MG.....	122	TRANDOLAPRIL TAB 1MG.....	15
TOFACITINIB CITRATE ORAL SOLN 1 MG/ML (BASE EQUIVALENT).....	143	TOPIRAMATE TAB 100MG.....	122	TRANDOLAPRIL TAB 2 MG.....	15
TOFACITINIB CITRATE TAB 5 MG (BASE EQUIVALENT).....	143	TOPIRAMATE TAB 200 MG.....	122	TRANDOLAPRIL TAB 2MG.....	15
TOFACITINIB CITRATE TAB 10 MG (BASE EQUIVALENT).....	143	TOPIRAMATE TAB 200MG.....	122	TRANDOLAPRIL TAB 4 MG.....	15
TOFACITINIB CITRATE TAB ER 24HR 11 MG (BASE EQUIVALENT).....	143	TOPOTECAN HCL CAP 0.25 MG (BASE EQUIV).....	100	TRANDOLAPRIL TAB 4MG.....	15
TOFACITINIB CITRATE TAB ER 24HR 22 MG (BASE EQUIVALENT).....	143	TOPOTECAN HCL CAP 1 MG (BASE EQUIV).....	100	TRANDOLAPRIL-VERAPAMIL HCL TAB ER 1-240 MG.....	67
TOLTERODINE TAB 1MG.....	45	TOREMIFENE CITRATE TAB 60 MG (BASE EQUIVALENT).....	34	TRANDOLAPRIL-VERAPAMIL HCL TAB ER 2-180 MG.....	67
TOLTERODINE TAB 2MG.....	45	TOREMIFENE TAB 60MG.....	34	TRANDOLAPRIL-VERAPAMIL HCL TAB ER 2-240 MG.....	67
TOLTERODINE TARTRATE TAB 1 MG.....	45	TORPENZ TAB 2.5MG.....	182	TRANDOLAPRIL-VERAPAMIL HCL TAB ER 4-240 MG.....	67
TOLTERODINE TARTRATE TAB 2 MG.....	45	TORPENZ TAB 5MG.....	182	TRANDO/VERAP TAB 1-240 ER.....	67
TOLVAPTAN PAK 15MG.....	99	TORPENZ TAB 7.5MG.....	182	TRANDO/VERAP TAB 2-180 ER.....	67
TOLVAPTAN PAK 30-15MG.....	99	TORPENZ TAB 10MG.....	181	TRANDO/VERAP TAB 2-240 ER.....	67
TOLVAPTAN PAK 45-15MG.....	99	TORSEMIDE TAB 5 MG.....	86	TRANDO/VERAP TAB 4-240 ER.....	67
TOLVAPTAN PAK 60-30MG.....	99	TORSEMIDE TAB 5MG.....	86	TRANEX ACID TAB 650MG.....	129
TOLVAPTAN PAK 90-30MG.....	99	TORSEMIDE TAB 10 MG.....	86	TRANEXAMIC ACID TAB 650 MG.....	129
TOLVAPTAN TAB 15 MG.....	99	TORSEMIDE TAB 10MG.....	86	*TRANSDERMAL BASE CREAM**.....	170
TOLVAPTAN TAB 15 MG.....	99	TORSEMIDE TAB 20 MG.....	86	*TRANSDERMAL BASE CREAM**.....	175
TOLVAPTAN TAB 15MG.....	99	TORSEMIDE TAB 20MG.....	86	*TRANSDERMAL BASE CREAM**.....	175
TOLVAPTAN TAB 15MG.....	99	TORSEMIDE TAB 100 MG.....	86	*TRANSDERMAL BASE GEL**.....	177
TOLVAPTAN TAB 30 MG.....	99	TORSEMIDE TAB 100MG.....	86	*TRANSDERMAL BASE GEL**.....	177
TOLVAPTAN TAB 30 MG.....	99	TOUJEO MAX INJ 300/ML.....	146	TRANSDERMAL CRE PAIN BAS.....	175
TOLVAPTAN TAB 30MG.....	99	TOUJEO SOLO INJ 300/ML.....	146	TRANLYCYPROMINE SULFATE TAB 10 MG.....	182
TOLVAPTAN TAB 30MG.....	99	TOVORAFENIB FOR ORAL SUSP 25 MG/ML.....	181	TRANLYCYPROMINE SULFATE TAB 10 MG.....	182
TOLVAPTAN TAB THERAPY PACK 15 MG.....	99	TOVORAFENIB TAB 100 MG.....	181	TRANLYCYPROM TAB 10MG.....	182
TOLVAPTAN TAB THERAPY PACK 30 & 15 MG.....	99	TRACLEER TAB 32MG.....	206	TRAVOPROST DRO 0.004%.....	193
TOLVAPTAN TAB THERAPY PACK 45 & 15 MG.....	99	TRADJENTA TAB 5MG.....	33		
		TRALOKINUMAB-LDRM SUBCUTANEOUS SOLN AUTO-INJECTOR 300 MG/2ML.....	72		
		TRALOKINUMAB-LDRM SUBCUTANEOUS SOLN PREFILLED SYR 150 MG/ML.....	72		
		TRAMADL/APAP TAB 37.5-325.....	199		

TRAVOPROST OPHTH SOLN 0.004% (BENZALKONIUM FREE) (BAK FREE).....	193	TREPROSTINIL TAB ER TITR PK (MO2) 126 X0.125MG & 210 X0.25MG.....	205	TRIAMTERENE CAP 100 MG.....	87
TRAZODONE HCL TAB 50 MG.....	221	TREPROSTINIL TAB ER TITR PK(MO3)126 X0.125MG&42X0.25MG&84X1MG.....	205	TRIAMTERENE CAP 100MG.....	87
TRAZODONE HCL TAB 100 MG.....	221	TRETINOIN CAP 10 MG.....	210	TRIAMTERENE & HYDROCHLOROTHIAZIDE CAP 37.5-25 MG .	67
TRAZODONE HCL TAB 150 MG.....	221	TRETINOIN CAP 10MG.....	210	TRIAMTERENE & HYDROCHLOROTHIAZIDE TAB 37.5-25 MG .	66
TRAZODONE HCL TAB 300 MG.....	221	TRETINOIN CRE 0.1%.....	77	TRIAMTERENE & HYDROCHLOROTHIAZIDE TAB 37.5-25 MG .	67
TRAZODONE TAB 50MG.....	221	TRETINOIN CRE 0.05%.....	77	TRIAMTERENE & HYDROCHLOROTHIAZIDE TAB 75-50 MG...	66
TRAZODONE TAB 100MG.....	221	TRETINOIN CRE 0.025%.....	77	TRIAMTERENE & HYDROCHLOROTHIAZIDE TAB 75-50 MG...	67
TRAZODONE TAB 150MG.....	221	TRETINOIN CREAM 0.1%.....	77	TRIAMT/HCTZ CAP 37.5-25.....	67
TRAZODONE TAB 300MG.....	221	TRETINOIN CREAM 0.05%.....	77	TRIAMT/HCTZ TAB 37.5-25.....	67
TRECATOR TAB 250MG.....	45	TRETINOLIN INJ.....	129	TRIAMT/HCTZ TAB 75-50MG.....	67
TRELEGY AER 100MCG.....	210	TREXALL TAB 5MG.....	143	TRIAZOLAM TAB 0.25 MG.....	51
TRELEGY AER 200MCG.....	210	TREXALL TAB 7.5MG.....	143	TRIAZOLAM TAB 0.25 MG.....	52
TREMFYA INJ 100MG/ML.....	77	TREXALL TAB 10MG.....	143	TRIAZOLAM TAB 0.25MG.....	52
TREMFYA INJ 100MG/ML.....	77	TREXALL TAB 15MG.....	143	TRIAZOLAM TAB 0.125 MG.....	52
TREMFYA INJ 100MG/ML.....	77	TRIAMCINOLON AER SPRAY.....	134	TRIAZOLAM TAB 0.125MG.....	52
TREMFYA INJ 200/2ML.....	77	TRIAMCINOLON CRE 0.1%.....	134	TRICARE TAB PRENATAL.....	235
TREMFYA INJ 200/2ML.....	77	TRIAMCINOLON CRE 0.5%.....	134	TRICHLOROACE CRY ACID.....	175
TREPROSTINIL DIOLAMINE TAB ER 0.25 MG (BASE EQUIV).....	205	TRIAMCINOLON CRE 0.025%.....	134	TRICHLOROACETIC ACID (BULK) CRYSTALS.....	175
TREPROSTINIL DIOLAMINE TAB ER 0.125 MG (BASE EQUIV).....	205	TRIAMCINOLONE ACETONIDE AEROSOL SOLN 0.147 MG/GM.....	134	TRICHOSOL SOL.....	175
TREPROSTINIL DIOLAMINE TAB ER 1 MG (BASE EQUIV).....	205	TRIAMCINOLONE ACETONIDE CREAM 0.1%.....	134	TRICITRASOL CON.....	28
TREPROSTINIL DIOLAMINE TAB ER 2.5 MG (BASE EQUIV).....	205	TRIAMCINOLONE ACETONIDE CREAM 0.5%.....	134	TRICITRATES SOL.....	98
TREPROSTINIL DIOLAMINE TAB ER 5 MG (BASE EQUIV).....	205	TRIAMCINOLONE ACETONIDE CREAM 0.5%.....	134	TRICLABENDAZOLE TAB 250 MG.....	15
TREPROSTINIL INHALATION SOLUTION 0.6 MG/ML.....	206	TRIAMCINOLONE ACETONIDE CREAM 0.025%.....	134	TRIDERM CRE 0.5%.....	134
TREPROSTINIL INHALATION SOLUTION 0.6 MG/ML.....	206	TRIAMCINOLONE ACETONIDE DENTAL PASTE 0.1%.....	71	TRIENTINE CAP 500MG.....	99
TREPROSTINIL INHALATION SOLUTION 0.6 MG/ML.....	206	TRIAMCINOLONE ACETONIDE DENTAL PASTE 0.1%.....	71	TRIENTINE HCL CAP 500 MG.....	99
TREPROSTINIL INH POWD 112 X 16MCG & 112 X 32MCG & 28 X 48MCG.....	206	TRIAMCINOLONE ACETONIDE DENTAL PASTE 0.1%.....	72	TRI-ESTARYLL TAB.....	111
TREPROSTINIL INH POWDER 16 MCG/ CARTRIDGE.....	206	TRIAMCINOLONE ACETONIDE DENTAL PASTE 0.1%.....	72	TRIFAROTENE CREAM 0.005%.....	72
TREPROSTINIL INH POWDER 32 MCG/ CARTRIDGE.....	206	TRIAMCINOLONE ACETONIDE DENTAL PASTE 0.1%.....	72	TRIFLUOPERAZINE HCL TAB 1 MG (BASE EQUIVALENT).....	7
TREPROSTINIL INH POWDER 48 MCG/ CARTRIDGE.....	206	TRIAMCINOLONE ACETONIDE LOTION 0.1%.....	134	TRIFLUOPERAZINE HCL TAB 2 MG (BASE EQUIVALENT).....	7
TREPROSTINIL INH POWDER 64 MCG/ CARTRIDGE.....	206	TRIAMCINOLONE ACETONIDE LOTION 0.025%.....	134	TRIFLUOPERAZINE HCL TAB 5 MG (BASE EQUIVALENT).....	7
TREPROSTINIL INH POWDER 80 MCG/ CARTRIDGE.....	206	TRIAMCINOLONE ACETONIDE OINT 0.1% .	134	TRIFLUOPERAZINE HCL TAB 10 MG (BASE EQUIVALENT).....	7
TREPROSTINIL INH POWDER 80 MCG/ CARTRIDGE.....	206	TRIAMCINOLONE ACETONIDE OINT 0.5% .	134	TRIFLUOPERAZ TAB 1MG.....	7
TREPROSTINIL INH POWDER 112 X 16MCG & 84 X 32MCG.....	206	TRIAMCINOLONE ACETONIDE OINT 0.025%.....	134	TRIFLUOPERAZ TAB 2MG.....	7
TREPROSTINIL INH POWDER 112 X 32MCG & 112 X 64MCG.....	206	TRIAMCINOLON LOT 0.1%.....	134	TRIFLUOPERAZ TAB 5MG.....	7
TREPROSTINIL INH POWDER 112 X 48MCG & 112 X 64MCG.....	206	TRIAMCINOLON LOT 0.025%.....	134	TRIFLUOPERAZ TAB 10MG.....	7
TREPROSTINIL TAB ER TITR PK (MO1) 126 X0.125MG & 42 X0.25MG.....	205	TRIAMCINOLON OIN 0.1%.....	134	TRIFLURIDINE OPHTH SOLN 1%.....	193
		TRIAMCINOLON OIN 0.5%.....	134	TRIFLURIDINE SOL 1% OP.....	193
		TRIAMCINOLON OIN 0.025%.....	134	TRIHEPTANOIN ORAL LIQUID 100%.....	92
		TRIAMCINOLON PST 0.1%.....	72	TRIHXYPHENIDYL HCL ORAL SOLN 0.4 MG/ML.....	26
		TRIAMCINOLON PST DEN 0.1%.....	72	TRIHXYPHENIDYL HCL TAB 2 MG.....	26
		TRIAMTERENE CAP 50 MG.....	87	TRIHXYPHENIDYL HCL TAB 5 MG.....	26
		TRIAMTERENE CAP 50MG.....	87	TRIHXYPHEN SOL 0.4MG/ML.....	26
				TRIHXYPHEN TAB 2MG.....	26
				TRIHXYPHEN TAB 5MG.....	26
				TRIJARDY XR TAB.....	33

TRIJARDY XR TAB	33	TROSPIMUM CL TAB 20MG	45	TYROSINE ORAL POWDER PACKET 1000	
TRIJARDY XR TAB	33	TRUE COMFORT MIS 32GX4MM	85	MG	98
TRIJARDY XR TAB	33	TRUE COVER MIS CONDOM	175	TYROSINE PAK 1000MG	98
TRIKAFTA PAK 59.5MG	70	TRUEDRAW MIS LANC DEV	86	TYVASO DPI POW 16-32-48	206
TRIKAFTA PAK 75MG	70	TRUE LAXATIV POW 3350	147	TYVASO DPI POW 16-32MCG	206
TRIKAFTA TAB	70	TRUE METRIX SOL LEVEL 1	175	TYVASO DPI POW 16MCG	206
TRIKAFTA TAB	70	TRUE METRIX SOL LEVEL 2	175	TYVASO DPI POW 32MCG	206
TRI-LEGEST TAB FE	111	TRUE METRIX SOL LEVEL 3	175	TYVASO DPI POW 48MCG	206
TRI-LINYAH TAB	111	TRULICITY INJ 0.75/0.5	33	TYVASO DPI POW 64MCG	206
TRI-LO-MILI TAB	111	TRULICITY INJ 1.5/0.5	33	TYVASO DPI POW 80MCG	206
TRI-LO TAB ESTARYLL	111	TRULICITY INJ 3/0.5	33	TYVASO DPI POW INST KIT	206
TRI-LO- TAB MARZIA	111	TRULICITY INJ 4.5/0.5	33	TYVASO DPI POW MAIN KIT	206
TRI-LO- TAB SPRINTEC	111	TRUMENBA INJ	227	TYVASO DPI POW MAIN KIT	206
TRIMETHOBENZAMIDE HCL CAP 300 MG ..	34	TRUPLUS LANC MIS 26G	85	TYVASO RF KT SOL 0.6MG/ML	206
TRIMETHOBENZ CAP 300MG	34	TRUPLUS LANC MIS 28G	85	TYVASO SOL 0.6MG/ML	206
TRIMETHOPRIM TAB 100 MG	25	TRUPLUS LANC MIS 30G	85	TYVASO ST KT SOL 0.6MG/ML	206
TRIMETHOPRIM TAB 100MG	25	TRUPLUS LANC MIS 33G	85	UBRELVY TAB 50MG	59
TRI-MILI TAB	111	TRUQAP PAK 160MG	41	UBRELVY TAB 100MG	59
TRIMIPRAMINE CAP 25MG	224	TRUQAP PAK 200MG	41	UBROGEPANT TAB 50 MG	59
TRIMIPRAMINE CAP 50MG	224	TRUQAP TAB 160MG	41	UBROGEPANT TAB 100 MG	59
TRIMIPRAMINE CAP 100MG	224	TRUQAP TAB 200MG	41	UCD TRIO POW	235
TRIMIPRAMINE MALEATE CAP 25 MG	224	TRUVADA TAB 100-150	19	UDENYCA INJ 6MG/0.6	57
TRIMIPRAMINE MALEATE CAP 50 MG	224	TRUVADA TAB 133-200	19	UDENYCA INJ 6MG/6ML	57
TRIMIPRAMINE MALEATE CAP 100 MG	224	TRUVADA TAB 167-250	19	ULIPRISTAL ACETATE TAB 30 MG	202
TRINATAL RX TAB 1	235	TRYNGOLZA INJ 80MG/0.8	175	ULTANE SOL	176
TRINATE TAB	235	TRYPTYR SOL 0.003%	175	ULTIGUARD MIS 32GX4MM	85
TRINTELLIX TAB 5MG	221	TUCATINIB TAB 50 MG	182	ULTIGUARD MIS 32GX6MM	85
TRINTELLIX TAB 10MG	221	TUCATINIB TAB 150 MG	182	ULTRA THIN MIS LANC 28G	85
TRINTELLIX TAB 20MG	221	TUKYSA TAB 50MG	182	ULTRA THIN MIS LANC 30G	85
TRI-SPRINTEC TAB	111	TUKYSA TAB 150MG	182	ULTRA THIN MIS LANCETS	85
TRISTART DHA CAP	235	TURALIO CAP 125MG	182	UMECLIDINIUM-VILANTEROL AERO	
TRIUMEQ PD TAB	17	TURPENTINE SOL SPIRITS	12	POWD BA 62.5-25 MCG/ACT	207
TRIUMEQ TAB	17	TURPENTINE SPIRIT	12	UNIFINE PNTP MIS 29GX12MM	176
TRI-VI-FLORO SUS 0.5MG/ML	235	TURQOZ TAB	111	UNIFINE PNTP MIS 31GX3/16	176
TRI-VI-FLORO SUS 0.25/ML	235	TUXARIN ER TAB 54.3-8MG	210	UNIFINE PNTP MIS 31GX5/16	176
TRI-VIT/FLUO DRO 0.5MG	98	TWIIST KIT REFILL	175	UNIFINE PNTP MIS 31GX5MM	176
TRI-VIT/FLUO DRO 0.25MG	98	TWIIST KIT STARTER	175	UNIFINE PNTP MIS 31GX6MM	176
TRIVORA-28 TAB	111	TWIIST REFIL KIT INFUSION	176	UNIFINE PNTP MIS 31GX8MM	176
TRI-VYLIBRA TAB	111	TWINRIX INJ	227	UNIFINE PNTP MIS 32GX4MM	85
TRI-VYLIBRA TAB LO	111	TWIST LANCET MIS 30G	85	UNIFINE PROT MIS 30GX5MM	176
*TROCHE BASE GRANULES***	177	TWIST LANCET MIS 30G MULT	85	UNIFINE PROT MIS 30GX8MM	85
TROFINETIDE ORAL POWDER PACKET		TYBLUME CHW 0.1-0.02	112	UNIFINE PROT MIS 32GX4MM	85
5000 MG	68	TYBOST TAB 150MG	19	UNIFINE SAFE MIS 31GX5MM	176
TROFINETIDE ORAL POWDER PACKET		TYDEMY TAB	112	UNIFINE SAFE MIS 31GX6MM	176
6000 MG	68	TYENNE INJ 162/0.9	144	UNIFINE SAFE MIS 31GX8MM	176
TROFINETIDE ORAL POWDER PACKET		TYENNE INJ 162MG	144	UNILET LANCT MIS 30G	85
8000 MG	68	TYLACTIN POW RESTOR5	98	UNILET LANCT MIS 33G	85
TROFINETIDE ORAL SOLN 200 MG/ML	68	TYLACTIN RTD LIQ 15 CHOC	98	UNISPEND ANH SUS SWEETENE	176
TROJAN-ENZ MIS LUBRICAT	175	TYMLOS INJ	151	UNITHROID TAB 25MCG	138
TROJAN-ENZ MIS W/SPERMI	175	TYR COOLER LIQ RED	98	UNITHROID TAB 50MCG	138
TROJAN MAGN MIS	175	TYR GEL PAK UNFLAVOR	98	UNITHROID TAB 75MCG	138
TROJAN MIS BARESKIN	175	TYROS 1 POW	235	UNITHROID TAB 88MCG	138
TROJAN ULTRA MIS RIBBED	175	TYROS 2 POW	235	UNITHROID TAB 100MCG	138
TROJAN ULTRA MIS THIN	175	TYROSINE CAP 500 MG	95	UNITHROID TAB 112MCG	138
TROSPIMUM CHLORIDE TAB 20 MG	45	TYROSINE CAP 500 MG	95	UNITHROID TAB 125MCG	138

UNITHROID TAB 137MCG	138	*URINE GLUCOSE-KETONES TEST		VALPROATE SODIUM ORAL SOLN 250	
UNITHROID TAB 150MCG	138	STRIPS***	82	MG/5ML (BASE EQUIV)	114
UNITHROID TAB 175MCG	138	UROCIT-K 5 TAB	98	VALPROIC ACD CAP 250MG	114
UNITHROID TAB 200MCG	138	UROCIT-K 10 TAB	98	VALPROIC ACD SOL 250/5ML	114
UNITHROID TAB 300MCG	138	UROCIT-K 15 TAB	98	VALPROIC ACID CAP 250 MG	114
UNJURY POW CHICKEN	176	UROGESIC- TAB BLUE	120	VALSARTAN-HYDROCHLOROTHIAZIDE	
UNJURY POW CHOCOLAT	176	URSODIOL CAP 300 MG	116	TAB 80-12.5 MG	67
UNJURY POW STRAWBRY	176	URSODIOL CAP 300MG	116	VALSARTAN-HYDROCHLOROTHIAZIDE	
UNJURY POW UNFLAVOR	176	URSODIOL TAB 250 MG	116	TAB 160-12.5 MG	67
UNJURY POW VANILLA	176	URSODIOL TAB 250MG	116	VALSARTAN-HYDROCHLOROTHIAZIDE	
UPADACITINIB ORAL SOLN 1 MG/ML	144	URSODIOL TAB 500 MG	116	TAB 160-25 MG	67
UPADACITINIB TAB ER 24HR 15 MG	144	URSODIOL TAB 500MG	116	VALSARTAN-HYDROCHLOROTHIAZIDE	
UPADACITINIB TAB ER 24HR 30 MG	144	USTEKINUMAB-AUUB INJ 45 MG/0.5ML	77	TAB 320-12.5 MG	67
UPADACITINIB TAB ER 24HR 45 MG	144	USTEKINUMAB-AUUB SOLN PREFILLED		VALSARTAN-HYDROCHLOROTHIAZIDE	
UPTRAVI PACK TAB 200/800	206	SYRINGE 45 MG/0.5ML	77	TAB 320-25 MG	67
UPTRAVI TAB 200MCG	206	USTEKINUMAB-AUUB SOLN PREFILLED		VALSARTAN ORAL SOLN 4 MG/ML	13
UPTRAVI TAB 400MCG	206	SYRINGE 90 MG/ML	77	VALSARTAN SOL 20MG/5ML	13
UPTRAVI TAB 600MCG	206	USTEKINUMAB-KFCE SOLN PREFILLED		VALSARTAN TAB 40 MG	13
UPTRAVI TAB 800MCG	206	SYRINGE 45 MG/0.5ML	77	VALSARTAN TAB 40MG	13
UPTRAVI TAB 1000MCG	206	USTEKINUMAB-KFCE SOLN PREFILLED		VALSARTAN TAB 80 MG	13
UPTRAVI TAB 1200MCG	206	SYRINGE 90 MG/ML	77	VALSARTAN TAB 80MG	13
UPTRAVI TAB 1400MCG	206	USTEKINUMAB-KFCE SUBCUTANEOUS		VALSARTAN TAB 160 MG	13
UPTRAVI TAB 1600MCG	206	SOLN 45 MG/0.5ML	77	VALSARTAN TAB 160MG	13
URAMAXIN GEL 45%	78	USTEKINUMAB-STBA SOLN PREFILLED		VALSARTAN TAB 320 MG	13
UREA BEADS	176	SYRINGE 45 MG/0.5ML	76	VALSARTAN TAB 320MG	13
UREA CRE 20%	78	USTEKINUMAB-STBA SOLN PREFILLED		VALSART/HCTZ TAB 80-12.5	67
UREA CRE 40%	78	SYRINGE 90 MG/ML	76	VALSART/HCTZ TAB 160-12.5	67
UREA CRE 45%	78	VALACYCLOVIR HCL TAB 1 GM	37	VALSART/HCTZ TAB 160-25MG	67
UREA CREAM 20%	78	VALACYCLOVIR HCL TAB 500 MG	37	VALSART/HCTZ TAB 320-12.5	67
UREA CREAM 40%	78	VALACYCLOVIR TAB 1GM	37	VALSART/HCTZ TAB 320-25MG	67
UREA CREAM 40%	78	VALACYCLOVIR TAB 500MG	37	VALTOCO SPR 5MG	115
UREA CREAM 45%	78	VALBENAZINE TOSYLATE CAP 40 MG		VALTOCO SPR 10MG	114
UREA FOAM 40%	78	(BASE EQUIV)	68	VALTOCO SPR 15MG	114
UREA GEL 45%	78	VALBENAZINE TOSYLATE CAP 60 MG		VALTOCO SPR 20MG	114
UREA GEL 45%	78	(BASE EQUIV)	68	VALTYA 1/35 TAB	112
UREA-LACTIC ACID GEL 40-10%	78	VALBENAZINE TOSYLATE CAP 80 MG		VALTYA 1/50 TAB	112
UREA-LACTIC ACID GEL 40-10%	78	(BASE EQUIV)	69	VANCOCIN CAP 125MG	25
UREA LOT 40%	78	VALBENAZINE TOSYLATE CAPSULE		VANCOCIN CAP 250MG	25
UREA LOTION 40%	78	SPRINKLE 40 MG (BASE EQUIV)	68	VANCOMYCIN CAP 125MG	25
UREA NAIL GEL 45%	78	VALBENAZINE TOSYLATE CAPSULE		VANCOMYCIN CAP 250MG	25
UREA POW	176	SPRINKLE 60 MG (BASE EQUIV)	69	VANCOMYCIN HCL CAP 125 MG (BASE	
UREA POWDER	176	VALBENAZINE TOSYLATE CAPSULE		EQUIVALENT)	25
UREA PRILLED BEA	176	SPRINKLE 80 MG (BASE EQUIV)	69	VANCOMYCIN HCL CAP 125 MG (BASE	
URELLE TAB	120	VALBENAZINE TOSYLATE CAP THERAPY		EQUIVALENT)	25
UREMEZ-40 CRE 40%	78	PACK 40 MG (7) & 80 MG (21)	68	VANCOMYCIN HCL CAP 250 MG (BASE	
URETRON D/S TAB	120	VALCHLOR GEL 0.016%	10	EQUIVALENT)	25
URIDINE TRIACETATE ORAL GRANULES		VALGANCICLOVIR HCL FOR SOLN 50		VANCOMYCIN HCL CAP 250 MG (BASE	
PACKET 2 GM	118	MG/ML (BASE EQUIV)	15	EQUIVALENT)	25
URIDINE TRIACETATE ORAL GRANULES		VALGANCICLOVIR HCL TAB 450 MG		VANCOMYCIN HCL FOR ORAL SOLN 25	
PACKET 10 GM	177	(BASE EQUIVALENT)	15	MG/ML (BASE EQUIVALENT)	24
*URINE GLUCOSE-KETONES TEST		VALGANCICLOV SOL 50MG/ML	15	VANCOMYCIN HCL FOR ORAL SOLN 25	
STRIPS***	80	VALGANCICLOV TAB 450MG	15	MG/ML (BASE EQUIVALENT)	25
*URINE GLUCOSE-KETONES TEST		VALINE 1000 POW	176	VANCOMYCIN HCL FOR ORAL SOLN 50	
STRIPS***	81	VALINE ORAL POWDER PACKET 1 GM	176	MG/ML (BASE EQUIVALENT)	24
		VALINE ORAL POWDER PACKET 50 MG	176	VANCOMYCIN HCL FOR ORAL SOLN 50	
		VALINE PAK 50MG	176	MG/ML (BASE EQUIVALENT)	25

VANCOMYCIN HCL FOR ORAL SOLN 50 MG/ML (BASE EQUIVALENT)	26	VELTASSA POW 25.2GM	100	VERAPAMIL HCL CAP ER 24HR 180 MG	63
VANCOMYCIN SOL 25MG/ML	25	VEMURAFENIB TAB 240 MG	182	VERAPAMIL HCL CAP ER 24HR 180 MG	63
VANCOMYCIN SOL 50MG/ML	26	VENCLEXTA TAB 10MG	182	VERAPAMIL HCL CAP ER 24HR 200 MG	63
VANCOMYCIN SOL 250/5ML	25	VENCLEXTA TAB 50MG	182	VERAPAMIL HCL CAP ER 24HR 200 MG	63
VANDAZOLE GEL 0.75%	26	VENCLEXTA TAB 100MG	182	VERAPAMIL HCL CAP ER 24HR 240 MG	63
VANDETANIB TAB 100 MG	178	VENCLEXTA TAB START PK	182	VERAPAMIL HCL CAP ER 24HR 240 MG	63
VANDETANIB TAB 300 MG	178	VENELEX OIN	78	VERAPAMIL HCL CAP ER 24HR 240 MG	63
VANFLYTA TAB 17.7MG	42	VENETOCLAX TAB 10 MG	182	VERAPAMIL HCL CAP ER 24HR 300 MG	63
VANFLYTA TAB 26.5MG	42	VENETOCLAX TAB 50 MG	182	VERAPAMIL HCL CAP ER 24HR 300 MG	63
VANRAFIA TAB 0.75MG	176	VENETOCLAX TAB 100 MG	182	VERAPAMIL HCL CAP ER 24HR 360 MG	63
VANZACAFOR-TEZACAFOR-DEUTIVACAFOR TAB 4-20-50 MG	152	VENETOCLAX TAB THERAPY STARTER PACK 10 & 50 & 100 MG	182	VERAPAMIL HCL CAP ER 24HR 360 MG	63
VANZACAFOR-TEZACAFOR-DEUTIVACAFOR TAB 10-50-125 MG	152	VENLAFAXINE CAP 37.5 ER	221	VERAPAMIL HCL TAB 40 MG	63
VAQTA INJ 25/0.5ML	227	VENLAFAXINE CAP 75MG ER	221	VERAPAMIL HCL TAB 80 MG	63
VAQTA INJ 25/0.5ML	227	VENLAFAXINE CAP 150MG ER	221	VERAPAMIL HCL TAB 120 MG	63
VAQTA INJ 50UNT/ML	227	VENLAFAXINE HCL CAP ER 24HR 37.5 MG (BASE EQUIVALENT)	221	VERAPAMIL HCL TAB ER 120 MG	63
VAQTA INJ 50UNT/ML	227	VENLAFAXINE HCL CAP ER 24HR 75 MG (BASE EQUIVALENT)	221	VERAPAMIL HCL TAB ER 180 MG	63
VARDENAFIL HCL ORALLY DISINTEGRATING TAB 10 MG	120	VENLAFAXINE HCL CAP ER 24HR 150 MG (BASE EQUIVALENT)	221	VERAPAMIL HCL TAB ER 240 MG	63
VARDENAFIL HCL TAB 2.5 MG	120	VENLAFAXINE HCL CAP ER 24HR 150 MG (BASE EQUIVALENT)	221	VERAPAMIL TAB 40MG	63
VARDENAFIL HCL TAB 5 MG	120	VENLAFAXINE HCL TAB 25 MG (BASE EQUIVALENT)	221	VERAPAMIL TAB 80MG	63
VARDENAFIL HCL TAB 10 MG	120	VENLAFAXINE HCL TAB 25 MG (BASE EQUIVALENT)	221	VERAPAMIL TAB 120MG	63
VARDENAFIL HCL TAB 20 MG	120	VENLAFAXINE HCL TAB 37.5 MG (BASE EQUIVALENT)	221	VERAPAMIL TAB 120MG ER	63
VARDENAFIL TAB 2.5MG	120	VENLAFAXINE HCL TAB 37.5 MG (BASE EQUIVALENT)	221	VERAPAMIL TAB 180MG ER	63
VARDENAFIL TAB 5MG	120	VENLAFAXINE HCL TAB 50 MG (BASE EQUIVALENT)	221	VERAPAMIL TAB 240MG ER	63
VARDENAFIL TAB 10MG	120	VENLAFAXINE HCL TAB 50 MG (BASE EQUIVALENT)	221	VERELAN CAP 120MG SR	63
VARDENAFIL TAB 10MG ODT	120	VENLAFAXINE HCL TAB 75 MG (BASE EQUIVALENT)	221	VERELAN CAP 180MG SR	63
VARDENAFIL TAB 20MG	120	VENLAFAXINE HCL TAB 75 MG (BASE EQUIVALENT)	221	VERELAN CAP 240MG SR	63
VARENICLINE TAB 0.5& 1MG	217	VENLAFAXINE HCL TAB 100 MG (BASE EQUIVALENT)	221	VERELAN CAP 360MG SR	63
VARENICLINE TAB 0.5MG	217	VENLAFAXINE TAB 25MG	221	VERELAN PM CAP 100MG ER	63
VARENICLINE TAB 1MG	217	VENLAFAXINE TAB 37.5MG	221	VERELAN PM CAP 200MG ER	63
VARENICLINE TARTRATE TAB 0.5 MG (BASE EQUIV)	217	VENLAFAXINE TAB 50MG	221	VERELAN PM CAP 300MG ER	63
VARENICLINE TARTRATE TAB 1 MG (BASE EQUIV)	217	VENLAFAXINE TAB 75MG	221	VERIFINE LAN MIS MINI 21G	85
VARENICLINE TARTRATE TAB 11 X 0.5 MG & 42 X 1 MG START PACK	217	VENLAFAXINE TAB 100MG	221	VERIFINE LAN MIS MINI 23G	85
VARICELLA VIRUS VAC LIVE FOR INJ 1350 PFU/0.5ML	227	VENTAVIS SOL 10MCG/ML	206	VERIFINE LAN MIS MINI 28G	85
VARIVAX INJ	227	VENTAVIS SOL 20MCG/ML	206	VERIFINE LAN MIS MINI 30G	85
VAXELIS INJ	227	VENT NEEDLE MIS 18GX1"	146	VERIFINE MIS UNIV 28G	85
VAXELIS INJ	227	VEOZAH TAB 45MG	134	VERIFINE MIS UNIV 30G	85
VAXNEUVANCE INJ	228	VERAPAMIL CAP 100MG ER	62	VERIFINE MIS UNIV 33G	85
VCF VAGINAL GEL CONTRACE	120	VERAPAMIL CAP 120MG ER	63	VERIFINE MIS UNIV 33G	85
VCF VAGINAL MIS CONTRACP	120	VERAPAMIL CAP 120MG SR	63	VERIFINE PEN MIS 29GX12MM	176
VECAMEYL TAB 2.5MG	67	VERAPAMIL CAP 180MG ER	63	VERIFINE PEN MIS 31GX5MM	176
VEDOLIZUMAB SOLN AUTO-INJECTOR 108 MG/0.68ML	144	VERAPAMIL CAP 180MG SR	63	VERIFINE PEN MIS 31GX8MM	176
VEGAPRO POW	176	VERAPAMIL CAP 200MG ER	63	VERIFINE PEN MIS 32GX4MM	85
VELIVET PAK	112	VERAPAMIL CAP 240MG ER	63	VERIFINE PEN MIS 32GX6MM	85
VELPHORO CHW 500MG	201	VERAPAMIL CAP 240MG SR	63	VERISAFE MIS 23GX1.5"	176
VELTASSA POW 1GM	100	VERAPAMIL CAP 300MG ER	63	VERISAFE MIS 25GX1"	176
VELTASSA POW 8.4GM	100	VERAPAMIL CAP 360MG SR	63	VERKAZIA EMU 0.1% OP	189
VELTASSA POW 16.8GM	99	VERAPAMIL HCL CAP ER 24HR 100 MG	62	VERSABASE GEL	176
		VERAPAMIL HCL CAP ER 24HR 100 MG	63	VERSABASE GEL	176
		VERAPAMIL HCL CAP ER 24HR 120 MG	63	VERSAFREE SYP	177
		VERAPAMIL HCL CAP ER 24HR 120 MG	63	VERSAPENN AG GEL ANHYDROU	177
		VERAPAMIL HCL CAP ER 24HR 120 MG	63	VERSAPENN AL GEL ANHYDROU	177
		VERAPAMIL HCL CAP ER 24HR 180 MG	63	VERSAPLUS SYP	177
				VERSAPRO GEL ANHYDROU	177
				VERZENIO TAB 50MG	42
				VERZENIO TAB 100MG	42
				VERZENIO TAB 150MG	42

VERZENIO TAB 200MG	42	VITAL AF 1.2 LIQ VANILLA	98	VORICONAZOLE TAB 50MG	37
VFEND SUS 40MG/ML	37	VITAL HP LIQ 1.0 CAL	98	VORICONAZOLE TAB 200 MG	37
VFEND TAB 50MG	37	VITAL PEPTID LIQ 1.5 VAN	98	VORICONAZOLE TAB 200MG	37
VIBERZI TAB 75MG	146	VITAMED MD CAP ONE RX	235	VORINOSTAT CAP 100 MG	42
VIBERZI TAB 100MG	146	VITAMIN B12 TAB 100MCG	235	VORTEX CHAMB MIS PEDI MAS	177
VIBRAMYCIN CAP 100MG	222	VITAMIN B-12 TAB 1000MCG	235	VORTEX/MASK MIS CHILDS	177
VIBRAMYCIN SUS 25MG/5ML	222	VITAMIN C TAB 500MG	98	VORTEX MASK MIS PEDS MED	177
VIENVA TAB 0.1-20	112	VITAMIN D CAP 1.25MG	235	VORTEX MASK MIS PEDS SML	177
VIGABATRIN ORAL SOLN 100 MG/ML	115	VITAMIN D CAP 125MCG	99	VORTEX/MASK MIS TODDLER	177
VIGABATRIN PAK 500MG	115	VITAMIN D CAP 50000	235	VORTEX VALVD MIS CHAMBER	177
VIGABATRIN POWD PACK 500 MG	115	VITAMIN D CAP 50000UNT	235	VORTEX VALVD MIS CHAMBER	177
VIGABATRIN POWD PACK 500 MG	115	VITAPEARL CAP	235	VORTEX VALVE MIS CHAMBER	177
VIGABATRIN POWD PACK 500 MG	115	VITATHELY TAB	236	VORTIOXETINE HBR TAB 5 MG (BASE EQUIV)	221
VIGABATRIN TAB 500 MG	115	VITATROCHE GRA BASE SF	177	VORTIOXETINE HBR TAB 10 MG (BASE EQUIV)	221
VIGABATRIN TAB 500 MG	115	VITATRUE MIS	99	VORTIOXETINE HBR TAB 20 MG (BASE EQUIV)	221
VIGABATRIN TAB 500MG	115	VIT C BRIGHT DRO 10%	77	VOSEVI TAB	16
VIGADRUNE POW 500MG	115	VIT C BRIGHT DRO 15%	77	VOSORITIDE FOR SUBCUTANEOUS INJ 0.4 MG	117
VIGADRUNE TAB 500MG	115	VITRAKVI CAP 25MG	182	VOSORITIDE FOR SUBCUTANEOUS INJ 0.56 MG	117
VIGAFYDE SOL 100MG/ML	115	VITRAKVI CAP 100MG	182	VOSORITIDE FOR SUBCUTANEOUS INJ 1.2 MG	118
VIGPODER POW 500MG	115	VITRAKVI SOL 20MG/ML	182	VOWST CAP	23
VIJOICE GRA 50MG	143	VIVAGUARD LIQ CONTROL	85	VOXZOGO INJ 0.4MG	117
VIJOICE TAB 50MG	143	VIVAGUARD MIS 28G	85	VOXZOGO INJ 0.56MG	117
VIJOICE TAB 125MG	143	VIVAGUARD MIS 30G	85	VOXZOGO INJ 1.2MG	118
VIJOICE TAB 250MG	143	VIVAGUARD MIS LANCING	86	VOYDEYA TAB 50-100MG	12
VILAZODONE HCL TAB 10 MG	221	VIVJOA CAP 150MG	37	VOYDEYA TAB 100MG	12
VILAZODONE HCL TAB 20 MG	221	VIVONEX PLUS POW	99	VRAYLAR CAP 0.5MG	9
VILAZODONE HCL TAB 40 MG	221	VIVONEX POW PEDIATRI	99	VRAYLAR CAP 0.75MG	9
VILAZODONE TAB 10MG	221	VIVONEX POW PEDIATRI	236	VRAYLAR CAP 1.5MG	9
VILAZODONE TAB 20MG	221	VIZIMPRO TAB 15MG	182	VRAYLAR CAP 3MG	9
VILAZODONE TAB 40MG	221	VIZIMPRO TAB 30MG	182	VRAYLAR CAP 4.5MG	9
VILEVEV MB TAB 81MG	120	VIZIMPRO TAB 45MG	182	VRAYLAR CAP 6MG	9
VIMPAT SOL 10MG/ML	219	VOLNEA TAB	112	VTAMA CRE 1%	77
VIMSELTINIB CAP 14 MG	41	VONOPRAZAN FUMARATE TAB 10 MG	205	VUSION OIN	37
VIMSELTINIB CAP 20 MG	41	VONOPRAZAN FUMARATE TAB 20 MG	205	VYFEMLA TAB 0.4-35	112
VIMSELTINIB CAP 30 MG	41	VONVENDI INJ 650UNIT	129	VYLEESI INJ 1.75/0.3	68
VIORELE TAB	112	VONVENDI INJ 1300UNIT	129	VYLIBRA TAB 0.25-35	112
VIRACEPT TAB 250MG	20	VON WILLEBRAND FACTOR (RECOMBINANT) FOR INJ 650 UNIT	129	VYNDAMAX CAP 61MG	67
VIRACEPT TAB 625MG	20	VON WILLEBRAND FACTOR (RECOMBINANT) FOR INJ 1300 UNIT	129	VYNDAQEL CAP 20MG	67
VIRAZOLE INH 6GM	45	VOQUEZNA PAK DUAL PAK	116	VYVGART INJ HYTRULO	143
VIREAD POW 40MG/GM	19	VOQUEZNA PAK TRIP PK	116	WA-001 EXPER OIL SOIL SUR	177
VIREAD TAB 150MG	19	VOQUEZNA TAB 10MG	205	WAINUA INJ 45/0.8ML	118
VIREAD TAB 200MG	19	VOQUEZNA TAB 20MG	205	WAKIX TAB 4.45MG	214
VIREAD TAB 250MG	19	VORANIGO TAB 10MG	42	WAKIX TAB 17.8MG	214
VISMODEGIB CAP 150 MG	179	VORANIGO TAB 40MG	42	WAL-MUCIL POW 43%	147
VISTOGARD PAK 10GM	177	VORAPAXAR SULFATE TAB 2.08 MG (BASE EQUIVALENT)	202	WARFARIN SODIUM TAB 1 MG	27
VITAFOL CAP ULTRA	235	VORASIDENIB TAB 10 MG	42	WARFARIN SODIUM TAB 1 MG	28
VITAFOL CHW GUMMIES	235	VORASIDENIB TAB 40 MG	42	WARFARIN SODIUM TAB 2.5 MG	27
VITAFOL FE+ CAP	235	VORICONAZOLE FOR SUSP 40 MG/ML	37	WARFARIN SODIUM TAB 2.5 MG	28
VITAFOL-NANO TAB	235	VORICONAZOLE FOR SUSP 40 MG/ML	37	WARFARIN SODIUM TAB 2 MG	27
VITAFOL-OB PAK +DHA	235	VORICONAZOLE SUS 40MG/ML	37		
VITAFOL-OB TAB 65-1MG	235	VORICONAZOLE TAB 50 MG	37		
VITAFOL-ONE CAP	235	VORICONAZOLE TAB 50 MG	37		
VITAFOL STRP MIS 1MG	235				
VITAL 1.0 LIQ VANILLA	98				
VITAL 1.5 CA LIQ VANILLA	98				

WARFARIN SODIUM TAB 2 MG	28	WOMANS LAXAT TAB 5MG EC	149	XTAMPZA ER CAP 27MG	196
WARFARIN SODIUM TAB 3 MG	27	WOMENS LAXAT TAB 5MG EC	149	XTAMPZA ER CAP 36MG	196
WARFARIN SODIUM TAB 3 MG	28	WYMZYA FE CHW 0.4MG-35	112	XTANDI CAP 40MG	21
WARFARIN SODIUM TAB 4 MG	27	XACIATO GEL 2%	26	XULANE DIS 150-35	112
WARFARIN SODIUM TAB 4 MG	28	XARAH FE TAB	112	XURIDEN POW 2GM	118
WARFARIN SODIUM TAB 5 MG	27	XARELTO STAR TAB 15/20MG	28	XYWAV SOL 0.5GM/ML	214
WARFARIN SODIUM TAB 5 MG	28	XARELTO SUS 1MG/ML	28	YASMIN 28 TAB 3-0.03MG	112
WARFARIN SODIUM TAB 6 MG	28	XARELTO TAB 2.5MG	28	YAZ TAB 3-0.02MG	112
WARFARIN SODIUM TAB 6 MG	28	XARELTO TAB 10MG	28	YESINTEK INJ 45/0.5ML	77
WARFARIN SODIUM TAB 7.5 MG	28	XARELTO TAB 15MG	28	YESINTEK INJ 45/0.5ML	77
WARFARIN SODIUM TAB 7.5 MG	28	XARELTO TAB 20MG	28	YESINTEK INJ 90MG/ML	77
WARFARIN SODIUM TAB 10 MG	27	XATMEP SOL 2.5MG/ML	143	YEZTUGO TAB 300MG	18
WARFARIN SODIUM TAB 10 MG	28	XDEMZY DRO 0.25%	191	YORVIPATH INJ 168/0.56	118
WARFARIN TAB 1MG	28	XELJANZ SOL 1MG/ML	143	YORVIPATH INJ 294/0.98	118
WARFARIN TAB 2.5MG	28	XELJANZ TAB 5MG	143	YORVIPATH INJ 420/1.4	118
WARFARIN TAB 2MG	28	XELJANZ TAB 10MG	143	YUPELRI SOL 175/3ML	58
WARFARIN TAB 3MG	28	XELJANZ XR TAB 11MG	143	YUVAFEM TAB 10MCG	112
WARFARIN TAB 4MG	28	XELJANZ XR TAB 22MG	143	ZACARE KIT KIT 4%	78
WARFARIN TAB 5MG	28	XELPROS EMU 0.005%	193	ZACARE KIT KIT 8%	78
WARFARIN TAB 6MG	28	XELRIA FE CHW 0.4MG-35	112	ZACLIR LOT 8%	77
WARFARIN TAB 7.5MG	28	XELSTRYM PAD 4.5MG/9H	48	ZAFEMY DIS 150/35	112
WARFARIN TAB 10MG	28	XELSTRYM PAD 9MG/9HR	48	ZAFIRLUKAST TAB 10 MG	38
WELIREG TAB 40MG	42	XELSTRYM PAD 13.5/9HR	48	ZAFIRLUKAST TAB 10 MG	39
WERA TAB 0.5/35	112	XELSTRYM PAD 18MG/9HR	48	ZAFIRLUKAST TAB 10MG	39
WESCAP-C DHA CAP	236	XEPI CRE 1%	207	ZAFIRLUKAST TAB 20 MG	38
WESCAP-PN CAP DHA	236	XERMELO TAB 250MG	116	ZAFIRLUKAST TAB 20 MG	39
WESNATAL DHA PAK COMPLETE	236	XIIDRA DRO 5%	189	ZAFIRLUKAST TAB 20MG	39
WESNATE DHA CAP	236	XIRUN GEL 40-10%	78	ZALEPLON CAP 5 MG	113
WESTGEL DHA CAP	236	XOFLUZA TAB 40MG	21	ZALEPLON CAP 5MG	113
WEZLANA INJ 45/0.5ML	77	XOFLUZA TAB 80MG	21	ZALEPLON CAP 10 MG	113
WEZLANA INJ 45/0.5ML	77	XOLAIR INJ 75/0.5	210	ZALEPLON CAP 10MG	113
WEZLANA INJ 90MG/ML	77	XOLAIR INJ 75/0.5	210	ZANAFLEX CAP 2MG	212
*WHEAT GERM - OIL***	236	XOLAIR INJ 150MG/ML	210	ZANAFLEX CAP 4MG	212
WHEAT GERM OIL	236	XOLAIR INJ 150MG/ML	210	ZANAFLEX CAP 6MG	213
WHEY PROTEIN POW CON	177	XOLAIR INJ 300/2ML	210	ZANAFLEX TAB 4MG	213
WHEY PROTEIN POW CON	177	XOLAIR INJ 300/2ML	210	ZANAMIVIR AEROSOL POWDER BREATH	
WHEY PROTEIN POW COOKIES	177	XOLREMDI CAP 100MG	57	ACTIVATED 5 MG/ACT	21
WHEY PROTEIN POW STRAWBER	177	XOPENEX HFA AER	59	ZANUBRUTINIB CAP 80 MG	178
WHITE PETROLATUM OINTMENT	170	XOSPATA TAB 40MG	182	ZANUBRUTINIB TAB 160 MG	178
WHITE PETROLATUM TOPICAL GEL	169	XPHE MAXAMUM PAK ORANGE	177	ZARONTIN CAP 250MG	63
WIDE-SEAL DPR KIT 60	177	XPHE MAXAMUM PAK UNFLAVOR	177	ZARONTIN SOL 250/5ML	63
WIDE-SEAL DPR KIT 65	177	XPHOZAH TAB 20MG	118	ZARXIO INJ 300/0.5	57
WIDE-SEAL DPR KIT 70	177	XPHOZAH TAB 30MG	118	ZARXIO INJ 480/0.8	57
WIDE-SEAL DPR KIT 75	177	XPOVIO PAK 40MG	42	ZAVEGEPANT HCL NASAL SPRAY 10 MG/	
WIDE-SEAL DPR KIT 80	177	XPOVIO PAK 40MG	42	ACT	59
WIDE-SEAL DPR KIT 85	177	XPOVIO PAK 40MG	42	ZAVZPRET SPR 10MG	59
WIDE-SEAL DPR KIT 90	177	XPOVIO PAK 40MG	42	ZEGALOGUE INJ 0.6/0.6	123
WIDE-SEAL DPR KIT 95	177	XPOVIO PAK 50MG	42	ZEGALOGUE INJ 0.6/0.6	123
WILATE INJ	129	XPOVIO PAK 60MG	42	ZELBORAF TAB 240MG	182
WILATE INJ	129	XPOVIO PAK 60MG	42	ZELSUVMI GEL 10.3%	177
WIXELA INHUB AER 100/50	210	XPOVIO PAK 60MG	42	ZELVYSIA POW 100MG	118
WIXELA INHUB AER 250/50	210	XPOVIO PAK 80MG	42	ZELVYSIA POW 500MG	118
WIXELA INHUB AER 500/50	210	XPOVIO PAK 80MG	42	ZEMPLAR CAP 1MCG	152
WND 1 POW	236	XTAMPZA ER CAP 9MG	196	ZEMPLAR CAP 2MCG	152
WND 2 POW	236	XTAMPZA ER CAP 13.5MG	196	ZENATANE CAP 10MG	77
		XTAMPZA ER CAP 18MG	196		

ZENATANE CAP 20MG.....	77	ZOKINVY CAP 75MG.....	178	ZURANOLONE CAP 30 MG.....	29
ZENATANE CAP 30MG.....	77	ZOLINZA CAP 100MG.....	42	ZURNAI INJ 1.5/0.5.....	200
ZENATANE CAP 40MG.....	77	ZOLMITRIPTAN NASAL SPRAY 2.5 MG/ SPRAY UNIT.....	212	ZURZUVAE CAP 20MG.....	29
ZENPEP CAP 3000UNIT.....	118	ZOLMITRIPTAN NASAL SPRAY 5 MG/ SPRAY UNIT.....	212	ZURZUVAE CAP 25MG.....	29
ZENPEP CAP 5000UNIT.....	118	ZOLMITRIPTAN ORALLY DISINTEGRATING TAB 2.5 MG.....	212	ZURZUVAE CAP 30MG.....	29
ZENPEP CAP 10000UNT.....	118	ZOLMITRIPTAN ORALLY DISINTEGRATING TAB 5 MG.....	212	ZYDELIG TAB 100MG.....	182
ZENPEP CAP 15000UNT.....	118	ZOLMITRIPTAN TAB 2.5 MG.....	212	ZYDELIG TAB 150MG.....	100
ZENPEP CAP 20000UNT.....	118	ZOLMITRIPTAN TAB 2.5 MG.....	212	ZYLET SUS 0.5-0.3%.....	191
ZENPEP CAP 25000UNT.....	118	ZOLMITRIPTAN TAB 5 MG.....	212	ZYVOX SUS 100MG/5M.....	26
ZENPEP CAP 40000UNT.....	118	ZOLMITRIPTAN TAB 5MG.....	212		
ZENPEP CAP 60000UNT.....	118	ZOLMITRIPTAN TAB 5MG ODT.....	212		
ZEPATIER TAB 50-100MG.....	16	ZOLPIDEM ER TAB 6.25MG.....	113		
ZEPOSIA 7DAY CAP STR PACK.....	185	ZOLPIDEM ER TAB 12.5MG.....	113		
ZEPOSIA CAP 0.92MG.....	185	ZOLPIDEM TAB 5MG.....	113		
ZEPOSIA CAP STR KIT.....	185	ZOLPIDEM TAB 10MG.....	113		
ZETONNA AER 37MCG.....	21	ZOLPIDEM TARTRATE TAB 5 MG.....	113		
ZIDOVUDINE CAP 100 MG.....	18	ZOLPIDEM TARTRATE TAB 10 MG.....	113		
ZIDOVUDINE CAP 100 MG.....	19	ZOLPIDEM TARTRATE TAB ER 6.25 MG.....	113		
ZIDOVUDINE CAP 100MG.....	19	ZOLPIDEM TARTRATE TAB ER 12.5 MG.....	113		
ZIDOVUDINE SYP 50MG/5ML.....	19	ZOMACTON INJ 5MG.....	135		
ZIDOVUDINE SYRUP 10 MG/ML.....	18	ZOMIG SPR 2.5MG.....	212		
ZIDOVUDINE SYRUP 10 MG/ML.....	19	ZOMIG SPR 5MG.....	212		
ZIDOVUDINE TAB 300 MG.....	19	ZONGERTINIB TAB 60 MG.....	161		
ZIDOVUDINE TAB 300MG.....	19	ZONISADE SUS 100MG/5.....	63		
ZILBRYSQ INJ 16.6MG.....	13	ZONISAMIDE CAP 25 MG.....	63		
ZILBRYSQ INJ 23MG.....	13	ZONISAMIDE CAP 25MG.....	63		
ZILBRYSQ INJ 32.4MG.....	13	ZONISAMIDE CAP 50 MG.....	63		
ZILUCOPLAN SODIUM SUBCUTANEOUS SOLN PREF SYR 16.6 MG/0.416ML.....	13	ZONISAMIDE CAP 50MG.....	63		
ZILUCOPLAN SODIUM SUBCUTANEOUS SOLN PREF SYR 23 MG/0.574ML.....	13	ZONISAMIDE CAP 100 MG.....	63		
ZILUCOPLAN SODIUM SUBCUTANEOUS SOLN PREF SYR 32.4 MG/0.81ML.....	13	ZONISAMIDE CAP 100MG.....	63		
ZIMHI SOL.....	200	ZONISAMIDE ORAL SUSP 100 MG/5ML (20 MG/ML).....	63		
ZINC ACETATE CAP 25 MG (ELEMENTAL ZINC).....	93	ZONTIVITY TAB 2.08MG.....	202		
ZINC ACETATE CAP 50 MG (ELEMENTAL ZINC).....	93	ZORYVE CRE 0.3%.....	78		
ZIOPTAN DRO 0.0015%.....	193	ZORYVE CRE 0.05%.....	77		
ZIPRASIDONE CAP 20MG.....	9	ZORYVE CRE 0.15%.....	77		
ZIPRASIDONE CAP 40MG.....	9	ZORYVE MIS 0.3%.....	78		
ZIPRASIDONE CAP 60MG.....	9	ZOSTER VAC RECOMBINANT ADJUVANTED FOR IM INJ 50 MCG/0.5ML.....	227		
ZIPRASIDONE CAP 80MG.....	9	ZOVIA 1/35 TAB.....	112		
ZIPRASIDONE HCL CAP 20 MG.....	9	ZTALMY SUS 50MG/ML.....	28		
ZIPRASIDONE HCL CAP 40 MG.....	9	ZTLIDO PAD 1.8%.....	149		
ZIPRASIDONE HCL CAP 60 MG.....	9	ZUBSOLV SUB 0.7-0.18.....	199		
ZIPRASIDONE HCL CAP 80 MG.....	9	ZUBSOLV SUB 1.4-0.36.....	199		
ZIRGAN GEL 0.15%.....	193	ZUBSOLV SUB 2.9-0.71.....	199		
ZITHROMAX POW 1GM PAK.....	150	ZUBSOLV SUB 5.7-1.4.....	199		
ZITHROMAX SUS 200/5ML.....	150	ZUBSOLV SUB 8.6-2.1.....	199		
ZITHROMAX TAB 250MG.....	150	ZUBSOLV SUB 11.4-2.9.....	199		
ZITHROMAX TAB 500MG.....	150	ZURANOLONE CAP 20 MG.....	29		
ZITHROMAX TAB TRI-PAK.....	150	ZURANOLONE CAP 25 MG.....	29		
ZITHROMAX TAB Z-PAK.....	150				
ZOKINVY CAP 50MG.....	178				

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።

في احطه: انك سستجد اب الى عه ال عربيه (Arabic)، سستقبلك حتما اب الى مساعده الى عوه ال محله
طلبك سستجد اب الى محله سستجد اب اخرى، سستقبلك ابداه ناخر فليس سستصل اب الى سستجد اب الى مودو ، فلي
طلبك سستجد اب الى عضو ا لصل.

দেখুন: আপক্ষ দ্রক্ষ বংলয় (Bengali-Bangala) কথা স্বা : , তাহঁে ঞ্চ স্বা'ে ভাষা সহা'ে তা
পক্ষবন্ধ এক্ষ ঞ্চ স্বদ্র'ে স্বসতো অ: ' I: ' ফক্ষ স্বা'ে দ্রোপ্রদ্রোপ্রুক্ষ আপ: স্বা: ' ঞ্চ স্বা'ে
উপ ঞ্চ। আপ: স্বা: ' সে স্বপক্ষ'ে প'ে স্বকা'ে স্বা'ে ' - ঞ্চ: স্বক্ষ'ে ক:

ចំណាំ: ប្រសិនបើអ្នកនិយាយភាសាខ្មែរ (Cambodian-Mon-Khmer)
សេវាជំនួយភាសាគតិកត្តែ នឹងការទំនាក់ទំនងគតិកត្តែក្នុងទម្រង់ផ្សេងទៀត
ដូចជាពុម្ពអក្សរធំ មានសម្រាប់អ្នក។
ចូរសម្របកលេខគតិកត្តែនៅលើប័ណ្ណសម្គាល់សមាជិករបស់អ្នក។

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 fòm 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
Sprachassistentendienste 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) બોલતો હો તો વિનં મૂલ્યે ભં પં કીય મદદડપ સેવં ઓ અને અન્ય ફોમેટમાં વિનં મૂલ્યે સંચં ડ, જમ કે મોટી વિન્ડ, તમં ડં મં ટે ઉપલબ્ધ છે. તમં ડં સભ્ય ઓળખ કં ડં પડનં ટોલ-ફ્રી નંબર પડ કોલ કરો.

ध्यान दे: यदि आप हिंदी (Hindi) बोलते हैं, तो आपके लिए मुफ्त भाषा सहायता सेवाएँ और अन्य पाठों में मुफ्त संचाद, जैसे कर्ब फॉन्ट, उपलब्ध है। अपने सदस्य पहचान पत्र पड दिए गए टोल-फ्री नंबर पड कॉल करें।

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.

ATENSIÓN: 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ヤ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: ຖ້າຫາກທ່ານເວົ້າພາສາລາວ (Lao), ທ່ານສາມາດໃຊ້ບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາພາສາລາວ ແລະ ການສື່ສານໃນຮູບແບບອື່ນໆພາສາລາວ, ເຊັ່ນ: ການພິມຕົວອັກສອນຂະໜາດໃຫຍ່. ໂທຫາເບີໂທພາສາລາວທີ່ບັດປະຈຳຕົວສະມາຊິກຂອງທ່ານ.

ध्यान दिनु ास्: यदि तपाईंले नेपाली (Nepali) बोल्नुहुन्छ भने, ऋःशुल्क भाषा सहायता सेवाहड ड अन्य ढाँचाहडमा ऋःशुल्क संचाडहड, जस्तै ठूलो छाप, तपाईंका लाग्ग उपलब्ध छन्। आफ्नो सदस्य पहिचान कार्डमा डहाँको टोल फ्री नम्बरमा कल गर्नुहोस्।

بوجه: لکریه زبان **فارسی (Persian-Farsi)** صحبت می‌کند، خدمات پولکان کمک زبانی و لپیاطات پولکان در والابه‌ای بکتر، ملیدد حاب برر ک، در سیرس‌س‌ما هسیدد. دلس‌ما ره پولکان مدرج روی‌کارب س‌س‌لریلی عصفوب‌س‌اریم‌اس یکیدد.

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 ਿ ਤੁਸੀਂ **ਪੰਜਾਬੀ (Punjabi)** ਬੋਲਦੇ ਹੋ, ਤਾਂ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਭਾਸ਼ਾ ਸਹਾਇਤਾ ਸੇਵਾਵਾਂ ਅਤੇ ਹੋਰ ਫ਼ਾ ਮੈਟਾਂ, ਿ ਵੇਂ ਿ ਵੱਡੇ ਪ੍ਰਿੰਟ, ਵਿੱਚ ਮੁਫਤ ਸੰਚਾ ਉਪਲਬਧ ਹਨ। ਆਪਣੇ ਮੈਂਬਰ ਪਛਾਣ ਿ ਡ 'ਤੇ ਟੋਲ-ਫ਼ੀ ਨੰਬਰ 'ਤੇ ਿ ਲਾ ਿ।

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 หากคุณพูดภาษาไทย (Thai) ได้
คุณสามารถใช้บริการช่วยเหลือด้านภาษาฟรีและการสื่อสารในรูปแบบอื่น ๆ ฟรี เช่น
การพิมพ์ด้วยตัวอักษรขนาดใหญ่ โทรไปยังหมายเลขโทรศัพท์สำหรับสมาชิกตามบัตรประจำตัวของคุณ

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.

موجود ہیں: اگر اب اردو (Urdu) ردائے تعلیمی و ردائے کی معاوضہ خدمات اور دیگر وابستہ خدمات
مواطنان، جسے درکار ہے، اب کلمے مع سہولیات سے ممبرانہ کارڈ پر سے کھول وری
ممبر کال کریں۔

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.

3/26 ©2026 United HealthCare Services, Inc. All Rights Reserved.

WF19690209-E 2026 Prescription Drug List – Essential 5-Tier

